



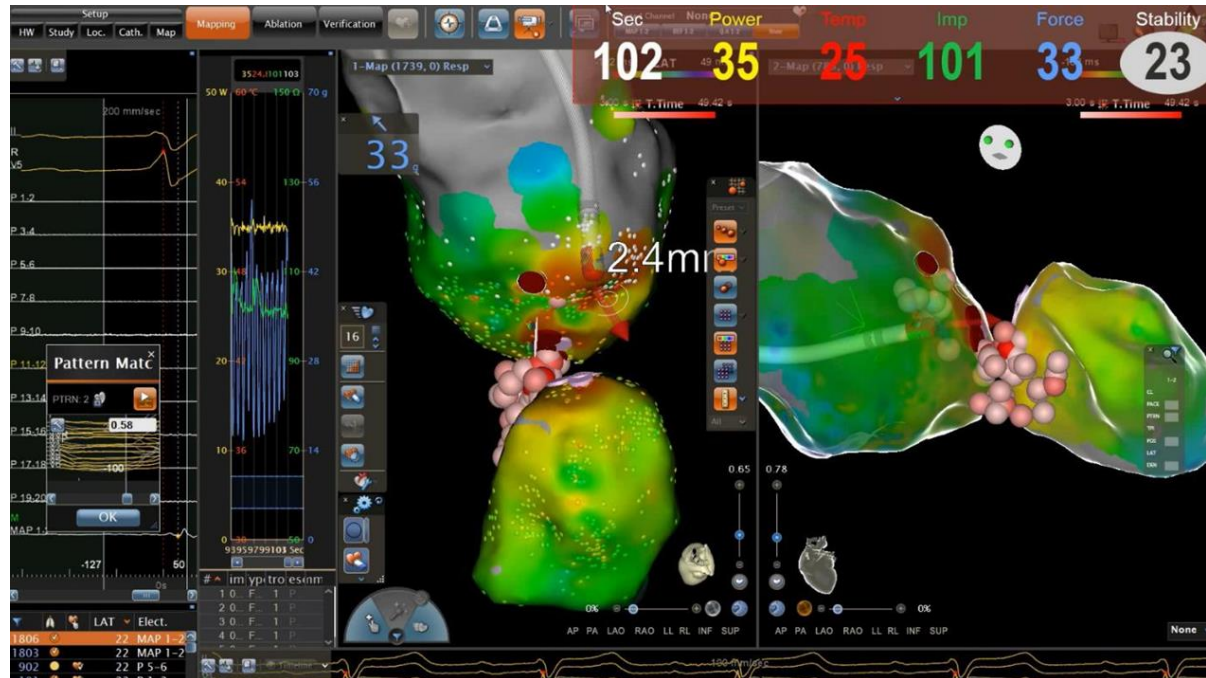
A “nightmare” acute coronary syndrome case in the ...EP Lab

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- Male, 71 y.o.
- Past Medical History: free
- **Present problem:**
 - **Frequent symptomatic PVCs** (PVCs burden >20%, occasionally persistent ventricular bigeminy)
 - **PVC morphology:**
 - (+) II, III, aVF → inferior axis
 - LBBB in V1 and transition in V3
 - **Left ventricular outflow track origin**
- **Further investigation and management:**
 - **Cardiac echo:** Normal
 - **Ischemia excluded** (MPI negative)
 - **Failure to control with b-blockers + IC antiarrhythmic drugs**
 - **Decision to proceed to EP study + ablation**



RF ablation at the region of aortomitral continuity



After delivering several lesions → PVCs were temporarily eradicated → recurrence of PVCs during waiting time, suggesting that the true origin was in an adjacent area → more lesions delivered at the adjacent region, the Aortomitral continuity but also at the lower aspect of the Left coronary cusp

- **High Contact force** which instantaneously exceeded even 40 grams
- **No dislodgement of the catheter to the Left main ostium**

The 'nightmare' begins....

