

C-07 Percutaneous Coronary Intervention for Left Main Coronary Artery Dissection Through
Graft Cannulation During Repair of Stanford Type A Aortic Dissection

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A woman in her 70s with a history of hypertension, managed at a local clinic, was emergently transferred to our hospital because of acute chest and back pain. Computed tomography revealed a Stanford type A acute aortic dissection. Dissection involving the sinus of Valsalva was not clearly identified. An urgent hemi-arch replacement was performed. After weaning from cardiopulmonary bypass (CPB), the patient developed near-cardiac arrest, necessitating reinstitution of CPB. Intraoperative echocardiography demonstrated severe global left ventricular systolic dysfunction, raising suspicion of myocardial ischemia. Coronary angiography (CAG) was performed via a sheath inserted through the graft used for arterial perfusion, revealing severe stenosis of the left main trunk (LMT). A 6-Fr SPB 3.5 guiding catheter was engaged, and the lesion was crossed with a Sion Blue guidewire. Intravascular ultrasound (IVUS) demonstrated extensive dissection extending from the LMT to the mid left anterior descending artery (LAD), while confirming that the guidewire remained within the true lumen. Drug-eluting stents (DES) were deployed to fully cover the dissected segment, achieving TIMI grade 3 flow. Following PCI, the electrocardiographic changes improved, and the patient was successfully weaned from CPB. The operation was completed uneventfully, and the postoperative course was favorable.