

Case presentation

Acute anterior wall infarction

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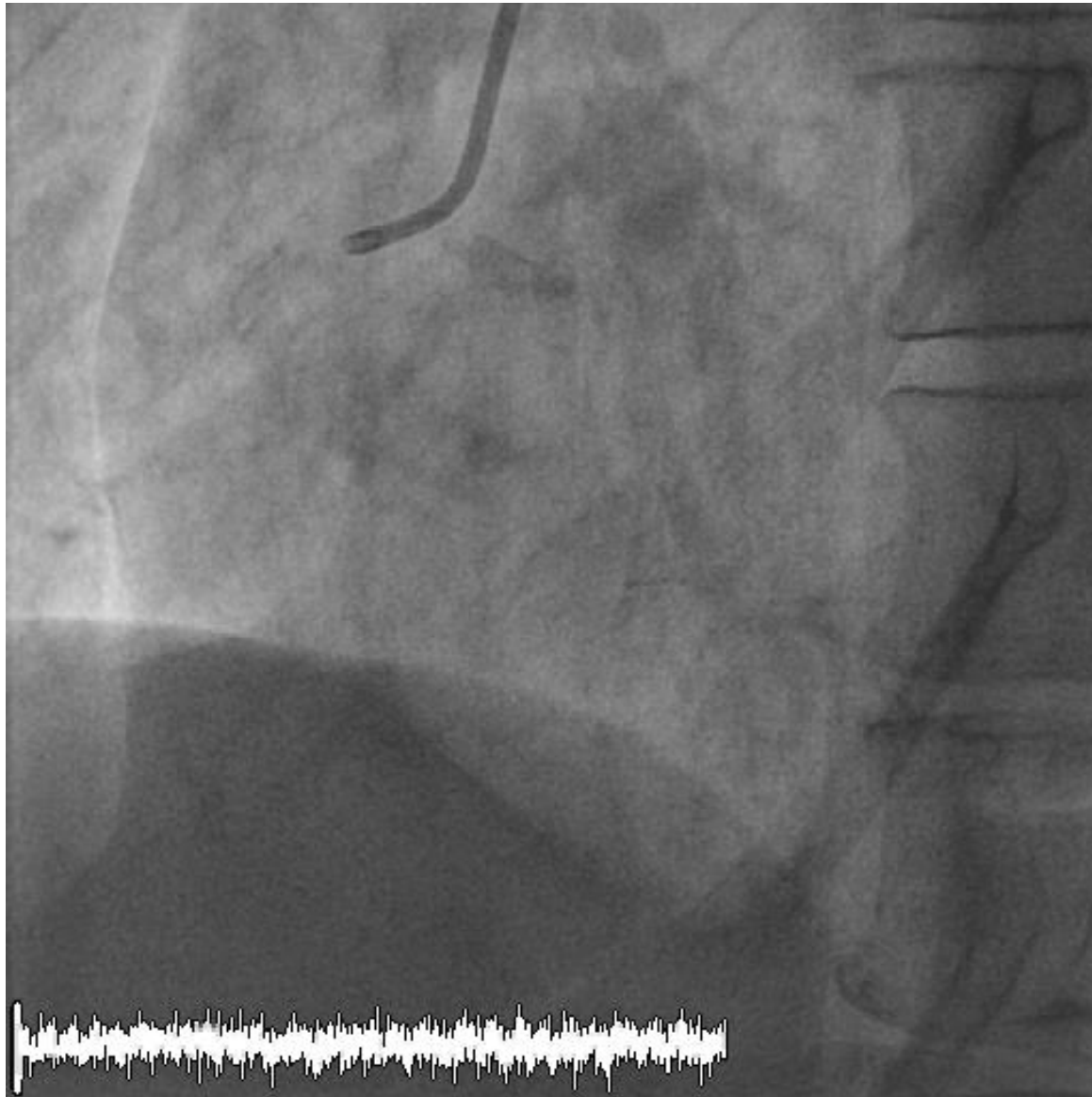
- **Female, 68 years**
 - No cardiac history
 - Risk factors: current smoker, positive family history
- **Acute onset of chest pain**
 - **TTFMC 90min**
 - direct transfer of ECG to CCU in OLVG
 - 5000IE heparin, 300mg aspirin, 60mg prasugrel administered in ambulance
 - **Door-to-needle time 20min**