➤ During the procedure the patient developed:

- Chest discomfort
- LBBB
- Hemodynamic instability

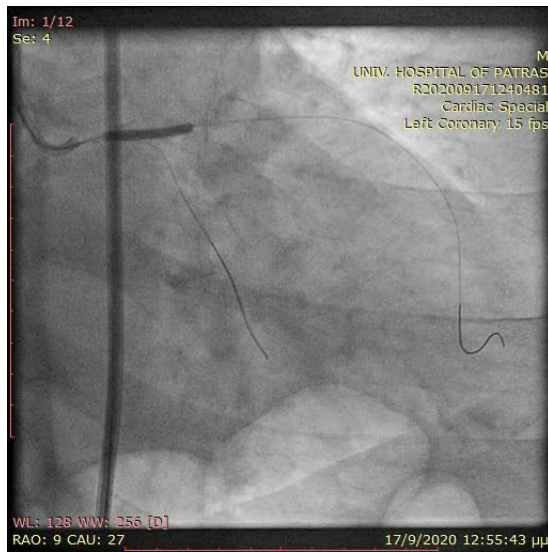
➤Emergent coronary angiography was performed...



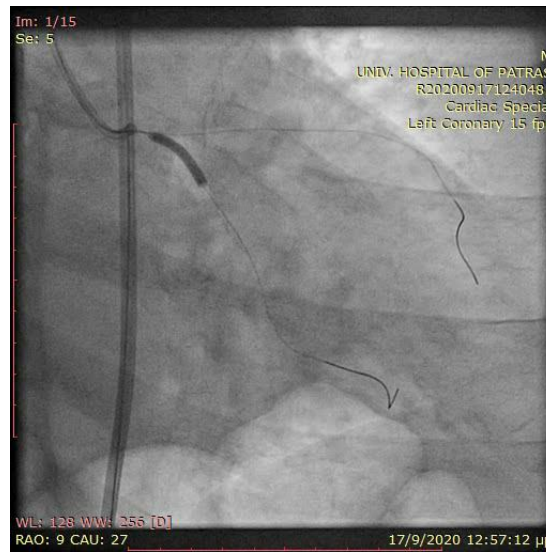
Total LAD ostial + Subtotal LCX ostial occlusion

PCI Procedure (1)

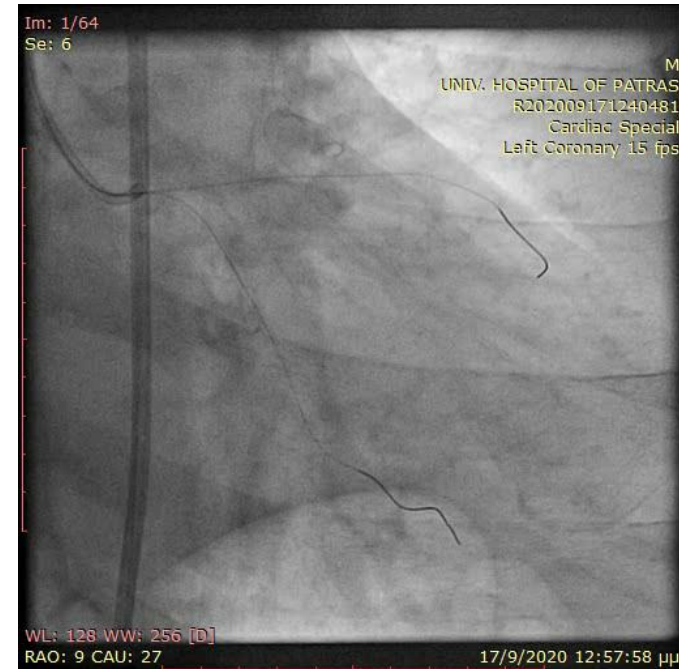
- An upfront two-stent bifurcation technique was decided (Mini crush)
- Access: 7Fr, right femoral artery



