CIAT @ TCTAP 2016 session Look simple but too complex









April 26th, 2016 Anuchit Wongphen, Interventional Cardiologist Udonthani hospital, Thailand

Case Scenario

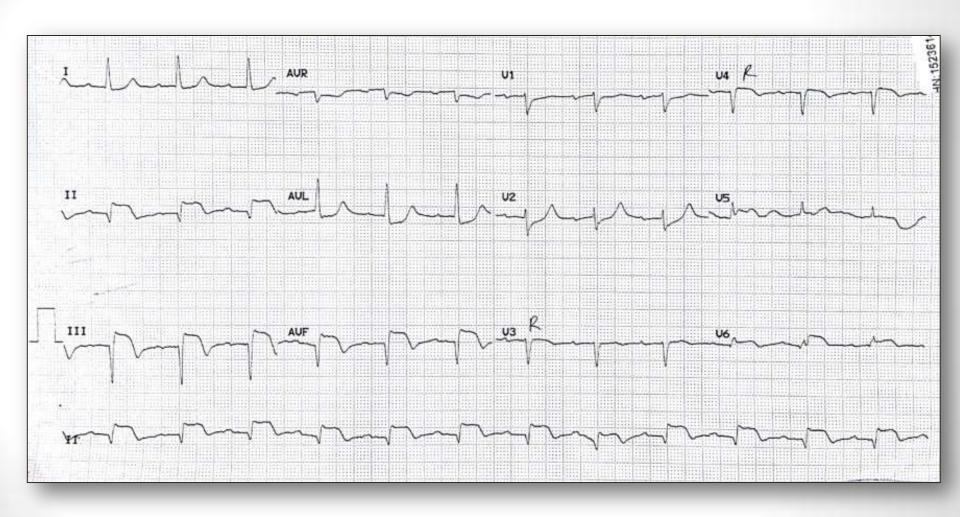
September 30, 2015

Male, 68 year-old

- Present at Udonthani hospital (7.32 pm)
- Rest angina for 4.5 hour (3.00 pm)
- BP = 168/71 mmHg
- Risk factors: Hypertension



ECG at presentation



Primary PCI in PCI capable center

Total Ischemic Time

352 min

276 min

22 min

54 min

Time to FMC

FMC = First medical contact

Transfer (DIDO)

Open artery

D2B within 60-90 min



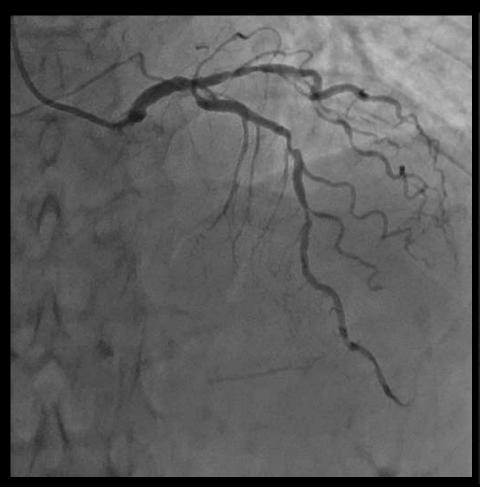
Transradial STEMI-PCI Left coronary angiography (5F/ JL3.5)

