



TRANS-RADIAL
ROTA TRIPSY

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CLINICAL INFORMATION

72 YRS MALE

NON ADDICT

RISK FACTORS → AGE, ASIAN ORIGIN , MORBIDLY OBESE,
HTN, CKI

PAST HISTORY → EXTENSIVE AWWMI (2016), PRIMARY PCI TO
LAD, LCX-OM DISEASE AND RCA CTO NOTICED AT THAT
TIME. REFUSED FURTHER REVASCULARISATION

CURRENT ISSUES → REST AND EFFORT ANGINA

CLINICAL INFORMATION

LABS → DYSLIPIDEMIA ++, RAISED TROPONIN,
CREAT ~ 1.6 MG%

ECHO → MILD SEPTAL HYPOKINESIA, LVEF
~55%

CORONARY ANGIOGRAM

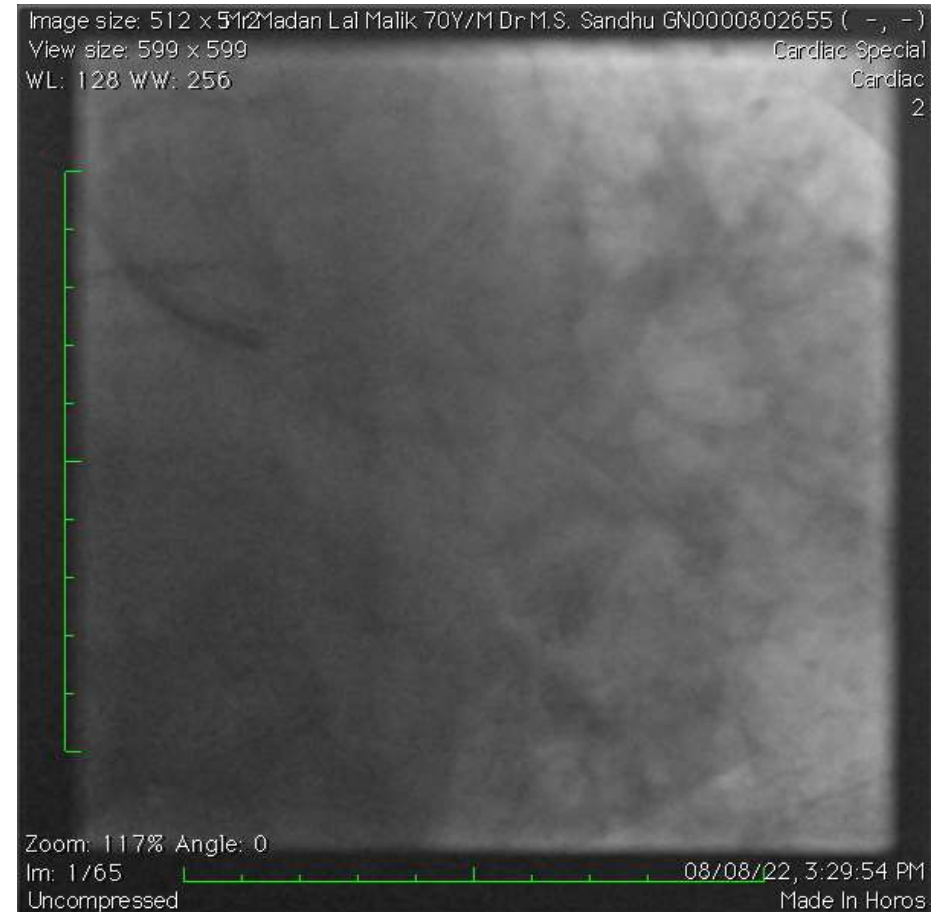
LMCA → NORMAL

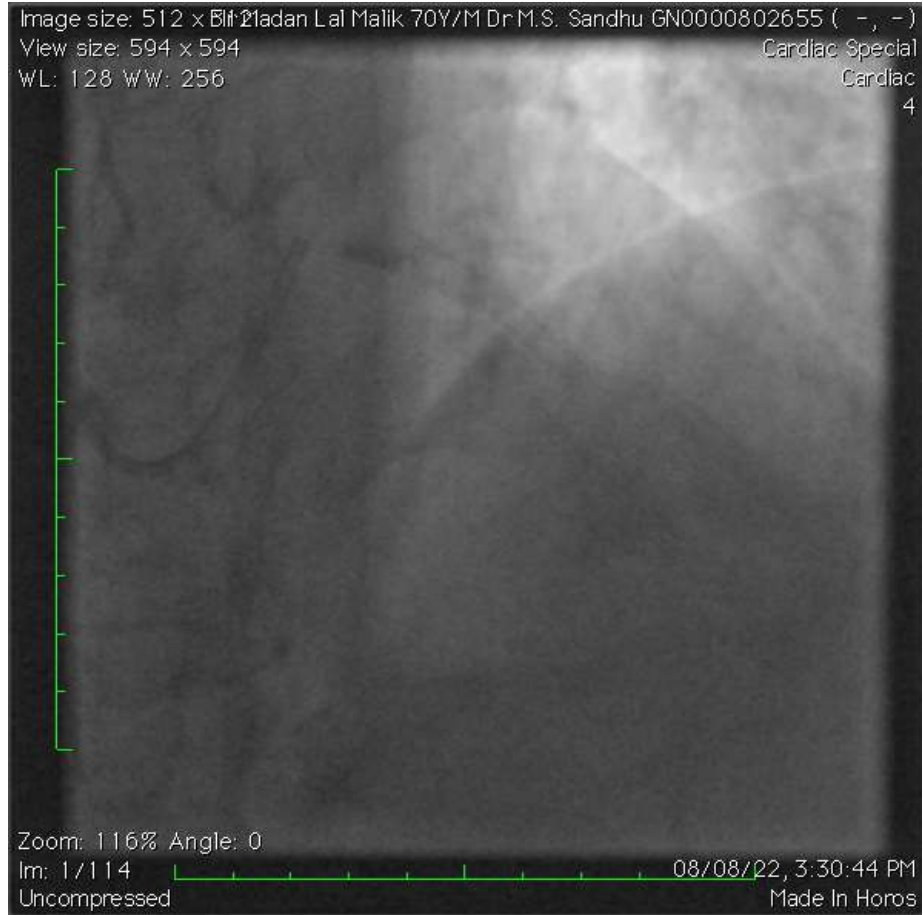
LAD → TYPE III, STENTS IN PROXIMAL LAD
PATENT, MILD BRANCH VESSEL DISEASE AND
DISTAL/APICAL DISEASE NOTED

