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National University Hospital  
Singapore  
4<sup>th</sup> December, 2015

**TRUE OR FALSE? THAT IS A  
QUESTION!**

# History of present illness

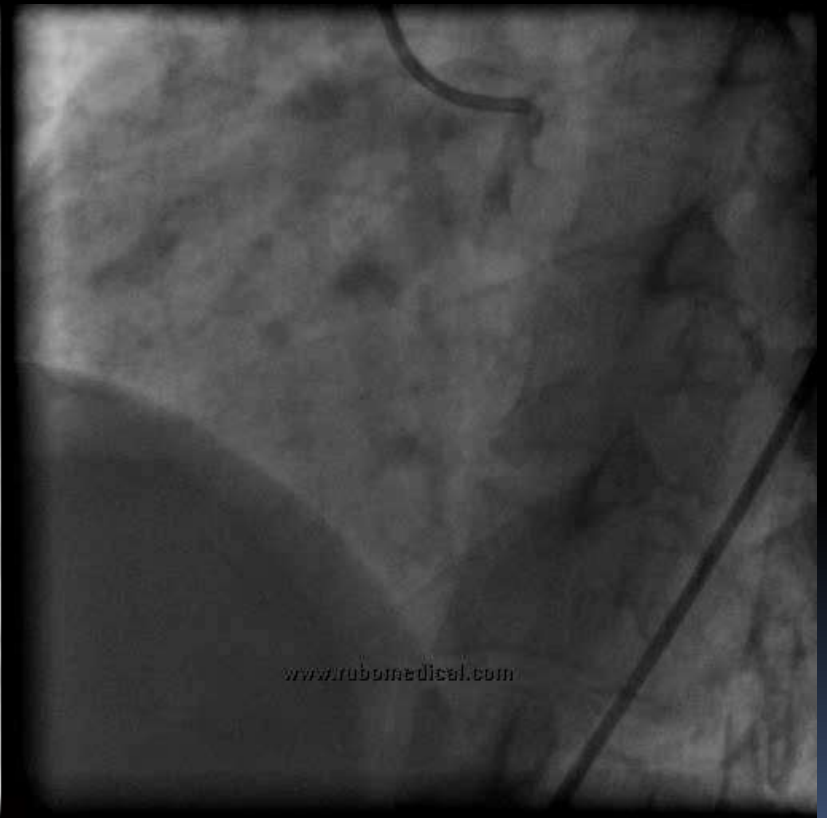
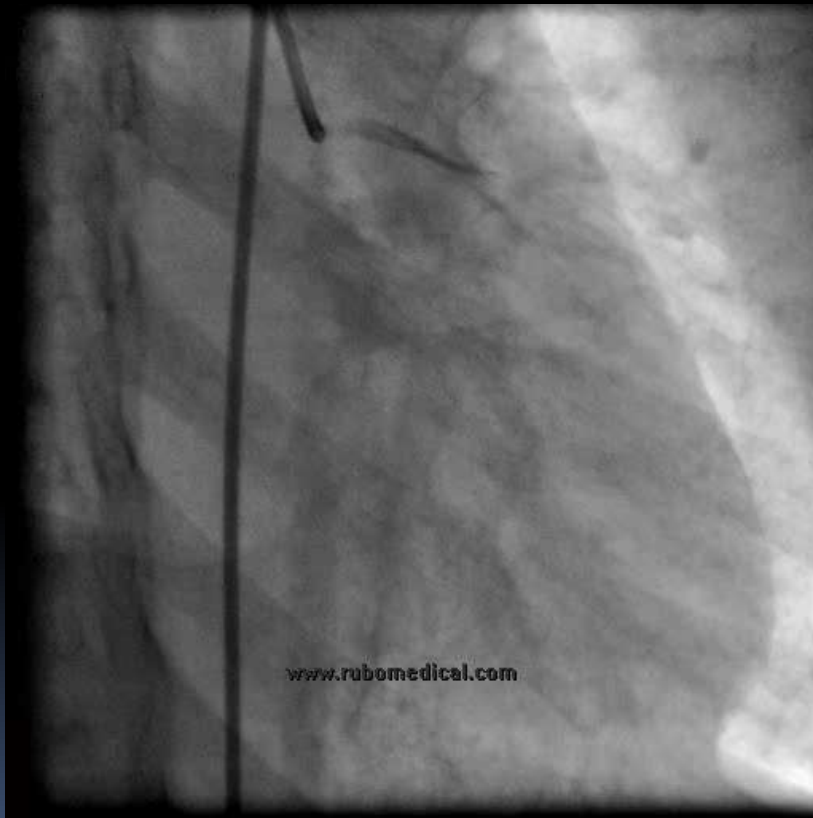
- 42/F, Good past health, non smoker, non drinker
- Sudden onset of chest pain associated with shortness of breath and vomiting
- BP 110/59 HR103, SaO2 100% RA, GCS 15



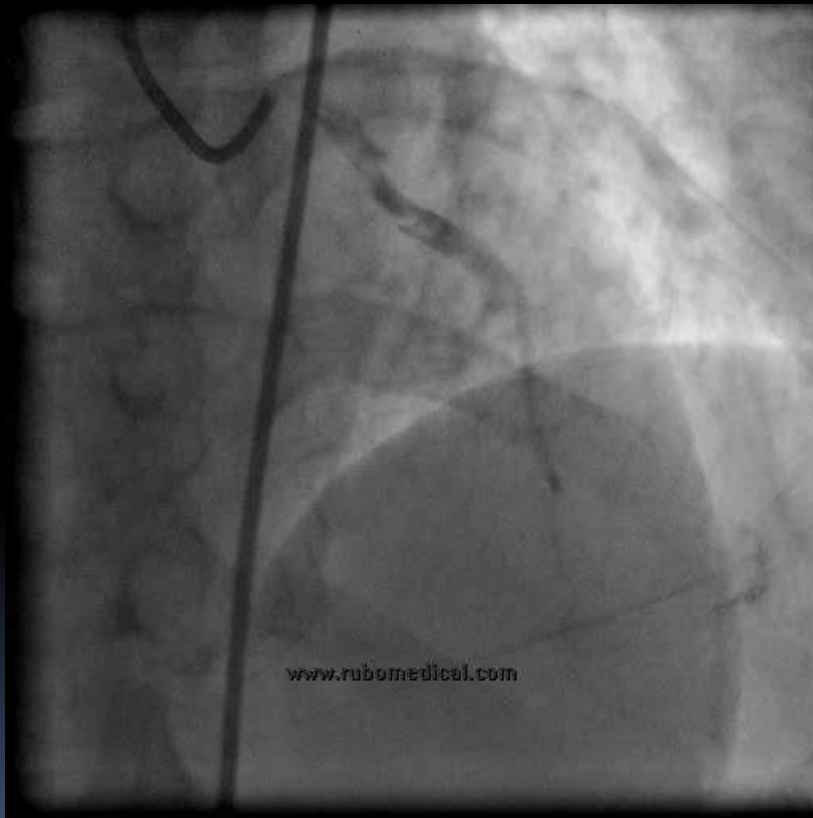
# Investigation

- Trop I 20
- Cardiac monitor: episodes of VT
- Echo: EF 60% anteroseptal hypokinesia
  
