

Papillary muscle rupture in ILMl and LV aneurysm

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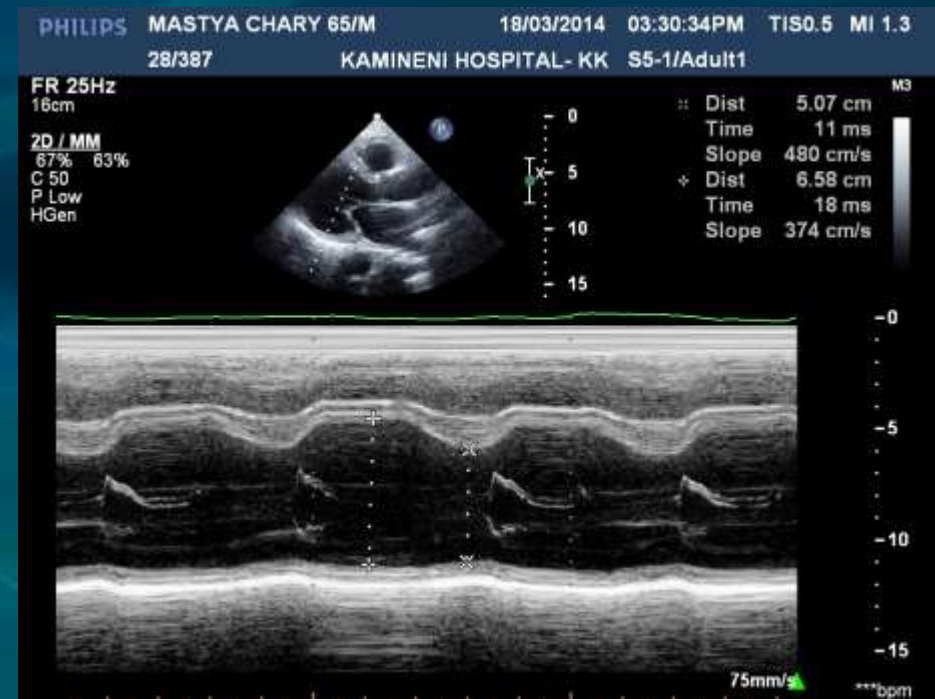
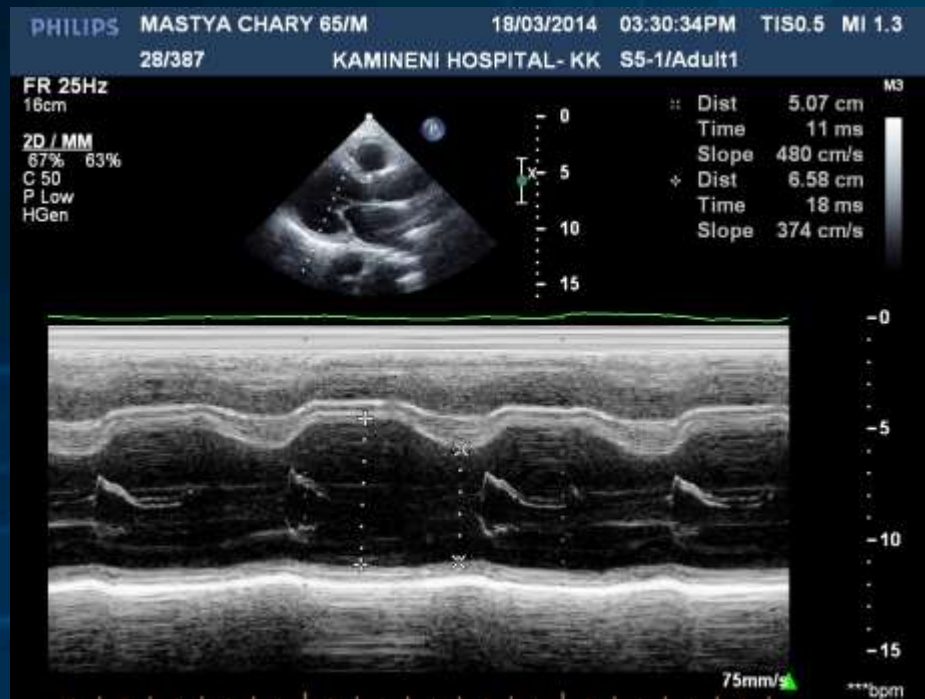
CASE HISTORY / RISK FACTOR

