OH my God! it was an incredible story!

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Professor of Cardiology, Alexandria University President of Egyptian Society of Technology



Egypt Revolution: 25/1/2011



Patient's Medical Information

Female, 54 years, clerk, 4 children
DM, mild HTN
Angina Pectoris, rest and exercise
Resting ECG → T wave inversion in AL
TTE → Normal wall motion, EF: 56%
Failure of medical treatment
Elective Coronary Angiogram

First Injection, Oh my God

Patient suddenly developed bradycardia and severe hypotension 70/50 mmHg

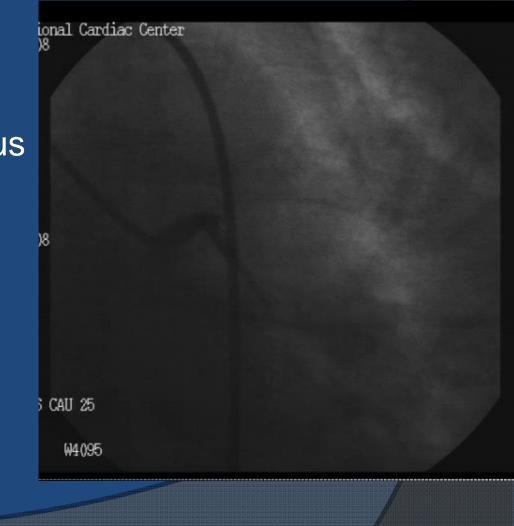
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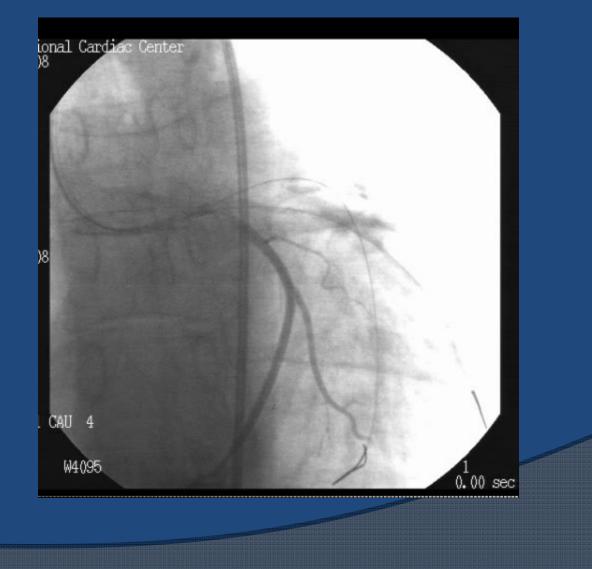
ional Cardiac Center

Possibilities

- Air embolism
- Dislodgement of thrombus
- Left main dissection



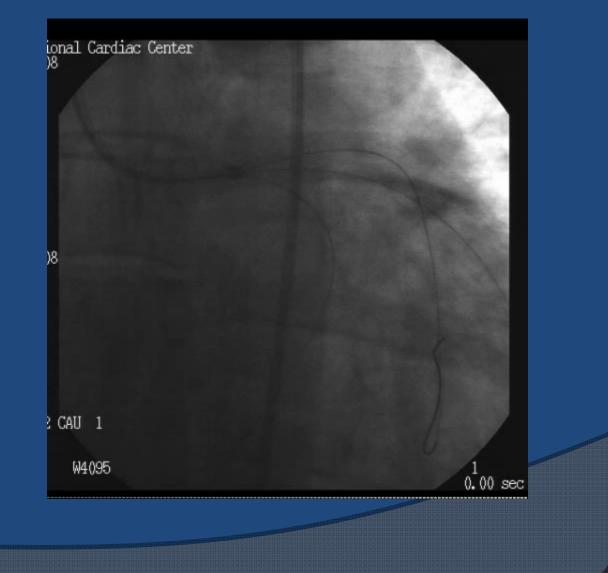
Immediate 3 wires into LAD, Ramus and Cx



Patient is now arrested



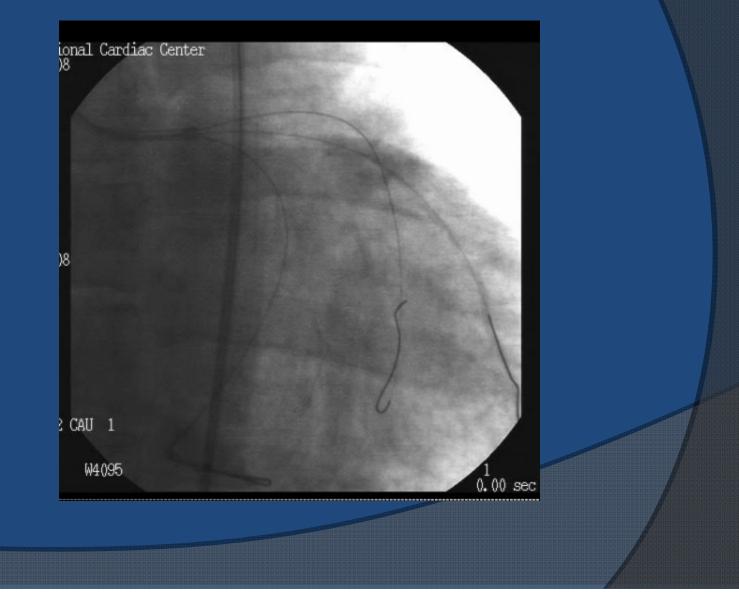
Cardiac massage and ventilation



Balloon 2mm to Cx for Dilatation



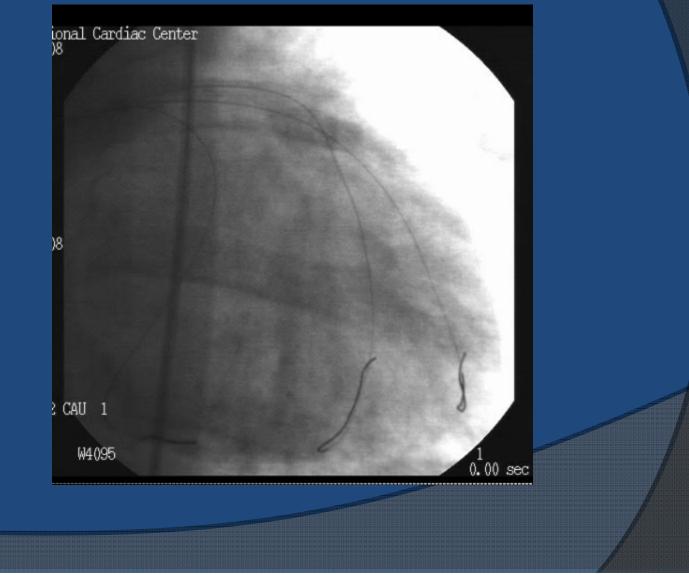
Oh my God ... Arrest again!?



