



A surprisingly finding in a chronic coronary syndrome

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- ✓ I do not have any potential conflict of interest to report.

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A 68 years-old-man:

- ✓ Hypertension
- ✓ Dyslipidemia
- ✓ Smoking habits
- ✓ Obese

- ✓ During **one year** the patient complained of **effort angina** that occurred on walking 200 meters in the first morning walk, however he referred a **substantial improvement in exercise performance** during the rest of the day. (**WARM-UP ANGINA**)
- ✓ **He denied a recent worsening of symptoms.**
- ✓ Treadmill test was negative.
- ✓ Echocardiogram with normal bi-ventricular function.

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He underwent coronary angiogram which revealed:

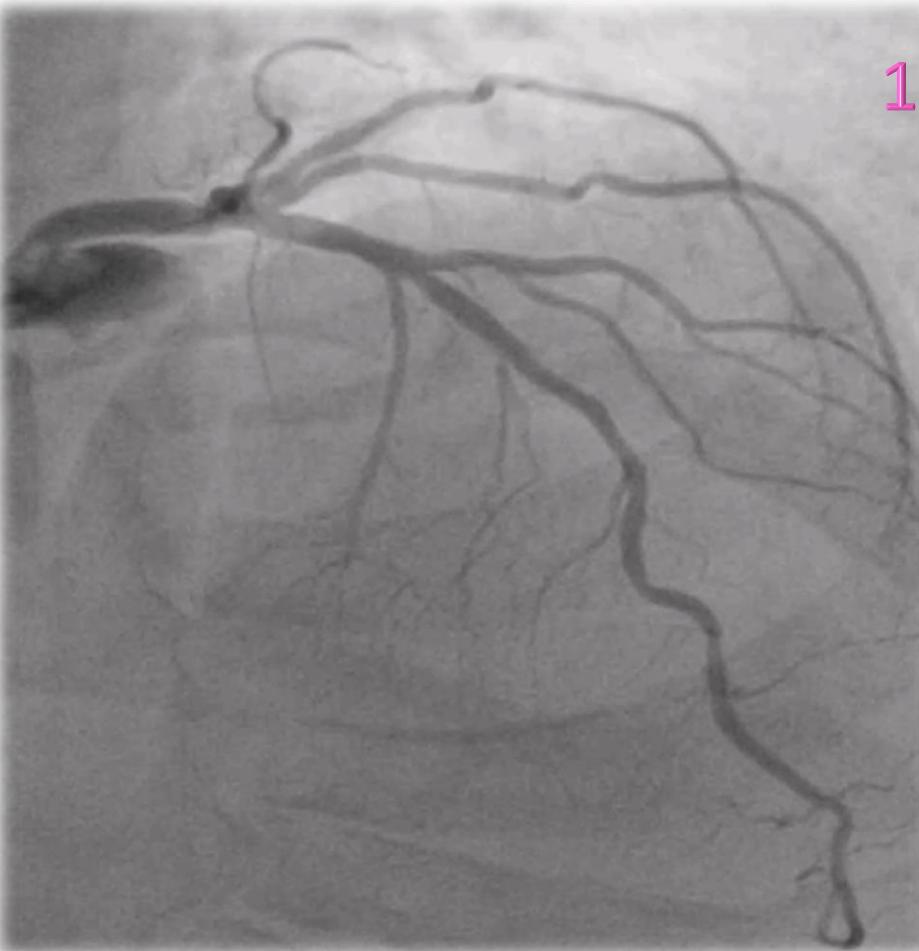
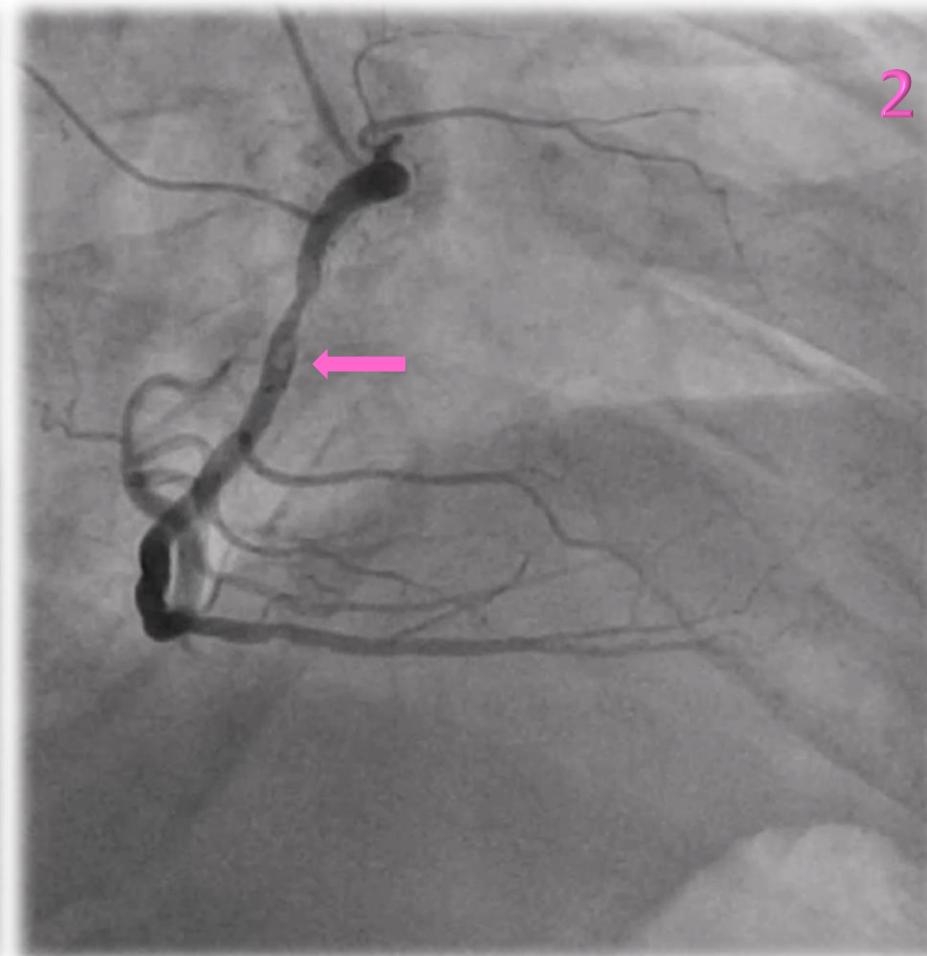


