

Rupture plaque –To stent or not.....

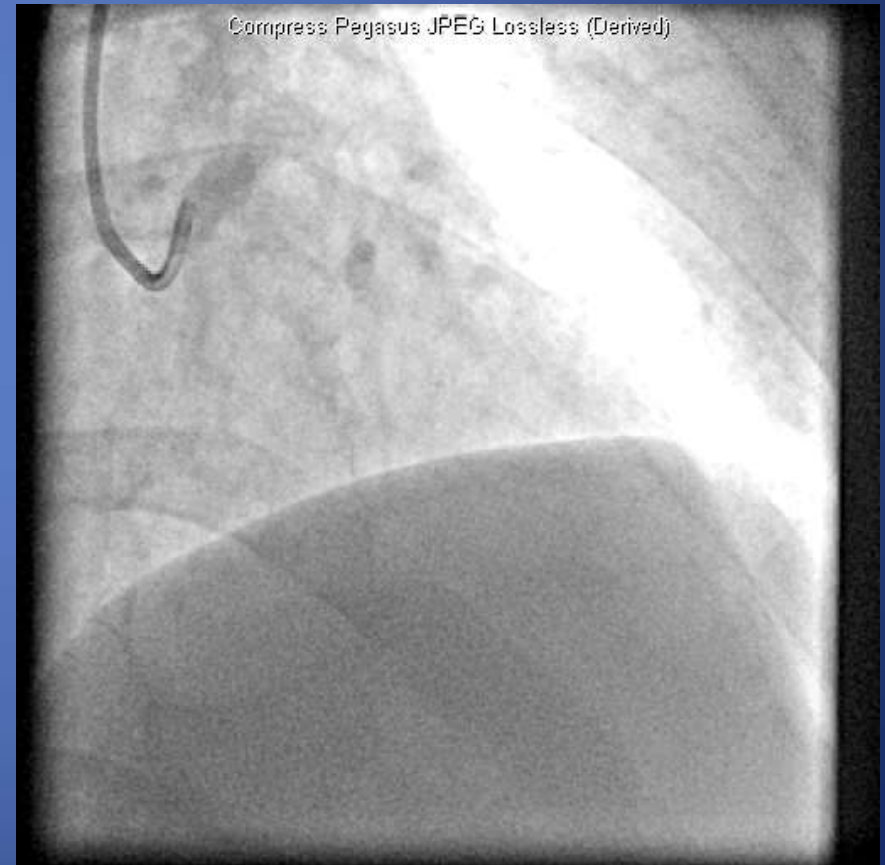
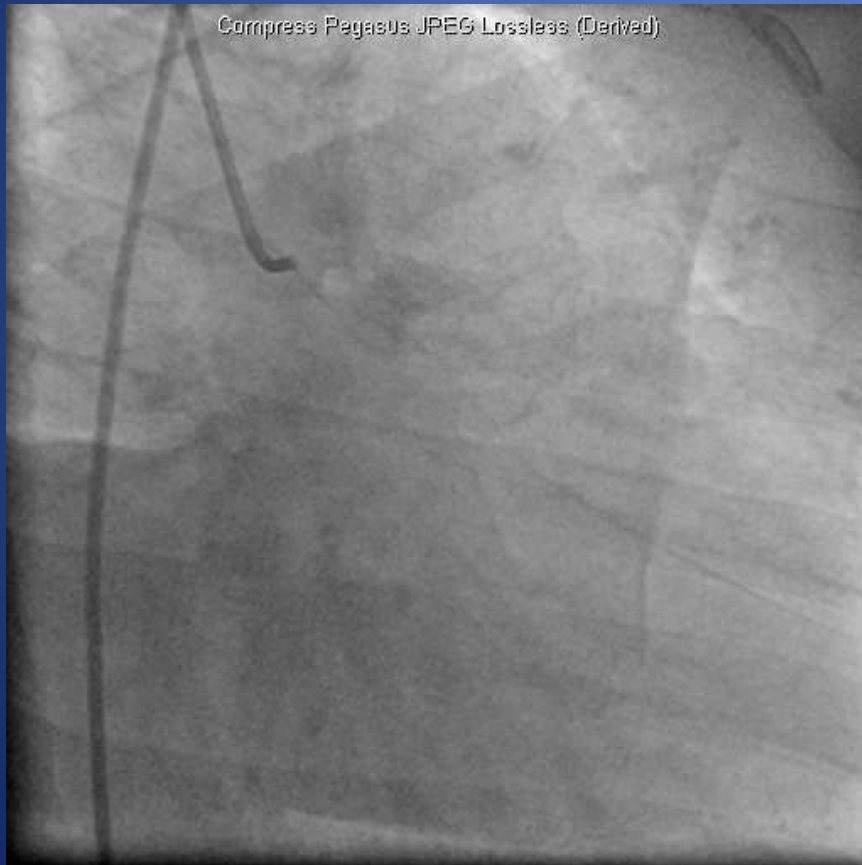


