

A Thrombotic Left Main Aneurysm

A Case of a Successful Recanalization of AMI Caused by Thrombus in a Giant Aneurysm on Left Main Coronary Artery

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Disclosure Statement of Financial Interest

I, Yoshihide Fujimoto do not have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

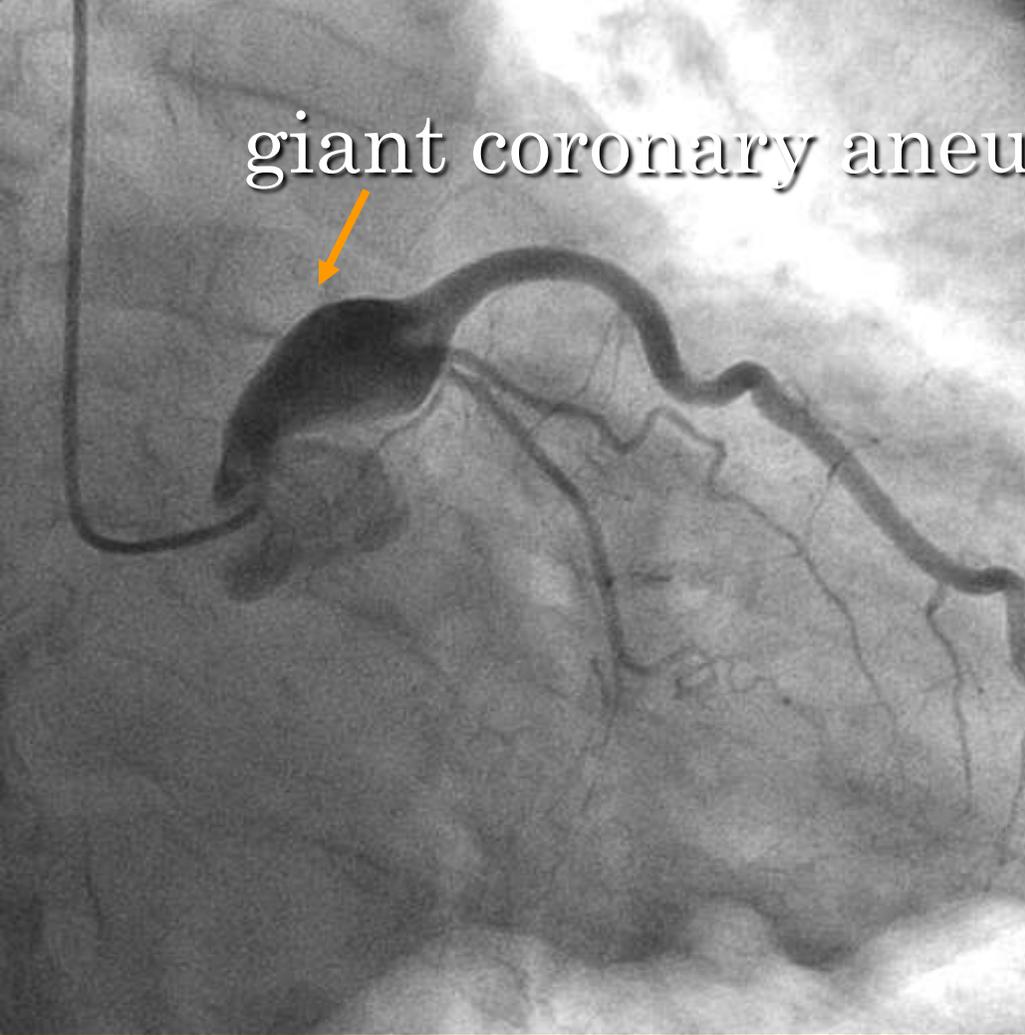
Case 69y.o. female

A 69-year-old woman visited our hospital because of a chest pain.

ECG showed an ST elevation in leads V₁ to V₆, Echocardiography revealed akinesis on the antero-septal wall.

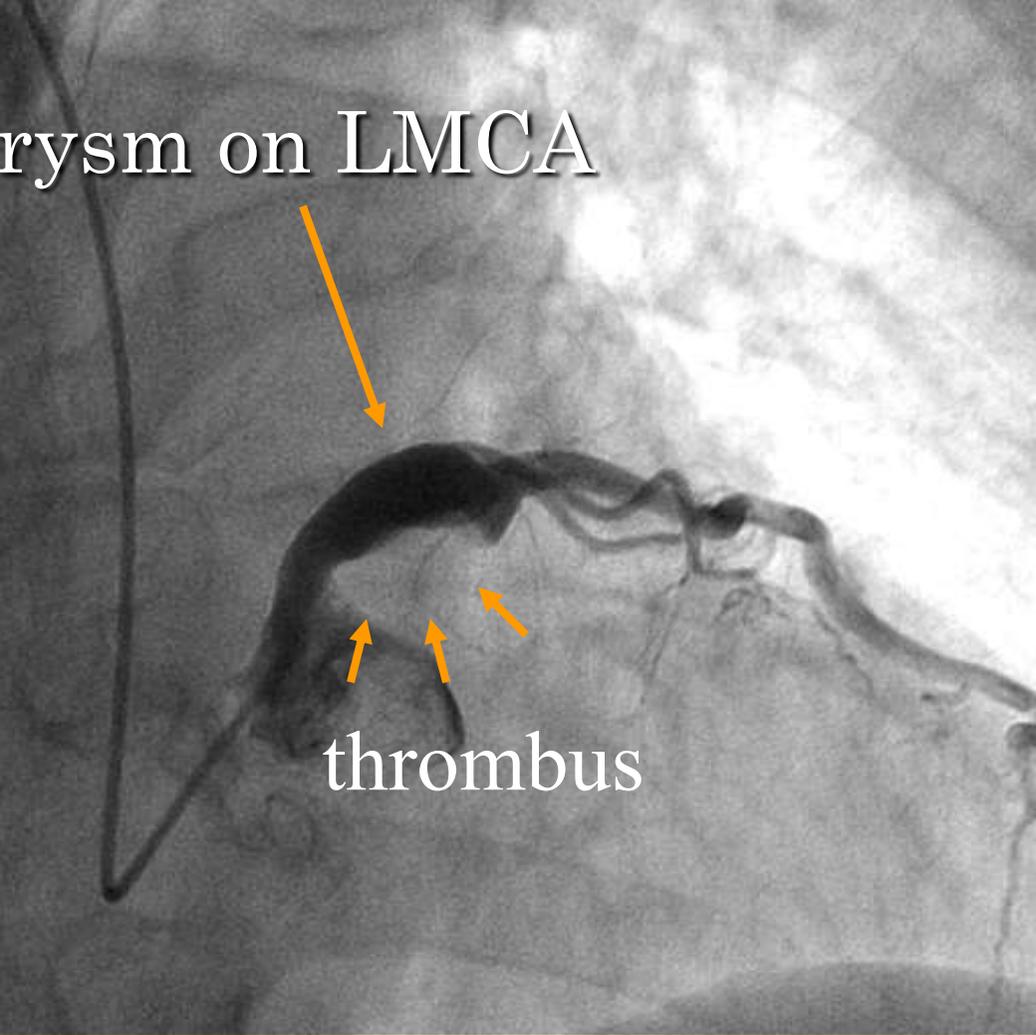
Emergent CAG revealed a giant coronary aneurysm on left main coronary artery (LMCA). The ostium of LAD was completely occluded, so we performed PCI

giant coronary aneurysm on LMCA



AP caudal view

thrombus



AP cranial view

From rt. radial approach

Guiding catheter

RoadmasterKB JL35(6Fr)

