



ΙΠΠΟΚΡΑΤΕΙΕΣ ΗΜΕΡΕΣ ΚΑΡΔΙΟΛΟΓΙΑΣ

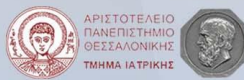
ΛΗΨΗ ΚΛΙΝΙΚΩΝ ΑΠΟΦΑΣΕΩΝ ΜΕΣΑ ΑΠΟ ΤΗΝ
ΠΑΡΟΥΣΙΑΣΗ ΠΕΡΙΣΤΑΤΙΚΩΝ

ΜΕ ΔΙΕΘΝΗ ΣΥΜΜΕΤΟΧΗ

16-17 ΜΑΪΟΥ 2025

ELECTRA PALACE / ΘΕΣΣΑΛΟΝΙΚΗ

Υπό την Αιγίδα



Α' Πανεπιστημιακή
Καρδιολογική Κλινική
Π.Γ.Ν. «ΑΧΕΠΑ»



Coronary artery ectasia presenting as STEMI

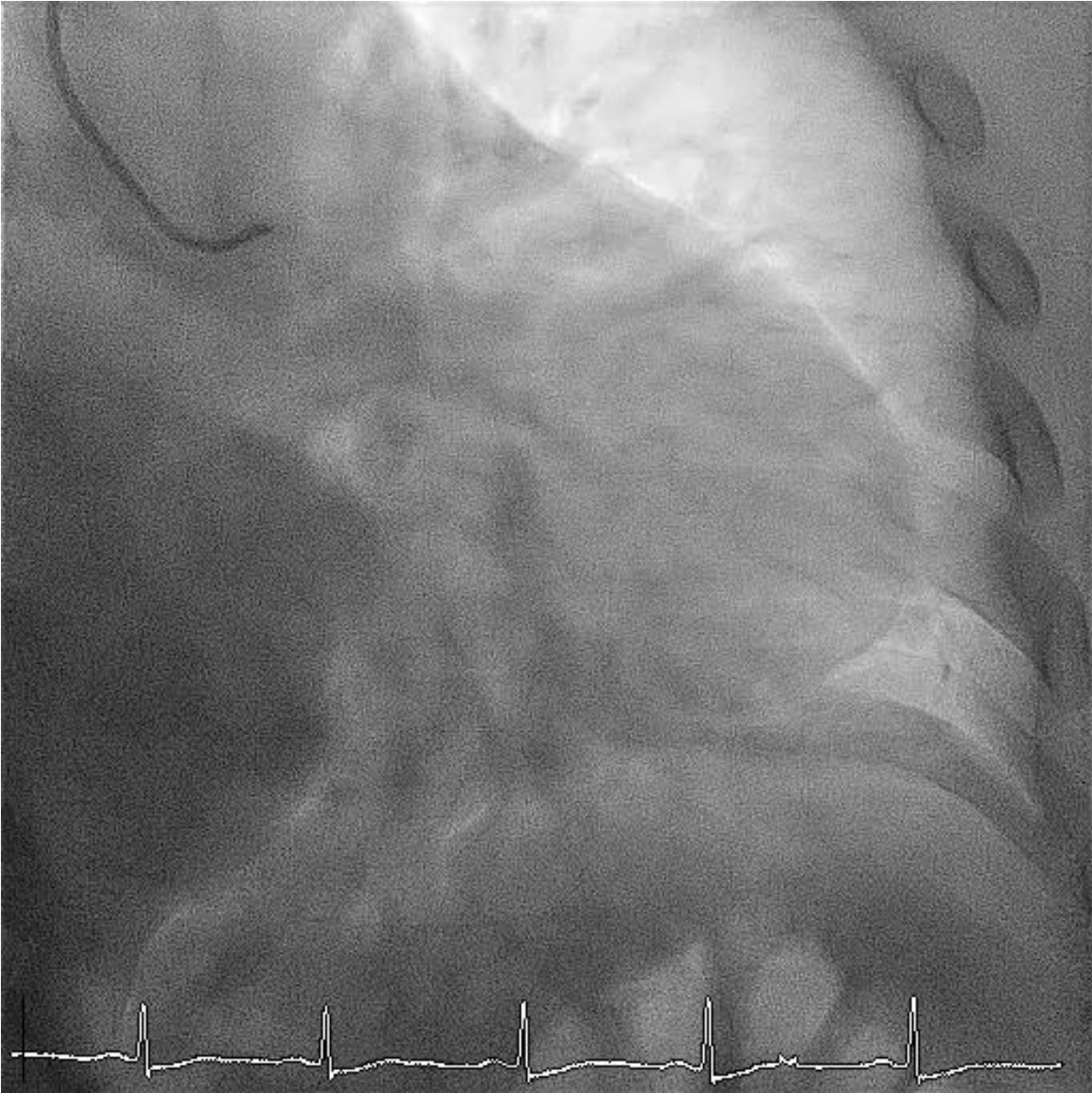
Κωνσταντίνος Θεοδωρόπουλος
Επιμελητής Καρδιολόγος
Π.Γ.Ν.Θ ΑΧΕΠΑ

Conflict of Interest

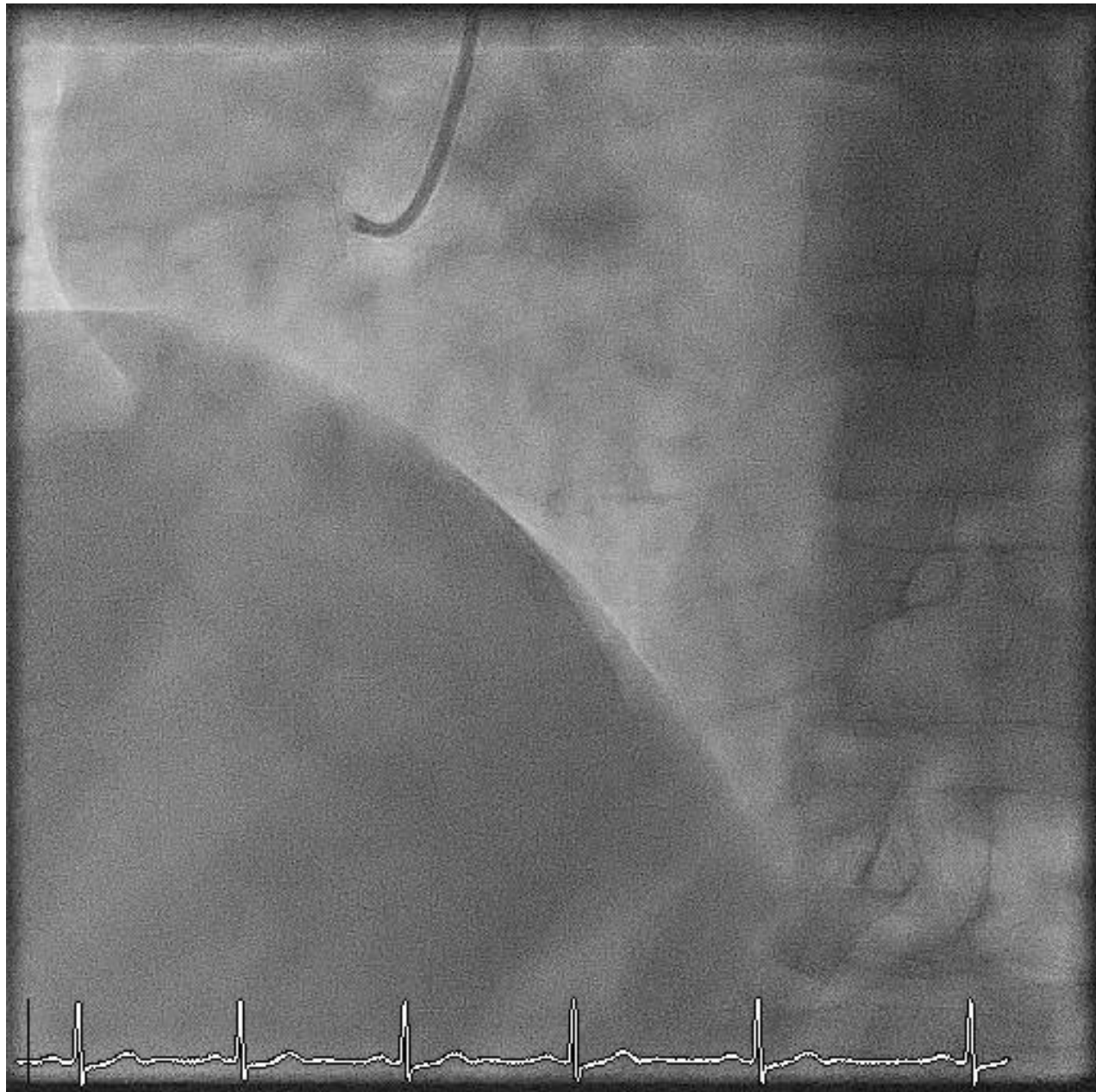
- No conflict of interest to disclose

- 55-year-old male
- HTN, Dyslipidaemia
- Inferolateral STEMI - unsuccessful thrombolysis in a satellite hospital
- Transferred to our institute for rescue PPCI
- VF upon arrival on A&E department → DC shock
- Cath lab

