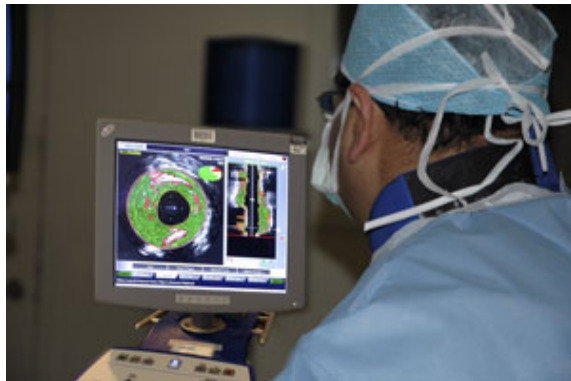
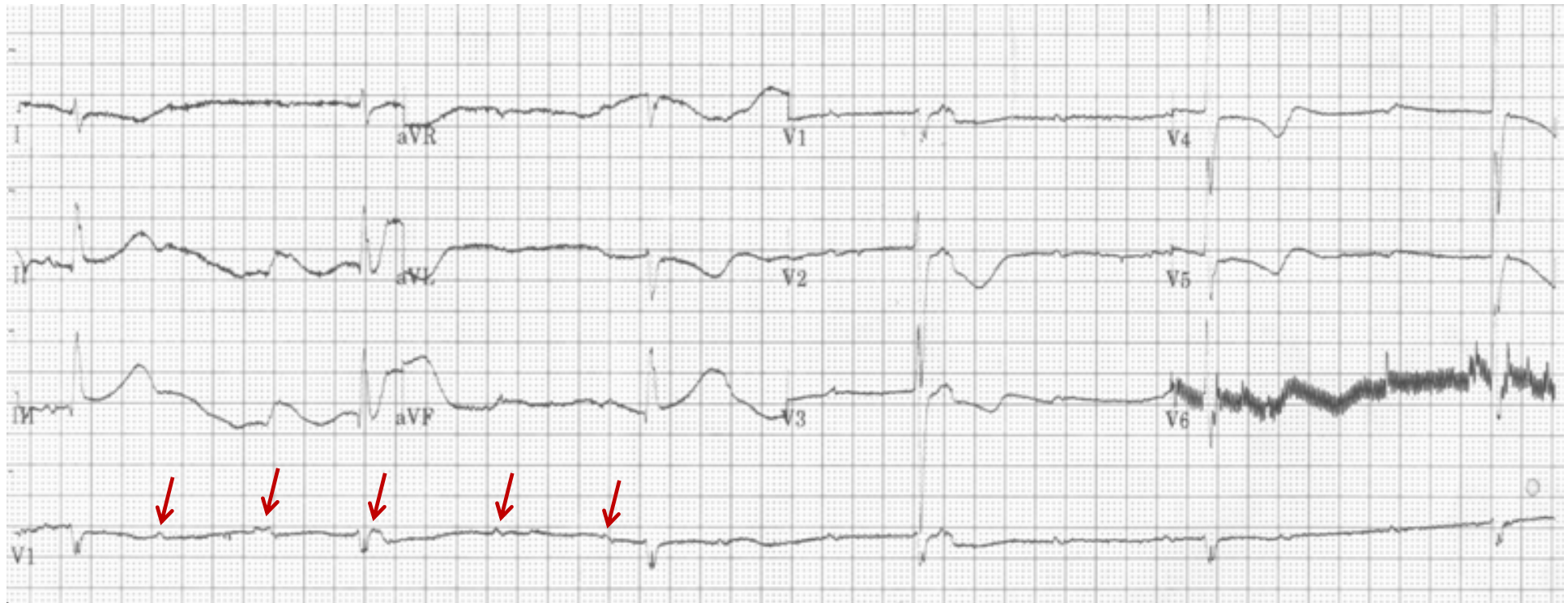

IVUS Predicted No-reflow at Angiographic Thrombus-Containing Lesion



**Inje University
IlsanPaik Hospital
Sung Yun Lee**

- F/72
- Chief complaints
 - Severe chest pain for 3 hours
- Risk factor
 - Current smoker
 - Diabetes mellitus at this admission
- Initial Lab
 - CKMB : 33.48 ng/mL (n:~6.8)
 - Troponin-I: 1.10 ug/L (n:~0.11)
 - hs-CRP: 0.05 md/DL
 - LDL-Chol : 121 mg/dL

