



Spontaneous Coronary Artery Dissection in Auto-immune Disease

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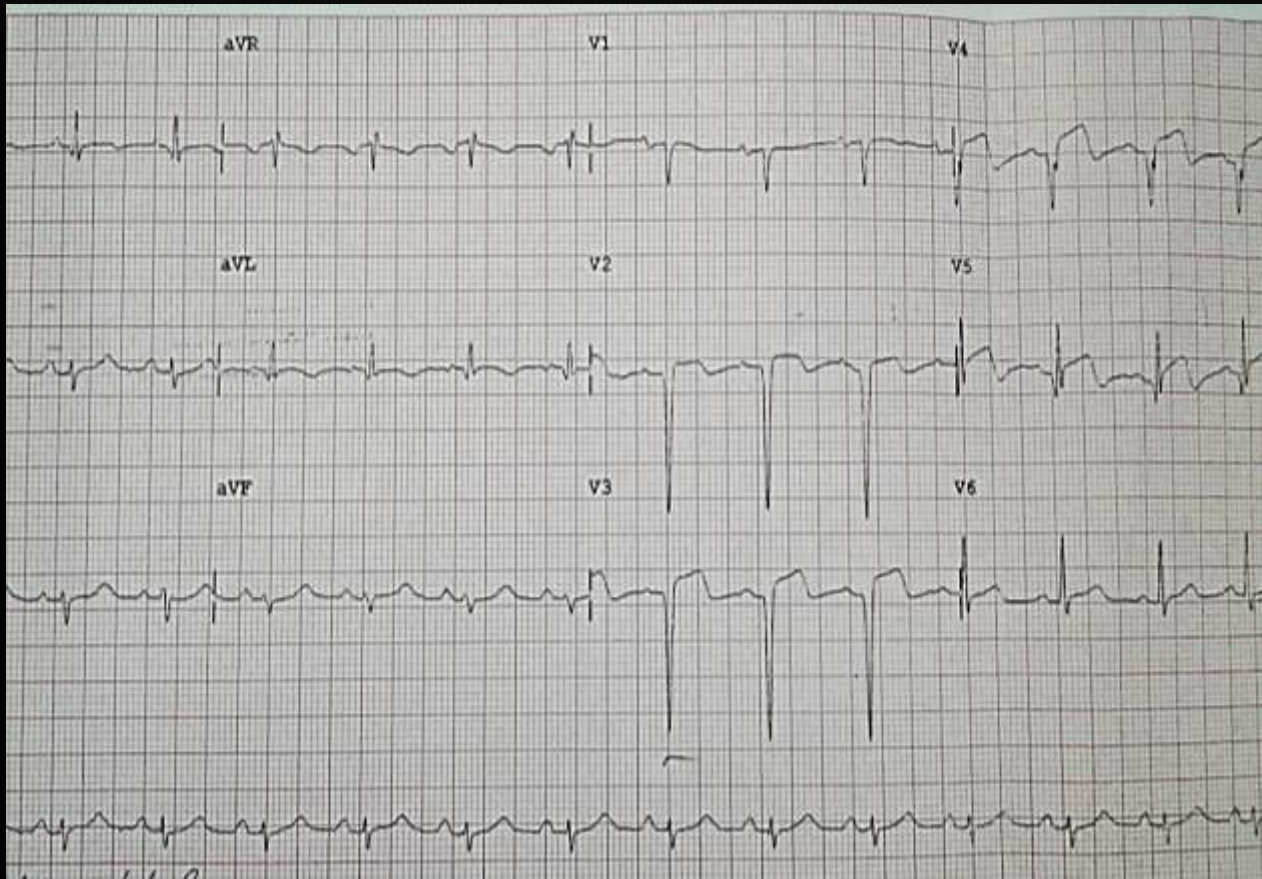
Introduction

- Spontaneous coronary artery dissection (SCAD) is a **rare cause** of myocardial infarction in general population
- Pooled Medline 1931 – 2008 : 440 cases
- Most of the cases described refer to women, either during pregnancy or more commonly during the three months after delivery

Case Illustration

- Female, 32 yo
 - With acute anterior MCI and acute HF
 - She suffered from typical retrosternal chest pain 2 weeks before admission; and worsening dyspnea since one week before admission
 - Post delivery 1 month ago
 - Risk factor: HT
-

