

Near Mortality Due to LMCA Dissection Extending into LAD , LCX and Ascending Aorta

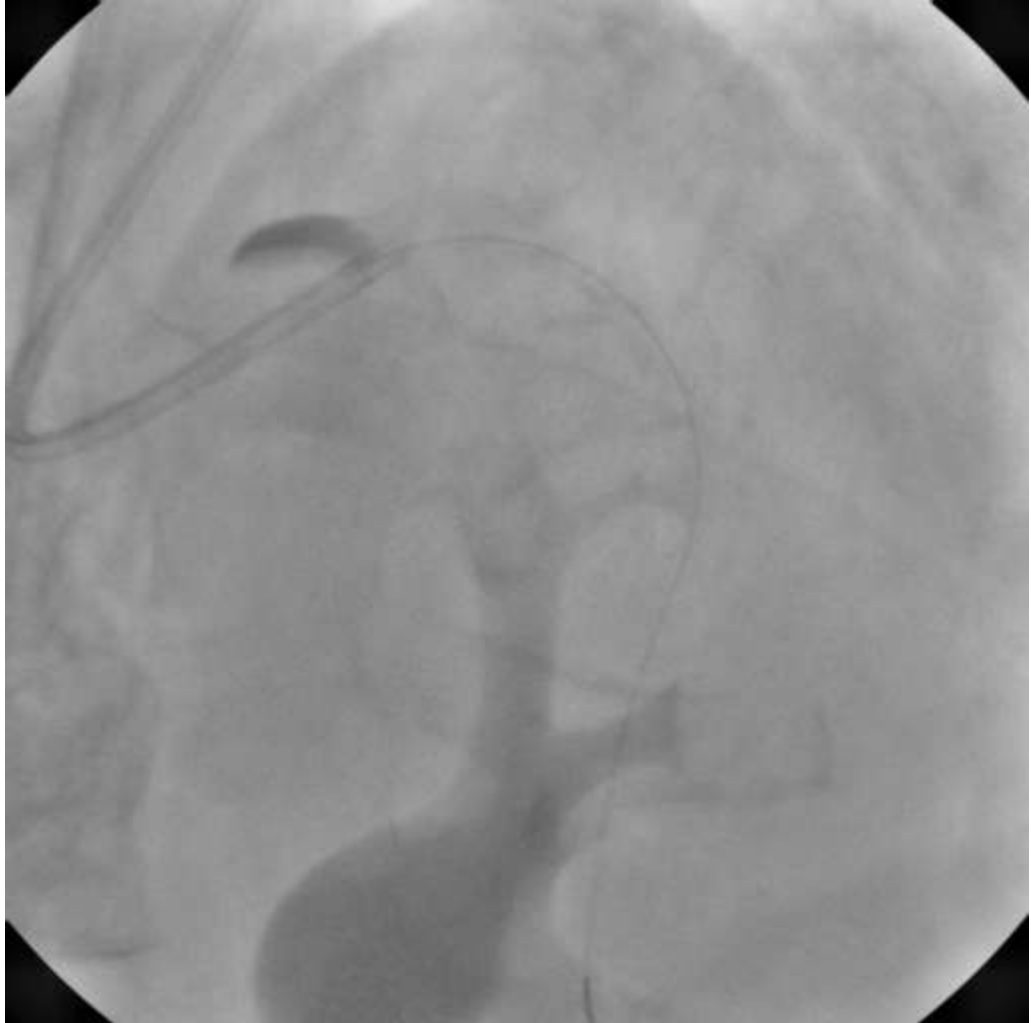
Dr Uday B Khanolkar
Apollo Victor Hospital
Goa, India

