

Case Presentation

2015 JCR

Successful Redo PCI using Double Ballooning Technique for Severe Stent Underexpansion

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Successful Redo PCI using Double Ballooning Technique for Severe Stent Underexpansion

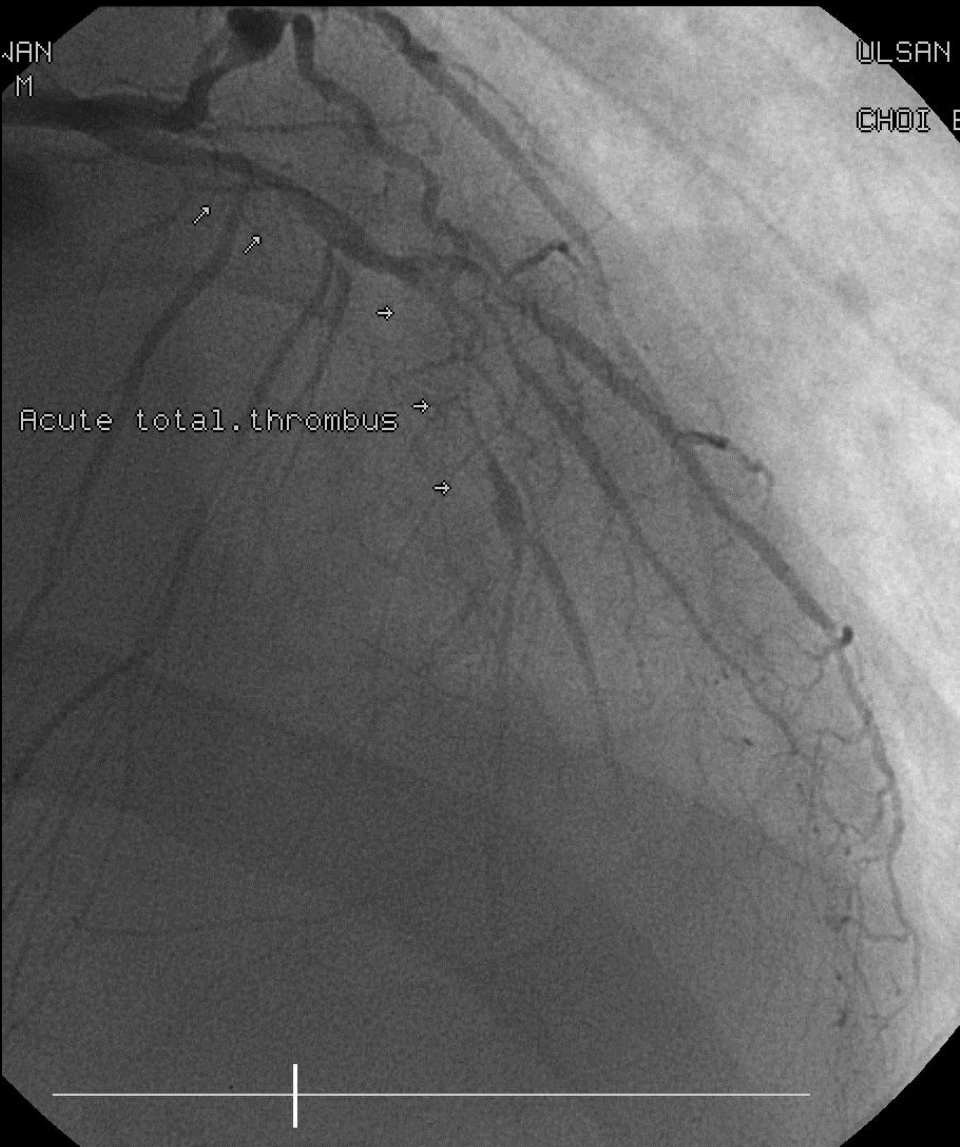
- 63/M
- C/C: ROSC from cardiac arrest
- P/H: PCI d/t AMI, 3VD 7 years ago

PTA(+)

DM/HTN/DL (-/-/-)

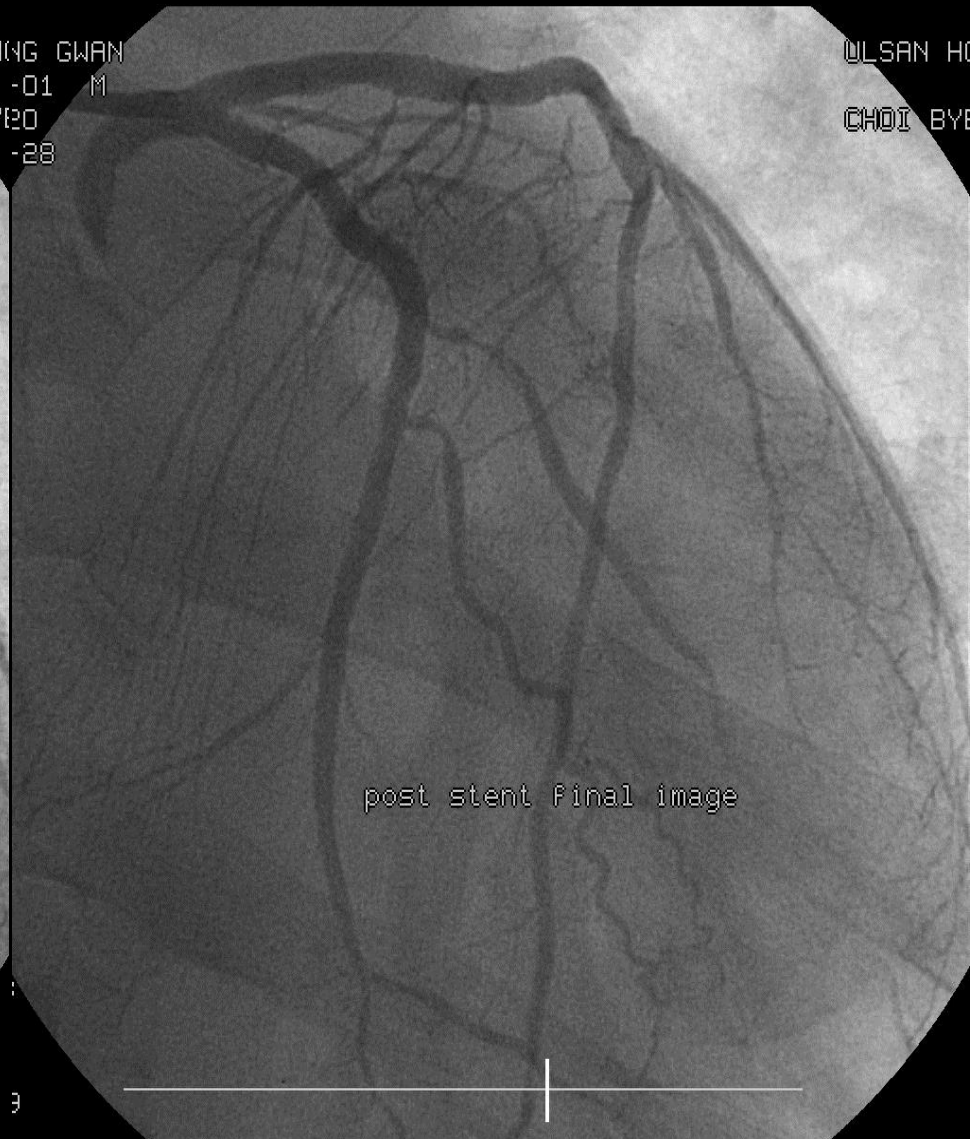
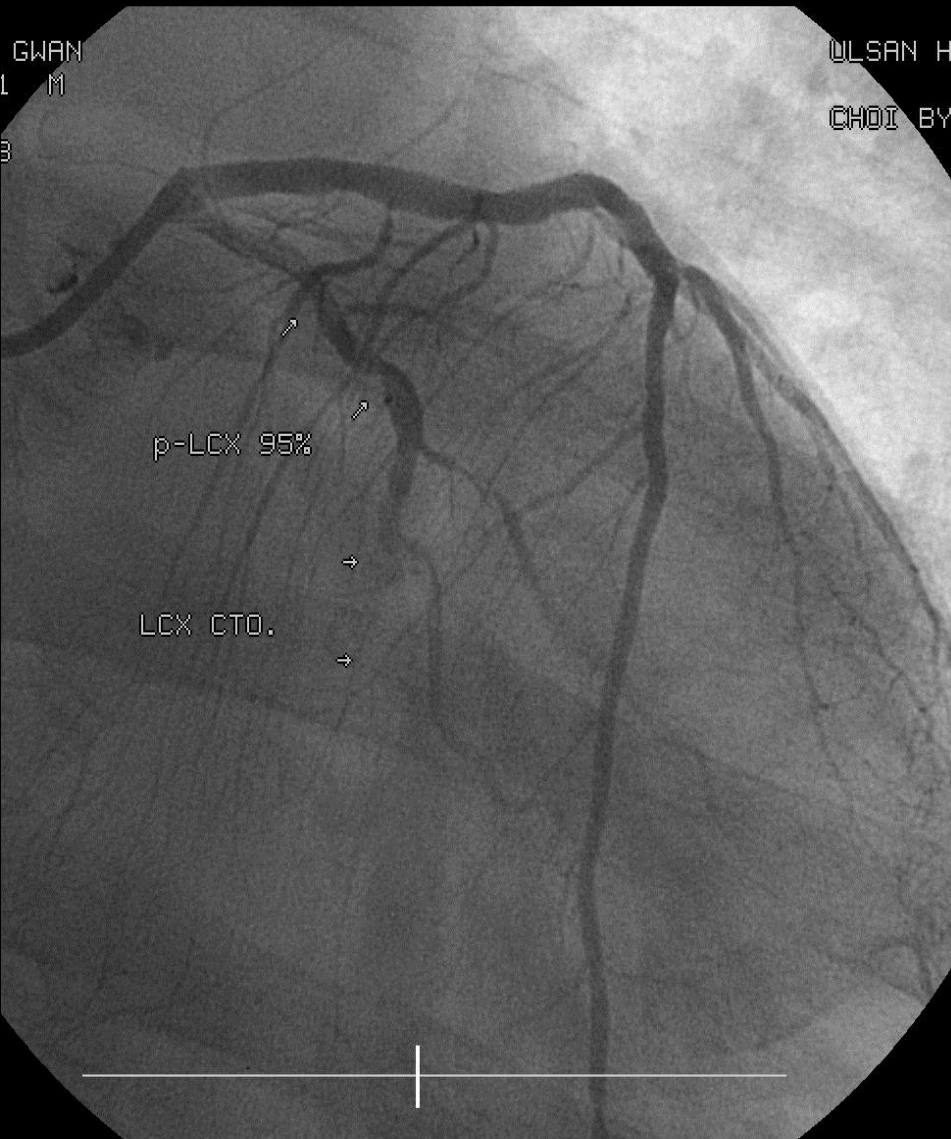
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- Previous PCI to the culprit LAD total thrombotic occlusive lesion



