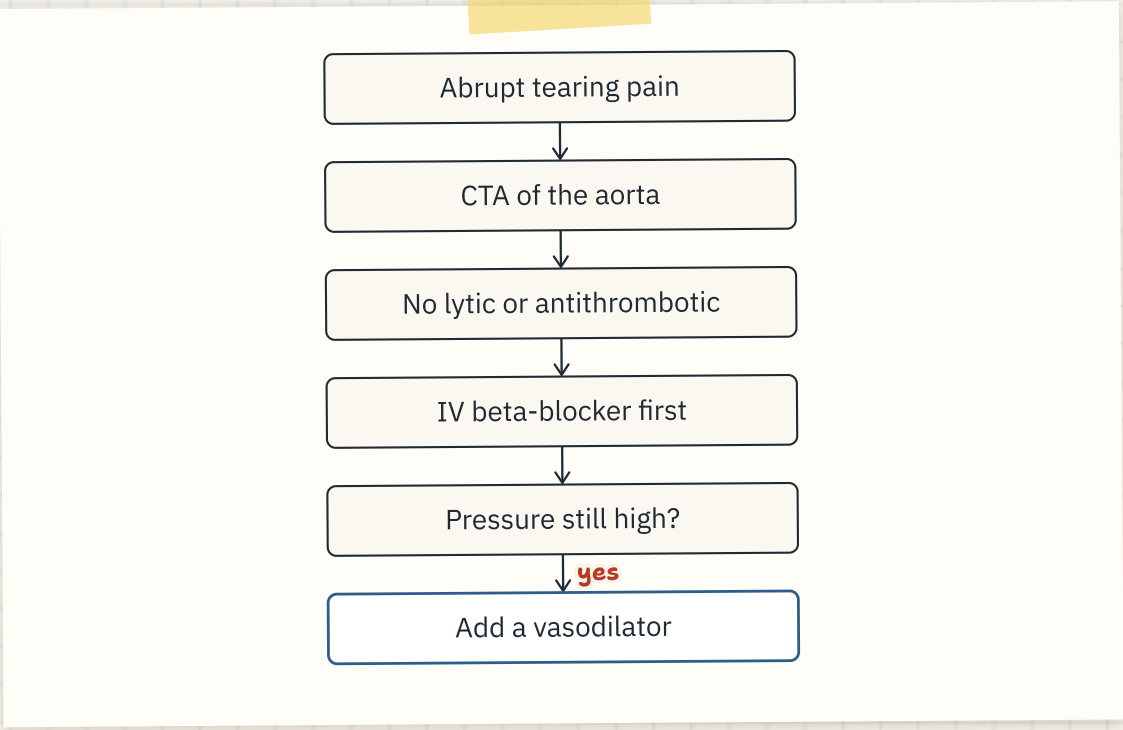
Aortic dissection

Recognize it, image it, treat it in the right order



Step by step

1. Abrupt, maximal, tearing pain to the back
2. Pulse or arm pressure differences, new regurgitation murmur
3. Image the aorta: CTA usually first, or TEE
4. No fibrinolytic; no antiplatelet or anticoagulant
5. IV beta-blocker first: heart rate 60–80/min, systolic below 120 mm Hg

Type	Management
A (ascending aorta)	Almost always surgery
B, uncomplicated	Medical
B, complicated	Intervention, often endovascular

Definitive care by type

Order of treatment

Beta-blocker first

Vasodilator only if pressure stays high

Never a vasodilator alone

Exam traps

- A normal ECG does not exclude dissection.
- A normal pulse exam does not rule it out.
- A chest x-ray can be normal.
- Aspirin and heparin are not started while dissection is possible.

Aortic dissection vs ACS: recognition, imaging and first treatment

Video, written lesson, practice question and sources: medservatory.com/usmle-step-2-ck/emergency-medicine/aortic-dissection-recognition-imaging-first-treatment

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