




# Management of RCA Dissection

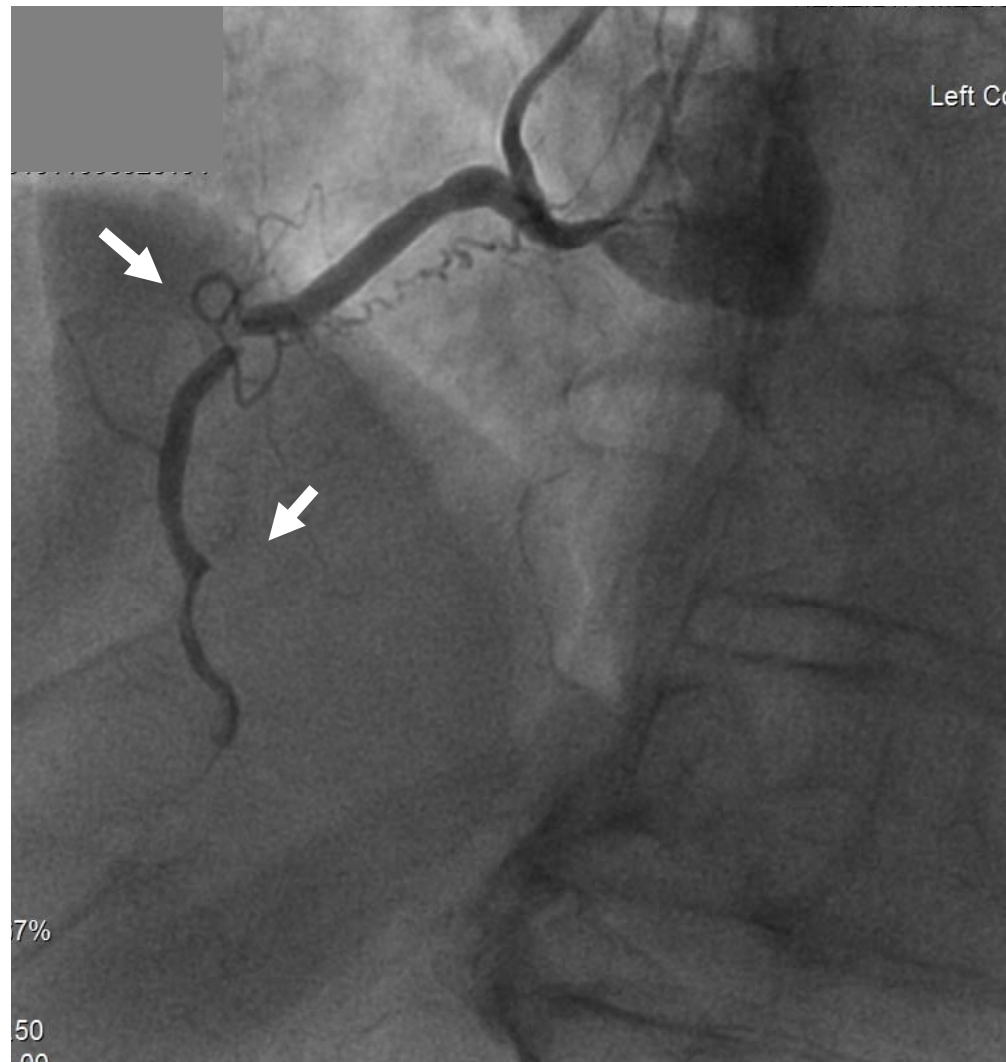
