



# Treatment of massive pulmonary embolism with large bore catheter thrombectomy

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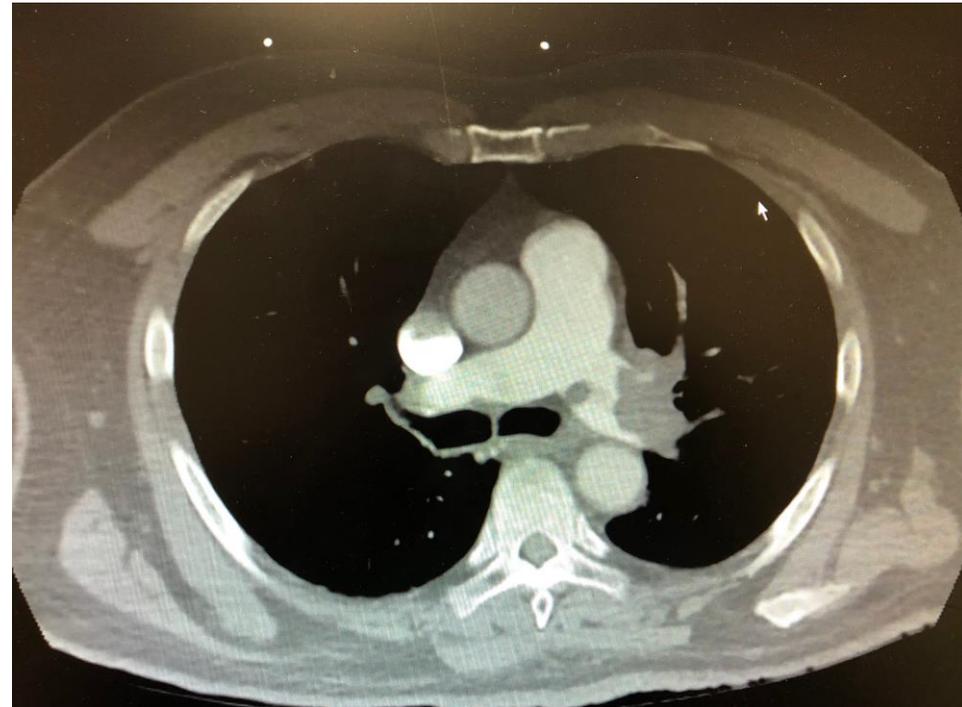
Interventional Cardiology and Peripheral Vascular  
Intervention

