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A Rare Case of Concomitant Acute Occlusion of Left Main Coronary Artery and Right Coronary Artery with characteristic Electrocardiographic pattern

Thilina Jayasekara¹, Hansa Sooriyagoda¹, Dayananda Balasooriya¹, Thangarajah Jeyakanth¹, Indika Wickramatunga¹, Manjula Amarasinghe¹, Lakshman Bandara¹, Arulkumar Jegavanthan¹, Ghanamoorthi Mayurathan¹, Subhashini Jayawickreme¹, Ajith Kularatne¹, Thilakshi Abeysinghe¹

¹National Hospital Kandy, Sri Lanka

Acute left main coronary artery (LMCA) occlusion is a rare clinical presentation which often manifests as a cardiogenic shock with worse prognosis. However, the clinical outcome depends on the age of the patient, co-morbidities, the patency and dominance of Right coronary artery. Since LMCA supplies a large myocardial territory of left ventricle, it shows a characteristic electrocardiographic (ECG) pattern which helps to an early diagnosis. Presence of ST elevation in aVR with ST depressions of more than six leads is highly characteristic for LMCA occlusion. Here we are reporting an extremely rare case of acute concomitant occlusion of LMCA and Right coronary artery manifesting as a cardiogenic shock with ST elevation in aVR, V1, III, aVF leads with ST depressions in all other leads. Patient showed excellent clinical outcome and reversal of characteristic ECG pattern following percutaneous coronary intervention (PCI) to the culprit vessels.

Key Words: Left Main Coronary Artery Occlusion, Electrocardiography, Percutaneous Coronary Intervention

Biography:

Thilina Jayasekara is currently working as a senior registrar in Cardiology at National Hospital Kandy, Sri Lanka. He has attended many international Conferences.