LCX → NON-DOMINANT, CONTINUES AS A
LARGE OM1, TANDEM 90-95% STENOSIS
WITH SIGNIFICANT CALCIFICATION

RCA → DOMINANT, PROXIMAL CTO, MID AND
DISTAL RCA/PDA/PLV FILLING FROM THE LEFT
SYSTEM

CORONARY ANGIOGRAM SHOOTS

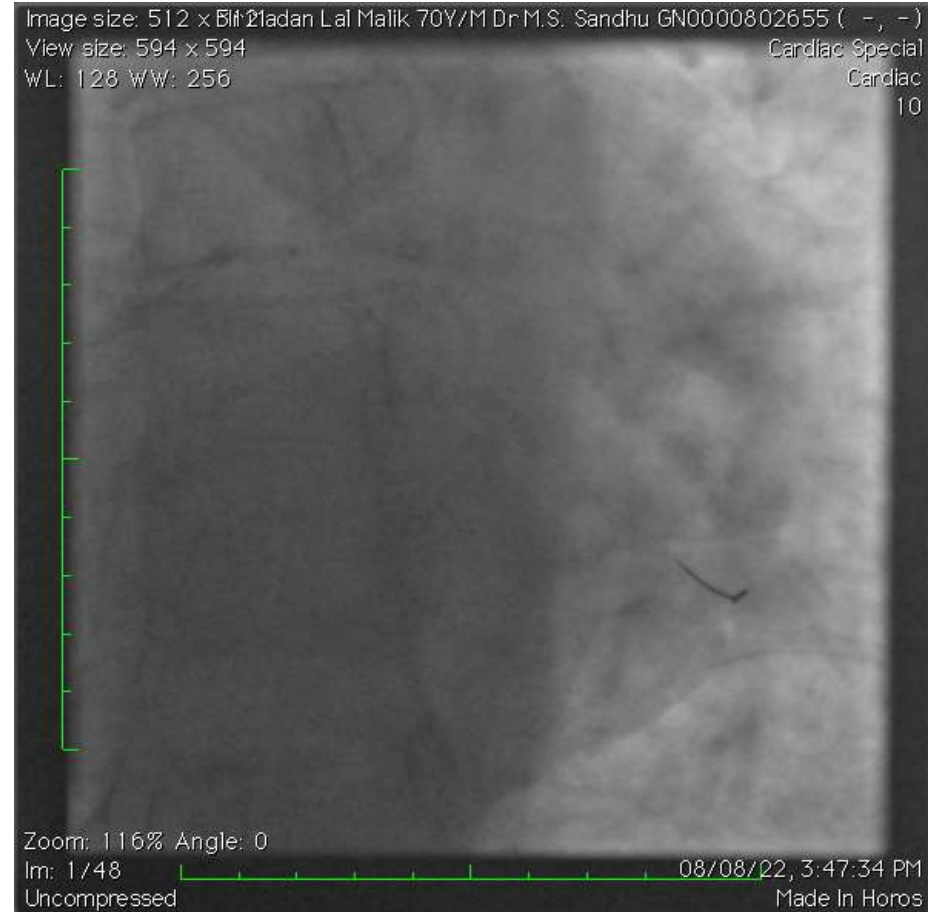
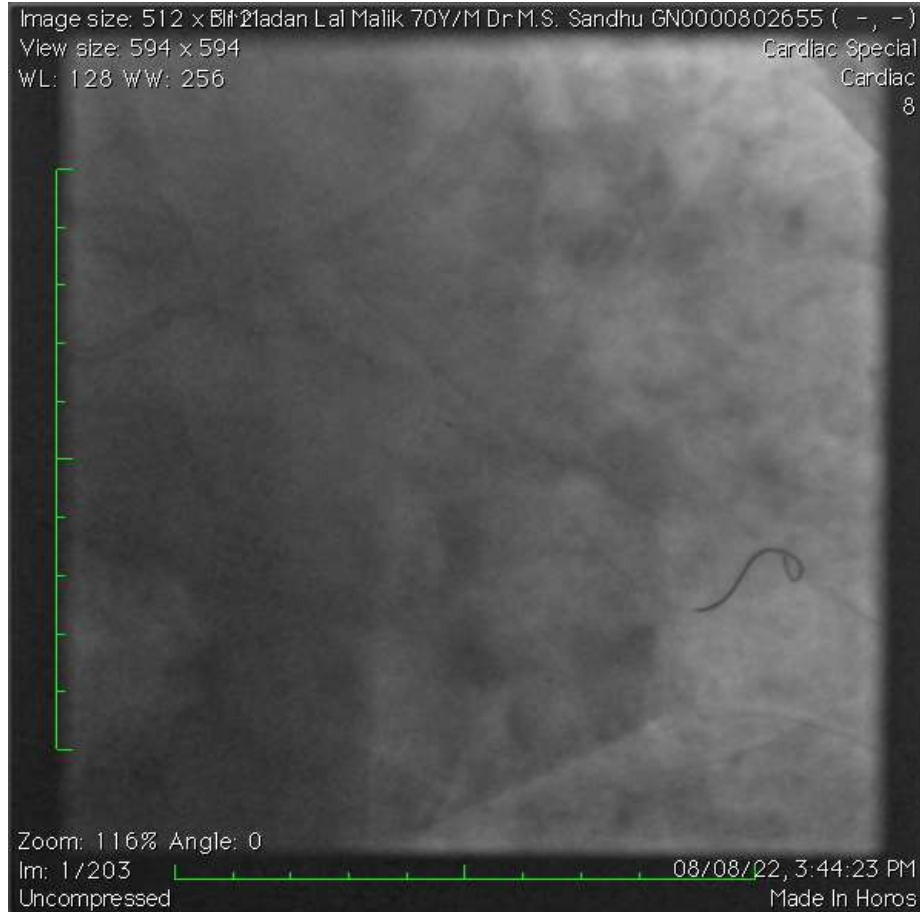




