

Coronary perforation in CTO intervention : How to treat ? A novel technique

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A 47 years old man was admitted for elective coronary angiography with clinical presentation stable angina.

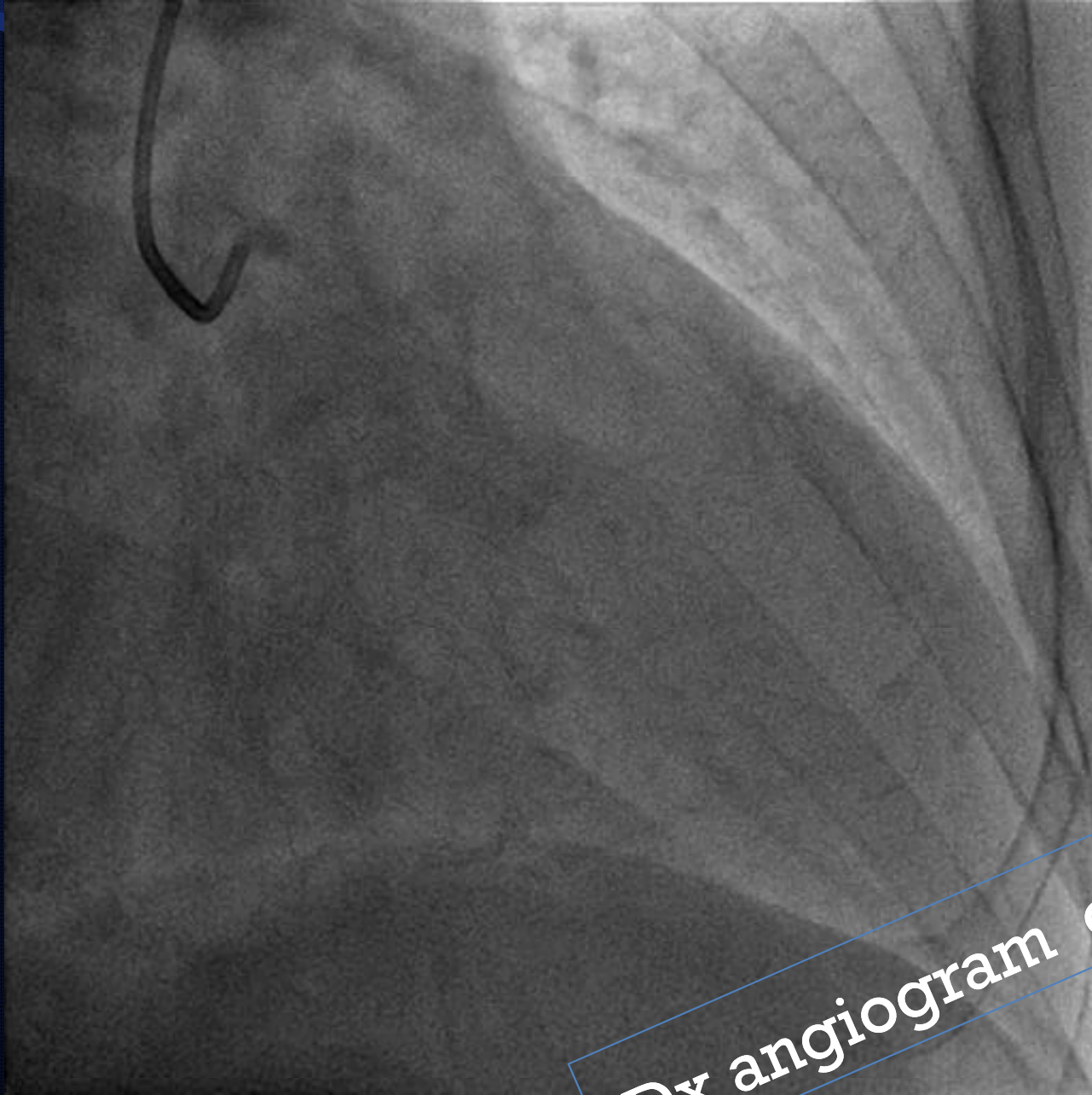
His coronary risk factor were hypertension and chronic smoking.

Electrocardiography showed normal sinus rhythm

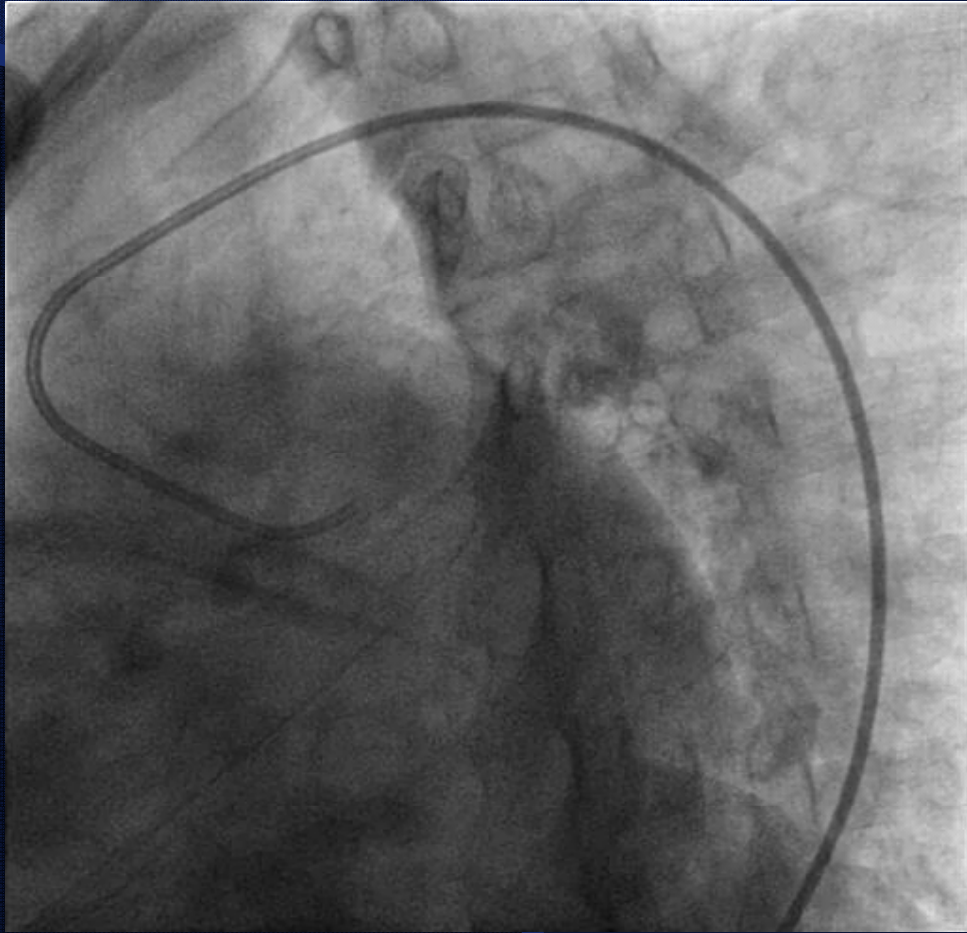
Troponin (-)

Echocardiography finding revealed

decrease LV systolic function EF 40 %, diastolic dysfunction and hypokinetic anterior wall .



