

**Male 50 years**

**Profession:** Clinical Cardiology

**Risk factors:** HTA and DLP

## **Previous History**

5 years ago ACS and PCI LAD with DES and balloon to 1 diagonal

**ECHO:** EF 55%, normal left ventricular diameters, mild mitral insufficiency and mild tricuspid insufficiency

## **Medical treat.:**

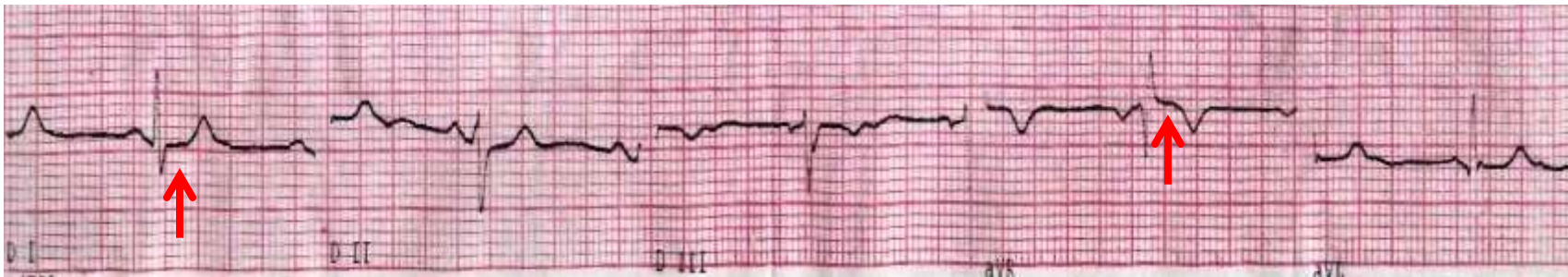
AAS, rosuvastatine, nevigolol and hidroclorotizide

## **Clinical Presentation**

16/02/2016 at 7:15 AM angina CF IV, dyspnea CF IV

He decided to take clopidogrel

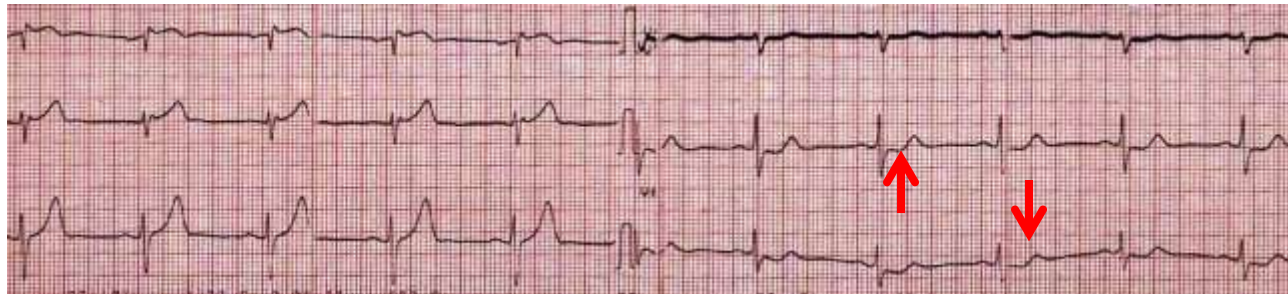
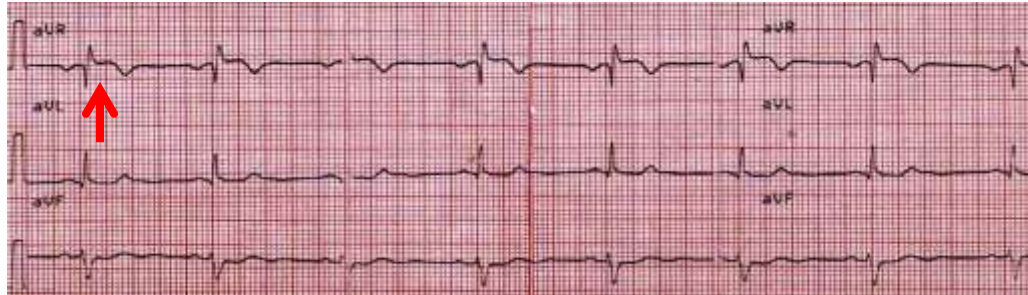
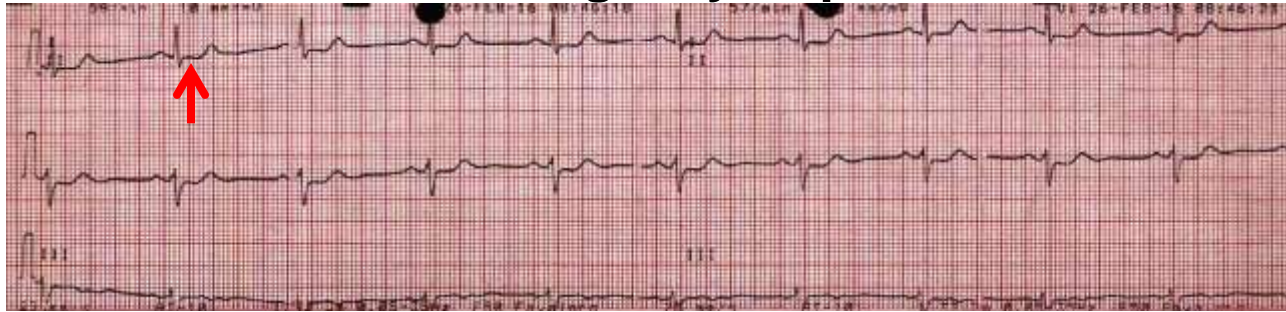
# First EKG (at home)