Micro catheter

Finecross、Crusade

Wire

BMW、RunthroughNS、SION

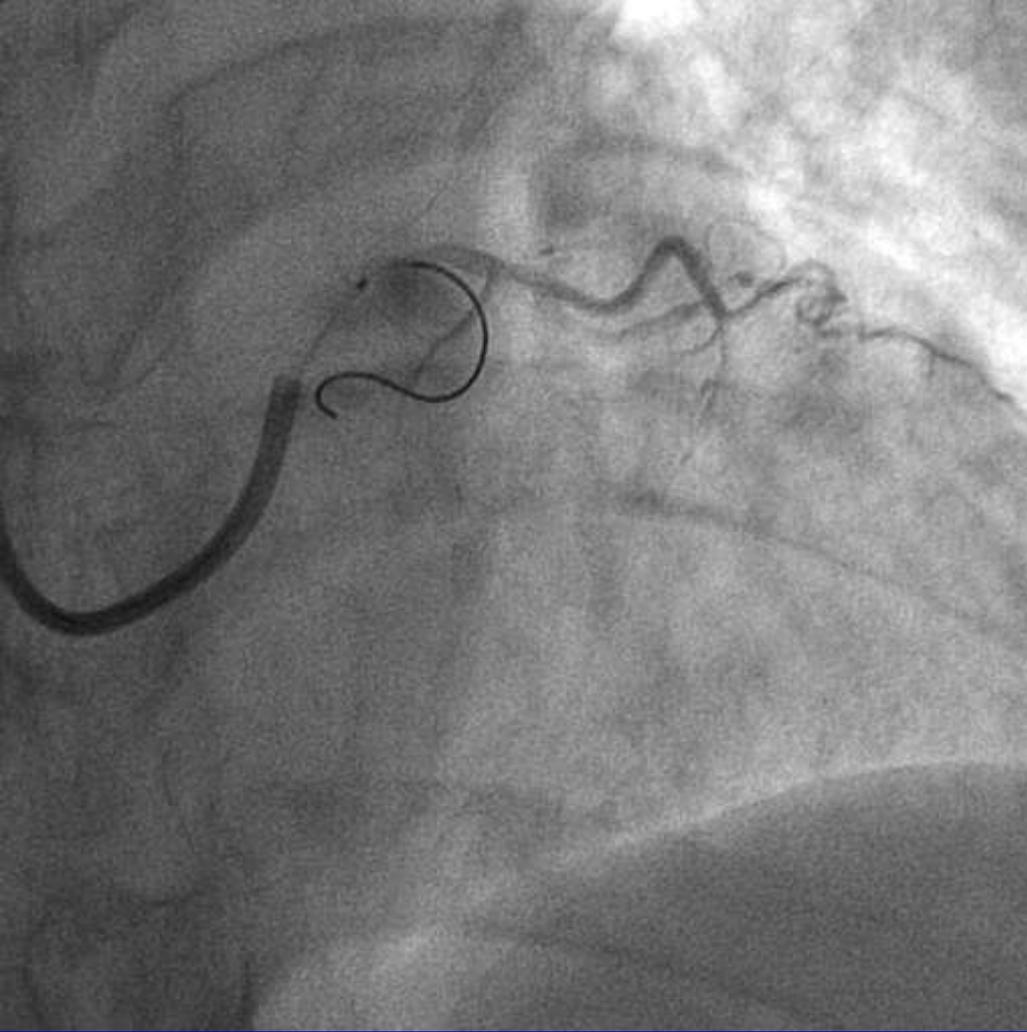
Athlete eel slender、whisper

Balloon

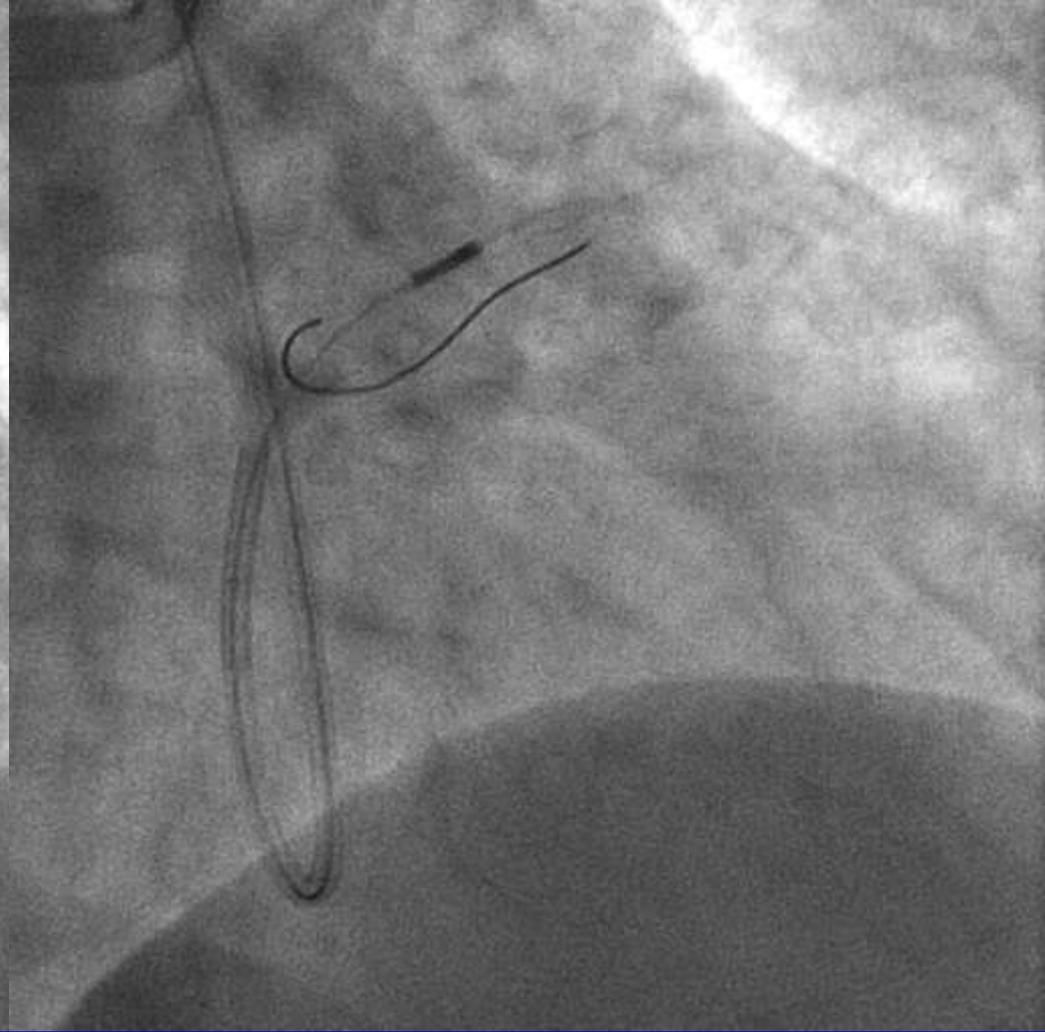
Lacrosse2.5×15、OZMA3.5×15

Aspiration catheter

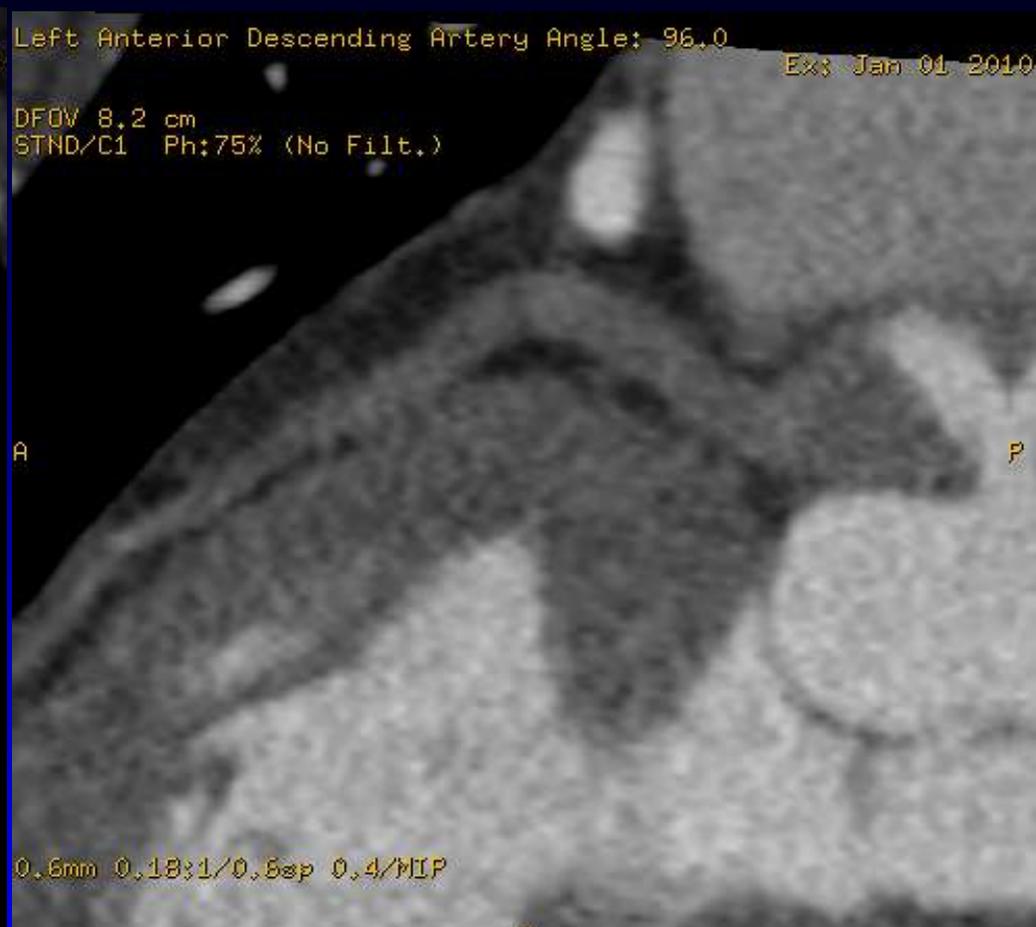
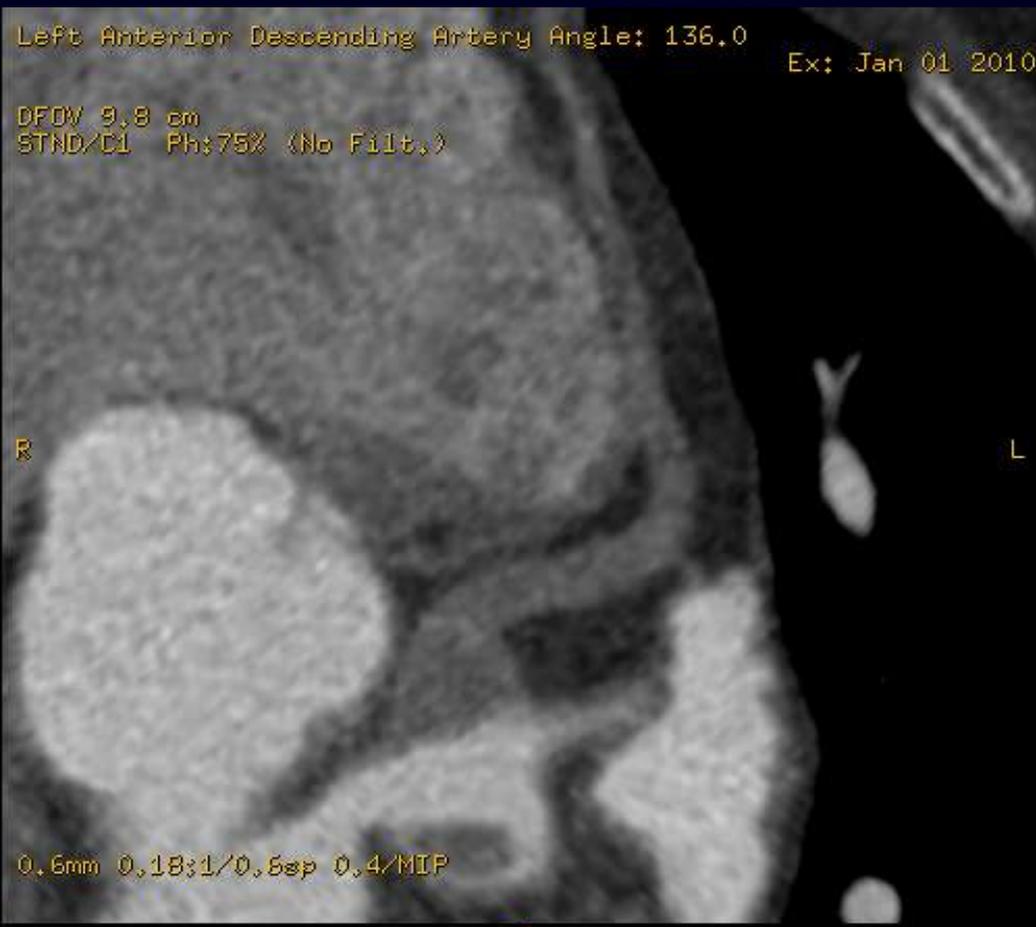
ThrombusterIII GR、Dio



