

Young Male With aVR STEMI Complicating Cardiogenic Shock Due To Left Main Bifurcation Disease Successfully Treated With Culotte Technique

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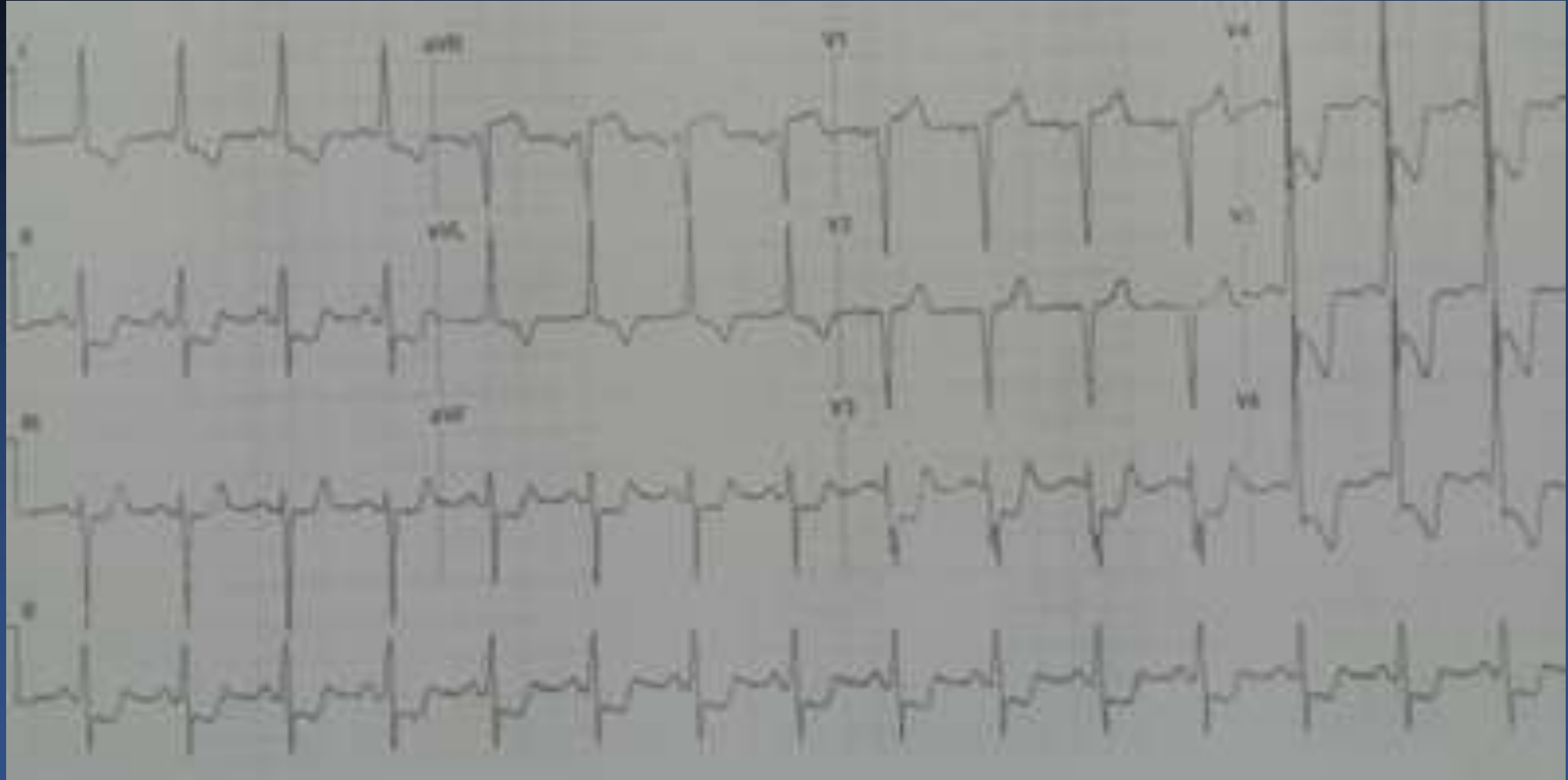
Conflict of Interest

