

Case Presentation: Oral Anti-Platelet Use in Rescue PCI

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Disclosure

- Speaking, Faculty and Advisory Board honorariums from Novartis, MSD, Roche, Solvay Pharma, Xepa-Soul Pattinson, Servier, Sanofi, Cordis J&J, Astra Zeneca, Lilly, Medtronic, Biosensor, Terumo
- No conflict of interest with reference to this lecture or meeting



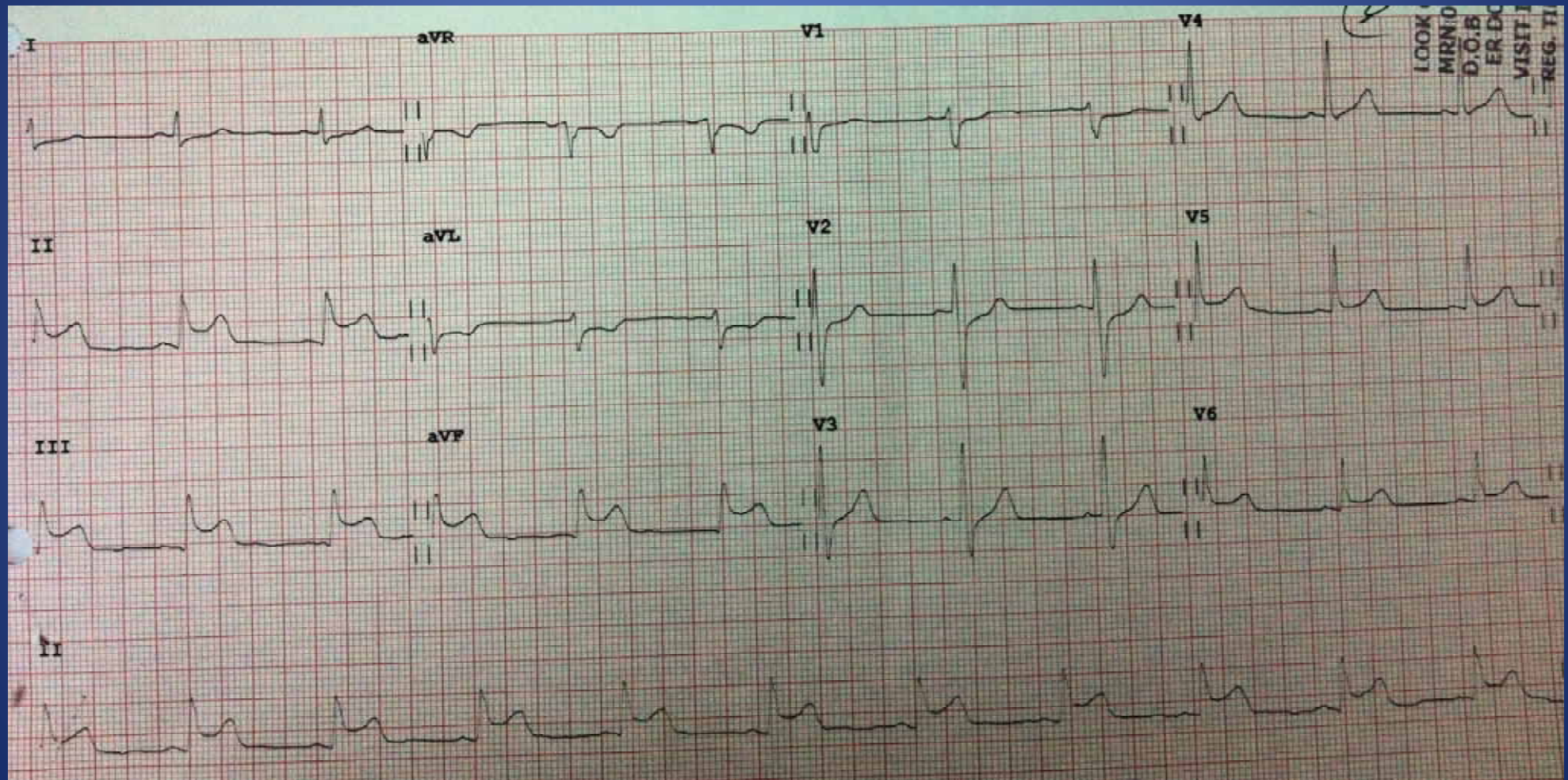
History (8.1.2013)

- 42 yr Chinese gentleman
- Sudden severe chest pain whilst driving @ 3.30pm. Associated with nausea, profuse sweating.
- Coronary risk factors: type 2 DM, dyslipidaemia, occasional smoker