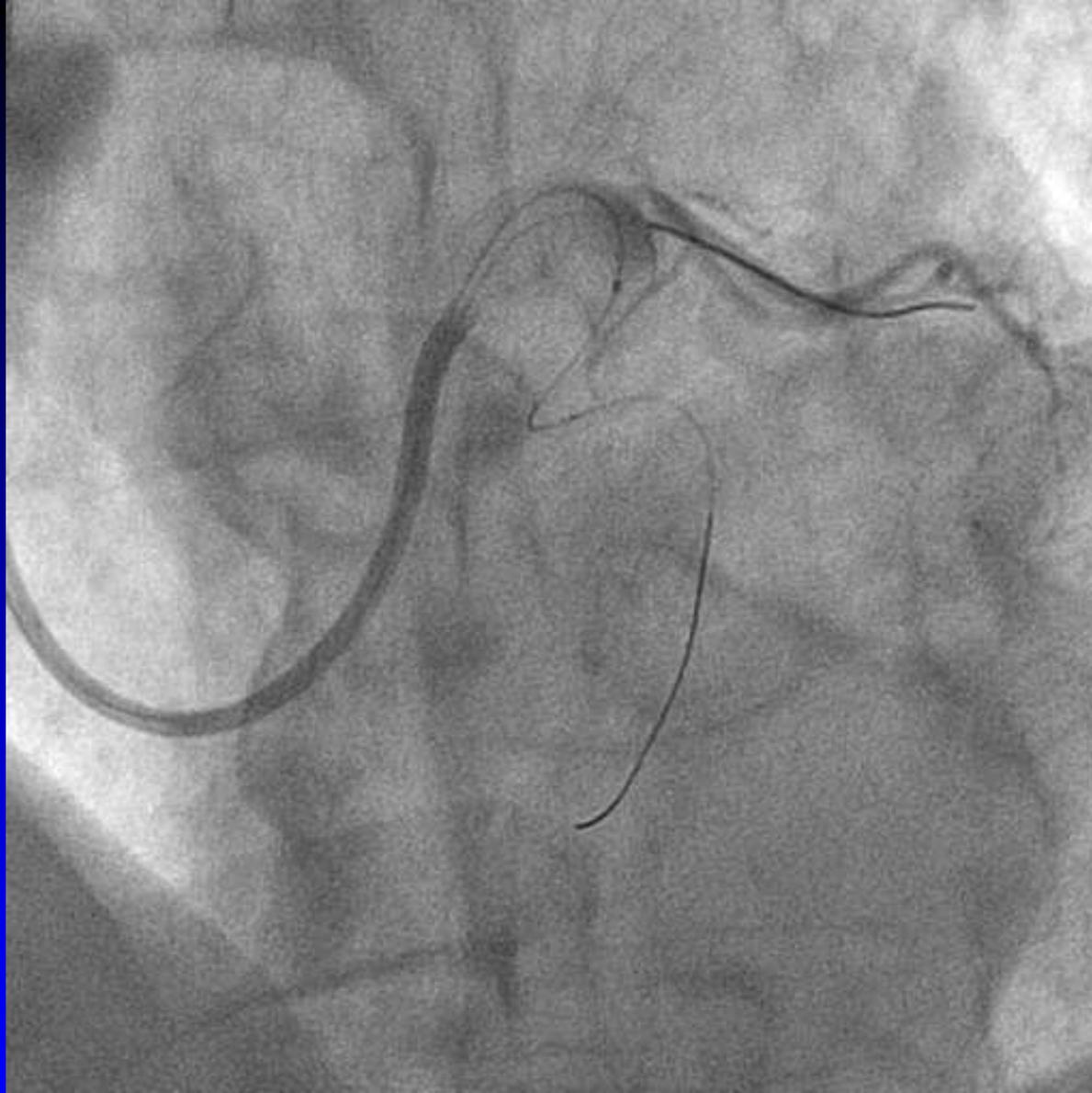
We tried to cross the wire to the LAD but we could not find the entry of LAD.



The coronary aneurysm was so large that we could not detect the entry to the LAD by IVUS

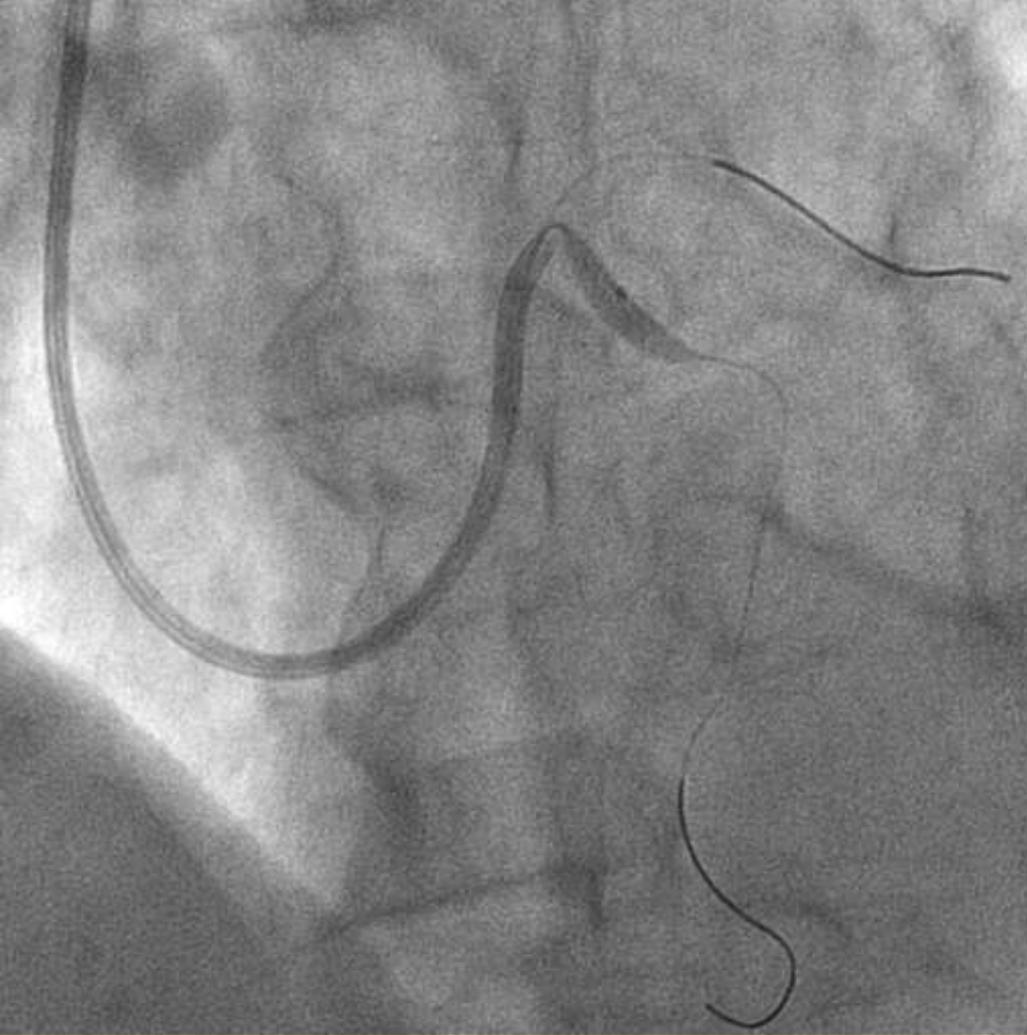


So we performed a coronary CT to locate the entry of LAD.

