

Acute left main coronary artery thrombosis: Challenging situation

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History

- 65-year-old male, chain smoker
- History of hypertension, hyperlipidemia, CKD, HF and ACS
- CAD with DVD, received percutaneous coronary intervention (PCI) on proximal LAD in urban China (mainland), 2004
- In 2018, the patient underwent coronary angiography due to worsening of angina symptoms to CCS class III. The examination documented marked progression of coronary artery disease with the presence of critical LAD and LM, Shanghai Center Hospital

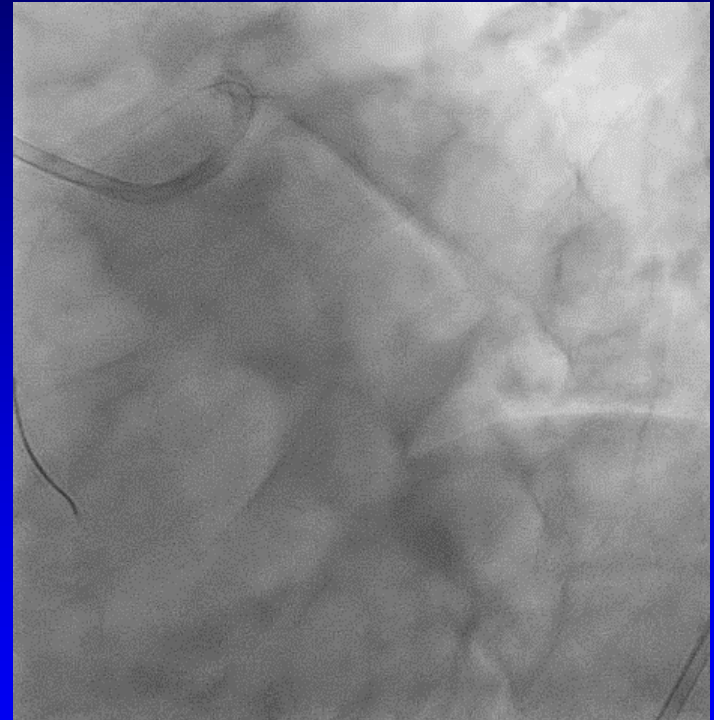
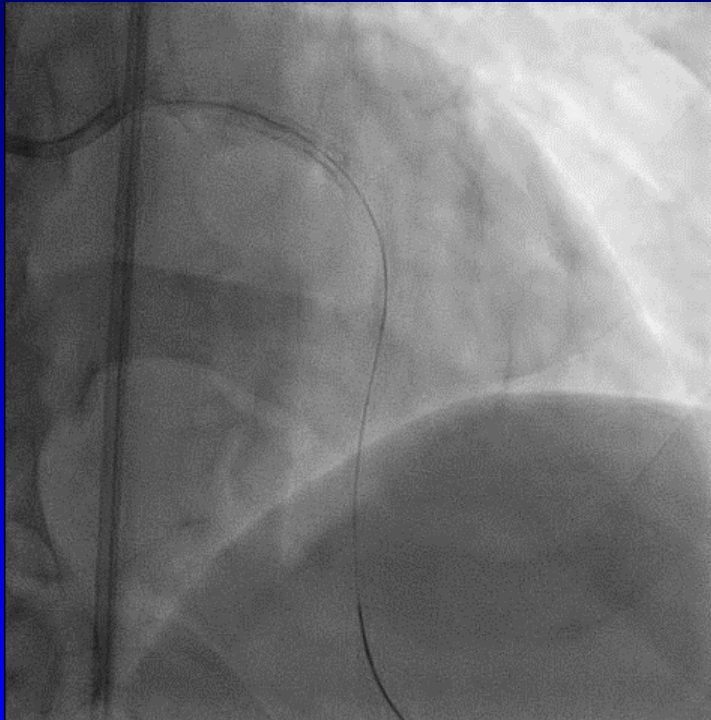


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CAG...





ultra-low contrast volume
for patients with advanced
chronic kidney disease
undergoing coronary
procedures

