

How could I treat...

A bifurcation with high thrombus burden despite exhaustive aspiration

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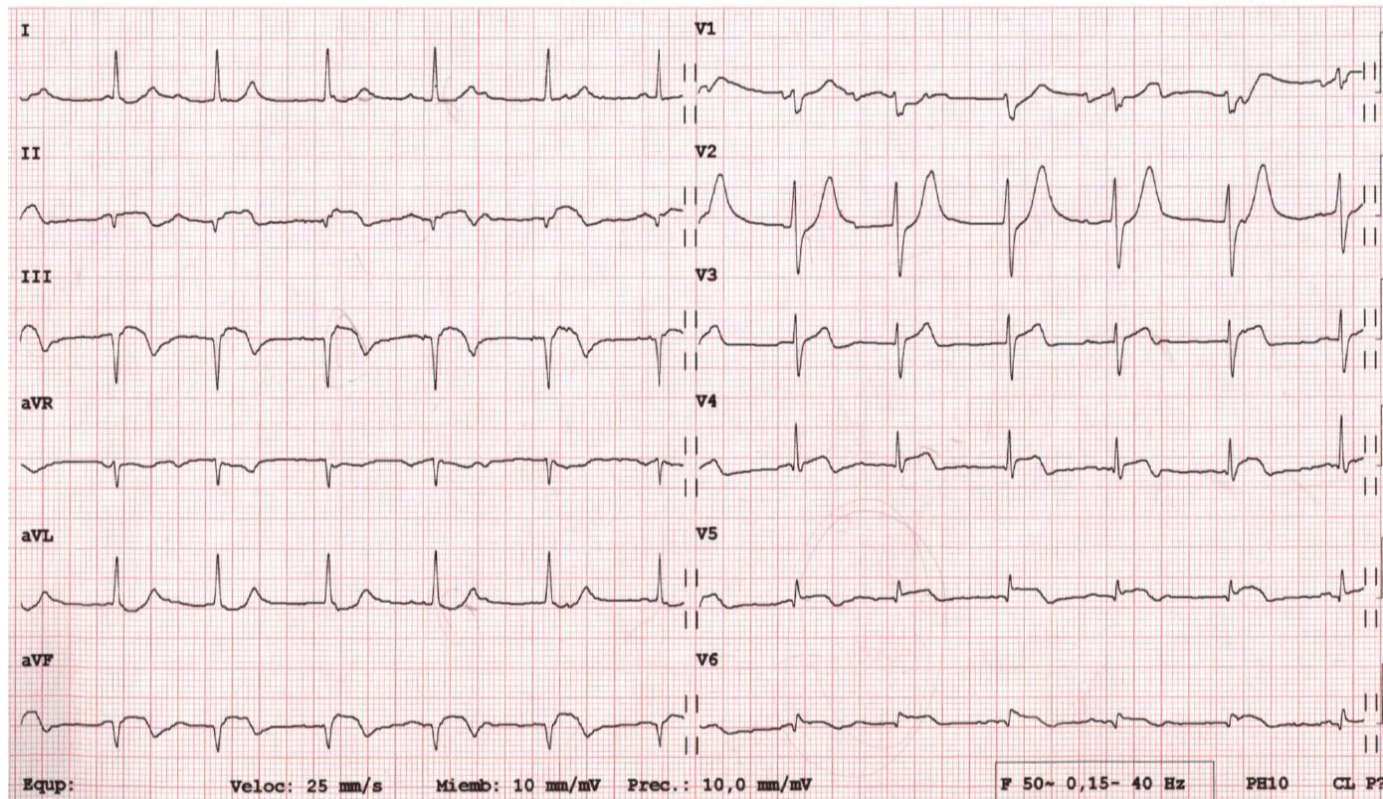


