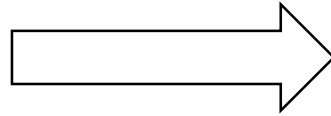


C.S. 60 YO – MASCHIO ♂

- **INSUFFICIENZA VALVOLARE AORTICA SEVERA**
- **FUMATORE**



**SAVR**

**ECG: NEI LIMITI**

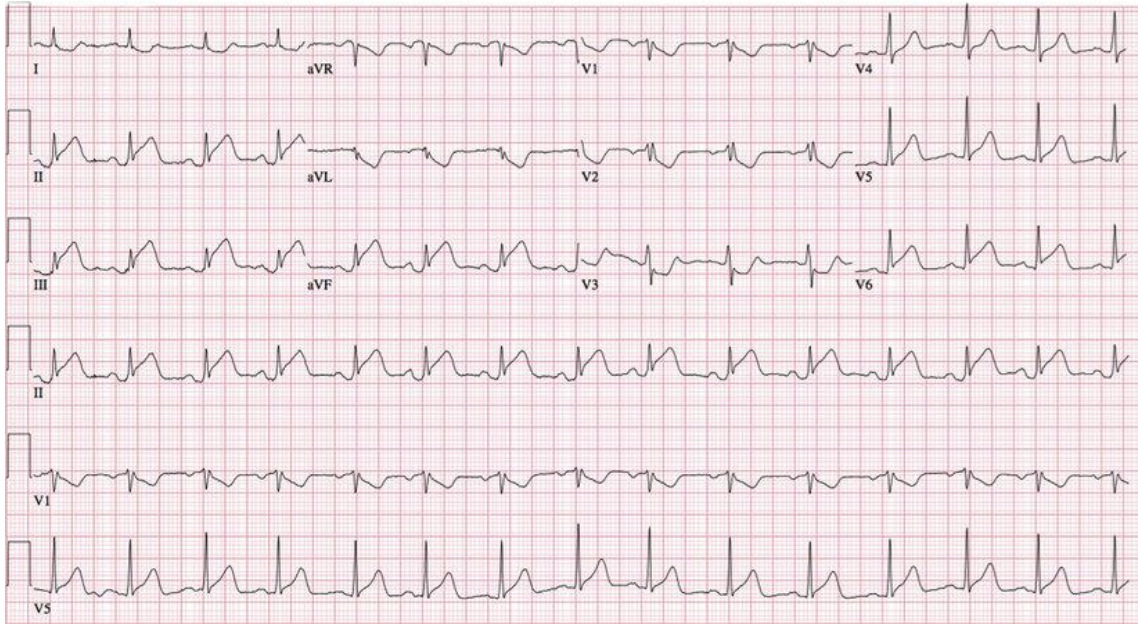
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<b>CREATININE</b>	<b>0.88 MG/DL</b>	
<b>NA</b>	<b>142 MG/DL</b>	
<b>K</b>	<b>3.7 MG/DL</b>	
<b>BNP</b>	<b>42 PG/ML</b>	<b>(&gt;100 PG/ML)</b>
<b>TN HS</b>	<b>4.5 PG/ML</b>	<b>(&gt; 15.6 PG/ML)</b>
<b>Hb</b>	<b>15.2 G/DL</b>	

