

51 years old man with  
crescendo angina for 24  
hrs

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# History

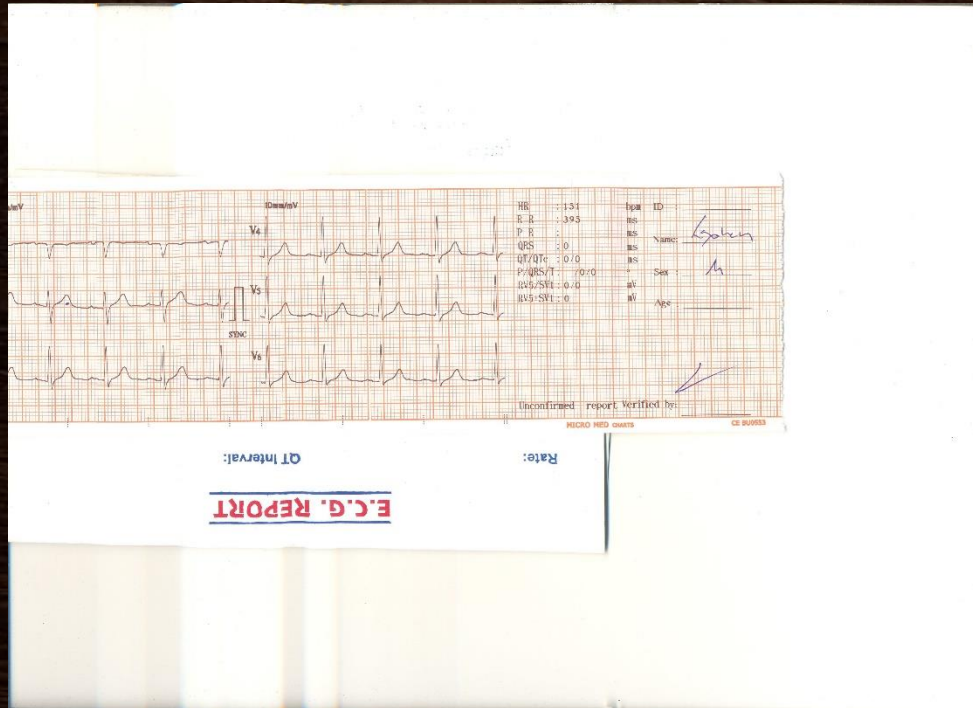
- Known history of DM for 15 yrs, HTN for 15 yrs, Non smoker, ethanol 150ml/day for 20 yrs and dyslipidaemia
- Sedentary
- No significant history
- Came to emergency department severe crescendo angina since yesterday evening when ECG showed normal. Current ECG shows ST elevation in all chest leads

