Case Summary. In conclusion, retrograde technique is one of choices to manage acute closure during PCI. PTCA for side branch before stent can prevent gel of side branch. IVUS is a good tool to check the patency of side branch.

TCTAP C-010
Successful Primary PCI in Acute Anterior Myocardial Infarction with Cardiogenic Shock and Thrombocytopenia
Zhen Guo Ji
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[CLINICAL INFORMATION]
Patient initials or identifier number. 2SL.
Relevant clinical history and physical exam. Female, 73-year old
Discontinuous precordial pain for 2 days and aggravated for 2 hours. Hypertension history for 30 years and colon cancer after operating for 3 years and stable.
Physical examination: T 35°C, P96, R22, BP 60/30 mmHg, upper and lower extremities were wet and cold. Wet rales were found in both bottoms of lung. Heart rate 96b/m. heart rhythm was regular.

Relevant test results prior to catheterization. ECG: ST elevation in V1-V6 leads.
UCG: aortic incompetency; abnormal anterior wall movement.
CK 912U, CK-MB 90U
Blood RT: PLT 260

Relevant catheterization findings. Left main artery -normal.
Right coronary artery -50-60% stenosis.
Left circumflex artery -normal.
Left anterior artery - total occlusion in mid-LAD.
**Procedural step.** Acute left ventricular dysfunction was treated with intra-aortic balloon pumping (IABP) before PCI. It was highly effective in stabilizing the patient's blood pressure and improving cardiac function.

Access artery: right radial artery
Guidewire: Runthough NS
Guidcatheter: JL3.5
Balloon: Boston Marvarick 2.0/15
Stent: Xience V 2.75/23, 2.75/18
BP 100/60 mmHg (IABP), HR 90b/m after PCI.

The progressive reduction of platelet count from \(260 \times 10^9/L\) (Aug 7) to \(27 \times 10^9/L\) (Aug 12). IABP was stopped at Aug 9 when platelet count was \(68 \times 10^9/L\). The Low molecular weight heparin was stopped on Aug 12.
Case Summary. The patient recovered well. It is felt that IABP should be used as early as possible when patient’s pump function was severely destroyed. Heparin-induced thrombocytopenia (HIT) is the development of thrombocytopenia (a low platelet count), due to the administration of various forms of heparin. The early thrombocytopenia was relative to IABP.

TCTAP C-011
Stent Thrombosis That Long Inflation Using Perfusion Balloon Was Effective to Manage the Large Amount of Thrombus
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[CLINICAL INFORMATION]
Patient initials or identifier number. K.H.
Relevant clinical history and physical exam. A 58-year-old man was admitted to our hospital due to chest pain. His coronary risk factor was untreated diabetes. ECG showed ST elevation at II III aVF and Troponin I level was mildly elevated. He was diagnosed as ACS and emergency CAG revealed critical stenosis of proximal RCA. We placed drug-eluting stent and coronary flow was recovered (TIMI3). A half-day later, however, cardiac enzymes kept increasing and the patient was still hemodynamically unstable. CAG was performed again.

Relevant catheterization findings. At the initial CAG, right coronary angiogram showed critical stenosis of proximal RCA and left coronary angiogram showed severe stenosis at proximal left anterior descending artery, diagonal 1 and diagonal 2.

Relevant test results prior to catheterization. A half day after the initial PCI, electrocardiogram showed still ST elevation at II III aVF and echocardiogram showed akinetic motion of inferoposterior wall. Cardiac enzymes kept elevating.