



#### Different Fate of Disrupted Coronary Plaque with Thrombus

Keimyung University
Dongsan Medical Center

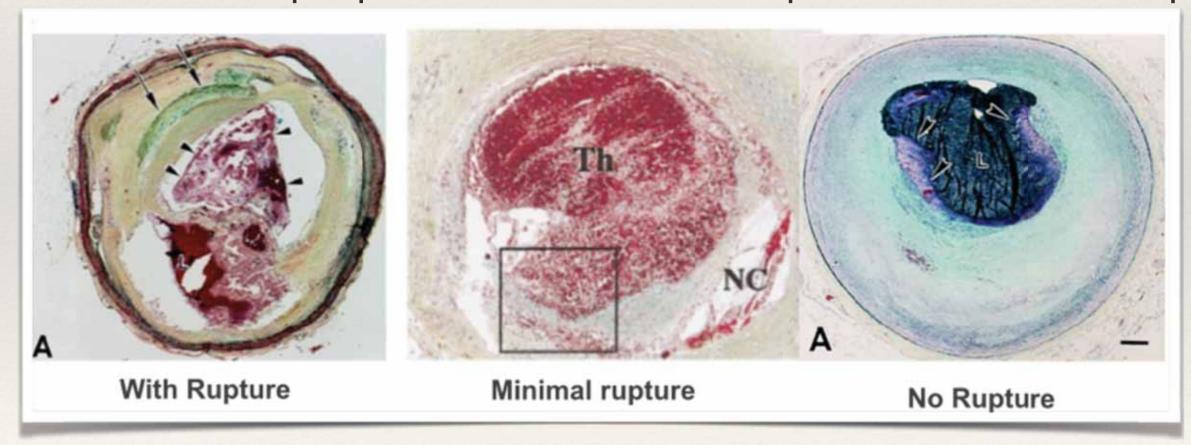
Hyuck Jun YOON



# Background



In autopsy studies, at least 25% of thrombotic coronary occlusions are caused by plaque erosion in which thrombus often overlies atherosclerotic plaque without evident disruption of the fibrous cap.