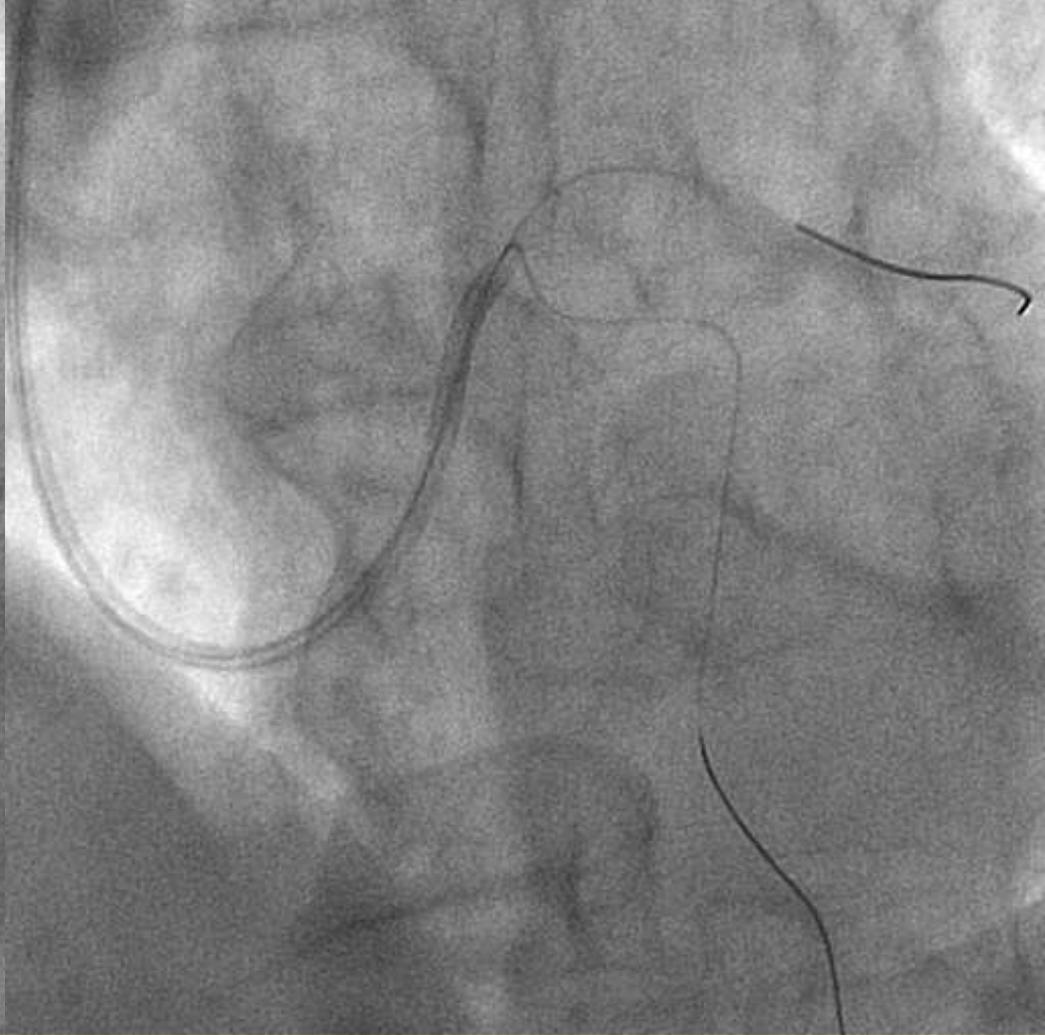


We finally succeeded in crossing the wire to LAD

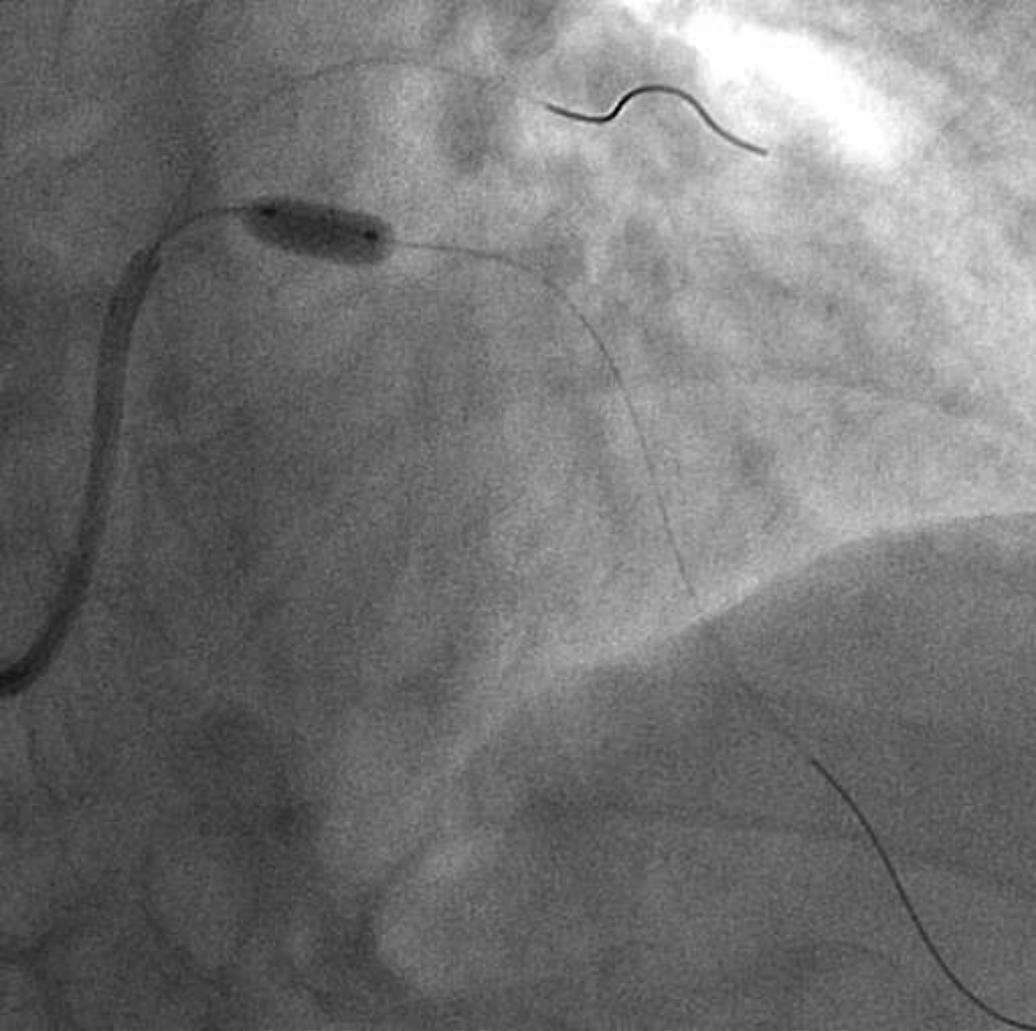
Kimitsu Central Hospital, Japan



Ballooning by 2.5mm



After ballooning



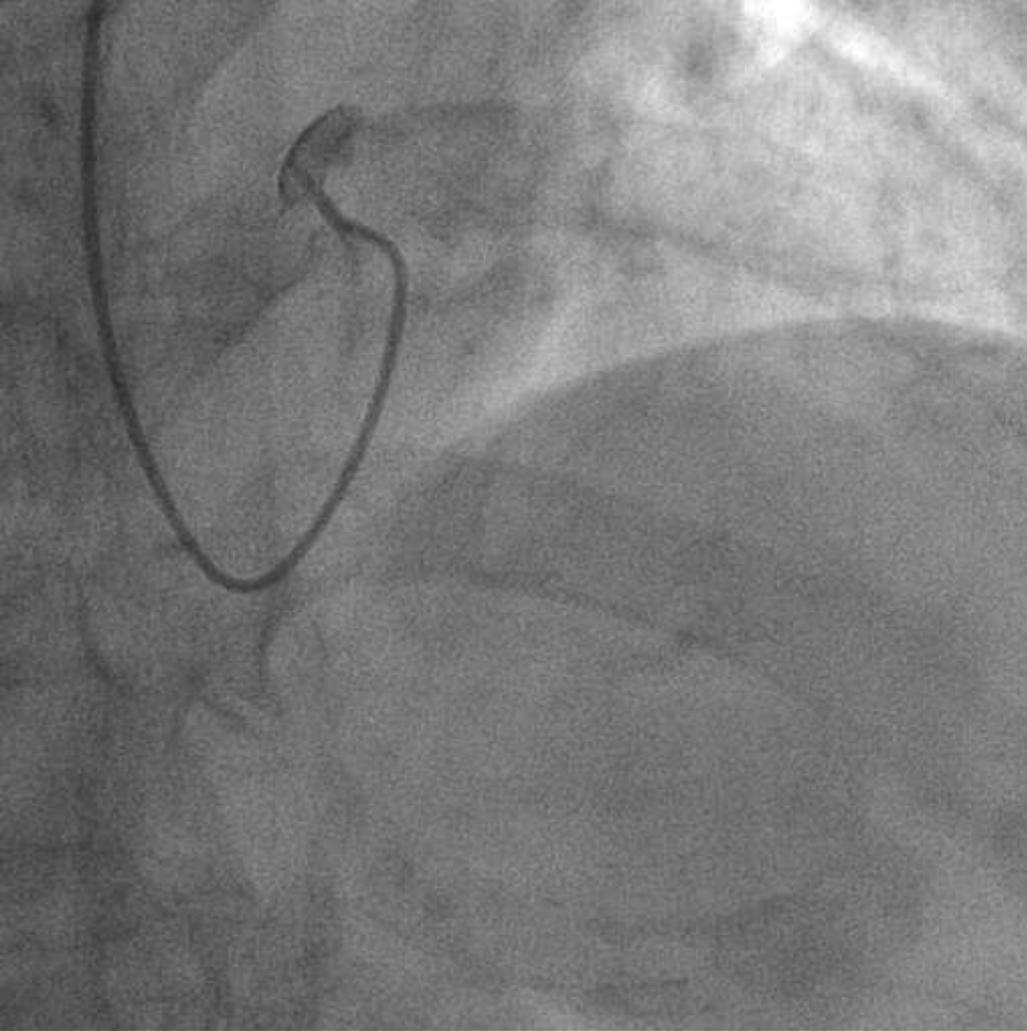
DRIVER 4.0×9mm
to the proximal LAD

Final angiogram

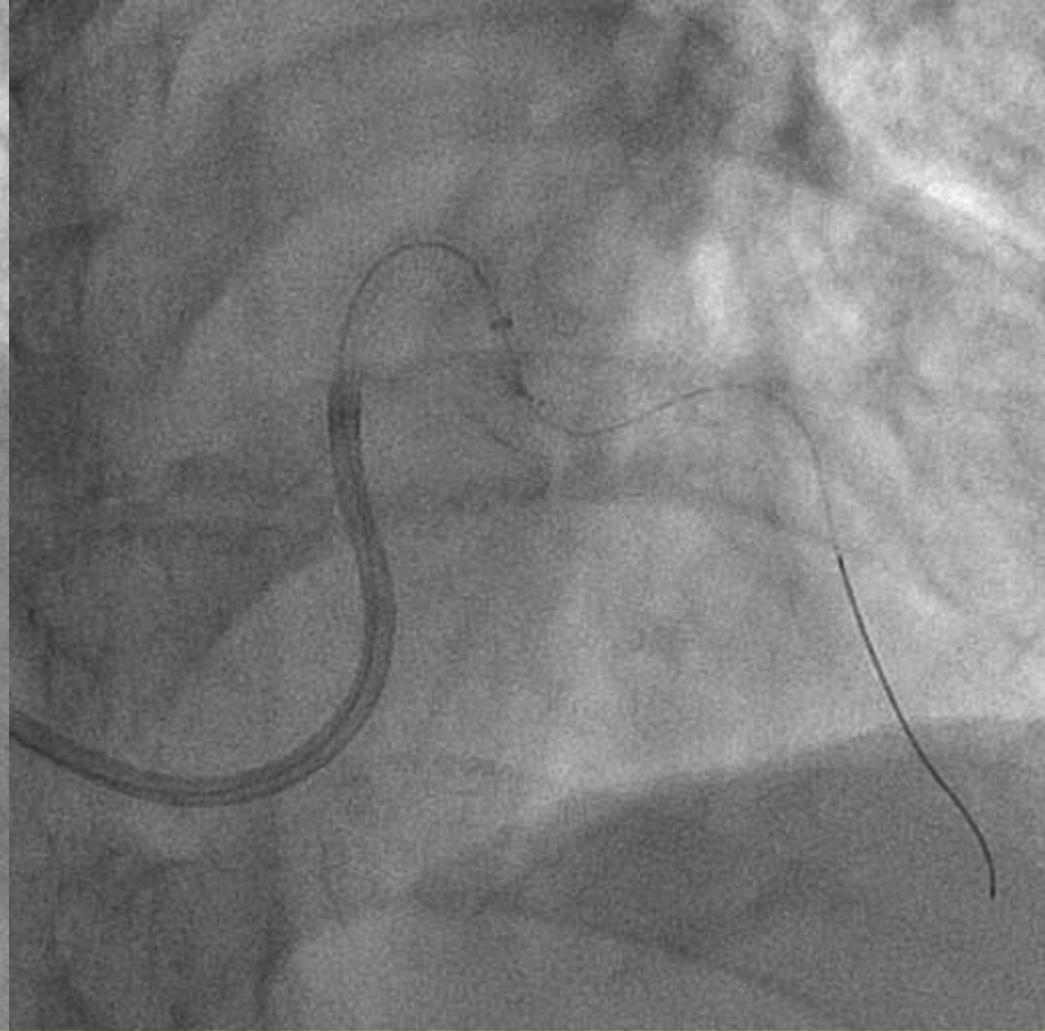
