

CHIP SYMPOSIUM AT TCTAP 2019

COMPLEX CASE SHARING

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Consultant cardiologist

Gleneagles JPMC hospital

Brunei Darussalam

The Green Heart of Borneo



A Kingdom of Unexpected Treasures



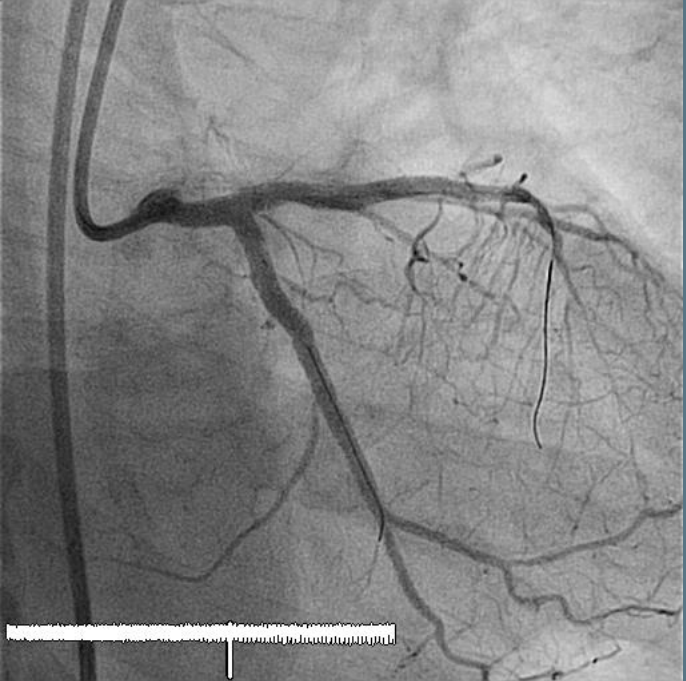
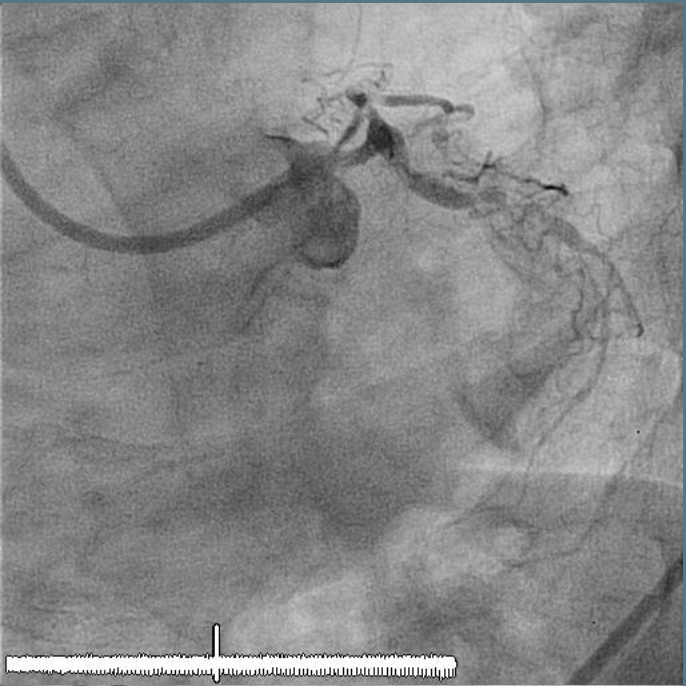
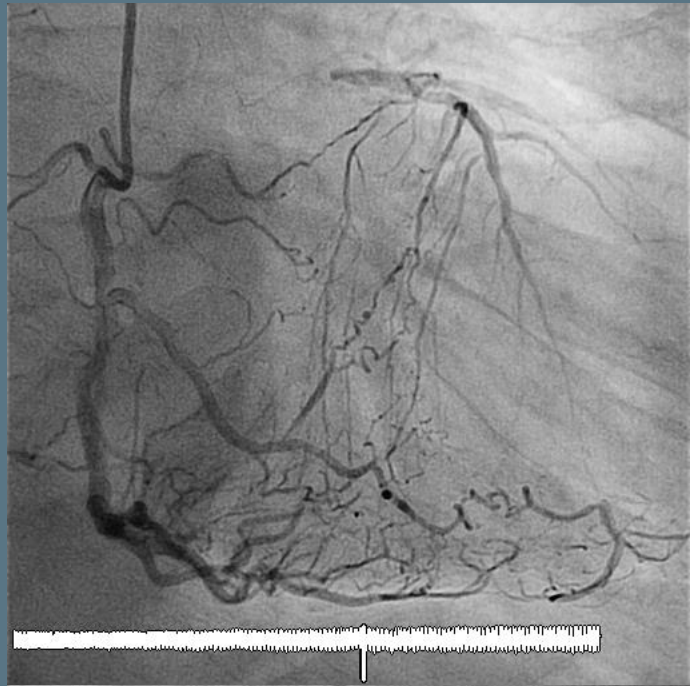
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COMPLICATED PRIMARY PCI

