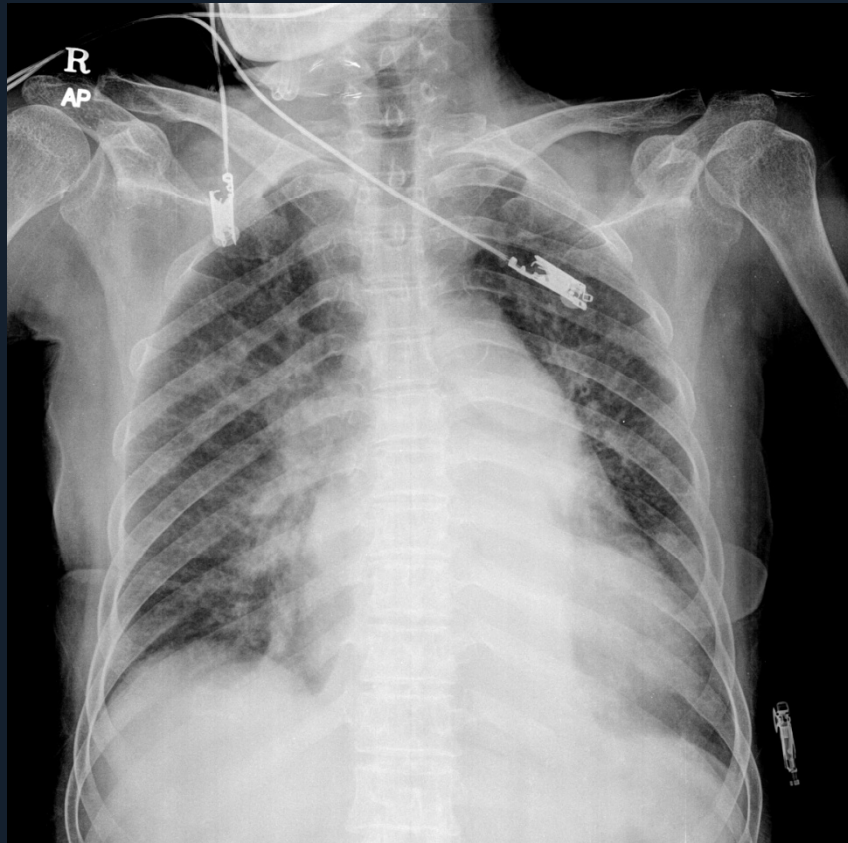


# Two Cases with Coronary Thromboembolism

**Jung-Min Ahn, MD.**

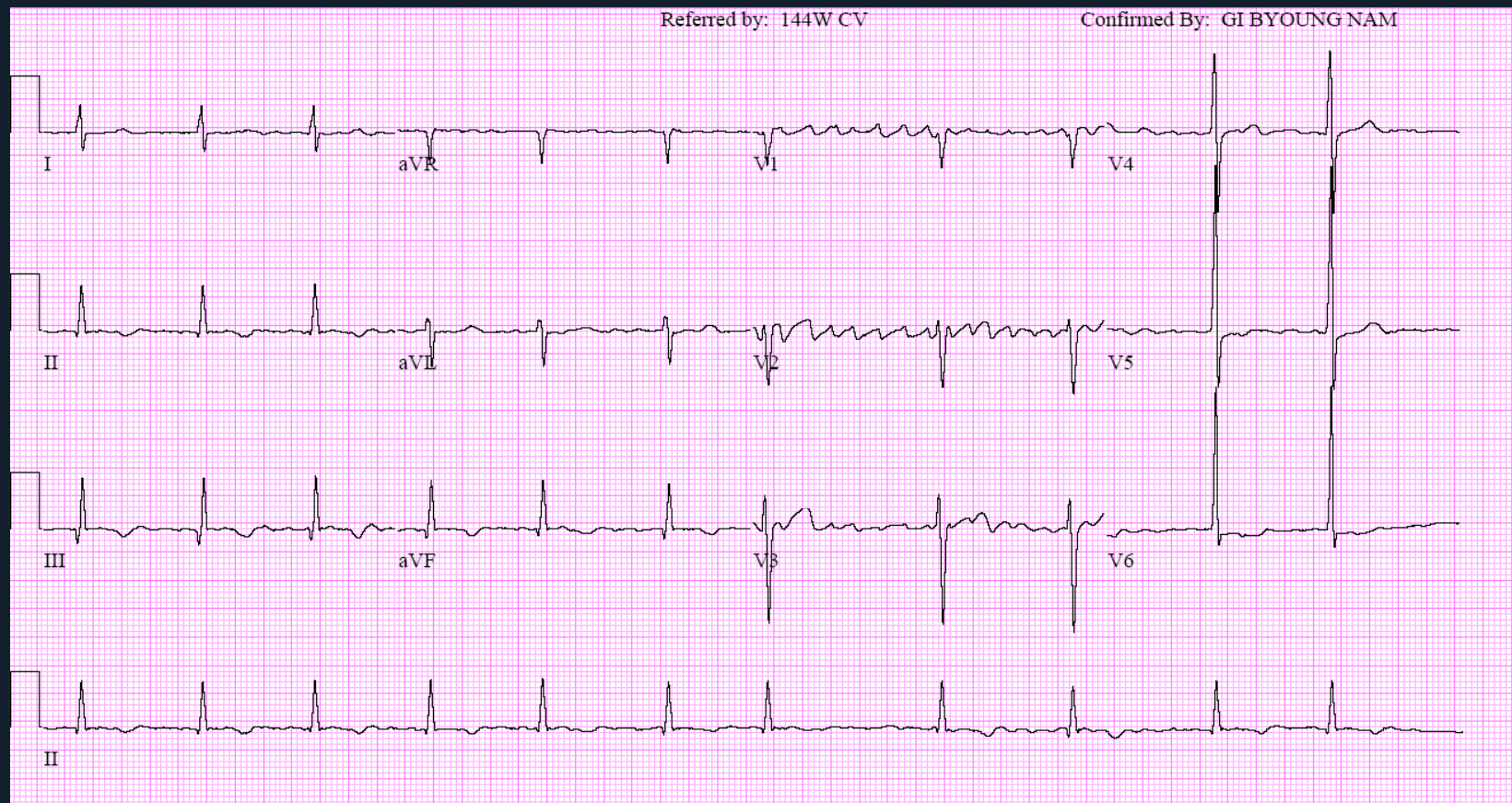
**Heart Institute, University of Ulsan College of Medicine  
Asan Medical Center, Seoul, Korea**

