



Two Cases of Woman NSTEMI with Atypical Angiogram

Zi Ye, Yan Lai, Xuebo Liu

*Shanghai East Hospital
Tongji University*

Shanghai East Hospital

Case 1

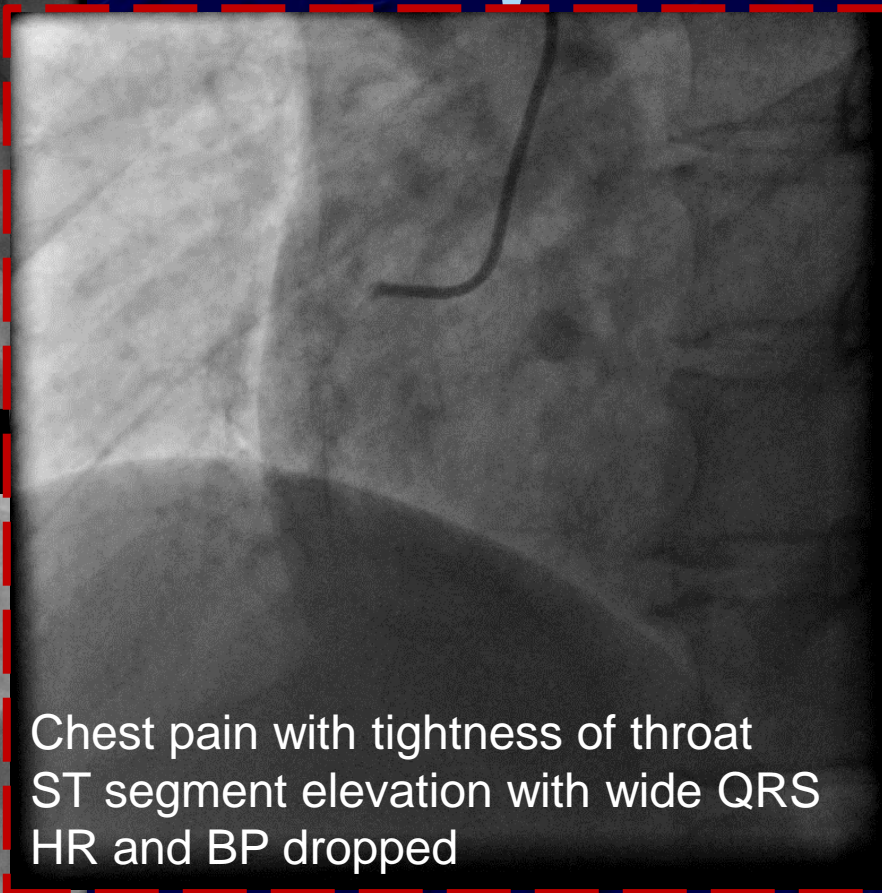
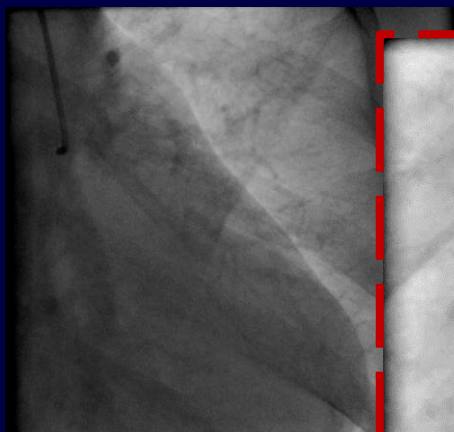
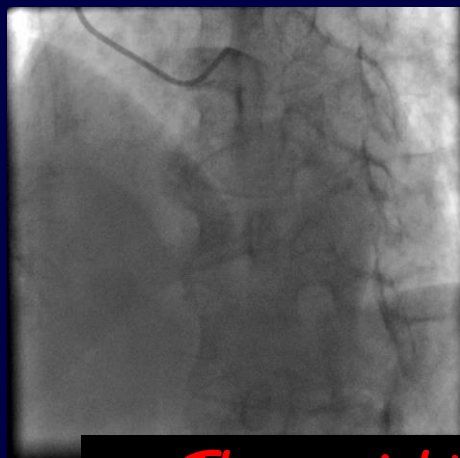


