# MY WORST FATAL CASE IN THE CATH LAB- LIFE JUST SLIPPED OUT , DID'NT EVEN GIVE ME TIME

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## THE CASE

- A 45 yrs old female presented with
- Exertional Angina class II x 2 mths
- *Hypertensive x 5 yrs --- controlled on drugs*
- Type II DM x 4 yrs---- controlled on drugs
- Tobacco NONE
- *O/E*

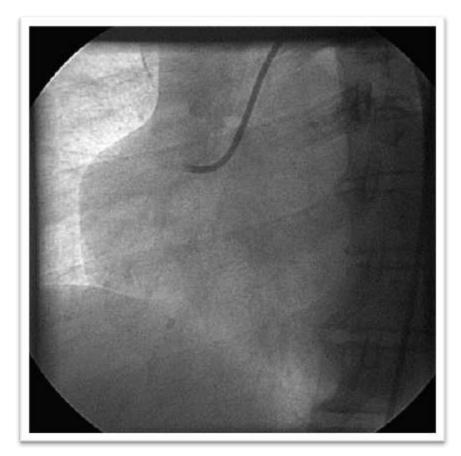
B.P 110/75 mm Hg P.R 78/ min regular Systemic examination W.N.L

## THE CASE

- Hb 11.8 , TLC 7600
- *S Creat. 0.6*
- R.B.S 115
- MPI SCAN stess induced reversible ischemia in Inferior wall, Lateral wall and apex.
- CAG 20/08/2014
  - RCA -- Dominant vessel Mid 99% then 100% PDA and PLV filling from collaterals Rest WNL

RCA -99% - 100% MID

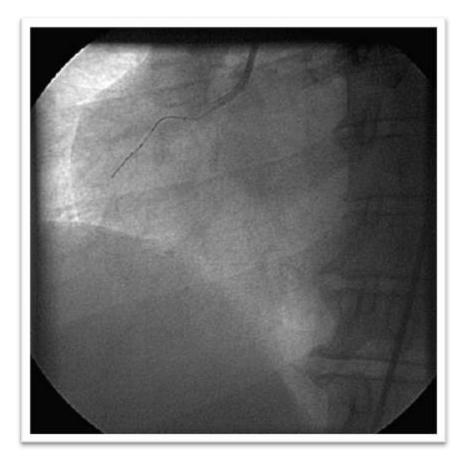
ATTEMPTED WIRING WITH A WHISPER WIRE. FAILED. WIRED WITH CROSS IT EXTRA 200 ON BALLOON SUPPORT – 2X 20 MM SPRINTER





