

# Cardiac Arrest in Cath Lab During PCI

**Prof. Dr. Rabin Chakraborty**

MD, DNB,FRCP (London), FRCP (Glasgow), FRCP (Ireland), FACC (USA), FICC,  
FISE, FCSI, DM (Card)

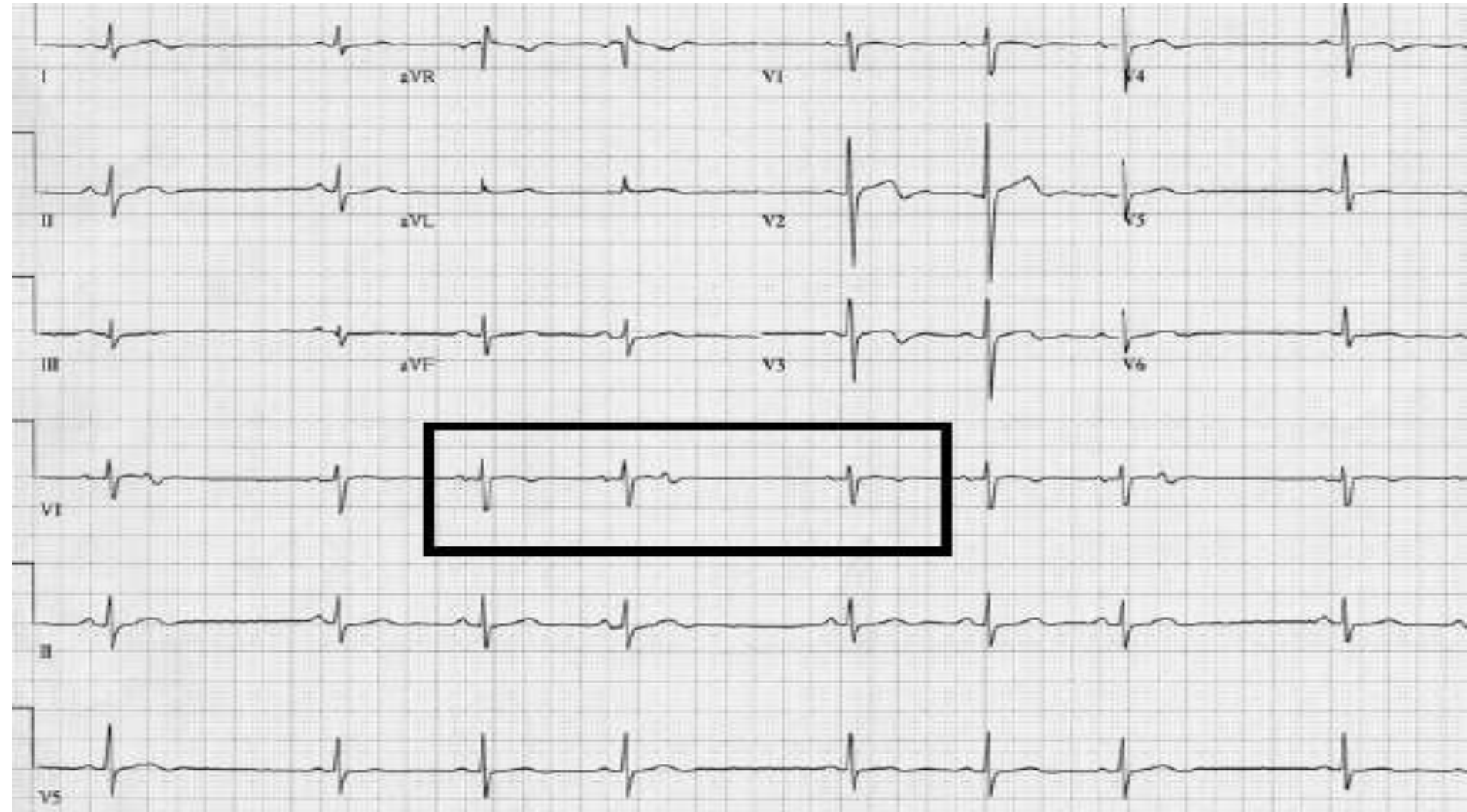
Regional Director and Head

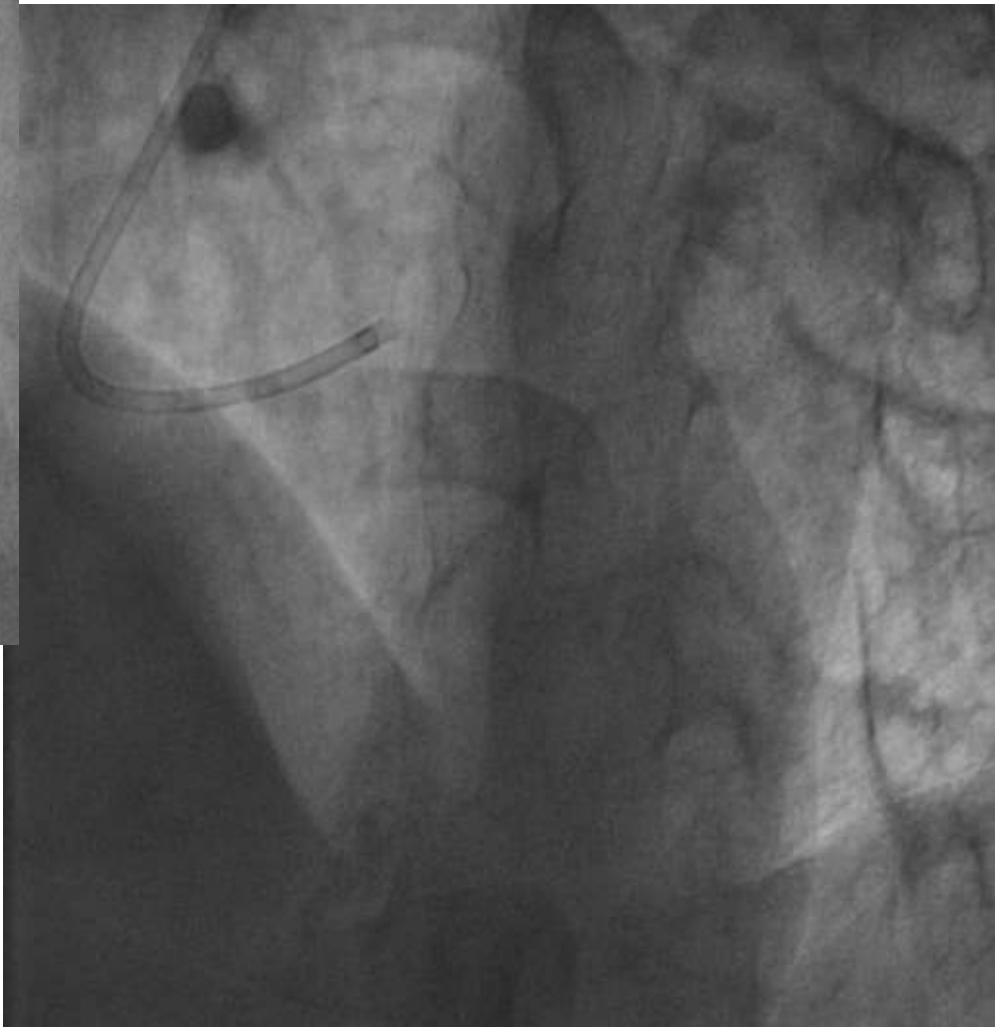
Apollo Gleneagles Heart Institutes, Kolkata, India