Coronary angiography – RCA

6F, right radial approach

Kimny catheter for RCA and LCA



Coronary angiography - LCA

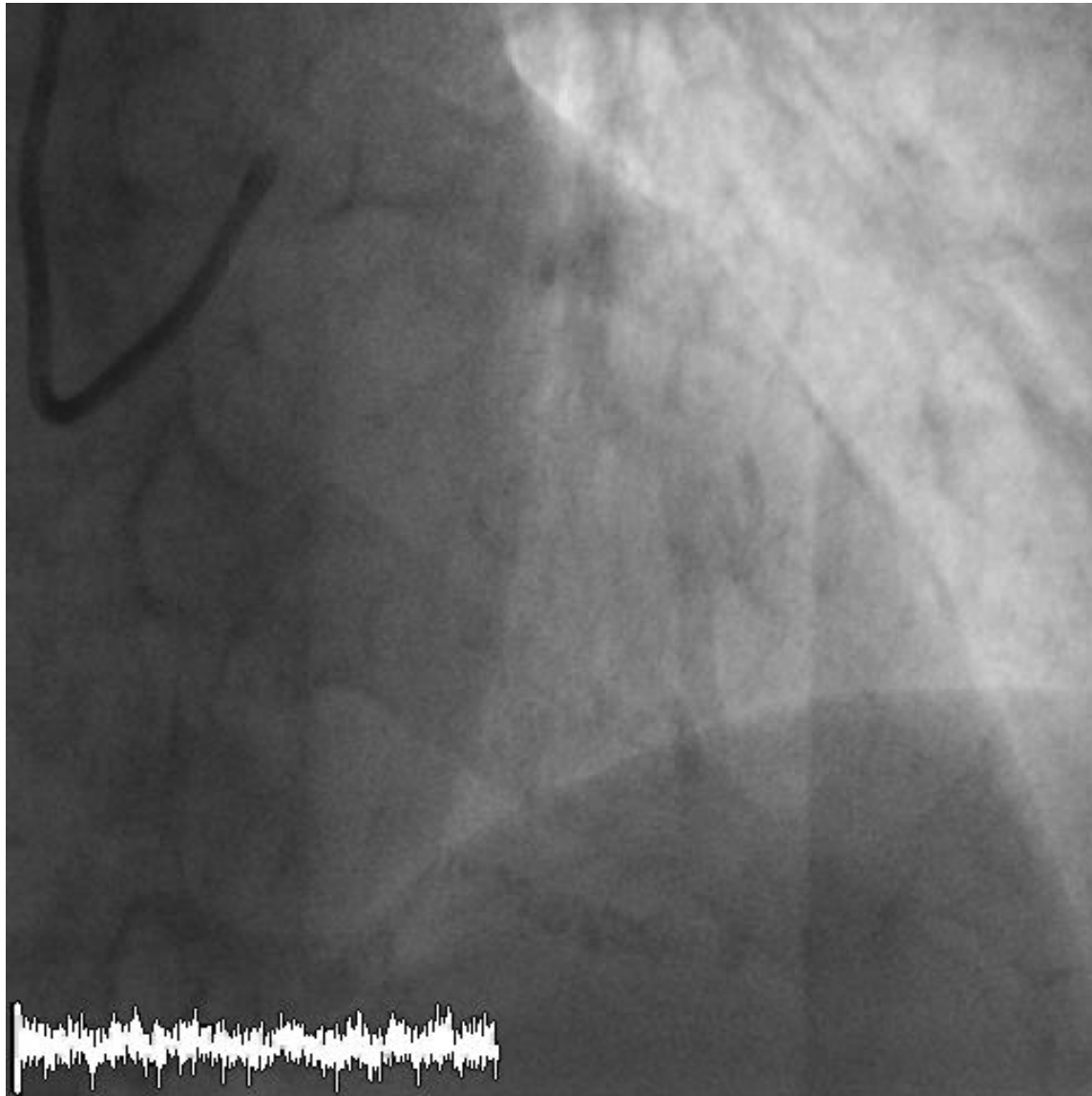


