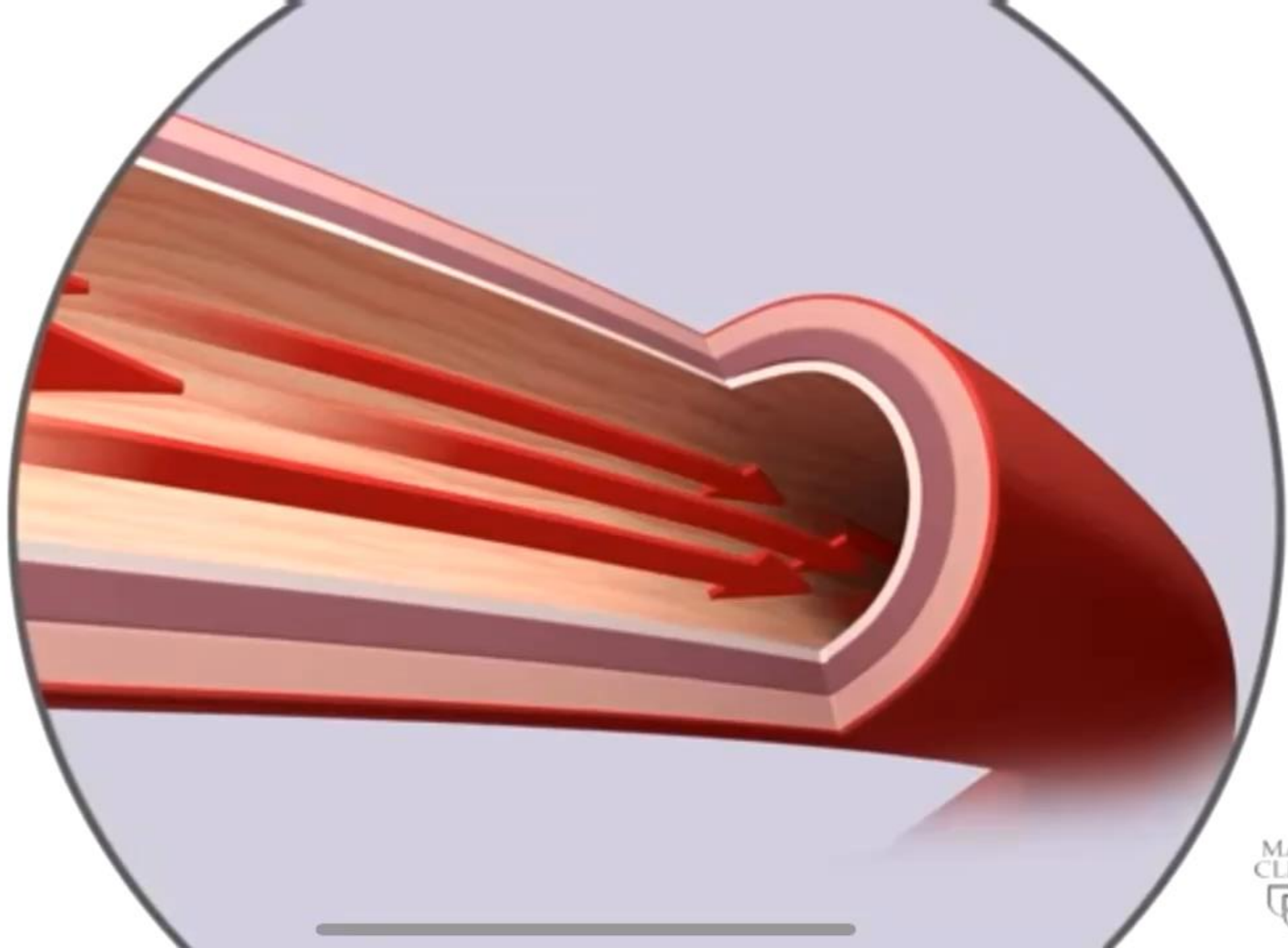
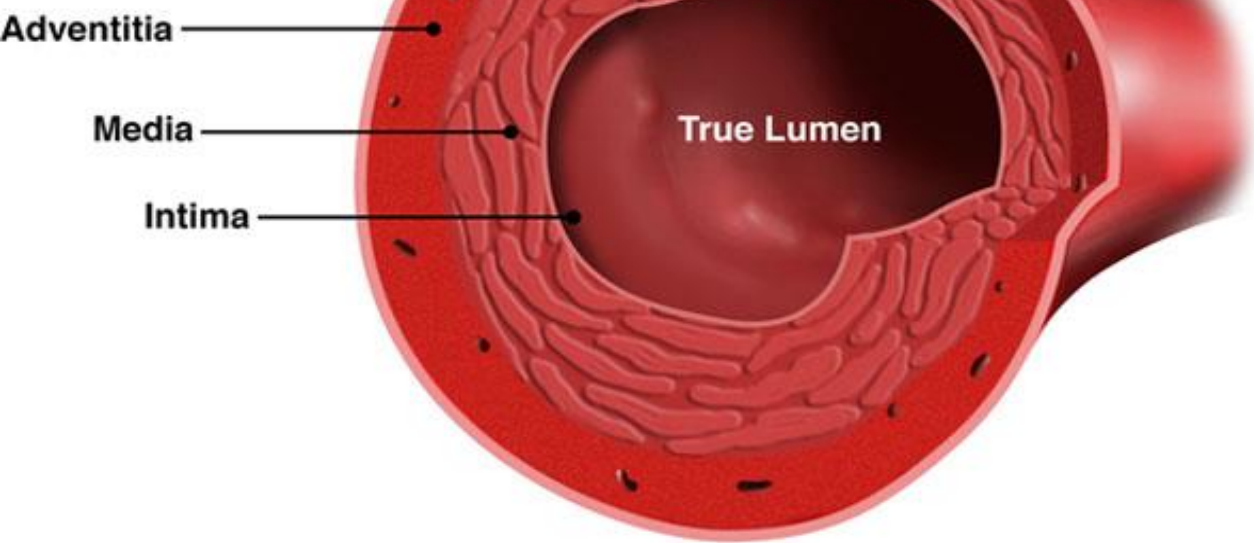
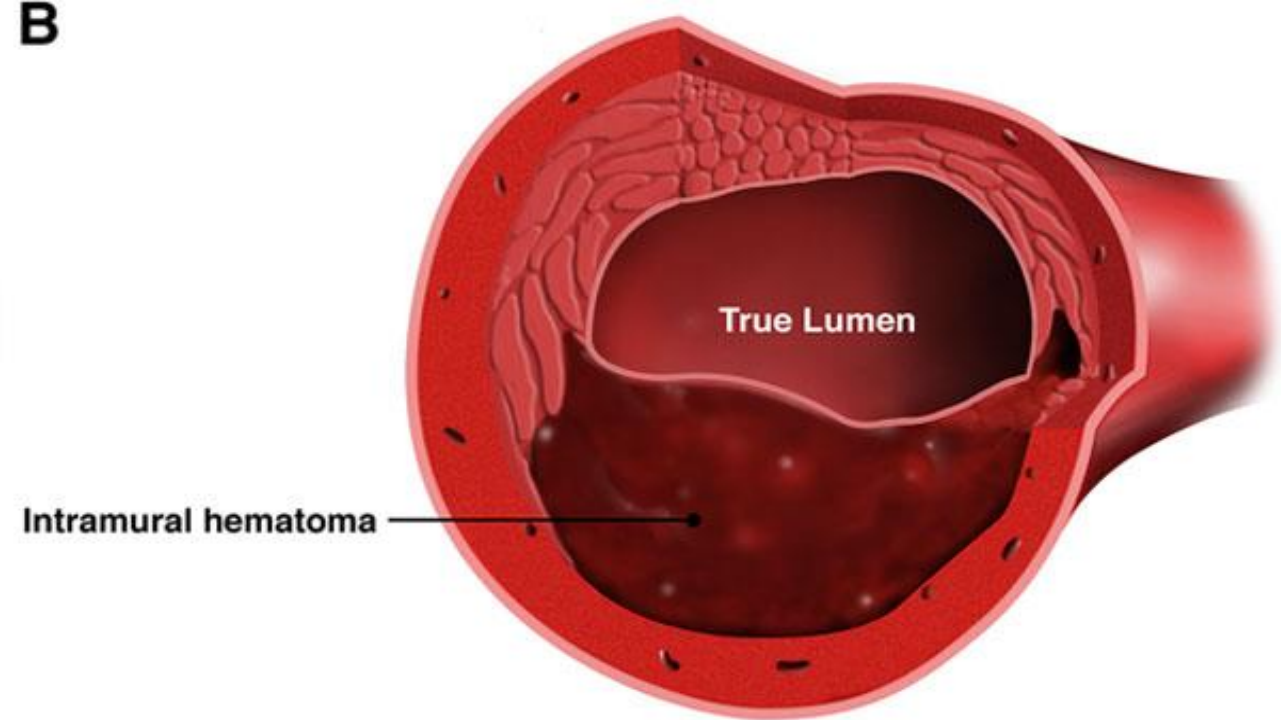
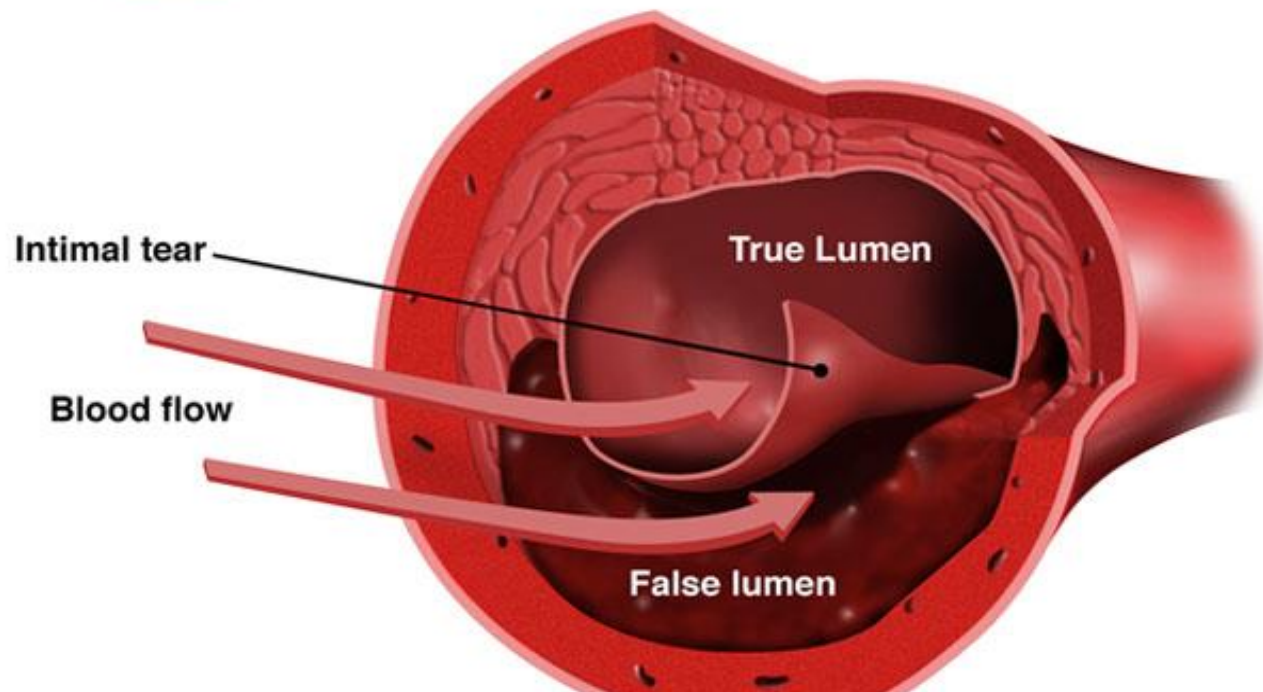