- No Diabetes, No HTN, No previous history of CAD
- Age-65 years, Male,
- No drugs allergy
- No surgical history
- Wt-60kg
- No smoking, No ethanol
- No dyslipidemia

CASE HISTORY / RISK FACTOR

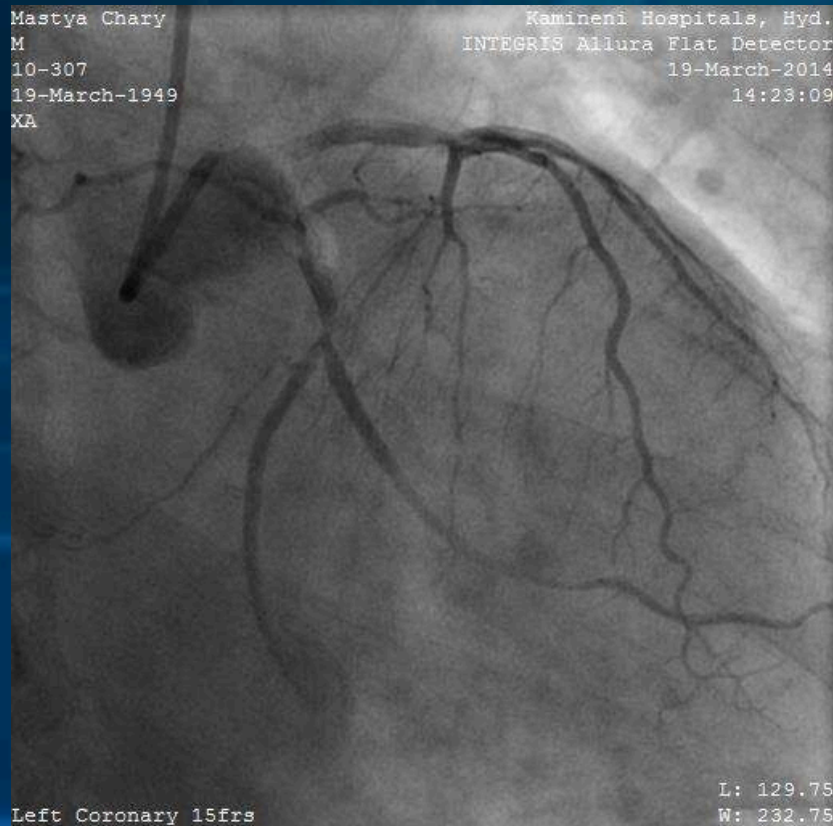
- Had recent Infero-lateral myocardial infarction which was undiagnosed for 25 days.
- Came to emergency with cardiogenic shock with crescendo angina.
- ECG-ST elevation and T inversion in I,II,III,AvF, V5, and V6,
- Pro BNP-3800u, CtnI-1500ng/dl, LVEF-30%, LV-aneurysm in the Postero-Lateral wall, MR++++ and LVDD-6.8CM and Cr-1.9mg/dl.
- Oxygen saturation-85% in room air, CXR-Bilateral moderate Pulmonary edema.
- Patient was put on life all necessary support, 5th day took him for CAG.

