

A nightmare at midnight

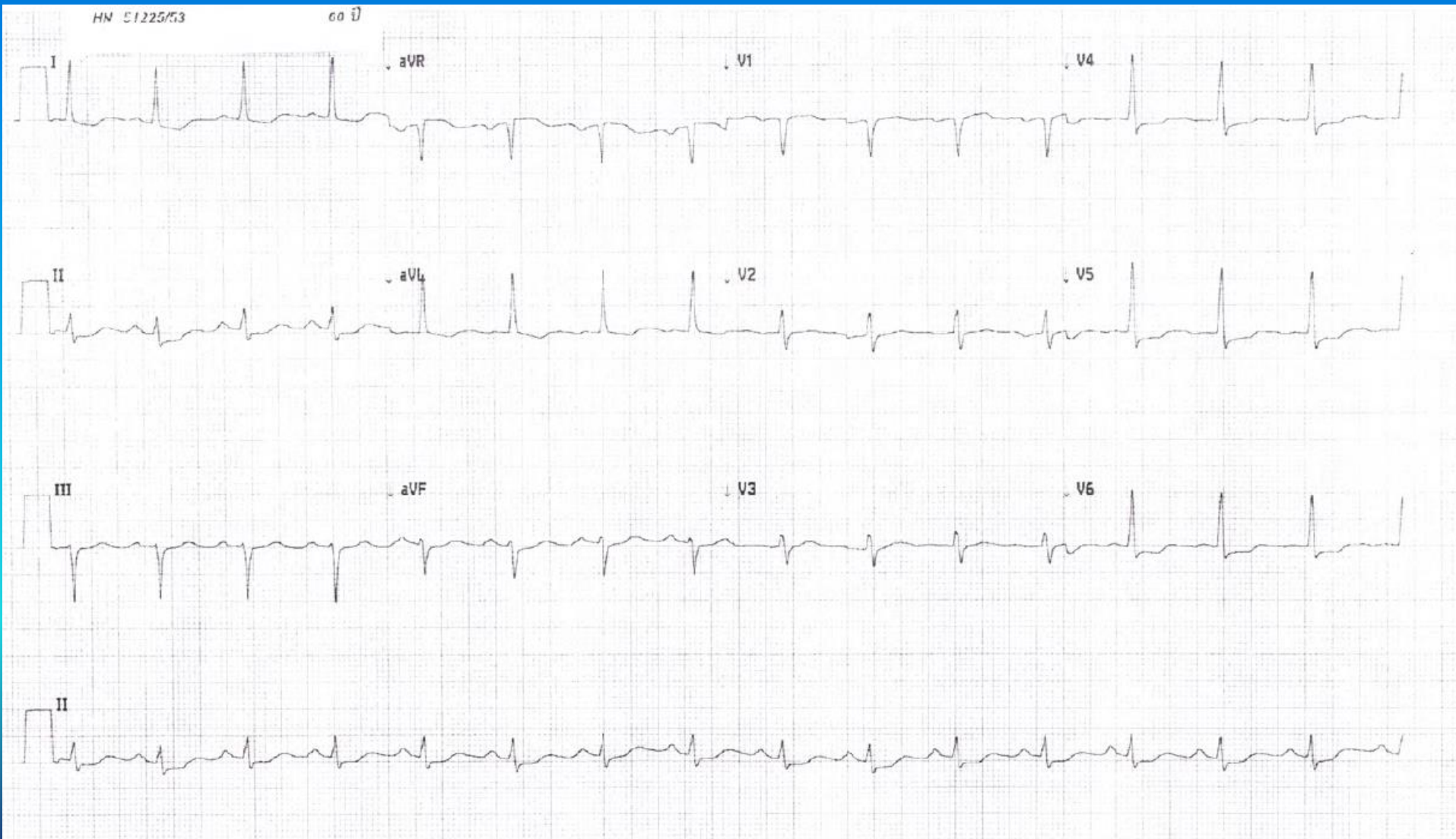


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Case presentation

- A 61-yr-old woman presented with chest discomfort at rest 2 hours before arriving at ER (pain score 8/10).
- No sweating or palpitation was observed.
- Past Hx: DM and HT
- 6 months ago
 - She came to visit OPD with heart burn during exertion for 10 minutes and relieved by rest.
 - No sign of CHF was observed.
 - EKG at OPD was shown.

