

CHIP intervention with mechanical circulatory support

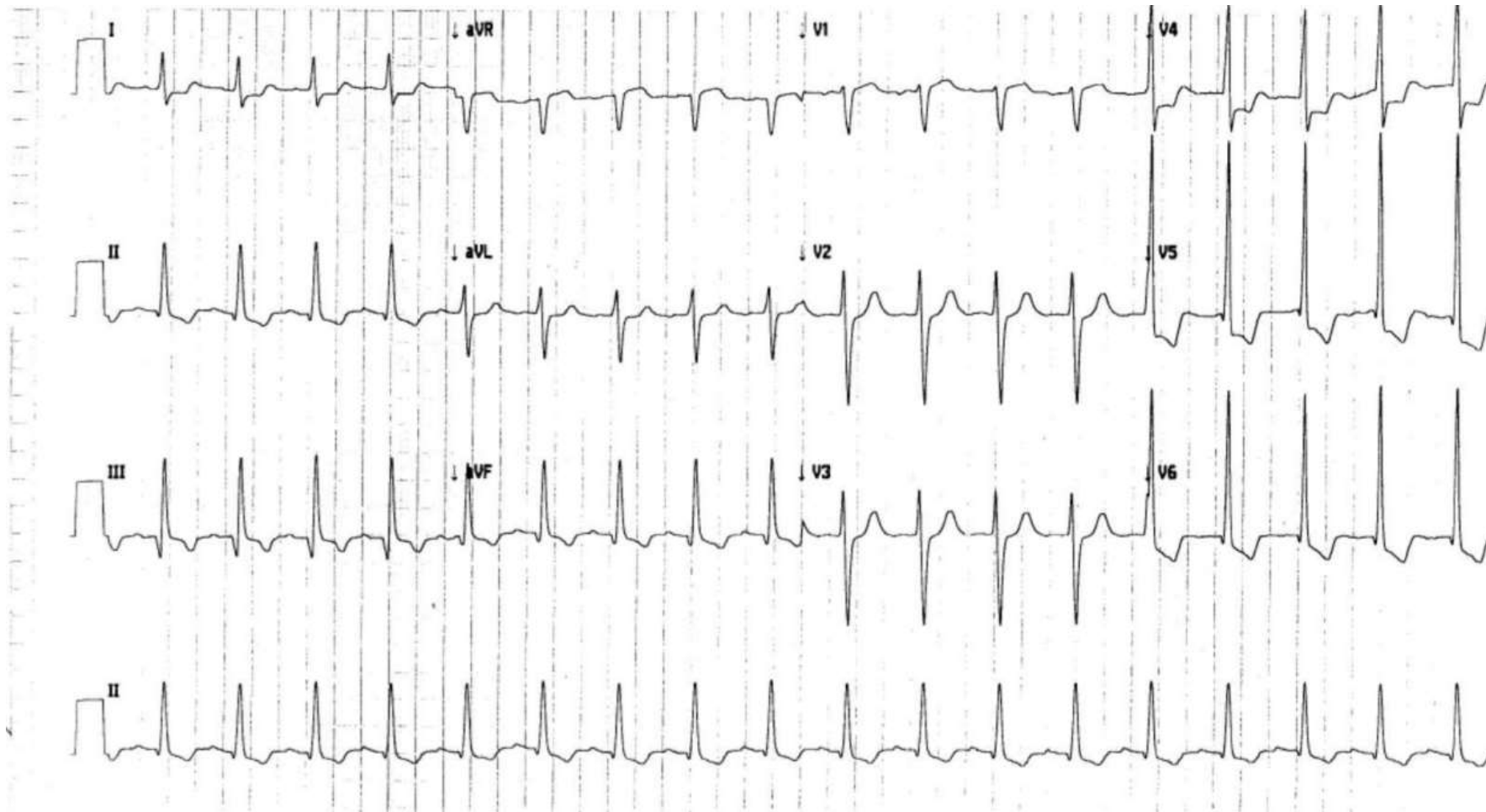
Arthur Yung, [Jonathan Fang](#), Frankie Chor-Cheung Tam.
Queen Mary Hospital, Hong Kong

