

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

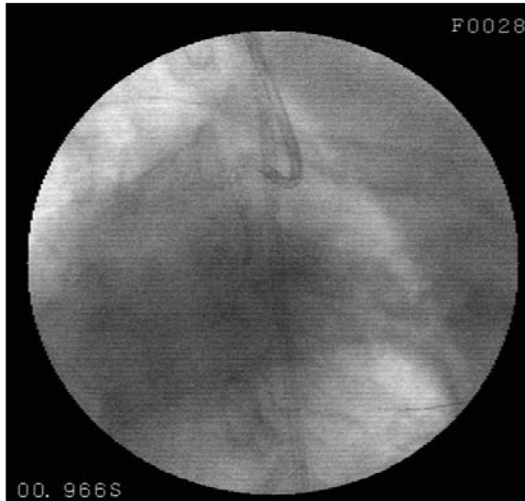


Figure 3. Pushing the stent with the tip of the balloon to negotiate the lesion



Figure 4. Deployment of stent with its original balloon

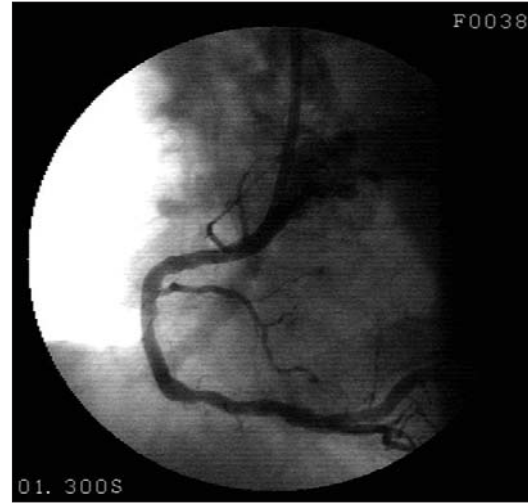


Figure 5. Final appearance of right coronary artery after deployment of the stent in the target lesion

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.

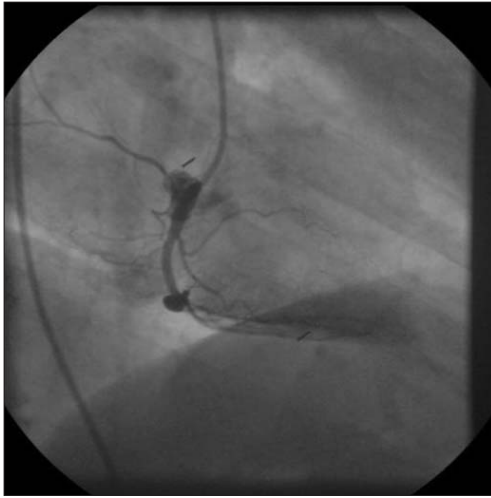


Figure 1. Right anterior oblique view of right coronary artery

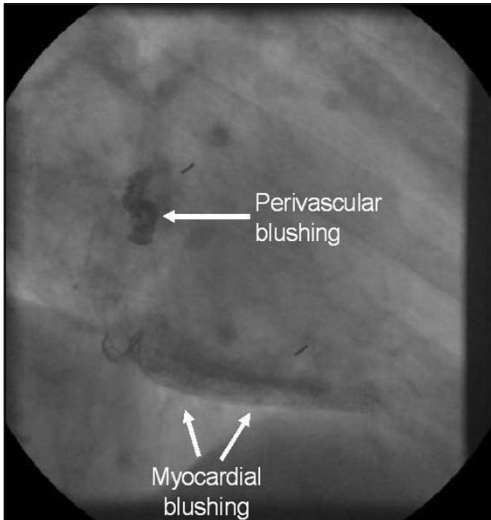


Figure 2. Myocardial and perivascular blushing are seen in fluoroscopic view at right anterior oblique position

It is advised to inject contrast volume at a rate of 7 ml at 2.1 ml/sec for the left, and 4.8 ml at 1.7 ml/sec for the right coronary arteries. It was suggested to train the fellows for adjusting the delivery rate and duration of manual contrast to match the observed filling pattern of the particular vessel being injected. In conclusion; during the training period of novice fellows injection techniques and skills should closely be supervised for injection volume and pressure.

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Right ventricular lipoma

Sağ ventrikül lipomu

Previously healthy 11-year-old male was noted to have a heart murmur during routine physical examination. Transthoracic echocardiogram showed a mass in size of 2x3 cm in the interventricular septum lining toward the right ventricular outflow tract (Fig. 1). Cardiac magnetic resonance imaging (MRI) demonstrated a high signal intensity of the mass on the T1 and T2 black blood weighted image, with the signal intensity being reduced markedly on the fat suppression technique (Fig. 2). The mass was diagnosed as cardiac lipoma without using any invasive technique. Since the patient was asymptomatic and there was no arrhythmia and right ventricular outflow obstruction, we decided to observe him clinically. During one year of follow-up he had not any untoward event.

Cardiac lipomas are very rare benign tumors of encapsulated mature adipose cells. Most tumors are sessile or polypoid and located in the



Figure 1. Transthoracic echocardiogram, demonstrating a large mass in the interventricular septum lining toward the right ventricular outflow tract

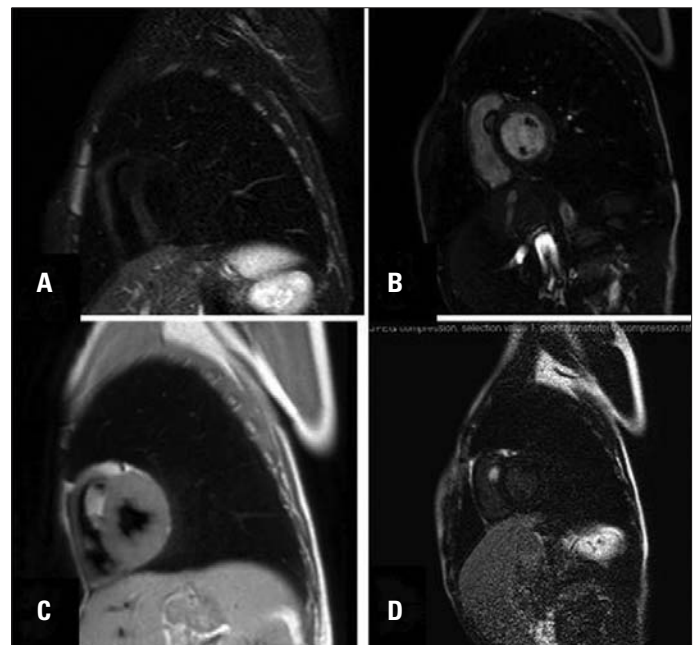


Figure 2. Magnetic resonance imaging of right ventricular lipoma

A - T2 weighted STIR
B - T2 weighted Black blood TSE
C - T1 weighted Black blood TSE
D - post contrast inversion recovery turbo field echo