

AORTIC DISSECTION:



normal



Aneurysm



Dissection.

→ A condition where there is a tear in the aortic intima allowing blood to enter into its wall (Media)

Generally Associated with aortic dilation.

Actually it is a form of Hematoma!!!

→ If dissection Rupture, through Adventitia → haemorrhage into Ady space.

Seen in

→ Men in 40 to 60 with hypertension.

→ connective tissue defects. - Marfan syndrome.

→ can be iatrogenic → following Arterial cannulation during catheterization

Pathogenesis → major Risk factor.

hypertension

→ Marfan syndrome, Ehlers-Danlos syndrome, vit C def.

→ Aortic dissection usually starts with a tear in the intima of (True septum) blood from in tunica Media (False lumen)

MORPHOLOGY:

→ site of intimal tear → in Ascending Aorta. within 10cm of Aortic valve

→ extent → extend proximally along aorta toward heart

CLASSIFICATION:

→ Type A
→ Type B.

TYPE A: Proximal lesion involving both the Ascending & descending Aorta.
more dangerous.

TYPE B: They have distal lesion — not involve Ascending part

Complication

→ Rupture

Massive haemorrhage.

Double banded Aorta (hemorrhage into the periaortic sac)

↳ dissecting hematoma Re-enters the lumen of Aorta through a second distal intimal tear.

Histology → cystic Medial degeneration

Symptoms:

→ severe pain, throbbing stabbing pain

defect in NOTCH2 gene

Allow the entry of mural

microbes into the lamina propria of the intimal wall of stimulate inflammatory Rx

2) Epithelial defect

→ Defect in intimal epithelial tight junction barrier function

3) Abnormal Distal defension → (Antimicrobial peptides)

↳ Abnormal defension causes chronic disease

Table 18-32
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