1st EKG at ER



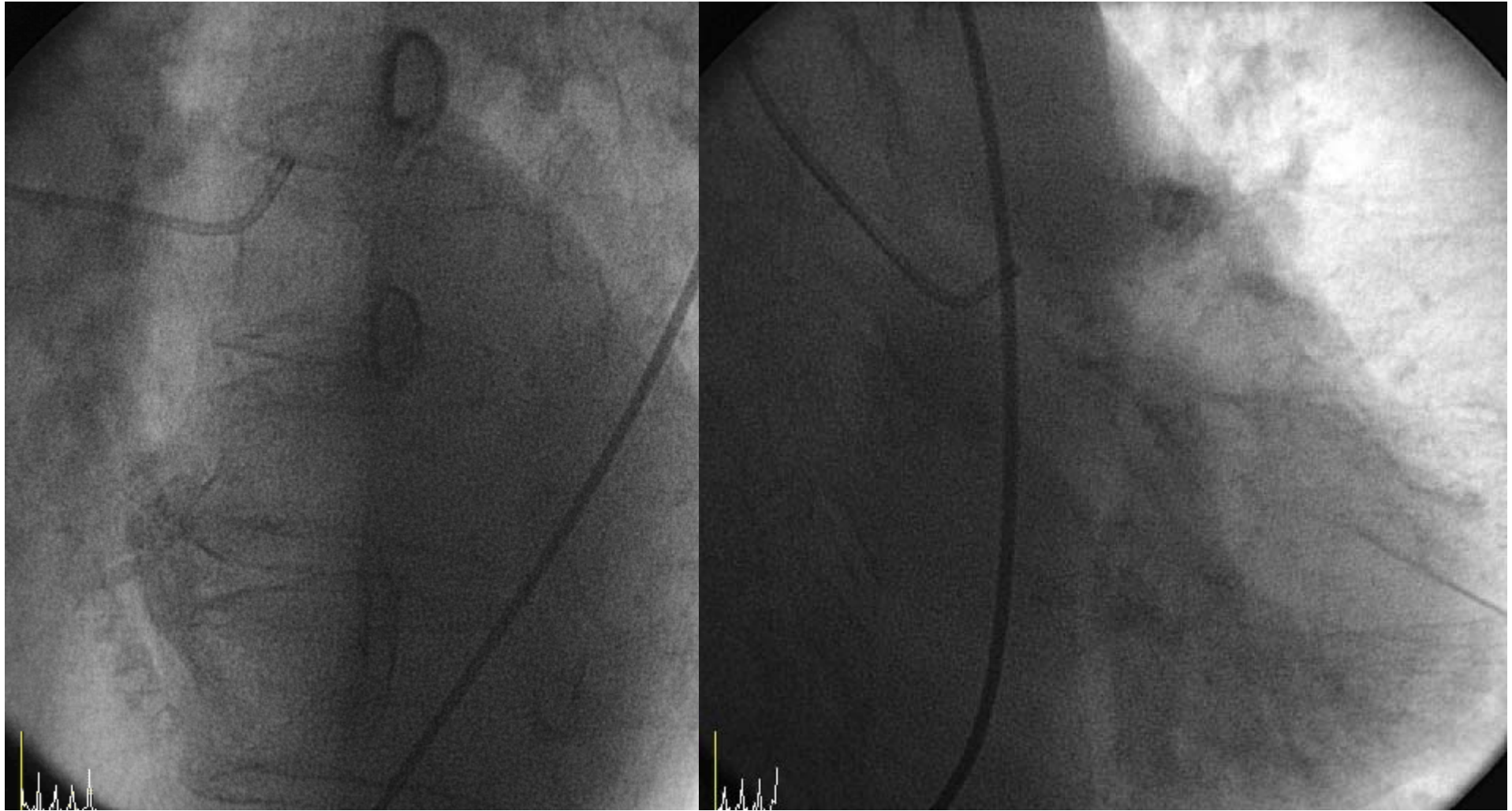
Vital signs

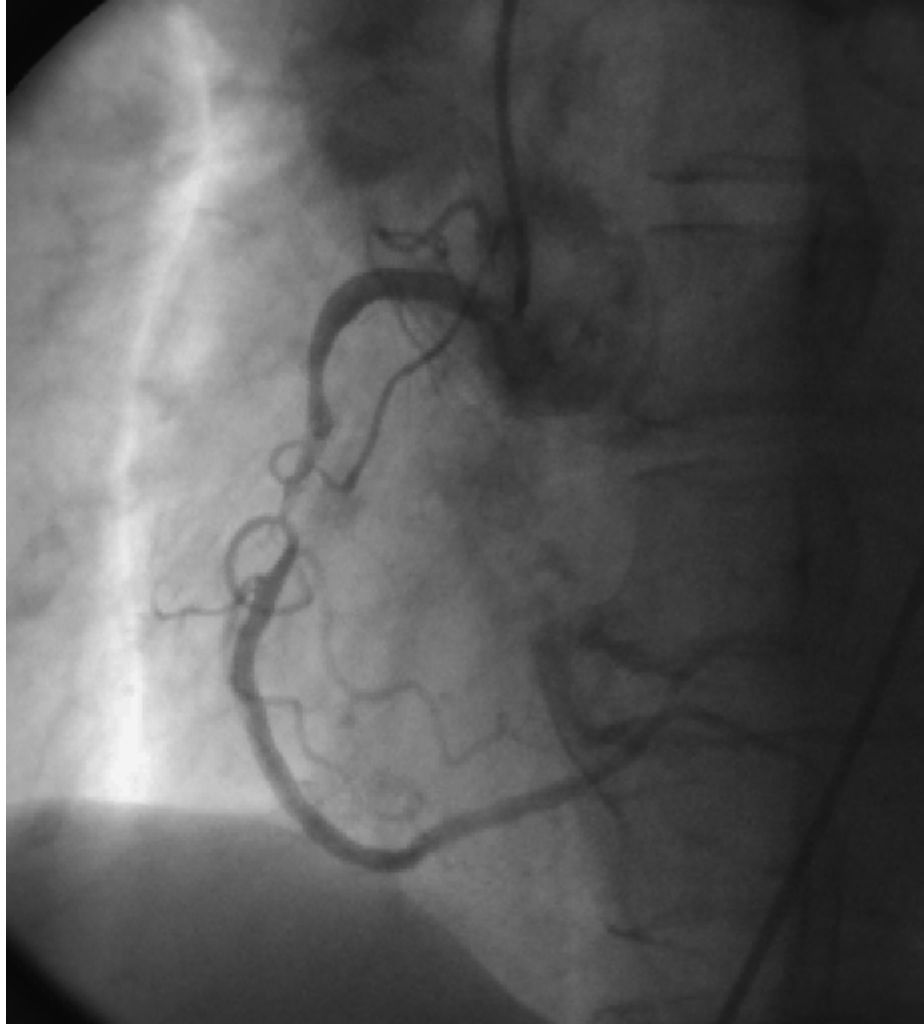
Blood pressure : 77 / 60 mmHg

Heart rate : 35 BPM

