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The successful hemostasis with gelatine sponge for the coronary perforation

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<**Case** >An Eighty three-year-old male was carried to our hospital because of chest discomfort and syncope. Tropnin I and creatine kinase were elevated. We diagnosed him as ACS and performed emergent angiography. The angiography revealed severe stenosis of segment 3 (#3) in right coronary artery (RCA). Emergent PCI was performed. We crossed a guide wire(GW) through #3 to PD branch(#4PD), and dilated 2.25mm balloon at the stenotic lesion. After balloon dilatation, occluded AV branch(#4AV) was visible. We crossed another guide wire also to #4AV and deployed the stent from #3 to #4PD. Unfortunately #4AV disappeared after stent implantation because of side branch occlusion, so we re-crossed the GW to #4AV through the stent strut and dilated 2.25mm balloon at #4AV. Next angiography revealed coronary perforation. We neutrized heparin, perform balloon dilatation at the orifice of #4AV, but the bleeding continued. We performed embolization with gelatin sponge. From micro catheter, we injected 1ml gelatin sponge with balloon dilatation in the stent. After the embolization, the bleeding stopped, but thrombus was formed at proximal RCA. We injected heparin and performed aspiration. Final angiography revealed no thrombus and no perforation. No cardiac tamponade occurred. When hemostasis for the coronary perforation is difficult, embolization with gelatin sponge may be useful, but you have need to prevent of the gelatin sponge migration to other vessels.