- Loaded aspirin + plavix

# Diagnostic angiogram

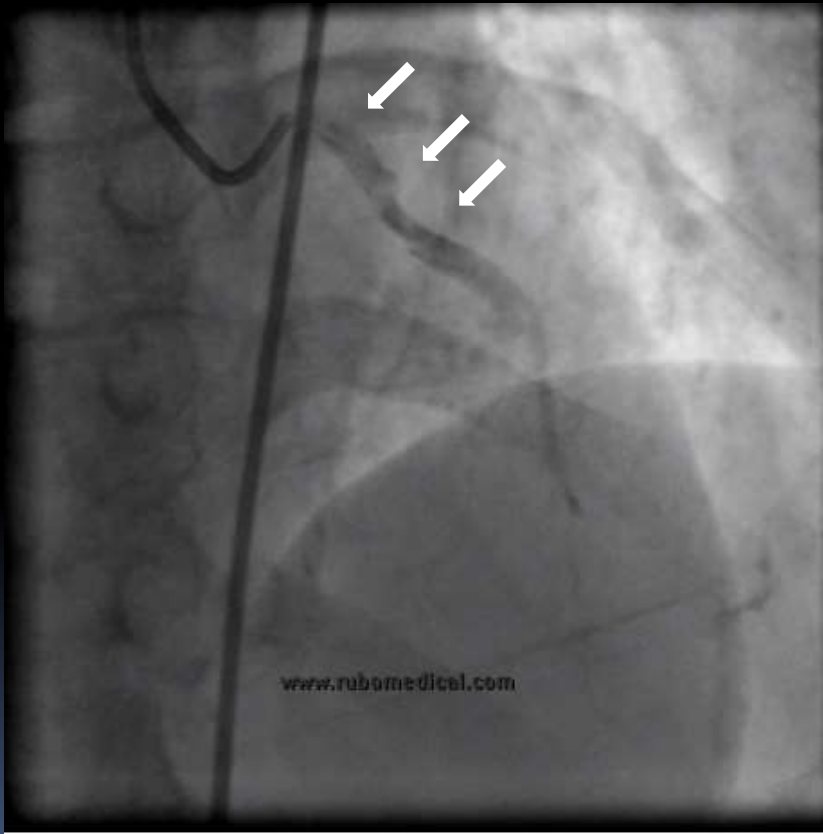


# Diagnostic angiogram

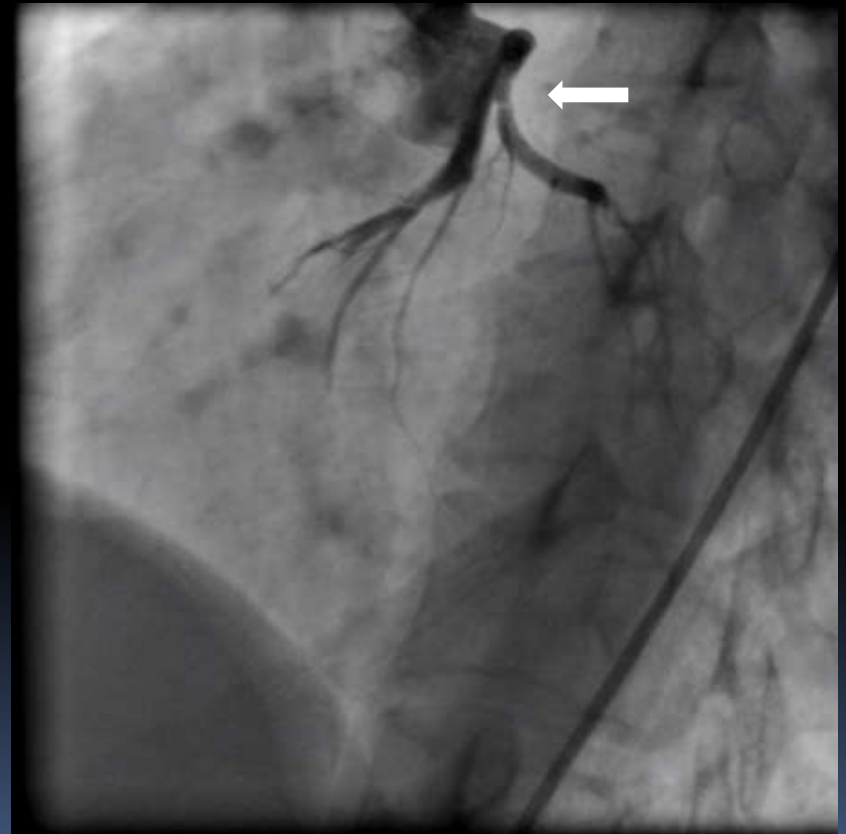


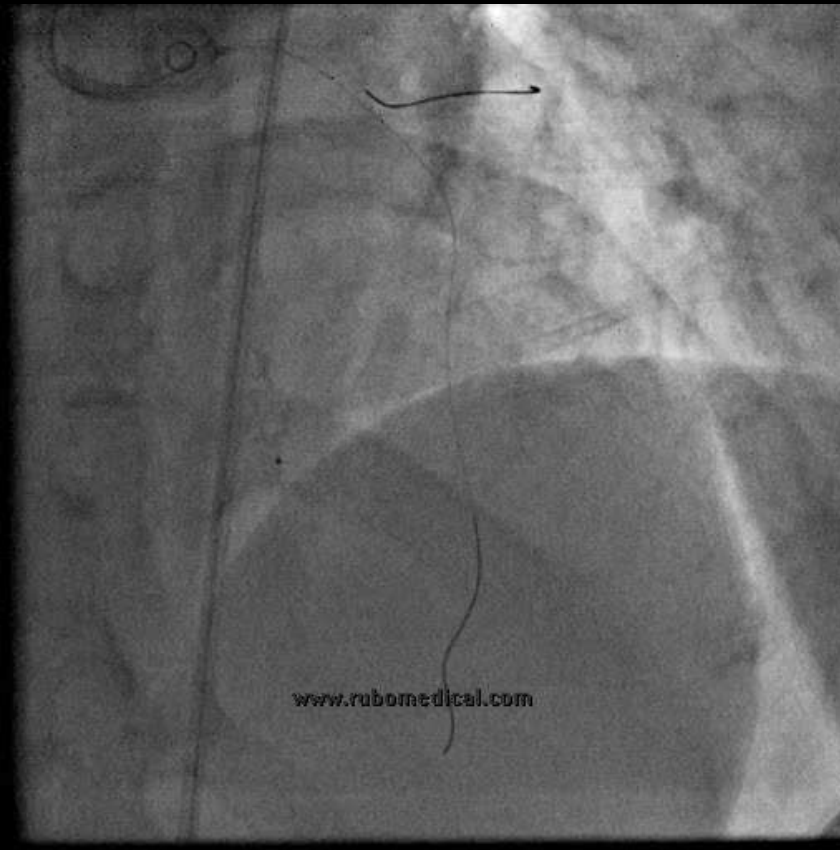


**Extensive spiral dissection from LM to mLAD resulting in TIMI 0 flow**



**Ostium of LCx involved**

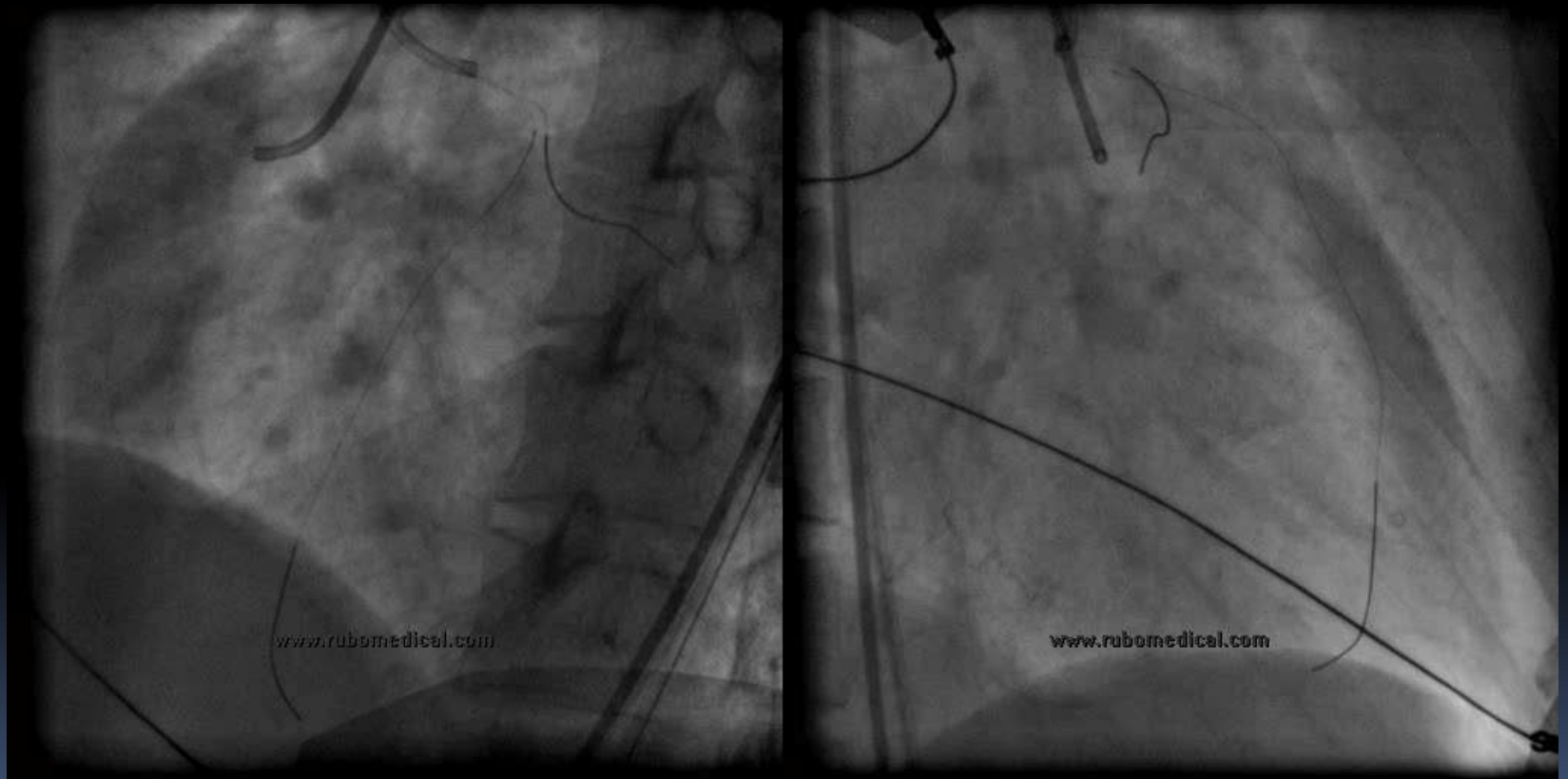




