

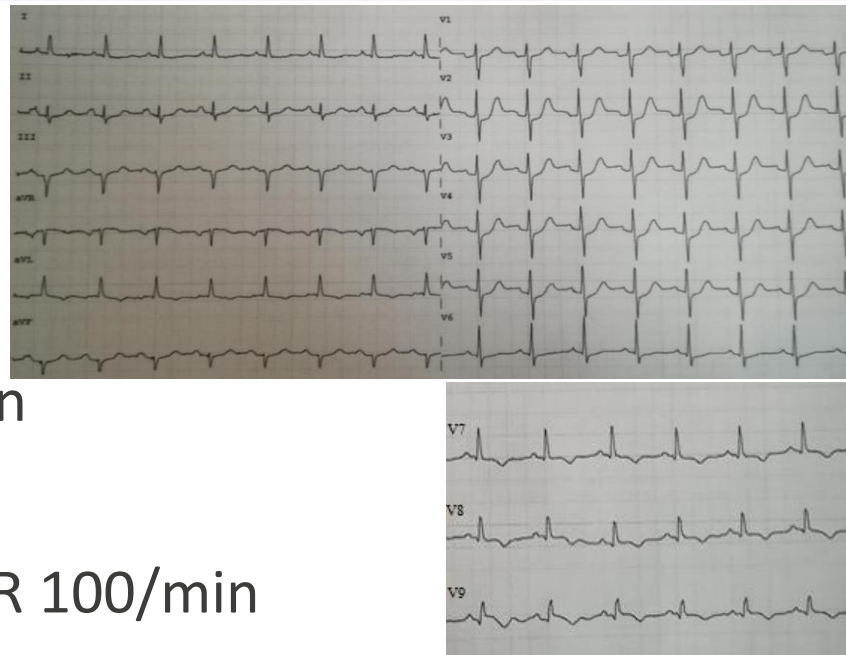
Left circumflex artery rupture in subacute STEMI