# CASE 1.

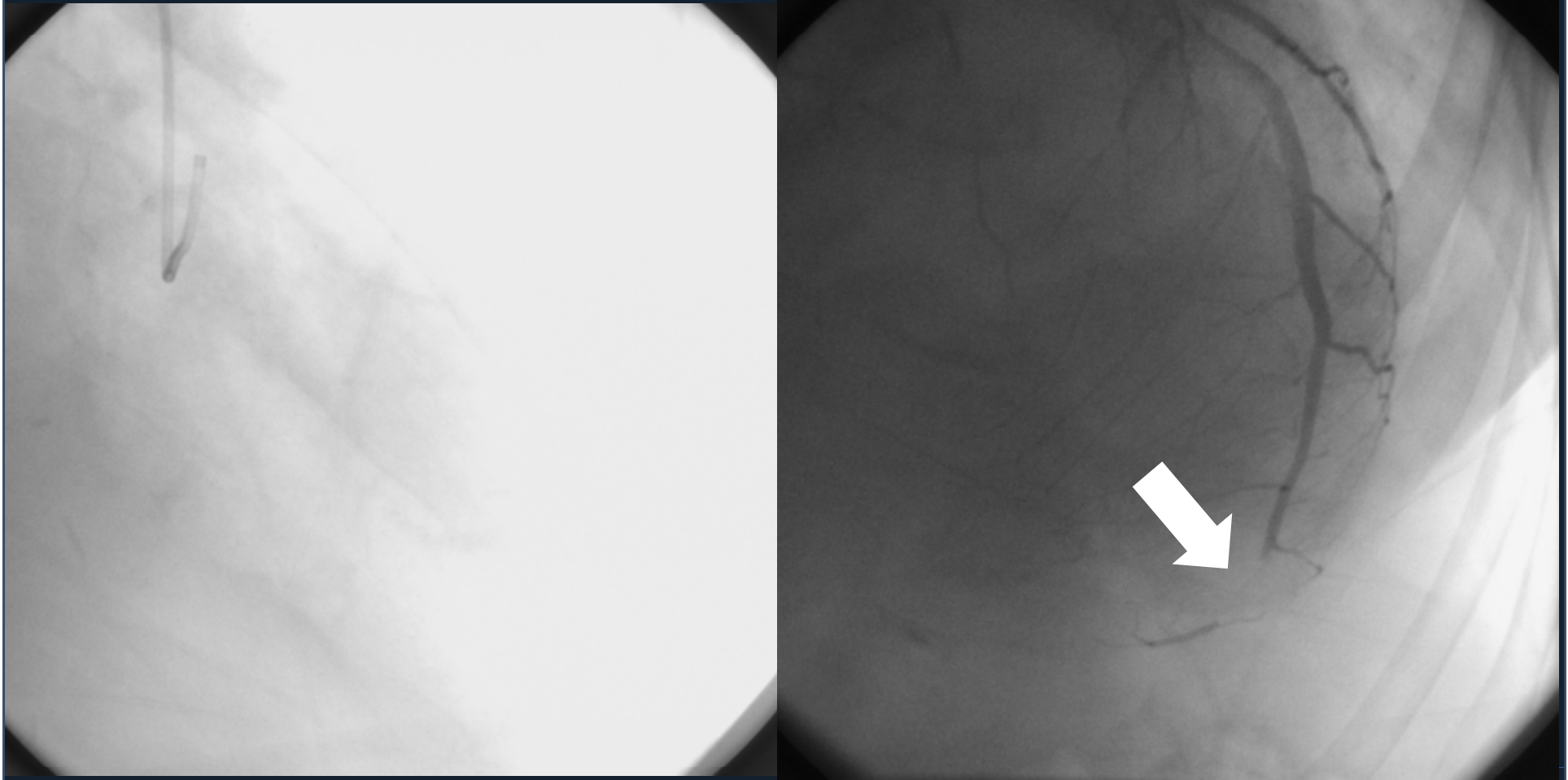


- 68yo/Female
- CC : NSTEMI  
2 weeks ago

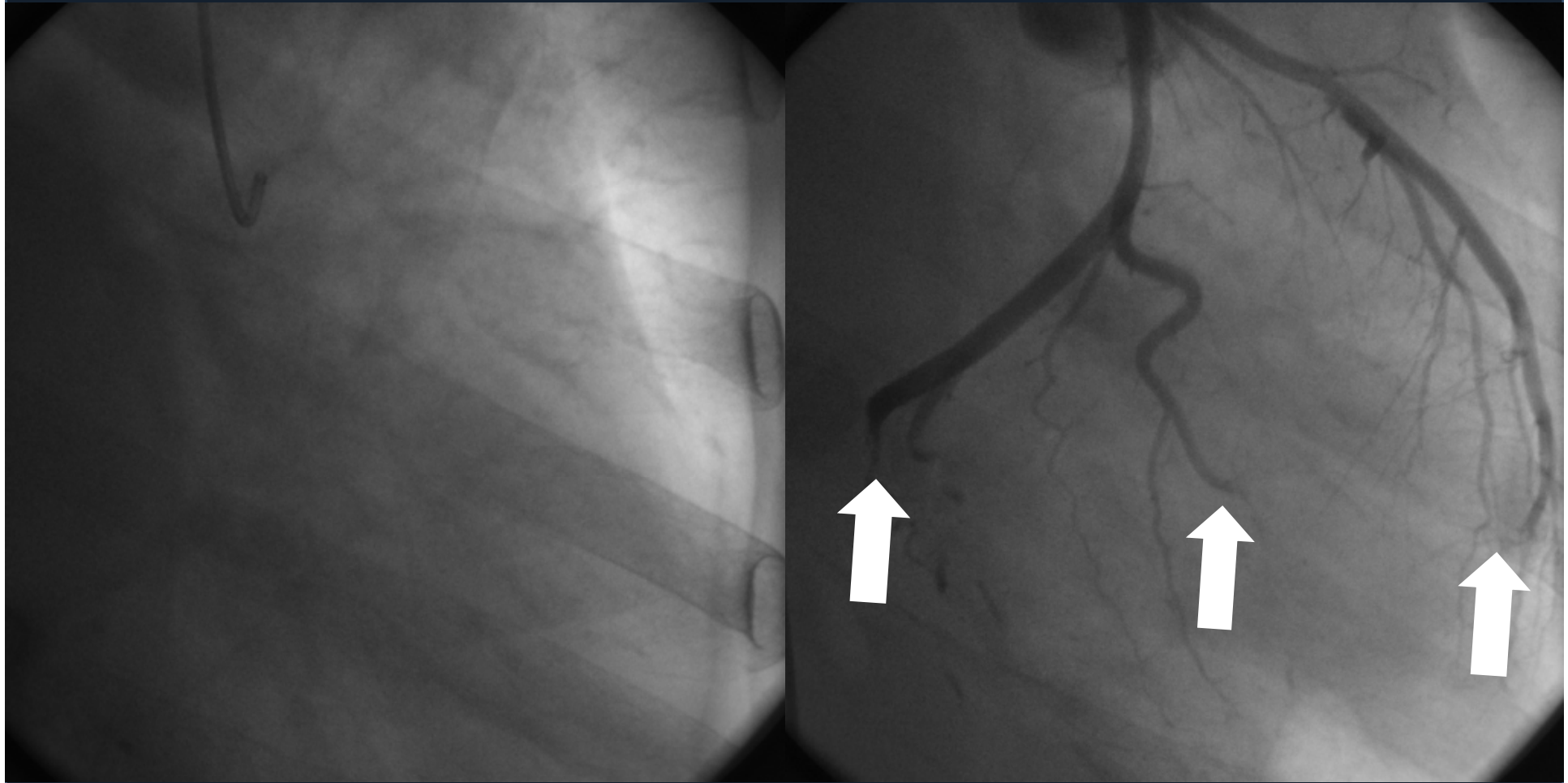
