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SCAD

Spontaneous coronary artery dissection, a tear in the wall of a heart artery. A heart attack that doesn't look like one, most often in women without the usual risk factors.

About 90%
of SCAD events happen in women

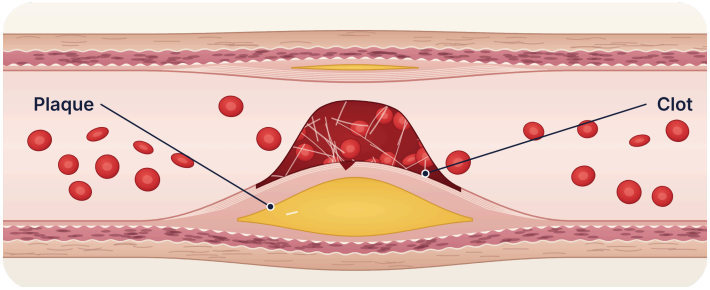
About 1 in 3
heart attacks in women under 50 is caused by SCAD

70 to 80%
of SCAD lesions heal on their own with medicines alone

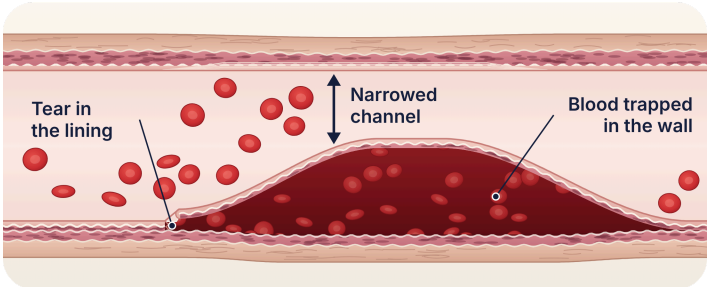
WHAT SCAD IS

A tear inside the artery wall

1 A typical heart attack



2 SCAD



In a typical heart attack, a plaque ruptures and a clot forms on it inside the artery while the wall stays intact. In SCAD the wall itself tears. Blood seeps into the layers of the wall and forms a pocket of blood, a hematoma, that squeezes the channel from outside in and cuts off blood to the heart muscle downstream. No plaque is involved.

WHO GETS IT AND HOW IT FEELS

Often a younger woman with none of the usual risks

Who
Most often a woman between roughly 30 and 60, often without the usual risk factors. Men with SCAD tend to be older, and heavy weightlifting can set it off.

Linked conditions
Fibromuscular dysplasia, which causes beading and twisting in arteries, is found in roughly half of patients who are properly screened. Connective tissue disorders explain a small fraction of cases. Lupus can be linked too.

Triggers
Pregnancy and the weeks after delivery, with the highest risk in the first month. Intense emotional stress or extreme exertion sometimes comes hours before.

The pain is sudden, sharp or pressure-like, and can spread to the left arm, shoulder, jaw or back, sometimes with a tearing feeling. Shortness of breath, nausea, vomiting or a brief faint can come with it. If you're a young woman with chest pain that doesn't fit a typical pattern, ask whether SCAD is being considered, and ask for a troponin blood test and an EKG.

Call 911

Call 911 immediately if you have severe chest pain at rest, especially if it's accompanied by shortness of breath, sweating, nausea or fainting. After SCAD, call 911 for chest pain that comes back. At home there's no way to tell a recurrence from a new heart attack.

TREATMENT, MEDICINES AND RECOVERY ARE ON THE BACK

TREATMENT AND RECOVERY

Giving the artery time to heal

Call 911
Chest pain that comes back, or severe chest pain at rest, especially with shortness of breath, sweating, nausea or fainting

Same day
Call your cardiologist for new breathlessness on exertion, palpitations or any change

1 to 2 weeks
Book a clinic visit for vaguer symptoms that still worry you

WHY SCAD USUALLY ISN'T STENTED

Medicines and time	The usual plan is no stent, close monitoring in a coronary care unit and the right medicines. About 70 to 80% of SCAD lesions heal on their own. The trapped blood is reabsorbed and the channel reopens.
Why no stent	Pushing a stent across the tear can extend it in either direction and spread the trapped blood. Registries show more complications with stenting than with medicines in stable patients.
When a stent is used	For ongoing chest pain with unstable blood pressure or circulation, a blocking tear in the left main artery, or poor blood flow that medicines can't fix. Bypass surgery is occasionally chosen. A stent in these cases doesn't mean a mistake was made.

YOUR MEDICINES

Beta-blocker	The foundation of long-term treatment. It lowers stress on the healing wall, which is thought to lower the risk of a repeat event. Metoprolol succinate or carvedilol are common, dosed for a resting heart rate around 60.
Aspirin	Most people leave the hospital on aspirin and stay on it for at least a year, and your cardiologist decides on the long term. Without a stent, many high-volume centers use aspirin alone, since adding clopidogrel may not help and may raise bleeding.
Blood pressure	Tight control is critical, since blood pressure directly drives stress on the artery wall. ACE inhibitors or ARBs are added for a weak heart muscle or high blood pressure. Statins aren't routine unless you have high LDL or plaque.

RECOVERY AND THE LONG VIEW

The first three months	The most fragile stretch. Most cardiologists advise avoiding heavy lifting and anything that involves bracing and breath-holding for at least three months, and often longer. Moderate aerobic exercise such as walking, swimming, easy cycling or light jogging is encouraged, with "moderate" set lower than usual while the artery heals. Cardiac rehab is recommended for nearly everyone.
Pregnancy	Possible in many cases, and many survivors have had healthy pregnancies. The risk of another SCAD in a later pregnancy is elevated but not prohibitive for most. Plan it with a high-risk obstetrician and a cardiologist with SCAD experience, with tight blood pressure control throughout. Progestin-only birth control is usually preferred over estrogen.
A repeat event	Roughly 10 to 30% of patients have another SCAD within about ten years. The biggest predictors are uncontrolled blood pressure, ongoing fibromuscular dysplasia and intense straining exertion. Get screened for fibromuscular dysplasia.

DID I DO SOMETHING WRONG?

No. SCAD isn't caused by lifestyle the way plaque-driven heart disease often is. Extreme exertion, intense stress or the weeks after delivery can trigger it in someone whose artery wall was already vulnerable.

READ THE FULL ARTICLE

damianrasch.com/
scad-spontaneous-coronary-dissection

For education only, and not a substitute for advice from your own physician. Sources include the 2018 AHA scientific statement on SCAD, the 2018 ESC position paper on SCAD, and cohort studies by Saw and colleagues (2014, 2017) and Tweet and colleagues (2012, 2014, 2020).

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