

An High Risk Left Main Lesion Treated With Emergence PCI



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Medical information

- F/82; chest distress & SOB after exertion for 10 days, aggravated for 1 day.
- The patient experienced unprovoked chest distress & SOB 10 days ago, which lasted for 5 min and went away; it recurred after walking 100 meters, mopping floor and doing laundry. 1 day ago, the pt. experienced chest distress after walking only 5-10m.
- **RF:** Hypertension for 15yr; Hyperlipemia for 10yr.
- **PE:** P 100 /min, R 23c.p.m., BP 130/60 mmHg. A few moist rales over both lung. Cardiac & abdominal (-).

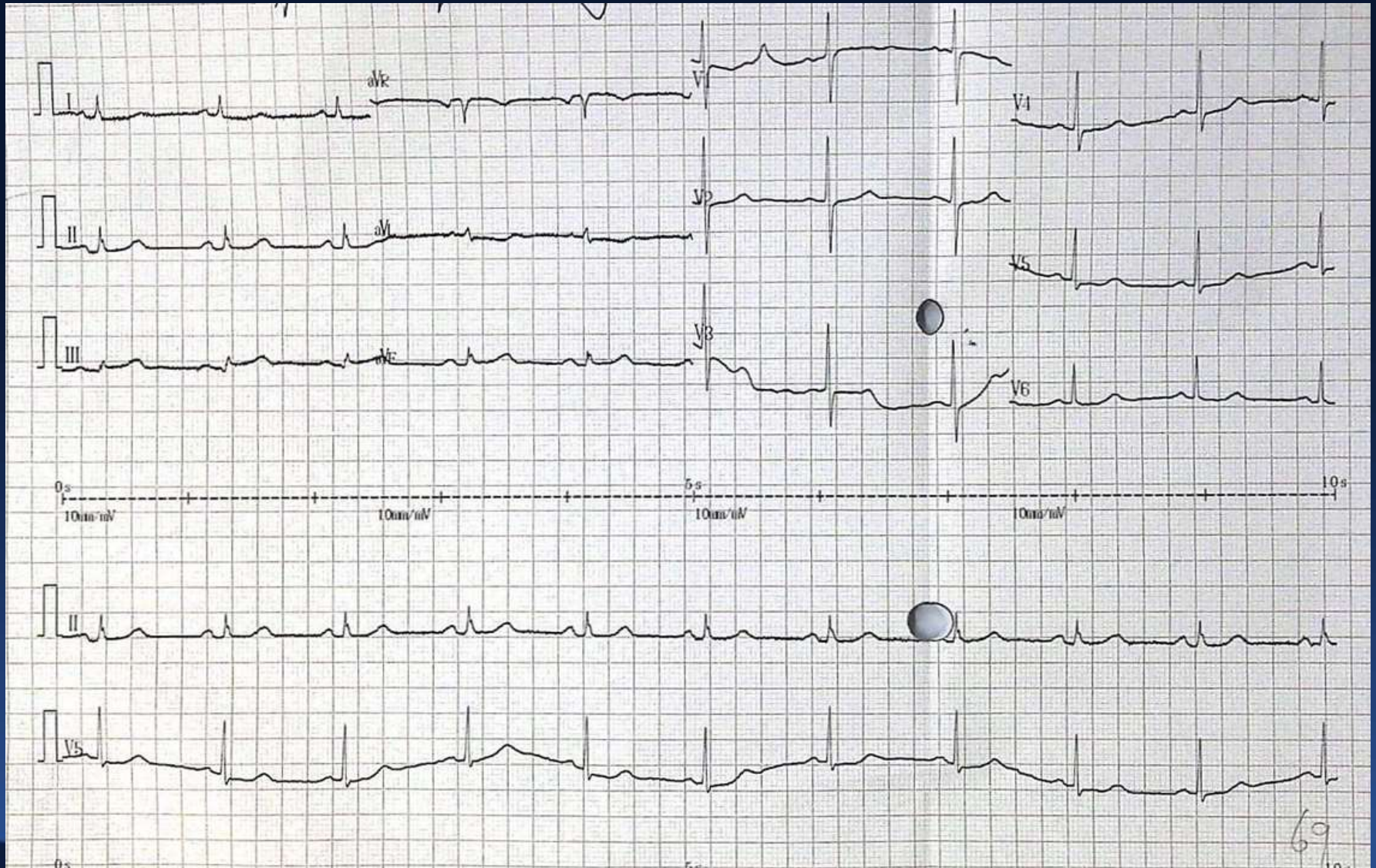


Assistant Exam

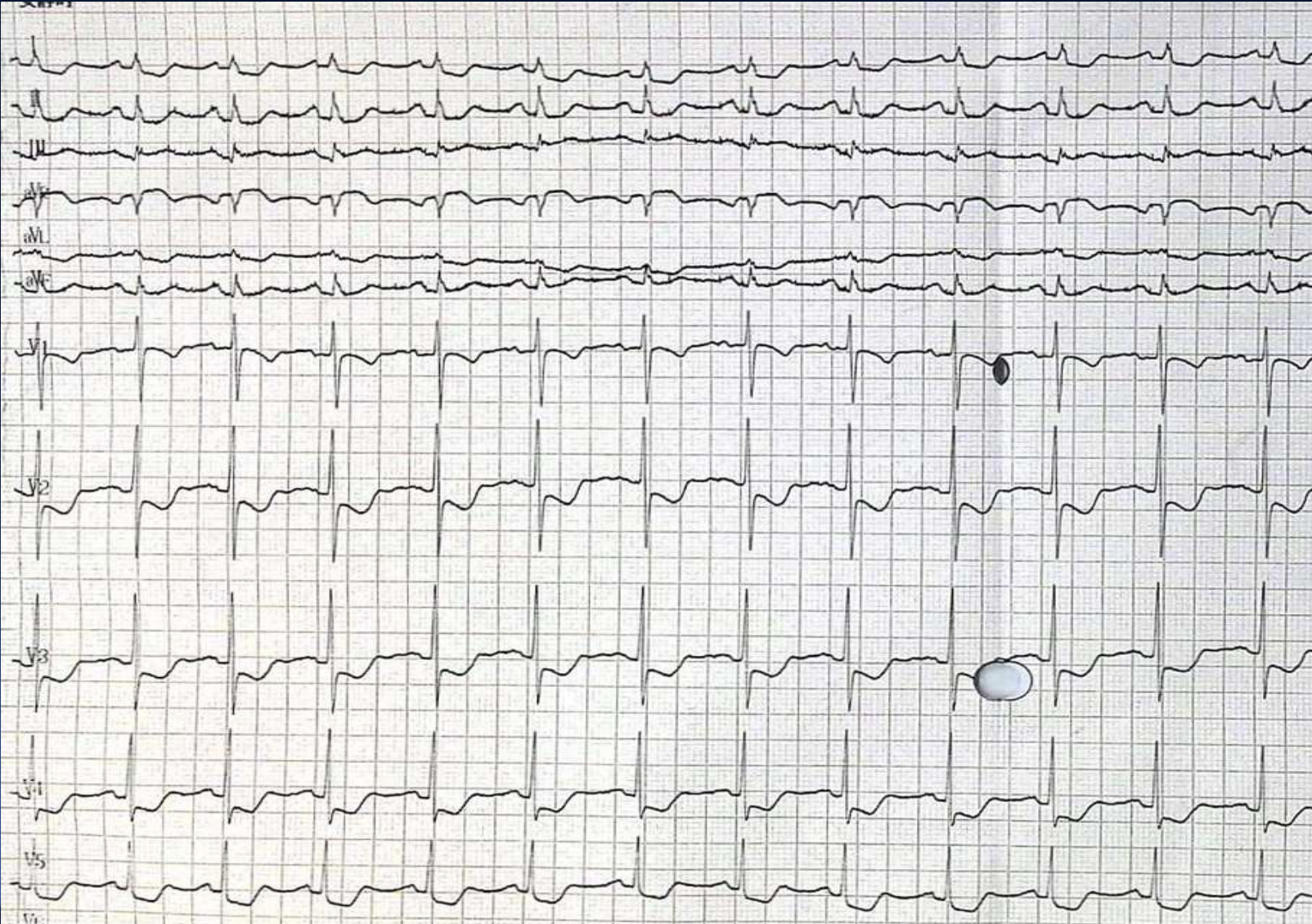
- Blood, Urine and Stool RT: Normal
- Biochemistry: ALT 14U/L, AST 23U/L, CRE 65 μ mol/L, TG 3.01mmol/L, LDL-C 2.29mmol/L, K 3.73mmol/L
- DIC: Normal
- TNI: 0.37ng/ml
- UCG: Segmental wall motion abnormality (Basal segment of left ventricular posterior wall); left ventricular end -diastolic diameter(LVEDD) 4.9cm, LVEF 70.1%.