Previous History

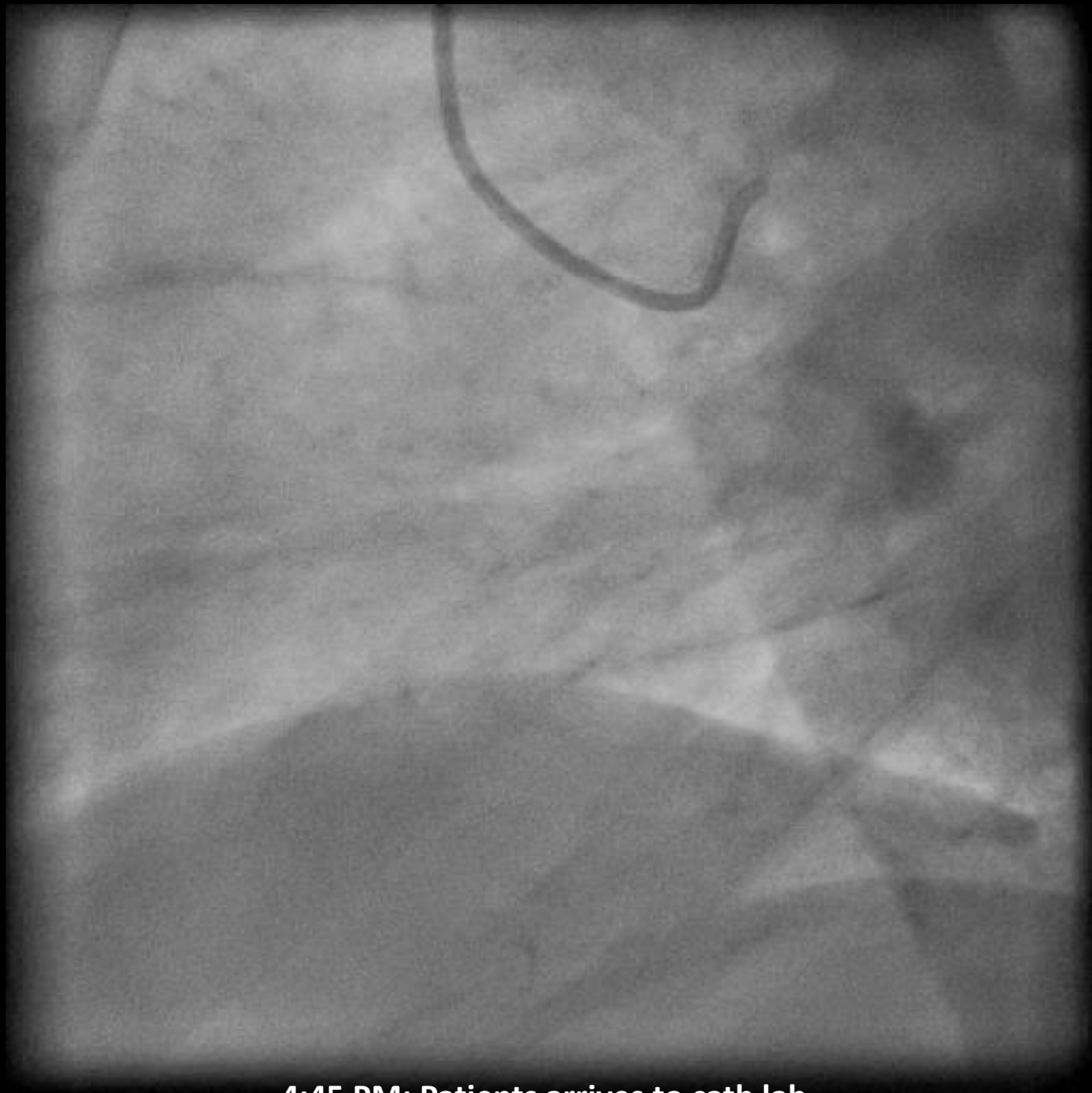
- 49 y/o gentleman
- Current smoker

Current Admission

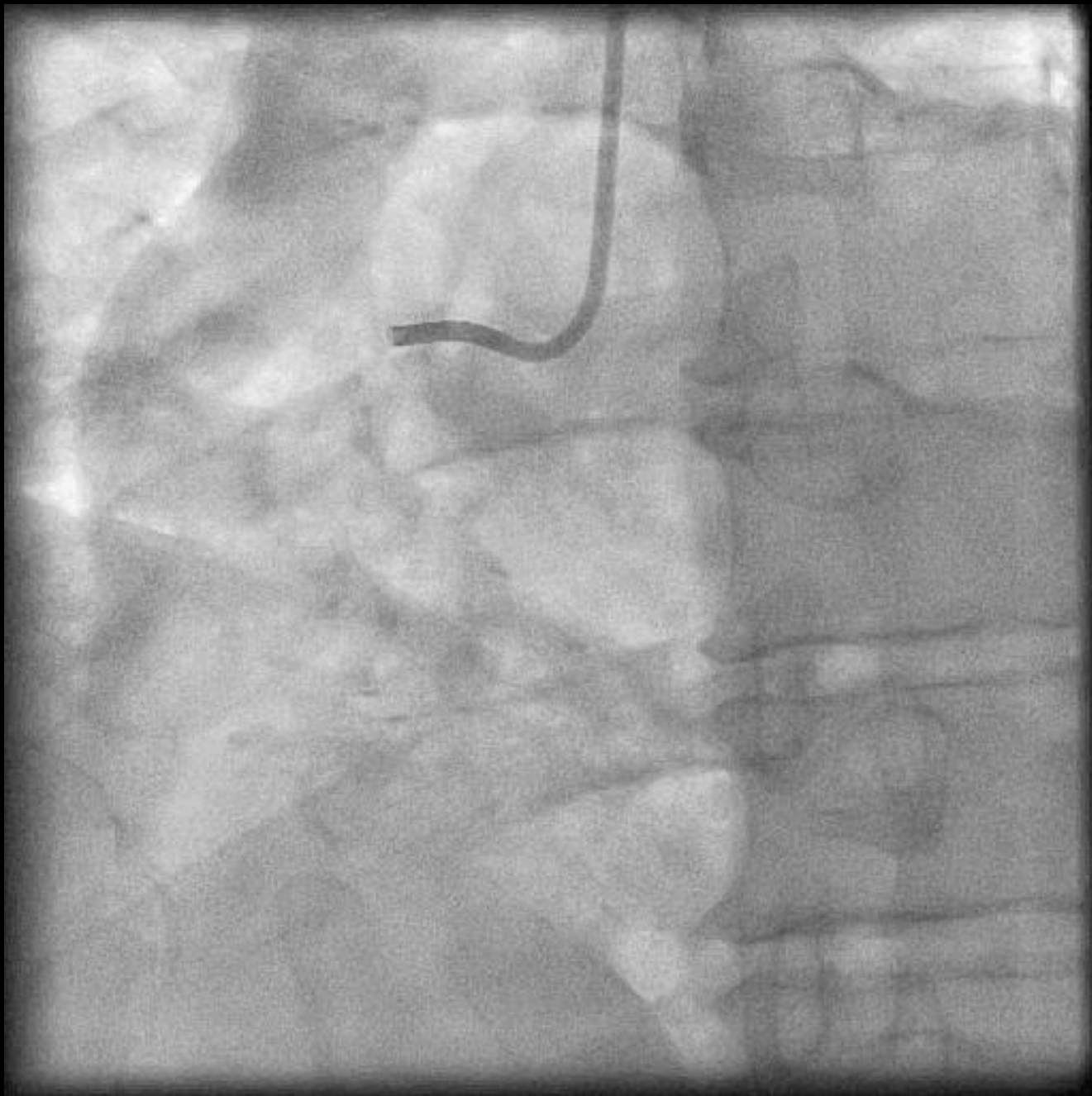
- 5:00 AM - starts oppressive chest pain