# Electrocardiogram



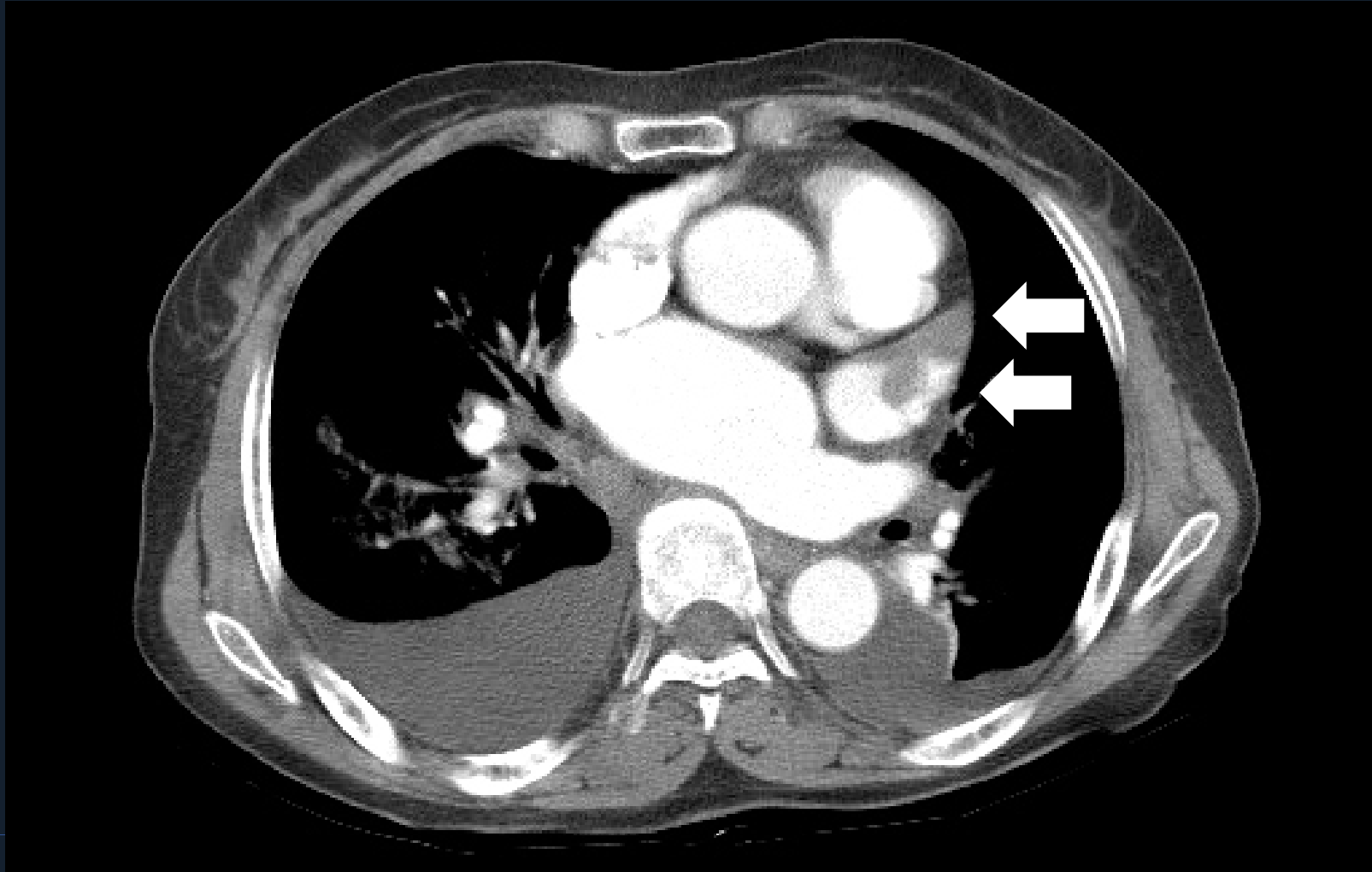
# Coronary Angiogram



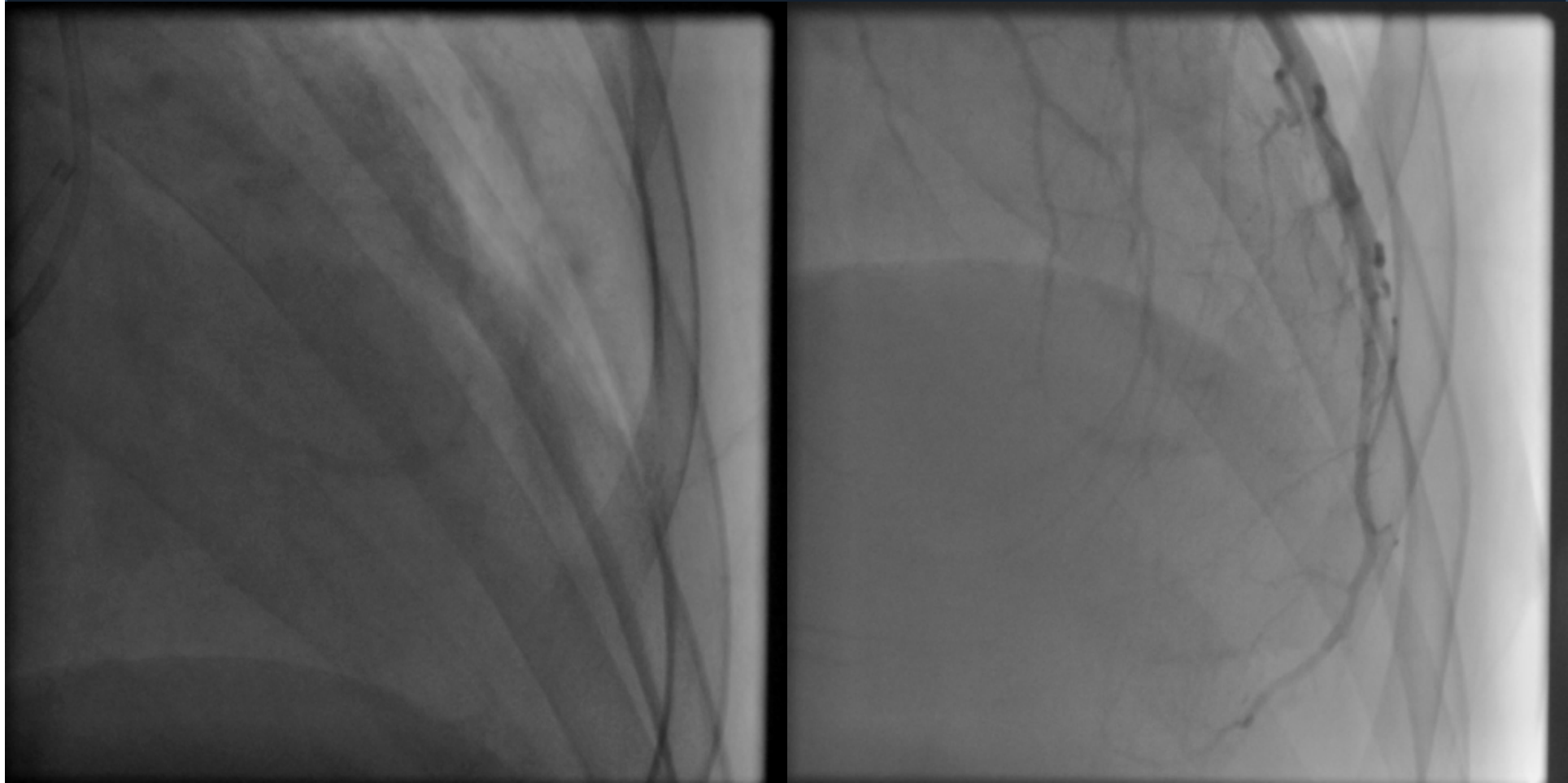
# Coronary Angiogram



# Chest CT

