



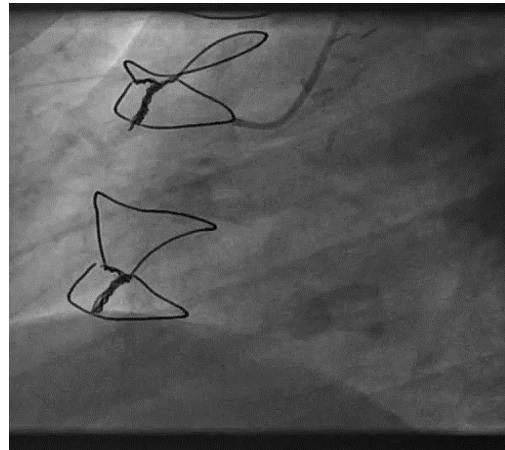
An unusual posterior wall infarct

Ashish Amladi, Ivan Walton, Ryan Moran

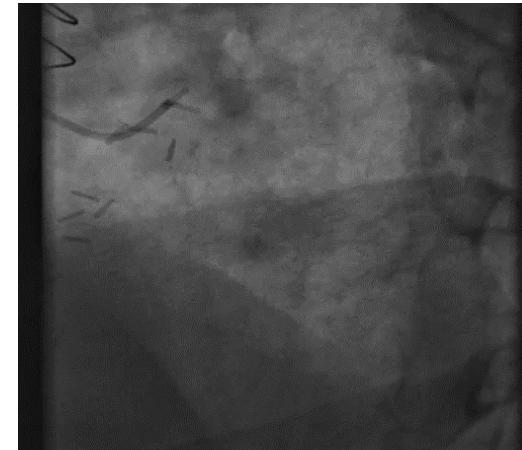
- 53 year old gentleman with acute, ongoing chest pain,
- **ECG:** Posterior wall infarct
- **History:** CABG 2008, (LIMA to LAD, SVG to diagonal, LCX/ RCA unobstructed, hence not grafted)
- **Cardiovascular risk factors :** Hypertension, smoking and hypercholesterolaemia.
- Weak left radial pulse, femoral route for angiogram