Disclosure

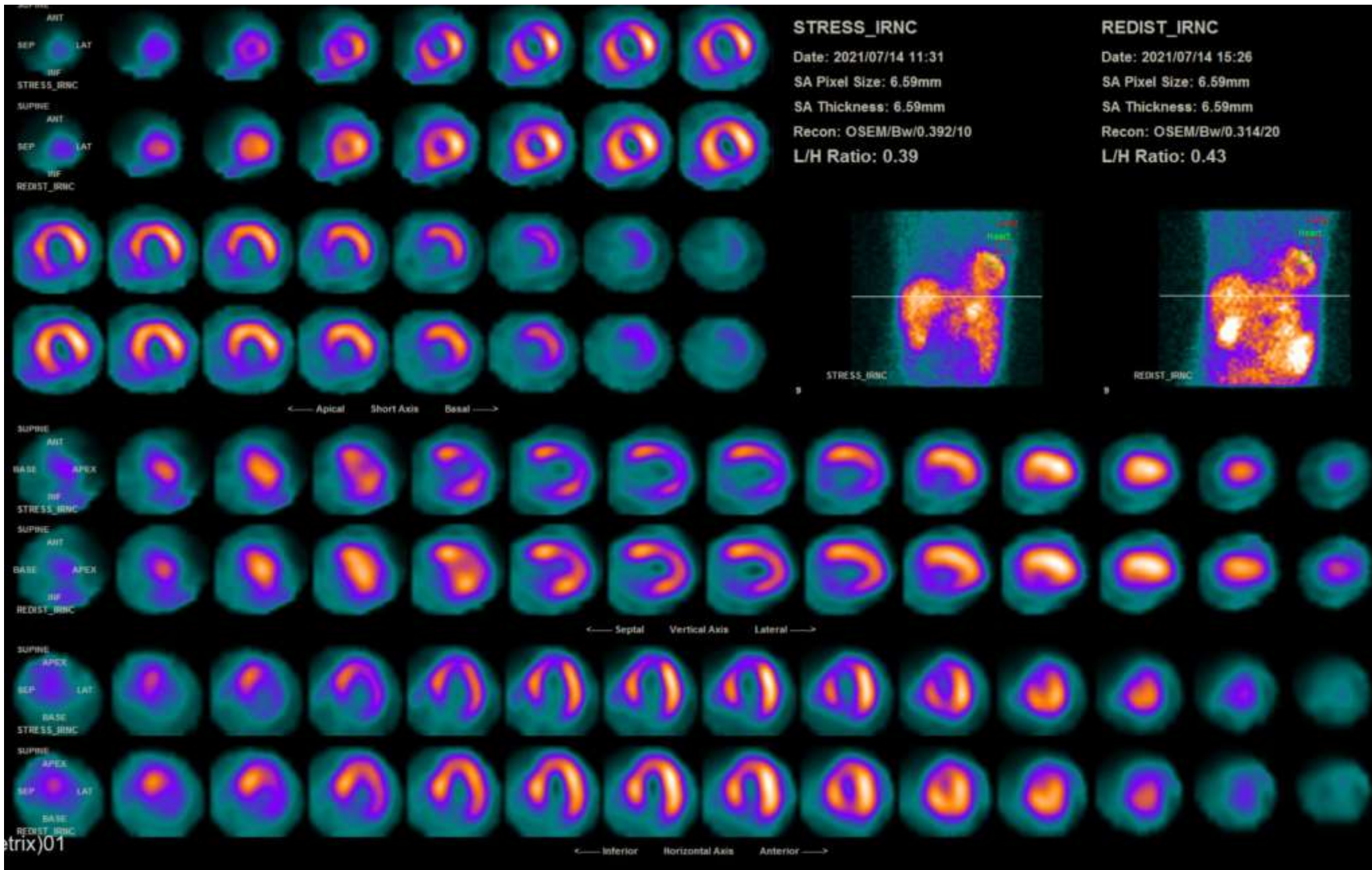
- No conflict of interest to disclose

history

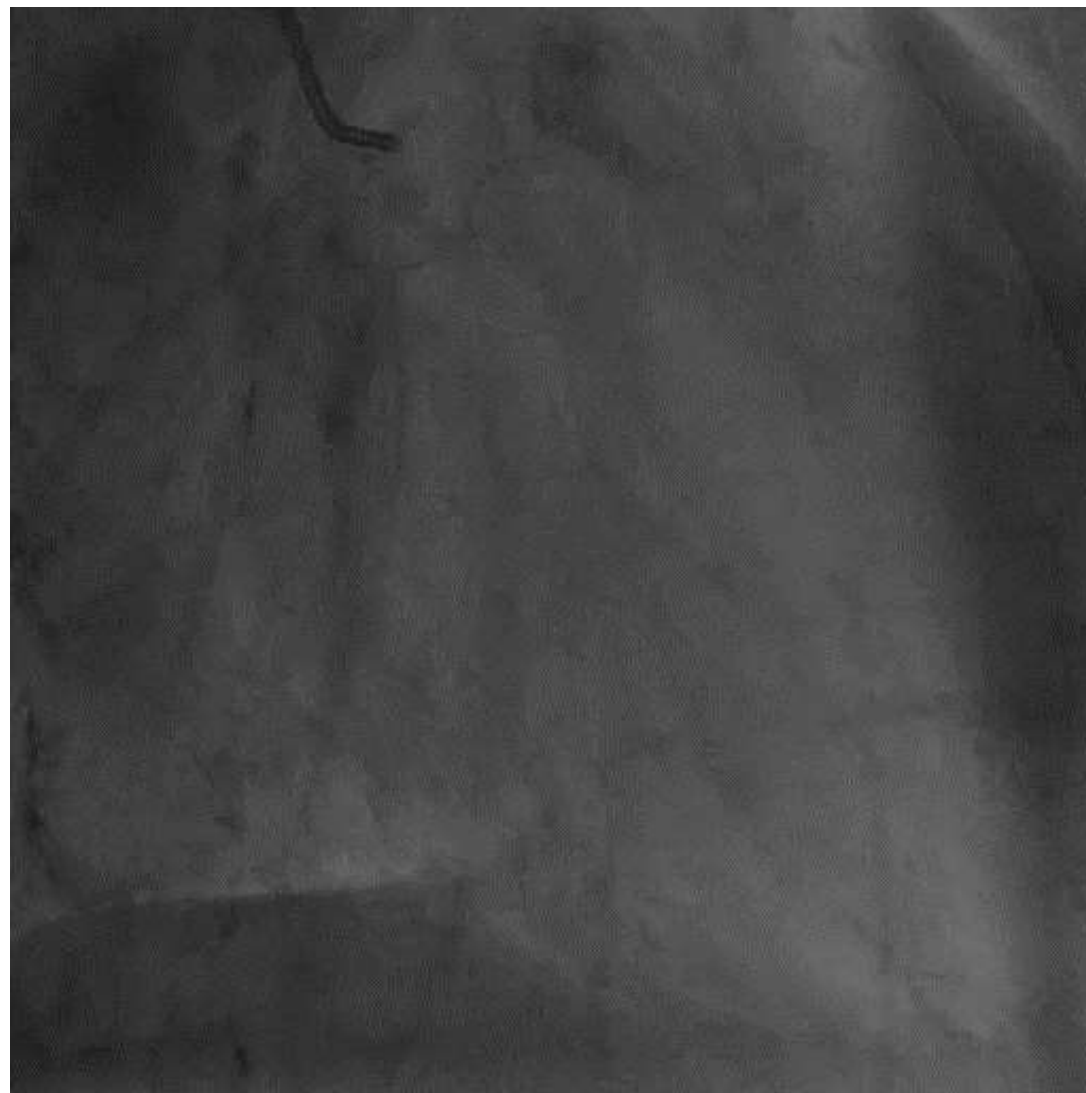
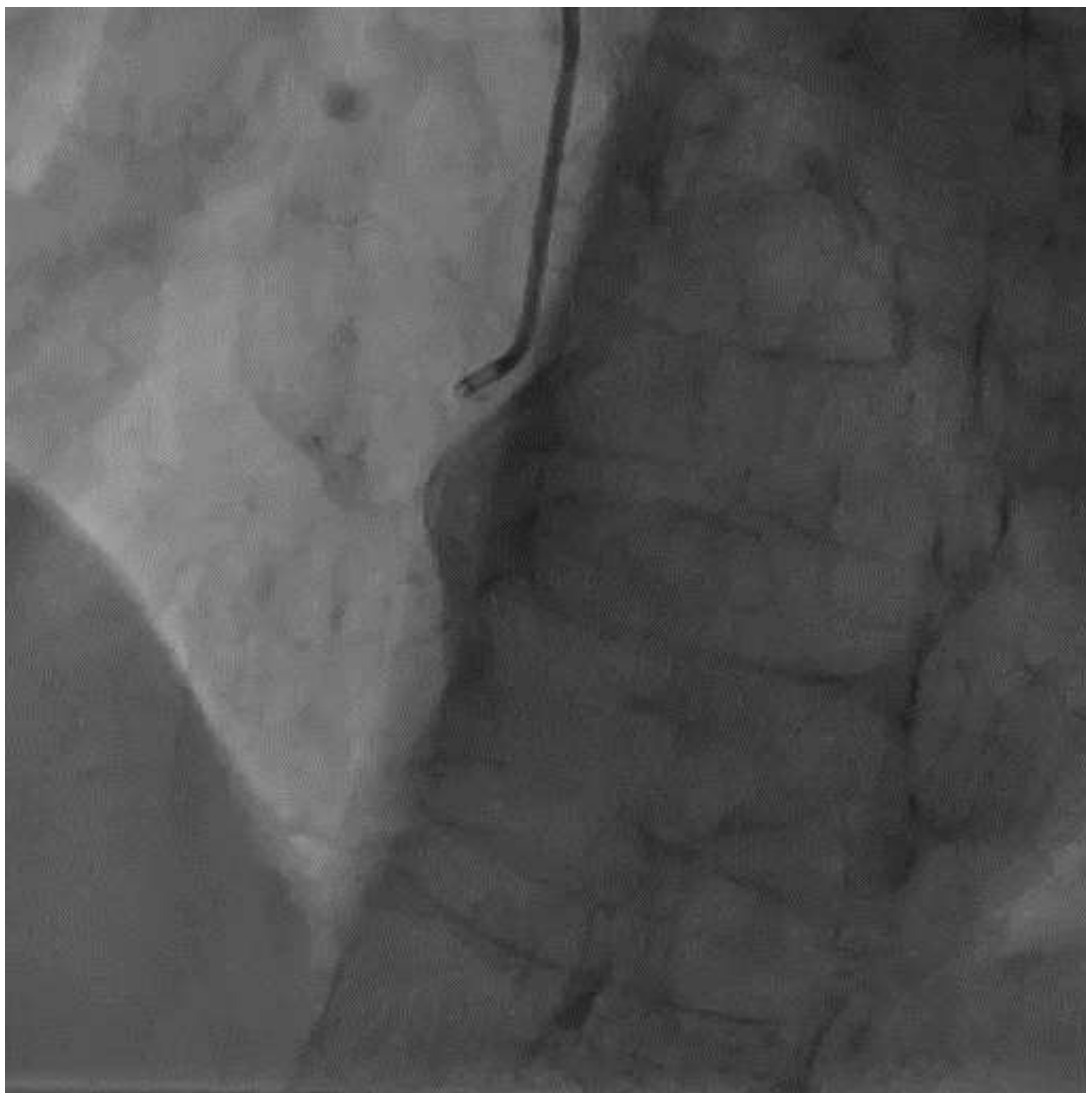
- 82/M HT . Fall with hip fracture complicated by NSTEMI

