The Calm Before the Storm Suffering from Success

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Clinical Presentation

- 67-year-old male patient
- New LBBB during exercise stress testing one week earlier
- CCS-III for 3 months
- Transferred after failed antegrade RCA CTO PCI attempt
- ECG and TTE normal

Clinical History

- The patient had a perforated appendix complicated by postoperative sepsis requiring a prolonged ICU stay. (2019)
- Underwent Knee-TEP revisions three times because of recurrent infections.
- Gastric perforation during the routine gastroscopy. (2022)
- Had a car accident on the way to his first angiography 1 month ago.

Risk Factors

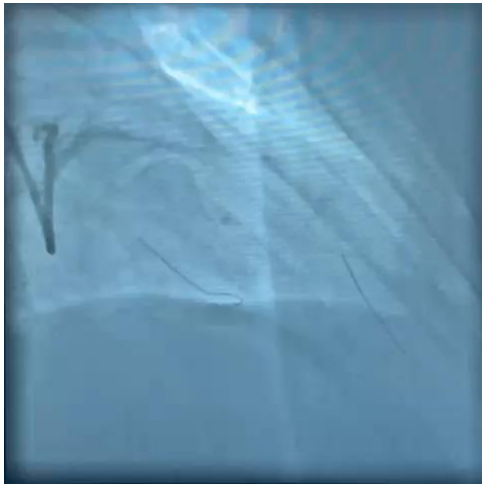
- Smoker
- **BAD LUCK**

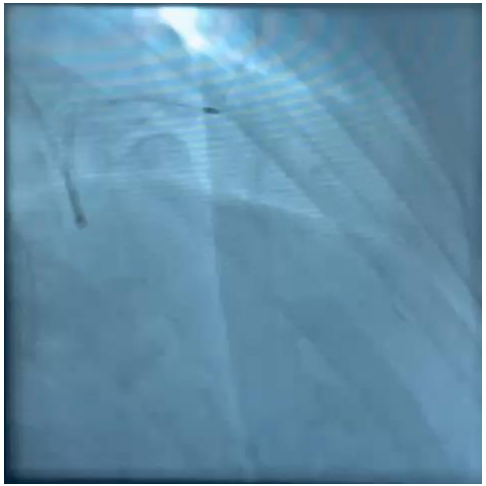
Baseline Angiography

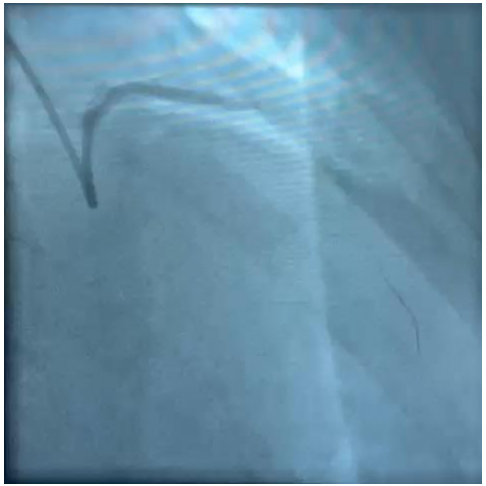
- 3-Vessel CAD
- LAD tight calcified lesion for ROTA (Balloon uncrossable)
- Moderate mid LCX disease
- Redo-RCA-CTO-PCI; staged

LAD PCI

- Radial; Slender 7F
- EBU 3,75/7F
- Upfront Rota 1,5mm Burr
- Cutting
- IVUS Guided PCI with DES
- Straight forward case
- RCA CTO staged





