1043  Guide Catheter Induced Aorto-Coronary Dissection

A 64 years old male, diabetic, hypertensive, anterior wall myocardial infarction 6 months prior presented with angina on exertion. Electrocardiogram and echocardiogram was suggestive of old AWMI with ejection fraction 45%. He was taken up for coronary angiography which revealed total occlusion of proximal left anterior descending artery (LAD) and distal LAD filling through septal collaterals from right coronary artery. Through right radial route left system was hooked with 6F extra backup guide (EBU), RCA through right femoral route with Judgkins right catheter for contralateral injection. Lesion was crossed with fielder XT wire on finecross microcatheter support but it entered first diagonal branch. LAD was wired with sion wire over the double lumen crusade catheter. Finally 2.75x 48mm everolimus eluting stent was deployed in LAD. While shifting the patients form the cath table, patient complained of severe chest pain and collapsed. Hemodynamic monitor showed J Point elevation on ECG followed by broad QRS rhythm and hypotension. Immediately left system was tried hooking with EBU catheter through right radial route and cuspogram revealed total occlusion of left main with contrast hanging in the left aortic sinus suggestive of left main ostia dissection with retrograde extension to aortic root and ascending aorta. Despite repeated effort LM was not hooked with EBU and Judgkins left (JL) guide was taken through right femoral route and while manipulating the JL guide accidently EBU got hooked which restored the flow in left system by sealing the dissection flap. Both LAD and left Cx artery were carefully wired and flow restored. The left main ostia was stented with 4 x12mm everolium eluting stent and flap sealed. Patient improved hemodynamically with TIMI3 flow in left system. Intravascular ultrasound revealed well apposed left main stent with the dissection flap sealed by the stent and extending upto aorta. Retrospectively last angiogram before collapse was reviewed which showed a left main dissection flap. Though rare, catheter induced aorto-coronary dissections specially left main are catastrophic and timely intervention is life saving.