Case Summary. ELCA is a revascularization device that vapors thrombus and caused the “stunned platelet” phenomenon, in addition to its debulking effect on atherosclerotic plaque. Previous report demonstrated the usefulness of ELCA in acute myocardial infarction (AMI). Having experienced the case of AMI of LMT this time, we reported the usefulness of ELCA without any flow limitation of coronary artery.

TCTAP C-014
Stubborn Thrombus in a Case of STEMI - Taming of the Shrew
Uday Khanolkar,1 Biju Ephrem1
1Apollo Victor Hospital, India

[Clinical Information]
Patient initials or identifier number. 1111

Relevant clinical history and physical exam. 62 year old diabetic presented with Acute IWMI and was thrombolysed with Streptokinase at a peripheral hospital.

Immediate Post Thrombolysis, patient went in to Cardiogenic Shock.

On admission his Heart rate was 96 / minute, Blood Pressure was 70 mmHg Systolic and saturation was 90% on room air.

Relevant test results prior to catheterization. Electrocardiogram showed persistent ST Elevation in Inferior leads. Echo showed good LV Systolic function, RV Dilatation and hypokinesia of RV free wall. Patient was put on IABP and Ventilator support.

Relevant catheterization findings. Left coronary angiogram revealed normal Left Main, Left anterior descending artery and Non Dominant Left Circumflex Artery.

Right coronary angiogram showed complete Thrombotic occlusion of Mid RCA (Video 1)
Procedural step. RCA was cannulated with 6 FrJR and lesion was crossed with 0.014" x 190cm Cougar XT (Medtronic, Minneapolis) guidewire. Multiple unsuccessful attempts were performed to aspirate the thrombus. A 3.0 x 12 mm Balloon (Maverick, Boston Scientific, and Natick) was used in vain to dilate the lesion and disrupt the thrombus. Intracoronary Sodium Nitroprusside was administered (100 mcg) into Distal RCA without success (Video 1).

Intracornary Abciximab (Bolus of 0.25 mg /Kg) was administered without any angiographic clearance of the thrombus. Hence, IV infusion of Abciximab (0.125 mcg /Kg/ mnt over 12 hours) was administered. Repeat Coronary angiogram (Video 2) showed TIMI 111 Flow with residual obstructive plaque at Mid RCA. Lesion was successfully stented with 3.0 X 15 mm Stent (Endeavor Resolute, Medtronic, Minneapolis) and final angio (Video 3) showed excellent result.

Case Summary. In some patients of STEMI, the intracoronary thrombus may be difficult to clear by any single or multiple methods of thrombus dissolution/aspiration available to us and would require unconventional strategies for successfully establishing normal coronary flow. The difference in clearance of the thrombus could be because of age of the thrombus, quantity of the thrombus, clogging/spasm of the micro circulation or multiple distal lesions/ectasia of the coronary artery.