

SUDDEN LEFT MAIN TOTAL  
OCCLUSION DURING PCI IN AN ACS  
PATIENT WITH A LAD BIFURCATION  
LESION

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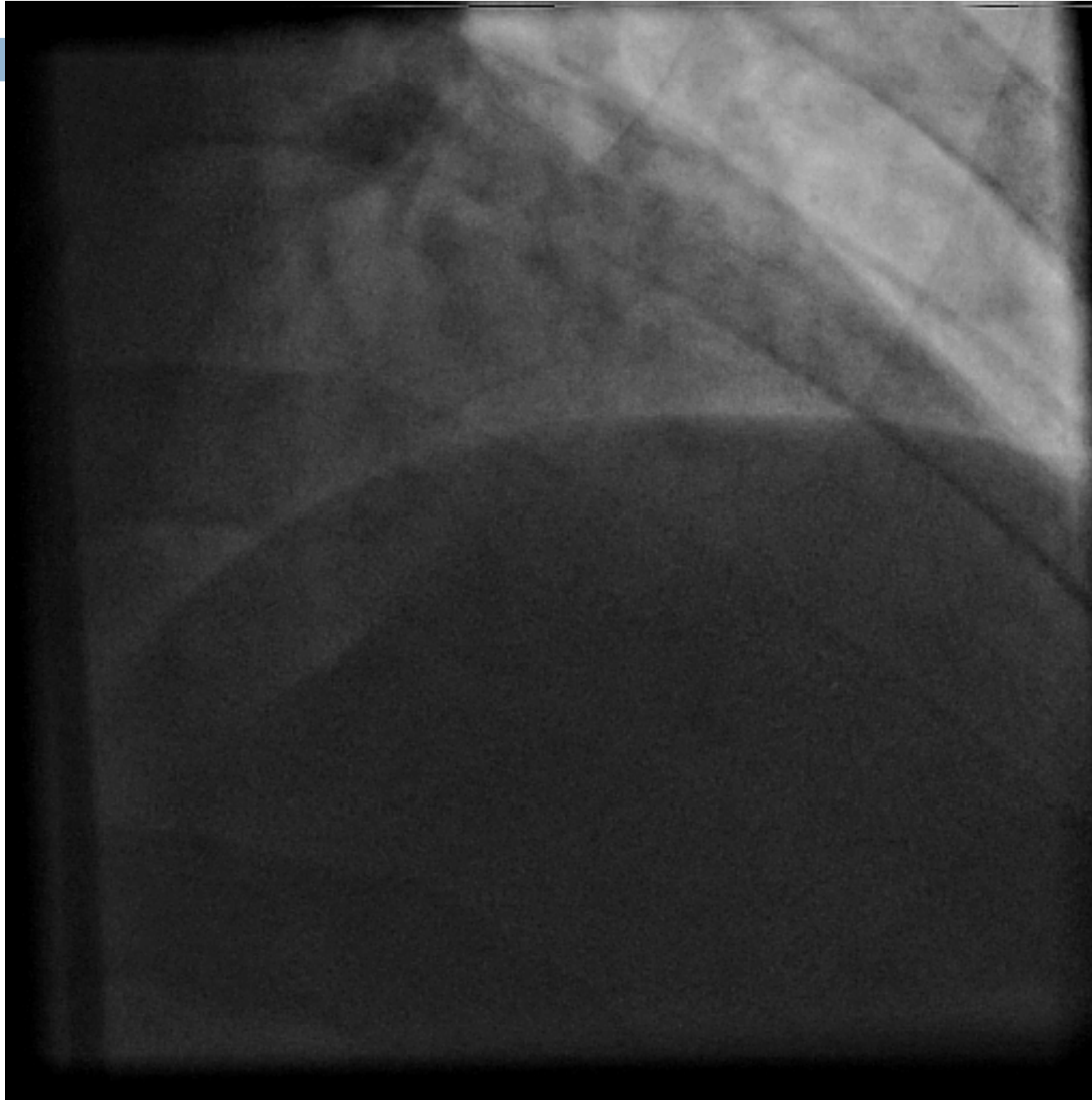
Hyderabad

