Ahsingsing Hong

Recurrence Of Angina Pectoris After Bioabsorbable Scarffold Stenting In ST-elevation Acute Myocardial Infarction

2nd Complex PCI in Seoul

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30 Nov, 2017

Case

45 y/o male
Essential thrombocytopenia

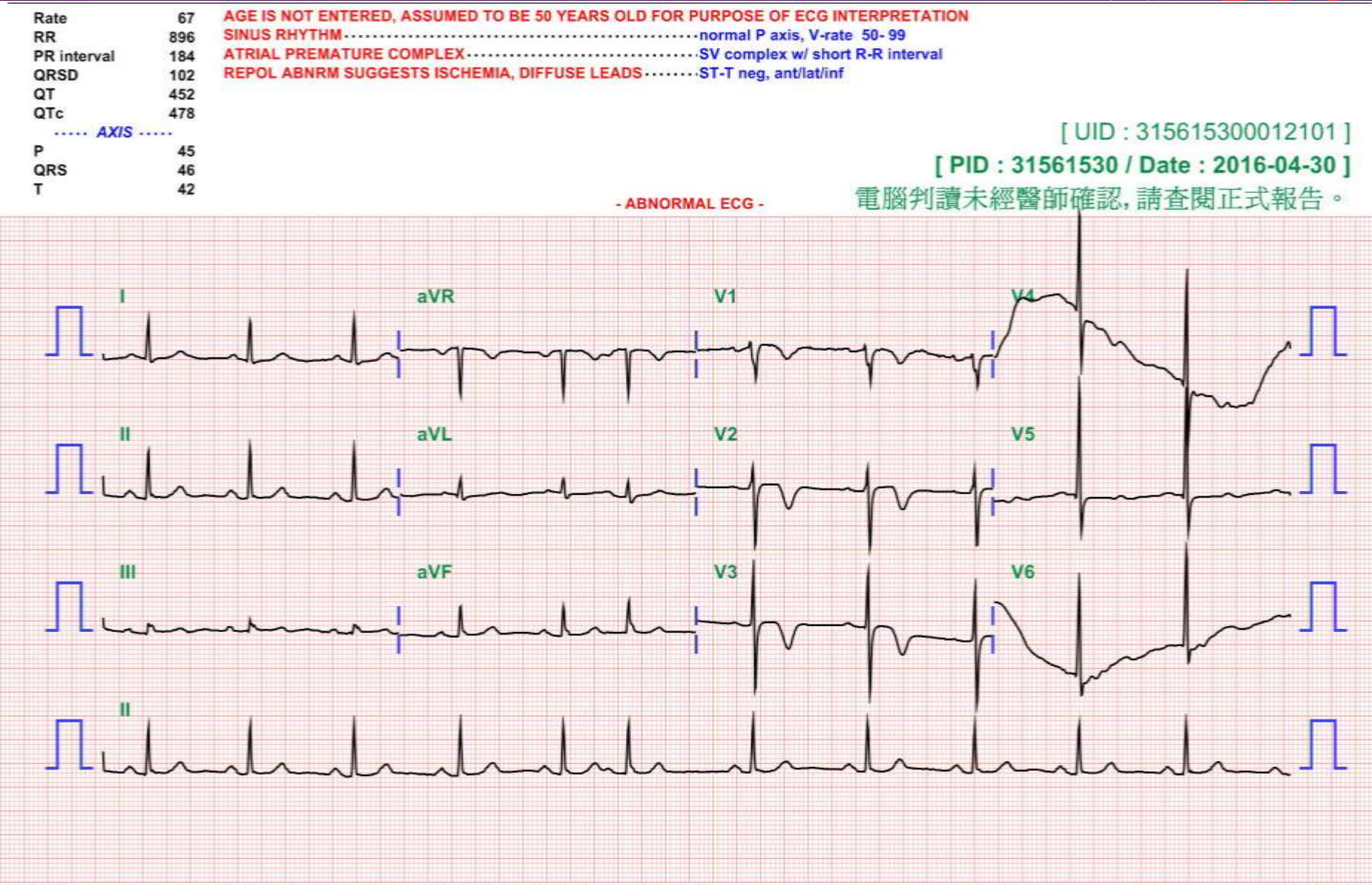
CVD family history: Nil

Smoking: Nil

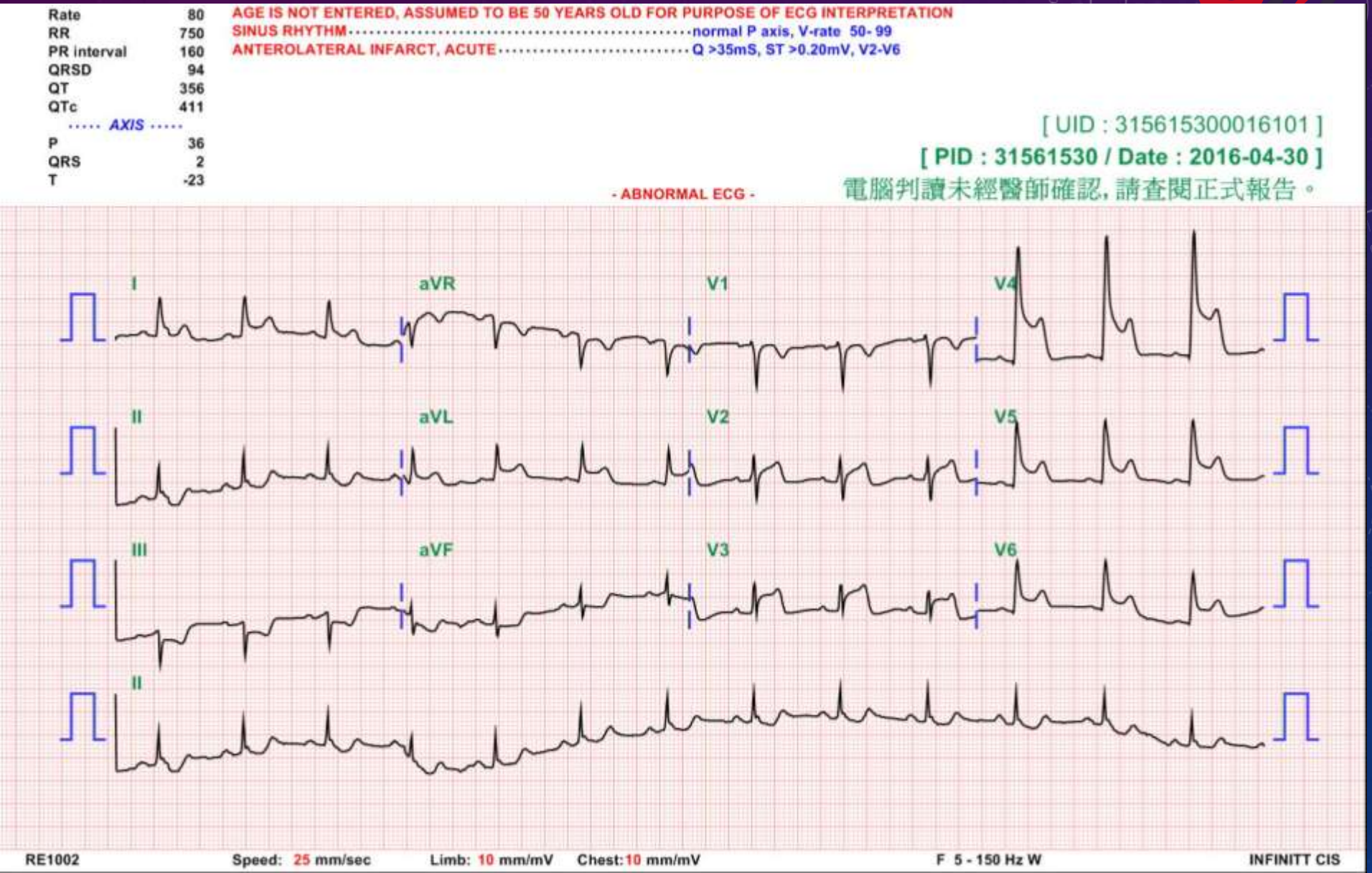
Ahsingsing Hong

Chest pain with cold sweating for 1 hours

Intial EKG


Rate 67
RR 896
PR interval 184
QRSD 102
QT 452
QTc 478
AXIS
P 45
QRS 46
T 42
AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION
SINUS RHYTHM normal P axis, V-rate 50- 99
ATRIAL PREMATURE COMPLEX SV complex w/ short R-R interval
REPOL ABNRM SUGGESTS ISCHEMIA, DIFFUSE LEADS ST-T neg, ant/lat/inf
[UID : 315615300012101]
[PID : 31561530 / Date : 2016-04-30]
- ABNORMAL ECG -
電腦判讀未經醫師確認, 請查閱正式報告。
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
RE1002
Speed: 25 mm/sec
Limb: 10 mm/mV
Chest: 10 mm/mV
F 5 - 150 Hz W
INFINITT CIS

