14th AICT

ASIAN INTERVENTIONAL CARDIOVASCULAR THERAPEUTICS

THE OFFICIAL CONGRESS OF APSIC

Perforation treated by dissection in CTO intervention

Dr Chan Ka Chun Alan
Department of Medicine
Queen Elizabeth Hospital

Conflicts of Interest

Speaker's name : Chan ka Chun Alan, Queen Elizabeth Hospital

I do not have any potential conflict of interest

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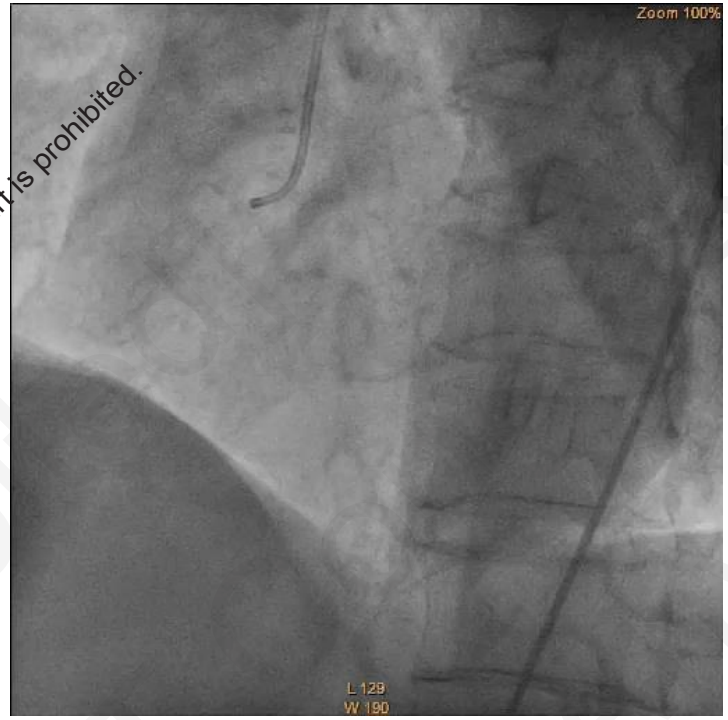
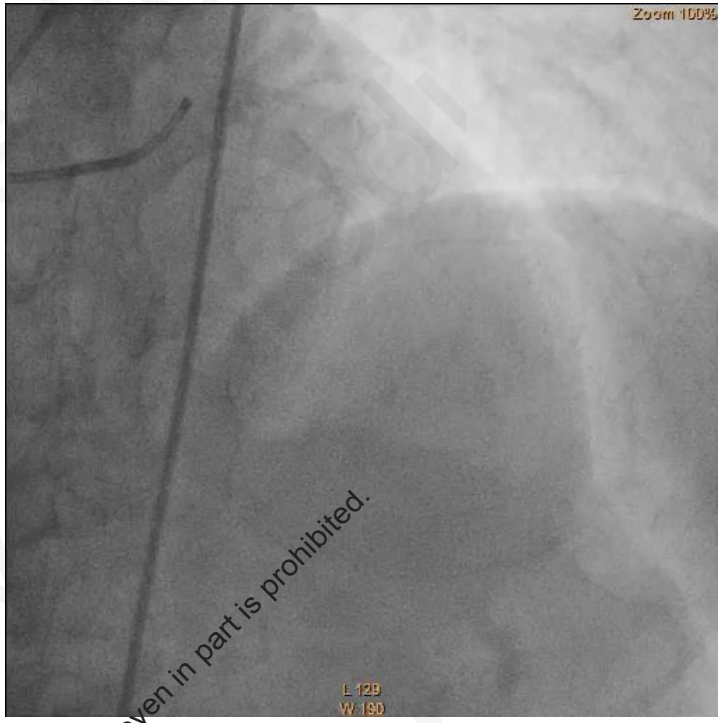
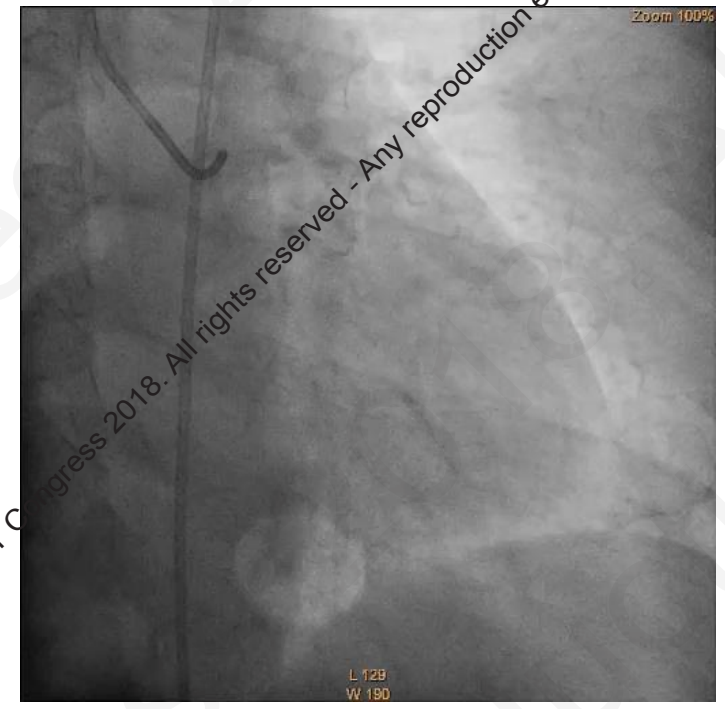
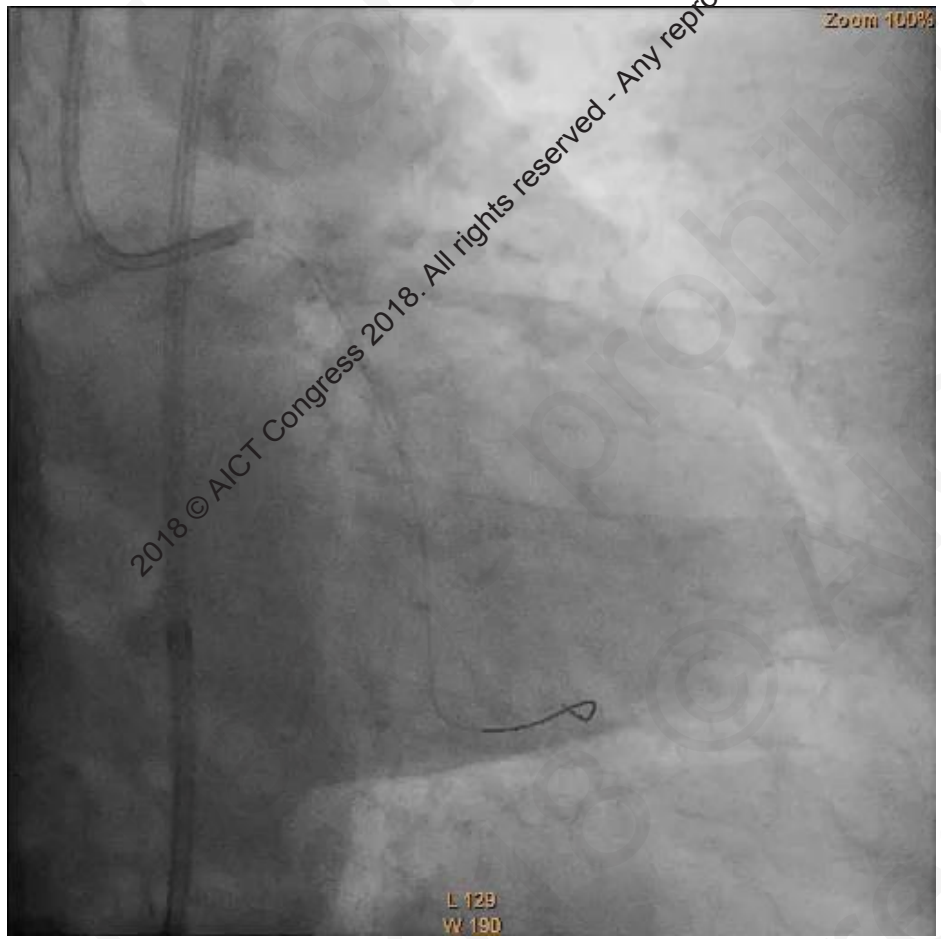
- 70/M
- HT, hyperlipidaemia
- NSTEMI
- Normal RFT
- Echo show EF 60%
- Coro show Triple vessel disease and ulcerated dLMN
- Off table and discuss for CABG



