

Pocket flashlight-elicited Quincke pulse for aortic dissection diagnosis

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A 62-year-old man, without a medical history of cardiovascular disease, was transferred to our hospital due to sudden-onset chest pain. His blood pressure was 101/21 mmHg, and heart rate was 87 beats per minute. A physical examination revealed a diastolic murmur, but we could not find an obvious Quincke pulse, only by nail bed pressure. However, applying Quincke's pocket flashlight method revealed momentary accentuation of reddening of the nail bed and fingertips of the left hand (Fig. 1 and Supplementary Video 1 [available online at <http://www.kjim.org/>]). We suspected aortic regurgitation associated with an aortic dissection, which was confirmed by trans-thoracic echocardiography and contrast-enhanced computed tomography. Therefore, we performed an emergency operation, and his clinical course was good.

Aortic regurgitation is one of the most common causes of death in pa-

tients with an aortic dissection. However, the sensitivity of auscultation for detecting a diastolic murmur is very low. Therefore, at our institution, we have added several other physical signs and imaging modalities to diagnose aortic regurgitation in clinical practice. The Quincke pulse is a famous physical sign, but it is also difficult to define without a microscope and microcapillary tonometer. To address this problem, introduced the pocket flashlight method, whereby a light source is used to illuminate the fingers. We diagnosed aortic regurgitation based on a diastolic murmur and the Quincke pulse as determined using the pocket flashlight method. This method is a simple tool for diagnosing aortic regurgitation in patients with chest pain.

Conflict of interest

No potential conflict of interest relevant to this article is reported.

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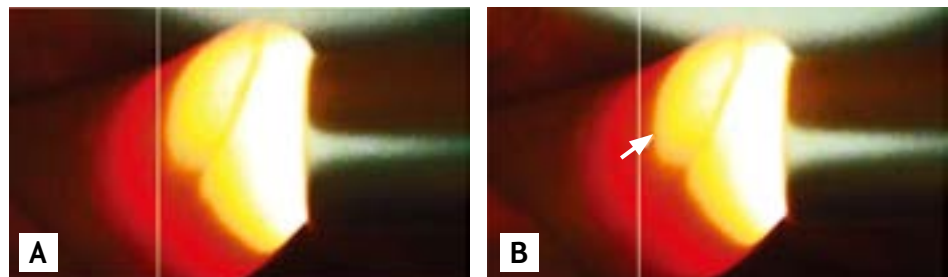


Figure 1. (A) Diastole; pocket flashlight illumination easily reveals pulsatile redness. (B) Systole; redness of nail bed moves slightly towards the fingertip. Capillary redness moves towards the right side of the figure during systole (white arrow shows movement of capillary redness towards the fingertips).