

**A NIGHTMARE FOR THE
INTERVENTIONAL
CARDIOLOGIST-DES STENT
ANEURYSM!**

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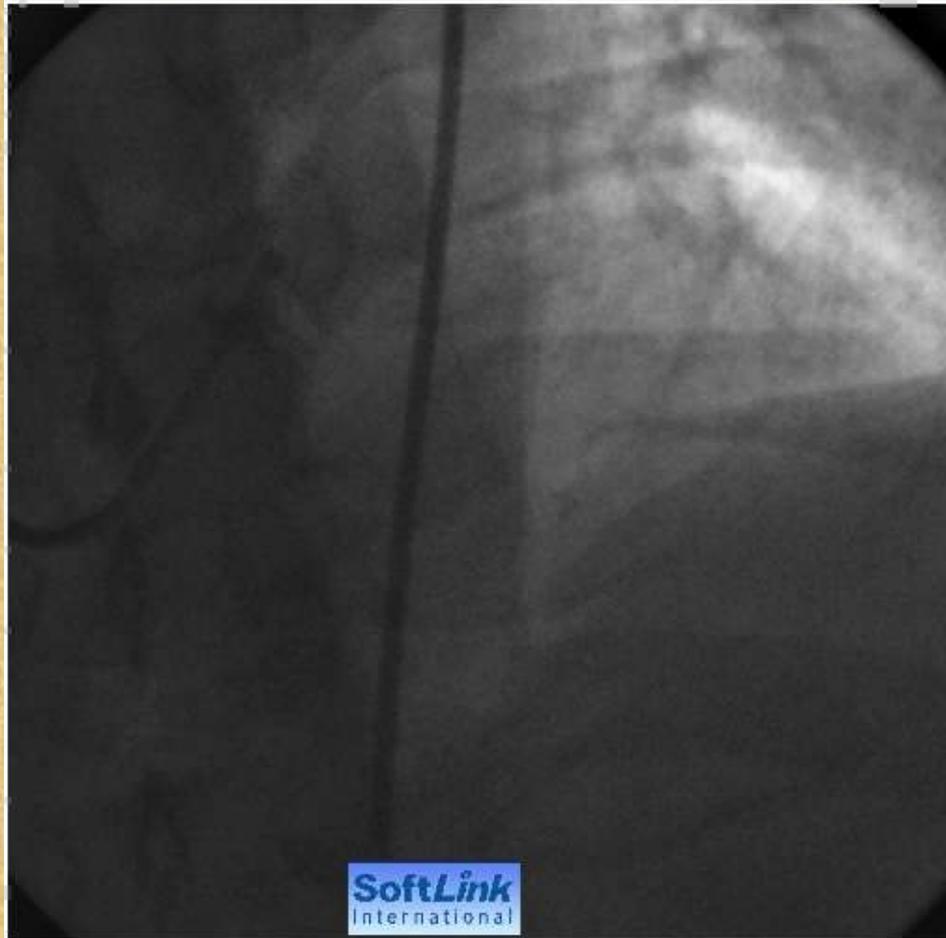
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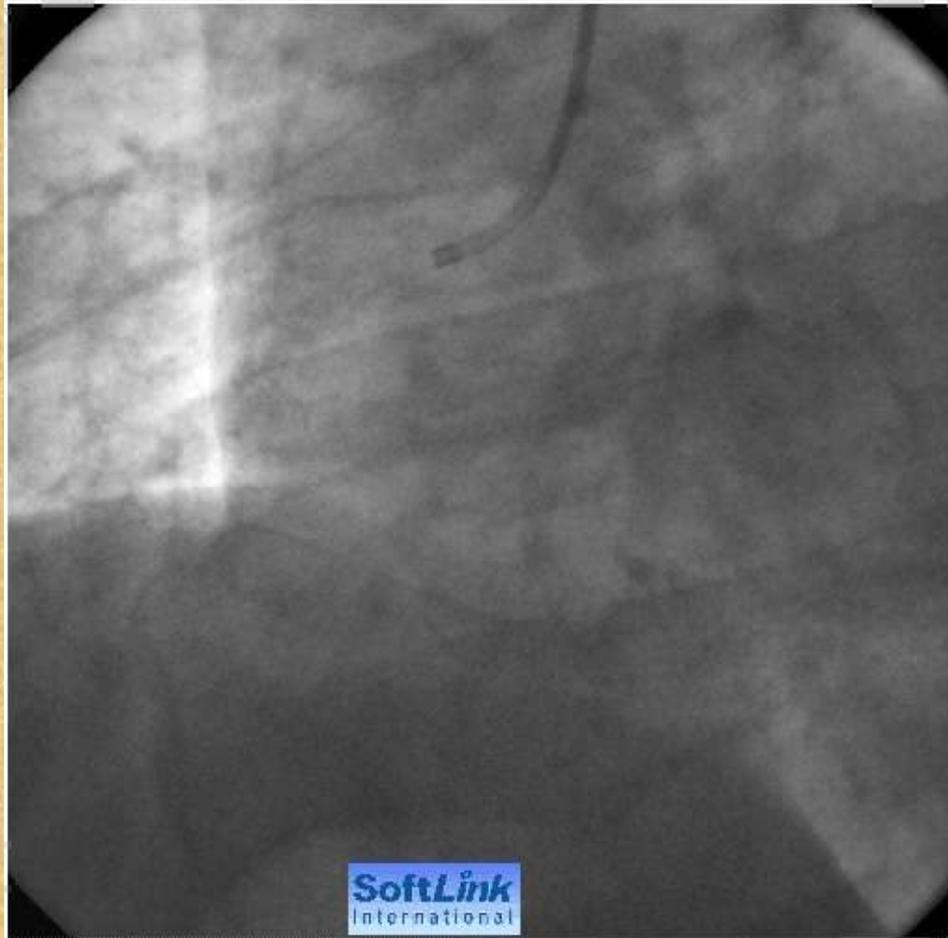
- ***I, Dr Varun Chawla DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.***

