



# PCI in a patient with gastrointestinal bleeding and requiring urgent surgery

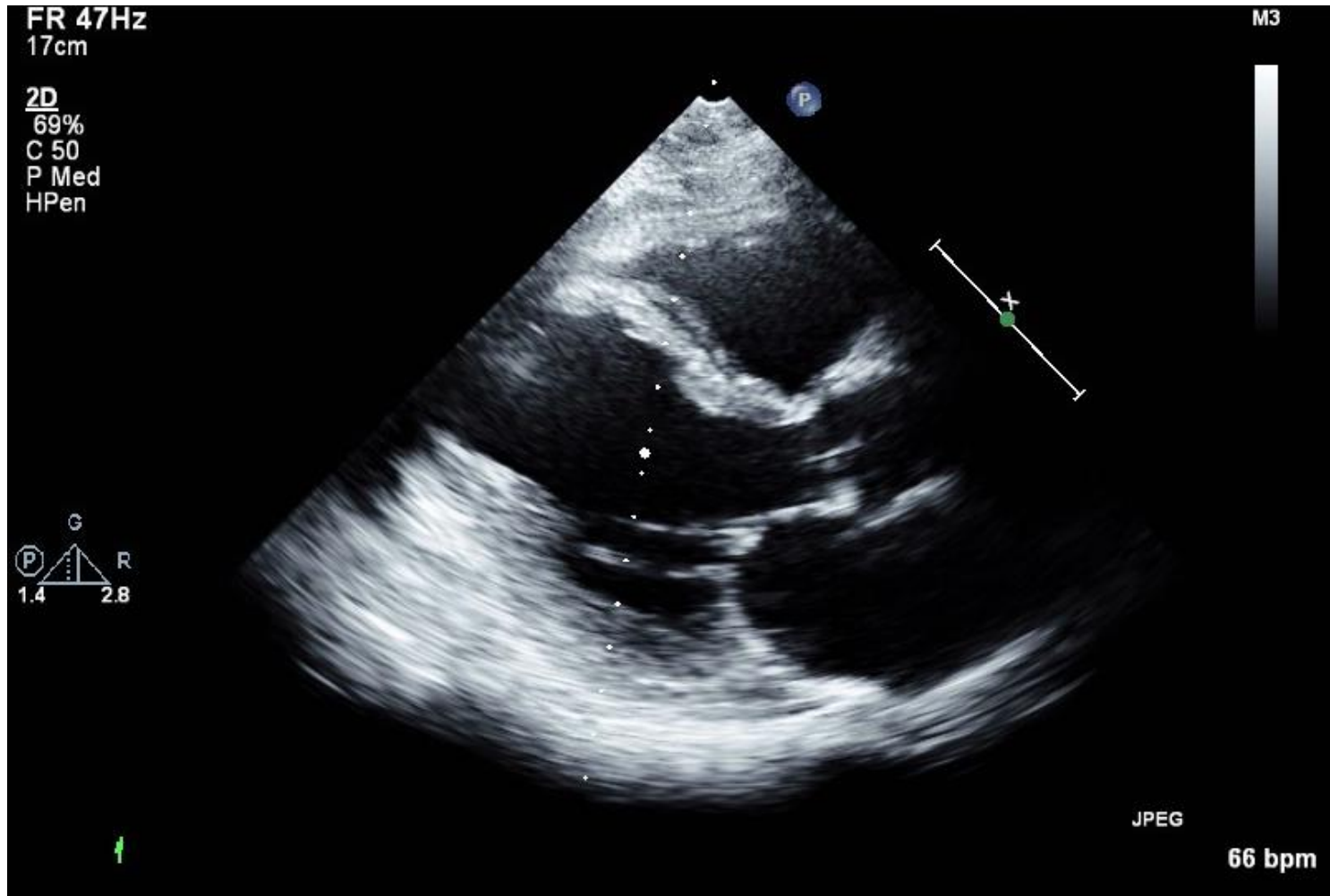
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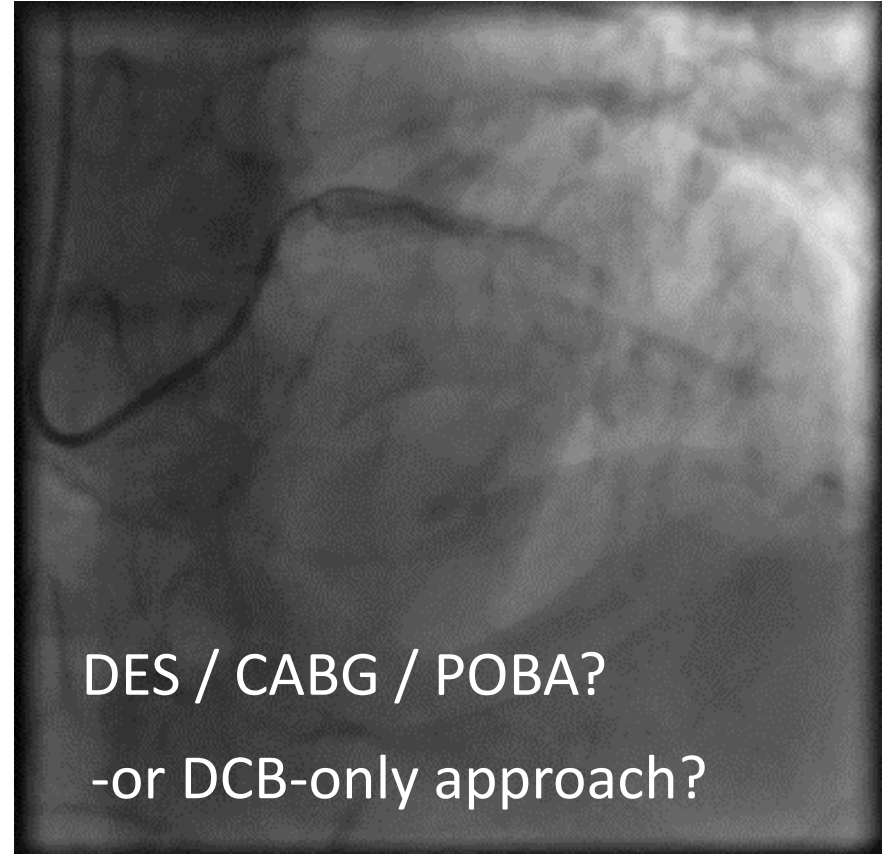
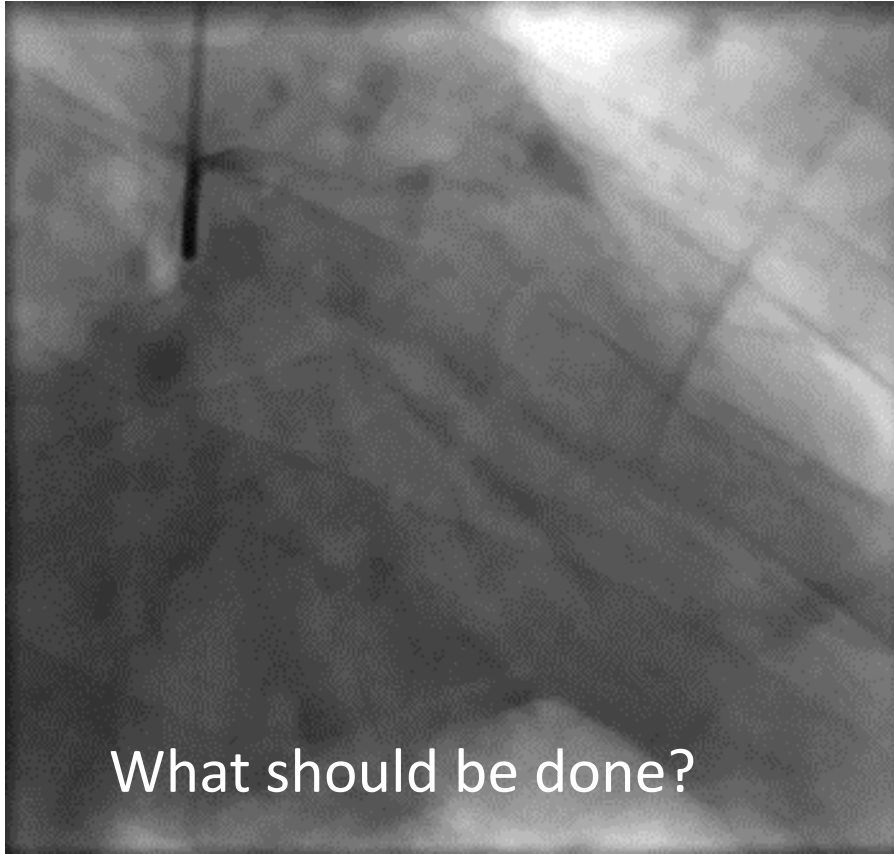
- No risk factors for coronary artery disease
- Was admitted to the emergency department of severe dyspnea and anemia
  - Hemoglobin 47 g/l
  - Hematocrit 0.19
  - Troponin-T 134 ng/l
- No bleeding shock
- Gastroscopy was normal
- Colonoscopy: colon carcinoma that should be operated within weeks
- 3 units of transfusion was given
- Cardiological consultation