Balloon went to ramus during cardiac massage



After massage and balloon dilatation of LAD and Ramus



Wires removed, BP 80/60 mmHg Heart rate 140 b/m



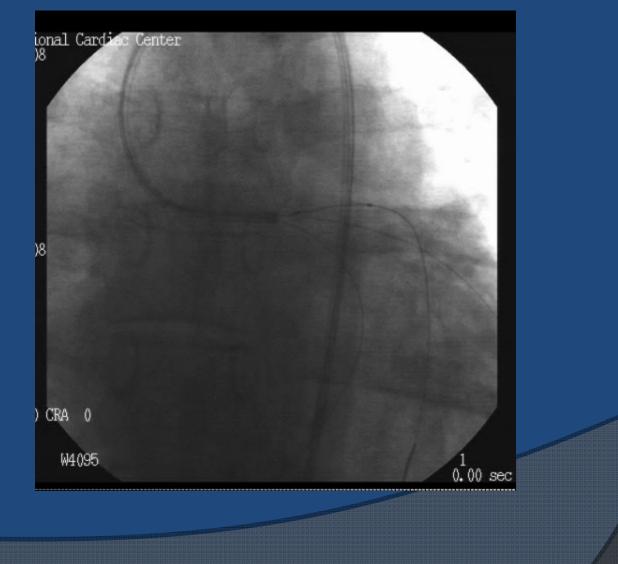
Checking RCA



Recheck the left system! What is this?



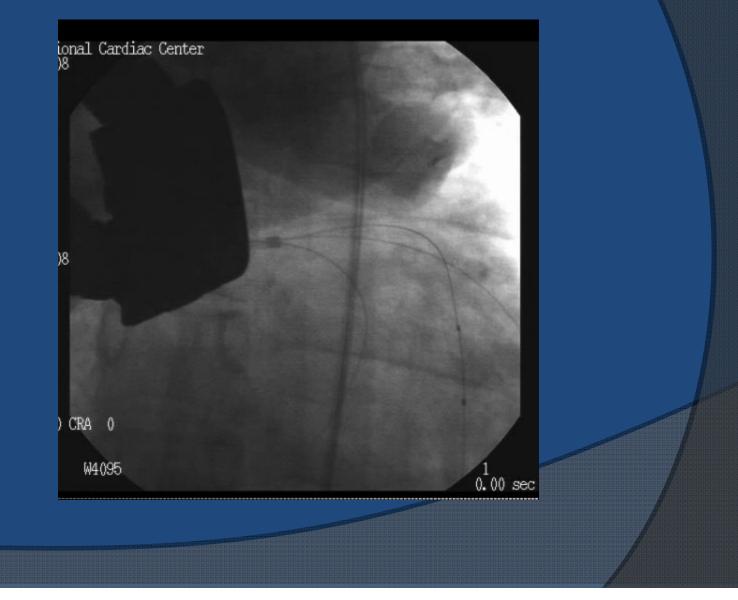
Patient is now arresting again. Call for Wires rapidly with balloons.



Balloon dilatation of LAD



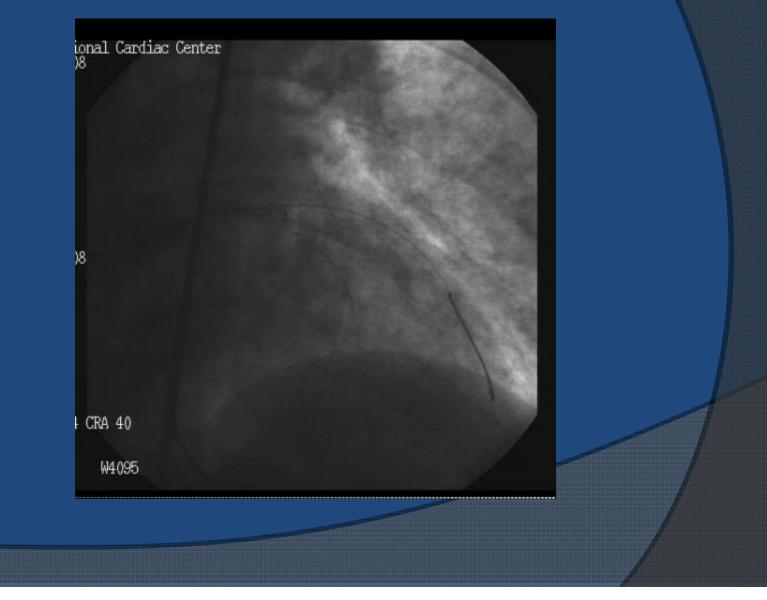
Third time arrest



Relief for a while but what's Next?



Check and wait



Check and wait, spider view



Query dissecting flap in proximal LAD, but not sure



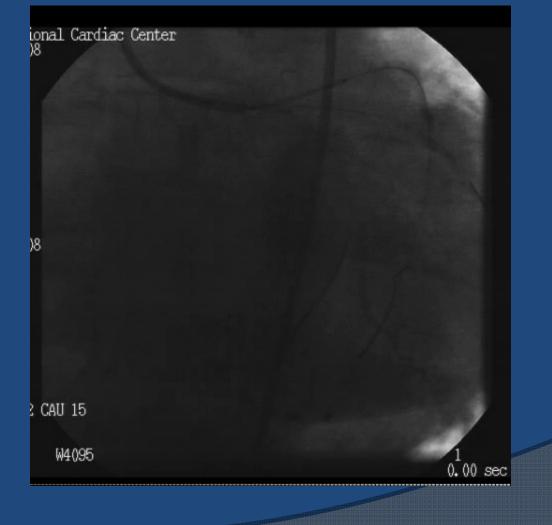
Dissecting flap?



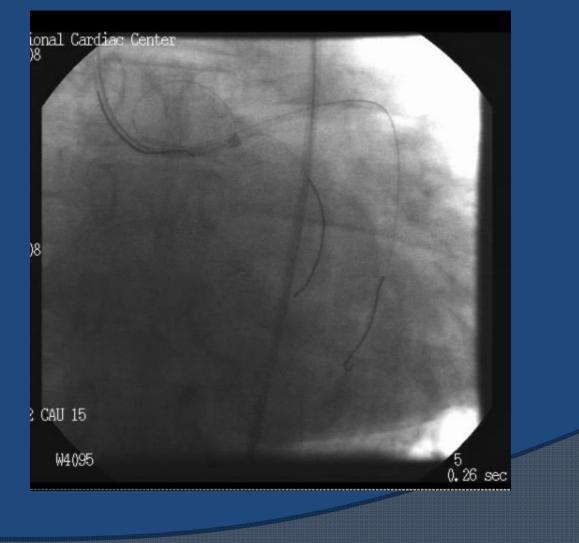
Remove wires and recheck, what is this?