INDIA

## 53 year male

- Hypertensive
- Smoker
- Recent onset rest anginal episodes
- Vitals-stable
- ECG- ST segment depression in V1-V4 leads
- Trop T Positive
- ECHO – No RWMA, Good LV Function ,no mitral regurgitation
- Diagnosis- Anterior NSTEMI

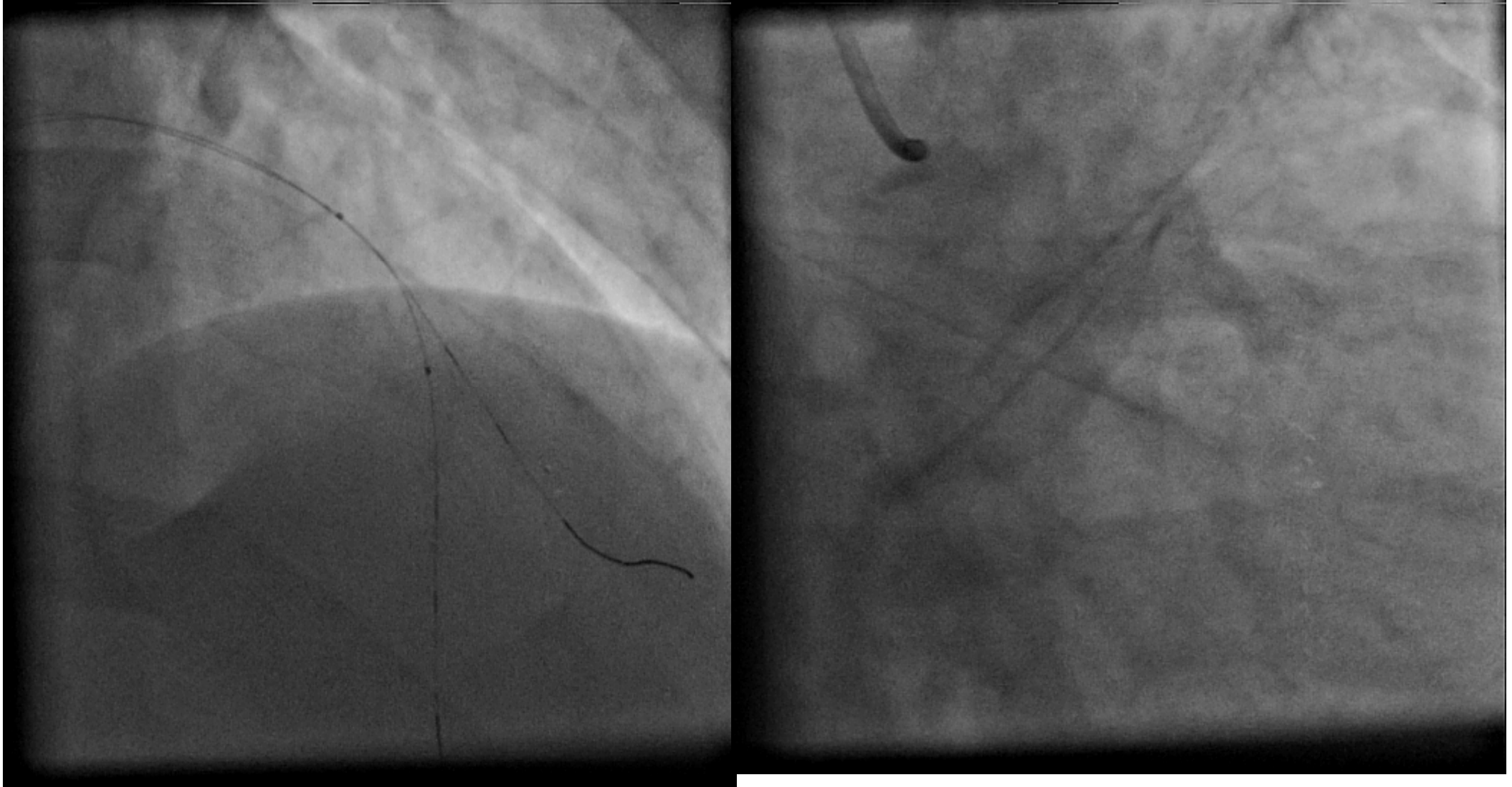
# CAG shows a LAD bifurcation lesion



Initially both the LAD/Diagonal were wired,  
predilated

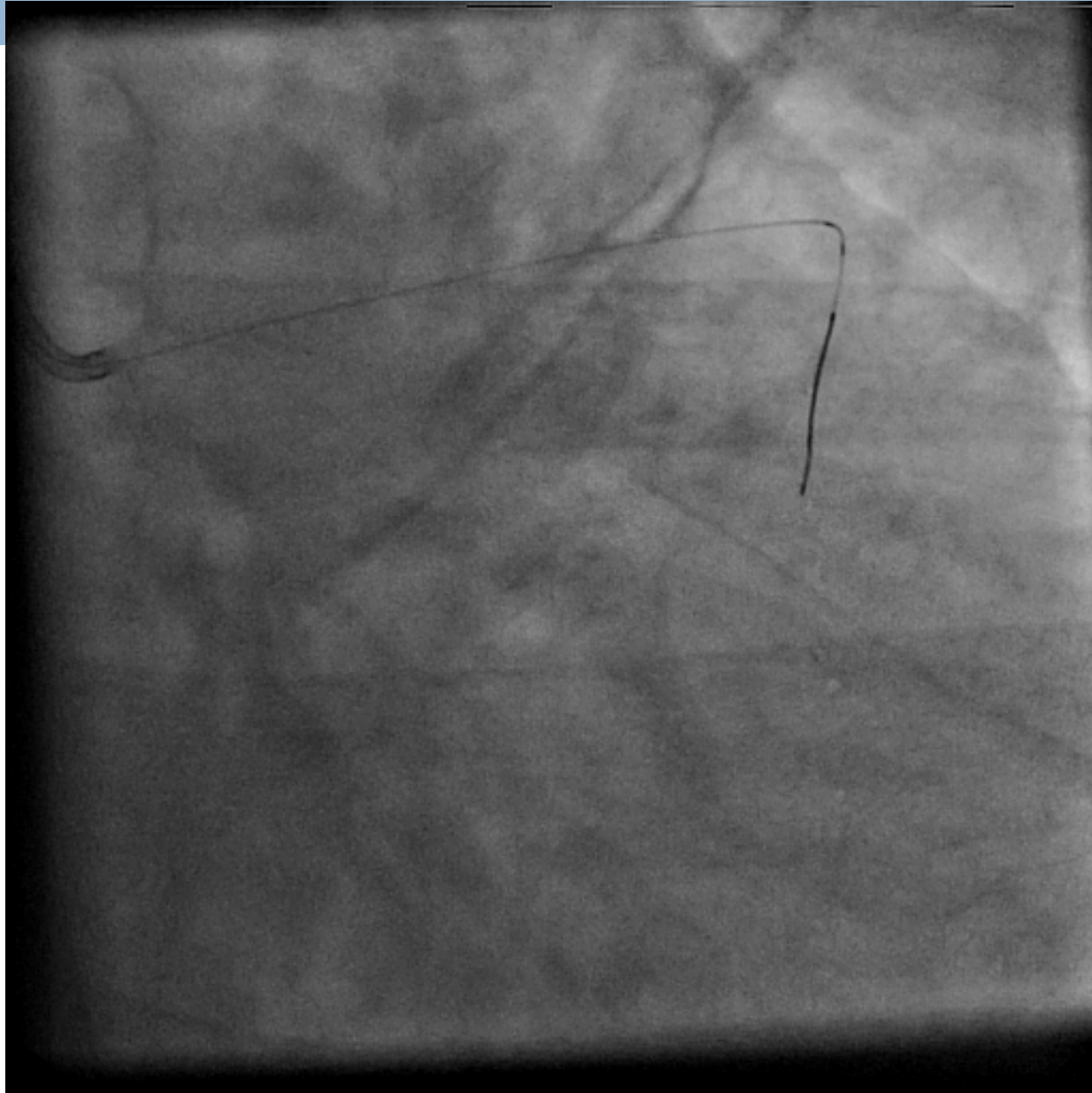


