

A Case of Multiple Bailout Procedures Using Endovascular Therapy After PCIMasanao Inoue¹Naoki Hayakawa¹, Toshiki Tsurumaki¹, Hiromi Miwa¹, Shinya Ichihara¹, Syunichi Kushida¹¹ The Department of Cardiology, Asahi General Hospital, Japan

A 90-year-old woman was admitted to our hospital with non-ST-elevation myocardial infarction. PCI of the left anterior descending artery was performed through the right femoral artery. After returning to the ward, her blood pressure fell, and VA-ECMO was started through the right groin. However, her blood pressure did not improve. Angiography showed bleeding from the right external iliac artery. The arterial cannula was removed and a new cannula was inserted through the left groin. A 7-Fr sheath was then inserted through the right superficial femoral artery, and balloon tamponade was performed. Because the bleeding continued, a VBX stent graft was placed in the right external iliac artery, and hemostasis was achieved.

On day 4, her condition became stable, and VA-ECMO was removed percutaneously. The 7-Fr sheath in the right superficial femoral artery was exchanged for a 7-Fr Destination sheath. A balloon was inflated in the left common iliac artery, and the cannula site was closed using Perclose ProStyle. Hemostasis was achieved by balloon inflation from inside the artery and compression from outside.

On day 6, the color of her right leg worsened. Contrast-enhanced CT showed occlusion of the right superficial femoral artery. EVT was performed, and an Eluvia stent was placed, resulting in good blood flow. She was extubated on day 10, and her hemodynamic condition remained stable. However, she developed pneumonia and died on day 14.

We report this case because three major complications after PCI—access-site bleeding, VA-ECMO removal, and acute lower-limb artery occlusion—were successfully managed using endovascular techniques.