# CORONAROGRAFIA PRE-OPERATORIA



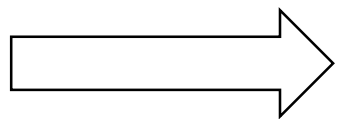
# I GIORNATA POST-INTERVENTO



Tn HS ↑ ↑ ↑

**132560 PG/ML** (> 15.6 PG/ML)

**ECO: ACINESIA DELLA PARETE POSTERO-LATERALE E SFUMATA IPOCINESIA DEL SIV E DELLA PARETE ANTERIORE**

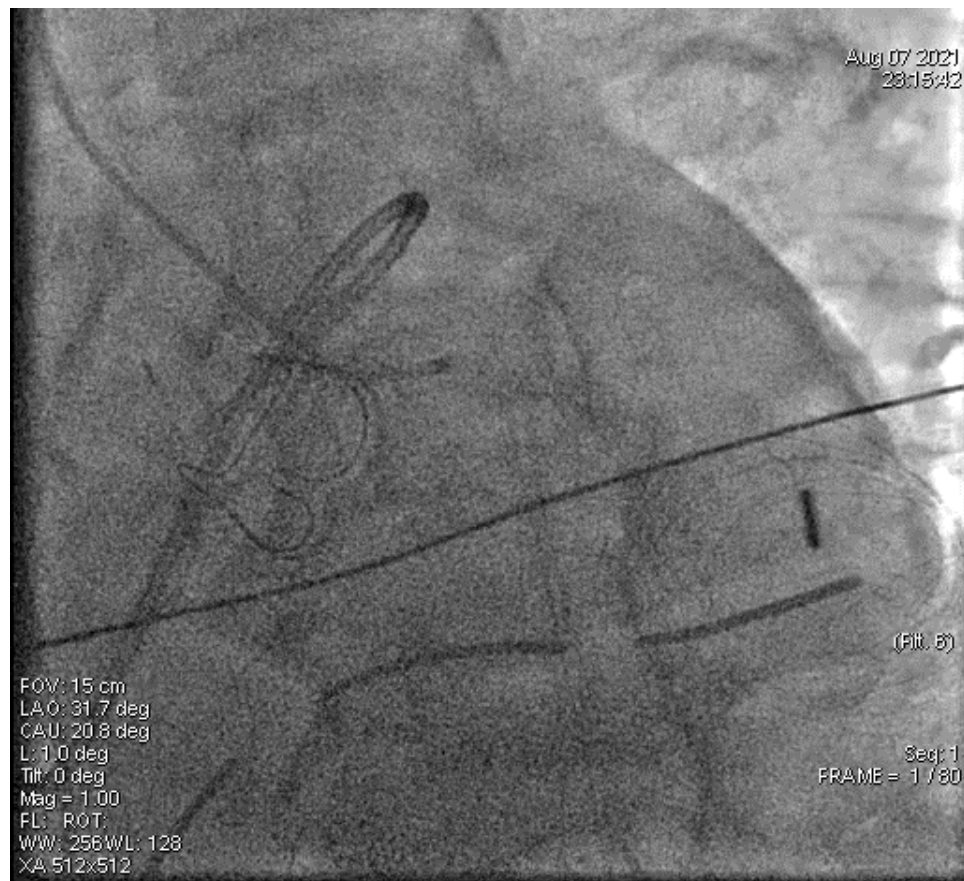


**SHOCK CARDIOGENO**



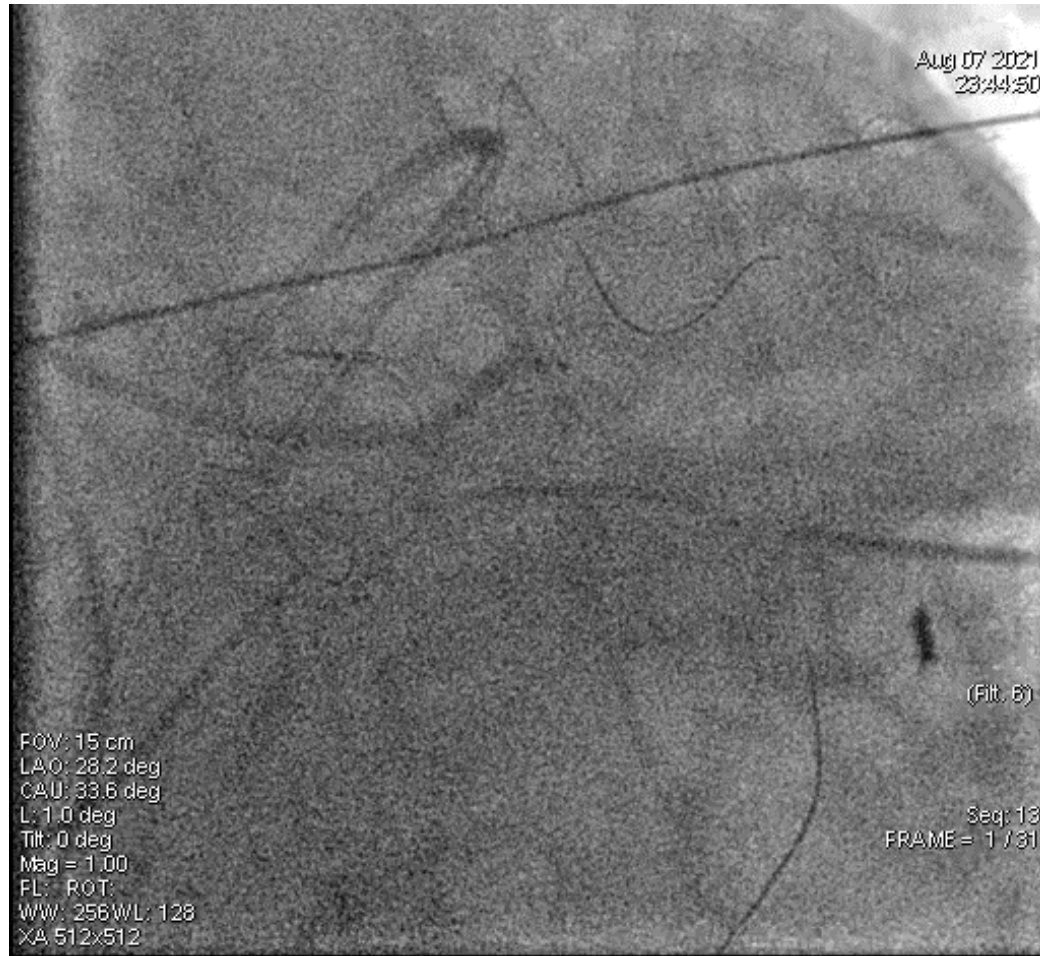
- IOT
- IABP
- Supporto inotropo ad alti dosaggi (Noradrenalina + Dobutamina)