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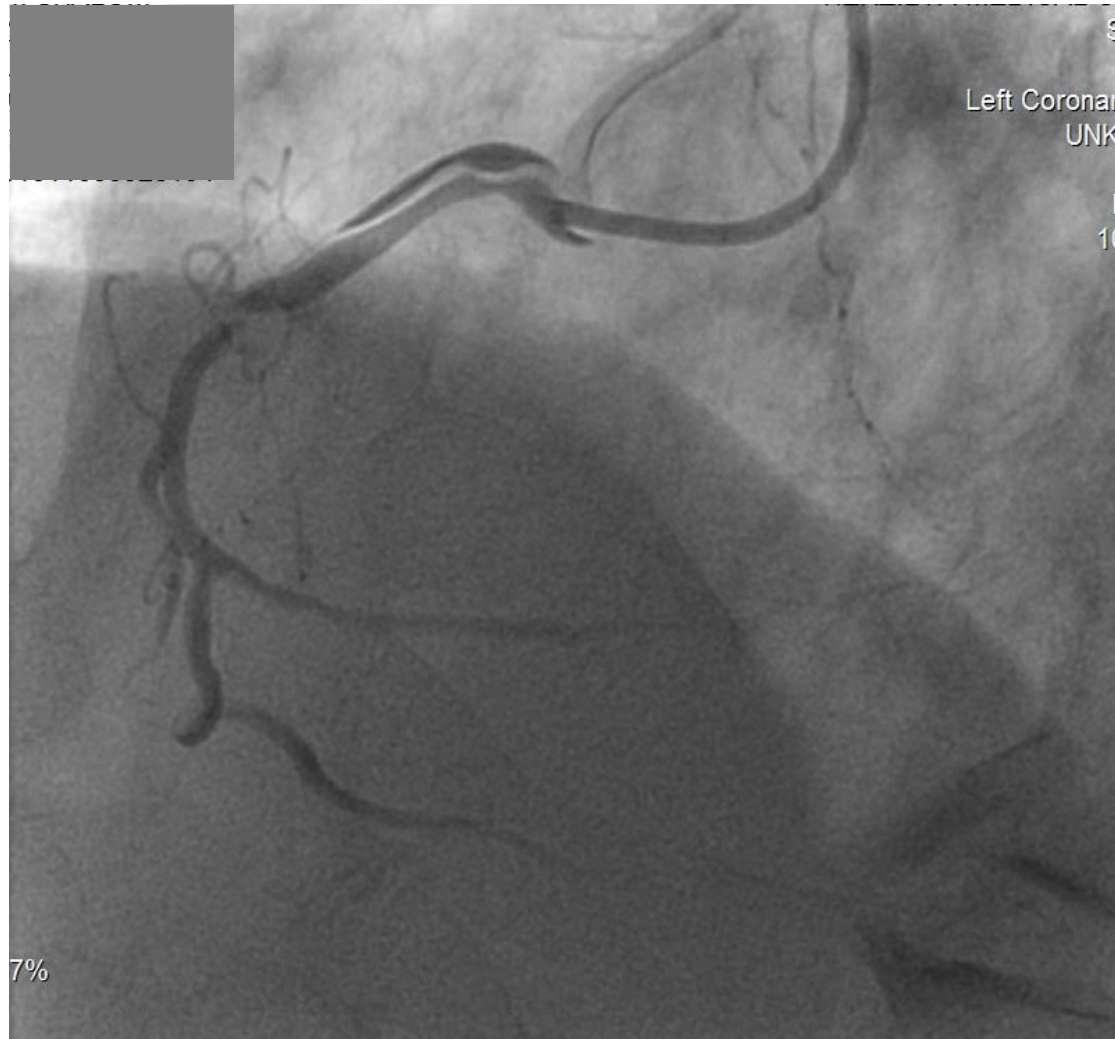
# Clinical History

