



**Complex Left Main PCI In The Setting Of Disastrous  
Intrapartum STEMI.  
A totally different situation !!!  
Multiple Complications In Disguise.**

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# CASE 1

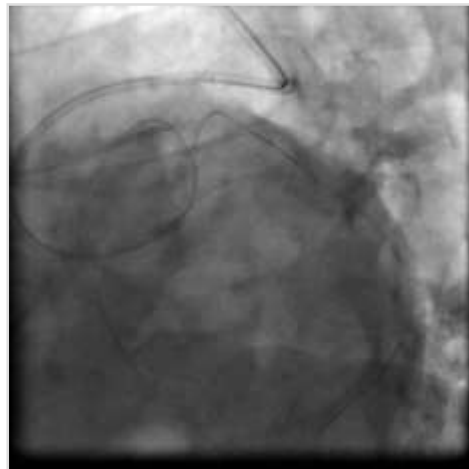


### **Clinical History:**

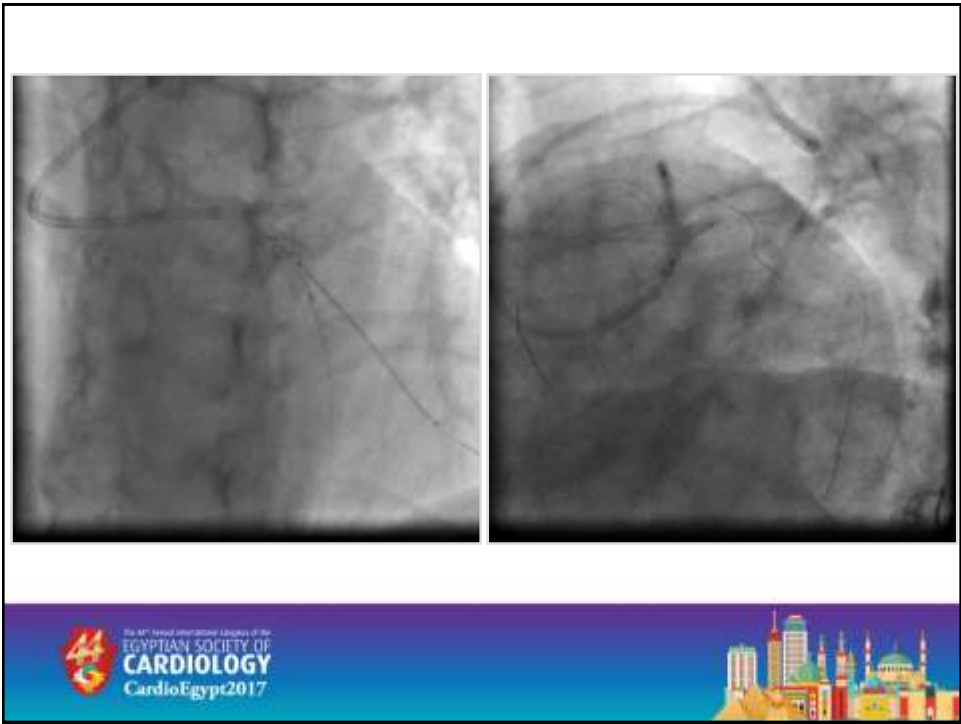
A 67-year-old man with multiple risk factors for CAD( HTN, DM, smoker) Presented on October 9, 2016 with new-onset CCS class III angina.

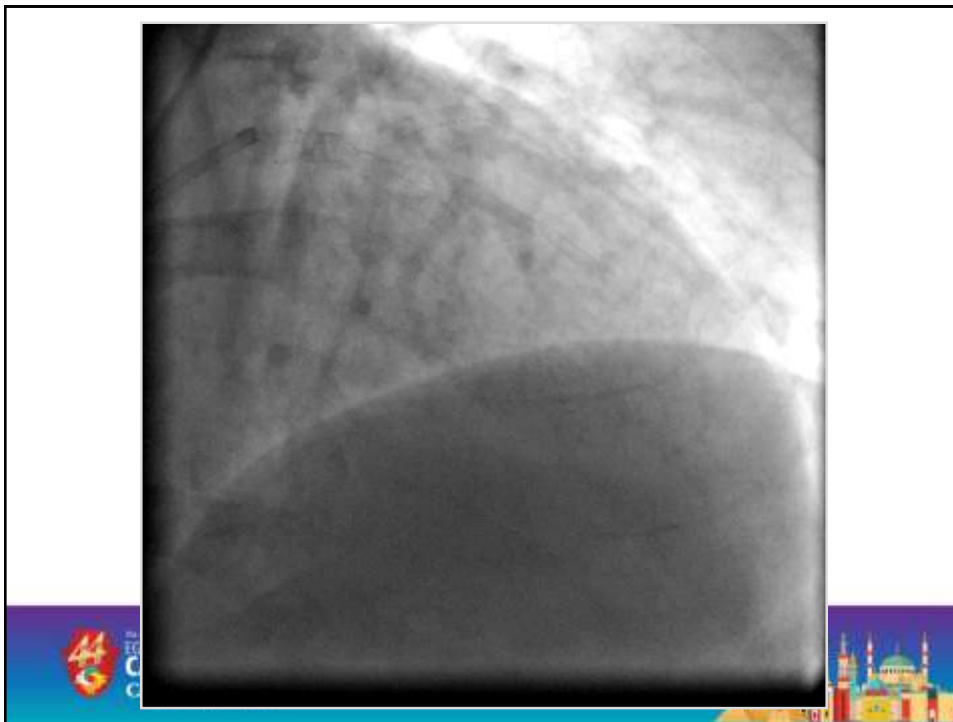
Cardiac catheterization revealed multi vessel disease; Syntax score was +33.

