grafide, lümen içi sınırları düzensiz, içerisinde yavaş koroner arteryel akımın alındığı, sol ön inen koroner artere ait füziform şekilli anevrizma (Şekil 2, Video 1-3. Video/hareketli görüntüler www.anakarder.com`da izlenebilir) saptandı. Hastada herhangi bir arterit sendromu ya da Kawasaki hastalığı olabileceği düşünülerek antienflamatuvar ve antiplatelet tedavi başlandı, ancak klinik takibi sırasında, kısa süreli göğüs ağrısını takiben ani ölüm gerçekleşti. Anevrizmada trombüs oluşumu veya distal embolizasyonu, koroner disseksiyon veya anevrizma rüptürünün ani ölüm sebebi olabileceği düşünüldü.

Koroner arter anevrizmaları nadir görülmekle birlikte, özellikle genç hasta grubunda ayırıcı tanıda mutlaka düşünülmelidir. Transtorasik ve gerekirse transözofajiyal ekokardiyografi bu konuda oldukça fayda sağlarken, selektif koroner anjiyografi akut arterit durumlarında zararlı olabilir. Cerrahi tedavi seçenekleri tartışmalı olmakla beraber, anevrizmanın distal ligasyonu ve koroner baypas tercih edilebilir.

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The accordion phenomenon

Akordiyon fenomeni

A 60-year-old woman, with a history of arterial hypertension was referred to our clinic for elective percutaneous coronary intervention (PCI) to the distal right coronary artery (RCA) stenosis. Right coronary ostium cannulated with a 6 French JR 4 guiding catheter. Because of the tortuosity of the vessel, a 0.014 inch extra support guidewire (Asahi Intecc Co., Ltd., Aichi, Japan) was cho-sen to improve the accessibility to the target stenosis (Fig. 1A). After crossing stenosis with the guidewire, RCA was straightened and a new dissection-like lesion appeared in the straightened part of RCA (Fig. 1B). We considered dissection and "accordion" phenomenon as main diagnostic possibilities. We also gave intracoronary nitroglycerine to rule out coronary spasm, with no change in the lesion. Because there was no coronary flow impairment, we decided to continue the procedure. A 3.0 X 9 mm Ephesos stent (Nemed Manufacturing Inc., Istanbul, Turkey) was implanted with direct stenting technique to distal RCA stenosis with a good angiographic result, but dissection-like lesion continued to be present. Because of high possibility of ``accordion`` effect, we withdrew the guidewire and a repeat angiogram revealed that the lesion resolved (Fig. 1C).

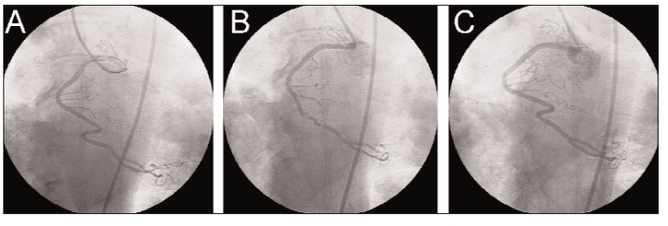

Figure 1. Baseline angiogram. Distal RCA lesion is seen (A). After crossed stenosis with the extra support guide wire, the RCA was straightened and a new dissection-like lesion appeared in the straightened part of the RCA (B). Final angiogram after withdrawal of the guide wire (C)

RCA- right coronary artery

This case demonstrates that straightening of a tortuous coronary artery due to a stiff guidewire may result in dissection-like lesions named the "accordion`` phenomenon. This phenomenon must be recognized if potentially deleterious and further PCI should be avoided.

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Thrombotic lesion of saphenous vein graft resolved by antiaggregant therapy

Antiagregan tedavi ile çözülen trombotik safen ven grefti lezyonu

A 68-year old man with acute coronary syndrome (unstable angina petoris) was admitted to the coronary care unit. He had history of hypertension, diabetes mellitus and coronary artery bypass graft surgery. Physical examination was normal. He was treated with aspirin, β blocker, clopidogrel, low molecular weight heparin, angiotensin converting enzyme inhibitor and intavenous nitroglycerin. Electrocardiographic and cardiac enzyme changes were not observed during the three days of follow-up. Coronary angiography showed a patent left internal mammarian artery to the left anterior descending artery with critical stenoses in the proximal and the mid segments, a patent saphenous vein graft (SVG) to the first diagonal branch with 70% stenosis and 80% thrombotic lesion in SVG to the obtuse marginal branch (Fig. 1, left panel, Video 1. See corresponding video/movie images at www.anakarder.com). Percutaneous coronary intervention (PCI) was planned for SVG lesion. Followed by glycoprotein IIb/IIIa inhibitor (tirofiban) 25 µg/kg/3min loading dose, a 24-hour continuous 0.15 µg/kg/min infusion were given and then the patient underwent coronary intervention. We found that the SVG lesion disappeared (Fig. 1, right panel, Video 2. See corresponding video/movie images at www.anakarder.com). In conclusion, in thrombotic saphenous vein graft lesions when PCI is planned, if emergency is not necessary, administration of glycoprotein IIb/IIIa may obviate the need for any intervention.

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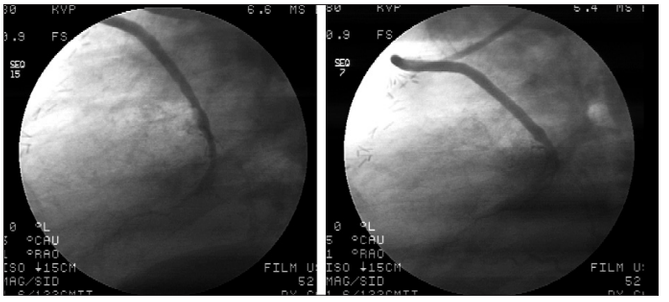

Figure 1. Thrombotic lesion in the distal segment of saphenous vein graft (left panel). The lesion disappeared after tirofiban infusion (right panel)