

Balloon Assisted Tracking of A Guiding Catheter in dealing with Severe Subclavian Artery Loop During a Trans Radial Primary PCI

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Introduction

- Primary PCI by TR approach is more preferable with benefit of less bleeding complication, early ambulation, shorter length of stay, etc.
- However, some challenges still remain because of anatomical issue and tortousity in the course of vasculature.
- This may barriers limiting the take of radial approach.

Case

- A 56 years old male presented with acute chest pain and dyspnea for four hours.
- The coronary risk factor was Hypertension, and active smoker.
- Initial BP at emergency room was 154/92 mmHg, and HR 84 x/m. S1 S2 were normal, without rales.

Case

ECG



DX:

Acute anterior STEMI 4 hr onset, KILLIP I, TIMI 4/14

Meds:

NTG drip start @ 10 mcg/mnt

Aspirin 320 mg

Clopidogrel 600mg

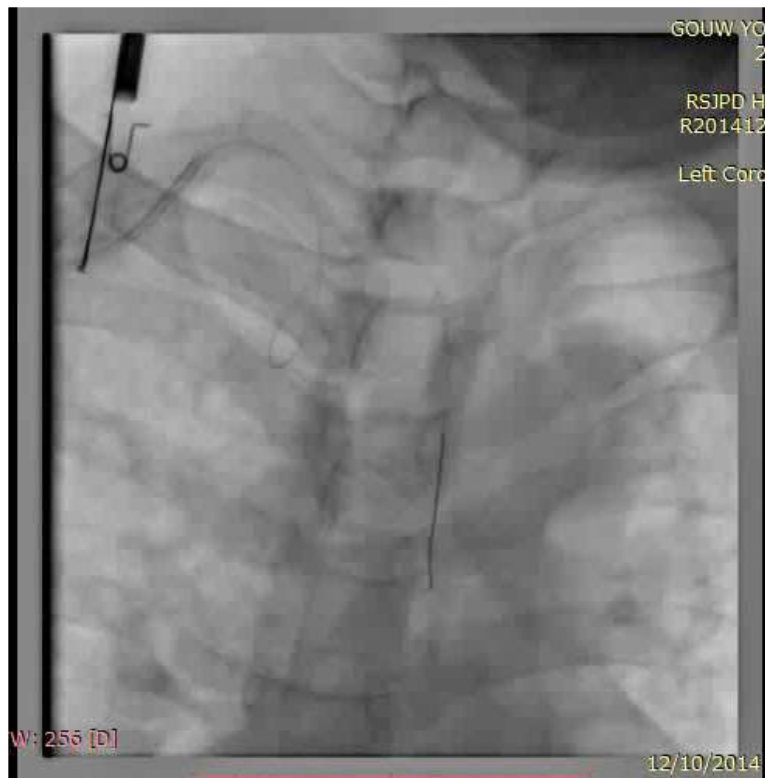
Atorvastatin 40 mg

Planned for PPCI

Here the problems begin

Severe RSCA tortuosity was noticed

- EBU 3.5/6F, Terumo wire, J-tip wire, Sion Blue.