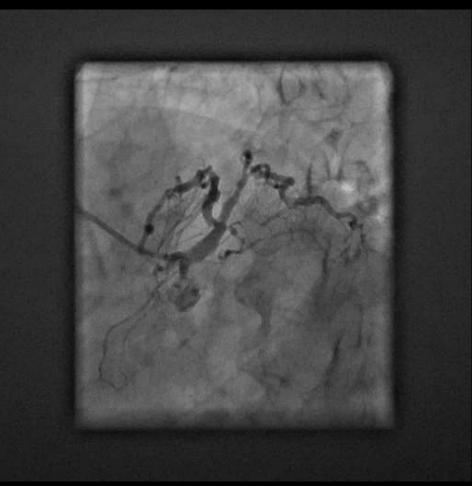


Radial artery angiography

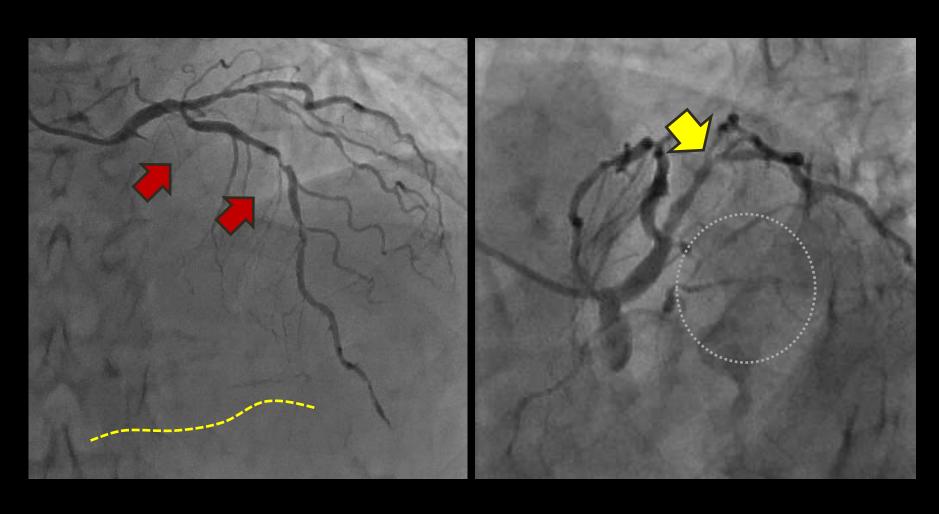
Diffuse diseases of small LCX

Transradial STEMI-PCI Left coronary angiography (5F/ JL3.5)





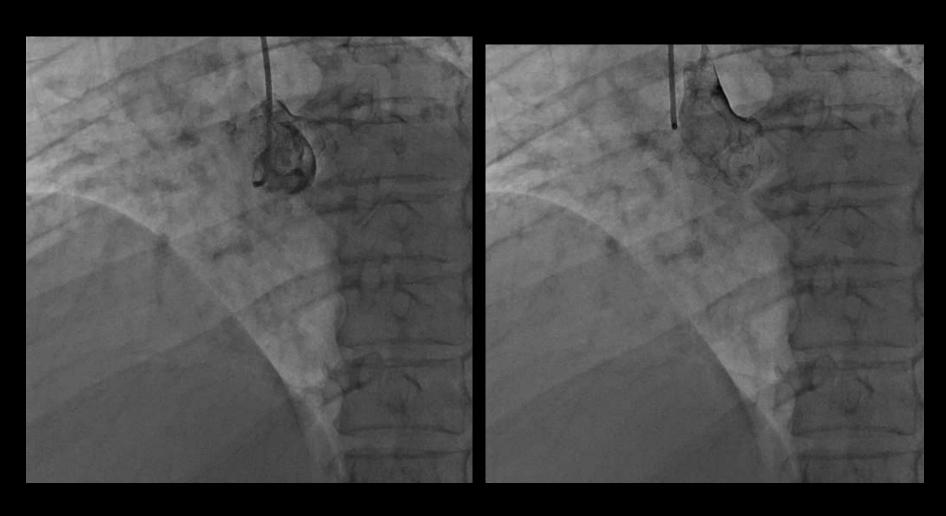
Left coronary angiogram



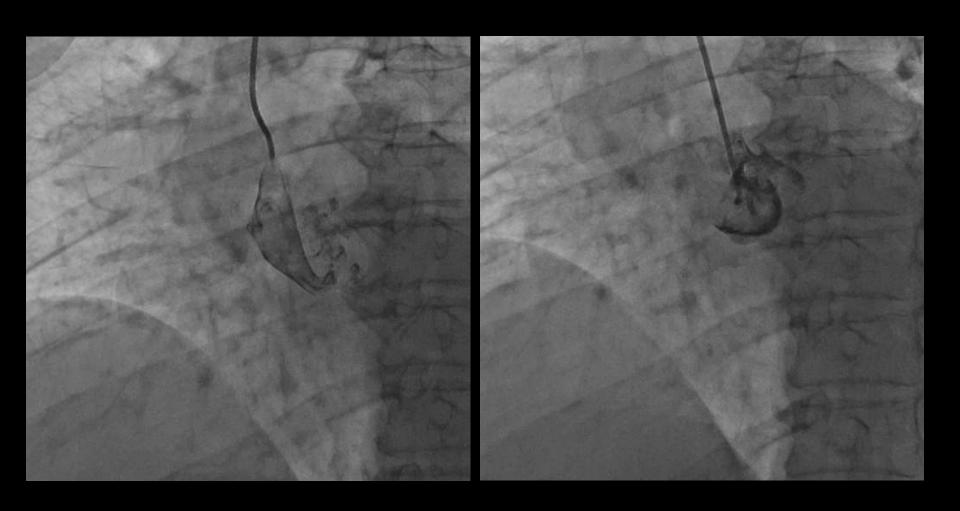
Focal disease of ostium + mid LAD
Collateral flow to RPD

Moderate stenosis of ramus
Diffuse diseases of small LCX

Where is my RCA?



