Dilemma in the cardiac catheter laboratory

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A 51-year-old lady was taken to the cardiac catheter laboratory with the option of primary percutaneous coronary intervention (PCI) as she presented with chest pain and ST elevation in V1 to V4 with Q waves. Diagnostic images showed severe disease in the ostium of the small first diagonal. By then her pain had settled and the ST elevation has resolved. Therefore she was discharged home on medical therapy. Repeat coronary angiogram performed one week later, as she complained of more chest pain,

surprisingly showed severe narrowing in the proximal left anterior descending artery (LAD) (figure 1). She had developed her typical chest pain at this point. As the appearances on the angiogram were typical of vasospasm we administered 250 µg intra-coronary glyceryl trinitrate cautiously with complete resolution of the narrowing of the proximal LAD (figure 2). We attributed her symptoms to coronary vasospasm and decided not to perform PCI. She was successfully discharged on diltiazem and nitrates.¹ ■

Figure 1. Angiogram showing vasospasm of proximal LAD.

Figure 2. Angiogram post intra-arterial nitrates.

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Reference

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