



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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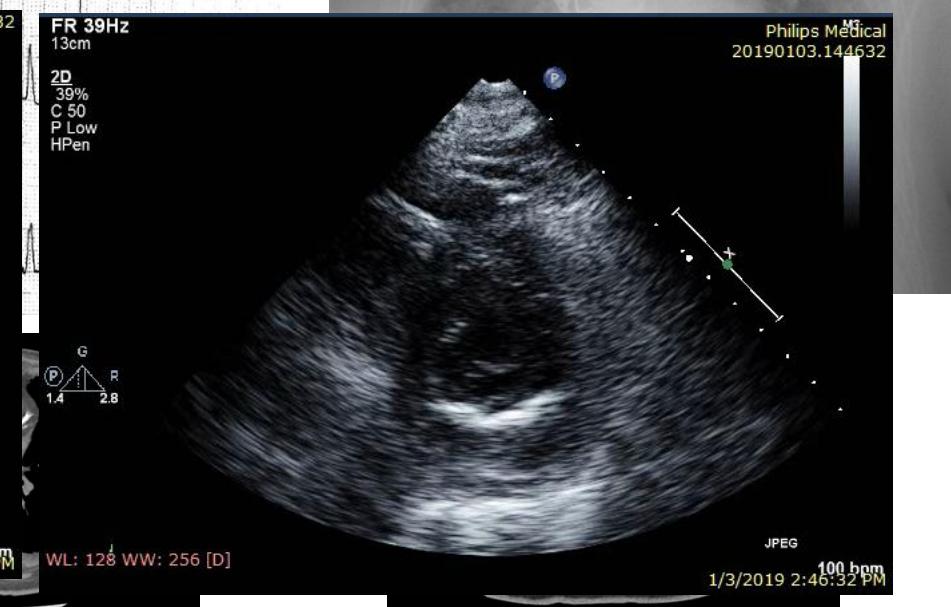
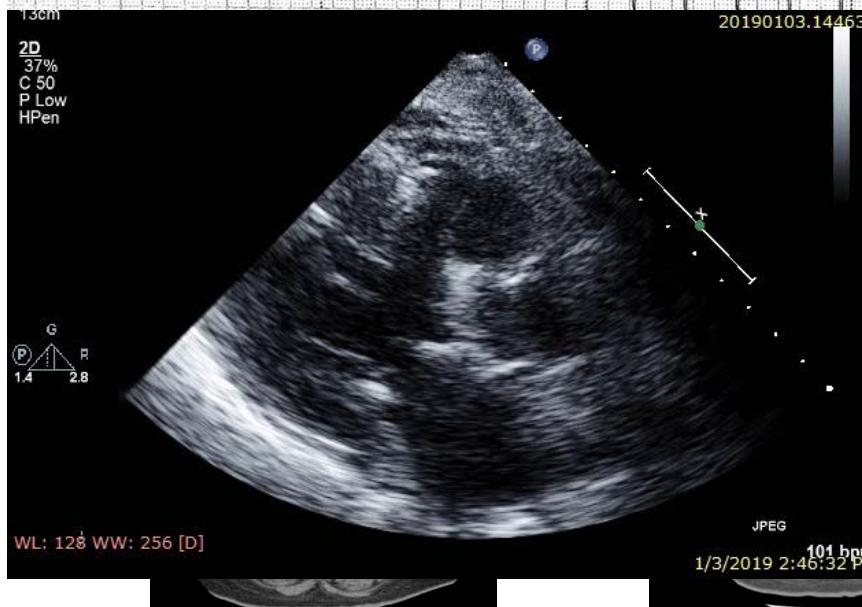
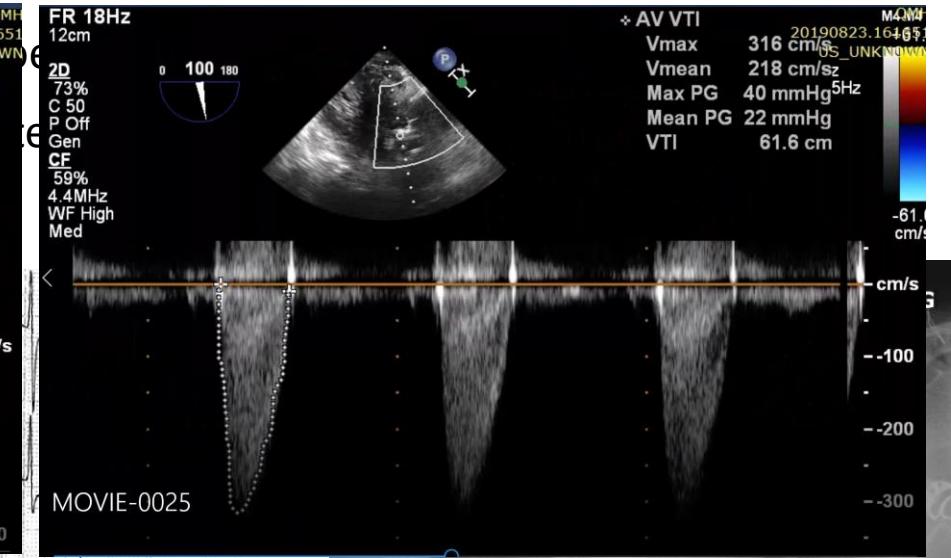
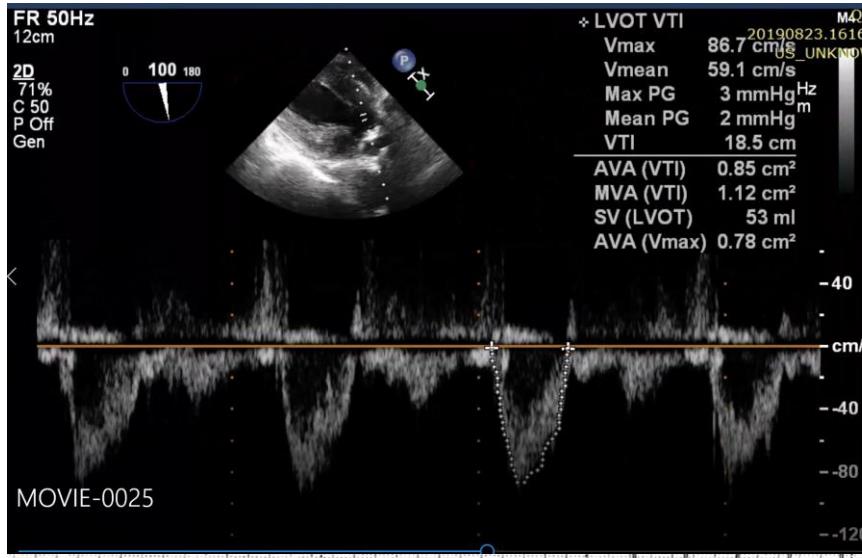
**HKU
Med**

