

Images in medicine

Adult aorta coarctation associated with double superior vena cava



Chtioui Mamoun^{1,*}, Fellat Nadia²

¹Cardiologie Interventionnel, Departement de Cardiologie Interventionnelle, 1 Centre Medico Chirurgical, Agadir, Maroc, ²Professeur de Cardiologie, Cardiologie Interventionnelle, Service de Cardiologie a, CHU Ibn Sina, Rabat, Maroc

*Corresponding author: Chtioui Mamoun, Cardiologie Interventionnel, Departement de Cardiologie Interventionnelle, 1 Centre Medico Chirurgical, Agadir, Maroc

Key words: Hypertension, coarctation, stent

Received: 15/10/2017 - Accepted: 20/12/2017 - Published: 08/01/2018

Pan African Medical Journal. 2018;29:17. doi:10.11604/pamj.2018.29.17.14137

This article is available online at: <http://www.panafrican-med-journal.com/content/article/29/17/full/>

© Chtioui Mamoun et al. The Pan African Medical Journal - ISSN 1937-8688. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Image in medicine

We report the case of a 45 years old man with no individual's history, suffering from hypertension recently discovered, admitted to our department for hypertensive urgencies. The clinical exam found a significant difference in blood pressure between the upper and lower limbs. The radial and ulnar pulses are present but the pulses of both lower limbs are abolished. The resting electrocardiogram recorded a regular and sinus rhythm and repolarization disorders laterally. The chest x-ray showed a normal heart volume and diffuse ribs erosions. The Transthoracic echodoppler displayed a normal left ventricular size and systolic function and a major LV enlargement. The ascending aorta was at normal size with the presence of a normal tricuspid aortic valve. The thoraco-abdominal CT (A, B) showed a coarctation of the proximal portion of the descending thoracic aorta and a double permeable superior vena cava. The patient underwent successful endovascular treatment of the coarctation with stent placement (C, D). The particularity of this observation is the late announcement of the coarctation at adult age and its association with a double superior vena cava.

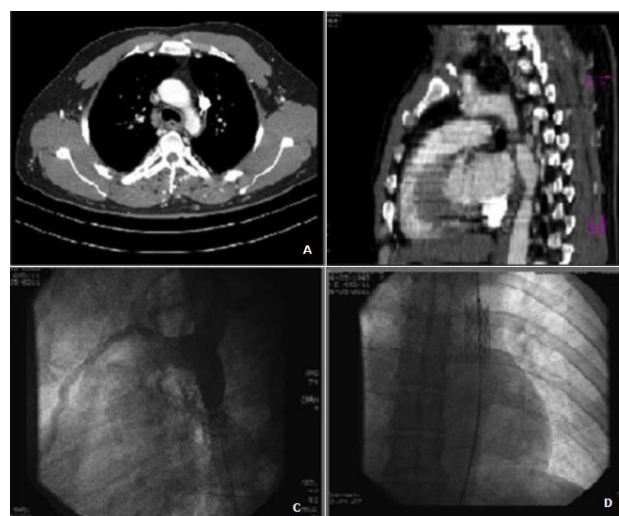


Figure 1: Aorta coarctation and stent placement