

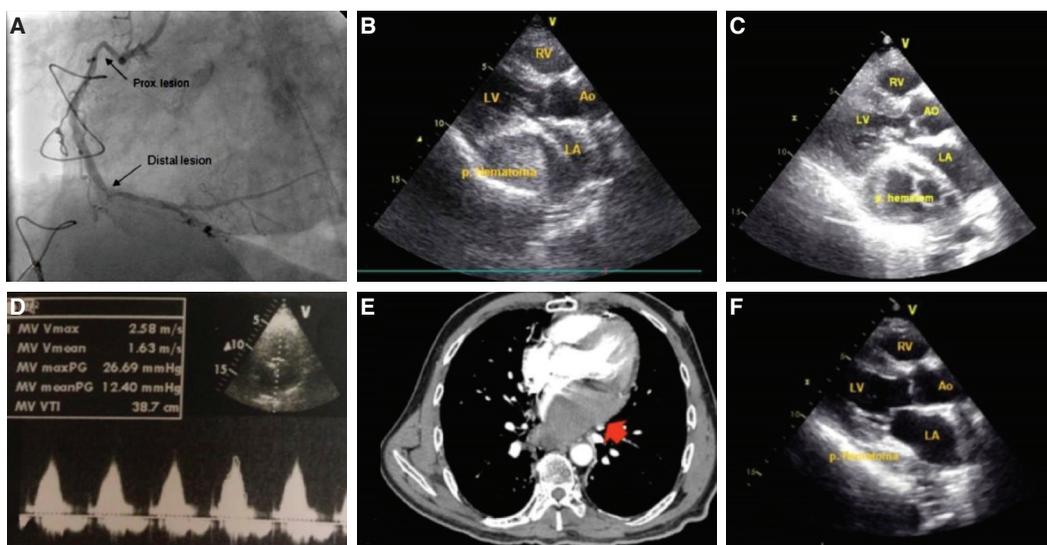
CASE IMAGE

Conservative treatment of localized periatrial hematoma associated with functional mitral stenosis, a complication of percutaneous coronary intervention***Perkütan koroner girişimin komplikasyonu olarak gelişen fonksiyonel mitral stenozuyla ilişkili periaatriyal hematomun konservatif tedavisi***Murat Akçay¹Korhan Soylu¹Mustafa Yenerçağ²¹Department of Cardiology, Ondokuz Mayıs University Faculty of Medicine, Samsun, Turkey²Department of Cardiology, Samsun Training and Research Hospital, Samsun, Turkey

A 59-year-old male patient with a history of coronary bypass surgery and thoracic radiotherapy for Hodgkin lymphoma underwent coronary angiography as a result of non-ST-elevation myocardial infarction. Culprit lesion with 90% stenosis at the distal segment of the right coronary artery (RCA) (Fig. A, Video 1*) could not be crossed with

the floppy guidewire and medical management was planned. However, the patient was transferred back to the cath lab because of refractory symptoms. Asahi Fielder XT guidewire (Abbott Vascular, Inc., Santa Clara, CA, USA) was successfully passed through the culprit lesion. After predilatation with a 2.0x15 mm balloon, a 2.5x18 mm drug-eluting stent (DES) was implanted for the distal stenosis and a 2.75x24 mm DES was also implanted for the proximal 50% stenosis of the RCA. Postdilatation with 3.0x10 mm non-compliant balloon at 14 atm was performed for

the proximal stent. The procedure was completed with a satisfactory angiographic result (Video 2*). One hour after the procedure, the patient developed progressive dyspnea, hypotension, and tachycardia without electrocardiographic change. Echocardiography demonstrated a mass compressing the left atrium and posterior mitral leaflet that was compatible with hematoma (Fig. B-D, Video 3*). Fluid replacement, vasopressor, and protamine sulfate were administered. Half an hour later, he was hemodynamically stable and the symptoms had regressed. He also be consulted to surgeon, but high-risk surgery was recommended. Thoracic tomography confirmed a pericardial hematoma 48x46x67 mm in size compressing the left atrial free wall (Fig. E). He was managed with supportive treatment and discharged on the 20th day of hospitalization with minimal exertional dyspnea. At 4-month visit, the hematoma had been resorbed (Fig. F). Retrospective analysis of the angiograms revealed that the hydrophilic guidewire tip was out of imaging view, which might be the reason for coronary perforation and subsequent hematoma. Localized cardiac tamponade should be kept in mind during cardiac surgery and thoracic radiotherapy.



Figures– (A) Angiographic stenosis in the right coronary artery. (B) and (C) Echocardiographic imaging of localized periatrial hematoma. (D) Echocardiographic imaging of functional mitral valve gradient caused by localized periatrial hematoma. (E) The tomographic appearance of the localized periatrial hematoma. (F) Echocardiographic imaging of resorbed periatrial hematoma. *Supplementary video files associated with this presentation can be found in the online version of the journal.