Fourth arrest, rewire immediately then stenting LM to LAD (BMS). No way



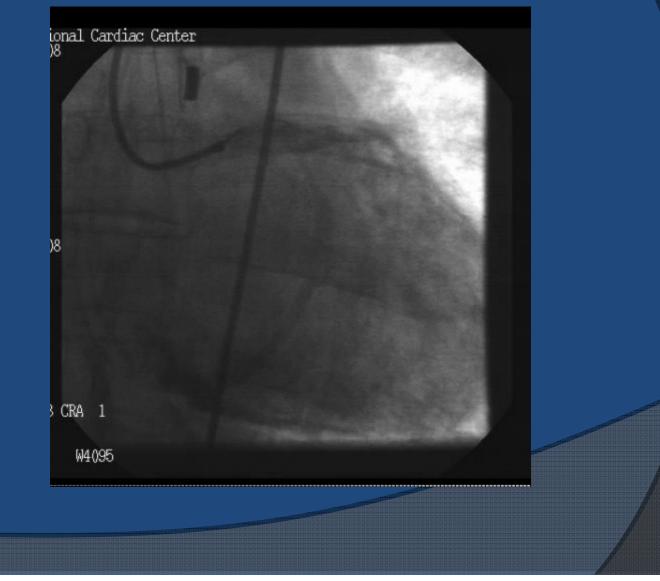
Full deployment but still bradycardia and hypotension



Fifth arrest! Be cool



Intra-aortic balloon pump, remove wire and relax.



Safe landing with BP: 110/80 HR: 125

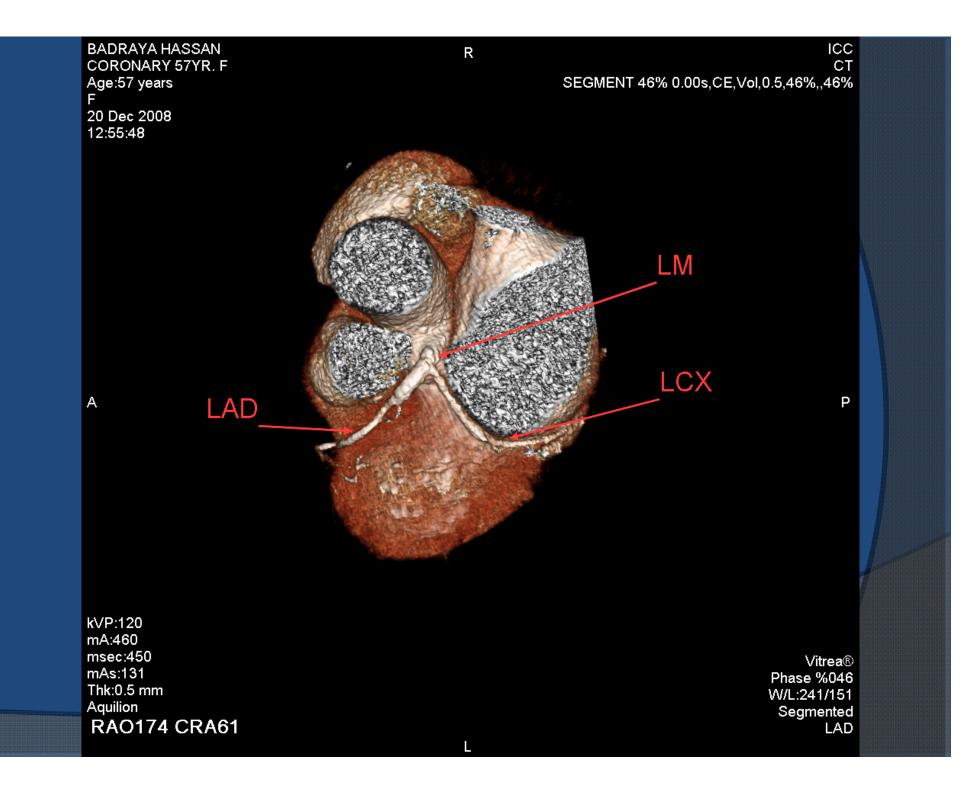
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W4095	0.00 sec	
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Post Cath Management

- Patient admitted to ICU, stayed for 4 days
- Weaning of ventilator and IABP
- Intermediate CCU for 2 days
- Ward for 4 days with no pains
- Discharged on
 - Plavix 150 mg daily
 - Asprin 150 mg
 - Lipitor 40 mg
 - Bisoprolol 5 mg
 - Insulin therapy

2 months after

Development of retrosternal chest pain
Normal ECG
Normal Cardiac enzymes
Normal echo Doppler study
Sent for MSCT coronaries





BADRAYA HASSAN CORONARY 57YR. F Age:57 years F 20 Dec 2008 12:55:48

CT SEGMENT -476ms 0.00s,CE,Vol,0.

R

1 cm

ICC

LAD stent

kVP:120 mA:460 msec:450 mAs:131 Thk:0.5 mm Aquilion

Vitrea® W/L:812/378 L 2-chamber <u>4.40mm MIP Segmente</u> BADRAYA HASSAN CORONARY 57YR. F Age:57 years F 20 Dec 2008 12:55:48

