

Worst complication trapped stent

Mohamed Gharib MD
Health insurance cath. Lab
director

Female patient 53 years old
D.M. , deslipidemia
Typical anginal chest pain of 2 months
duration
ECG: S.T depression in Ant. Leads
Echo : hypo kinetic Ant. Wall, EF=51%,
mild M.R.

Coronary Angio

L.M : Calcification with un-evaluable stenosis

L.A.D : Mid segment significant stenosis

L.C.X : Small totally occluded

R.C.A : Dominant and shows proximal significant stenosis and calcification

Syntax score : 21

Patient discharged in a good shape

Messages

- * Frequent cases need another imaging modalities
- * MSCT has limitation and patient with severe calcification
- * IVUS is very helpful in left main and sever calcification
- * OCT is inferior to IVUS in aorto-ostial lesion
- * Quick action when patient start to arrest is very important
- * High quality CPR plays a major rule
- * Patience and keeping temper is very important
- * Retrieving trapped stent or lost one is challenging.

