Abstract

The authors present the case of a 54-year-old woman with iatrogenic dissection of the right coronary artery ostium and extension of the dissection to the ascending aorta during the intraluminal angioplasty of an obstructive lesion in the middle portion of the right coronary artery. In order to maintain coronary blood flow before surgery, the coronary dissection was treated with the implantation of three direct coronary stents that dilated the stenosis and sealed the dissection of the coronary artery. The aortic dissection needed treatment with the implantation of a Haenoshield aortic graft. During the surgery, it was decided to implant an aortocoronary bypass graft to guarantee the distal right coronary blood flow, given the possible increased risk of thrombosis of the stents because of the large thrombogenic metallic surface of the stents. On the other hand, the administration of anticoagulants and antithrombotic drugs were not indicated because of the intended surgery of the aortic dissection. The evolution of the patient was satisfactory. Causes, frequency, and treatment procedures of this iatrogeny are discussed.

Keywords

coronary angioplasty, coronary artery dissection, aortic dissection, iatrogeny