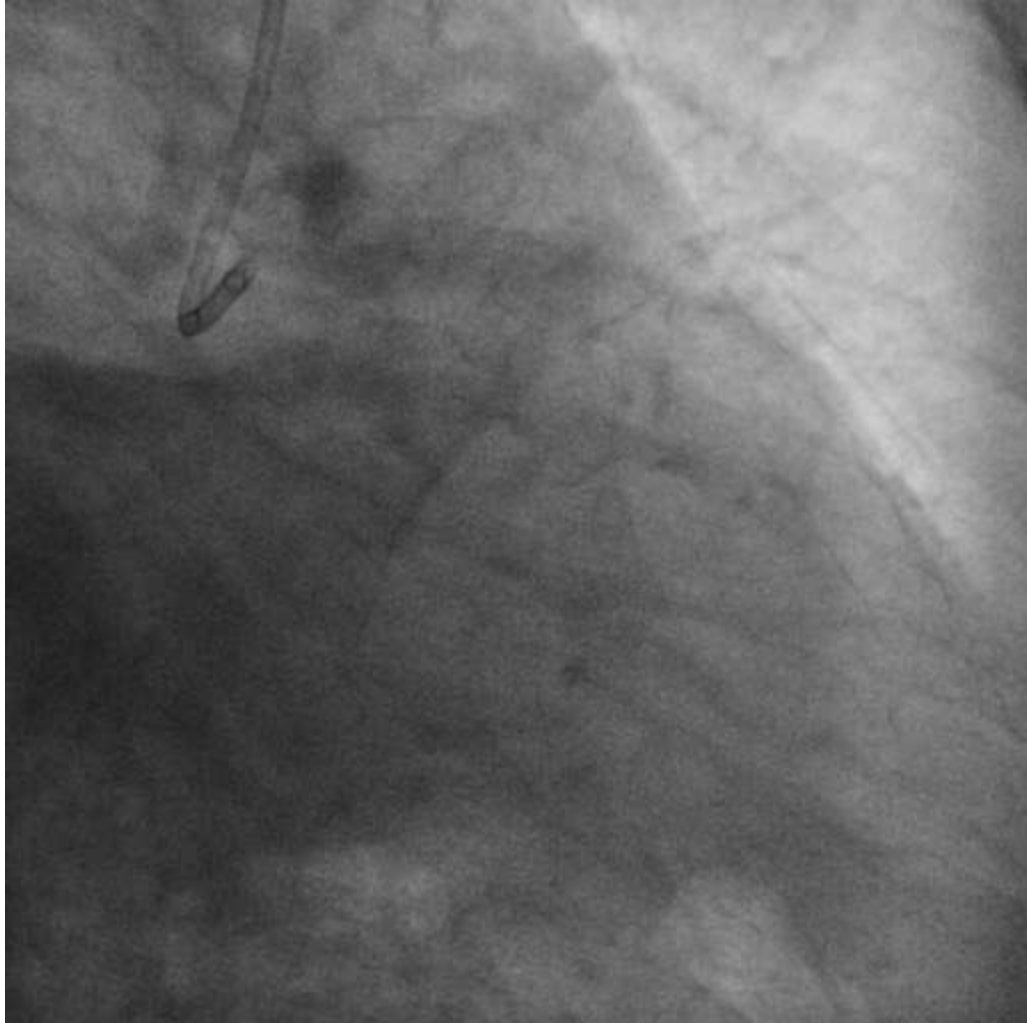
# Patient's Details

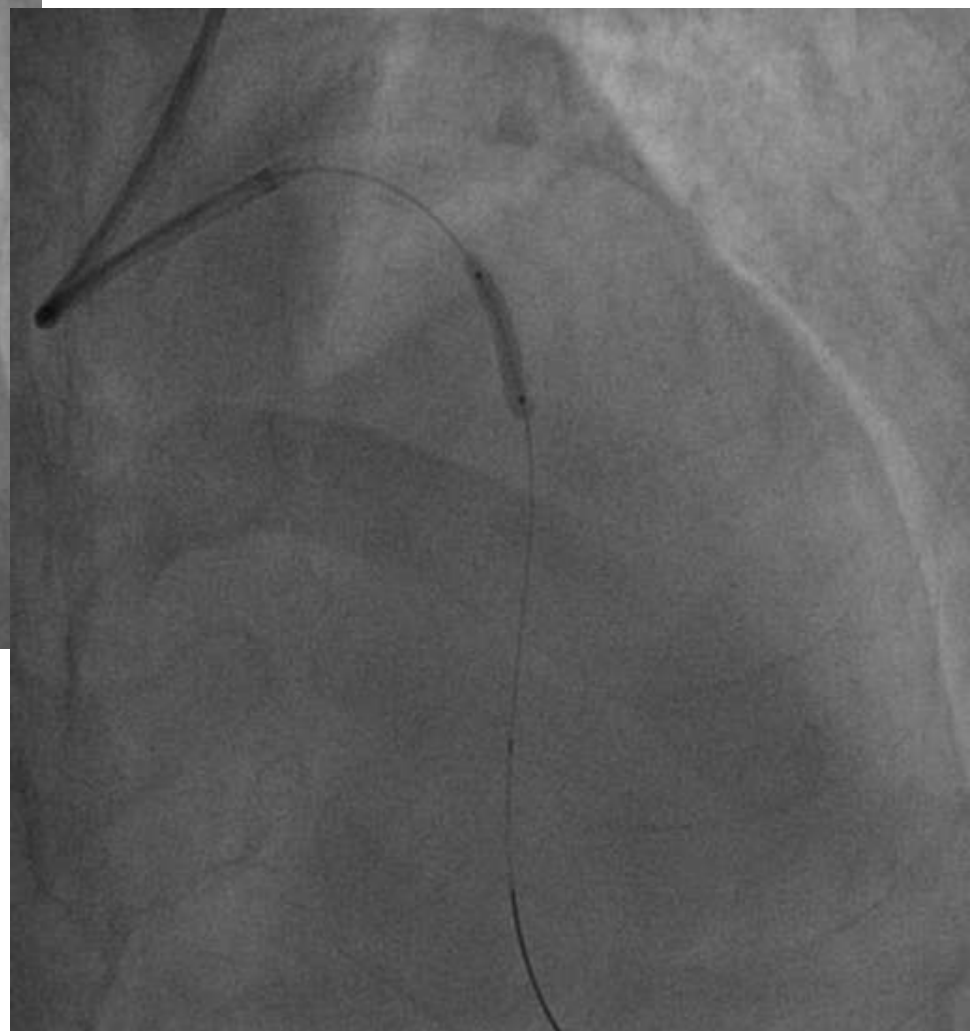
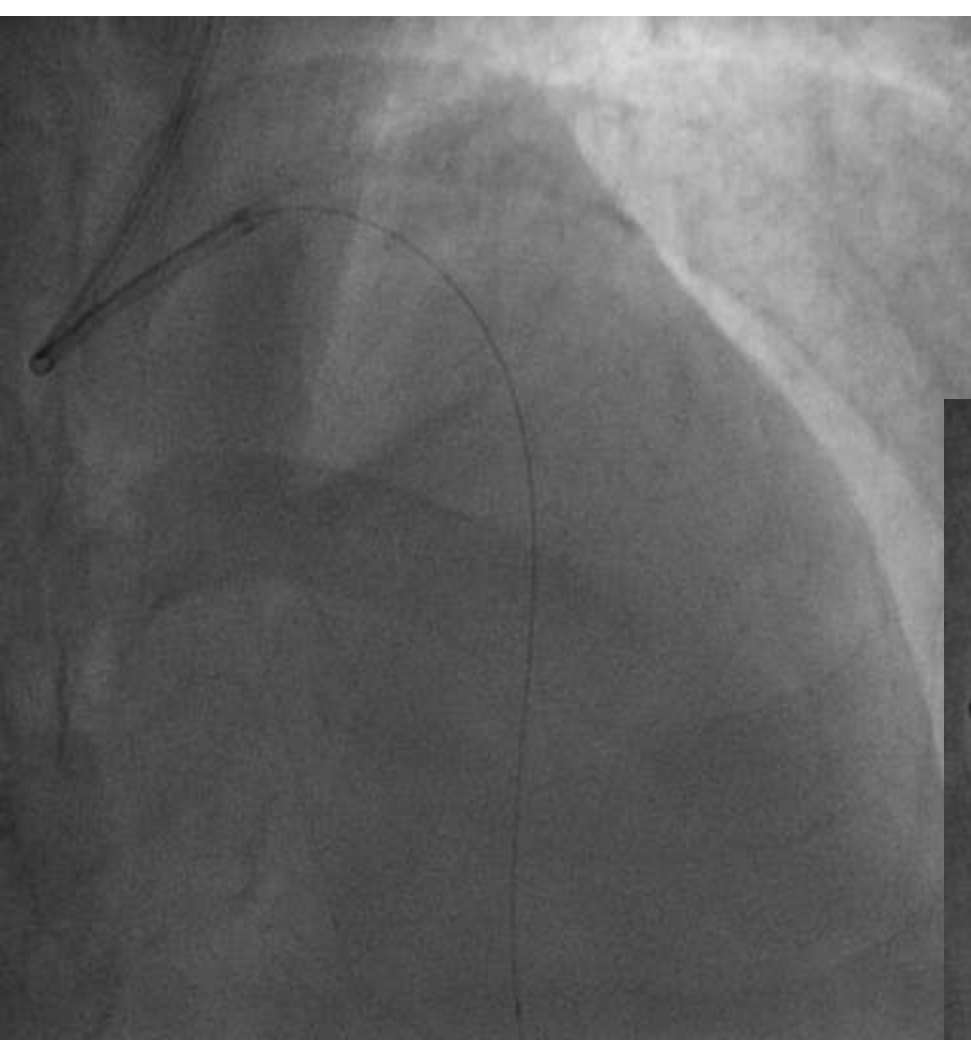
- 65 Y Gentleman, diabetic, hypertensive, smoker, 86 kg. got admitted with ongoing angina,
- Trop T – Negative. CPK – 46/ MB – 2.8
- ECG – ST – T Changes in anterior Precordial Leads
- Preserved LV Systolic function
- Sugar – 230 mg/dl, Urea – 32 mg/dl, Cr. – 1.2
- Patient was taken up for coronary angiogram after pretreatment with 300 mg Clopidogrel, 150 mg Aspirin. I/V Heparin 7,500

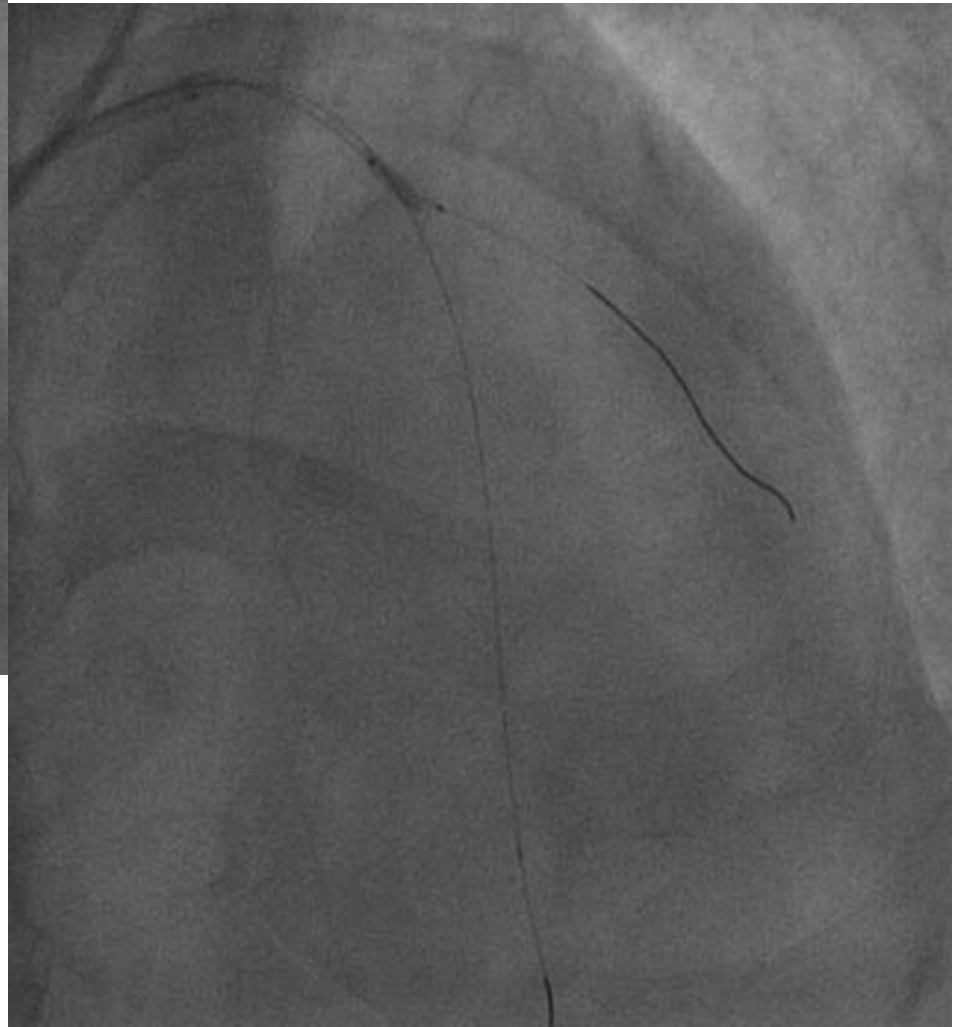
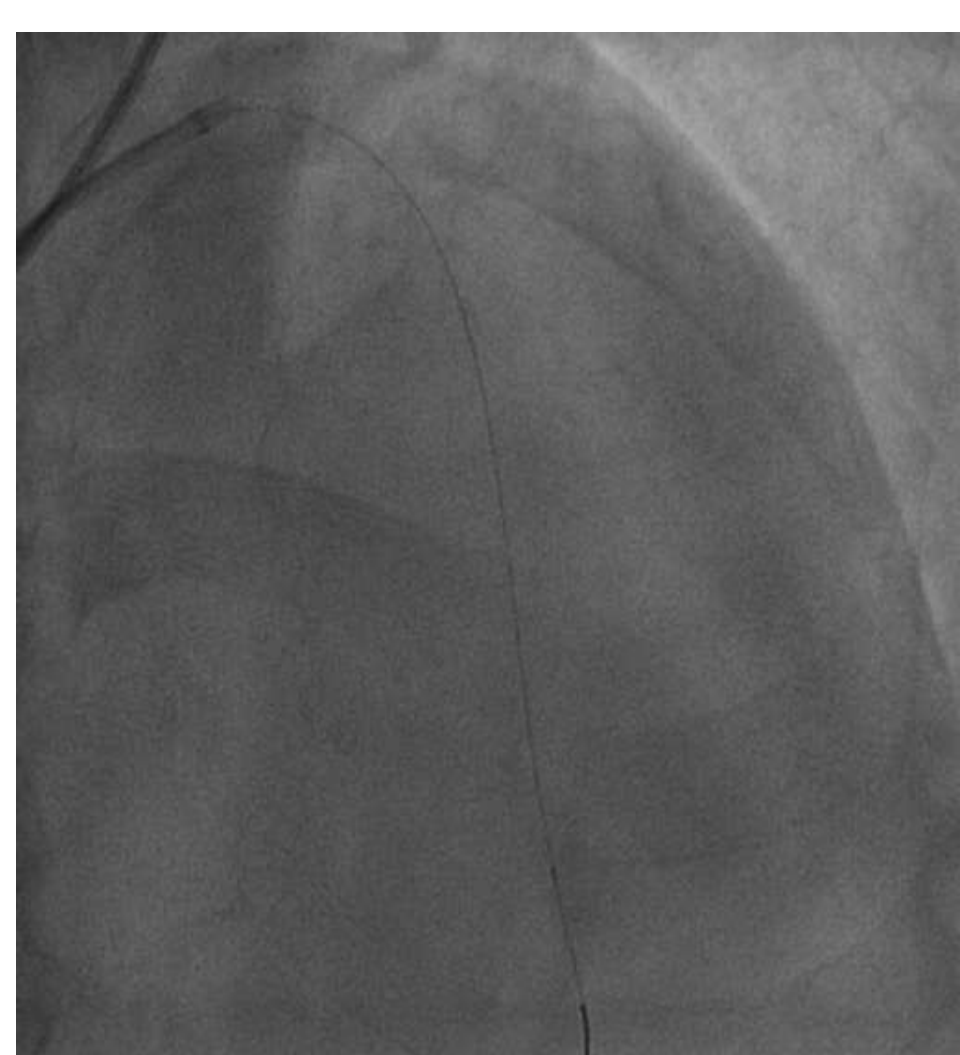
# ECG

