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Successful bailout case from coronary perforation and cardiac tamponade after stenting for severe calcified lesion

Eighty-eight years old man with diabetes and hypertension was diagnosed with silent myocardial ischemia and admitted to our hospital. Target was proximal LAD with severe calcified subtotal occluded lesion. TFI, 7Fr EBU3.5SH was engaged for LCA and XTR guidewire with Caravel microcatheter support was passed the lesion. After 2.0mm and 3.0mm low-compliant balloon high-pressure dilatation, R-ZES 3.0/30mm stent was deployed for the lesion. After that, coronary perforation was occurred and we found contrast leakage around the deployed stent. Immediately, 2.5/20mm perfusion balloon catheter was deployed, but the leakage could not stop. We changed to 3.0/20mm perfusion catheter and 3.5/20mm low-compliant balloon catheter, but it could not. Angiogram showed hematoma at cardiac surface, so his hemodynamics was maintained. But as time passed, the hematoma became larger, finally it collapsed. At the same time, hemodynamics also collapsed due to cardiac tamponade. We performed pericardial puncture and aspirated bloody pericardial effusion. After that, his vital sign stabilized. Finally, 30-minutes 3.5mm balloon long inflation made the leakage stopped and successful bailout was done. There was no particular problem for 1 month follow-up CAG.