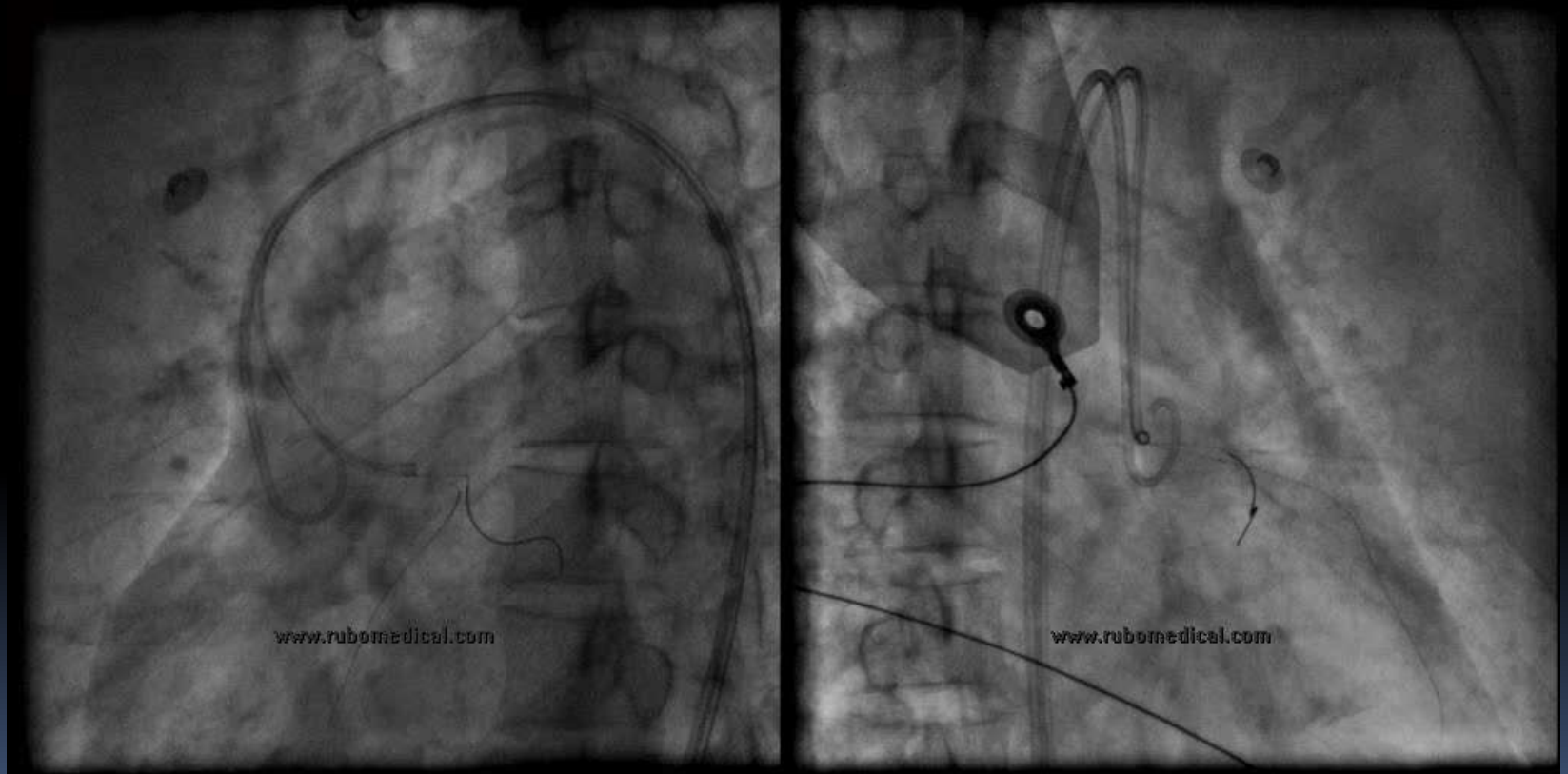
- 6F JL3.5 guide
- Runthrough hypercoat to LCx
- Fielder FC to dLAD



# RCA angiogram via LFA



# Aortogram via LFA

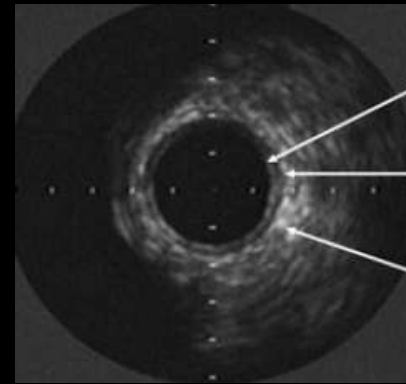


No aortic dissection

# PCI vs CABG

- On table joint discussion with relatives and cardiothoracic surgeon, decided for PCI