Farb A et al. Circulation 1996;93:1354-1363

Virmani R et al. Arterioscler Thromb Vasc Biol. 2000;20:1262-1275





- 47 YO / Male, Yang MK
- Chief Complaints

Resting onset Chest Pain for 1 hour

Risk Factor

DM(-), HTN (-), **Smoking (+)** 

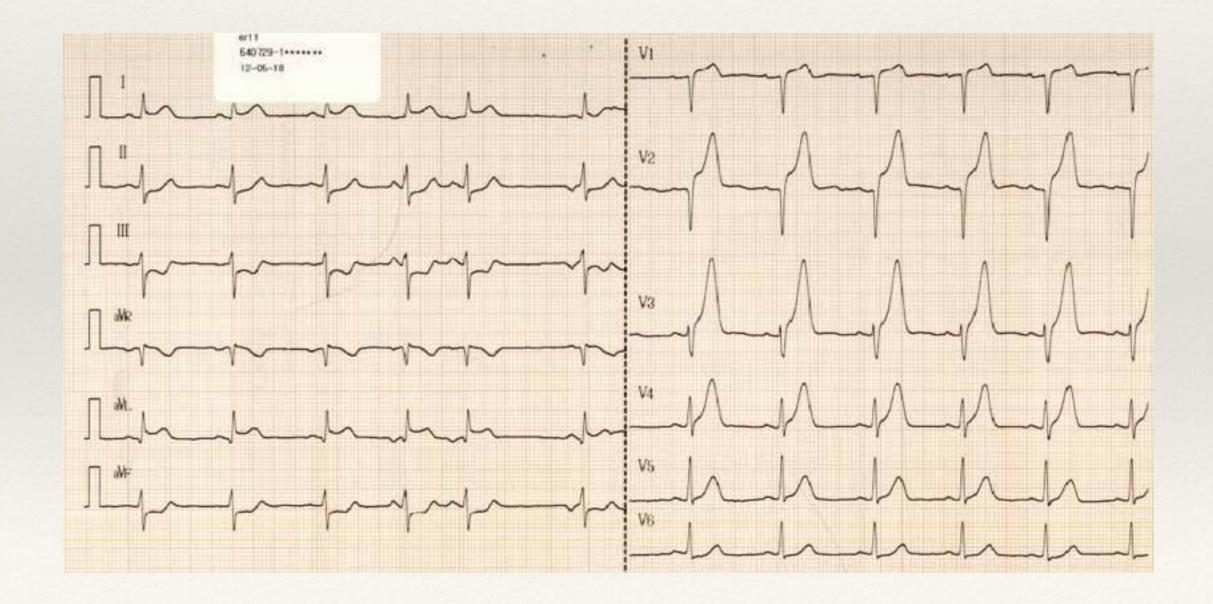
Vital Sign

BP 120/80 mmHg, HR 80 bpm





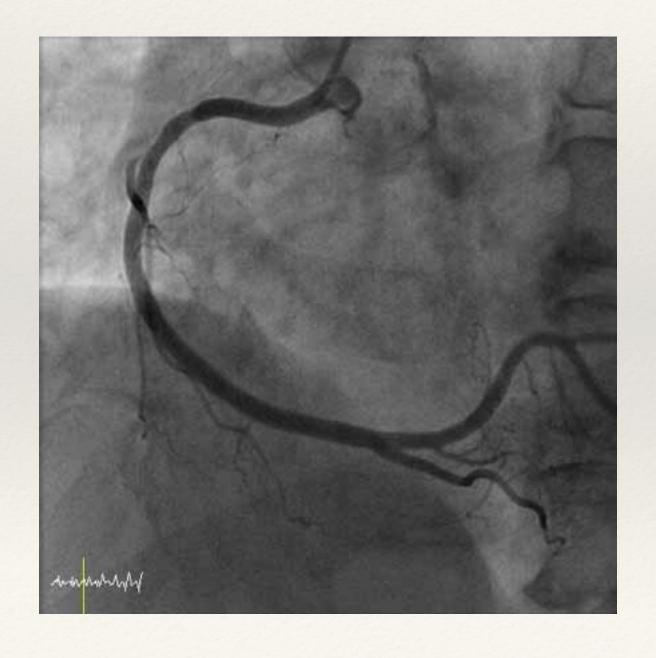
#### ECG

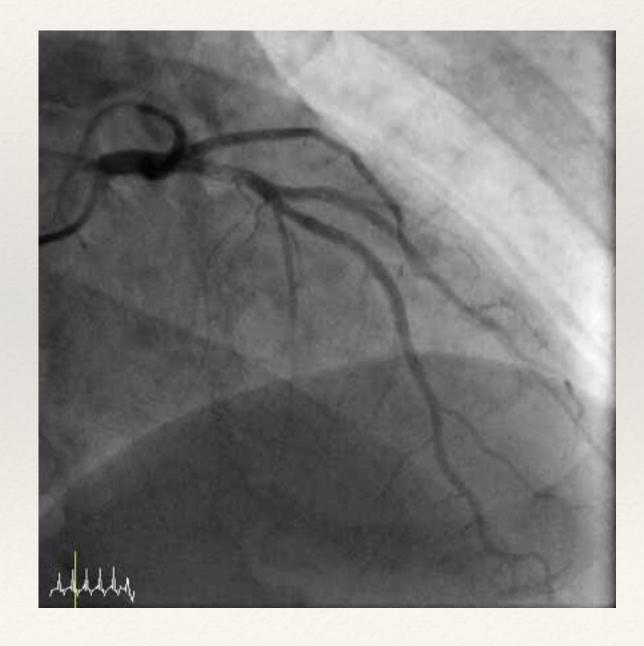






#### **Primary PCI**

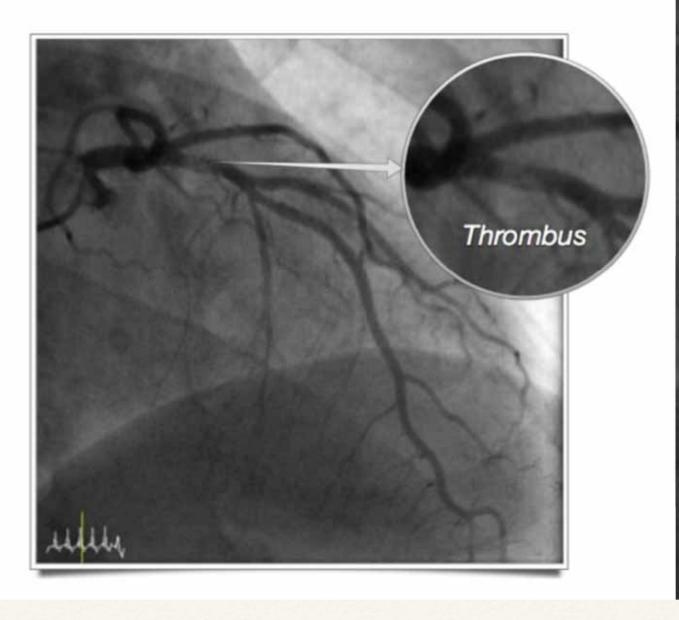


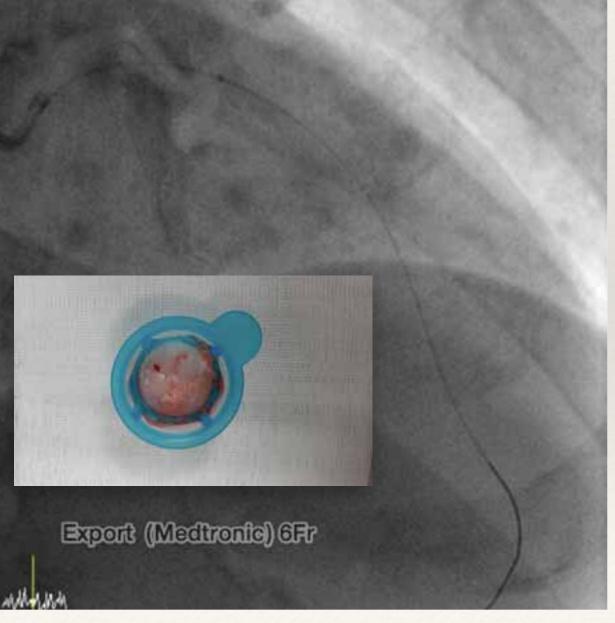






#### **Primary PCI**

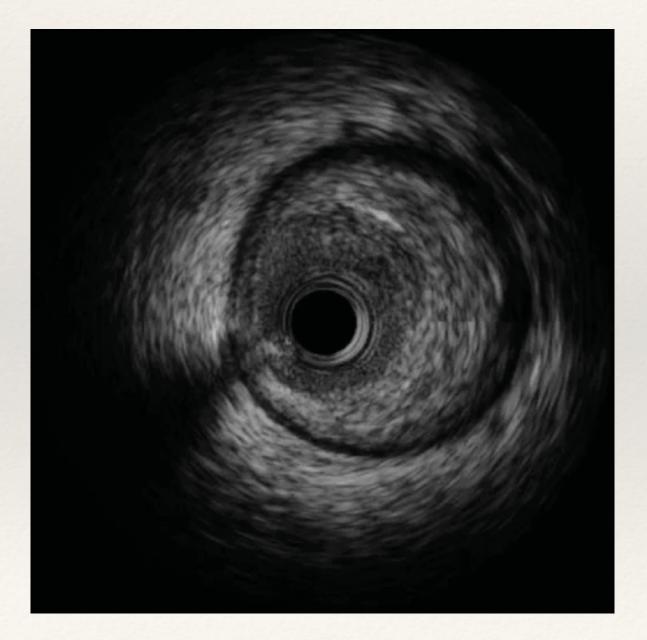


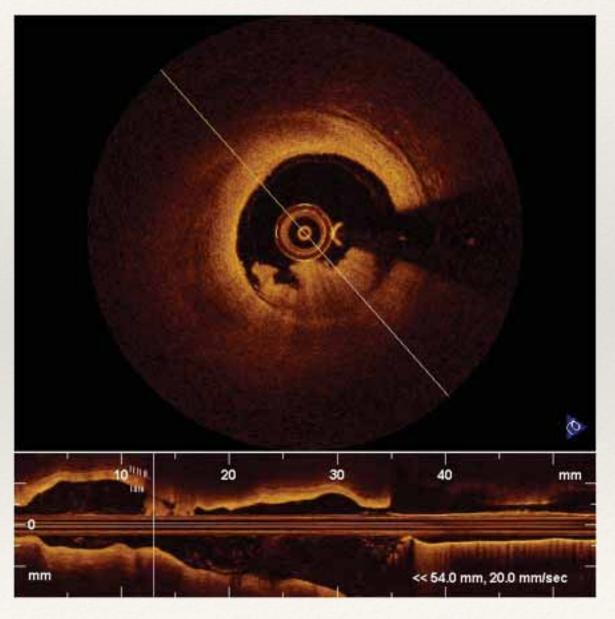






#### **IVUS & OCT**



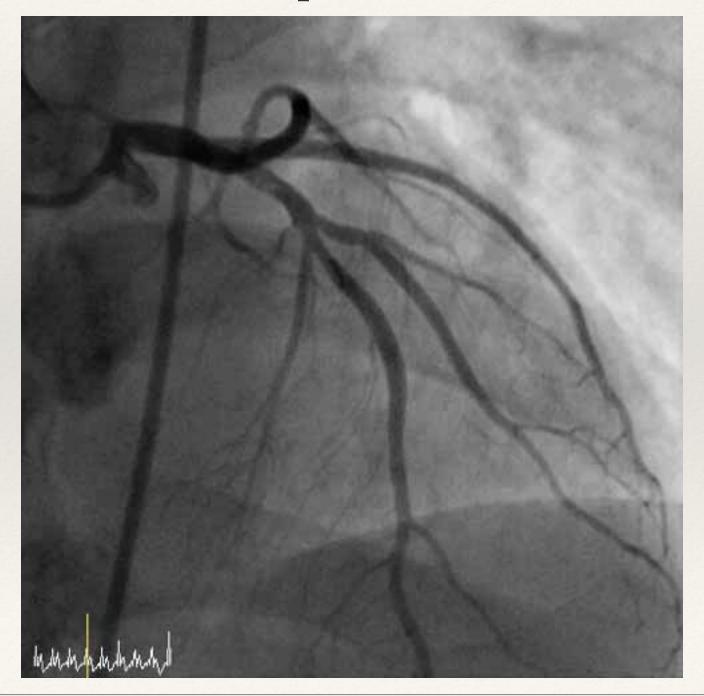


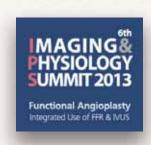
Thrombus over the plaque in proximal LAD





#### **Post Aspiration CAG**







#### Therapeutic Plan

Just Stent !!!

