

Left Main Complication you never wanted

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Relevant history and findings

- ❖ **74 year old long standing hypertensive female.**
- ❖ **H/O breathlessness on exertion associated with palpitations since one year, rapidly worsening since last 7-10 days.**
- ❖ **On Examination – HR 84/min, BP 120/70 mm Hg. Chest auscultation – B/L basal crepts.**

Investigations

- * ECG Mild ST depression in V5-V6
- * Echo LVEF 62 % No RWMA ,LV diastolic dysfunction
- * Trivial MR
- * S Creatinine 0.8 mg% , Hb 13.8 Gm % LFT Normal
- * Trop I 0.02

Relevant Catheterization Findings

Route: Right Radial
Hardware: 5F, Tiger

- ❖ **LAD – Type III with proximal calcifications with proximal –mid 50% disease. D1 – aneurysm .**
- ❖ **LCx – Normal. Major OM 95% proximal lesion.**
- ❖ **RCA- Dominant. Proximal 90% lesion, mid to distal 85% disease.**



Major OM showing proximal disease



RCA with multiple lesions

Interventional Management – started out simply enough....

RCA after predilatation



Proximal RCA :

**Xience Prime LL
stent 3.0 X 33 mm
@ 15 atm.**

Distal RCA :


**Xience Prime LL
stent 3.0 X 38 mm
@ 15 atm.**

**RCA after proximal
and distal
stent placement**



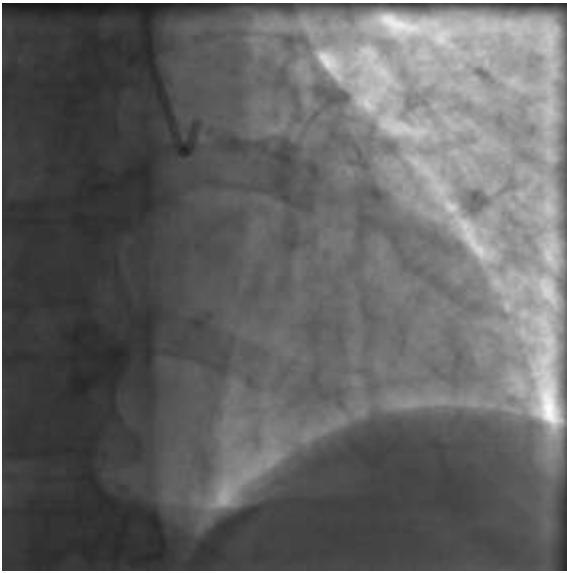
OM Angioplasty

- * Right Radial route
- * J13.5 ,6F guide
- * BMW 0.014 ,180 cm wire
- * Predilatation with 2.5x15 mm balloon @ 18 Atm
- * Stent could not be negotiated despite all measures
- * High pressure dilatation ,buddy wire
- * Heavily calcified lesion with tortuosity

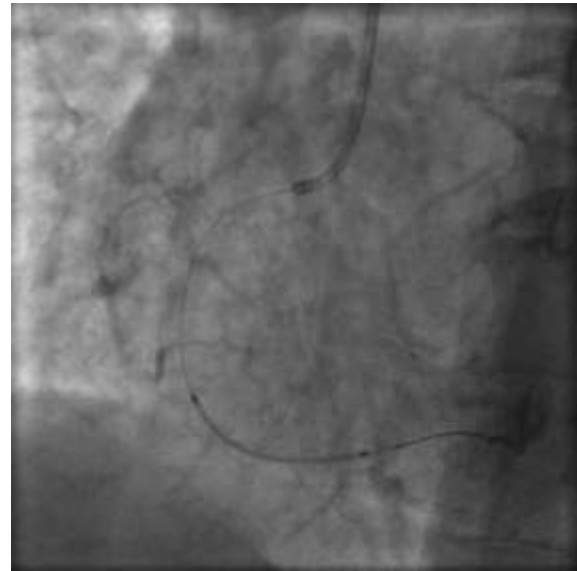
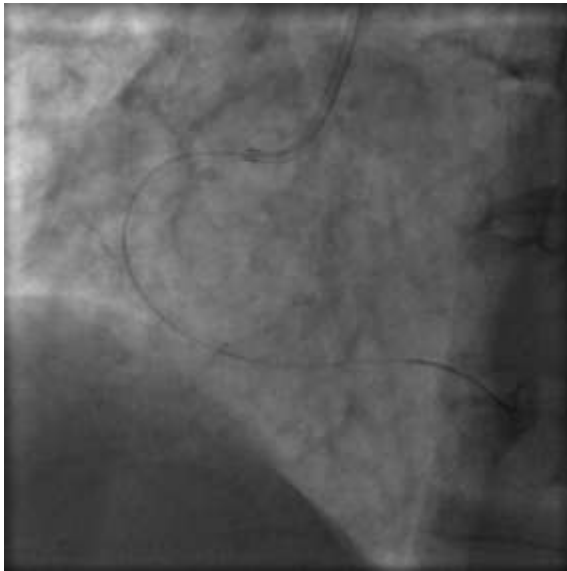
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- *Change to Guide to AL1 for better support ?
 - *Guide liner not available

