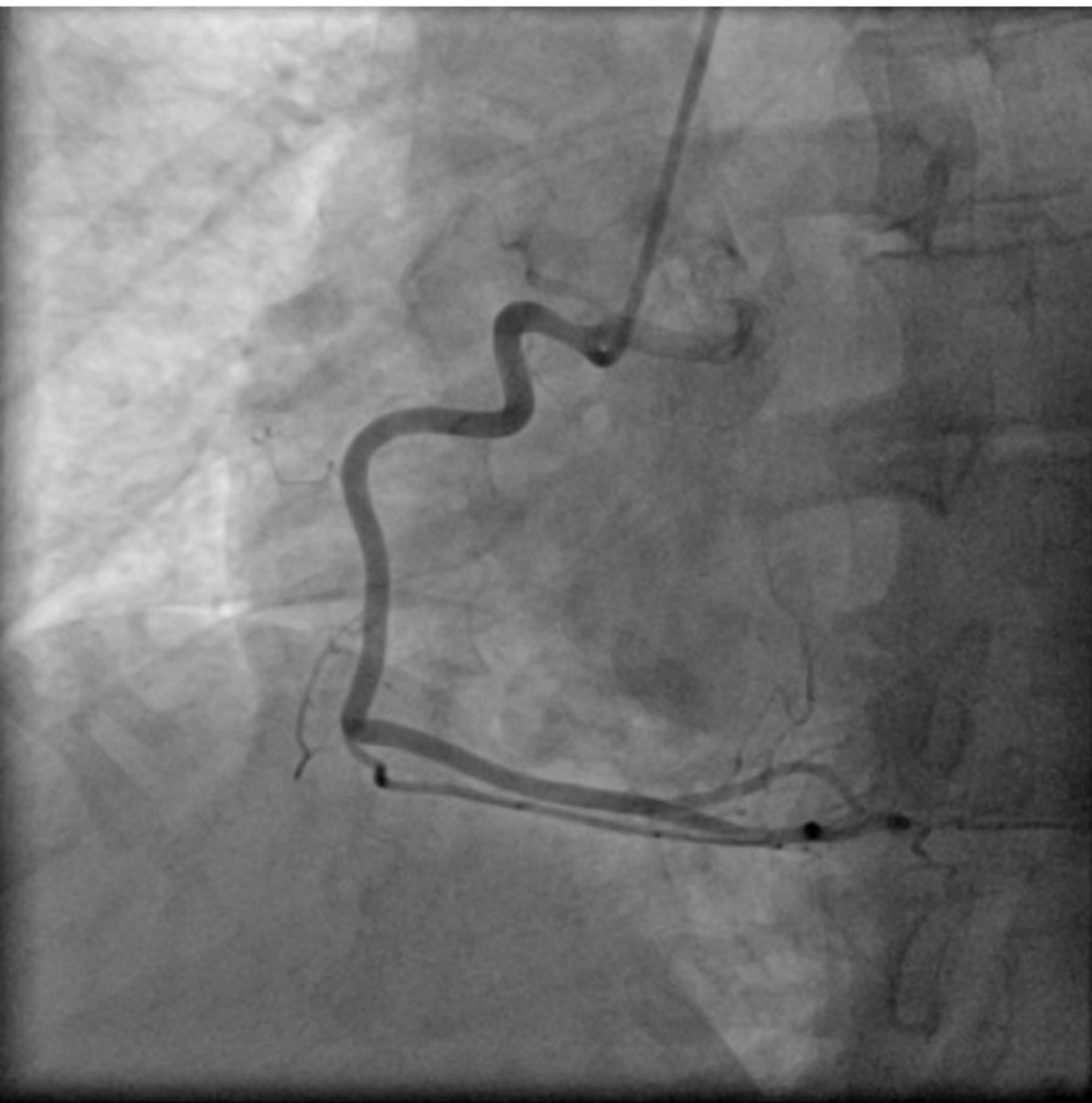
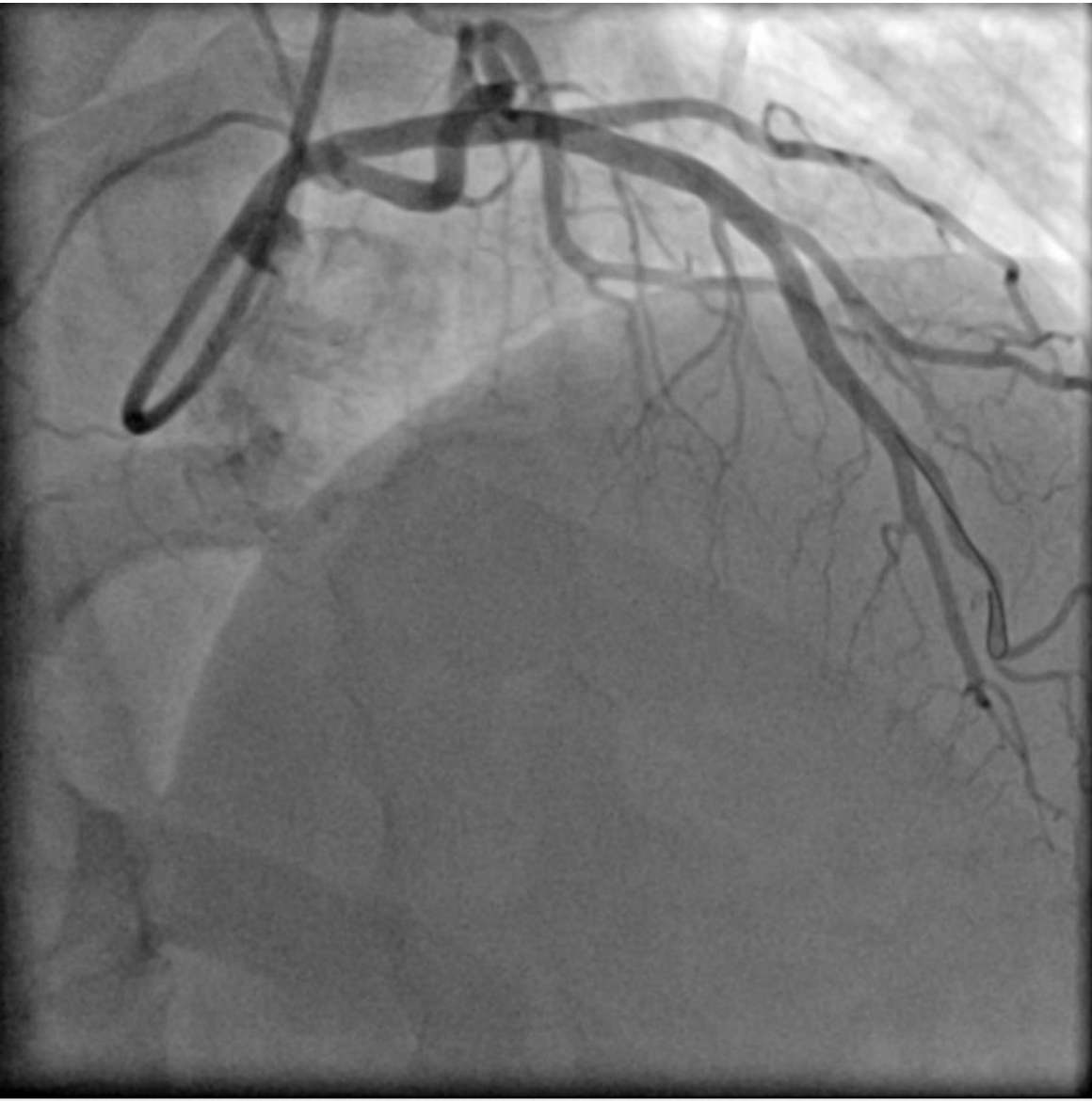