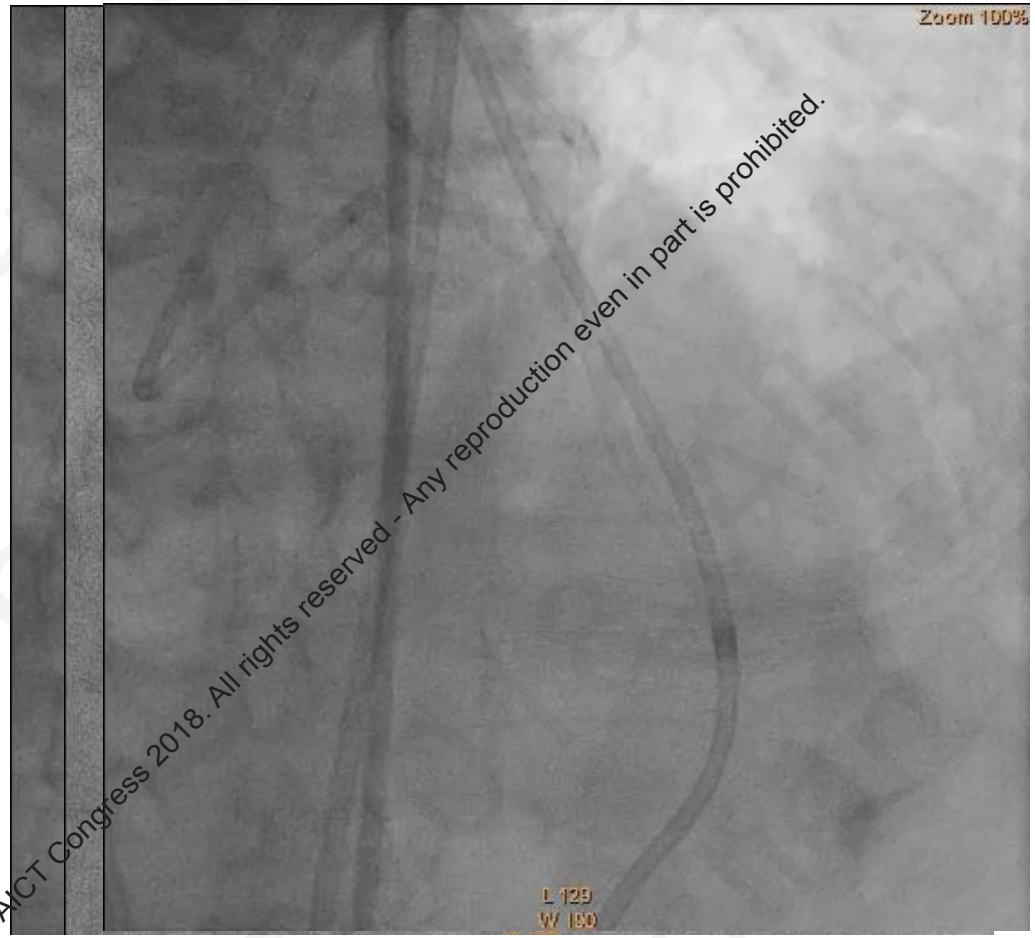




Long DES to LCX

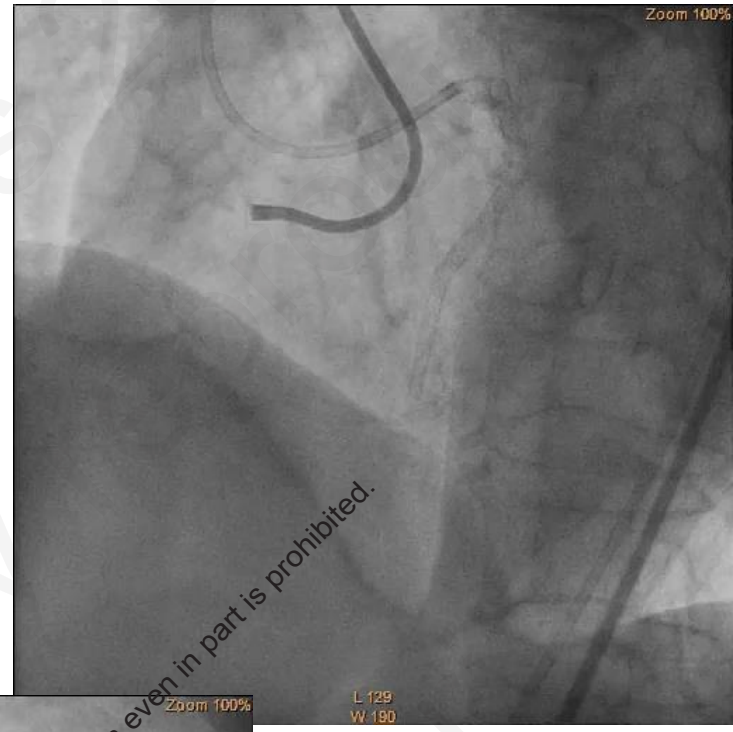


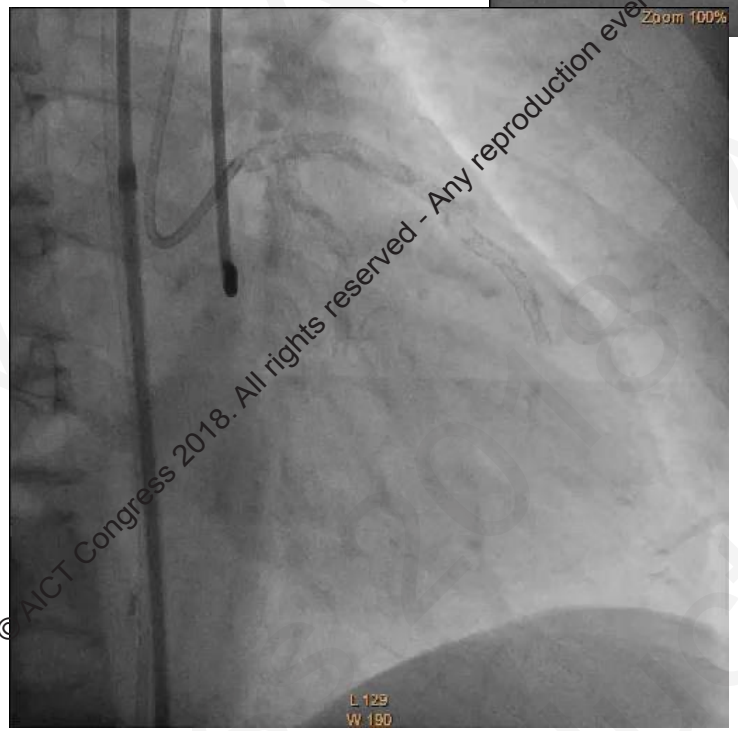
mLAD type III perforation and shock, requiring tapping, Ping pong guide, and stent graft

