

C084

Spontaneous Dissection and Re-entry of Right Coronary Artery

A 75 male patient is admitted to hospital with typical chest pains during minimal exercise recently.

Past medical history with myocardial infarction, ischemic stroke, hypertension on regular medication.

The big Q wave was noted in DIII and avF on ECG.

Cardiac enzymes were normal.

Bedside echocardiography was done which showed inferior hypokinesia of the left ventricle.

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

Target lesion was right coronary artery with long dissection.

Strategy was IVUS-guided PCI to find the true lumen and optimize the result.

The result was good.