A case of 100% thrombotic lesion in super-dominant RCA vessel in a patient with IWMI, recurrent VT/VF, and triple-vessel disease

Dr. Rohit Mody

- 65 years female NIDDM presented with ST elevation inferior MI

  Displayed recurrent VT/VF crisis

  She underwent defibrillation and cardioversion several times

  She was intubated and put on heavy inotropes

  CAG done urgently

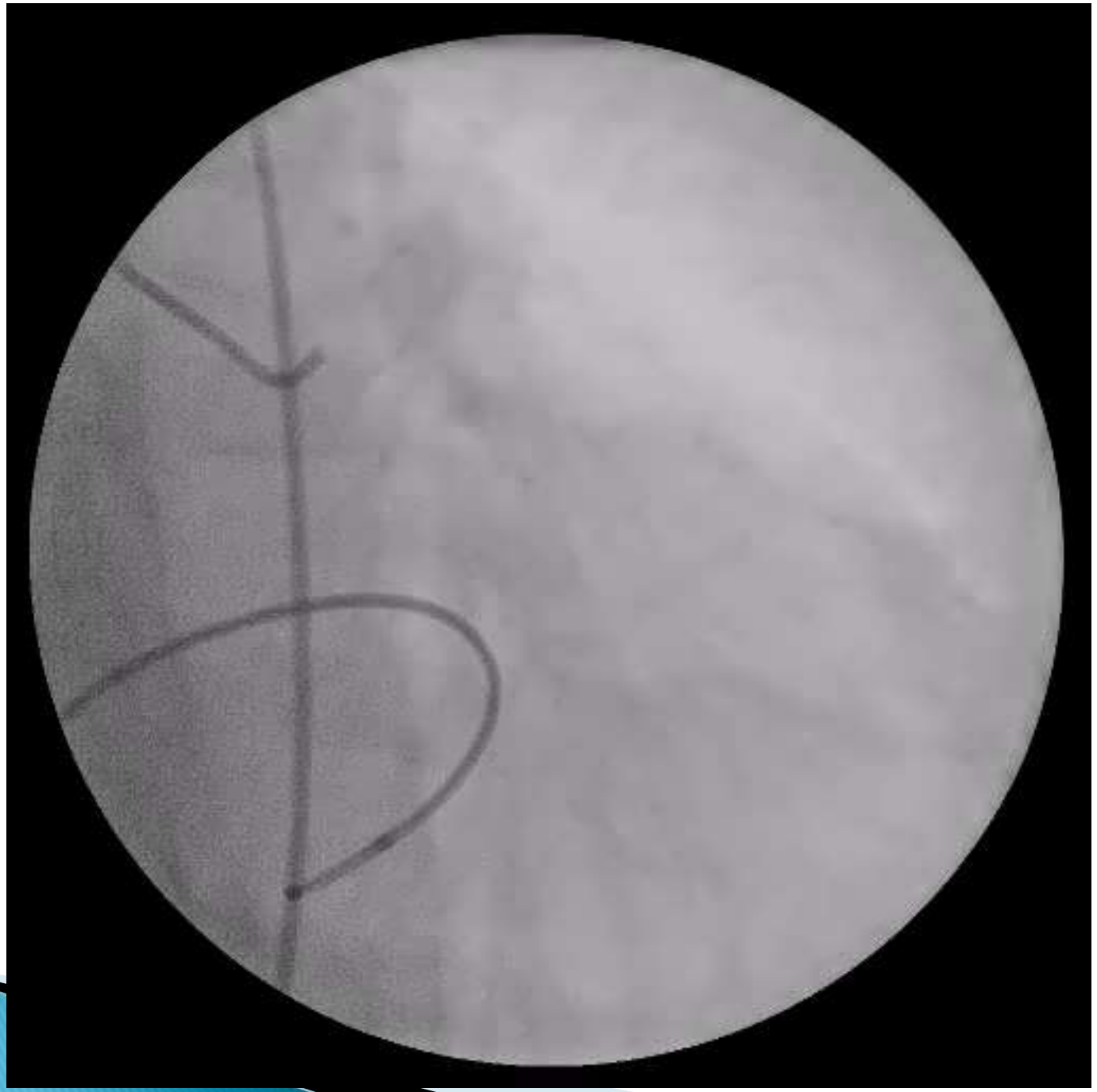
Coronary angiography

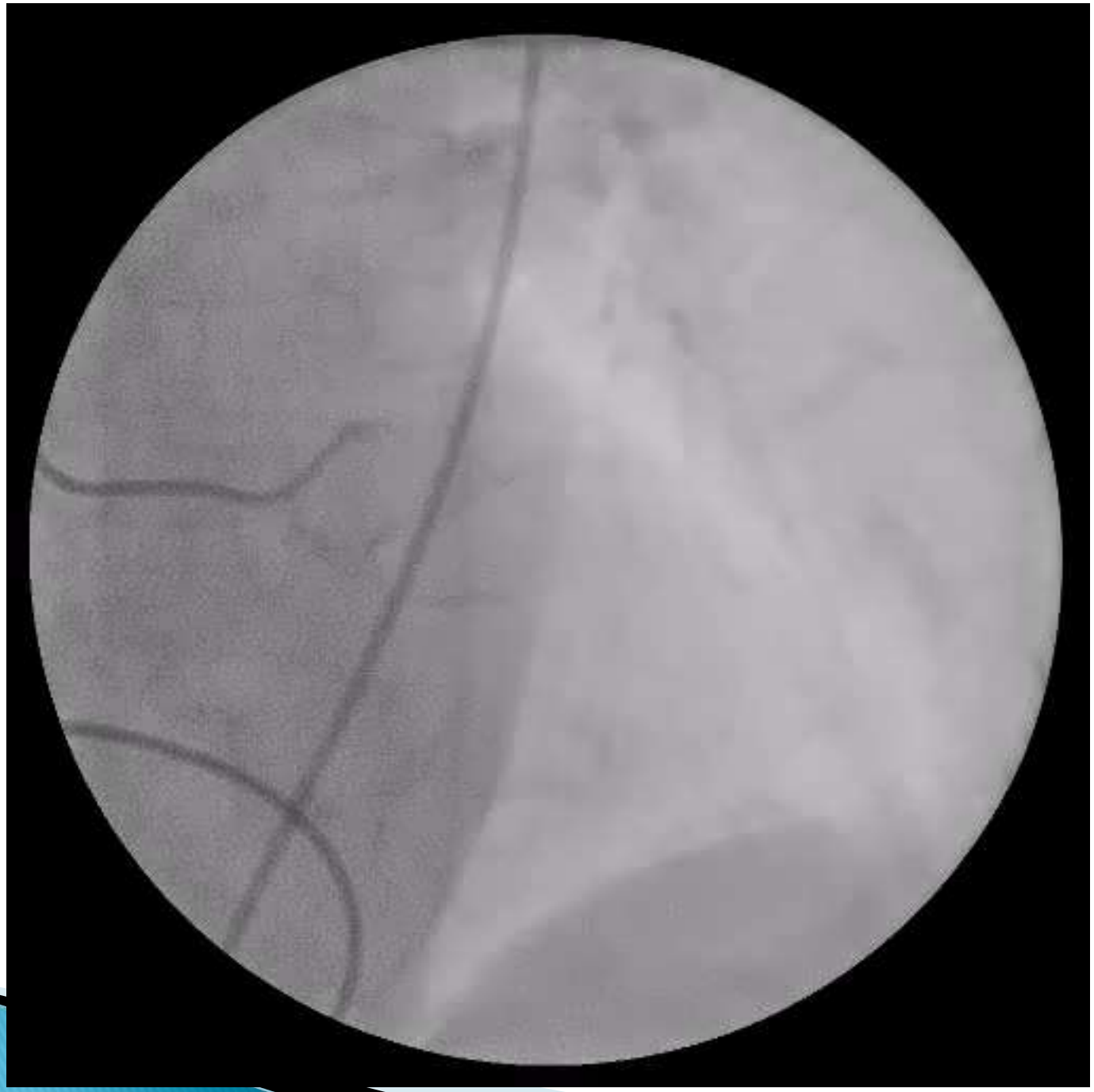
Cag reveals

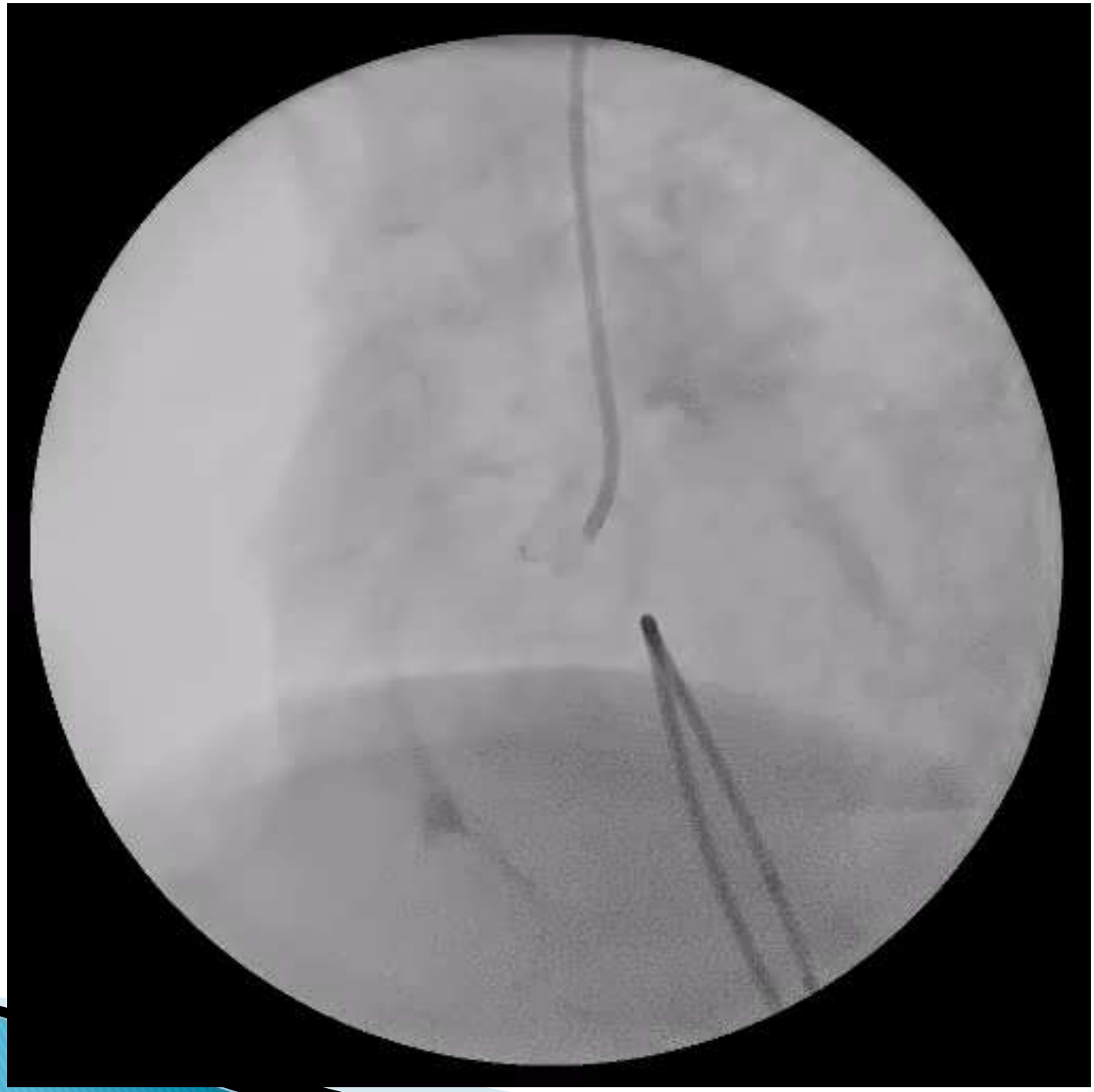
Triple-vessel disease

- 90% stenosis in proximal-mid LADtype1 LAD
- 90% stenosis in proximal LCx small vessel
- 100% thrombotic occlusion in mid RCA

superDominant RCA,
Massive thromboitc total occlusion
(Grade 4) with large thrombosis in
mid segment; TIMI flow 0







