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CLINICAL IMAGE

Thoracic pain after lifting weights

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A patient in his fifties presented to our Emergency Department with acute chest pain that started while lifting weights. The patient had a burning pain that radiated to his jaw and groin. Apart from quitting smoking cigarettes 1 year previously, the patient had no cardiac risk factors.
On examination the patient had considerable pain and was restless, with bradycardia of 52/min and blood pressure of 98/32mmHg. The ECG showed a sinus bradycardia with an incomplete right-bundle-branch-block and upsloping ST segments. The chest x-ray showed no abnormalities. A cardiac ultrasound showed a distended ascending aorta and a minimal aorta valve insufficiency. Creatinine kinase and myoglobin levels were elevated with a normal troponin level. A CT-angiogram showed a type A aortic dissection into both carotid arteries and both iliac arteries. The patient was operated on and no complications were reported.

Common causes of aortic dissection are hypertension and Marfan syndrome. A chest x-ray showing no abnormalities in patients with aortic dissection is not uncommon. The possible correlation between weight lifting, thereby elevating the intra-thoracic pressure, and aortic dissection is not well described in the literature. Therefore, we feel it is important to consider aortic dissection in patients with thoracic pain after weight lifting.

Figure 1. CTA thorax/abdomen: type A aortic dissection into both iliac arteries.

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