DR BALAJI P
CONSULTANT CARDIOLOGIST
MADRAS MEDICAL MISSION

Case History/ Risk Factors

- 38yrs male
- Euglycemic, Normotensive, Non Smoker
- Presented with H/O Angina for 2 hours
- ACS – NSTEMI
- Mild LV Dysfunction

Coronary Angiogram



Compress Pegasus JPEG Lossless (Derived)

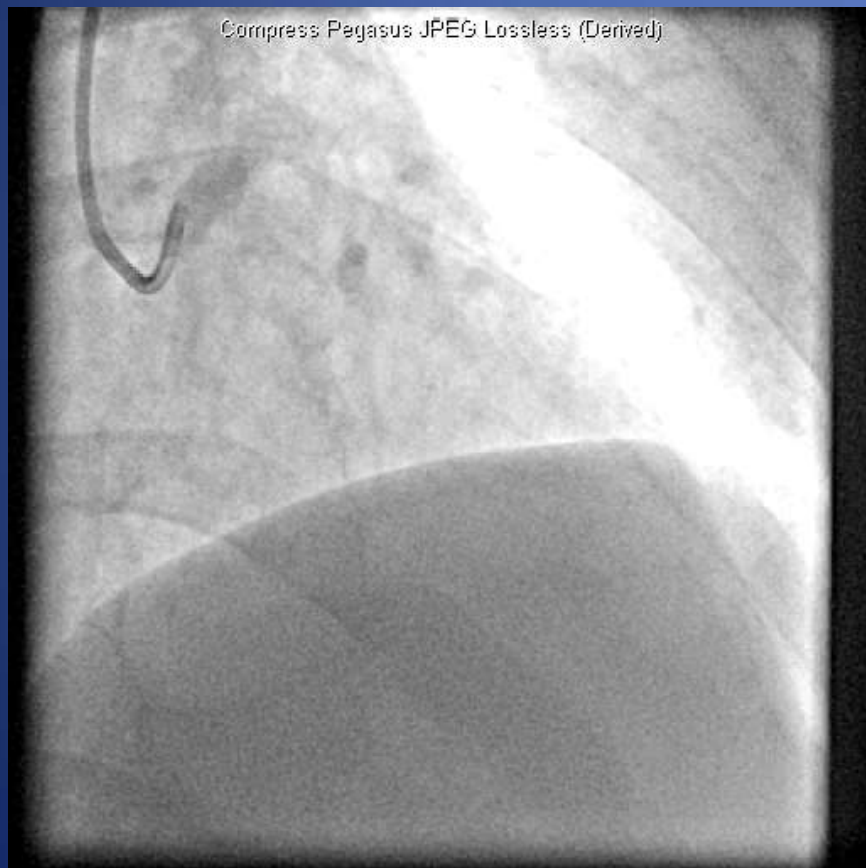


Compress Pegasus JPEG Lossless (Derived)

