Newly developed lesions in right coronary artery during PCI

A 57-year-old male with a history of hypertension and type 2 diabetes for five years was admitted to our department for typical ischemic chest pain. His blood pressure was recorded as 130/80 mm Hg with a heart rate of 78 bpm. Electrocardiogram showed ST segment elevation in DII, DIII and aVF leads. He was transferred to the coronary care unit. Transthoracic echocardiography revealed hypokinesia of the inferior wall. Coronary angiography revealed thrombotic occlusion of proximal circumflex artery (Cx), 90% stenosis of distal right coronary artery (RCA) (Fig. 1A). Percutaneous coronary intervention (PCI) with stent implantation was performed for Cx artery. We decide to carry out ad hoc PCI for RCA too. Successful RCA intubation was performed via a right Judkins guiding catheter. The guiding wire could be advanced across the lesion. Interestingly, newly appeared two sequential stenotic lesions in the proximal segment of RCA were seen (Fig.1B, Video 1).

What is your diagnosis?

1. Iatrogenic coronary dissection
2. Vasospasm induced by guiding catheter or wire
3. Coronary emboli associated with guiding catheter
4. None

Video 1. 90% stenosis of distal right coronary artery was seen (A). Newly developed two sequential stenotic lesions (arrows) in the proximal segment of RCA were seen (B)

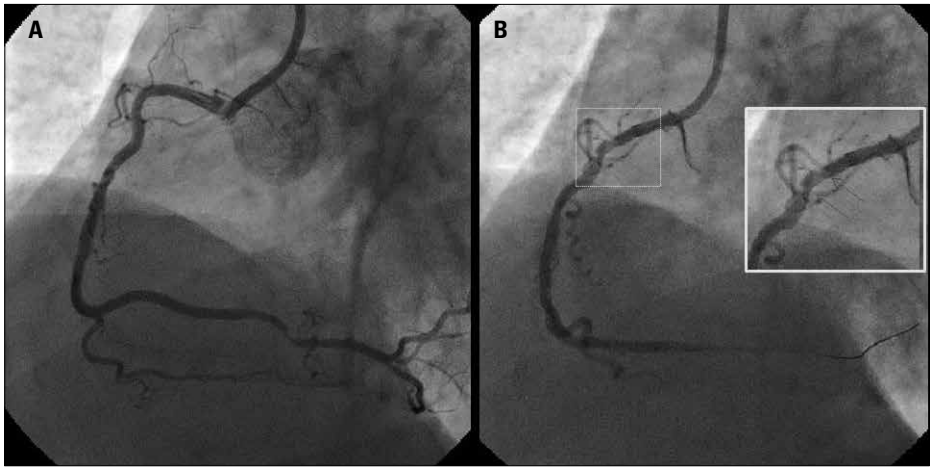

Figure 1. 90% stenosis of distal right coronary artery was seen (A). Newly developed two sequential stenotic lesions (arrows) in the proximal segment of RCA were seen (B)

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