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Target Lesion - Mid LAD 100% thrombotic occlusion

Strategy - ELCA, thrombosuction, cutting balloon dilatation & drug coated balloon

Final Result - TIMI III flow with no major dissection in imaging

A 36-year-old gentleman presented with acute onset chest pain & diagnosed with Acute AWM. Angiography showed 100% occlusion in the mid-LAD. He underwent percutaneous coronary angioplasty. The procedure involved hooking the LAD with CLS 3.5 6F guiding catheter. The LAD lesion was crossed with BMW 0.014" x 190 cm guide wire, mechanical thrombosuction was done followed by ELCA. 0.9mm ELCA catheter was used for thrombus debulking, 4000 pulses were delivered over 15 trains. This was followed by cutting balloon dilatation with 3.5 x 15 @ 6 atm. IVUS confirmed the significant improvement in MLA with no residual stenosis & any major dissection. Finally 3.5 x 35 mm DEB Solution SLR was placed. Given the large thrombus burden and elevated risk of distal embolization, we proceeded with lesion passivation using adjunctive antiplatelet and antithrombotic treatment for 48 hours.