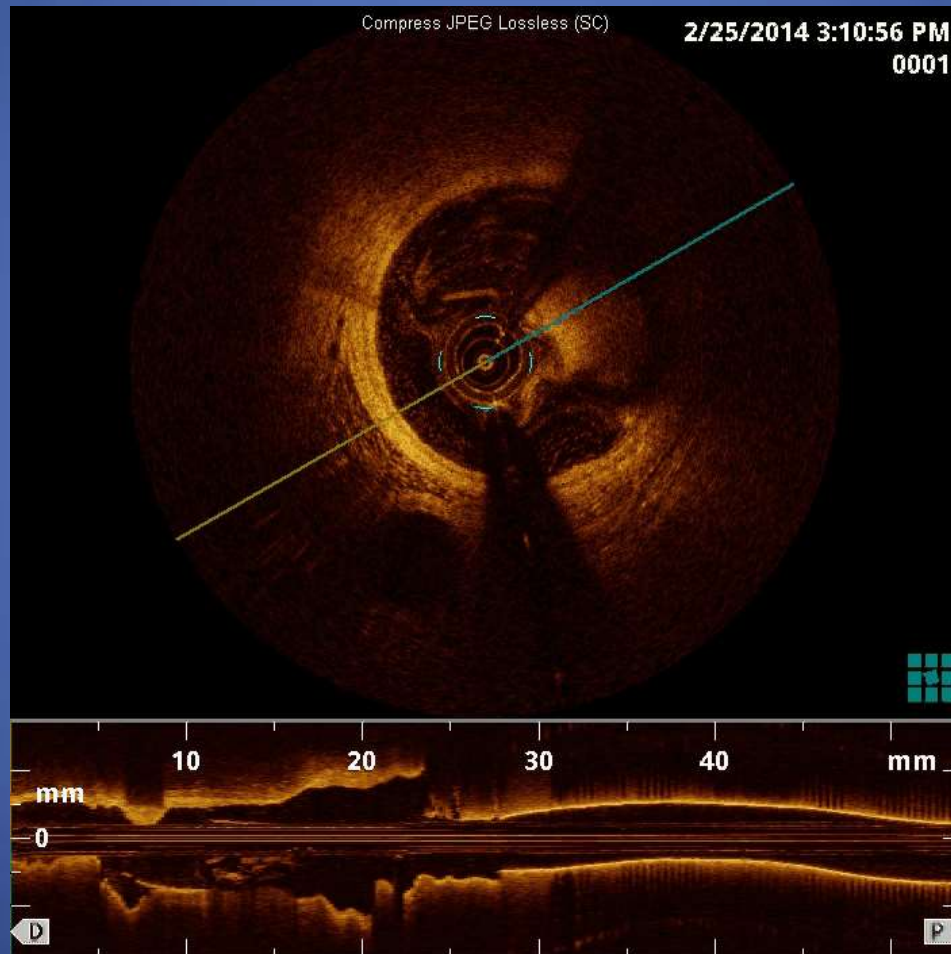


- Patient was treated with LMWH, dual anti platelets, statins.
- Taken up for angiogram after 3 days.

