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☆ **Complex Clinical Cases**

NON-ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION, A SERIOUS COMPLICATION OF COVID-19 VACCINE

Poster Contributions

For exact presentation time, refer to the online ACC.22 Program Planner at <https://www.abstractsonline.com/pp8/#!/10461>

Session Title: Complex Clinical Cases: FIT Flatboard Poster Selections -- Covid

Abstract Category: FIT: Coronavirus Disease (COVID-19)

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Background: Venous thrombosis is a common COVID-19 vaccine side effect, though, only a few arterial thrombosis events were reported. We are reporting a challenging case of non-ST-segment elevation myocardial infarction (NSTEMI), who presented with chest pain, 2 days after the third dose of the vaccine.

Case: A 36-year-old female with a history of pancreatic cancer (in remission) presented with chest pain. She got the third dose of the COVID-19 vaccine (Moderna®) two days prior to her presentation. Electrocardiogram revealed ischemic ST-segment changes on leads V3-V6. Troponins were elevated. She had a coronary angiogram which showed a large thrombus in the obtuse marginal (OM) branch of the circumflex coronary artery with around 90% stenosis and TIMI 2 flow (figure-1).

Decision-making: The case presented a challenge in the decision-making as the patient presented with NSTEMI and was found to have a mobile thrombus in the OM after getting the COVID-19 vaccine. As there are no clear guidelines for vaccine-related thrombosis treatment and management, the decision was made to treat the patient with anticoagulation and antiplatelets therapy. After initial management she continued to have chest pain and rising troponins so she was taken back to Cath Lab and successful angioplasty with drug-eluting stent of the OM was performed.

Conclusion: Coronary artery thrombosis, a serious side effect, should be in the differential diagnosis for patients present with chest pain after getting the COVID-19 vaccine.