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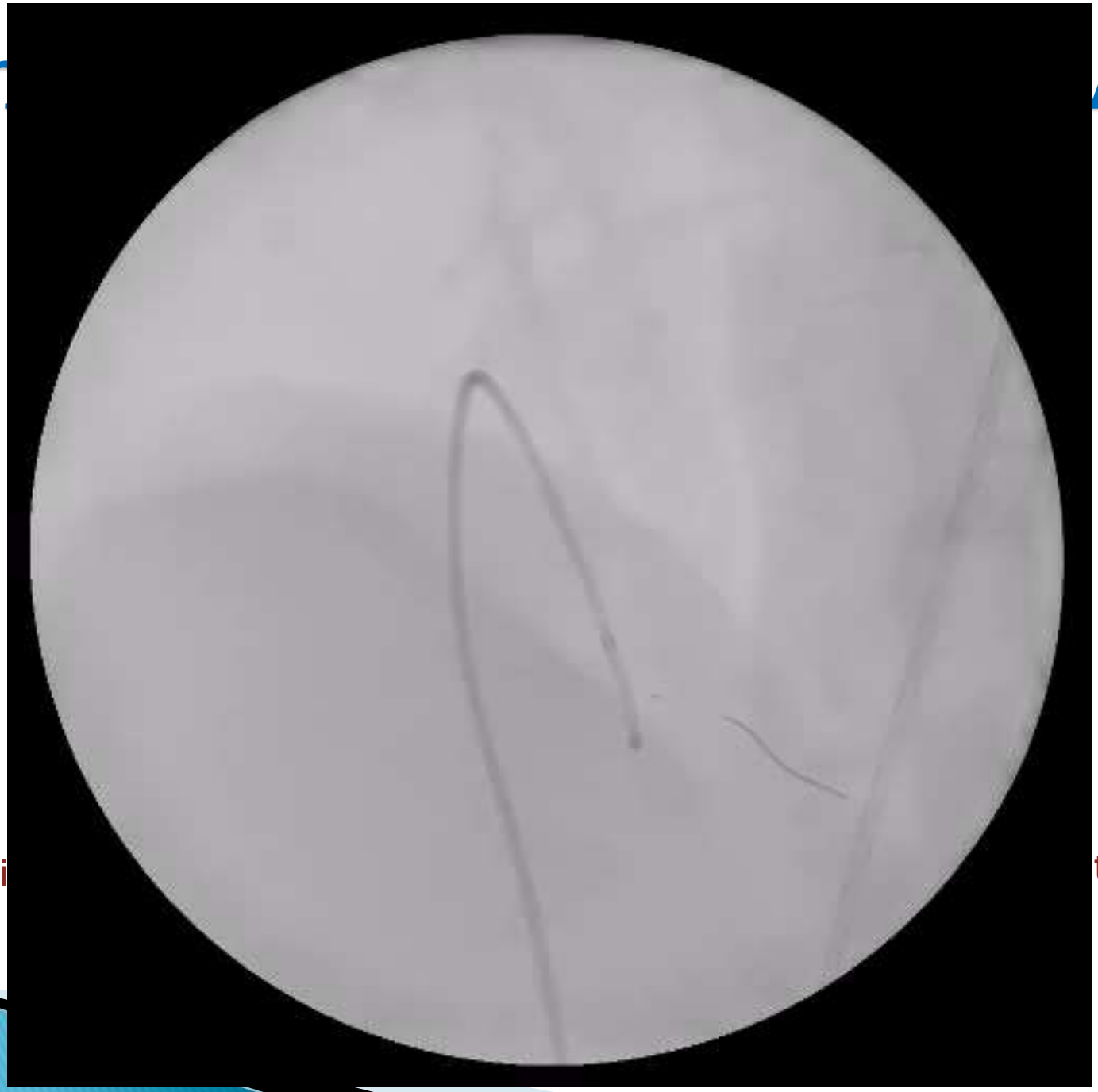

