# Collateral Damage during PCI. How to Save It?

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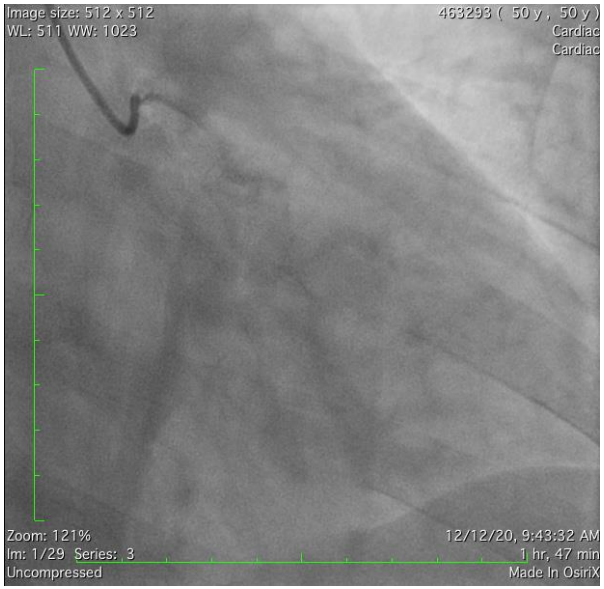
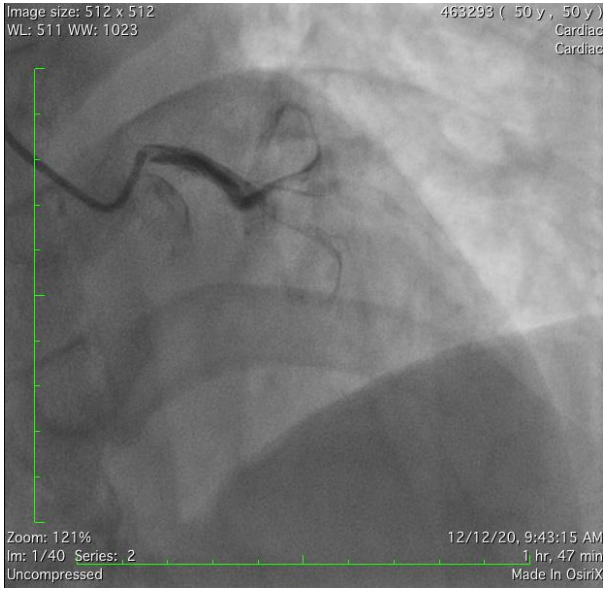
# Clinical Presentation

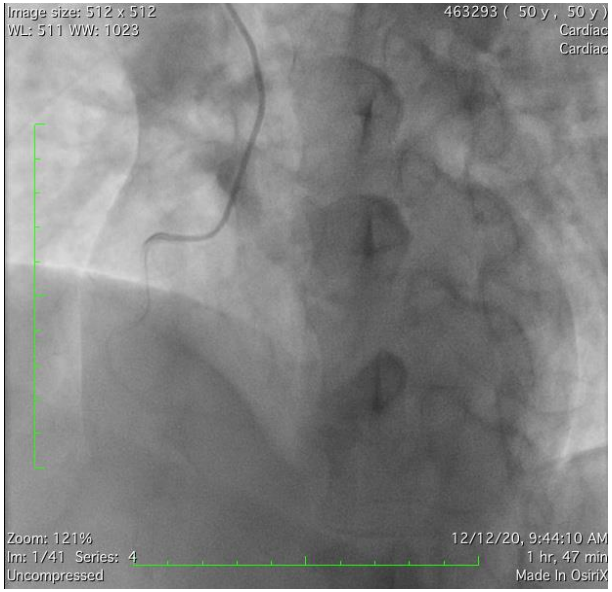
50 year old male

- Progressive angina since 12 hours
- Cardiac risk factors: Hypertension
- ECG showed Acute Anterior MCI
- Elevated cardiac enzyme Trop T>2000ng/ml
- Administered for Primary PCI