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R

1 cm

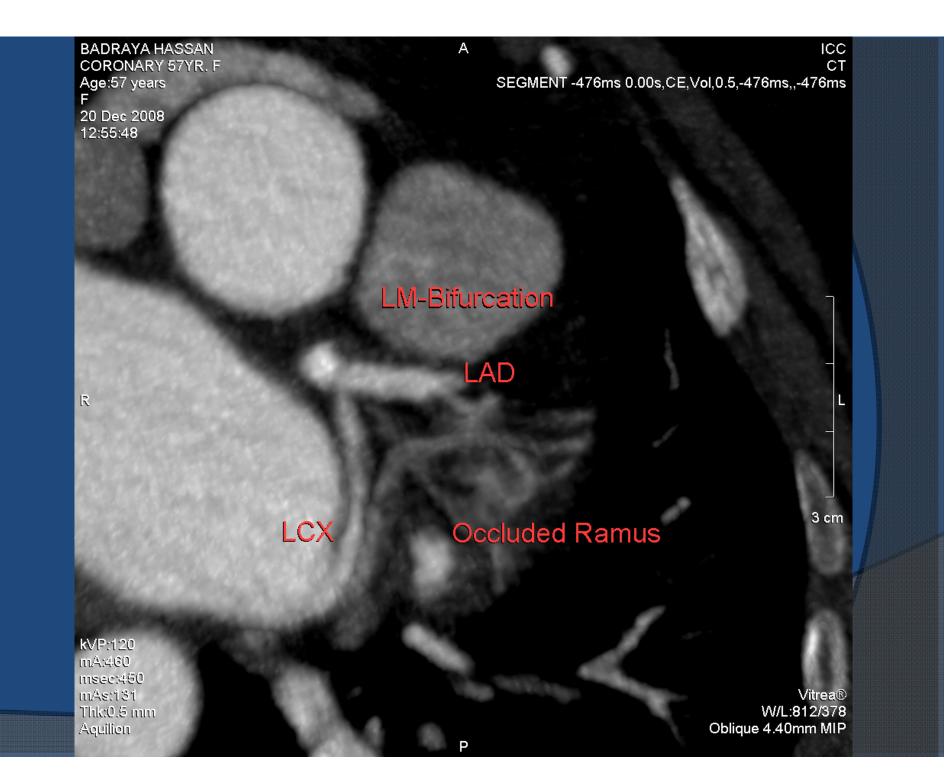
ICC

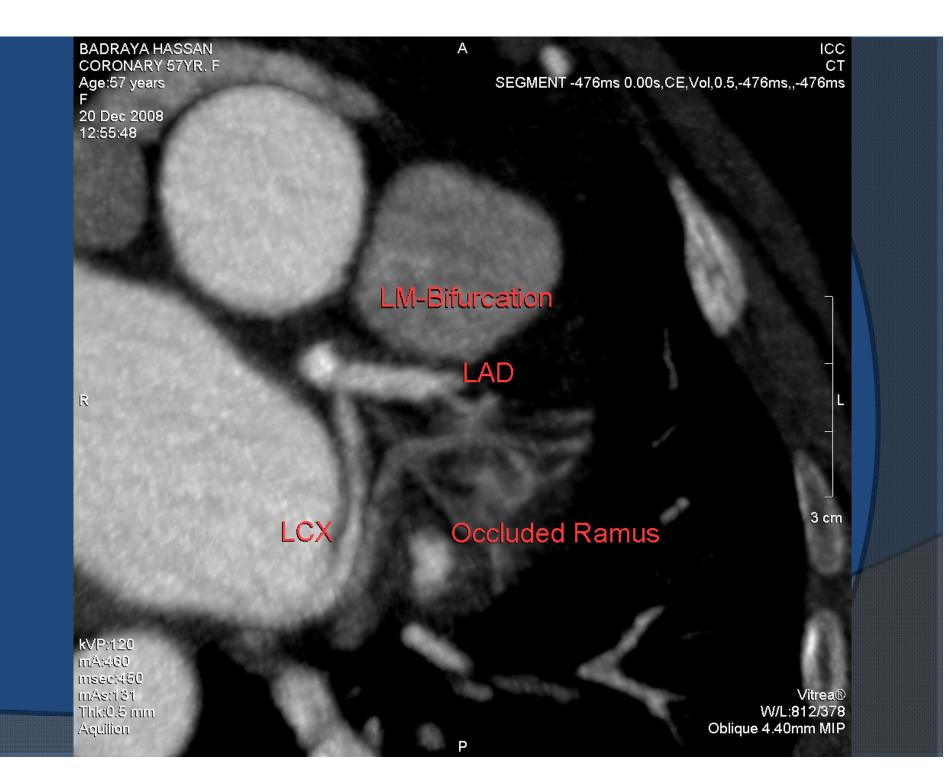
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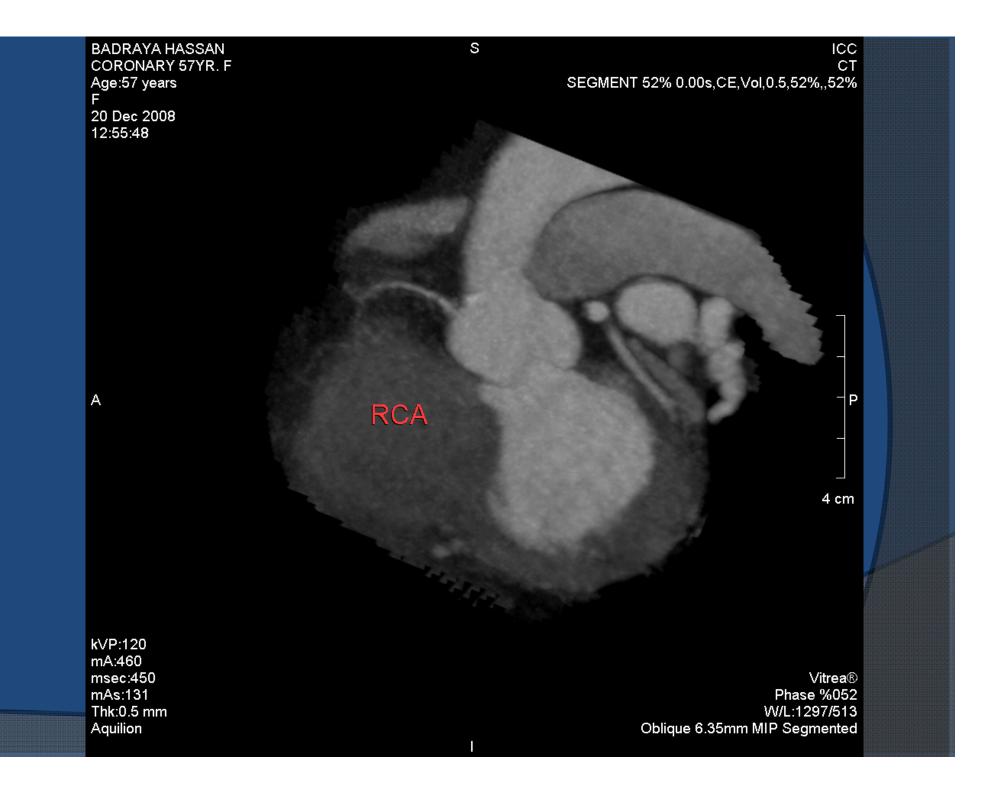
Vitrea® W/L:812/378 L 2-chamber <u>4.40mm MIP Segmente</u>