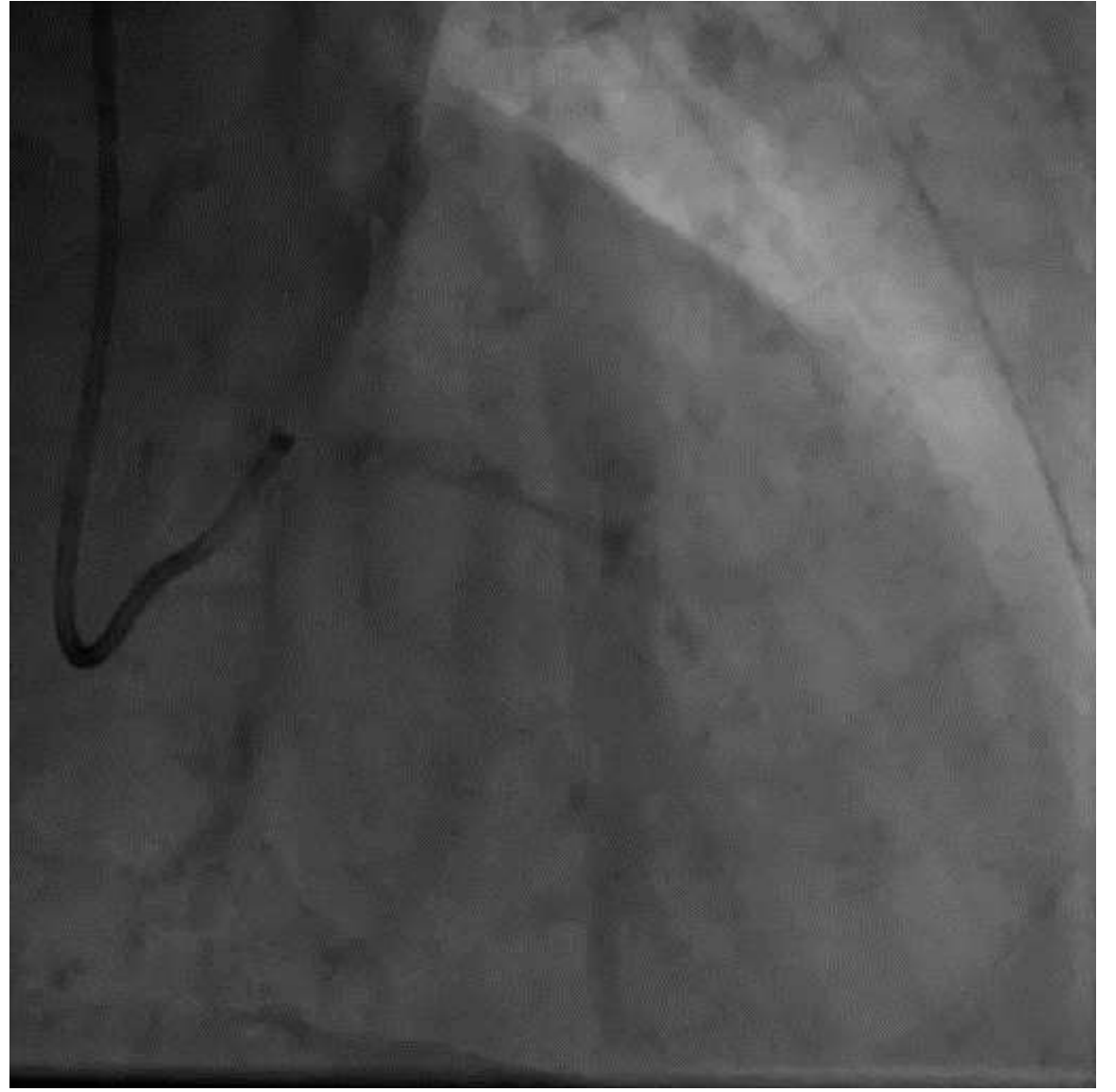


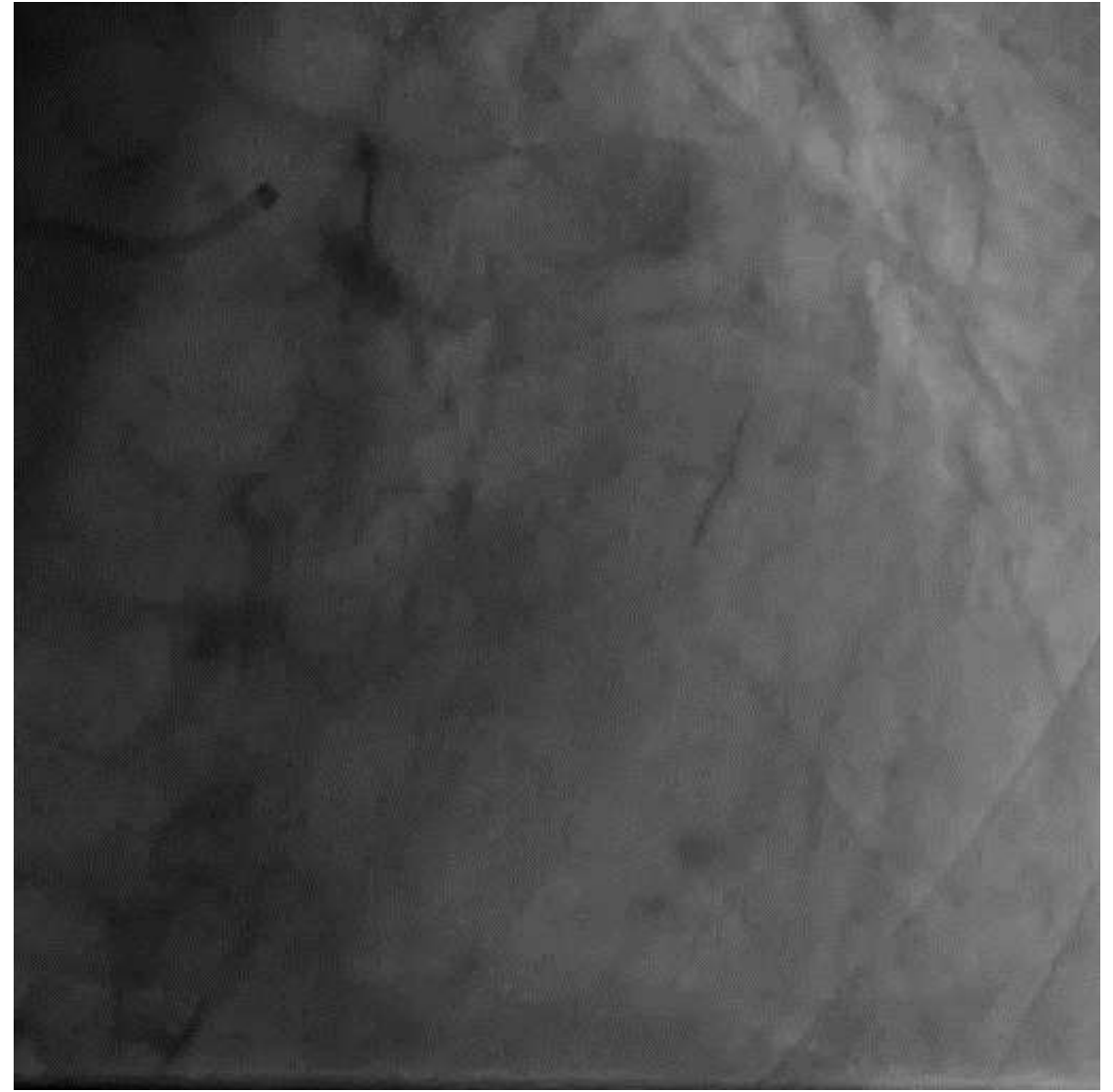


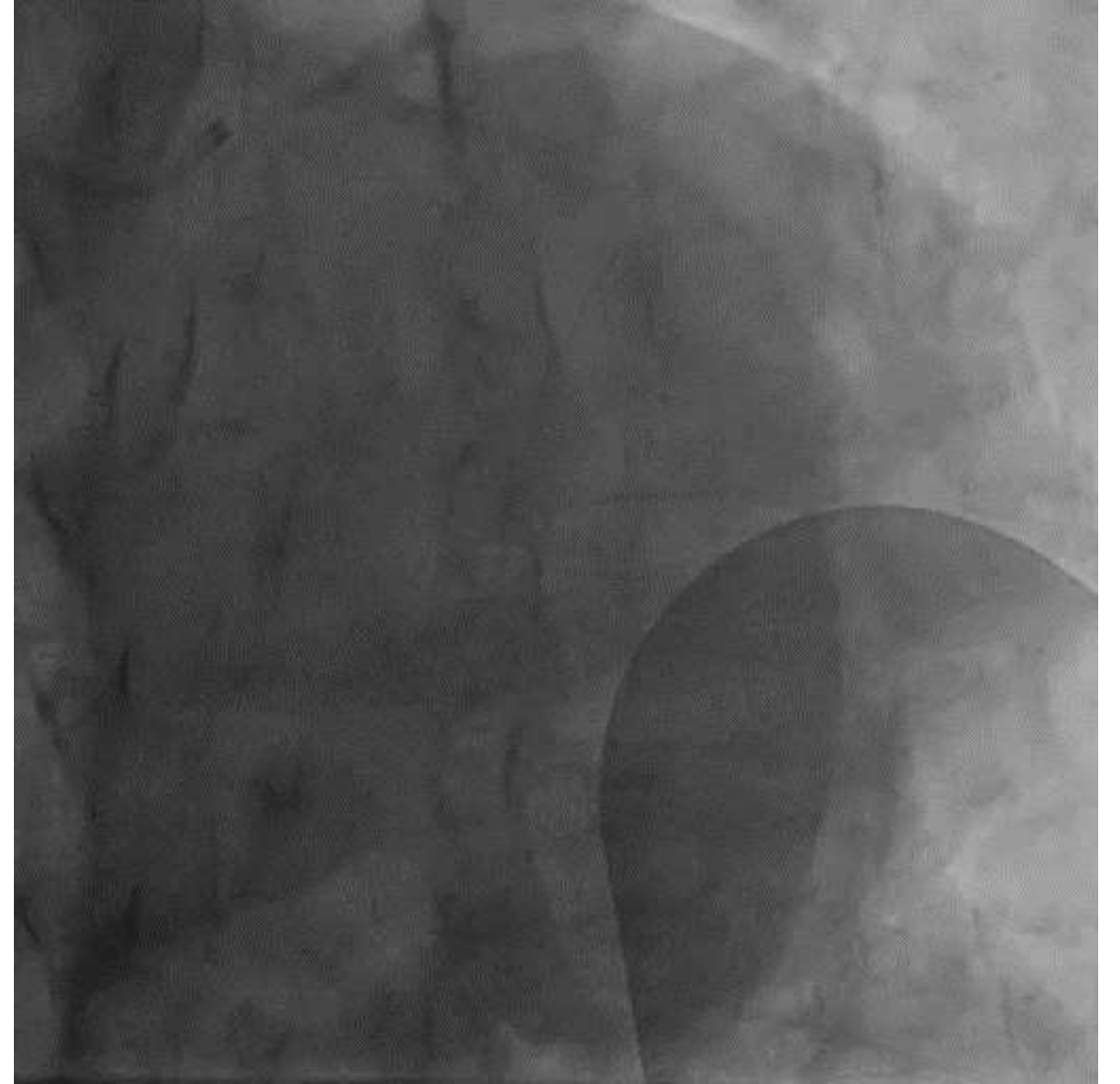


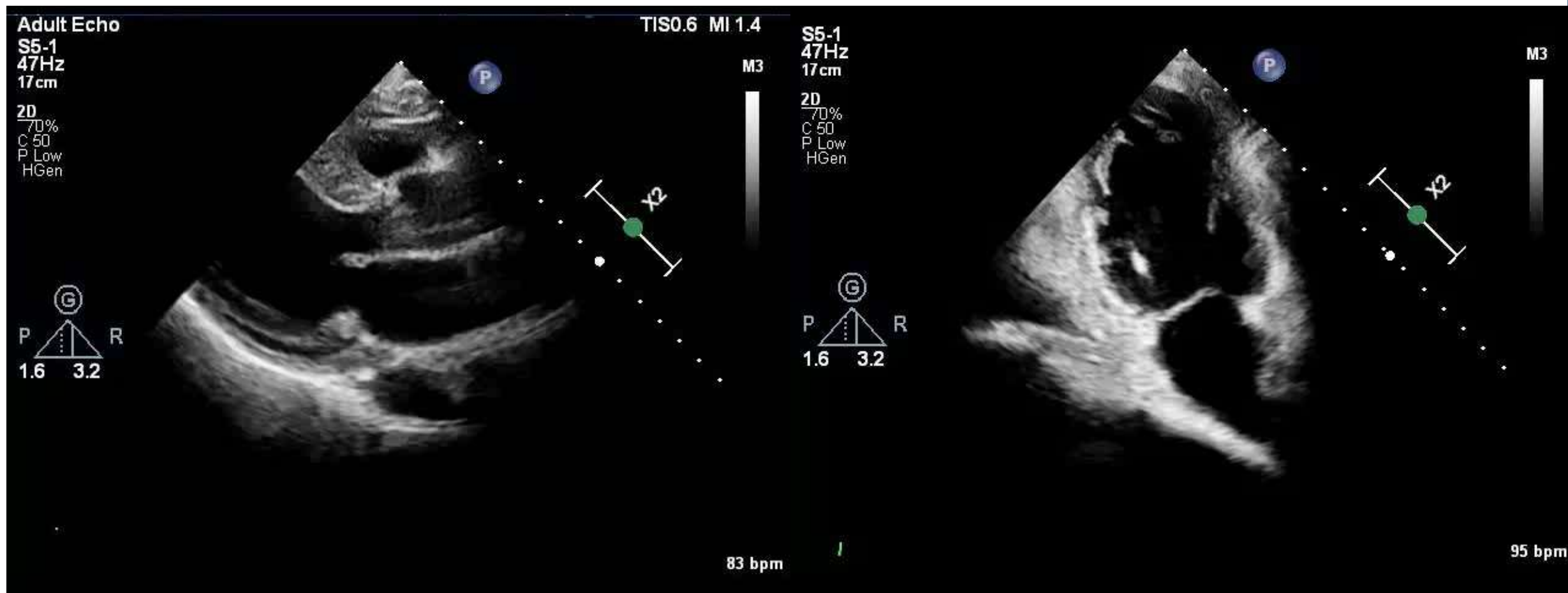
Viable
 myocardium
 Anterior /inferior
 and apex







