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ASIAN INTERVENTIONAL CARDIOVASCULAR THERAPEUTICS
THE OFFICIAL CONGRESS OF APSIC

A Case of intramural Hematoma in RCA

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The First Affiliated Hospital Of Xiamen University

- 54-year old, female
- Chief complaint : Consistent chest pain for 11 hours
- Risk factor: Hypertension , No smoking, No alcohol
- No specific family heart disease history
- Blood fat: LDL-C3.84mmol/L
- Enzyme:hsCTNI:0.75ng/ml

- Coronary heart disease

Non-ST elevated myocardial infarction

Killip 1 level

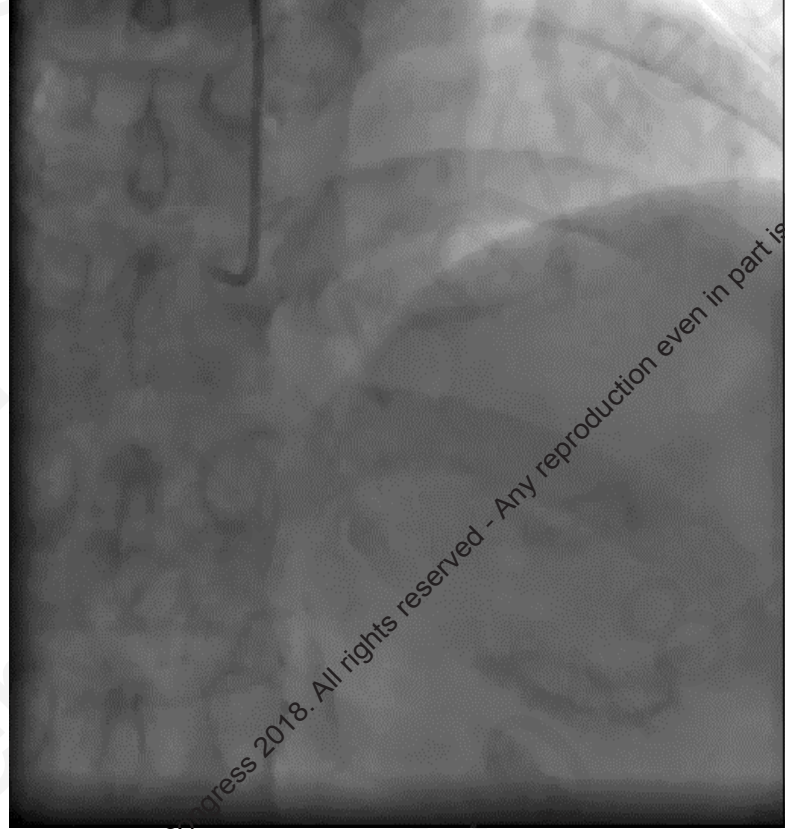
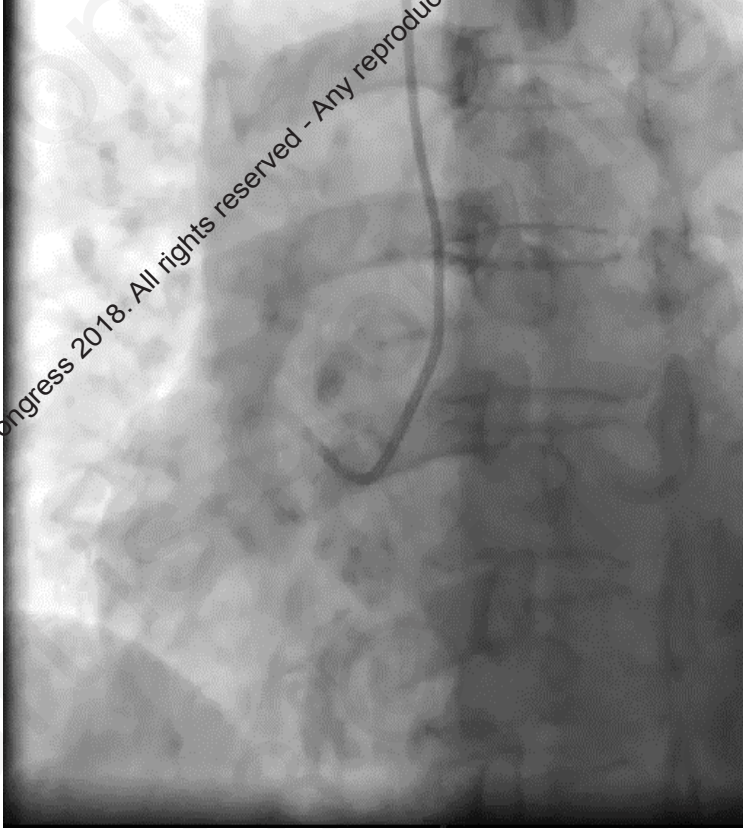
- Primary hypertension
- Hypercholesterol