# Clinical Presentation

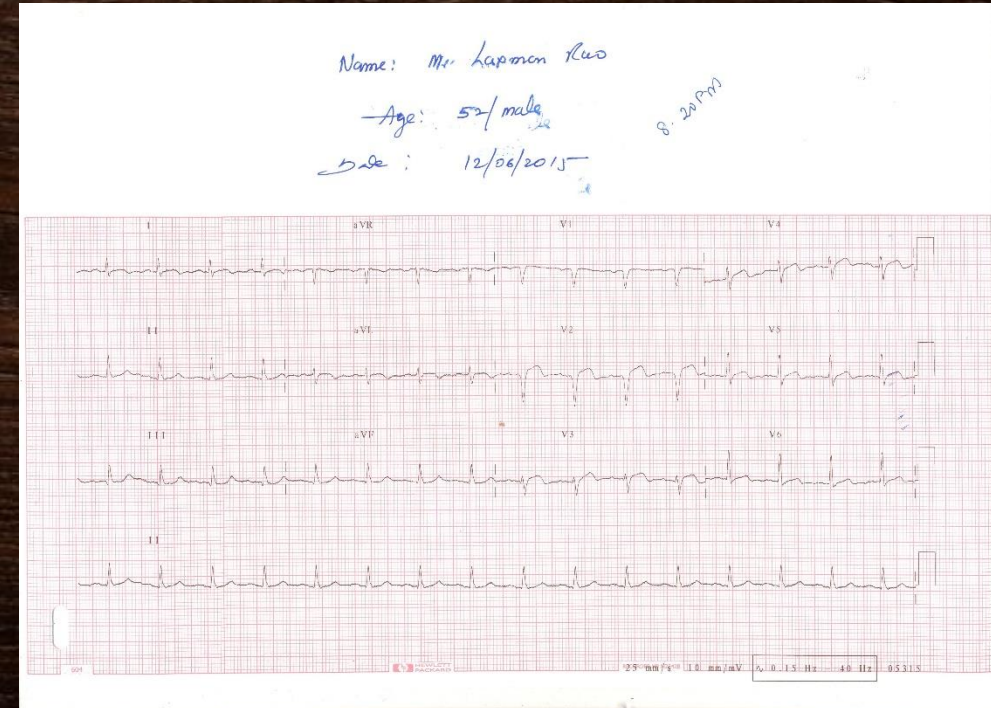
- ECG- ST elevation in all chest leads, and borderline elevation in other leads
- ctnI-1500ng/dl
- CK MB-975u
- LDH-3960u
- CK-NAC; 2995u
- LVEF-35-40%
- Chest X ray- mild bilateral pleural effusion
- Cr-1.5mg/dl
- Vitals- BP-70/90mmhg, HR-110/min, ORA-94%, RBS-275mg/dl, RR-22/min

