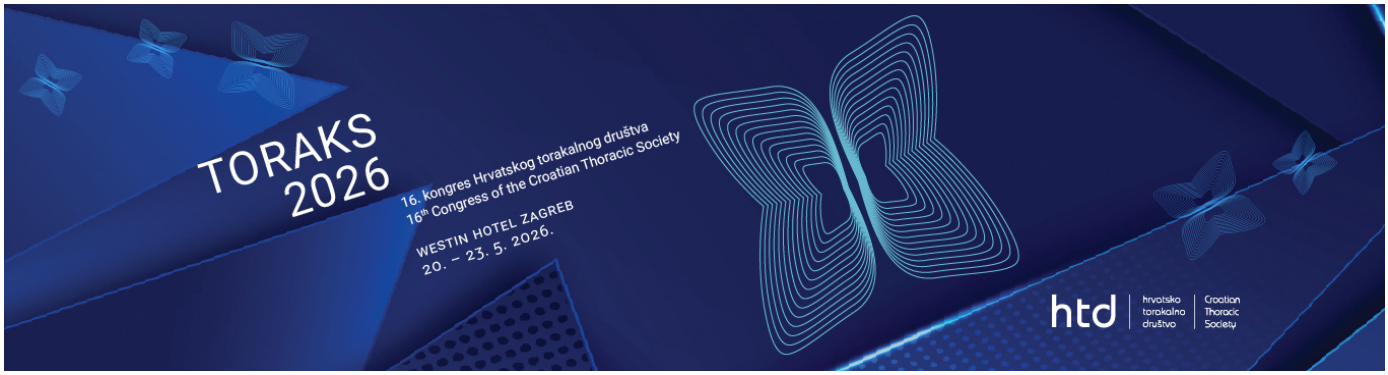


HEMOPTYSIS AS A RARE PRESENTATION OF AORTIC DISSECTION IN A PATIENT WITH MARFAN SYNDROME: A CASE REPORT

KRILČIĆ M.[1], Darapi Marušić D.[2], Tolić E.[2], Štajduhar A.[2], Miculinić N.[2], Puretić H.[2], Lampalo M.[2], Pavliša G.[2]

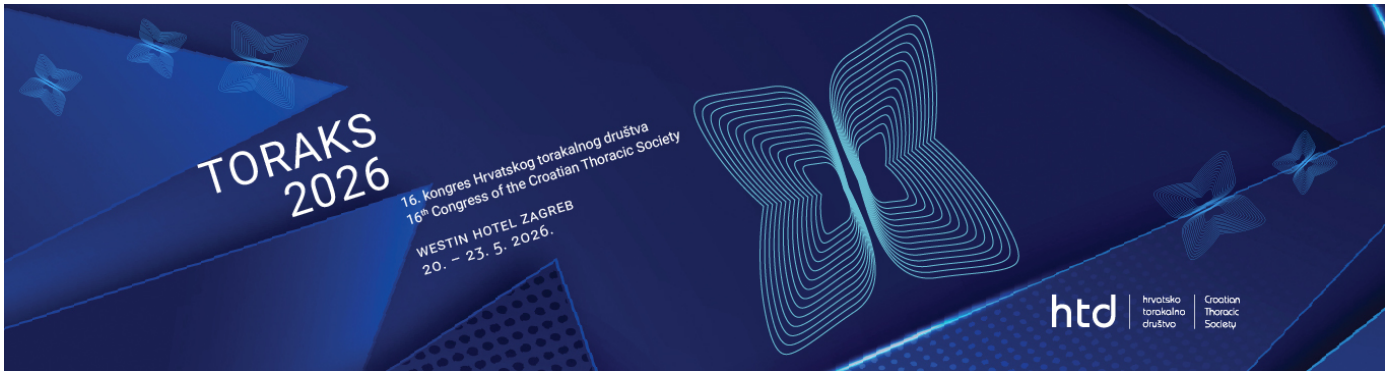
[1] Dr. Josip Benčević General Hospital, Slavonski Brod, Croatia
Department of Internal medicine, Nephrology and Pulmonology

[2] UHC Zagreb, Zagreb, Croatia
Clinic for Lung Diseases Jordanovac

Background:

Hemoptysis is most commonly associated with pulmonary diseases, while vascular causes are rare. Aortic dissection typically presents with acute chest pain, whereas respiratory symptoms are uncommon and may delay diagnosis. In patients with Marfan syndrome, the risk of progressive and complex aortic pathology is significantly increased. We report a rare case of hemoptysis as a presenting symptom of progressive aortic dissection without evidence of rupture or direct aortobronchial communication.

Conclusion:



Hemoptysis is a rare presentation of aortic dissection in the absence of rupture or direct airway communication. The mechanism likely involves compression of lung tissue or erosion of small pulmonary vessels. This case highlights the importance of considering aortic dissection in the differential diagnosis of hemoptysis, particularly in high-risk patients, as early recognition and timely surgical intervention can improve outcomes.

Case:

A 45-year-old male with Marfan syndrome and prior Stanford type A aortic dissection treated with a Bentall procedure (mechanical valve, aortic root and ascending aorta replacement) presented with acute hemoptysis and a preceding dry cough.

Laboratory findings showed an INR of 2.07 due to chronic warfarin therapy. CT thoracic aortography excluded active bleeding, contrast extravasation and arteriovenous fistula, but revealed alveolar hemorrhage in the left upper lobe adjacent to an enlarged aortic arch.

Persistent dissection of the distal aortic arch and descending aorta was noted, with interval enlargement from 8.0 to 8.9 cm. CT of the abdominal aorta confirmed progression of chronic dissection.

As hemoptysis resolved with conservative management, bronchoscopy was deferred due to high procedural risk. Following multidisciplinary evaluation, the patient underwent extensive thoracoabdominal aortic reconstruction and was discharged after prolonged postoperative recovery.