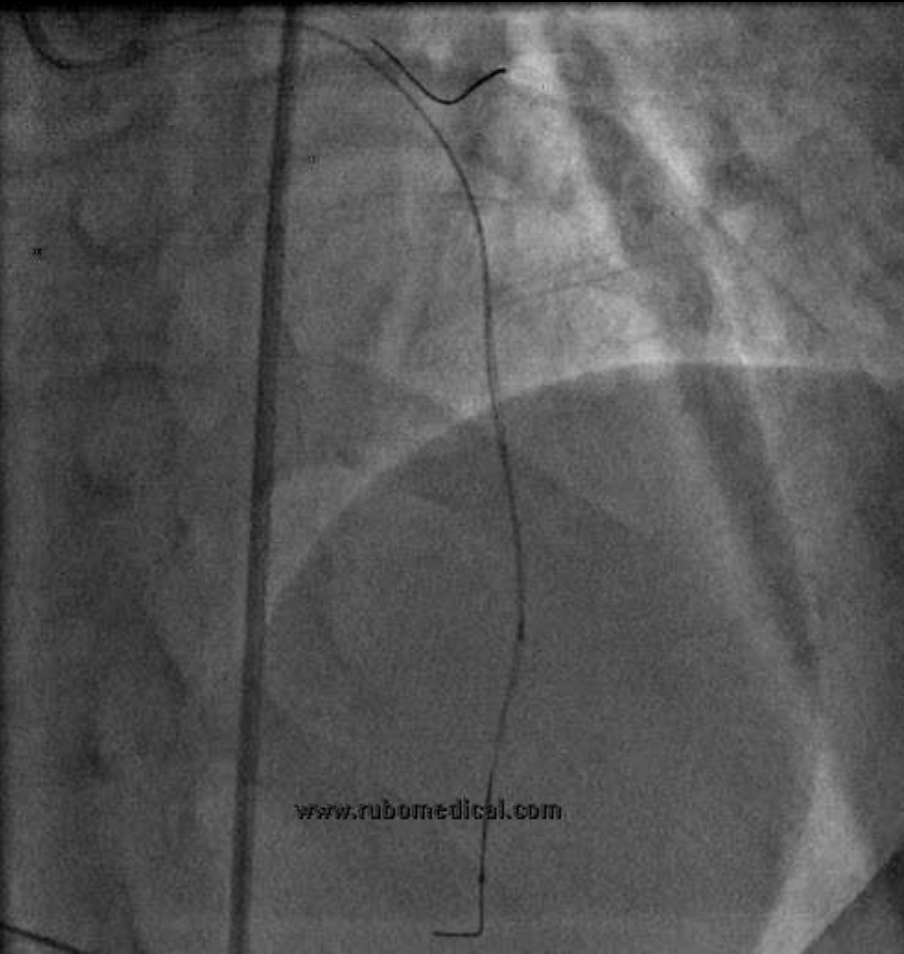
# IVUS



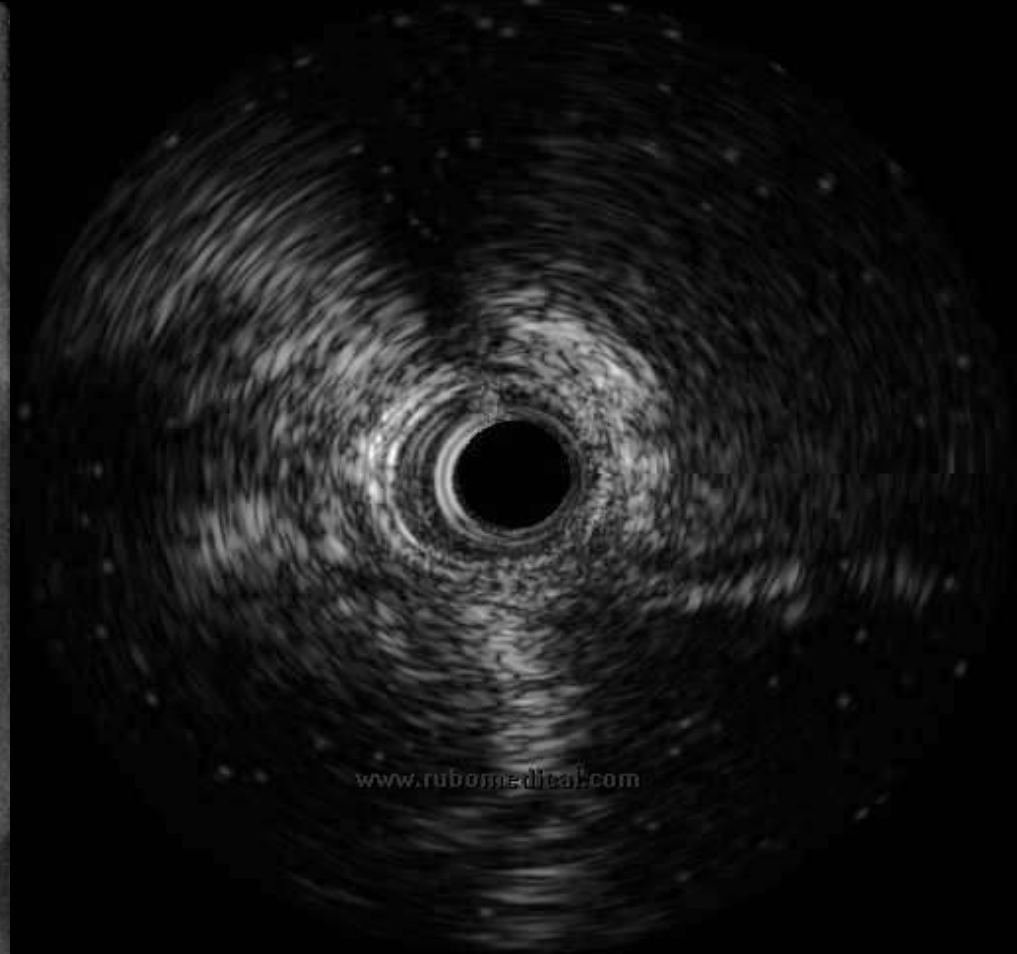
Intima

Media

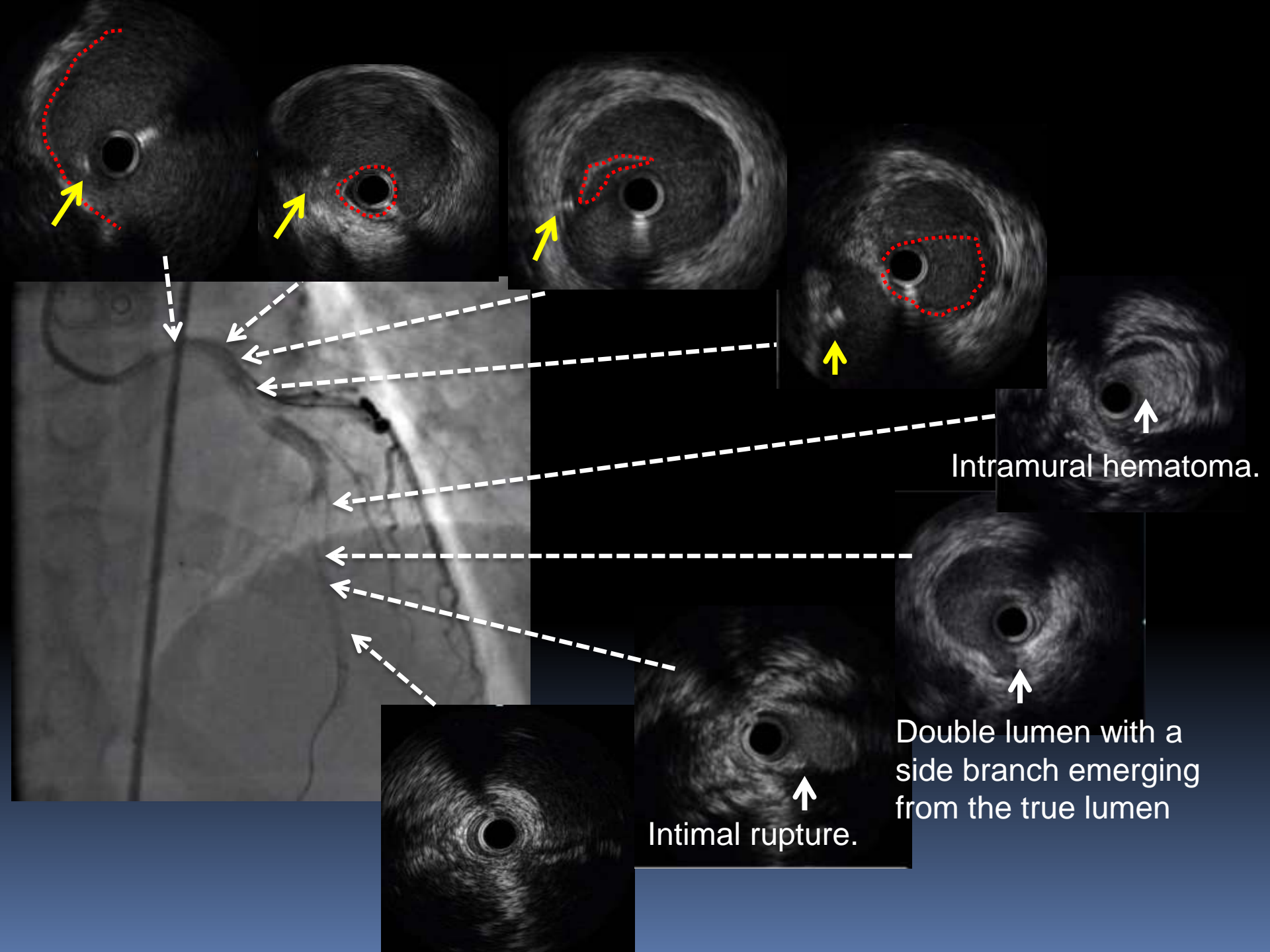
Adventitia



[www.rubomedical.com](http://www.rubomedical.com)