Dx angiogram on 5th Nov 2012



Coronary angiography

Tripple Vessel Disease

CTO prox LAD

Diffuse disease LCX

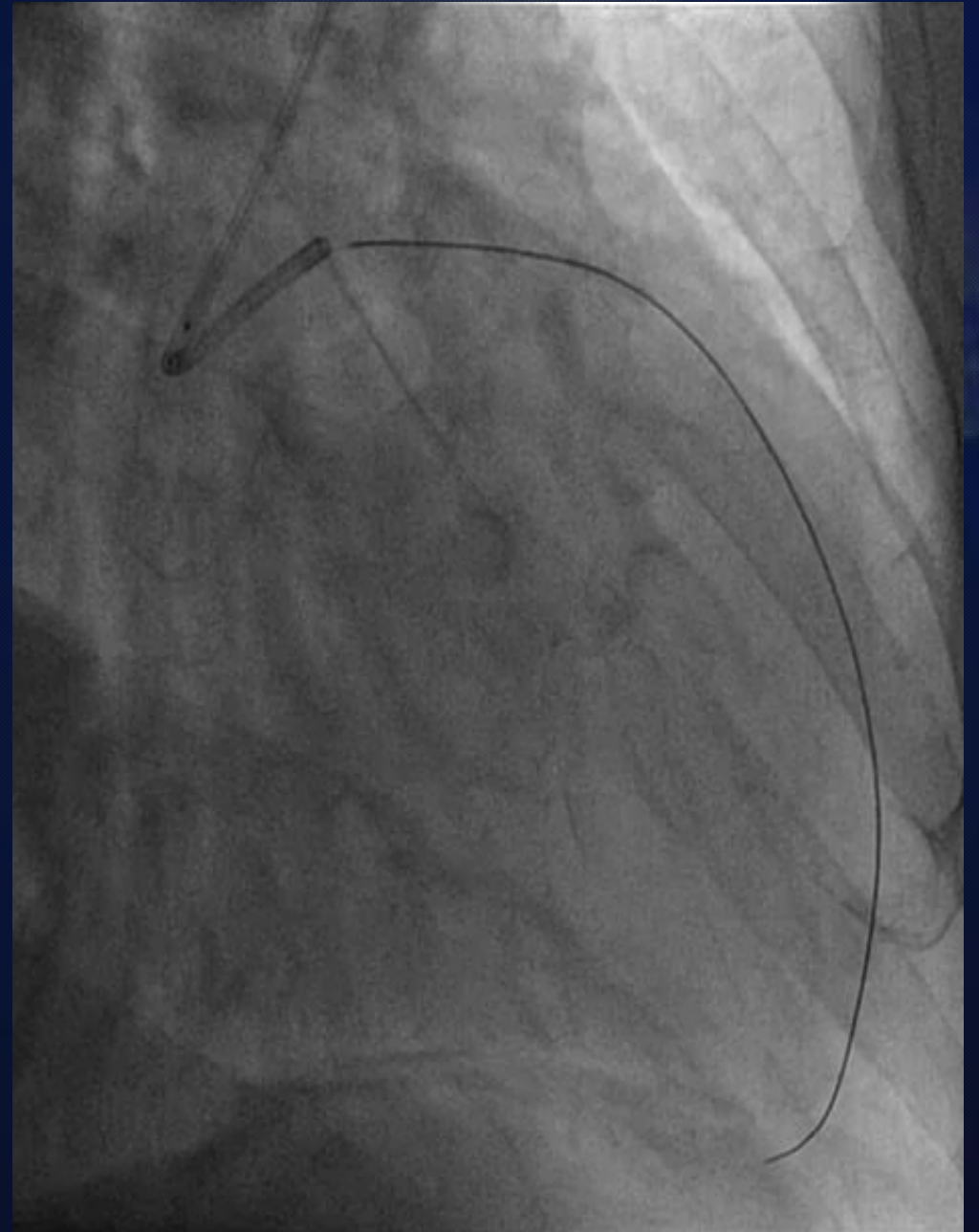