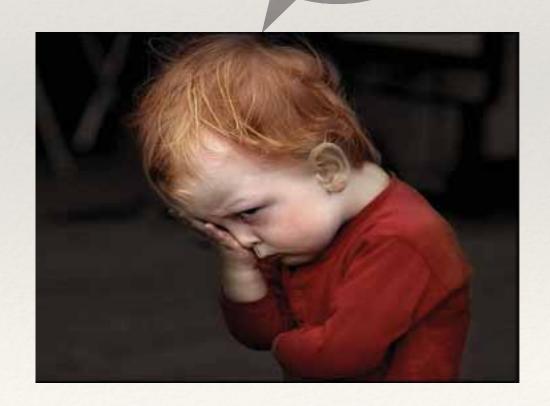
**√** STEMI

No Stent !!

✓ TIMI 3

√ Relieved Chest Pain

To stent or not to stent







#### Therapeutic Plan

No Stent !!

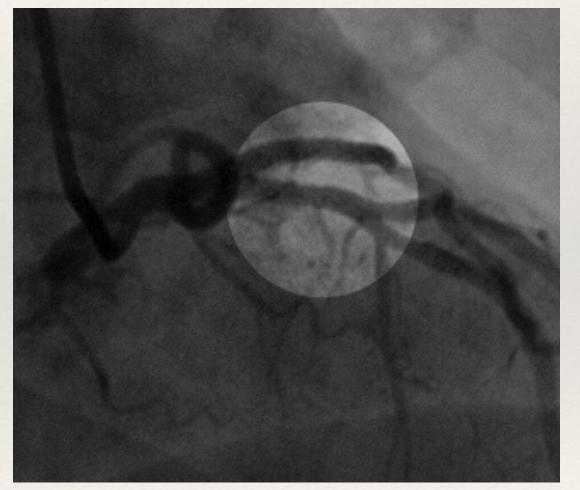
Gp Ilb/Illa Receptor Blocker anticoagulation (UFH) for 48hrs &

