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【 PICTURES IN CLINICAL MEDICINE 】

Mid-aortic Syndrome: A Rare Cause of Juvenile Hypertension

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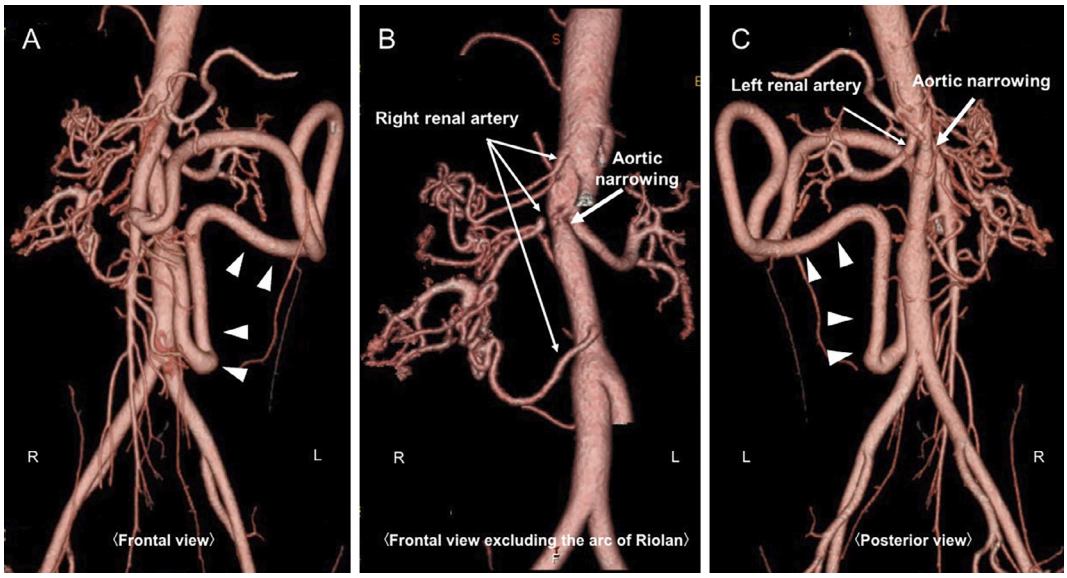

Picture.

A 49-year-old woman with a history of juvenile hypertension since 4 years of age was referred to our hospital. She had previously experienced a subarachnoid hemorrhage at 18 years of age. Her blood pressure (BP) had been well-controlled (under 130/90 mmHg) with antihypertensive treatment. Contrast-enhanced computed tomography showed a narrowing of the interrenal abdominal aorta with ostial stenosis of the right renal artery (Picture A: frontal view; Picture B: frontal view excluding the arc of Riolan; Picture C: posterior view). Collateral circulation had developed through the arc of Riolan (arrow heads). She had no history of either any systemic symptoms or elevated inflammatory markers. Therefore, a diagnosis of congenital mid-aortic syndrome (MAS) was made. MAS is characterized by the segmental narrowing of the descending thoracic and/or abdominal aorta (1), which is one of the important causes of juvenile hypertension. MAS patients with well-controlled BP have the potential to achieve a good prognosis without the need for aortic reconstruction by invasive intervention.

The authors state that they have no Conflict of Interest (COI).

Reference

1. Monticone S, Veglio F, Mulatero P. Atypical secondary hypertension due to mid-aortic syndrome. Eur Heart J **33**: 2248, 2012.

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