After this operation we obtained flow in the LAD but we could not completely dismiss the LMCA thrombus.

The patient became free from chest pain and was admitted to the CCU.

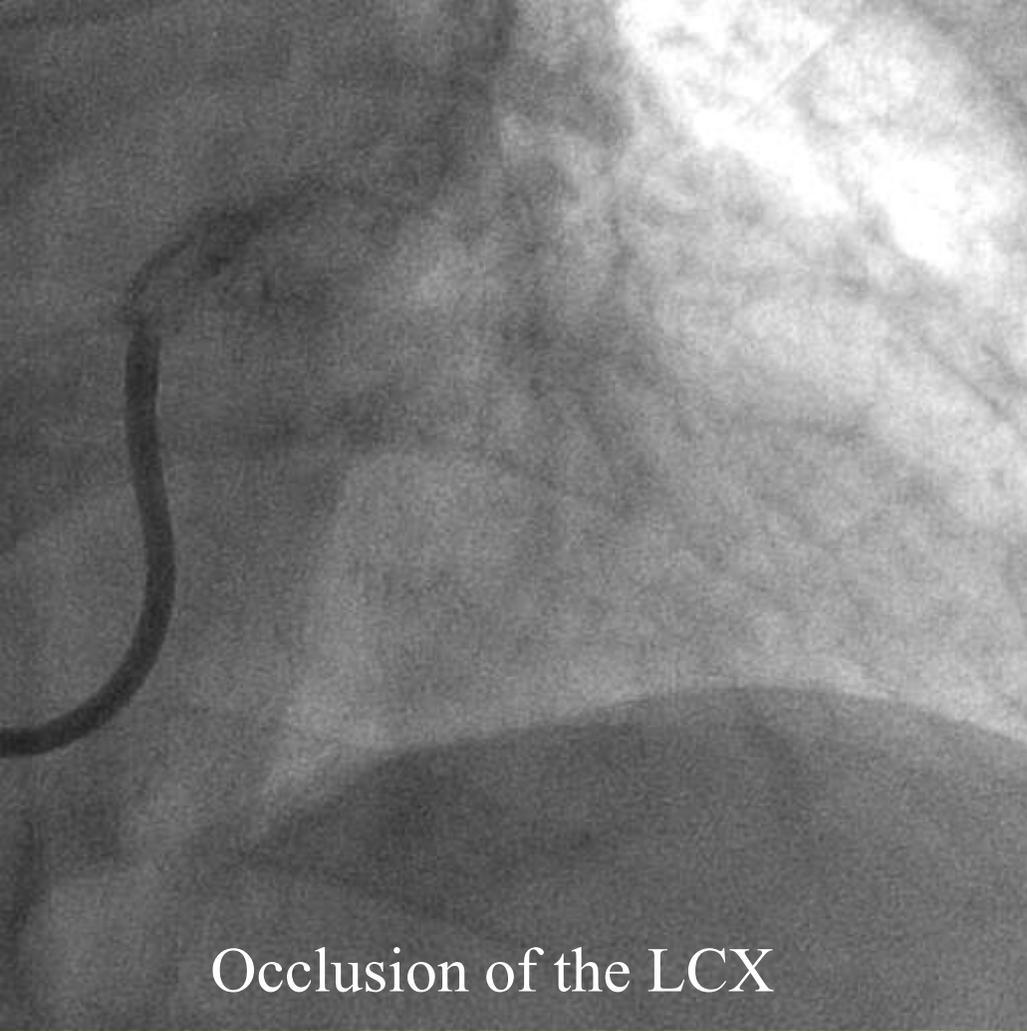
A few hours after the first PCI, the patient once again started to experience a chest pain.



