Introduction
Aortic dissection is a devastating disruption of vessel wall caused in most cases by uncontrolled hypertension or intrinsic vessel weakness. Only minority of patients have typical clinical presentation. High clinical suspicion leads to diagnosis confirmation by CT (computed tomography) and/or transesophageal echocardiography (TEE). Although TTE in not the method of choice it can surprisingly diagnose dissection and acute complications in patients referred for other reasons like in presented cases.1-3

Case reports
71-year old lady treated for hypertension presented with neck pain, near fainting and transitory visual loss. Diagnosis of TIA (transient ischemic attack) was established and workup included TTE showing an aneurism of thoracic and abdominal aorta with dissection flap (Figure 1). Dissection caused moderate aortic regurgitation and propagated into brachiocephalic trunk causing neurologic symptoms. CT and TEE confirmed the diagnosis—Stanford A, DeBakey A type dissection (Figure 2). Aortic regurgitation subsided after aneurism repair so there was no need for aortic valve surgery. Postoperative recovery was prolonged by Dressler’s syndrome.

Second patient was 81-year old female with hypertension and diabetes admitted to Department of Neurology ward due to syncope. Troponin values were mildly elevated and TTE was indicated. Investigation found inferoposterior wall hypokinesia (patient has had an infarction five years ago) and preserved systolic function. There was a free floating calcified mass in ascending aorta. CT confirmed dissection of thoracic aorta starting above aortic valve and reaching origin of the left subclavian artery (Stanford A, DeBakey B). Aorta was tortuous and heavily calcified therefore dissection likely started as penetrated atherosclerotic ulcer. Patient was successfully operated with uneventful postoperative recovery.

KEYWORDS: aorta, dissection, echocardiography.

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FIGURE 1. Circular dissection of the aortic root (A) and ascending portion (B).

FIGURE 2. 3D transesophageal echocardiography image of dissection flap rising above the right sinus of Valsalva.
**Conclusion:** Both our patients were diagnosed aortic dissection with TTE conducted for other reasons. Aortic dissection is often a lethal disease, largely due to diverse clinical presentation and delayed diagnosis. TTE is a convenient and widely available tool which can make diagnosis and hasten further management. Detailed examination of all visible aortic segments using standard and atypical views is mandatory in every patient. Sometimes accidentally, unexpected findings make big difference like in these two cases.

**LITERATURE**