Prox and distal lesion RCA

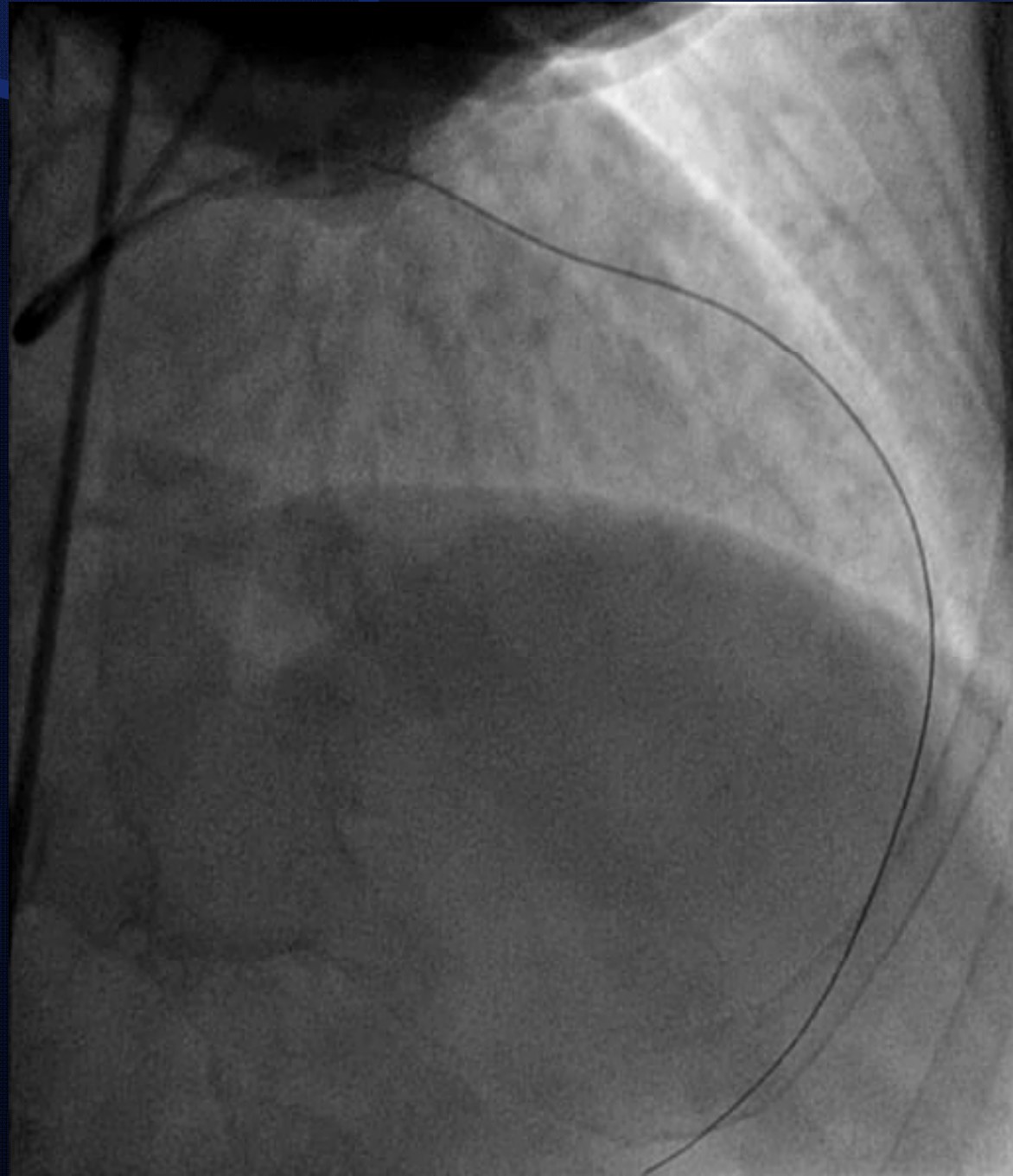
Syntax Score 38

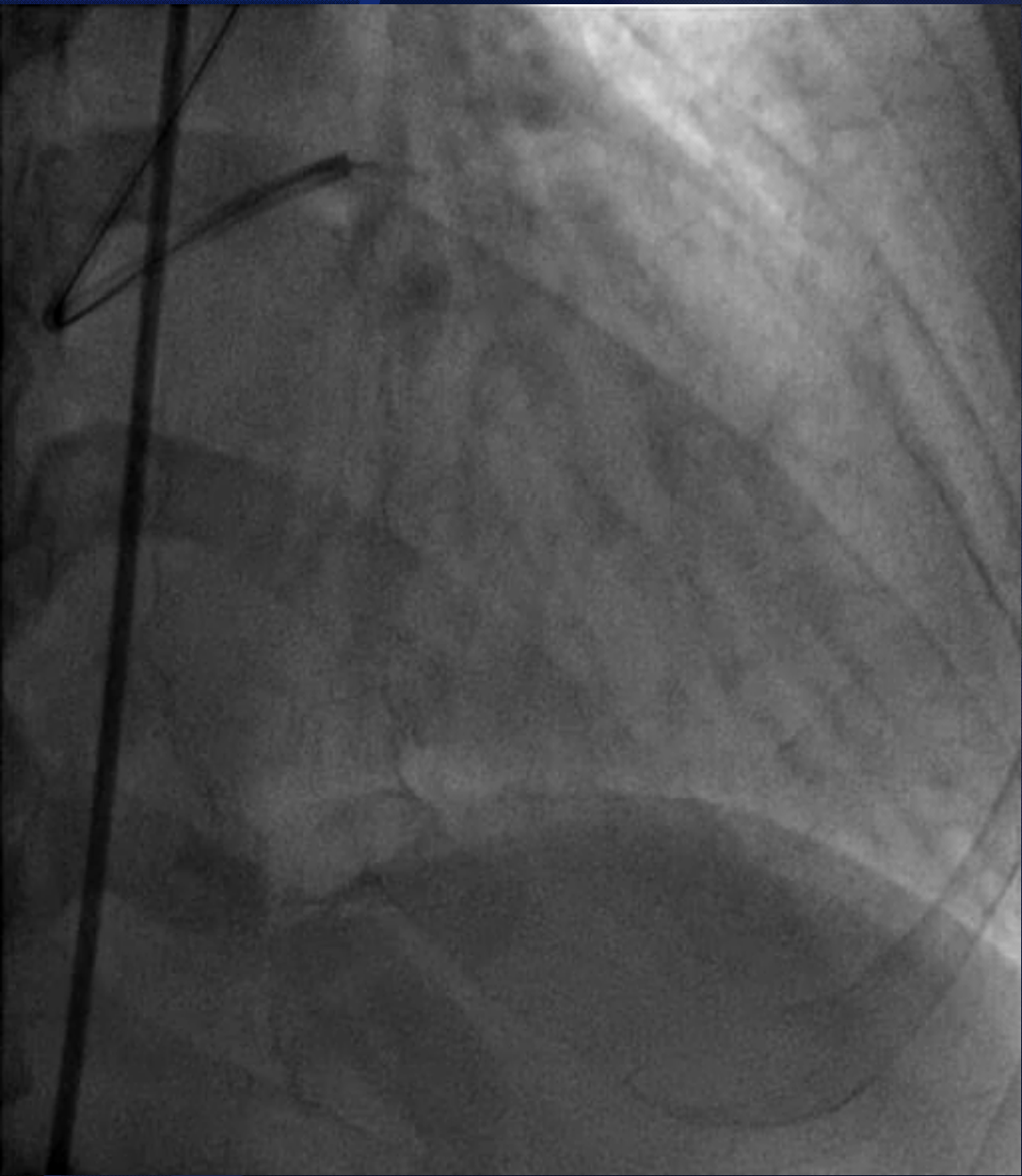
Patient refused to surgery (CABG)

