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Thanks for your comment! After further review of the papers and textbook, I am sure the marks on Figures 2A and 2C have mistakes and need to be corrected.

The IVUS image Figure 2A is consistent with angiogram Figure 1D, but the Figure 2C does not correspond to Figure 2B.

The image of Figure 2A needs correct description as intact intima with small atheroma. The hematoma is located in the intramural area from 9 o'clock to 2 o'clock, and another echolucent space from 3 o'clock to 6 o'clock is contrast media or saline fluid.

The picture shown in Figure 2C dose not have severely compromised flow as in Figure 2B, which was performed between the 2nd and 3rd stents. The coronary hematoma caused nearly total occlusion of the distal RCA to PLV branch within minutes after the 2nd and 3rd stents in the distal RCA, then the EKG monitor showed ST elevation over inferior leads was seen, and the patient suffered from chest pain with cold sweating and hypotension. According to previous angiogram and IVUS, hematoma compromising the flow was impressed and there was no free time to do IVUS since the condition was not agreed.

If I had done IVUS between the first 2 stents segments, the complication might have been prevented or not, I could not be sure. However, it is a good comment.

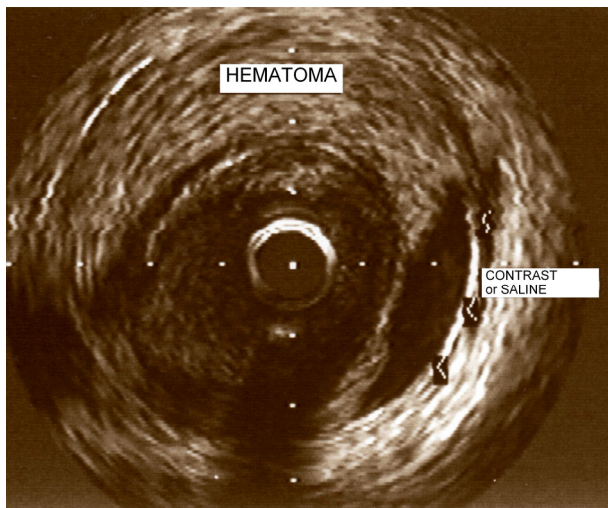


Figure 2A

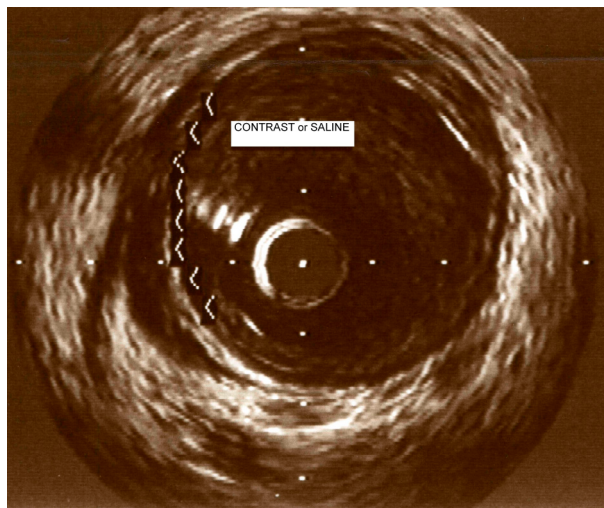


Figure 2C