C005

Slipped Stent during Post Cardiac Arrest 1ry PCI; The innovative solution for the worst scenario.

63 y/o Indian male patient with known h/o HTN (on amlodipine 5 mg) and chest pain on/off in the last 3 days. Where he went to other hospital but ECG was normal and he was not admitted. 6 hours prior to presentation to our hospital (on Friday early morning); his chest pain became severe, persistent and typical. Upon arrival to ER, He had agonizing pain with marked distress and agitation where ECG showed anterior wall MI, but he suddenly arrested with VF which successfully defibrillated by DC shock after CPR for 2 min. Blood pressure was low 82/55, then very low (BP70/40) with pulmonary congestion where IV dobutamine 15 ?g/kg/min and dopamine 20 ?g/kg/min, eventually Nor-Epinephrine IV infusion was started 20 ?g/kg/min. He was intubated due to decrease level of consciousness and mechanically ventilated (PRVC mode, FIO2 100%) and shifted to Cath lab for emergency 1y PCI where CA was done: that showed normal RCA total occlusion of LAD with high thrombus burden. Export catheter succeeded to recanalize LAD then 3 DES were deployed from proximal to distal but the final angiography showed severe lesion more distally even after we give IC nitroglycerin 100 ?g and Na nitroprusside 50 ?g, so; I decide to deploy small short stent more distally but suddenly with stent advancement, it slipped at the ostium of LAD (the nurse was preparing and connecting the Indeflator during advancement the stent?). I stopped for 2 min to think, what is your best strategy? Eventually, I decided to use small balloon 1.5 mm at 6 ATM not retrieve the stent but to engage it tightly at the proximal half of the small balloon then pushing and advancing it to the preplanned distal LAD site. Finally we succeeded to pushing the stent more distally in LAD just before the lesion and deployed at 12, 16 ATM, but there was a minor dissection at the lesion, so; a new stent was deployed successfully with excellent final results. Discussion: there are a different strategies to approach the slipped stent as snaring or deploying at its slipped site or crush against the wall, or small balloon inflation distal to the stent to retrieve it or two twisted guide wires but all strategies are suboptimal solution. The best strategy is small balloon inflation to engage the proximal half of the stent (especially if the wire still crossing inside the slipped stent and no distal obstructing/calcified lesion) then pushing the slipped stent to its pre-planned lesion.