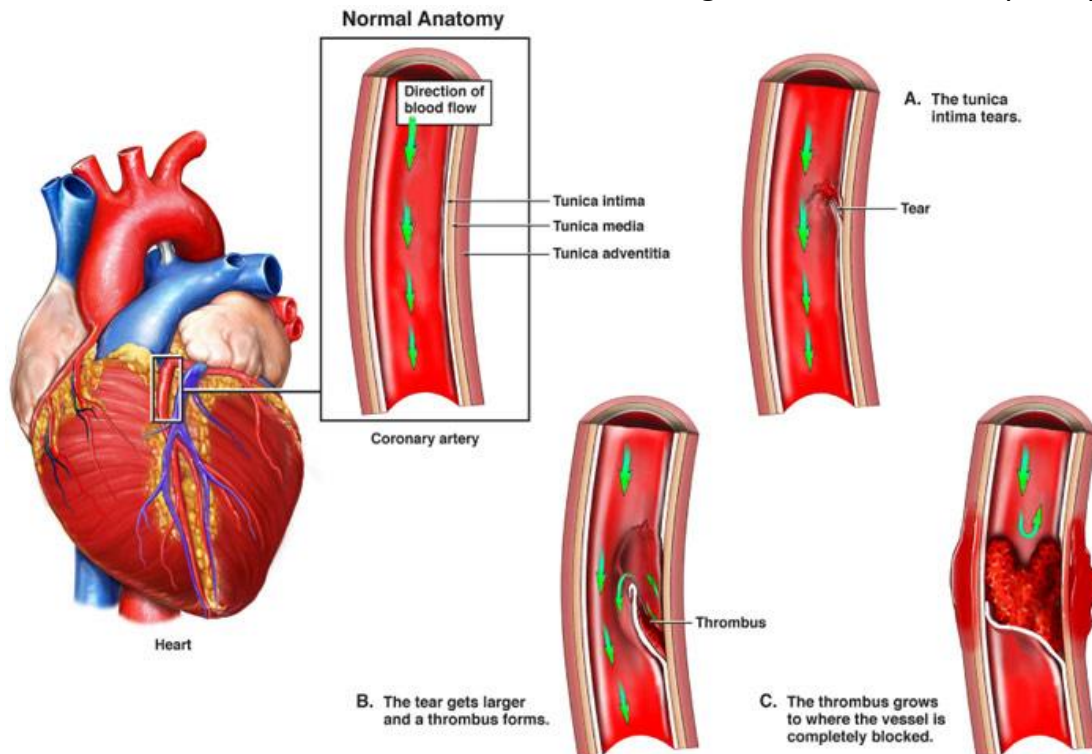


## Spontaneous Coronary Artery Dissection (SCAD)

Spontaneous coronary artery dissection (**SCAD**) is an emergency heart condition that occurs when a tear forms in a blood vessel in the heart. This tear prevents proper blood flow to the heart, causing clots and reduced blood flow to the heart, an irregular heart rhythm, or a heart attack. 80-90% of SCAD patients are women, and 10-40% of all heart attacks in women under the age of 50 are due to SCAD. People with SCAD often do not have risk factors, such as high blood pressure, high cholesterol or diabetes. SCAD can cause sudden death if it is not diagnosed and treated promptly.



### SIGNS & SYMPTOMS

- Chest pain (angina)
- Pain in the arms, shoulders, or jaw
- Shortness of breath
- Fatigue
- Nausea
- Dizziness

### RISK FACTORS

- Females in their 40s and 50s (though can occur in males and at any age)
- Recent childbirth
- Extremely high blood pressure
- Fibromuscular dysplasia – a condition involving the narrowing of blood vessels
- Connective tissue diseases – inflammatory and genetic diseases

## DIAGNOSIS:

A coronary angiogram involving the insertion of a long, thin tube (catheter) into an artery can help diagnose SCAD. Dye is injected and pictures are taken to determine abnormalities in the arteries. After the angiogram, an imaging catheter using soundwaves (ultrasound) or with a special light (optical coherence tomography) may be inserted into the arteries to create pictures and help confirm SCAD and guide treatment.

## TREATMENT:

The goal of treatment is to restore blood flow to the heart. It may be necessary for doctors to restore blood flow by opening the artery with a balloon or stent or for bypass surgery to be performed. Medication may also be used, including:

- Aspirin – may help prevent cardiovascular disease after SCAD
- Blood thinning drugs - reduces the risk of clots
- Blood pressure drugs – lowers the heart’s demand for blood, reducing pressure in the damaged artery
- Cholesterol-lowering drugs – reduces risk of stroke and heart attack
- Nitrates and calcium channel blockers – helps control chest pain

## CONTINUOUS CARE:

- Cardiac rehab – a customized program of exercise and education to aid in recovery
- Family medical history review with a genetic counselor
- Examination for weakness in other blood vessels with CT imaging
- Lifestyle changes, such as getting adequate sleep, eating a heart healthy diet, and moderate exercise (i.e. walking) once cleared by a cardiologist
- Avoiding:
  - Estrogen-based hormone supplementation
  - Contact sports
  - Chiropractor head/neck manipulation
  - Rapid heart acceleration/deceleration activities
  - Activities with prolonged or exaggerated hyperextension of the neck
  - Submersion in extremely cold water

## **FOR MORE INFORMATION:**

For more information, contact the Women's Heart Center:  
**513-585-2140**

To schedule a second opinion, please visit:

<https://www.thechristhospital.com/services/heart/second-opinion-program/second-opinion-form>

To learn more, please visit:

[The Christ Hospital | Women's Heart Center](#)

## **Additional Resources**

[Coronary Artery Dissection: Not Just a Heart Attack | American Heart Association](#)

<https://www.mayoclinic.org/diseases-conditions/spontaneous-coronary-artery-dissection/symptoms-causes/syc-20353711>

## **Additional Resources for Underlying Conditions**

<https://rarediseases.info.nih.gov/diseases/2326/fibromuscular-dysplasia>

<https://www.usinlupus.com>

<https://rarediseases.info.nih.gov/diseases/7360/polyarteritis-nodosa>

<https://rarediseases.info.nih.gov/diseases/6975/marfan-syndrome>

<https://rarediseases.info.nih.gov/diseases/2088/ehlers-danlos-syndrome-classic-type>