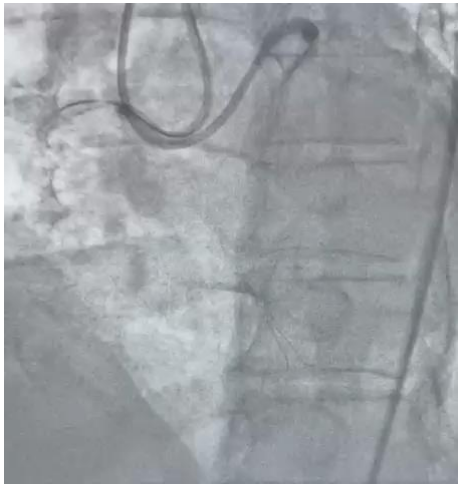


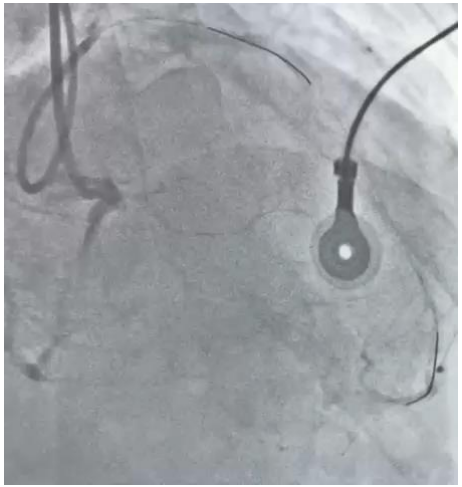
Set UP

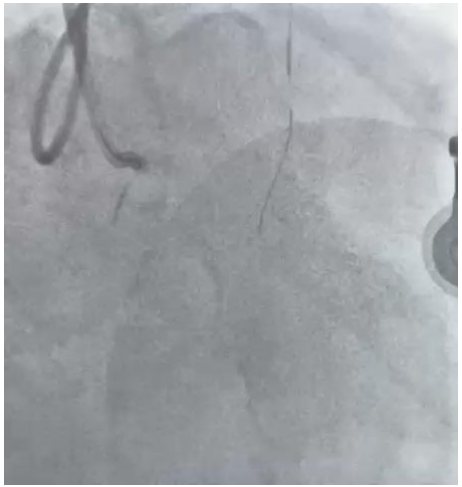
- Radial Slender 7F for Donor Vessel -> EBU 3,75/7F
- Femoral 8F Arrow Sheath for RCA -> AL1/8F
- The patient had received only a small dose of midazolam during the procedure
- Patient was calm.

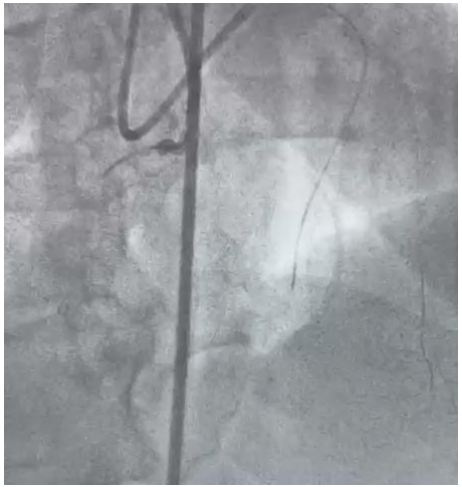
Plan/Procedure

- Upfront Retro
- Surfing / Suoh 03 / Corsair XS
- Knuckle Up Gladius MG
- Reverse CART
- Externalize -> Finalize
- NC + Cutting + IVL
- IVUS Guided PCI with 2XDES
- Everything looked perfect.









