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Successful Staged Percutaneous Coronary Intervention for Spontaneous Coronary Artery Dissection using Retrograde Approach

Forty-two years old male was admitted to our hospital due to unstable angina. He complained chest pain with ST depression in inferior leads at low-level activity. Coronary artery angiography revealed total occlusion at Seg3 with collateral flow from left coronary artery. Because intravascular ultrasound (IVUS) indicated coronary artery dissection at the occlusion site, we diagnosed him as spontaneous coronary artery dissection (SCAD). Considering poor outcome of primary percutaneous coronary intervention (PCI) for SCAD, we selected observational therapy in acute phase. However, effort angina could not resolved instead of optimal medical therapy. We decided to perform PCI for totally occluded right coronary artery (RCA) 2 months later from onset. To get distal true lumen certainly, we selected retrograde-first approach. We successfully get distal RCA via septal collateral channels. Using IVUS we confirmed that retrograded guide wire could pass the lesion. We could put stents without any complication. He never complained chest pain after PCI.