



# Leave no calcium uncracked

Acute coronary syndrome and cardiogenic shock in a patient with severe aortic stenosis and triple vessel disease

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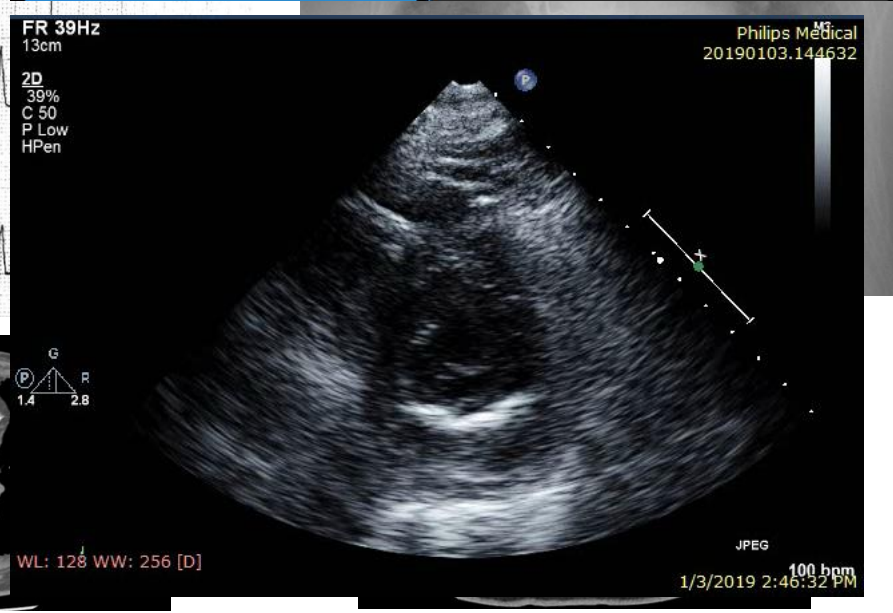
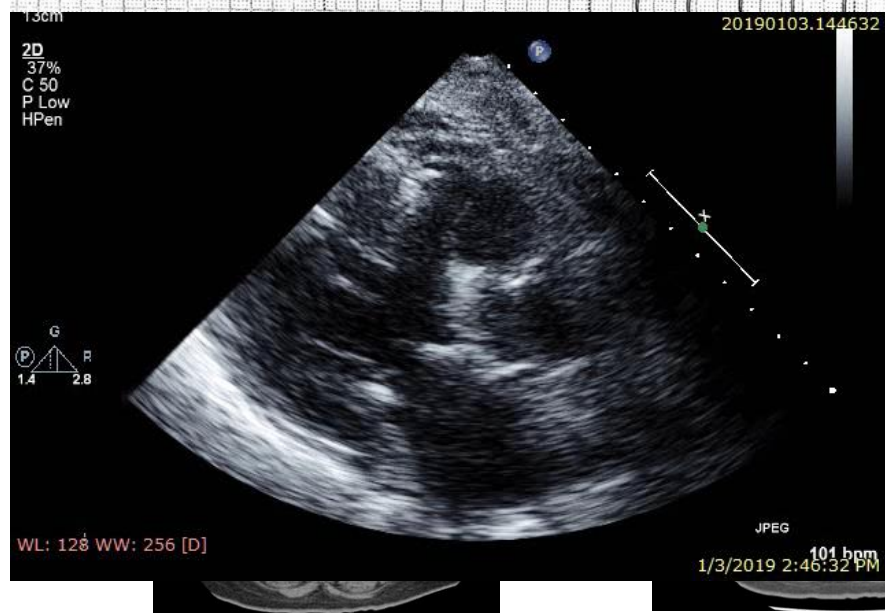
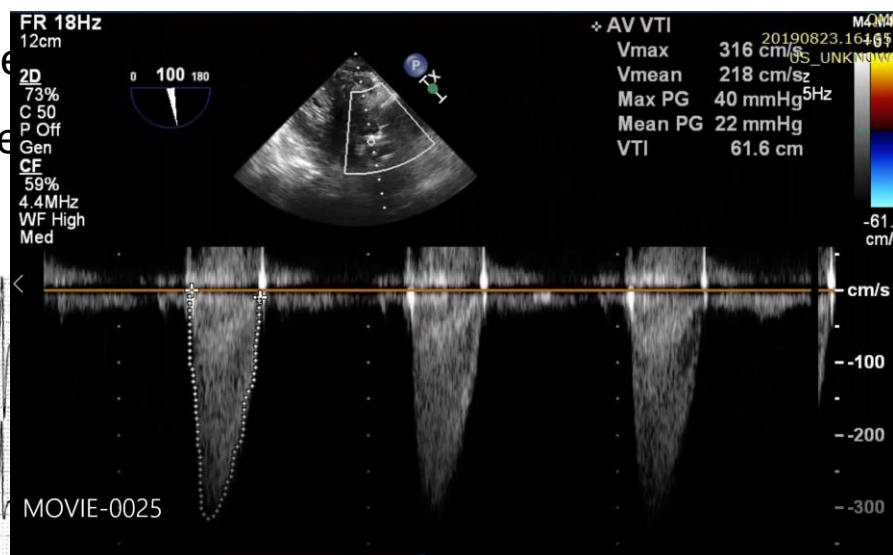
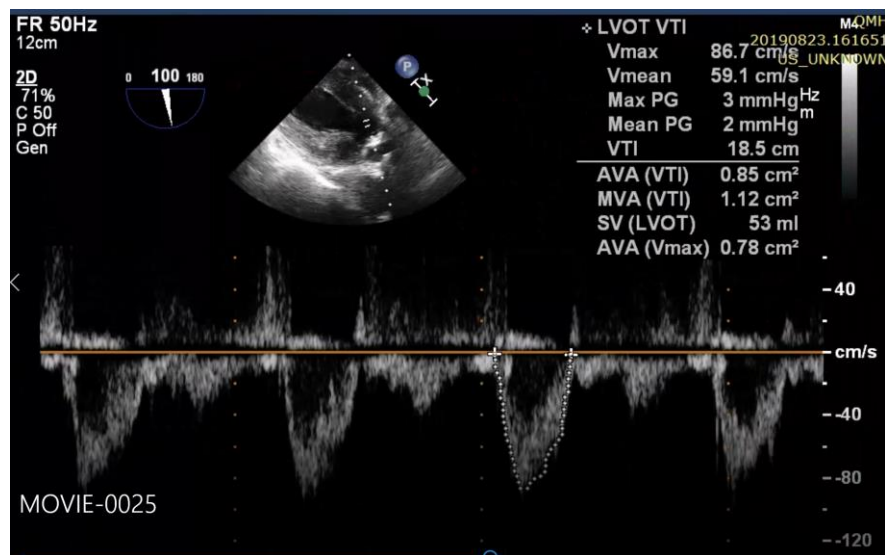