57 yr old man

DM, Hypertension, Hyperlipidemia, Smoker

Chest pain since 1:30 pm

Attended a peripheral clinic

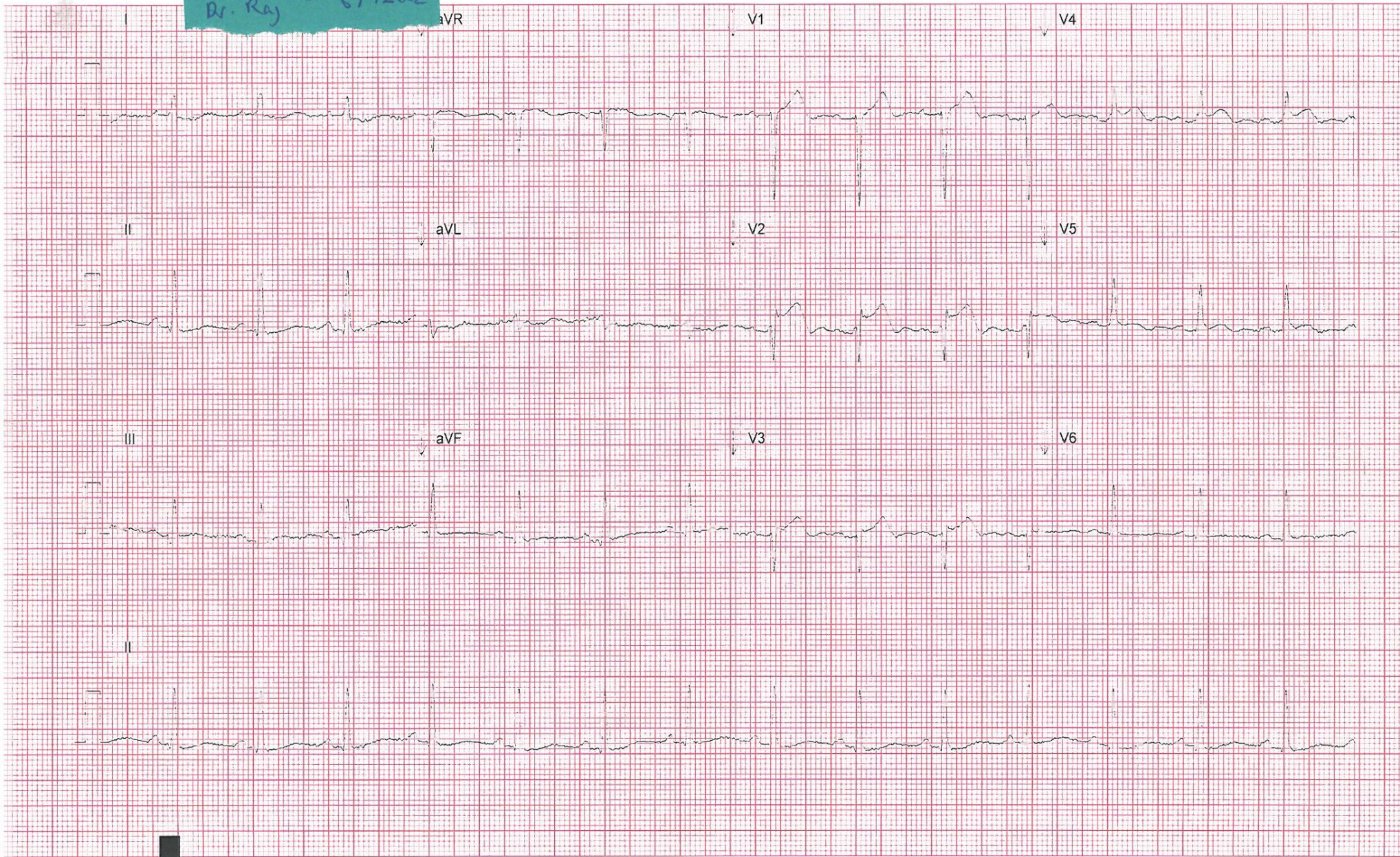
ECG – ST elevation

Referred directly to PPCI center

Aspirin 300mg, Clopidogrel 300mg

Dr. Raj - 8712662

Unconfirmed Report



25 mm/s 10 mm/mV Frequency Response [0.5-35] Hz 50 Hz

Version 2.6.0

Pulmonary oedema – lung crepitations

O₂ saturations 98% on oxygen

HR 98/min BP 129/80

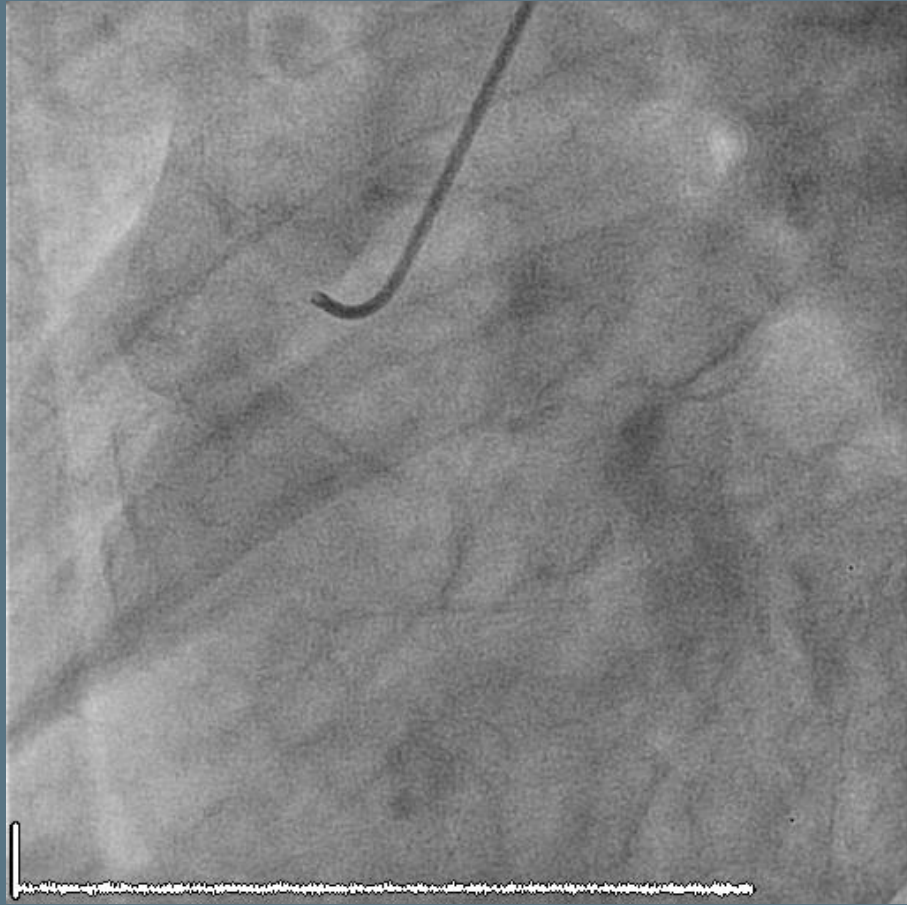
Echo – moderate LV dysfunction, moderate MR, no VSD, no effusion

Warned the anaesthetist

Frusemide 40mg IV

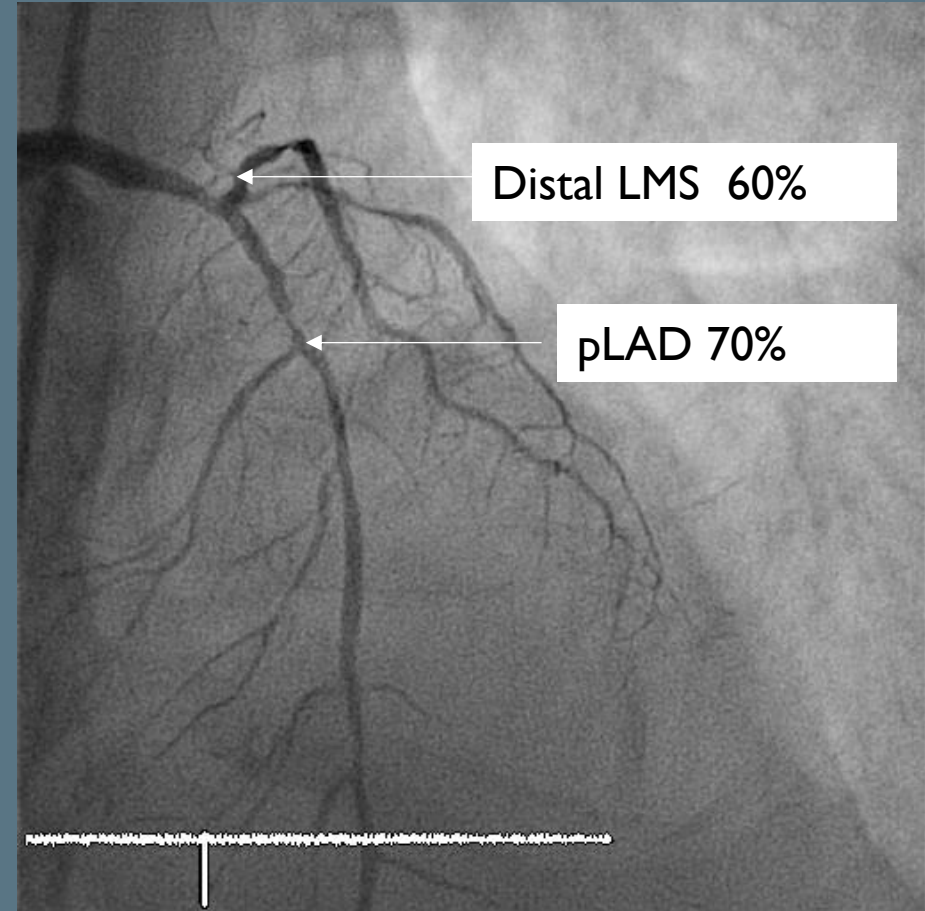
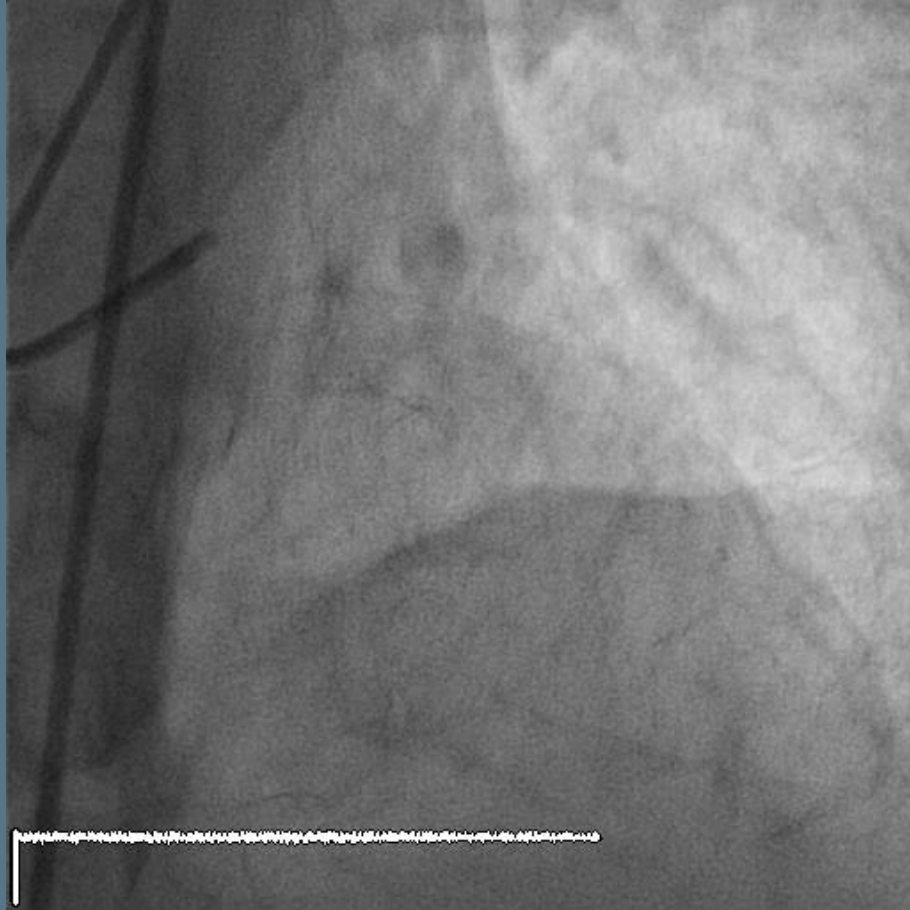
Proceeded to Primary Angioplasty - RFA

