INTRODUCTION

Pathology of unknown etiology leading to Acute Coronary Syndrome. Clinically often seen as Acute Myocardial Ischemia or sudden death. Defined as intramural hematoma of vessel wall middle layer producing flattening leading to blood flow obstruction and acute myocardial ischemia without traumatism nor iatrogenic cause.

About 80% cases happen in third quarter pregnancy, during puerperium and in the thirties and fourties.

Spontaneous coronary dissection often affects Descending Anterior artery. Prognosis depends on early diagnosis.

OBJECTIVE: To share experience of SAMUR-PC emergency service on development and follow up of case that ends in Acute Coronary Syndrome

CASE

Female, 42, hypertension antecedent treated with ACEI until pregnancy 13 months before. Treatment not resumed because of normal blood pressure readings. Gave birth three month ago and on oral contraceptives since then.

Patient suffers about 20 minute oppressive precordial pain spells that spread to shoulders, back, and left arm, without vegetatives symptoms and without previous exertion.

Advanced Vital Support Unit objectifies in ECG a rise in ST at V2-V5 and diagnoses previous Acute Myocardial Infarction. Fibrinolytic treatment with TNK proceeds.

At the hospital after one hour fibrinolysis there not being clinical nor electrocardiographic criteria of reperfusion, patient is submitted to PTCA for rescue and finding Spontaneous Dissection of Descending Anterior artery. A conservative approach thus proceeds.

CONCLUSIONS

Because Spontaneous Coronary Dissection is a serious illness often affecting young women without coronary risk factors, during pregnancy postlabour or on oral contraceptives, we should beware since its precocious diagnosis depends on accurate prognosis of pathology.