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- Tartan Z, Kaşıkçıoğlu H, Yapıcı F, Cam N. Spontaneous coronary artery dissection: a long-term follow-up. Anadolu Kardiyol Derg 2007; 7: 436-8.
- 6. Pierre-Justin G, Pierard LA. Spontaneous coronary artery dissection in an antilles man with acute inferior myocardial infarction. Int J Cardiol 2007; 118: 237-40. [Crossref]
- İyisoy A, Öztürk C, Arslan Z, Çelik T, Ünlü M, Cingöz F, et al. Progressive aortic dissection following RCA instent angioplasty. Int J Cardiol 2015; 187: 309-10. [Crossref]
- İyisoy A, Kurşaklıoğlu H, Köse S, Öztürk C, Amasyalı B, Demirtaş E. Spontaneous intimal dissection in a patient with post-infarct angina: identification with intravascular ultrasound and treatment with coronary stenting. Jpn Heart J 2003;44:557-64. [Crossref]
- Karabulut A, Tanriverdi S. Acute coronary syndrome secondary to spontaneous dissection of left internal mammary artery by-pass graft nine years after surgery. Kardiol Pol 2011; 69: 970-2.
- Öztürk C, Çelik T, Demirkol S, Demir M, Balta S, Ünlü M, et al. The healing of spontaneous coronary artery dissection with conservative treatment: When to stop. Int J Cardiol 2015; 189: 249-51.
- Öztürk C, Yıldırım AO, Demir M, Haqmal H, Balta S, Ünlü M, et al. The spontaneous coronary artery dissection may need intervention in the proximal segment of the arteries. Int J Cardiol 2016; 202: 943-4.

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DOI:10.14744/AnatolJCardiol.2016.7120

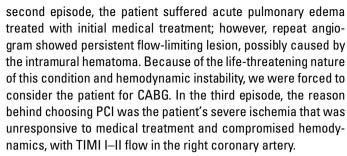


To the Editor,

We are pleased by the author's (1) interest in our case report entitled "Recurrent spontaneous dissection affecting different coronary arteries of a young female" published in the February 2016 issue (16: 137-40) of Anatol J Cardiol.

The authors proposed that medical treatment may be an option for this case because of spontaneous healing potential of the coronary artery dissection and its recurrent nature. However, it should be accepted that there is no guideline-directed treatment and diagnostic algorithm for spontaneous coronary artery dissection. In large case series, conservative treatment is the preferred strategy for stable patients without ongoing ischemia and if the involved arteries are small or medium sized. Patients with ongoing chest pain, ST elevation, or hemodynamic instability should undergo PCI, particularly when the dissection affects major arteries supplying large areas of the myocardium (2–5). An emergency coronary artery bypass grafting (CABG) should be considered if the dissection extends from the left main into the left anterior descending artery (LAD) and circumflex arteries.

In our case, as shown in the first figure, there is a TIMI 0 flow in LAD after the first septal branch. We first performed PCI to relieve the ongoing ischemia and reduce the infarct size. In the



Moreover, we accept the role of adjunctive intracoronary imaging, such as optical coherence tomography (OCT) and intravascular ultrasound (IVUS), particularly in diagnosing SCAD subtypes, intramural hematoma, and localizing side branch/true lumen for the intervention (6). However, because of lack of IVUS or OCT facilities in our laboratory at that time, we could not use these techniques.

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References

- Ermiş N, Yaşar E, Cansel M. Recurrent spontaneous dissection affecting different coronary arteries of a young female. Anatol J Cardiol 2016; 16: 137-8. [Crossref]
- Saw J. Spontaneous coronary artery dissection. Can J Cardiol 2013; 29: 1027-33. [Crossref]
- Alfonso F, Bastante T, Cuesta J, Rodríguez D, Benedicto A, Rivero F. Spontaneous coronary artery dissection: novel insights on diagnosis and management. Cardiovasc Diagn Ther 2015; 5: 133-40.
- Kansara P, Graham S. spontaneous coronary artery dissection: case series with extended follow up. J Invasive Cardiol 2011; 23: 76-80.
- Tweet MS, Eleid MF, Best PJ, Lennon RJ, Lerman A, Rihal CS, et al. Spontaneous coronary artery dissection: revascularization versus conservative therapy. Circ Cardiovasc Interv 2014; 7: 777-86
- Jinnouchi H, Sakakura K, Matsuda J, Wakabayashi Y, Wada H, Momomura S, et al. Recurrent spontaneous coronary artery dissection observed with multiple imaging modalities. Int Heart J 2013; 54: 181-3.

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Effects of cardiopulmonary bypass on new-onset atrial fibrillation

To the Editor,

We read the article titled "SYNTAX score predicts postoperative atrial fibrillation in patients undergoing on-pump isolated coronary artery bypass grafting surgery" that is published in Anatolian J Cardiol October 18. Epub ahead of print (1), in which the authors described the effects of SYNTAX score on postoper-