TCTAP C-001
Acute Coronary Syndrome (ACS) with Three Vessel Occlusion
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[CLINICAL INFORMATION]
Patient initials or identifier number. T.F.
Relevant clinical history and physical exam. A 43-year-old male who had already been diagnosed with diabetes mellitus and dyslipidemia, was referred to our hospital because of chest oppression and electrocardiogram (ECG) abnormalities.
On arrival findings, his blood pressure was 112/69 mmHg, his heart rate was 91 bpm. There were coarse crackles in both sides of lung field. S3 was heard.
Relevant test results prior to catheterization. ECG showed QS pattern and ST elevation in V1-3 leads, abnormal Q wave and ST elevation in II/III/aVF leads.
Ultrasound echocardiography (UCG) showed the ejection fraction was approximately 20%, and there was left ventricular thrombus. These findings indicated ACS due to multi-vessel coronary disease.
Relevant catheterization findings. Coronary angiography (CAG) showed total occlusion of proximal left anterior descending coronary artery (LAD), proximal right coronary artery (RCA), and proximal left circumflex artery (LCX). There was only collateral circulation from diagonal branch.

[INTERVENTIONAL MANAGEMENT]
Procedural step. At first, we performed percutaneous coronary intervention (PCI) to RCA with intra aortic balloon pumping (IABP) support. We implanted three stents in RCA lesion. Next day, we performed PCI to LAD with the kissing balloon technique (KBT) and implanted one stent. After the weaning off IABP and improving heart failure, he underwent myocardial perfusion scintigraphy, and this revealed ischemia at LCX lesion. We performed successful PCI to LCX and implanted two stents. Then, there was no in-stent restenosis (ISR) when he underwent coronary angiography (CAG) after 6 months of their operations.

Case Summary. We experienced a case of ACS involving extremely severe ischemic heart disease. In patients with three vessel occlusion, aggressive coronary intervention could rescue and help the patient to return to work.

TCTAP C-002
Primary Percutaneous Coronary Intervention in Acute Anterior Wall Myocardial Infarction with Cardiogenic Shock Due to Left Main Coronary Artery Thrombus
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[CLINICAL INFORMATION]
Patient initials or identifier number. AK
Relevant clinical history and physical exam. Clinical History: 31 Years, Male, Non DM, Non HTN, Smoker
Chief Complaints: Retrosternal chest Pain, Pain radiating to Precordium associated with sweating and shortness of Breath
Clinical Examination:
Pulse 100 / min, BP 70/50 mmHg,

Relevant test results prior to catheterization. Respiratory rate 22/min, RS Bilateral rales upto 25% of Lung fields, CVS-S1 S2 normal
2D Echo: Akinetic LAD territory, Severe LV systolic dysfunction, LVEF 30%, Grade III diastolic dysfunction, No mechanical complications
Relevant catheterization findings. Intra Aortic Balloon Pump inserted, I.V Heparin 5000 I.U, IV Tirofiban 30mcg/Kg bolus and 0.15 mcg /kg/