Delayed diagnosis of coarctation of the aorta with marked collateral circulation

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DESCRIPTION

We report CT findings of coarctation of the aorta (CoA) in a 66-year-old man. He had a history of hypertension and unstable angina.

The patient visited our cardiology clinic with exertional leg fatigue. CT showed no stenosis in the lower extremity. However, it revealed a tight and localised CoA (figure 1A–C). It also showed the development of extreme collateral circulation (figure 1B). These collateral circulations had formed various anastomoses, resulting in small aneurysms (figure 1C,B). Transthoracic echocardiography showed mild diastolic failure but an otherwise normal heart, indicating simple CoA. The patient underwent surgery.

Patients with CoA are mostly diagnosed and treated early in life. Although there have been such reports, patients with untreated, severe CoA surviving over the age of 60 years are rare.1 2 Such patients who survive into adulthood usually have extreme collateral vessels which have an effective compensatory mechanism.1 Brown et al reported decreased survival for patients who are older at the time of CoA repair, such as our patient.3 Formation of multiple aortic aneurysms in our patient indicated the need for close monitoring after surgery.

Contributors MK was the attending physician and drafted the manuscript. KK performed the surgery. MT, KK and YN revised the manuscript critically for important intellectual content.

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