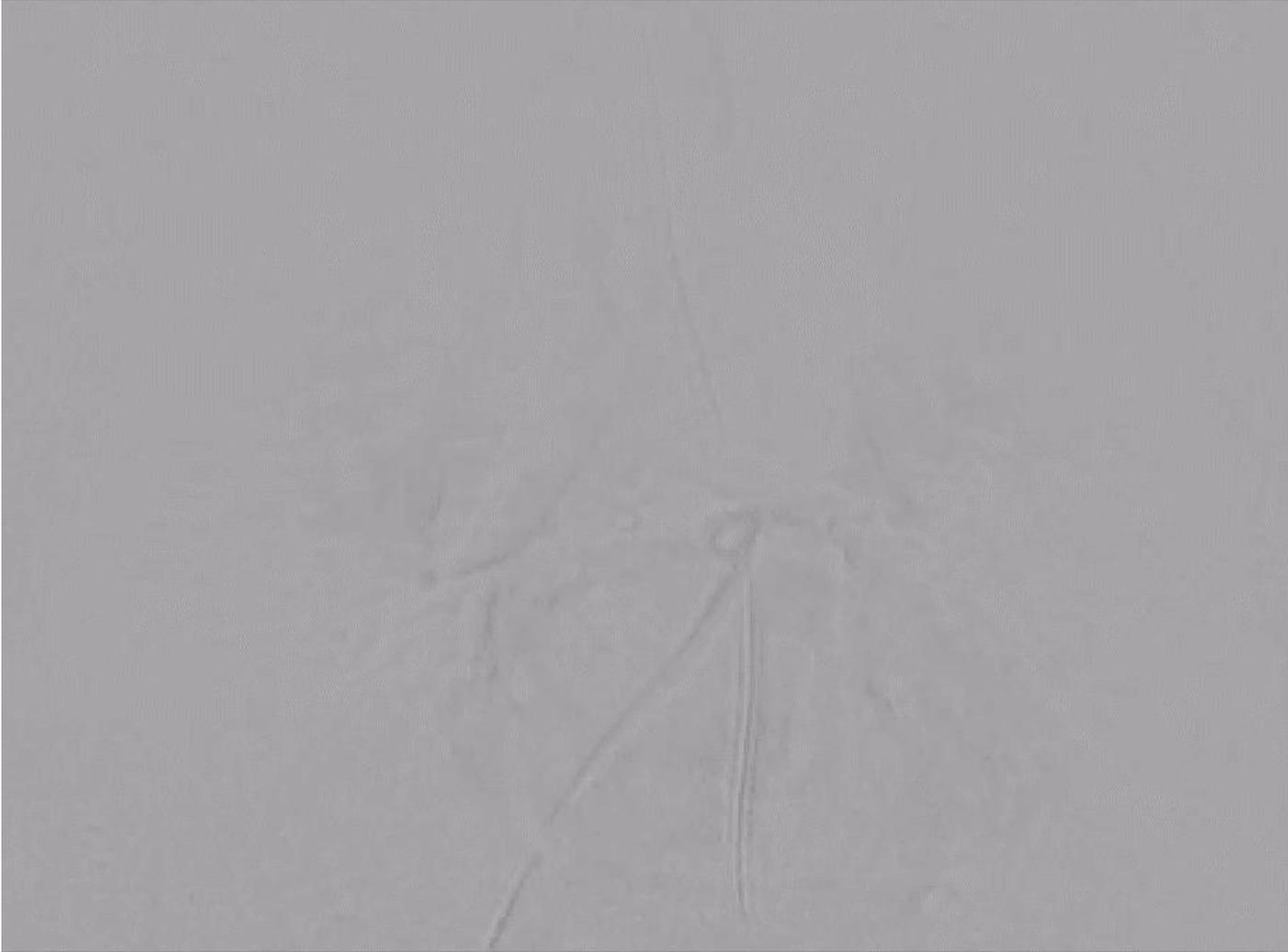
OhioHealth Riverside Hospital

Columbus, Ohio, USA

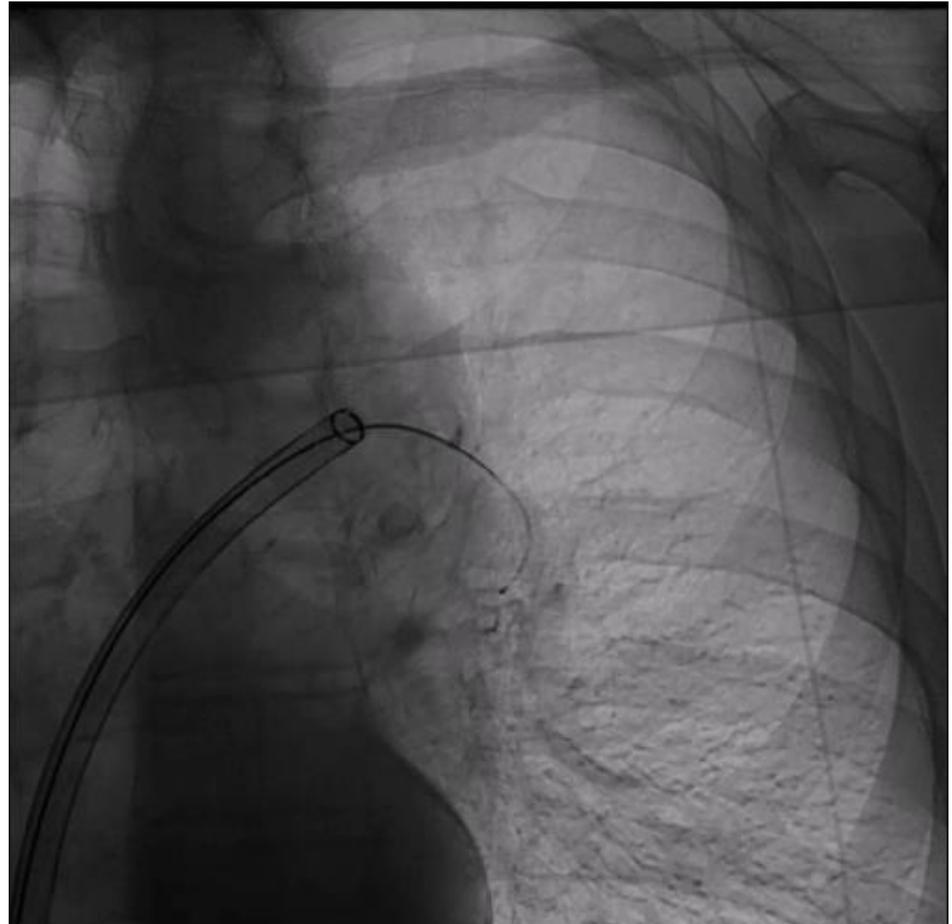
- 70 y/o male without history of prior venous thromboembolic disease and no known risk factors
- Experiences sudden syncope at home
- Brought to emergency by ambulance
- Borderline hemodynamic status at arrival
- CT angiography chest revealed large pulmonary embolism with right ventricular strain

