What's in the LV? A Story of SCAD Leading to Anterior Apical Aneurysm with Left Ventricular Thrombus

Lekha Racharla DO
Zeel Patel DO
Tyler Boozel DO
Rahul Gupta MD
Sagar Vadhar DO

See next page for additional authors

Follow this and additional works at: https://scholarlyworks.lvhn.org/medicine

Part of the Cardiology Commons

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Authors
Lekha Racharla DO, Zeel Patel DO, Tyler Boozel DO, Rahul Gupta MD, Sagar Vadhar DO, Akhil Kher MD, Ellina C. Feiner MD, Yasotha Rajeswaran MD, and Daniel Makowski DO
Background

- Spontaneous coronary artery dissection (SCAD) represents 1-4% of all ACS and up to 35% of ACS in women < 50 years of age.
- Underdiagnosed frequently—due to low clinical suspicion, gender/age bias, OCT/IVUS newer technology, and unfamiliarity with SCAD's angiographic variants.

Risk factors include:

- Fibromuscular dysplasia
- Female, age < 50, multiparity
- Connective tissue disorder
- Pregnancy
- Emotional/physical stress

Case Presentation

A 39 y/o female with PMHx of migraines, polysubstance abuse, depression, and anxiety presented with ongoing dyspnea and palpitations. EKG: sinus tachycardia with new Q waves in II, aVF, and V3-V6. Troponins negative.

Imaging Results

- Transthoracic echocardiography (TTE): LAD wall motion abnormality with aneurysm formation and a large apical thrombus. LVEF 45%.
- Coronary angiography: SCAD (type 2) of mid-distal LAD without obstructive CAD.

Clinical Course

- Treated medically with metoprolol succinate, lisinopril and dual therapy with clopidogrel and warfarin.
- Aspirin was held due to anemia. No evidence of fibromuscular dysplasia on CT imaging.
- Follow up TTE 1 year later — Normalized LVEF, akinesis of apical and septal wall in LAD territory, and resolution of LV thrombus.

Discussion

- Patients with high-risk features such as left main disease, persistent angina, VT/VF, and/or cardiogenic shock require urgent revascularization. Supportive treatment is indicated in patients with no high-risk features.
- Beta blockers and optimal blood pressure control have been associated with improved prognosis in patients with a history of SCAD.
- Statins are not indicated in treatment of SCAD.

REFERENCES AND DISCLOSURES


Disclosures — None