Asymtomatic ECG



Chest distress ECG



Diagnosis on Admission

■ Coronary heart disease

NSTEMI

Cardiac border not enlarged

Sinus rhythm

Heart function class II (Killip classification)

■ Hypertension

■ Hyperlipemia



Evaluate disease severity

- **TIMI score: 5 points (high risk)**

14-day cardiovascular events incidence: 26.2%

- **GRACE score: 212 points (high risk)**

In hospital death risk: 12%

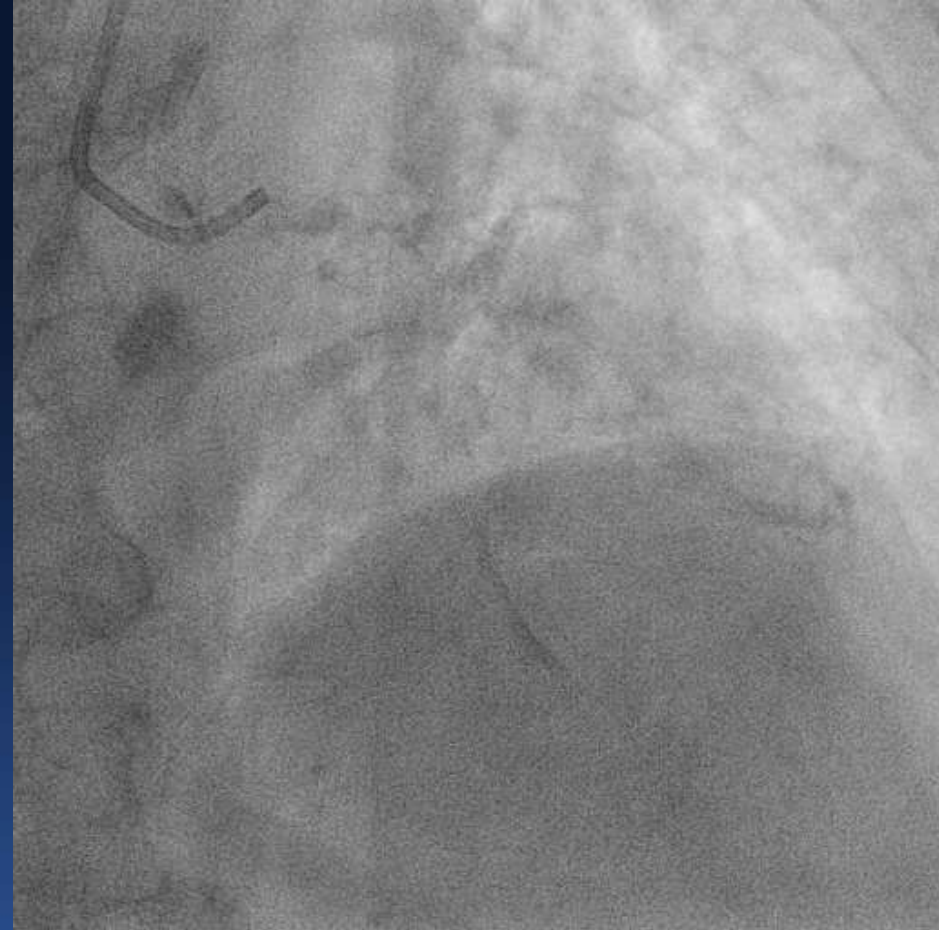
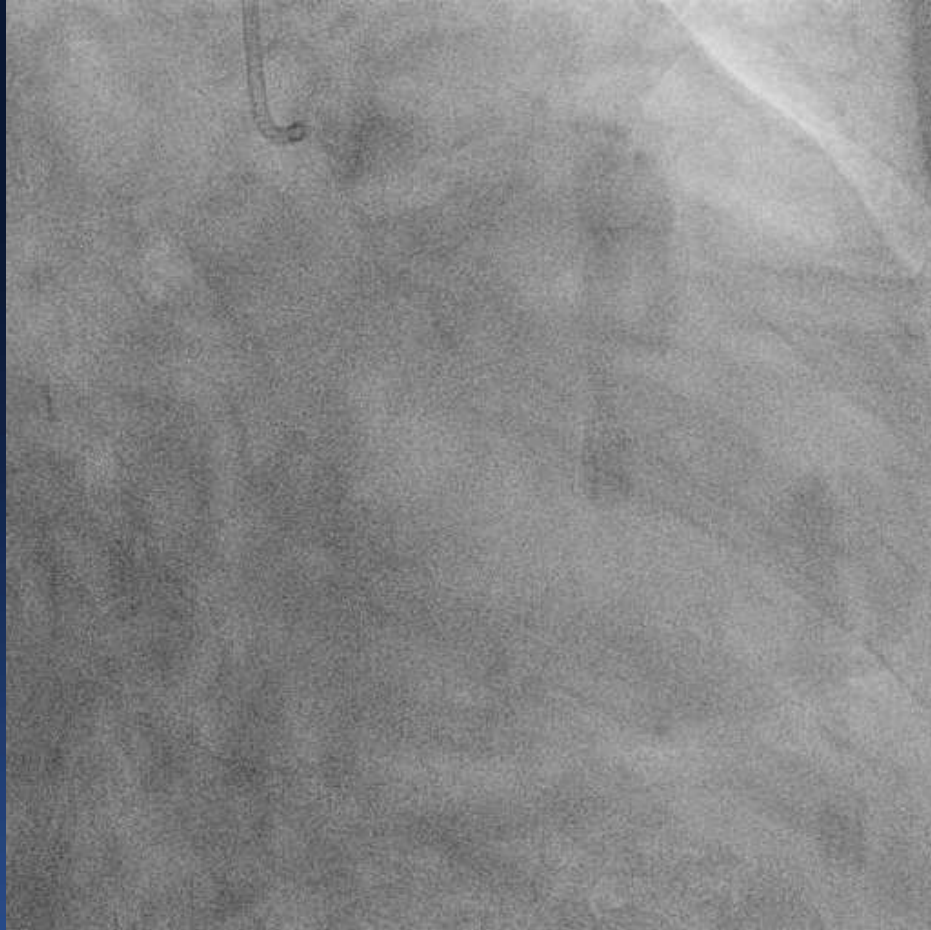
1. JAMA. 2000. 284(7): 835-42.
2. <http://www.gracescore.org/>



RCA angiography



LCA angiography: Pt. demonstrated hemodynamic instability



Start IABP implantation a.s.a.p.



Treatment Options: PCI or CABG?

- Cardiac surgeon consultation: emergency CABG possible

- What's the decision?



Start emergency PCI

CABG

- SYNTAX score: 29
- SYNTAX II score: 45
- 4-yr death rate: **23.3%**
- EuroSCORE score: 13
- In hospital death rate: **33.7%**

PCI

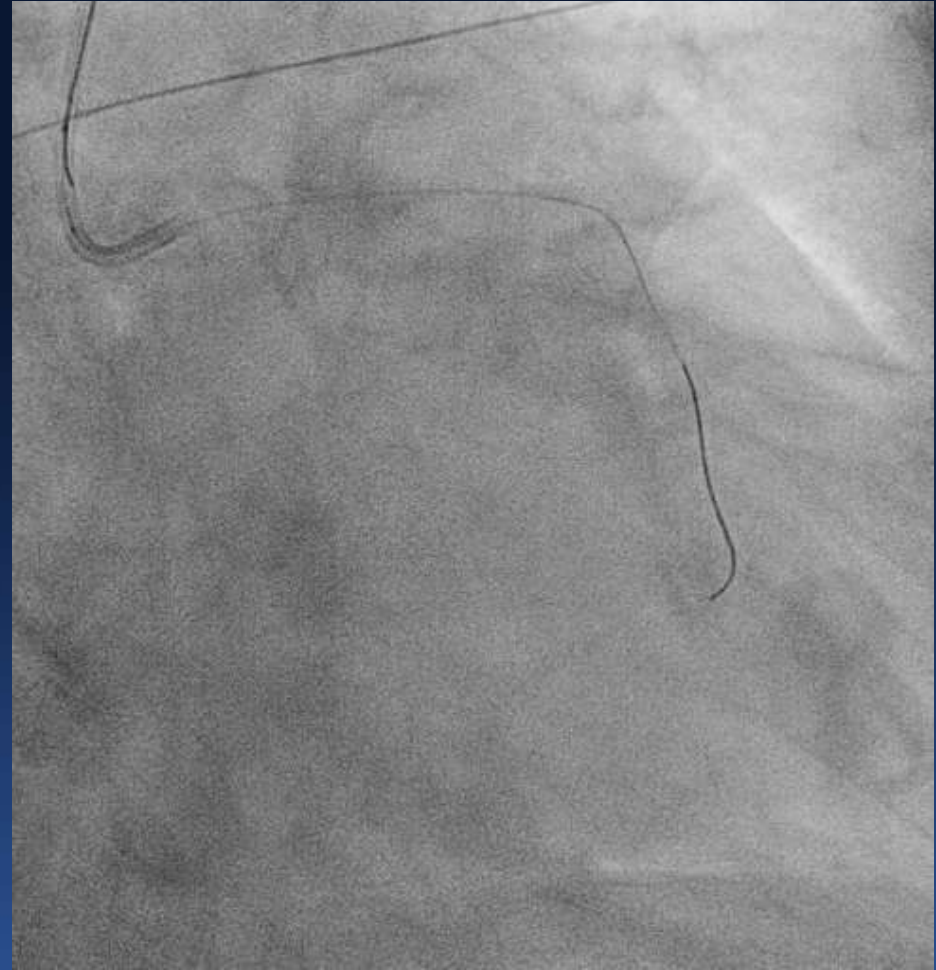
- SYNTAX score: 29
- SYNTAX II score: 35
- 4-yr death rate: **10.9%**