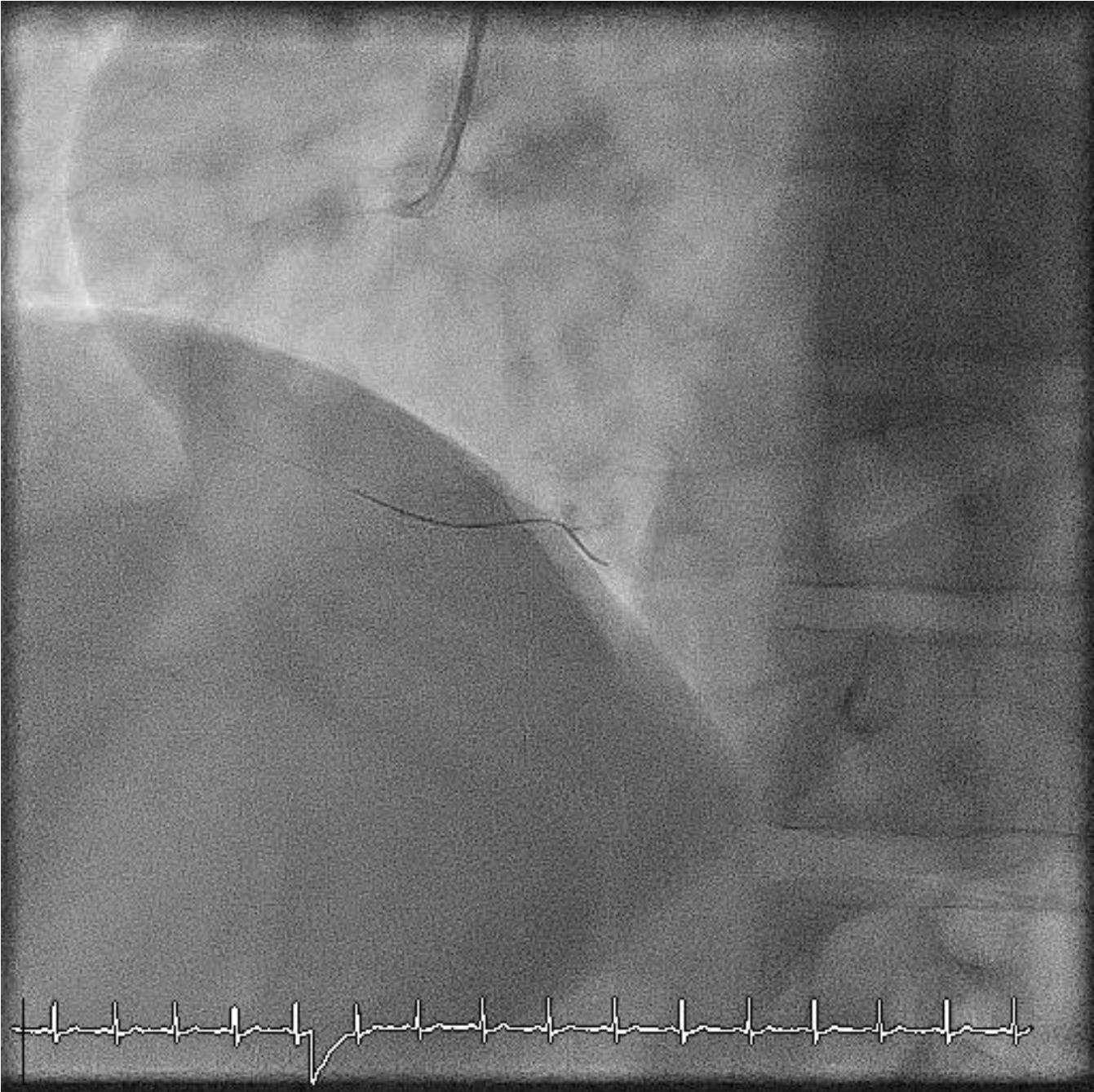
Right radial artery, 6 Fr sheath, JL 3.5 (5Fr)



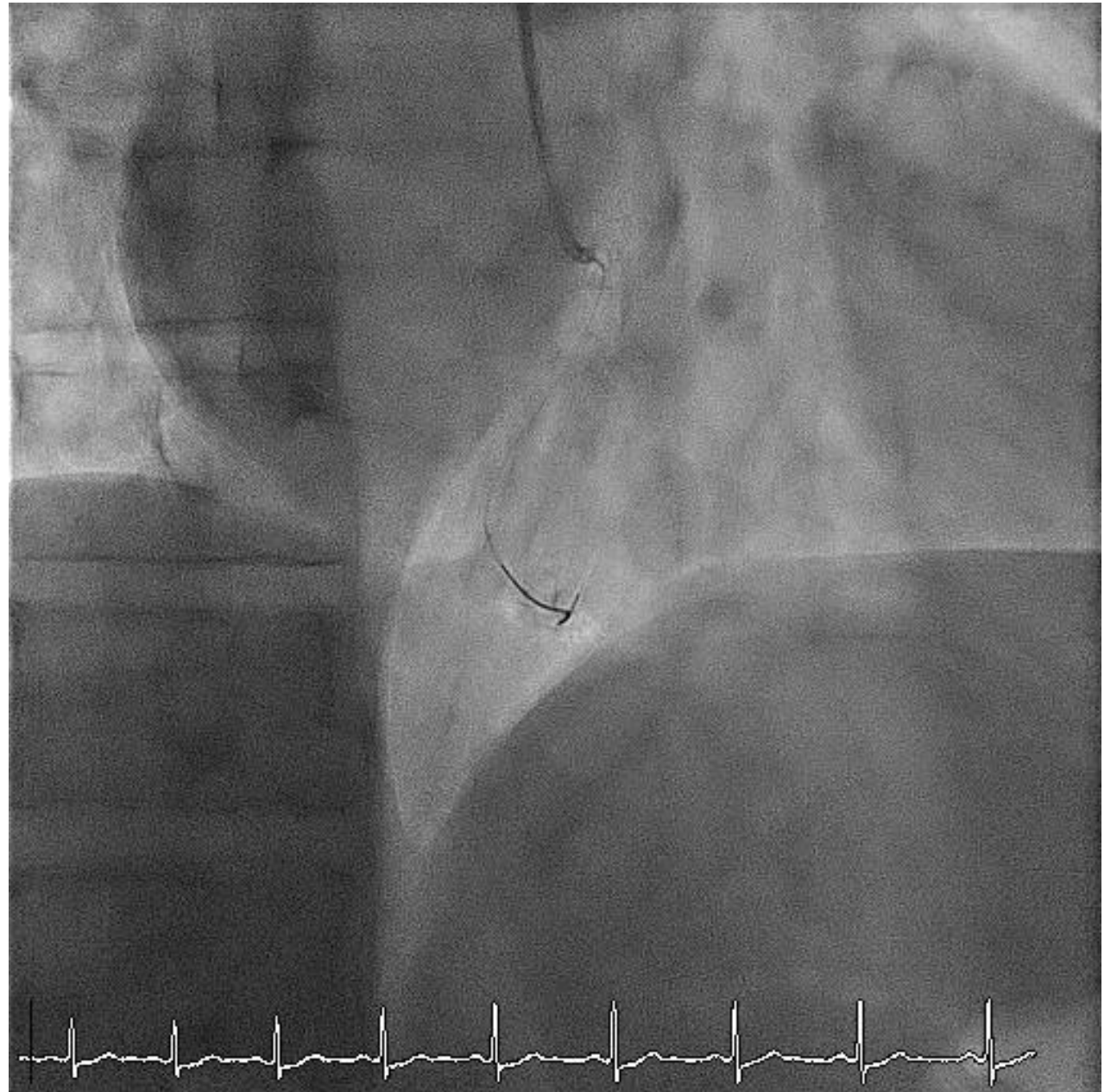
JR 4 (6Fr)

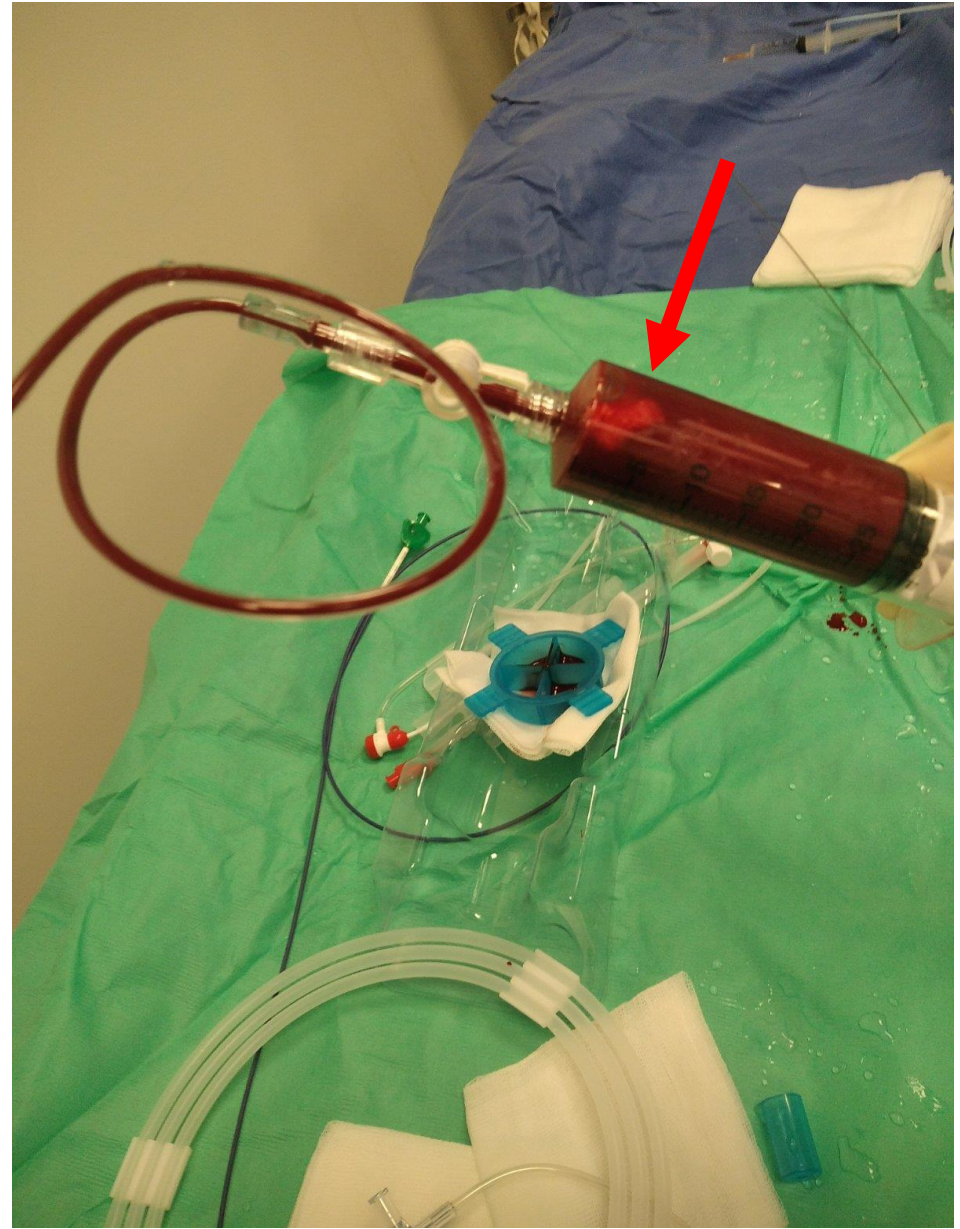
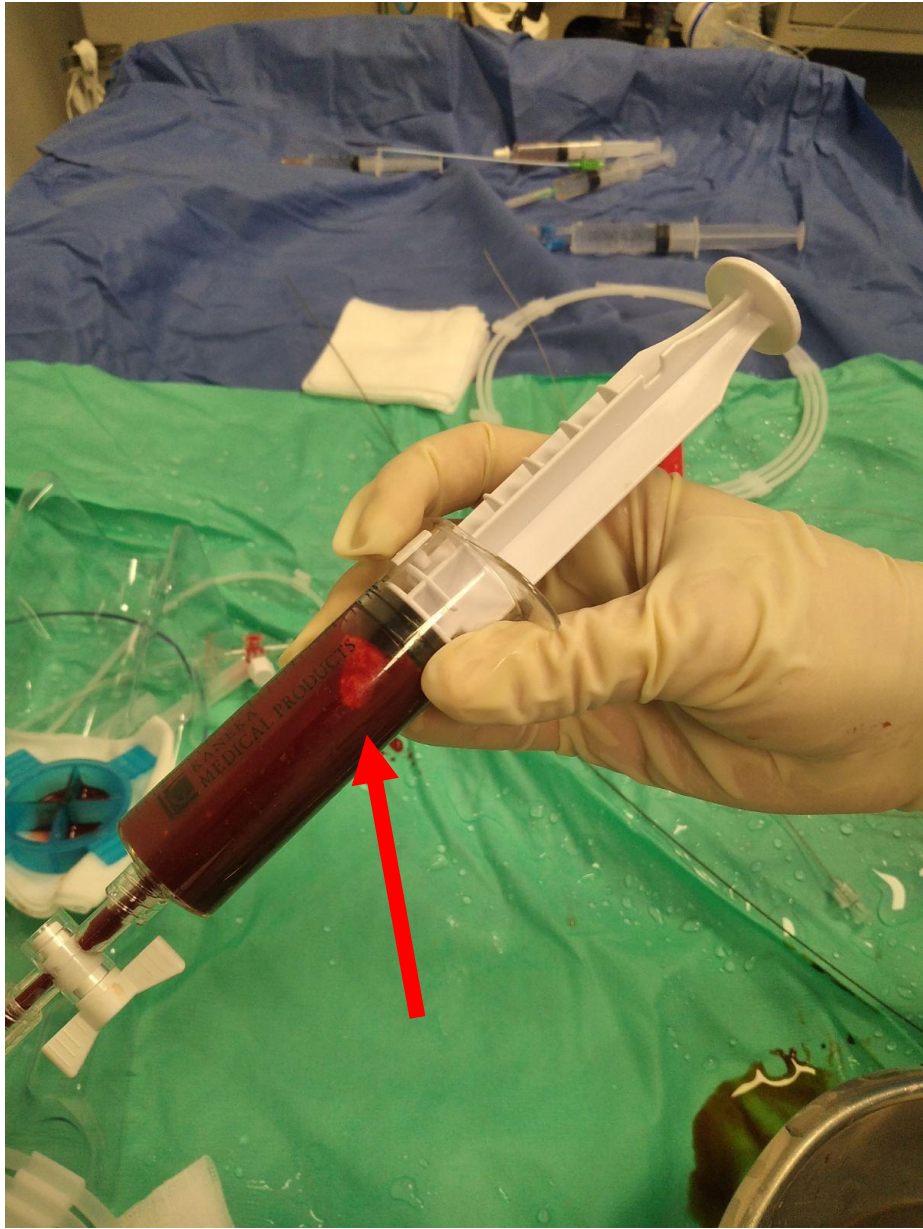