# Emergency Department



# EKG Emergency Department

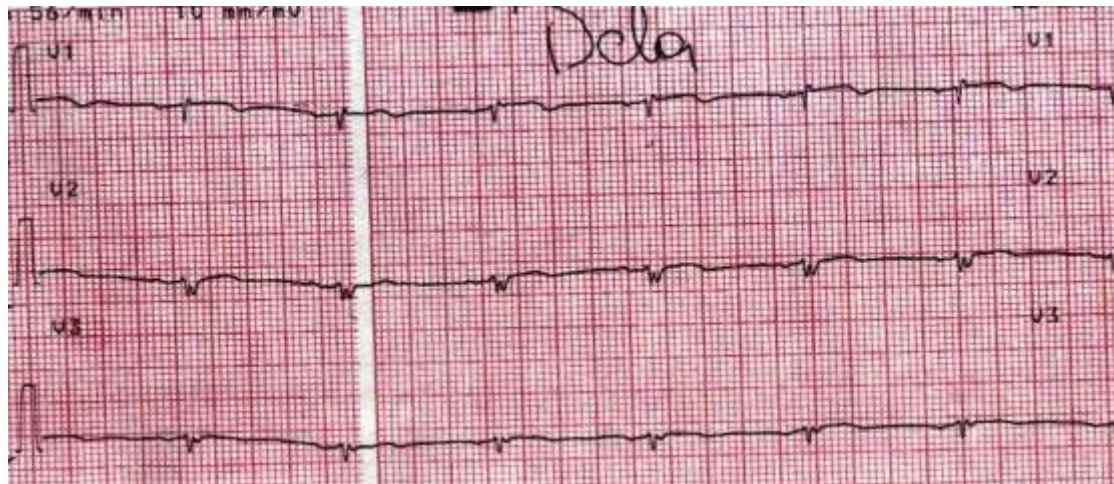


# EKG Emergency Department

V1R

V2R

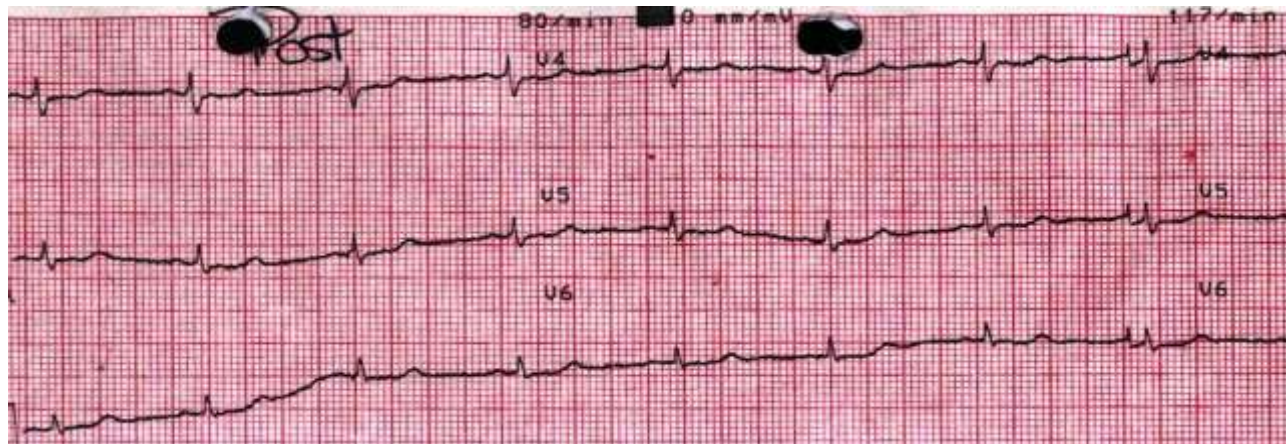
V3R



V7

V8

V9



## Cath Lab

Arrive with angina 7/10

During the puncture present angina 10/10

Hypotension (70/40 mmHg)

Bradycardia

EKG ↓ST

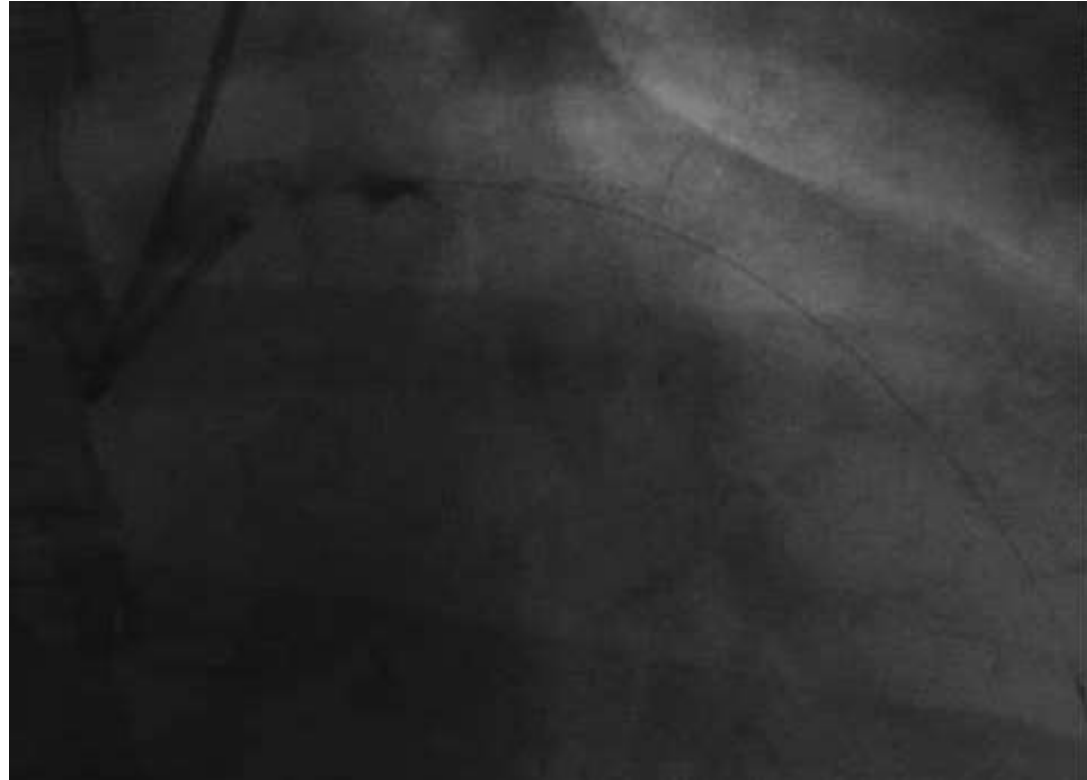
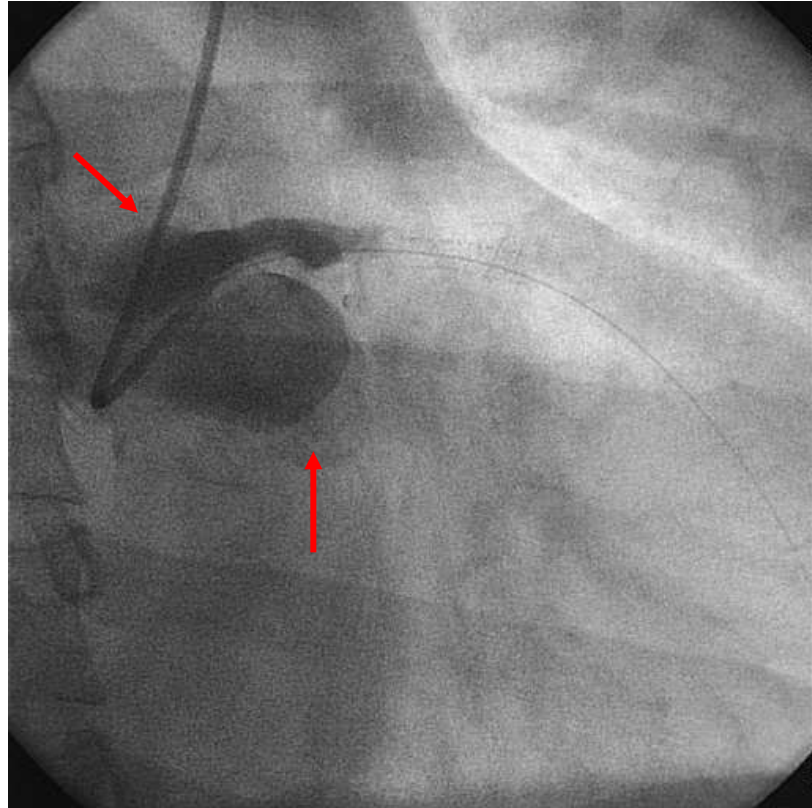
**The patients said: I feel like I'm dying!!!**

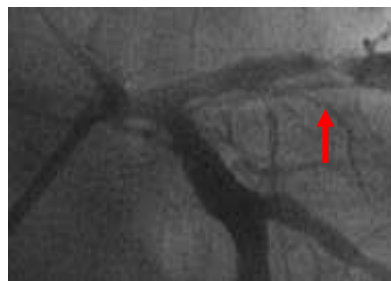
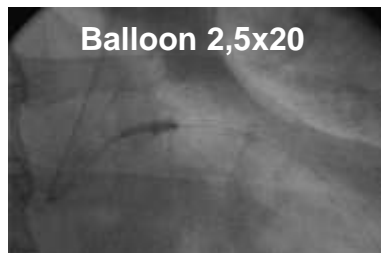
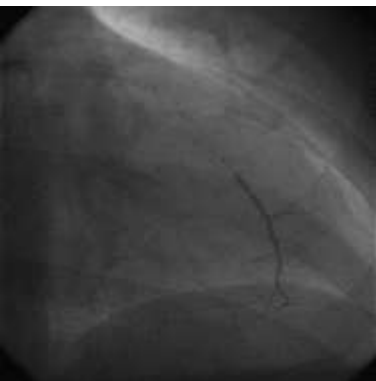
## First Test