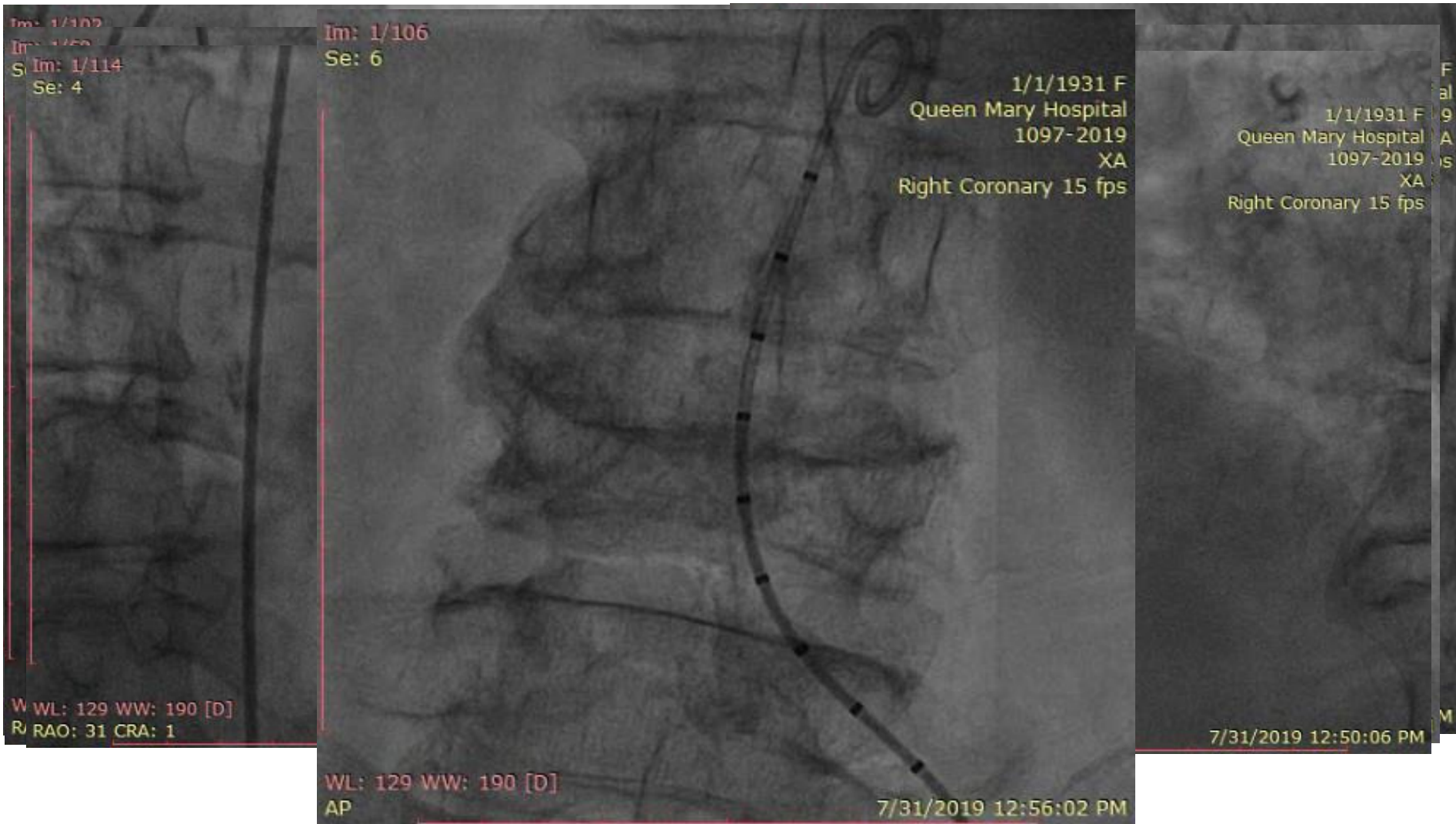
**HKU  
Med**

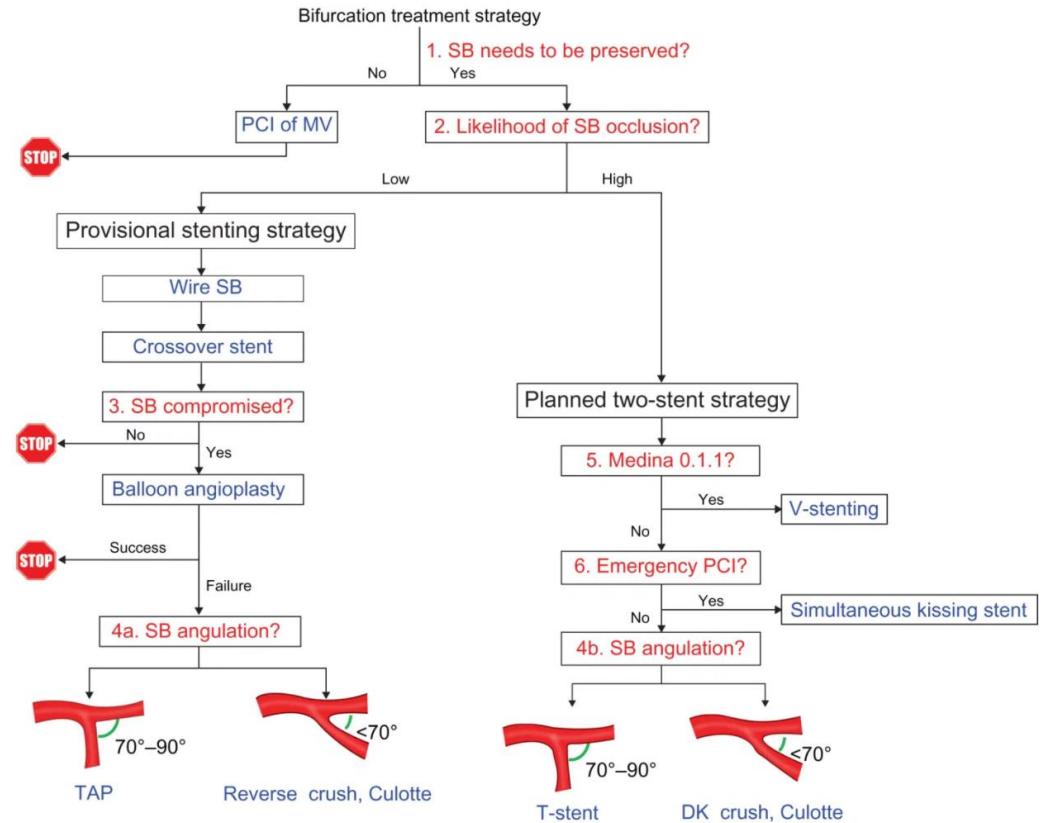
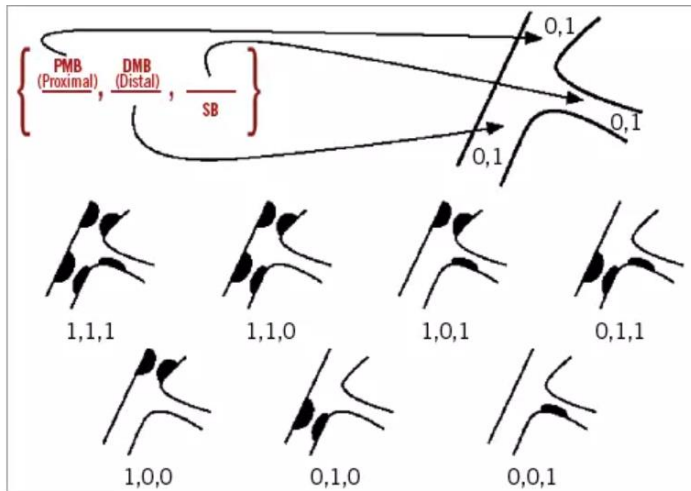
LKS Faculty of Medicine  
Department of Medicine  
香港大學內科學系



