

Aortic Dissection

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Acute aortic [dissection](#) (AAD) is a life-threatening [cardiovascular disease](#)

Epidemiology

Reported [incidence](#) rate ranging from 2.5 to 7.2 per 100,000 person-years in several population-based registries in Western countries, but epidemiological data are lacking in [Japan](#).

The Shiga Stroke and Heart Attack Registry is an ongoing multicenter population-based registry of cerebro-cardiovascular diseases. Higo et al. enrolled patients who developed AAD, defined by any imaging examination method from 2014 to 2015 in Shiga Prefecture. [Death](#) certificates were used to identify cases that were not registered at acute care hospitals. The incidence rates of AAD were calculated by age categories and adjusted using standard populations for comparison. We evaluated differences in patient characteristics between Stanford type A-AAD and type B-AAD subtypes. A total of 402 incident cases with AAD were analyzed. The age-adjusted incidence rates using the 2015 Japanese population and the 2013 European Standard Population were 15.8 and 12.2 per 100,000 person-years, respectively. Compared with cases of type B-AAD, those with type A-AAD were older (75.0 vs. 69.9 years, $P=0.001$) and more likely to be women (62.3% vs. 28.6%, $P<0.001$) ¹⁾

Risk factors

[Giant cell arteritis](#)

[Cocaine](#)

Clinical features

The clinical features of aortic dissection can vary depending on the location and extent of the tear, but some common features include:

Sudden, severe chest or back pain: Aortic dissection often presents as a sudden, intense pain that is typically described as tearing or ripping in nature. The pain may begin in the chest and radiate to the back or other parts of the body.

Sharp, stabbing pain: The pain associated with aortic dissection is usually sharp and may be felt in a specific area. It is often described as one of the worst pains the person has ever experienced.

Radiation of pain: The pain may radiate along the path of the aorta, which can include the neck, jaw, shoulder, arm, abdomen, or legs ([sciatica](#)), depending on the location of the tear.

Blood pressure differences: Aortic dissection can cause a difference in blood pressure between the arms. The blood pressure may be higher in one arm compared to the other.

Neurological symptoms: Depending on the extent of the dissection and involvement of blood vessels supplying the brain, aortic dissection may present with neurological symptoms such as weakness, paralysis, difficulty speaking, or changes in vision.

Fainting or loss of consciousness: In some cases, aortic dissection can cause a sudden drop in blood pressure, leading to fainting or loss of consciousness.

Pulse abnormalities: Pulse deficits may be present, meaning that there is an absence or a discrepancy between the pulses in different parts of the body, such as the arms and legs.

Symptoms of organ involvement: Aortic dissection can affect the blood supply to various organs, resulting in symptoms such as abdominal pain, difficulty swallowing, kidney dysfunction, or limb ischemia.

It is important to note that the clinical features of aortic dissection can mimic other conditions, such as heart attack or pulmonary embolism. Prompt medical attention is crucial if aortic dissection is suspected, as early diagnosis and treatment significantly improve the chances of survival.

Patients writhing in pain. Should be evaluated for an intra-abdominal or vascular condition (e.g., pain of aortic dissection is typically described as a “tearing” pain): patients with neurogenic LBP tend to remain as still as possible, possibly needing to change positions at intervals

Complications

[Spinal cord infarction](#).

[Myelopathy](#): especially [thoracic](#) spinal levels

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Higo Y, Sawayama Y, Takashima N, Harada A, Yano Y, Yamamoto T, Shioyama W, Fujii T, Tanaka-Mizuno S, Kita Y, Miura K, Nozaki K, Suzuki T, Nakagawa Y. Epidemiology of Acute Aortic Dissection in a General Population of 1.4 Million People in Japan—Shiga Stroke and Heart Attack Registry. *Circ J*. 2023 May 20. doi: 10.1253/circj.CJ-22-0758. Epub ahead of print. PMID: 37211402.

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