

"SWITCH"

Of Antiplatelets

How crucial can

it get ?



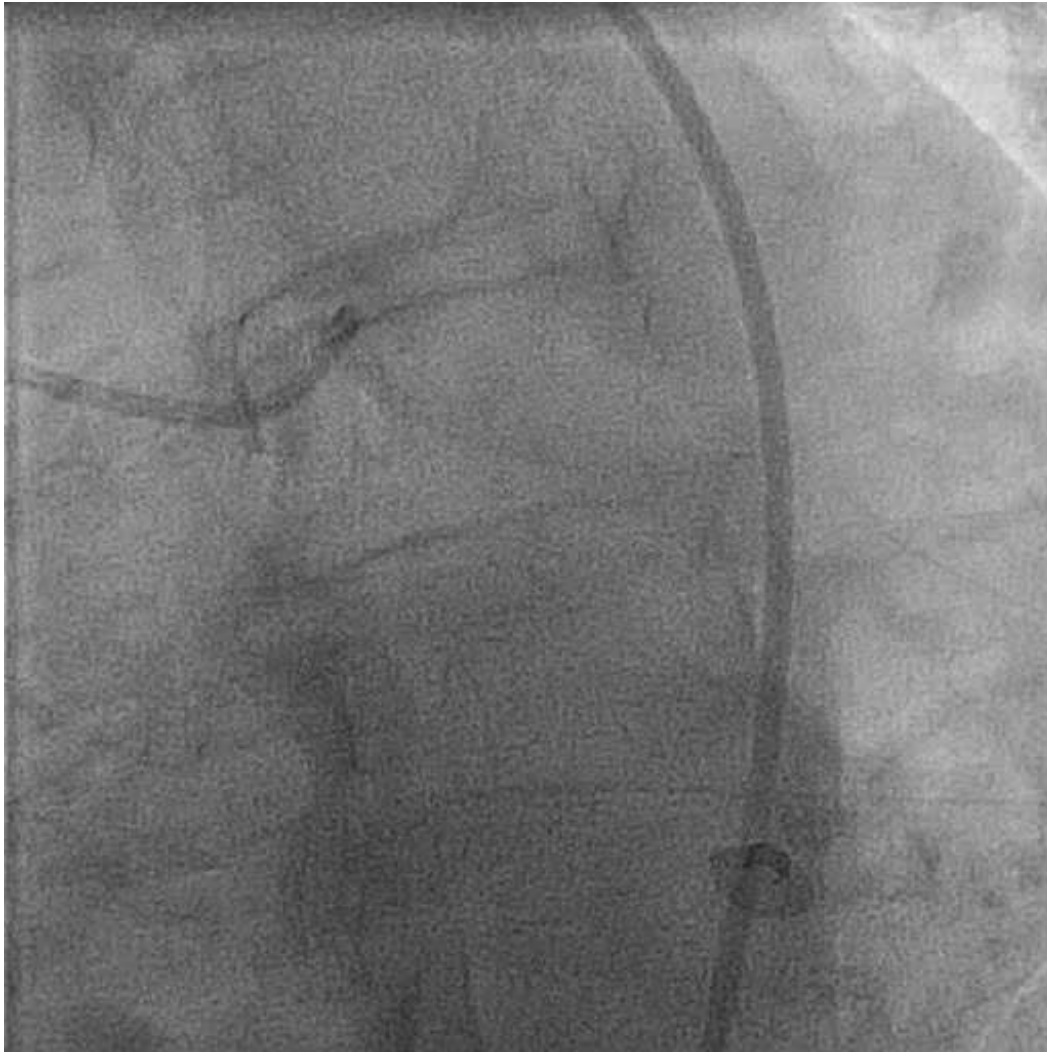
Dr. Shirish (M.S.) Hiremath

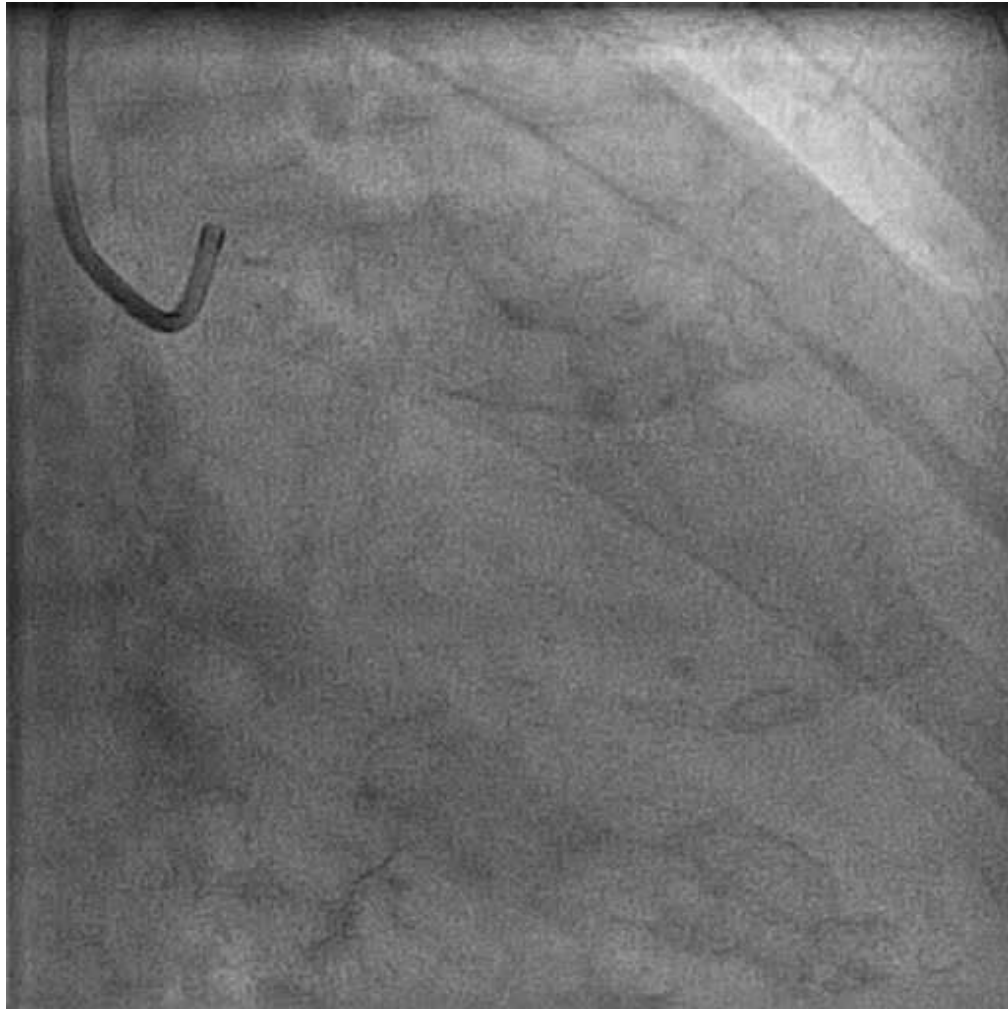


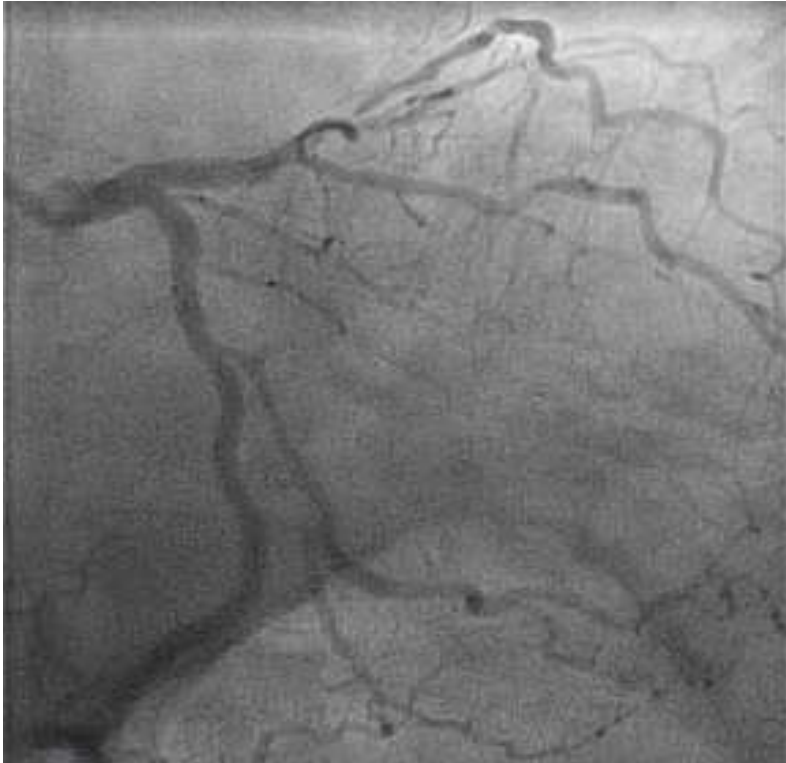
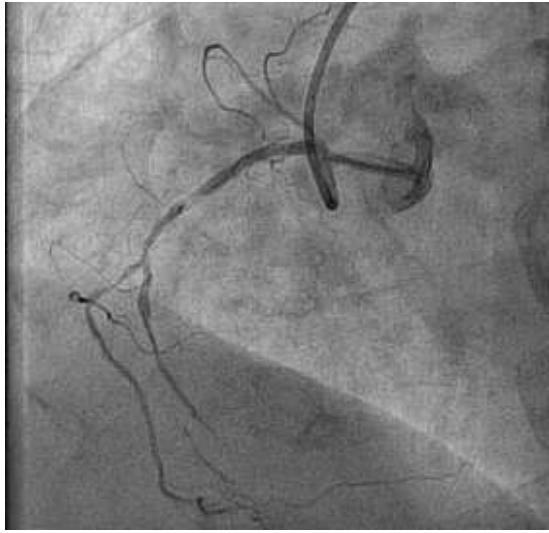
Director Cath Lab
Ruby Hall,
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- ▶ **65 Yrs / Female**
- ▶ **K/C/O HTN , DM II , Obesity**
- ▶ **Suffering from Chronic Stable Angina**
- ▶ **Coronary Angiography revealed T V D**
 - RCA - Non dominant**
 - LAD - D1 and LCX - OM1 Bifurcation lesion**
- ▶ **Advised - CABG**





