A Case of Acute Vessel Closure

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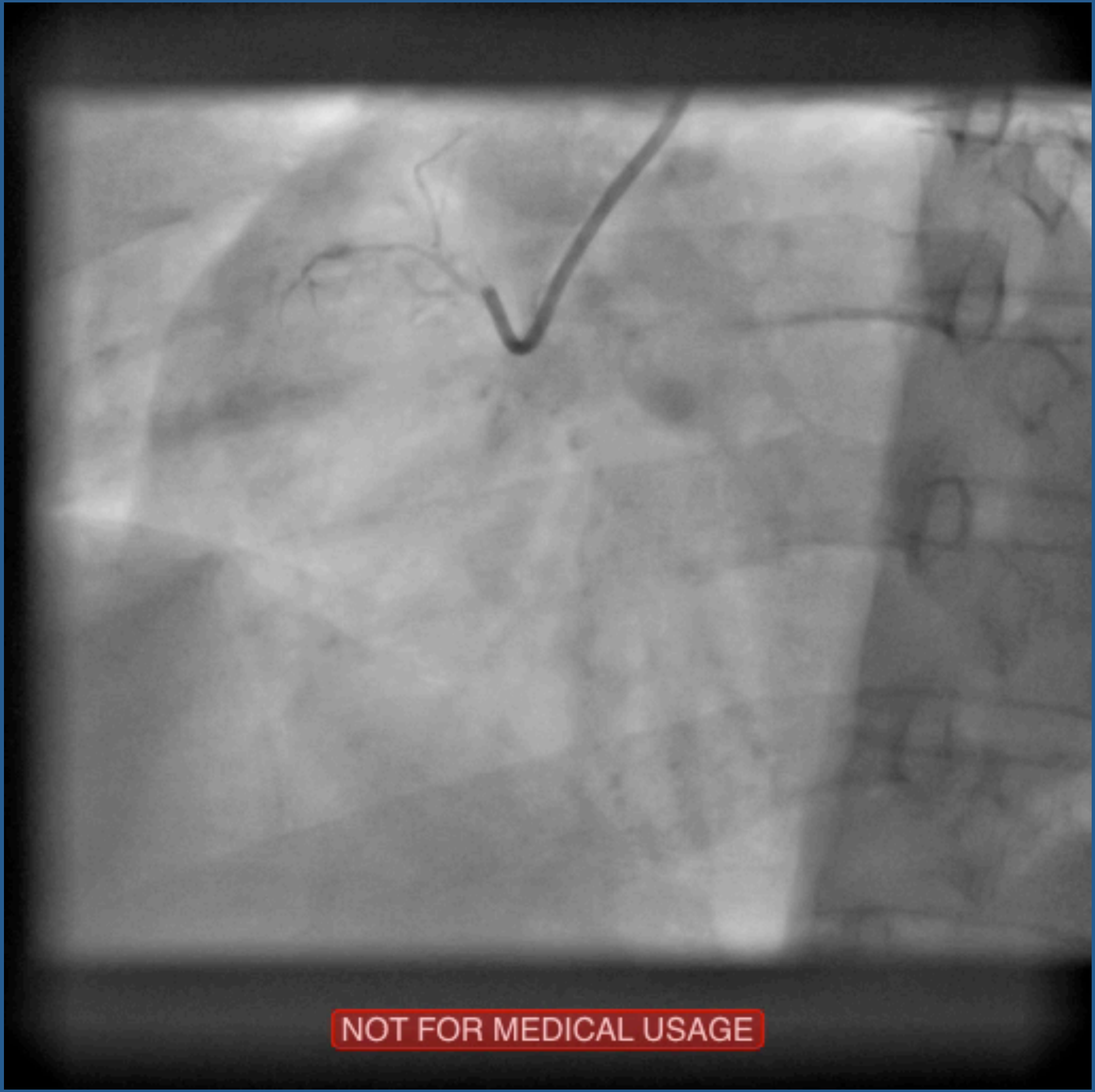
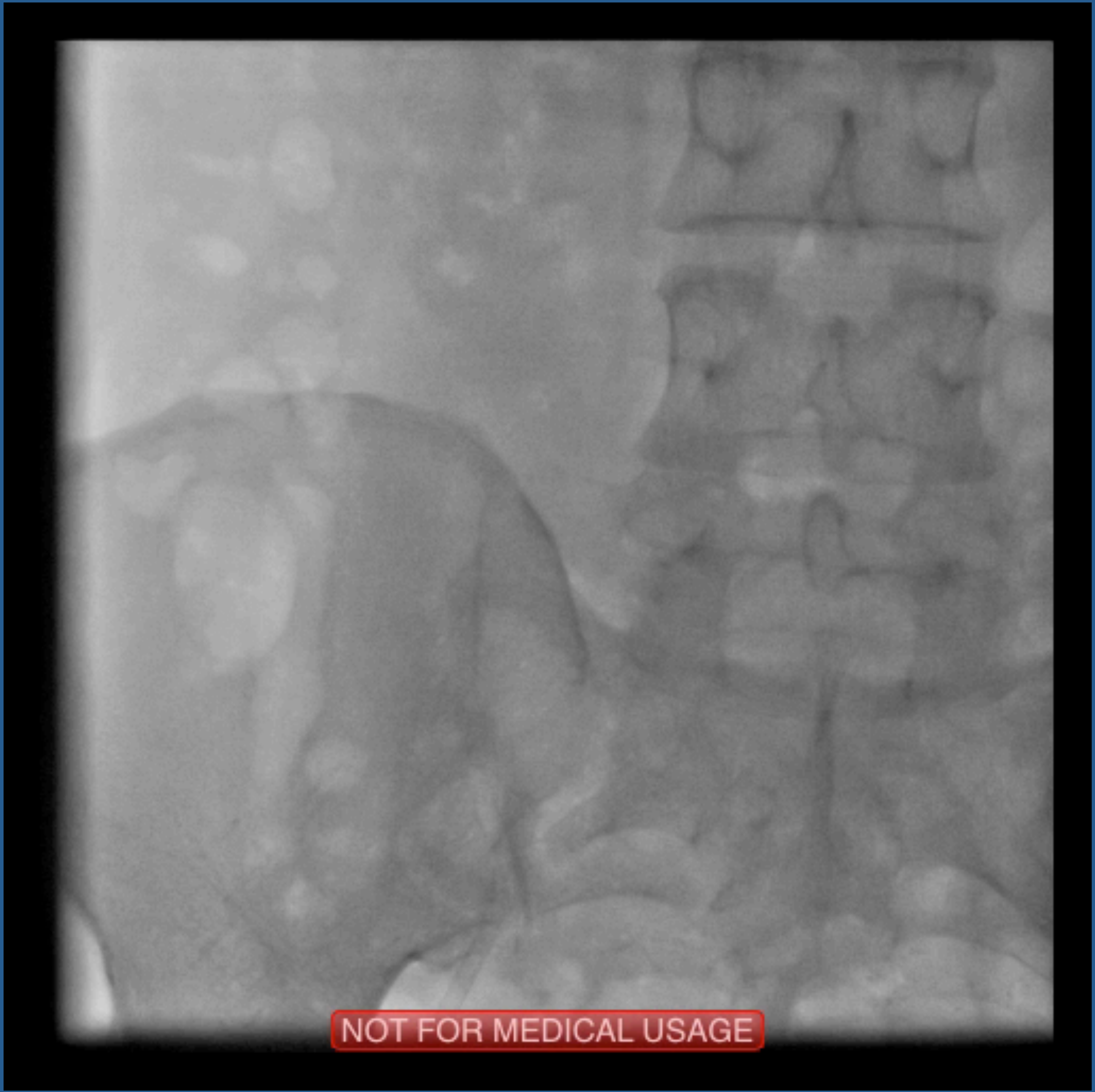
- 43/M
- Recent NSTEMI, Class II Effort angina
- Old IWMI
- T2DM, HTN
- Hypercholesterolemia
- O/E