When it ends where it all began

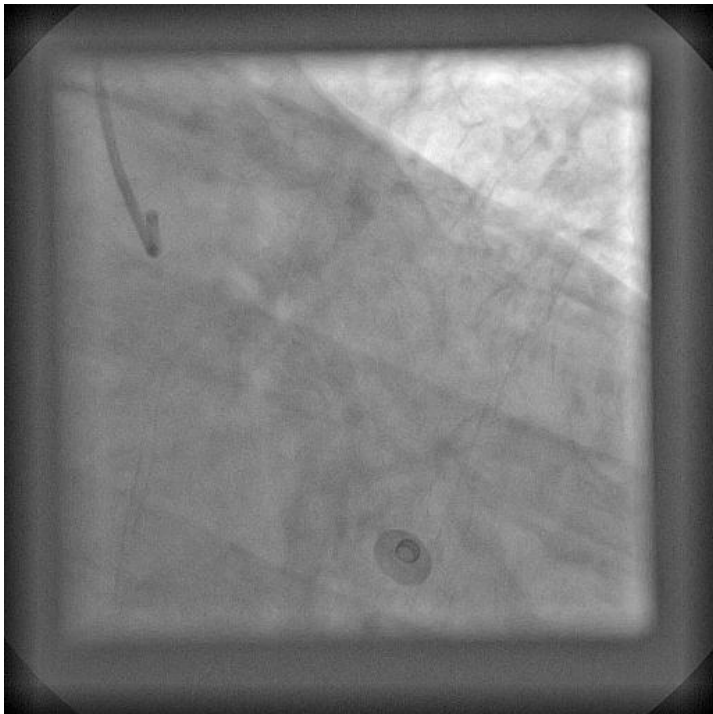
Speaker's name: Davorka Lulic

I do not have any potential conflict of interest to declare

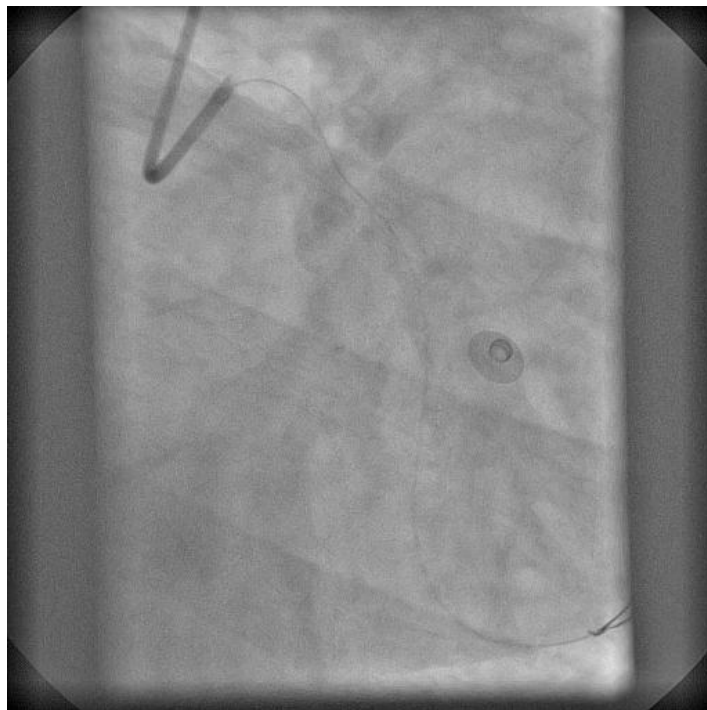
- male, 69 years old
- chest pain for the past 24 hours
- past history: arterial hypertension
- smoker
- vital signs: BP 160/100 mmHg, HR 100/min
- laboratory findings: troponin T 2909 ng/L (< 15 ng/L)