- *Brief Introduction*

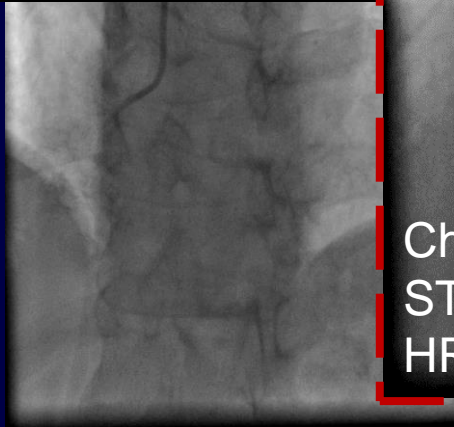
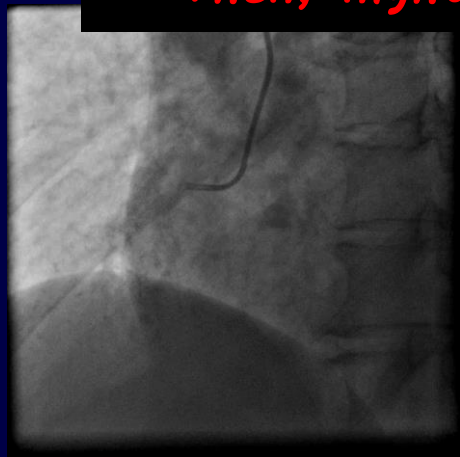
- 58 y/o, F; No CAD risk factors; menopause for 10 years
- Chest pain for 4 hrs **after severe cough**
- Labs: Normal @ admission
- **Cardiac damage marker ↑↑ in 2hrs**
- ECG: Sinus bradycardia @ admission
- ST segment depression at inferior lead in 2 hrs.
- UCG: Normal, LVEF 60%

Case 1

- CAG



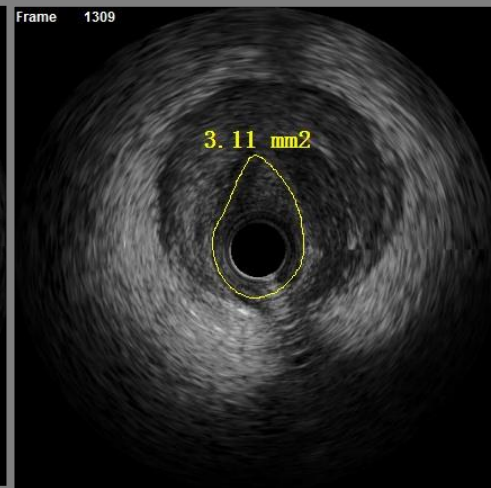
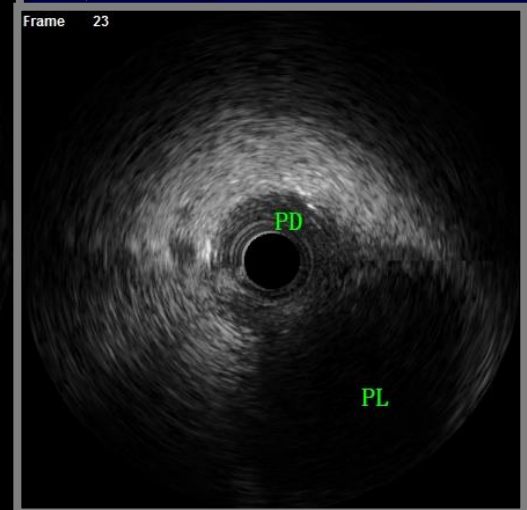
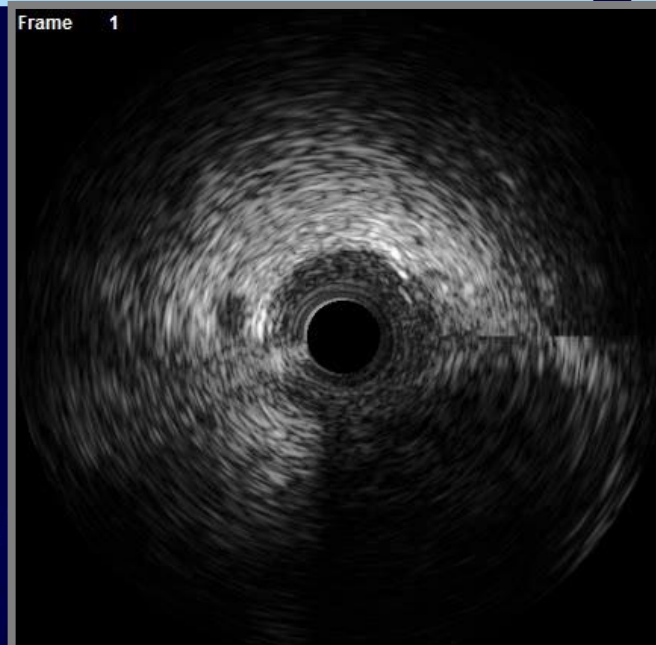
Then, nightmare came!!