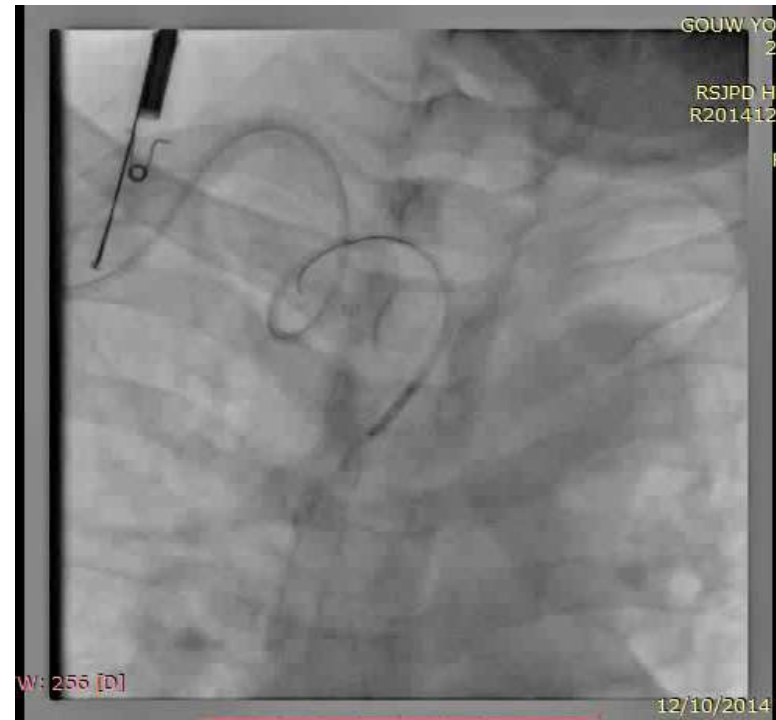
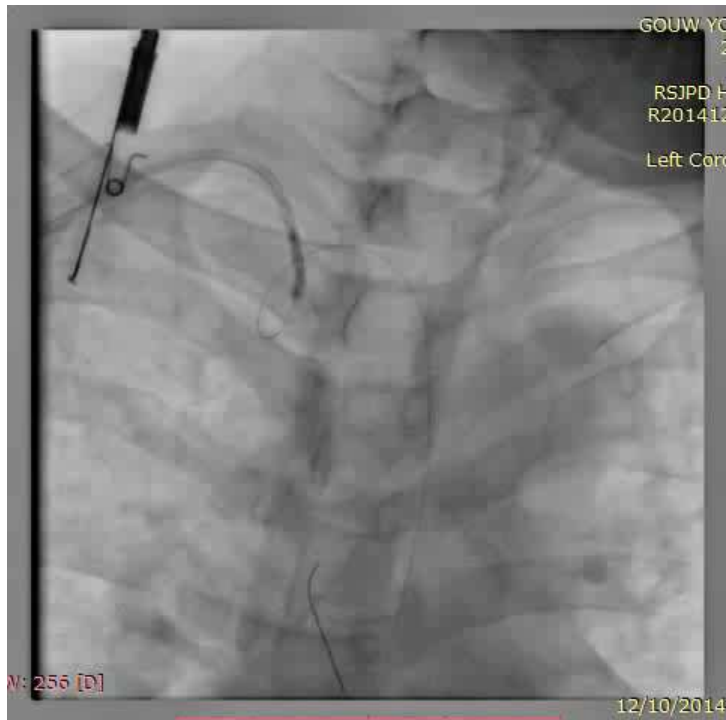


What should we do?

