

**International Workshop on
COMPLICATIONS DURING CARDIAC INTERVENTIONS:
MANAGEMENT AND PREVENTION
June 11 - 13, 2008 – DÜSSELDORF - GERMANY**

Case 7:

„ Cardiogenic shock following acute coronary vein graft occlusion
and large LCA-dissection“



Torsten Schwalm

Case 7:

„ Cardiogenic shock following acute coronary vein graft occlusion
and large LCA-dissection“

Torsten Schwalm, St. Katharinen Hospital Frechen

Medical history

70 year old woman
Chest pain, CCS III

2 x CABG 1998: Vein-grafts- CX / RCA,
2004 last coronary angiography: Occlusion of vein-graft-CX,
RL-collaterals and intact vein graft to RCA, no critical LAD-
stenosis

CRF: BMI 33 kg/m², arterial hypertension, LDL-cholesterol
140mg/dl

Severe PAD with occlusion of left external iliac artery
Severe COPD (Gold III)

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Coronary angiography, 25.10.2007

Right femoral approach

No periprocedural heparine in fear of bleeding given

Assistant doctor, problems intubating ACVB-RCA

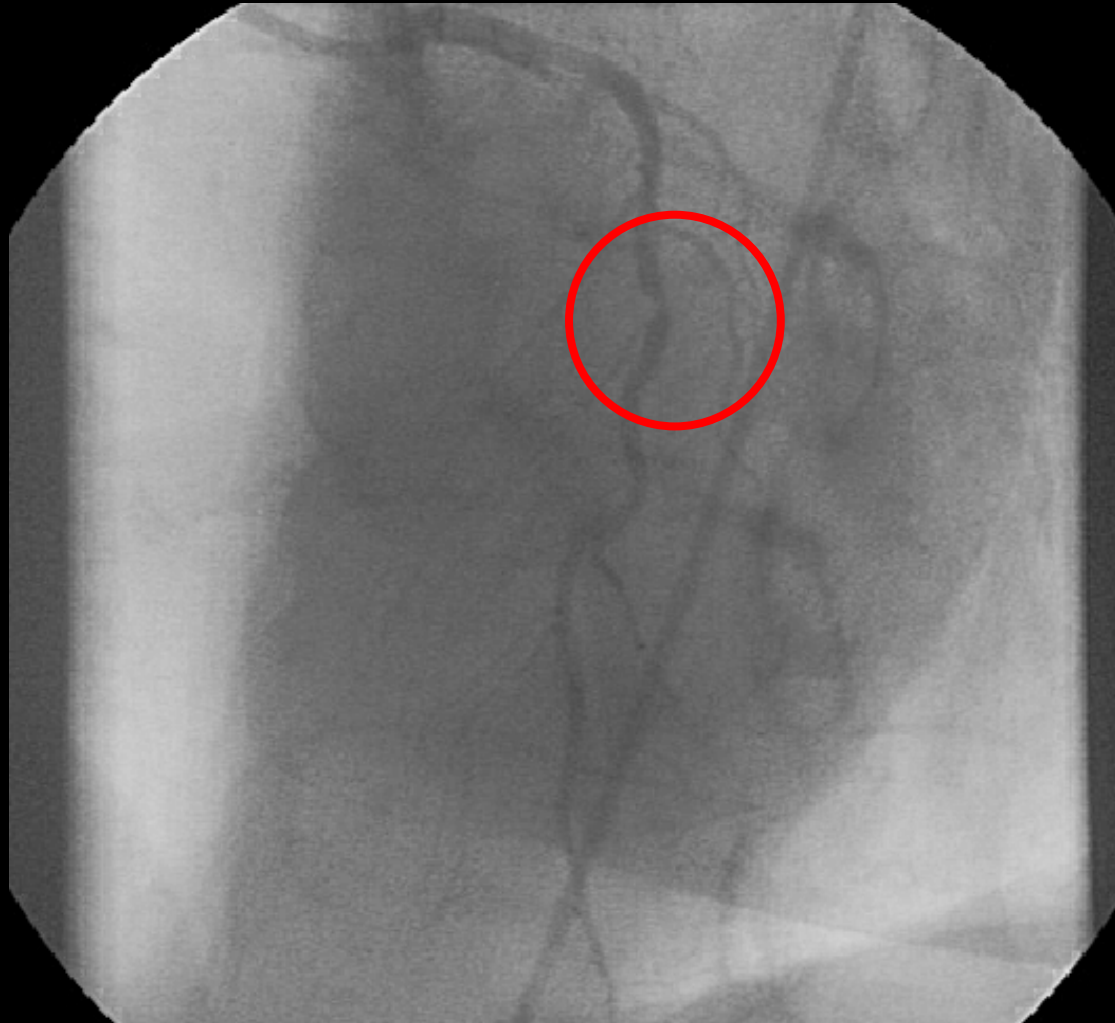
Finally „successful“ after 60 min.