16:25



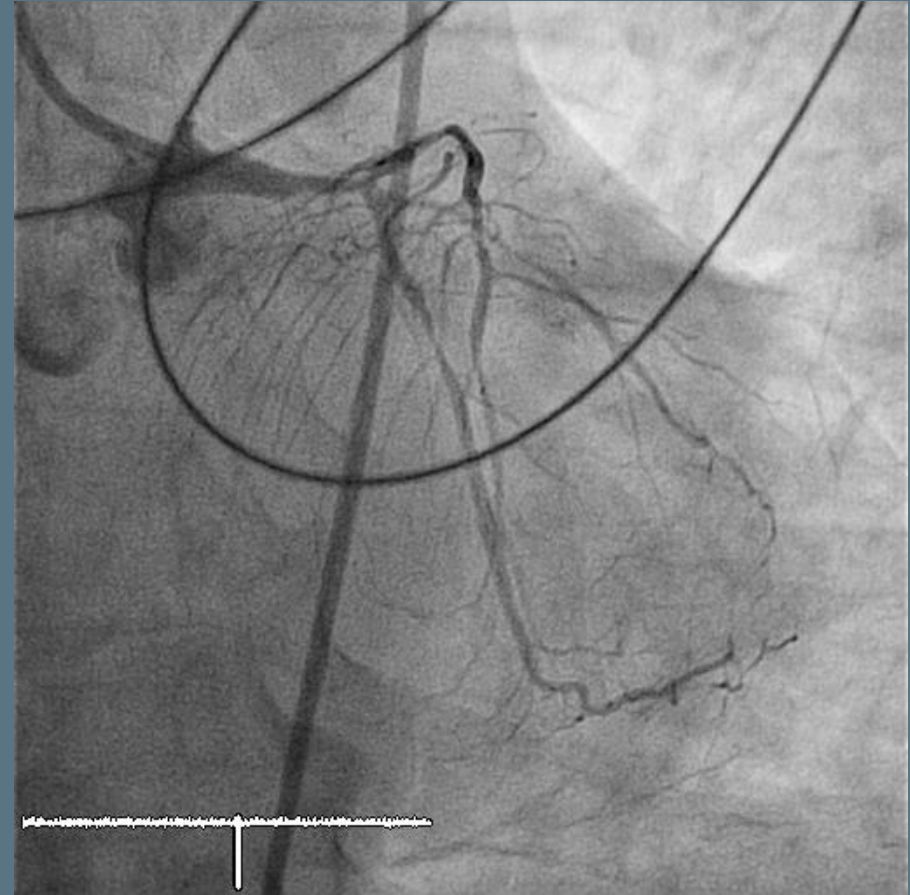
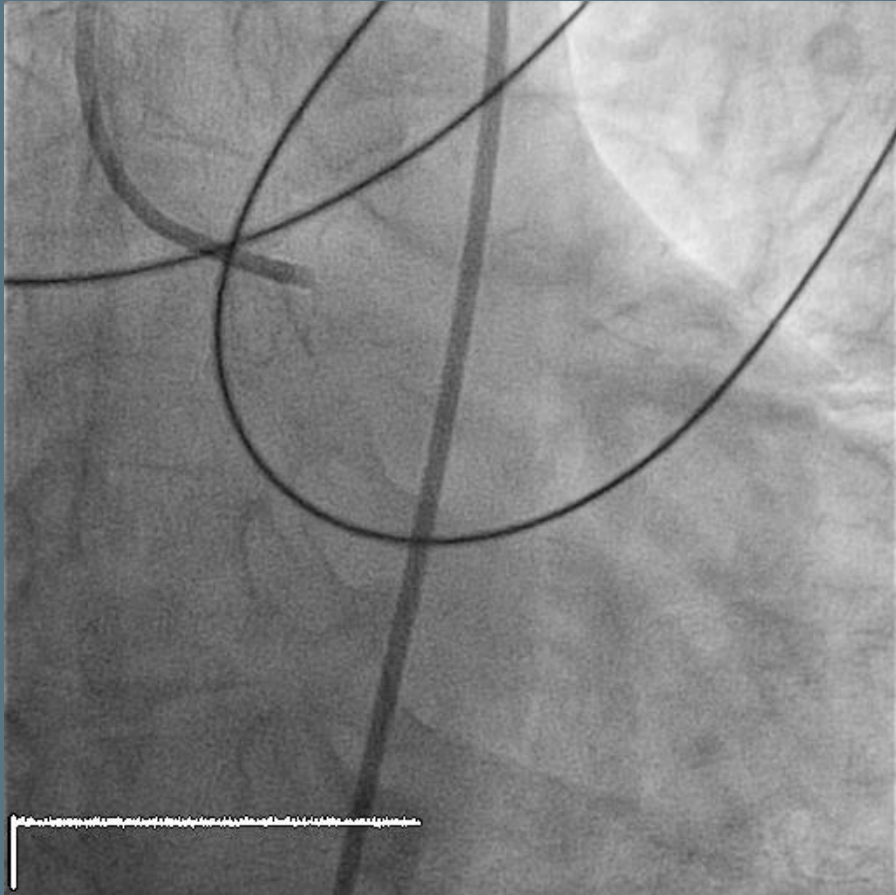
ANGIOGRAM – RCA OCCLUDED

