

MISFORTUNE NEVER COMES ALONE

**Chaisiri Wanlapakorn MD, MSc.
King Chulalongkorn Memorial Hospital**

Disclosure

- I have NO financial disclosure or conflicts of interest with this presentation

Clinical presentation

- An 86 year-old Thai lady
- Presented with dyspnea and chest pain on exertion
- U/D: T2DM, HTN, DLP
- Hx of IHD (LM with DVD)
 - S/P PCI at LM-LAD (2 yr PTA)
- Current medication
 - Aspirin 81 mg/day
 - Simvastatin 40 mg/day
 - Enalapril 5 mg/day
 - Carvedilol 6.25 mg/day
 - Metformin 500 mg/day
 - Glipizide 5 mg/day

Rate 70 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
 . Sinus rhythm.....normal P axis, V-rate 50- 99
 PR 208 . Borderline prolonged PR interval..... PR >202, V-rate 50- 90
 QRSD 88 . Probable inferior infarct, age indeterminate..... Q>35mS, T neg, II III aVF
 QT 508 . Prolonged QT interval.....QTc >510ms
 QTc 549

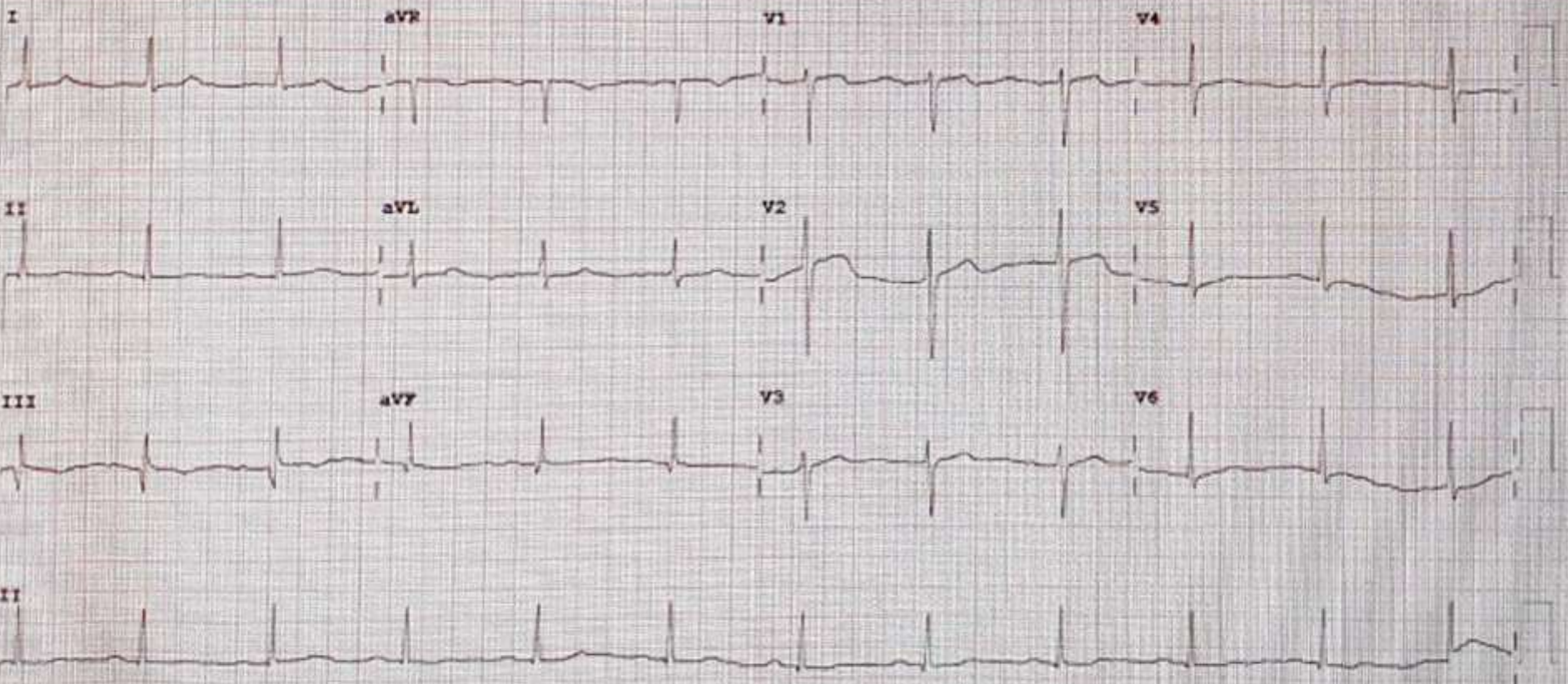
Handwritten notes:
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 - 4/15/2004

--AXIS--

P 76
 QRS 34
 T -10

- ABNORMAL ECG -

Unconfirmed Diagnosis



CBC

- Hb 9.5 g/dL
- HCT 28.4 %
- WBC 6,800 /micro L
- Platelet 180,000 /micro L

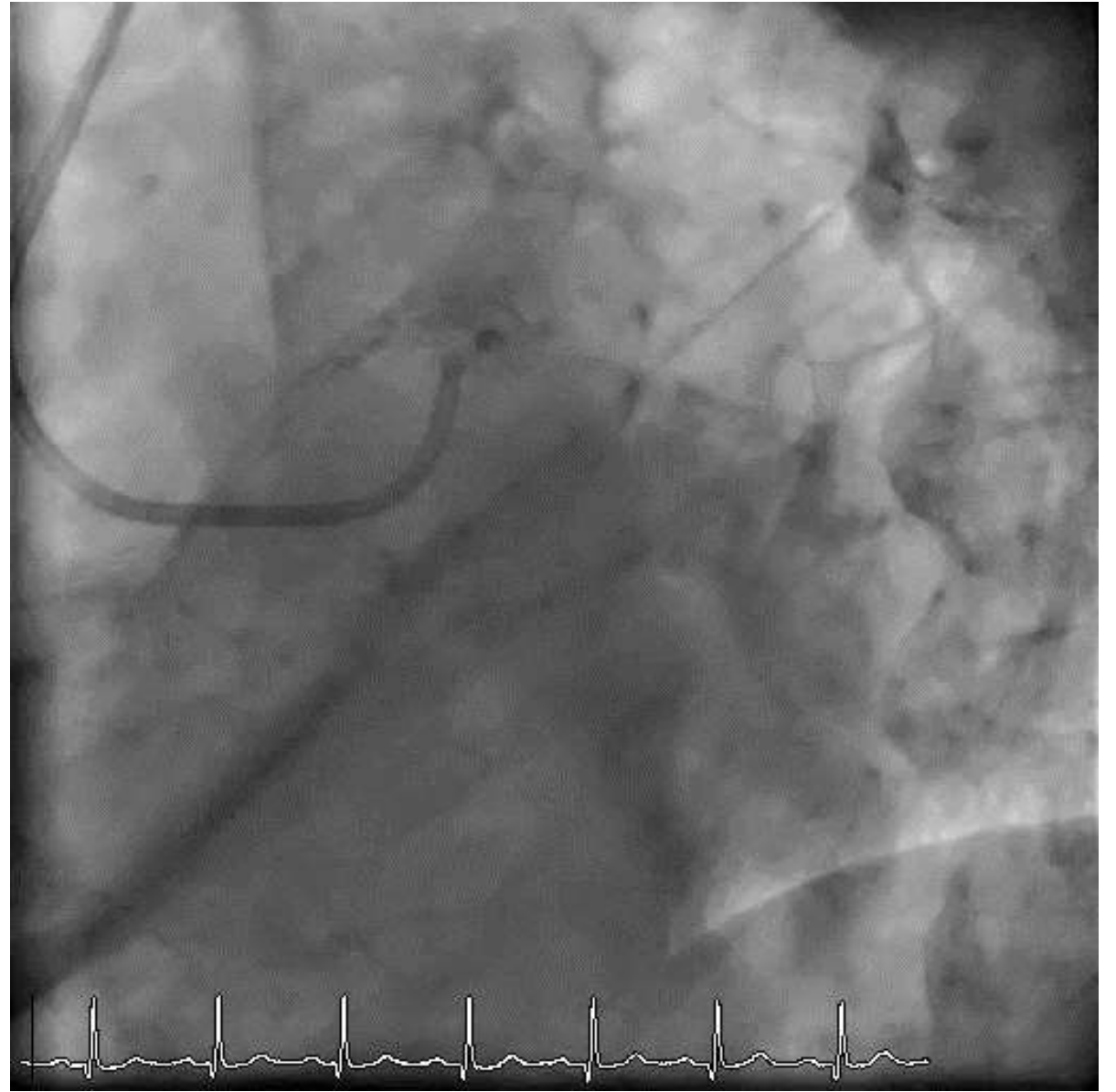
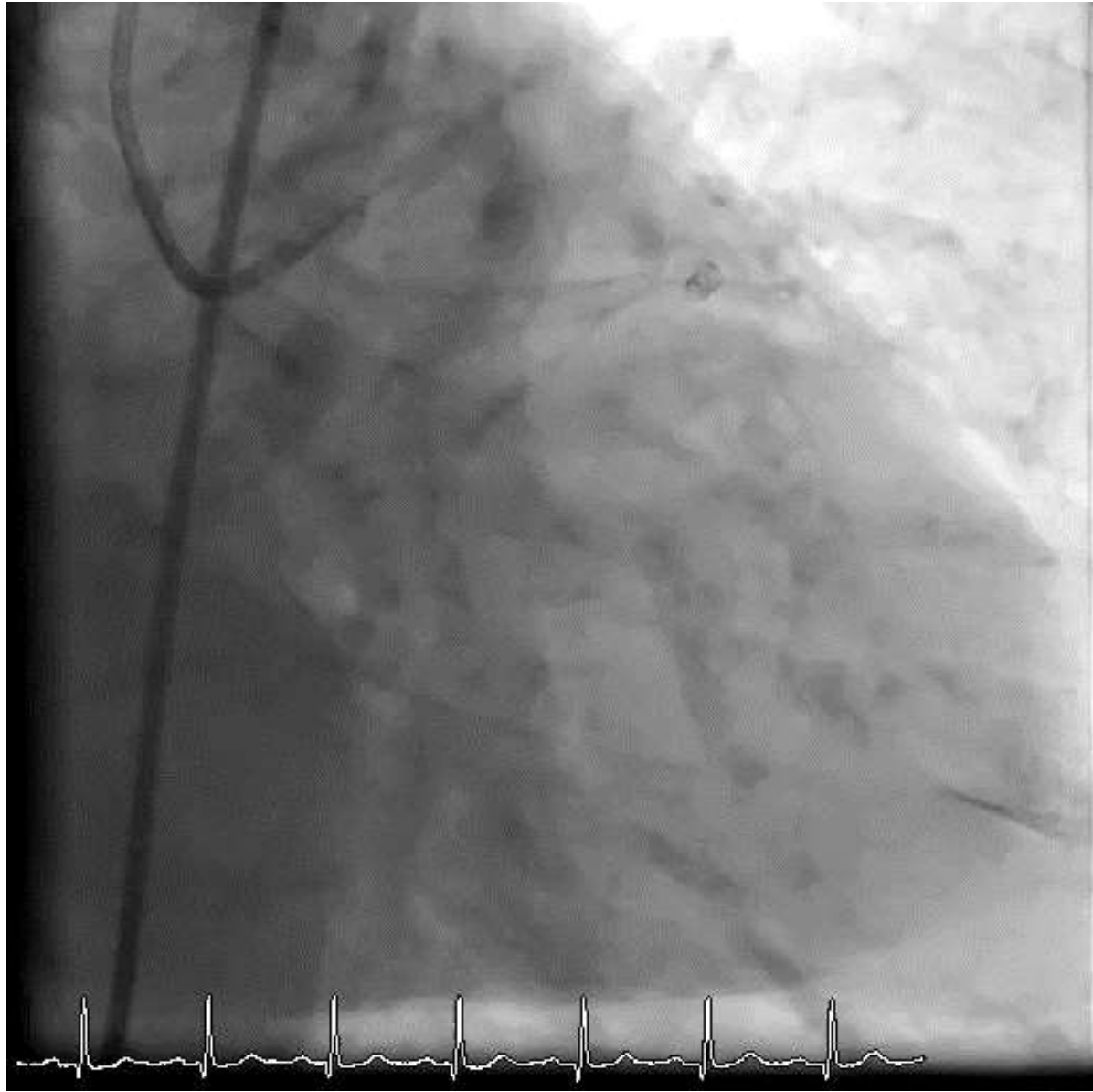
Blood chemistry

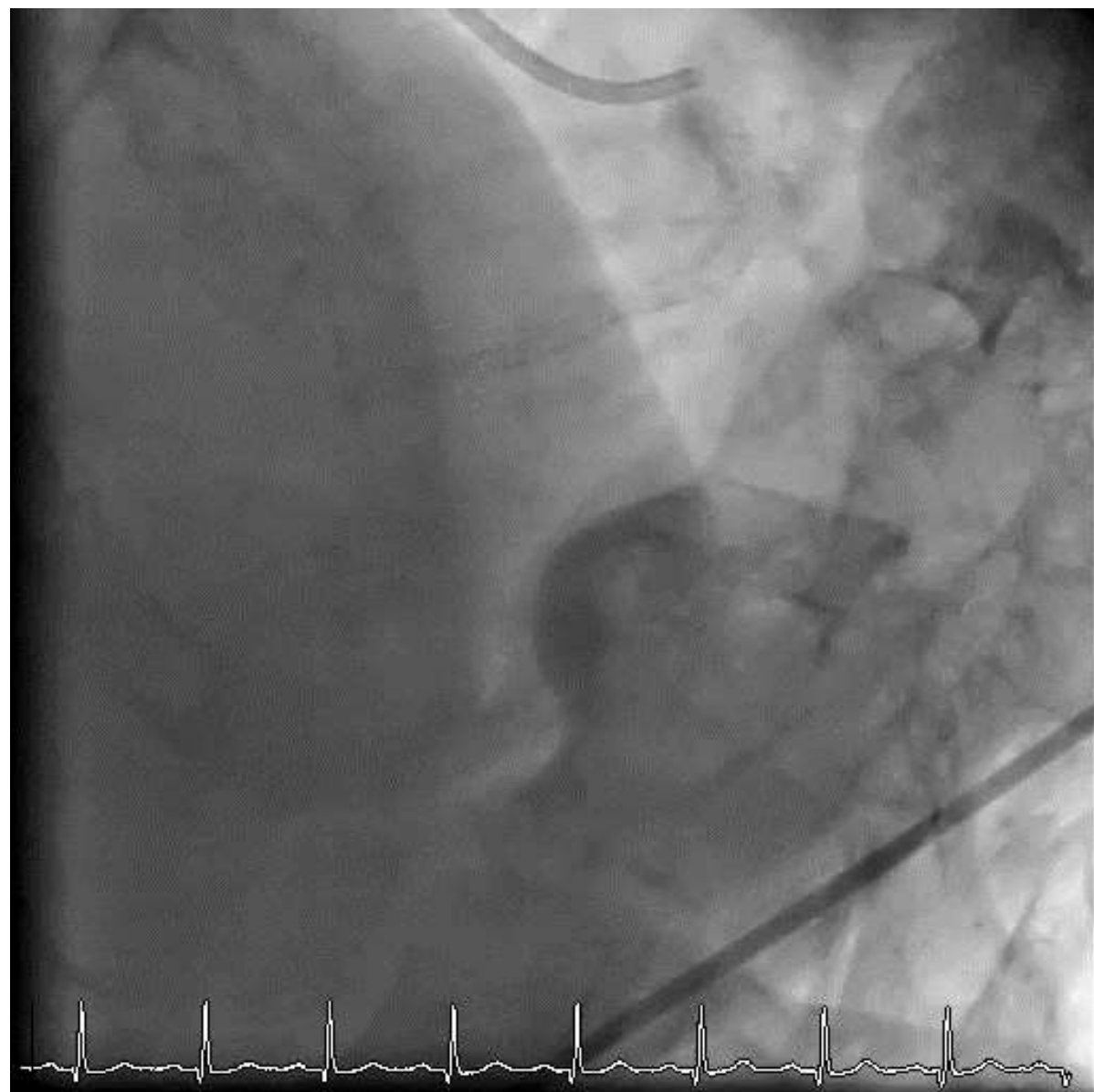
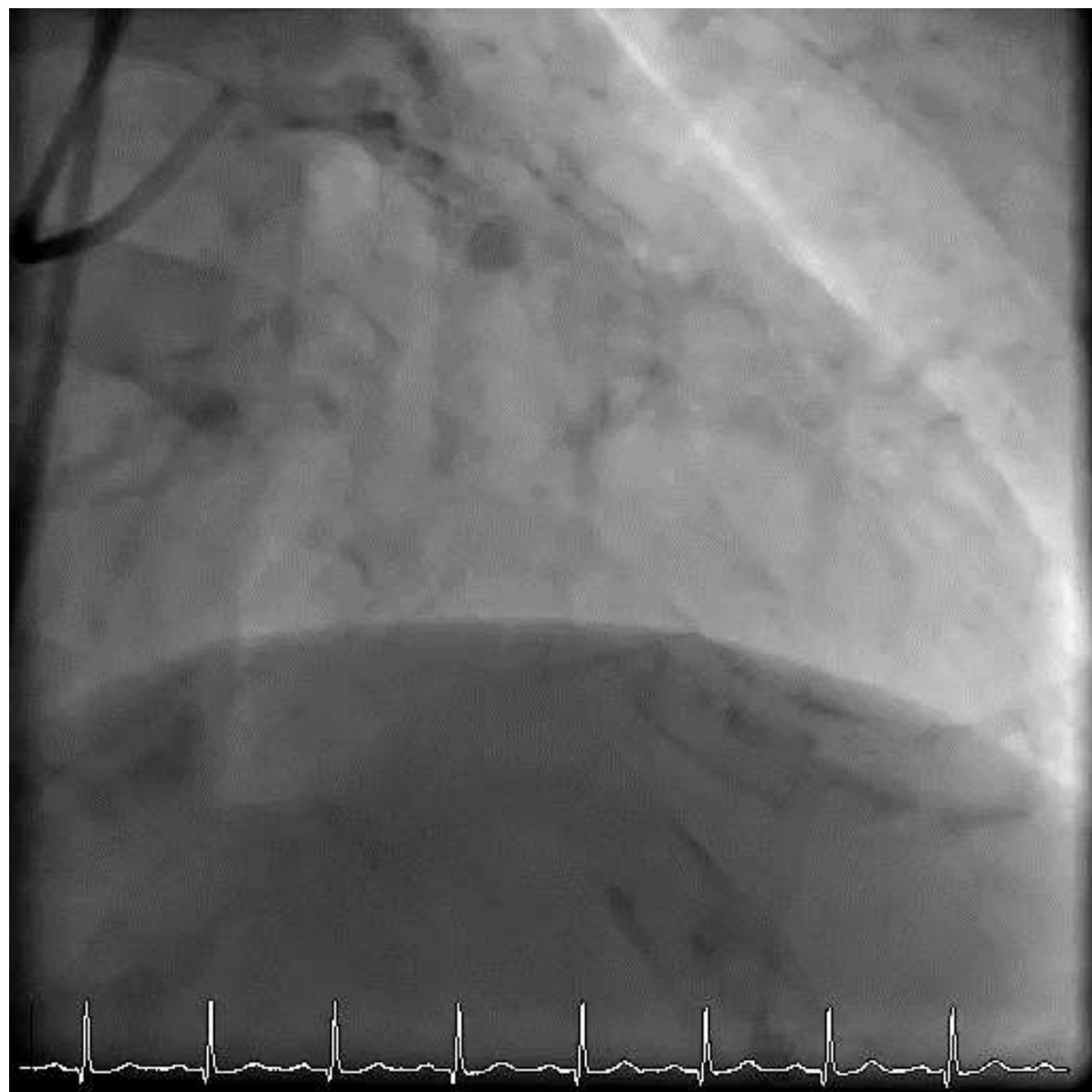
- BUN 24 mg/dL
- Cr 1.04 mg/dL
- Na 142 mmol/L
- K 3.8 mmol/L
- Cl 112 mmol/L
- HCO₃ 22 mmol/L

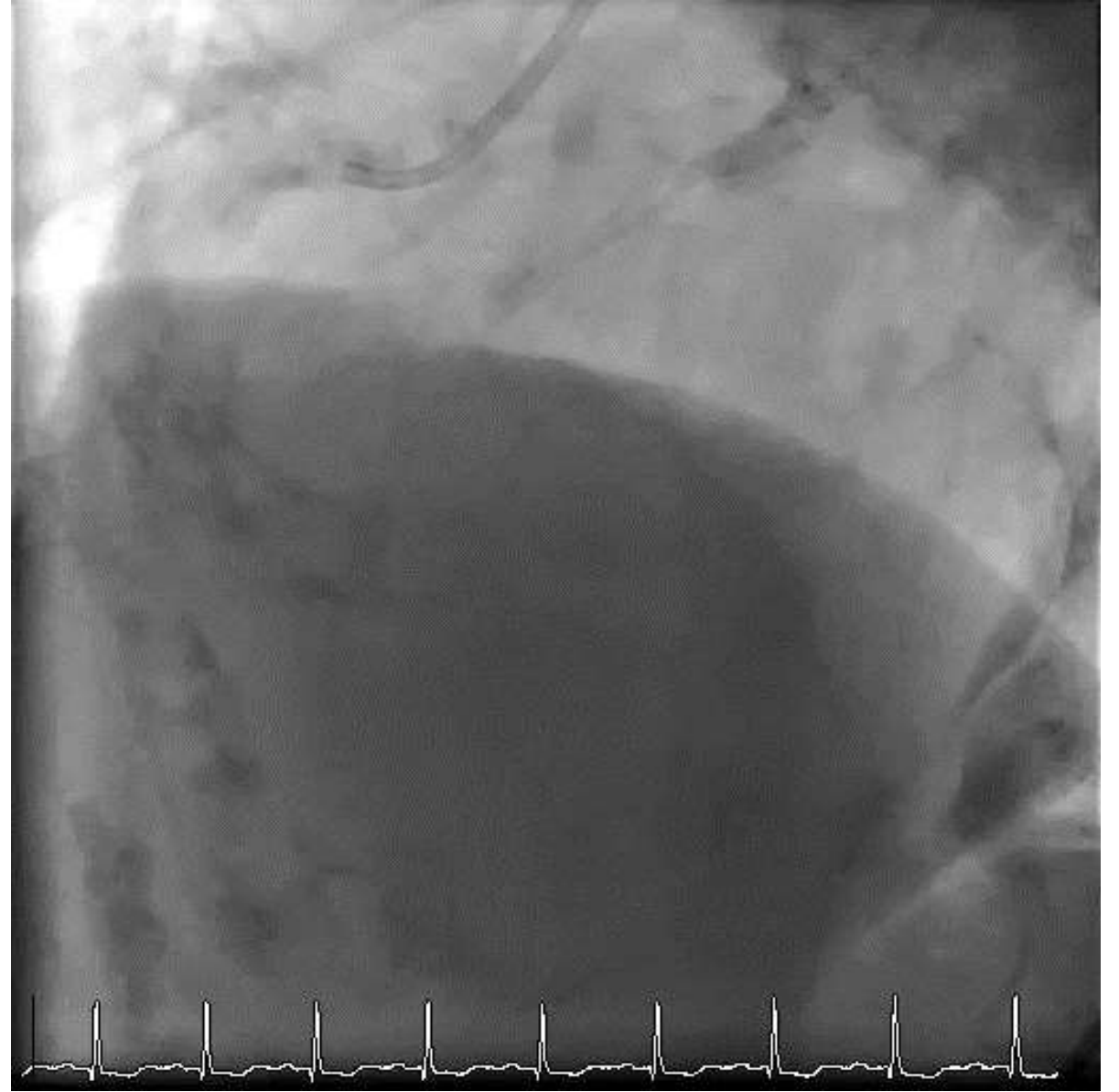
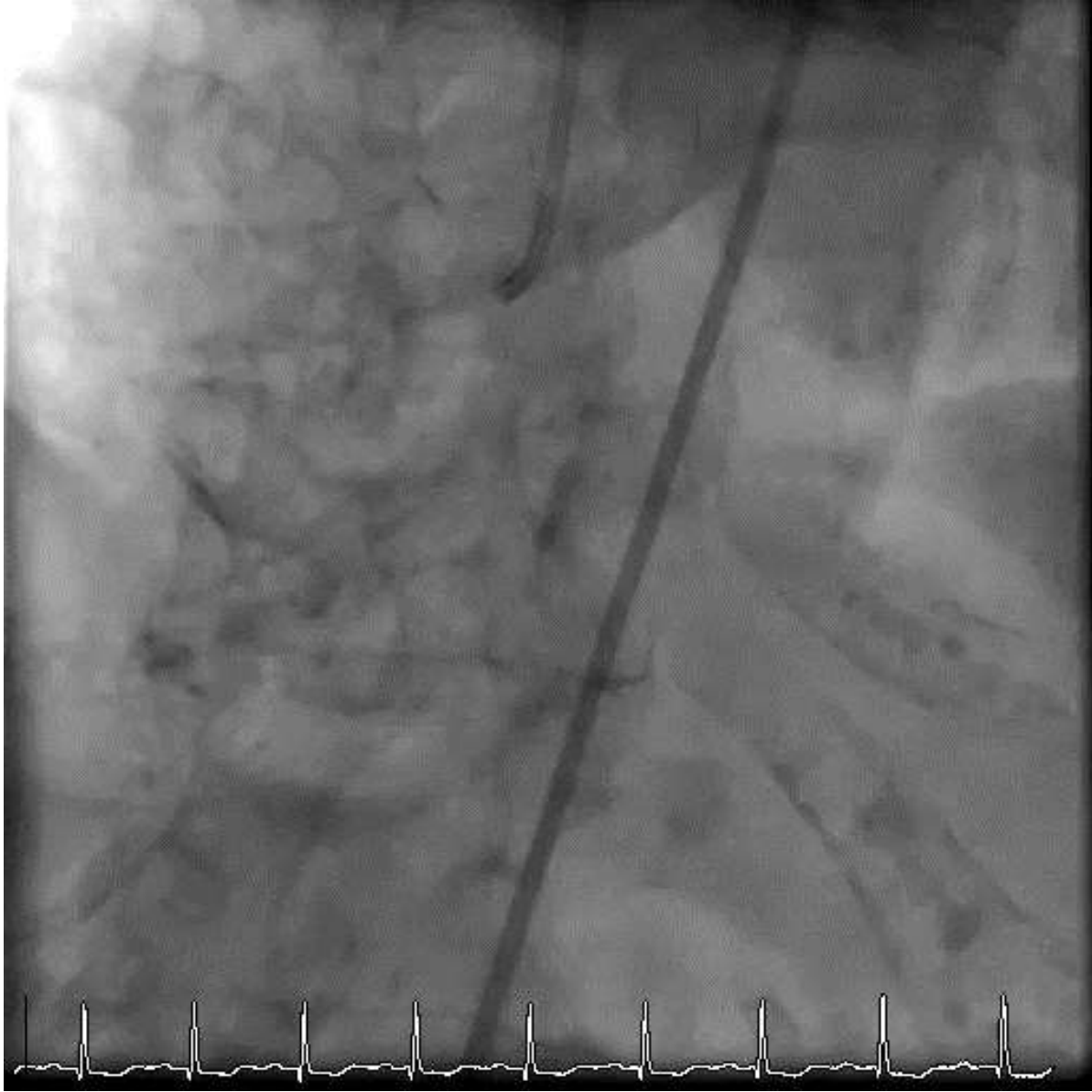


Echocardiogram

- Normal LV size, normal LV thickness.
- Mildly impaired LV systolic function, LVEF = 49%.
- Hypokinesia at infero-septal wall and lateral wall.
- Calcific tri-leaflet aortic valve with mild AS.
- Moderate MR.
- Trivial TR.
- No PR.
- No pericardial effusion.

