

A black hole in the cathlab

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Male, 68 years

No history of cardiovascular disease

2012: Myelofibrosis (JAK2 -, karyotype: 46XY del13) complicated with:

- > 12-2018: Neutropenic fever complicated with urosepsis (proteus vulgaris)
- > 02-2019: Progressive pancytopenia treated with transfusion
- > 06-2019: Allogenic stemcell transplantation
- > 07-2019: **Graft failure**
- > 08-2019: Second donation of stem cells
- > 11-2019: Third donation of stem cells

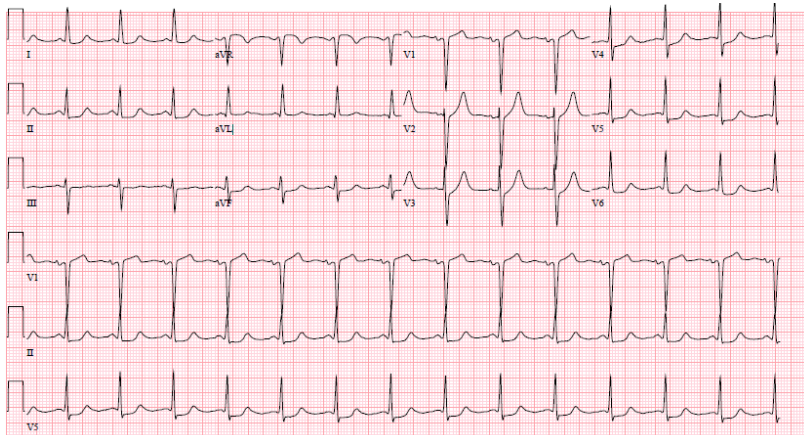
03-2020: E. Cloacae en S. Epidermidis sepsis

05-2020: catheter related sepsis with stafylococcus capitis

Recent onset unstable angina



00:15h



No angina at presentation

Vitals:

Temperature: 36,9°C

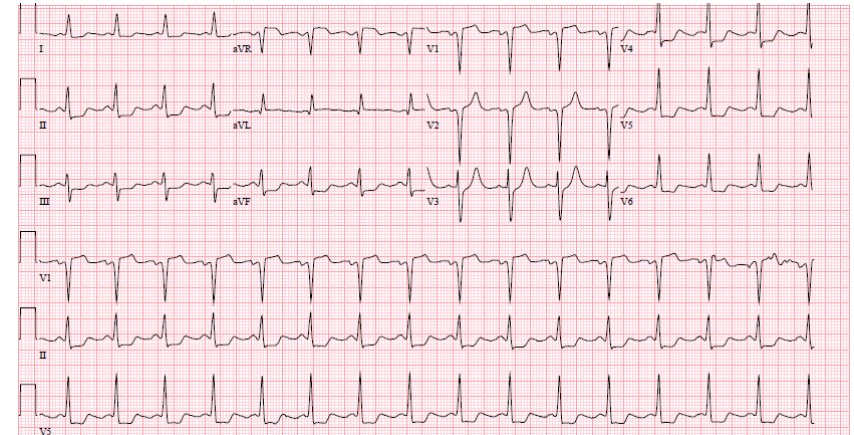
Blood pressure: 110/80 mmHg

Pulse: 80 bpm

Sat: 94%



04:15h



Angina

Vitals:

Blood pressure: 78/40 mmHg

Pulse: 95 bpm

Sat: 91%

Known myelofibrosis patient with multiple stem cell transfusions each one complicated with graft failure leading up to important pancytopenia

Emergency room

Hemoglobin	5,7 g/dL	13,5-17,5 g/dL
Trombocytes	25 *10 ³ µ/L	150-400 *10 ³ µ/L
Leucocytes	2,2 *10 ³ µ/L	3,9-10,6 *10 ³ µ/L
CRP	99 mg/L	< 5mg/L
Troponin	180 ng/L	< 14 ng/L
Serum creatinine	1,5 mg/dL	0,7-1,2 mg/dL

1 week prior at ambulatory care

Hemoglobin	5,3 g/dL	13,5-17,5 g/dL
Trombocytes	38 *10 ³ µ/L	150-400 *10 ³ µ/L
Leucocytes	2,4 *10 ³ µ/L	3,9-10,6 *10 ³ µ/L
CRP	95 mg/L	< 5mg/L
Troponin	Not analysed	< 14 ng/L
Serum creatinin	1,7 mg/dL	0,7-1,2 mg/dL