23 mins later… still chest pain



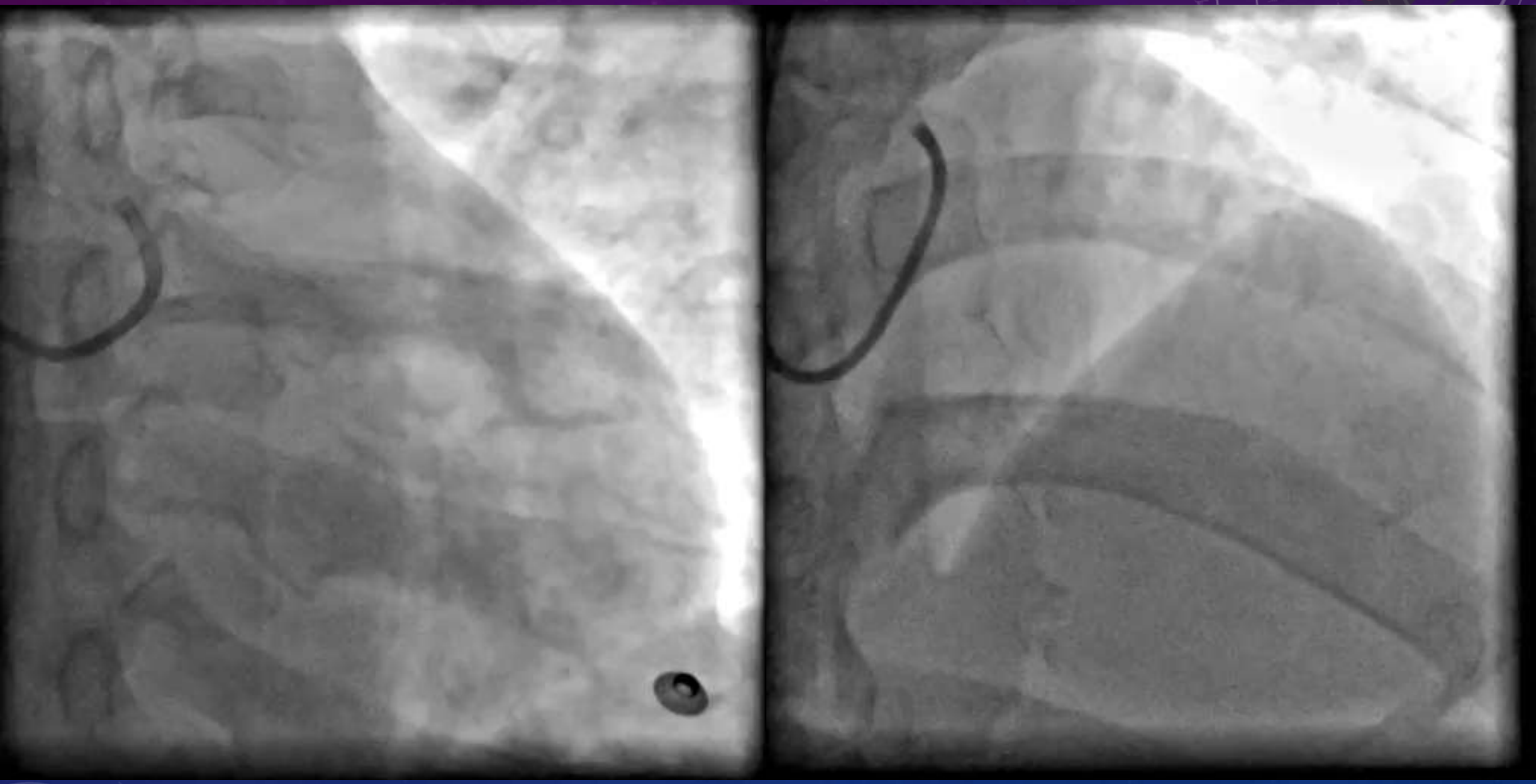
STEMI of anterior wall

→

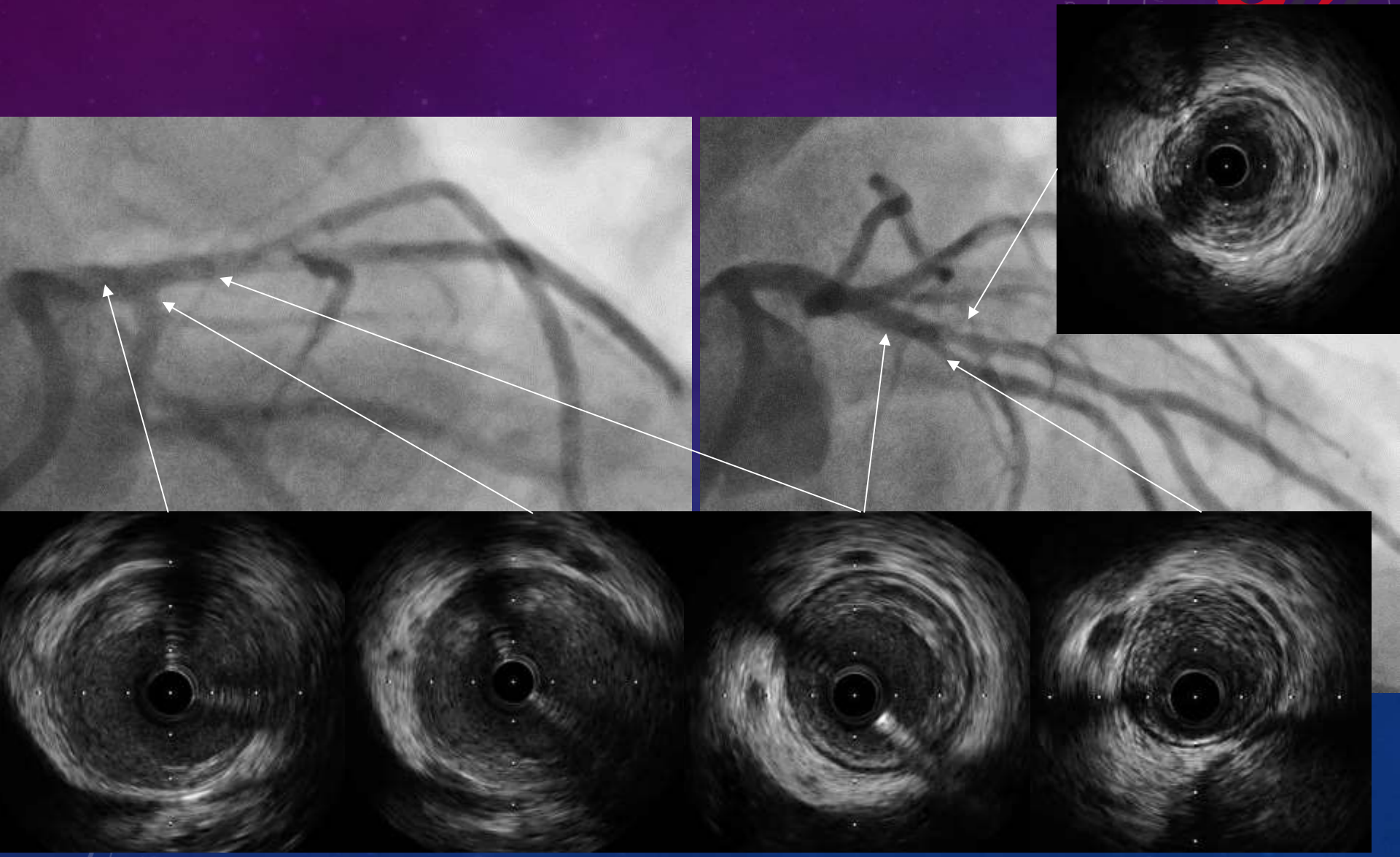
Primary **PCI**

Right coronary artery

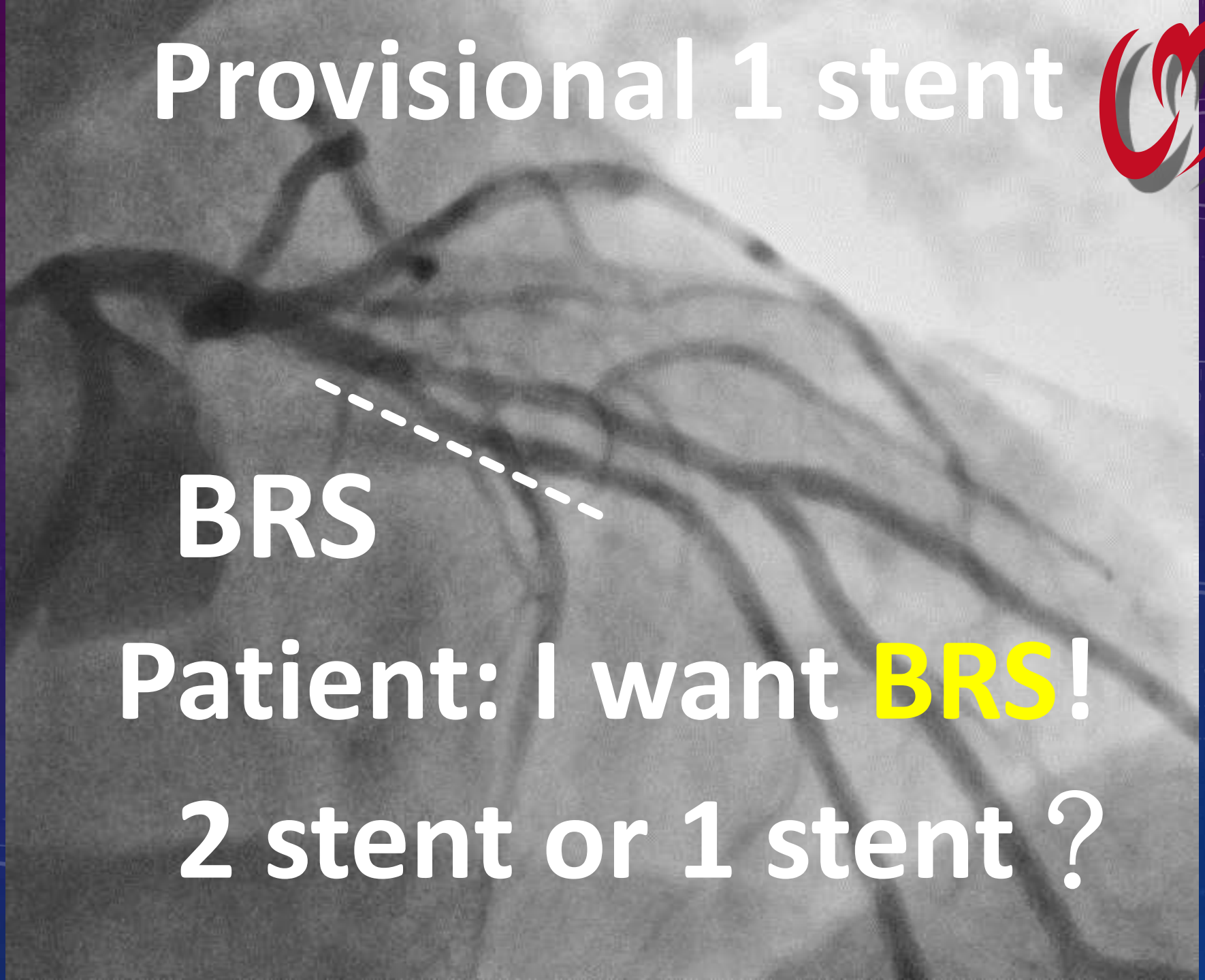
Left coronary artery



Target: LAD bifurcation



Provisional 1 stent



BRS

Patient: I want BRS!

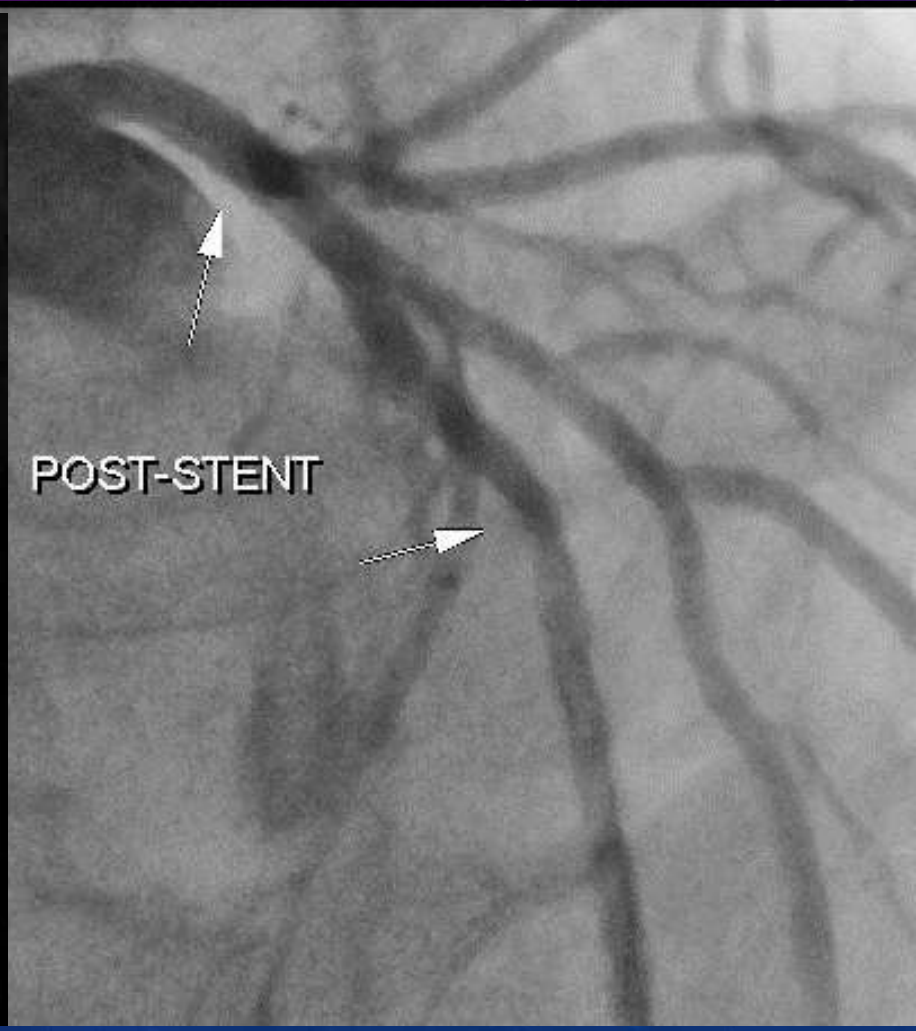
2 stent or 1 stent ?

Predilated with maverick balloon 2.5x15mm 10ATM & 14 ATM

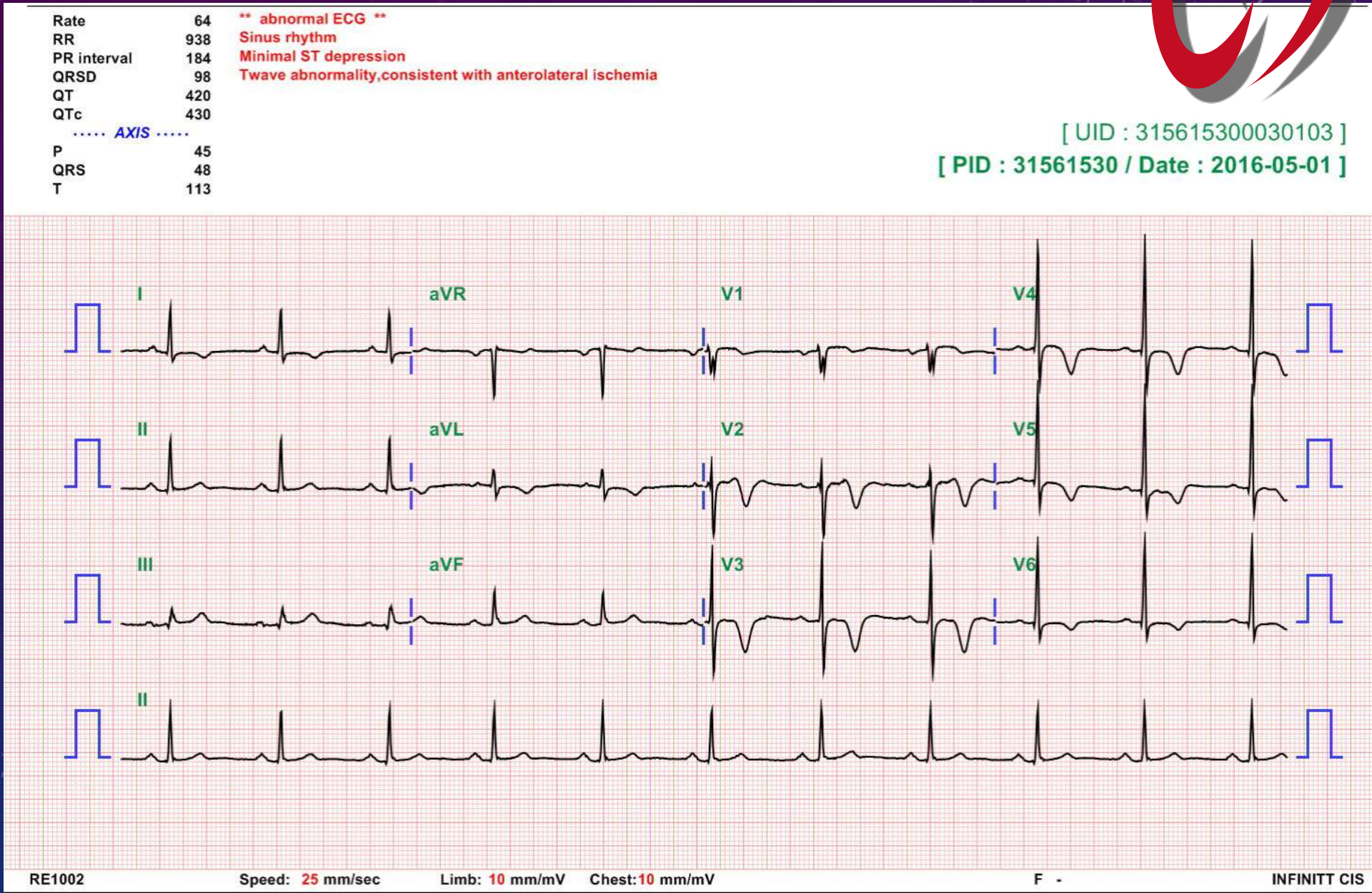
Abbott BRS 3.0x23mm 12 atm

POT: NC quantum 3.5x12mm 16atm

Final



EKG post BRS stenting Day 1



Lab data	
Hb1Ac	6.3%
LDL	88mg/dL
Platelet	640,000 /uL

Medications

- Aspirin (100mg) 1 CP QD PO 7 7 CP
- Ticagrelor(90mg). 1 TB BID PO 7 14 TB
- Carvedilol (6.25mg). 1 TB BID PO 7 14 TB
- Atorvastatin (40mg) 1 TB QD PO 7 7 TB
- Perindopril (4mg) 1 TB QD PO 7 7 TB
- Pantoprazole (40mg). 1 TB QD PO 7 7 TB

However, **Angina Recurrence**

Angina attacked at early morning.

Same episode at resting in the evening.

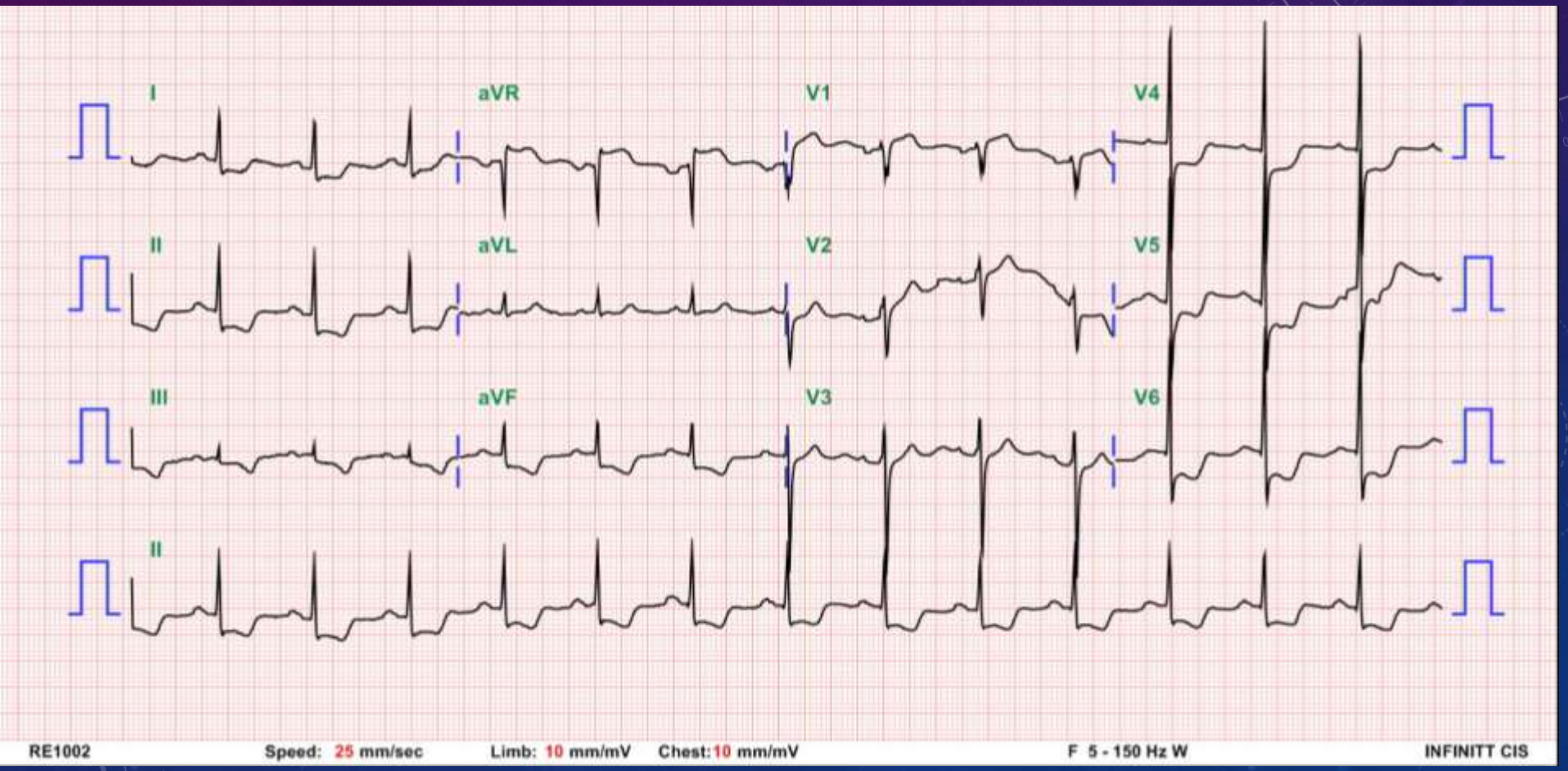
5-7 am, 2-3 mins.

