

A Case of Coronary Rupture
due to Dilatation of Lotus Root Appearance Lesion?

**Katsuaki Asano, Satoru Otsuji,
Shin Takiuchi, Yorihiro Higashino**

**Department of Cardiology
Higashi Takarazuka Satoh Hospital**

(Case) 70-year-old man

(Coronary Risk Factor) HT, DM, DL

(History of Present Illness)

The patient presented with worsening exertional dyspnea from one year ago.

Furthermore, it had occurred at rest and he was admitted to our hospital.

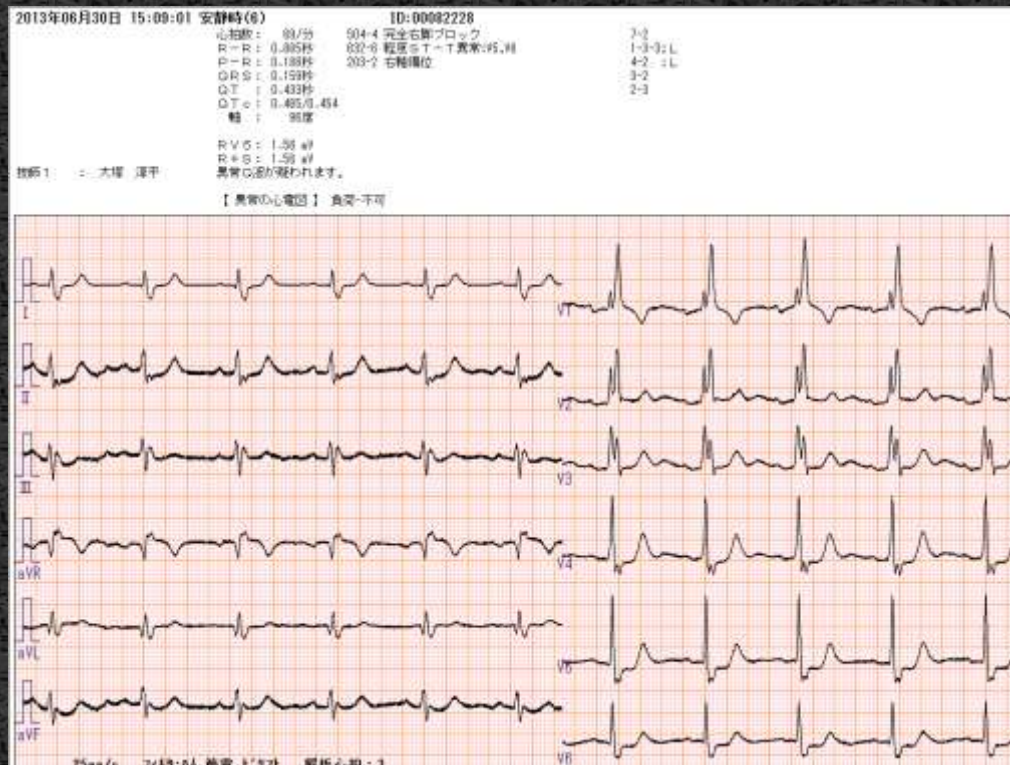
(Physical Examination)

Height 162cm, BW 62kg,
BP 118/70mmHg, HR 64bpm,
Heart; no murmur, Lung; normal vesicular sounds

(Laboratory Tests)

WBC 13500/ $\mu\ell$, RBC $427 \times 10^4/\mu\ell$, Hb 13.1g/dl, Ht 38.7%,
Plt $18.5 \times 10^4/\mu\ell$, CRP 0.23mg/dl,
AST 33 IU/l, ALT 17 IU/l, **CK 288 IU/l, CK-MB 27 IU/l,**
Cardiac troponin T (+), H-FABP (+),
BUN 24.8mg/dl, Cr 1.03mg/dl, eGFR 55.4ml/min,
BS 227mg/dl, HbA1c 6.9%,
LDL/HDL/TG 132/42/121 mg/dl

(ECG)



(Chest X-ray)

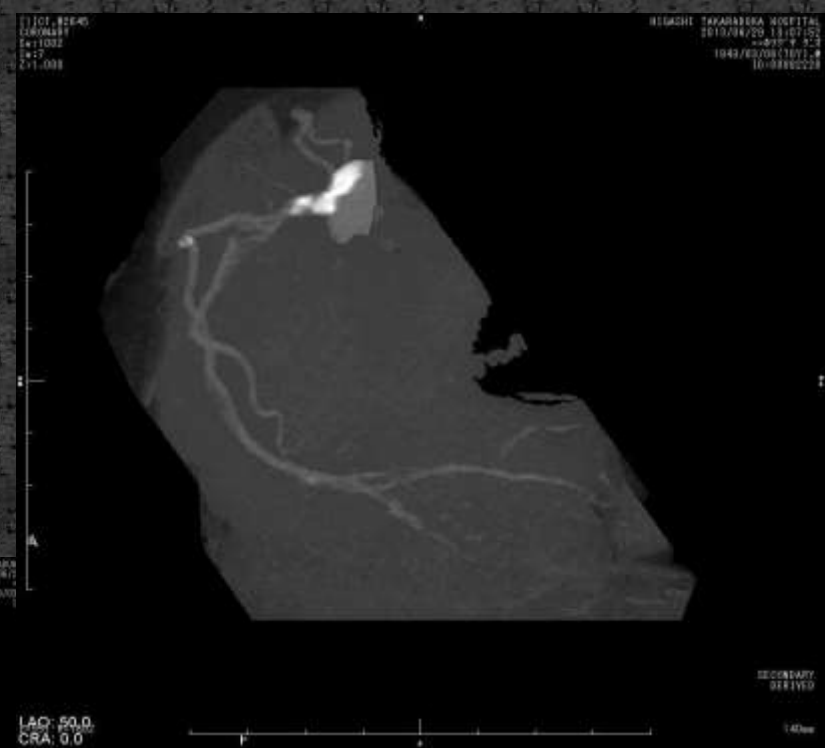


CTR 50.9 %

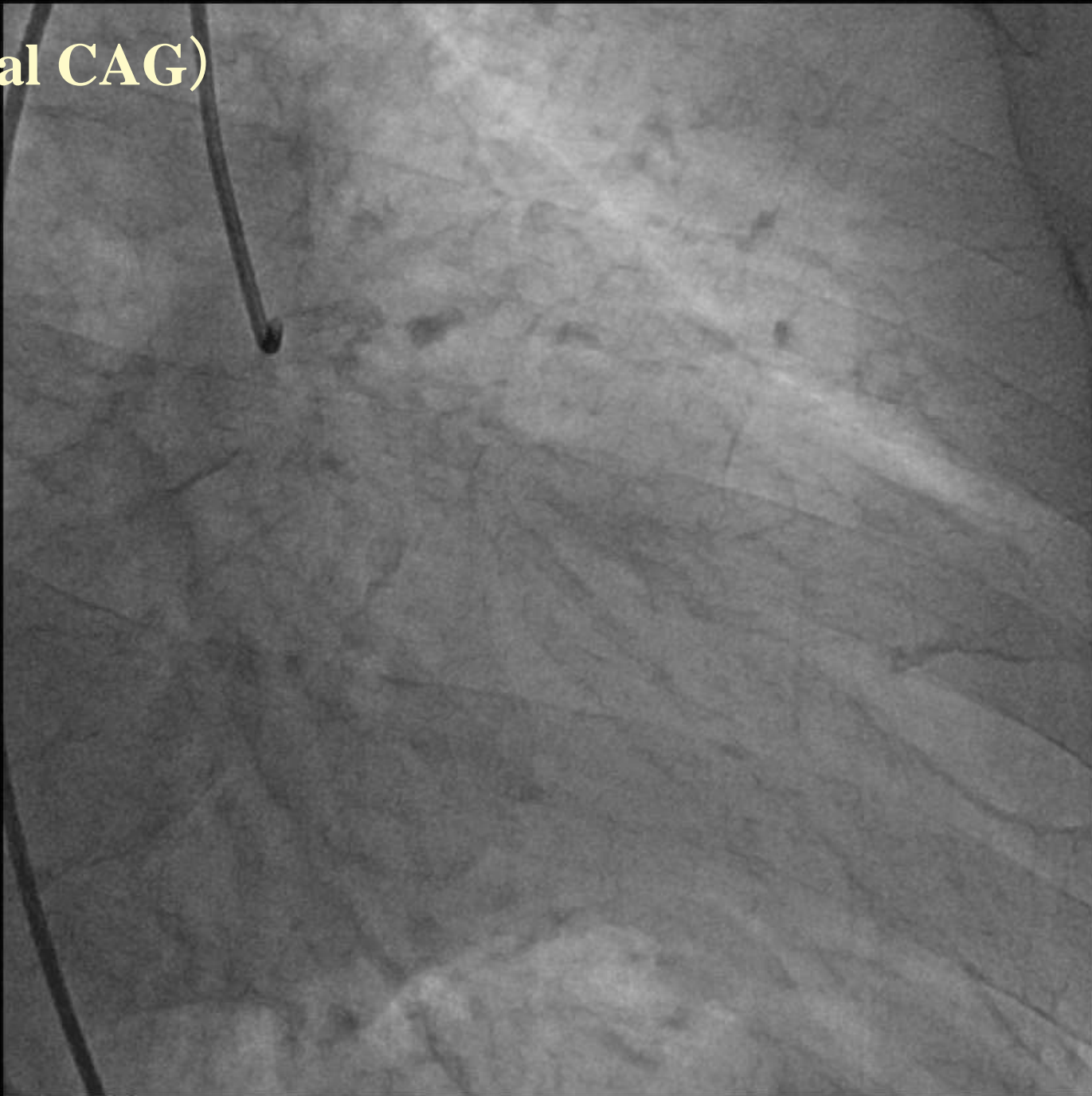
(Echocardiography)

