

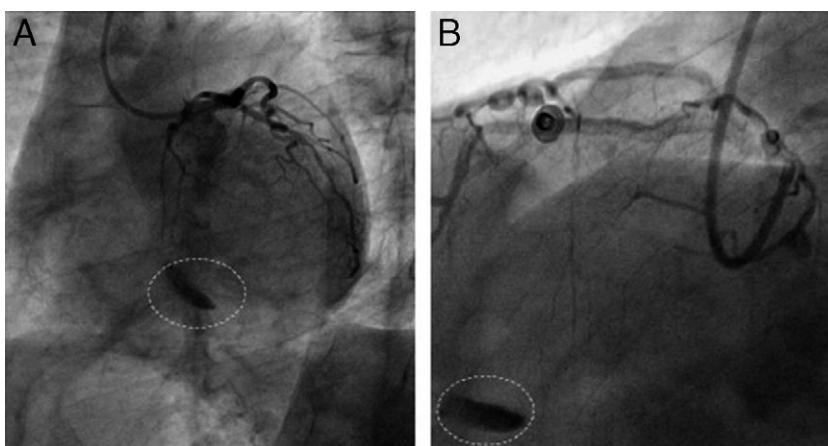
IMAGES IN CARDIOLOGY

Septal-Dissecting Hematoma After Percutaneous Coronary Intervention

Echocardiographic and Magnetic Resonance Imaging Diagnosis and Follow-Up

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Manuscript received April 8, 2009; accepted June 21, 2009.

A 71-year-old man was admitted to the coronary care unit after septal branch perforation (angiogram) during percutaneous coronary intervention of complex stenosis in the left anterior descending coronary artery. Transthoracic echocardiography ([Online Video 1](#)) demonstrated an increased interventricular septum thickness (26 mm) with low echo signals core and abnormal motion. These findings suggested the diagnosis of interventricular septal dissecting hematoma. Cardiac magnetic resonance imaging (**A**, [Online Video 2](#)) performed 6 days later showed a diffuse widening (28 mm) and hypokinetic interventricular septum with a low signal (STIR-P2) fusiform neocavitation (hematoma) delimited by an enhanced-signal ring after administration of gadolinium due to myocardial fibrosis. These findings confirmed the initial diagnosis. After conservative treatment, the patient was discharged uneventfully 2 weeks later and remained asymptomatic after 2 months of follow-up, when echocardiographic ([Online Video 3](#)) and magnetic resonance imaging studies (**B**, [Online Video 4](#)) showed the resolution of the hematoma.