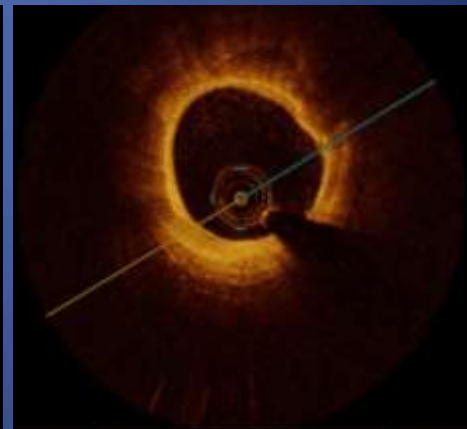
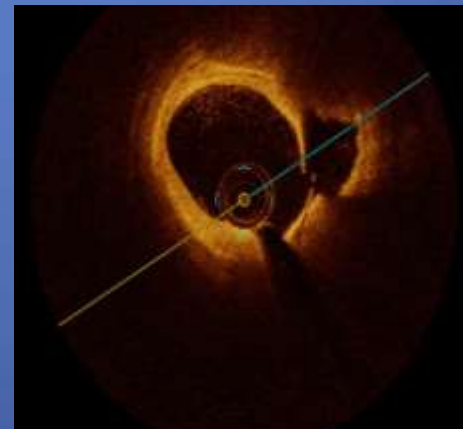
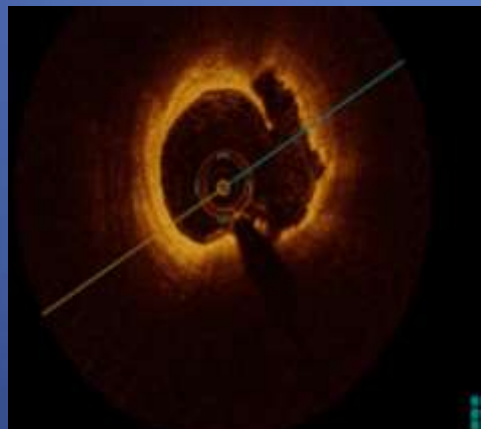
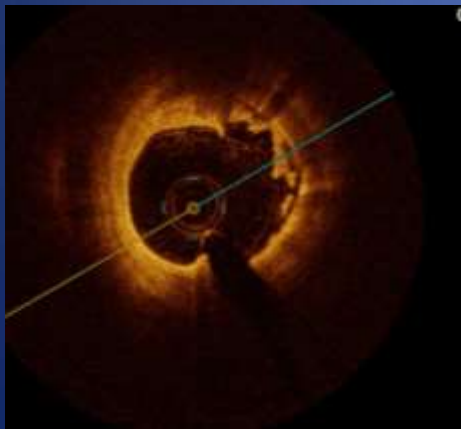
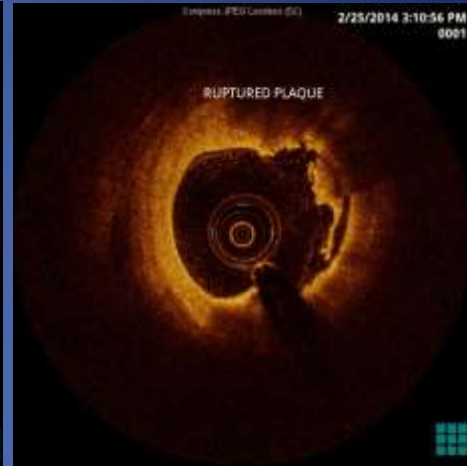
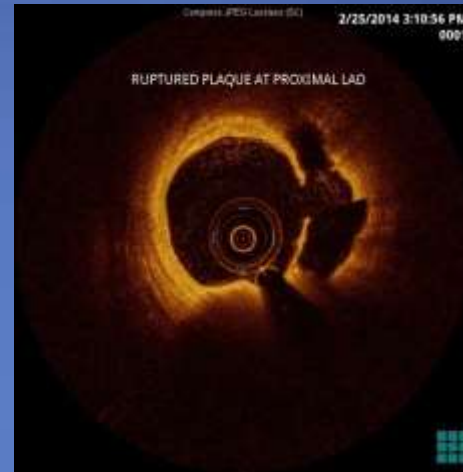
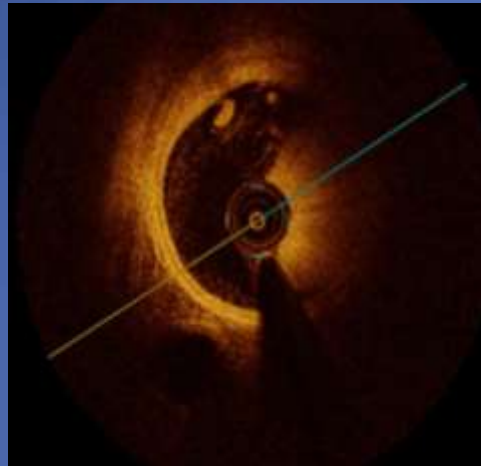
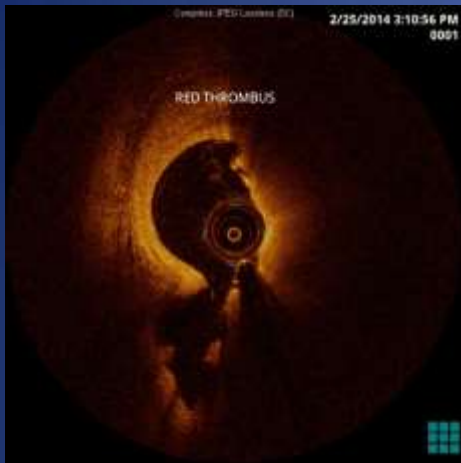
Procedure after 3 days



