

“When Cath Lab Turned Quicksand...”

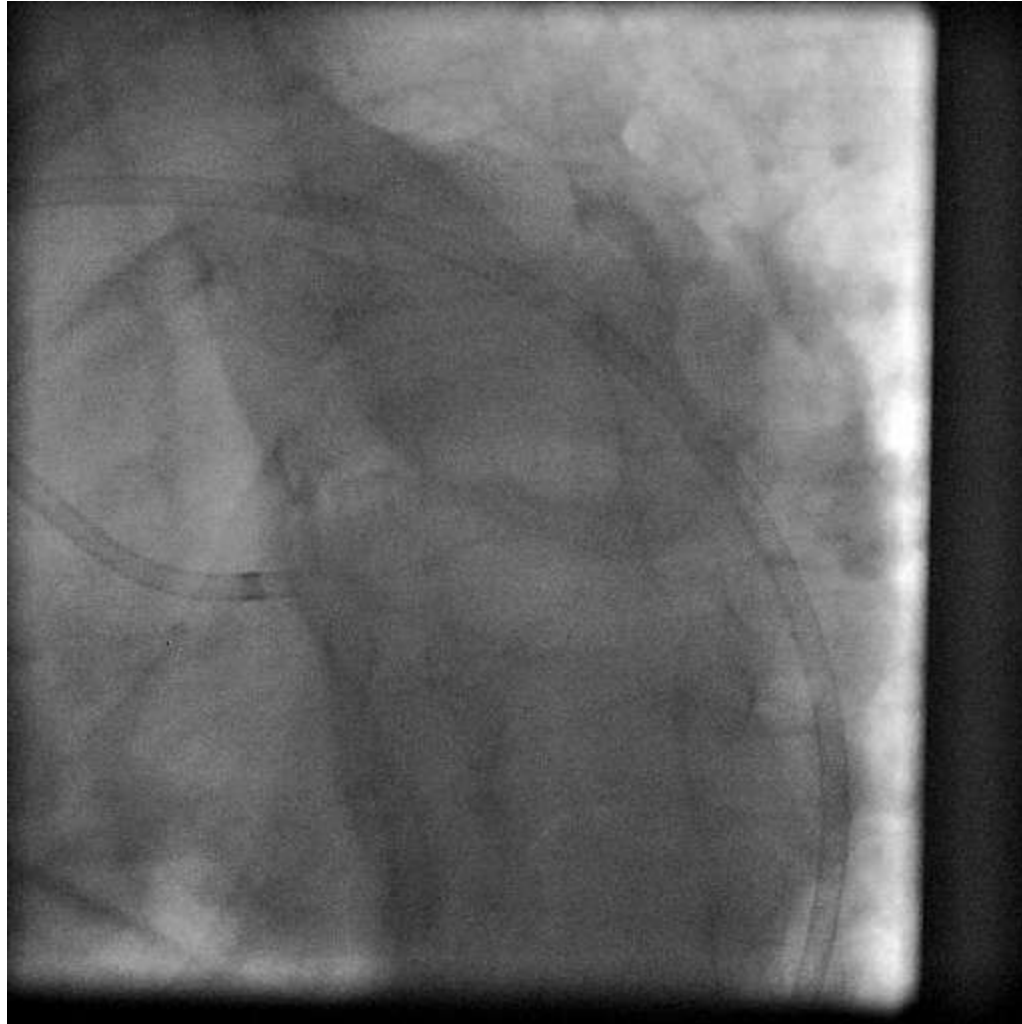
...vital lessons as leftovers!