HISTORY

- ***55 year old Male , no h/o HT, DM , non smoker***
- ***H/o allergy to NSAIDs***
- ***Past h/o Inferior Wall STEMI presented with Unstable Angina***
- ***CAG - TVD***

CORONARY ANGIOGRAM



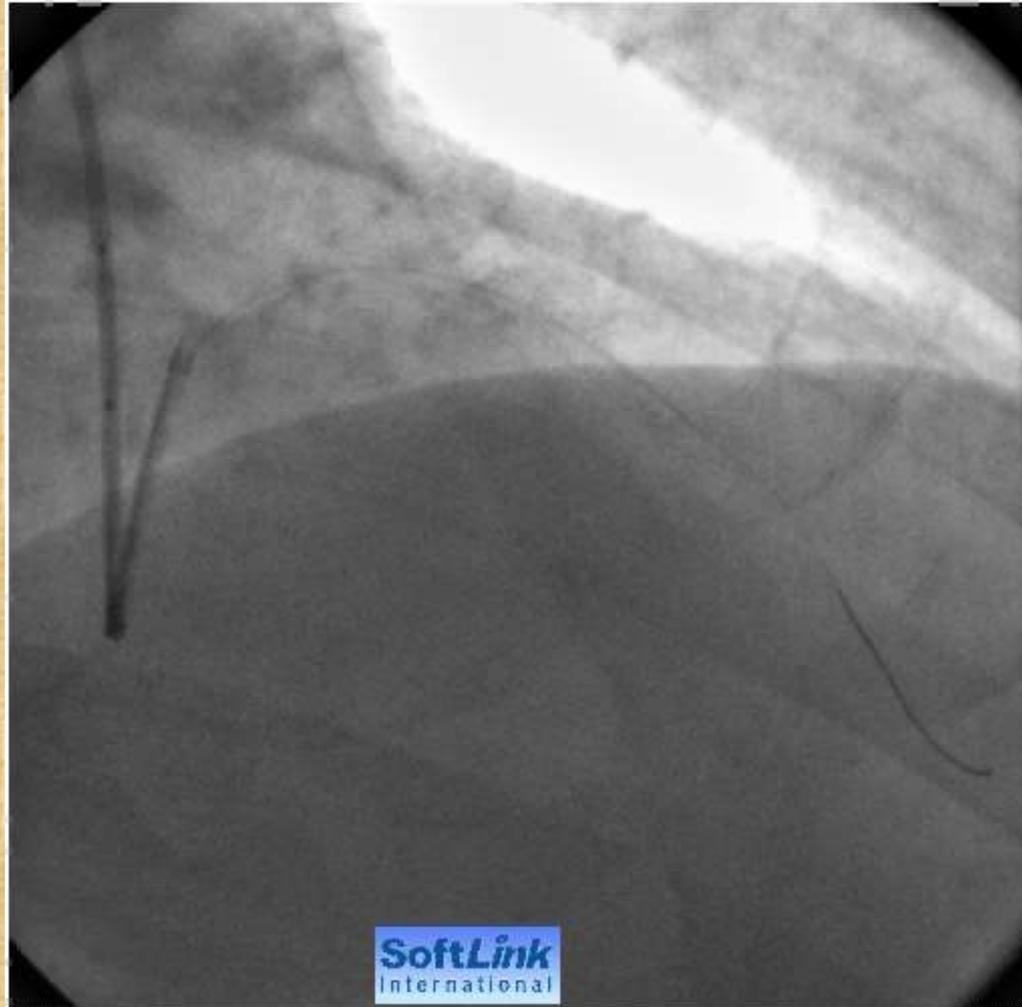


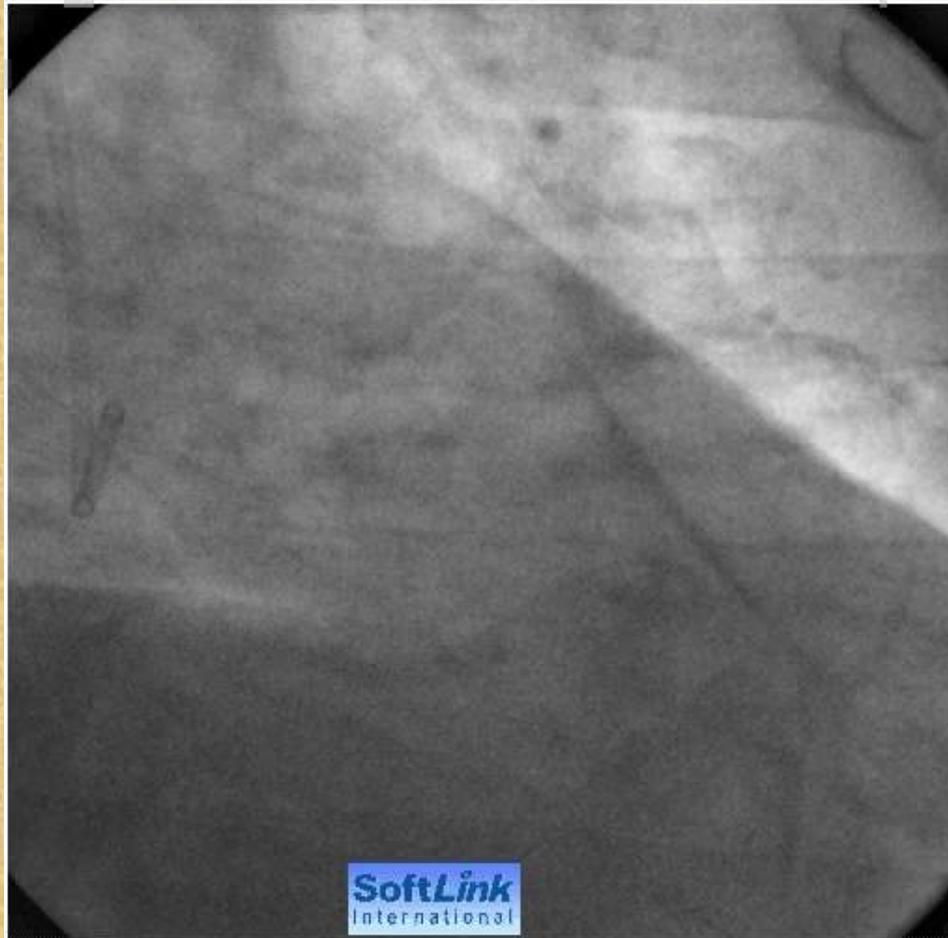
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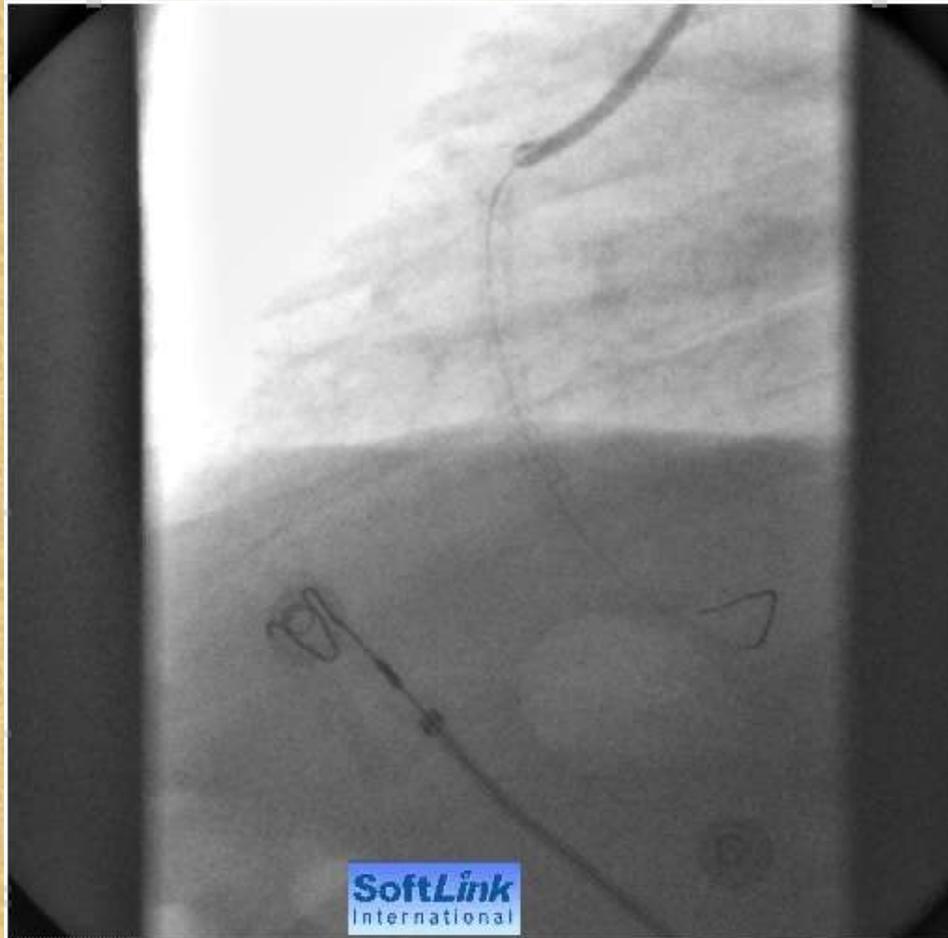
PCI

