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# ANOMALOUS LEFT MAIN IN STEMI, LAD AND RCA ARE CULPRIT VESSELS, SINGLE VESSEL WAS STENTED BY FFR

## 65 years old lady with evolving AWMI and IWMI

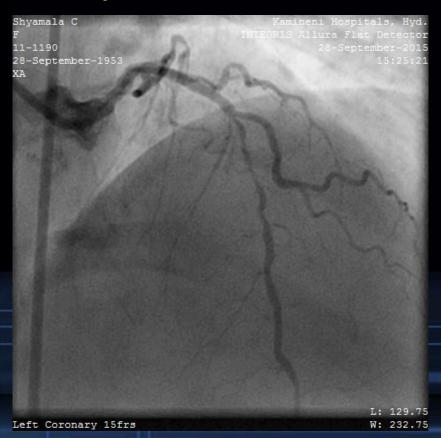
- History of DM, DLP and HT for 25 years, Lost her right upper limb in an accident up to shoulder.
- No significant history
- Had STEMI and not thrombolised
- Referred to rescue PCI from rural cardiologist
- Crescendo angina not relieved by all important anti angina drugs

### Pre-cath evaluation

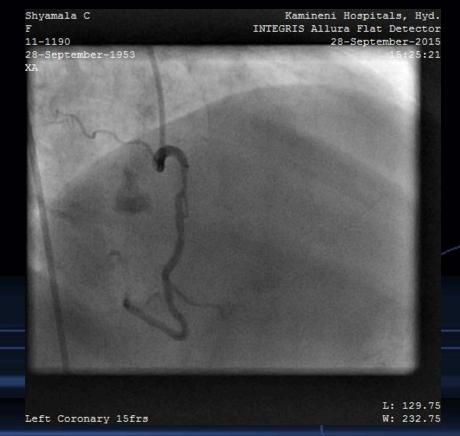
- BP-80/100mmhg, HR-120/min, Lungs- mild bilateral crepitation, RR-20/min, Saturation-95% ARA,
- ECG- ST elevation in V1-V6 and II, III, AvF
- LVEF-35%, Ctnl-1500ng/dl, Pro BNP-1900,
- RBS-235mg/dl, urea-45mg/dl, creatinine-1.6mg/dl,
- Other biochemistry values are normal

# Angiogram by RF route, LAD-90%, RCA-80%

#### Left system-anomalous



#### **RCA** tortuous

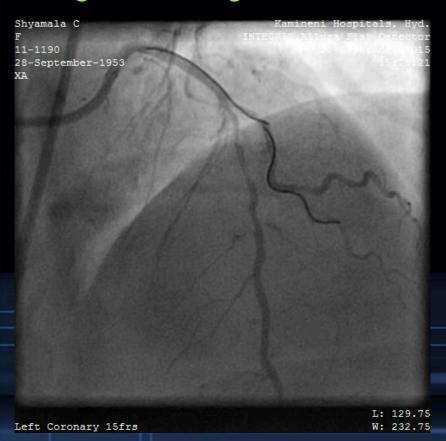


## Difficulty in engaging LM

- We used EBU, Amplatz, XB, and Voda guide catheters but unable to seat LM and frequently developed damping and hypotension. We decided to go for wire anchoring with JL-4 and guide flotation method
- Parked one fielder XT in diagonal and BMW in LAD
- Predilated with 2/10mm balloon

## Wire anchoring and guide flotation

#### Diagonal wiring and LAD

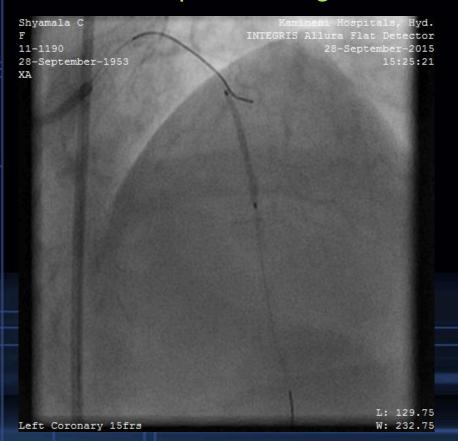


#### Dilating with 2/10mm balloon

```
Shyamala C
                                    INTEGRIS Allura Flat Dete
11-1190
28-September-1953
                                                        L: 129.75
                                                        W: 232.75
Left Coronary 15frs
```

# Final deployment of stent-Xience expedition

#### LAD stent positioning



#### Final result

```
Shyamala C
11-1190
28-September-1953
                                                          15:25:21
                                                        L: 129.75
                                                        W: 232.75
Left Coronary 15frs
```

## FFR of RCA showed 0.90

FFR guided RCA lesion avoided multiple culprit vessel stenting in ACS



## Drugs in peri procedure and post procedure

- 600mg clopidogrel, ASA-325 mg, Atorvastatin-80mg and bolus 10 ml of Abciximab were given before procedure
- Bivalirudin anticoagulation was given bolus and infusion based on weight

## Take Home message

- Multiple vessel STEMI is tough to handle in anomalous coronary anatomy
- FFR will help to take best decision in culprit vessel PTCA