

# **A Case of Critically Confirmed COVID - 19 in a 52 Year-Old Filipino Male Presenting With Multivessel Coronary Artery Disease**

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# Disclosure

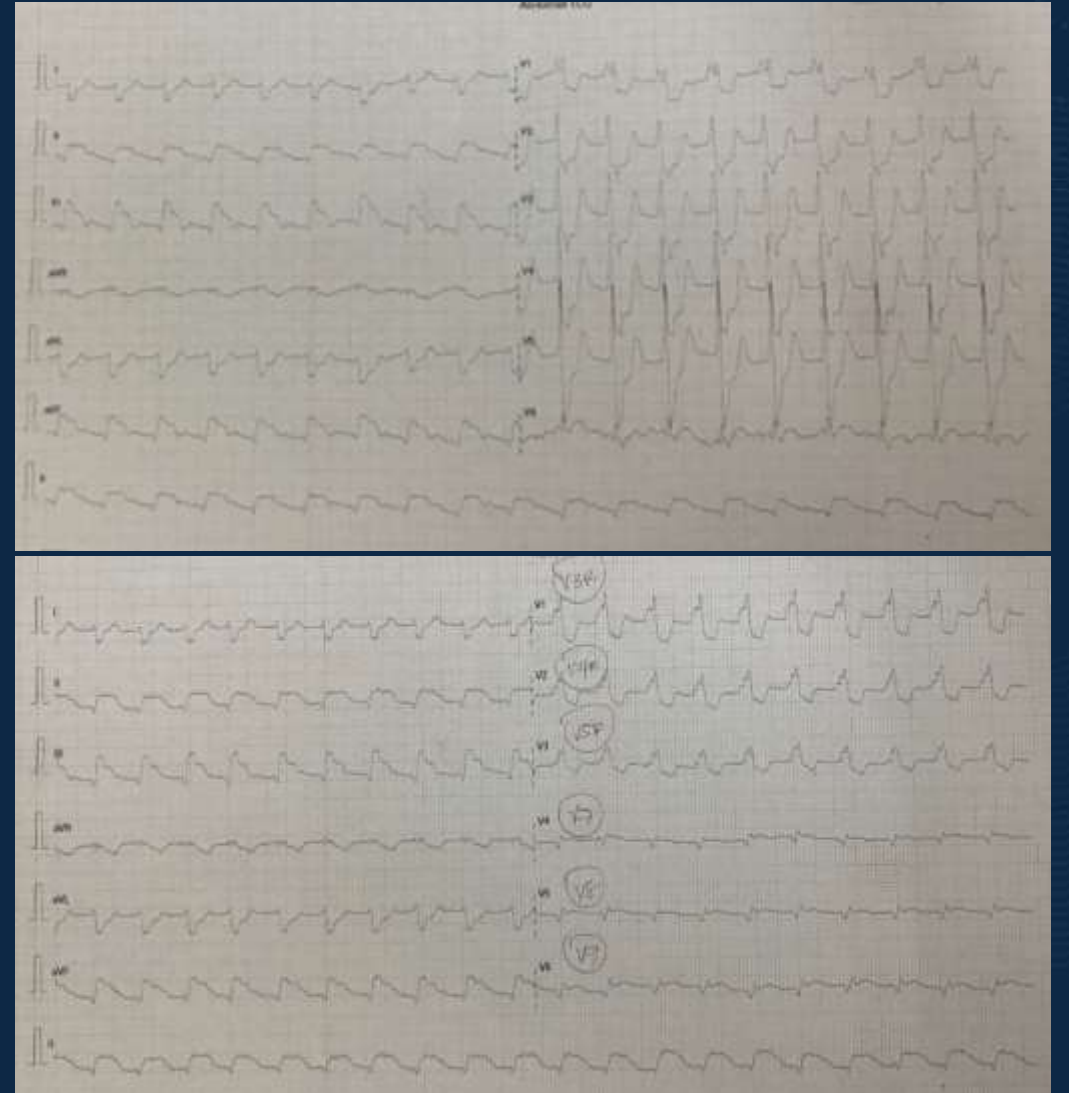
- None

# Discussion Points

- To present a case of a critically confirmed Covid -19 patient with ST elevation MI
- To integrate clinical history and physical exam , test results ,imaging catheterization findings for treatment planning and interventional management
- To discuss the procedural steps on the management of the case