Chest pain with tightness of throat
ST segment elevation with wide QRS
HR and BP dropped

Case 1

- IVUS imaging



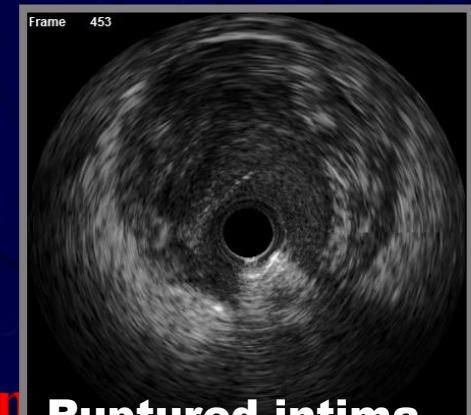
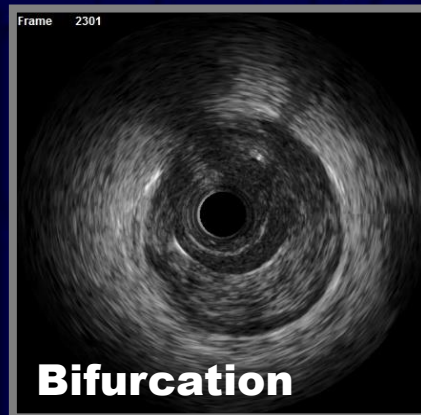
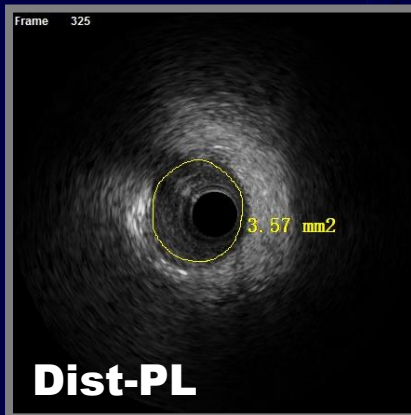
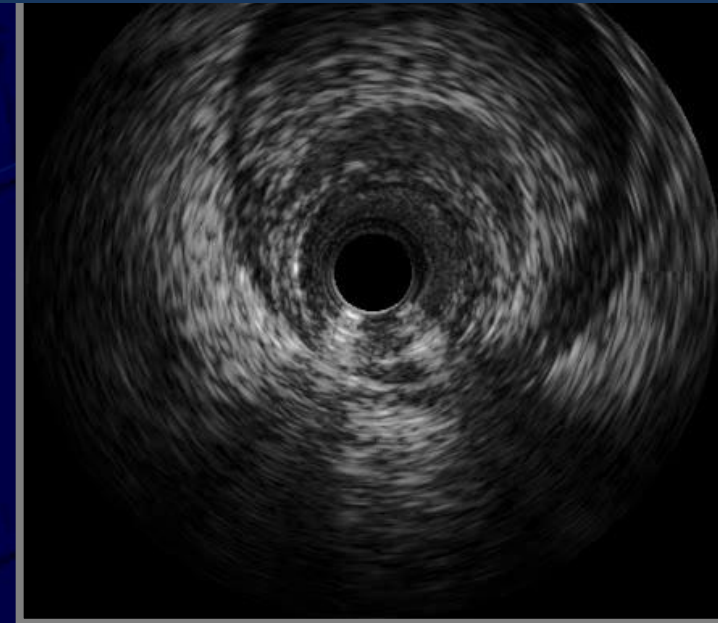
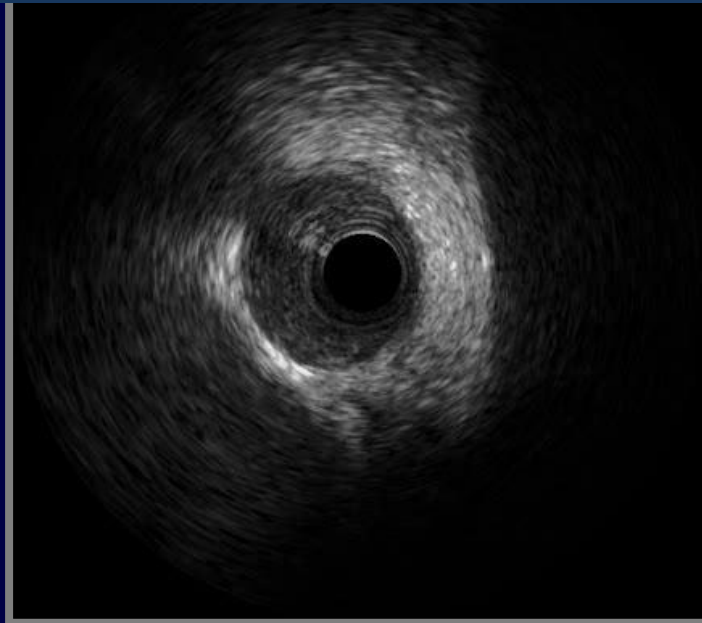
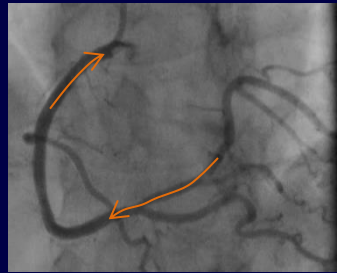
Case 1



