

Thrombus of the left main coronary artery

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A 50 year-old man was admitted for elective percutaneous coronary intervention. After rotational atherectomy was performed, perforation of the second diagonal coronary artery occurred, resulting in cardiac tamponade.

Emergency pericardiocentesis was performed and intravenous protamine was administered. After tamponading the coronary perforation with prolonged intracoronary balloon inflation, coronary angiography demonstrated a filling defect in the left main coronary artery (Fig. 1A, arrow). Intravascular ultrasound findings were consistent with thrombus (Fig. 1B, arrow). Intravenous heparin was

administered and aspiration thrombectomy was performed. Repeat coronary angiography and intravascular ultrasound confirmed a patent left main coronary artery. Successful percutaneous coronary intervention with drug-eluting stent placement was then performed on the left anterior descending coronary artery. The patient tolerated the procedures well and was discharged the following day.

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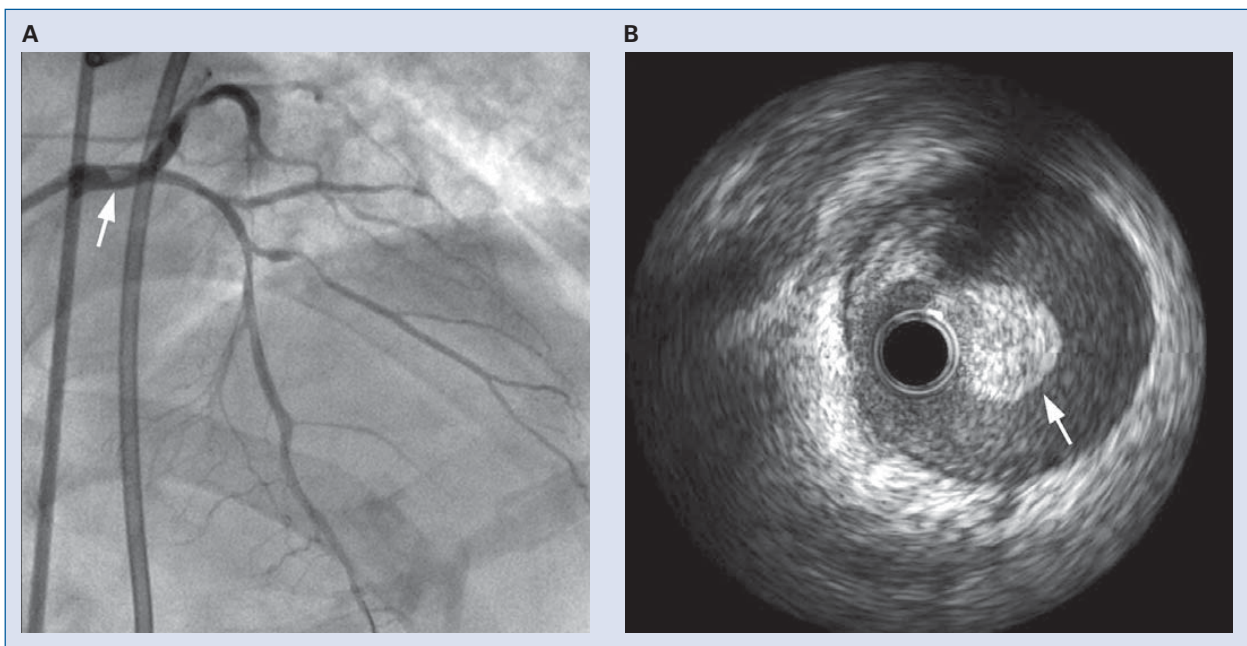


Figure 1. Coronary angiography demonstrating a filling defect in the left main coronary artery (A, arrow). Intravascular ultrasound showing thrombus in the left main coronary artery (B, arrow).

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