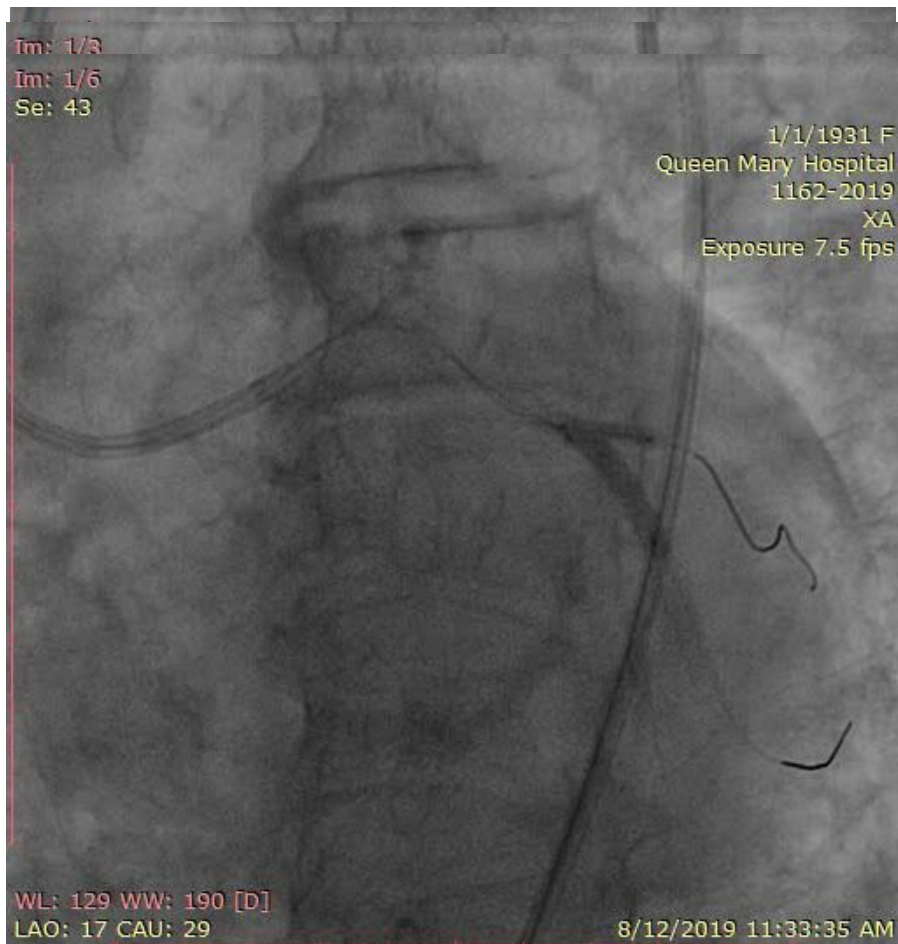
瑪麗醫院  
Queen Mary Hospital







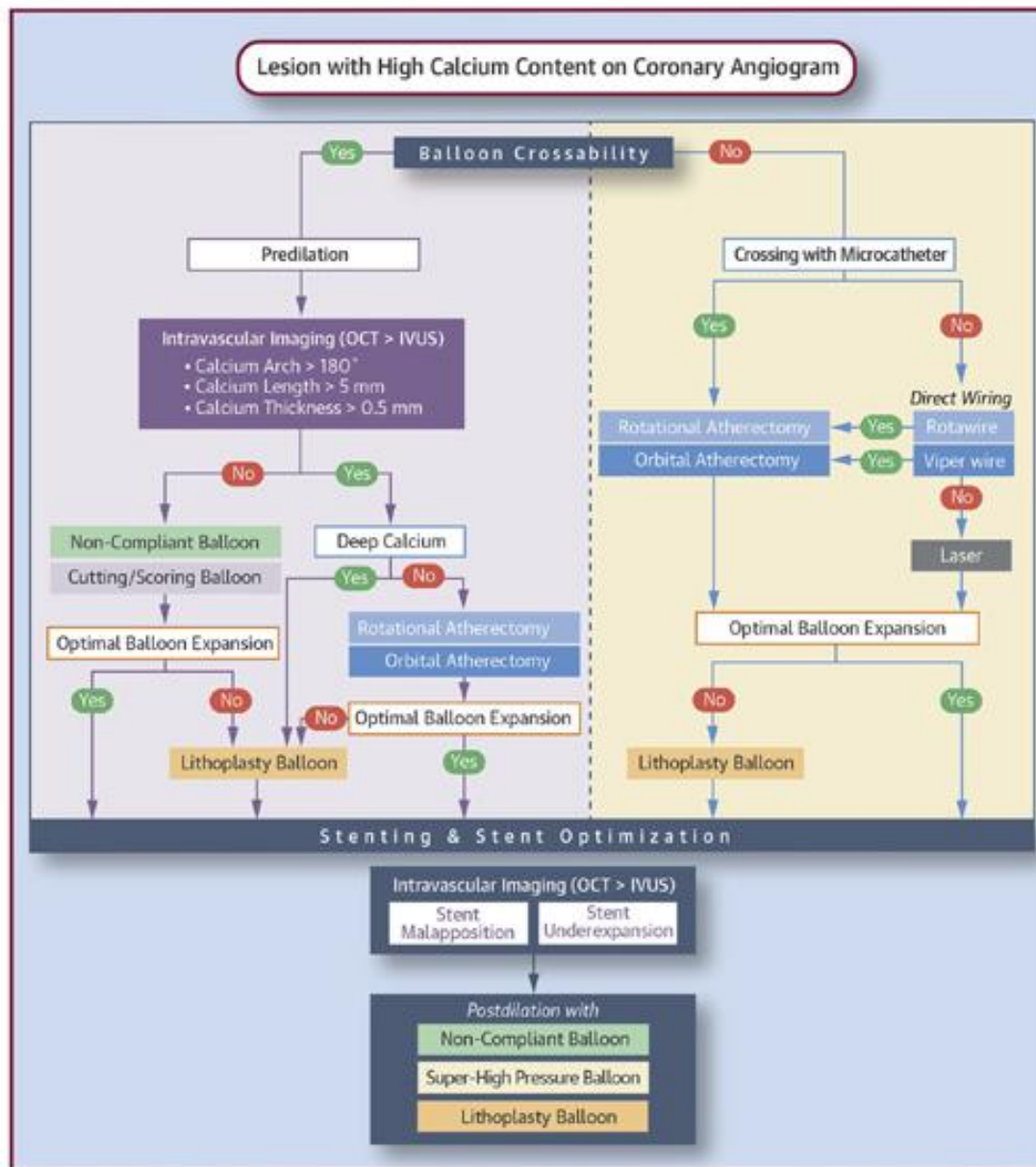




LFA 7Fr  
PCI to LCx  
7Fr EBU 3.5 as guiding, runthrough HC and SION blue as GW to LCx and OM  
LCx dilated with NC 2.0 and IVUS done  
LCx dilated with NC scoreflex  
OM POBA with NC 2.0  
LCx dilated with Synergy 2.5/38, OM rewired  
LCx post dilate NC 3.0 at 18 atm  
KBI LCX/OM NC 3.0/2.0  
IVUS showed good results