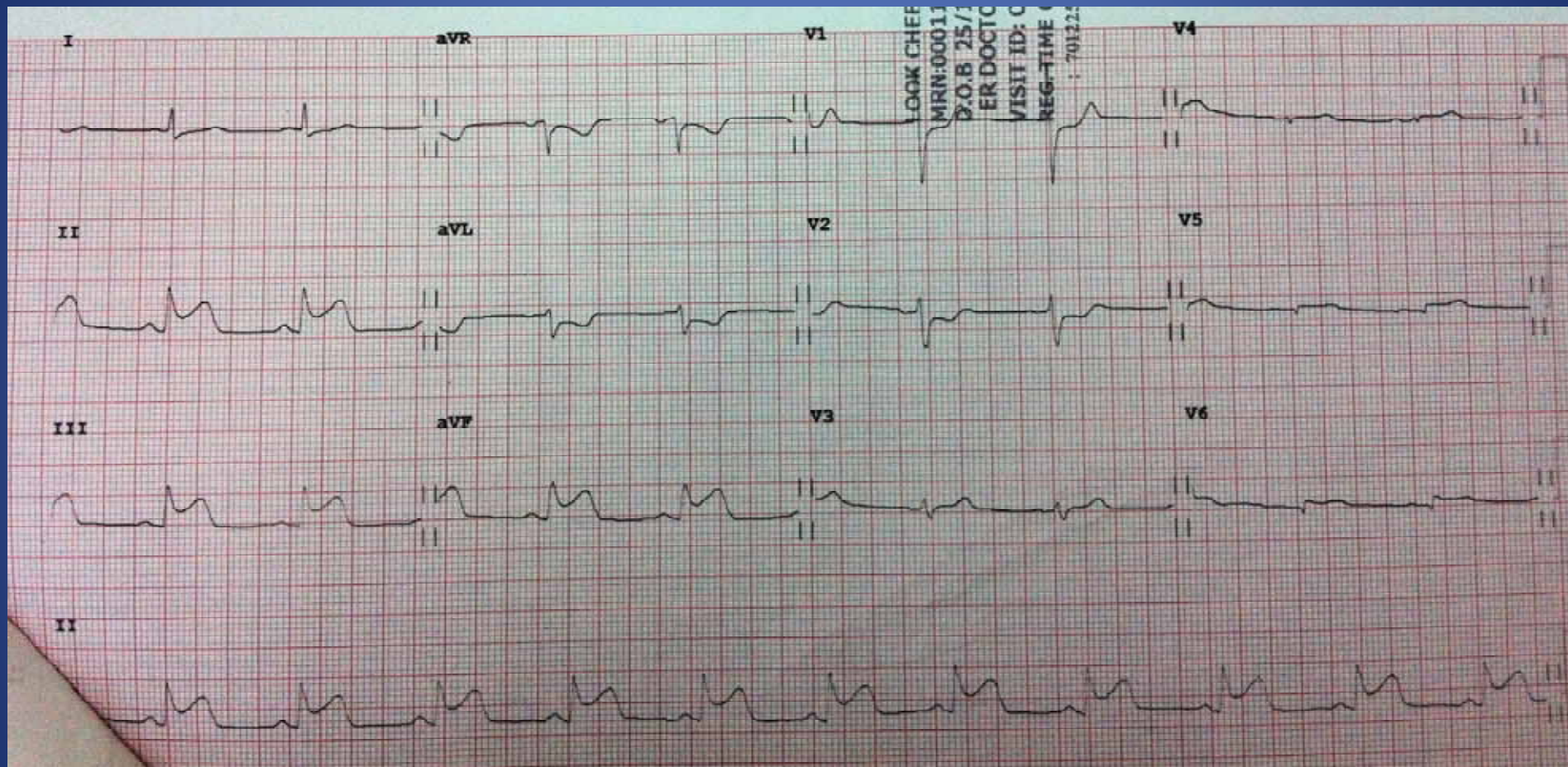
Physical Examination

- Pale looking; Sweaty.
- BP 70/40mmHg. HR 82 bpm.
- After i/v fluids & Dopamine $5\mu\text{g}/\text{kg}/\text{min}$ - 86/58mmHg
- Normal heart sounds.
- Lungs clear.

12-lead ECG



Right-sided ECG



ECG : Acute inferior/ RV/ lateral \pm posterior STEMI

- CXR: Normal.
- BU 4.2mmol/l; Creatinine 124 μ mol/l
- Dx: Acute Inferior RV Lateral Posterior STEMI,
Killips IV – 1 hour from onset

Acute Therapy

- Aspirin 300mg
- Prasugrel 60mg
- Atorvastatin 80mg

Activate Cath Lab!! Quick! Quick!



- Cath lab occupied. Elective PCI on-going
- Expected delay at least 1 hr.

- i/v thrombolysis: i/v Tenecteplase
- BP fluctuating 70-80/40mmHg.
- i/v Dopamine 15-20 $\mu\text{g}/\text{kg}/\text{min}$.
- Still in pain

- VT & VF recurrent – multiple DC version, chest compression, i/v Adrenaline, i/v Atropine, i/v Amiodarone.
- Intubated & ventilated.
- ECG Monitor: ST-segments still elevated
- To the cath lab 6 pm.



Cath Lab:

- RFA access: 7Fr sheath.
- RFV 6Fr sheath – anticipation for temporary pacing
- IABP LFA access: 40cc balloon.
- i/v unfractionated heparin 5,000 U

Cath findings:

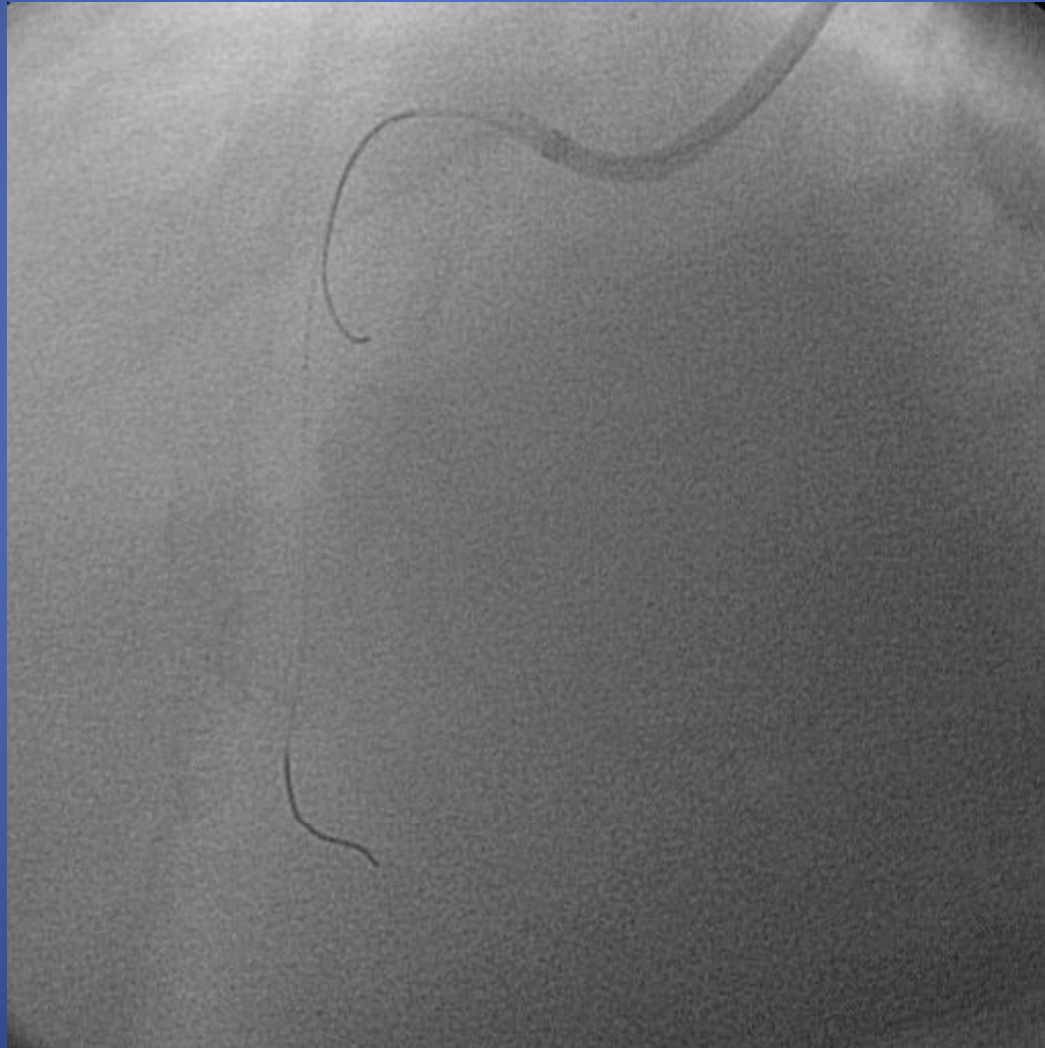
- LM: normal
- LAD: mid-20%
- LCx : normal.
- RCA Dominant; occluded at mid-segment.