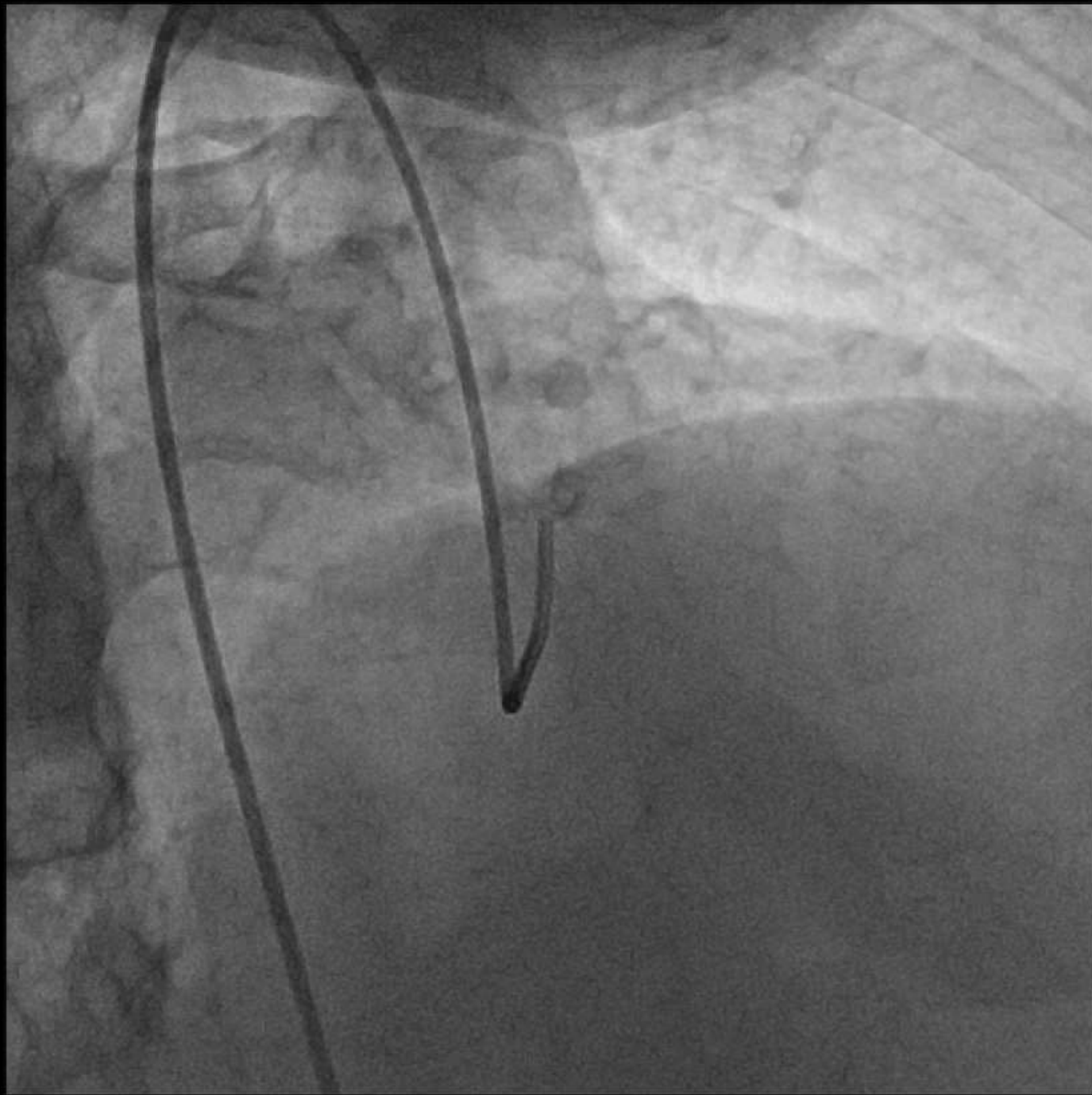
LV almost no asynergy,
LVDd/Ds 45/26mm, EF 73%,
MR trivial

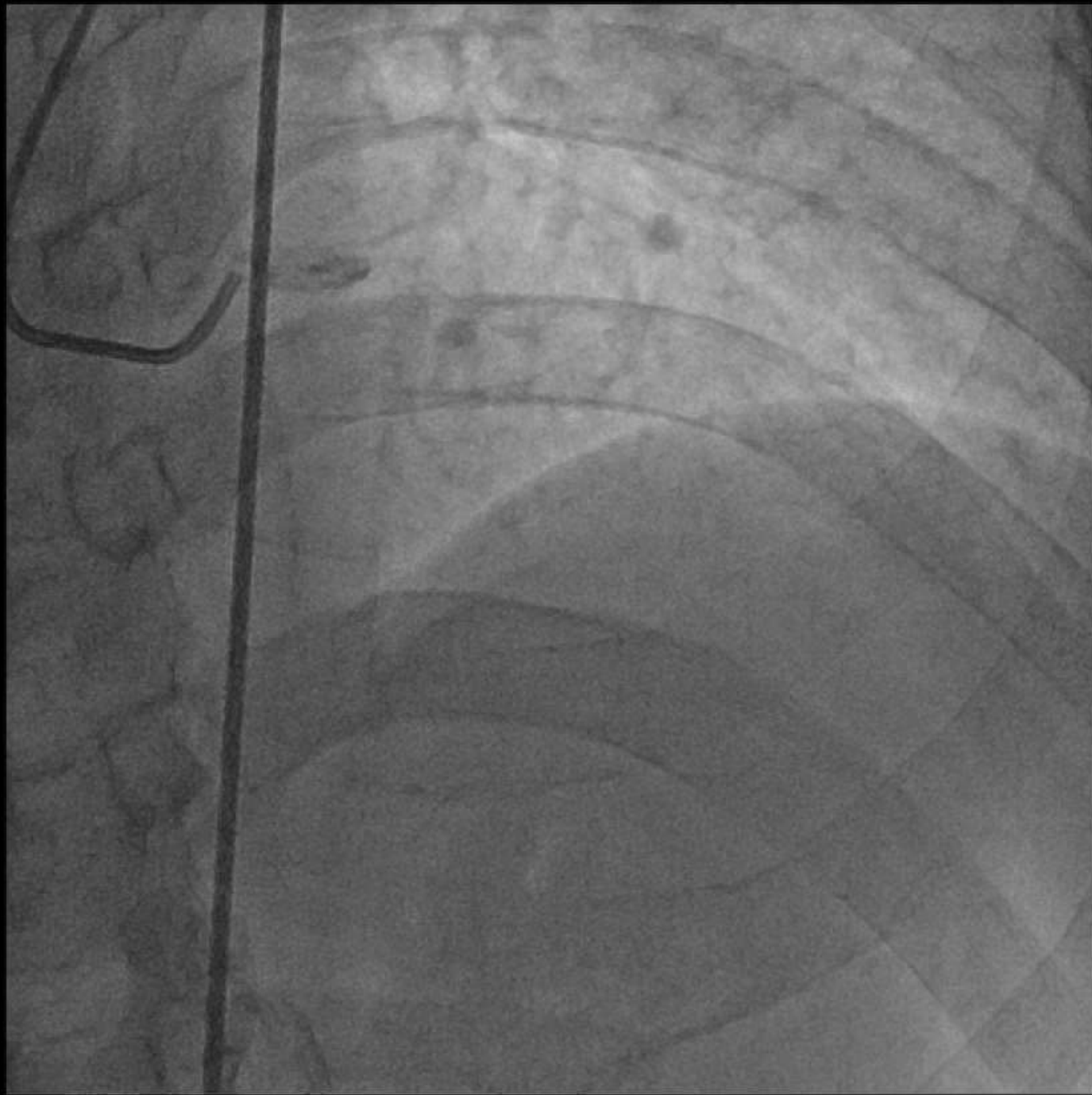
(Coronary CTA)

