

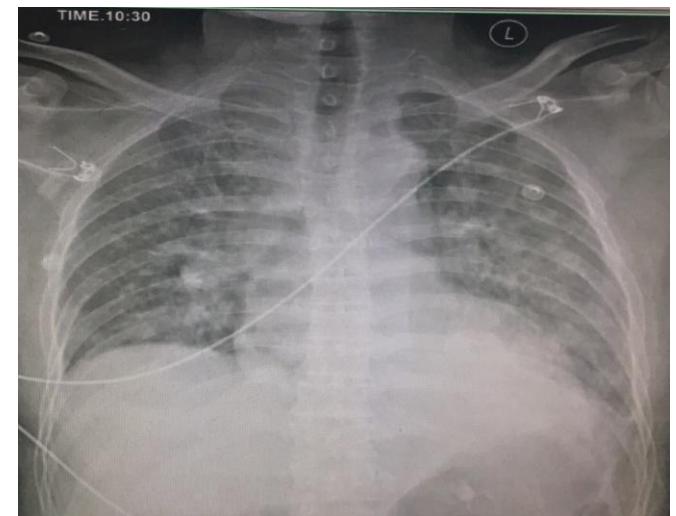
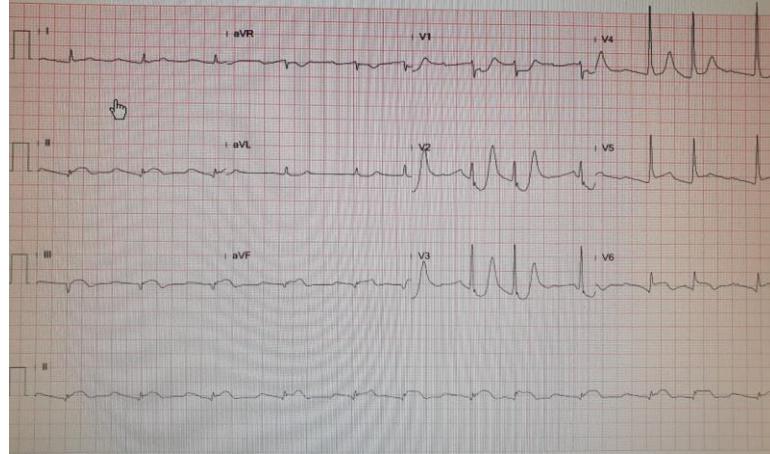


# Double culprits STEMI Stenting might not be the answer

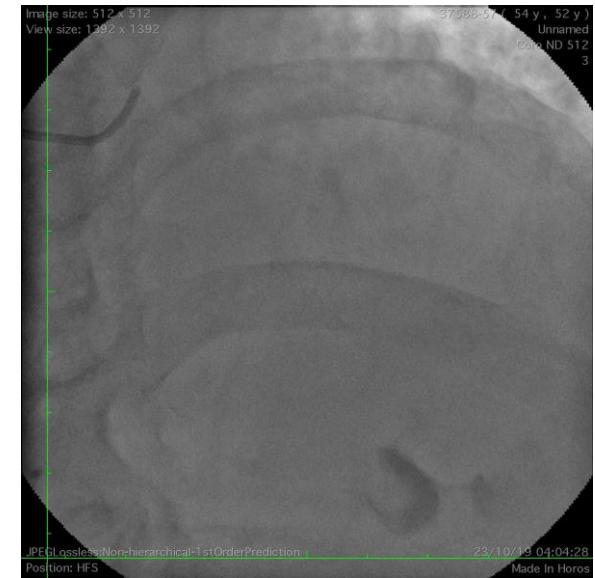
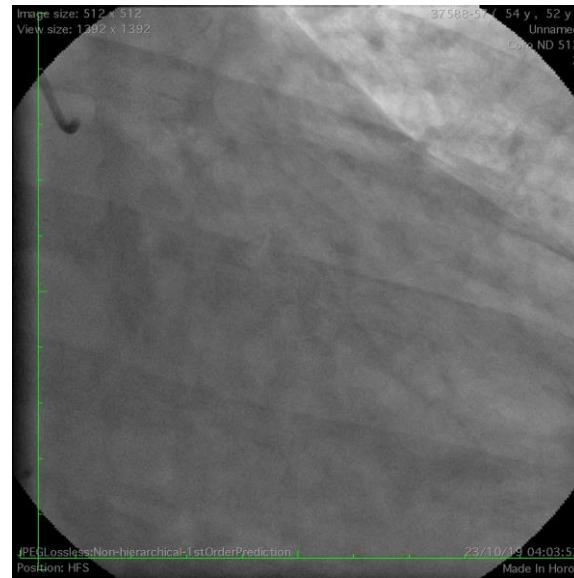
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- A 52 years old man presented with persistent chest pain for 2 days.
- His vital signs were stable.
- His electrocardiogram (ECG) showed STEMI at inferior and posterior leads.
- His chest x-ray showed diffusely haziness in both lungs.
- We diagnosed late STEMI infero-posterior wall with persistent chest pain and heart failure.
- He was set for primary PCI.