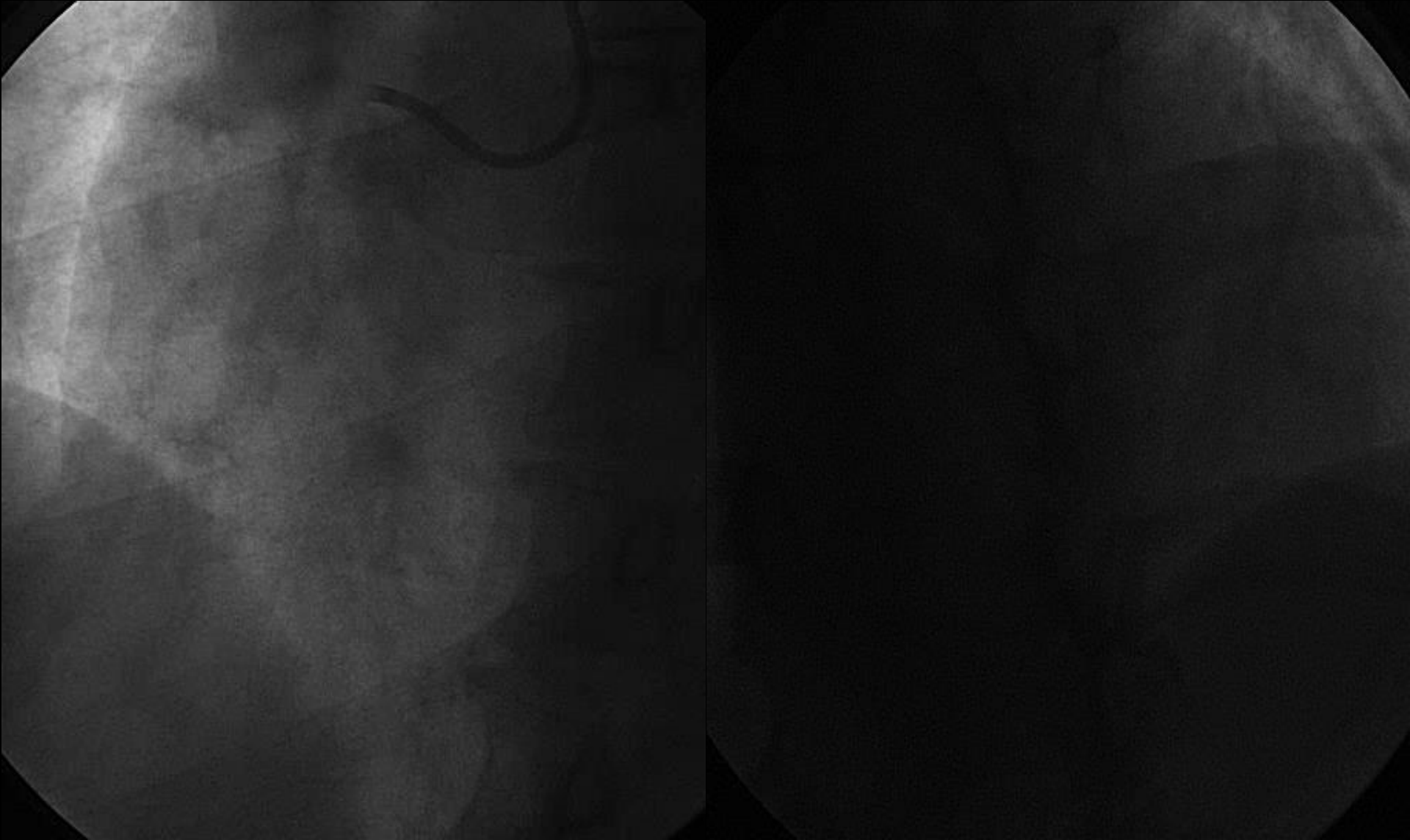
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- Previous staged PCI to LCX CTO



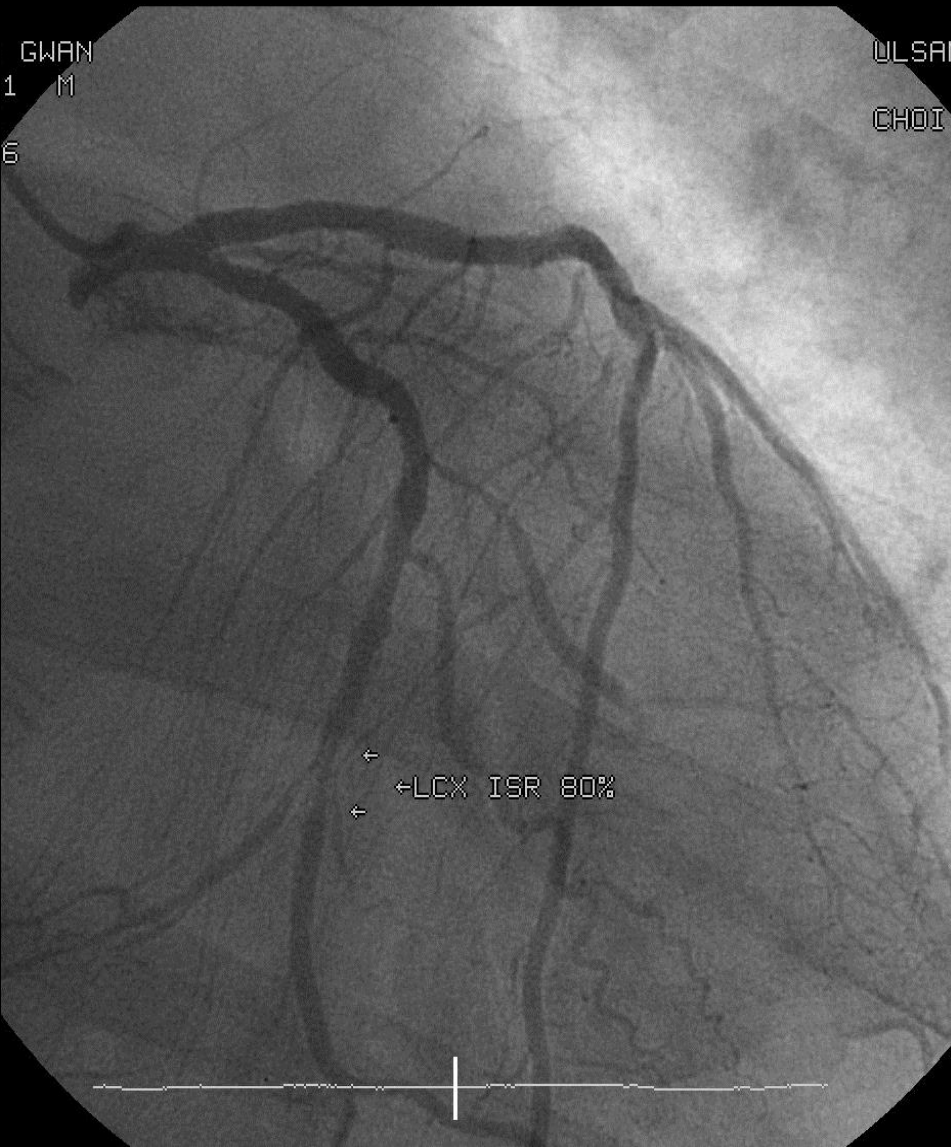
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- RCA CTO (Roentrop Gr 2 collateral from LCA)



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- PCI to LCX ISR 6 months later