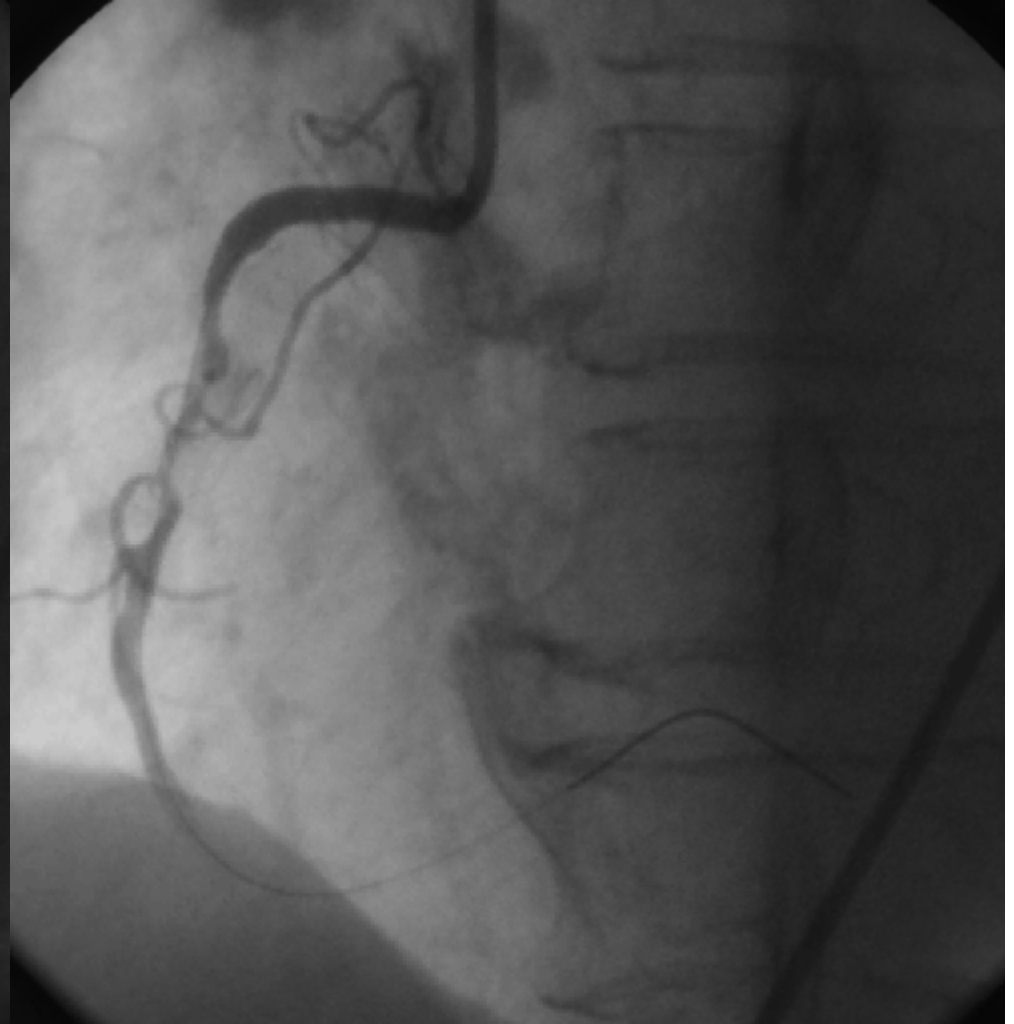


Baseline CAG





TIMI 3 at Baseline CAG

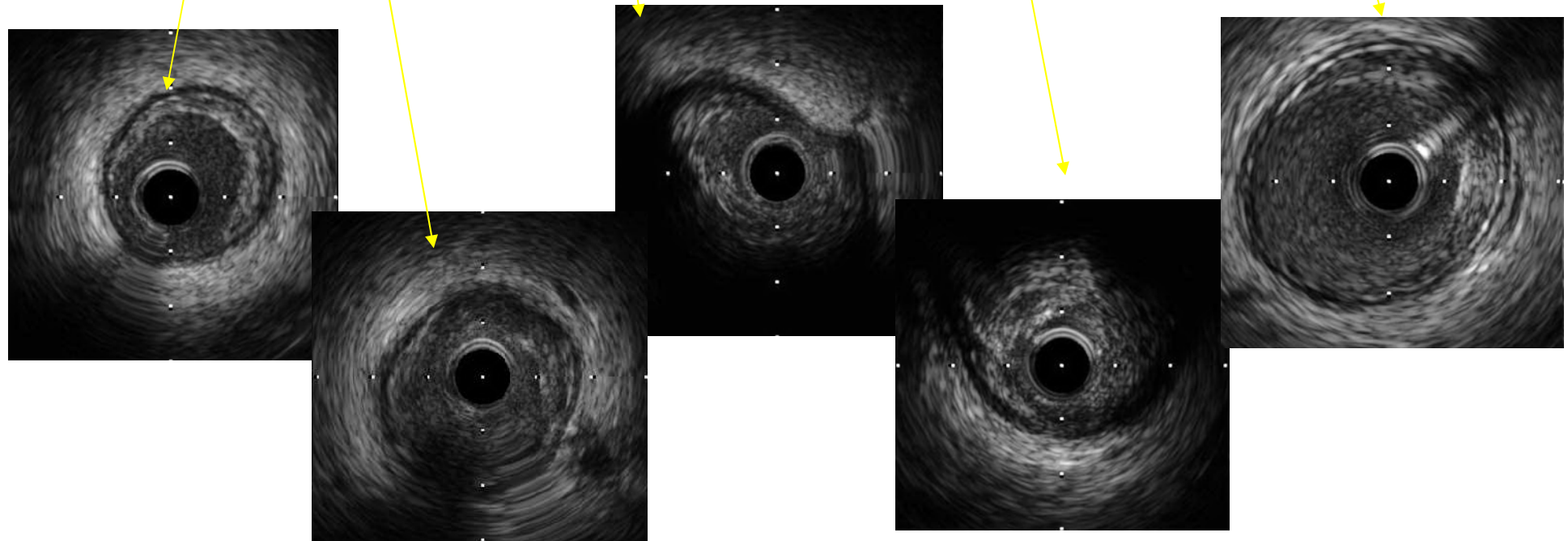
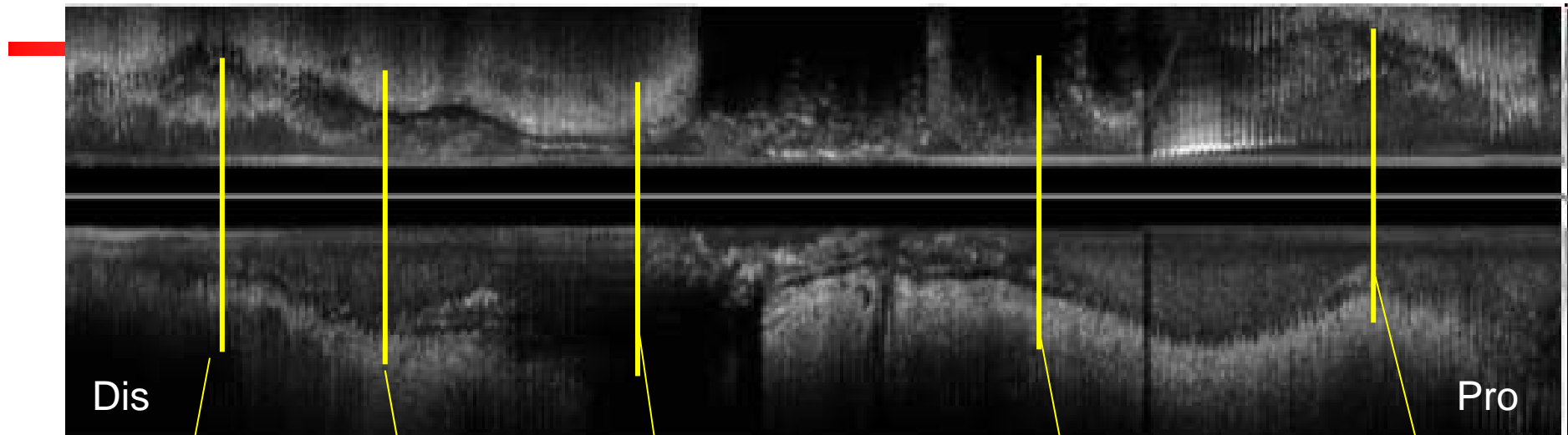