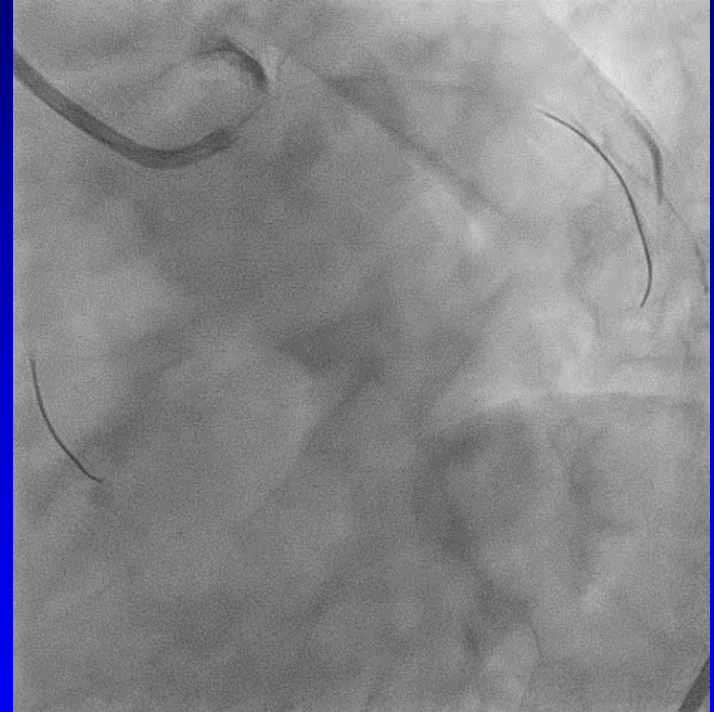
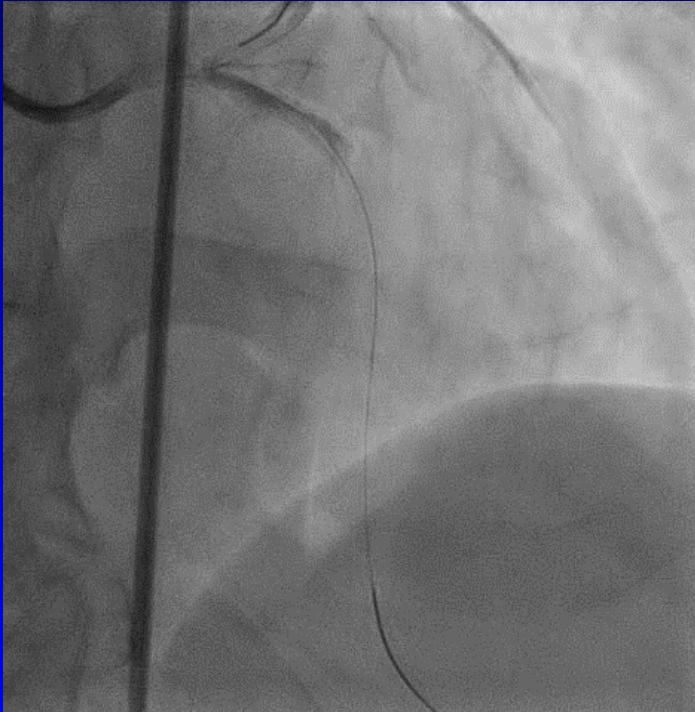