ECG & Lab



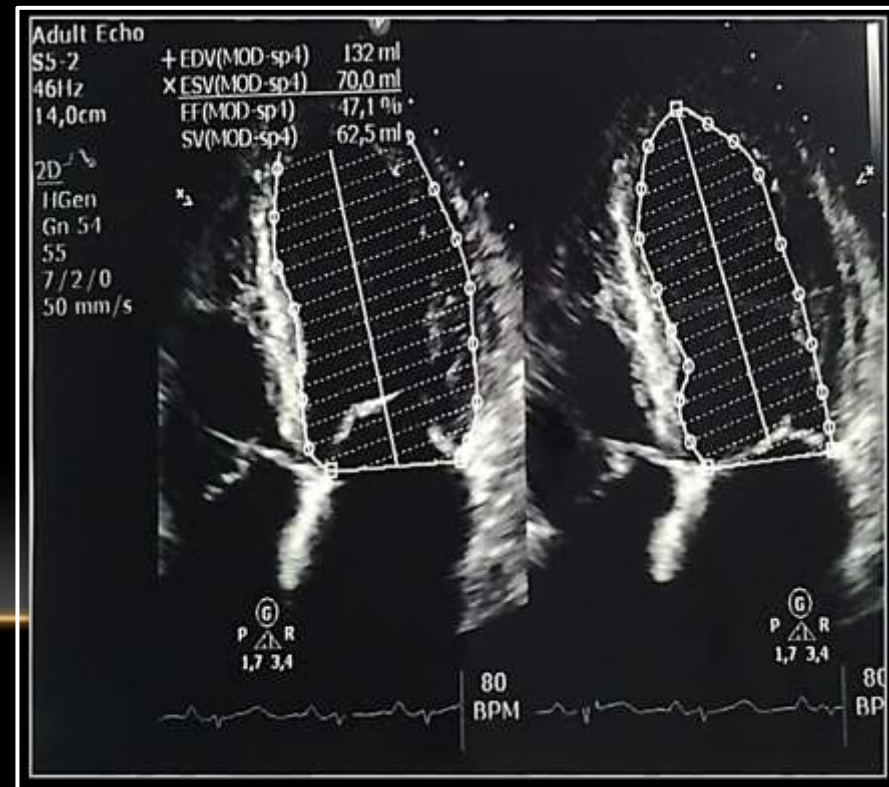
- hsTropT : 964
- Creat : 0.8

CXR & ECHOCARDIOGRAPHY



CTR 70%, congestion (+)

