



Management of RCA Dissection

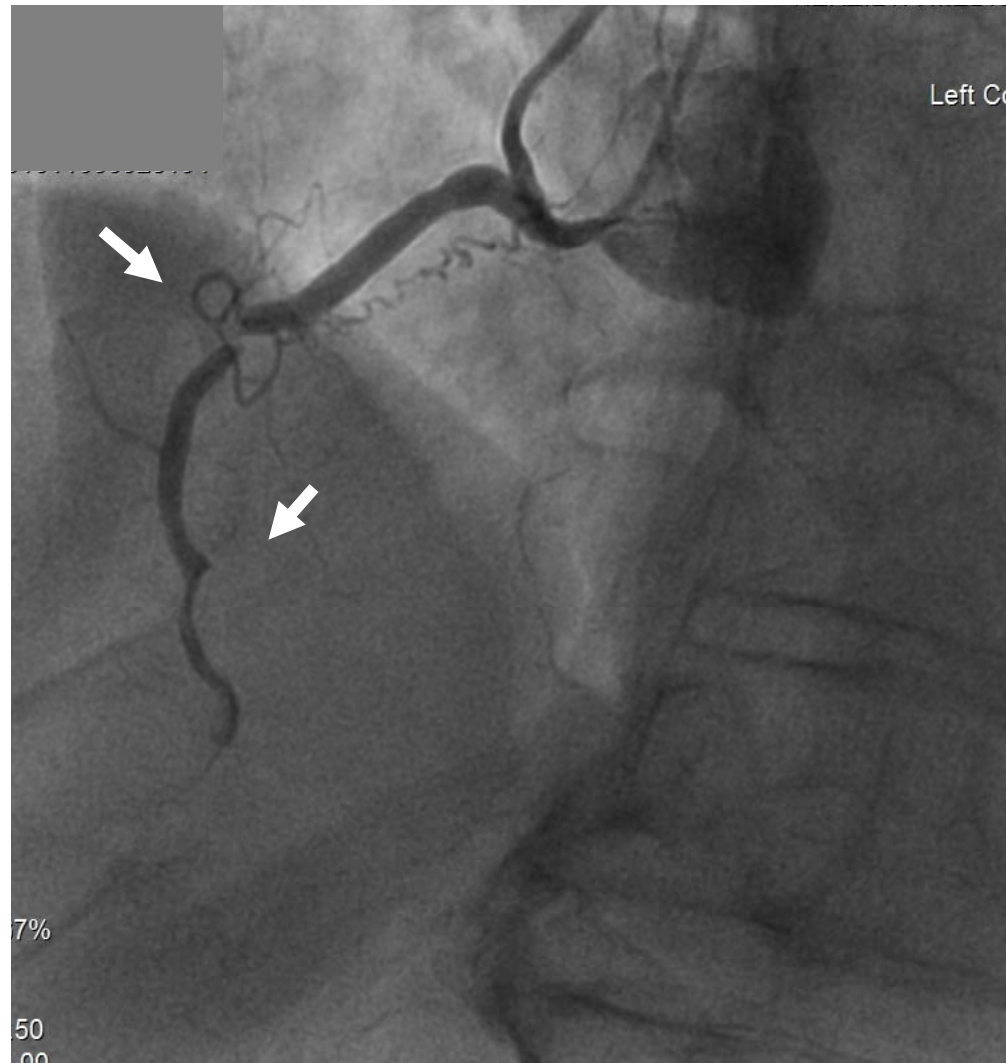
