Severe Right Coronary Artery Kinking Treated with Stent Placement

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A 68-year-old man was admitted to our hospital complaining of chest pain on exertion. Transthoracic echocardiography was normal. Coronary angiography showed insignificant stenosis in the left coronary artery. The right coronary artery (RCA) exhibited systolic compression in the proximal portion of the vessel (Picture 1A). The next day, the patient underwent single photon emission computed tomography (SPECT), which revealed a reversible perfusion defect in the inferior wall (Picture 2A). The next day, following guide-wire insertion, the systolic compression of the

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artery disappeared. Intracoronary ultrasound (IVUS) revealed mild atheromatous plaque within the proximal RCA (Picture 3). A Paclitaxel-eluting stent was directly implanted at the site of the compression in the proximal RCA (Picture 1B). Follow-up SPECT showed no more myocardial perfusion abnormalities (Picture 2B). The patient has remained asymptomatic, and there has so far been no evidence of either in-stent restenosis or stent fracture on coronary angiography during the one-year follow-up (Picture 1C).

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References