# Pre Clinical Electrocardiograms

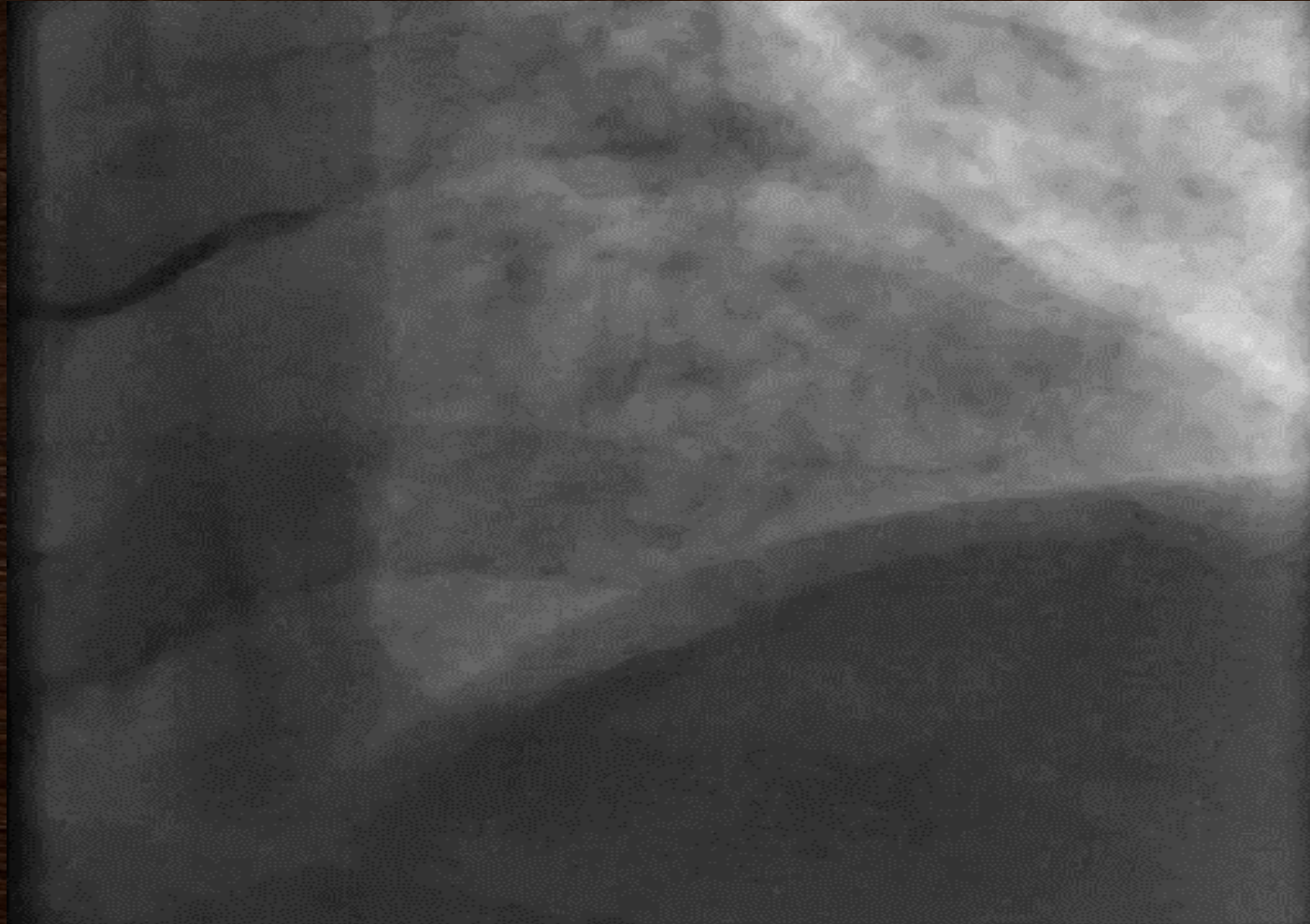
Previous day at 7.30PM