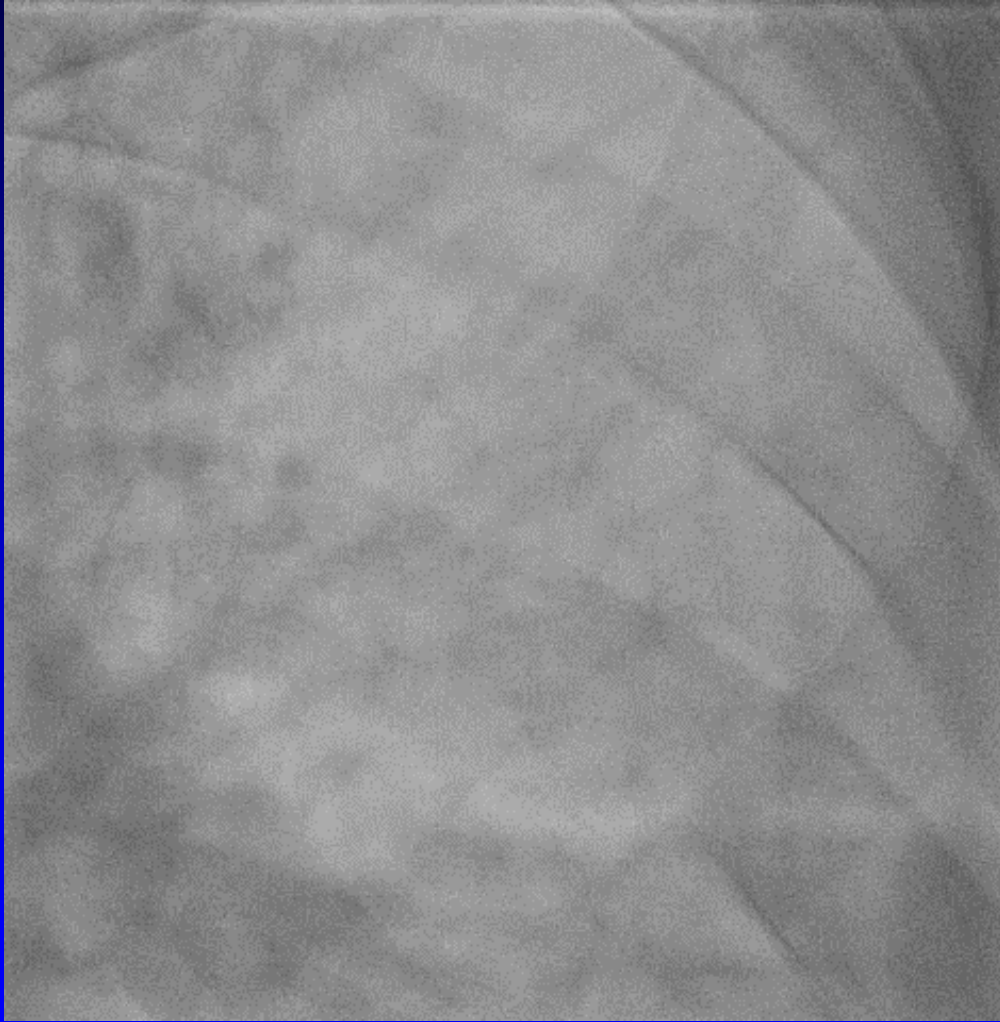
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A