Re-Evaluation







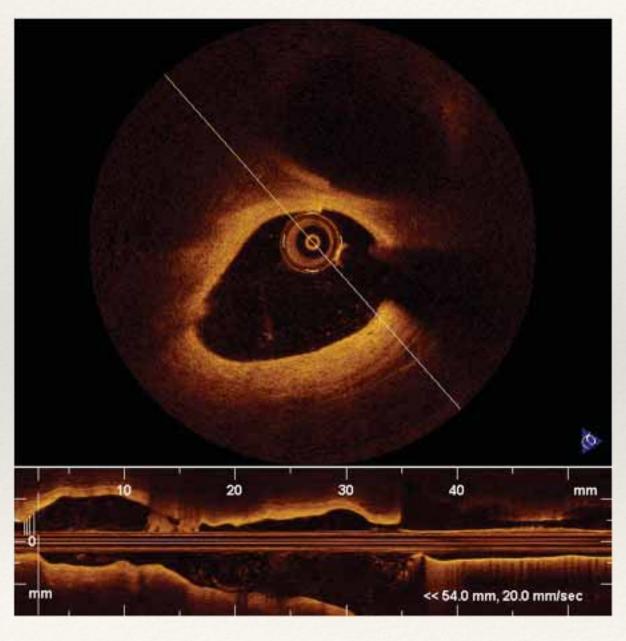


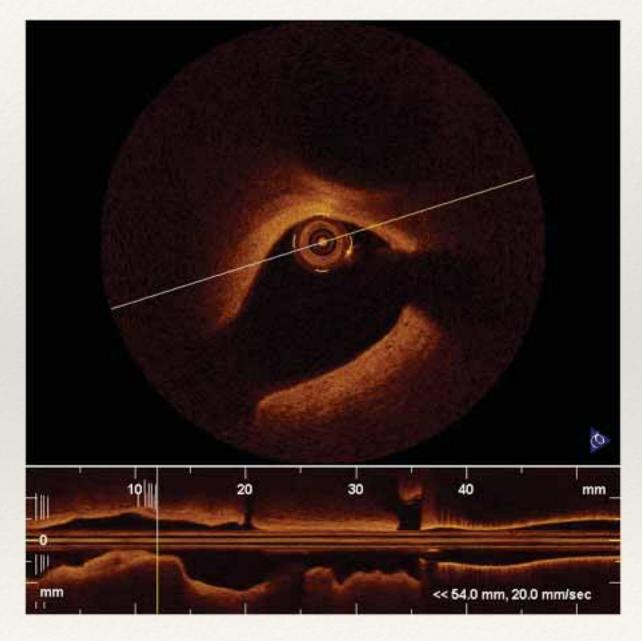
3days later

Initial









Initial

3days later





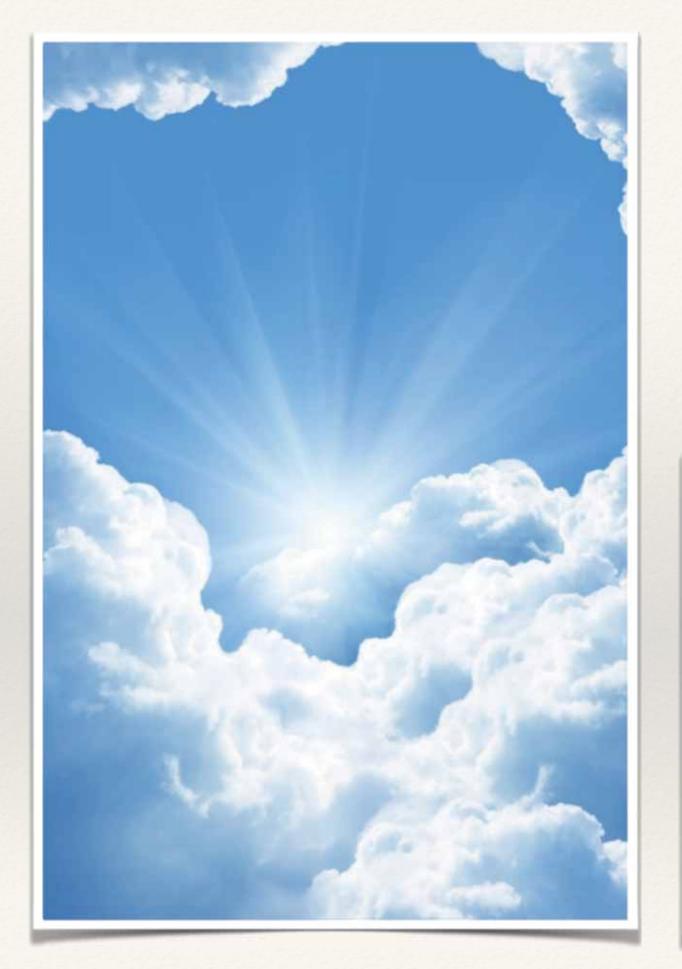
#### **Clinical Course**

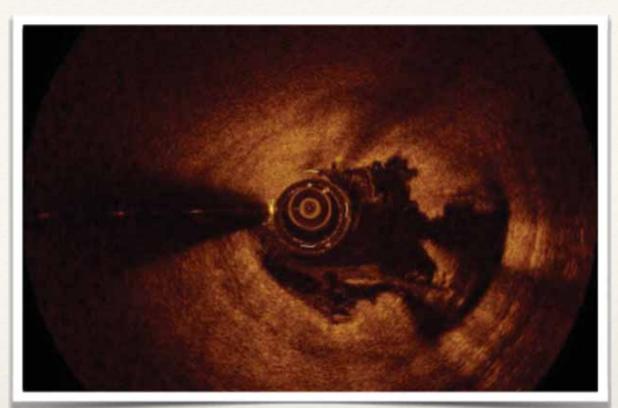
- No Chest Pain during 16 Months FU
- \* Medication

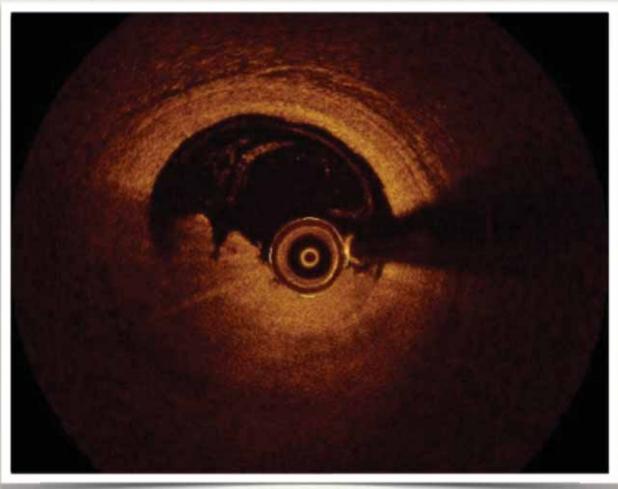
Aspirin + Clopidogrel -> Aspirin

Rosuvastatin 10 mg

Perindopril 4 mg, Isosorbide dinitrate 120mg











- \* 50YO Male
- Chief Complaints

Resting onset chest pain for 1hour

Risk Factors

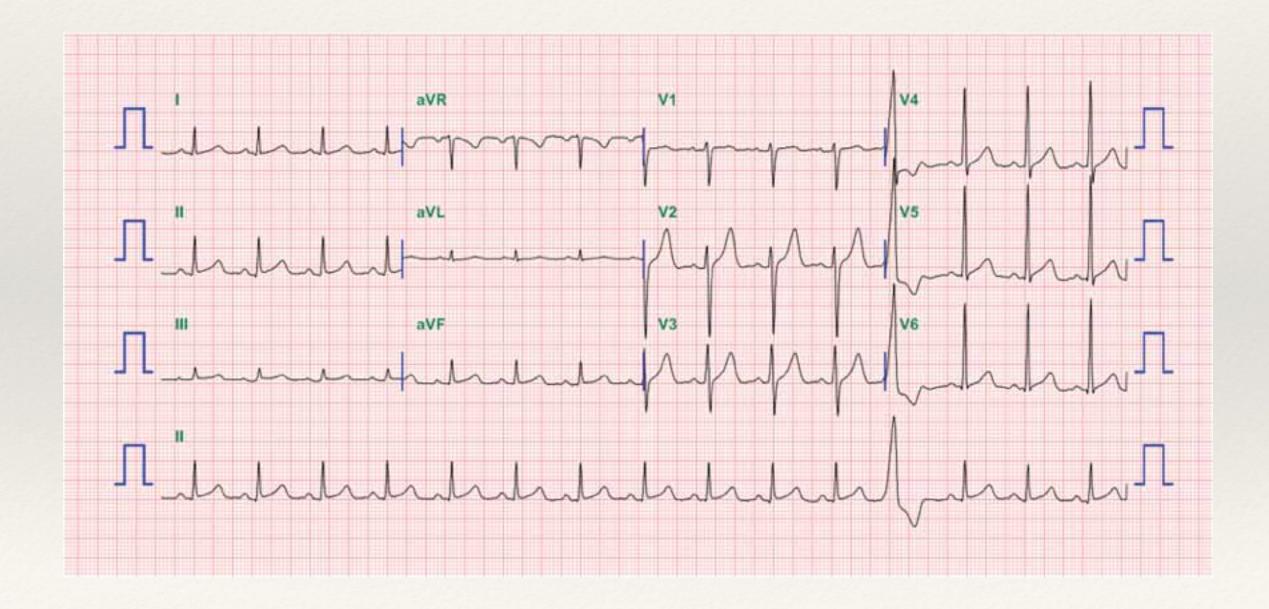
DM (-), HTN (-), Smoking (+), Gouty Arthritis

