

# ACUTE OCCLUSION OF LEFT MAIN STEM INTERVENTION IN CARDIOGENIC SHOCK: TIME IS LIFE

ANWAR IRAWAN RUHANI  
DEPARTMENT OF CARDIOLOGY  
HOSPITAL TENGGU AMPUAN AFZAN KUANTAN  
PAHANG, EAST COAST MALAYSIA



# A CASE STORY

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51 year-old gentleman, smoker

Past Hx

# Treated UGIB 6/12 prior

# Controlled Bronchial Asthma

Presenting Complaint

# Recurrent chest pain 12H

# Worsening angina in ER

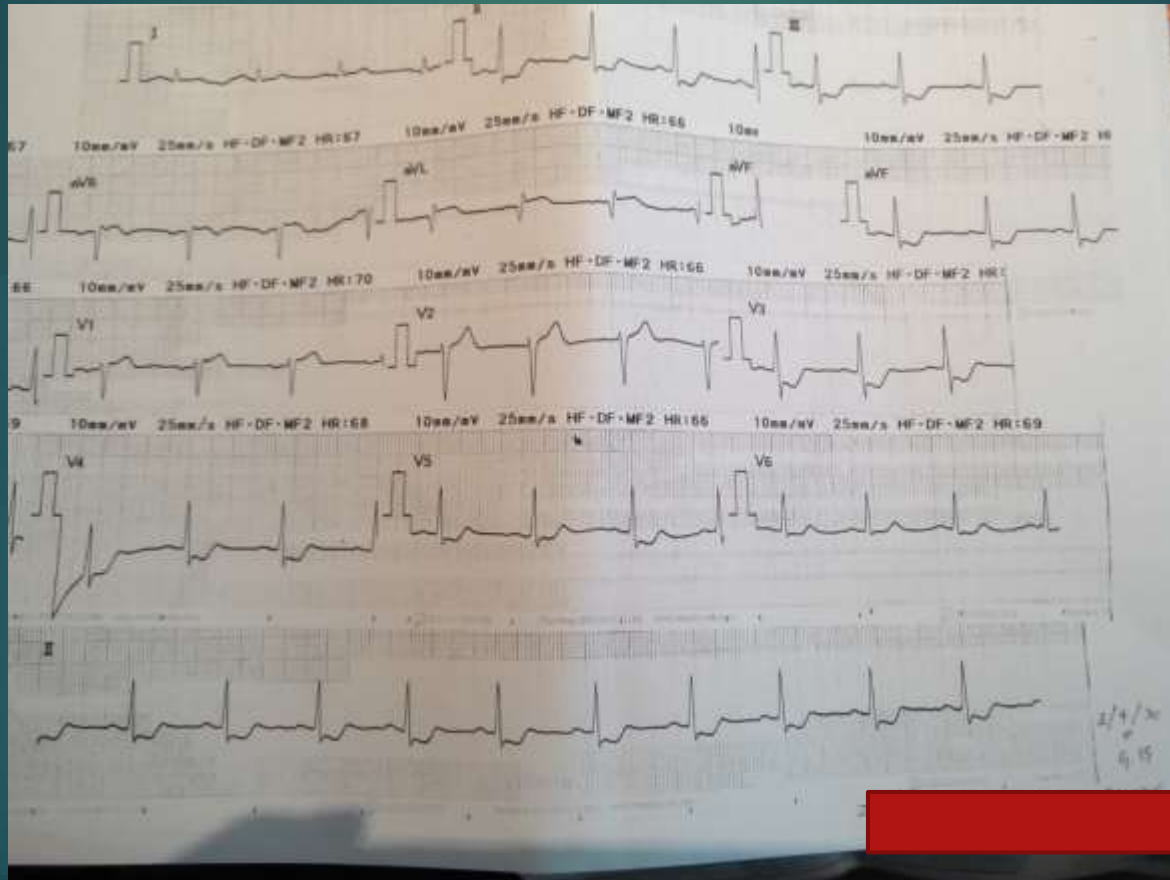
12-lead ECG performed





# 12 lead surface ECG – at presentation

4



# CLINICAL PROGRESS

- ▶ Relatively low BP
- ▶ Well alert in pain
- ▶ No other remarkable signs

## WORKING DIAGNOSIS

>> NSTEMI-ACS (high risk)

.....Consented for Emergency  
CAG+PCI

GE MEDICAL SYSTEMS  
HTAA  
DR ANWAR



Apr 09 2017  
11:38:04

6

OMG! Now I know why the  
BP is falling...