1. <http://www.EuroSCORE.org/>
2. <http://www.syntax.org>
3. Lancet. 2013;381:639-50



Runthrough wire—LAD

BMW wire cannot go through LCX lesion



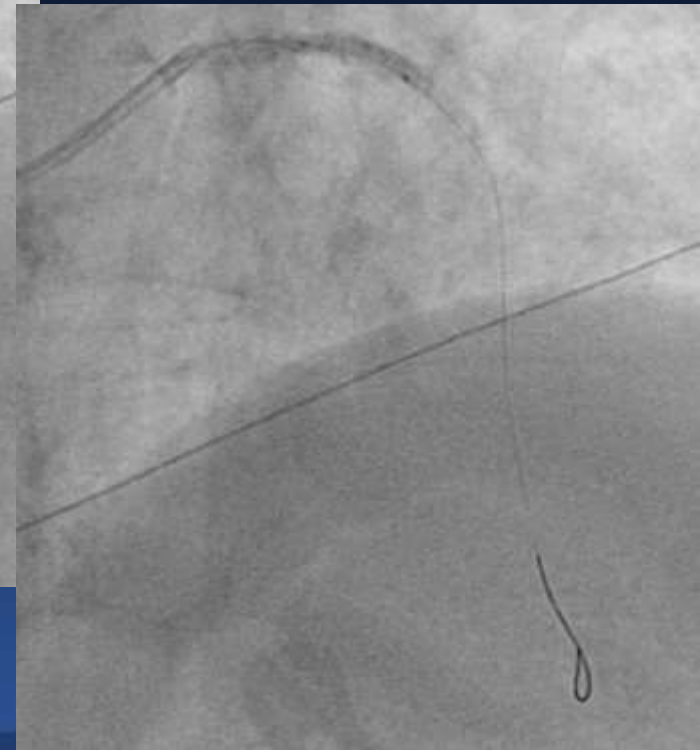
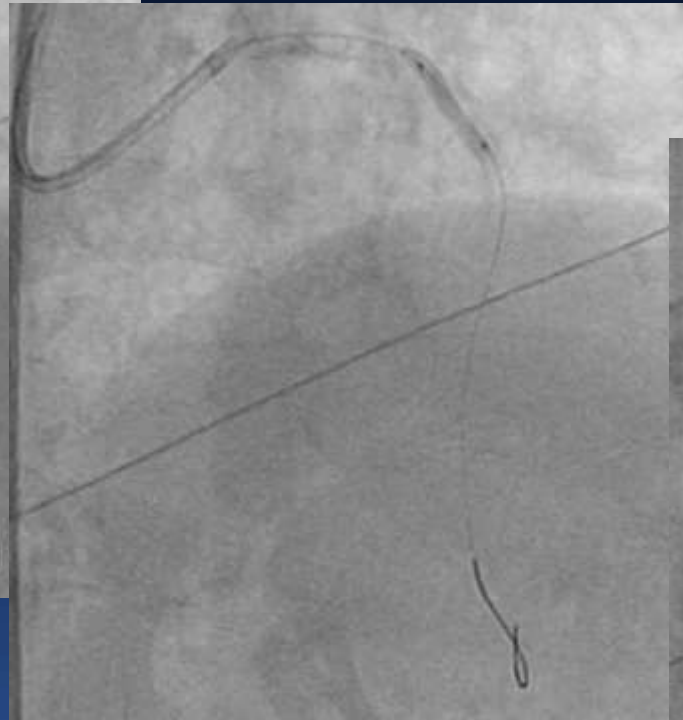
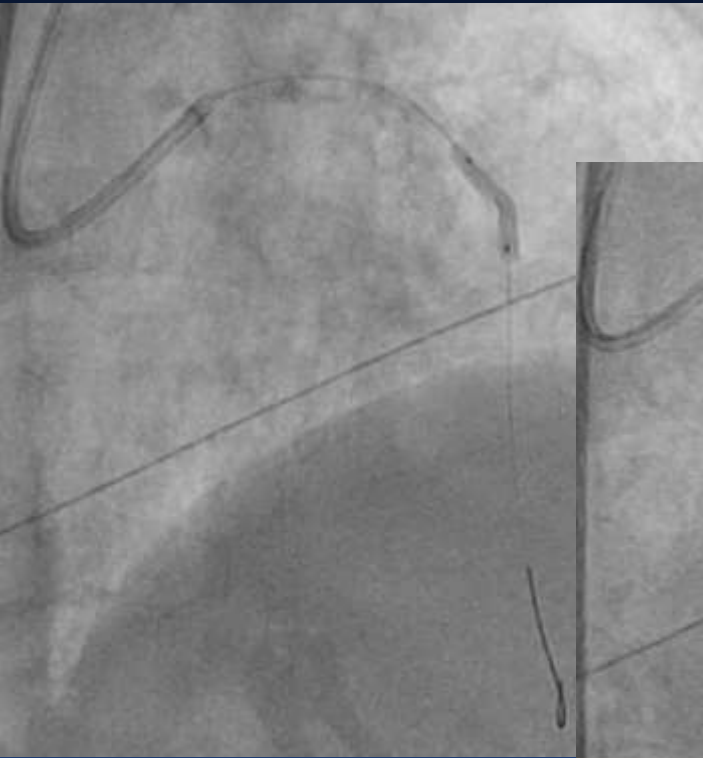
GC: 7F EBU 3.0; Transfemoral approach(left)



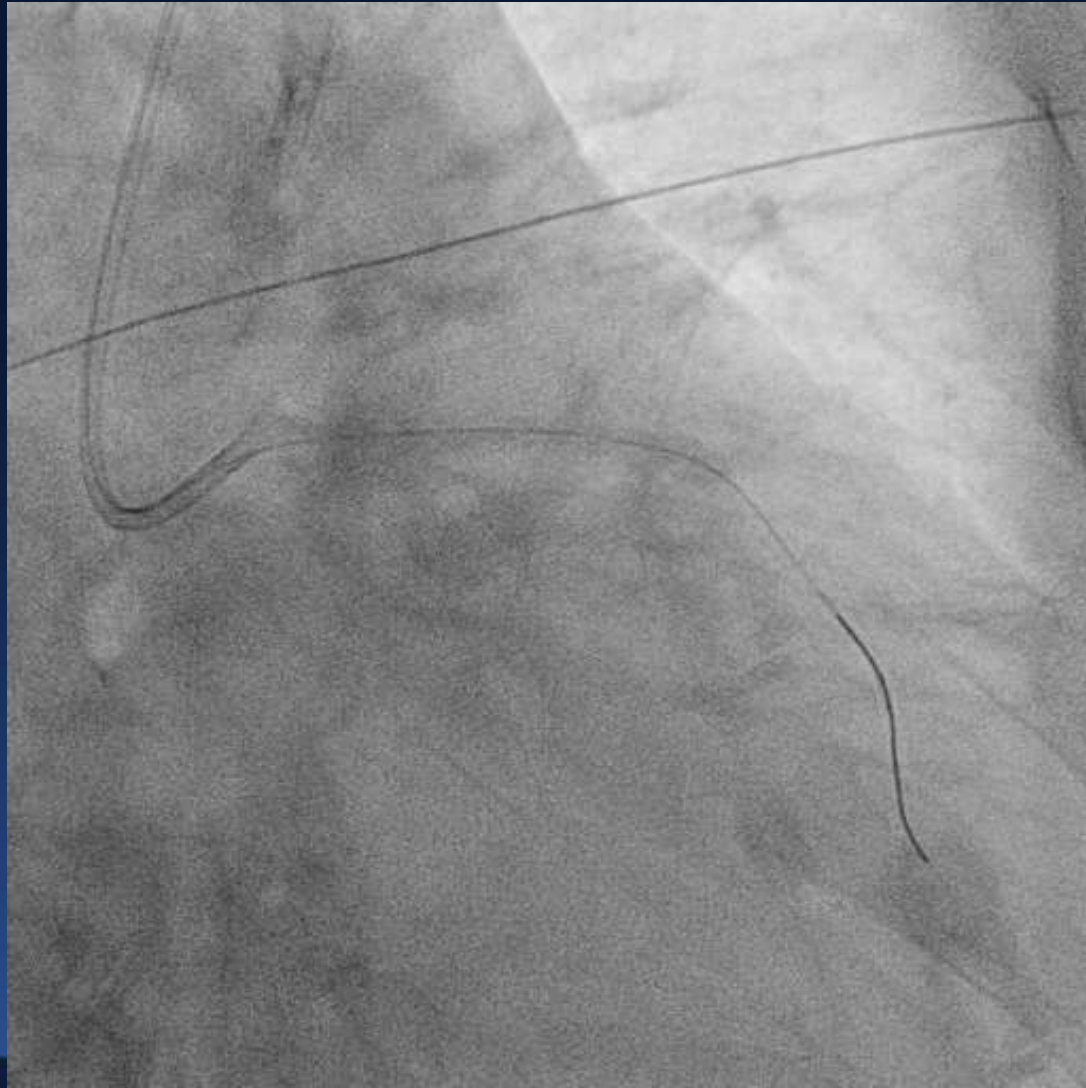
Strategy change: PTCA 2.5×15mm balloon
to predilate LM lesion at 16 atm.