- A 67 y/o hypertensive and smoker gentleman with angina pectoris and RCA ischemia.
- Angiographic finding of mid RCA occlusion.
- Treatment strategy: **PCI to RCA.**

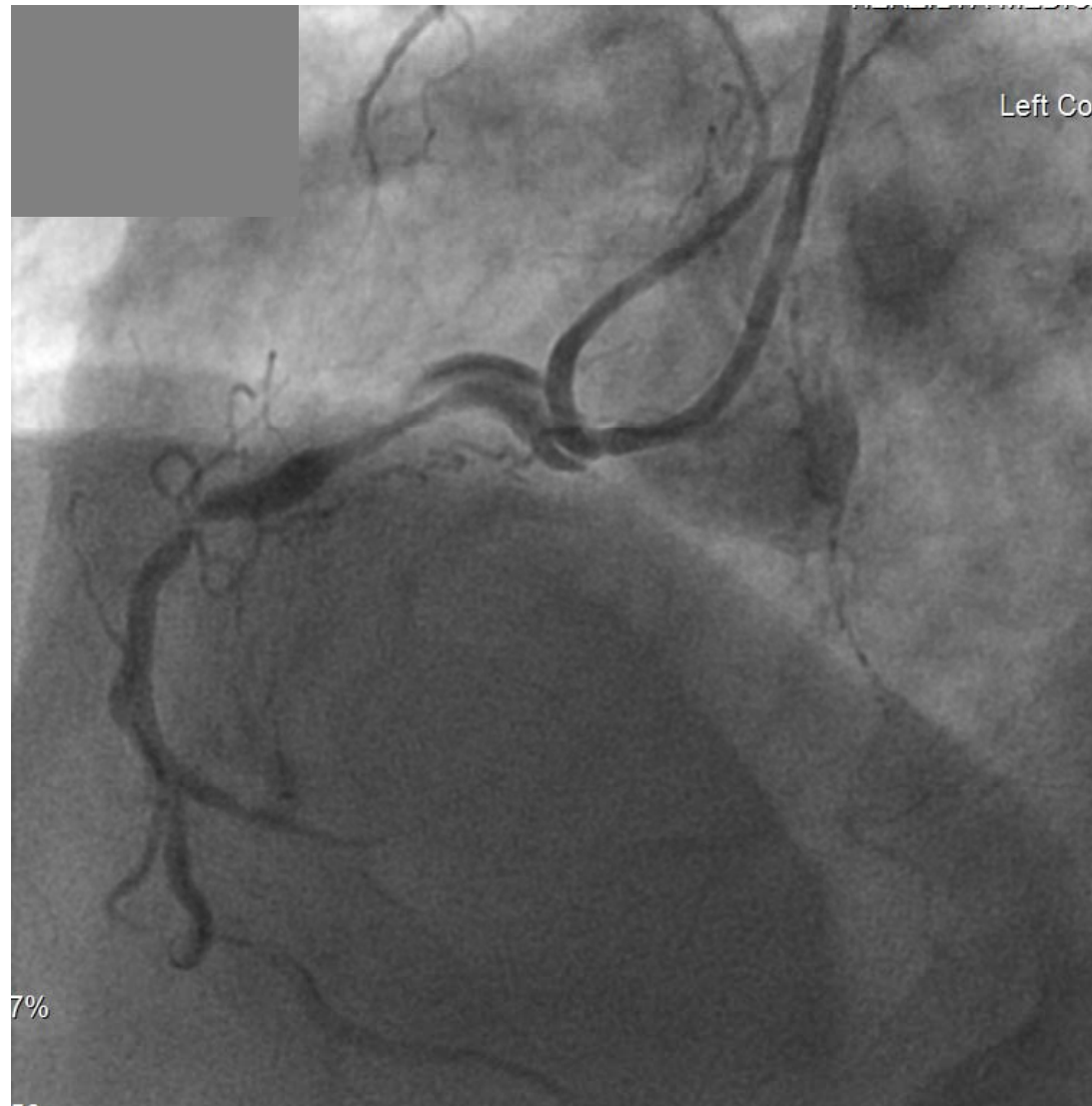
# Diagnostic Angio-RCA Occlusion



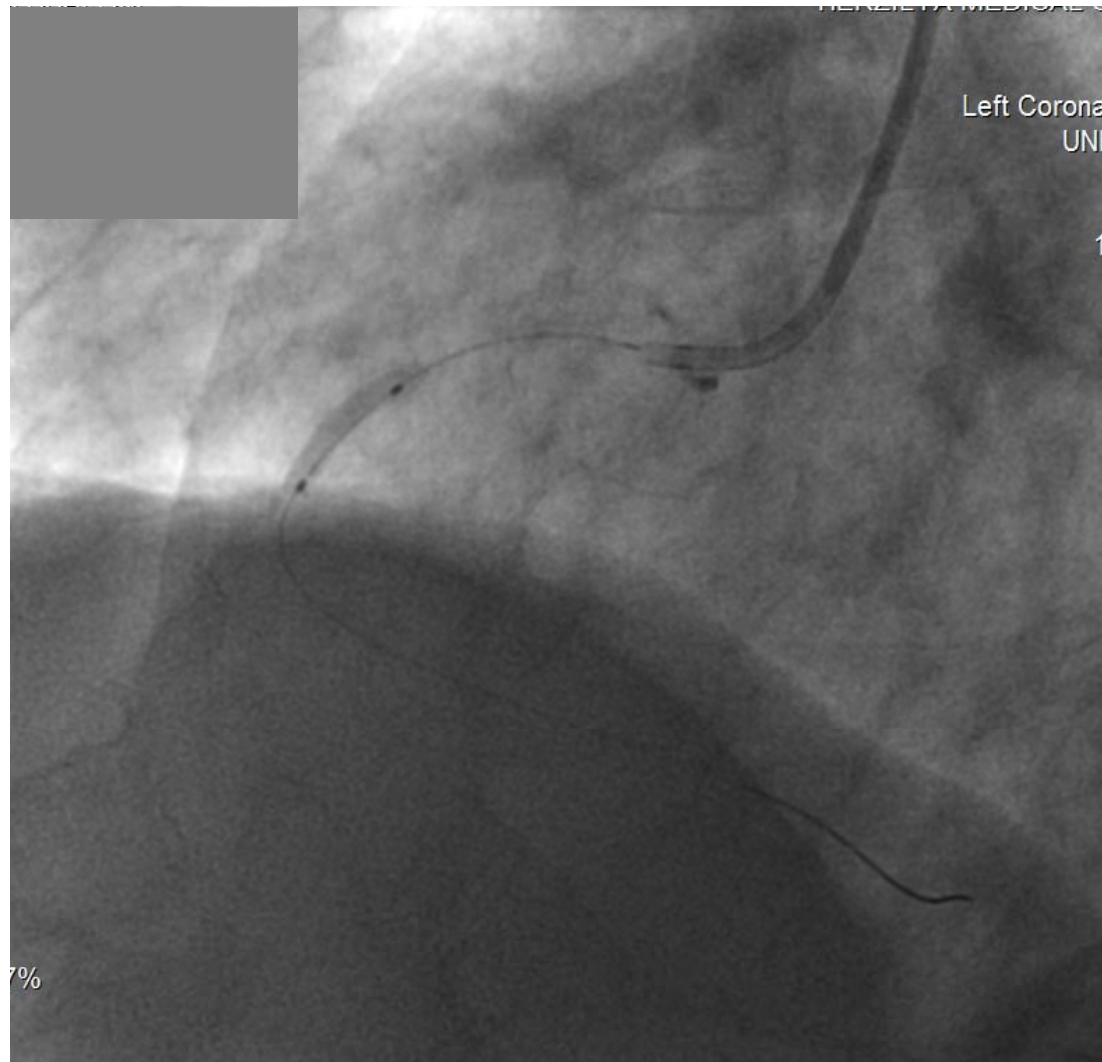
# RCA Dissection during Guiding Catheter Insertion



