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Spontaneous Coronary Artery Dissection in the Brazilian Scalibur Registry. Insights from Demographic and Angiographic Characteristics of 219 Patients

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Background

Over the last decade, there has been a new understanding of spontaneous coronary artery dissection (SCAD) mainly due to data derived from registries in the United States and Europe. Findings from other ethnicities including Latin America are not well known.

Methods

In the Scalibur Brazilian registry, a retrospective and prospective data from 22 Hospitals were collected regarding clinical presentation, and angiographic characteristics.

Results

219 patients with SCAD (85% women, mean age 50.15 ± 10.56 years) were included; patients had none or few traditional risk factors for coronary artery disease (Table). Identifiable triggering factors (present in 57.8% of cases) included emotional stress (21%) physical stress (5.42%), and vasoconstrictor substance-use (1.20%). Most patients presented as non-ST elevation myocardial infarction (non-STEMI) following by ST elevation myocardial infarction (STEMI) and unstable angina. Fibromuscular dysplasia, not systematically screened, was found in few cases (4.21%). Left anterior descending artery was most frequently affected (57%), and approximately one fifth of patients had multiple coronary territories involvement. SCAD classification of type II, followed by type I were the most common angiographic findings. Cardiogenic shock on admission was present in 3% of cases, affecting most (50%) patients in the pregnancy-associated period. Yet, 73.49% of patients were managed medically, 21% had percutaneous coronary intervention and 0.6% had coronary artery bypass grafting (Table).

Conclusion

In this large Brazilian cohort, SCAD affected mostly young women with none or few classical risk factors for coronary artery disease. Demographic, clinical, and angiographic findings seem to be similar to other ethnicities. This condition should be considered as a differential diagnosis in acute coronary syndrome, especially in young women (< 50 years).

Clinical Implications

To improve awareness about SCAD presentation, clinical, angiographic findings, and management in patients with acute coronary syndrome in Latin American.

Biography

Performance driven professional over 16 years of clinical expertise as cardiologist and heart failure specialist gained from esteemed positions at the top hospitals in Sao Paulo. Robust and current knowledge of scientific, clinical, regulatory, commercial, and competitive landscape in applicable therapeutic area. Demonstrated leadership skills in managing time and overseeing projects. Exhibited attention to detail and utilized public speaking and written communication skills to convey information effectively. Resolved complex problems, showcasing analytical thinking and problem-solving abilities. Cultivated solid and positive relationships with team members, fostering collaboration. A stimulated and organizational physician in search of constant learning, passionate about technology and innovation, and committed to enhance health education and mentoring.