

BIG GIRLS ARE BEST

A clinical case of acute coronary syndrome in coronary artery aneurism (CAA)

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CLINICAL HISTORY

A.A. a 78 year-old female

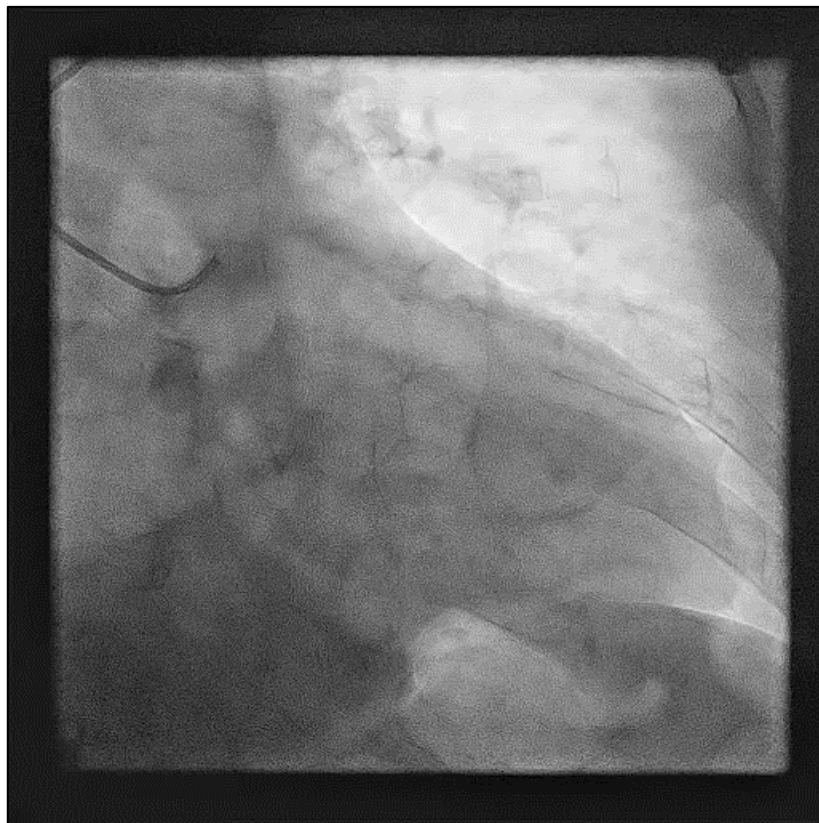
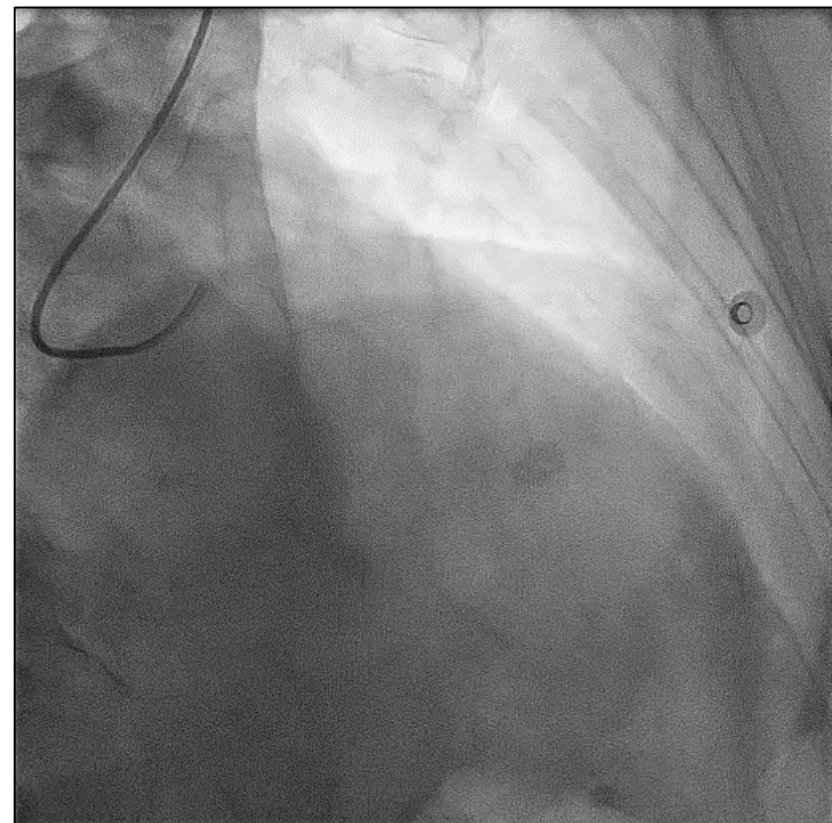
Risk factors: Hypertension, smoker