Samurai (workhorse)

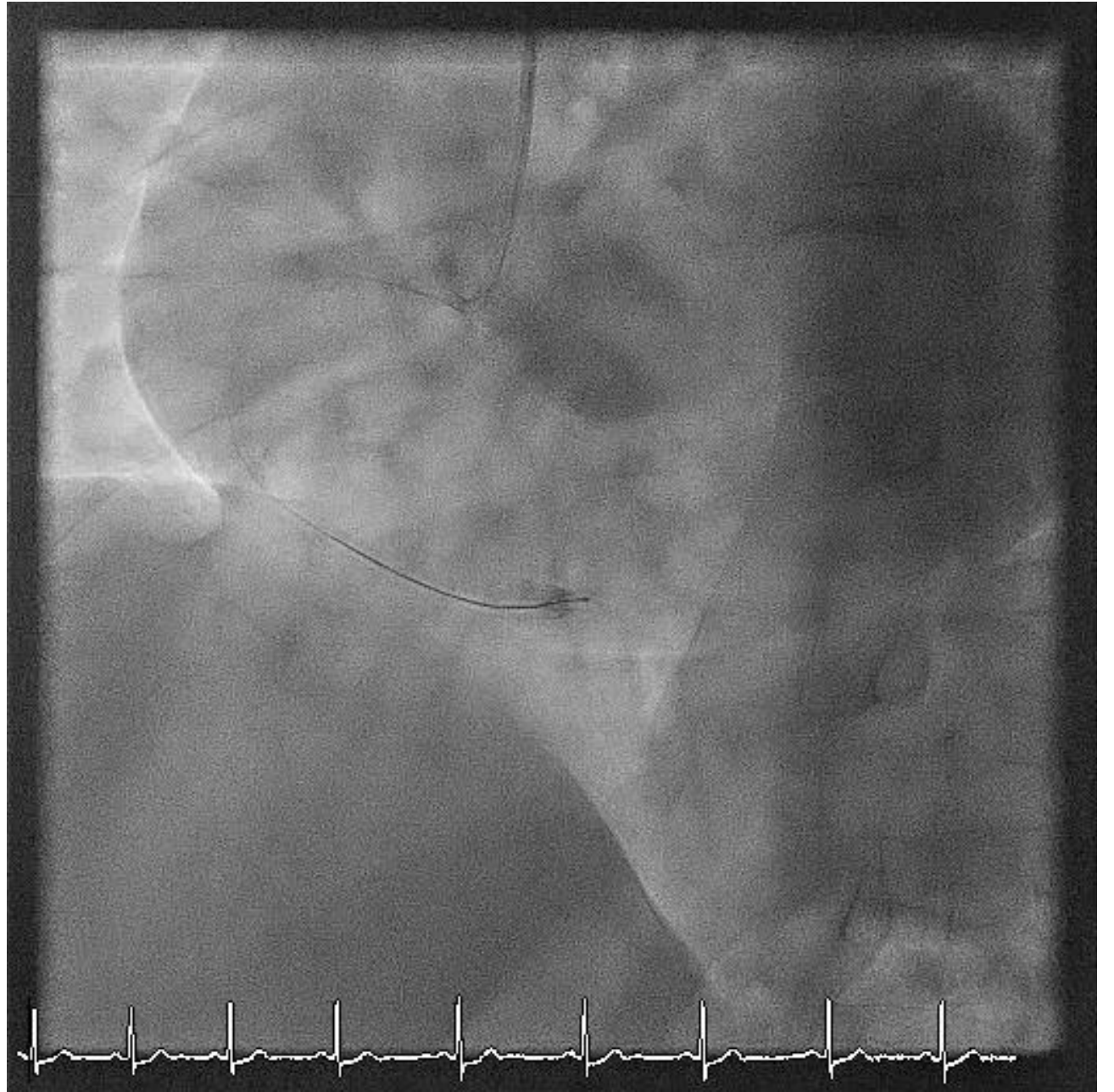


Thrombus aspiration (Thrombuster II 6Fr) x 2