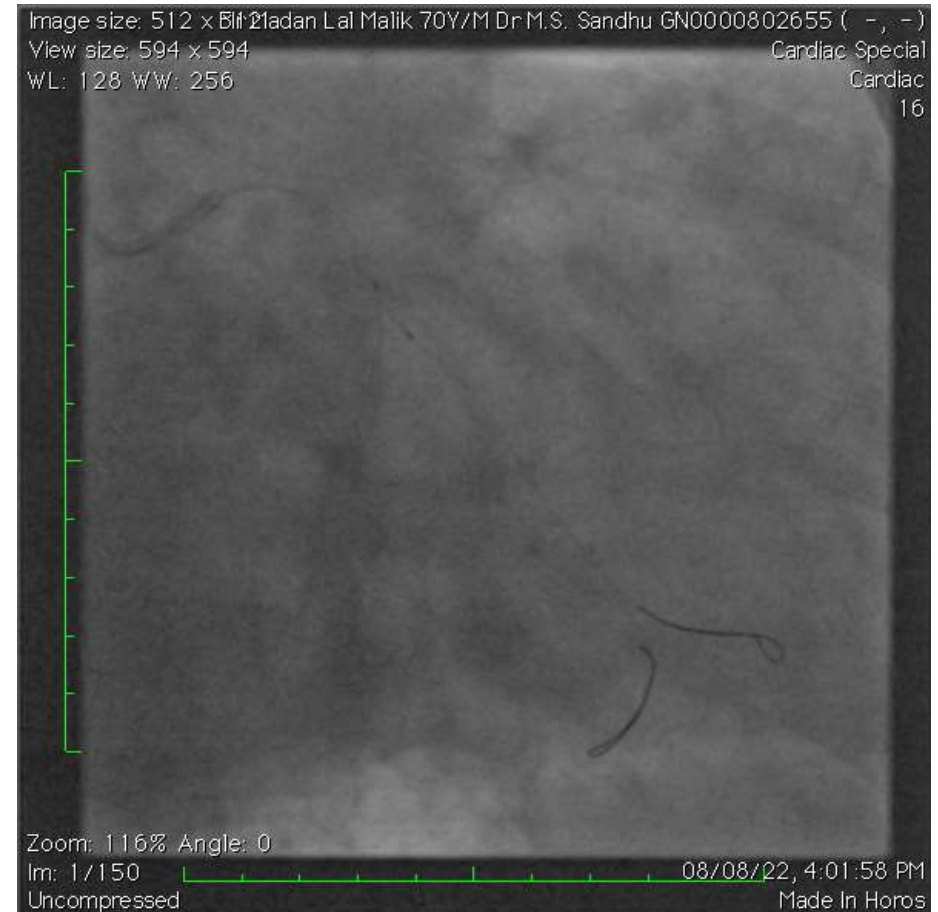
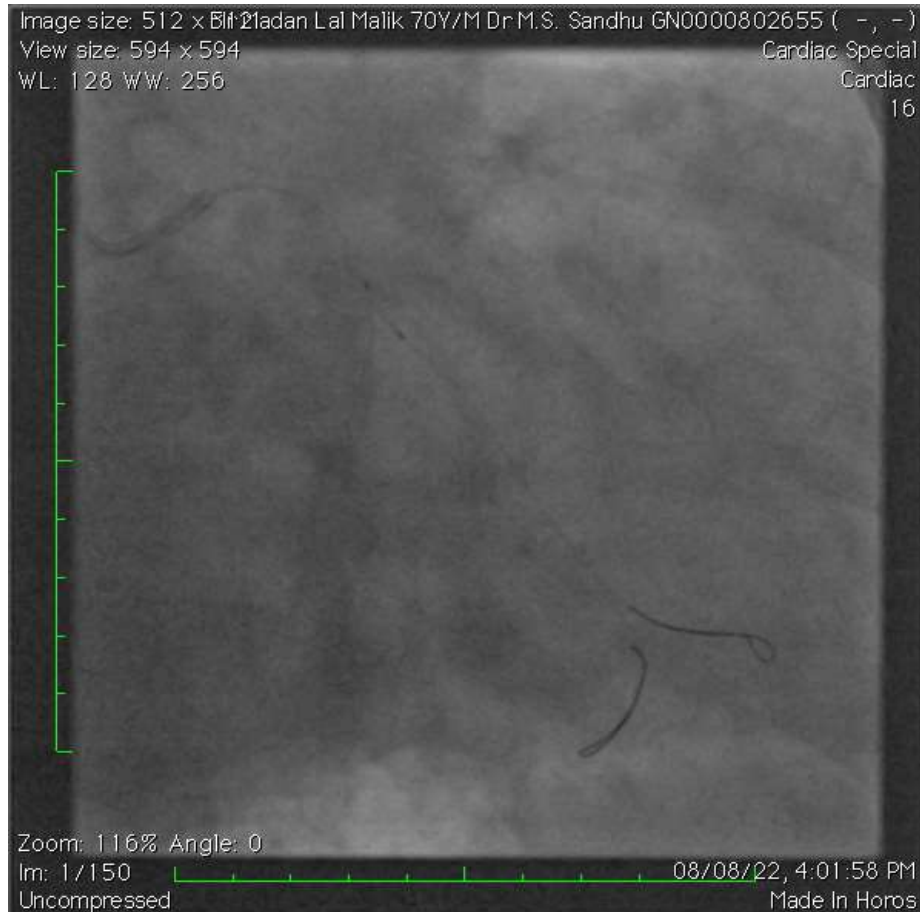
DISCUSSION AND PLAN

- FAMILY AGREED FOR A STAGED REVASCULARISATION
- OUR PLAN WAS TO FIX LCX-OM IN FIRST STAGE AND RCA AFTER 6-8 WEEKS
- APPROACH WAS CONVENTIONAL TRANS-RADIAL