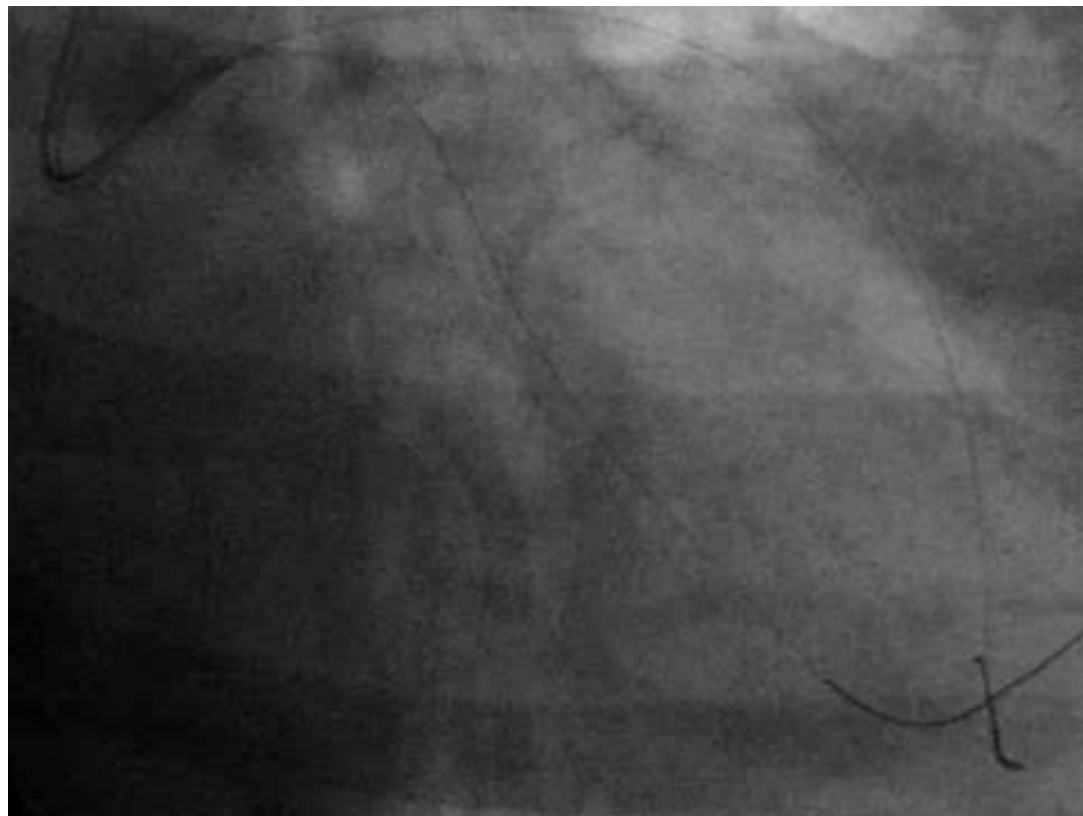
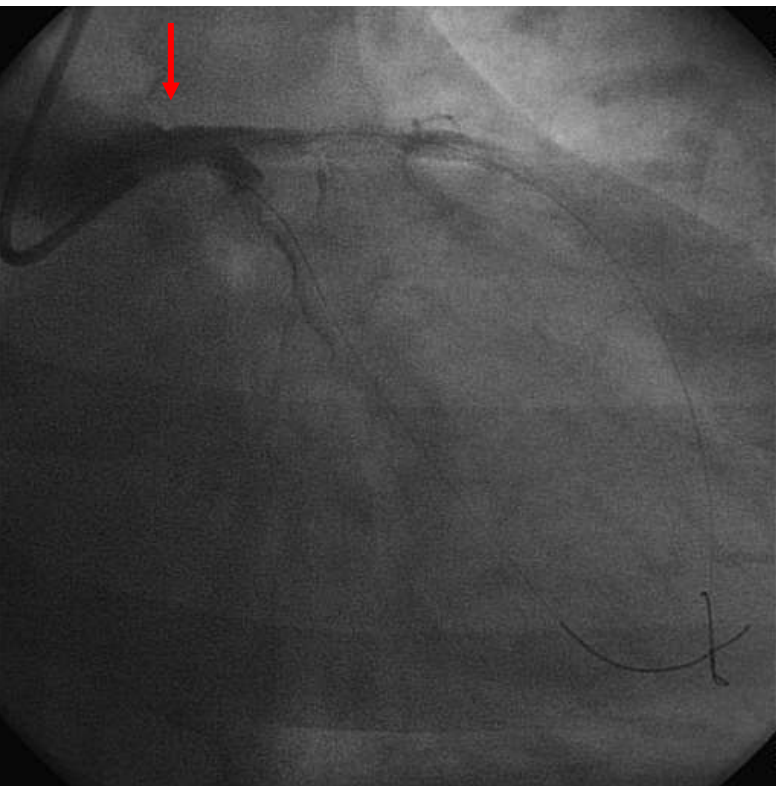
Left Main occluded!!!!!!



# PCI

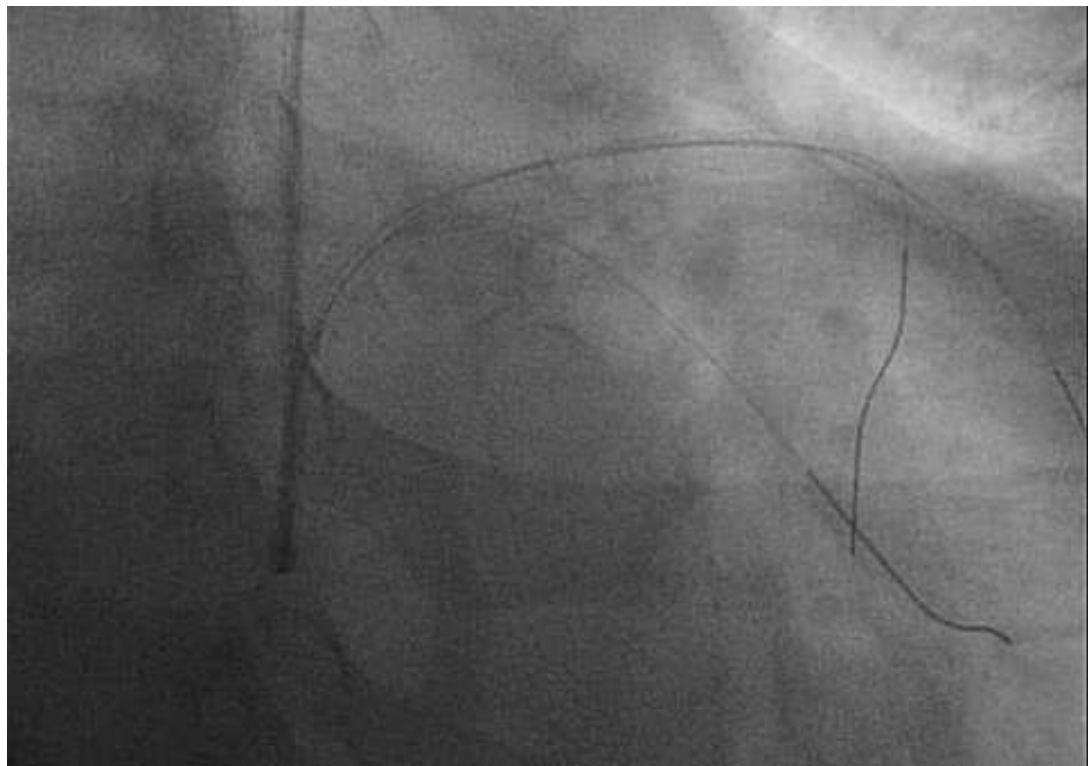
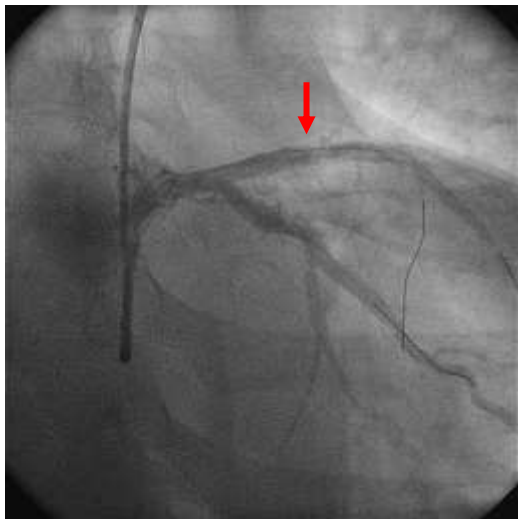