LV EDD 59/ESD 48/EF 47%

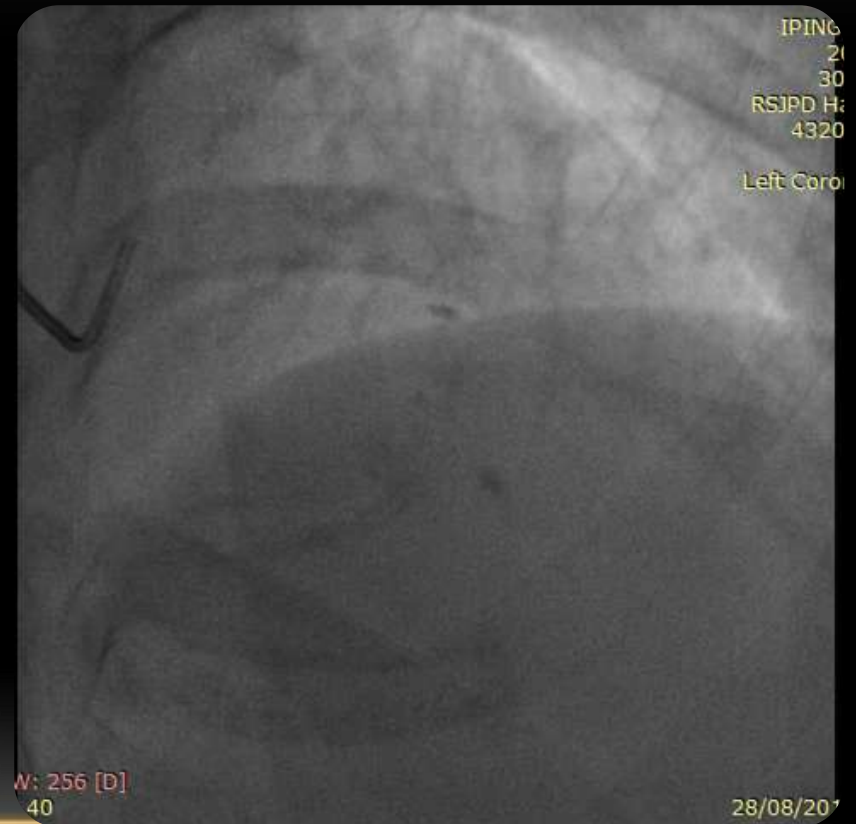


Management

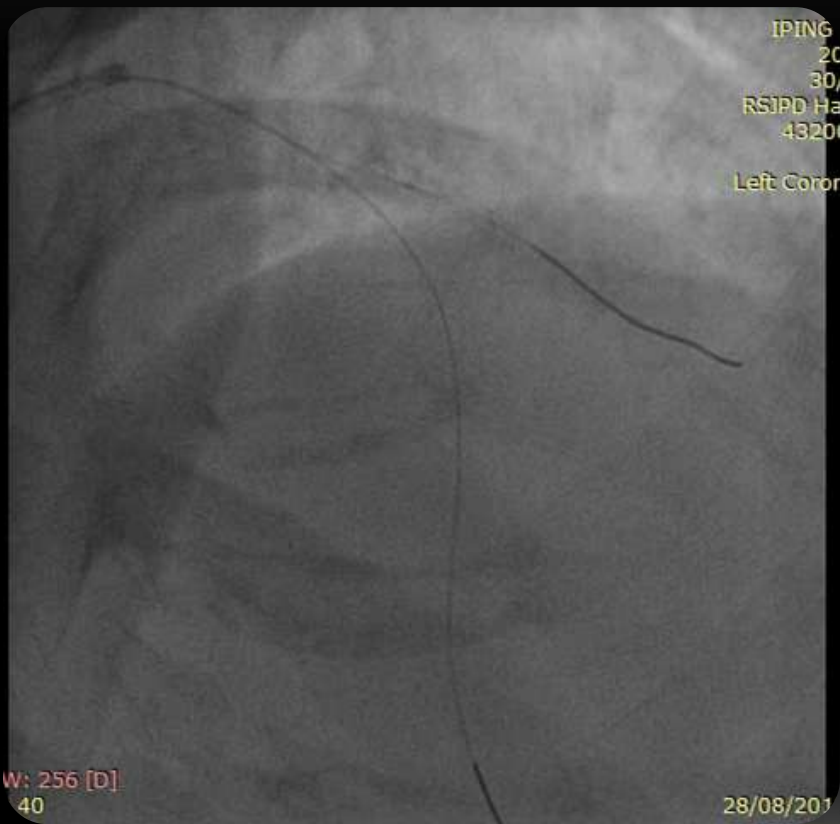
- DAPT: aspirin & clopidogrel
- Heparinization for 5 days
- Statin
- Ace-inhibitor
- Beta blockers
- Diuretic