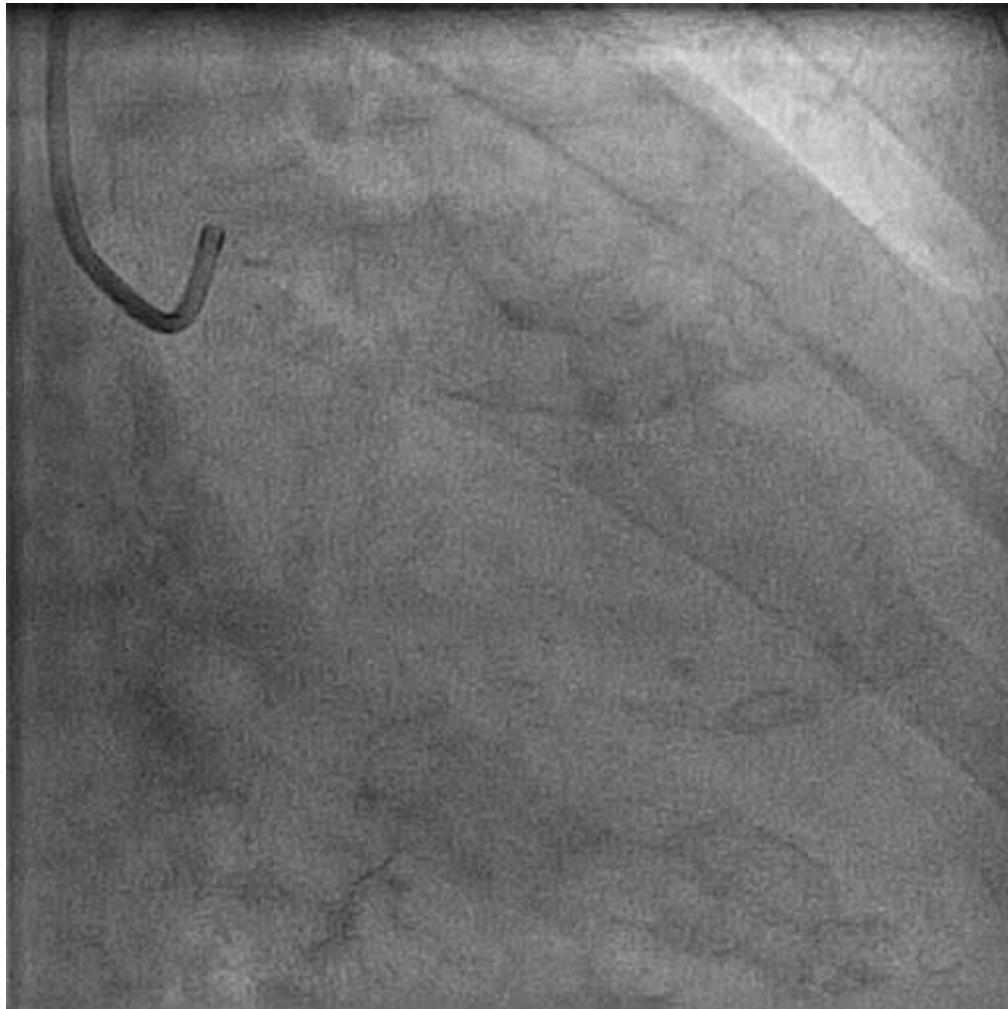


- ▶ Patient and Family were ready for CABG and schedule for surgery next week
- ▶ Unfortunately patient developed “ Intrapituitary Hemorrhage”
- ▶ “Sheehans Syndrome”
- ▶ Endocrine problems were worsened and pt put on Cortisol therapy , finally Neuro Surgery
- ▶ Medical management for Angina was stepped up
- ▶ BUT -----
- ▶ After 6 months her Angina worsened and she could barely walk
- ▶ DM II and Obesity worsened

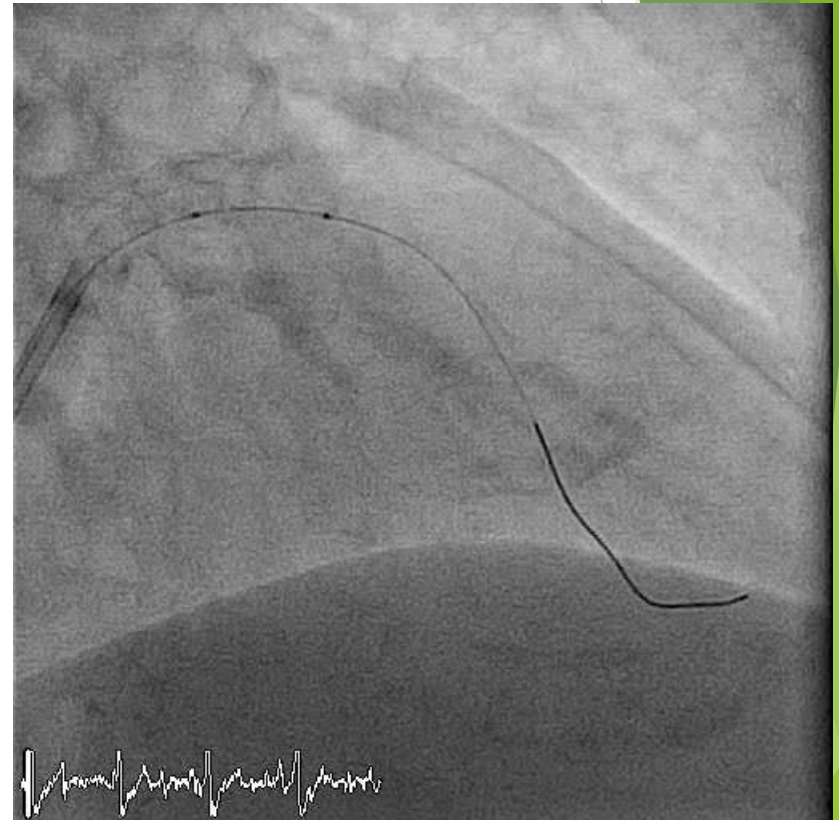
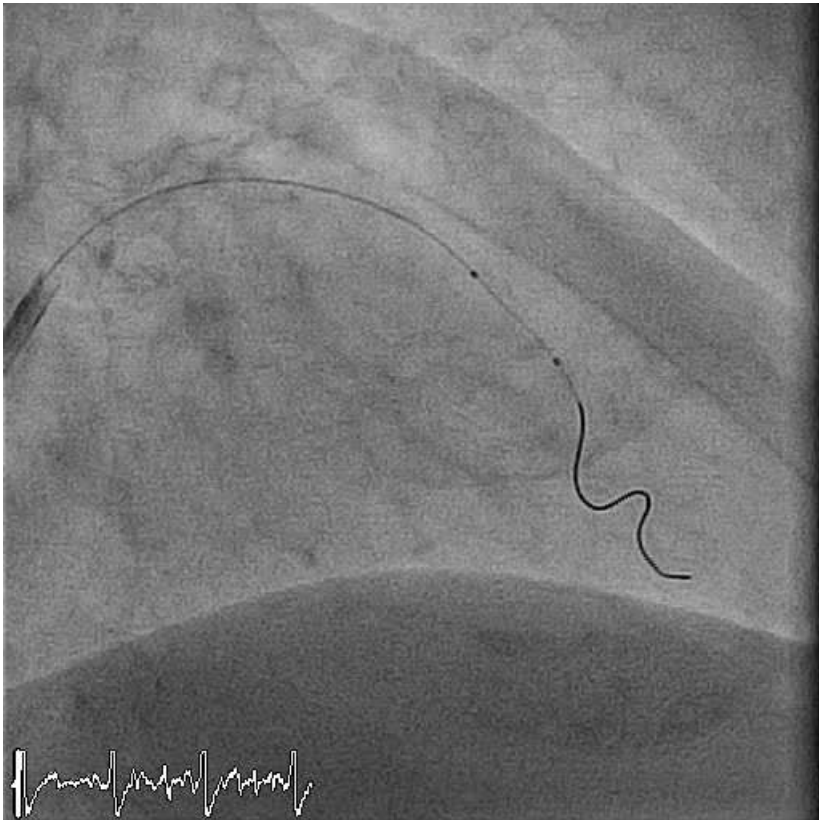
- ▶ Referred for CABG again ,
- ▶ But Surgeons refused to operate considering Pre-Op high risk and postop wound healing issues

Hence, plan for PTCA

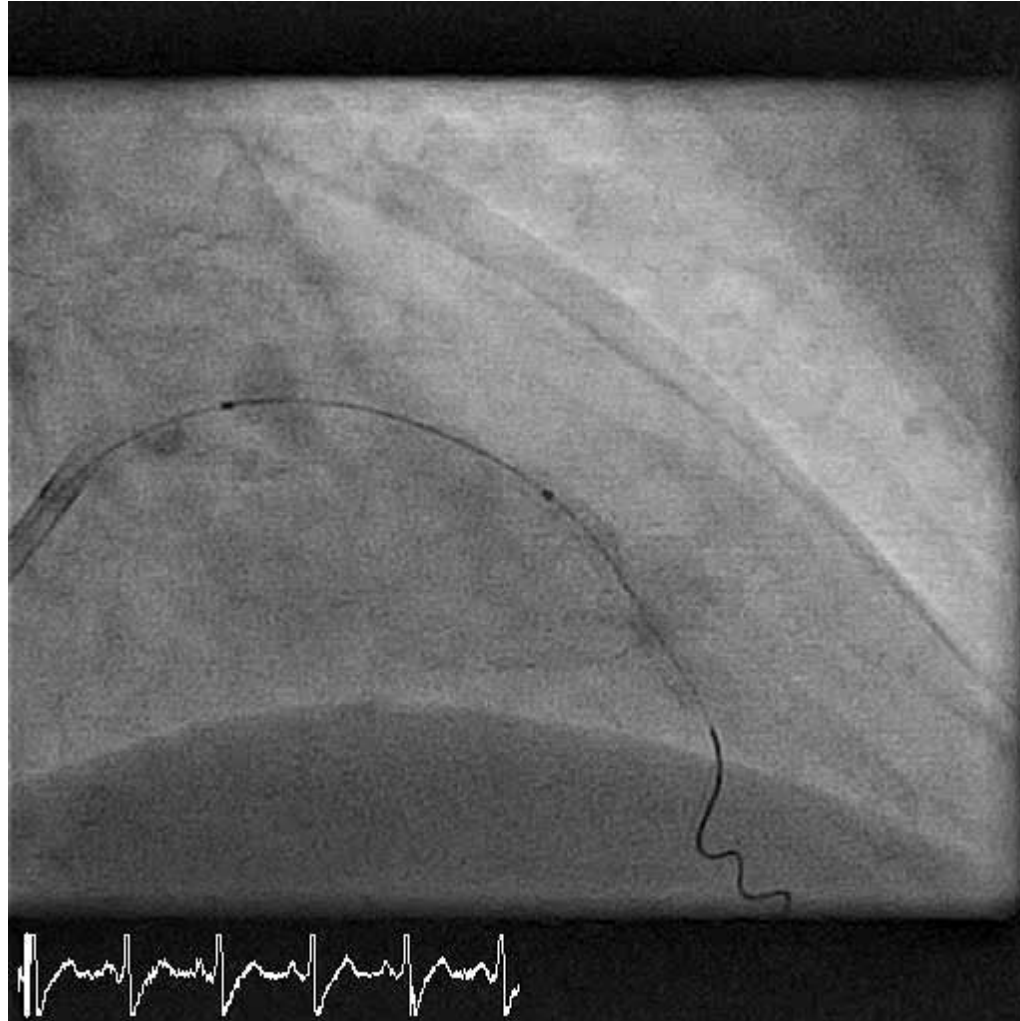
- ▶ LAD - DIAGONAL Bifurcation stent
- ▶ LCX - OM which is tortuous , and dominant LCX was treated with ‘ Provisional Stenting ‘ [Balloon Dilatation]