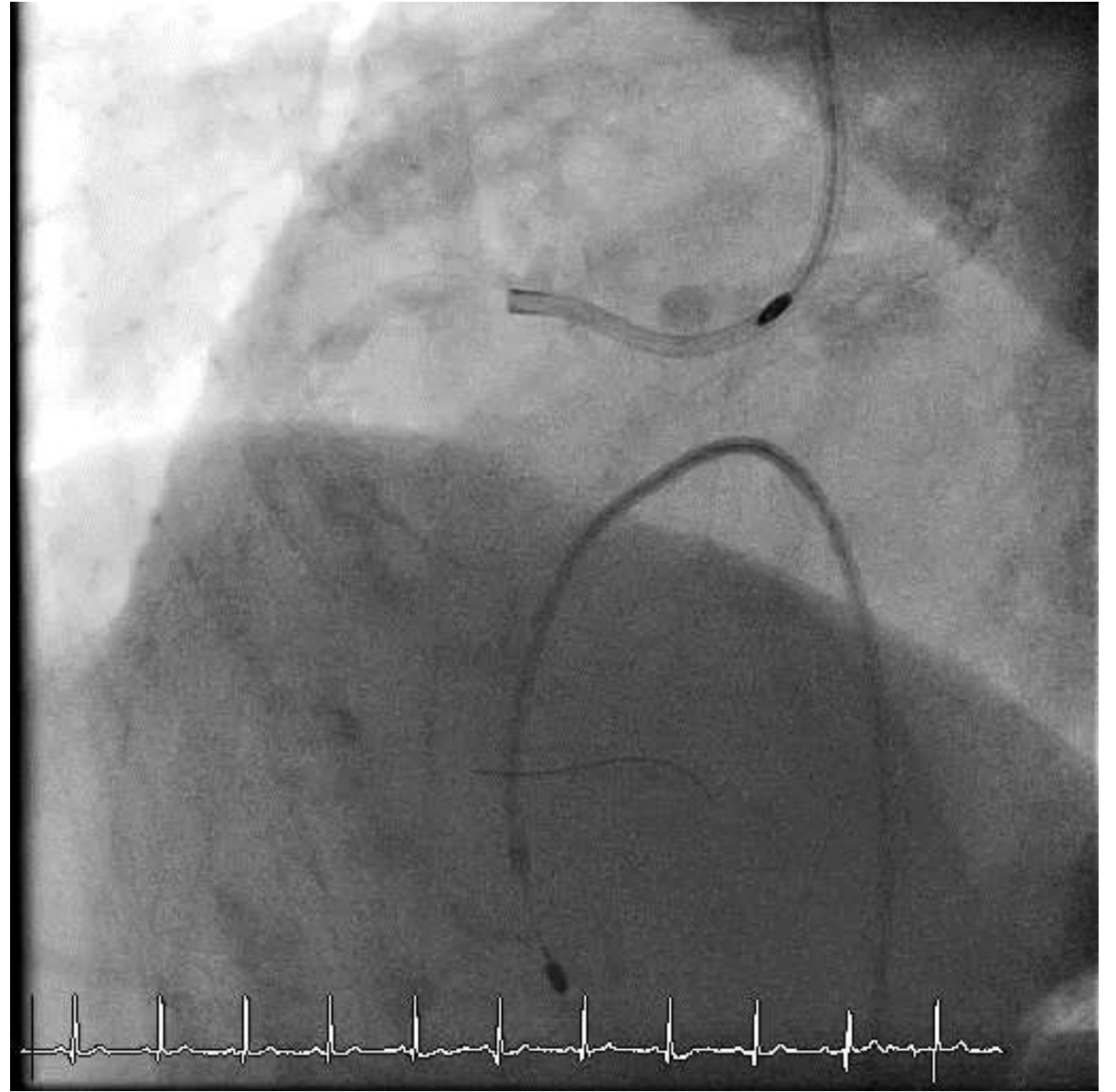
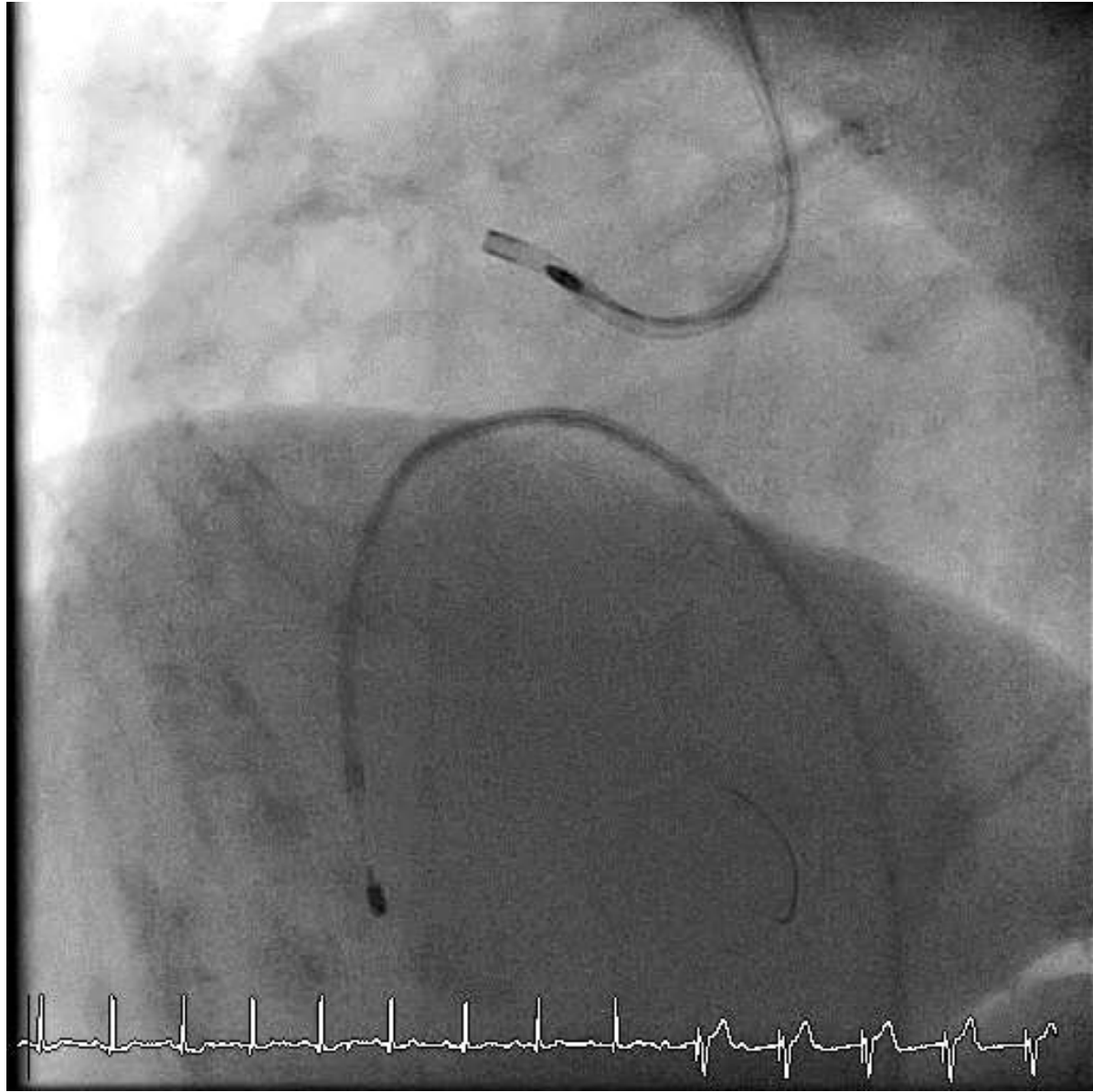


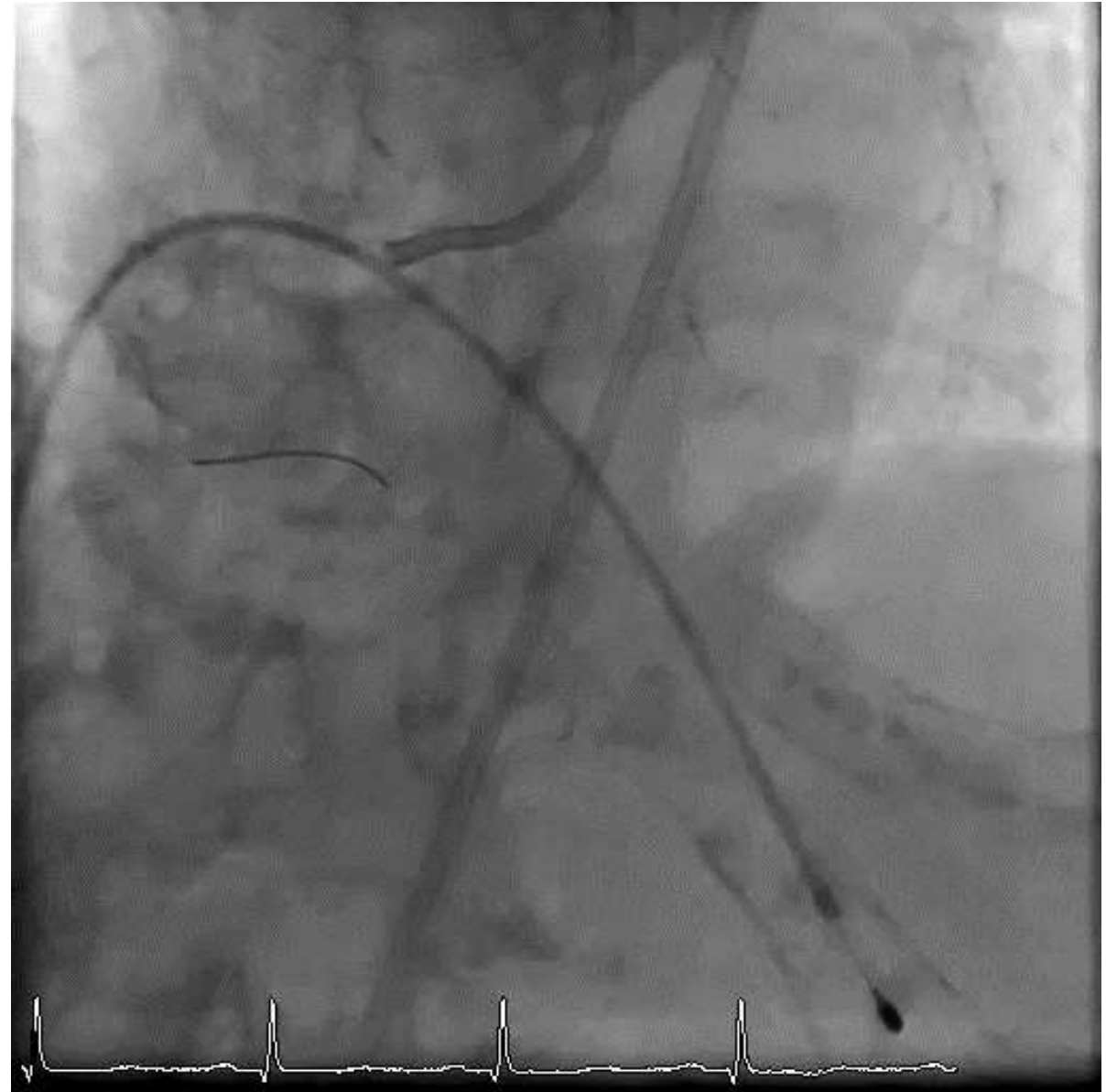
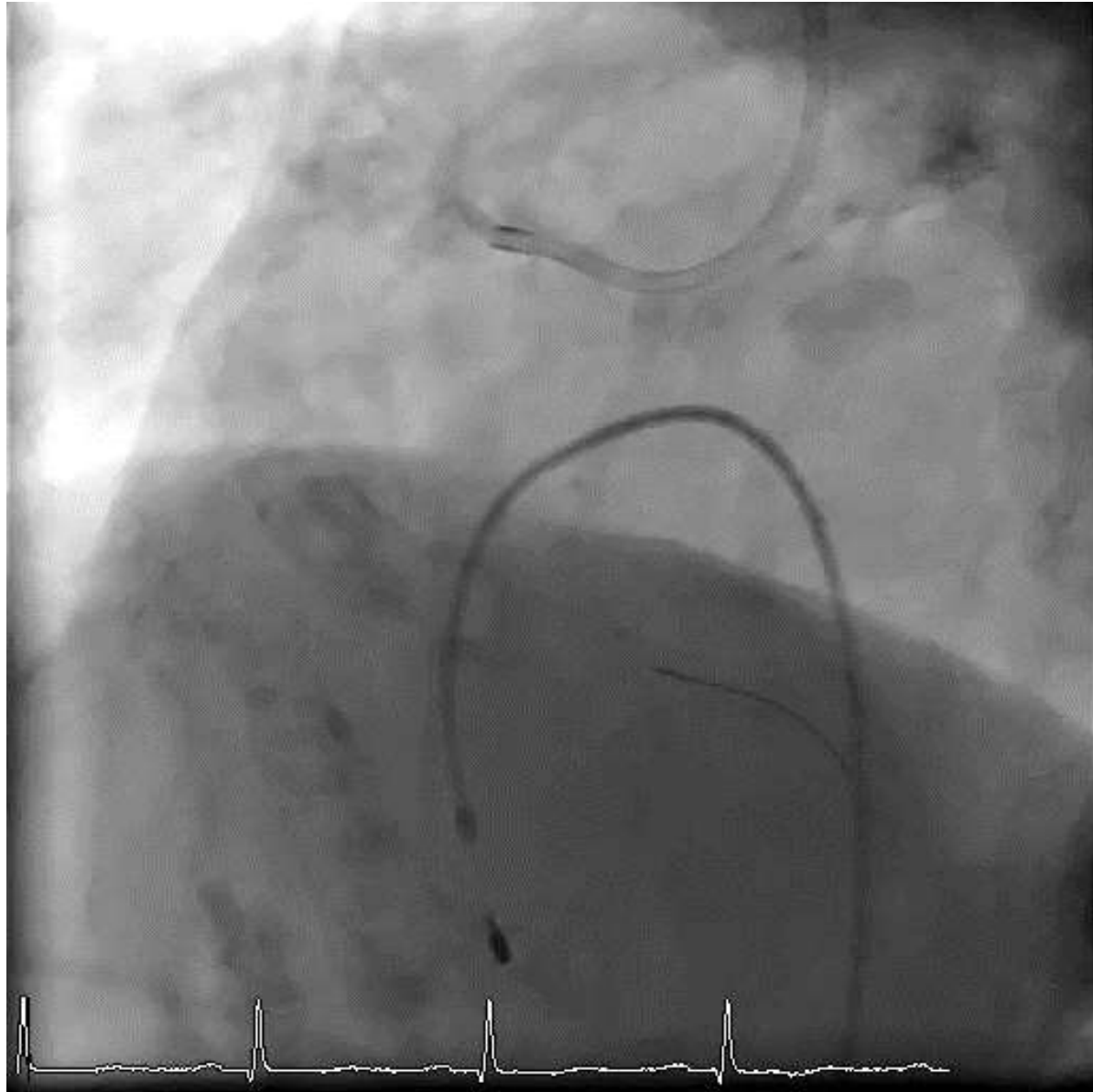


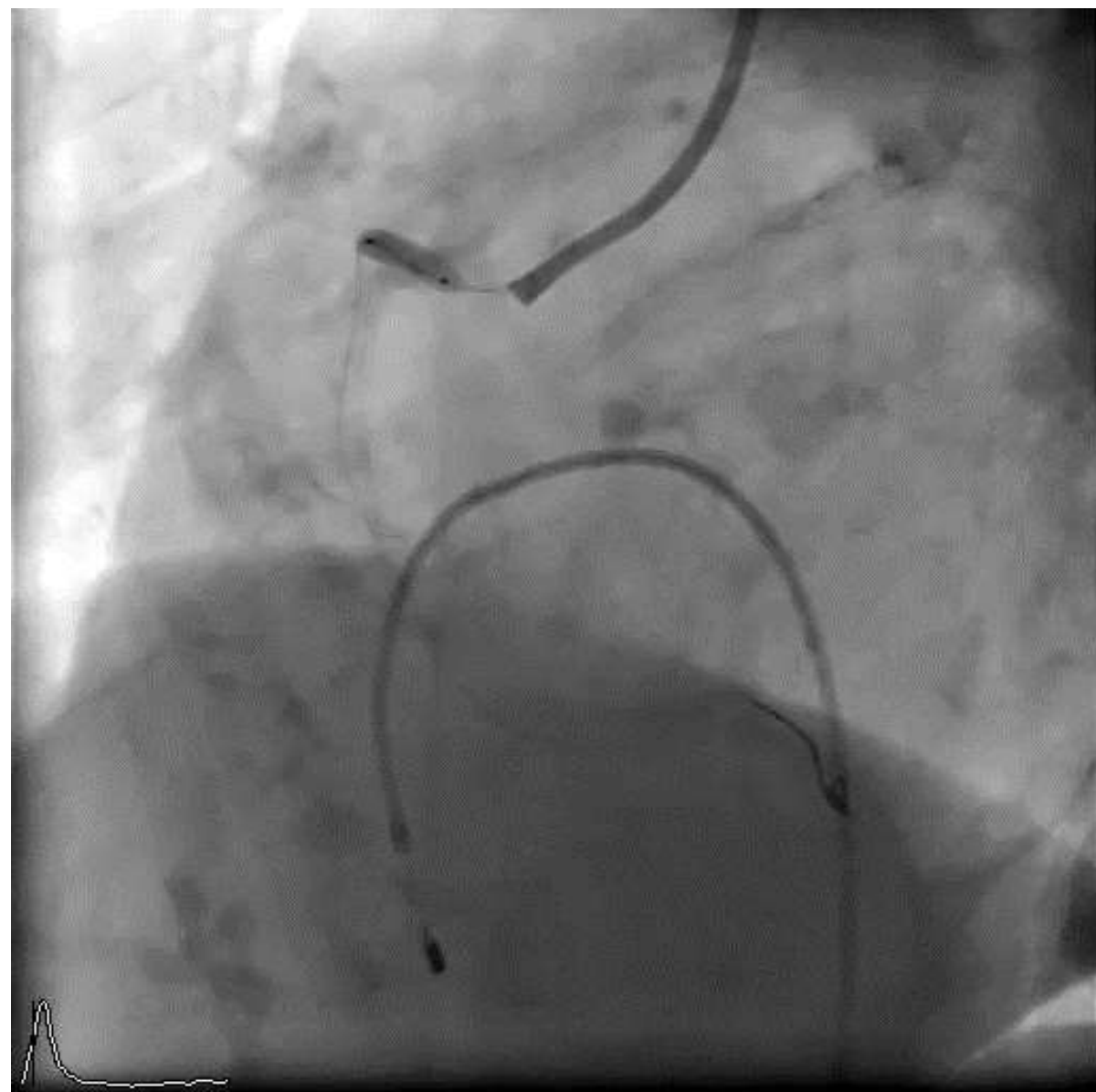
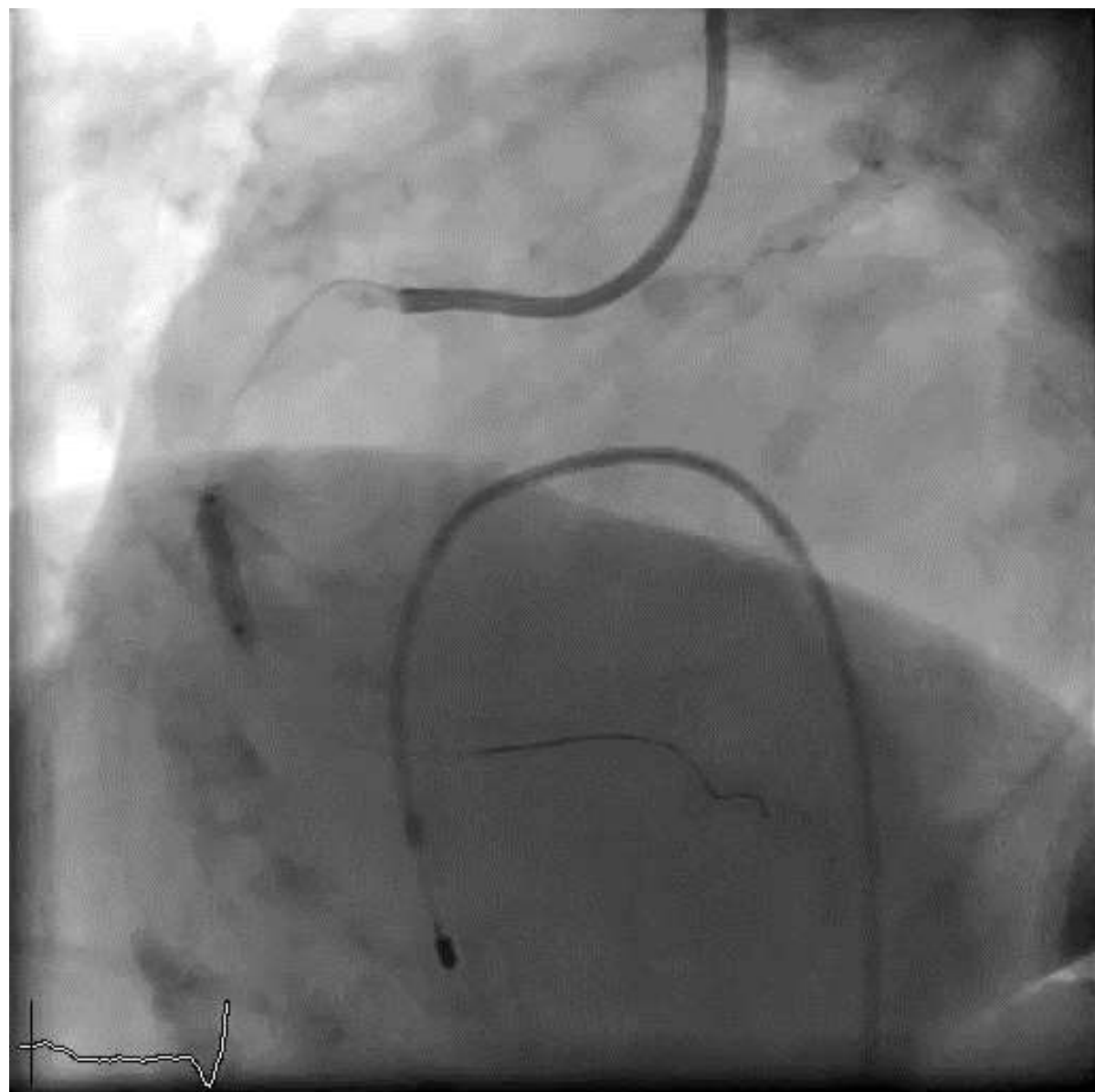


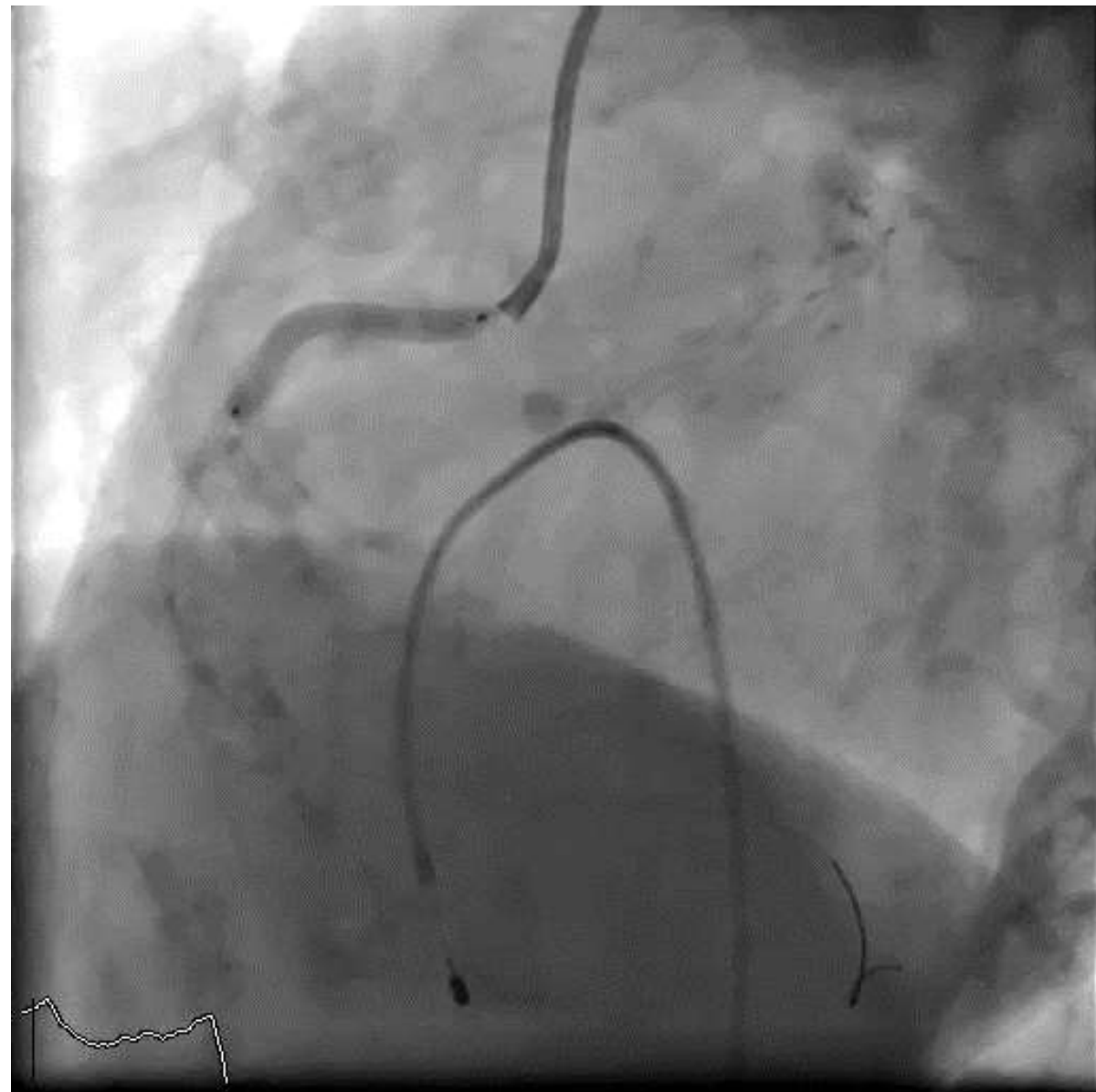
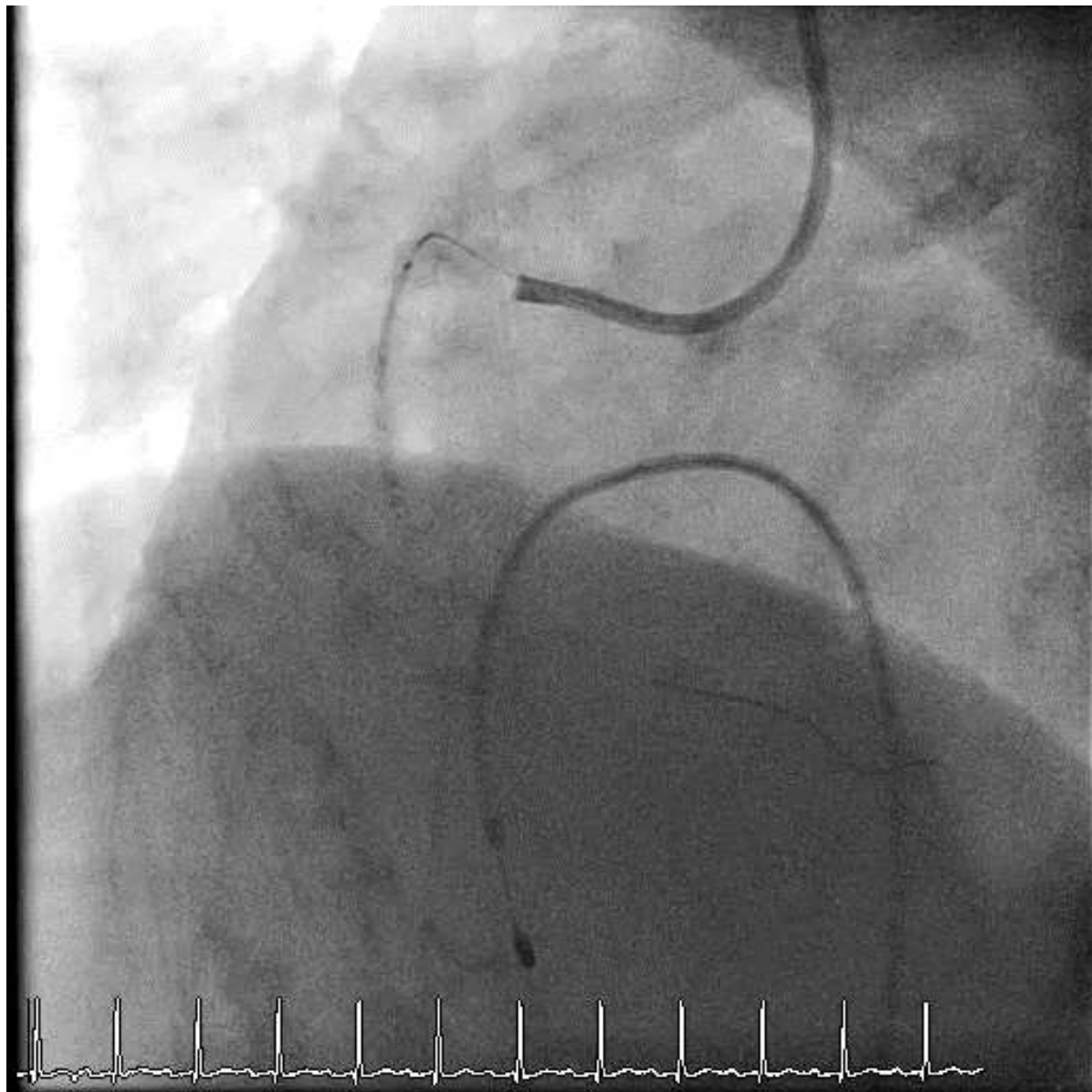
SYNTAX Score & STS Score

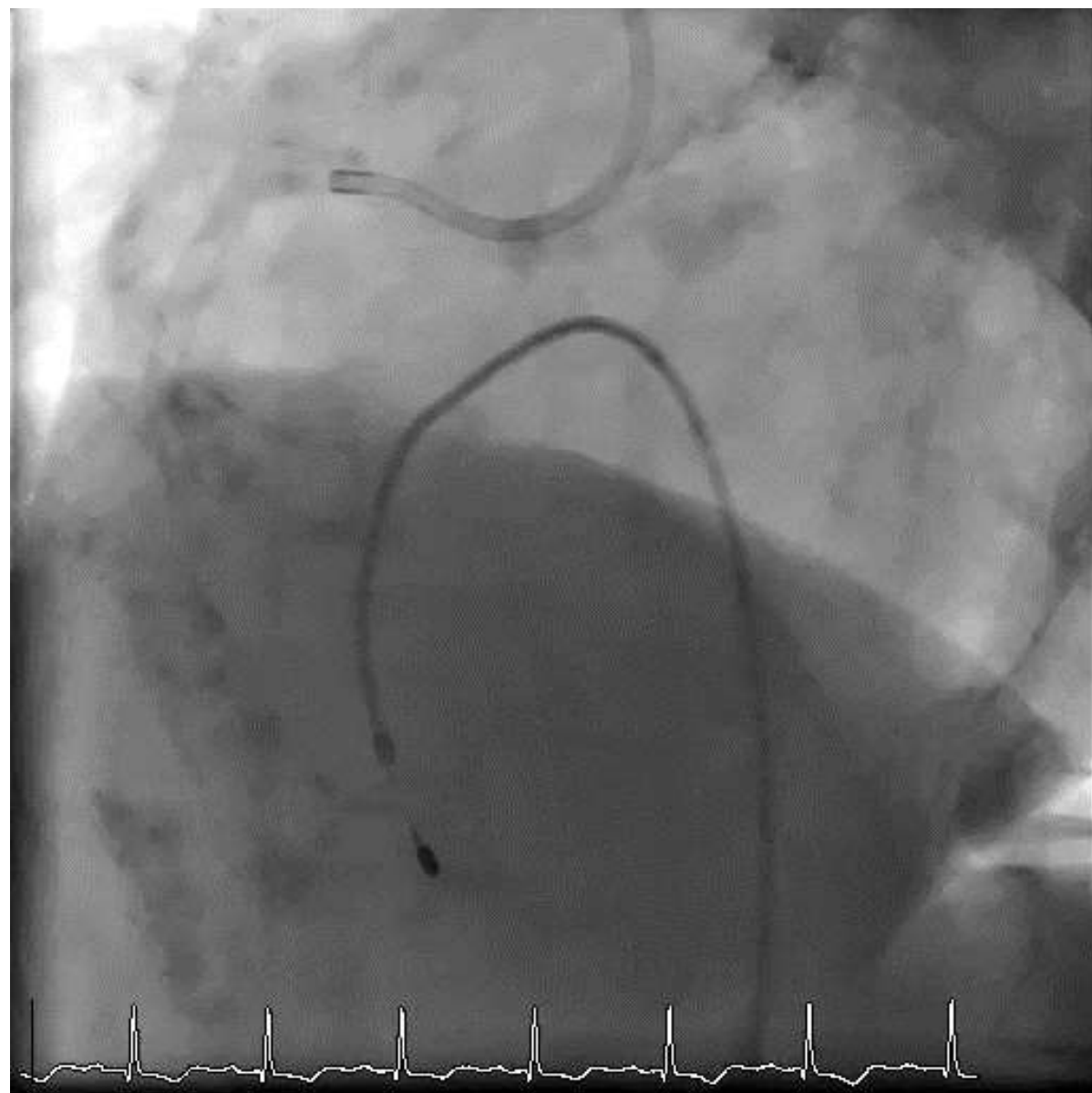
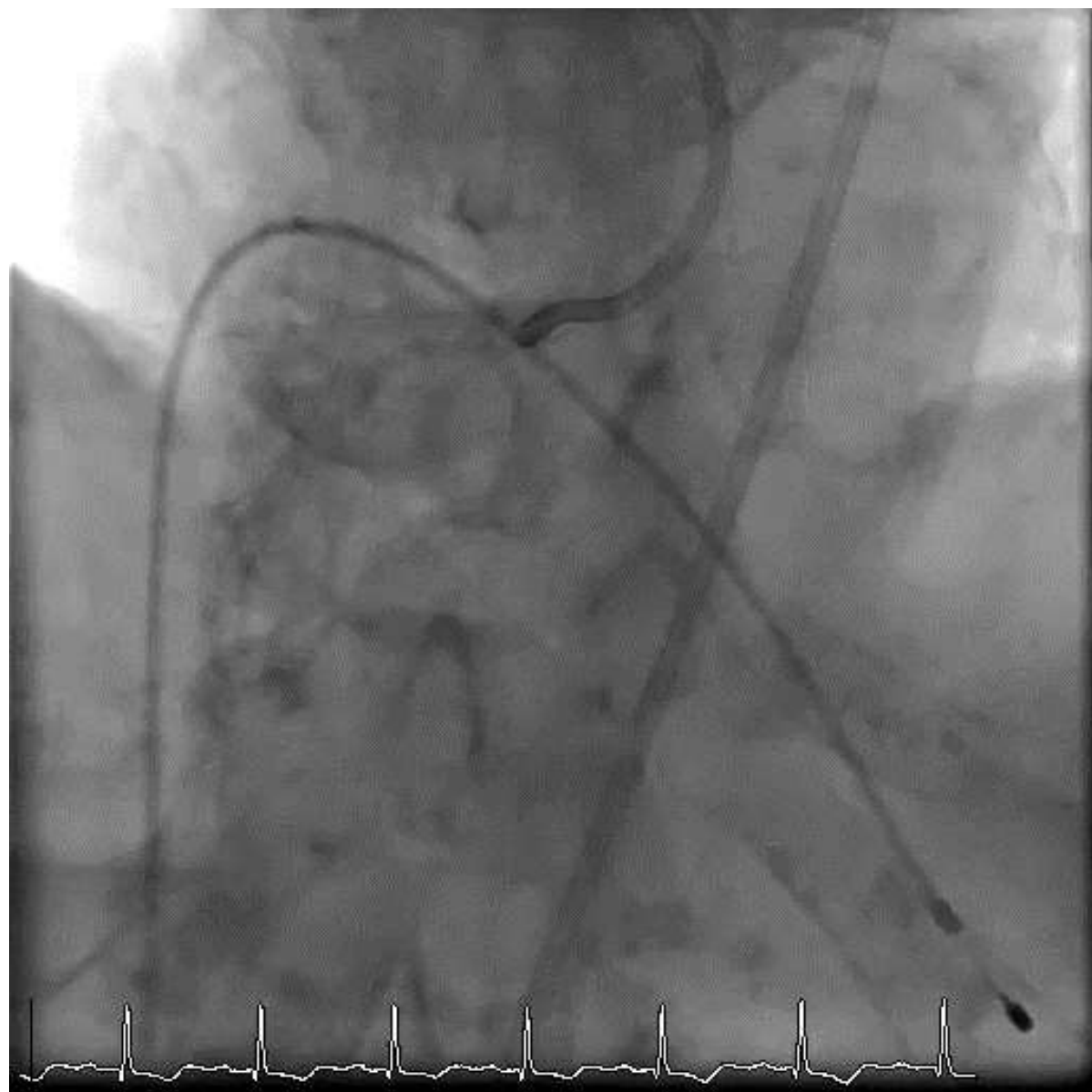
- SYNTAX Score I = 14
- SYNTAX Score II
 - PCI: 45 (PCI 4 year mortality = 22%)
 - CABG: 38.5 (CABG 4 year mortality = 13.5%)
- STS Score
 - Risk of mortality = 9.5%
 - Risk of mortality and morbidity = 26.2%