Plan for stage PCI

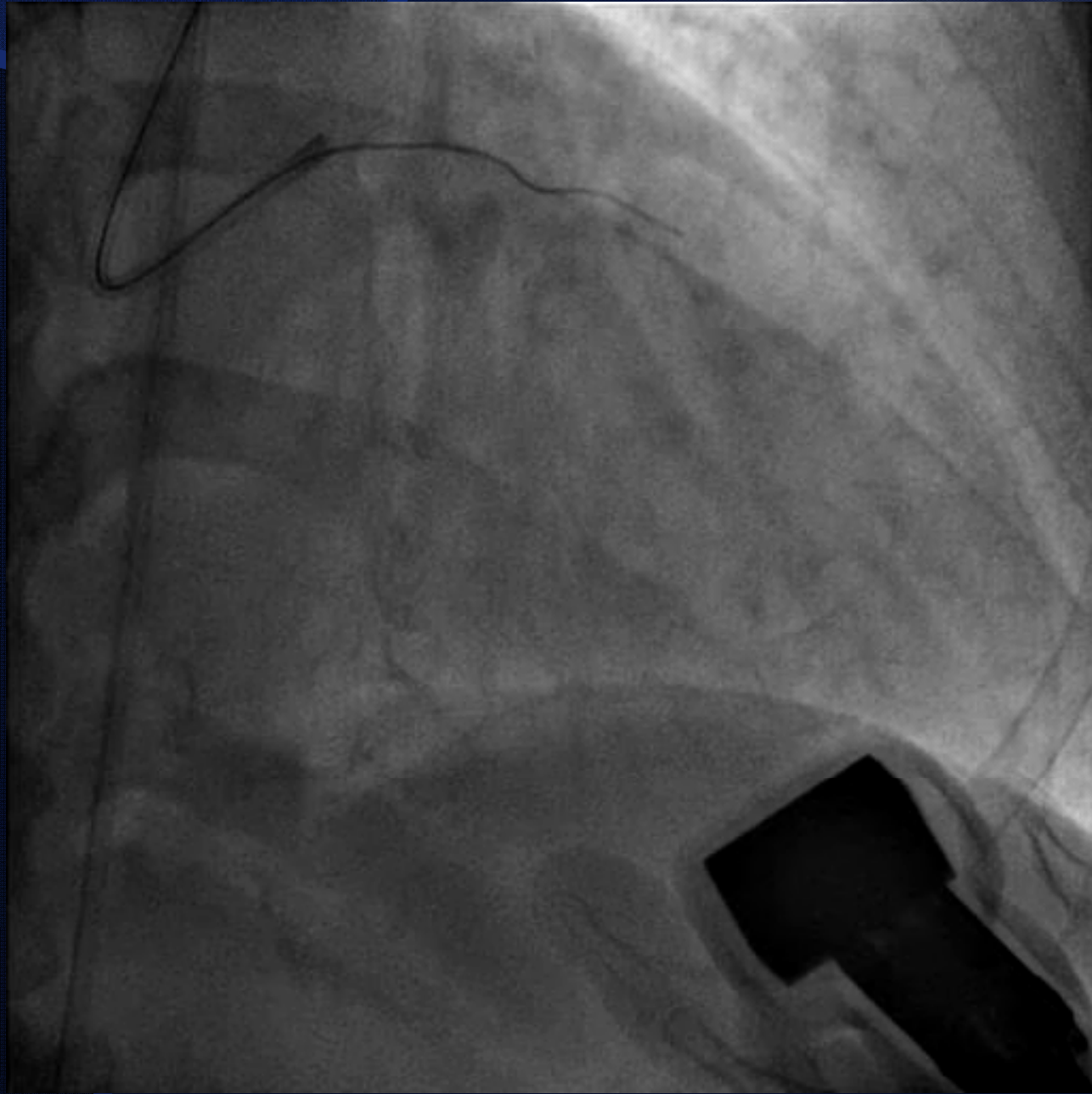
Conquest pro 12 ,
ballon 1,5

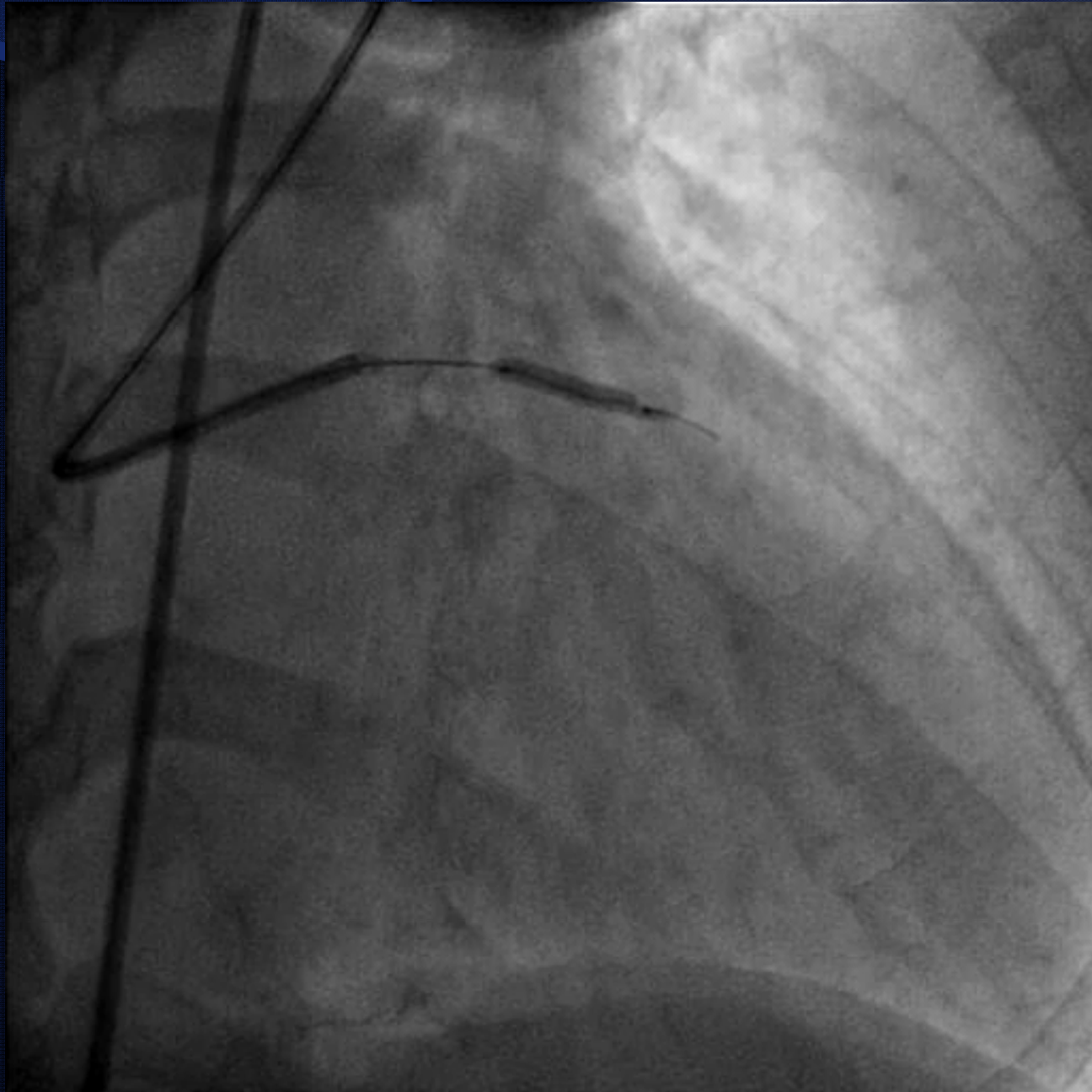


