

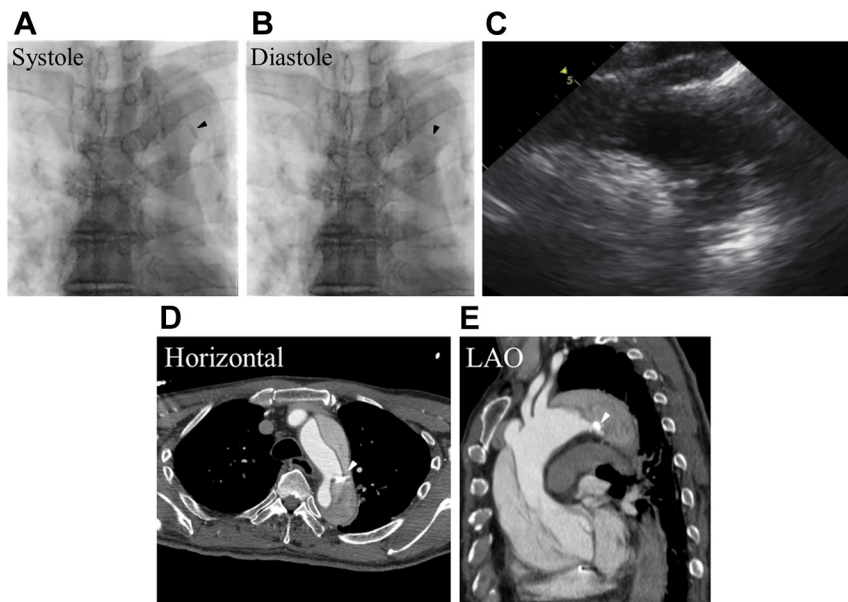
IMAGES IN CARDIOLOGY

Impact of Fluoroscopically-Visible Fluttering Flap on Clinical Diagnosis of Acute Aortic Dissection



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A 71-year-old man with a previous history of hypertension presented to our clinic because of chest pain. The electrocardiogram showed ST-segment elevation in inferior leads with reciprocal ST-segment depression, consistent with acute coronary syndrome. He was transferred to the catheterization laboratory for emergent transcatheter reperfusion. However, upon inspection of the aortic arch by simple fluoroscopy in the laboratory, there existed calcified flap fluttering during cardiac cycles (**A, B, black arrowheads; Online Video 1**). This indicated the occurrence of acute aortic dissection, which was also observed by transthoracic echocardiography with suprasternal approach (**C, Online Video 2**). Contrast computed tomography demonstrated the calcified flap (**D, E, white arrowheads**) and false lumen from aortic root to abdominal aorta. Emergent surgery was successfully performed to replace the aortic root. In this case, careful observation of simple fluoroscopy was helpful for diagnosis of aortic dissection, contributing to avoiding potential harm of transcatheter procedures. LAO = left anterior oblique.