“Windsock” is a conical textile tube designed to indicate wind direction and relative wind speed (Figure 1A). The word “Windsock” has been applied to characterize the anatomical organ which is cone-like structure. We find both physiologic and pathologic cardiovascular windsocks. The physiologic windsock-like structure such as the left atrial appendage indicates the location of the left atrium (Figure 1B).

A very rare pathologic windsock recently found in our hospital was aortic windsock of a 56 years old Thai man who was referred to our hospital because of intractable heart failure. The patient was intubated before referring. The initial blood pressure was of 90/34 mmHg and the heart rate was of 85-100 beats per minute. The twelve leads ECG showed left ventricular hypertrophy (LVH) by voltage criteria with no specific ST-T changes. Echocardiography revealed severe aortic regurgitation with a suspicious intimal flap floating at the aortic sinus of valsalva. He was sent to emergency multislice computed tomography (MSCT) scanning to rule in aortic dissection. Whole aorta and coronary artery images were obtained by gated ECG, iodinated contrast use technique. The dissecting intimal flap was shown at the dilated aortic root and at the aortic arch. The dissecting involvement of right brachiocephalic artery was shown in Figure D-E.

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The aortic dissection and the dissecting involvement were shown in Figure 1C-1J and in Figure 2A-2C.

This case is a rare type of aortic dissection demonstrated by contrast enhanced MSCT with ECG gated technique. The special feature of this case is the "Windsock like" character of the intimal flap in the contrast column of the aorta which occurs when the intima totally circumferential separates from the aorta (1) and the free floating intimal flap intussuscepts through its own lumen which begins at the aortic root through the aortic arch. This complicated aortic dissection is named by Hufnagel and Conrad in 1962 as "Intimo-intimal intussusception" aortic dissection (2). Intussusception of the dissection is always visualized at the aortic arch because the free floating intima is fixed to the aortic branches. The intussuscepted flap can partly occlude the aortic arch and its branches so the intimo-intimal intussusception should be suspected in case of cerebral or limb ischemia associated with a dissection (3). Seeing of the intimal flap at the aortic root and at the aortic arch without the appearing of an ascending aortic flap is the suggestive key of intimo-intimal intussusception aortic dissection diagnosis (4). Preoperative diagnosis is very important for proper treatment planning. The fast MSCT is the tool of recommendation whenever the clinical crew points to the intimo-intimal intussusception aortic dissection. After weighting between the risk of both radiation exposure and iodinated contrast loading to kidneys and the benefit, contrast enhanced MSCT scanning with ECG gated technique should be taken into consideration in case of acute aortic dissection which needs prompt surgery. This technique will provide the information of whole aorta and coronary artery in one complete scan.

References