PRE PROCEDURE



PRE PROCEDURE



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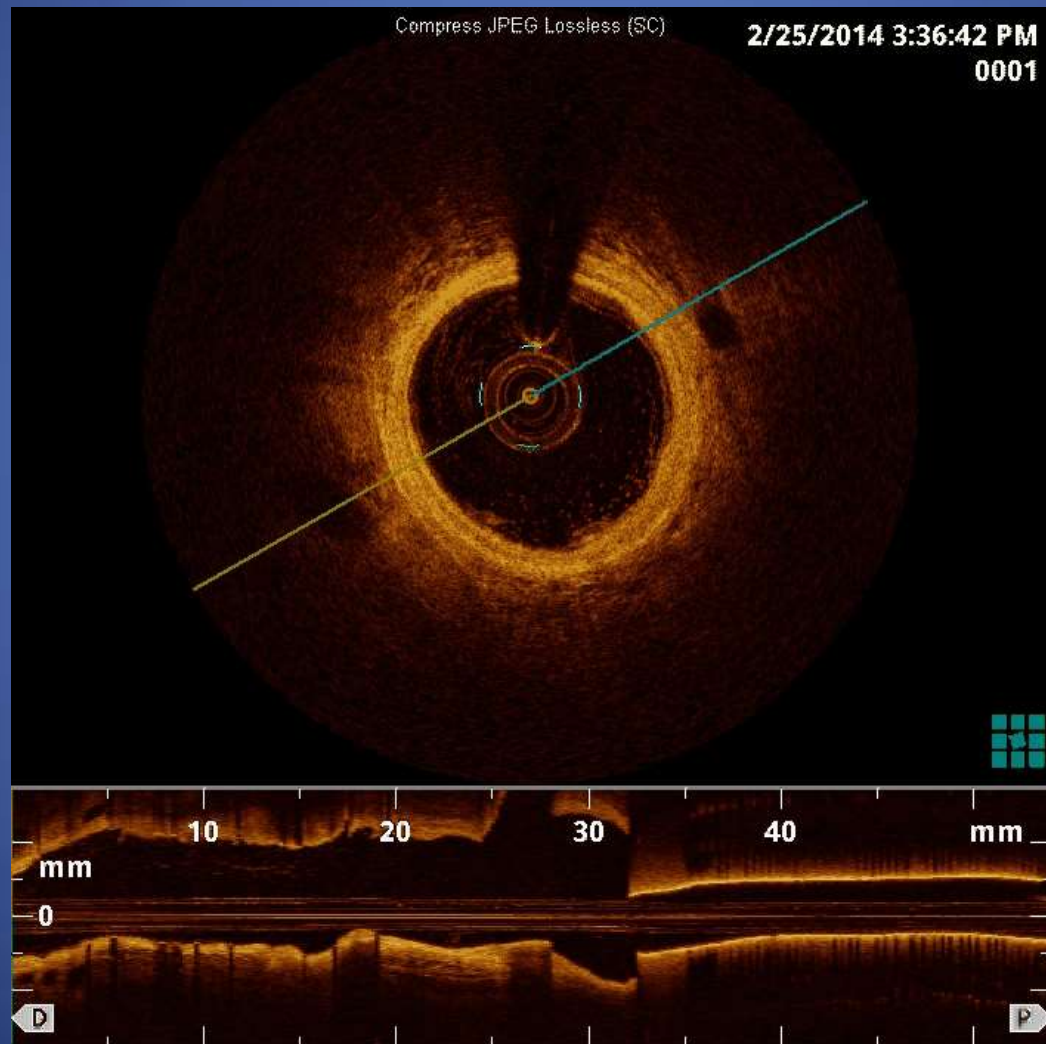
3 x 18mm Xience Prime @
12 ATM for 8 sec