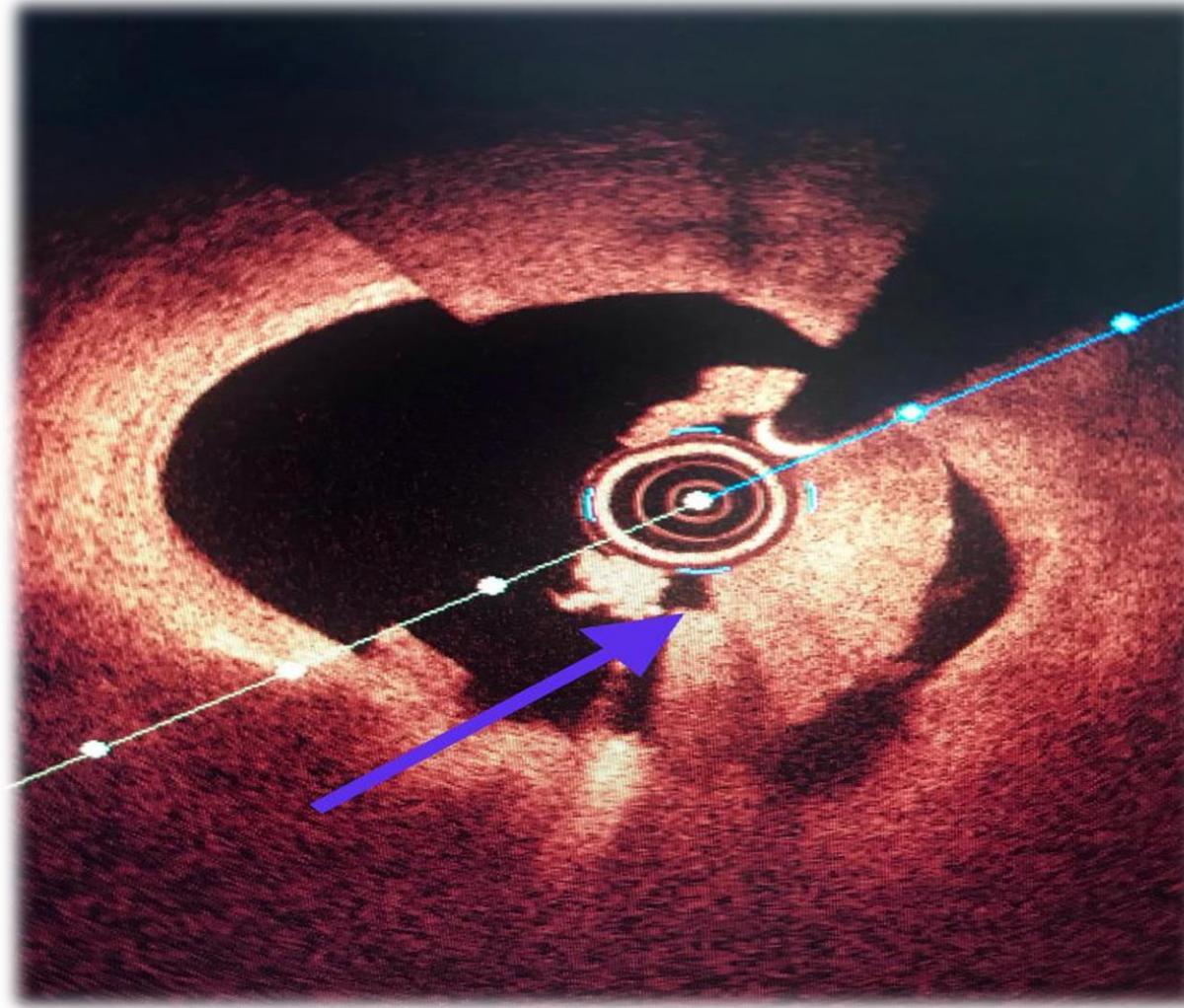
Figure 1- A 50% stenosis in the distal anterior descending artery and a 40% stenosis in the ostium of circumflex artery.

