

☆ **Complex Clinical Cases**

SUCCESSFUL MANAGEMENT OF A RARE CASE OF RECURRENT MULTI-VESSEL SPONTANEOUS CORONARY ARTERY DISSECTION (SCAD)

Poster Contributions
For exact presentation time, refer to the online ACC.22 Program Planner at <https://www.abstractsonline.com/pp8/#!/10461>

Session Title: Complex Clinical Cases: MD/PhD Flatboard Poster Selections -- Interventional and Structural
Abstract Category: MD/PhD: Interventional and Structural

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Background: SCAD is defined as an epicardial coronary artery dissection that is not due to atherosclerosis or trauma and is not iatrogenic. Conservative management remains the option of choice for patients who are clinically stable with suitable anatomy. We present a case of recurrent multivessel SCAD presented as ACS.

Case: A 68-year-old female with past medical history of a stent to the Right Posterior Descending Coronary Artery (RPDA) after an inferior wall STEMI due to SCAD in 2005, SLE, Hypertension who presented substernal anginal chest pain. EKG showed no acute ST-T changes, troponin peaked at 3.85 ng/dl. Cardiac catheterization showed multivessel SCAD in mid Left Anterior Descending (LAD), ramus intermedius, distal circumflex, first right posterior lateral branch.

Decision-making: Since the SCAD lesions were distally located, patient was hemodynamically stable, symptomatically improving and troponins were trending down, decision was made to pursue with conservative management. Patient discharged home on aspirin, metoprolol, and ranolazine. During 6 weeks follow up coronary CTA showed resolution of coronary dissection.

Conclusion: SCAD remains an emerging cause of ACS and death particularly in young women. Recurrent cases of SCAD involving multiple vessels is rare. The optimal treatment strategy remains controversial; however. Conservative medical management is currently preferred in the appropriate patients. Noninvasive imaging can be helpful for follow up of SCAD.

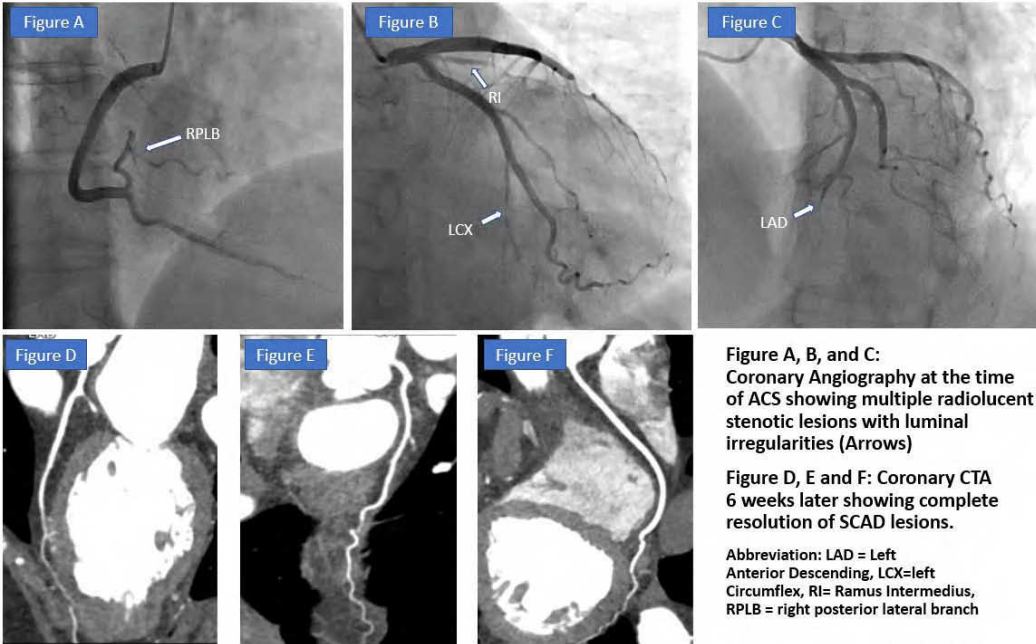


Figure A, B, and C: Coronary Angiography at the time of ACS showing multiple radiolucent stenotic lesions with luminal irregularities (Arrows)
Figure D, E and F: Coronary CTA 6 weeks later showing complete resolution of SCAD lesions.
Abbreviation: LAD = Left Anterior Descending, LCX=left Circumflex, RI= Ramus Intermedius, RPLB = right posterior lateral branch