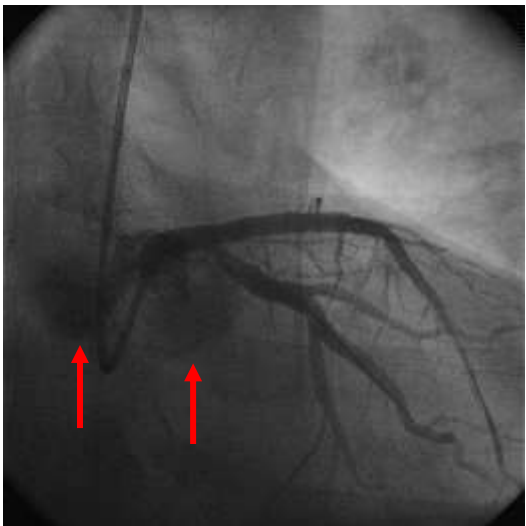




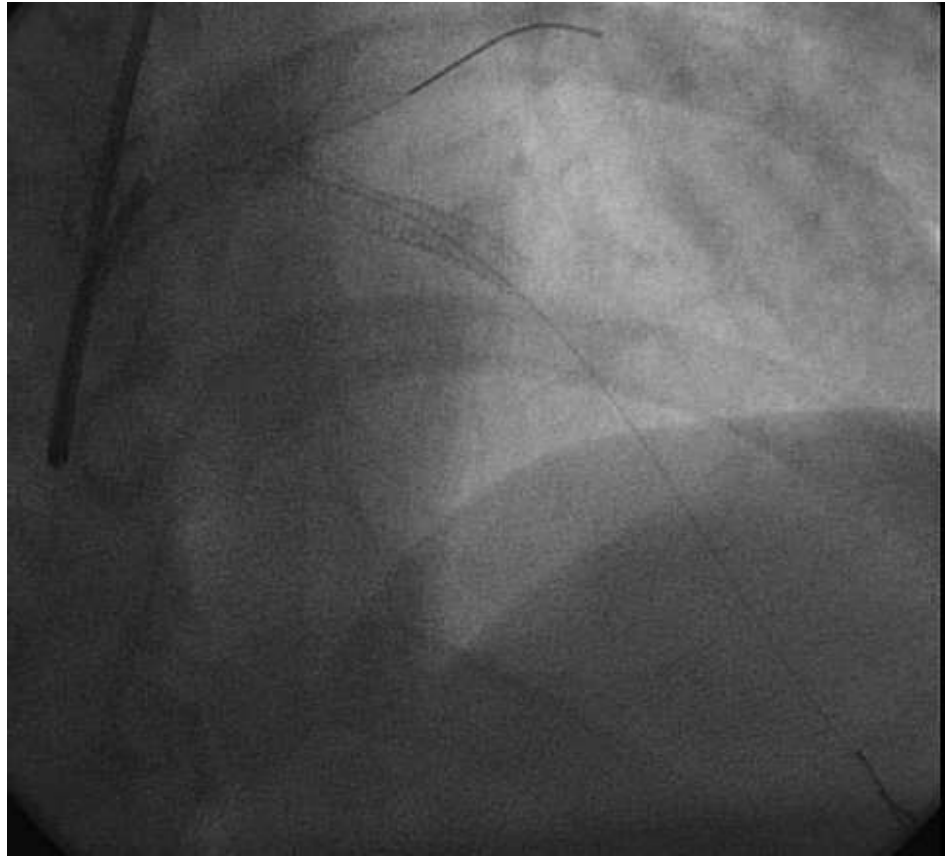
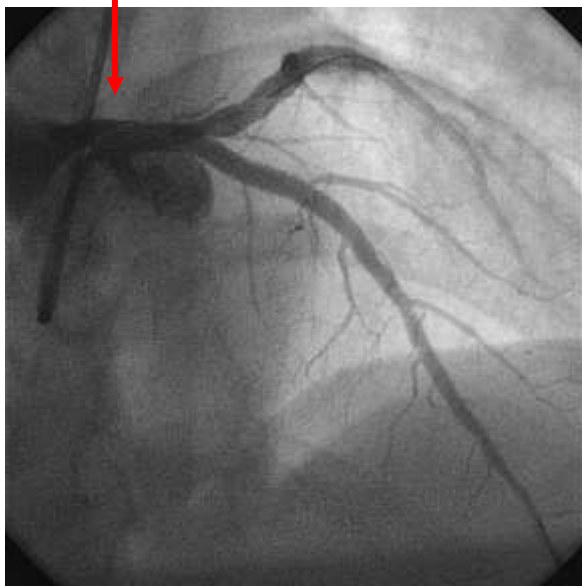
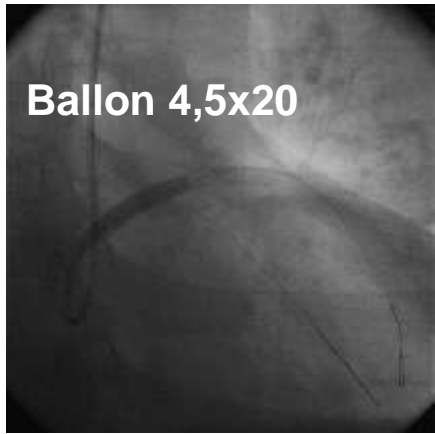
Balloon 2,5x20