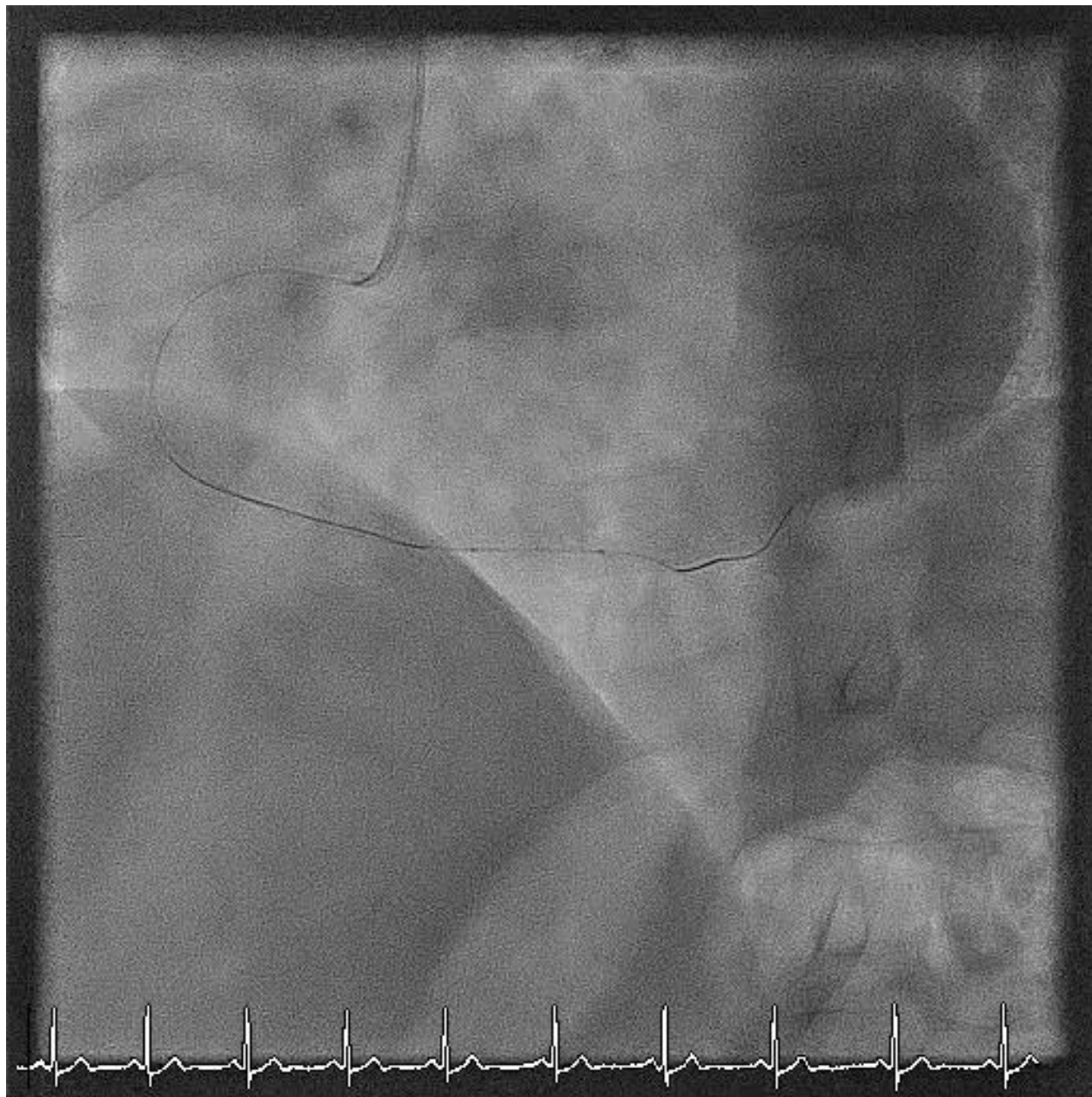


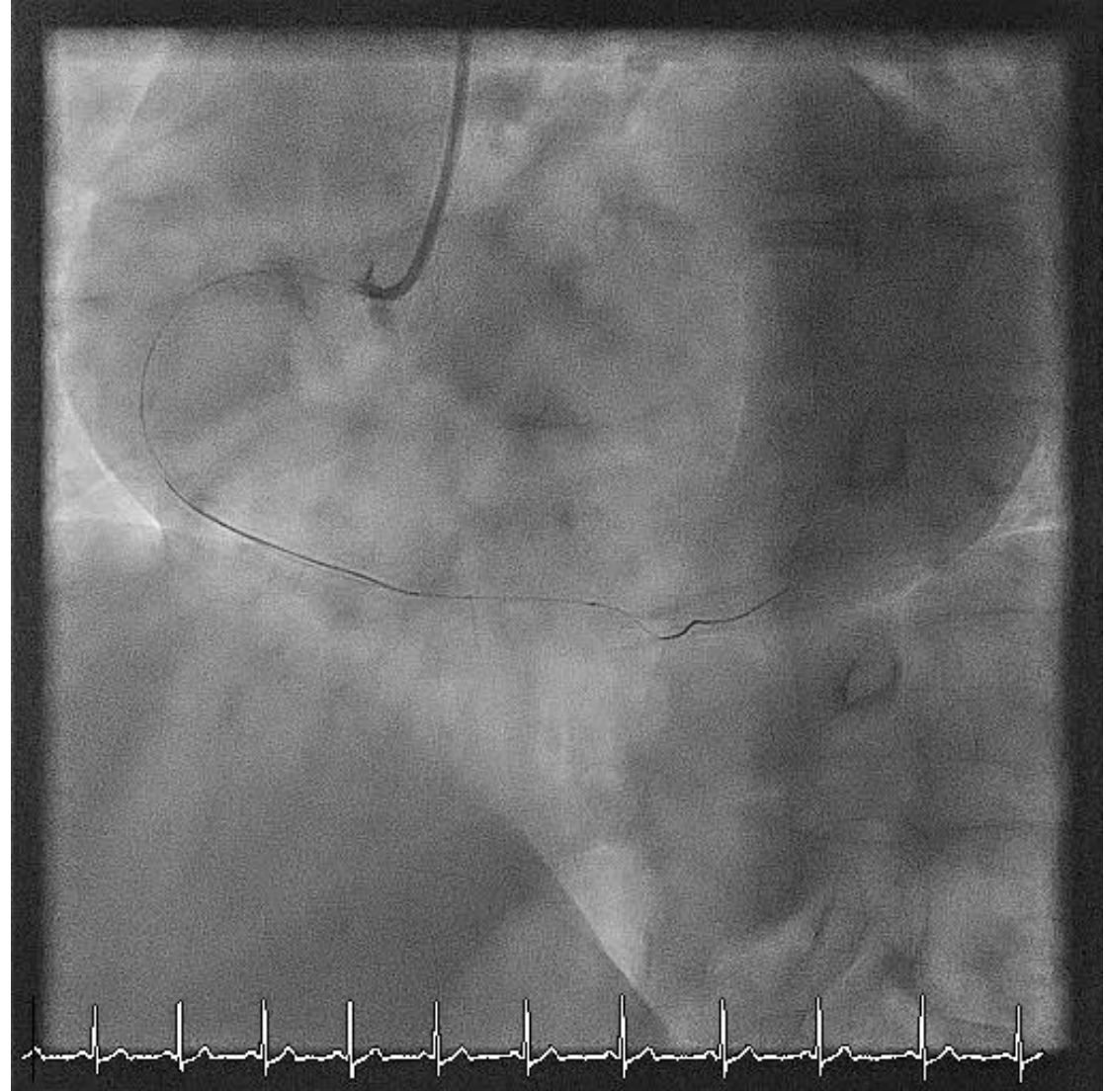
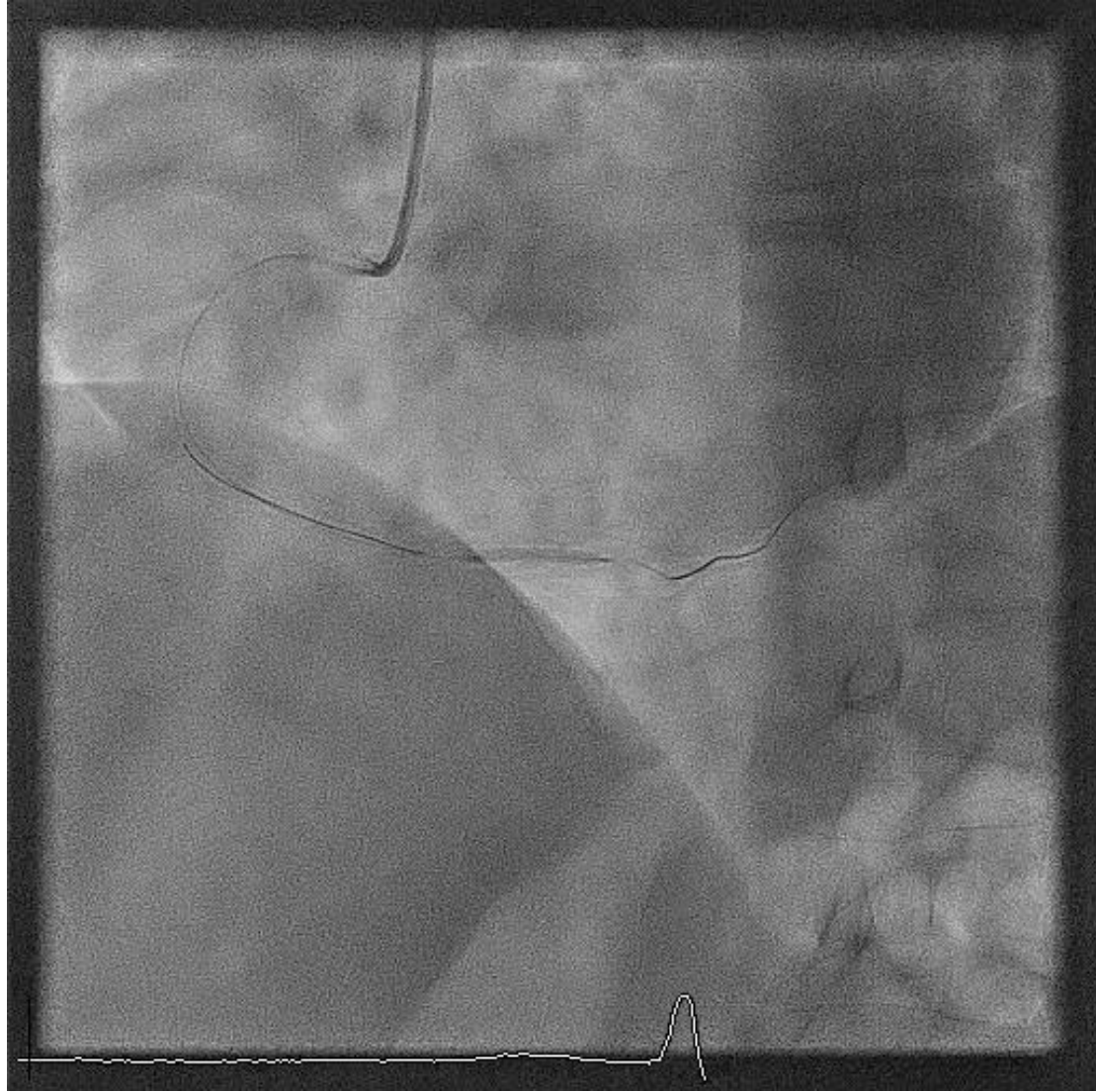