# 52M, Filipino, Unemployed

- Hypertensive, Diabetic,
- Post CV infarct 2016
- 24H prior to consult, (+) 9/10 substernal chest pain associated with progressive dyspnea → ER consult
- At **ER** – received drowsy, hypotensive with desaturation
- Assessment: **HASCVD CAD ACS STEMI Inferior wall Killip IV in SR**



# Relevant test results prior to catheterization



SARS- CoV- 2  
GeneXpert  
**Positive**

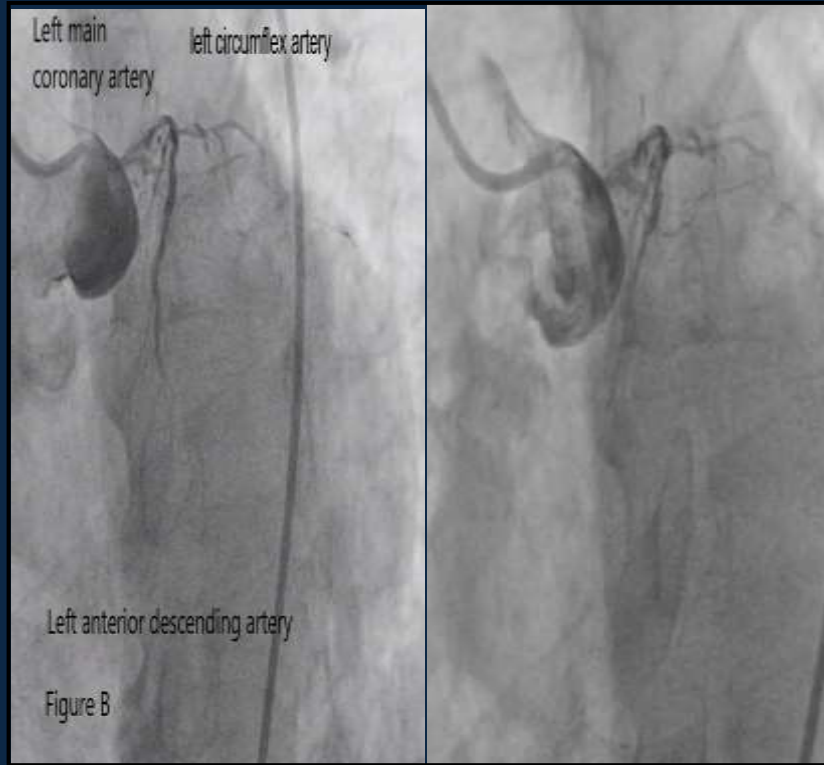
Right lower lobe pulmonary  
edema cannot totally rule out  
pneumoniae

# Relevant catheterization findings

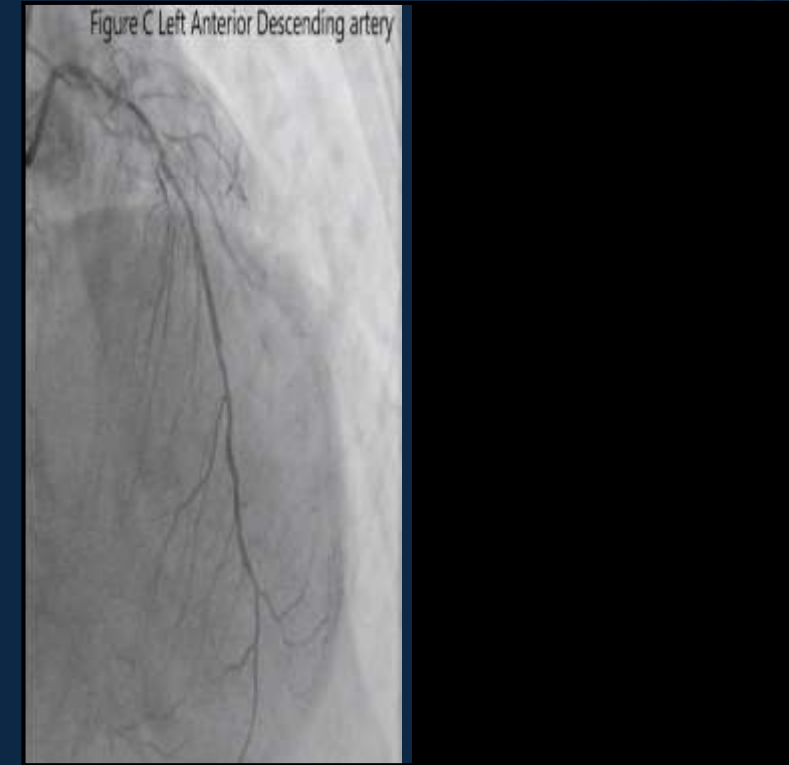
- Left heart catheterization and coronary angiogram were done which showed **CAD 3VD with LMI**



