51 years old man with crescendo angina for 24 hrs

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IPCARD CARDIAC CARE CENTER

History

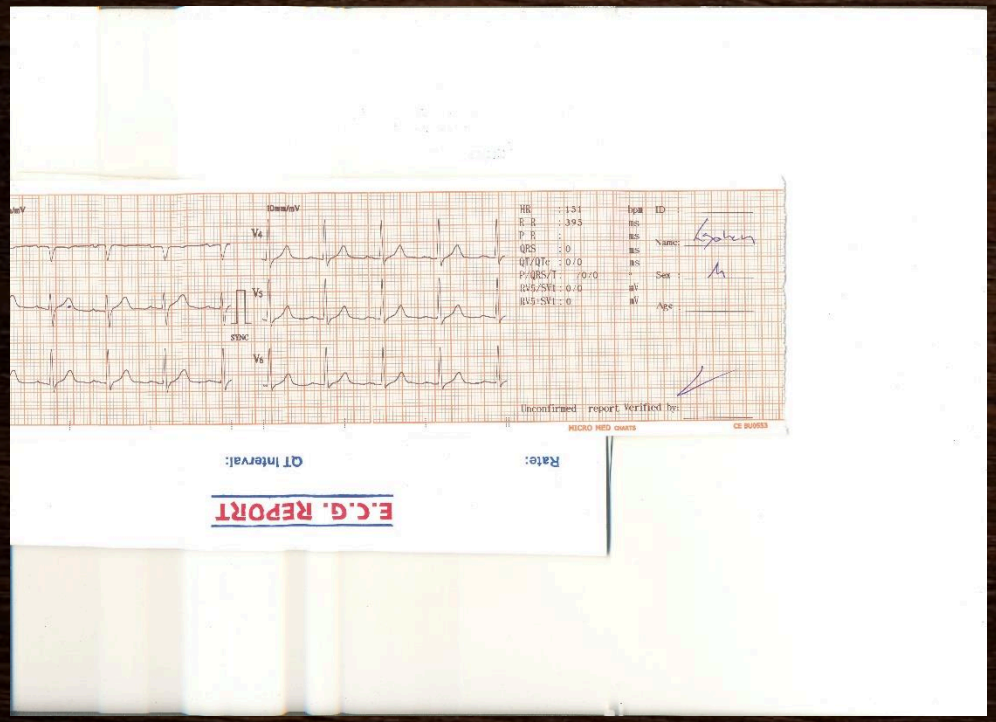
- Known history of DM for 15 yrs, HTN for 15 yrs, Non smoker, ethanol 150ml/day for 20 yrs and dyslipidaemia
- Sedentary
- No significant history
- Came to emergency department severe crescendo angina since yesterday evening when ECG showed normal. Current ECG shows ST elevation in all chest leads

Clinical Presentation

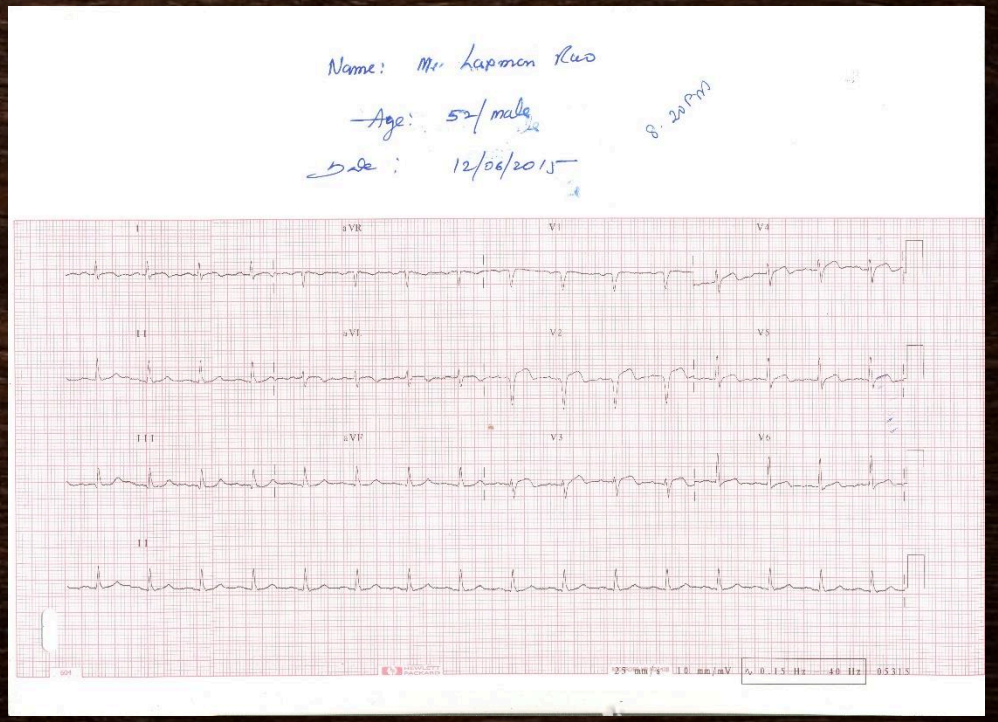
- ECG- ST elevation in all chest leads, and borderline elevation in other leads
- ctnI-1500ng/dl
- CK MB-975u
- LDH-3960u
- CK-NAC; 2995u
- LVEF-35-40%
- Chest X ray- mild bilateral pleural effusion
- Cr-1.5mg/dl
- Vitals-BP-70/90mmhg, HR-110/min, ORA-94%, RBS-275mg/dl, RR-22/min

