Myocardial Infarction Caused by Asymptomatic Spontaneous Coronary Dissection

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A 54-year-old woman presented with an abnormal Q-wave on a screening electrocardiogram. She had no past medical history, chest symptoms, or coronary risk factors. Echocardiography showed hypokinesis of the inferior wall. Cardiac computed tomography revealed significant stenosis of the right coronary artery (Picture 1) with double line-like partial contrast enhancement and an intimal flap shadow on the cross-sectional view (Picture 2). Coronary angiography showed similar line-like contrast enhancement in the true and false lumens from the right coronary ostium to the distal artery (Segment 3: Seg. 3) (Picture 3, 4). The findings were suggestive of coronary dissection. There were collateral pathways from the left anterior descending artery to Seg. 4 posterior descending branch. Spontaneous coronary dissection usually occurs in symptomatic acute coronary syndrome; however, our patient was asymptomatic (¹). The inferior wall was almost completely unviable on myocardial scintigraphy. Therefore, we decided to start drug treatment.

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The patient has had no problems since.

The authors state that they have no Conflict of Interest (COI).

Reference


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