A 62-year-old woman presented with unstable angina. Angiography demonstrated a severe stenosis in the distal right coronary artery (RCA), and angioplasty with stent implantation was undertaken. This was complicated by a coronary artery dissection distal to the stent that was detected by angiography and intracoronary ultrasound (ICUS).

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Figure 1. Coronary angiogram (left anterior oblique projection) demonstrates a longitudinal dissection proximal to bifurcation of right coronary artery into posterior descending and posterolateral arteries. Inset, ICUS catheter is in posterolateral branch; contrast staining is present inferior to artery (arrow). ICUS was performed at this site with a 30-MHz transducer mounted on a 2.9F catheter (Microview, Boston Scientific-CVIS).
Figure 3. Classic double-barreled lumen is seen, with a flap denoted by arrow. Lumen (b) has normal blood flow, whereas flow in a is decreased.

Figure 4. As false lumen fills with blood, a blood/contrast level is demonstrated (a’).

Figure 5. A subintimal dissection with an echolucent contrast-filled false lumen (a) is seen. Arrows denote cardiac veins and are not associated with dissection. Because there was grade 3 Thrombolysis in Myocardial Infarction (TIMI) flow, satisfactory lumen dimensions, and concern over proximity of dissection to RCA bifurcation, no further intervention was undertaken. Patient remains well at 6-month follow-up.
Intracoronary Ultrasound Longitudinal Reconstruction of a Postangioplasty Coronary Artery Dissection
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