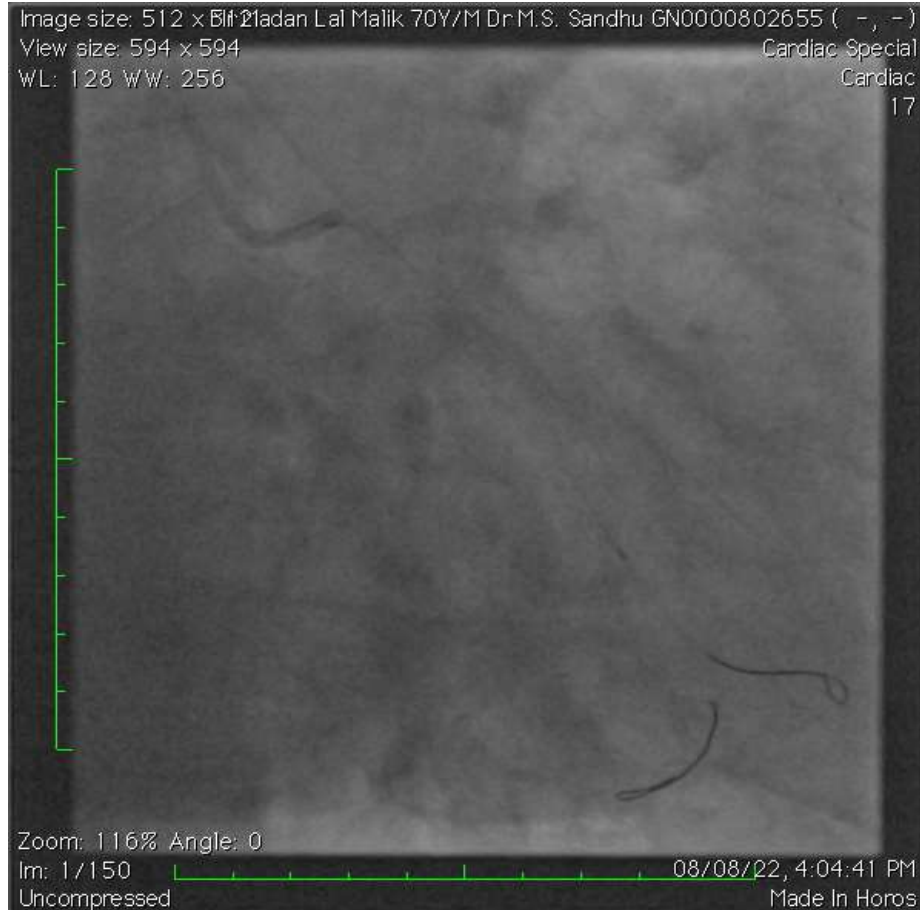
RIGHT RADIAL 6 FR SHEATH, 6 FR XB 3.5 GC, BMW WIRE, 2.0X12 BX

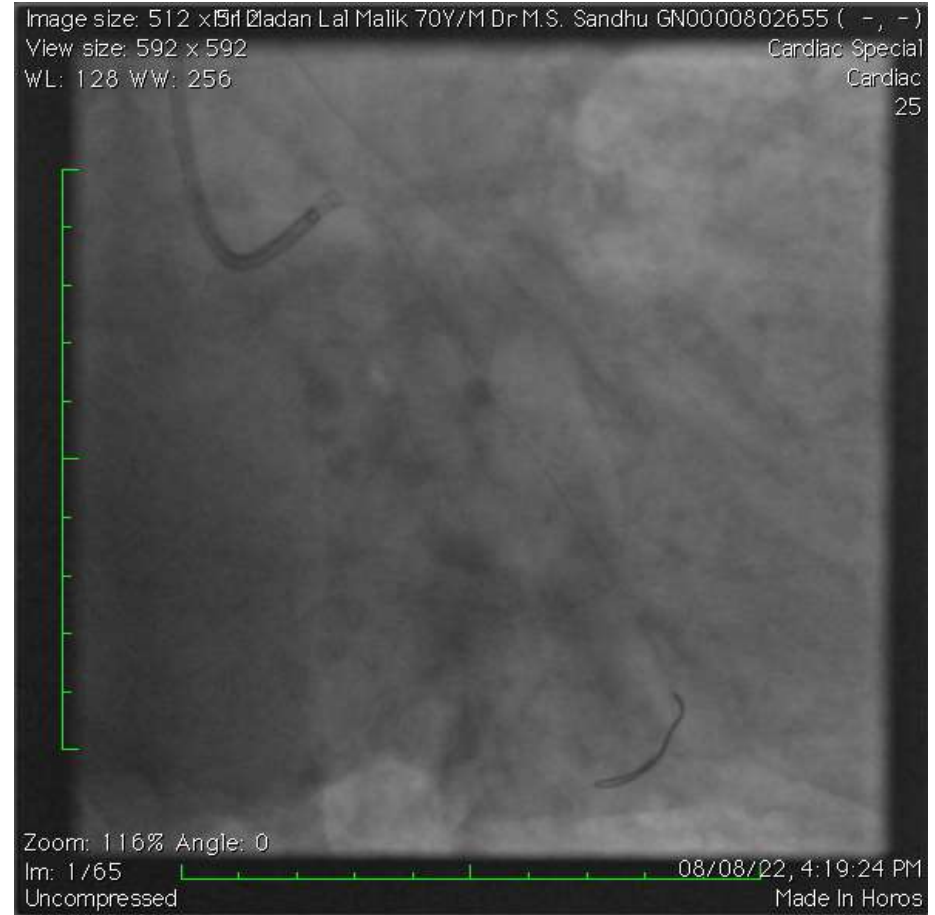
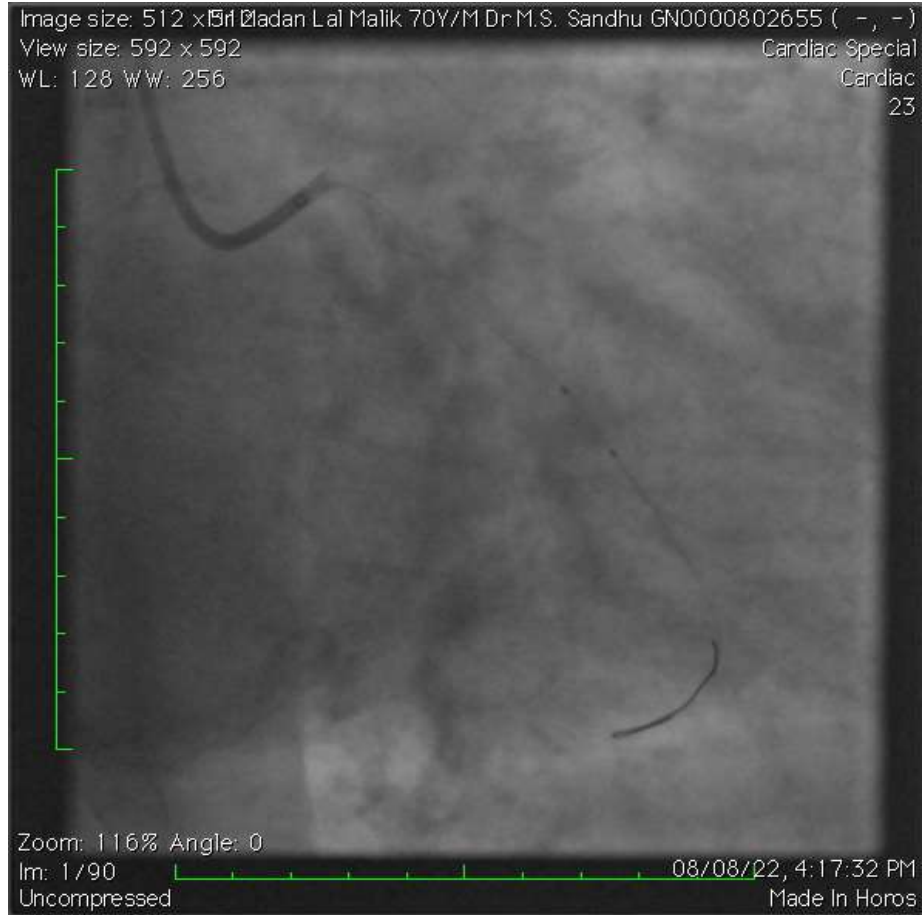