Case presentation

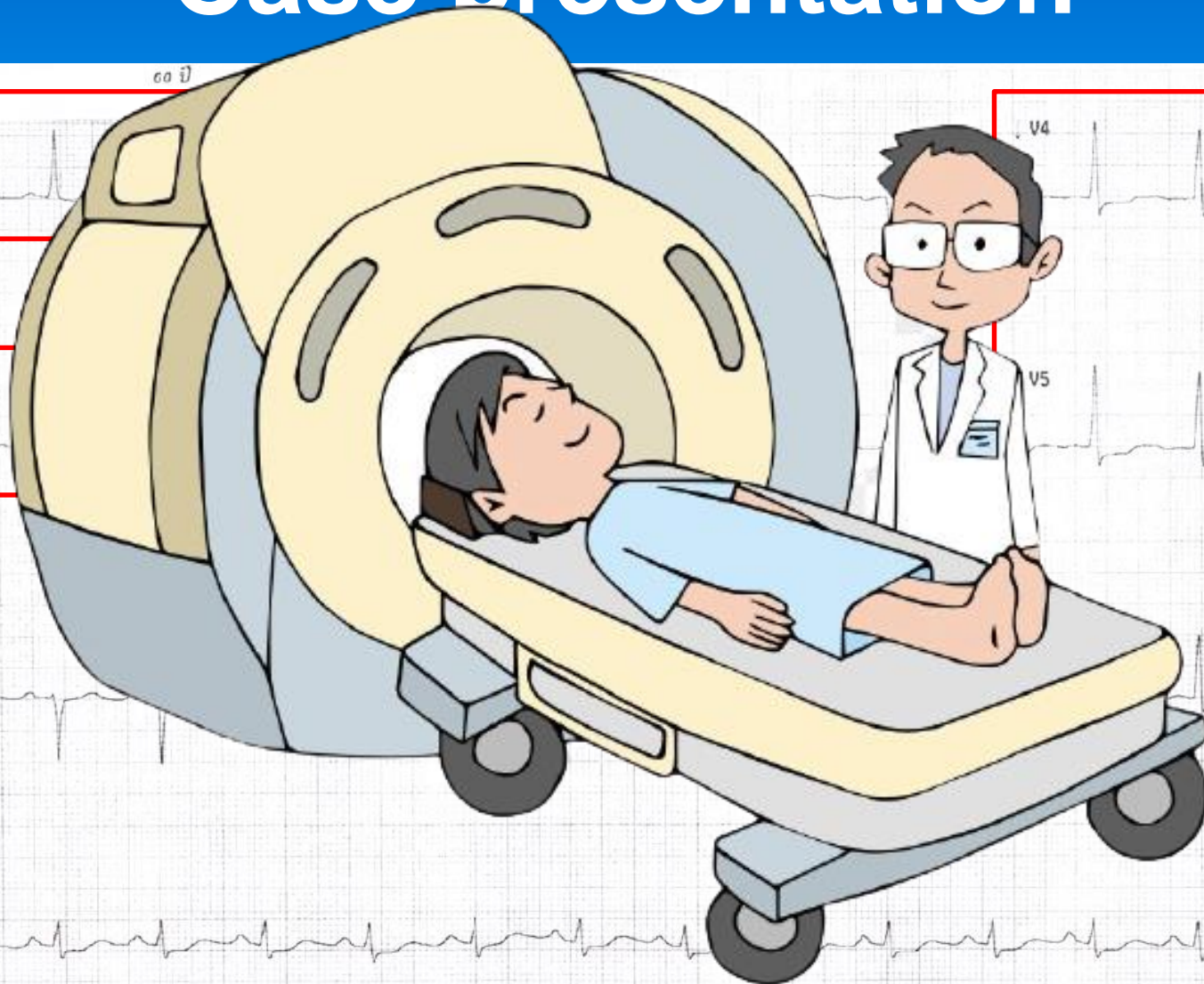


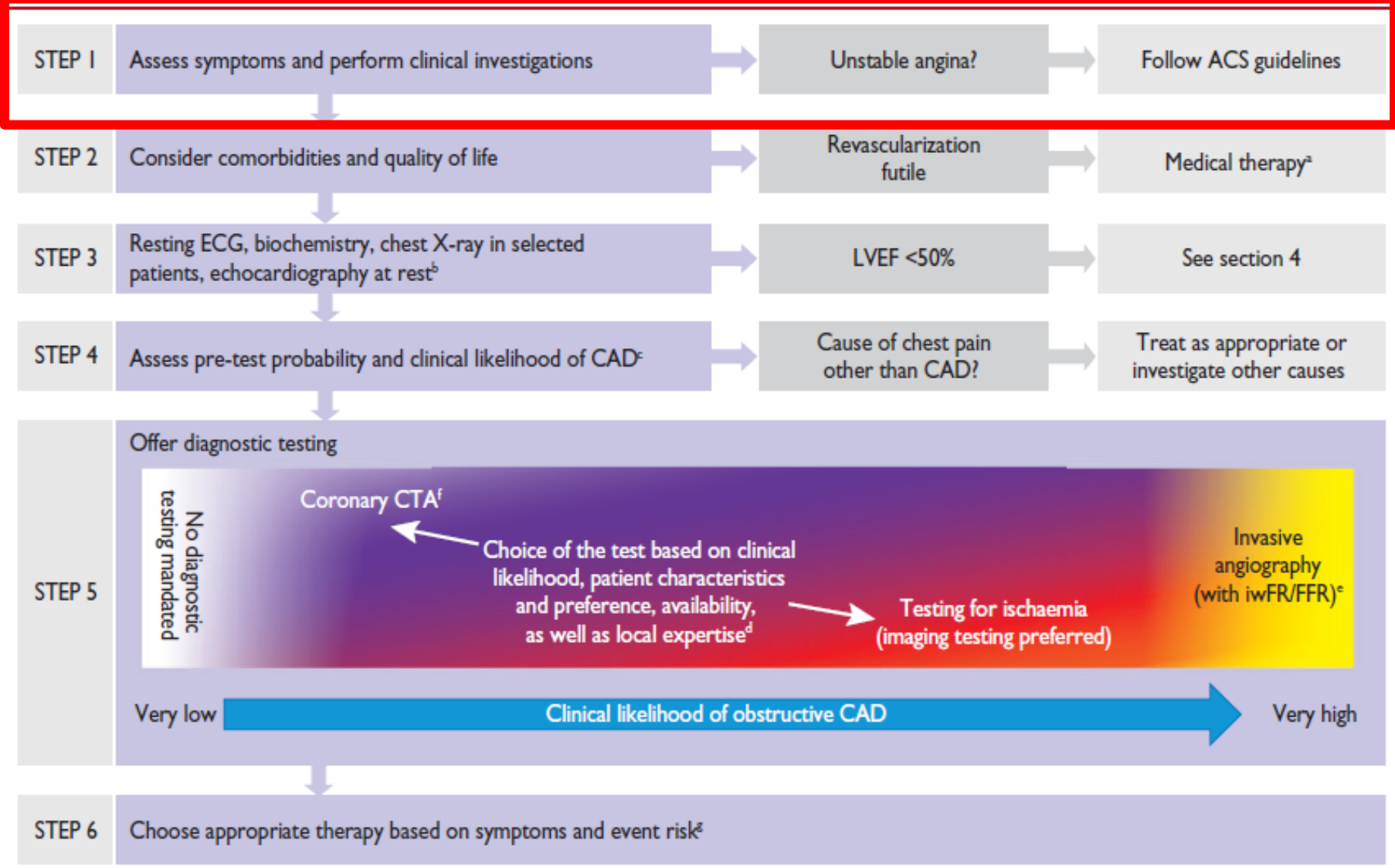
Case presentation

If you were at OPD, what would you do?

- a. Echocardiography
- b. EST
- c. Stress cardiac MRI
- d. Cardiac troponin
- e. Coronary angiography
- f . Consult GI for EGD