Pre Clinical Electrocardiograms

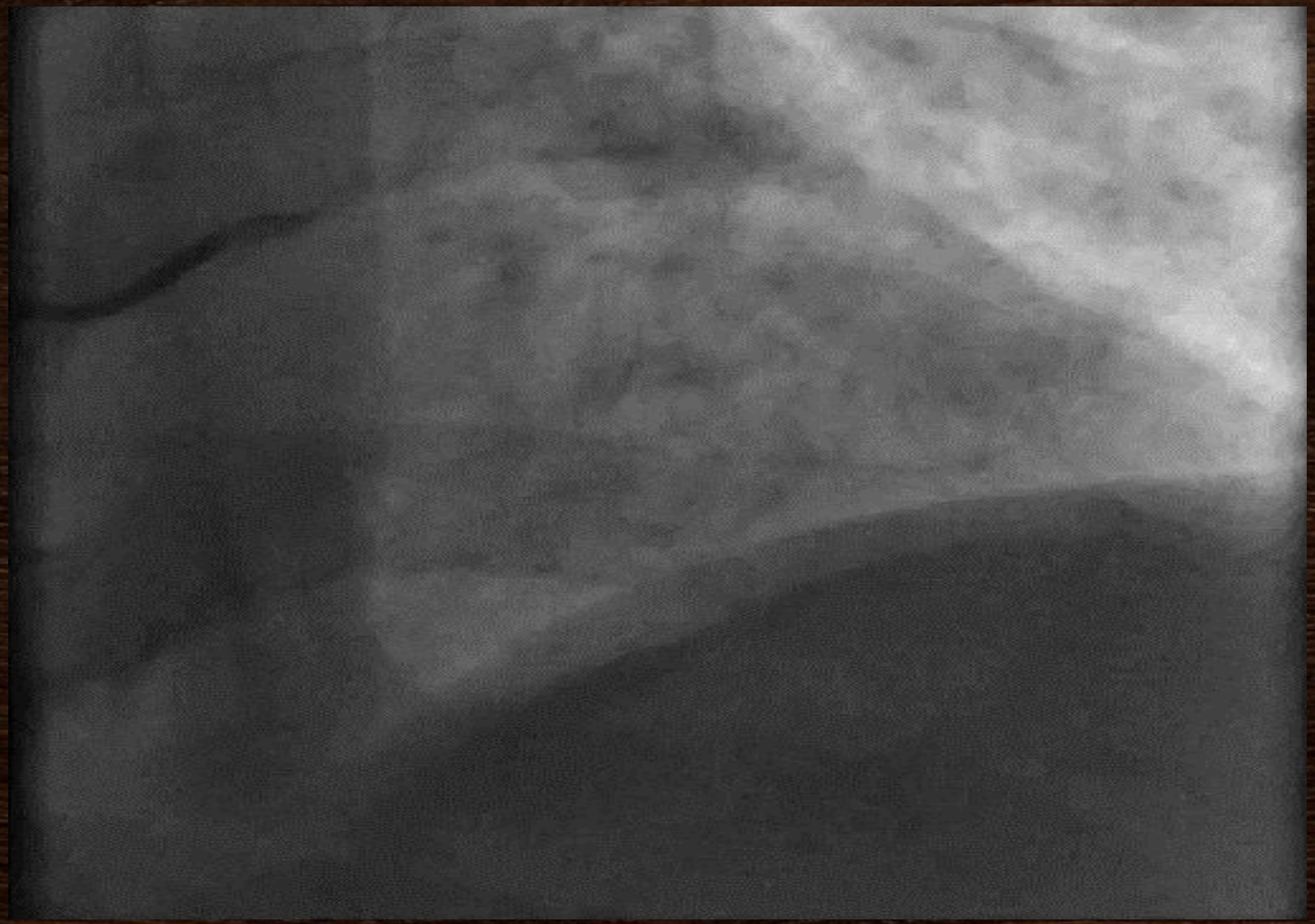
Previous day at 7.30PM



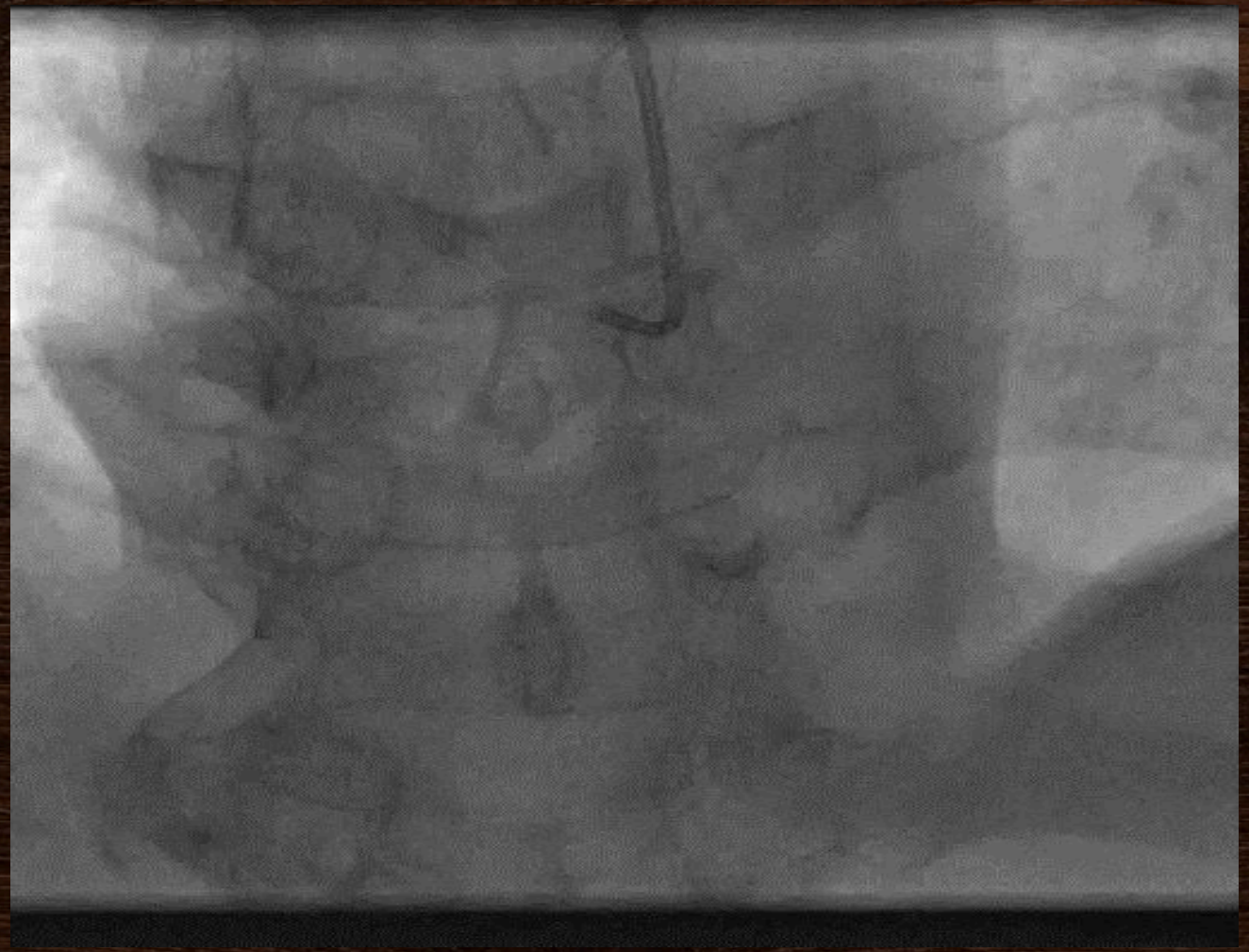