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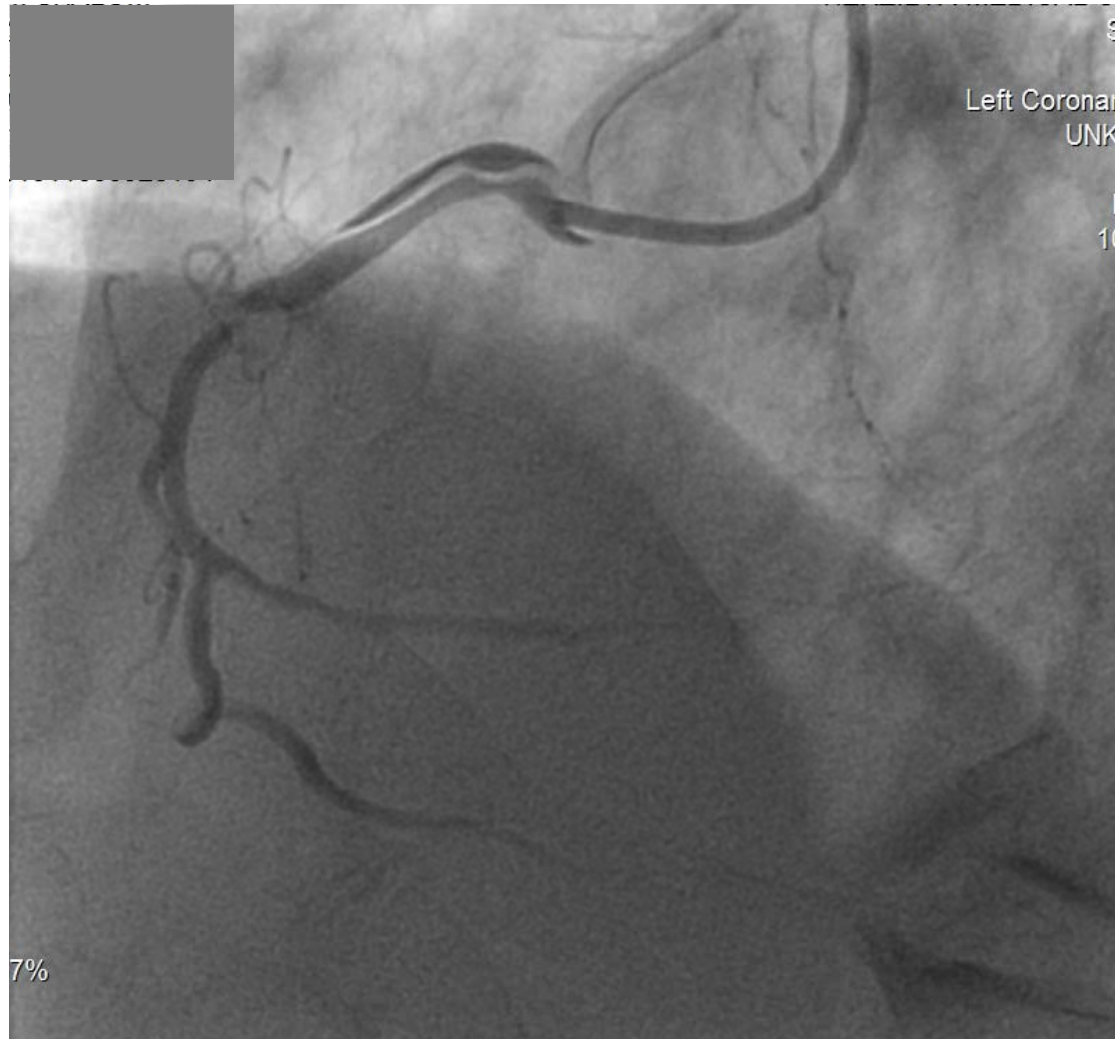
Clinical History