- 4:05 PM - emergency room county hospital
- 4:10 PM - ECG



- 4:15 PM - AMI code activation
- ASA 250mg + clopidogrel 600mg + UFH 100 UI/Kg



4:45 PM: Patients arrives to cath lab.
Left coronary artery



RCA: 45° LAO oblique projection



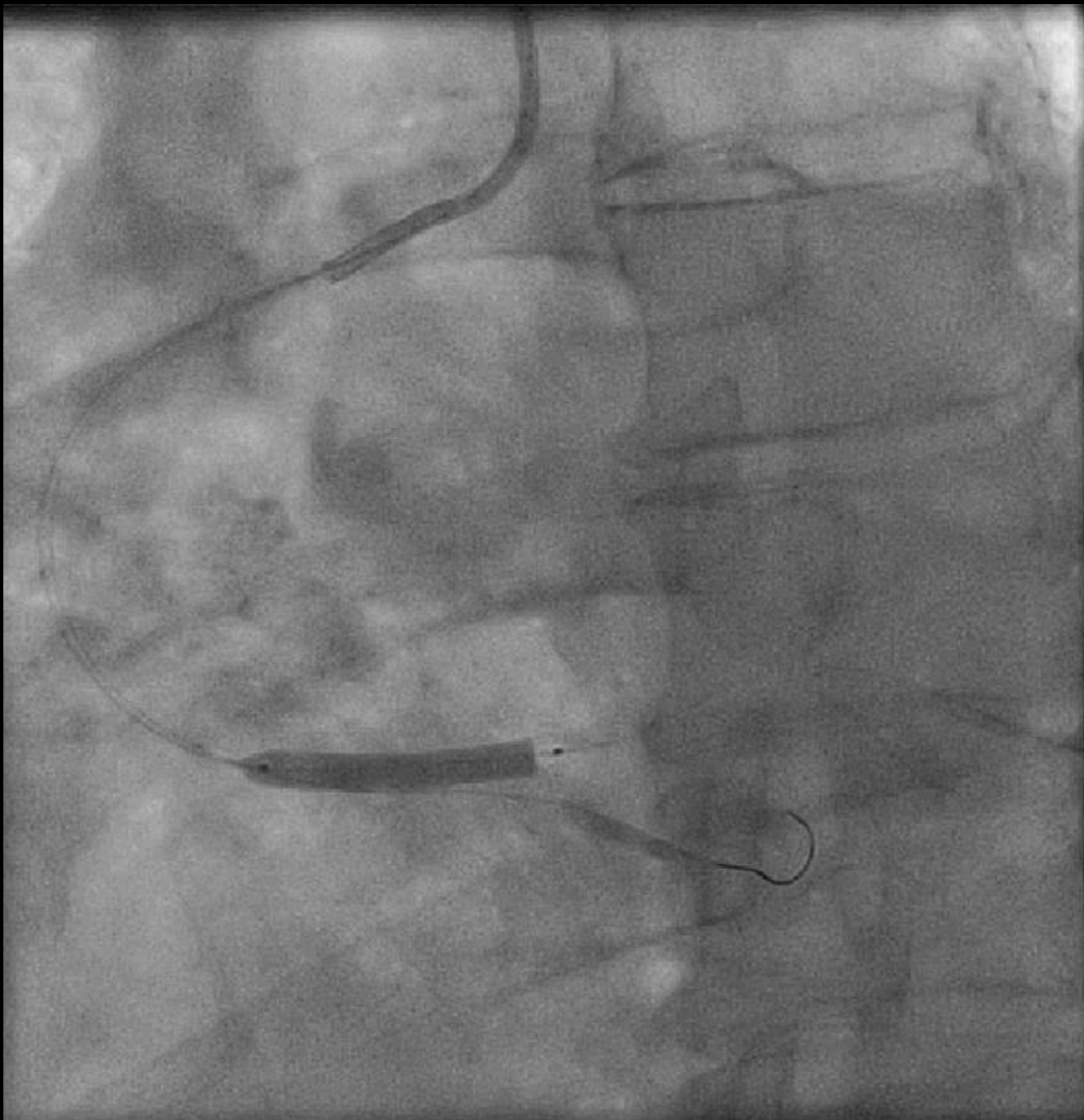
Abciximab bolus
Aspiration x8 with 2 different 6F catheters



