BUSTED! Eight Myths About Acute Aortic Dissection



Myths

Acute aortic dissection is extremely **rare**.



Facts

In the UK, acute aortic dissections kill more people per year than road traffic accidents.¹

Acute aortic dissection always presents with ripping or tearing chest pain.



The key defining feature of acute aortic dissection is sudden onset, severe pain which may be maximal at onset and then subside.² Pain can be transient and migratory and may occur in the chest, neck, back, jaw, or abdomen.^{2,3}

Acute aortic dissection is not a genetic condition.



Up to 30% of acute aortic dissections are caused by hereditary syndromic or non-syndromic aortic diseases.⁴

Acute aortic dissection is a condition affecting individuals over 65.



Acute aortic dissection occurs in **younger patients**, particularly those with genetic conditions like Marfan syndrome or vascular Ehlers-Danlos syndrome.⁵ **Misdiagnosis is common in young patients and pregnant women**, when aortic dissection is rarely considered.⁶ It is a leading cause of maternal cardiac death.⁷

Acute aortic dissection patients always have poor outcomes.



Patient survival and outcomes improve with early diagnosis and prompt intervention.⁸ Acute aortic dissection is **treatable** and there is now a **large community of survivors**, thanks to advances in modern medicine and surgery.⁵

You cannot CT scan everyone with suspected acute aortic dissection.



Definitive diagnosis of aortic dissection requires a CT angiogram or MRI of the whole aorta.^{2,9,10} Blood tests, chest x-ray, ECG, or echocardiogram cannot exclude an acute aortic dissection.¹⁰

We need to reduce the number of CT Aorta scans because they are costly.



THINK AORTA's diagnostic strategy of increasing the index of suspicion for aortic dissection and lowering the barrier to CT Aorta is endorsed by the Royal College of Emergency Medicine and the Royal College of Radiologists.^{2,9} In 2024, the UK NHS tariff for a CT Aorta was £112.¹¹

Algorithmic approaches are best for diagnosing acute aortic dissection.



Clinician gestalt, informed by THINK AORTA, has been credited with improving aortic dissection diagnosis in the UK. 12 The optimum diagnostic strategy currently is: THINK AORTA – CT scan to confirm. 2.9

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Abbreviations: CT: computed tomography; ECG: electrocardiogram; MRI: magnetic resonance imaging; NHS: National Health Service; UK: United Kingdom.