

Spontaneous Coronary Artery Dissection (SCAD) Case Reports

Spontaneous coronary artery dissection (SCAD) is an important and often underdiagnosed cause of acute coronary syndrome, particularly in young and middle-aged women without traditional cardiovascular risk factors. It involves a non-traumatic, non-atherosclerotic separation of the coronary arterial wall, leading to compromised blood flow and myocardial ischemia.

This section of **Case Reports and Case Series in Cardiology Journal** focuses on **SCAD case reports**, providing a platform for clinicians to share rare presentations, diagnostic challenges, and management strategies in real-world clinical practice.

Clinical Features

- Acute coronary syndrome presentation
- Chest pain in young patients without risk factors
- Association with pregnancy and postpartum period
- Link with fibromuscular dysplasia
- Recurrent coronary events

Diagnostic Approaches

- Coronary angiography findings
- Optical coherence tomography (OCT)
- Intravascular ultrasound (IVUS)
- Non-invasive cardiac imaging techniques

Management Strategies

- Conservative medical management
- Percutaneous coronary intervention (PCI) in selected cases
- Coronary artery bypass grafting (CABG) for complex cases
- Long-term follow-up and recurrence prevention

Clinical Importance

Case reports and case series published in **Case Reports and Case Series in Cardiology Journal** play a crucial role in improving awareness of SCAD, guiding appropriate diagnosis, and optimizing individualized treatment strategies.

Scope of Submissions

Case Reports and Case Series in Cardiology Journal welcomes:

- Rare and complex SCAD case reports
- Pregnancy-associated SCAD cases
- Imaging-based SCAD studies (OCT, IVUS)
- SCAD management and intervention cases
- Case series on clinical outcomes and recurrence

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