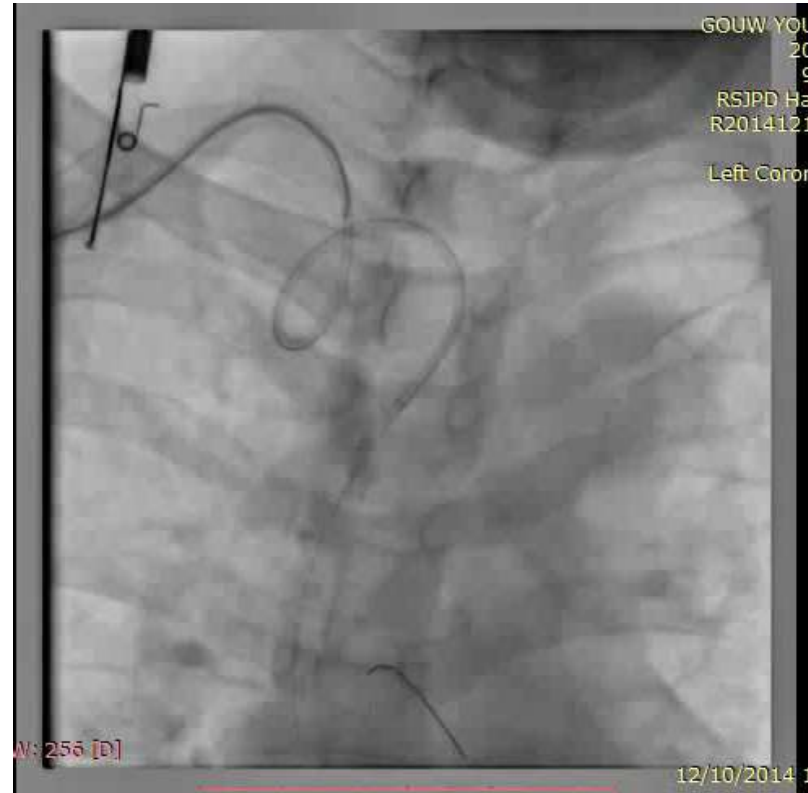
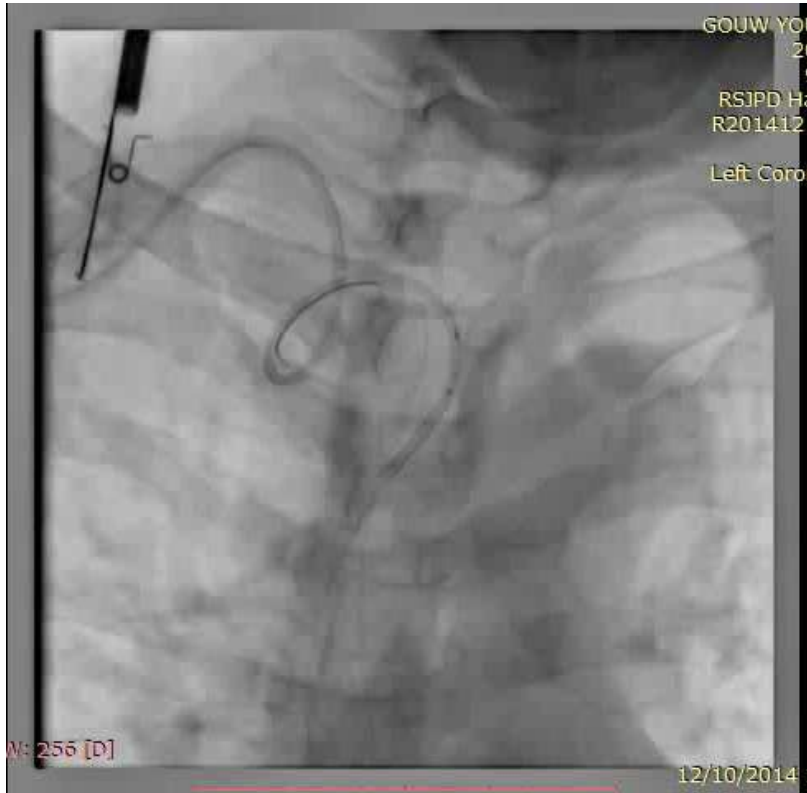
- 1. Change to femoral approach*
- 2. Continue with a modified technique*

