Chest Pain and Beyond

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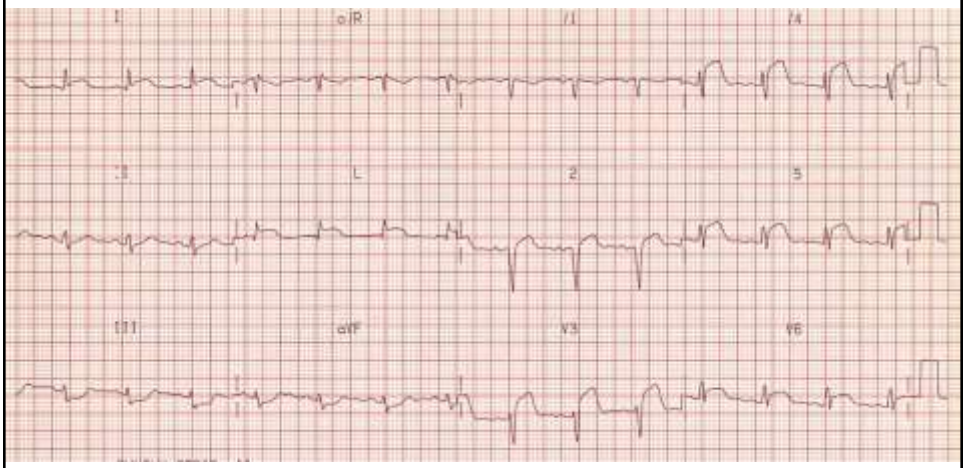
Clinical data

- 35 years old lady
- SLE
- Lupus nephritis
- HTN
- C/O sudden attack of chest pain radiating to both shoulders and back with diaphoresis and dyspnea

Clinical data

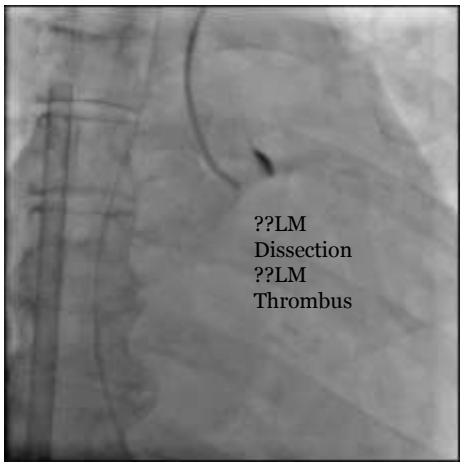


Clinical data

- HD: BP: 90/50 mm Hg HR: 95/min
- Referred immediately to the cath lab
- Sudden cardiac arrest → CPR & DC
- Intubated and ventilated