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Case History

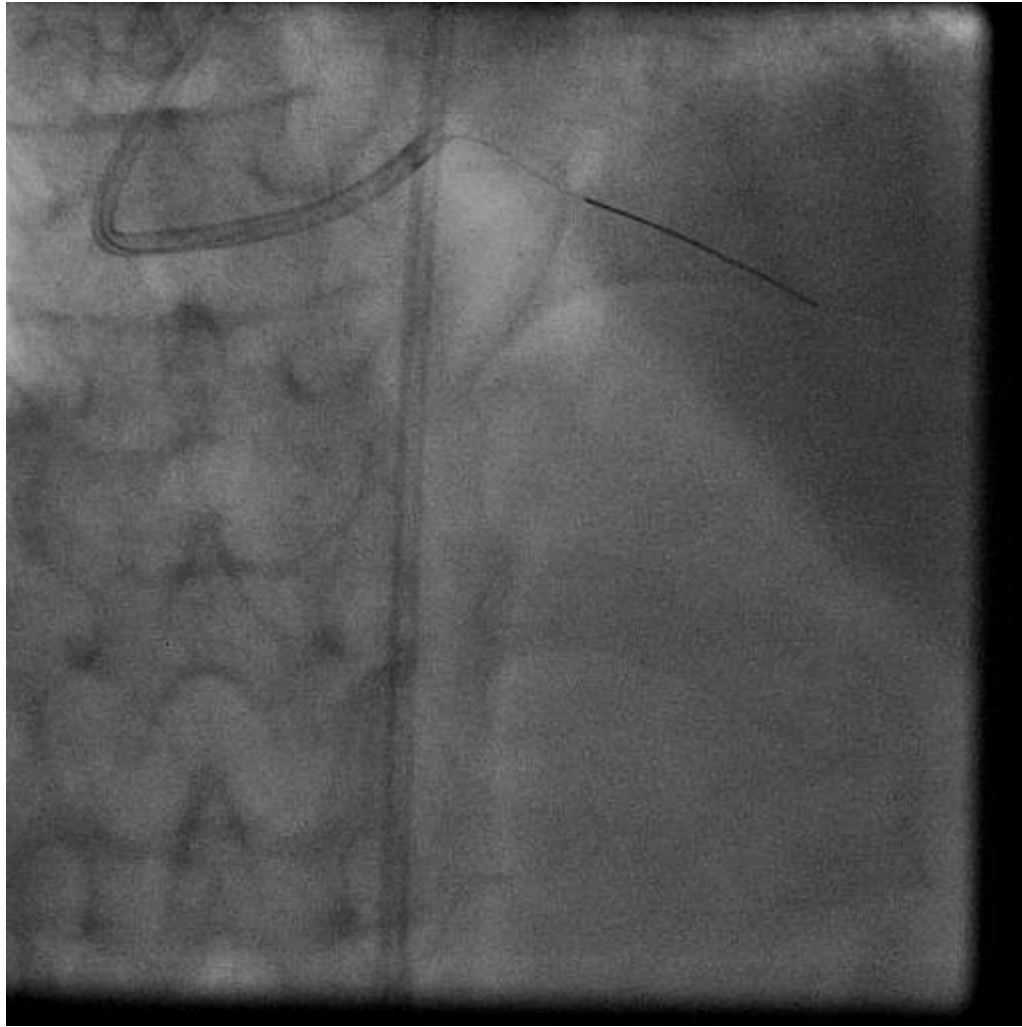
- **Thirty-eight year old female patient presented with chest pain on mild exertion, even on three anti-anginals and with a positive TMT**
- **Provisional Diagnosis – Stable ischemic heart disease, TMT +ve, non-hypertensive, diabetic, non obese, nonsmoker with normal LV function (EF – 55%)**
- **CAG – Double vessel disease –Mid LAD - 80% lesion (type B), Prox OM1 – 90%**
- **Plan – PTCA to LAD & LCX lesions**