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

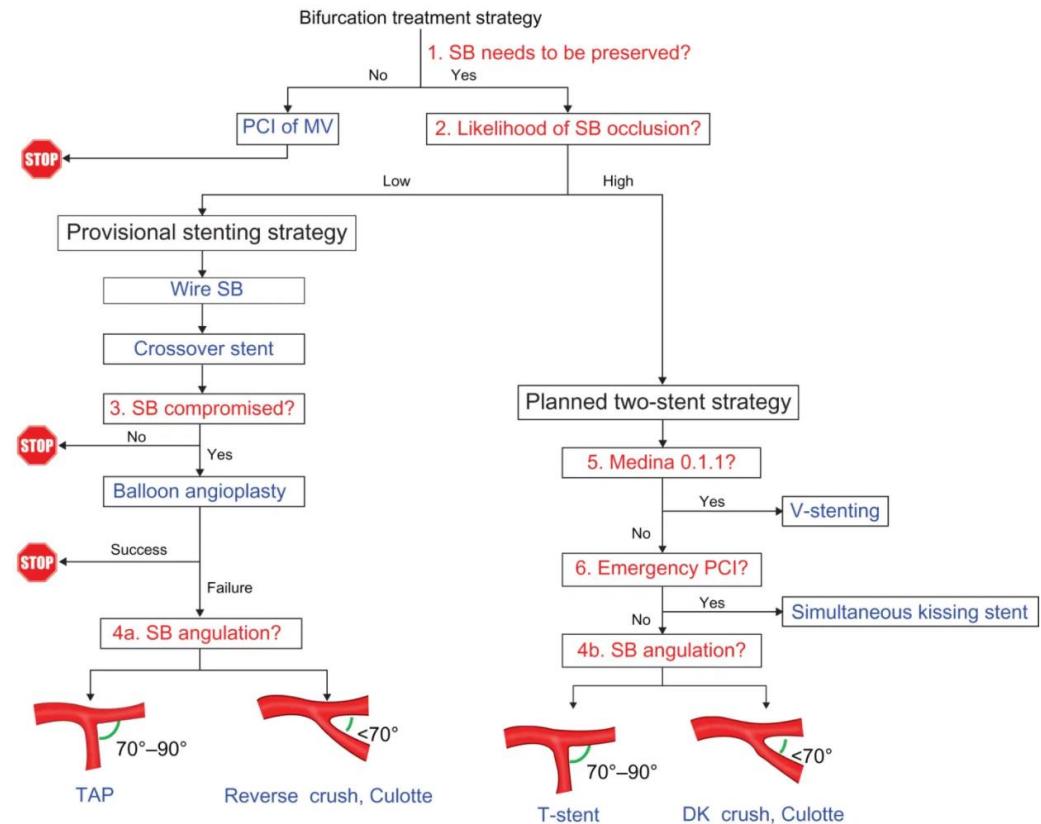
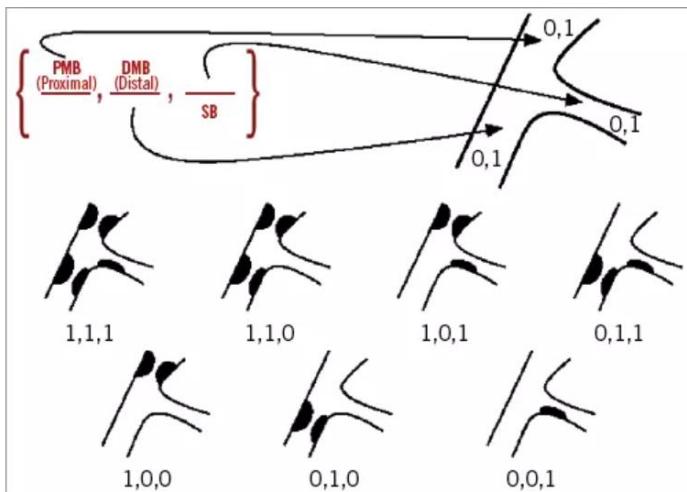