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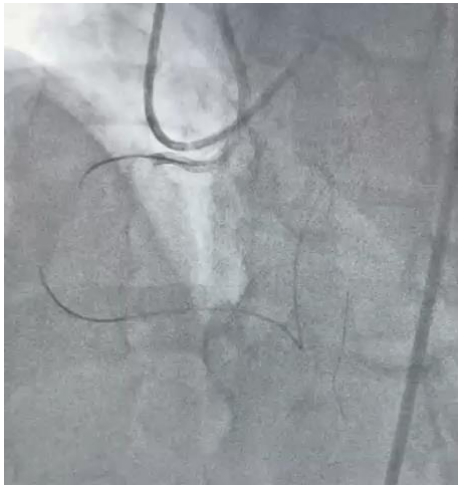
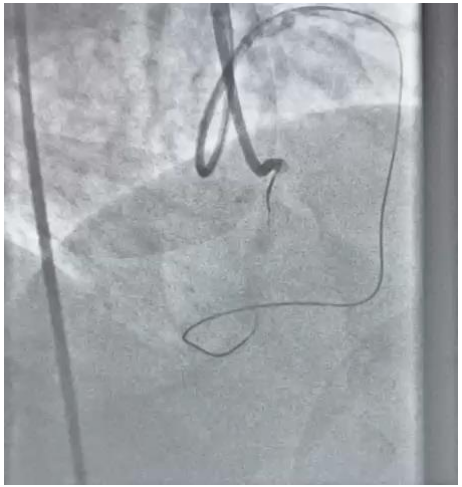
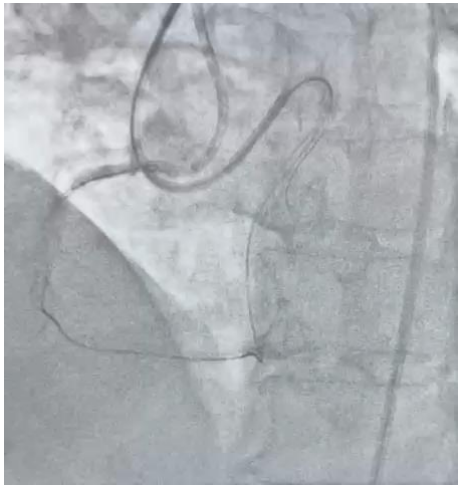
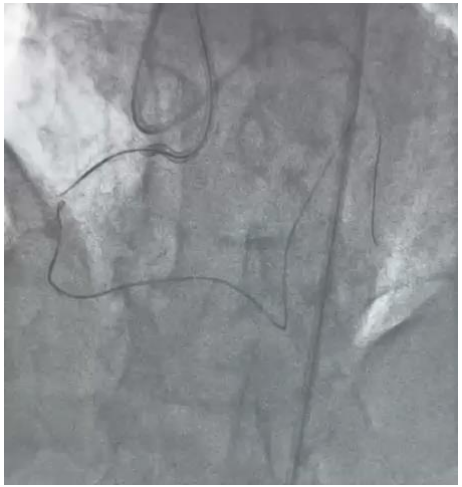
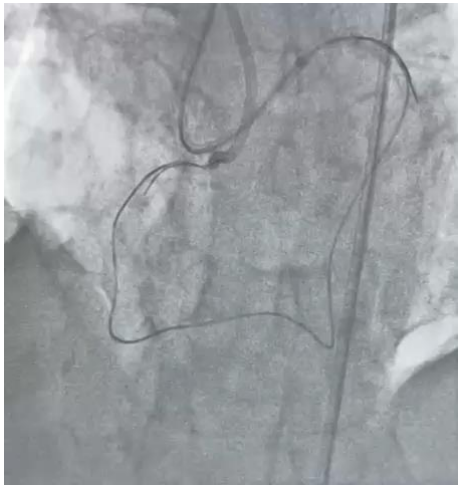
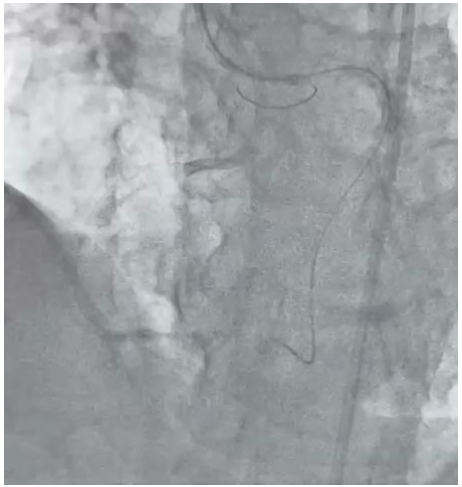