Coronary Angiography



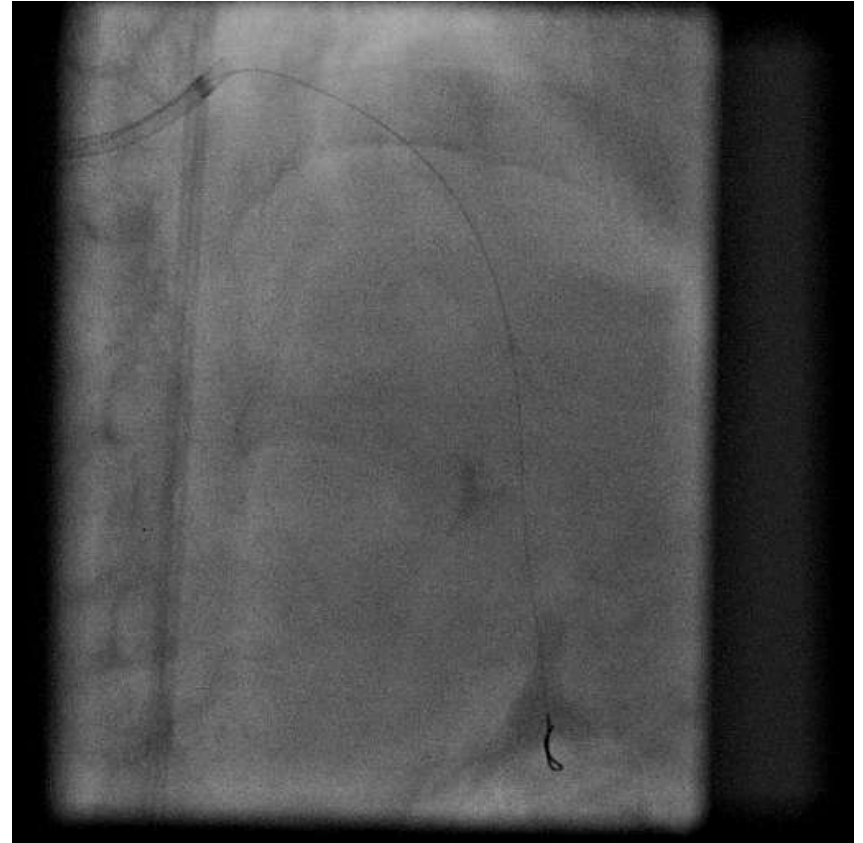
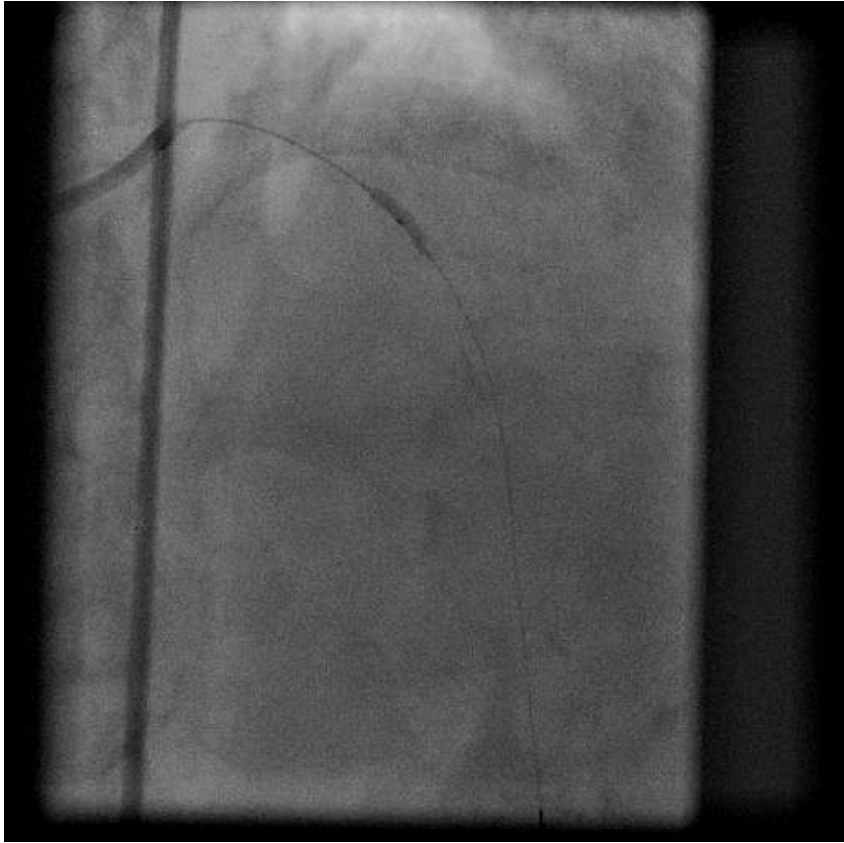
- **LAO caudal view - Mid LAD - 80% lesion (type B), Prox OM1 – 90%**

