Abstract No. **62**

Category: **Acute Coronary Syndromes**

Title: Spontaneous Coronary Artery Dissection. A registry from a reference

cardiovascular center

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Abstract:

Background: Spontaneous coronary artery dissection (SCAD) is an infrequent etiology of acute myocardial infarction. Patients with this entity are younger population without traditional cardiovascular risk factors for atherosclerotic coronary artery disease (CAD). In this report, we aim to present the demographic and clinical characteristics of patients with SCAD from a cardiovascular reference center in Medellin, Colombia.

Methods: A retrospective observational study was performed. The information about all the patients with a diagnosis of SCAD admitted to the catheterization lab since 2003 was reviewed. Additional clinical data was obtained from electronic clinical history. Patients judged to have atherosclerosis as the cause of SCAD were excluded.

Results: A total of 15 patients with the diagnosis of SCAD were found. 14 had the information required for the registry. 10 patients were males (66%) and the mean age was 43 years. There was a low prevalence of cardiovascular comorbidities with obesity (body mass index ? 30 kg/m2) and high blood pressure as the most common ones (33% in both cases). Two out of the 4 women had multiparity and one was in the postpartum period. Any patient had fibromuscular dysplasia, systemic inflammatory disease, connective tissue disorder or were taking oral contraconceptive pills. Half of the patients had a clinical presentation compatible with persistent ST-segment elevation myocardial infarction and the right coronary artery (RCA) was the affected vessel in 6 patients and the left anterior descending artery (LDA) in 4 patients. Type 2 SCAD was the most common type of dissection (50%) and type 3 was the second one (29%). The most common inhospital complication was arrhythmia manifested mainly by ventricular rhythms and there was only one dead.

Conclusions: This report shows that patients in our center have relevant differences from those reported in the literature. Our patients tend to be older, a male predominance was observed and the was a high rate of stent implantation and an elevated risk of arrhythmic complications.