- None

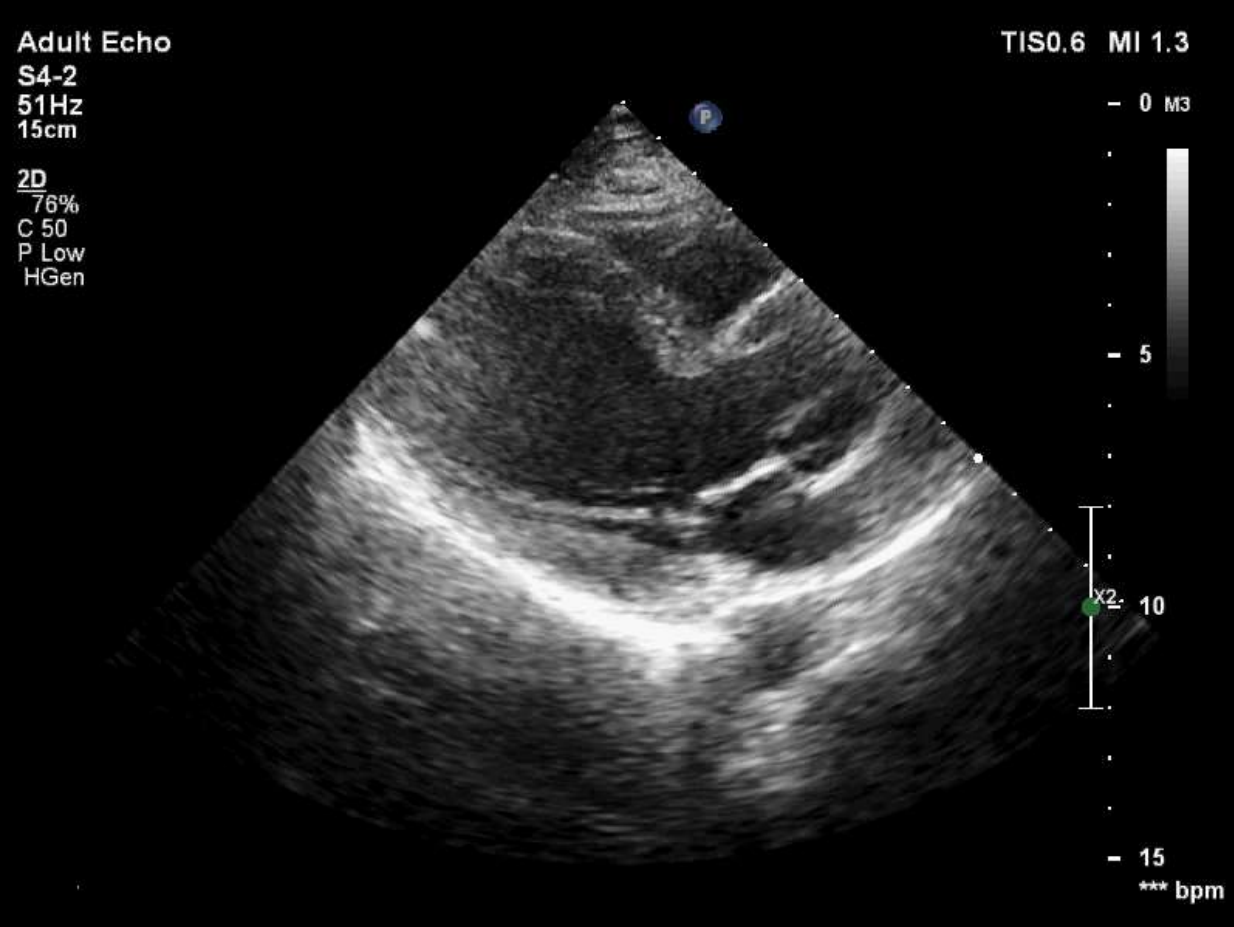
Clinical Background

- A 36 year old male with a recent history of ACS was referred for early Coronary angiogram.
- No coronary risk factors
- Heart rate - 90 /min and blood pressure - 130/70 mmHg.
- While taking the radial access, patient developed severe central chest pain.
- During the angiogram his pulse rate increased to 160's /min and blood pressure dropped to 85/60 mmHg.
- Started coughing productive of frothy sputum
- Killip IV heart failure.
- IV Inotropes/ frusemide bolus followed by infusion
- Critical care team was alert