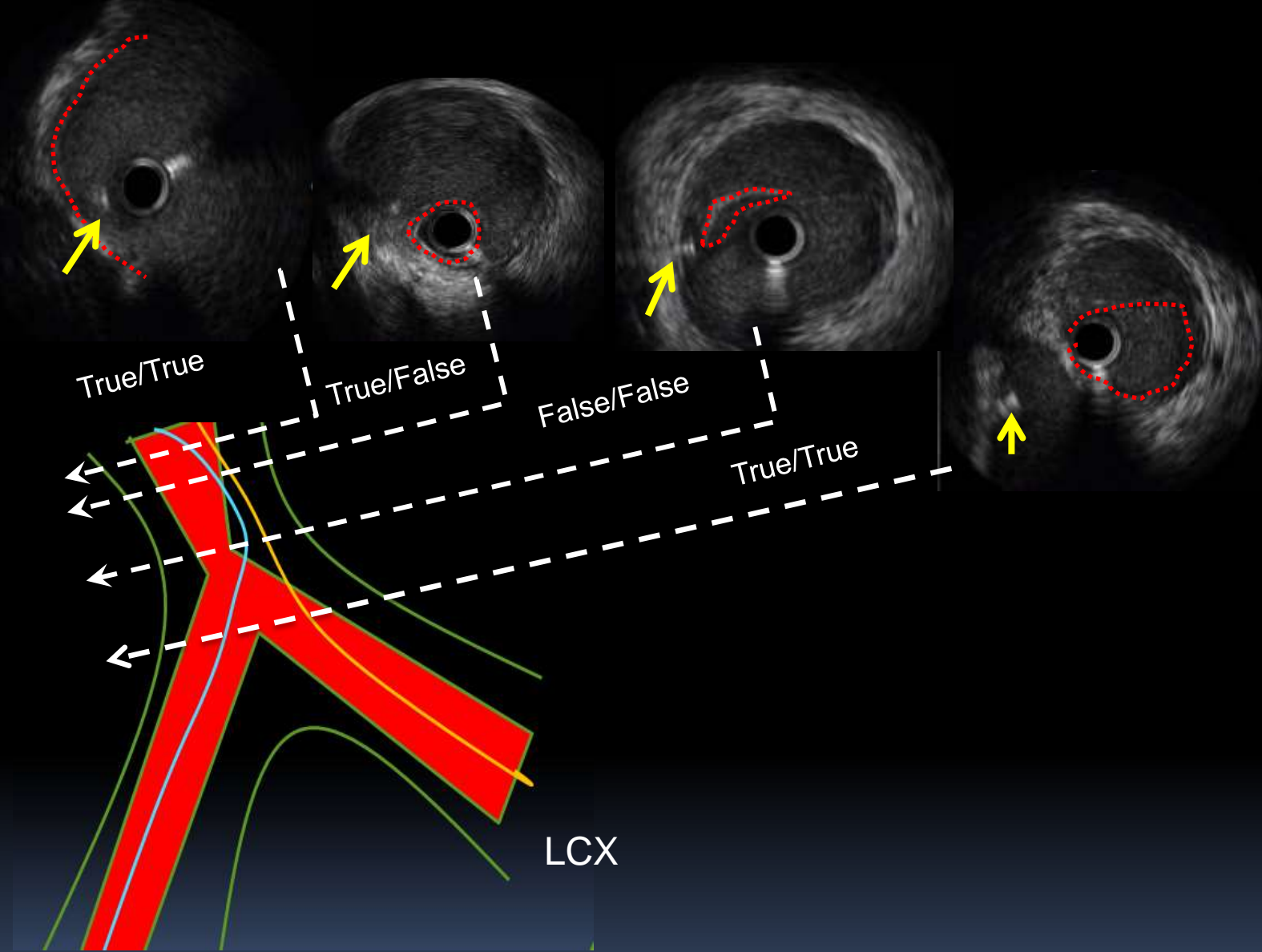
[www.rubomedical.com](http://www.rubomedical.com)



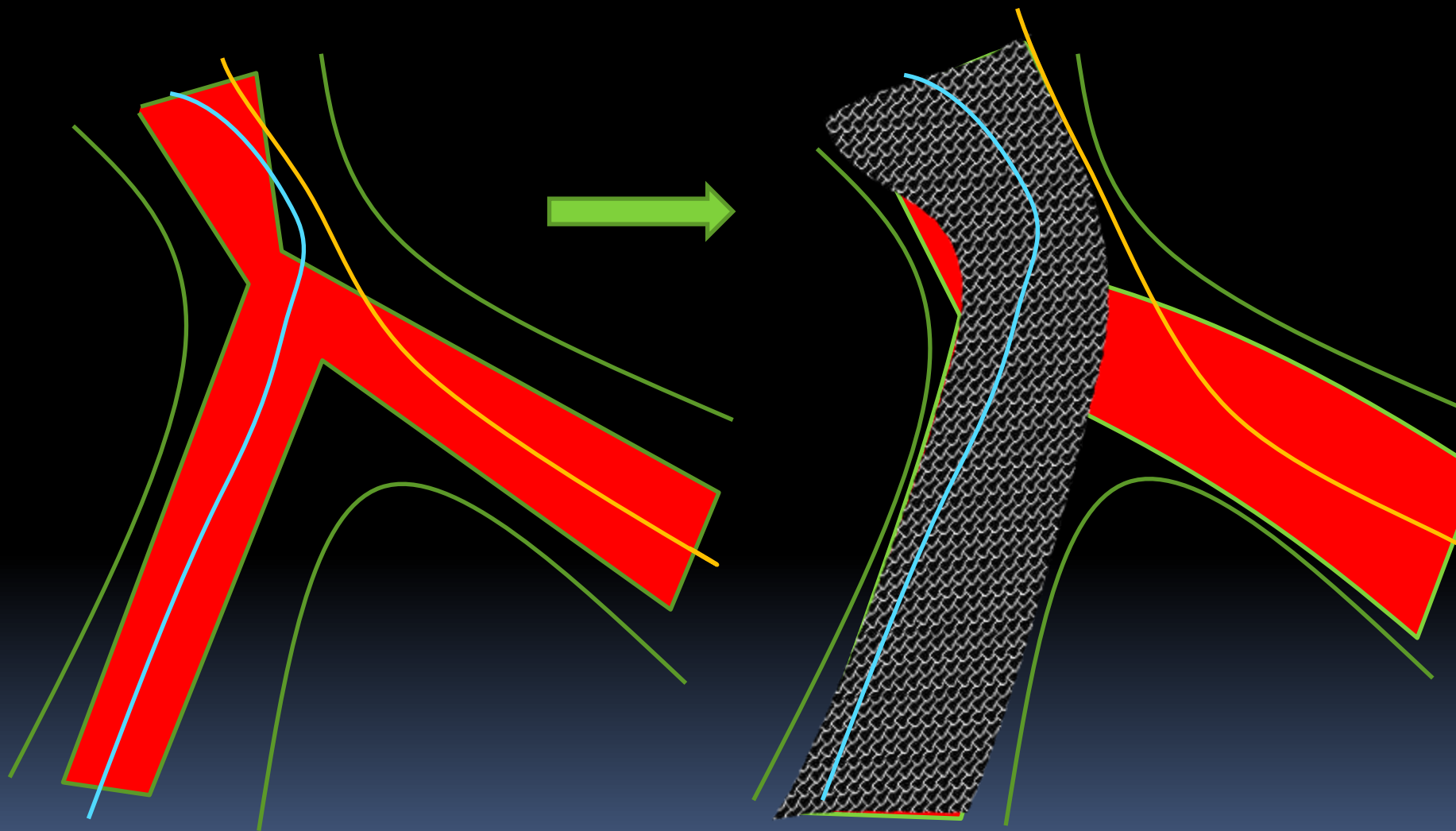
Intramural hematoma.

