

My Worst Complication: The story after the retrograde approach failed

Junbo Ge, MD, FACC, FESC, FSCAI
Professor of Medicine/Cardiology
Chairman, Shanghai Institute of Cardiovascular Diseases
Director, Dept. of Cardiology
Zhongshan Hospital, Fudan University



Brief Medical History

Male,62 yrs,

Exertional chest oppression for 2 yrs

No history of MI

No history of DM

No history of hypertension

Heavy smoker

LVEF 65%



Well developed collateral from LCX to LAD



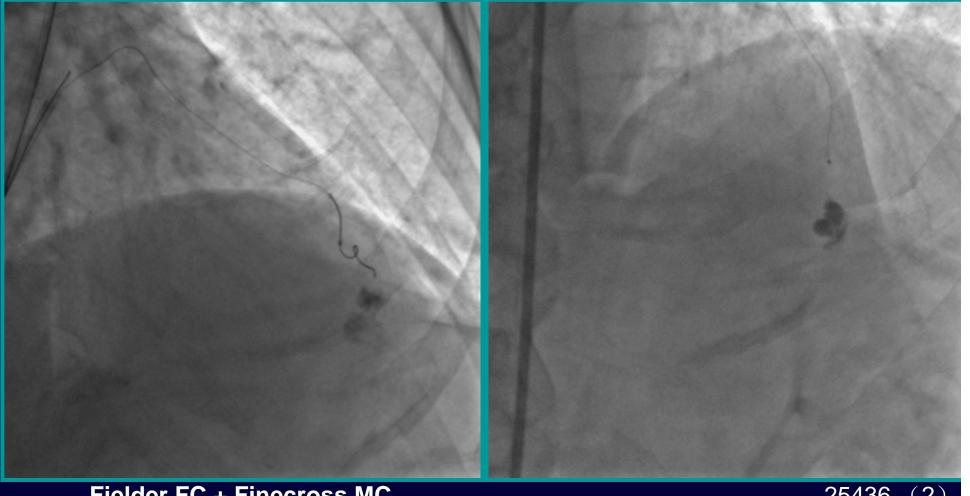


Antegrade: Parallel wire technique

7F EBU 3.5
Finecross MC
Miracle 3
Conquest



Retrograde attempt after the antegrade failed



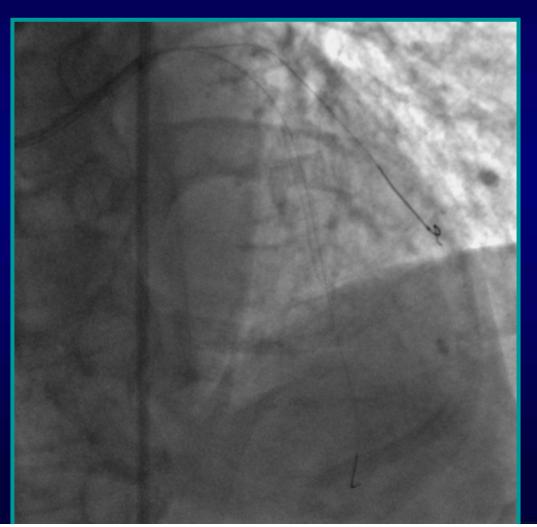


Retry antegrade approach





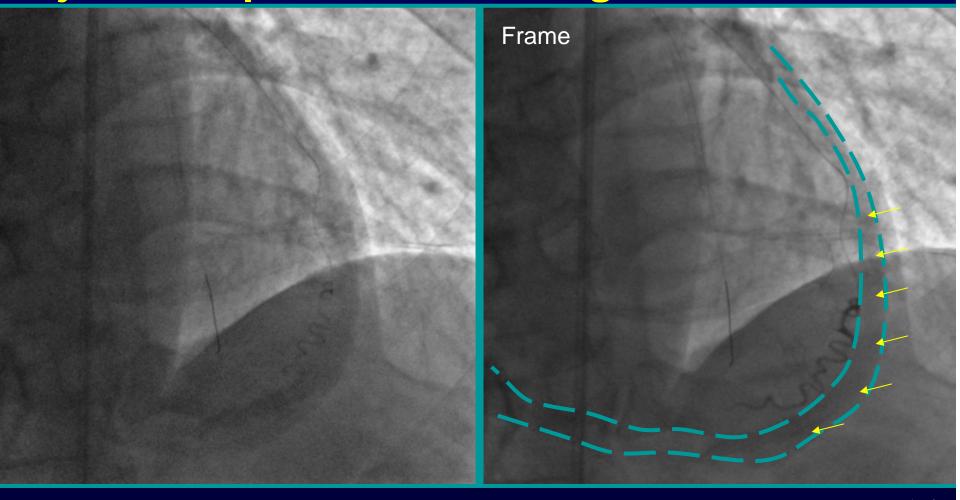
Two DESs implanted (3.5*36mm and 2.5*36mm)