- ***PTCA with stenting of LAD and RCA with DES***
- ***3.5 x 39mm Sirolimus eluting stent implanted in LAD at 14 atm pressure (postdilated at 18 atm)***
- ***3.0 x 39 mm SES implanted in the RCA at 18 atm pressure .***

POST PCI RESULT









- ***Procedure - uneventful***
- ***Patient discharged in a stable condition***
- ***Readmitted after 20 days post PCI with h/o fever , dyspnea and dry cough for 5 days.***

PHYSICAL EXAMINATION

- ***Temp. -100 F***
Pulse- 130/ minute irregularly irregular pulse
B P-120/80 mm Hg
Edema feet ; JVP-increased
CVS-Tachycardia, S1, S2- Normal, no additional Heart sounds or murmur.
RS-clear

INVESTIGATIONS

Hb-12.1 gm%

WBC-15,450 (P-76%;L-24%)

Platelet- 4.47×10^5 /cu.mm

Blood Urea- 61 mg/dl

S. Creatinine-2 mg/dl

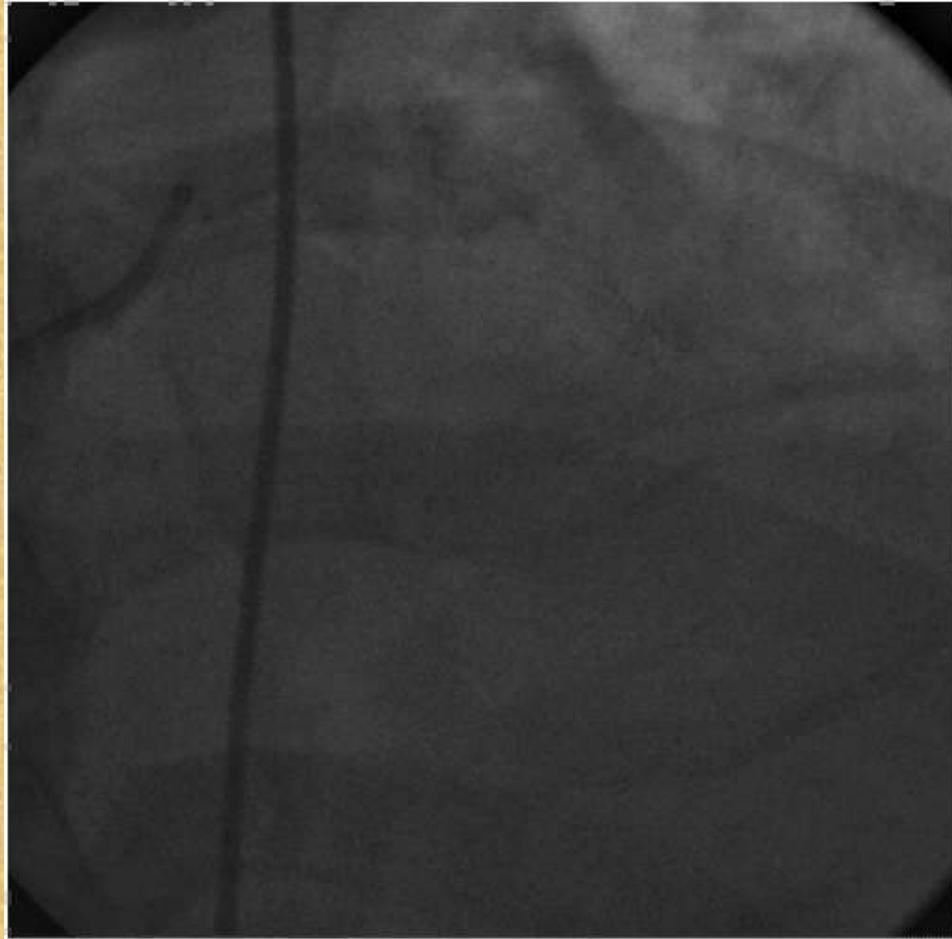
S. Na-127 meq/l ;S. K-4.7 meq/l.