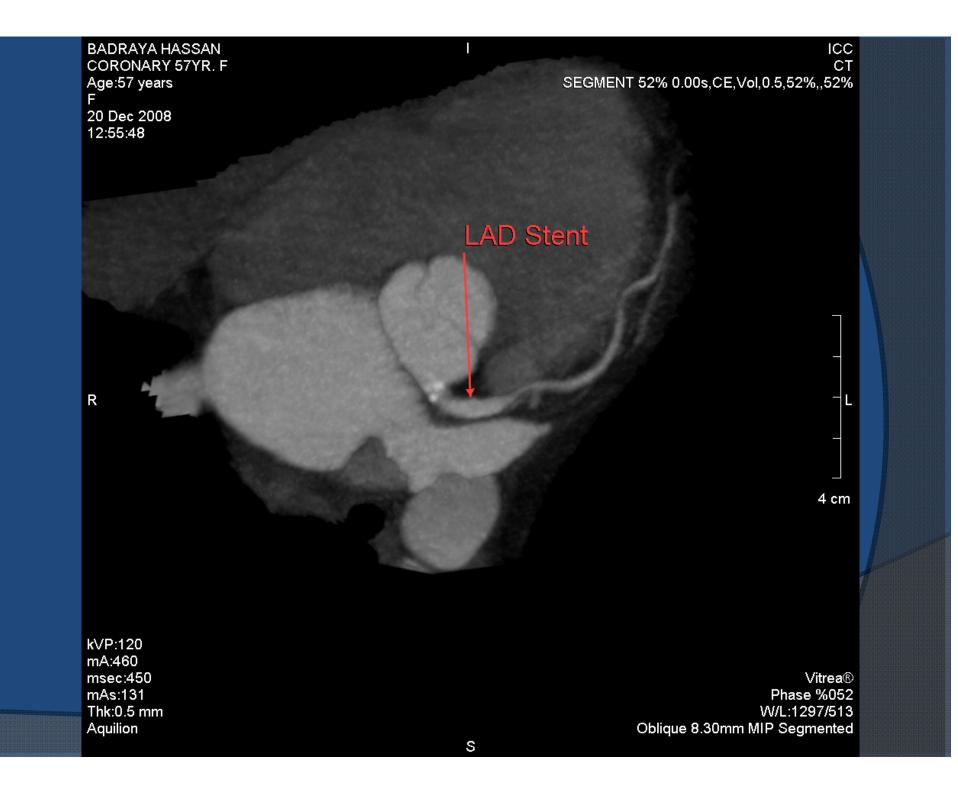
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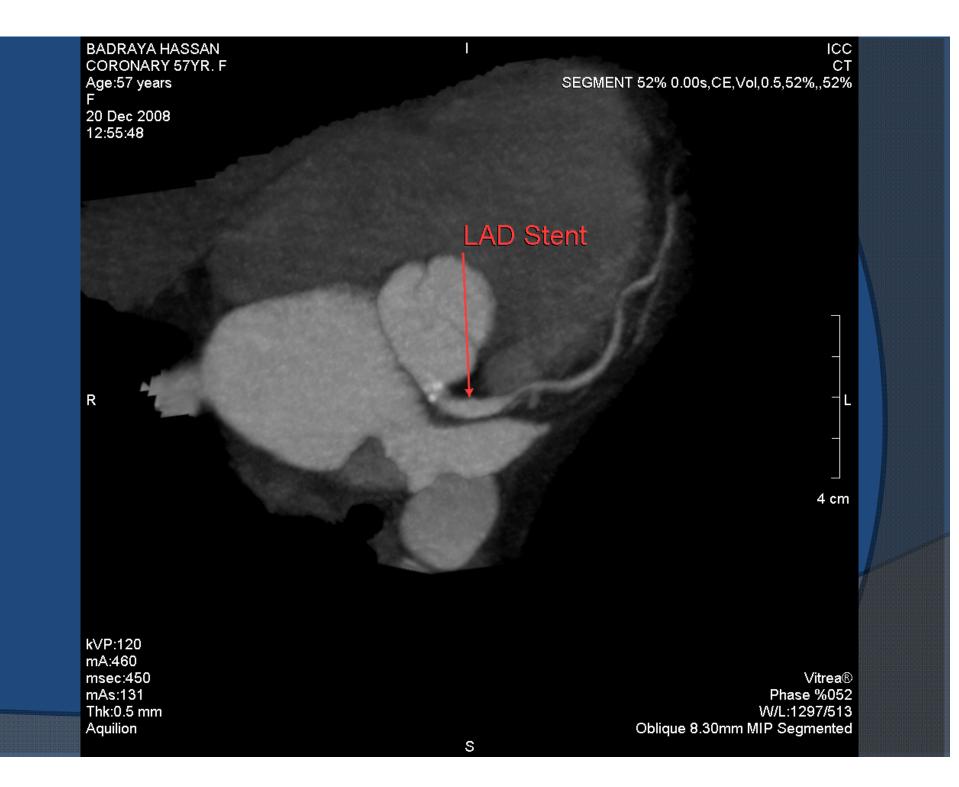