RCA



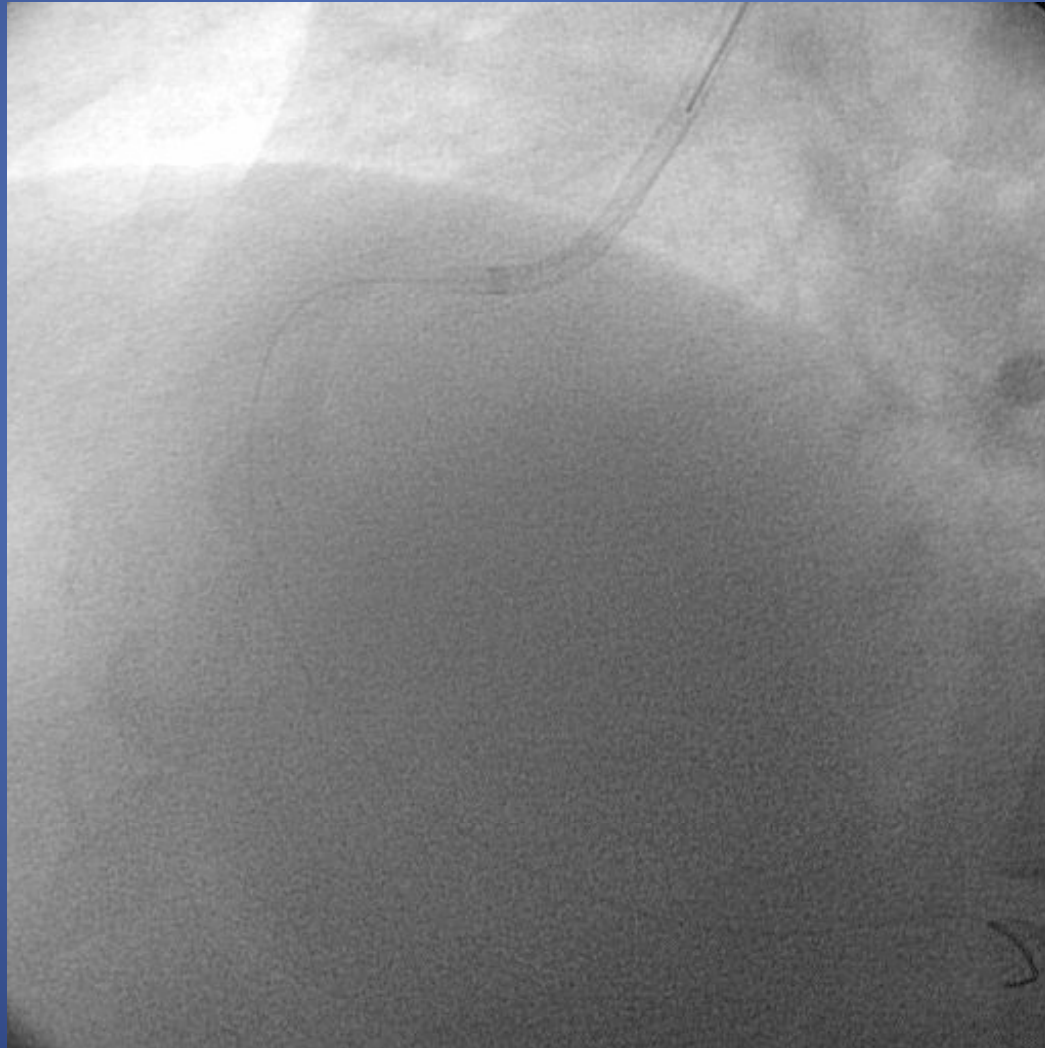
JR 4 7Fr Guiding catheter
Sion Blue 0.014" Guidewire

