A patient in his fifties presented to our Emergency Department with acute chest pain that started while lifting weights. The patient had a burning pain that radiated to his jaw and groin. Apart from quitting smoking cigarettes 1 year previously, the patient had no cardiac risk factors.

On examination the patient had considerable pain and was restless, with bradycardia of 52/min and blood pressure of 98/32mmHg. The ECG showed a sinus bradycardia with an incomplete right-bundle-branch-block and upsloping ST segments. The chest x-ray showed no abnormalities. A cardiac ultrasound showed a distended ascending aorta and a minimal aorta valve insufficiency. Creatinine kinase and myoglobin levels were elevated with a normal troponin level. A CT-angiogram showed a type A aortic dissection into both carotid arteries and both iliac arteries. The patient was operated on and no complications were reported.

Common causes of aortic dissection are hypertension and Marfan syndrome. A chest x-ray showing no abnormalities in patients with aortic dissection is not uncommon. The possible correlation between weight lifting, thereby elevating the intra-thoracic pressure, and aortic dissection is not well described in the literature. Therefore, we feel it is important to consider aortic dissection in patients with thoracic pain after weight lifting.