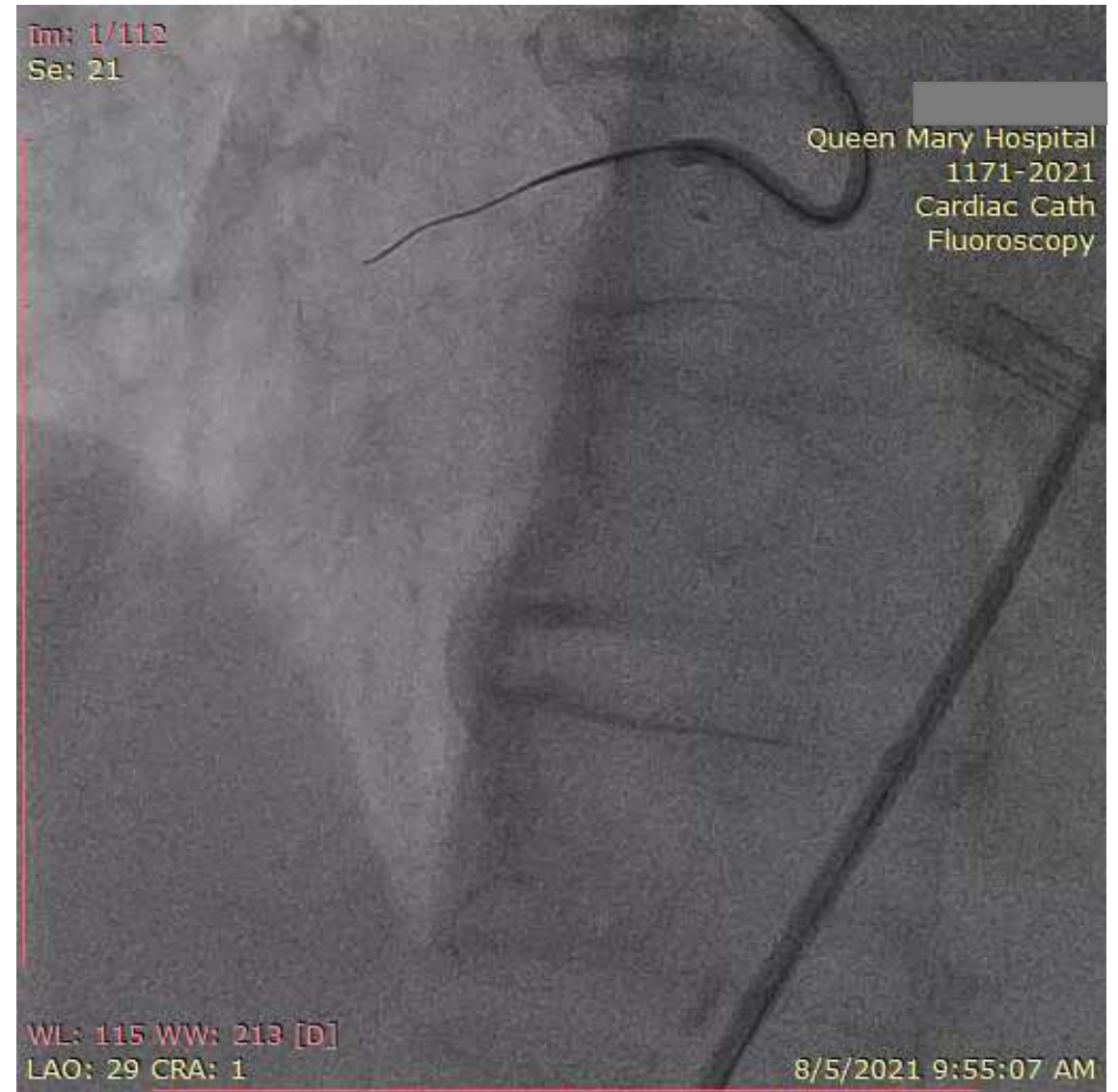
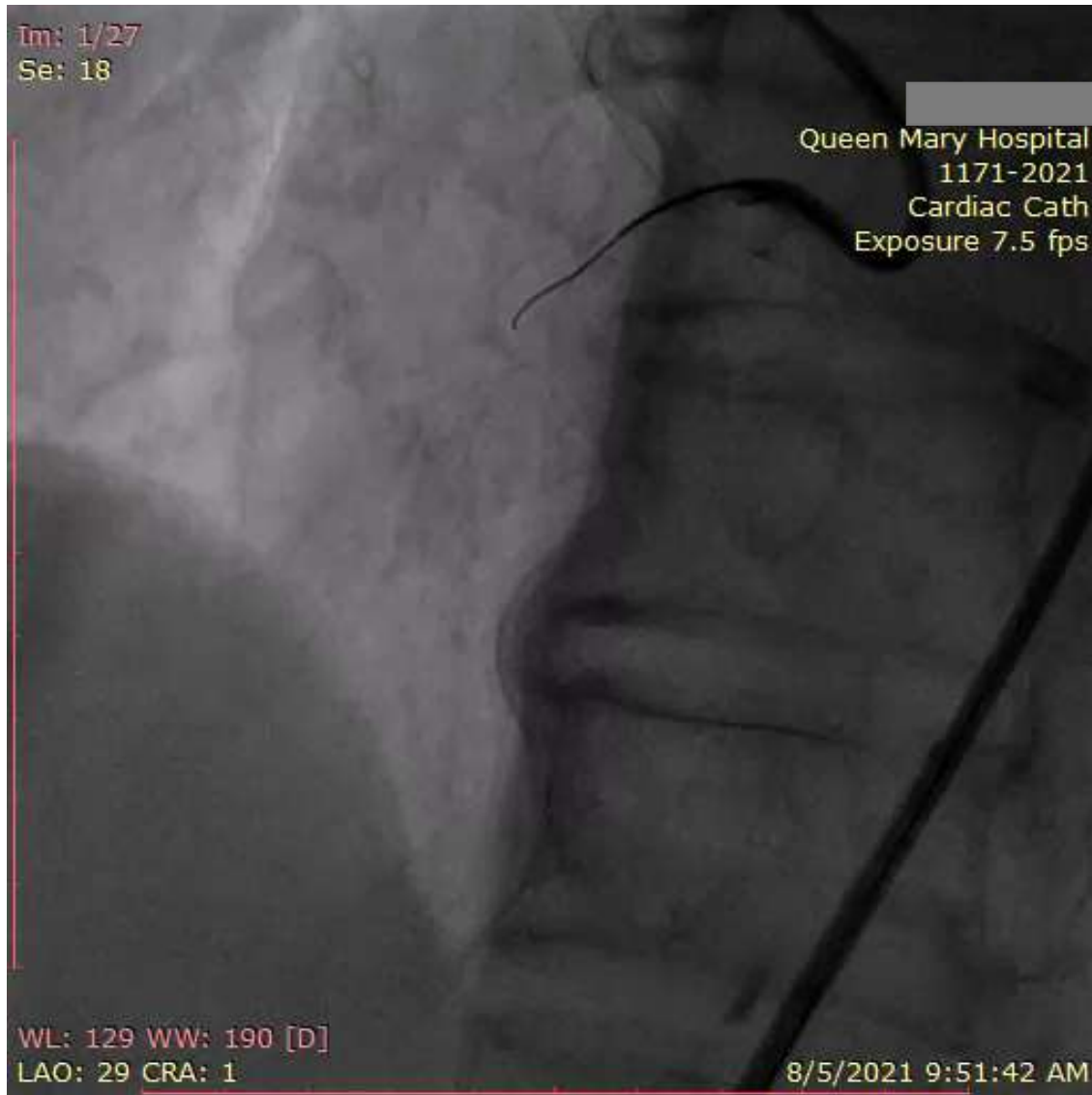