Coronary angiography – LCA

Culprit proximal LAD

Thrombus ++

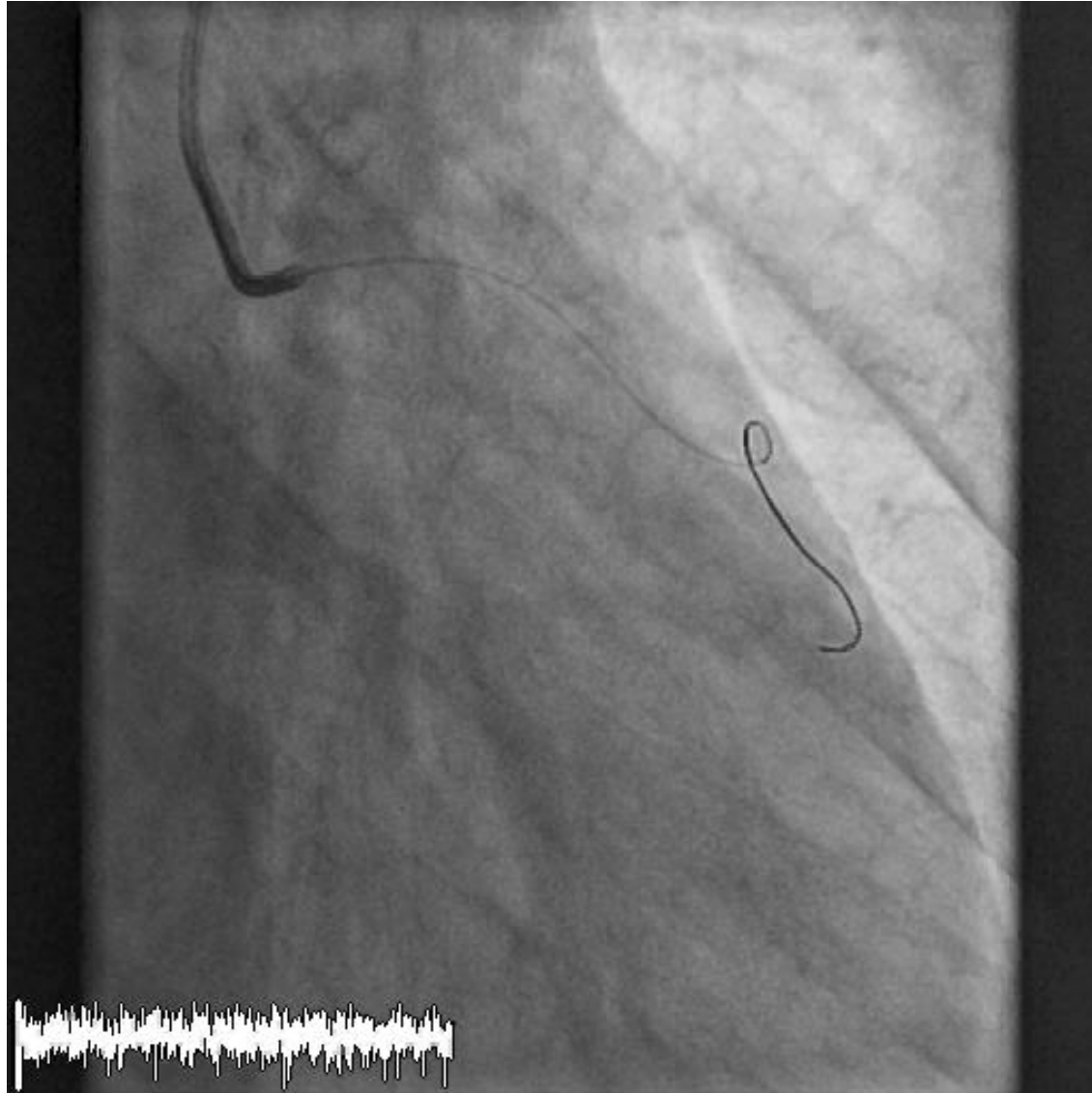
TIMI flow grade 1