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Coronary angiography: LCA

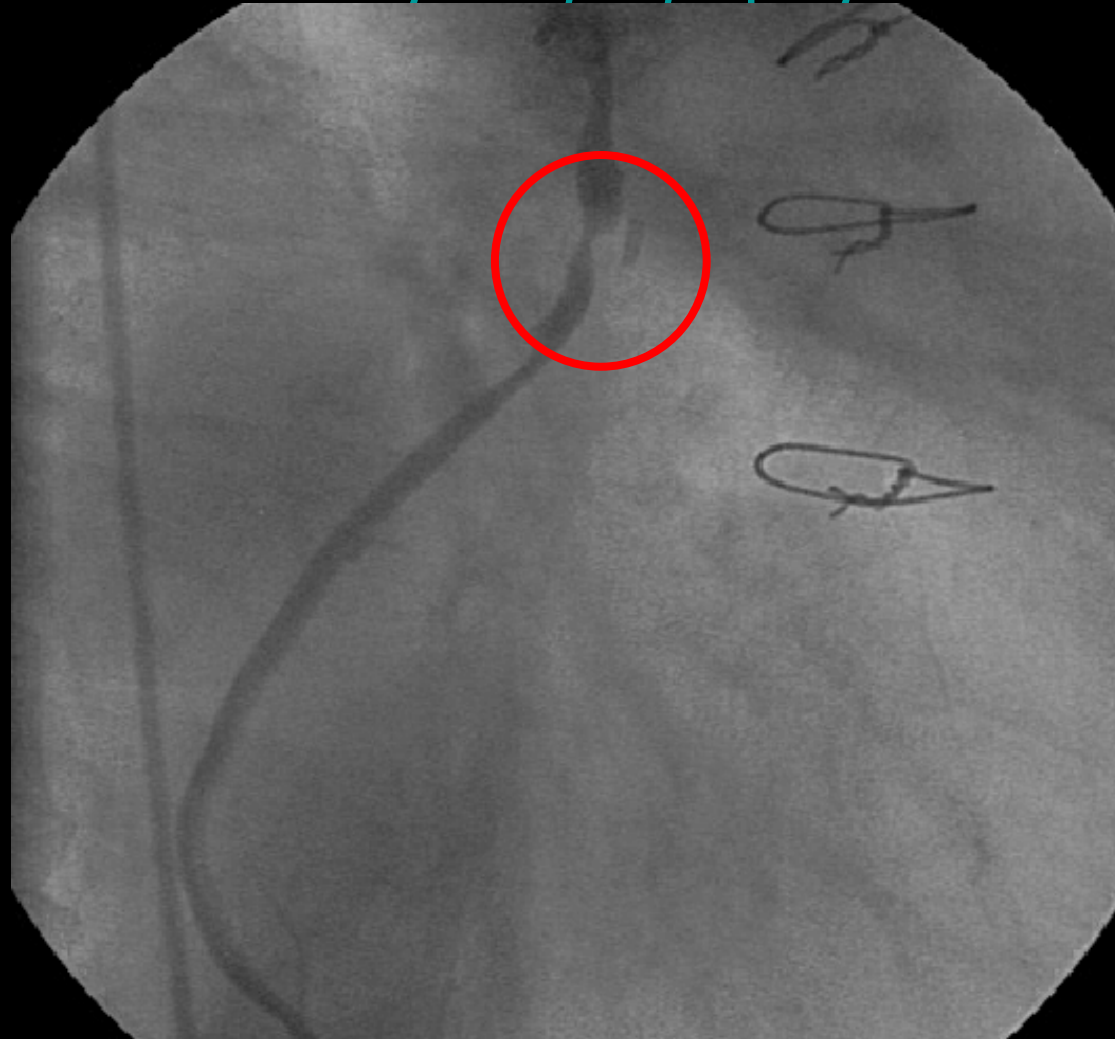


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Coronary angiography: RCA



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Strategy

PCI of ACVB-RCA and mid-LAD-stenosis

Postponend because of severe respiratory distress, assumed als
bronchospasm, brought back to ICU, introducer sheath remains
i.a.

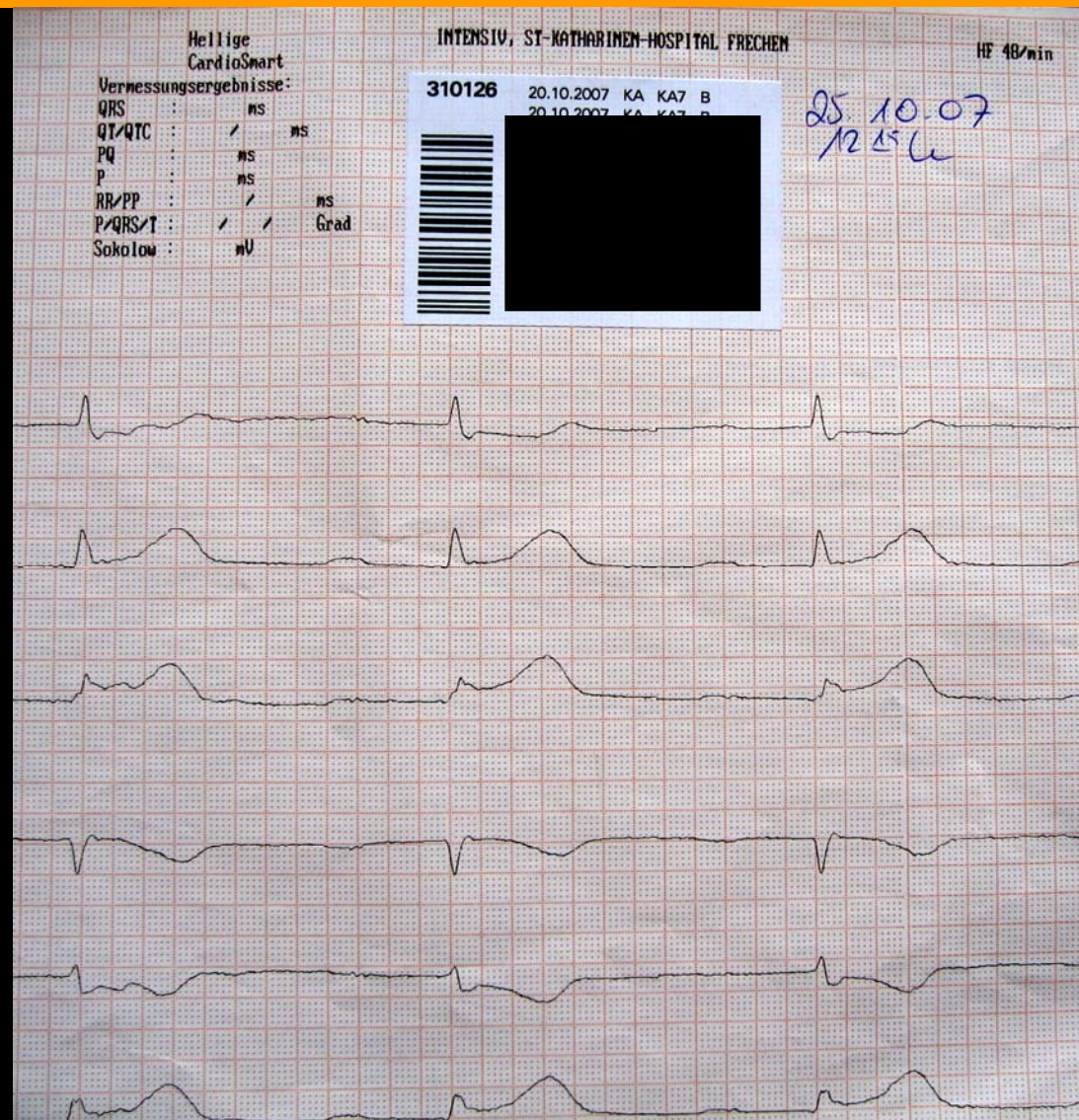
Aggravating respiratory distress and respiratory failure, needing
mechanical ventilation, severe drop of blood pressure

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ECG



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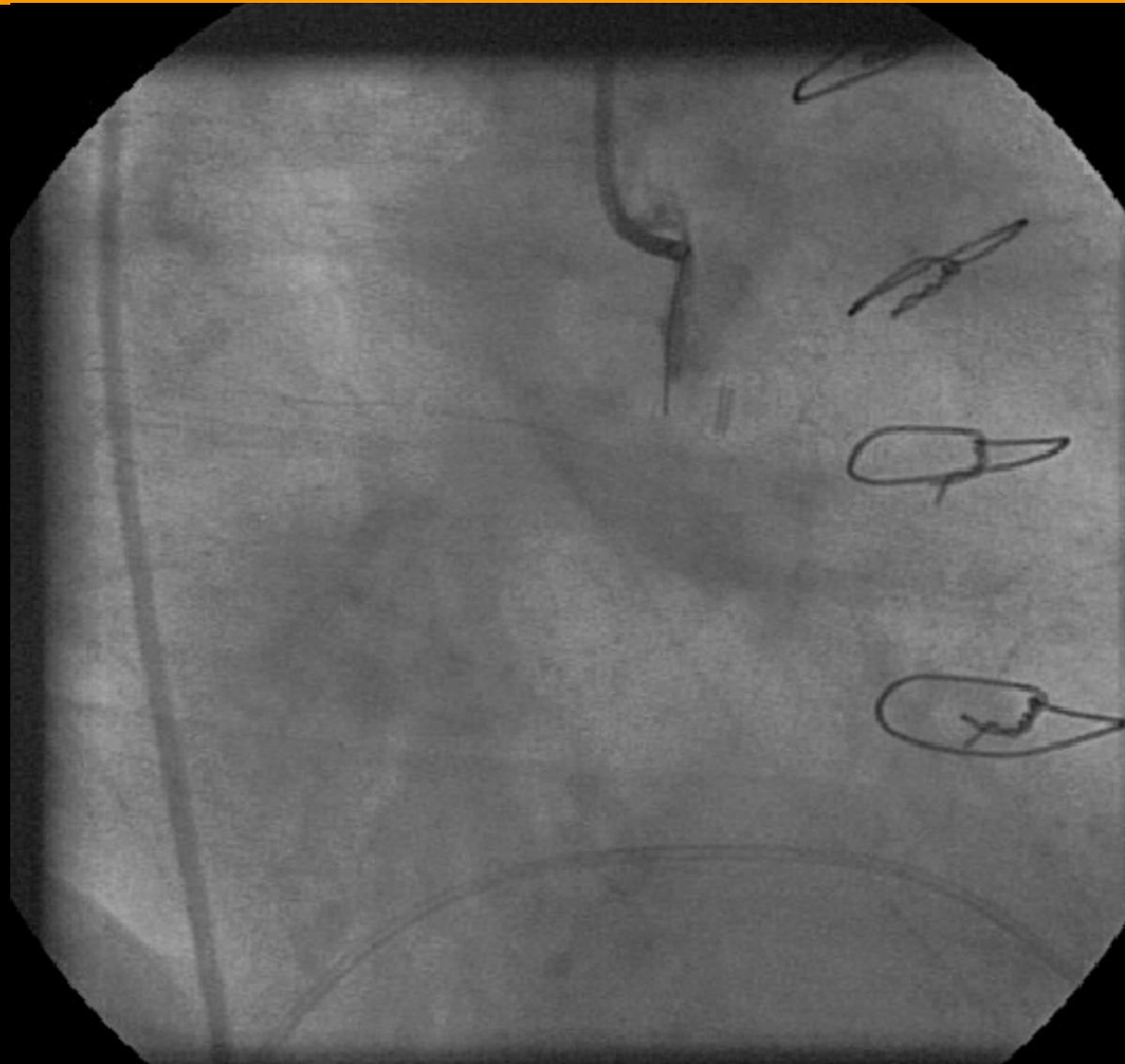
Emergency re-coronary angiography