Vital Sign

BP 110/80 mmHg, HR 86 bpm











- \* CK-MB 8.6 ng/mL (n<5.0)
- \* Troponin-I 0.64 ng/mL (n<0.10)
- Portable TTE

Apicospetal Hypokinesia





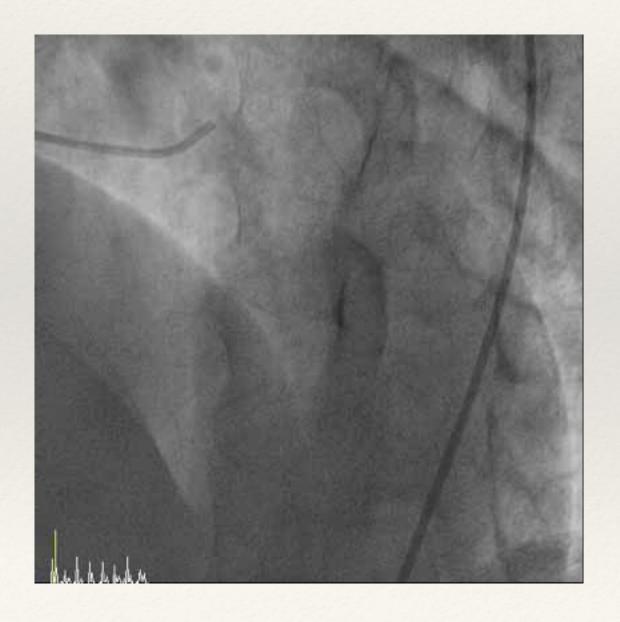
#### Emergent CAG

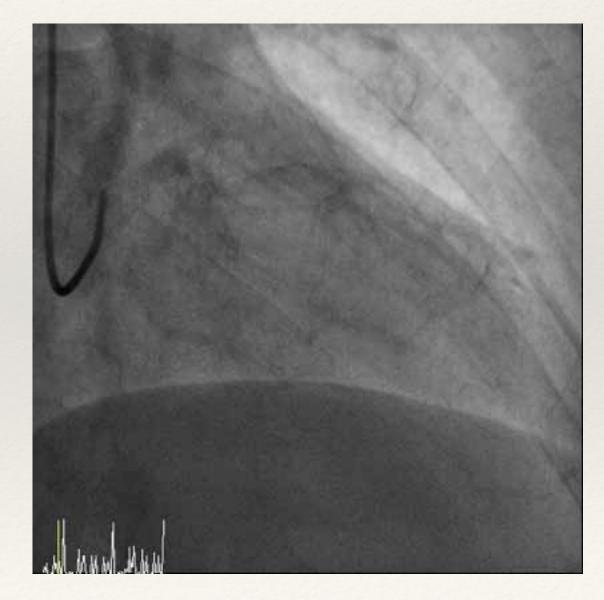






#### Emergent CAG

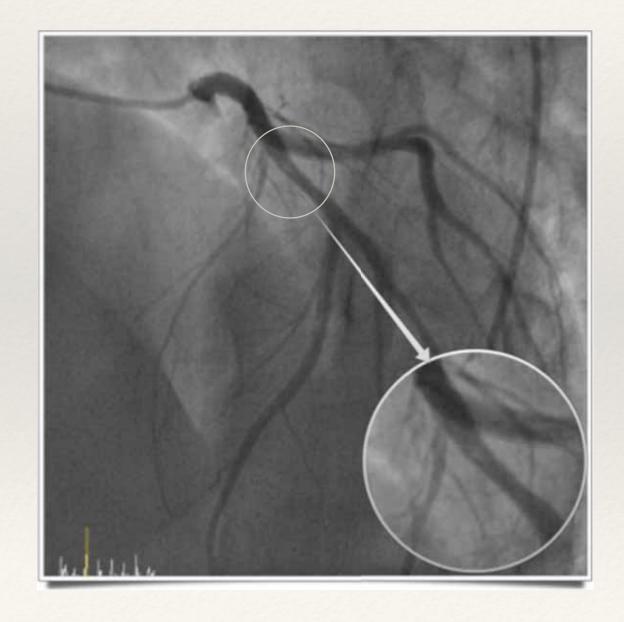


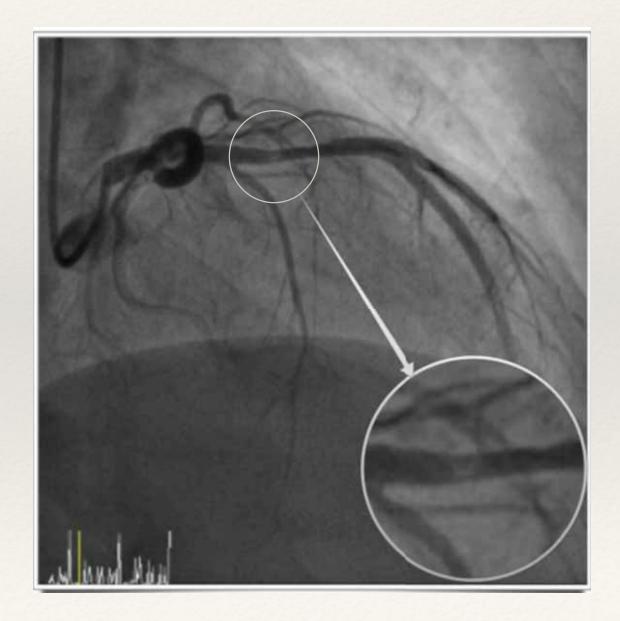






#### Emergent CAG

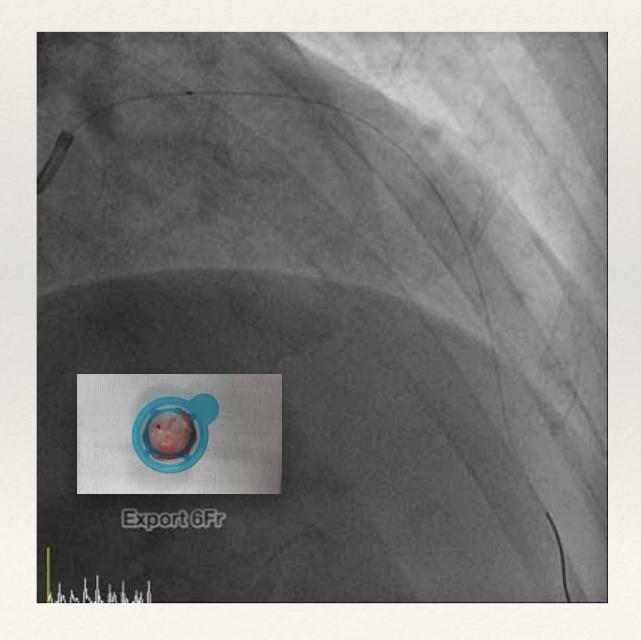








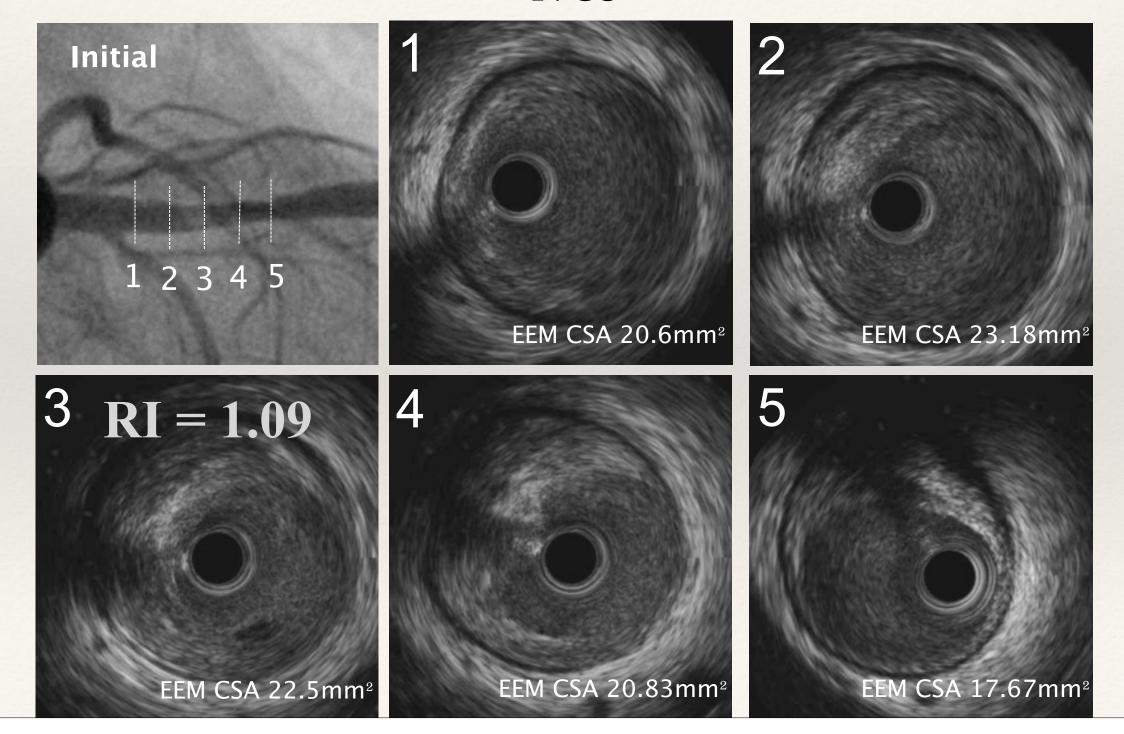
#### Thrombus Aspiration







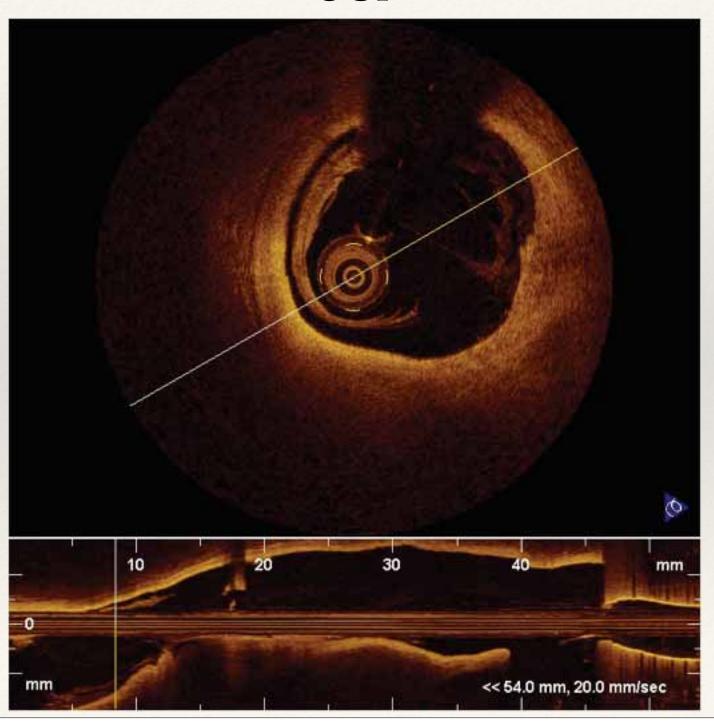