coming storm.....





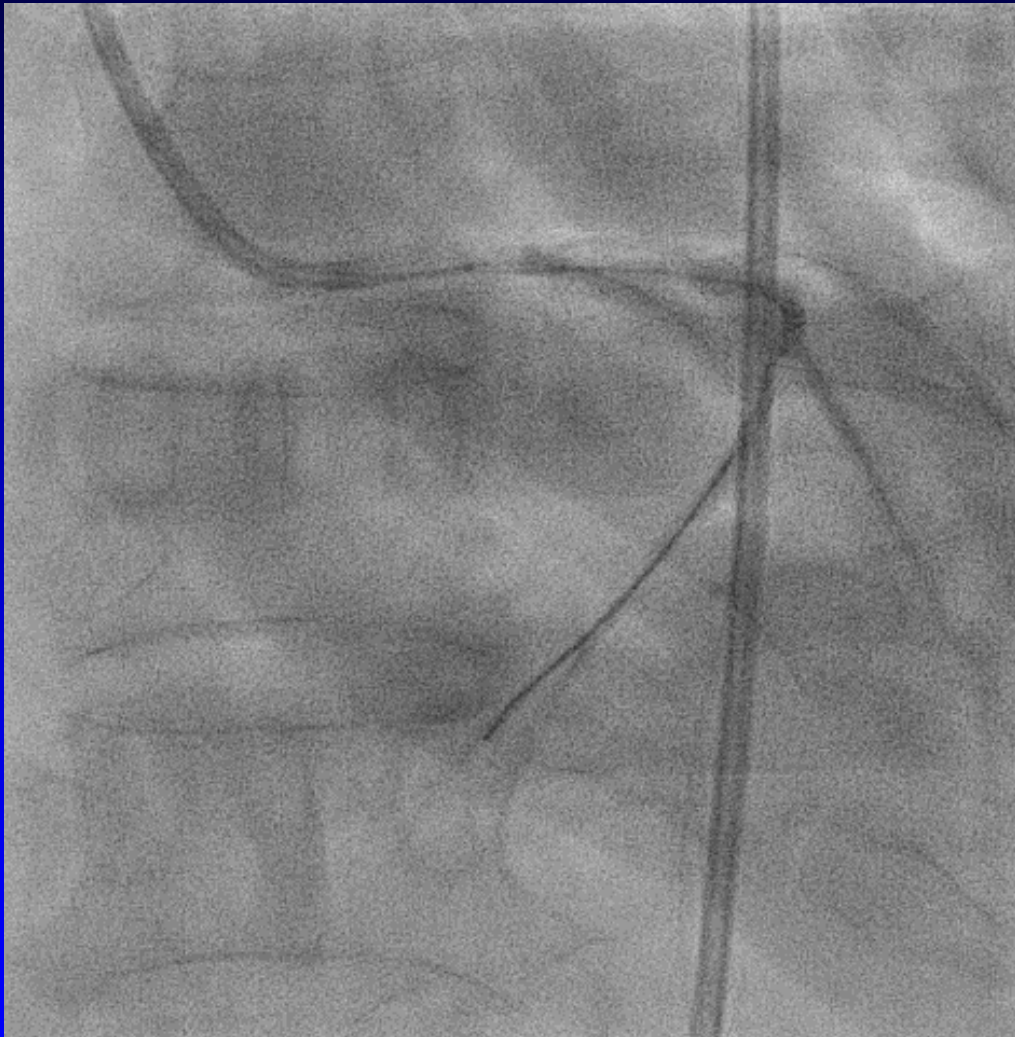
strategy.....



