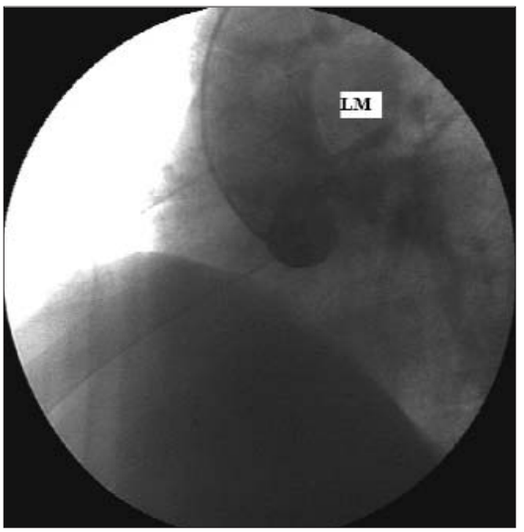

Figure 1. Aortography view of left main artery as a single coronary ostium

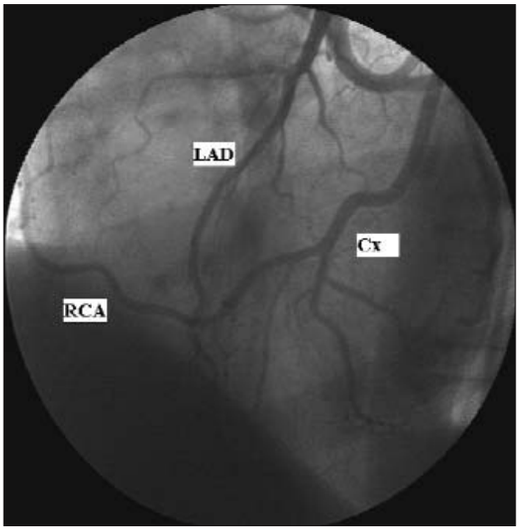

Figure 2. Coronary angiography view of single coronary artery and right coronary artery originating from distal circumflex artery

LAD- left anterior descending artery, LM- left main coronary artery, , Cx- circumflex artery

Single coronary artery is a rare abnormality in coronary circulation and is associated with other congenital cardiac malformations such as bicuspid aorta, transposition of the great vessels and coronary arteriovenous fistulae. Among general population, such an anomaly is detected in 0.04% of people undergoing coronary angiography. Patients with coronary abnormality exhibiting abnormal origin are though usually asymptomatic they sometimes are presented with ischemia and sudden death. In our case, there was no any other accompanying cardiac abnormality and it was an example of type L-1 in according to Lipton angiographic classification.

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Successful reimplantation of prematurely displaced stent to the target lesion without balloon inflation during percutaneous intervention to the right coronary artery

Sağ koroner artere perkütan girişim sırasında serbest kalan stentin hedef lezyona balon şişirilmeden başarılı bir şekilde yerleştirilmesi

A 62-year-old man with type2 diabetes mellitus was admitted for coronary angiography due to typical angina provoked by effort. On coronary angiography dominant right coronary artery (RCA), 50-60% narrowing beyond the right ventricular branch, extensive consecutive narrowings of 90% in acute marginal branch were detected (Fig. 1). Guiding catheter was inserted to the right coronary ostium and the direct stent was advanced to proximal to the RCA; however, attempt to advance it distally was unsuccessful. During withdrawal, balloon displaced from the stent. The system completely disengaged while attempting to reposition the balloon in the stent. The stent was entrapped proximal to RCA (Fig. 2). When the first guidewire was inserted, it was noticed to be lying outside the stent .Hence, a second guidewire was advanced to pass through the stent and to inflate the original balloon; however, upon failure to reposition the balloon into the stent, a balloon with lower diameter and length was used. This balloon was not able to drive the stent towards the target lesion due to in sufficient diameter. Thus, original balloon was used to push the stent from the proximal tip and the lesion was negotiated by the stent (Fig. 3). Stent was deployed in the target lesion with a low-profile balloon to provide predilation after which original balloon was inflated (Fig. 4) to an optimal pressure to ensure total dilation (Fig. 5).

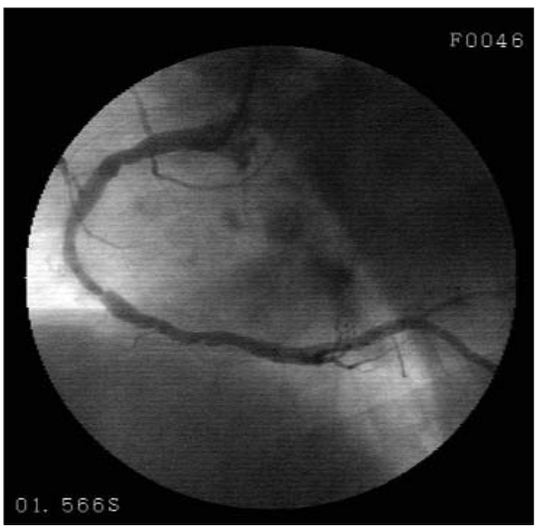

Figure 1. A lesion extending from ventricular branch of right coronary artery to crux cordis, causing severe narrowing in mid portions