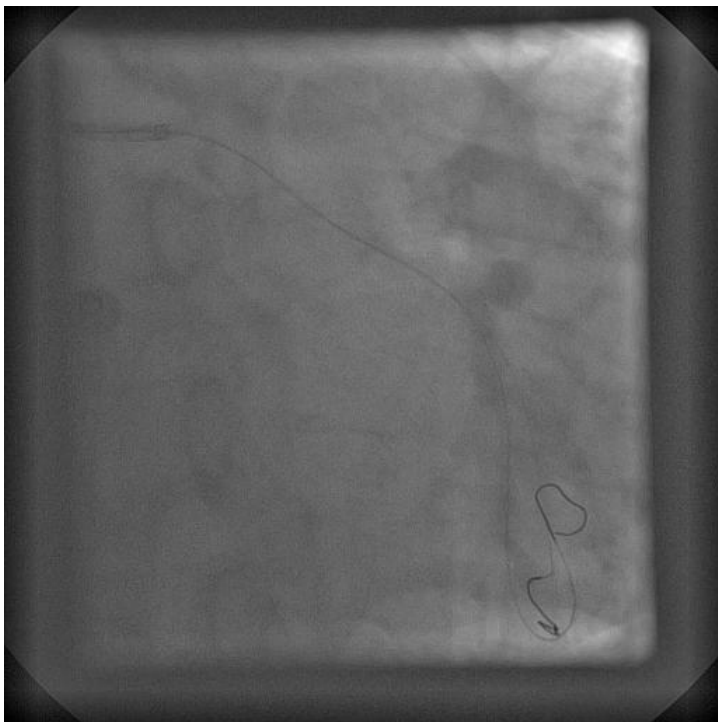
Coronary angiography and primary PCI



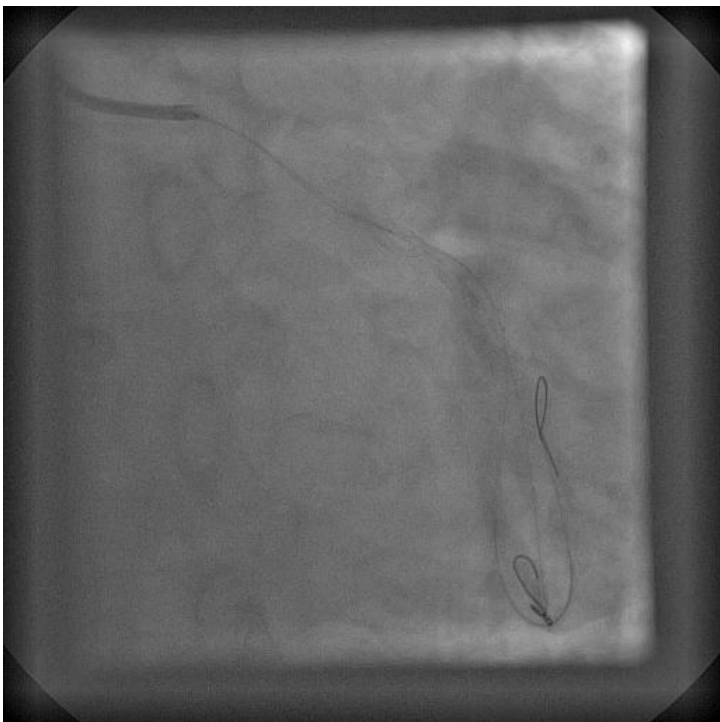
- radial approach



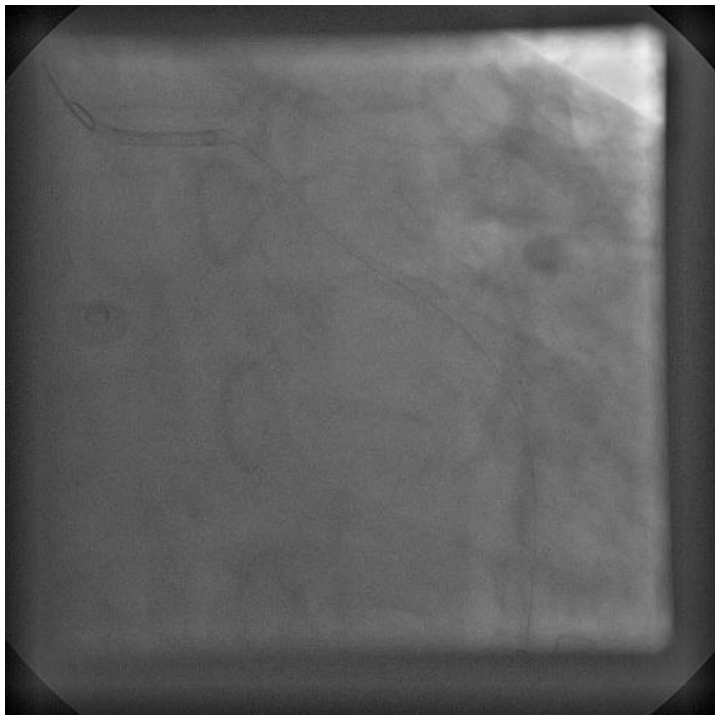
- EBU 3,75 (6 F), workhorse guidewire
- predilatation with NC balloon catheter (2,0 x 15 mm/10 atm)



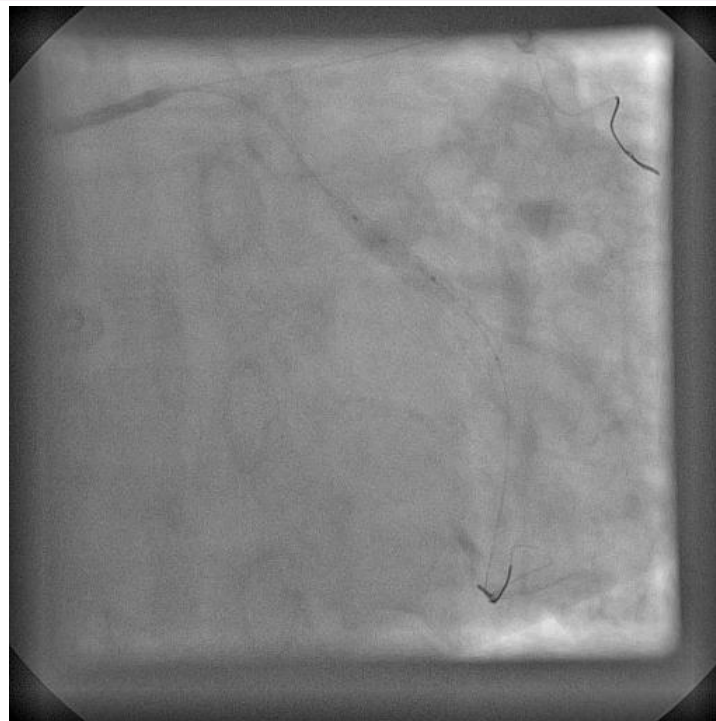
- second guidewire
- second predilatation with NC balloon catheter (2,75 x 15 mm/10 atm)