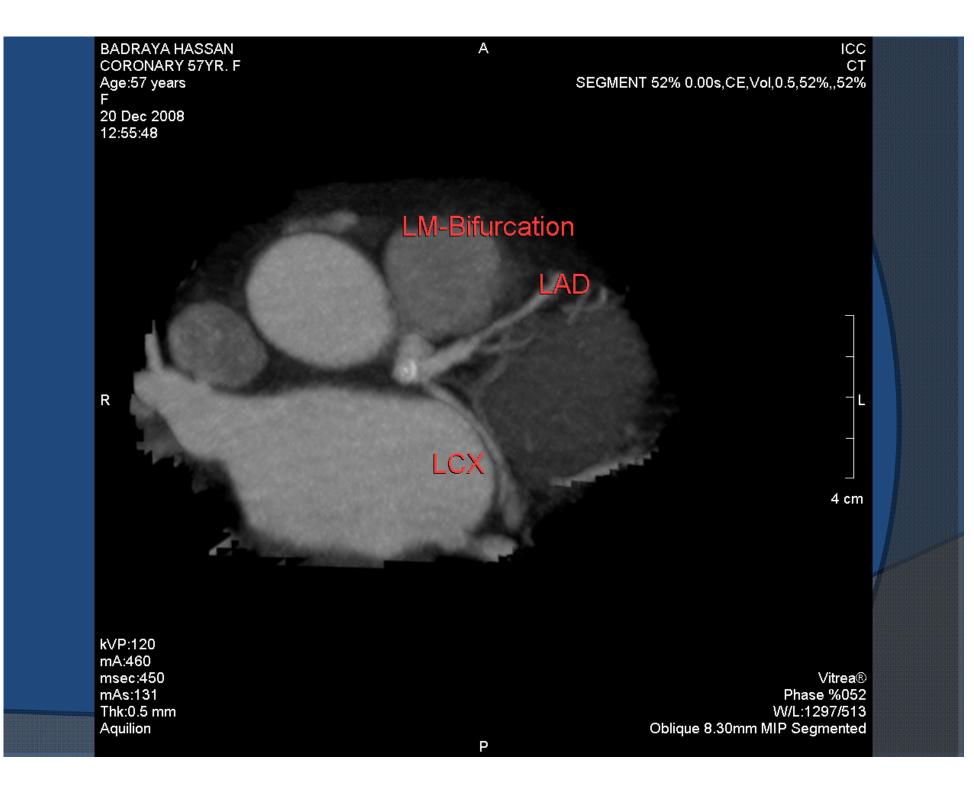


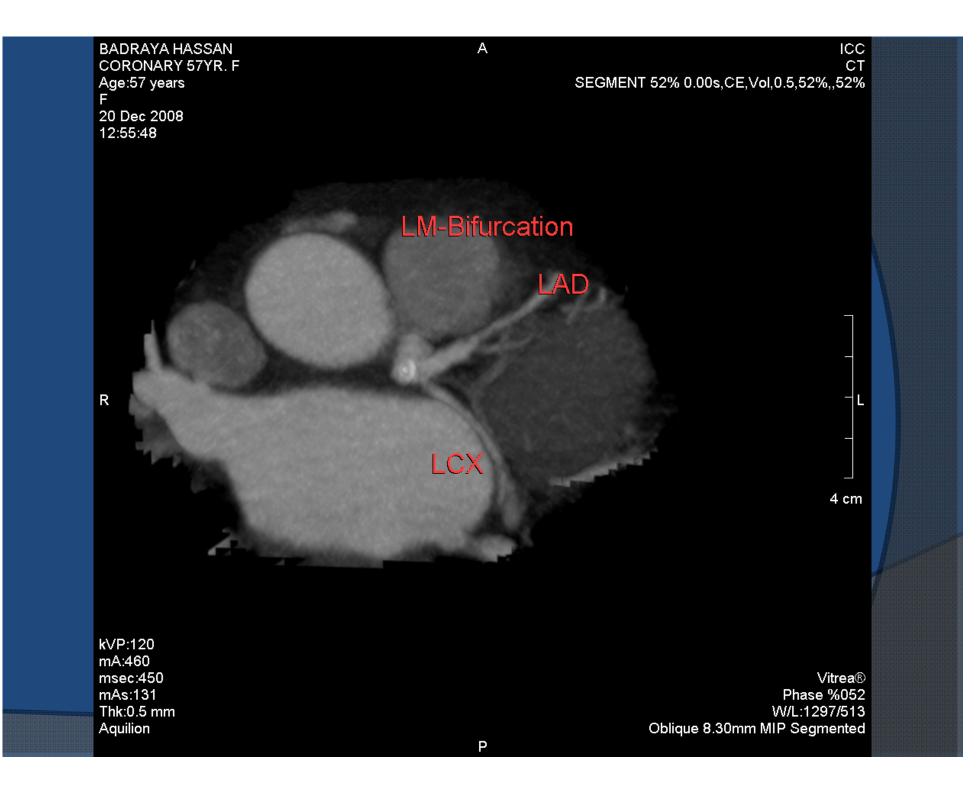




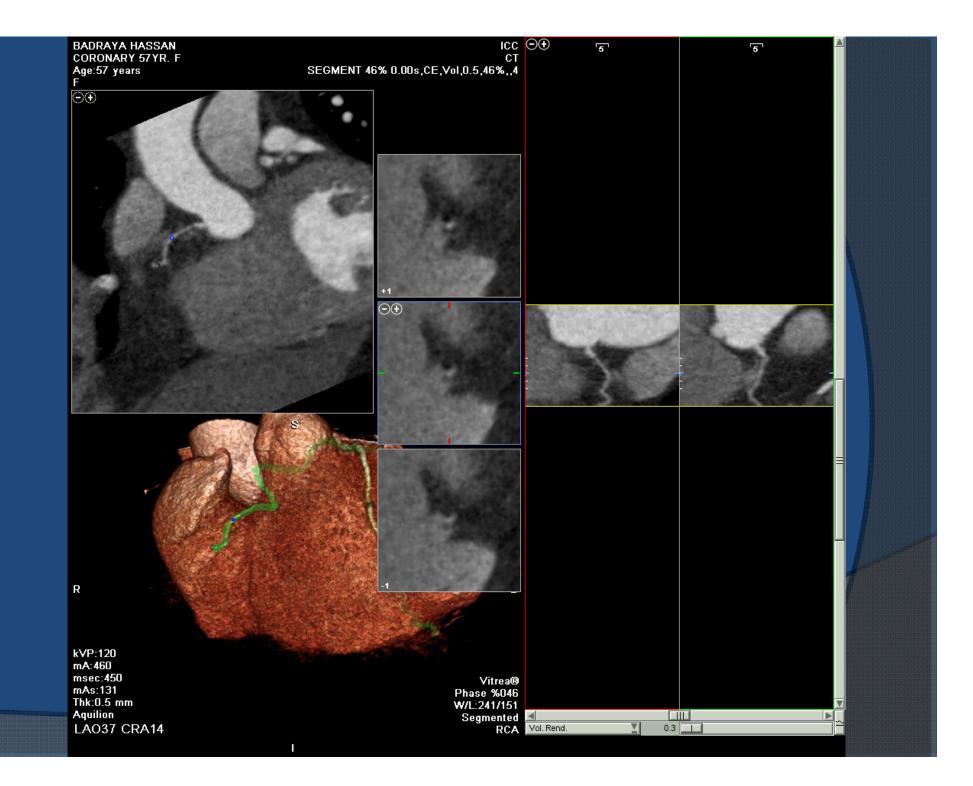


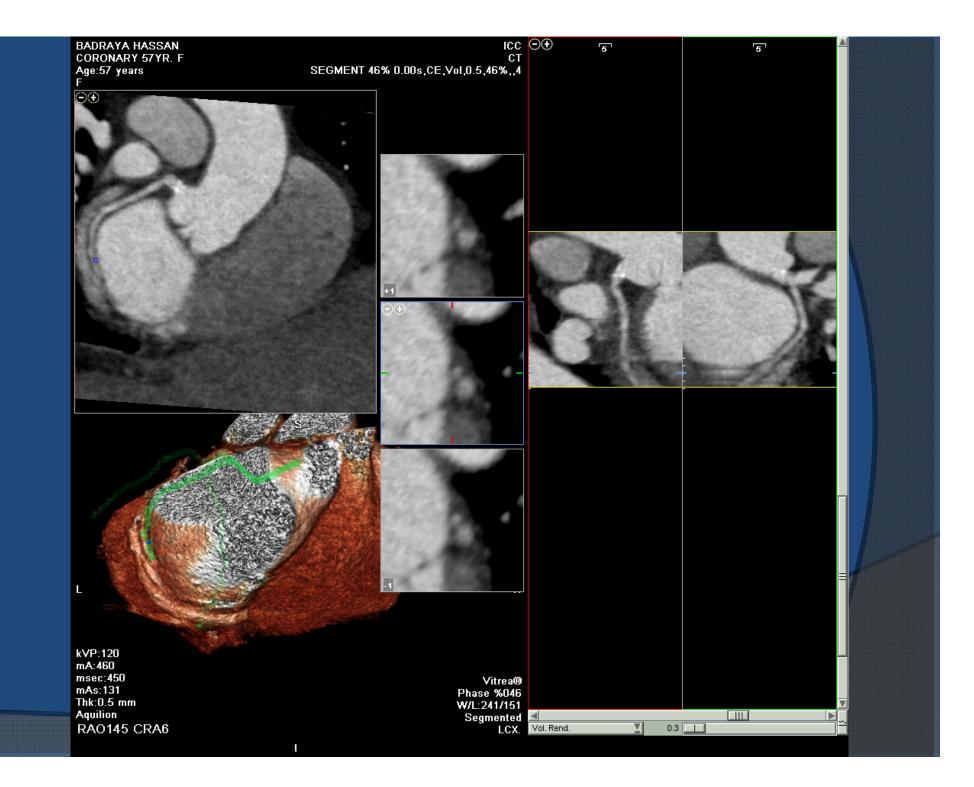


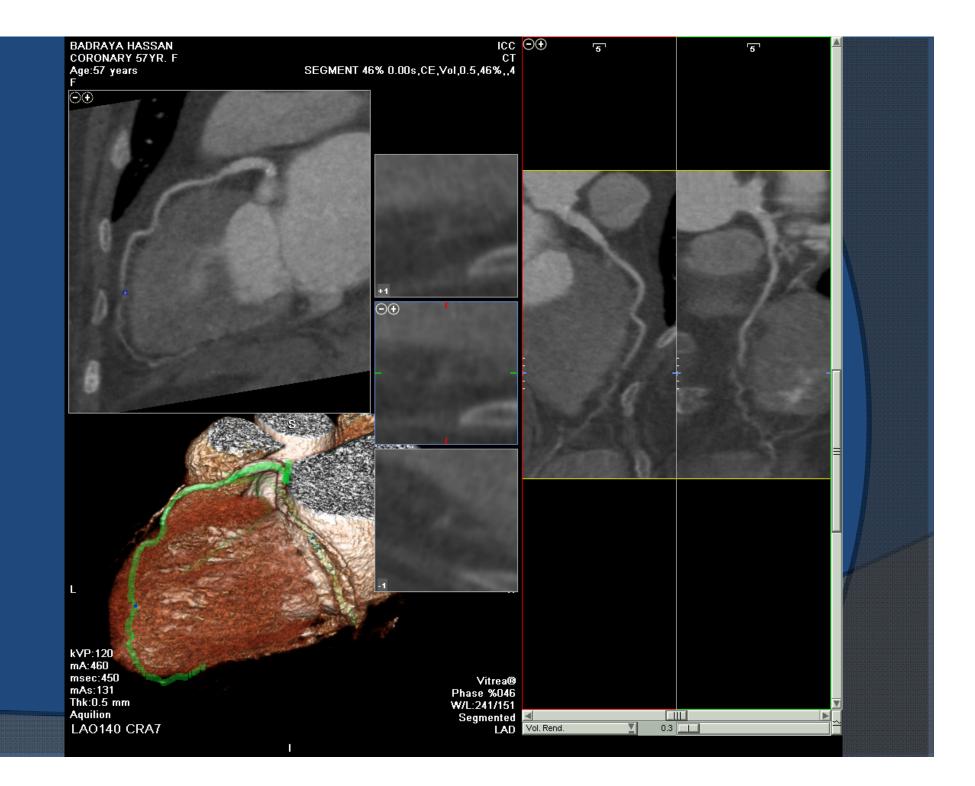






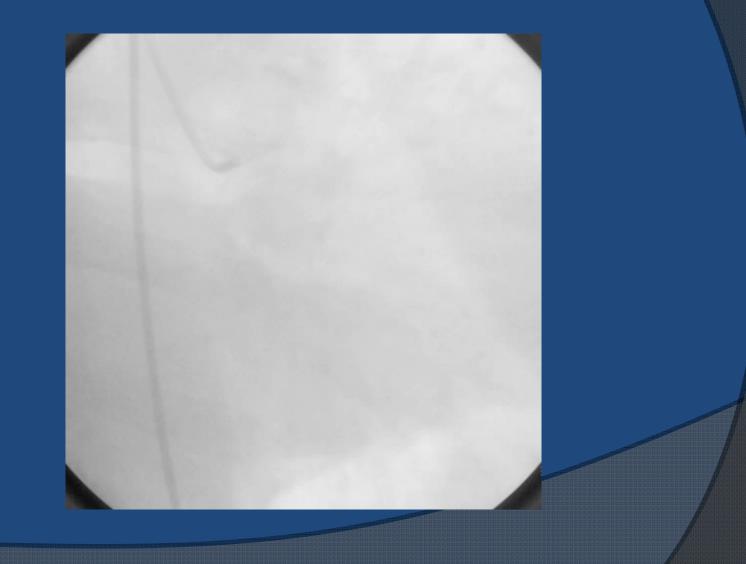




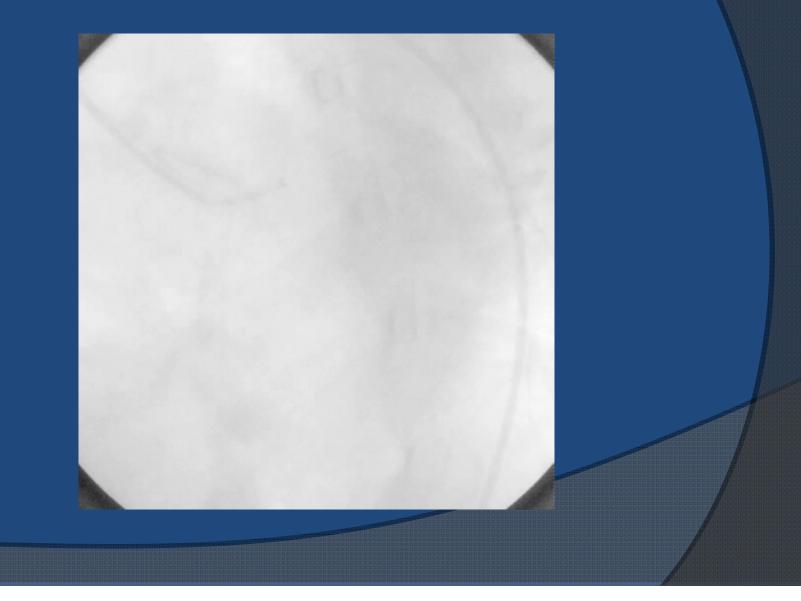


One month After full medical treatment Unstable Angina

