2021 euro PCR

Worse than that it can't happen

Dr. Pascalau Laurentiu

Disclosures- Nothing to declare

History

61-year old man

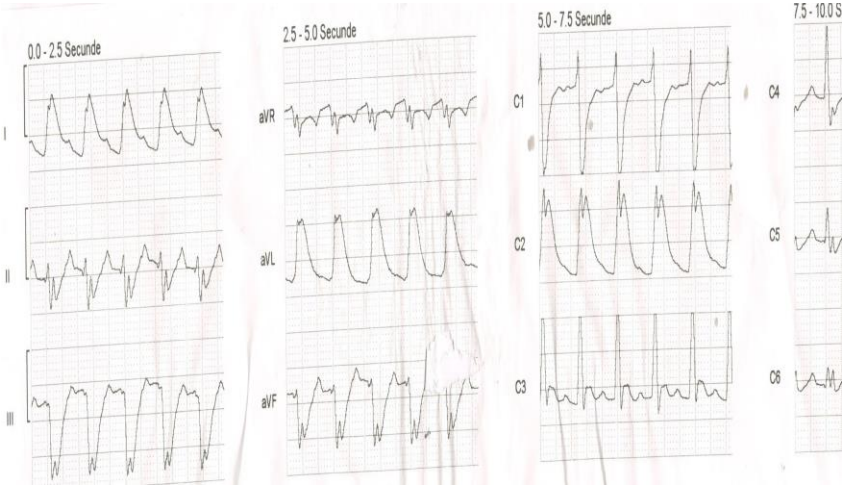
Known with coronary triple-vessel disease, with prior CABG (LIMA –LAD, SVG on first OM and PDA) 2008

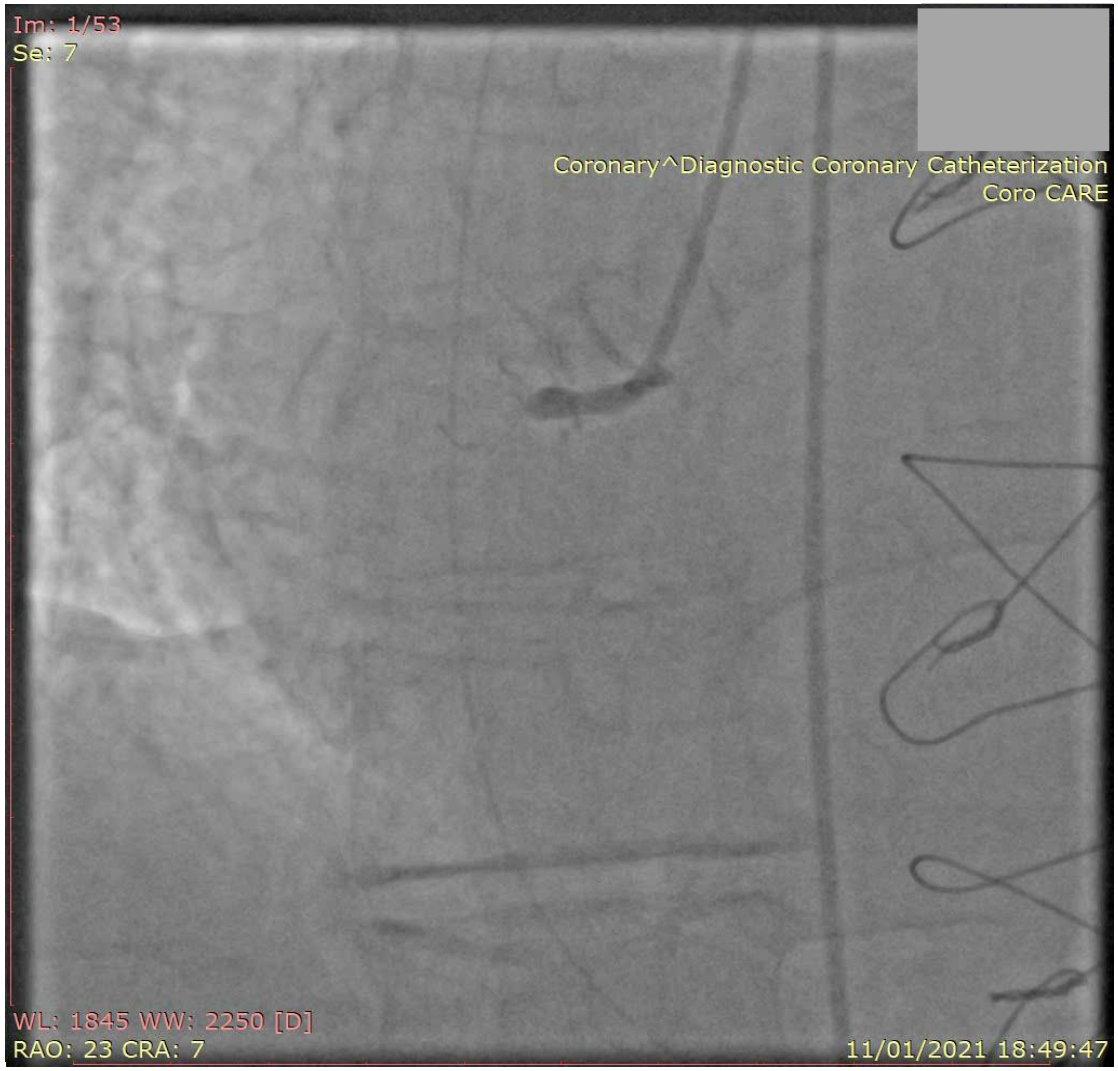
Suddenly he developed a cardiac arrest at work, was resuscitated 10 minutes, and received 5 external electric shock