The day of emergency at 8.20PM



CAG-LAD 100% occlusion, LCX-non dominant



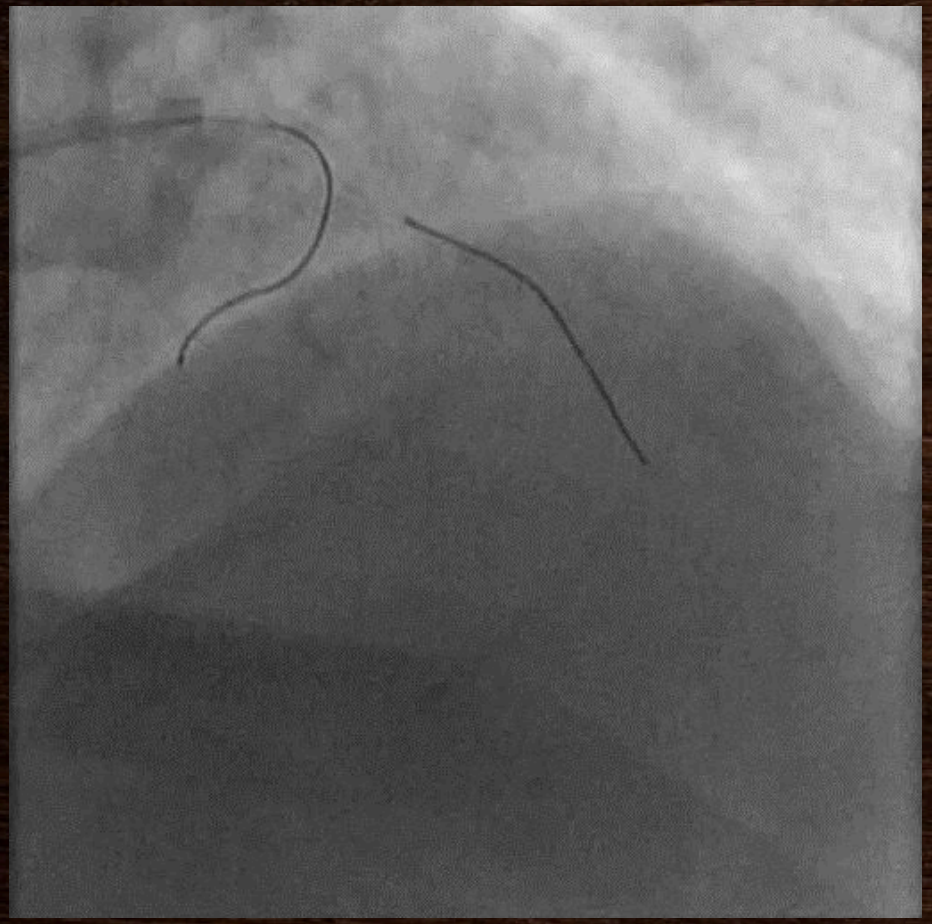