Discharged → Plan for coroangiography

Coronary Angiography: LAD

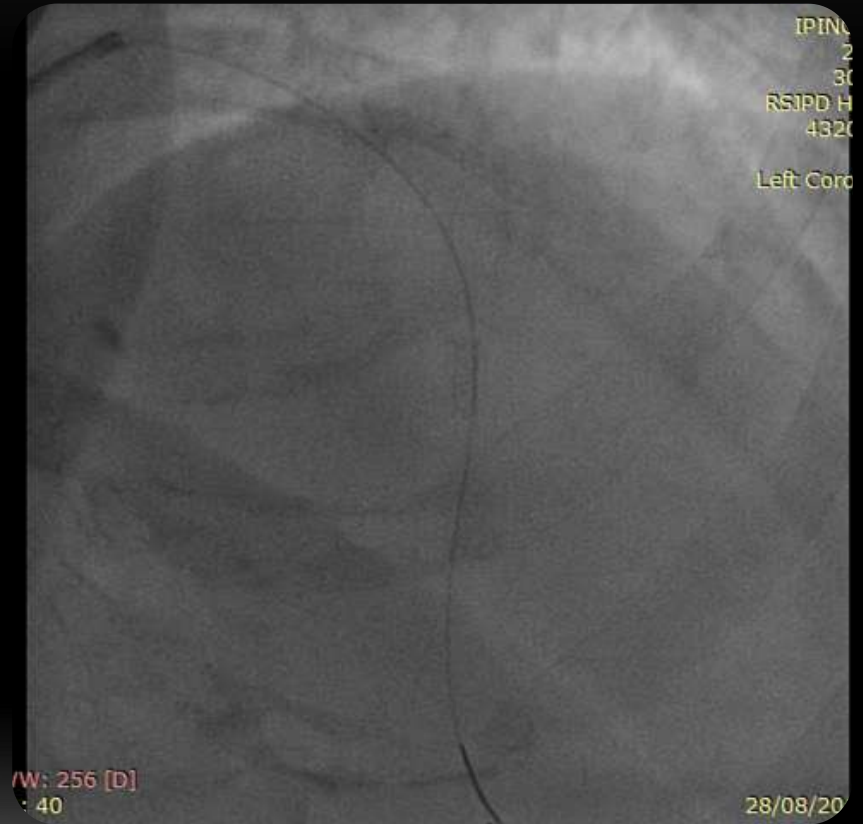


PCI – D1 & LAD



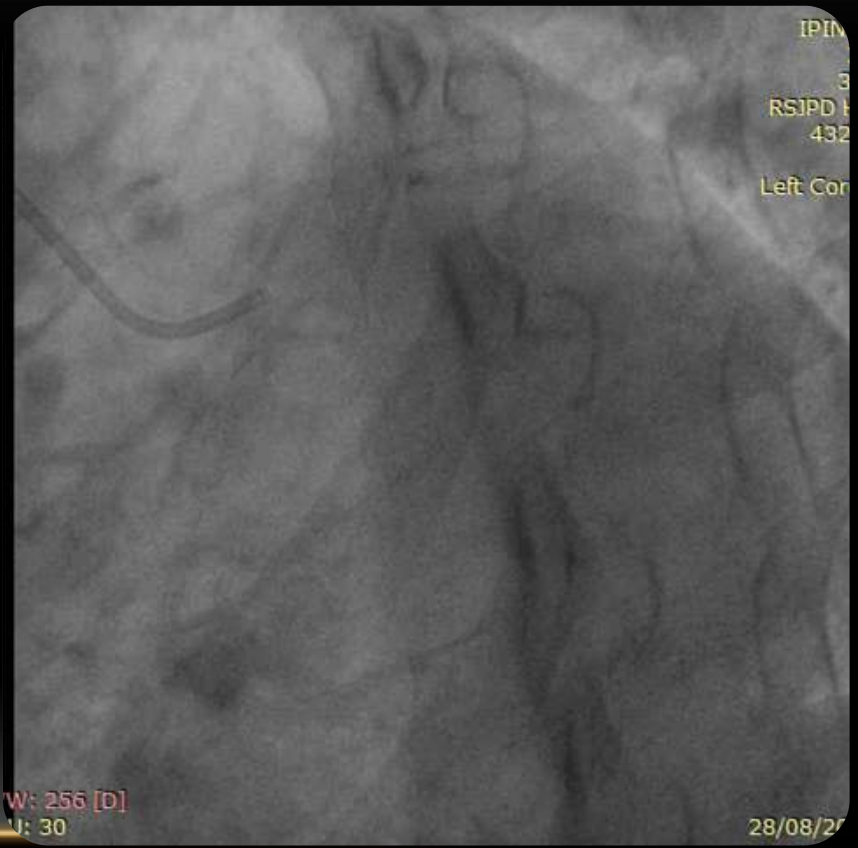
Ryujin Plus Balloon 2.0/15 mm

→ Biomatrix 2.5/18 mm



Biomatrix 2.75/8 mm

Coronary Angiography: LCX

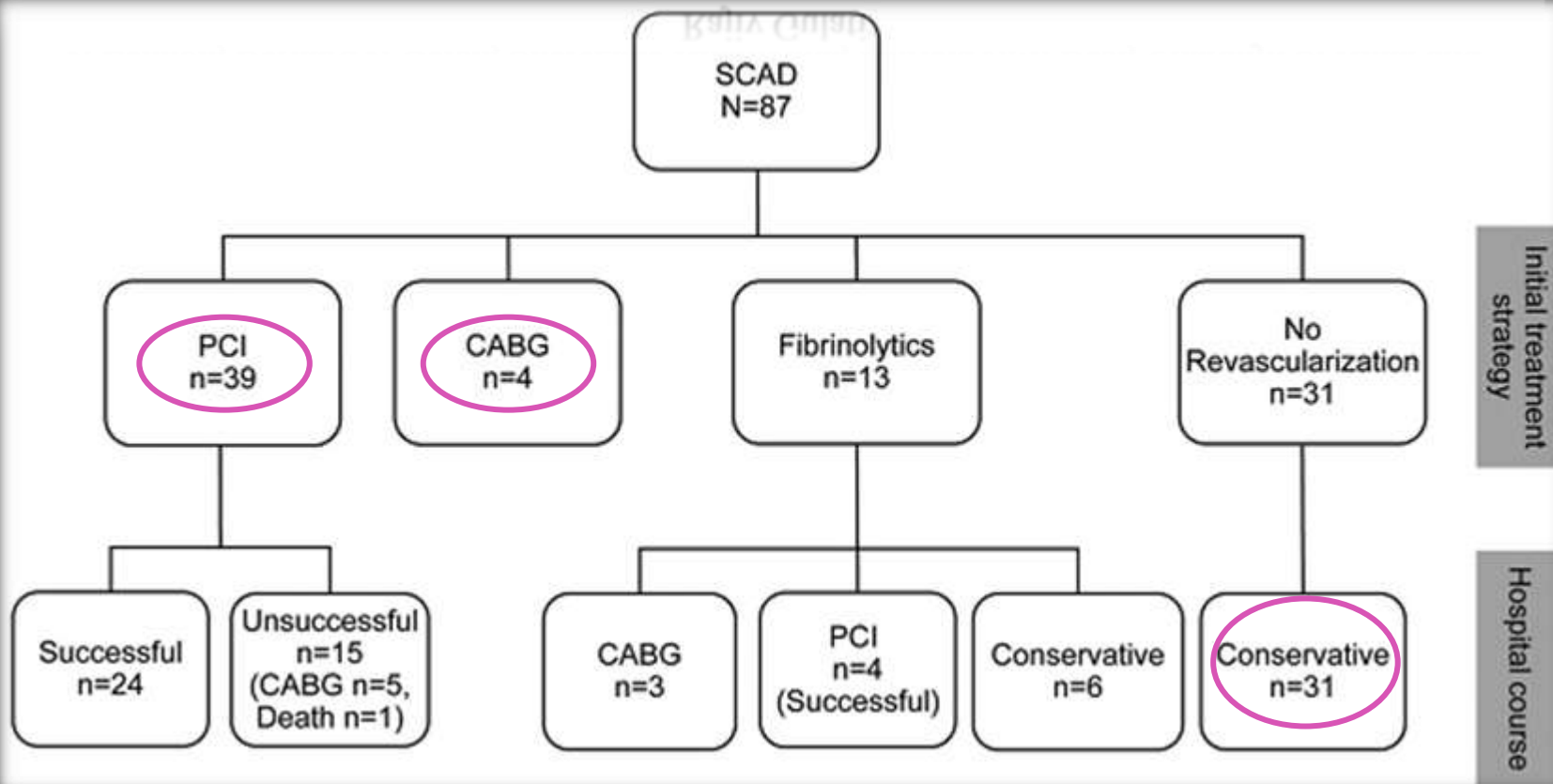


What is Next?

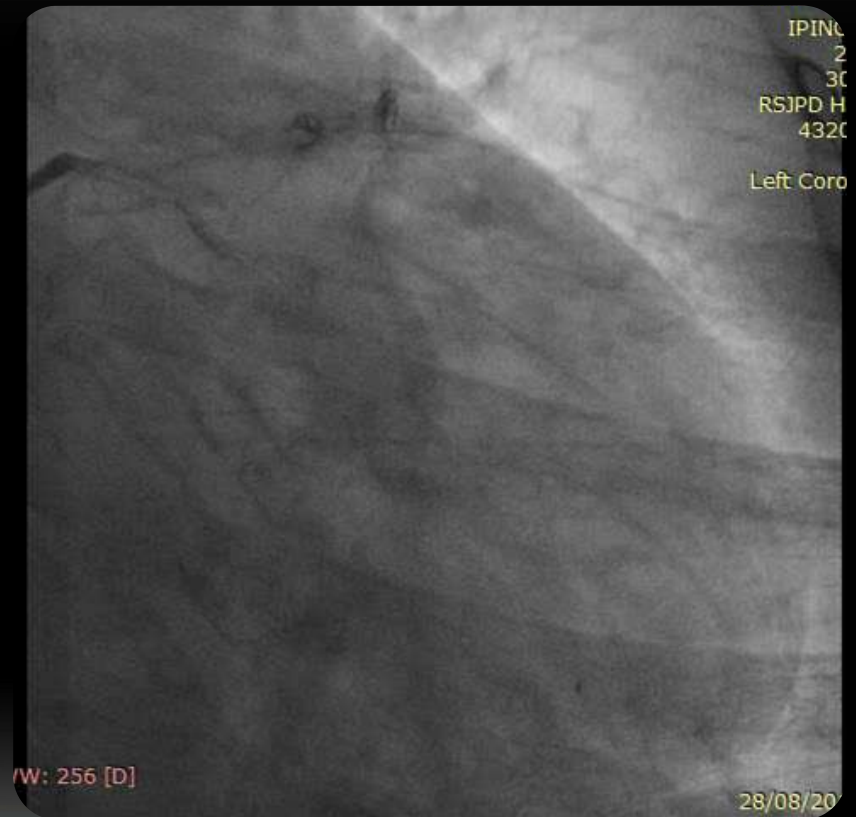
- Conservative (medically)?
- Stent?
- CABG?

Clinical Features, Management, and Prognosis of Spontaneous Coronary Artery Dissection

Marysia S. Tweet, Sharonne N. Hayes, Sridevi R. Pitta, Robert D. Simari, Amir Lerman, Ryan J. Lennon, Bernard J. Gersh, Sherezade Khambatta, Patricia J.M. Best, Charanjit S. Rihal and Rajiv Gulati