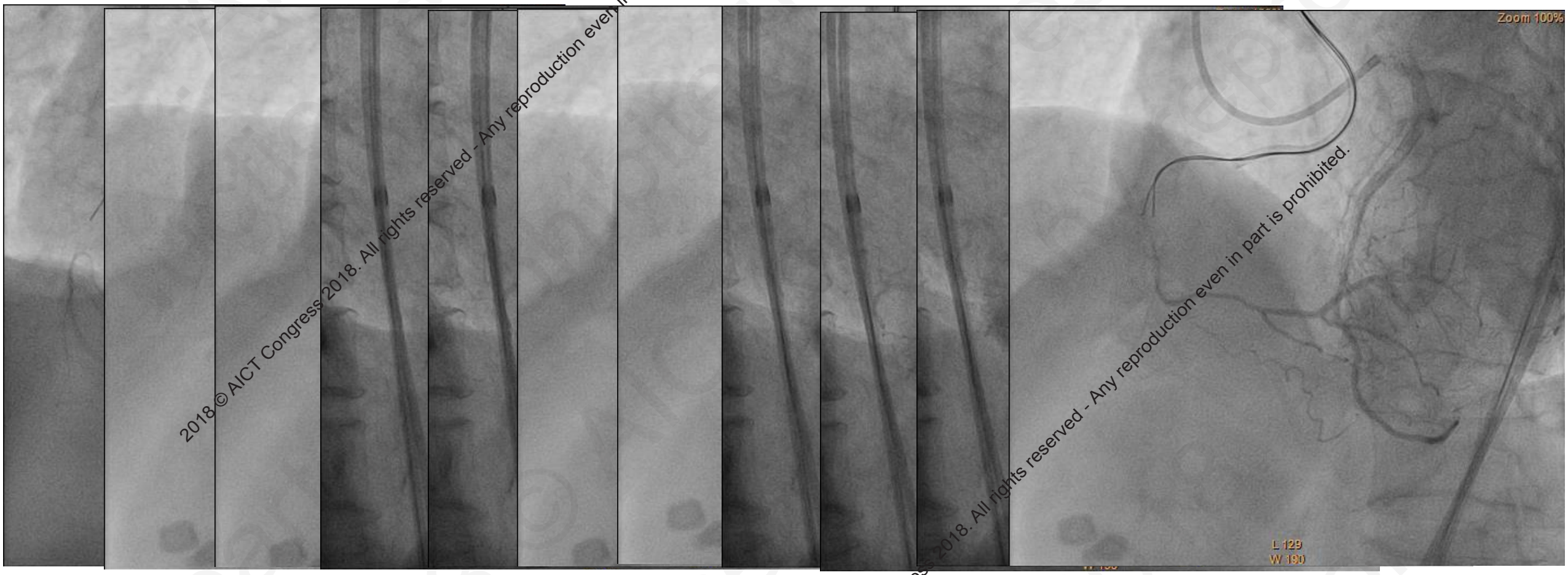


Stage PCI to RCA CTO 2 months later

- Bilateral femoral
- 7Fr AL1 , 7Fr EBU 3.5
- J CTO score 1 (Calcification)
- Strategy
  - Antegrade wire escalation
  - ADR
  - Retrograde





