



## FIT Clinical Decision Making

### INTRAMURAL HEMATOMA OR AORTITIS: A DIAGNOSTIC DILEMMA

Poster Contributions  
Poster Hall, Hall C  
Sunday, March 19, 2017, 9:45 a.m.-10:30 a.m.

Session Title: FIT Clinical Decision-Making: Interventional Cardiology, Acute and Stable Ischemic Heart Disease, and Vascular Medicine  
Abstract Category: Vascular Medicine  
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**Background:** Intramural hematoma (IMH) and aortitis are easily confused on imaging but exhibit very different pathophysiology, treatment and prognosis.

**Case:** A 54yo Mexican male with no PMH had CXR to followup pneumonia, showing abnormal aortic contours. CT Chest (pictured) showed aortic wall thickening up to 2cm in the ascending aorta, arch, and proximal descending aorta, involving RCA and LCx, read as type A intramural hematoma. The patient was emergently called in for operative aortic grafting 12h after CT.

**Decision-Making:** The patient arrived asymptomatic, prompting serial CTs for progression. Negative D-Dimer and CT findings of patchy involvement of abdominal aorta, lymphadenopathy, increasing density in venous phase, no hyperdensity of noncontrast phase, suggest aortitis rather than IMH. Exhaustive workup of rheumatologic and infectious aortitis yielded only positive interferon-gamma release assay for latent or active TB. ESR and CRP slightly elevated. EBUS FNA of lymph node was unremarkable. MRI spin-echo "Black Blood" was obtained to definitively rule out IMH, showing clear aortitis and periaortitis. The patient was empirically treated for active TB with plan for followup imaging in November.

**Conclusions:** This case highlights the pathophysiology and workup of IMH and aortitis, and features on imaging, labwork, and history that distinguish them. Imaging and history in classic IMH, Takayasu and giant cell arteritis, bacterial, and tuberculous aortitis cases are presented.