# CENTRAL ILLUSTRATION: Algorithm for Optimal Management of Coronary Calcified Lesions

LAD



Im: 1/37  
Se: 11

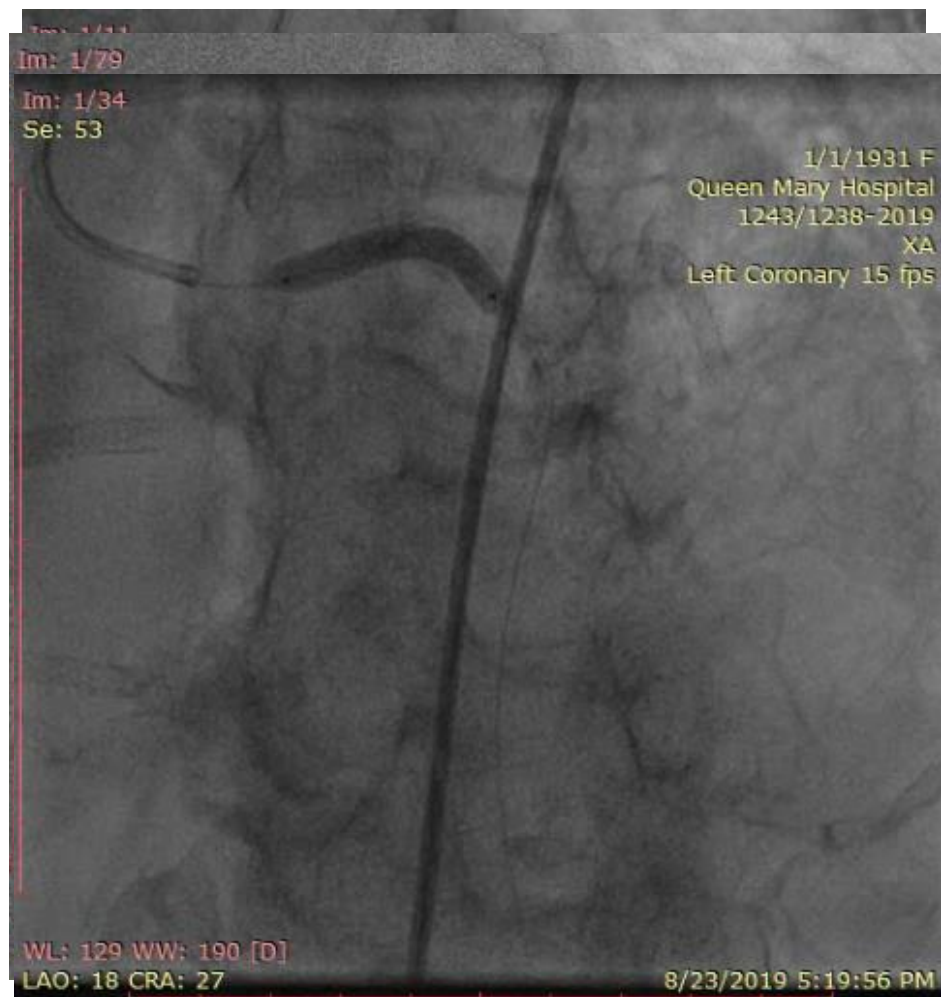
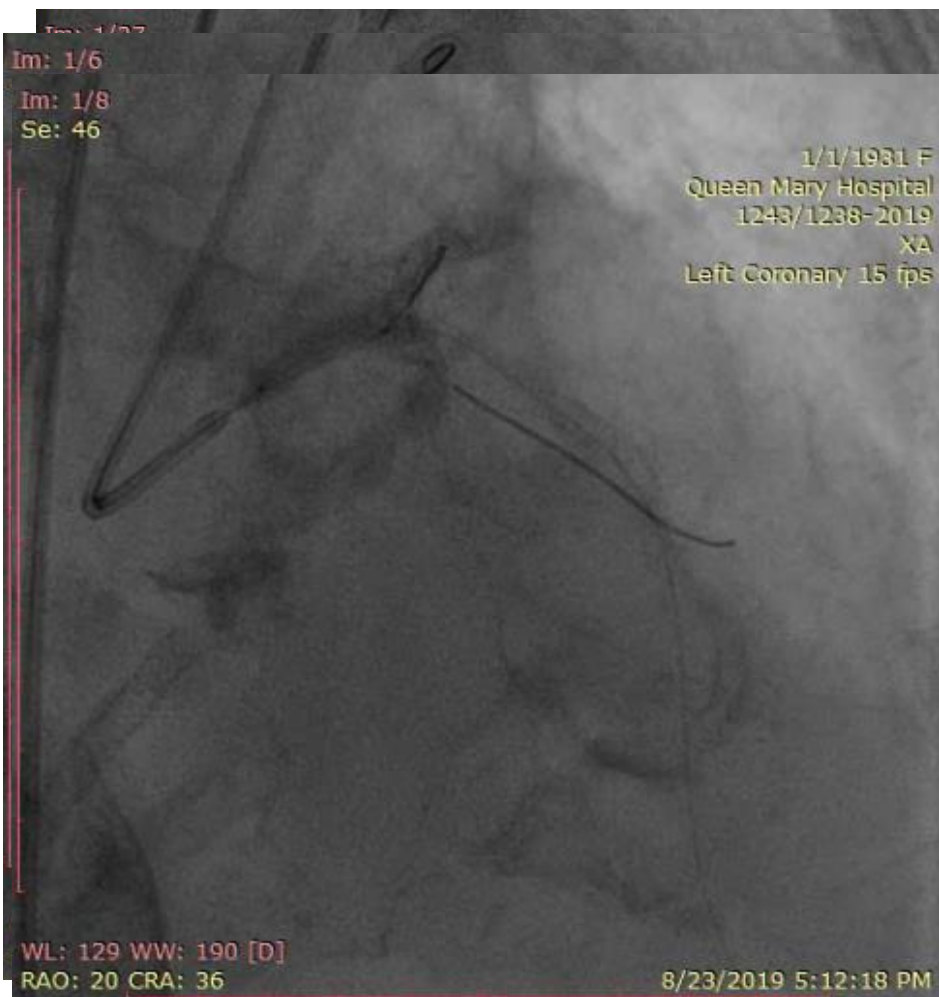
WL: 129 WW: 190 [D]  