Coronary angiogram after 4days

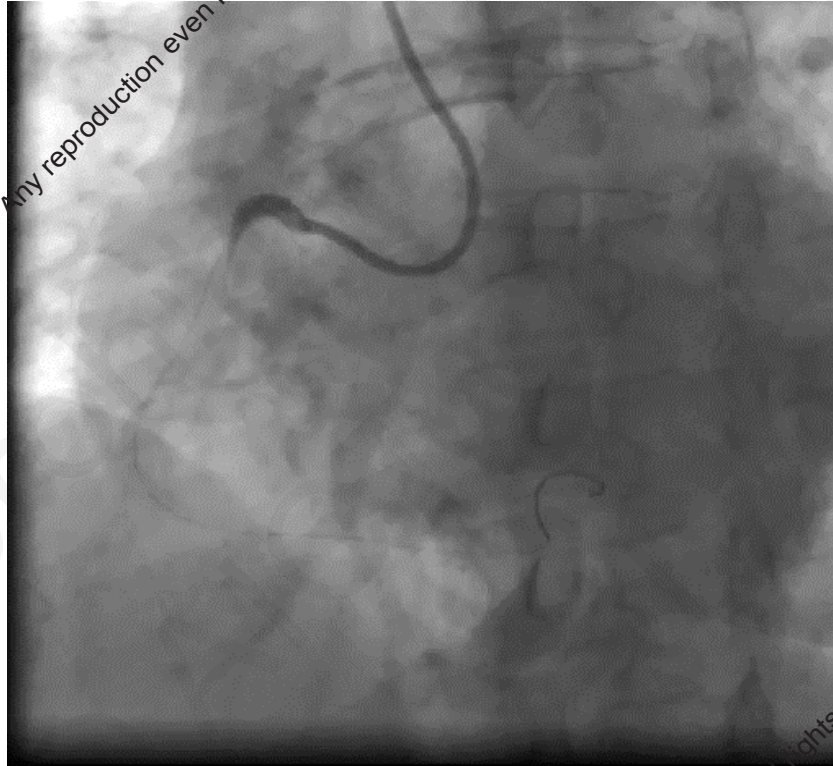


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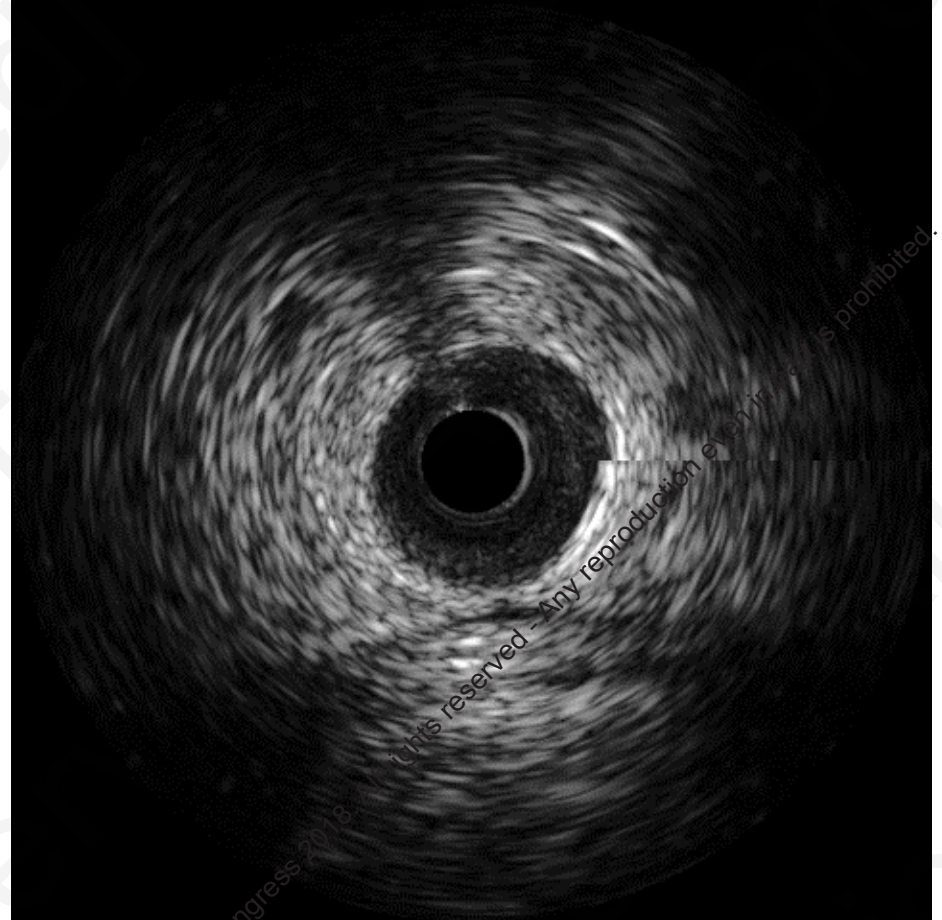


