

A rare heart condition almost killed her. Now, she wants to protect other young women

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If Lauren Dungan had waited just 30 more minutes, she might be dead.

On the morning of Oct. 25, 2017, she was sitting in her Huntersville apartment living room, scrolling through Instagram and drinking a cup of coffee. Five days earlier, she had given birth to her second son, Hunter. Though still recovering, she was finally starting to feel like herself again.

Her husband, Evan, was sitting next to her. Their daughter, 2 at the time, had just been dropped off at daycare.

This is when it started—the pressure that felt like an elephant on her chest, the classic heart attack sign.

"Something's really wrong," she recalled saying, immediately turning to Evan and sitting back into the sofa.

"What do you mean?"

She didn't know. She repeated it: I don't know, I don't know.

Lauren had never felt anything like this before, and at first, neither of them were concerned.

She brushed it off. It's [low blood pressure](#), she thought, something she'd experienced briefly while still in the hospital. She'd also had gestational

diabetes, but when she checked her glucose, it was fine.

A few minutes had passed since the initial pain. "I think we should go to the [emergency room](#)," she recalls saying, growing increasingly worried. The pain hadn't subsided like she'd hoped.

The seconds stretched. While her husband hastily woke up their son and grabbed a diaper bag and a bottle, Lauren remained glued to the couch. "We gotta hurry," she told him, unable to move and not feeling well.

NO SIGNS OF HEART DISEASE

Spontaneous coronary artery dissection, SCAD, is rare. It happens when the layers on the artery wall start to peel and separate—causing a blockage that can lead to a heart attack and, in some cases, death.

There is little known about SCAD, which has been researched and diagnosed for only the last two decades. It typically occurs in young women—Lauren is 33—who are often just a few days postpartum, like Lauren was.

"If she were a man, we would call what she had a widowmaker, because it usually kills young men," said Dr. Amjad AlMahameed, a cardiologist at the Novant Health Heart and Vascular Institute and Lauren's doctor.

AlMahameed has been in Charlotte for almost a year now, having spent five years on staff at the Cleveland Clinic and 11 years at Harvard Medical School. In both places, he saw many young women come in with similar issues to Lauren—having heart attacks with no signs of [heart disease](#), the usual cause. At first, no one really knew what the problem was.

Then doctors started talking to each other, and more reports came out

about this type of condition. AlMahameed began to see it more and more, and was able to recognize it after seeing it multiple times in Cleveland and Boston.

When he first came to Charlotte, he was surprised that he didn't see any patients with the condition.

"Then, look, here comes lauren."

POSSIBILITY OF DEATH

Lauren and her husband rushed to the emergency room in Huntersville, right next to their apartment. The cardiologist there took one look at Lauren's EKG and sent the photo to AlMahameed. He didn't like the look of it.

He rushed Lauren down to Novant Health Presbyterian Medical Center, where AlMahameed and his team were on standby.

Lauren was conscious for the drive uptown, and she remembers the whole thing—the speeding of the ambulance, the shaking of the stretcher. "I hope this isn't it," she recalls thinking.

Lauren had dissections in multiple major vessels in her heart and was living off of little blood flow. At Presbyterian hospital, they immediately placed a balloon pump in her heart for support and brought her into the operating room. Her [heart function](#) was at 20 percent.

Evan remembers this part distinctly. He was in a private waiting room holding 5-day-old Hunter.

The doctor came in to show Evan pictures of Lauren's heart. As the two walked to the lab, another doctor stopped them in the middle of the

hallway and held out an authorization form for [open heart surgery](#).

"If you don't sign this, your wife is going to die," he said.

Evan laughs recalling the incident, saying he had no intentions of not signing. But it was shocking.

"That's the part that made it real," he said.

The doctors performed a double bypass on Lauren, taking a vein from her leg and using it to create a new path for her heart to pump blood. She still has the scar on her inner thigh.

'A LOT OF LAURENS OUT THERE'

Lauren was lucky. Though she'd had a severe [heart attack](#), her heart function is now back to normal. She'll need to have regularly scheduled follow-ups and take daily medication that makes her tired.

By the time many SCAD patients arrive at the hospital, they have sustained so much damage to the [heart](#) that it becomes permanent or results in death, AlMahameed said. Timing is everything, and because the condition primarily affects young women, it could become more common in Charlotte.

"I do believe that there are a lot of people who already live in Charlotte who might have these conditions and who aren't aware of it," he said. And as Charlotte continues to grow, he said he's not sure the health care system is ready to handle a potential influx.

Lauren sometimes still can't believe what happened, or what could've happened. She has since started a Facebook support group, SCAD Survivors North Carolina, in an effort to raise awareness.

Her advice to [young women](#)? Don't discount your symptoms. If you're having abnormal feelings, just go the hospital.

"Don't wait, don't delay," she said. "The worst they can say is, 'It's heartburn, go home.' Better safe than sorry."

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