**RCA 95%** proximal stenosis becoming **TO** at the mid segment



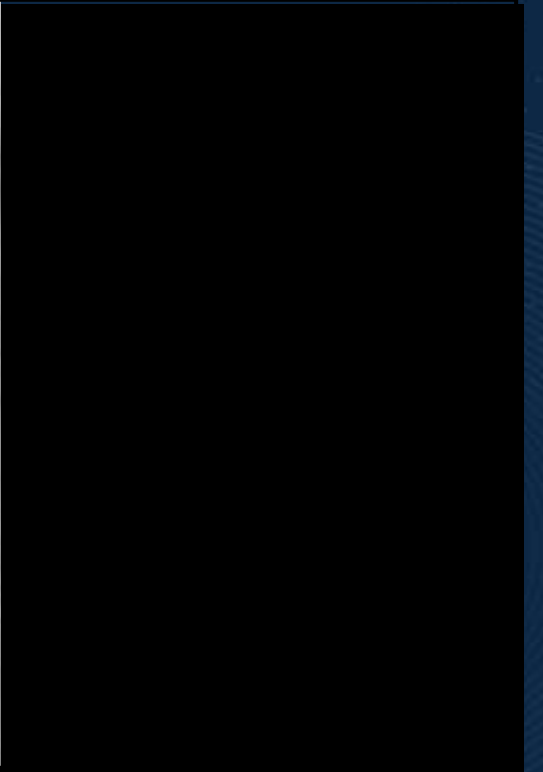
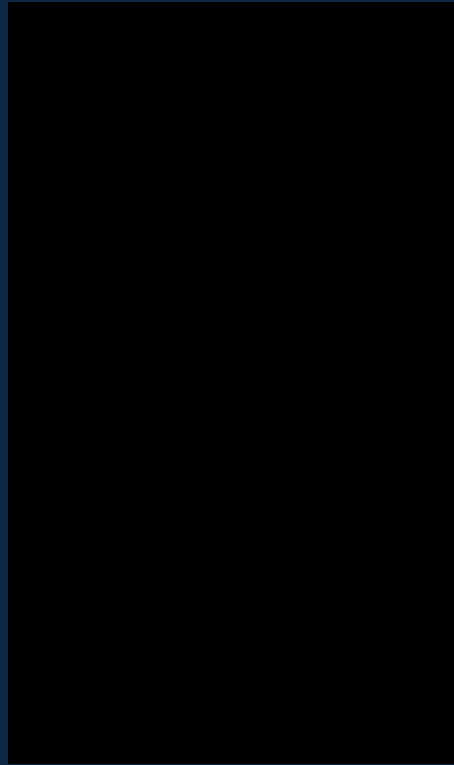
**Left Main 70%-80%** aortoostial stenosis  
**LCX TO** at the proximal



