Left Main Coronary Artery Compression by an Enlarged Pulmonary Artery

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A 43-year-old woman with World Health Organization group I severe pulmonary hypertension, associated with systemic lupus erythematosus, was referred for cardiac catheterization as part of a lung...
transplant evaluation. She was also having anginal symp-
toms during walking. Physical examination was significant
for a loud P2 and right ventricular lift. Coronary angiogram
revealed a tight ostial left main (LM) stenosis (Fig. 1A),
(Online Video 1) thought due to compression by a markedly
enlarged pulmonary artery (PA) (Fig.1A and 1B, Online
Video 1 and 2). This was confirmed by a coronary 64-slice
multidetector computed tomography (Fig. 1C). She under-
went successful LM stenting with a 4 × 15-mm bare-metal
stent. Since that time, she has had no recurrence of the
angina. Follow-up coronary multidetector computed to-
mography was done at 5 months and confirmed patency of
the stent (Fig. 1D). Given the severity of the underlying
disease, the patient continues to be evaluated for lung
transplant.

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