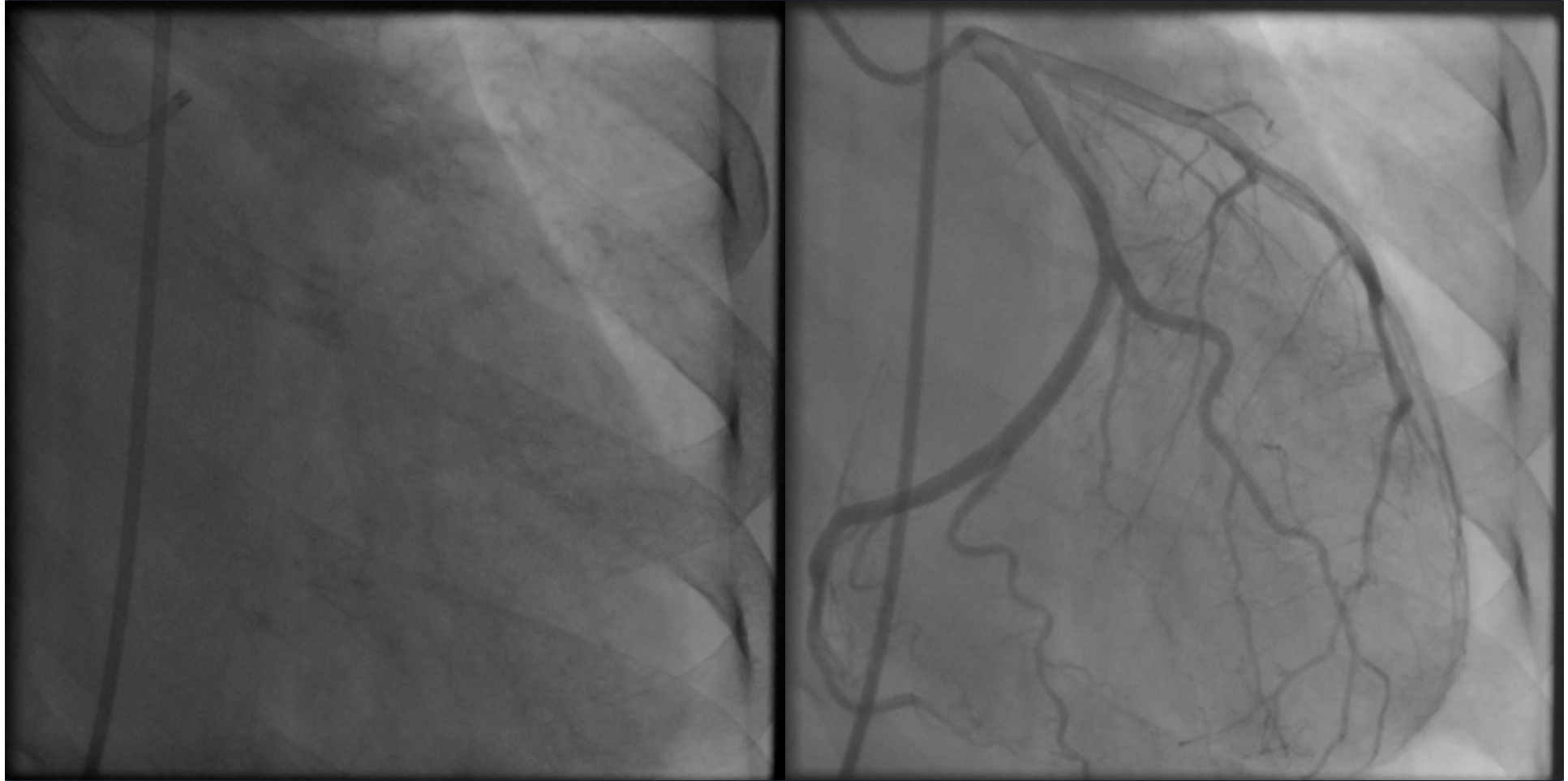


# After 2 Weeks Warfarinization



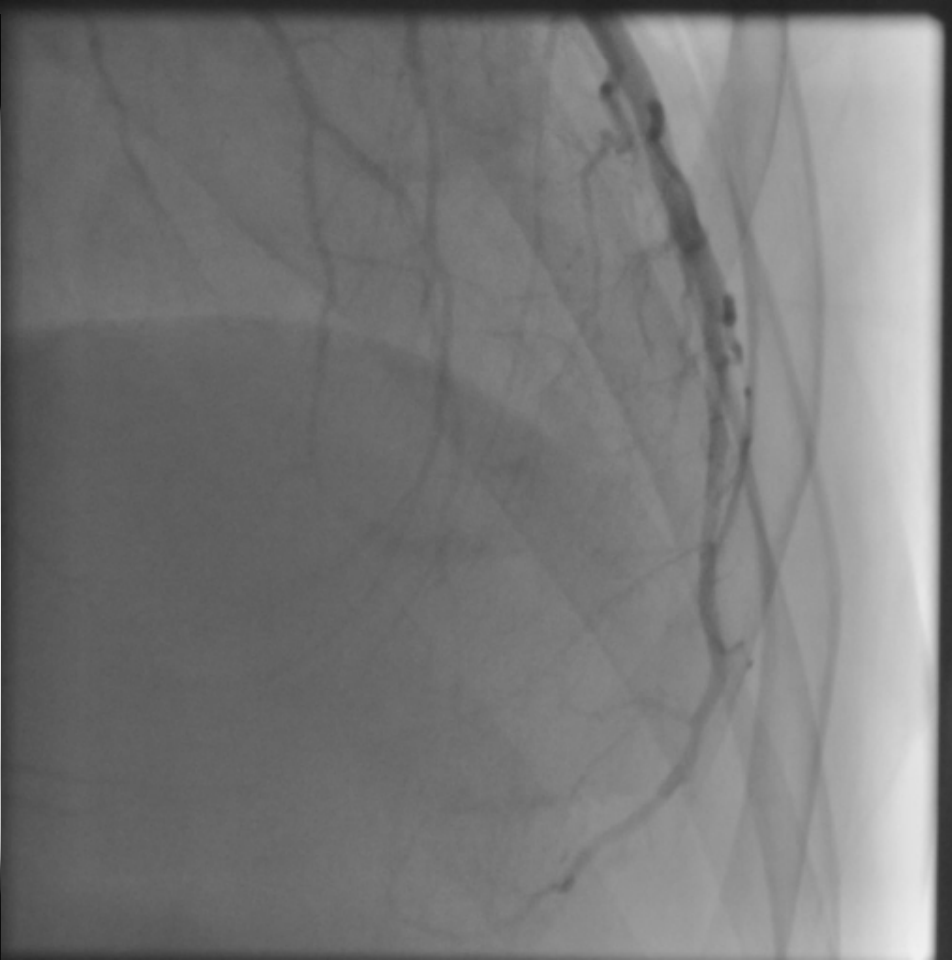
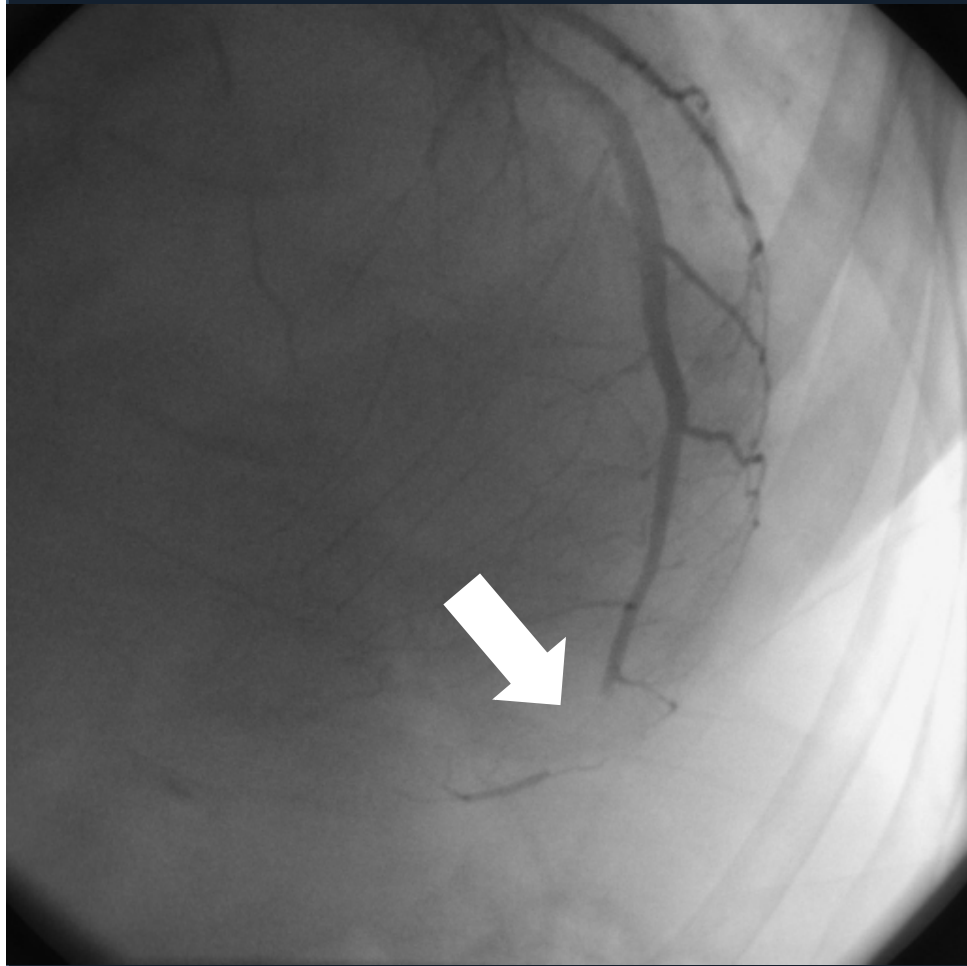


