C084
Spontaneous Dissection and Re-entry of Right Coronary Artery

A 75 male patient is addmitted to hospital with typical chest pains during mininal exercise recently.
Past medical history with myocardial infarction, ischemic stroke, hypertention on regular medication.

The big Q wave was noted in DIII and avF on ECG.
Cardiac enzymes was normal.
Bedside ehocardiography was done which showed inferior hypokinesia of the left ventricle.

Coronary angiography showed left anterior descending artery anf left circumplex artery had non-significant lesions but long dissection at middle right coronary artery.

Target lesion was right coronary artery with long dissection.
Statetry was IVUS-guided PCI to find the true lumen and optimize the result.

The result was good.