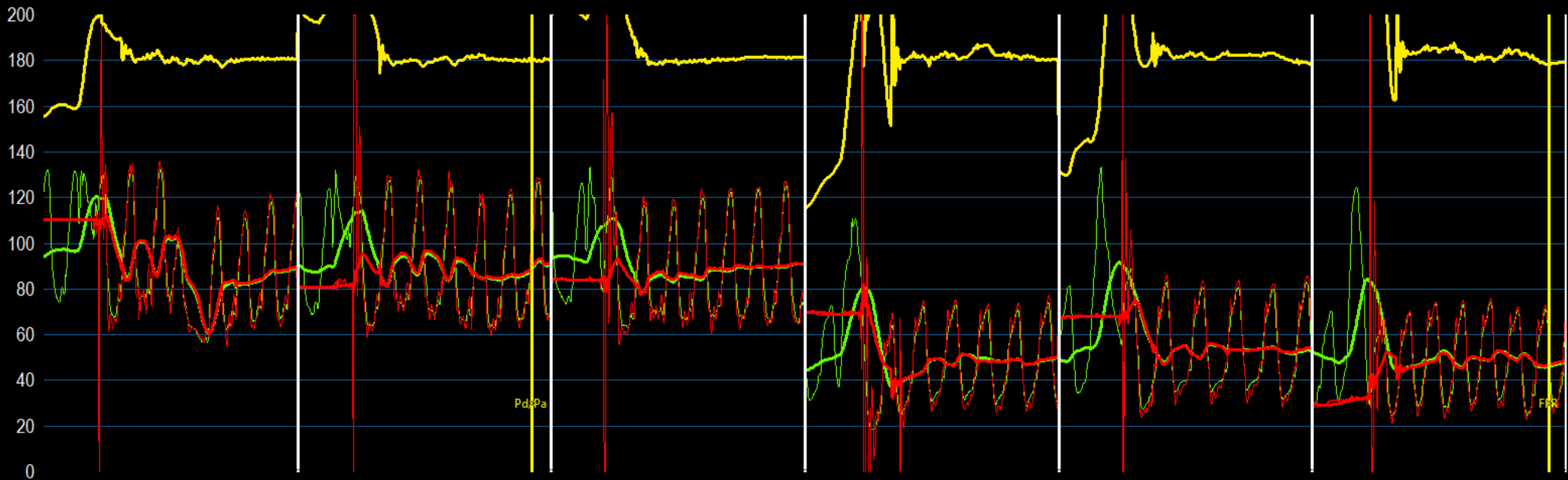