Double lumen with a side branch emerging from the true lumen

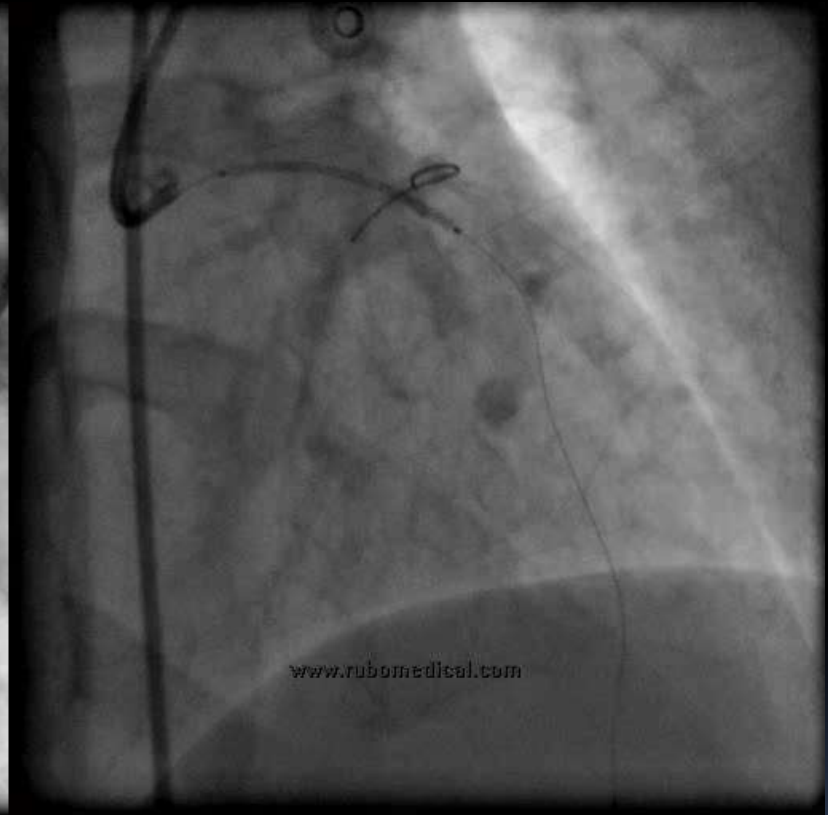
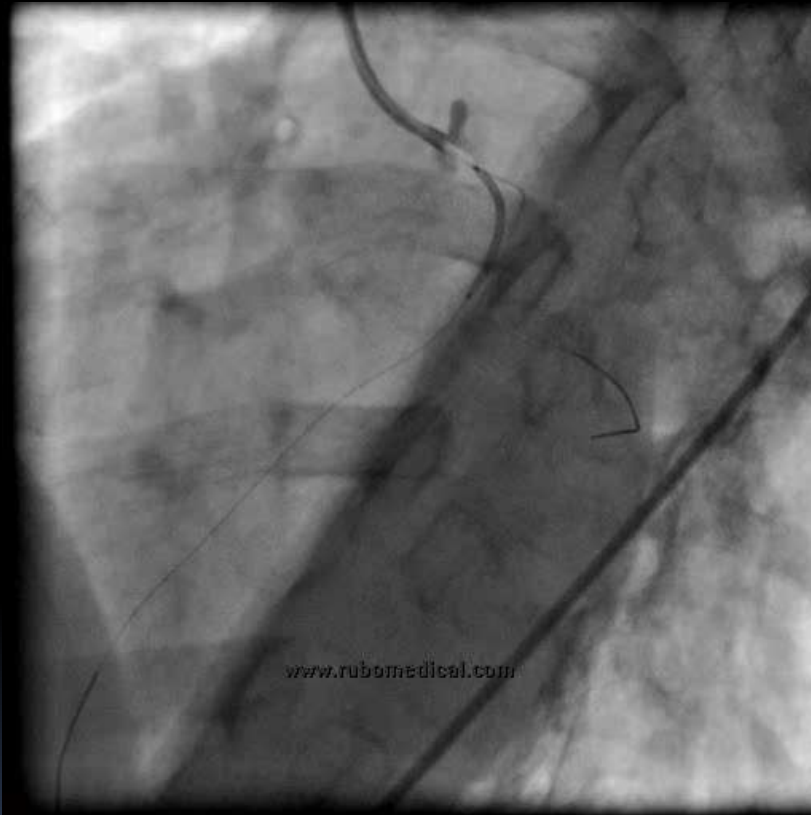
Intimal rupture.



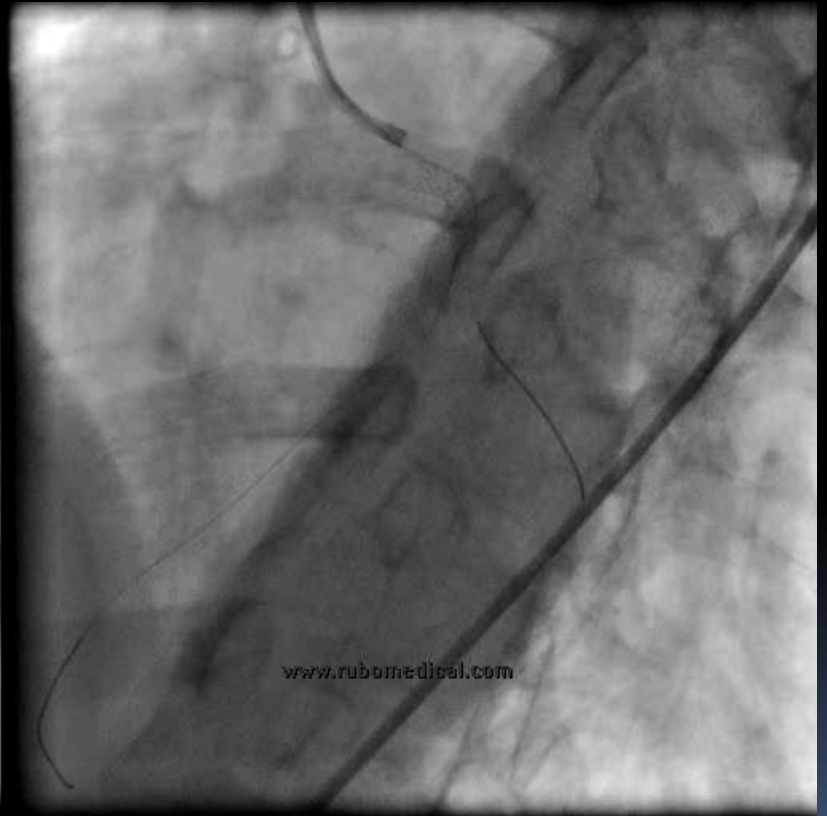
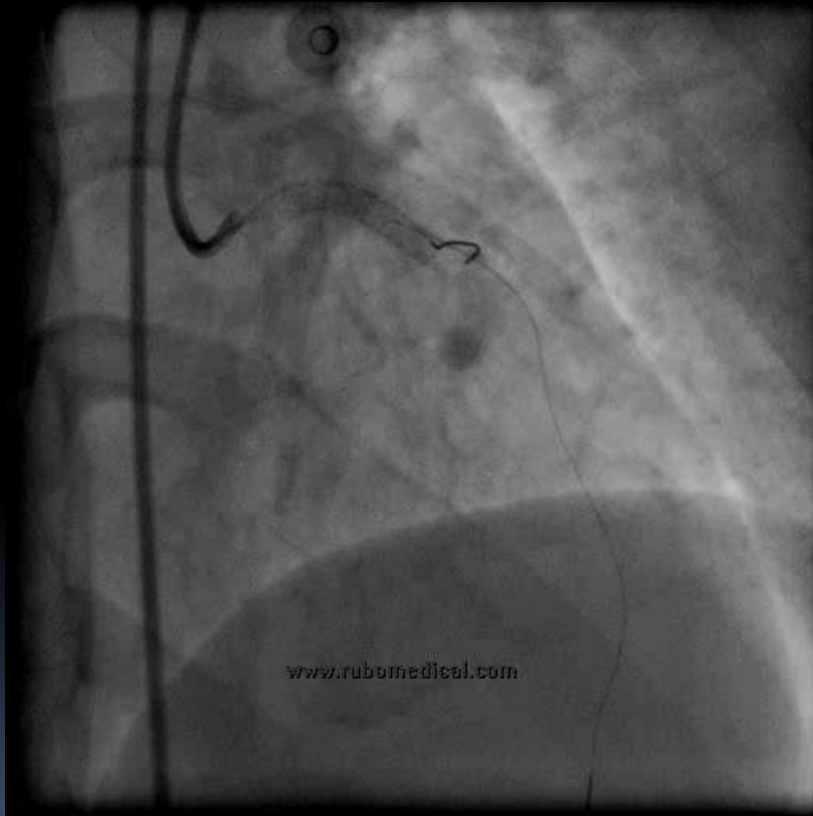