**LAD 95-99%** ostioproximal stenosis

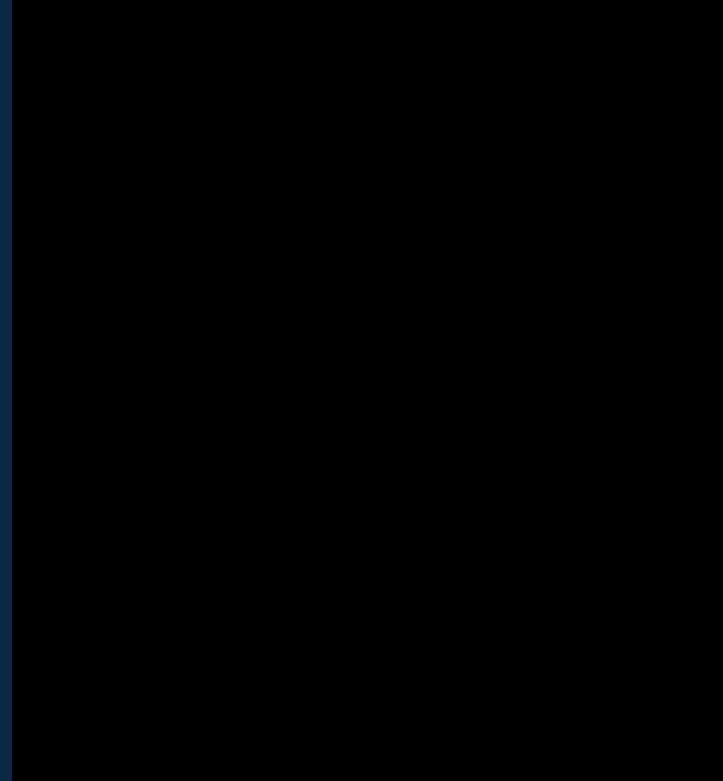


# Procedure Step



- POBA of RCA

# Procedure Step



Intraprocedural event of hypotension and bradycardia



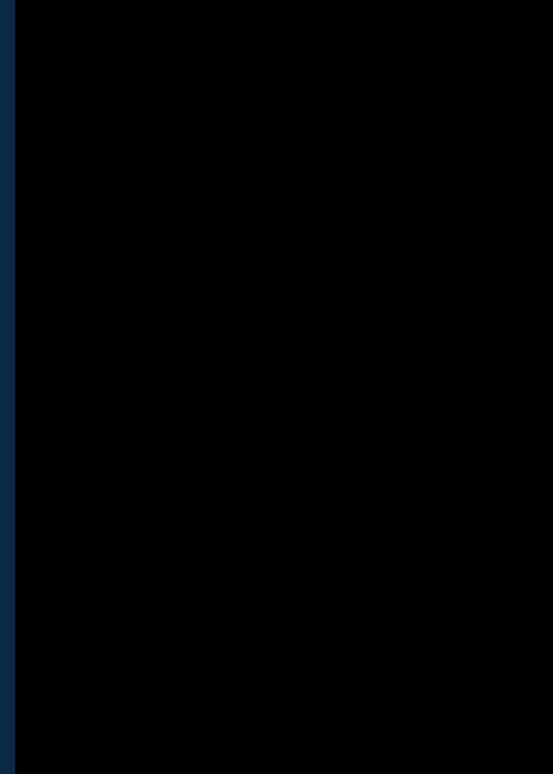
Intra aortic balloon pump and temporary pacemaker were inserted



# Procedure Step

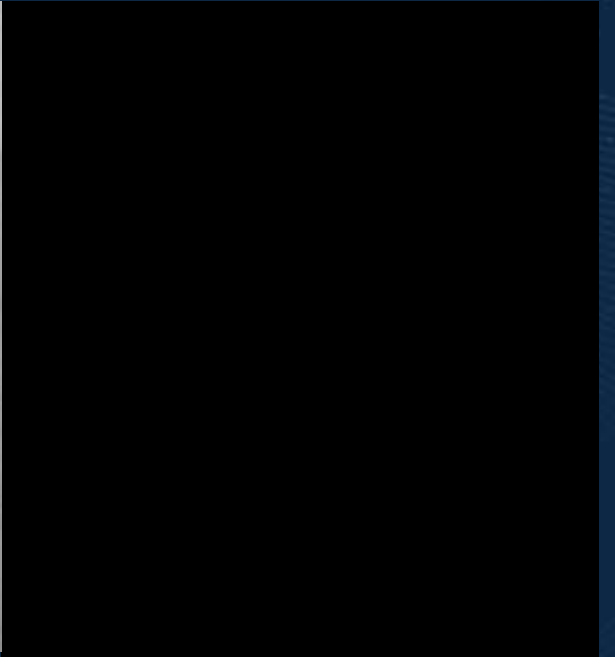
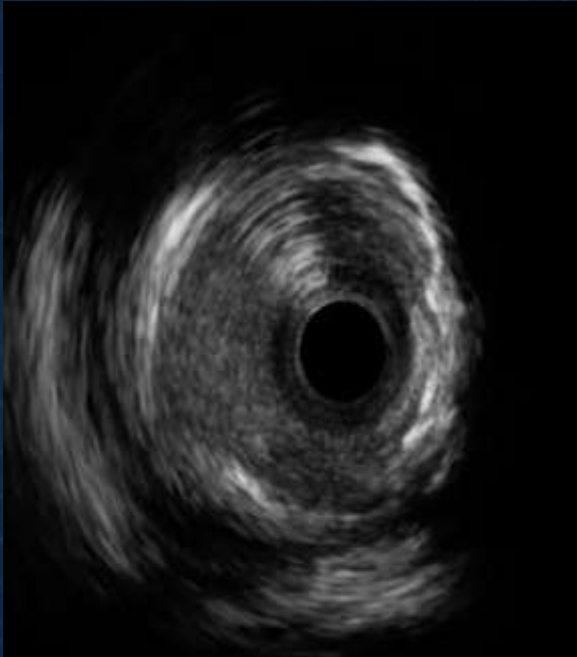
- Referred to TCVS for **urgent coronary artery bypass** however, since patient was positive for COVID -19 infection a 21-day recovery period was recommended prior to operation
- **Percutaneous Coronary Intervention** was decided by the Heart Team