Coronary angiogram

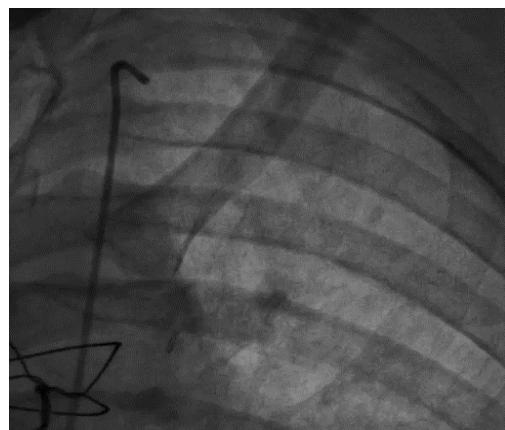
Video 1: Right coronary artery



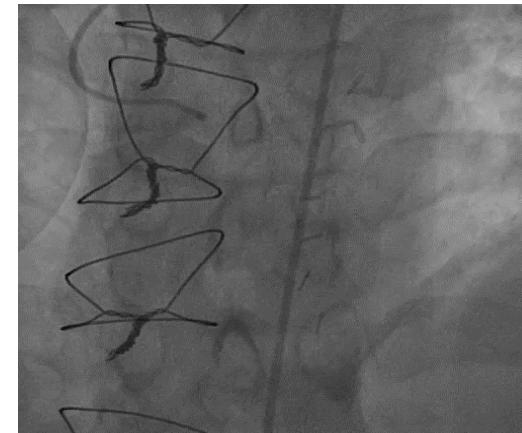
Video 2: Left system



Video 3: LIMA to LAD

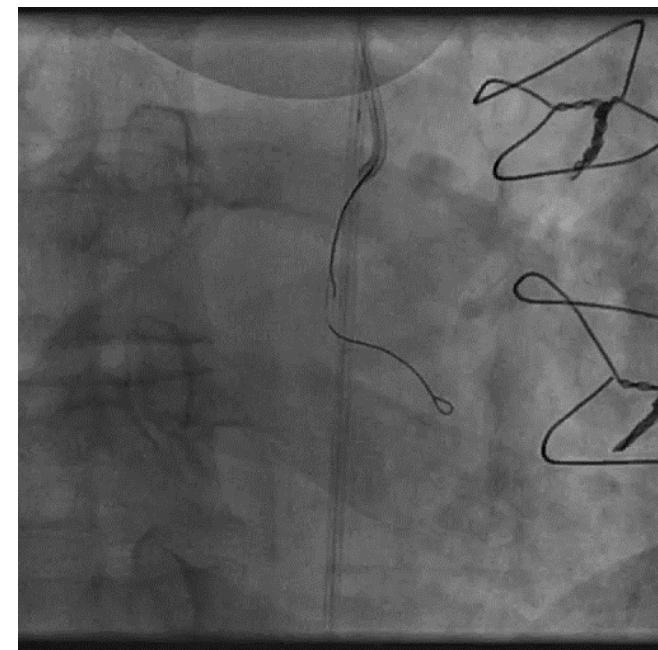
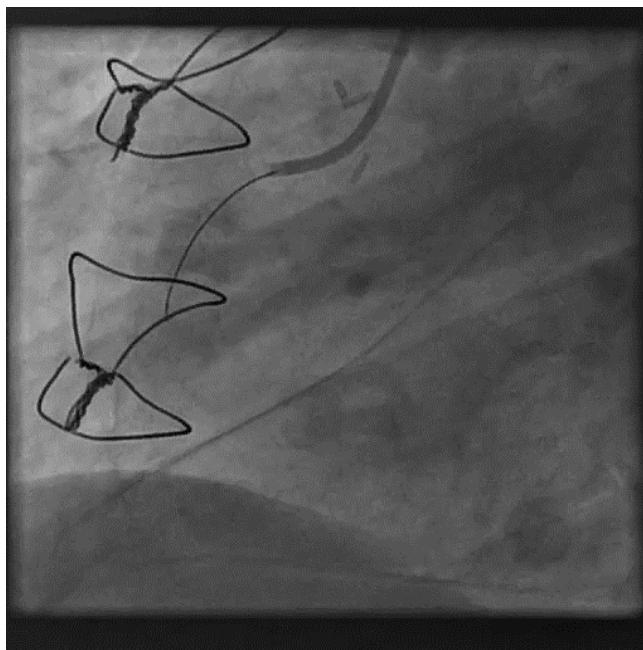