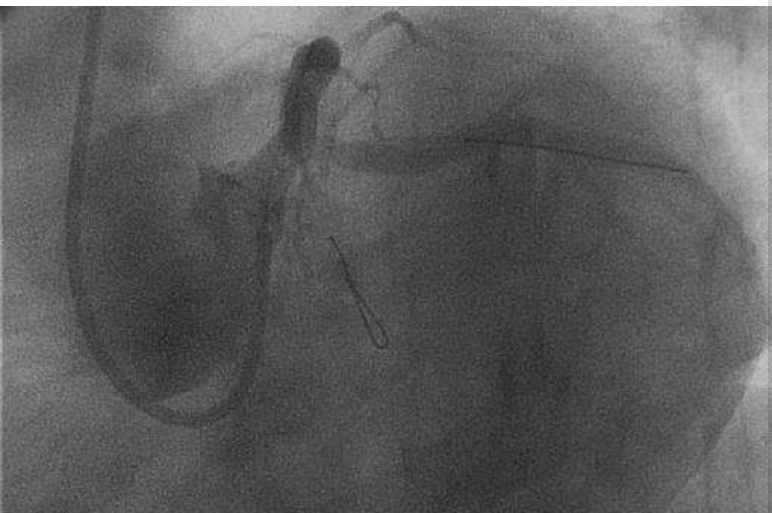
Resolute 4,0x12



Ballon 4,5x20

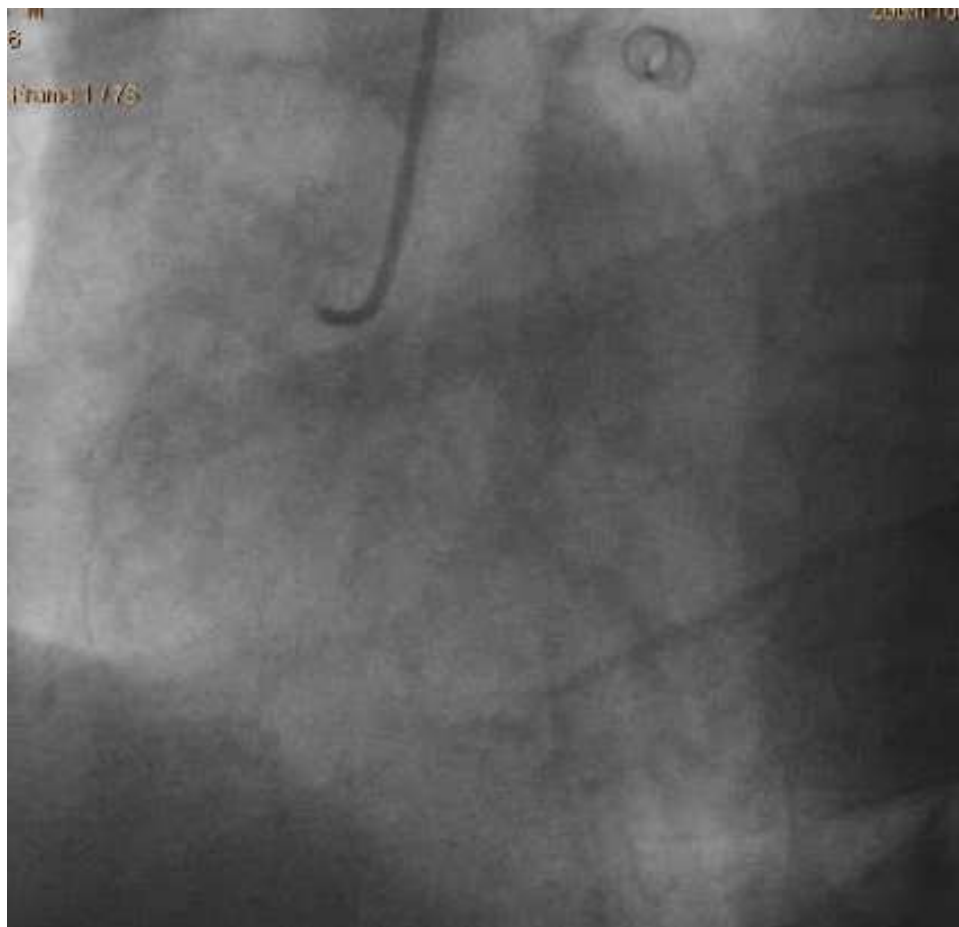


# Final Angiography



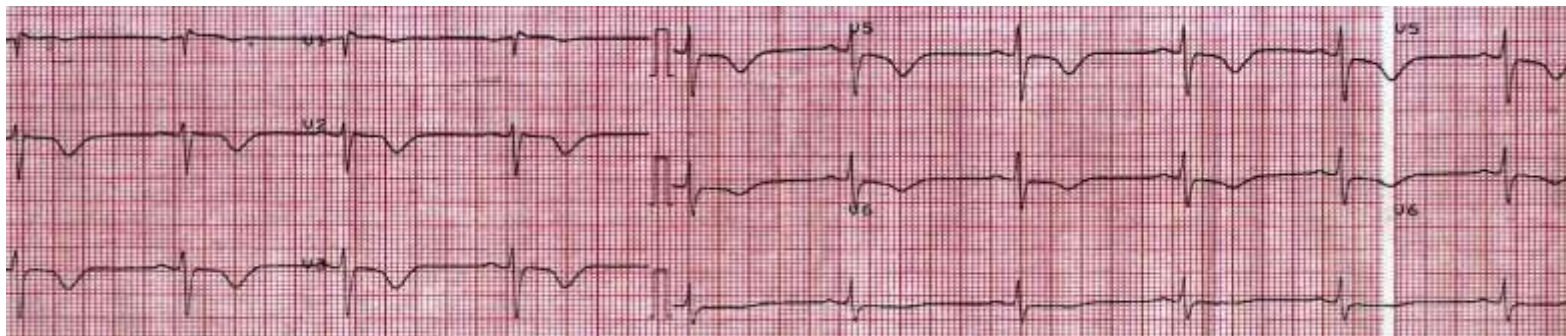
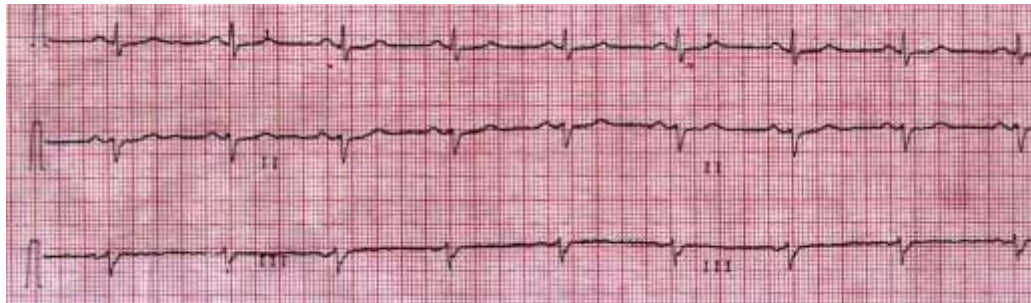


