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Understanding Aortic Dissection: Causes, Symptoms and Treatment Options

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Abstract

Aortic dissection is a life-threatening medical emergency characterized by a tear in the inner layer of the aorta, the largest artery in the body. Tests such as a computed tomography angiography magnetic resonance imaging or echocardiography can visualize the aorta and identify the presence of dissection. Blood tests, including a complete blood count and measurement of cardiac enzymes, may help assess organ damage and overall health status. This condition requires prompt recognition and intervention due to its high mortality rate. Understanding its causes, symptoms, and treatment options is crucial for healthcare professionals and the general public alike. This article provides an overview of aortic dissection, discussing its etiology, clinical manifestations, diagnostic approaches, and therapeutic interventions. Minimally invasive procedures, such as endovascular stent grafting, may be performed to reinforce the aortic wall and restore blood flow.

Keywords: Aortic dissection • Symptoms • Diagnosis

Introduction

The aorta is the main artery that carries oxygen-rich blood from the heart to the rest of the body. Aortic dissection is a rare but life-threatening condition characterized by a tear in the inner layer of the aorta. This tear allows blood to flow between the layers of the artery, causing the layers to separate. If left untreated, aortic dissection can lead to serious complications, including organ damage, stroke, or even death. Therefore, it is crucial to understand the causes, symptoms, and treatment options for this condition [1].

Literature Review

Aortic dissection typically occurs in individuals with underlying conditions that weaken the walls of the aorta. Chronic high blood pressure can exert significant force on the walls of the aorta, making them more susceptible to tearing. A buildup of plaque in the arteries can weaken the aortic wall and increase the risk of dissection. Conditions such as Marfan syndrome, Ehlers-Danlos syndrome, and Loeys-Dietz syndrome can affect the strength and integrity of the aortic wall. Severe blunt trauma or injury to the chest can cause a tear in the aortic wall, leading to dissection. The symptoms of aortic dissection can vary depending on the location and severity of the tear. However, common signs and symptoms. Described as a tearing or ripping sensation, often radiating to the back or abdomen. Difficulty breathing, especially if the dissection involves the ascending aorta near the heart [2,3].

Discussion

Resulting from decreased blood flow to the brain or spinal cord. In

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severe cases, aortic dissection can cause fainting or collapse. It is important to note that some individuals may not experience chest pain, particularly if the dissection involves the descending aorta. Therefore, any sudden, severe symptoms should prompt immediate medical attention. Diagnosing aortic dissection often requires a combination of clinical evaluation, imaging tests, and laboratory studies. Healthcare providers may use the following diagnostic tools. Healthcare providers will inquire about symptoms and risk factors while conducting a thorough physical examination. The management of aortic dissection aims to prevent further tearing, relieve symptoms, and reduce the risk of complications. Blood pressure-lowering medications, such as betablockers and calcium channel blockers, are often prescribed to reduce the force on the aortic wall and slow the progression of dissection [4].

Surgery complicated or life-threatening dissection, surgical intervention may be necessary to repair the torn aorta or replace a damaged segment with a synthetic graft. The choice of treatment depends on various factors, including the location and extent of the dissection, the patient's overall health, and the presence of complications. Aortic dissection is a serious medical condition that requires prompt recognition and intervention. By understanding its causes, symptoms, and treatment options, healthcare professionals can provide timely and effective care to improve patient outcomes. Additionally, raising awareness among the general public can help individuals recognize the signs of aortic dissection and seek medical attention promptly, potentially saving lives. Aortic dissection can lead to several potentially life-threatening complications if not promptly treated.

The tear in the aortic wall may extend completely through the layers, causing a rupture. This catastrophic event results in massive internal bleeding and requires immediate surgical intervention to repair. Reduced blood flow to vital organs such as the brain, heart, kidneys, or intestines can lead to organ dysfunction or failure. Stroke, heart attack, kidney failure, or bowel ischemia are all possible consequences of aortic dissection. In some cases, the dissection may involve the aortic valve, leading to valvular insufficiency or regurgitation. This condition can result in symptoms such as shortness of breath, fatigue, and palpitations. If the dissection involves the abdominal aorta or its branches, it may impair blood flow to the lower extremities, causing symptoms such as leg pain, numbness, or weakness [5].

While aortic dissection cannot always be prevented, certain measures can help reduce the risk, especially in individuals with predisposing factors. Maintaining blood pressure within a healthy range through lifestyle modifications and, if necessary, medication, can help prevent the development or progression of aortic dissection. Quitting smoking reduces the risk of atherosclerosis and improves overall cardiovascular health, decreasing the likelihood of aortic dissection. Individuals with connective tissue disorders or other predisposing conditions should undergo regular medical monitoring to detect and manage any potential risk factors or complications early. Avoiding Trauma: Practicing safety measures to prevent traumatic injuries, such as wearing seat belts in vehicles and using appropriate protective gear during sports or recreational activities, can help minimize the risk of aortic dissection related to physical trauma [6].

Conclusion

Aortic dissection is a rare but potentially fatal medical emergency that requires prompt recognition and intervention. By understanding its causes, symptoms, and treatment options, healthcare providers can deliver timely and appropriate care to improve patient outcomes. Moreover, raising awareness among the general public about the signs and risk factors of aortic dissection can encourage early recognition and prompt medical attention, ultimately saving lives. Additionally, adopting preventive measures and managing underlying risk factors can help reduce the incidence and impact of this devastating condition. Collaborative efforts between healthcare professionals, researchers, and the community are essential to advance our understanding of aortic dissection and improve its management and outcomes in the future.

Acknowledgement

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Conflict of Interest

None.

References

- Sandhu, Rajdeep S. and Iraklis I. Pipinos. "Isolated iliac artery aneurysms." Semin Vasc Surg (2005): 209-215.
- Steenberge, Sean P., Francis J. Caputo, Jarrad W. Rowse and Sean P. Lyden, et al. "Natural history and growth rates of isolated common iliac artery aneurysms." J Vasc Surg 76 (2022): 461-465.

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- Nektarios, Vasileios Bouris, Alexander Rakic, David Landau and Nicos Labropoulos. "A systematic review on endovascular repair of isolated common iliac artery aneurysms and suggestions regarding diameter thresholds for intervention." J Vasc Surg 74 (2021): 1752-1762.
- Chaer, Rabih A., Joel E. Barbato, Stephanie C. Lin and Mazen Zenati, et al. "Isolated iliac artery aneurysms: A contemporary comparison of endovascular and open repair." J Vasc Surg 47 (2008): 708-713.
- Von Elm, Erik, Douglas G. Altman, Matthias Egger and Stuart J. Pocock, et al. "The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: Guidelines for reporting observational studies." *Int J Surg* 12 (2014): 1495-1499.
- Meuli, Lorenz, Anna-Leonie Menges, Klaus Steigmiller and Andreas Kuehnl, et al. "Hospital incidence and mortality of patients treated for abdominal aortic aneurysms in Switzerland–a secondary analysis of Swiss DRG statistics data." Swiss Med Wkly 152 (2022): w30191-w30191.