PLAN - PTCA to LAD WITH DES



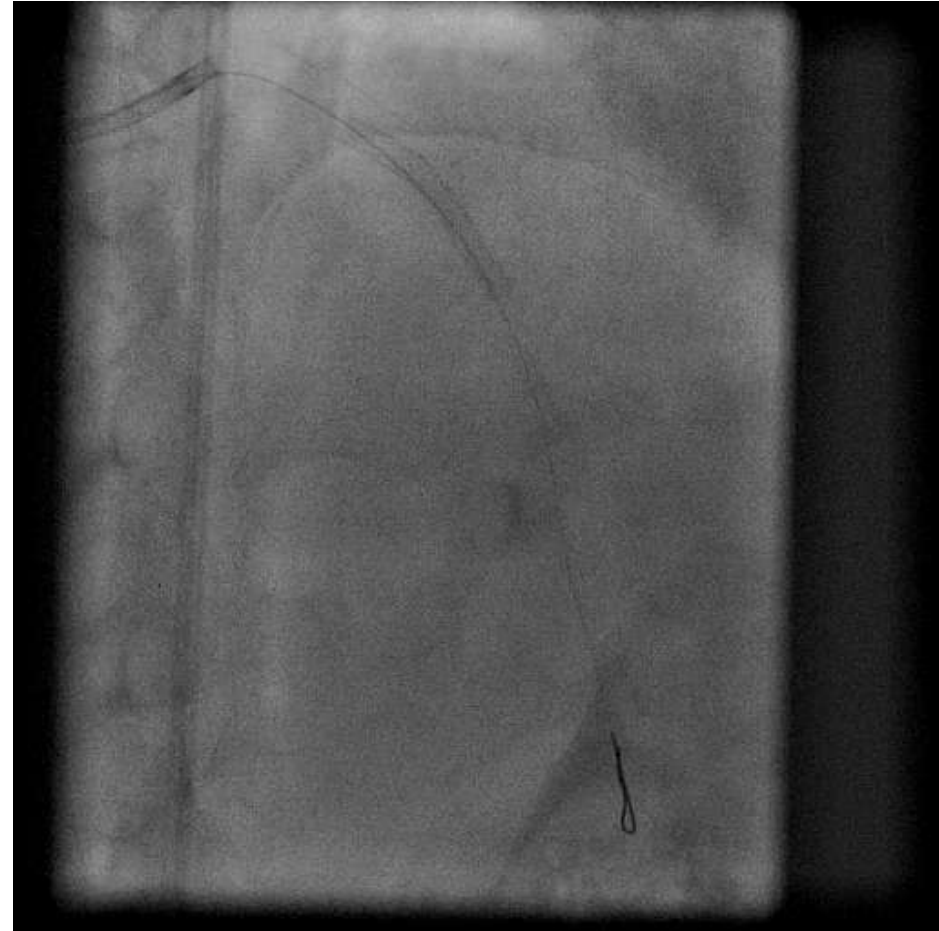
- **LAO cranial view - wiring of LAD being done with 'Cougar XT'**