I hope there is collateral  
supply from RCA

FOV: 20 cm  
LAO: 0.0 deg  
CRA: 0.0 deg  
L: -0.2 deg  
Tilt: 0 deg  
Mag = 1.00  
FL: ROT:  
WW: 256 WL: 128  
XA 512x512

FRNT  
Seq: 2  
FRAME = 1 / 27

GE MEDICAL SYSTEMS  
HTAA  
DR ANWAR

B17062  
Apr 03 2017  
11:40:59

7

Ectatic & tortuous  
dominant RCA..

Wonder what is the LCA  
anatomy?

(Fit: 5)

FOV: 17 cm  
LAO: 40.2 deg  
CRA: 23.5 deg  
L: -0.2 deg  
Tilt: 0 deg  
Mag = 1.00  
FL: ROT  
WW: 256 WL: 128  
XA 512x512

FRNT  
Seq: 4  
FRAME = 1 / 81

# And what's next

1. Insert IABP
2. IC GP2b3a
3. Wire down to any trackable lumen & aspirate
4. Call Mr Surgeon for Emergency CABG
5. PRAY!



GE MEDICAL SYSTEMS  
HTAA  
DR ANWAR



April 08 2017  
11:52:31

FOV: 17 cm  
RAO: 22.2 deg  
CRA: 31.9 deg  
L: -0.1 deg  
Tilt: 0 deg  
Mag = 1.00  
FL: ROT  
WW: 256WL: 128  
XA 512x512