PARALLEL WIRE TECHNIQUE, WHISPER ES, 1.5X10 BX



1.0X6, F/B GUIDEZILLA AND 2.0X12 BX

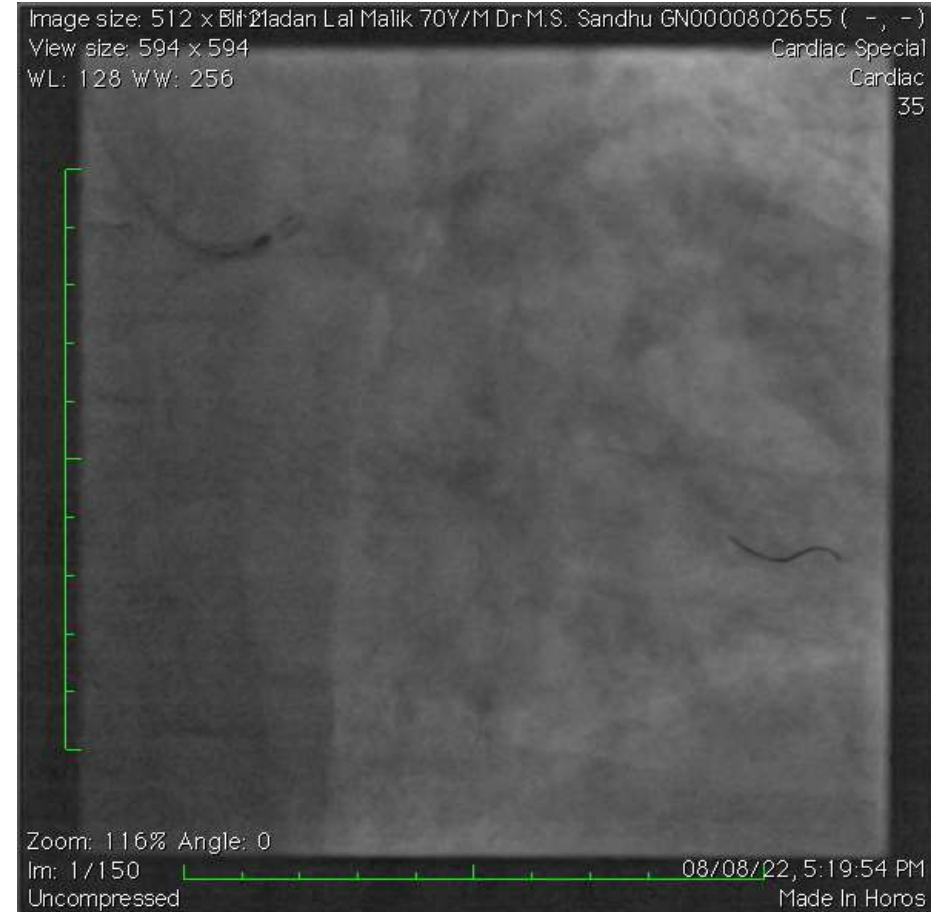


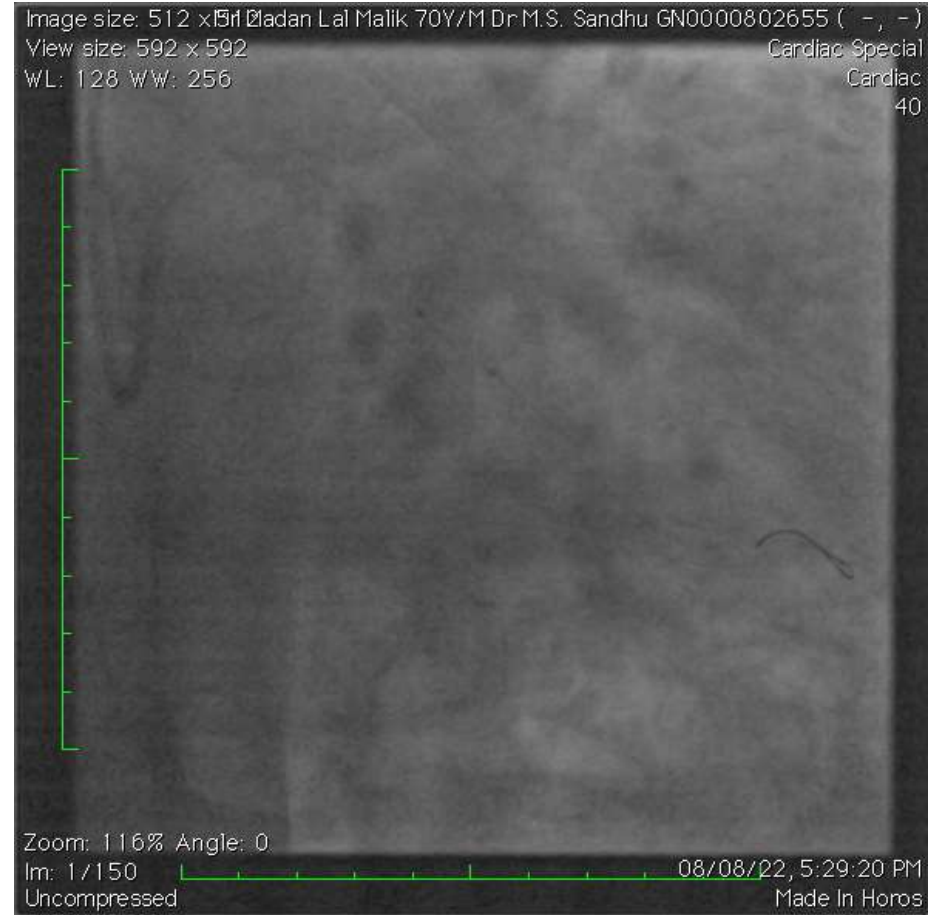
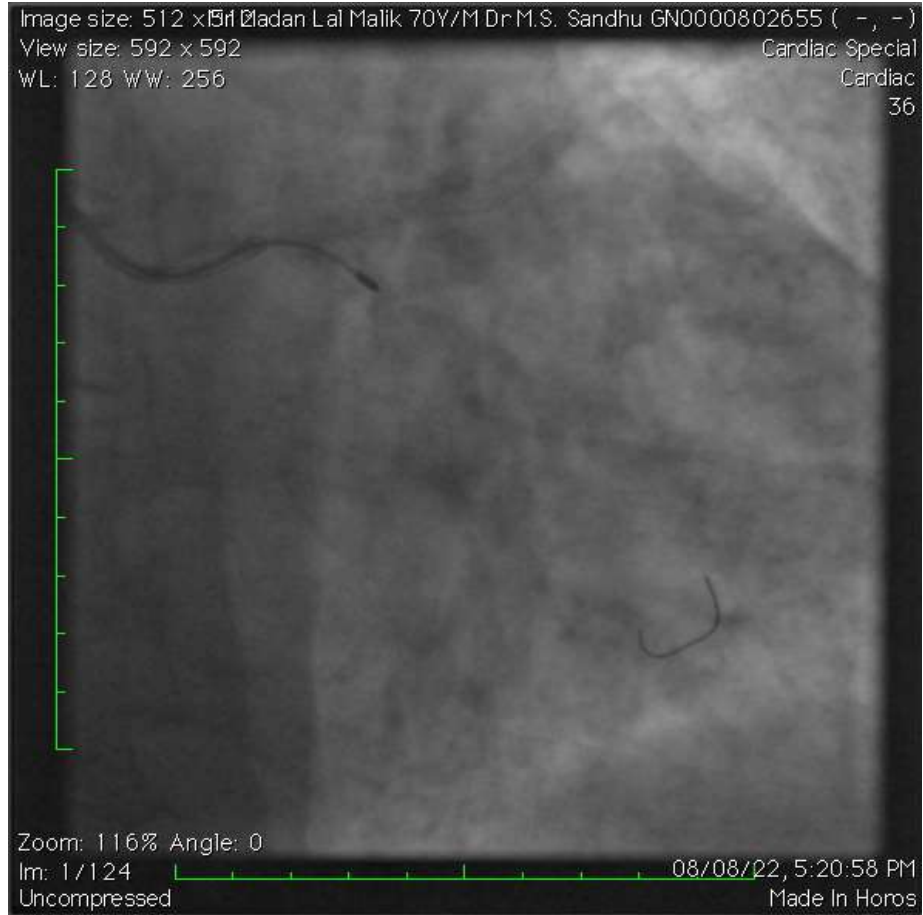