Balloon predilatation LM→LAD

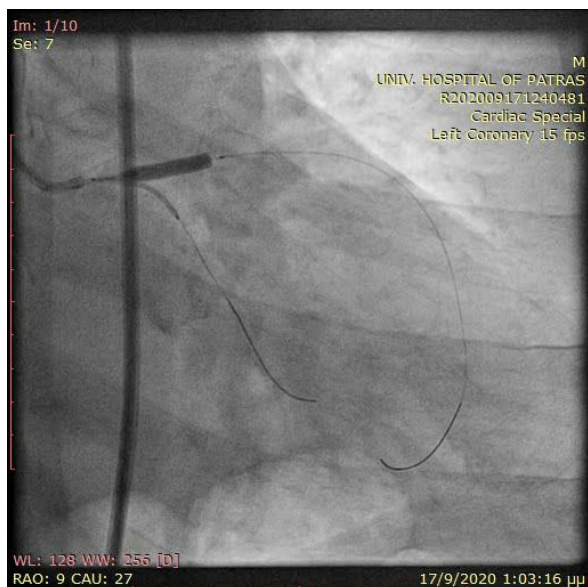


Balloon predilatation LM→LCX

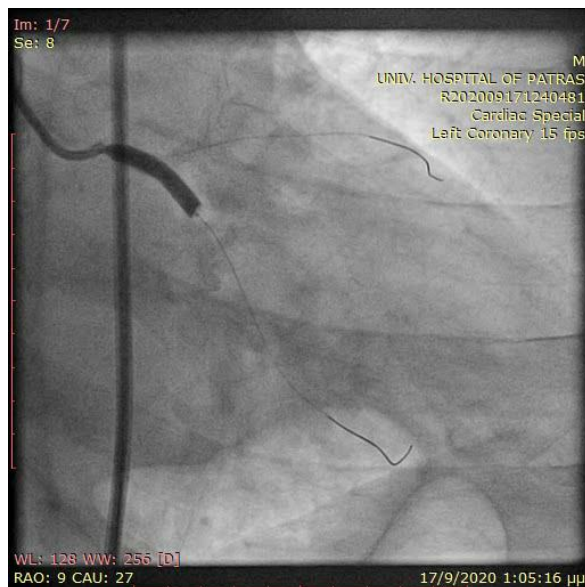


Angio post balloon predilatations

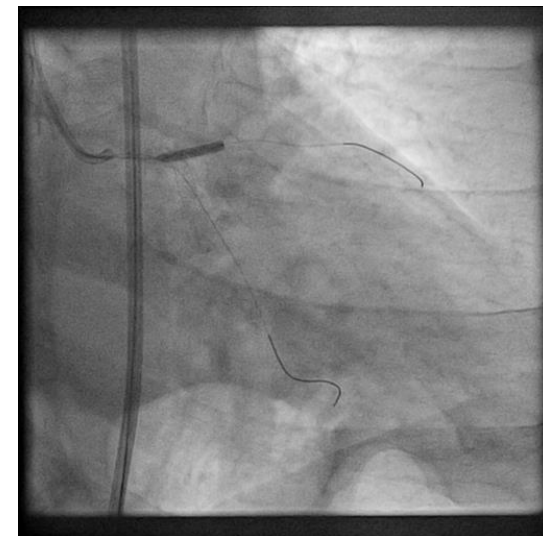
PCI Procedure (2)



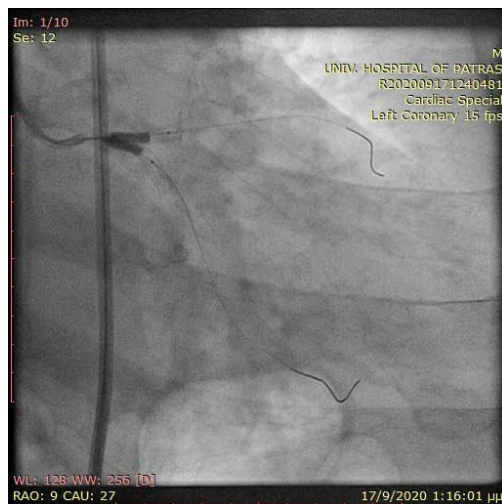
PCI LM→LAD (DES 3,5/18mm)



PCI LM→LCX (DES 4,0/24mm)