- 5.000 units heparine
- Tirofiban-bolus and infusion
- 600mg Clopidogrel through gastric tube
- transvenous pacing leads

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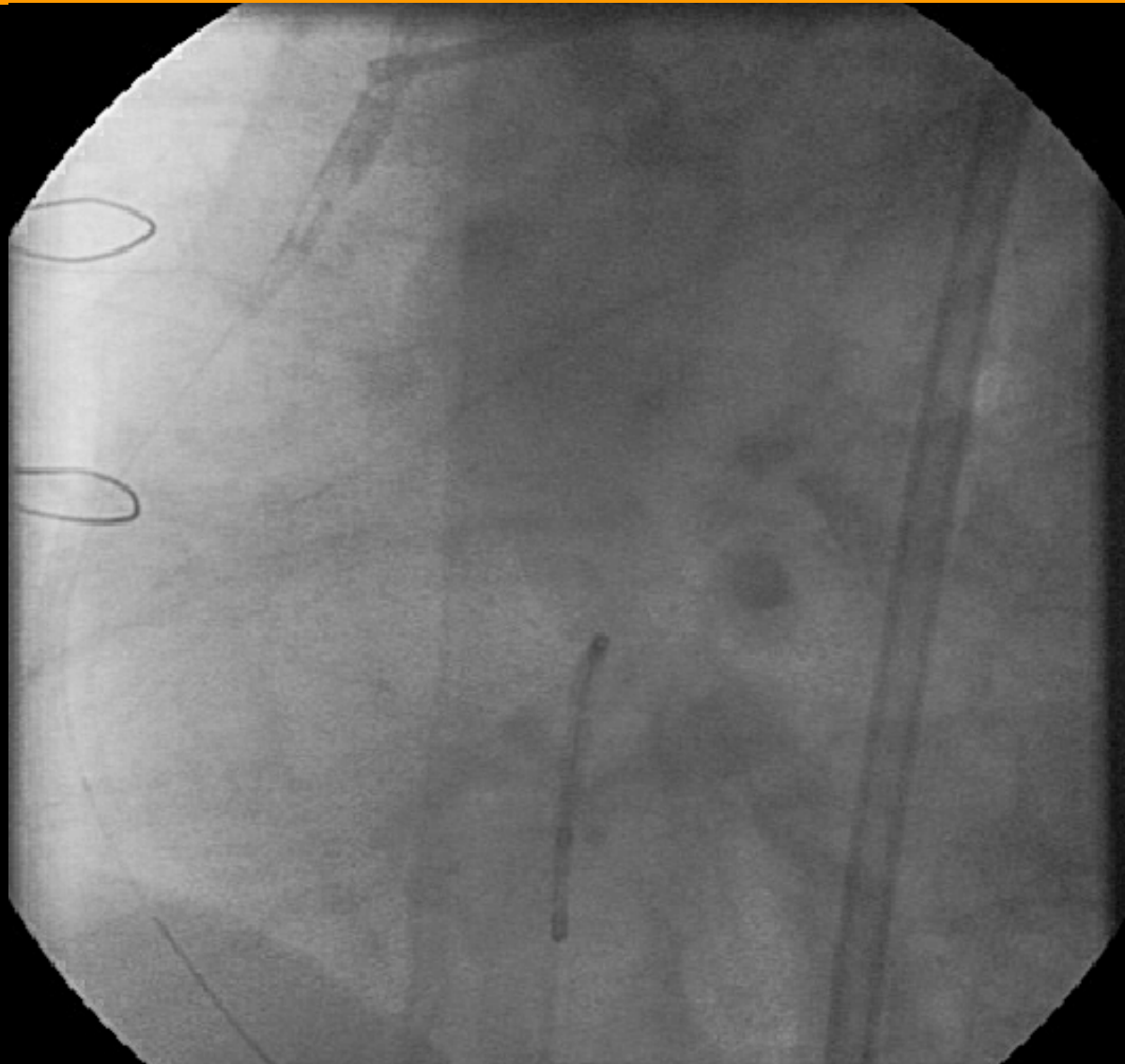
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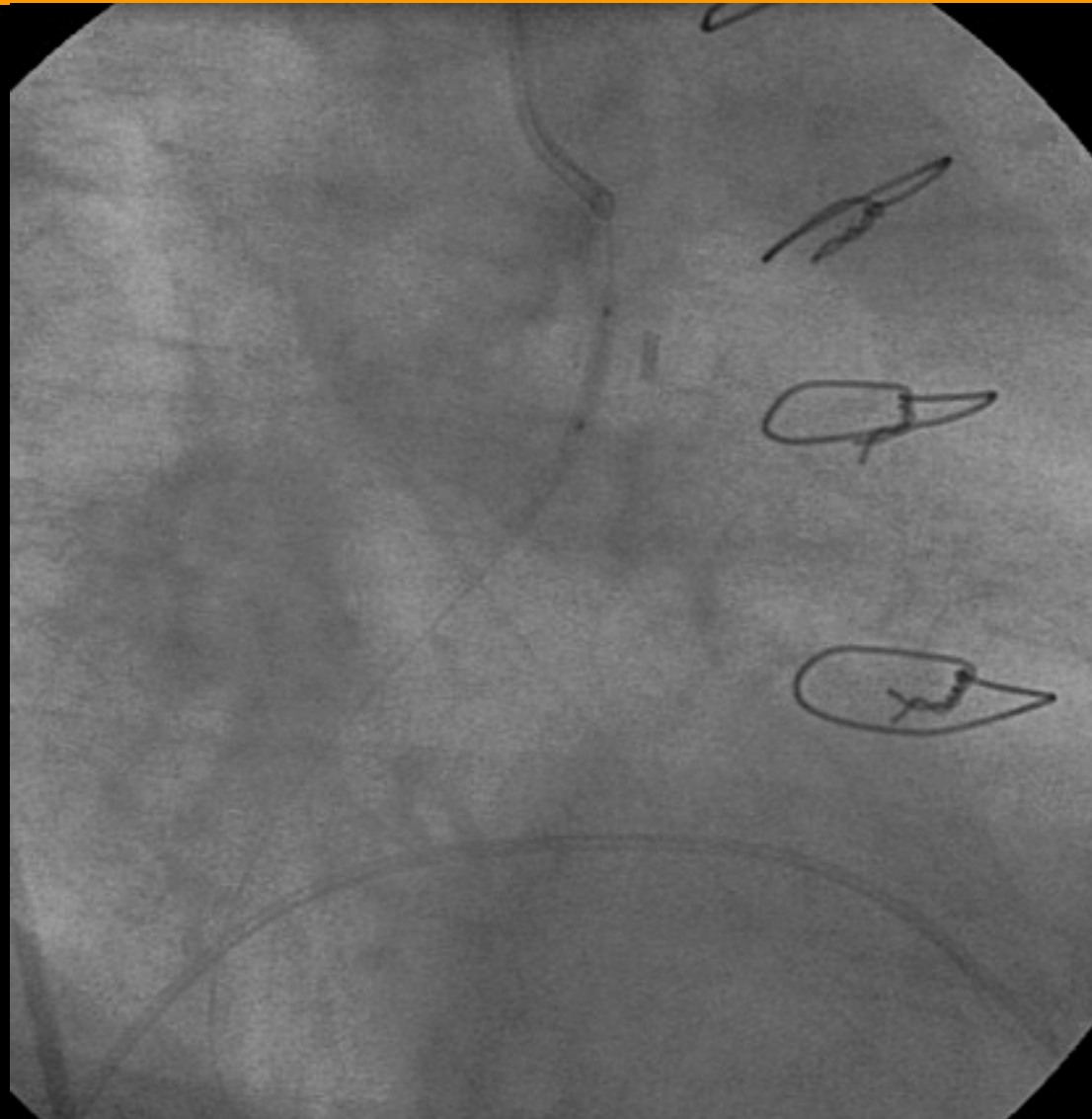