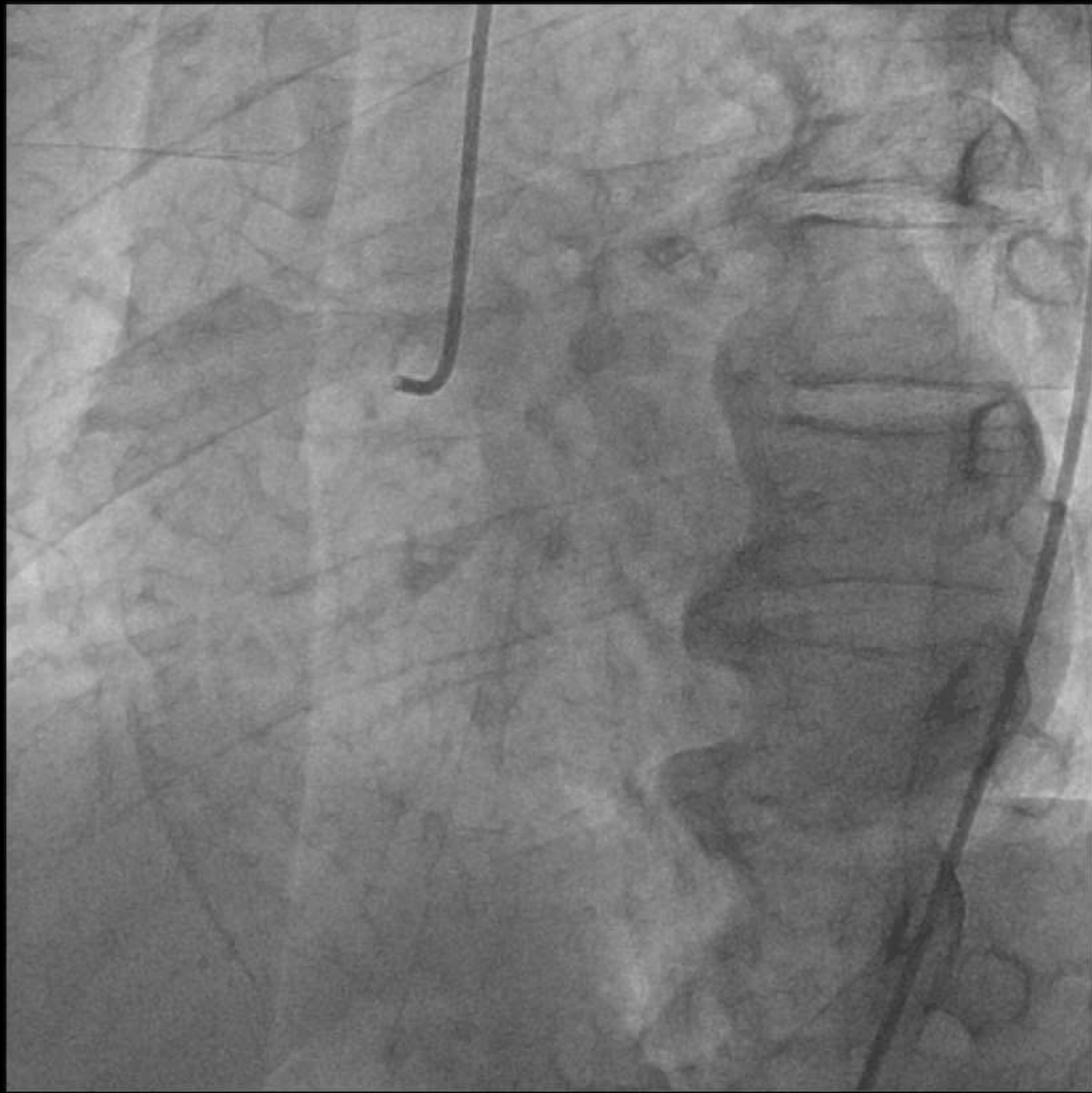


(Initial CAG)



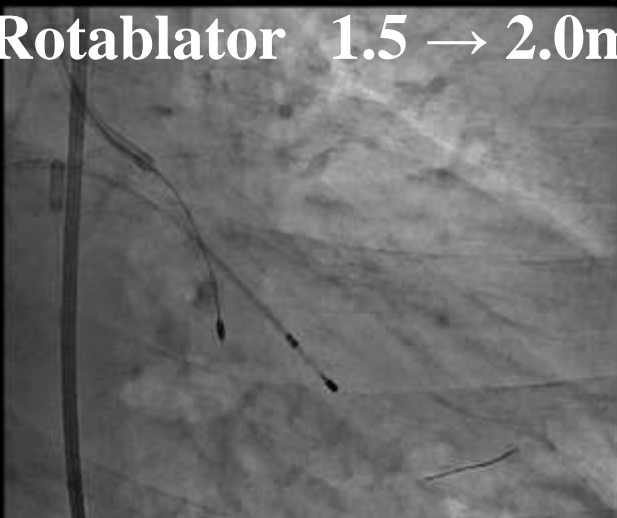




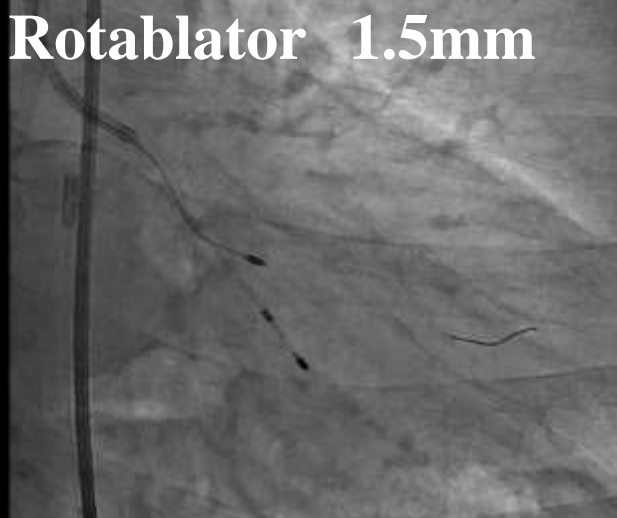


(PCI for LCX)