PCI - LCX

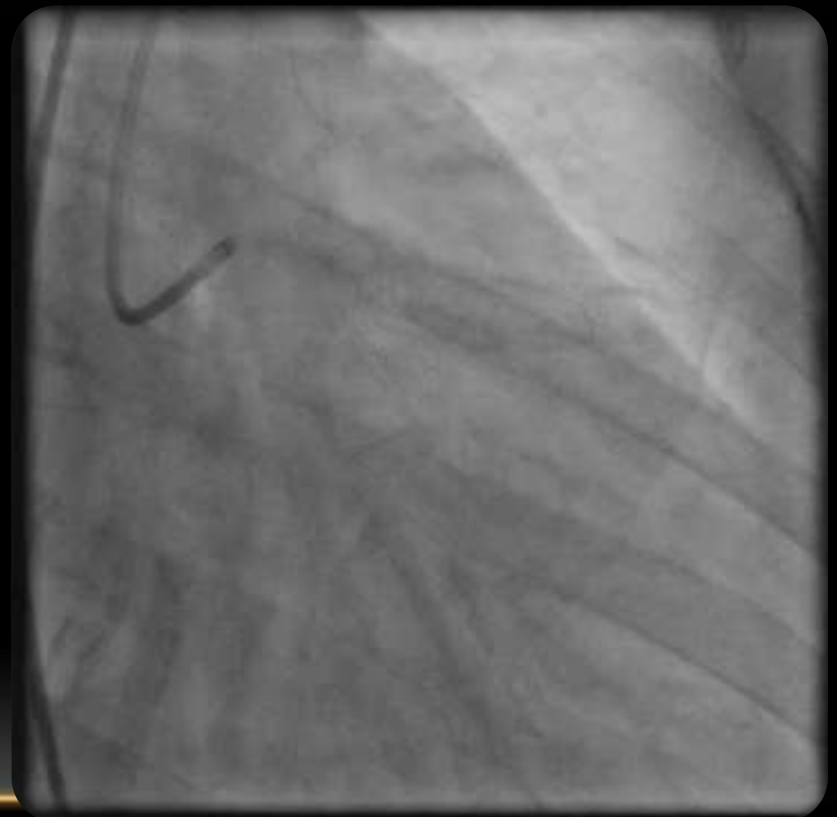


Biomatrix 2.75/18 mm

One month later...

- Patient still suffered from chest discomfort
→ coronary angiography

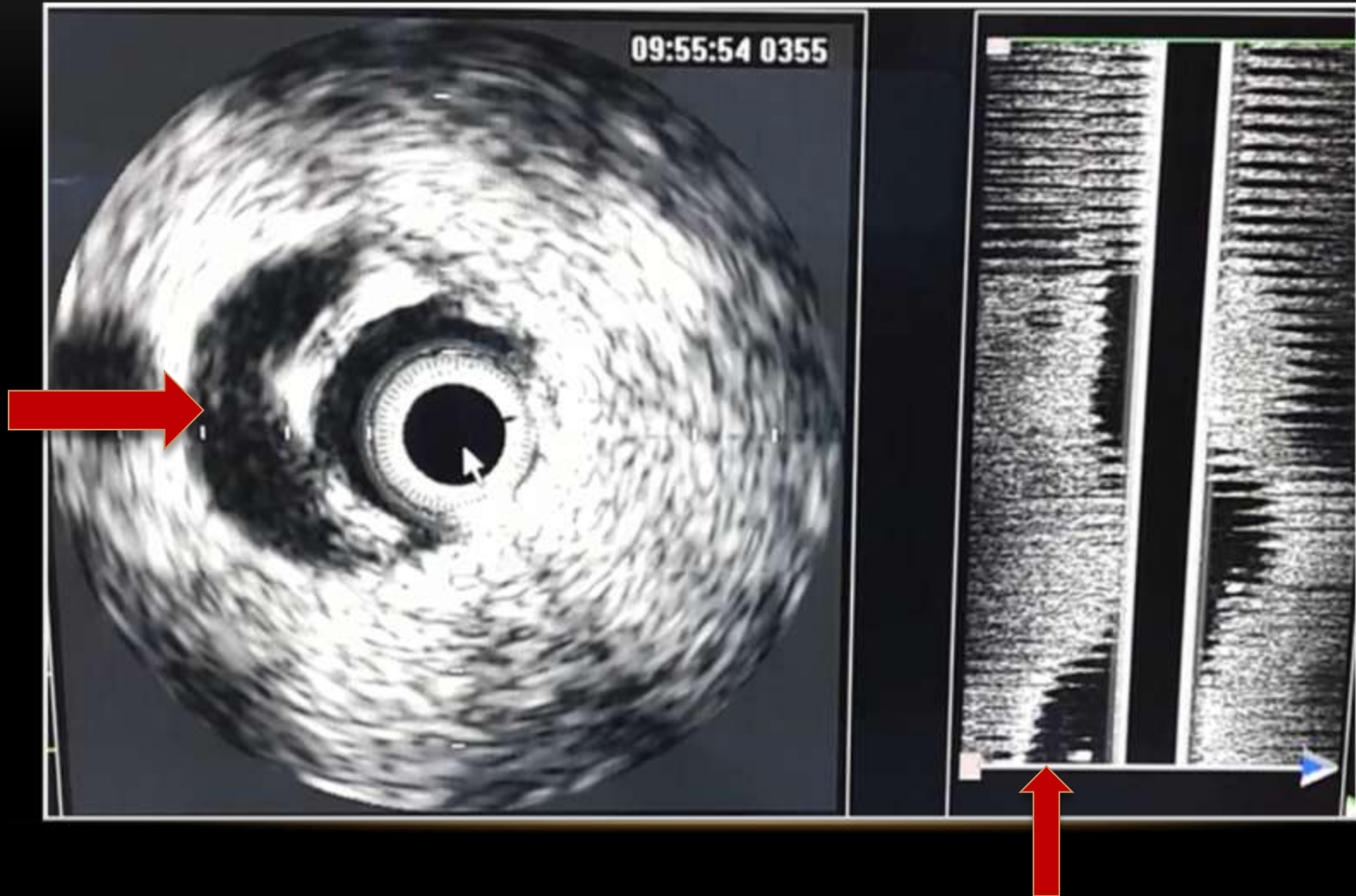
One month later...