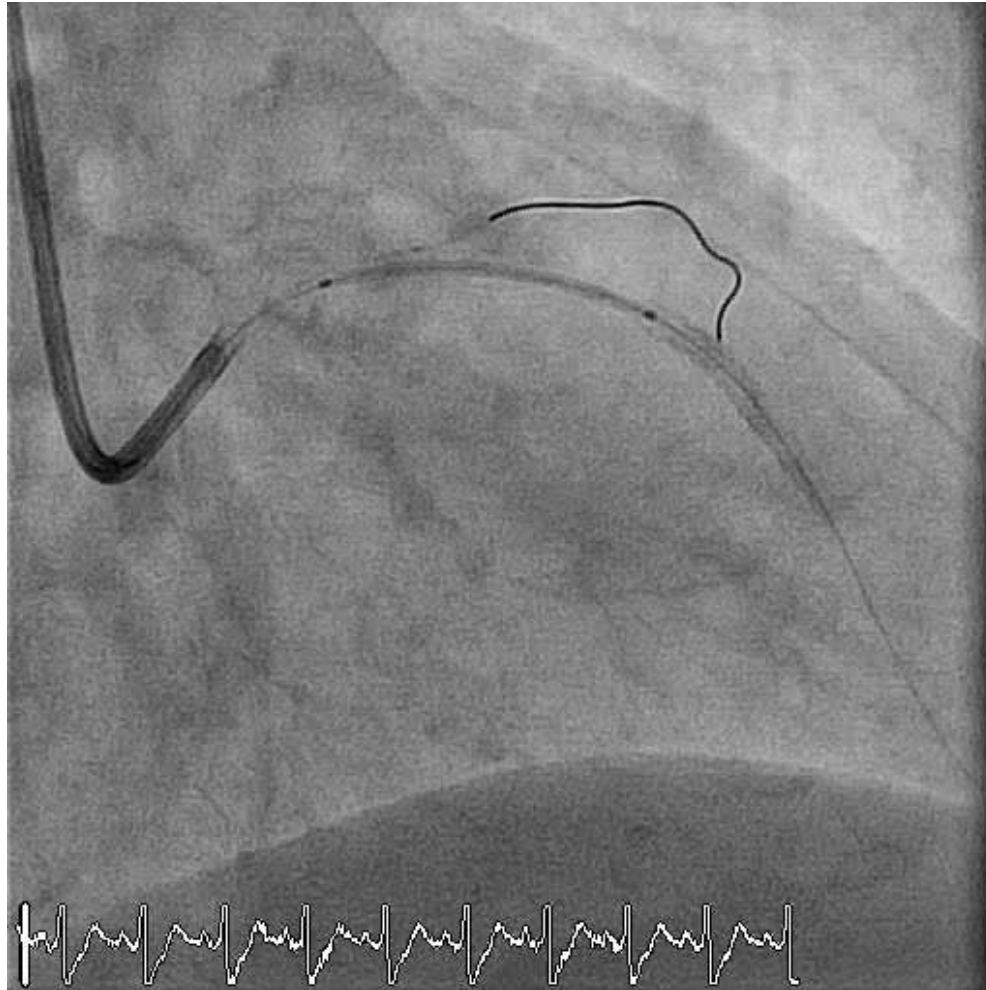
Predilated



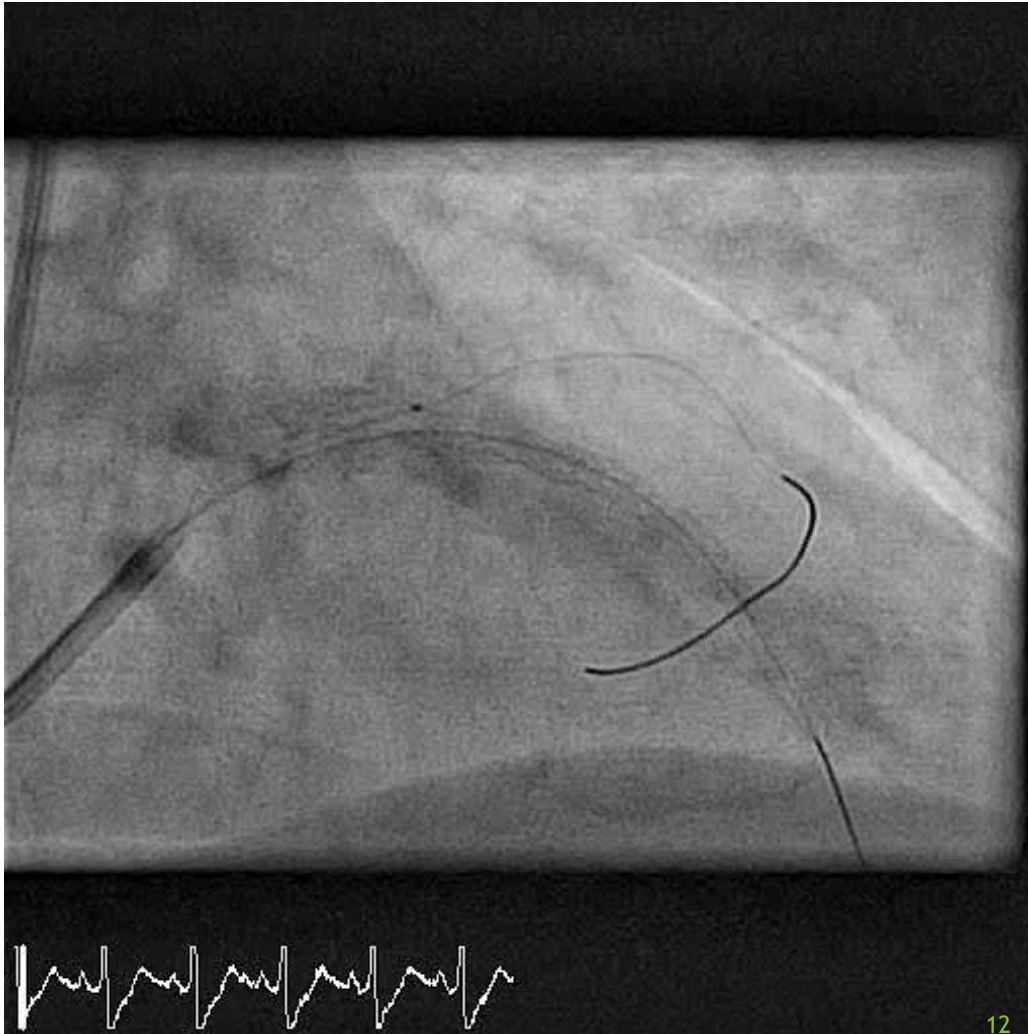
1st stent Deployed



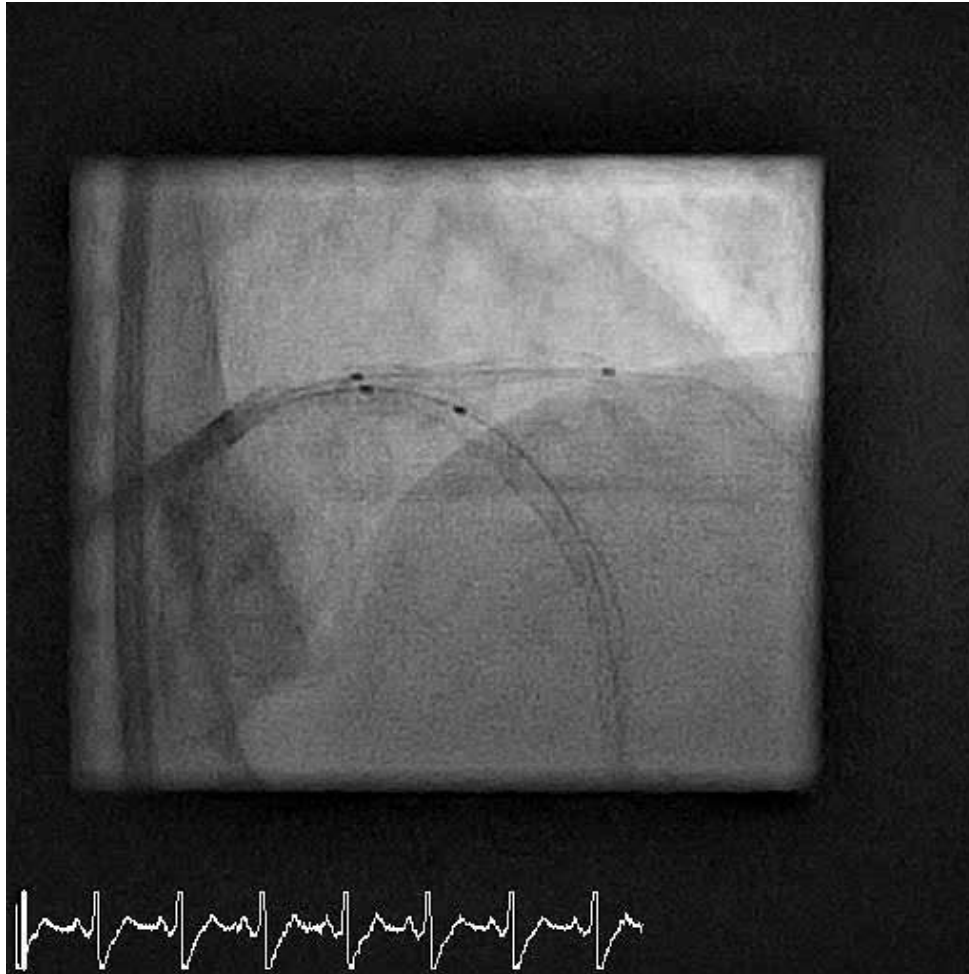
2nd stent placed & deployed

