

C067

Percutaneous coronary intervention for acute coronary syndrome cause by spontaneous coronary artery dissection.

A 38-year-old female, 1 months post-partum, presented to an outside facility with acute onset, substernal chest pain with radiation to neck. A 12-lead electrocardiogram revealed mild ST depression in inferior leads. Echocardiography showed no asynergy of left ventricle, but elevated creatine phospho-kinase and Troponin-T they diagnosed this patient as post-partum cardiomyopathy. She was transferred to our institution. We diagnosed this patient as acute coronary syndrome and emergency coronary angiography revealed a dissection flap in the proximal left circumflex artery (LCX) consistent with SCAD. PCI was performed with placement of two drug eluting stents. Creatine kinase-MB fraction peaked at 340 IU/mL. At 2-year follow-up, the patient has done well and no recurrence.