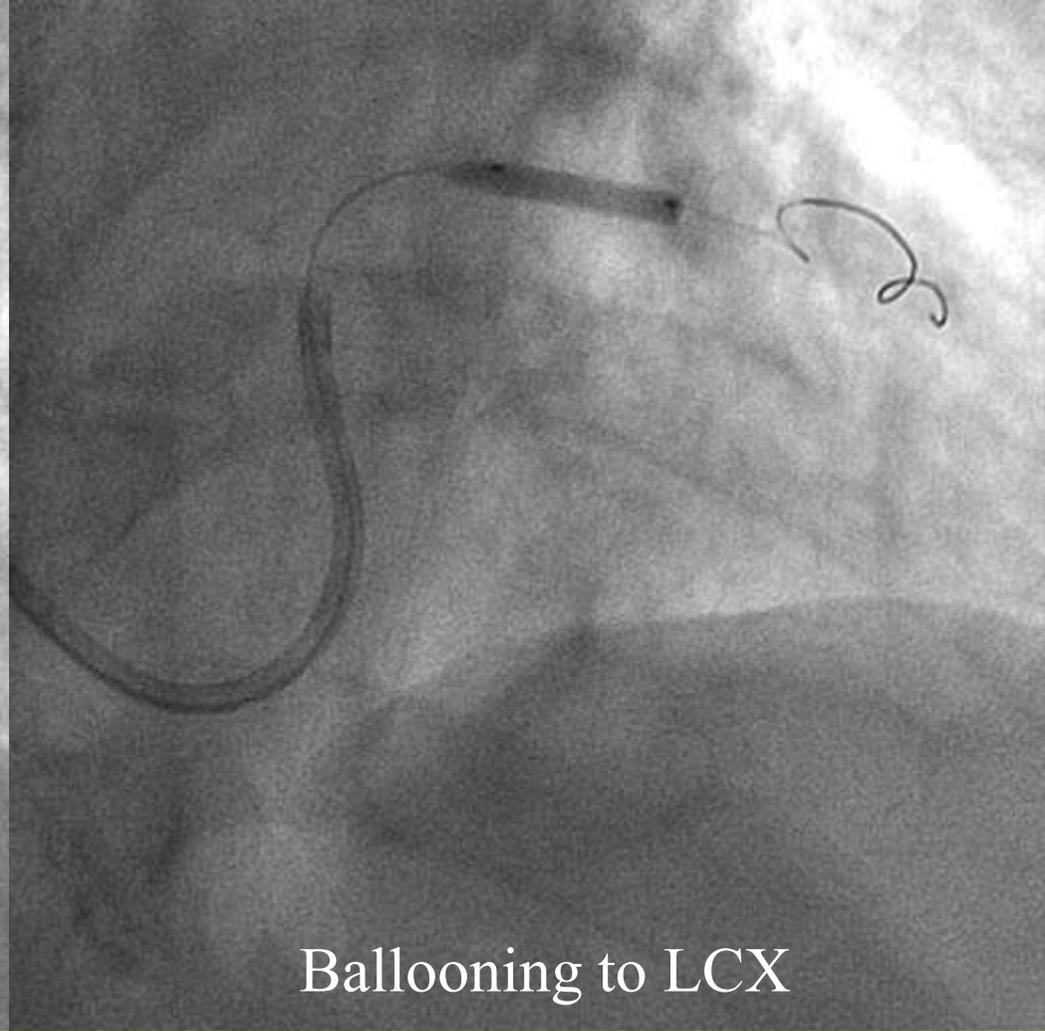
Emergency CAG was performed and we discovered slow flow in the LAD.



We tried to aspirate the LMCA thrombus

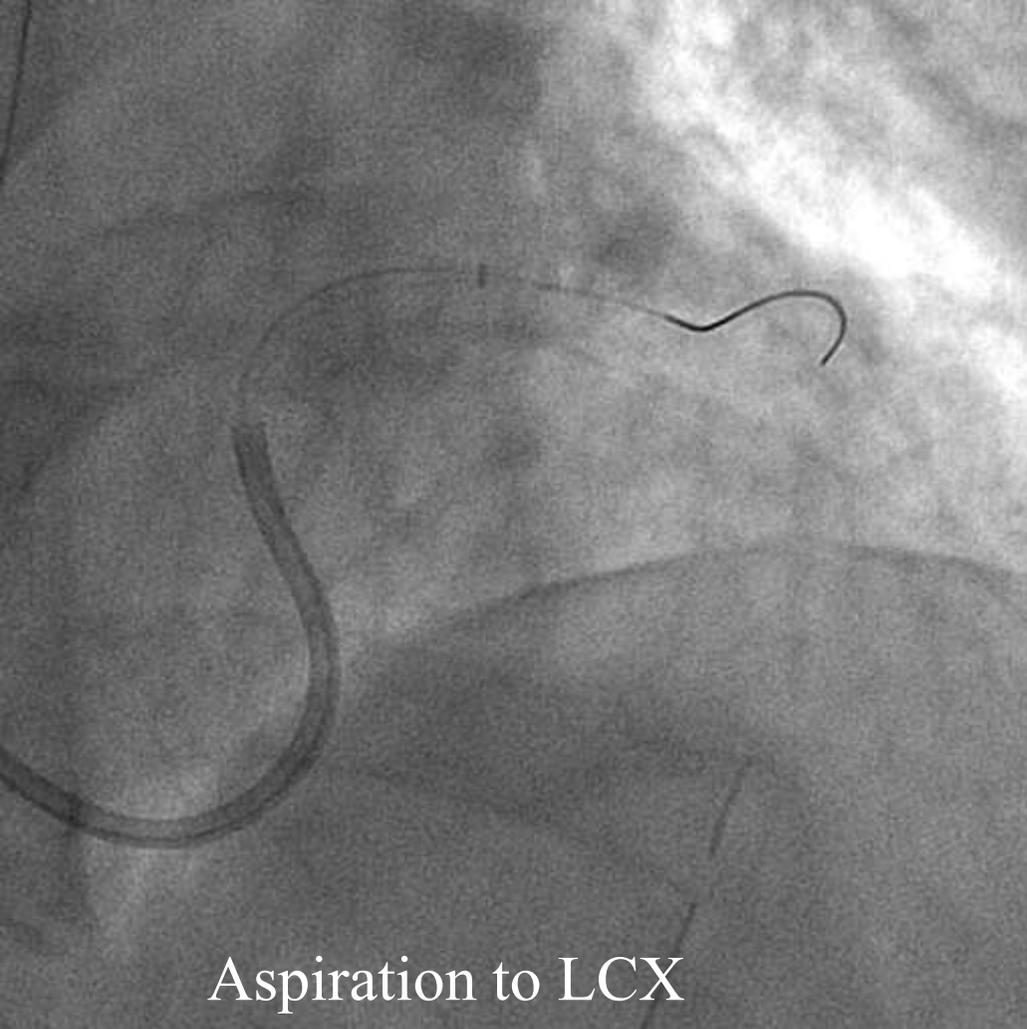


Occlusion of the LCX

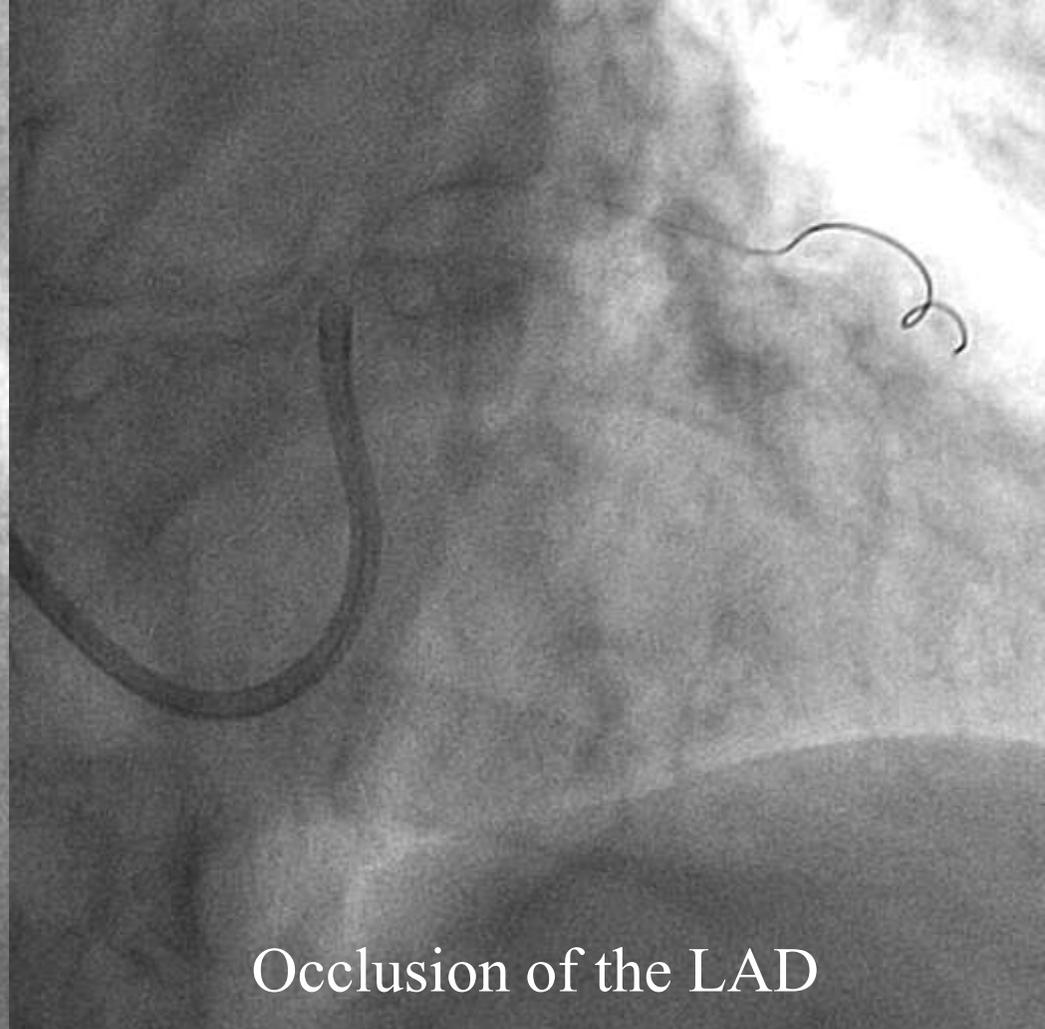


Ballooning to LCX

During this intervention this patient suddenly went into a state of shock. CAG revealed the occlusion of the ostium LCX due to the floated thrombus from the LMCA aneurysm.