## 79 yr man: echocardiography



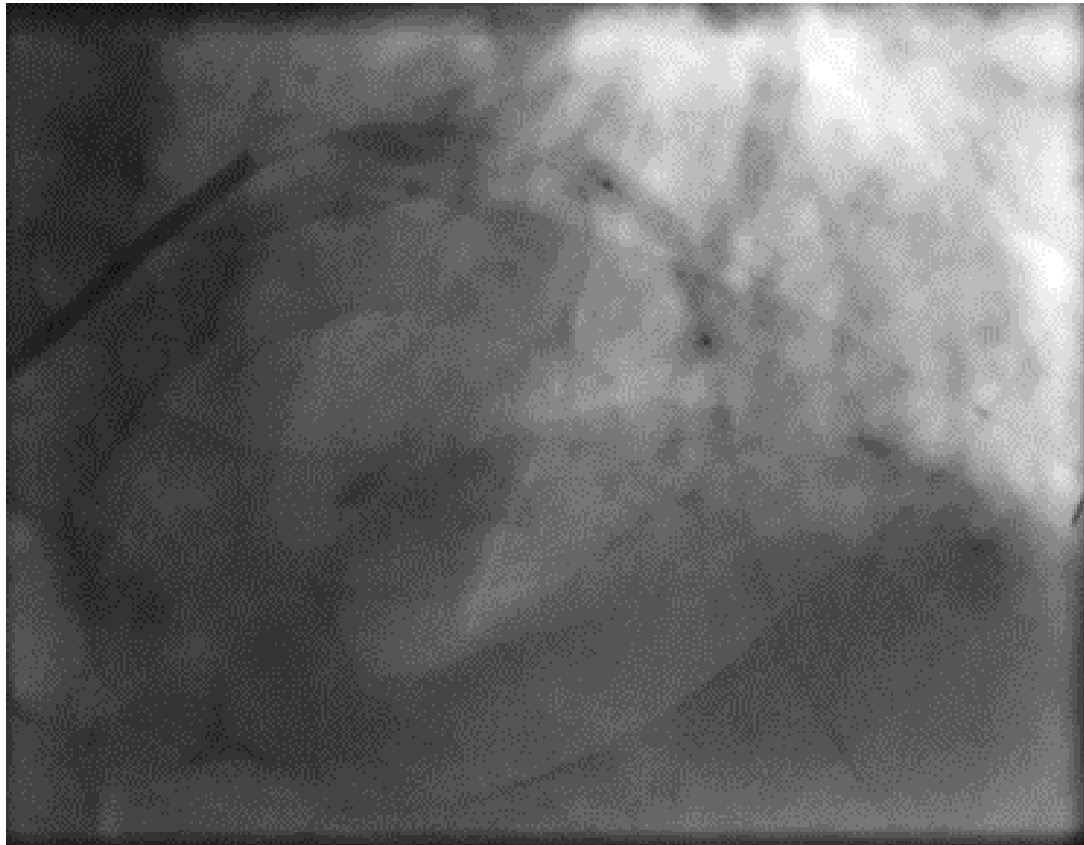
Ejection fraction of 40% with severe hypokinesia of the anterior wall

## 79 yr man: coronary angiogram



Medina 1:1:0 stenosis of the left anterior descending artery  
Colon carcinoma cannot be operated without  
revascularization

