An unexpected finding during a coronary intervention

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An 85-year-old woman with a history of coronary artery bypass graft (saphenous vein graft to right coronary artery) and aortic valve repair was admitted to our institution for non-ST elevation myocardial infarction. A coronary angiogram showed sub-occlusion of the left main stem (Figure 1a, arrow) which was successfully treated by the implantation of a drug-eluting stent (Figure 1b, arrow).

During the procedure, a circular, radio-opaque image migrated from the right heart chambers (Figure 1b and c, arrowheads) up to the left pulmonary artery (Figure 1d, arrowheads). Initially the patient remained asymptomatic, but subsequently complained of worsening dyspnea. A chest computed tomography showed pulmonary emboli in the left basal pyramid (Figure 2a and b, arrows) with a pulmonary infarct (Figure 2c, arrow). Indeed, during a percutaneous coronary intervention, we witnessed “live” thrombus embolisation to the left pulmonary artery. The patient was anticoagulated, and the remainder of her hospitalisation was uneventful.