

IMAGES IN INTERVENTION

# Use of Bioresorbable Vascular Scaffold in Acute Dissection

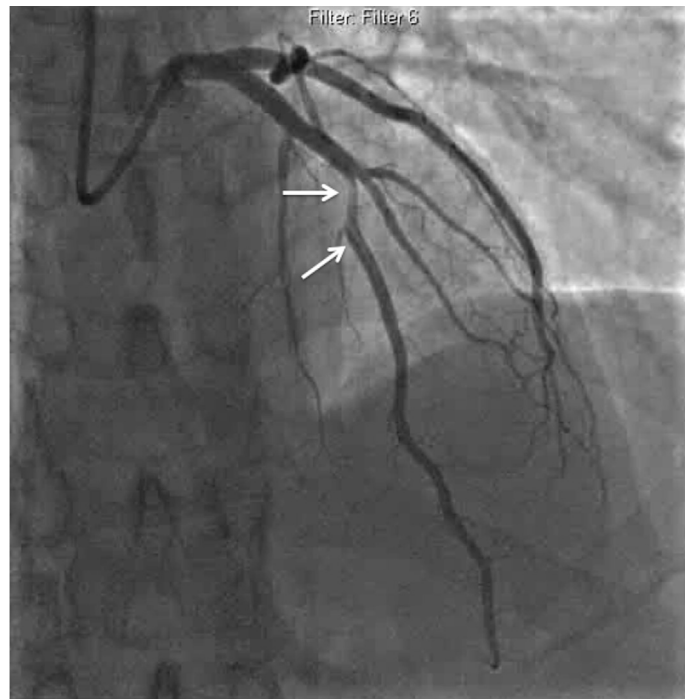
## Insights From Optical Coherence Tomography



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A 33-year-old man presented with chest pain and dynamic ST-segment elevation in the anterior leads. Coronary angiography revealed dissection in the mid-segment of the left anterior descending coronary artery (LAD) with luminal compression and Thrombolysis In Myocardial Infarction flow grade 2 (Figure 1, Online Video 1). This was confirmed on the subsequently

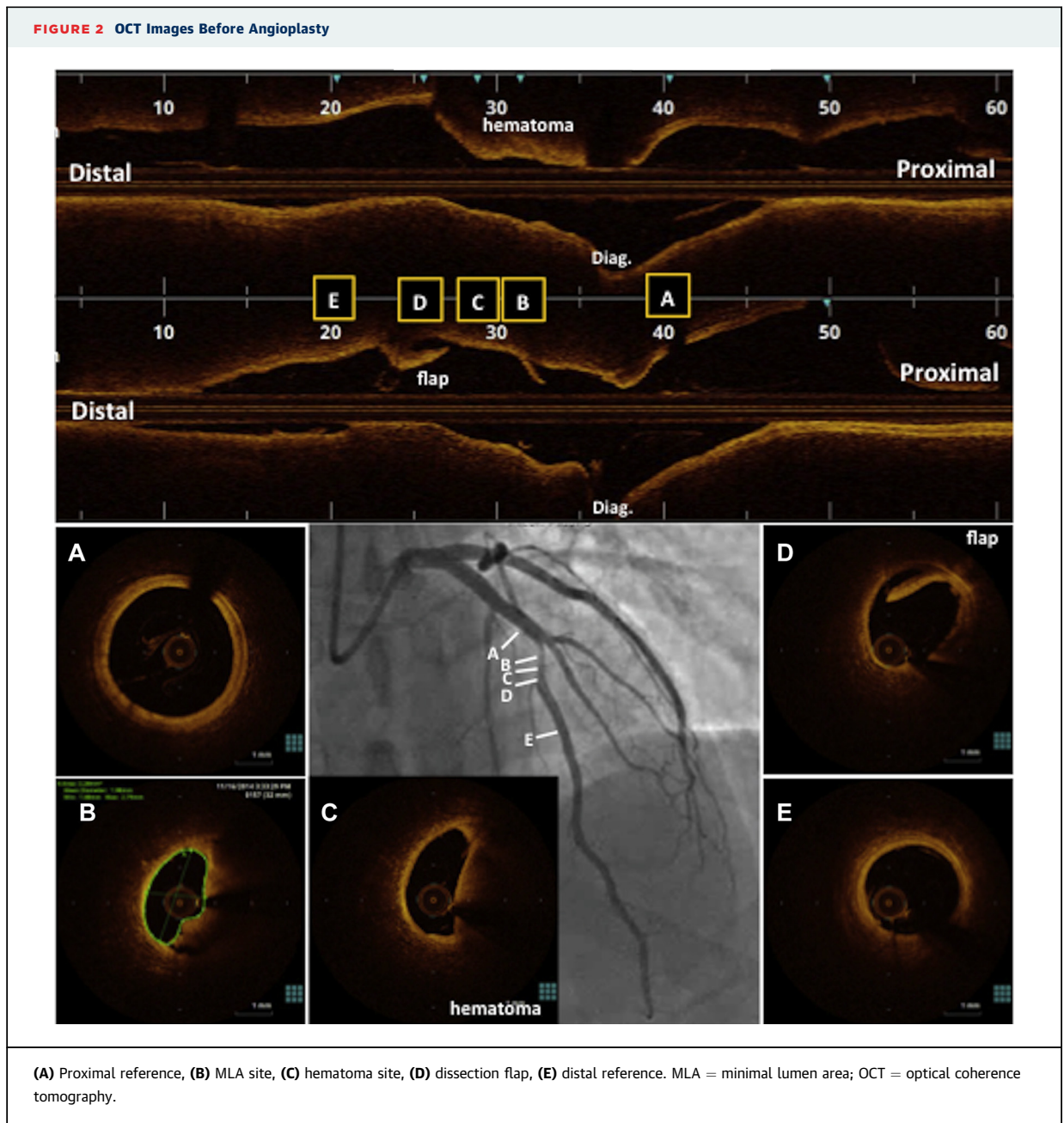
**FIGURE 1** Coronary Angiogram of the Left Coronary System



The coronary angiogram demonstrates dissection in the mid-segment of the LAD with luminal compression (Online Video 1). The **arrows** indicate the dissected segment. LAD = left anterior descending coronary artery.

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Manuscript received July 18, 2015; revised manuscript received September 14, 2015, accepted September 24, 2015.



performed optical coherence tomography (OCT) (Figure 2). Given his young age, we deployed 2 overlapping bioresorbable vascular scaffolds (BVS) ( $3.0 \times 18$  mm and  $3.5 \times 28$  mm), achieving good angiographic and OCT results (Figure 3, Online Video 2). Despite this, we were concerned about the hematoma segment, that scaffolds may become malapposed following hematoma resolution. So, we reimaged the LAD 5 months later, which showed continued good results on angiogram, but more

importantly, the OCT revealed the absence of any malapposed scaffolds (Figure 4, Online Videos 3, 4, 5, and 6). The OCT measurements have revealed higher values at follow-up than measured following angioplasty, indicating expansion of the scaffolds (Figure 5). Furthermore, the average measurements carried out at every millimeter length in the hematoma segment have also demonstrated similar findings. The average values post-procedure and at follow-up were:

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