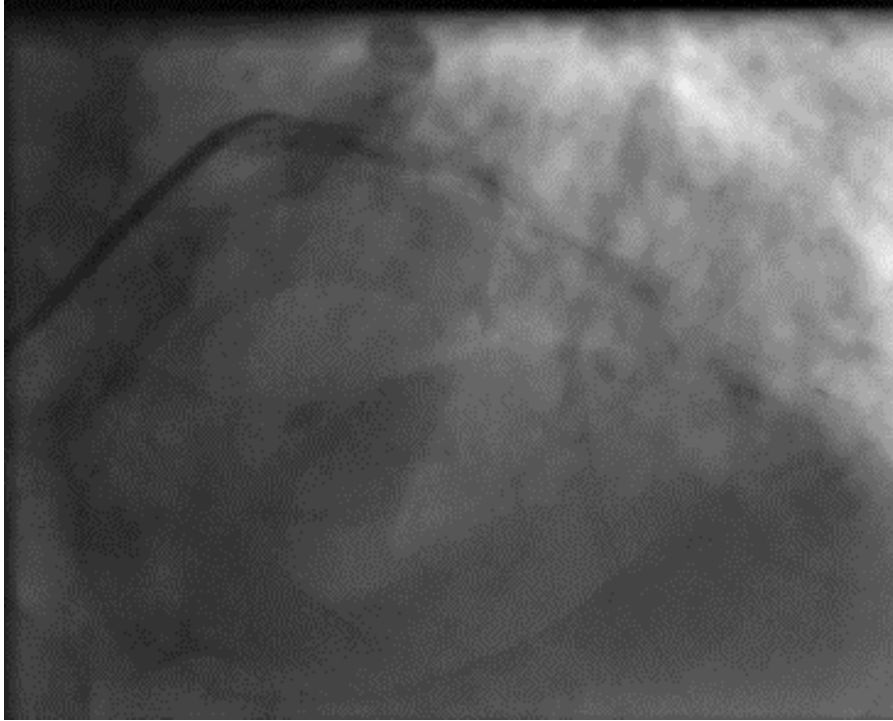
## Predilatation of lesion in the left anterior descending artery



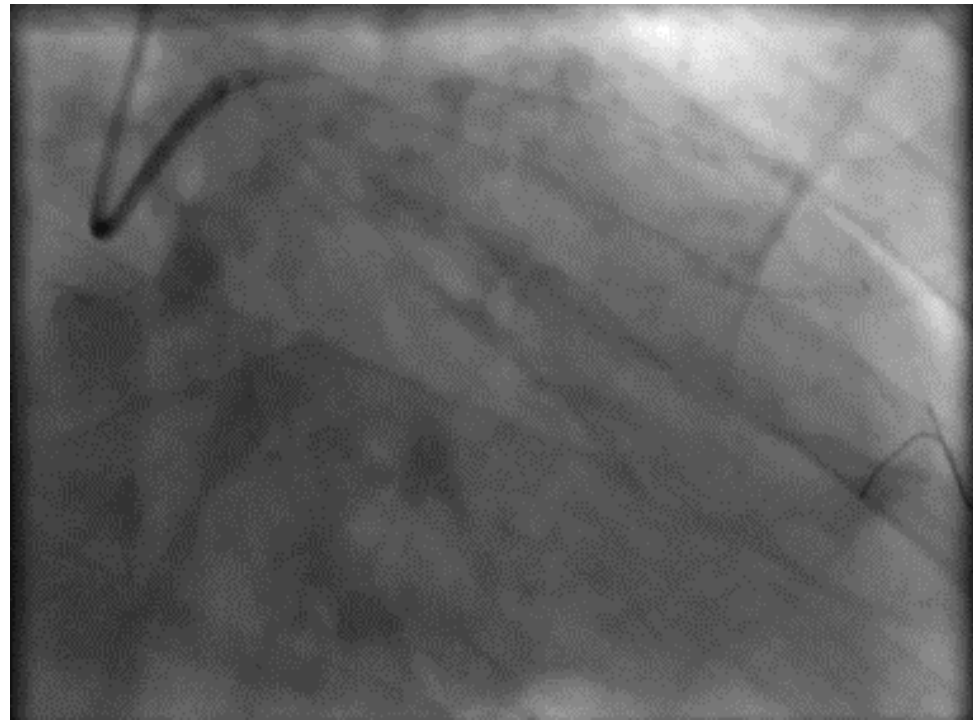
ASA 250 mg and enoxaparin 30mg iv was given  
**No clopidogrel, prasugrel and ticagrelor was given**

