

Iatrogenic Left Main Coronary Artery Stenosis

Sengottuvelu G, Amit Garg, Thanikachalam S

Department of Cardiology, Sri Ramachandra Medical College and Research Institute, Chennai

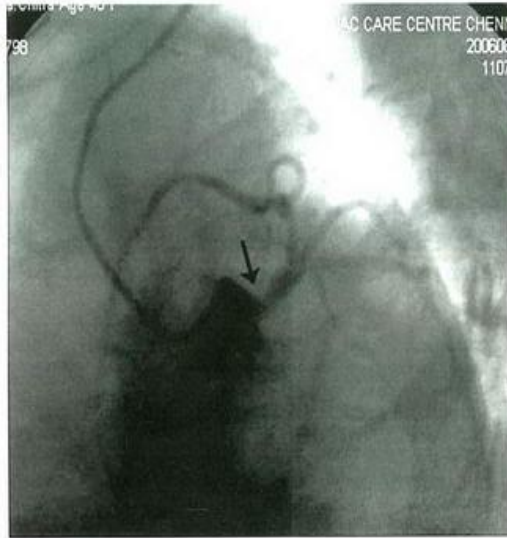


Figure 1. Iatrogenic Left main ostial stenosis following Aortic Valve replacement

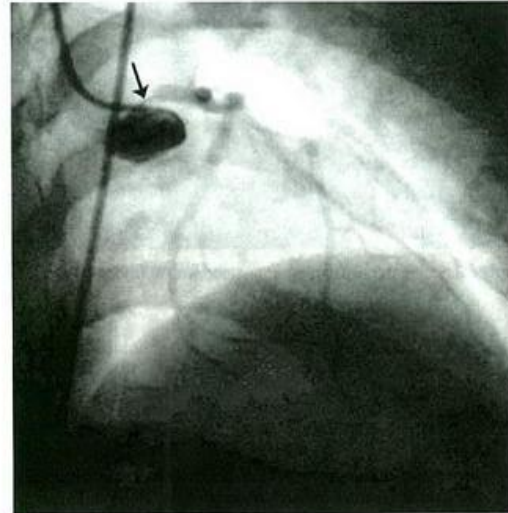


Figure 2. Iatrogenic Left main ostial stenosis as a sequelae to radiotherapy for Hodgkin's Lymphoma

Significant left main coronary artery stenosis following aortic valve replacement. 40 yrs old lady presented 2 years after aortic valve replacement and she had family history of coronary artery disease. Whether the coronary ostial stenosis is a complication of AVR or a complication of coronary artery perfusion is still a controversial topic. Left main coronary artery cannulation for the antegrade cardioplegia during aortic valve replacement can cause left main coronary stenosis.

Subsequently revascularization was done with coronary artery bypass surgery.

Iatrogenic left main coronary artery stenosis following radiation therapy for Hodgkin's lymphoma 25 yrs old lady with no conventional risk factors presented with angina on minimal activity. Her baseline ECG revealed anterior and inferolateral ischemia. Coronary angiogram revealed 90% ostial left main stenosis. Her past history revealed that she was a case of Hodgkin's lymphoma treated with radiotherapy 12 yrs ago. Subsequently treated with coronary artery bypass surgery.

Correspondence: Dr G. Sengottuvelu, Department of Cardiology, Sri Ramachandra Medical College and Research Institute, Chennai 600116.

E-mail: gsengottuvelu@gmail.com

Multislice CT for Femoral Pseudoaneurysm After Angioplasty

Harish. A, Payal Khatri, Mohammed Musthafa. P.P.



Figure 1. 64-Slice CT angiogram showing large pseudoaneurysm arising from the origin of superficial femoral artery. (CFA – common femoral artery, SFA – superficial femoral artery, PFA – profunda femoris artery)

A 52-year-old man came with complaints of painful swelling of right groin and fever of one-week duration. He had undergone percutaneous coronary angioplasty (PTCA) two weeks back for unstable angina through right femoral artery. There was a visible, pulsatile, tender swelling over the right groin and



Figure 2. VRT (Volume Rendered Technique) image of the pseudoaneurysm.

the skin over the swelling was erythematous and infected. There was a thrill and a to-and-fro murmur over the swelling. A CT angiogram showed pseudoaneurysm originating at the origin of superficial femoral artery (Figure 1 and 2). Patient was treated with surgical repair successfully.

Correspondence: Dr Harish. A, Associate Consultant in Cardiology, Institute of Cardiovascular diseases, Madras Medical Mission, Chennai, India.

E-mail: dr_harisha@rediffmail.com