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Catheter Induced Coronary Spasm Can Mimic Atherosclerotic True Lesion

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Introduction

Catheter induced vasospasm is produced by mechanical stimulation of a vessel by contact with a catheter. This is fortunately uncommon and unpredictable.

Case

A 45 year old Female came with H/o chest pain on and off since a week duration. She is Hypertensive, non Diabetic, on regular drugs, on Evaluation, ECG: Sinus rhythm, HR 64/m, incomplete RBBB, No significant ST-T changes.

Echo: No RWMA, vavles normal, Grade-I diastolic dysfunction, LVEF-60%, Hb 12 gm% RBS 104 mg, K 4Meq/L, Urea 25mg, creatinine 1.0mg.

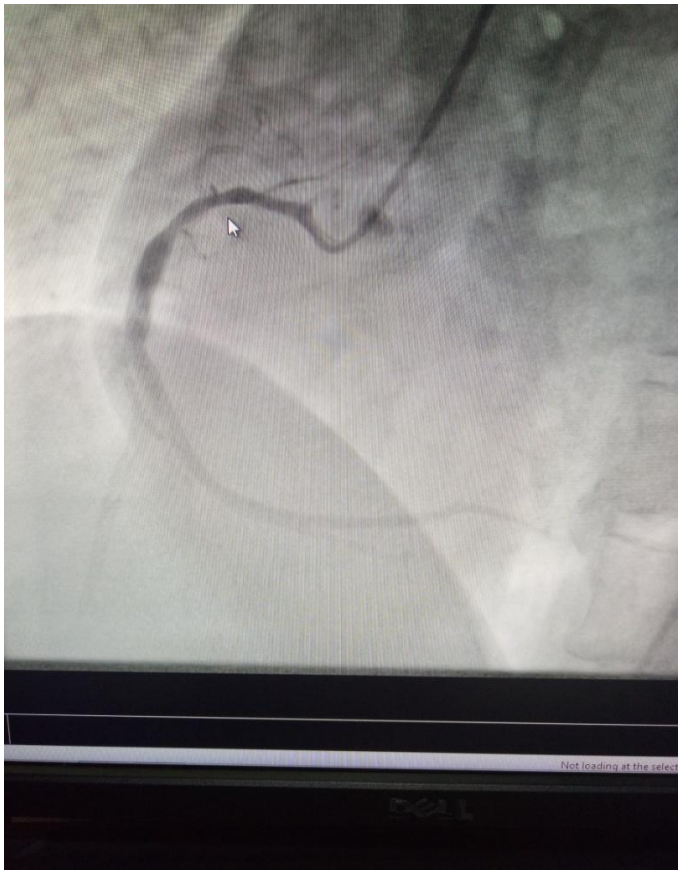
Patient have taken diagnostic CAG by Radial approach, 5F Tiger catheter used.

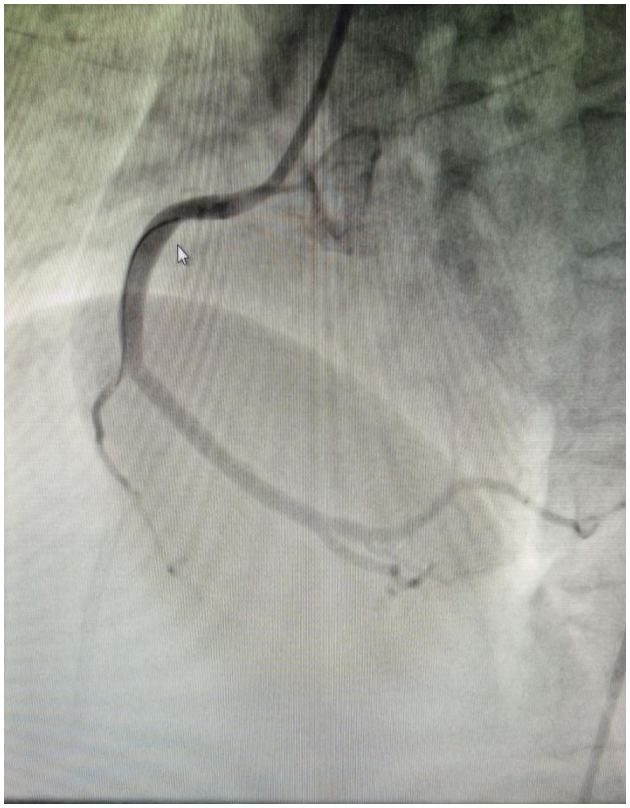
Angiogram shown LMCA Normal, LAD, diagonals normal, LCX, OM Normal RCA-Proximal 70%stenosis.

5F Tiger chateter has been taken out. Then patient proceeded for RCA Angioplasty. Judkins Right 3.5 guide catheter engaged Right coronary ostiumin coaxial alignment. After inserting coronary guide wire in proximal RCA, check short was taken. That proximal RCA lesion was not there, become normal. There was no ventricularization, No ST-T changes, Asymptomatic.

I have confirmed that it is coronary spasm – not true lesion. JR guide has been removed.

Patient was discharged with Beta blocker.





Conclusion

Catheter induced coronary spasm can mimic atherosclerotic true lesion. so better to use IV NTG before doing CAG, or after finding some lesion in coronary arteries.

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