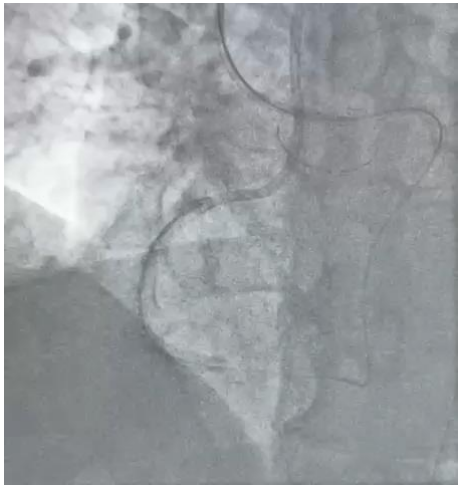


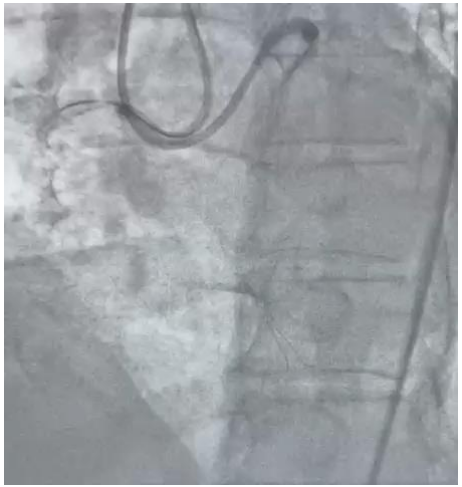


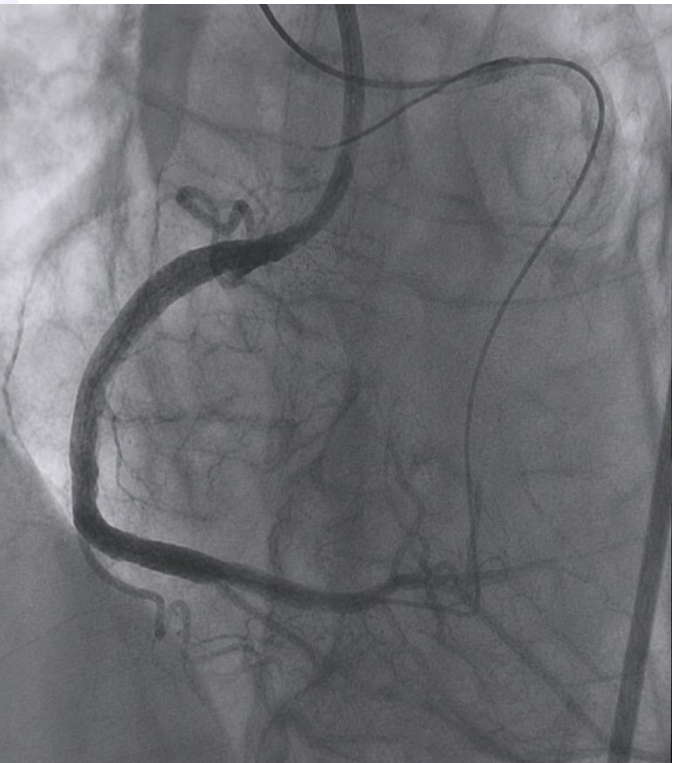












- **Everything looked perfect. The patient looked well, the vessel looked well but I had a bad feeling.**

Post PCI

- After the two-hour-PCI, the Patient was still calm and sleeping.
- Transferred to CCU
- I still had a bad feeling.
- I called the Resident; he told me `Everything is fine, no pericardial effusion and he is just sleeping`.
- Neurologist was informed and ordered a CT

Imaging / CT

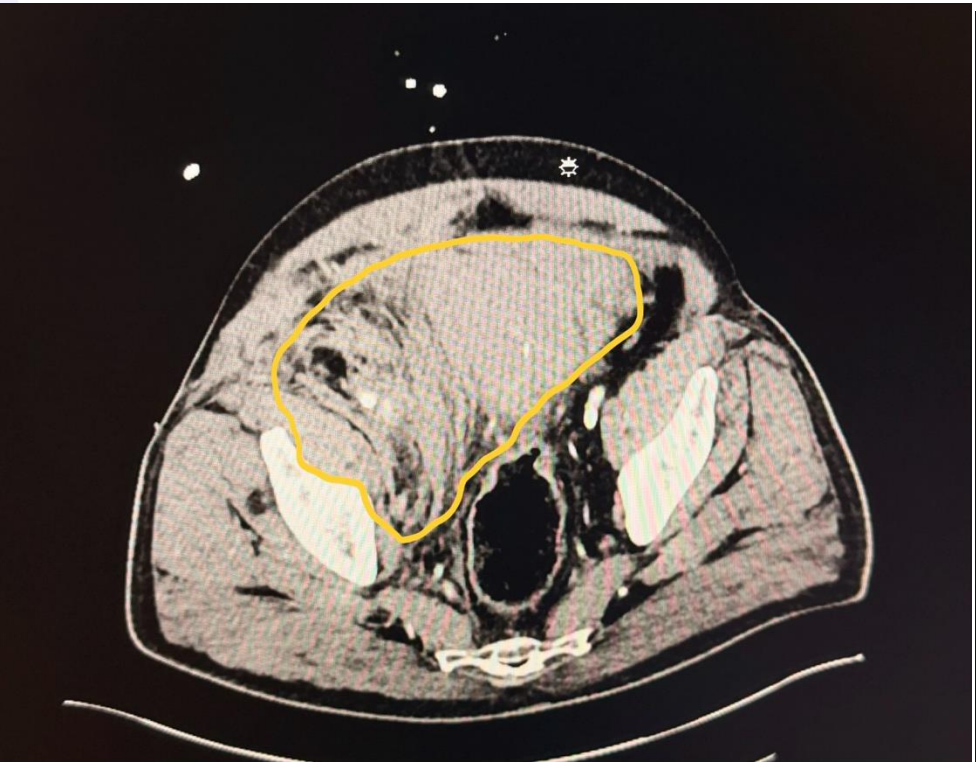
- No acute ischemia
- But patient still sleeping /actually somnolent.
- CT Angio ordered on the same day
- MRI on the next day