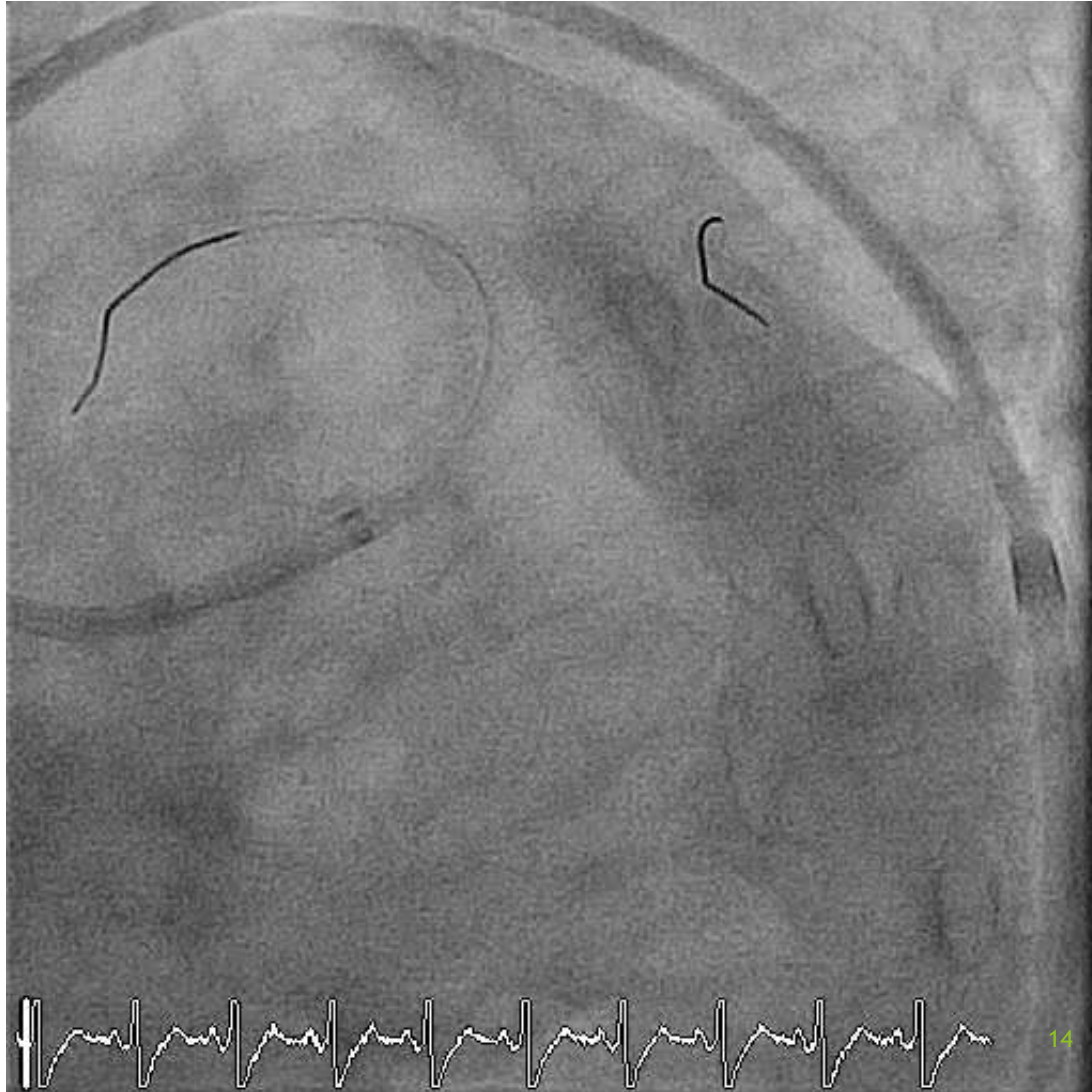


Made passage for D1 stent

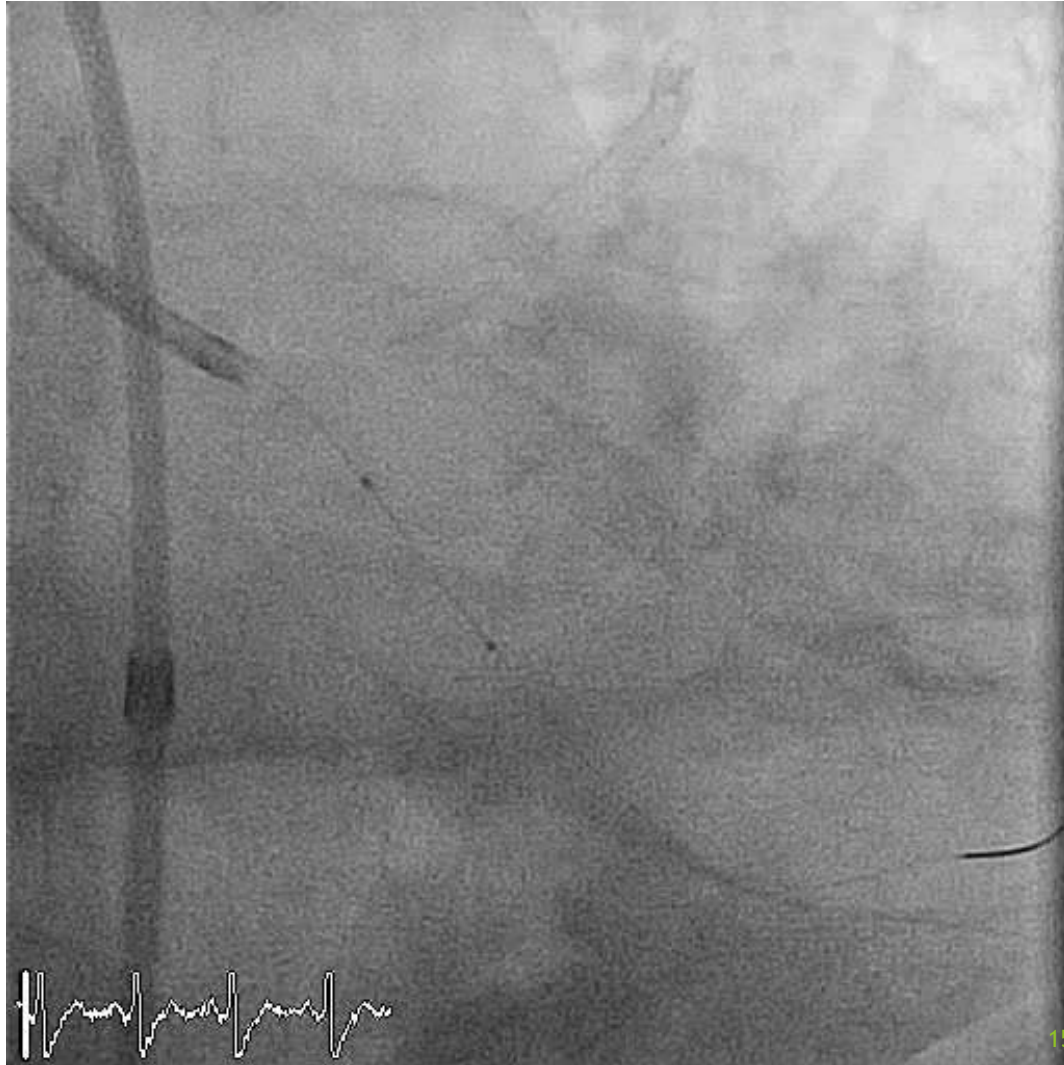


D1 stent placed & deployed

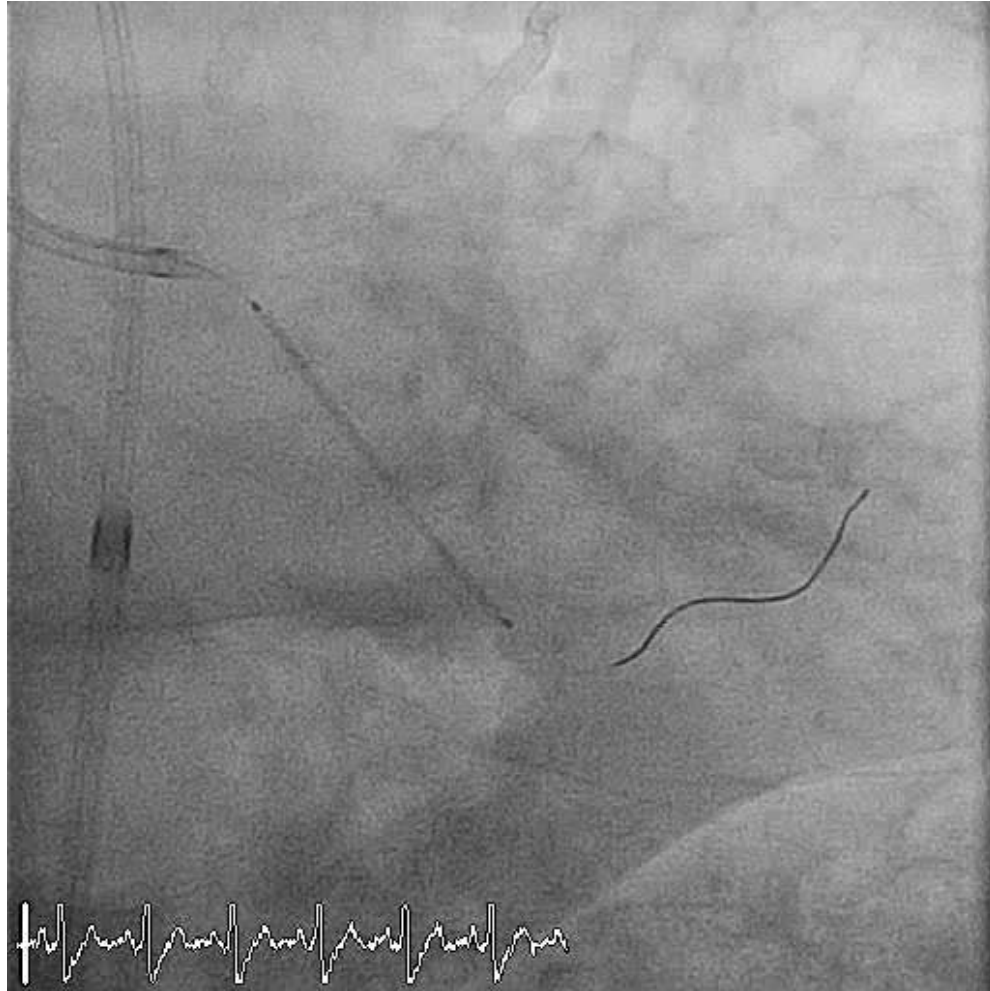


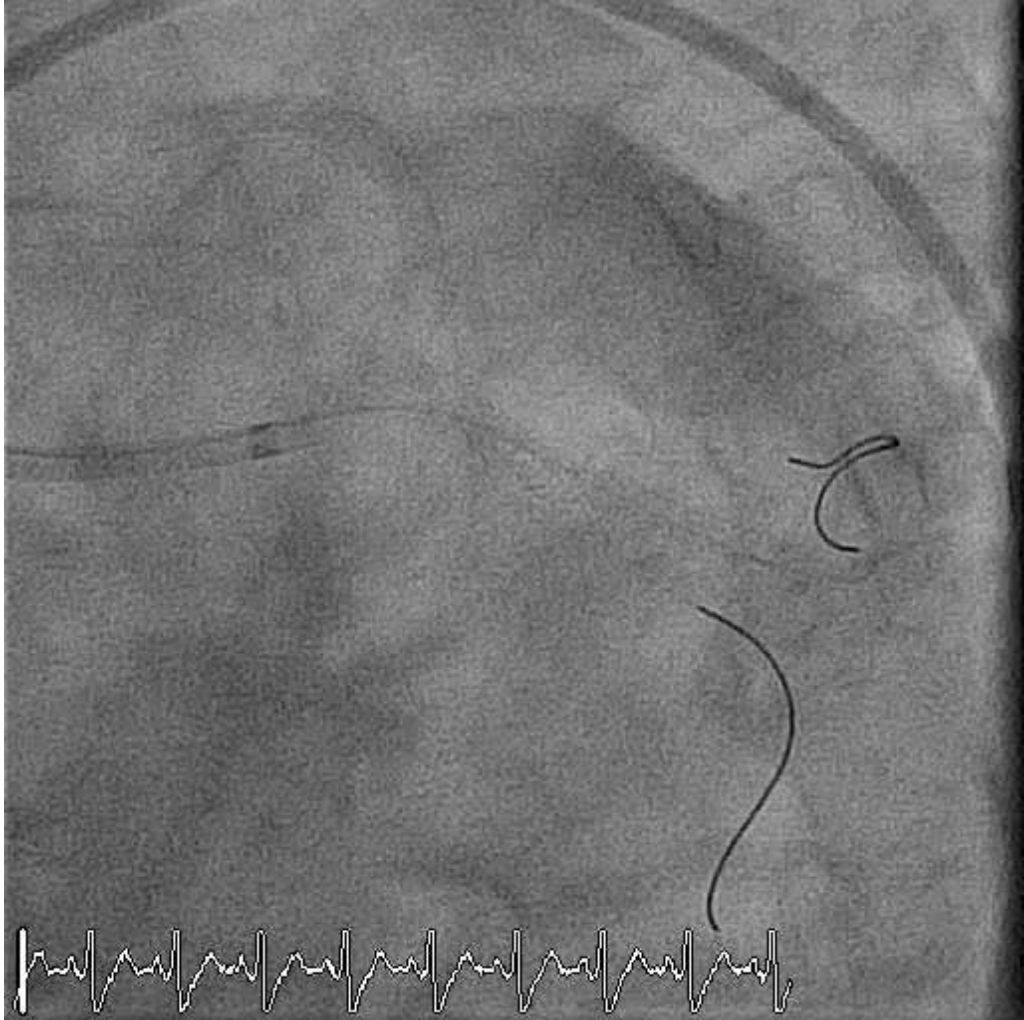