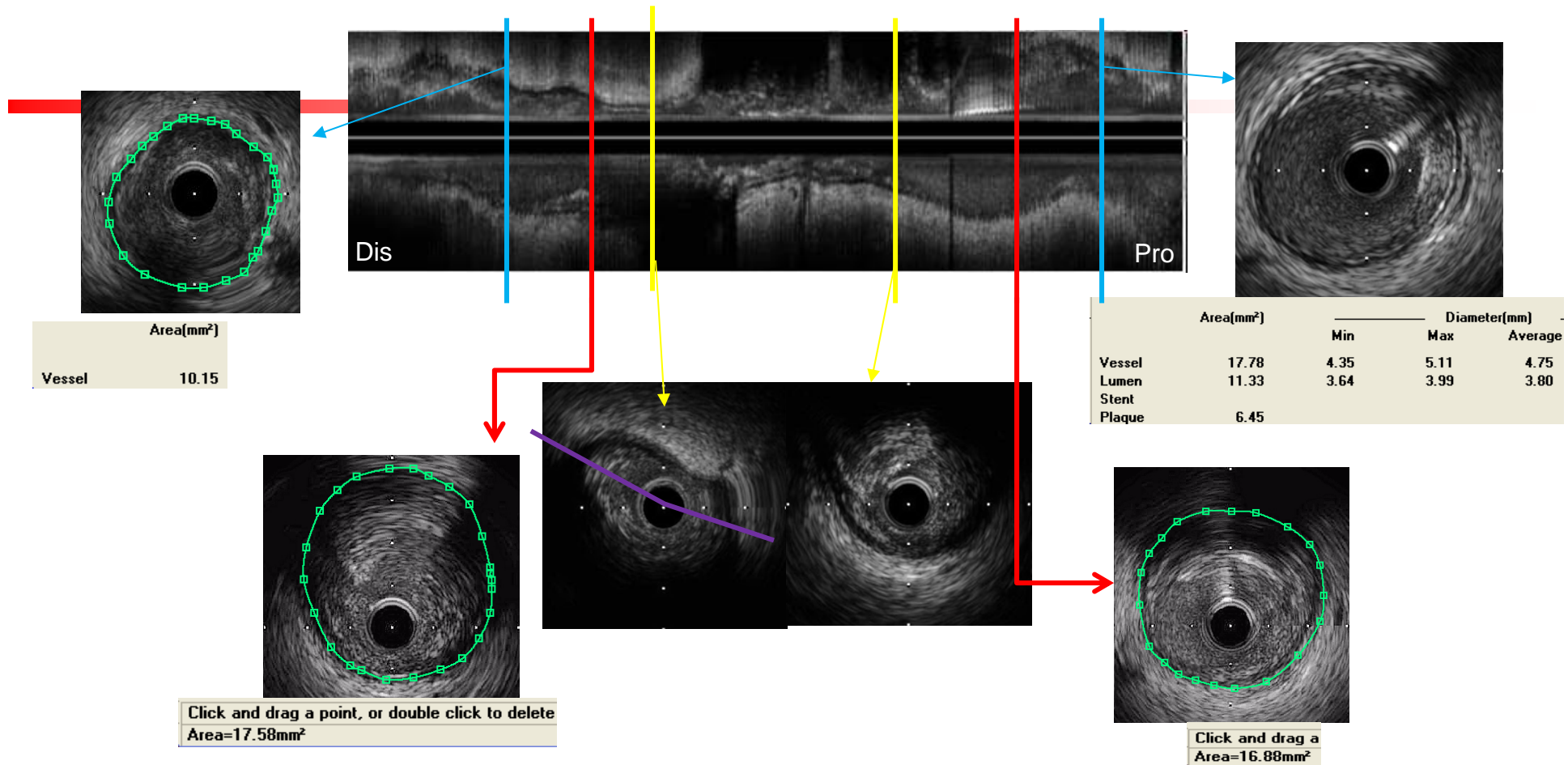
TIMI 2 after Runthrough wire passage
TIMI 2 after IVUS exam