- BP - 120/80, Pulse - 70/min, all peripheral pulses present
- Xanthoma
- CVS - S1,S2 normal, Chest clear


NOT FOR MEDICAL USAGE

- Radial artery spasm
- RFA 6F sheath
- JL 3.5 diagnostic catheter
- 0.035” Terumo wire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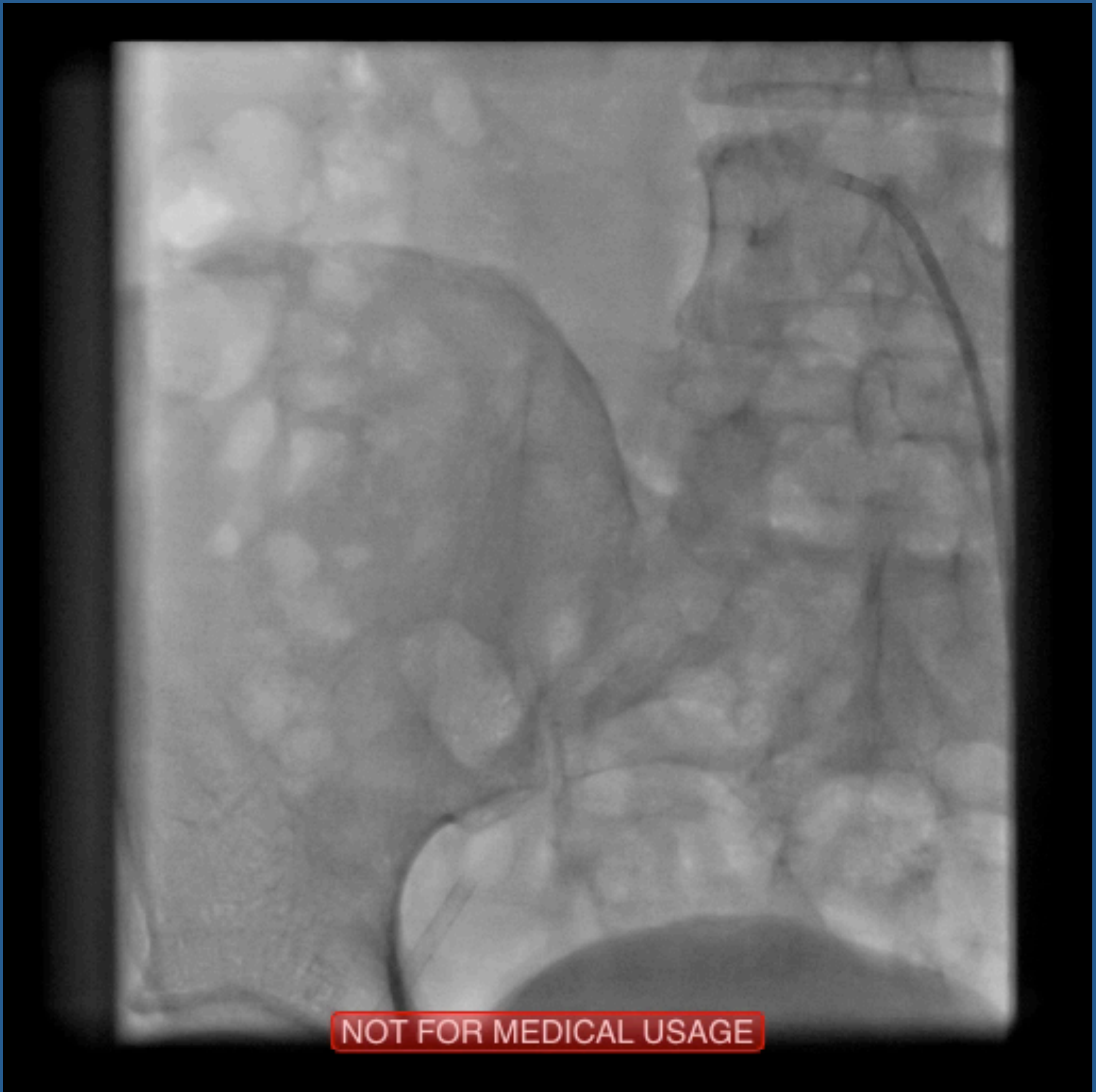