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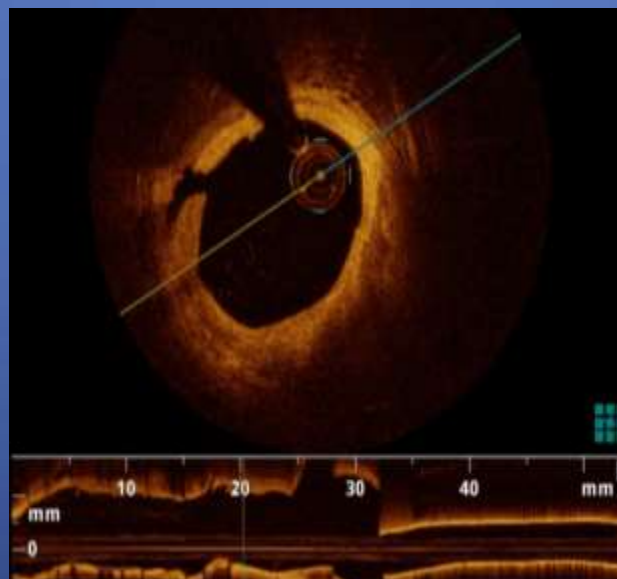
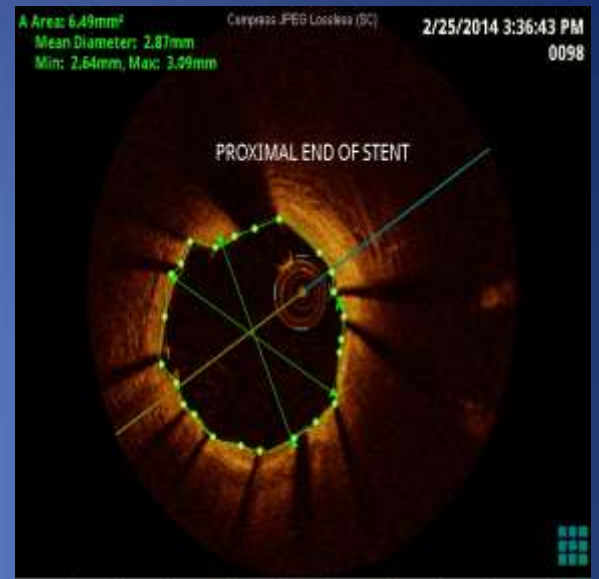
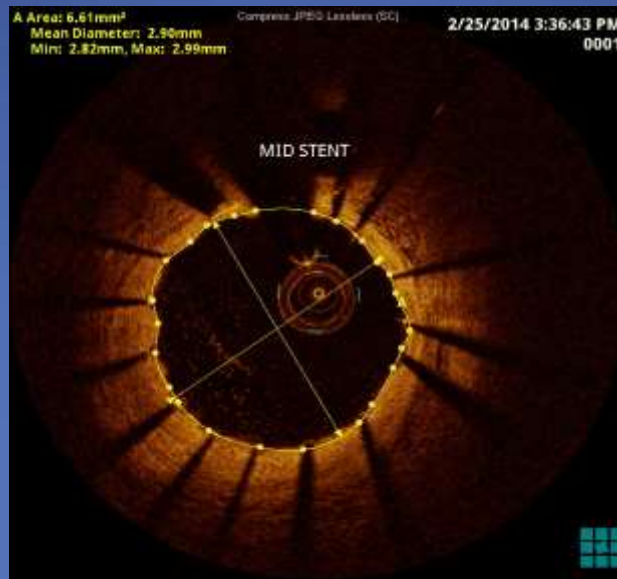
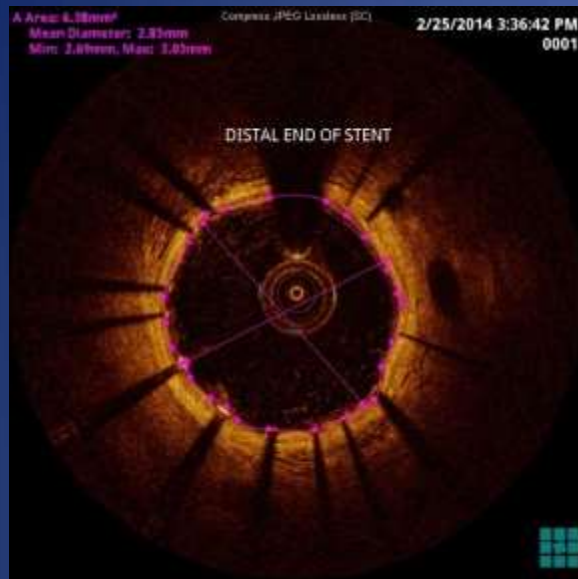