RCA sub total occlusion, dominant

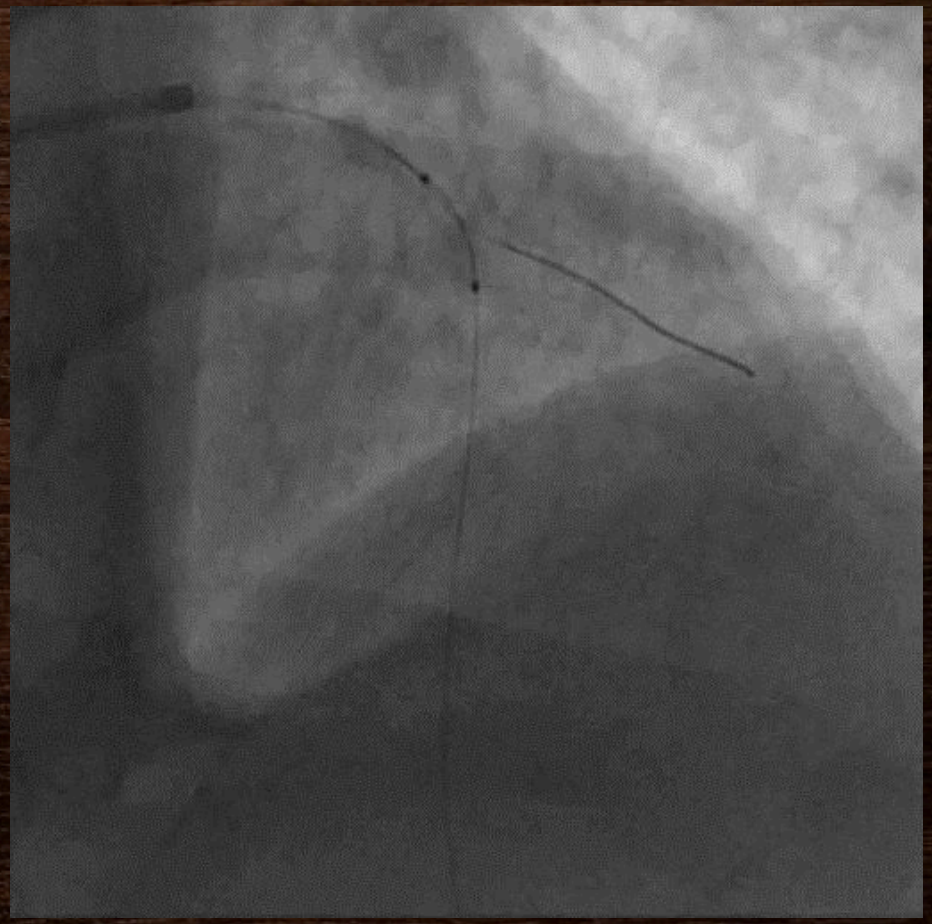


Pre-Cath medications

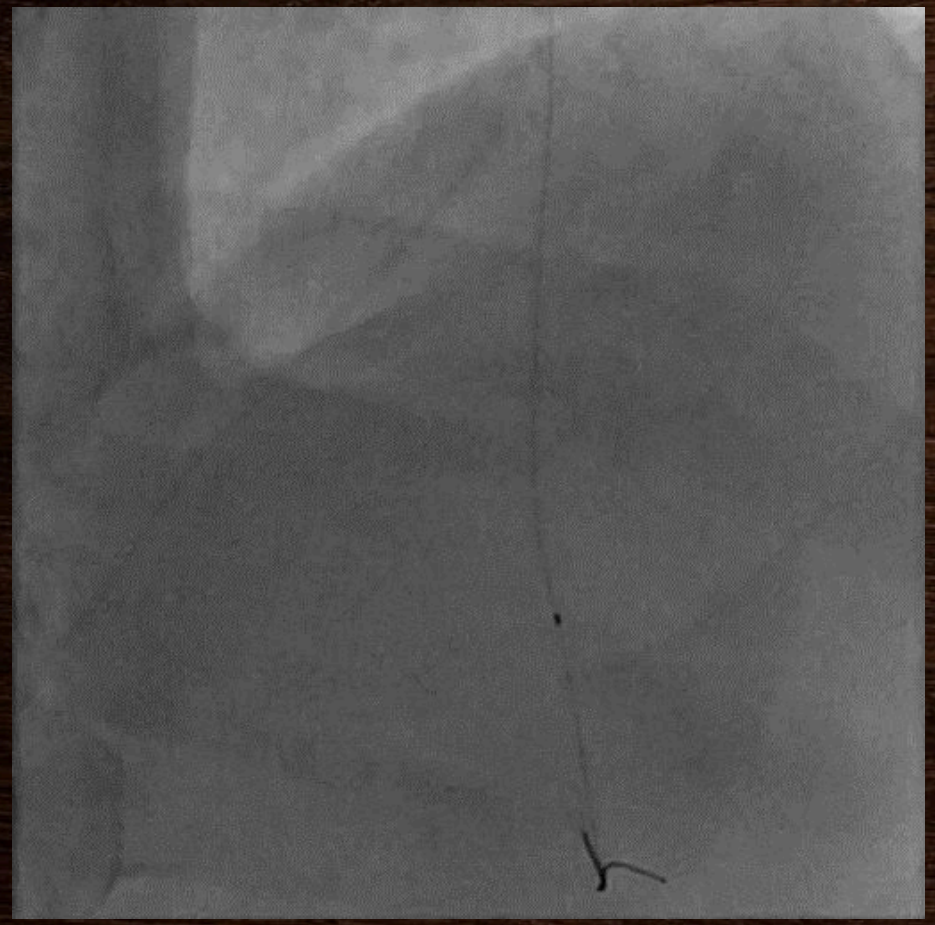
- ASA-325mg, Clopidogrel-600mg, Atorvastatin-80mg, bolus-Abciximab-10ml,
- Bivalirudin bolus and infusion based on weight chart given