CABG was recommended but the patient declined the procedure and underwent PCI and total re-vascularization

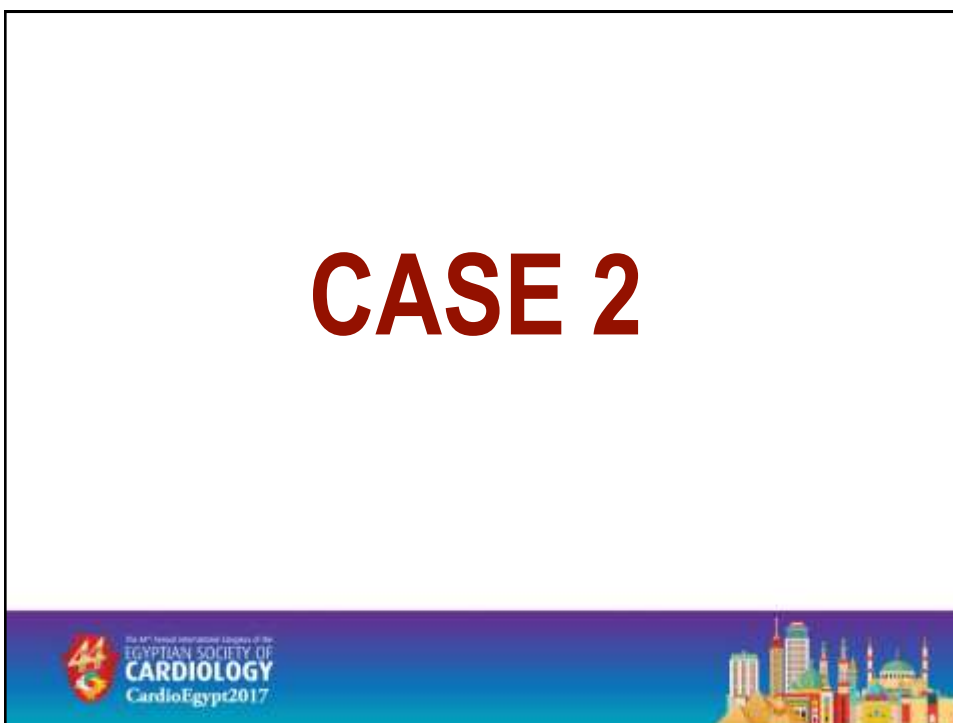








# CASE 2



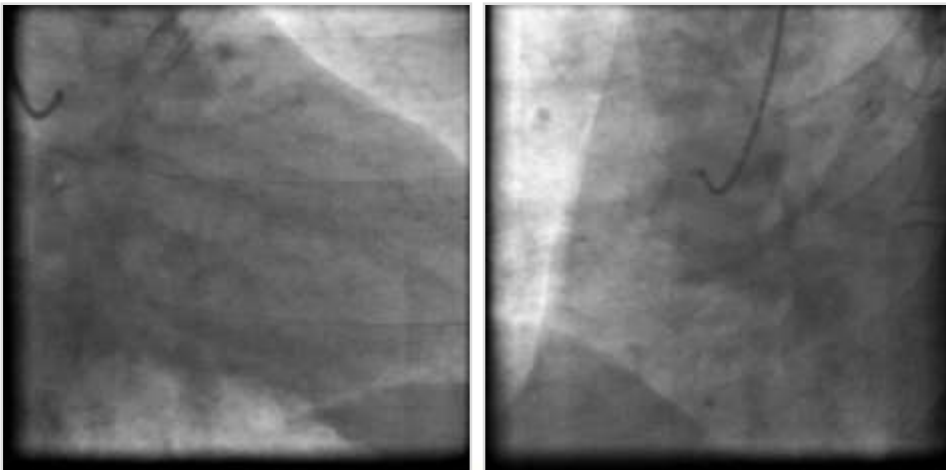
## Clinical History:

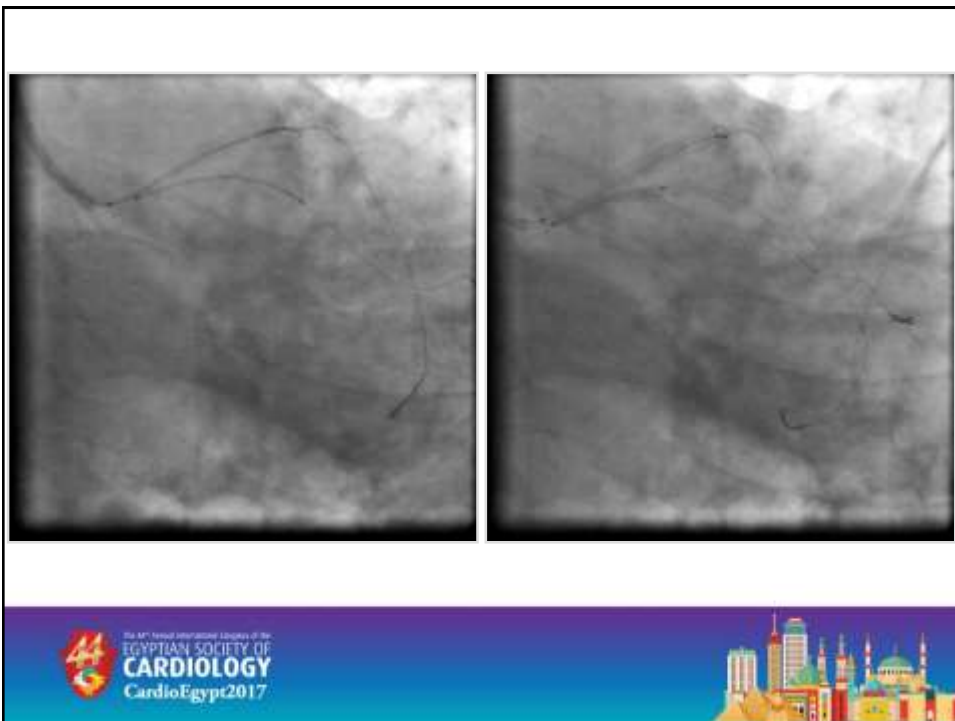
A 68-year-old man with multiple risk factors for CAD (HTN, DM, Smoker), and a history of previous anterior MI IN 2010. Presented on June 8, 2015 with new-onset CCS class III angina and a positive ETT (Duke treadmill score -12).

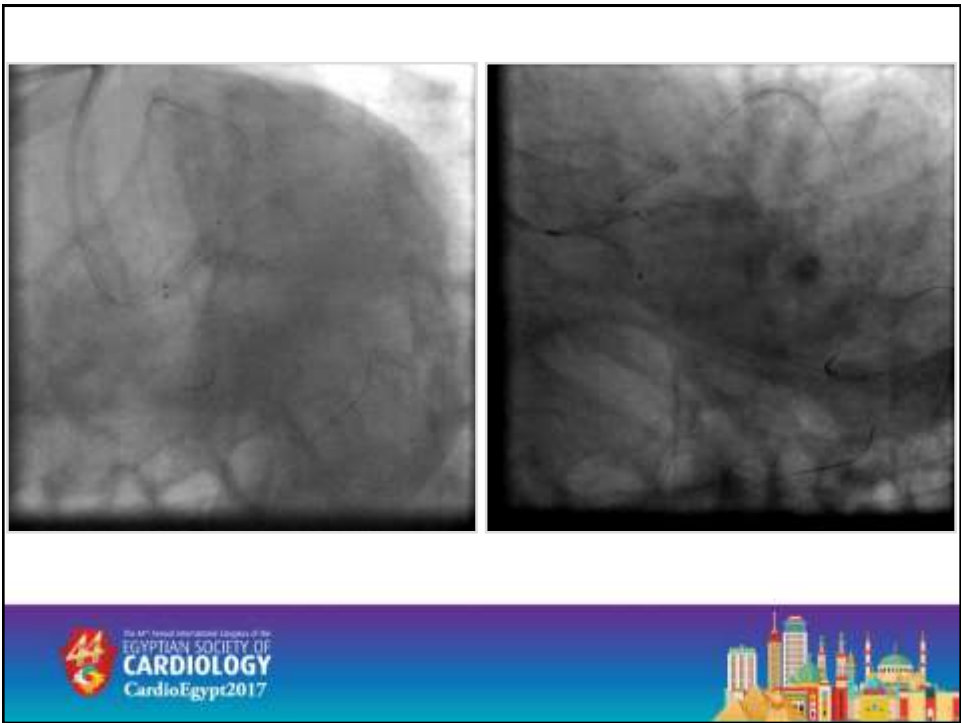
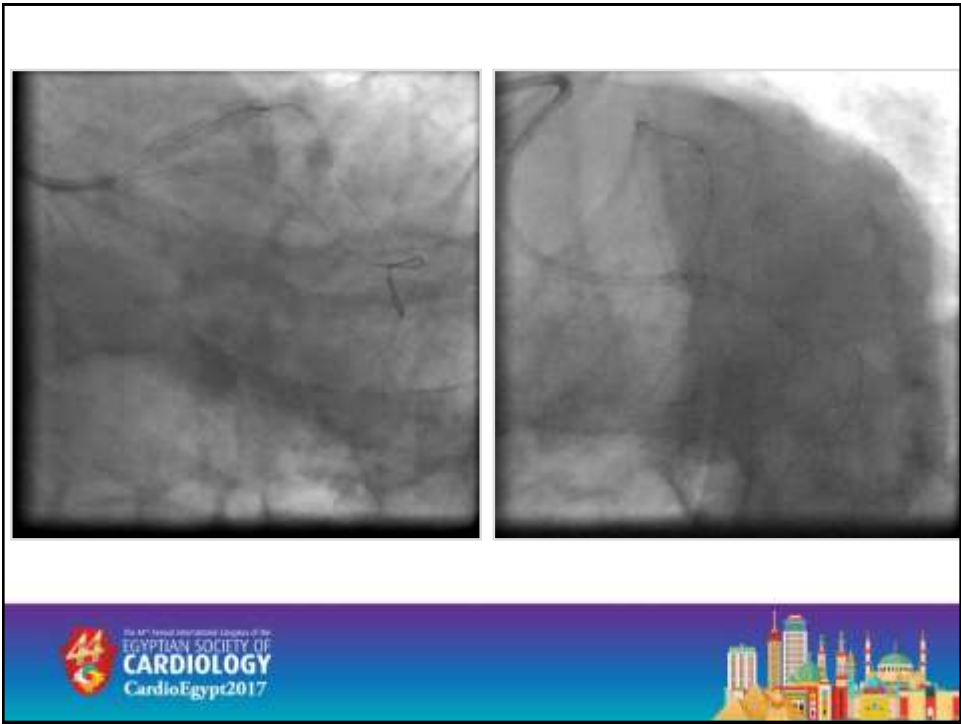
Cardiac catheterization revealed 3-vessel and LM CAD and normal LV function; Syntax score was +33. CABG was recommended but the patient declined the procedure and underwent PCI and total re-vascularization



