A 66 yo woman with sudden-onset pain in the abdomen and pain on her right leg. Her hemodynamic situation was unstable. Acute Stanford type B aortic dissection was diagnosed after CTA. A false lumen was seen to be compressing the true lumen and contrast barely reached the gastric, splenic arteries (anatomic variation) and SMA. Right iliac arteries were occluded.

The clinical situation worsened with an episode of fresh blood hematemesis. A second CTA scan showed that the true lumen had expanded although the right iliac artery remained occluded. An urgent endoscopy showed ischemic lesions in the gastric and duodenal mucosa and abundant clots.

Follow-up CTA (30 days): patency of the gastric, splenic, SMA, right iliac and both renal arteries was observed.

An urgent endovascular treatment: an aortic endoprosthesis (Endurant Captivia, Medtronic) was implanted distal to the LSA, in order to occlude the main entrance to the false lumen. Control angiography showed a stabilized true lumen with permeable splenic, gastric, SMA and left renal arteries, as well as recovery of the right iliac system.

After two days in the ICU, the patient was discharged to the vascular ward and was discharged from the hospital on the fifth day. Signs of recovery in the gastric and intestinal mucosa were described in the follow-up endoscopy.

Hematemesis in Acute Aortic Dissection Type B

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