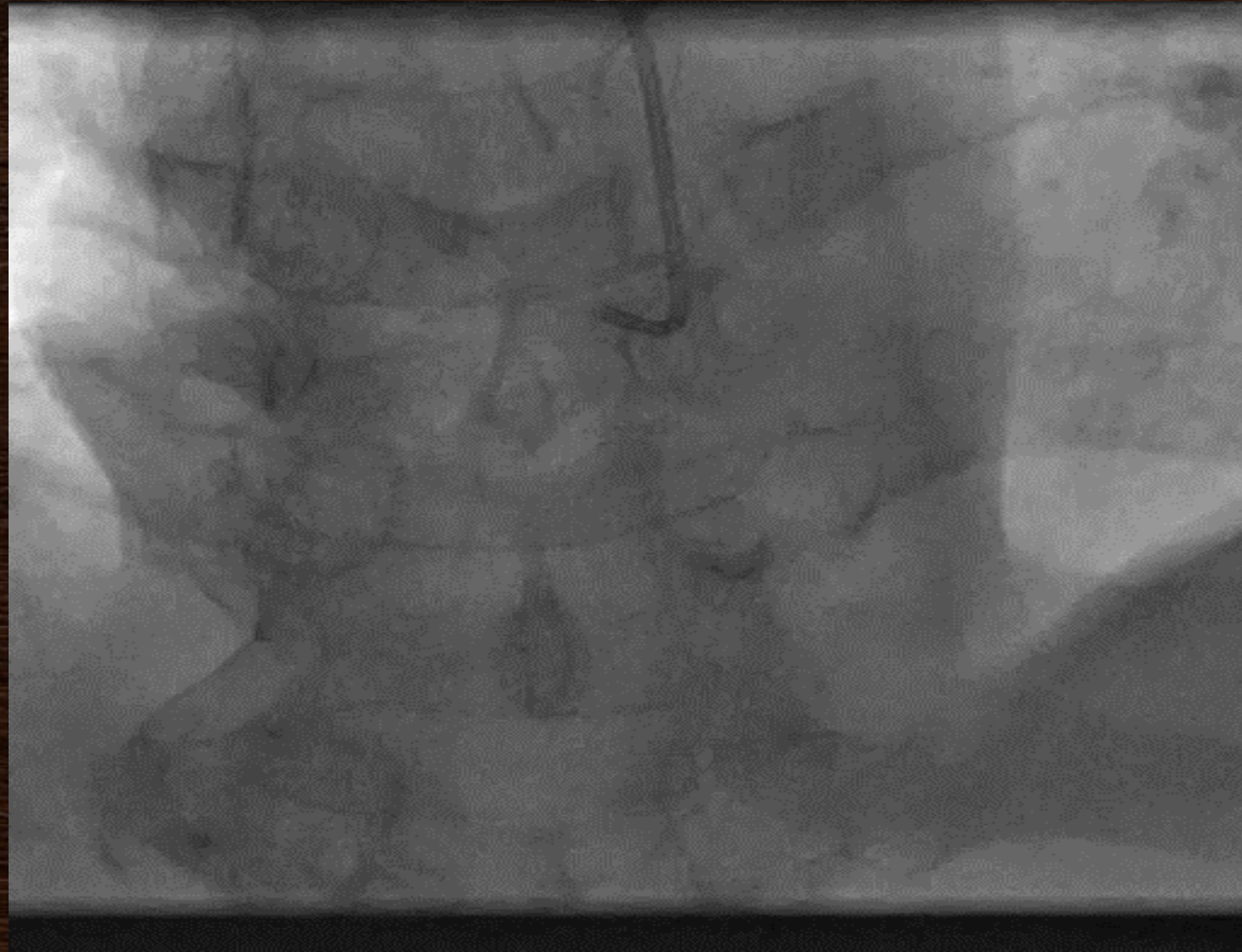
The day of emergency at 8.20PM



CAG-LAD 100% occlusion, LCX-non dominant