Crossing into distal RCA



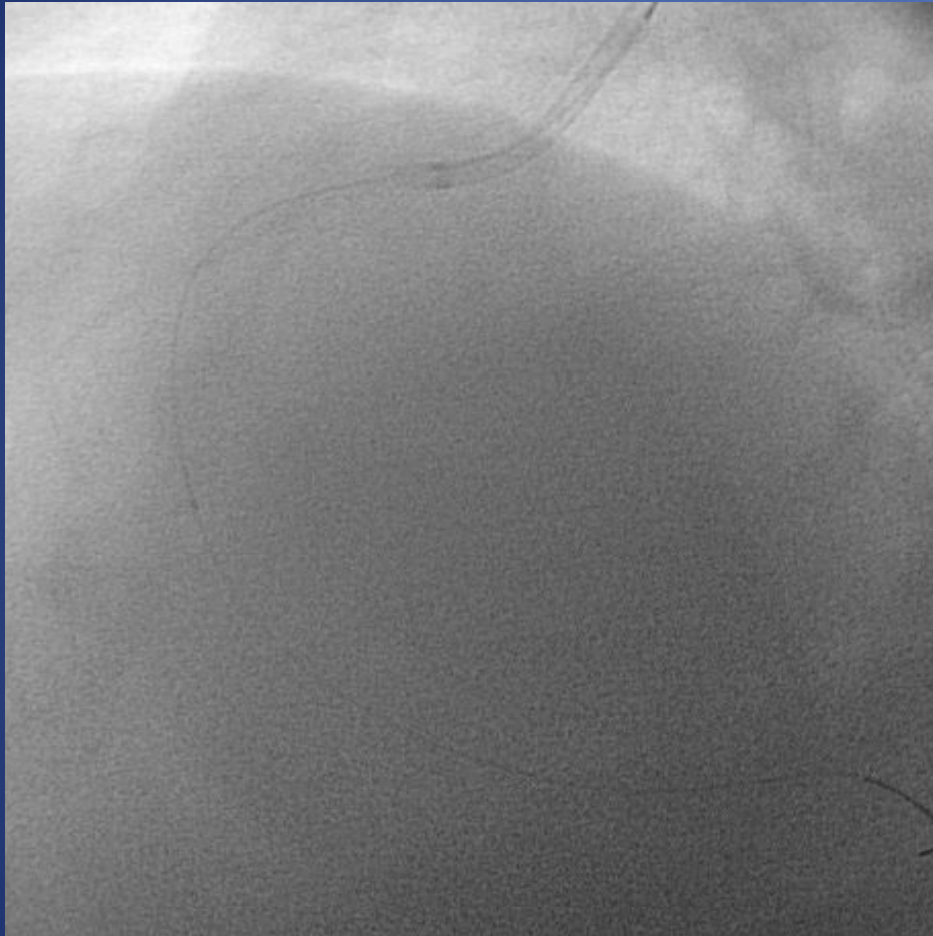
Fielder XT 0.014"