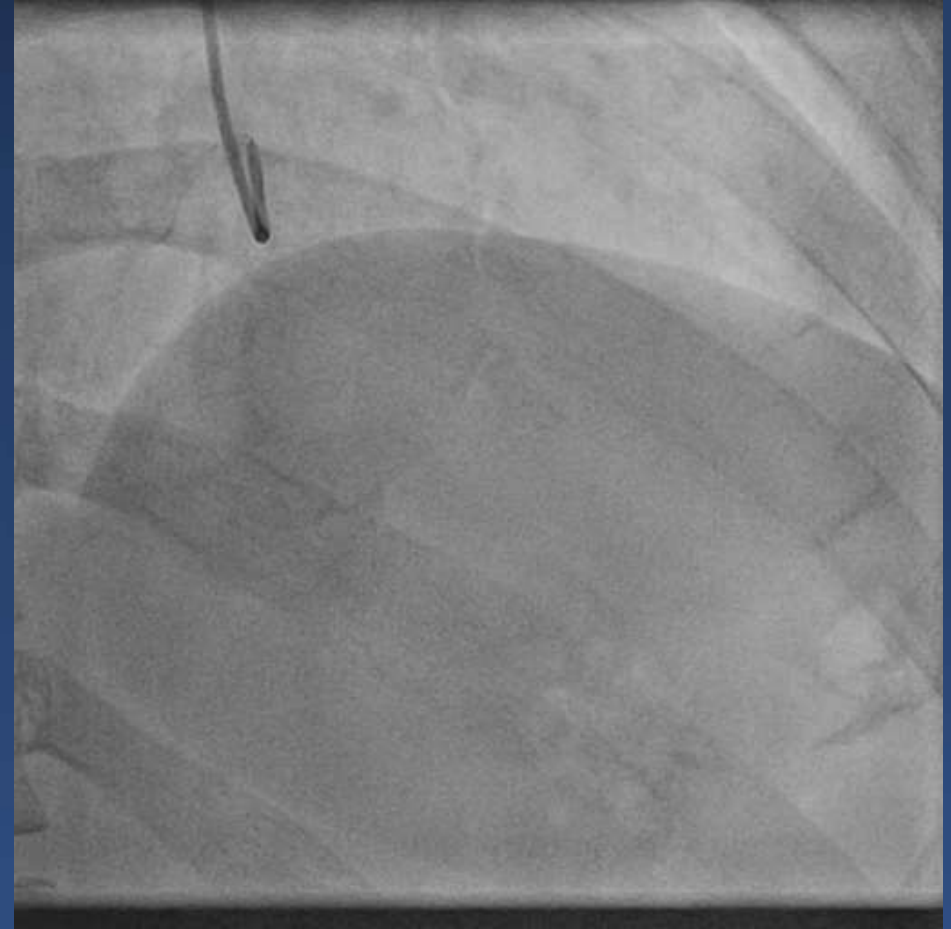
ECG



Echocardiogram

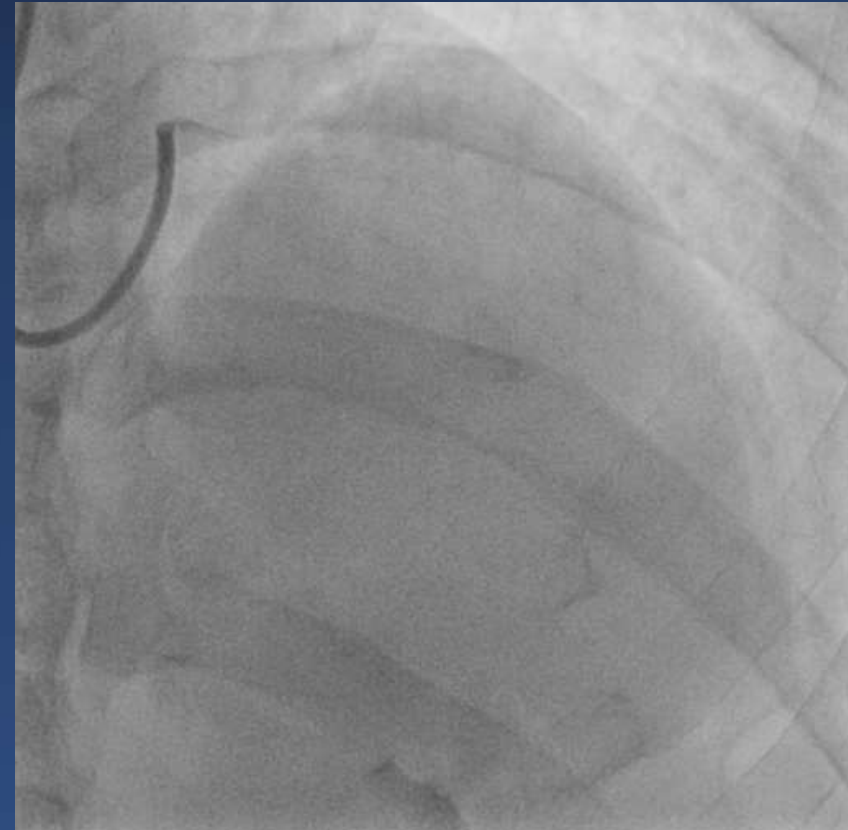