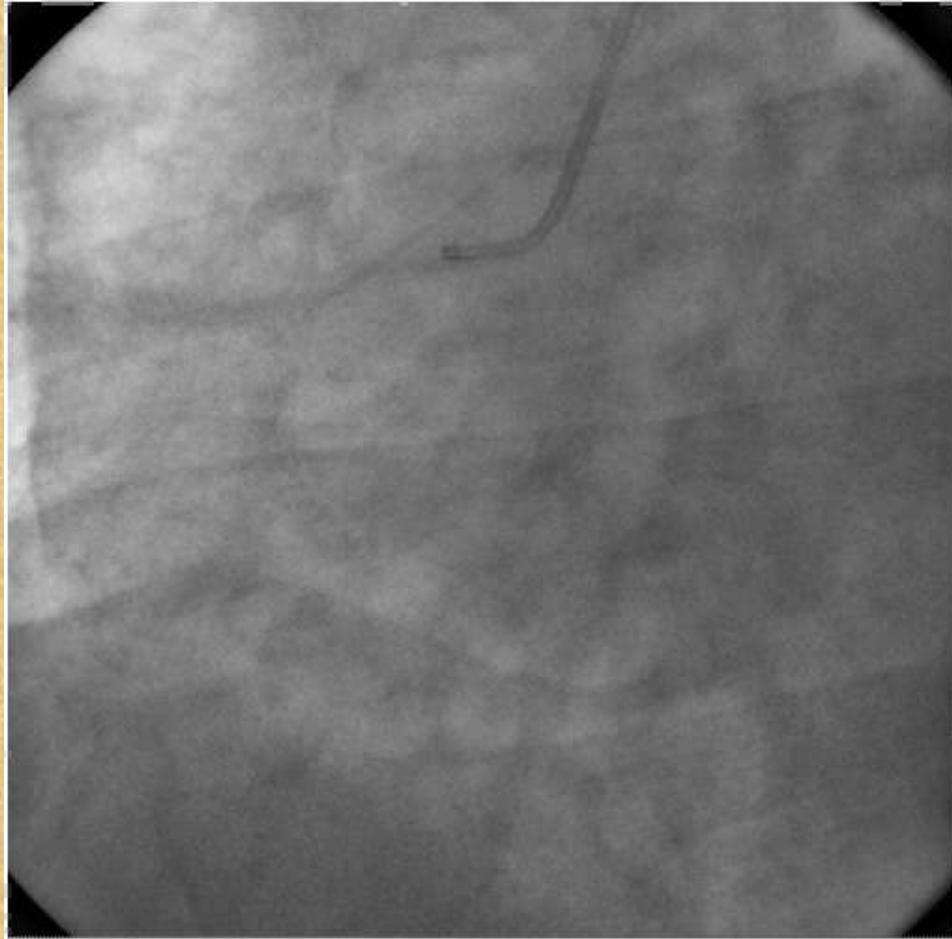
Normal LFT,s

- ***ECG-low voltage complexes and Atrial Fibrillation with rapid Ventricular Rate***
- ***2D Echo revealed Moderate Pericardial effusion ,no e/o RA ,RV collapse ,Normal LV and RV systolic function, normal cardiac valves and no PAH***

