

WCC 2017- C- 107: A SYMPTOMATIC COARCTATION OF AORTA IN A 58 YEAR OLD WOMAN – A CASE REPORT

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INTRODUCTION:

Coarctation of aorta is defined as congenital narrowing of any part of the descending thoracic or abdominal aorta. It typically refers to narrowing of proximal thoracic aorta at the level of the ductus or ligamentum arteriosum. Coarctation of aorta accounts for about 5 –10% of all congenital heart disease and has an incidence of 20 – 60 patients per 100,000 live births. It is more frequent among males, with amale: female ratio ranging from 1.4:1 to 3:1.

Coarctation of aorta usually produces significant symptoms in early infancy and childhood. Among those who survive to adulthood, more than a quarter die by 20 years and a half by 30 years; and more than three quarters by 50 years.

We present a case of 58 year old woman who came with complaints of shortness of breath and chest discomfort. She is a known diabetic and hypertensive with no significant family history. On clinical examination her blood pressure was 120/70 mm Hg, bilateral radial pulses were palpable and femoral pulses were feeble bilaterally. A grade 2/6 systolic murmur was identified at left second intercostals space along with a grade 3/6 ejection systolic murmur at thebase of the heart. On further evaluation, ECG showed left ventricular hypertrophy. 2D echo revealed concentric LVH, a peak pressure gradient of 50 mm of Hg in the descending aorta and a continuous wave Doppler across aortic valve was 5m/sec. Coronary angiogram confirmed Coarctation of aorta distal to theorigin of left subclavian artery.

Fig1: ECG showing Left Ventricular Hypertrophy.

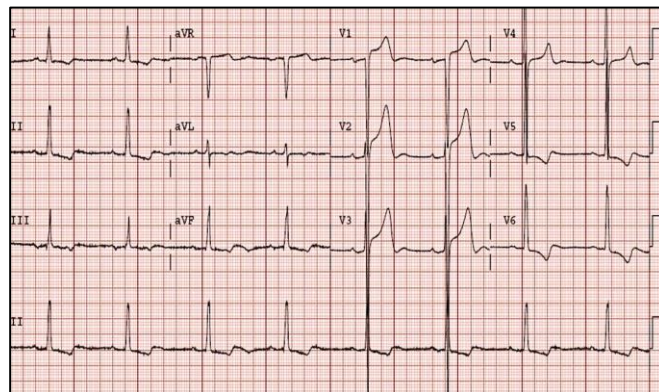
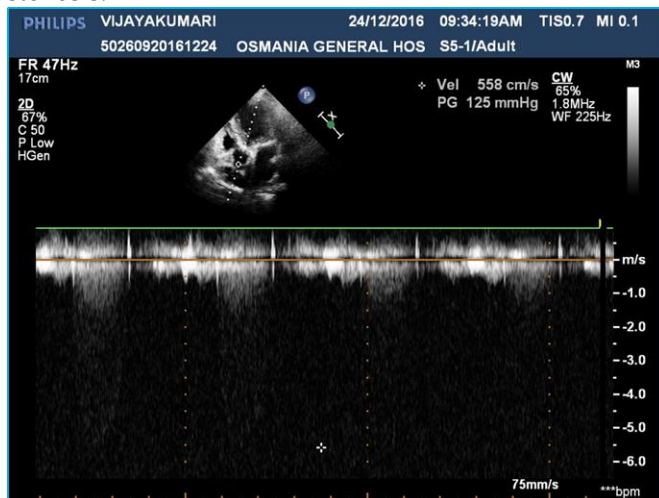


Fig 2: Apical five chamber view showing severe aortic stenosis.



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Fig 3: Suprasternal long axis view

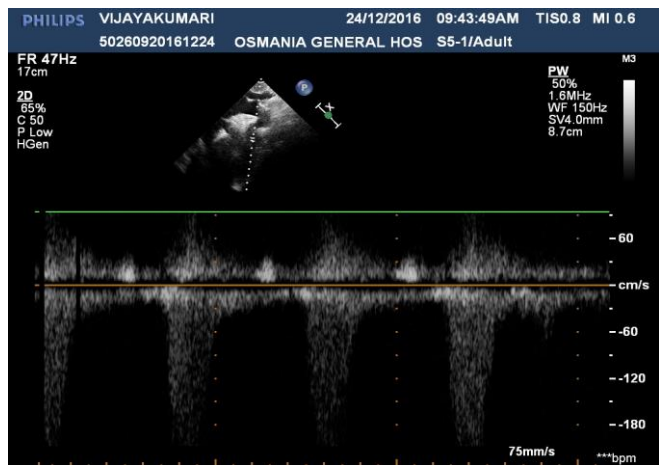


Fig 4: Color flow image showing turbulence and acceleration of flow at Coarctation.

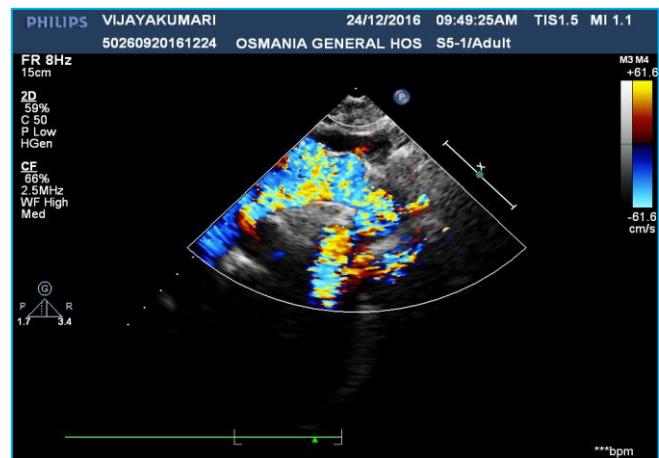


Fig 5: Angiogram AP view showing Coarctation of aorta

