

Egyptian Society of  
CARDIOLOGY



Lucky PT  
Unlucky Dr



Mohamed Ibrahim Amin  
MD

## Case Summary

- **Patient Demographics**

Age: 76

Gender: Female

- **Risk Factors**

Diabetic

Hypertension

Dyslipidemic

Mild CKD s.cr 1.8 mg/dl

- **Clinical presentation**

Sever agonizing chest pain 2 h before admission associated with sweating and dizziness.

- Pt shifted to CCU with ECG showing Ex AWMl.

- Echo: showed preserved EF with Hypokinesia at LAD territory.



- **Loading** : ASA 300mg  
Ticagrelor 180 mg.  
Atorvastatin 80 mg.  
Enoxaparin 40 mg IV.

- **Pt shifted to cath lab**



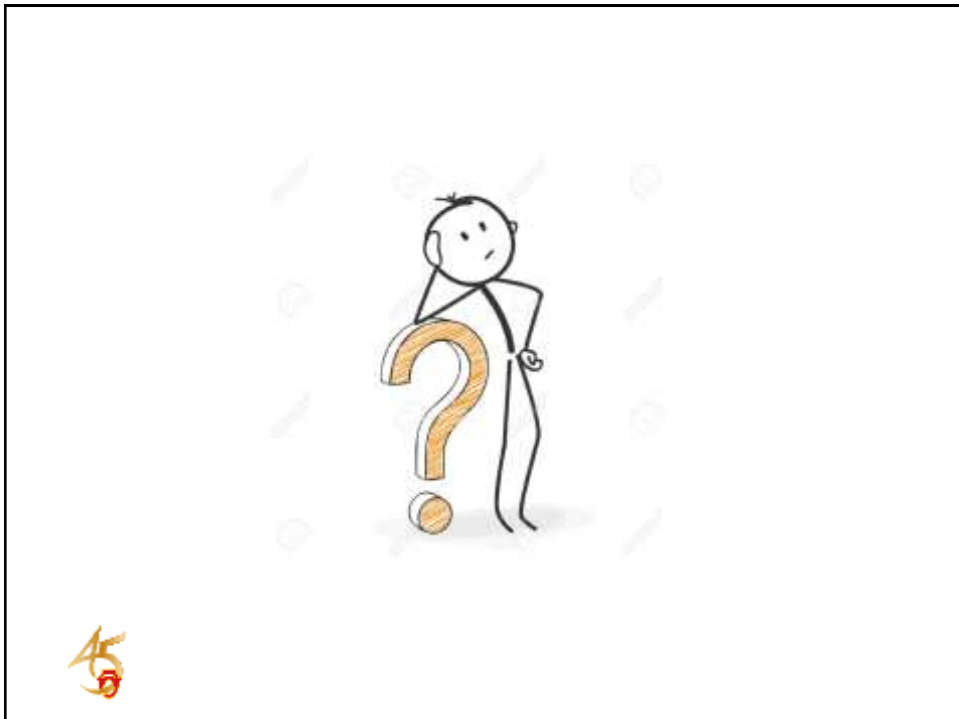
## Procedure Strategy

- Using Guiding JL4 6F (short LM).
- Wiring of the LAD using PT2 Ls.
- Pre Dilatation.... May I need aspiration ?!
- Reassessment of the lesion for the size of the stent.
- Stenting the lesion.



- *PT started to be Hypotensive with sever chest pain*
- *Cardiac Arrest*





## WHAT SHOULD I FIX FIRST??

- The Osteal Dissected LAD

OR

- The Culprit Lesion



Classification	Description
A	Minor linear radiolucency with dye injection with rapid clearance;
B	Appearance of a "double-lumen" lucency which rapidly clears;
C	Contrast extravasation outside the lumen which persists after dye clears from the lumen;
D	A spiral dissection with persistence staining after contrast clears from the vessel;
E	A persistent filling defect within the lumen;
F	A dissection leading to complete occlusion of the distal vessel.

- NHLBI classification system for coronary artery dissection types.
- Types A and B are generally clinically benign.
- types C through F portend significant morbidity and mortality if untreated.

Source: J. Prasad, Lando. © 2004. Health Management Publications, Inc.





Do I have to stop ? ?



## Take Home message

- Coronary artery dissection is a rare but well-recognized complication of CA with high incidence of M&M if its left untreated.
- The cause of dissection may be due to anatomical reasons or physician reasons.
- The best ttt of CA dissection is to prevent it from happening in the first.
- Conservative management should be recommended if there is no flow limitation with closely follow up.



*Thank  
you*