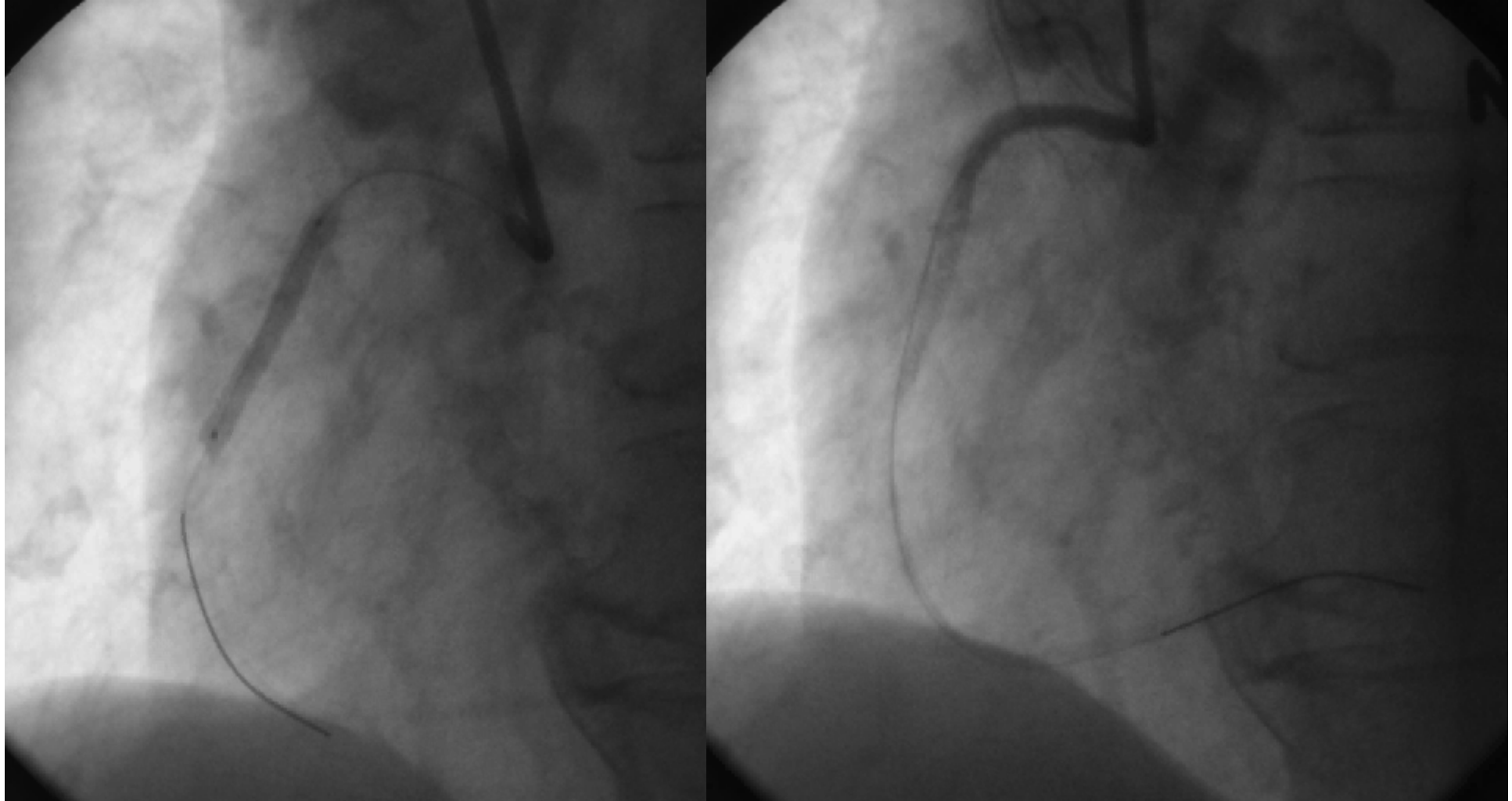
IVUS, pre-PCI

Mobile mass with attenuated plaque

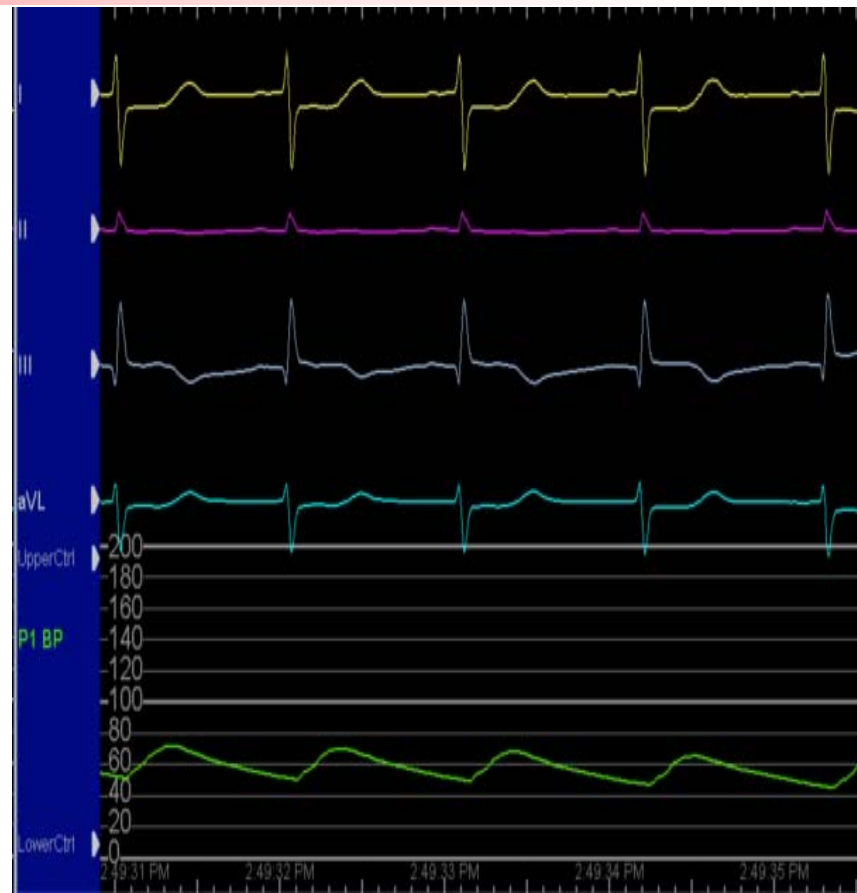
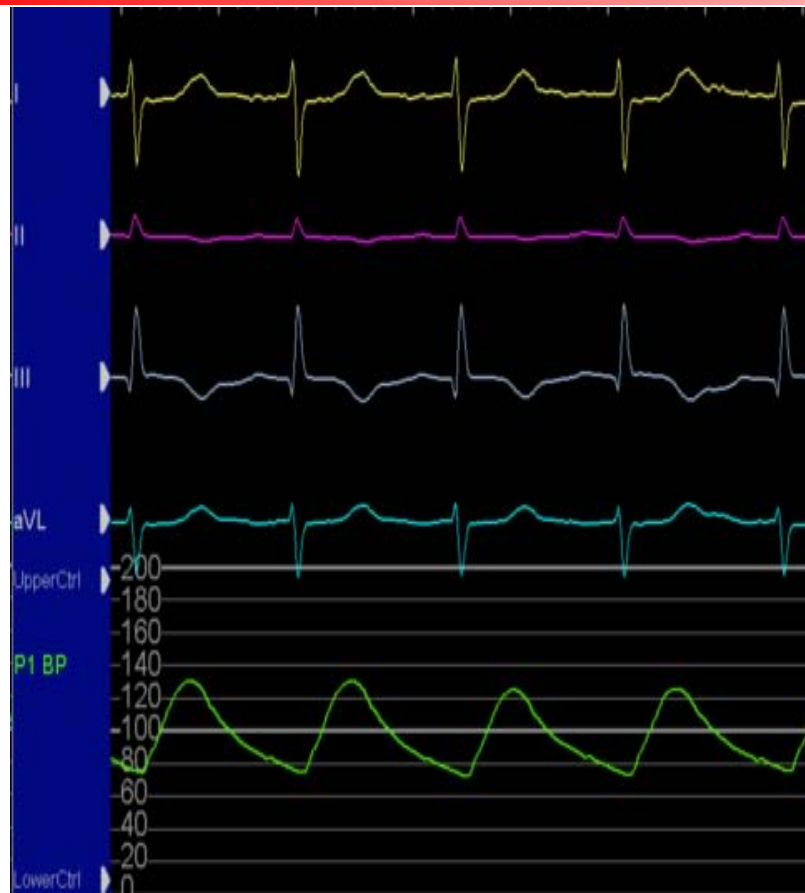