# CORONAROGRAFIA URGENTE

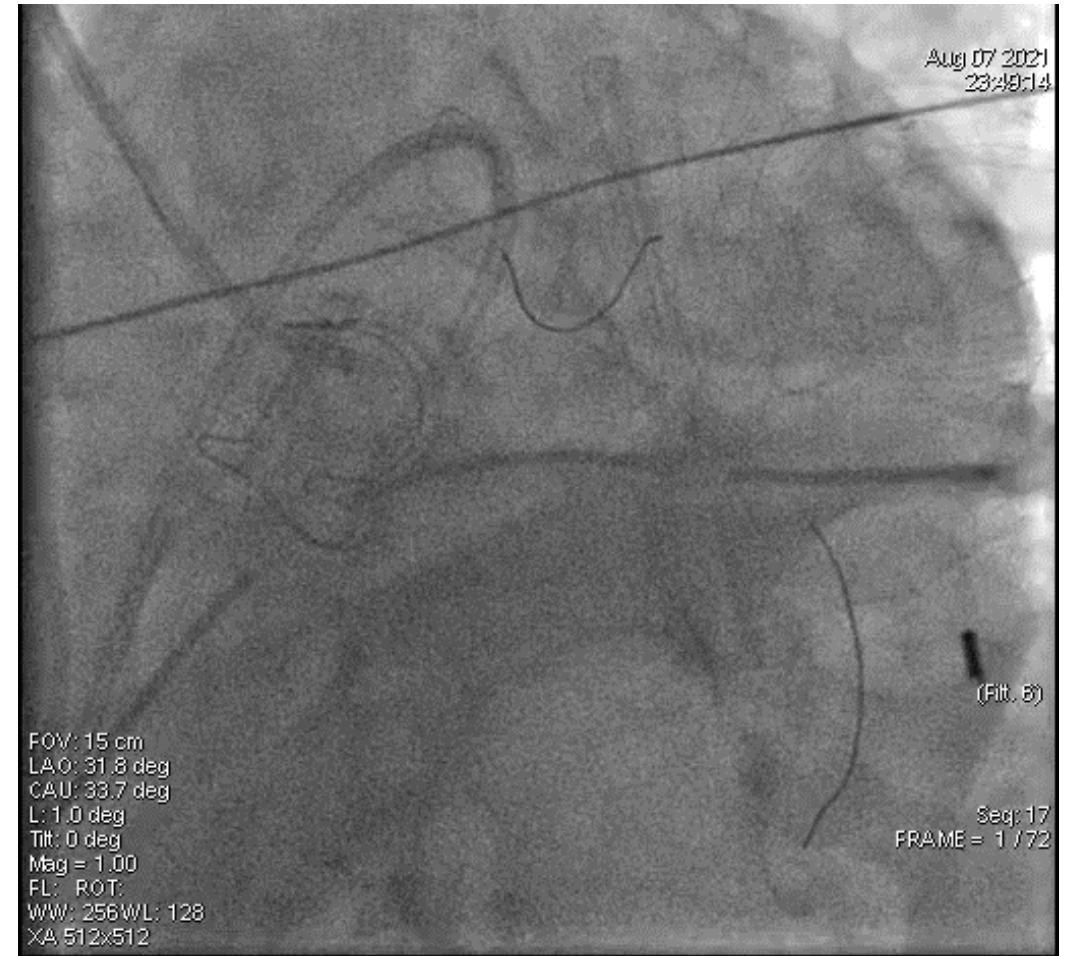


*Estesa dissezione coronarica coinvolgente Tronco Comune, Ramo Interventricolare Anteriore, Ramo Circonflesso e Ramo Intermedio*