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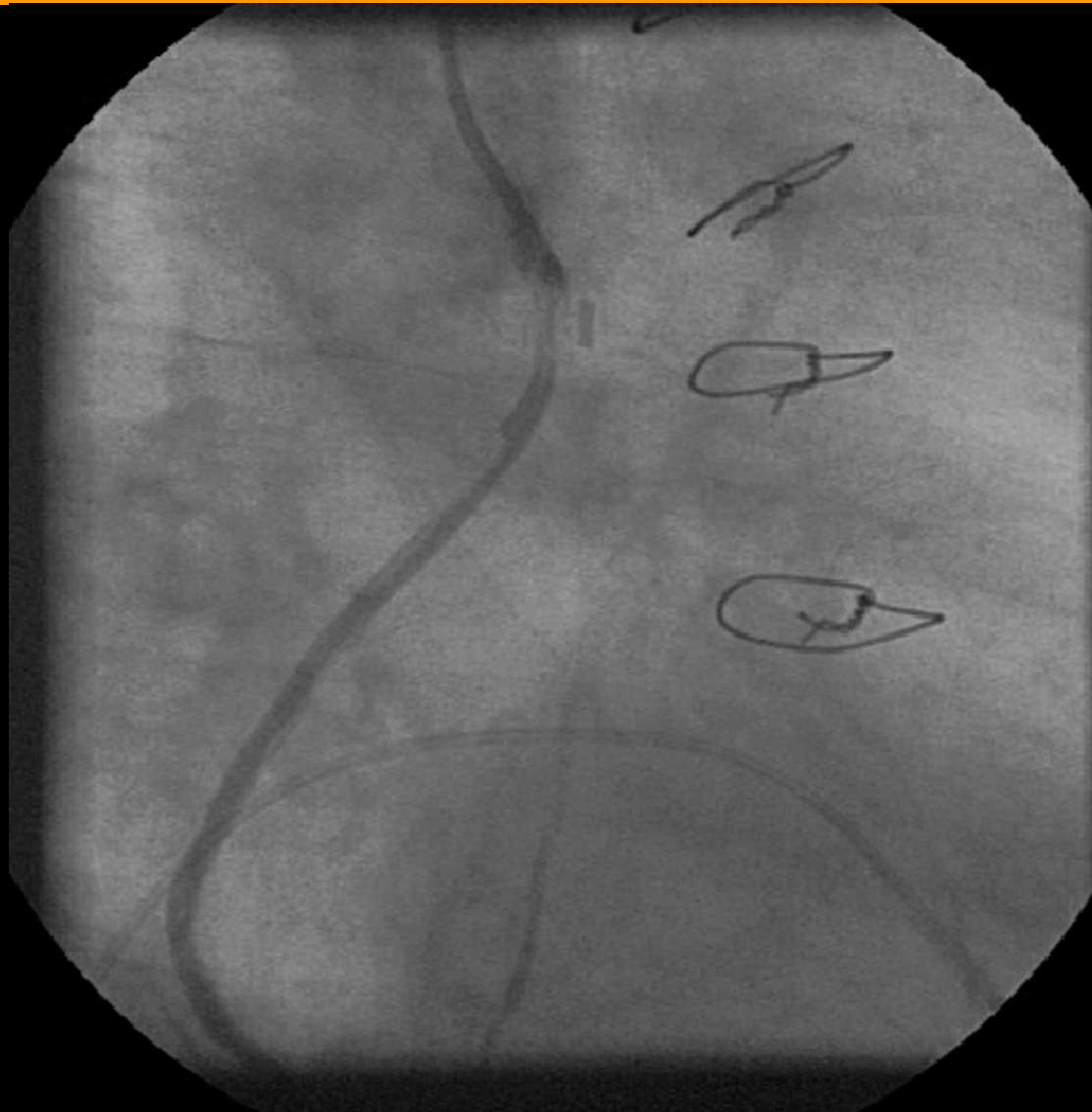
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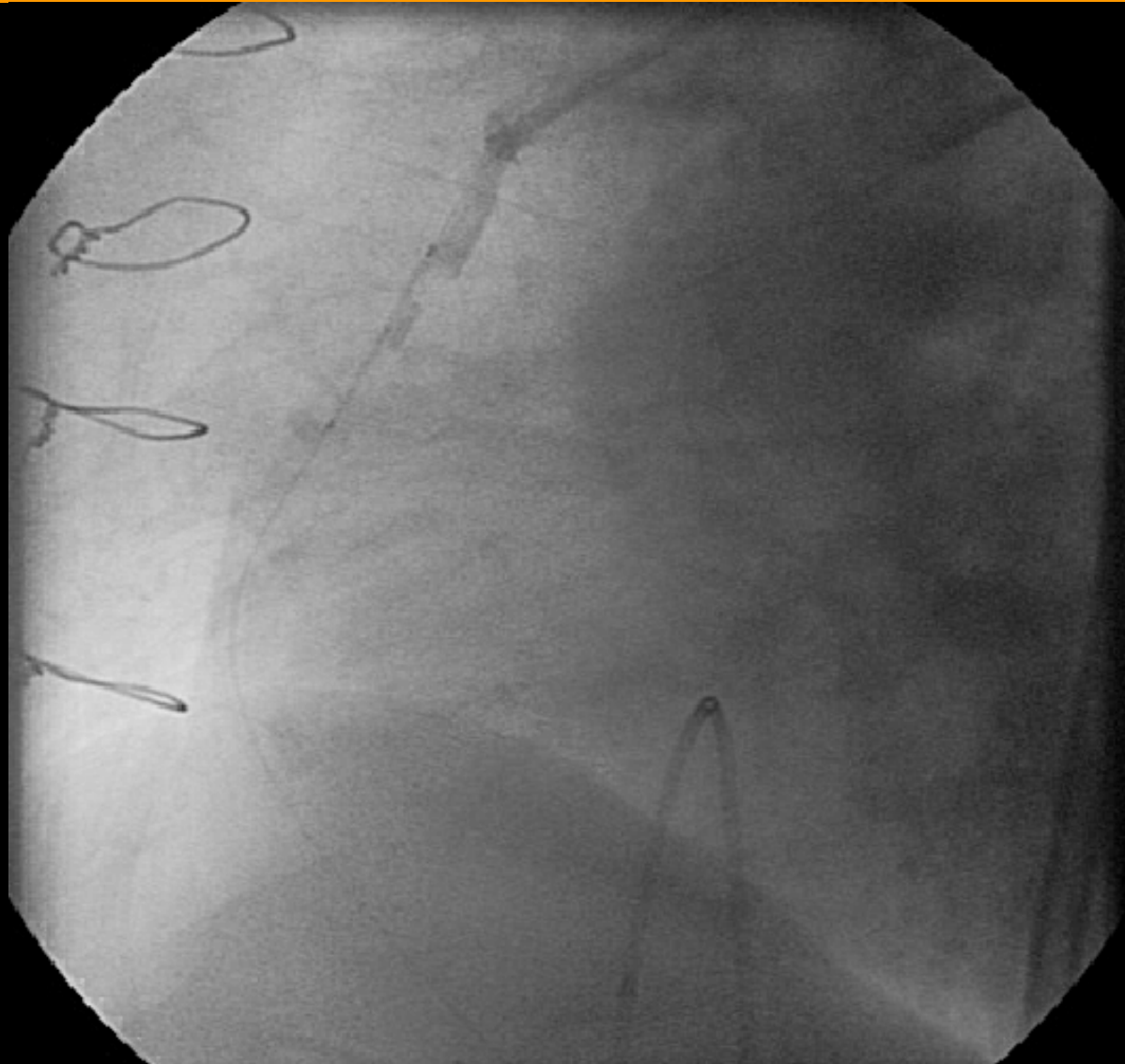
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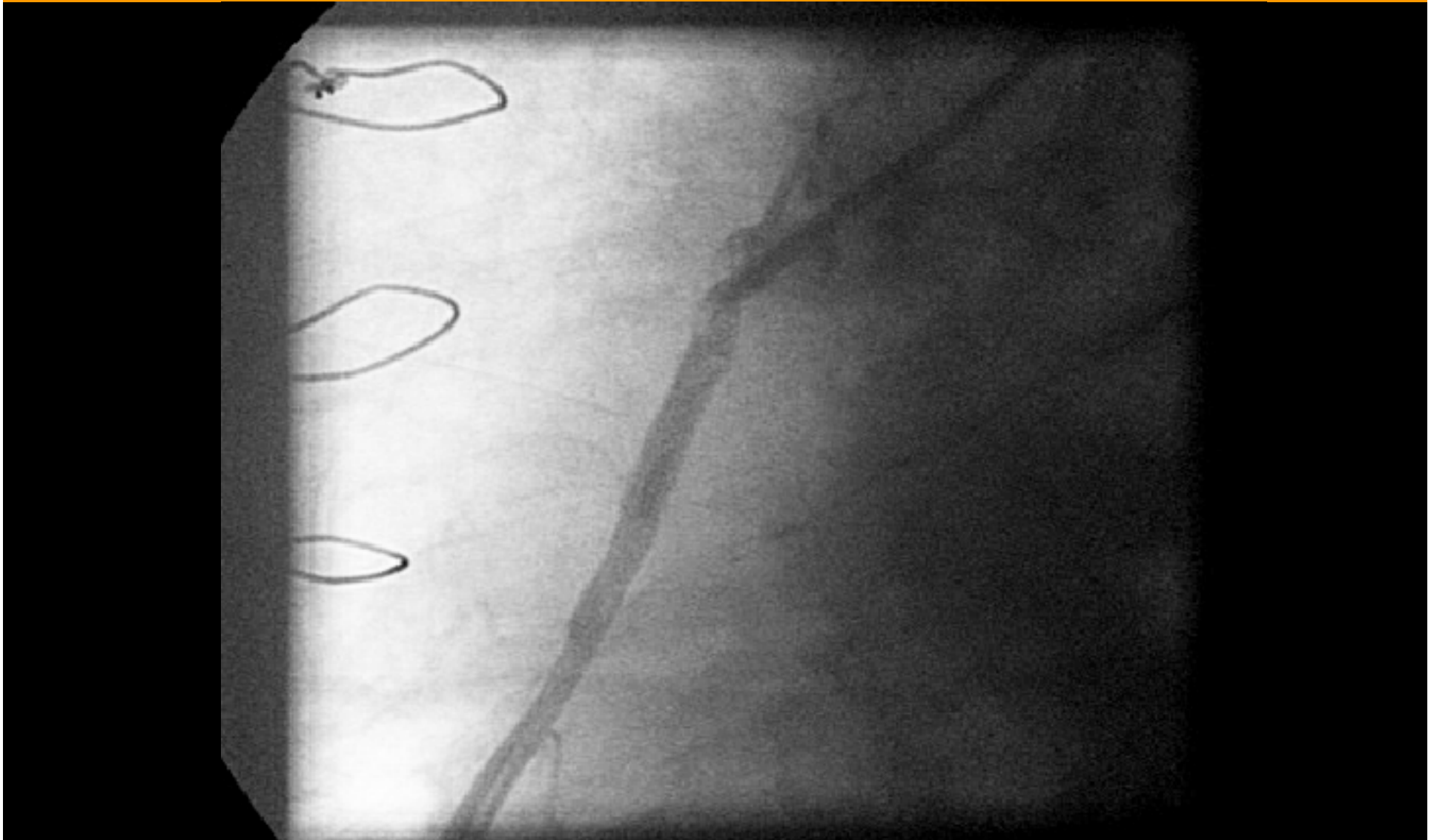