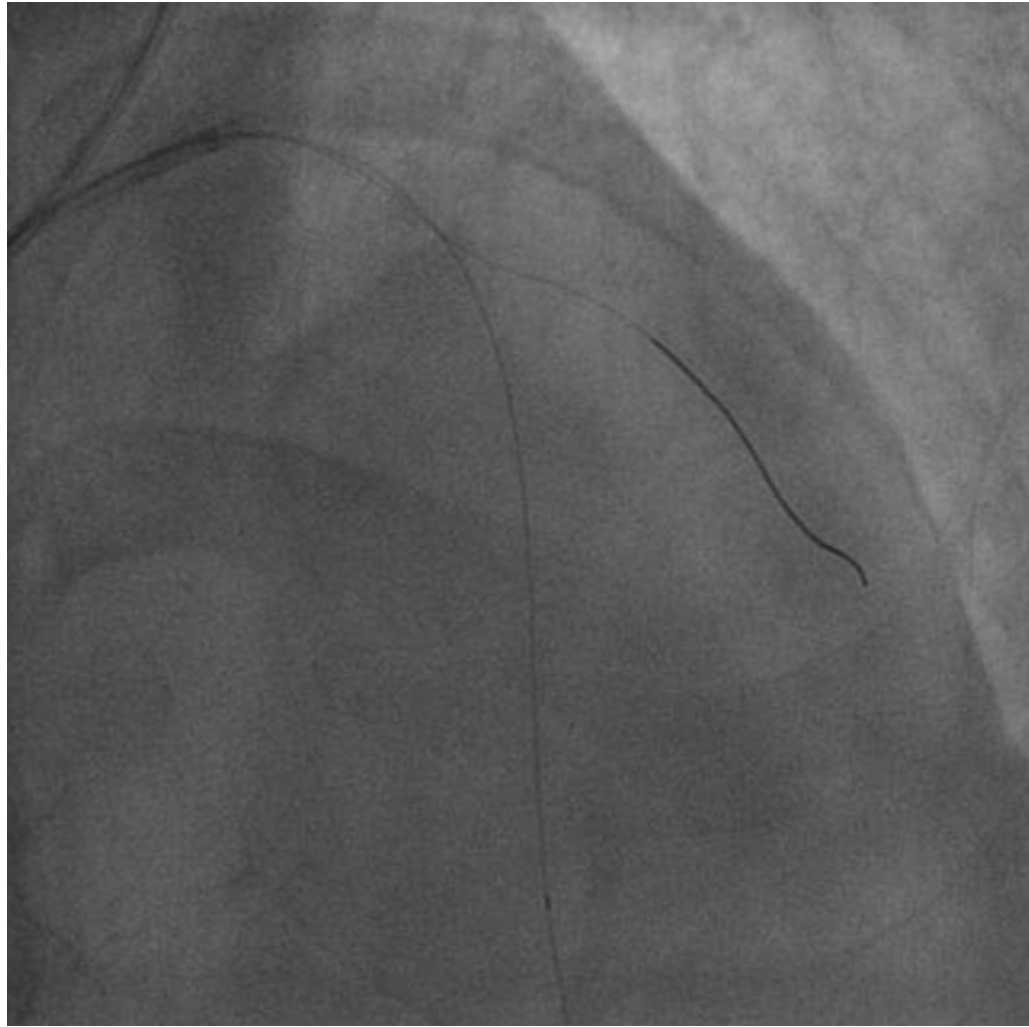




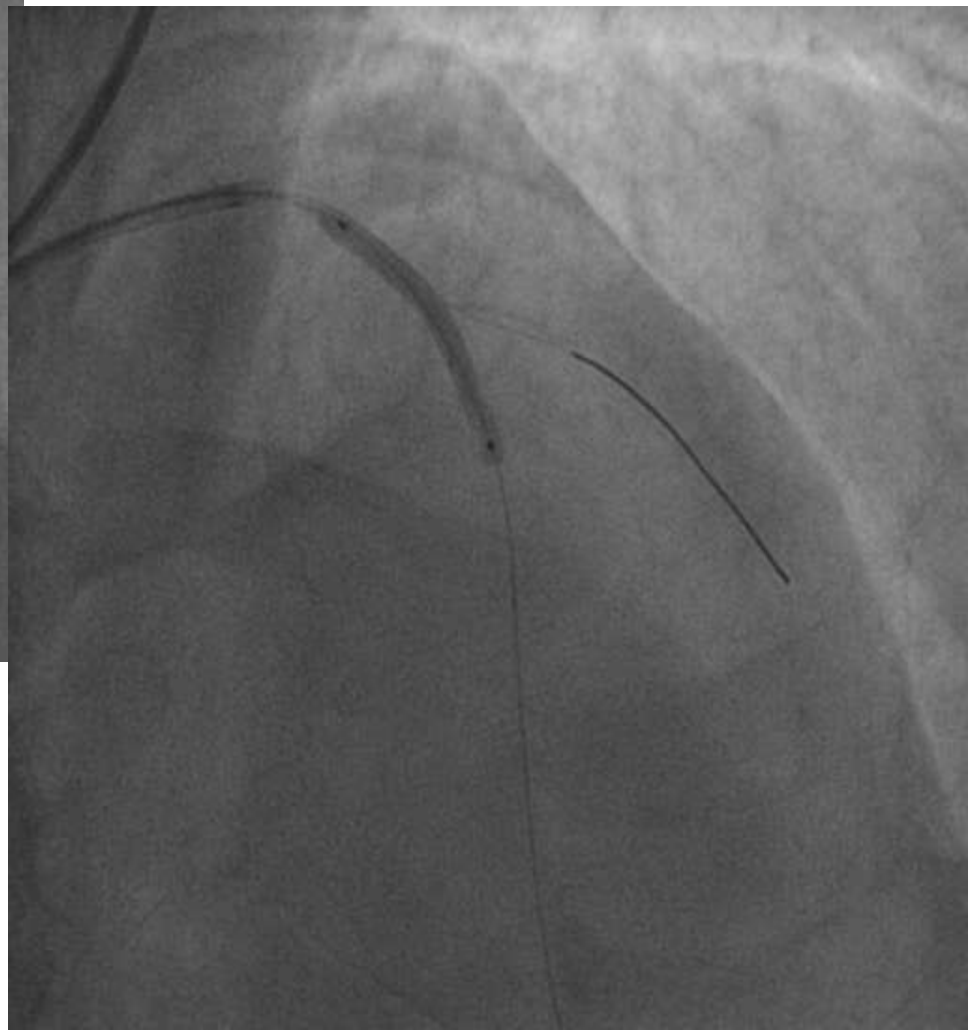
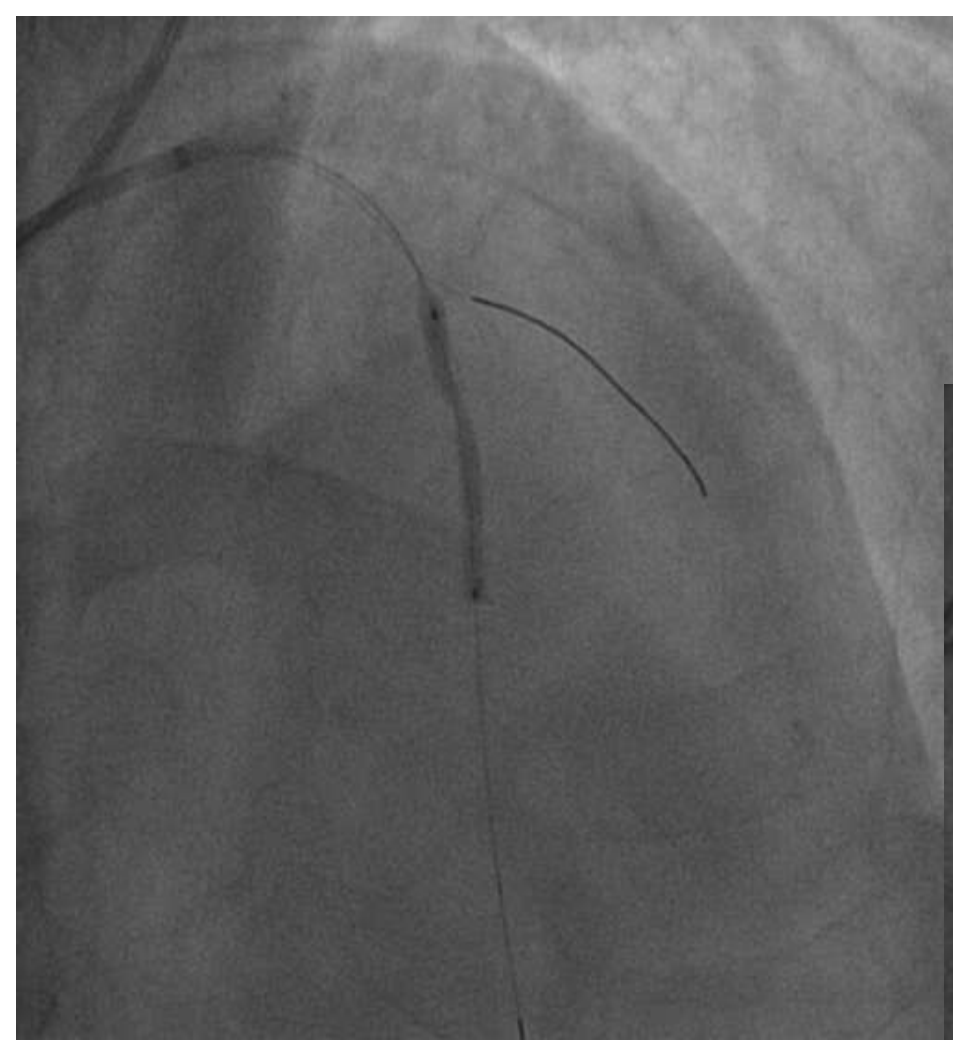