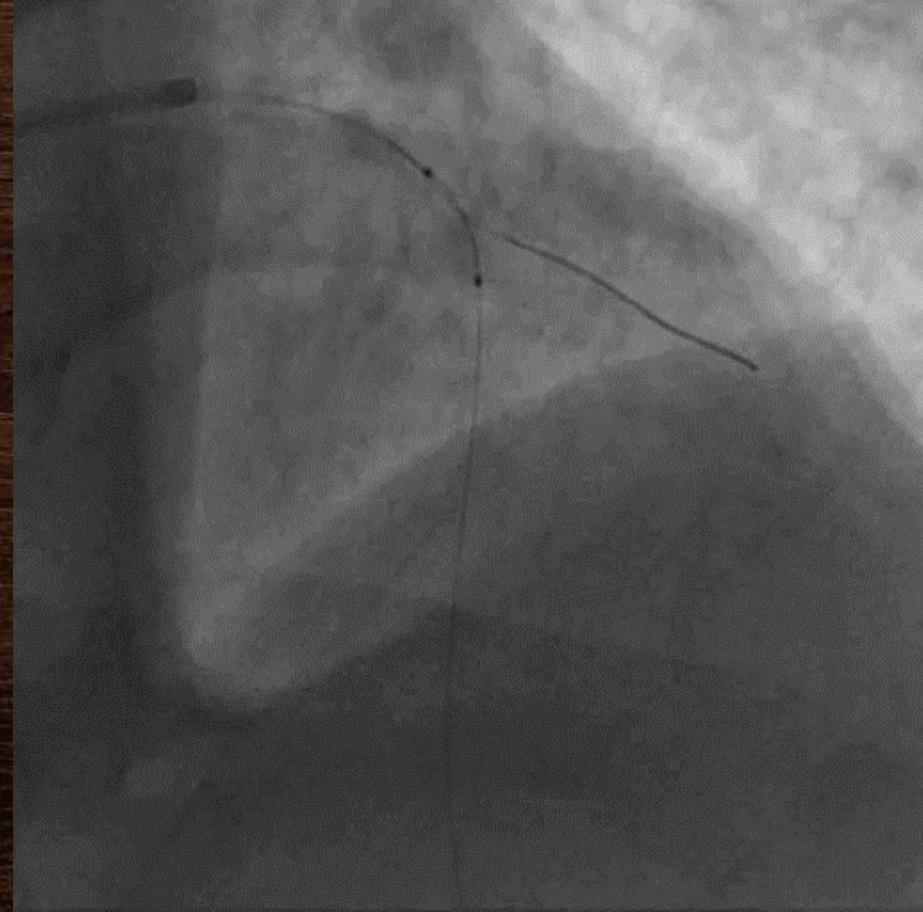
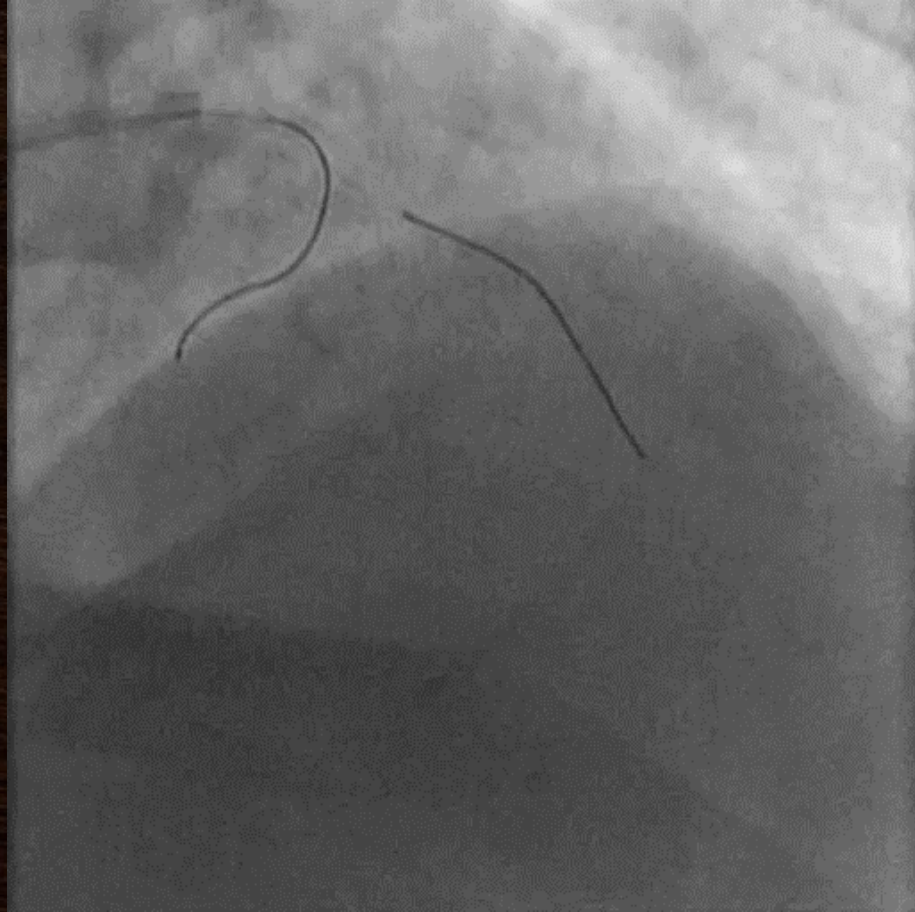
RCA sub total occlusion, dominant



