C071
Patient Suffered AMI complicated with Cardiac Rupture Survived

A 64 yrs. old man was admitted to the emergency room because of sustained chest discomfort for 7.5hrs. on physical examination, BP was 157/98mmHg, HR was 105 bpm. No rales were present. ECG showed V1-V6 lead ST-segment elevated 0.2-0.6 mv with dynamic change. cTnI test was 2.65 ng/ml(ULN
Initial diagnosis: coronary heart disease, acute extensive anterior myocardial infarction, heart function I (Killip classes), Hypertension, chronic kidney disease.
Angiography:

RCA: some plaque, but no stenosis.

LMCA: No lesions.

LAD: acute occlusion at middle.

Circumflex: 80%stenosis in OM1.
Procedure:

At first, We did RCA angiography using one positon (LAO 21° and CRA 19° ) and found some plaque but no stenosis. Then we do LCX angiography(RAO 25° and CAU 25° ) and showed that 80% stenosis in OM1, but do not need to intervene. Also we found maybe occlusion at middle of LAD. Thus we performed another position (RAO 29° and CRA 30° ) of angiography in order to display LAD lesion. Only three position of angiography were performed with about 15 ml contrast agent with in no more than 2 minutes. A BMW universal guidewire was placed into the distal of LAD smoothly. But when we did aspiration with aspiration catheter, BP has dropped sharply and the patient did not cooperate. Immediately we did UCG showed Medium volume of pericardial effusion. Then IABP was placed into the aorta plus with DA and NE to maintain BP. We thought that the patient complicated with cardiac rupture. But we did not restore blood flow. We were in dilemma. After discuss, we decided to do angioplasty in order to restore LAD blood flow. Fortunately we opened the blood vessels smoothly. At last we did pericardial puncture drainage. Fortunately the patient survived and waited for cardiac surgery. But unfortunately we could not do MRI or CT to revalue the heart rupture.