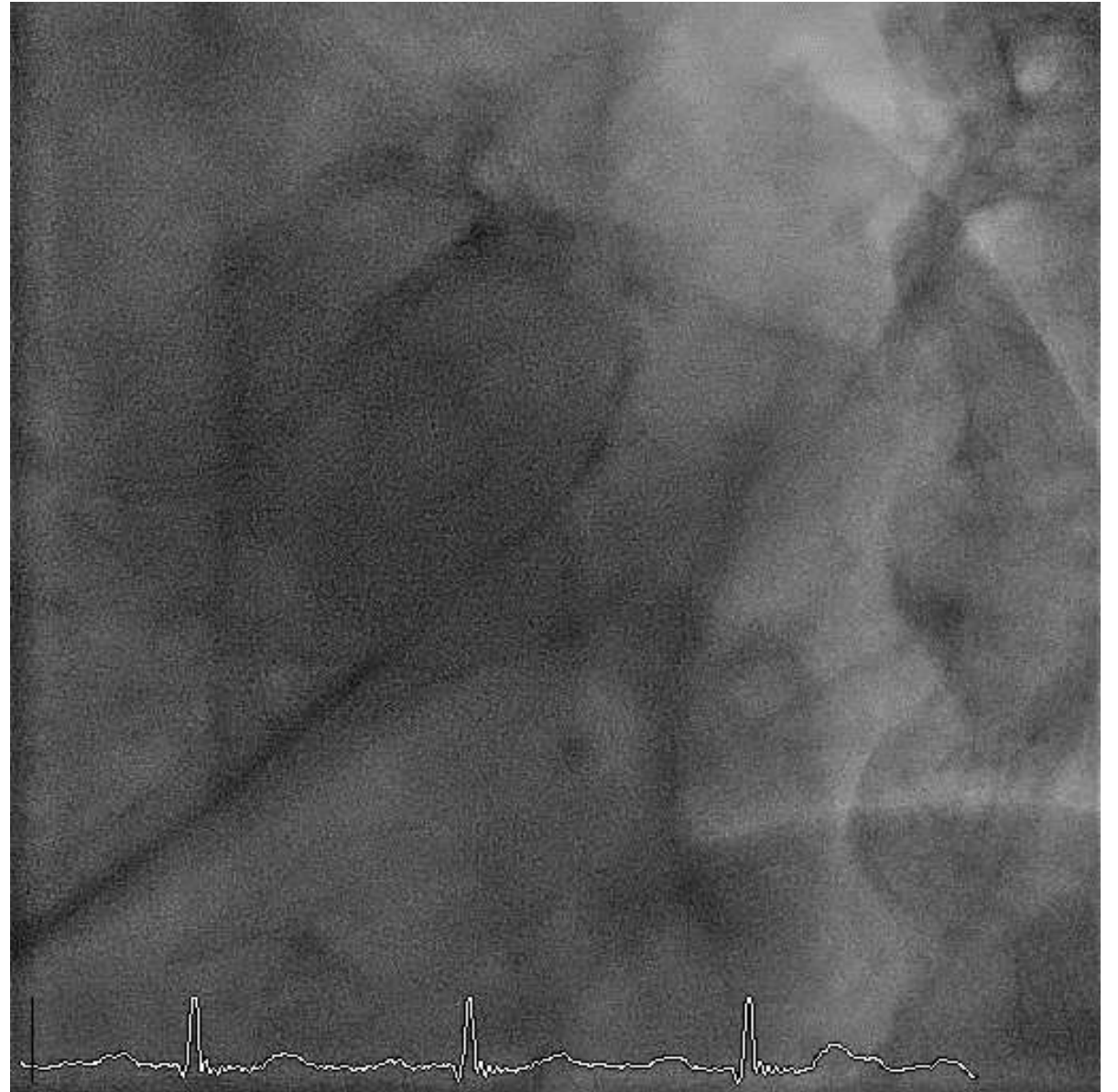
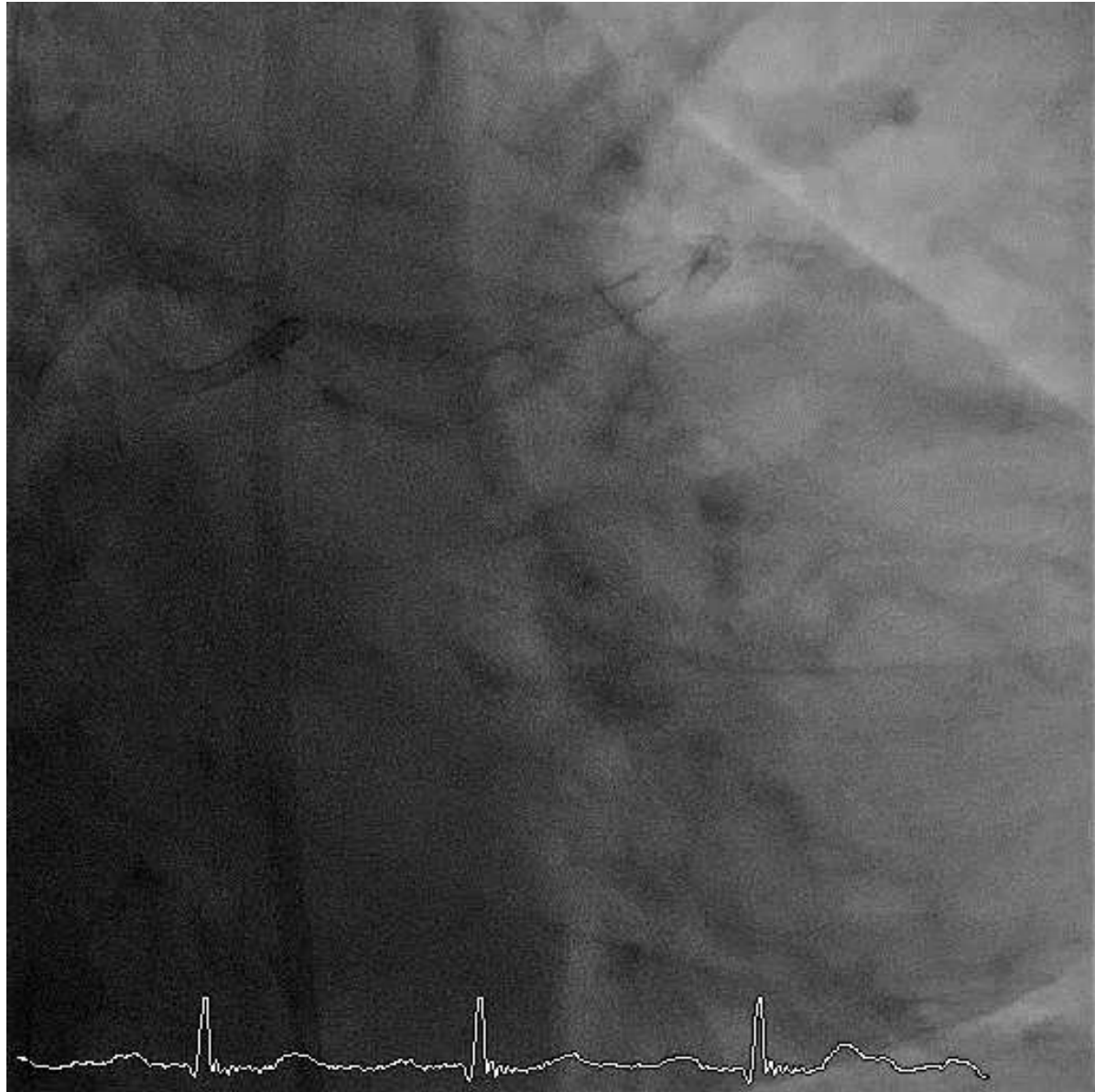


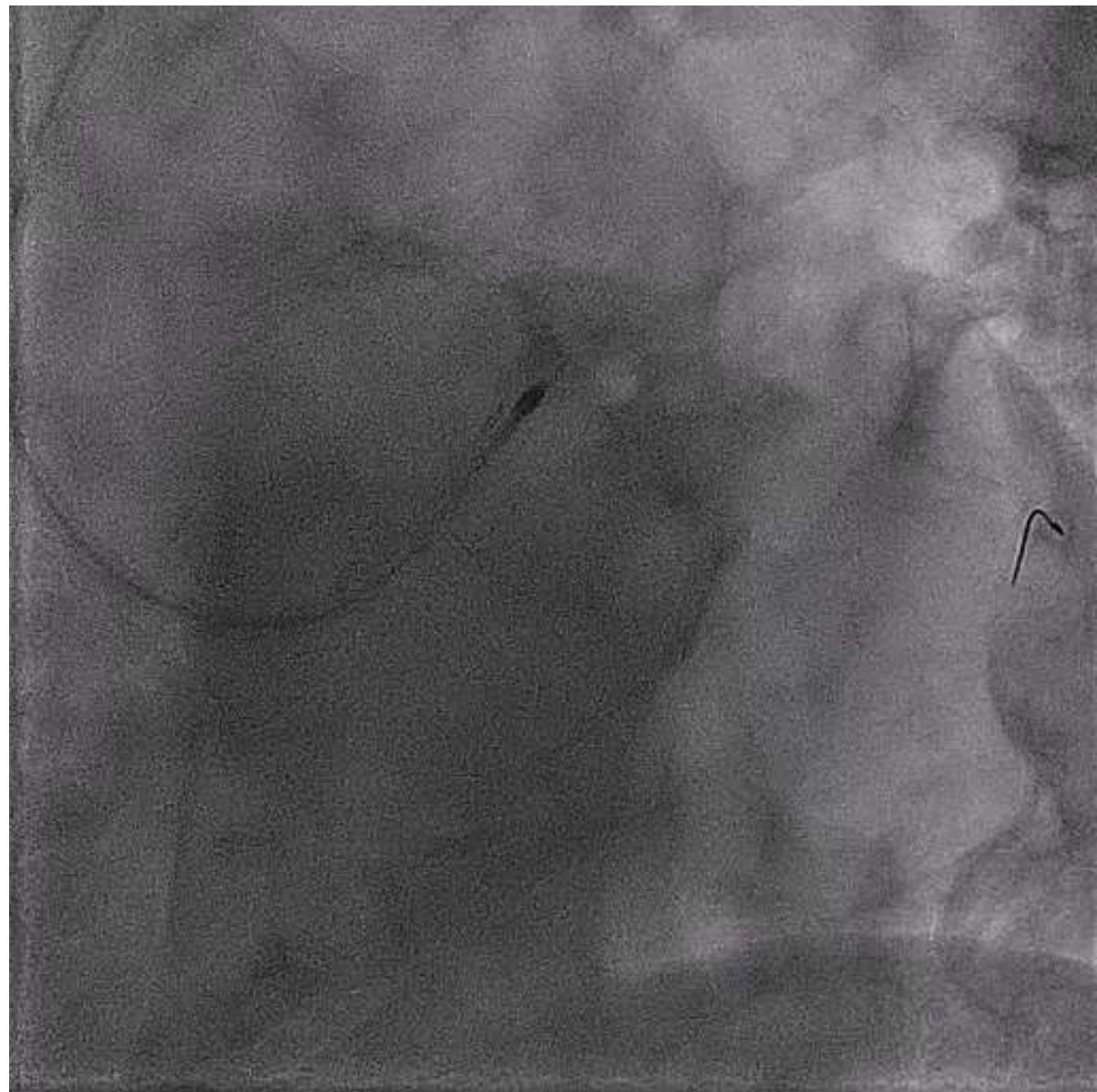
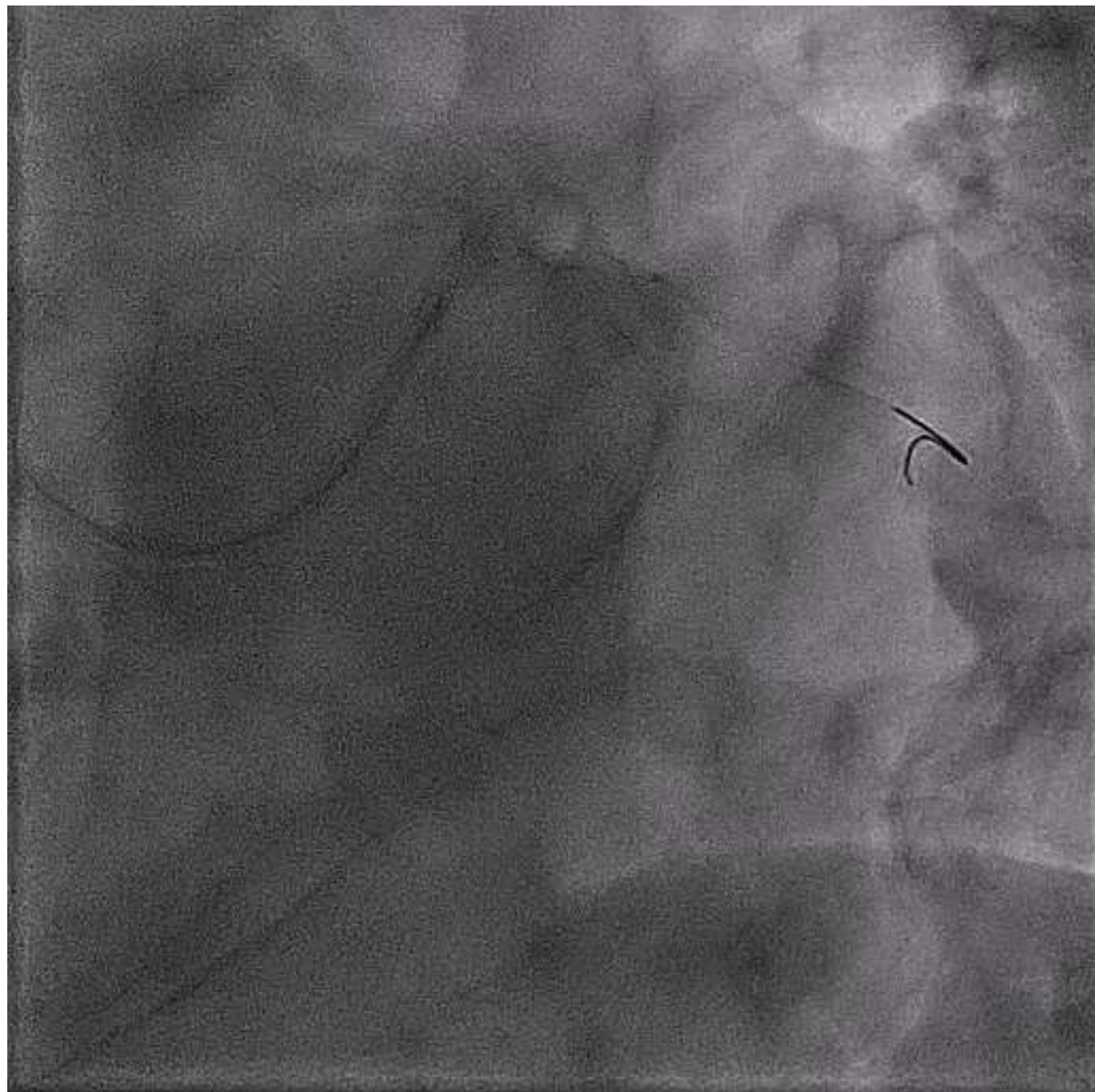


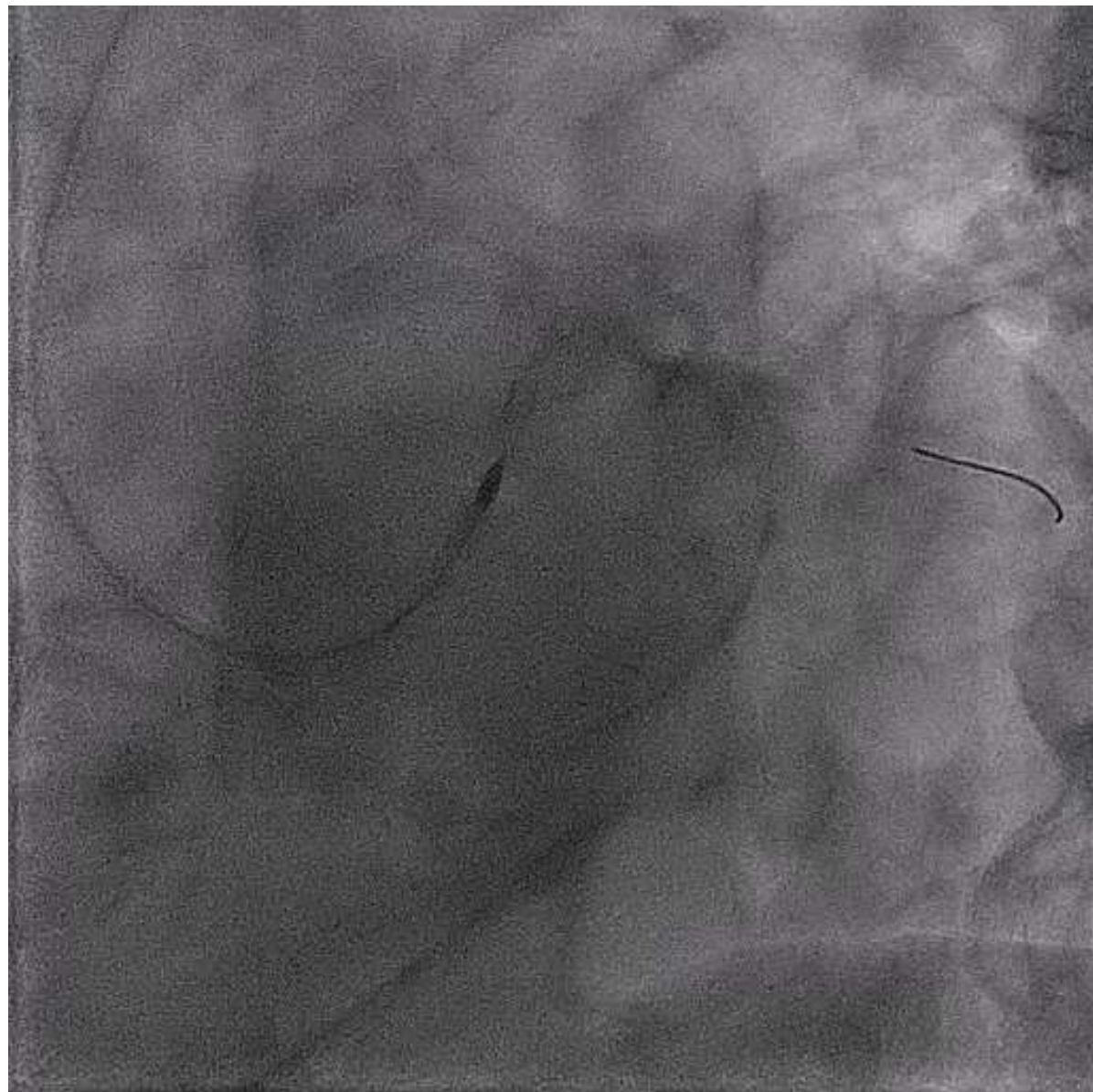
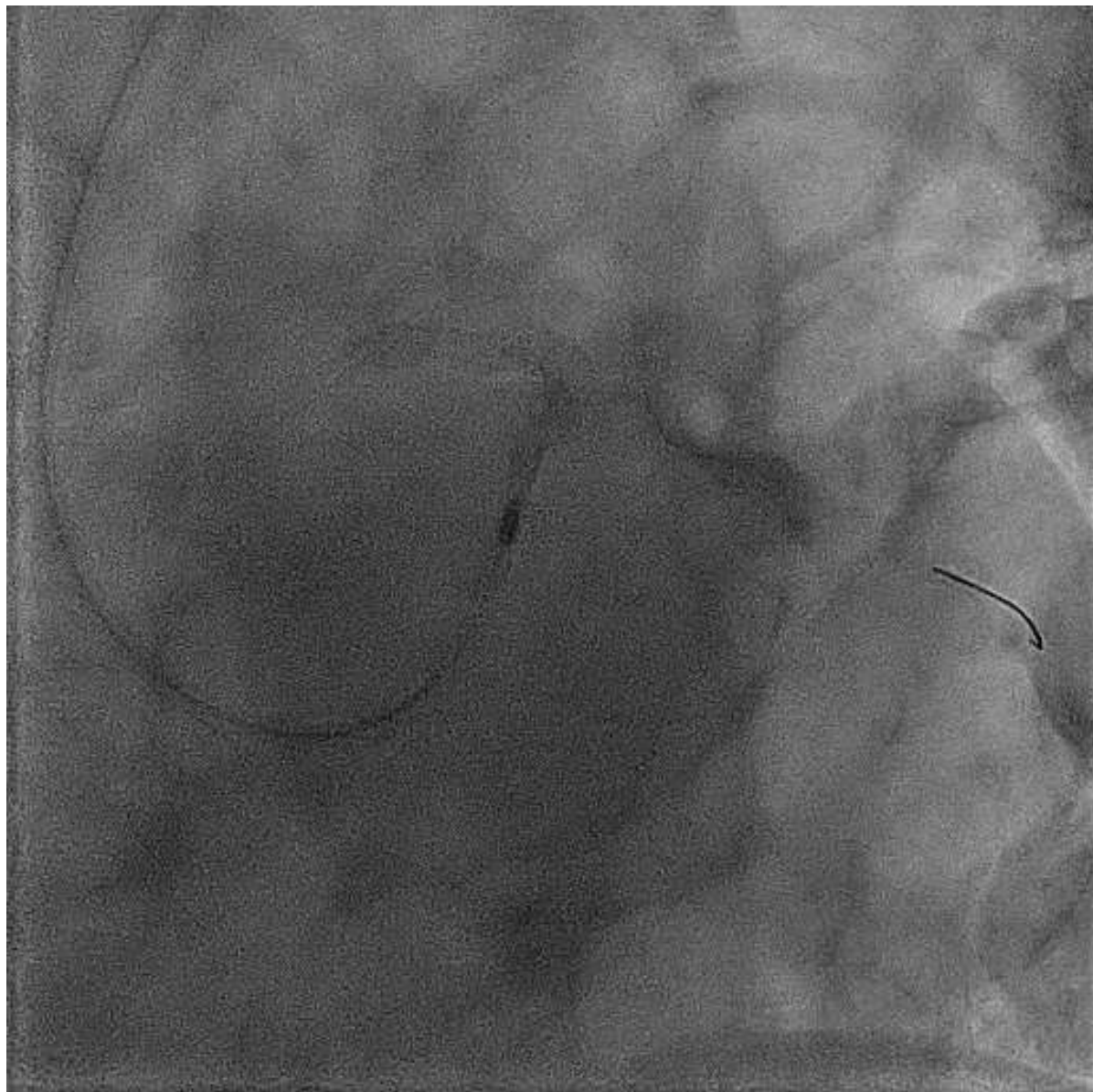


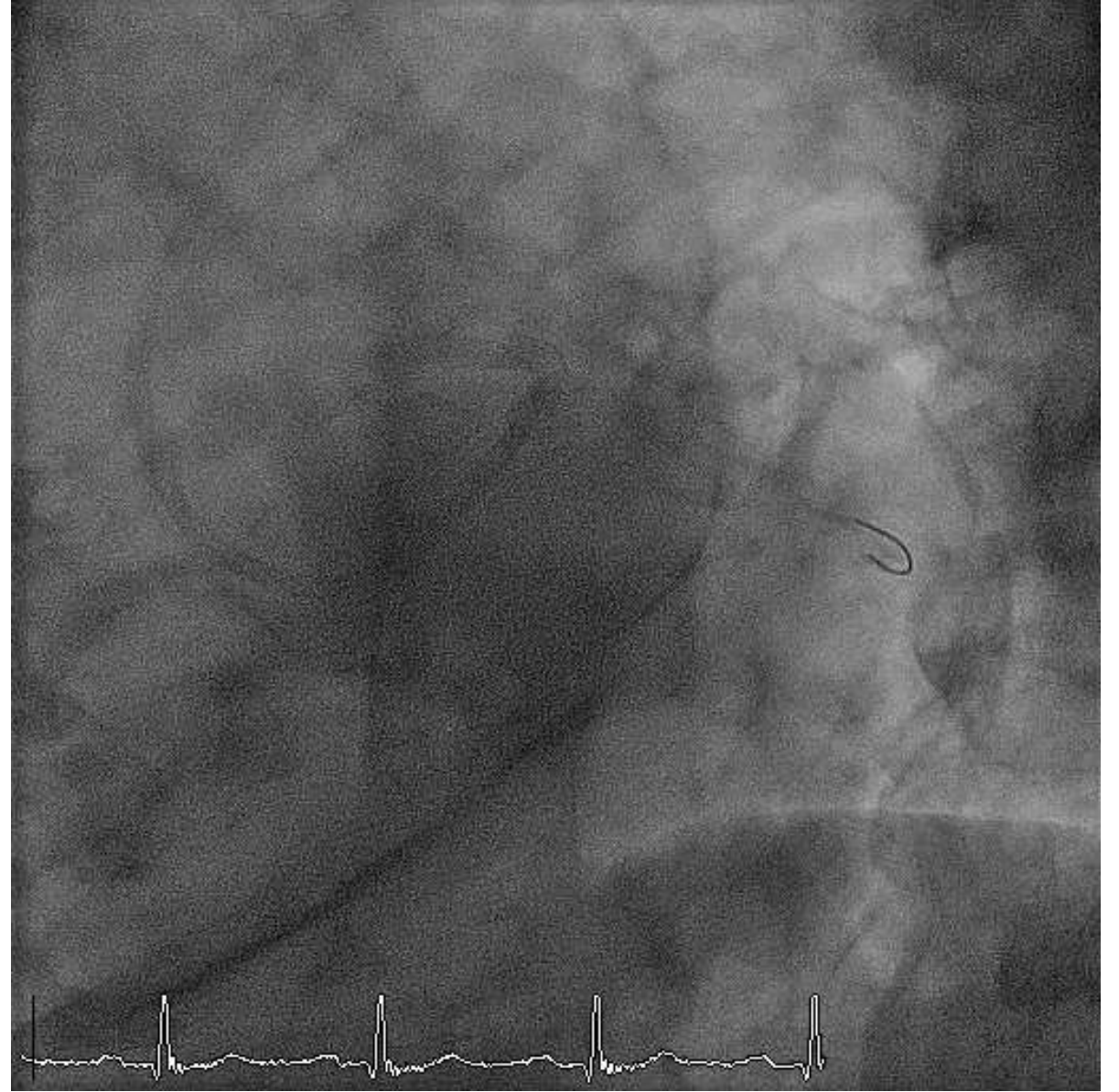
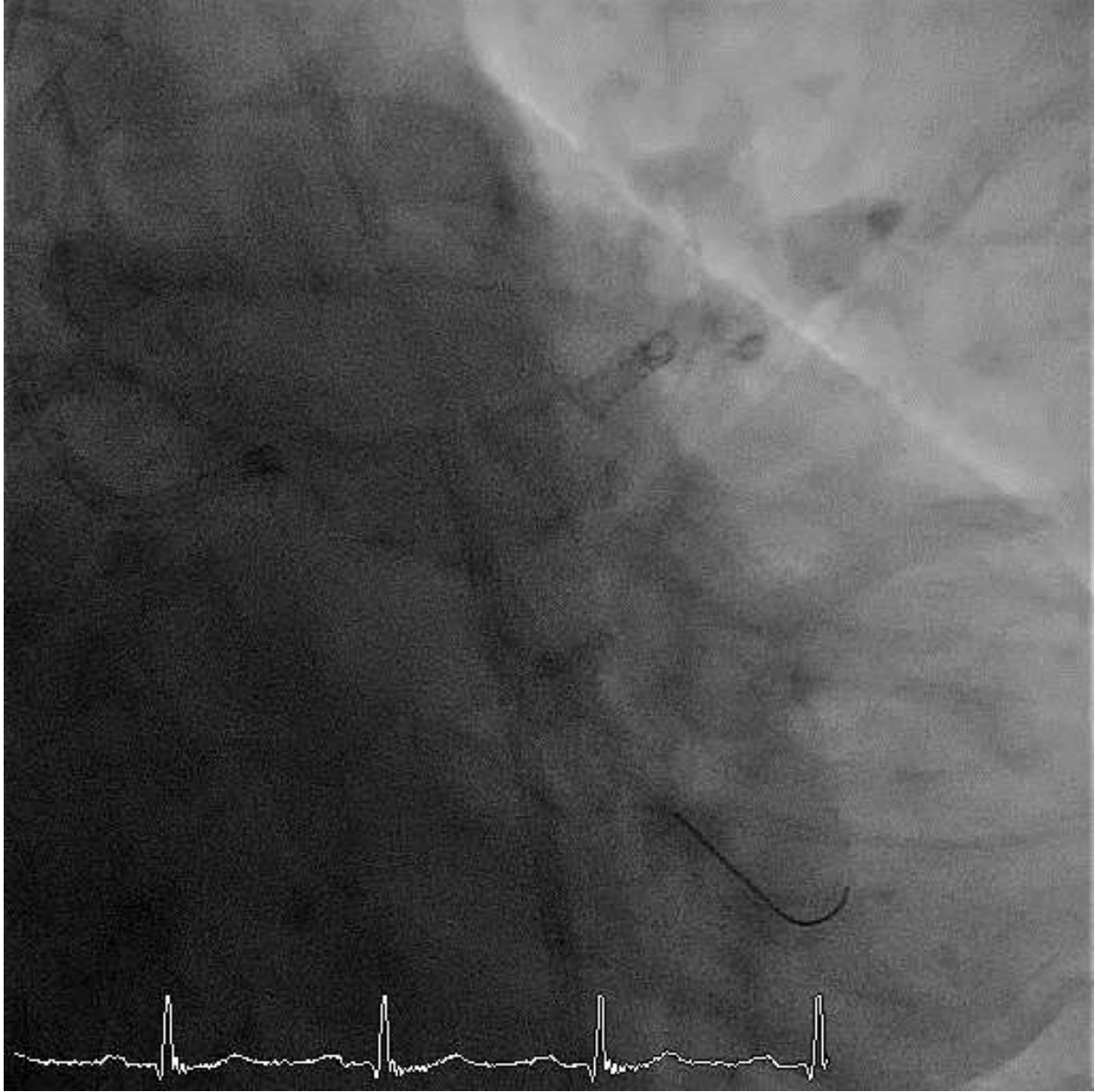
Hospital course

- There was no complication.
- The patient was discharged on the next day.
- Staged PCI at the LCx was arranged in the next 3 weeks.