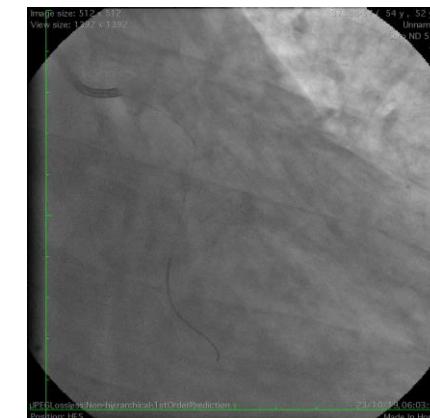
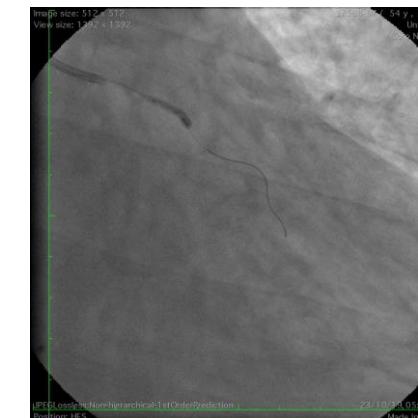
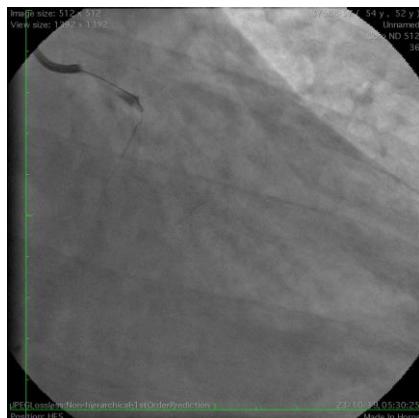
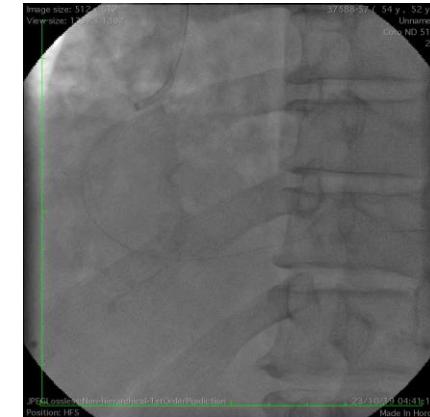
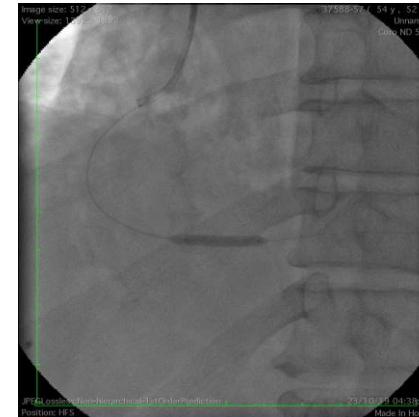
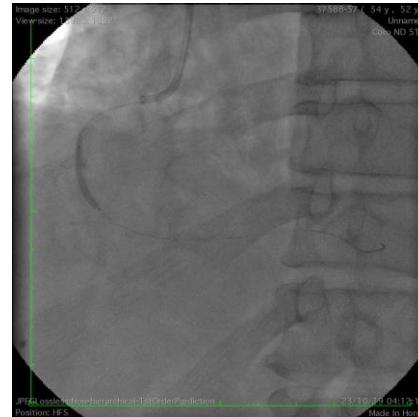
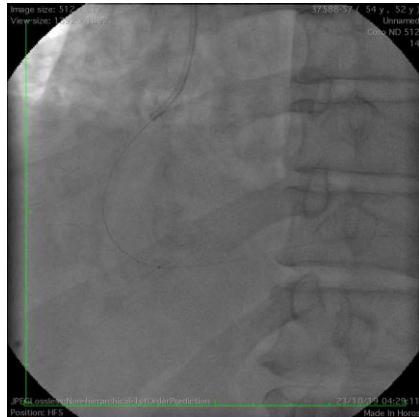