Where is my RCA?

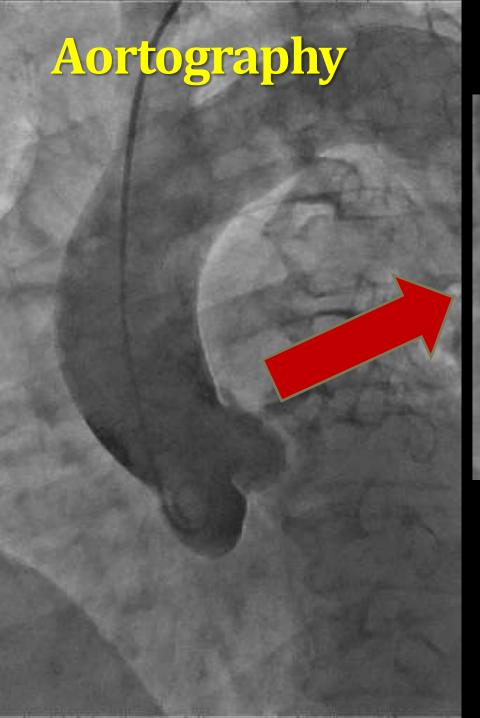


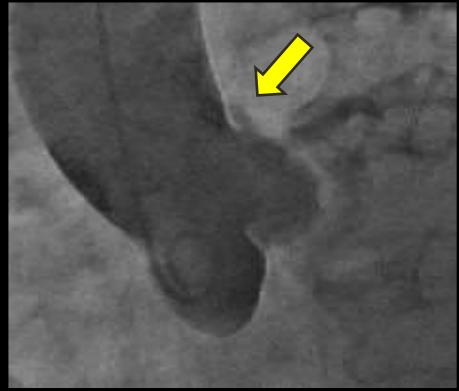
What we should do next?

- A) Enough; conservative management
- B) Perform aortography or CTCA
- C) Perform retrograde PCI via LAD-SP
- D) Send him for CABG (3V-CAD)









Anomalous RCA from LCC With proximal occlusion

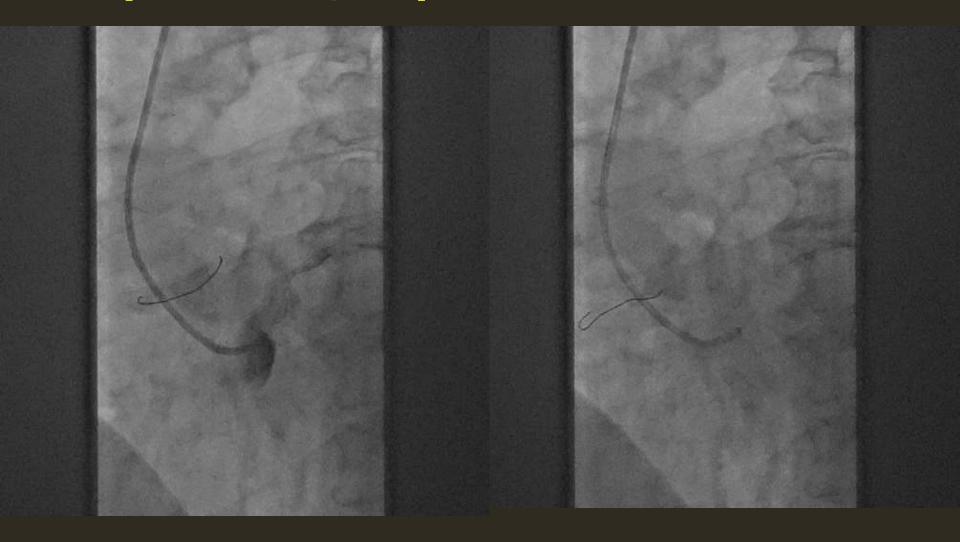
What guide catheter you choose?