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8.治療藥物

執行時間	品名	數量	單位	途徑	備註
07-26 08:49	Heparin (5000U/ml)	7000.00	U	IC	
07-26 09:01	Heparin (5000U/ml)	5000.00	U	IC	
07-26 09:03	Heparin (5000U/ml)	5000.00	U	IC	
07-26 09:08	Heparin (5000U/ml)	10000.00	U	IC	

07-26 09:08 6Fr Pronto V3
07-26 09:39 Crusade (3.2Fr)

治療 生命徵象

執行時間	項目	備註
07-26 08:59	ACT	ACT 94 (秒)
07-26 09:02	ACT	ACT 63 (秒)
07-26 09:04	血壓·心跳	AO, 血壓71 / 55 (mmHg)·心跳 : 77 bpm
07-26 09:04	氧療	SPO2 99 % Room air
07-26 09:04	GCS	GCSE:2 V:2 M:1
07-26 09:11	GCS	GCSE:4 V:5 M:6
07-26 09:11	氧療	V-M 50% SPO2 100 %
07-26 09:11	血壓·心跳	AO, 血壓152 / 76 (mmHg)·心跳 : 76 bpm
07-26 09:21	ACT	ACT 414 (秒)
07-26 09:34	血壓·心跳	AO, 血壓147 / 70 (mmHg)·心跳 : 69 bpm
07-26 09:34	氧療	V-M 50% SPO2 100 %
07-26 09:34	GCS	GCSE:4 V:5 M:6
07-26 09:35	ACT	ACT 537 (秒)
07-26 10:00	血壓·心跳	AO, 血壓150 / 75 (mmHg)·心跳 : 69 bpm
07-26 10:00	GCS	GCSE:4 V:5 M:6
07-26 10:00	氧療	V-M 50% SPO2 100 %
07-26 10:27	氧療	V-M 50% SPO2 100 %
07-26 10:27	血壓·心跳	AO, 血壓150 / 78 (mmHg)·心跳 : 70 bpm
07-26 10:27	GCS	GCSE:4 V:5 M:6

Intraprocedural **LMCA thrombosis** is a relatively uncommon complication of percutaneous coronary intervention (PCI) in patients with elective approach, but it is strongly associated with mortality and morbidity.

Occurrence of intraprocedural thrombosis is relatively rare, even in acute coronary syndrome (ACS) patients, and is related more strongly to **clinical presentation** and **procedural factors** (e.g., anticoagulation regimen, lesion type, and presence of thrombus at baseline) than to baseline demographic characteristics.



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It is important to pay attention not only to what happens after PCI, but what happens during the procedure as well. **Optimal anticoagulation** and in combination with **aspiration thrombectomy** could faultlessly resolve intraprocedural thrombosis, but repairing the lesion or vessel in a different way might also be the correct approach.

