

CASE IMAGE

A severe aortic coarctation newly diagnosed during cardiac catheterization in an adult presenting with acute anterior myocardial infarction

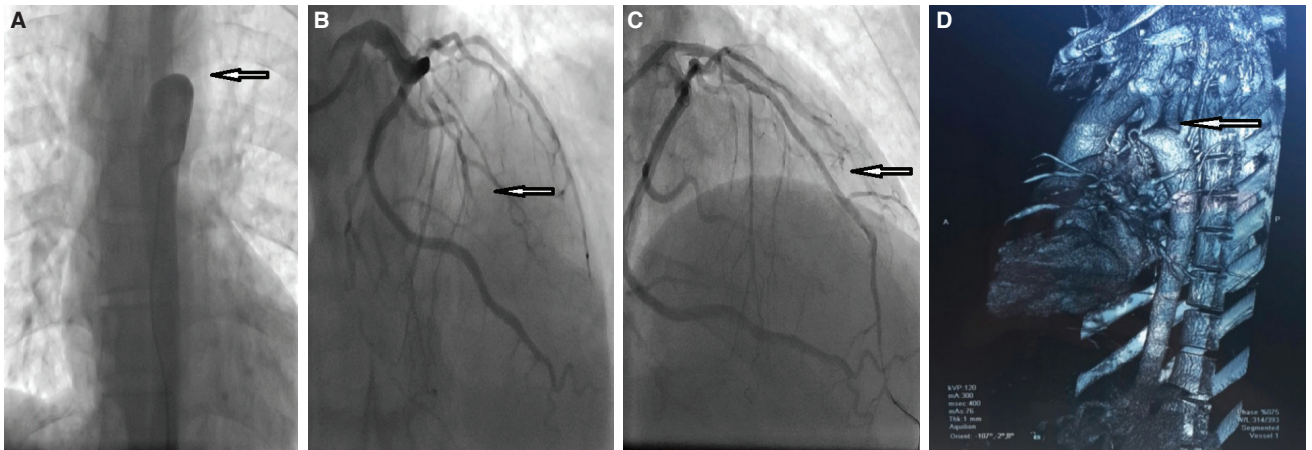
Akut anterior miyokart enfarktüsle başvuran 39 yaşında erkek hastada koroner anjiyografi esnasında tanı konulan ciddi aort koarktasyonu

Alparslan Kılıç
İbrahim Etem Çelik
Mustafa Duran
Sani Namık Murat

Department of Cardiology,
Ankara Training and Research
Hospital, Ankara, Turkey

A 39-year-old Syrian man presented at our institution with acute anterior myocardial infarction. There were no cardiovascular risk factors other than smoking. Cardiovascular physical examination found continuous murmur in the back, systolic ejection murmur at the left upper sternal border, and upper extremity hypertension with depressed femoral pulsations. Electrocardiogram showed anterior myocardial infarction. Echocardiography demonstrated anteroseptal and apical akinesia and ejection

fraction of 40%. Coronary angiography was attempted by right femoral route, but the guidewire did not pass aortic obstruction (Figure A). As a result, coronary angiography and angioplasty were performed via right radial route. Culprit lesion was found in the left anterior descending artery on coronary angiography (Figure B, C). Thoracic aortography showed coarctation of the aorta (Figure A). Three-dimensional CT scan demonstrated coarctation of the aorta distal to the left subclavian artery (Figure D). Aortic coarctation should be considered if the guidewire does not advance within the aorta. In such cases of patients with acute coronary syndrome, it should be determined if aorta is obstructed by injecting opaque medium with catheter.



Figures– (A) Thoracic aortography showing severe aortic coarctation; **(B)** Coronary angiography revealing complete occlusion of left anterior descending coronary artery; **(C)** Left anterior descending coronary artery after angioplasty and stenting. **(D)** Aortic coarctation on computed tomography scan.