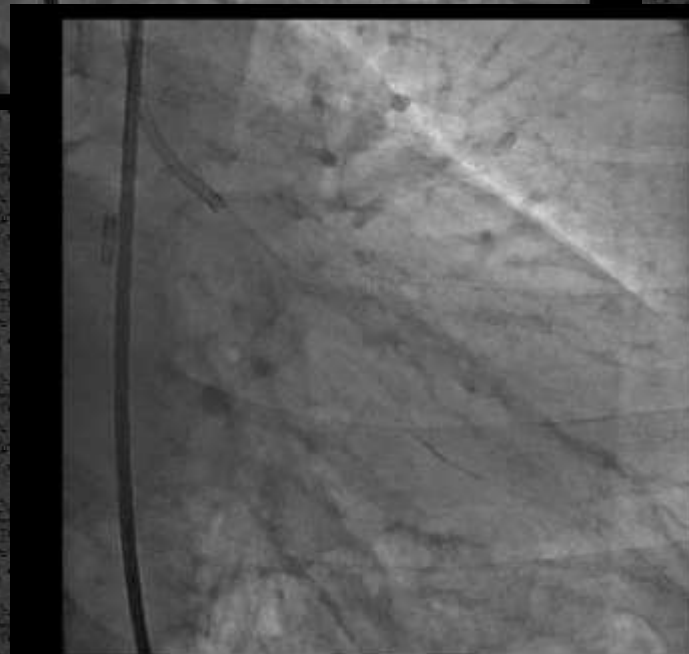
Rotablator 1.5 → 2.0mm



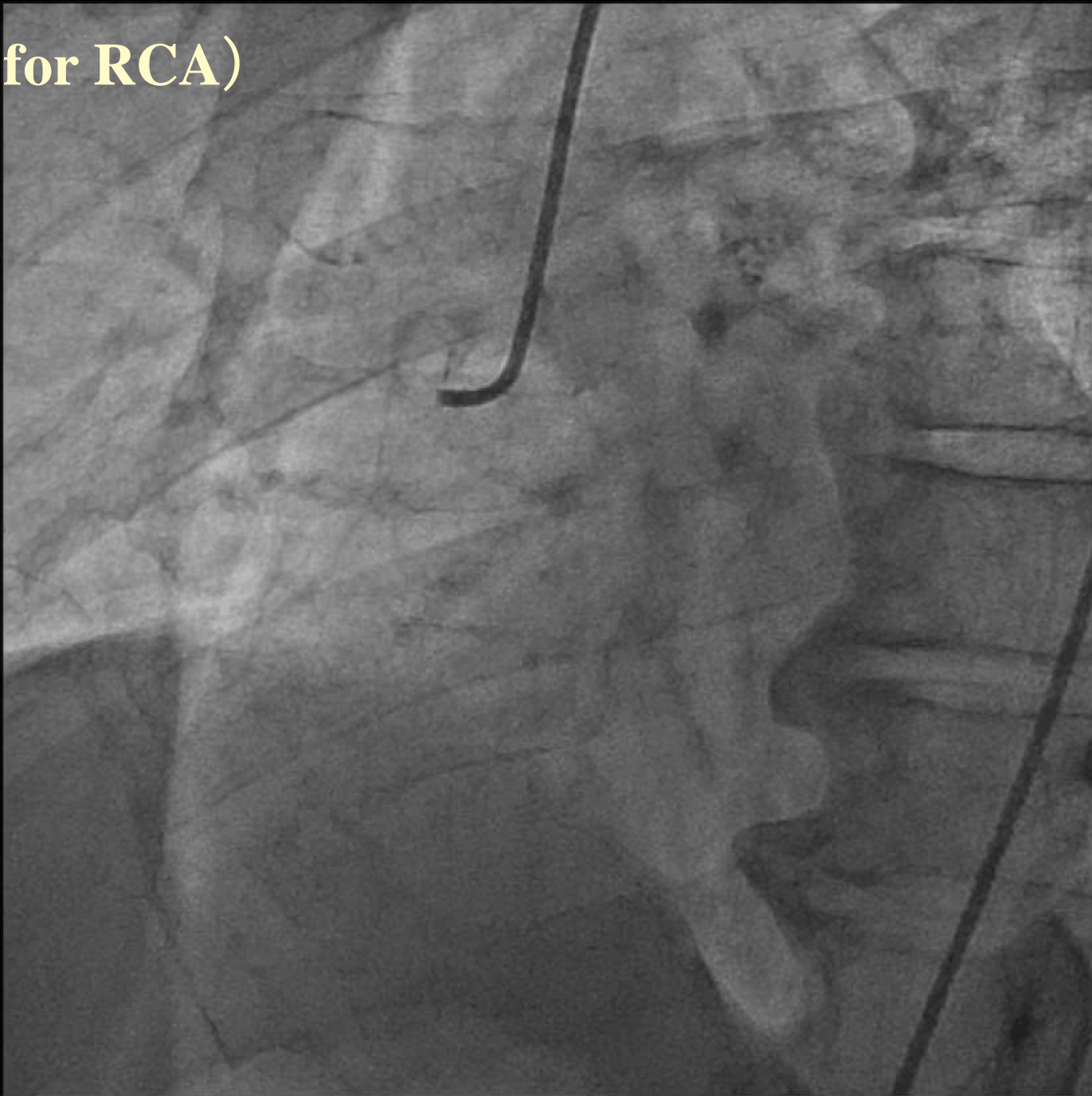
Rotablator 1.5mm



Resolute Integrity 3.0/26mm



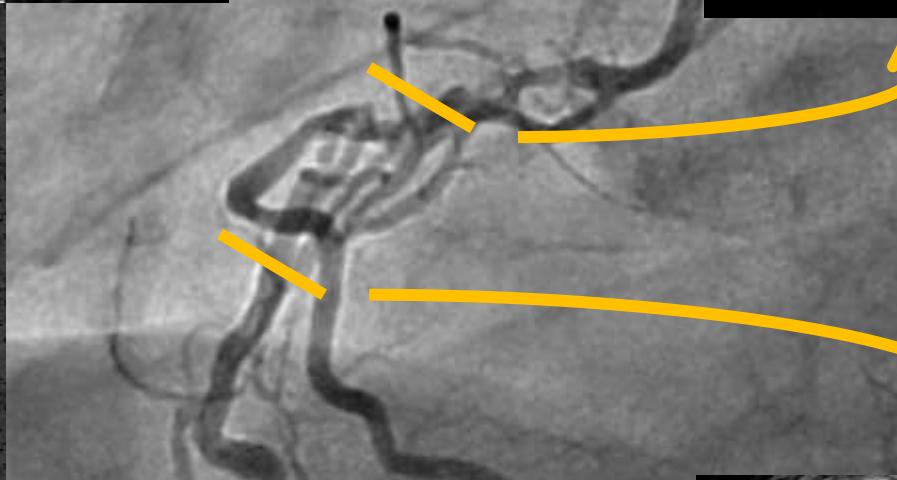
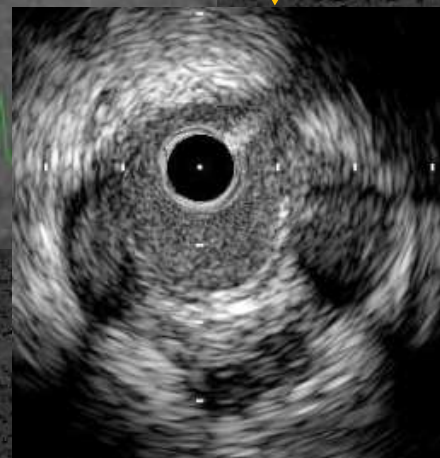
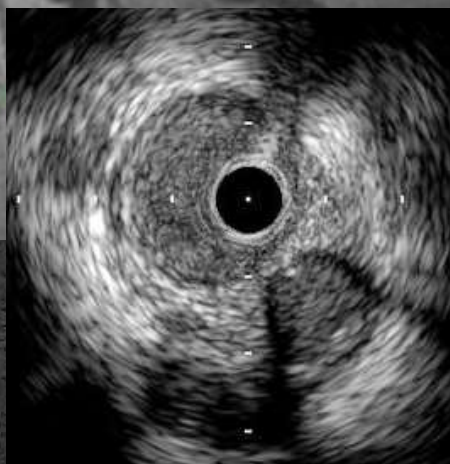
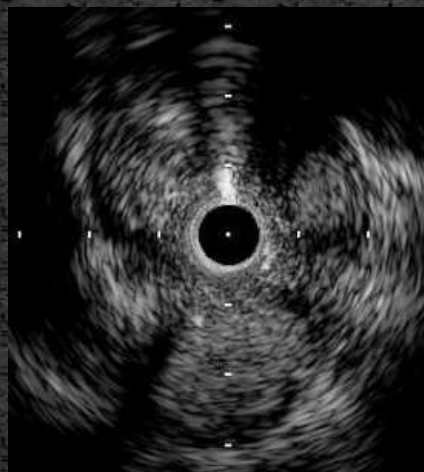
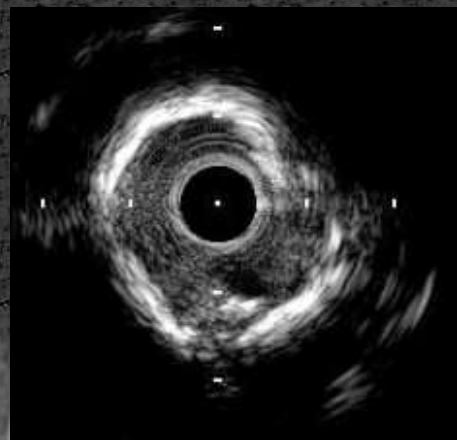
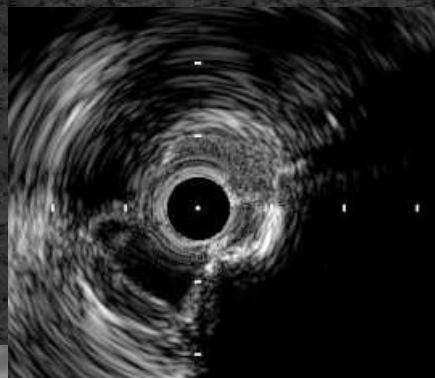
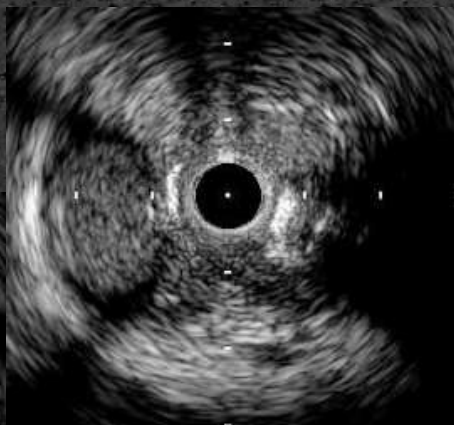
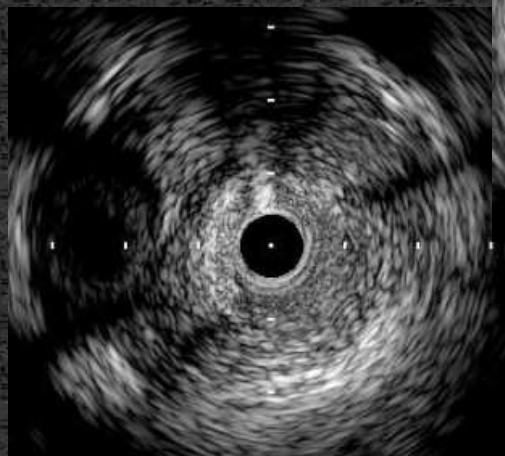
(PCI for RCA)