Comorbidities: none

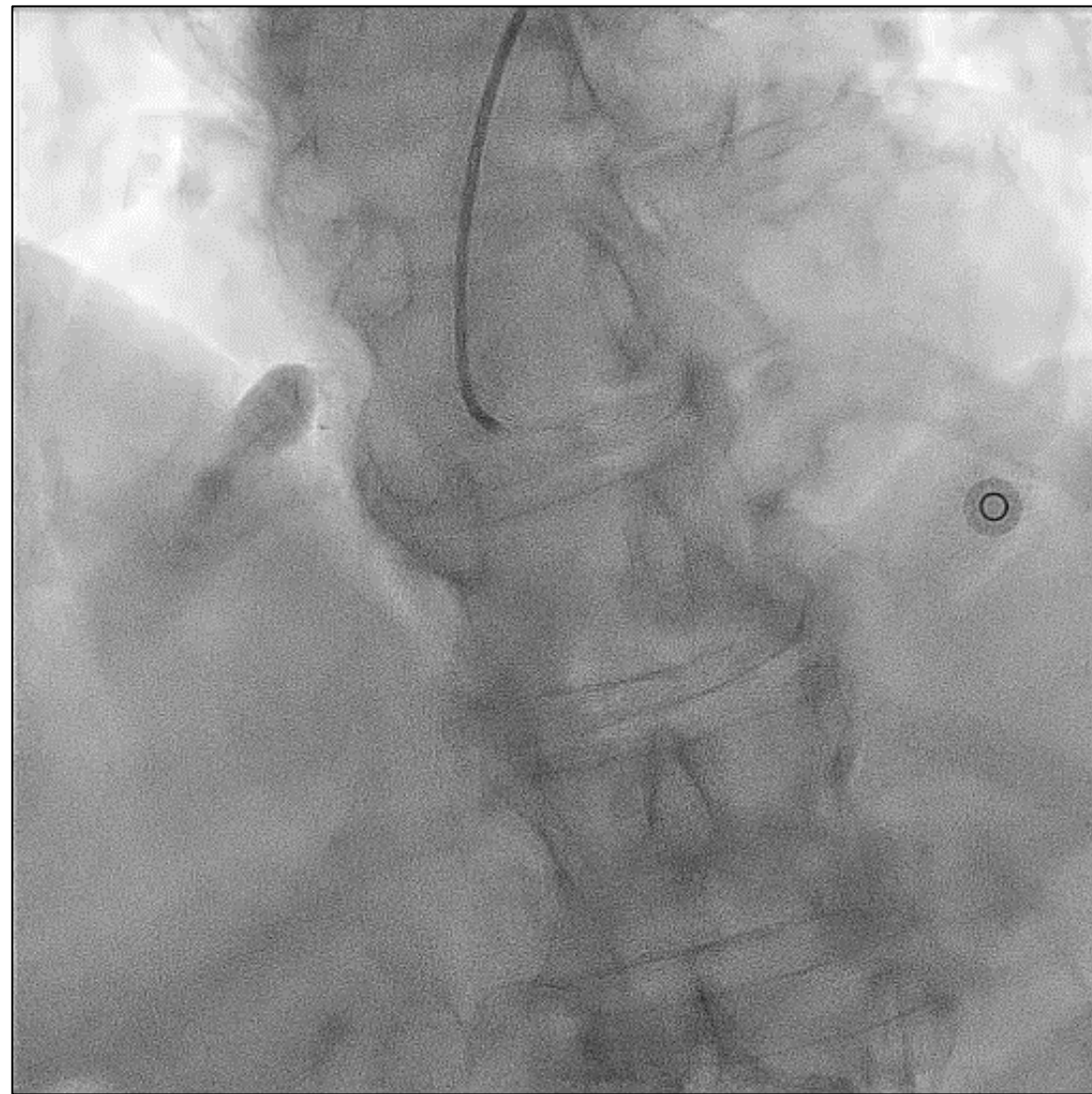