# 1st angiogram



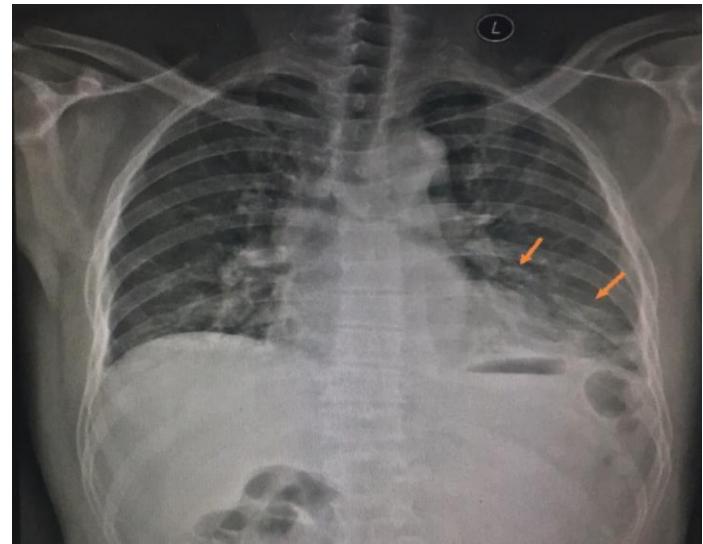
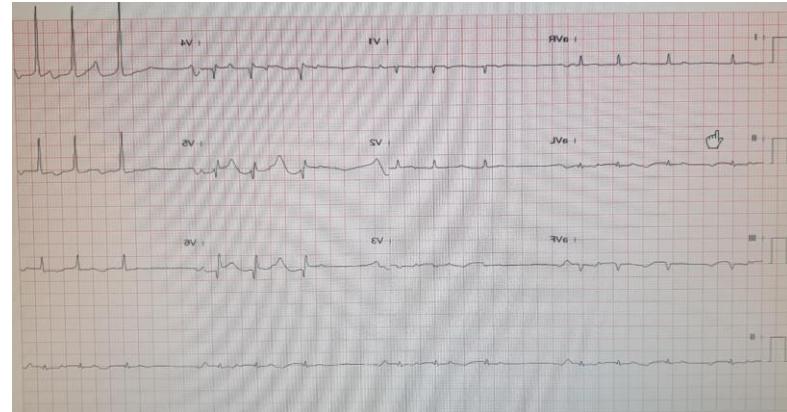
- Thrombus occluded in proximal right coronary artery (RCA) and left circumflex artery (LCX)
- Critical stenosis on proximal left anterior descending artery (LAD)