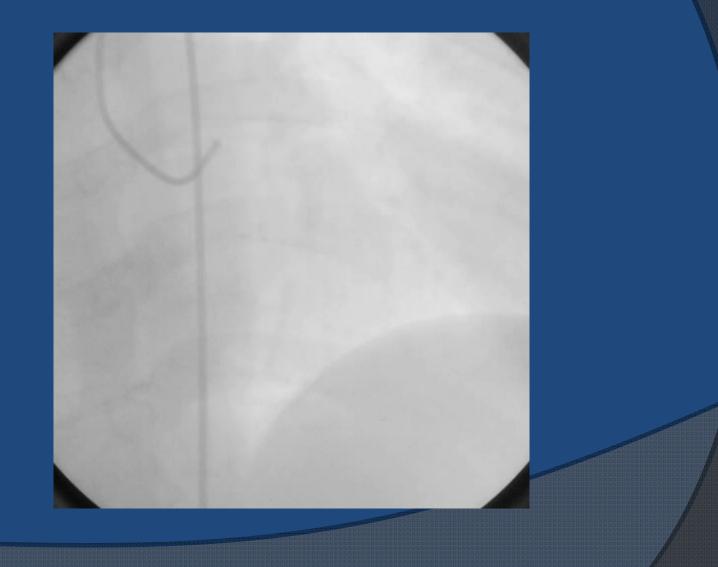
Patent LM-LAD stent



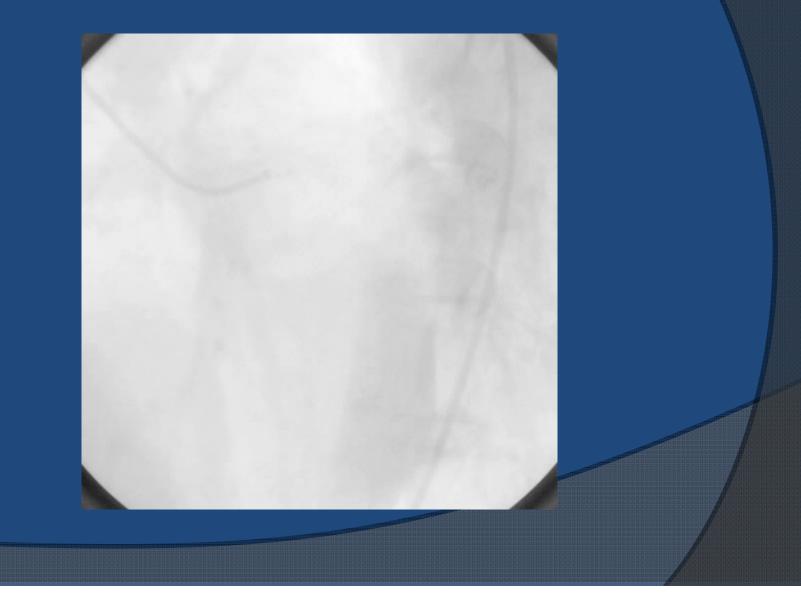
Patent LM-LAD stent + Osteal Cx lesion



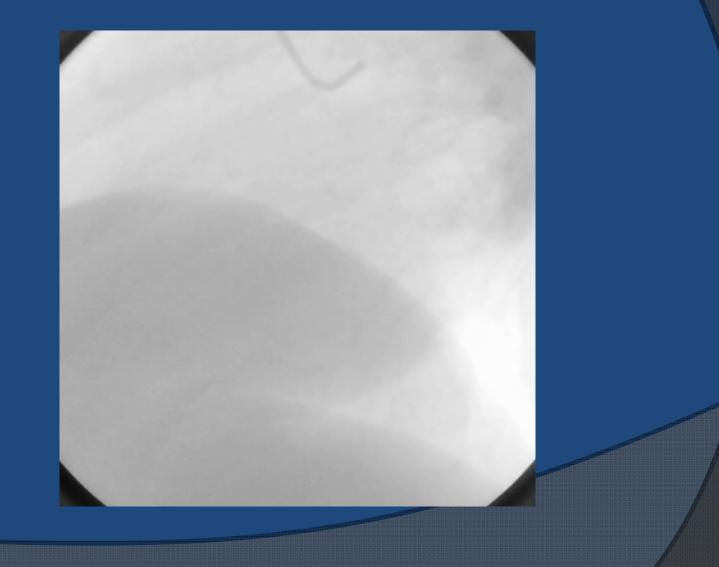
PA-CRANIAL VIEW



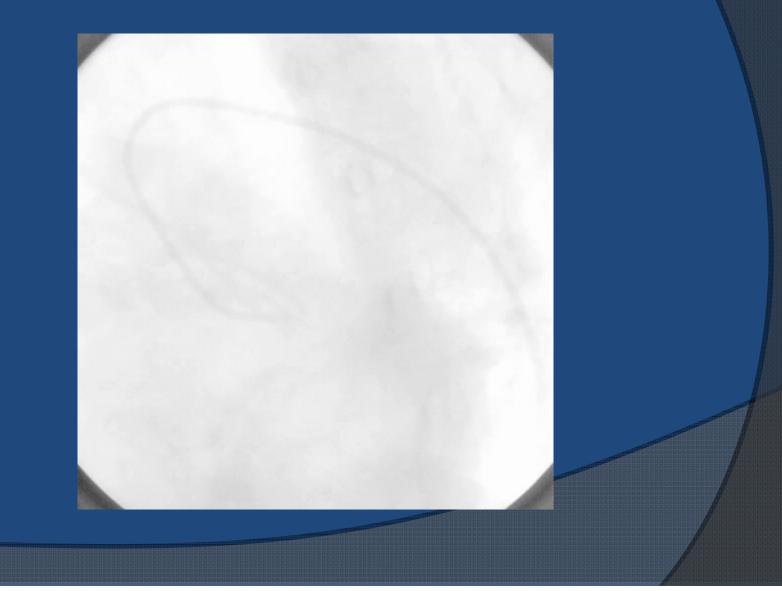
LAO-CRANIAL VIEW



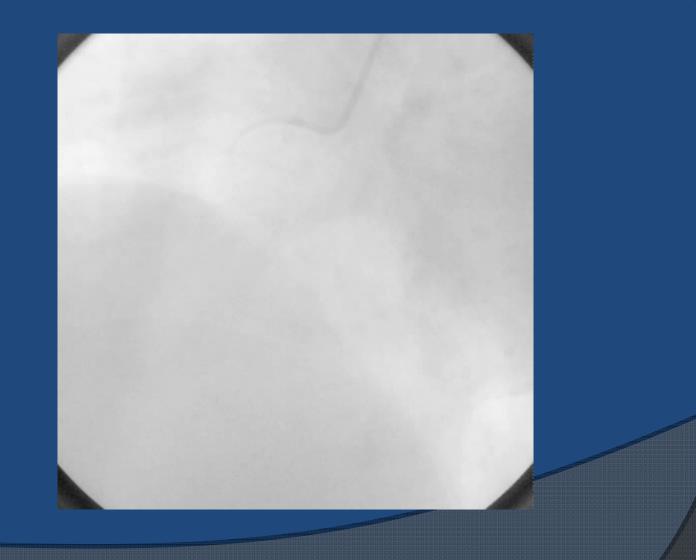
LATERAL VIEW