Video 4: SVG to Diagonal



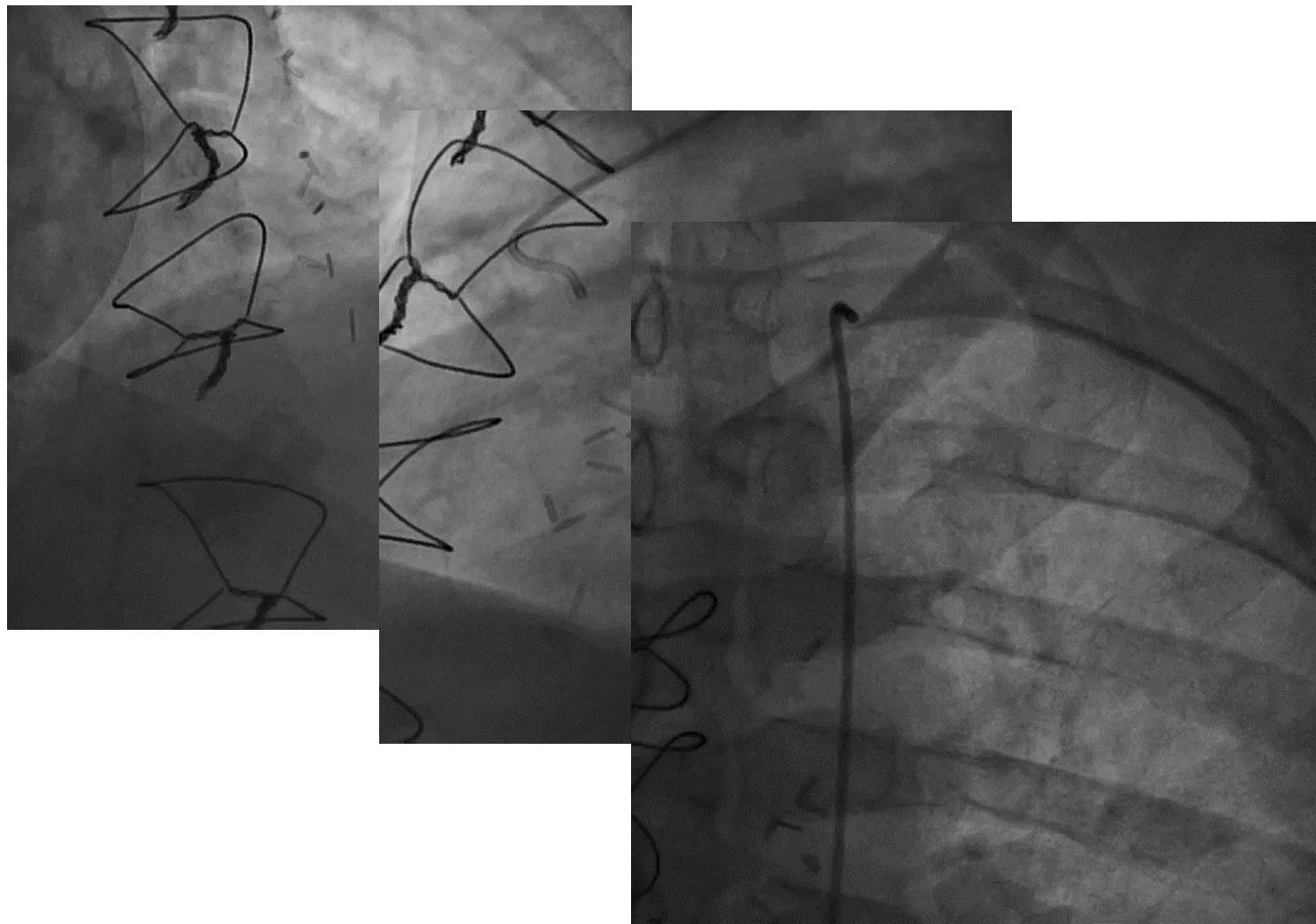
RCA behaved like a chronic total occlusion