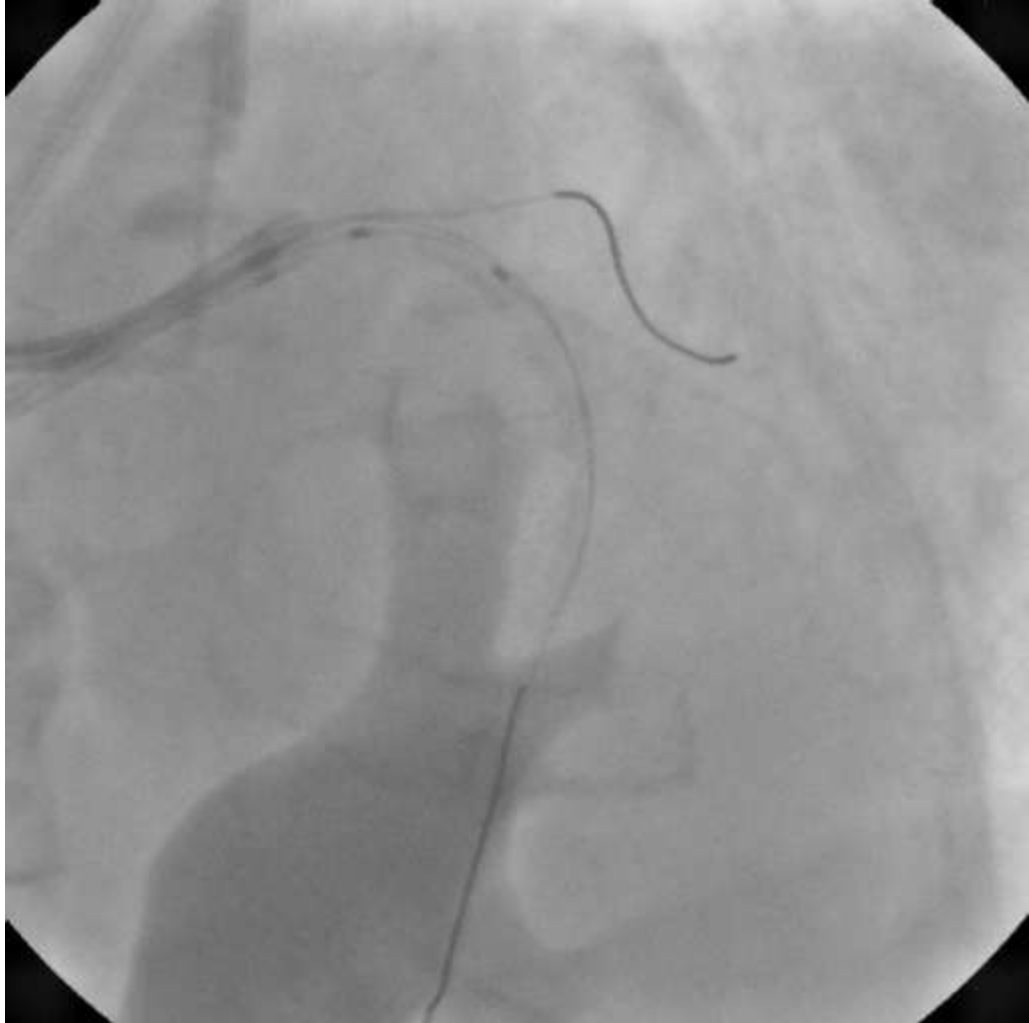
- 71 yrs old Nondiabetic Hypertensive lady presented with frequent rest angina since 5 days.
- No symptoms of LVF
- HR- 84/mnt BP- 124/80 mmHg
- No S3, No basal creps

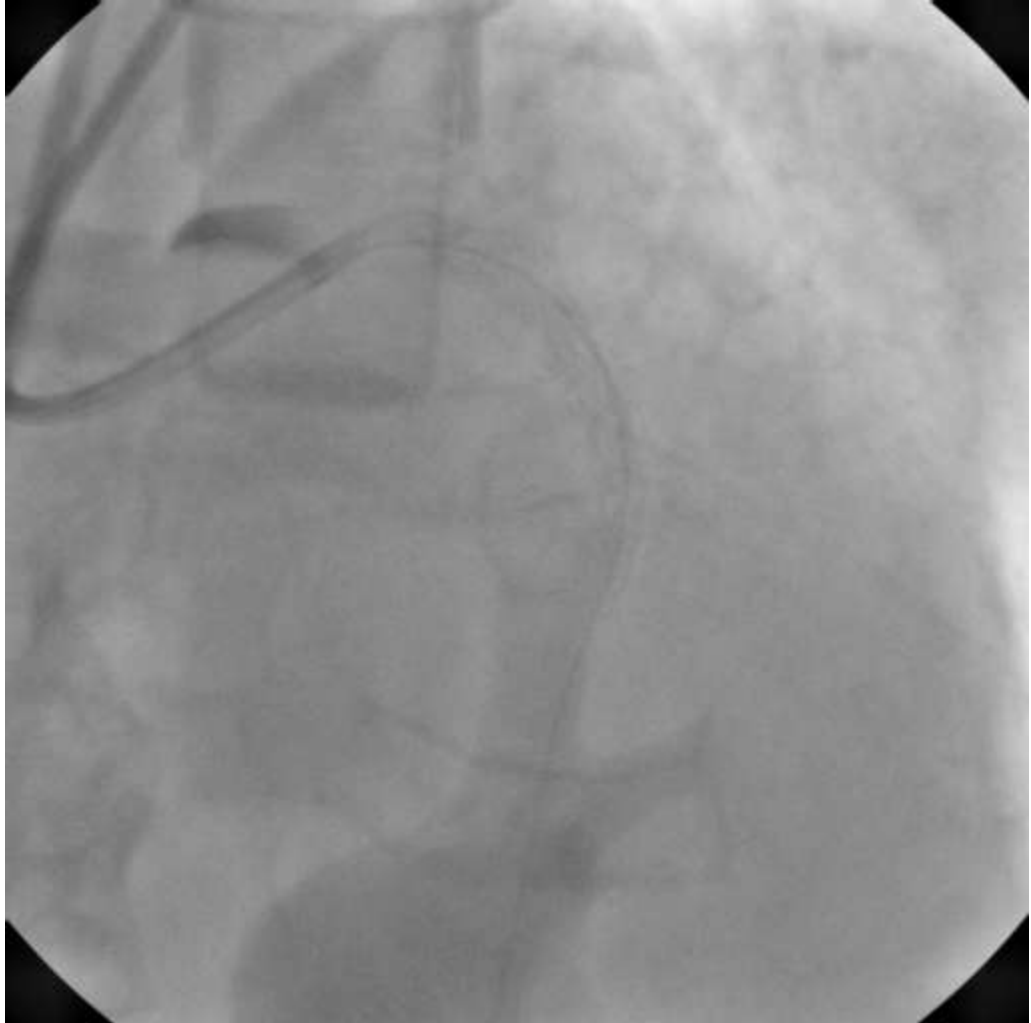
- Serum creatinine 1.4mg%.
- Troponin T positive.
- ECG revealed 2-4mm ST segment depression in leads I, AVL and V2-V6.
- 2D echocardiography revealed normal Left Ventricular function
- Diagnosis - NSTEMI Anterior wall