- Systolic blood pressure 70 mmHg, O2 Sat 72% on nonrebreather
- Intubated in ER and given full dose lytics without improvement in hemodynamics.
- Norepinephrine initiated in the ER.
- Continued clinical deterioration
- Brought to the cath lab emergently for thrombectomy and possible ECMO support



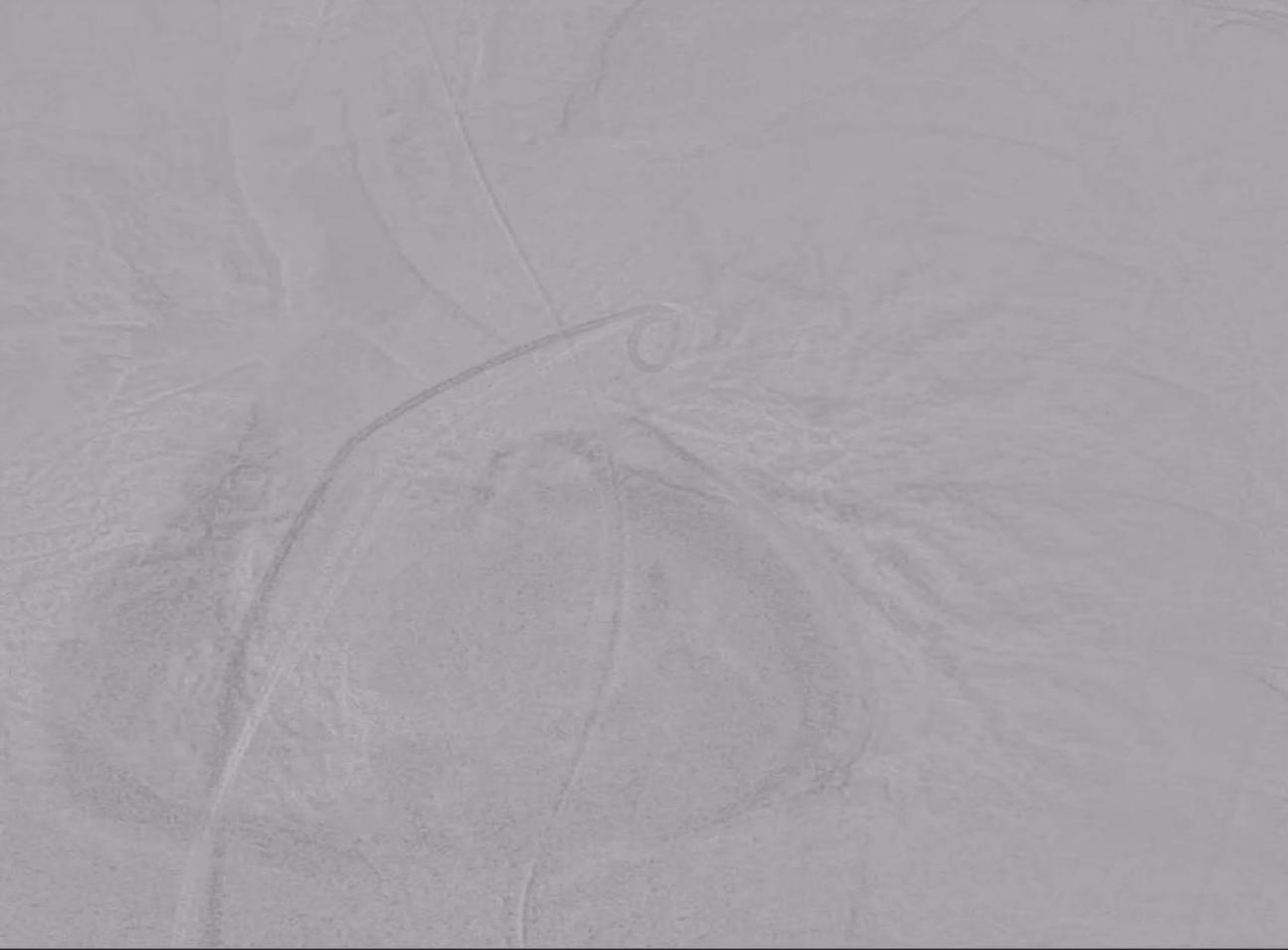


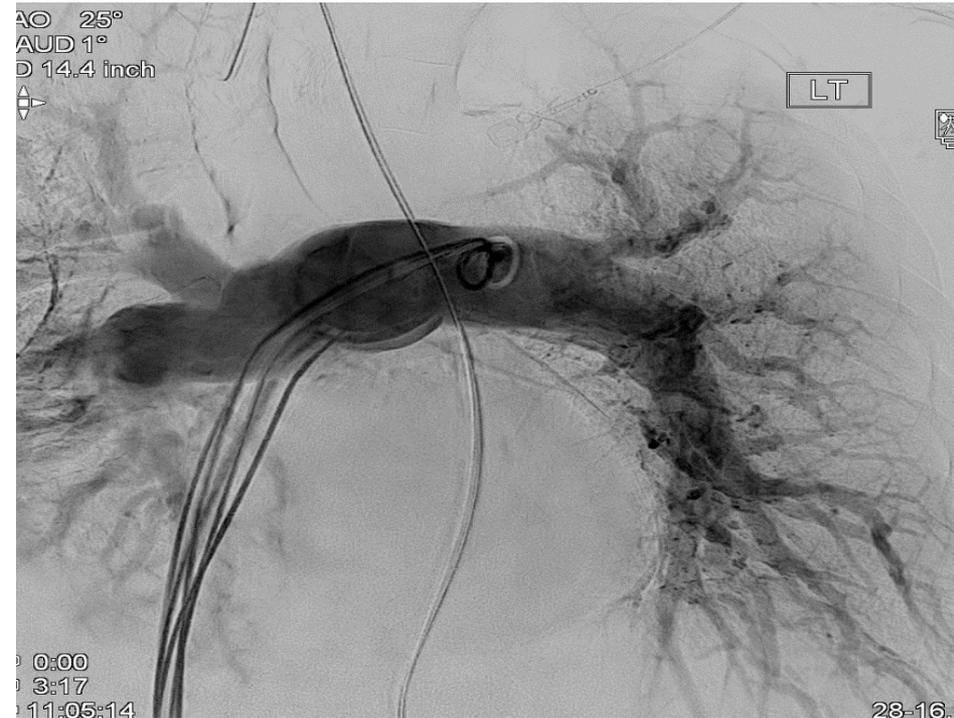
- Micropuncture, U/S –guided RCFV access
- Swan-Ganz catheter
- 24F sheath
- Amplatz super stiff 0.035” guidewire with 1 cm tip
- 24F Triever24 device











- PA pressure 54/23 mmHg → 40/20 mmHg. Norepinephrine discontinued in the cath lab.
- Extubated 24 hrs later.
- Venous duplex revealed pop vein residual.
- Discharged home on DOAC. Asymptomatic with normal RV function on 30 day follow-up.