10106

A case of AMI in which a giant RCA thrombus was aspirated by a 5Fr catheter (ST01)

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The case is a 60 y/o male. Patient suffered a sudden chest pain on 18th of July, 2009 and patient walked in to our ER. While blood tests and ECG had been performed, patient fainted, and ventricular fibrillation was found on the monitor ECG. Immediate cardioversion was performed. The ECG after cardioversion revealed ST elevation in II, III, aVF, V1 leads. Coronary angiography was performed with the diagnosis of acute myocardial infarction. A giant thrombus was seen in the proximal right coronary artery, and PCI was performed. Guide wire was crossed and Thrombuster was used to aspirate the thrombus, but only small thrombus was evacuated and the giant thrombus remained even with repetitive effort. It was thought that aspiration with Thrombuster will not improve the situation, ant 5 in 7 approach was used to advance the 5Fr catheter (ST01) to the RCA and aspirate the thombus. The giant thrombus was successfully evacuated with the 5Fr catheter. Angiography revealed the disappearance of the thrombus, but IVUS showed residual thrombus in the RCA ostium. The 7Fr guiding catheter (JR4) was then aspirated to evacuate another large thrombus, and only smoll thrombus remained. The coronary flow improved, and PCI was ended with continuous anticoagulation with heparin. Patient was free from complications. The coronary angiography performed on the 13th hospital day revealed disappearance of the thrombus. The patient was discharged on the 18th hospital day. We report a case of AMI in which a giant RCA thrombus was aspirated by a 5Fr catheter (ST01).