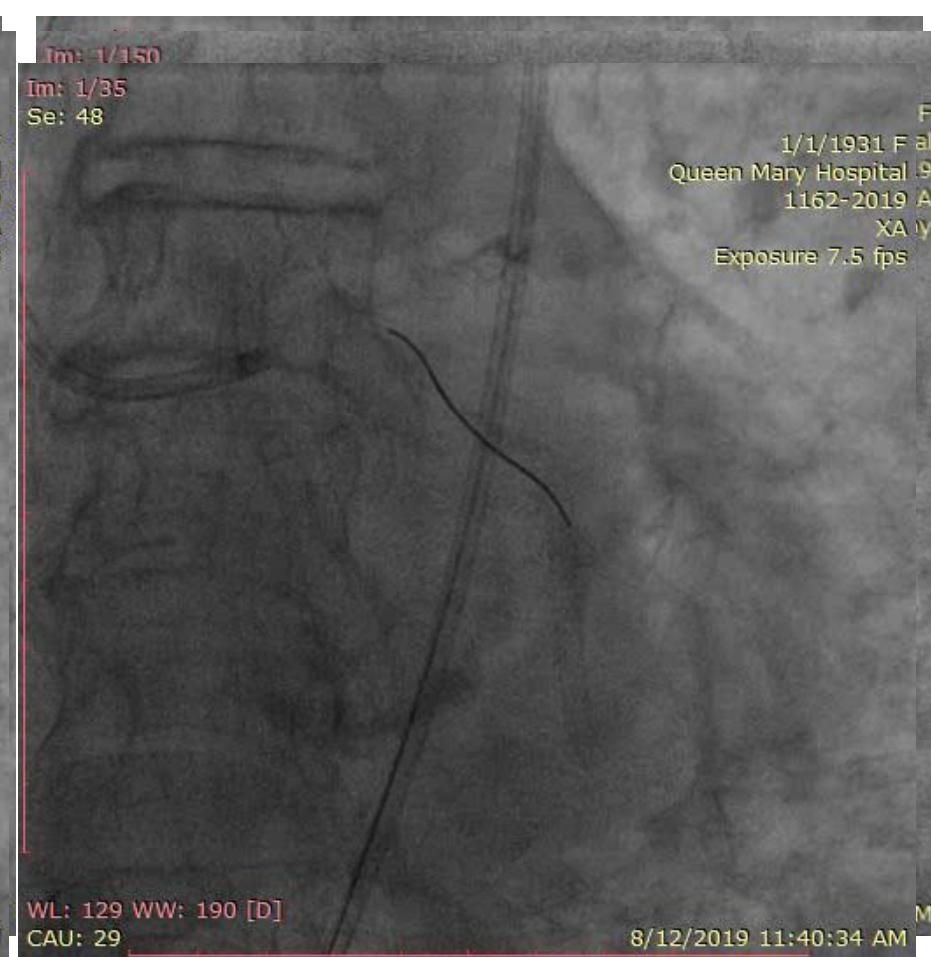
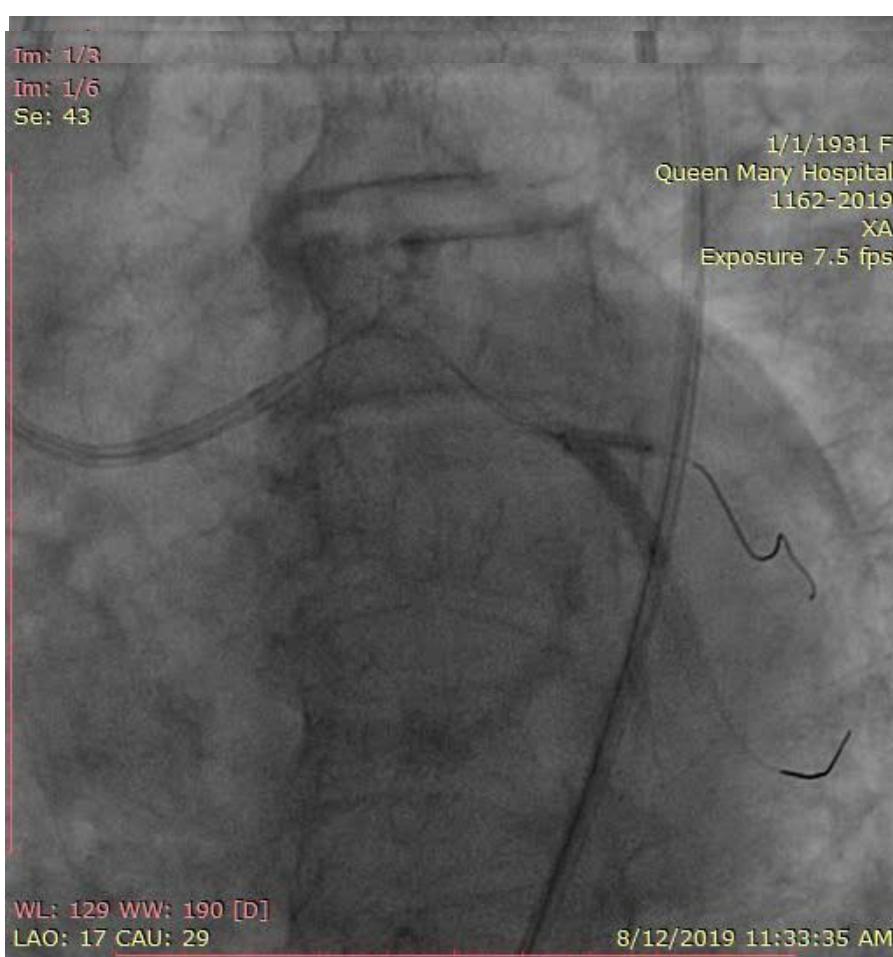
瑪麗醫院
Queen Mary Hospital