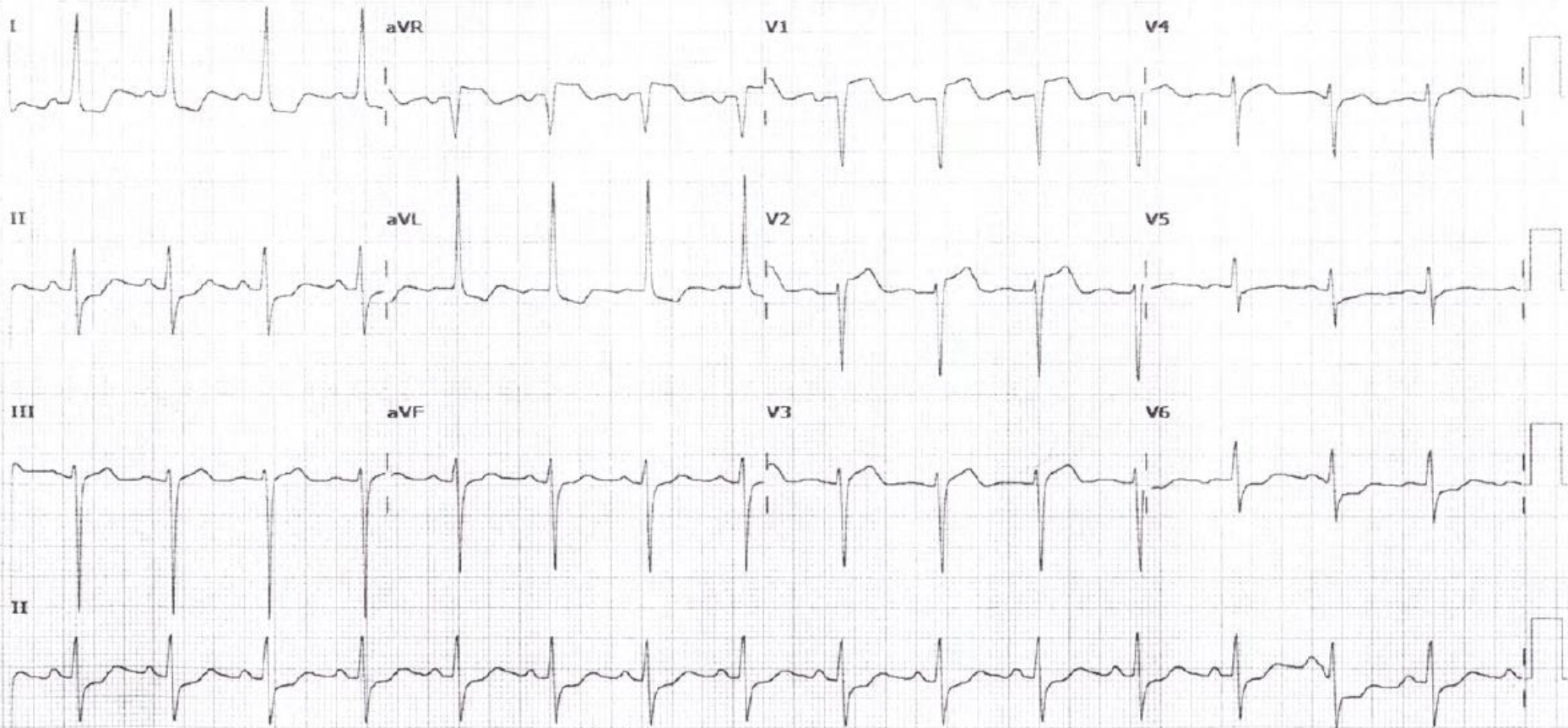
Case presentation





Case presentation

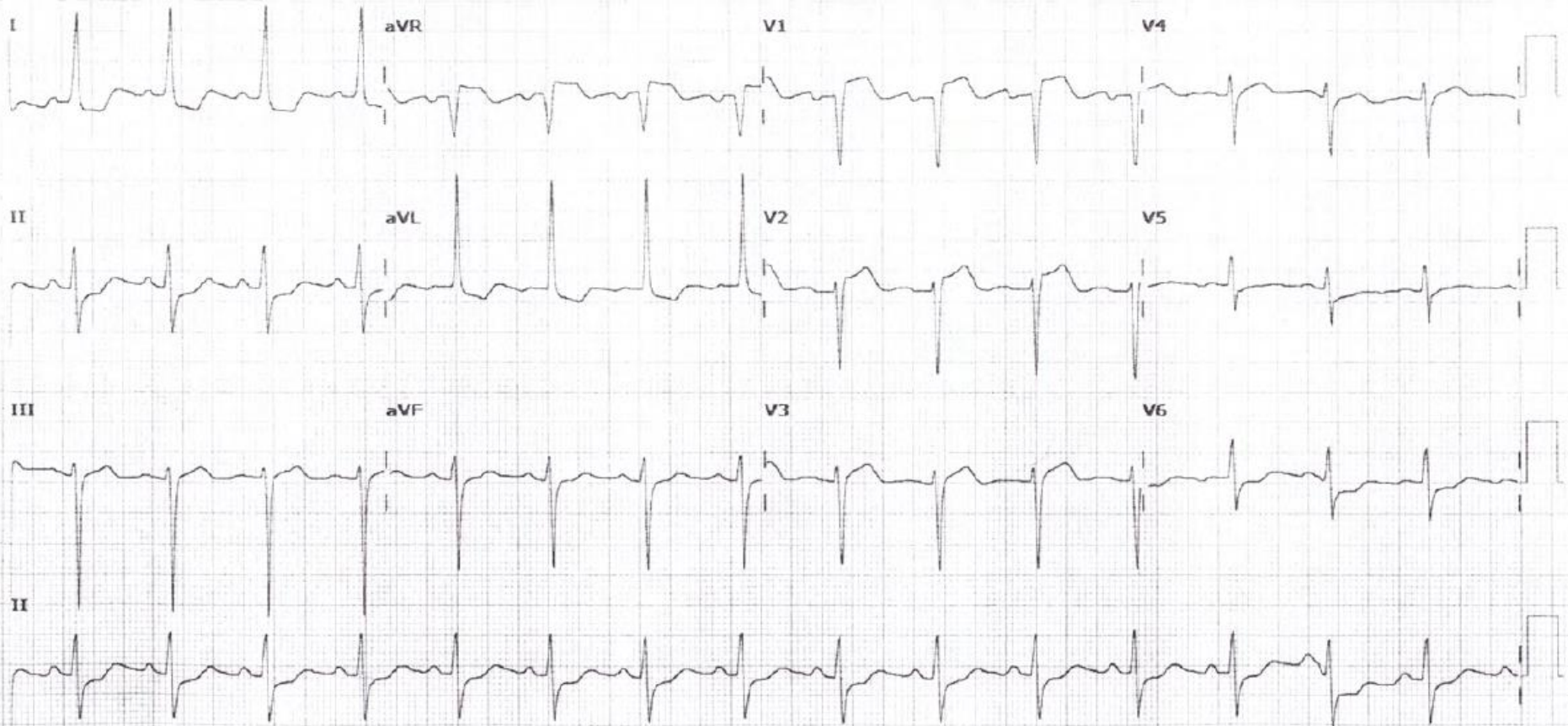
- BP 150/97 mmHg, HR 94/min, RR 22/min
- No sign of CHF



Case presentation

What is your diagnosis?

a. STE-ACS

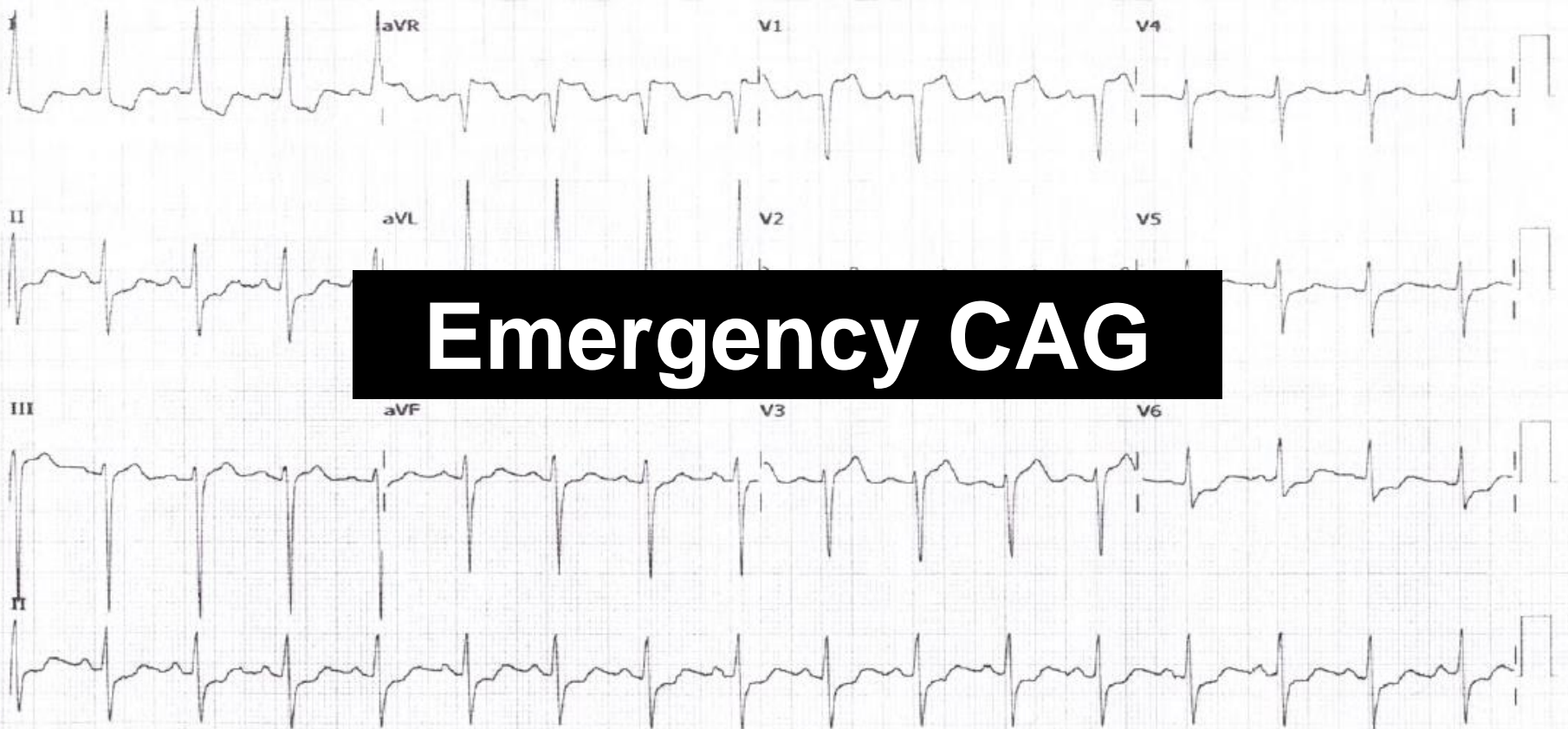


Case presentation

How to manage this patient?

