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A Case Report- Coronary Spasm-induced ACS Diagnosed by OCT Imaging

42 years old woman was admitted due to intermittent severe chest pain. ECG during the symptom showed ST segment elevation in V2-4 and depression in II, III, aVF. CAG showed 75-90% stenosis at LAD, while the other vessels were intact. At the lesion, OCT clearly showed large protruding masses accompanied by signal attenuation, implicating red-white mixed thrombus, and much less atherosclerotic finding was observed. IVUS supported the finding observed by OCT. We suspected that the thrombus was presumably generated by coronary spasm. Based on this idea, thrombus aspiration was firstly performed and a large amount of red thrombus was obtained, and then ISDN was infused to the coronary artery. Following angiography showed significant improvement of vessel lumen size, and therefore no POBA or stenting was performed. The symptom was remarkably eliminated after the PCI. After 5 days of anti-coagulant and vasodilator drug treatment, following CAG showed enough patency of the lesion. Meanwhile, significant spastic change at the culprit lesion was observed by provocation test using acetylcholine. The patient was discharged with medication by aspirin and calcium channel blocker. This case shows that OCT imaging would be helpful to diagnose spasm-induced ACS and evaluate therapeutic approach