5pm,15mins.

7am 2-3 mins.

Chest Pain!!

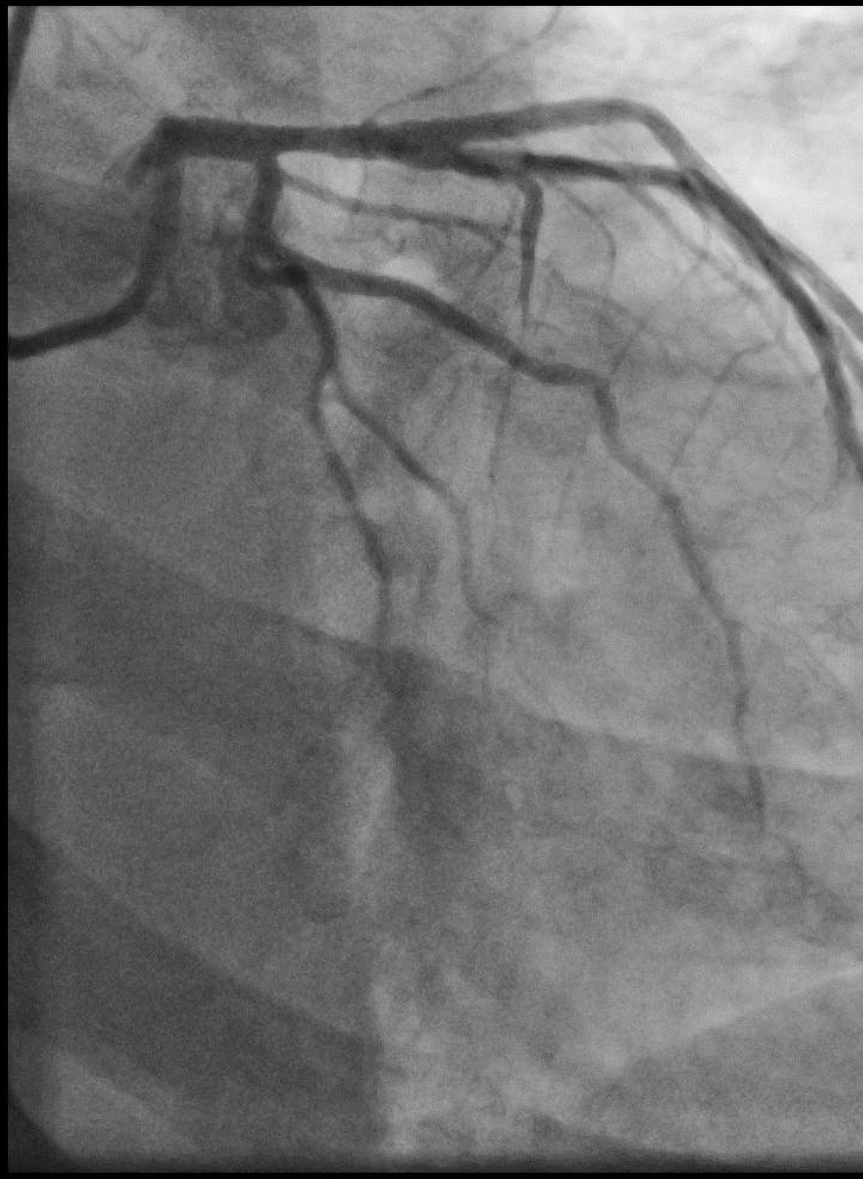
Post primary PCI day 23



Coronary angiogram

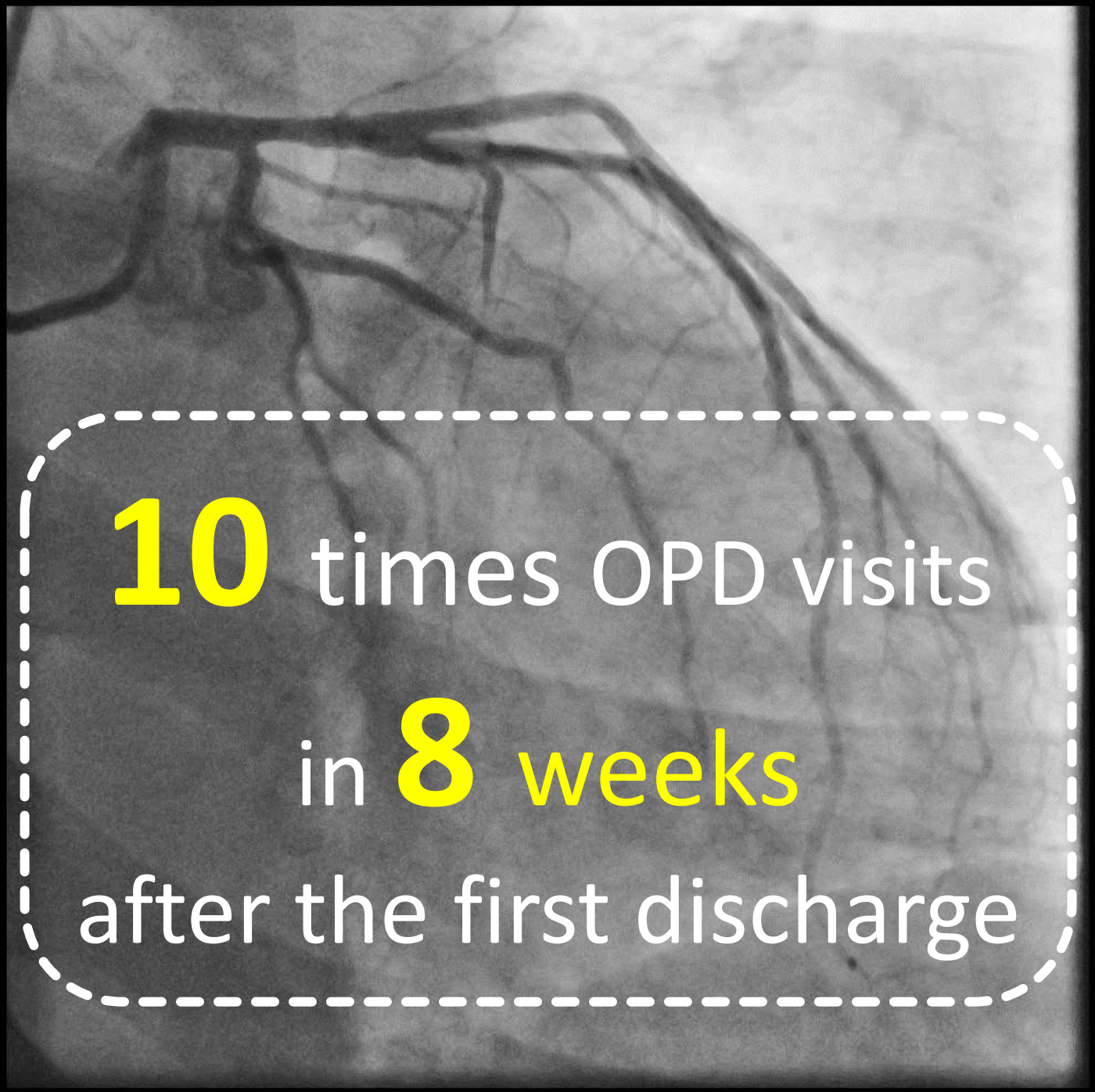
Coronary angiogram

Coronary angiogram



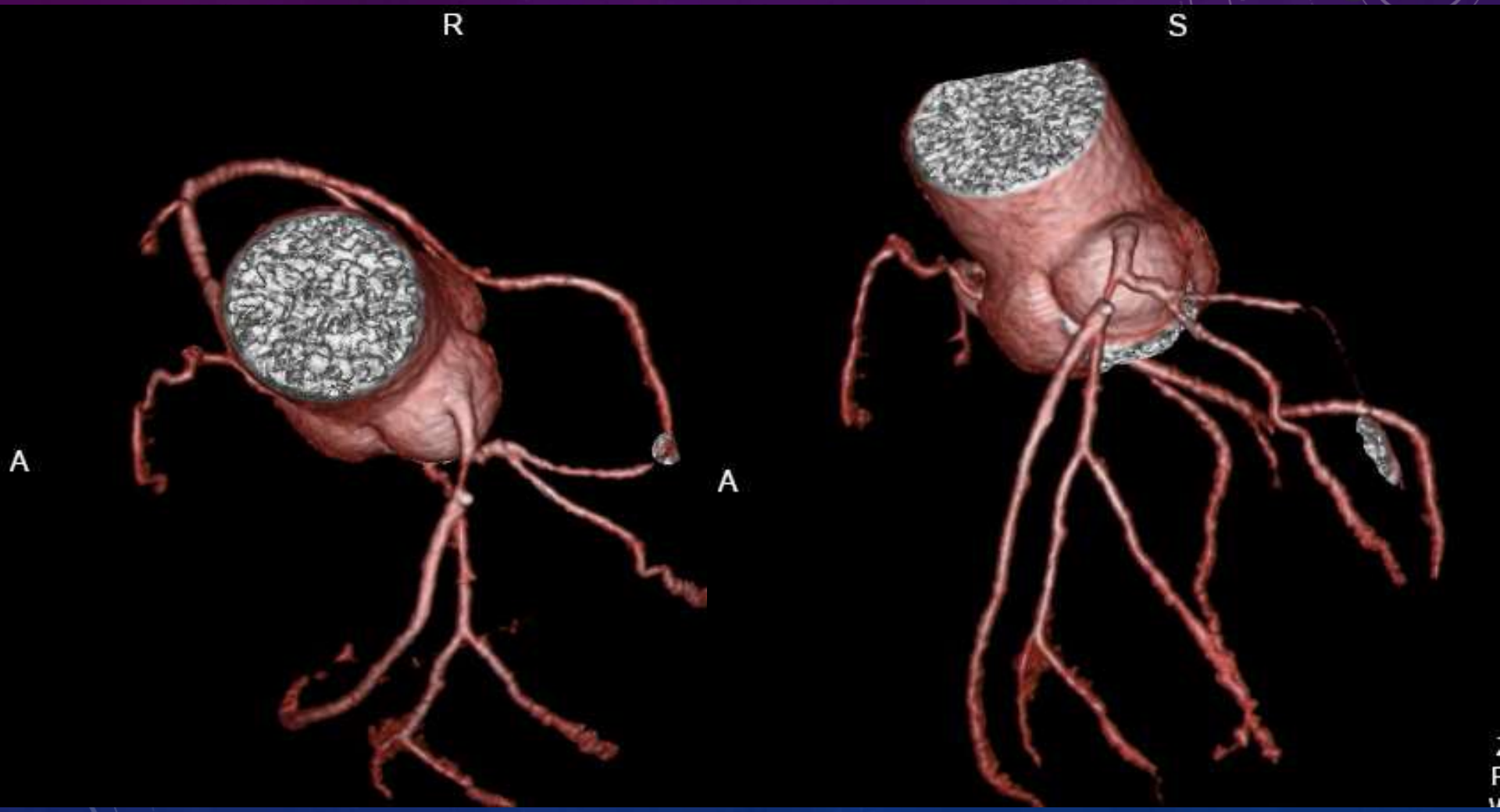
Still chest pain……. ?
Why?

- Stent restenosis?
- Instent thrombosis?
- Prinzmetal's angina?
- Side branch problem?
- Dressler syndrome
- Non-Coronary causes
- Peptic ulcer
- Neuromuscular problem
- Pleuritis


10 times OPD visits
in 8 weeks
after the first discharge

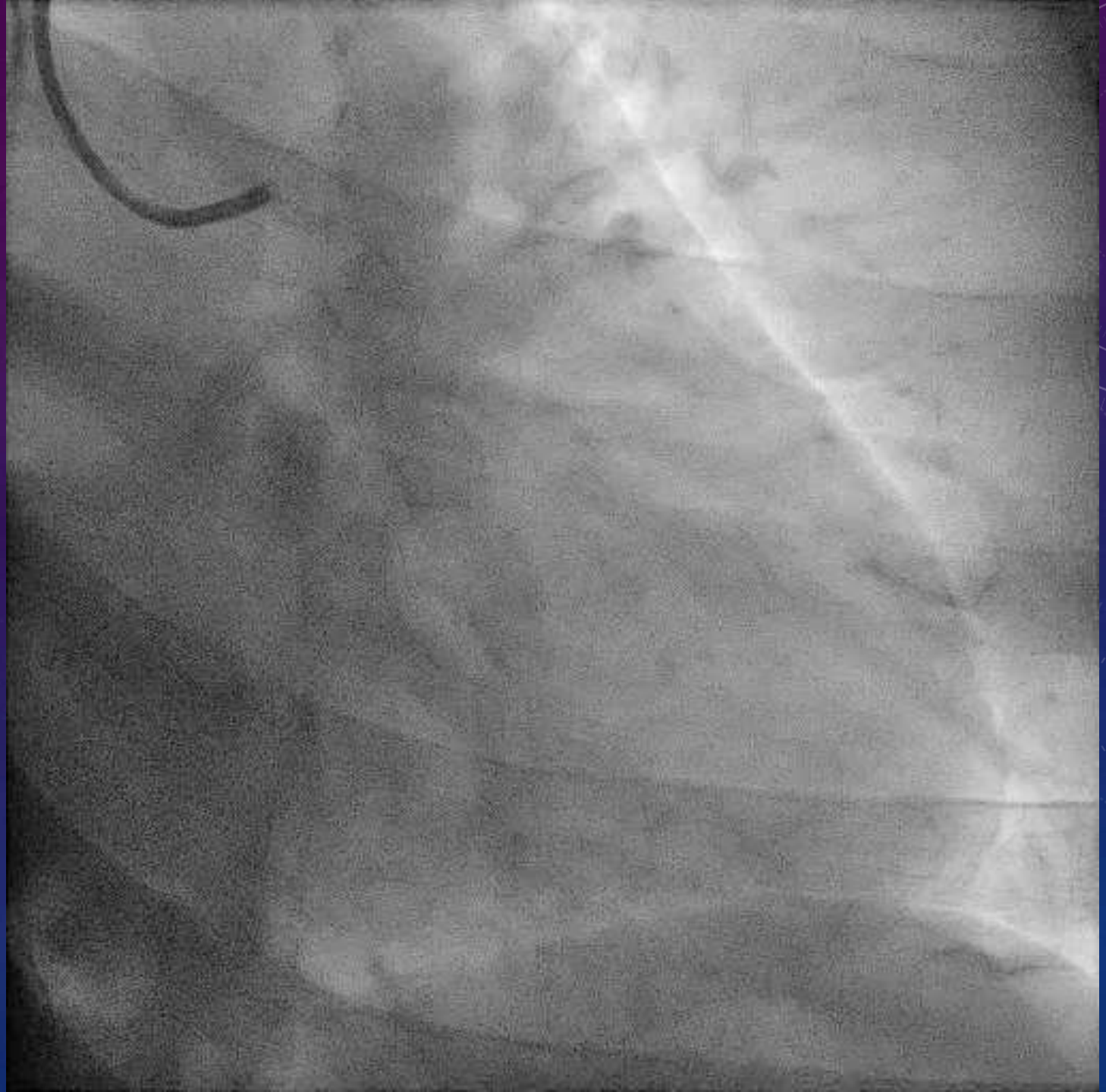
If the situation was out of your control, which means something you did not recognize.