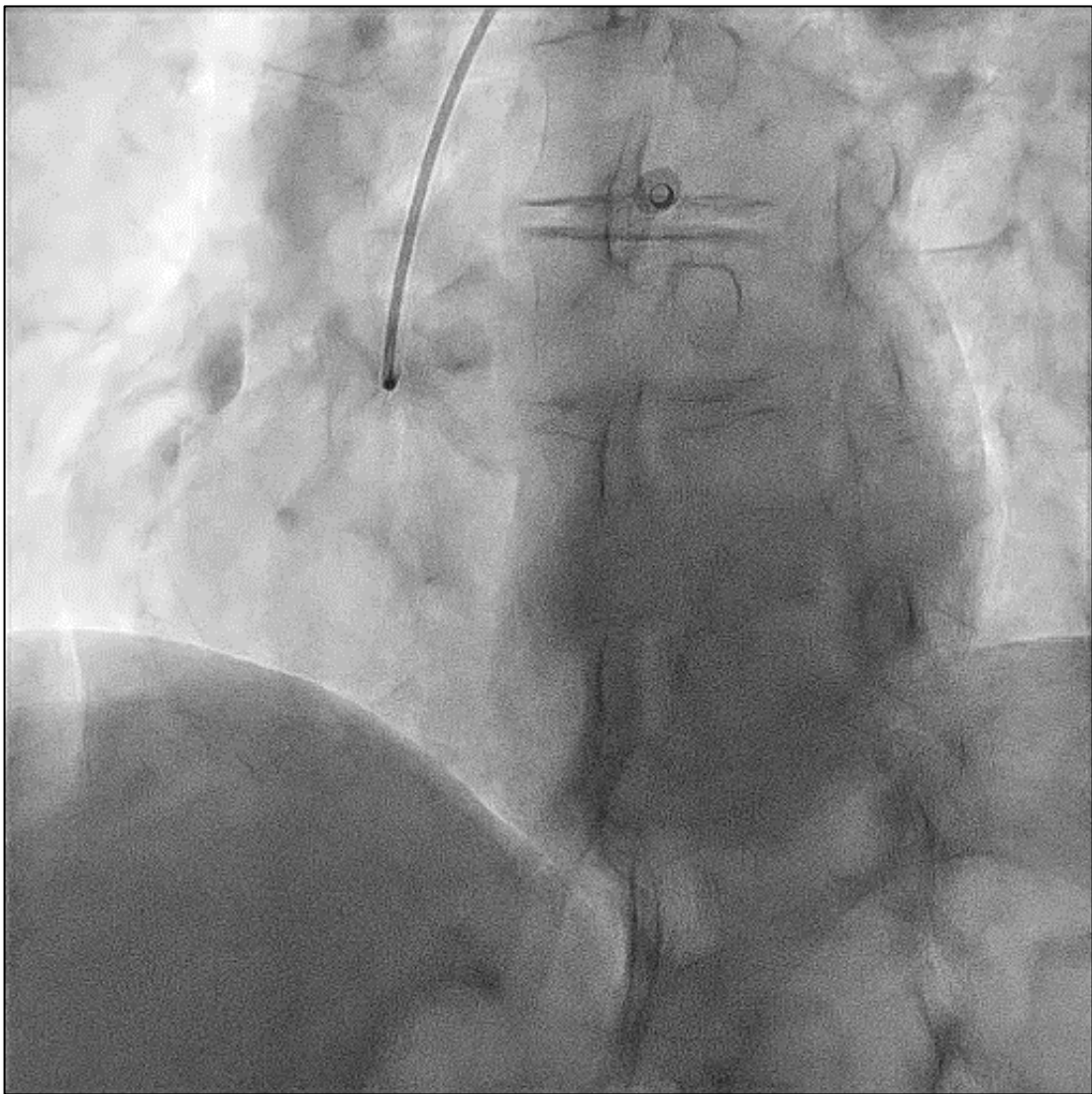
Cardiovascular History:

- ***Aug 2023***: begins to complain of episodes of chest pain with spontaneous regression
- ***Oct 2023***: first admission in our hospital for coronary angiography

FIRST STUDY: Left coronary artery



FIRST STUDY: right coronary artery



OPEN QUESTIONS

1. WHAT IS THE PHYSIOPATHOLOGICAL CAUSE OF NEW-ONSET PAIN?

- Distal embolization from hypothetical thrombus inside the CAA?
- Thrombotic occlusion of acute marginal emerging from CAA?

2. ANY OTHER EVENTUAL BRANCHES INCLUDED IN THE ANEURYSM?

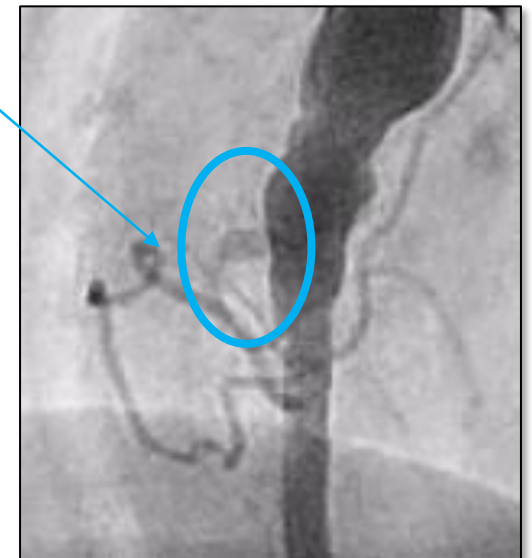
3. WHAT IS THE EXACT EXTENSION OF CAA?

- Are we seeing the whole truth?

