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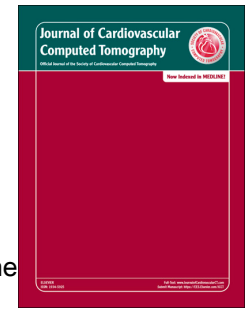

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A Case of Spontaneous Coronary Artery Dissection Diagnosed by Coronary Computed Tomography Angiography

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A 56-year-old female presented to the Emergency Department with chest pain. An initial computed tomography angiogram (CTA) of the aorta and coronary arteries was normal (Figure 1A). She ruled-in for a non-ST elevation myocardial infarction (NSTEMI). Invasive coronary angiography demonstrated a normal caliber left main, circumflex (LCX), and right coronary artery without coronary artery disease (Figure 1B) and a 70% stenosis of the distal left anterior descending (LAD) coronary artery (Figure 1C). The patient was discharged 1 day later on medical management. The night of her discharge, she developed chest pain and again ruled-in for NSTEMI. CTA of the aorta and coronary arteries demonstrated new narrowing of the proximal LCX (Figure 2A). Invasive coronary angiography demonstrated new narrowing of the proximal LCX that was unresponsive to intracoronary nitroglycerine (Figure 2B). No dissection flap was seen on invasive angiography.