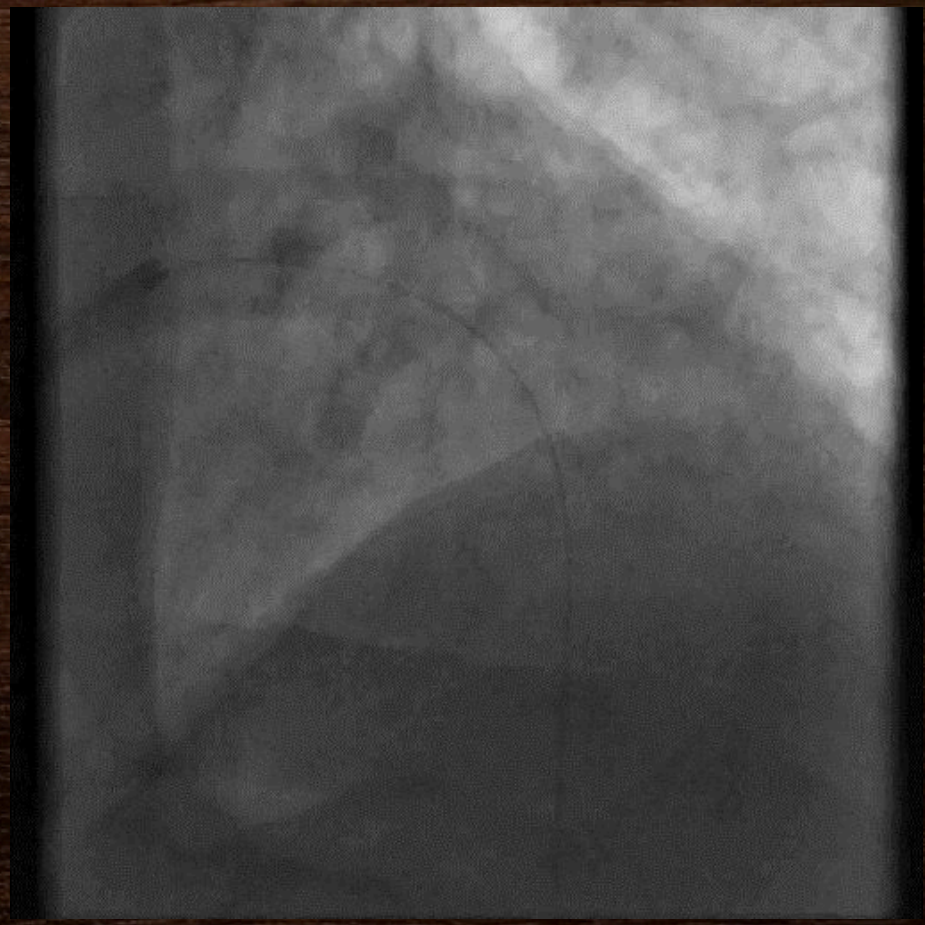
Wiring of diagonal, septal and LAD



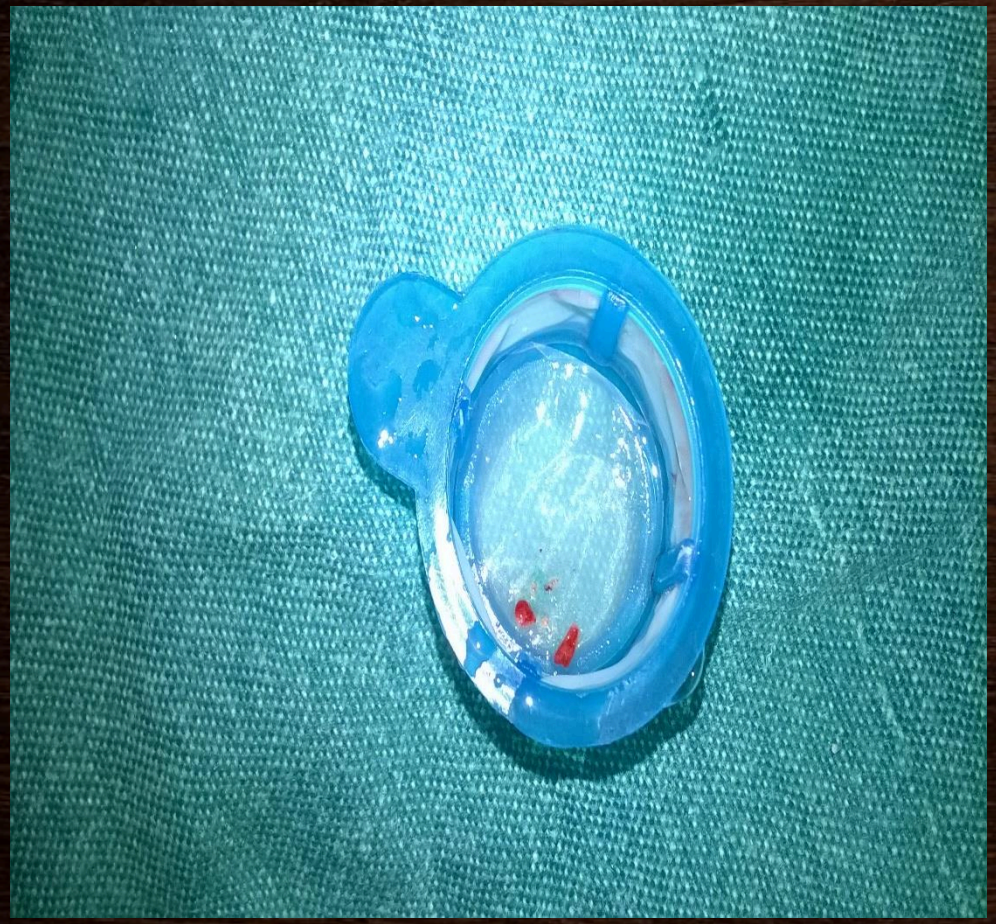


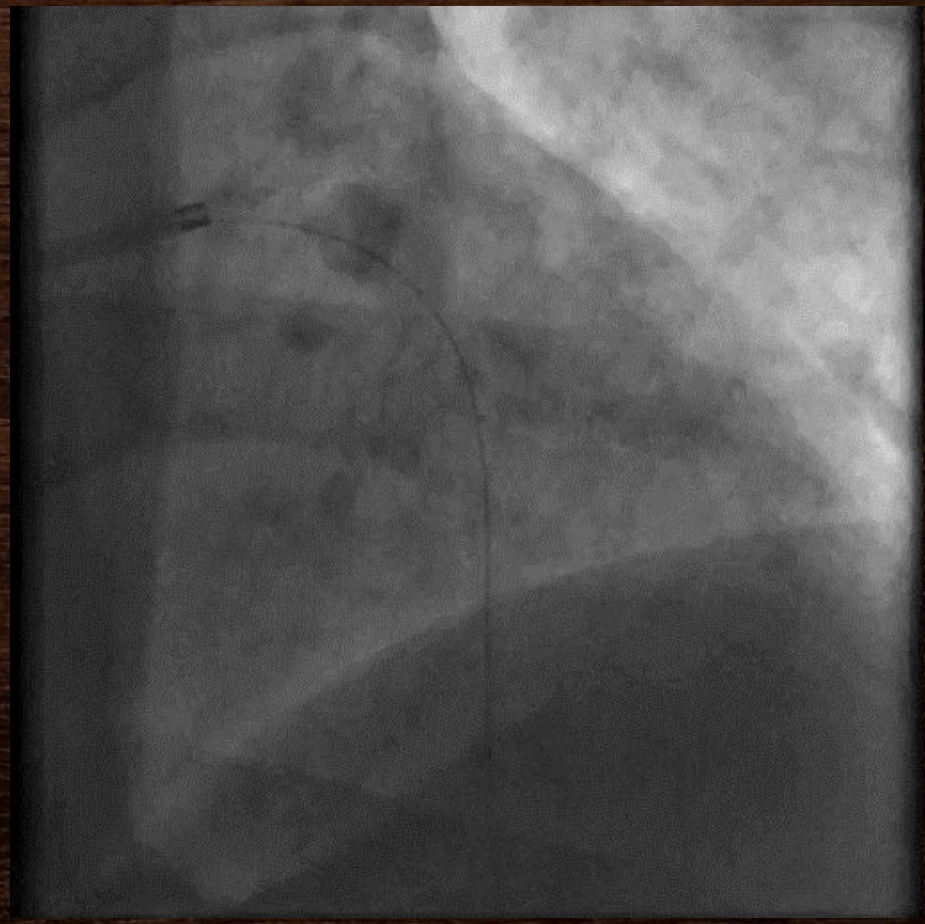
Thrombus Aspiration and No flow



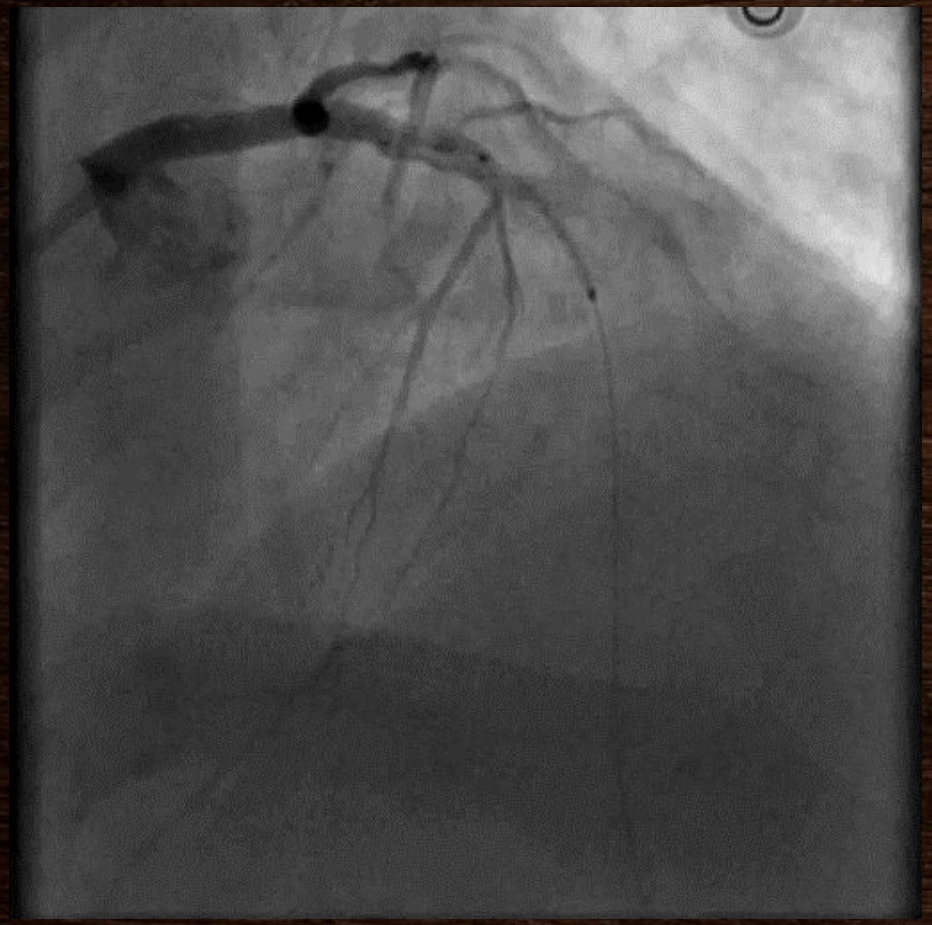


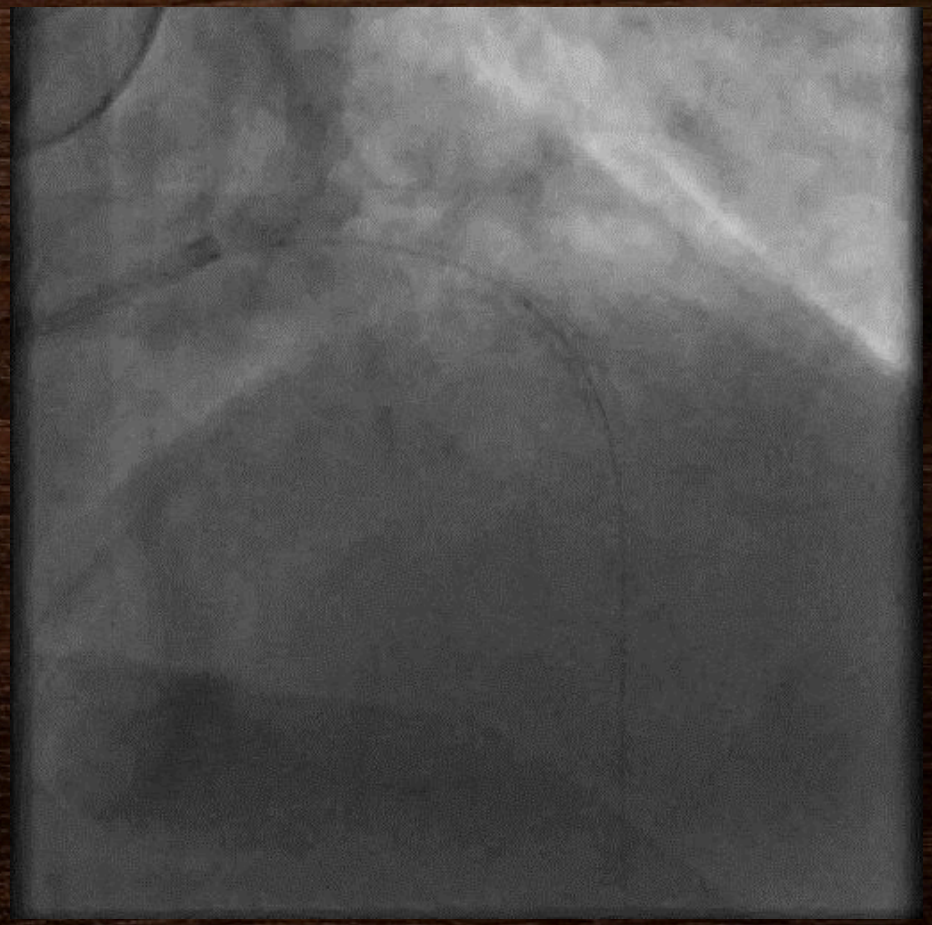
Repeated Aspiration by rotating catheter and went deep into LAD, Large thrombus was removed and TIMI-III obtained





Final PTCA results





Important Points

- Proper Aspiration by rotating and going deep into the vessel will help to aspirate the thrombus
- For the name sake one or two aspiration will not help some times, try to remove the thrombus completely by manual.
- Deploying stent in residual thrombus in slow flow or no flow in severe LV dysfunction, will worse the condition. Some times may help in normal LV function.
- Device pressure supports in ACS with severe LV dysfunction, practically not showing any encouraging results.
- Radial route is the best option in ACS.
- Keep noradrenalin infusion low dose in severe LV dysfunction despite normal BP, will help you to avoid further shock and hypotension during procedure.
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