CORONARY ANGIOGRAM







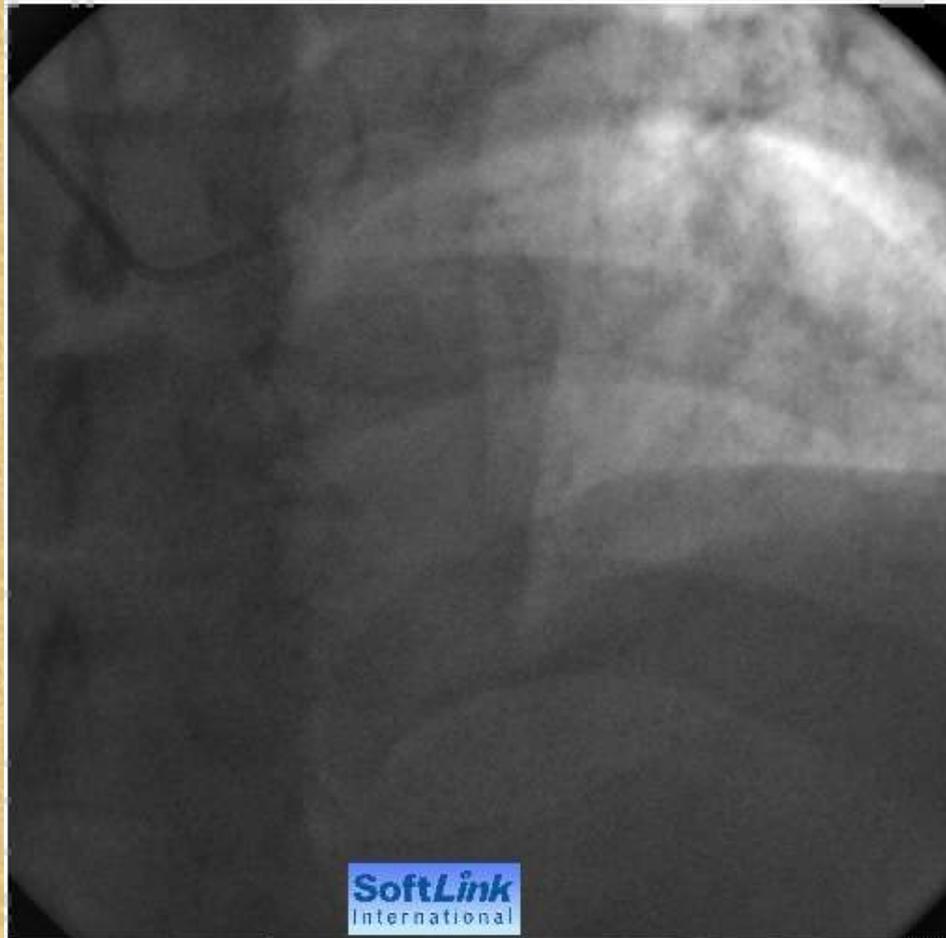


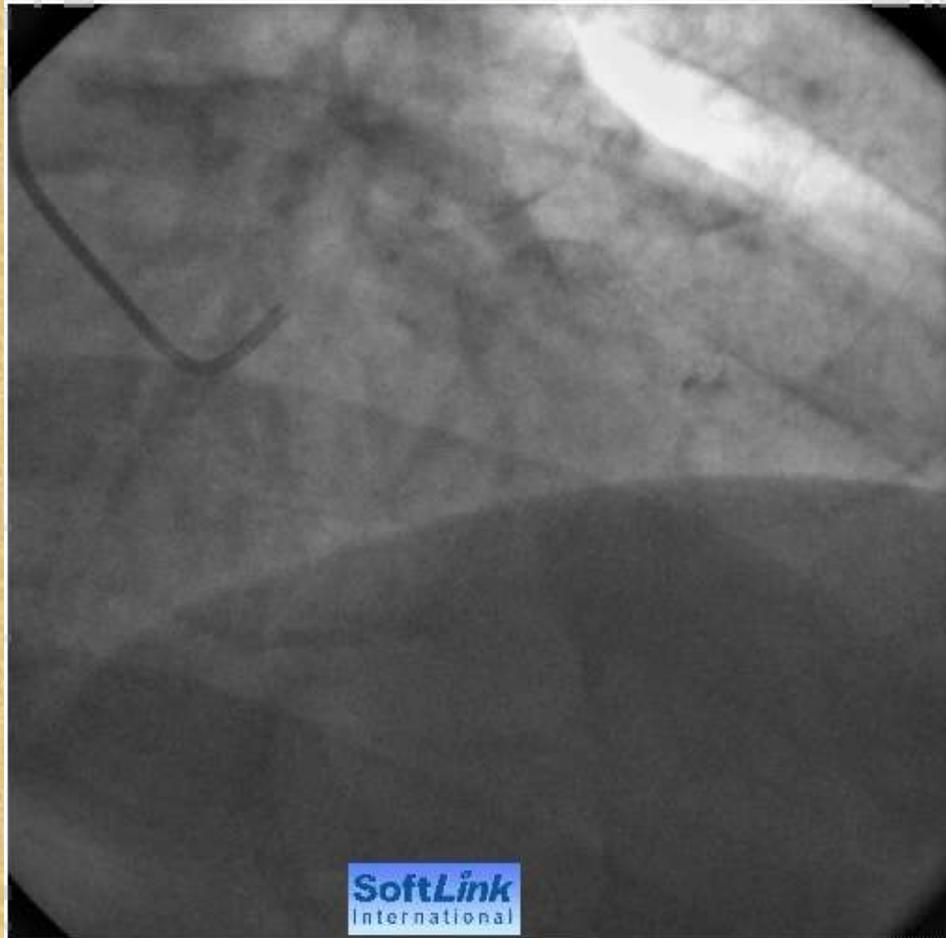
- ***Subsequently blood cultures grew Pseudomonas Aeruginosa***
- ***Treated with antibiotics based on the Culture Sensitivity report-Piperacillin-Tazobactam, Amikacin***
- ***2 D Echo revealed a decrease in the size of pericardial effusion***
- ***Fever subsided; patient afebrile after 7 days***
- ***WBC counts and S. Creatinine returned to normal***

- ***Antibiotics continued***
- ***Recurrence of fever after 7 days***
- ***Broader spectrum coverage with antibiotics given-Inj Meropenem 1gm iv 8 hrly ; Inj Vancomycin-1 gm iv 12 hrly***
- ***Fever subsided after 4 days***