Coronary CT

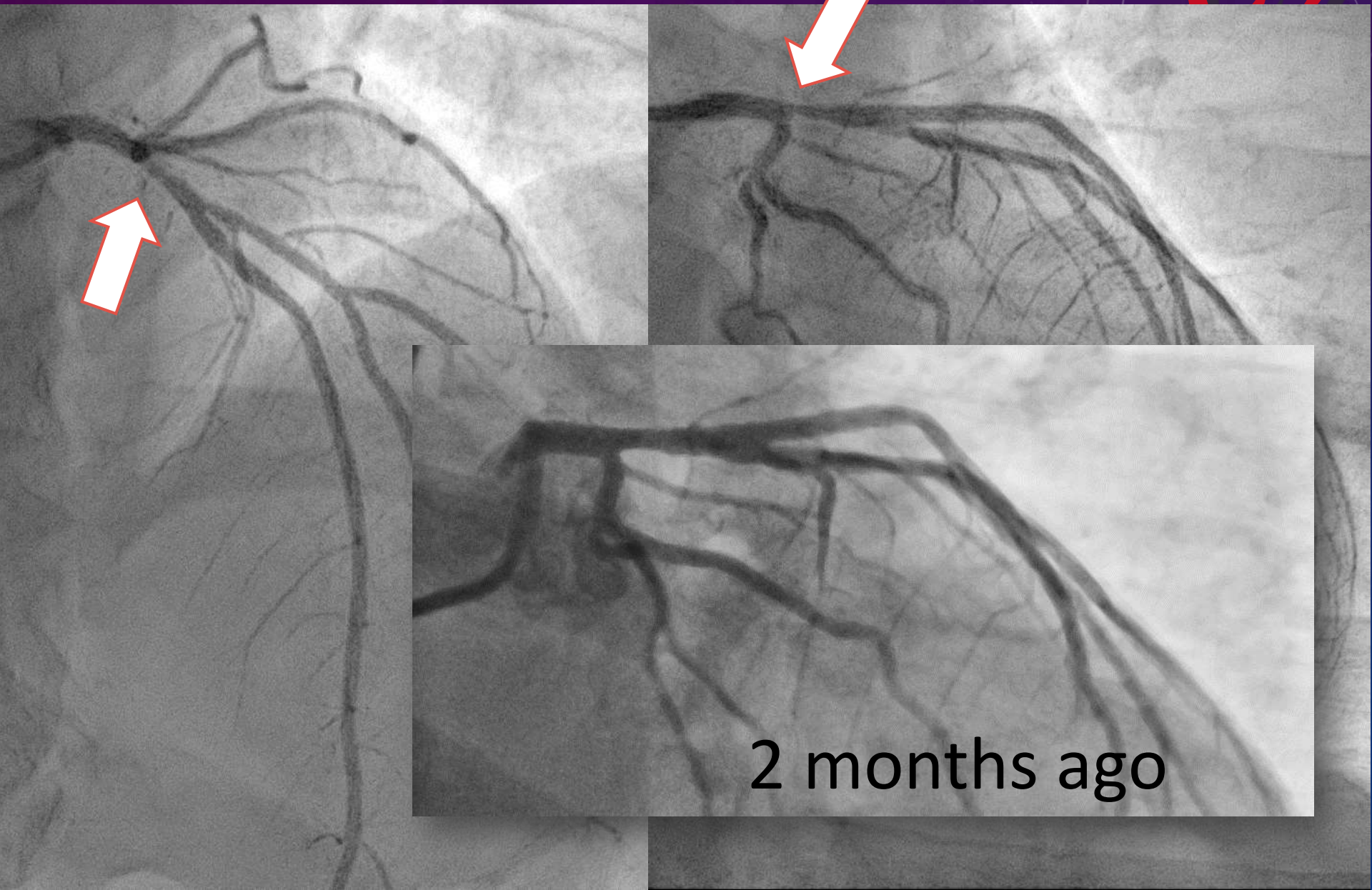


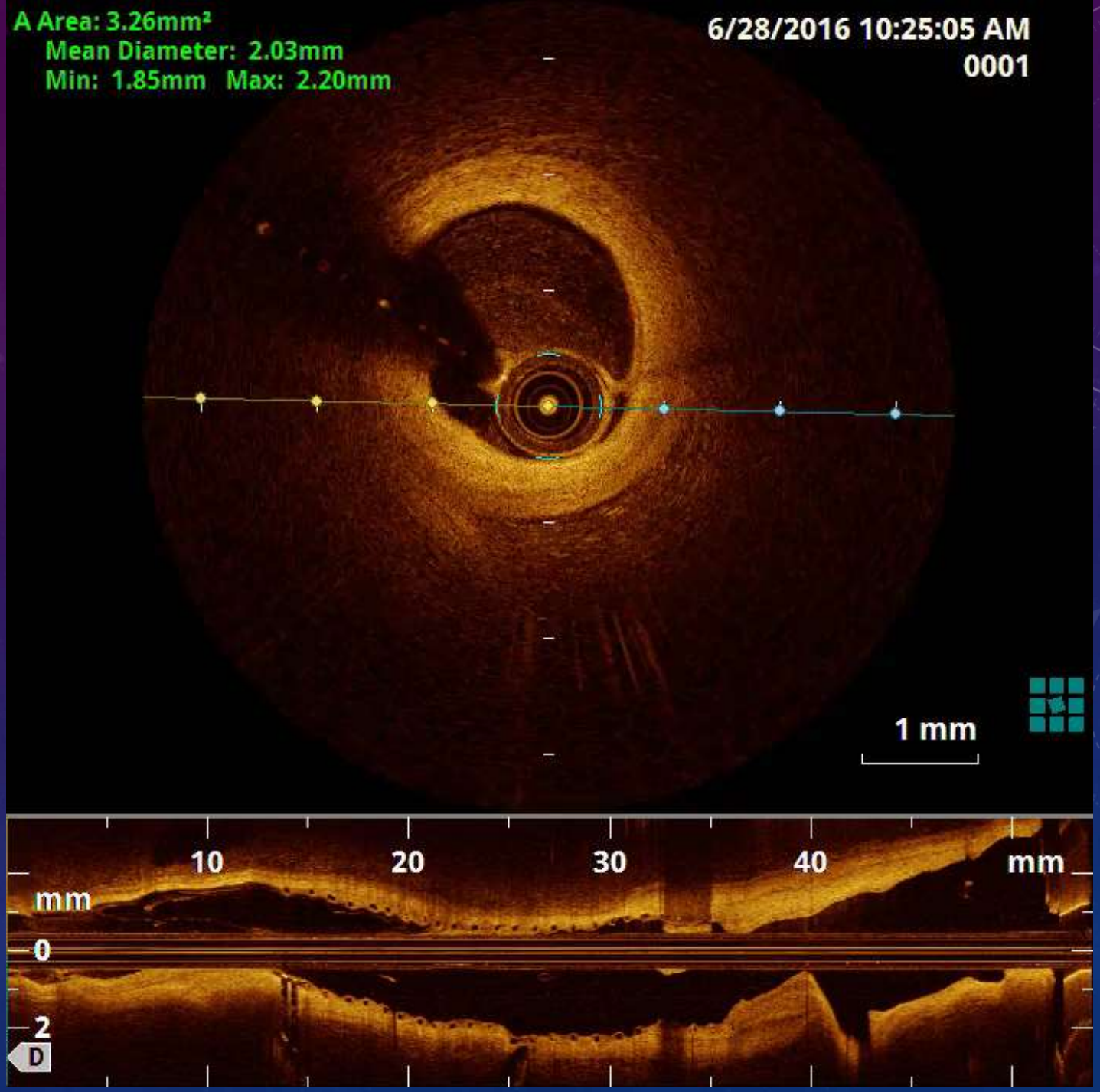

S
LAD

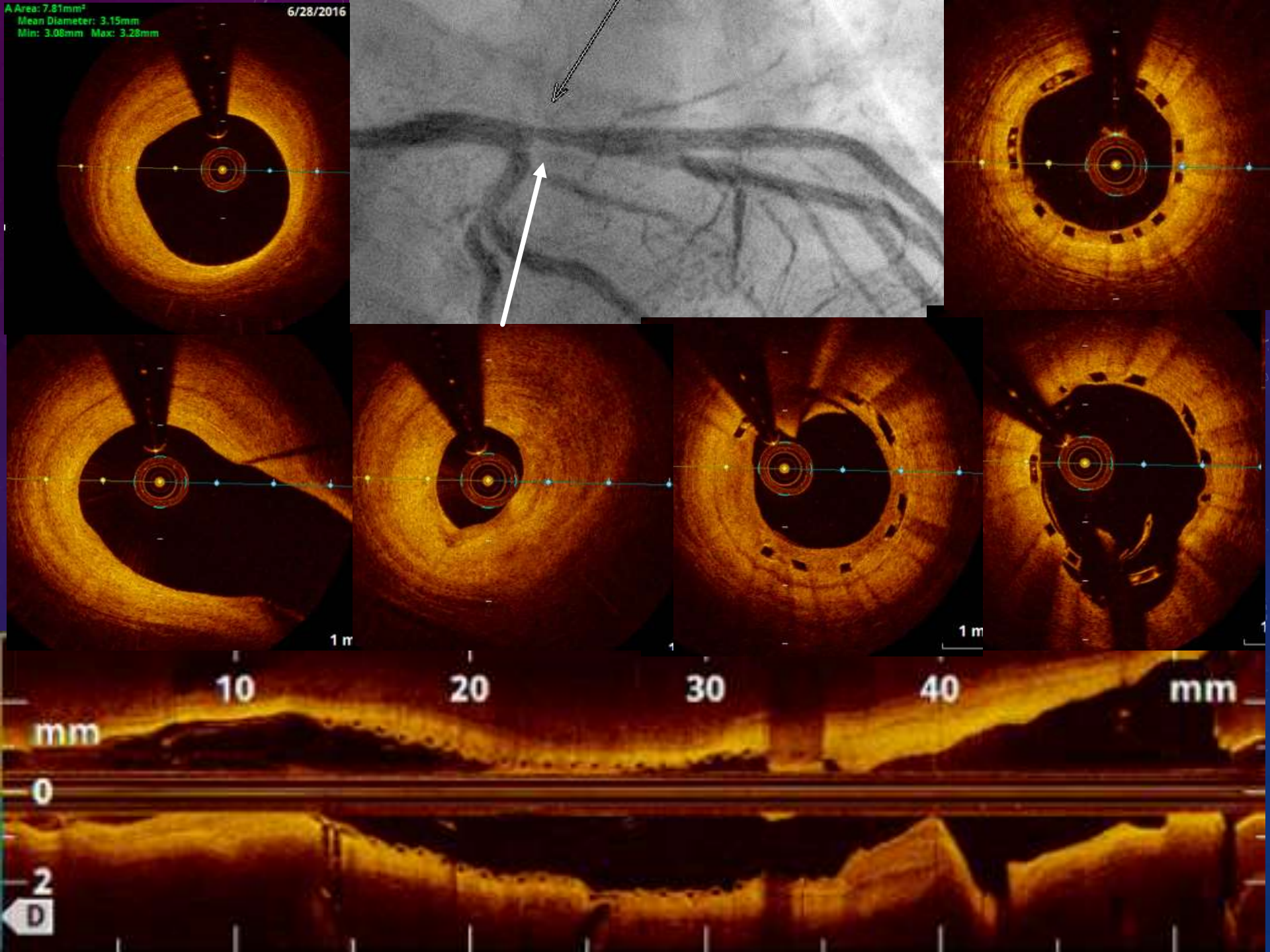
RCA



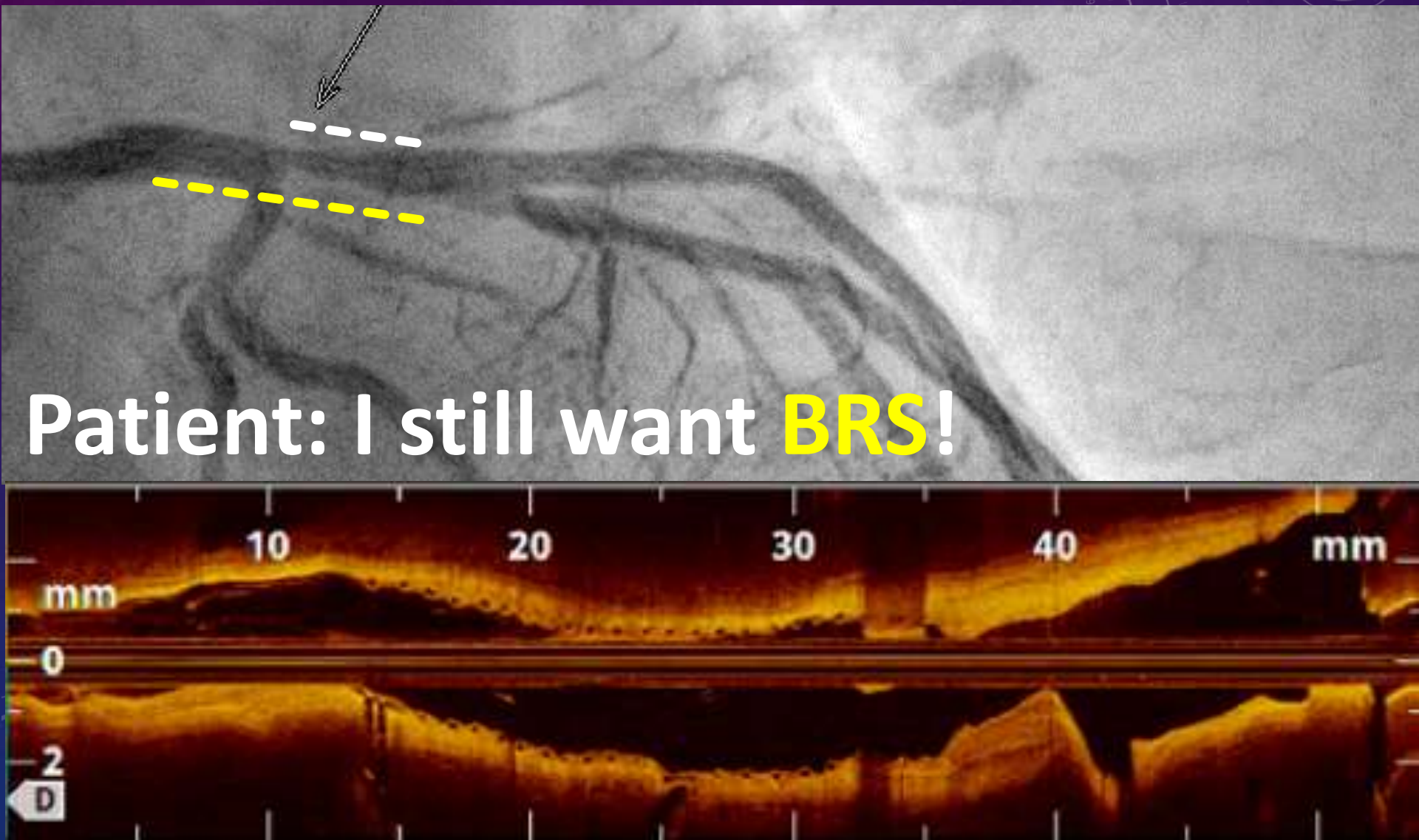
LAD



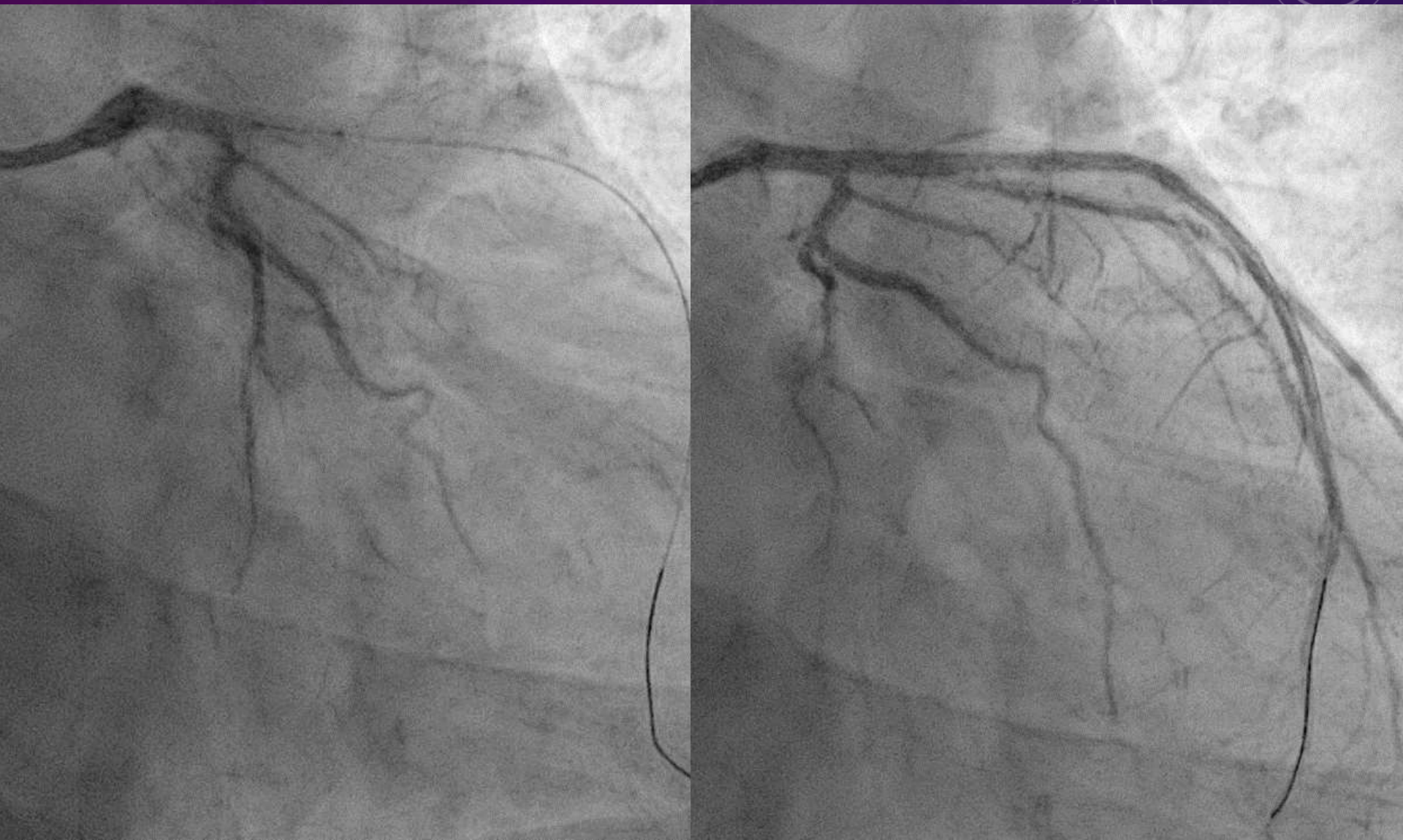

A Area: 3.26mm²
Mean Diameter: 2.03mm
Min: 1.85mm Max: 2.20mm
6/28/2016 10:25:05 AM
0001
1 mm
10
20
30
40
mm
mm
0
2
D


A Area: 7.81mm²
Mean Diameter: 3.15mm
Min: 3.08mm Max: 3.28mm
6/28/2016
1 m
1 m
10
20
30
40
mm
mm
0
2
D

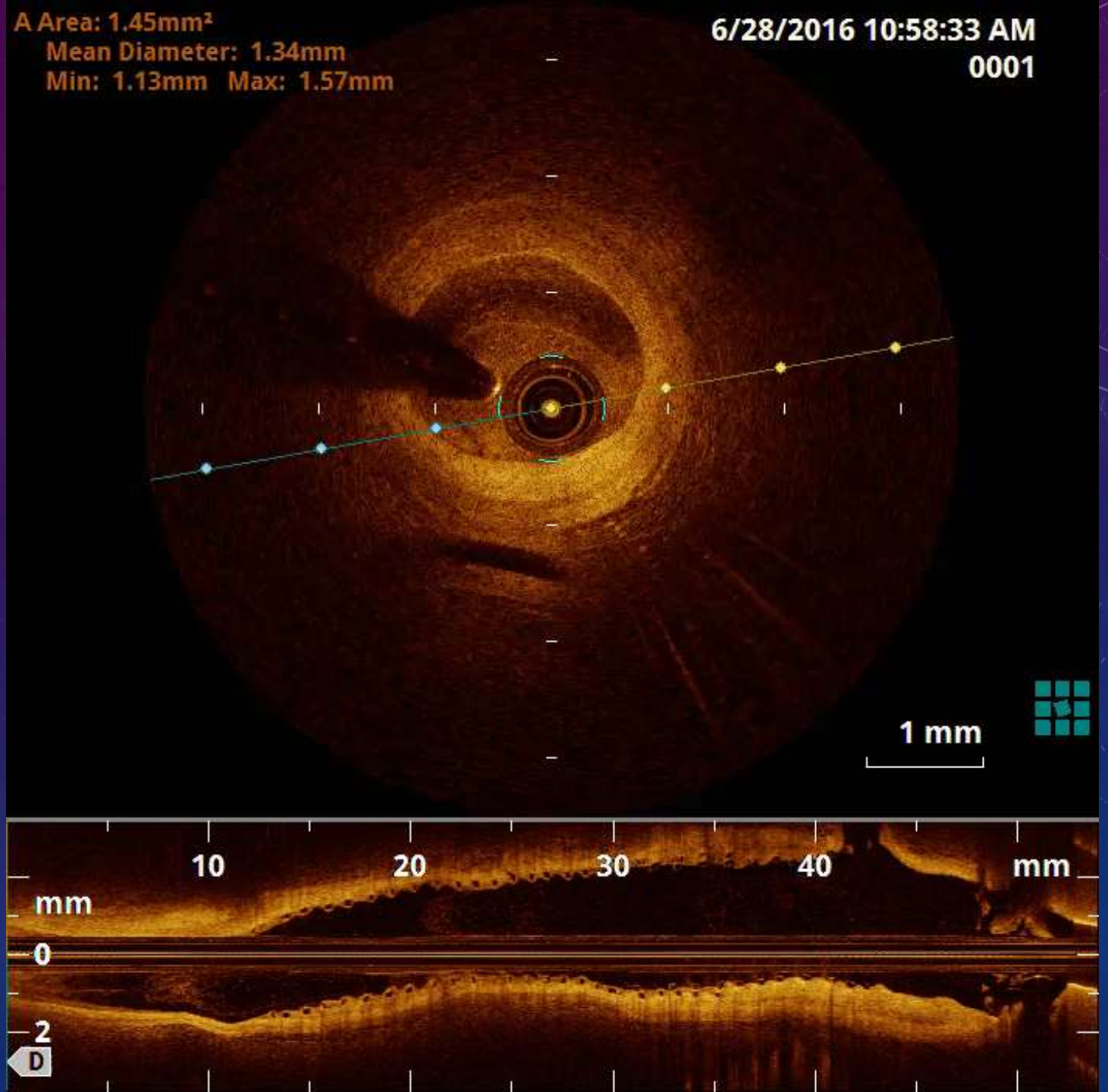
Ostimal or crossover stenting?