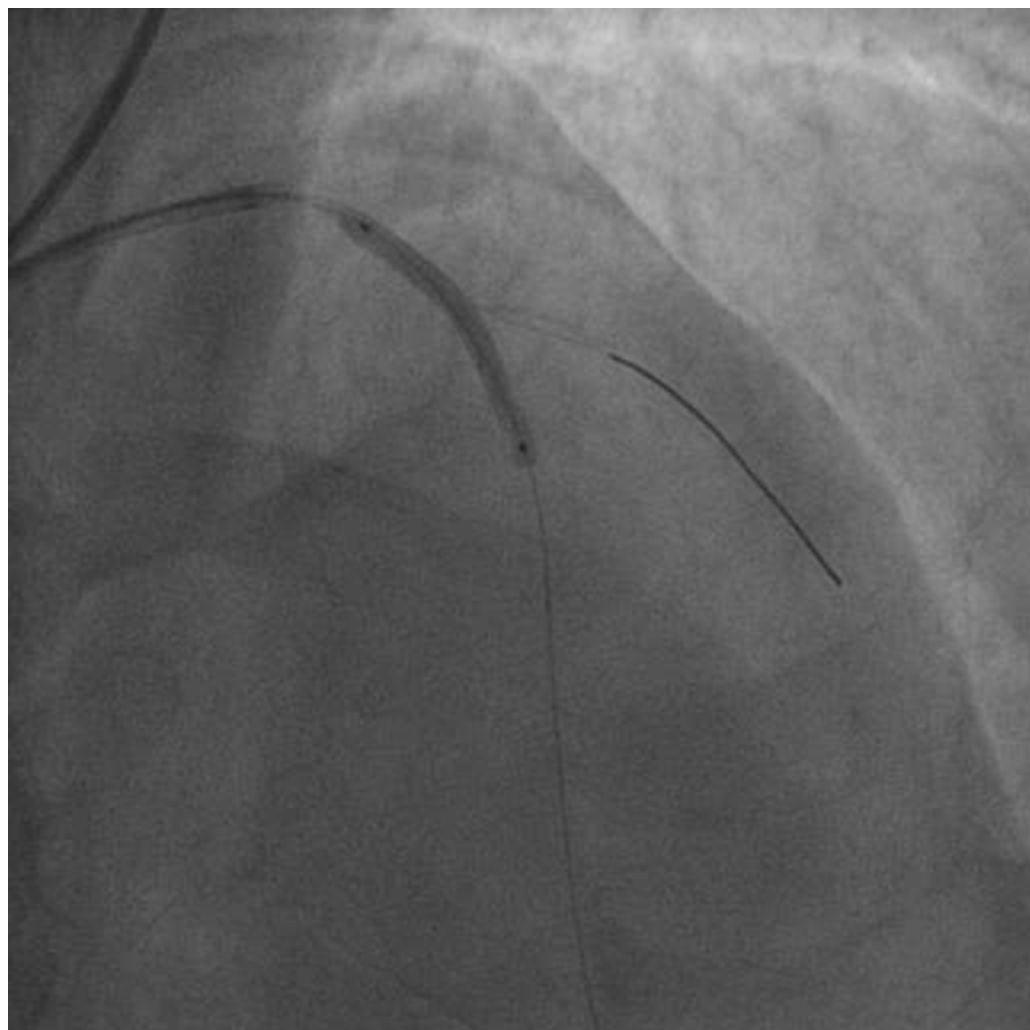


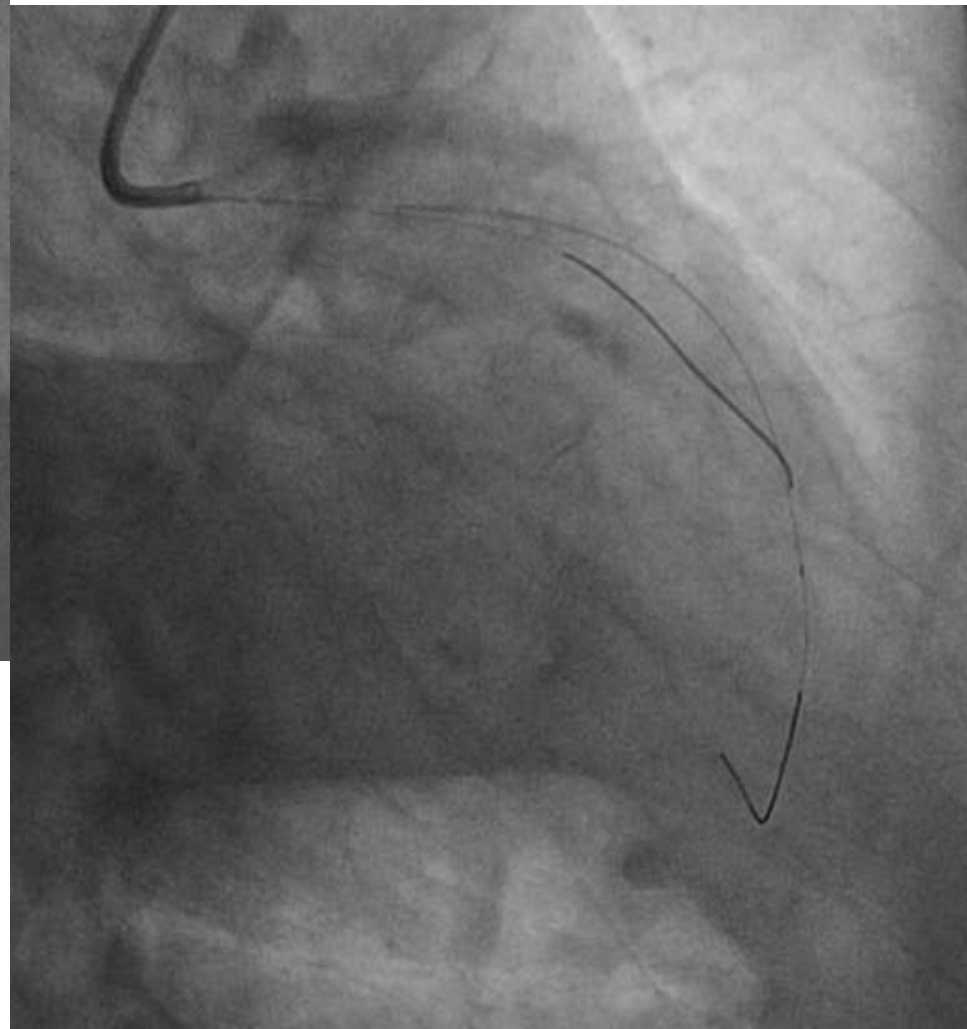
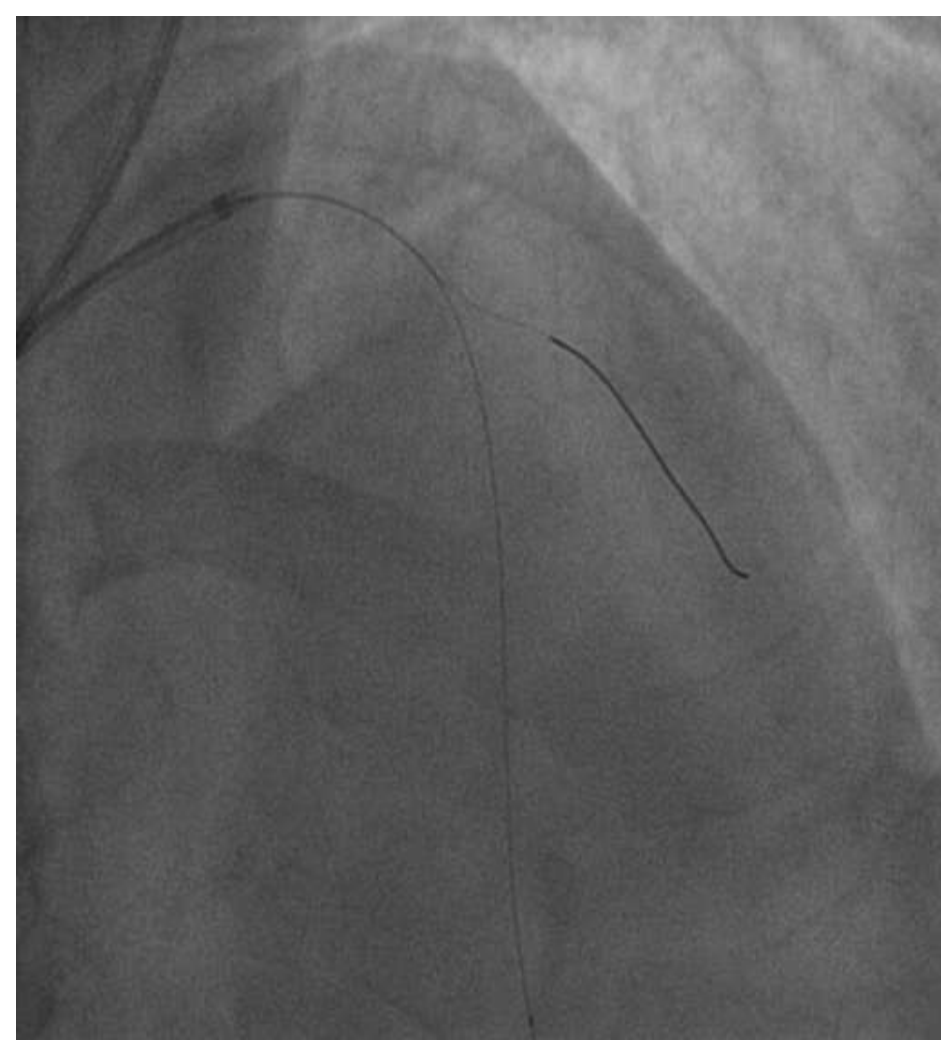


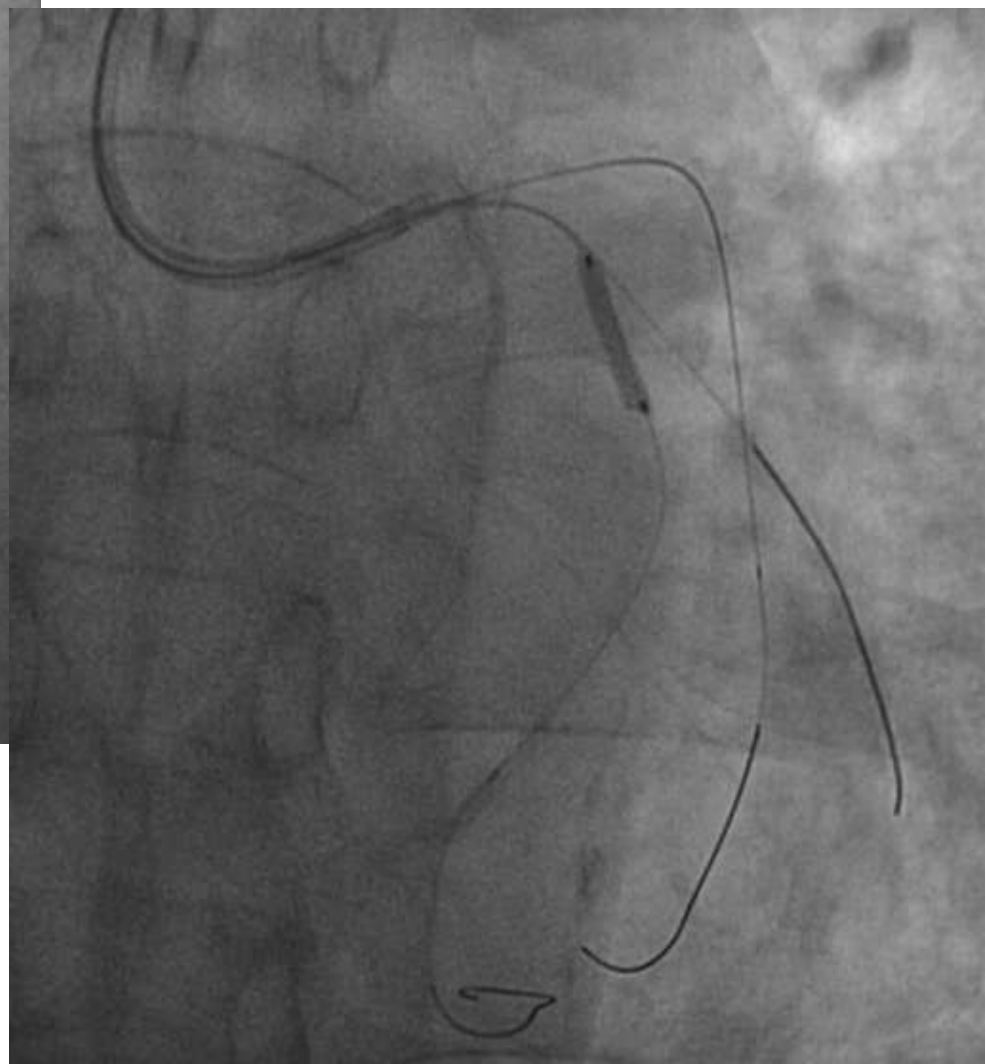
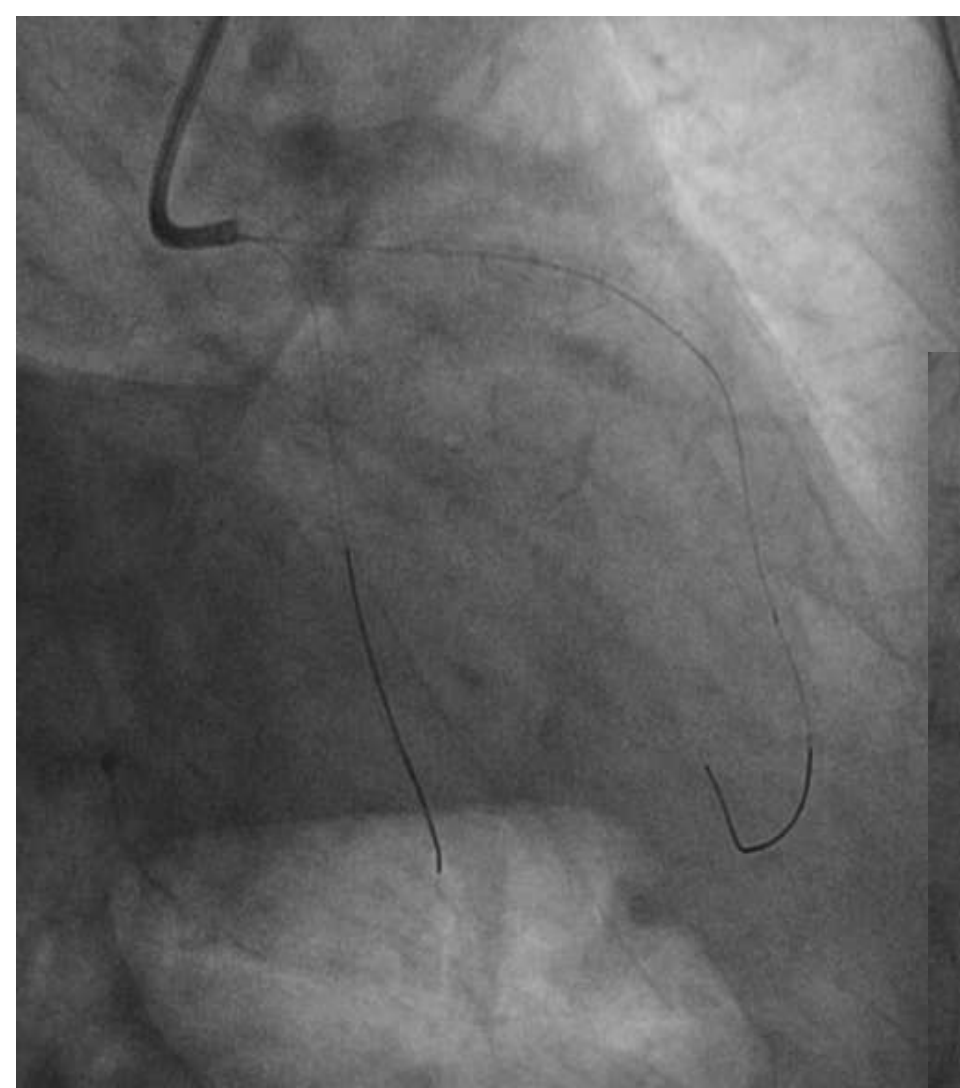