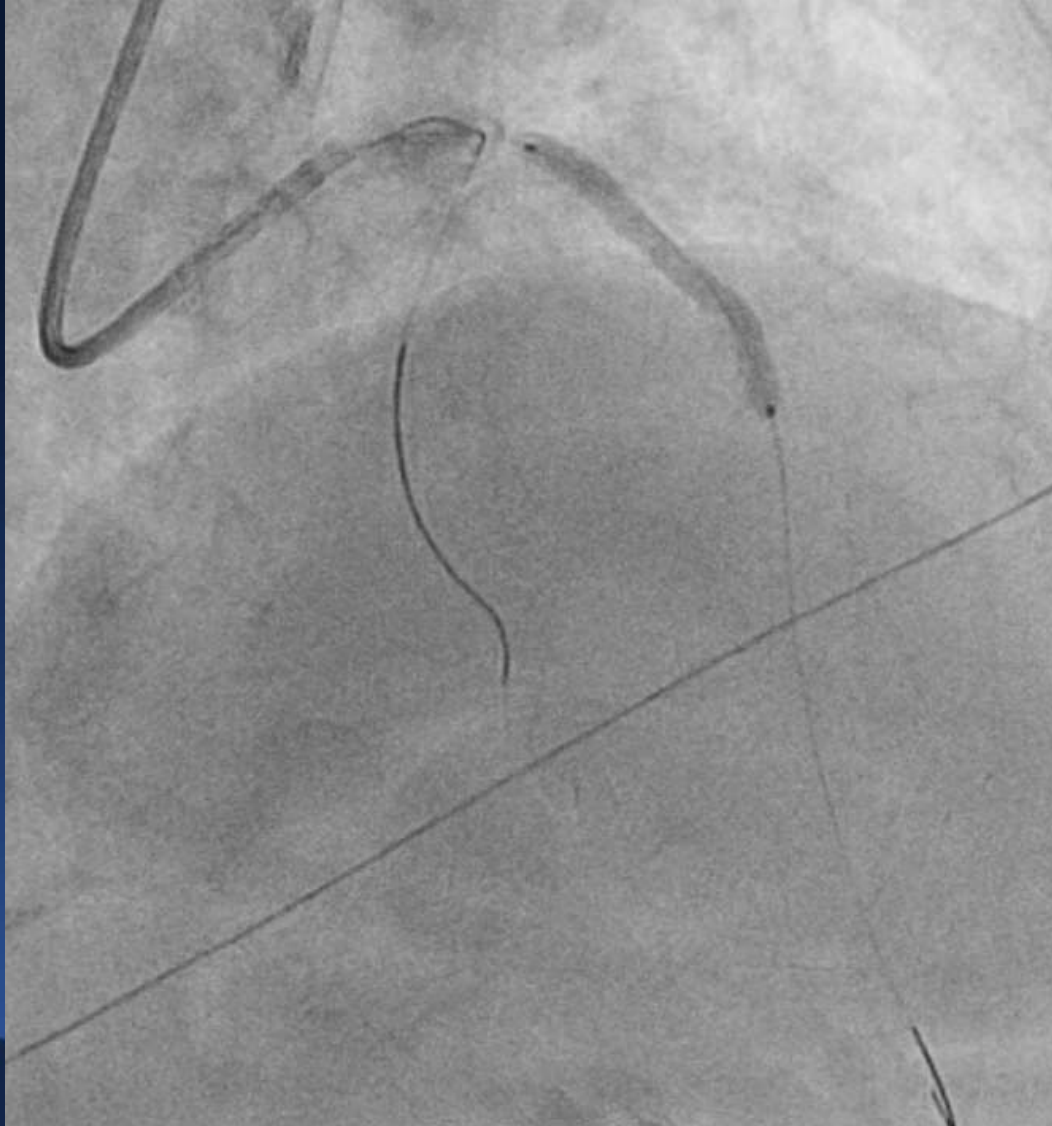
PTCA 2.5 × 15mm balloon to predilate LAD lesion at 10 atm



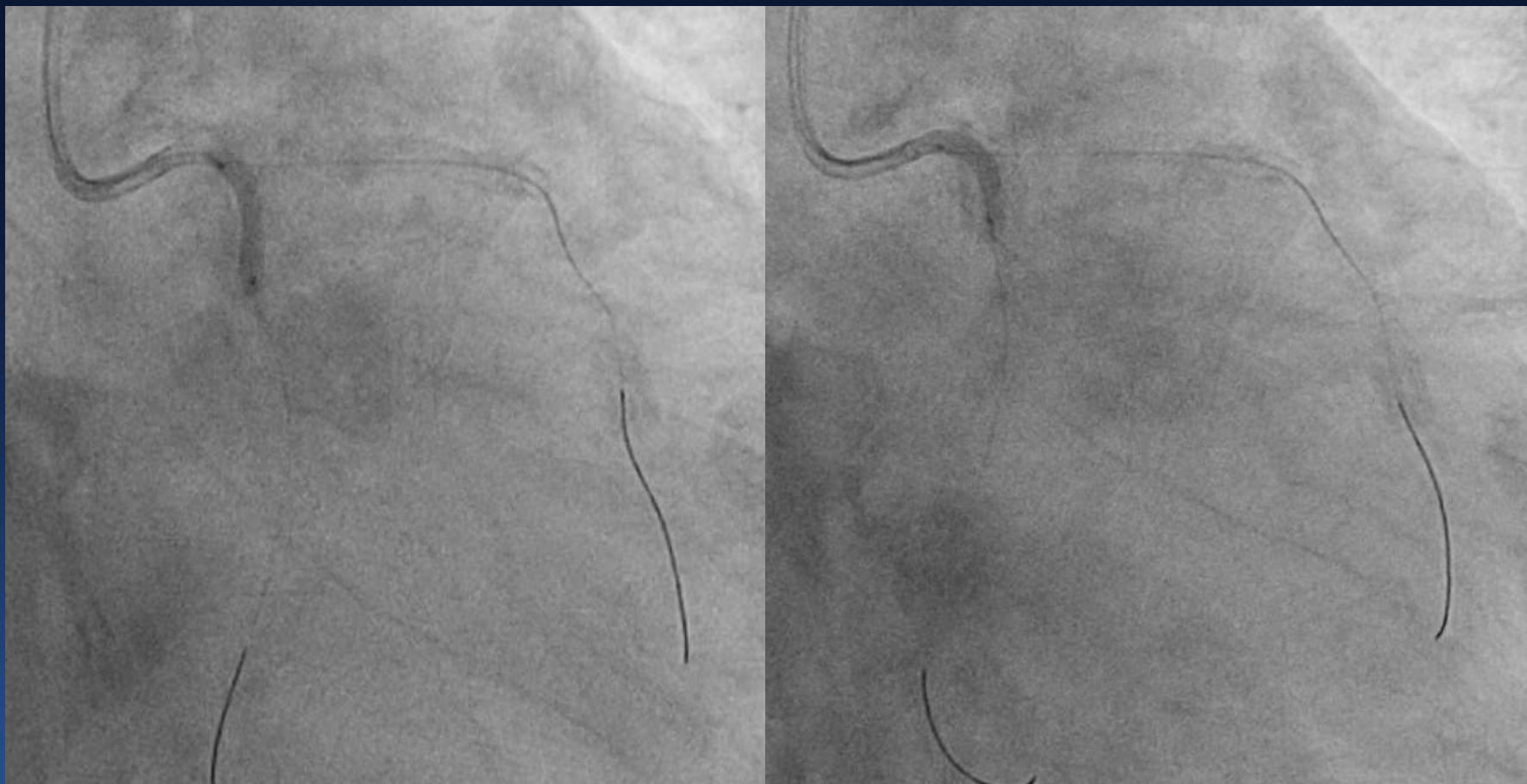
One stent or two?