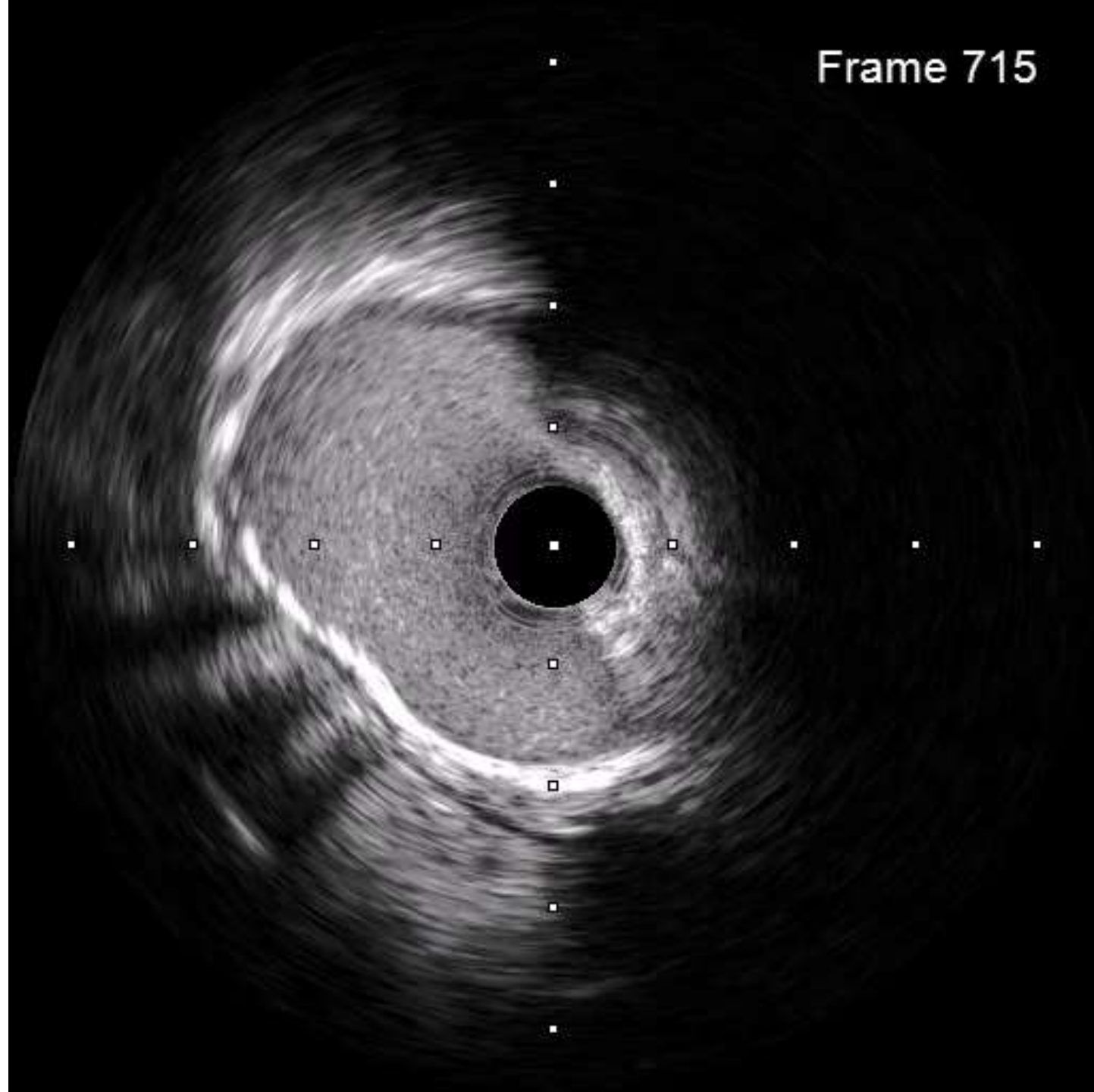


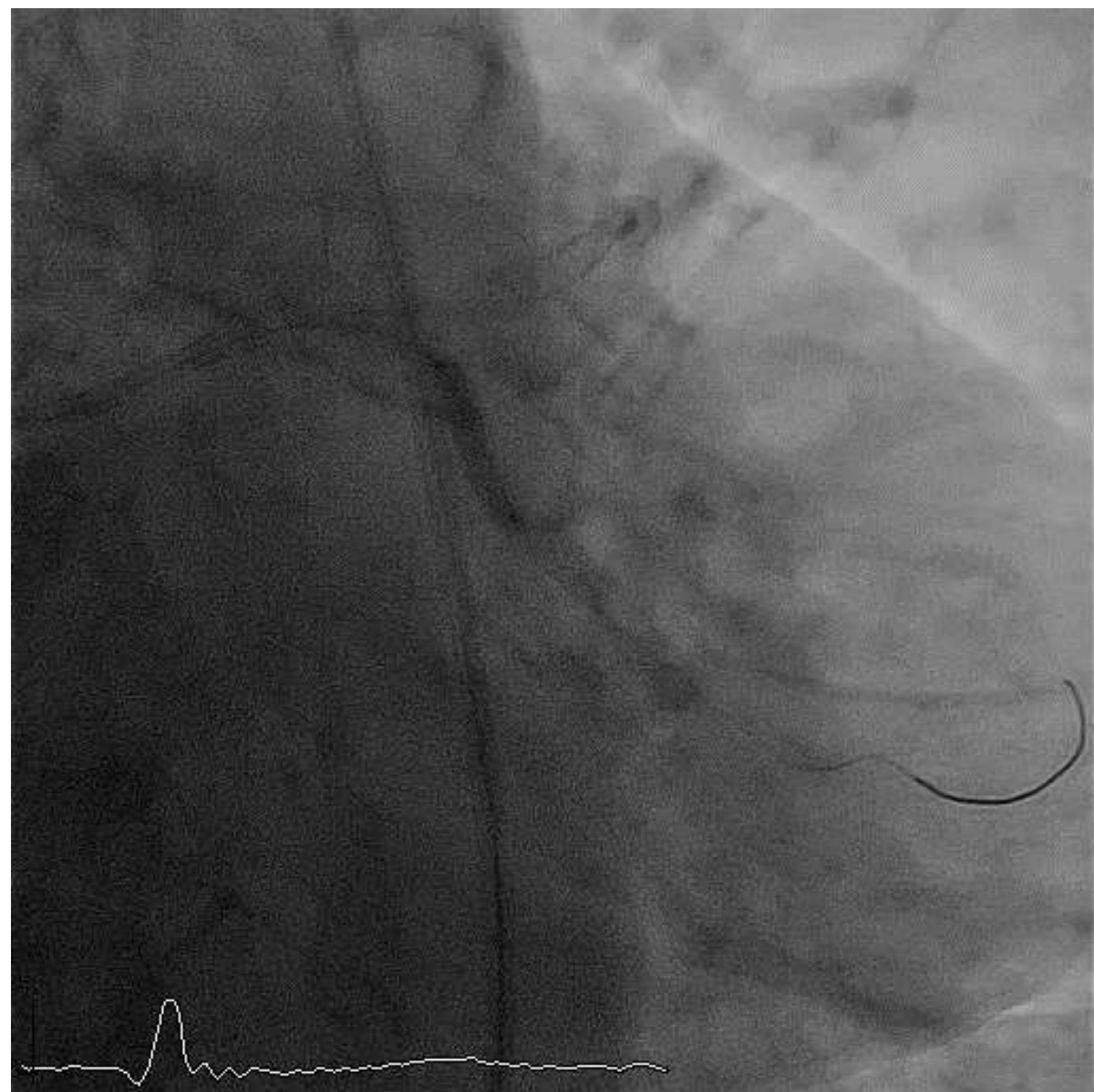
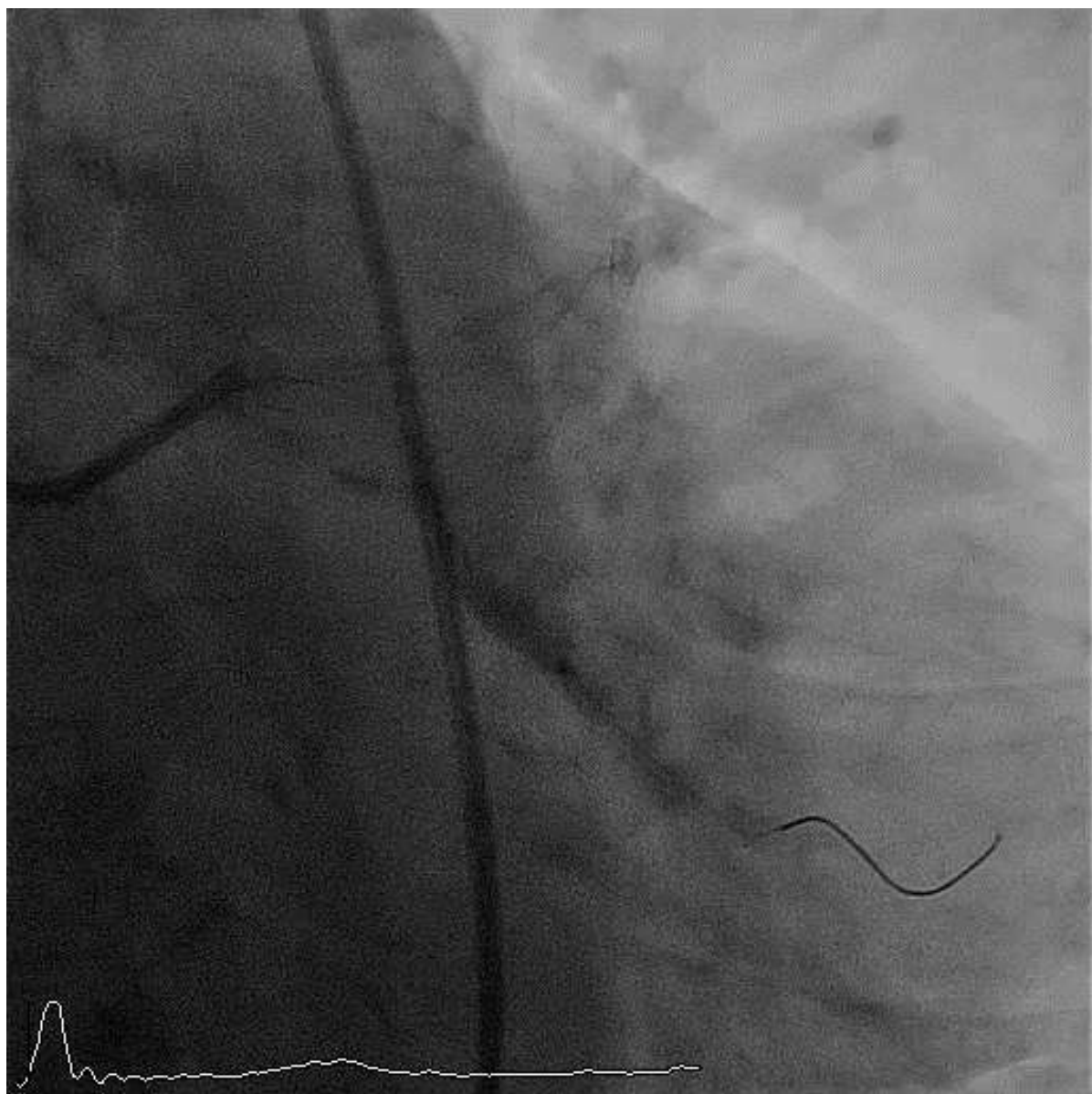


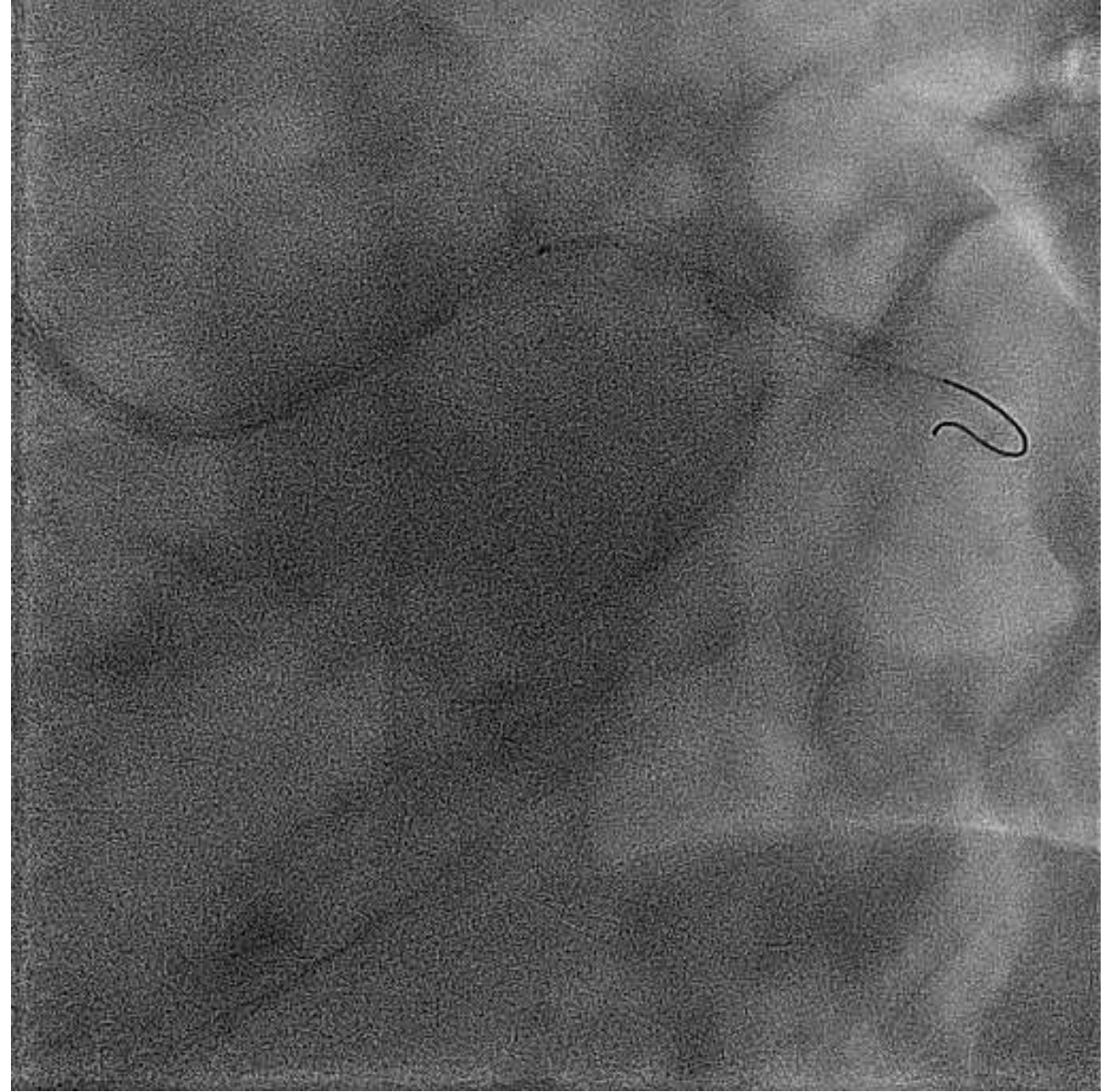
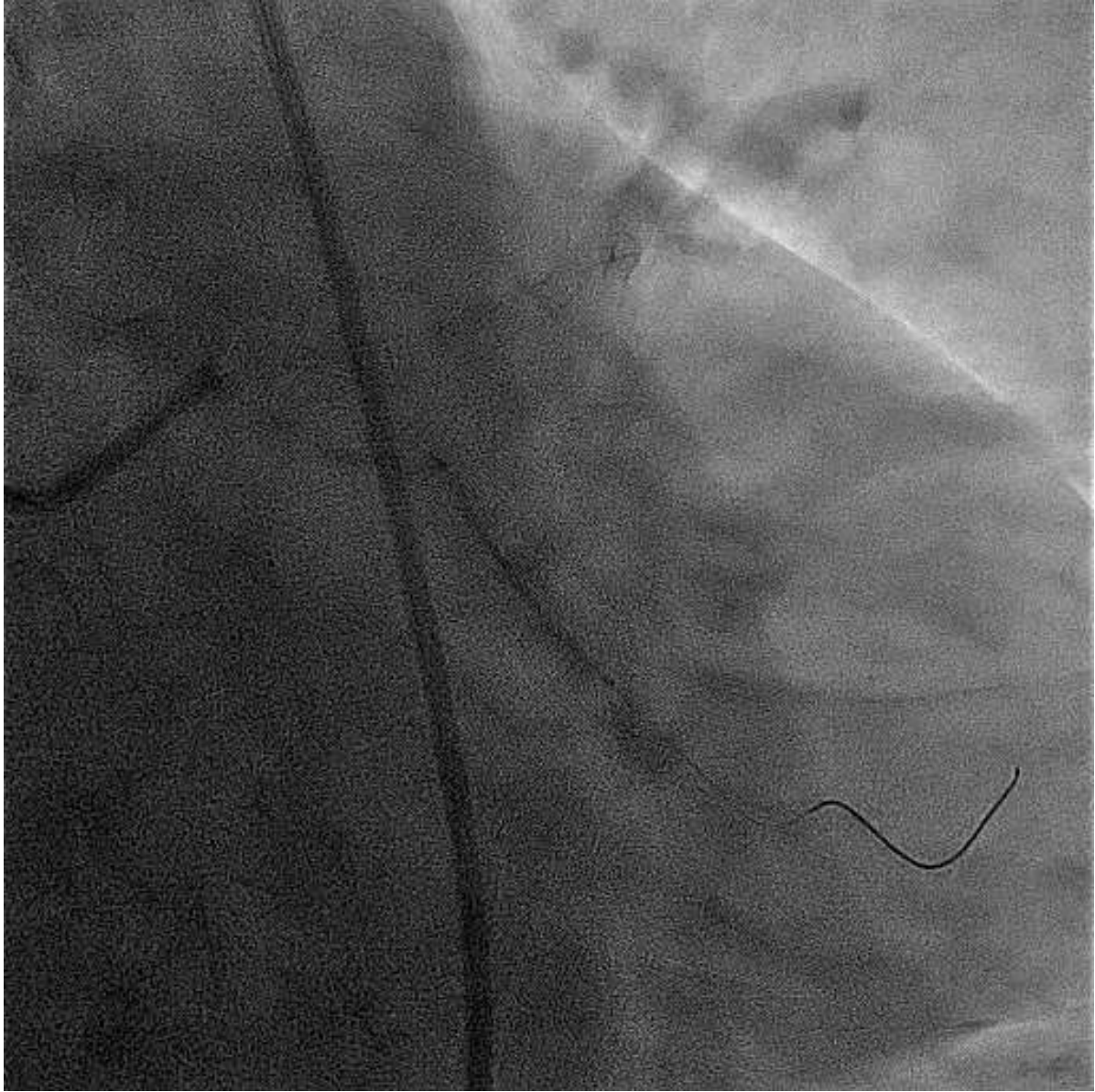


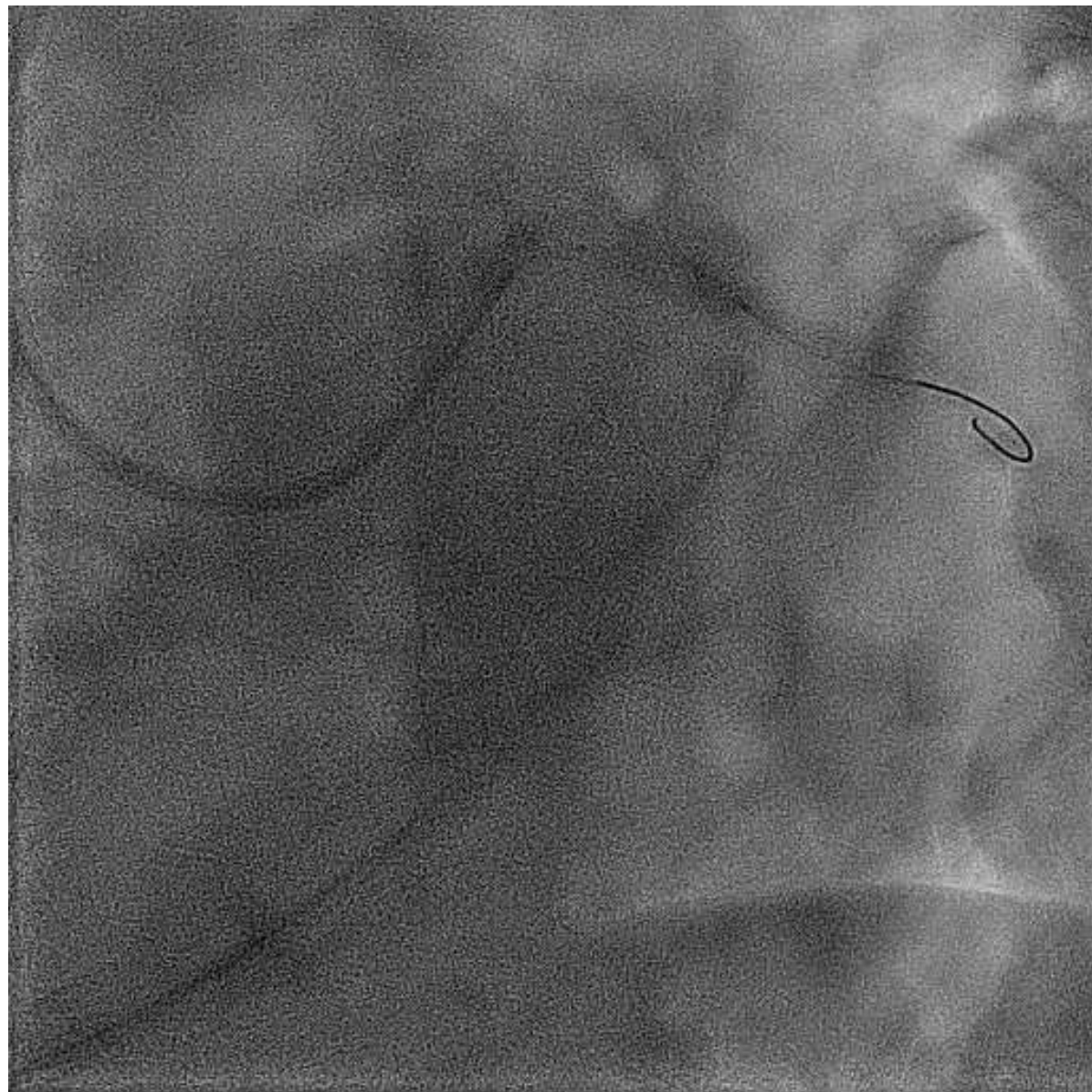
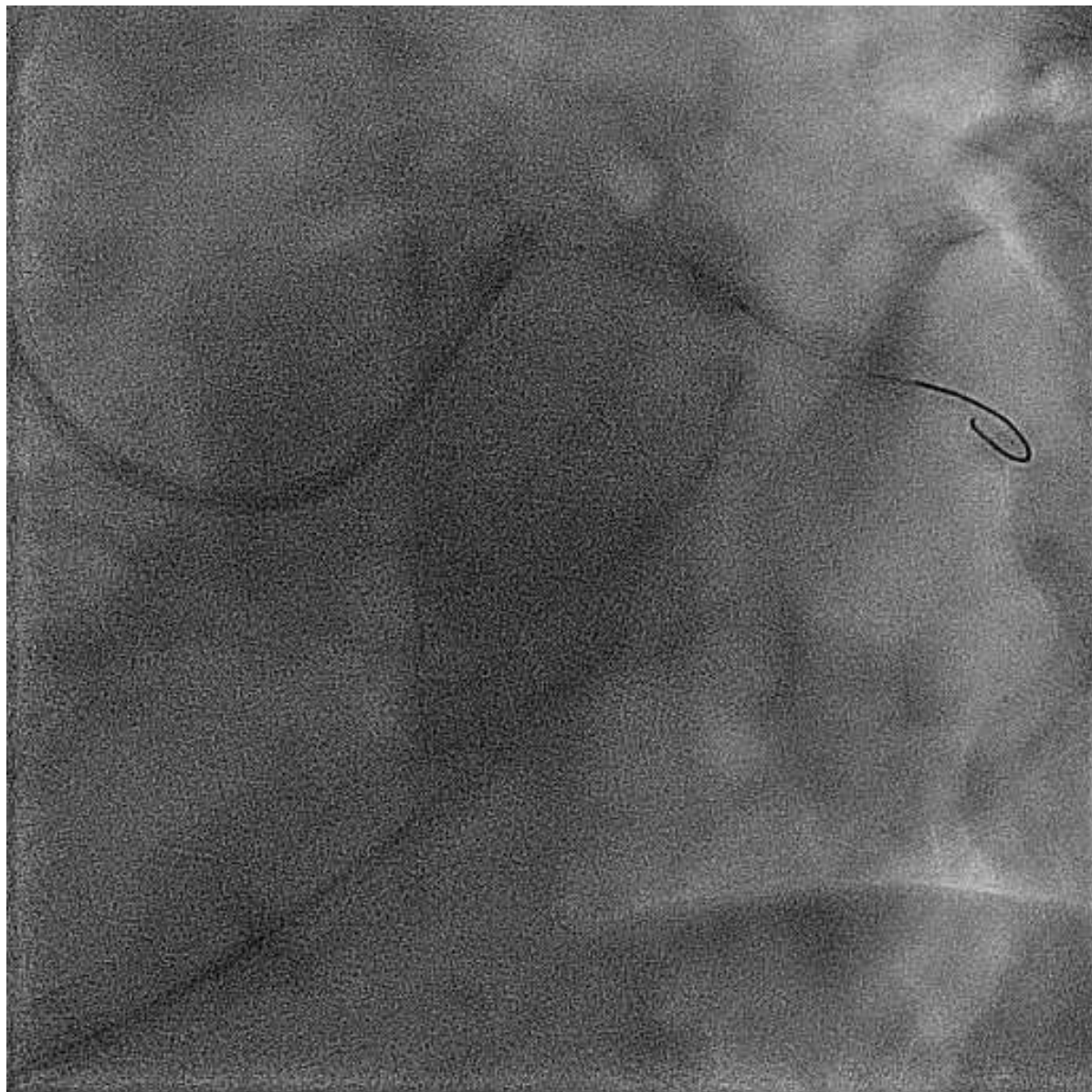