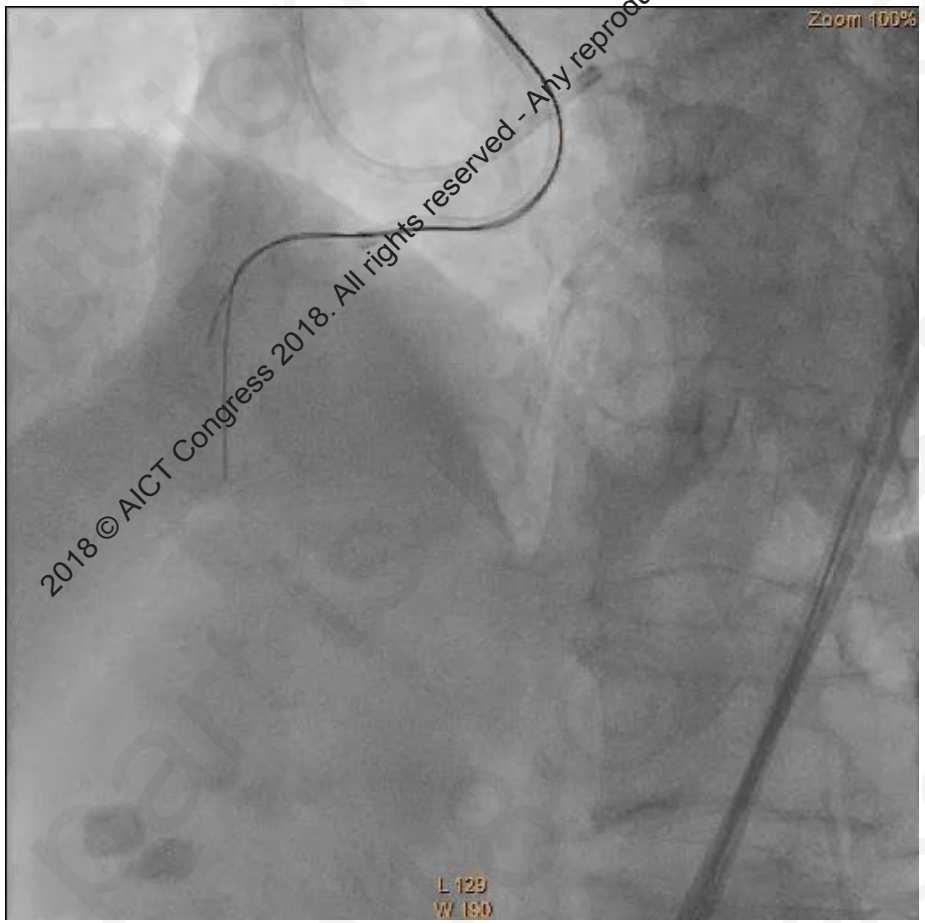


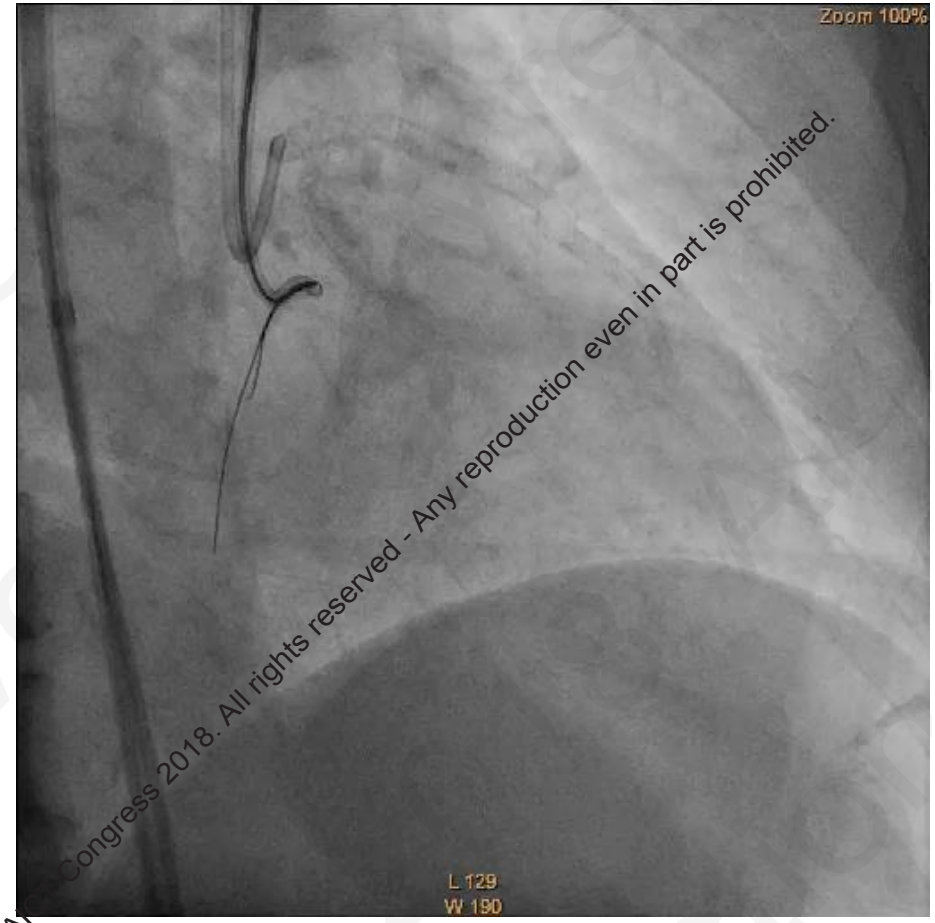
XT-R

Gaia 2nd

Parallel wire , Gaia 3rd

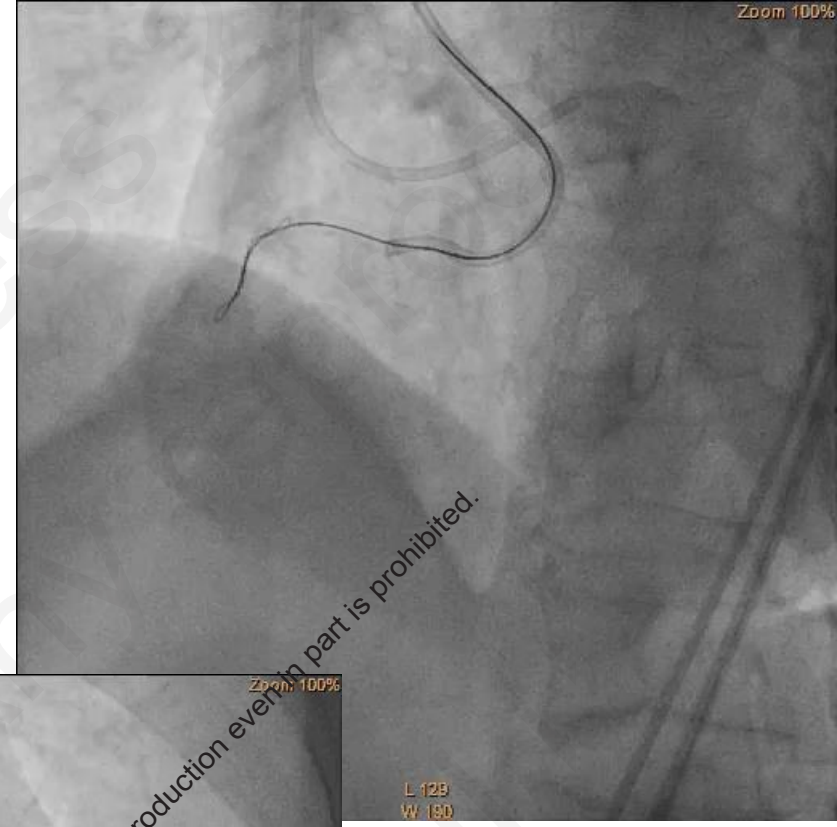
Pericardial staining

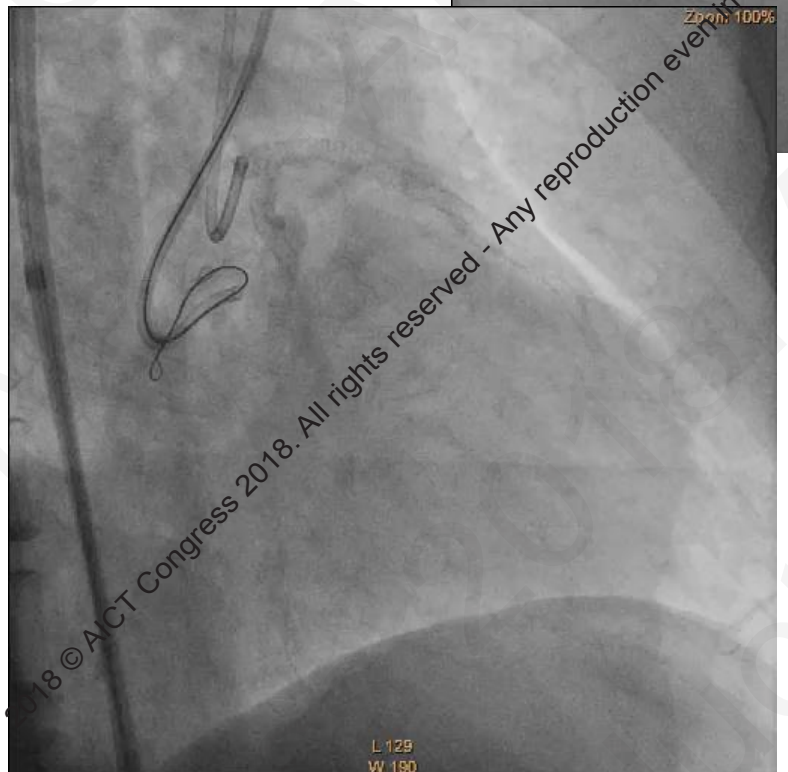




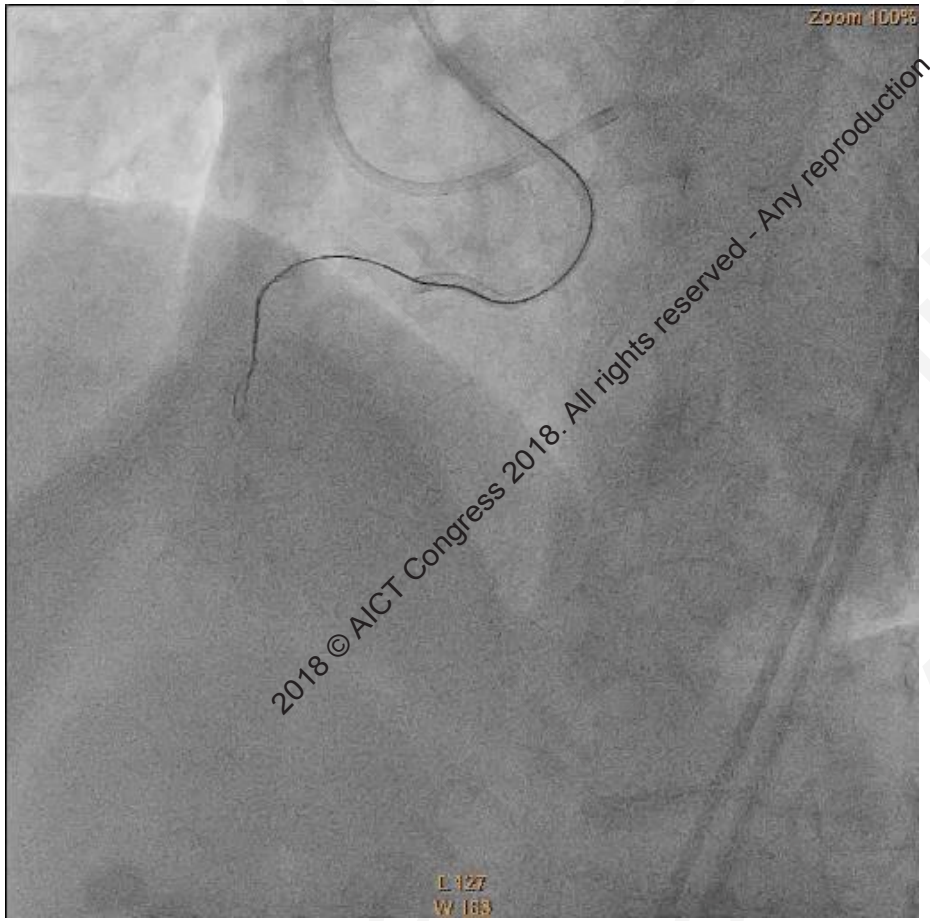
- Echo show no frank effusion, small hyperdensity across R AV groove
- Hemodynamic remain stable
- Expanding hematoma, feeding from both side