ESC

European Society
of Cardiology

European Heart Journal (2017) 38, 3488–3492
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CURRENT OPINION

Acute coronary syndromes

The management of antiplatelet therapy in acute coronary syndrome patients with thrombocytopenia: a clinical conundrum

Cian P. McCarthy¹, Ph. Gabriel Steg^{2,3}, and Deepak L. Bhatt^{4*}

Contacted with hematologist on call
2 units packed cells
1 pool trombocytes
Asperin 250mg IV
Clopidogrel 600mg PO

Urgent radial catheterisation 5 French

*First injection at the level of the left cusp using
JL 3,5 5 French*

Anamnesis:

Persistent chest pains 7-8/10

Vitals

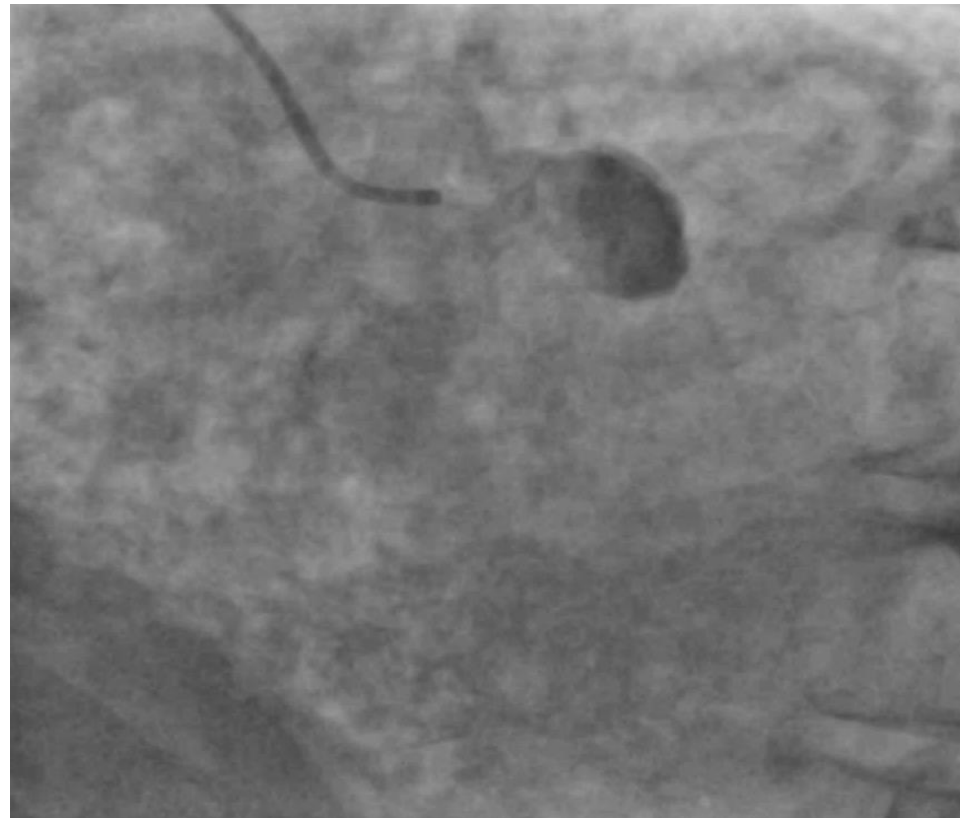
BP: 68/40 mmHg

P: 105 bpm

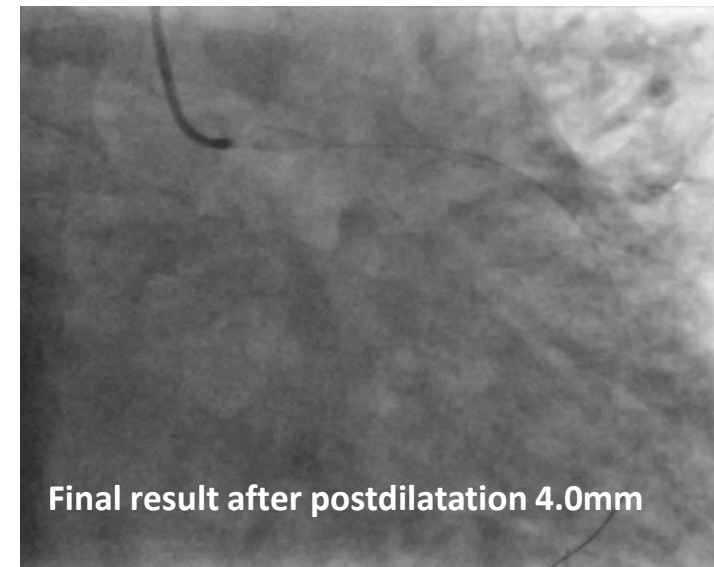
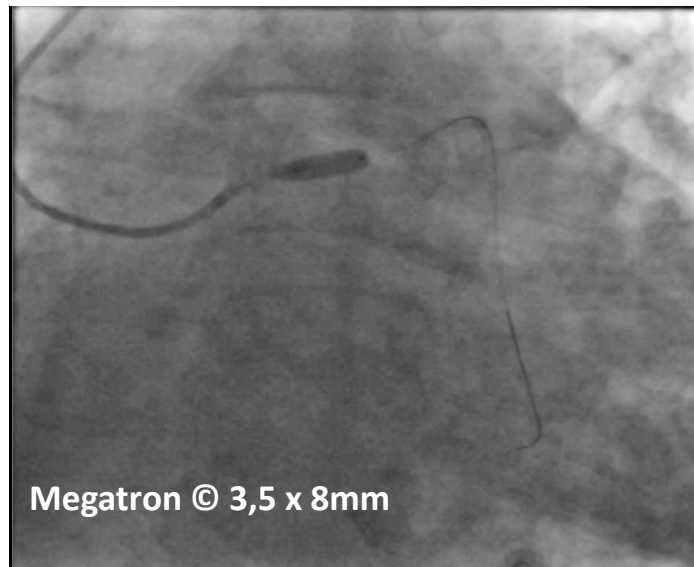
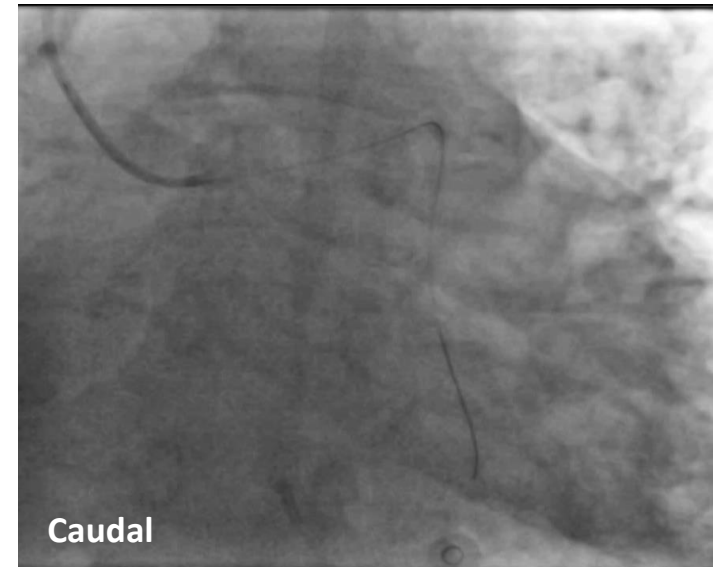
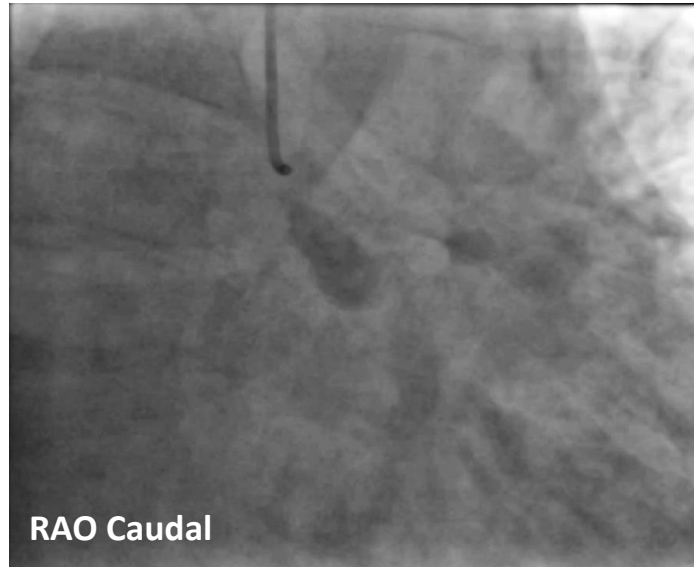
Sat: 90%

Differential diagnosis ?