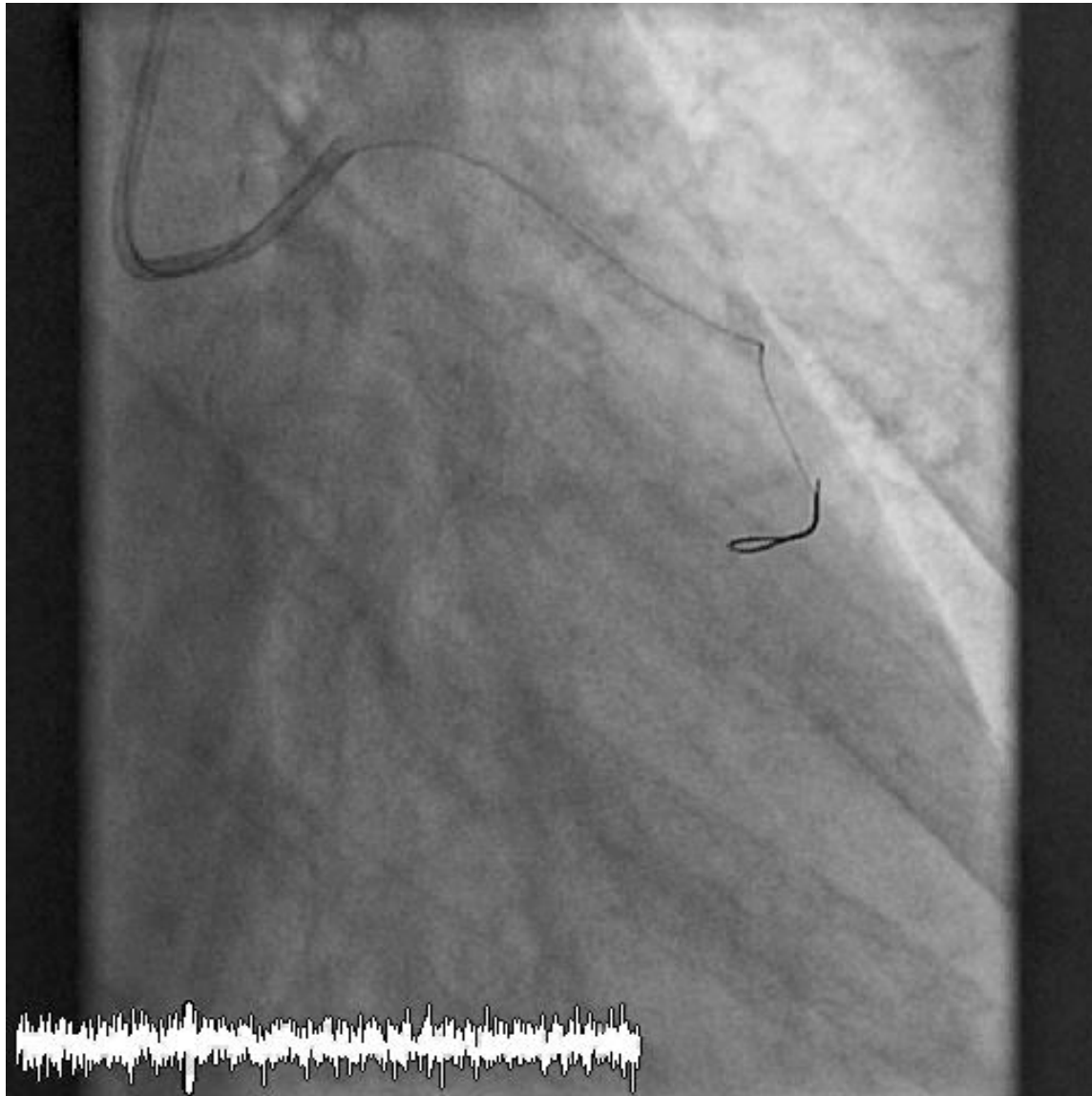
Primary PCI of proximal LAD

Long lesion ostial-proximal LAD

Improvement of flow after wire (Asahi Sion)