## «T-STENTING» DI TRONCO COMUNE, RAMO INTERVENTRICOLARE ANTERIORE E RAMO CIRCONFLESSO



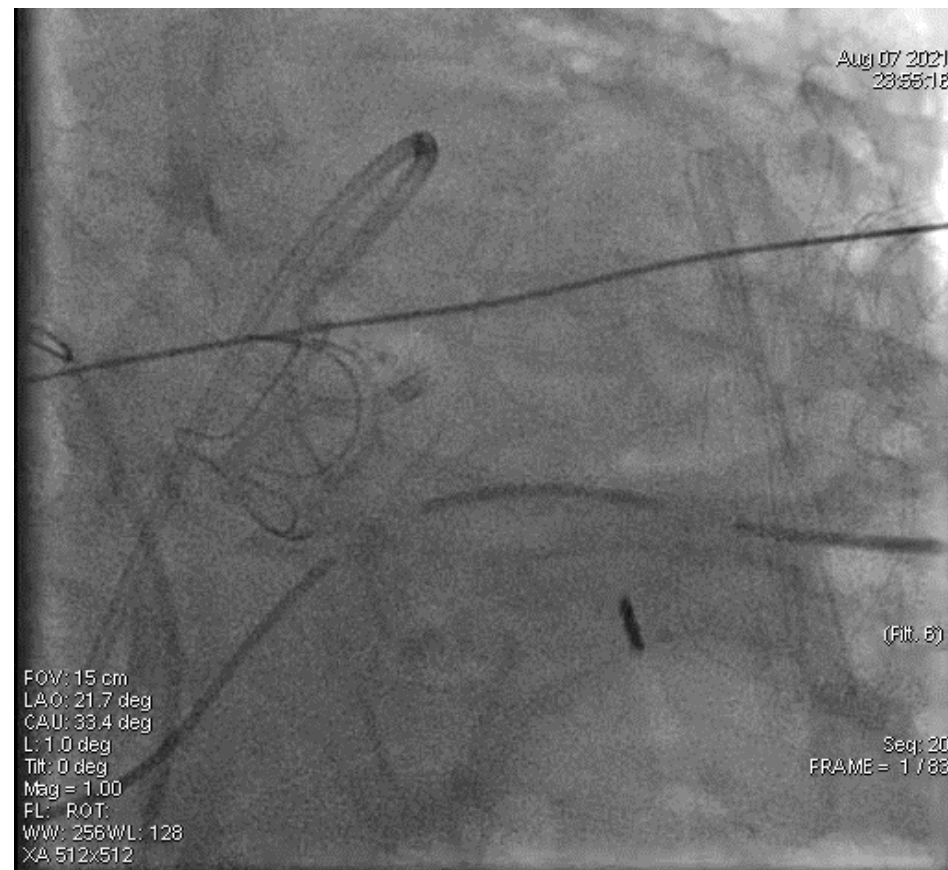
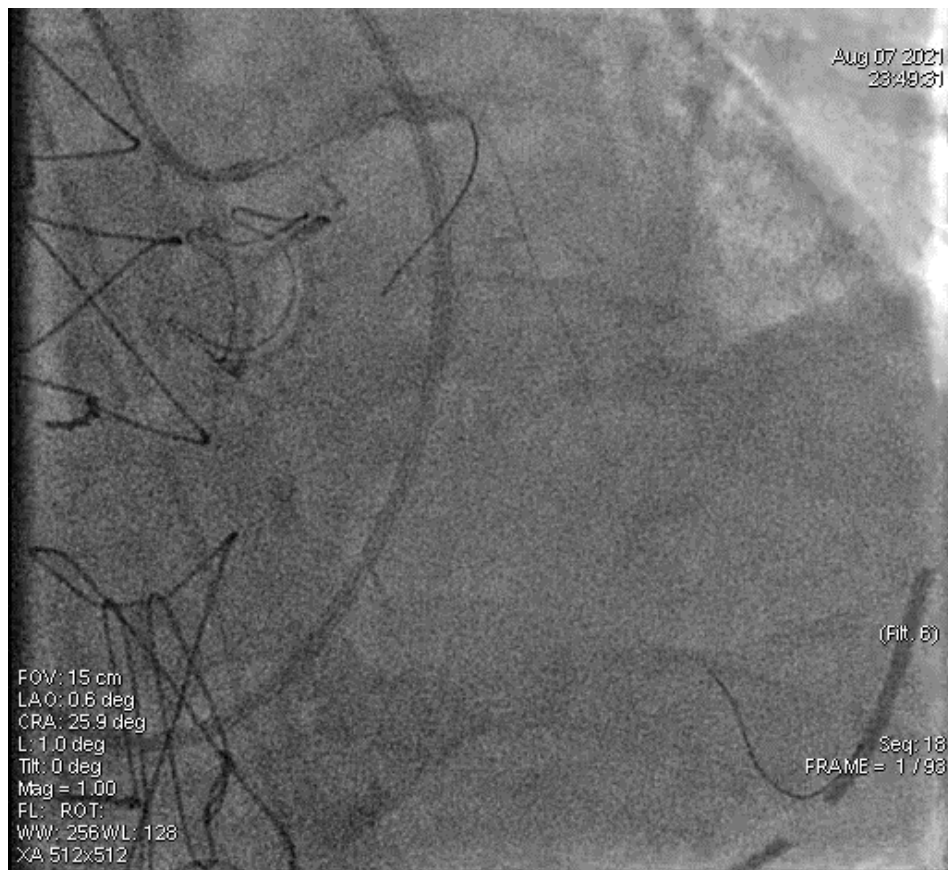
1. Impianto di DES 3.5 x 28 mm al tratto prossimale del Ramo Circonflesso



