C053
“Burst Coronary Artery….is bridge the culprit?”

Clinical Summery
Patient initial : P.M.
Age : 58 years
Sex : male
Indication : Acute Coronary Syndrome.

The cardiac risk factors were:
- Pre-existing hypertension
- Obesity
- dyslipidaemia
- Diabetes.
- Positive cardiac biomarker (troponin)
- ECHO done revealed a normal LV function.

Angiographic Diagnosis:
Patient was taken up for CART which revealed 90 ? 90% long segment LAD lesion after D1.
Procedural Summery
He was taken up for PTCA to LAD the lesion was pre-dilated using a 2.0 mm balloon and then a 2.25x48 mm DES was deployed at normal pressures. Immediate shot after deployment revealed coronary grade IV perforation from middle of stent. Immediate prolonged balloon inflation was done using a 3.0 mm balloon form 12-15 minutes, but the bleeding continued. Patient became hemodynamically unstable and was put on inotropes.
A 3.0x19 mm Graft master covered stent was deployed at normal pressure.
About 1 CC protamine was given to partially neutralize heparin. Suddenly, patient again became symptomatic with ST elevation in anterior lead. Check shot revealed intracoronary multiple thrombus formation.
Immediately, patient was given intra venous (IV) heparin and thrombo-suction done using an aspiration catheter.
TIMI III flow achieved.
ECHO done revealed moderate pericardial effusion which was drained putting a pigtail catheter in pericardial cavity. Patient was dischared on 5th day.
Take Home Message:
1. Always have hardware for any complication
2. NEVER use protamine unless absolutely needed
3. Have a ready help for pericardial drainage and critical care team.