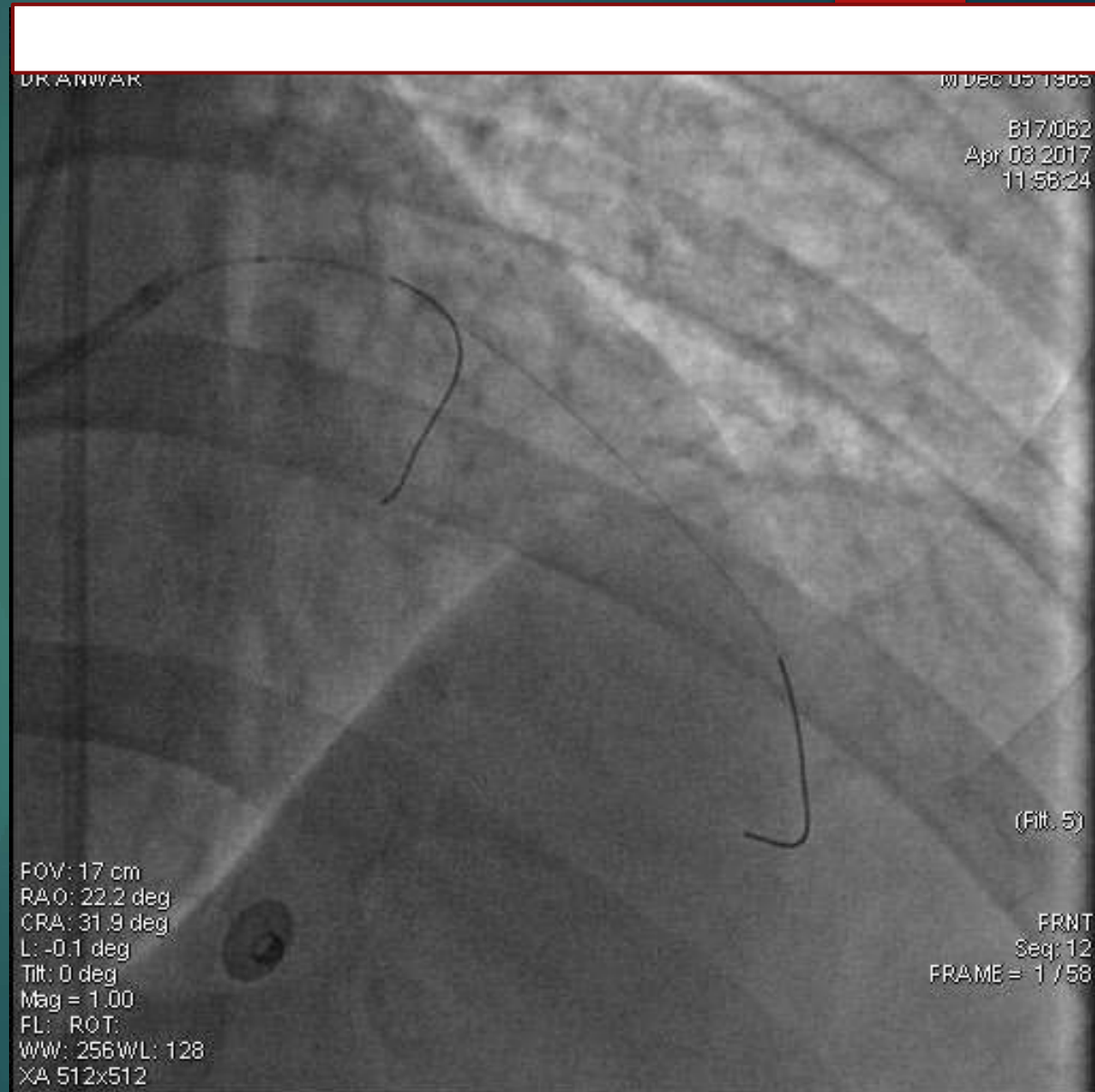
FRNT  
Seq: 11  
FRAME = 1 / 73

GC EBU 3.5/6F  
CGW BMW  
Export 6F

1138H - 1156H

The visible luminal  
flow after 18''

What else should I  
do?



GE MEDICAL SYSTEMS  
HTAA  
DR ANWAR

Fluoro Loop  
B17062  
Apr 03 2017  
12:17:31

FOV: 17 cm  
RAO: 47.0 deg  
CAU: 22.7 deg  
L: -0.1 deg  
Tilt: 0 deg  
Mag = 1.00  
FL: ROT  
WW: 256 WL: 128  
XA: 512x512

FRNT  
Seq: 20  
FRAME = 1 / 69

CGW RTF into distal  
LAD  
Export 6F into LAD

B17062  
Apr 03 2017  
12:24:58

12

W: 17 cm  
AO: 47.0 deg  
AU: 22.7 deg  
-0.1 deg  
: 0 deg  
ag = 1.00  
: ROT:  
M: 256 WL: 128  
A 512x512

(Fit. 5)

FRNT  
Seq: 23  
FRAME = 1 / 62

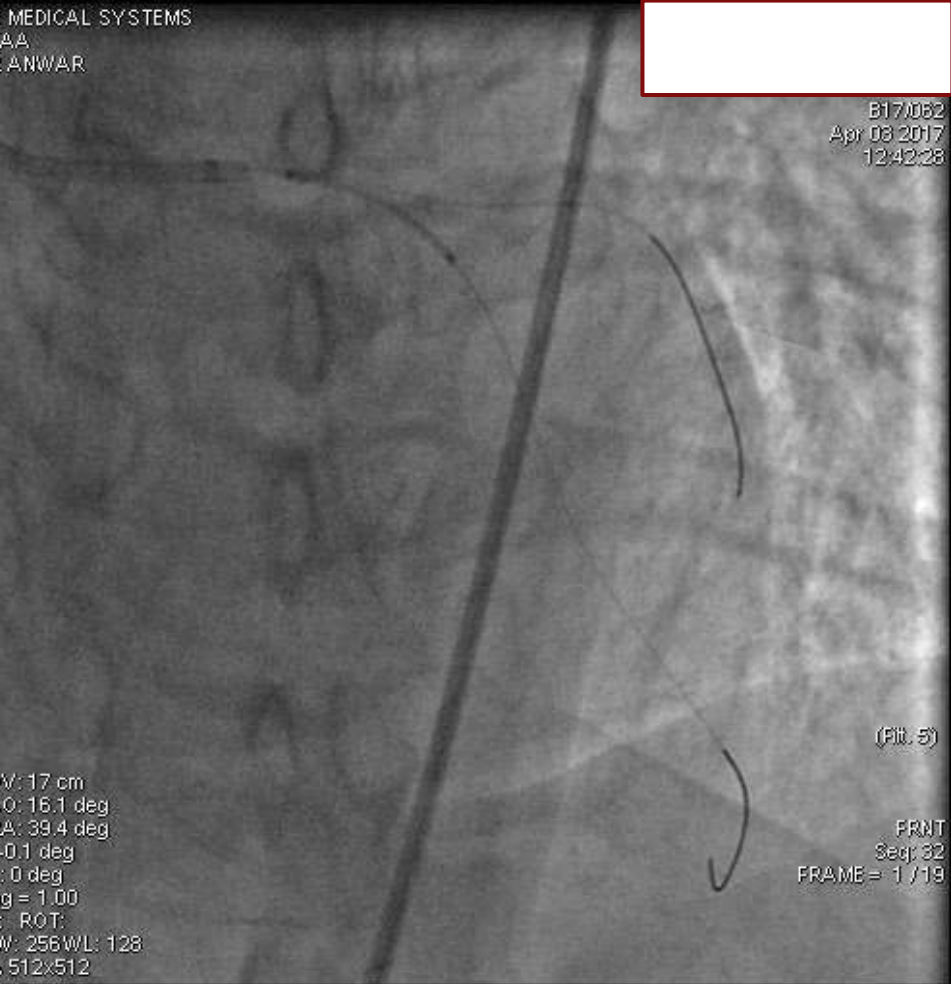
1138H – 1224H...  
Visible LCA anatomy at  
TIMI 1-2 flow @ 46''  
Ectatic/Aneurysmal LAD  
Visible thrombus at LM  
bifurcation

