**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. Conventional risk factors include family history of aortic disease, connective tissue disease, smoking, substance abuse, diabetes mellitus and aging. As aortic dissection presentation mimics a lot of disease, sound knowledge of certain uncommon radiographic features will help in early detection and lead further management.  Case description  A 16-year-old Indian boy without comorbid, presented with right sided pricking type of chest pain for 1hour and feeling nausea. He was having an episode of presyncope attack at home that become concerning factor presented to emergency department (ED). Otherwise, no other remarkable symptoms on note. 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 systemic examination. ECG shown sinus rhythm. Unfortunately, upon returning from radiograph, he collapsed on ED corridor and was brought to resus immediately. He was gasping, had short duration jerking like movement with soft blood pressure. He was then resuscitated as per protocol. POCUS done revealed all normal findings except right pleural effusion. Investigation wise, noted dropping of 3g Hb within 40mins interval. Gradually, he deteriorated to few episodes of PEA and succumb after 1 hour of resuscitation. Postmortem revealed ruptured thoracic aorta dissection with 1-litre right hemothorax.  Discussion  There are well known chest radiograph features suggesting of aortic dissection including widened mediastinum, involution of mainstem bronchus, pleural effusion, tracheal and esophageal deviation while uncommonly feature as thickening of paratracheal stripe. Normal x-ray finding may occur as high as 20% of case. Initial chest radiograph done void most of above features except widened mediastinum which difficult to commit factoring rotation. However, the presence of thickening paratracheal stripe as frequently overlooked uncommon feature become cardinal giving an ultimate clue the reason of collapsing patient.  Conclusion  ED personnel should have sound knowledge regarding certain radiological features that identic to life-threatening disease including atypical ones. It may look subtle, but it is cardinal to preserve life.  Keywords  Paratracheal stripe, aortic dissection |