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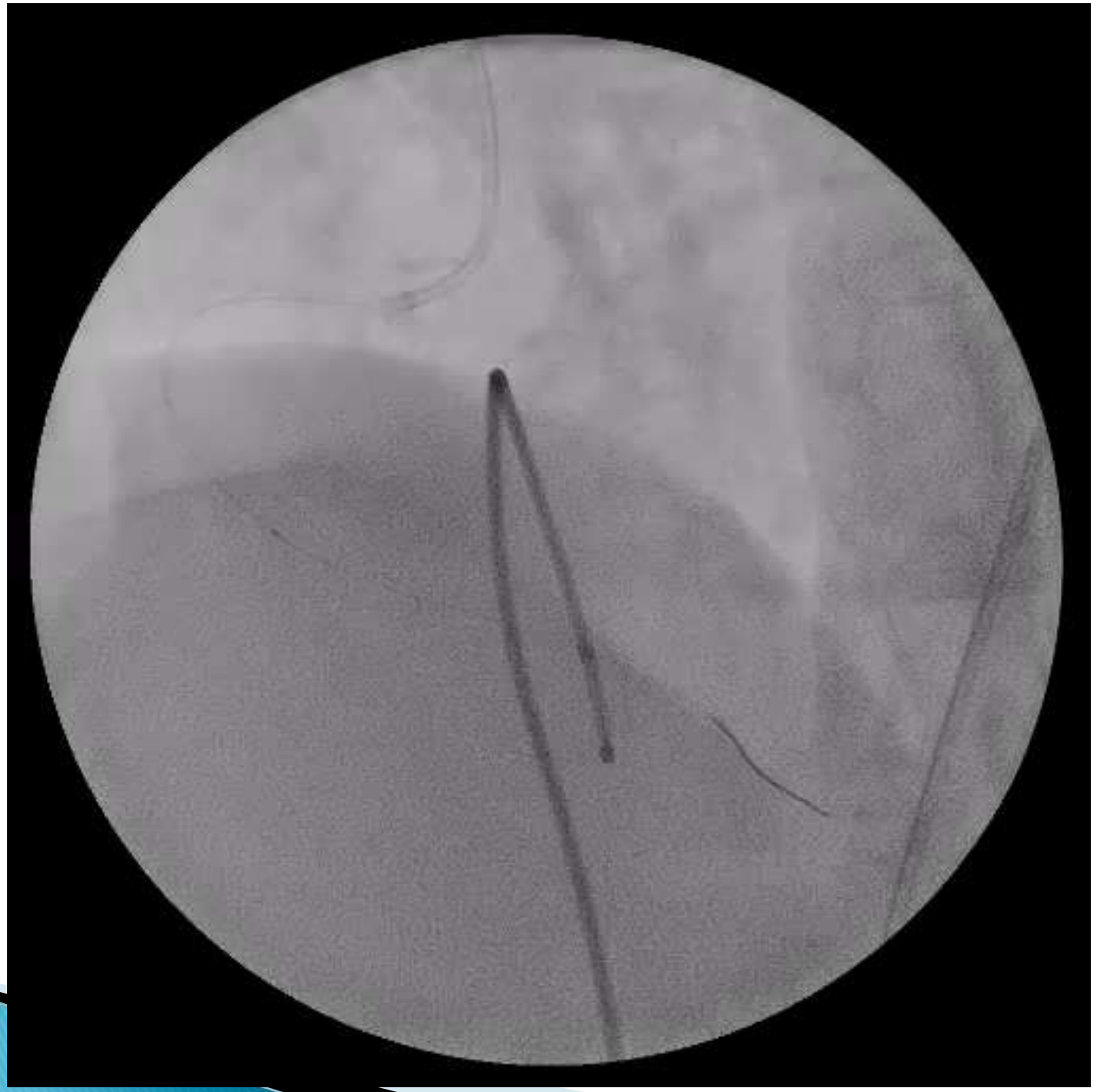
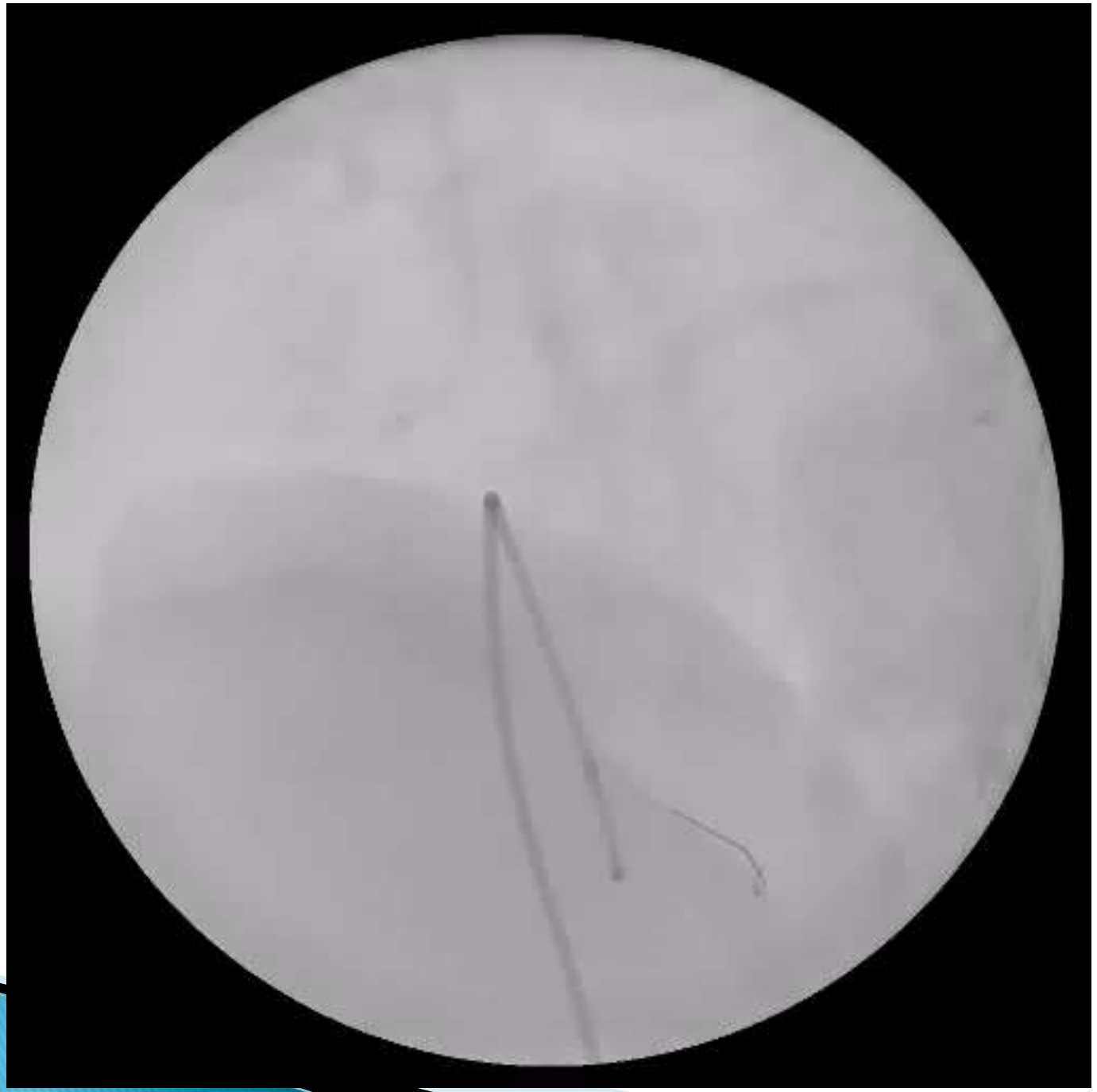
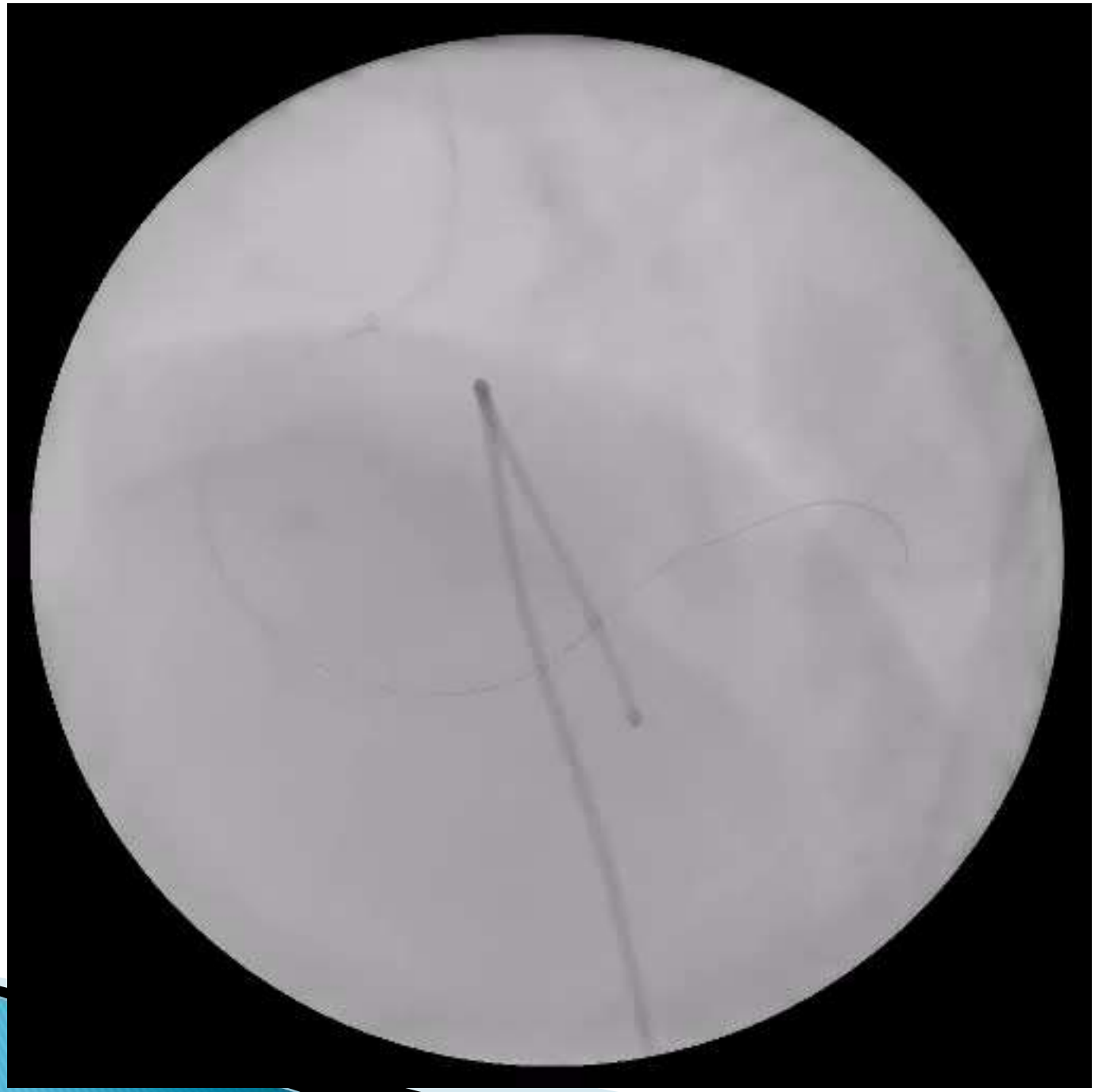
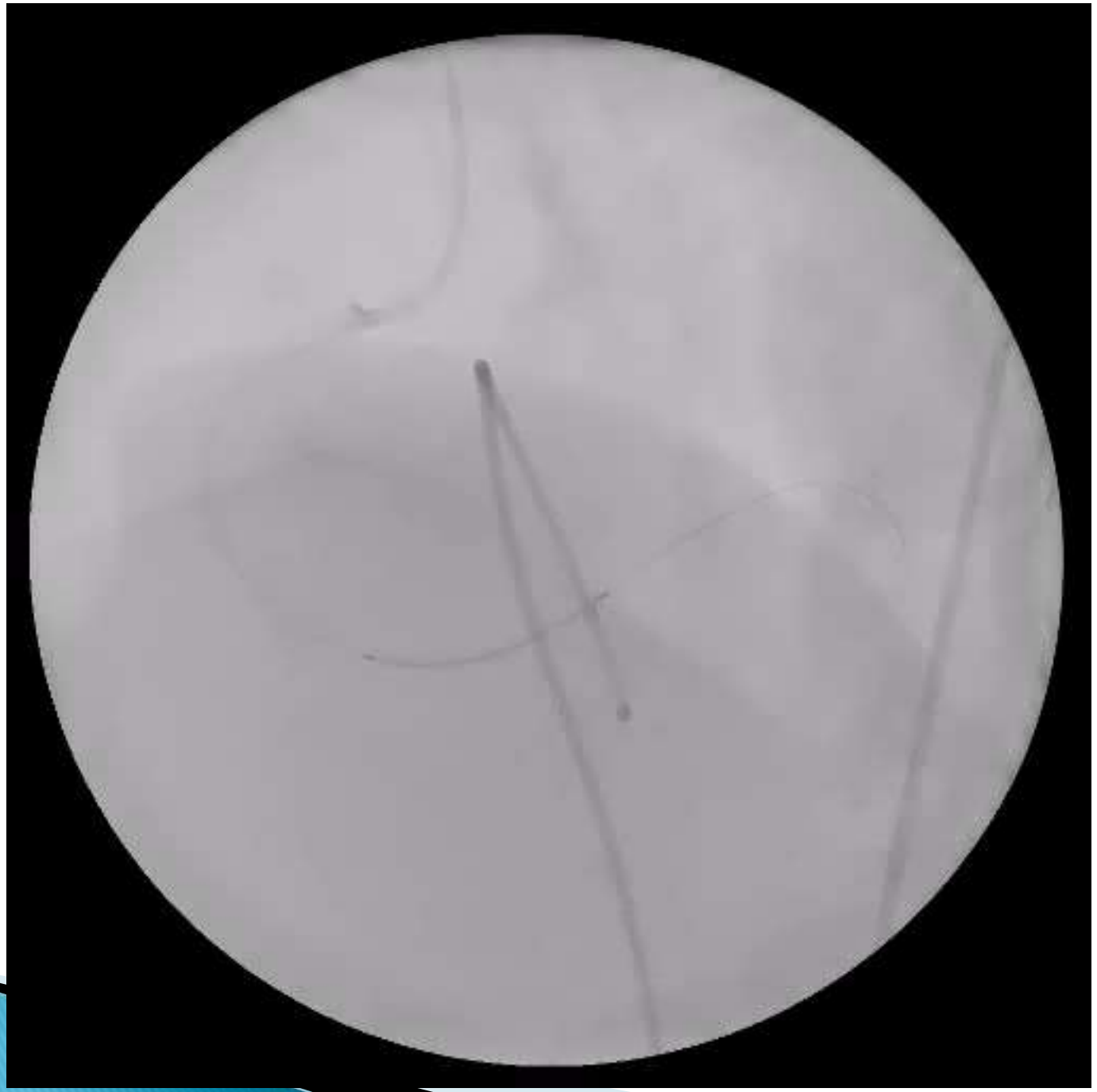
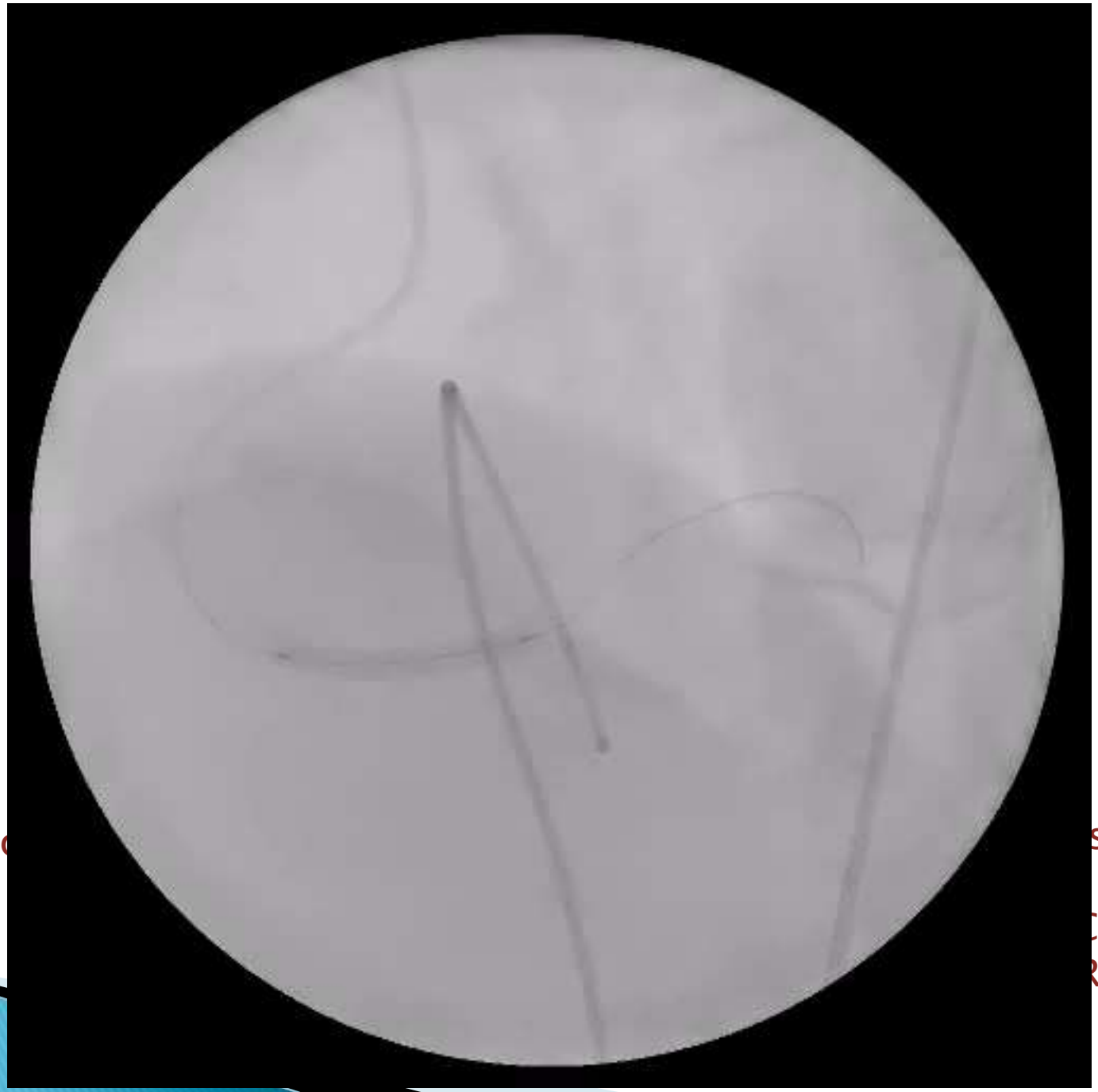




