## 19 th Joint Meeting of Cardiovascular Intervention and Revascularization

Spontaneous Coronary artery Dissection

#### Dr. Lkhagvasuren Byambatsogt Mongolia

#### Case Presentation

- Case 52 y.o, male
- Coronary risk factor Ex-smoker 8 years, No other risk factors for CAD, No regular medications
- Present Illness Sudden onset central chest pain associated with dyspnea

Given aspirin

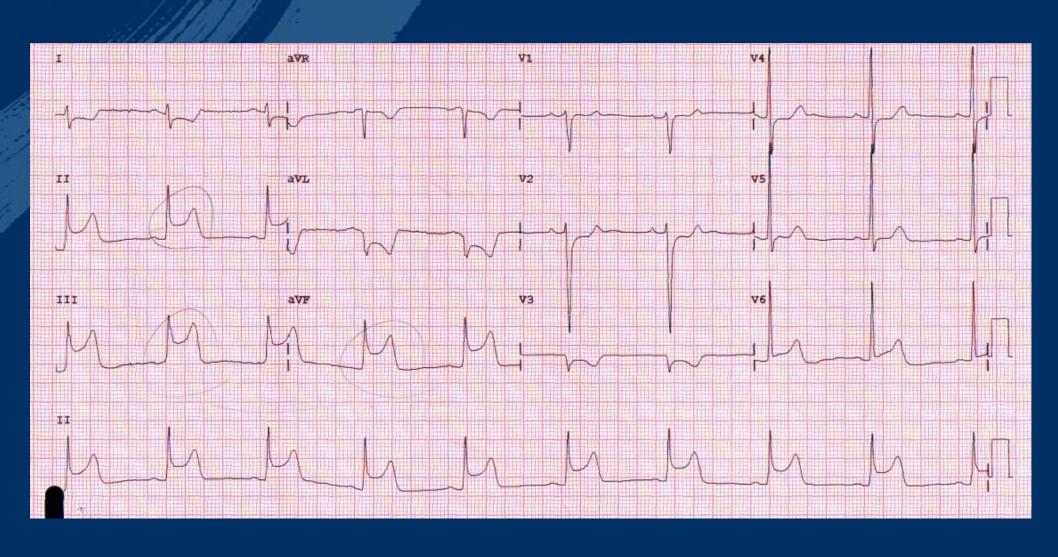
Transferred by ambulance to our Hospital

On arrival in Hospital was pain free and but ECG showed

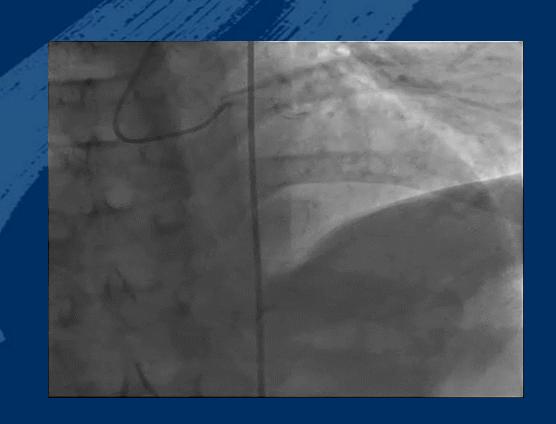
ST-elevation

After discussion transferred emergently for intervention.