One month later...



IVUS - LCX



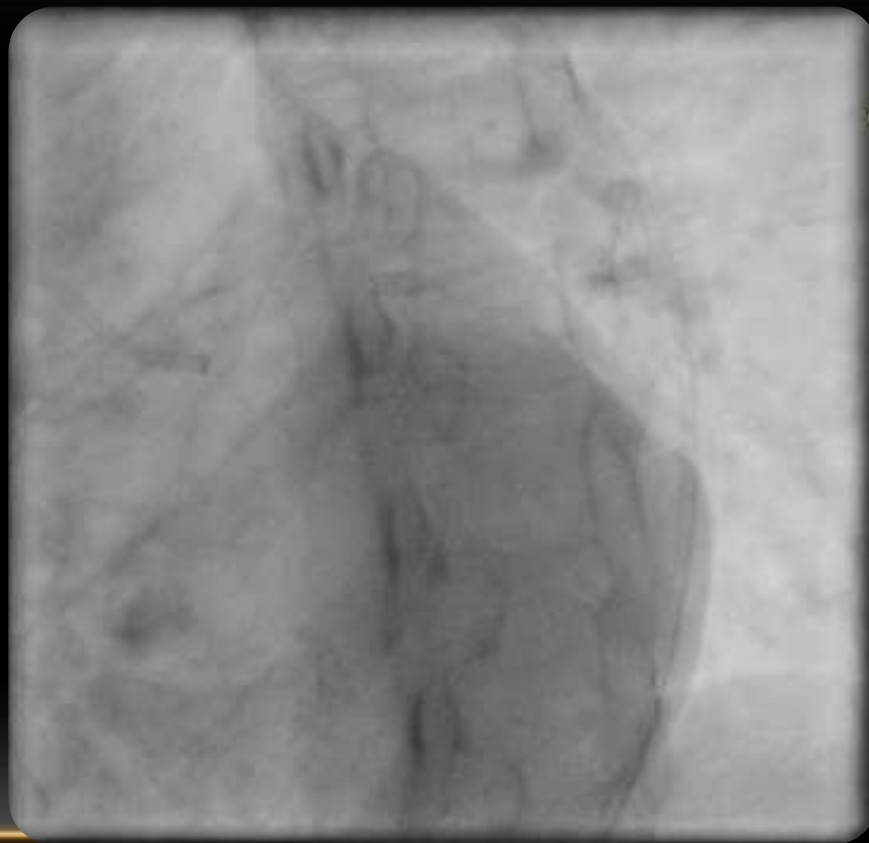
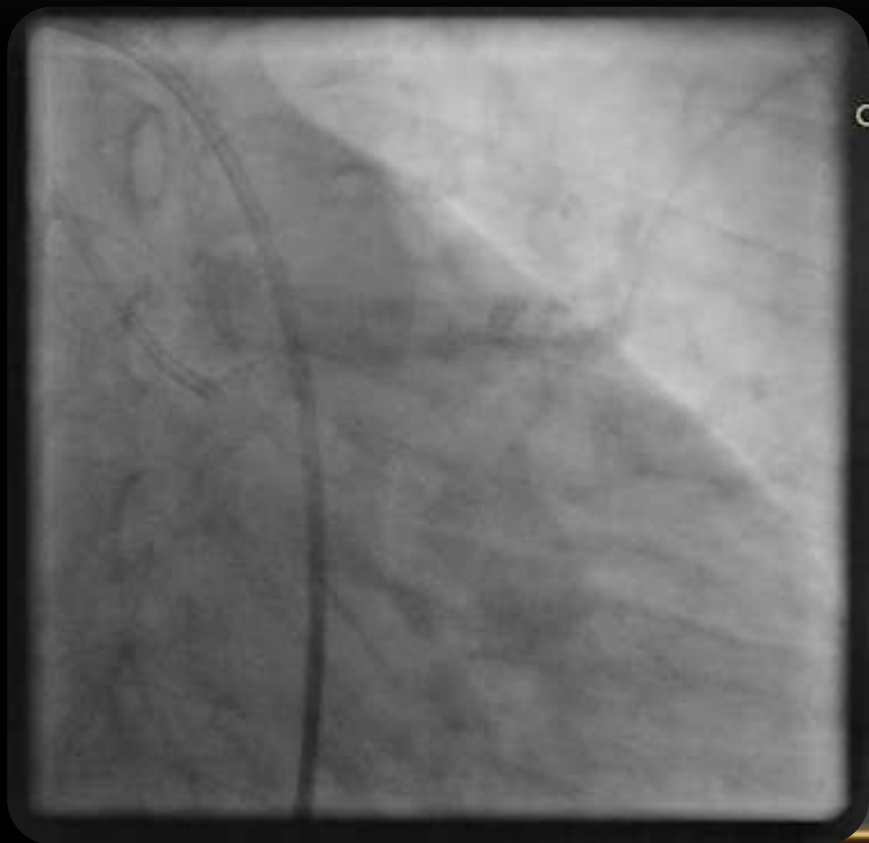
Etiology?

