

## **TRANSIENT ISCHEMIC ATTACKS IN PATIENT WITH STANFORD TYPE B AORTIC DISSECTION**

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Neurological symptoms associated with aortic dissection (AD) can be only or dominant manifestation, leading to misdiagnosing of this condition. Transient neurological deficit occurs in 17 % to 40 % of these patients, and cerebral ischemia and paraplegia in 6-16 % and 2-8 % , respectively. We present a case of a 57 years old man, diagnosed with Standford Typ B AD, admitted in the neurology department for transient episodes of motor dysphasia, with periods of complete motor aphasia, associated with hypertension (240/120mmHg) and hyperglycemia (19.4mmol/l). With the initial CT of the brain, hemorrhage and ischemia were excluded. CT angiography of the thoracic and abdominal aorta found progression of the diameter of the dissection on the arch and descending aorta from 47mm to 68.5mm, with a false lumen of 50mm. With CT angiography of cerebral circulation pathological dilatation and stenosis were excluded.

Conclusion: neurological complications in AD are due to progression of the false lumen of the dissection to the blood vessels stem from the aortic arch and as a result of global cerebral hypoperfusion. Transient motor dysphasia was due to progression of the diameter of the dissection in the period of four years, combined with poorly controlled arterial hypertension and newly discovered diabetes mellitus. In the first few days, after medically regulation of BP and blood glucose, motor dysphasia improved, without relapsing until the day of discharging from the department.