Catheter Broken in LM distal CTO

Dr A M Thirugnanam, Senior Interventional Cardiologist,
Ipcard Cardiac Care Center, Hyderabad, Telangana, India

65 years old man with HTN

- History: HTN for 15 years, No DM, Chronic Sinusitis on occasional antihistamines. No drug allergy. Non Smoker, Non Alcoholic.
- DLP- not on medications.
- Food: Non veg
- Arthritis: No
- Activity: Sedentary, BMI-24
- FMH- Insignificant
- SMH- Insignificant

Present Clinical complaints

- Had recurrent episode of chest discomfort for more than a year and relieved spontaneously. Never under gone any cardiac evaluation.
- His sleep was not sound since the first episode of chest discomfort.
- He had stopped himself activity due efforts induced complaints
- He had been continued his HTN Rx regularly without periodical check-up.
- One day night in winter, he had severe chest pain with sweating and giddiness.

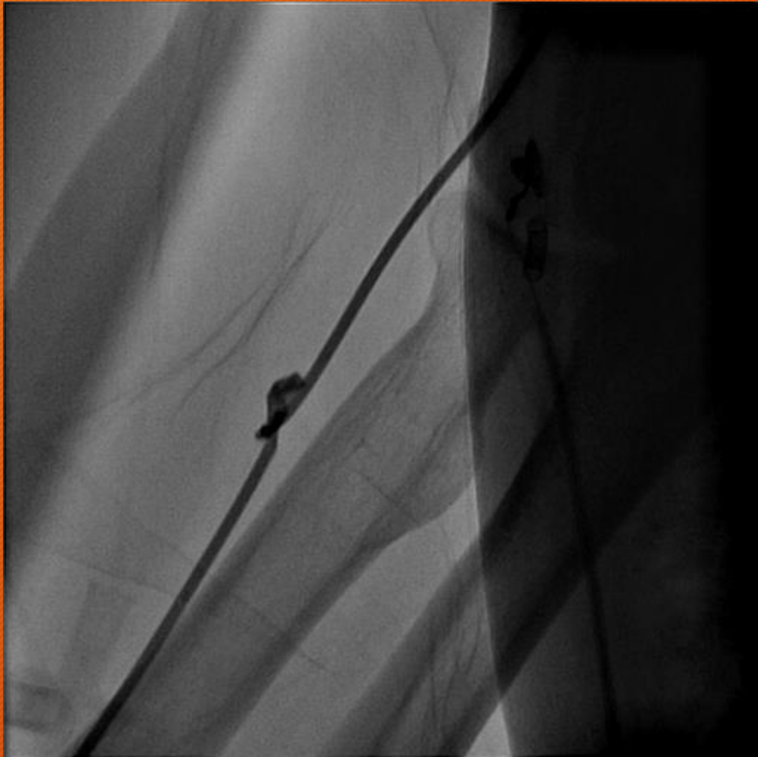
Physical examination at arrival

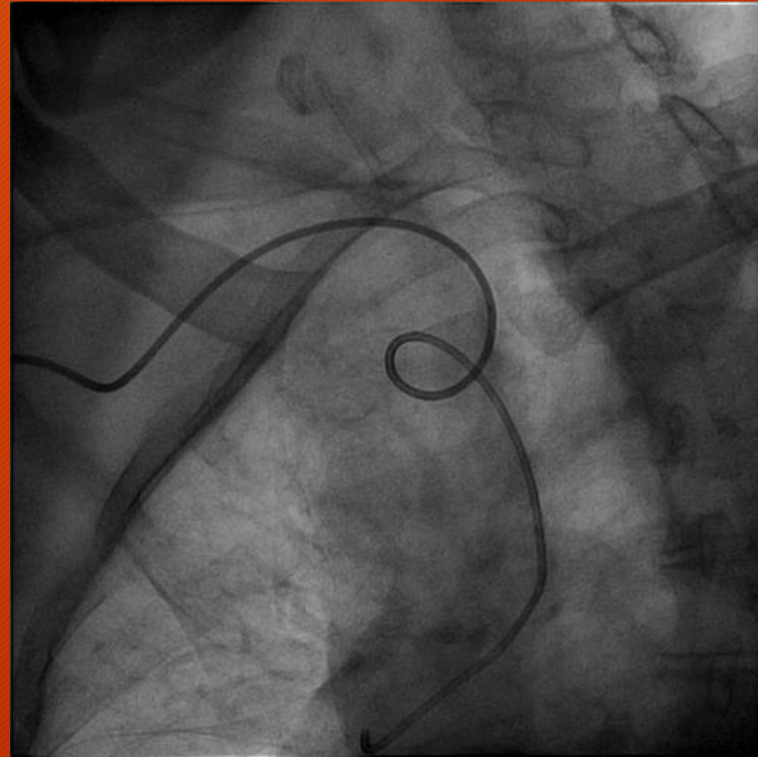
- 7 PM in emergency room with the complaints of crescendo angina for 2 days and did not take medications.
- BP-80/130mmhg, HR-86/min, Lungs-mild crackles, ECG-ST-T changes in all leads, Abdomen-soft, LVEF-40% with global hypokinesia. CXR- mild bilateral effusion.
- RBS-105mg/dl, Cr-1.4mg/dl, CtnI-896ng/dl, CK-MB-40IU, Thyroid-N, hCRP-86.
- O2- 93% at room air, Skin-warm,
- Neurological status- Normal