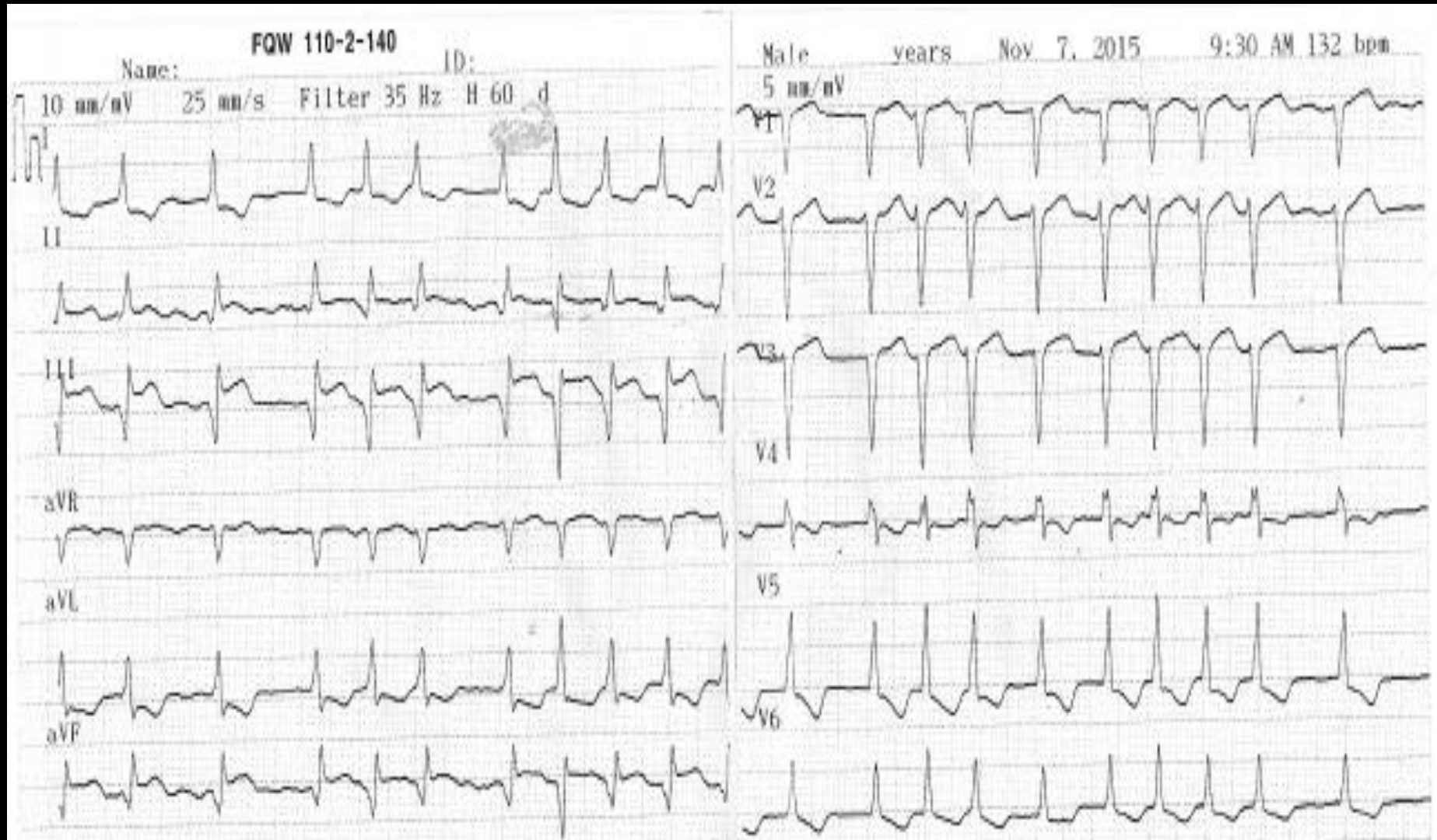
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Initial ECG taken by 119 rescue team



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ECG taken after ROSC



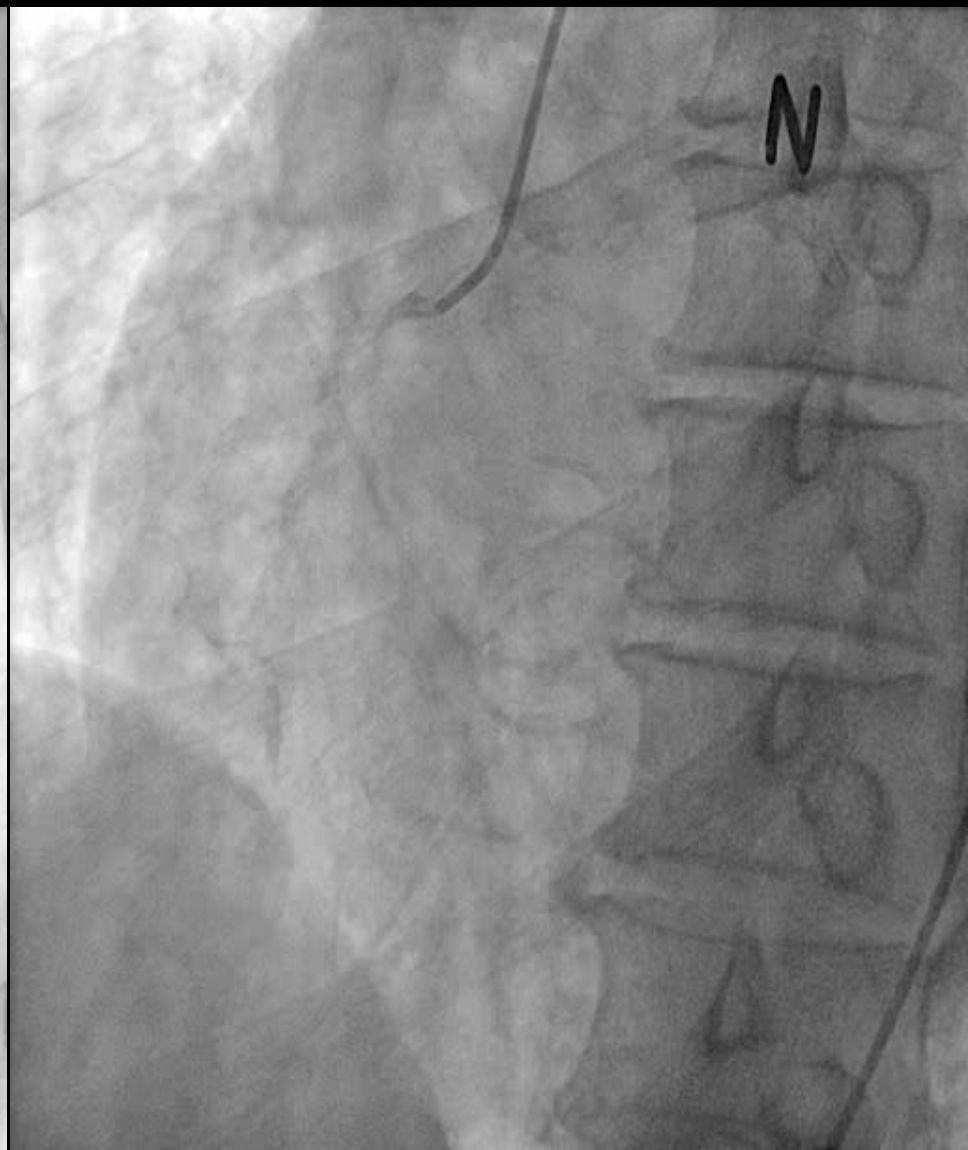
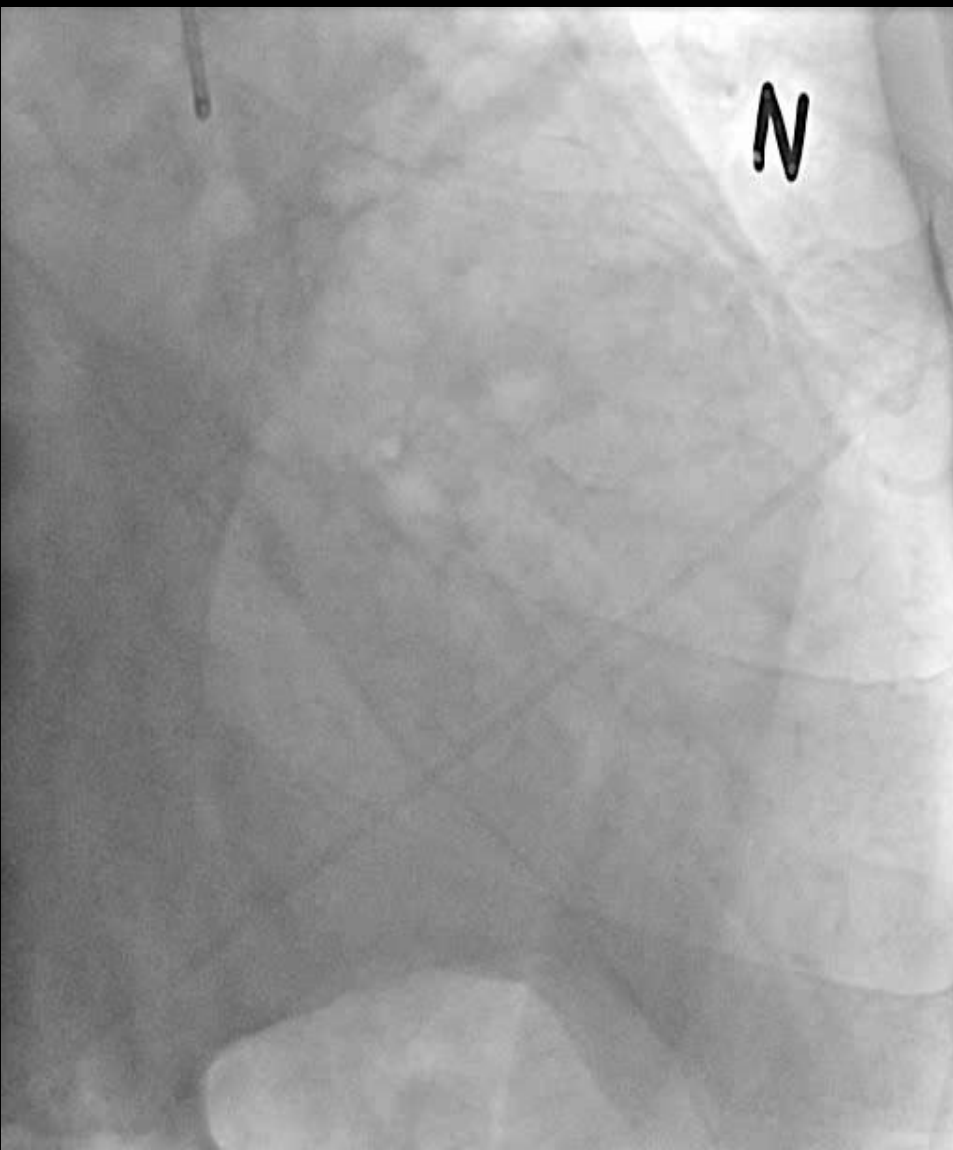
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- Echo: akinesia of mid septum, whole apex and inf. wall
visual EF 35%
- Imp: inf. wall STEMI