Case presentation



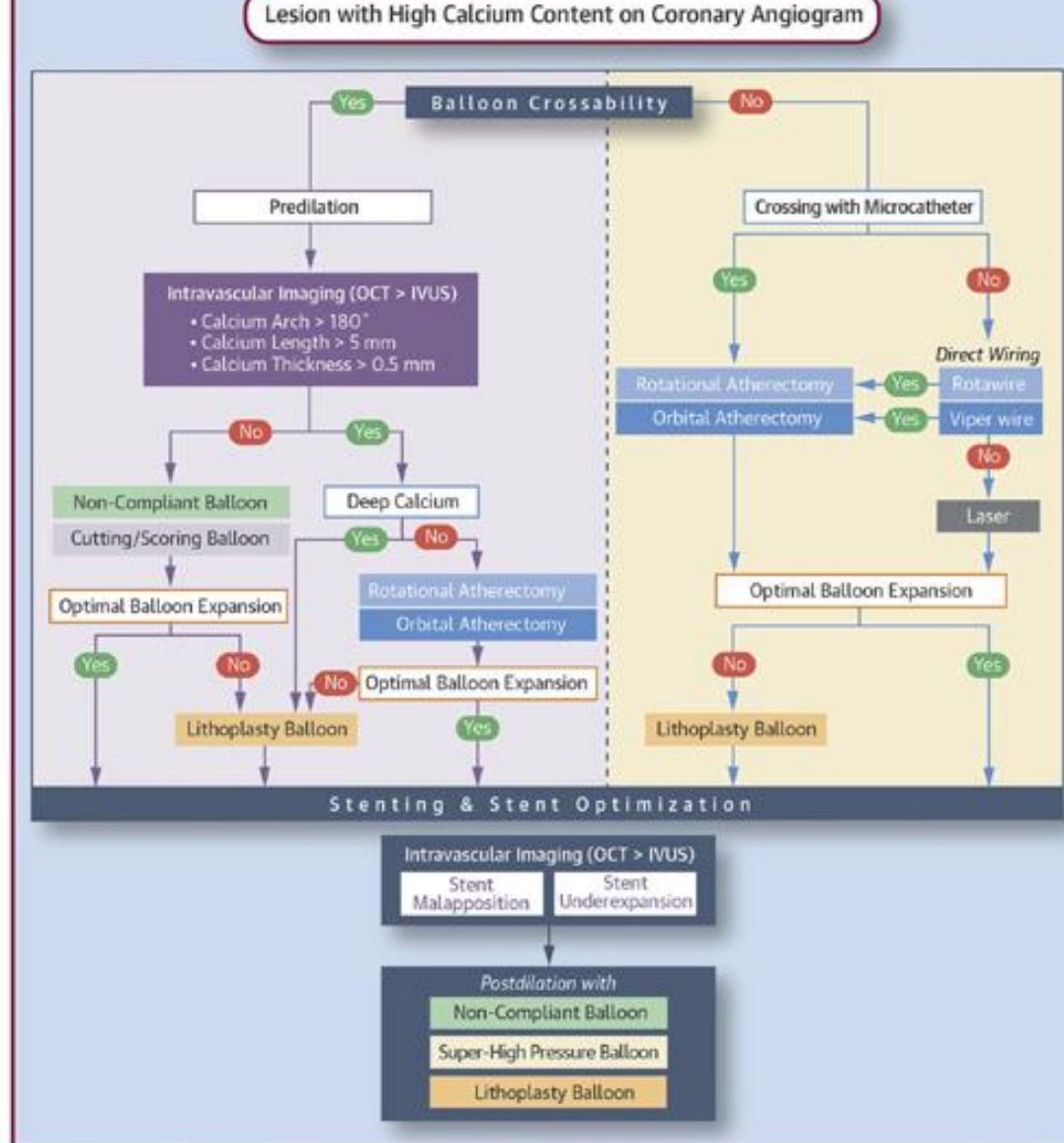






LFA 7Fr
PCI to LCx
7Fr EBU 3.5 as guiding, runthrough HC and SION blue as GW to LCx and OM
LCx dilated with NC 2.0 and IVUS done
LCx dilated with NC scoreflex
OM POBA with NC 2.0
LCx dilated with Synergy 2.5/38, OM rewired
LCx post dilate NC 3.0 at 18 atm
KBI LCX/OM NC 3.0/2.0
IVUS showed good results

CENTRAL ILLUSTRATION: Algorithm for Optimal Management of Coronary Calcified Lesions



LAD

1955

F

QMH

620190823

RUN1-IVUS

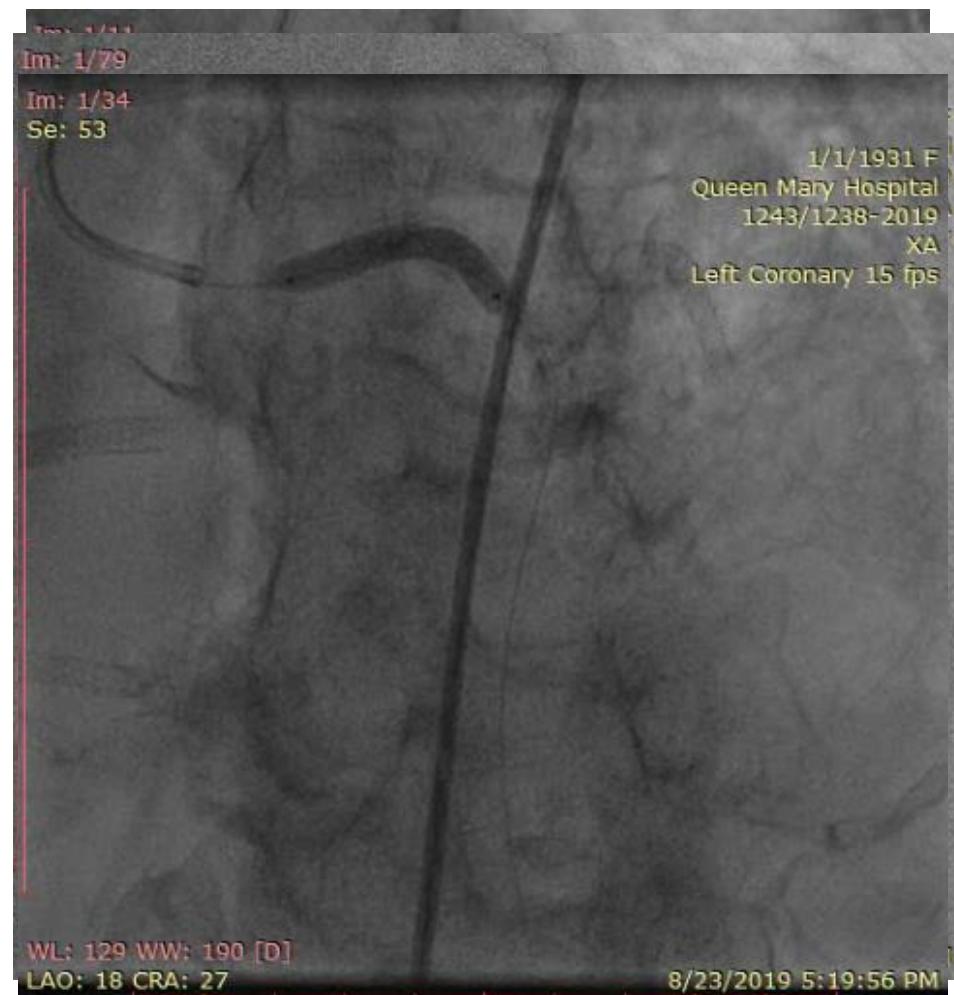
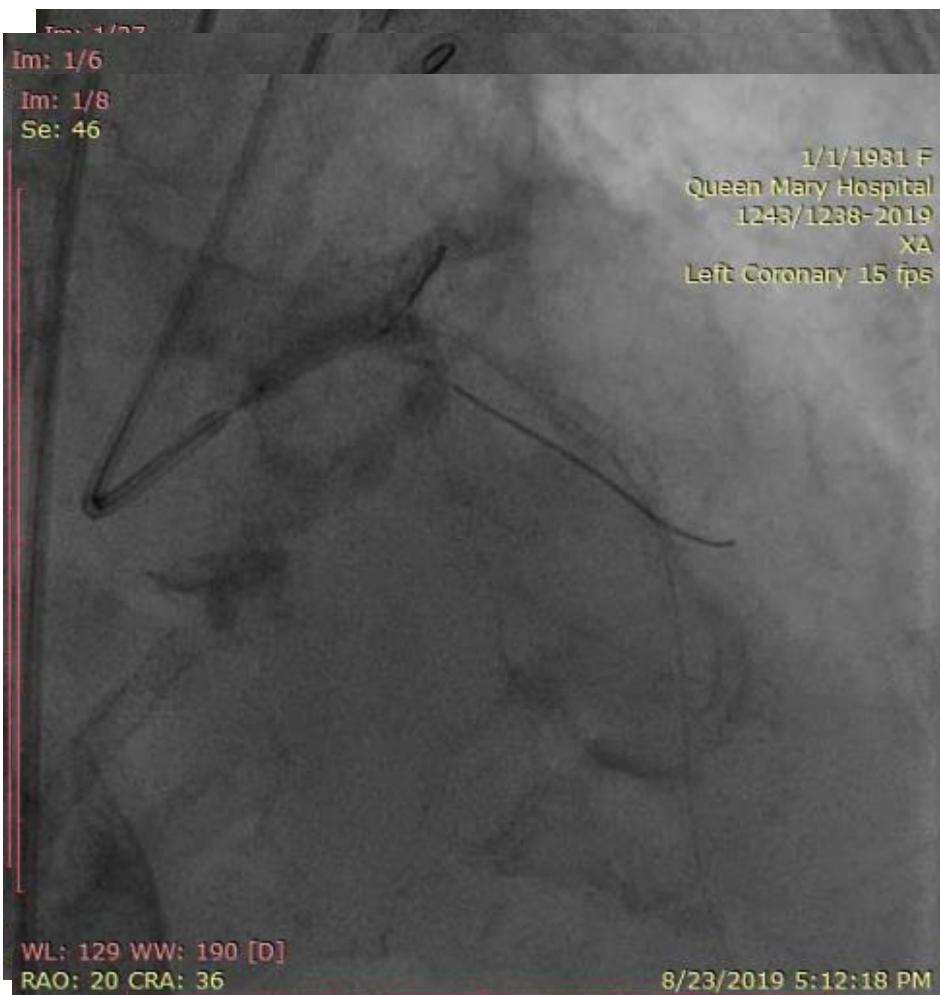
N1;LAD;Pre