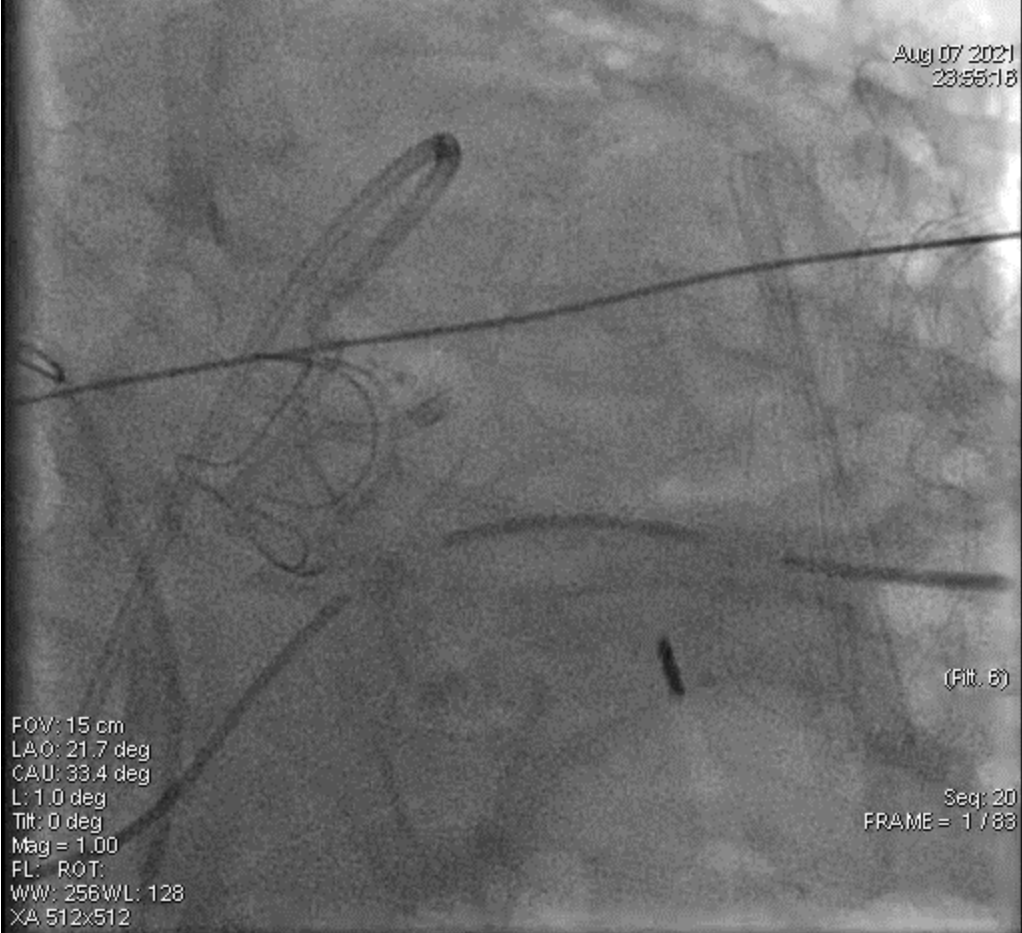
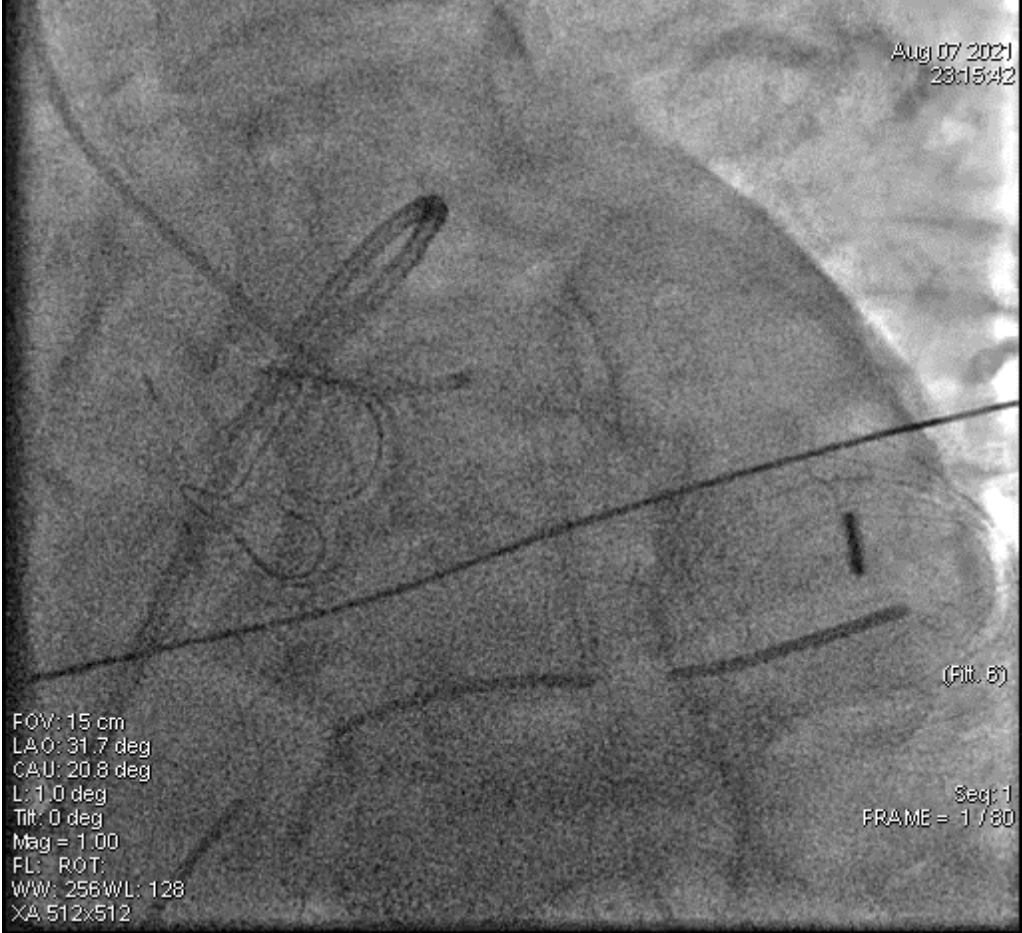
2. Impianto di DES 4.0 x 28 mm dal Tronco Comune verso il Ramo Interventricolare Anteriore

