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IMAGE IN CARDIOLOGY

Multiple lumens in a left anterior descending coronary artery



Uma descendente anterior com muitos lúmenes

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A 67-year-old man with ischemic heart disease and severely reduced ejection fraction underwent coronary angiography for a non-ST-elevation myocardial infarction. Angiography revealed a lesion in the proximal left anterior descending (LAD) artery (Video 1). The angiographic appearance of the lesion did not unequivocally identify its nature, the possibilities being a complex dissection or a recanalized thrombus. Optical coherence tomography (OCT) was therefore performed (Figure 1 and Video 2). The unusual image obtained confirmed the presence of multiple lumens in the LAD, apparently following recanalization of a thrombus. Angioplasty of the LAD was accordingly performed and a drug-eluting stent was placed, with an excellent final result (Videos 3 and 4).

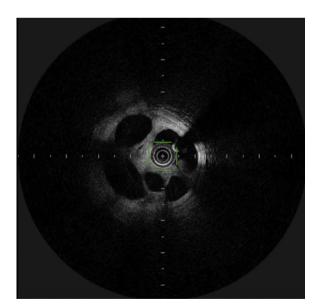


Figure 1 Optical coherence tomography imaging of the lesion showing multiple lumens in the vessel, suggesting a recanalized thrombus.

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Thrombus recanalization can sometimes give rise to angiographic images of considerable complexity, suggesting etiologies that pose greater technical challenges, such as complex dissections. Intracoronary imaging methods such as OCT can clarify the nature of such lesions and enable appropriate treatment, avoiding technically more complex approaches that could potentially have iatrogenic consequences.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflicts of interest

The authors have no conflicts of interest to declare.

Appendix A. Supplementary Material

Supplementary material associated with this article can be found in the online version available at http://dx.doi.org/10.1016/j.repce.2016.04.012.