# Rigth Coronary





# EKG post PTCA

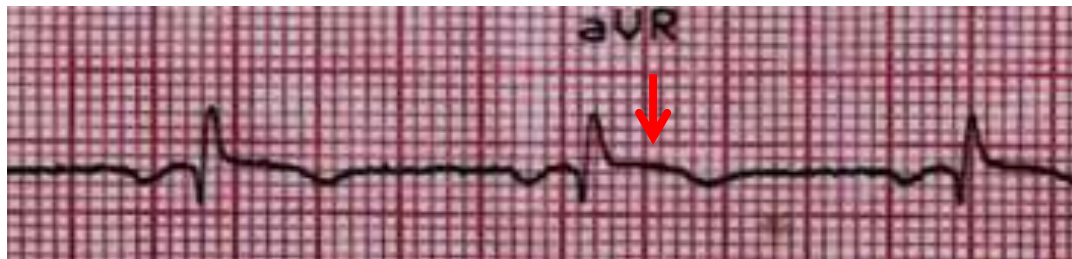


# EKG post PTCA

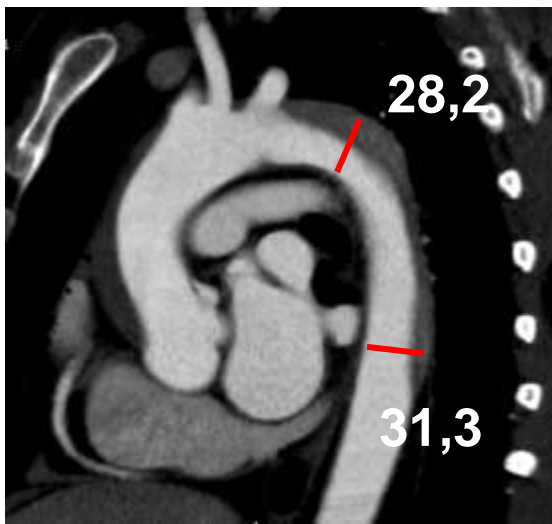
## EKG: Pre PCI



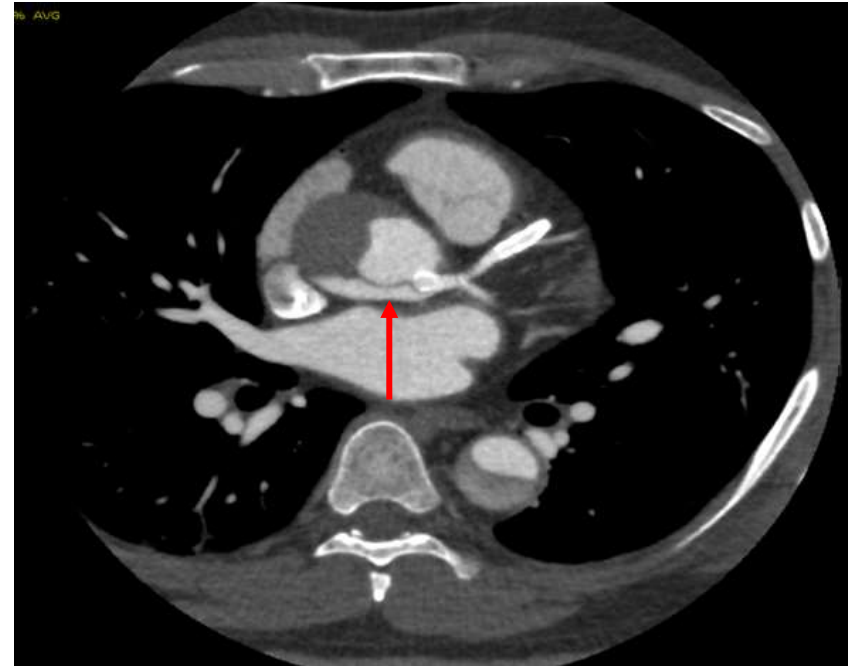
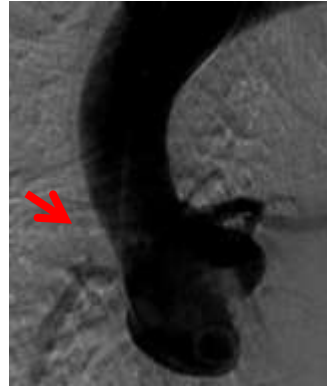
## EKG: Post PCI



## AngioTC post PCI

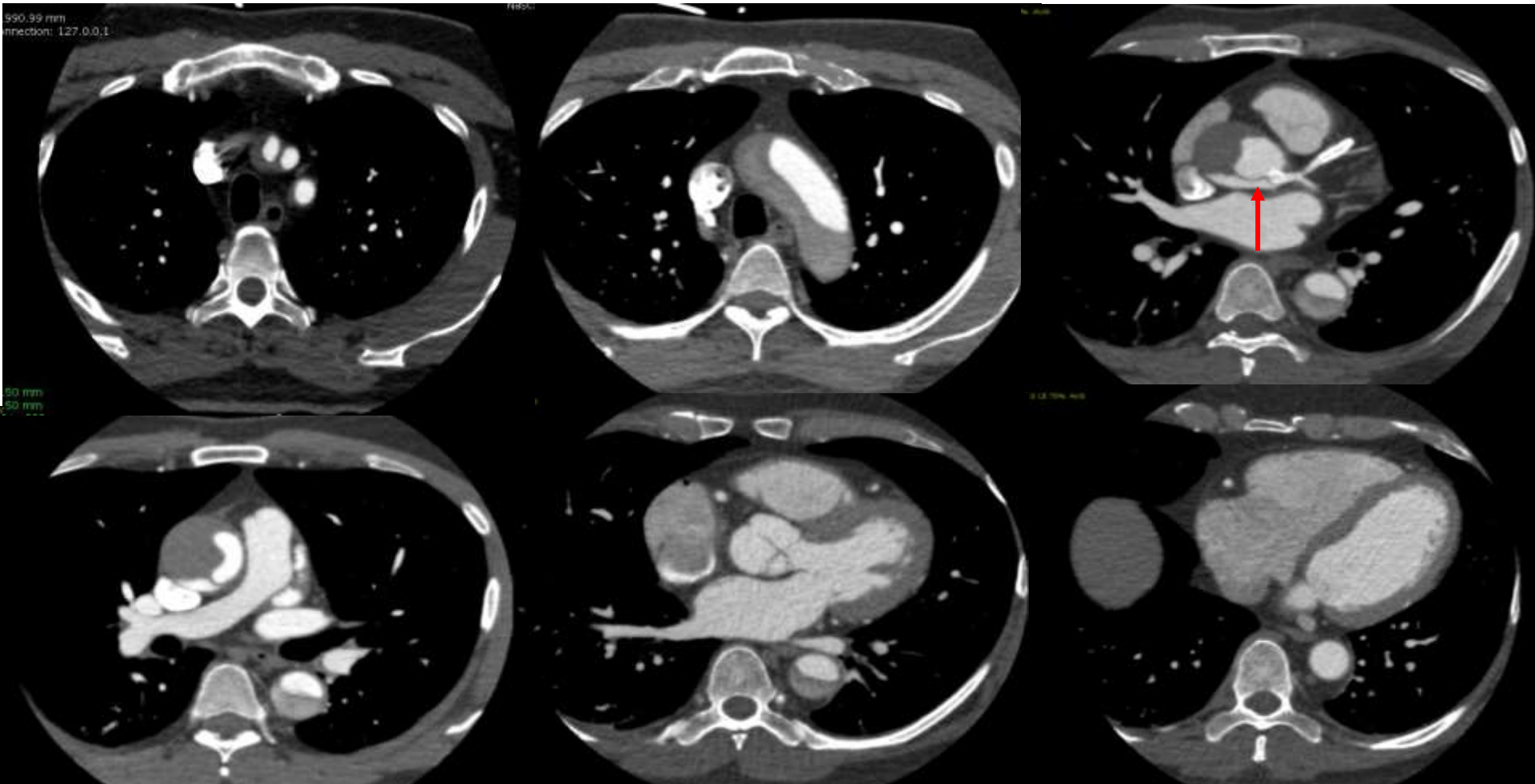


Tears begins at LM

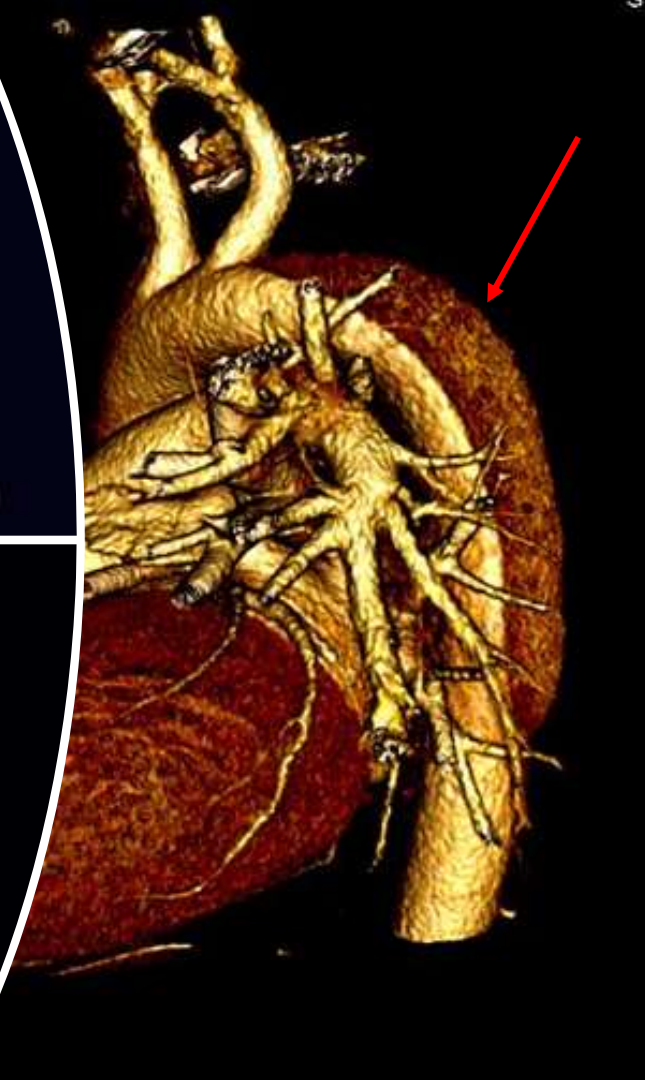
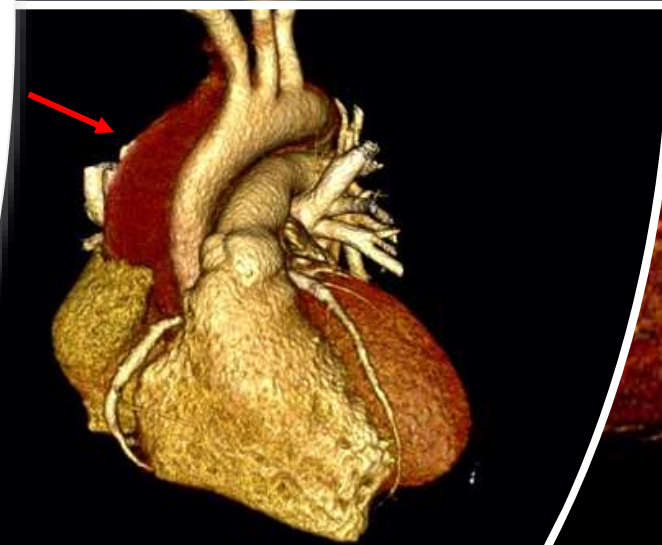