- IVUS imaging

From PL to mid RCA

From mid-RCA to ostium



Shan **ital**

Case 1



- Clinical Progress

- Improvement after conservative treatment
 - Clopidogrel
 - Atorvastatin
- Clinic follow-up
 - No chest pain or distress after discharge

RCA-CTA @ 4m follow-up: Normal

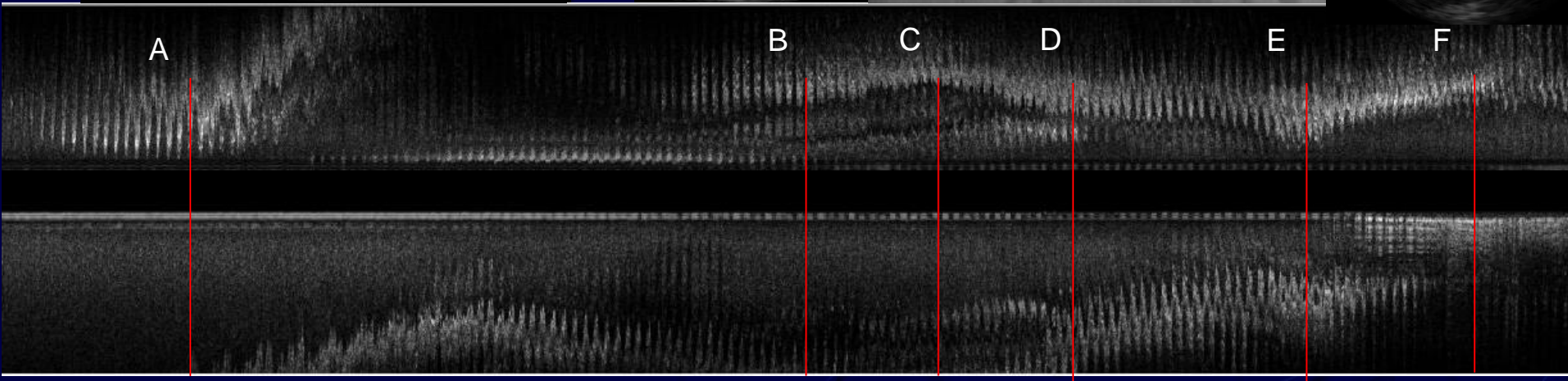
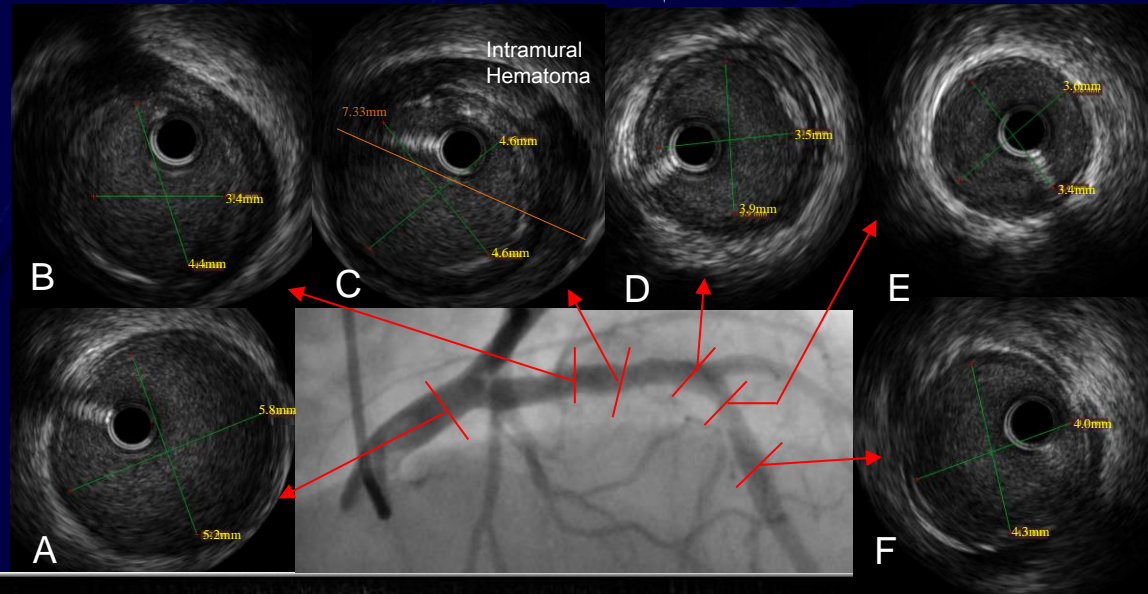
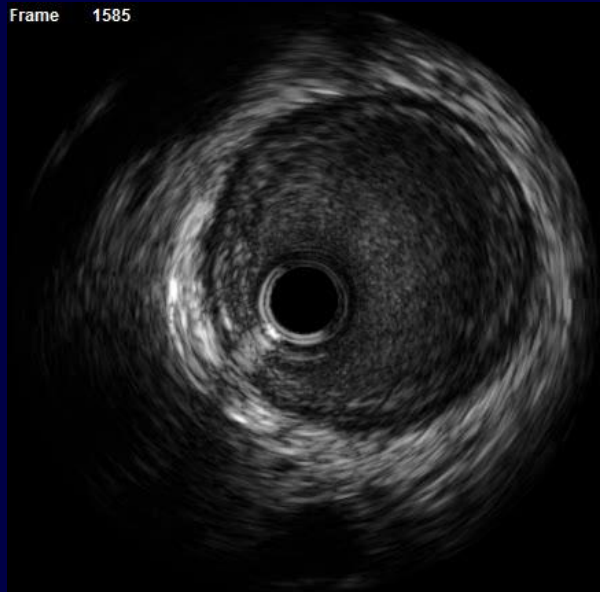