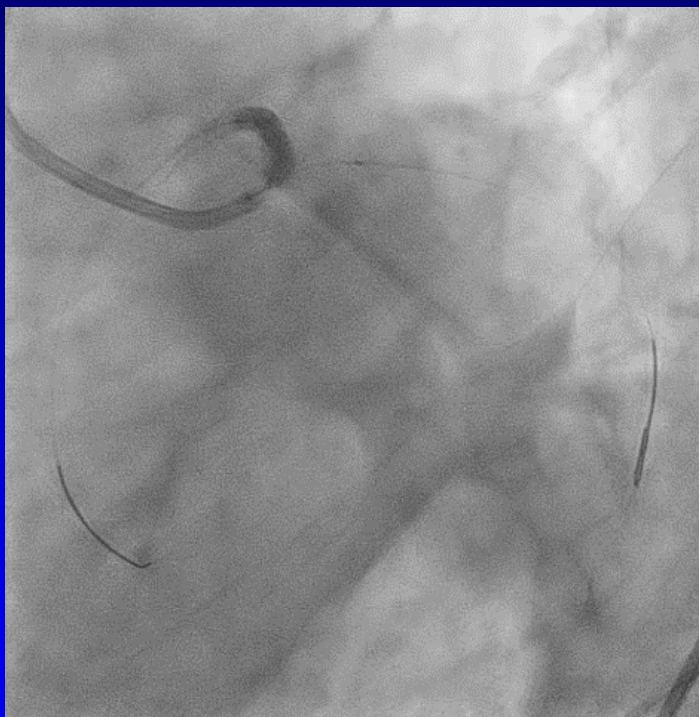


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Reverse “DK crush” Technique



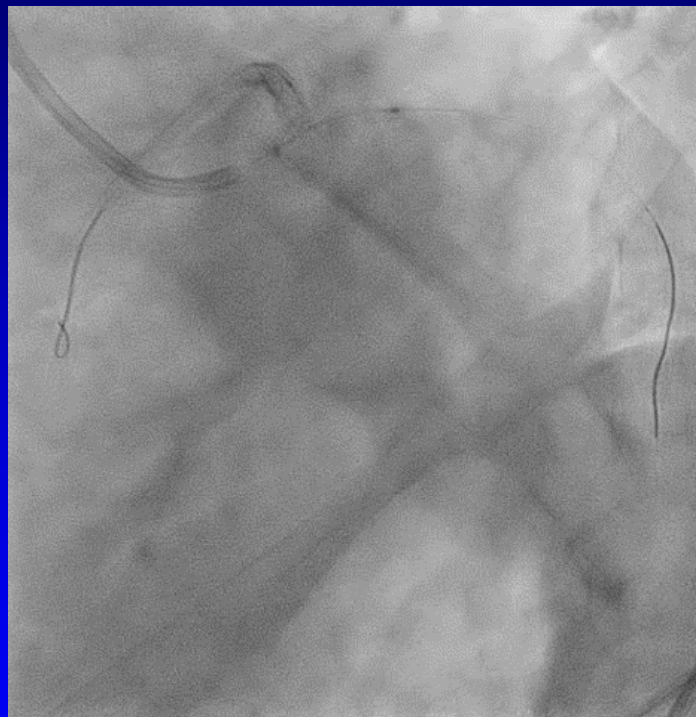
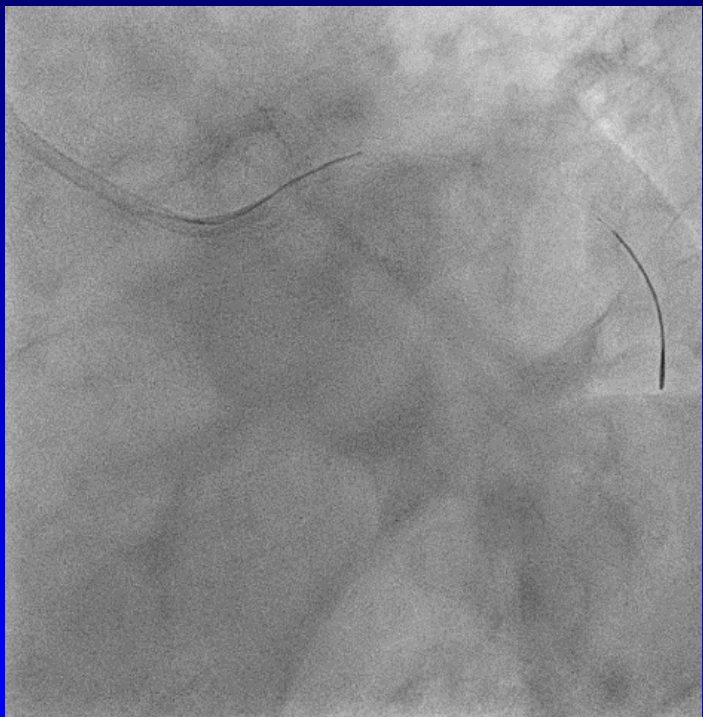
Ultimaster 3.0 x 38 mm



