

treatment with bosentan in combination with HAART appears to be a suitable option in the management of patients with symptomatic HIV-associated PAH, especially those with a baseline mPAP > 50 mm Hg and a 6 min walk test < 200 m, because in this subset of patients the combination treatment appears to be more effective than HAART alone.

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REFERENCES

- 1 **Zuber JP**, Calmy A, Evison JM, *et al.* Pulmonary arterial hypertension related to HIV infection: improved hemodynamics and survival associated with antiretroviral therapy. *Clin Infect Dis* 2004;**38**:1178–85.
- 2 **Channick RN**, Simonneau G, Sitbon O, *et al.* Effects of the dual endothelin-receptor antagonist bosentan in patients with pulmonary hypertension: a randomised placebo-controlled study. *Lancet* 2001;**358**:1119–23.
- 3 **Rubin LJ**, Badesch DB, Barst RJ, *et al.* Bosentan therapy for pulmonary arterial hypertension. *N Engl J Med* 2002;**346**:896–903.
- 4 **Sitbon O**, Gressin V, Speich R, *et al.* Bosentan for the treatment of human immunodeficiency virus-associated pulmonary arterial hypertension. *Am J Respir Crit Care* 2004;**170**:1212–7.
- 5 **Aguilar RV**, Farber HW. Epoprostenol (prostacyclin) therapy in HIV-associated pulmonary hypertension. *Am J Respir Crit Care* 2000;**162**:1846–50.

IMAGES IN CARDIOLOGY

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Triple-barrelled aortic dissection in Ehlers-Danlos syndrome

An 18-year-old female student with a history of asthma and Ehlers-Danlos syndrome presented with chest pain and shortness of breath. She was hospitalised, treated with antibiotics for presumed pneumonia, and discharged home. She continued to be very dyspnoeic, with minimal exercise tolerance. On repeat examination, a diastolic murmur was noted. Transoesophageal echocardiography revealed a dilated aortic root with proximal dissection and severe aortic regurgitation. Multidetector-row computed tomography (MDCT) confirmed the proximal dissection and also revealed a distinct dissection of the descending aorta. A Bentall procedure was performed to replace the aortic root and ascending aorta. On repeat postoperative MDCT, a three-channelled dissection of the descending aorta was observed (panels A and B; to view video clip visit the *Heart* website—<http://www.heartjnl.com/supplemental>). An intimal flap arises from the medial posterior wall of the distal aorta arch. The resulting false lumen communicates with the true lumen via a re-entry tear. At the level of the aortic hiatus, a second focal dissection arises from the lateral anterior wall of the descending aorta, forming what has been referred to as the

Mercedes-Benz mark sign (panel C). Nearly two years postoperatively, the patient has been asymptomatic and the complex dissection remains radiographically stable.

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To view video clip visit the *Heart* website—<http://www.heartjnl.com/supplemental>



Volume rendered image of the thoracic aorta. (A) Anterior view. (B) Posterior view. (C) Maximal intensity projection image of the thoracic aorta, demonstrating three luminal compartments (Mercedes-Benz mark sign).