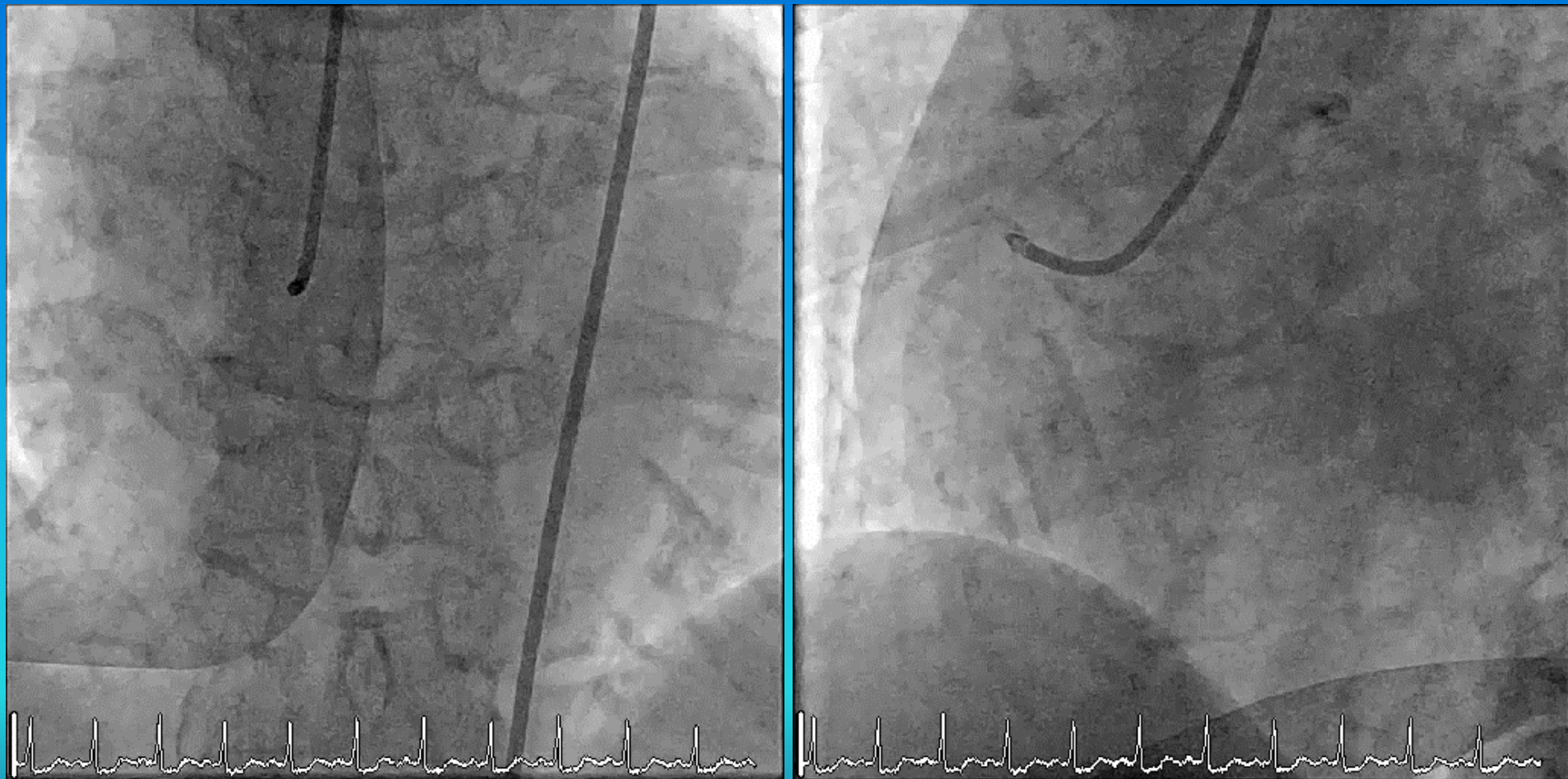
- a. Aspirin
- b. Clopidogrel
- c. Ticagrelor
- d. Prasugrel
- e. Repeat EKG within 10-15 minutes
- f. Hs c-Tn
- g. Bed-side echocardiography
- h. Emergency coronary and aorta CTA
- i. Emergency coronary angiography

10 minute later + ongoing chest pain



Emergency CAG

CAG



BP – 78/50 mmHg

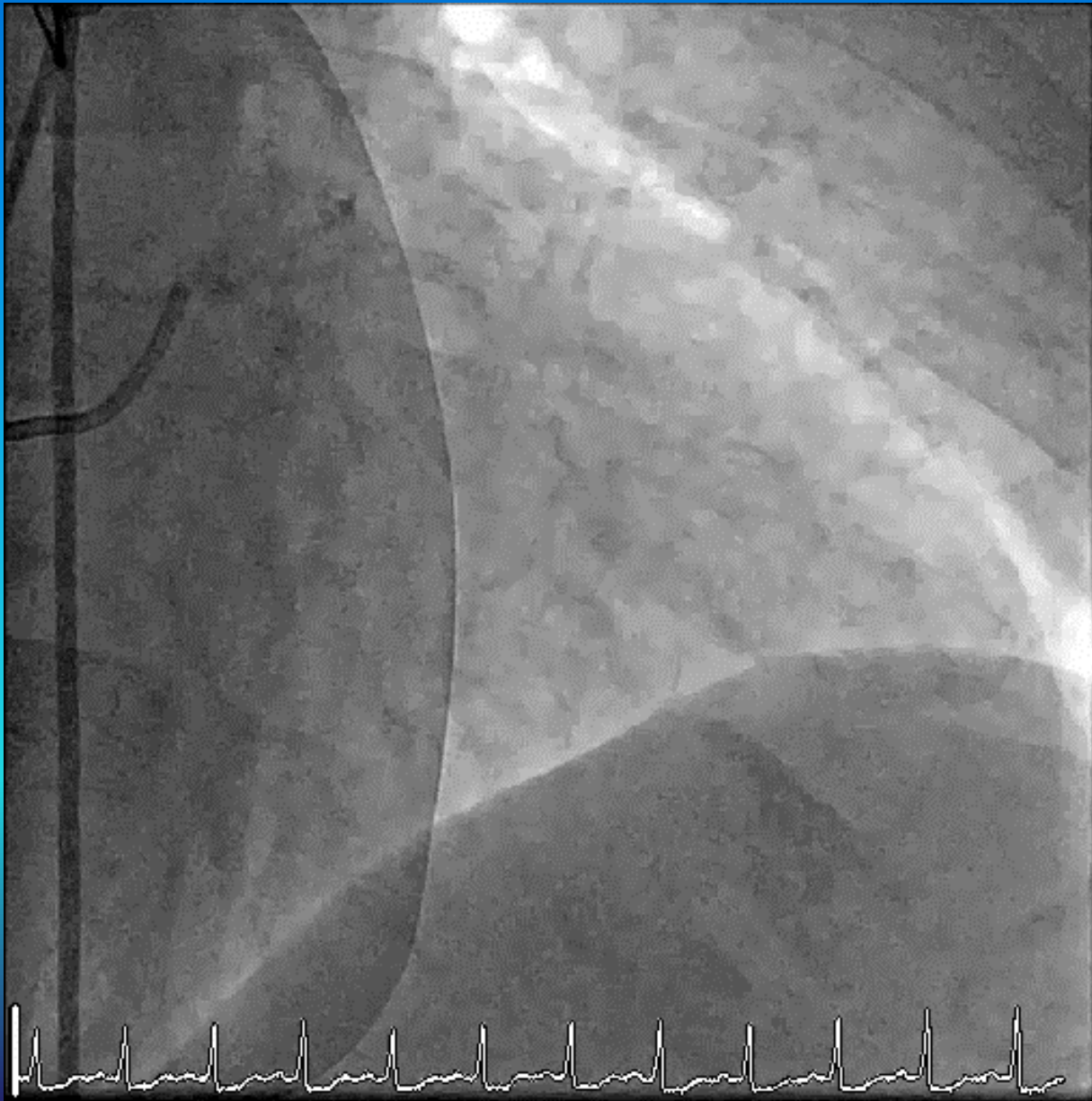
CAG



CAG



CAG



NSTE-ACS, very high risk, LM with TVD

How to manage this patient?