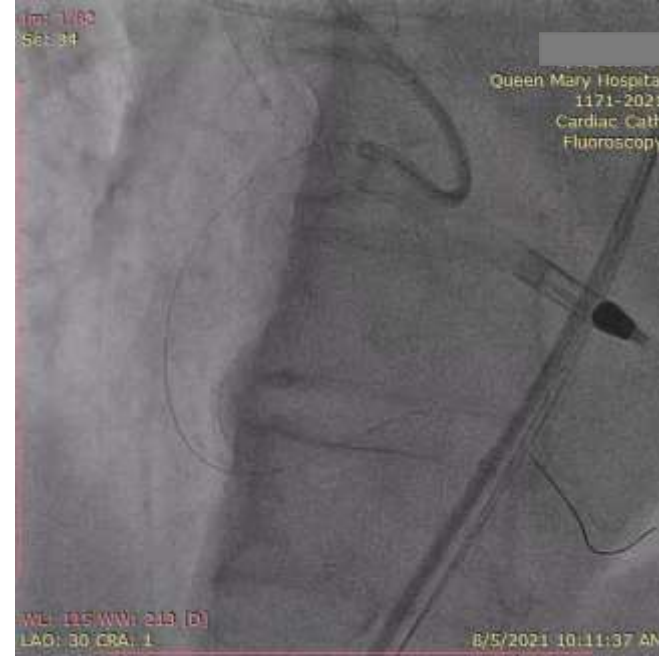
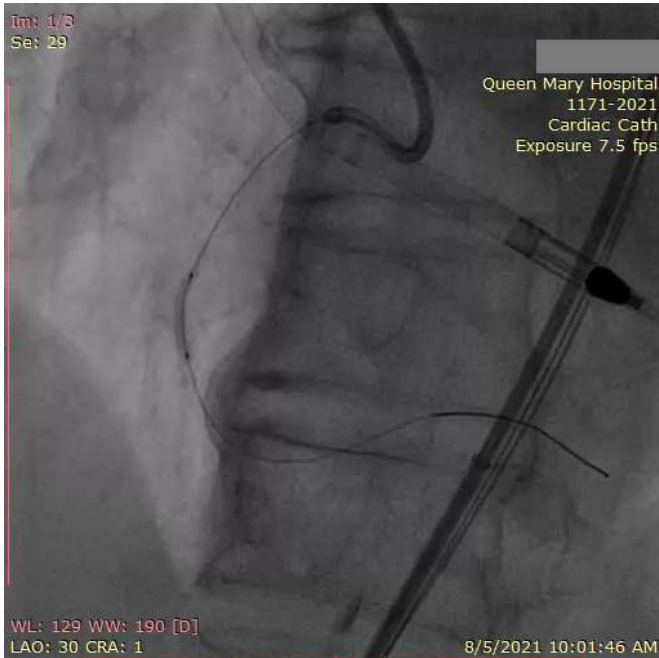
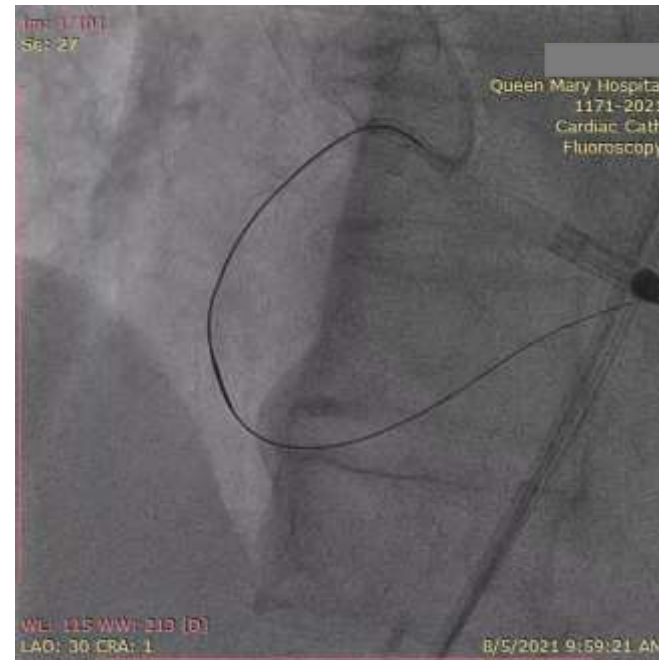
Procedure



7Fr AI 0.75 guide. JL4 diagnostic for contralateral injection. Turnpike 135, Fielder XTA



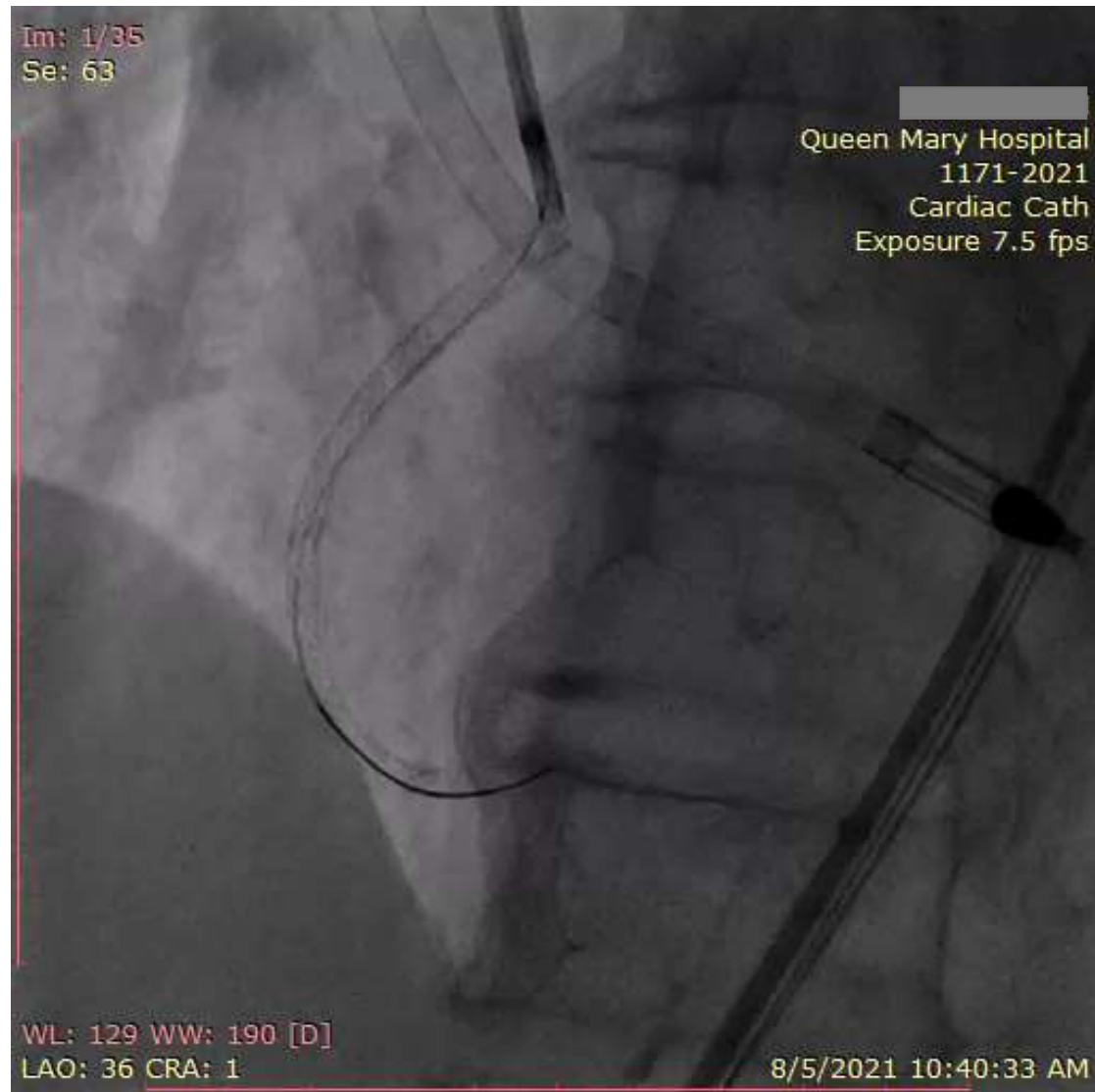
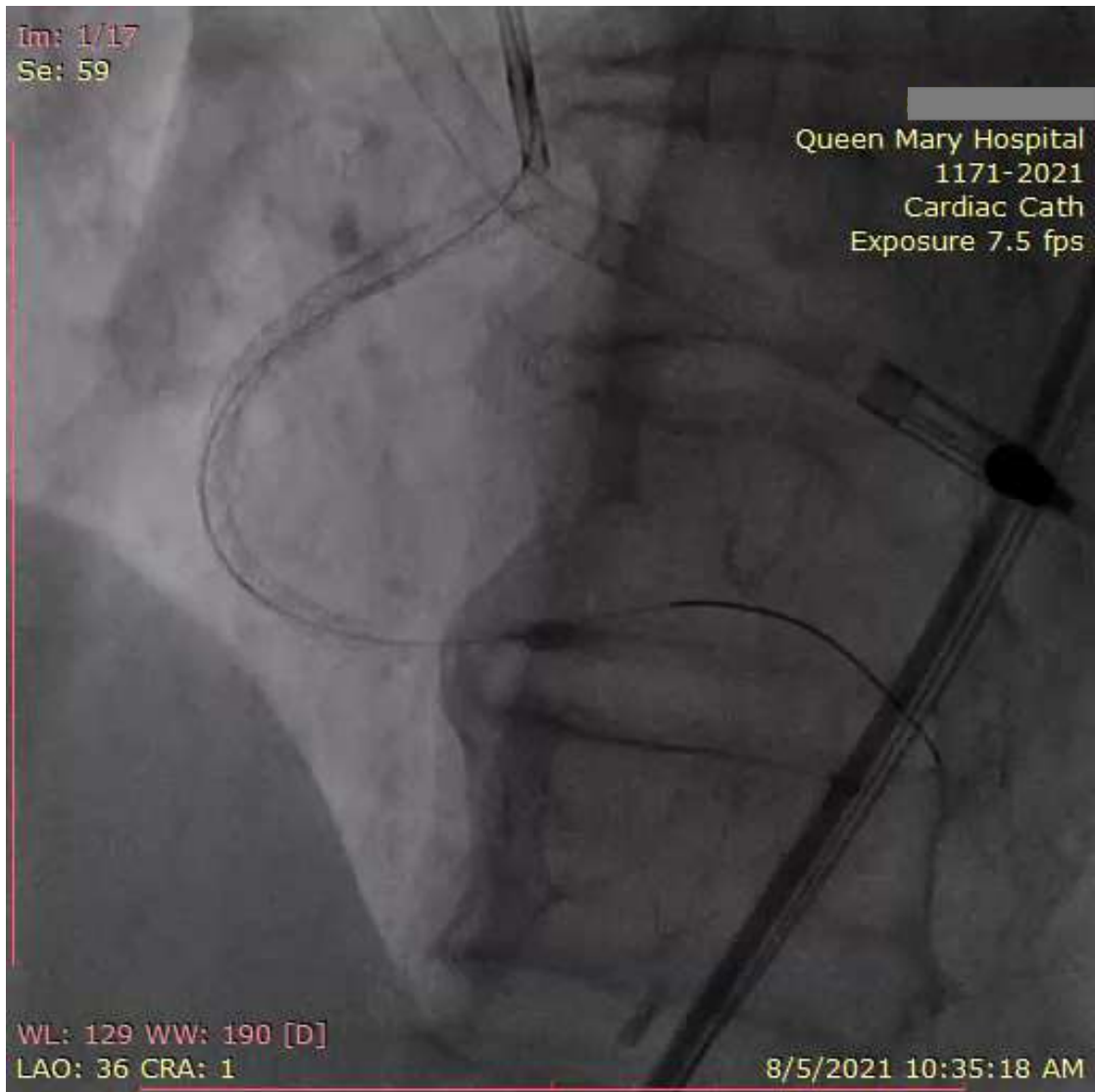
Step up to Gaia 2nd



Sion boue. 2.0
balloon.



