**IMAGING DEBAKEY’S DEBACLE: AN UNUSUAL CULPRIT FOR ST ELEVATION**

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Acute STEMIs are associated with cardiovascular catastrophes in 1-2% of cases other than acute coronary thrombosis. Classically, treatment is emergent cardiac catheterization which can be associated with high level mortality. We present a case of an acute aortic dissection (AAD) presented as inferior STEMI without chest pain due to involvement of right coronary artery (RCA).

A 77-year-old female smoker presented to the emergency room with three-day history of dyspnea. Electrocardiography showed inferior ST elevation. She denied chest pain but reported left arm numbness. Physical examination revealed a thin Caucasian female in moderate respiratory distress. Blood pressure was 88/55mm Hg with a 15mmHg difference in pulse pressure between upper extremities. She had pectus excavatum deformity but no murmurs. Her jugular veins were not distended. Chest x-ray showed a widened superior mediastinum. An urgent bedside transthoracic echocardiogram revealed a dilated ascending aorta with a false lumen and a bicuspid aortic valve. A contrast chest CT scan demonstrated a 5 cm diameter ascending aorta with Stanford type-A AAD arising from the level of the aortic annulus with RCA arising from false lumen. Emergent surgery confirmed an ascending aortic aneurysm, AAD, aortic insufficiency, bicuspid valve and right ventricular infarct. She underwent surgical repair of the acute dissection, re-suspension of aortic valve and repair of aortic arch. Intra-operative course was however complicated by cardiac arrest with subsequent cardiorespiratory failure. She was ultimately transitioned to comfort care and passed away on Post-Operative day 4.This case illustrates the potential of acute STEMI to be a distractor when it complicates acute ascending AAD especially with involvement of RCA. Painless AAD are particularly associated with significant neurologic symptoms and have a higher mortality. Thus a high index of suspicion is needed for early diagnosis of AAD especially in the absence of classic chest pain.