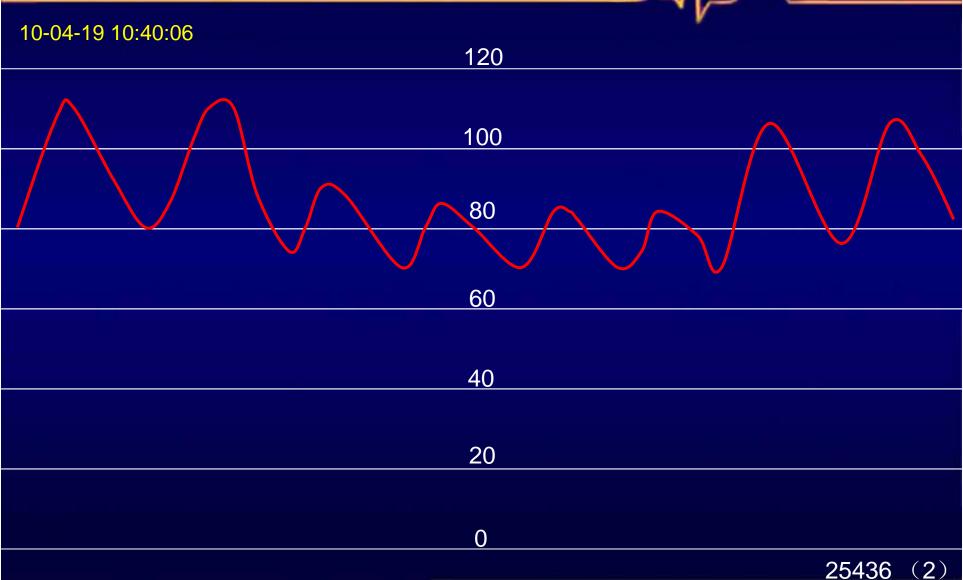
Free perforation!