RAO: 22 CRA: 34

1955 F  
QMH  
620190823

RUN1-IVUS  
N1;LAD;Pre

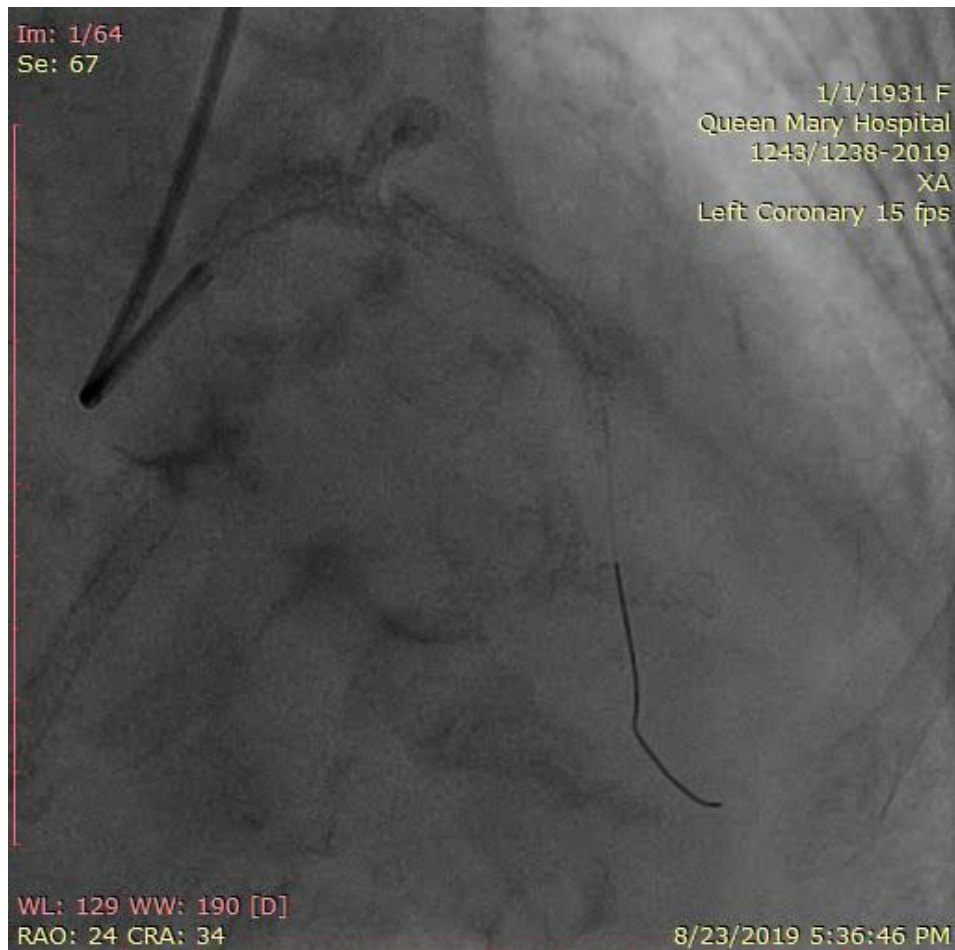
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reflex 2.0/15, pLAD  
LAD stent 3.0/33  
allon, stent with