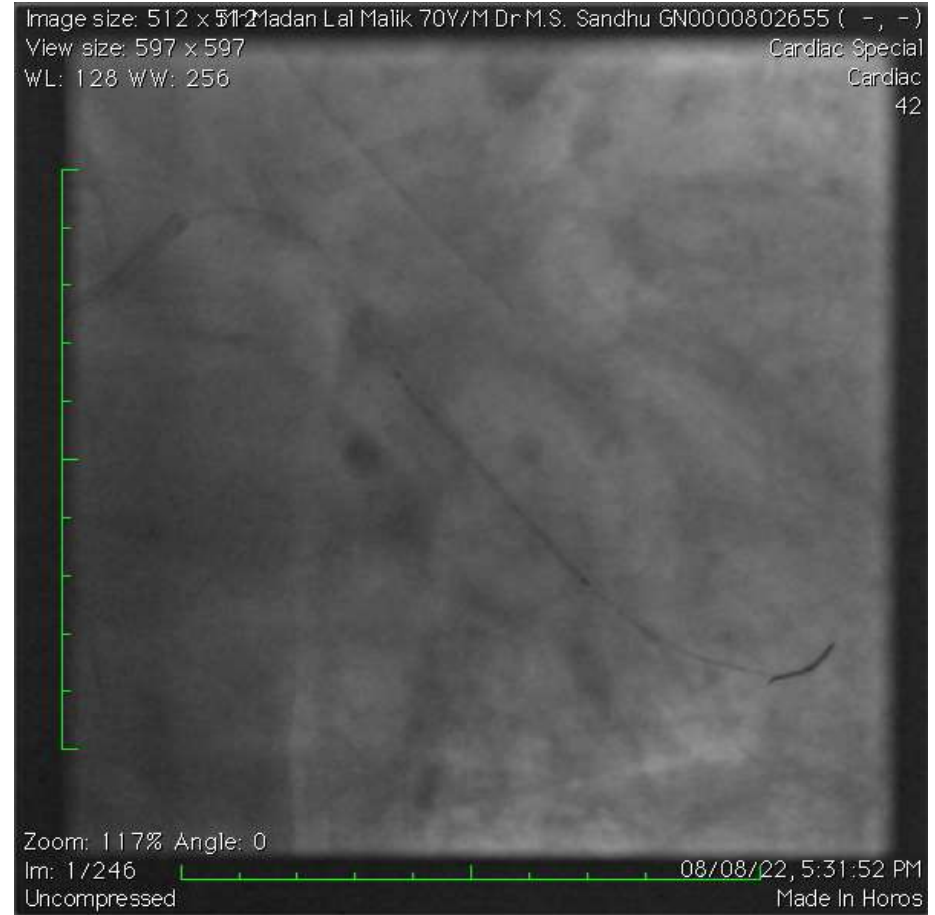
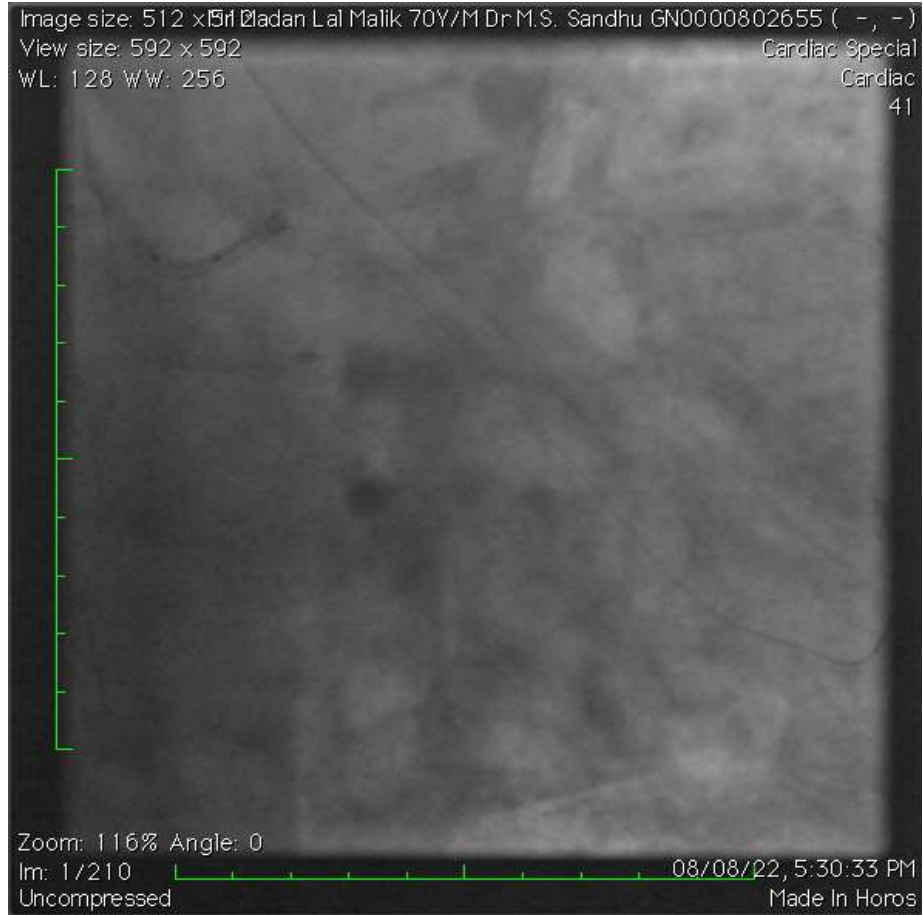
WOLVERINE 2.5X10, HAD SOME DIFFICULTY IN NEGOTIATING THE MID LCX SEGMENT