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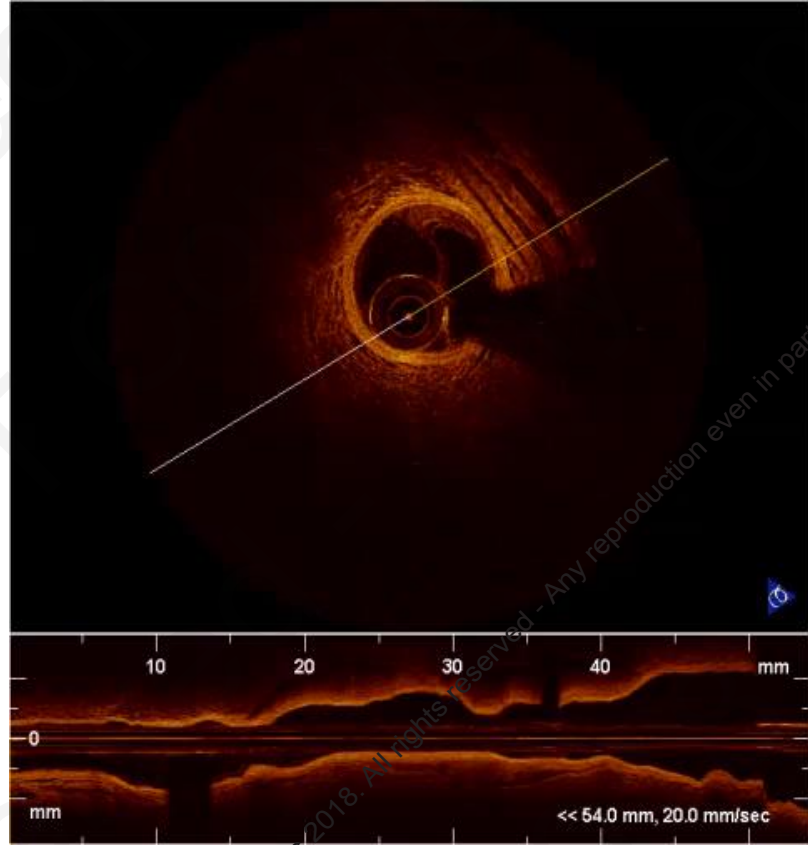
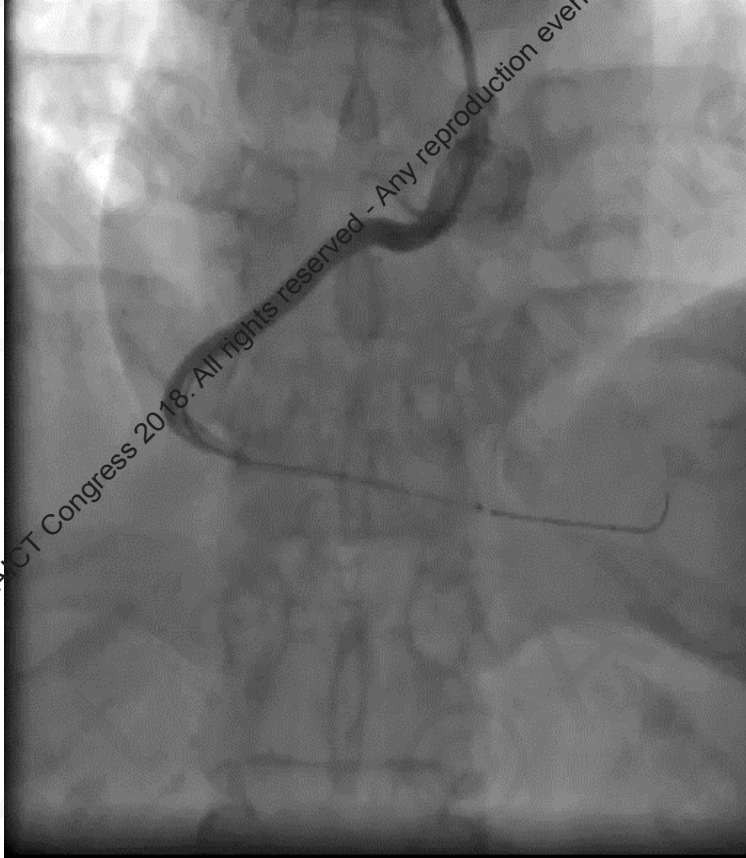
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- Runthrough wire into the distal PLA
- The patient had a chest pain