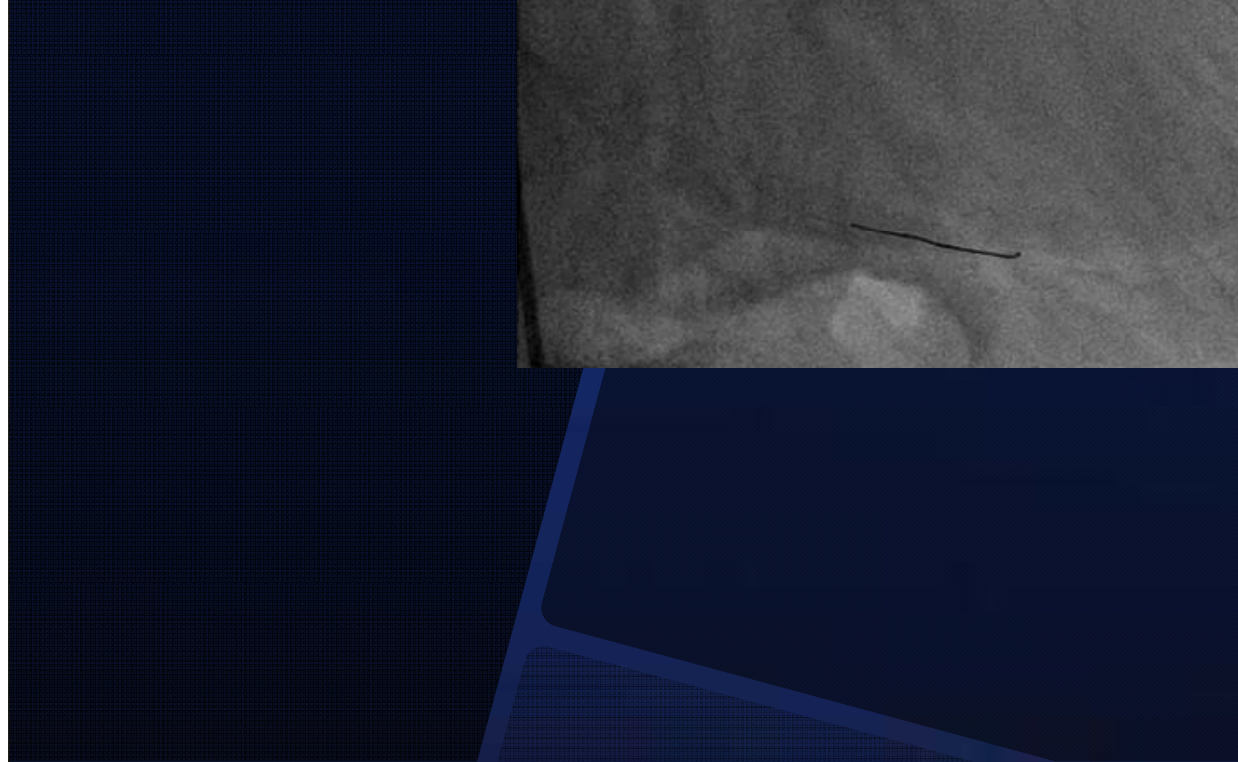
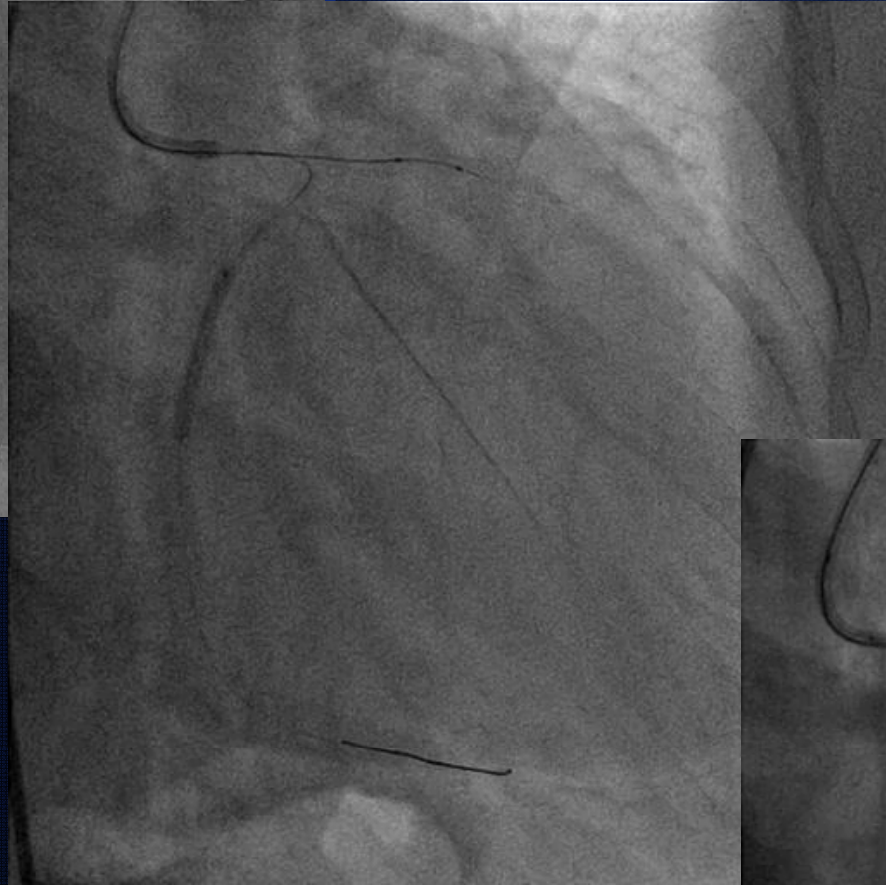
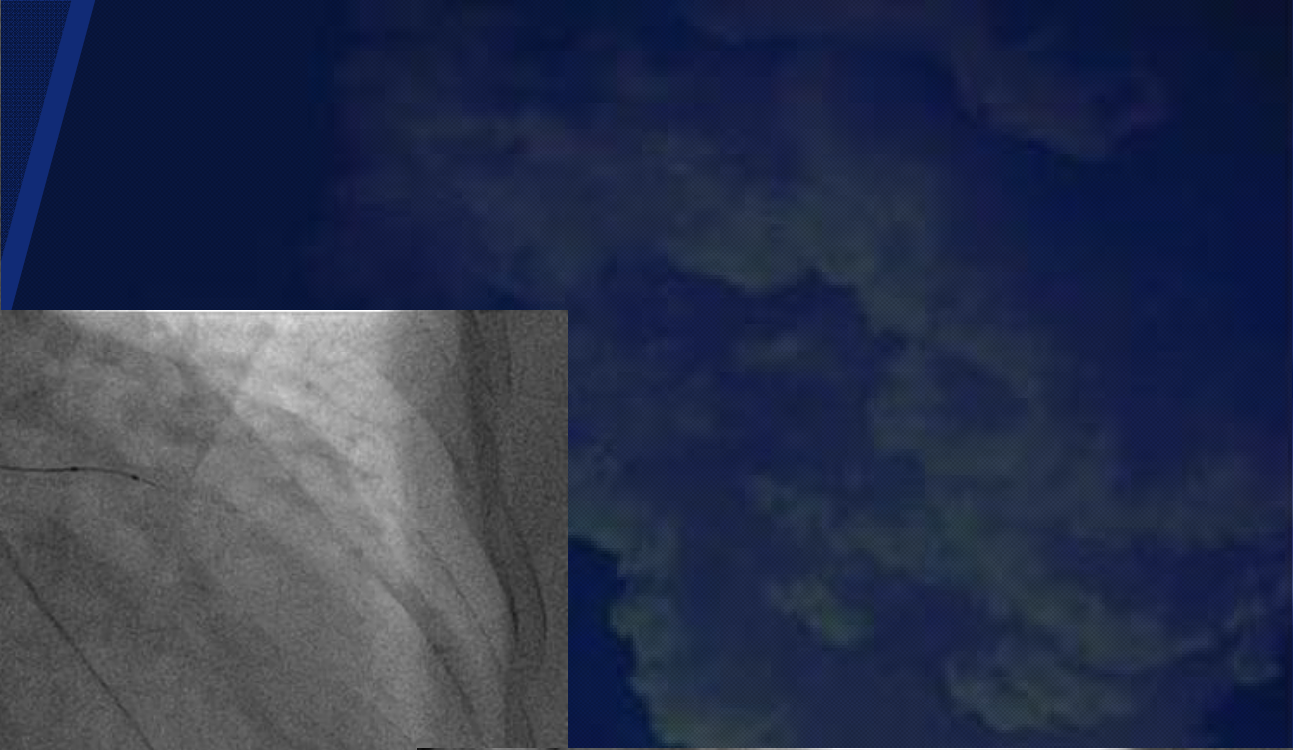
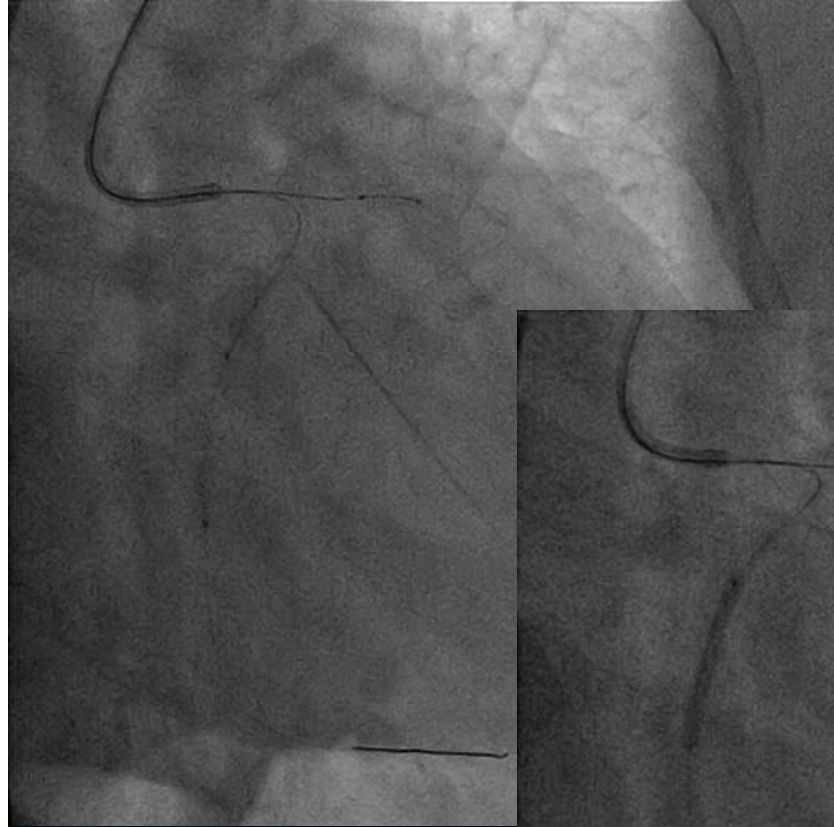


