Making heads or tails of a coarctation

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**CASE 1:** A 25-year-old male was referred to our cardiology clinic with a suspected diagnosis of coarctation of the aorta (CoA). He was asymptomatic, normotensive but had an ejection systolic murmur over his chest and radio-femoral delay on clinical examination.

**QUESTION 1:** Which ONE of the following is the correct diagnosis?

- (a) Severe aortic regurgitation
- (b) Confirmed significant CoA
- (c) Severe aortic regurgitation with CoA
- (d) Interrupted aortic arch
CASE 2: A 23-year-old male was referred for routine follow-up after having had a surgical end-to-end repair of a CoA as a child. Of note, he also has a bicuspid aortic valve.

CASE 3: A 35-year-old male was referred for exclusion of CoA. He was hypertensive, resistant to 4 anti-hypertensive agents, with pronounced radio-femoral delay.

QUESTION 2: Which ONE of the following best explains the Doppler tracings?

(a) Severe aortic regurgitation
(b) Severe recoarctation
(c) Severe aortic regurgitation with recoarctation
(d) Interrupted aortic arch

Please analyse the spectral Doppler traces carefully and commit yourself to an answer before checking the explanation.

ANSWER on page 200