**POCUS as a Game Changer : Aortic Dissection Masquerading as Stroke and Gastrointestinal Bleeding.**

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Introduction : Typical presentation of Aortic Dissection (AD) is usually includes chest and or abdominal pain . We present the unusual case of Stanford A dissection who earliest presenting symptoms is acute stroke and gastrointestinal (GI) bleeding.

Case Report :A 61 year old gentleman with underlying hypertension presented to Emergency Department with left side hemiplegia and hypotensive episode . Initial assessment was treated for acute stroke and proceed for CT Brain . After came back from CT suite, he suddenly developed large amount of hematemesis and per rectal bleeding and soon after that he complained of severe abdominal pain . Fast Point of Care Ultrasonography (POCUS) was done and showed dilated aortic root. Thus proceed with urgent CT Aorta and came out as extensive aortic dissection . He was admitted to ICU and OGDS finding found there is severe erosive haemorrhagic gastritis . Unfortunately he was unfit for surgery and passed away after 2 days later.

Discussion : A patient with acute AD presenting with neurological and GI symptoms and in the absence of chest/abdominal pain as the initial complain, making the diagnosis can be difficult . This case emphasize how POCUS can greatly aid in diagnosing the real culprit.

Conclusion : AD is a critical diagnosis to make, as urgent intervention may be required to prevent life-threatening complications. Since AD can present in diversely manner, thus it should be considered when there is high clinical suspicion.