Case 2



- IVUS imaging

66 y/o, F; NSTEMI; ECG: ischemia in anterior lead

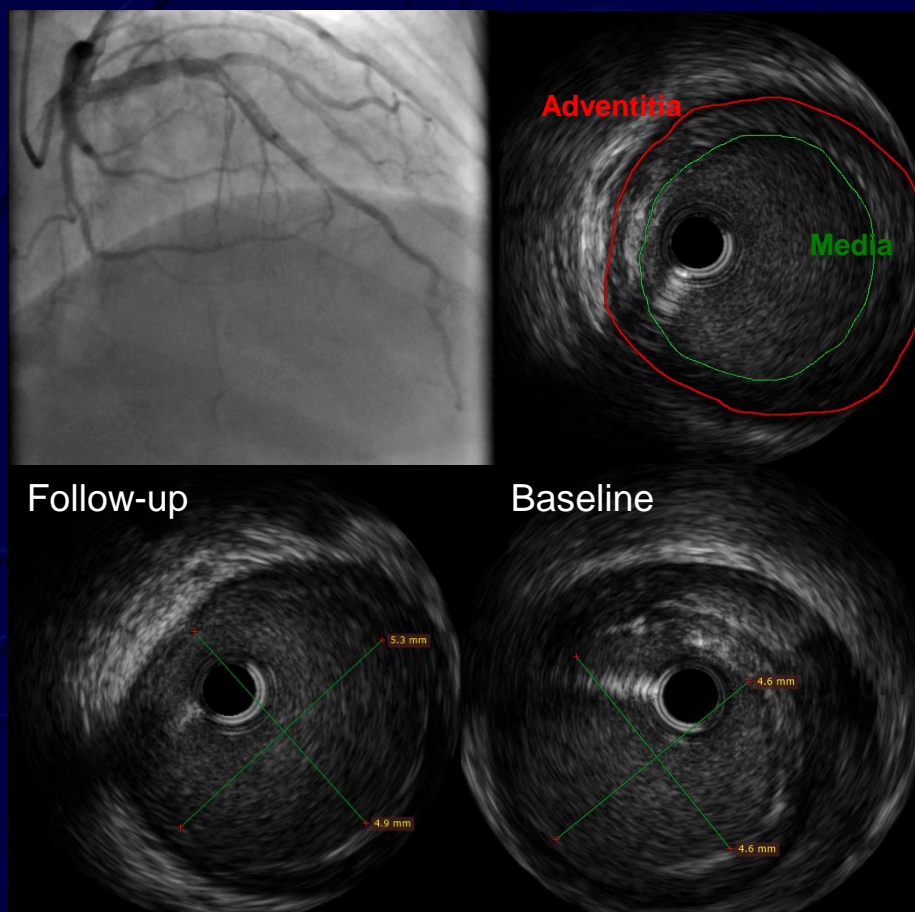
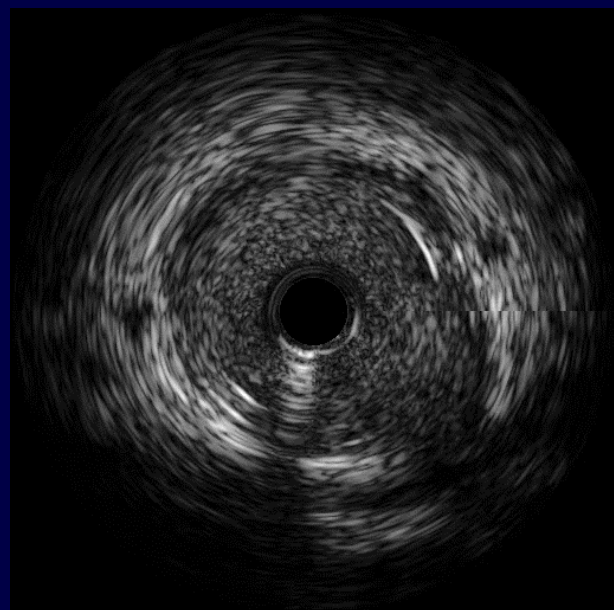


Case 2



- Follow-up CAG & IVUS @ 4months

No chest pain or chest distress





Take home message

- More frequent in **woman** ACS.
- Variety of angiographic images of SCAD makes it underestimated.
So when clinic statement hint the possibility of SCAD, **be careful** and remember to use **intravascular imaging**.
- When patient was haemodynamically stable, **conservative therapy** may be the best choice.
- In total, less is better!