

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}