Successful wire crossing



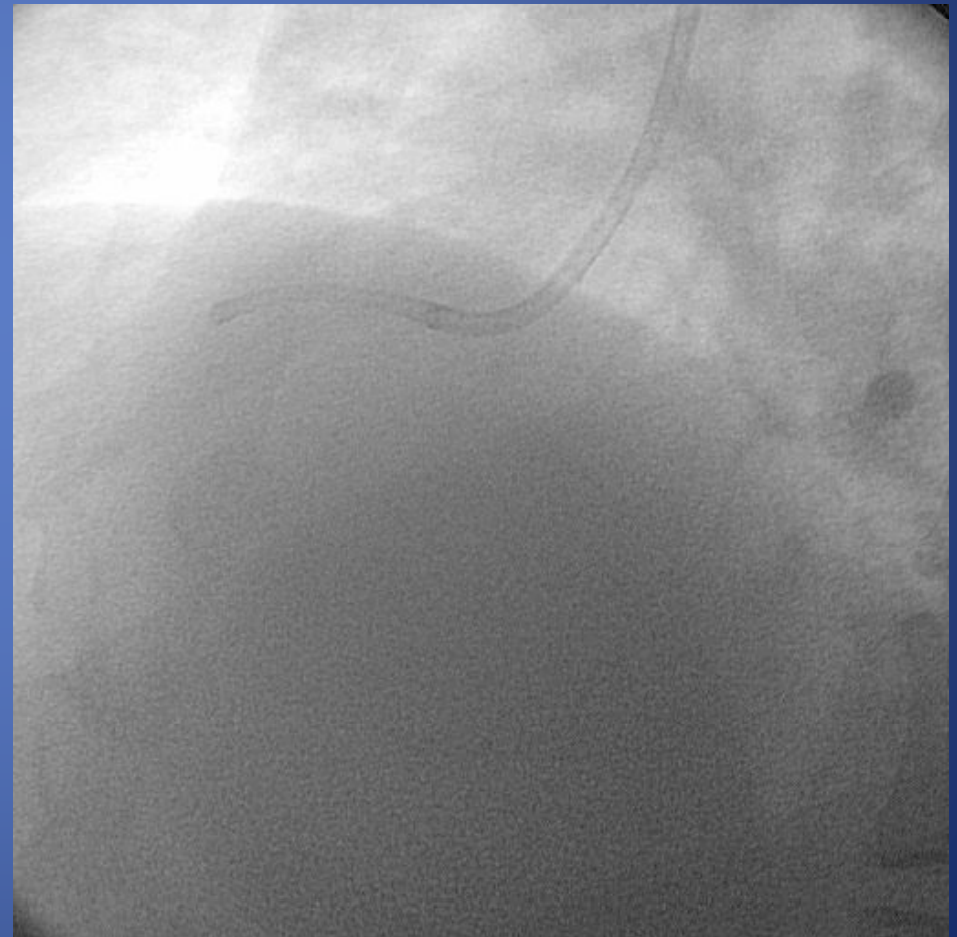
Still TIMI 0 Flow

Thrombuster 7Fr Aspiration thrombectomy

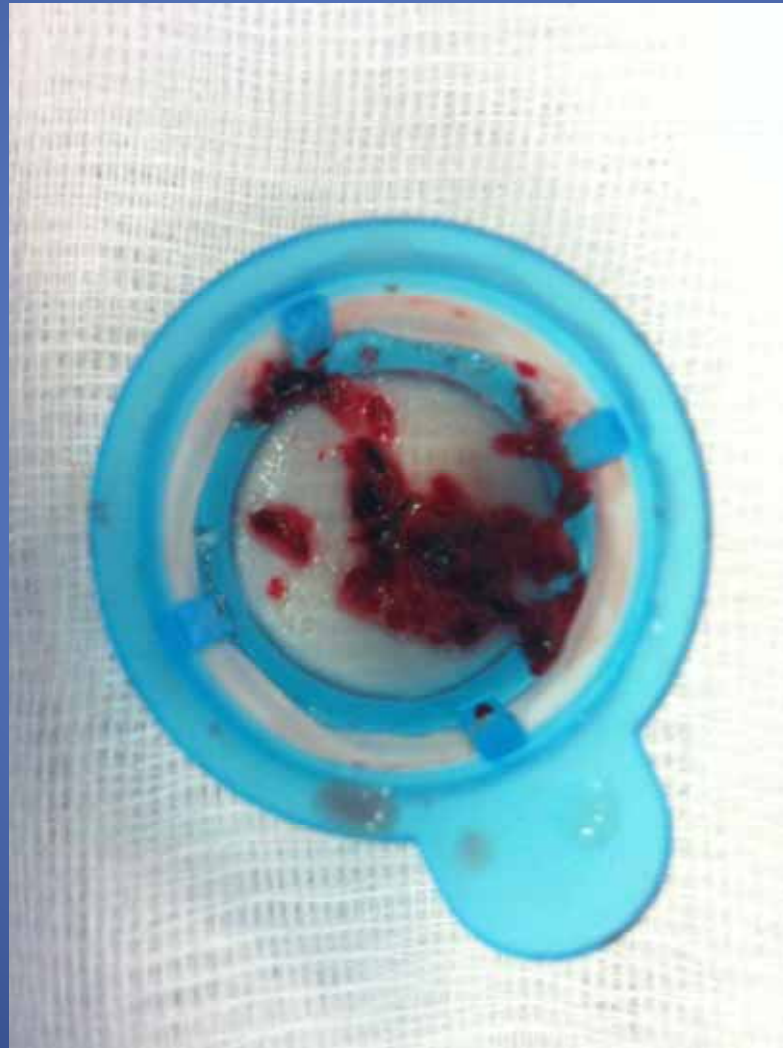


Still no flow despite multiple aspiration runs.
No thrombus extracted

“Mother & Child” : STO 5Fr catheter in 7Fr JR4 Guide catheter

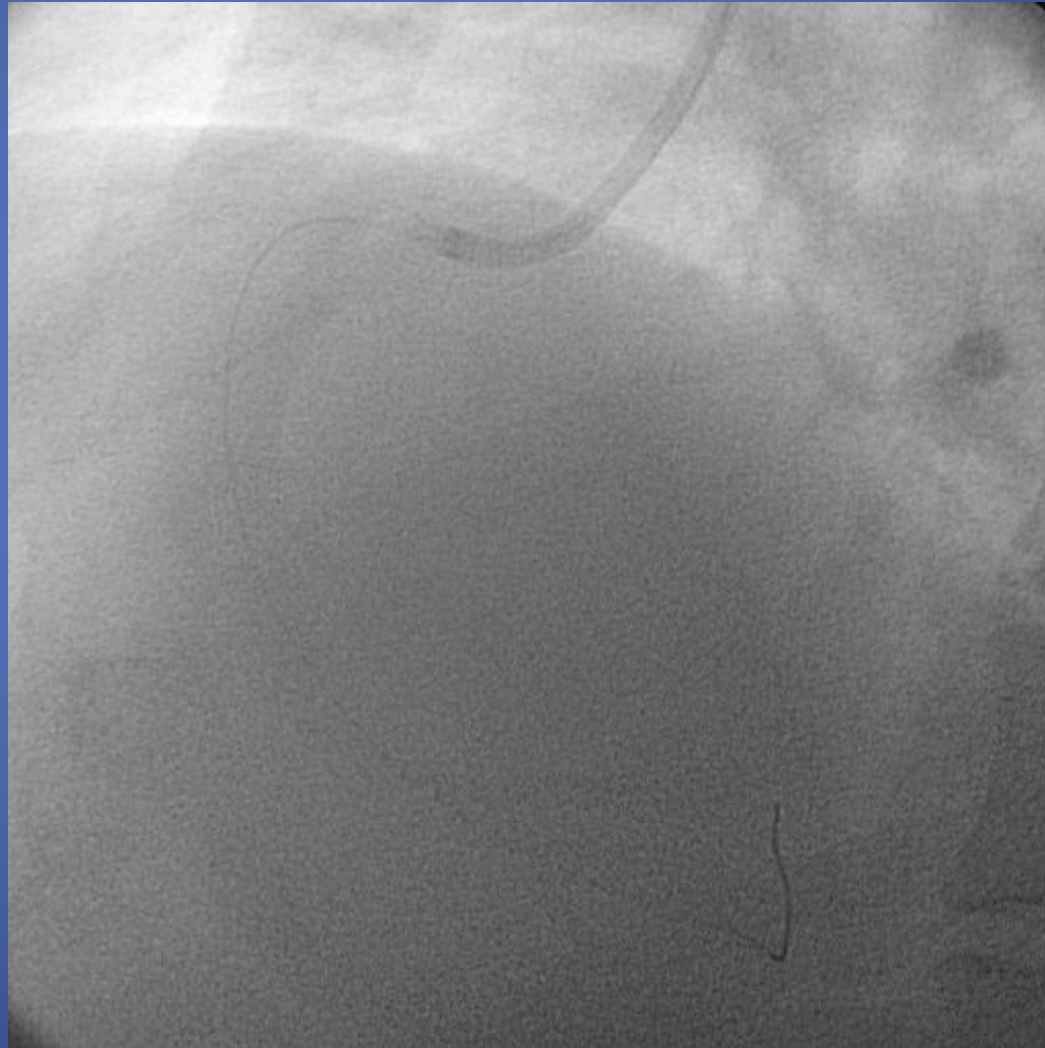


Thrombus aspirated



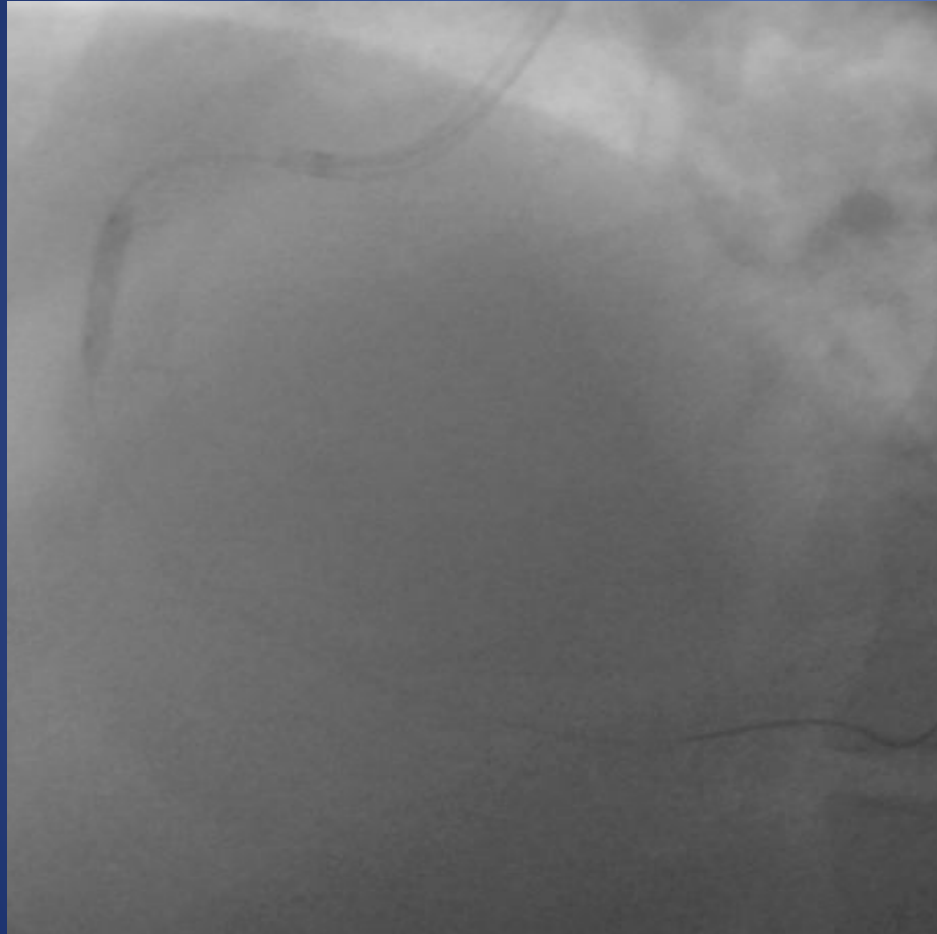