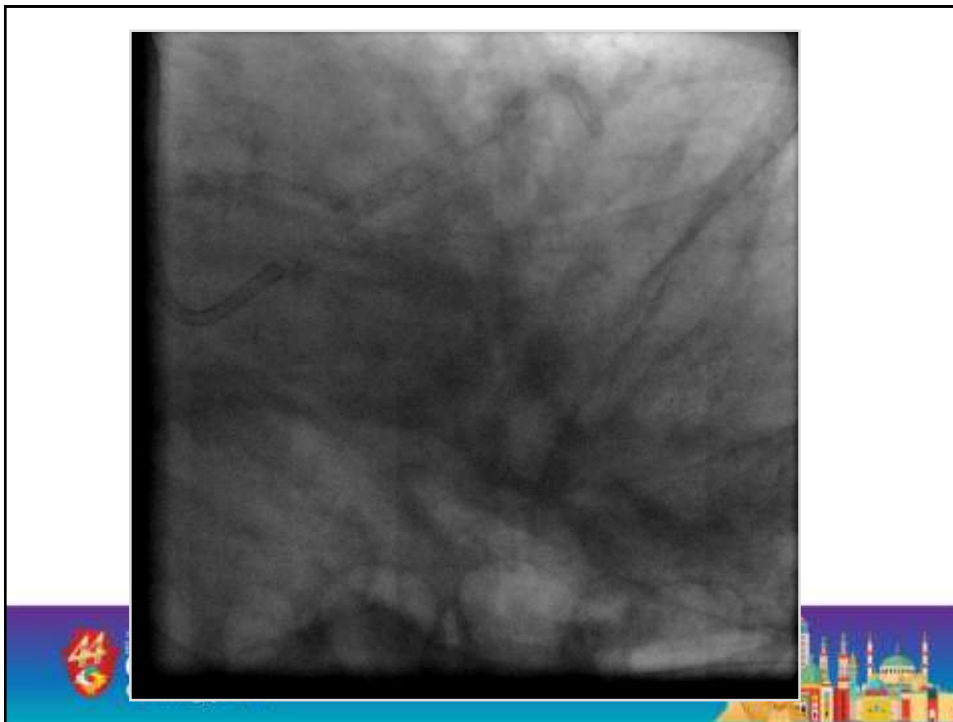
## Index Coronary Angiogram



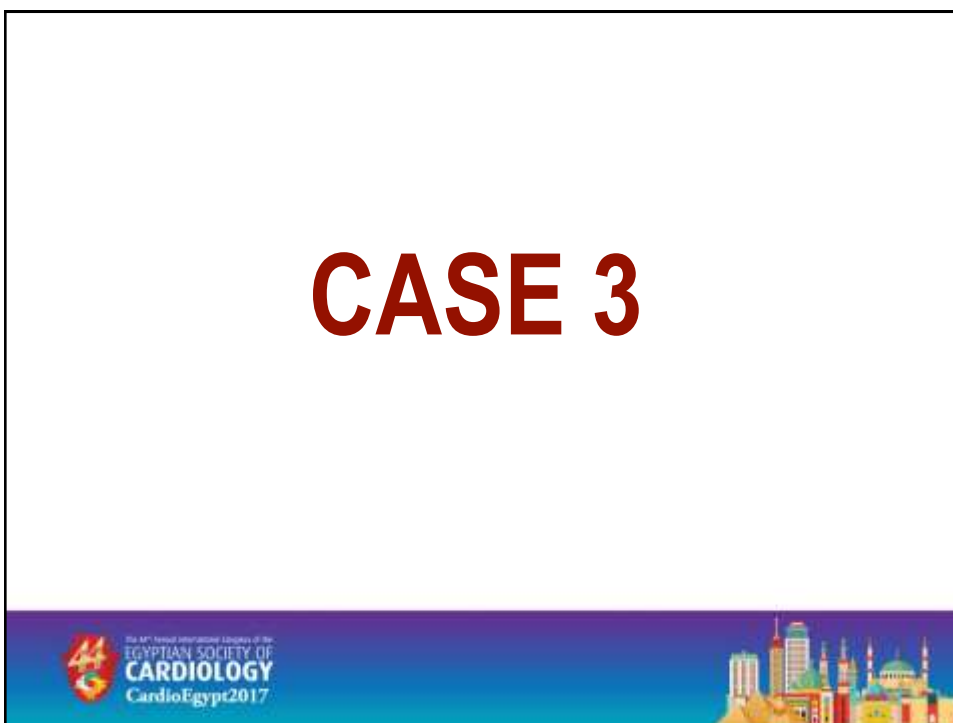








# CASE 3



## Clinical History:

A 56-year-old woman with multiple risk factors for CAD Presented on March 18, 2015 with new-onset NSTEMI.