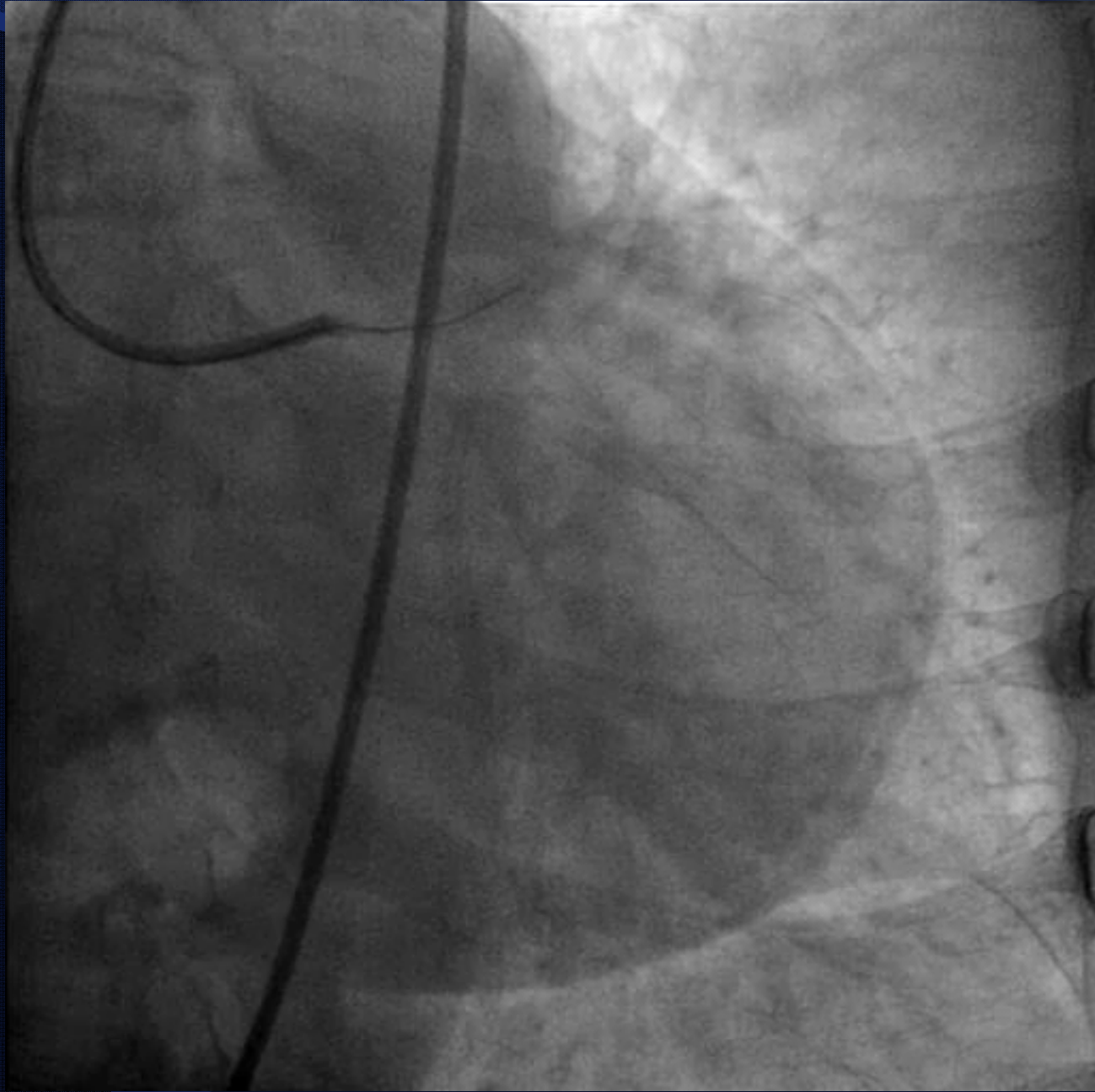


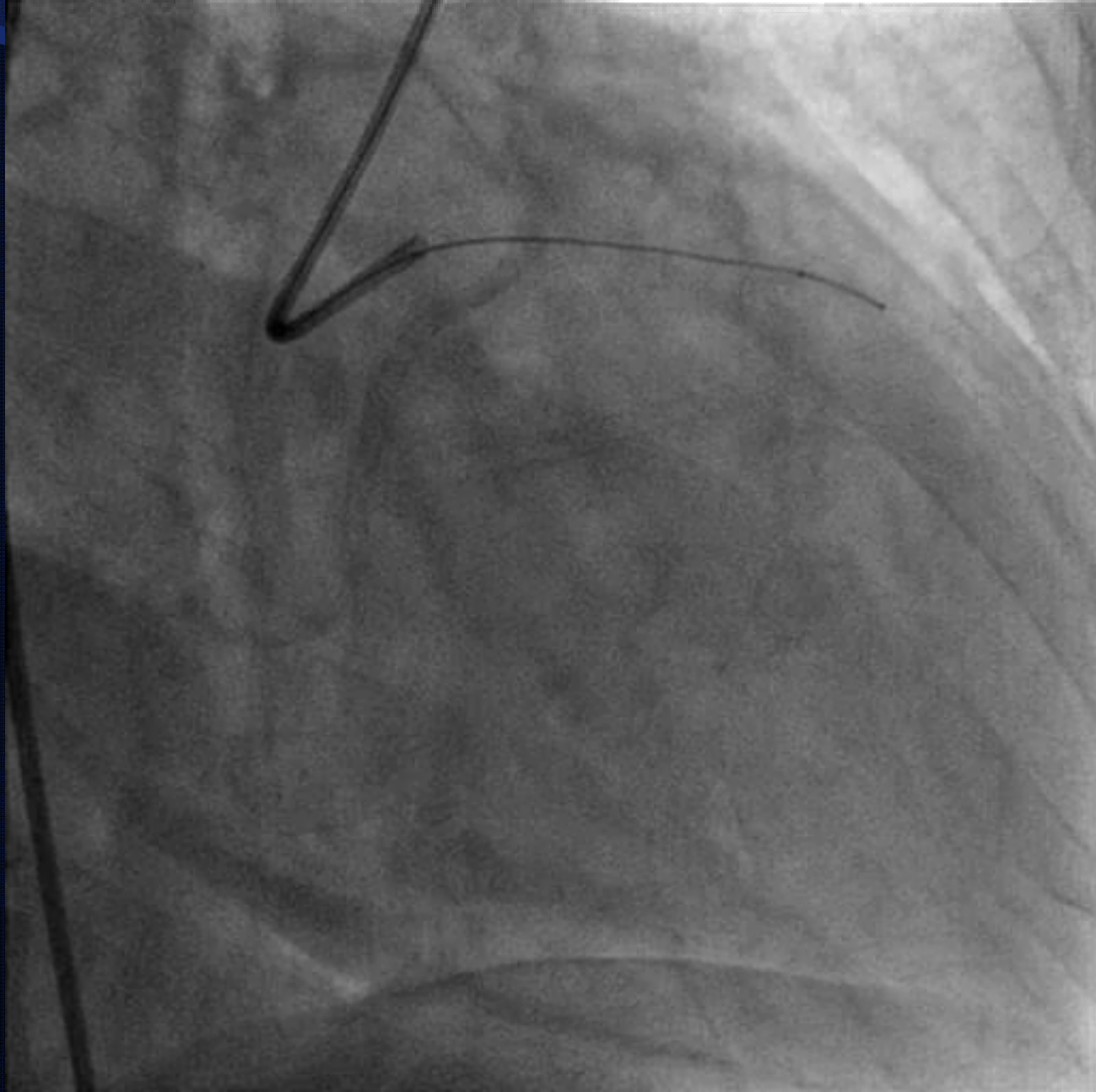
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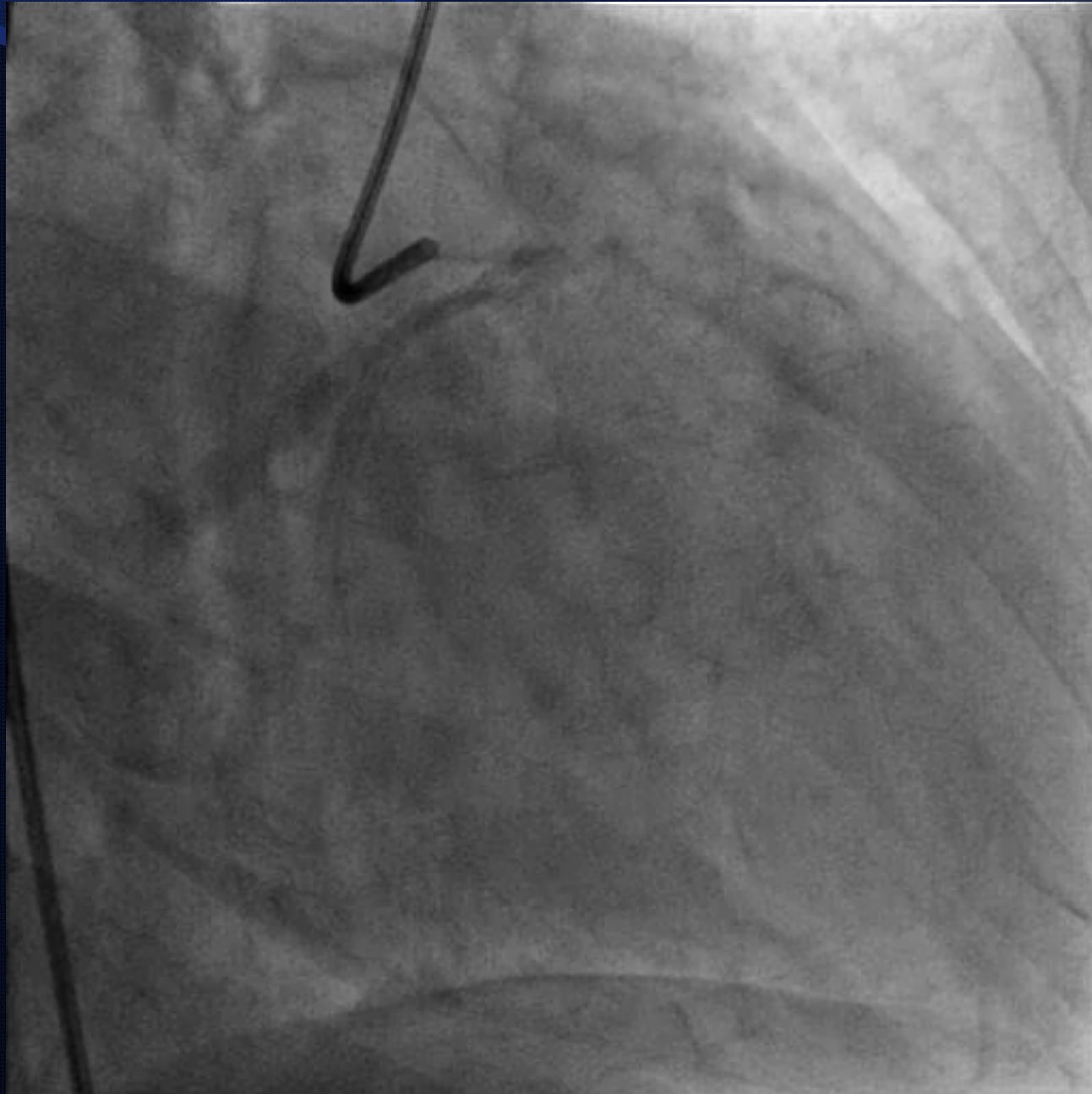


