An Occlusive Coronary Hematoma 5 Days After Balloon Angioplasty

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[Clinical Information]
Patient initials or identifier number: K.S.

Relevant clinical history and physical exam:
A 63 year-old man with worsening angina pectoris was transferred to our hospital because of severe chest pain unrelieved by nitroglycerin. His coronary risk factors were hypertension, smoking, and family history.

Relevant test results prior to catheterization:
His electrocardiogram and echocardiogram were normal, and cardiac enzymes were not elevated.

Relevant catheterization findings:
Emergency coronary angiograms revealed severely stenotic lesions in proximal and mid portions of the right coronary artery.

[Interventional Management]
Procedural step:
A 6Fr JR4 guiding catheter was engaged at the ostium of the right coronary artery and a floppy guide wire was inserted. We dilated both the lesions with a 3.0x10mm scoring balloon (Scoreflex), and deployed a 3.5x19mm bare metal stent (Coroflex) in the proximal lesion.

Case Summary:
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First catheterization findings and treatment
Emergency coronary angiograms revealed severely stenotic lesions in proximal and mid portions of the right coronary artery. A 6Fr JR4 guiding catheter was engaged at the ostium of the right coronary artery and a floppy guide wire was inserted. We dilated both the lesions with a 3.0x10mm scoring balloon (Scoreflex), and deployed a 3.5x19mm bare metal stent (Coroflex) in the proximal lesion. Intravascular ultrasound findings showed a good result in the proximal lesion and only a minor dissection in the mid lesion.

Second catheterization findings and treatment
He had severe chest pain again 5 days after the treatment, and the electrocardiogram demonstrated ST-segment elevation in the inferior leads. Emergency coronary angiography revealed a sub-total occlusion in the mid portion of the right coronary artery, where the minor dissection had located in. Intravascular ultrasound findings demonstrated an occlusive hematoma, and then we covered the hematoma with a 3.4x19mm bare metal stent (Coroflex). The final angiogram showed a good result.

Hanging Left Main Stent in Aorta in a Case of Acute STEMI with Shock with Left Main Thrombus

Anurag Sharma
Max Hospitals, Mohali, India

[Clinical Information]
Patient initials or identifier number: Laxman singh

Relevant clinical history and physical exam:
83 Y

[Interventional Management]
Procedural step:
PCI Details:
Right femoral approach
IABP from left femoral approach
Judkins Left 3.5 guiding catheter
Rinato coronary wire
Thrombuster thrombus aspiration device 6F
3.0 X 28 XIENCE V stent
Overlapped by 2.74 X 26 supraflex stent
Instant dilatation with 3.5 X 8 MM balloon at 20 ATM.

Case Summary:
83 years old gentleman, presented to our emergency room with sweating, chest pain and giddiness while going for the evening walk.
He is non smoker, non hypertensive and non diabetic.
His BP WAS 80 mm Systolic, Chest examination showed bilateral crepitations and room air saturation was 92%.
ECG showed ST elevation in anterior leads including I, AVL, AVR and ST depression in II, III and AVF:
2d Echo doppler showed severe LV systolic dysfunction and severe MR.
He was taken up for immediate PCI.
IABP was inserted and pt put on the high flow oxygen and PCI was done to left main and LAD.
Patient recovered well and then discharged on day 4.

Successful Treatment of Prolonged Out-of-hospital Cardiac Arrest with Automatic Mechanical Chest Compression Device and Intra-arrest Primary Percutaneous Coronary Intervention

Cyril Stechovsky, Petr Hajek, Josef Veselka
Motol University Hospital, Czech Republic

[Clinical Information]
Patient initials or identifier number: P.G., J.S.

[Interventional Management]