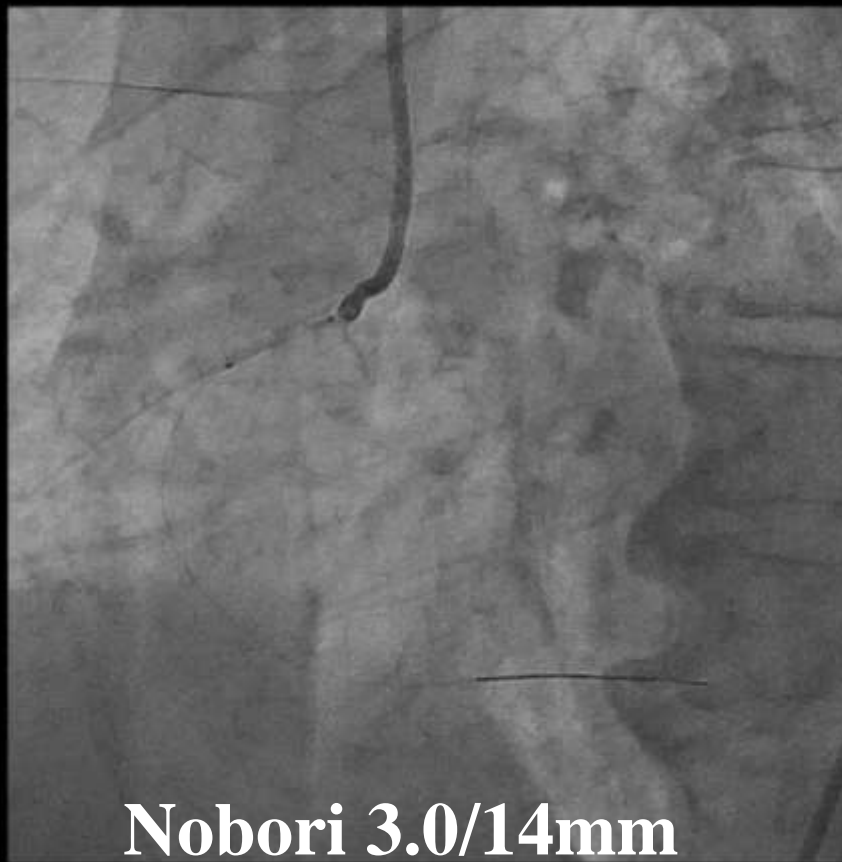




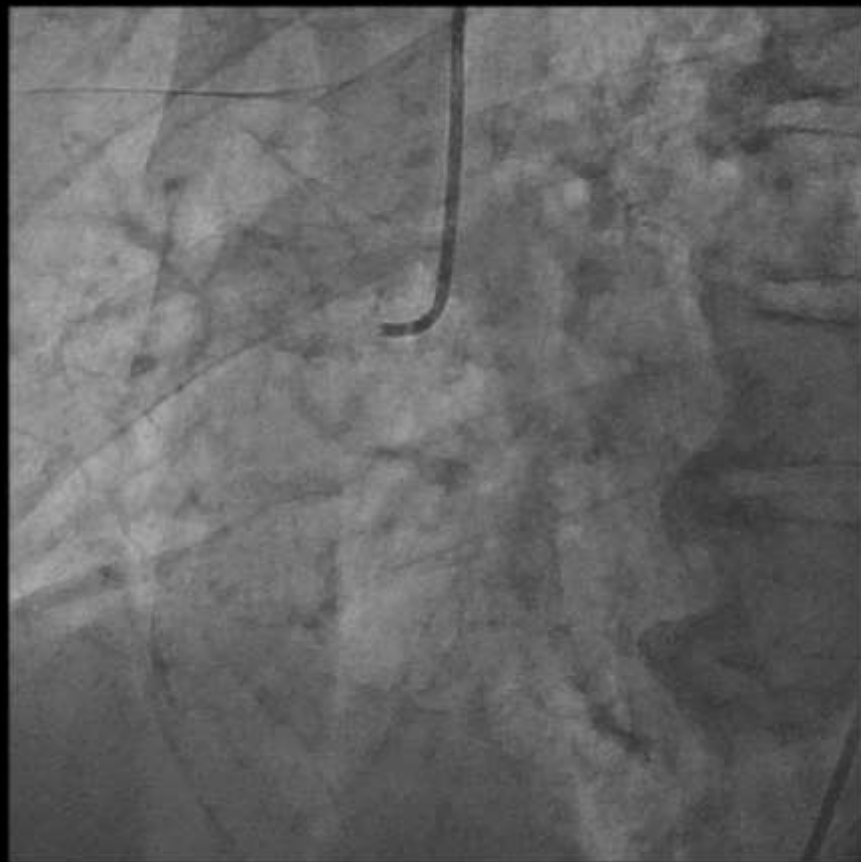
1mm







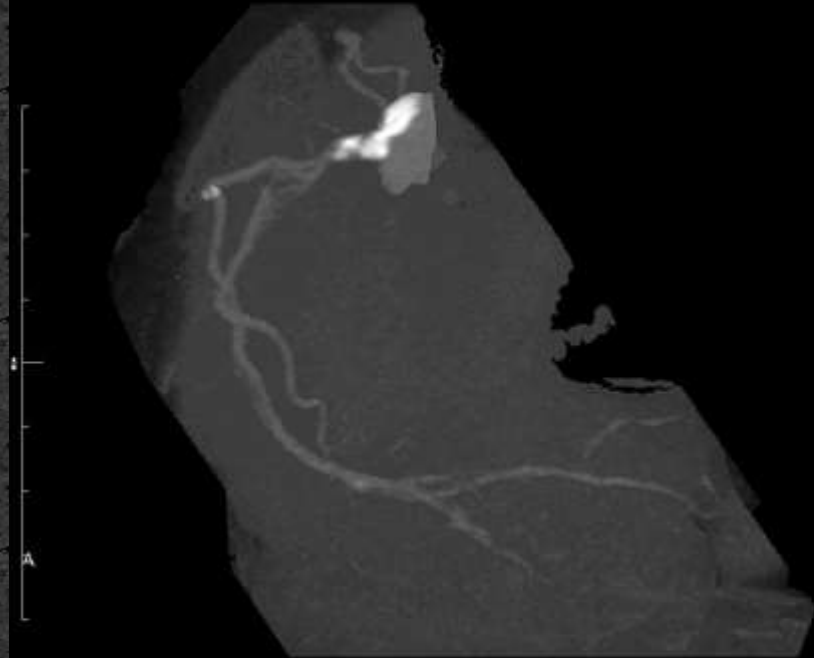
Nobori 3.0/14mm



(Coronary CT)

11]CT.82645
CORONARY
Ser1002
Ac7
Z11.008

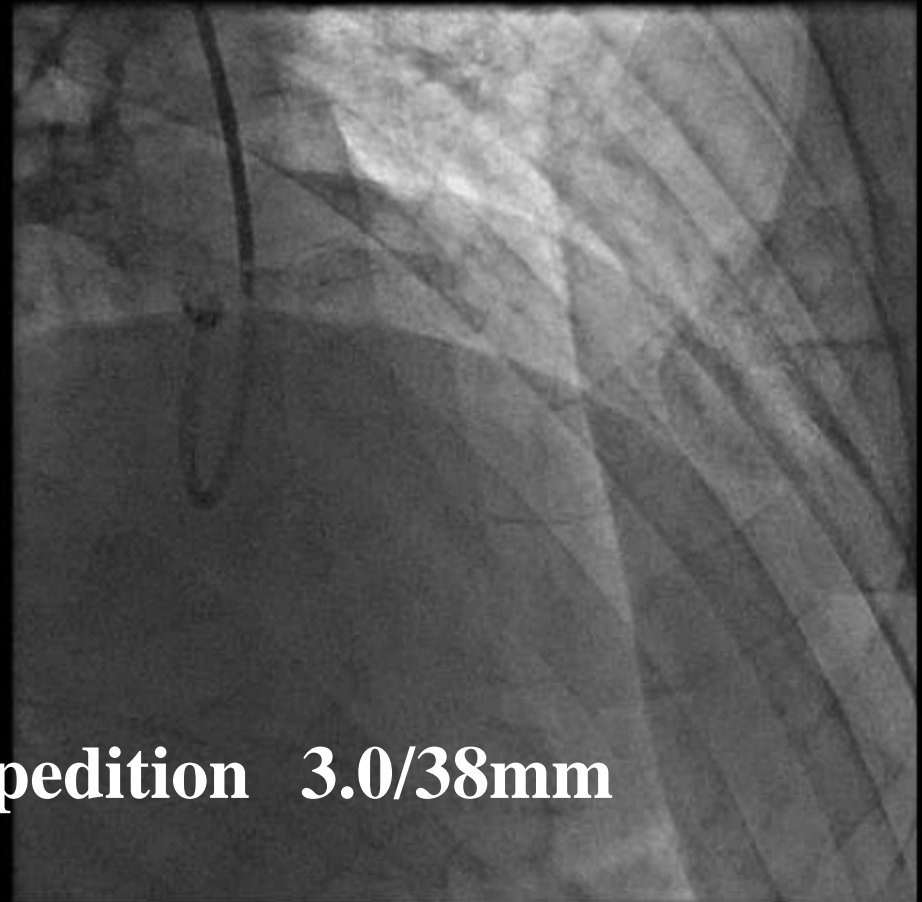
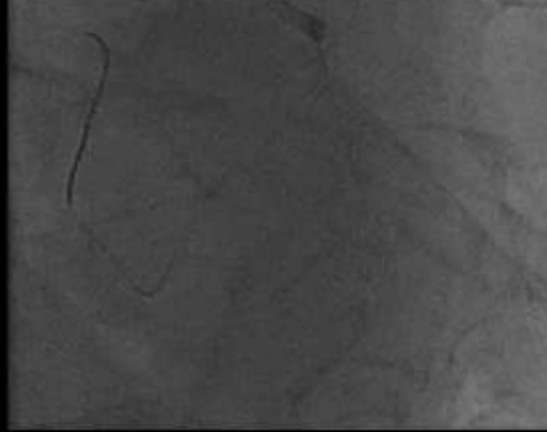
HIROSHI TAKAHASHI HOSPITAL
2013/06/20 13:07:52
6589977 7-1
1949/03/08 (CT004) *
10:300E2228