39,3

# AngioTC post PCI



# AngioTAC



# DAPT

➤ AAS

➤ Ticagrelor

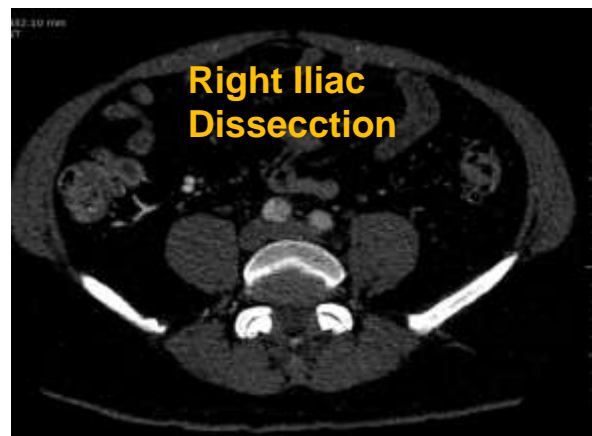
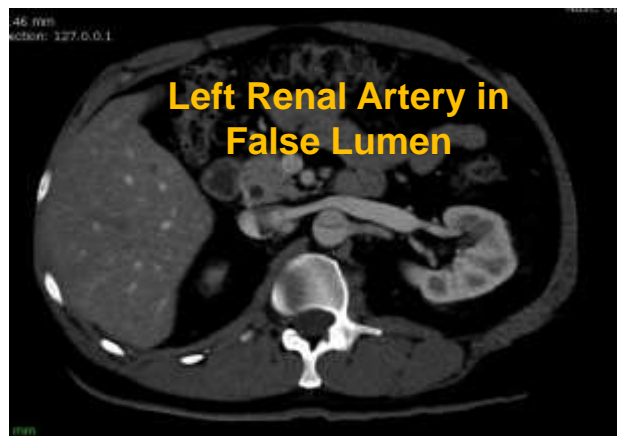
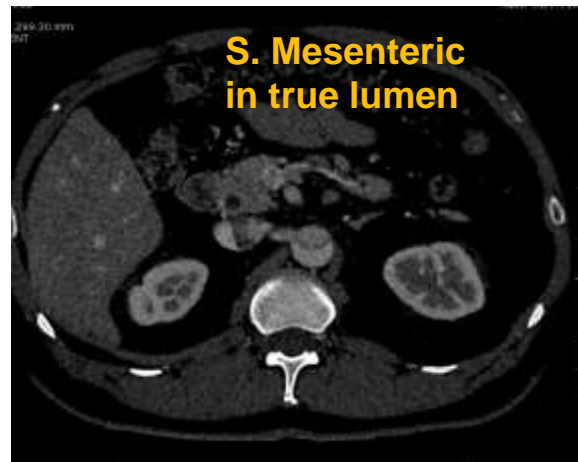
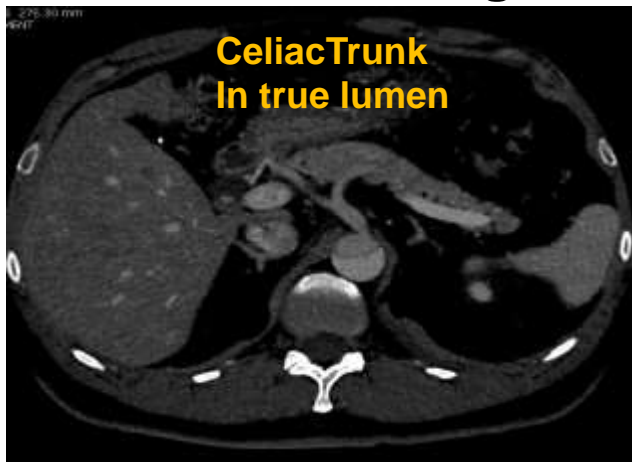


## Evolution at 5 days

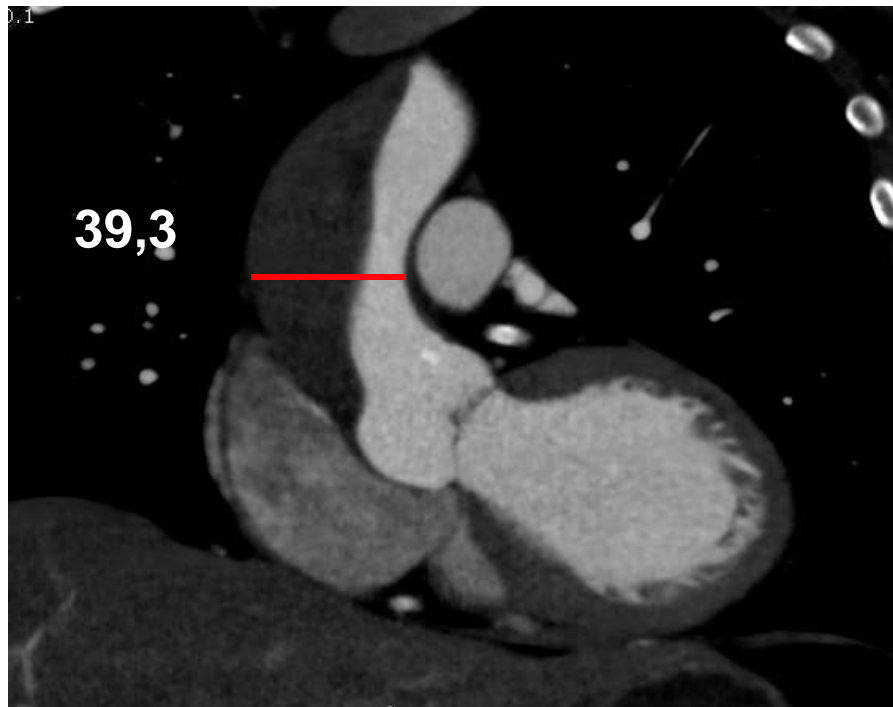
- Stable
- No angina or cardiac failure
- Heart Team decided new Angio CT