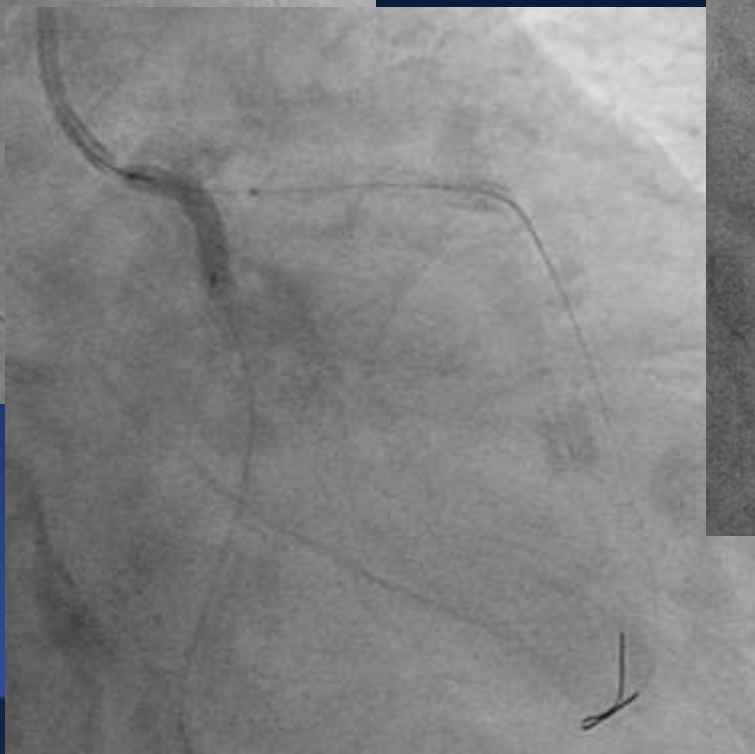
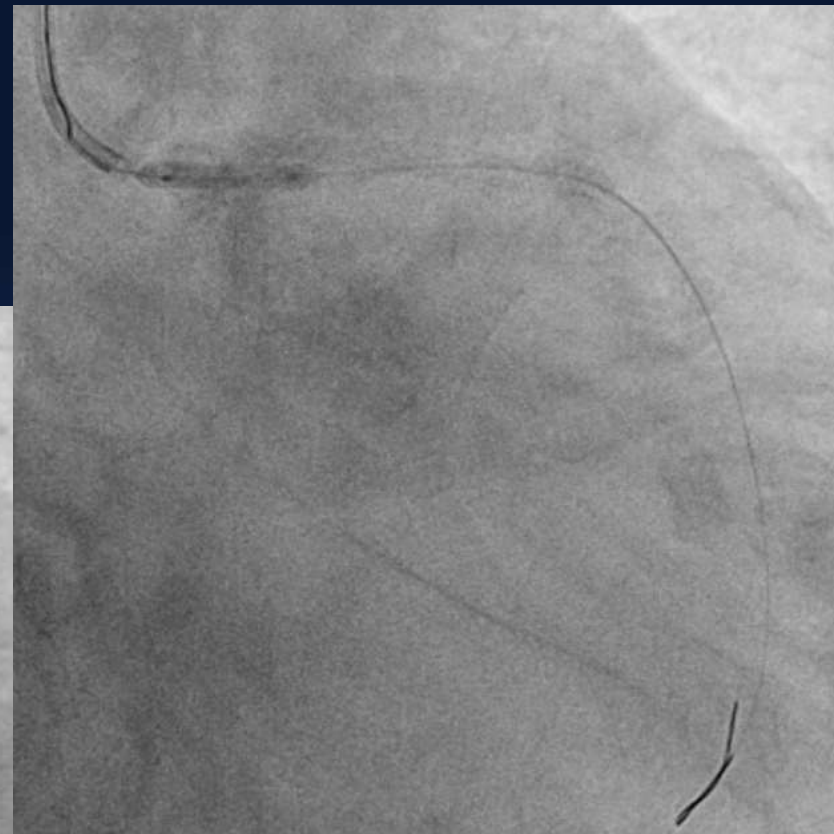
**BMW wire went into LCX smoothly. Resolute
2.75 × 30mm stent at LAD at 16 atm.**



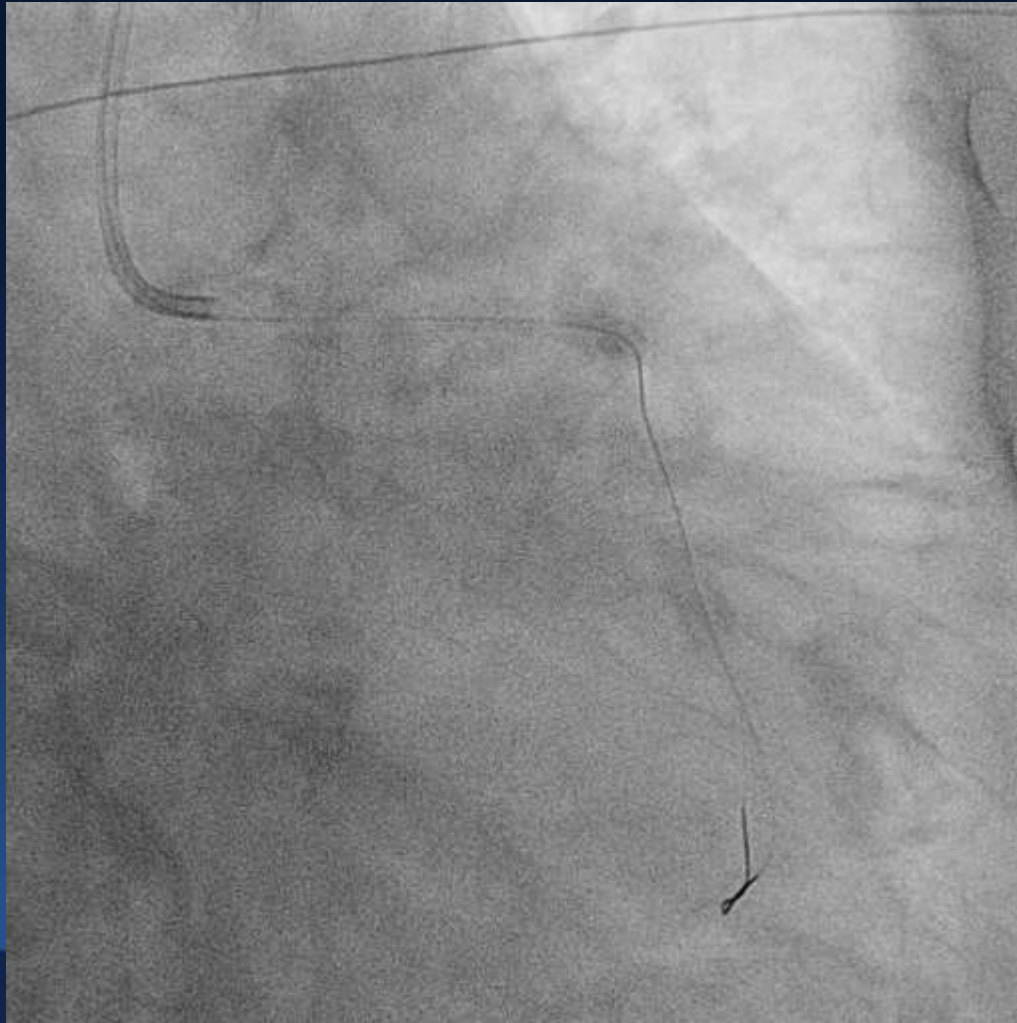
PTCA 2.5 × 15mm balloon to dilate LM & LCX at 12atm.



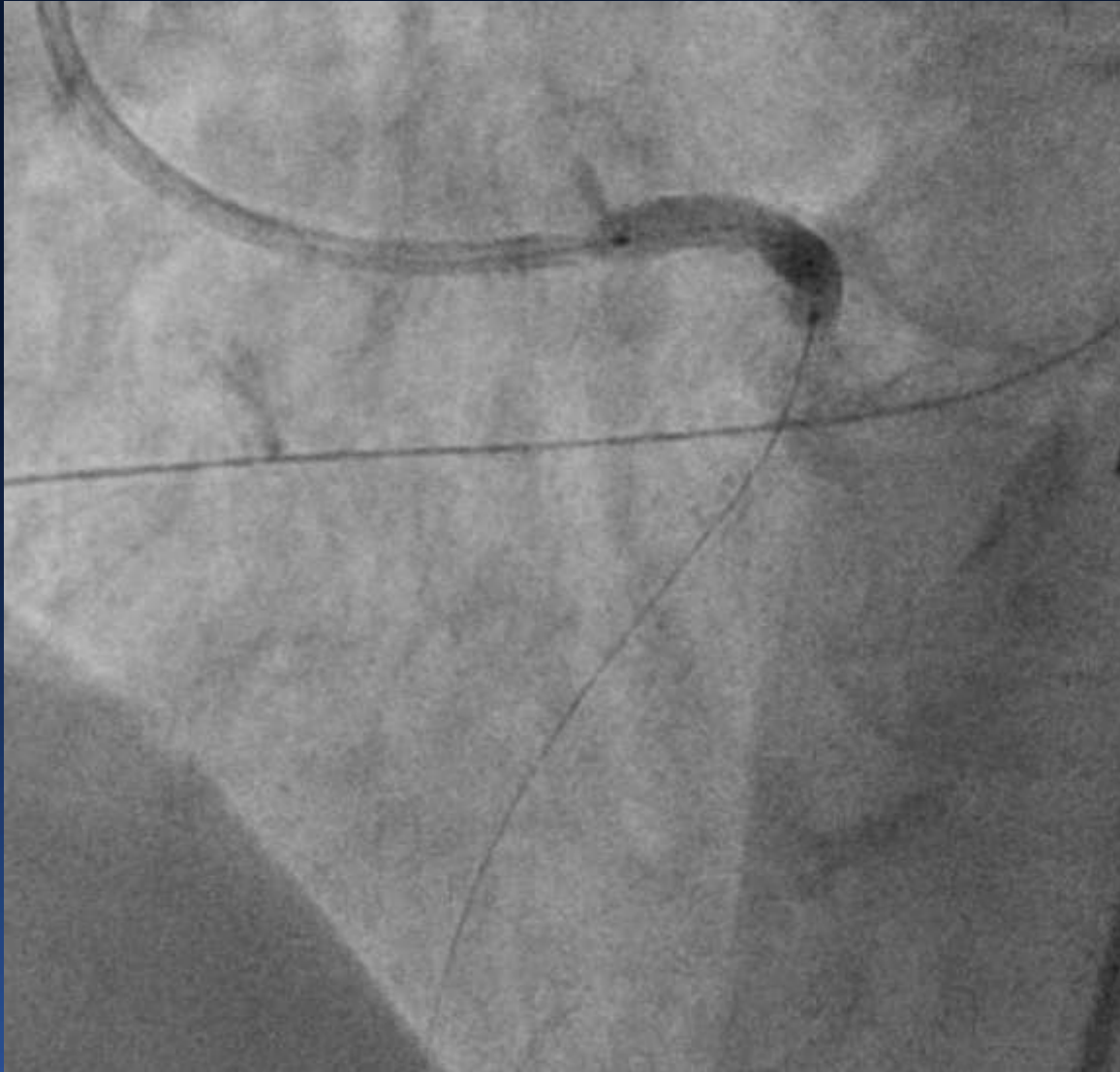
**Resolute 2.75 × 18mm stent at LCX at 12atm.
Withdraw the wire, dilate LAD with a PTCA
2.5 × 15mm balloon at 12atm.**