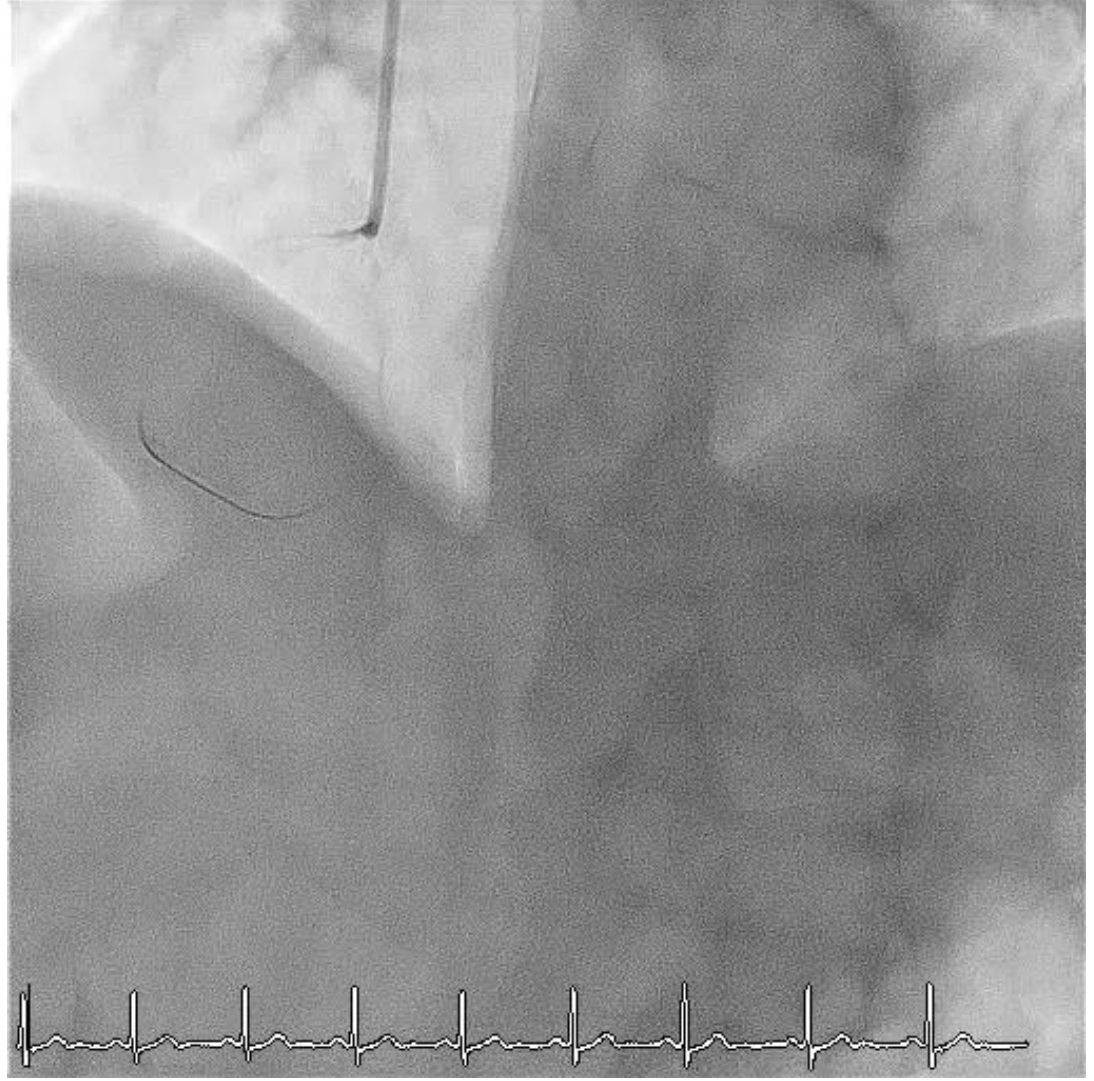
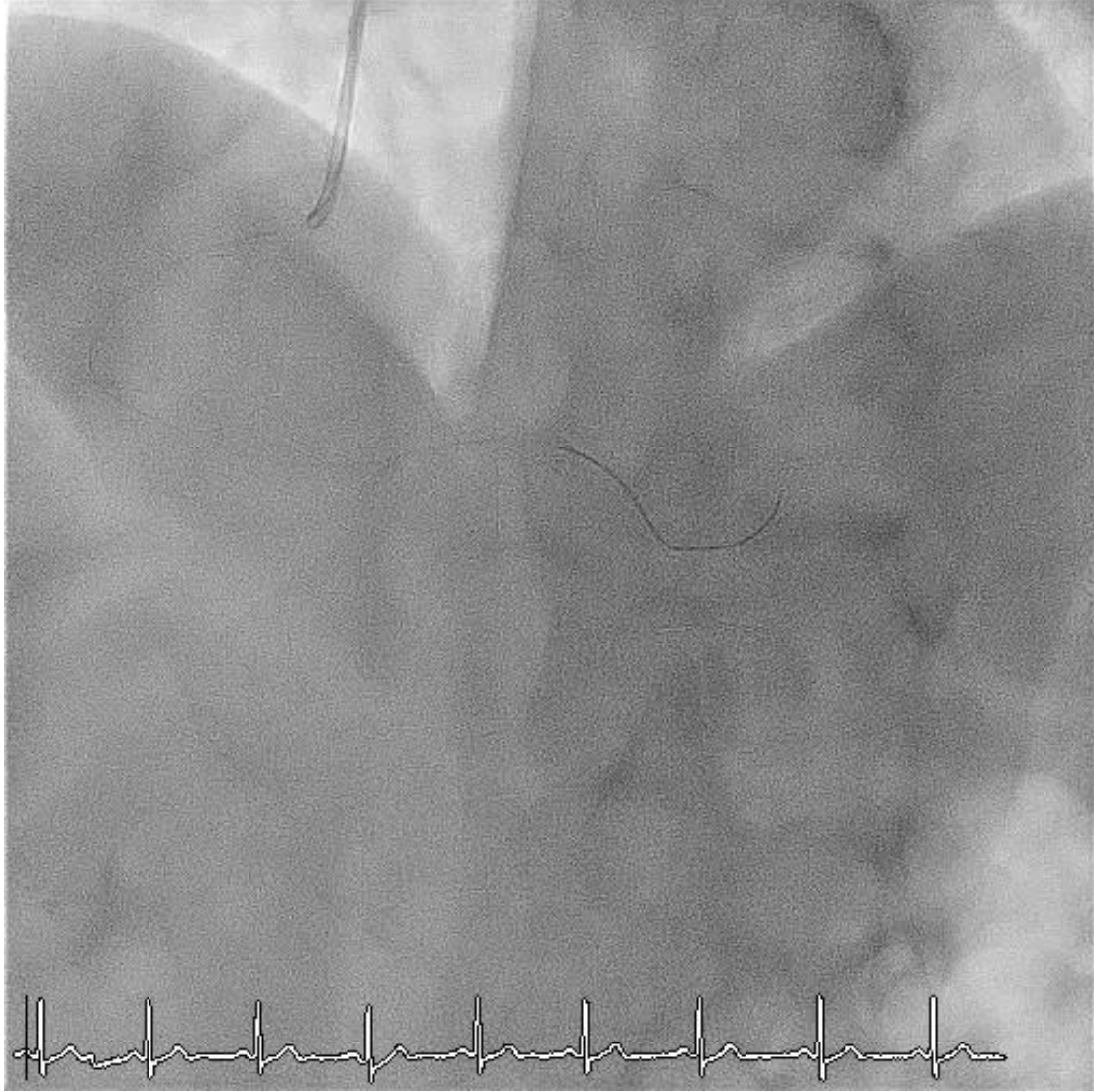
Bolus intracoronary tirofiban infusion (10 μ g/Kg)

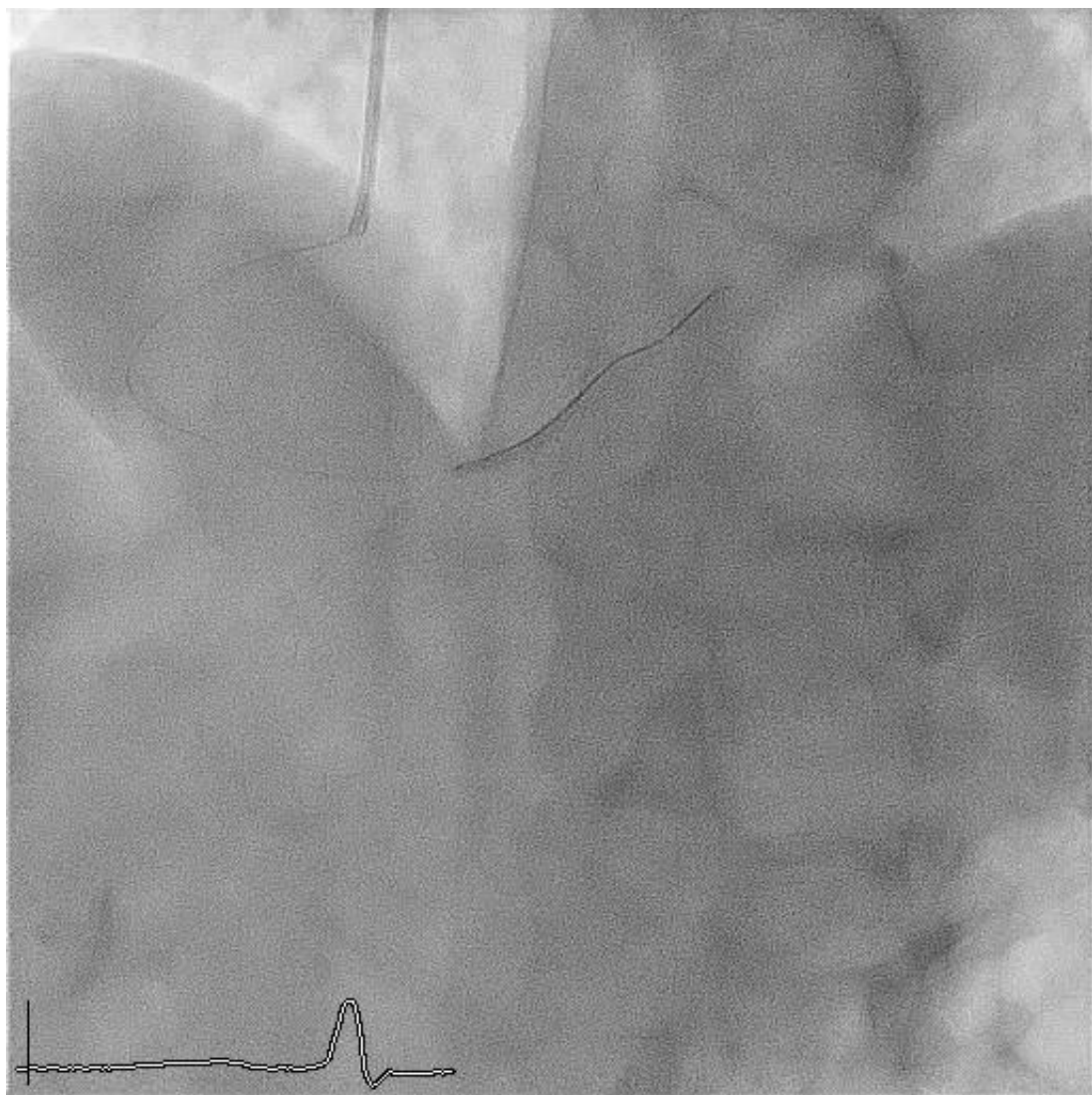
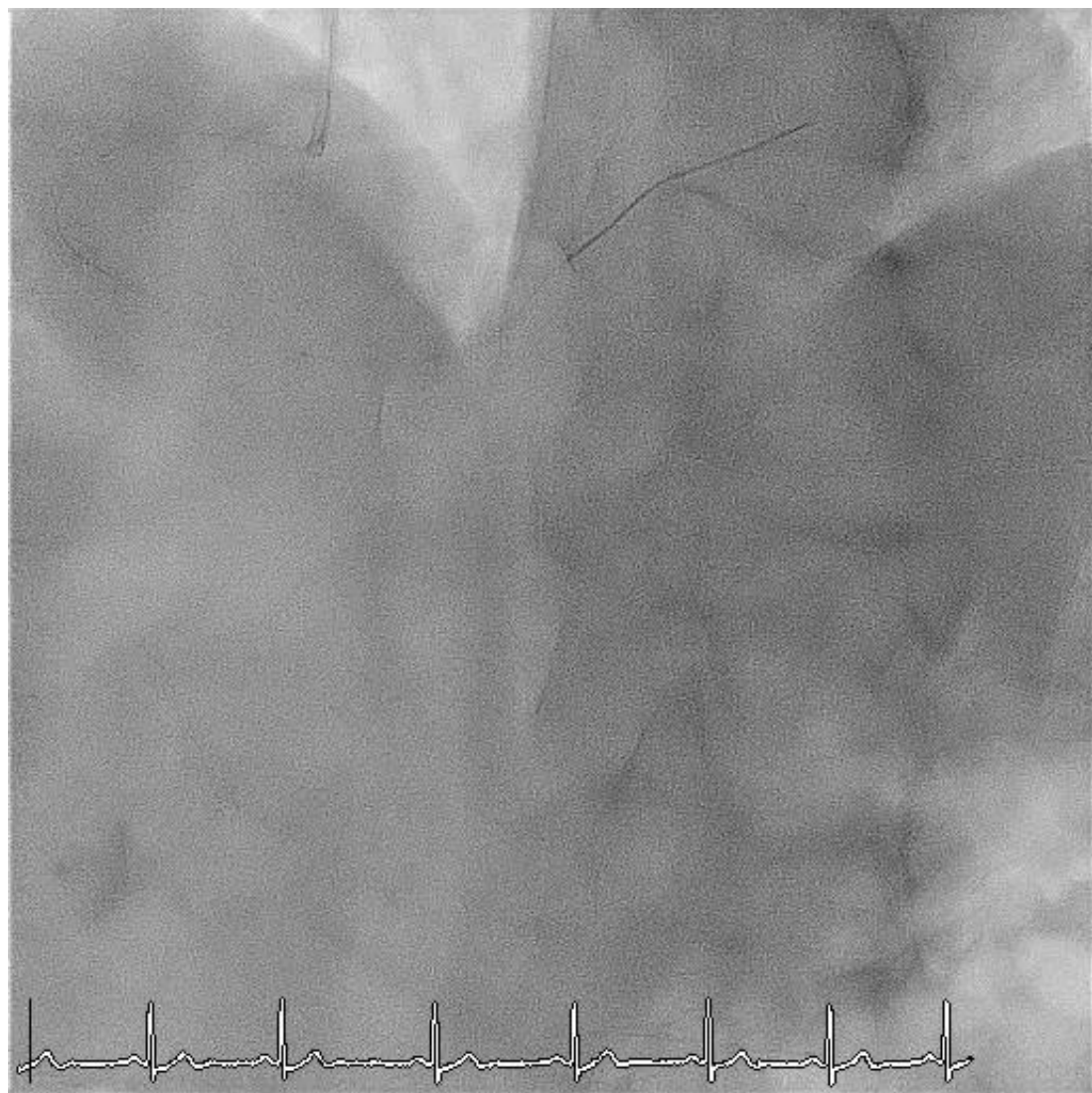