# Angiography Images



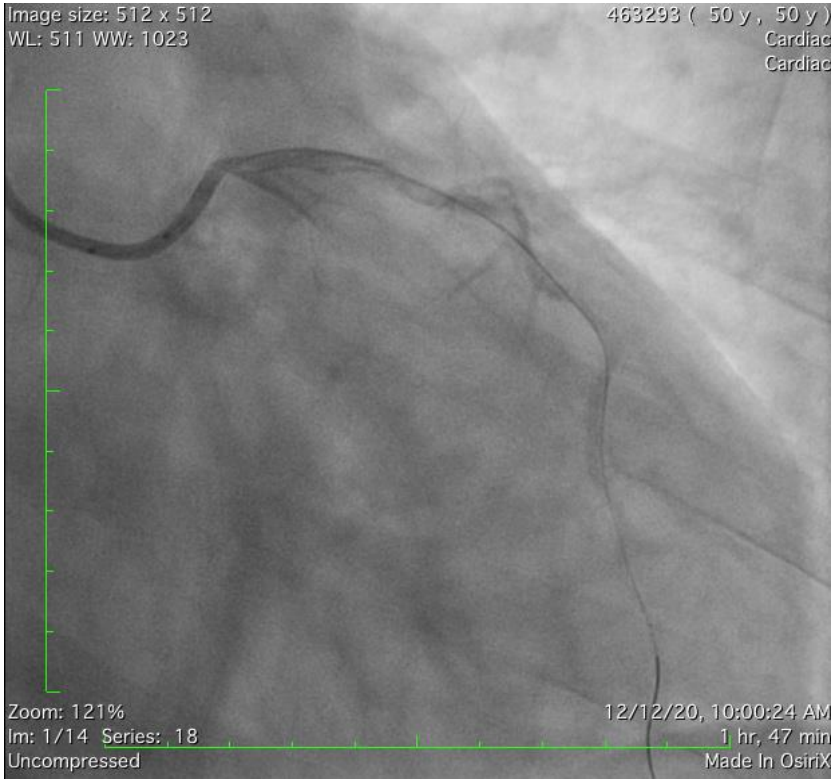

LM : short and normal

LAD : subtotal stenosis in proximal

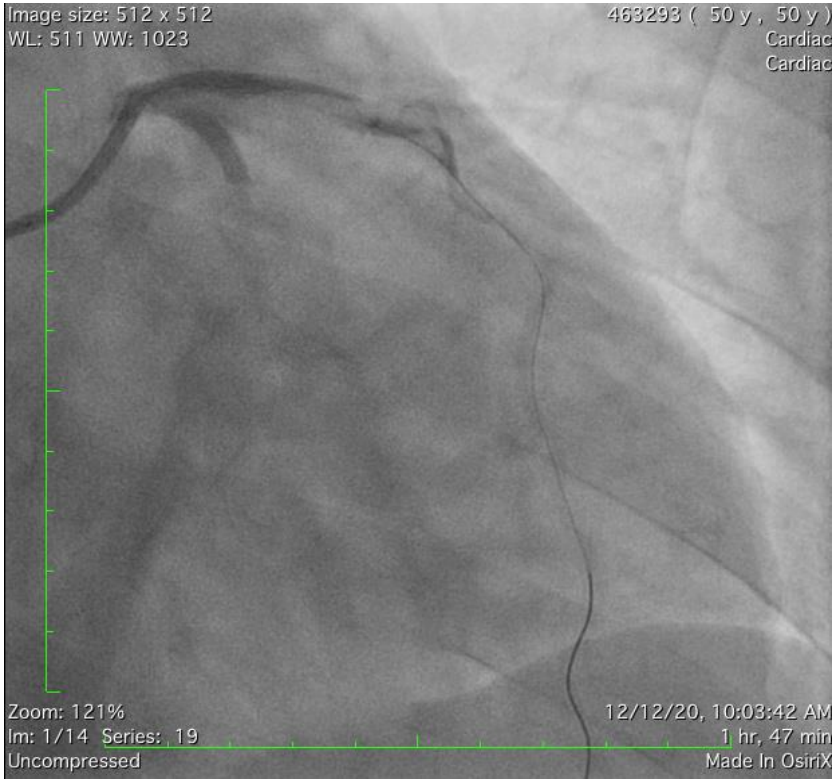
LCx : stenosis 80% in OM1

RCA : small and non significant stenosis

# Referred for PCI to LAD

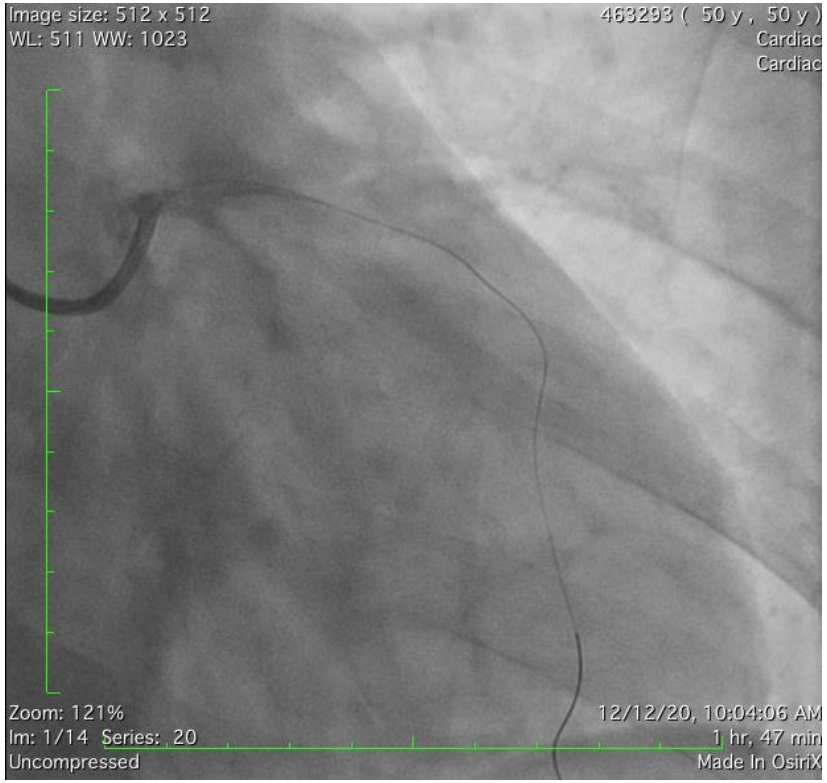



