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SPONTANEOUS CORONARY ARTERY DISSECTION PRESENTING AS ACUTE ST SEGMENT ELEVATION INFERIOR WALL MYOCARDIAL INFARCTION IN PATIENT WITH CORONAVIRUS DISEASE 2019. ARE PERICYTES THE MISSING LINK?

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: MD/PhD Flatboard Poster Selections -- Interventional and Structural Abstract Category: MD/PhD: Interventional and Structural

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Background: Spontaneous coronary artery dissection (SCAD) is known to be associated with systemic arteriopathies, inflammatory diseases, and emotional stress. Coronavirus disease 2019 can precipitate SCAD and can present as acute coronary syndrome

Case: We present a case of 53 year old female who presented with chest pain. Found to have acute inferior wall ST segment elevation myocardial infarction. Underwent emergent coronary angiogram which showed thrombotic occlusion of right coronary artery with spontaneous coronary artery dissection (figure 1). She underwent percutaneous coronary intervention with deployment of drug eluting stents (figure 2). Her nasopharyngeal swab for SARS-COV-2 got reported as positive. Since, she was without signs and symptoms of pneumonia, hence was not treated with Covid-19 directed therapy

Decision-making: This case emphasizes the judicious use for PCI in a disease which can be managed medically in most cases. Our patient was started on beta blockers to prevent recurrence and was given Statins in view of her atherosclerotic risk factors. Along with aggressive risk factor reduction and lifestyle changes, she is also planned for evaluation for extra-coronary vascular bed involvement to look for evidence of fibromuscular dysplasia

Conclusion: SCAD should be considered an important presentation in patients with Covid-19. Its timely diagnosis and judicious use of PCI can help in salvaging the life of patient in rare circumstances when it cannot be managed medically