#### Initial ECG on arrival to Hospital





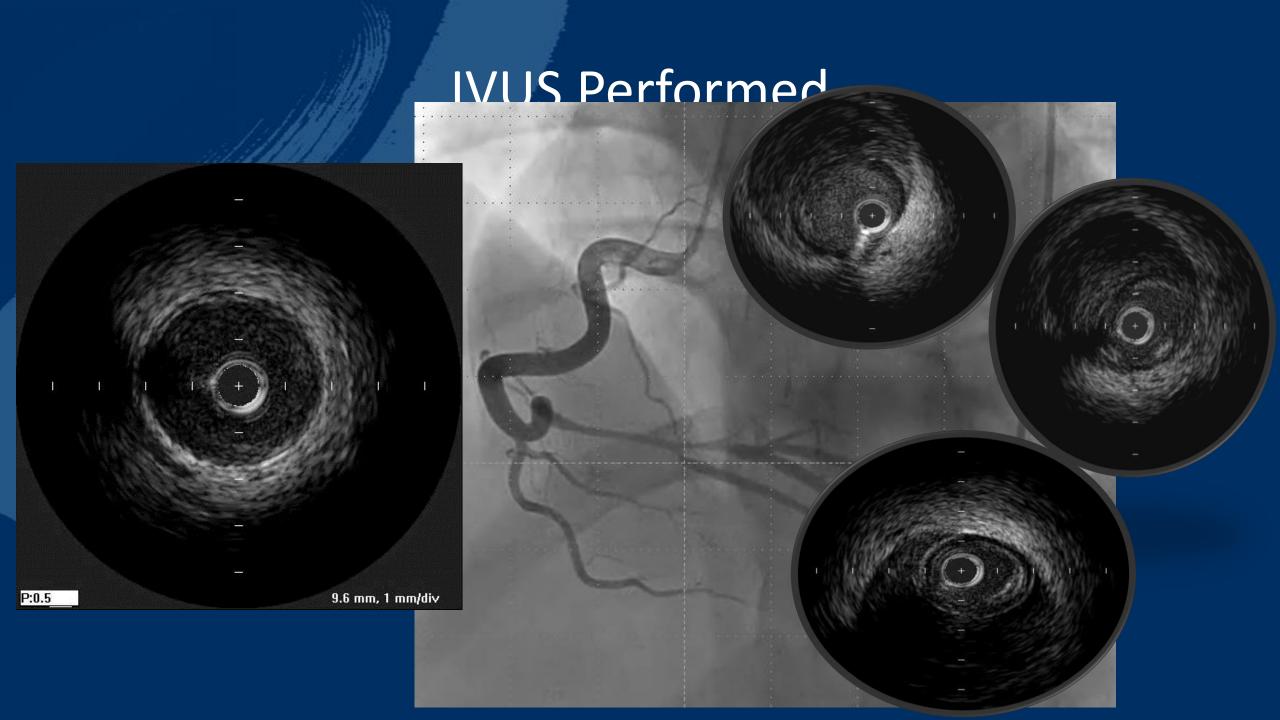






# What Now Next step

**RCA** 



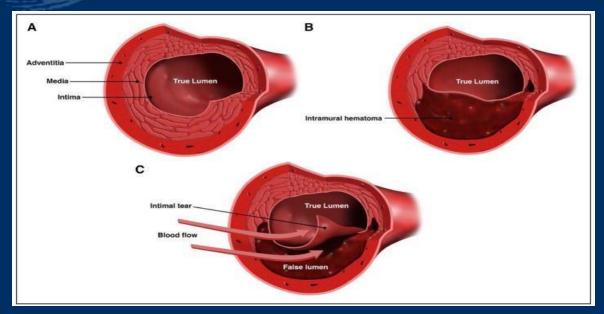
## How would you treat?

#### Treatment Options

- -Medical therapy
- -Stenting
- -Fenestration with a cutting balloon

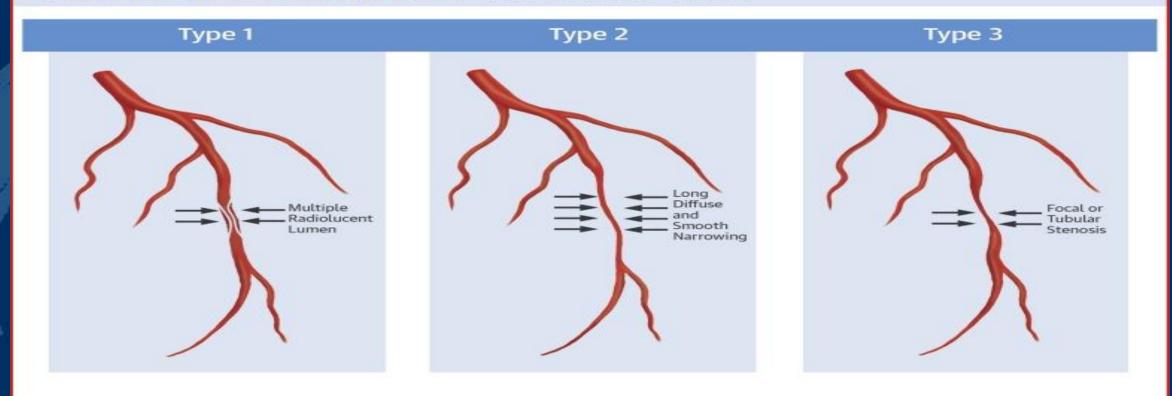
#### **SCAD**

- Definition: Epicardial coronary artery dissection not associated with atherosclerosis or trauma and is not iatrogenic
- Leads to myocardial injury due to coronary artery obstruction caused by intramural hematoma or intimal disruption



