Life-saving Collateral Circulation

Yaşam Kurtarıcı Kollateral Dolaşım

<u>Halit Acet¹</u>, Ferhat Özyurtlu¹ ¹Diyarbakır Training and Research Hospital, Department of Cardiology, Diyarbakır, Turkey

Corresponding author: Halit ACET, Peyas mah. 485 sok, A Blok Kat: 6 No:25 Kayapınar/Diyarbakır, Tel: 05053190183, E-mail: halitacet@gmail.com

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Atherosclerosis is the name given to the buildup of cholesterol and fatty deposits or plaques in the coronary artery walls. The coronary arteries become narrow and hardened, their elasticity disappears and it becomes difficult for blood to flow through. The fatty plaques can also rupture, causing blood to clot around the rupture. Plaque ruptures are a common cause of unstable angina pectoris (1). Coronary artery reperfusion is commonly achieved by intravenous administration of thrombolytic agents and mechanical recanalization (2).

An 85-year-old man was admitted to the coronary care unit with non-ST elevation myocardial infarction. The patient underwent coronary angiography showed totally occluded LAD (left anterior descendent coronary artery) before the first diagonal branch and right coronary artery (RCA). There was severe stenosis in ostial and proximal part of circumflex artery (Cx) (Fig.1 A-B). Retrograde TIMI grade-3 coronary collateral flow between the conus branch of right coronary artery and proximal LAD (Fig.1 C-D), and retrograde TIMI grade-1 coronary collateral flow between RCA and distal part of Cx. was demonstrated (Fig. 1B). The patient was referred to operation but he refused.

Keywords: Life-saving collateral, coronary collateral circulation,

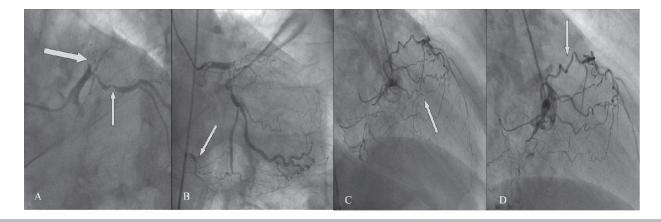


Figure 1 A: Coronary angiography: Totally occluded LAD (bold arrow). Severe stenosis in ostial and proximal part of circumflex artery Cx (arrow). B: Retrograde TIMI grade-1 coronary collateral flow between the posterior descenden branch of RCA and distal part of Cx. C-D: Retrograde TIMI grade-3 coronary collateral flow between the conus branch of RCA and the proximal part of LAD.

Yazarlarla ilgili bildirilmesi gereken konular (Conflict of interest statement) : Yok (None)

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