ISSN 1669-9106 MEDICINA (Buenos Aires) 2023: 83: 498

SHAGGY AORTA SYNDROME

NOELIA CITATE[1], MARÍA FERNANDA SOLA[1], LUIS PINTOS[1], MARCELO CALDAS[1], TATIANA ALFARO[2], JUAN PABLO ROMANO[1]

[1]Servicio de Clínica Médica, [2]Servicio de Anatomía Patológica, Hospital Nacional Profesor Alejandro Posadas, El Palomar, Buenos Aires, Argentina

E-mail: noecitate@gmail.com

A 61-year-old man, with a history of coronary heart disease, dyslipidemia, type 2 diabetes and hypertension, presented one-week medical symptoms with severe and progressive pain both in his feet and heels. The physical exam showed erythematous-violaceous macules on both soles of his feet (Fig. 1) and abdominal bruits during auscultation. A total aorta CT angiography was performed, which reported parietal vascular calcifications throughout its extension associated with mural thrombus (Fig. 2). A biopsy of the skin lesion was carried out and it reported partial obstruction of the light in a medium vessel caused by a picture compatible with cholesterol crystals (Fig. 3). Anticoagulation was initiated and an aortic-iliac endoprosthesis was requested. The patient died from septic shock secondary to hospital-acquired pneumonia while waiting for prosthesis placement.

Shaggy aorta depicts the severe and extremely friable aortic surface degeneration which shows a tortuous and spiculated aspect and multiple atheromatous ulcerated plaques covered by thrombus that form a spiculated picture in the walls according to the imaging studies.

The Shaggy aorta syndrome is the association of these findings with peripheral and/or visceral atheroembolism.

Figure 1 |

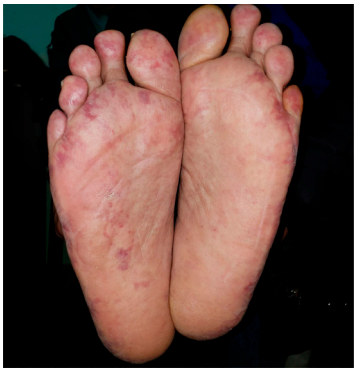

Figure 2 |

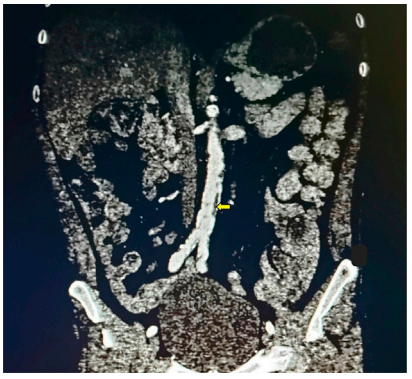

Figure 3 |