The next injection showed sudden total occlusion of LMCA due to -? thrombus/clot

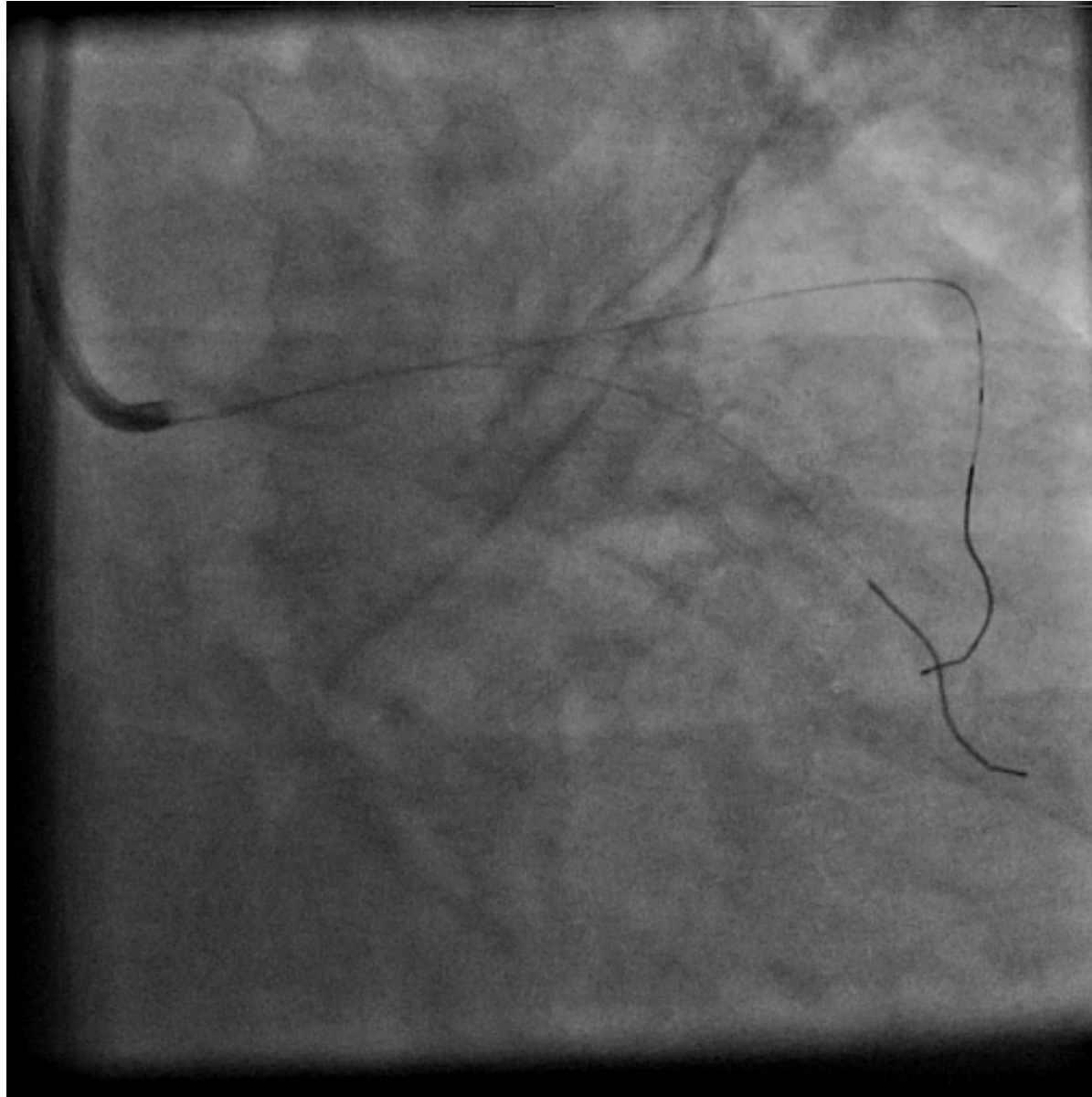




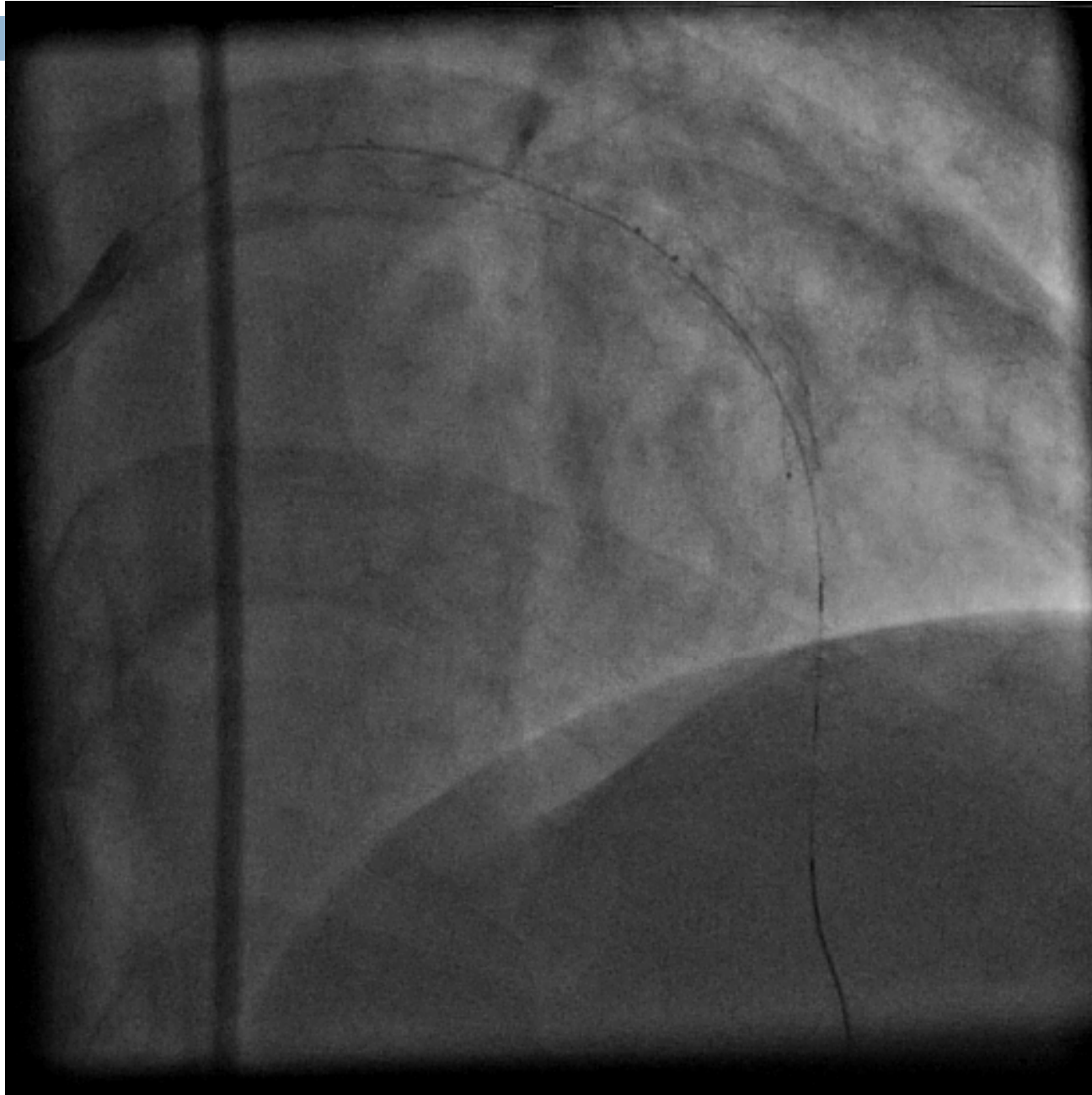
# Rewiring of LAD



LAD and Ramus were rewired, Thrombosuction was attempted multiple times, intra coronary thrombolysis was tried, Intra coronary Gp2b/3a blockers given, Local drug administration to distal vessels done with a microcatheter