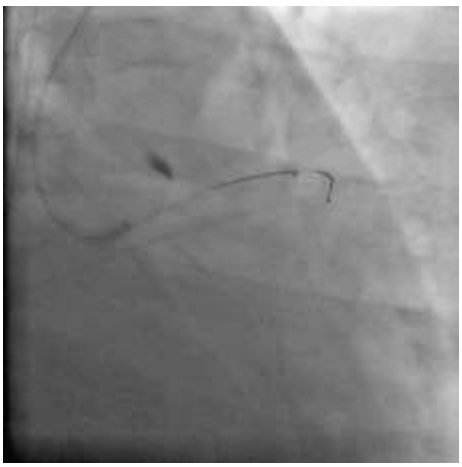
Procedure

- Via right radial artery, by 6F Ikari IL4



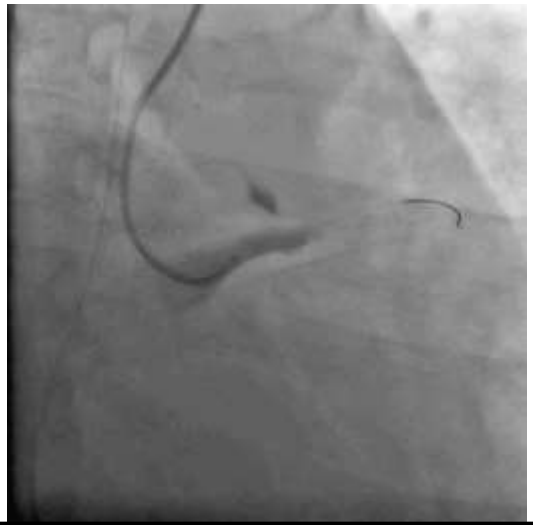
Procedure

- Two floppy Runthrough wires through the LAD and LCx



Procedure

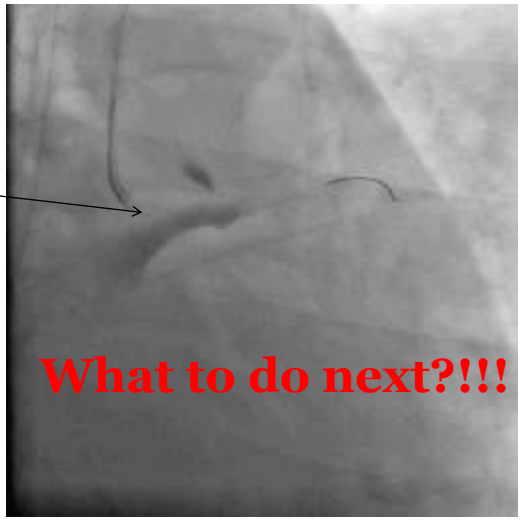
- Wire couldn't be passed further



Procedure

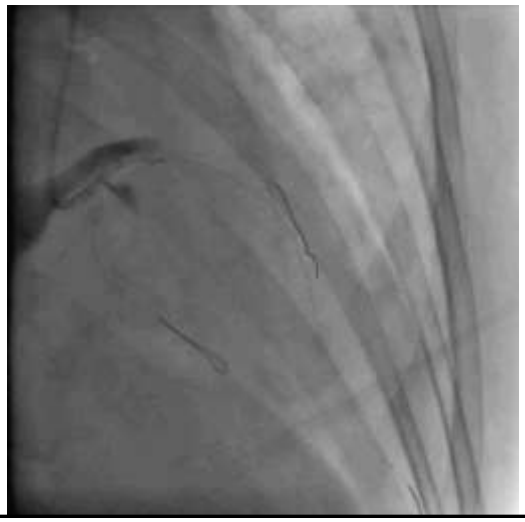
- Testing!!!