3. Re-wiring
4. Proximal Optimization Technique (POT)
5. Dilatazione delle maglie dello stent verso il side-branch

## RISULTATO FINALE



# PRE-PCI vs. POST-PCI



# CORONARY ARTERY DISSECTION FOLLOWING AORTIC VALVE REPLACEMENT. HOW CAN ONE DEAL WITH THIS RARE YET LIFE-THREATENING COMPLICATION?

Molek P et al. J Card Surg. 2019

Received: 26 December 2018 | Revised: 24 January 2019 | Accepted: 26 January 2019  
 DOI: 10.1111/jocs.13995

**CASE REPORT**

WILEY *Journal of Cardiac Surgery*

## Coronary artery dissection following aortic valve replacement. How can one deal with this rare yet life-threatening complication?

Patrycja Molek MD | Jadwiga Nessler MD, PhD | Jaroslaw Zalewski MD, PhD

Department of Coronary Artery Disease and Heart Failure, Jagiellonian University Medical College, Krakow, Poland

**Abstract**  
 Coronary artery dissection following its cannulation for cardioplegia administration as a result of aortic valve replacement (AVR) is a rare but nevertheless life-threatening complication. The three cases of a patient suffering from aortic stenosis illustrated below focus on the issue of how to identify and treat the dissected artery. In all of the patients who had undergone AVR diagnosed was a perioperative myocardial infarction. Angiography revealed the dissection of the left main in two of the patients, while in the third one that of the right coronary artery. In the case of local dissection, angiography was sufficient to identify the true lumen, whereas in a dissection encompassing the whole of the coronary tree it was necessary to either find the coronary artery not involved in the dissection or to perform intravascular ultrasound imaging. After true lumen identification, the entry of dissection was stented with the optimal angiographic result.

**KEYWORDS**  
 aortic valve replacement, coronary artery dissection, true lumen