# Pre-Cath medications

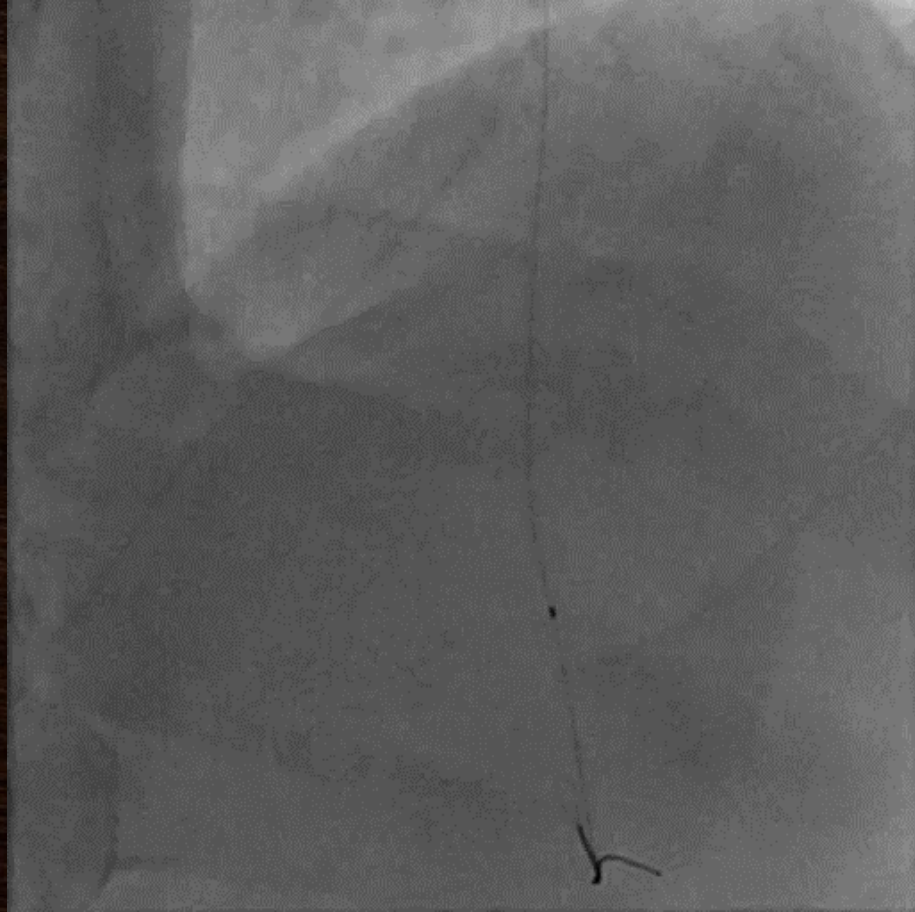
- ASA-325mg, Clopidogrel-600mg, Atorvastatin-80mg, bolus-  
Abciximab-10ml,
- Bivalirudin bolus and infusion based on weight chart given

