be related to the amount of coagulation and fibrinolytic activation. Therefore, absolute D-dimer concentrations may reflect the anatomical extent of the disease.² On the other hand, increased D-dimer concentrations may originate from systemic inflammatory reactions, which have been previously described in patients with acute aortic dissection and which have been shown to be independent predictors of mortality in acute aortic syndromes.^{4,5}

Of note, the information provided by D-dimer concentrations is independent of and may be additive to clinical parameters of outcome.

As in most single centre studies on aortic dissection, the main limitation of our study is the small sample size, which can be overcome only by a multicentre approach.

In summary, D-dimer concentrations on admission may provide independent prognostic information about patients with acute aortic type A dissection.

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REFERENCES

- 1 Mehta RH, Suzuki T, Hagan PG, *et al.* Predicting death in patients with acute type a aortic dissection. *Circulation* 2002;**105**:200–6.
- 2 Weber T, Högl S, Auer J, *et al.* D-dimer in acute aortic dissection. *Chest* 2003;**123**:1375–8.
- 3 Eggebrecht H, Naber CK, Bruch C, *et al.* Value of plasma fibrin D-dimers for detection of acute aortic dissection. *J Am Coll Cardiol* 2004;**44**:804–9.
- 4 Shinohara T, Suzuki K, Okada M, *et al.* Soluble elastin fragments in serum are elevated in acute aortic dissection. *Arterioscler Thromb Vasc Biol* 2003;**23**:1839–44.
- 5 Schillinger M, Domanovits H, Bayegan K, *et al.* C-reactive protein and mortality in patients with acute aortic disease. *Intensive Care Med* 2002;**28**:740–5.

IMAGES IN CARDIOLOGY

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Stent structure after kissing balloon inflation visualised by 64 slice computed tomography

A 63 year old man was admitted to our institution for the treatment of a restenotic lesion after balloon angioplasty, including the bifurcation between the postero-descending artery (PDA) and the posterolateral artery (PLA) of the right coronary artery (RCA). A Cypher stent (3.0 mm × 18 mm) was positioned and deployed from the distal RCA to the PLA, covering the ostium of the PDA. After stent deployment, kissing balloon inflation

of the bifurcations was performed (panels A–C). The implanted stent was examined with a 64 slice computed tomographic (CT) scanner (SOMATOM Sensation Cardiac 64; Siemens Medical Solutions, Forchheim, Germany). Axial images were reconstructed using a sharp convolution kernel (B46f), specifically designed for accurate assessment of the coronary stent while minimising artefacts created by surrounding soft tissues. Maximum intensity projection

(MIP) and volume rendered images were reconstructed to depict stent structure. MIP images clearly show the detailed structure of the implanted stent (panels D–F). Mesh structure of the stent with a side branch opening is clearly demonstrated with volume rendered three dimensional reconstruction (panels G and H).

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Cypher stent (3.0 mm × 18 mm) implanted at a bifurcation lesion in the distal right coronary artery, followed by additional balloon inflation(s) utilising the “kissing balloon” technique. (A) Pre-procedural angiogram. (B) Additional ballooning with kissing technique. (C) The final result. The line represents the stented site.

Panels D–F: Images of thin maximum intensity projection (MIP). Stent struts are clearly seen. Panels G and H: Volume rendered images of the stent. Detailed stent structure revealing a side branch opening created by kissing technique is shown.