PREDILATION OF LESION



- **LAO cranial view - predilatation with 2x12 Maverick**
- **NEXT PLAN – stenting of the LAD**

LAD STENTING



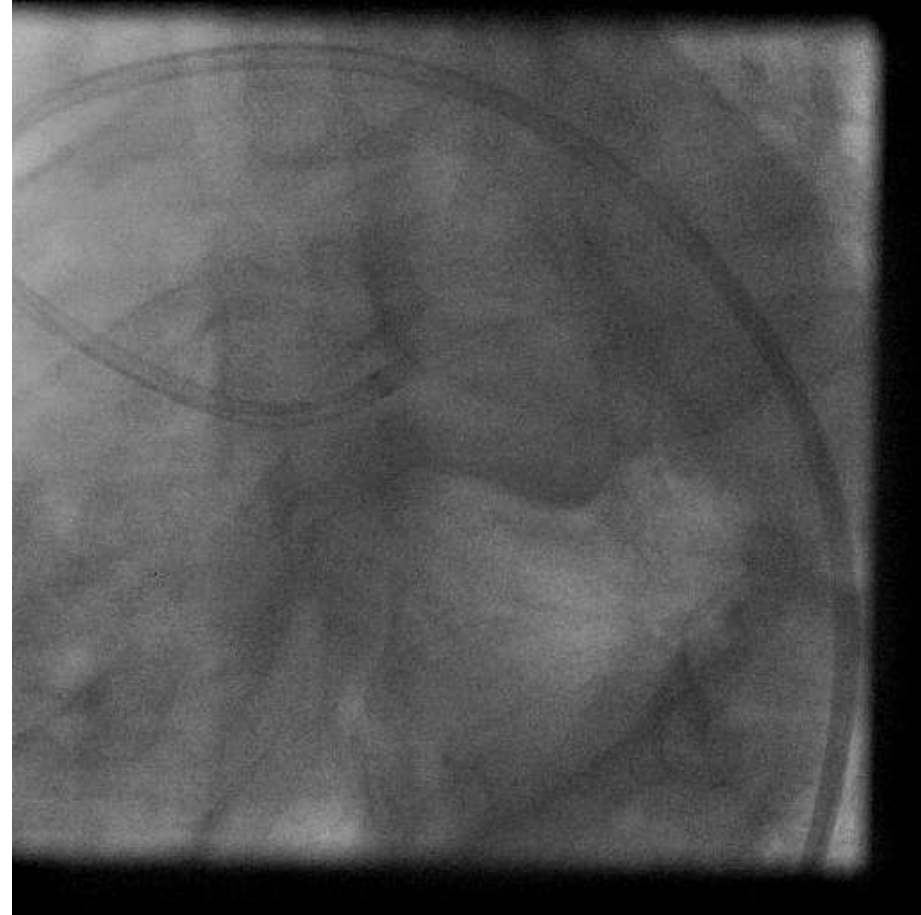
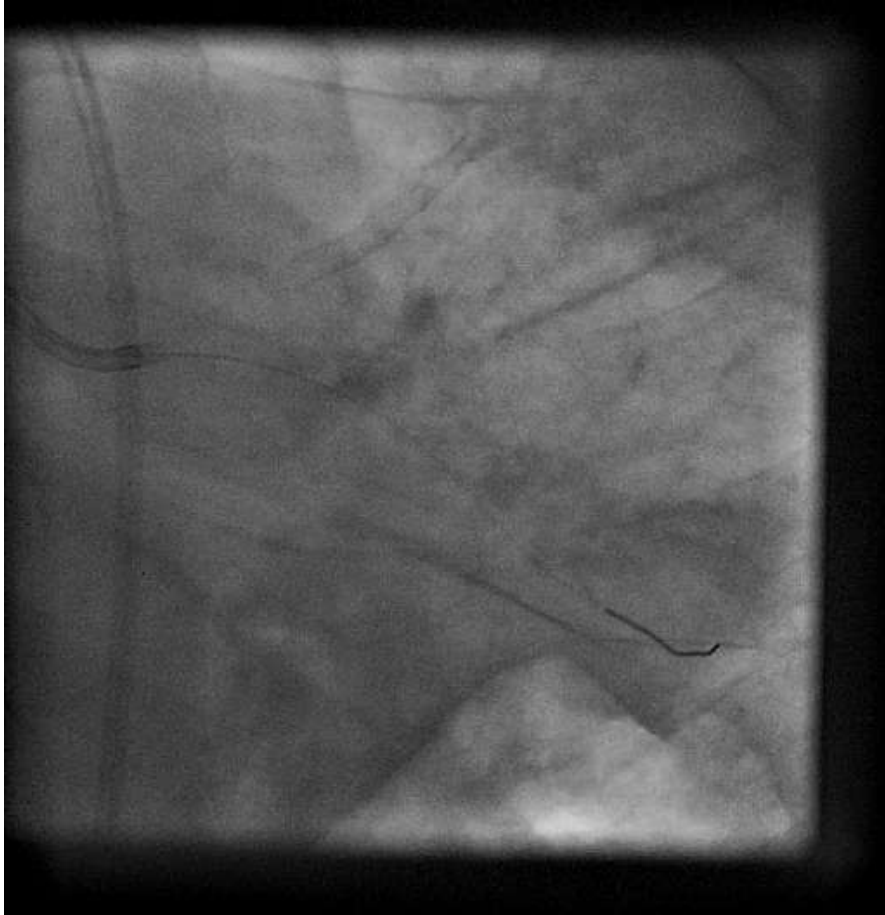
- **Stent (Endevour sprint- 3x30) placed**
- **NEXT PLAN – stenting OM1**

