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The left main was first treated with rotational atherectomy in the LCX to modify the calcium, aiming to facilitate wiring of the LAD. The LAD was subsequently wired using a reverse wire technique. After successful wiring, the LAD lesion was treated with rotational atherectomy and further dilated with a cutting balloon catheter. The lesion was well-prepared and scaffolded with a drug-eluting stent (DES).

Following PCI, the patient was transferred to the ICU for management of cardiogenic shock. However, the aortic valve was noted to be closed, with absent pulsatility. We decided to insert a left atrial (LA) drainage cannula and convert ECMO to left atrial veno-arterial (LAA) ECMO. Unfortunately, the patient was on continuous veno-venous hemofiltration (CVVH), which could not be easily interrupted. Therefore, we performed a bedside transseptal procedure under TEE guidance. The procedure was completed smoothly without complications.

The patient's pulmonary edema resolved after three days, and ECMO was successfully weaned after one week of management. The patient was discharged two weeks later.