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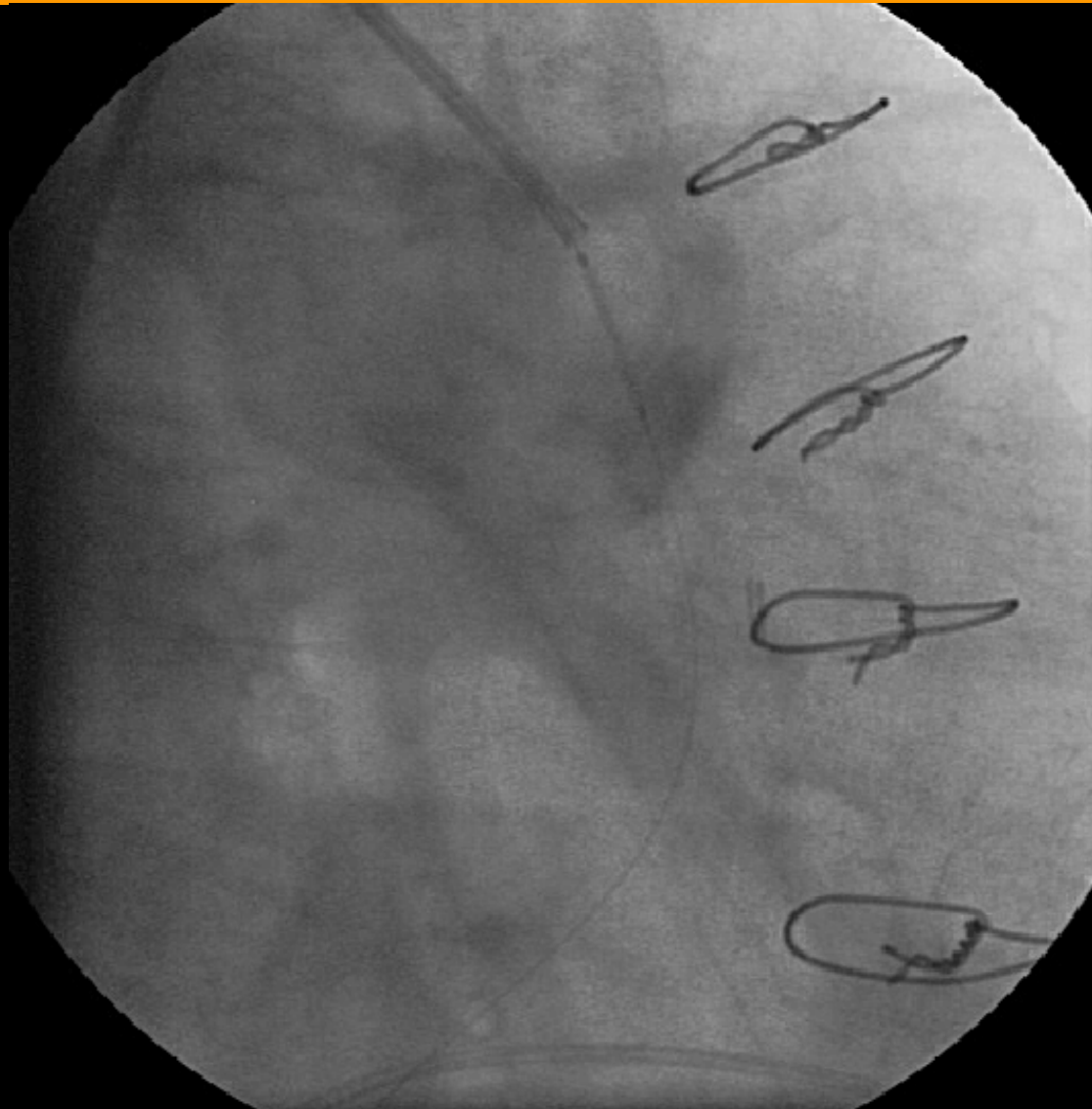
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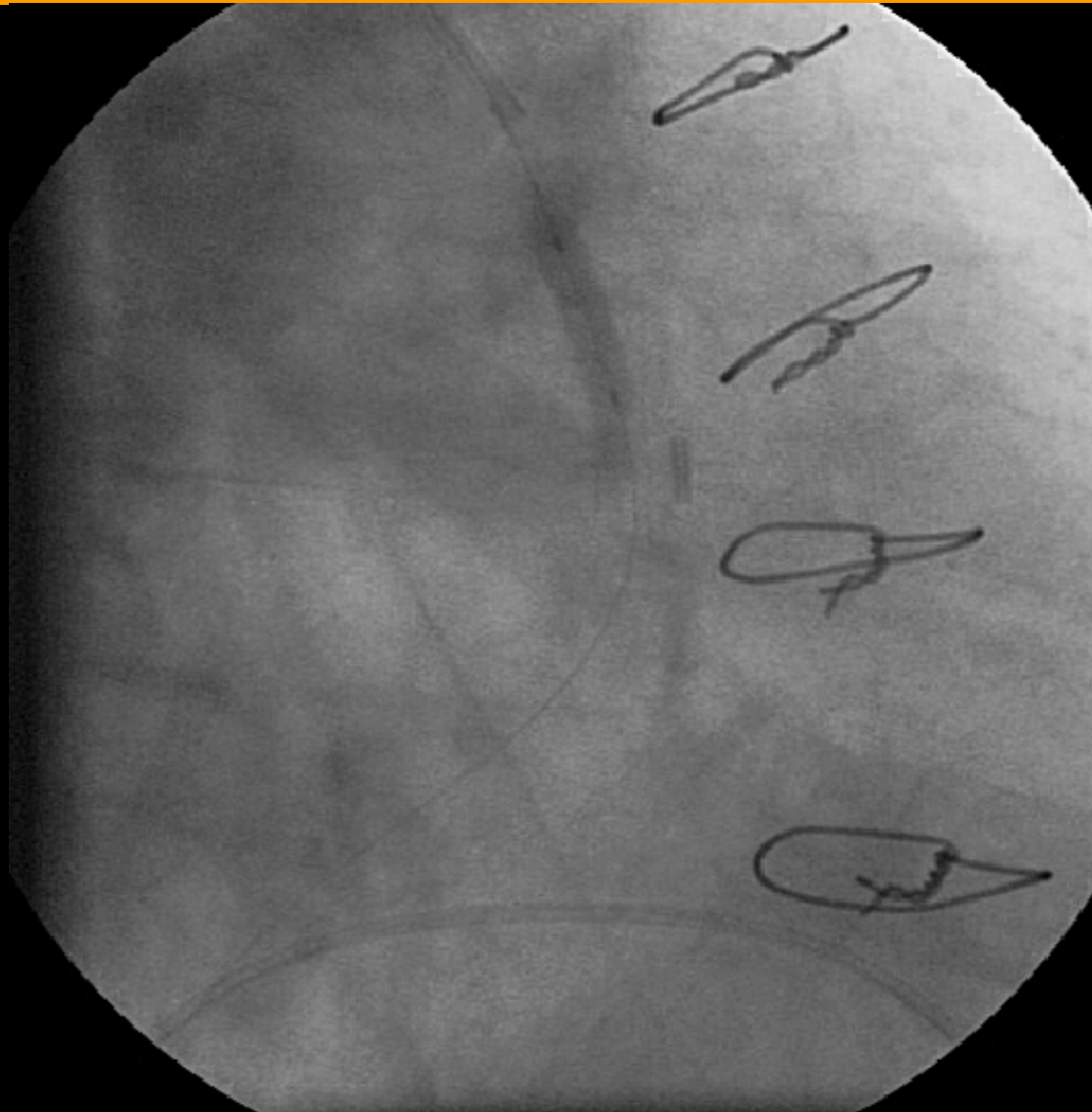
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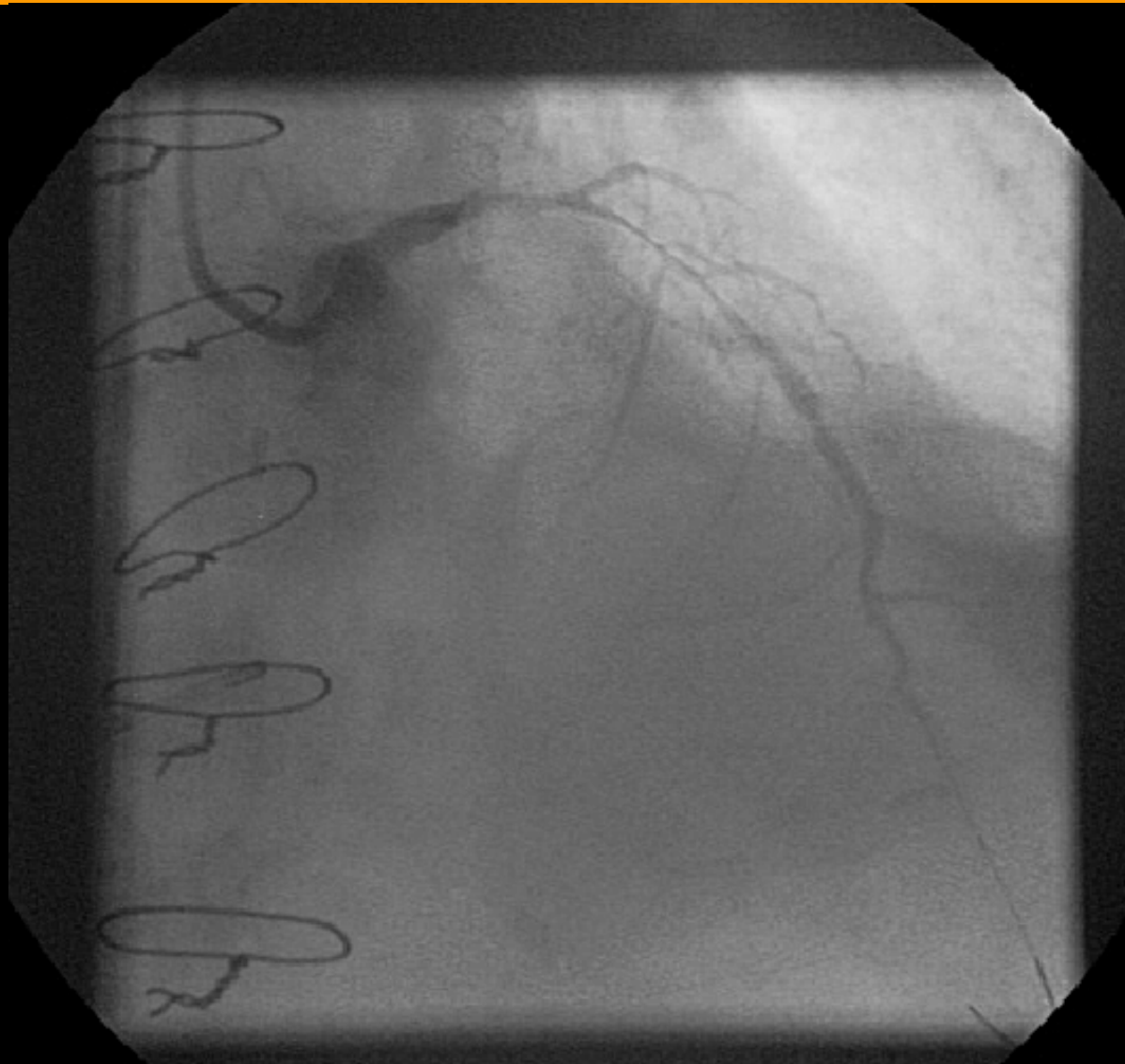