Predilatation of the lesion was done using 3.0x20mm NC-balloon

## After predilatation



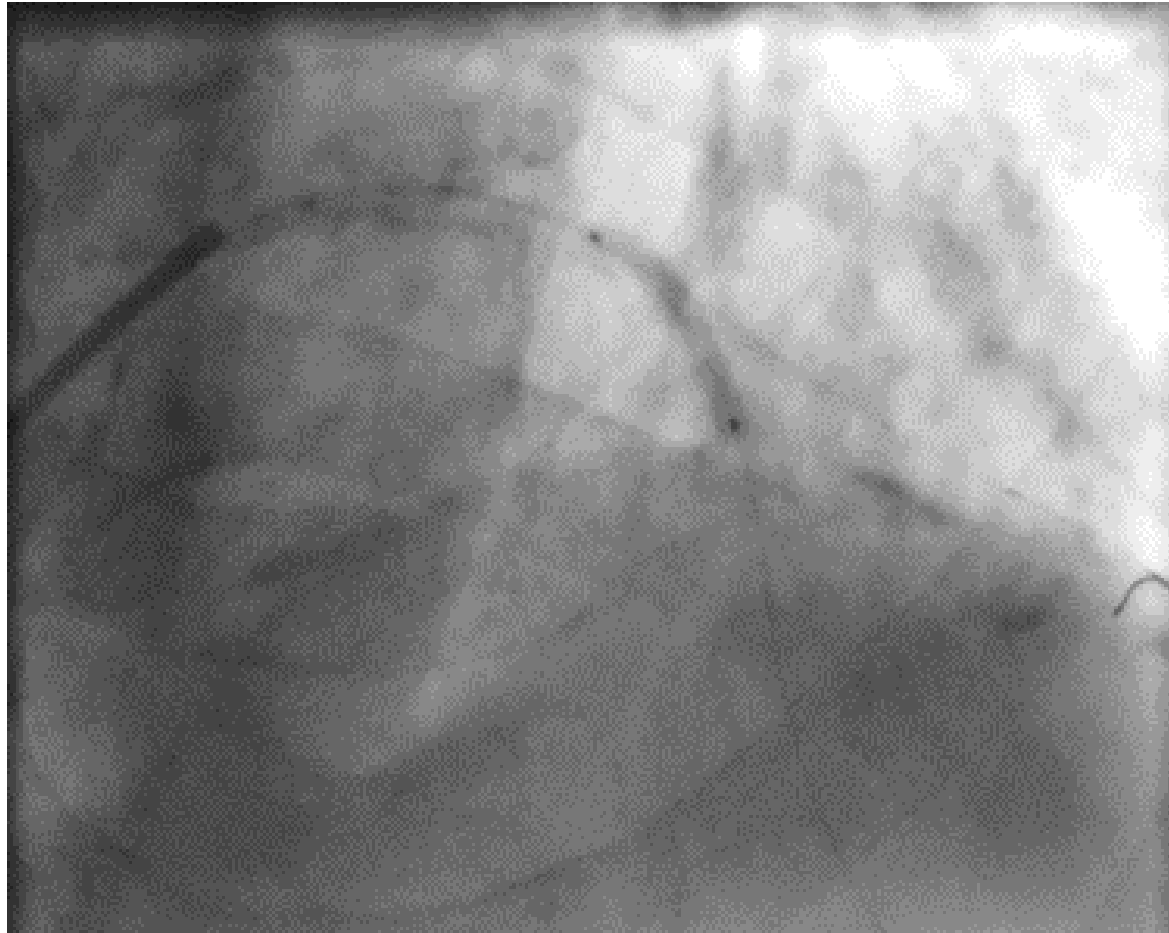
Type C dissection  
No chest pain  
No ECG changes  
TIMI3 flow with <30% recoil



Suitable for DCB-only PCI according  
to the International consensus  
group guideline<sup>1</sup>

