

[ PICTURES IN CLINICAL MEDICINE ]

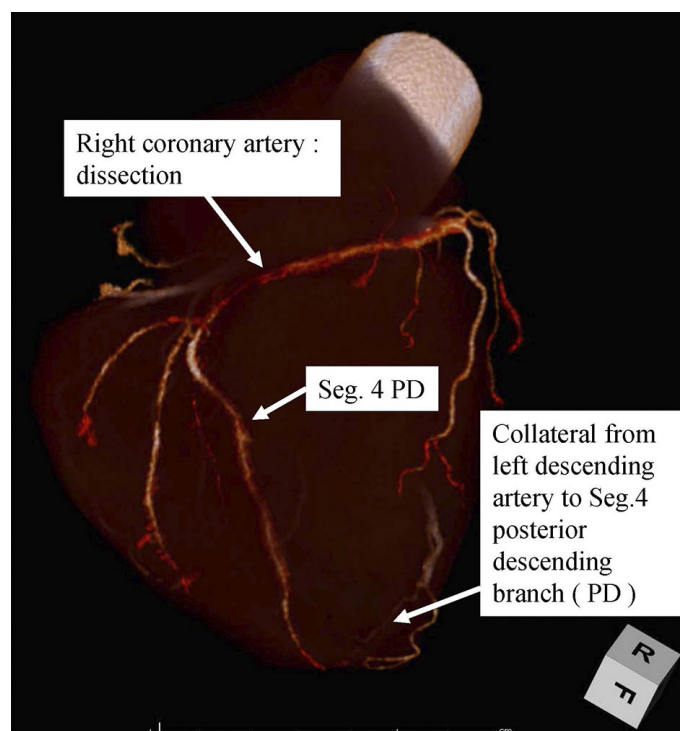
## Myocardial Infarction Caused by Asymptomatic Spontaneous Coronary Dissection

Takuya Oyakawa<sup>1</sup>, Kei Iida<sup>1</sup>, Atsushi Urikura<sup>2</sup> and Masatoshi Kusuhara<sup>3</sup>

**Key words:** spontaneous coronary dissection, asymptomatic, old myocardial infarction, cardiac computed tomography, collateral circulation

(Intern Med 57: 2763-2764, 2018)

(DOI: 10.2169/internalmedicine.0719-17)



**Picture 1.**

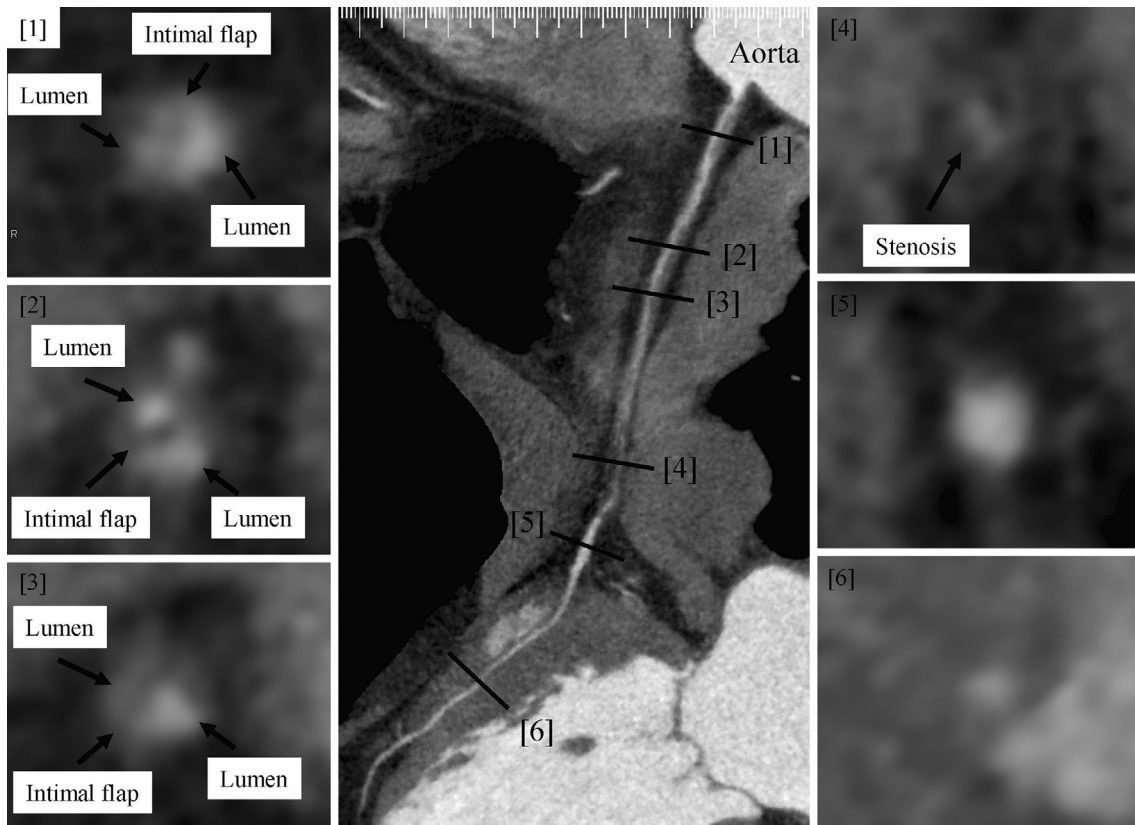
A 54-year-old woman presented with an abnormal Q-wave on a screening electrocardiogram. She had no past medical history, chest symptoms, or coronary risk factors. Echocardiography showed hypokinesis of the inferior wall. Cardiac computed tomography revealed significant stenosis of the right coronary artery (Picture 1) with double line-like partial contrast enhancement and an intimal flap shadow on the cross-sectional view (Picture 2). Coronary angiography showed similar line-like contrast enhancement in the true

