

中文題目：心房顫動併發急性冠心症。

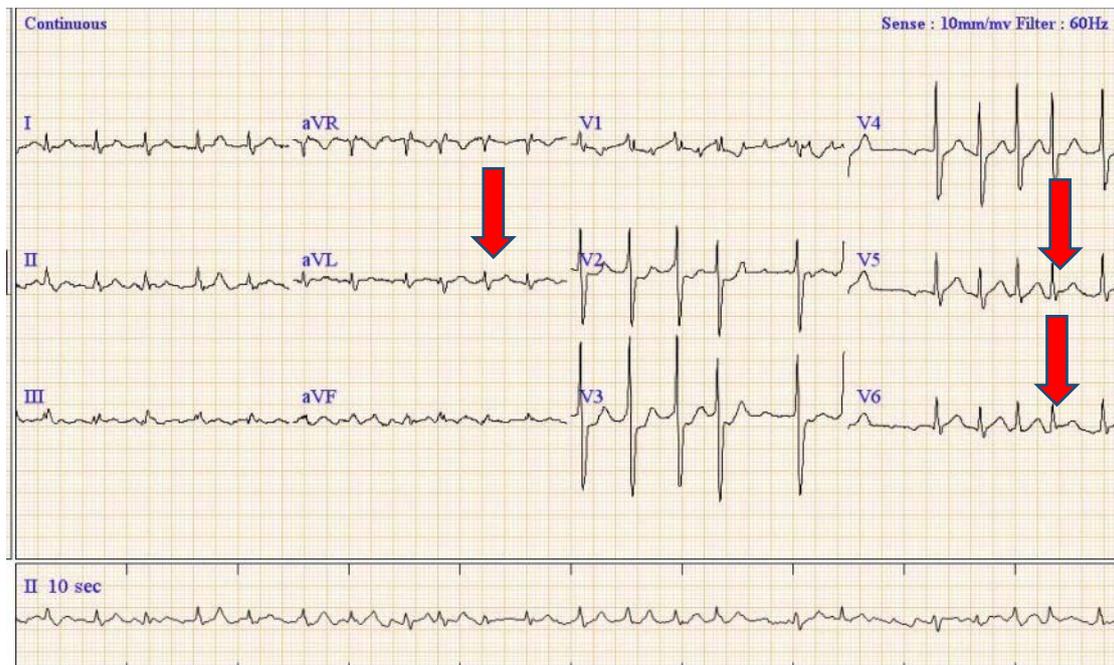
英文題目：A case of acute coronary syndrome with atrial fibrillation

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### **Background:**

The 67 years old male patient had suffered from chest tightness, but denied neither systemic disease nor risk factor of cardiovascular disease. Further examination showed elevated cardiac enzyme with peaking level: CPK 943(IU/L), CKMB 115.5 (ng/mL), Tnl 26.204 (ng/ml). Further Electrocardiography showed lateral myocardial infarction. Acute coronary syndrome was impressed