<sup>1</sup>Jeger et al, JACC Cardiovasc Interv 2020

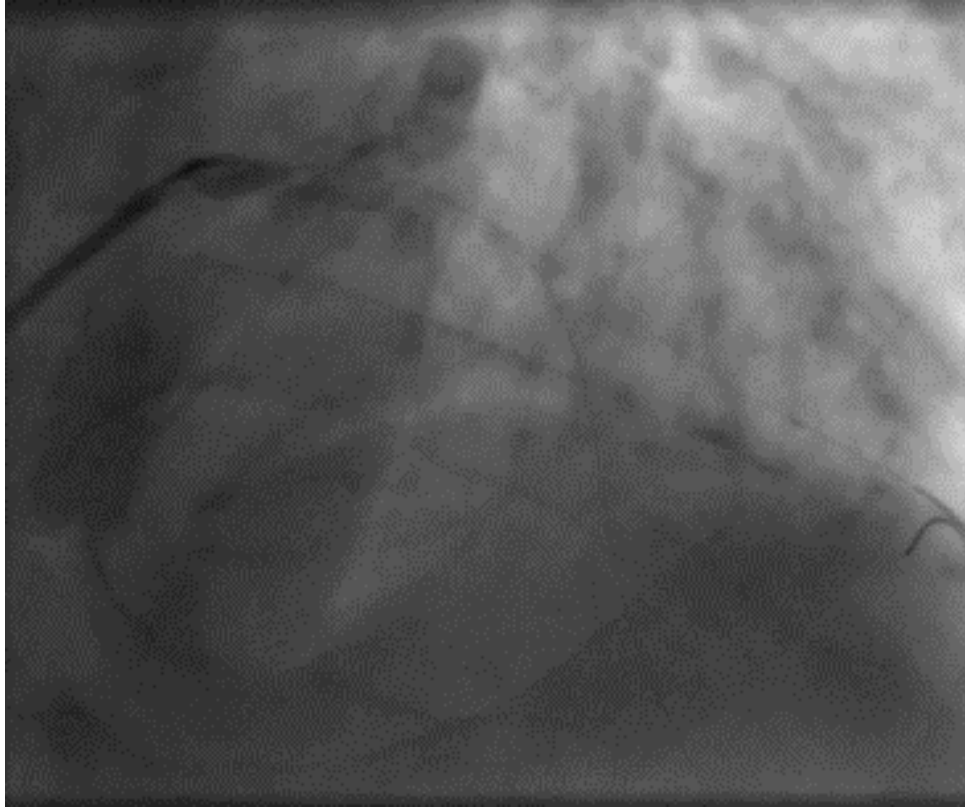
## Drug-coated balloon-only approach



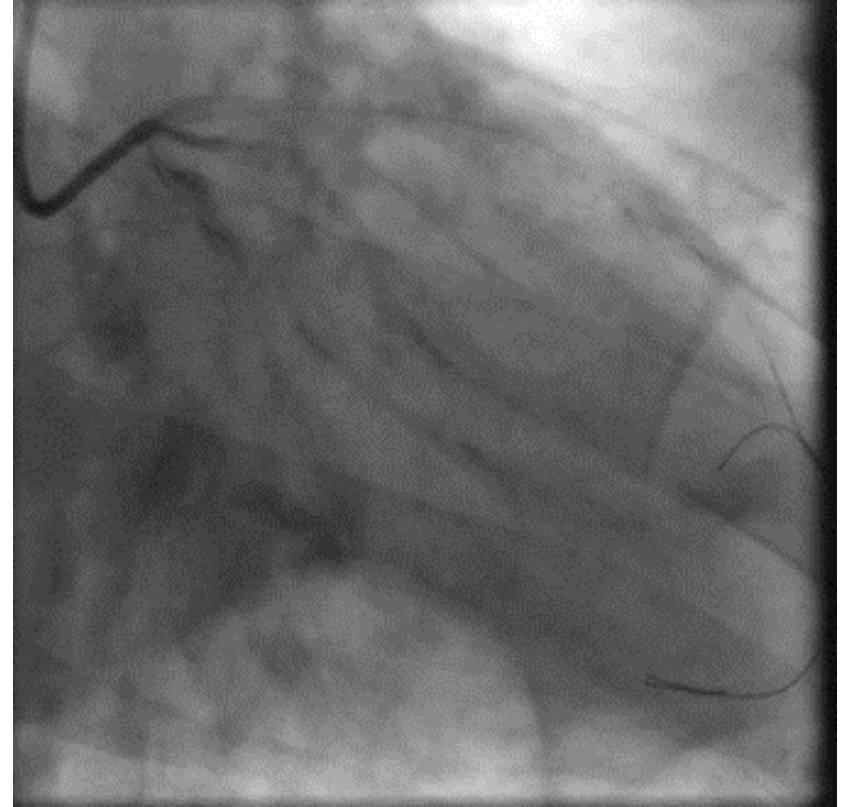
3.0 x 20 mm  
paclitaxel-DCB with iopromide excipient  
was applied for 60 sec