NC scoreflex.
Stent with resolute onyx 2.5/38, 3.0/26, 3.5/22. Postdilate NC 3.5 25am, NC 4.0 16am. mRCA postdilate with NC 3.0, 2.5 at 22atm. Distal stent edge dissection noted. Stented with Resolute Onyx 25/18



Im: 1/2237
Se: 1

Frame 1

QM Hospital
1171-2021 IVUSB
Cardiac Cath
RUN1-IVUS
RUN1;RCA;Evaluation

WL: 128 WW: 256 [D]

8/5/2021 11:09:47 AM

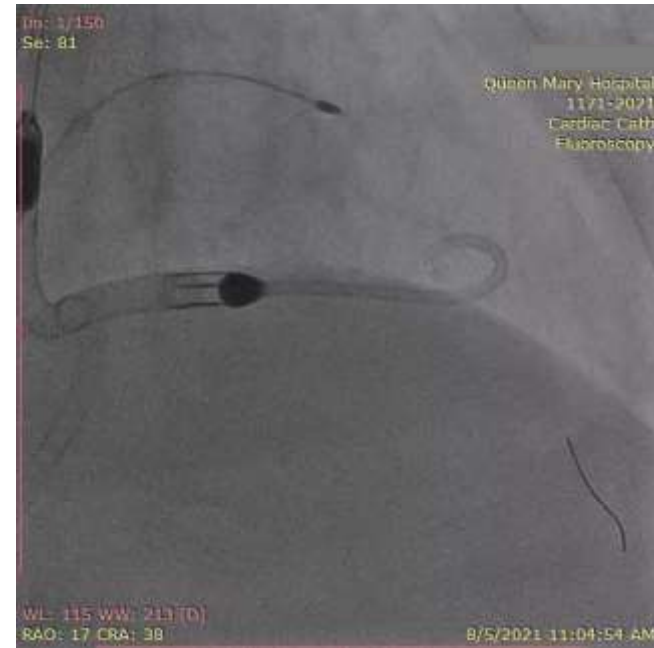
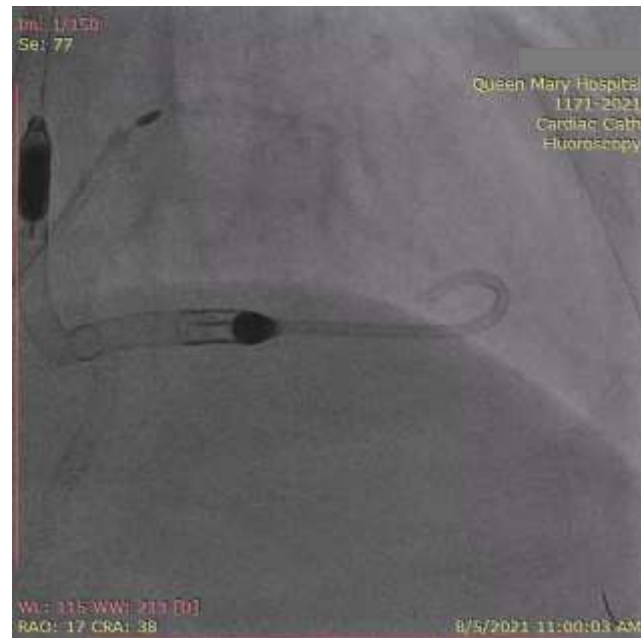
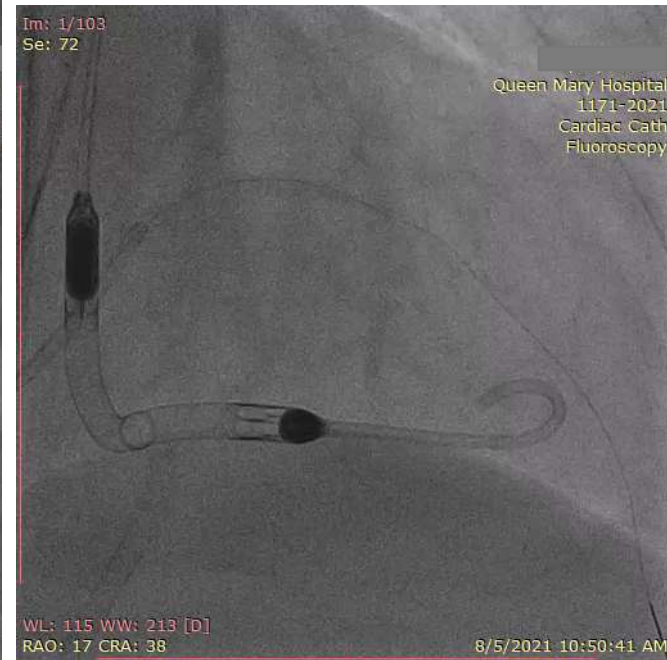
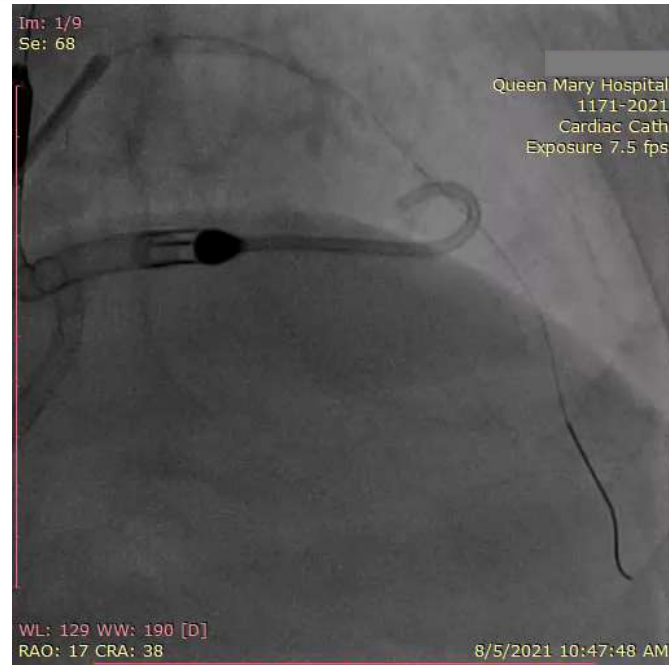
Im: 1/366
Se: 2

Frame 1

QM Hospital
1171-2021 IVUSB
Cardiac Cath
RUN2-IVUS
RUN2;RCA POST-STENTNG;Evaluation

WL: 128 WW: 256 [D]