Emergency Medications before Cath

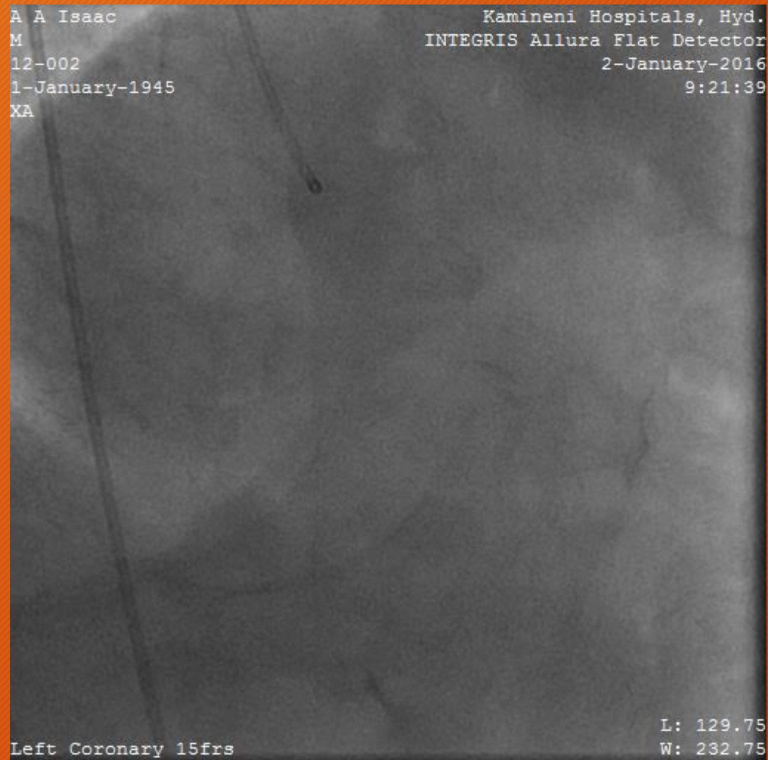
- Loading ASA-325mg, ARVS- 80mg, Clopidogrel-300mg, Bolus-Reopro 10 ml, Fondaparinux-2.5mg.
- Nasal O2- 3l,
- Next day morning CAG- LM distal-70%, and LAD ostial – total occlusion, Non dominant LCX-ostial 70% lesion, RCA- mid Tandem lesions- 70-90% lesions, Type-2 Collateral to LAD from RCA
- LVEDP-14
- Global Hypokinesia