Result after aspiration



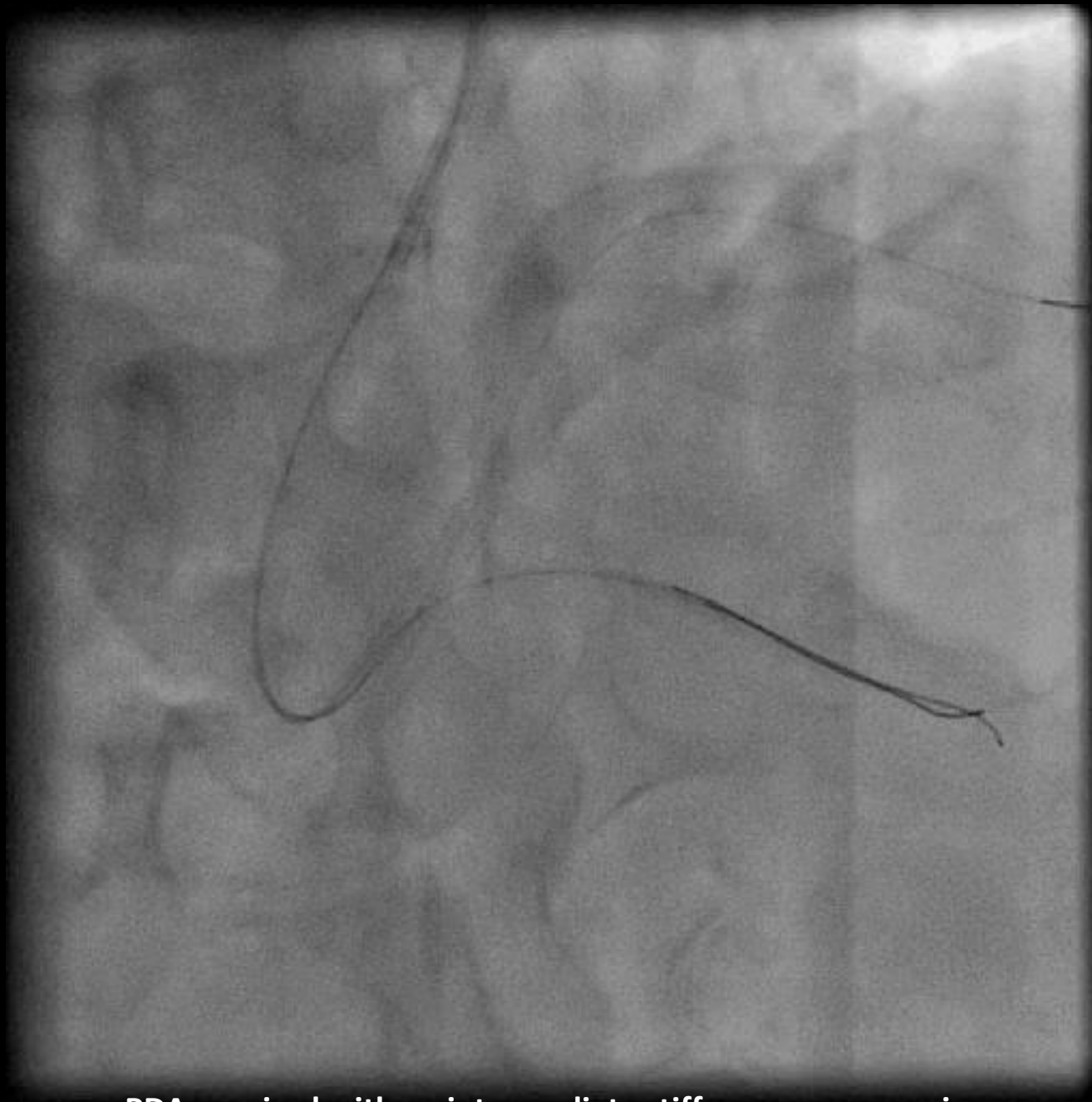
PDA aspiration and 2nd wire



Direct 3.5x28 mm mesh-covered stent



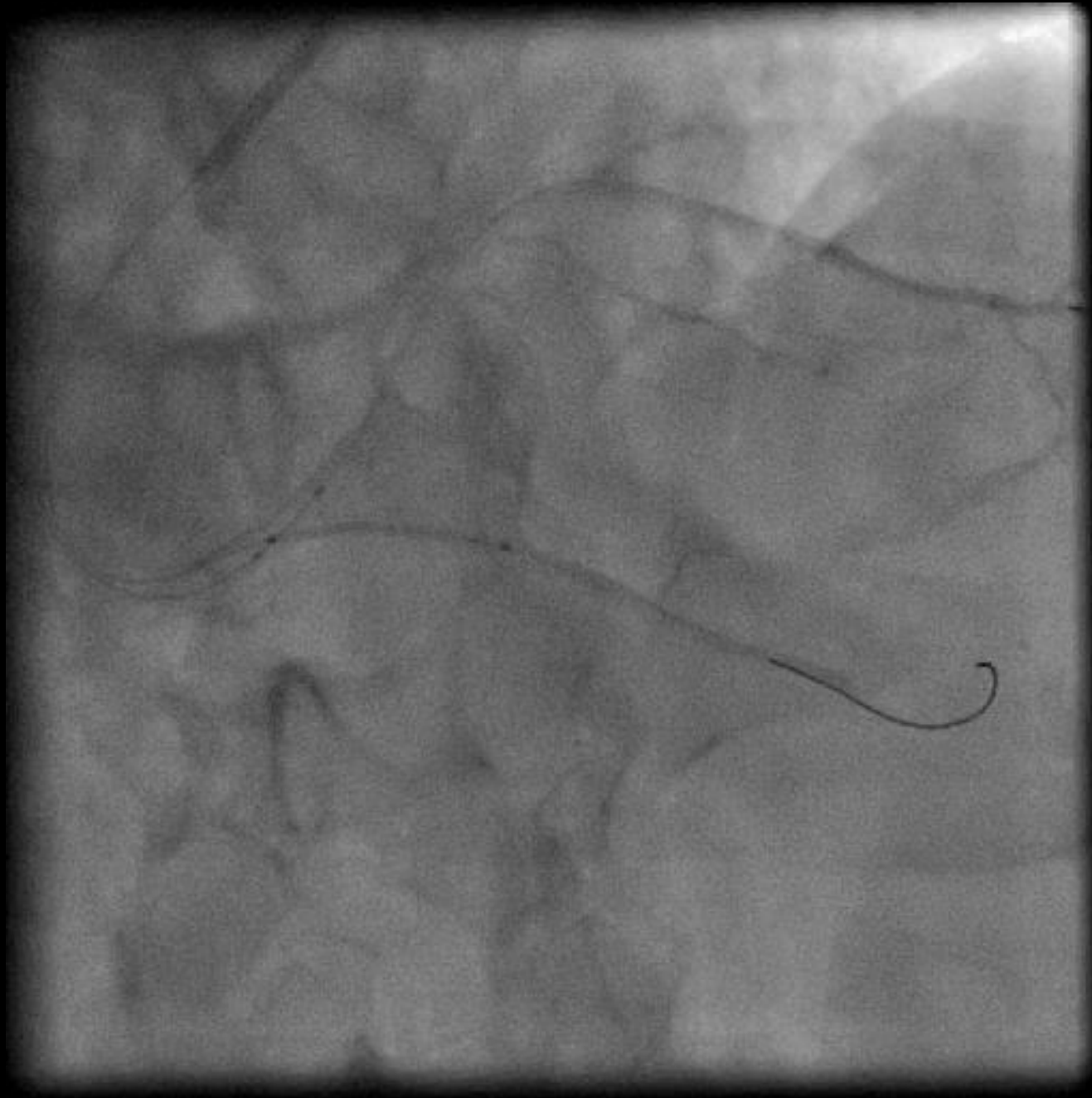