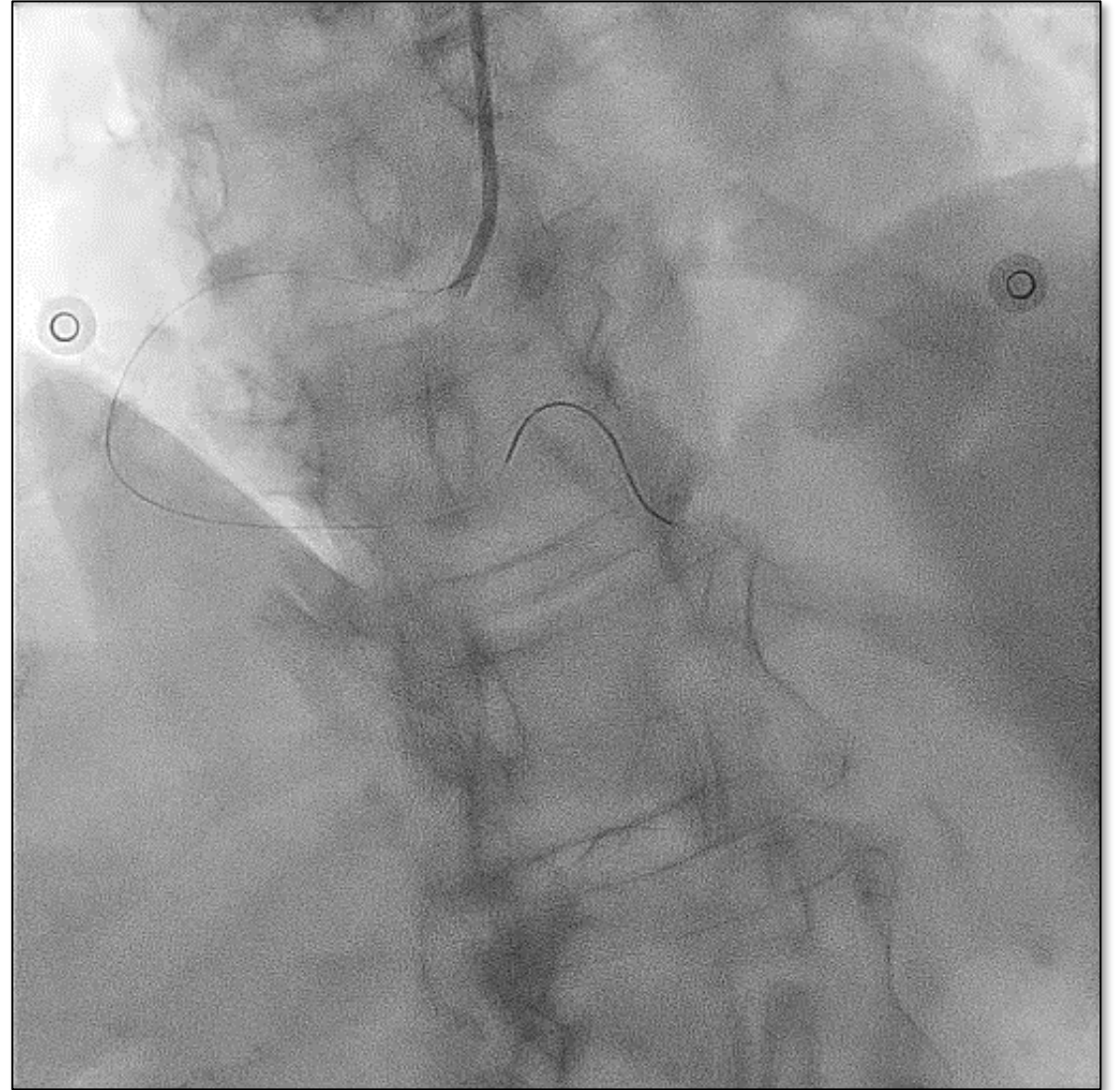
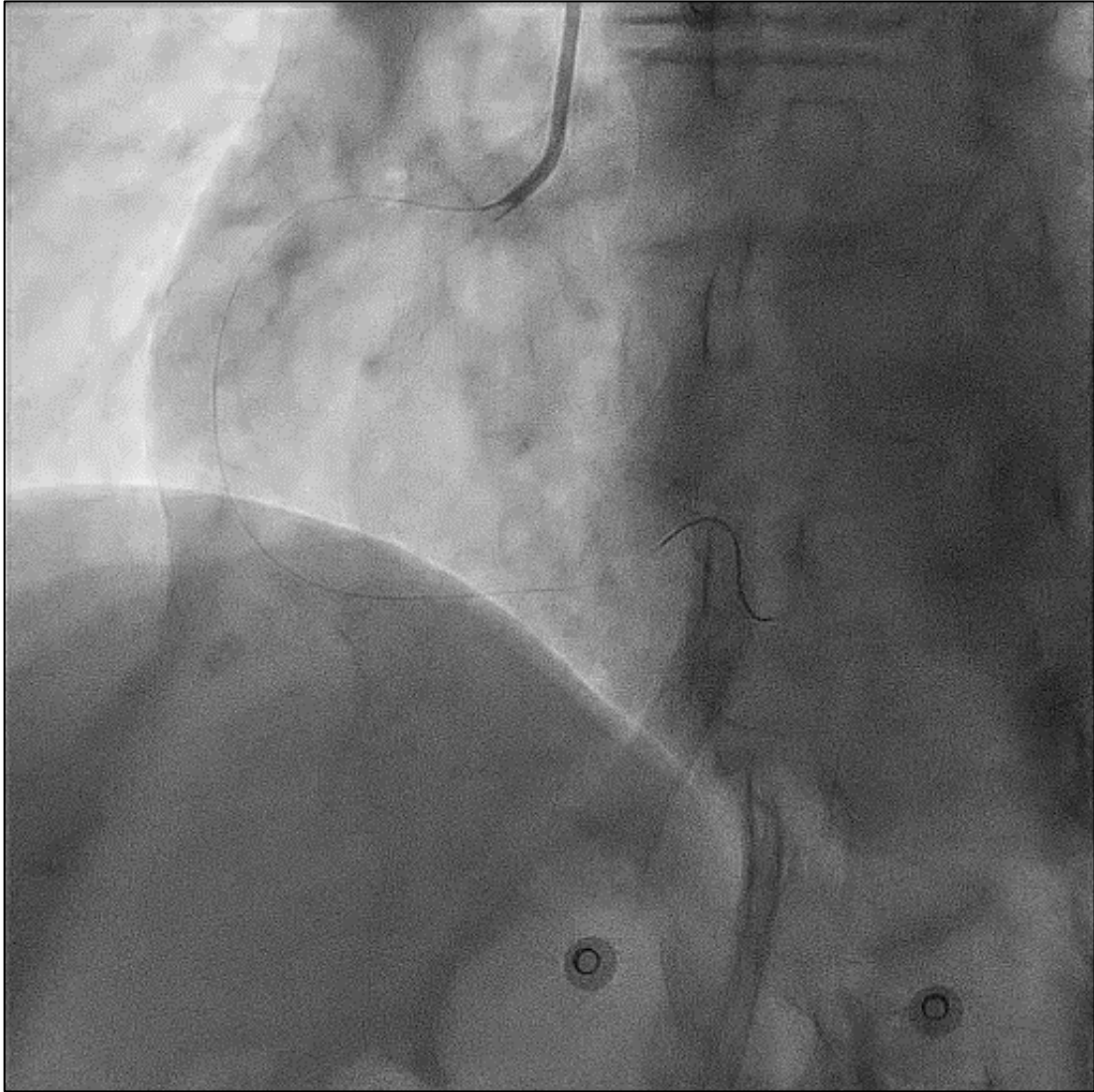


Three day after...