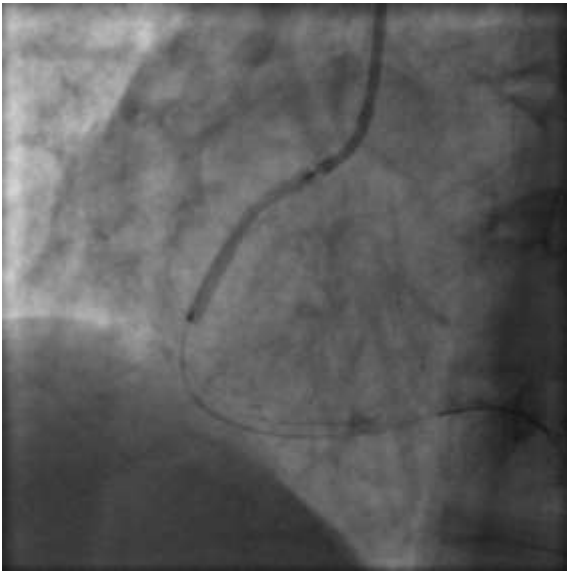
But suddenly ...there was trouble in paradise...

- * AL1 guide deeply intubated in LCx during stent deployment in marginal branch.**
- * Guide induced Dissection in proximal LCx extending upto left main and LAD with no flow**
- * Severe chest pain**
- * Bradycardia..... asystole**
- * HypotensionNo pressure .**

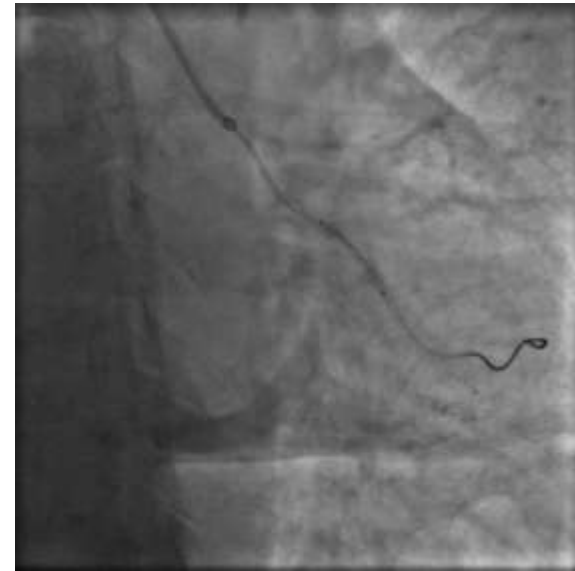
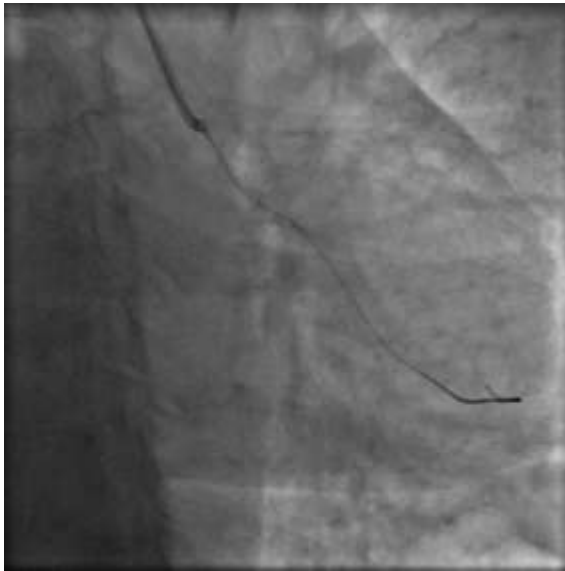