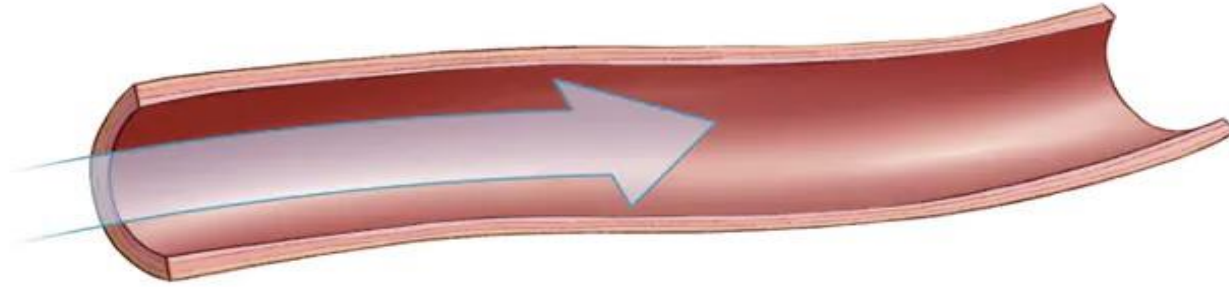
Spontaneous coronary artery dissection

SCAD

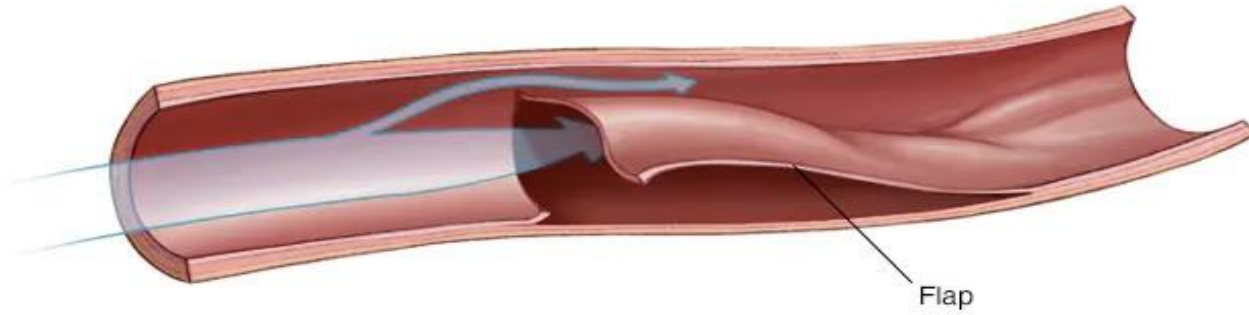


A**B****C**

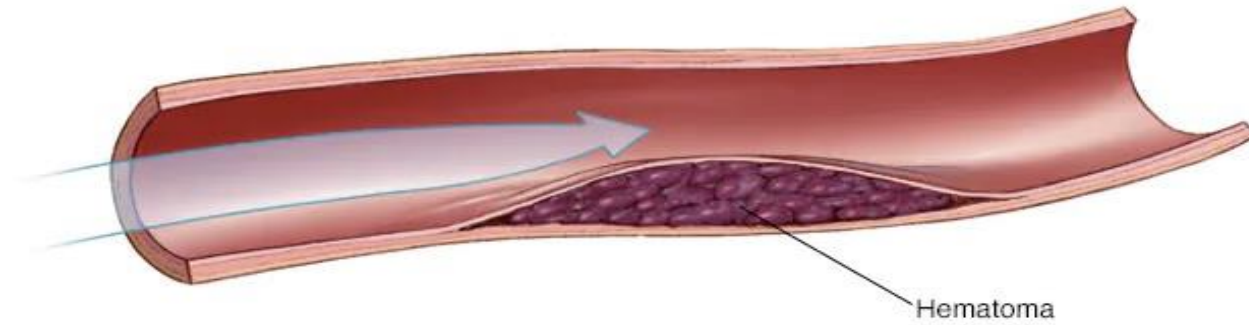
Blood flow (arrow) through a cross section of a typical artery