'Post LAD Stent'



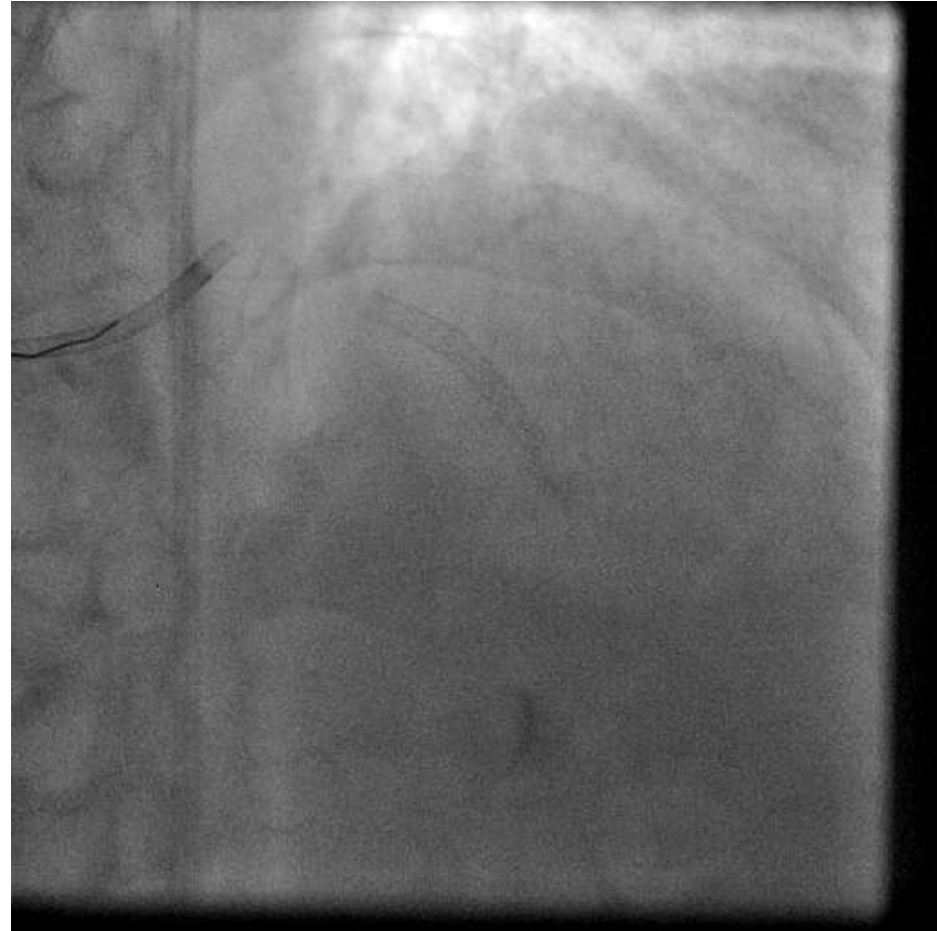
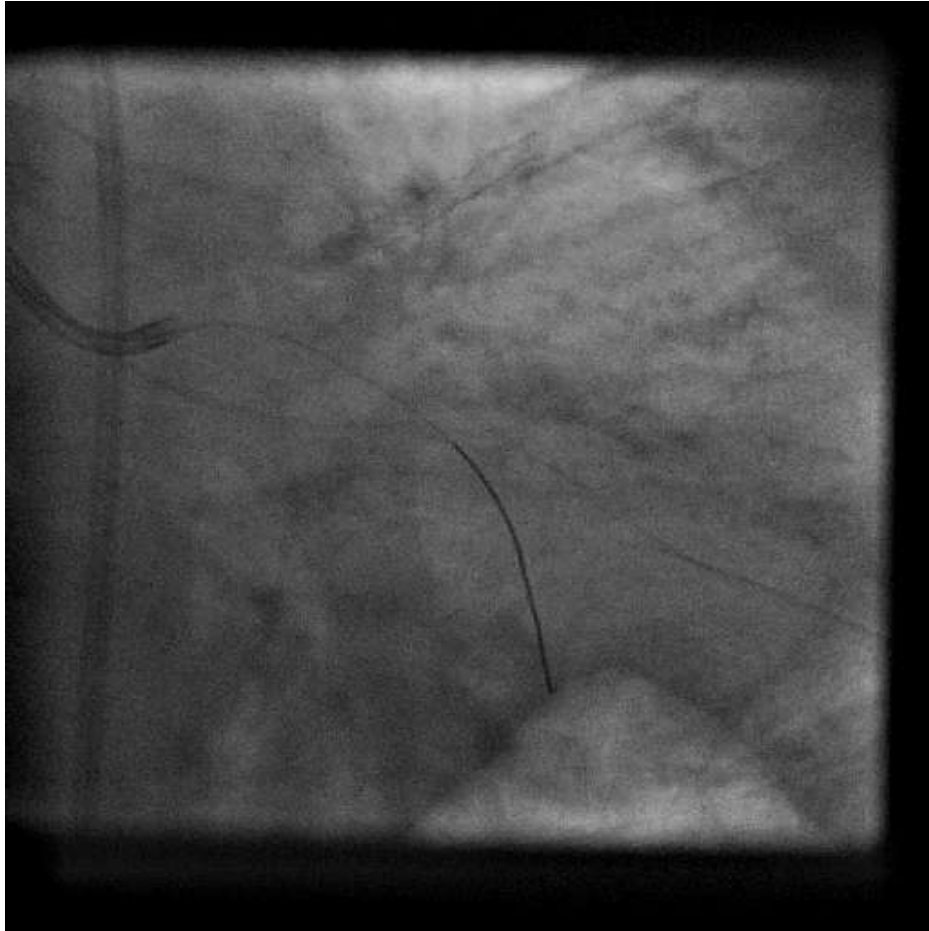
- **Stent (Endevour sprint– 3x30) placed at 12 atm.**
- **NEXT PLAN – stenting OM1**

'LCX Stenting!'



