



Figure 1.



Figure 2.

Postpartum Coronary Dissection

A 40 year old women with uncomplicated delivery 13 days before, presented at our emergency department with typical chest pain with onset three hours earlier. The EKG showed negative T waves in leads I, V₅ and V₆. Laboratory values showed: CK 1752 U/L (normal value 50-200 U/L) and Troponin I 0.21 µg/mL (normal value <0.16 µg/mL). Transthoracic echocardiography (TTE) revealed severe hypokinesia of the anterior wall and EF of 35%. The patient underwent urgent coronary angiography. This showed a 90% stenosis of the ostium of the left anterior descending artery involving the distal part of the left main with the left circumflex artery for a total length of 21 mm (Figure 1). Because of high suspicion at coronary angiography of acute dissection, intravascular ultrasound sonography (IVUS) was performed, and confirmed the presence of coronary dissection with a flap protruding into the vessel lumen (Figure 2). A tacrolimus drug eluting

stent (Taxus® 3.5×32 mm) was implanted with good angiographic result. The patient was discharged with atenolol, enalapril, clopidogrel, and aspirin. Follow-up was uneventful so far and TTE at three months follow-up showed positive remodelling with only mild antero-medial hypokinesia and normal EF (>60%).

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