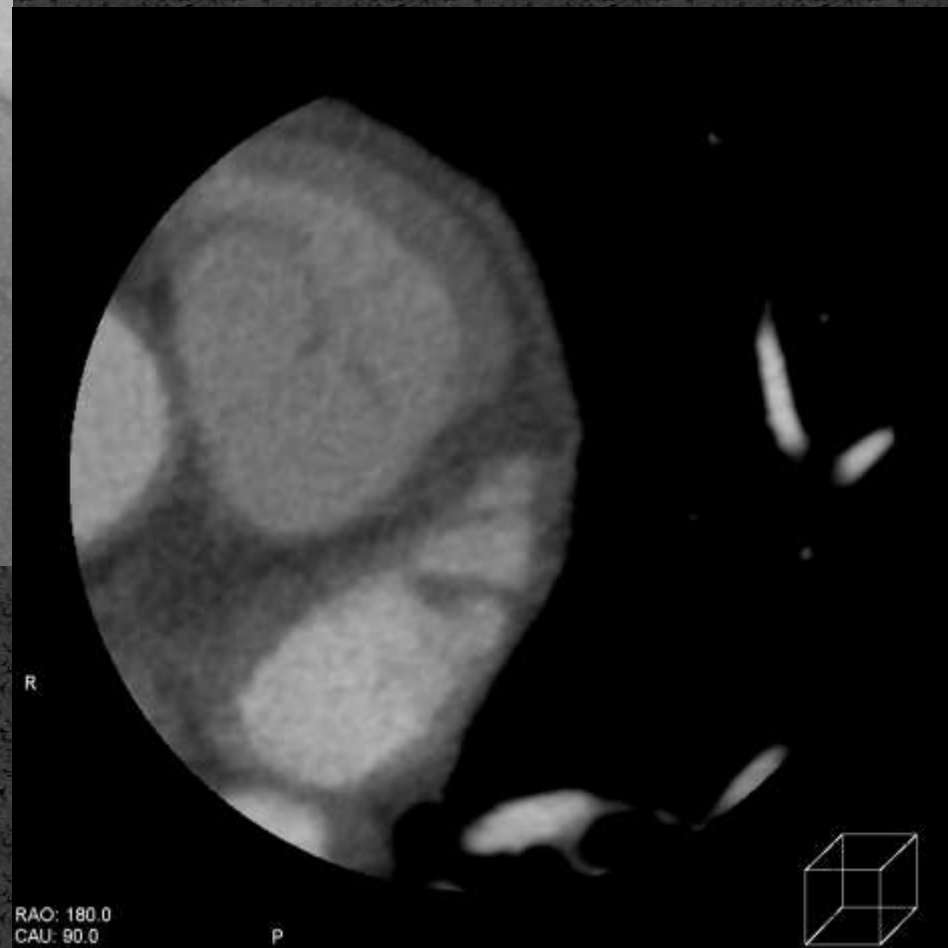
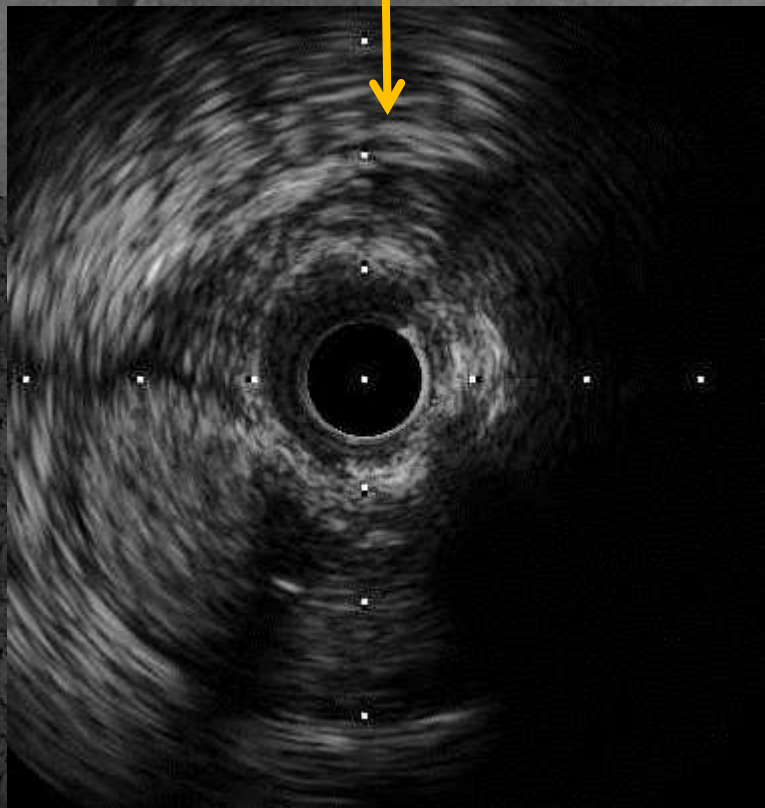
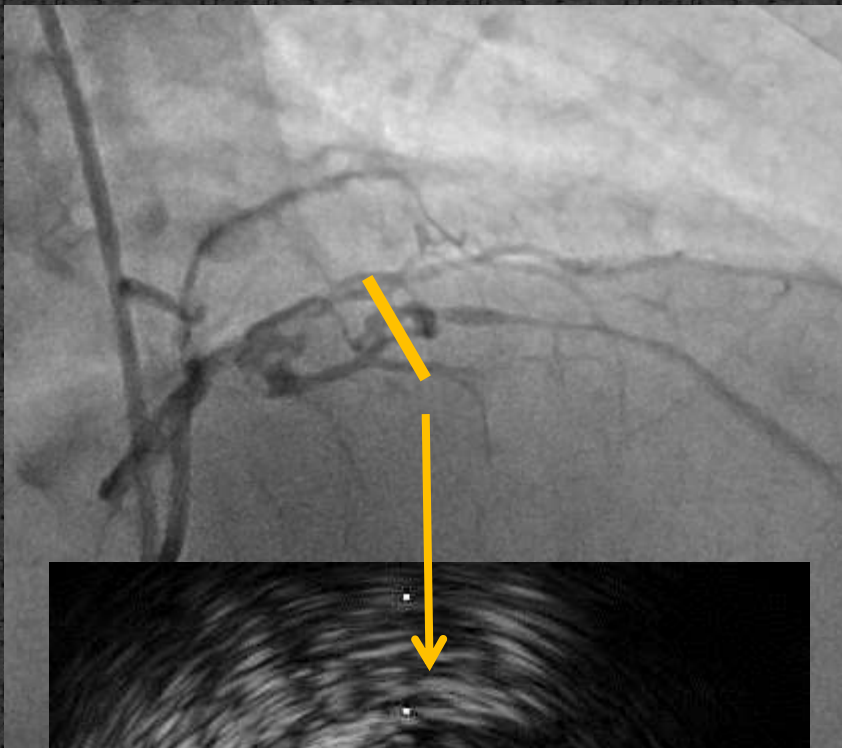
LAO: 50.0
CRA: 0.0



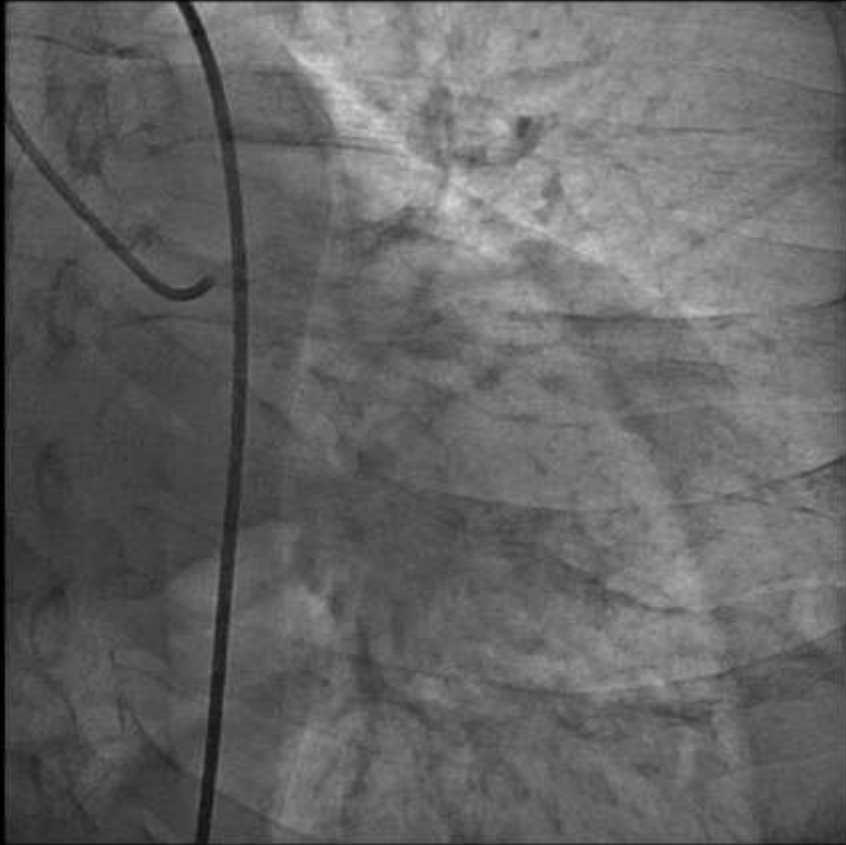
(PCI for LAD)