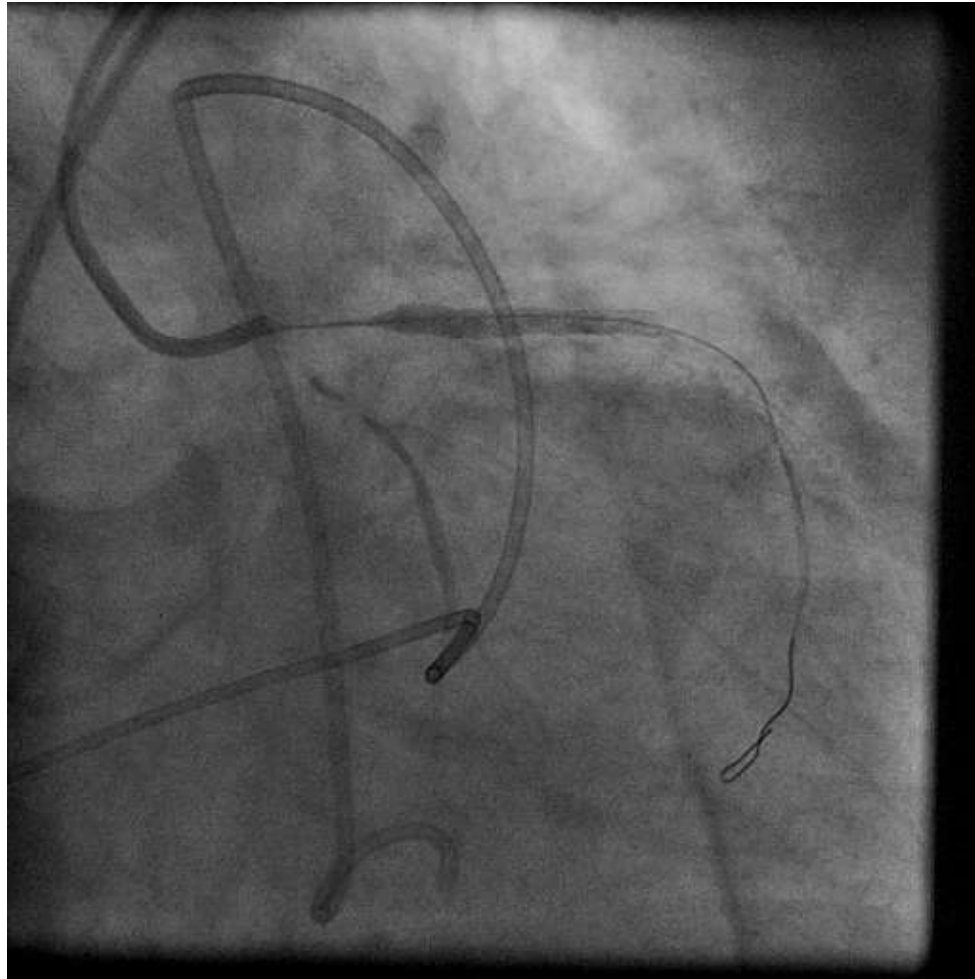
- **Perforation at LAD stent noted**
- **Rapid appearance of pericardial dye stain**
- **NEXT PLAN – rewire LAD**

'LAD Perforation'



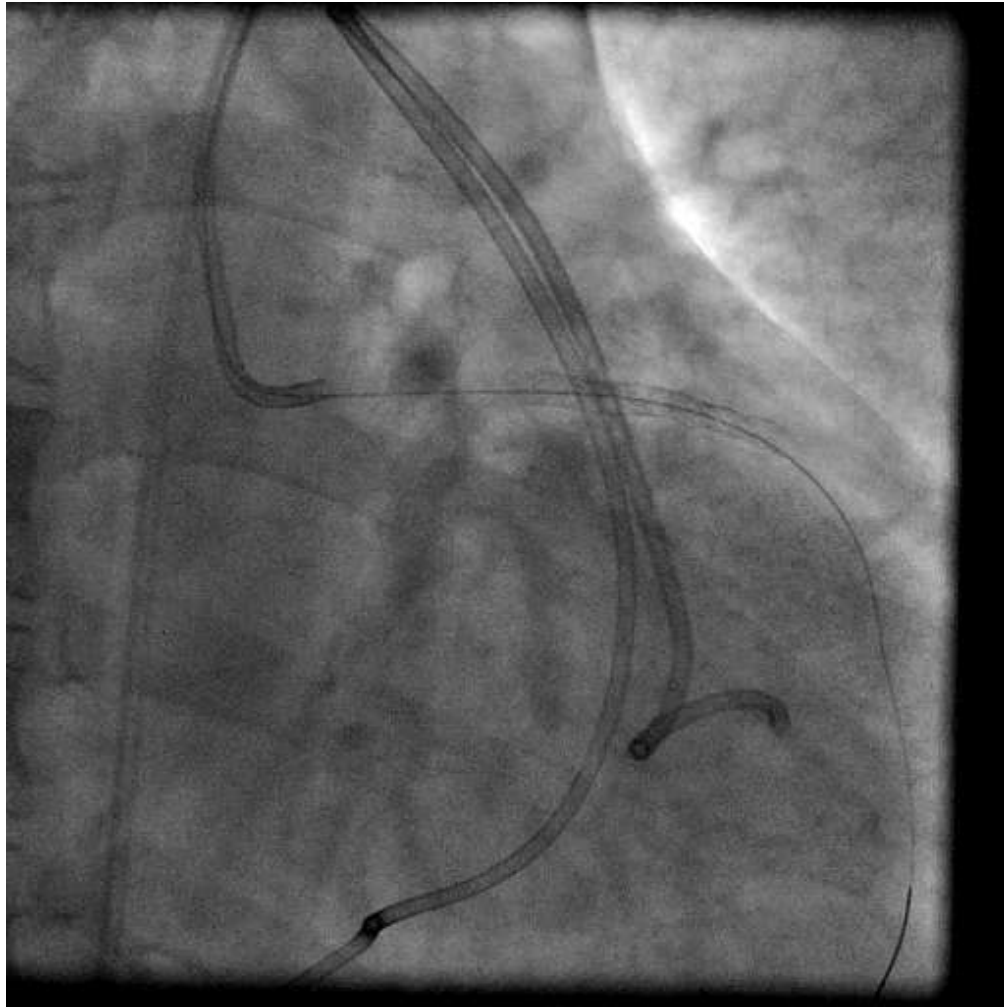
- **Perforation at LAD stent noted**
- **NEXT PLAN – rewire LAD**