#### **IVUS**







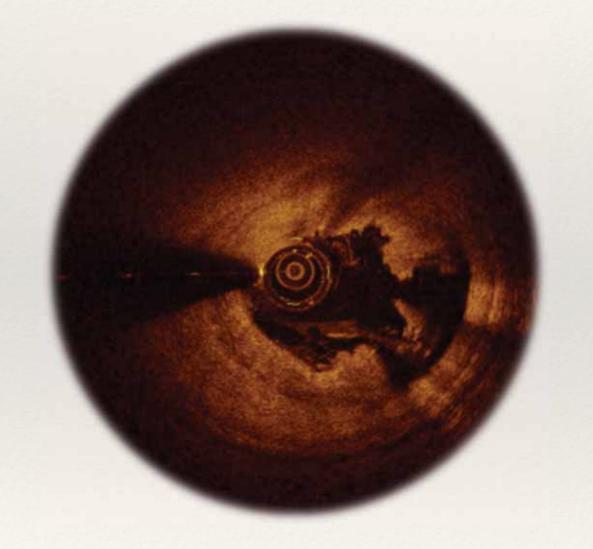
#### OCT



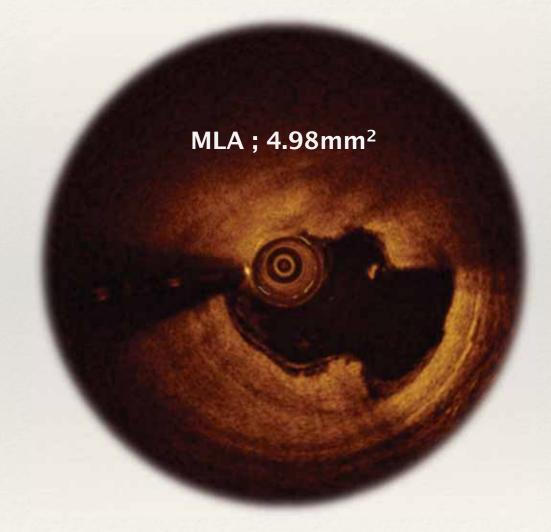




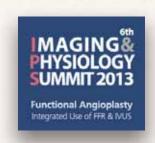
#### OCT







Post aspiration OCT





#### Therapeutic Plan

- Just Stent !!!
  - ✓ Ruptured Plaque
  - ✓ Abundant Residual Thrombus

To stent or not to stent

- No Stent !!
  - ✓ TIMI 3 & No Chest pain
  - √ Enough Lumen Area

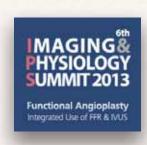




#### Therapeutic Plan

No Stent !!

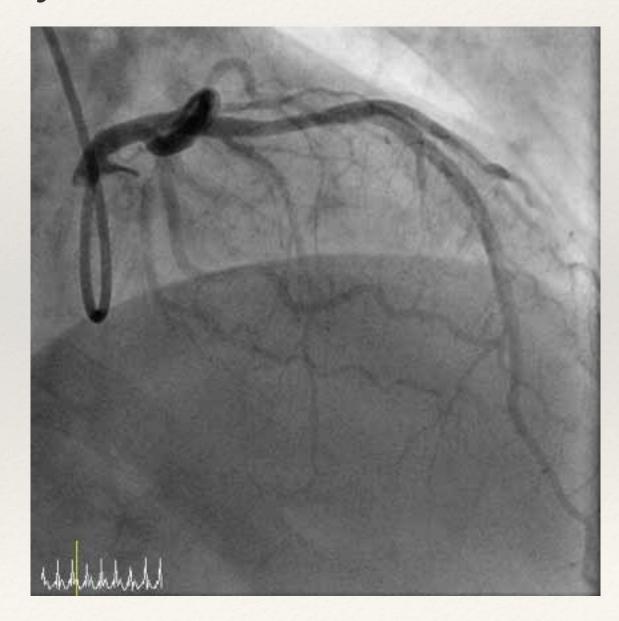
anticoagulation (UFH) for 48hrs & Re-Evaluation





