

☆ **Complex Clinical Cases**

AORTIC DISSECTION DIAGNOSED DURING TREATMENT OF HYDATIDIFORM MOLE: A CASE REPORT

Poster Contributions
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Background: The incidence of aortic dissection (AoD) during pregnancy in patients with aortic aneurysms is significantly higher than in non-pregnant women. Pregnancy may serve as an independent risk factor for AoD due to hormonal, hemodynamic, and structural changes affecting the diameter and compliance of the aortic wall.

Case: A 36-year-old female patient, previously diagnosed with hypertension inconsistently treated, was transferred to a tertiary cardiology hospital with a Stanford A DeBakey I AoD diagnosis following aspiration of a hydatidiform mole. Upon admission, abdominal sepsis was identified, potentially related to the prior surgical procedure, with signs of acute abdomen (pneumoperitoneum).

Decision-making: Acute ascending AoD constitutes a surgical emergency; however, in this case, the presence of left ventricular dilation secondary to aortic valve regurgitation, resulting from the AoD, suggested a possibly non-acute presentation. Given the concurrent abdominal sepsis, priority was given to surgical removal of the infectious focus (hysterectomy and left oophorectomy), deferring aortic surgery. Following a one-week interval, the patient underwent Bentall surgery, displaying a favorable course and eventual hospital discharge.

Conclusion: Most pregnancy-related AoD cases stem from aortopathies seldom diagnosed until an acute vascular event transpires. For select women with significant aortic dilation, prophylactic aorta replacement before pregnancy is recommended.