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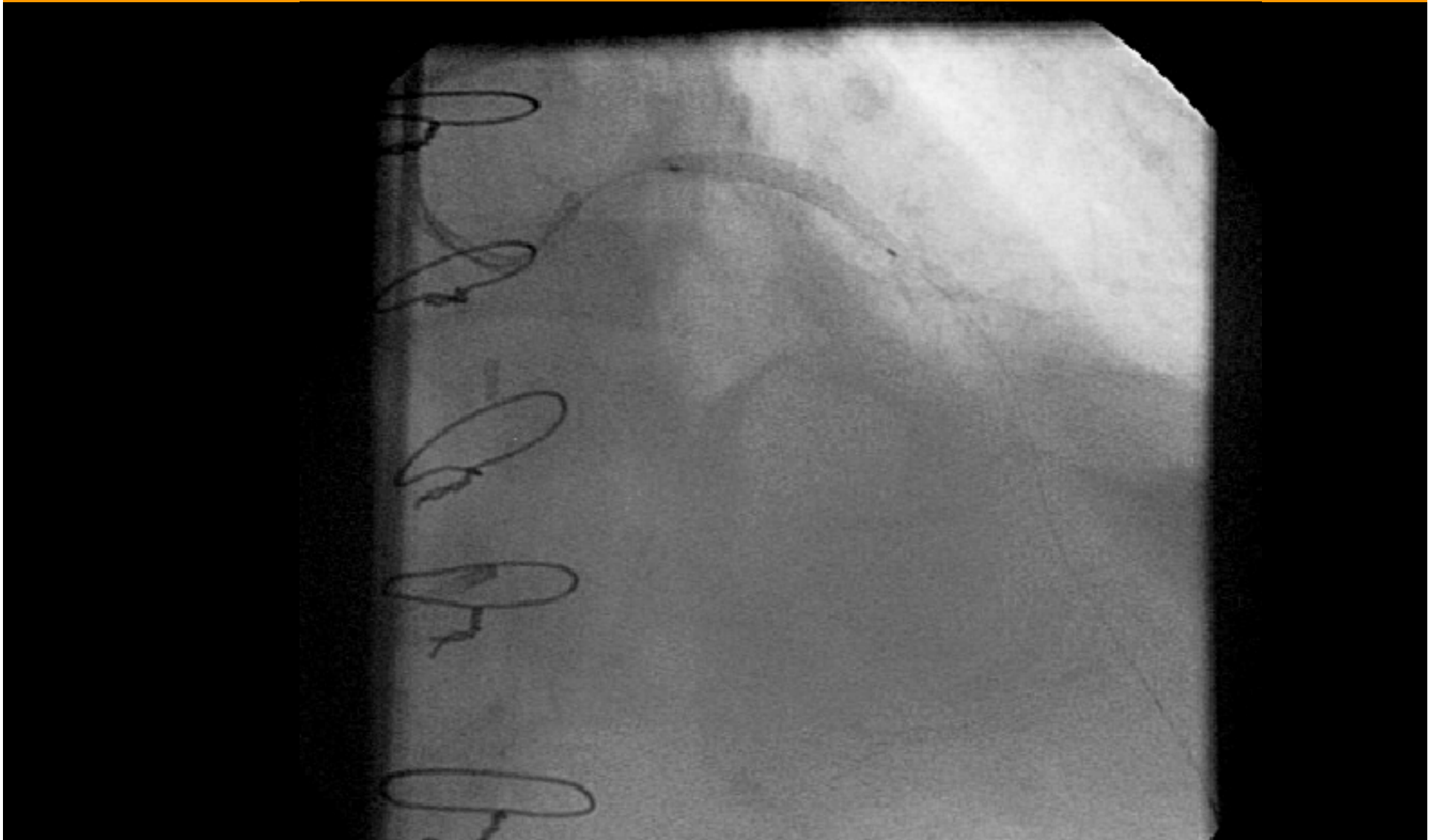
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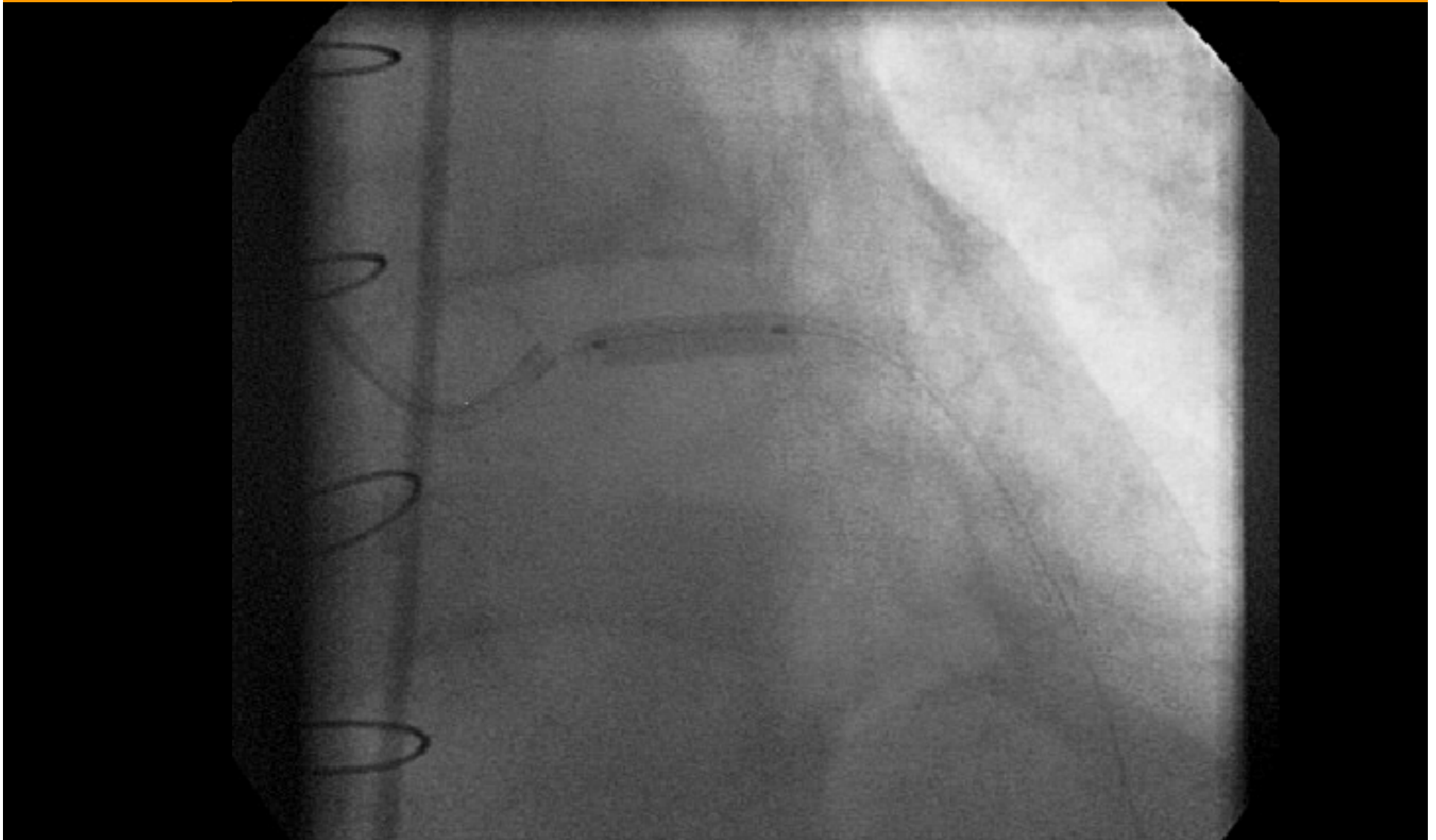
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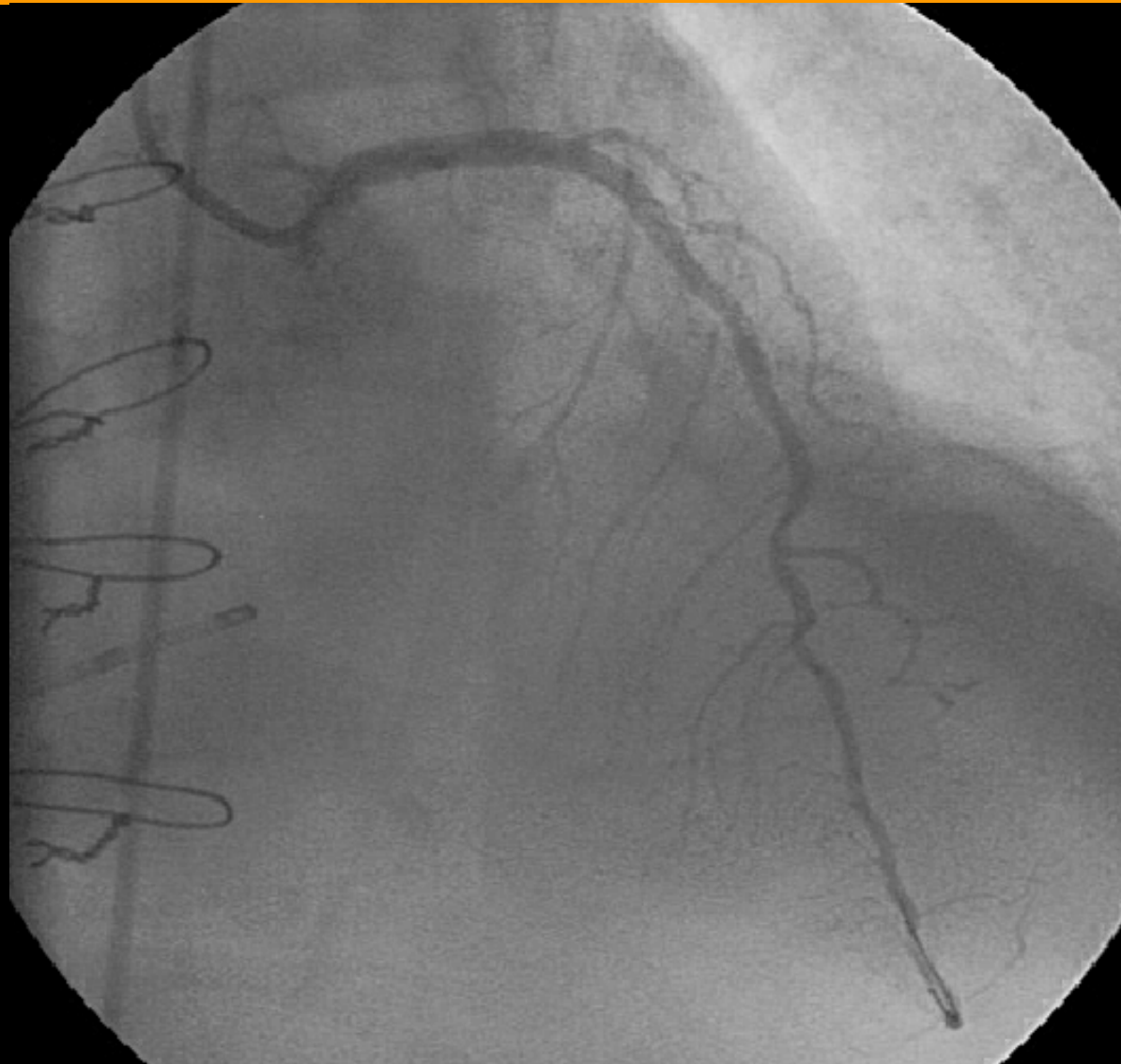
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Problems

Insufficient heparine administration in fear of access bleeding complication

Inexperienced investigator

Insufficient lesion preparation followed by vessel destruction

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Conclusion

Always heparine administration

Use radial approach, esp. in obese patients

Thoroughly lesion preparation before stent-implantation: use IVUS, use predilatation, use cutting-balloon for „controlled dissection“

Be aware: Every coronary manipulation can potentially end in a catastrophe

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Thank you very much for your attention !