Balloon assisted tracking (BAT) Technique

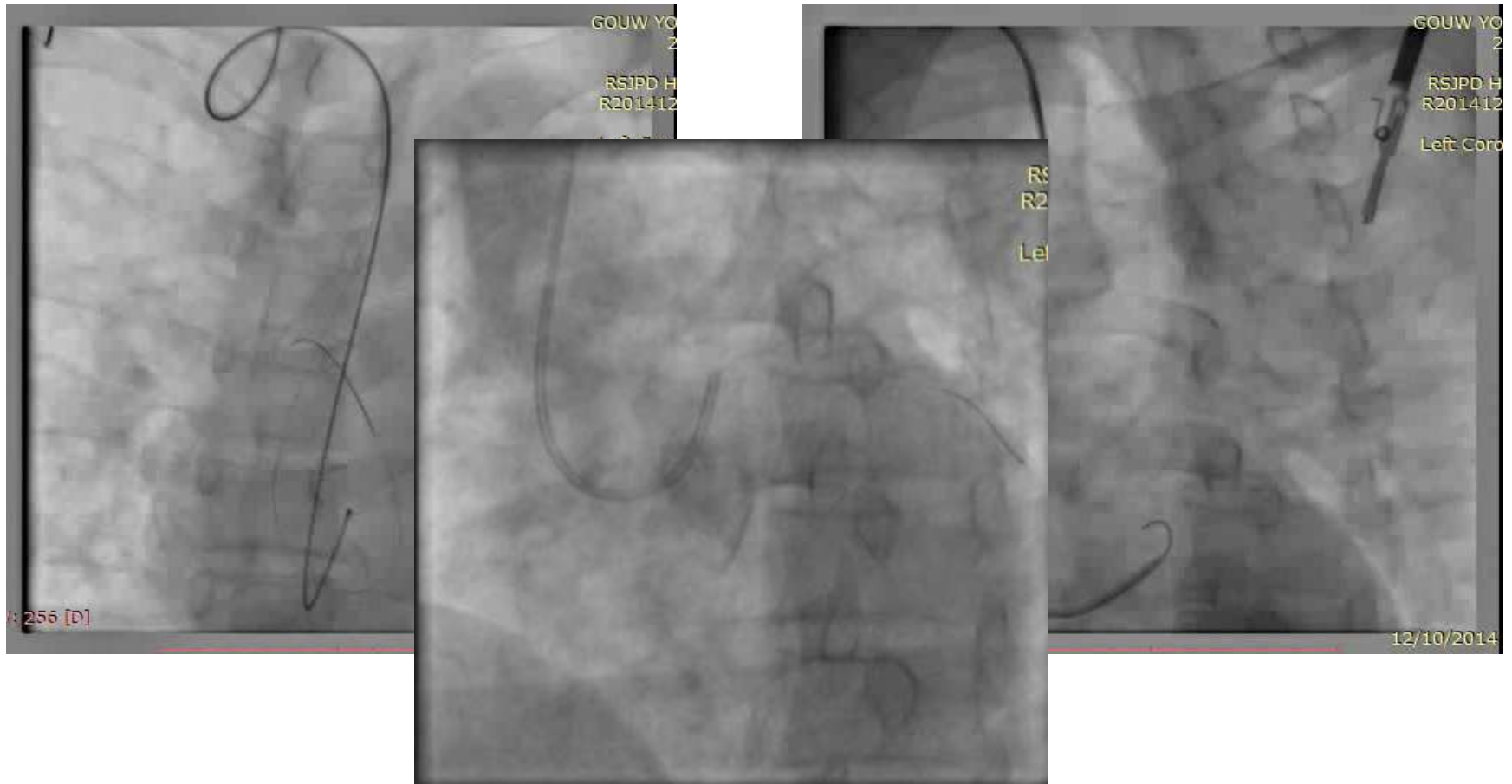
- Sprinter balloon 2.0x15mm @ 4 atm, Sion Blue