- a. PPCI to LAD**
- b. Inotrope and PPCI to LAD**
- c. IABP then PPCI to LAD**
- d. ECMO and PPCI to LAD**
- e. Emergency CABG**
- f. IABP then emergency CABG**
- g. ECMO then emergency CABG**

Case presentation

IABP was inserted and BP was slightly improved (augmented pressure \approx 80-90 mmHg)

How to manage this patient?

- a. PPCI to LAD
- b. Inotrope and PPCI to LAD
- c. ECMO then PPCI to LAD
- d. Emergency CABG
- e. ECMO then emergency CABG

Case presentation

If you decide to open LAD, what is your strategy?

- a. Just open with POBA then emergency CABG**
- b. Just open with POBA then elective CABG**
- c. Stent LAD and stage LCX with LM**
- d. Stent LAD and LCX and LM**

Case presentation

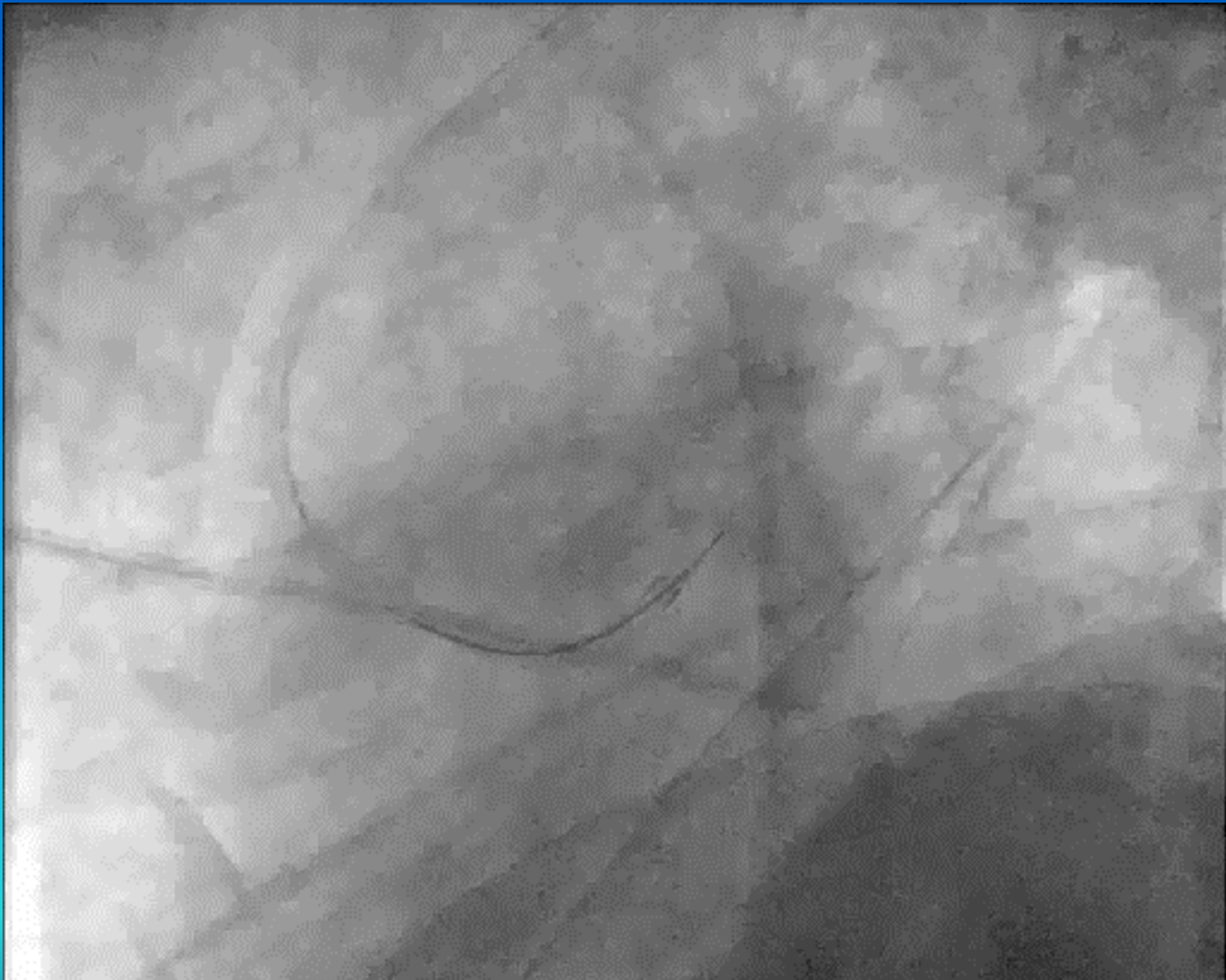
Which guiding catheter and guidewire would you prefer in this case?

Guiding catheter:

- a. EBU/XB/PB
- b. JL
- c. Other

Guidewire:

- a. Soft wire: HT Balance, BMW, Sion blue, Samuri, othera
- b. Intermediate wire: Pilot 50, Whisper, others