# After 2 Weeks Warfarinization

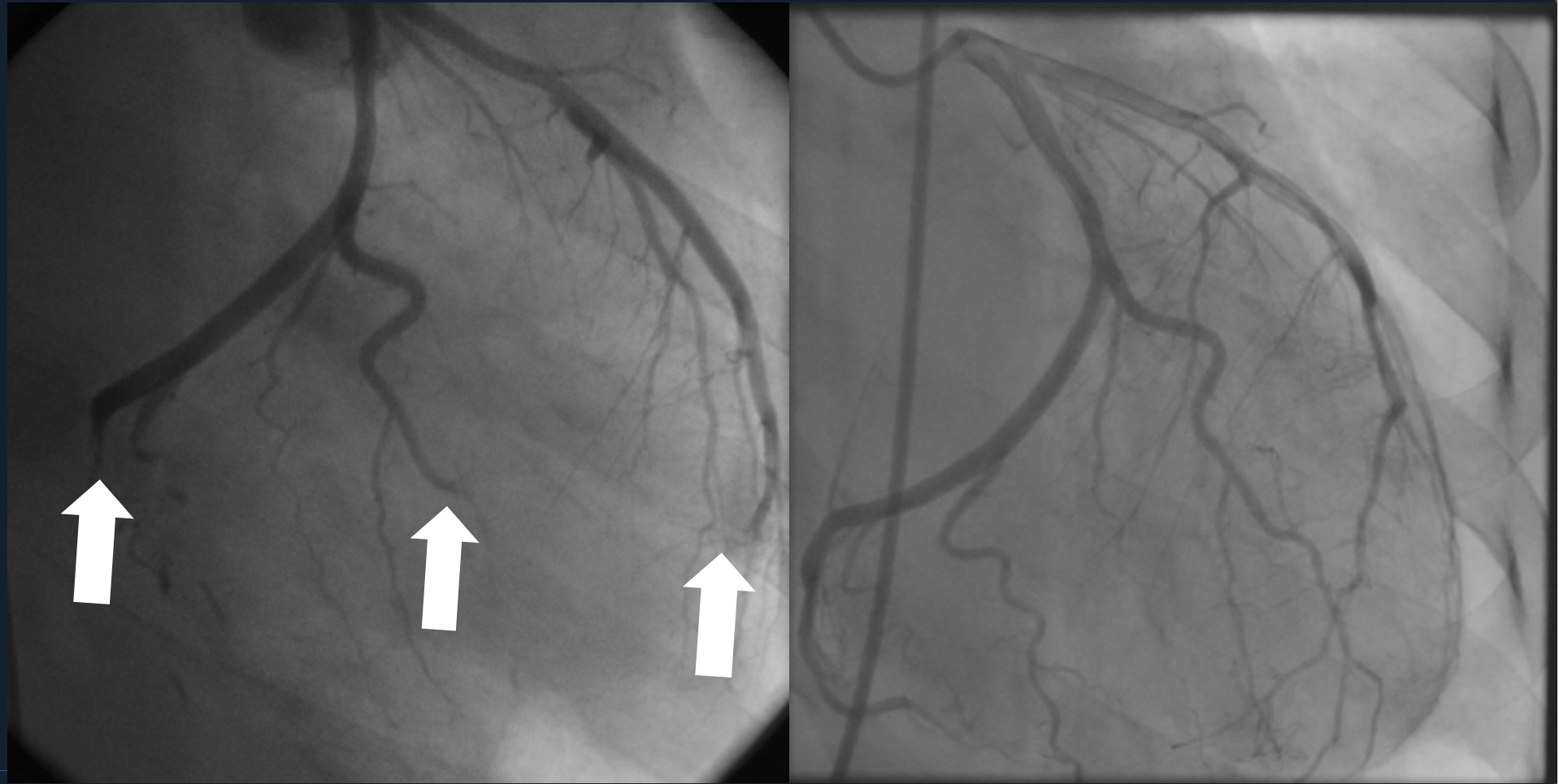




# Initial and Follow-Up



# Initial and Follow-Up



# Echocardiogram

PHILIPS HONG CHOON JA  
42810249

10/26/2011 03:31:36PM TIS0.8 MI 1.4  
S5-1/ECHO

FR 58Hz  
12cm  
2D  
61%  
C 51  
P Low  
HGen

P R  
1.7 3.4



JPEG

69 bpm

PHILIPS HONG CHOON JA  
42810249

10/26/2011 03:30:46PM TIS0.8 MI 1.4  
S5-1/ECHO

FR 58Hz  
12cm  
2D  
60%  
C 51  
P Low  
HGen

P R  
1.7 3.4



JPEG

70 bpm

# She discharged without events

- Discharge medication

Warfarin 3mg QD

Digoxin 0.125mg QD

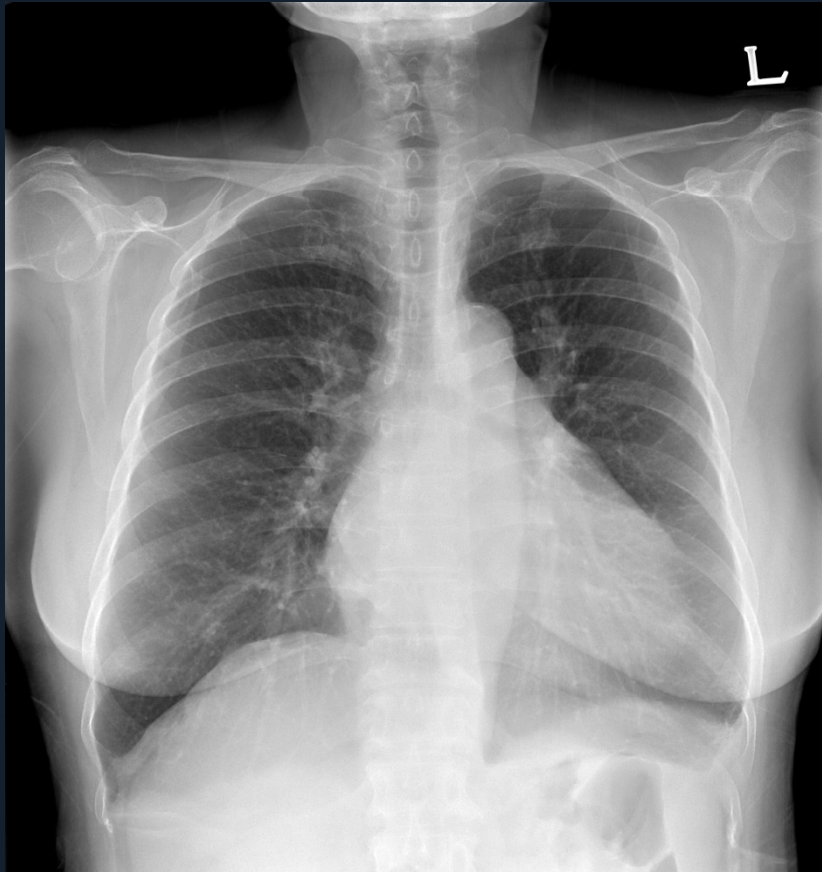
Nebivolol 2.5mg QD

Lasix 20mg QD

Spironolactone 12.5mg QD

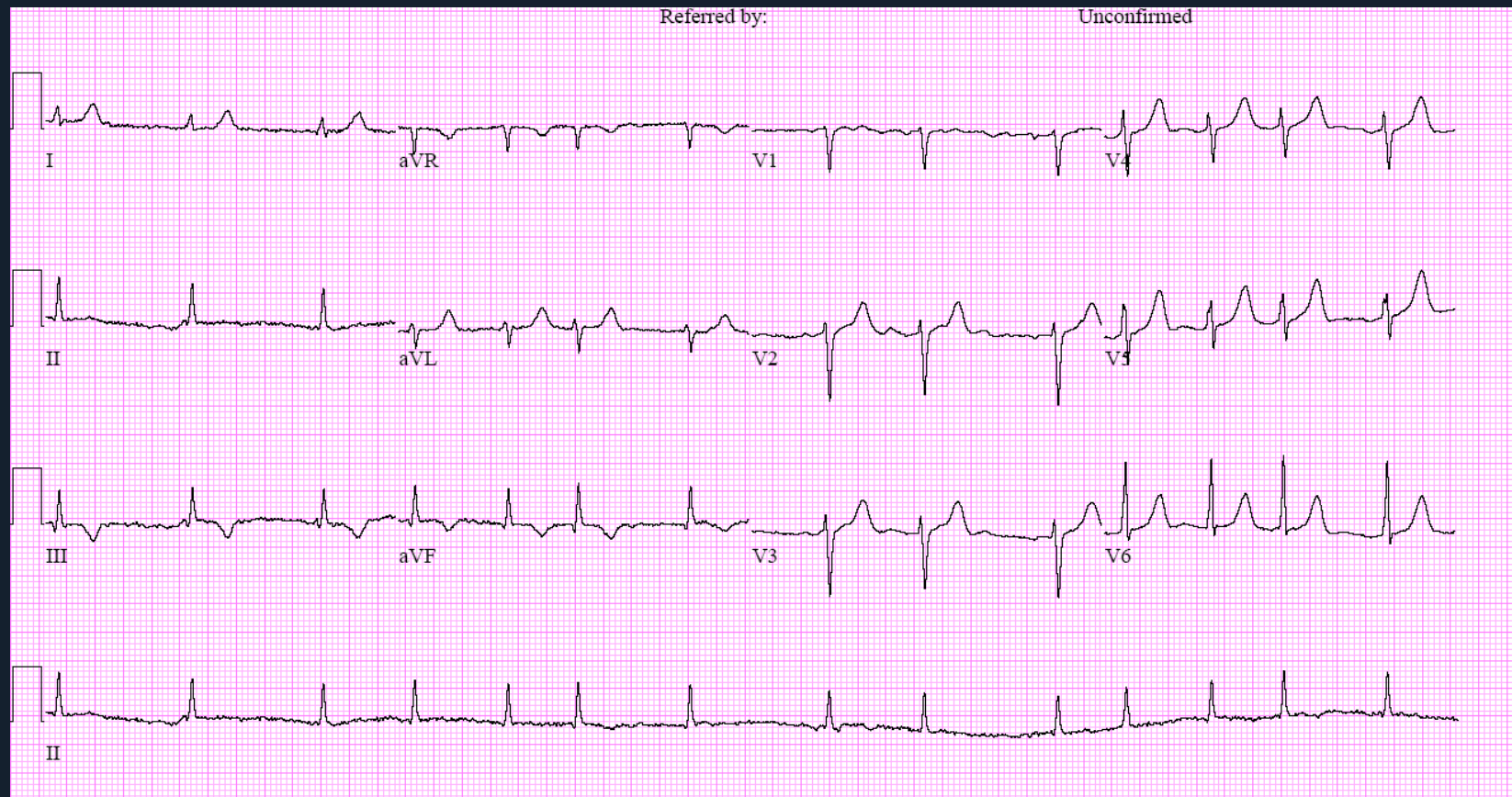