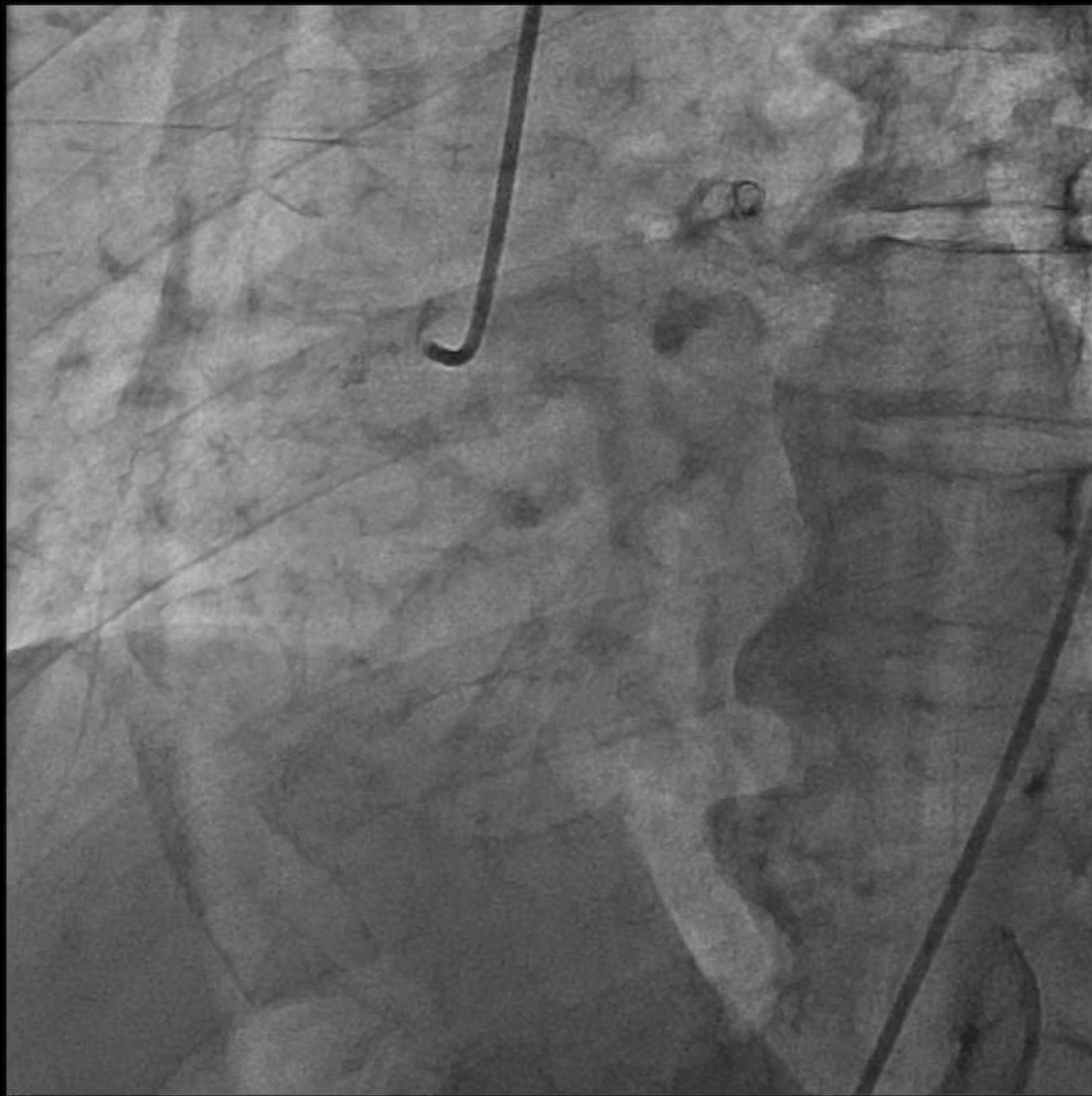


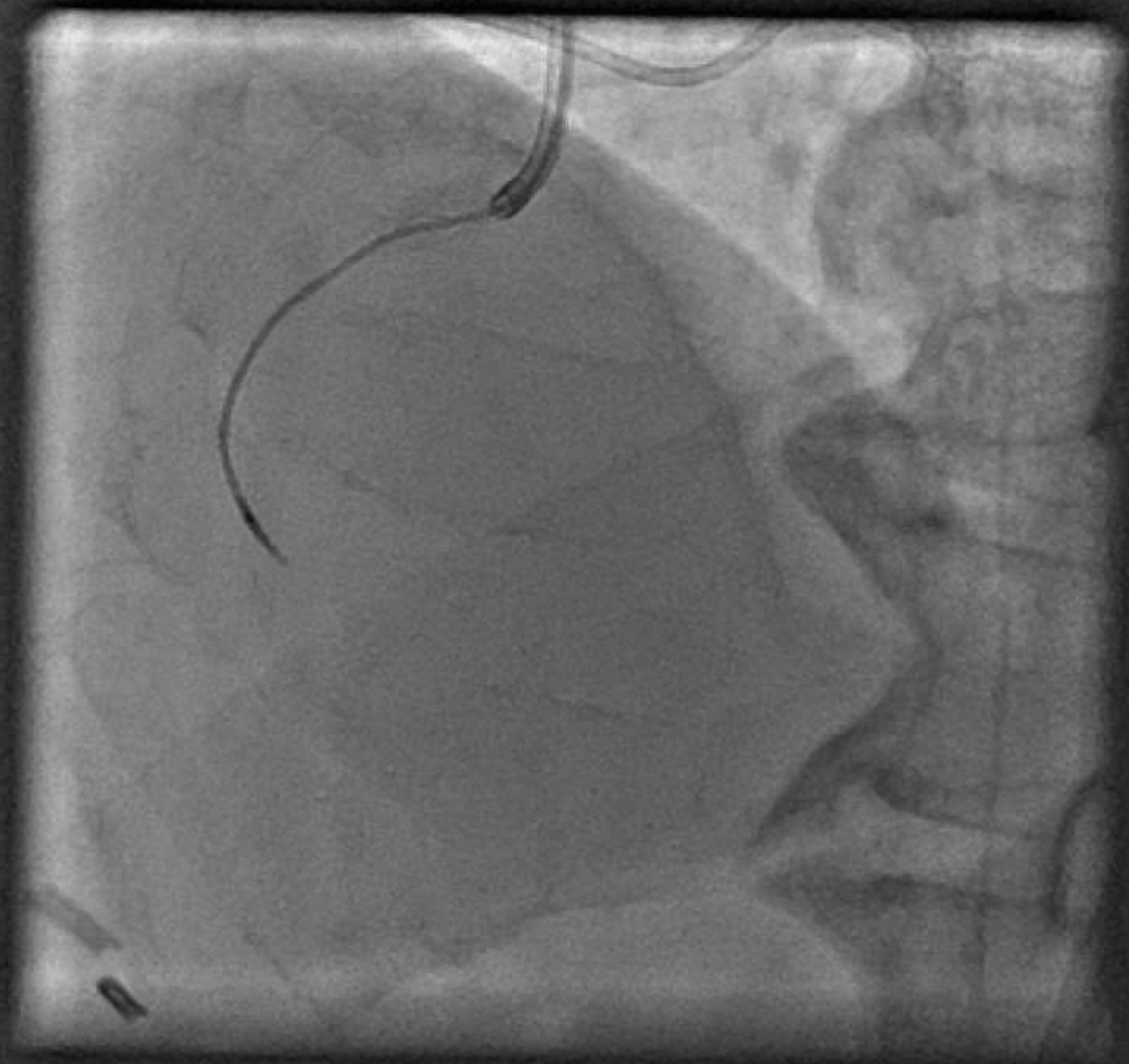
Xience Xpedition 3.0/38mm

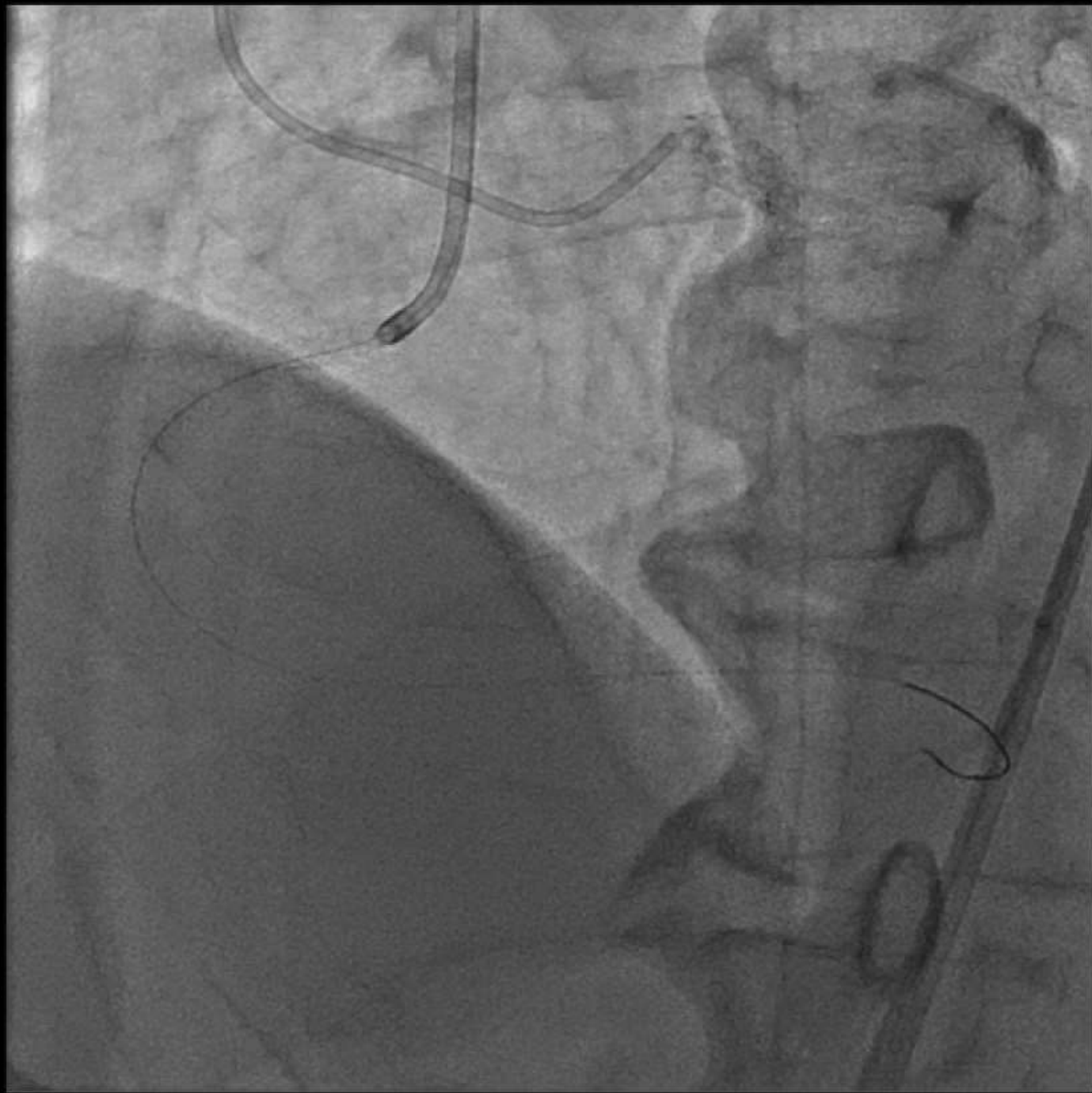


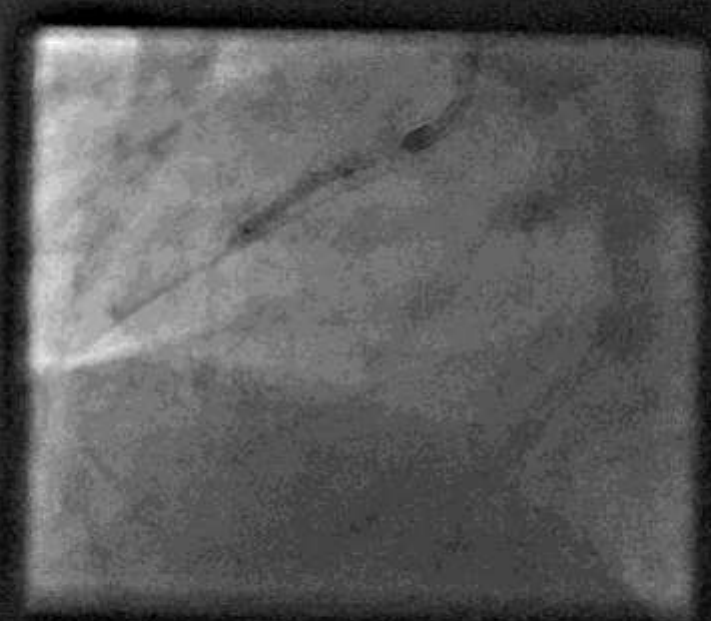
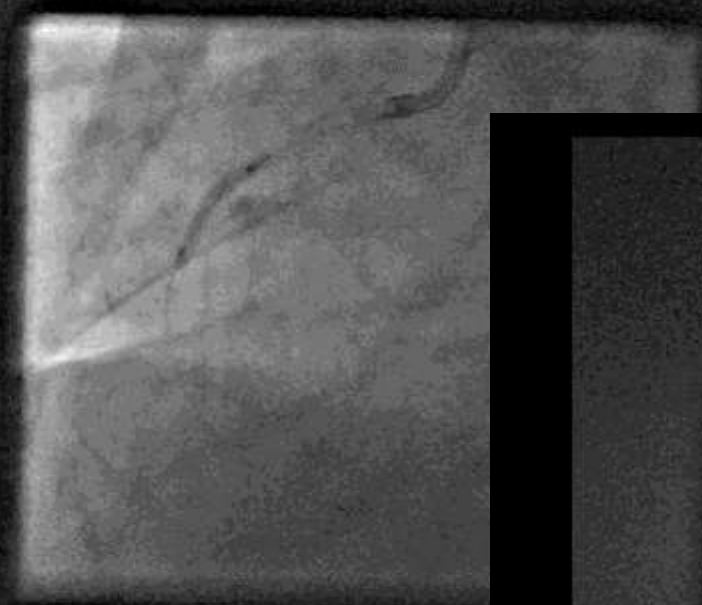
(Follow CAG)



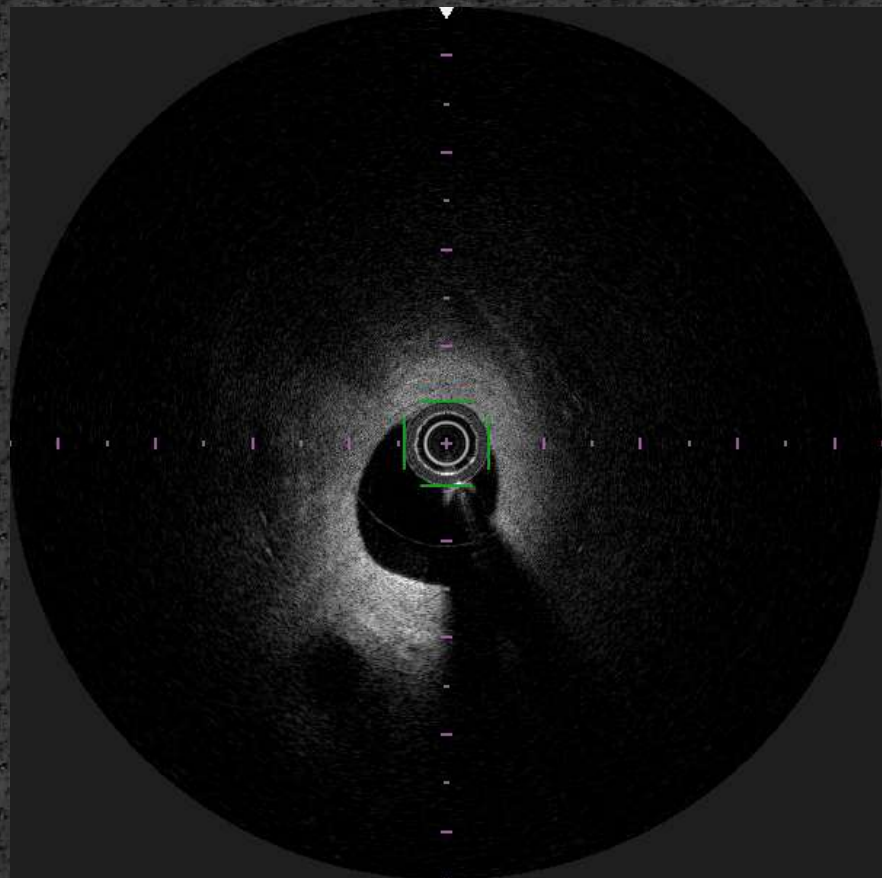




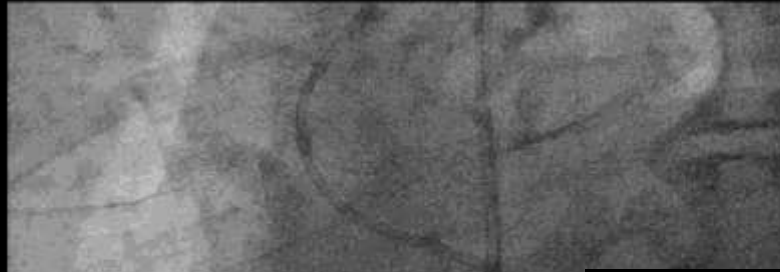




POBA 2.0/15mm

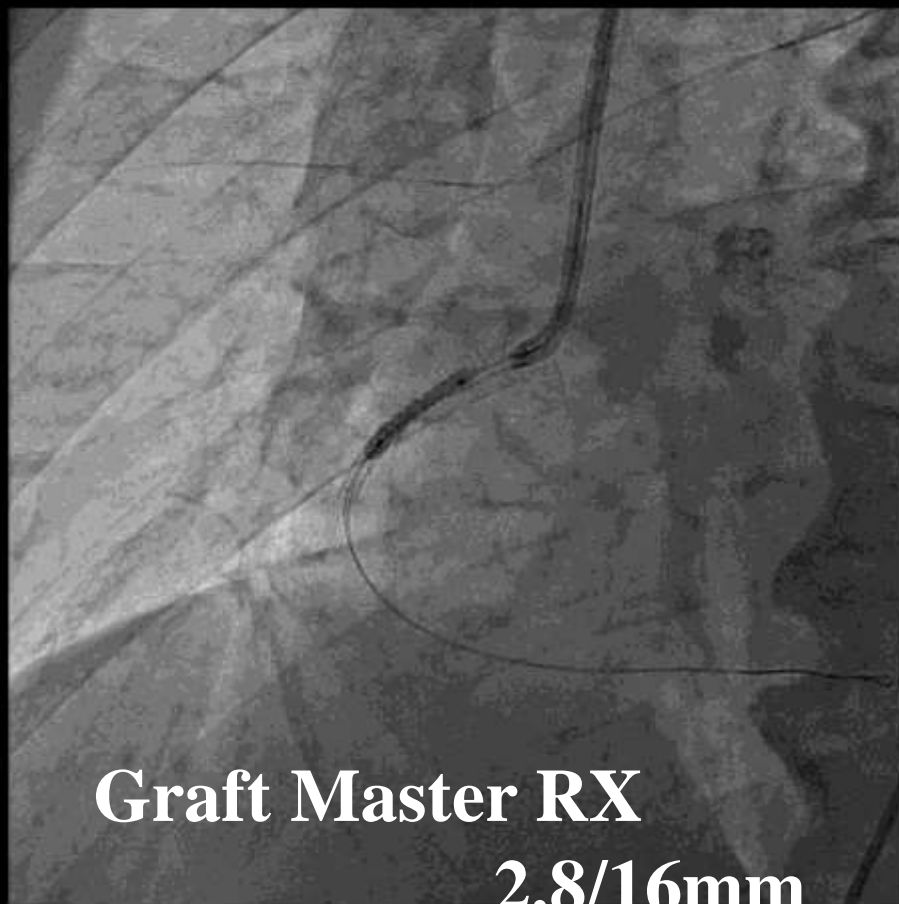


NSE 2.75/13mm





Graft Master RX
2.8/16mm



Graft Master RX
2.8/16mm



Discussion

- ✓ There was the lesion which was thought occluded giant coronary aneurysm with severe calcification at proximal site of each coronary artery. We thought the patient developed coronary artery disease due to Kawasaki disease.

Discussion

- ✓ In a immunohistological study of Kawasaki disease, it was reported that overexpression of vascular growth factors was observed at well-developed recanalized vessels in the occluded aneurysms and numerous vasa vasorum in the adventitia. And some of vasa vasorum were observed to be connected with recanalized vessels. (Suzuki A. et al, Circulation. 2000; 101: 2935-41)
- ✓ It might be thought that a part of the multiple channels was bridging lesion and coronary rupture occurred.

Conclusions

- ✓ We performed PCI for lotus root like lesion, however, coronary rupture occurred.
- ✓ A part of the multiple channels might be bridging lesion.