16:41

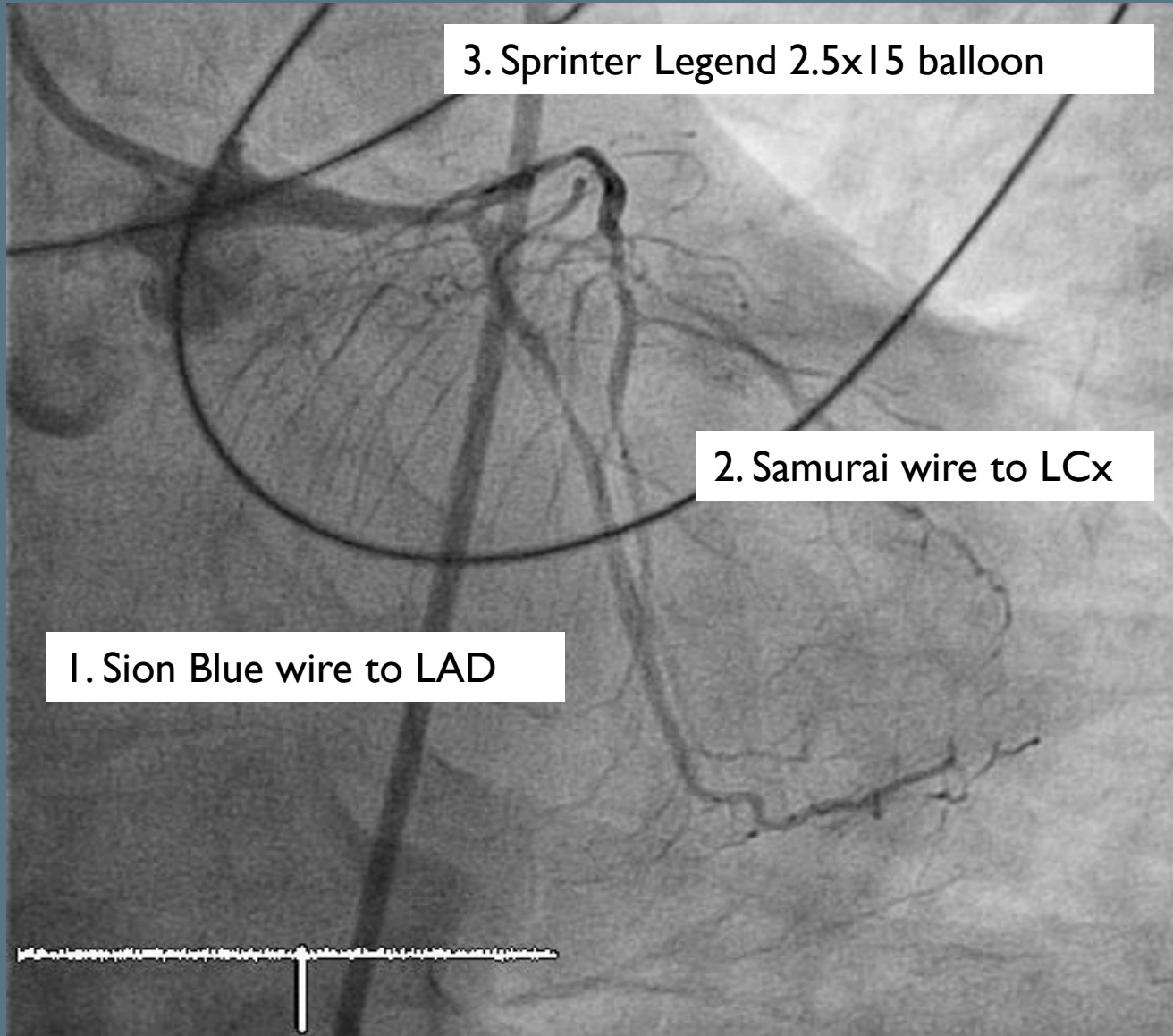


DIAGNOSTIC ANGIOGRAM - LCA

16:43



SEVERE LMS STENOSIS + LCX STENOSIS



3. Sprinter Legend 2.5x15 balloon

2. Samurai wire to LCx

1. Sion Blue wire to LAD

6F EBU 3.5 GUIDE, HEPARIN 8000 IU

16:46

Restless; further Frusemide 40mg

BP dropped – 95/42

Decided to intubate

BP continued to crash

CARDIAC ARREST