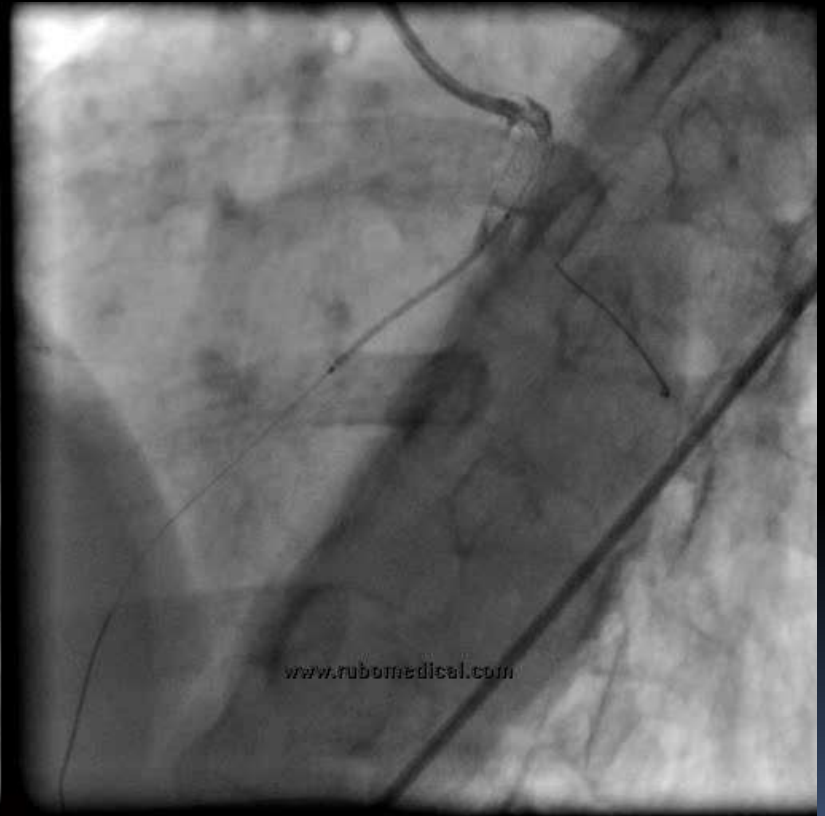
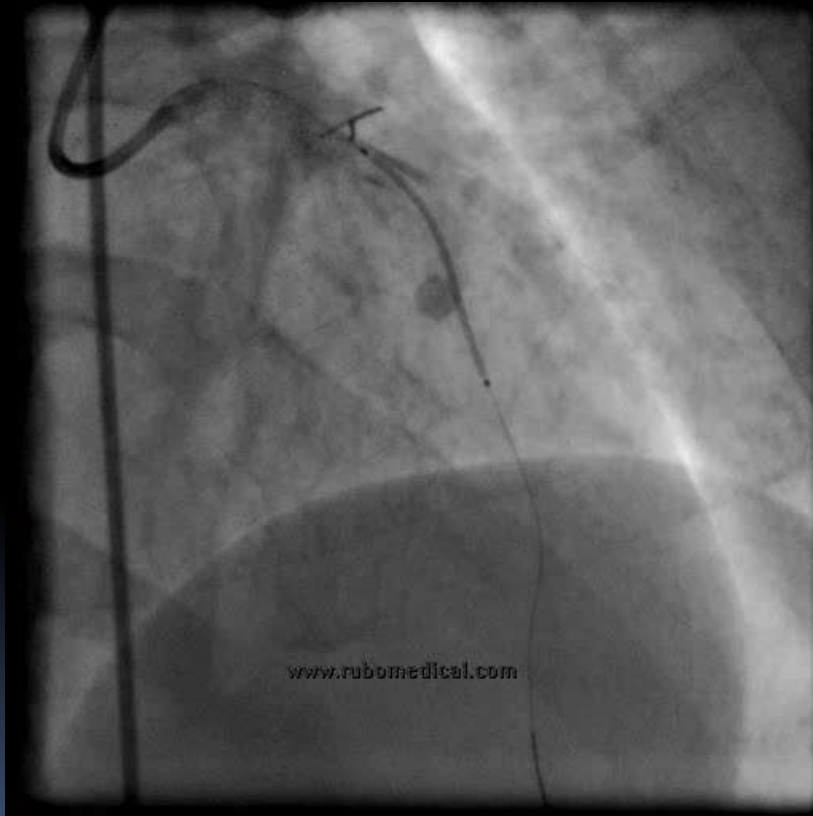
# 4x12mm SYNERGY, LM to mLAD



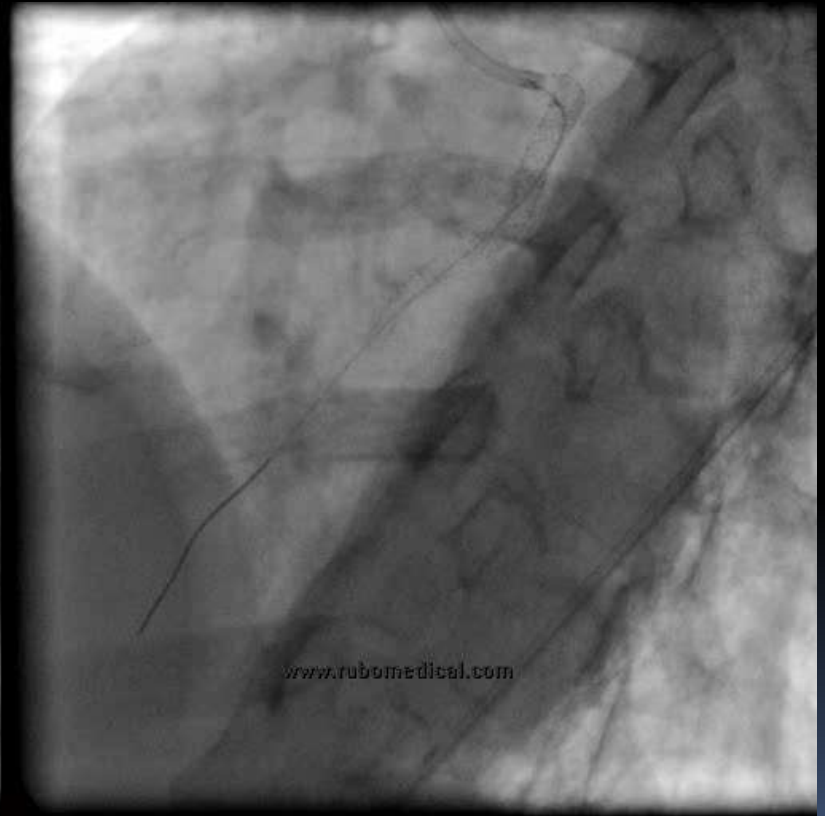
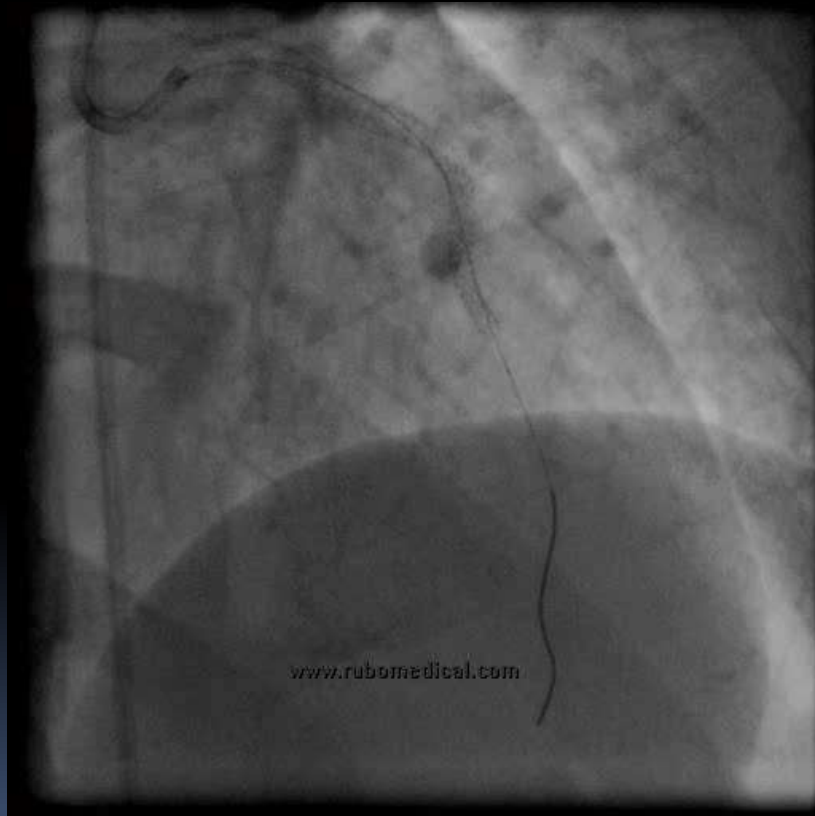
After first stent,