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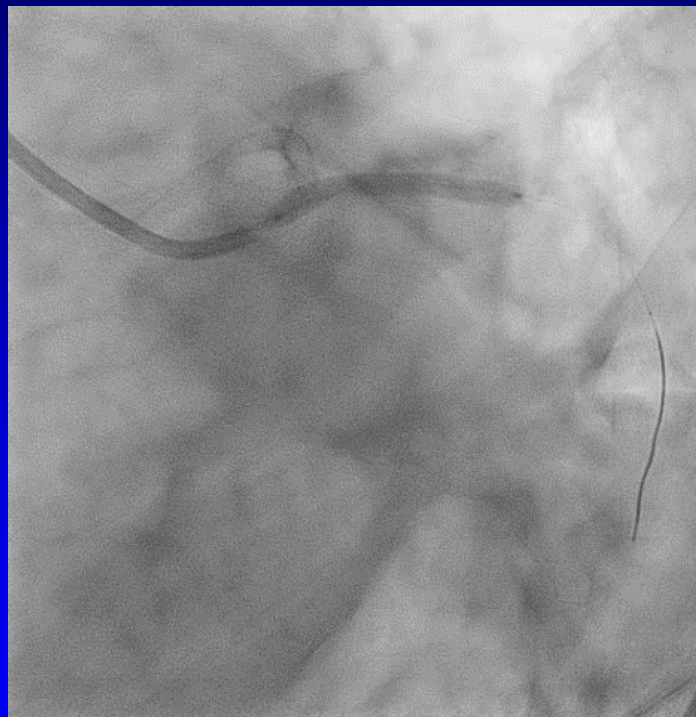
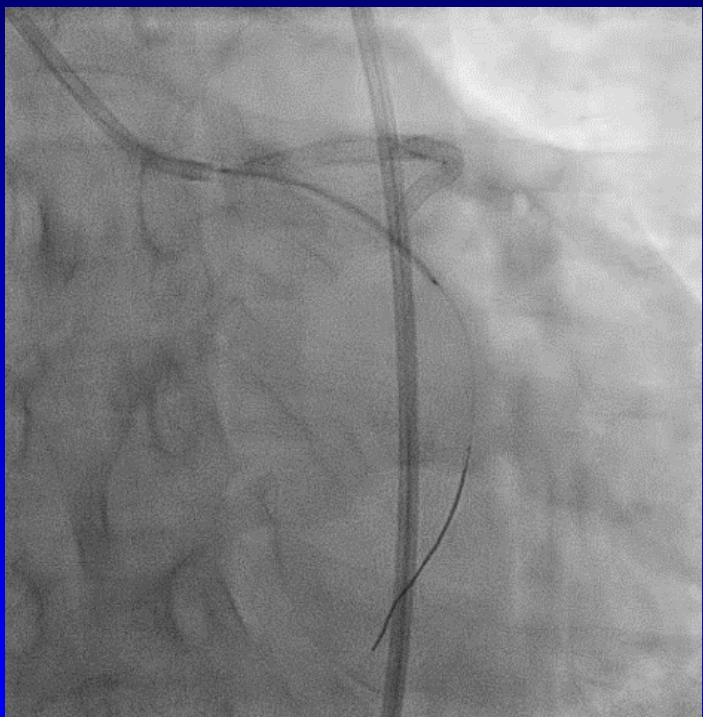
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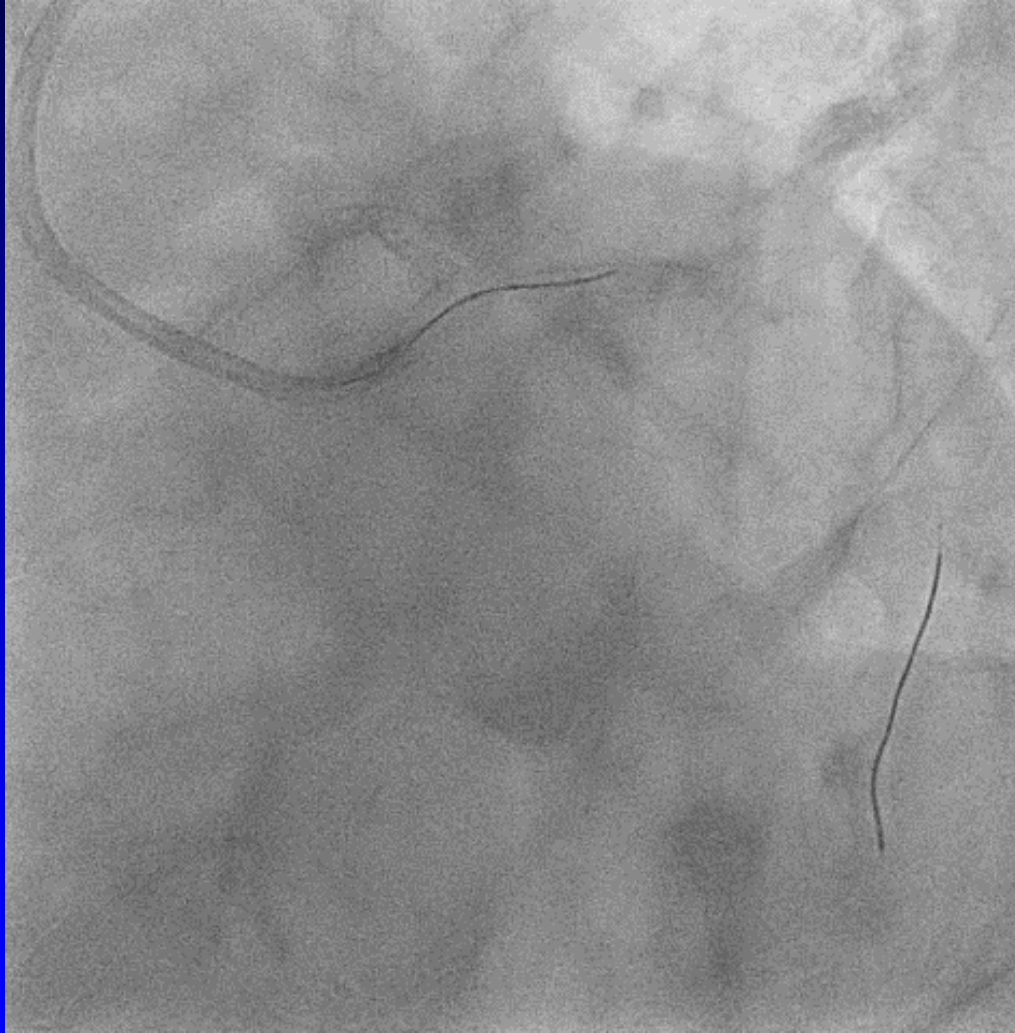
Ultimaster 3.5 x 33 mm