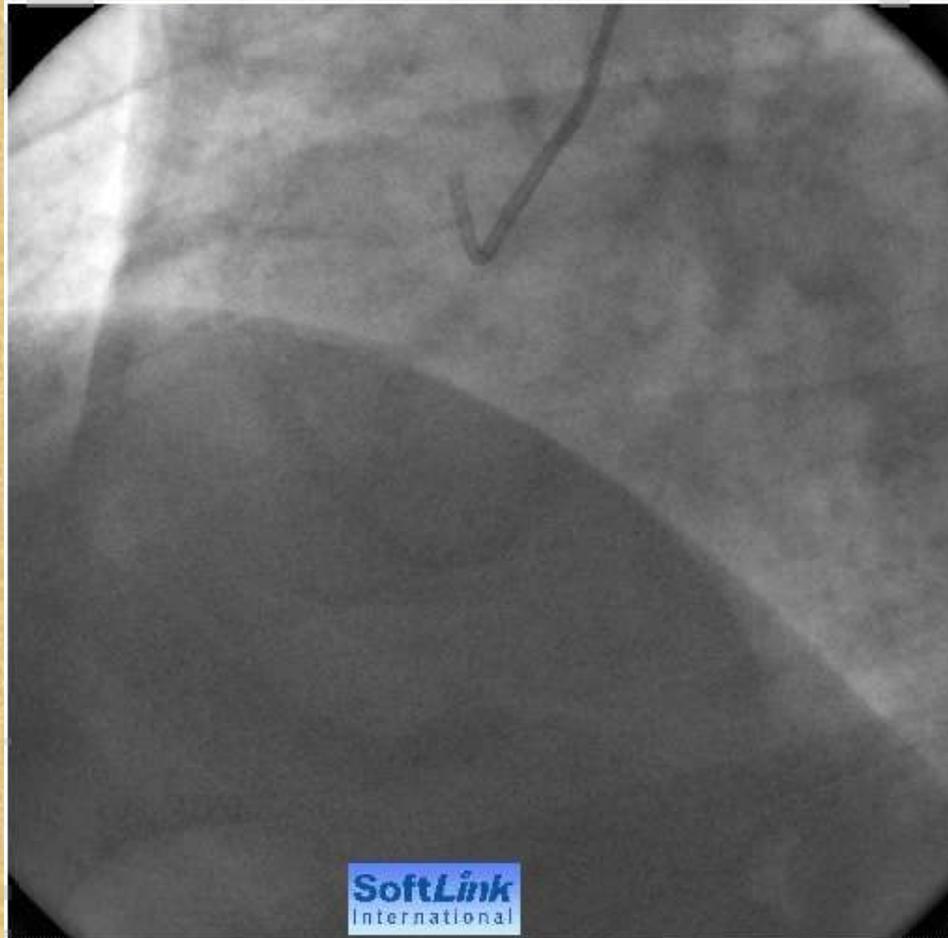
- ***Antibiotics continued***
- ***CAG - 2 weeks later***

REPEAT CAG









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DEFINITIVE TREATMENT

- ***Surgery***
- ***Pericardial adhesions***
- ***Sero-sanguinous pericardial fluid***
- ***Large Aneurysms identified in LAD;inflammed surrounding area***
- ***LAD opened at the site of aneurysm; Was thick and calcific***

- ***On opening aneurysm slough;putrefied,cheesy material***
- ***Both Stents explanted***
- ***Slough removed***
- ***LAD ligated at this area***
- ***LAD opened beyond the stent segment-clean lumen;no distal disease***

- ***SVG to LAD end to side anastomoses done; Good distal flow achieved***
- ***RCA-similar findings; Stent explanted and vessel ligated at that level***
- ***RCA opened distal to aneurysmal segment –clean-no distal disease***
- ***SVG to RCA anastomosis achieved***
- ***SVG to Ramus anastomosis achieved***

POST OPERATIVE

- ***Stent and tissue sent for culture-sterile***
- ***Fever till 7 days post procedure; none subsequently***
- ***Antibiotics-4 weeks post CABG***
- ***Stable-on discharge***
- ***Uneventful clinical course since then***

TAKE HOME MESSAGE

- *In a patient coming with unexplained fever &/or pericardial effusion Post PCI ,Stent Aneurysms should be considered as a possibility*
- *Timely detection and appropriate management crucial*

THANK YOU