SC Emerge 2.0x20mm

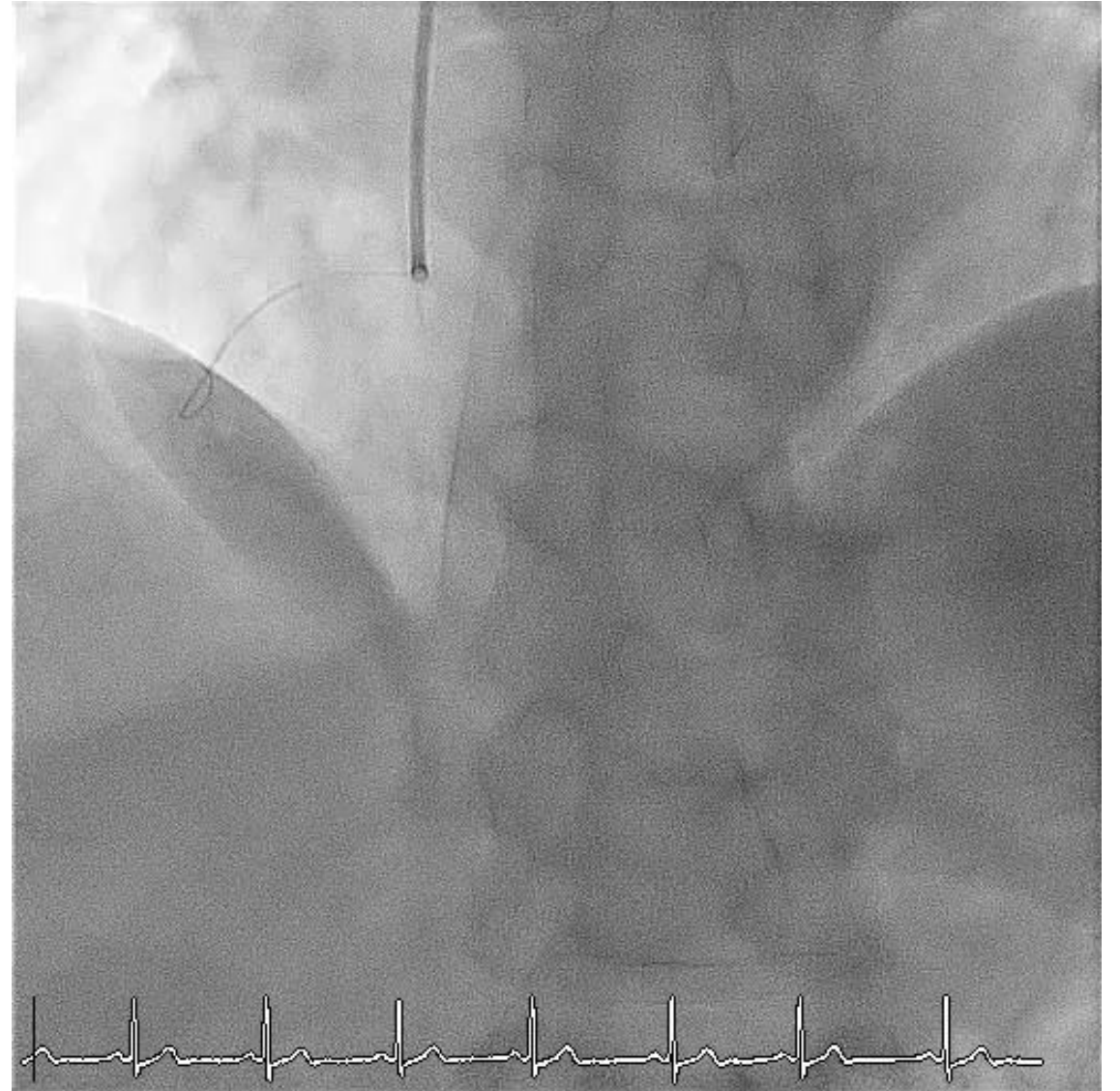
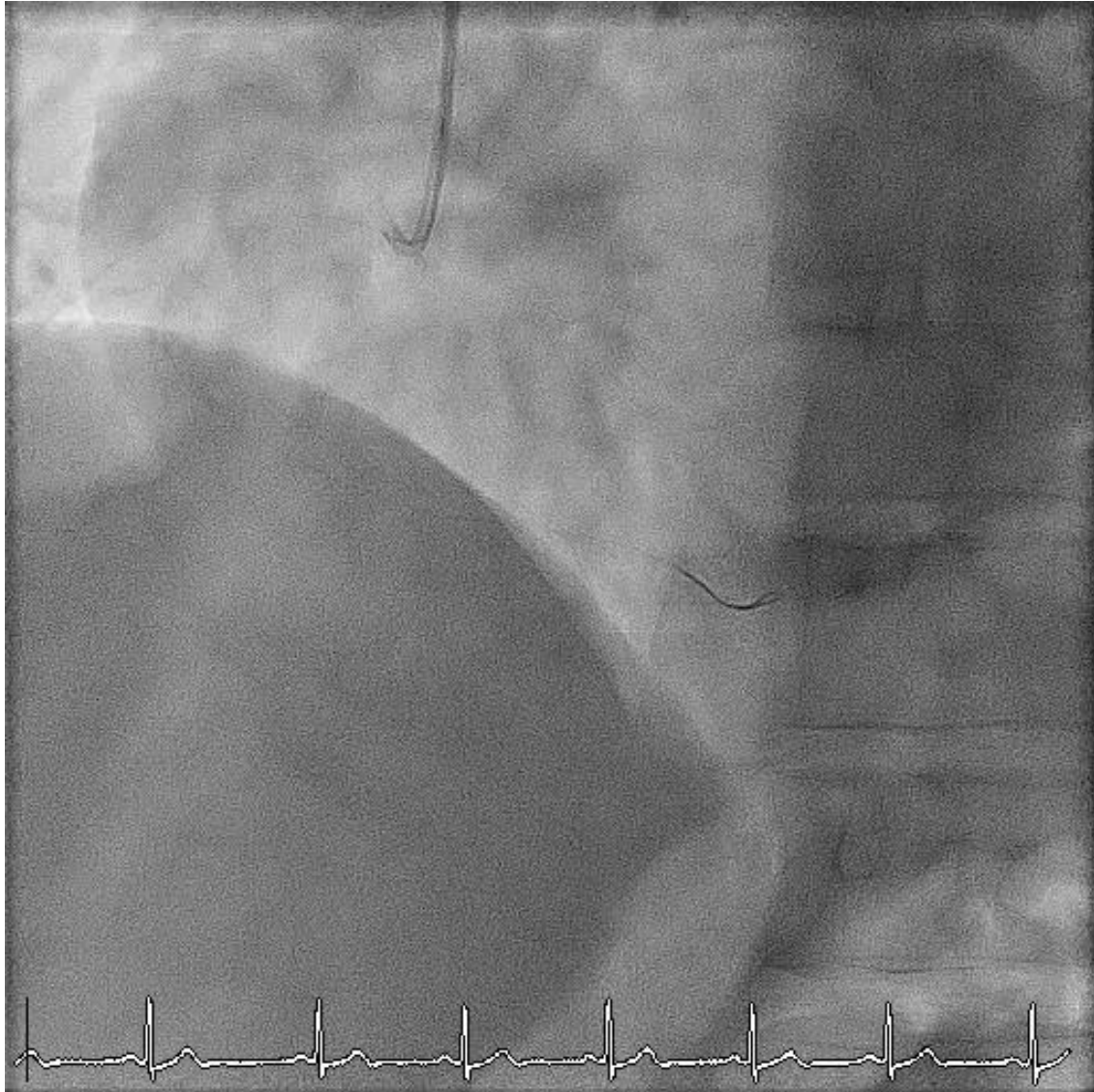