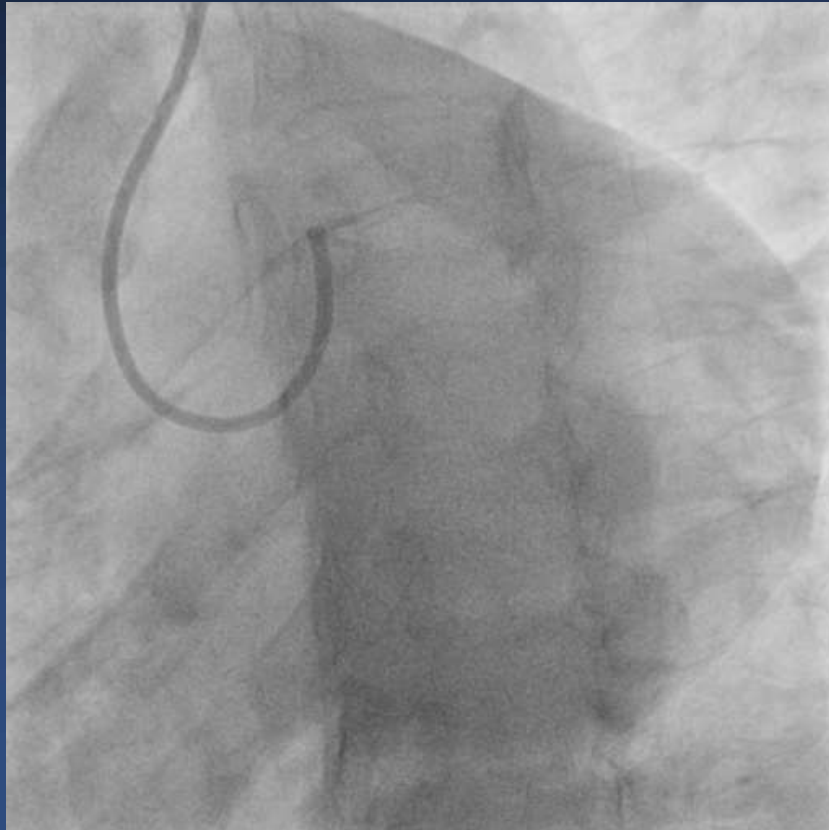
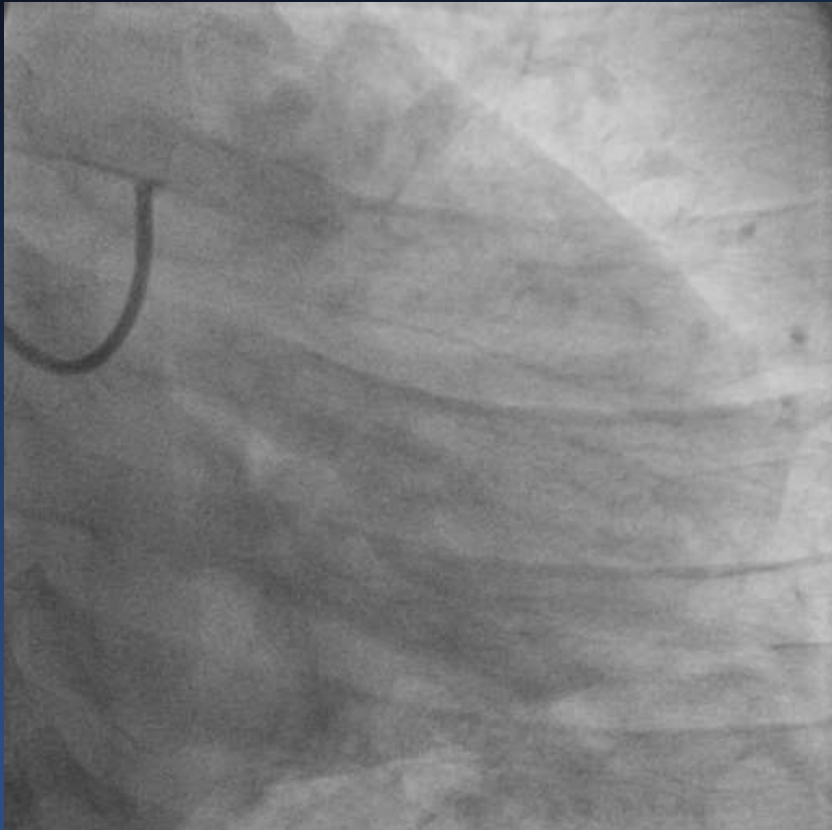