Videos 5 and 6: PCI to RCA

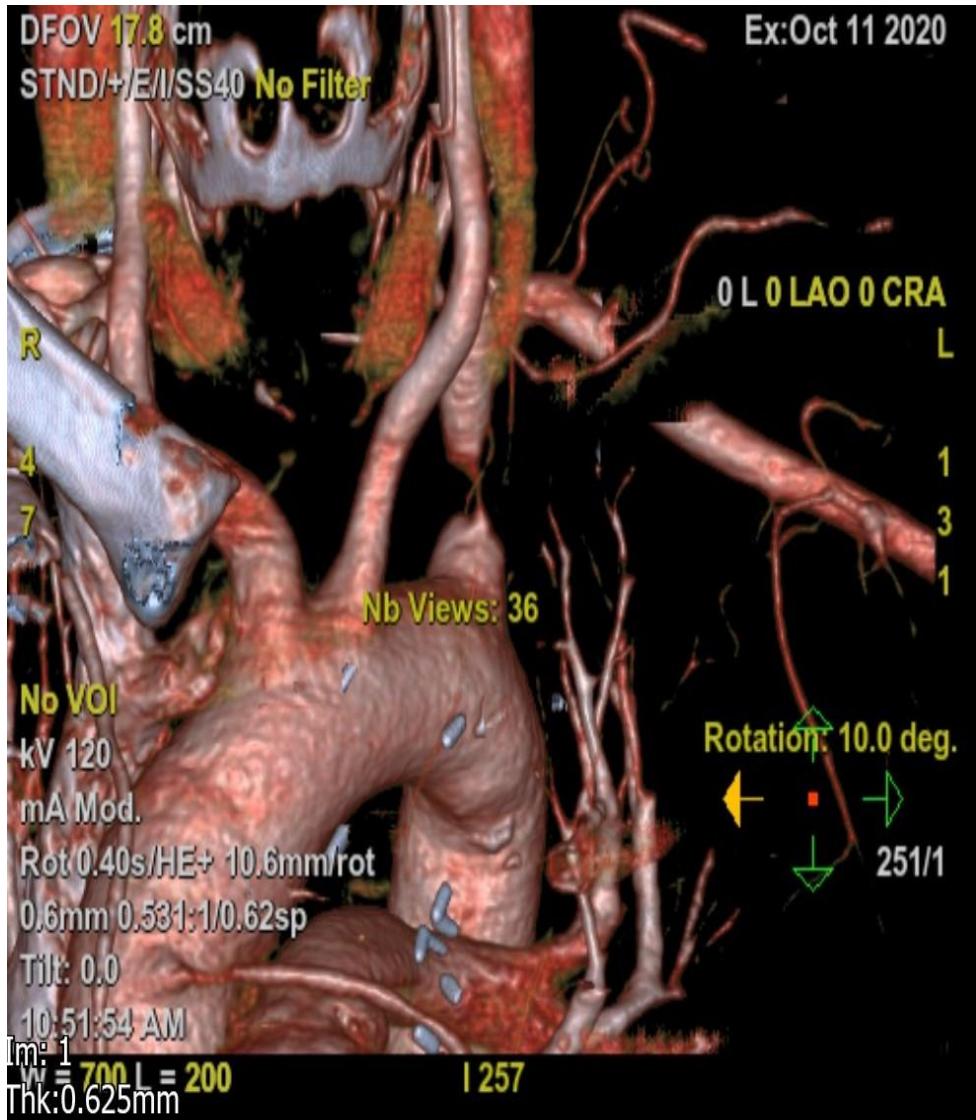


Surprise, Surprise!!!

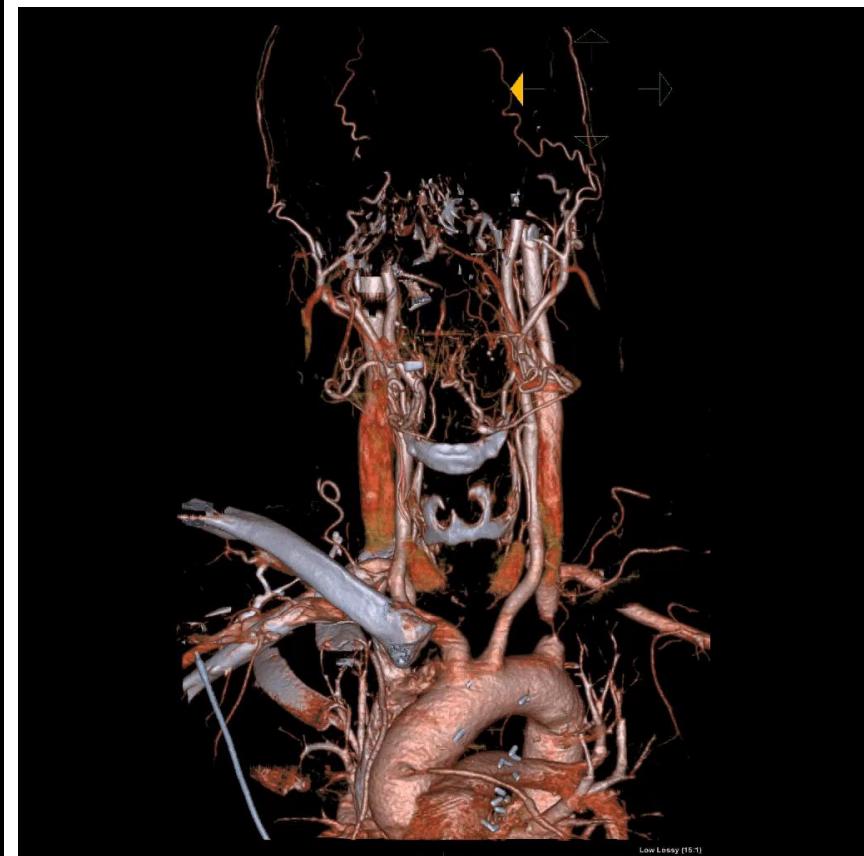
Videos 7, 8 and 9: Great flow, Wrong direction???