Candesartan 4mg QD

# CASE 2.



- 64yo/F
- CC : NSTEMI  
3 weeks ago

# Electrocardiogram





# Echocardiogram

PHILIPS YIM JEONG SOOK  
42287128

07/13/2011 09:22:47AM TIS0.9 MI 1.4  
S5-1/ECHO

FR 49Hz  
16cm

2D  
52%  
C 52  
P Low  
HGen

P R  
1.7 3.4



85 bpm

PHILIPS YIM JEONG SOOK  
42287128

07/13/2011 09:28:37AM TIS0.9 MI 1.4  
S5-1/ECHO

FR 95Hz  
13cm

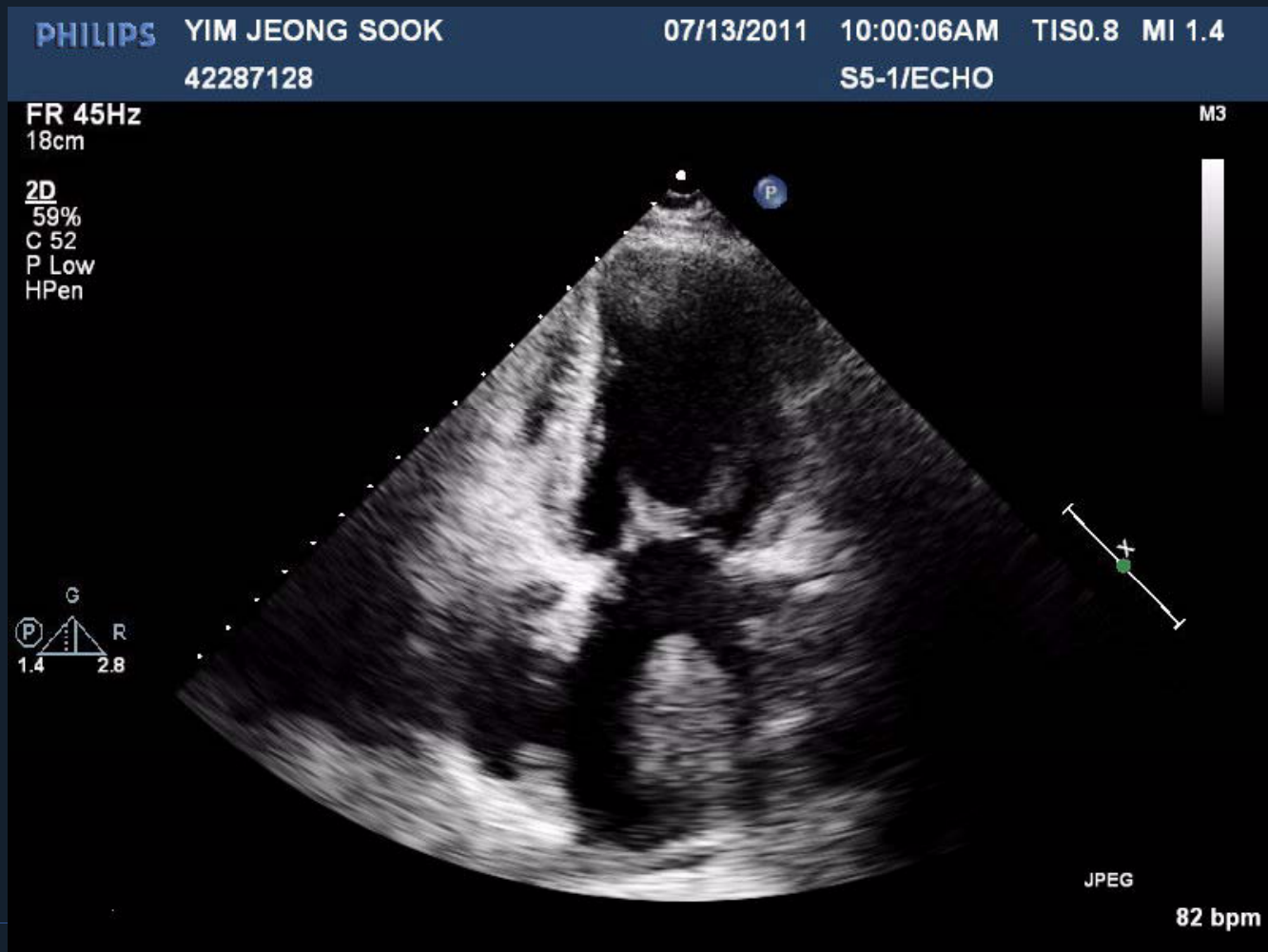
2D  
56%  
C 52  
P Low  
HGen

P R  
1.7 3.4

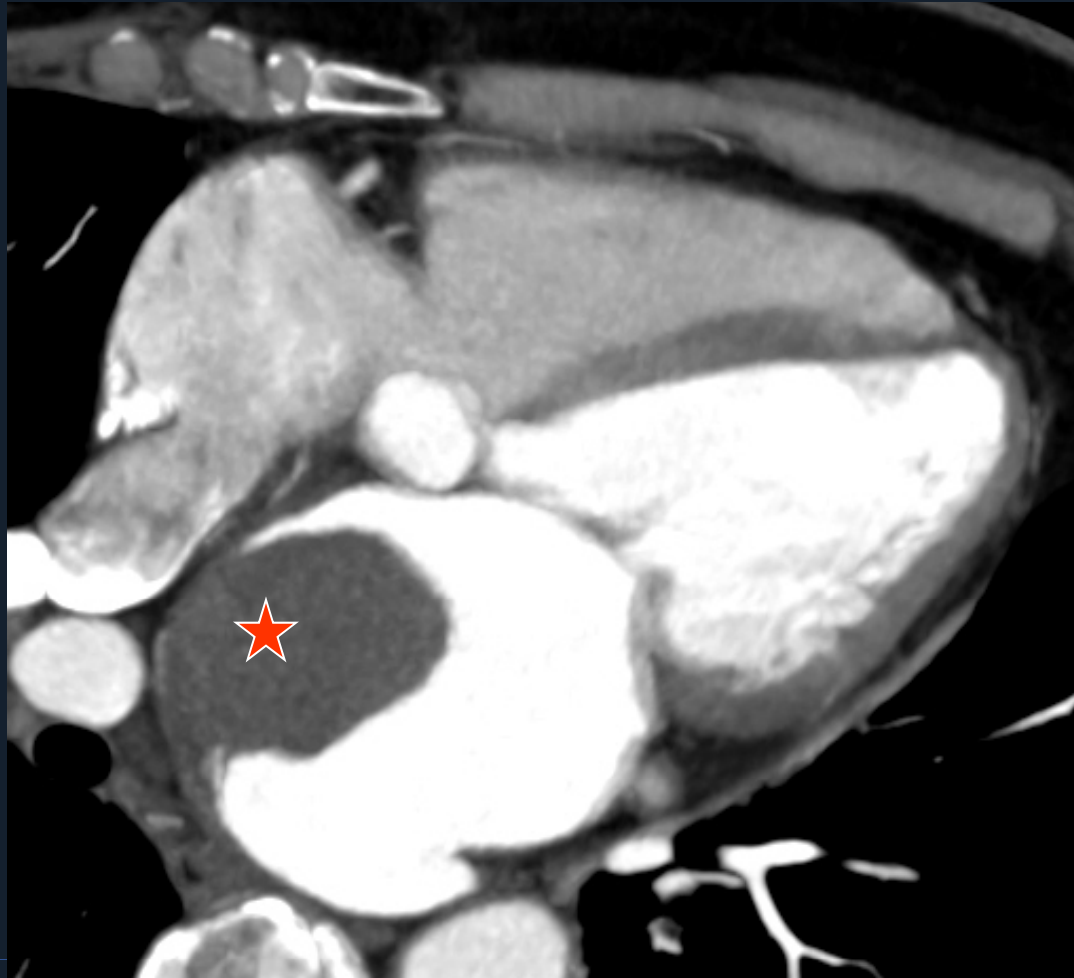


90 bpm

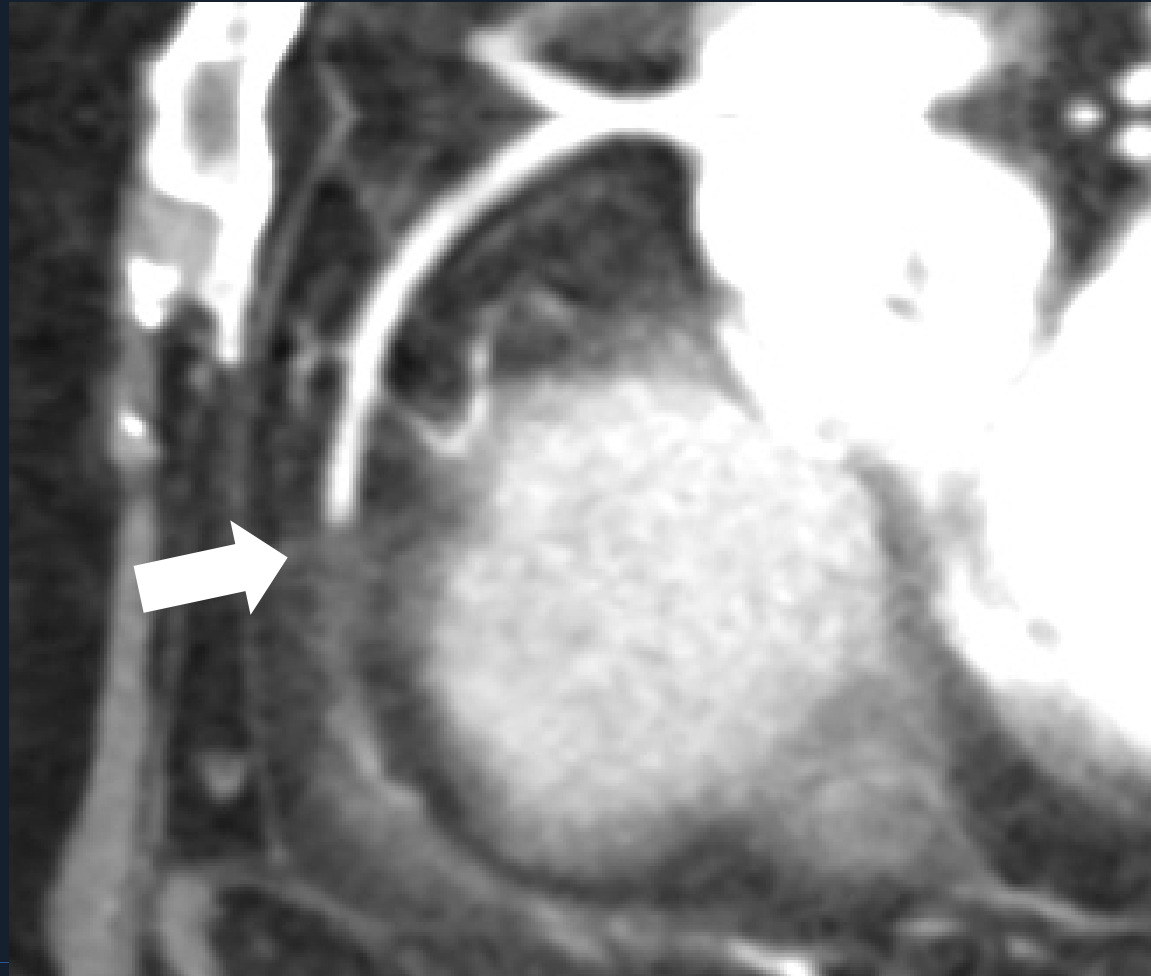
# Echocardiogram



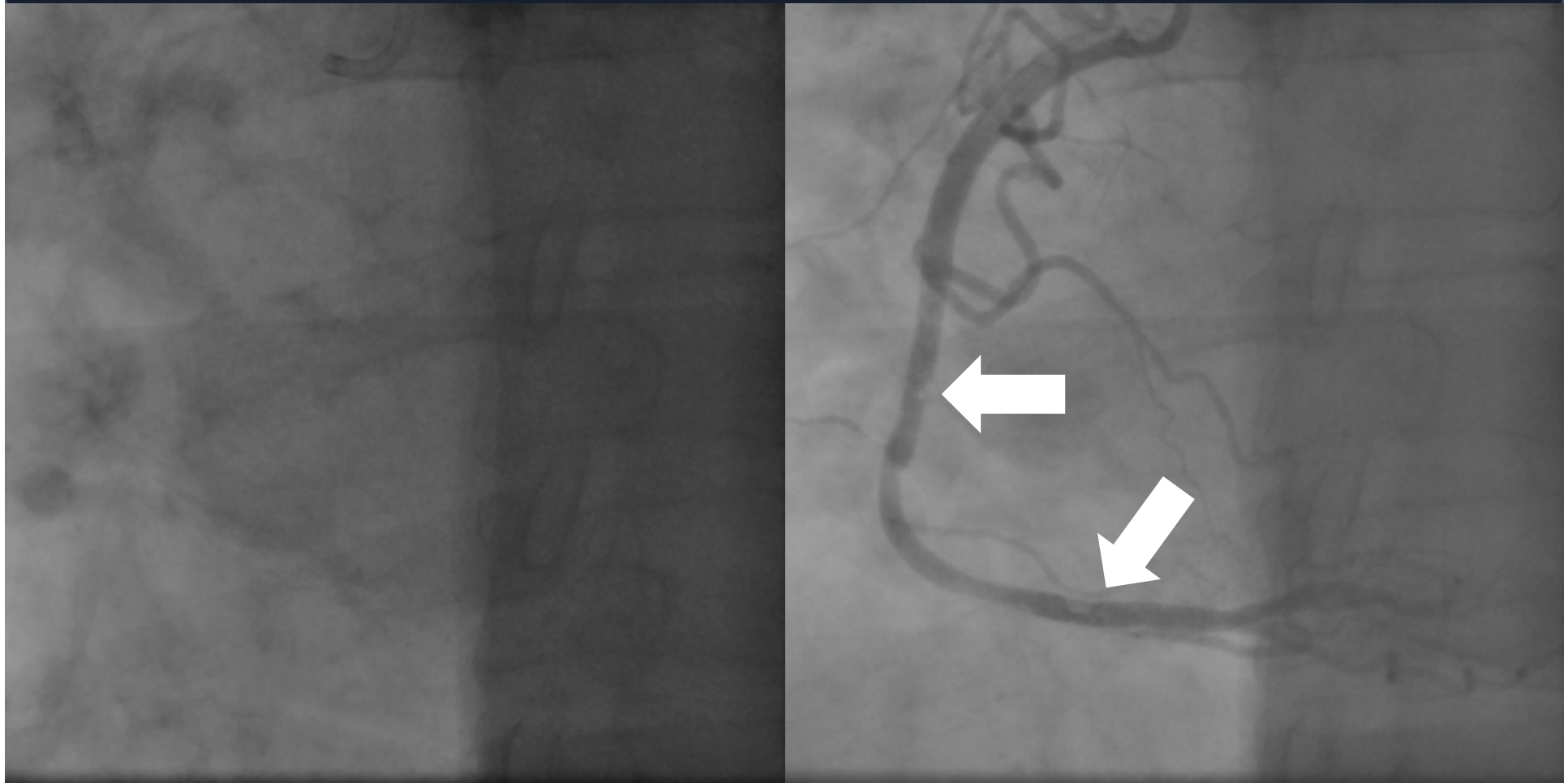
# Chest CT



# CT coronary angiogram

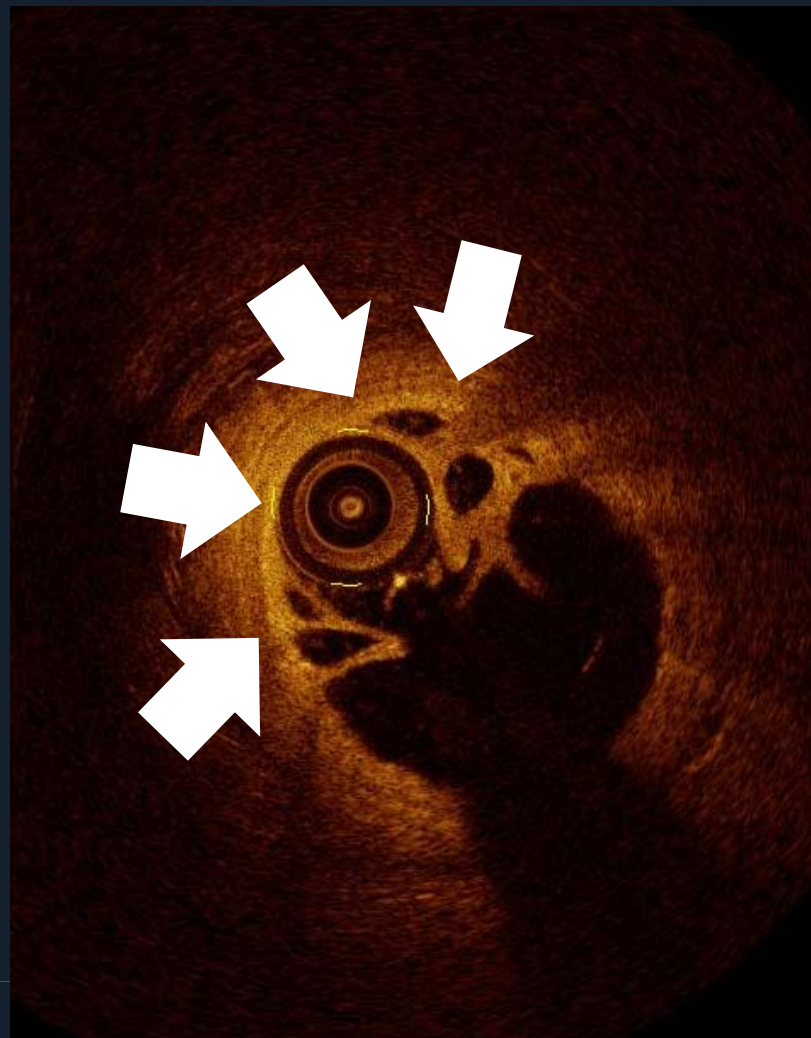