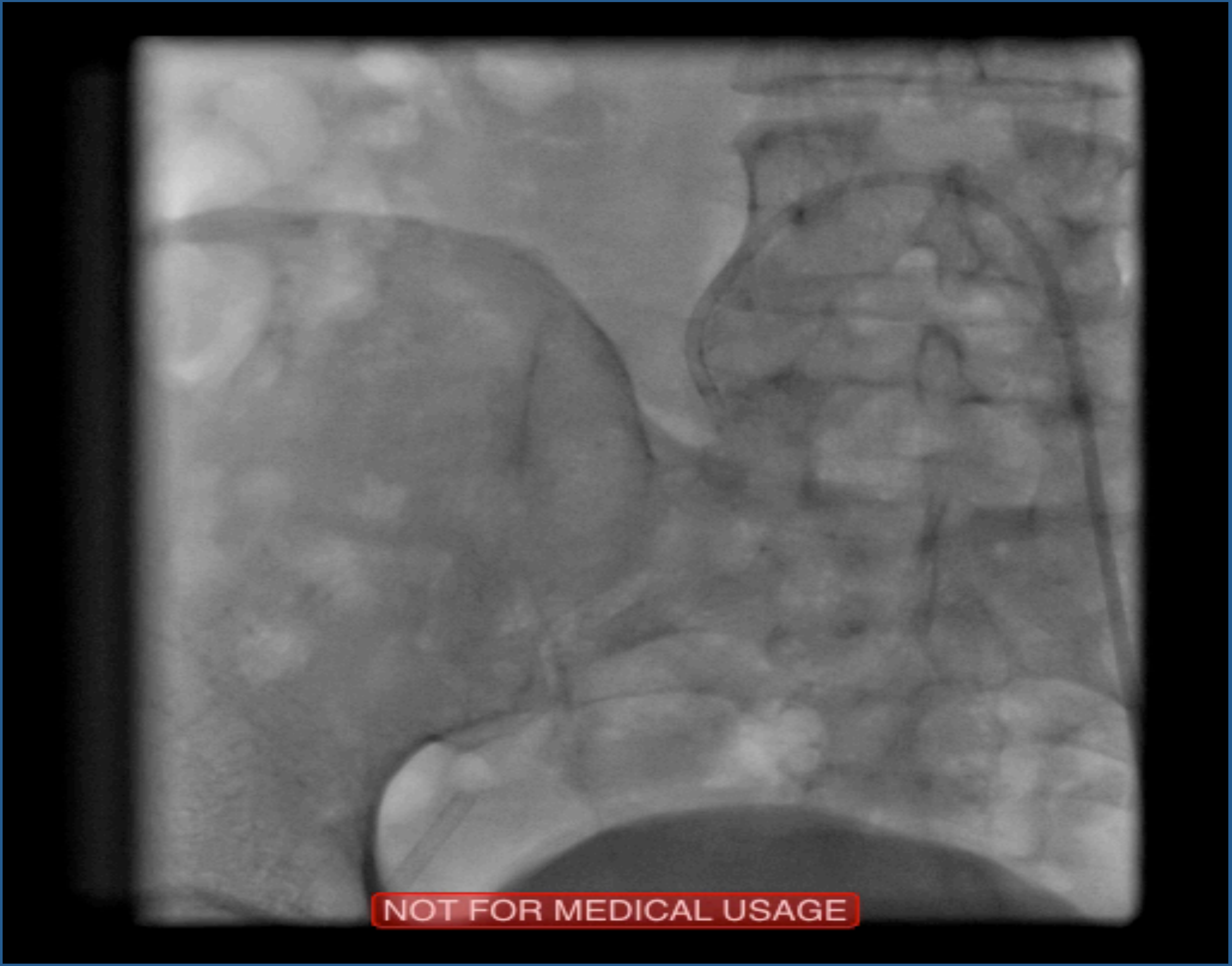
LFA
6F JR 3.0
GC

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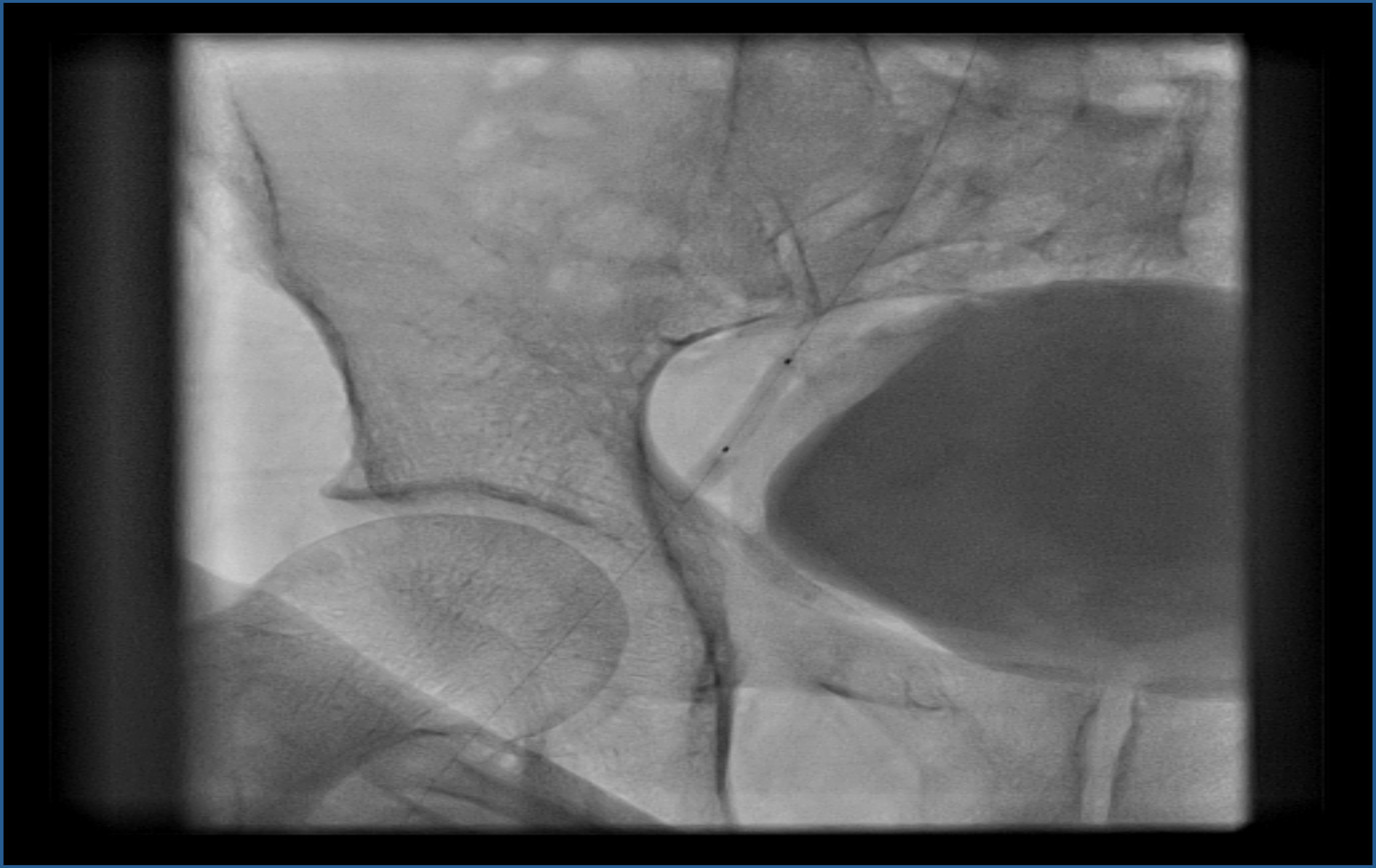
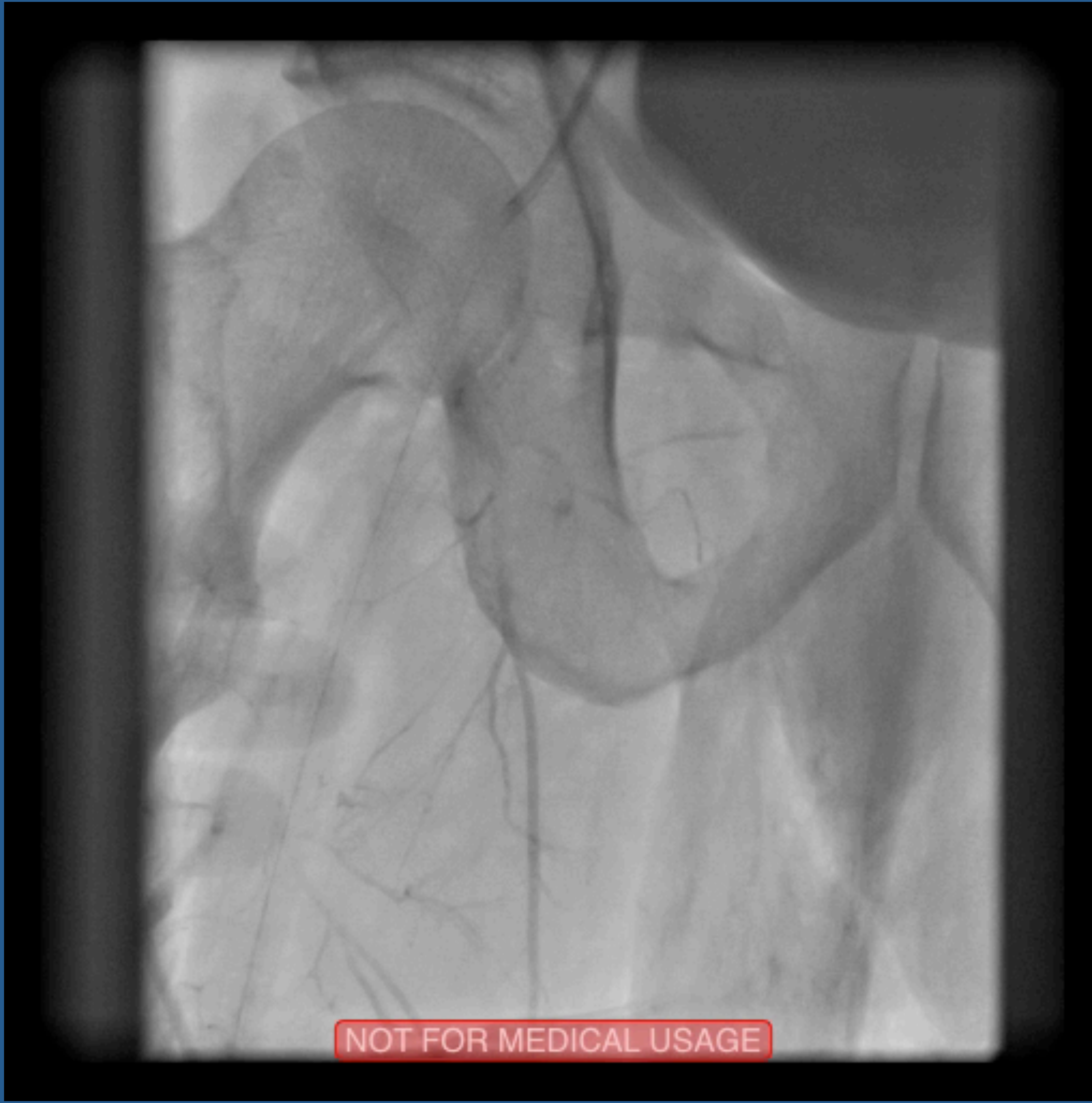
0.014”
Whisper ES
wire


NOT FOR MEDICAL USAGE

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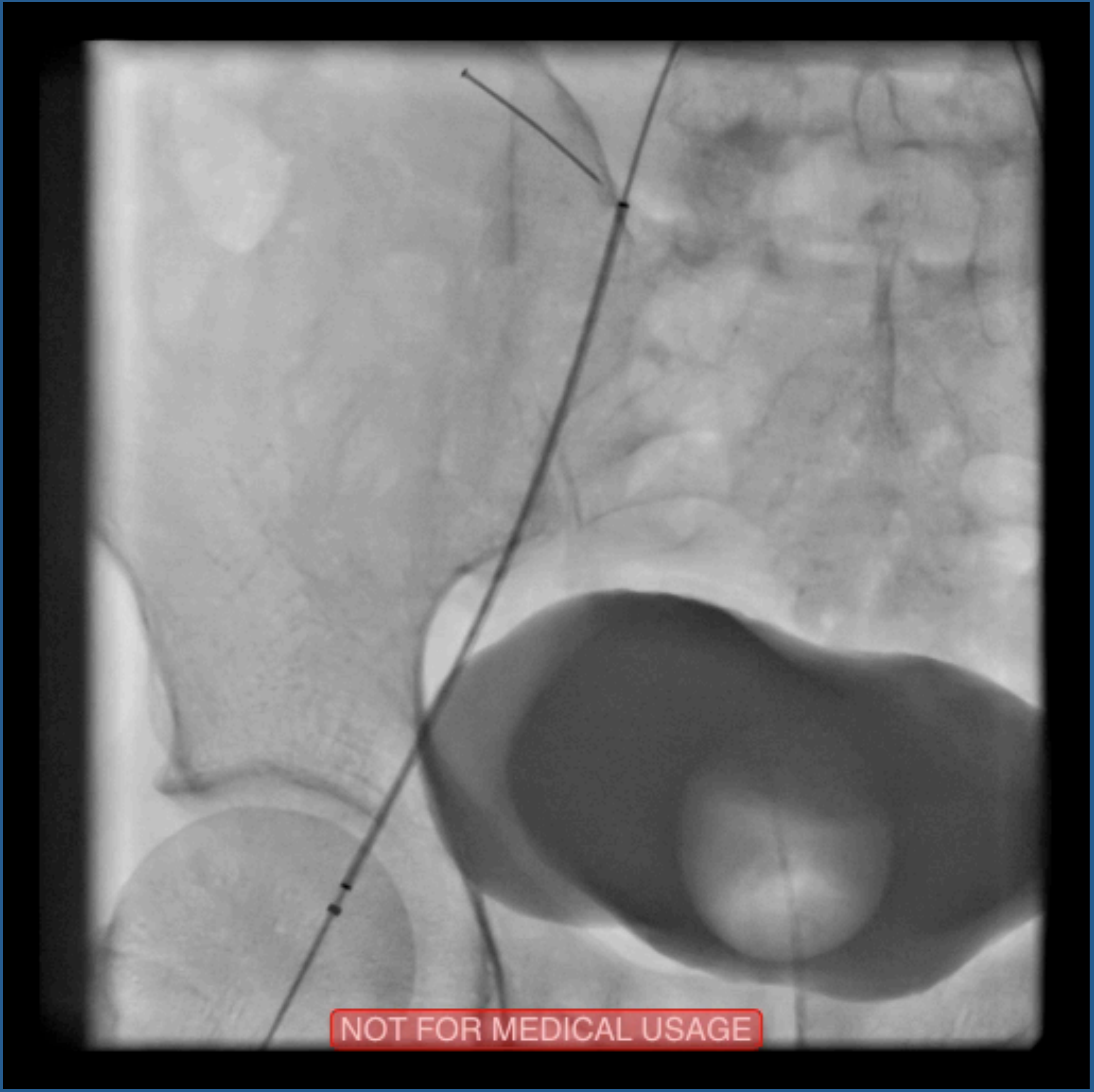