Fatal Aortic Dissection Caused by EBS

**What do you think
is the culprit artery?**

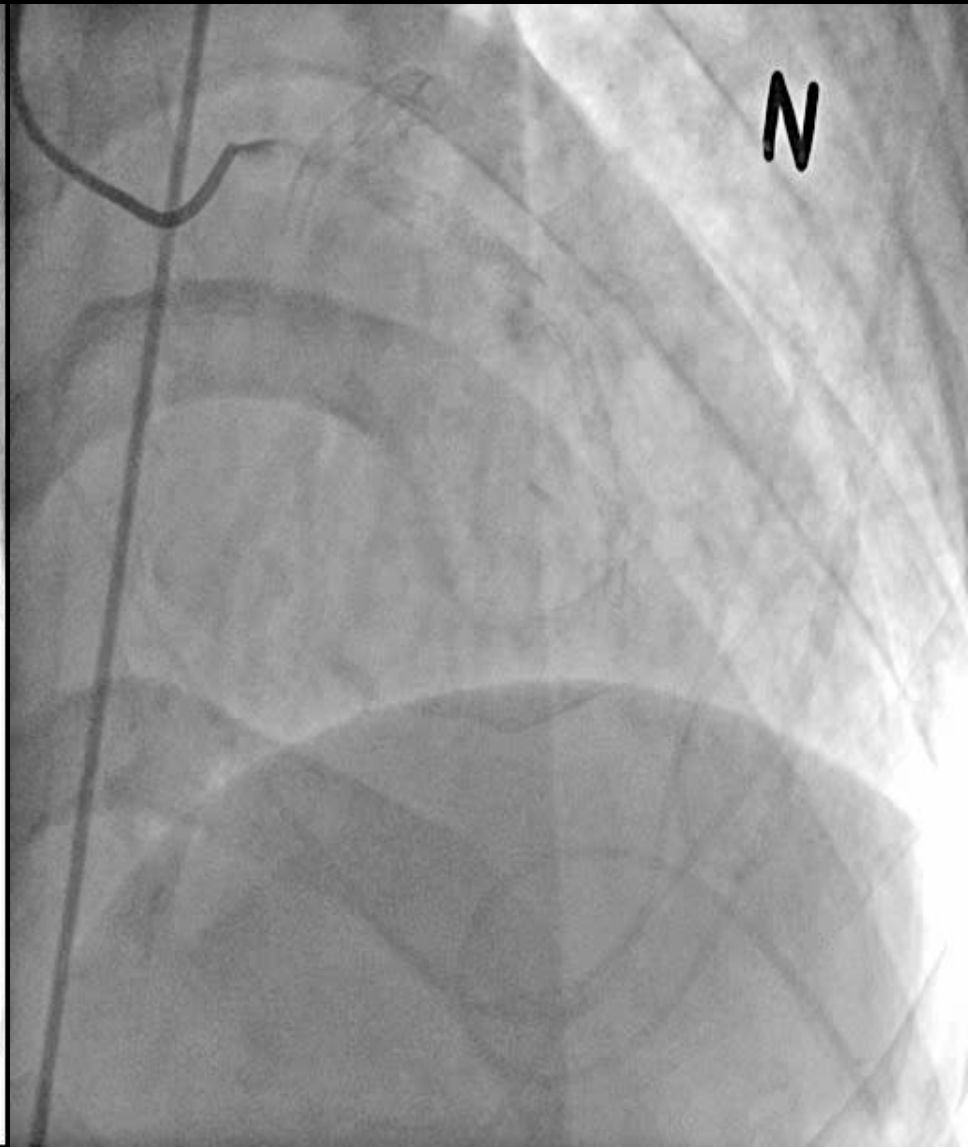
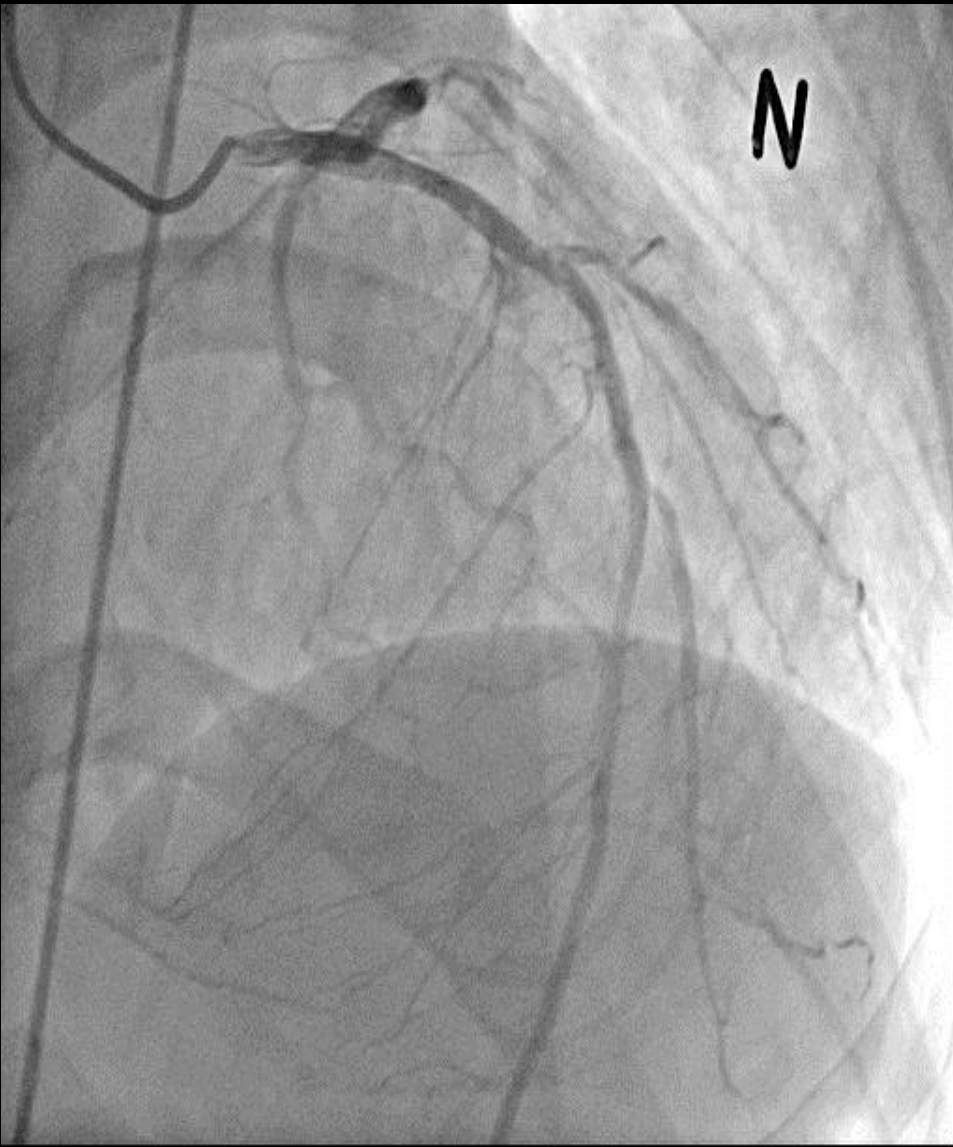
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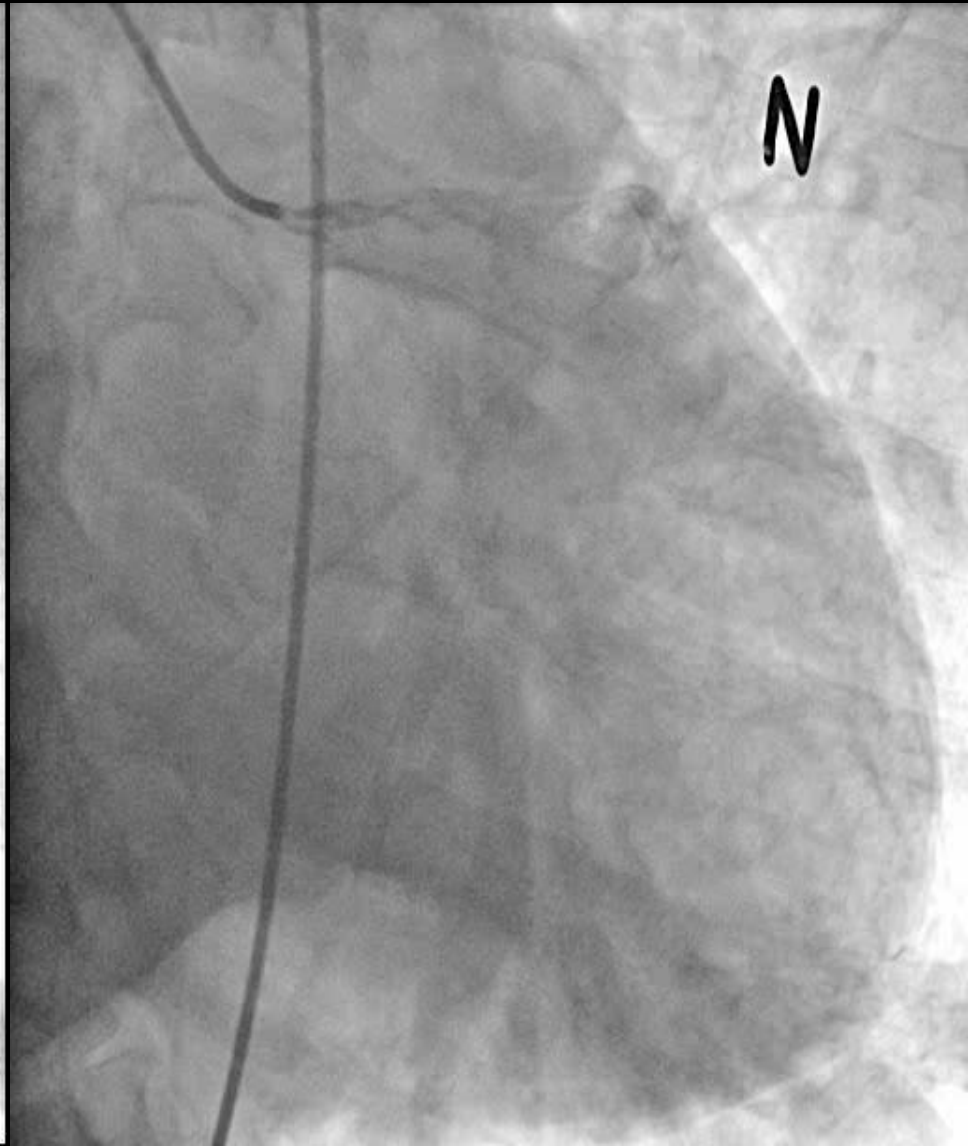
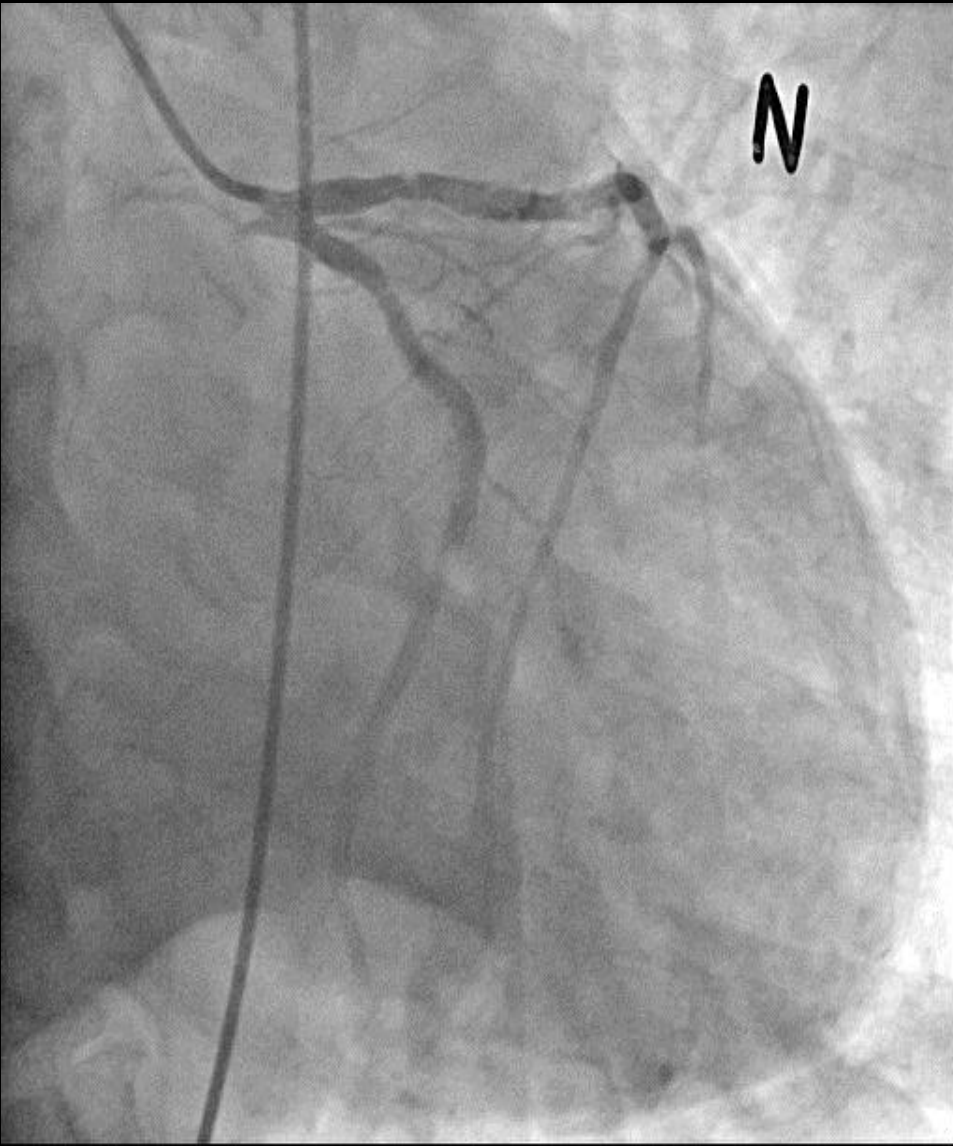
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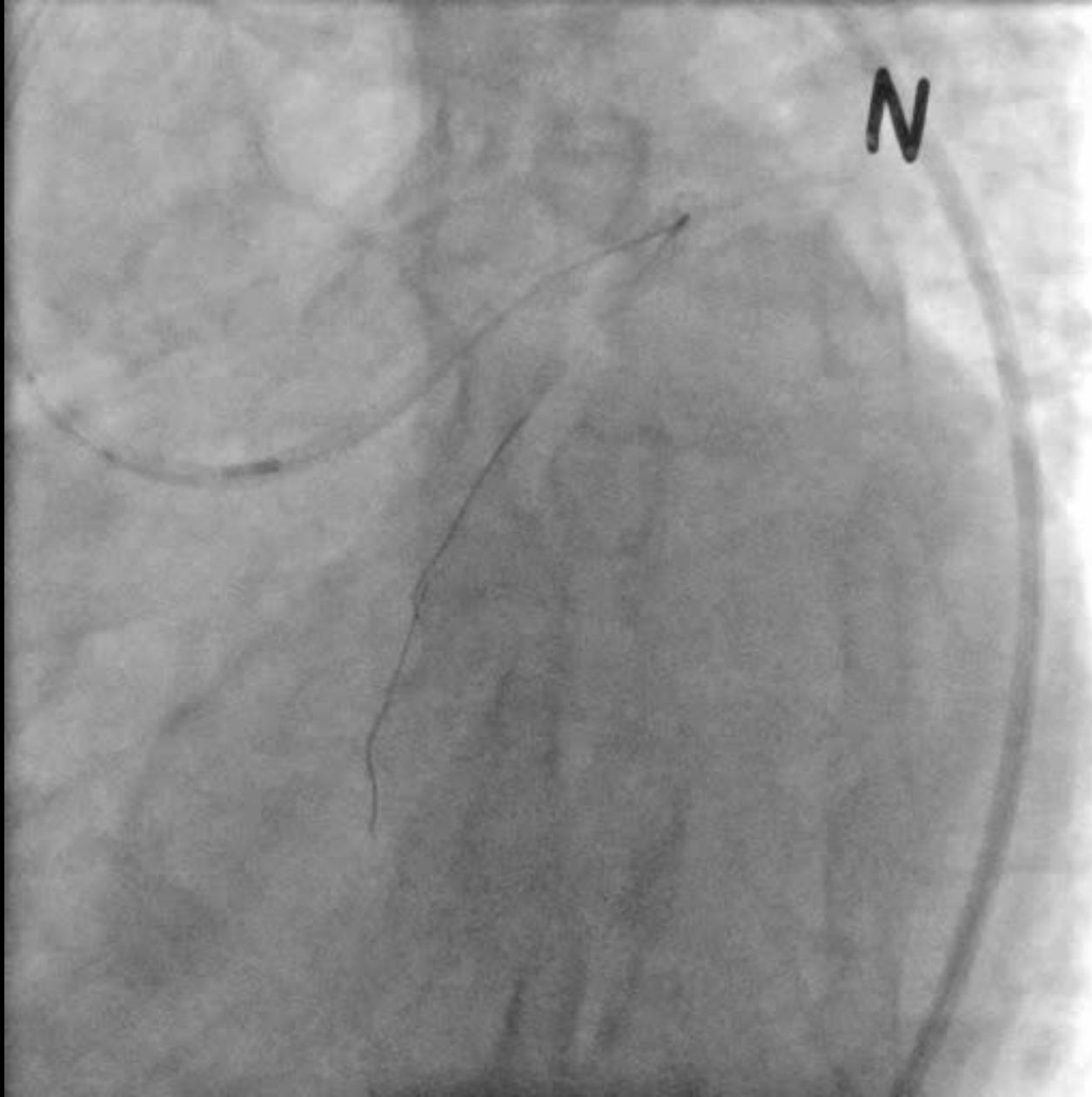