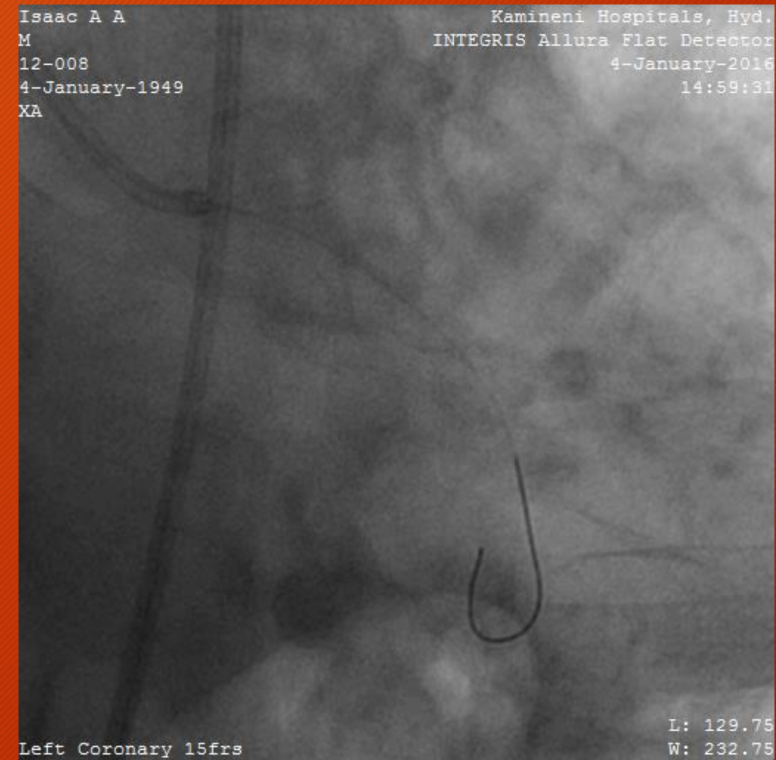
CAG- Arterial lusoria





RFA- Coronary Angiogram





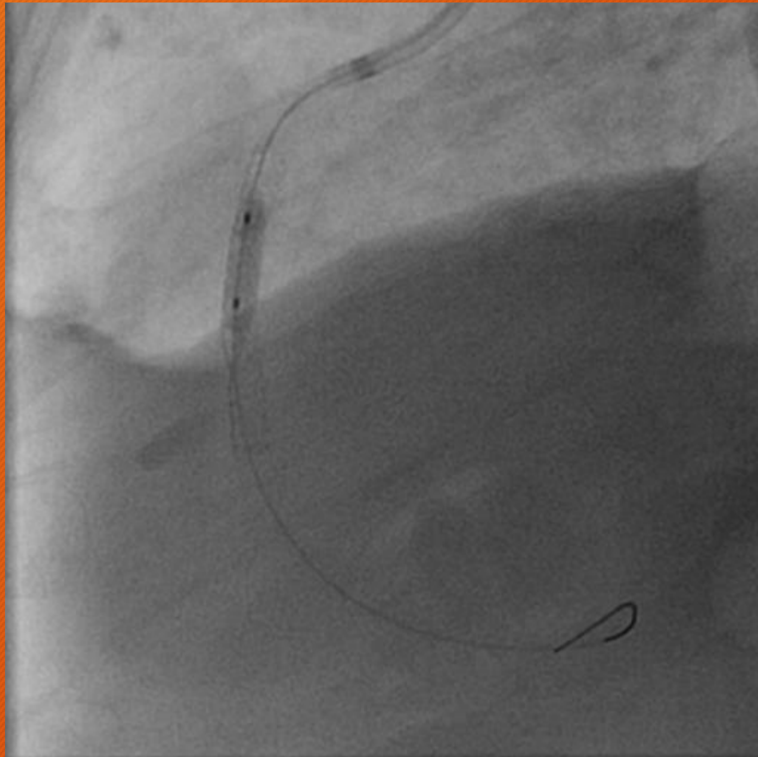
Sudden Hypotension and chest pain

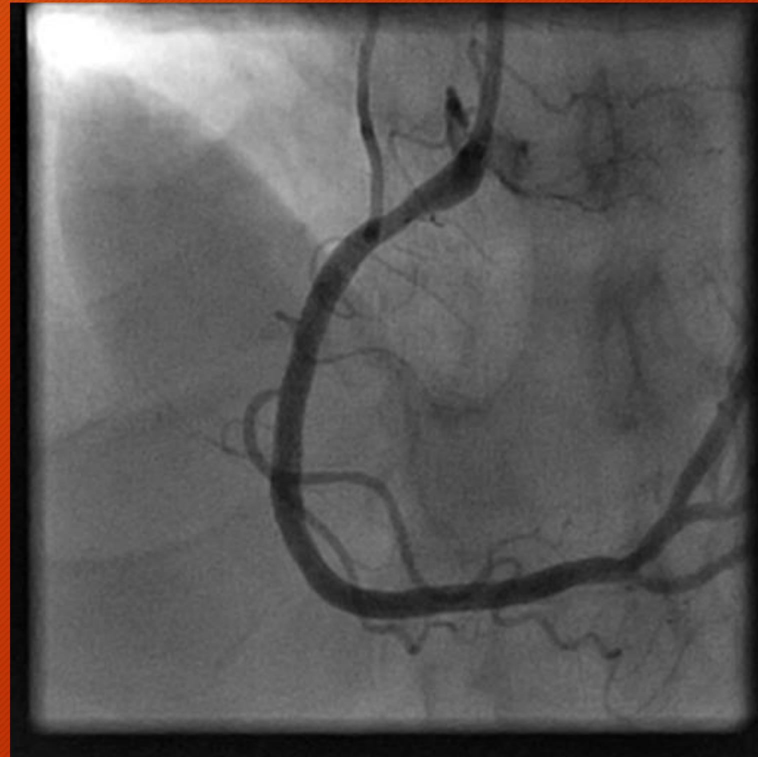
- Started Noradrenalin and IV Fluids.
- Sudden ECG changes in inferior and Lateral leads.
- Planned to Stent RCA first.
- Nitroprusside 50mcg given in RCA.
- Took JR guide and stented RCA tandem lesion with 3.5/28mm Xience Expedition.

Home taking Points

- Don’t attempt Multi-vessels stenting in same sitting in case of LV dysfunction, hypotension and chest pain.
- In Arterial lusoria catheter dislodgment and breaking is common. Maximum care should be exercised.
- While stenting ostial LAD, LM should be properly covered because residual stenosis in LM will massive catastrophic effects in future.
- In CTO, unnecessary usage of CTO devices should be avoided.
- Carefully read the CTO morphology again and again.

RCA stenting Xience Expedition





LM-LAD stenting on 2nd day