- Platelet 450.000
- Protein S – 40 (70 – 123)
- Dry eyes
- Positive schimmer test
- Un-explained glomerulonephritis
- Positive ANA
- Negative dsDNA

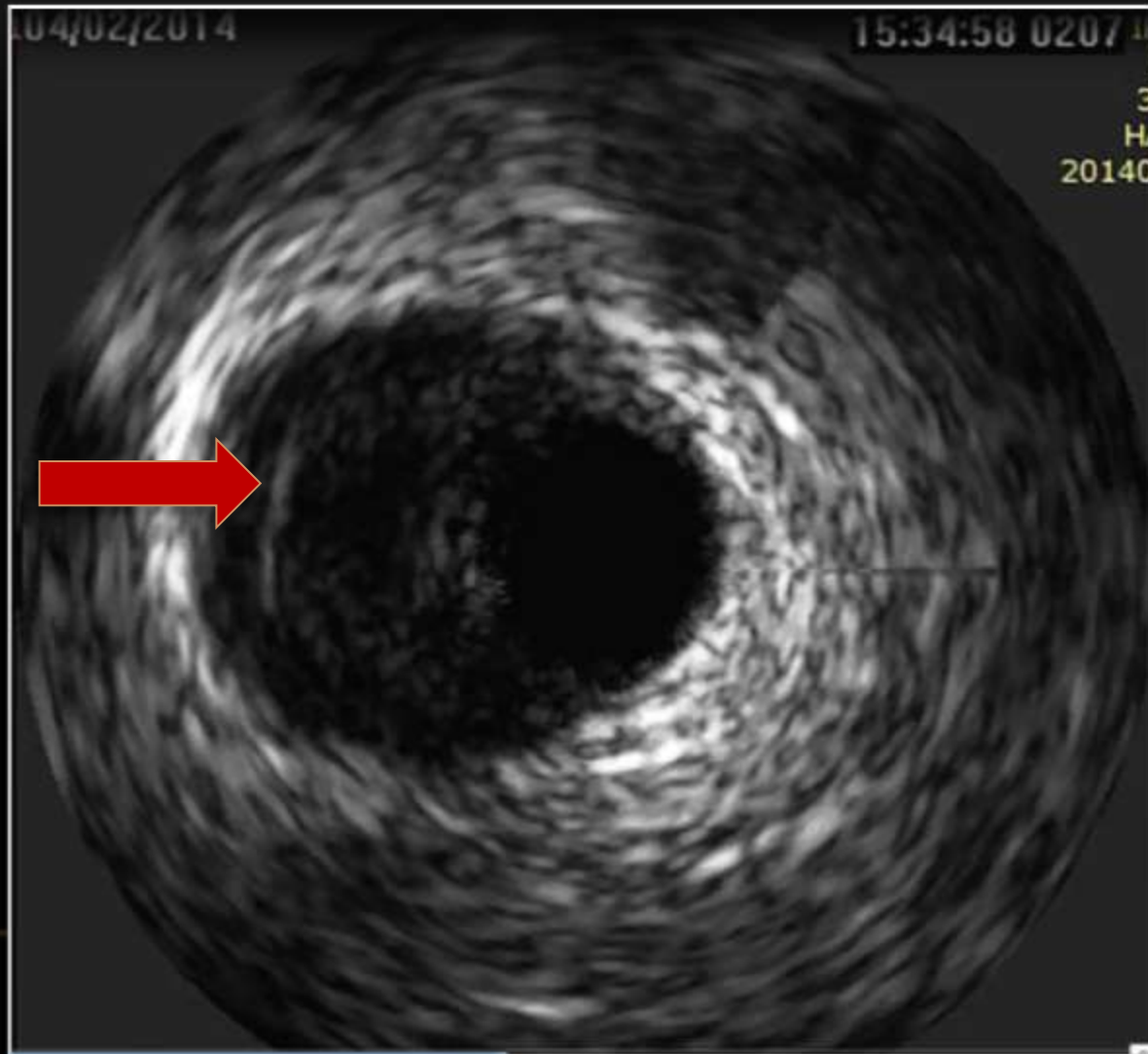
Secondary Sjögren Syndrome

+methylprednisolon 3x4 mg

7-months later: LCX



IVUS



Take home messages

- The clinical presentation of SCAD is similar to those of acute thrombosis, therefore the differential dx of SCAD should be considered when symptoms occurred in young women
- There is no definite guideline as an initial management strategy for SCAD (conservative / stent / CABG?)

Summary

- We have reported a 32 yo woman with recent anterior STEMI and acute heart failure.
- Coroangiography revealed that despite total occlusion in the D1, stenosis at the mid LAD, she also had a long dissection in the LCX artery.
- In all those vessels, drug eluting stents were implanted.
- Further investigation strongly suggested that the patient has an auto-immune disease (i.e. secondary Sjögren syndrome).

Thank you for listening....