

Leslie Tay¹Paul Ong¹¹ Cardiology, Mt Elizabeth Novena Hospital, Singapore

This is a case of an OCT-guided PCI of a type A lesion in the mid LAD.

The pre-dilatation and stent deployment were uneventful and angiographic results were good. However, OCT assessment revealed areas of proximal stent malapposition.

Further post-dilatation was performed and when this was performed at the proximal stent edge, the NC balloon burst sending a jet of contrast proximally to the left main, and proximal LAD.

IVUS assessment showed a dissection flap with haematoma extending to the aorta

This was managed conservatively and the dissection resolved after a period of time.

There is good discussion on the complication management options.