Paravertebral echocardiographic views and thoracic aortic dissected aneurysm

Maria Prastaro, Maria Angela Losi*, Fabio Pastore, Alessandra Scatteia, and Sandro Betocchi

Department of Clinical Medicine, Cardiovascular and Immunological Sciences, University Federico II of Naples, Via S Pansini 5, I-80131 Naples, Italy

* Corresponding author. Tel/fax: +39 081 746 22 32. Email: losi@unina.it

A 79-year-old woman comes to our echocardiographic laboratory, 8 months after a coronary angiography.

An anomalous posterior chamber was visualized from parasternal and apical views (Figure 1, left panels). Therefore, left paravertebral view was performed which leads to a better morphological characterization of that chamber (Figure 1, right panel): a huge dissected aneurysm of descending thoracic aorta was visualized, in such a view, anteriorly to the left ventricle. The expansion of the image (Figure 2, left panel) visualizes a thrombus in the true lumen, an intimal flap and a partial thrombosis of the false lumen. By using colour Doppler (Figure 2, right panel), an intimal tear was identified.

Physicians and sonographers have to keep in mind that in some cases, paravertebral views, even in the absence of pericardial effusion, are helpful for a correct diagnosis. These unusual views can be used to better identify and characterize aortic disease, even without need of contrast media.