- Aortic dissection ?
- Perforation ?
- Congenital anomaly ?
- Aneurysmatic left main occlusion?
- Aortic aneurysm ?



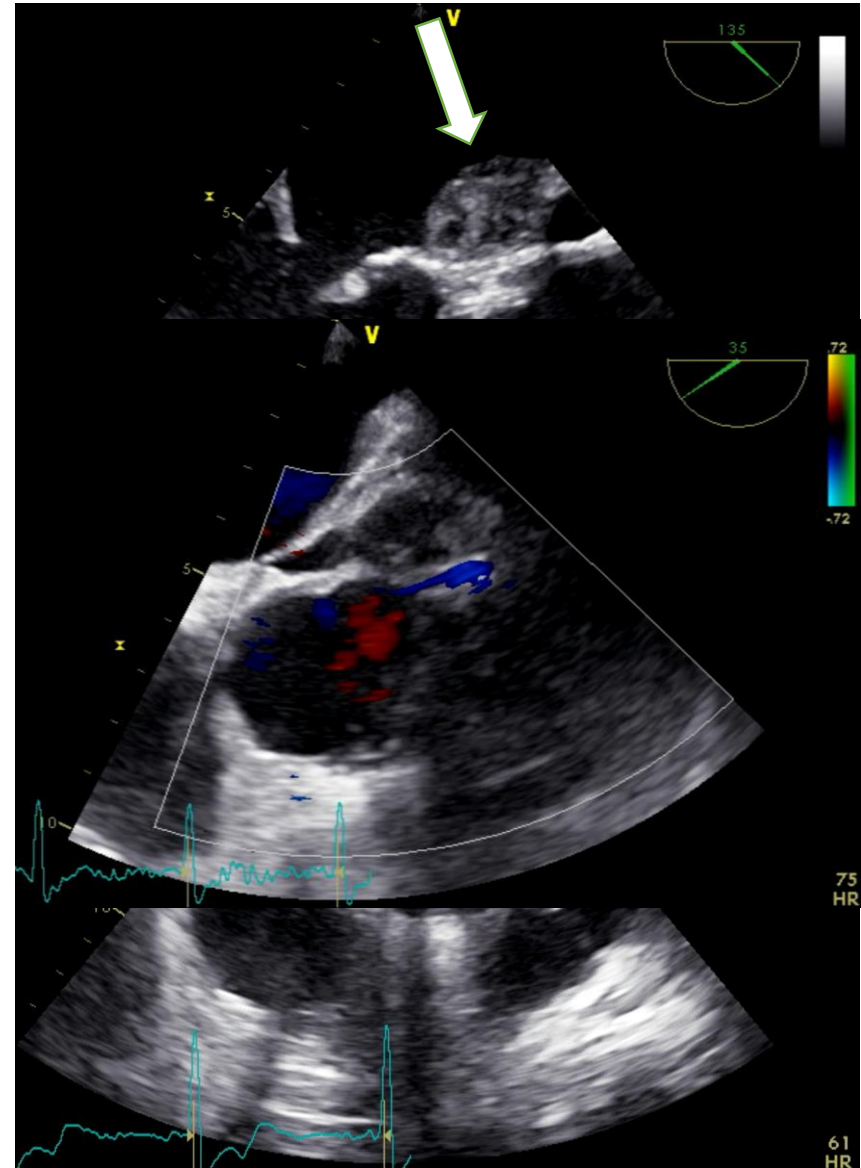
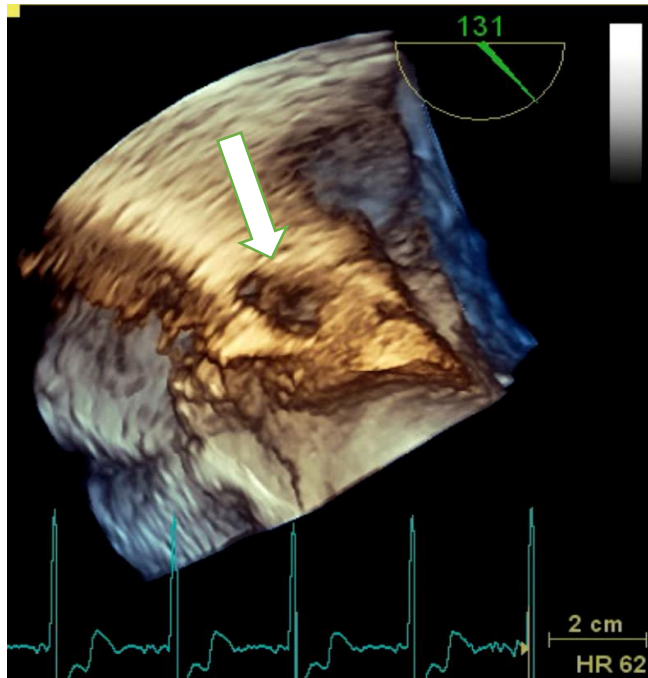
5 French radial approach