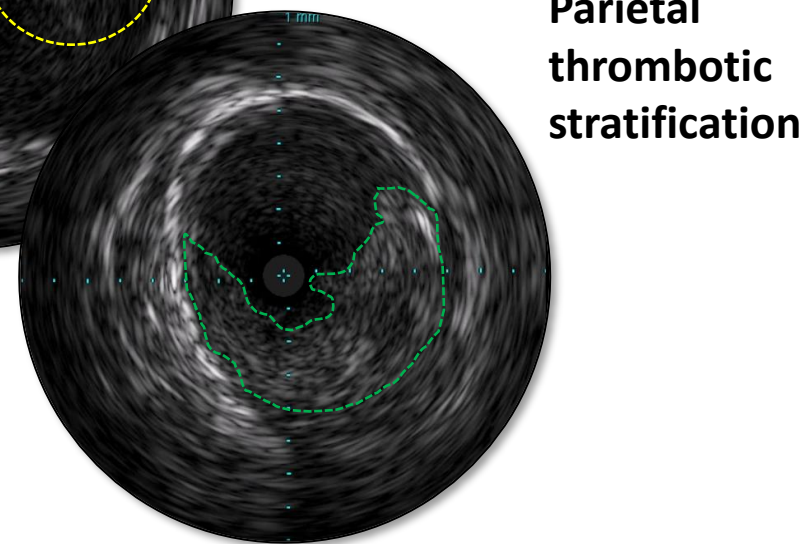
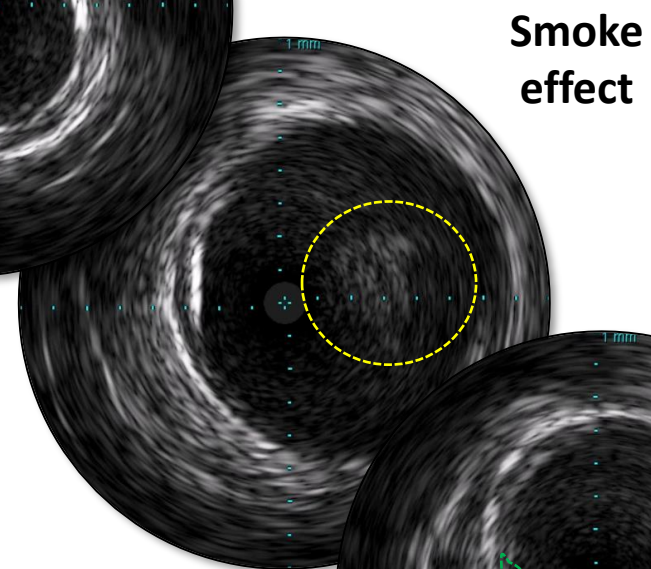
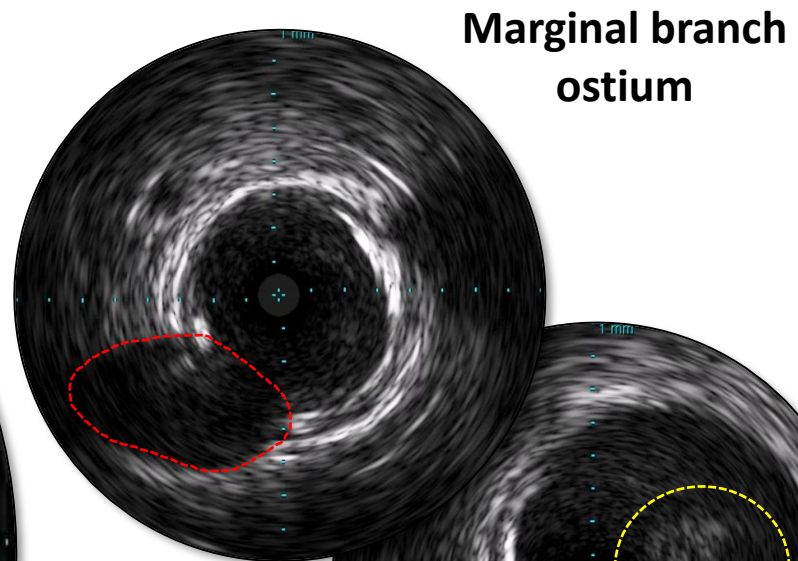
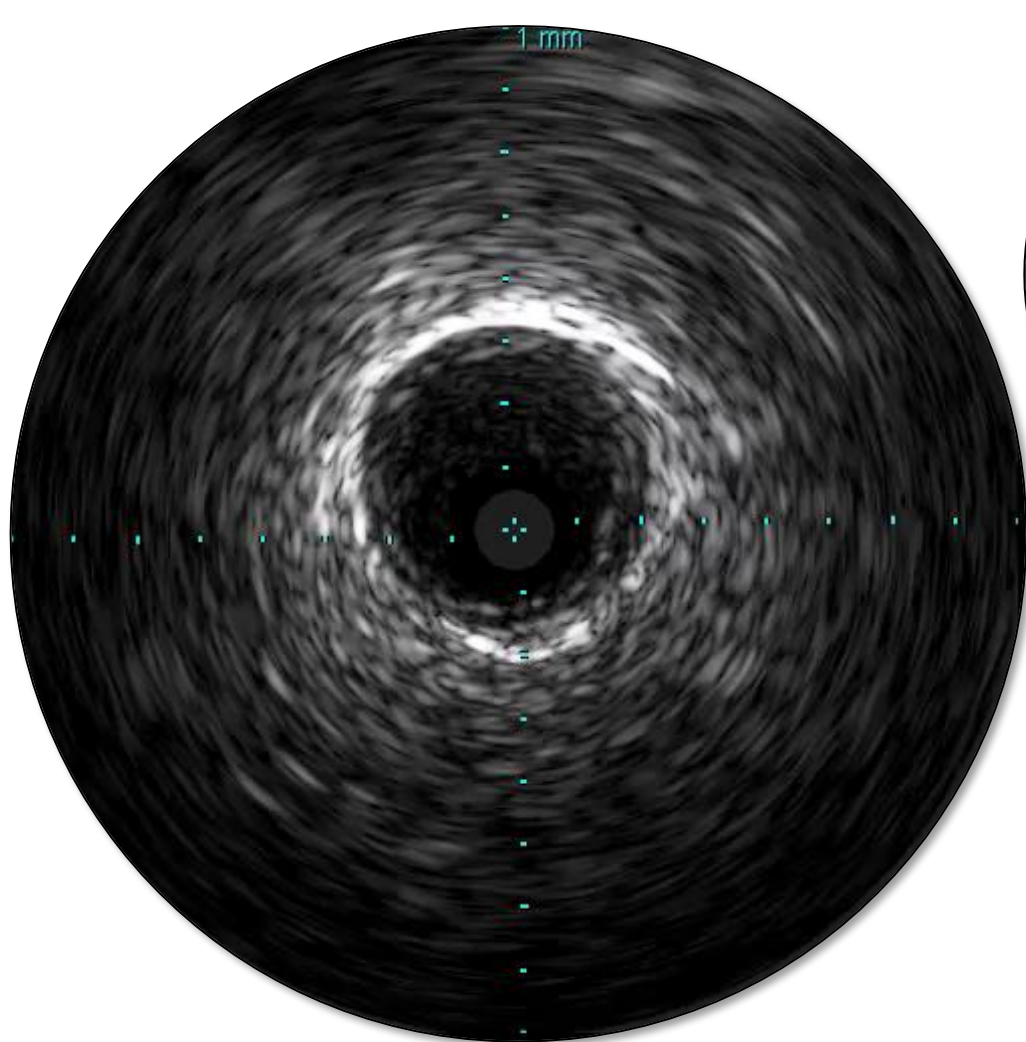
2nd ANGIOGRAPHY and Coronary computed tomography angiography (CCTA)



2nd STUDY: angiography



2nd STUDY: intravascular ultrasound (IVUS) run



CCTA



CLINICAL DECISION

DISCHARGE WITH DUAL ANTIPLATELET THERAPY

- Asymptomatic and hemodynamically stable patient

INTENSE CONTROL OF CARDIOVASCULAR RISK FACTORS

CLOSE MONITORING WITH ANGIOGRAPHY AND CCTA

- Patient will be contacted by our center shortly