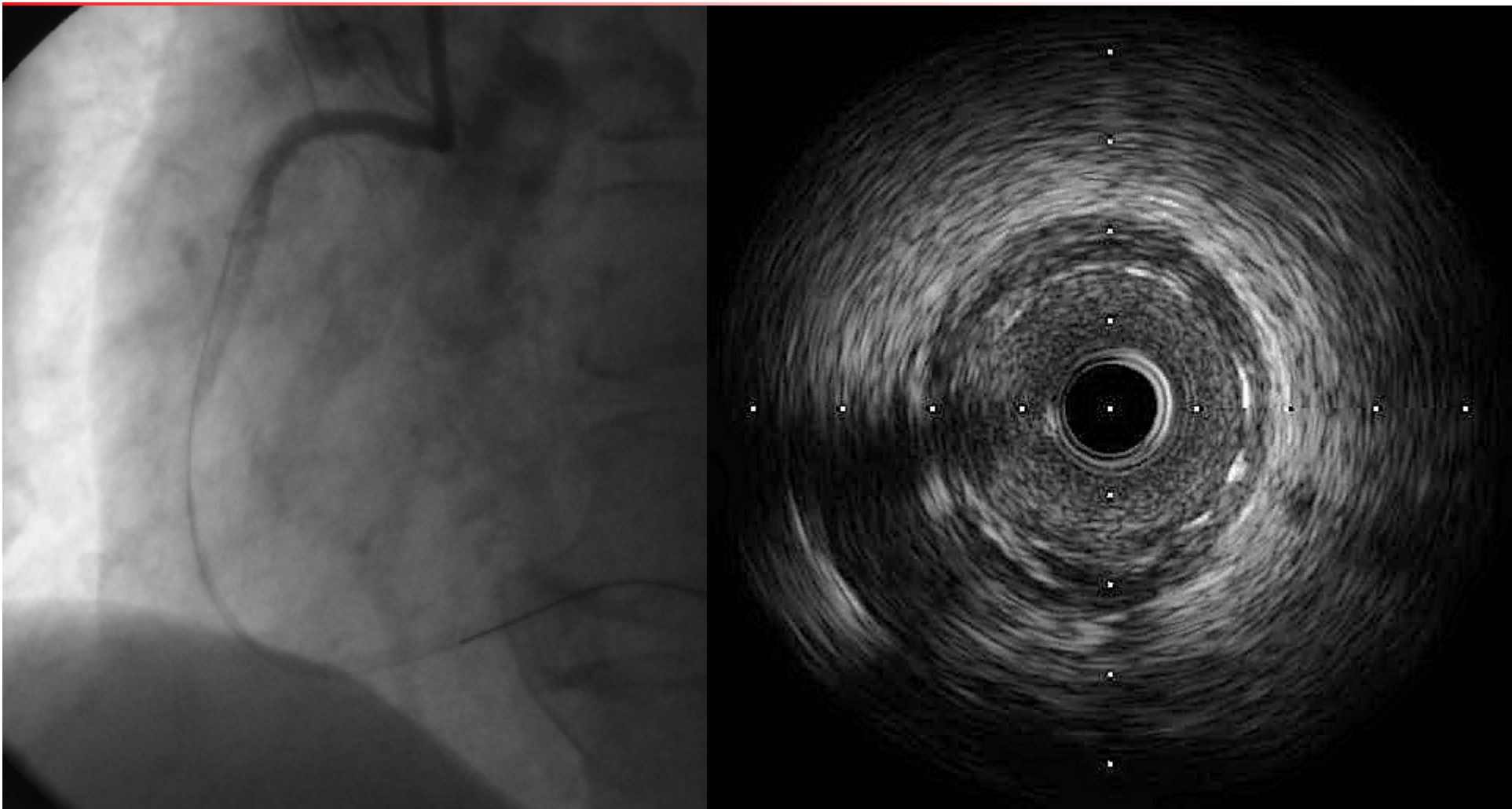


Mean Reference EEM: $(10.15 + 17.78) / 2 = 13.96$
 Presumptive Lesion EEM: $(16.88 + 17.58) / 2 = 17.23$
 Presumptive Remodeling index: $17.23 / 13.96 = 1.23$
 Angle of attenuation; 197.8°
 Length of attenuation; 17.2mm

