obtain Thrombolysis in Myocardial Infarction (TIMI) grade 2 flow transiently. However, it was difficult to maintain good coronary flow due to the recoil of the true lumen and a bare metal stent (MULTI-LINK 83.0X23mm) was implanted in the mid-LAD, the site of dissection entry tear. Despite ballooning several times and additional one stent (Integrity 2.5X14mm) implantation, LAD was TIMI grade 0 flow from the distal site of stent. Since spiral dissection reached to the end of the LAD, it was not effective to implant any more stent or balloon angioplasty and we finished the PCI procedure.

Case Summary. Peak CK/CKMB levels were 6215/265 IU/L. The ACS brought severe pulmonary congestion and low left ventricular ejection fraction (30%), and we unfortunately confirmed fetal death after the PCI. Considering her serious general condition, immediate fetus delivery was hesitated. Since heart failure and consciousness level recovered rapidly and disseminated intravascular coagulation (DIC) progressed, finally the fetus was delivered by Caesarean section on the fourth day. The DIC state recovered after the delivery. SCAD is likely to occur in young menstruating women and pregnancy is the most well-established risk factor. However most of the cases occurred after the delivery and there are a few reports of the SCAD in the woman who was still pregnant. Although we lost the fetus, we could save the mother’s life with multidisciplinary treatments by cardiologists and gynecologists.

TCTAP C-141
High Risk Subsets Either to Treat with Aggressive PCI vs. Medical Management
Rajeev Garg1
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[CLINICAL INFORMATION]
Patient initials or identifier number. S
Relevant clinical history and physical exam. 87Y/f Presented with Acute AAMI window period 7 Hours, ongoing pain No arrhythmia. pt was in cardiogenic shock, BP 60 Systolic and pre-treated with briallinta 180mg, aspirin 150 and rosuvastatin 40 mg.
Relevant test results prior to catheterization. ECG shows QRBBB.
Relevant catheterization findings. CAG - Showed LAD ostial Cut-off, LCX and RCA are normal.
Procedural step. Problems - Pt was 87 years old with on-going chest pain, cardiogenic shock, the pt was high risk with advanced age thrombolytic was not given.

Advice Primary PCI with thrombo suction

Lesion was crossed with Renato 0.014" Guide wire with balloon support, two runs of Thrombo aspiration done, pt had experienced tachyarythemia during thrombo suction DC Verted with 200 Jous.

Implanted 3.0X28 Xience V implanted
Case Summary. Conclusion
Flow in LAD established, however lost the patient.
To discuss the further treatment options for such kind of pt population, what would be the best strategy to treat this kind of highly complex patients?

TCTAP C-142
Successful Percutaneous Coronary Intervention in the Old Patient with Severe Ischemic Heart Failure with 3 Vessel Disease Including 2 Chronic Total Occlusion
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1Cardiovascular Division, Saitama Citizens Medical Center, Japan; 2Jichi Medical University Saitama Medical Center, Japan

[Clinical Information]
Patient initials or identifier number. C. O

Relevant clinical history and physical exam. The case was an 86 years old female who had hypertension. She was transferred to our hospital because of dyspnea. Her blood pressure was 102 / 74 mmHg and heart rate was 102 bpm. Heart sound revealed systolic murmur in apex, and lung sound revealed bilateral coarse crackles.

Relevant test results prior to catheterization. The chest X ray showed butterfly shadow and cardiomegaly. Echocardiography revealed severe impairment of left ventricular. The electrocardiogram showed ST elevation and abnormal Q in V1-3 lead and ST depression in V5-6. We diagnosed her for ischemic heart failure and performed coronary angiography.

Relevant catheterization findings. The angiogram showed the occlusion in ostium of left anterior descending artery (LAD) and mid potion of right coronary artery (RCA), and severe stenosis of proximal of left circumflex artery (LCX).