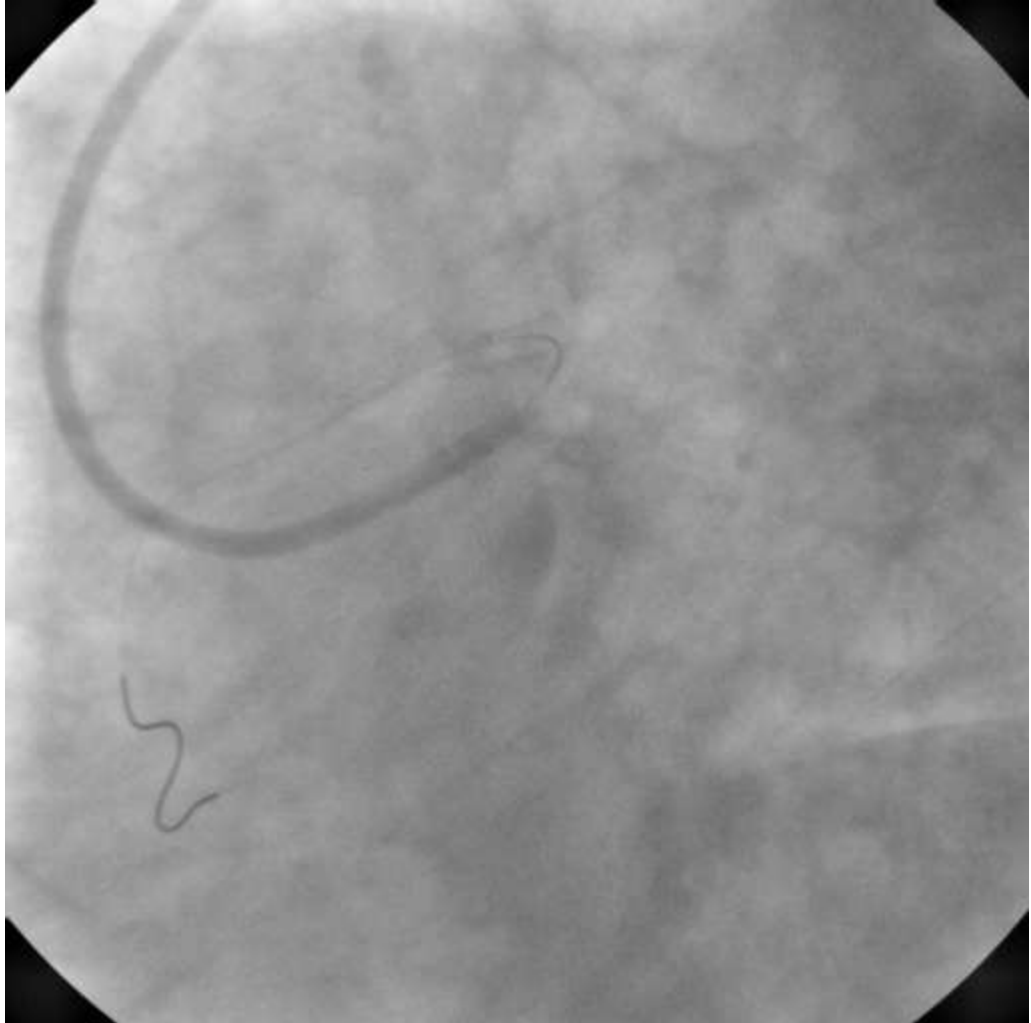


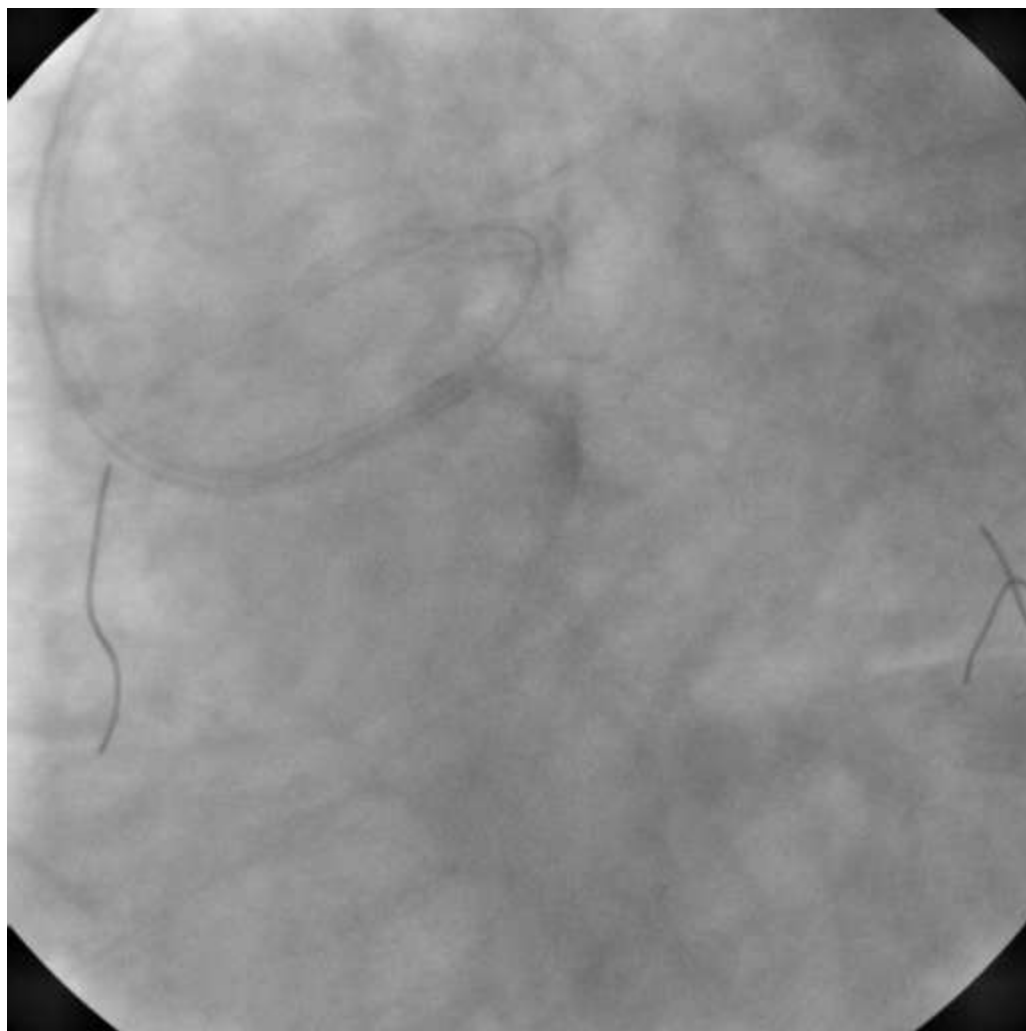














64 SLICE CT ANGIOGRAPHY





- A Nightmarish dissection of Unprotected Left main Coronary artery was successfully treated by:
- Additional guiding catheter to cannulate the true lumen of the coronary artery
- Multiple stenting of Unprotected Left main Coronary artery by T-Stent technique
- Absence of subsequent progress of dissection or aneurysm of the aorta documented by 64 Slice CT Angiography performed after 8 months