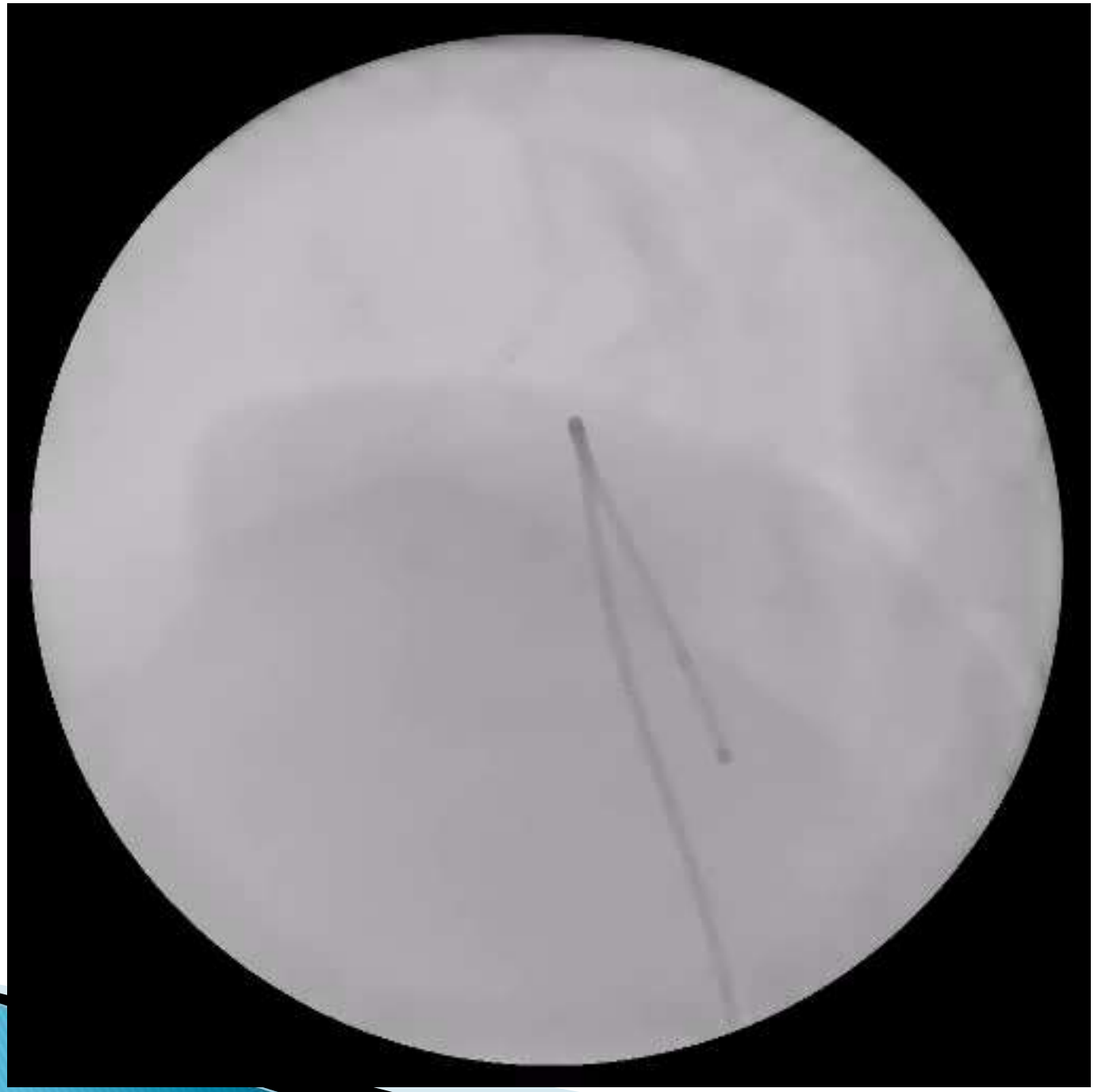


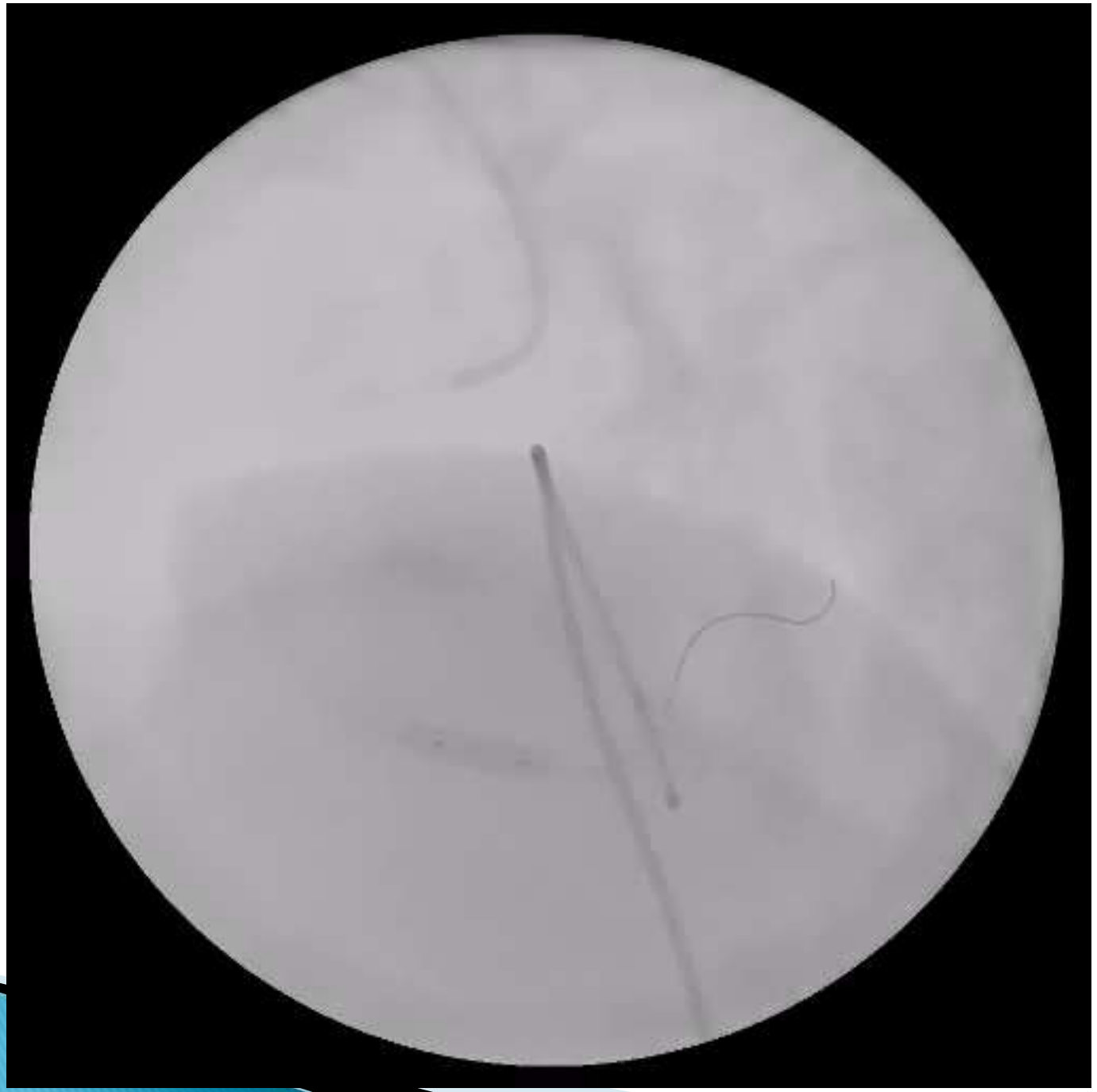


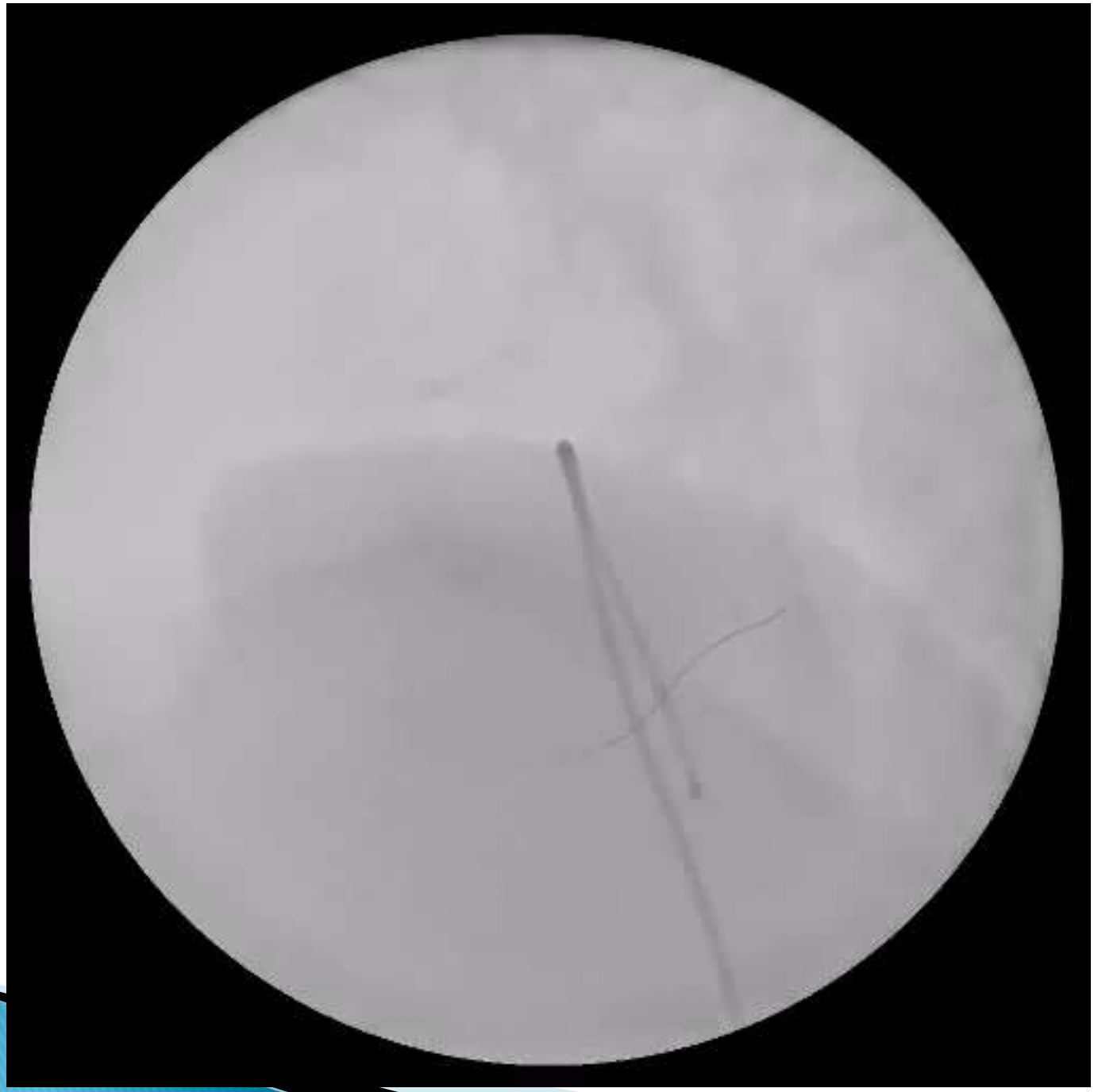


Direc stent

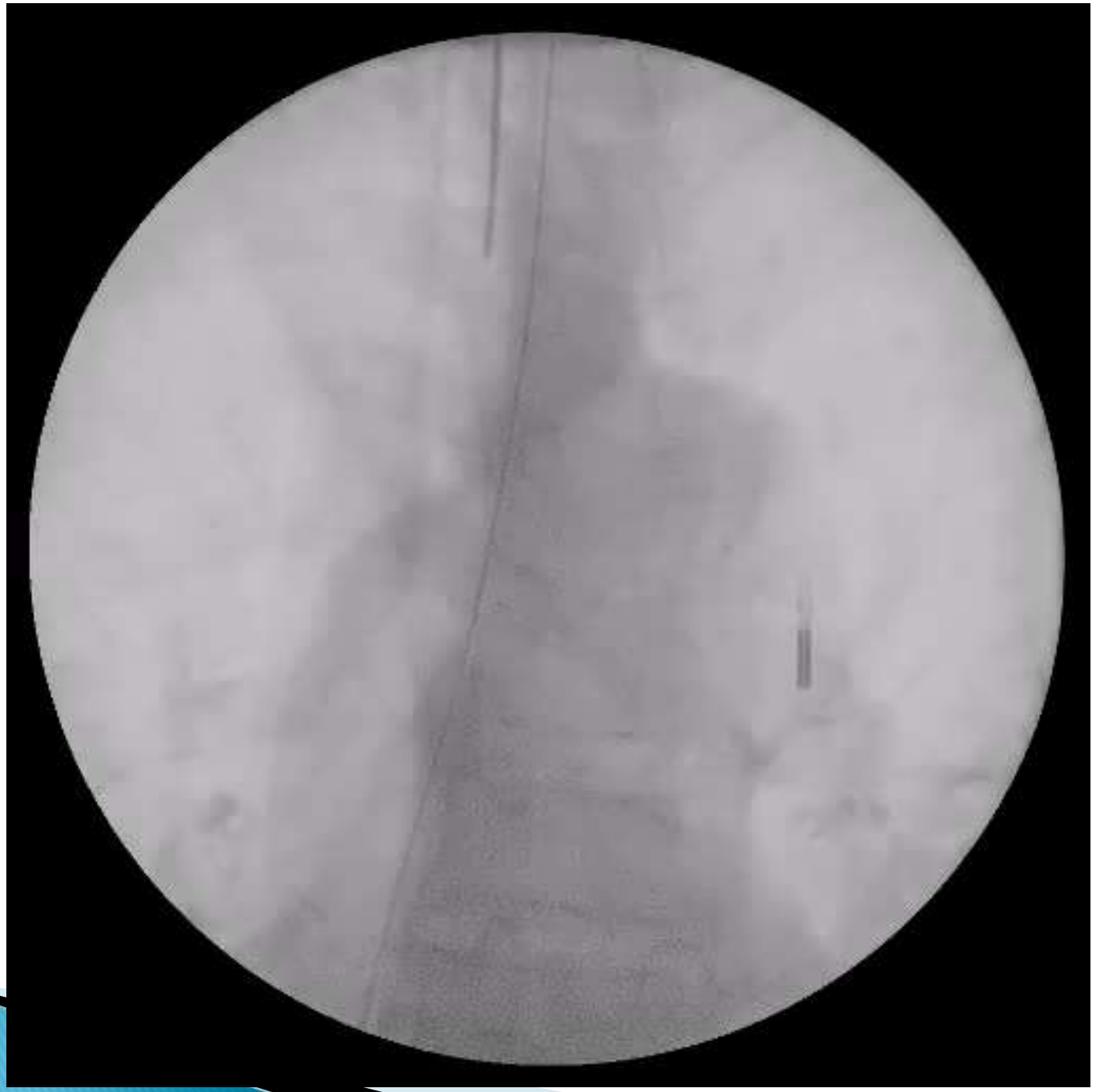
