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# Coral Reff Aorta

## Aorta de arrecife de coral

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A 53-year-old male goes to the Emergency Department (ED) due to dyspnea for minor exertion and productive cough with a 4 days evolution. He had a known history of arterial hypertension, obesity, smoking and intermittent claudication. During his stay in the ED, he suffered cardiorespiratory arrest with recovery of spontaneous circulation after 6 minutes. During investigation, exuberant intraluminal calcifications are identified in the aortic arch/thoracic aorta, as well as aortic dissection, with associated thrombus in the thoracic segment (fig. 1a, 1b, 1c: red arrows). The case was evaluated by Cardiothoracic and Vascular Surgery that along with the ICU team reached to a consensus of lack of indication for surgical treatment. Medical therapy was then implemented, without success. The patient would eventually die in the Intensive Care Unit.

### Contributorship statement

GH wrote the article; TC, DN and JM reviewed and added content.

### Informed consent

No pacient data prone to identify the patient are show, hence no consent form was requested from the patient.

### Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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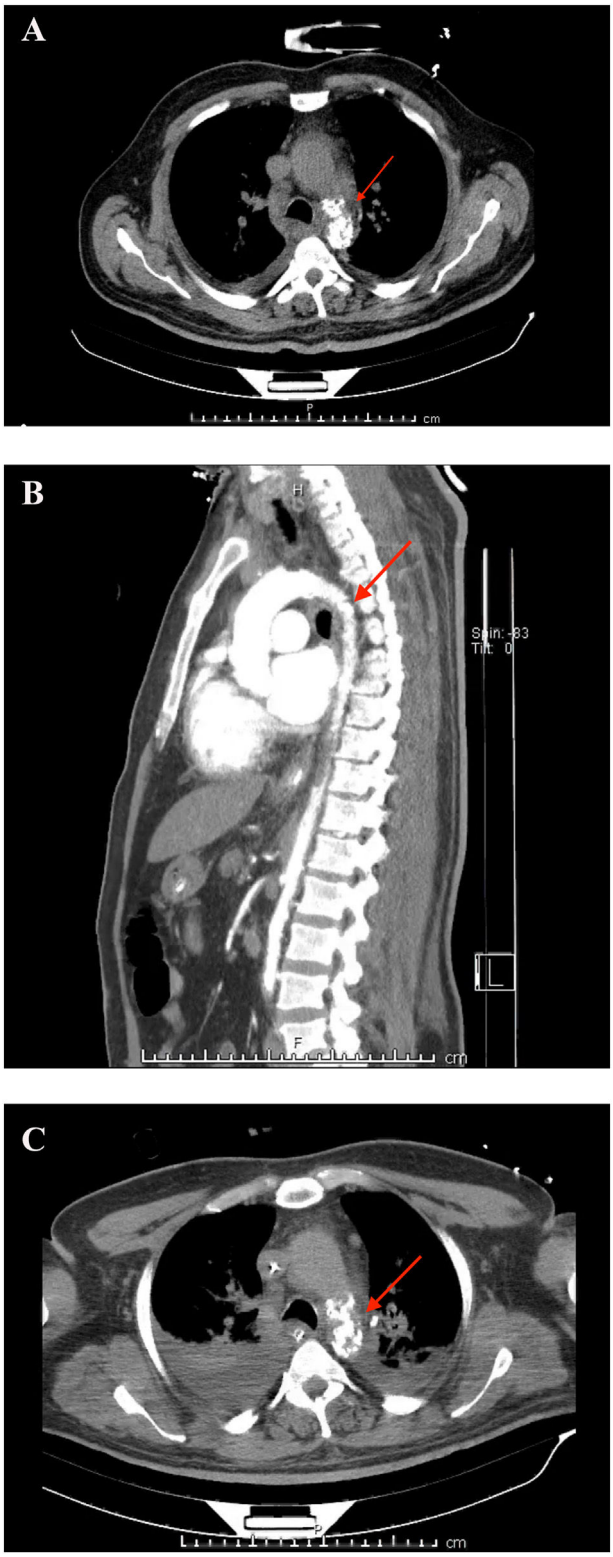


**Fig. 1.** Intraluminal calcifications.