**JL 3.5 was inserted.
Pilot 50 wire was passed through LAD.**





1.5 mm balloon could not be passed through LAD



Case presentation

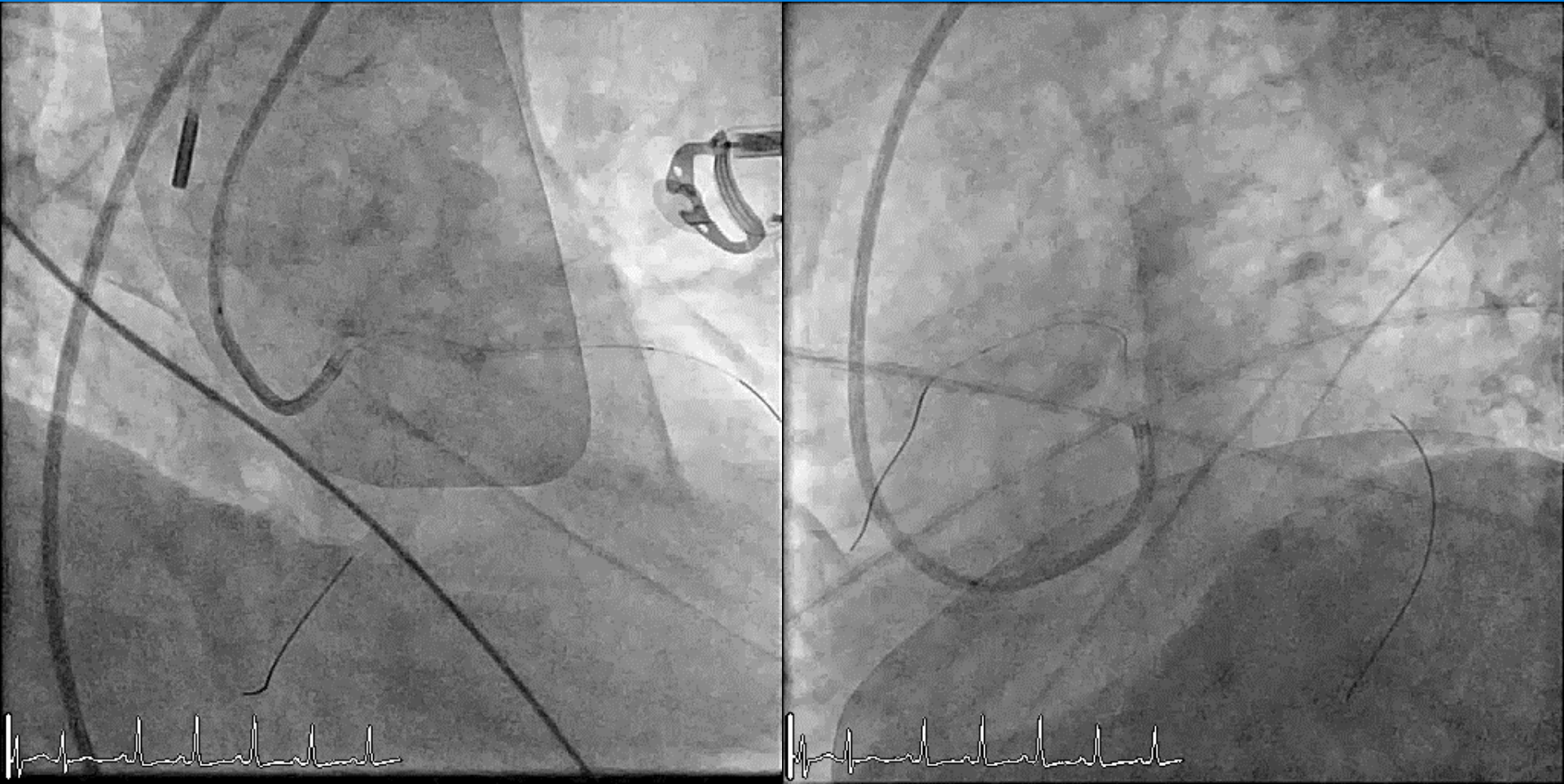
What's next?

- a. Smaller balloon**
- b. Back-up guiding catheter**
- c. Rotablator**
- d. Others**