How do you proceed?

1. Stent
  - 1.1 Strategy?
  - 1.2 2 vs 1 Stent
2. Anticoagulation



Pre-dilate sc 2.5/15  
Selected stent in position  
Sirolimus SES – STENTYS X-POSITION  
3.0-3.5x22mm



Stent deployment at LM-LAD



# STENTYS

- ▶ The **Self-Apposing® Xposition S** is dedicated to the treatment of challenging lesions. When faced with a situation where choosing the appropriate stent size is not easy, due to variance in vessel calibre, the presence of a heavy thrombus load or a large vessel, the Self-Apposing platform provides an efficient and elegant new treatment approach.
- ▶ STENTYS Self-Apposing stents can cater for a range of vessel diameters and is able to adapt itself acutely to different diameters along the vessel. It can also continue to expand over time to remain apposed to the vessel, even when there is positive remodelling. All without the need for additional stent optimisation techniques.

HTAA  
DR ANWAR

# 651205-03-5071  
M Dec 05 1985

B17/062  
Apr 03 2017  
12:48:02

15

Final shot

FOV: 12 cm  
LAO: 16.1 deg  
CRA: 39.4 deg  
L: -0.1 deg  
Tilt: 0 deg  
Mag = 1.00  
FL: ROT:  
WW: 256 WL: 128  
XA 512x512

GE MEDICAL SYSTEMS  
HTAA  
DR ANWAR

# 651205-03-5071  
M Dec 05 1985

B17/062  
Apr 03 2017  
12:48:02

Post dilate NC 4.0/10

FOV: 17 cm  
LAO: 12.8 deg  
CRA: 37.8 deg  
L: -0.1 deg  
Tilt: 0 deg  
Mag = 1.00  
FL: ROT:

FRAME =

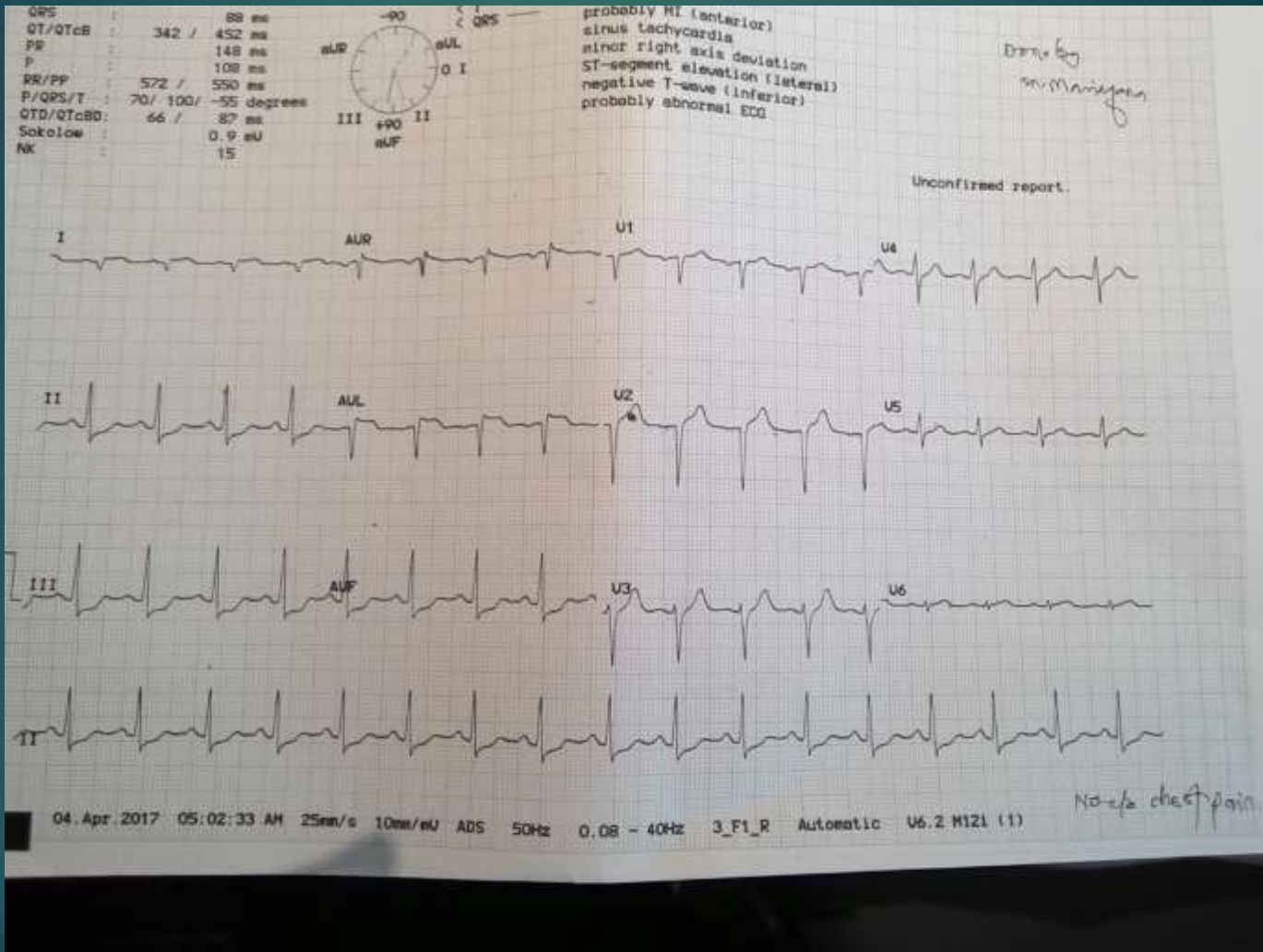
# Parameters

16

- ▶ Contrast volume : Visipaque 130mls
- ▶ Fluoroscopy time 25'' 09'
- ▶ Cumm..2210mGy
- ▶ Total Duration on-table : 1120H → 1257H

# ECG @ 2H Post PCI

17



# Progress...

18

- ▶ Required NIV and IV Frusemide temporarily in CCU
- ▶ Tapering off single inotrope after 12H post PCI
- ▶ No acute GIB and AKI complications
- ▶ 30 days and 6 months follow up – good ET, preserved LVEF



# Issues...

- ▶ High suspicion in diagnosing Left Main CAD may hasten the definitive management process
- ▶ Choosing DAPT/Antithrombotic agent to fight thrombus in ex-UGIB subject
- ▶ Chasing better TIMI/TMBG/ **or** limiting time/contrast/radiation on table
- ▶ VKA/NOAC in grossly ectatic/aneurysmal thrombotic prone coronaries?

감사합니다 Natick  
 Danke Ευχαριστώ Dalu  
**Thank You** Tack  
 Спасибо Dank Gracias  
 谢谢 **Merci** See  
 ありがとう