Stopped PCI, disengaged catheter

IABP from LFA

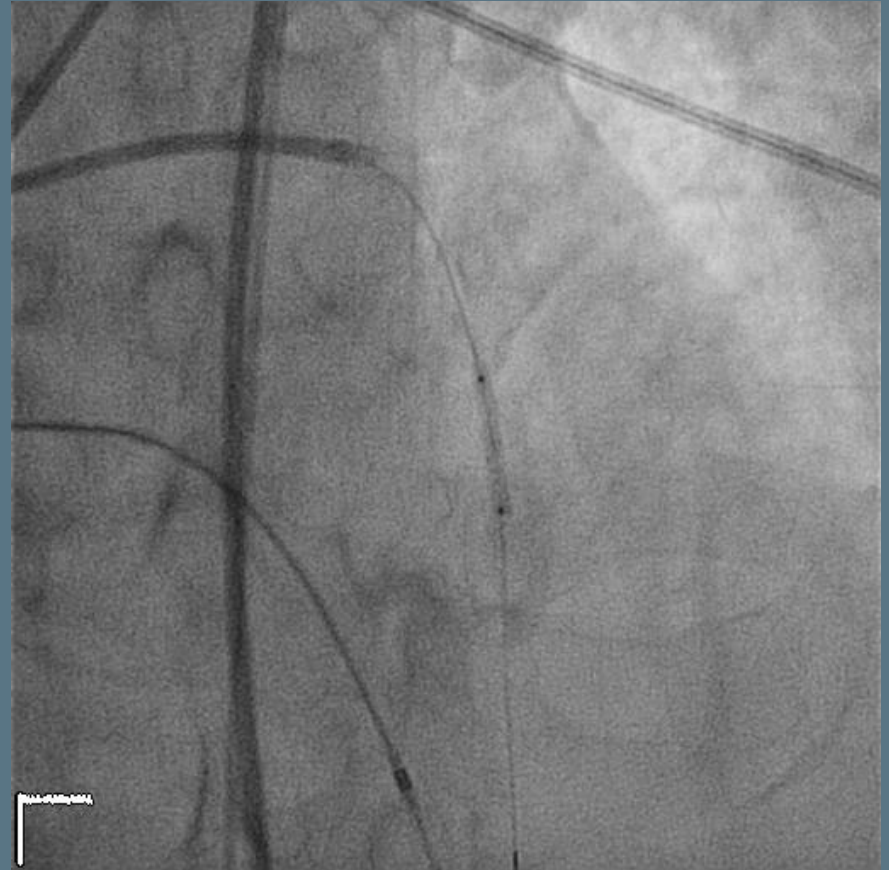
Activated ECMO

PEA arrest → CPR → VF → multiple shocks

ROSC but low BP → Adrenaline

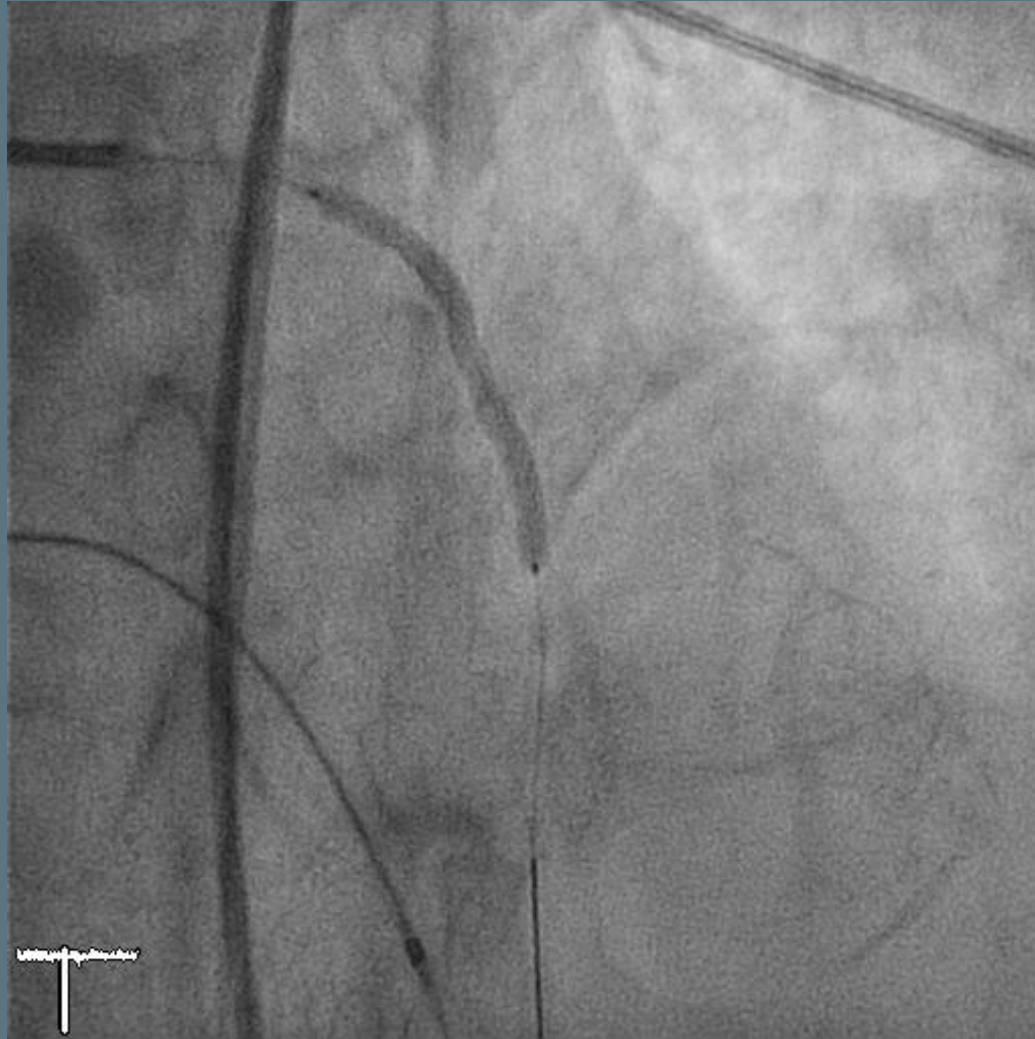
Intubated and ventilated

16:48 – 17:11



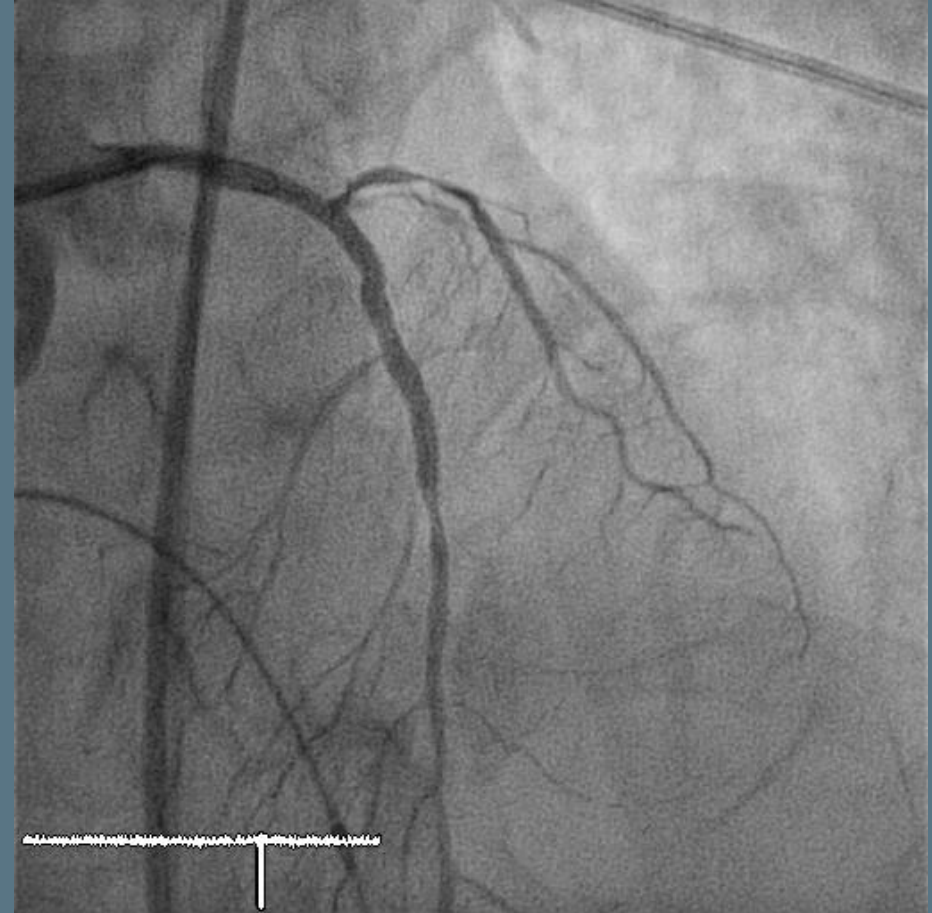
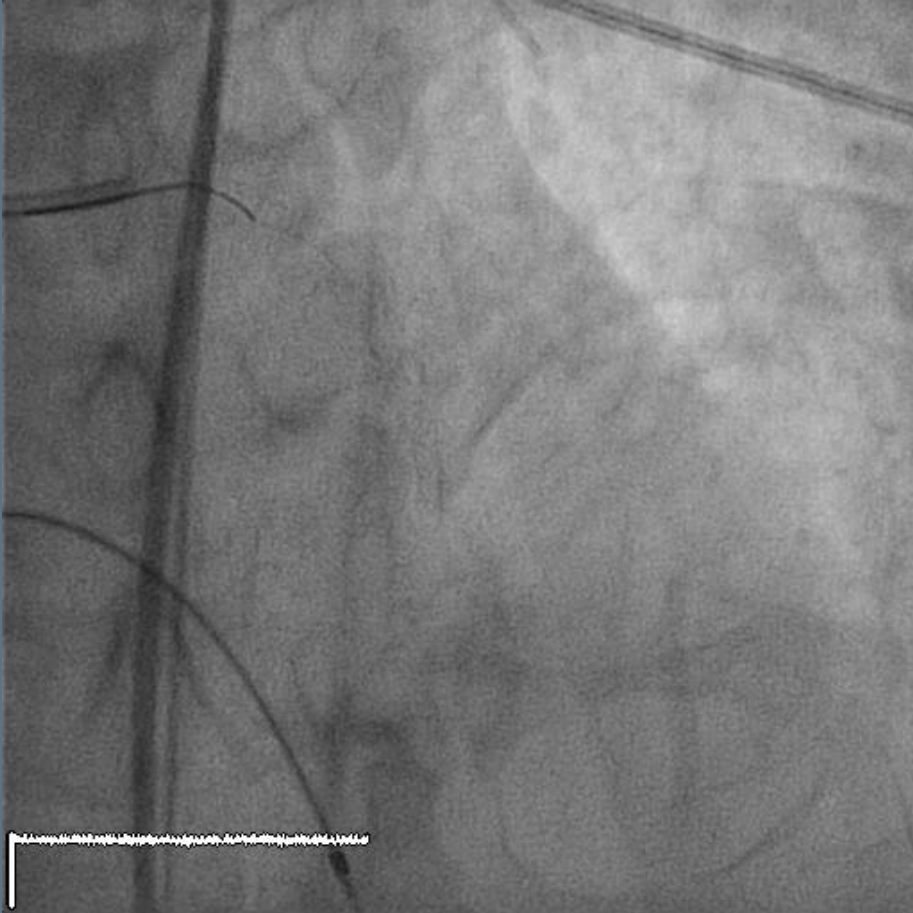
PCI – 2.0X15MM BALLOON