Post stent: PDA with TIMI 0



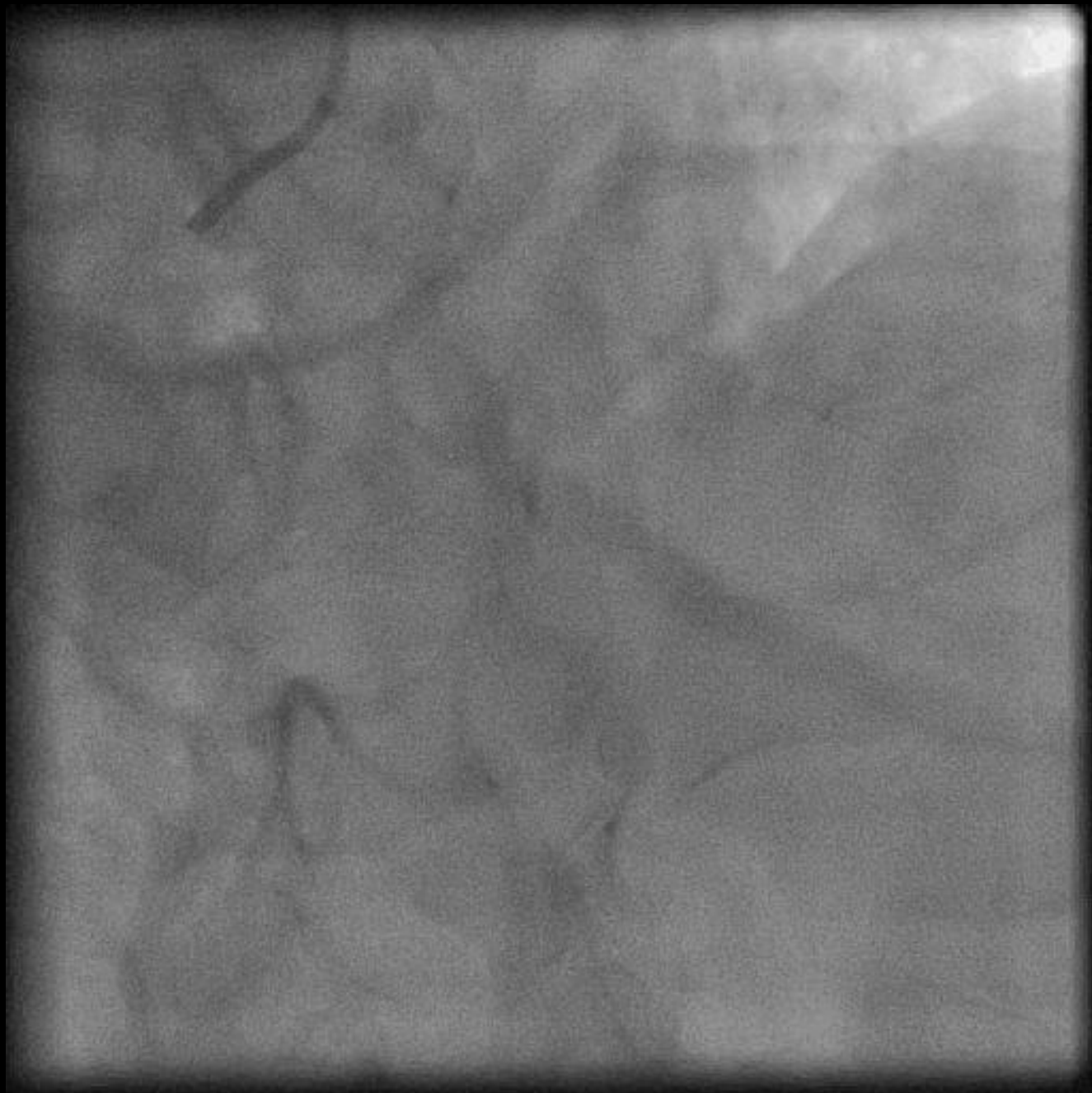
PDA re-wired with an intermediate stiffness coronary wire.
However, operator is unable to advance any device though the mesh