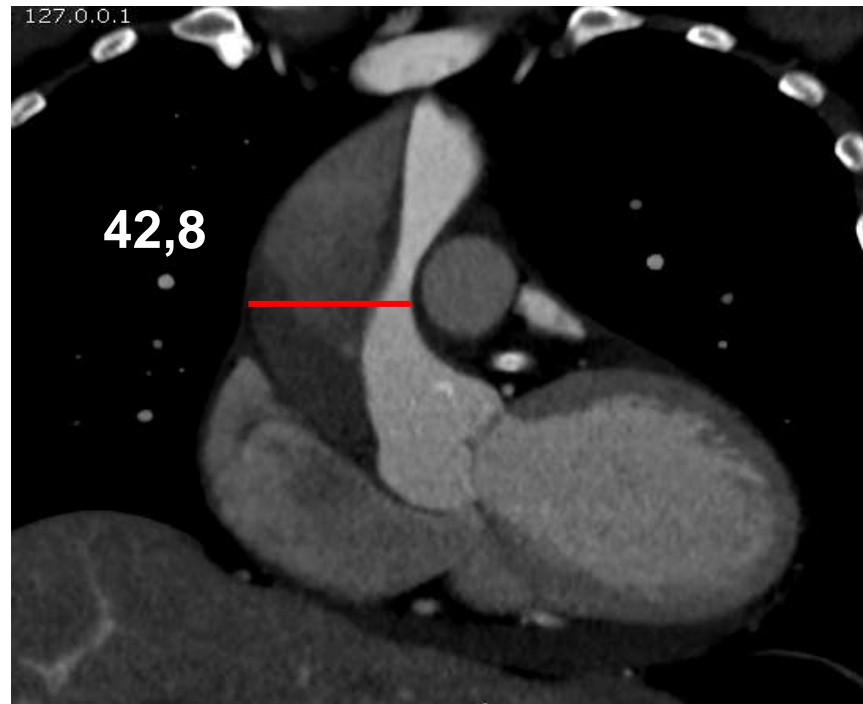
## Second AngioTC



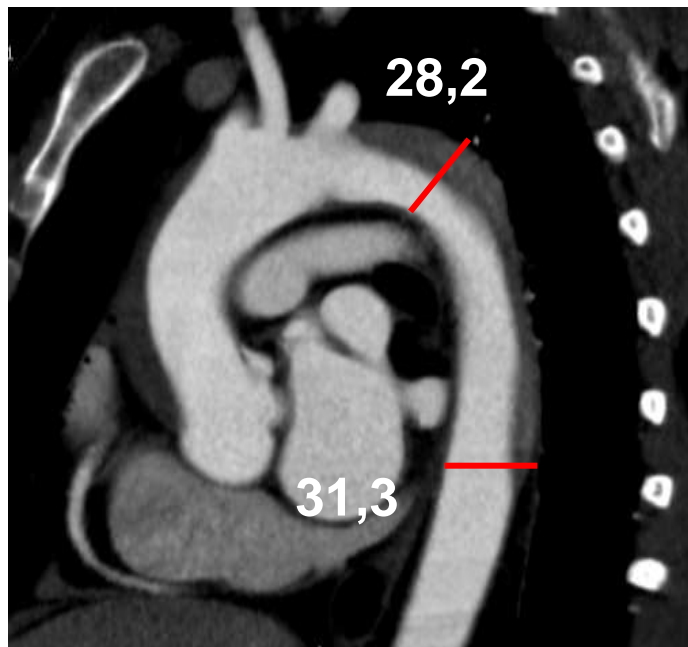
## First Angio CT



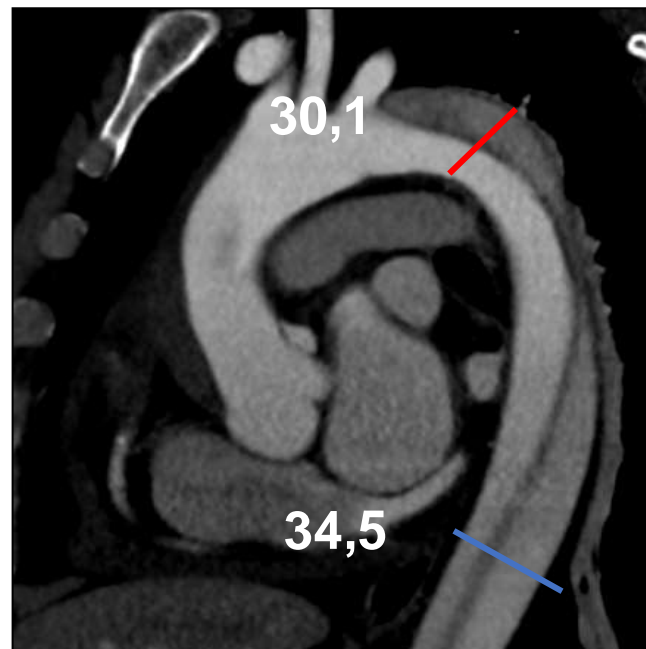
## Second Angio CT



## First Angio CT



## Second Angio CT



# Heart Team

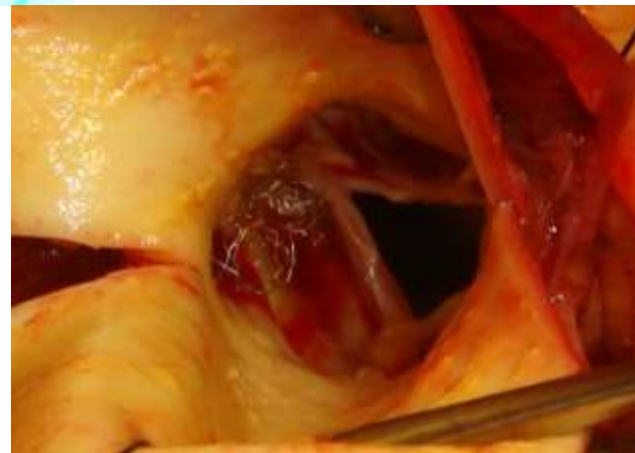
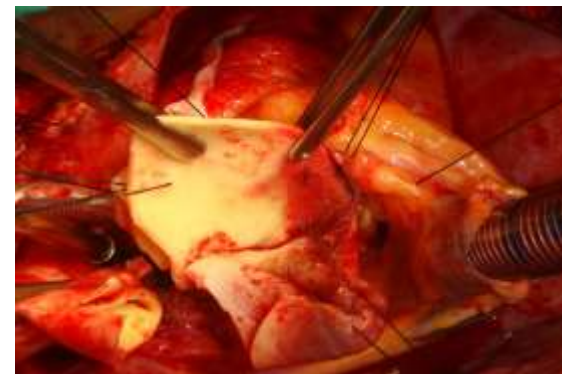
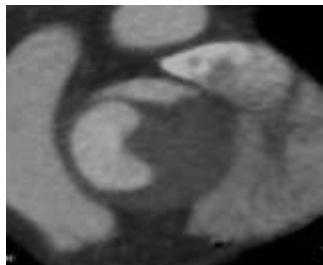
➤ Surgery

➤ Only AAS (4 days before surgery)

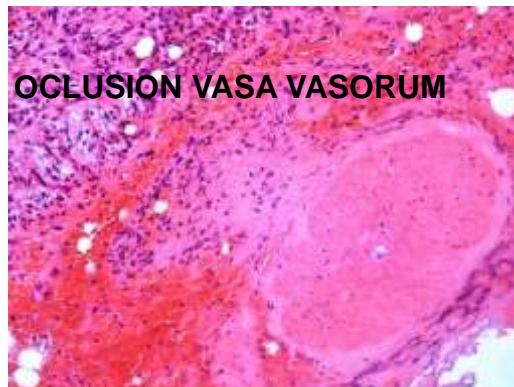
# Surgery

- Ascending aortic replacement and hemiarch replacement with Dacron 24 mm and vein graft LAD (failure weaning)
- Aortic cross clamp time: 107 min.
- Pump time: 122 min.
- Circulatory arrest time: 22 min.
- Hypothermia: 26°C
- In surgery needed inotropic (noradrenaline and dobutamine in high doses) and blood transfusion.

# Surgery



# Aortic Dissection





# Hospitalization

Cardiac failure in post-op (inotropic)

Clopidogrel + ASS (4<sup>th</sup> day)

Discharge at 19 days after PCI (10 days after surgery)

# DIAGNOSTIC

Ulcer and unstable lesion in LM ostium and guide dissection

# Follow Up 8 years

➤ Asymptomatic

➤ Echo-Doppler:

➤ LVDD 48

➤ LVSD 30

➤ EF 60%

➤ No HK

➤ Prefusion: no ischemia

**Thank You For Your Attention!!!!**