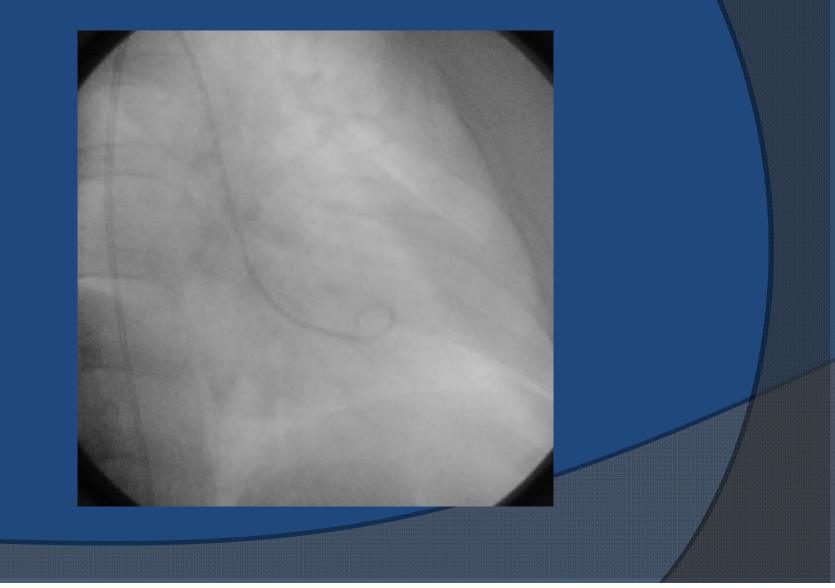
SPIDER VIEW (Ostial CX Lesion)



The same non-dominant RCA



LV Angio + EF 65%



The Patient was sent for



Learn and teach

- No simple cath
- Don't panic and stay calm, cool, confident
- You are the cathlab leader
- Team work is mandatory
- Fight for the life of your patient
- God will help you when you do your best.