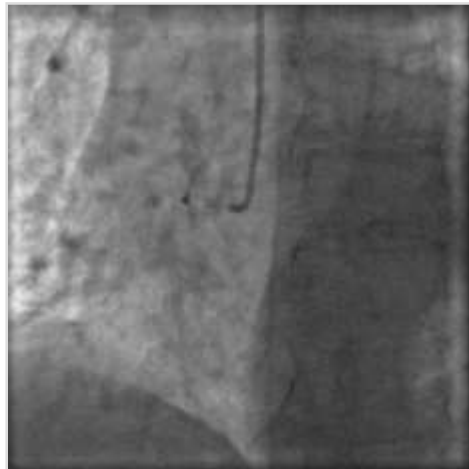
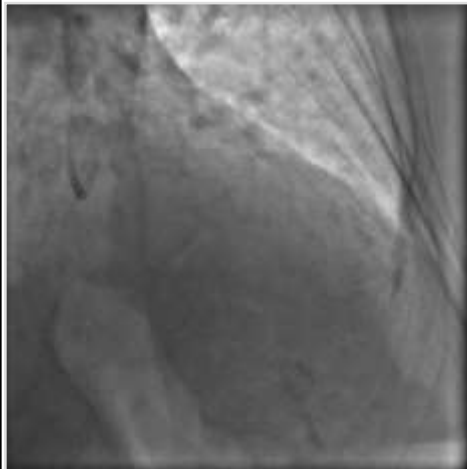
Chest pain 6 hours prior to admission.

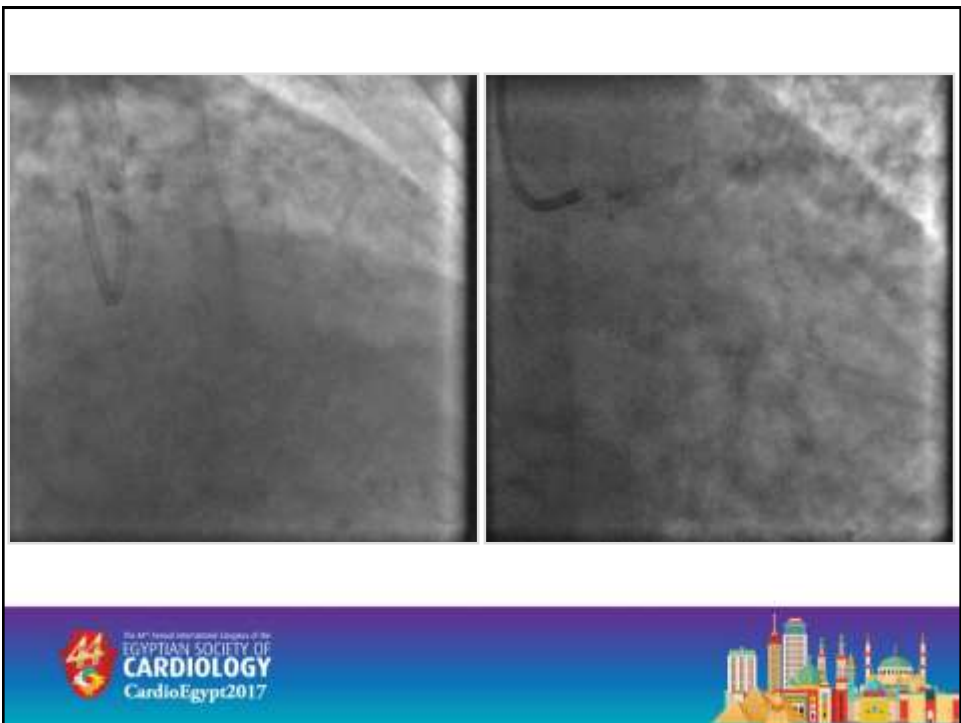
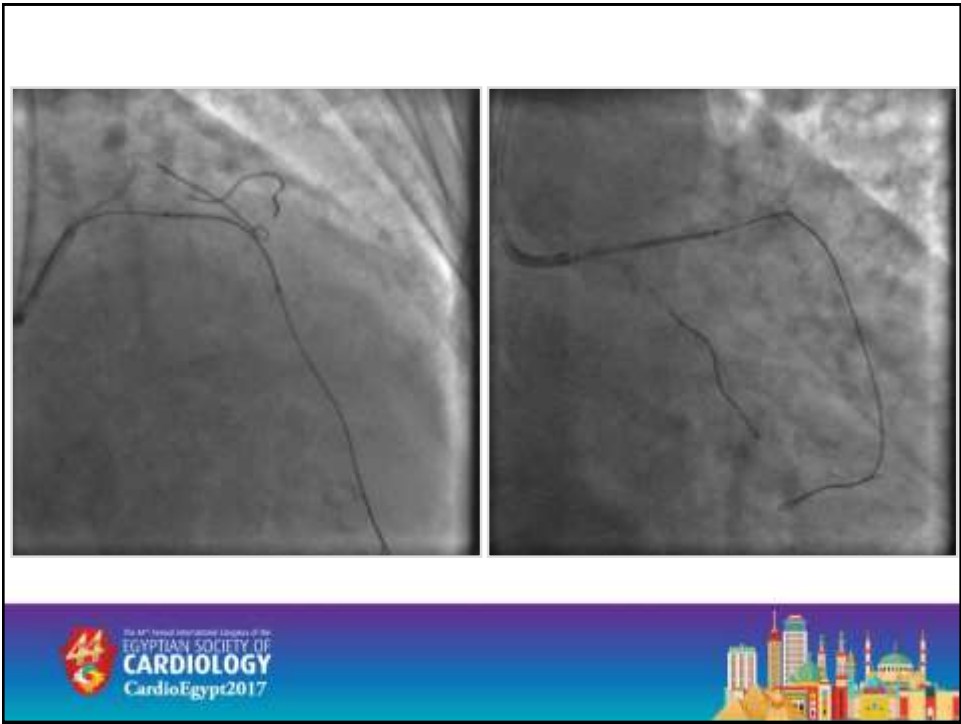
Cardiac enzymes: Troponin ve+ ; Ck mb 32