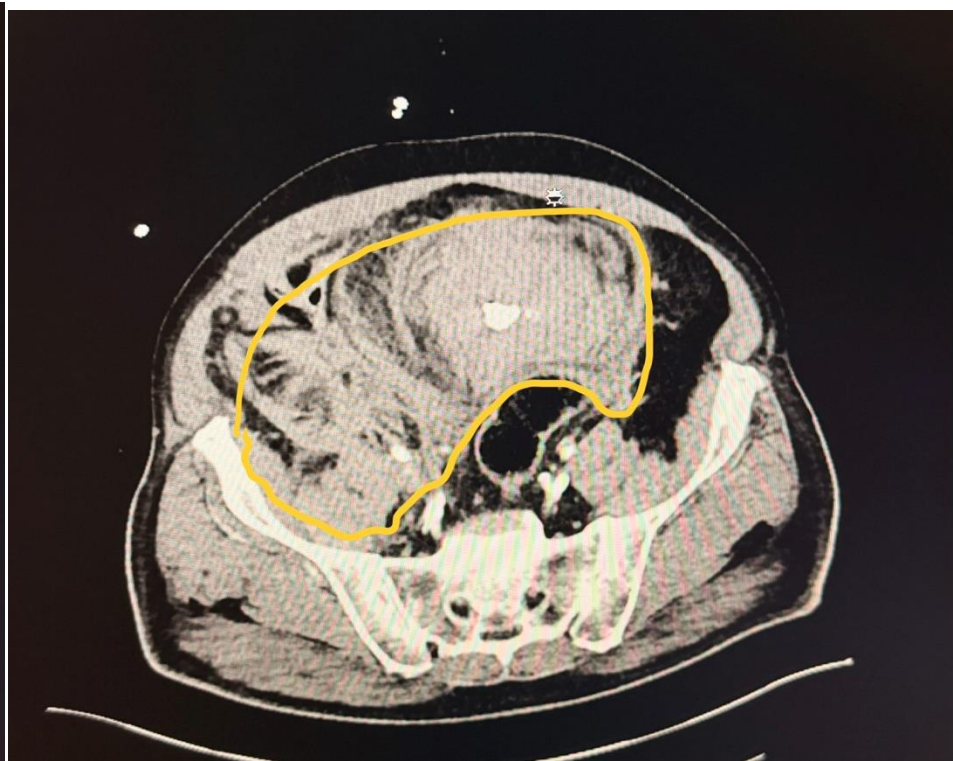
Same day at night

- Patient started to crash
- Shock
- Abdominal CT was done
- Huge Retroperitoneal hematoma. But no active bleeding (anymore).