CHANGED BMW FOR ROTA WIRE AND BURRED USING 1.25







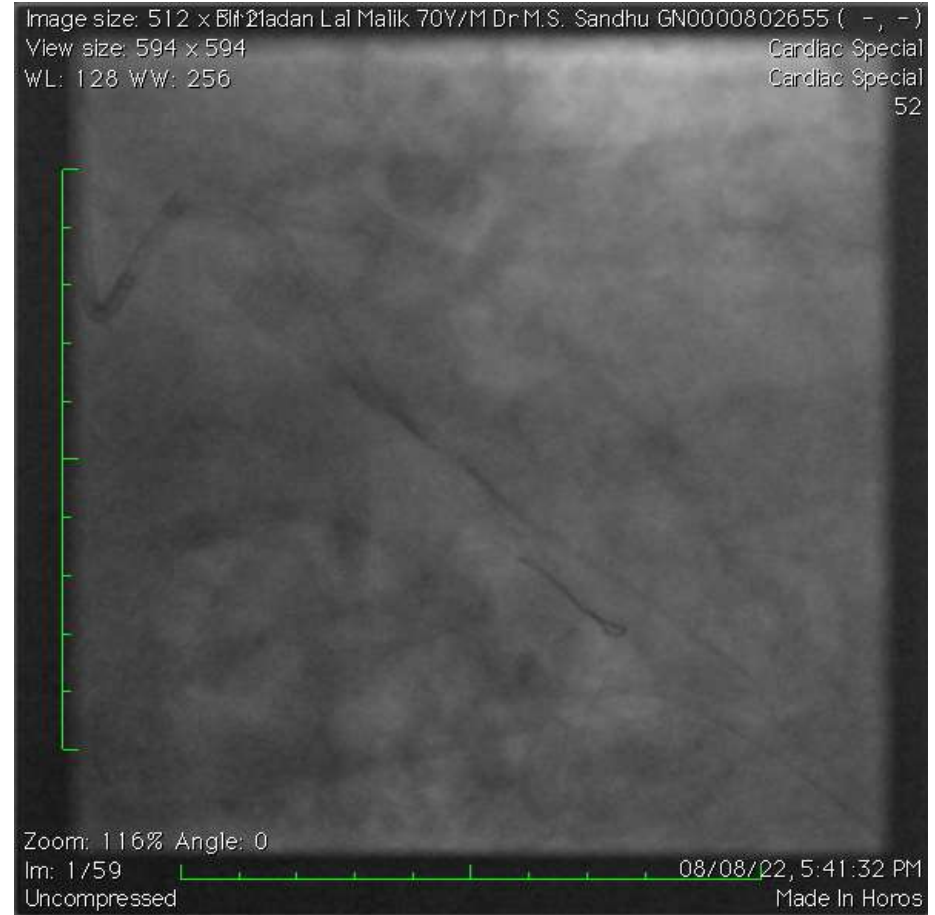
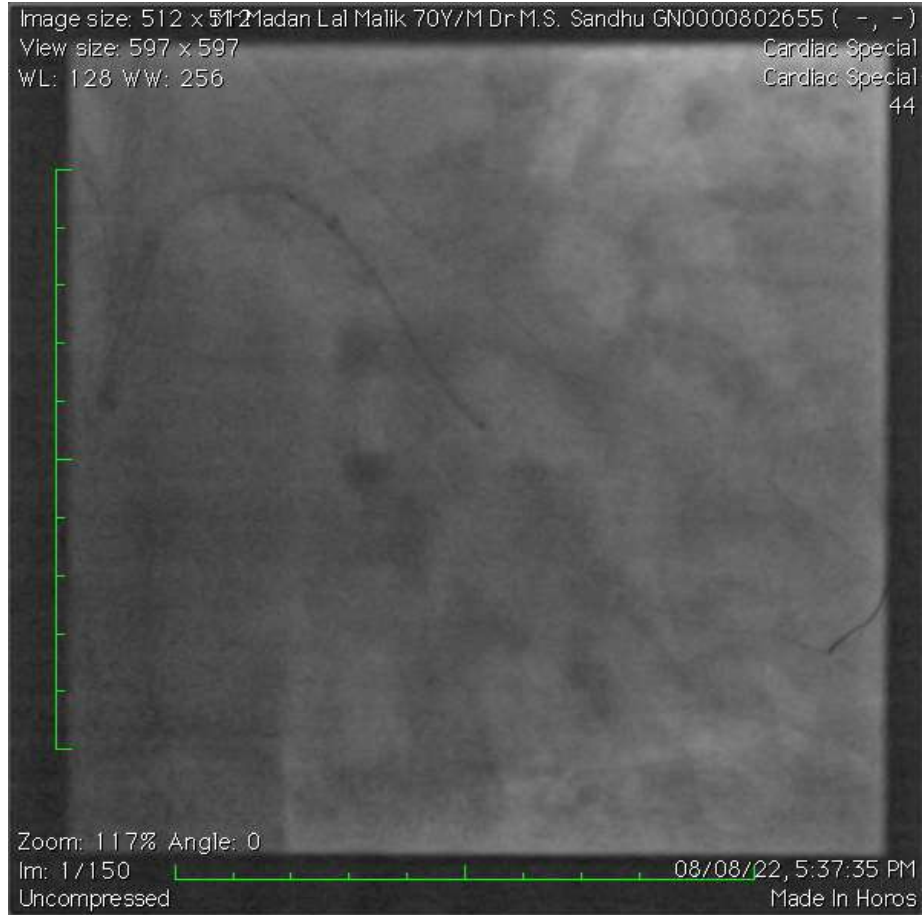
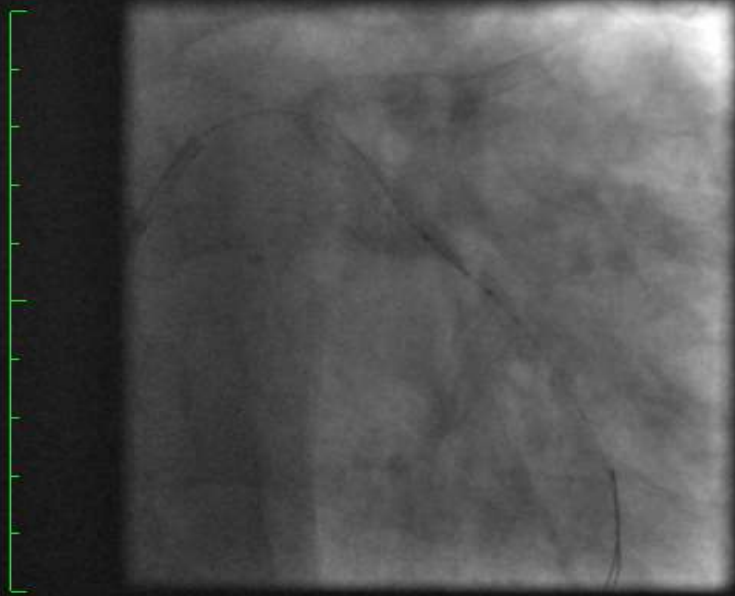