BAT Cont's

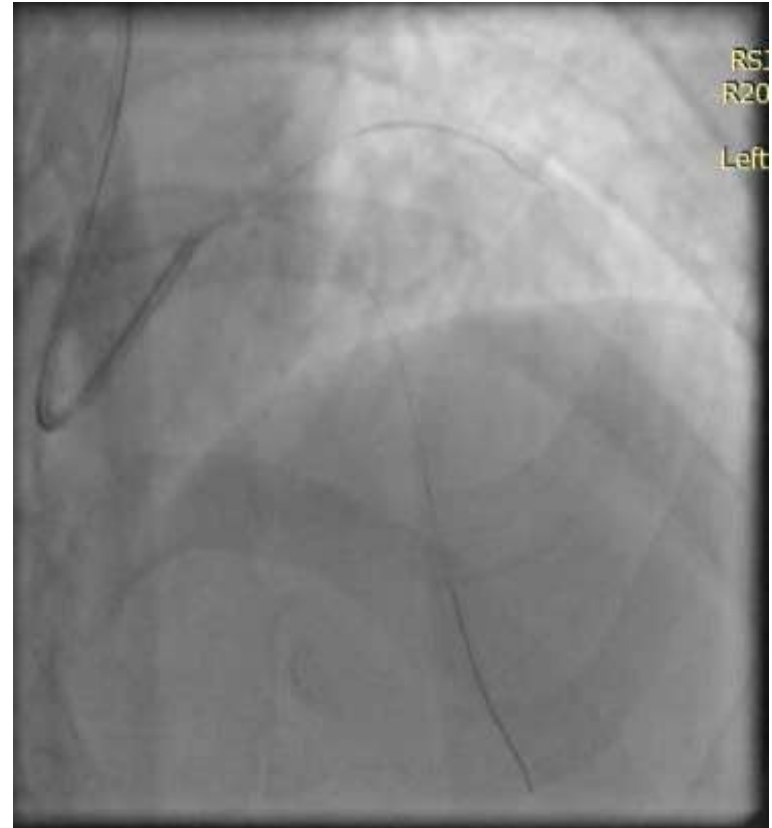


BAT Cont's



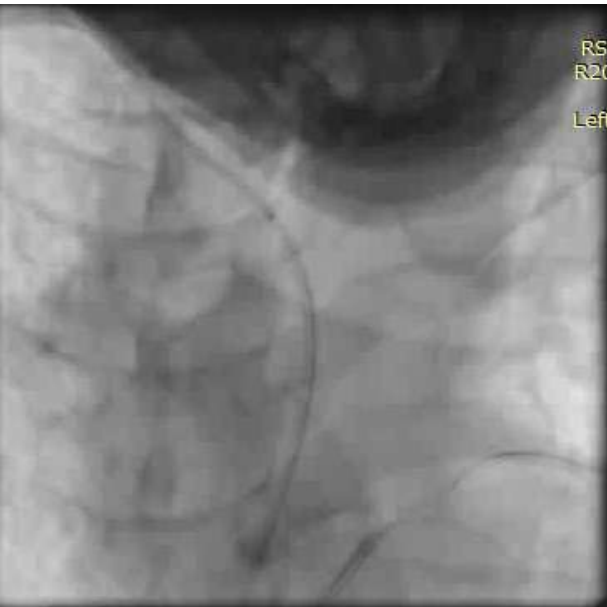
Angiography

Pilot 50, Sion Blue



PPCI-LAD

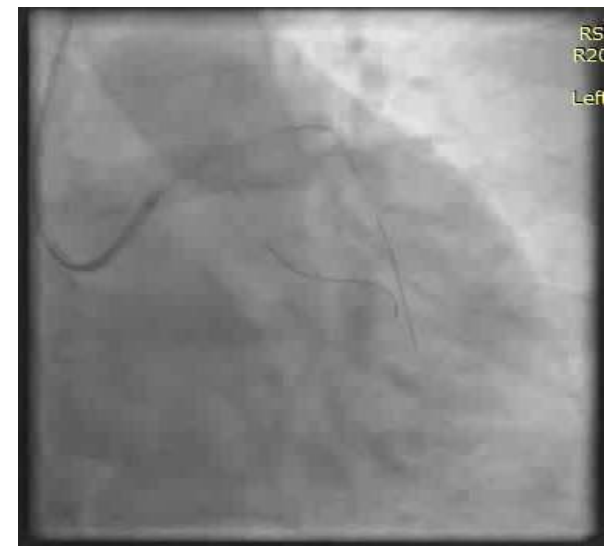
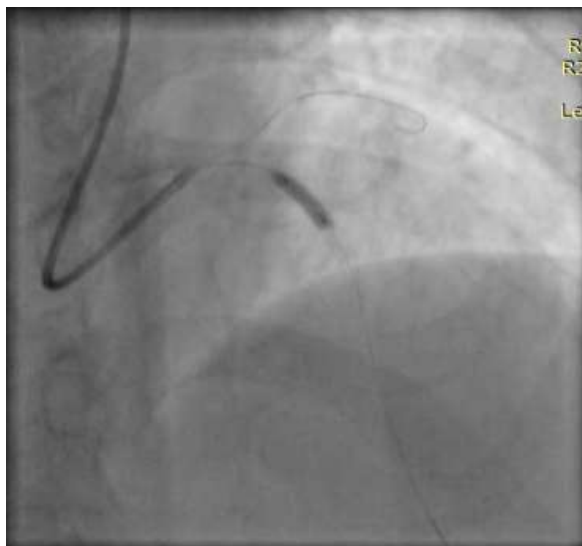
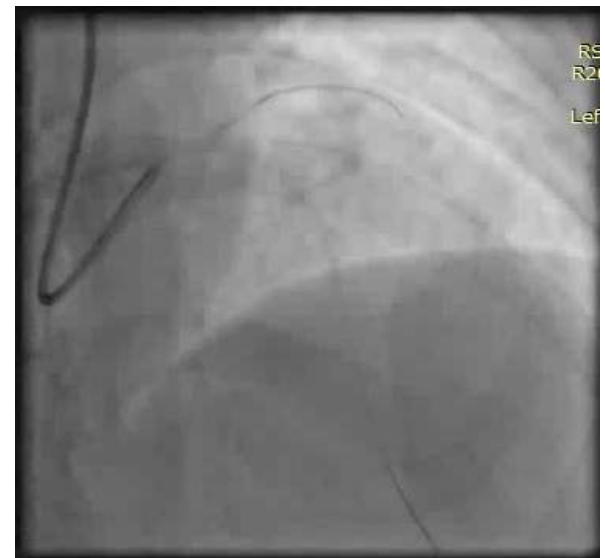
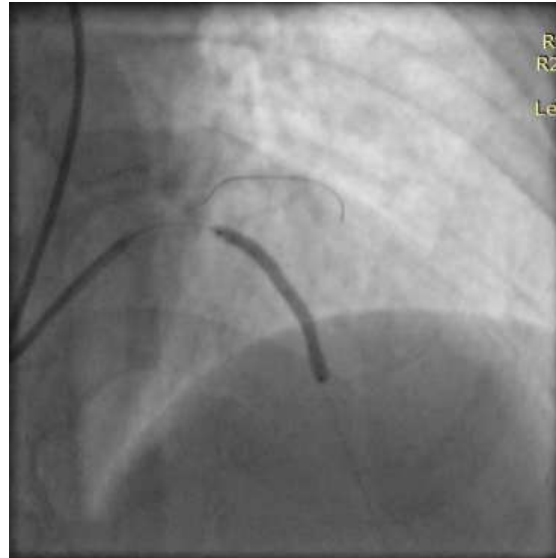
- 6F Thrombuster II, Door to Device time 65 min