Surgeons

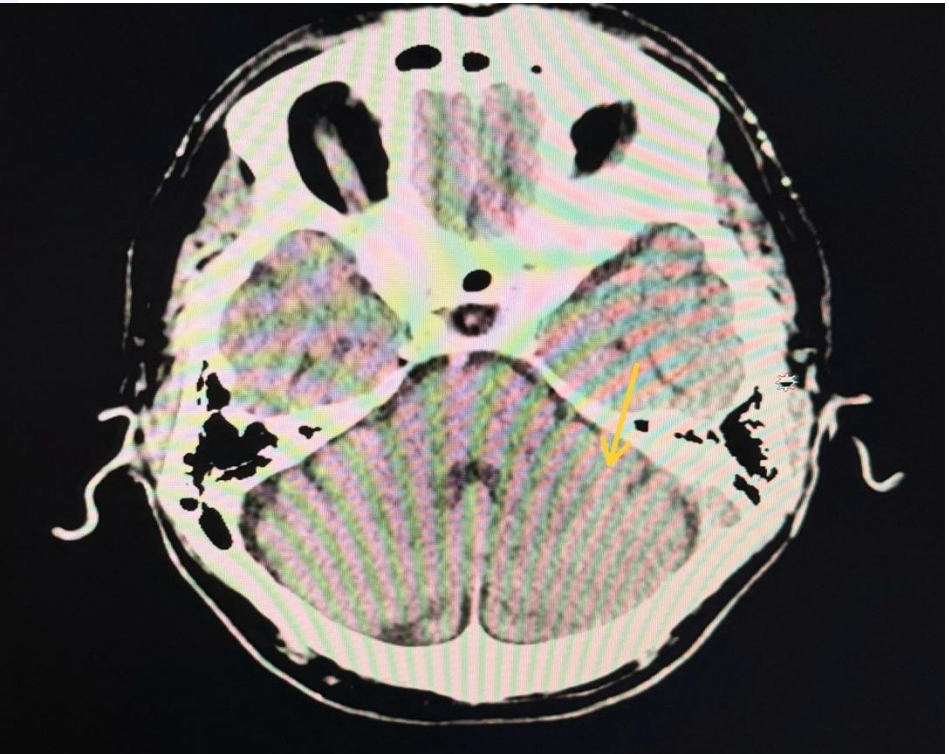
- Surgeons recommended conservative management.
- Catecholamines
- I.V Fluids

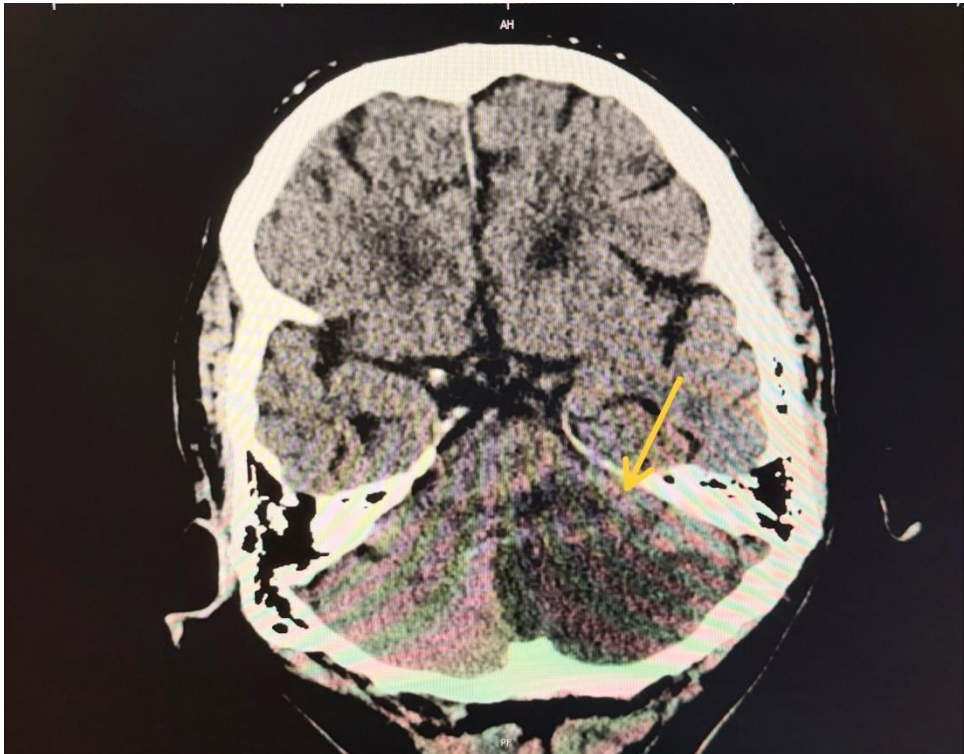




Next day

- Patient waking up with developed hemiplegia
- Aphasia
- MRI was already planned

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2 wks later

- Physiotherapy
- Ergotherapy
- Rehabilitation
- The patient was discharged but on a wheel chair

Take Home Message:

- Hemodynamics are important but also the neurological status of the patient.
- Clinical judgement should always complement imaging findings.
- Believe in your guts. When in doubt take it out. Initial CT was not enough.
- Retroperitoneal bleeding is a silent killer- Safe vascular access is the first step toward a successful PCI.
- Stroke is a rare, but among the most devastating and frustrating complications.