## FU CAG (3day after)

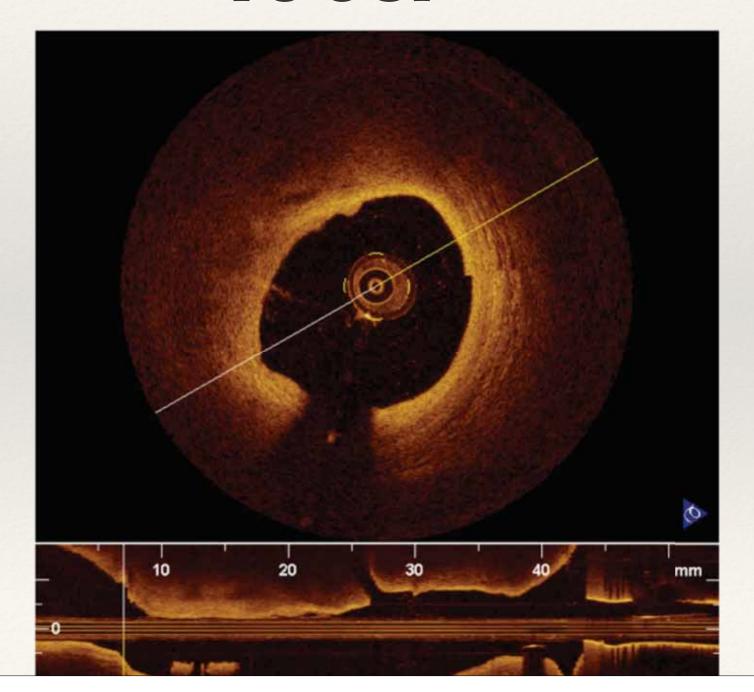








#### FU OCT

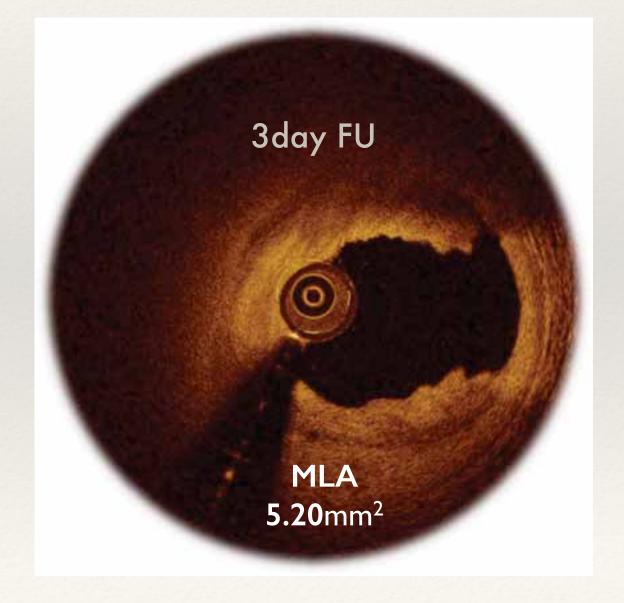


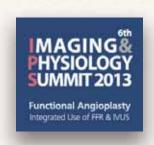




#### FU OCT









### Medical Therapy without Stent

- √ Aspirin 100mg
- √ Clopidogrel 75mg
- ✓ Perindopril 4mg
- √ Atorvastatin 40mg





#### Clinical Course

#### **# NSTEMI**

- No chest pain during 10months
- Improved LVEF after 6months
- effort induced chest pain after 10Mo, (TMT; +)