Plan to Inserting stent in proximal LAD

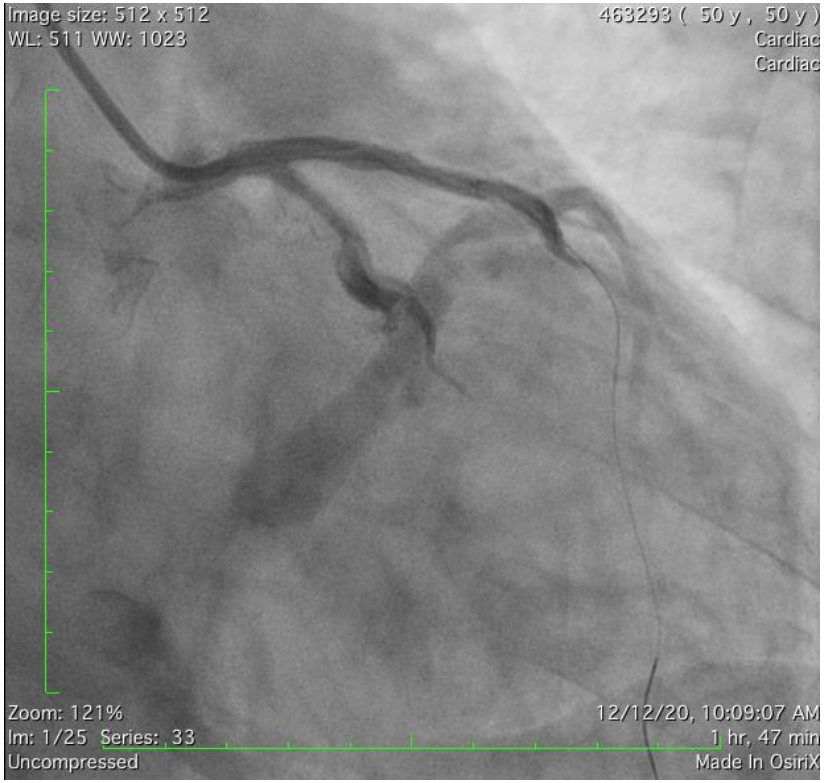



Where is the LCx ?

# What is the problem with LCx ?




LCx reshown… ?



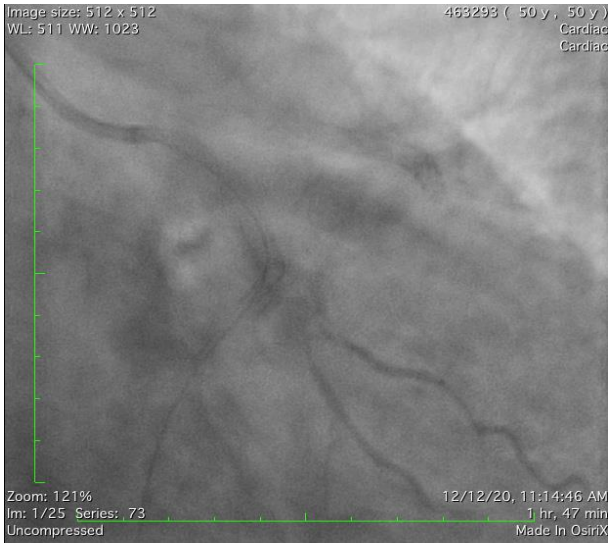

Here goes again…LCx

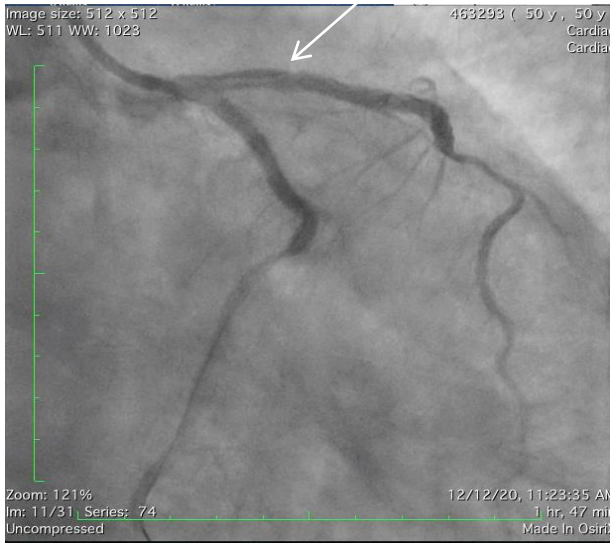
# LCX is fixed but patient is in cardiac arrest?