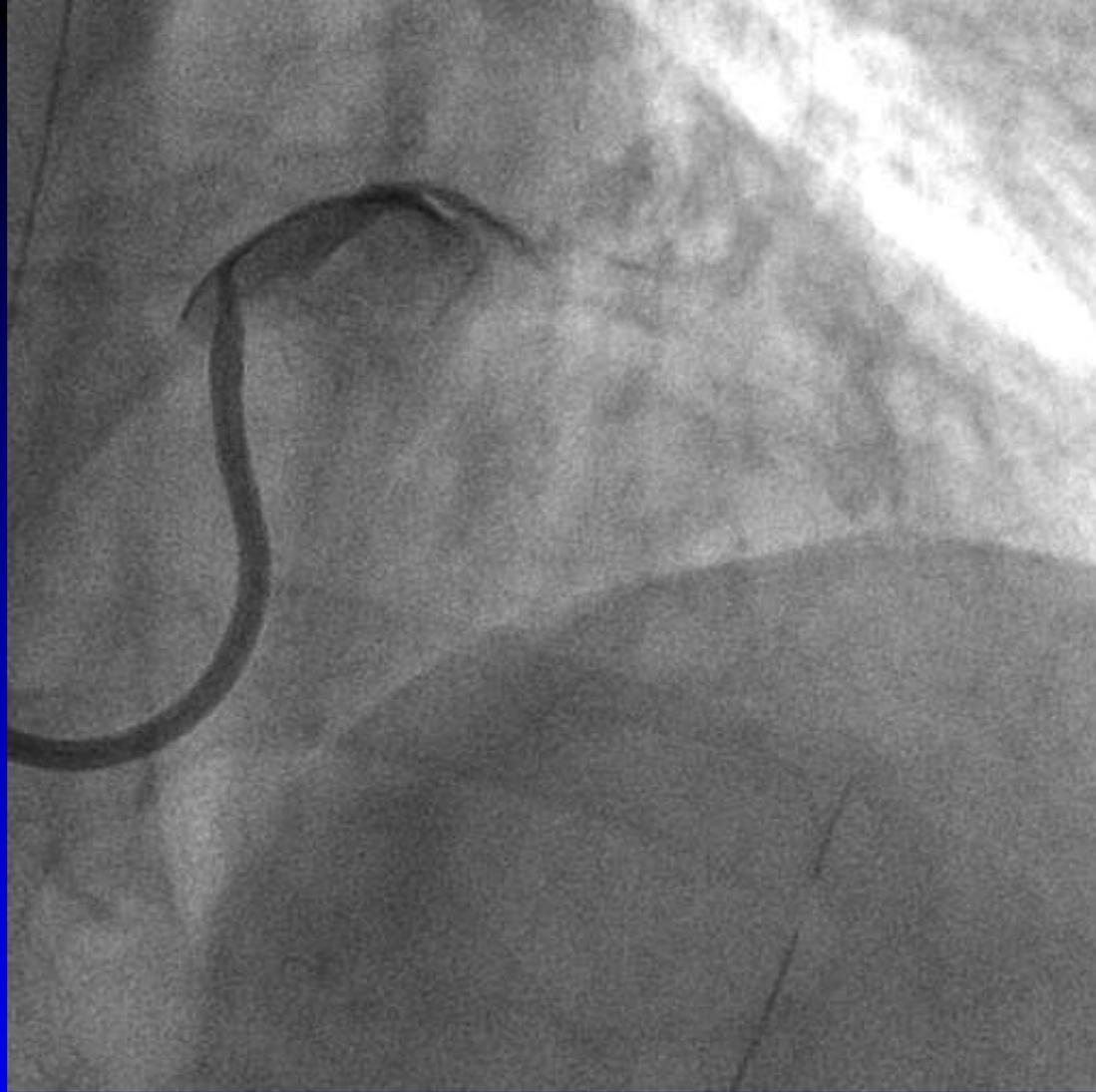
Aspiration to LCX



Occlusion of the LAD

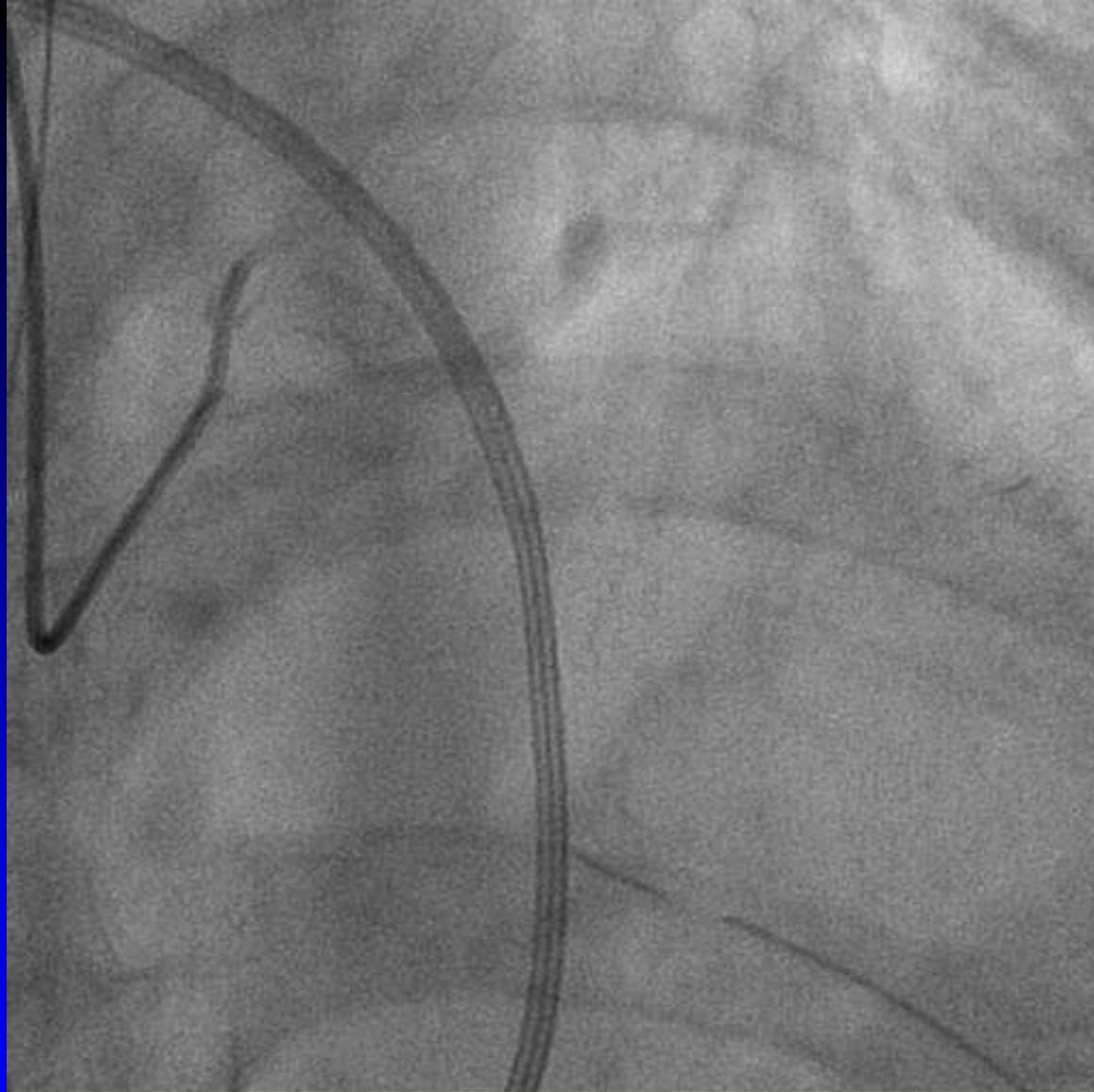
We immediately used PCPS and IABP, and aspiration and POBA were repeatedly performed to the LAD and the LCX.