TIMI 2 Flow established

Ulcerated plaque mid-RCA

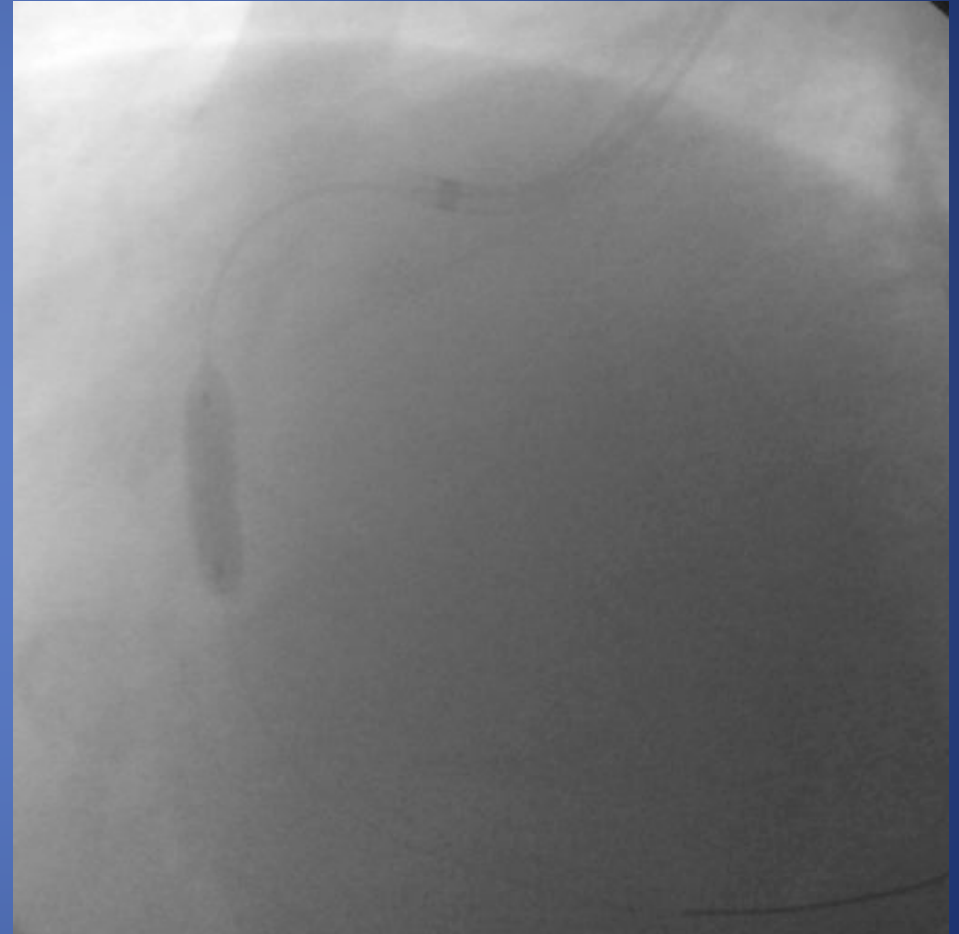


Intracoronary Abciximab 5mg

- Difficulty in wiring past mid-RCA: Sion Blue & Rinato.
- Crossed with Micro-catheter * & Fielder XT 130cm.
- Aspiration thrombectomy 7Fr Thrombuster – no significant flow
- Mother & child: 5Fr STO – Aspiration- TIMI 2 flow
- i/c Reopro 5mg & i/c GTN 200mcg.

