In 1990, 1.6% of men and 0.9% women hospitalised with AMI subsequently underwent revascularisation within the same calendar year. By 2000, the rate had increased sixfold for men and fivefold for women.

In 1990, 6.4% of men and 3.3% of women hospitalised for angina underwent revascularisation. The rate increased 1.9-fold for both men and women by 2000.

DISCUSSION

The number of patients discharged with suspected ACS increased by 50% over the past decade due to a doubling of hospitalisations for angina and chest pain and despite a 30% decline in hospitalisations for AMI. Though the overall number of hospitalisations has increased, the extra burden placed on the hospital sector was ameliorated by a fall in length of stay.

The rise in hospitalisations for angina and chest pain and the changing clinical practice led to a three- to fourfold increase in coronary revascularisation procedures.

The increase in rates of hospitalisation was particularly large for angina and, to a smaller extent, for chest pain in older age groups. Proportionally, these age groups are going to increase in number as the population ages.

The rise in hospitalisations for chest pain, not thought to reflect coronary disease, in younger people, especially women, is a puzzling and unexplained phenomenon and supports the development of services to prevent these mainly unnecessary admissions or to expedite exclusion of coronary disease and early discharge.²⁻⁵

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IMAGES IN CARDIOLOGY

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Spontaneous healing of a severe coronary artery dissection

A 63 year old woman with a history of coronary artery disease was referred to our hospital for an elective percutaneous coronary intervention (PCI) because of progression of angina pectoris. Angiography showed severe stenoses of the proximal and mid circumflex artery and of the proximal and mid right coronary artery (RCA).

The lesions in the circumflex artery were successfully dilated and stented with two drug eluting stents. Angioplasty of the mid RCA was successfully performed and a drug eluting stent was placed. After balloon angioplasty of the proximal right coronary artery, it was obvious that the patient needed to urinate urgently. While she was urinating, the guide catheter and the guidewire were lost from the RCA. Subsequent angiography revealed a severe spiral dissection type F, with decreased coronary flow in the RCA (TIMI flow I, panel A). It was impossible to re-enter the true lumen. Because the patient did not suffer any chest pain and there were no signs of ischaemia at the ECG, no further intervention was performed. During hospitalisation the patient remained stable and blood samples did not reveal any sign of myocardial infarction. Angiography one month after the PCI showed the RCA without any signs of dissection or stenosis (panel B).

Proximal dissection of the right coronary artery with TIMI flow I.

Angiography of the right coronary artery one month after the dissection caused by the angioplasty, with no signs of dissection or stenoses.

This episode of severe dissection of the right coronary artery healed spontaneously. Therefore, when a coronary dissection without any signs of ischaemia occurs, it is wise to follow an expectative policy. Nature is mild!

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