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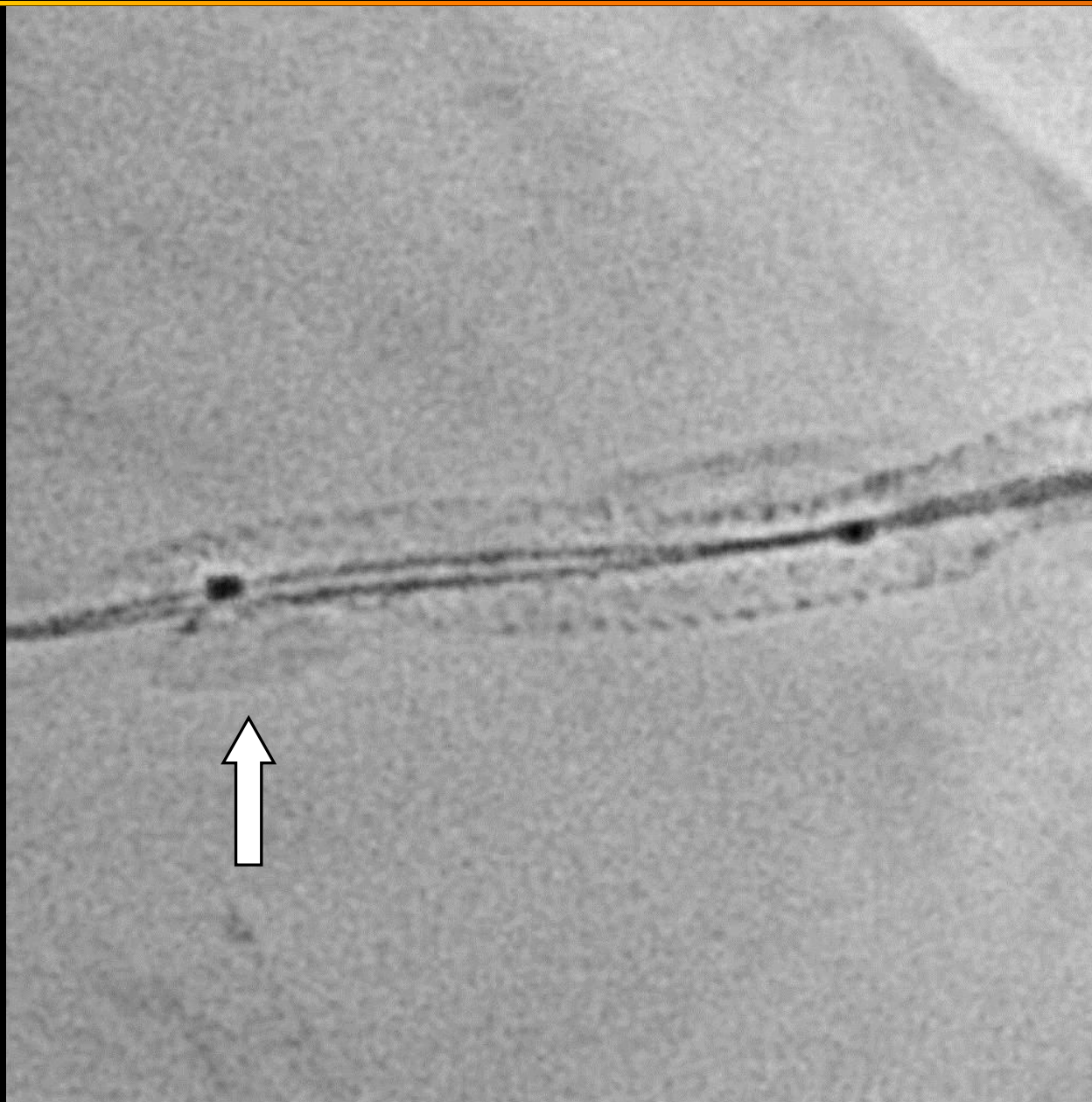
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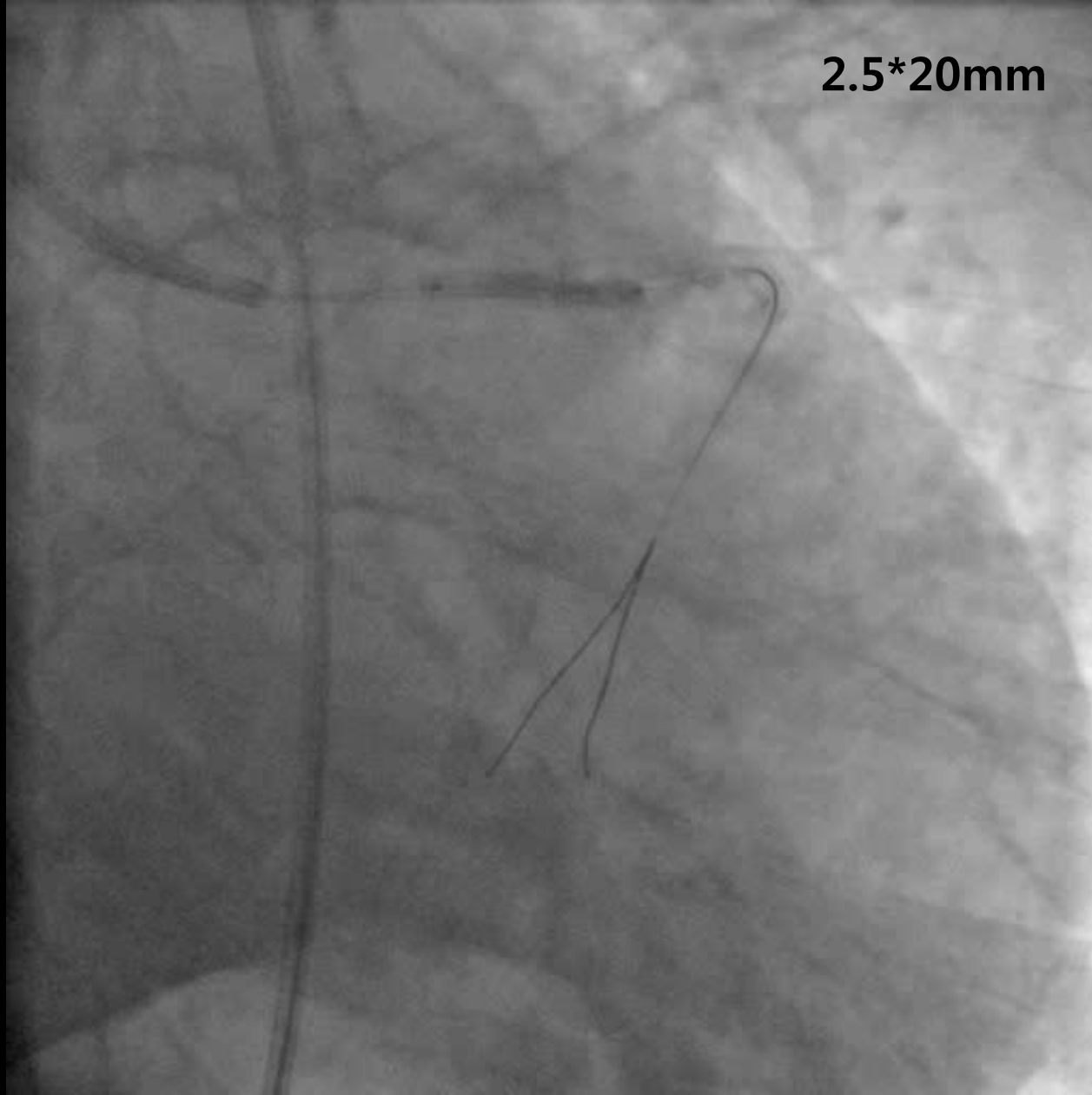
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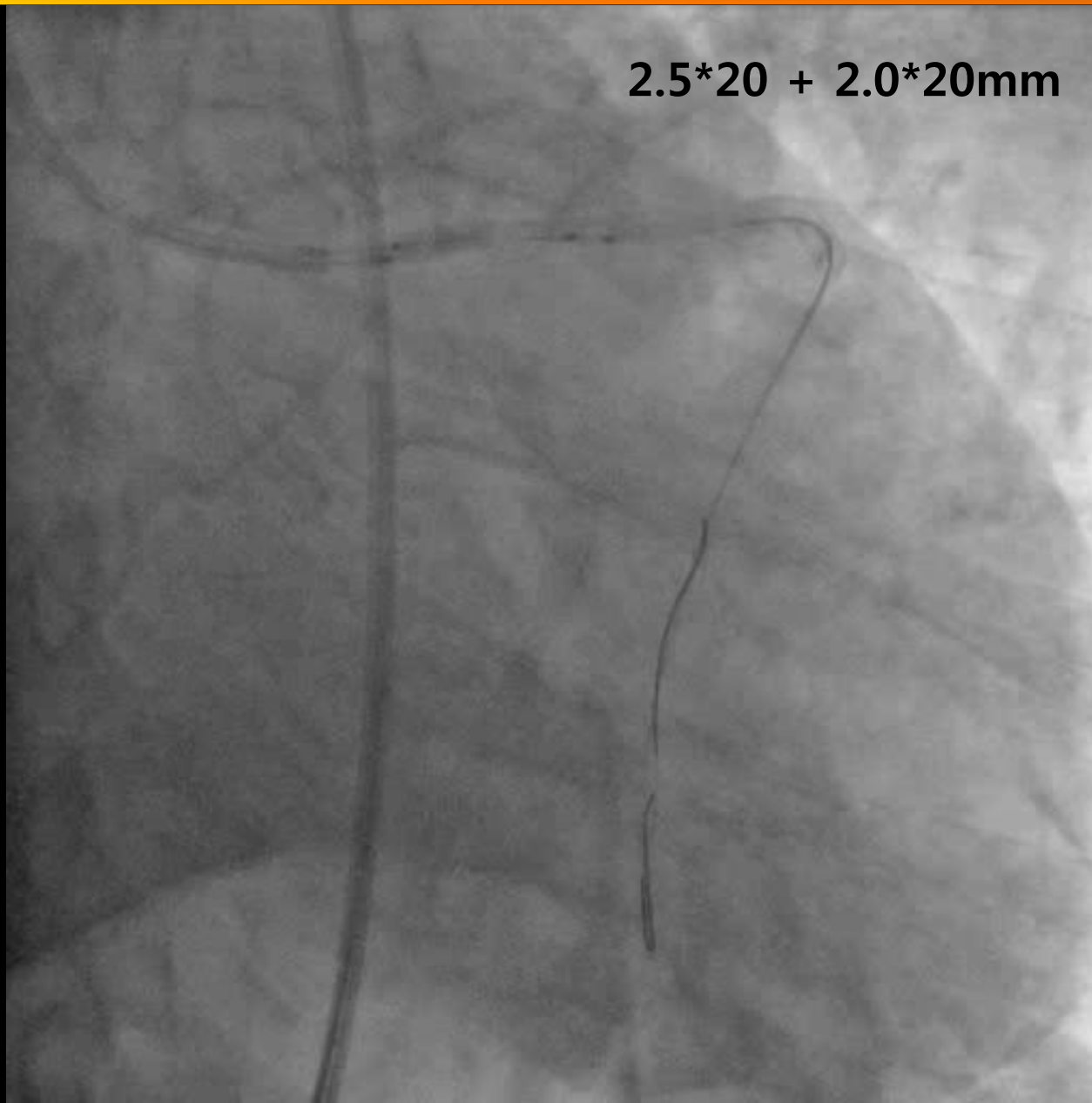
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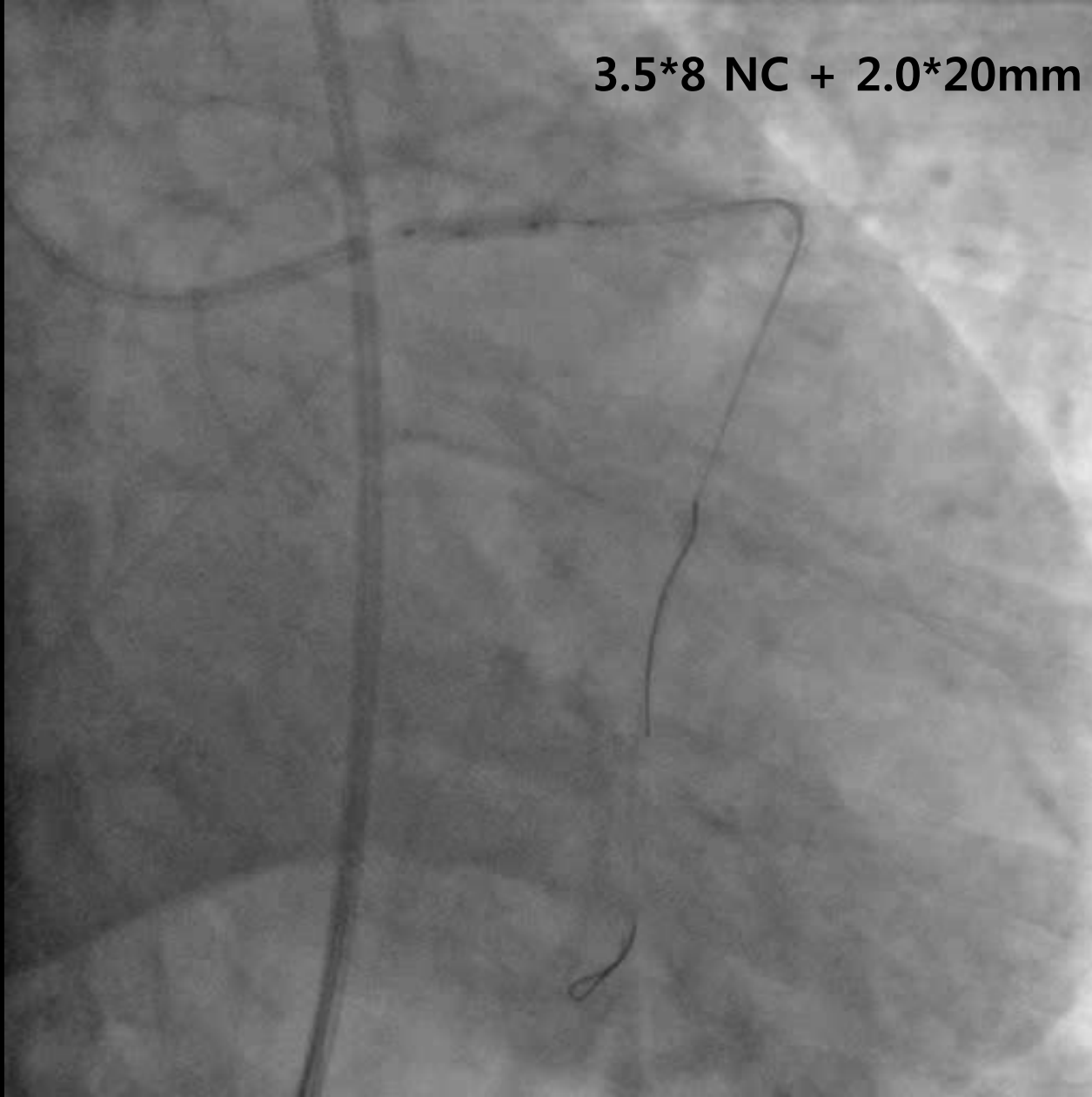