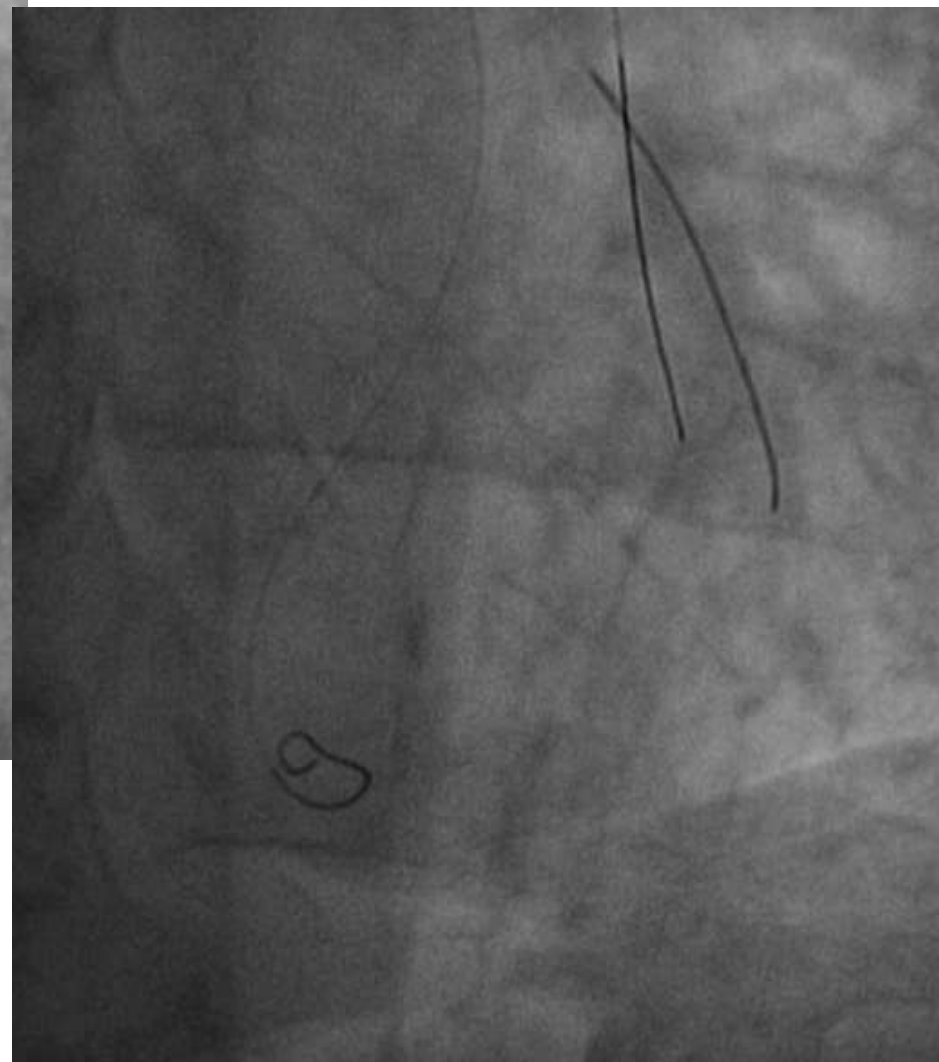
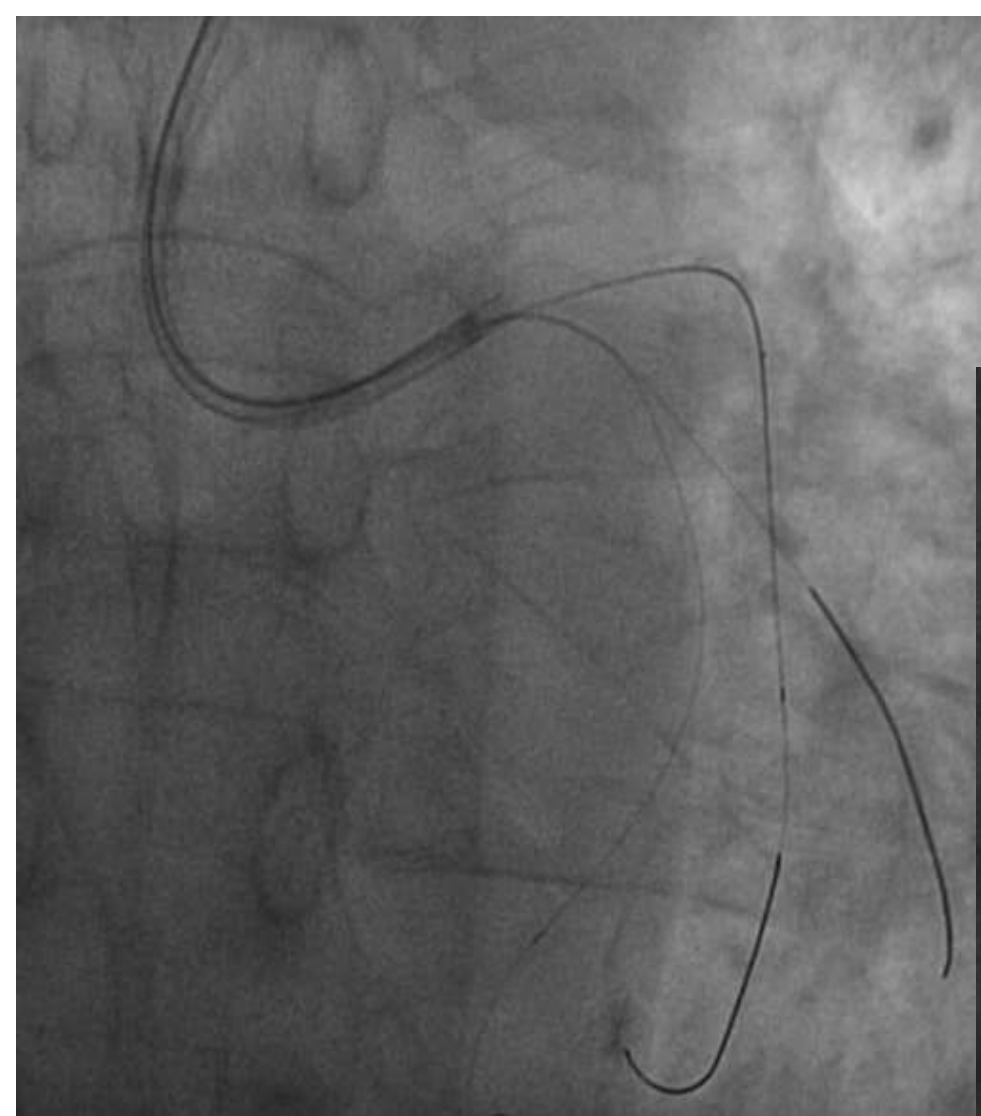




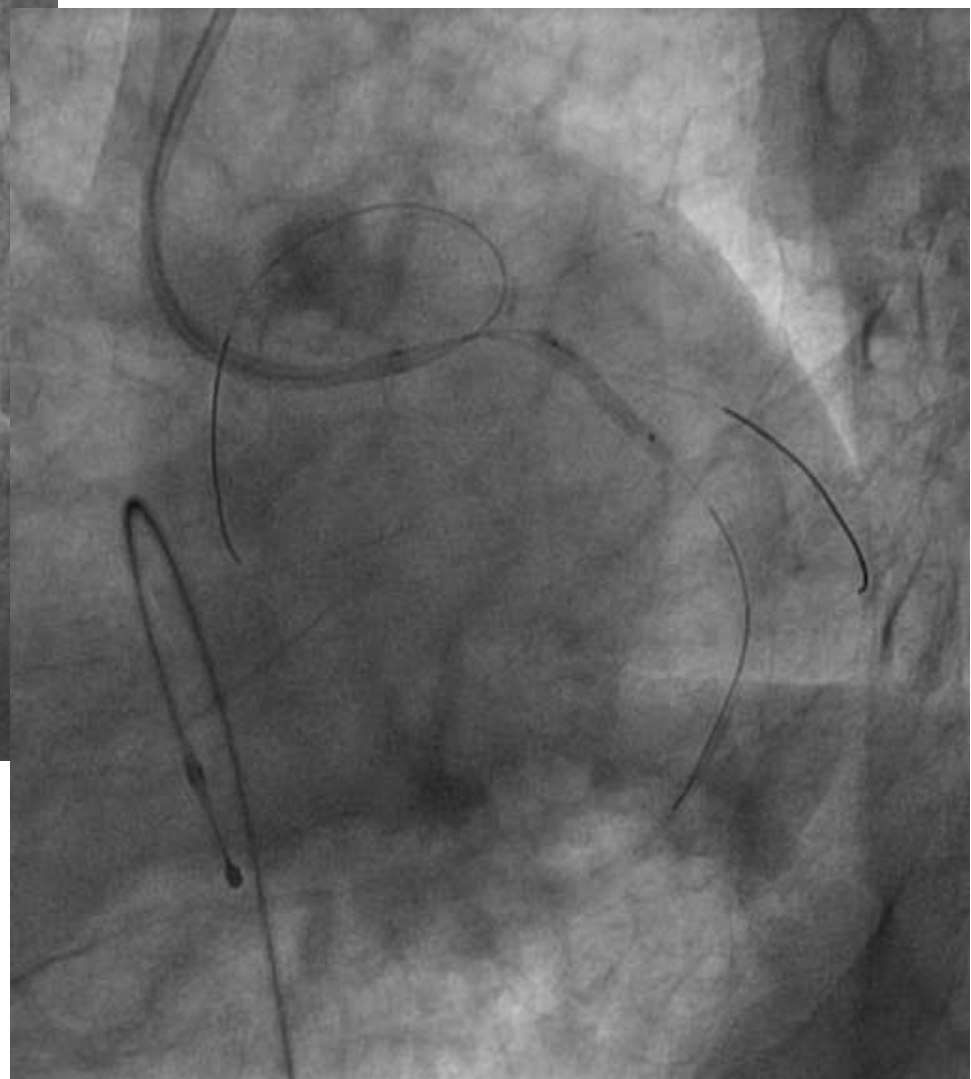
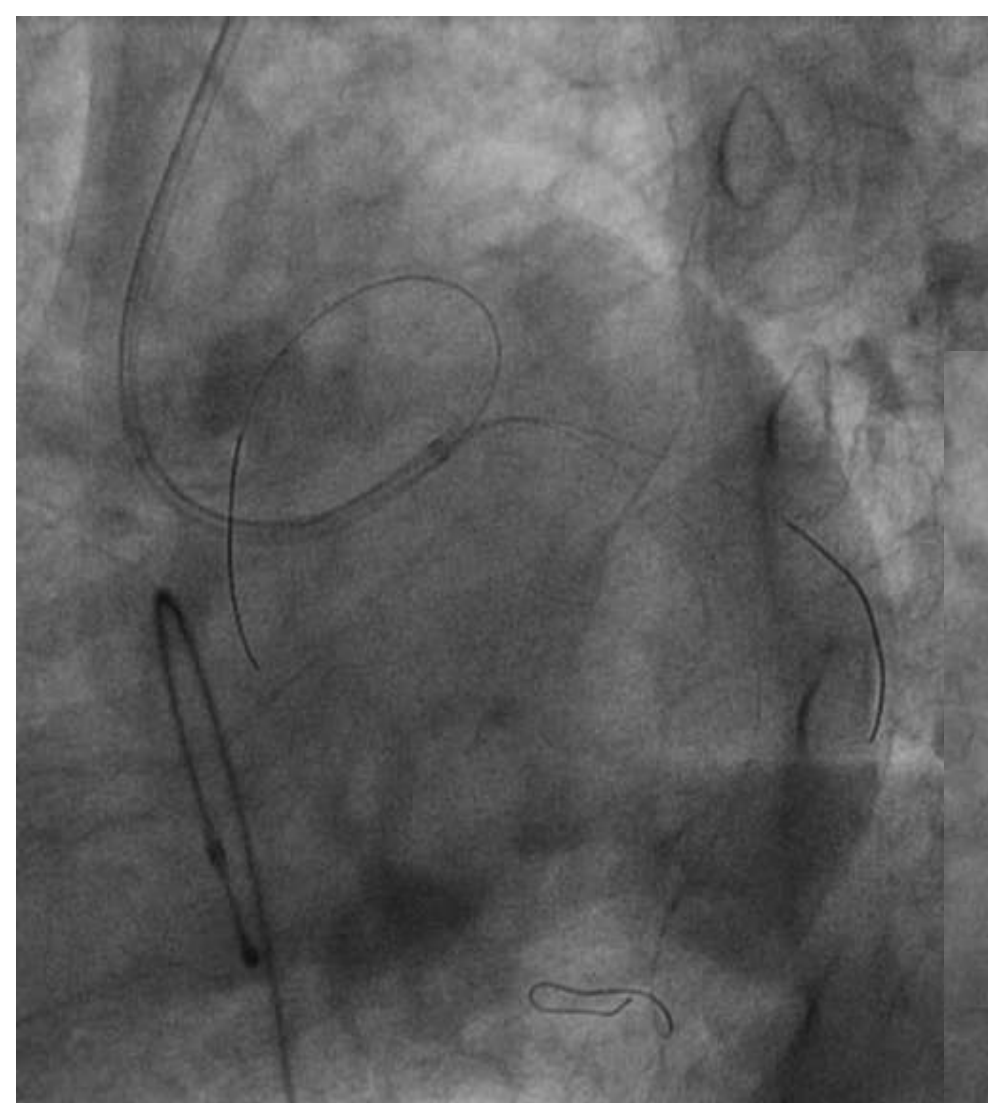