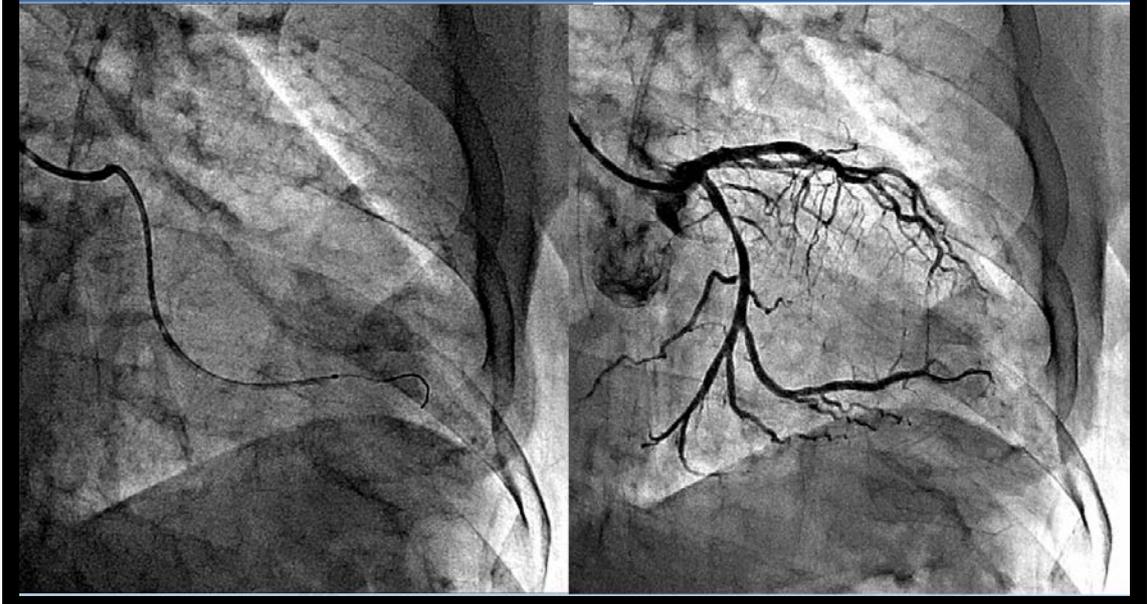


### **Methods:**

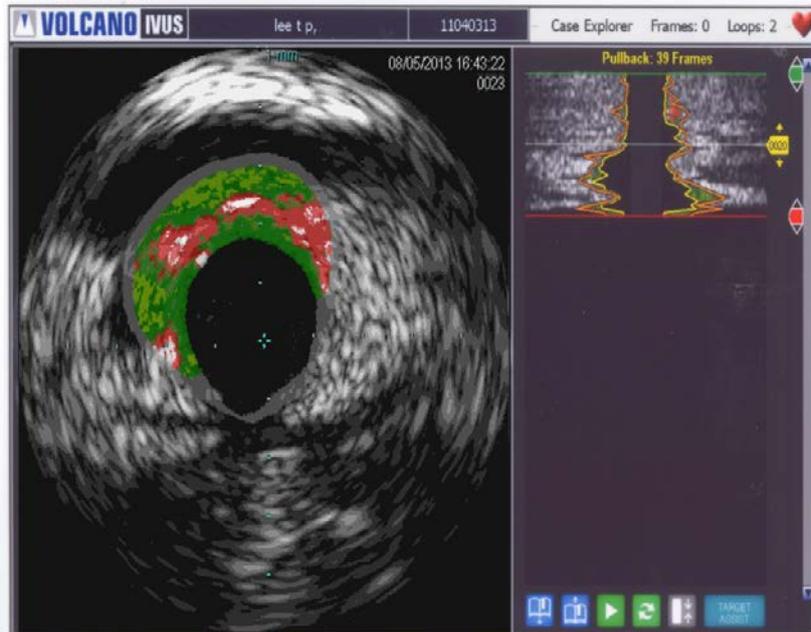
Primary PCI had been indicated. Coronary angiography showed thrombosis of culprit lesion at distal segment of Left Circumflex Coronary Artery. After intervention, aspiration thrombectomy only, procedure succeed. Further IVUS study showed no atheroma at culprit site with intact intima of vessel wall. Reasonably, the mechanism was hypothesized coronary embolization secondary to Atrial fibrillation.



6 Fr IL3.5 GC + Runthrough hypercoat + Eliminate aspiration catheter



6 Fr IL3.5 GC + Runthrough hypercoat + Volcano IVUS and VH



No obvious atheroma in the culprit lesion  
VH study: no rupture of plaque or vulnerable plaque  
Thrombus favored, may secondary to atrial fibrillation

**Conclusion :**

Coronary embolization without atheroma had been one rare mechanism of acute coronary syndrome. Aspiration intervention seemed reasonably and effectively to improve outcome. Anticoagulation would be considered safe and feasible in both in RCTs and clinical practice.