CT images with 3 D reconstruction

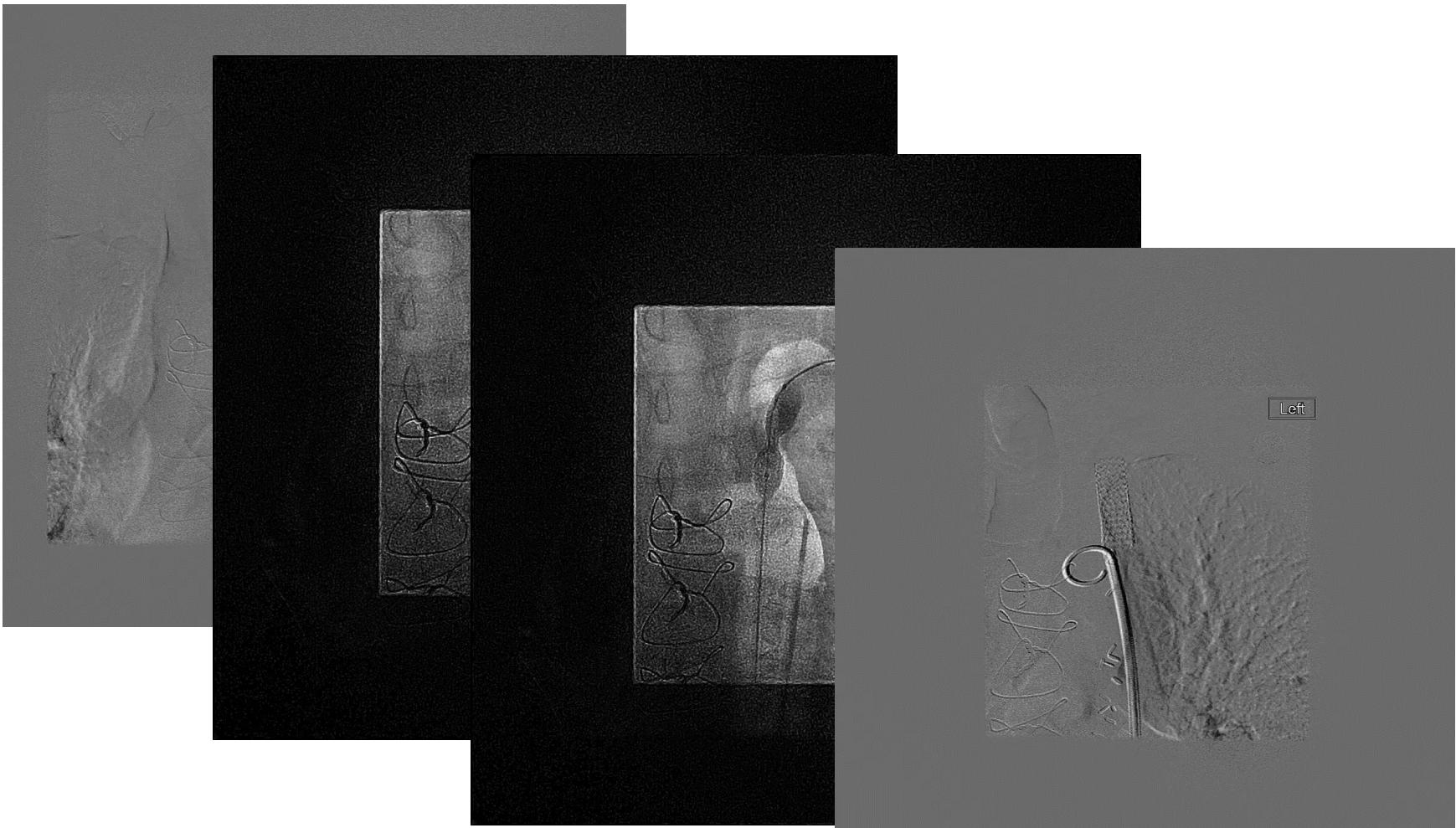


**Video 10: 3 D reconstruction
of the culprit vessel**



Subclavian Stent implantation

Videos 11 -14: We treated this with a stent!



- Previously described with exertional angina.
- Unusual presentation mimicking myocardial infarction.
- Importance of imaging the left subclavian artery and not just the mammary graft.
- Necessity of complete anatomical information prior to intervention, even in primary PCI.