**THICKENING OF PARATRACHEAL STRIPE: SUBTLE BUT CARDINAL**

Nurul Najwa Othman1, Azizul Hafiz Abdul Aziz2, Nur Asmihan Mat Esa3

*1Emergency and trauma department, Hospital Sungai Buloh, Selangor, Malaysia*

*2Emergency and trauma department, Hospital Teluk Intan, Perak, Malaysia*

*3Radiology department, Hospital Kuala Lumpur, Malaysia*

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| Introduction  Despite the continuing efforts, the mortality rate for acute type A aortic dissection remains relatively high at about 20-50%. Conventional risk factors include a family history of aortic disease, connective tissue disease, smoking, substance abuse, diabetes mellitus and age greater of 40. As aortic dissection presentation mimics a lot of disease, sound knowledge of x-ray will help in early detection and lead further management.  Case description  A 16-year-old Indian boy without comorbid, presented with right sided pricking chest pain for 1hour, feeling stuck up on chest does not relieve with gagging. He was having an episode of presyncope attack at home that become concerning factor presented to emergency department (ED). Otherwise, he got no other symptom. He denied the use of tobacco, recreational drug or steroid. He was estimated 170cm tall and 60kg weight (BMI 20.8), no marfanoid traits, vital signs within normal range and unremarkable physical examination. ECG shown sinus rhythm. Unfortunately, upon returning from radiograph, he collapsed on ED corridor and was brought to resus immediately. He was gasping, short duration jerking like movement with soft blood pressure. He was then intubated, ventilated and require inotropic support. POCUS done revealed all normal findings except right pleural effusion. Investigation wise, noted dropping of 3g Hb within 40mins interval. He had few episodes of PEA and succumb after 1 hour of resuscitation. Postmortem revealed ruptured thoracic aorta dissection with 1-liter right hemothorax.  Discussion  There is certain chest xray features suggesting of aortic dissection including widened mediastinum, loss of paratracheal stripe, involution of mainstem bronchus, pleural effusion, tracheal and esophageal deviation. Normal x-ray finding occur in about 20% case. Initial chest xray done void most of above features except widened mediastinum which difficult to commit factoring rotation. However, for a keen eye there is thickening of paratracheal stripe which usually will be ignored that actually giving an ultimate clue the reason while the patient collapse.  Conclusion  ED personnel should have sound knowledge regarding certain radiological features that identic to life-threatening disease. It may look oblivious and subtle but cardinal to preserve life.  Keywords  Paratracheal stripe, aortic dissection |