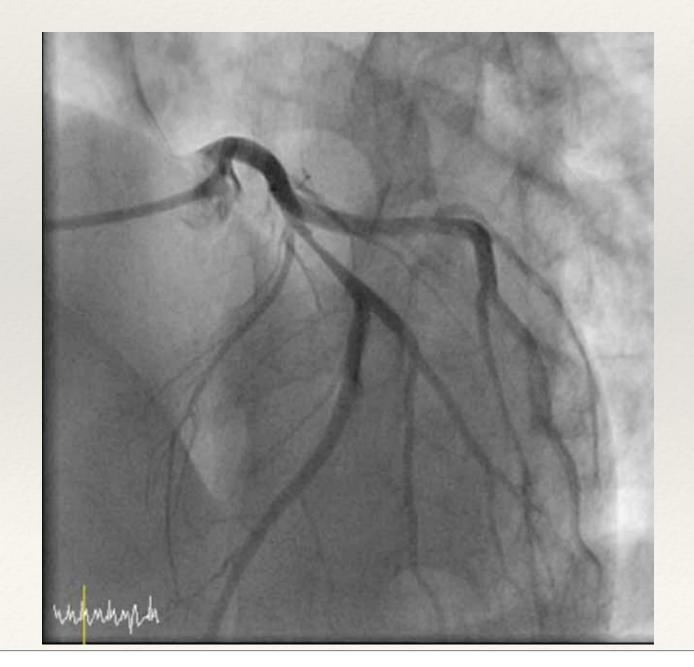


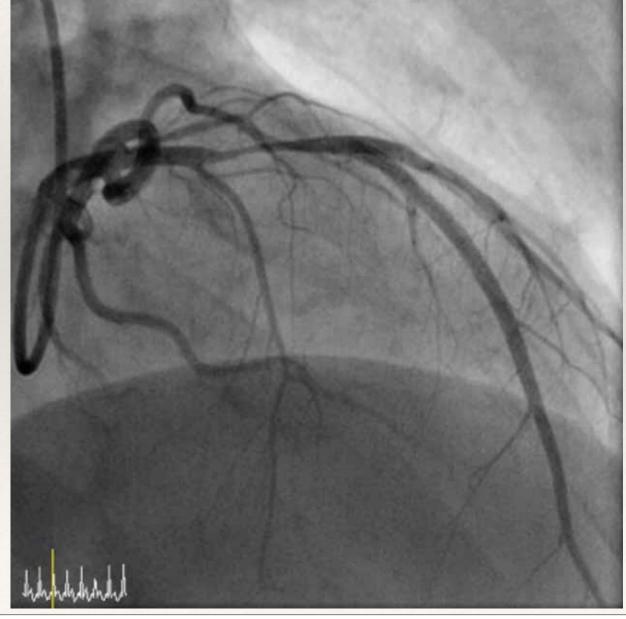
Recommend FU CAG





# FU CAG (Ilmonths)

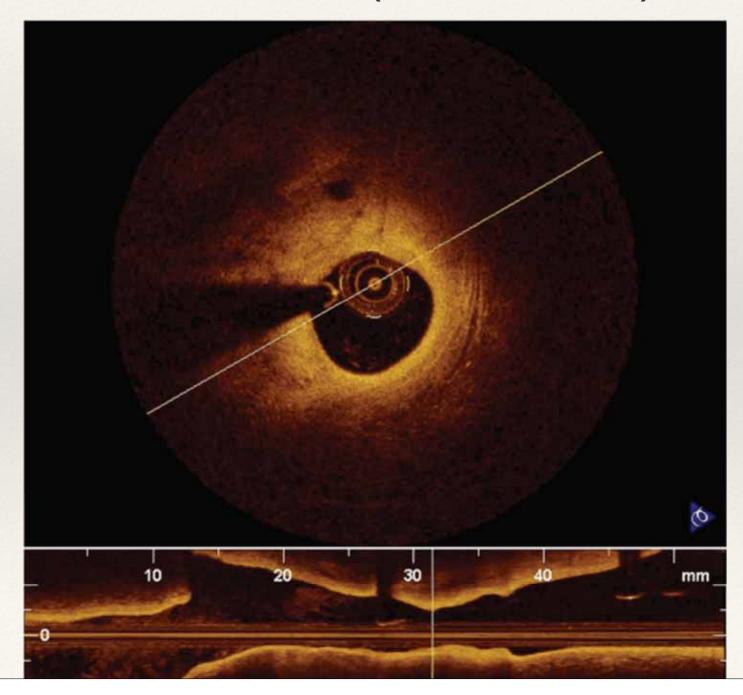








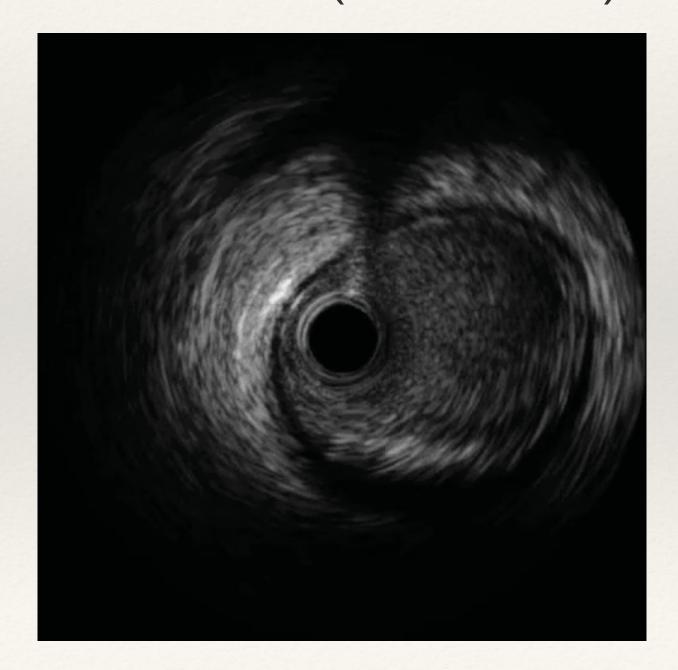
# FU OCT (I I months)

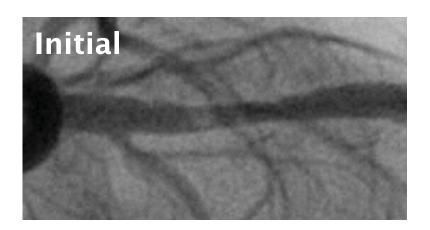


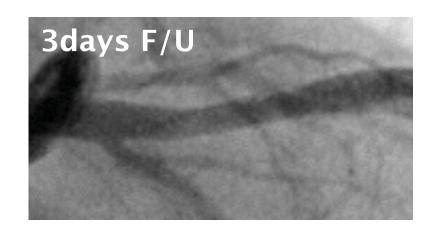




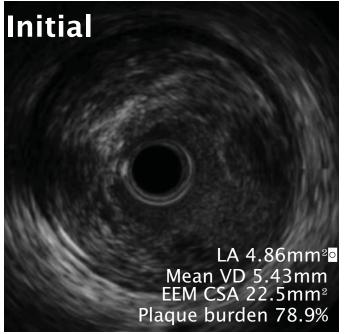
# FU IVUS (I I months)

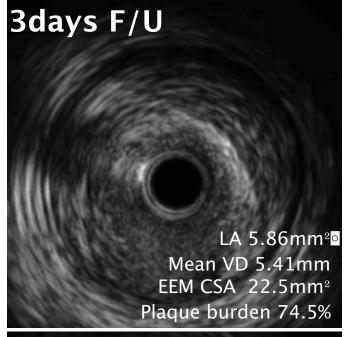


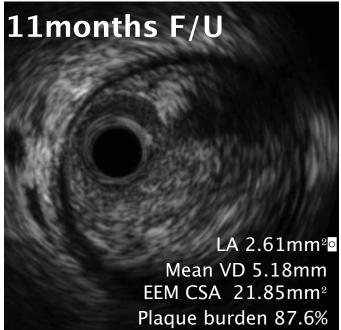


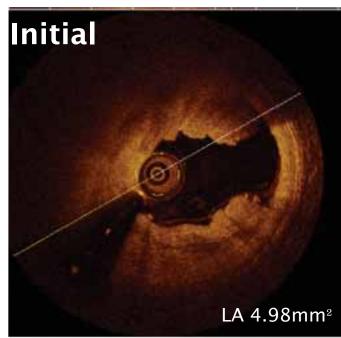


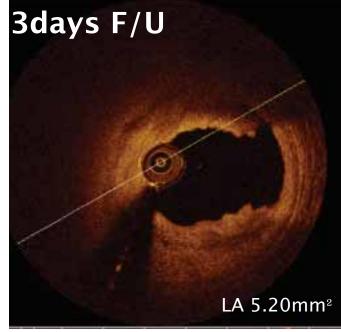


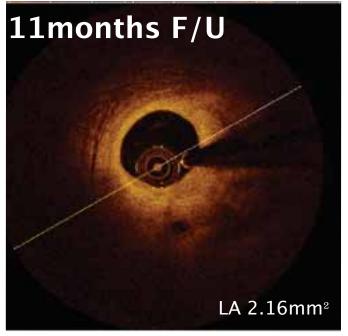








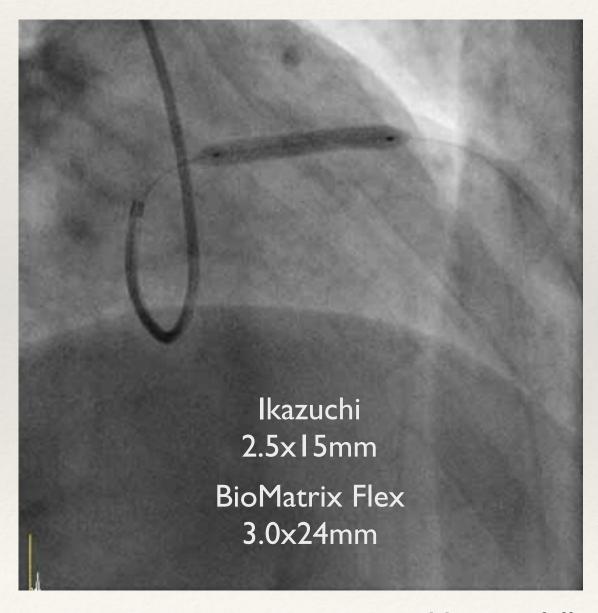


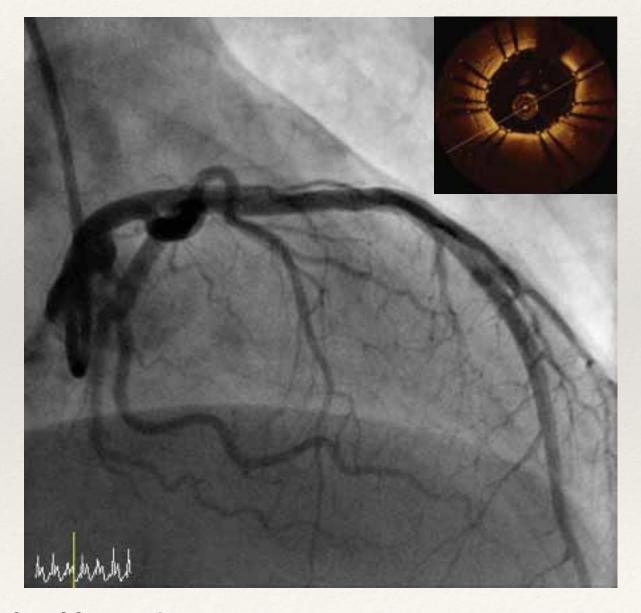






# PCI





Uneventfully FU for 12months



# Question



- ✓ Thrombus aspiration alone during PCI as Treatment of AMI, is it safe or not...?
- ✓ Can we expect the pattern of Plaque healing & Thrombus Resolution

## Thank you for your attention.