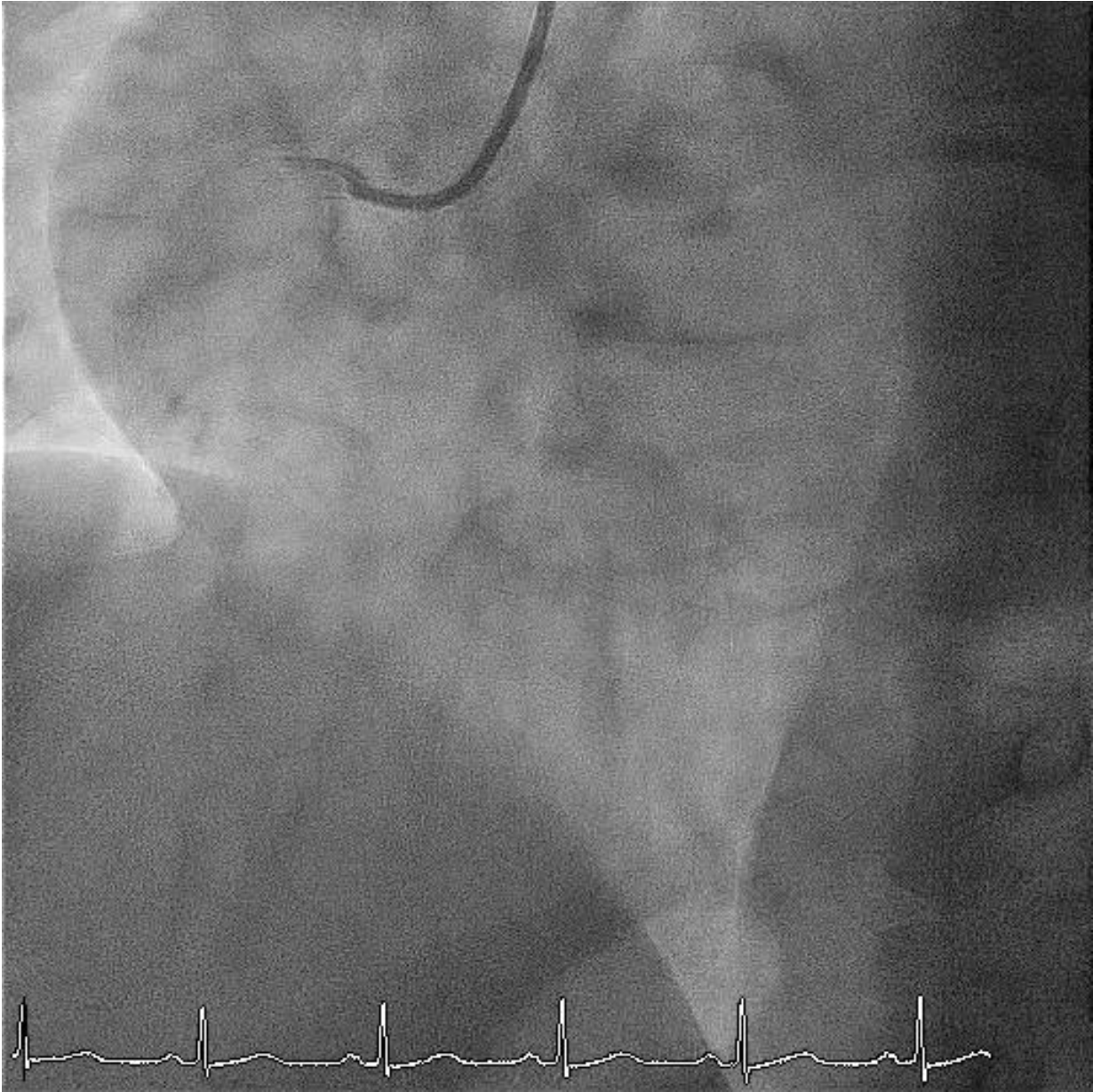


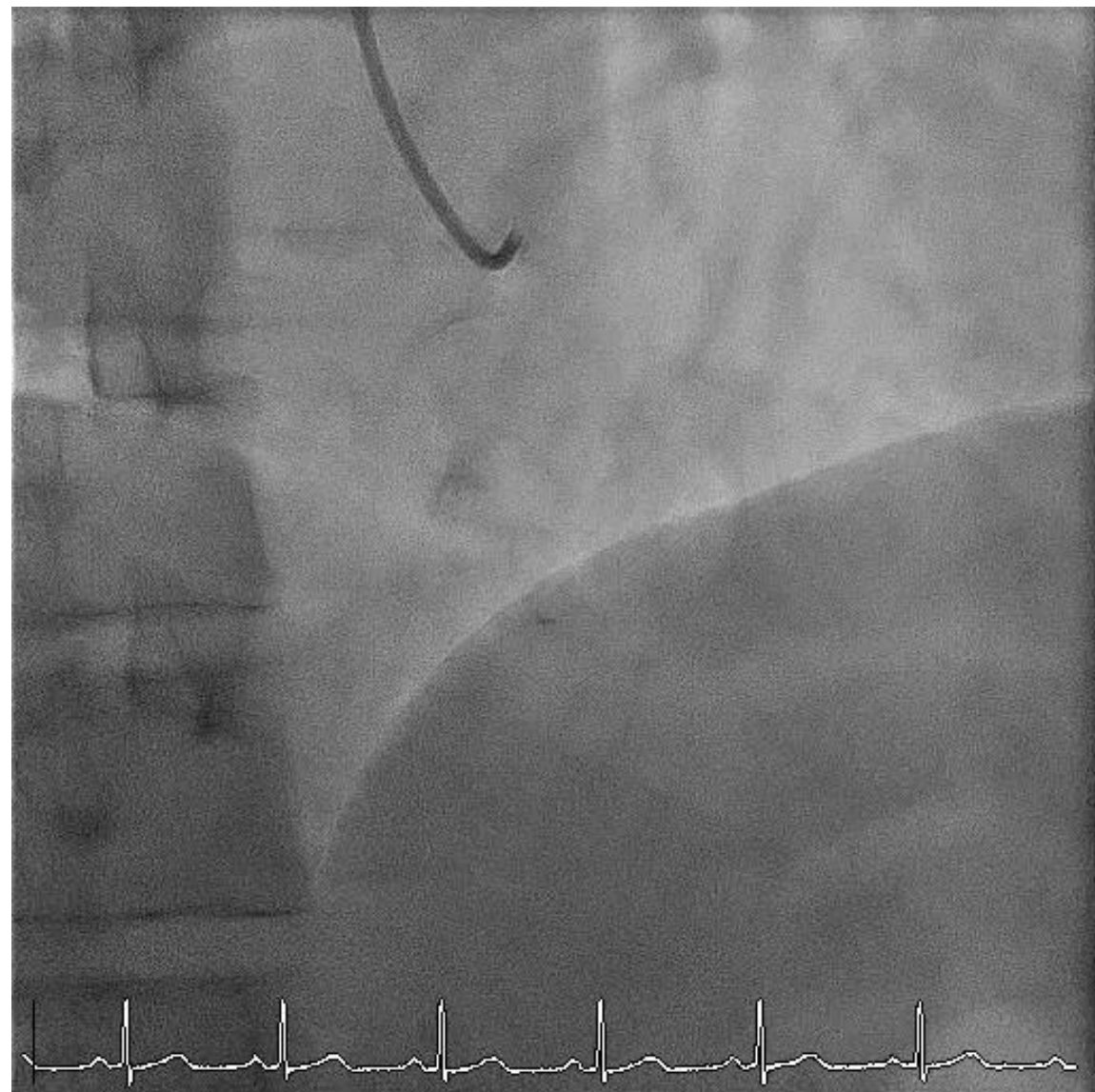
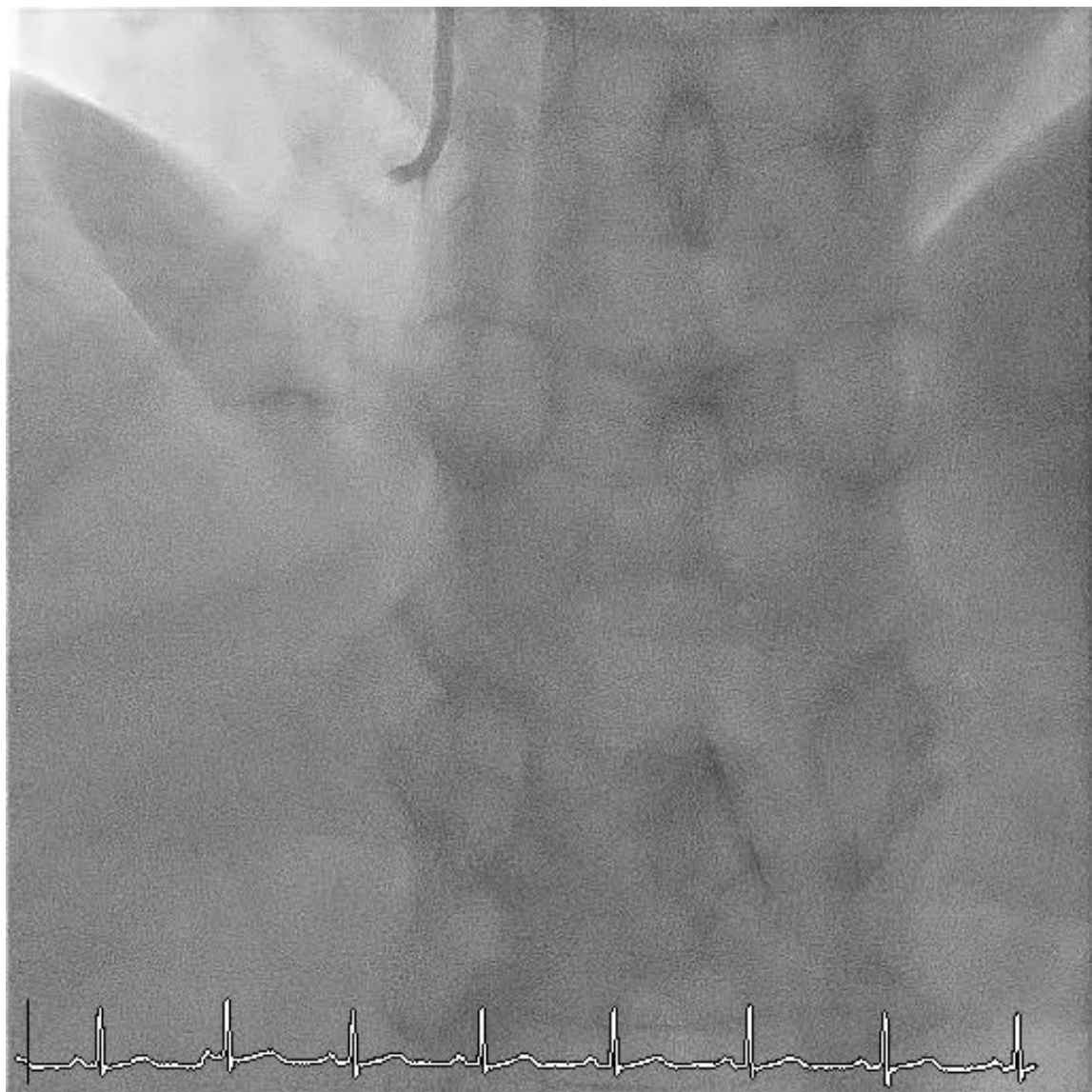
Final angiographic views