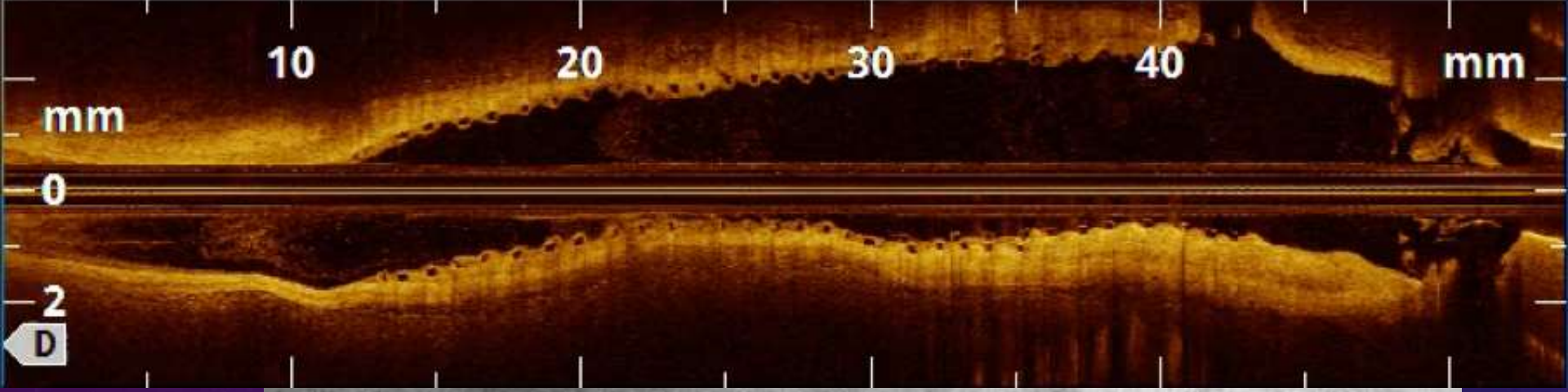


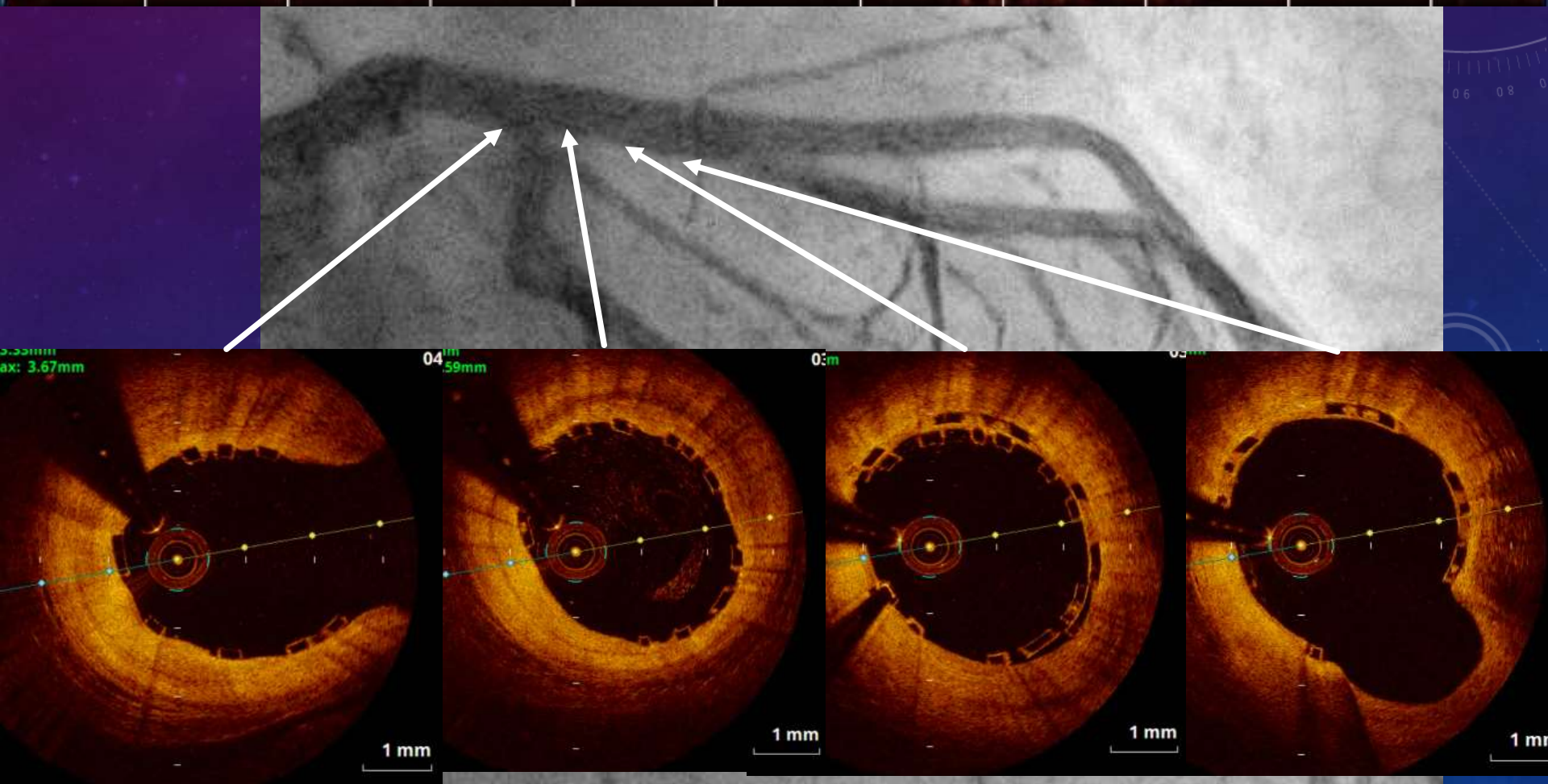
Pre-dilated: NC Trek 3.5x8mm 16atm



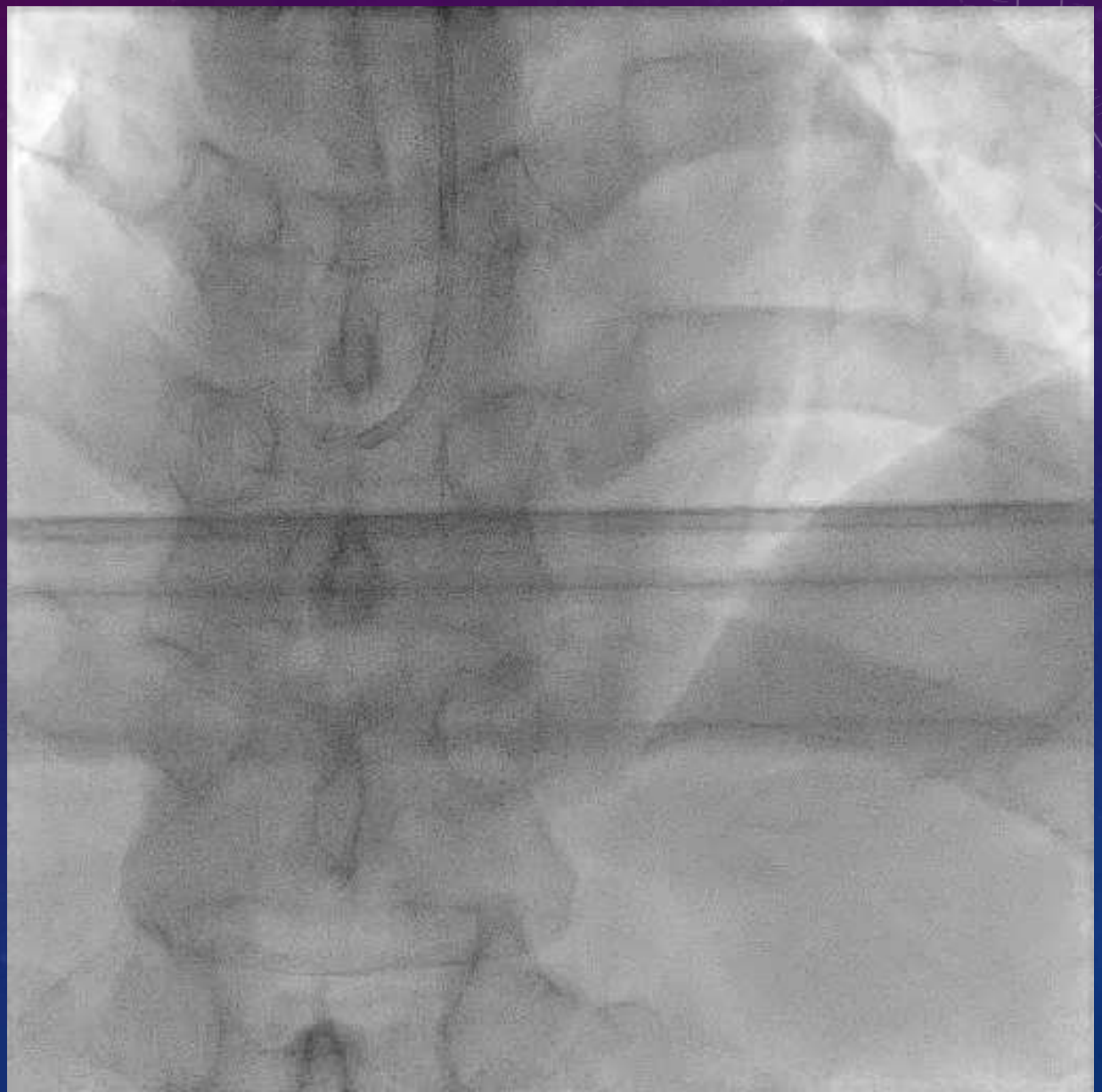
BRS Absorb 3.5x12mm 10atm
Post-dilated: NC Trek 3.5x8mm 24atm


A Area: 1.45mm²
Mean Diameter: 1.34mm
Min: 1.13mm Max: 1.57mm
6/28/2016 10:58:33 AM
0001
1 mm
10
20
30
40
mm
mm
0
2
D