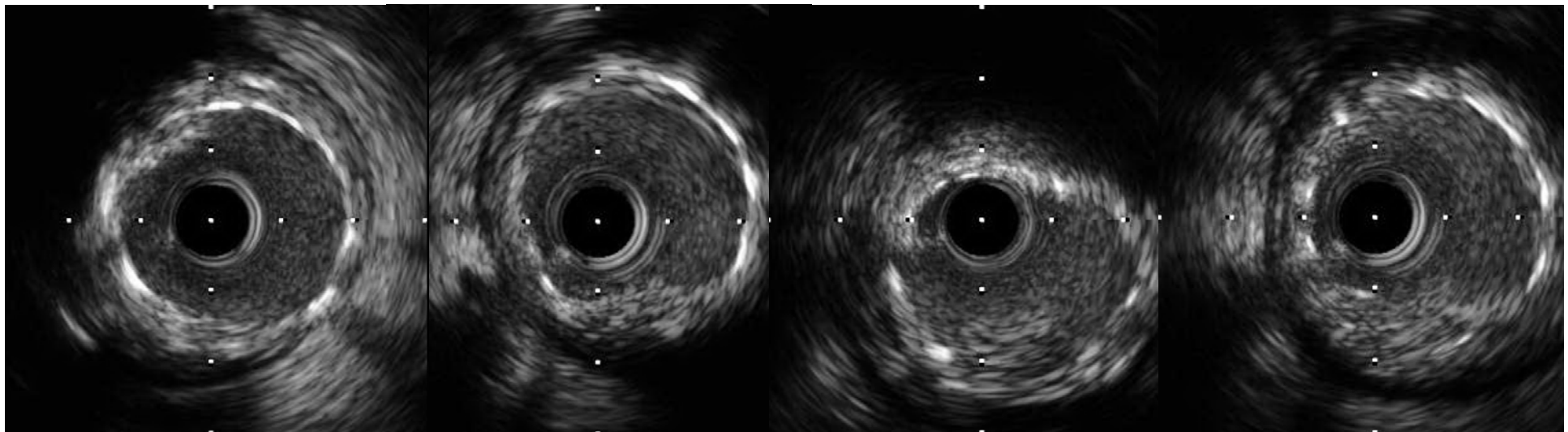
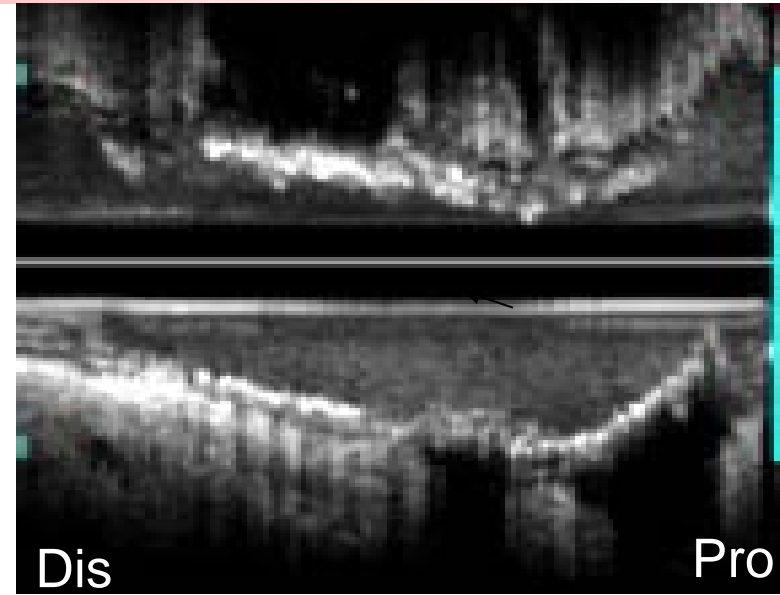
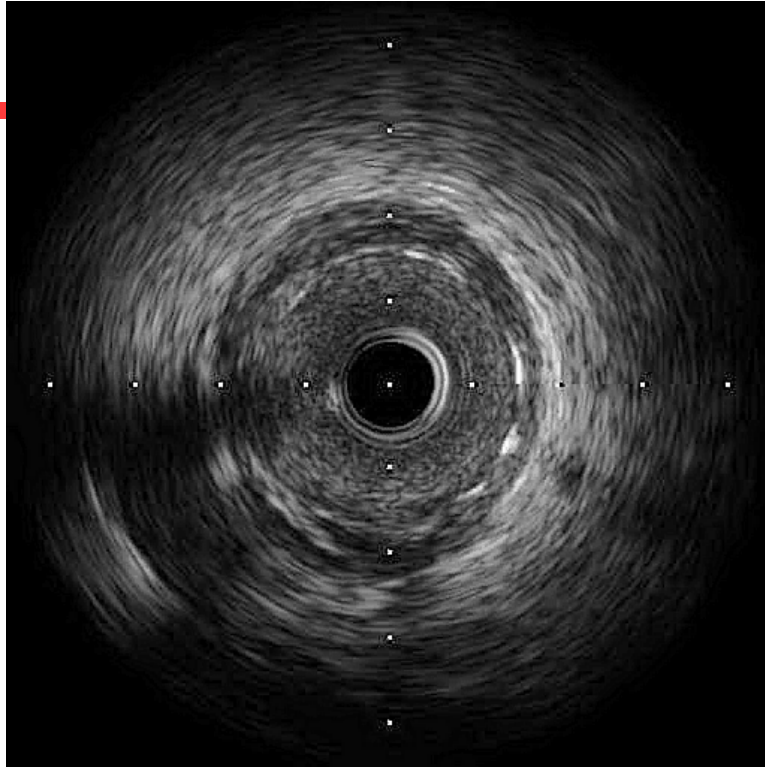


