- 5 **Brener SJ**, Lytle BW, Casserly IP, *et al.* Propensity analysis of long-term survival after surgical or percutaneous revascularization in patients with multivessel coronary artery disease and high-risk features. *Circulation* 2004;**109**:2290–5.
- 6 **Hoffman SN**, TenBrook JA, Wolf MP, *et al.* A meta-analysis of randomised trials comparing coronary artery bypass grafting with percutaneous coronary angioplasty: one to eight year outcomes. *J Am Coll Cardiol* 2003;**41**:1293–304.
- 7 **Goyal A**, Alexander JH, Hafley GE, *et al.* Outcomes associated with the use of secondary prevention medications after coronary artery bypass surgery. *Ann Thorac Surg* 2007;**83**:993–1001.
- 8 **Rodriguez AE**, Baldi J, Fernandez Pereira C, *et al.* Five-year follow-up of the Argentine randomised trial of coronary angioplasty with stenting versus coronary bypass surgery in patients with multivessel disease (ERACI II). *J Am Coll Cardiol* 2005;**46**:582–8.
- 9 **Serruys PW**, Ong AT, van Herwerden LA, *et al.* Five-year outcomes after coronary stenting versus bypass surgery for the treatment of multivessel disease: the final analysis of the Arterial Revascularisation Therapies Study (ARTS) randomised trial. *J Am Coll Cardiol* 2005;**46**:575–81.
- 10 **Hueb W**, Lopes NH, Gersh BJ, *et al.* Five year follow up of the Medicine, Angioplasty, or Surgery Study (MASS II): a randomised controlled clinical trial of 3 therapeutic strategies for multivessel coronary artery disease. *Circulation* 2007;**115**:1082–9.
- 11 **Mercado N**, Wijns W, Serruys PW, *et al.* One year outcomes of coronary artery bypass graft surgery versus percutaneous coronary intervention with multiple stenting for multisystem disease: a meta-analysis of individual patient data from randomized clinical trials. *J Thorac Cardiovasc Surg* 2005;**130**:512–9.
- 12 **Rodriguez AE**, Mieres, Fernandez-Pereira C, *et al.* Coronary stent thrombosis in the current drug-eluting stent era: insights from the ERACI III trial. *J Am Coll Cardiol* 2006;**47**:205–7.
- 13 **Tsuchida K**, Colombo A, Lefevre T, *et al.* The clinical outcome of percutaneous treatment of bifurcation lesions in the multivessel coronary artery disease with sirolimus-eluting stent: insights from the Arterial Revascularisation Therapies Study part II (ARTS II). *Eur Heart J* 2007;**28**:433–42.
- 14 **Ong AT**, Serruys PW, Mohr FW, *et al.* The SYNergy between percutaneous coronary intervention with TAXus and cardiac surgery (SYNTAX) study: design, rationale, and run-in phase. *Am Heart J* 2006;**151**:1194–204.
- 15 **Griffin SC**, Barber JA, Manca A, *et al.* Cost effectiveness of clinically appropriate decisions on alternative treatments for angina pectoris: prospective observational study. *BMJ* 2007;**334**:624–8.
- 16 **Aziz O**, Rao C, Panesar SS, *et al.* Meta-analysis of minimally invasive internal thoracic artery bypass versus percutaneous revascularisation for isolated lesions of the left anterior descending artery. *BMJ* 2007;**334**:617–21.
- 17 **Rao C**, Aziz O, Panesar SS, *et al.* Cost effectiveness analysis of minimally invasive internal thoracic artery bypass versus percutaneous revascularisation for isolated lesions of the left anterior descending artery. *BMJ* 2007;**334**:621–4.
- 18 **Weintraub WS**, Mahoney EM, Zhang Z, *et al.* One year comparison of costs of coronary surgery versus percutaneous coronary intervention in the stent or surgery trial. *Heart* 2004;**90**:782–8.

IMAGES IN CARDIOLOGY

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Severe haemodynamic compromise due to left atrial compression by oesophageal haematoma

A 70-year-old man was transferred after thrombolysis for an acute inferior myocardial infarction. Soon after thrombolysis, he developed haematemesis. Upon arrival, vomiting had stopped. Owing to persisting chest pain, we proceeded to rescue angioplasty. The mid right coronary artery was occluded. Balloon angioplasty was initially performed. Considering the thrombotic burden and impending vessel re-occlusion, intracoronary abciximab was given (0.25 mg/kg). Because of a large coronary aneurysm, a covered stent was implanted and the final result was excellent.

Soon after percutaneous coronary intervention (PCI), the patient redeveloped upper gastrointestinal bleeding, leading to haemodynamic compromise requiring vasopressor infusion. Protamine was given and all antiplatelet agents were stopped. Several transfusions, with fresh frozen plasma and platelet transfusions were given. Urgent gastroscopy showed that the bleeding originated from the oesophagus.

An echocardiogram disclosed a collapsed left atrium (panel A). A thoracic CT scan confirmed the presence of an

Panel A Echocardiography: parasternal long axis view with complete left atrial collapse. Oesophageal haematoma borders are delineated.

Panel B Complete resolution of the left atrial compression with full re-expansion of the left atrium.

important intraparietal oesophageal haematoma. Upon intensive medical treatment, the condition of the patient gradually improved and control echocardiography showed full expansion of the left atrium with complete disappearance of the haematoma (panel B).

Gastrointestinal bleeding is a common complication of thrombolysis. Oesophageal tumours, dilatation, achalasia and haematoma as well as hiatal hernia or localised tamponade causing left atrial compression

have been previously reported. To the best of our knowledge, this is the first case of oesophageal haematoma showing near-complete compression of the left atrium after thrombolysis and administration of glycoproteins IIb–IIIa receptor inhibitors for rescue PCI and then, full restoration of the left atrium size upon haematoma resolution.

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