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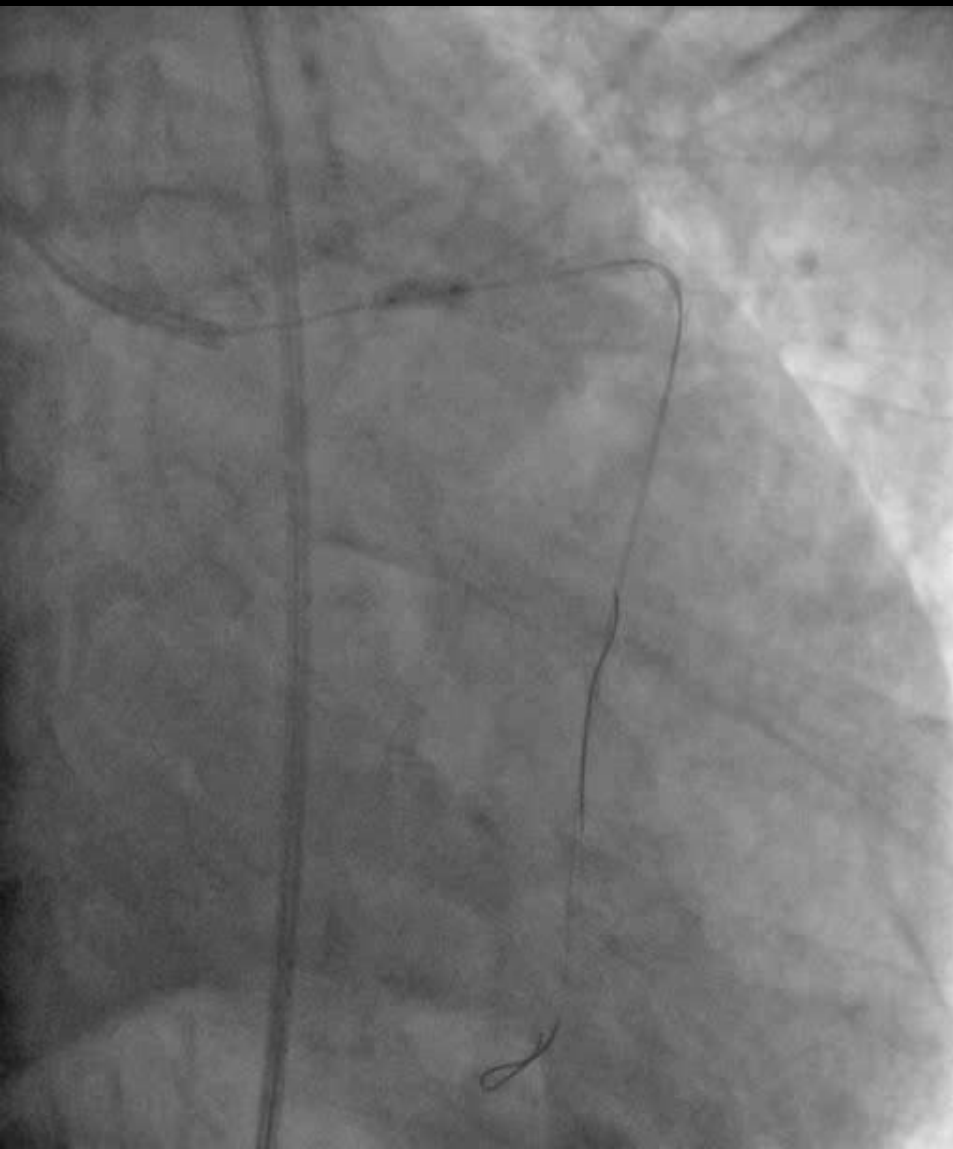