Pre Cath echocardiography

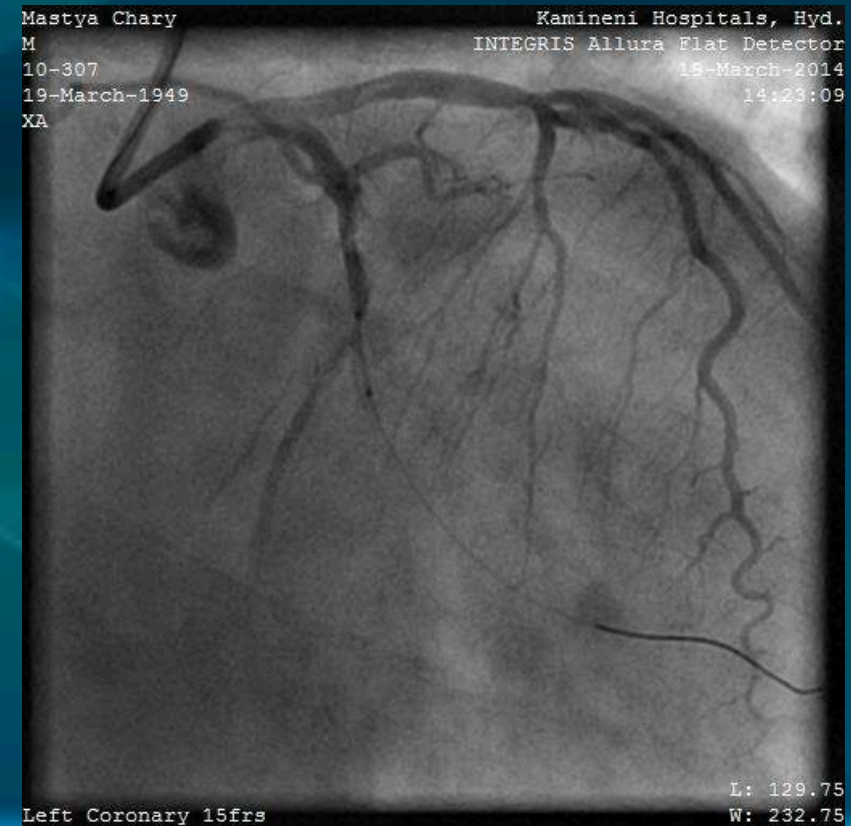


CAG results

LCX- 99% SUB TOTAL
OCCLUSION



LCX SUPER DOMINANT



Cardiac team decided to go for CABG, But CT team denied it

- Risk Factors:
- Patient is on continuous inotropic supports with severe LV dysfunction
- Papillary muscle dysfunction
- LV aneurysm
- Hypotension

Decided T stenting with mini crush

PREDILATATION

3/23MM IN LCX-OM2



LCX Stenting

LCX STENTING



KISSING POST DILATATION

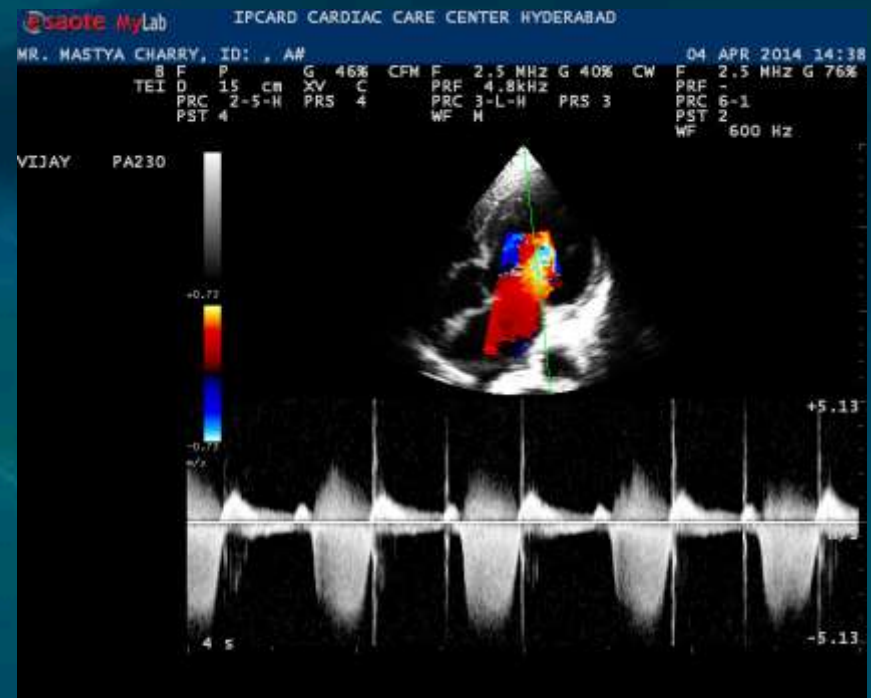


Final results were very good

FINAL RESULTS



MR HAS COME DOWN IN ONE WK



What is important in high risk MI

- It is important when the CT team denied option, skilled interventional hands will save the life of a patient.
- No making of further complications will improve the outcome

Home taking message

- Proper planning and experience make excellent outcome.
- Minimizing the operator related faults and high handedness in advanced skills will give new lease of life to a patient