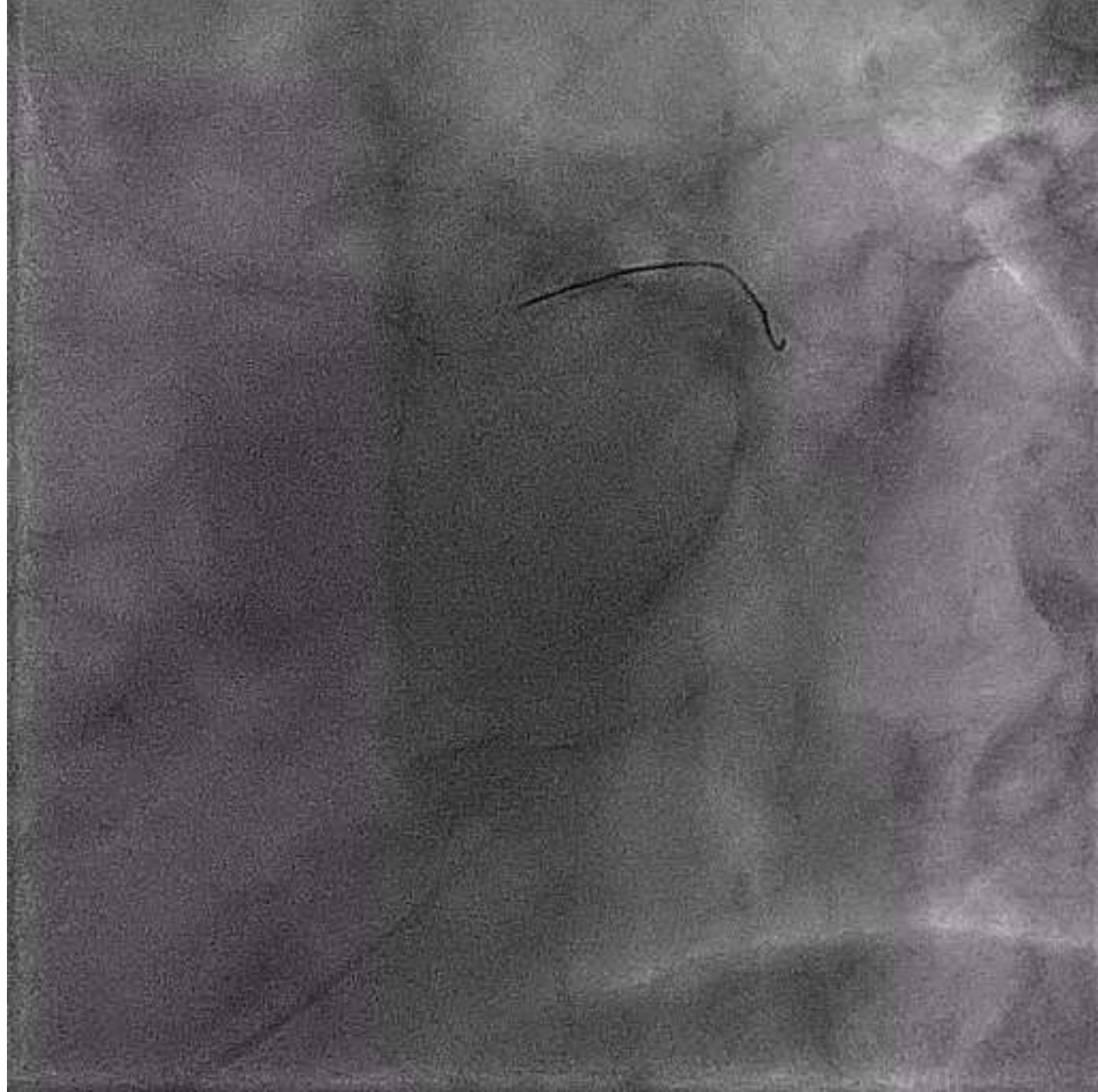
Frame 715





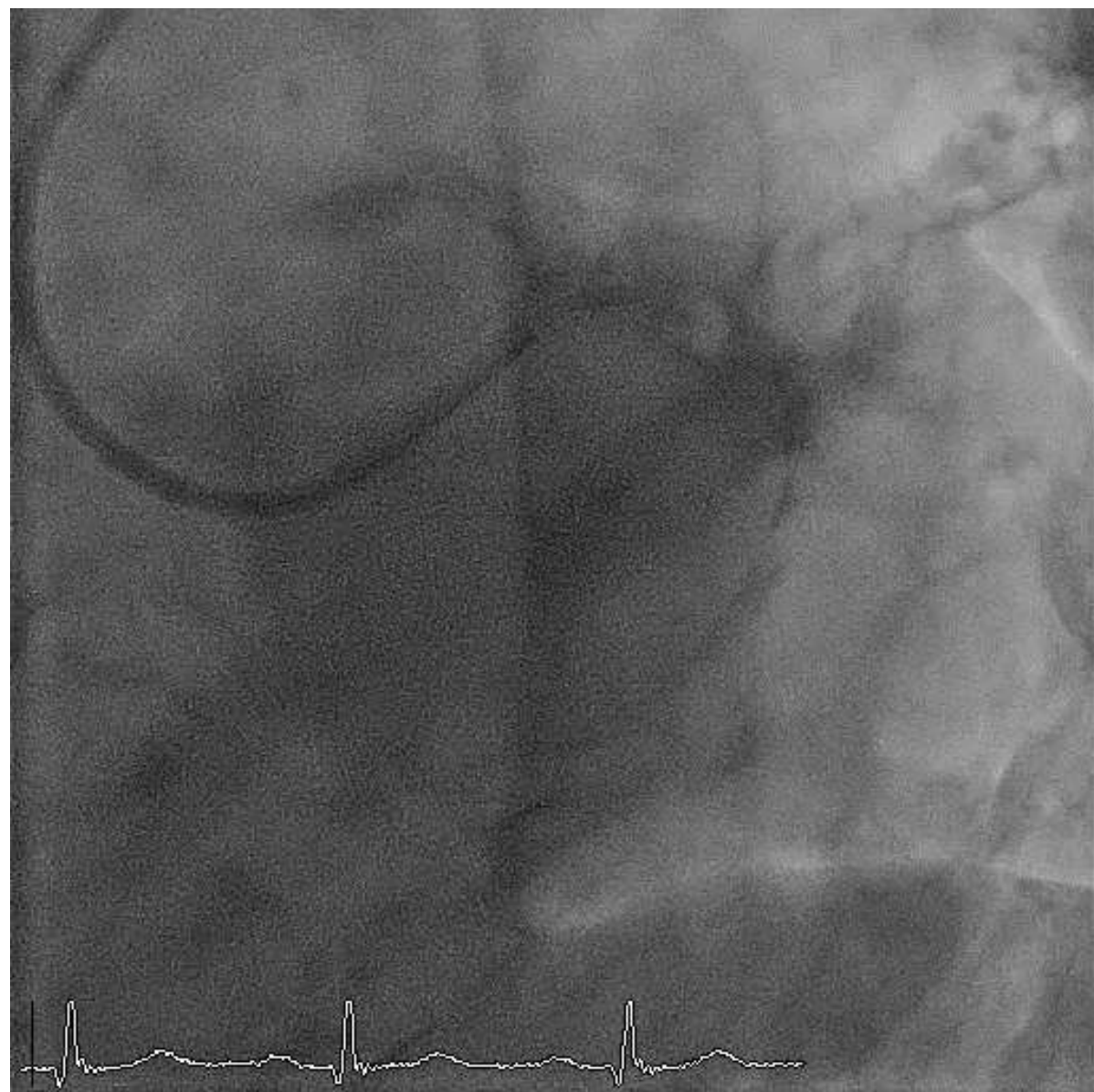
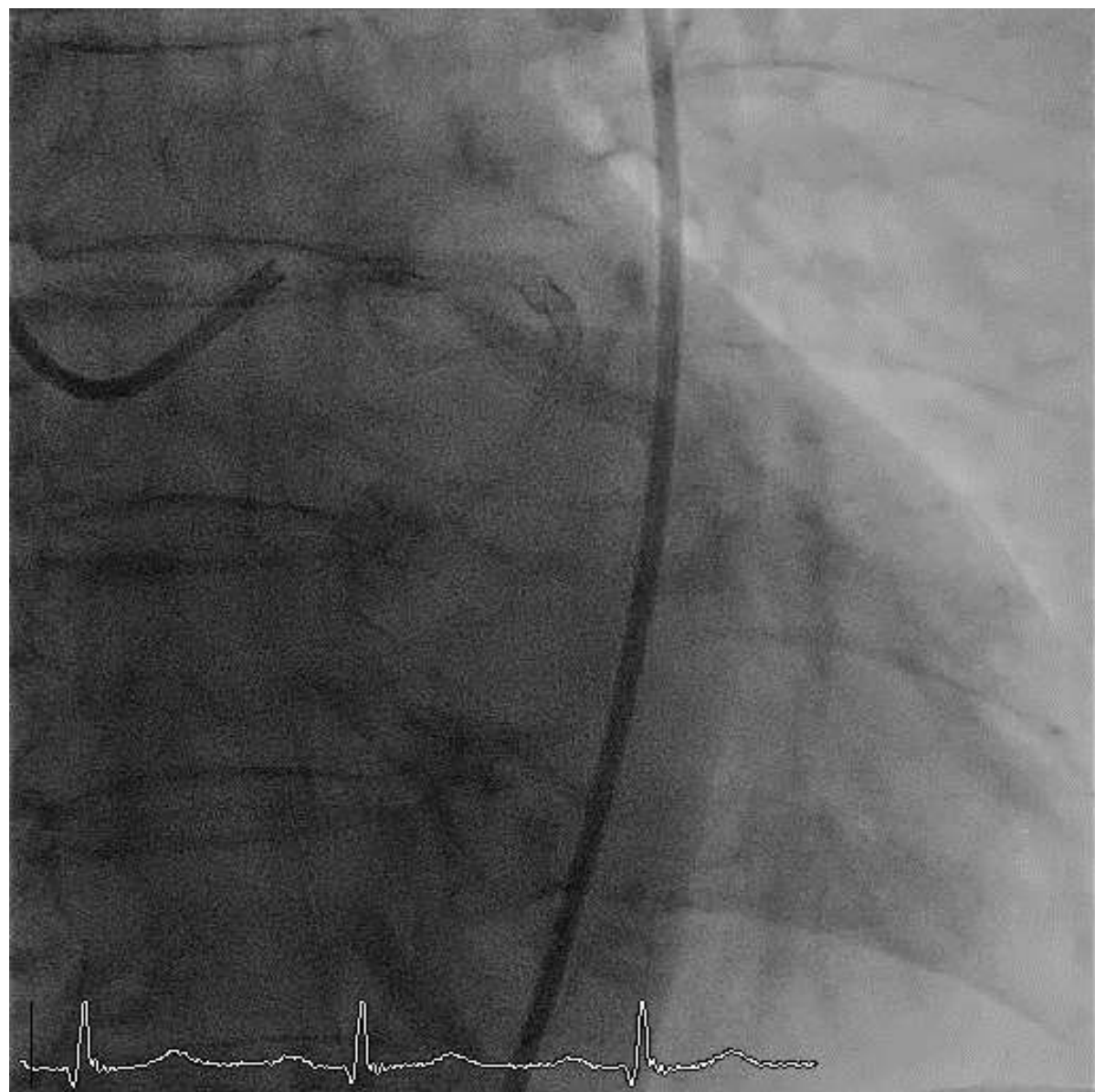




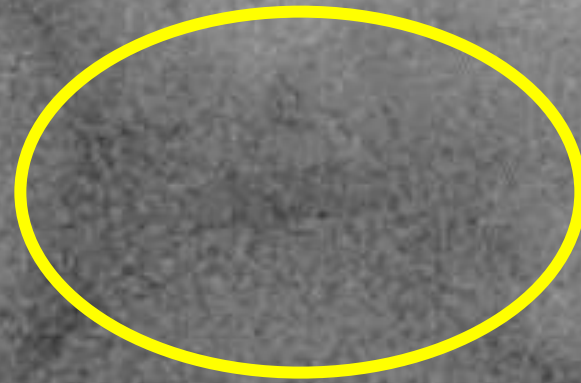


Total stent and guidewire loss

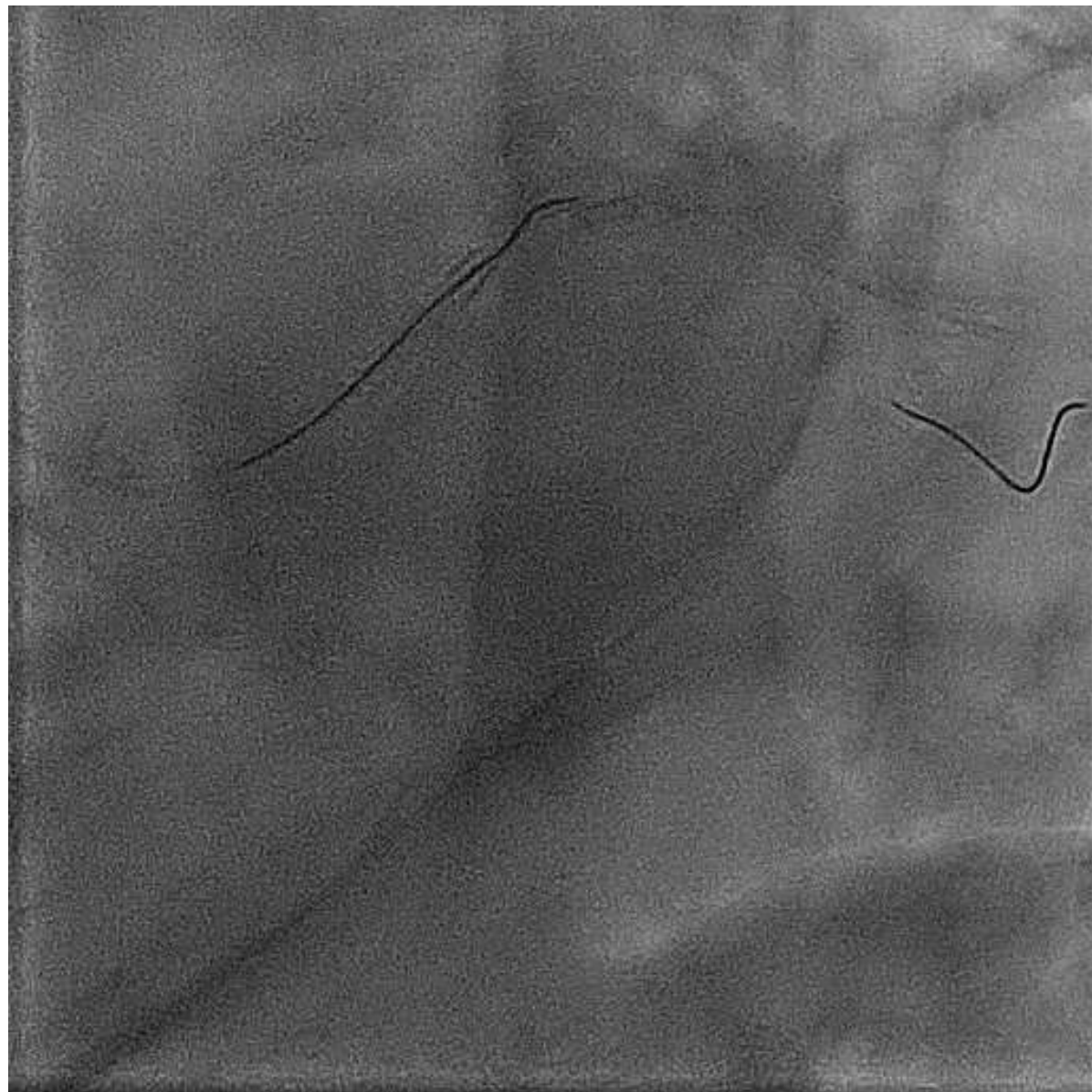
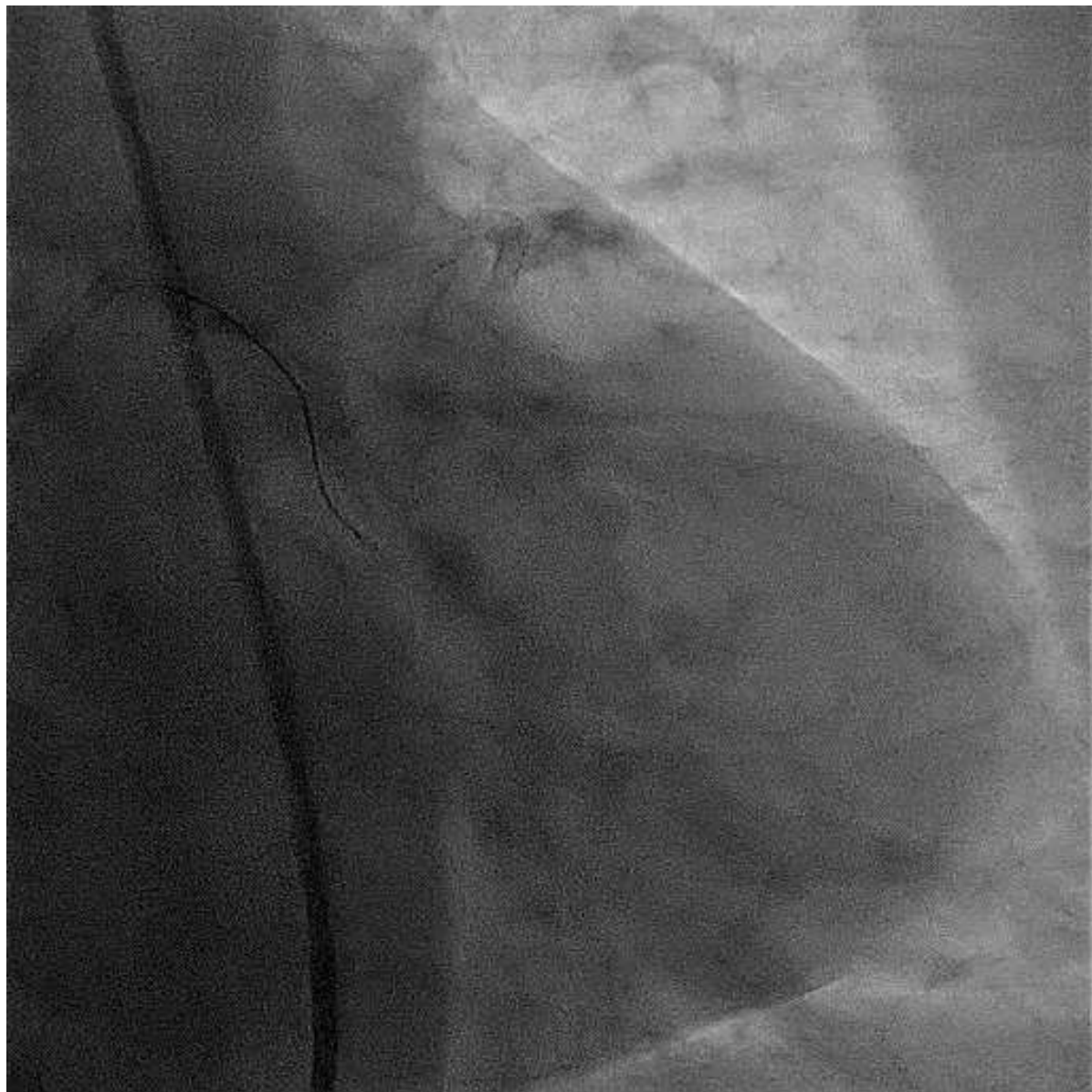


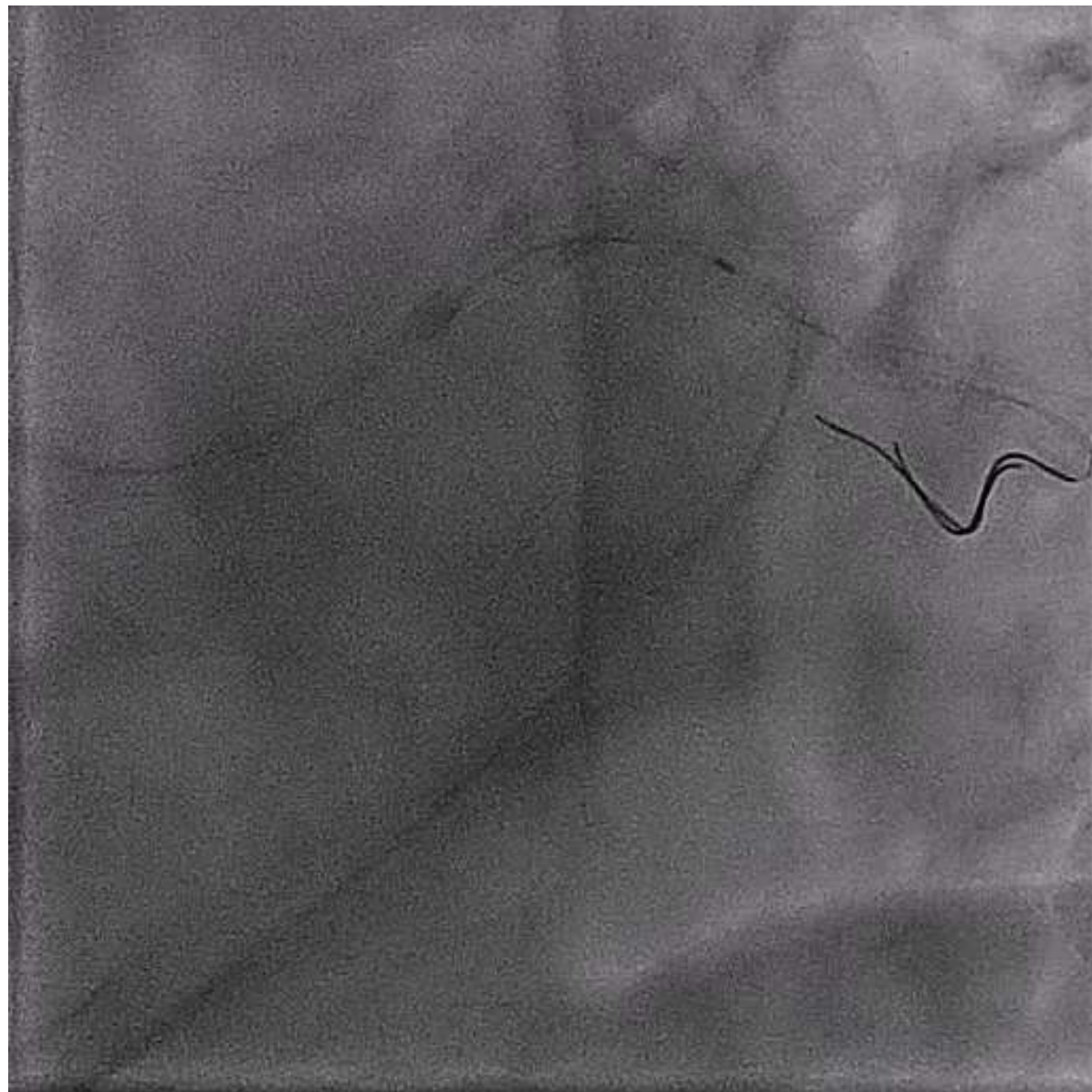
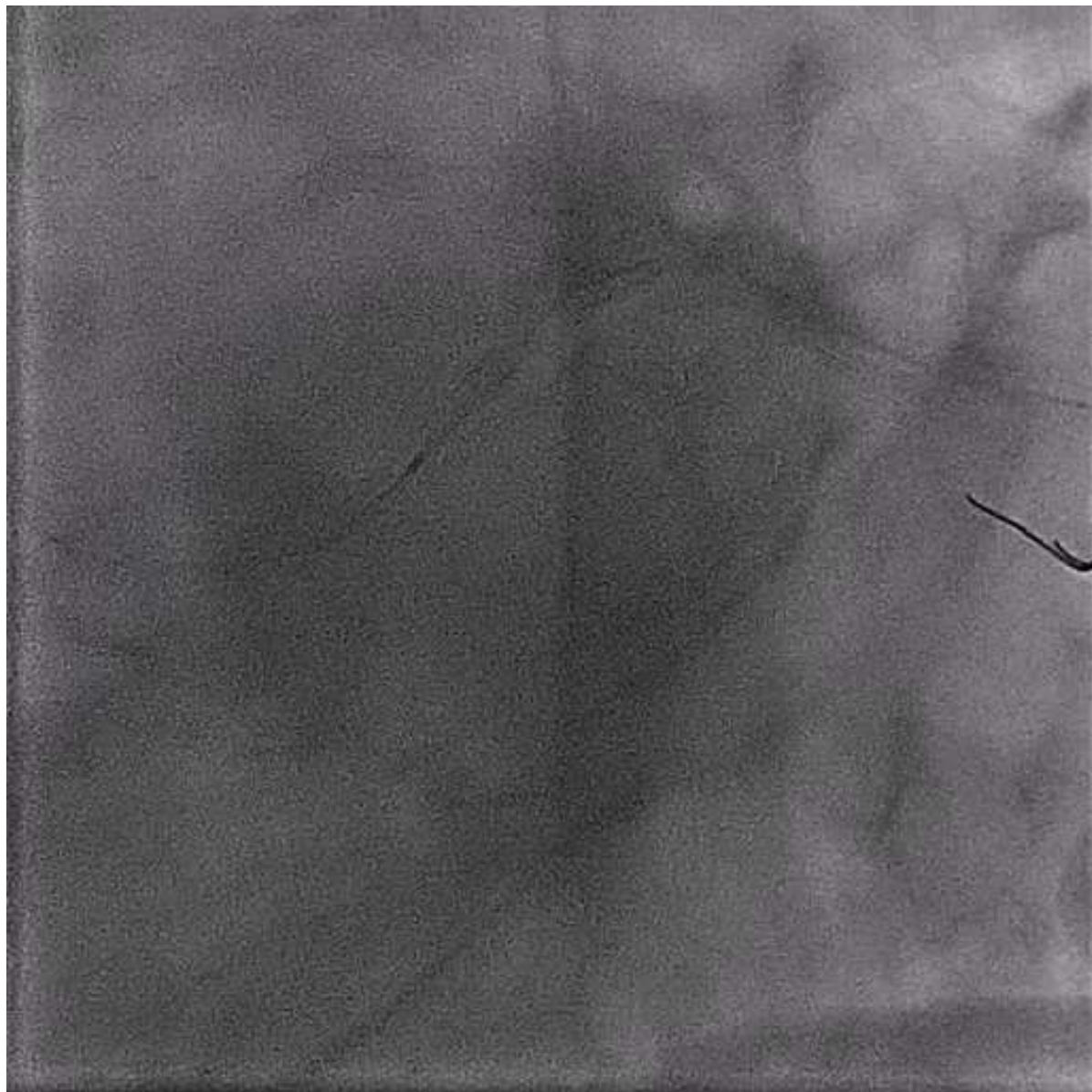


LAD

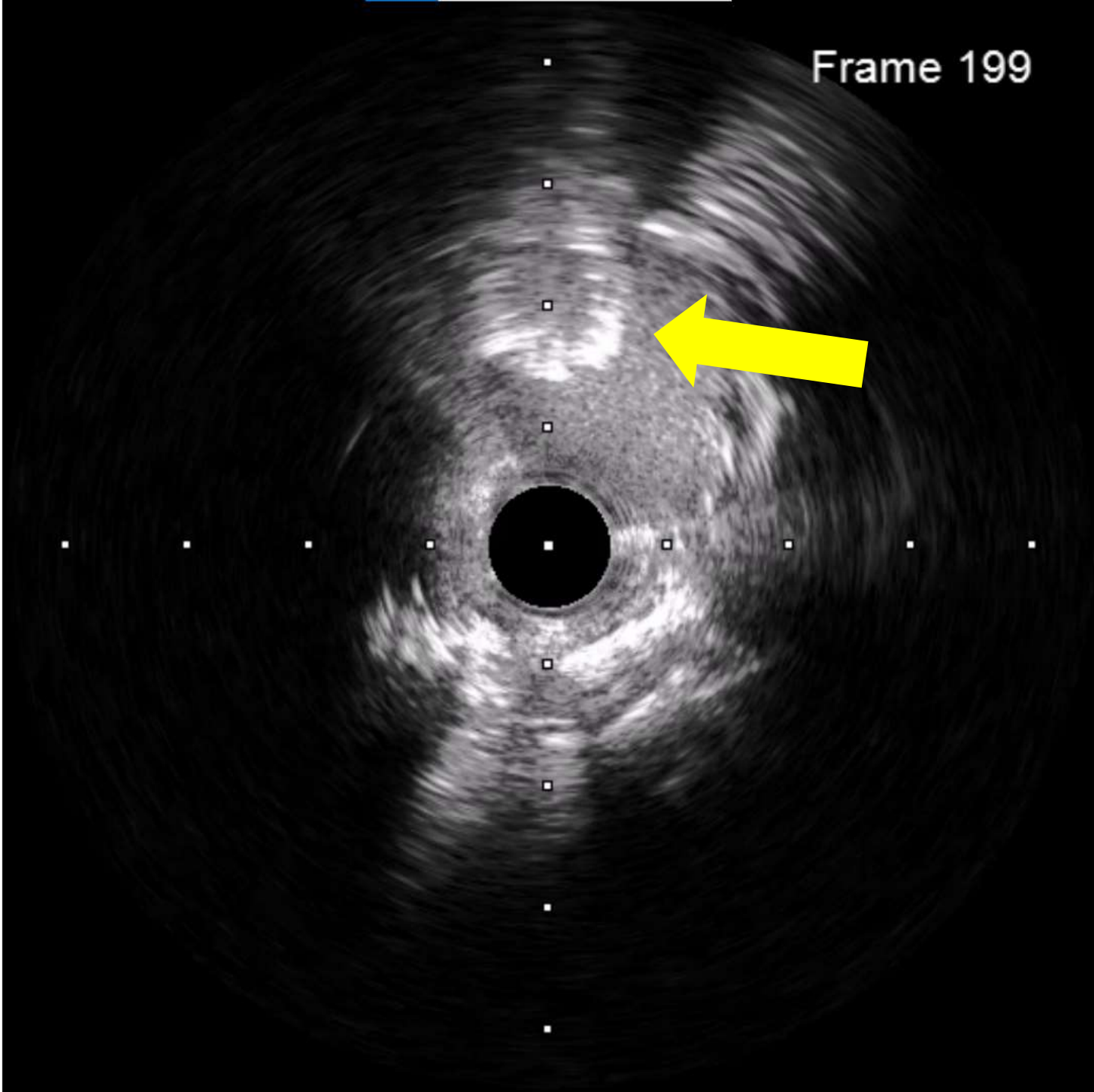


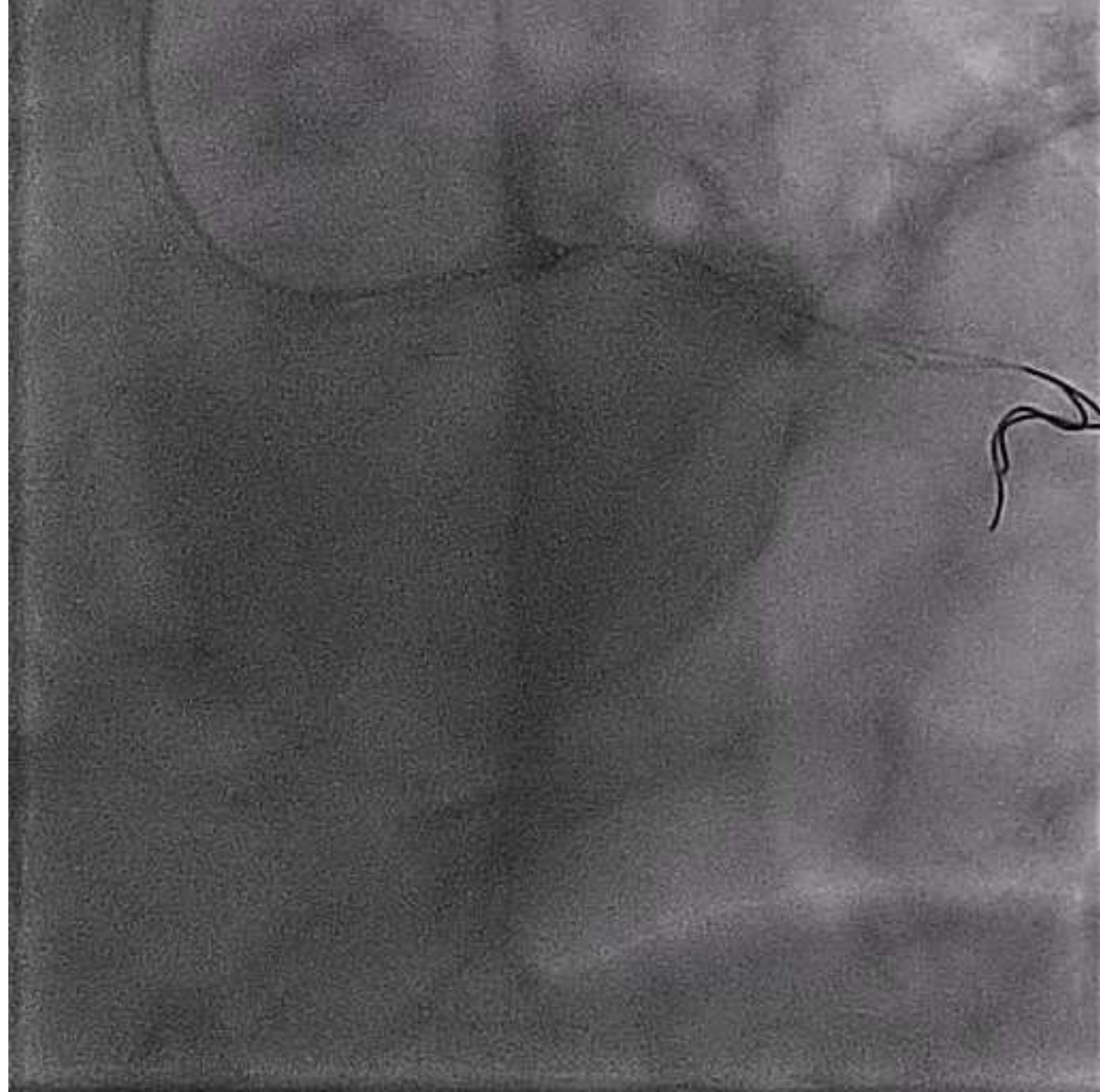
LCx

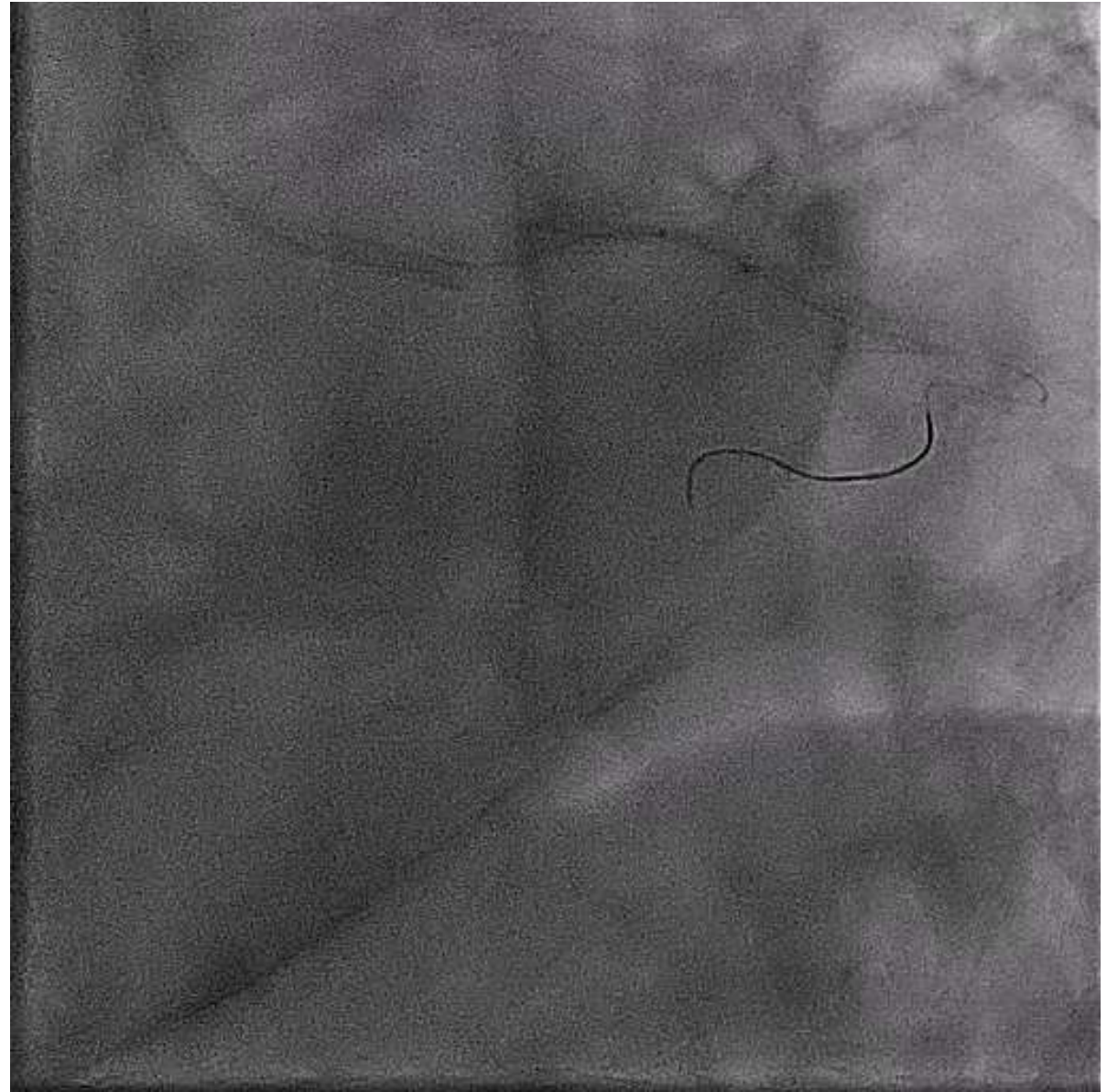
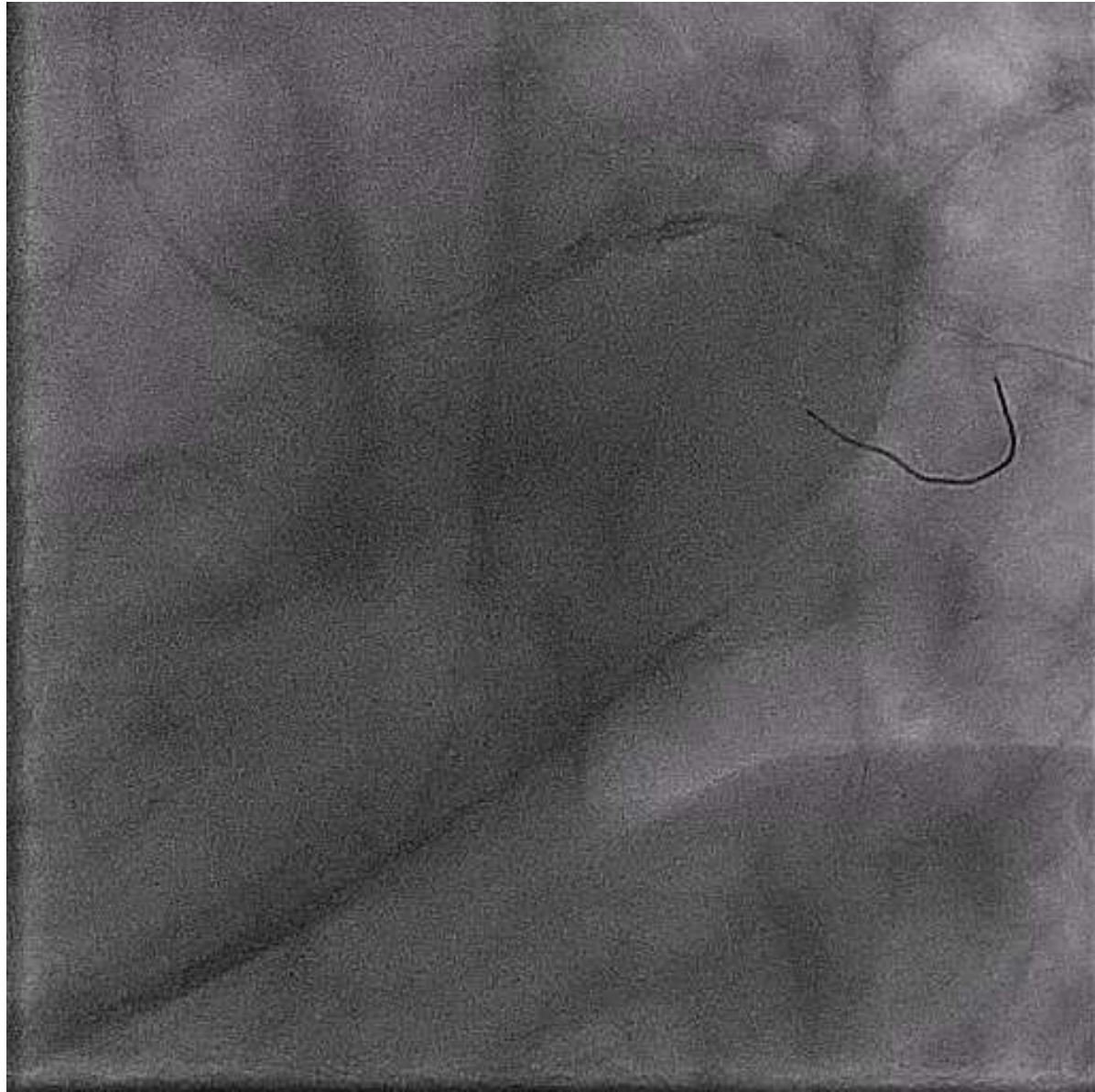