- A 67 y/o hypertensive and smoker gentleman with angina pectoris and RCA ischemia.
- Angiographic finding of mid RCA occlusion.
- Treatment strategy: **PCI to RCA.**

Diagnostic Angio-RCA Occlusion



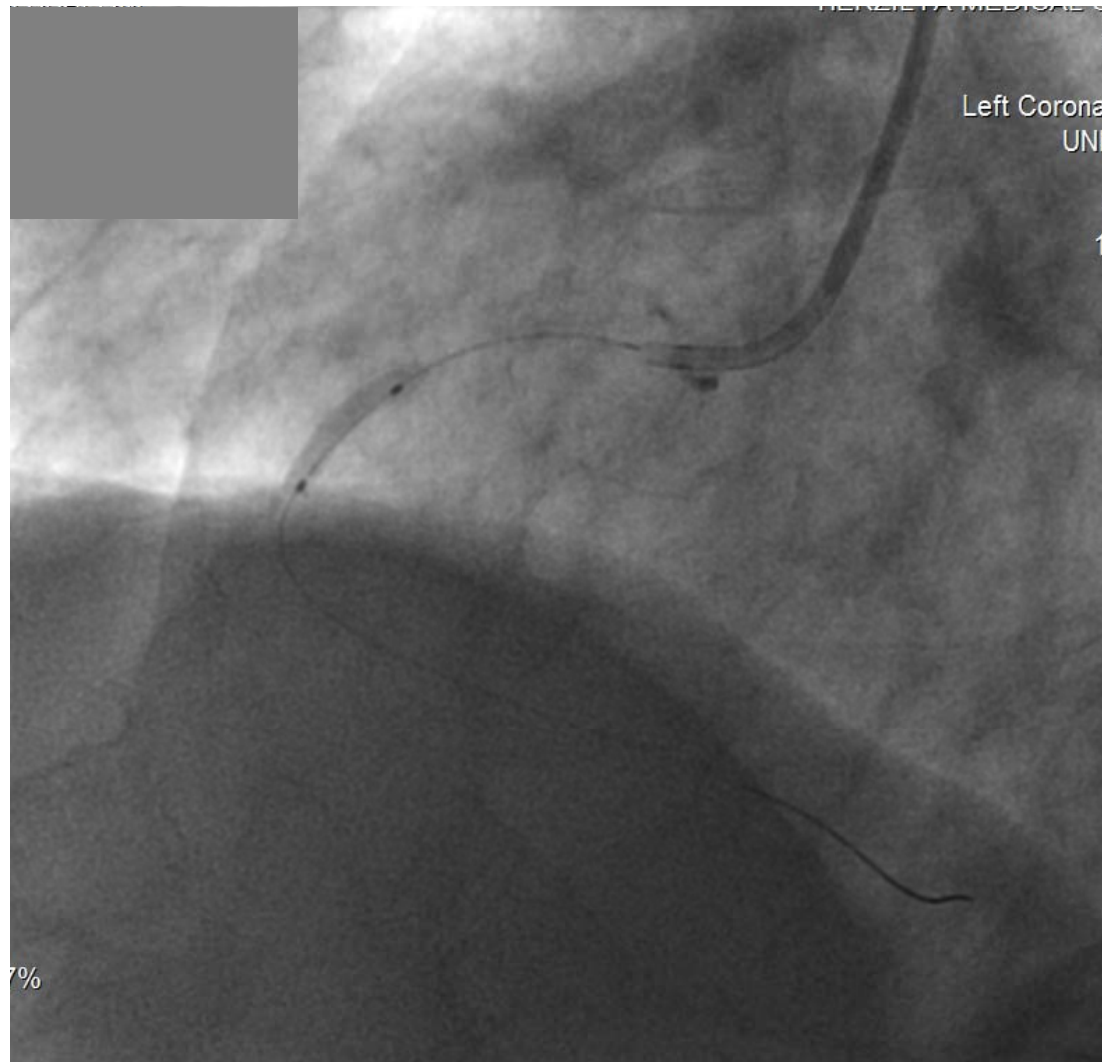
RCA Dissection during Guiding Catheter Insertion