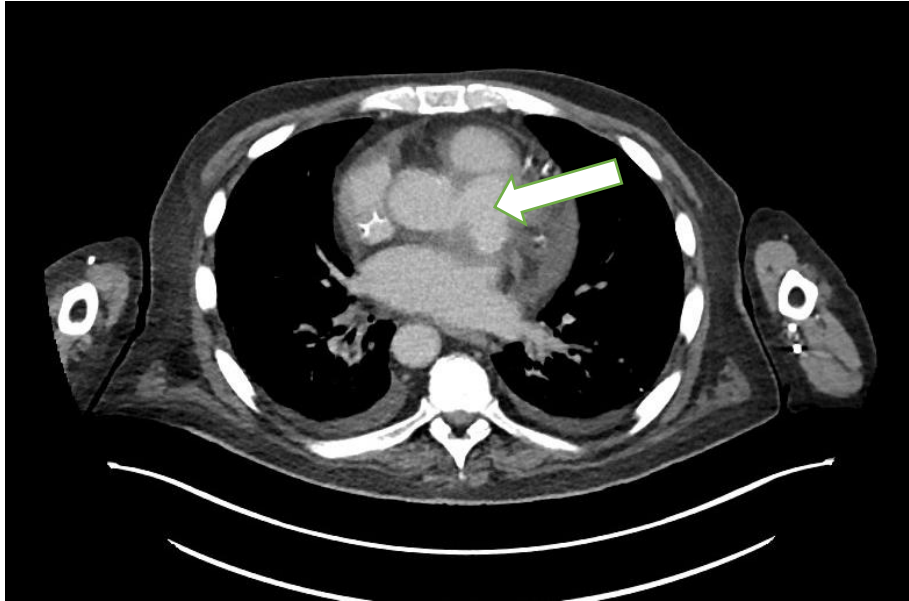
What about the black hole ?

Transoesophageal echocardiography

- Inflammation in the aortic wall
- Thickening of aortic leaflets with moderate aortic stenosis
- Formation of a crypt (➡) in close proximity to the left main
- Patent Megatron© stent in left main on color doppler



Ascending aorta pseudo-aneurysm ↓



Compression of the left main between the pseudoaneurysm and the arteria pulmonalis. Megatron® stent in left main.



Native aortic valve bacterial endocarditis

Infective aorta ascendens pseudoaneurysm

Distal left main stenosis

- Vasculitis
- Extrinsic compression
- Pre-existing coronary disease

Given the hematologic comorbidity the heart team and hematology staff opted for a **conservative, non surgical approach** was

Out patient antibiotic therapy was started with **Vancomycin**

4 weeks later the patient was hospitalised with a Klebsiella Pneumoniae sepsis which resulted in **multi organ failure and death**

Haemoculture	Staphylococcus Capitis
Oxacillin	R
Ampicillin	R
Amoxicillin / Clavulanic	R
Piperacillin / Tazobactam	R
Cefazolin	R
Cefuroxim	R
Cefepim	R
Ceftazidim	R
ceftriaxon	R
Meropenem	R
Erythromycin	R
Clindamycin	R
Levofloxacin	R
Gentamycin	S
Vancomycin	S
Linezolid	S