Chronic Coronary Artery Dissection Presenting as Heart Failure

Robert E. Hobbs, MD; Amy P. Scally, MD; Walter A. Tan, MD, MS

The patient was a 31-year-old man with a past history of polycythemia vera, “enlarged heart” (1992), transient ischemic attack (1995), and decompensated heart failure (1997). He was referred for evaluation and management of suspected dilated cardiomyopathy. An ECG demonstrated Q waves in the anterolateral leads. Cardiac catheterization was performed. The image shown is a posteroanterior cranial view of the left coronary artery. Note the radiolucent linear streaks in the left anterior descending coronary artery (LAD), diagonal branch (DIAG), and left circumflex branch (CX), consistent with chronic coronary artery dissection. The left ventriculogram revealed a dilated left ventricle with severe impairment in contractility.
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