3 x 9 mm NC Sprinter @ 20
ATM for 8 sec

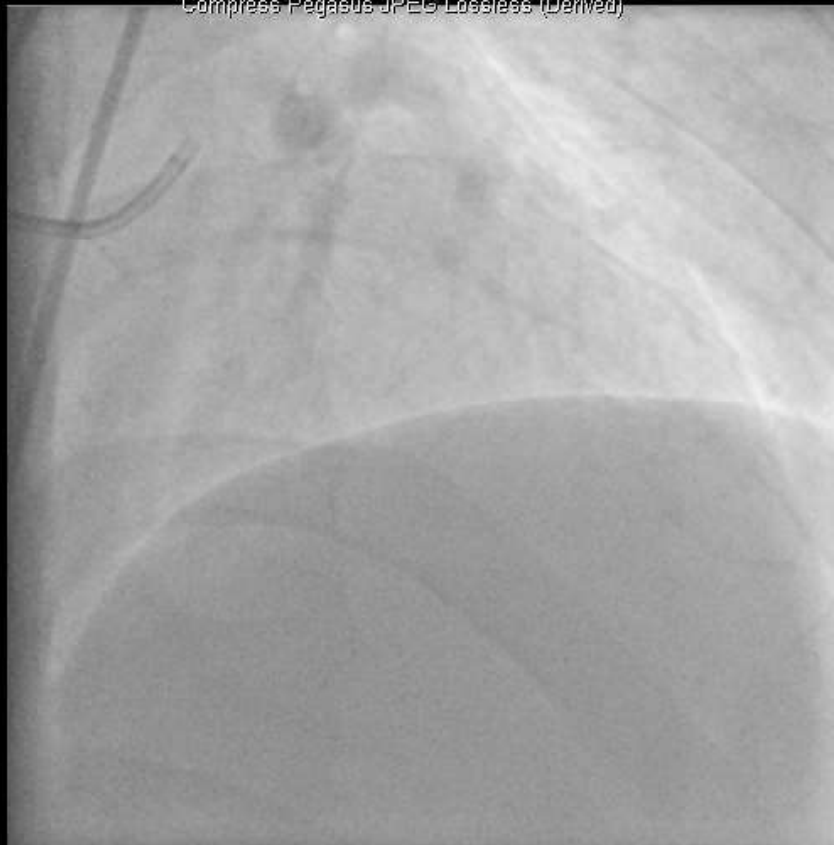
POST PROCEDURE



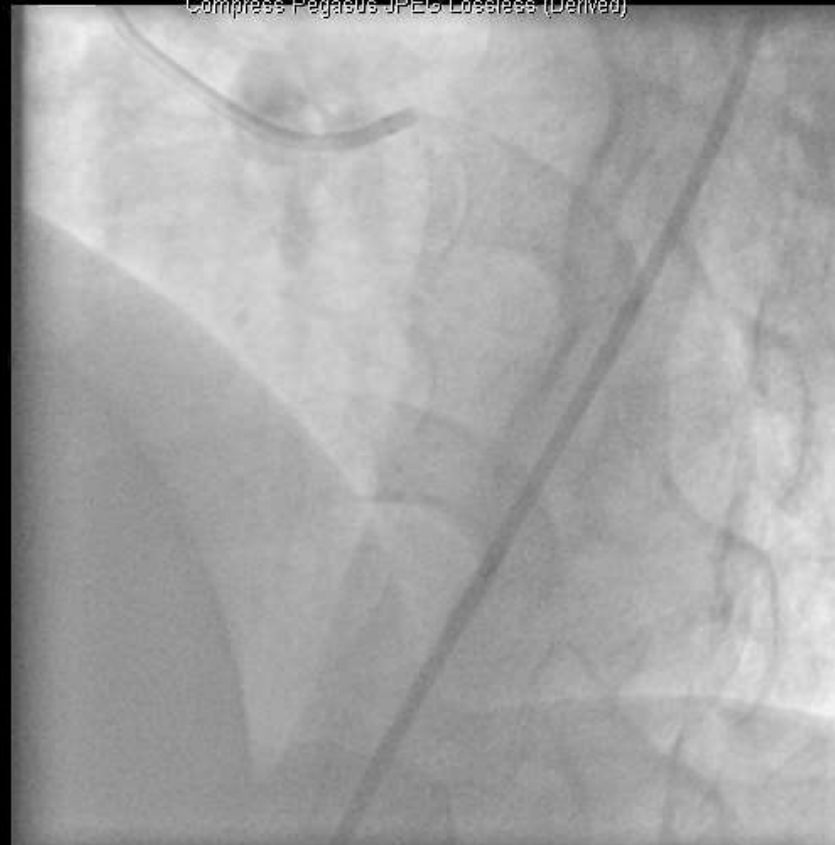
POST PROCEDURE



Compress Pegasus JPEG Lossless (Derived)



Compress Pegasus JPEG Lossless (Derived)



Take Home Message

- Am I right or wrong in stenting this lesion.....rupture plaque...thrombus...TIMI 3 flow
- As such ,there are no guidelines for ruptured plaque like these
- If followed up medically.....?
- Intravascular imaging is very much useful in guiding intervention strategy especially in patients with such lesion
- Edge dissections if non flow limiting can be left alone