Cardiovascular risk factors: former smoker, HTN, dyslipidemia, tip 2 DM

ST elevation on antero-lateral leads

30% ejection fraction, with postero-inferior wall akinesia

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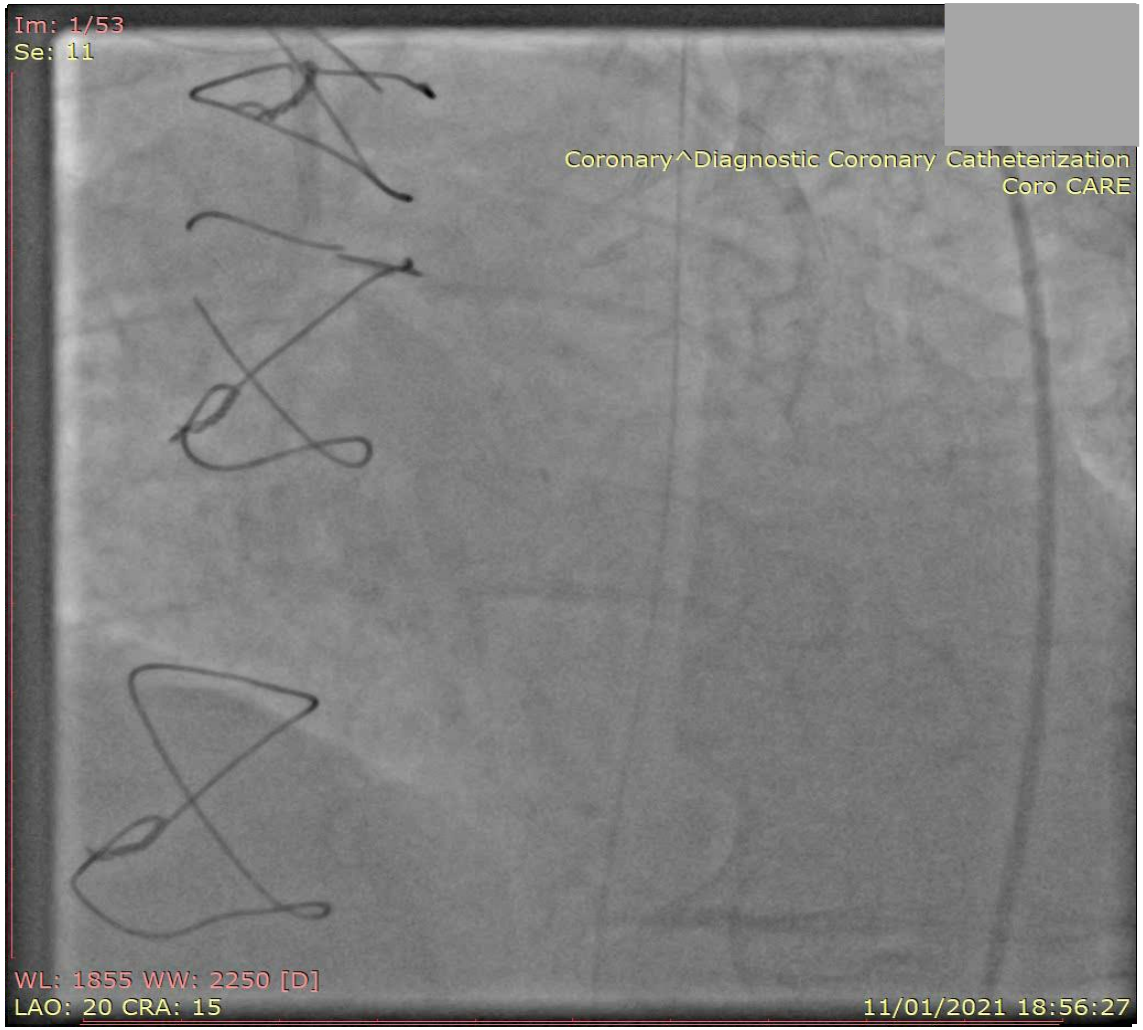
Se: 7
Coronary^Diagnostic Coronary Catheterization
Coro CARE
WL: 1845 WW: 2250 [D]
RAO: 23 CRA: 7
11/01/2021 18:49:47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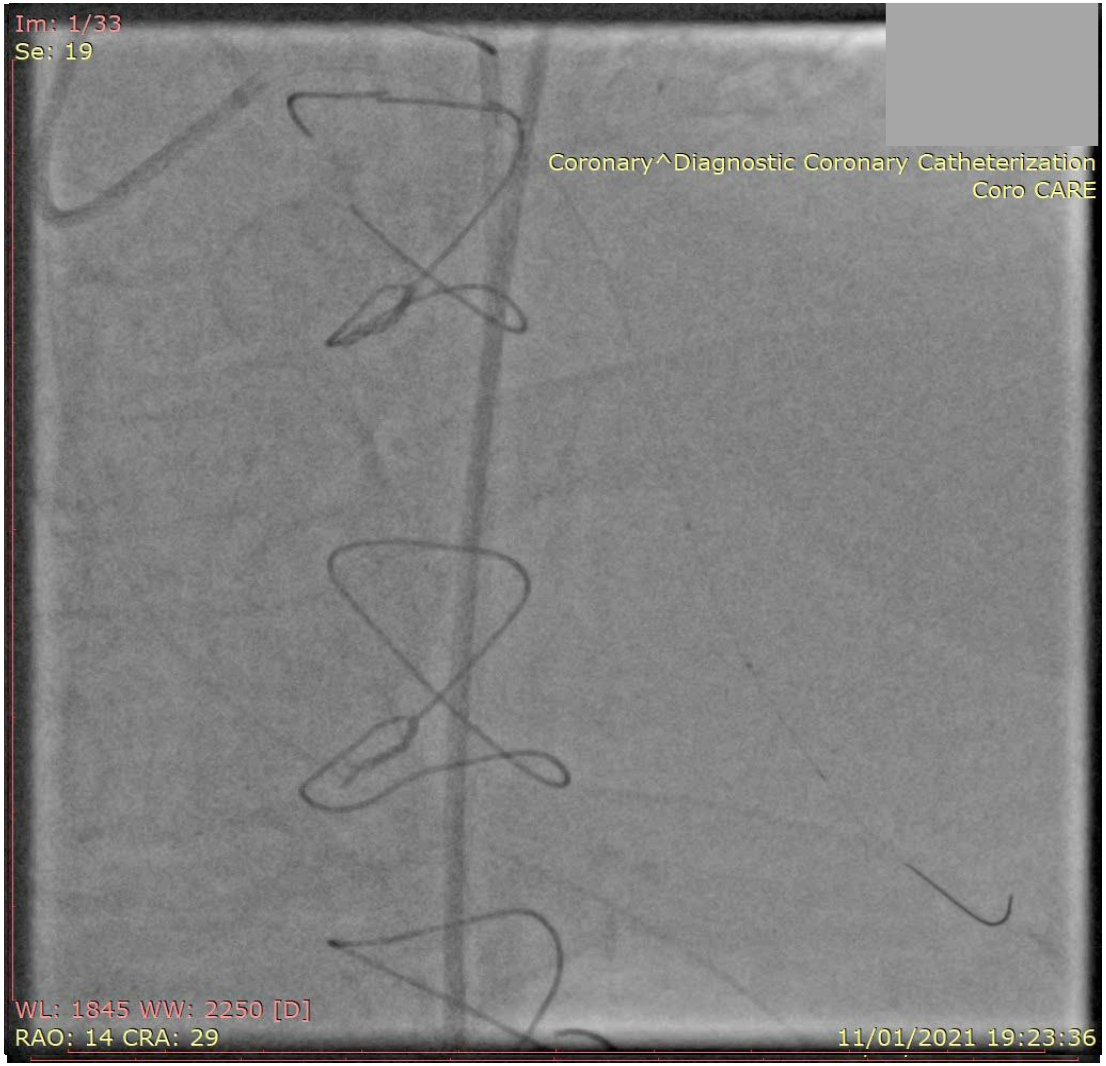