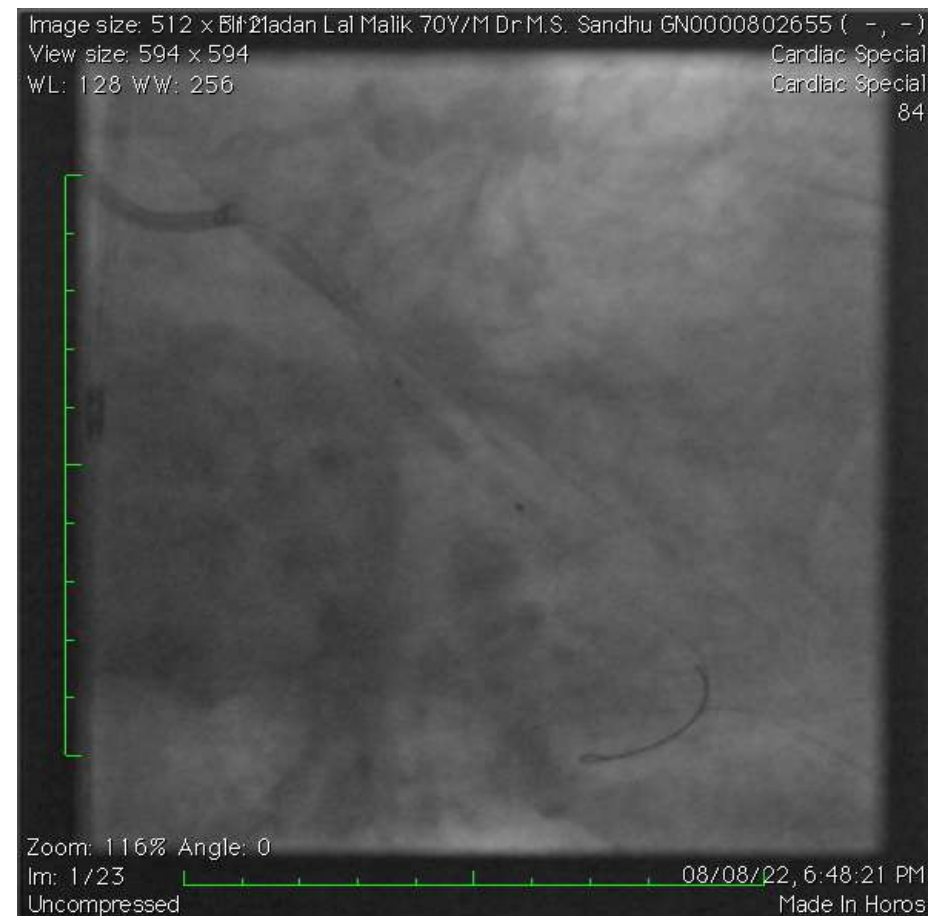
Image size: 512 x 512 Patient: Adan Lal Malik 70Y/M Dr M.S. Sandhu GN0000802655 (-, -)
View size: 594 x 594 Cardiac Special
WL: 128 WW: 256 Cardiac Special
53



Zoom: 116% Angle: 0
Im: 1/40
Uncompressed
08/08/22, 5:43:33 PM
Made In Horos



OPN NC 2.5X15 AT 40 ATM F/B IVL 3.0X12







TAKE HOME MESSAGE

- PATIENTS WITH OBSTRUCTIVE CORONARY LESIONS WITH A HIGH CALCIUM CONTENT (LHCC) HAVE AN EXAGGERATED CLINICAL RISK.
- EARLY IDENTIFICATION OF INTRA-CORONARY CALCIFICATION IS THE KEY TO BETTER CLINICAL OUTCOME.
- INTRA-VASCULAR IMAGING SHOULD BE USED IN EVERY CASE WHERE LHCC IS OBSERVED.
- USAGE OF WOLVERINE, OPN NC, ROTABLATION AND SHOCK WAVE IS SYNERGISTIC, WHICH IS QUITE OBVIOUS IN THIS CASE.