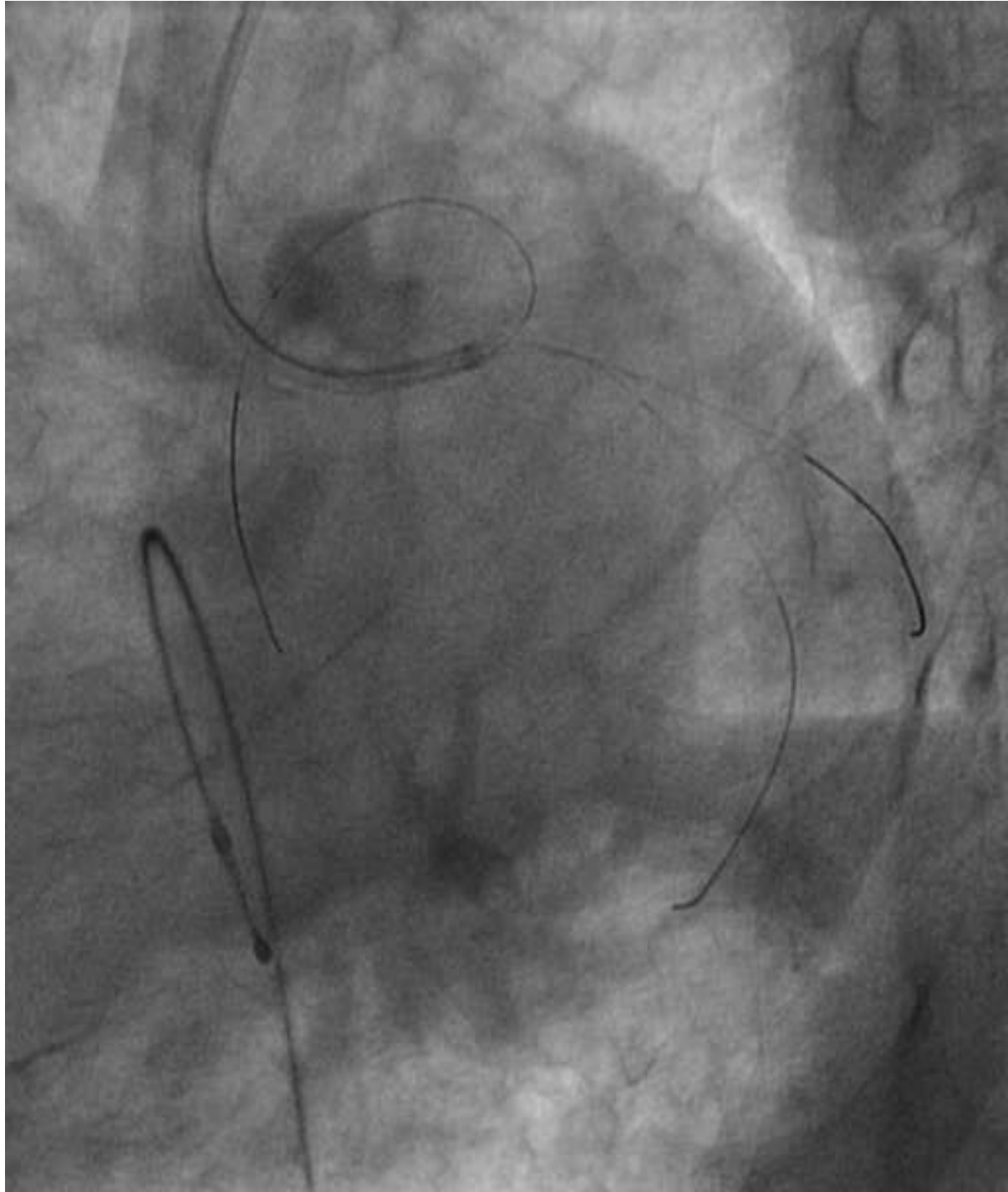




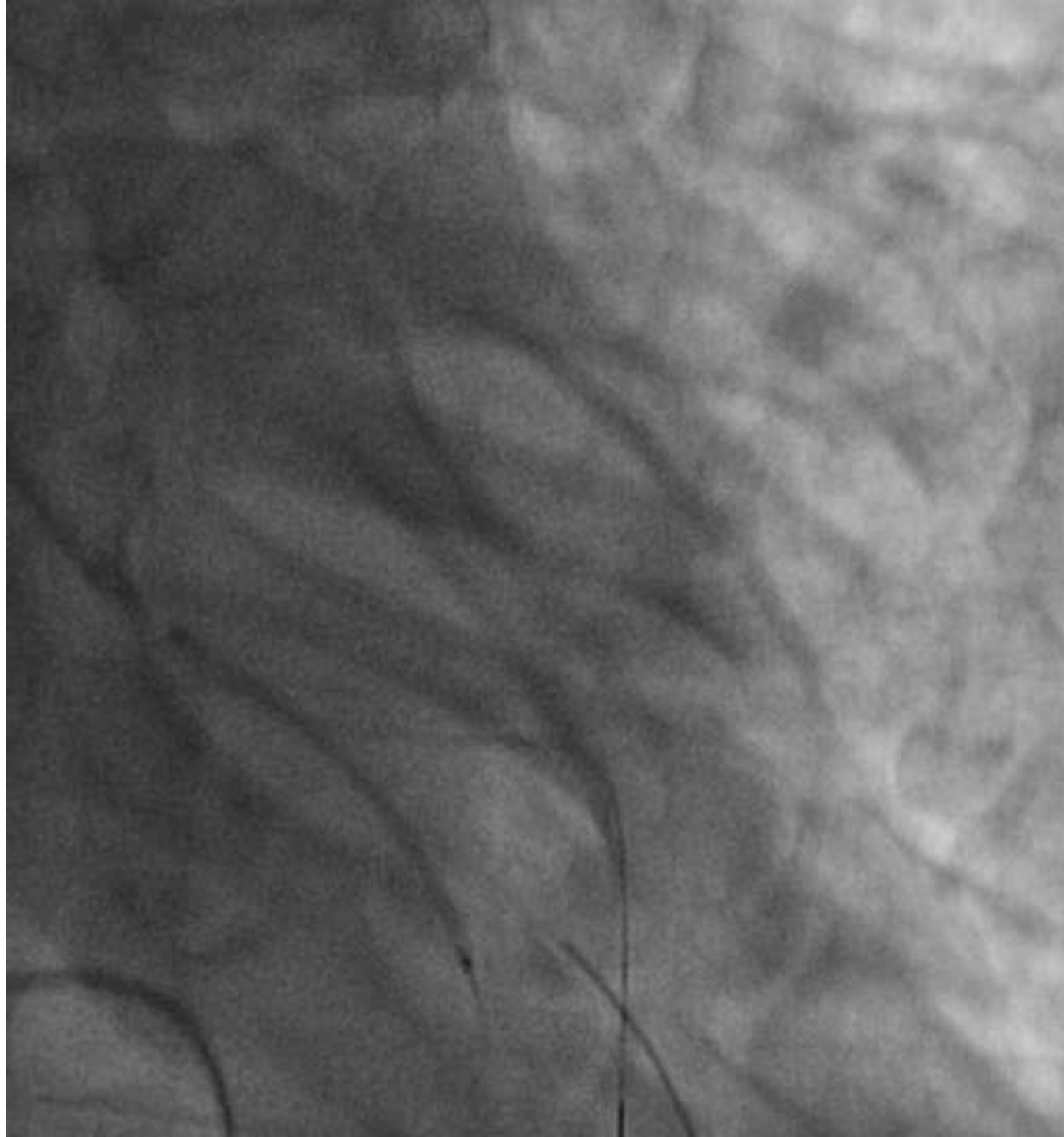


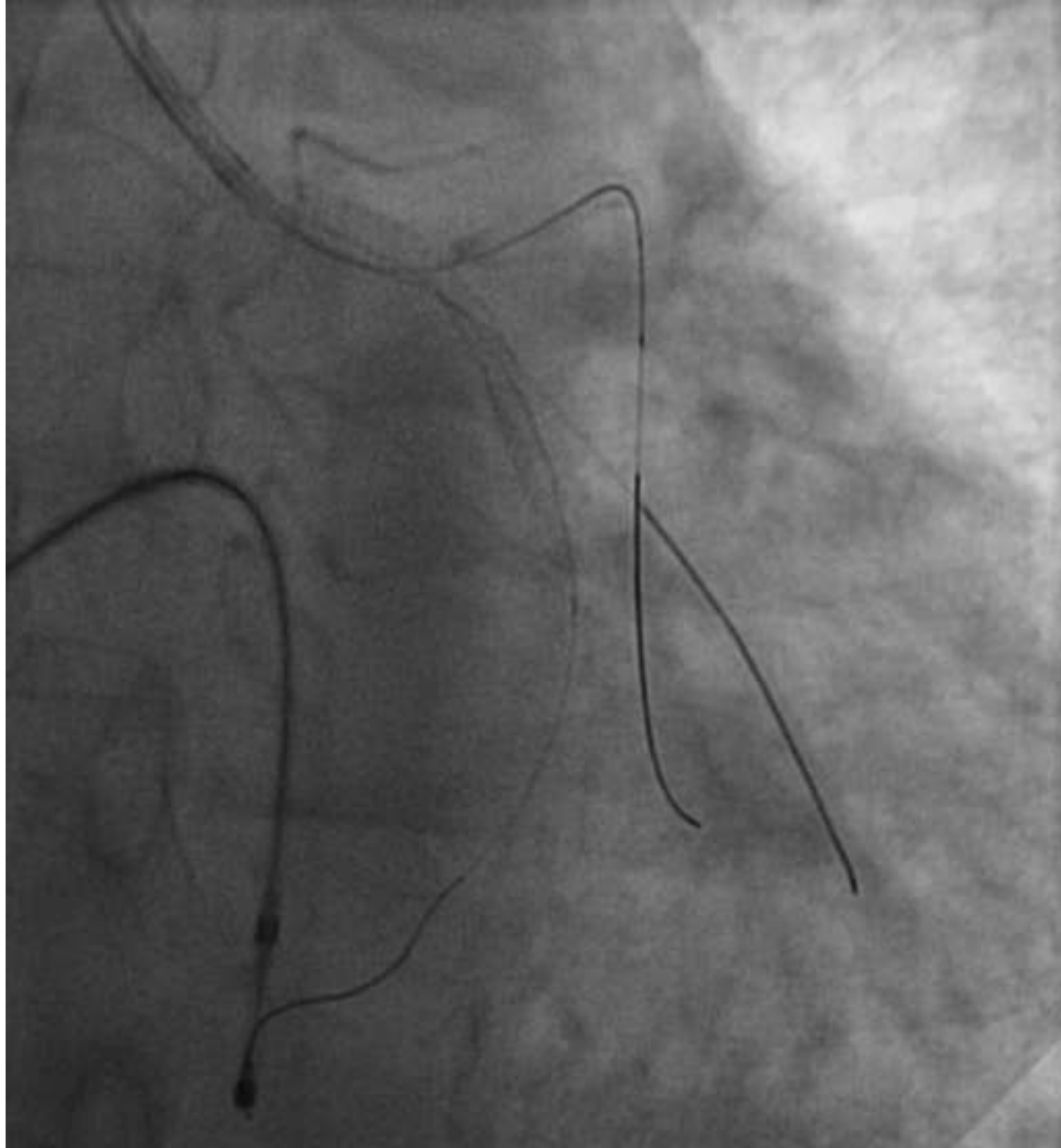


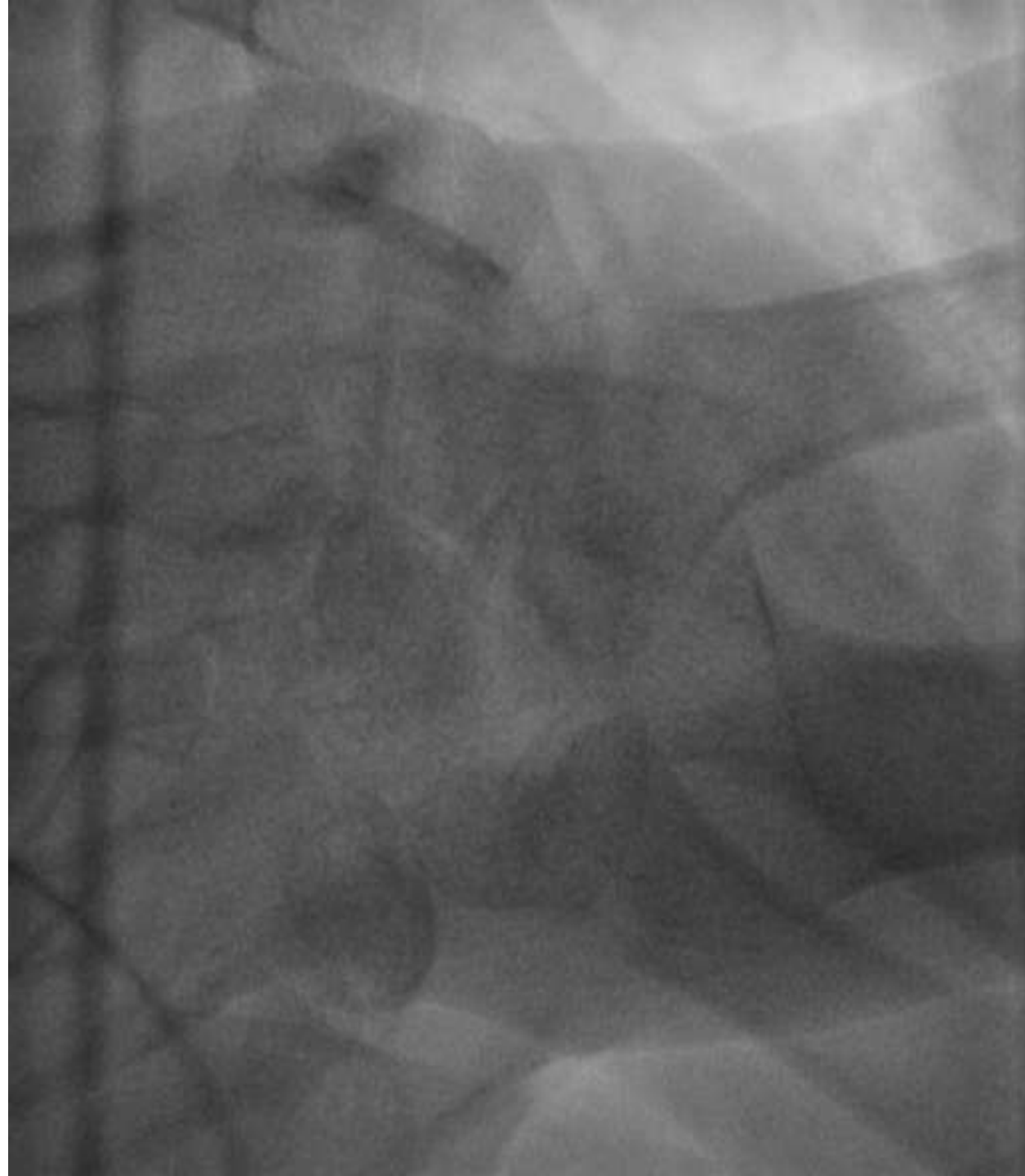


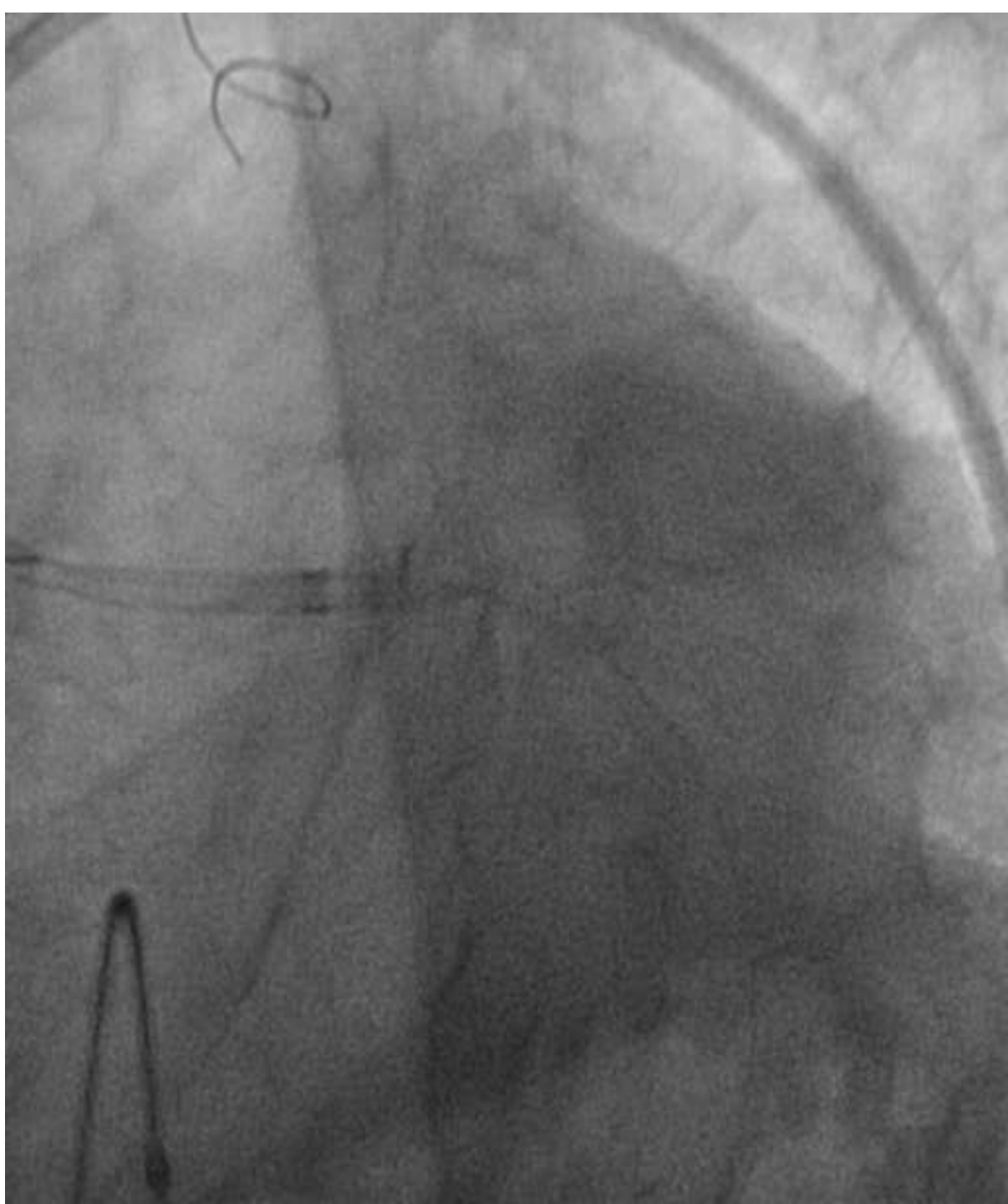


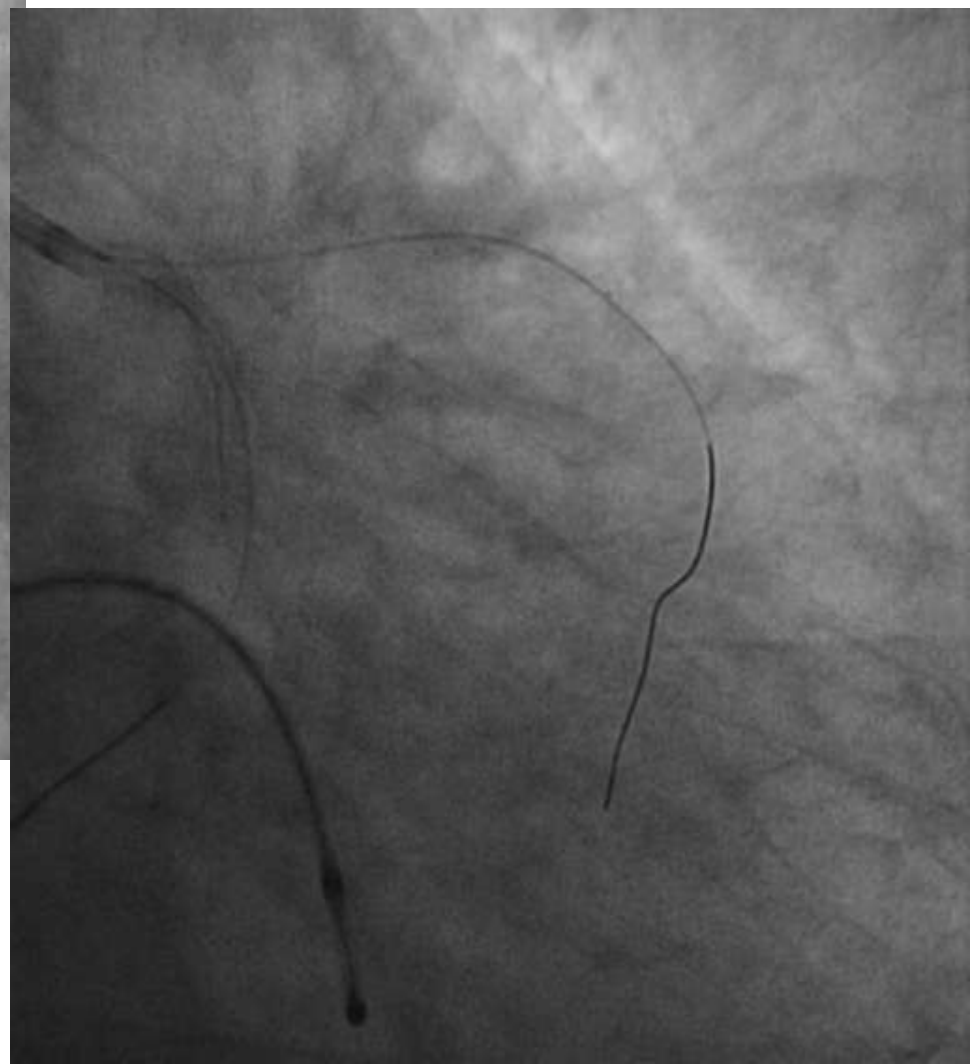
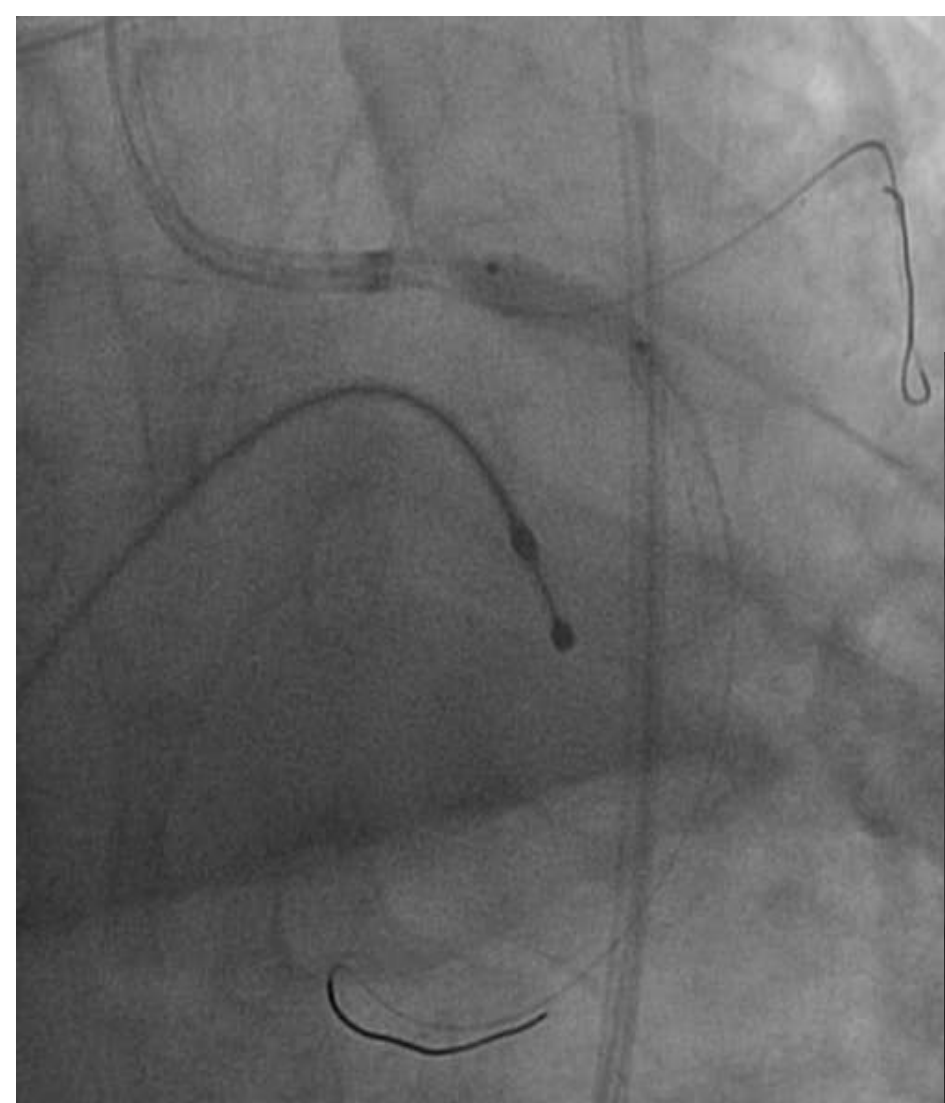