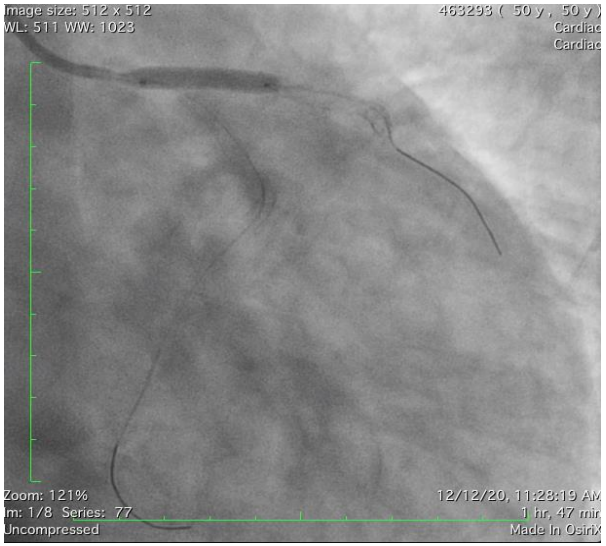


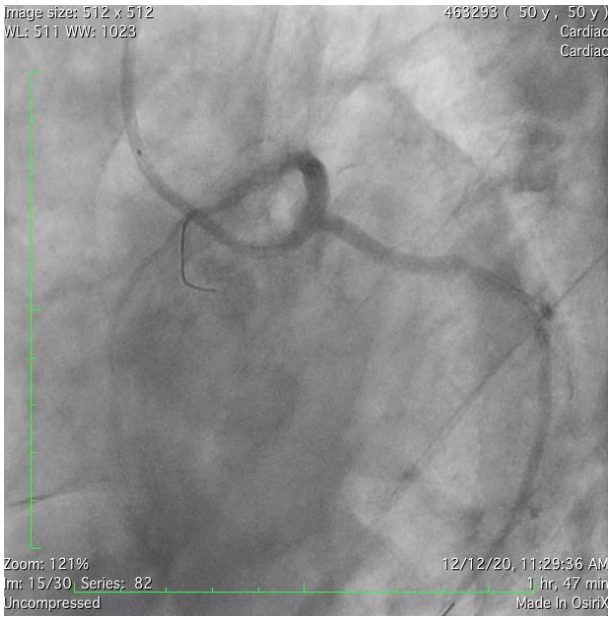
- Attempt to stenting in proximal LCx
- Prior to stenting, patient encountered acute pulmonary edema and subsequently cardiac arrest.
- A stent is successfully placed, but patient is still in cardiac arrest.

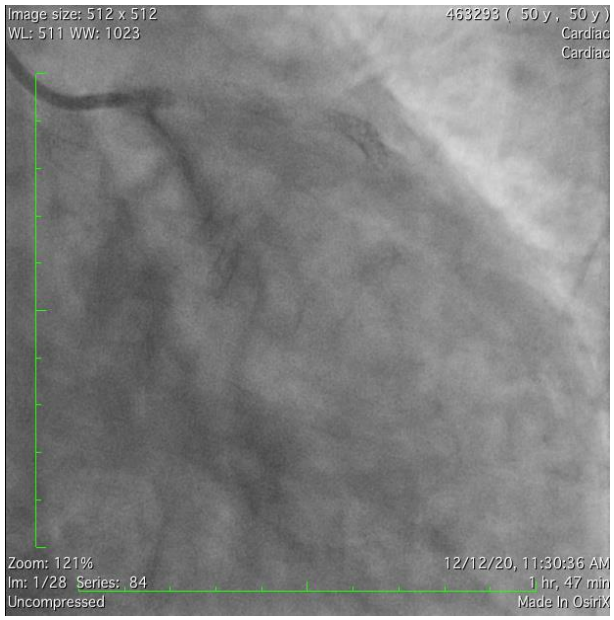
# Have you found the culprit ?




- Damage has been fixed resulted with TIMI flow 3

# Learning Points

- Rare complication with high mortality rate
- Hemodynamic unstable treated with bail out stenting
- Pick the right kit
- Avoid forceful contrast injection
- Avoid deep engagement
- Co-axial alignment is a must