

Poster

Acute Type A Aortic Dissection Presenting as Ischemic Stroke: Case Report

Priscila Mundjanga ^{1,*}, Juanilson Miranda ¹, Victor Selombo ¹, Dilma Fernandes ¹, Carlos Catraio ¹

¹ Hospital Militar Principal/Instituto Superior (HMP/IS), Luanda, Angola.

* Correspondence: priscilalinete@hotmail.com.

Keywords: Aortic Dissection; Stroke; Cerebral Ischemia; Cardiovascular Emergency.

Proceedings of the 7th Angolan Congress of Cardiology and Hypertension, held from October 9 to 11, 2025, in Luanda, Angola.

Citation: Mundjanga P, Miranda J, Selombo V, Fernandes D, Catraio C. Acute Type A Aortic Dissection Presenting as Ischemic Stroke: Case Report. *Brazilian Journal of Clinical Medicine and Review*. 2025 Jan-Dec; 03(Suppl.5): acch23

<https://doi.org/10.52600/2763-583X.bjcmr.2025.3.Suppl.5.acch23>

Published: 9 October 2025



Copyright: This work is licensed under a Creative Commons Attribution 4.0 International License (CC BY 4.0).

Acute aortic dissection is a rare and potentially fatal cardiovascular emergency, with a mortality rate of 1–2% per hour after symptom onset in untreated patients. Diagnosis is based on clinical presentation, laboratory tests, and imaging studies. Management primarily involves surgical intervention. Ischemic stroke is one of the most severe complications, occurring in 18–30% of aortic dissection cases, and may present as the sole manifestation in up to 15%. Dissection extending to the carotid vessels predisposes to thrombosis and cerebral occlusion, explaining the neurological symptoms. We report the case of a 59-year-old Black woman with a history of poorly controlled hypertension, who presented to the emergency department with vertigo, right-sided hemiparesis, and palpitations. On physical examination, blood pressure was 110/62 mmHg and heart rate 42 bpm. There were visible dilation, pulsation, and murmur over the right neck vessels. Cardiac auscultation revealed bradycardic S1+S2 and a diastolic murmur at the aortic focus. The right upper limb pulse was absent. Electrocardiogram showed sinus bradycardia and left ventricular hypertrophy. Chest X-ray revealed mediastinal widening. Transthoracic echocardiography identified an intimal flap in the ascending aorta, brachiocephalic trunk, aortic arch, left common carotid artery, and left subclavian artery, with moderate to severe aortic regurgitation. CT angiography confirmed Stanford type A aortic dissection. The patient was transferred to cardiothoracic surgery and underwent urgent replacement of the ascending aorta with implantation of a tubular vascular graft. Surgery and postoperative course were uneventful, with stable hemodynamics. She was discharged with improved neurological status and no motor deficits. The association between aortic dissection and ischemic stroke represents a significant clinical challenge. Although rare, it should be considered in patients presenting with sudden stroke accompanied by chest pain, syncope, or pulse asymmetry. Early diagnosis is crucial to avoid inappropriate therapy and enable immediate surgical intervention, thereby improving survival.

Funding: None.

Ethics Committee Approval: None.

Acknowledgments: None.

Conflicts of Interest: The authors declare no conflict of interest.

Supplementary Materials: None.