10089

A case of recurrent SAT after ACS which required PCPS twice due to refractory ventricular arrhythmias

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A 60-year-old male implanted zotarolimus eluting stent at proximal left anterior descending artery 2 weeks ago was admitted to our hospital with prolonged chest discomfort. Coronary angiography (CAG) revealed complete occlusion of stent implanted site. We successfully implanted biolimus eluting stent (BES) under intra aortic balloon pumping (IABP) support. Two hours later, refractory ventricular fibrillation (VF) occurred, therefore percutaneous cardiopulmonary support (PCPS) was initiated. We began infusion of amiodarone and hemodialysis due to hyperkalemia. After the procedure, he received cardiac rehabilitation and seceded from hemodynamic supports. However, 18 days after hospital admission, he had unexpectedly VF again with hemodynamic collapse and emergent CAG showed total occlusion of BES implanted lesion once more. Under IABP support, bare metal stent was implanted with acceptable coronary flow. After the procedure, refractory VF recurred and we restarted PCPS. Two days later, we discontinued PCPS and IABP. He discharged from our institute without sequelae after ICD implantation for secondary prevention. In the case of subacute stent thrombosis (SAT), we should have reconsidered an appropriate anti-platelet therapy and device selection. We experienced a case of recurrent SAT after ACS which required PCPS twice due to refractory ventricular arrhythmias.