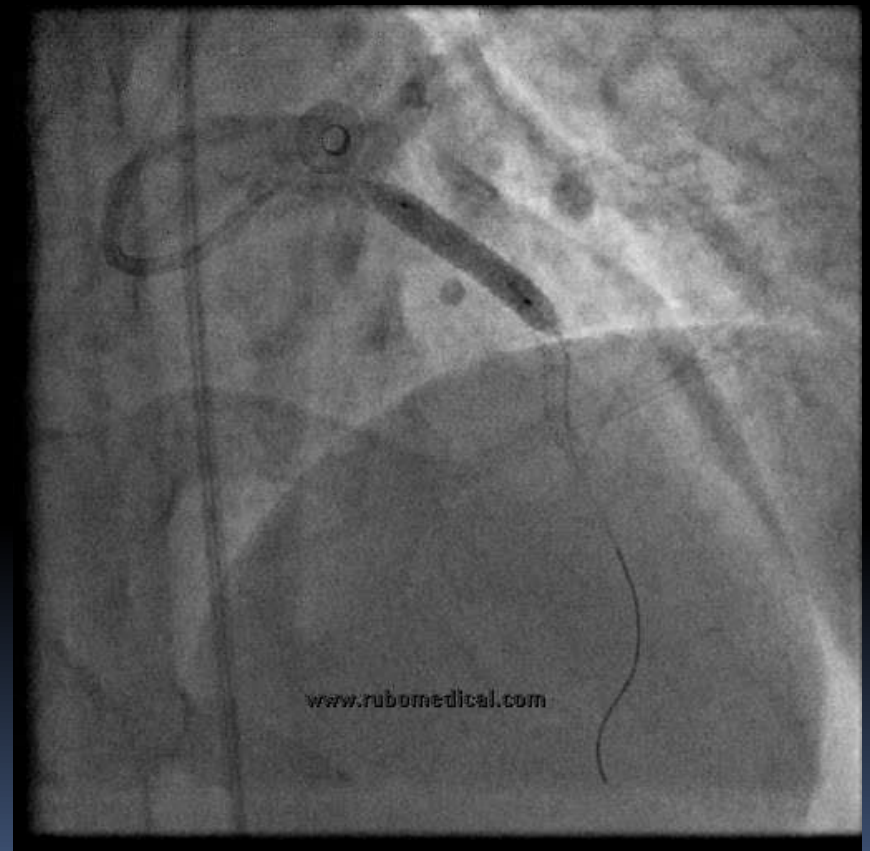
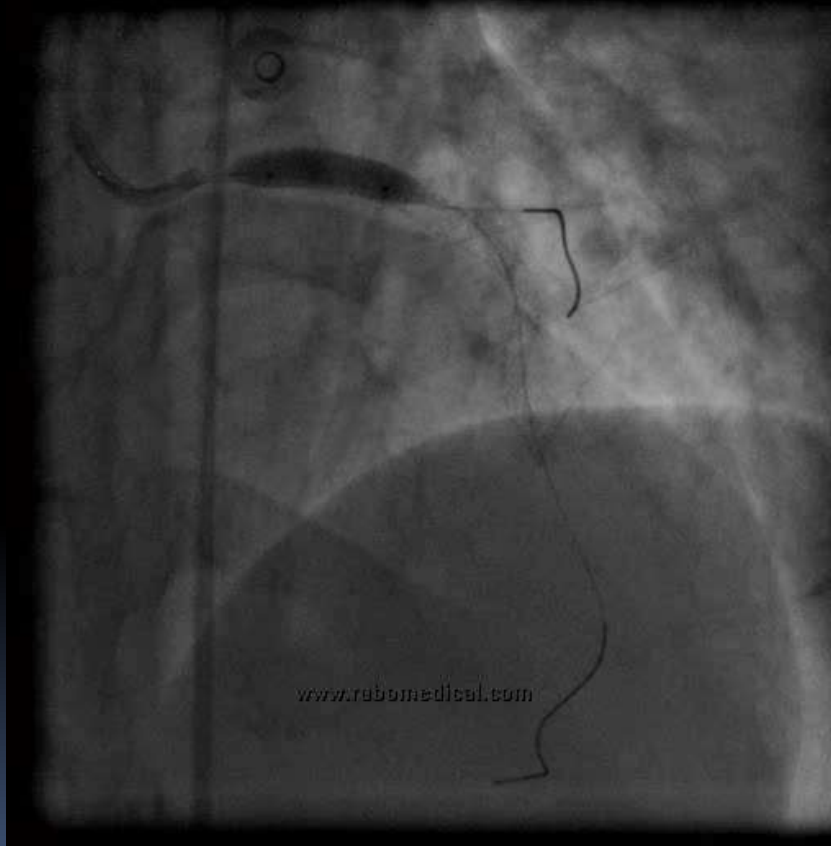
# 3x32mm SYNERGY, mLAD



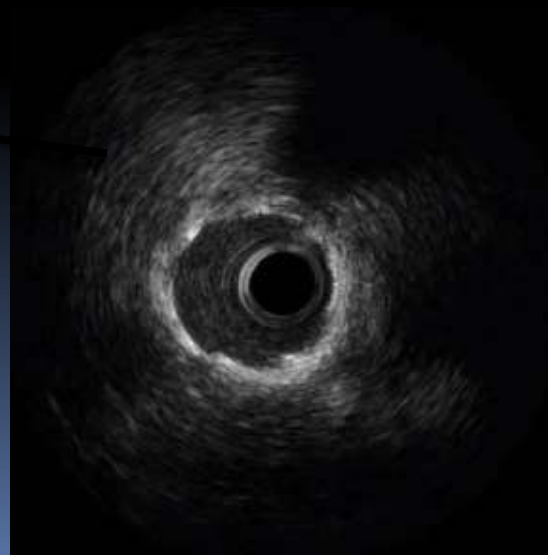
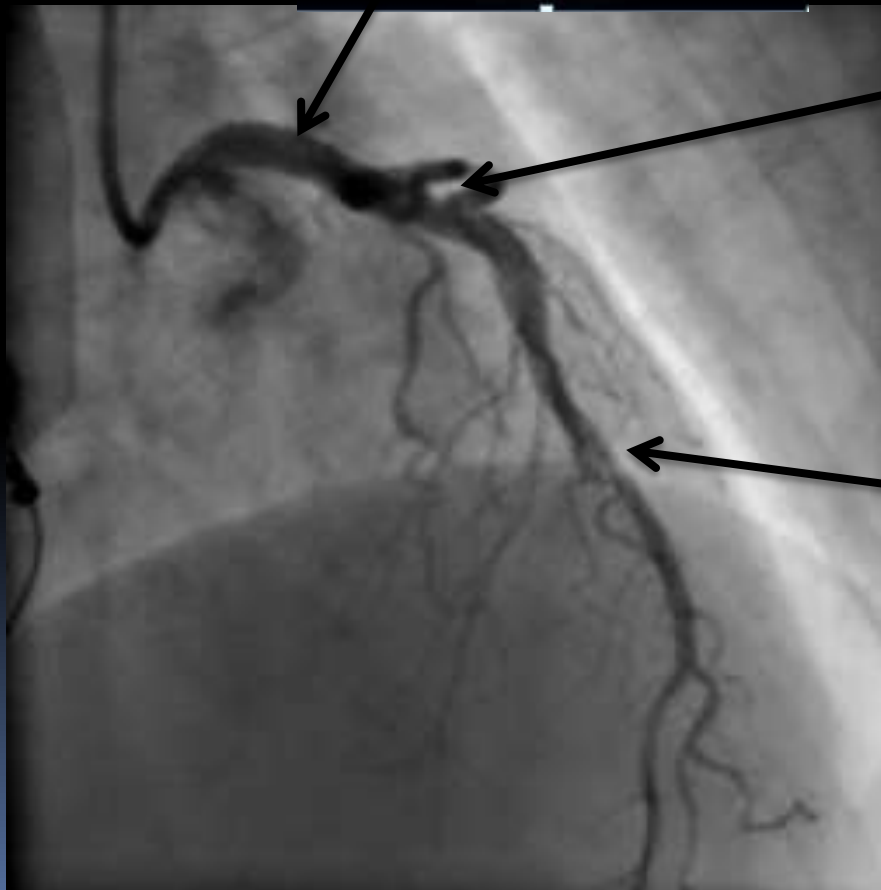
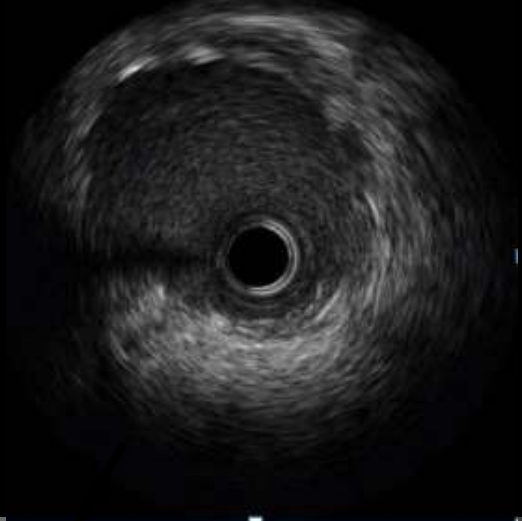
After second stent,



# Postdilation NC Quantum Apex 4x15mm (mLAD), 4.5x20mm (LM)







# Final angiogram

