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A case of acute coronary syndrome with cardiogenic shock and severe triple vessel disease including left main bifurcation

A 74 year-old male was complaining discomfort and admitted to our hospital due to cardiogenic shock; systolic blood pressure was 60mmHg. Chest X-ray showed pulmonary edema and ECG showed ST elevation in aVR lead. He was diagnosed acute heart failure and acute coronary syndrome (ACS). Emergent CAG was performed and it showed severe triple vessel disease including left main bifurcation. proximal LAD was totally occluded. After inserting a temporarily pacemaker and IABP, we performed primary PCI for left main bifurcation and mid-LAD with two drug eluting stents. We discussed RCA treatment sequentially or staged, and decided to continue PCI. After additional stenting for mid RCA, complete revascularization was achieved. He received intensive treatment and cardiac rehabilitation and discharged 1 month later without any complication.

Although present guidelines recommend primary PCI only for culprit lesion in ACS, we sometimes face severe multi-vessel disease and have difficulty to stabilize hemodynamic condition. We will report this worthy case for discussion.