8/5/2021 11:34:01 AM

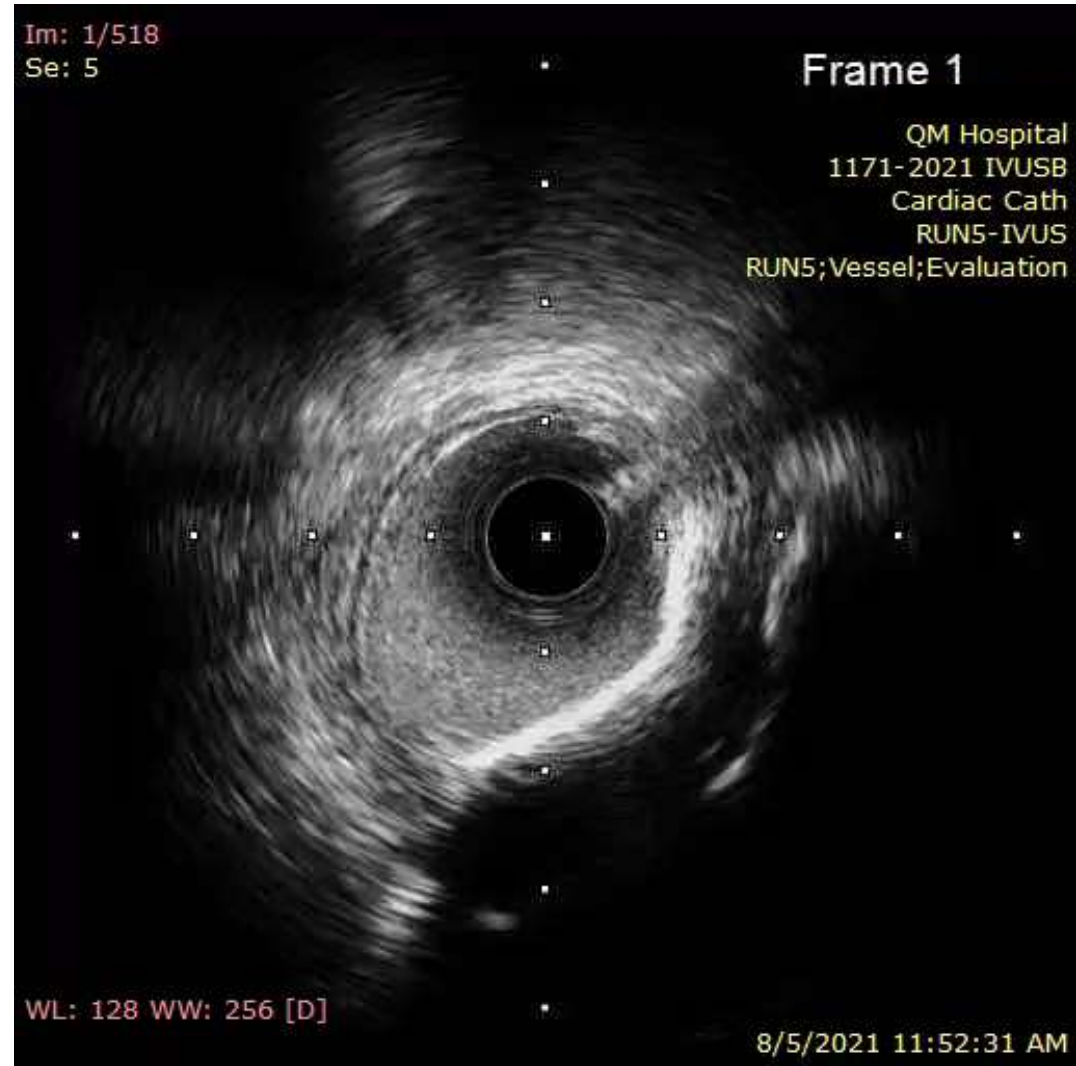
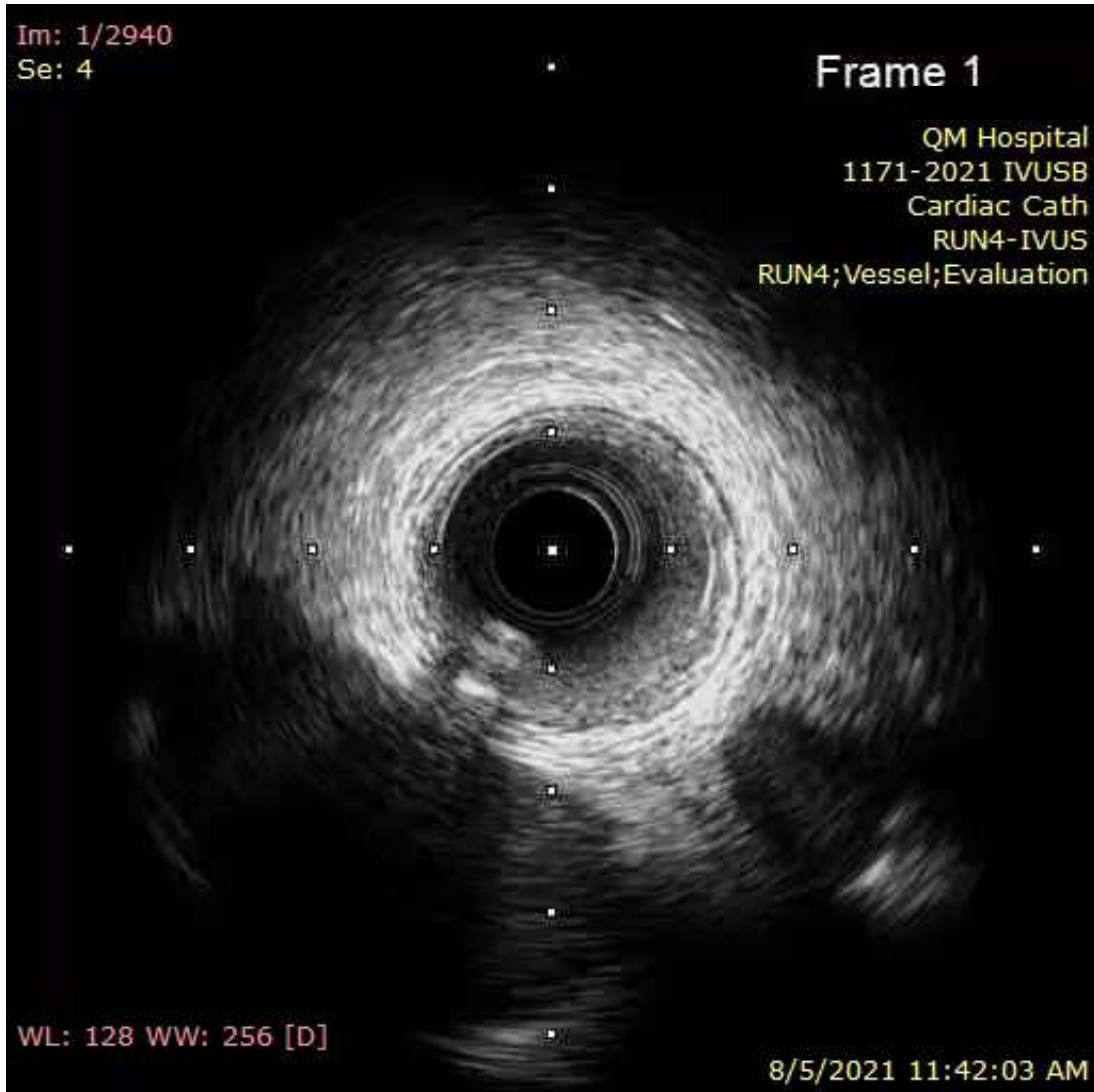


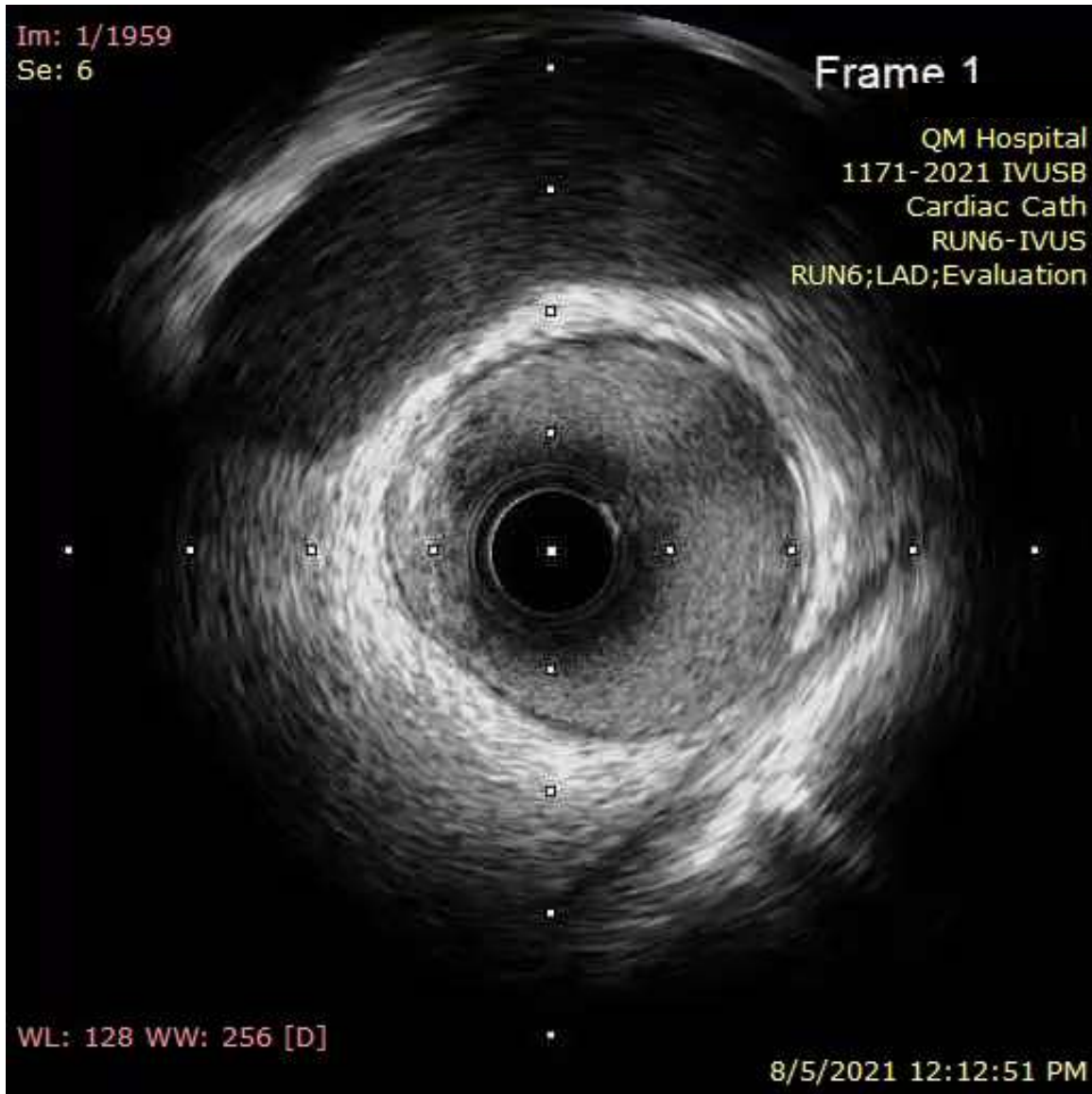
PC to LM-LAD.
Rotablation
1.5 burr 180000rpm
8 passes.
1.75 170000 3
passes. Exchange
to Sion blue wire.
Runthrough NS to
LCx.