A 1.5x6 mm balloon was advanced through a extension catheter



T-stenting with a BMS

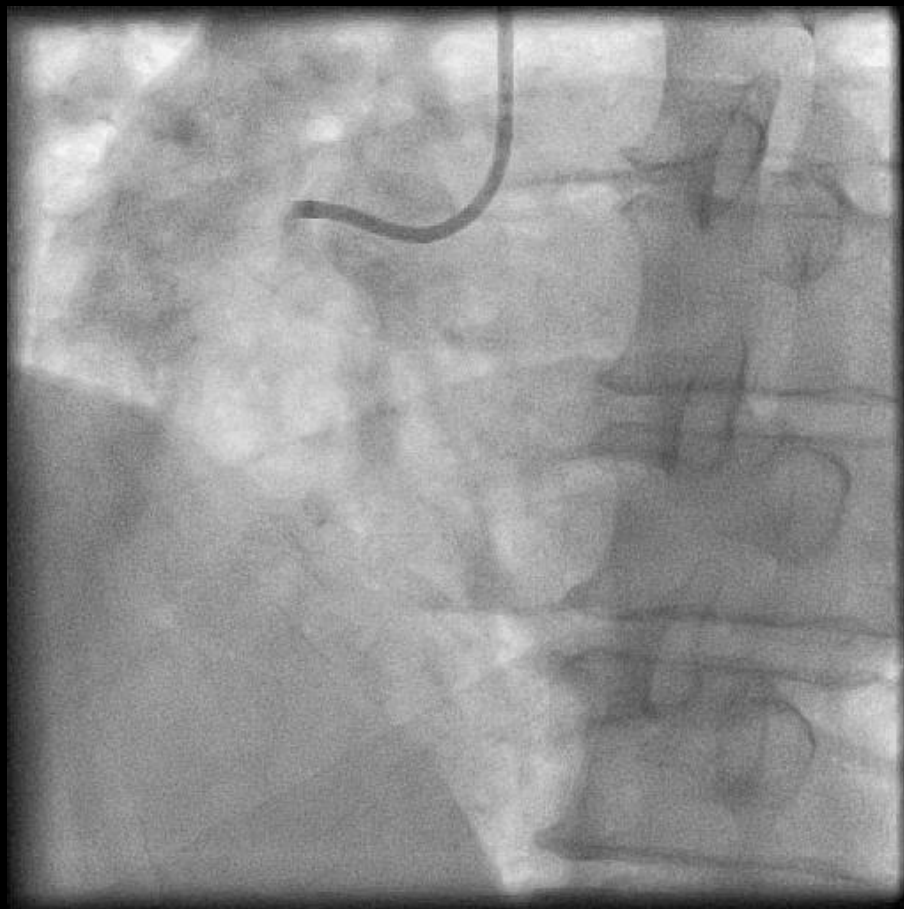


Final result

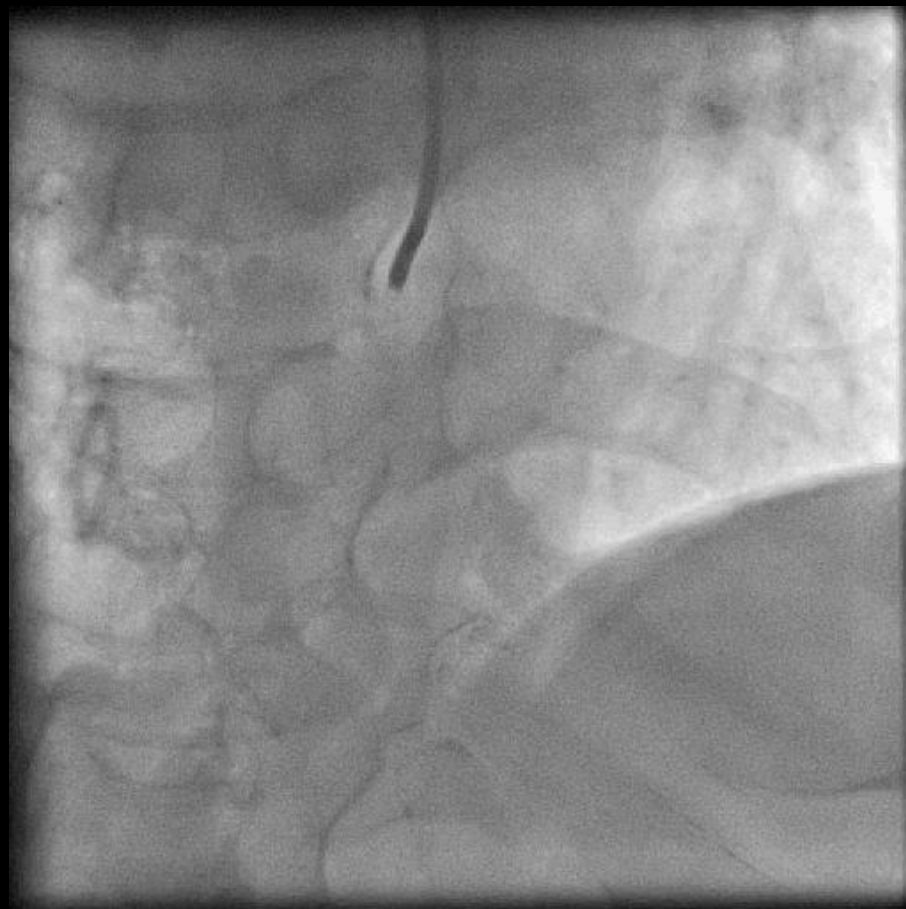
Clinical course

- **Total ischemic time: 12h**
- **CCU admission. No chest pain, mild symptoms of heart failure.**
- **LVEF 42 %.**
- **Clinical course unremarkable. Discharged 5 days later on: ASA, clopidogrel, betablockers, ACEI, statins & furosemide.**