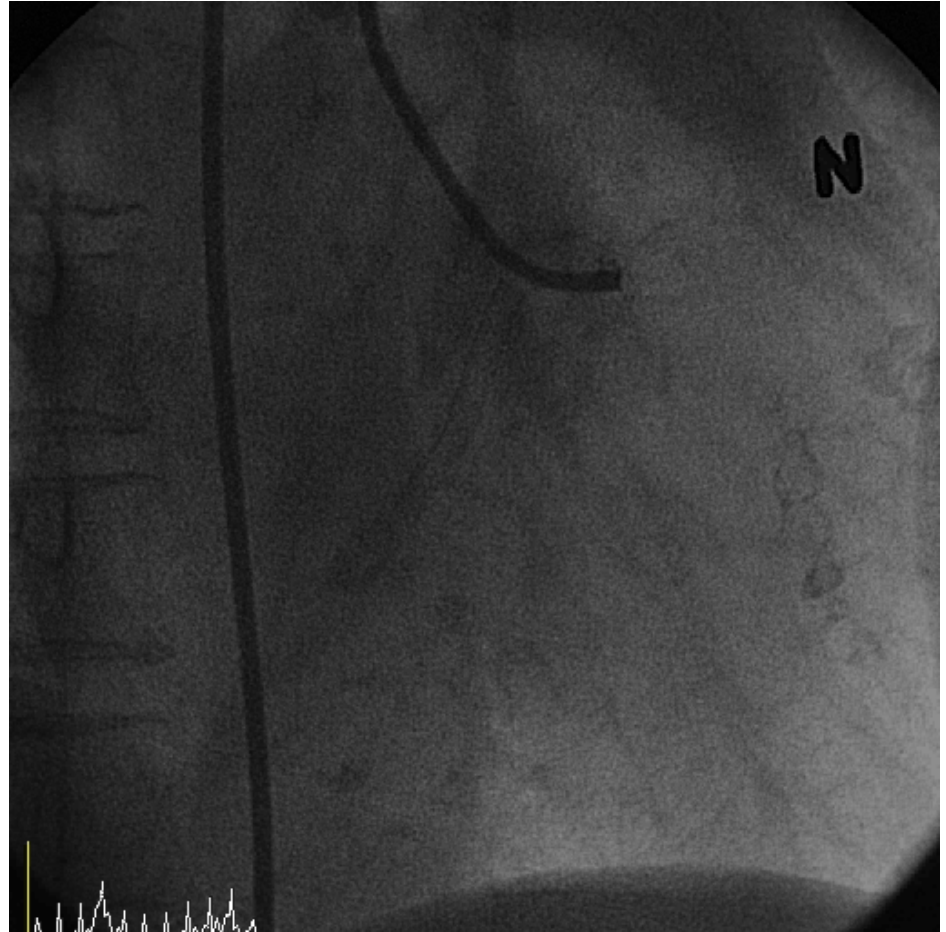
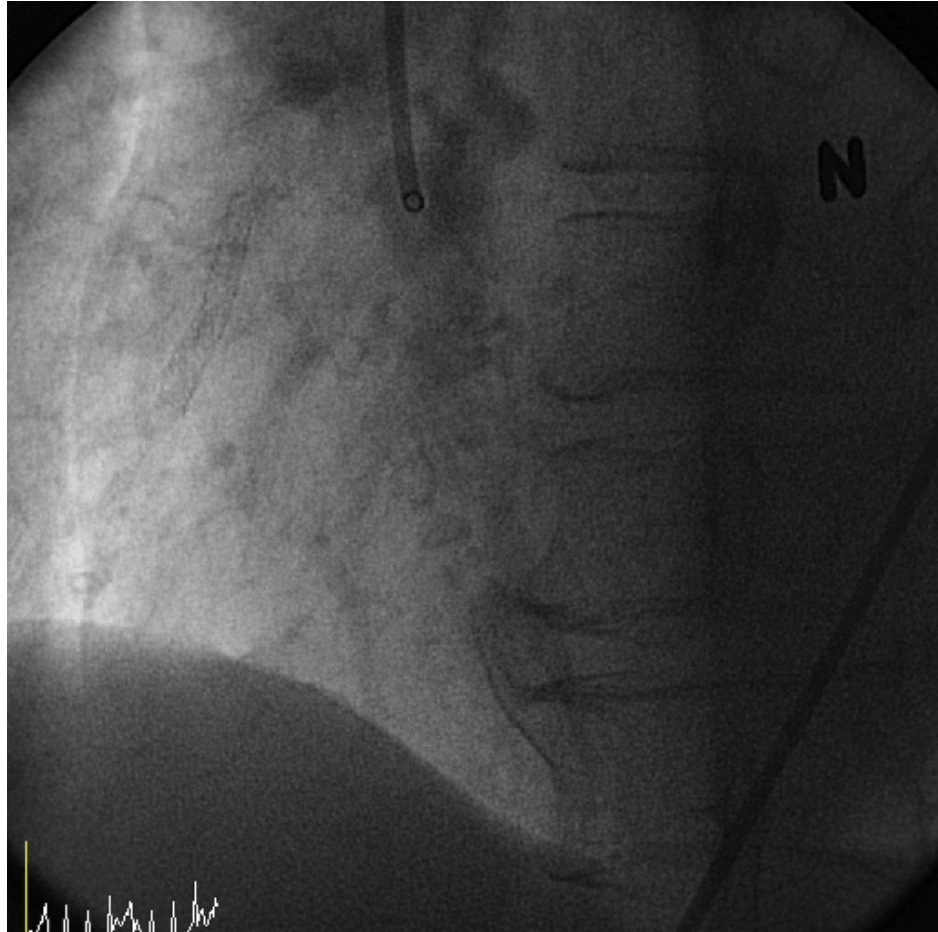
Xience stent 3.5, 28 mm (12 atm)





IVUS, post-PCI





Case summary

Clinical presentations

- STEMI with unstable vital signs (AV block)
- Primary PCI

CAG

- Luminal haziness at mid-RCA
- Baseline TIMI 3
- No-reflow after stent deployment

IVUS

- Big RCA (Prox. RD : 4.75 mm)
- Mobile mass
- Attenuated plaque
- Maybe Positive remodeling
- Post stent prolapse
-

Thank you for your attention



American Museum Of Natural History, New York