TCTAP 2015

PPCI-LAD

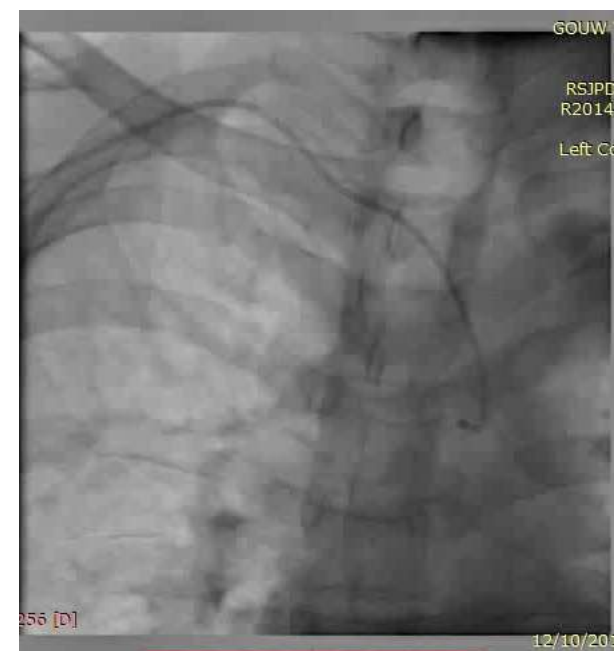
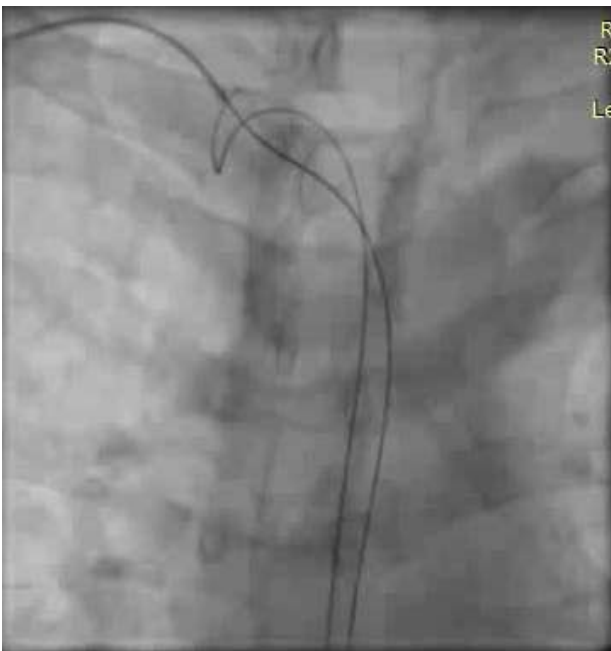
Biomatrix 3.0x36 mm. @ 9 atm, NC Sprinter 3.5x12 mm @ 10 atm



The problem is not done yet...