17:14

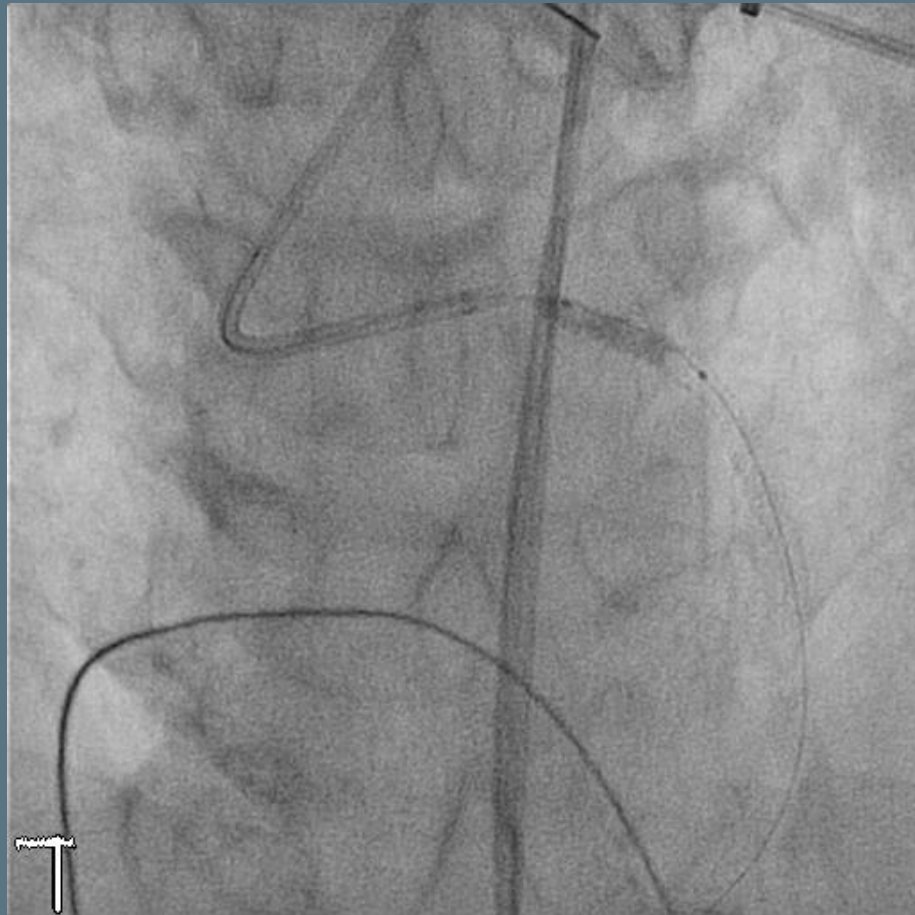


SYNERGY 2.5X38MM DES @ 16ATM

17:15

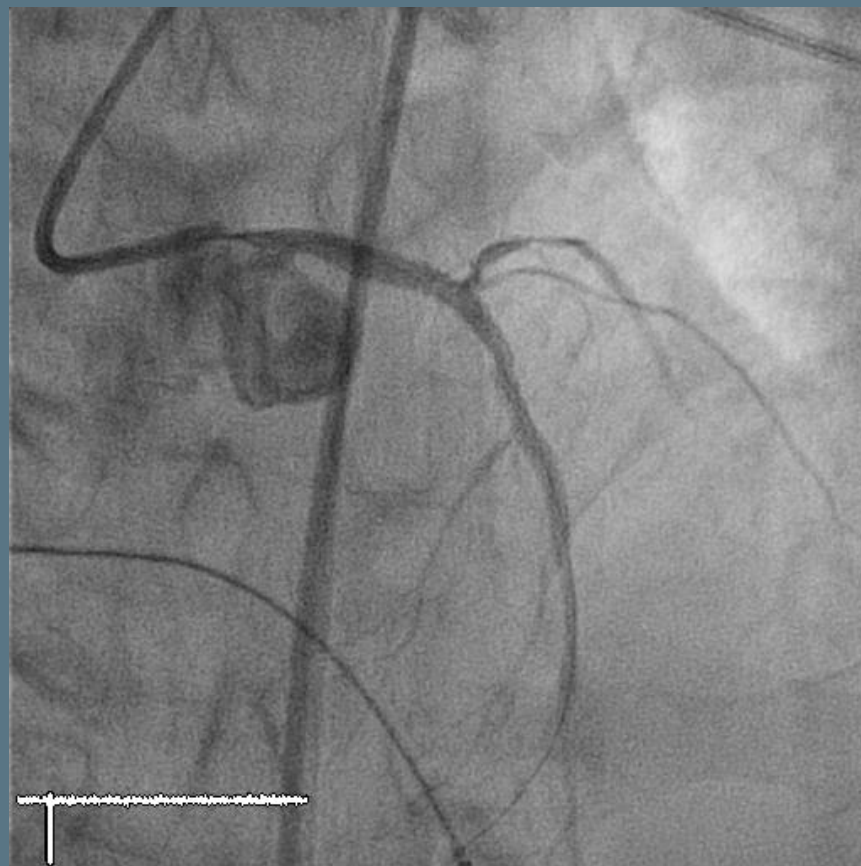
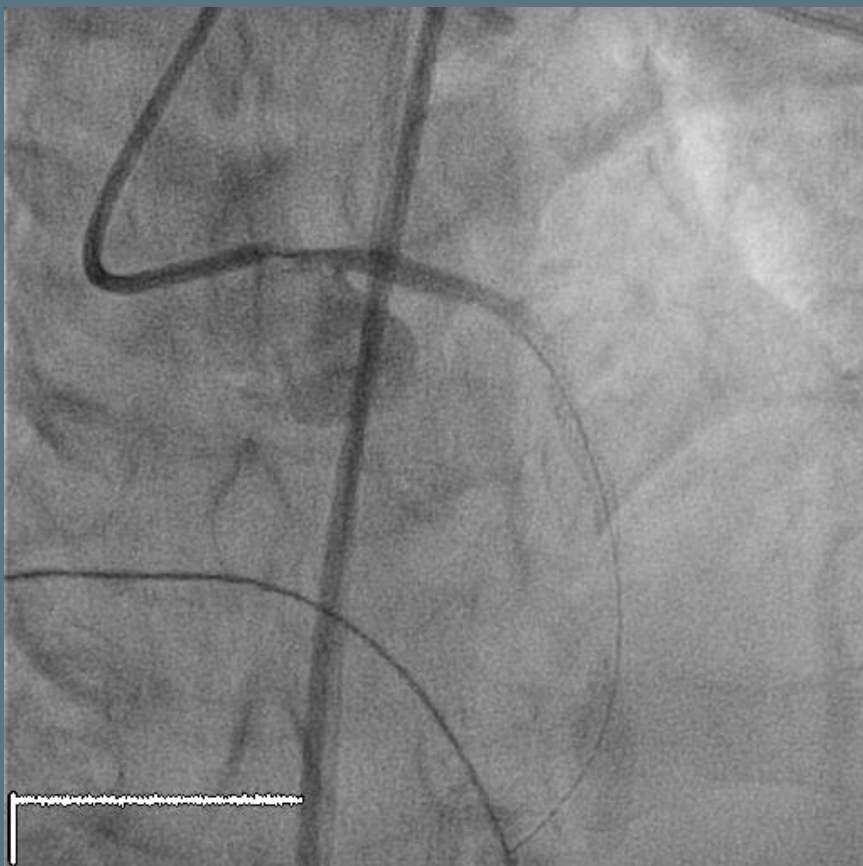