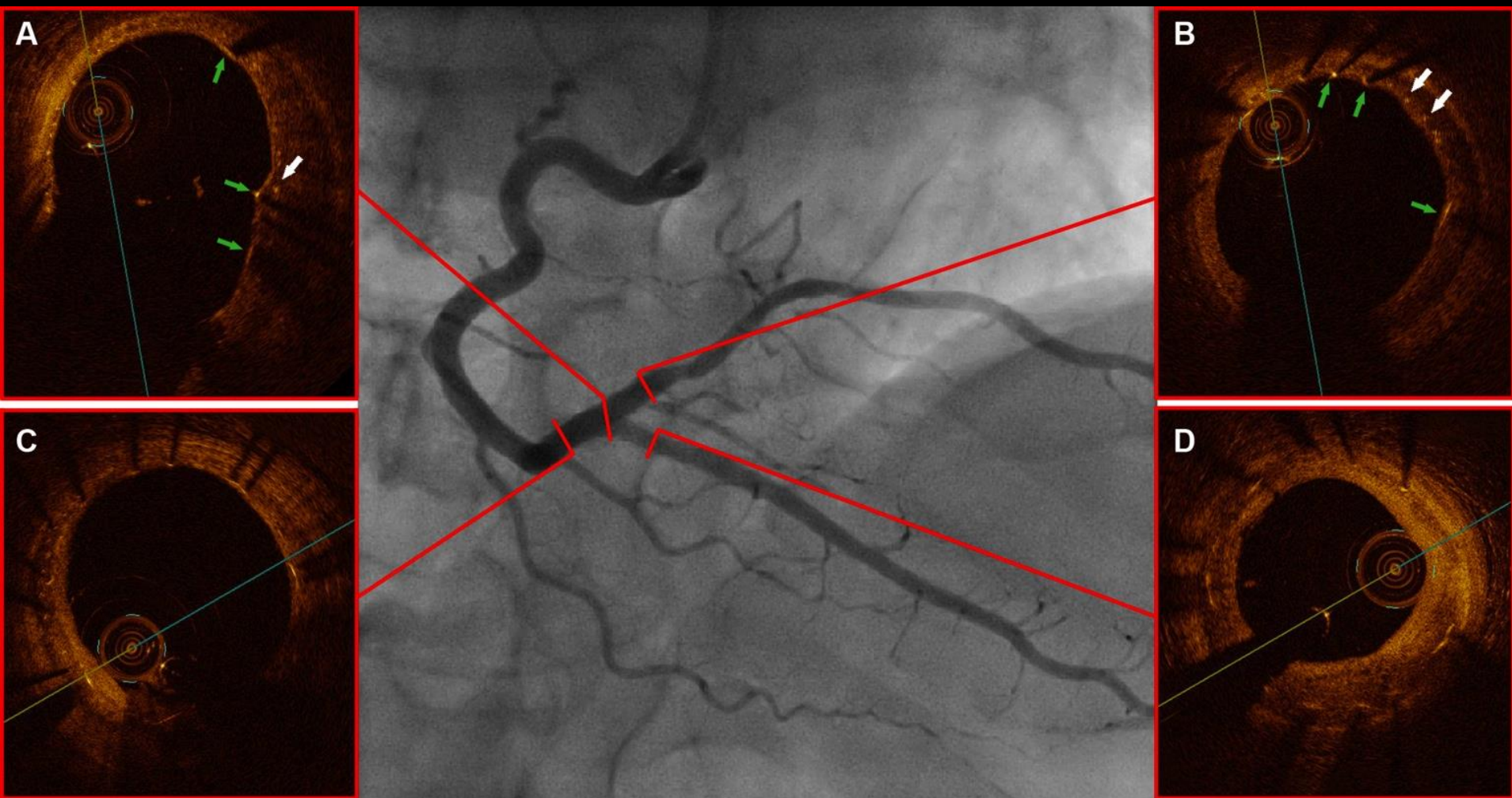
- Patient was scheduled for a angiographic follow-up 6 weeks later.
- Asymptomatic.
- Mild LVEF improvement (46%).



45° LAO



20° LAO 20° CRA



Optical coherence tomography

Hosp Bellvitge
Dr Romaguera

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Dr Romaguera

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Dr Romaguera

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- The MGuard stent improves myocardial reperfusion in patients with STEMI, compared to BMS/DES (MASTER trial).
- Side branch occlusion after MGuard stent implantation may be related to:
 - 1) Mechanical obstruction by the stent platform + net
 - 2) Thrombus shift from the main vessel to the SB
- In our experience, flow to the SB may be restored after SB occlusion:
 - 1) Medical treatment may be effective (in case of thrombus

shift)

Thank you

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