10
20
30
40
mm
mm
0
2
D

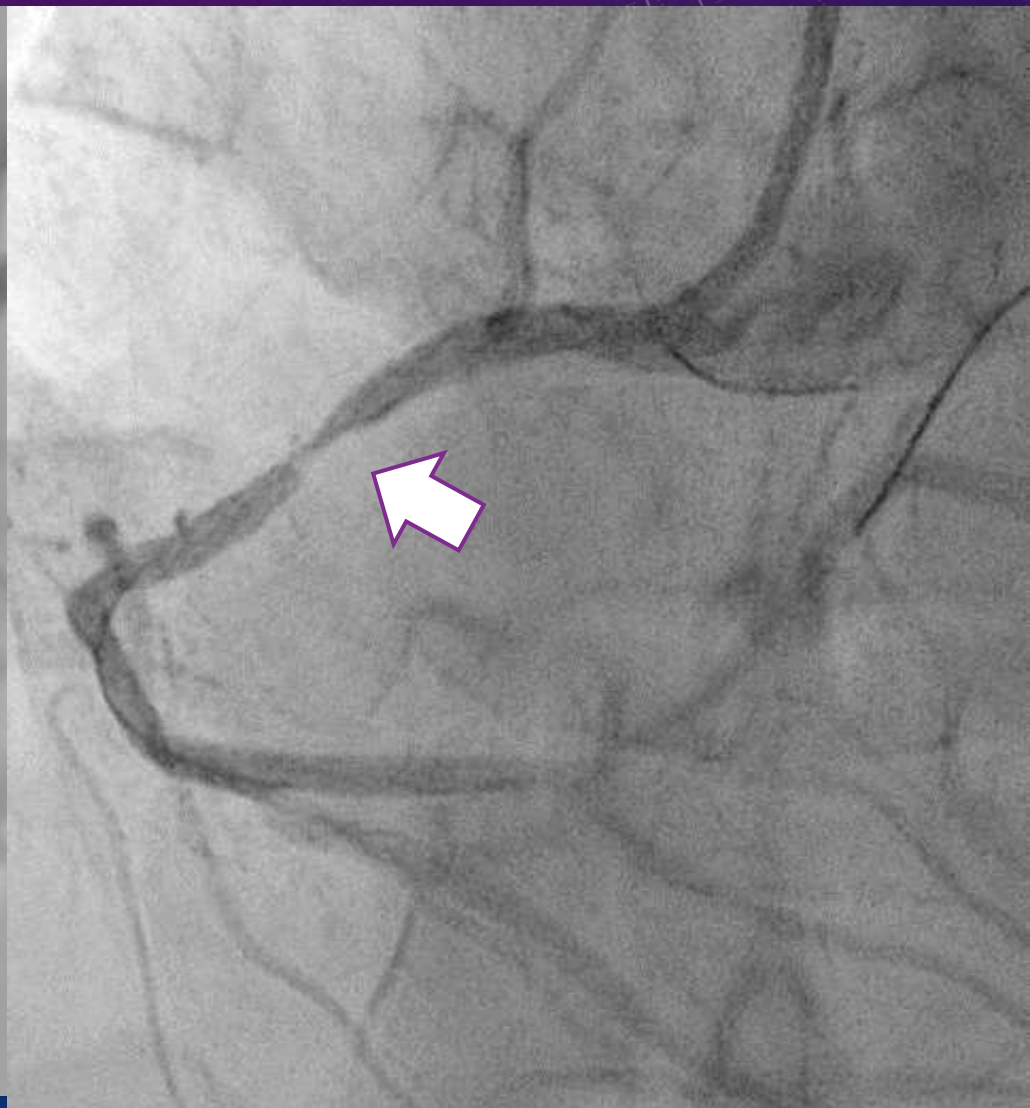

1 mm
1 mm
1 mm
1 mm

RCA



RCA – Rapid growing of plaque

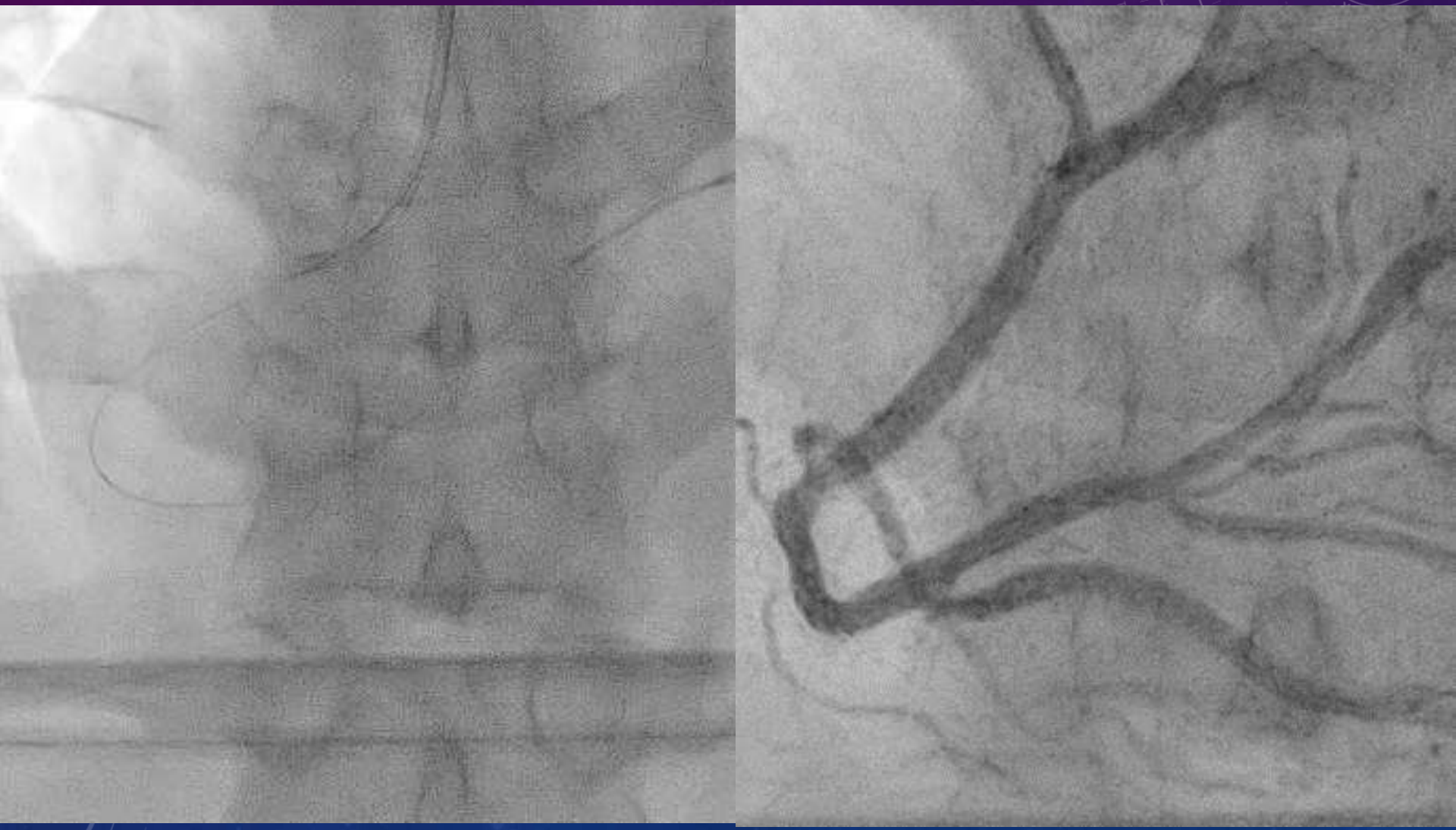
8 weeks before



Pre-dilated: Hiryu 3.25x10mm 10atm

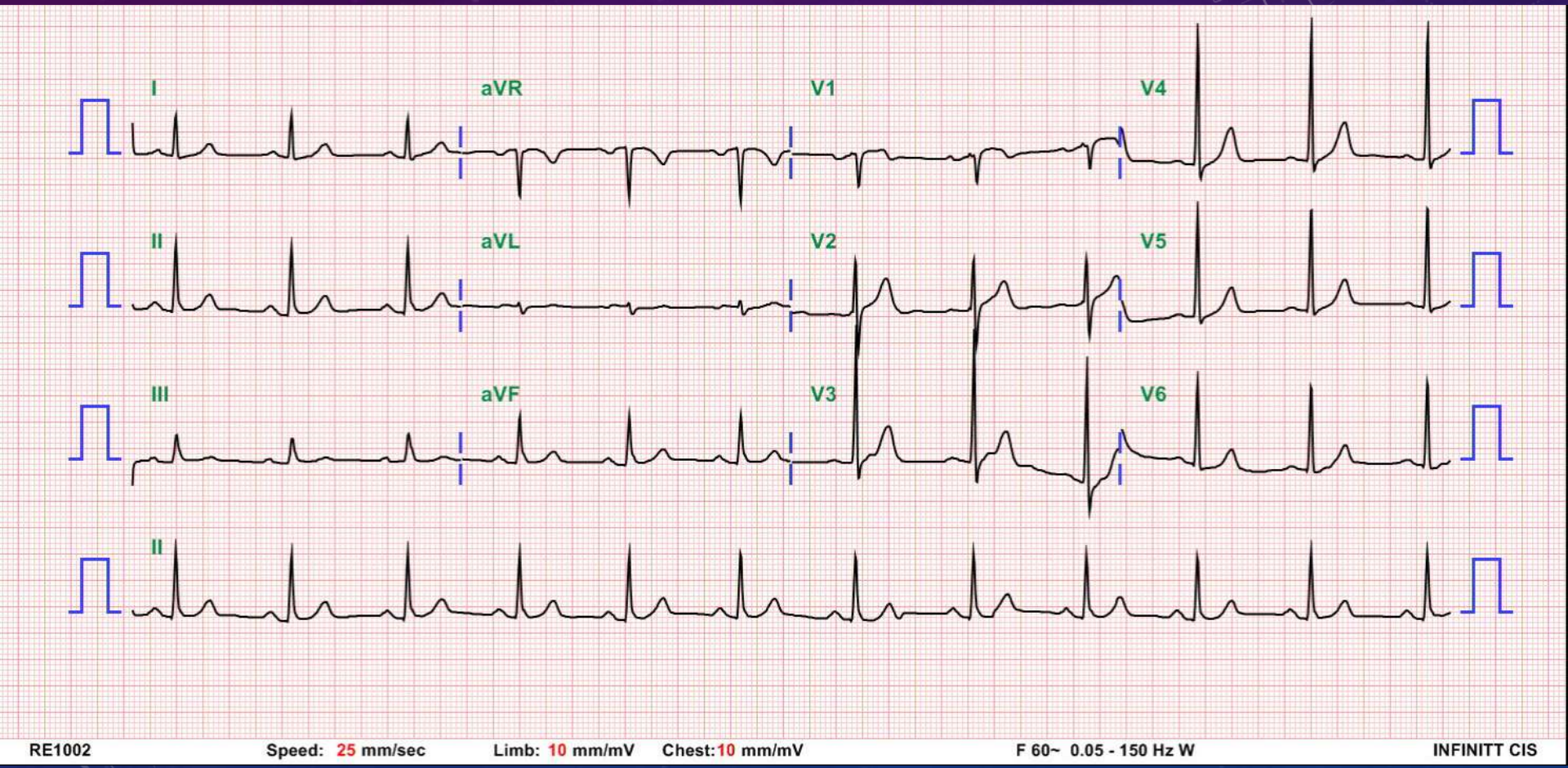
BRS: Absorb 3.0x18mm

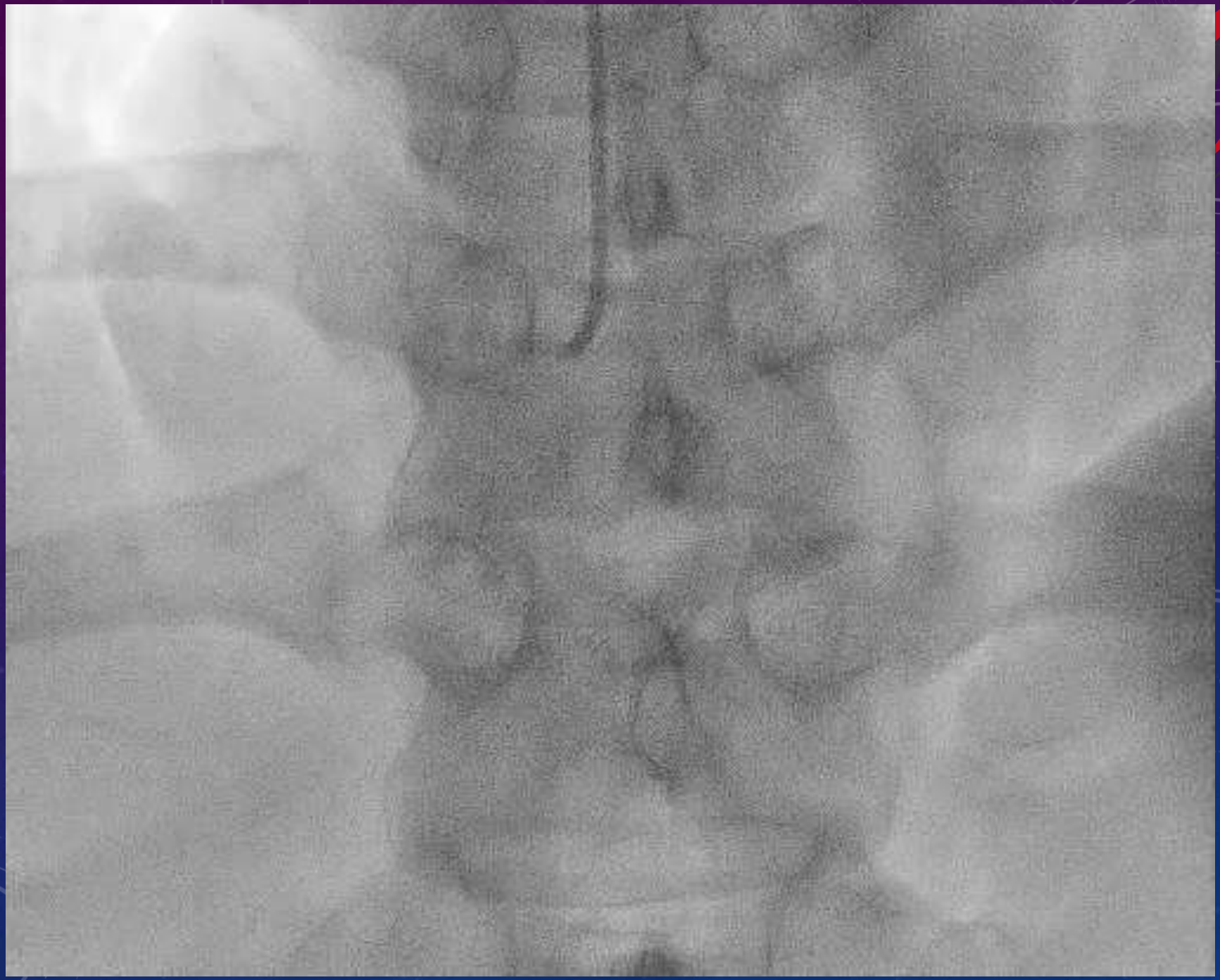