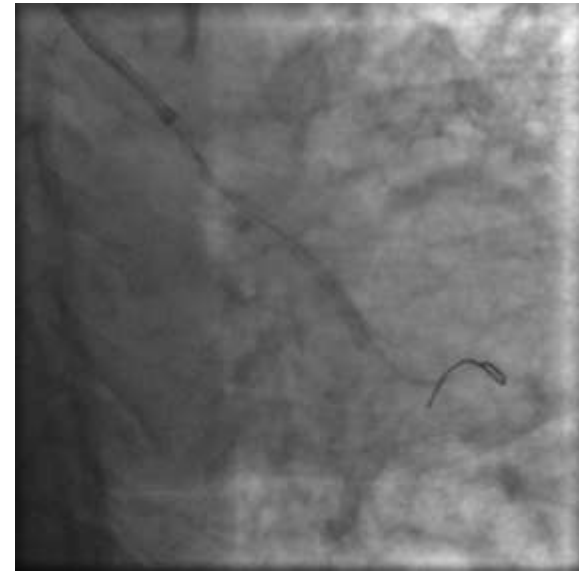
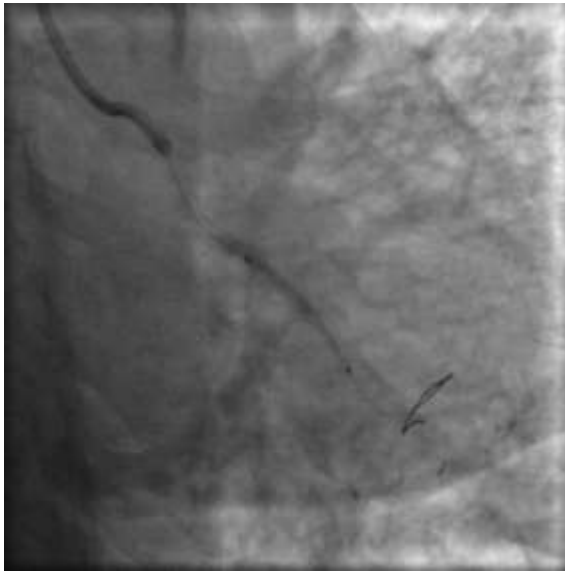