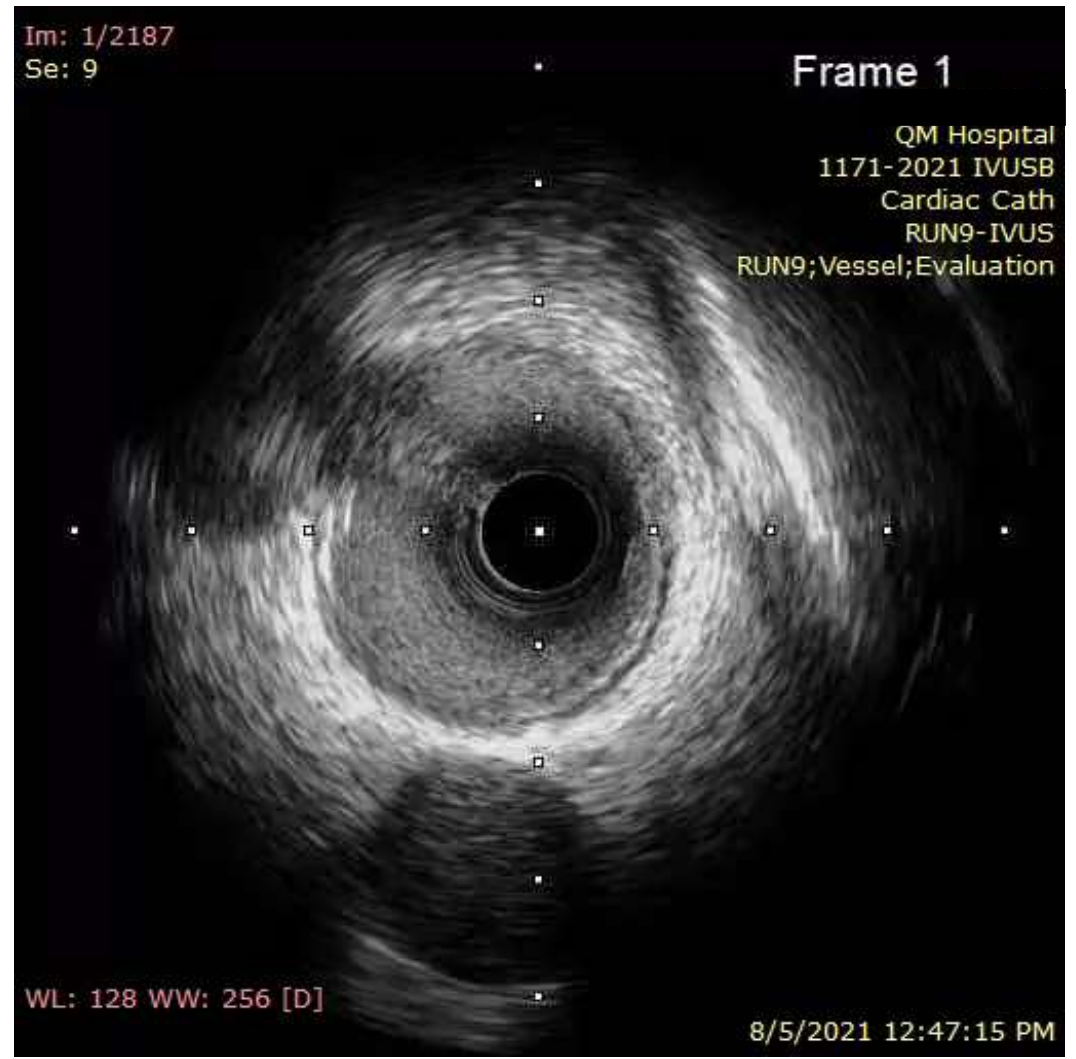
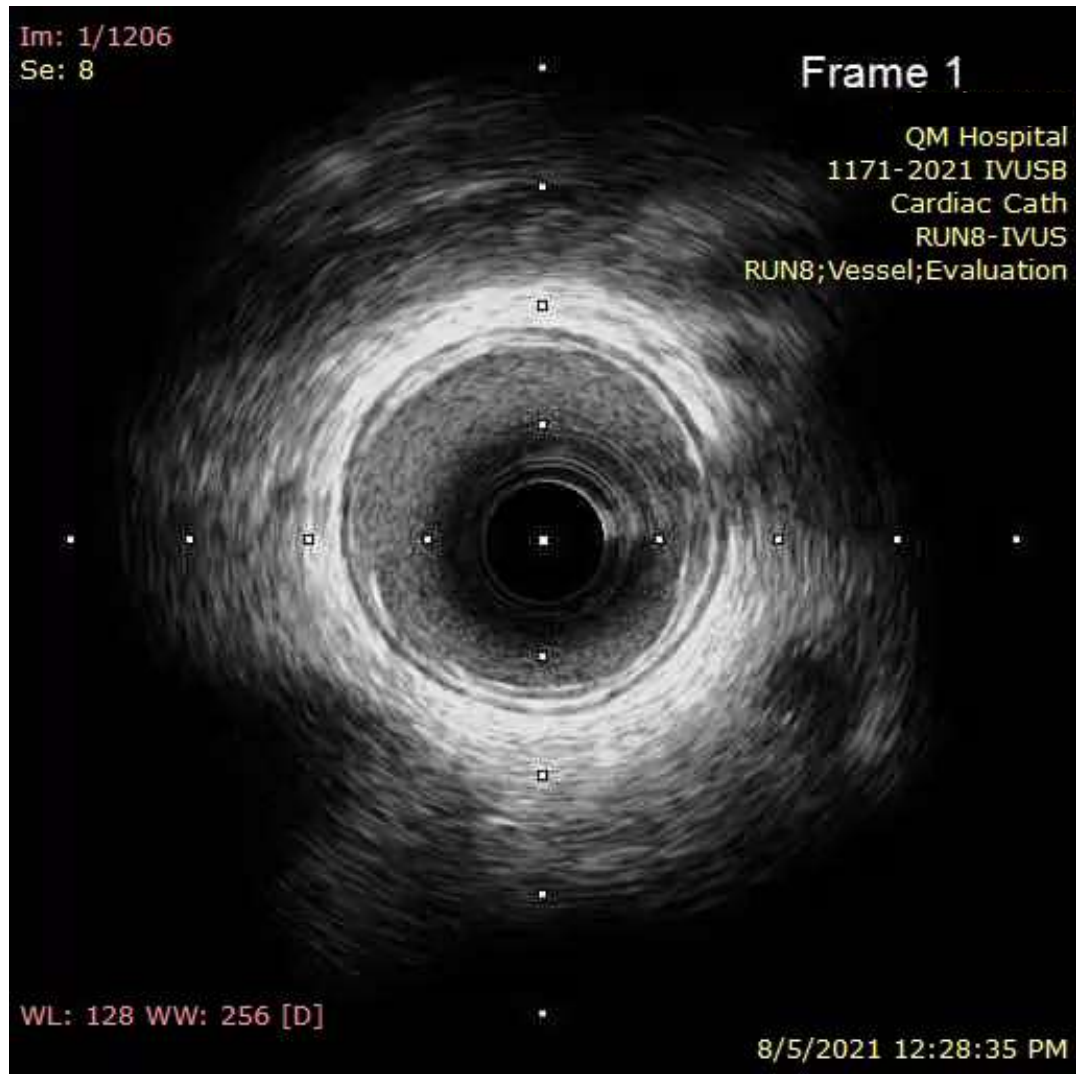


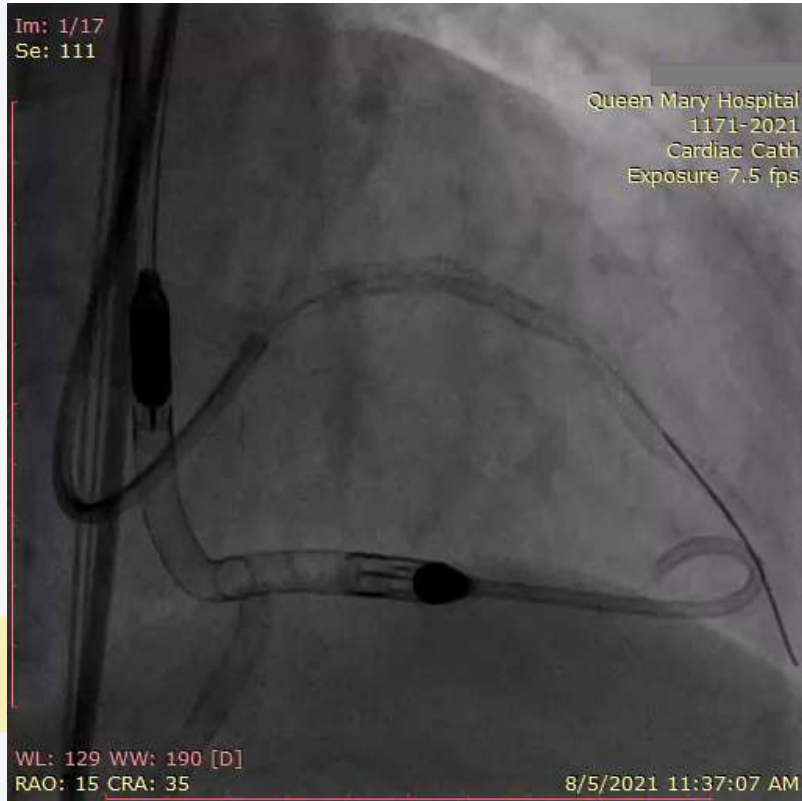
LM-LAD dilate with NC scoreflex 2.5. Stent with Resolute Onyx 2.75/3m. LM-LAD stent with Resolute Onyx 3.5/34. POT with NC 4.0 at 16atm. LAD postdilute NC 3.0 22atm. NC 3.5 16atm.











Impella weaned. Wound close with perclose x 2

Discussion

- 1. MCS support in CHIP intervention
- 2. Option for treatment of aneurysm and calcified vessel
- 3. Technique for antegrade wire escalation CTO intervention

Conclusion

- CHIP intervention can be life-saving with careful case selection and procedural preparation. Mechanical circulatory support can ease and increase safety of the procedure.