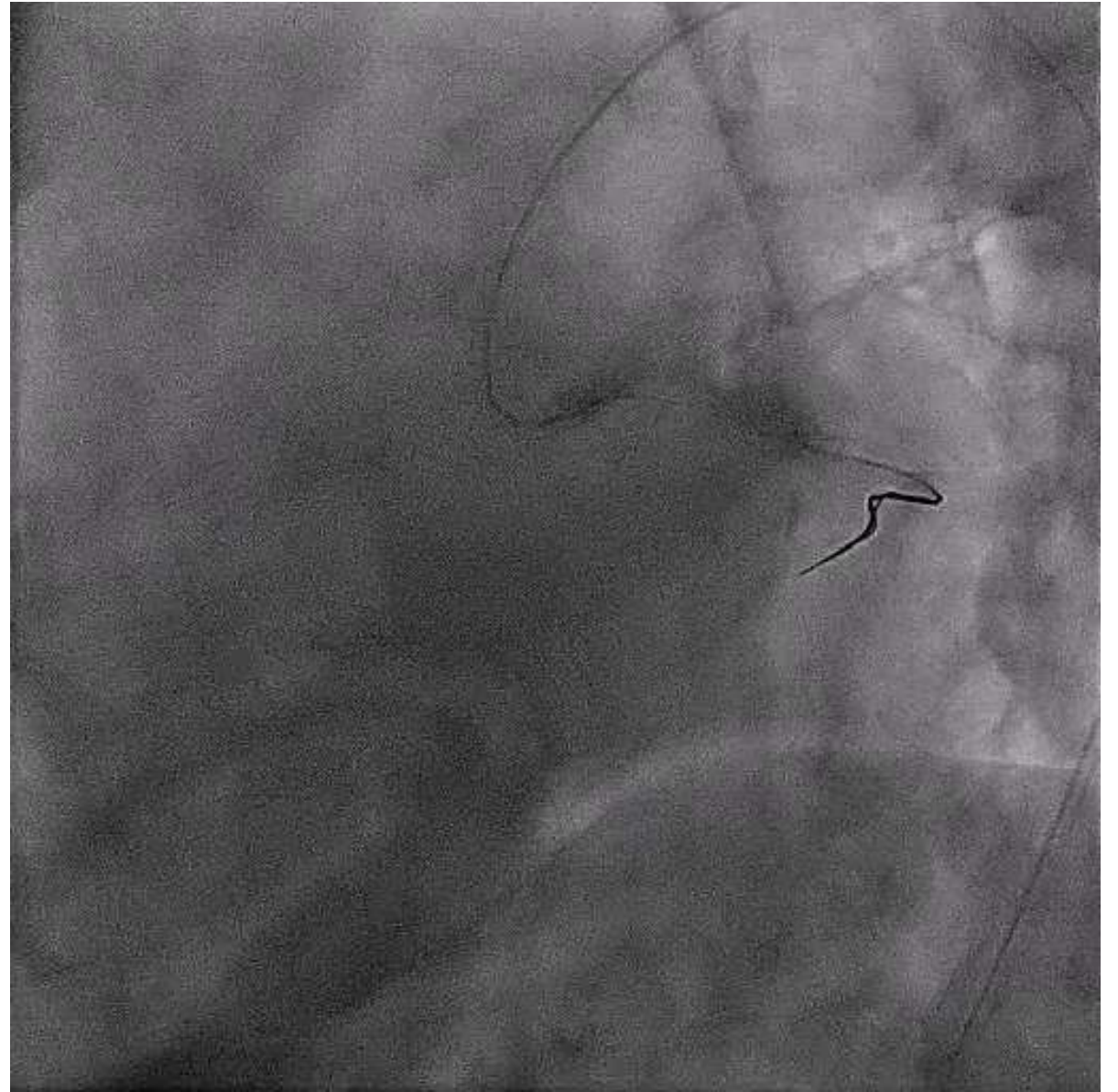
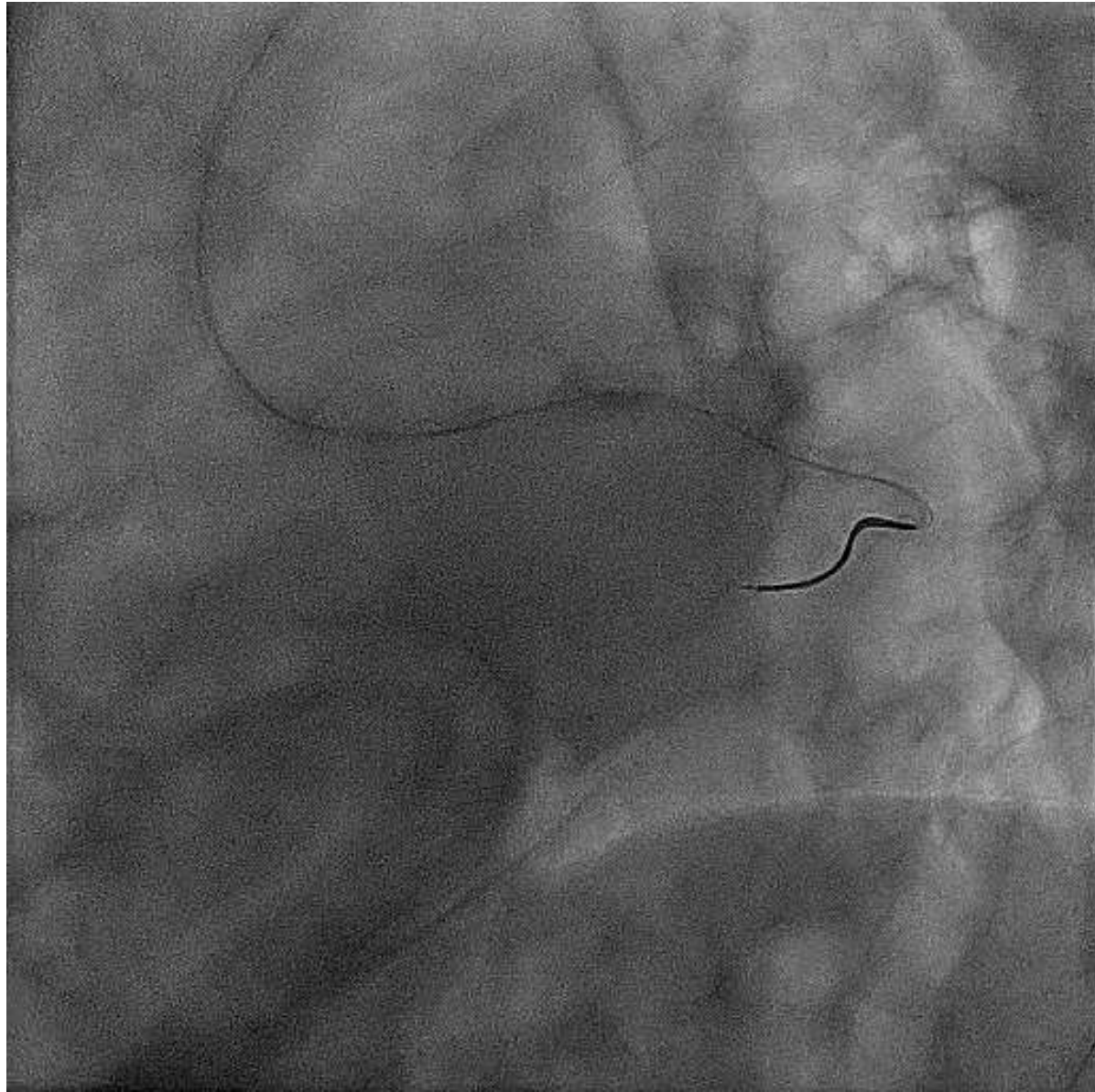


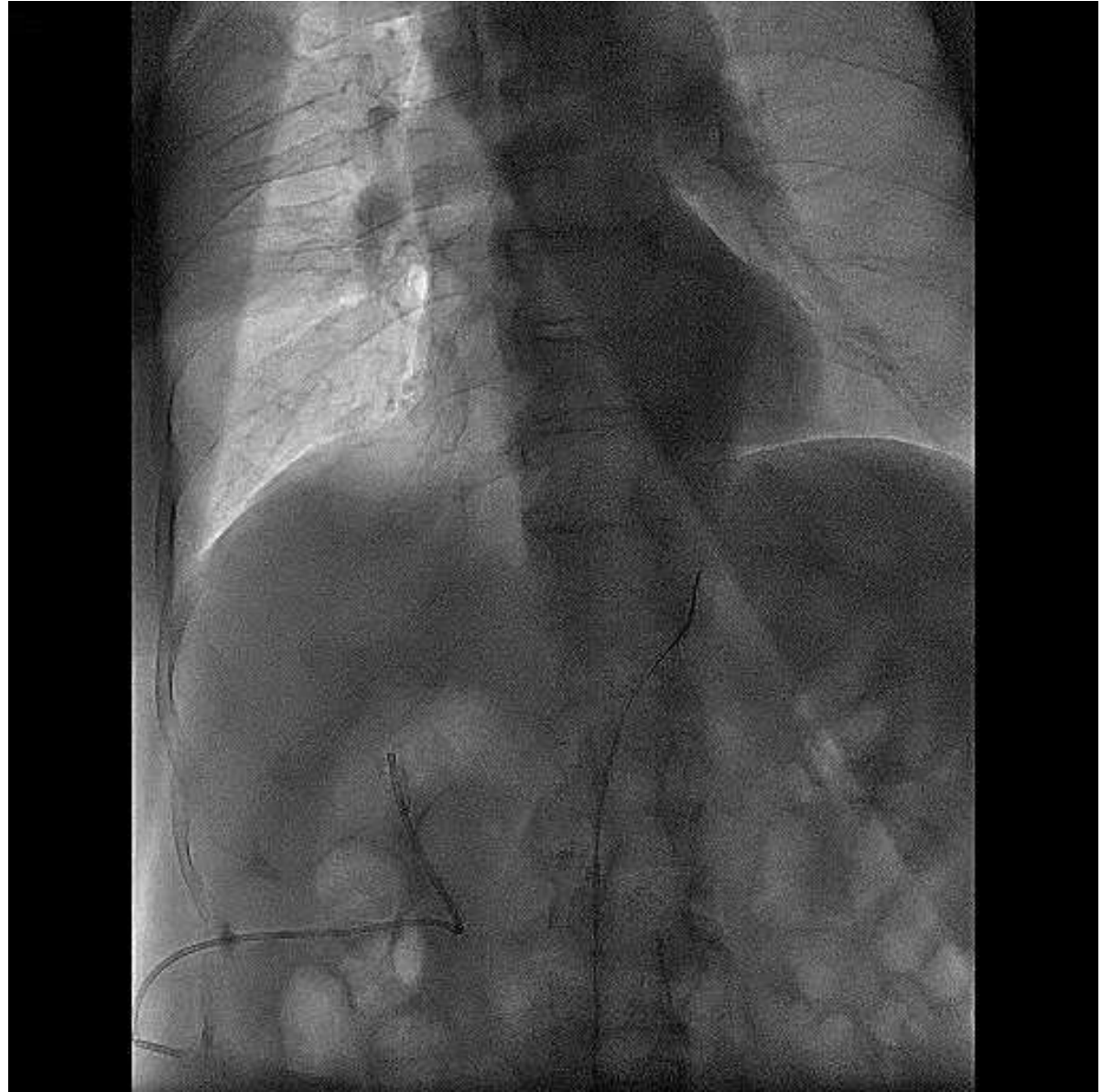
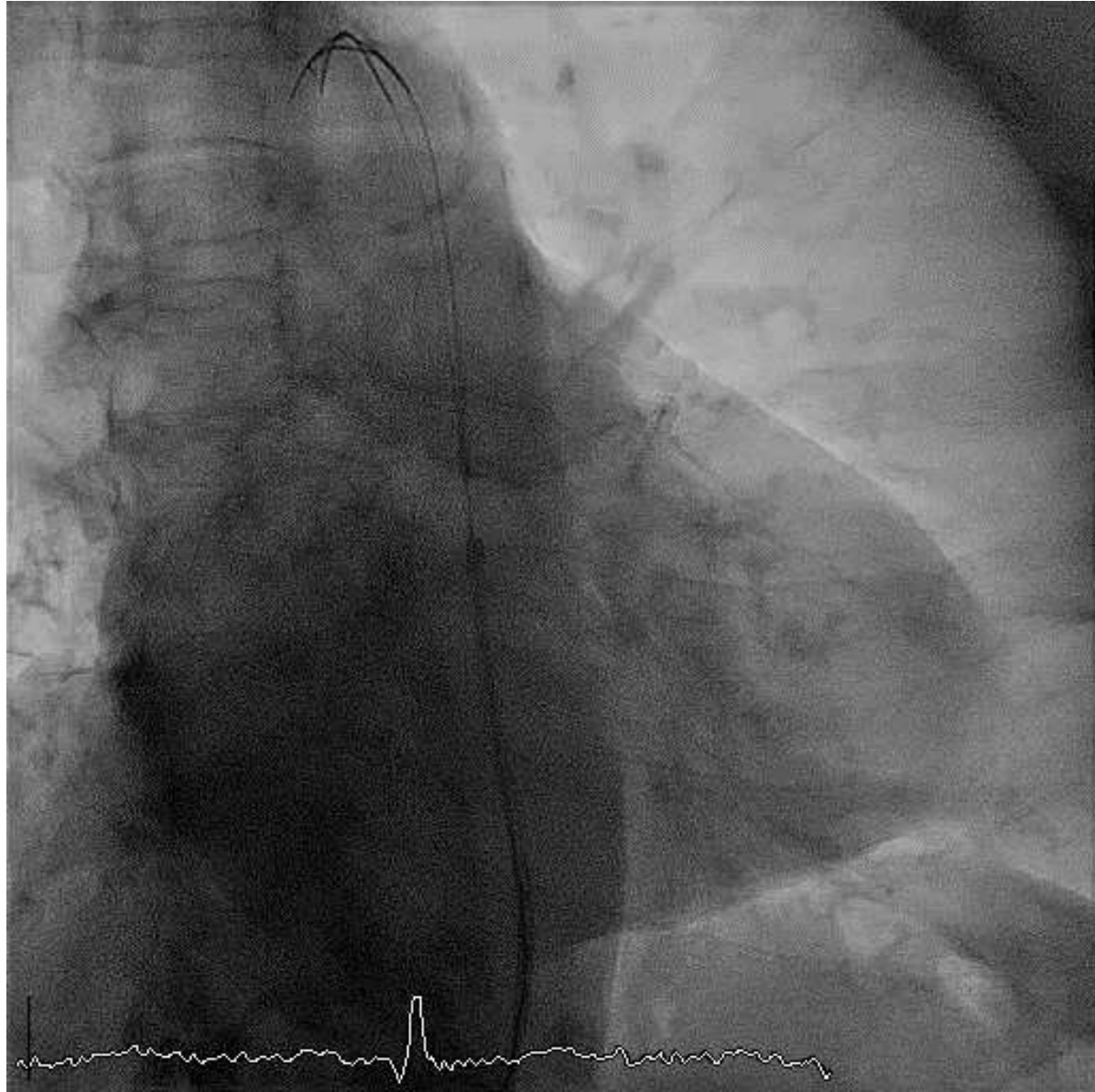
Frame 199

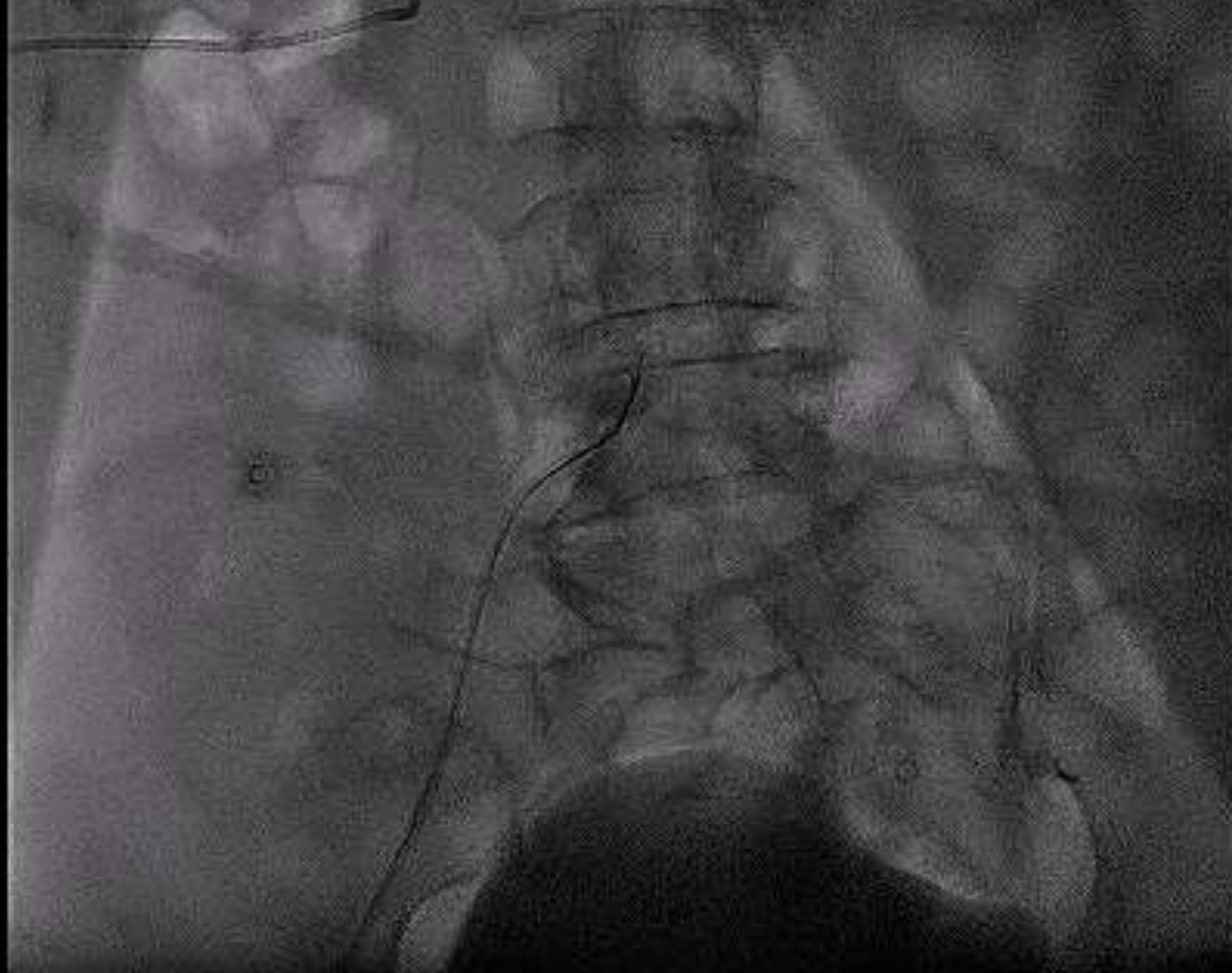






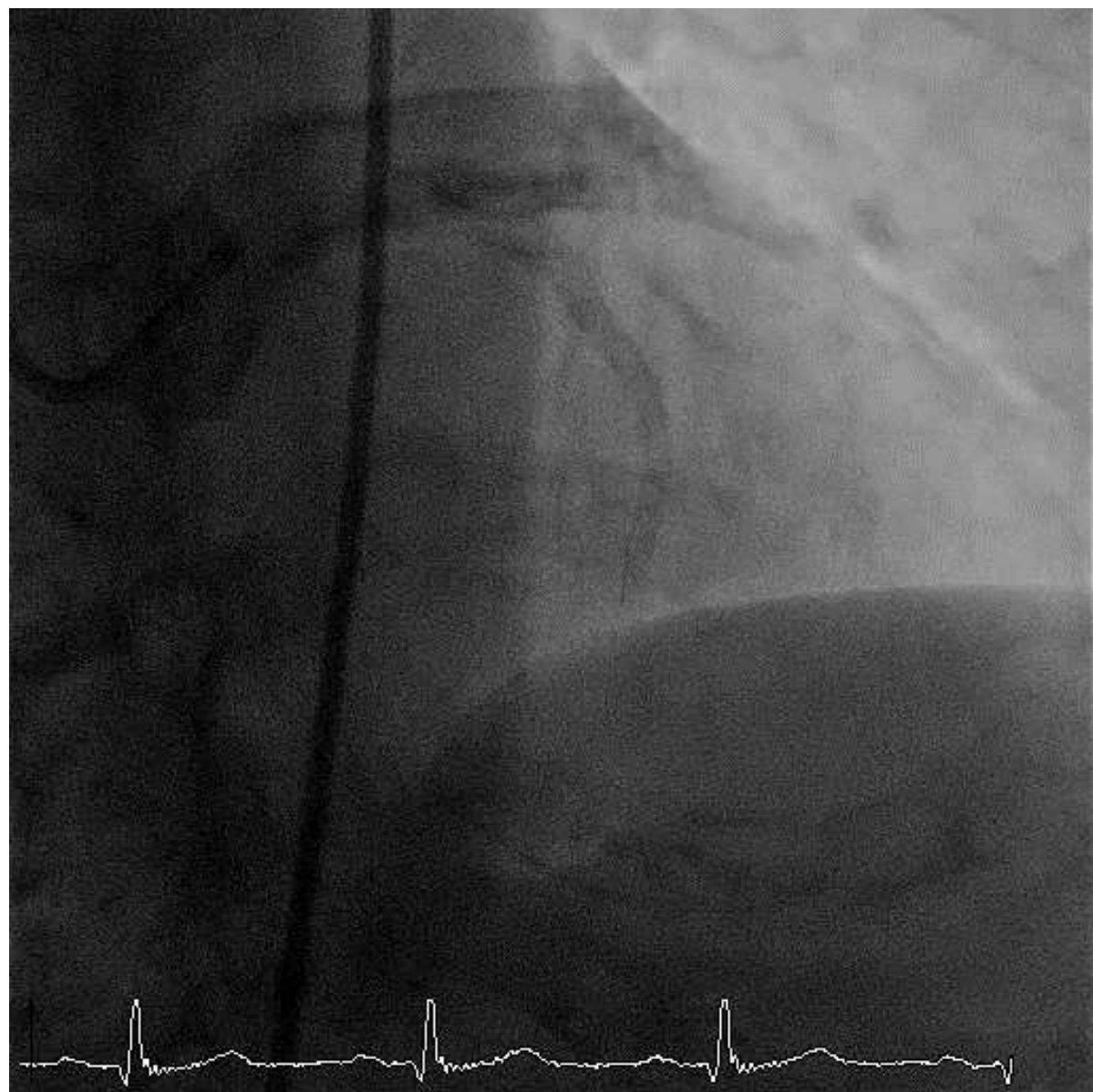


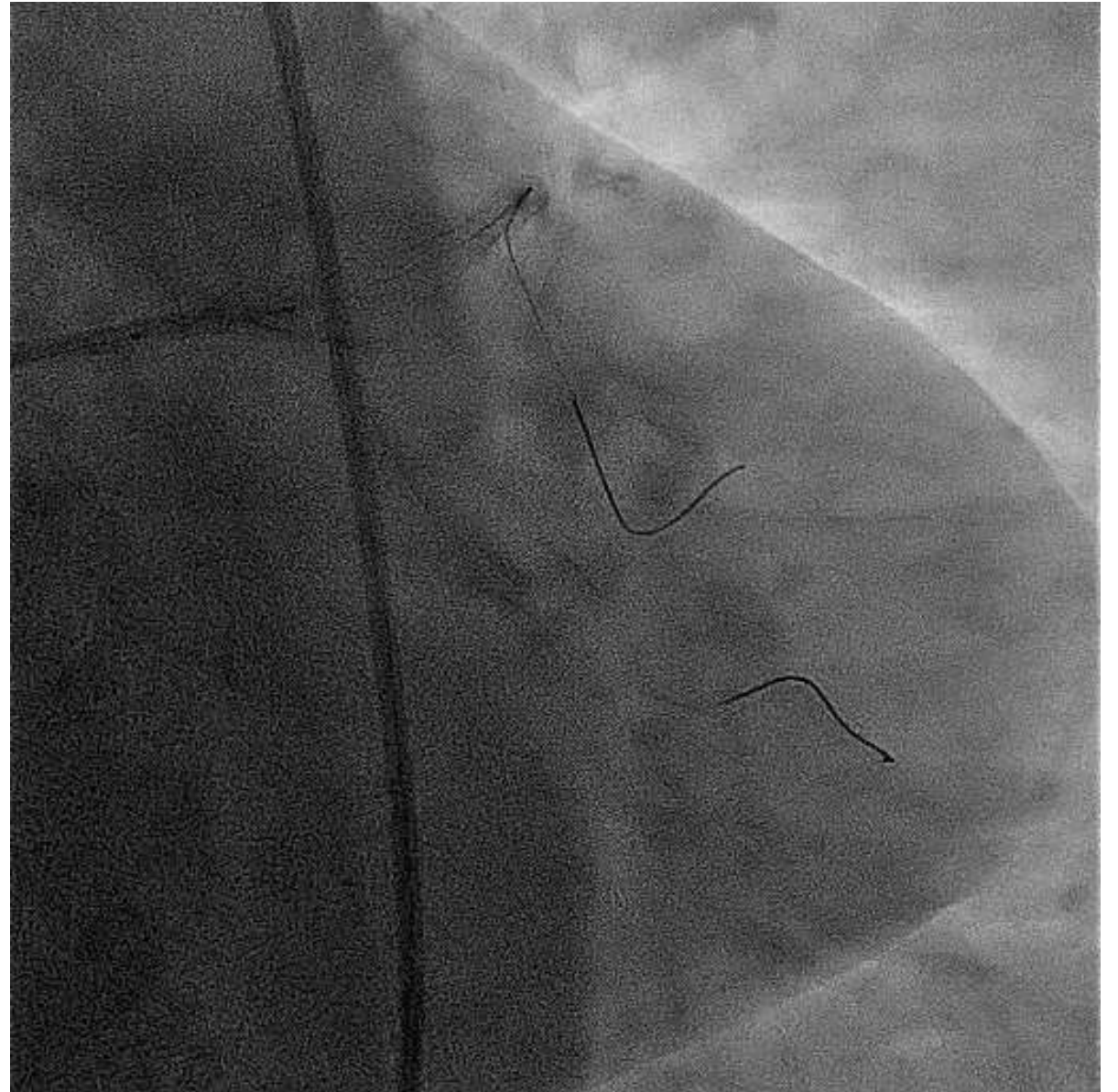
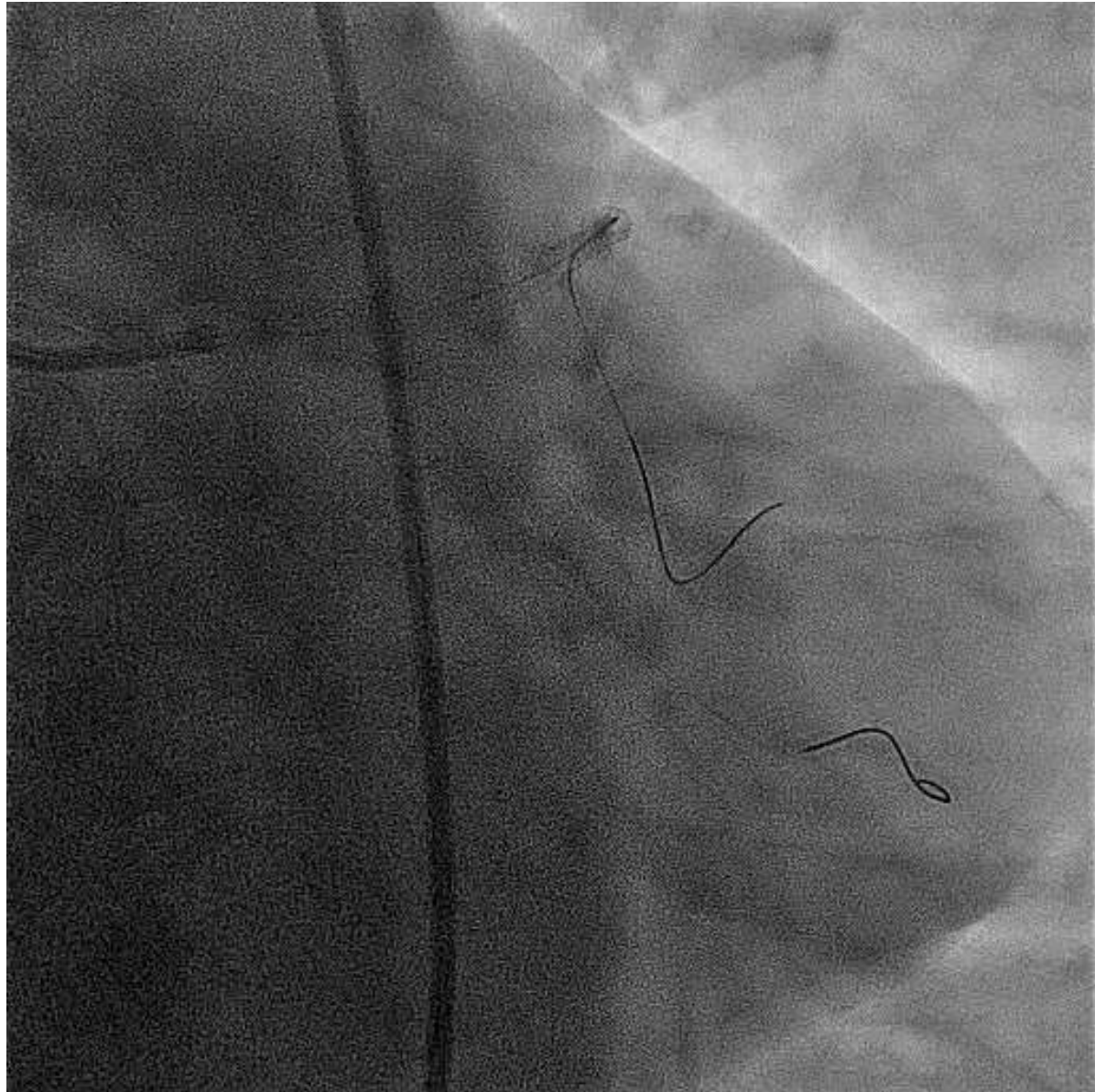


