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thrombus aspiration resulted in avoidance of stent deployment for a relatively young patient with AMI

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A 57-year-old male consulted to our hospital with complain of chest pain. He had no past history of coronary risk factors. He complained malaise and back pain for one week, and he had intermittent chest pain for 5 days. According to the interview at the outpatient, his chest pain was obviously worsening and ECG showed ST-elevation in V2-5 leads. The echocardiography demonstrated hypokinetic wall motion in apical and septal wall. Therefore, we carried out emergent CAG under diagnosis of acute antero-septal myocardial infarction and it showed total occlusion of proximal LAD (seg. #6) and collateral flow from RCA. The information of distal LAD from collateral flow showed translucency lesion meaning existence of thrombus. Hence we performed thrombus aspiration of the LAD lesion with 7Fr aspiration catheter repeatedly. Because a large thrombus seemed to be captured at the tip of aspiration catheter and the guiding catheter clogged up with the thrombus or 3 times, we had to retrieve all the catheter system with negative pressure to avoid thromboembolism. Eventually, more than 20 times aspiration achieved complete thrombus removal and the patient no longer needed stent deployment. Previous studies revealed a routine thrombus aspiration did not improve the prognosis and related the increase of the cerebral infarction. However, some patients benefit from the appropriate thrombus aspiration. In the present case, we could avoid stent deployment for a relatively young patient without large plaque burden through persistent effort of thrombus aspiration.