

C040

Iatrogenic Aortic Dissection during PTCA of Right coronary Artery.

Target lesion : Got a call from cath lab to deal with an emergency. Patient was 48years old lady with recent STEI/MI thrombolysed in peripheral hospital a week ago. Echocardiogram was showing normal LVEF. CAG showed LMCA plaquing, Tight RCA mid lesion. PTCA was being done by colleague cardiologist.

When I reached cath lab the frightening scene of ostial to distal RCA dissection with extension of dissection into aortic root and ascending aorta mainly lateral aspect.

Already proximal to mid RCA was stented using endeavor resolute 3.5X38mm. On reviewing the cine, dissection flap could be seen from ostial RCA to distal just after wiring with BMW wire. Even Thrombosuction was tried mistaking dissection for thrombus. Two further errors were continuing with forceful contrast injection through deep seated JR3.5 6F GC and not covering the ostium of RCA with the first stent.

Strategy: Ostium was stented using Endeavor sprint 3.5X18mm at 16 atm with liberal overhanging in Aorta. Distal RCA was stented with overlapping stent Endeavor resolute 3X38mm.

Final result: TIMI III flow was achieved. The persistent dye could be seen in aorta extending from sinus up to ascending aorta 3cm. Patient was further managed conservatively especially maintaining optimum Blood pressure and was discharged on 3rd post procedure day. after almost one year she is still in our medical follow up and remains asymptomatic.