

Catheter induced persistent left main coronary spasm

Kataterle Baęlı İnatçı Sol Ana Koroner Arter Spazmi

Adnan Burak Akçay¹, Fatih Karakaş¹, Eyüp Büyükkaya¹, Ramazan Davran²

¹Mustafa Kemal Üniversitesi Tıp Fakültesi Kardiyoloji Ana Bilim Dalı, Hatay

²Mustafa Kemal Üniversitesi Tıp Fakültesi Radyoloji Ana Bilim Dalı, Hatay

Yazışma adresi: Adnan Burak AKÇAY, Mustafa Kemal Üniversitesi Tıp Fakültesi Kardiyoloji Ana Bilim Dalı, Hatay, Tlf: 03262455114 fax: 03262455305 Mail: dreyupbuyukkaya@hotmail.com

Geliş tarihi / Received: 26.03.2012

Kabul tarihi / Accepted: 21.06.2012

Fifty one year old female patient was taken into the catheter laboratory for coronary angiography with the diagnosis of typical angina pectoris (CCS Class 2). A 6F JL4 Judkins catheter was placed into the left coronary artery. Immediately after sitting into the left main artery, damping in the pressure tracing was seen and catheter was removed from left main coronary artery (Figure 1). There was a 90% stenosis in the left coronary artery ostium which was seen in the non selectively taken image. LAD and Cx were seemed to be normal. 200 micrograms of nitroglycerin was non selectively administered for the possibility of left coronary artery spasm. 5F JL4 catheter was placed into the left coronary system very delicately. Because damping in the pressure recording recurred, catheter was removed. After administrating 200 micrograms of nitroglycerin a 5F JL4 catheter with two side holes was placed delicately. The procedure was terminated because of the pressure damping and chest pain. RCA was seen to be normal. After taken into the coronary unit, beta blocker therapy was switched to calcium channel blocker therapy and 24 hours of intravenous nitroglycerine infusion was administered. A multislice CT was planned to evaluate the suspected lesion in the left main coronary ostium. In the MSCT was reported that left main coronary ostium was normal and patient was treated medically (Figure 2). The patients with left main coronary lesions are the most risky patients in terms of complication. Therefore, pressure damping should be evaluated immediately after placing into the left coronary system. Damping is entity which is often seen in patients with severe left coronary lesions. Another finding suggestive of severe left main lesion is that no reflux of radiocontrast agent into the aorta is seen. In patients with no other obstructive lesions in the other coronary vessels before preceding to the diagnosis of "isolated coronary ostial lesion", the possibility of catheter induced coronary spasm should be evaluated. This spasm can persist, as occurred in our case, even after recurrent nitroglycerin administration and attempts for placing into the left system with delicate maneuvers and smaller catheters. Multislice CT should be kept in mind to evaluate the left coronary ostium in these group of patients. MSCT is an assisting imaging modality for diagnosis in these group of patients (1,2).

Keywords: Coronary spasm, multislice CT

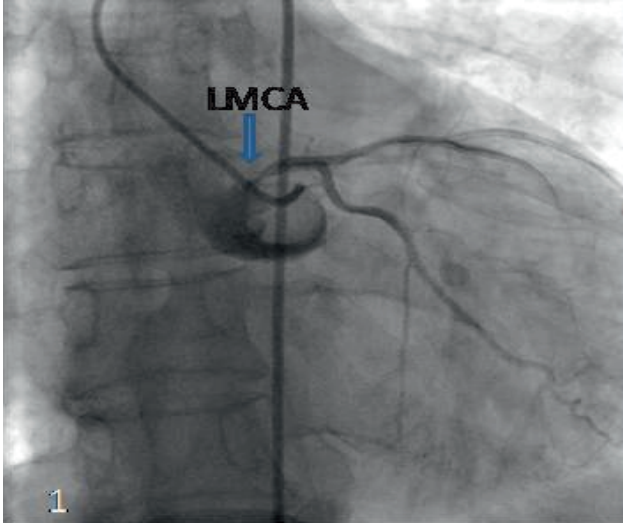


Figure 1: Ostial 90% stenosis in LMCA in the nonselective anteroposterior view

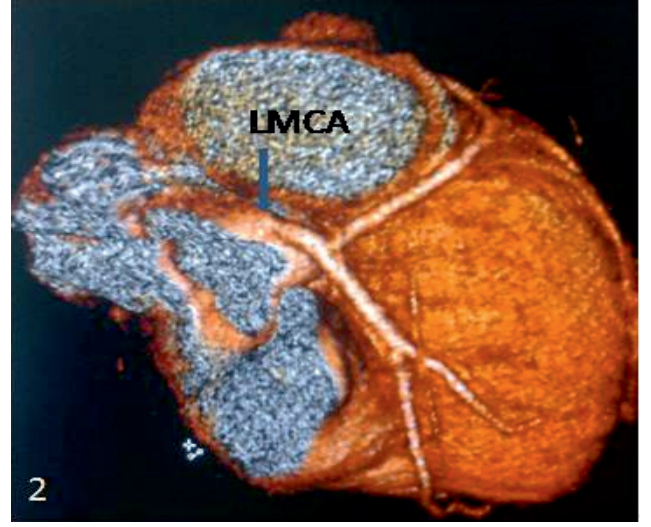


Figure 2: Normal LMCA ostium on CT angiography

Yazarlarla ilgili bildirilmesi gereken konular (Conflict of interest statement) : Yok (None)

Reference:

1)Pfleiderer T, Marwan M, Ropers D,et al.CT angiography unmasking catheter-induced spasm as a reason for left main coronary artery stenosis.J Cardiovasc Comput Tomogr 2008;2:406-7

2)Natarajan A,Yasin S,Khokhar AA.Computed Tomography Coronary angiography for ostial left main stem stenosis. Can J Cardiol. 2011 Sep;27(5):664.e25-6. Epub 2011 Jun 25.