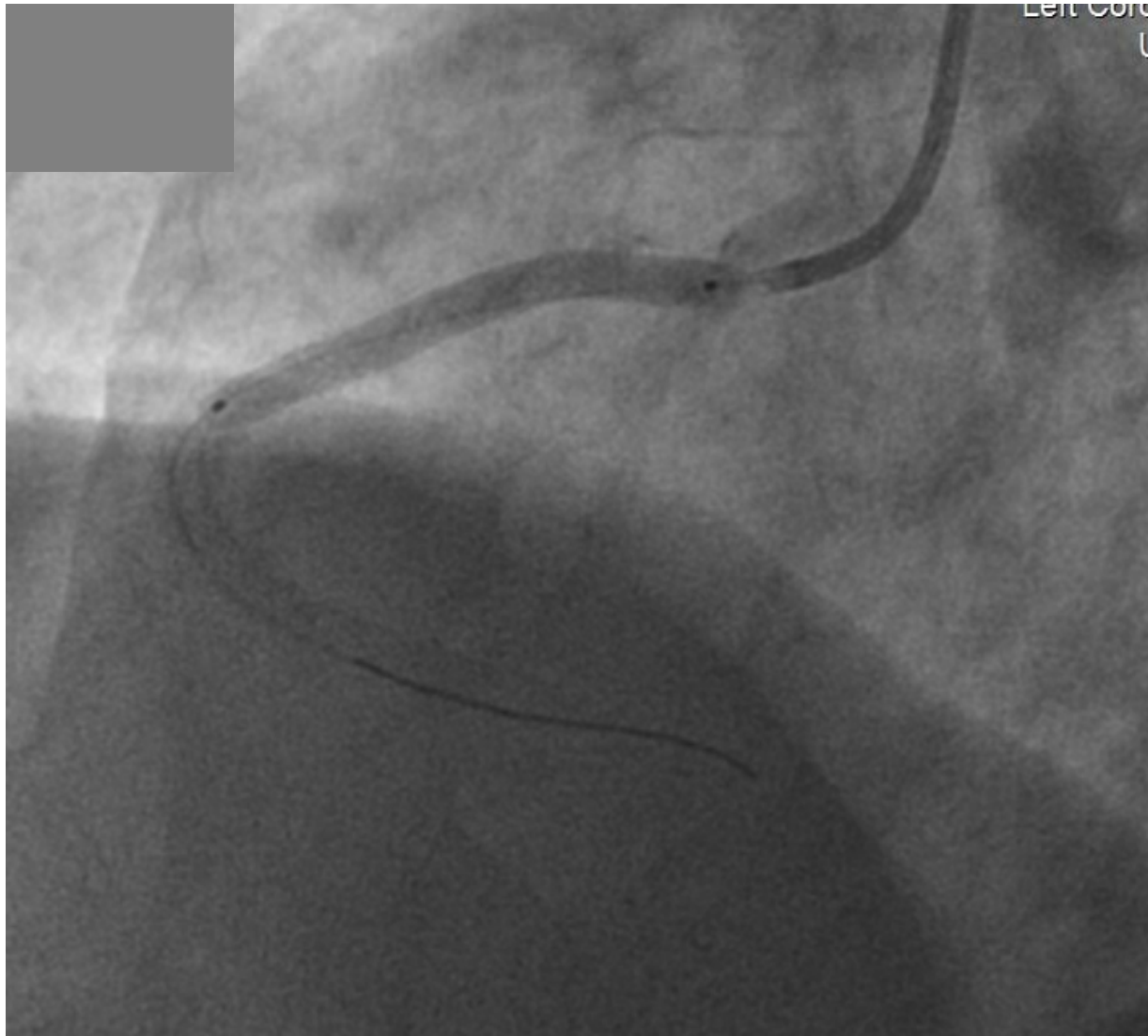
Exchange of Guiding Catheters, Vessel Condition Gets Worse