## Final result



ASA 100mgx1 and enoxaparin 40mgx1 s.c. was continued until surgery

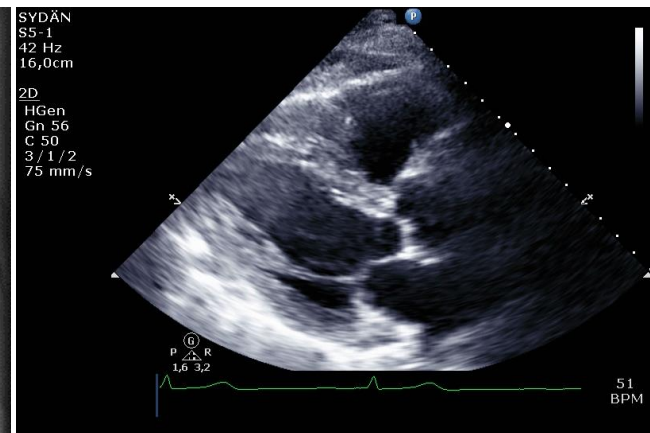
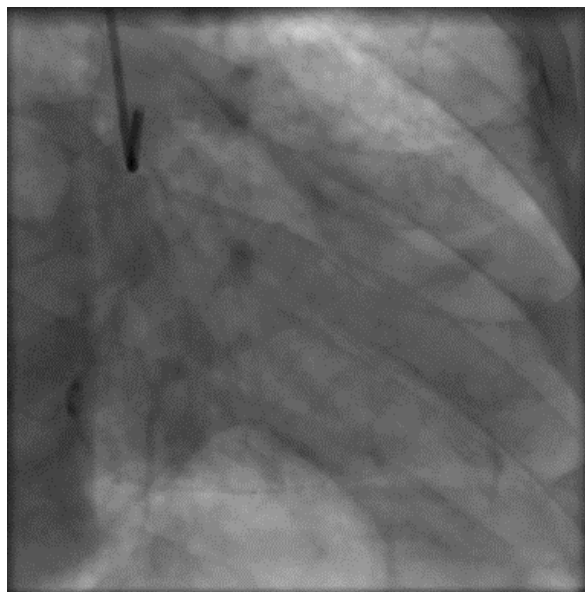
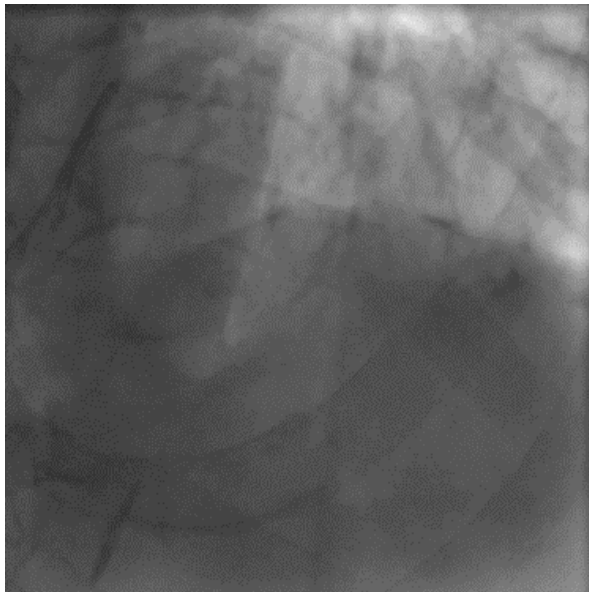


No stenting due to extreme bleeding risk = recent bleeding + colon CA and urgent surgery



## Follow-up

- Poor compliance to medication: the patient stopped using ASA!
  - Luckily no DES was implanted -> almost certain stent thrombosis would have happened
- Successful hemicolectomy 2 weeks after PCI without complication
- Control angiography 4 months later showed good result with positive remodeling and also anterior wall function was normalized
- No recurrent angina for 5 years now



## Conclusions

- Patients suffering from severe myocardial ischemia and recent bleeding / extreme bleeding risk / going to urgent non-cardiac surgery are difficult to be managed
- DCB-only strategy is a novel option in these patients<sup>1</sup>
  - Single antiplatelet in extreme bleeding risk can be used
  - In case of severe bleeding all antithrombotics can be temporarily stopped which is not possible after stenting within the first 4 weeks
  - Safe for non-compliant patients
- Acute vessel occlusion risk is very low
  - approx. 0.2% in large registry studies
  - 0% in two RCTs testing DCB in *de novo* lesions<sup>1,2</sup>
- Positive remodeling occurs after DCB-only PCI

<sup>1</sup>Rissanen TT et al, Lancet 2019

<sup>2</sup>Jeger R, Lancet 2018