Coronary Angiogram

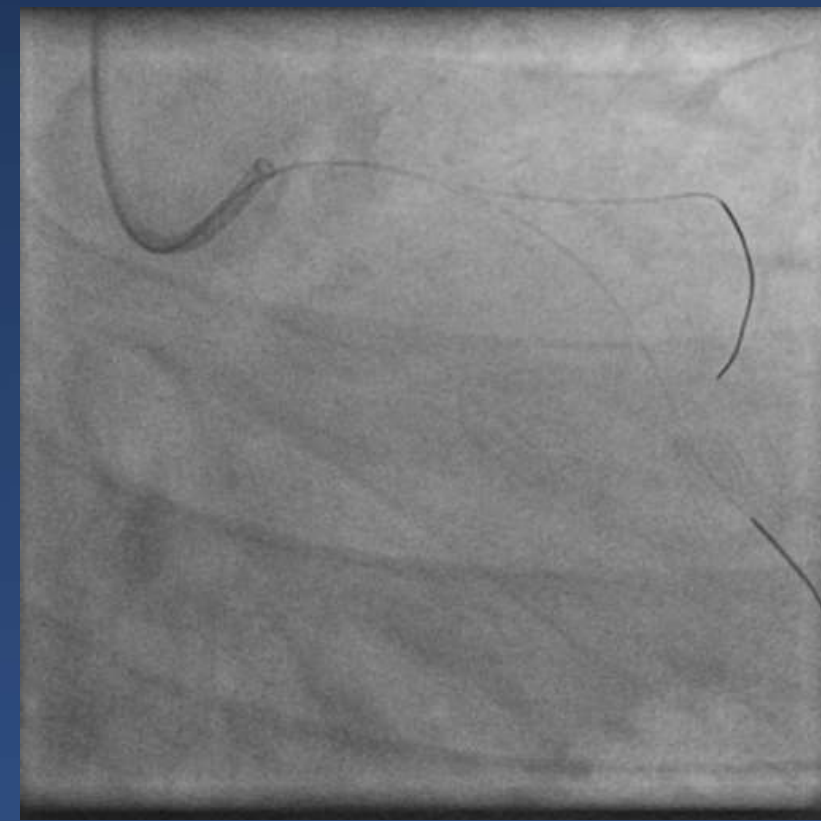
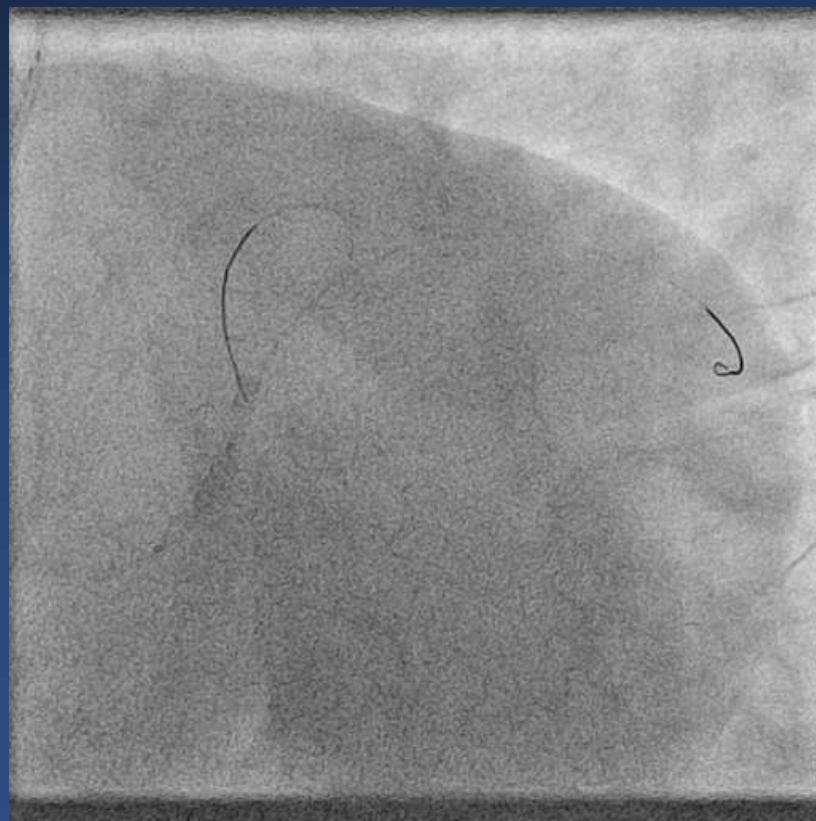
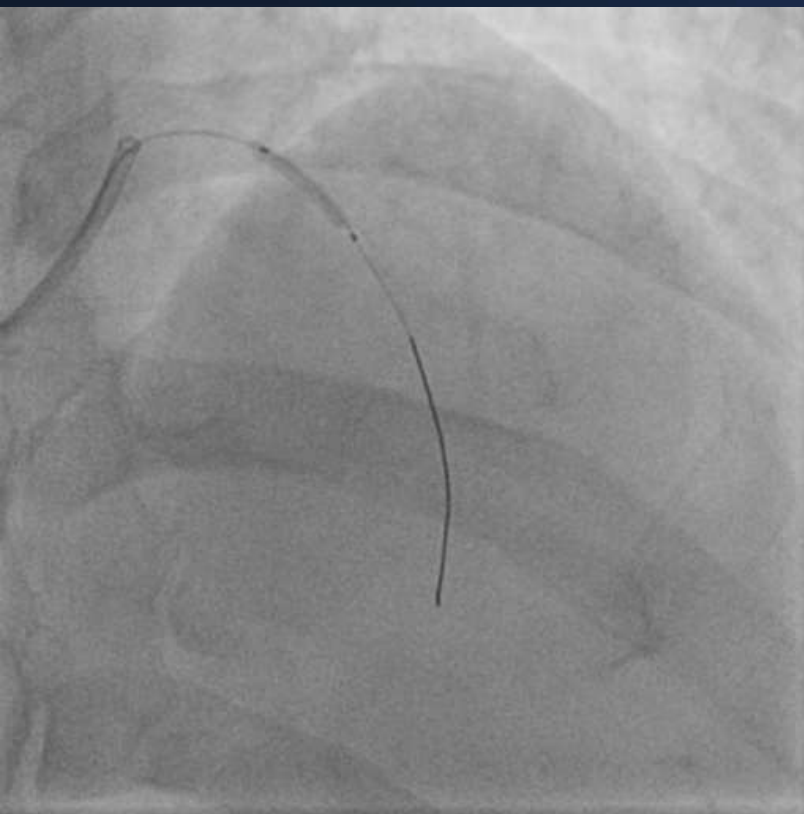