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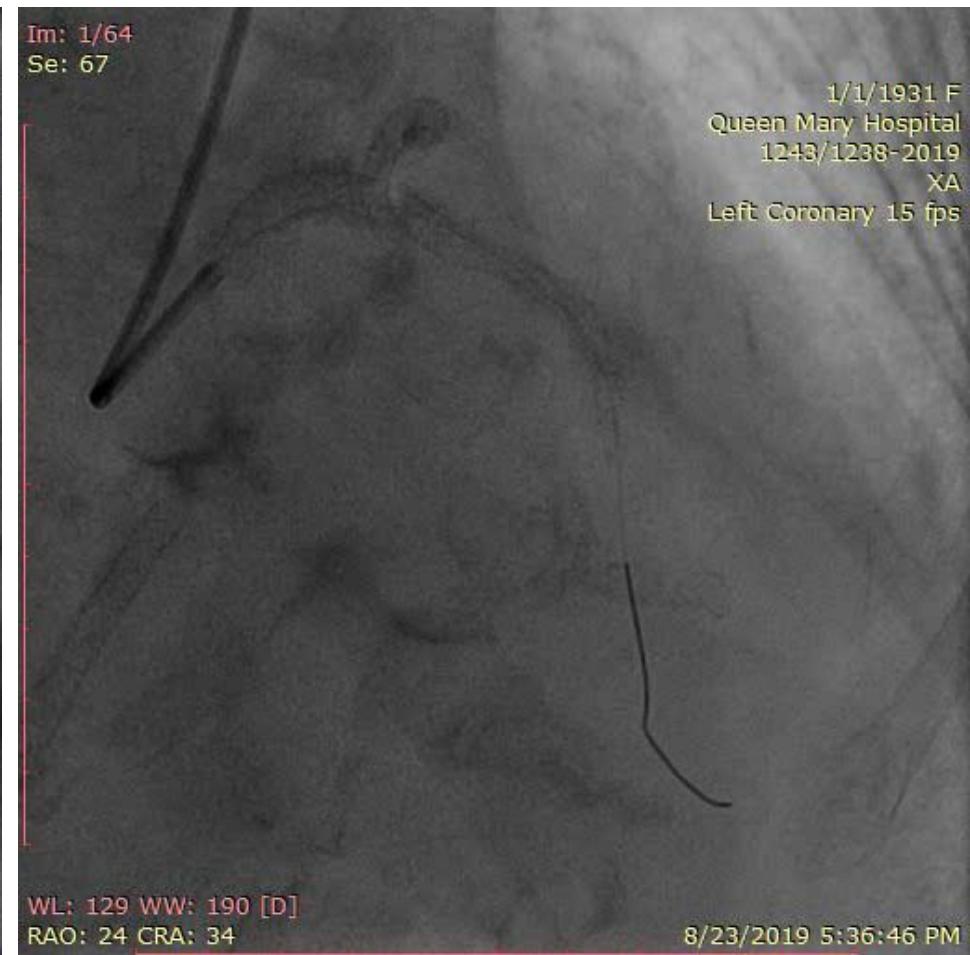
reflex 2.0/15, pLAD