LCX- OM Predilated

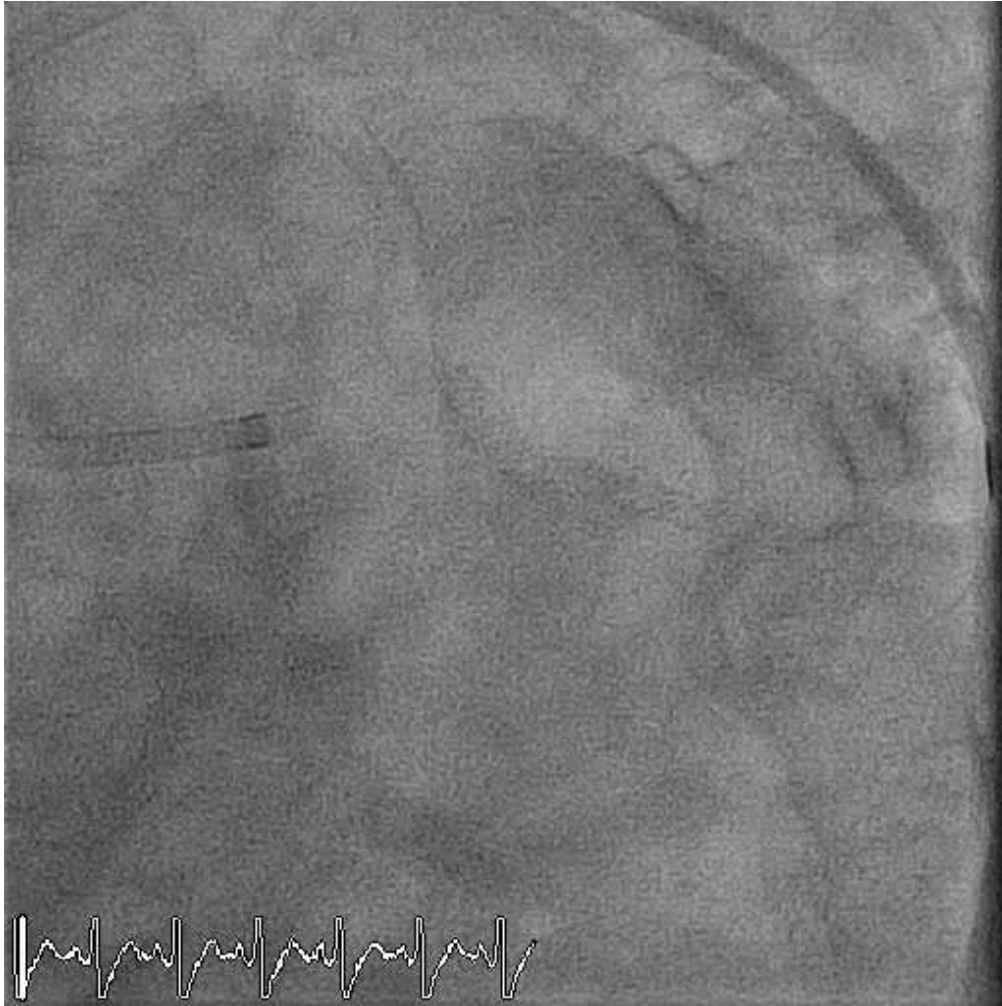


Stent placed and deployed

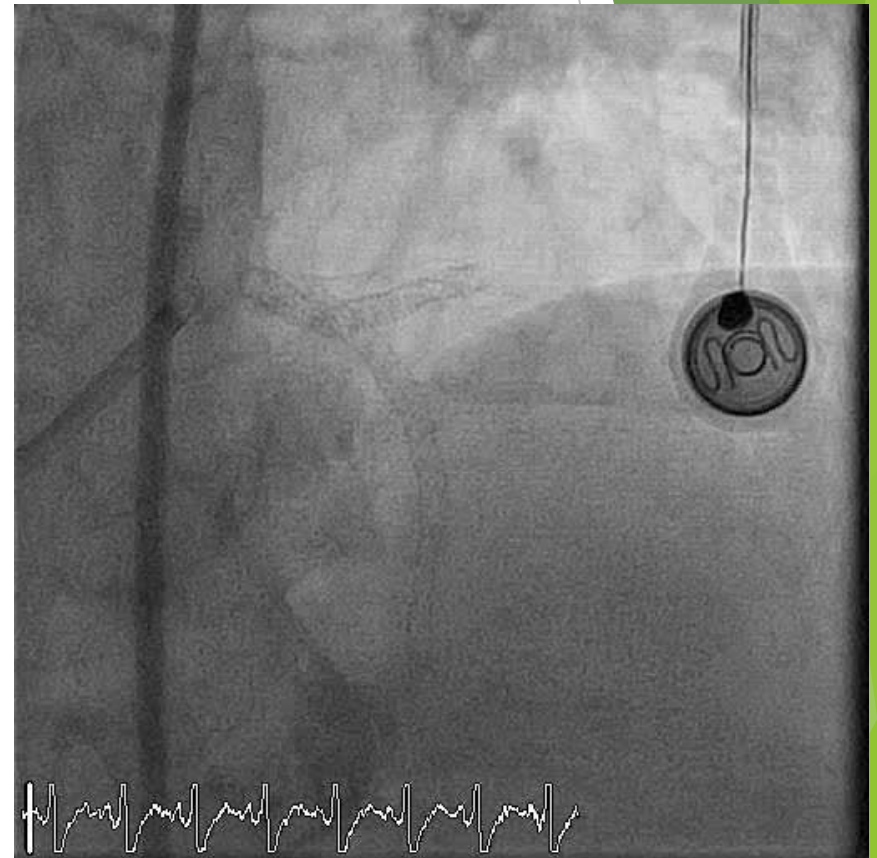
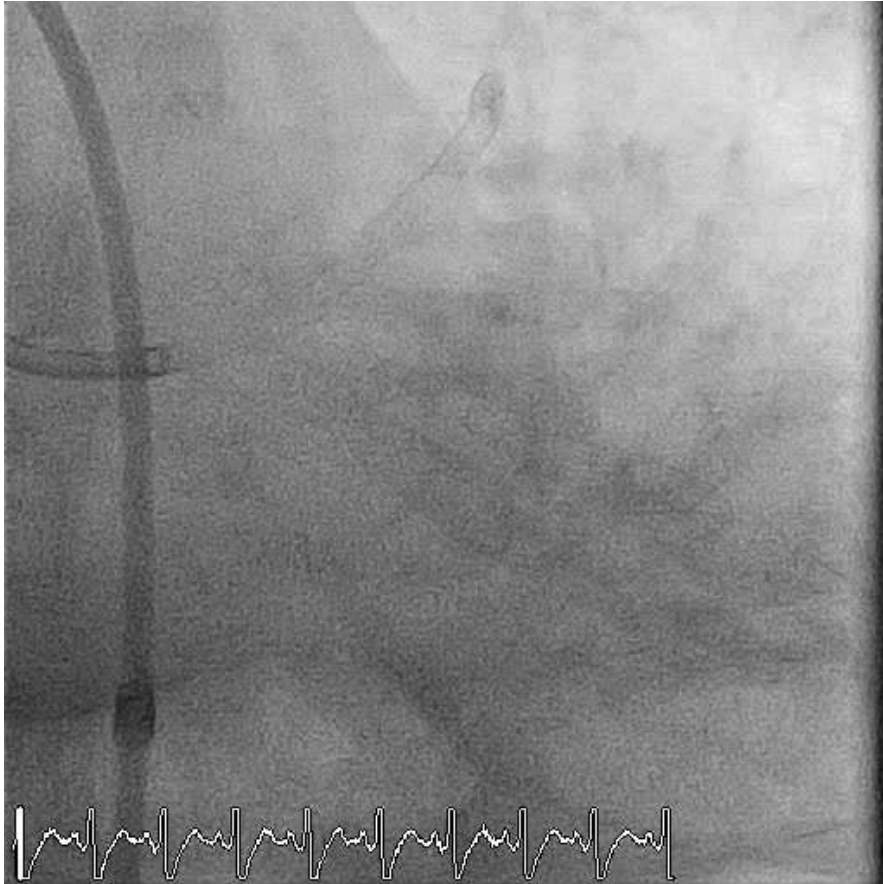