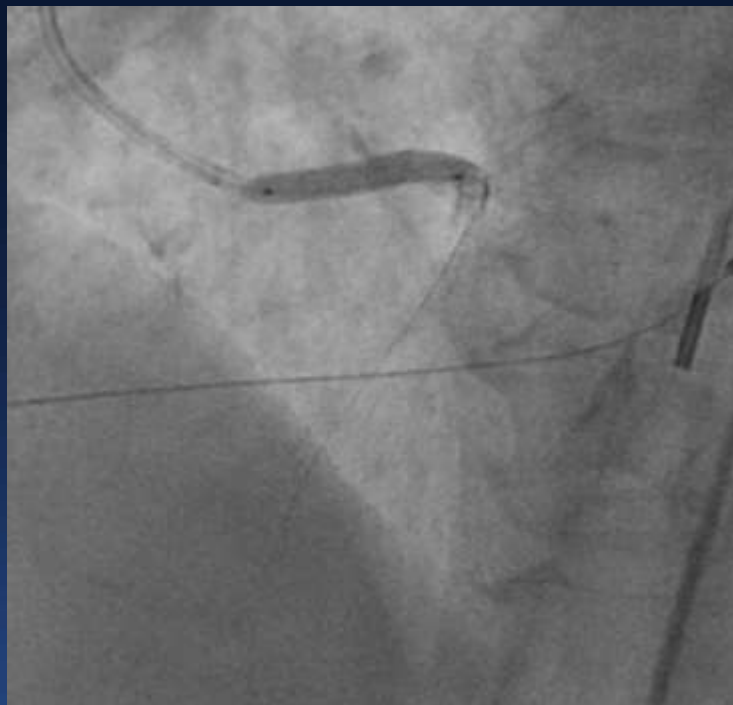
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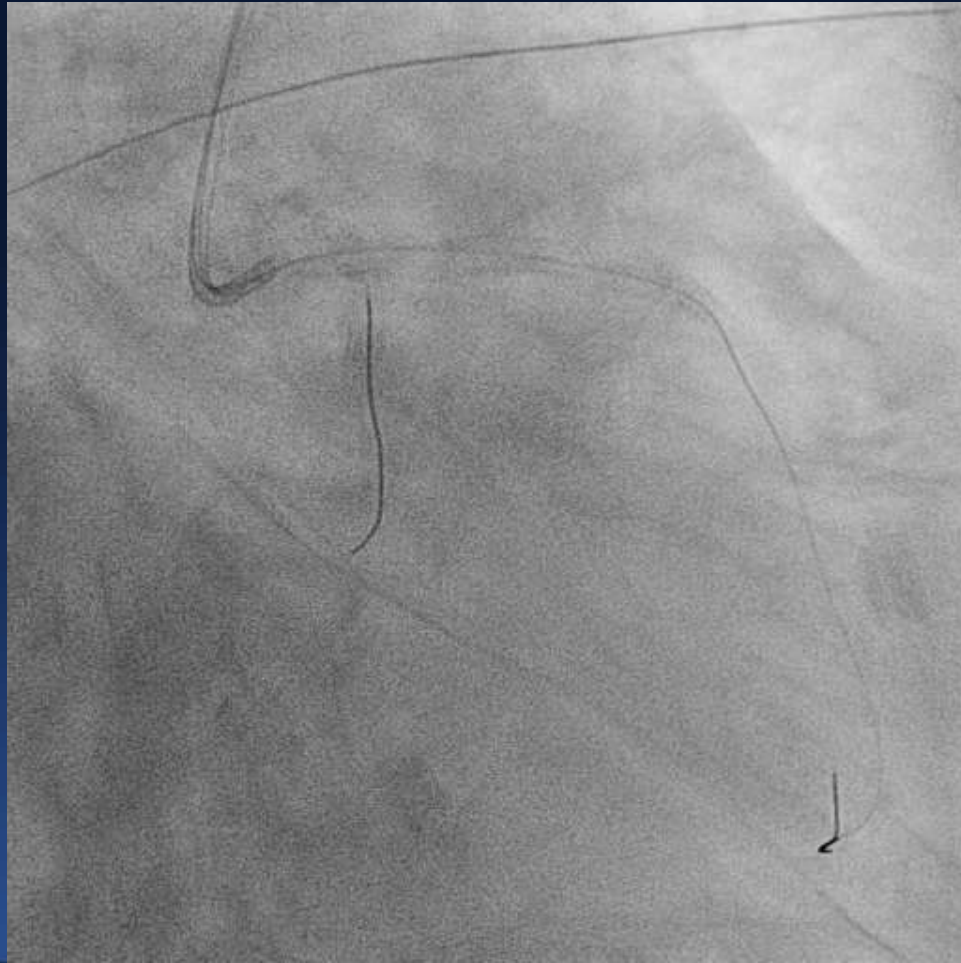
Resolute 3.5 × 30mm stent from LAD to LM at 14 atm.



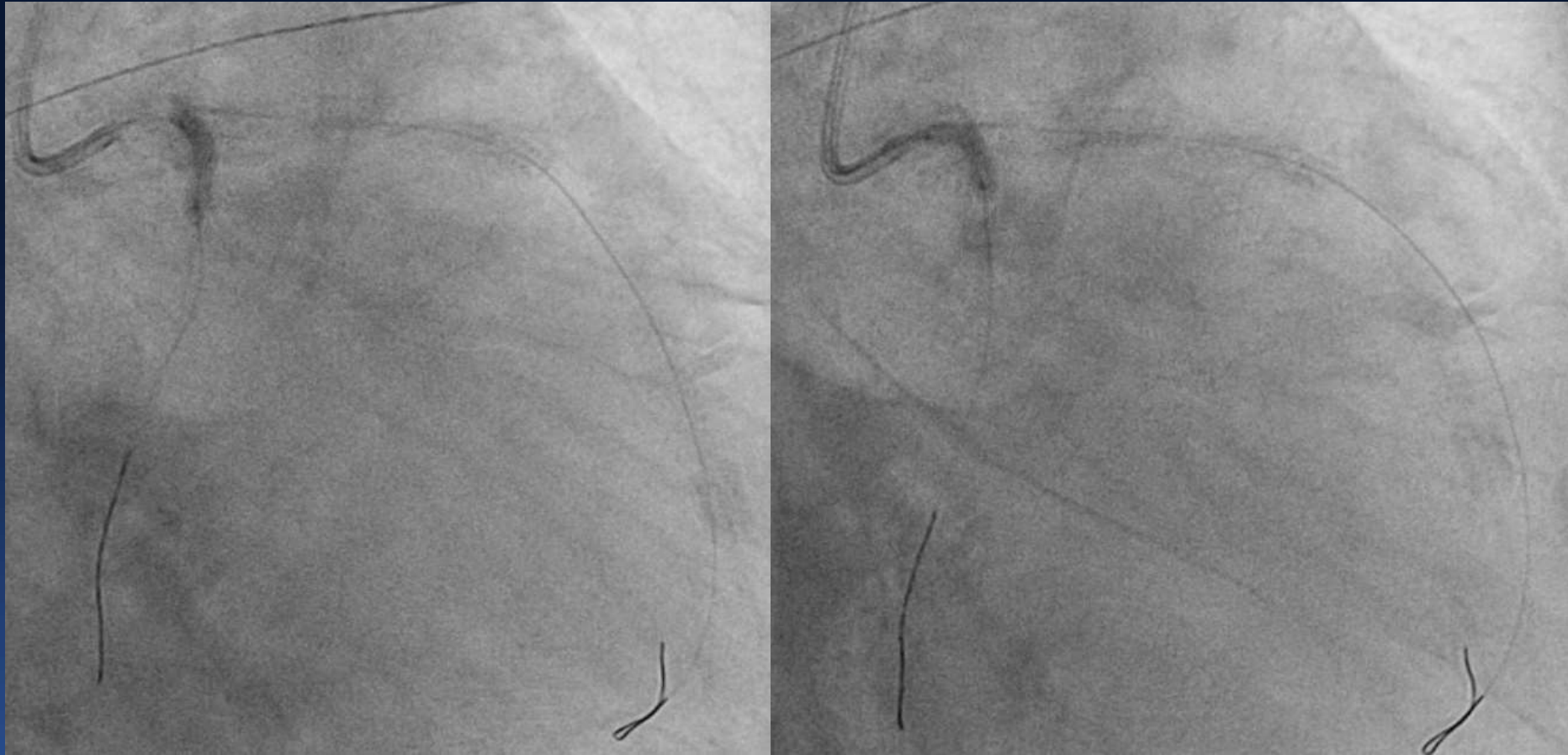
Set a stent and a balloon to dilate the proximal part of LM & LAD .