When full physiology is  
critical for proper treatment

- 46 YO woman
- Overweight, family history of CAD, former smoker
- 2018 NSTEMI -> coronary angiography negative for CAD
- Empiric diagnosis of vasospastic angina -> low dose diltiazem
- Through the years frequent episodes of angina with many accesses in hospital with optimization of the medications.
- For persistence of symptoms and non response to the treatments, new coronary angiography

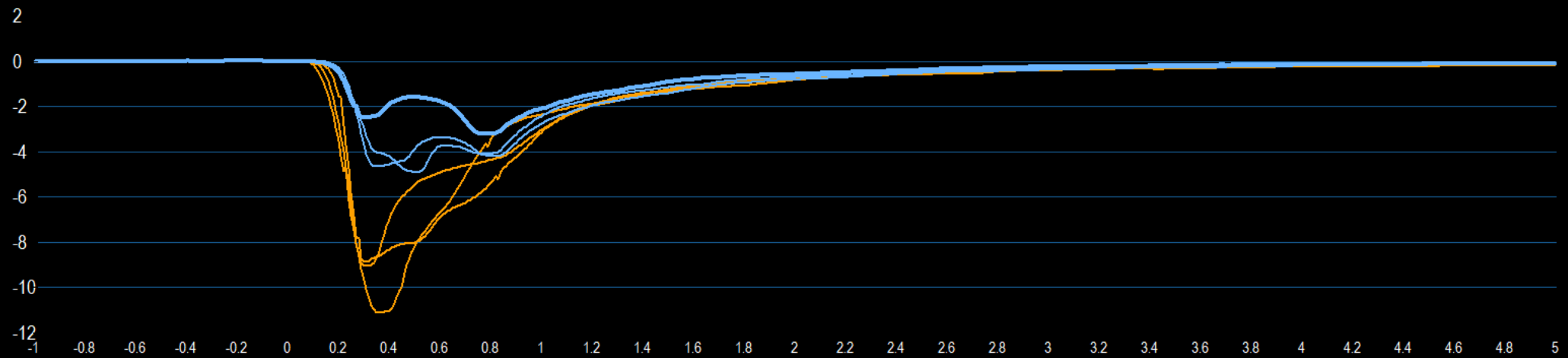







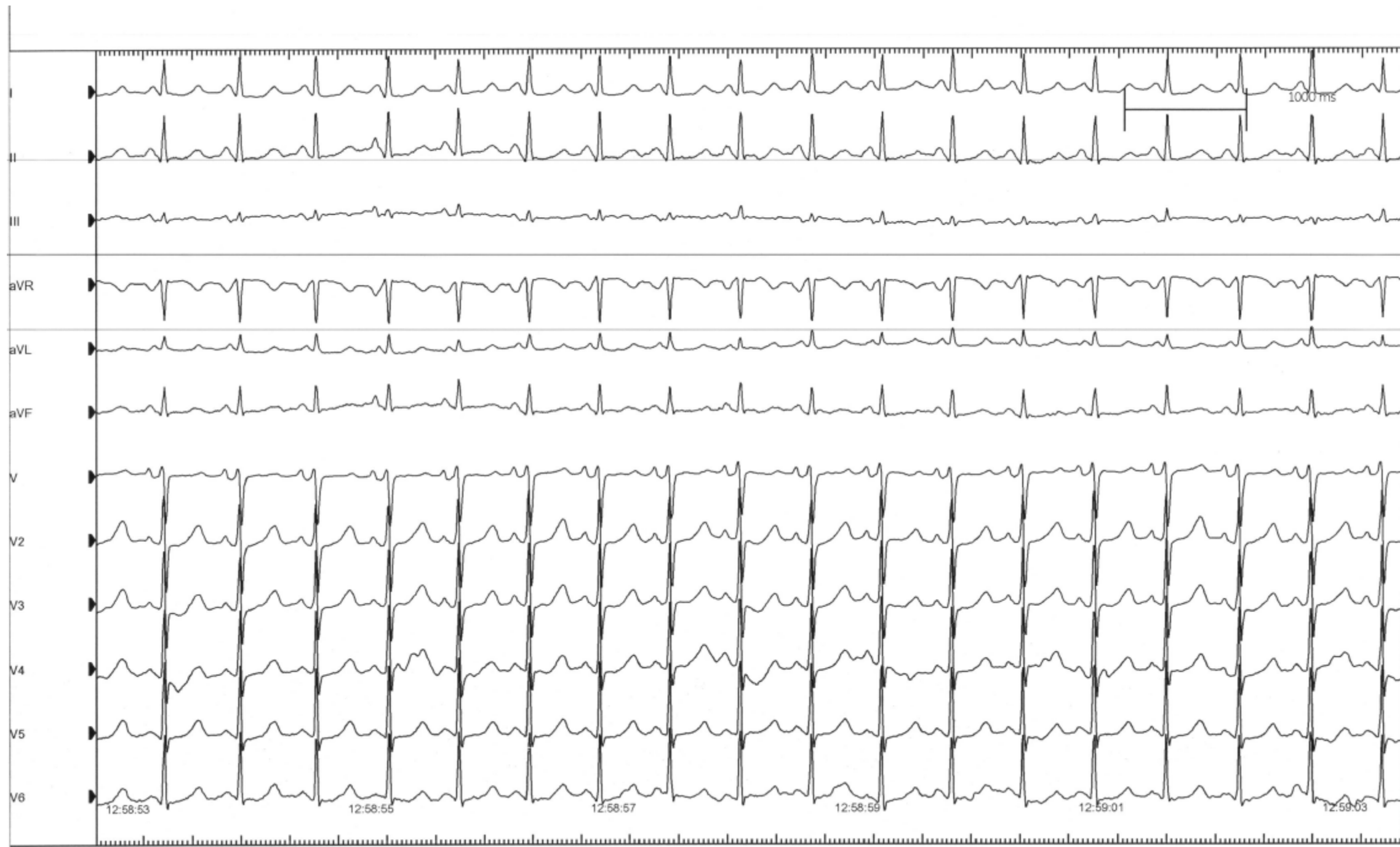
FFR	Pd	Pa
0.98	46	47
Pd/Pa	Pd	Pa
0.99	89	90
CFR	CFR <sub>Norm</sub>	
1.7	1.7	
IMR	IMR <sub>Corr</sub>	
20	20	
RRR		
3.3		