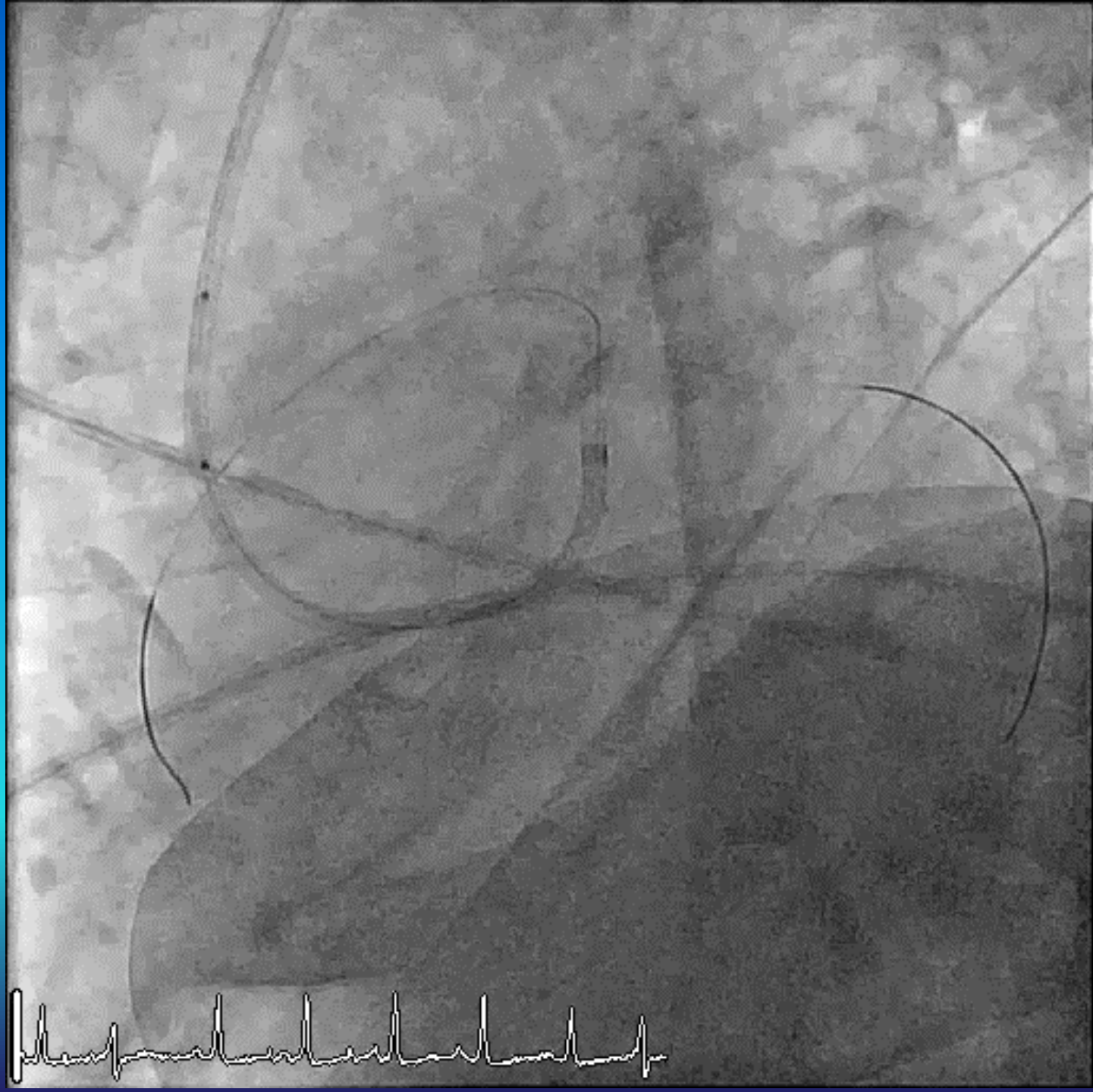
1.0 x 10 mm balloon

Angiogram after balloon dilatation





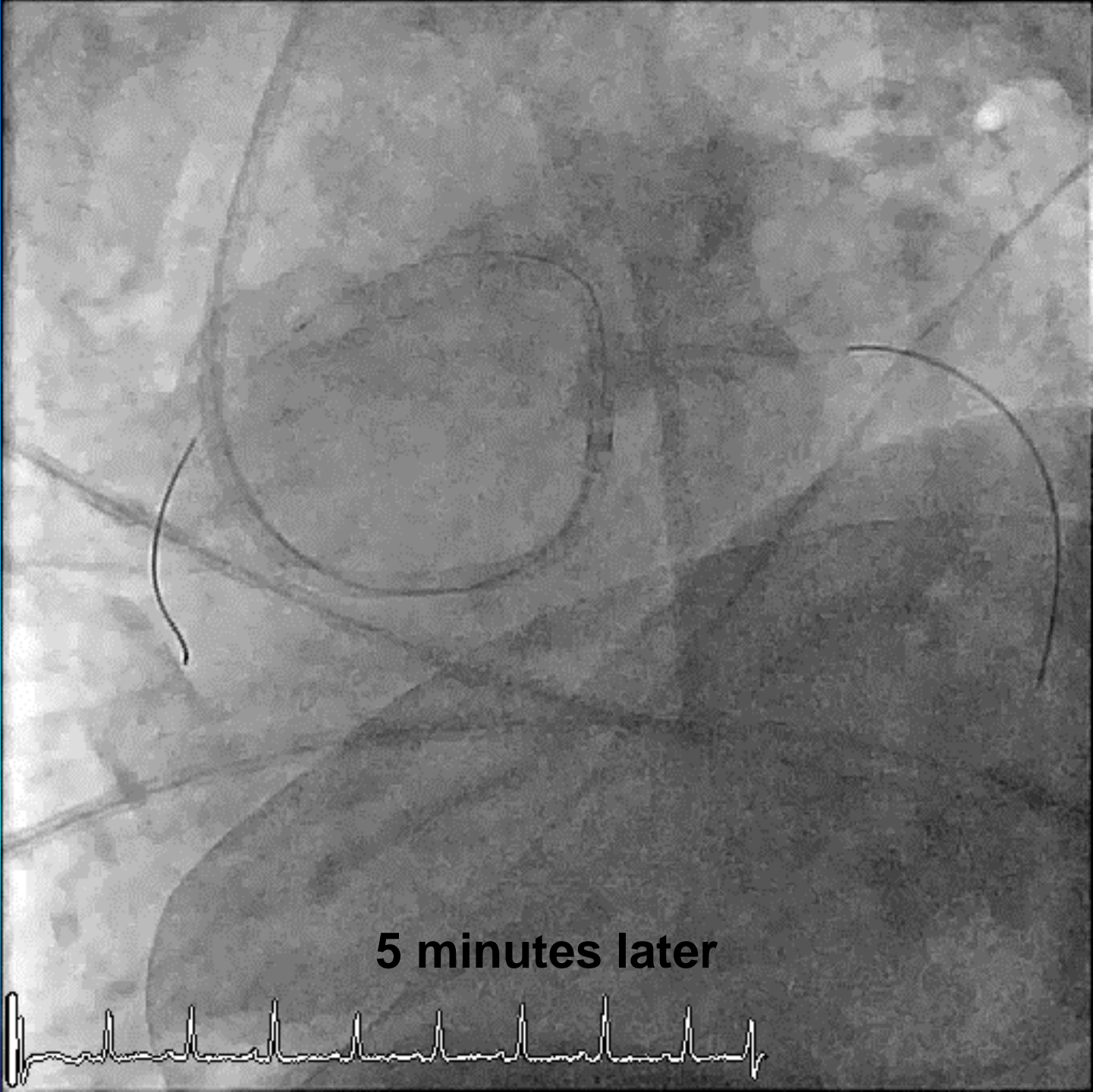
2.0 x 15 mm balloon



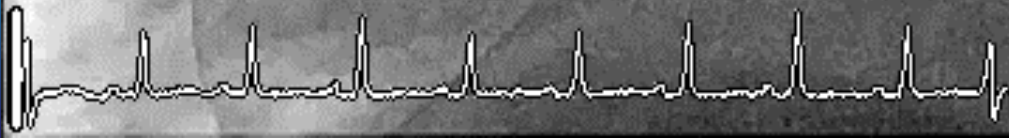
Case presentation

What's next?

- a. Wait for 5-10 minutes and repeat angiogram**
- b. Stenting from proximal LAD to ostium**
- c. Try to dilate with bigger balloon**
- d. Others**

