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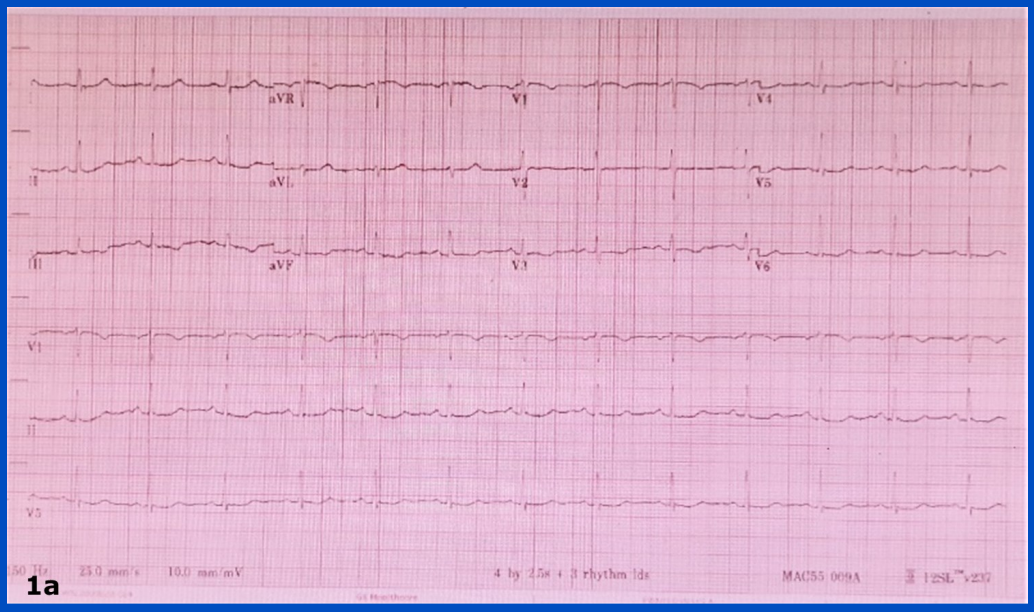

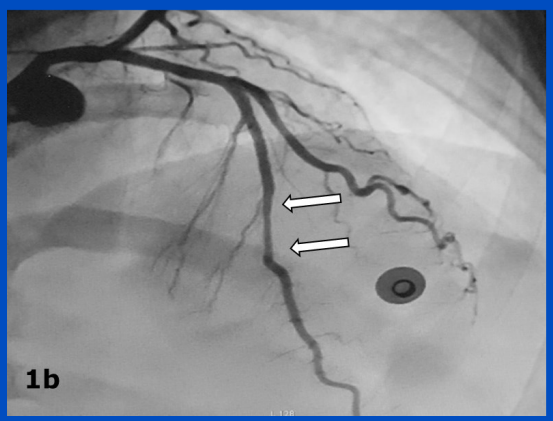

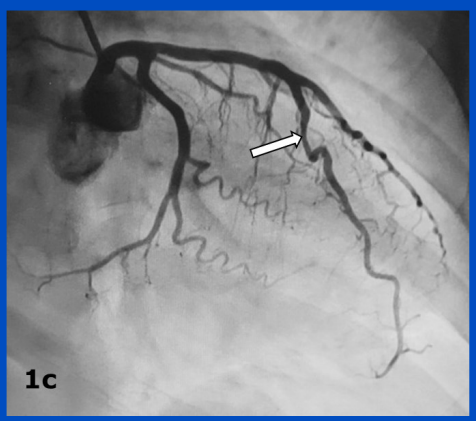

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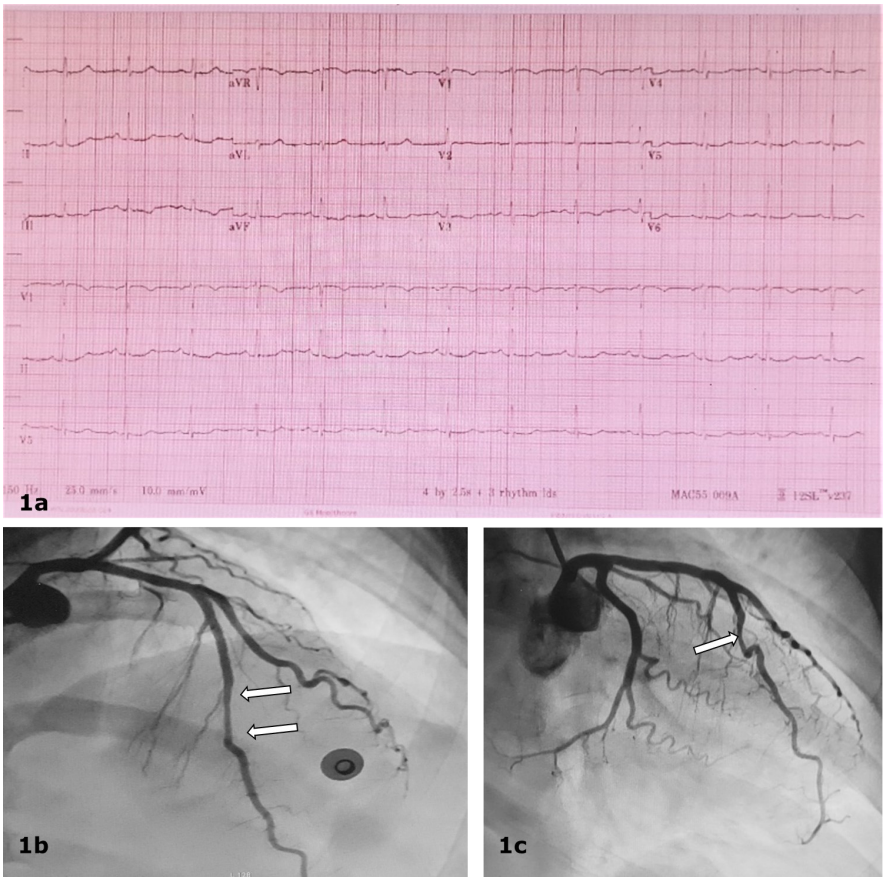

Figure 1

A 48-year-old lady with a history hypertension, iron deficiency anemia, ex-smoker and family history of coronary artery disease presented with sudden onset of epigastric pain. This was associated with radiation to the back and left shoulder, numbness along the left upper limb, giddiness and nausea. 12 leads ECG showed ST segment sagging in the inferior leads (III and aVF) and lead V3 (Figure 1a). Troponin I initially measured was mildly elevated at 32ng/L (normal range <30ng/L) but later increased to 836ng/L consistent with non-ST segment elevation myocardial infarction (NSTEMI). She was given aspirin, plavix and statin. Urgent coronary angiography was arranged (Figure 1b and 1c) which showed a smooth narrowed long segment of the mid left anterior descending artery (LAD).

What is the abnormality depicted in the coronary angiogram and what is the diagnosis?

***Answer**: refer to page 91*

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