# Wiring of diagonal, septal and LAD

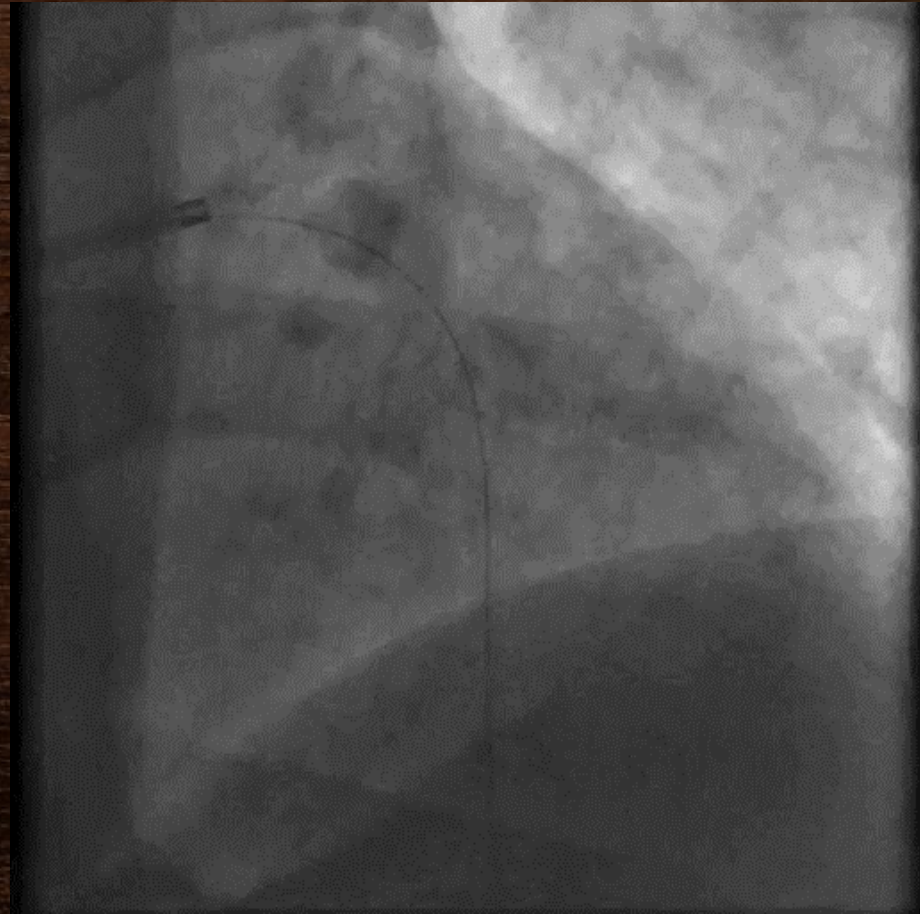




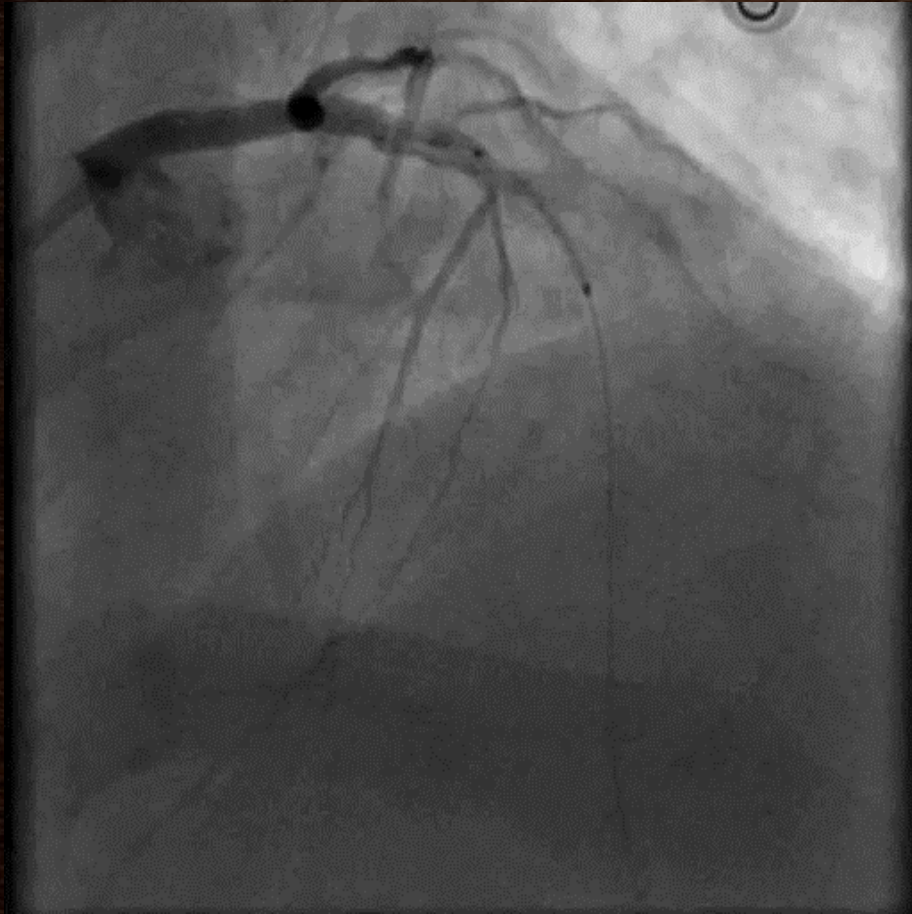
# Thrombus Aspiration and No flow



Repeated Aspiration by rotating catheter and went deep into LAD, Large thrombus was removed and TIMI-III obtained



# Final PTCA results



# Important Points

- Proper Aspiration by rotating and going deep into the vessel will help to aspirate the thrombus
- For the name sake one or two aspiration will not help some times, try to remove the thrombus completely by manual.
- Deploying stent in residual thrombus in slow flow or no flow in severe LV dysfunction, will worsen the condition. Some times may help in normal LV function.
- Device pressure supports in ACS with severe LV dysfunction, practically not showing any encouraging results.
- Radial route is the best option in ACS.
- Keep noradrenalin infusion low dose in severe LV dysfunction despite normal BP, will help you to avoid further shock and hypotension during procedure.
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