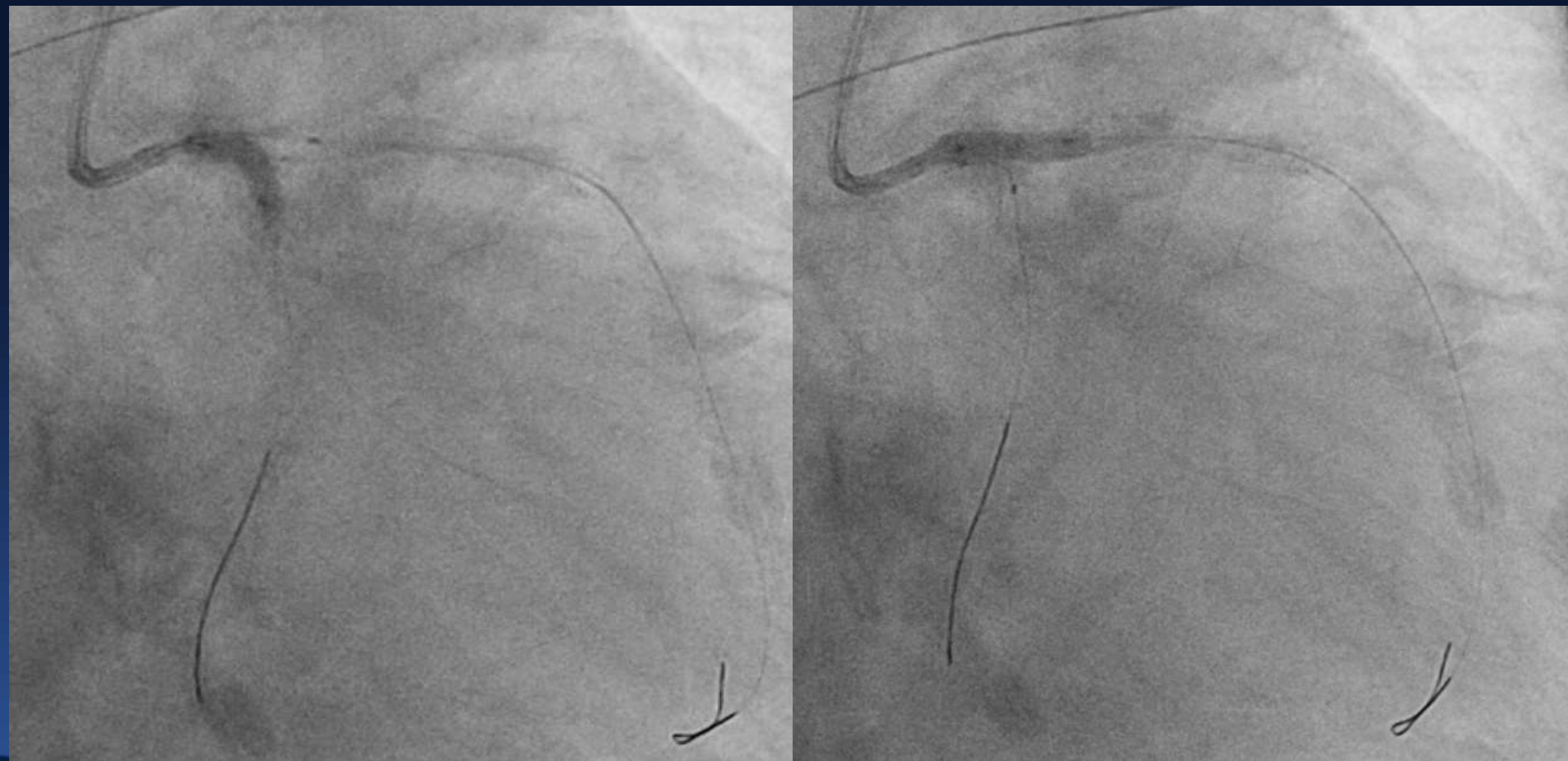
BMW wire goes into LCX.



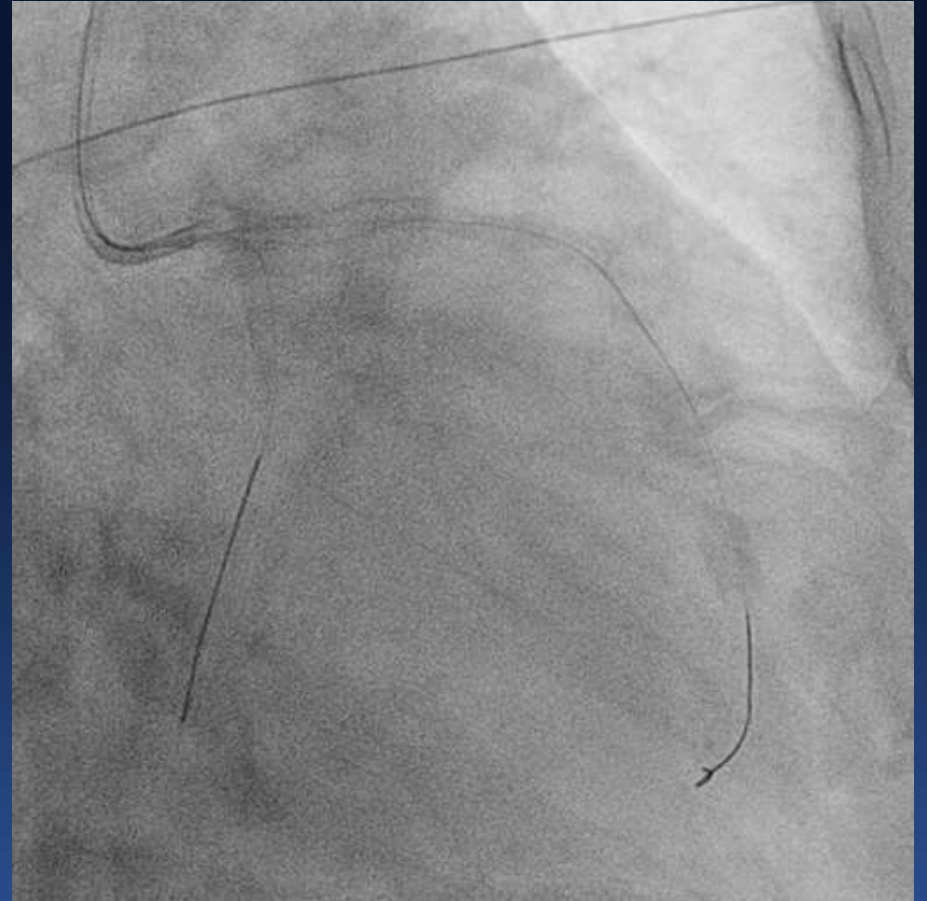
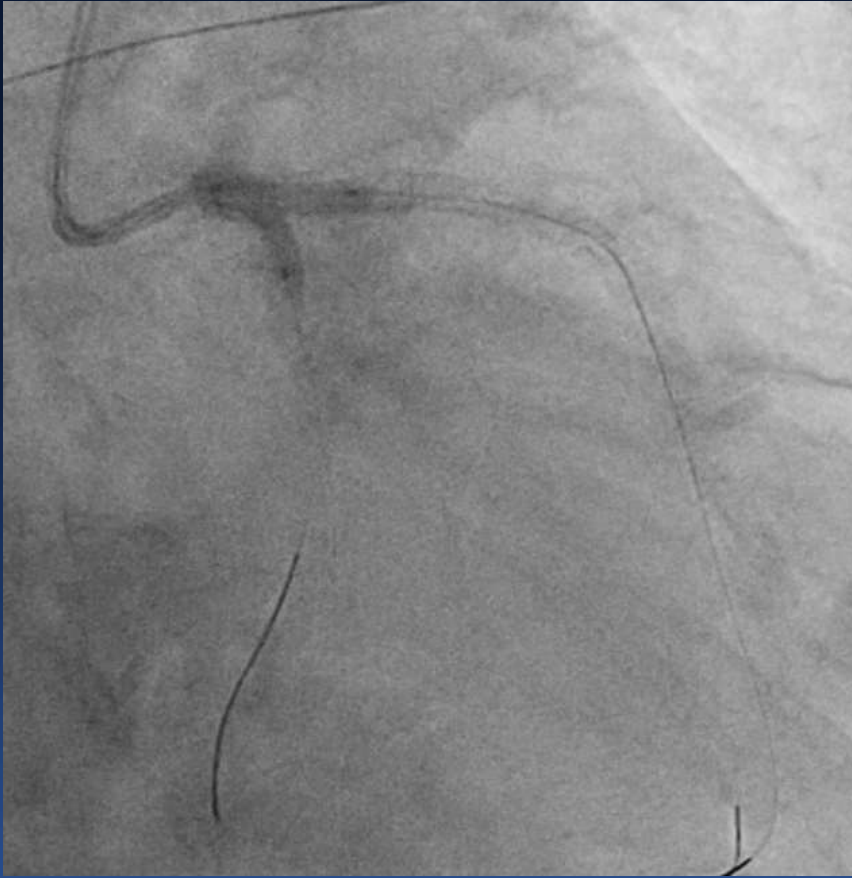
PTCA 2.5 × 15mm balloon to dilate LM & LCX at 10atm.