Se: 11
Coronary^Diagnostic Coronary Catheterization
Coro CARE
WL: 1855 WW: 2250 [D]
LAO: 20 CRA: 15
11/01/2021 18:56:27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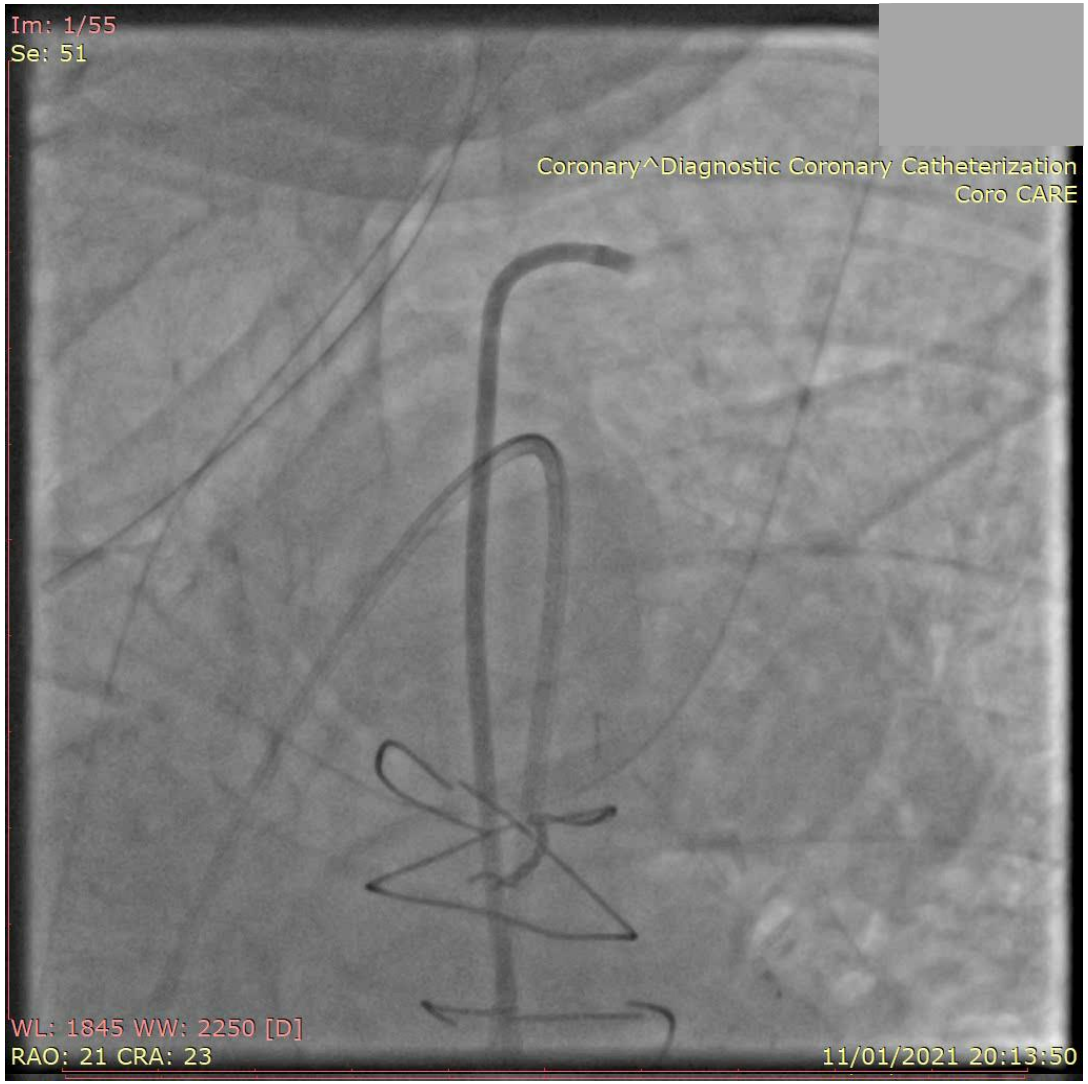
Coronary^Diagnostic Coronary Catheterization
Coro CARE
WL: 1845 WW: 2250 [D]
RAO: 14 CRA: 29
11/01/2021 19:23:36


Im: 1/39
Se: 33
Coronary^Diagnostic Coronary Catheterization
Coro CARE
WL: 1845 WW: 2250 [D]
LAO: 28 CAU: 25
11/01/2021 19:48:26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Coro CARE
WL: 1845 WW: 2250 [D]
RAO: 21 CRA: 23
11/01/2021 20:13:50

Conclusion

Occlusion of the LIMA can happen after crossing a guidewire in the distal vessel

Working on the native vessel, and viewing form the LIMA can be a solution

Coronary perforation can be a real problem in a prior CABG patient

Hairpin tehnique for engagement angulated vessels

Thank you!