Resting **0.72s** 0.79 0.73 0.66 Hyperemic **0.43s** 0.37 0.45 0.48 Resume

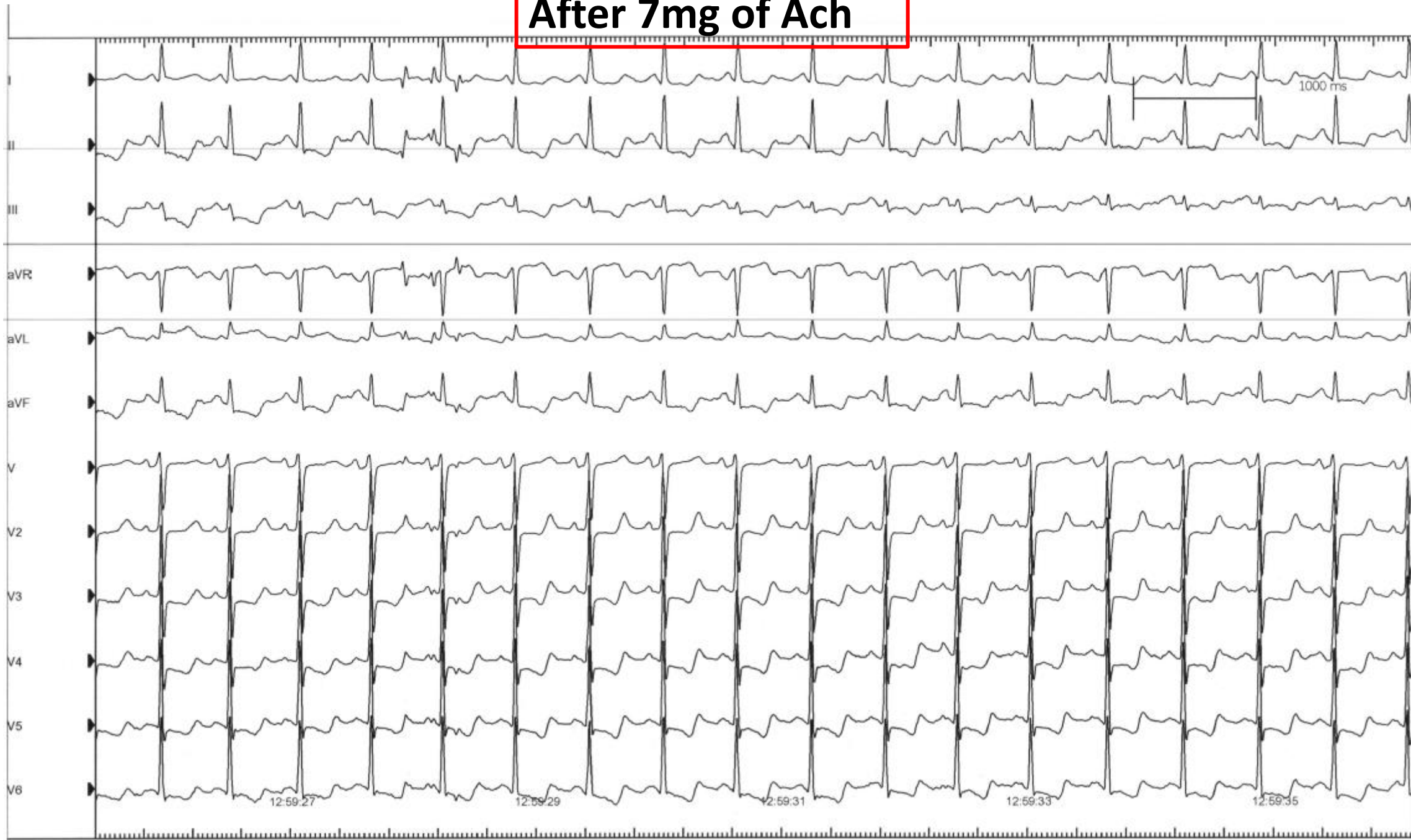




Live



**After 7mg of Ach**







- Final diagnosis vasospastic and microvascular angina.
- Optimization of the therapy with Ranexa 500 mg x 2 and diltiazem 120 mg RP x 2.
- Significant improvement of the symptoms
- This case shows the importance of Full Physiology in INOCA patients to achieve a clear diagnosis that will help to give the appropriate treatments with an appropriate dose.