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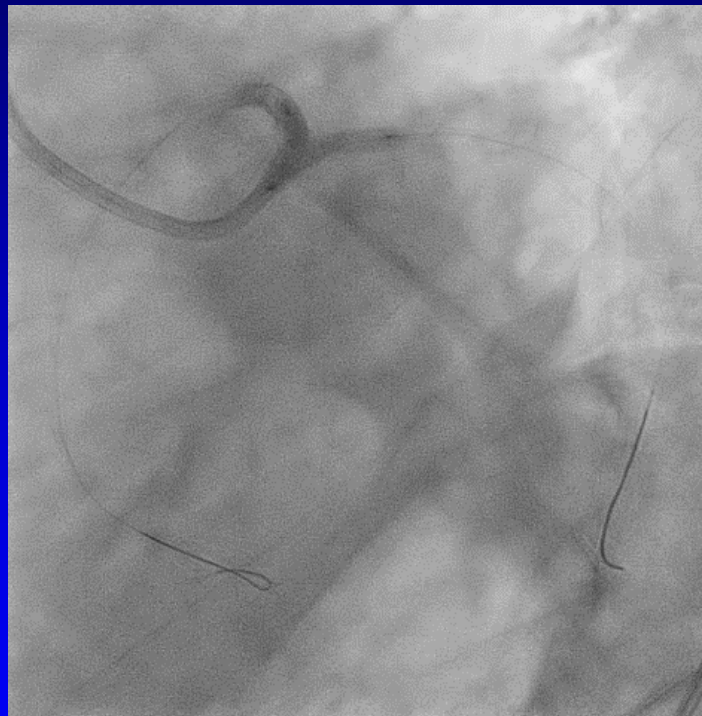
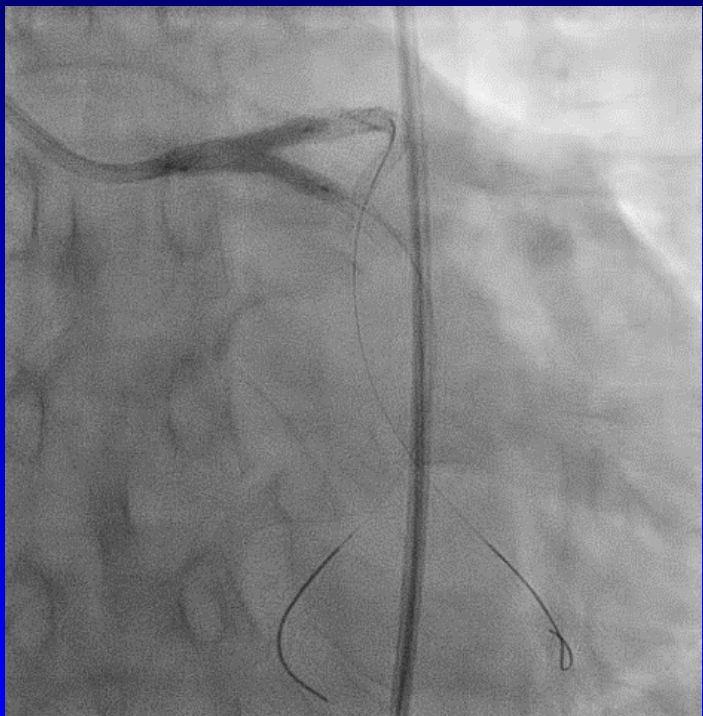
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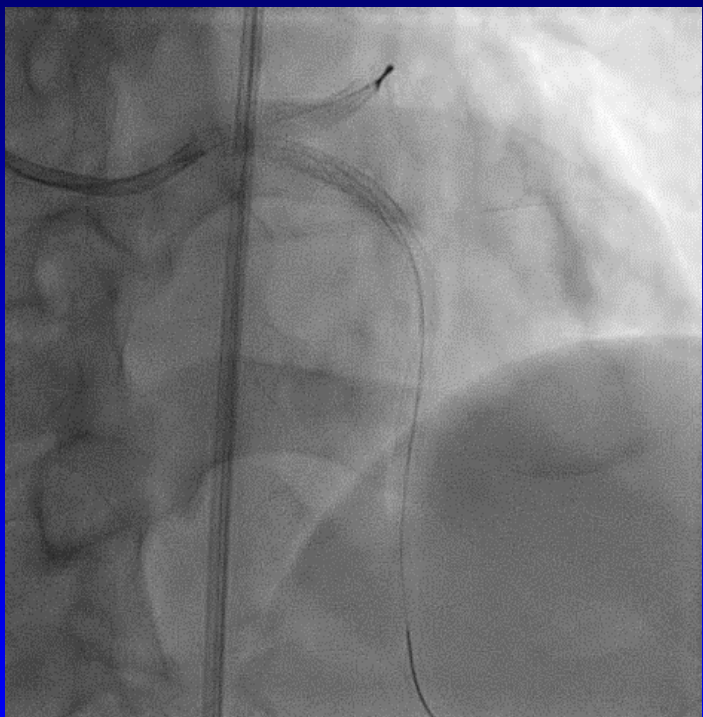
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Take Home Message

- Until you know how big the problem is and what the consequences are, you don't know if you need a different strategy.
- The fact that LMCA intraprocedural thrombosis raises the mortality risk was “unexpected” even if the procedure is successful.
- Being experienced with the techniques and PCI equipment are essential for high success rates.



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Never, ever do that again!

Thanks for your attention.



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Dear Author,

This is to update you on your manuscript status

#913417

A Novel Strategy for Chronic Total Occlusion of the Stumpless Ostial Left Anterior Descending Artery

Zhen-Yu Liao, Shen-Chang Lin

received a new status: **READY for publication**

Estimated Publication Date: Feb 10 - Feb 16, 2019



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