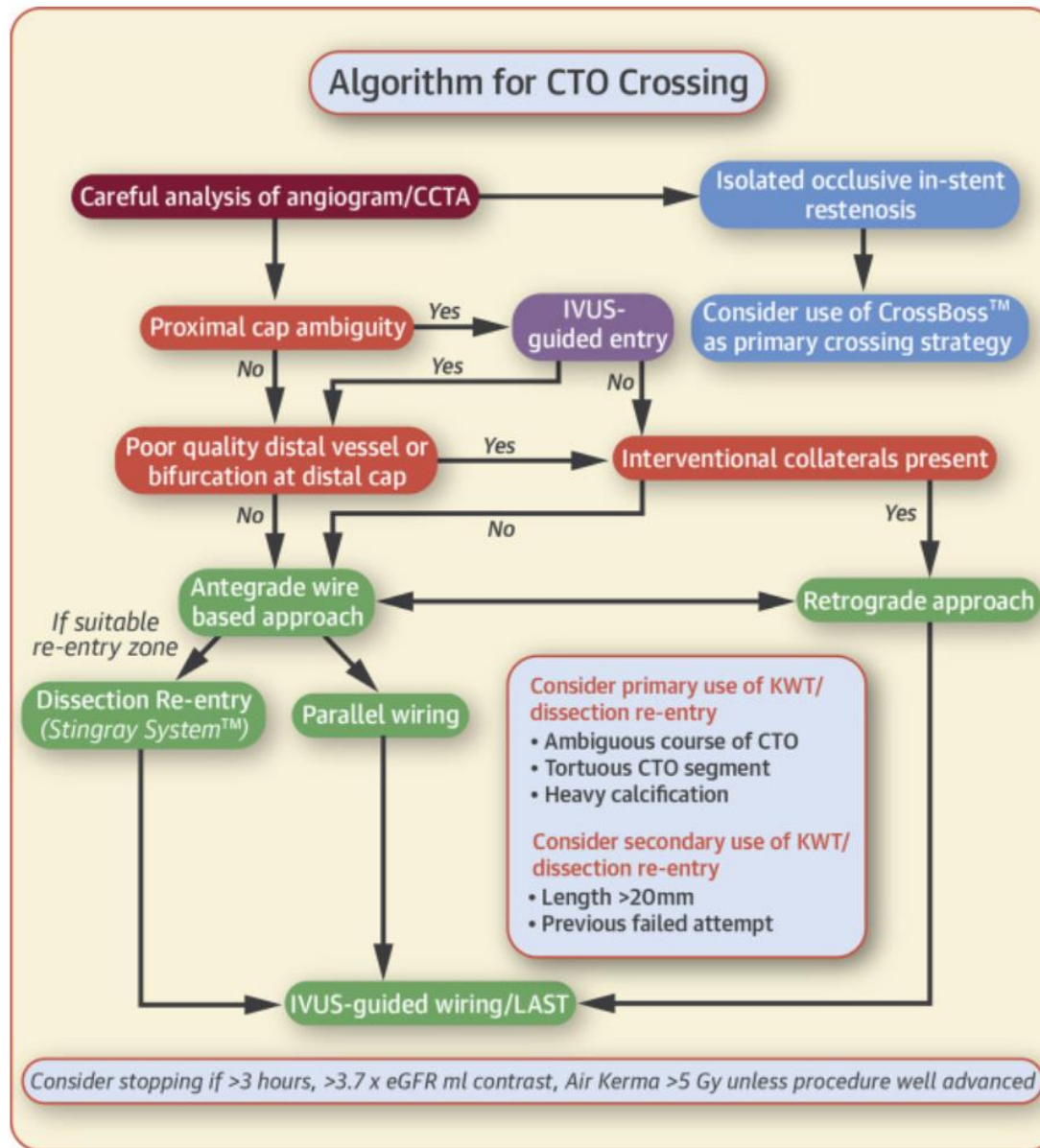
6Fr XB LAD 3.5, Terumo RT HC.  
mLAD and ruptured plaque in LM burden++. mLAD predilate with NC scoreflex 2.0/15, pLAD 3.5/10 scoring balloon.  
Shockwave lithotripsy balloon 2.5/12 at mLAD for 3 cycles. 46 pulses p-mLAD stent 3.0/33 DES, postdilate with 3.0/15 NC balloon. LM/LAD predilate with 4.0/15 balloon, stent with 4.0/28 DES, postdilate with NC 5.0/12 balloon..