- Patient transferred to CCU on quadruple antithrombotic regime (aspirin, clopidogrel, tirofiban infusion for 24 hours and enoxaparin)
- No complications
- Preserved LV systolic function
- Step down to cardiology department
- 9 days later repeat angio

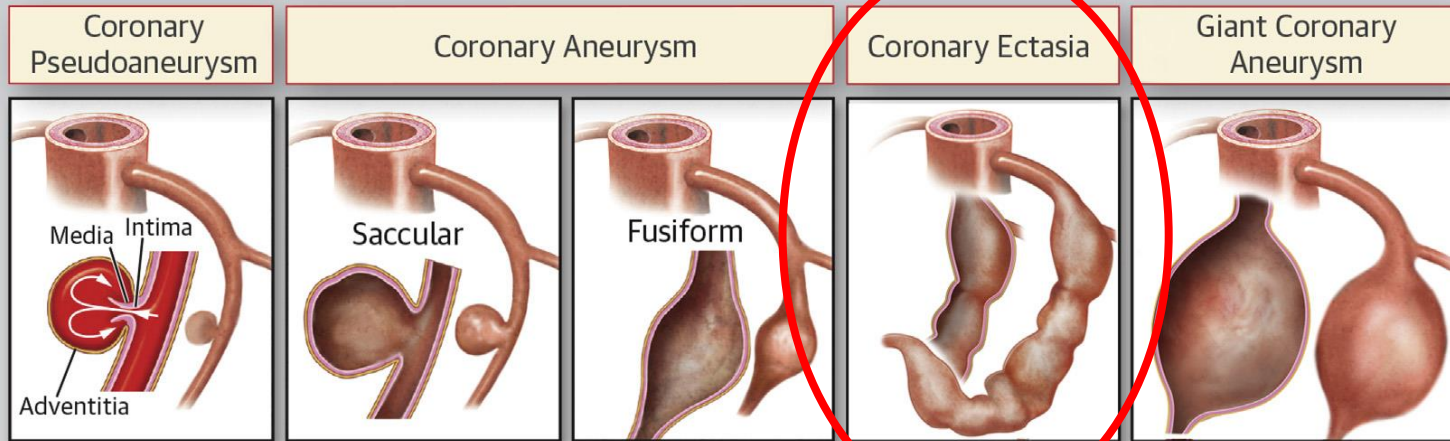
Repeat angio
Right radial artery, 6 Fr sheath, JR4 (6Fr)





- Patient was discharged on DAPT (aspirin – ticagrelor)
- Follow up visit 2 months later: no symptoms and Myocardial Perfusion SPECT with 5% inducible ischemia in RCA territory

Aneurysmal Dilatation of Coronary Arteries



- Coronary aneurysm
- Coronary ectasia

Asymptomatic

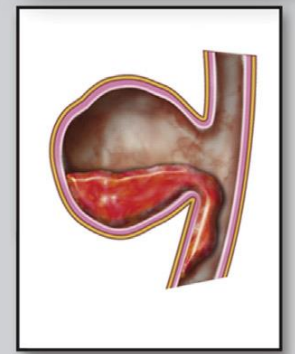
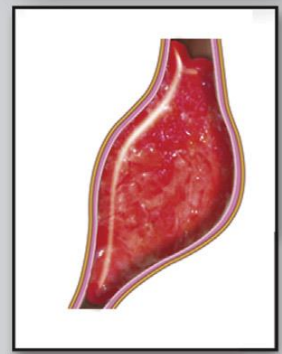
Acute Coronary Syndrome

Exertional Symptoms

In-Situ Thrombosis

Distal Embolization

Aneurysm Rupture



WVU 2017

- Aneurysmal dilation of coronary arteries is observed in up to 5% of patients undergoing coronary angiography
- Clinical presentations range from incidental finding on cardiac imaging to acute coronary syndrome
- The presence of coronary aneurysm or ectasia has been associated with poor long-term outcomes irrespective of the presence of concomitant atherosclerotic coronary artery disease
- Lack of randomized trials
- The management of these patients poses a clinical dilemma to the clinician

CAA/CAE Pathogenesis

- Individual genetic susceptibility
- Strong association between CAA and coronary artery disease
- There is a high prevalence of noncoronary aneurysmal disease in patients with CAA and vice versa
- Certain vasculitic and connective tissue diseases have a proven interrelation with CAA (e.g., Kawasaki disease)
- Local wall injury following intracoronary manipulation (angioplasty, stenting) has been shown to provoke the formation of CAA
- Post-infectious CAAs have been reported

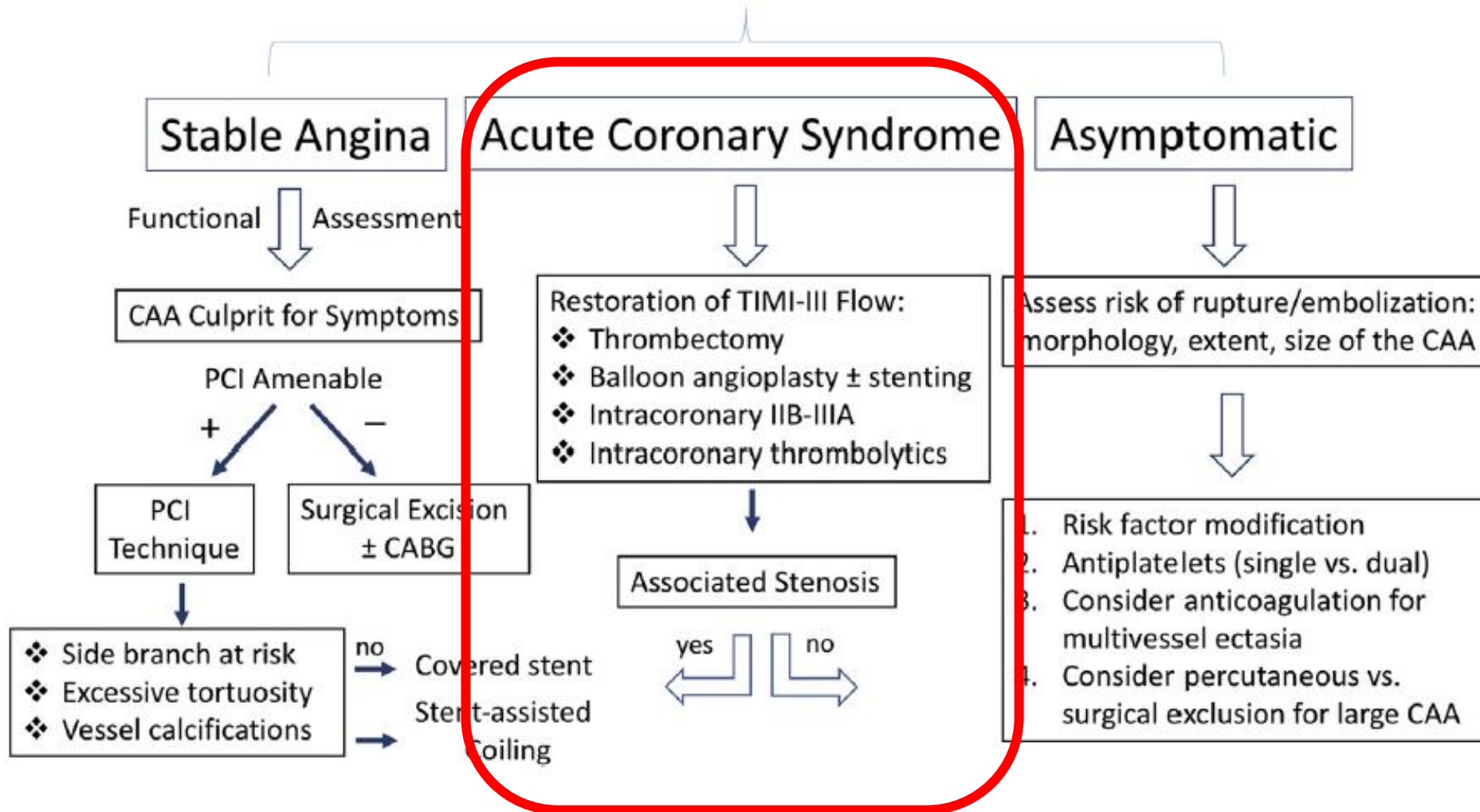
Management of CAA/CAE

- Management presents significant challenges
- Antiplatelets or therapeutic anticoagulation in the management of patients with CAA/CAE
- Observational studies suggest a possible advantage of anticoagulation in patients with CAE and ACS
- PCI of an aneurysmal/ectatic culprit vessel in the setting of acute MI is associated with lower procedural success and a higher incidence of no-reflow and distal embolization
- Patients who survive STEMI after a PCI of an aneurysmal/ectatic vessel have higher mortality and higher rates of definite stent thrombosis, target vessel revascularization, and MI during intermediate-term follow-up

Challenges in CAA/CAE Percutaneous Coronary Intervention

- Thrombus burden
- Sizing and landing zone assessment
- Lack of purpose-specific devices

Coronary Artery Aneurysm



?Optimal management

- Index procedure
- Stenting
- Optimal long-term antithrombotic regime

Σας ευχαριστώ πολύ για την προσοχή σας!