We performed PCI with balloon and thrombus aspiration in both RCA and LCX

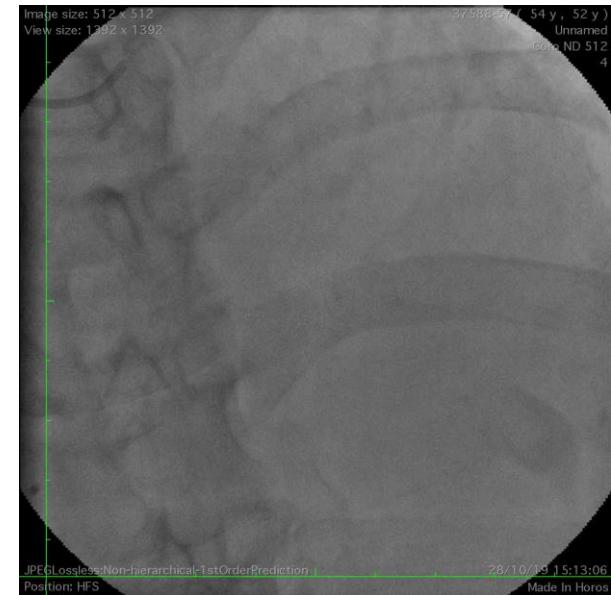
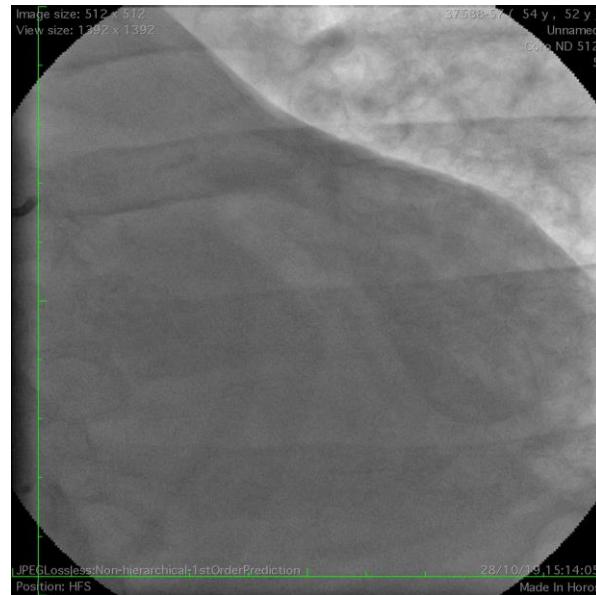


We got TIMI 1 in both RCA and LCX but still large amount of thrombus.  
We decided not to stent and gave anticoagulant

- After primary PCI, he had no chest pain and his vital signs were quite stable.
- His ECG showed resolution on inferior leads.
- His CK-MB level was going down (436 to 42 ng/ml)
- After diuretic treatment, his chest x-ray showed left lung pneumonia and pleural effusion.
- We decided to give him an anticoagulant and antibiotics then repeat angiogram after pneumonia was improved.

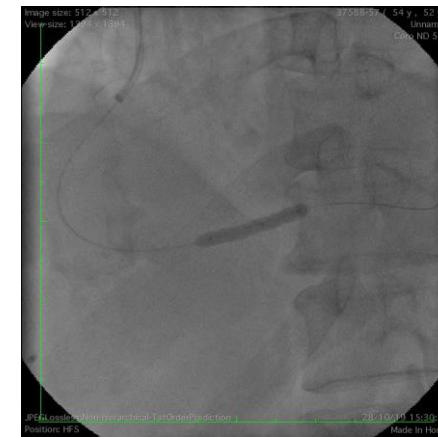
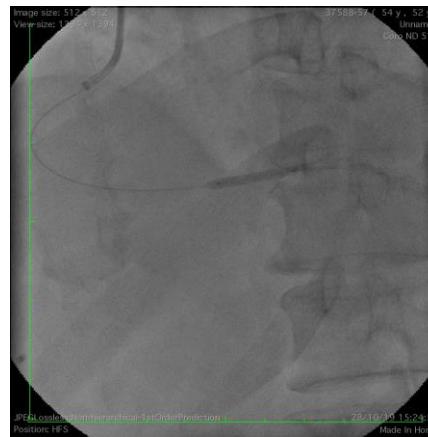
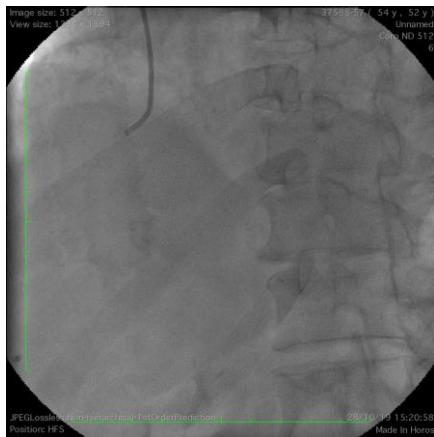


