

Fatal spontaneous left main coronary artery thrombosis as a rare complication of noncardiac surgery

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A 72-year-old man with a history of anterior wall myocardial infarction, who had stenting to his left anterior descending artery, developed an acute episode of dyspnea, hypoxemia and anginal chest pain three days after above-the-knee amputation for dry gangrene of the left leg. A physical examination revealed bilateral lung rales and a soft ejection systolic murmur at the left sternal border. Transient new lateral ST segment elevation associated with reciprocal inferior ST segment depression and prior anterior-septal infarct were evident on his electrocardiogram. Cardiac catheterization showed a filling defect in the middle segment of the left main coronary artery (Figure 1). During the procedure, the patient became more dyspneic and developed fatal cardiopulmonary arrest; he did not respond to resuscitative measures (1).

REFERENCES

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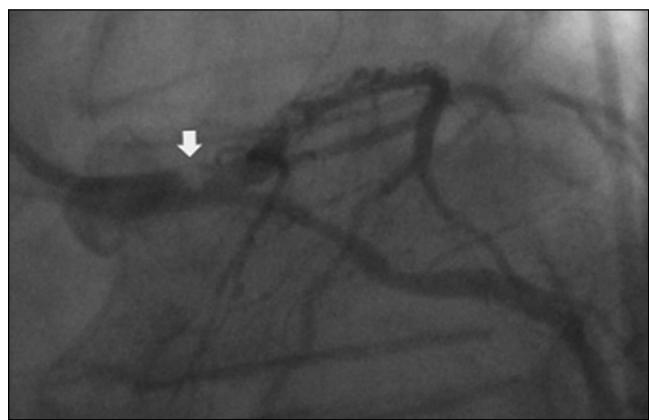


Figure 1) Coronary angiogram showing a filling defect (arrow) in the middle segment of the left main coronary artery, representing a thrombus. Also noted was severe in-stent stenosis of the proximal left anterior descending artery

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