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CARDIOVASCULAR FLASHLIGHT

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Tears are words that heart cannot express

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Tears are the silent language of grief

François-Marie Arouet, 'Voltaire'

A 42-year-old man, with low cardiovascular risk profile, presented to our observation with typical chest pain and ST-depression in inferior leads at ECG. Because of the presence of subcritical coronary artery stenosis at coronary angiography (Panel A), the patient was discharged with the diagnosis of 'Myocardial Infarction With Non-Obstructive Coronary Arteries'. After 1 week, the patient presented again to our emergency department with continuous chest pain, diffuse ST-depression at ECG, and Troponin T elevation. Cardiac magnetic resonance revealed inferior myocardial ischaemia. Coronary angiography showed right coronary artery critical stenosis with TIMI 2 flow (Panel B). Optical coherence tomography (OCT) disclosed large intimal tear with thrombus apposition in the distal right coronary artery lumen (Panels C–E; Supplementary material online, Video S1), while intravascular ultrasound (IVUS) showed intramural haematoma (Panel F). Cutting balloon angioplasty was effective to restore coronary flow and to limit haematoma propagation. Then, two nitinol, self-expanding, and coronary stents (STENTYS® stent; STENTYS, Paris, France) were successfully deployed.

Angiographic diagnosis of spontaneous coronary artery dissection relies on the visualization of double lumen due to contrast filling into the false lumen. However, its diagnostic value is limited especially in case of wall haemorrhage without communication with the lumen. In our case, it could be speculated that an imaging technique (OCT or IVUS) added at the first angiography would have allowed an early identification of the intimal flap or of the intramural hematoma.

Supplementary material is available at *European Heart Journal* online.

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