

# Images in medicine

## Dolichomegacoronary of the anterior interventricular artery



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### Image in medicine

He is a 42 years old hypertensive men and smoker, who presented with an acute Anterior ST elevation myocardial infarction 4 hours after chest pain on set. Thrombolysis with tenecteplase was performed. Clinical examination was normal. Coronary angiogram revealed a dolichomegacoronary aspect of the anterior interventricular artery responsible for infarction, a significant stenosis in the proximal segment of an ectasia circumflex artery and normal right mega coronary artery. After collegial discussion, the patient was put on a medical treatment combining anti ischemic, platelet antiaggregant and anticoagulant with favorable evolution. Coronary ectasia is a relatively rare disease. Their etiology in adults is most often atheromatous. With known poor prognosis, these abnormalities would expose the risk of intracoronary thrombosis but not blood stasis, an association with stenosing lesions is most often found, appearing to be the predominant prognostic factor. A strategy for the control and intensive correction of cardiovascular risk factors is the basis of therapy. Some authors have proposed the introduction of an oral anticoagulant treatment based on physiopathological suppositions. The number of patients treated with angioplasty is relatively small outside of acute coronary syndromes, this may be related to the technical complexity associated with this type of lesion. Adaptations of our percutaneous

revascularization techniques to these particular anatomical forms with wider use of dedicated stents could help optimize the revascularization of these patients.



**Figure 1:** dolichomegacoronary of the anterior interventricular artery