TIMI 3 FLOW AFTER LM-LAD STENT
CPR AND SHOCKS X 2



POT IN LMS – NC 3.5X15MM AT 14ATM

17:19



“FINAL” RESULT

17:22

VA ECMO

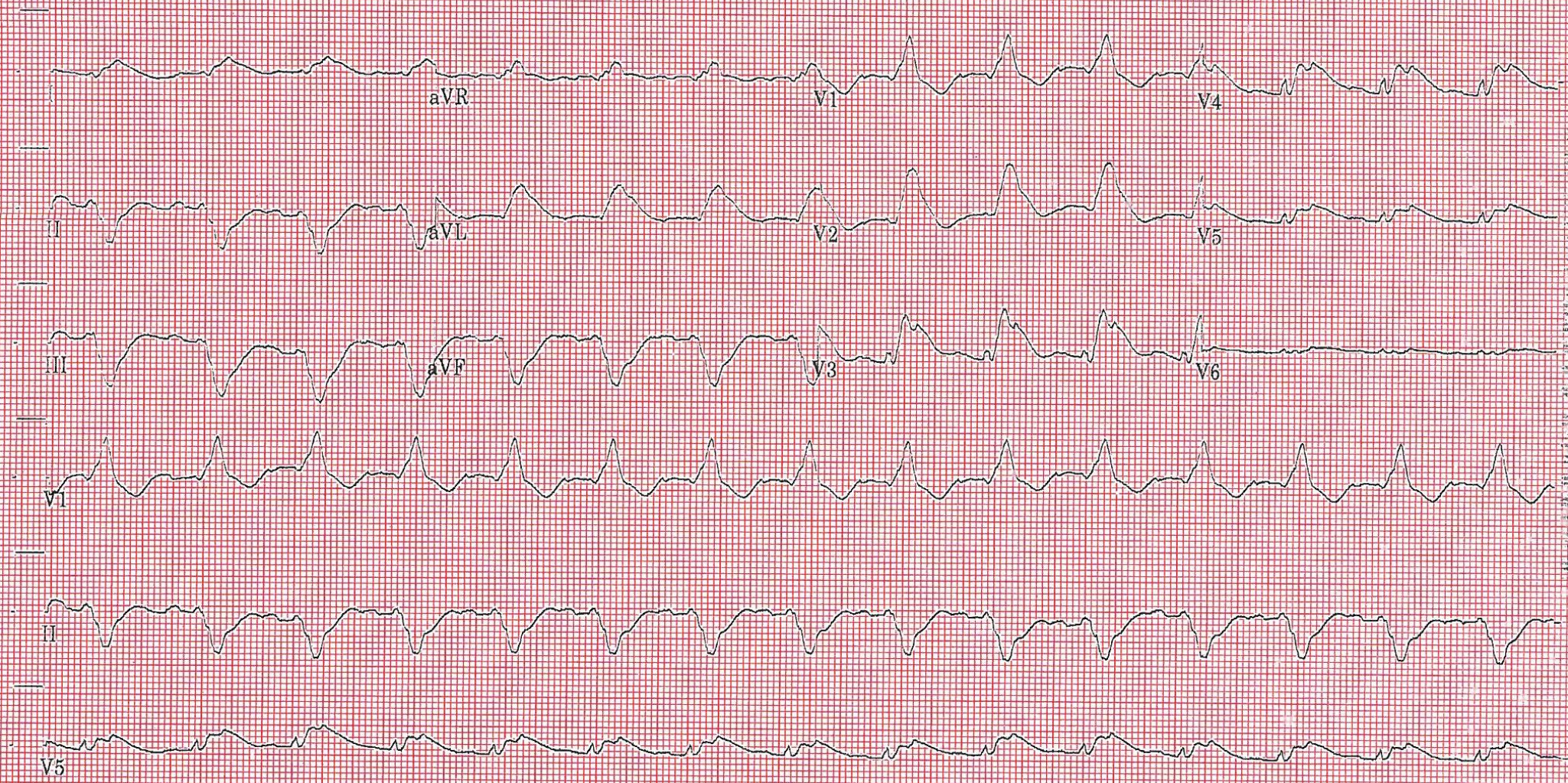
Unstable

Intermittent CPR, shocks

Planned transfer to ICU

Final ECG in cath lab



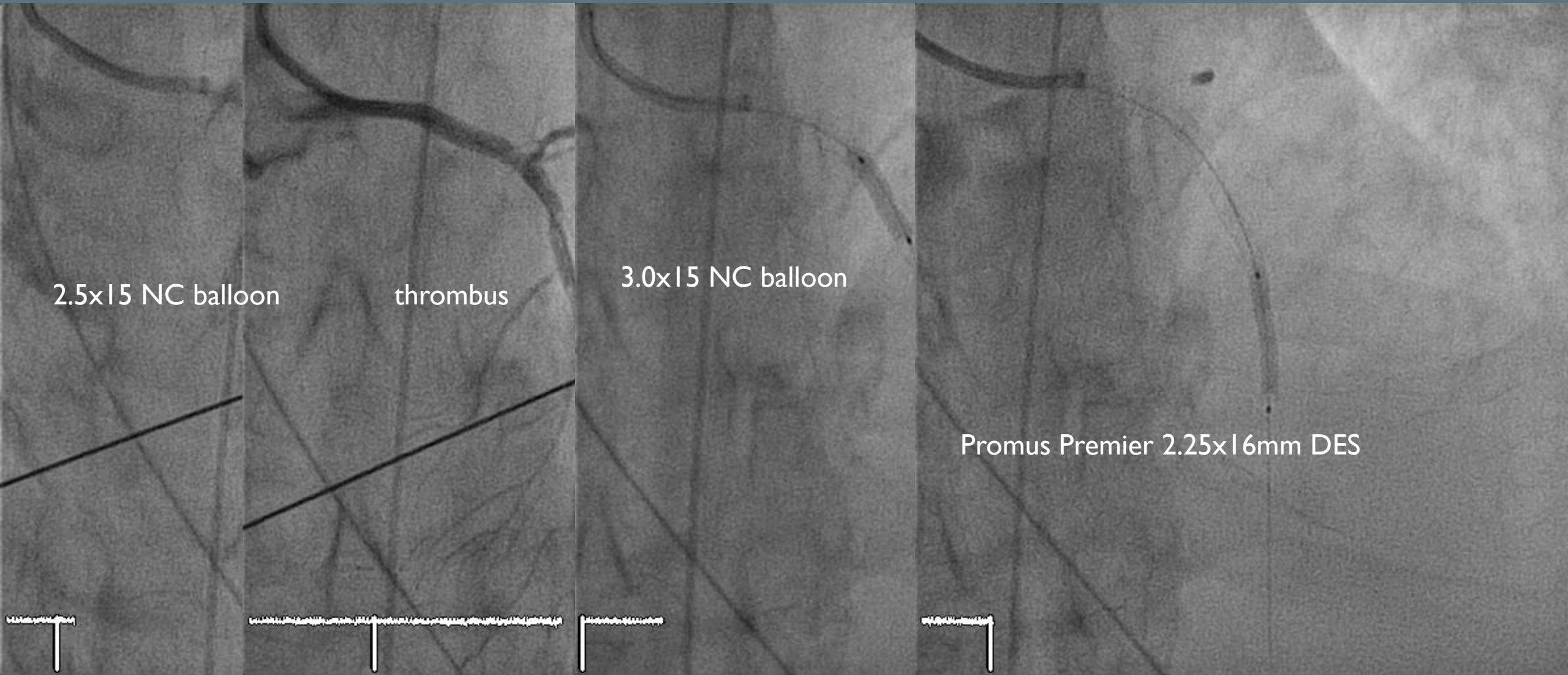


150 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 3 rhythm lds MAC55 009A 12SL™ v237



RT RADIAL APPROACH, 6F IKARI

19:16



2.5x15 NC balloon

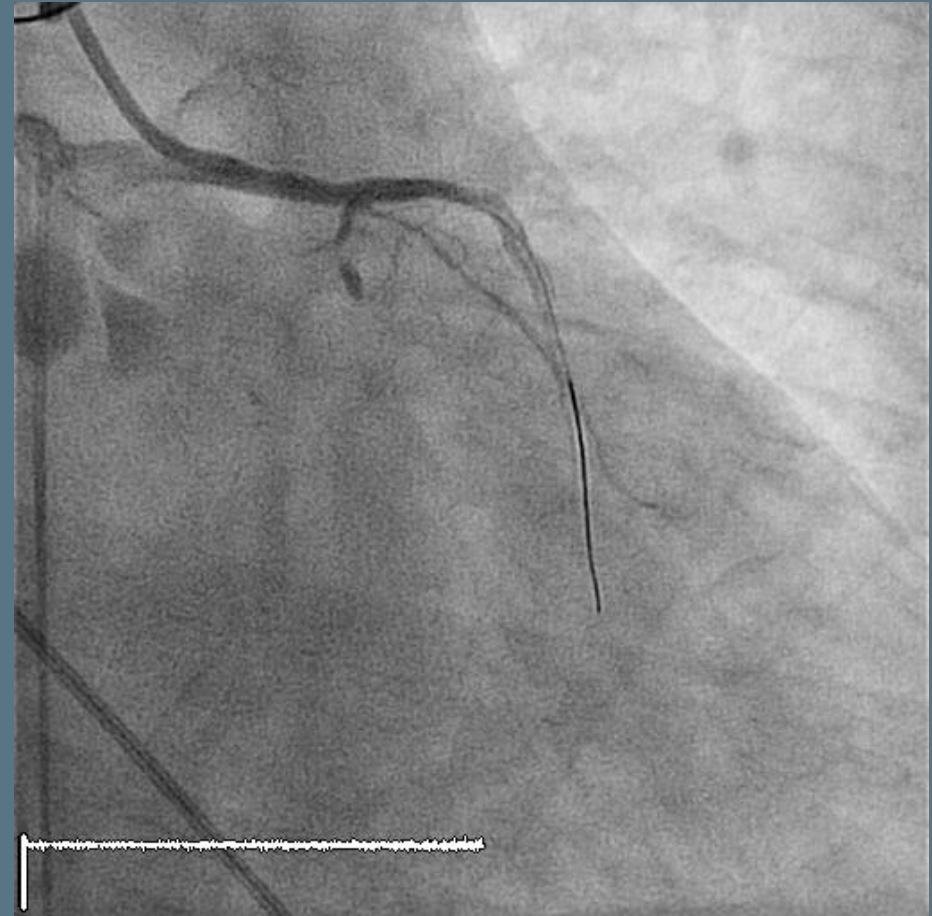
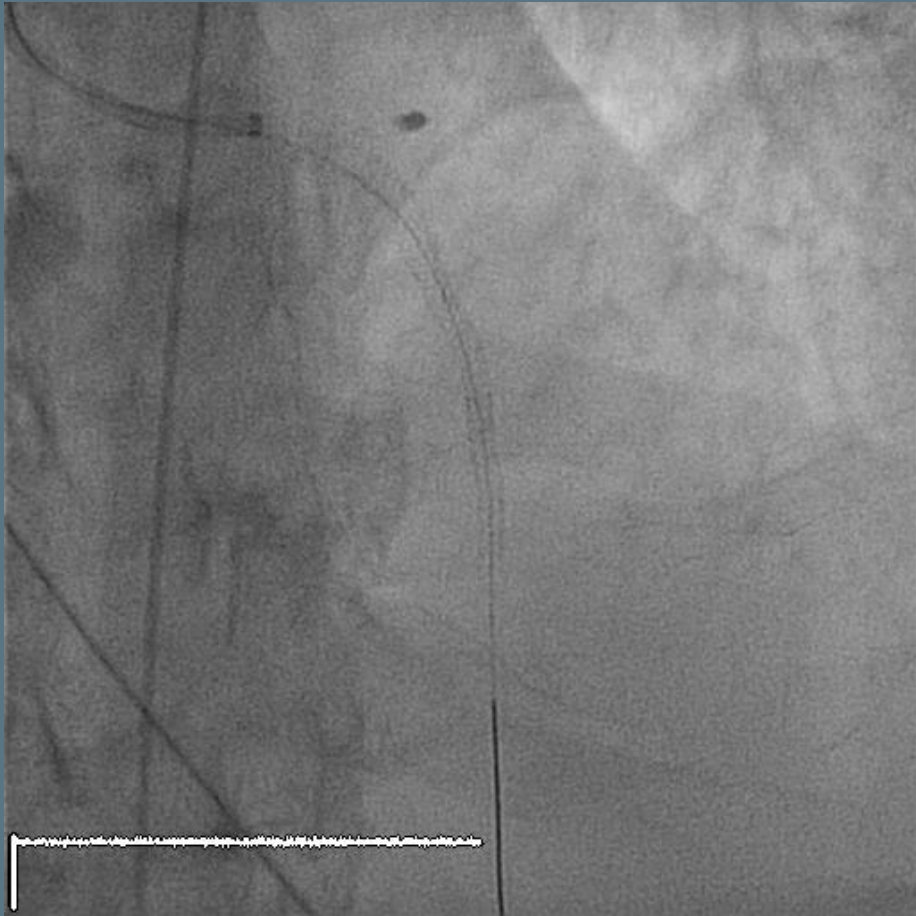
thrombus

