

# TIME IS AORTA: ADDRESSING DELAYS IN MANAGING STANFORD TYPE A AORTIC DISSECTION IN EAST COAST SABAH

No 266

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## INTRODUCTION

Stanford Type A aortic dissection is a surgical emergency, with mortality increasing by 1–2% for every hour that elapses without intervention. Prompt diagnosis and rapid transfer to a cardiothoracic surgery-capable center are critical. However, systemic delays—particularly in non-tertiary and rural hospitals—often compromise patient outcomes. We present a case that highlights these failures and propose a strategy to improve early recognition, streamline interhospital communication, and expedite definitive care.

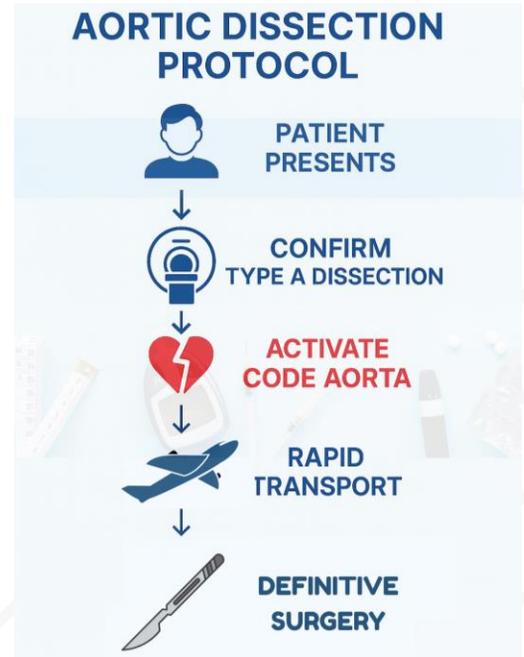
## CASE DESCRIPTION

A 70-year-old Sabahan male presented with 4 hours of severe chest pain radiating to the back. He was hypotensive and tachycardic; PoCUS revealed massive cardiac tamponade. Emergent pericardiocentesis was performed, followed by CT angiography, which confirmed Stanford Type A aortic dissection. Primary tear location at descending thoracic aorta extending until iliac arteries and no evidence of leak. Cardiothoracic surgery was planned at the nearest center, located six hours away. However, transfer was delayed by 12 hours post-diagnosis due to logistical constraints. MEDEVAC was arranged, but the patient suffered cardiac arrest during transfer to the helicopter and could not be revived. This case highlights critical delays in diagnosis-to-transfer workflow in rural settings.

## DISCUSSION

Despite prompt clinical recognition and initial stabilization with pericardiocentesis, definitive surgical intervention was delayed by 12 hours post-diagnosis due to logistical constraints. To address these systemic gaps, we propose the introduction of **'Code Aorta'**—a structured, multidisciplinary activation protocol. This would include immediate access to CT imaging, early notification of cardiothoracic services, prioritized emergency transport coordination (including air transfers), and standardized pre-transfer optimization.

Similar to 'Code Stroke' or 'STEMI Pathway' protocols, this approach could significantly reduce diagnosis-to-intervention time and improve survival in rural or resource-limited settings such as East Coast Sabah.



Flowchart 1. Proposed Flowchart for Code Aorta

## CONCLUSION

This case highlights the fatal consequences of delayed intervention in Stanford Type A aortic dissection. Time is aorta. A structured activation protocol like 'Code Aorta'—focusing on early imaging, timely specialist notification, and prioritized transfer—can reduce delays and improve outcomes.

## KEYWORDS

aortic dissection, Borneo, interfacility transfer

## REFERENCES

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