

Doctor, I Can't See — A Case of Aortic Dissection Presenting as Transient Vision Loss

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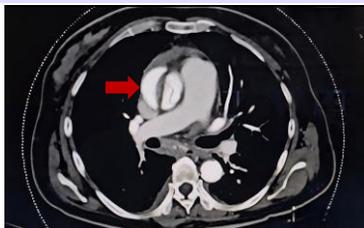


INTRODUCTION

Aortic dissection is a life-threatening emergency, typically presenting with chest or back pain. However, neurological symptoms such as visual loss are rare and can delay diagnosis. We present a case of a patient who presented with transient vision loss which was later diagnosed as Stanford Type A aortic dissection.

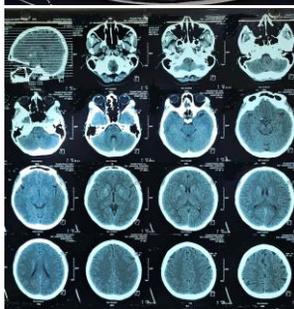
CASE DESCRIPTION

A 42-year-old woman with no known medical illness presented to the Emergency Department with a one-day history of headache, vomiting, unsteady gait, and blurring of vision that progressed to transient complete vision loss around midnight. She denied any trauma.



CT angiography showing aortic dissection with rounded false lumen ('tennis ball' sign).

On arrival, her vital signs were blood pressure 184/94, heart rate 97 per minute, respiratory rate 20, oxygen saturation 97%, and capillary glucose 7.4 mmol/l. Neurological examination showed full motor strength in all limbs, normal tone and reflexes, and intact gag reflex. **Stroke** protocol was activated, and ophthalmology was consulted for suspected **Amaurosis Fugax**.



Non-contrast CT brain showing no evidence of acute infarct or hemorrhage

A non-contrast CT brain was normal. CT angiography of the head and neck revealed a left common carotid artery dissection. Further CT angiography of the thorax and abdomen confirmed Stanford Type A aortic dissection extending from the aortic root to both common iliac arteries. Multiple branches, including the right subclavian artery, bilateral vertebral arteries, and left renal artery, arose from the false lumen. Notably, the patient's vision returned to normal after imaging.

She was started on intravenous labetalol and referred to the vascular surgery team. After consultation with the **cardiothoracic** team at the National Heart Institute, the patient underwent urgent ascending aorta replacement (hemiarch). She recovered well and was discharged in stable condition.

DISCUSSION

This case highlights an uncommon presentation of aortic dissection mimicking a neurological emergency. Involvement of carotid or vertebral arteries can result in transient neurological symptoms, even without chest pain.

CONCLUSION

Transient vision loss may be a sign of aortic dissection. High clinical suspicion, timely imaging, and multidisciplinary coordination are key to prompt diagnosis and definitive management.



Keywords: Stroke, Aortic Dissection, Amaurosis Fugax, Cardiothoracic.

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