

1080 High Thrombus burden in STEMI how we solved

69 year old male history of smoking, present with angina off and on for 3 days and persistent angina for 7 hours at ER pain score 9/10. EKG showed ST elevation in inferoposterior leads. He was transfer to our hospital for primary PCI.

CAG: triple vessel disease culprit was thrombotic occlusion at midRCA TIMI 0 flow.

CAG: LM -no significant stenosis

LAD 80%stenosis at mid LAD

LCX 70%stenosis at ostial LCX

RCA total occlusion at mid RCA

[Target Lesion] mid RCA

[Strategy]

7F guiding JR SION blue guidewire can pass the lesion

Thrombectomy 7F can retrieved red clot but flow still not gain

Predilate with small balloon 2.5 mm and re-aspiration thrombectomy many time but still TIMI1 flow

Angiojet was used but not success and also heart block and VF occurred

Buddy wire for good support and re-aspirate is not worked

Finally we deploy stent even we can't see distal runoff

And finally flow was improved to TIMI III

then POBA distal to stent and thrombectomy again

After that we gave heparin drip for 5 days and bring him back for stent optimization

Second CAG flow was good and we did OCT and saw many red thrombus

We put another stent from dRCA to RPL and optimized RCA stent and kissing balloon RPL and RPD

final result was pretty good and we stage PCI LAD and FFR LCX later

[Final Result] TIMI III flow at RCA and good stent apposition from OCT patient was doing well