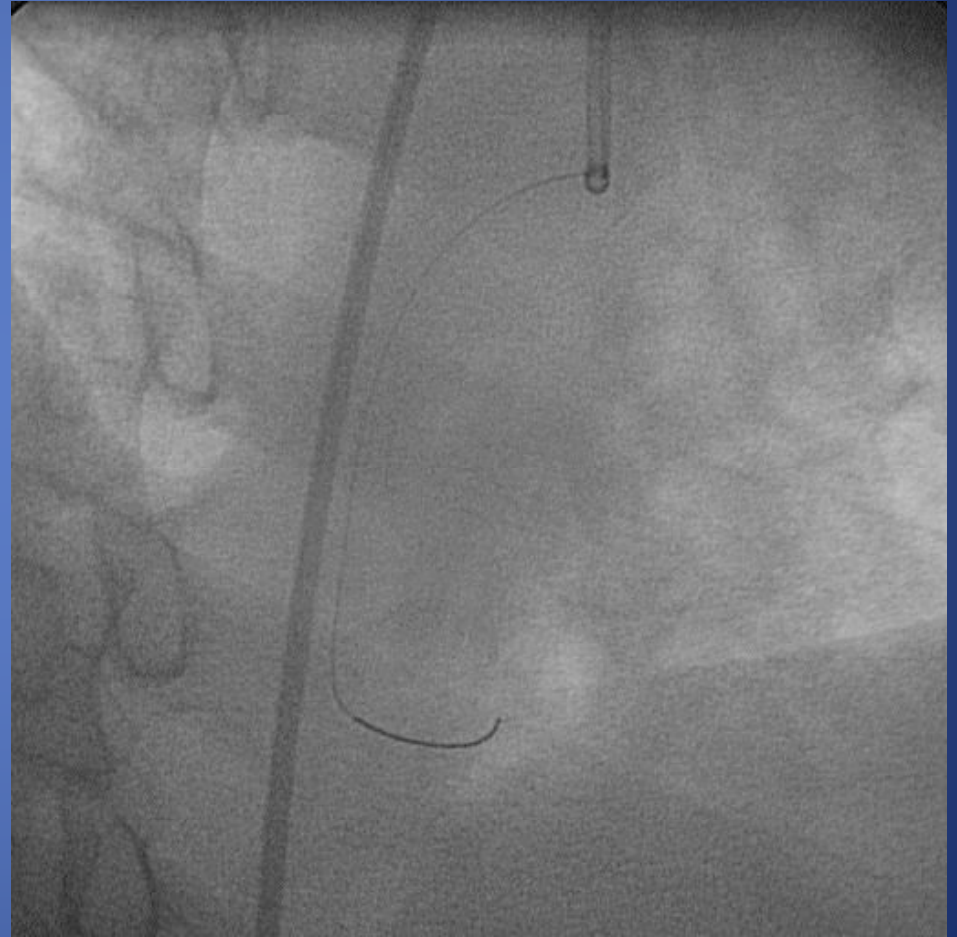
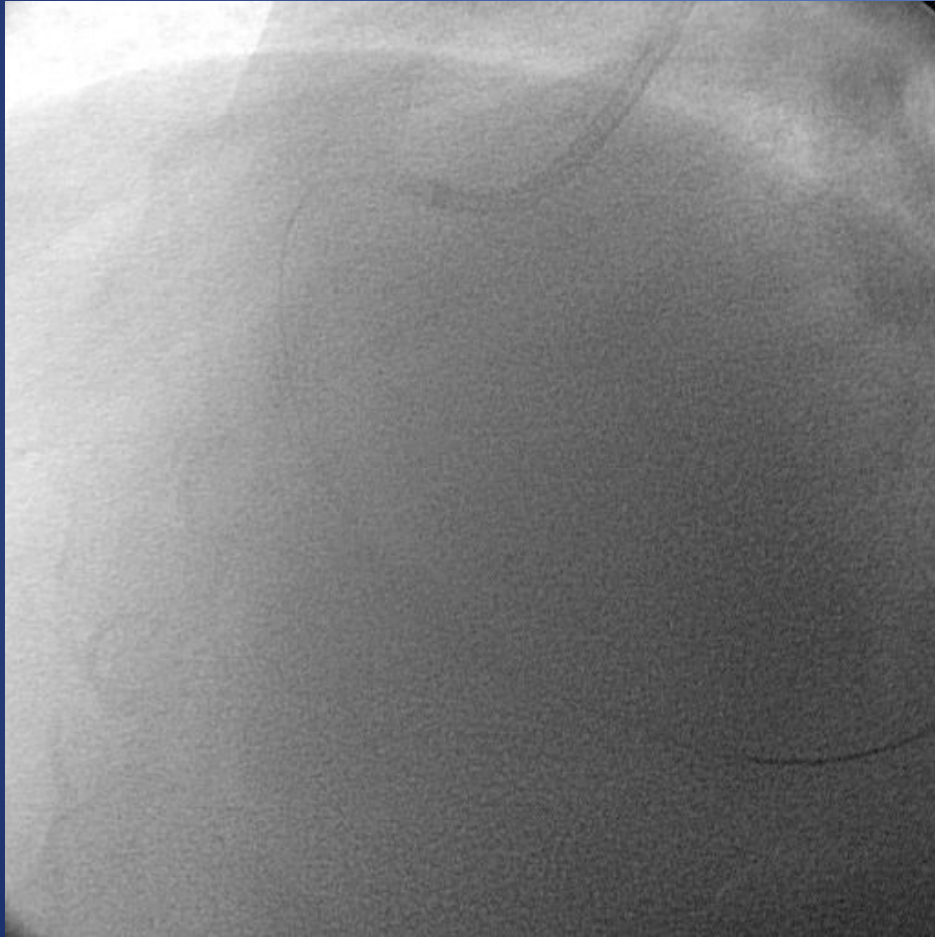