'More Problems'



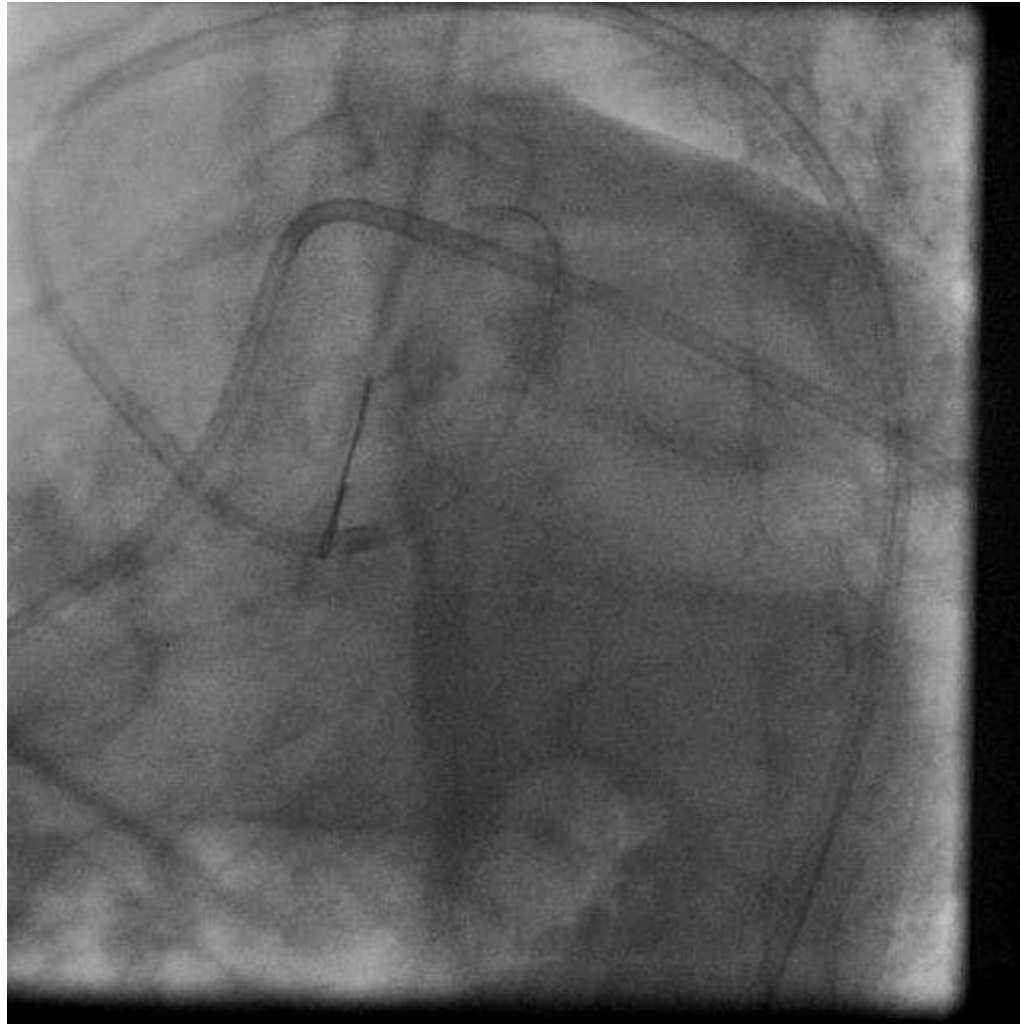
- **Perforation of LMCA noted after recrossing (the guide cath is deep seated)**
- **NEXT PLAN – balloon occlusion and pericardial fluid drainage**
- **DC shock for VT**

'The Final Nail'



- **All in one – distal edge dissection visible, LMCA dissection, VT continues, pericardial pig tail catheter gets charred inadvertently during DC shock**

'Final Shot'



- **The final shot before patient unfortunately succumbed (VT & hypotension)**

REASONS & EXPLANATIONS

- **An apparently ‘simple’ plasty may turn nasty – always stick for basics**
- **Proper stent sizing essential – in this case, while focussing on covering the proximal plaque, the stent may have landed on a distal plaque – the reason for the dissection and perforation into pericardium**
- **Stop further unnecessary dye usage – may be responsible for progress of dissection**
- **A covered stent in the shelf could have been invaluable**
- **Difficult but maintaining cool important – DC shock in a hurry charred the temporary lifeline – the pigtail in the pericardium**

THANK YOU!