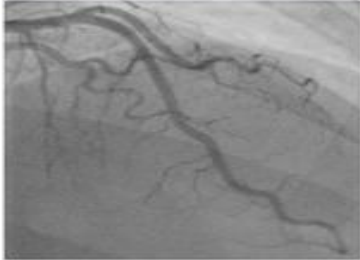
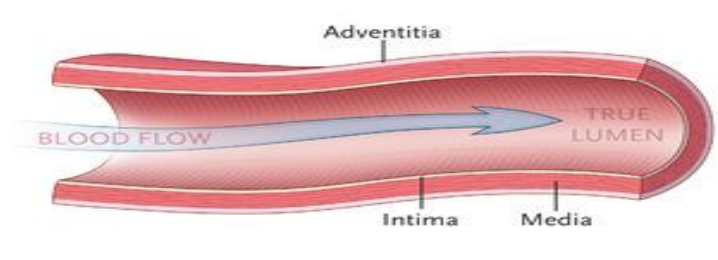
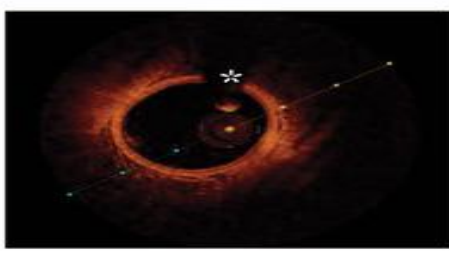

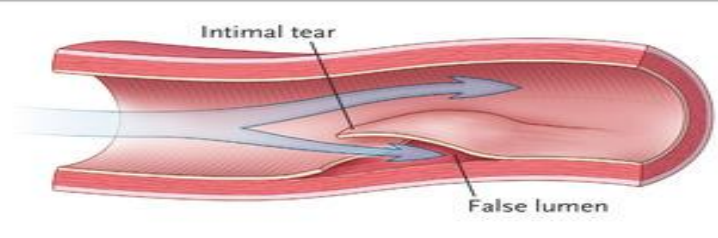
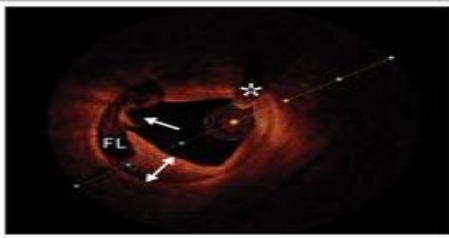
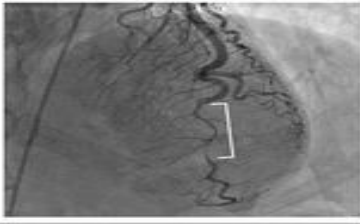
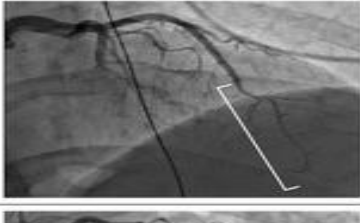
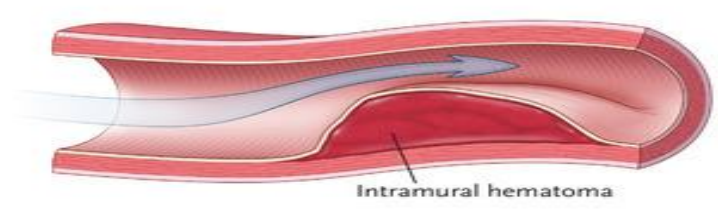
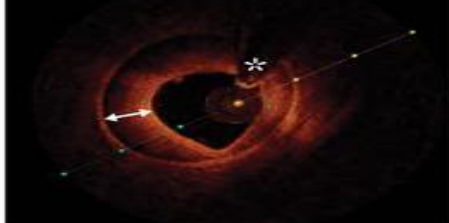

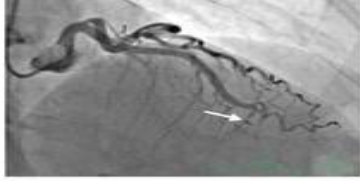
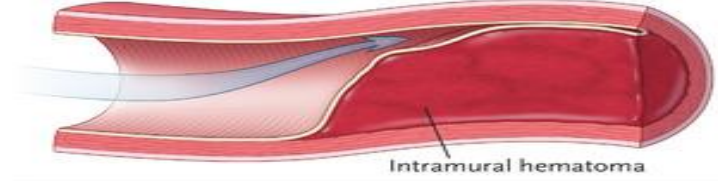


Blood flow through a cross section of artery with an intimal tear (flap)



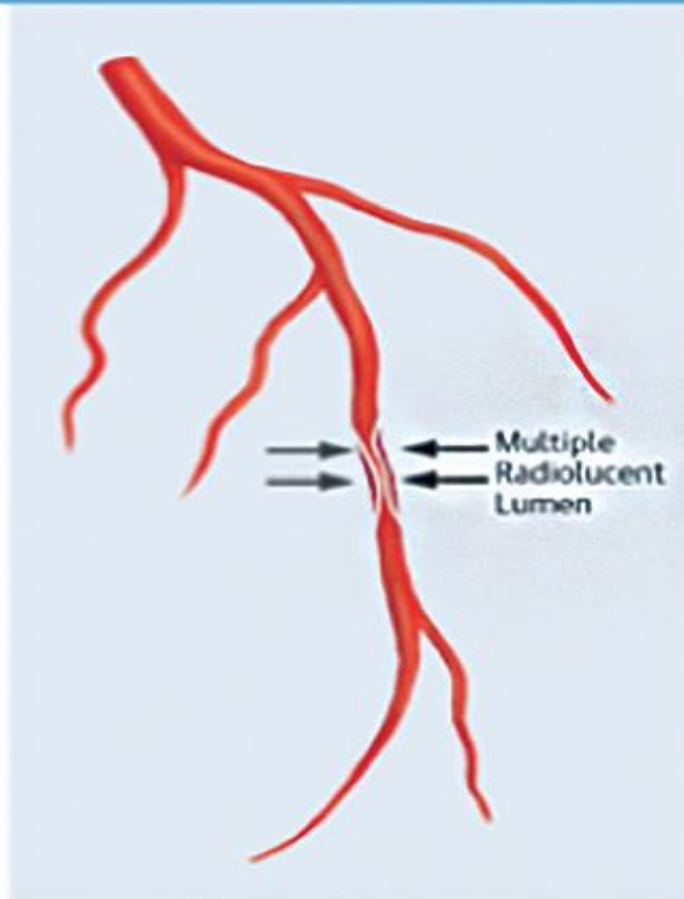
Blood flow through a cross section of artery with an intramural hematoma (IMH)



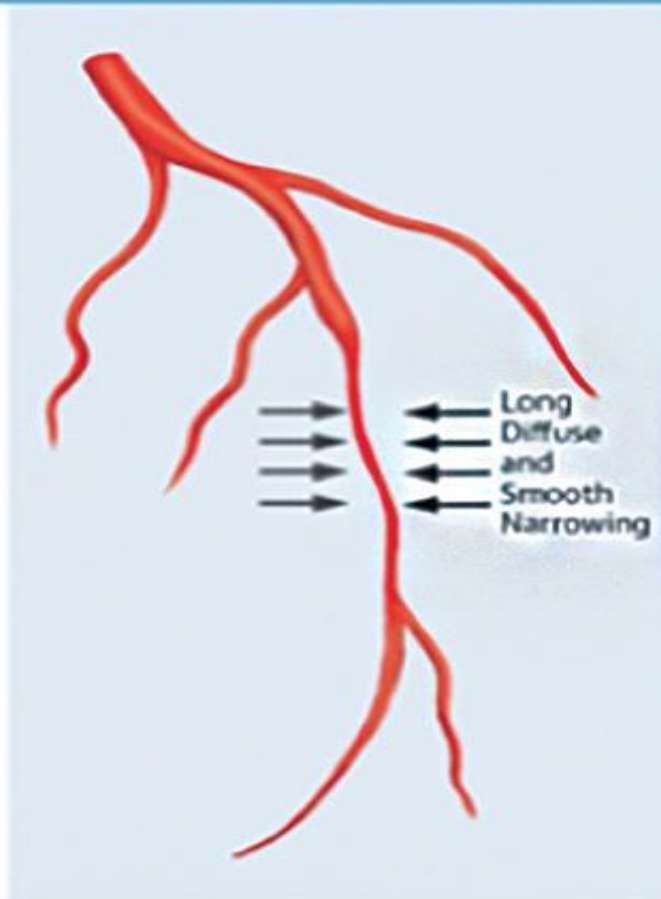
Classification	Angiographic appearance	Anatomical appearance	Intravascular appearance on OCT
Normal coronary artery			
Type 1 SCAD			
Type 2A SCAD			
Type 2B SCAD			
Type 3 SCAD			
Type 4 SCAD			

CENTRAL ILLUSTRATION: SCAD Classification

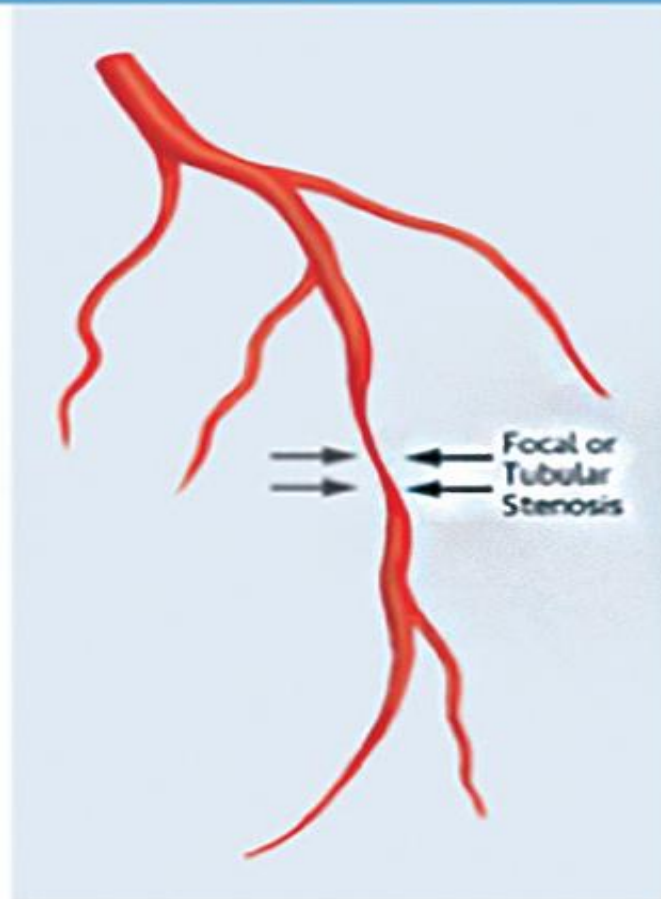
Type 1



Type 2

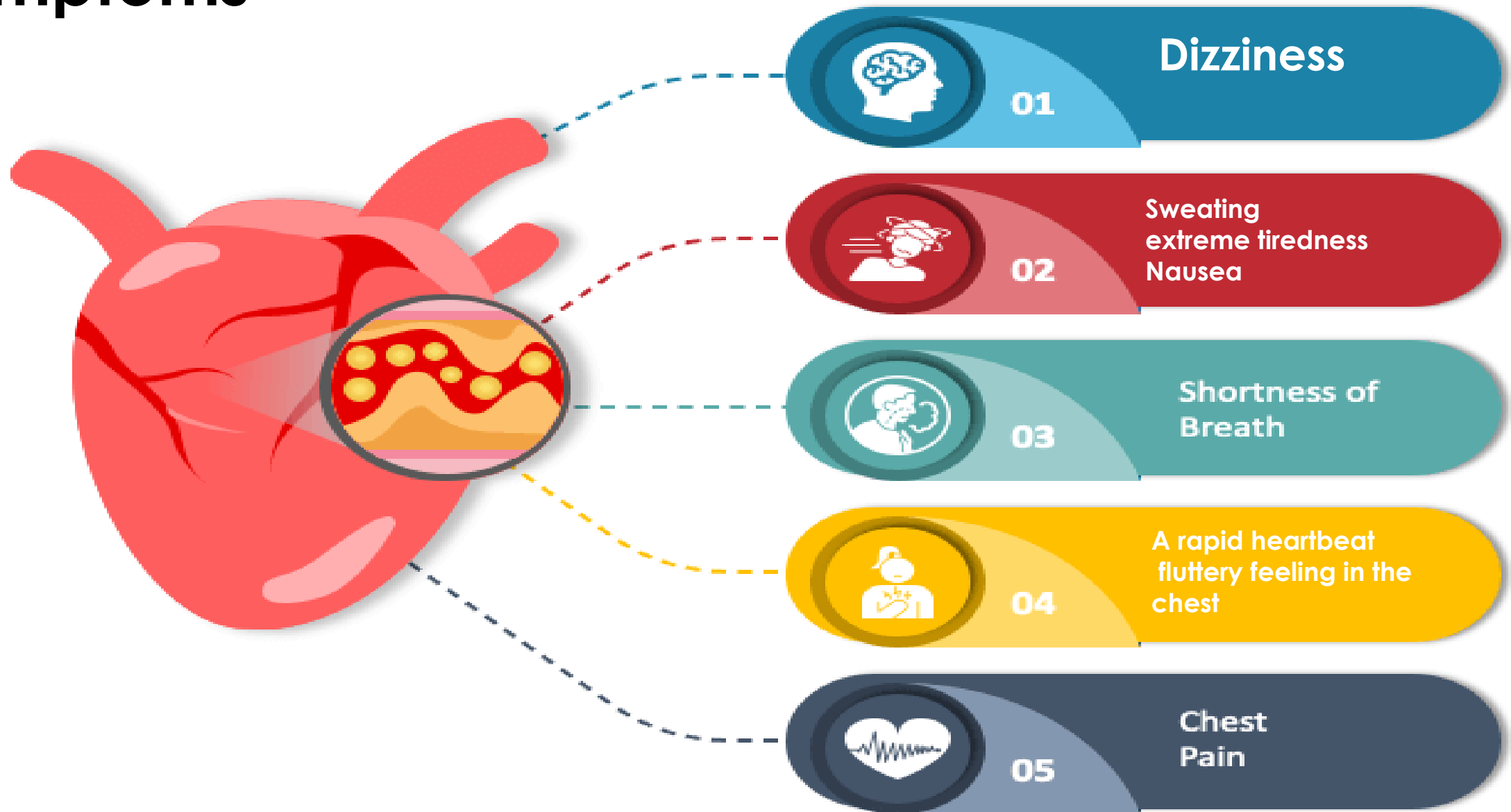


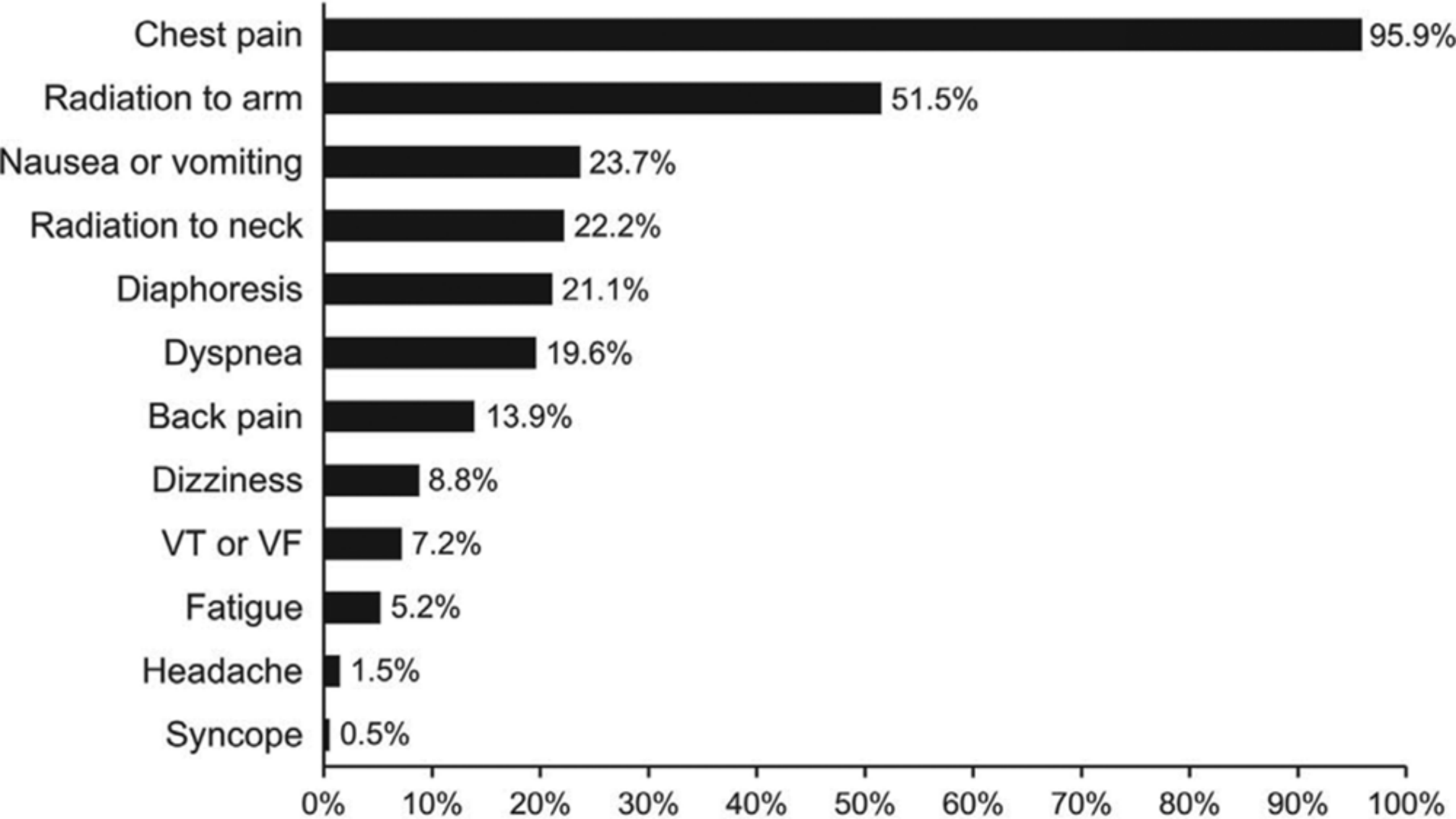
Type 3



Saw, J. et al. J Am Coll Cardiol. 2017;70(9):1148-58.

symptoms





Risk factors

- Female sex
- Childbirth
- Fibromuscular dysplasia (FMD)
- Hormone use
- Inherited connective tissue diseases
- Very high blood pressure
- Illegal drug use
- Inflammatory disease



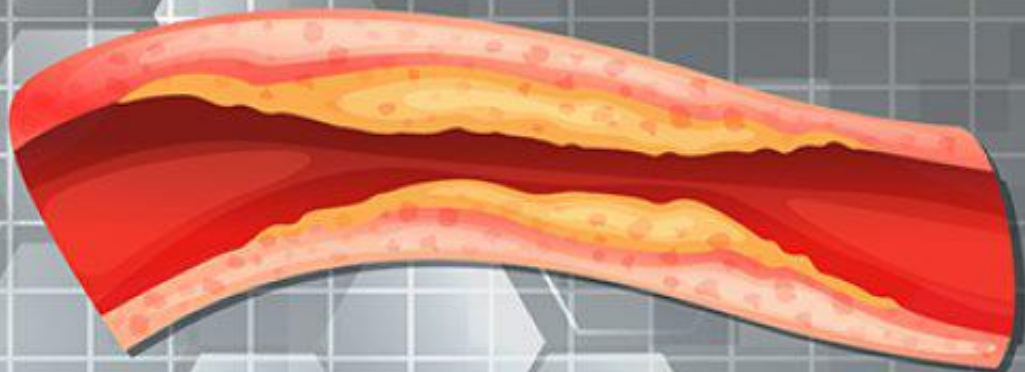
Treatment

- restore blood flow to the heart, manage chest pain and prevent recurrence
- healing will occur naturally
- balloon or stent
- Bypass surgery



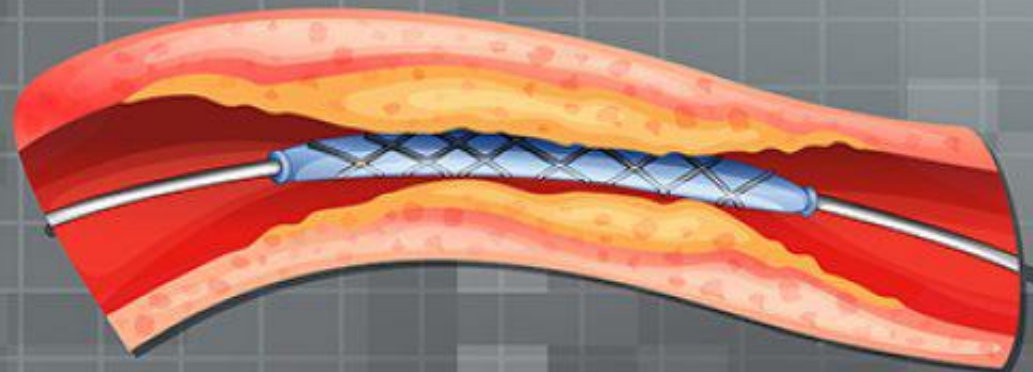
Stent with Balloon Angioplasty

1



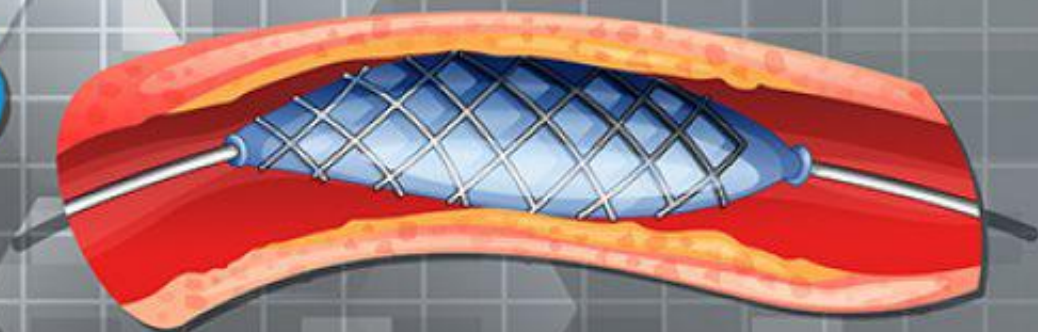
Build up of cholesterol partially blocking blood flow through the artery.

2



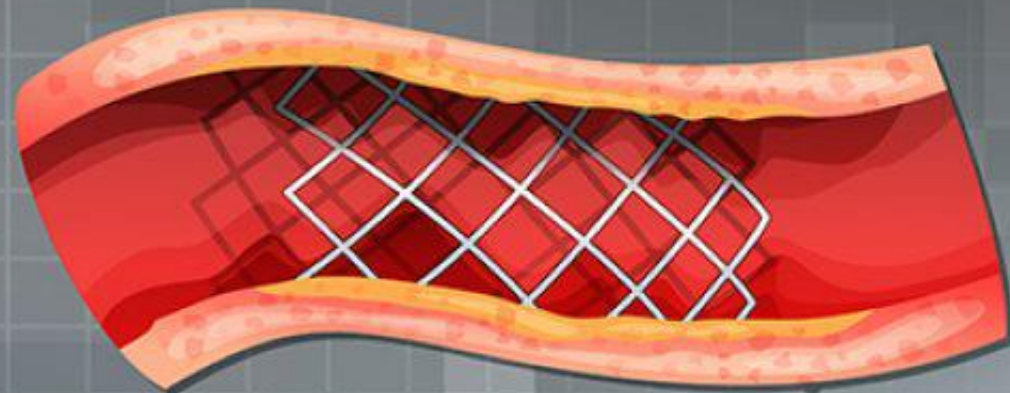
Stent with balloon inserted into partially blocked artery.

3



Balloon inflated to expand stent.

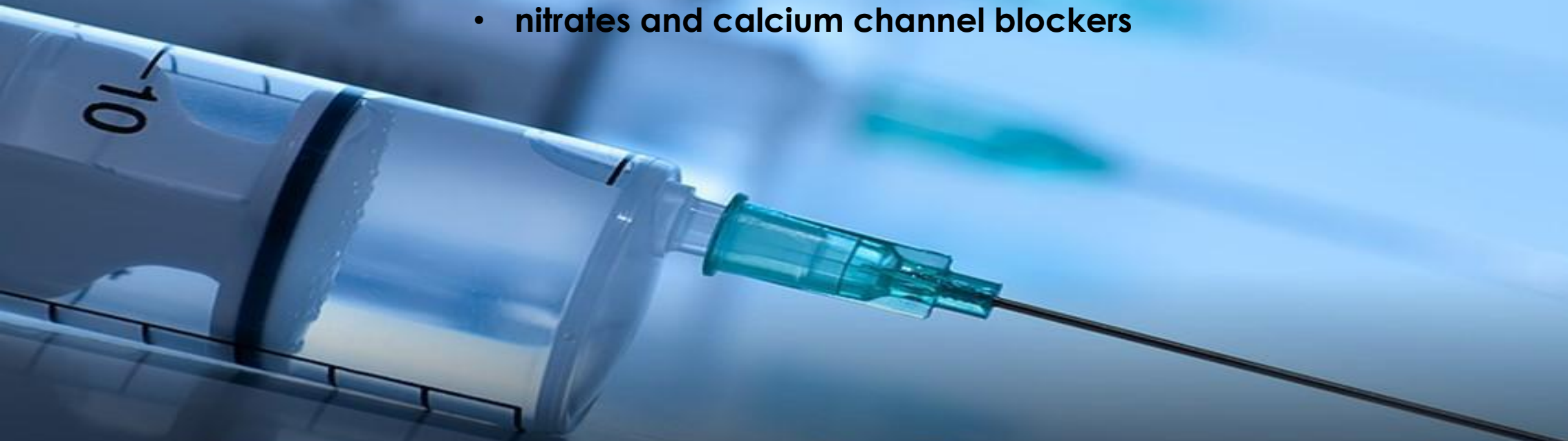
4



Balloon removed from expanded stent.

Medications

- Anticoagulation and Antiplatelet Therapy
- β -Adrenergic Blockers
- Angiotensin-Converting Enzyme Inhibitors and Angiotensin Receptor Blockers
- Statins
- nitrates and calcium channel blockers



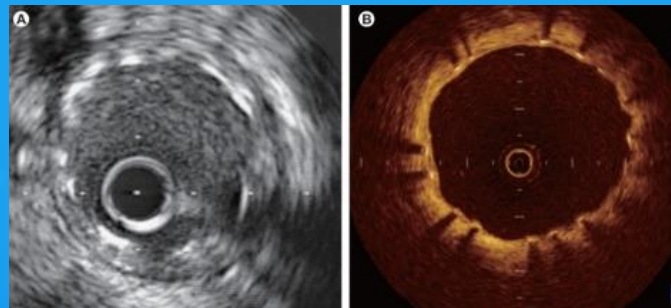
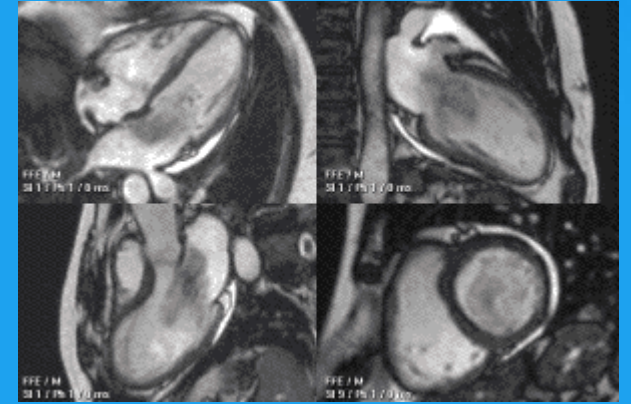
diagnosis

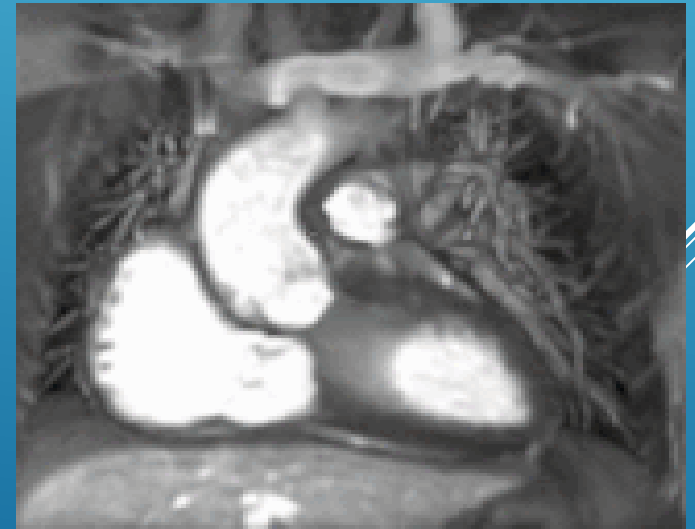
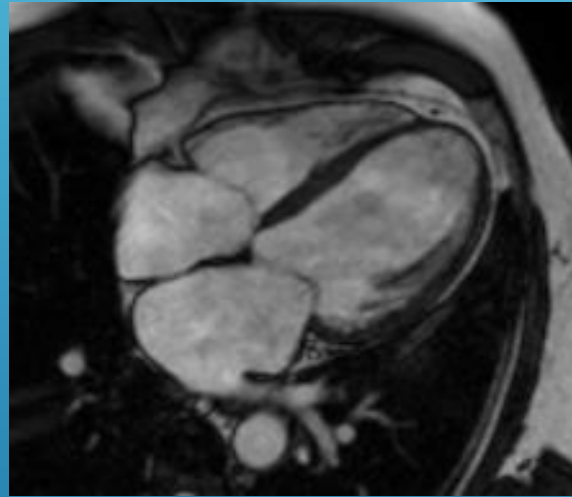
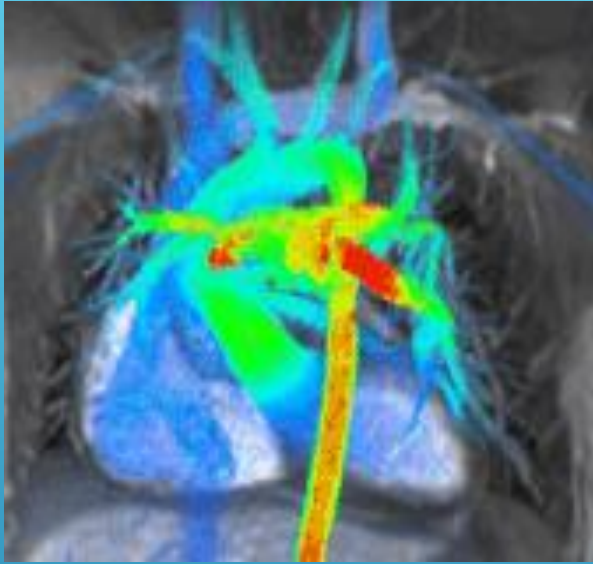


CMR

Angiography

Intracoronary imaging





A close-up photograph of a hand holding a black pen, writing on a medical form. The form has various fields and checkboxes. In the background, a silver stethoscope is visible. The text 'Case report' is overlaid in the center of the image.

Case report

ption Drug Reimbursement
k for reimburse. Complete a r
lete form may delay your reimburse

Subscriber Information

Name (First, Last)
Address

Information

Name (First, Last)
Date of Birth (Month/Day)
Relationship to
 Self
 Spouse
 Eligible Child

PCR +

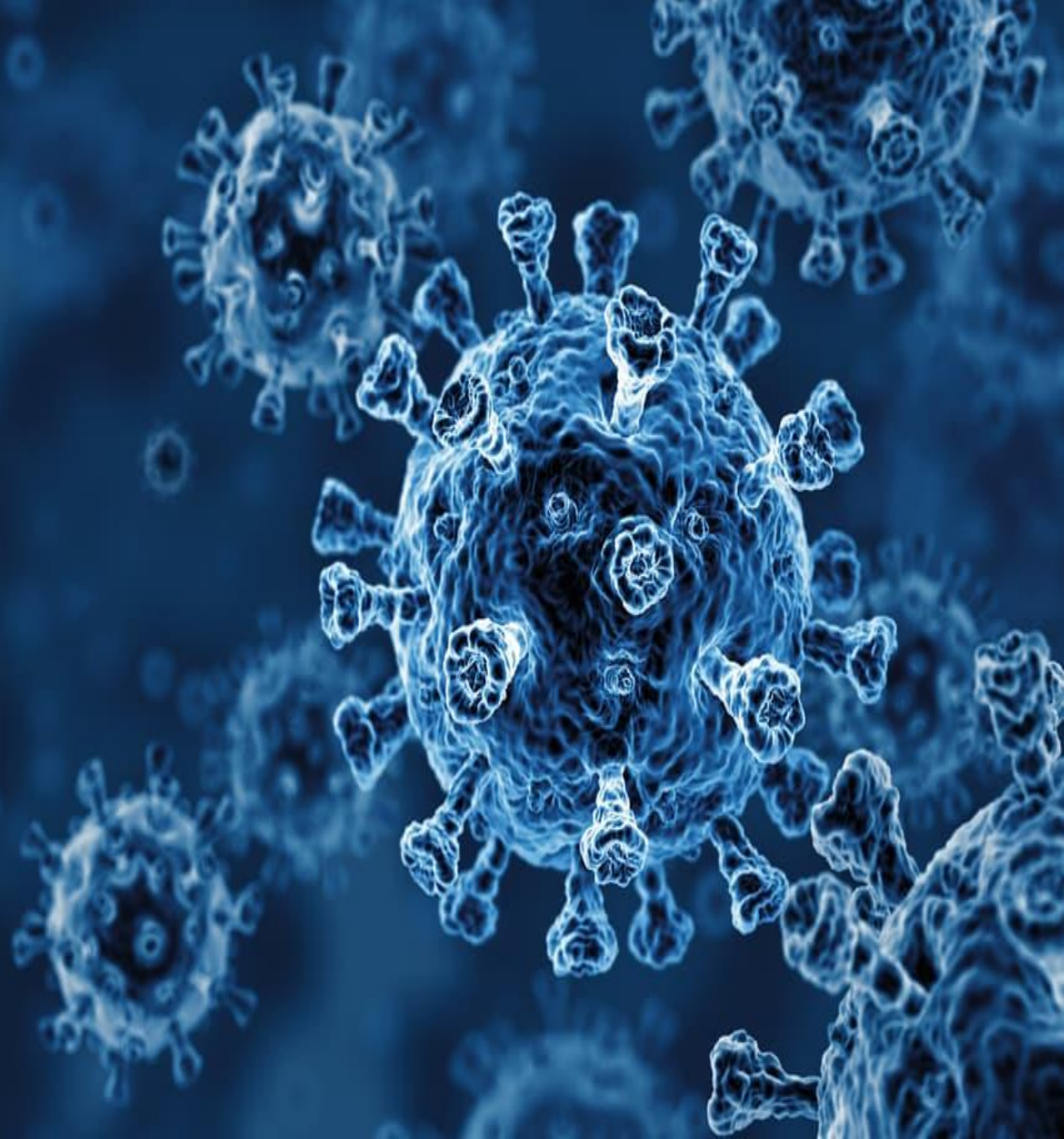
تب

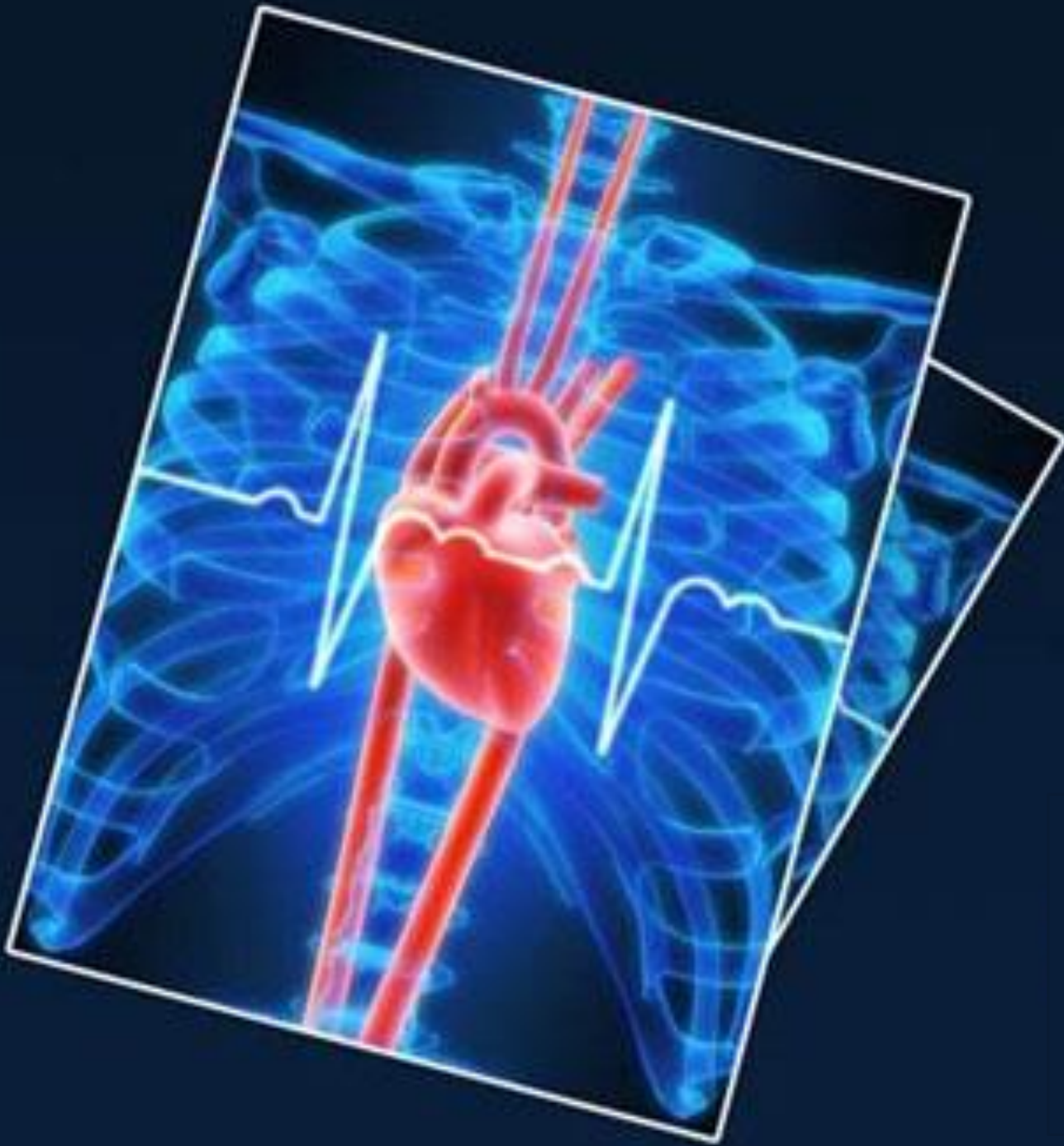
علائم گوارشی

ترومبوسیتوپنی

درگیری ریه کم و علائم تنفسی نداشت

مرخص بدون مشکل





Chest pain

BP:107/73

HR: 81

RR: 16

T:37.2

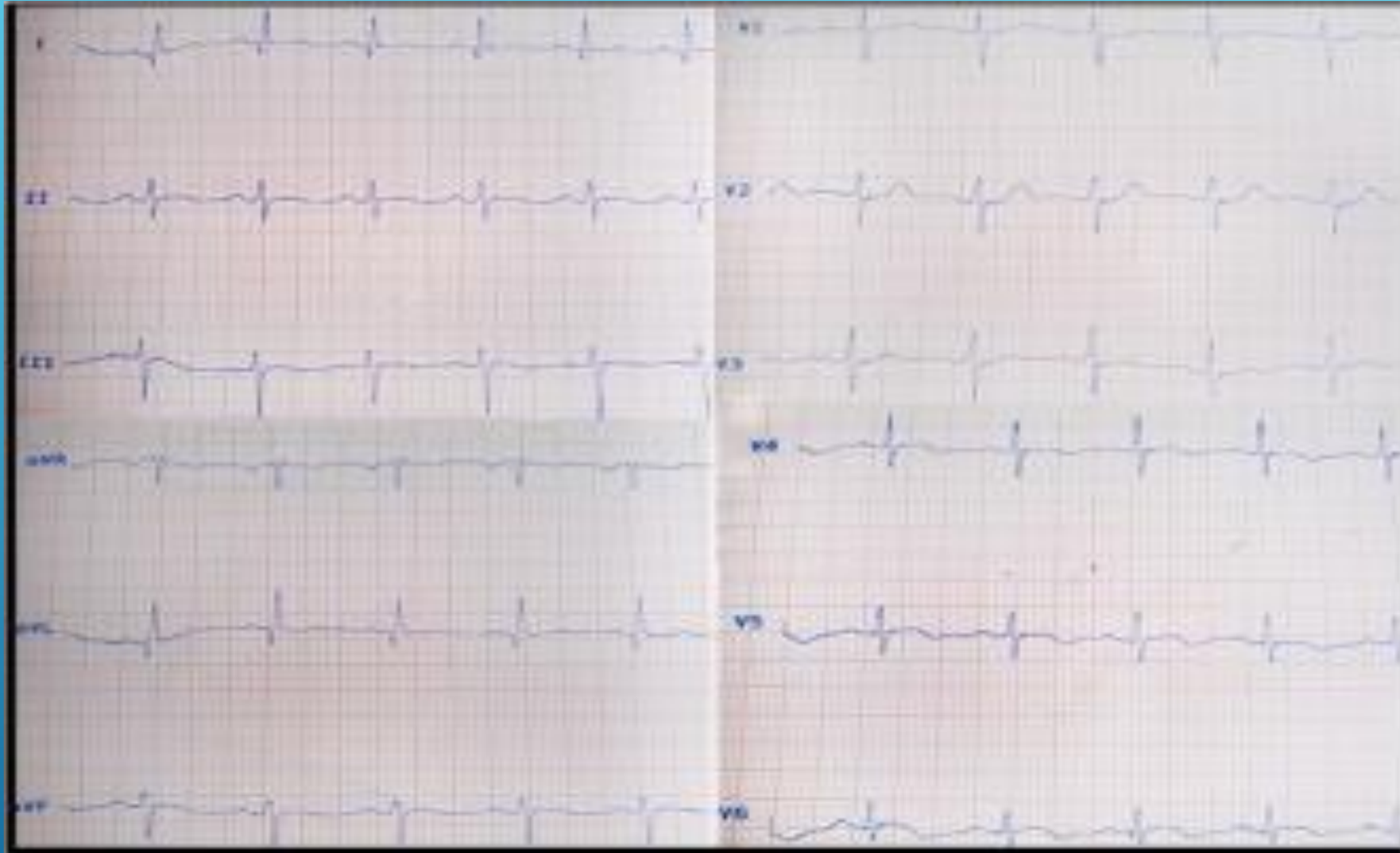
Physical examination: normal

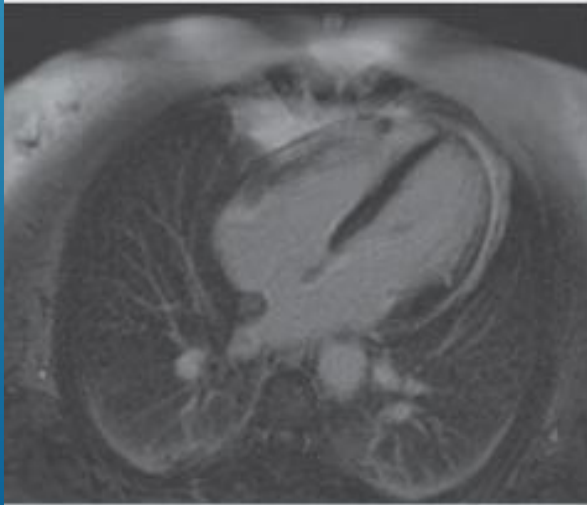
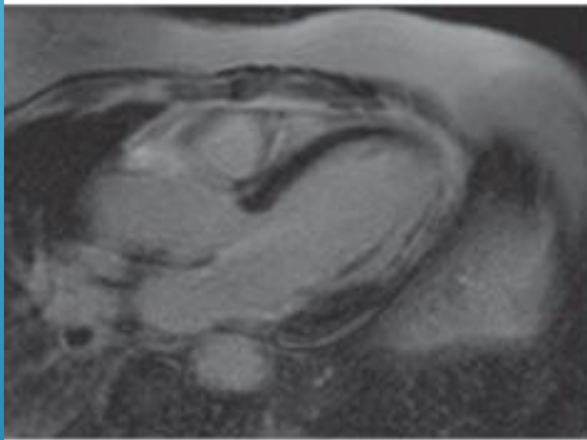
Pregnancy:1

No stress

Hyperlipidemia

اقدامات	نتایج
ECG	Q waves in I and aVL inverted T in V5 and V6
Blood test	Leucocytosis Low normal platelet CRP:24 Troponin I : 19
Echocardiography	کاهش عملکرد بطن چپ Hypokinesia تجمع مایع در پریکارد
CMR	کاهش 50% EF اکنزی التهاب اندوکارد hypointensity MVO انسداد مویرگ MH اهماتوم میوکارد ischemic injury افزایش بافت پریکارد به دلیل التهاب
angiography	تنگی شریان IIIB SCAD احتمال تایپ







medical treatment

- Antiplatelet therapy with aspirin 80 mg/day
- clopidogrel 75 mg/day
- lisinopril 5 mg/day
- metoprolol 50 mg daily
- statin 20 mg/day