



IMAGES IN INTENSIVE MEDICINE

Acquired coarctation of aorta: Coral reef aorta<sup>☆</sup>

Coartación aórtica adquirida: aorta en arrecife de coral

M. Muñoz Garach<sup>\*</sup>, M.T. Cruces Moreno, O. Moreno Romero

Unidad de Cuidados Intensivos, Hospital Universitario Clínico San Cecilio, Granada, Spain

Available online 18 May 2022

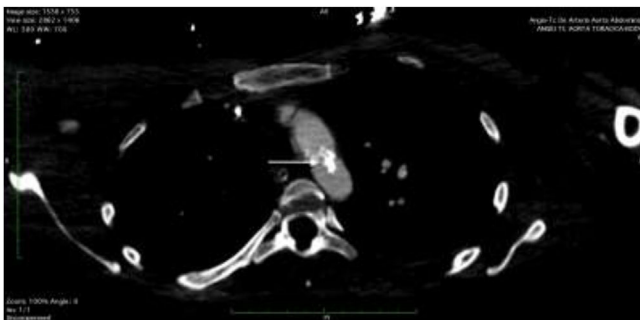


Figure 1



Figure 2

A 40-year-old woman with no relevant medical history was admitted to the ICU due to cardiogenic shock with severe systolic dysfunction and generalized hypocontractility evidenced by transthoracic echocardiography (TTE). Invasive monitoring was attempted using a thermodilution system, with great difficulty in securing ultrasound-guided access to both femoral arteries. A significant pressure gradient between the upper and lower extremities was observed. With a strong suspicion of aortic disease, a guided CT angiography study was requested, which revealed an extensive calcified atheroma plaque in the aortic arch (Fig. 1), with important obstruction in the sagittal plane reconstruction

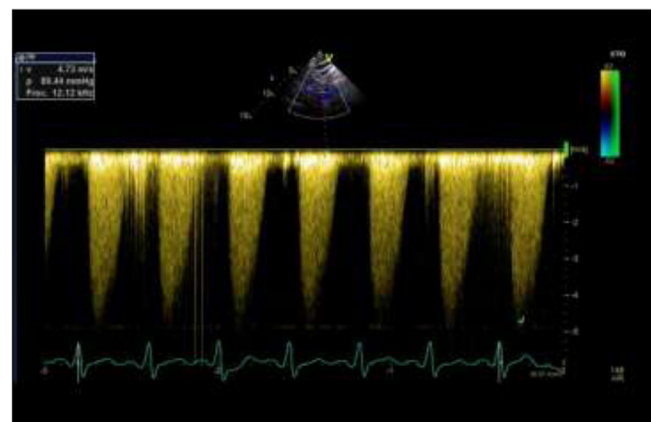


Figure 3

<sup>☆</sup> Please cite this article as: Muñoz Garach M, Cruces Moreno MT, Moreno Romero O. Coartación aórtica adquirida: aorta en arrecife de coral. Med Intensiva. 2022;46:416–417.

<sup>\*</sup> Corresponding autor.

E-mail address: [mmg128@gmail.com](mailto:mmg128@gmail.com) (M. Muñoz Garach).

(Fig. 2). Repeat TTE was performed due to the strong suspicion of coarctation, recording a maximum systolic gradient in the descending thoracic aorta of 89 mmHg, which confirmed the disorder (Fig. 3). An endovascular approach was

adopted to place a thoracic endoprosthesis supported by an intra-prosthetic steel stent. The subsequent course proved favorable, with a gradual return of ventricular function to normal levels, leaving a residual gradient of 32 mmHg.