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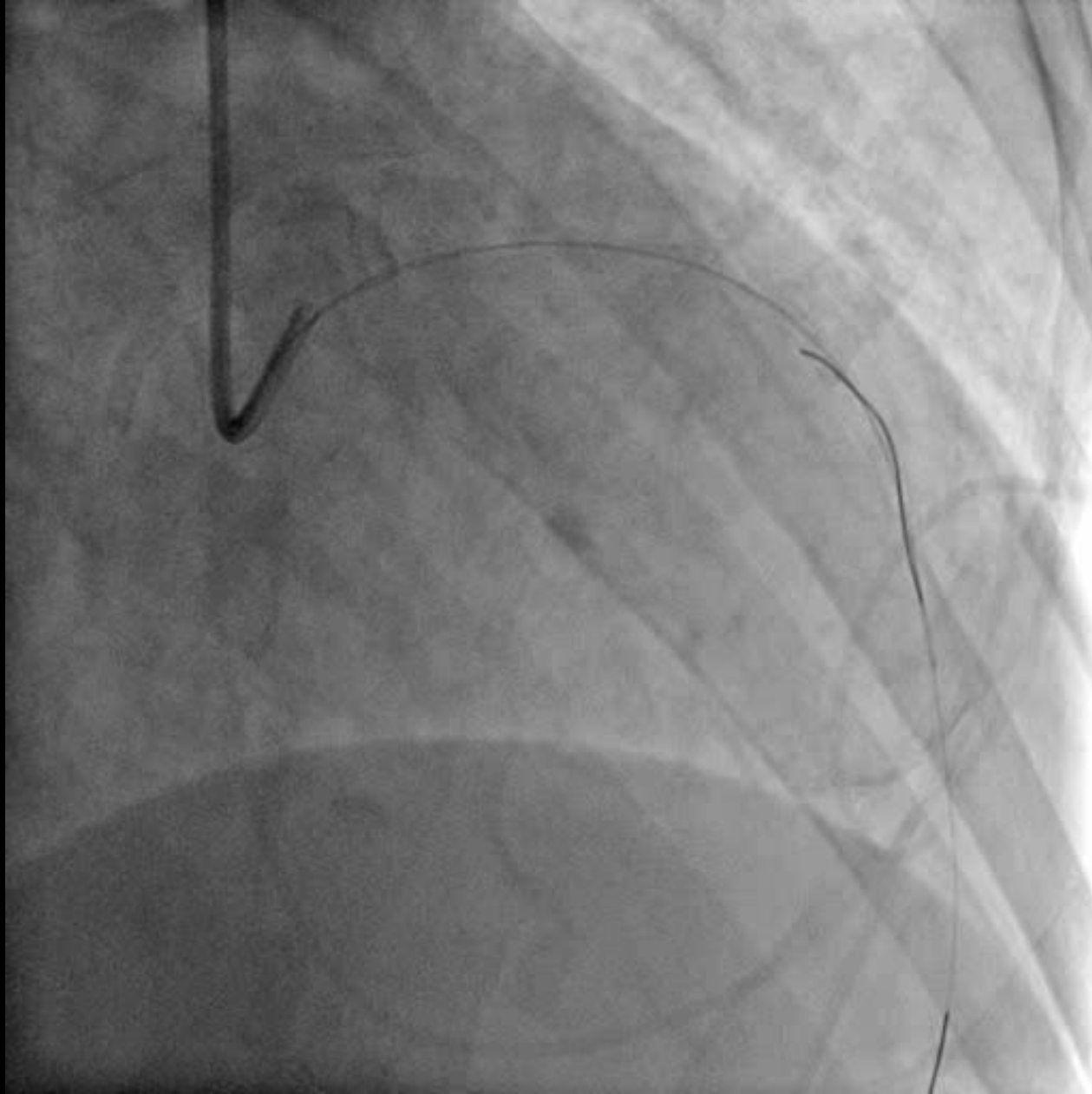
3.5*8 NC + 2.0*20mm