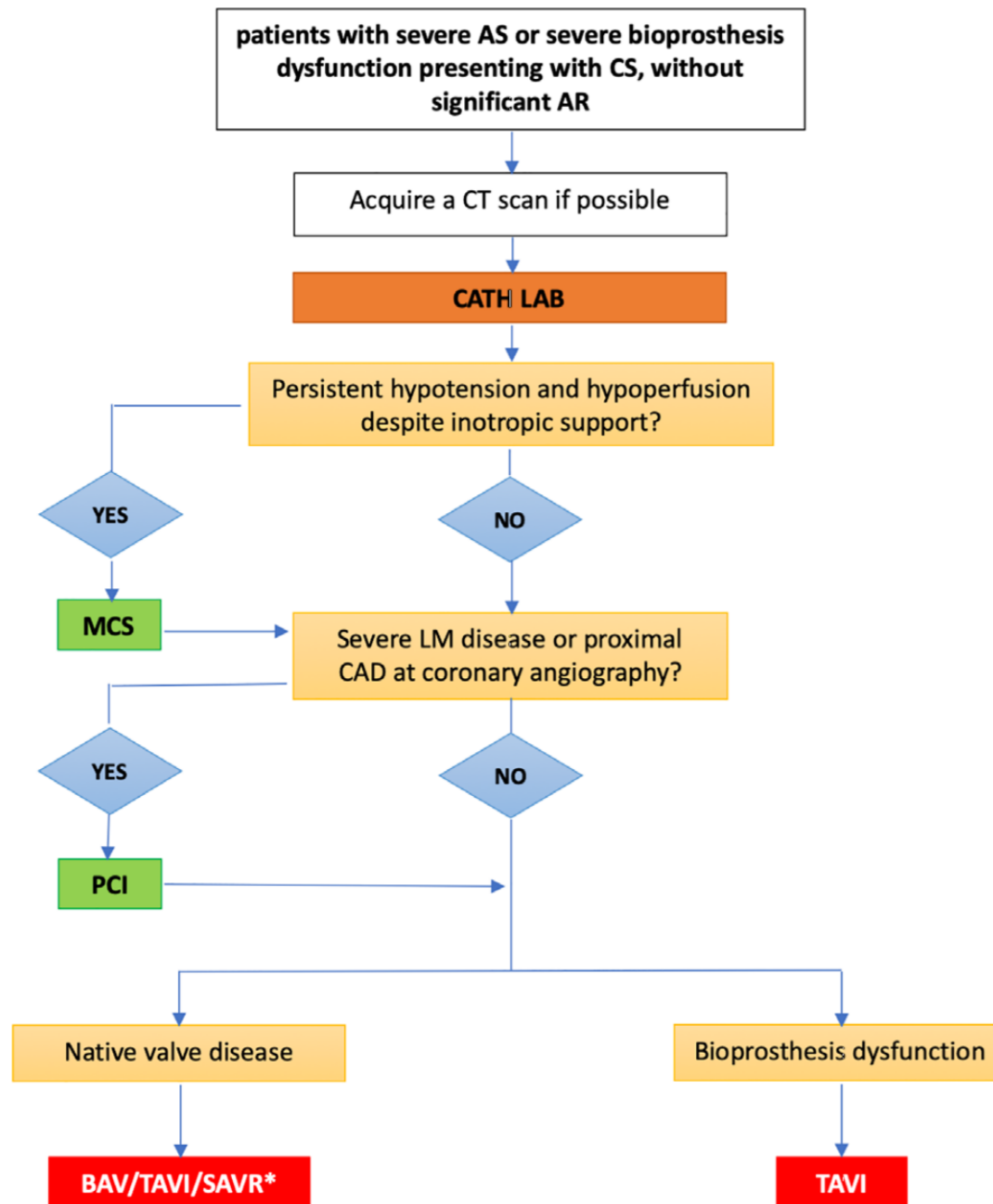
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Harding SA, Wu EB, Lo S, Lim ST, Ge L, Chen J-Y, et al. A New Algorithm for Crossing Chronic Total Occlusions From the Asia Pacific Chronic Total Occlusion Club. JACC: Cardiovascular Interventions. 2017;10(21):2135-43.

7Fr JR4. Corsair pro MC antegrade wire Fielder XTA entered subintimal space. Parallel wiring with Gaia 2nd on Caraval MC entered true lumen. Switched to Sion Blue. predilate with 2.0 balloon, Stent with 3.0/28, 3.5/29, 4.0/32 DES. Postdilate with NC 3.5 at 20atm and NC 2.0 at 16atm. IVUS result good.



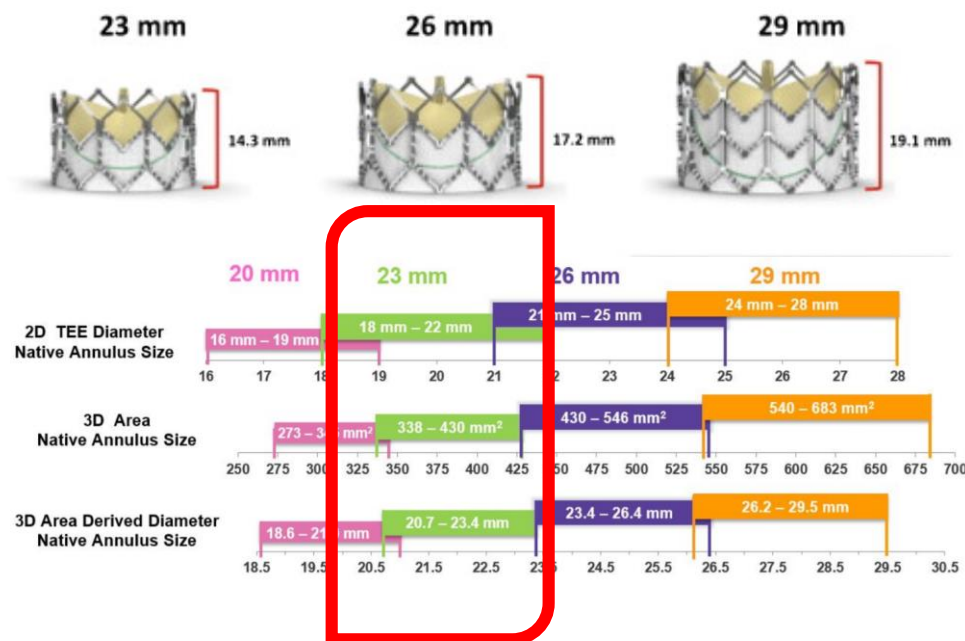
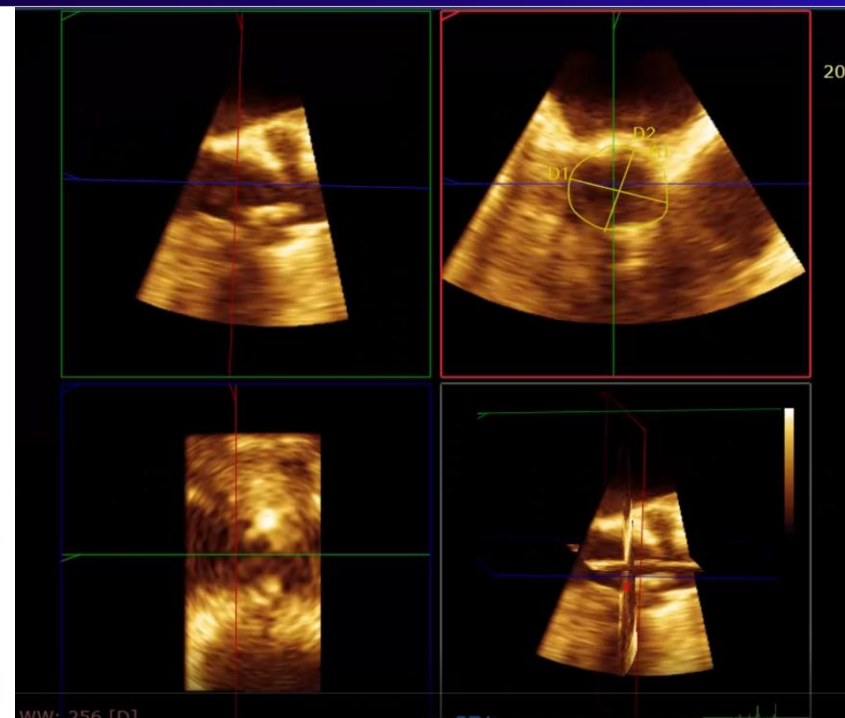
1/1/1931 F  
Queen Mary Hospital  
1196-2019  
XA  
Left Coronary 15 fps

