

1133 Tragedy after post-dilatation for long diffuse lesion

This 67 year-old man with history of Hypertension, Coronary artery Disease with medical control, Dyslipidemia, and asthma. She suffered from chest tightness for 4-5 month with progressive exertional dyspnea. For CAD under Bokey and Clopidogrel. Hypertension under Sevikar and still high blood pressure then gave NTG iv infusion. Dyslipidemia under Mevalotin. History of asthma under SINGULAIR and Foster inhaletion.

[Target Lesion]

LAD distal long diffuse stenosis and diagonal ostial to proximal stenosis

[Strategy]

1. Via left radial arterial approach, LCA was engaged with 6F SAL0.75 floppy wire was wired to distal LAD
2. Distal LAD lesion was dilated with 2.5x15 balloon with 8 bars
3. Coronary dissection was noted
4. Deployed a DES 2.5x28 successfully
5. Post-dilatation with 2.5mm balloon was done with 14 bars
6. No residual stenosis was noted, TIMI 3 flow
7. And then we wired the Floppy wire to LAD-diagonal branch
8. Diagonal ostium to proximal lesion was dilated with 2.5x15 balloon with 6 bars
9. Coronary dissection was noted
10. Deployed a DES 2.25x15 successfully
11. Post-dilatation with 12-14 bars
12. No residual stenosis was noted, TIMI 3 flow
13. Extravasation over distal LAD stent area was noted, r/o intramural hematoma or extravasation to pericardial space
14. Progressive hypotension was noted and echocardiography showed hemopericardium with cardiac tamponade, with shock and consciousness change with seizure attack
16. Pericardial drainage tube insertion with CVP catheter was performed guided by echocardiography
17. 400ml bloody effusion was drained out repeatedly.
18. Via JL3.5 guiding catheter and another Floppy wire, balloon dilatation over distal LAD in-stent extravasation area for 40 seconds and deflate for 20 seconds repeatedly for 30 times
19. Still extravasation from distal LAD in-stent area
20. Arrange covered stent Graftmaster 2.8x19 use, deployed over LAD distal in-stent area, dilated with 15 bars.

[Final Result]

1. Final flow was good, without any extravasation, TIMI 3 flow over diagonal artery and proximal to distal LAD, all TIMI 3 flow
2. Follow up echocardiography showed minimal pericardial effusion
3. Consciousness became clear and blood pressure became stable
4. Her symptom was totally subsided and was discharge on the 7th hospital day.