

Transradial primary PCI in anomalous RCA with JR 6 Fr catheter



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A 63-year-old diabetic male presented with acute STEMI (IWMI) with hypotension and bradycardia. Coronary angiogram done via right femoral route with TPI back up and inotrope support. CAG revealed normal left coronaries, however right coronary was anomalously arising from left sinus and showed total thrombotic occlusion of the proximal segment. Attempts to cannulate the RCA with AL, AR, JL or MP failed so changed to right radial route and finally succeeded with Judkins right guide catheter with poor back up. Guide support reinforced with anchor balloon and buddy wire. Thrombosuction done with export catheter aspirated large amounts of thrombus. Abciximab infusion started. Lesion stented with 4.0 by 33 mm DES and TIMI 3 flow achieved. Patient became hemodynamically stable and sinus rhythm restored next day. The patient was discharged on the 4th day.

Anomalous RCA is rare (0.9%) and there are few case reports of acute MI in such cases which have been done with various catheters as AL, AR, JL, Voda, or MP.

This may be the first reported case of successful PCI in anomalous RCA with JR catheter.

In acute STEMI, time is of utmost importance and decisions have to be made fast. As such threshold to change hardware should be low whenever conventional catheters fail and one should try all tricks in such situations for a successful PCI and patient outcome.

by percutaneous techniques without the need for extensive surgery.

Massive hematuria due to congenital renal arteriovenous malformation successfully treated by renal artery embolization



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Background: Congenital renal arteriovenous malformations (AVMs) are very rare benign vascular lesions and a rare cause of massive hematuria. They are more common in females, with right kidney as the most frequent site. These lesions are never entirely cured and may recur because of their complexity.

Method: A 46-year-old man presented with massive hematuria and recurrent episodes of urinary retention. CECT and MRI abdomen revealed left renal pelvis and upper ureter wall thickening which initially led to the suspicion of transitional cell carcinoma (TCC) of upper tract. Retrograde studies could not reveal any filling defect in renal pelvis. Urine cytology was negative. In view of persistent hematuria patient underwent selective left renal arteriography, which revealed AVM's involving posterior segmental branch and successful selective transcatheter embolization of the feeding vessel was performed using embolization coils. He again developed gross hematuria on 7th post-procedure day and left renal angiogram revealed new multiple feeding vessels from left anterior segmental artery and left renal artery which was not present in previous angiogram. Coil embolization followed by gel foam embolization was done to left renal artery. Hematuria resolved postprocedure and postembolization syndrome was conservatively managed.

Conclusions: This case highlights selective renal arteriography as both diagnostic and therapeutic modality for massive hematuria from congenital renal AVM's. Coil and gel foam embolization are safe, effective and inexpensive measures for the treatment of life threatening hemorrhage from renal AVMs.

Left submandibular arteriovenous malformation successfully treated by coil embolization



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Background: Arteriovenous malformations (AVM's) are congenital, pathological direct communications between arteries and veins that bypass capillaries and become evident later in life. These rare lesions, unless suspected may present with life threatening complications. Percutaneous coil embolization technique can be used for its successful treatment.

Method: A 16-year-old boy presented with a soft, pulsatile swelling in the left submandibular region measuring 6 cm × 4 cm with no buccal cavity involvement. CECT face and MR angiography performed at another institution revealed AVM's with arterial feeding vessels from left external carotid artery (ECA) and venous drainage into left internal jugular vein (IJV). Elective preoperative arterial embolization followed by surgical excision was originally planned. Digital Subtraction Angiography (DSA) was performed under local anesthesia using right femoral arterial puncture. Selective left ECA angiogram revealed high flow mandibular AVM supplied by two branches of facial artery and drained by the retromandibular vein into left IJV. Facial artery was selectively catheterized using JR4 catheter; angiogram and DSA was done for optimal catheter position and sizing. Two MREYE coils (5 mm) were deployed in left facial artery. Repeat angiograms done confirmed continued closure of the AVM and resolution of the swelling.

Conclusions: Preoperative intraarterial embolization can substantially reduce intraoperative hemorrhage during surgical resection. This case shows that mandibular AVM'S may be effectively treated

Long-term (4-year) outcomes after percutaneous coronary intervention with the 38-mm length resolute zotarolimus-eluting stent: RESOLUTE ZES 38-mm substudy



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Background: Given the low rates of adverse cardiovascular events associated with current-generation drug eluting stents (DES), patients are being treated for percutaneous coronary intervention in ever-more complex cases, including diffuse coronary artery