#### SCAD Classification

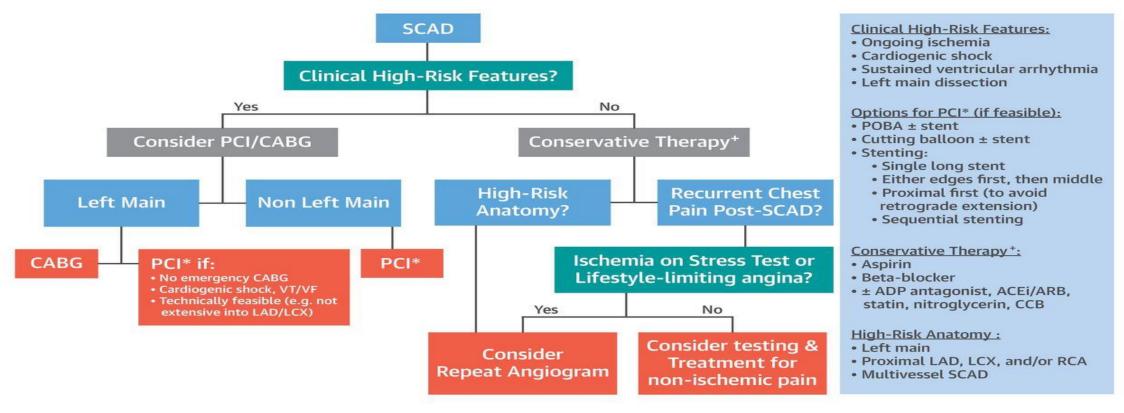
#### **CENTRAL ILLUSTRATION: SCAD Classification**



Saw, J. et al. J Am Coll Cardiol. 2017;70(9):1148-58.

#### SCAD:Initial Management

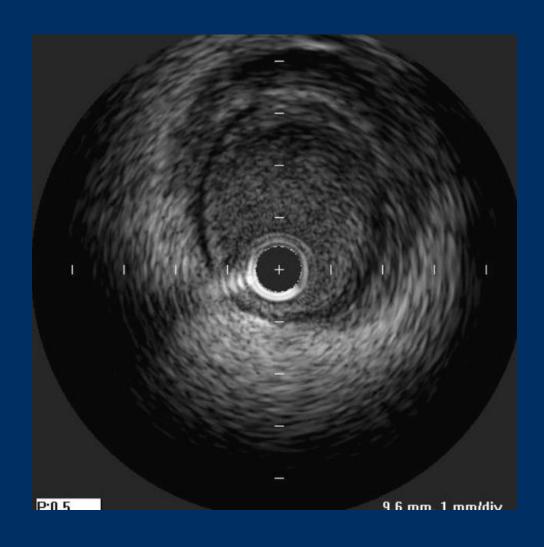
**CENTRAL ILLUSTRATION:** Suggested Algorithm for Management and Repeat Angiography



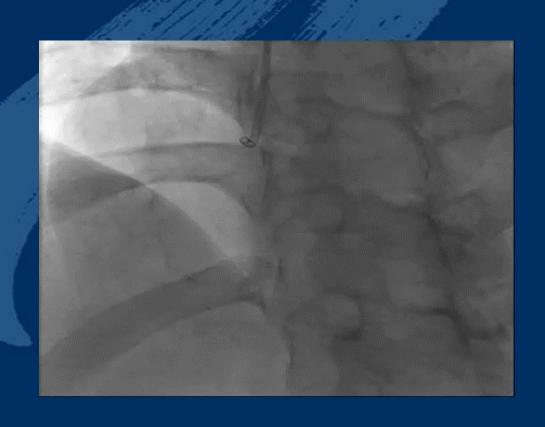
Hassan, S. et al. J Am Coll Cardiol Intv. 2019;12(6):518-27.

#### 1 Week Follow-up





#### 6 Month Follow-up





#### 2 year Follow-up



### 2 year follow-up





Thank you for your attention.