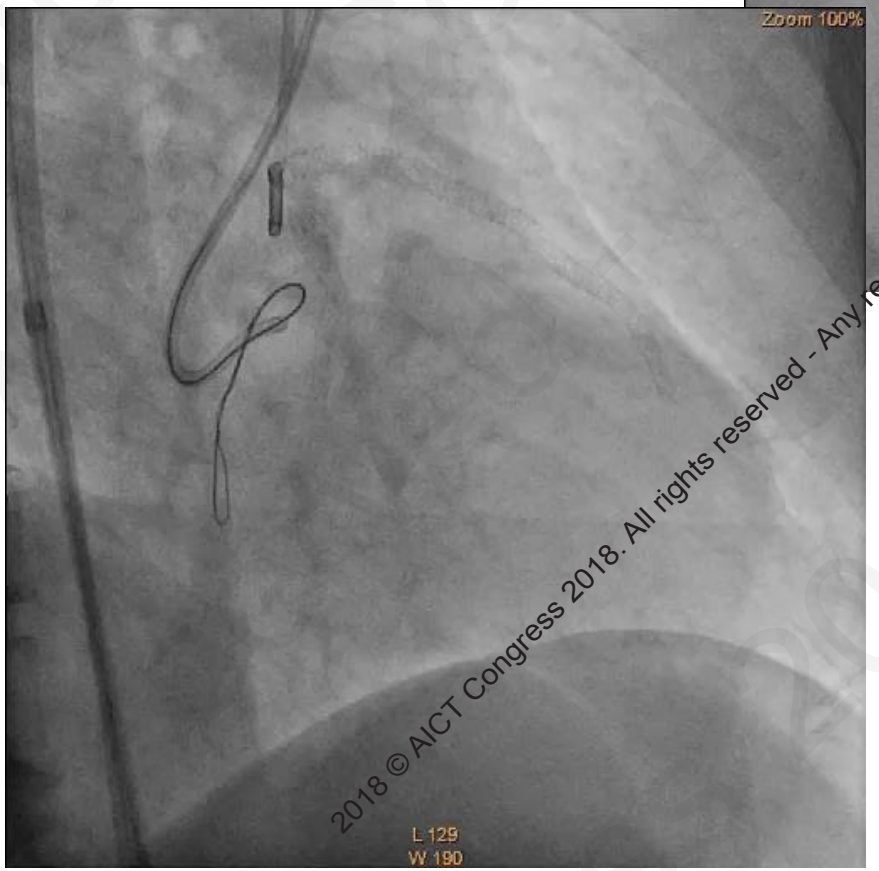
- Option
  - Antegrade balloon tamponade?
  - How about retrograde feeder?
  - May result in localized hematoma and dry tamponade from previous effusion/tapping
  - What else?