Post-dilated: Hiryu 3.25x10mm 24 atm

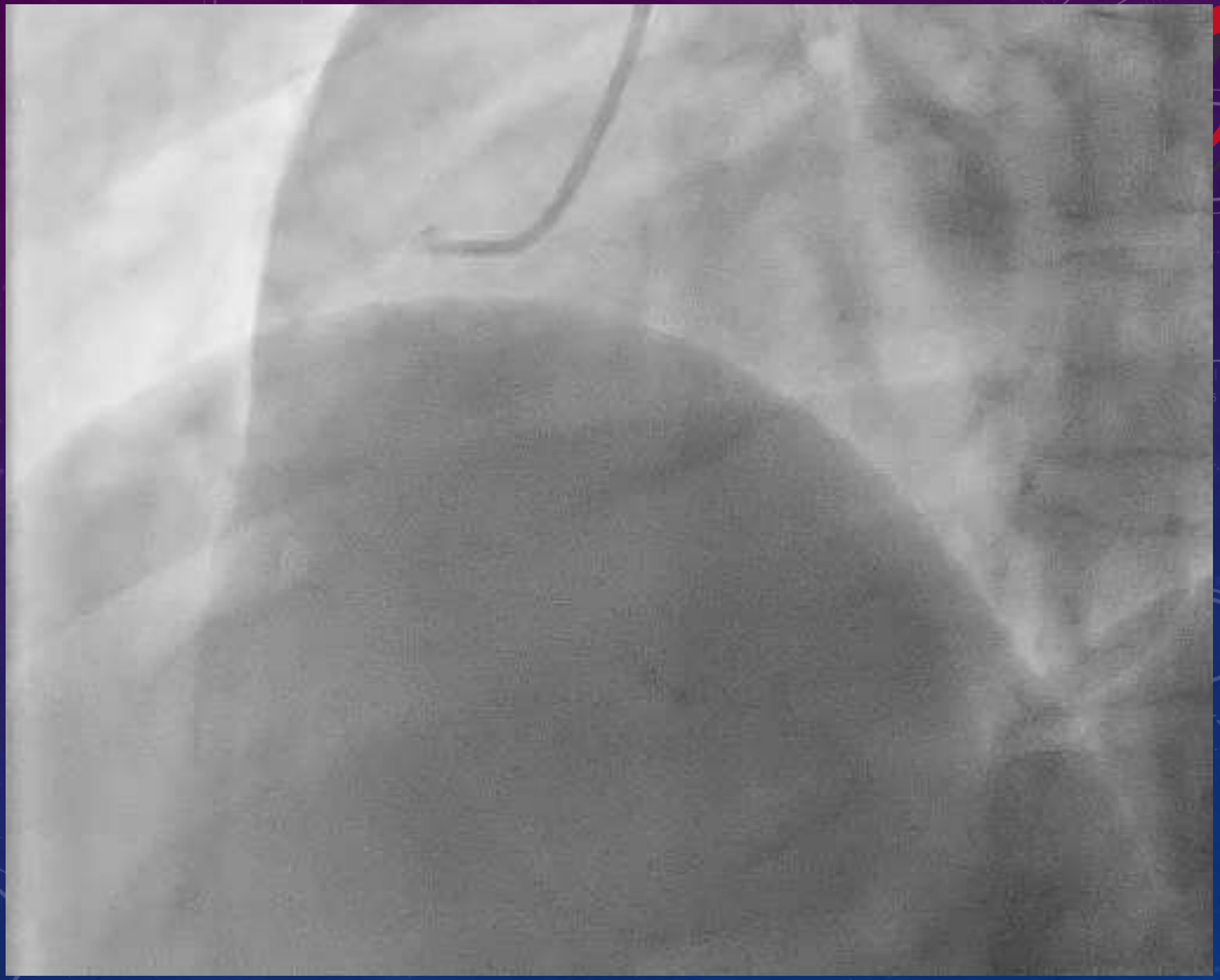


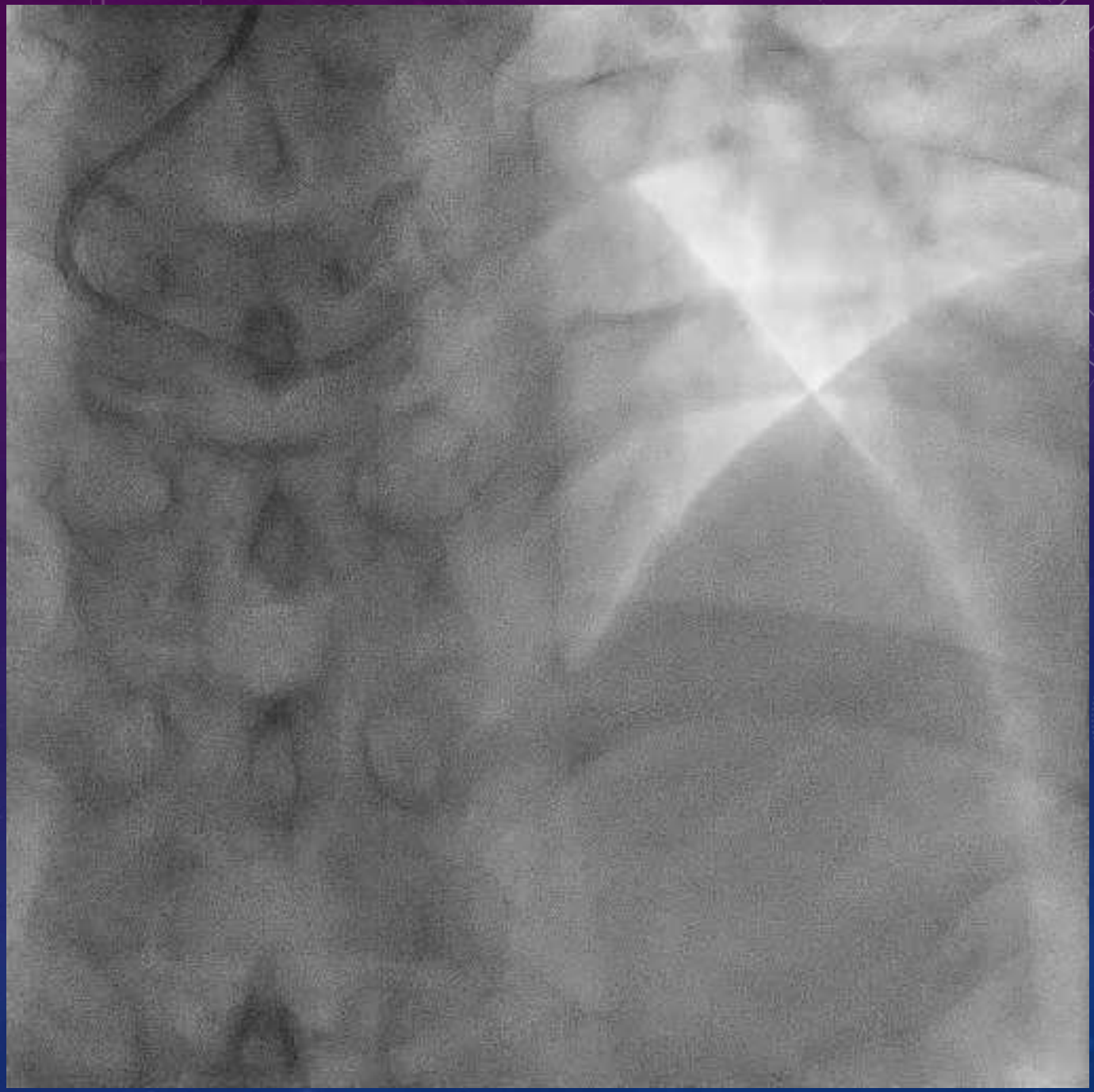
Totally free form chest pain..

1 year later…

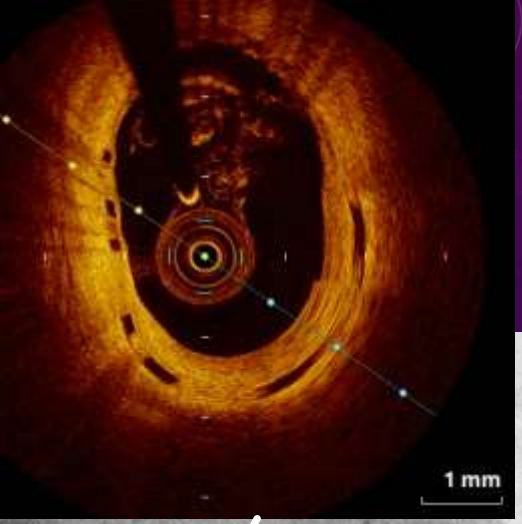

I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
RE1002
Speed: 25 mm/sec
Limb: 10 mm/mV
Chest: 10 mm/mV
F 60~ 0.05 - 150 Hz W
INFINITT CIS