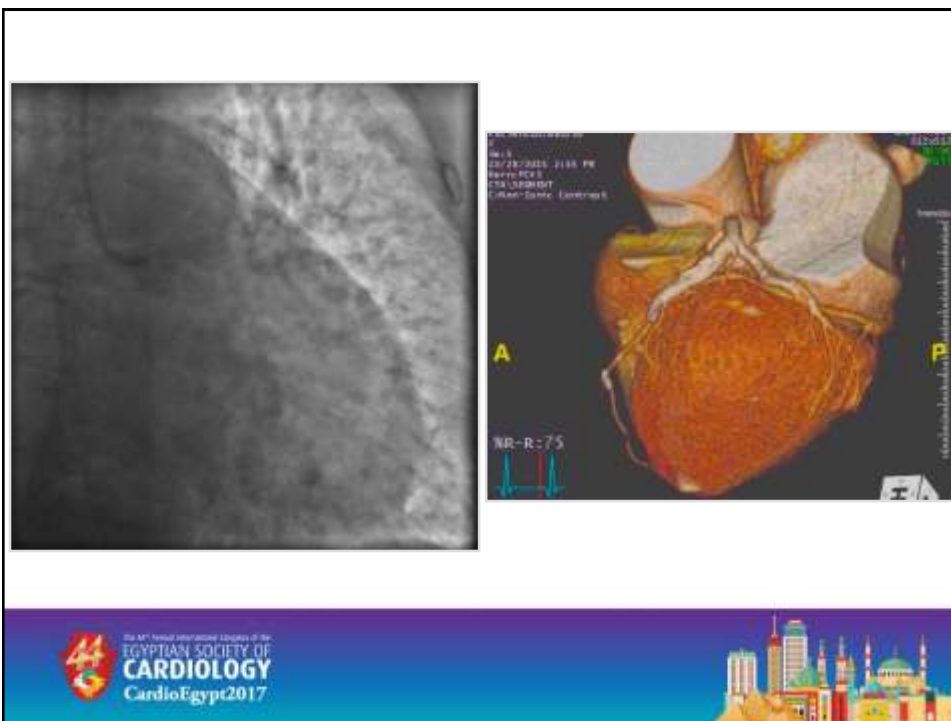
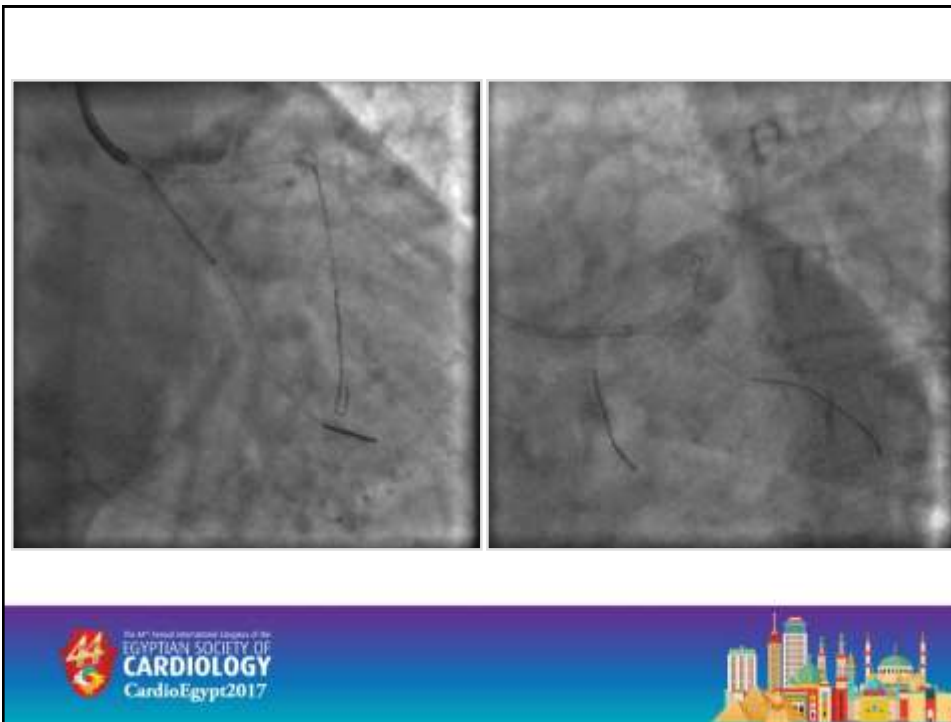
ECG: ST segment depression in I II AVF, T wave inversion V1-V6.