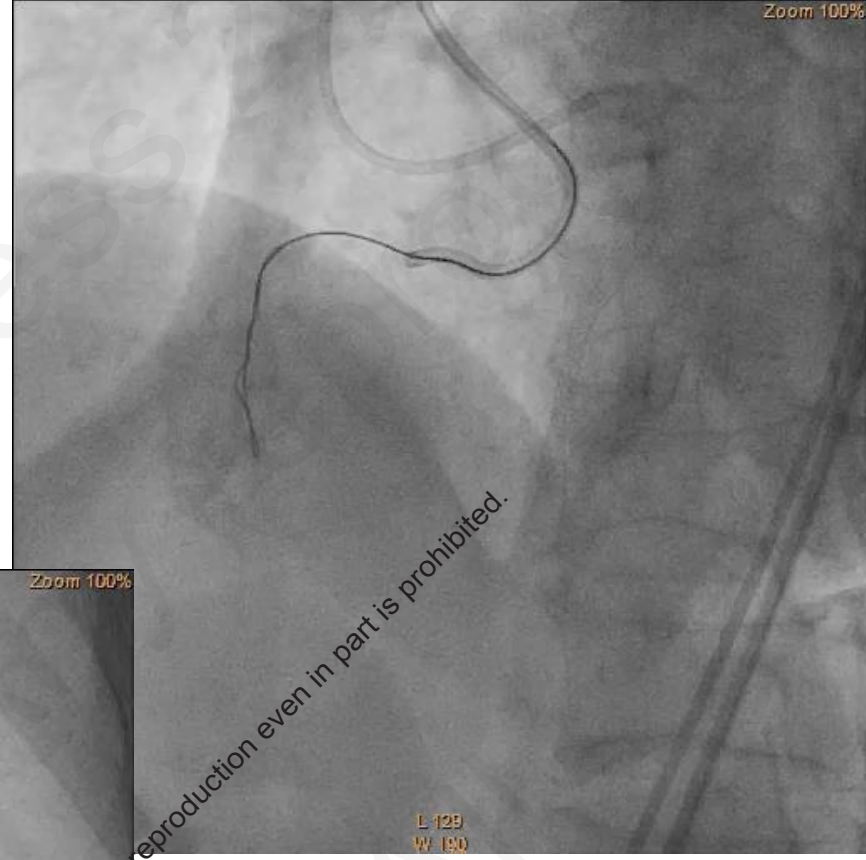


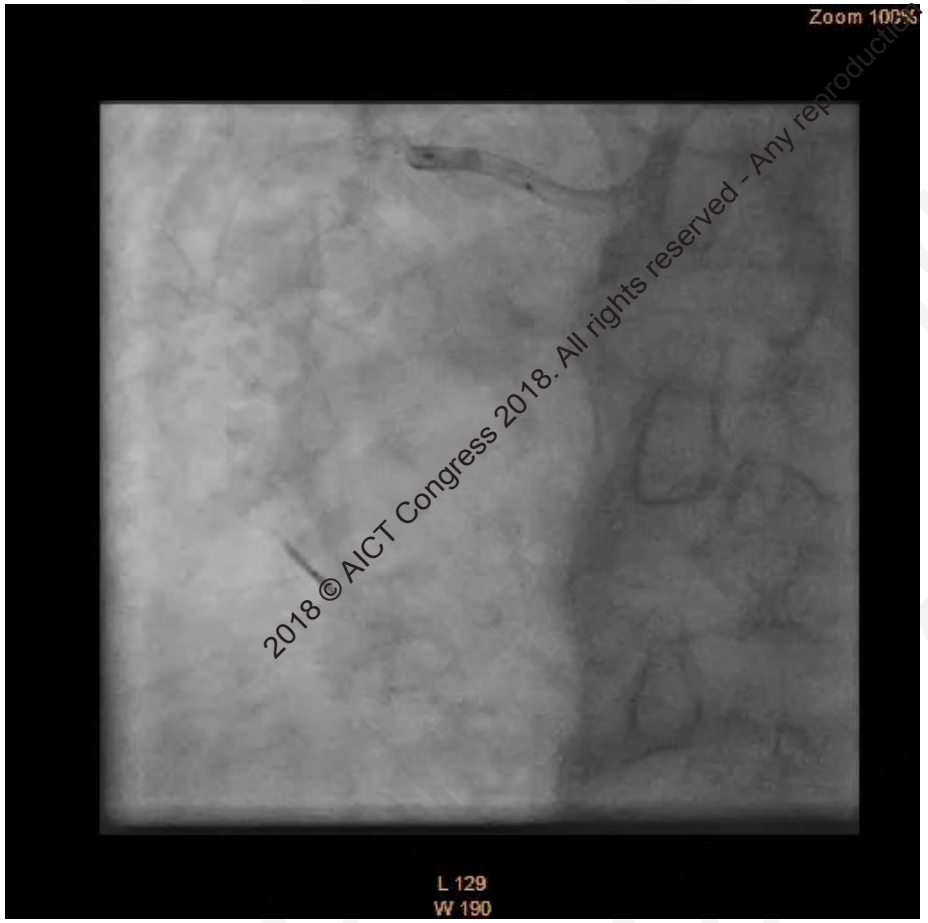


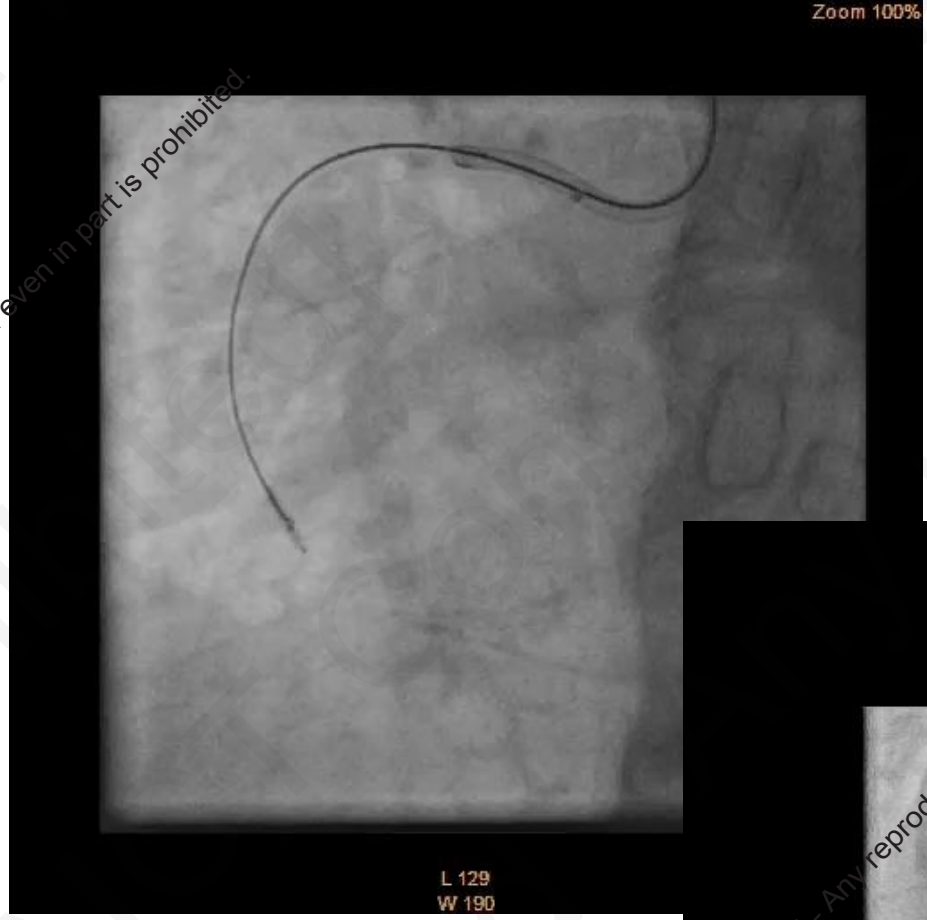
XT knuckle

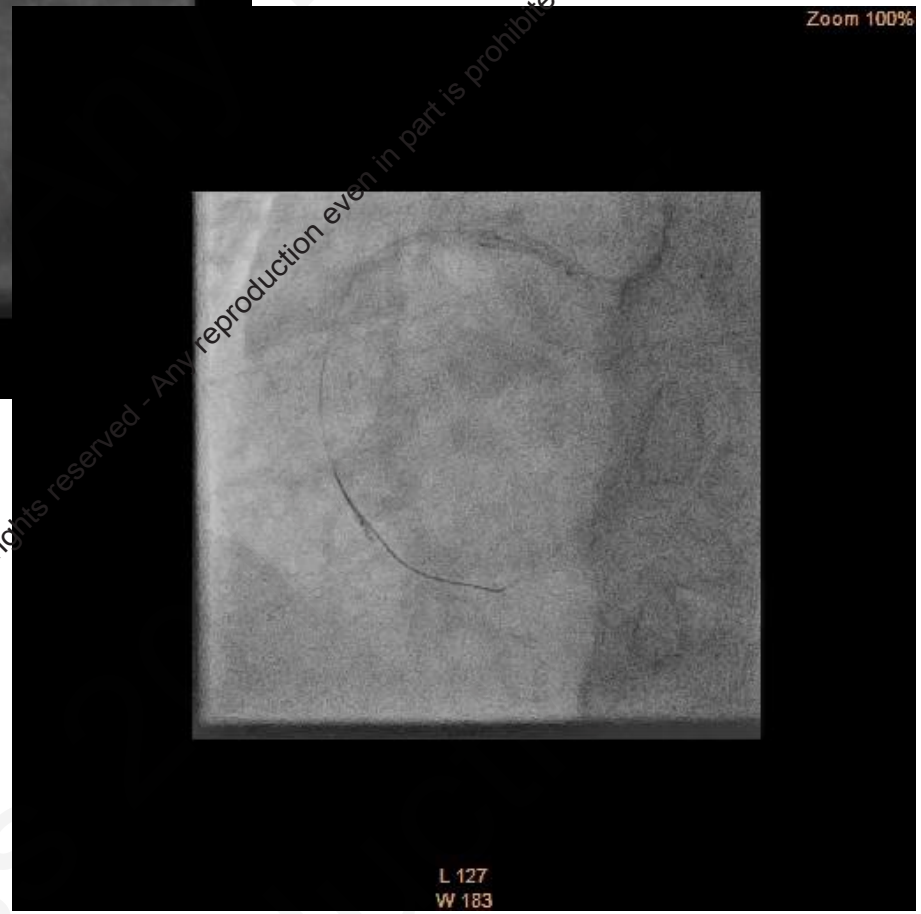




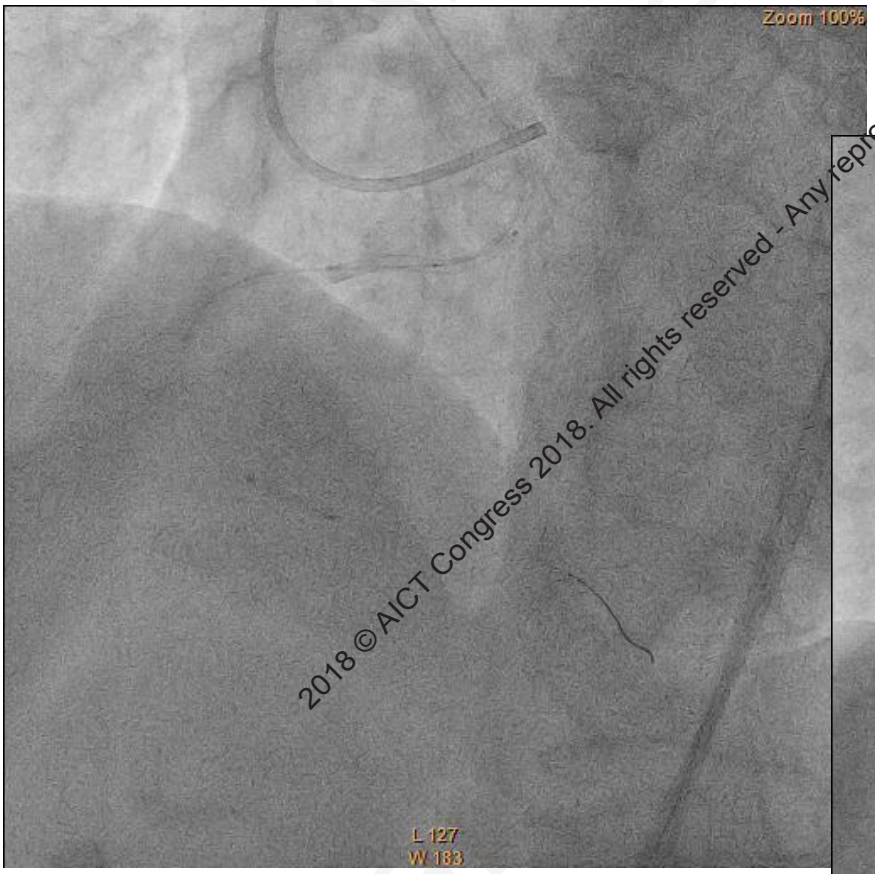


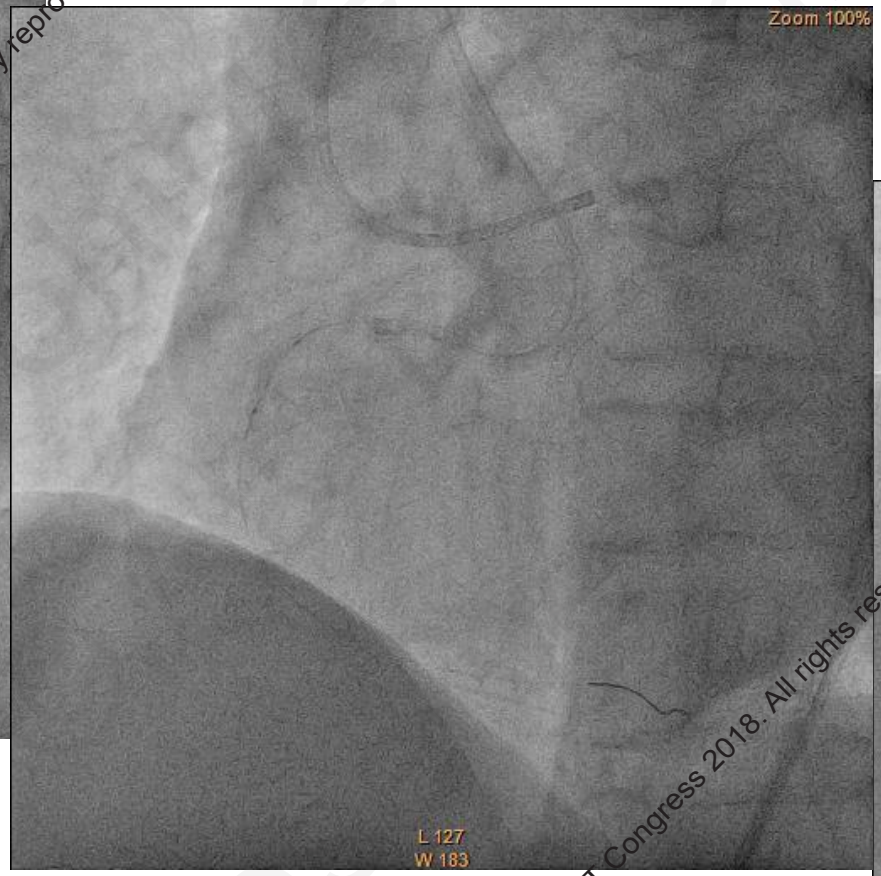


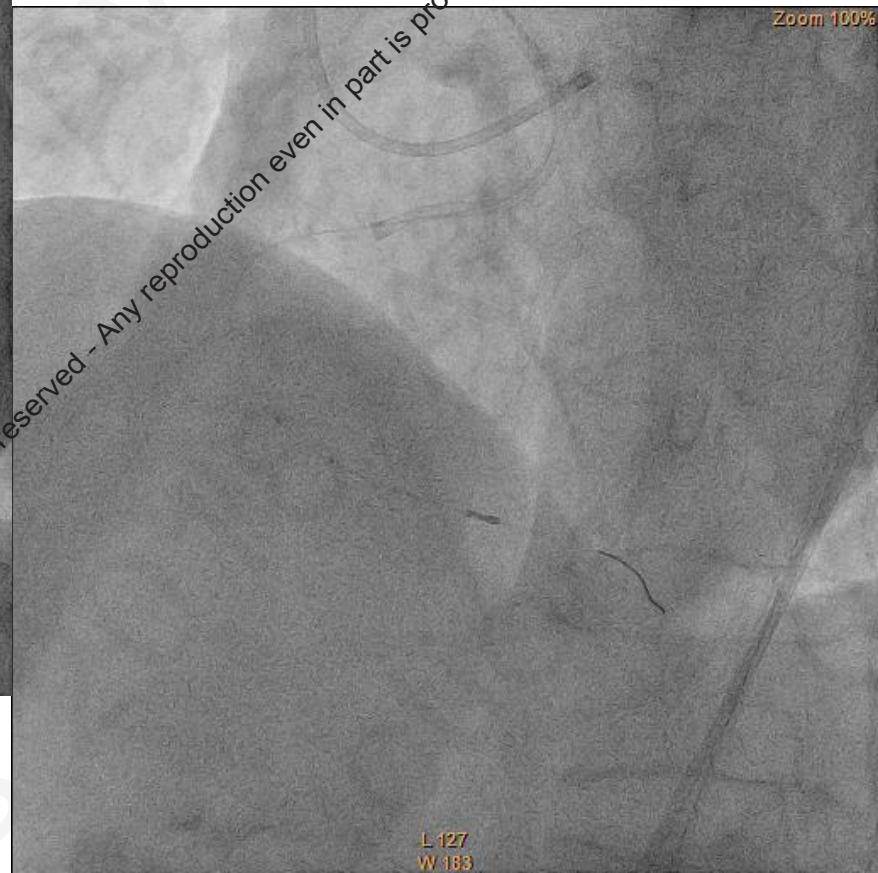


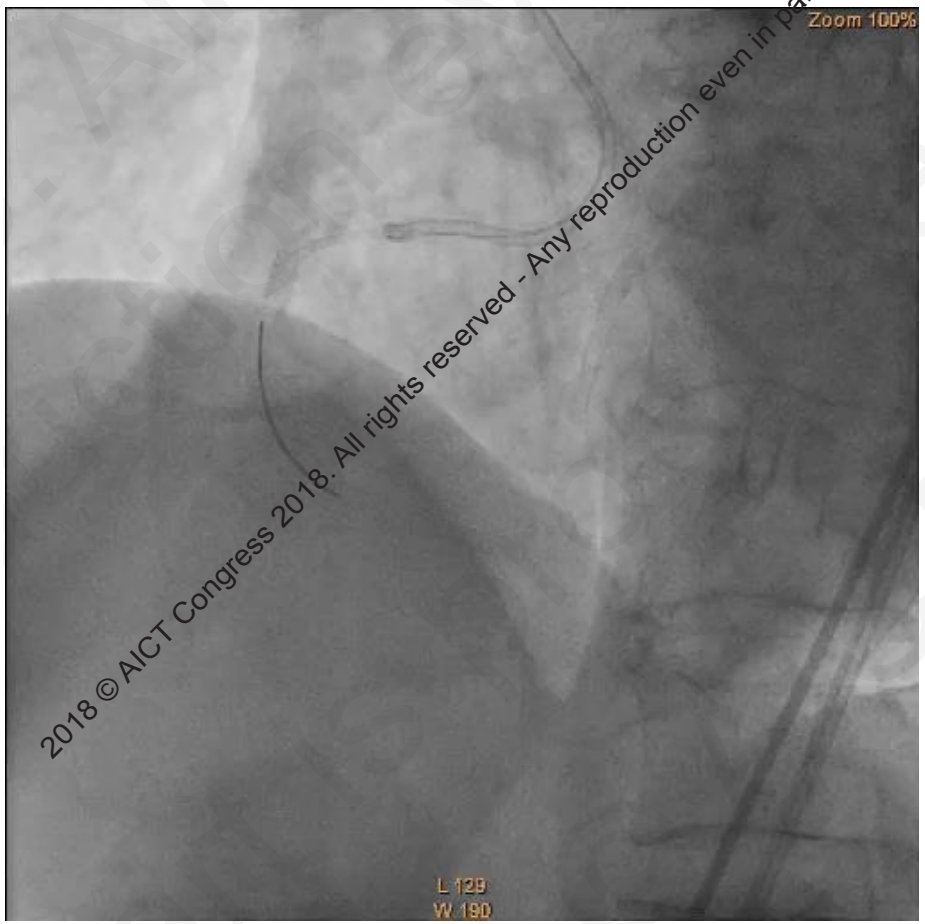


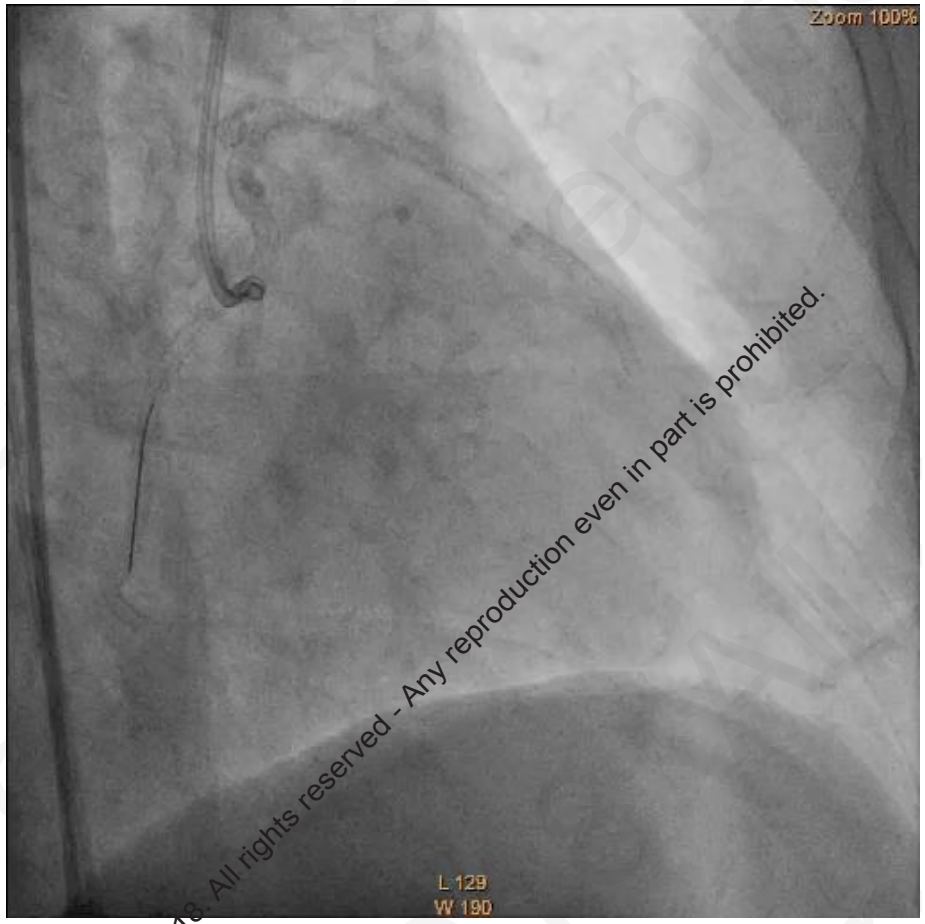