Figure 2- A 70% stenosis of mid right coronary artery with reduced contrast density and haziness suggestive of thrombus or calcium.



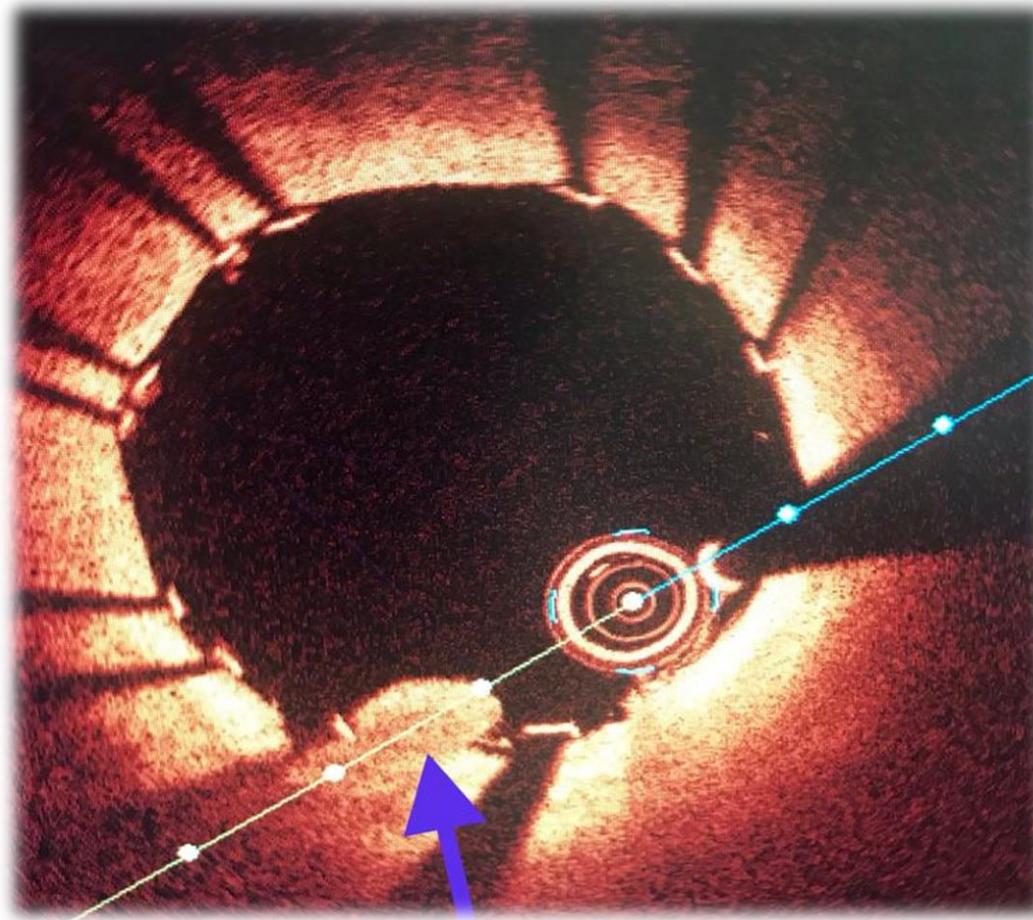
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To clarify the angiographic finding, optical coherence tomography imaging was performed and revealed a **fibrous coronary plaque associated with intraluminal white thrombus, causing a 72% stenosis.**