POBA 3.0 mm

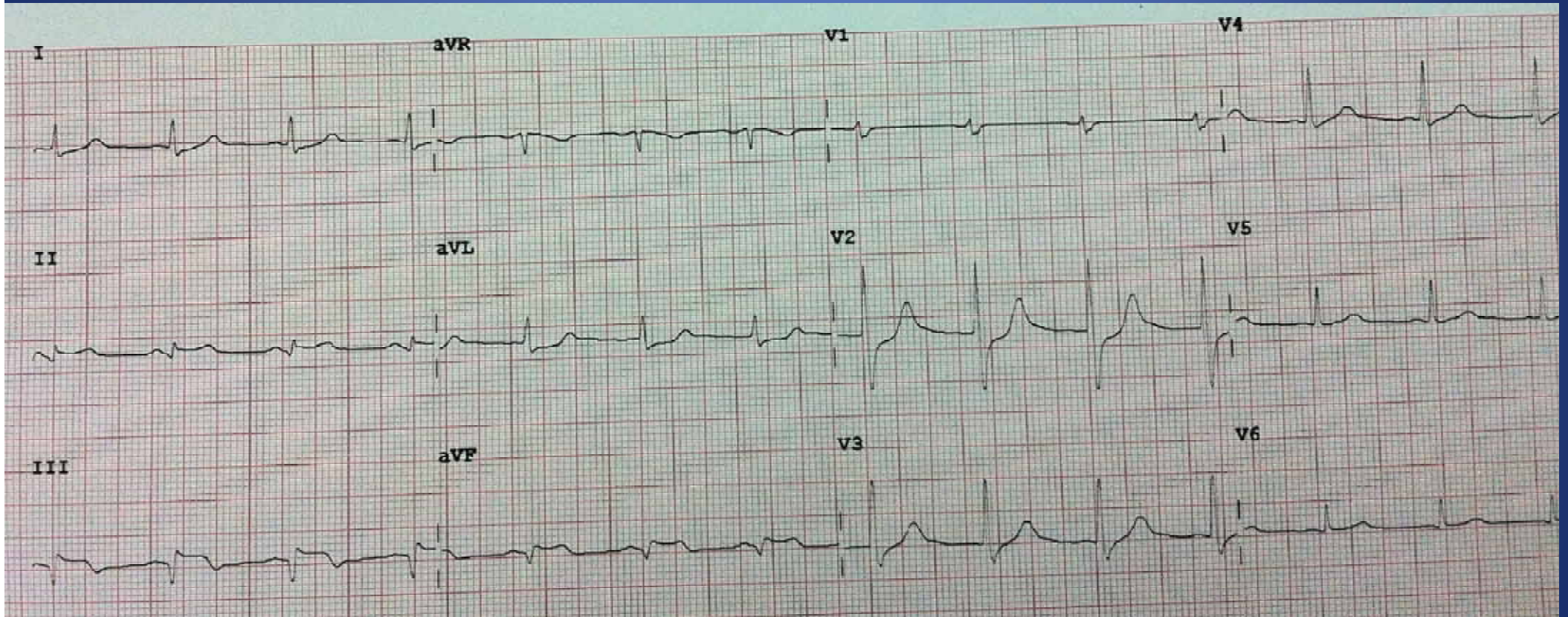


Stent: Liberté 4.0 x 12mm;
Upsized to 5.0mm

Final Results



Post-PCI ECG



ECG @ 9.50pm

Progress:

- IABP & RFA sheath removed the next day.
- No major bleeding at access sites.
- Inotropes gradually tapered off after 1 day.
- Extubated 2 days later

- CK peak 4863 U/l; CK-MB 469U/l (9.1.2013)
- T-C 5.7mmol/l; LDL 4.1mmol/l; HDL 0.9mmol/l; TG 1.5mmol/l.
- 9.1.2013: Creatinine 111 μ mo/l; BU 5.4mmol/l.
- HbA1c 6.8%.

2D-echocardiography (11.1.2013):

- Inferior/posterior severe hypokinesia
- Trivial TR. PPG 15mmHg.
- Mild RV dysfunction (TAPSE 1.4cm).
- EF 48%(Teicholz); 44%(SP-Simpson's).

Discharged on the 13.1.2013 with Rx:

- Cardiprin 100mg od
- Prasugrel 10mg od
- Perindopril 2.5mg od
- Atorvastatin 80mg on
- Bisoprolol 2.5mg od
- Pantoprazole 40mg od
- Metformin XR 500mg od

5.3.2014 : Follow-up

- ETT: Bruce protocol 9'. 95%MPHR 10.1 Mets. Negative for ischaemia
- Forgetful - ? Statin
- Regular exercise.
- T-C 3.7mmol/l; LDL 2.3mmol/l; HDL 1.2mmol/l; TG 0.7mmol/l
- Fasting glucose 5.8mmol/l; HbA1c 6.1%.
- NB: 23.10.13: Prasugrel switched to Clopidogrel after 10 mths. Bisoprolol and Metformin stopped.

Medications on 5.3.14

- Cardiprin 100mg od
- Rosuvastatin 10mg on
- Ramipril 2.5mg pm

Issues & Discussions

- DAPT Choices in STEMI – based on reperfusion strategies
- High Risk STEMI – eg. Rescue PCI
- Bleeding Risks with aggressive anti-thrombotic strategies : Cardiprin + New OAPs + UFH/LMWH + GpIIb/IIIa inhibitors
- Duration of DAPT





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