- DES (4,0 x 25 mm/14 atm) implantation

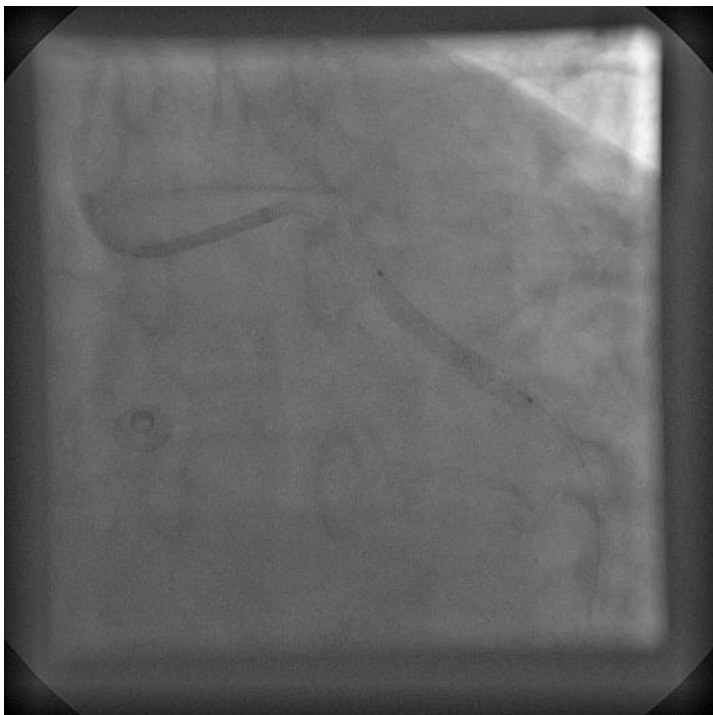


- coronary artery rupture after postdilatation with NC balloon catheter (4,0 x 15 mm/20 atm)

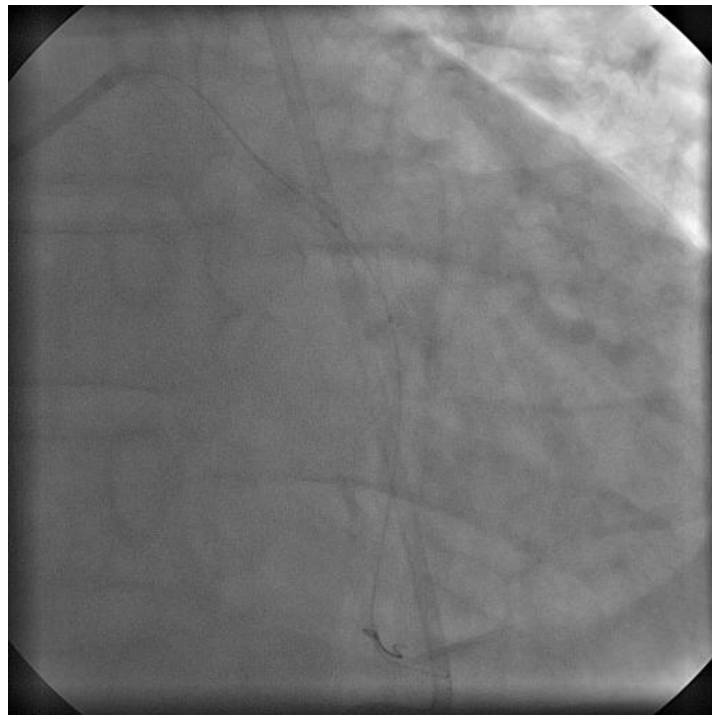


- inflation of the same NC balloon catheter (6 atm) with coronary artery occlusion

- hemodynamically unstable with clinical signs and echocardiographic evidence of cardiac tamponade and shock
- emergency pericardiocentesis performed
- orotracheally intubated with rapid sequence induction, mechanically ventilated
- cardiac surgeon on stand by



- stent graft (3,5 x 26 mm/10 atm) implanted



- dissection extended to distal segment of the artery with contrast extravasation



- another inflation of NC balloon catheter (6 atm) with coronary artery occlusion



- 0,018" microcatheter over 300 cm workhorse coronary guidewire
- pushable embolization coils – 6 pieces

- 1000 ml of blood evacuated in total
- after 5 days in ICU transferred to the ward
- TTE: LVEF 40-45%, akinesia of lateral and hypokinesia of inferior wall, no pericardial effusion
- discharged 9 days after the procedure

- after 3 months – sustained VT with syncope/ICD

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