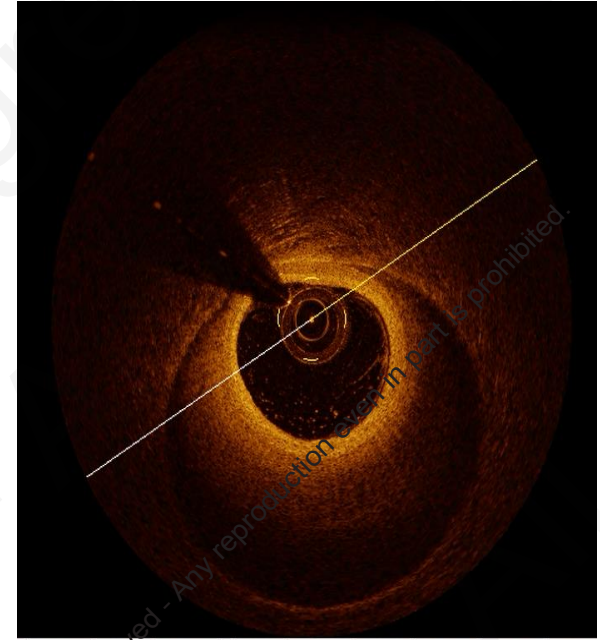
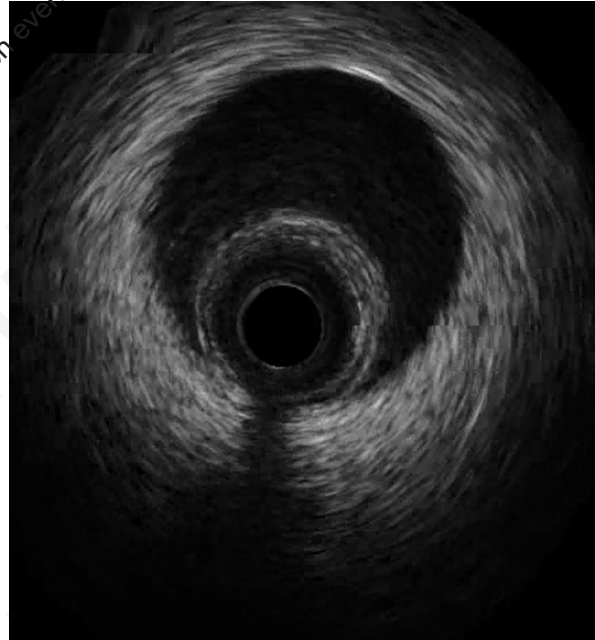
📌 Runthrough wire reentering the PDA branch



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Imaging features of intramural hematoma



1. No basic atherosclerosis
2. Sudden blood flow discontinued
3. Or thinner than before as a mouse tail
4. No exact dissection of intimal layer

1. Homogeneous density with crescent hypoechoic area
2. The area located between the intima and adventitia
3. The density of this area decided by the degree of aggregation of red blood cells and the content of fibers, etc.

Homogeneous high density, descending signal, Separating intima and adventitia

- Causes: 1. Pregnancy and Perinatal period
- 2. Atherosclerosis
- 3. Autoimmune disease
- 4. Drugs 5 Others
- Treatment: 1. PCI
- 2. medical therapy
- 3. cutting balloon
- 4. CABG

- 1. The area of intramural hematoma is too large and too long, and the stent is not ensure cover the hematoma.
- 2. Cutting balloon is not ready in our cath lab.
- 3. CABG can not complete in our hospital, so we decide to use medical therapy .
- 4. The patient is used dual antiplatelet therapy and statin in follow up.



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thank you

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