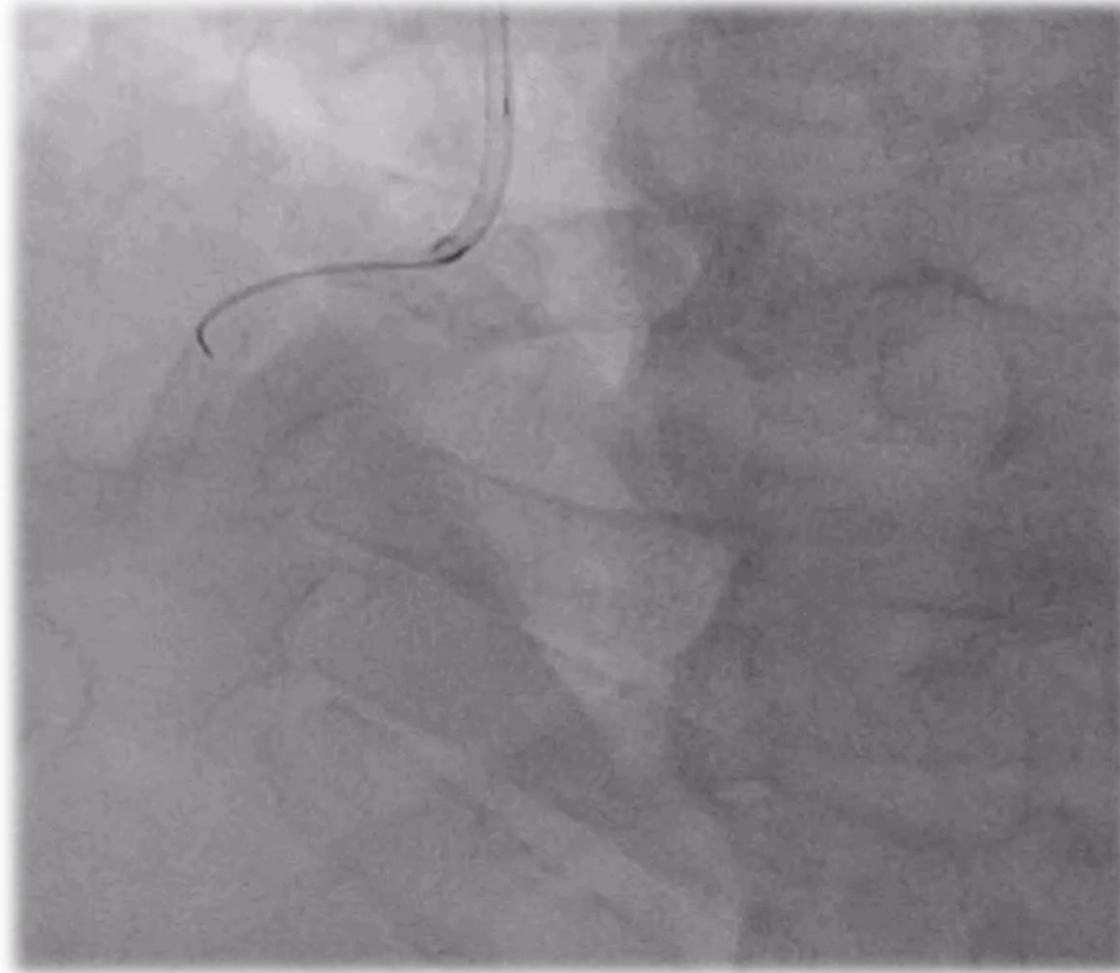
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- ✓ A *Sirolimus* eluting stent (3.5x18mm) was deployed in mid right coronary artery at 16 atm after adequately pre-dilatation.
- ✓ Post stenting optical coherence tomography imaging revealed well expanded and apposed stent struts with slight thrombus protrusion at six o'clock.
- ✓ Post-dilatation was performed with noncompliant balloon (3.5x15mm).



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The final angiographic result was excellent.



- ✓ The patient remained asymptomatic and hemodynamically stable during procedure.
- ✓ There was not an elevation of myocardial necrosis markers after percutaneous coronary intervention.

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The patient was evaluated 6 months after percutaneous coronary intervention and remained asymptomatic.

- ✓ Warm-up angina was first described over 200 years ago and is objectively defined by reduced ischemia or raised ischemic threshold on second compared to first exertion.
- ✓ The mechanisms responsible for warm-up angina are not yet clear, although ischemic preconditioning and collateral recruitment seem to have an important role.
- ✓ Intracoronary thrombus can cause a partial or complete occlusion of a coronary artery and play an important etiologic role in acute coronary syndrome.
- ✓ In opposition to acute coronary syndrome, it is very rare to find an intracoronary thrombus in patients with chronic coronary syndrome.
- ✓ In this particular case, the patient had a stable effort angina without recent worsening and with 1 year evolution but an intracoronary thrombus, responsible for 72% of stenosis, was found.