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Coral-reef-aorta

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Extensive protuberant intraluminal calcifications of the aorta, with normal aortic diameter, and near-occlusive stenosis of the vessel lumen describe the phenomenon of a coral-reef aorta. The condition received its name in 1984 by Qvarfordt et al. who published findings involving nine female patients with suprarenal obstructive calcifications of the aorta [1, 2].

Most patients are younger than those with more typical atherosclerotic disease. It is most commonly located in suprarenal aorta; however, coral-reef aorta involving the lower abdominal aorta and the thoracoabdominal aorta are described in the literature [3, 4]. Symptoms include classical hypertension, intermittent claudication, and abdominal angina [2]. The diagnosis is often delayed until vascular symptoms prompt imaging evaluation [5]. Nearly all patients will require surgery, depending on the site of involved aorta. High operative mortality is associated with surgical techniques. Thromboendarterectomy is the preferred procedure, however open surgery, bypass surgery or replacement of a part of the aorta are possible, but less desirable alternatives [1, 6] (Fig. 1).

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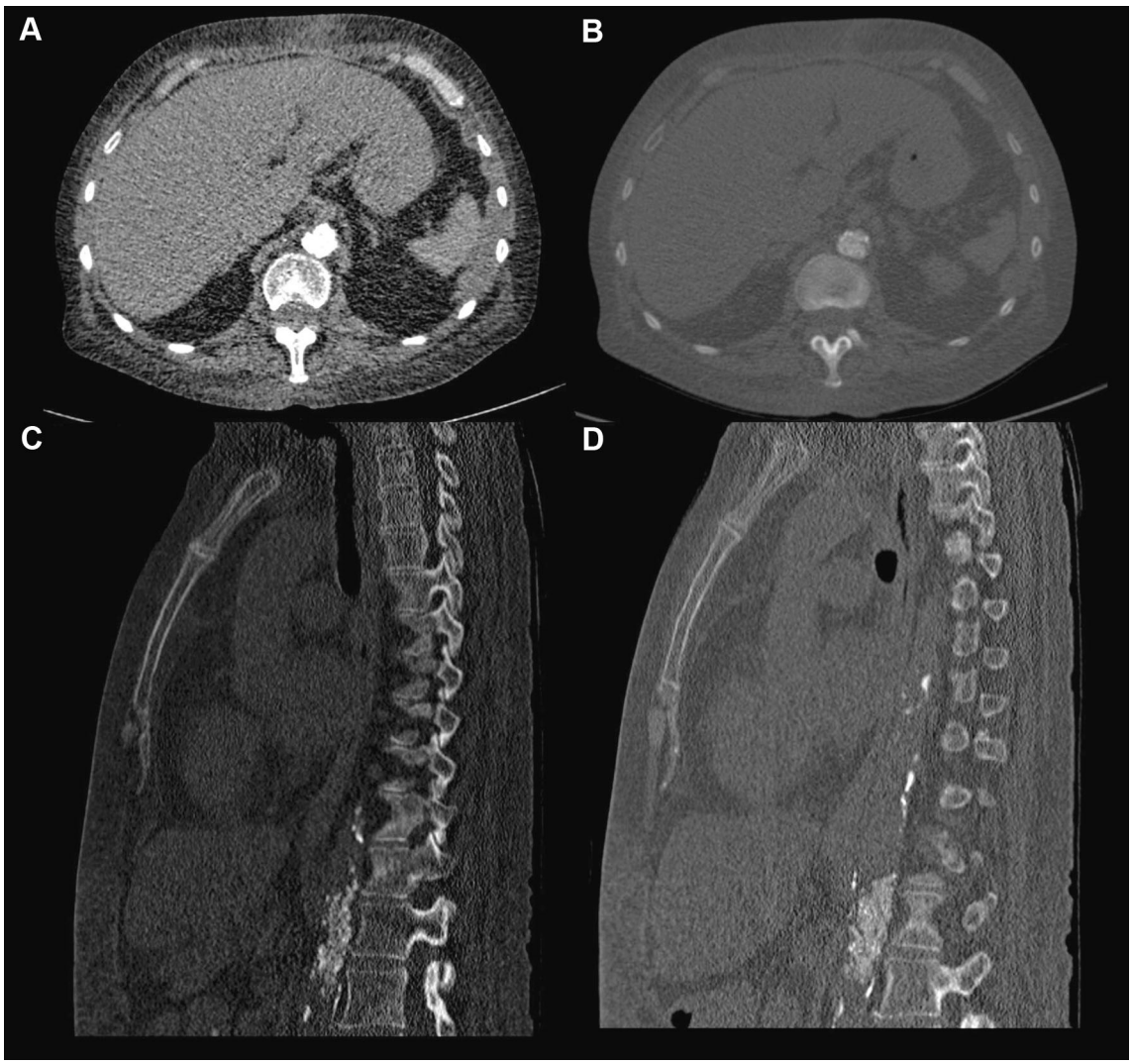

Fig. 1. Unenhanced transversal CT images are presented in mediastinal (**A**) and lung (**B**) window. Multiplanary reconstructions with sagittal view on aorta in bone (**C**) and lung window (**D**) are given.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflicts of interest.

Ethical approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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