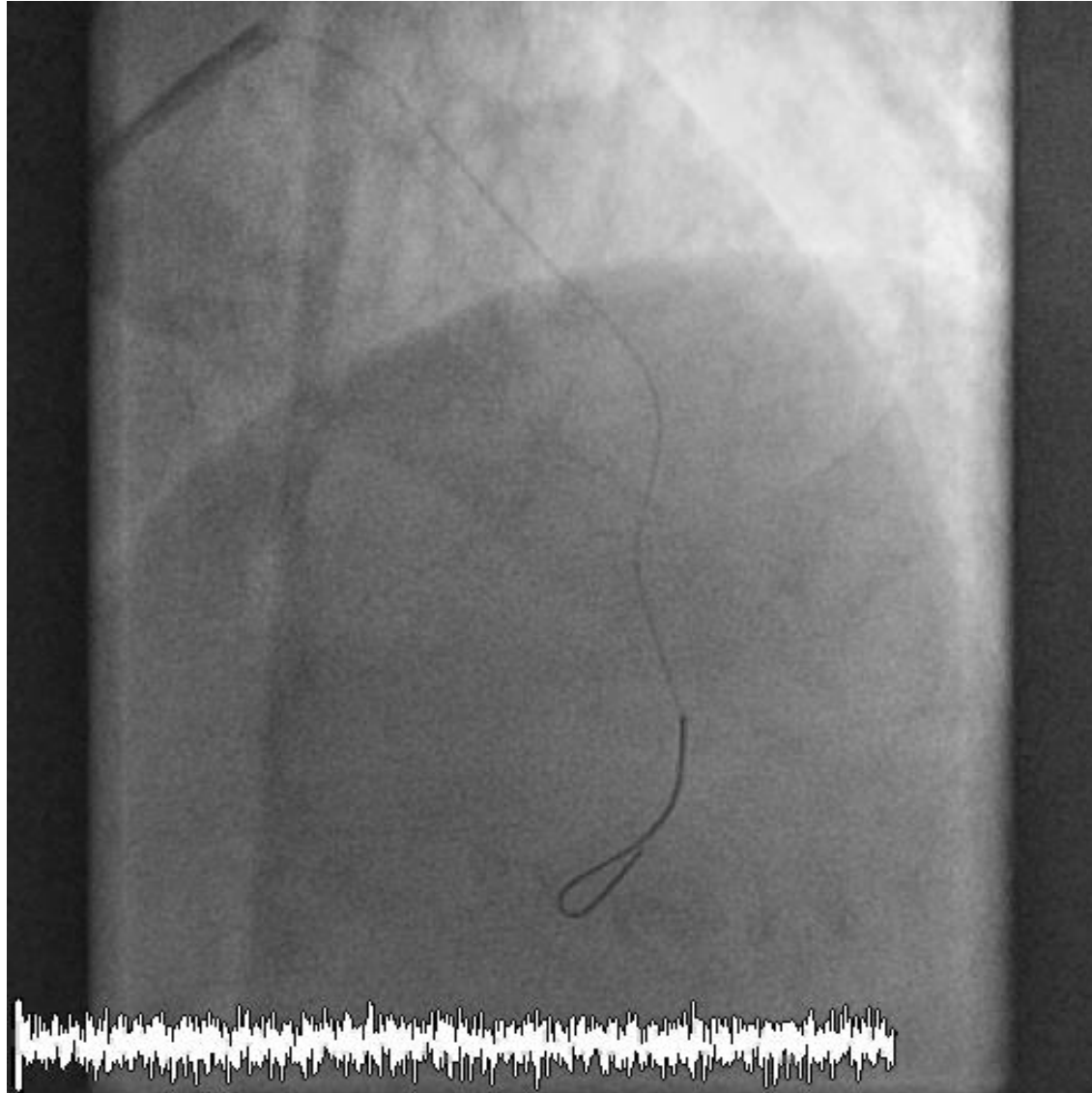
Direct stenting with 3.5/28mm MGuard Prime BMS



