A 68-year-old man underwent an intervention for acute aortic dissection. After extubation, he was treated with non-invasive ventilation because of respiratory distress. On postoperative day 7, the patient suffered severe hypotension, tachycardia and a raised central venous pressure. The emergent resternotomy revealed that the lower sternal wire had led to a right ventricle laceration (Figs 1 and 2).