6F Radial (Terumo) sheath, 5F TIG

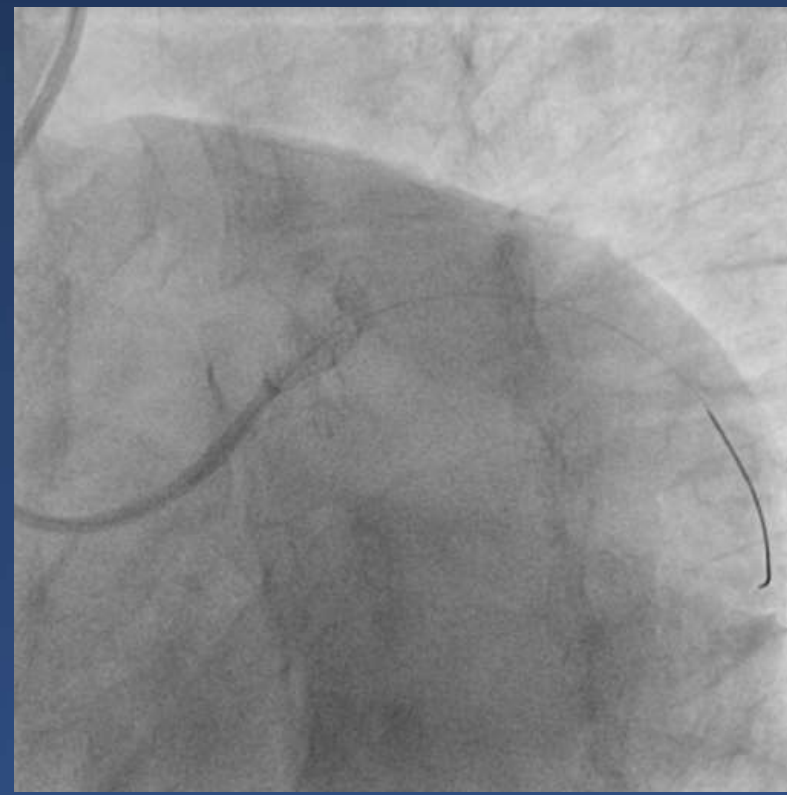
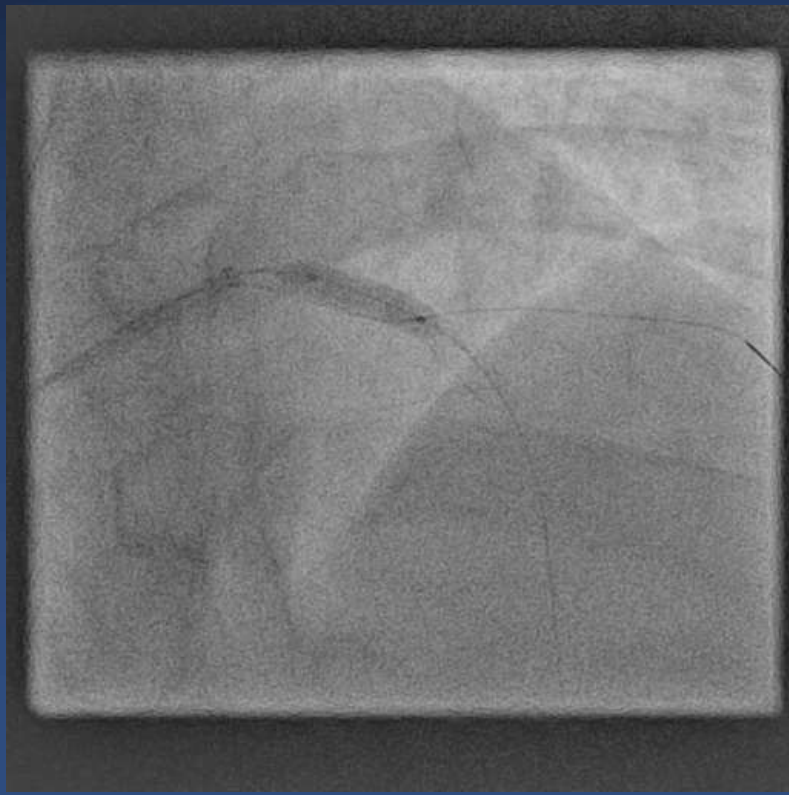
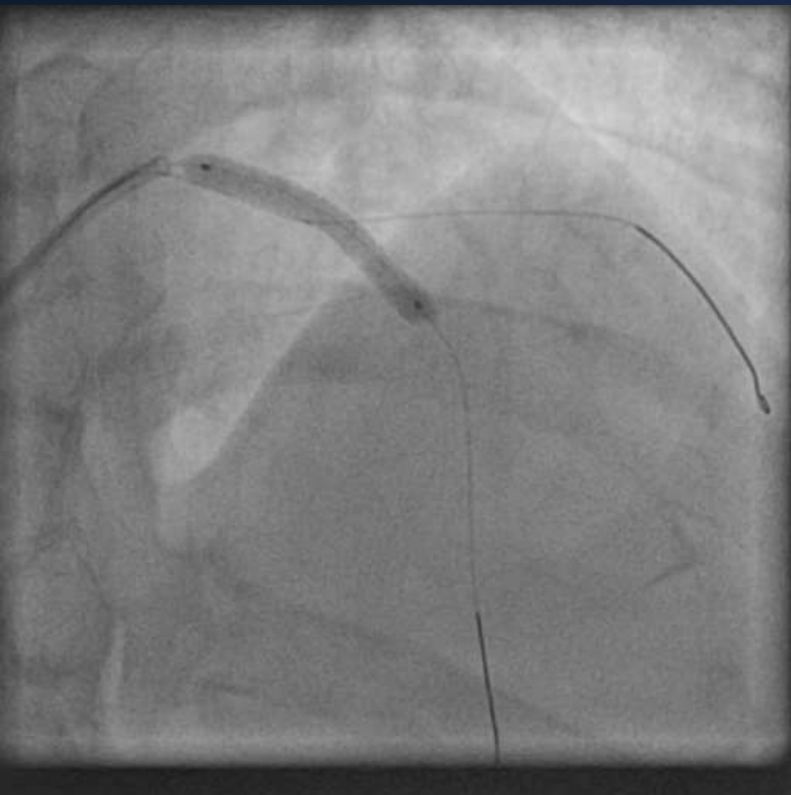
Coronary Angiogram