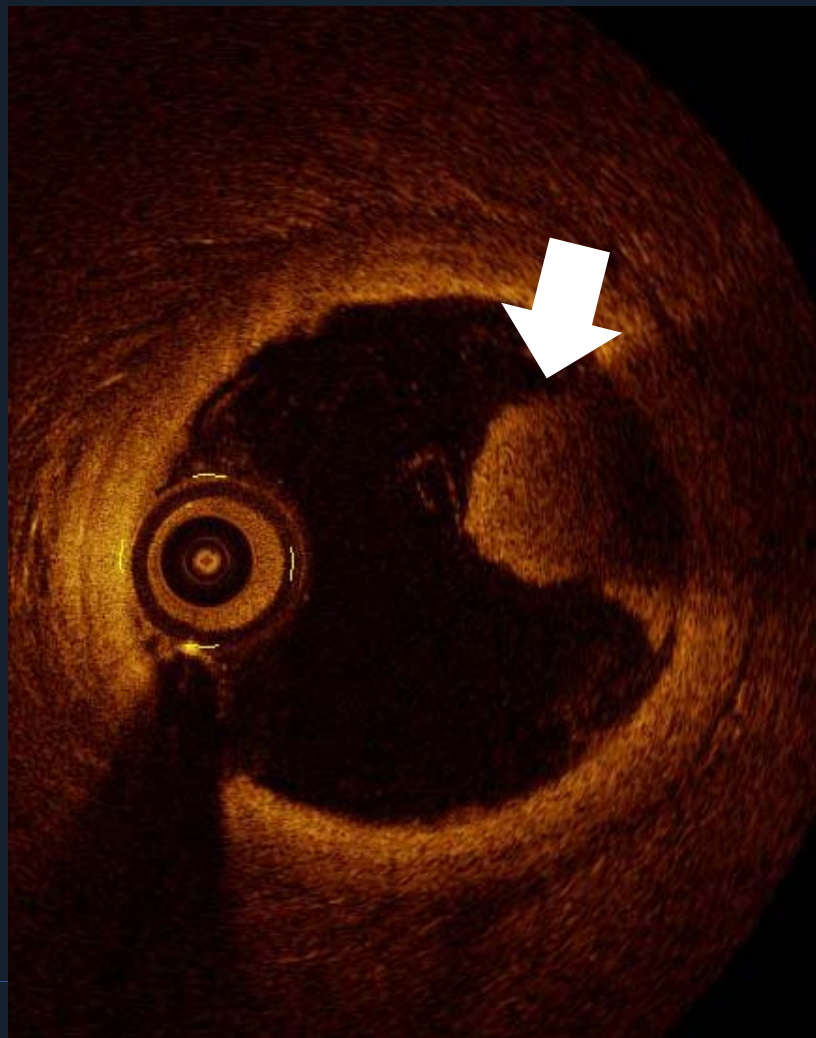


# After 3 Weeks Warfarinization



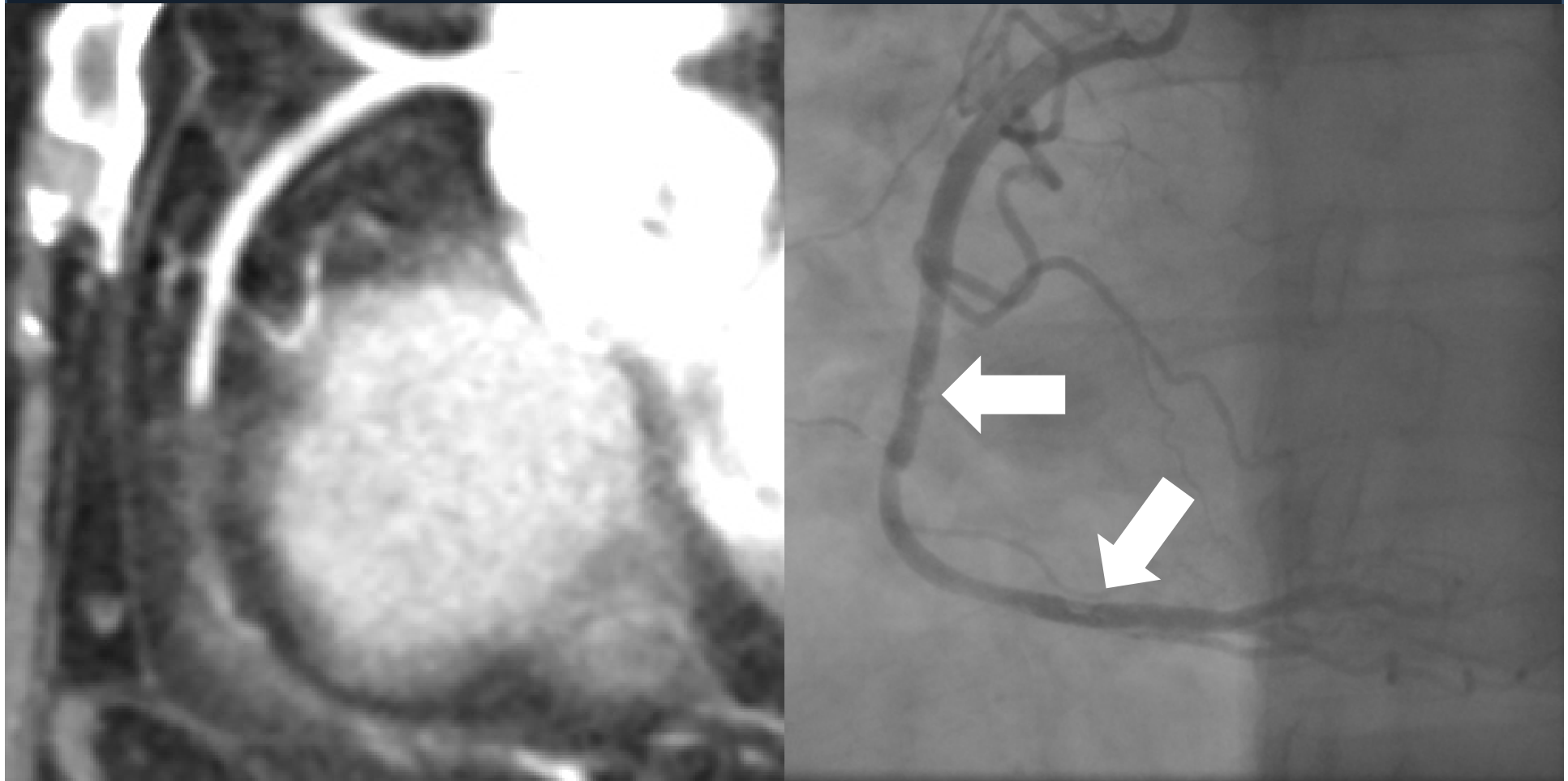


# OCT Findings





# Initial and Follow-Up



# She Underwent Surgery and Discharged without Events

- MVR
- LA thrombectomy
- LAA excision and bi-atrial MAZE operation

# Coronary Thromboembolism

## Very Low Incidence

- 1) The discrepancy between the caliber of the Ao and coronary artery
- 2) The situation of the coronary arteries at the root of the aorta immediately beyond the aortic valve
- 3) The right angle take-off of the coronary arteries from the aorta
- 4) The bulk and swiftness of the blood flow in this portion of the aorta
- 5) The fact that the majority of coronary filling occurs during diastole

# Coronary Thromboembolism

## **Etiology**

- 1) Direct coronary embolism
- 2) Paradoxical coronary embolism
- 3) Iatrogenic coronary embolism

## **RCA dominance**

The relatively favorable anatomical position of the RCA ostium to aortic blood flow.

# Summary

- Coronary embolism from varying etiology could be a rare cause of acute coronary syndrome, and thus this diagnosis must be considered.
- Spontaneous reperfusion of thromboembolic occlusion in coronary artery is not rare.
- Accurate diagnosis of this disease entity has important clinical implications not only regarding the prognosis but also affecting the treatment.