Background: True Spontaneous Coronary Artery Dissection (SCAD) is an extremely rare event and 80% of cases occur in young women. Sudden death has been reported commonly and nearly 69% of cases were diagnosed postmortem. Of the 14 patients who were found to have Coronary Artery Dissection, the number, site of vessels involved, risk factors and LV dysfunction were studied.

Discussion: Vasopressor- coronary vasospasm presenting as Acute Coronary Syndrome is a known clinical entity, which should be considered in the setting of MICU admitted sick patients. While atherosclerotic plaque-rupture syndromes constitute the vast majority of ACS that cardiologists encounter, failure to consider this entity can lead to unnecessary investigations, medication and interventions leading to even worsened morbidity and mortality.

Results: Out of 14 cases of Coronary Artery Dissection majority occurred in men 12 (85.7%) with age 31–70 years (mean 51.2 years). The clinical setting was MI/Post MI angina in 8 (AWMI-3, IWMI-2), Unstable angina in 4 and Non cardiac symptoms in 2. Diabetes mellitus was present in 8 and Hypertension in 5 patients. 3 of the 14 patients had history of Chronic Smoking and Alcohol intake. Of the 14 patients – 2D Echo showed RWMA in 11 (78.8%) which is correlated with Ischemic Changes in ECG, 9 had LV dysfunction (Mild – 5 and Moderate – 4) and none showed LV clot. In all 14 cases the dissection was seen only in Single Vessel. The dissection involved LAD – 8, Circumflex – 1 and RCA – 5. One patient’s CABG showed Intra Luminal Thrombus (7.2%). Overall CAD incidence: SVD in 9, DVD in 3 and TVD in 2. Of 14 patients 3 underwent PCI using DES (2 for SCAD lesion and 1 for Non SCAD LAD lesion), 3 underwent CABG and rest of the 8 patients were managed medically. On average follow up is 50.2 days (ranges from 151 to 15 days). Of the 14 patients – 12 survived and 2 were not traceable. One of the medically managed patients has survived with recurrent respiratory failure – once he was intubated for mechanical ventilation support too.

Conclusion: SCAD is a rare cause of Acute Coronary Syndrome and sudden cardiac death. Early diagnosis by coronary Angiogram and proper treatment strategy may help in preventing sudden cardiac death. Patients who were found to have Coronary Artery Dissection. The number, site of vessels involved, risk factors and LV dysfunction were studied.

Young patients with ACS – Thrombus containing lesion presenting late – Wait & intervene strategy

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Background: Acute coronary syndromes include several clinical and anatomical aspects of coronary disease, especially including intracoronary thrombus. Percutaneous revascularization of thrombus-containing lesions is associated with increased incidence of death and myocardial infarction. However, intracoronary non-occlusive thrombi were rarely observed in patients without angiographic coronary lesions and have previously been proposed as a possible cause of myocardial infarction in those with normal coronary arteries. Exclusively medical treatment was used in most cases but its efficiency and tolerability remain unknown. Our study investigated the characteristics, etiologies and long-term follow-up of patients with intracoronary non-occlusive thrombus with and without angiographic coronary lesions, who were medically treated in the acute phase. A review of the literature reporting such cases was performed.

Materials and methods: This is a prospective analytical study included patient with ACS and thrombus containing lesion admitted in Government Rajaji Hospital (tertiary hospital) in TamilNadu during January 2013 to March 2015. Risk factors, clinical, angiographic profile and follow up data were recorded and analyzed. Patients presenting to ICCU with ACS were given pharmacological treatment. Later patient were subjected for coronary angiogram. Patients were identified who had intracoronary thrombus containing lesions with TIMI 0–3 flow. The angiographic presence of a thrombus was defined as a non-calcified filling defect outlined on at least three sides by contrast media. We included patients with thrombus greater or equal to grade 1 thrombolysis in myocardial infarction (TIMI) flow 0–3 and with or without significant coronary lesions.

Age, sex, cardiovascular risk factors and left ventricular ejection fraction were recorded. Clinical conditions known to be associated with hypercoagulation, such as pregnancy, oral contraceptive or drug use, were searched for systematically. Coronary angiograms and treatments were detailed. Follow-up was performed. The following data were analyzed: death (cardiac death or all-cause mortality), recurrence of myocardial infarction, need for revascularization, heart failure, ventricular arrhythmia, bleeding complication, stroke, thromboembolic event, left ventricular ejection fraction and medical treatment.

Results: A total of 50 patients who presented to our ICCU during the period of January 2013 to March 2015 with acute coronary syndrome were taken for our study. Those patients essentially had thrombus containing lesions. In this group 19 patients were under 40 years of age. There were 18 males, 1 female in the group. 9 patients were advised medical treatment. 8 patients underwent PCI. 2 patients were referred for CABG. The median follow up period was 2 months. Patient’s advised medical treatment fared well during follow up. 1 patient in PCI group died during 2 months of follow up. 1 patient in PCI group needed revascularization.

Spontaneous Coronary Artery Dissection – Rarity is a myth – A single center observation and review

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Background: True Spontaneous Coronary Artery Dissection (SCAD) is a known clinical entity, which should be considered in the setting of MICU admitted sick patients. While atherosclerotic plaque-rupture syndromes constitute the vast majority of ACS that cardiologists encounter, failure to consider this entity can lead to unnecessary investigations, medication and interventions leading to even worsened morbidity and mortality.