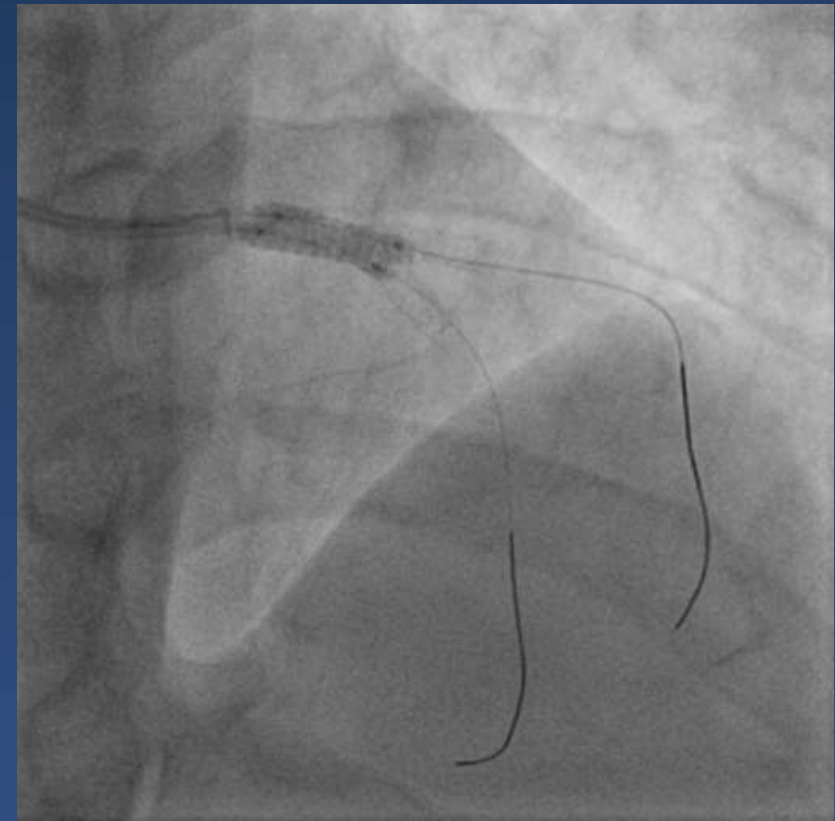
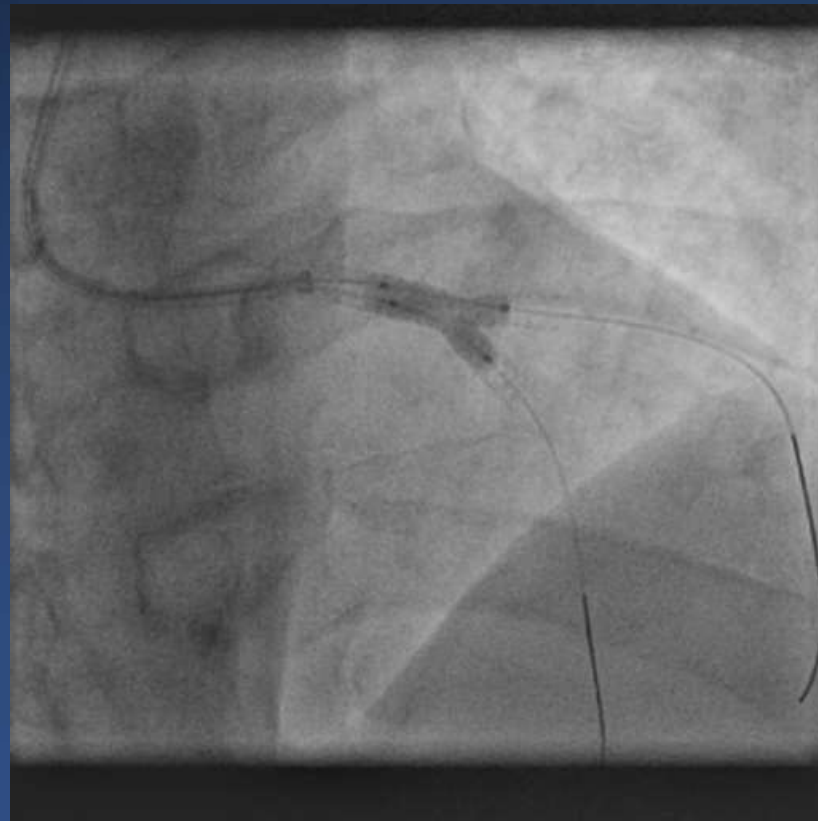
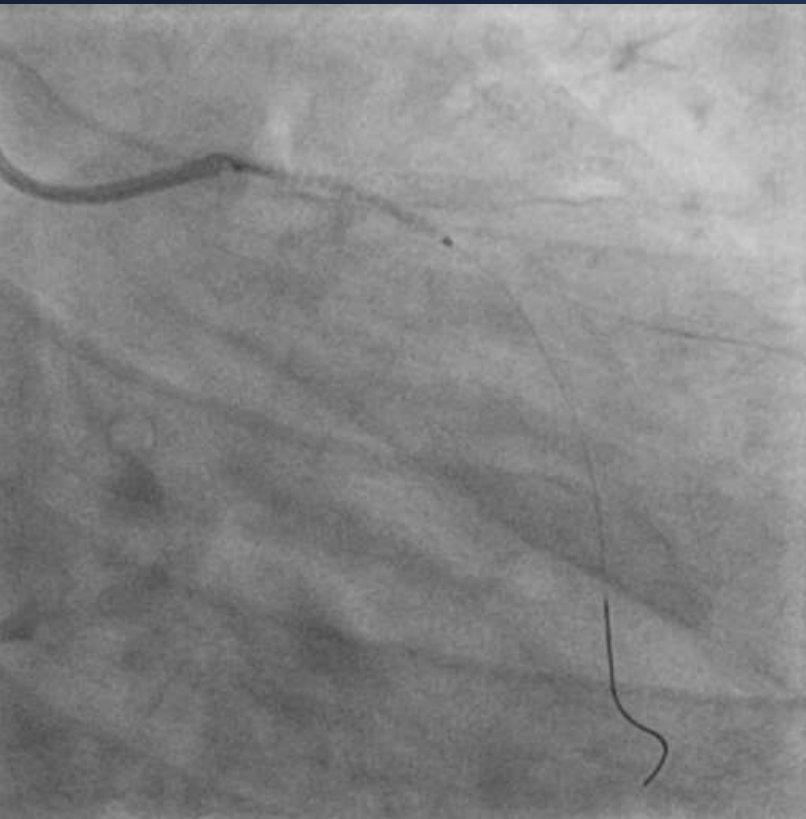
Procedure – Pre dilatation



