


## Type a aortic dissection: a rare sequelae of systemic lupus erythematosus

Fakhrudin A Mohamed MD, Saad Jamal MD, Robbie Olakh MSIV, Leza Naydich MSIV and Petham Muthuswamy MD

Systemic lupus erythematosus is a chronic systemic inflammatory disease which is known to affect several organ systems. Cardiovascular complications are a known manifestation of the disease; however, aortic disease is rarely exhibited. In this case report, we present the case of a 68 year old African American female with a 20-year history of systemic lupus erythematosus on prednisone therapy, who presented with excruciating substernal chest pain progressively worsening over 2 days. Physical examination revealed an irregular heartbeat with friction rub. CT lung showed a 4.6cm dilated ascending thoracic aorta with evidence of dissection in the proximal aorta. The patient underwent a successful hemi-arch repair of aortic dissection. Her condition subsequently improved after a postoperative course that was complicated by renal insufficiency, and she was discharged with appropriate follow-up. There have been

only a few documented cases of aortic complications related to systemic lupus erythematosus. We reviewed and analyzed cases of systemic lupus erythematosus diagnosed with type A aortic dissection that have been reported in the literature. In its natural evolution, without treatment, acute type A aortic dissection reportedly has a mortality rate of about 1% per hour initially, with half of the patients expected to be dead by the 3rd day, and almost 80% by the end of the 2nd week. Due to the morbidity and mortality associated with type A aortic dissection, we suggest that clinicians should harbor a higher index of suspicion for aortic complications while managing patients with systemic lupus erythematosus, and develop appropriate screening and management strategies.

e: doctor.fakhrudin@gmail.com

 Notes: