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SCAD is a non-traumatic intimal hemorrhage causing a false lumen, which is an uncommon cause of ACS that can be treated with PCI and optimal medical therapies.

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References


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Types of SCAD

SCAD Highlights

- Non-traumatic, non-infarct-related intimal hemorrhage originating from an intimal tear or bleeding from the intima which creates a pressure-driven false lumen separating from the coronary artery wall, which creates ischemia symptoms2,7,12
- 4% of acute coronary syndromes (ACS), typically associated with left main or LAD culprit lesions and cardiogenic shock2, 8, 12
- Effects women in 90% of cases with triggers including emotional and physical stressors or peripartum hormonal changes2, 11
- Lesions heal in 4-6 weeks with conservative medical management including long-term aspirin, a P2Y12 inhibitor for one year, and with a beta blocker to reduce shear wall stress and minimize recurrent SCAD events2,11
- Screen for fibromuscular dysplasia and connective tissue disorders2
- For patients with cardiogenic shock, mechanical circulatory support is often required, but carries the risk of bias or femoral arterial injury
- For left main or proximal two-vessel disease, the American Heart Association (AHA) recommends CABG due feasibility and the risk of dissection propagation
- For active ischemia or hemodynamic instability, the AHA recommends percutaneous coronary intervention (PCI)2

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Case Report

Figure 1. (A) Type 2 SCAD in the proximal to distal RCA seen during the second catheterization. A Fronswater guidewire was passed through the true lumen of the RCA into the posterior left ventricular artery (PLV). An Abbott XIENCE Sierra 4.0x8mm DES was deployed in the proximal RCA before PCI and balloon angioplasty. (B) Final TIMI 3 flow in the RCA after PCI and balloon angioplasty.