Injection 3 piece of fat through Finecross MC

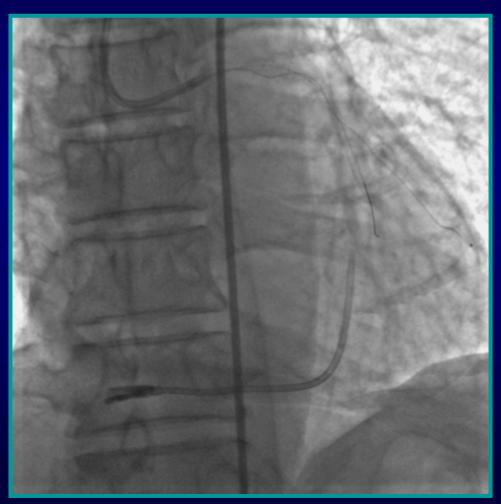


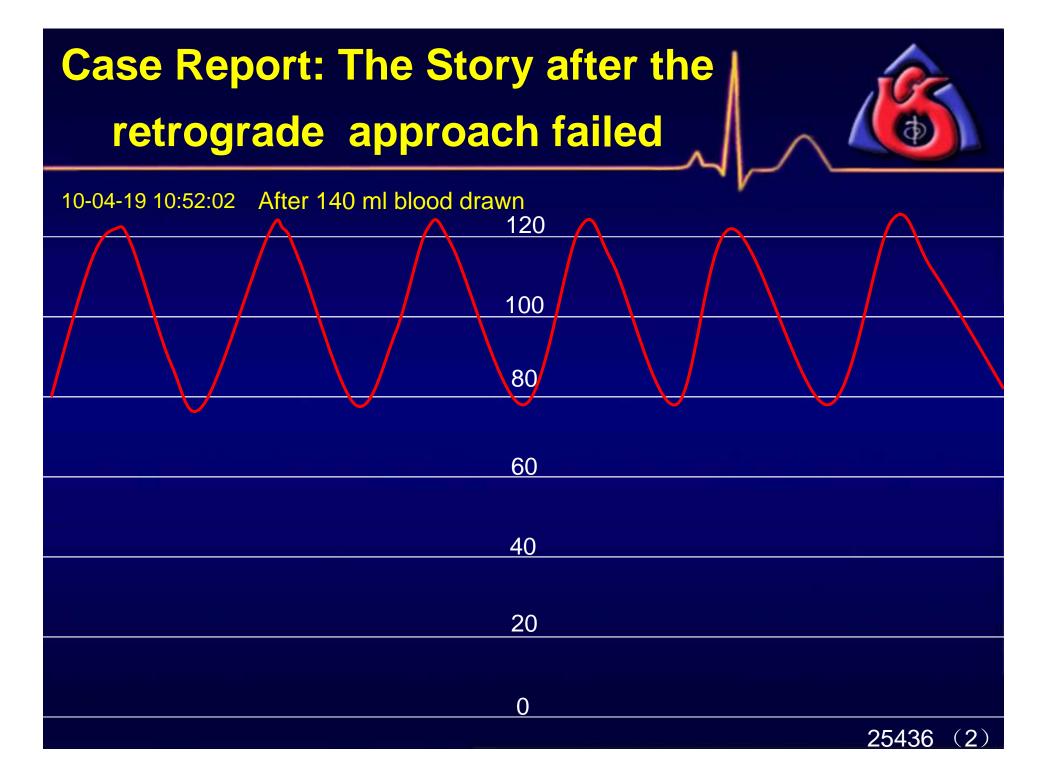






Pericardiocentesis







Final Result





However, the story did not over...

1:00 PM (one hour after the procedure)

Chest pain, windy associated with cold sweat, BP 89/45 mmHg. UCG showed no pericardial effusion. No ECG changed. Slight tender located in the upper abdomen. Then abdomen CT examination was done.

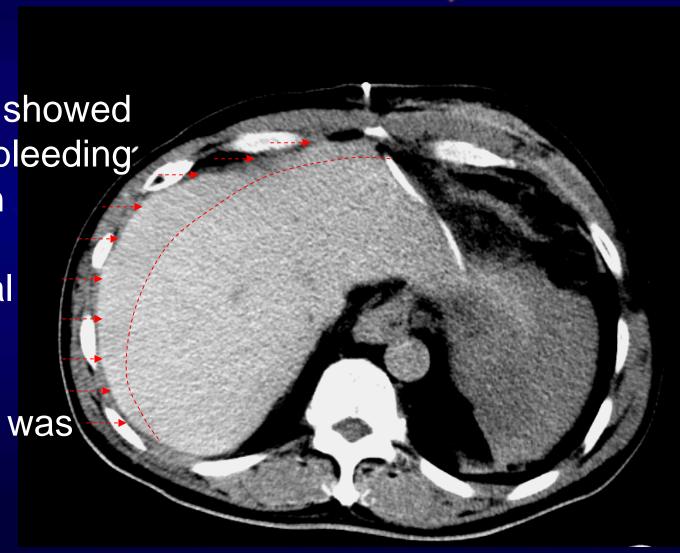




bleeding.

Abdomen CT showed liver capsule bleeding with abdomen effusion. No retroperitoneal

Surgery team was called.





4:00-7:00 PM

Emergency laparotomy showed 1200 ml blood effusion within the abdomen. Bleeding was found in the left leaflet of liver. Repaired it immediately!



Eleven days after the procedure, the patient was discharged. Clinical FU is ongoing.