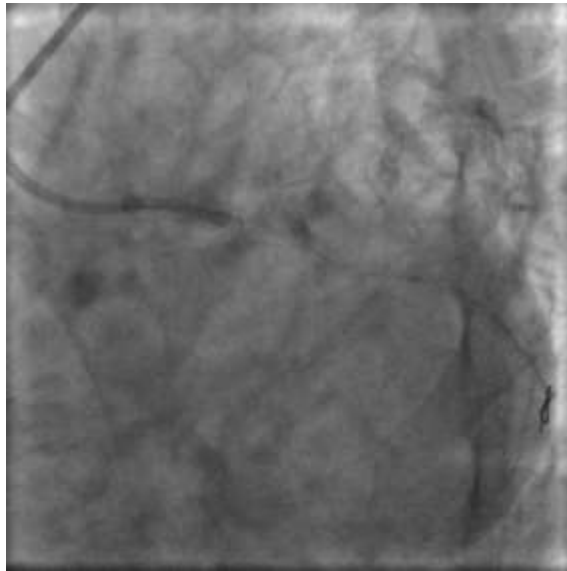
JL Guide, BMW ,Predilatation



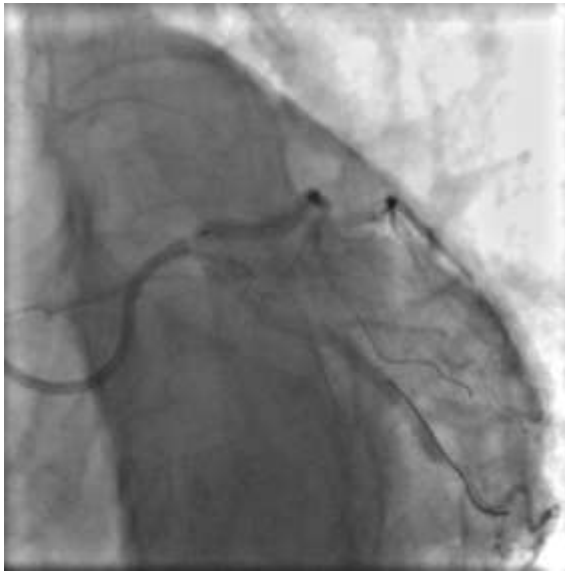
Changed to AL1 Guide High Pressure Dilatation



Guide induced Left Main dissection extending to LAD,LCX ,Severe flow limitation

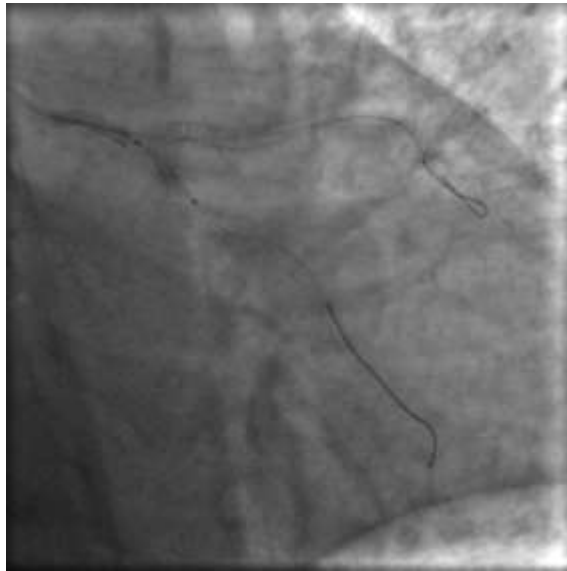


LAD Wired Asystole ,no pressure

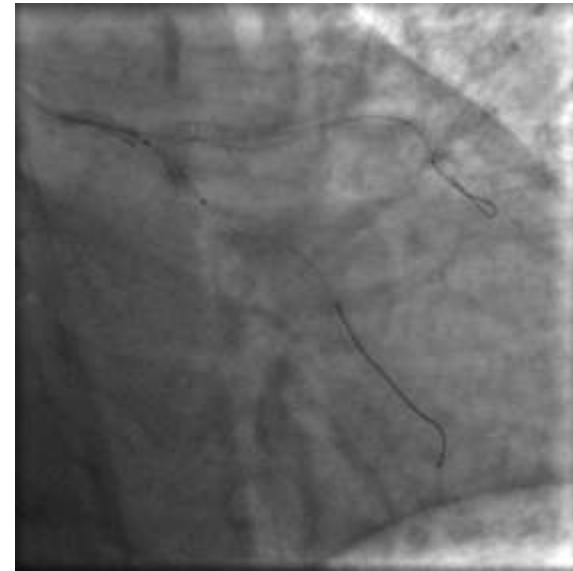


Stented LAD, Left Main

Rewired LCx



Predilated LCx ostium



RACEto circumvent the catastrophe....