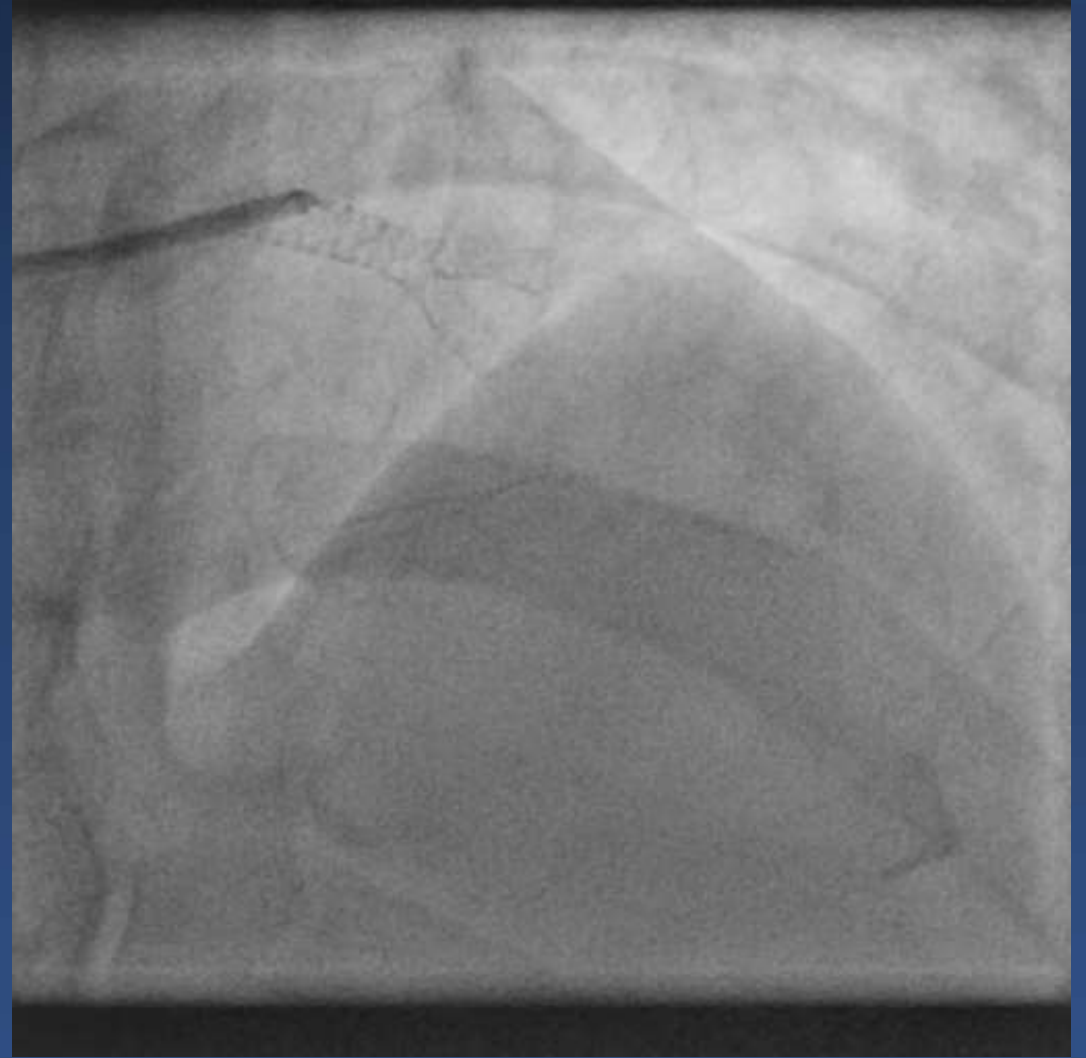
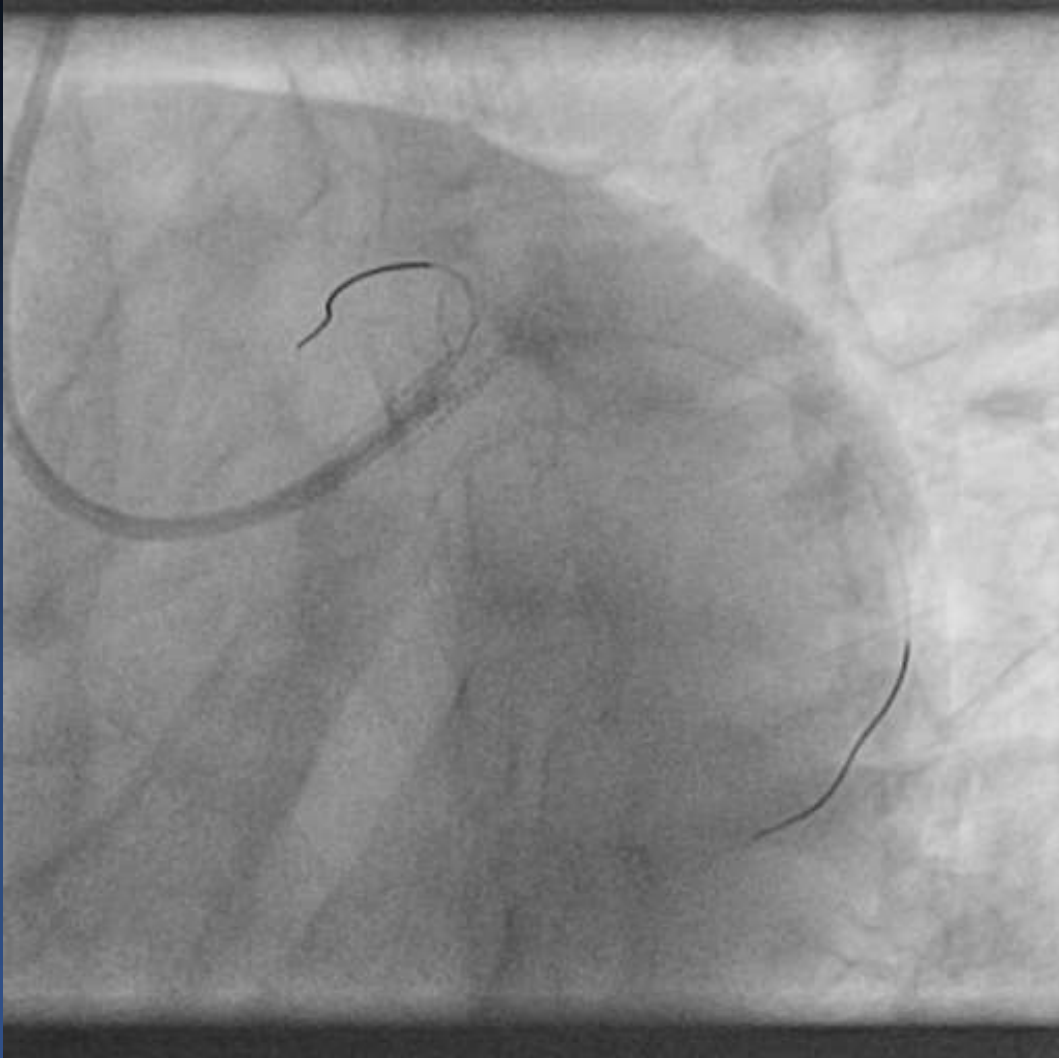
Procedure – LMS to LAD



Procedure



Procedure



Out come

- Patient's haemodynamic improved after opening the vessels
- Patient had an uncomplicated recovery and discharged on day 4
- At one month, asymptomatic, LV EF – 50%
- Awaiting non invasive evaluation – with Ex ECG
- On Aspirin life long, Clopidogrel extended period (?3 years)

What could we have done better?

- Cross over to femoral from the beginning, or 7F GC (even radial)
- IVUS – Left main bifurcation

Discussion Points

- MDT ?
- Culotte vs DK Crush ?
- IABP ?
- Antiplatelet duration ?

Conclusion/Take-home Message

- Culotte technique, relatively simple yet elegant bifurcation stent technique, can be used to treat distal LMS bifurcation in an acute unstable setting