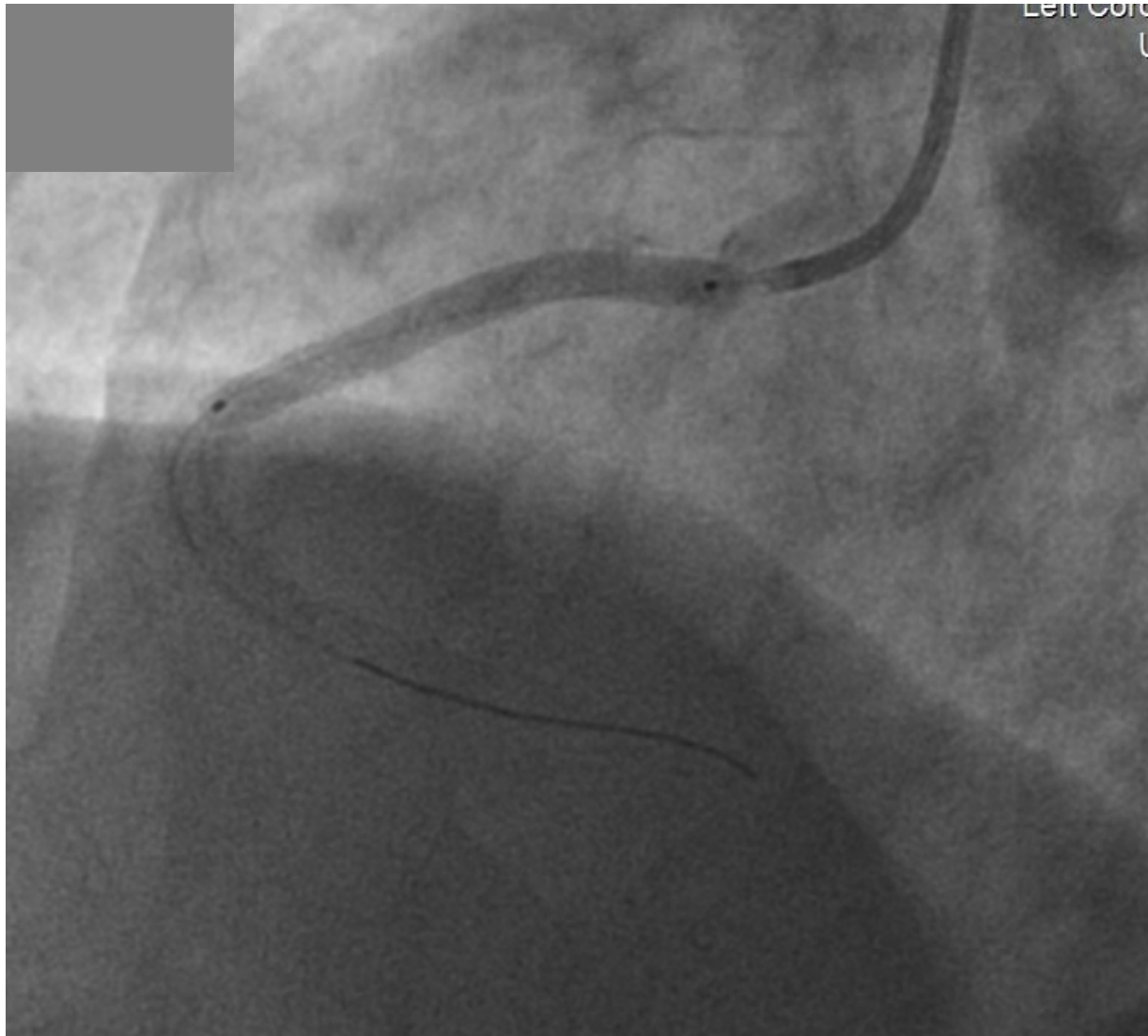
# Exchange of Guiding Catheters, Vessel Condition Gets Worse



