I truly Didn’t Expect It

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Case Scenario

- Female
- 40 yrs
- Sudden severe chest pain
- ECG: ST elevation in all precordial leads
- Received thrombolytic therapy that was unsuccessful → persistent chest pain
Coronary Angiography

Decision

- Emergency CABG: LIMA to LAD
- PCI to LAD
Clinical Features, Management, and Prognosis of Spontaneous Coronary Artery Dissection

Circulation. 2012;126:579-588; originally published online July 16, 2012;

In this regard, PCI was associated with elevated rates of technical failure relating to passage of coronary wire into the false lumen of the dissected vessel or loss of coronary flow through propagation of dissection and displacement of intramural hematoma by stent placement. This underscores the

Spontaneous Coronary Dissection: Causes of PCI failure
Wiring The False lumen can Result in:
- Propagation of dissection
- Balloon dilatation in the false lumen
- Stent implantation in the false lumen
- Displaced intramural hematoma
- Acute occlusion of the true lumen
- Acute occlusion of side branches
- Perforation

Wiring and identification of the true lumen is essential for success !!!!!
Identification of the True Lumen

- IVUS
- OCT
- Micro - catheters
- Twin Pass Dual Access Catheter
PCI was planned

- Rt femoral
- Guiding Catheter: Support?
  - JL 3.5
- Wire: Floppy
- First: multiple trials were failed to pass the wire

Technical challenges
• Some cautious balloon support (1.5X10)
• Finally the wire passed to Distal LAD
• The balloon passed easily across the wire
• Predilatation: 2X20...2.75 X 20
Home Message

• Spontaneous coronary dissection is a rare etiology of STEMI that can be observed in the elderly as well as in young patients

• Identification of the true lumen is the key step during the treatment of dissections
Home Message

• Identification of the true lumen is feasible by IVUS, OCT, Twin pass catheter

• If we don’t have these tools, wiring will be difficult and risky but feasible depending on tactile sense by the operator

Thank You