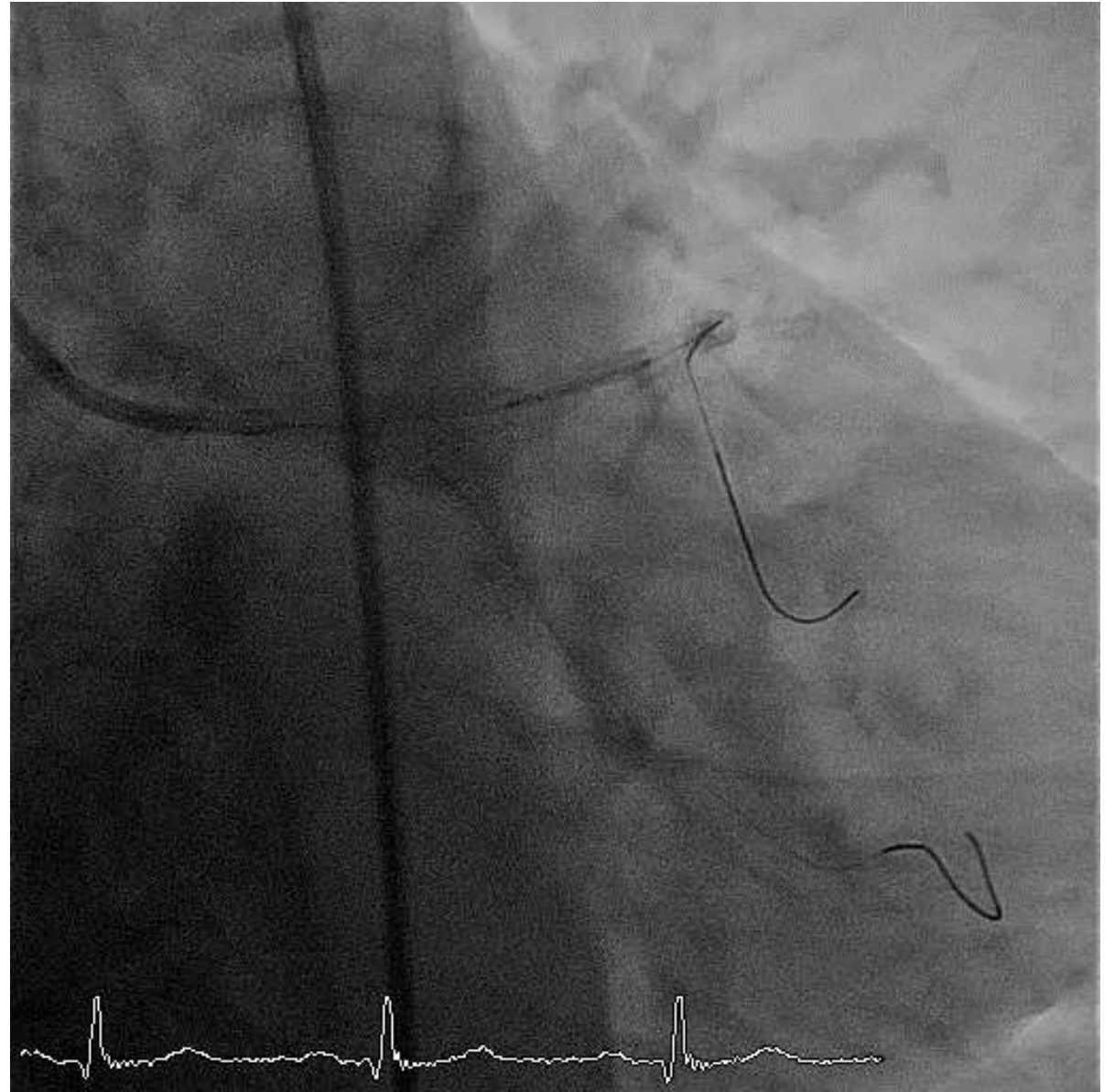
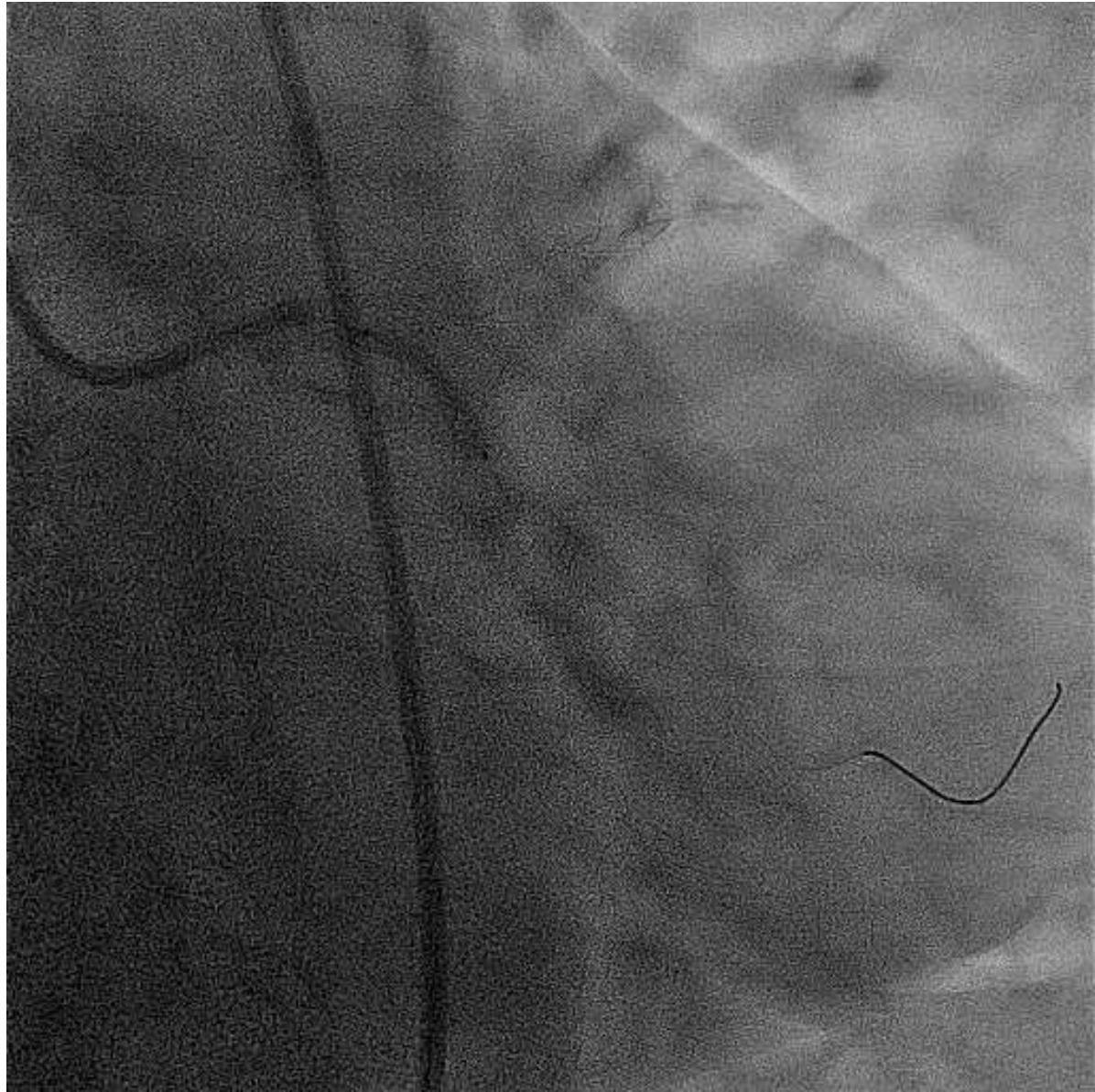


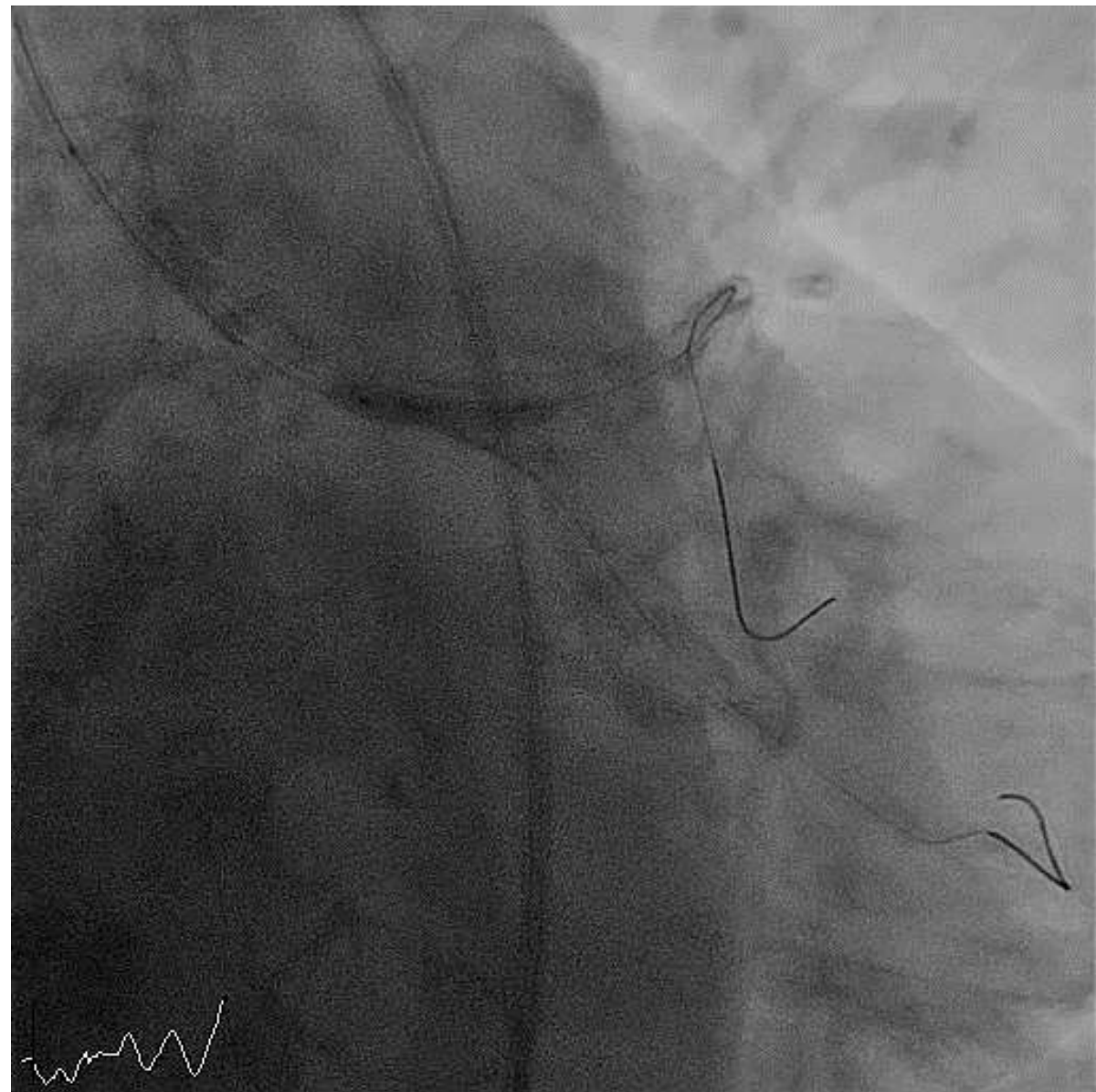
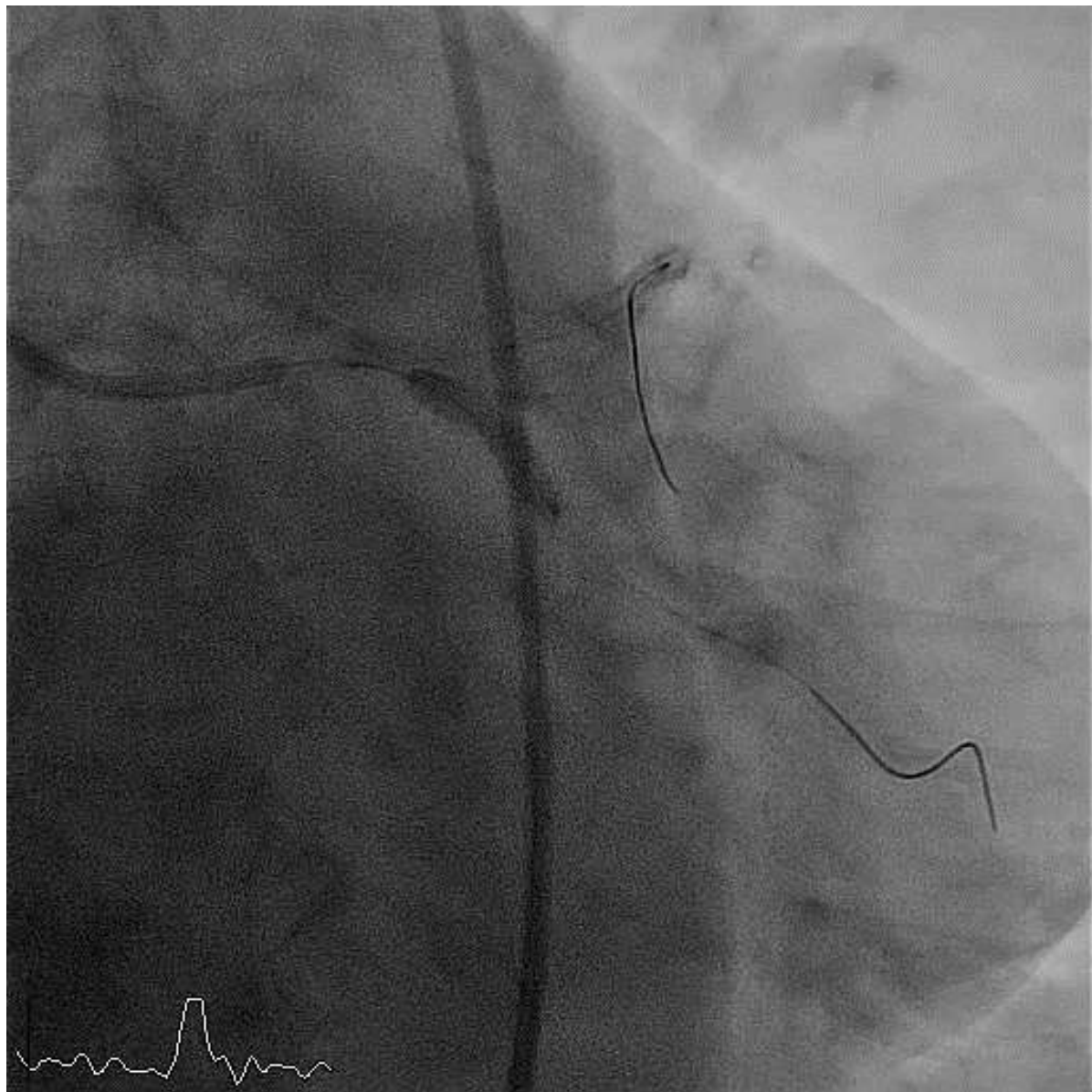


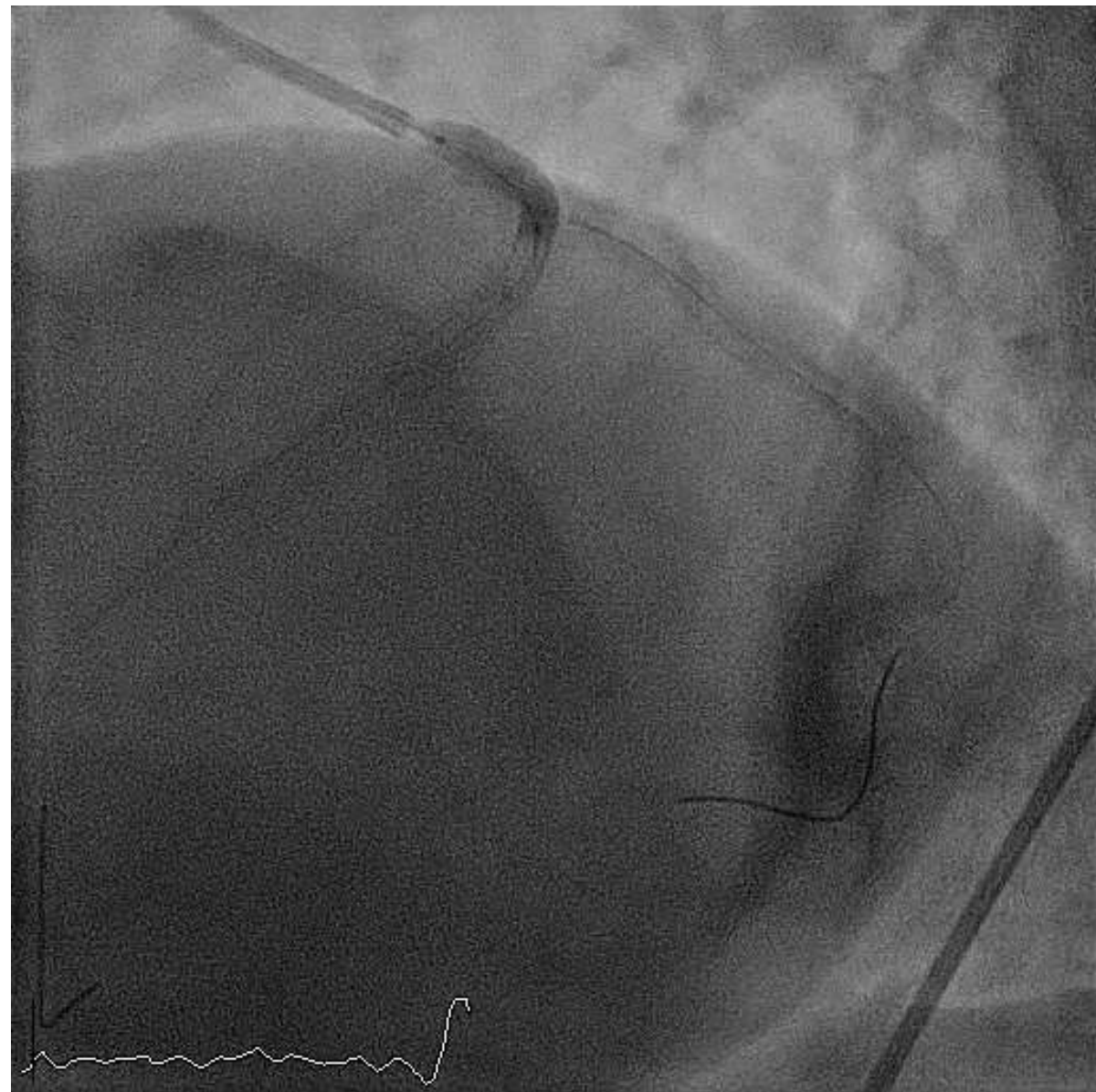
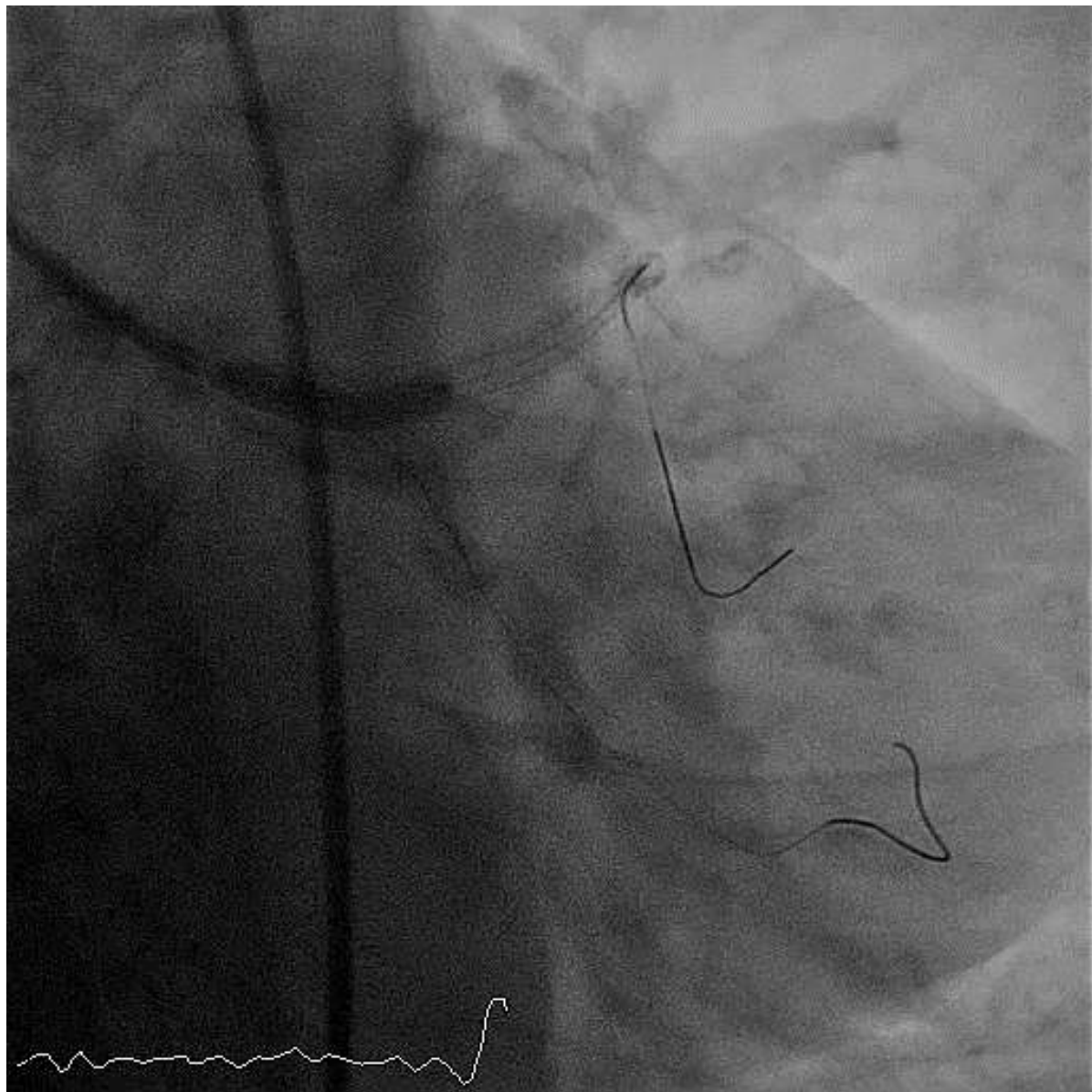
Would you follow the stent?

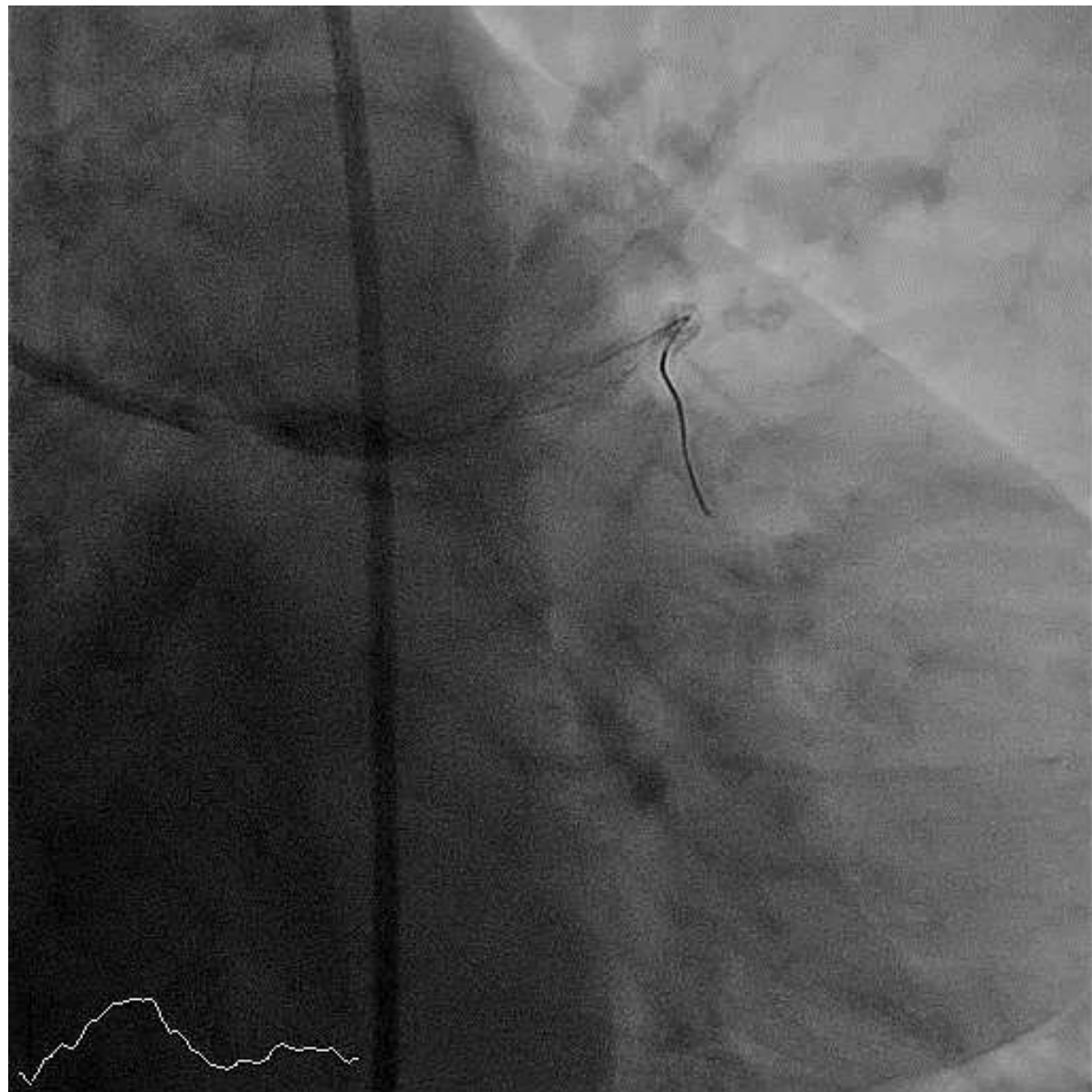
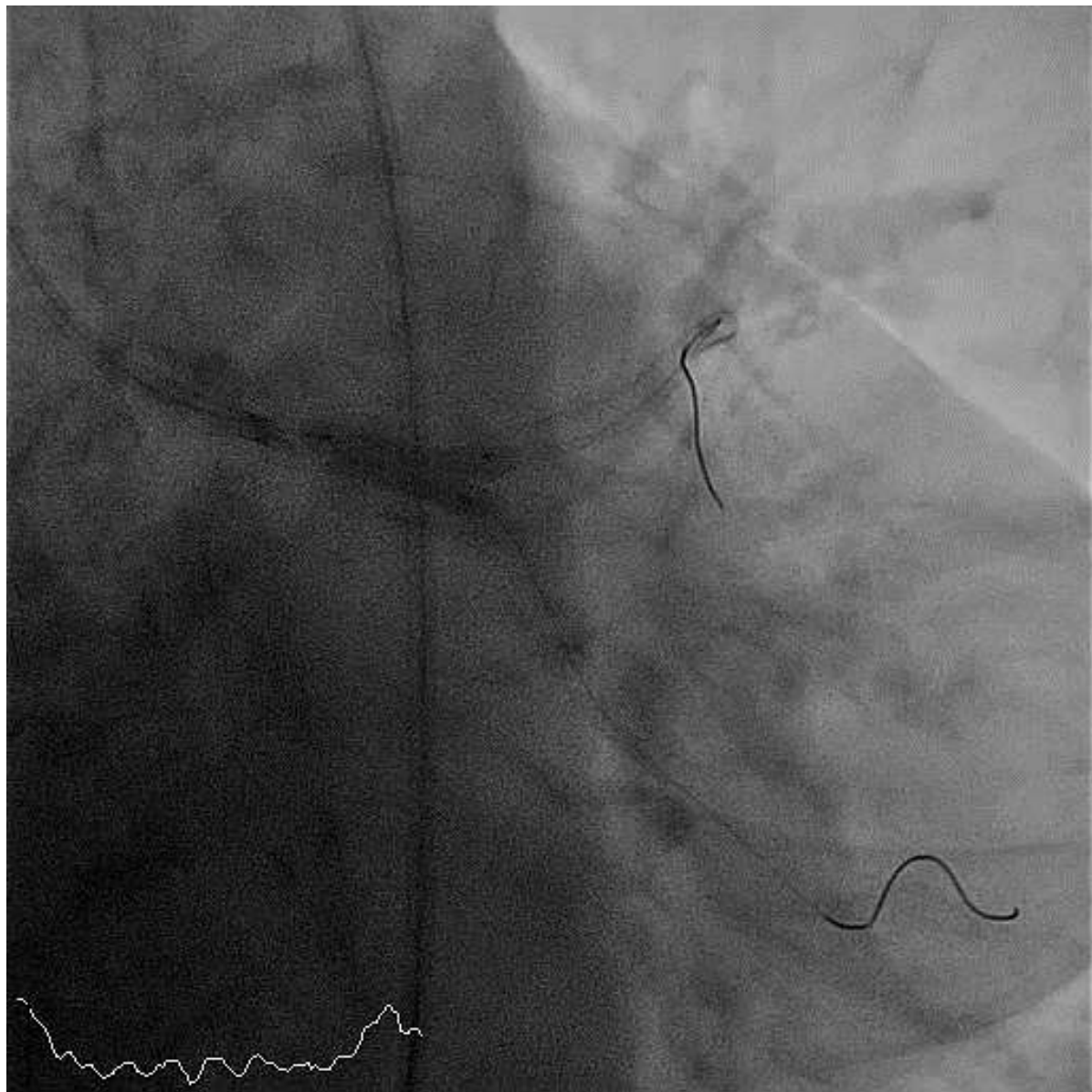