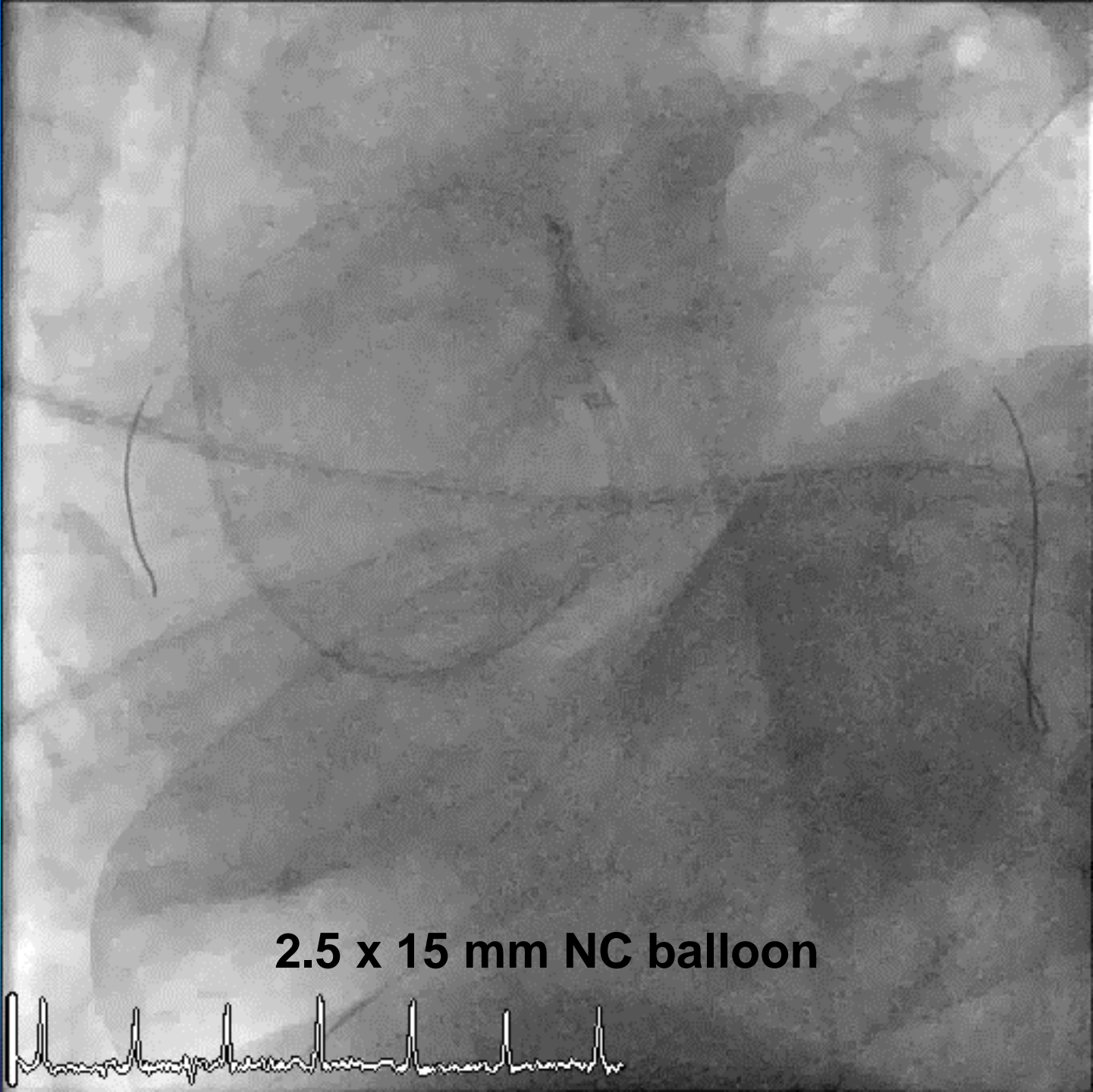


5 minutes later

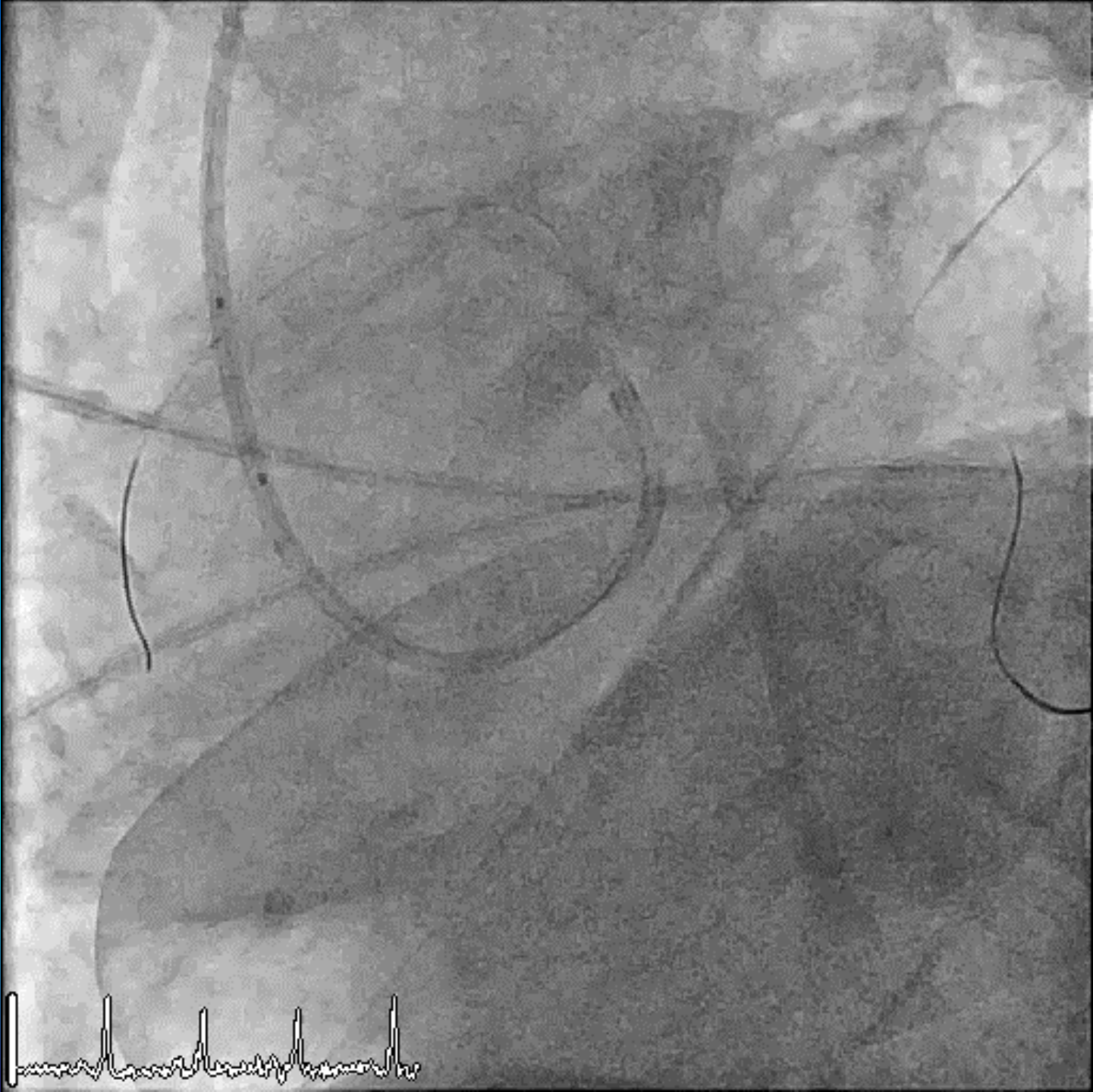


Case presentation

- **What's next?**
 - a. Re-dilate with bigger balloon**
 - b. Stenting from proximal LAD to ostium**
 - c. Call your good friend**
 - d. Refer to your enemy**



2.5 x 15 mm NC balloon

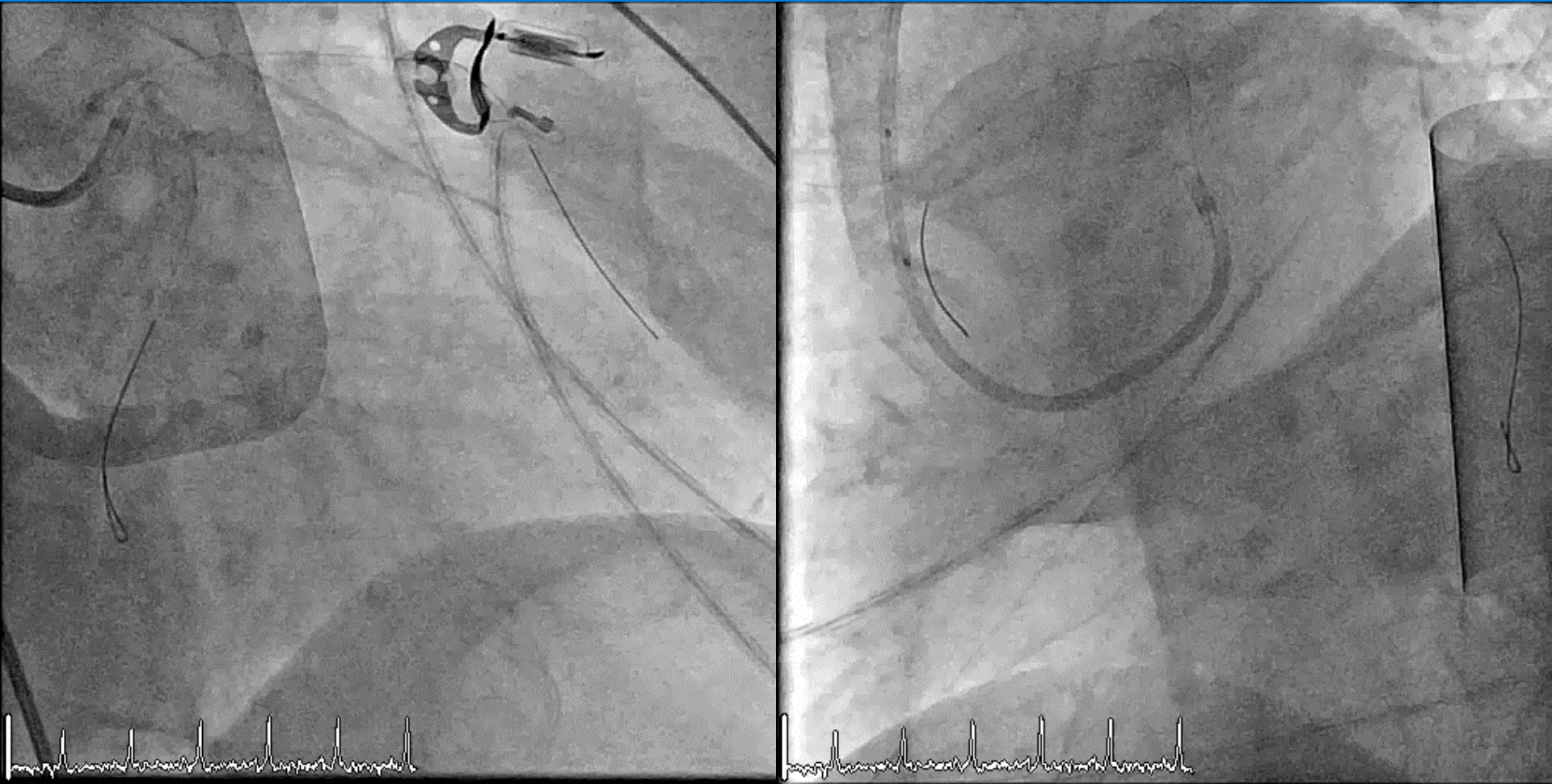


Case presentation

What's next?

- a. Re-dilate with bigger balloon**
- b. Stenting from proximal LAD to ostium**
- c. Call your good friend**

Final angiogram



Case presentation

- **Emergency CABG was done.**
- **ET tube was removed in the next morning.**
- **IABP was also removed in the following day.**
- **She was discharged after 11 days of admission.**

Case presentation