- Ao dissection
- Wire in false lumen the whole course



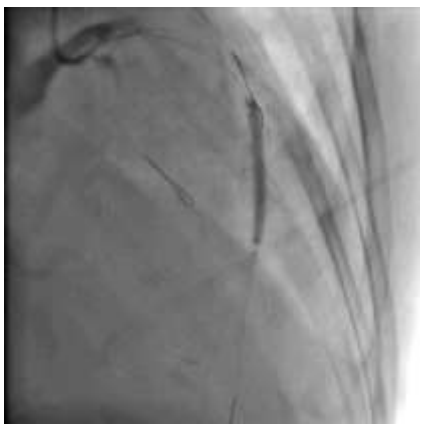
Procedure

- Reintroducing the guiding catheter and rewiring



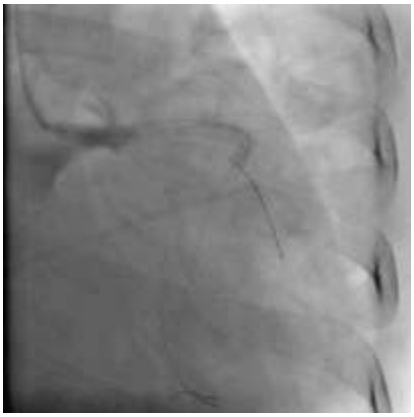
Procedure

- Standard PCI by DES to LAD



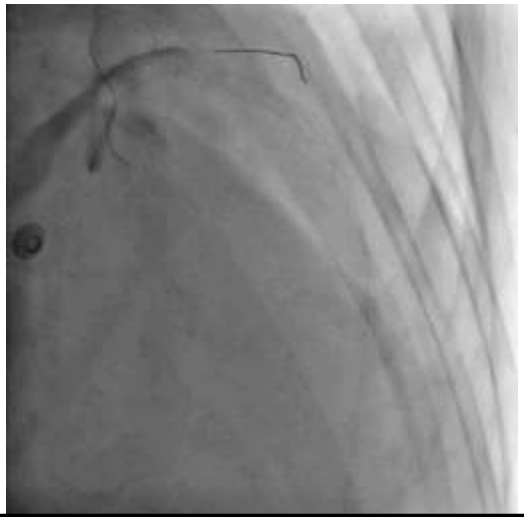
Procedure

- Standard PCI by DES

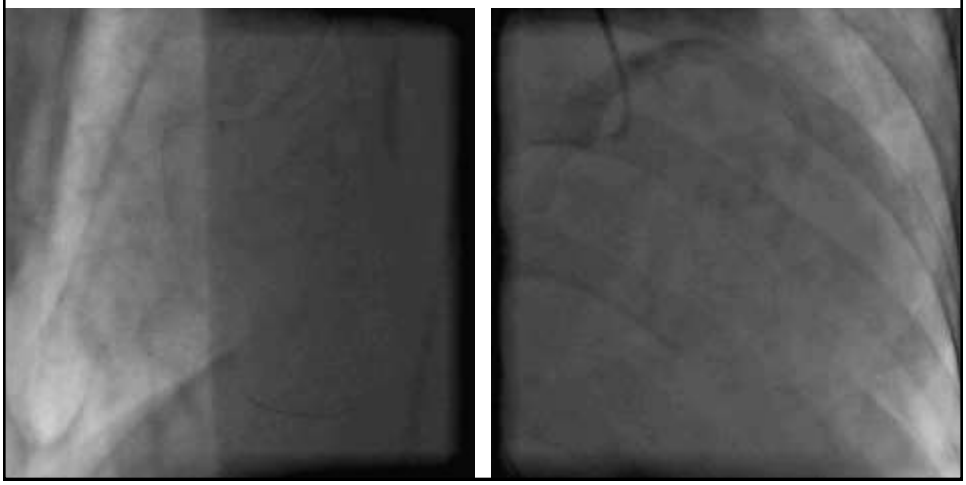


Procedure

- Post-stenting



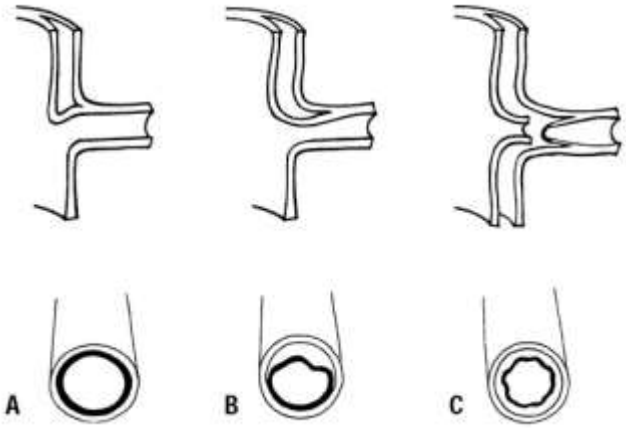
The RCA



Follow-up

- The patient was referred to the surgical team for Ao dissection repair
- In the following days after surgery she was gradually recovered
- Discharged after 5 weeks from admission

AD and CAD



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Take Home Message

- Misinterpreting the clinical presentation of patients could be disastrous
- Chest pain NOT always simply a coronary
- Step by step approach in intervening acute MI should be done aiming at stabilizing the patient condition

Take Home Message

- Aortic dissection + LM dissection could happen
- Never lose nerve!!

Thank You

- Cannesson *et al.* found 25 patients with acute myocardial infarction (MI) induced by AD who were erroneously treated by fibrinolysis. In such cases, the mortality ranges from 69% to 100%, and probably this is an underreported problem
- They named this particular presentation of acute aortic dissection as “intimointimal intussusception”

- Spittell studied 236 cases of aortic dissection and found that dissection affects the right coronary artery more often than the left coronary artery.[2] Therefore, aortic dissection complicated by MI is considered to involve more often the inferior wall rather than the anteroseptal wall.
- During dissection of the ascending aorta, the false lumen can extend proximally toward the coronary ostia producing several mechanisms of coronary occlusion.