Case Summary.
In complex scenarios like this, Management of thrombus burden is crucial. Thrombus containing lesion is associated with increased mortality, no reflow, distal embolization and migration of Thrombus into non-infarct related arteries. TIMI III flow in infarct related arteries should be the goal for successful outcomes. Mechanical interventions along with Intracoronary thrombolysis is a promising approach in young patients, with persistent large thrombus burden.

TCTAP C-003
5-in-6 Double Catheter Aspiration Technique in High Load of Thrombus AMI Case
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[CLINICAL INFORMATION]
Patient initials or identifier number. LDH
Relevant clinical history and physical exam. Male, 50yrs
  Risk factors:
    DM for more than 20y, heavy smoker for more than 10y, at least 10 per day.
    Hypertension for more than 20y without standard therapy.
    Persistent chest pain for 2h and was sent out to our patient department directly.
  CKMB:98 U/L,
  TNI: 0.612 ng/mL (0.0-0.02)
Relevant test results prior to catheterization. ECG elevated UCG shows that the inferior wall movement was abnormal.
  CKMB:98 U/L,
  TNI: 0.612 ng/mL (0.0-0.02)
Relevant catheterization findings. Prox-LAD total occlusion; LCX, RCA normal.

[INTERVENTIONAL MANAGEMENT]
Procedural step. As the thrombus burden is large, first we try to use normal manual blood thrombus aspiration but the result turns out to be not that satisfied after many attempt.
  So we try to us a 5-in-6 guiding catheter skill to try to remove the large blood thrombus and the result was quite acceptable after OCT scan 5F STO1 catheter in 6F BL3.0 catheter under the support and guidance of run through GW.
  Then, the pathology result of the thrombus show that the normal manual aspiration got RED thrombus, and the 5-in-6 catheter got WHITE thrombus.
It is important to reduce the thrombus burden to minimum during emergency PCI for AMI patients which is guarantee for better flow and better outcome. 5-in-6 double catheter aspiration technique is a useful way of thrombus aspiration compared with normal thrombus aspiration catheter in prox heavy burden thrombus situation. Judging from the pathology and OCT analysis we can say that normal aspiration catheter and 5-in-6 technique catch different thrombus. 5-in-6 technique is likely to catch larger and inflammation pale thrombus.