Stick and swap with pilot 150











200ml contrast, procedure time 2.5hr, radiation 4.5 Gy

- Fu Echo show small loculated hematoma over RA without pressure effect
- Remain hemodynamic stable
- d/c on day 4
- FU echo show resolved hematoma and he remained chest pain free

Conclusion

- Cardiac perforation with localized hematoma may result in dry tamponade commonly after CABG but can also happen post pericardiocentesis
- Rapid treatment before dry tamponade develop is the key to prevent fatal complication
- ADR remain a valuable option in CTO intervention particularly when other strategies are not an option

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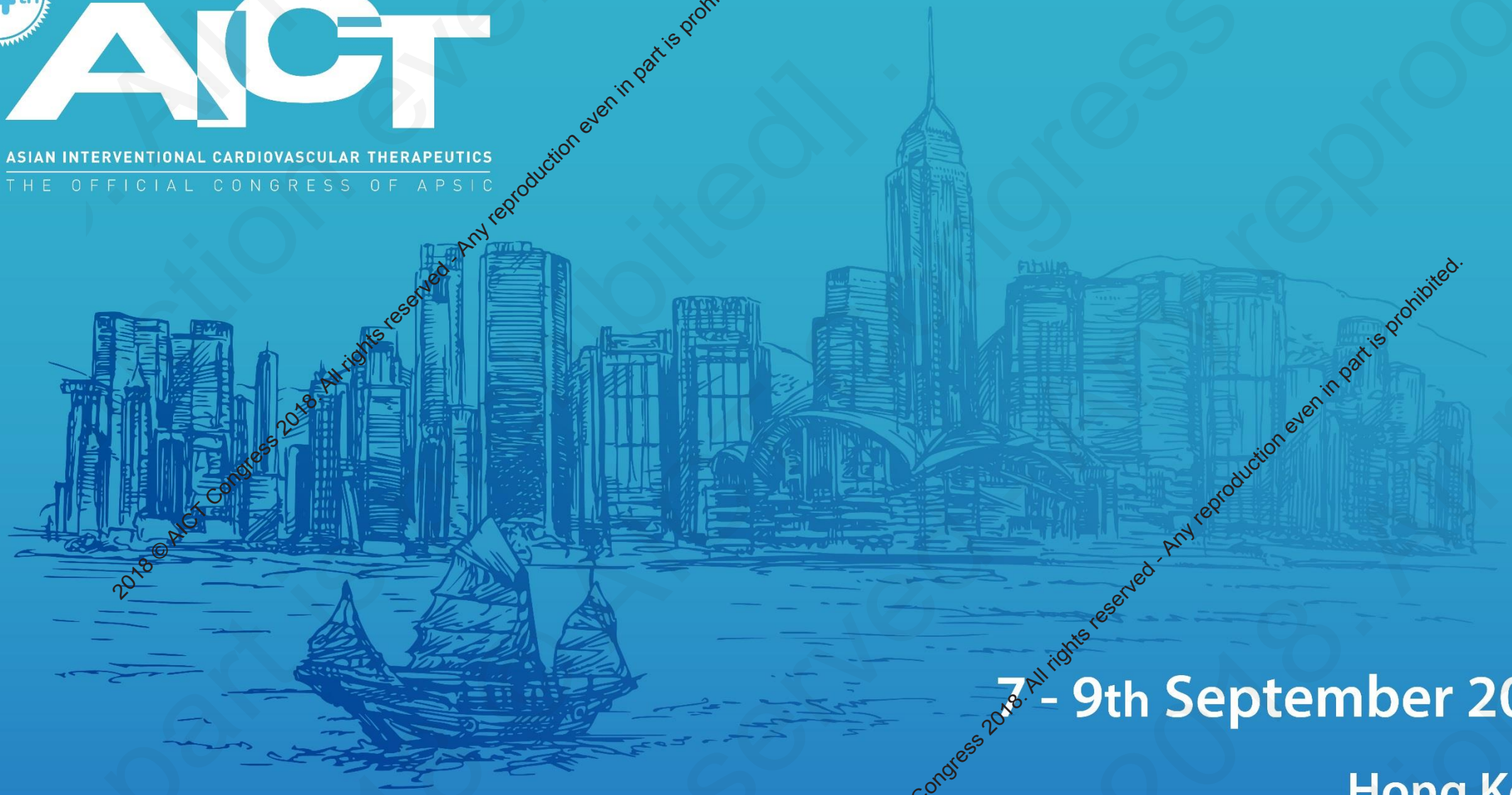

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