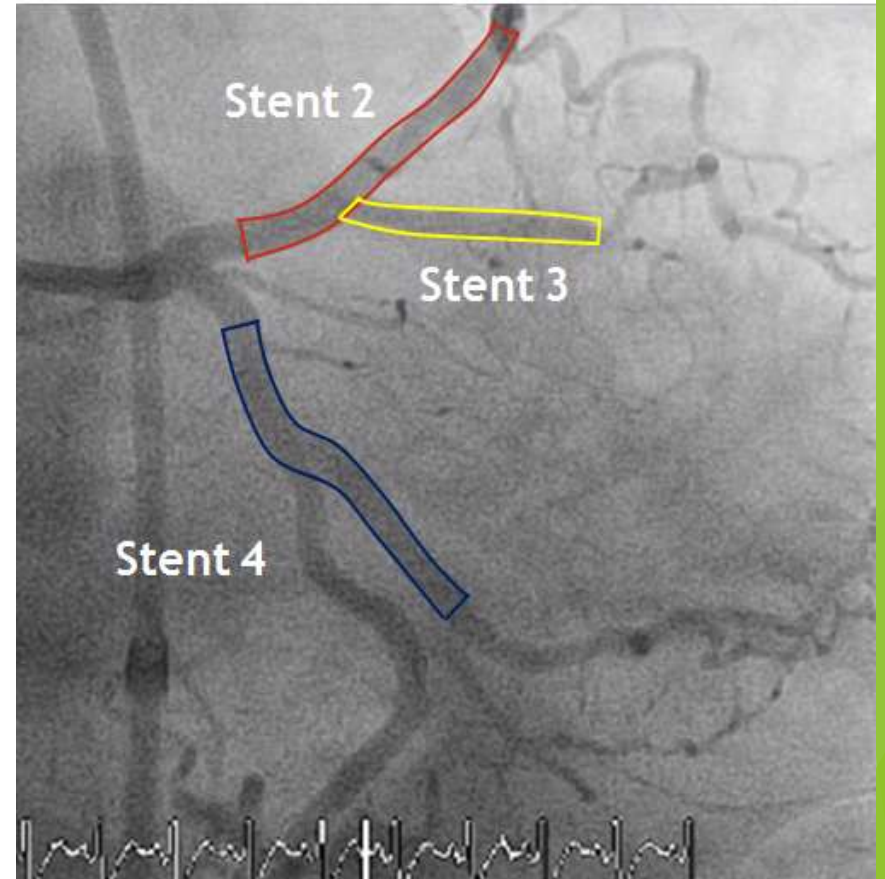
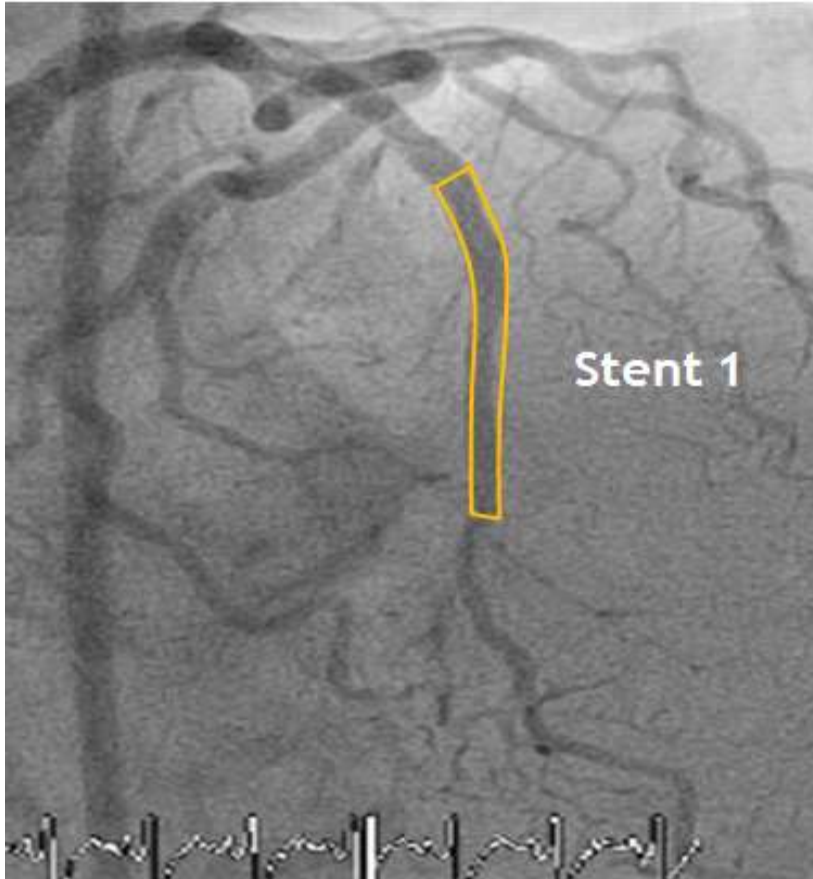
Final Result



Final Result



Final Result



Post PCI

- ▶ Patient stayed 8 days : stable
- ▶ Discharged on Sunday
- ▶ Presented 4 days later on Thursday with
Cardiogenic Shock & arrest
- ▶ Taken to Cath-LAB

- ▶ ECG - Hyperacute ST Elevations seen in Anterior leads
- ▶ While shifting pt from ER to Cath lab
- ▶ Patient in Cardiogenic shock