3.0x15 NC balloon

Promus Premier 2.25x16mm DES

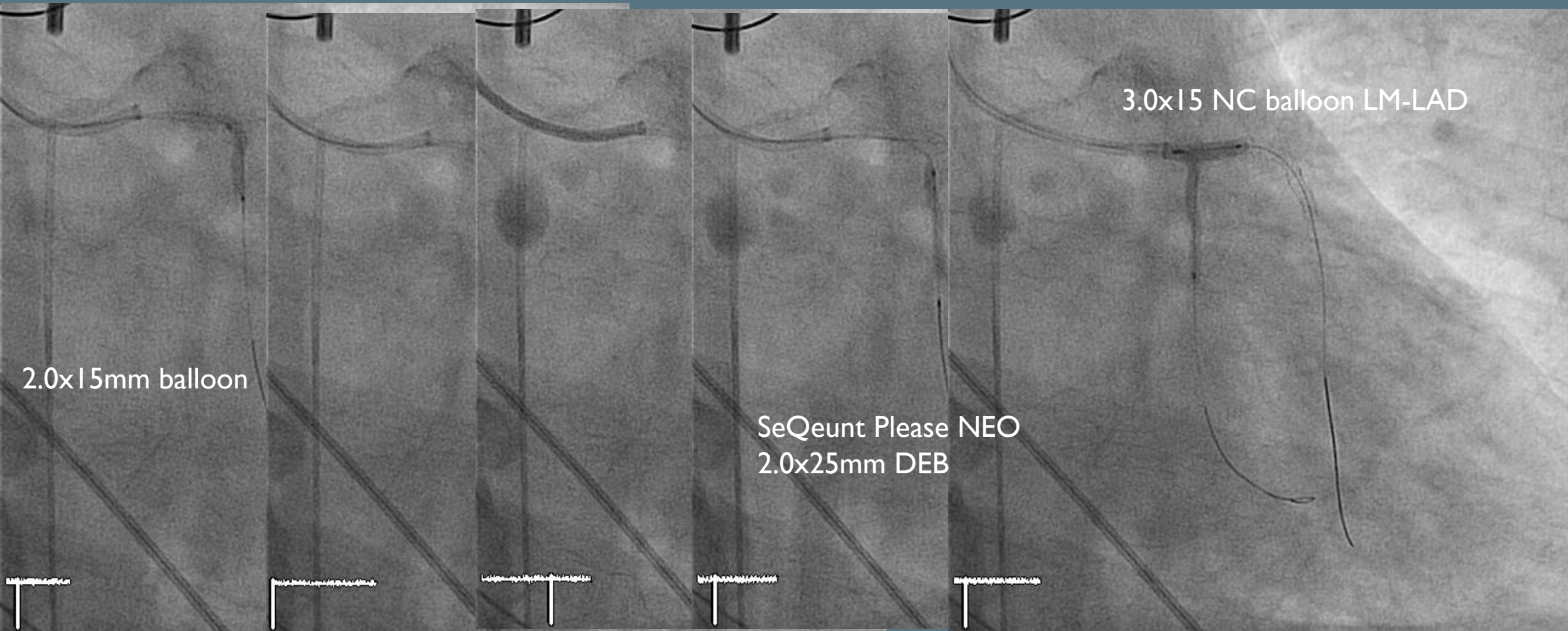
PCI TO LAD – BALLOON, STENT, AGGRASTAT

19:17 – 19:31



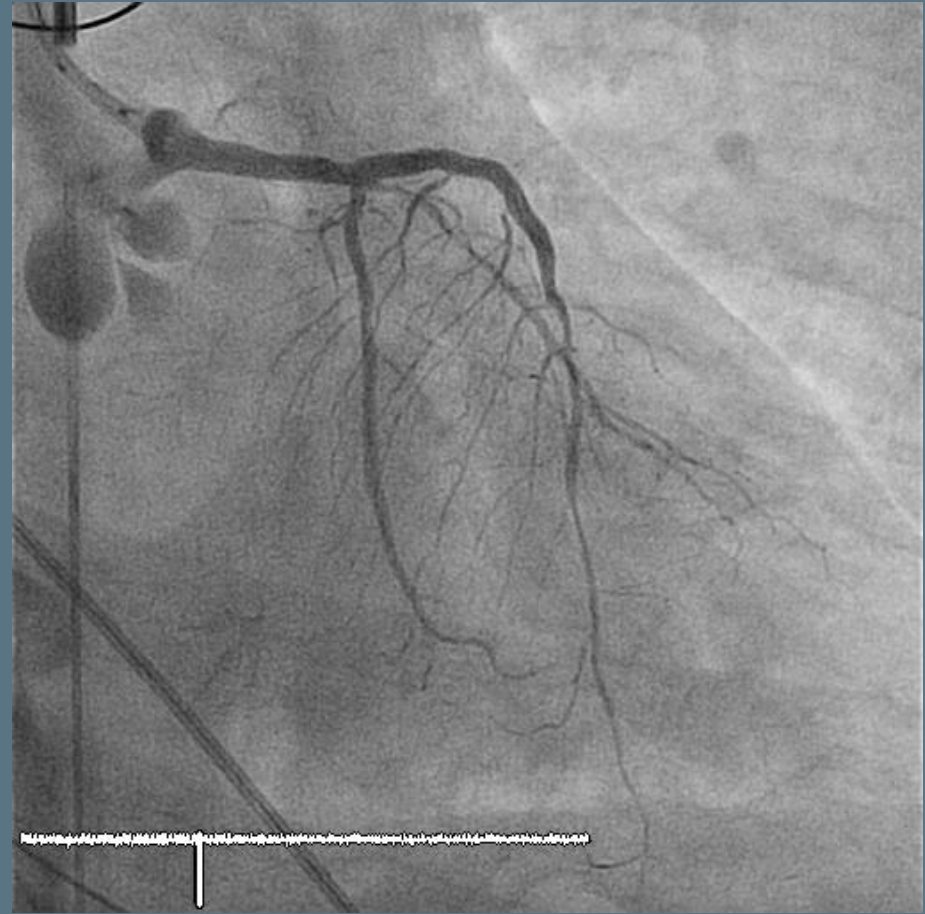
LAD GOOD; LCX OCCLUDED

19:31



PCI TO LCX WITH DEB + FKBI

19:32 – 19:45



END OF PROCEDURE

19:49

POST PROCEDURE

ECMO and IABP in place

ACT 282

pH 7.27, pO₂ 541, pCO₂ 30, BE -13, lactate 15

Transferred to ICU

COURSE

Multiple shocks overnight

Settled the next morning

Echo – EF 20%, apical/anterior/IVS severe hypokinesia

Remained unresponsive

Frequent bradycardia – temporary pacing wire

48 hours later – asystole

ANTERIOR STEMI - PPCI

Pulmonary oedema + BP + stable

Diuretics

PCI

Pulmonary oedema + BP + stable + TIMI 3 flow

Pulmonary oedema + BP + unstable + TIMI 3 flow

ECMO

IABP
Intubation

No BP

DISCUSSION

”Stabilise’ further before PCI

Technical aspects

Keep it simple, but not too simple

Haemodynamic support

No Impella

Anything else?