**A topsy-turvy business trip: The unforeseen presentation of aortic dissection**

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**Introduction:**

Atypical presentation of aortic dissection (AD) can pose diagnostic challenge due to its deviation from the classic symptoms of chest or abdominal pain. Gastrointestinal (GI) symptoms like vomiting and loose stool are very uncommon.

**Case:**

I describe here a case of a 52-year-old Japanese man who had a business travel to Malaysia presented to our Emergency Department (ED) complained of vomiting, diarrhea and colicky abdominal pain after having a spicy Chinese cuisine. He was initially treated for infective acute gastroenteritis (AGE). The initial workups showed leukocytosis, and lactate acidosis that responded temporarily with intravenous normal saline boluses. Interestingly, he had one episode of hematochezia in our emergency department and unresolved vomiting. Mesenteric CT angiography (CTA) was done to rule out mesenteric and bowel ischemia. However, the case turned upside down when we found an extensive Standford A aortic dissection that involved the aortic annulus until the external iliac arteries. He underwent a Bentall surgery and was sent back to Japan for continuation of care.

**Discussion:**

This case highlights the challenges associated with diagnosing AD. The presentation varies depending on the specific vessels involved. In this case, the patient’s history of consuming Chinese food added complexity to the diagnostic process, potentially leading to consideration of other illnesses like AGE, food poisoning, or intoxication. The patient also required multiple doses of opioids for pain control and the presence of lower GI symptoms raised concern on the need to consider more serious pathologies even when the initial complaints seem less severe. He was given adequate fluid resuscitation and this could be the reason his CTA showed normal bowel and mesentery despite having hematochezia. Failing to consider AD as a potential diagnosis may jeopardize a life. The prolonged observation of this patient in ED also underscores the importance of closely monitoring the perplexing case before discharge.

**Conclusion:**

This case illustrates the importance of vigilance in the management of patients in ED and recognizing atypical presentation of AD, as failure to do so can lead to delay in management and potentially life-threatening consequences.

**Keywords:**

Atypical Aortic dissection, Standford A