1LAD stent 3.0/33

balloon, stent with



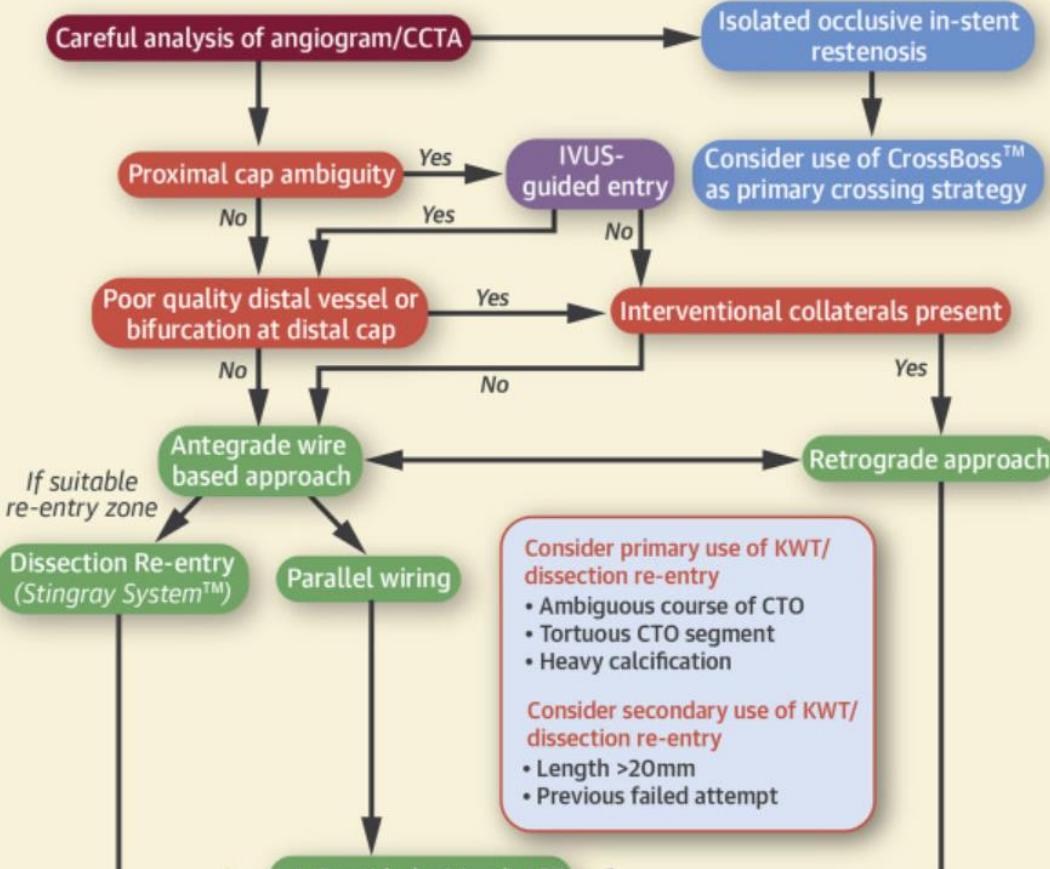
6Fr XB LAD 3.5 , Terumo RT HC.
mLAD and ruptured plaque in LM burden++. mLAD predilate with NC scoreflex 2.0/15, pLAD 3.5/10 scoring balloon.
Shockwave lithotripsy balloon 2.5/12 at mLAD for 3 cycles. 46 pulses p-mLAD stent 3.0/33 DES, postdilate with 3.0/15 NC balloon. LM/LAD predilate with 4.0/15 balloon,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



6Fr XB LAD 3.5 , Terumo RT HC.
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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..



Algorithm for CTO Crossing



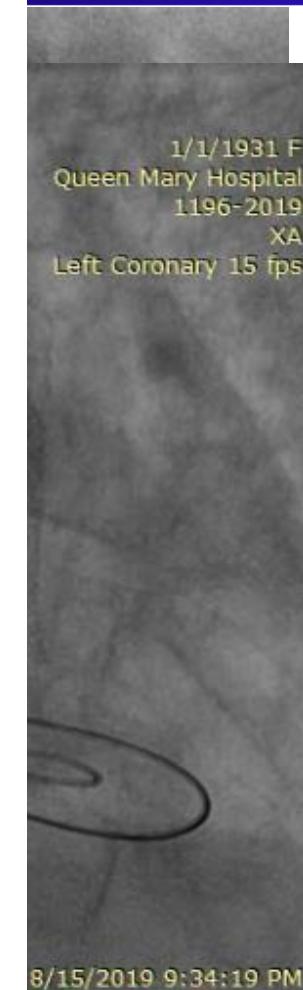
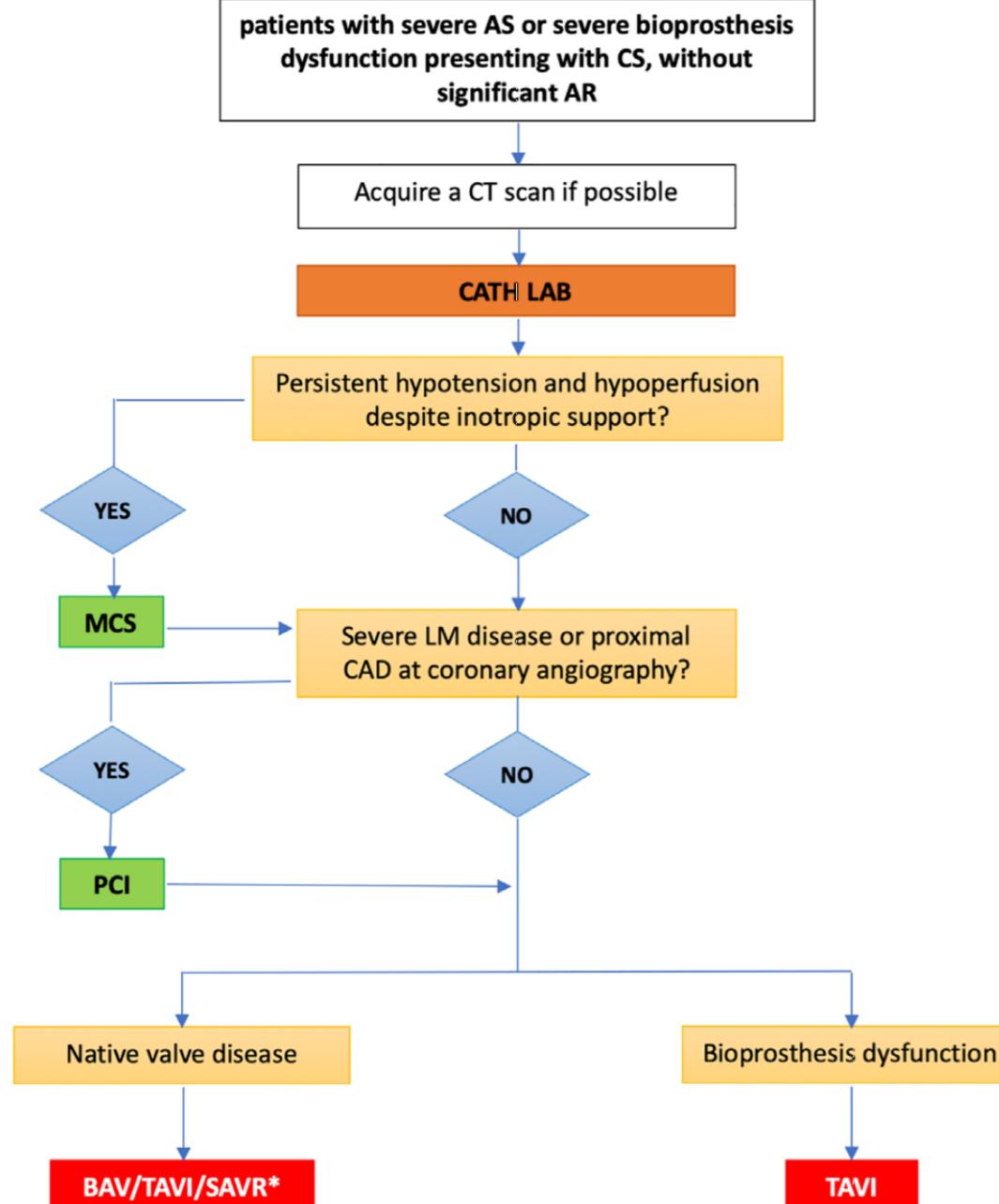
PCI to RCA