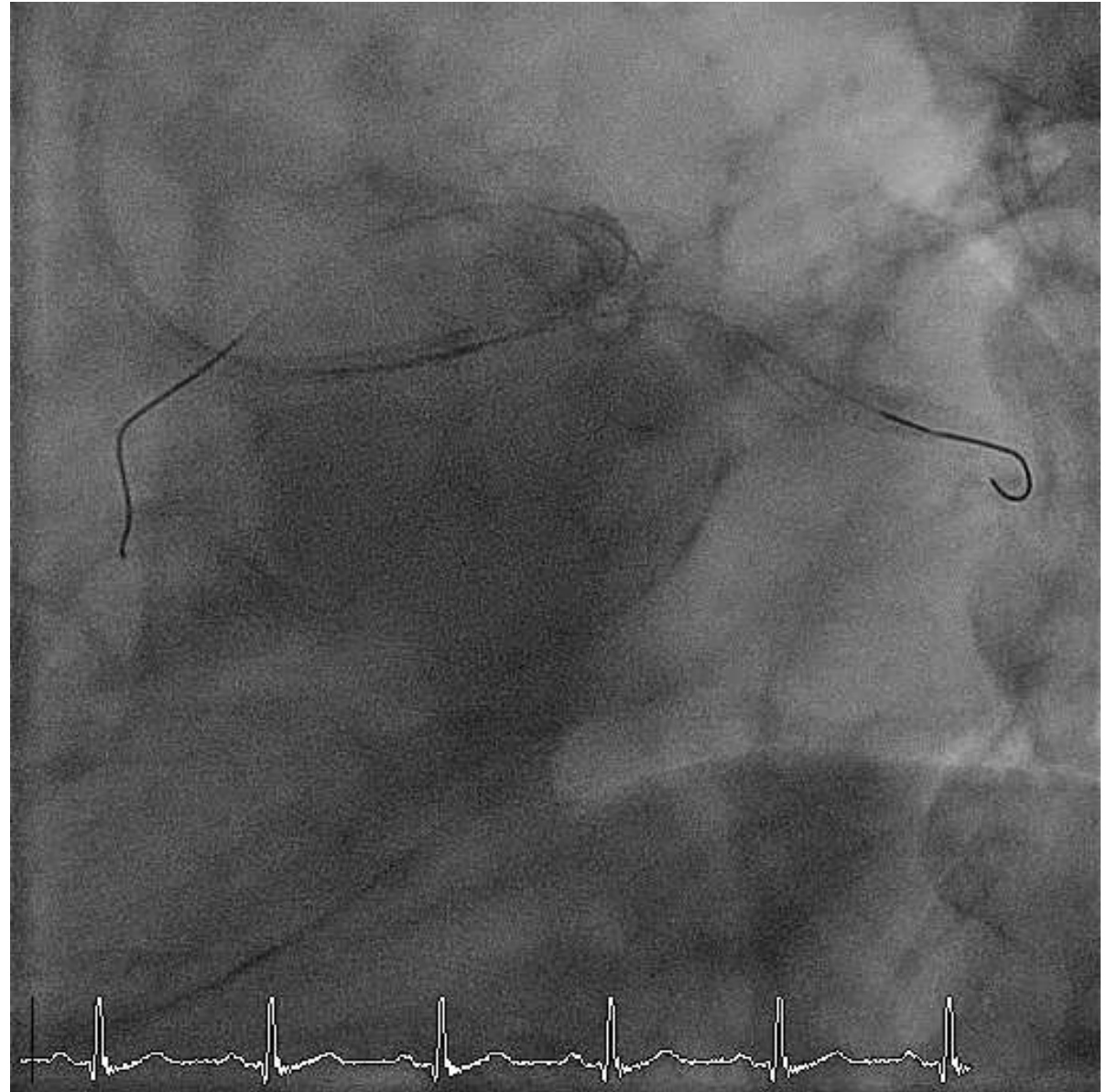
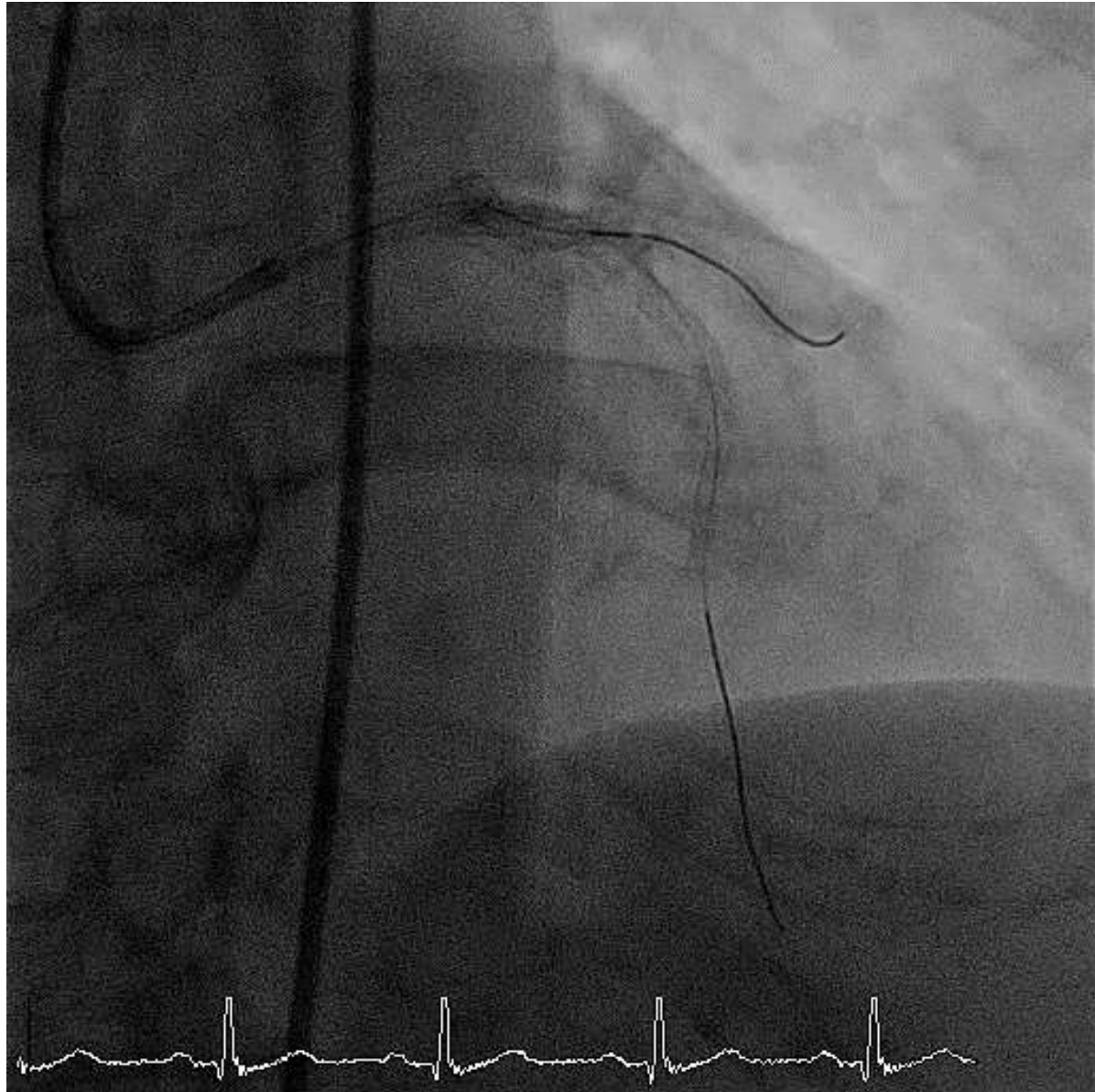


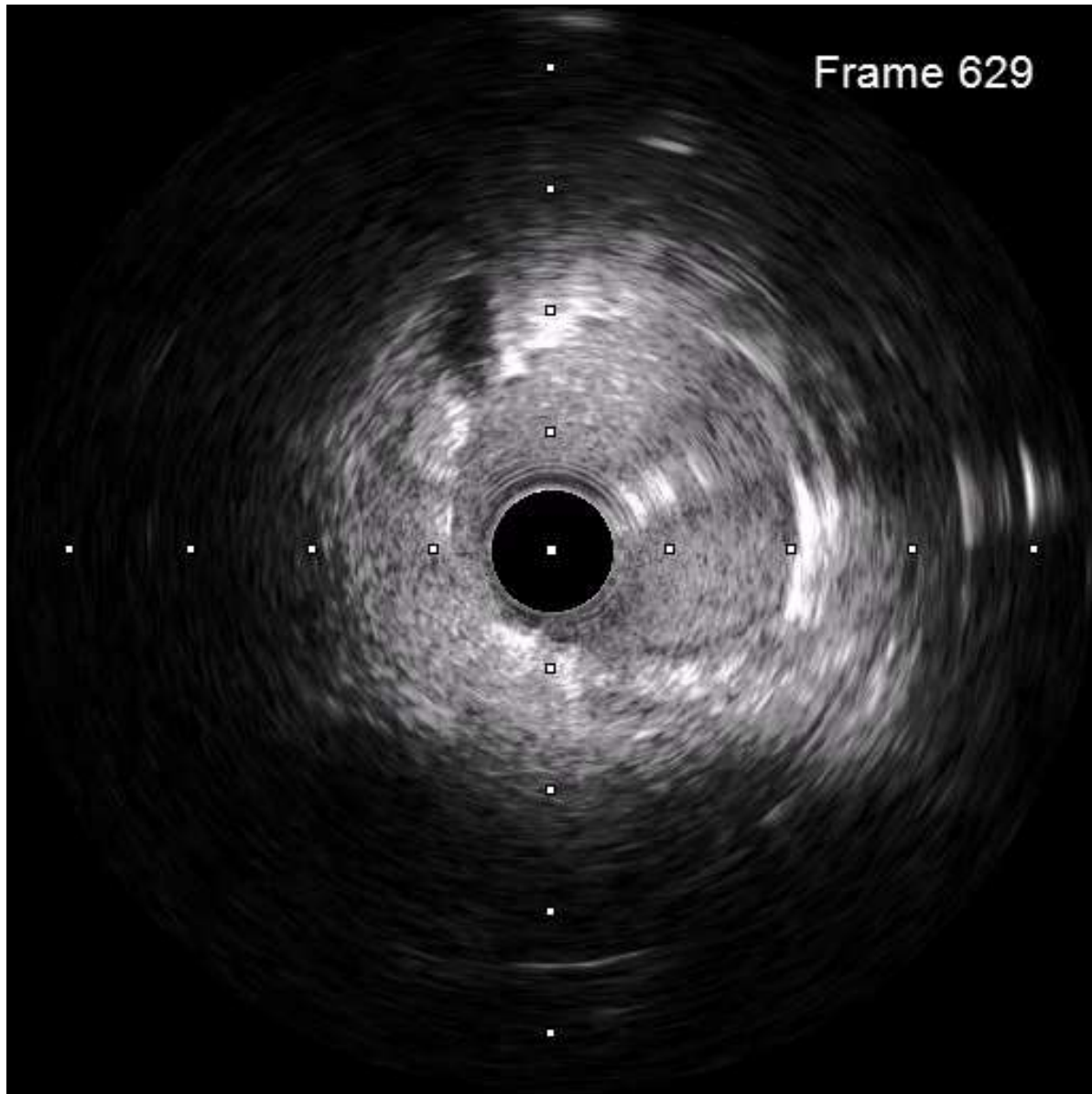




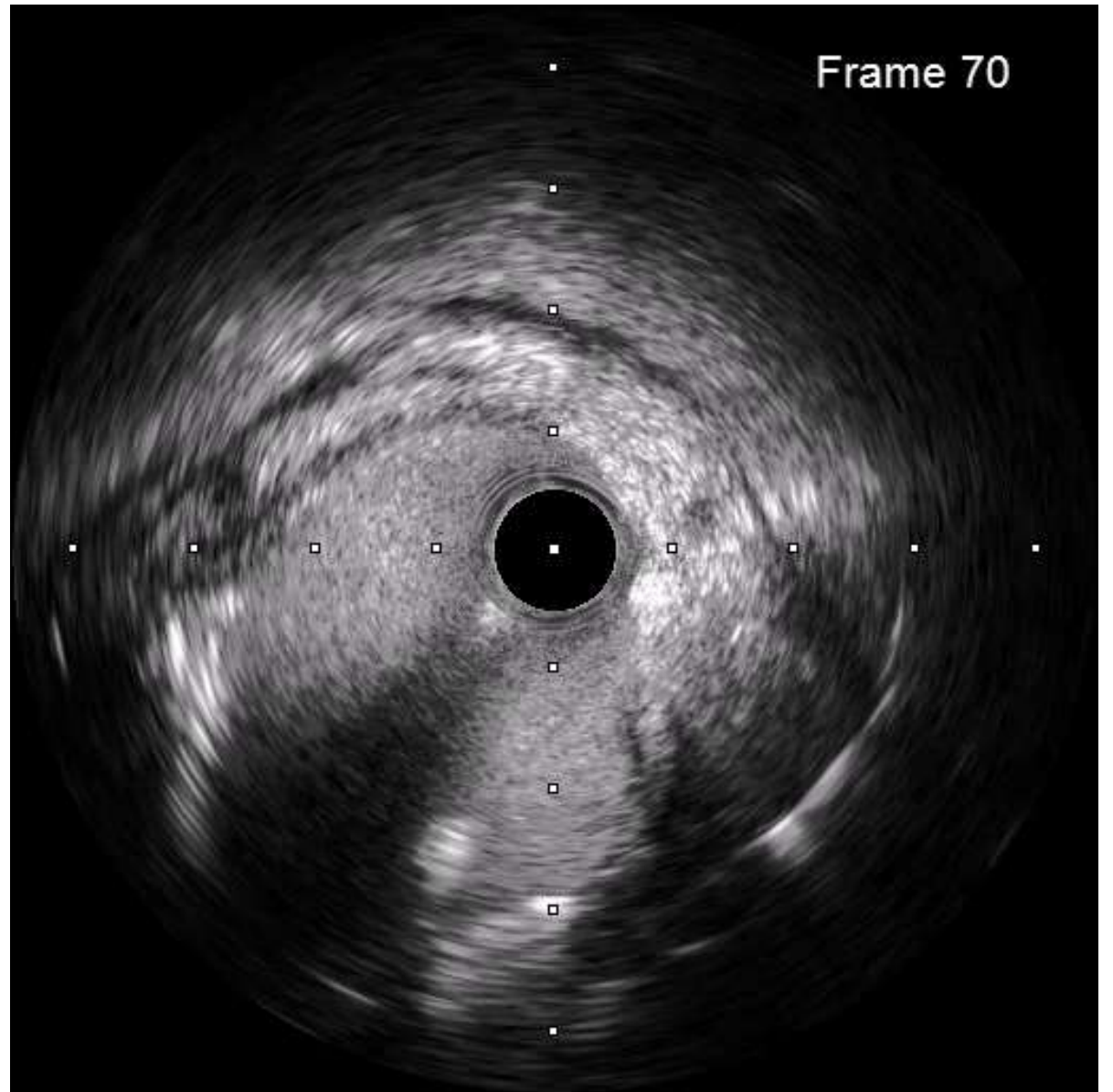








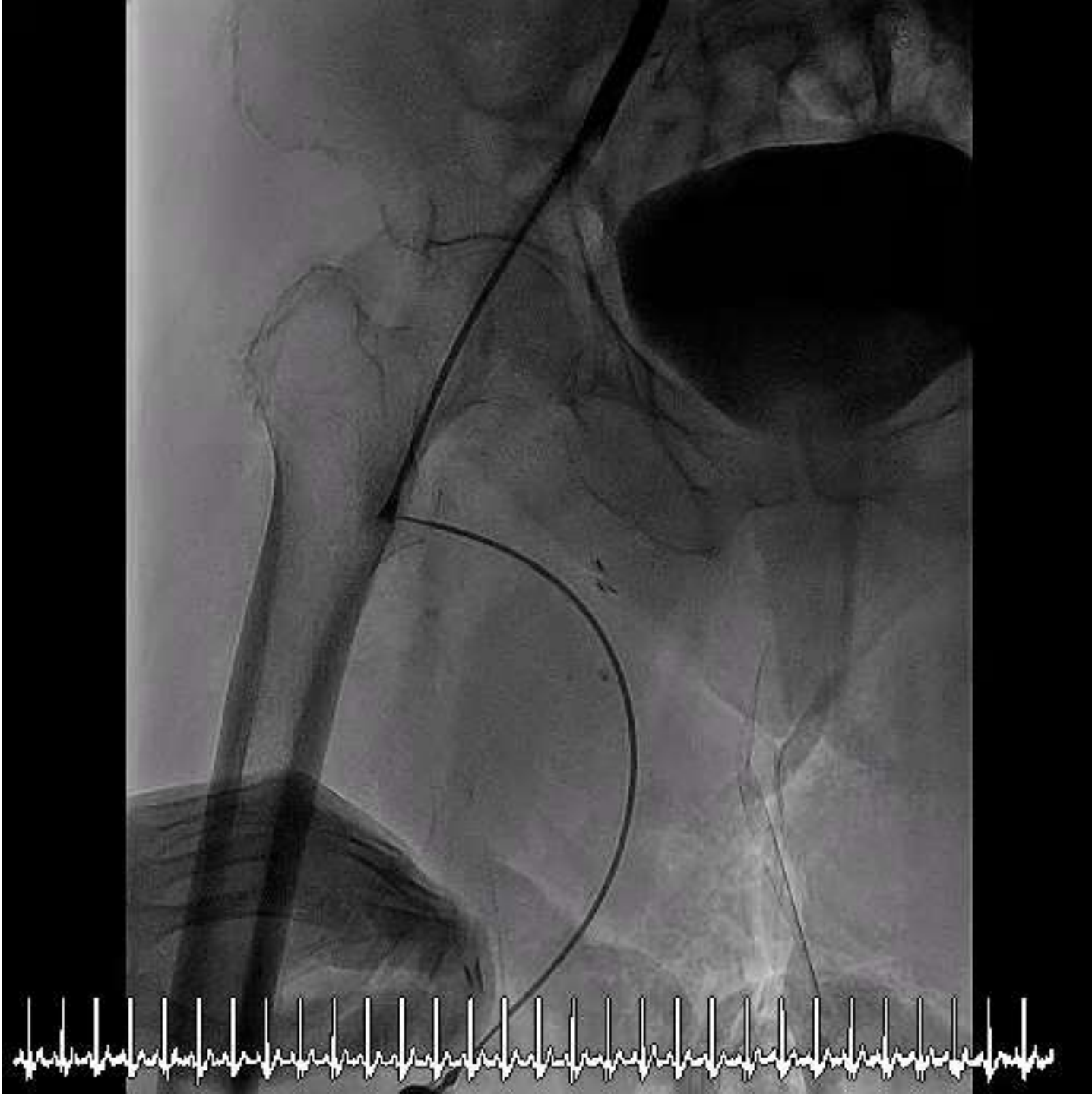
LAD



LCx

Finish?



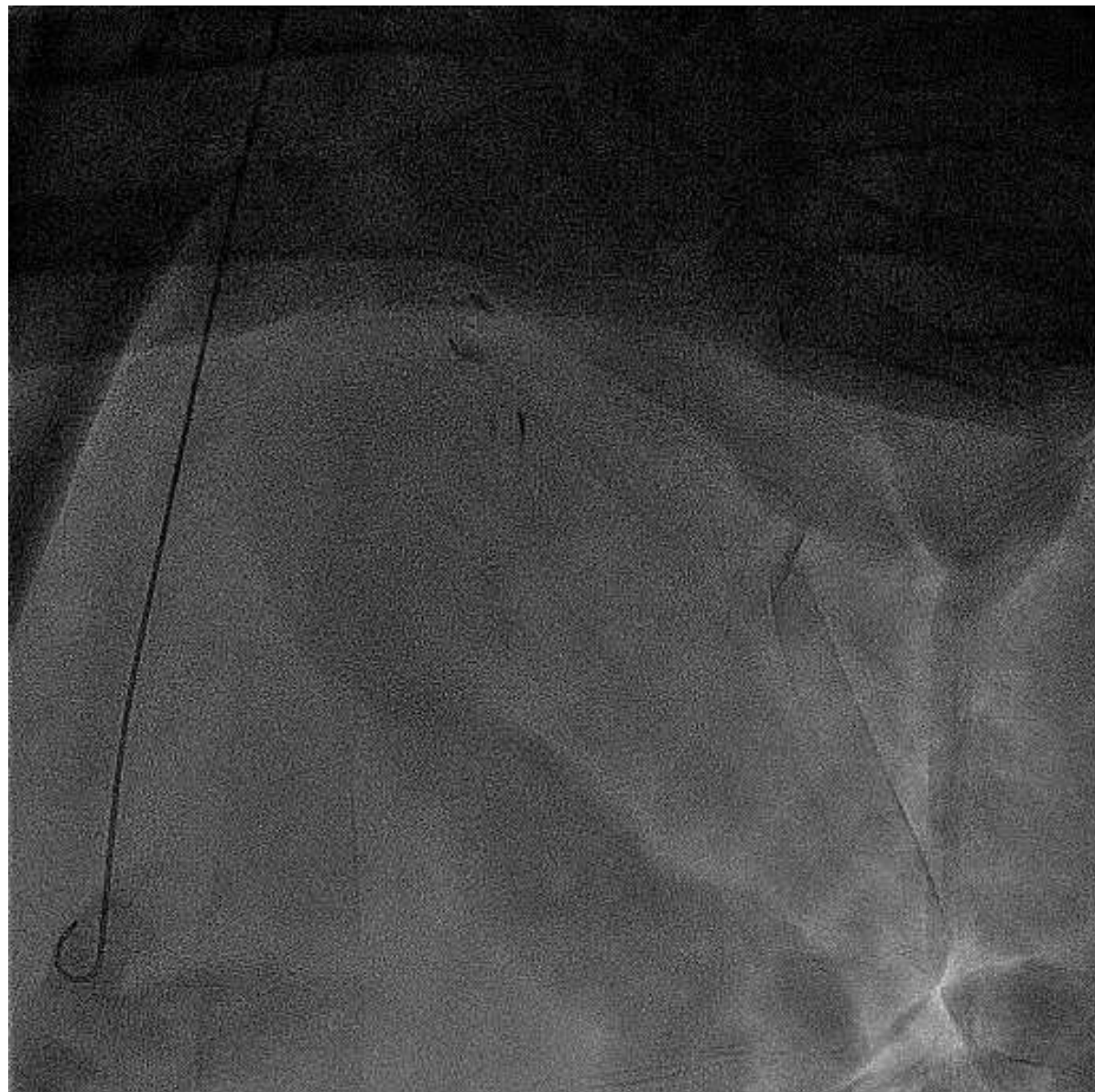
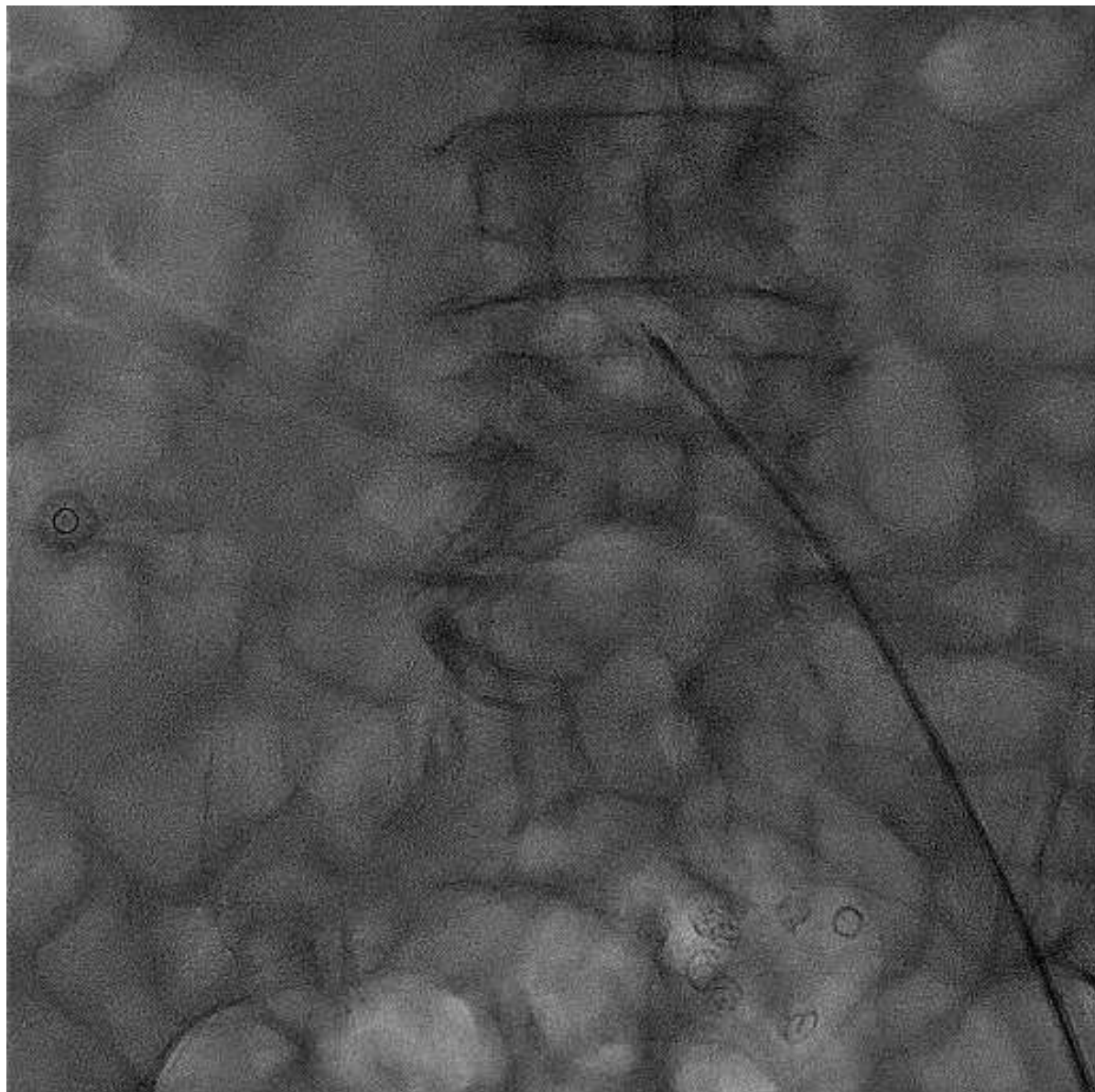


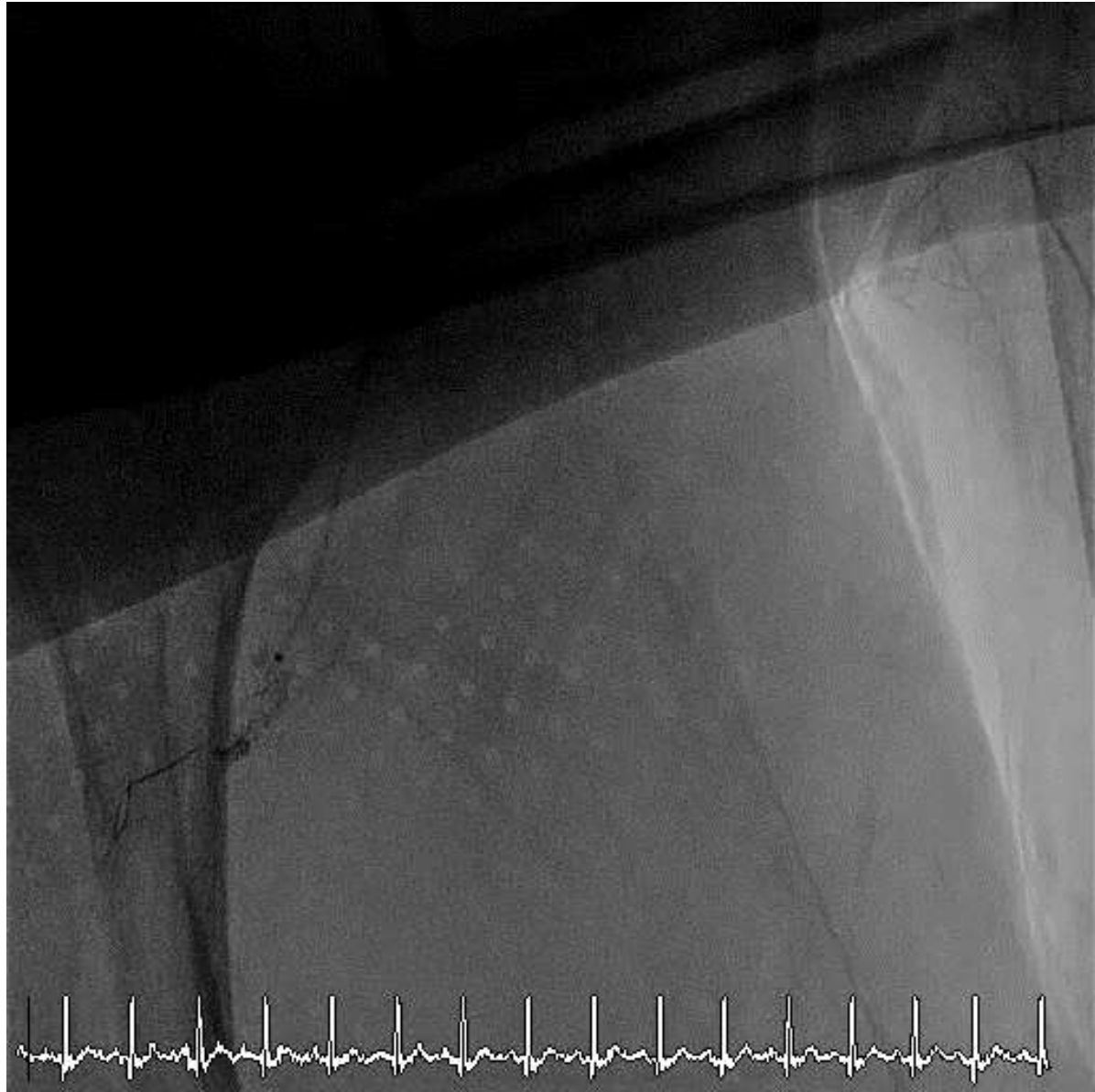


How to retrieve this stent?











Procedural summary and hospital course

- Procedural time \approx 6 hours
- Flu time \approx 130 minutes
- Total contrast volume \approx 350 ml
- The patient was discharged after 2 days of admission.
- At OPD visit (2 weeks later)
 - Serum creatinine = 1.05 mg/dL

Take home messages

- Planning must be done before performing every procedure.
- However, even with a good plan, bad things might be happened.
- Prepare.
- Keep calm.
- Call for help.



อายุรแพทย์ดีเด่น ด้านวิชาการ
ประจำปีพุทธศักราช 2564
(Distinguished Academic Award)

รองศาสตราจารย์ นายแพทย์สุพจน์ ศรีมหาโชตะ