TCTAP C-175
Rapidly Growing Coronary Aneurysm with Severe Inflammation
Hiroyoshi Mori
Showa University Fujigaoka Hospital, Japan

[Clinical Information]
Patient initials or identifier number:
K.H

[Interventional Management]
Procedural step:
PCI
7Fr sheath was inserted from right femoral artery. JL4.0 (Heartrail, Terumo) was guided to RCA. Runthrough and sion wire were crossed. IVUS (View it, Terumo) were observed. Seg2 was implanted Integrity4.0/12(Medtronic) with pre dilatation and post dilatation by Hiryu3.75/10(Terumo).

Case Summary:
The case is a 61-year-old male, an ex-smoker with diabetes and end stage renal disease with dialysis. He had been suffering from fever over the past few days and came to our hospital complaining of chest pain. Because the ECG showed ST elevation in II III aVF, we ran a coronary angiography. The middle of right coronary artery presented severe stenosis and bare metal stent was implanted. The proximal of left anterior descending artery showed 2 coronary aneurysms and moderate stenosis. ST elevation in almost leads and the pericardial effusion were observed a few days later, resulting in a diagnosis of pericarditis. The coronary aneurysm showed rapidly growing on 19th admission day even after the recovery of pericarditis. In light of a suspected burst aneurysm, we performed emergency surgical procedure. The pathological sample during operation showed severe inflammation.

TCTAP C-176
Giant Scrotal Hematoma Due to Iatrogenic Injury of Inferior Epigastric Artery
Teppei Noda
Kansai Medical University, Japan

[Clinical Information]
Patient initials or identifier number:
Y.N

[Interventional Management]
Procedural step:
A 80 years-old man underwent PCI to LAD using the 8F sheath from the right femoral artery. The sheath was removed using hemostatic device (Angioseal) and compressive dressing on the puncture site was performed. Two hours after removal of the catheter, the patient complained of severe scrotal pain and swelling. Urologic ultrasound and CT scans showed a large hematoma in inguinal and scrotal area. Subsequently, an emergent iliac artery angiography was performed and it showed a bleeding located at the distal 5mm of the inferior epigastric artery (IEA) orifice arising from the right external iliac artery. Embolization was not possible due to the narrow vessel diameter and just bifurcation lesion. We tried to stop the bleeding by manual compression under fluoroscopic guidance. Thirty minutes later, hemostasis was completed without problems.

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TCTAP C-177
Serial 10 Years Angiography Follow-up of Spontaneous Coronary Artery Aneurysm
Guang-Won Seo, Doo-Il Kim
Heuandae Paik Hospital, Korea (Republic of)

[Clinical Information]
Relevant clinical history and physical exam:
In 2004, Sep, a 60 years old man was admitted due to exertional chest pain. His coronary risk factors were hypertension, smoking and dyslipidemia. Baseline coronary angiography showed spontaneous distal LM coronary artery aneurysm, RCA CTO, significant stenosis in LAD and LCX. Cypher and Taxus were deployed at LAD and LCX.

In 2005, Feb, F/U CAG and RCA CTO intervention was done. Taxus stents were deployed at RCA.

In 2008, Jan, F/U CAG was done. Previous coronary aneurysm was increased. We recommended surgical management but patient refused. In 2013, Aug, he was admitted through ER due to exertional chest pain for 20 days. CAG was done and previous aneurysm was more increased. We recommended surgical management again.

Relevant test results prior to catheterization:
TMT: Positive