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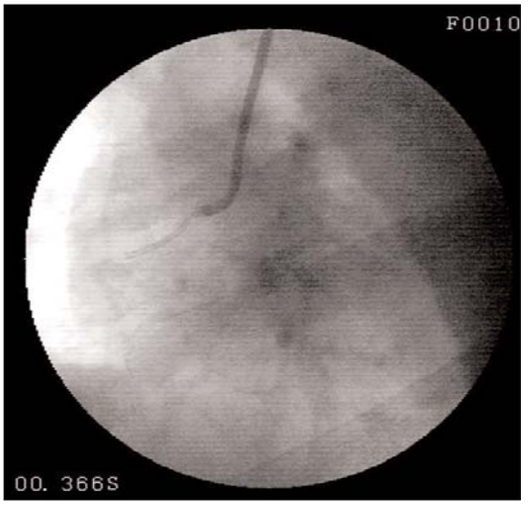

Figure 2. A prematurely displaced stent is seen proximal to the right coronary artery

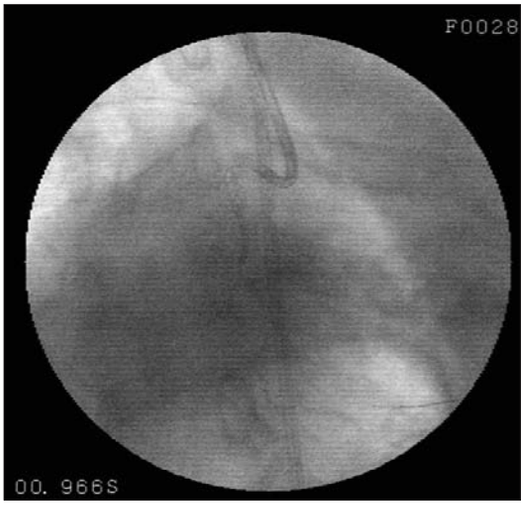

Figure 3. Pushing the stent with the tip of the balloon to negotiate the lesion

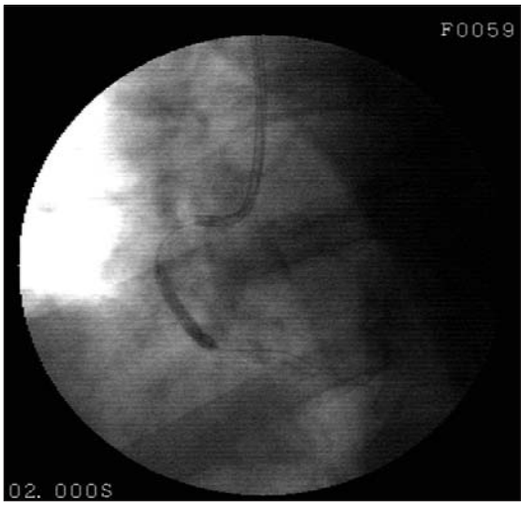

Figure 4. Deployment of stent with its original balloon

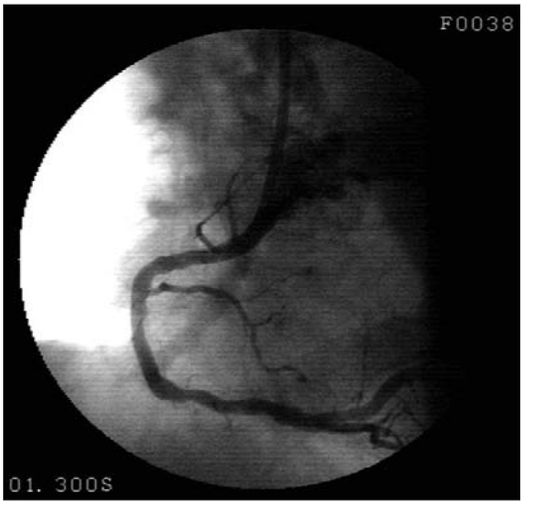

Figure 5. Final appearance of right coronary artery after deployment of the stent in the target lesion

The stent displacements are potential complications of intracoronary stent implantation. In the literature, we could not find a report about successful reimplantation of prematurely displaced stents in coronary arteries by methods other than previously defined conventional methods.

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Myocardial blushing during coronary angiography due to high pressure applied by an inexperienced operator

Tecrübesiz bir operatörün koroner anjiyografi sırasında uyguladığı yüksek basınca bağlı miyokardiyal boyanma

Coronary angiography is a widely-used diagnostic tool in coronary artery diseases with a complication rate of below 1%. Operator and center experiences are the major determinants for occurrence of complications. Here, we report a case of myocardial blushing that occurred due to excessive pressure applied during contrast media injection by an inexperienced operator.

A 65-year-old male patient suffering from typical anginal chest pain underwent coronary angiography. A novice resident was performing the procedure under the control of an experienced supervisor invasive cardiologist. The left coronary system was successfully visualized. However, the inexperienced operator applied excessive pressure during contrast injection. The myocardium adjacent to the right coronary artery was blushed (Ellis grade II). The blushing persisted for several minutes with patent coronary flow and without any evidence of coronary dissection (Fig 1, 2). The follow-up period after coronary angiography was uneventful.