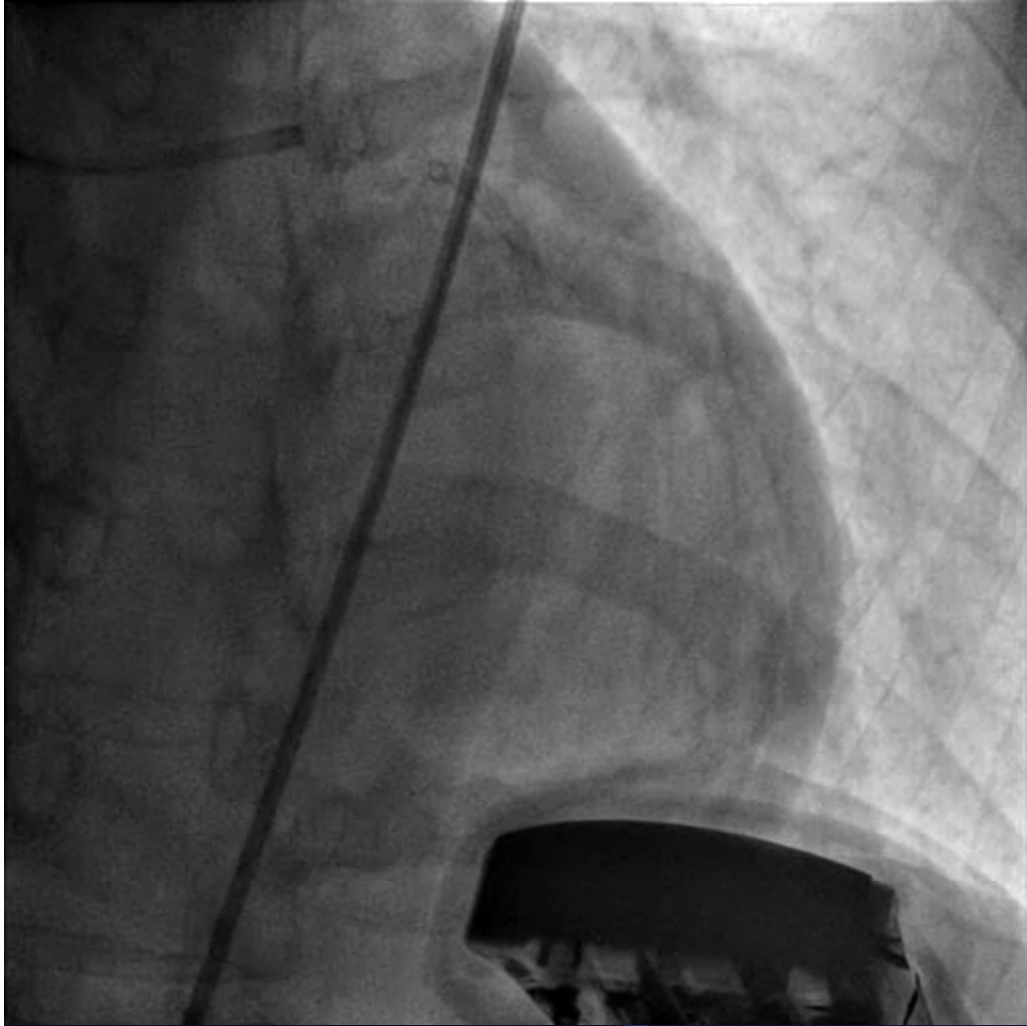








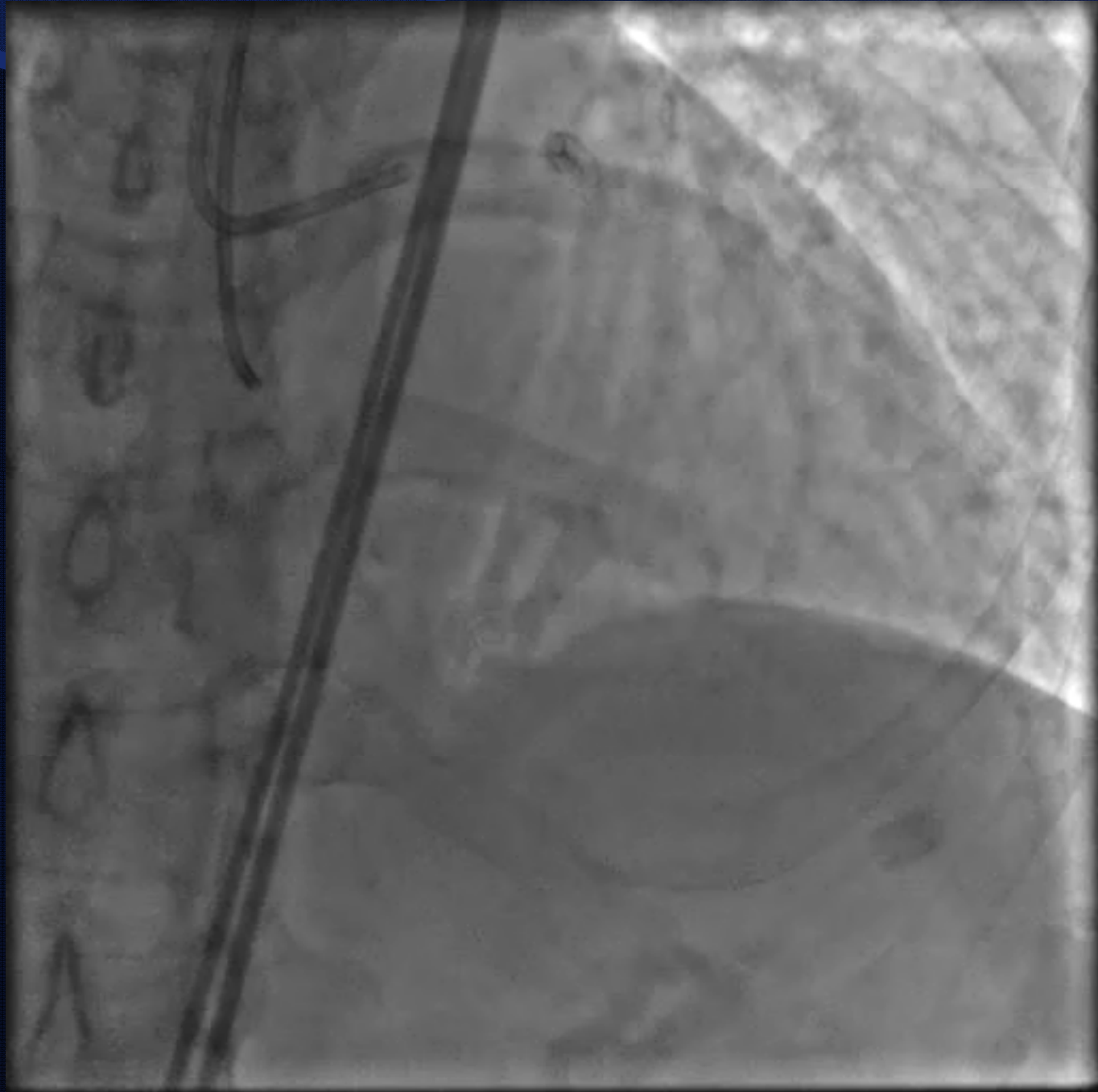






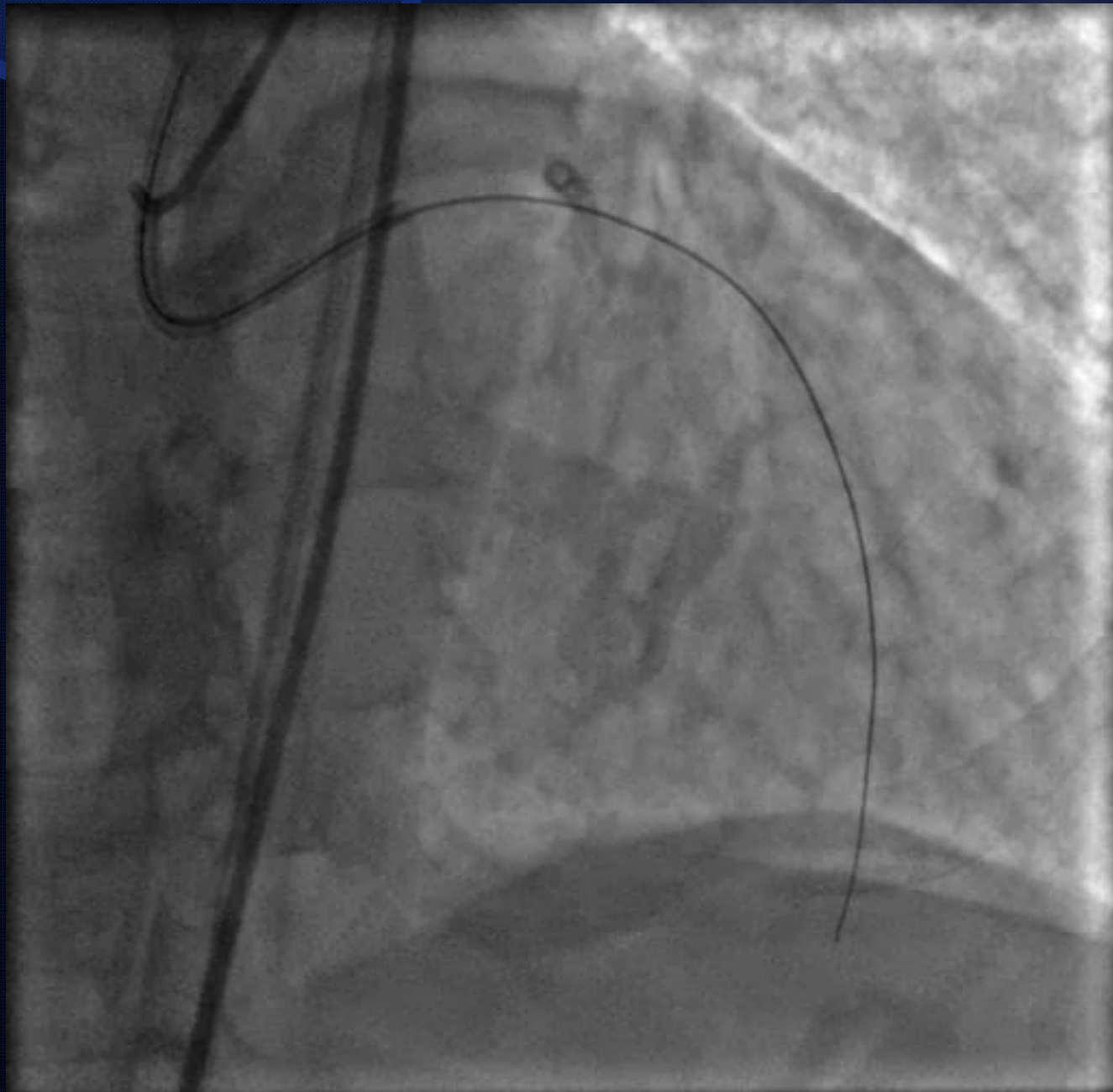
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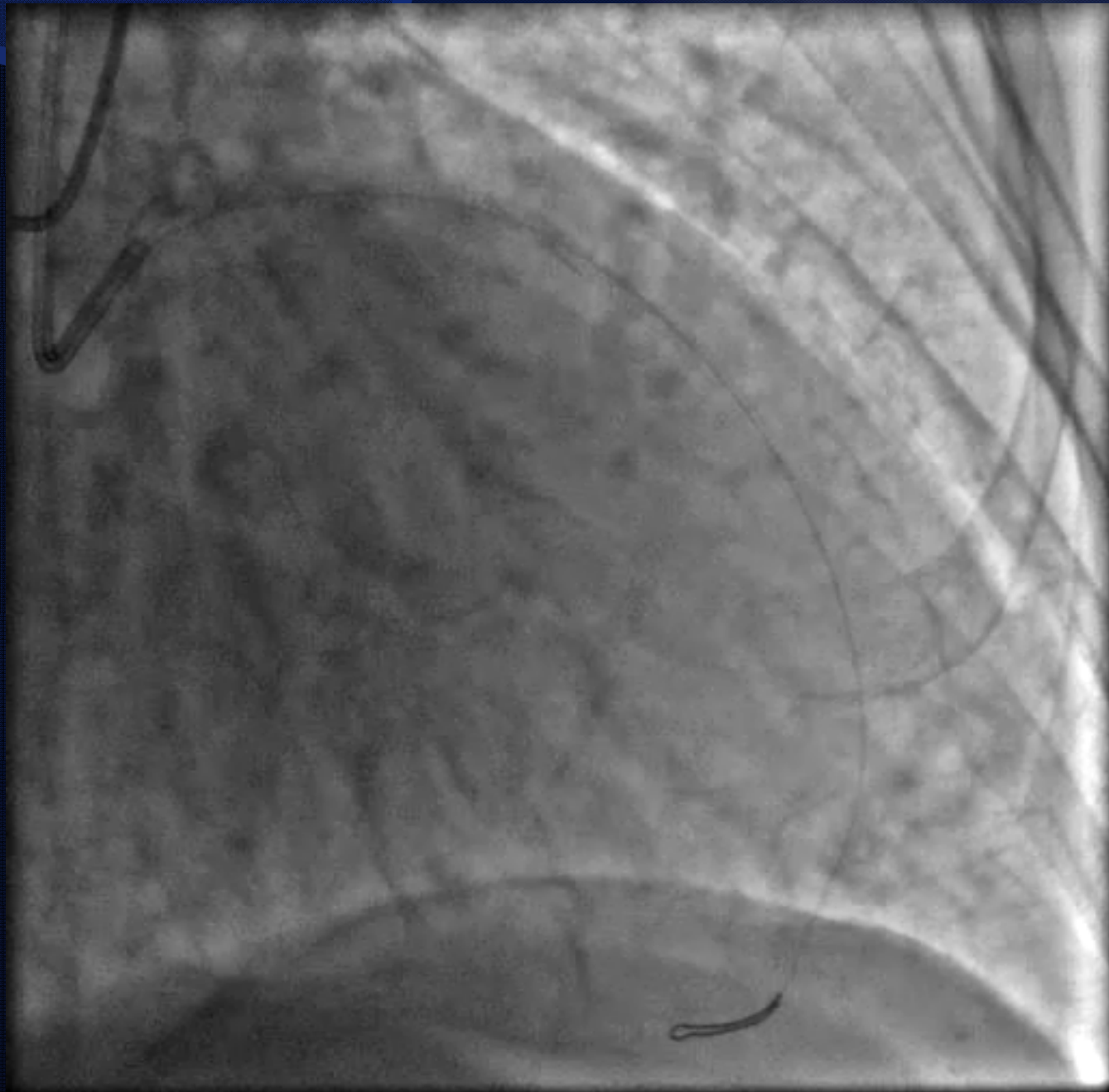