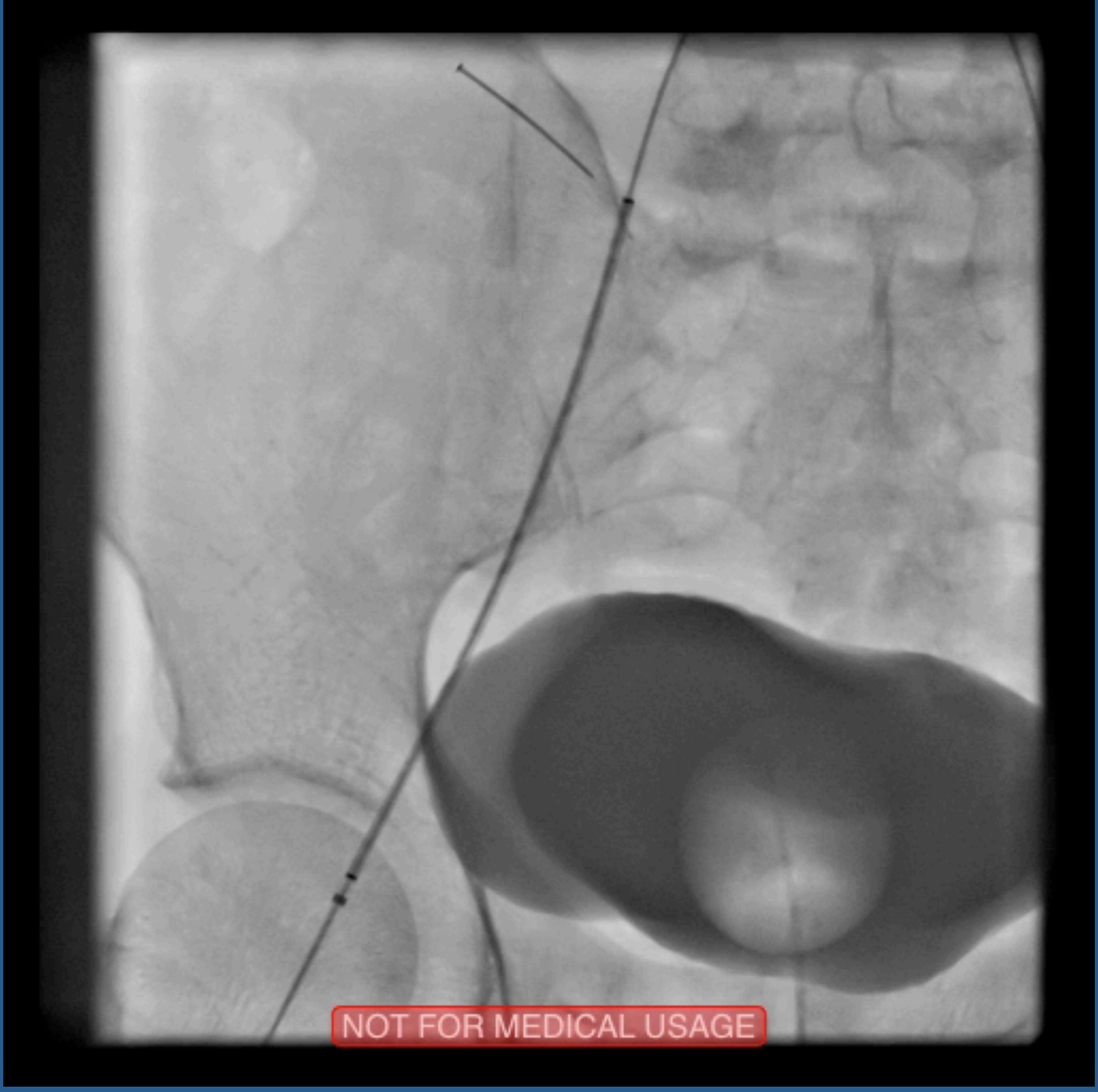
Double length
260 cm terumo
7.0 x 10 cm
Zilver Flex

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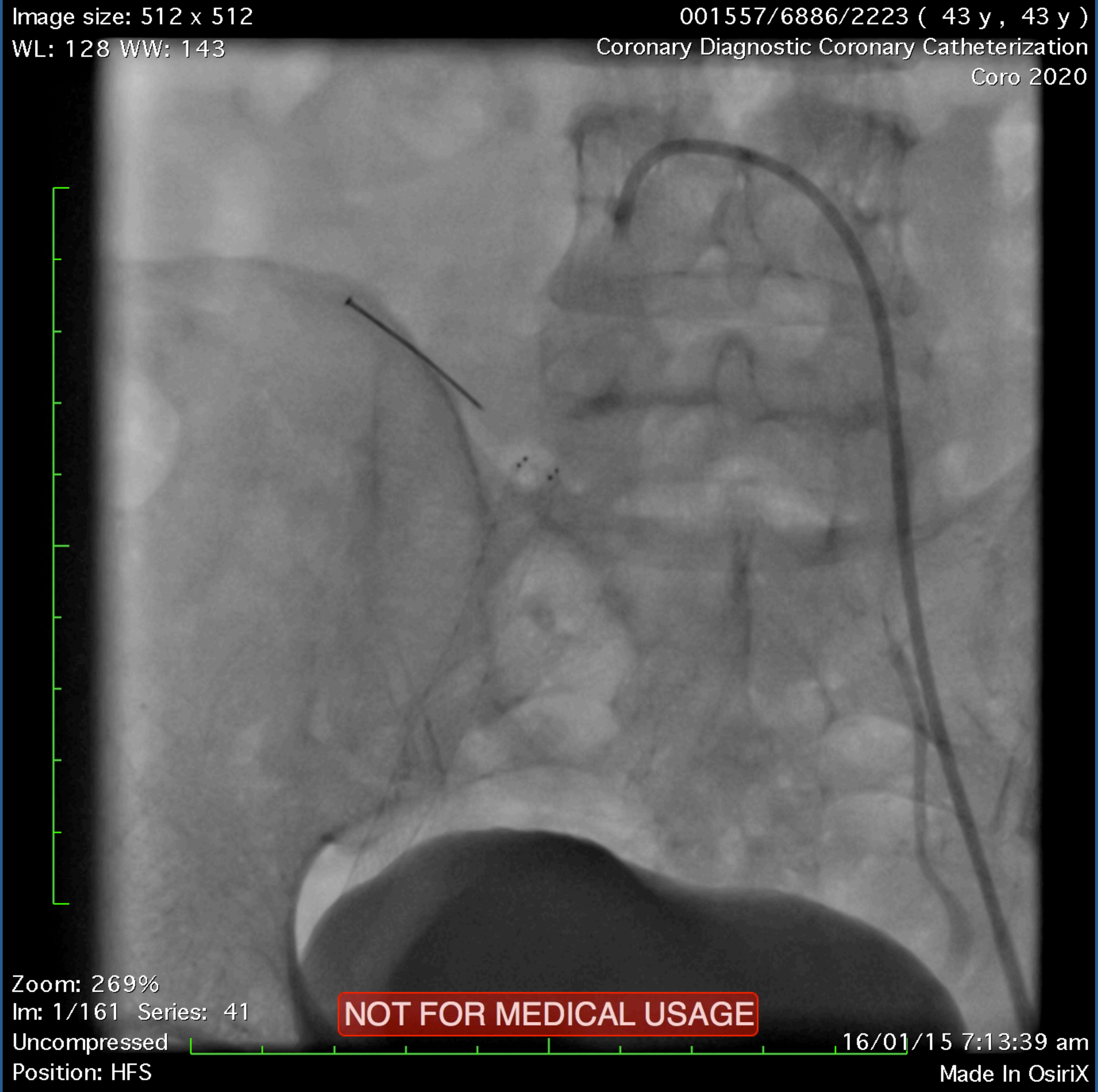
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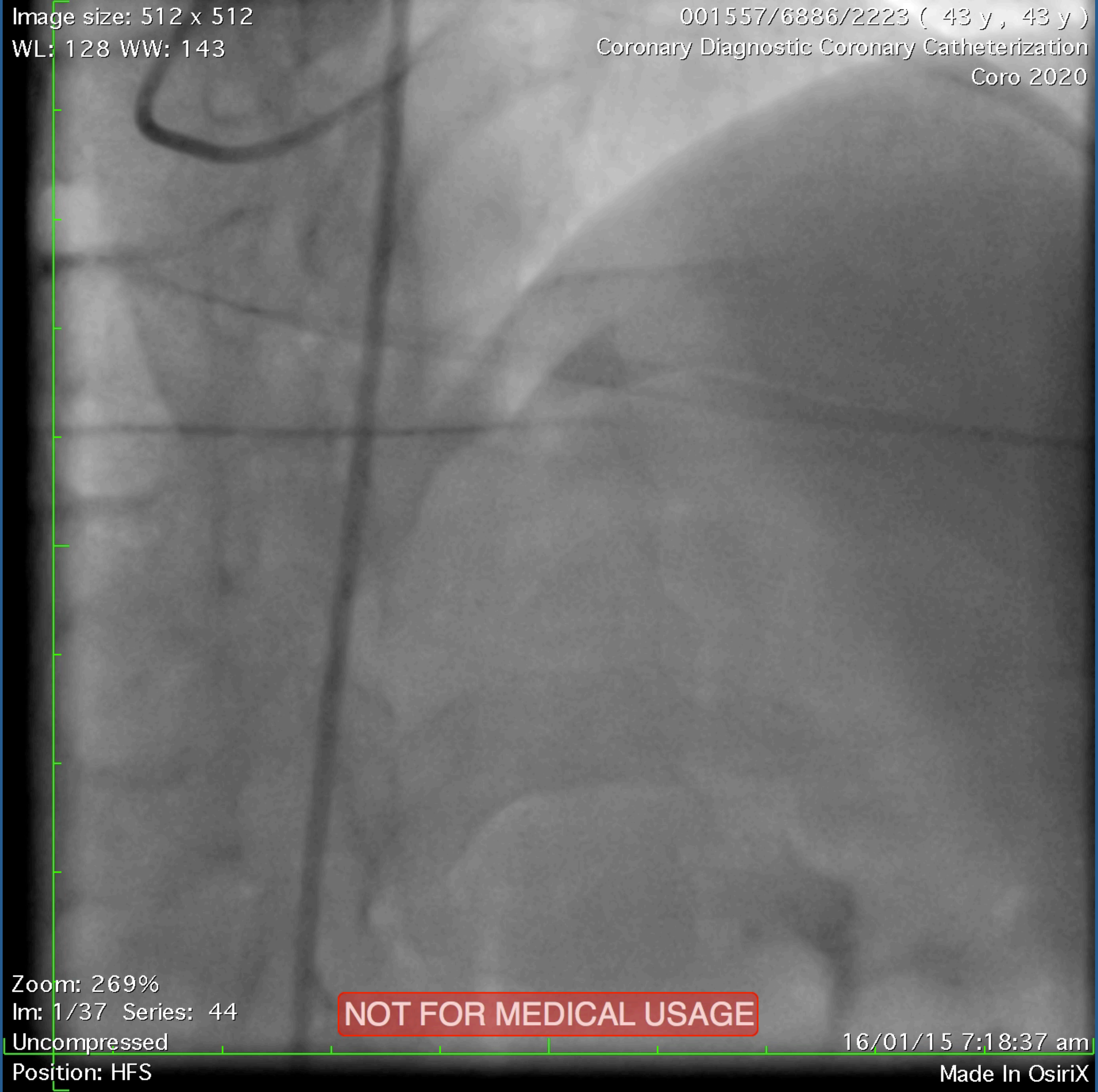
