

**Abstract (600 word limits)**

## **SPONTANEOUS CORONARY ARTERY DISSECTION IN A 30 YEAR OLD OTHERWISE HEALTHY POST PARTUM FEMALE AT PERPETUAL SUCCOUR HOSPITAL**

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### **BACKGROUND**

Spontaneous coronary artery dissection (SCAD) is a rare cause of acute coronary syndrome (ACS- STEMI). Literature highlights its low incidence and it is estimated to only comprise 0.2% of all coronary angiography cases. It is commonly reported among peripartum patients without risk factors for atherosclerosis. Its diagnosis is a challenge because its symptoms such as dyspnea, chest pain and orthopnea may present in the late stage of normal pregnancy and early puerperium. SCAD carries with it a high mortality rate if not recognized immediately, thus prompt recognition of the presentation and appropriate therapy must be determined early.

**Objective:** This paper presents a case of Spontaneous Coronary Artery Dissection presenting as ACS NSTEMI in a 30-year old postpartum woman with no known comorbidities and a seemingly unremarkable pregnancy.

**Case:** We present a case of a 30-year-old postpartum woman who presented with chest pain at 13 days postpartum, and was managed as a case of ACS STEMI. 2D echocardiography with Doppler was initially done to rule out common causes of symptomatology. She was subsequently diagnosed with spontaneous coronary artery (LAD) dissection via coronary angiogram. She eventually underwent Percutaneous Coronary Intervention with application of 2 stents and was discharged improved after 2 days.

**Conclusion:** SCAD is an uncommon, fatal disease, which occurs, in young, healthy subjects, usually peripartum women and still remains to be a rare cause of ACS-STEMI. Thus, it should be considered in any young pregnant woman who present with angina or dyspnea with no risk factors for coronary artery disease and myocardial ischemia. SCAD has a high mortality rate if not recognized early. Although, various reports prefer conservative management as the initial approach, in the presence of features such as cardiogenic shock and unstable cardiac status like the case presented, Percutaneous Coronary Intervention remains the reperfusion strategy of choice.

### **Biography (200 word limit)**

Dr. Jane Gargaritano is a medical graduate from Cebu Institute of Medicine, a premier medical institution in the Philippines. She is currently a 2nd year internal medicine resident in Perpetual Succour Hospital, a top-notch training medical centre in Southern Philippines with a reputable cardiovascular fellowship training program with world-class cardiac catheterization facilities and specialists. This case report not only highlights her clinical eye for interesting cases with practical applications, but also emphasizes the kind of quality guiding influence of the medical centre she is proud to be a part of.

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