

When and Where? Hybrid Procedure after Percutaneous Coronary Intervention

Kamil Baczewski*

Department of Cardiac Surgery, Medical University of Lublin, Lublin, Poland

*Corresponding author:

Kamil Baczewski,
Department of Cardiac Surgery, Medical
University of Lublin, Lublin, Poland,
E-mail: drkamilbaczewski@gmail.com

Received: 15 Feb 2022

Accepted: 28 Feb 2022

Published: 06 Mar 2022

J Short Name: COS

Copyright:

©2022 Kamil Baczewski, This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

Citation:

Kamil Baczewski, When and Where? Hybrid Procedure after Percutaneous Coronary Intervention.

Clin Surg. V7(6): 1-1

1. Clinical Image

Invasive angiography in high risk of significant disease is class A of recommendation. Myocardial infarction caused by dissection of coronary artery is very rare complication. The infarct-related artery (IRA) should be treated during the initial intervention. If PCI of the IRA cannot be performed coronary artery bypass (CABG) should be considered.

A 76 y.o. female was admitted to Cardiology Department for coronary angiography. During procedure right coronary artery was dissected caused ST-elevation myocardial infarction (STEMI). Cardiologist decided to performed percutaneous coronary intervention. When cardiologist want open stent patient had ventricular fibrillation and stent had gone to ascending aorta. Patient had moved to Cardiac Surgery Department for intervention. In cardiopulmonary bypass surgeons made bypass to RCA. When they opened the aorta they did not see the stent, which has probably removed, bad they did not know where? From the operating room patient has moved to Department of Interventional Radiology and Neuroradiology, where radiologist scan all the patient body. Stent was find in the internal iliac artery. Ultrasonography confirmed location of the stent. After diagnostic stent was removed from the artery. After all procedures patient was transported to Intensive Care Unit because of respiratory failure. After six days she was extubated and transformed to Cardiac Surgery Department. After rehabilitation she was discharged home in good condition. This case shows how to good manage situation in complication patient. In many cases we have guidelines but in rare situation we should make decision based of Heart Team.