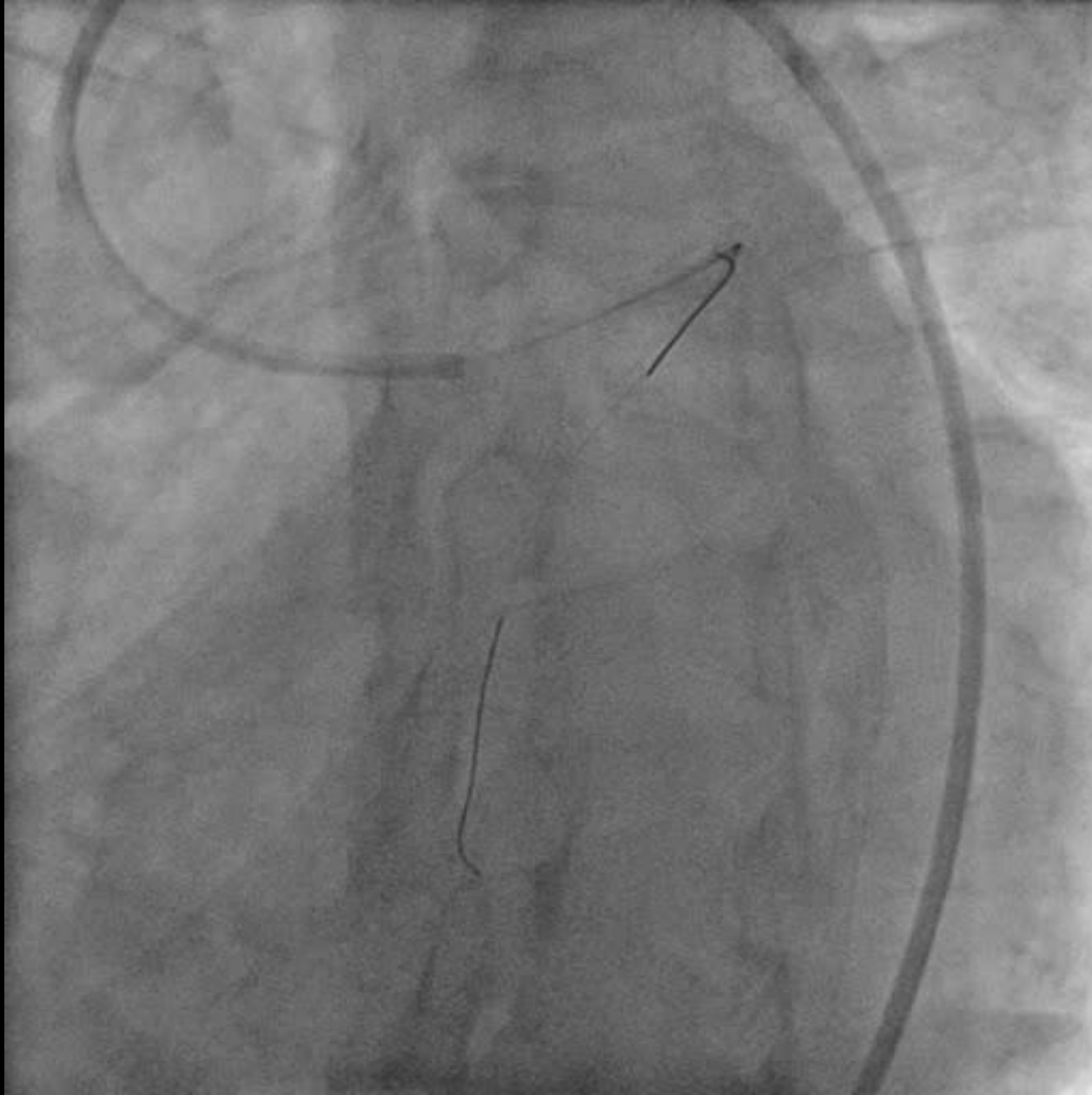
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Discussion points

1. Was it suitable to perform PCI to this patient?
2. When is it proper to use double ballooning technique?
3. What is the best treatment strategy for the RCA CTO?

Thanks For Your Attention!

