Unusual scenario in patient with primary PCI

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85 years old male patient knows case of DM presented with chest pain since one day. ECG and cardiac enzymes were ordered which showed a positive result, therefore he was admitted to CCU as NSTEMI for primary PCI. Patient shifted to Cath lab. CAG through the right Radial was done revealed proximal tight lesion 90%followed by long 70%lesion in LAD and total occlusion in LCX with large thrombus burden . Successful PCI to LCX,OM2 And LAD were done with type 1 small perforation which sealed during procedure with no effusion or tamponade . Patient shifted to CCU bed then he developed sever chest pain, hypotension and bradycardia , ECG at this time showed ST elevation in high lateral leads with ST DEPRESSION in the inferior leads, thus he shifted back immediately to Cath lab. At this time pt. Arrested and active resuscitatation was done. Coronary angiography was done by transfemoral cannulation which showed NO flow was found in both LAD AND LCX. Wiring of both arteries by two PT2 wires, multiple balloon inflations to the Stents and intracoronary injection of heparinized saline, Aggrastate and Adrenalin were given.

Finally, coronary were opened and the LV regained contractility and BP was built up with no sings of tamponade. Pt. Discharged to home.