001557/6886/2223 (43 y , 43 y)
Coronary Diagnostic Coronary Catheterization
Coro 2020
Zoom: 269%
Im: 1/161 Series: 41
Uncompressed
Position: HFS
NOT FOR MEDICAL USAGE
16/01/15 7:13:39 am
Made In OsiriX

- Shifted to ICU
- 6g% Hb drop, Hypovolemic shock, fluids, packed cells given
- Stabilized and shifted out
- 3 weeks later PCI to LAD done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001557/6886/2223 (43 y , 43 y)
Coronary Diagnostic Coronary Catheterization
Coro 2020
Zoom: 269%
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NOT FOR MEDICAL USAGE
Uncompressed
16/01/15 7:18:37 am
Position: HFS
Made In OsiriX

Discussion

Iliac arterial dissection

- Iatrogenic
- Spontaneous
  - CTD, Fibromuscular dysplasia, atheromatous ulcer, physical strain
- traumatic

- **Aorto/iliofemoral bypass with Dacron/PTFE grafts**
- **Extraanatomic femoro femoral bypass**
- **Endovascular stenting**

Take home message

- Acute limb Ischemia is the STEMI equivalent of lower limbs.
- Immediate treatment is warranted- endovascular or open surgical.
- Appropriate hardwares are needed.
- Adhere to the fundamentals-never advance a catheter before a wire.