What guide catheter did you select?

- A) JL3.0 GC/ transradial approach
- B) EBU3.0 GC / transradial approach
- C) JL3.5 GC/ transfemoral approach
- D) Other catheter ...



My real case; only JL3.5 GC was available

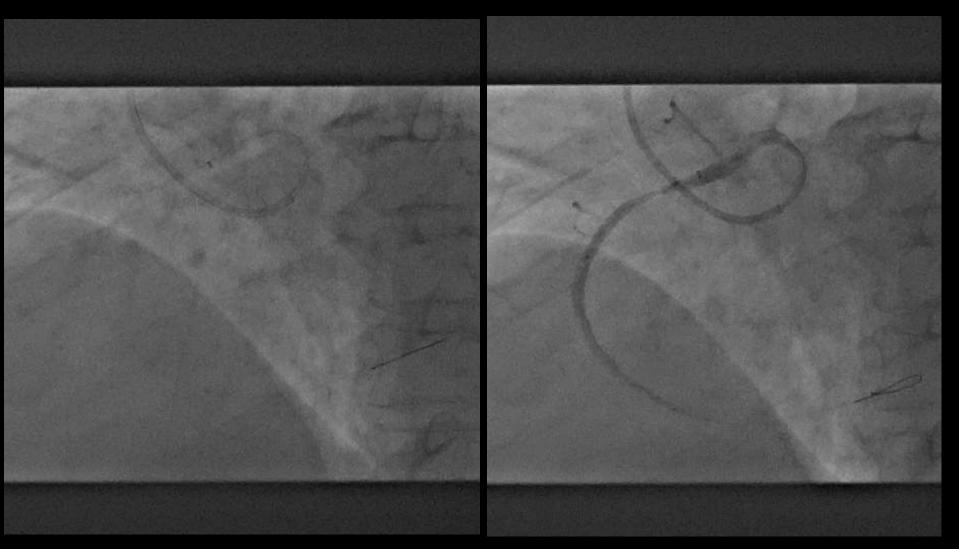


Placing the guidewire in LAD,
Manipulate the Runthrough NS into RCA

Injection via Thrombectomy catheter

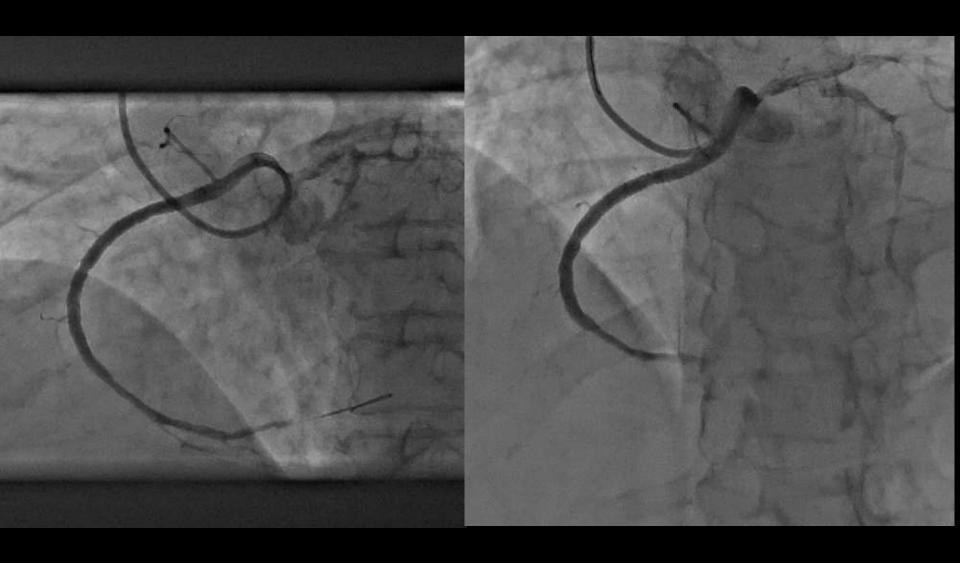


Proceeding PCI by using a 5F extension catheter



3.5/28mm EES via 5F GuideZilla®

Final result



Conclusion

Special device and technique for unexpected situation of anomalous RCA PCI is crucial point for time-constrained STEMI PCI

Extension catheter (e.g. GuideZilla) is very useful when the ideal catheter is not available