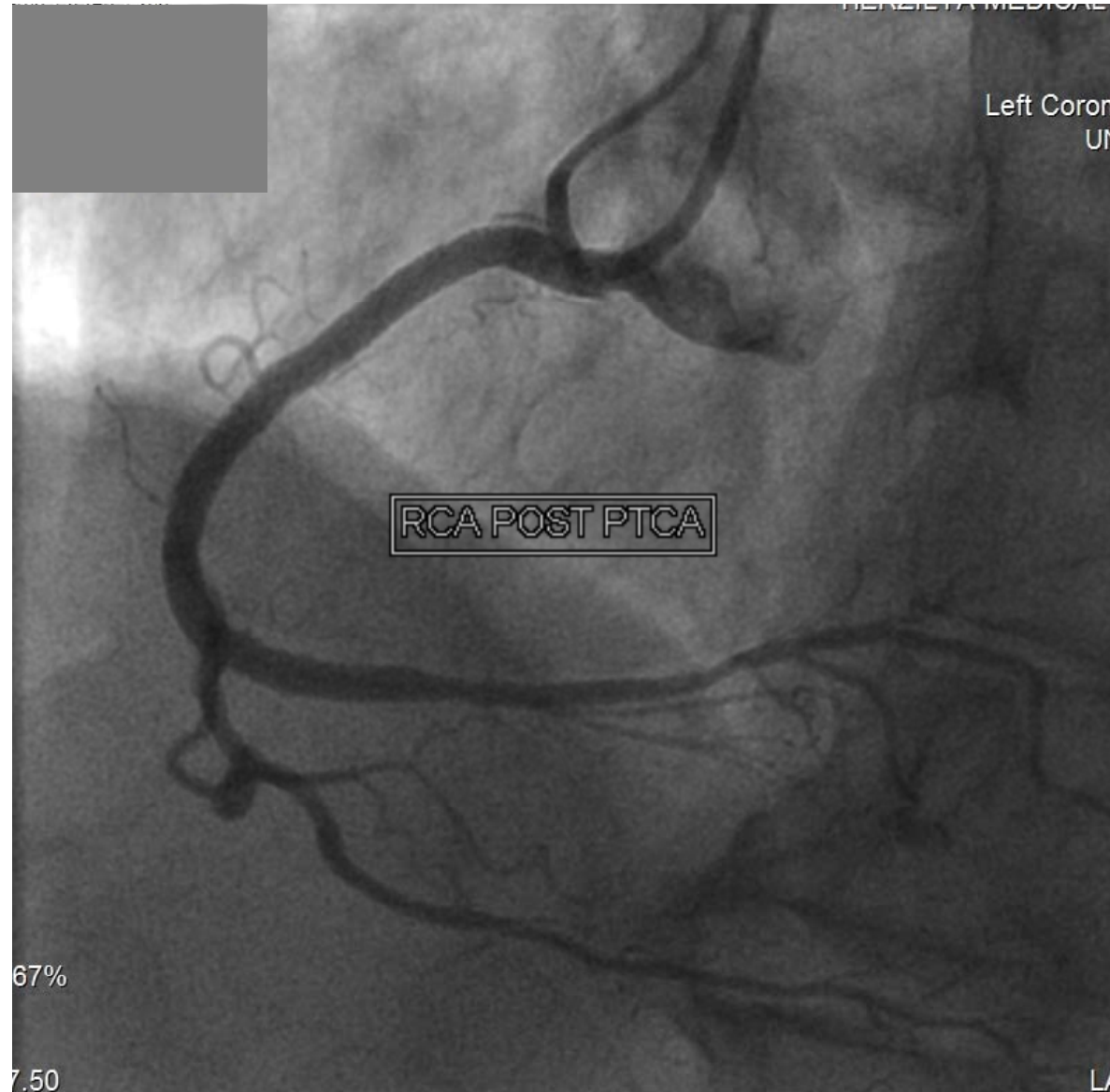
Wire Insertion and Balloon Recanalization via the Dissected and Occluded segments



Series of DES (X3) Implants in RCA



Final Result in the RCA



Summary

- RCA dissection may occur during “aggressive” guiding catheter intubation and contrast injection.
- The complication could be managed using confirmed wire crossing within the “true lumen” followed by conventional PCI technique.
- Severe coronary stenosis can be treated even if located beyond the dissected coronary segment as long as balloon/stents can be implanted in the true lumen.
- Full coverage of both stenotic and dissected segments is mandatory to overcome such complex threatening coronary scenario.