Cardiac catheterization revealed 3-vessel and LM CAD and normal LV function; WMSI 1.7; Syntax score was +33.

CABG was recommended but the patient declined the procedure and underwent PCI and total re-vascularization







# CASE 4



## **Clinical History:**

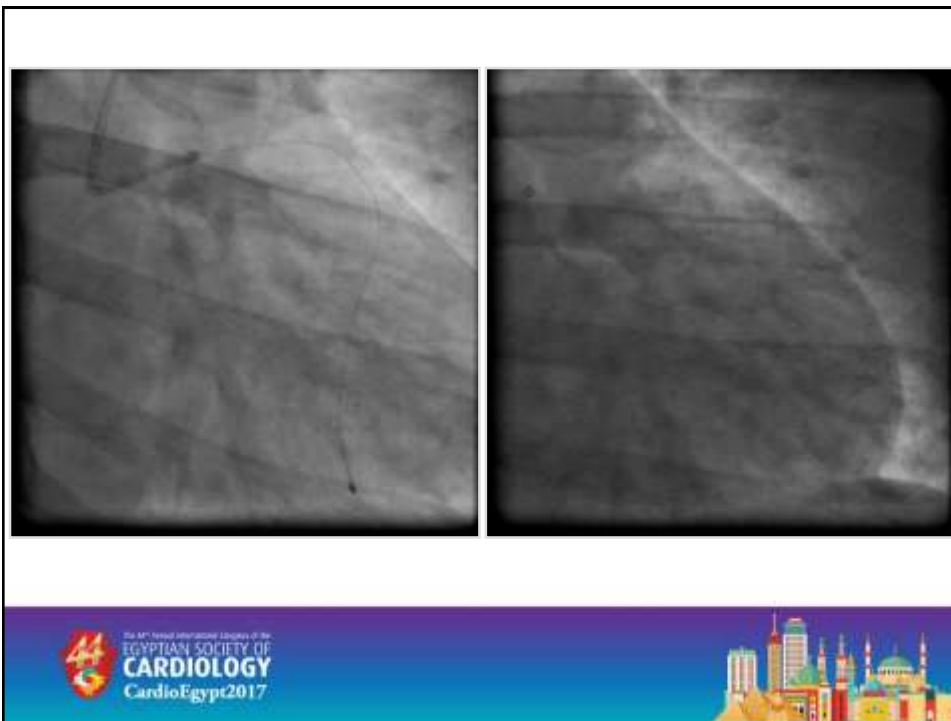
A 31-year-old female 38 weeks Primigravida, with no risk factors for CAD except +ve family history. Developed sudden onset severe central chest pain while in labor.

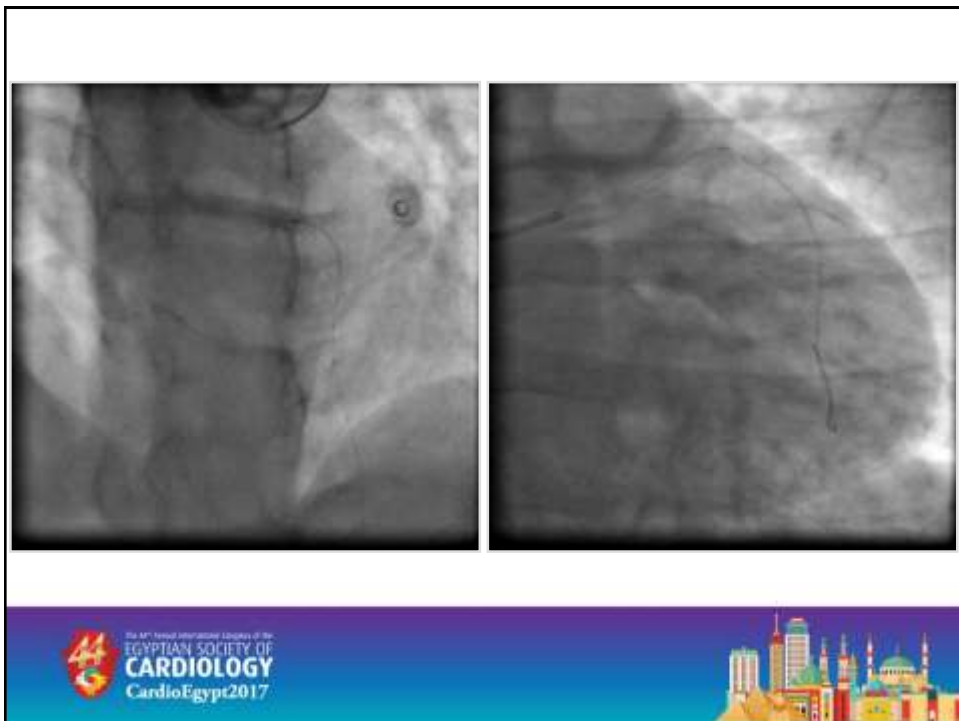
ECG: ST elevation in V1-V6, ST depression in I II AVF.