## 2nd angiogram: 5 days later



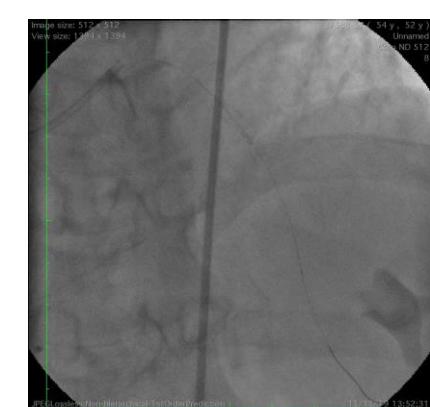
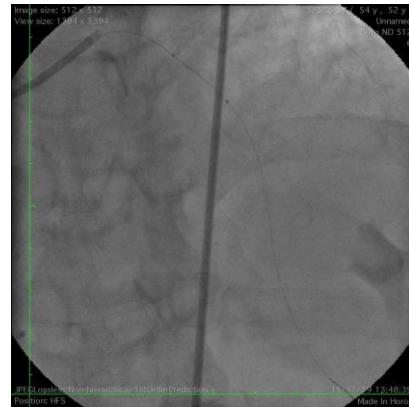
- Still some thrombus and skip stenosis lesions on RCA and LCX
- Critical stenosis on proximal LAD

## 2<sup>nd</sup> PCI at RCA



We performed PCI at distal RCA with 2 stents. Gave him triple therapy. Then scheduled to PCI on LCX and LAD in the next 2 weeks.

# 3<sup>rd</sup> PCI at LAD and LCX

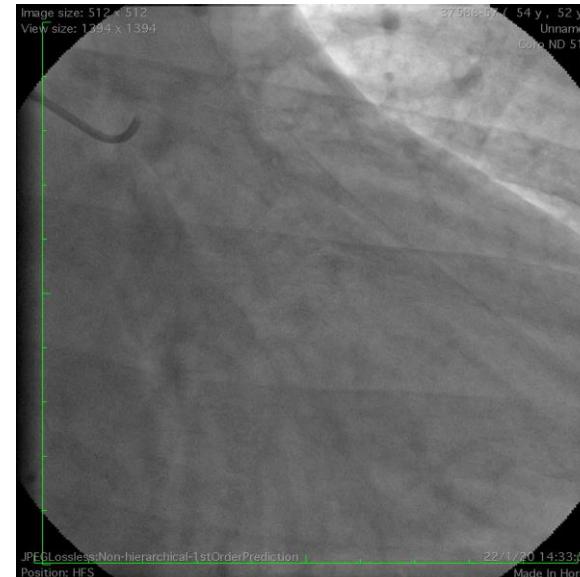
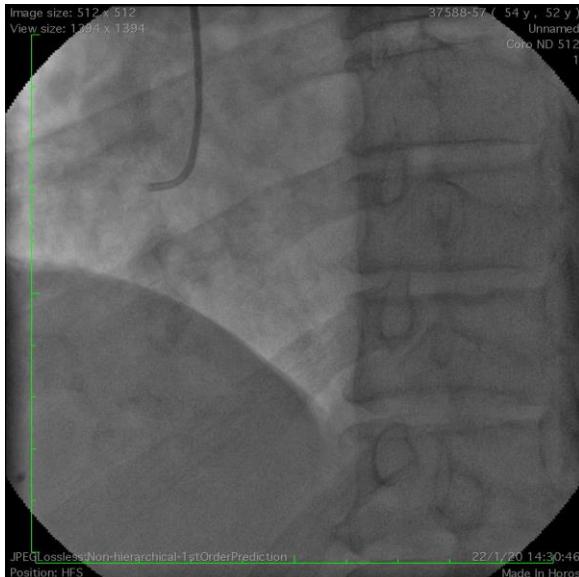


PCI at LAD with 1 DES



PCI at LCX with 1 DES

# Coronary angiogram 3 months after PCI



- Patient is fine and back to work normally.
- We decided to stop warfarin, gave him DAPT and other drugs.

- Double culprit lesion is rare.
- Other factors beyond cardiovascular risks can affect the progression of coronary artery disease.
- In the most cases reported, they treated both culprits in the same procedure.
- Defer stent strategy might be helpful in a large thrombus burden situation.
- Tailored therapy might need instead of strict to the guideline.