Final angiogram

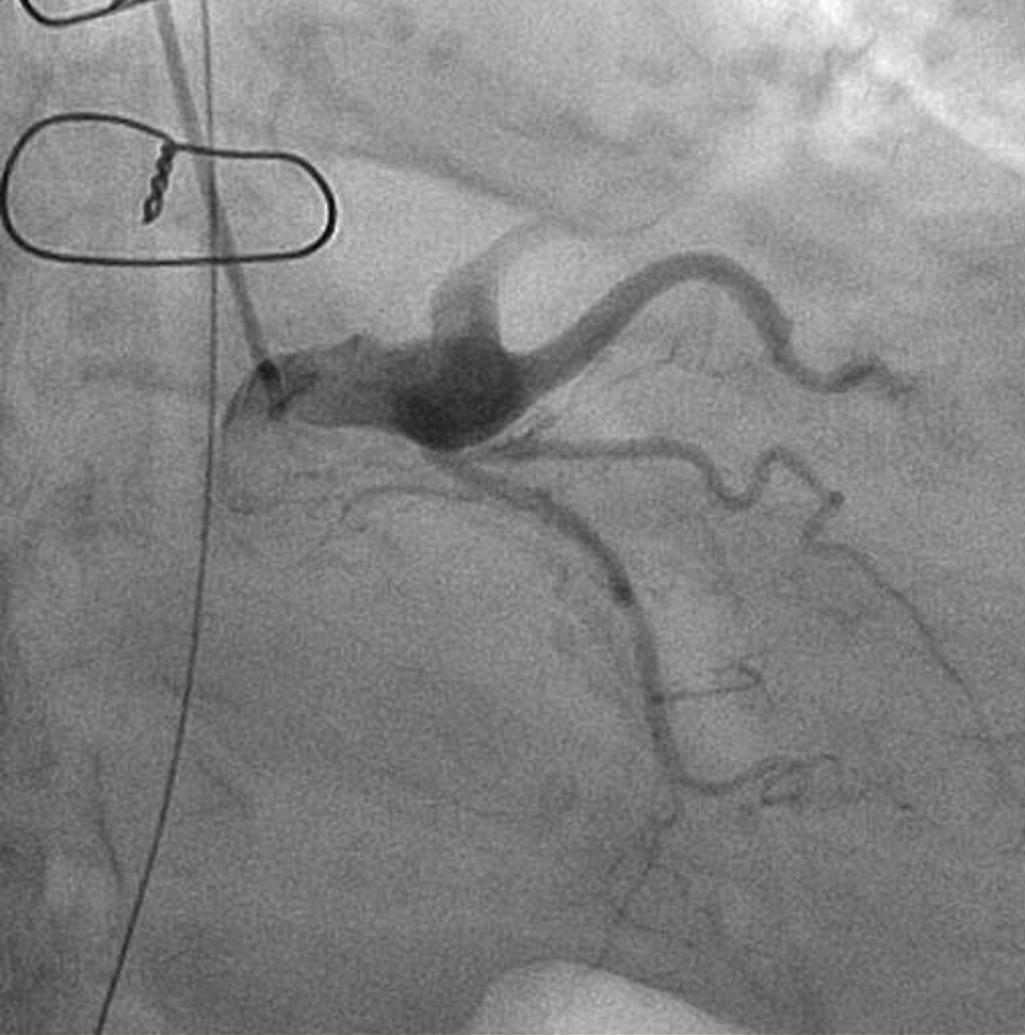


We could restore the flow in both vessels but we could not remove the LMCA thrombus completely.

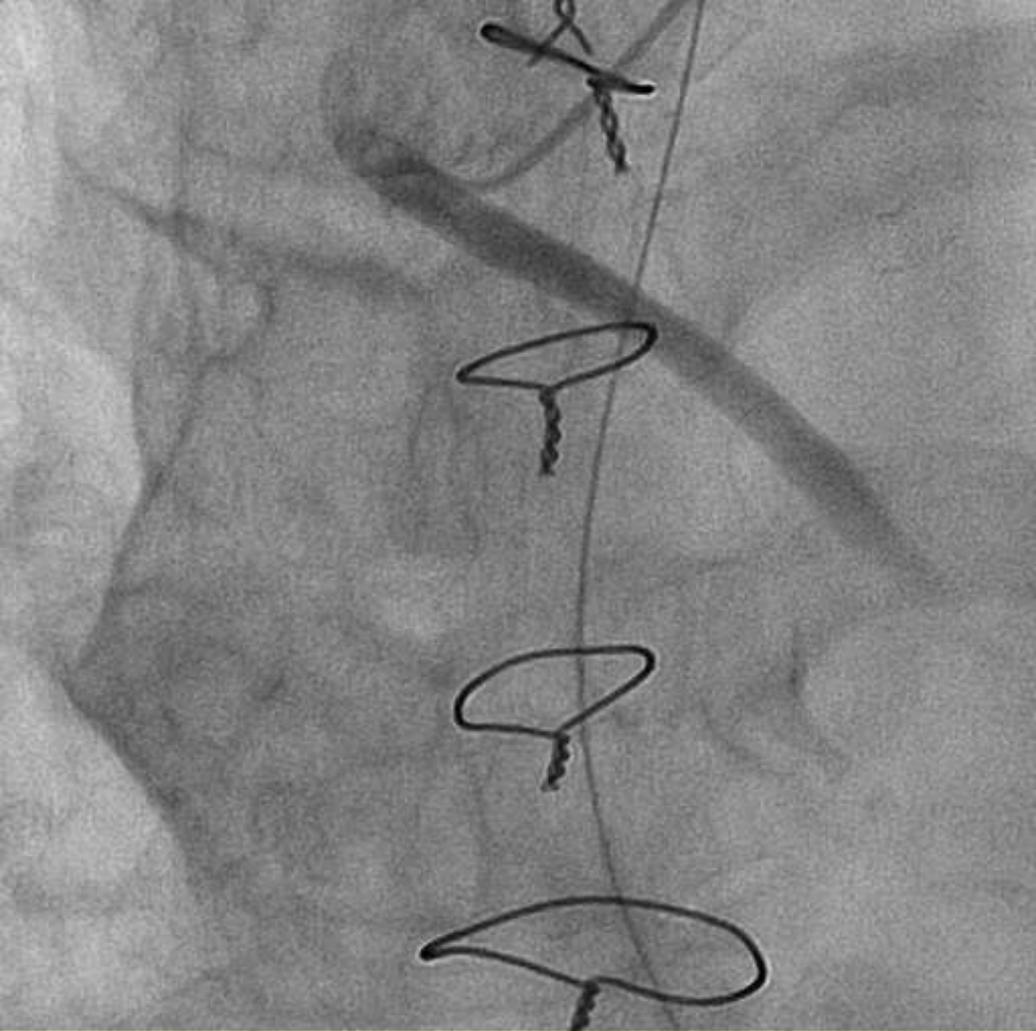
Angiogram
before CABG



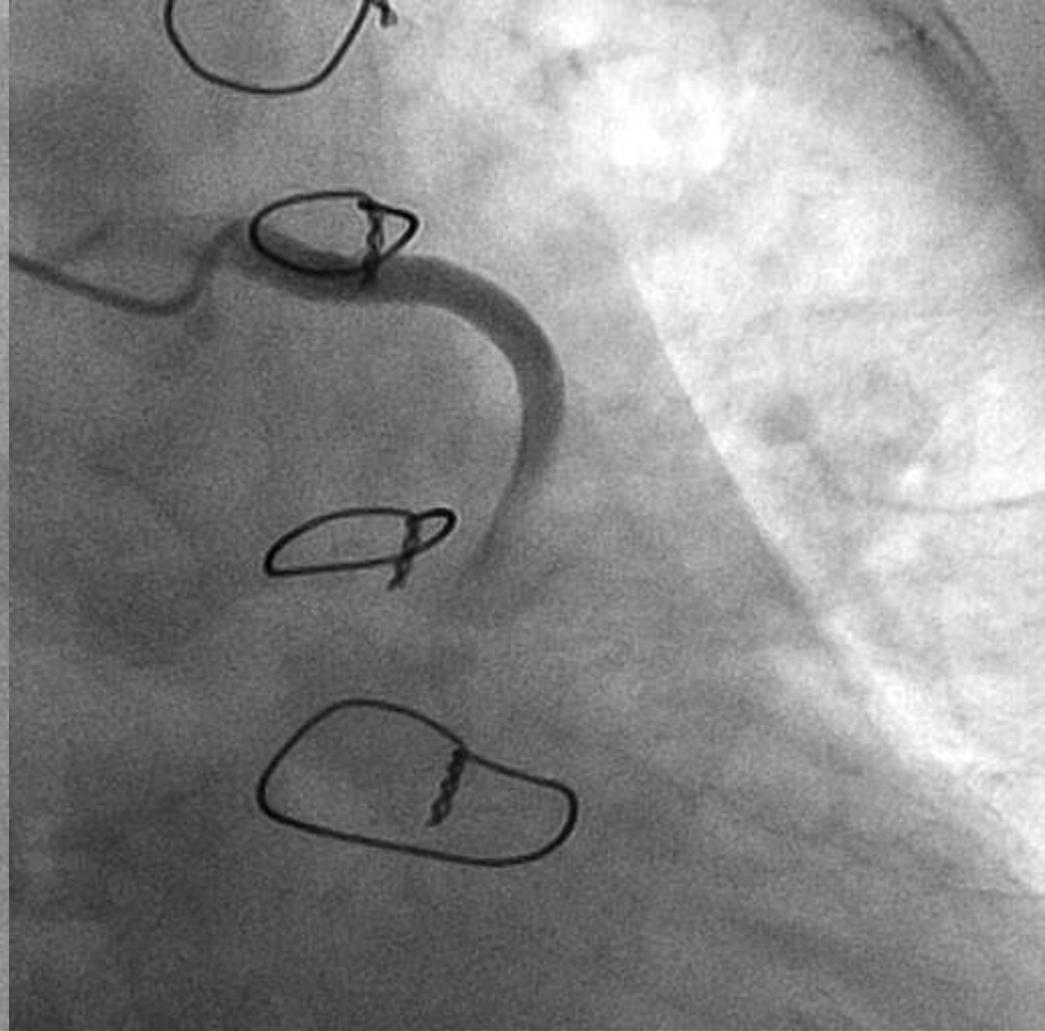
CABG was performed 2 days later.



The LMCA thrombus has disappeared
2 months after CABG



SVG-LAD



SVG-LCX

2 months after CABG