# Procedure Step



PTCA/Stenting of RCA

# Procedure Step



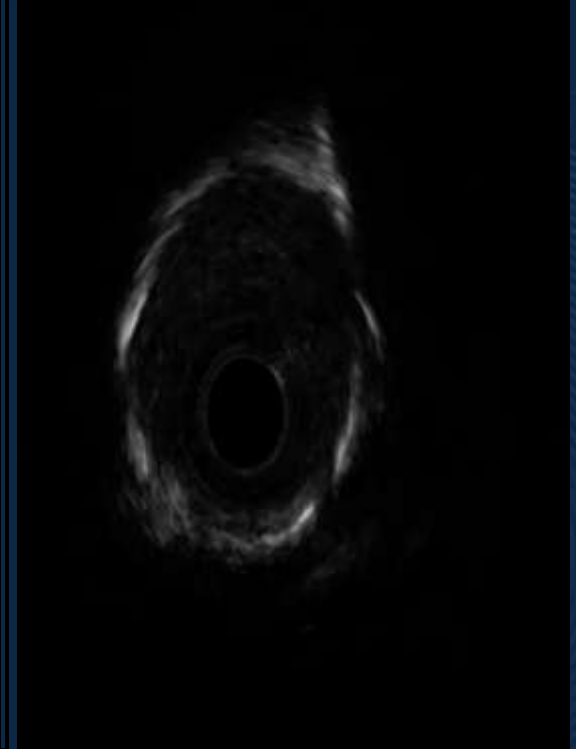
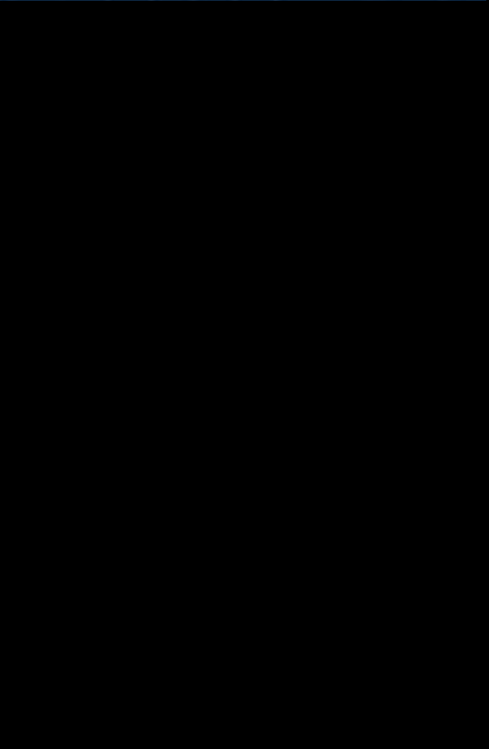
PTCA/Stenting of the LM and LAD

# Procedure Step



PTCA/Stenting of the LM and LAD

# Procedure Step



PTCA/Stenting of the LM and LAD

# Conclusion

- **Covid-19 pandemic** has affected the standard of care on managing ACS
- It has an overwhelming inflammatory and catabolic state
- Exploring complex procedure , applying rotational atherectomy plus intravascular ultrasound technique is a favorable option for this complex case with multiple comorbidities and multivessel coronary artery disease involvement
- The **Team** has successfully revascularized the patient and weaned off from mechanical ventilatory and medical support