Struts' opening to LAD

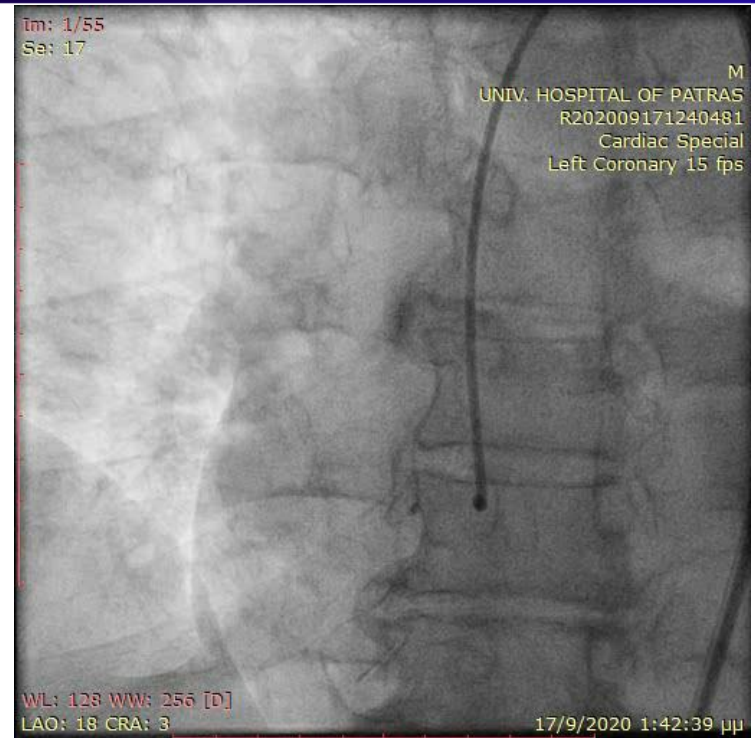
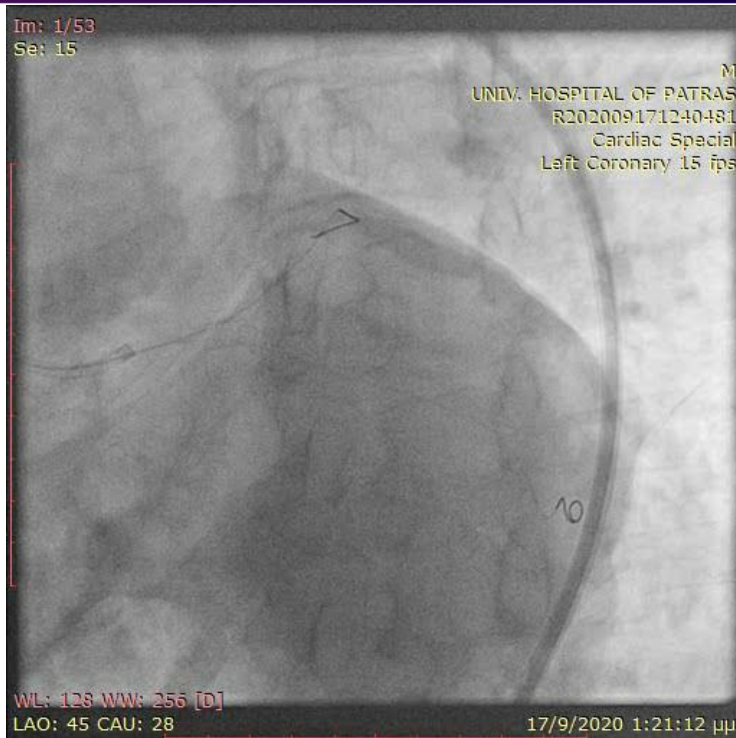


Kissing balloon inflation

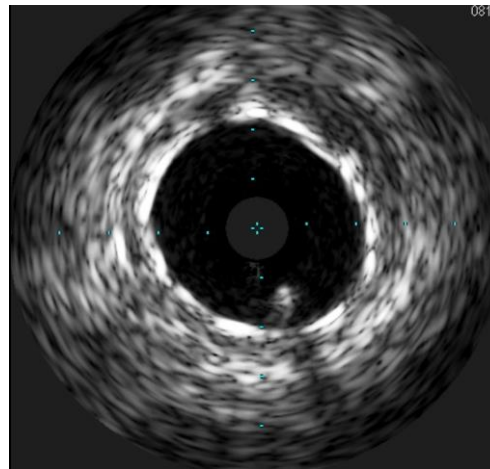


POT

Final Angio



IVUS was performed for stents' expansion and apposition assessment



- ✓ Patient asymptomatic after the procedure
- ✓ Hemodynamically stable
- ✓ Admitted to the CCU
- ✓ Discharged after 4 days
 - Asymptomatic
 - LVEF 60%
 - Tx: ASA 100mg, Ticagrelor 90mg b.i.d., Rosuvastatin 40mg, Metoprolol 50mg b.i.d.
- ✓ PVCs still present

- ✓ Our assumption is that **the high contact force of the ablation catheter caused damage to the distal left main artery due to conductive heating without direct engagement of the left main ostium.**
- ✓ Long sheath use provides stability but also makes the catheter stiffer → contact force may easily exceed normal values → **It is critical to maintain contact force within safe values (ie below 20 grams).**
- ✓ Support from Cath Lab and collaboration is invaluable.