Result after stenting

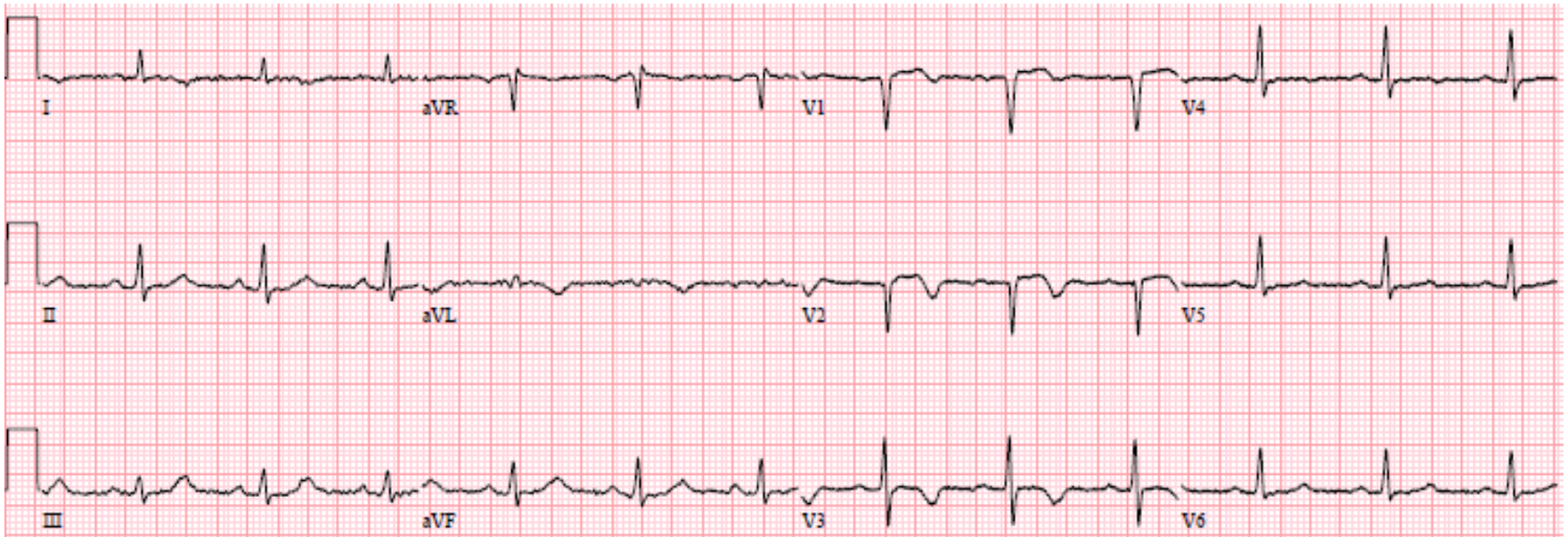
No residual stenosis

TIMI flow grade 3



Outcome after procedure

- **Laboratory results**
 - CK-MB max 80 µg/l
- **Echocardiography**
 - EF 35% at day 1,
 - No apparent wall motion abnormalities at 3 months follow-up
- **ECG 90min post-PCI:**



- **Excellent outcome after direct stenting with MGuard Prime, without prior thrombus aspiration**
 - TIMI flow grade 3
 - complete ST-resolution
 - minimal rise in CK-MB
 - no wall motion abnormalities after 3 months
- **No need for TA and/or pre-dilatation if TIMI flow grade ≥ 1**
- **Rather long stent was chosen to cover complete thrombus**