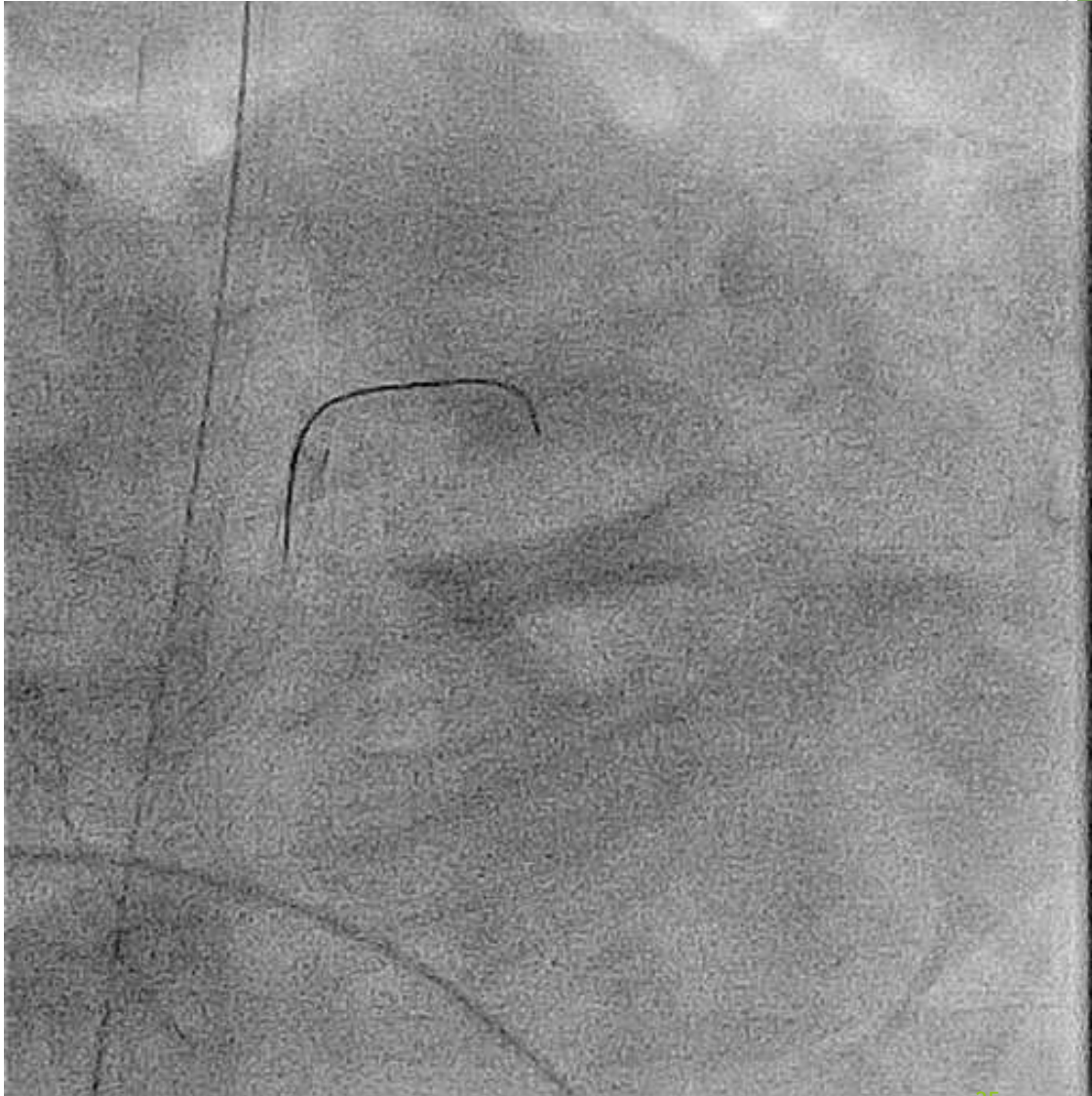
- ▶ Had Ventricular fibrillation

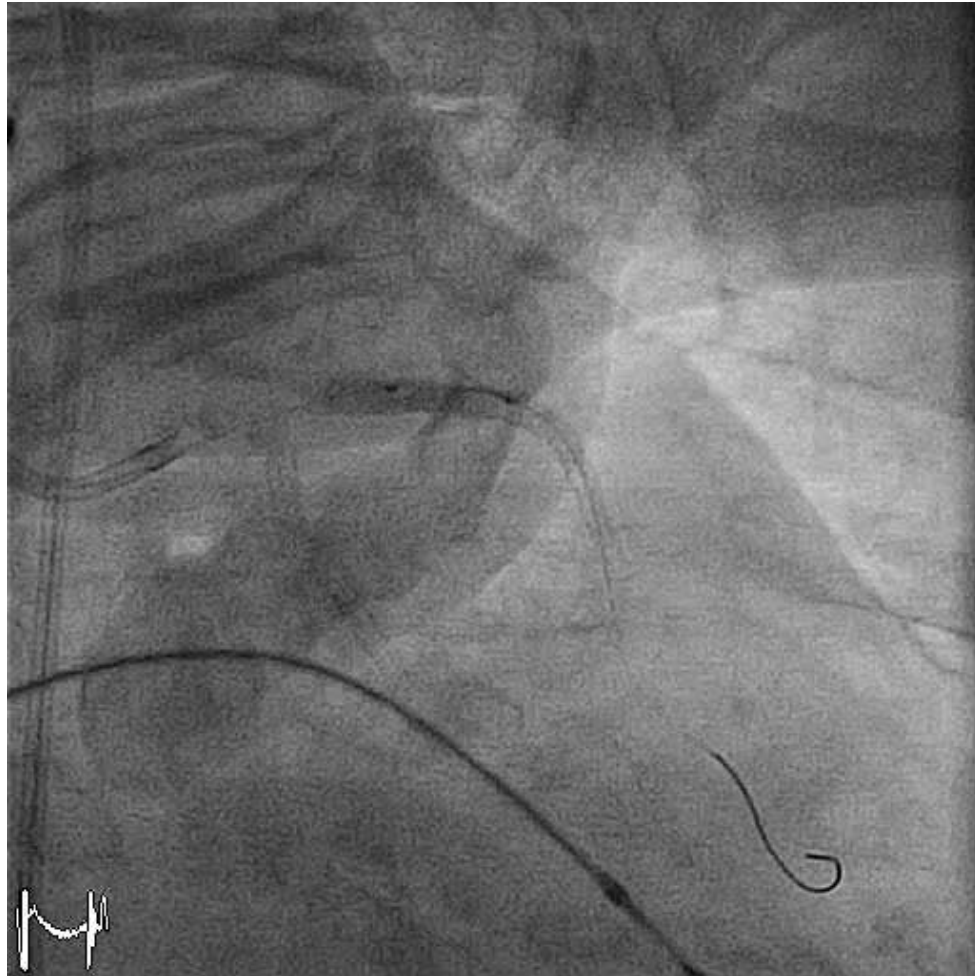
- ▶ DC Cardioversion was done , IABP inserted

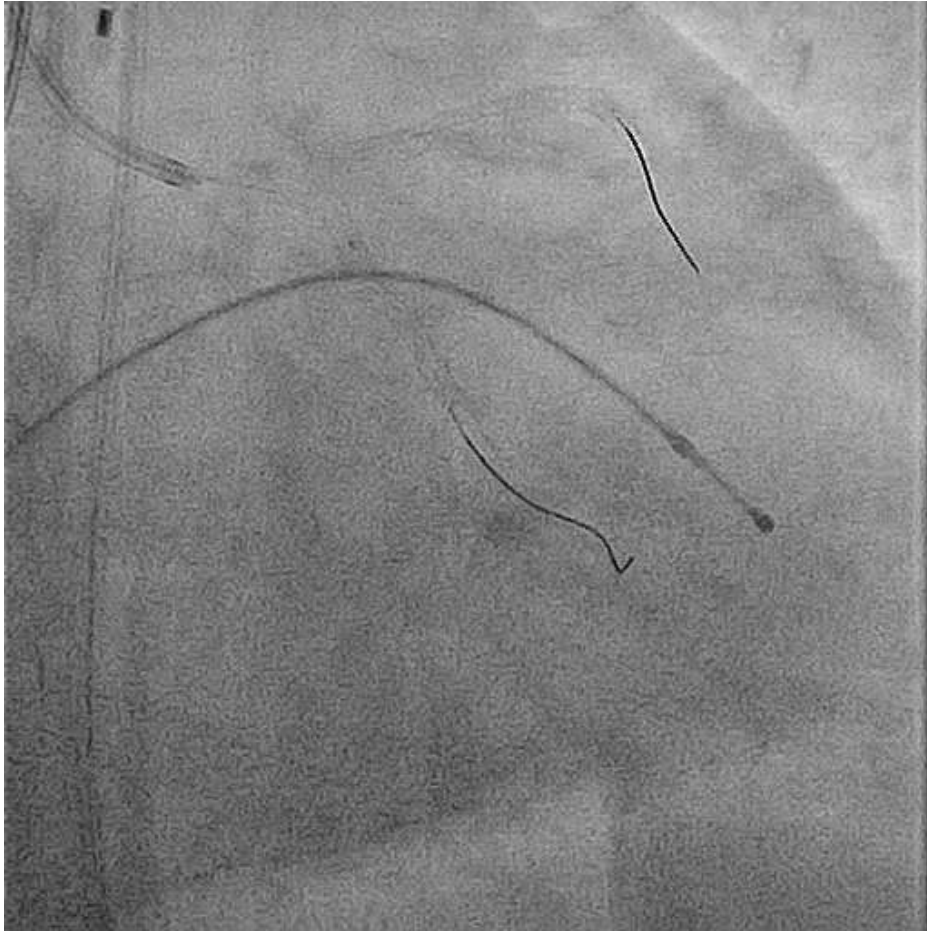
Emergency Coronary Angiography revealed ---

- ▶ Totally Occluded Proximal LAD and Proximal LCX
- ▶ We did repeat PCI with Thrombus Aspiration and Abciximab [Reopro] infusion
- ▶ Achieved TIMI III Flow