and false lumens from the right coronary ostium to the distal artery (Segment 3: Seg. 3) (Picture 3, 4). The findings were suggestive of coronary dissection. There were collateral pathways from the left anterior descending artery to Seg. 4 posterior descending branch. Spontaneous coronary dissection usually occurs in symptomatic acute coronary syndrome; however, our patient was asymptomatic (1). The inferior wall was almost completely unviable on myocardial scintigraphy. Therefore, we decided to start drug treatment.

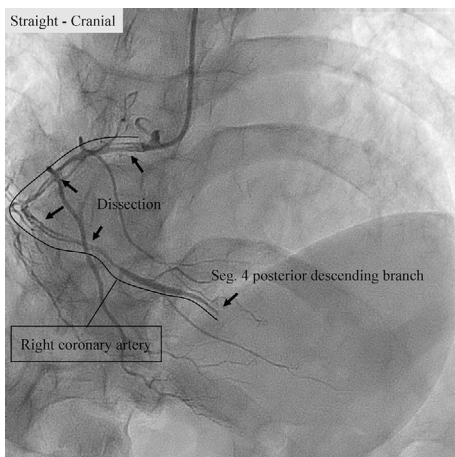
<sup>1</sup>Division of Cardiology, Shizuoka Cancer Center, Japan, <sup>2</sup>Division of Diagnostic Radiology, Shizuoka Cancer Center, Japan and <sup>3</sup>Research Institute, Shizuoka Cancer Center, Japan

Received: December 25, 2017; Accepted: February 14, 2018; Advance Publication by J-STAGE: April 27, 2017

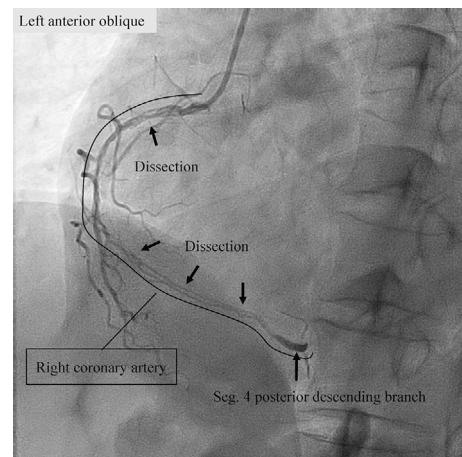
Correspondence to Dr. Takuya Oyakawa, t.oyakawa@scchr.jp



Picture 2.



Picture 3.



Picture 4.

The patient has had no problems since.

The authors state that they have no Conflict of Interest (COI).

### Reference

1. Yip A, Saw J. Spontaneous coronary artery dissection-A review.

Cardiovasc Diagn Ther 5: 37-48, 2015.

The Internal Medicine is an Open Access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).