Unusual neurological deficit following acute aortic dissection
Stanford type A

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A 70-year-old female with AADA (Fig. 1) was treated by uneventful hemiarch replacement of the ascending aorta and valve spearing reimplantation of the aortic valve (David technique). Mobilization was complicated by progressive paresis in both legs. MR surprisingly revealed a large intraspinal, but extramedullar tumor localized at Th 1-3 (Fig. 2).

Fig. 1. Operative situs of reported AADA.

Fig. 2. MR scan of intraspinal tumor localized at Th 1-3 leading to sensible and motoric paraparesis in both legs (histological analysis after neurosurgical treatment confirmed the diagnosis of a meningeom without any malignancy).