

1098 Long distance of Spontaneous Coronary artery dissection involving LMT in a middle-aged man
-Complete rapid healing and clinical usefulness of CABG as a temporizing strategy-

Spontaneous coronary artery dissection usually occurs in women, which can result in significant morbidities. A 38 year-old obese man who is currently smoking was referred to our hospital with chest pain. His electrocardiography and echocardiography suggested myocardial infarction in proximal region of left coronary artery. Emergent coronary angiography (CAG) revealed 99% stenosis at mid portion of LAD and diffuse 50% stenosis from LMT to LAD. Intravascular ultrasound (IVUS) identified intramural hematoma severely compressing the true lumen which extended from mid LAD to LMT suggesting spontaneous coronary artery dissection. After failed fenestration of the false lumen with balloon angioplasty, emergent coronary artery bypass graft using right internal thoracic artery (RITA) and saphenous vein graft (SVG) was performed. Two weeks after the surgery, follow-up CAG found completely healed native coronary artery which resulted in occlusion of RITA-LAD graft. This case raises two clinical important issues. First of all, SCAD can be seen in middle-aged men who are likely to have atherosclerosis. Secondly, CABG is useful as temporizing strategy for unstable SCAD involving LMT. The rapid healing and temporal lifesaving CABG contributed to avoidance of lifelong antiplatelet therapy. Although SCAD is relatively uncommon manifestation of acute coronary syndrome, optimal diagnosis and treatment for each patient need to be considered.