A diagnosis of Anterior myocardial infarction was made.

After successful delivery, arrangements were made for inter-hospital transfer for urgent primary percutaneous coronary intervention.

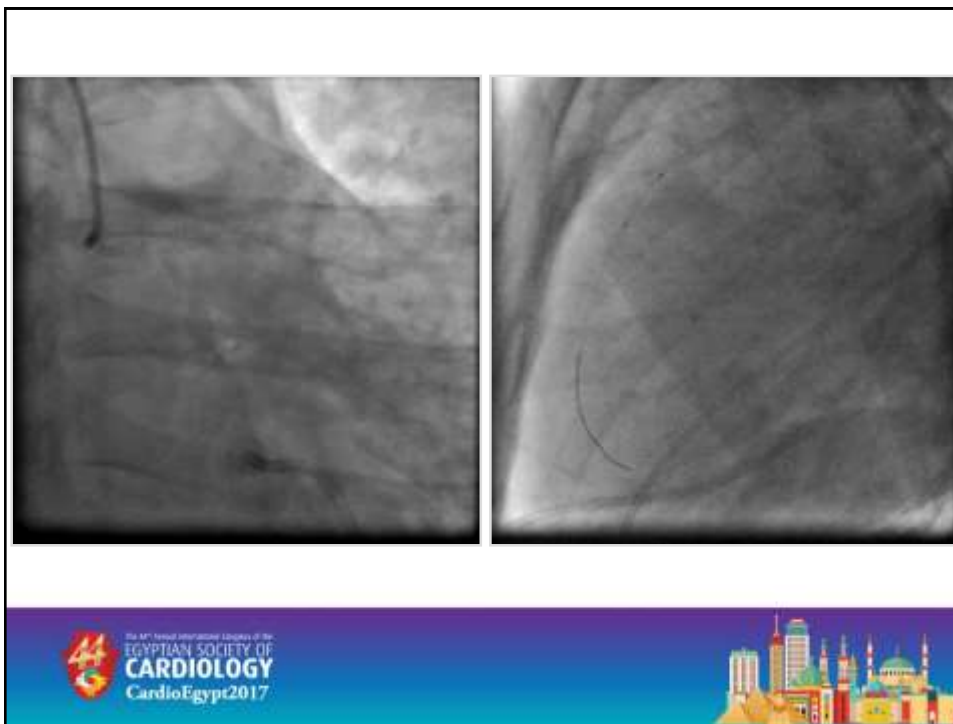












- A radial approach using a left EBU 3.5 ,6f guiding catheter used to cannulate the right and left coronary artery.
- Introduction of the wire into the LAD led to recanalization of the vessel.
- Removal of the LAD wire led to total occlusion of the LAD, then introduction of the devices to the coronary arteries led to the dissection of the Left Main and the LCX with retrograde extension into the aortic root and ascending aorta
- Then TAP technique to LM-LAD and LCX, with LM stent 2mm protruded into the ascending aorta, followed by final simultaneous kissing balloon.
- Distal LAD wire perforation, Immediate Tamponade and cardiac arrest.
- CPR, Pericardiocentesis with auto transfusion, and prolonged balloon inflation to seal the perforation.
- Followed by LAD No- reflow, multiple intracoronary injections, with final result of LAD TIMI II flow.
- Patient admitted to CCU and unfortunately 3 days developed Ventricular fibrillation and died



## Conclusions:

- As we all agree that therapy must be individualized, pregnancy associated MI (PAMI) is rare but increasing, and its different from AMI in non-pregnant patients in several important aspects that need to be taken into strong considerations in the management of women with this condition.
- There is frequent involvement of the LAD and LM, and the location of PAMI is commonly the anterior wall, resulting in a high incidence of LV dysfunction, congestive heart failure, cardiogenic shock, and mortality.
- large number of cases have Coronary dissection or normal coronary anatomy, the risk of thrombolytic therapy may outweigh a potential benefit.



- **The high incidence of iatrogenic coronary dissection secondary to intra-coronary contrast injection and mechanical interventions suggests that an invasive approach to PAMI should be limited to high-risk patients and that mechanical coronary manipulations should be limited to cases in which potential benefits clearly outweigh the risk.**
- **More information is needed on the mechanisms of PAMI, the efficacy and safety of standard therapy, and the applicability of guideline recommendations designed for the general AMI population, to women with PAMI.**
- **Management of complications associated with PCI requires rapid recognition, reversal and arrest of the underlying pathogenic mechanisms when possible.**



# Thank You

