Fast and Complete Healing of 2 Coronary Artery Spontaneous Dissections

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Spontaneous coronary artery dissection is a rare cause of acute myocardial infarction (MI). Optimal treatment remains controversial. A 38-year-old hypertensive woman presented with a 4-hour history of chest pain. A diagnosis of anterior Q-wave MI was made on the basis of ECG findings and cardiac enzyme levels (creatine kinase-MB mass, 11.4 ng/mL). Echocardiography showed akinesia of the left ventricular (LV) apex with moderate ejection fraction reduction (51%). Coronary angiography demonstrated spontaneous coronary dissection of the left anterior descending artery (LAD) and the obtuse marginal (OM) branch of the left circumflex artery (LCx; Figure 1). No intervention was performed. Predischarge Tc-MIBI SPECT showed only a fixed perfusion defect of the anterior LV wall. At 3-month follow-up, echocardiography showed a significant improvement of LV function (ejection fraction 69%), whereas angiography revealed complete healing of the LAD and OM dissections (Figure 2).

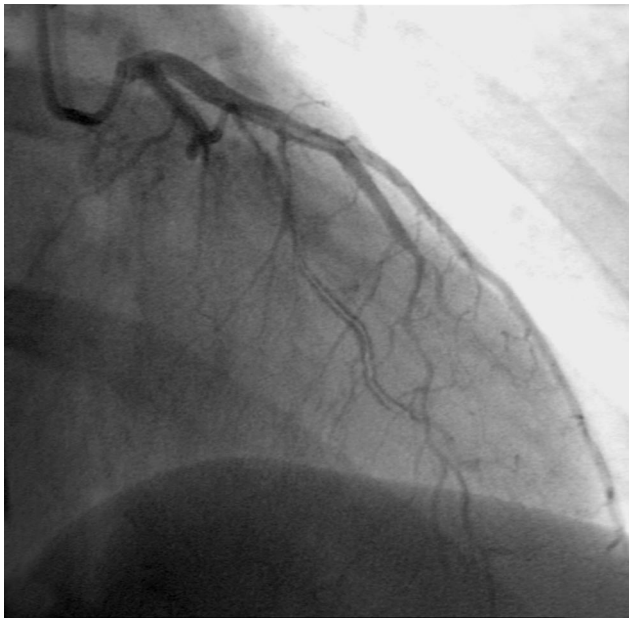

Figure 1. Left coronary angiography (30° right anterior oblique projection) showing spontaneous dissections of LAD and OM of LCx (arrows).

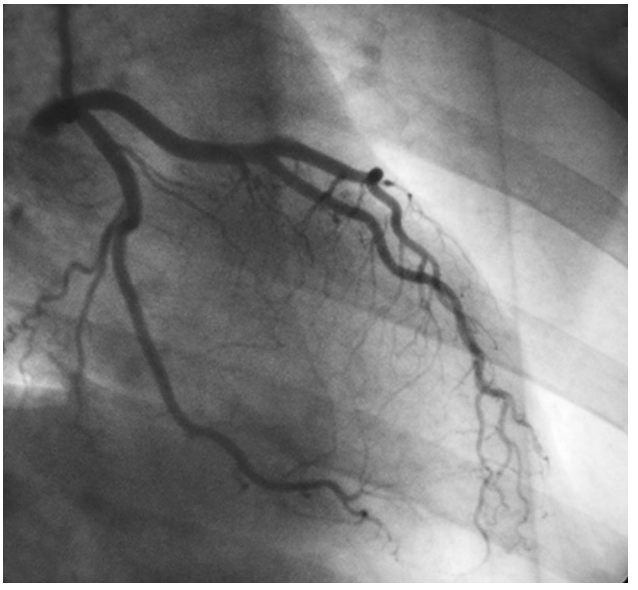

Figure 2. Complete healing at 3-month angiographic follow-up.

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