be independent of the revascularization strategy, with revascularization being more frequent following bail-out stenting.[2] Successful wiring of the true lumen of the LMCA and its branches requires skilled operators, as the false lumen is usually larger, as exemplified in our image.[5] When the dissection extends into the ascending aorta, stenting vs. CABG is recommended, depending on the length of the dissection.[4]

In conclusion, iatrogenic LMCA dissection although rare, constitutes a dynamic condition that usually requires prompt revascularization. Knowledge of the predisposing factors, familiarity with the angiographic appearance, and operative skills are required for avoiding or treating this potentially catastrophic complication should it arise.

References

1. Cheng CI, Wu CJ, Hsieh YK, et al. Percutaneous coronary intervention for iatrogenic left main coronary artery dissection. Int J Cardiol. 2008; 126: 177-182.
2. Eshtehardi P, Adorjan P, Togni M, et al. Iatrogenic left main coronary artery dissection: incidence, classification, management, and long-term follow-up. Am Heart J. 2010; 159: 1147-1153.
3. Boyle AJ, Chan M, Dib J, Resar J. Catheter-induced coronary artery dissection: risk factors, prevention and management. J Invasive Cardiol. 2006; 18: 500-503.
4. Dunning DW, Kahn JK, Hawkins ET, O'Neill WW. Iatrogenic coronary artery dissections extending into and involving the aortic root. Catheter Cardiovasc Interv. 2000; 51: 387-393.
5. Sanidas E, Buysschaert I, van Langenhove G. Iatrogenic left main coronary artery dissection and intramural hematoma caused by diagnostic transradial cardiac catheterization. Hellenic J Cardiol. 2014; 55: 65-69.
6. Binder RK, Boone RH, Webb JG. Left main dissection conservatively managed with optical coherence tomography guidance. Catheter Cardiovasc Interv. 2014; 83: 65-68.
7. Lee SW, Hong MK, Kim YH, et al. Bail-out stenting for left main coronary artery dissection during catheter-based procedure: acute and long-term results. Clin Cardiol. 2004; 27: 393-395.

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Erratum

Attitudes of Healthcare Professionals Involved in Cardiology Practice Towards Key Points of Contemporary Guidelines on Resuscitation

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