8/15/2019 9:34:19 PM

patient developed cardiogenic shock  
/ with 14mm Nucleus then  
stentvalvuloplasty AV gradient

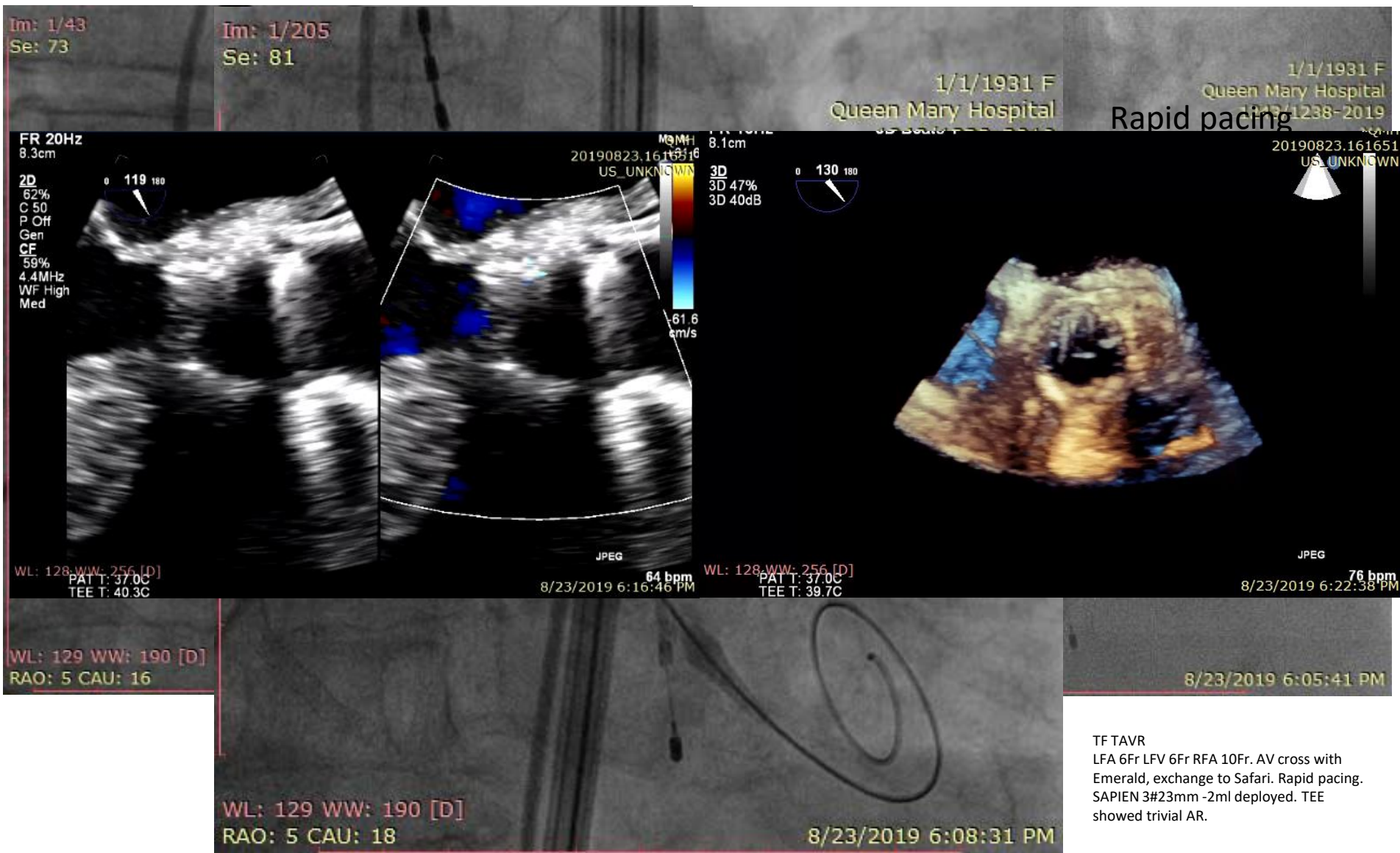


## TEE sizing



- TEE sizing
- annulus 2.33cm x 2.01cm.
- Area 3.46cm<sup>2</sup>
- → Sizing. 23. Decided for -2ml







## Summary

4 themes in 1 case ACS TVD Severe AS.  
APO and cardiogenic shock

- LCx- Bifurcated lesion
- LAD-IVL for circum. Long Ca
- RCA-CTO AWE and parallel wiring
- Emergency BAV as bridge to urgent TAVR

