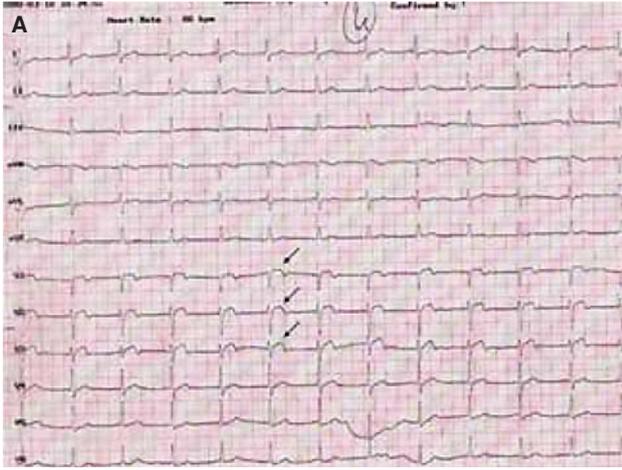


Isolated right ventricular myocardial infarction and saccular focal aortic root dissection leading to right coronary artery ostial obstruction in a patient receiving chemotherapy for small cell lung cancer

Küçük hücreli akciğer kanseri tanısıyla kemoterapi gören hastada sağ koroner arter ostiyumunu kapatan sakküler fokal aort kökü diseksiyonu ve izole sağ ventrikül miyokart enfarktüsü

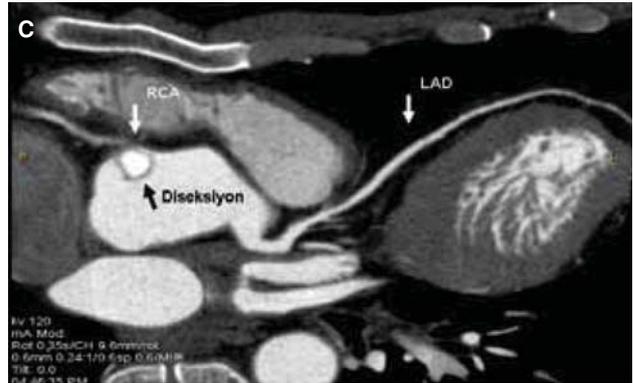


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A 50-year-old who has been receiving chemotherapy for small cell lung cancer (SCLC) in the past three months presented with complaints of chest pain. His electrocardiogram revealed a 70/min sinus rhythm and a 1-2 mm ST segment elevation at V1-V4 (Figure A). Transthoracic echocardiography demonstrated a normal

left ventricular movement, and a mildly dilated and severely hypokinetic right ventricle. An 18x18 mm diameter mobile mass was observed in the right coronary leaflet highly suspicious of a thrombus or dissection in the parasternal long and short axes views (Figure B, Video 1)*. Evaluation of the coronary arteries and aorta by multislice computed tomography for diagnostic purposes demonstrated normal left coronary artery system (Figure C). Focal saccular-like dissection with contrast enhancement was observed in the ostium of the nondominant right coronary artery, extending to the ascending aorta and observed to occlude the ostium of the right coronary artery (Figure C, D, Video 2)*. Medical follow-up was recommended since the right coronary artery was nondominant and because of the limited dissection. No cardiac complaints were reported by the patient during his three-month follow-up visit.



Figures. (A) Electrocardiography in sinus rhythm and a 1-2 mm ST segment elevation in leads V1-V4. (B) Transthoracic echocardiographic image of an 18x18 mm diameter mobile mass in the right coronary leaflet (thrombus/dissection) in parasternal short axis view. Multislice computed tomography of a (C) normal left coronary artery system, saccular dissection and complete occlusion of the nondominant right coronary artery ostium; (D) focal saccular-like dissection was observed of the dominant right coronary artery ostium, extending to the aorta.