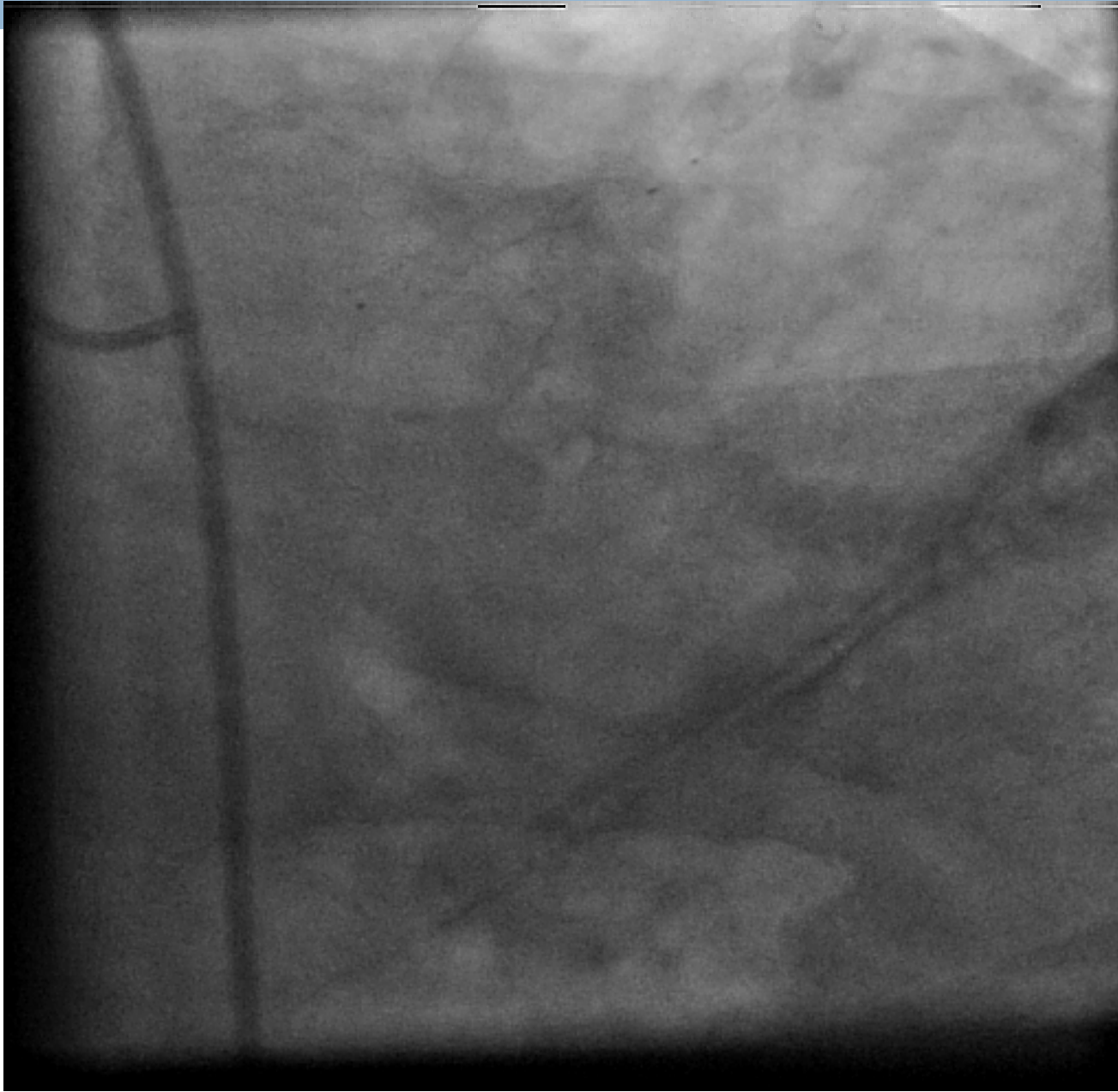


Later a stent was placed in proximal LAD and in distal LAD





The final result shows fairly good flow (TIMI II/III flow in LAD/LCX)



The LV angio post procedure shows good LV function with no evidence of hypokinesia

