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PCI treatment for severe coronary artery disease with two CTO lesions complicated by ventricular fibrillation

A 62 years-old man was suddenly collapsed in the bath room and AED confirmed ventricular fibrillation. After defibrillation with AED, he was transferred to ER of our institute. ECG showed Abnormal Q wave with ST elevation in anterior leads, and echocardiography revealed severely reduced left ventricular contraction especially both in anterior and inferior wall. Emergent CAG was then performed and it demonstrated occluded LAD and RCA. Wire crossing was then attempted to LAD, however, conventional wire could not be passed. Since lesion seemed to be so hard, we considered that LAD and RCA may be CTO, and quit the procedure. After first PCI, cardiac biomarkers did not elevate. We carefully treated the patient in CCU, however, critical sustained ventricular arrhythmia occurred incessantly, and it was difficult to maintain vital condition. Then two days after the onset of VF, we performed second PCI. Both LAD and RCA were opened successfully, and after PCI, no sustained ventricular arrhythmia was observed. Left ventricular function was gradually recovered, and ICD was implanted. Finally, patient discharged without any after effect.

We experienced severe coronary artery disease complicated by VF, and emergent PCI for double CTO lesions improved patient condition. Complete revascularization should be important in such a critical situation.