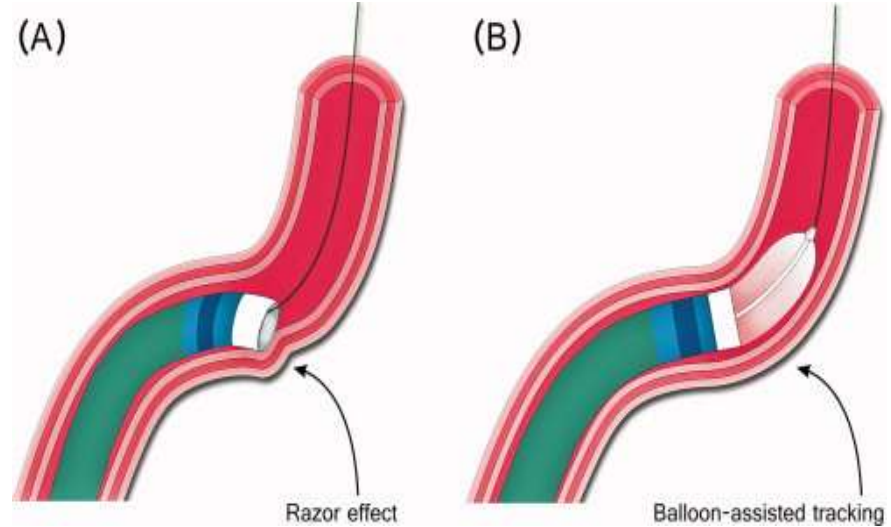
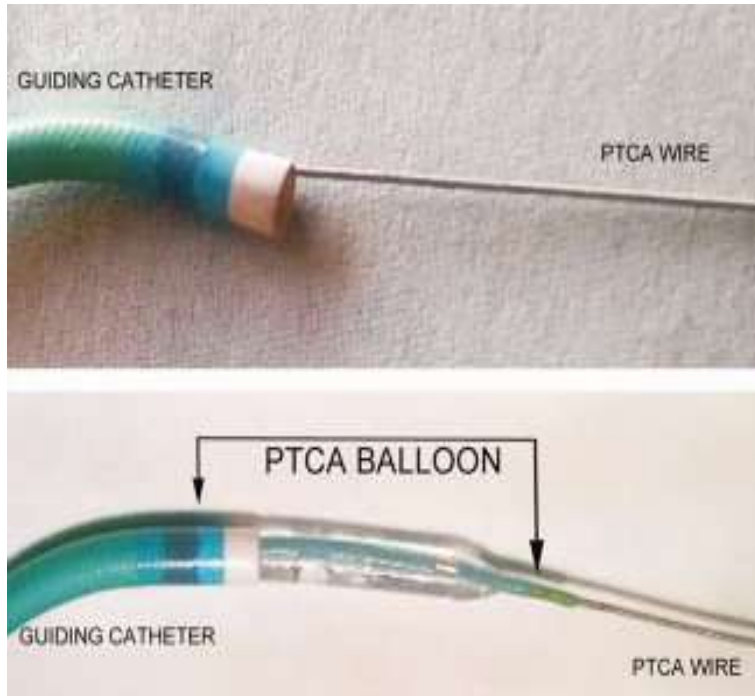
Exchange the Catheter for RCA cannulation

Terumo wire, JR 3.5/5F



Discussion

Balloon assisted tracking



BAT : to minimize the effect of guide-wire transition point

“Razor” effect

Ballon Asisited tracking

Take home messages

- TRI is a preferable strategy in PPCI and save
- Vessel tortuosity might limit the TRI
- Balloon assisted tracking is one of new technique in TR approach that may help us to deal with such anatomical issue to continue the intervention procedure.