My patient needs primary PCI: stent or scaffold?

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I have the following potential conflicts of interest to report:

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INTRODUCTION

• Mrs. KG is 42 years old nurse from our orthopaedic department
• Previously healthy young lady, smoker 20 cigs/day, on oral contraception
• On August 7th 2014 at 14:30 hours she felt severe central chest pain, brought-in-by-ambulance, heparin 5000IU and aspirin 500mg given IV
• BP 110/65mmHg, HR 88/min., normal heart sounds, no congestion
• ECG: SR, typical ST elevation in V1-4
Critical 95% thrombotic lesion in proximal LAD with slow TIMI 1 flow
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PRIMARY PCI – FLOW RESTORATION

- 6Fr EBU 3.5 guiding catheter, soft wire to distal LAD, thrombus aspiration with 6Fr Export Advance with normalization of flow
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FLOW RESTORED, WHAT NEXT?

• 1) Direct stenting with 2nd generation DES
• 2) Balloon pre-dilatation and DES
• 3) Dilatation with 3-3.5mm balloon and if result looks good, then leave it to heal
• 4) Direct stenting with bioresorbable scaffold
• 5) Balloon pre-dilatation and bioresorbable scaffold

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