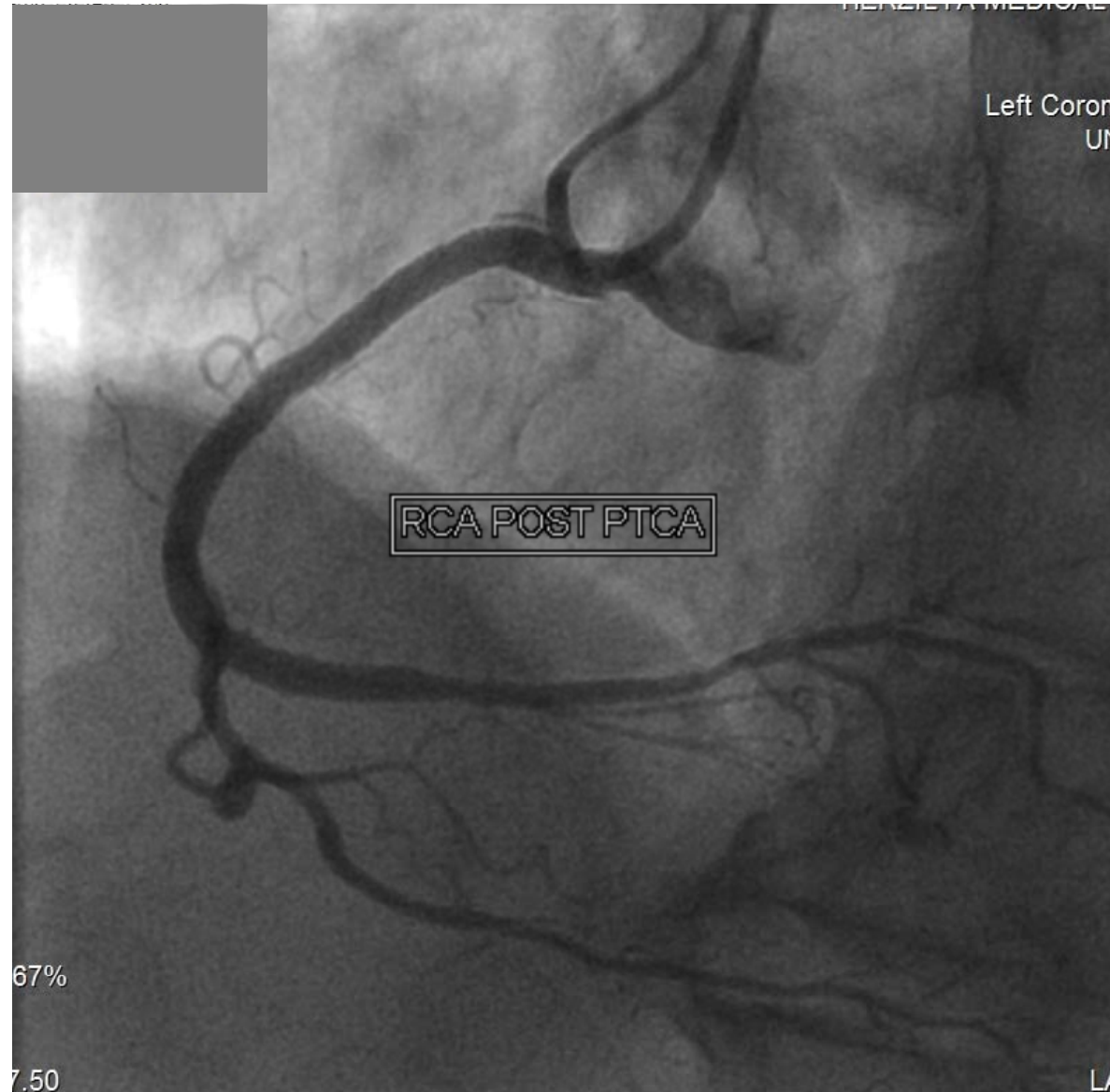
# Wire Insertion and Balloon Recanalization via the Dissected and Occluded segments



# Series of DES (X3) Implants in RCA



# Final Result in the RCA





# Summary

- RCA dissection may occur during “aggressive” guiding catheter intubation and contrast injection.
- The complication could be managed using confirmed wire crossing within the “true lumen” followed by conventional PCI technique.
- Severe coronary stenosis can be treated even if located beyond the dissected coronary segment as long as balloon/stents can be implanted in the true lumen.
- Full coverage of both stenotic and dissected segments is mandatory to overcome such complex threatening coronary scenario.