Cl.some
RCA

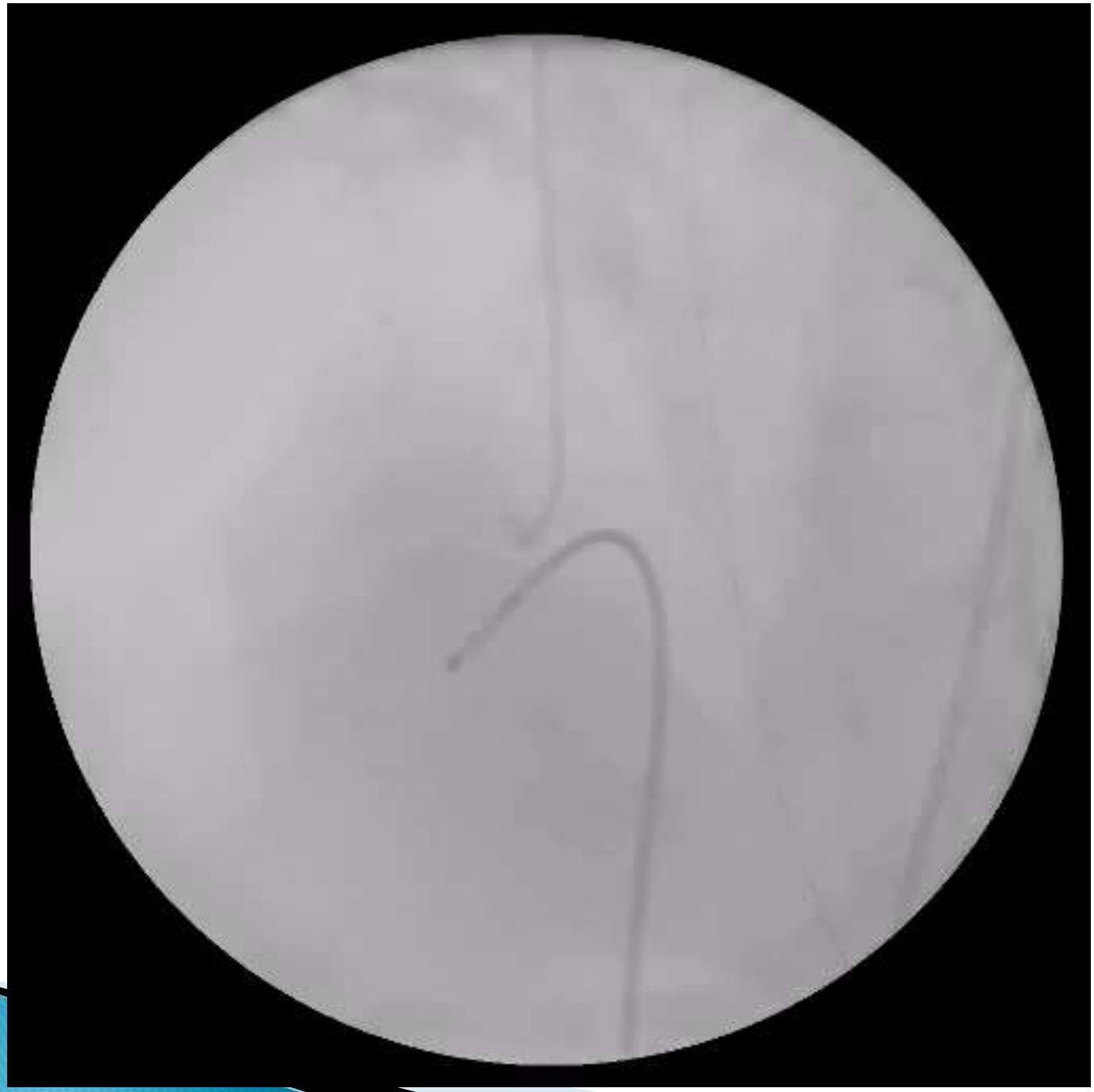


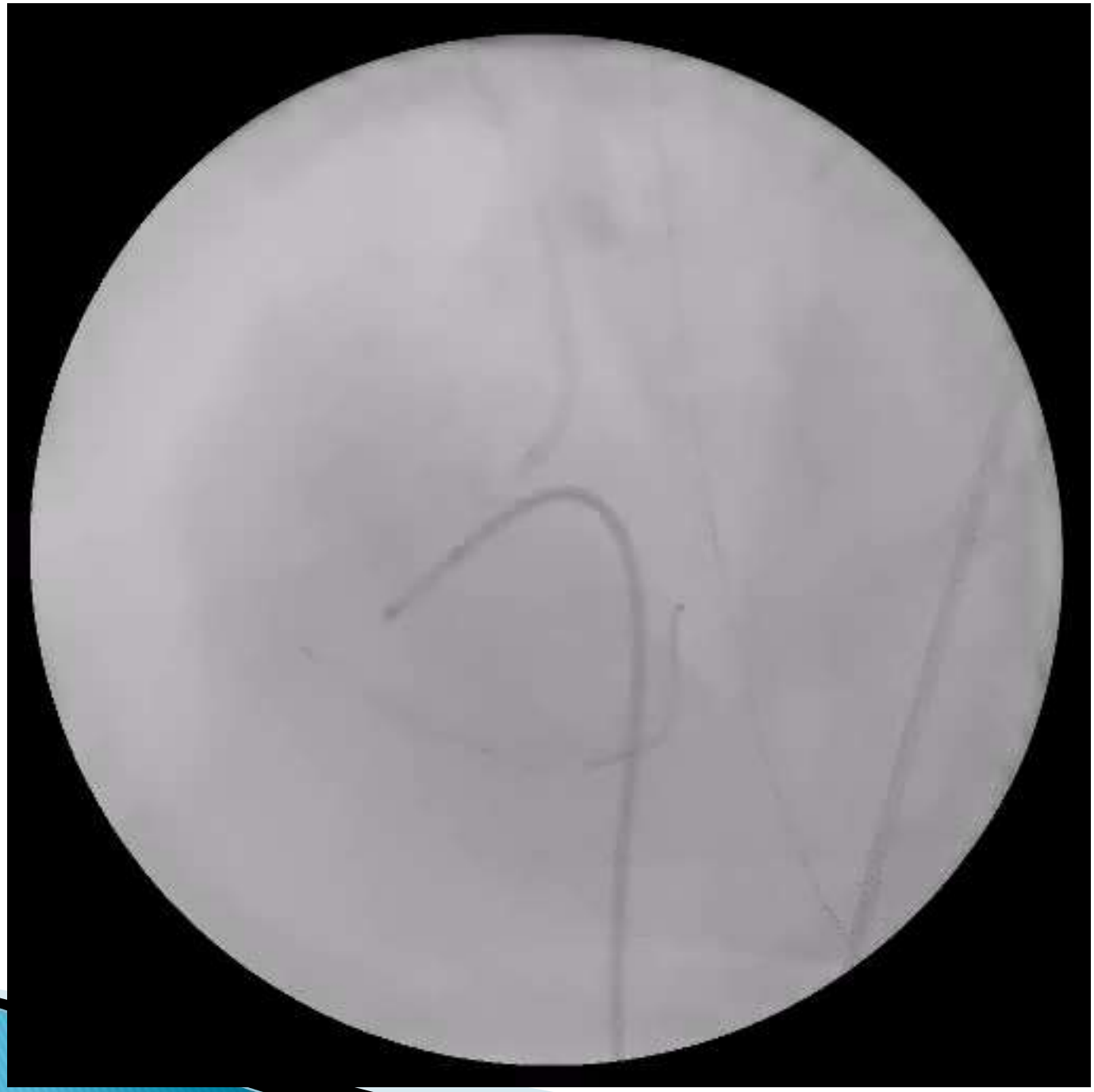


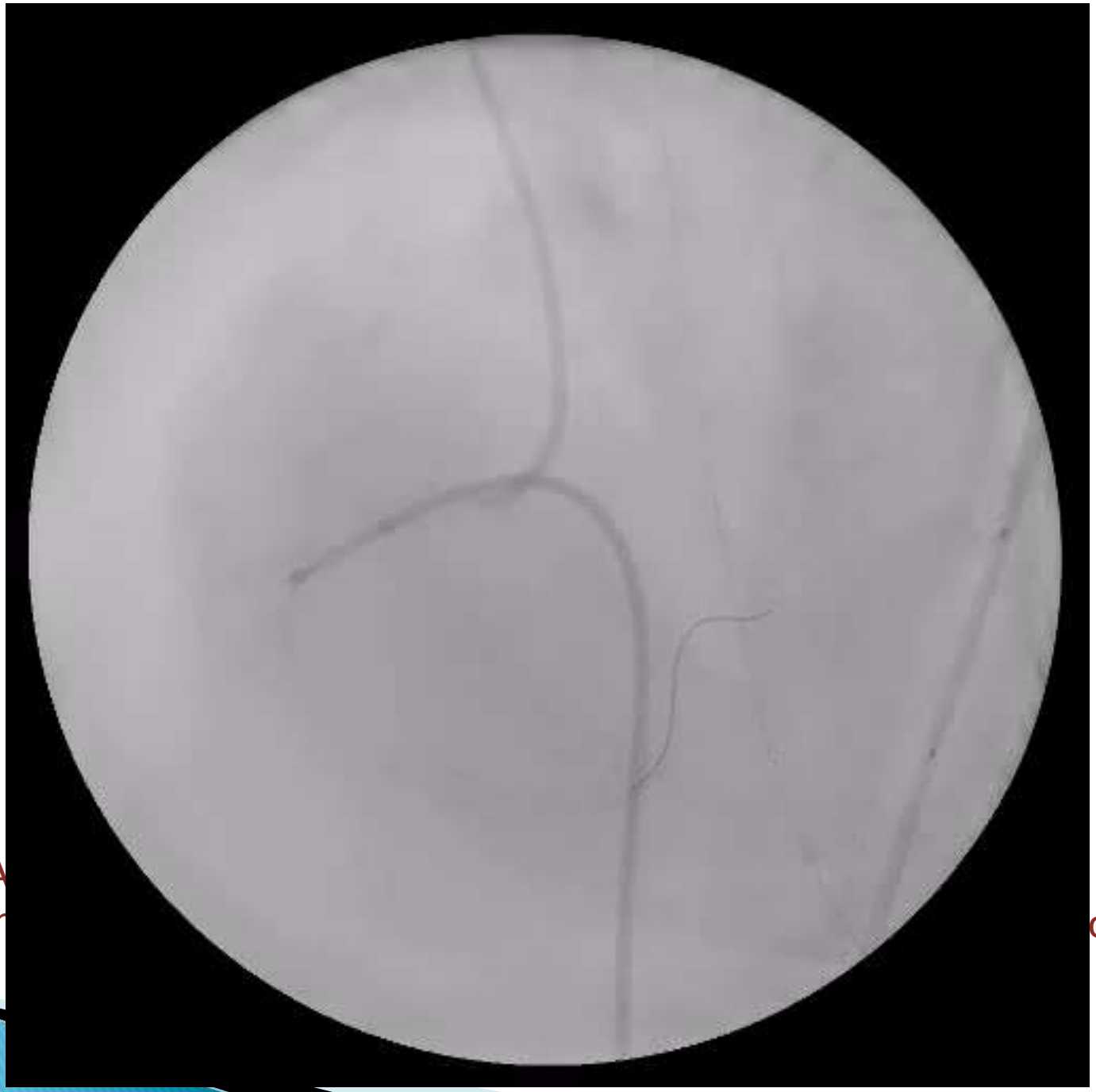


- Patients’ condition did not improve.