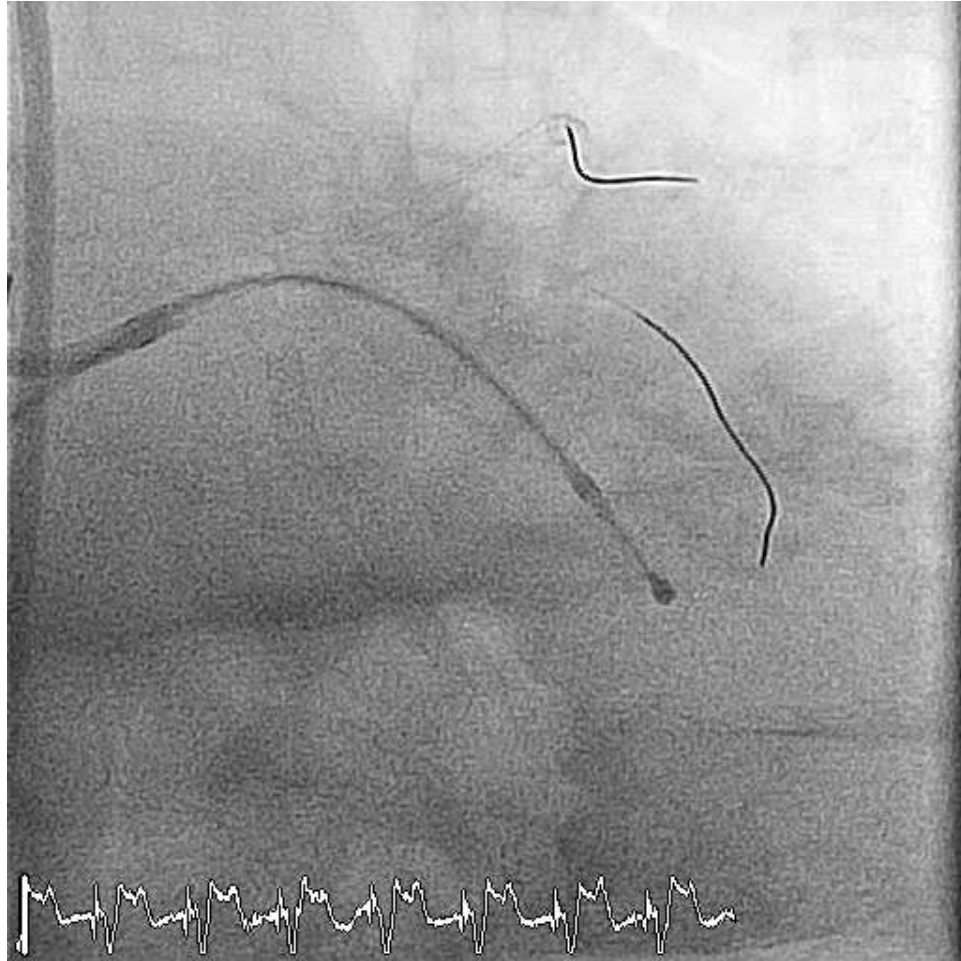




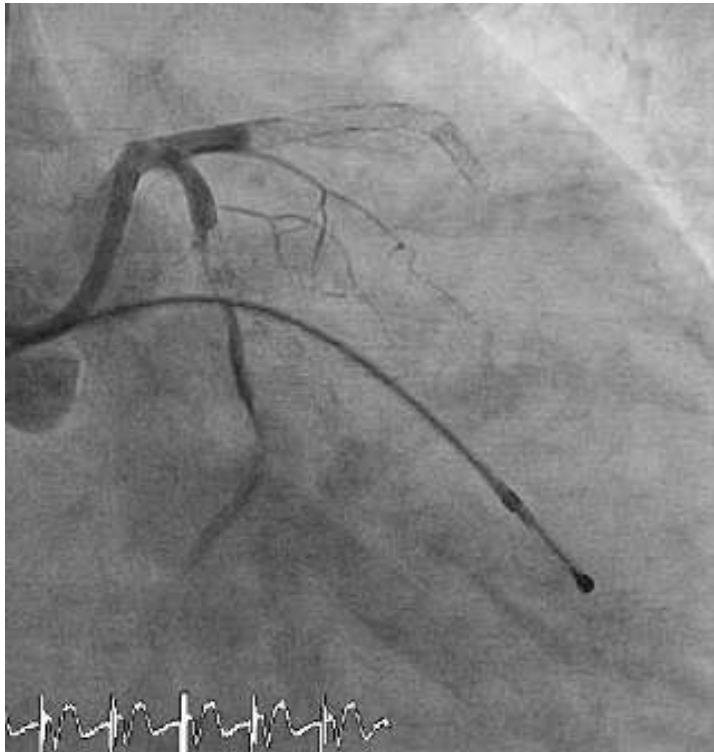




Final Result



Heroic Salvage...!!



Flow Restored

BUT -----

- ▶ Patient remained in Cardiogenic Shock
- ▶ Developed Acute renal failure
- ▶ And died next day

In this case

Antiplatelet

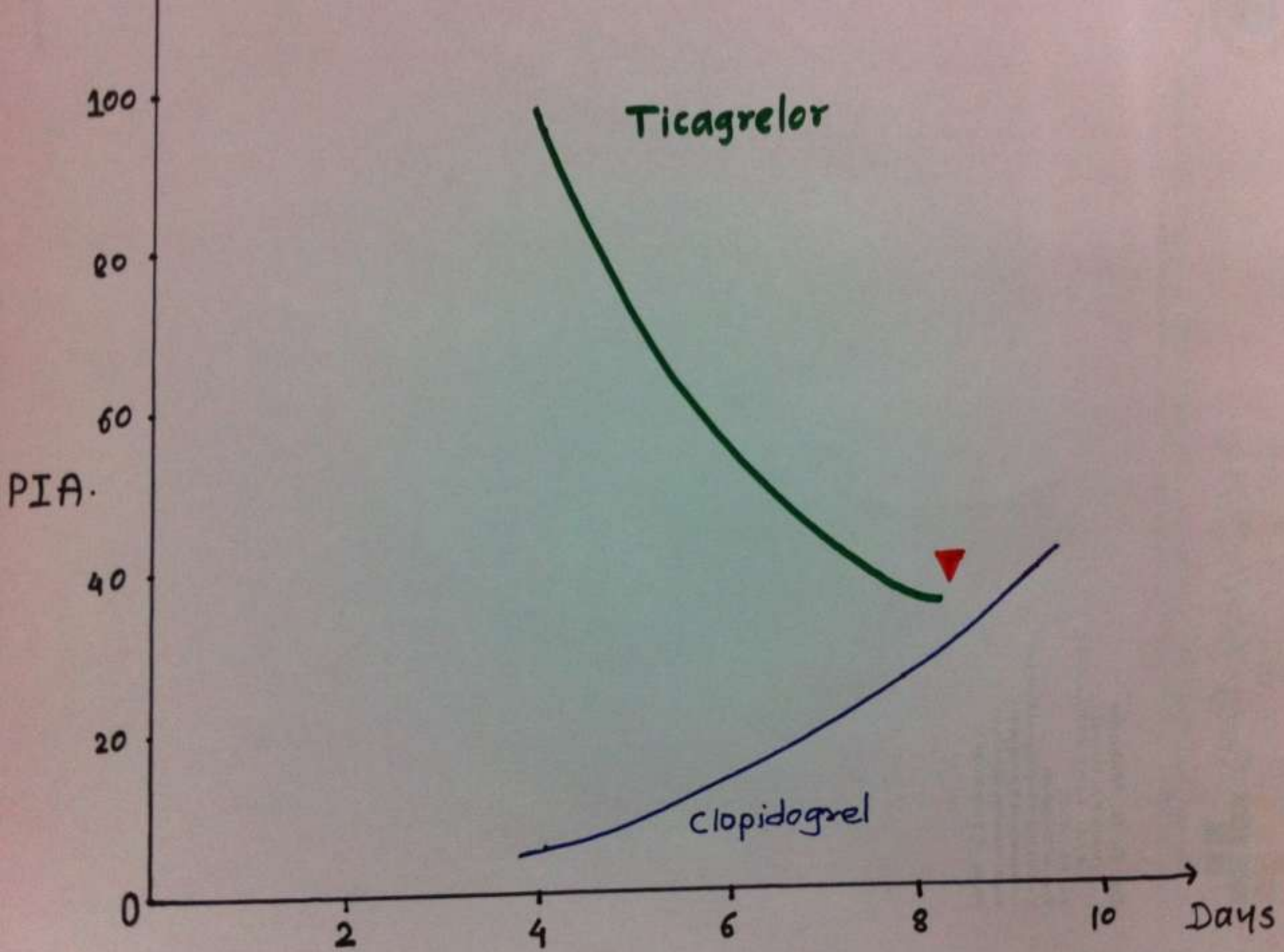
The True Story:

- PCI on Monday
- Patient stayed 8 days in hospital
- Received Brilinta + Aspirin
- Preferred discharge on Sunday
- For some reason d/c

OMITTED Brilinta & started Plavix daily

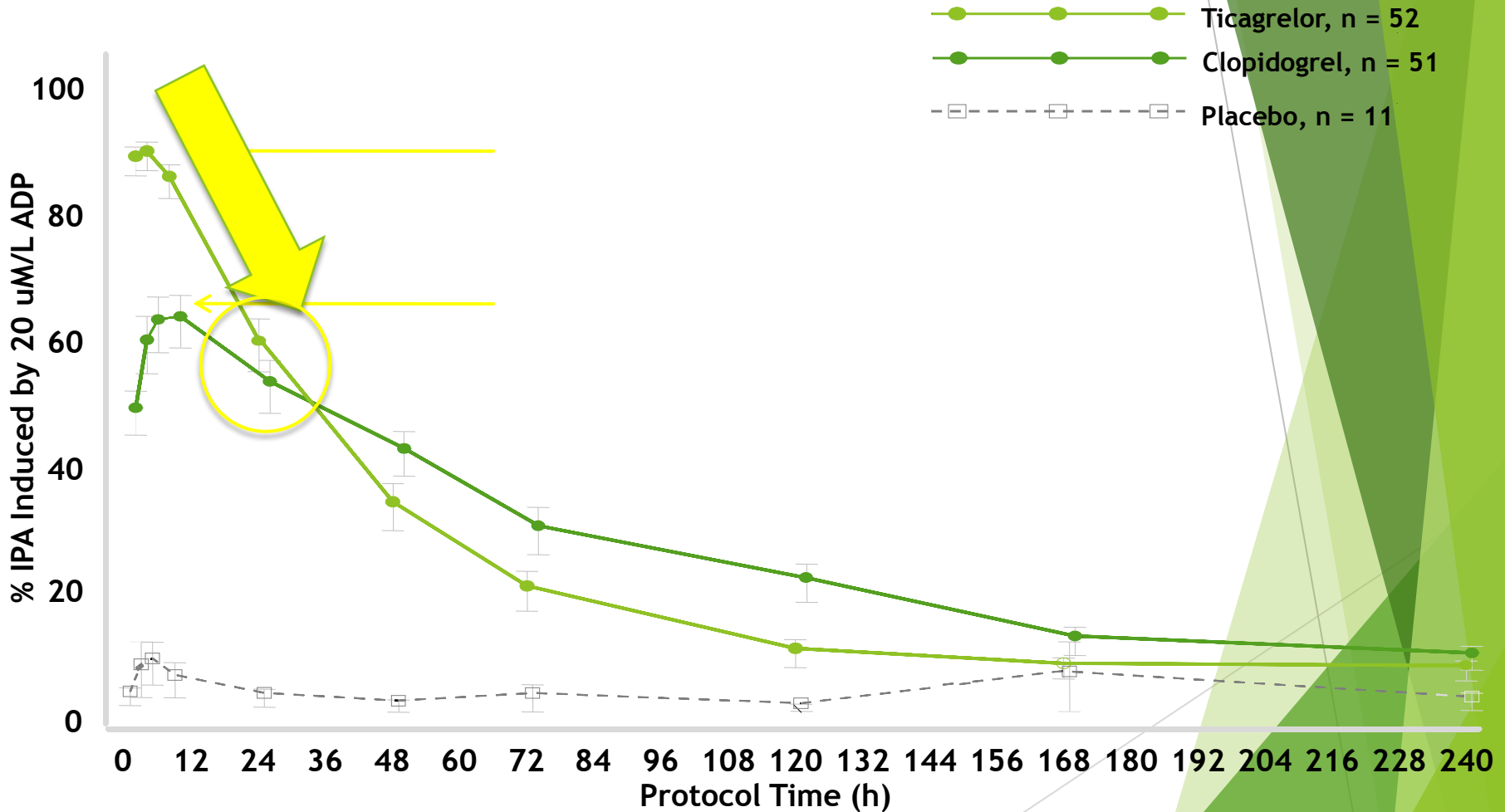
Patient presented crash on next Thursday

i.e day 4 of Plavix



OFFSET - Pharmacodynamics

% IPA (20 μ M/L ADP, Final Extent) by Time and Treatment*



*Data expressed as Mean \pm SEM

Gurbel P, et al. *Circulation* 2009; 120:2577-2585.

Take Home Message

- Stent Thrombosis is devastating complication
- Newer Antiplatelets Ticagrelor and Prasugrel has reduced incidence of stent thrombosis
- This case highlights how early switching of antiplatelets can cause most feared complication of PCI
- Also highlights need of guidelines for how Antiplatelets should be switched over if required

Thank you

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