#### PROX. BALLOON INFLATED AS WIRE/ SYSTEM BACKING OUT

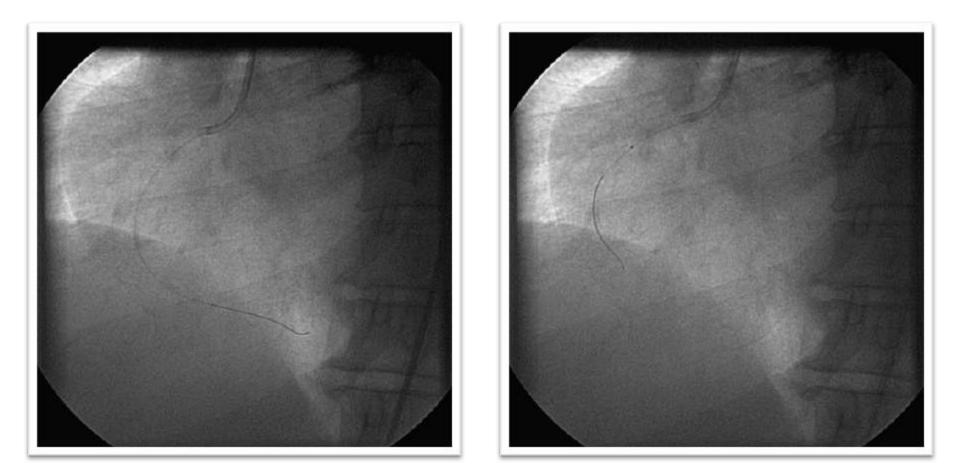
ULTIMATELY WIRED WITH CROSS IT EXTRA 2000N BALLOON SUPPORT – 2 X 20 MM SPRINTER



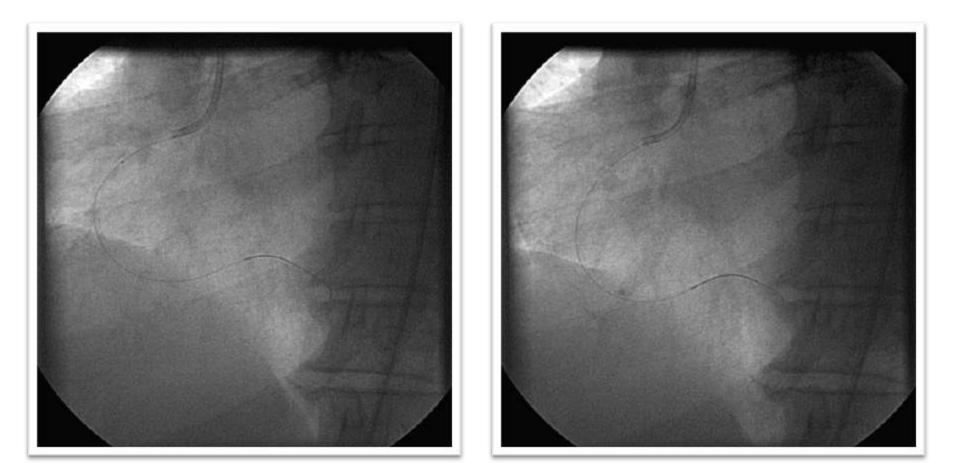


VIEW AFTER WIRING . TRIED TAKING 1.5 X 20 SPRINTER ,BUT IT WOULD'NT GO.

1.5 MM X 15 MM SPRINTER BROUGHT IN



1.5 MM X 15 MM SPRINTER WOULD'NT GO SO INFLATED – POSSIBLY A SPUR/ CALCIUM NO ADVANTAGE OF THE DILATION . NO PERFORATION / COMPLICATION THUS FAR



CALCIUM ?? ABANDONE/ SEND ACROSS TO AIMMS FOR ROTABLATOR. PATIENT STABLE SO FAR

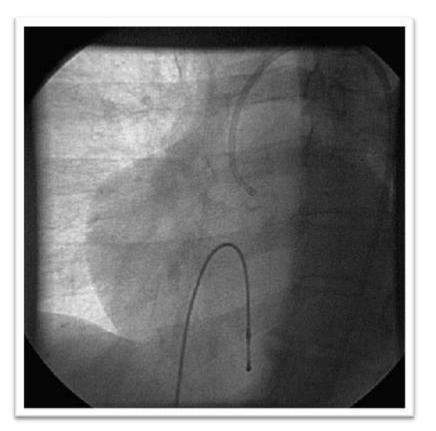
SINUS BRADY FOLLWED BY ARREST . TPI IN . CPR STARTED

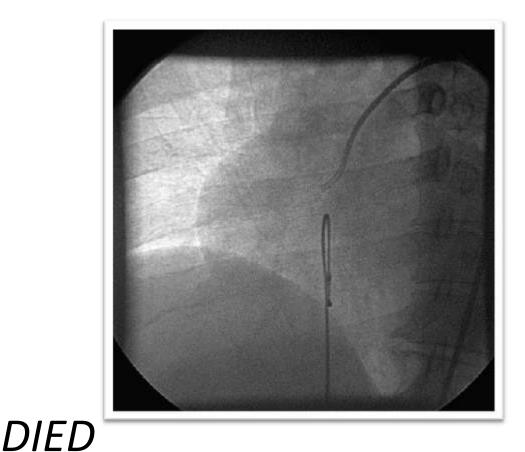


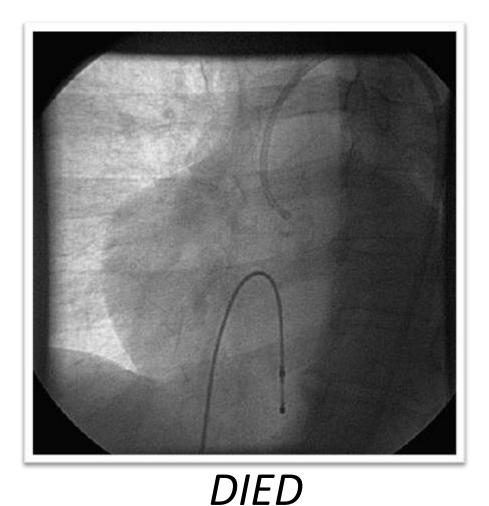


NO AVAIL . PERICARDIAL TAP- NOTHING. ECHO – NO COLLECTION

NO LEAK







## THE CASE- PTCA- 23.8.14 – WHY SHE DIED ?

• NO PERFORATION

- ECHO/ ANGIO/ DRY TAP

- PROLONGED HYPOPERFUSION POST ARREST-NO
- PLAQUE SHIFT INTO SINUS NODAL ARTERY