- Next day, coronary angiogram showed residual thrombus in mid RCA.









Mid RCA
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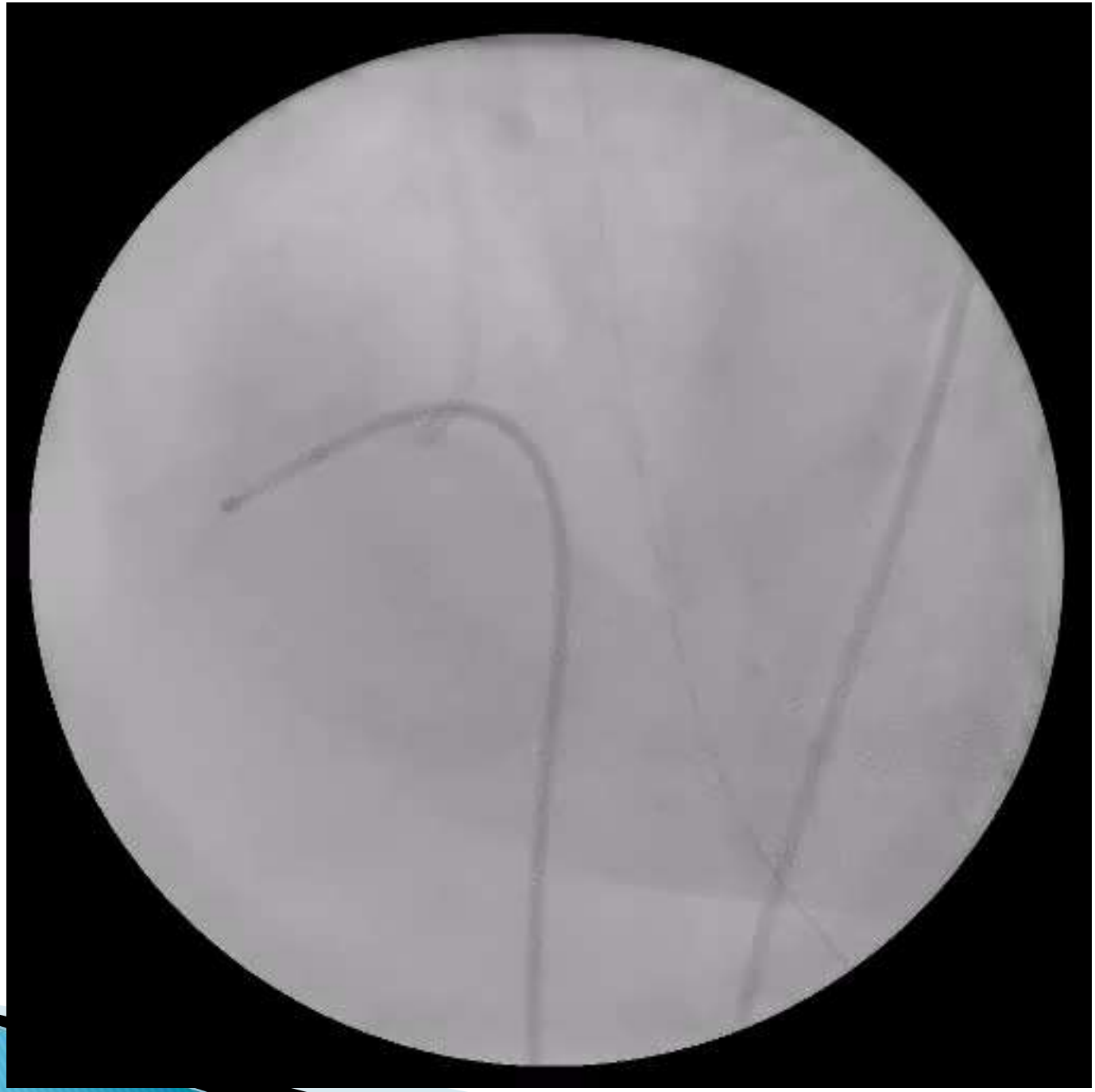

