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Spontaneous coronary artery dissection with intramural hematoma, multimodality and operative findings

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It is sometimes difficult to diagnose Spontaneous Coronary Artery Dissection (SCAD) definitively by a Coronary Angiography (CAG) alone. Combined use of various imaging modality, Intravascular Ultrasound (IVUS), Optical Coherence Tomography (OCT), CT Coronary Angiography (CTCA) are useful for correct diagnosis. This time, we experienced progressive SCAD and diagnosed it with IVUS and observed it with various modality, CAG, CTCA, IVUS and operatively. A 54-year-old woman was admitted to our hospital complaining of chest oppression. Her ECG showed ST-elevation in leads V2 to V5. She has history of smoking by thirties and no significant past medical history. Her CTCA showed diffuse lesion at LAD and LCX. So we suspected acute coronary syndrome, and performed CAG. CAG showed diffuse smooth narrowing at LMT to proximal LAD and mid to distal LCX. Since we considered vasospasm angina, we didn't performed intervention and administered vasodilator and antiplatelet drugs. At the time of admission, transthoracic echocardiography and CT revealed left atrial myxoma, we planned to remove the tumor at a later date. 5 days after hospitalization, cardiac enzymes were elevated, so we performed CAG again. CAG revealed spontaneous coronary artery dissection and progression of stenosis. We planned to revascularization with CABG and resect the left atrial myxoma. We experienced progressive SCAD, but at first, we diagnosed vasospasm angina. At a later date, IVUS showed SCAD with intramural hematoma. Our experience suggested that when we diagnose SCAD with intramural hematoma, it is important to using the intracoronary imaging. This time we could observe SCAD with CAG, IVUS, CTCA and operatively, so we report this case on their findings.

Biography

Hidemasa Shitan is specialized in coronary intervention, and also interested in structural heart disease intervention and trans-esophageal echocardiography.

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