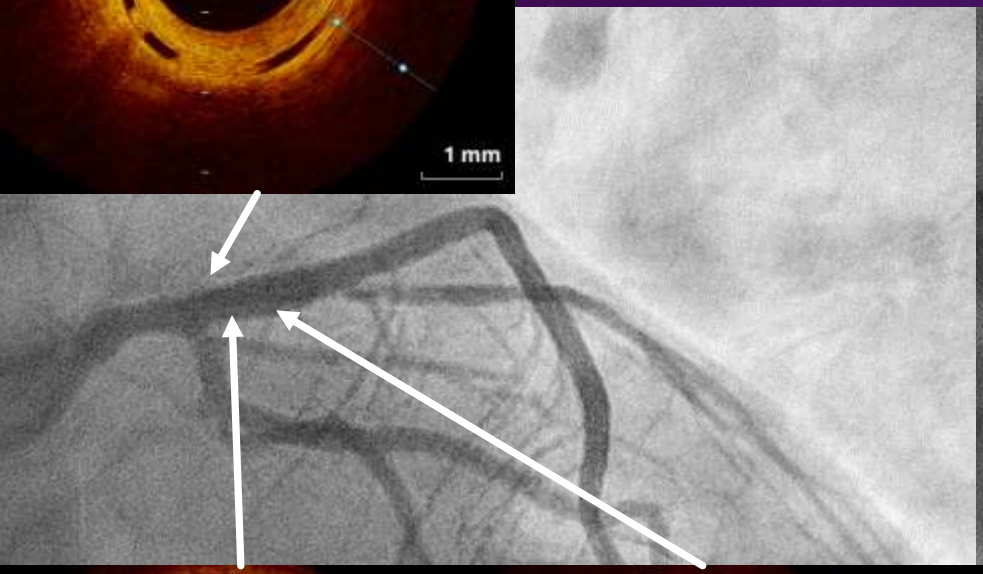


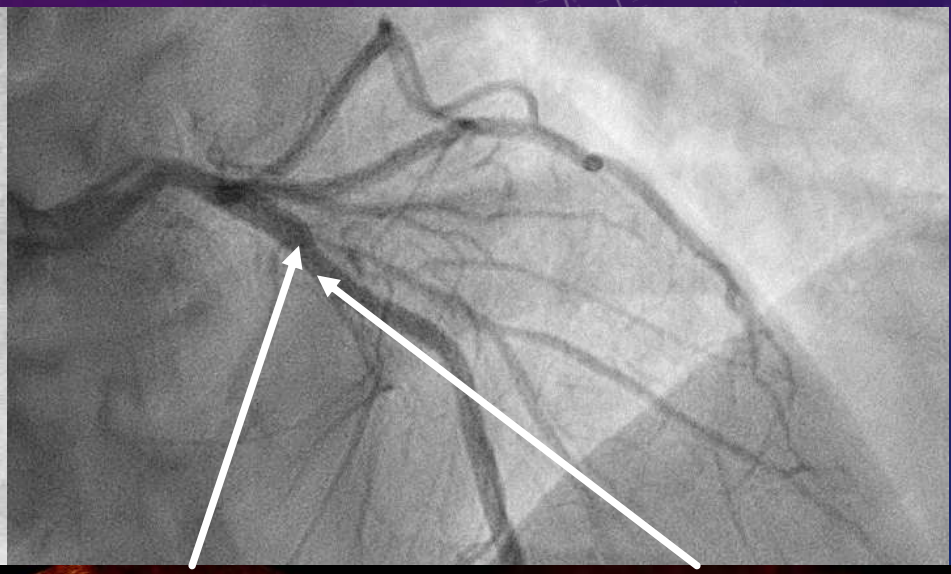


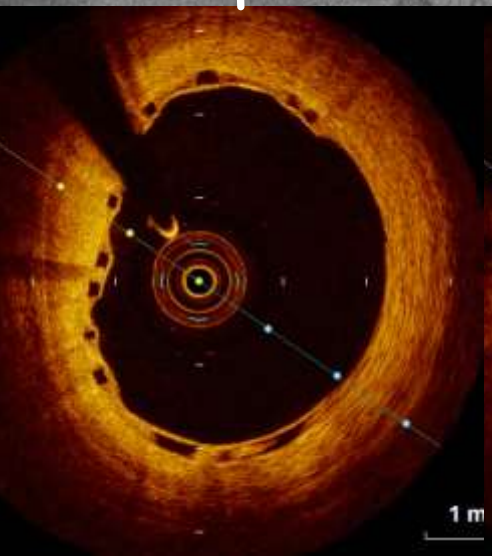


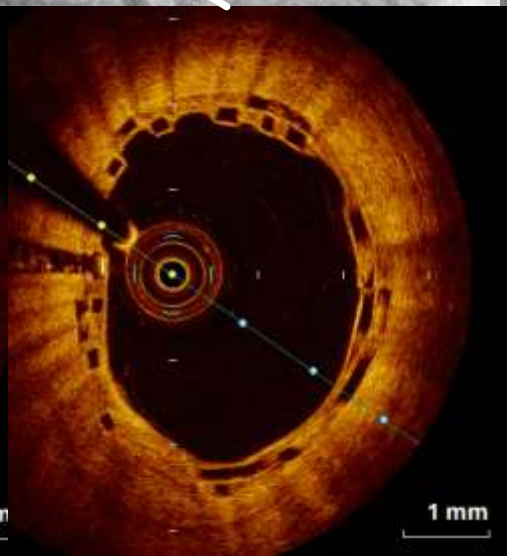
LAD

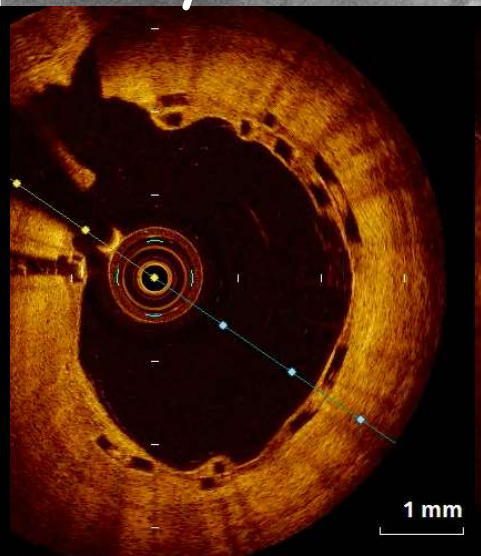


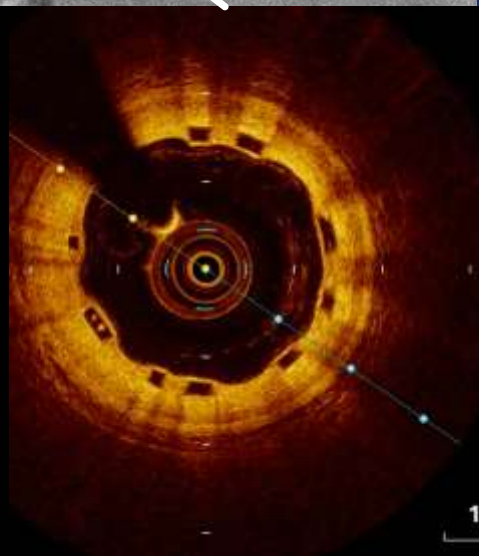




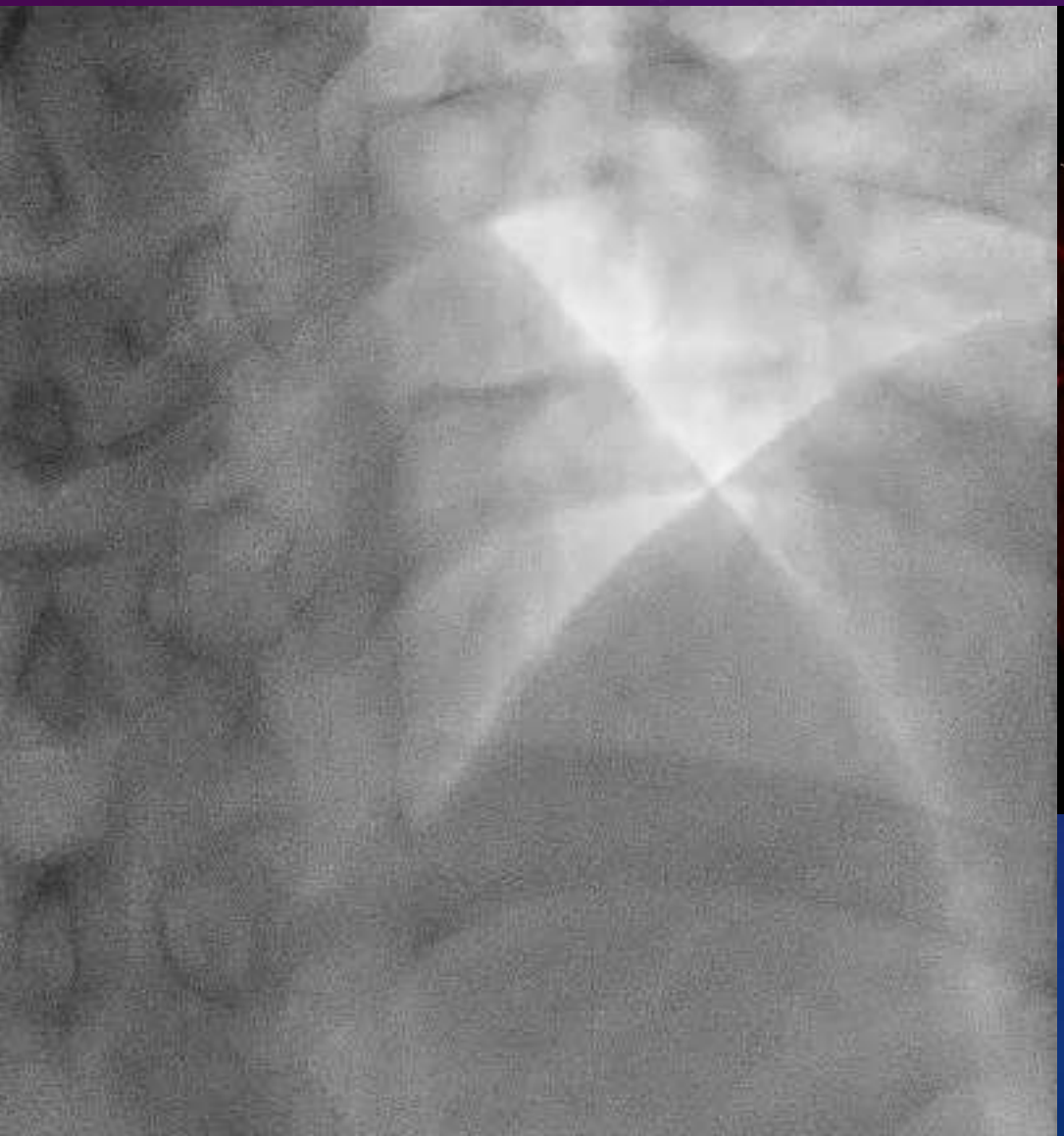


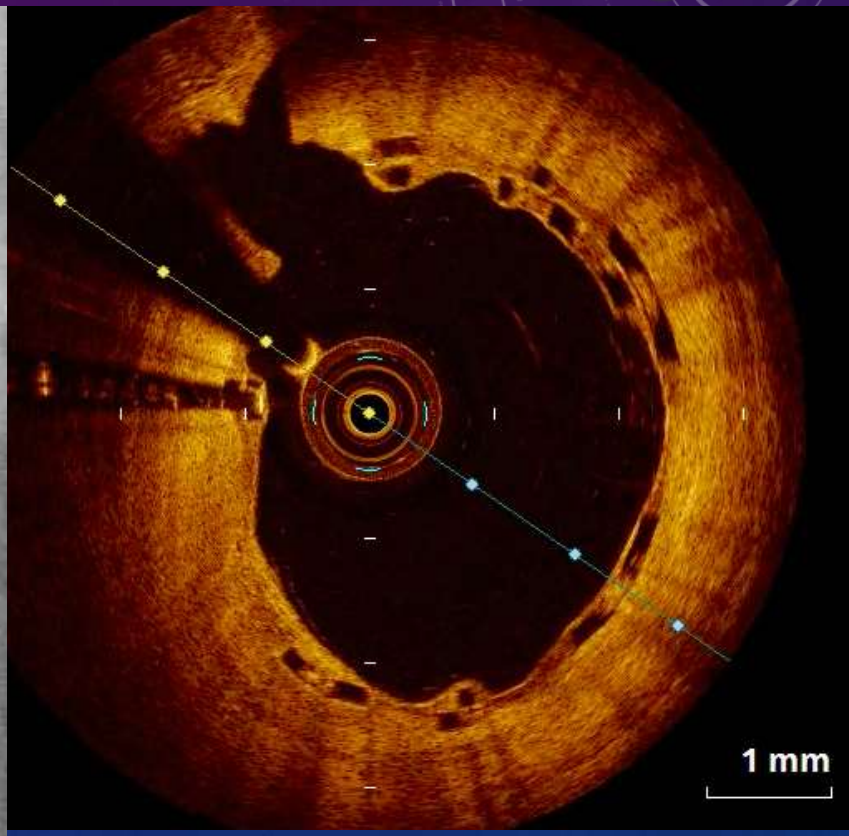






Do PCI for D1 or Not?

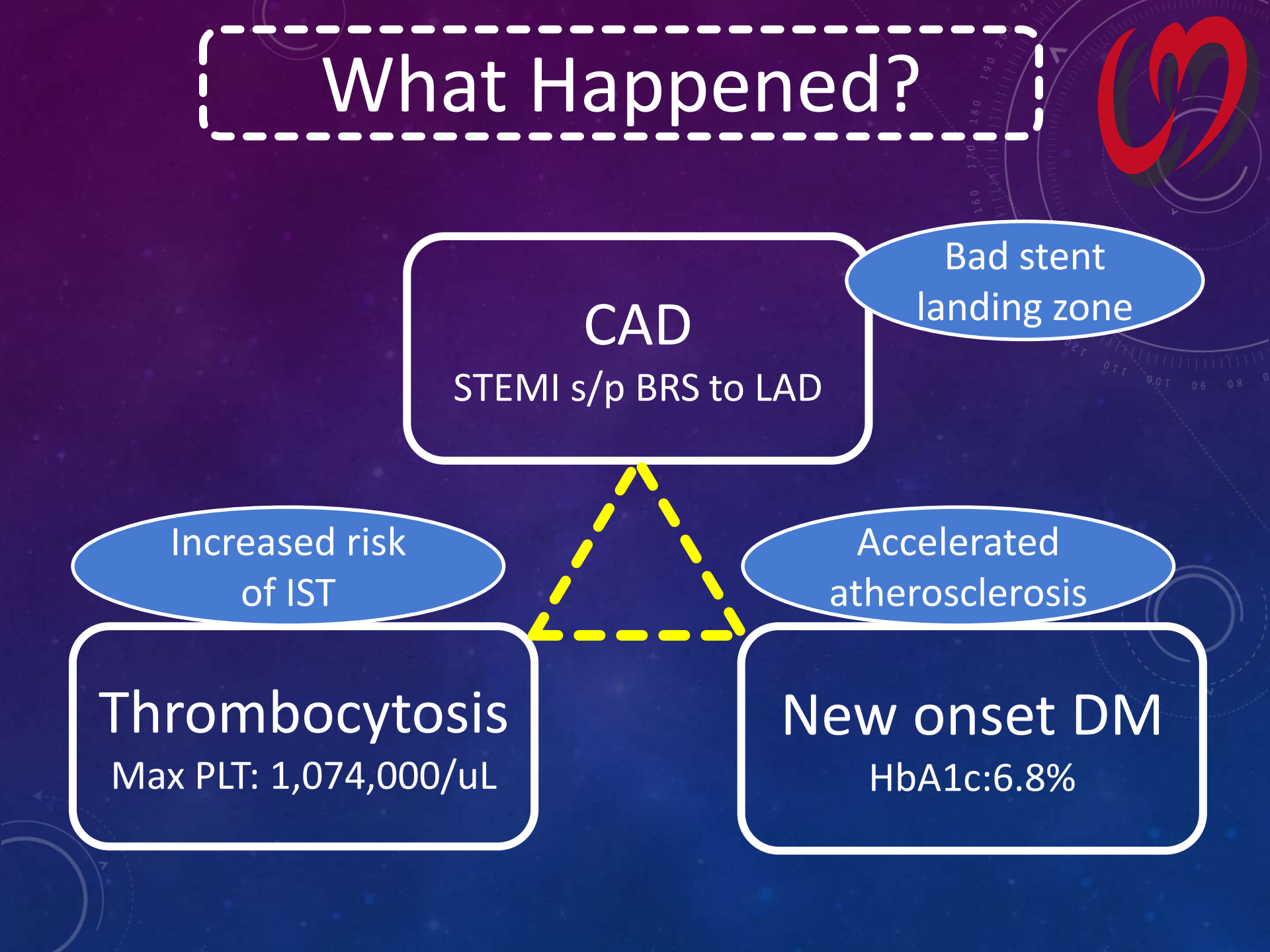




What Happened?

Within 2 months

What Happened?



Complex condition

always brings

Complex PCI

&

Difficult in Decision making

As we learn more,

we can

Make it Simple

in

Complex PCI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Taiwan
Life is Why
Live & Learn