A 58-year-old man with a history of coronary artery bypass graft operation was admitted with typical angina pectoris. Physical examination was normal with palpable peripheral pulses on both sides. Myocardial perfusion scintigraphy showed reversible perfusion defects in the anterior and inferior regions of the left ventricle. On coronary angiography, the three saphenous vein grafts were all patent. For visualization of the left internal mammary artery to the left anterior descending artery graft, the catheter was advanced to the subclavian artery and images were taken. The graft was intact, but there was a significant stenosis in the mid segment of the subclavian artery (Fig. A). The patient was discharged with medical treatment for coronary artery disease and an intervention plan for subclavian artery stenosis at another session. Three weeks later, findings of visualization of the subclavian artery were the same with significant stenosis (Fig. B). Stent implantation to the stenosis was decided. To determine the optimal stent size, 150 µg intraarterial nitrate was administered through the guiding catheter and angiography was repeated. However, the images after nitrate administration showed complete disappearance of the stenosis (Fig. C). Based on this finding, the stenosis on the previous images was thought to be associated with severe spasm of the subclavian artery. The intervention plan for the subclavian artery was canceled. Small arteries are sometimes very vulnerable to spasm, but spasm of the great arteries are rare. To our best knowledge, this is the first case in the literature about subclavian artery spasm at elective angiography.

**Figures. (A, B)** Two coronary angiography evaluations interspersed with three weeks show significant subclavian artery stenosis. **(C)** Disappearance of the stenosis after nitrate injection.