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Optimal Coherence Tomography (OCT) Findings of Unstable Angina Complicated to a 40 Years Old Hypertrophic Cardiomyopathy Female

A 40 years old female complained a chest pain on effort. Electrocardiogram abnormality was pointed out when she was a junior high school student. At 26 years of age, she was aware of a chest pain and underwent coronary angiogram (CAG). The coronary arteries were normal. At 33 years of age, she underwent an acetylcholine-induced CAG. The result was normal. At the same time, she had a diagnosis of atrioventricular nodal reentrant tachycardia (AVNRT), and underwent an arrhythmic ablation of slow pathway. Hypertrophic cardiomyopathy (HCM) was pointed out then. Thirty six mmHg of pressure gradient of the left ventricle outflow tract (LVOT) was recognized on echocardiogram. Medication was begun for HCM. She was aware of a chest pain on effort again from autumn of 2012. The pressure gradient of LVOT was 30mmHg, and BNP was 217 pg/mL. CAG revealed that #11 of left circumflex coronary artery (LCX) was occluded, and collateralizing blood flow was supplied from right coronary artery. She underwent a PCI for #11. X-treme passed the lesion relatively easily. The blood vessel of the lesion was small with 2mm diameter on intravascular ultrasonography (IVUS). A thrombus was recognized in the lesion in optimal coherence tomography (OCT). Drug eluting stent (Promus Element 2.5\*20) was placed in #11, and the occlusion was improved. About the cause of the coronary artery occlusion of a 40 years old HCM female, the etiologic diagnosis was not cleared on IVUS, however, a thrombus was proved to have participated in the stenosis on OCT.