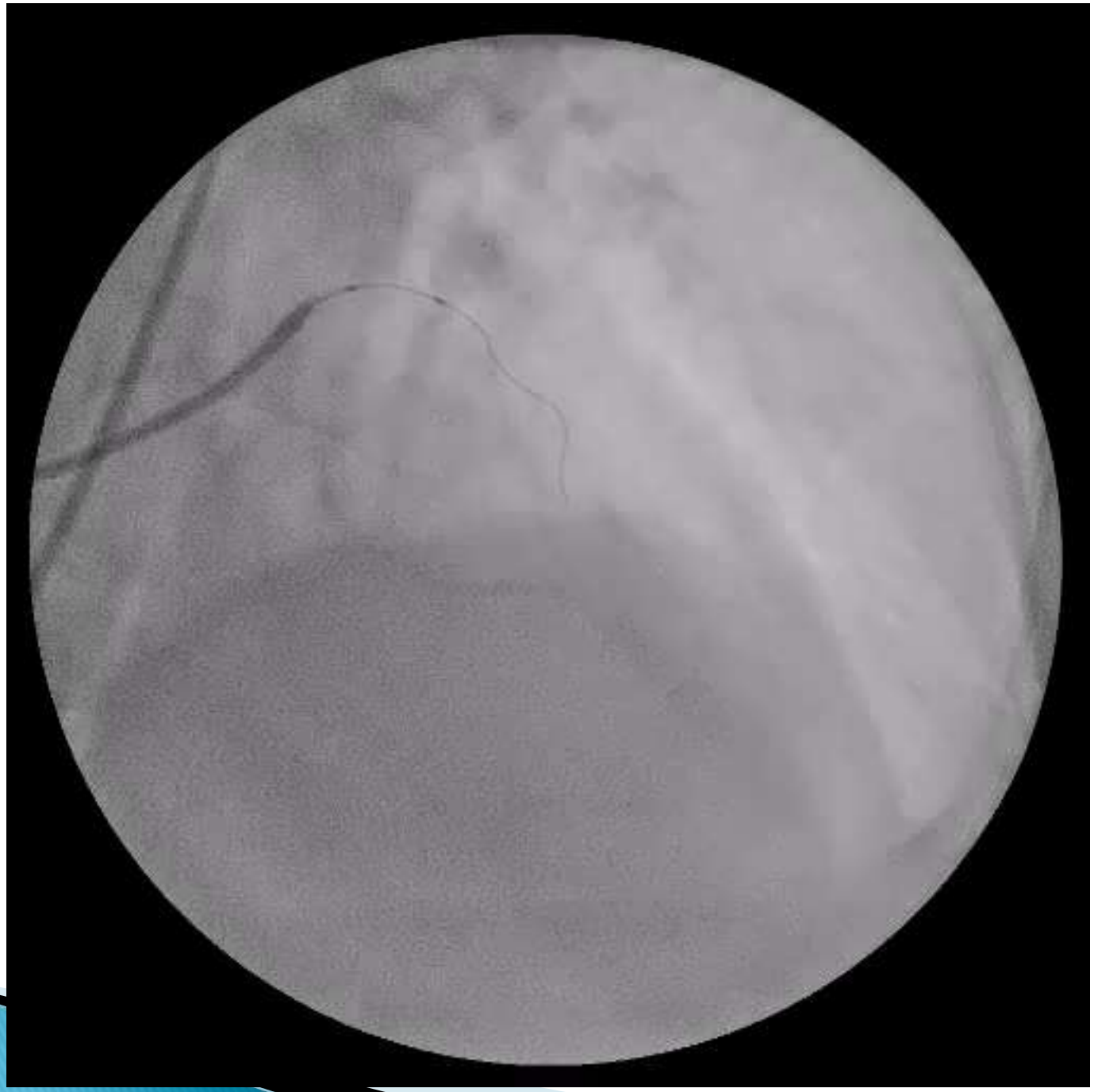

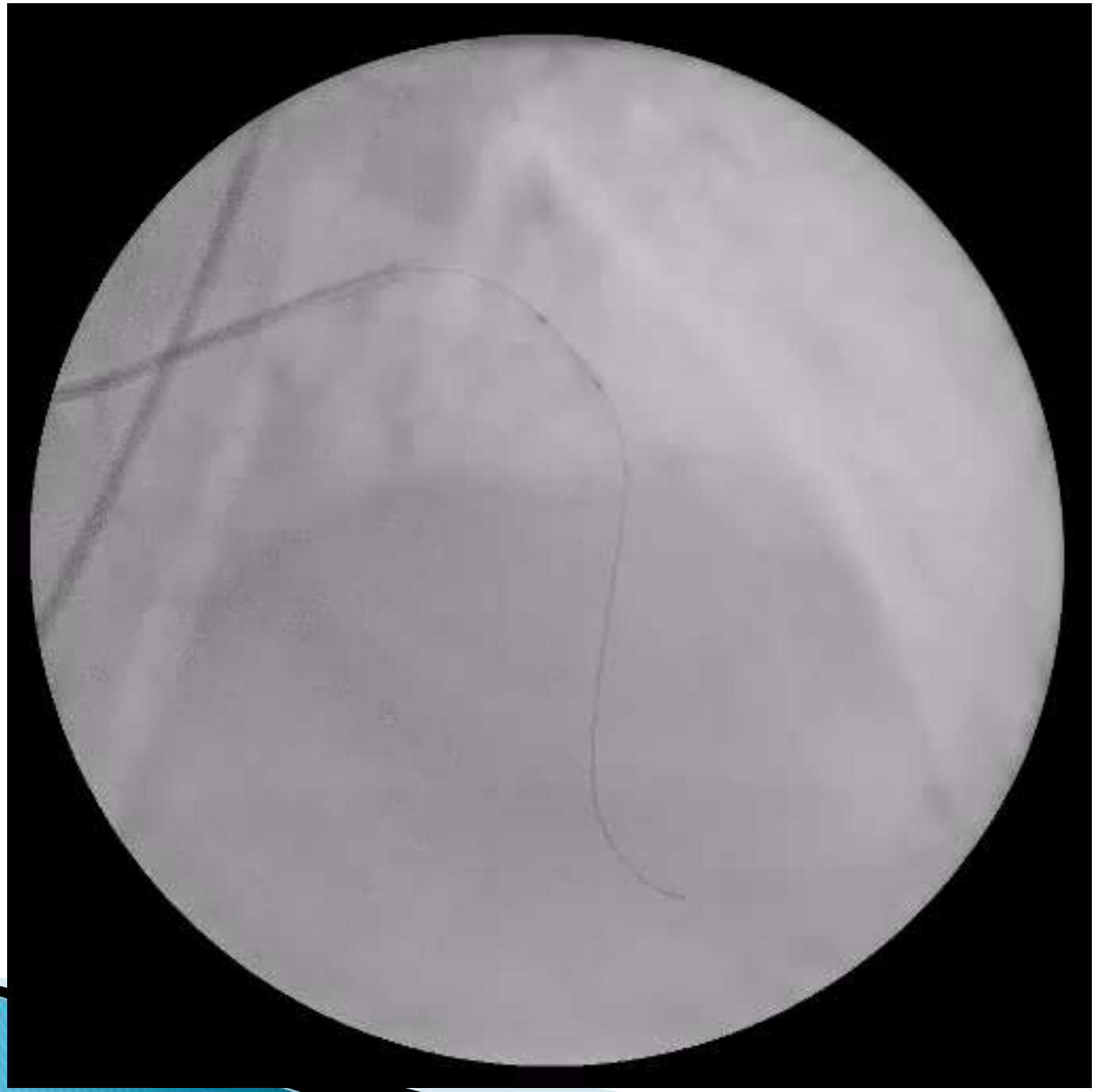

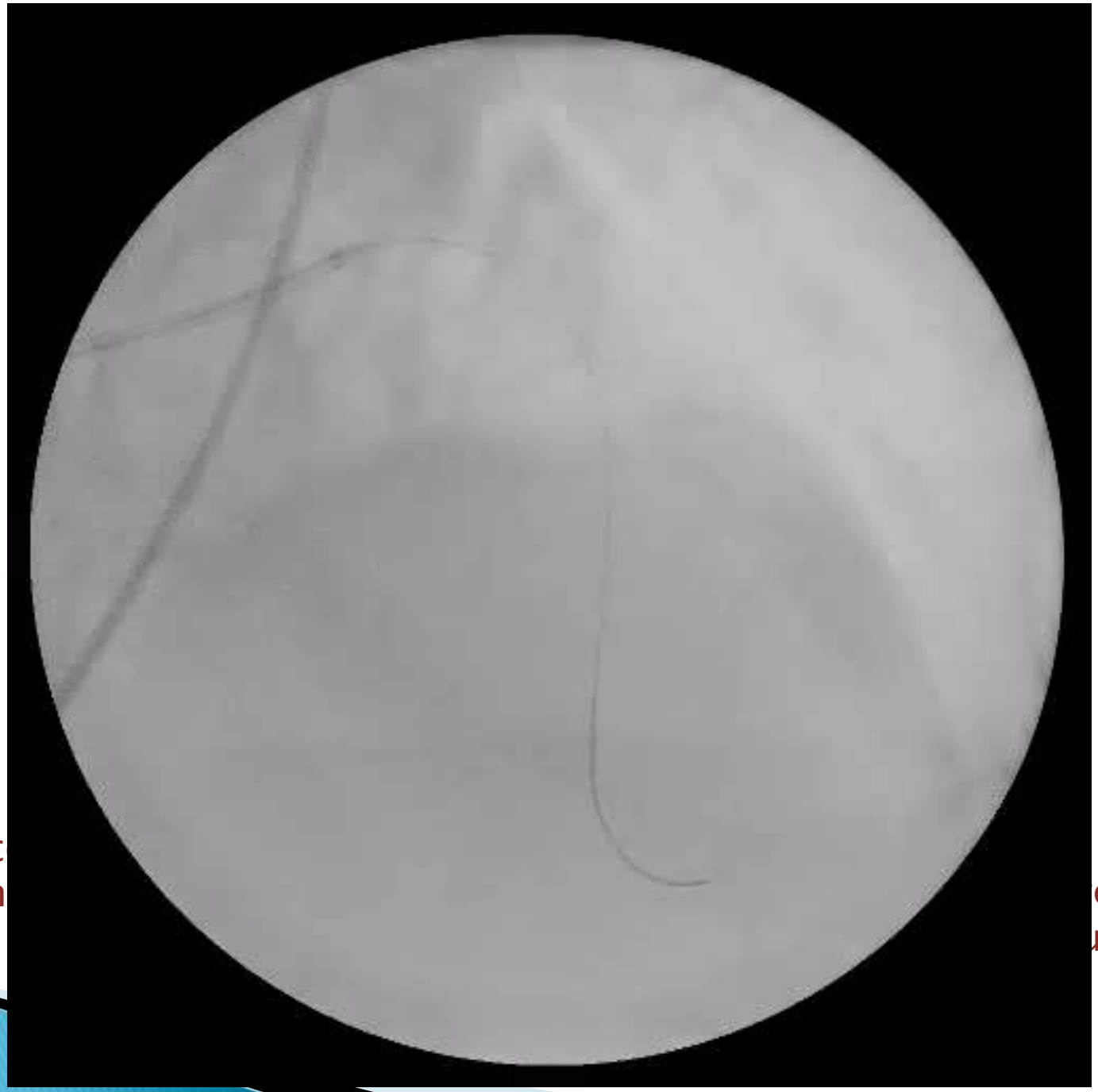

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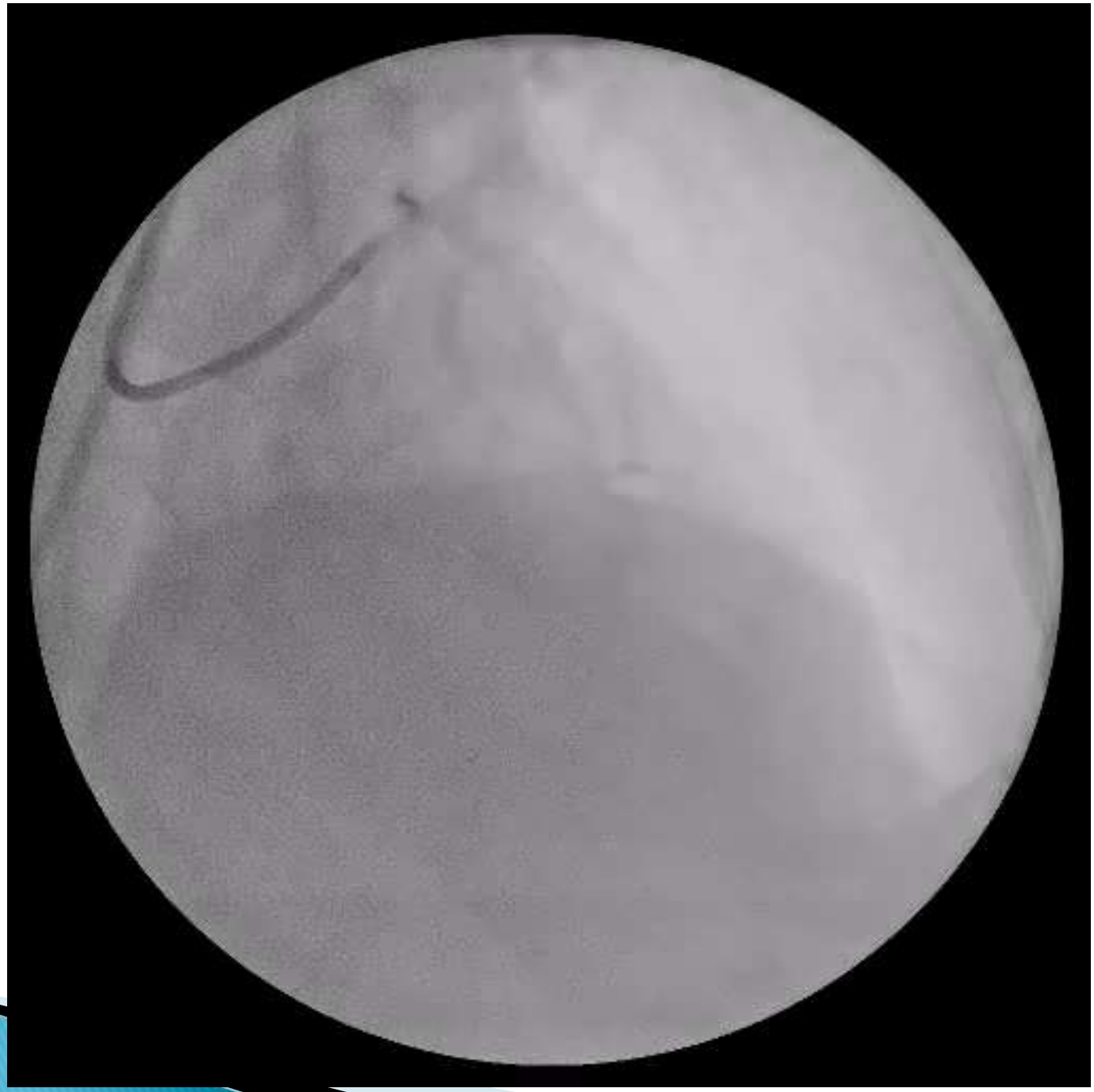

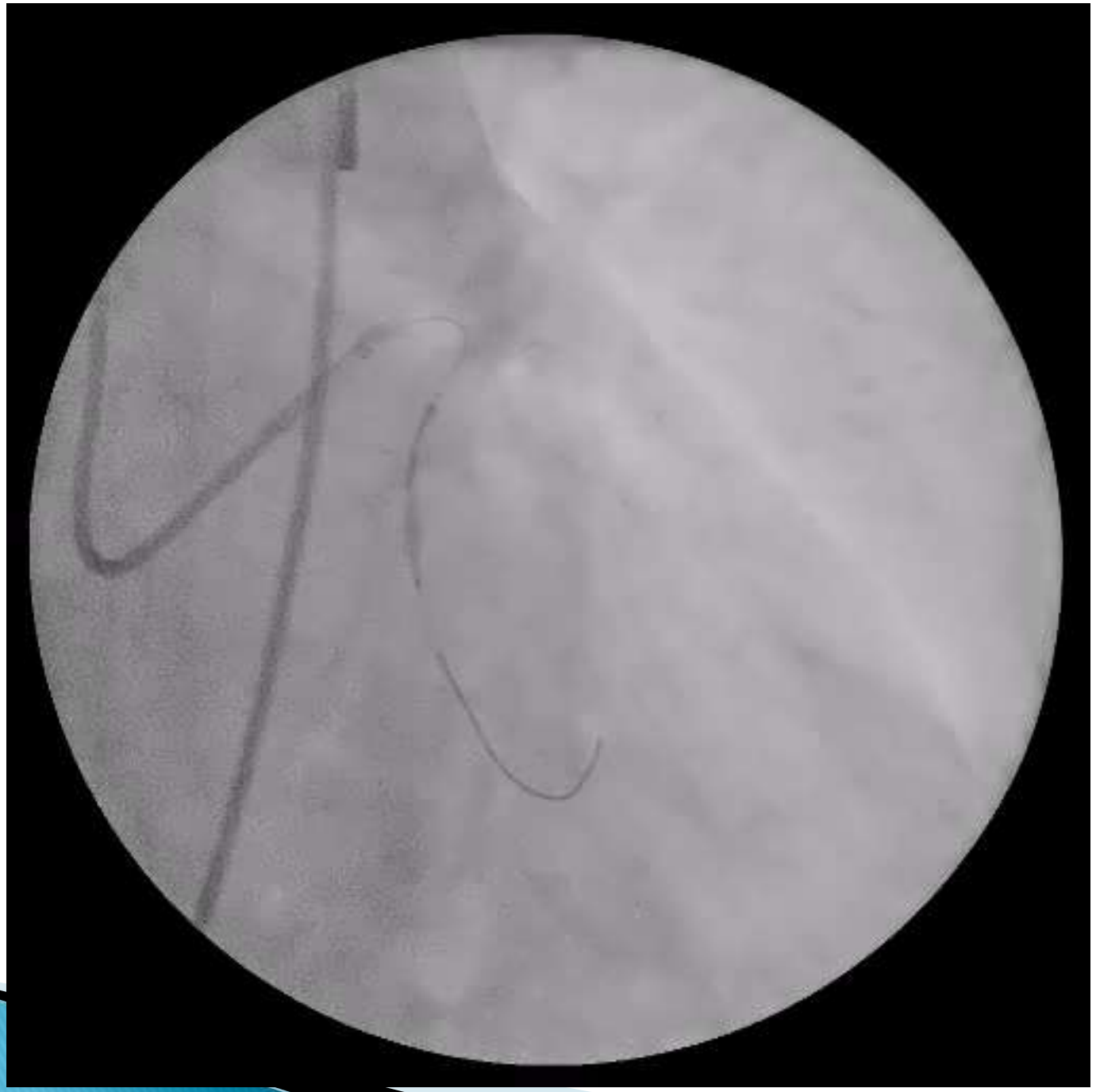

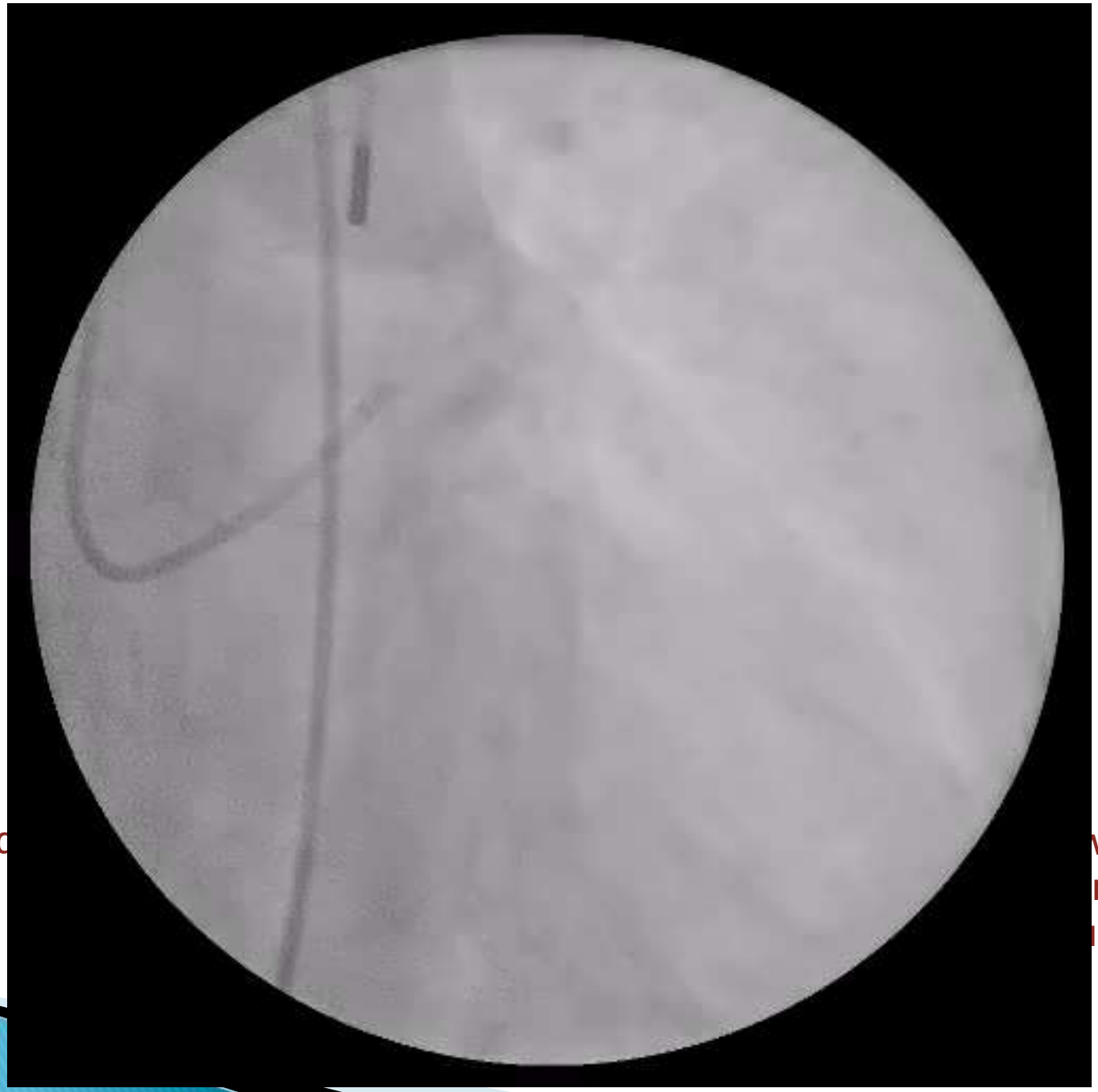

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Good coronary flow in LAD and LCX

Grade 3 TIMI flow in
LAD after stent implantation

Grade 3 TIMI flow in
LCX after stent implantation

Post-procedure

Patient continued to be on heavy ionotropic and IABP support

.Patient ultimately weined out of ionotropes and IABP over a period of 3-4 days

Cardiogenic shock represents a group of patients still having considerable mortality.

Key to success is early revascularisation-- In our case patient had window period of 15 hours

Thrombosuction still remains key step in treating heavily thrombotic lesions

Complete revascularisation in this setting can save lives