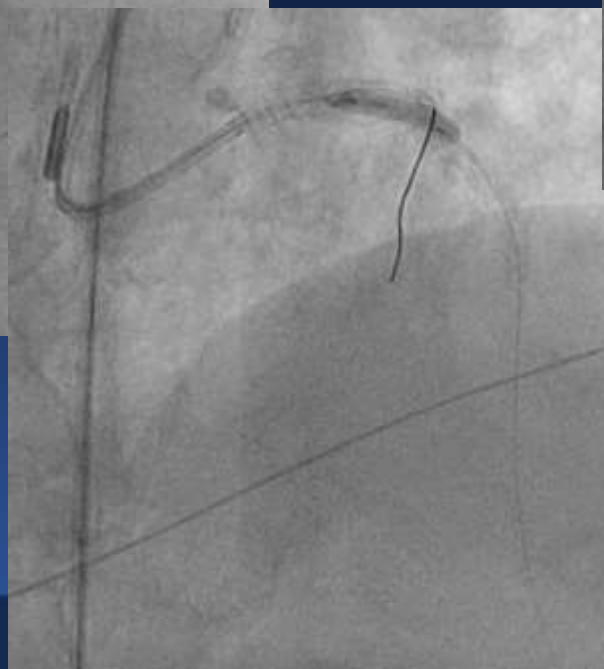
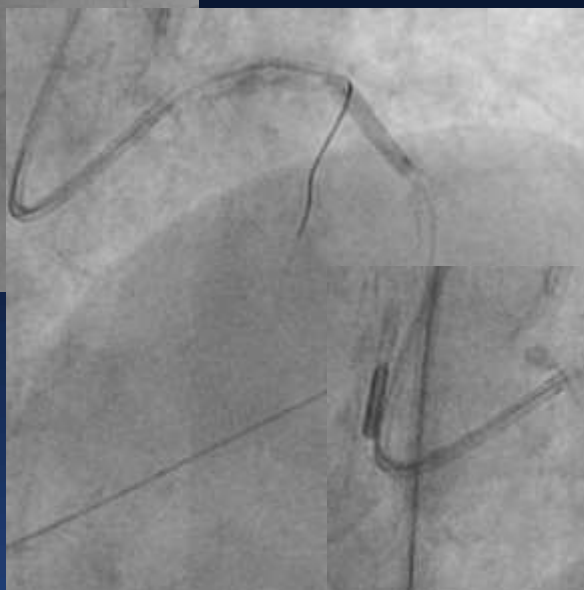
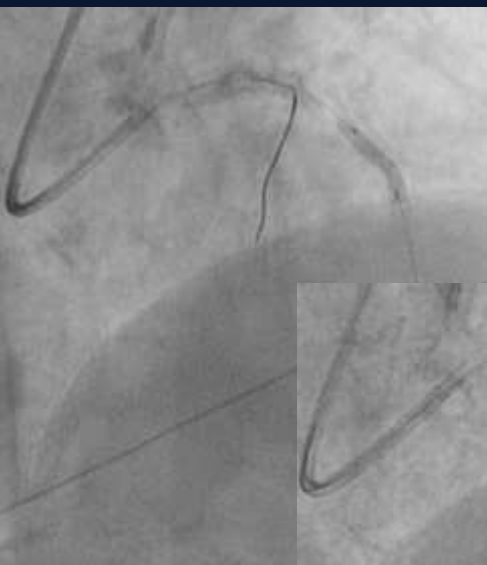
**Quantum 3.0 × 15mm balloon to enter and dilate LCX at 12 atm.
Quantum 3.5 × 15mm balloon to enter and dilate LAD at 12 atm.**



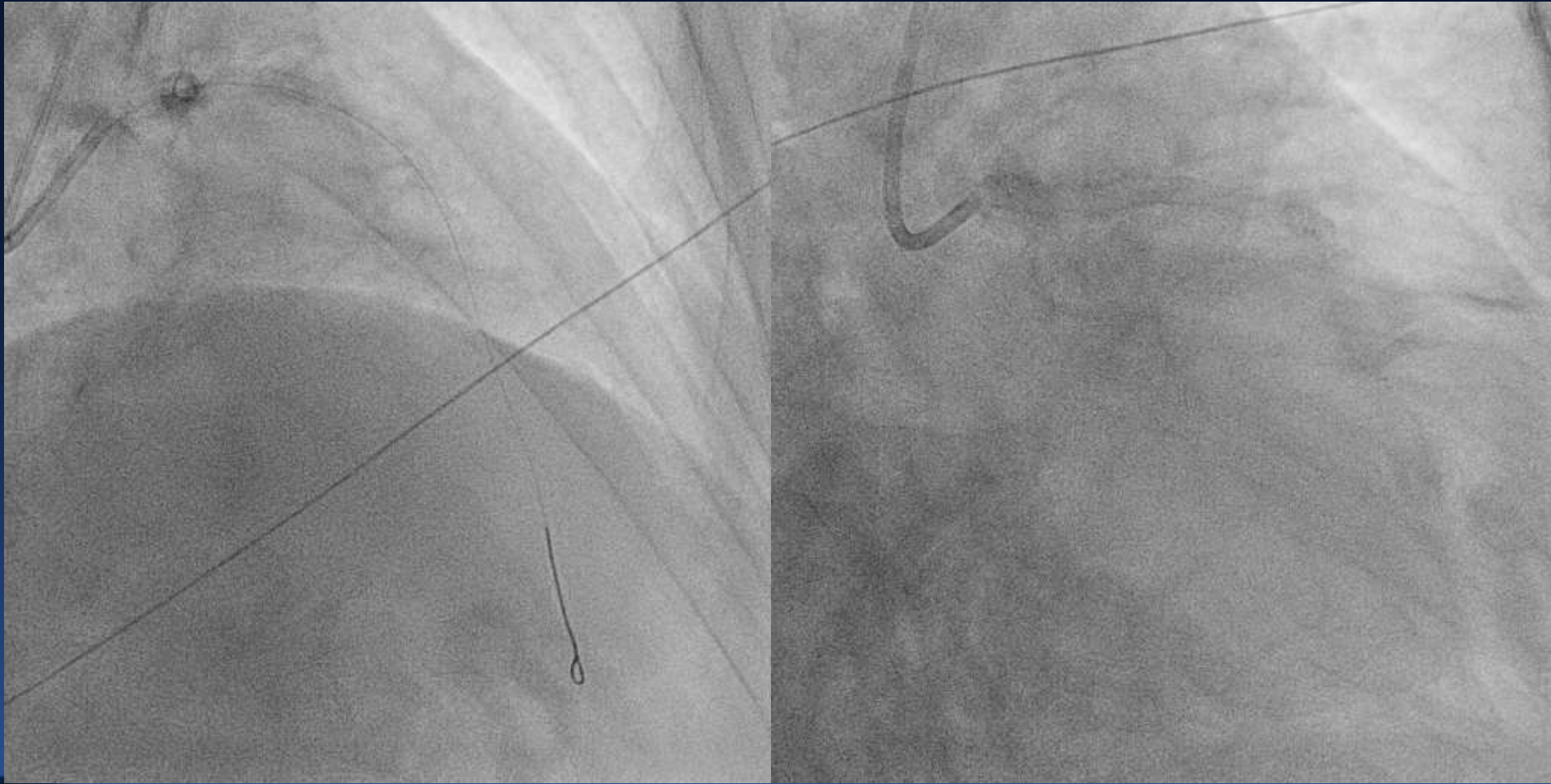
Kissing balloon inflation at 12-18 atm.



Quantum 3.5 × 15mm balloon to dilate LAD at 14-20 atm



Final angiography



Thank you for your attention!