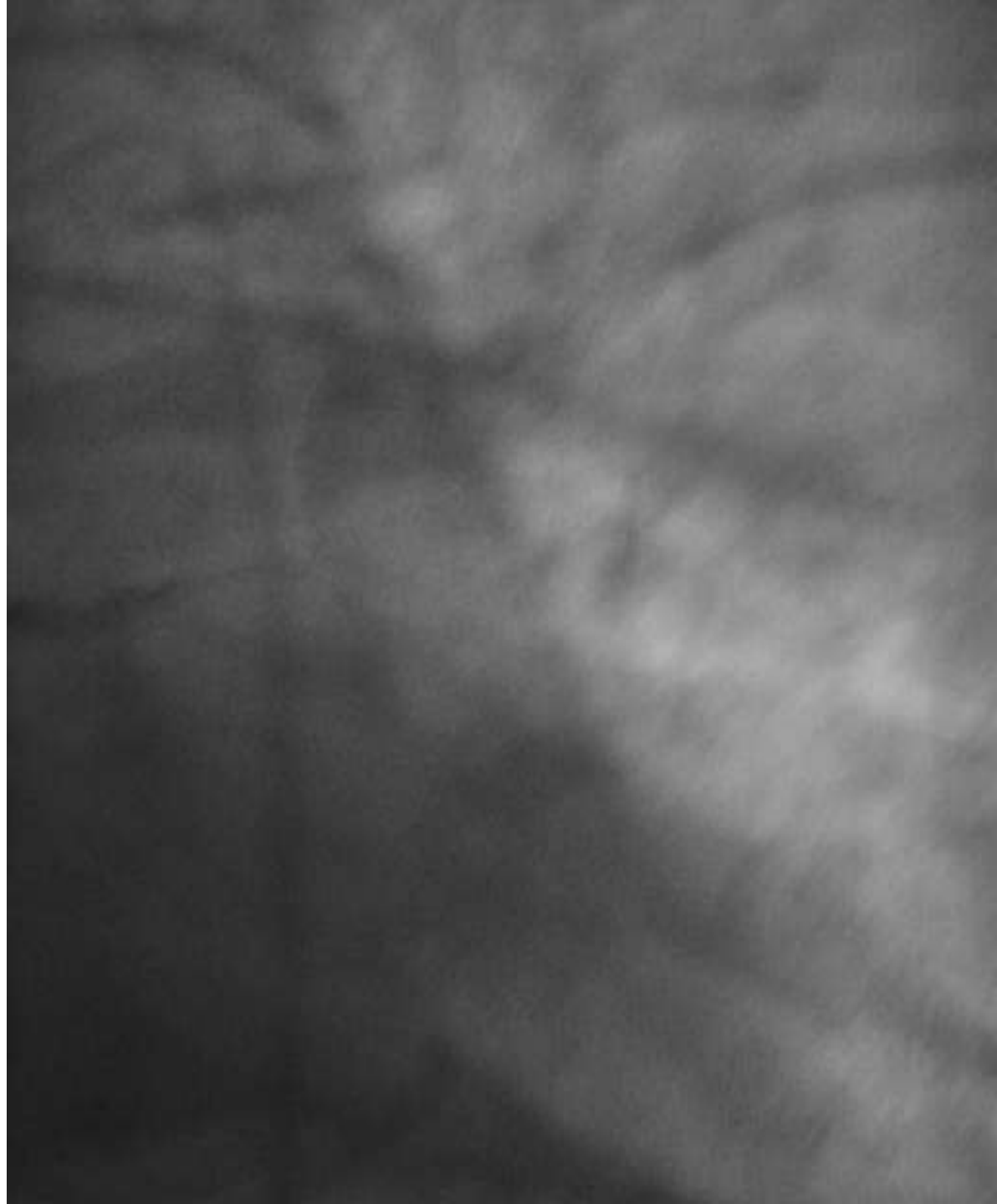




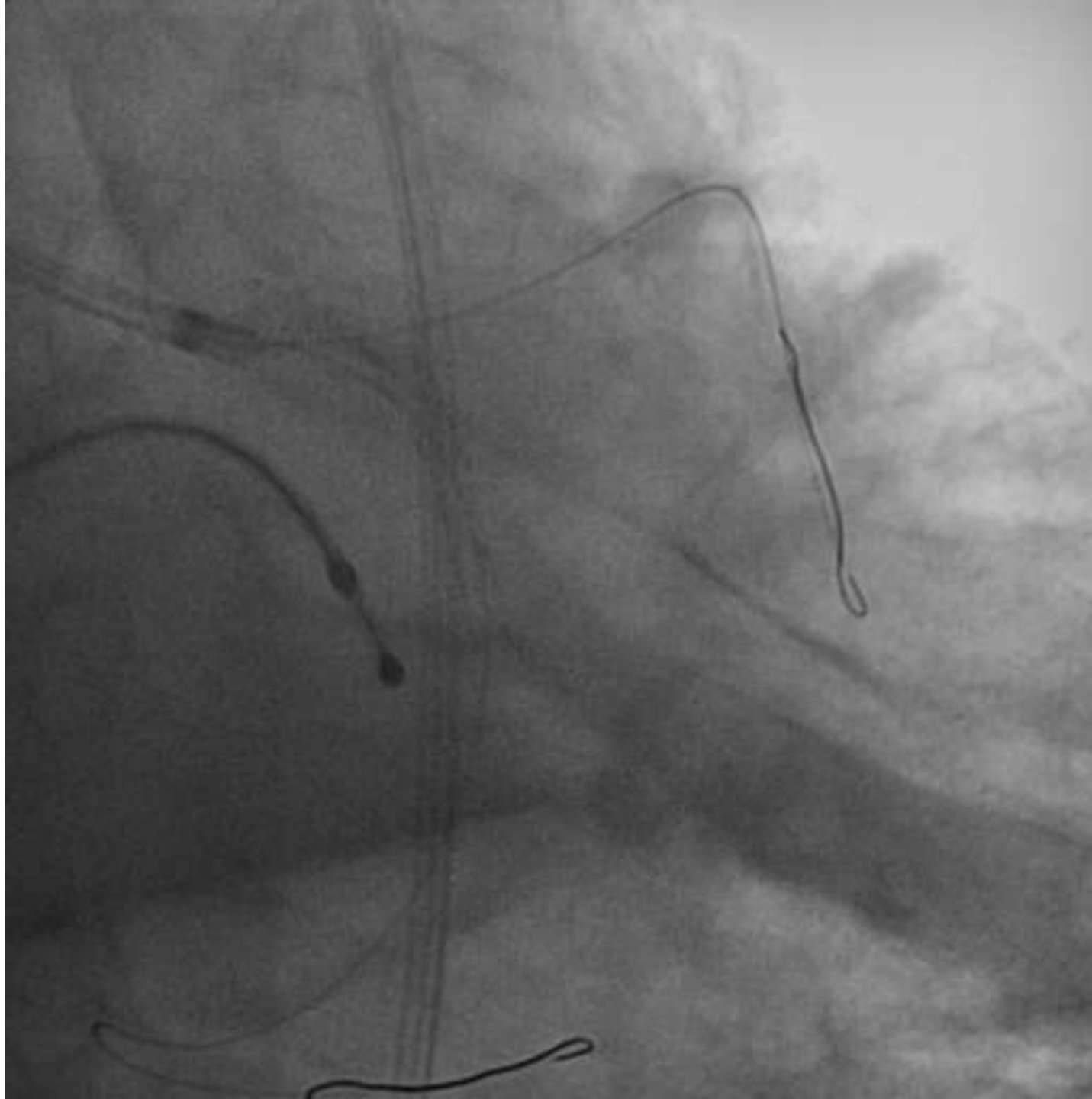














# CONCLUSION

- In ACS even if it is not STEMI or NSTEMI
- Very Careful assessment of the patient is important
- In a complex lesion especially involving proximal LAD with ostium a wire in the LCX (Dominant LCX) is helpful
- Similarly Prophylactic TPI specially if the AV Conduction defect during chest pain
- There may be early generation of thrombus which often missed by angiogram
- Adequate Drug therapy of ACS and Pretreatment with GP2b3a antagonists may need to be considered
- Hardwares must be handled carefully

**THANK YOU**