LM to LAD stenting and T stenting to LCx

The 'Sentry' Stents Deployed :

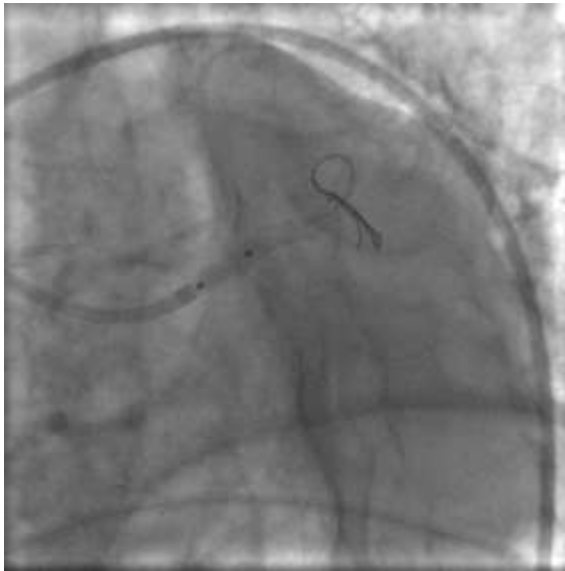
- * **LM – LAD**
 - **Xience Prime stent 3.5 X 18 mm @ 15 atm.**
 - **Xience Prime LL stent 2.5 X 33 mm @ 15 atm.**

- * **Osteo-proximal LCX**
 - **Prokinetic stent 2.75 X 18 mm @ 15 atm.**
 - **Prokinetic stent 2.5 X 22 mm @ 15 atm.**

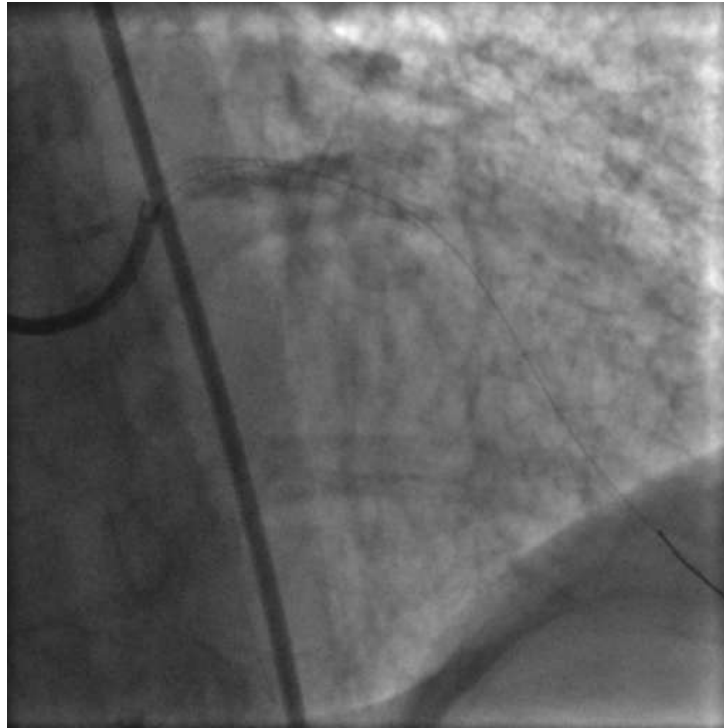
- * **Post-dilatation done with 2.75 X 15 mm @ 20 atm, 3.0 X 15 atm @ 20 atm and 4.0 X 10 atm @ 18 atm.**

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**Shifted to Femoral .JL 3.5 Guide
Optimised Left Main and LAD
stents, Stented Lcx ,Final kissing**



Final result. TIMI 3 Flow in both vessels ,No residual dissection



On Way to recovery ..

- * BP Stabilised , minimal inotropes
- * Put on mechanical ventilator
- * Extubated after 48 hrs
- * Good recovery
- * Echo showed LVEF of 45 % ,Mild hypokinesia in LCX
- * Discharged on 3rd day after procedure
- * Regular Follow up –Doing fine , Normal Echo No RWMA

Conclusions

- * Always beware of AL Guide if it is intubated deep
- * ROTA , Cutting balloon would have been better for heavily calcified lesion
- * Guide Liner is a very good addition to armamentarium
- * Prompt recognition of Left main dissection is key
- * Don't panic ever