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.

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tient developed cardiogenic shock with 14mm Nucleus then stvavuloplasty AV gradient

FR 10Hz
7.8cm

3D Beats 1

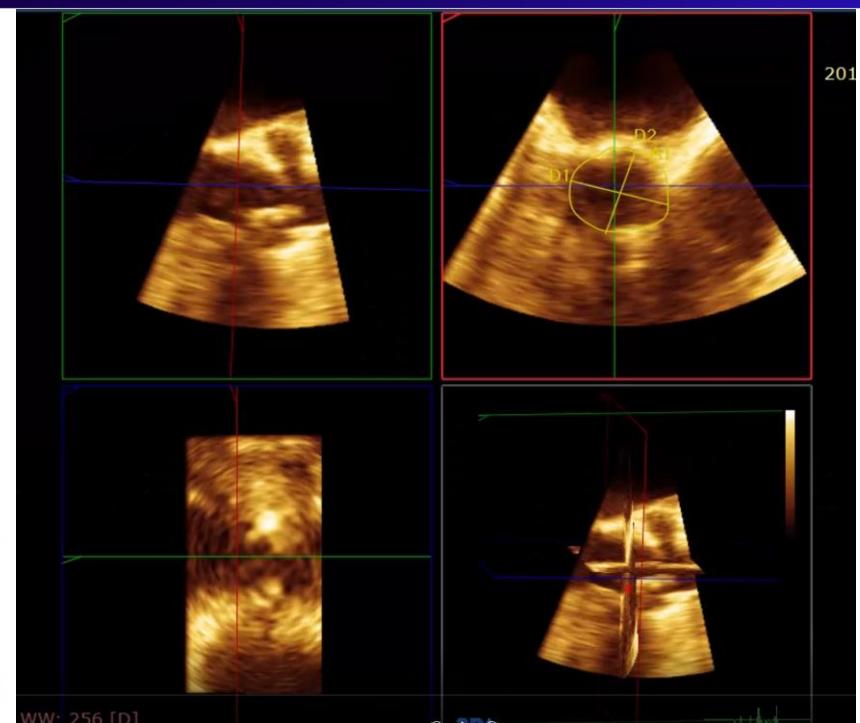
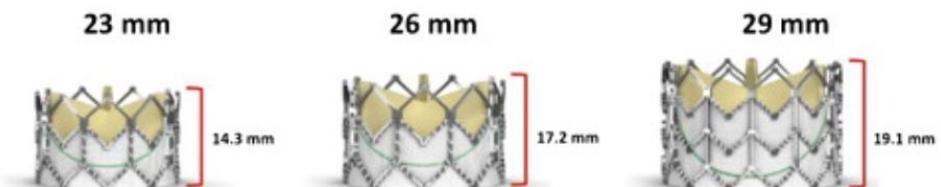
MQMH
20190823.161651
US UNKNOWN