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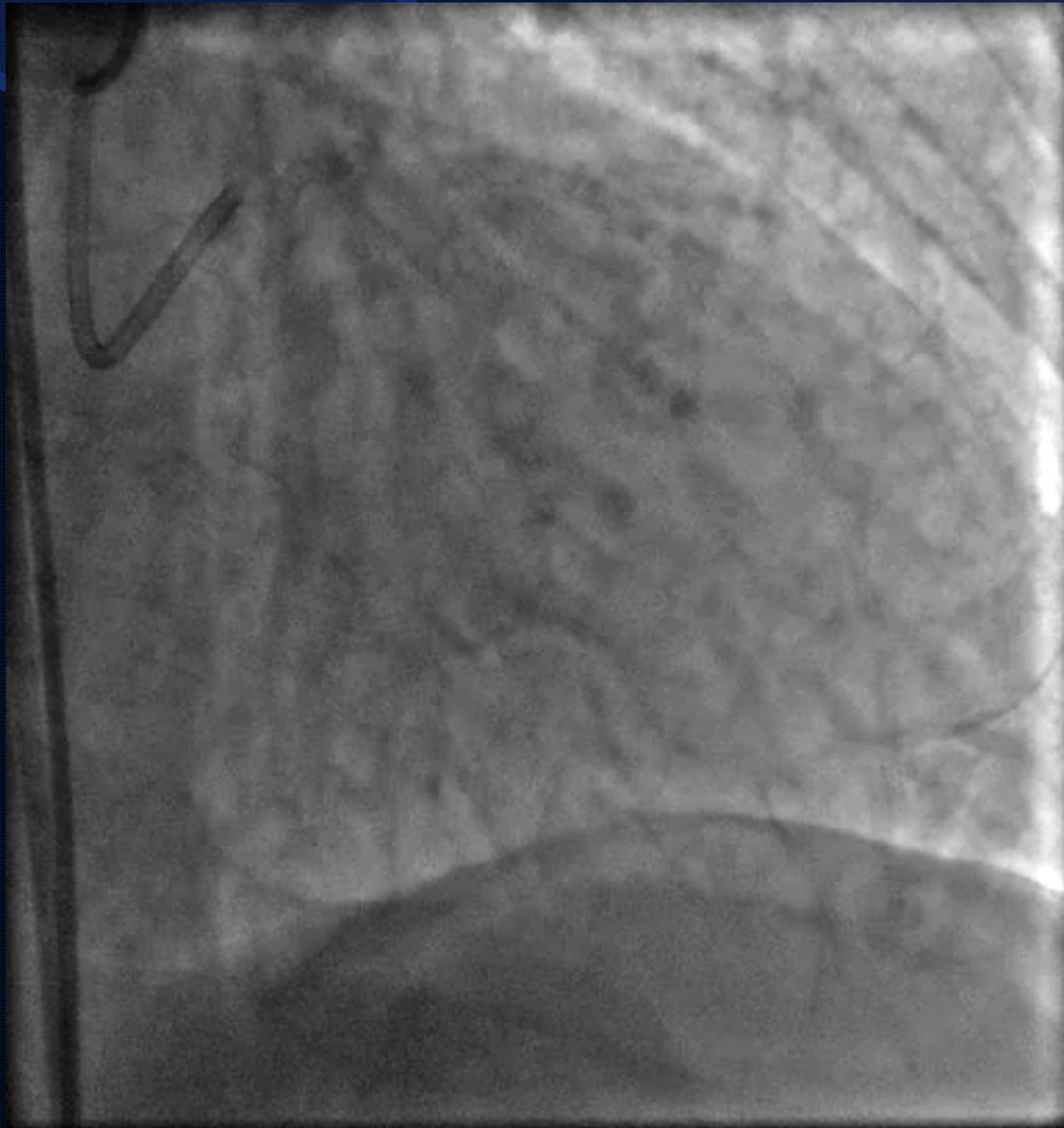












MESSAGE

DON'T BE

TIRED
UNPREPARED
IN A RUSH
IN A BAD MOOD
IN LOVE
OVER CONFIDENT

DO BE

CALM
CONFIDENT
PRECISE

IN EXTRAORDINARY CASES :

DO SMILE AND THINK OUT of THE BOX