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A Case of Spontaneous Coronary Artery Dissection Effectively Treated by Combined Use of a Cutting Balloon and Stent Placement.

A 34-year old man without past medical history, was referred to our hospital because of acute myocardial infarction. Emergency coronary angiography revealed 99% stenosis at the distal LAD and disruption of blood flow beyond the same site, which was considered a culprit lesion. IVUS showed that there were coronary dissection in the distal LAD and extensive hematoma formation without atherosclerotic change and plaque rupture or thrombus formation, leading to the diagnosis of spontaneous coronary artery dissection. Although we repeatedly performed balloon dilatation with a cutting balloon near the distal end of the hematoma to create re-entry, TIMI 3 flow was not obtained. Reperfusion was eventually achieved by adding stent placement at the entry site. Spontaneous coronary artery dissection in young men is relatively rare, and the use of this technique was considered to be useful. We report this case with some discussion.