3D
3D 47%
3D 40dB

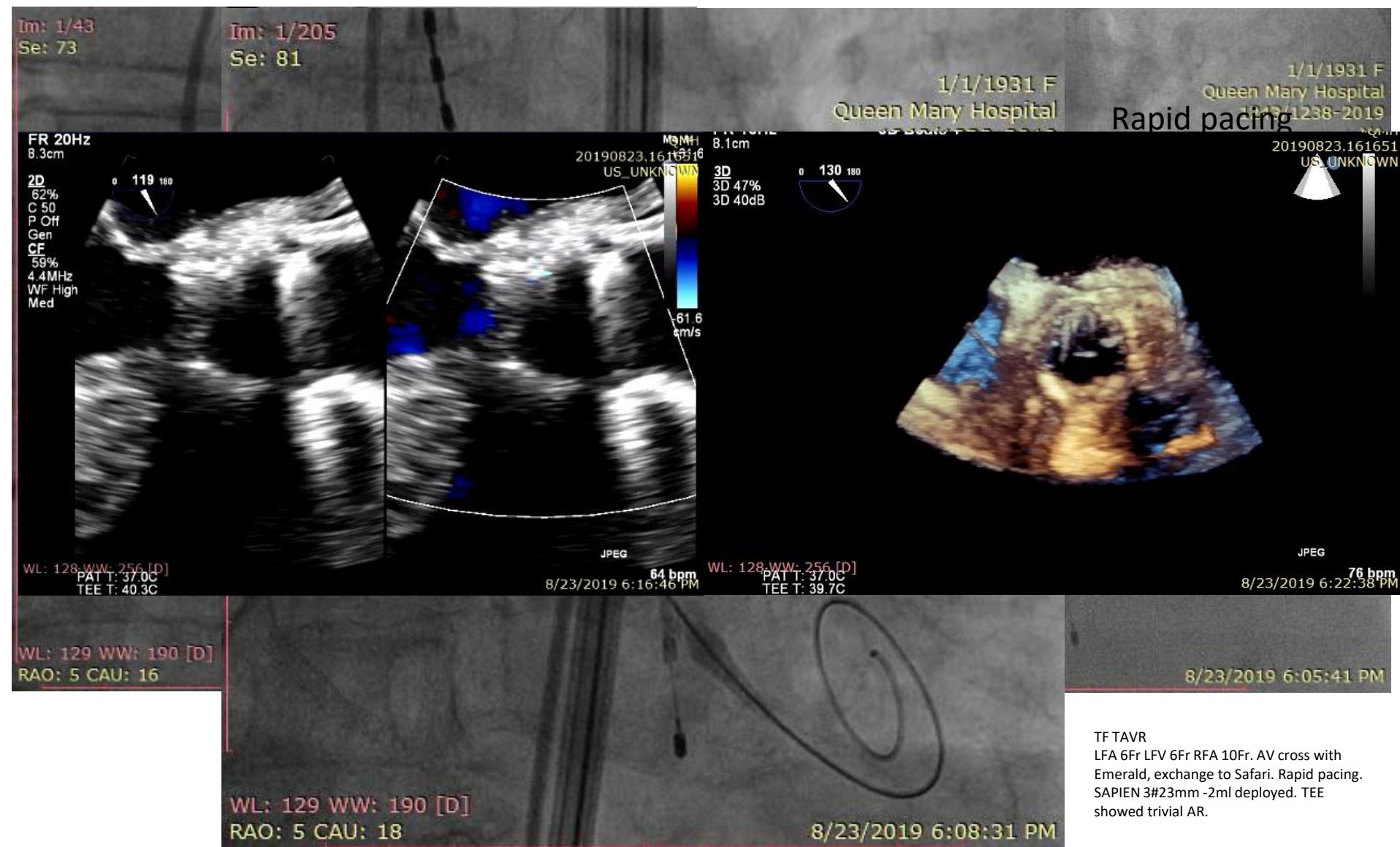


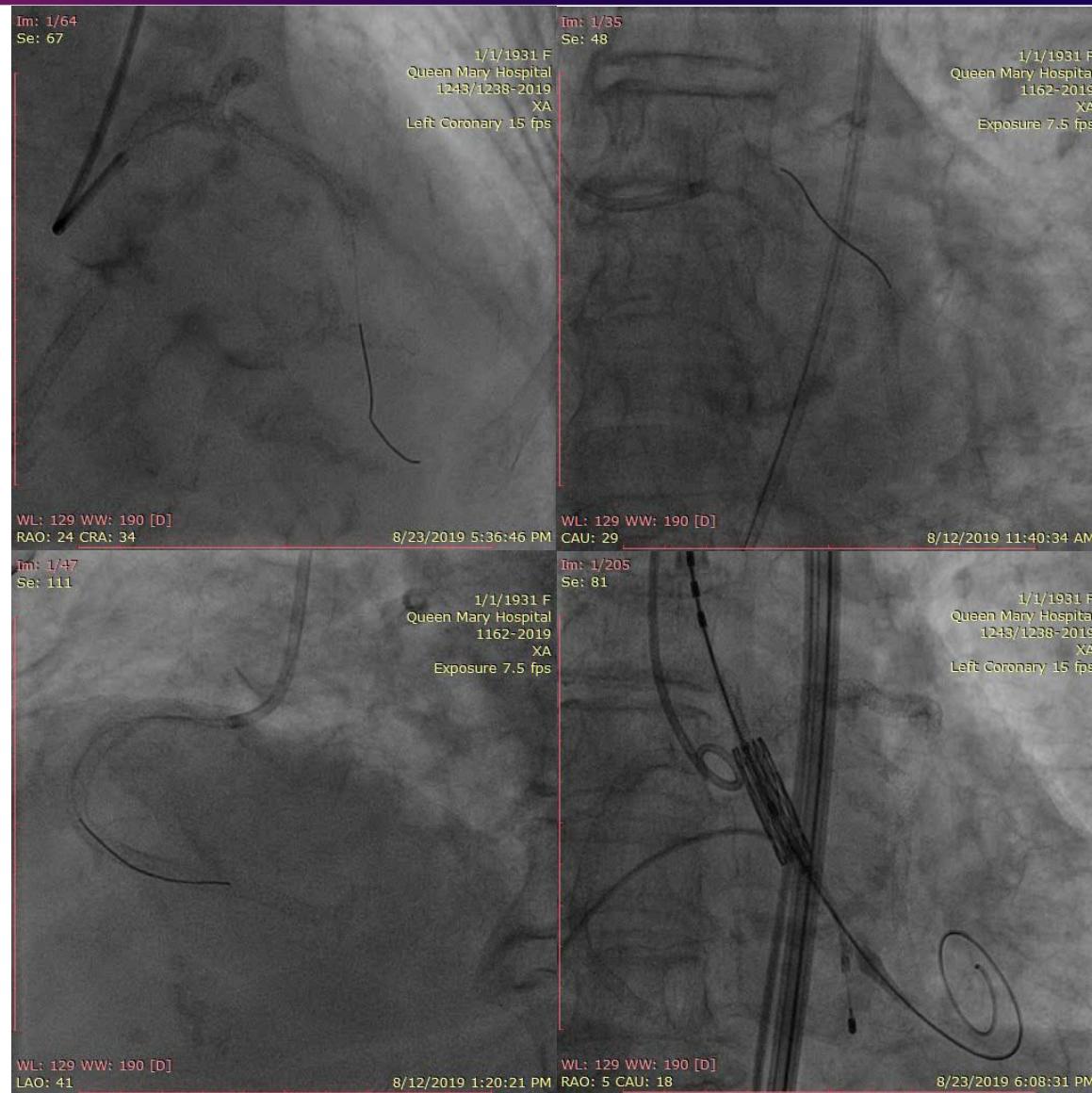
WL: 128 WW: 256 [D]
PAT T: 37.06
TEE T: 39.4C

JPEG
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65 bpm



- TEE sizing
- annulus 2.33cm x 2.01cm.
- Area 3.46cm²
- → Sizing. 23. Decided for -2ml





Summary

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

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