

## Some more important information

- ▶ Serum K: 5.6 meq/L
- ▶ Echocardiography:
  - ▶ RWMA at the inferior and posterolateral walls
  - ▶ EF: 50%
  - ▶ No MR
  - ▶ No pericardial effusion

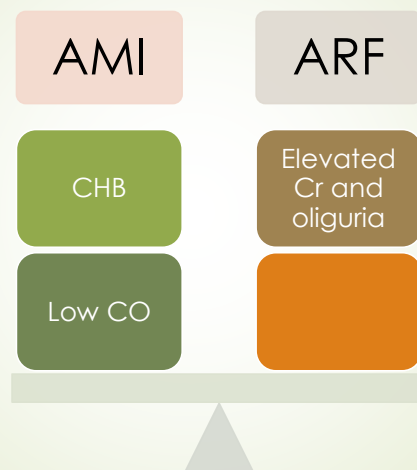
AMI

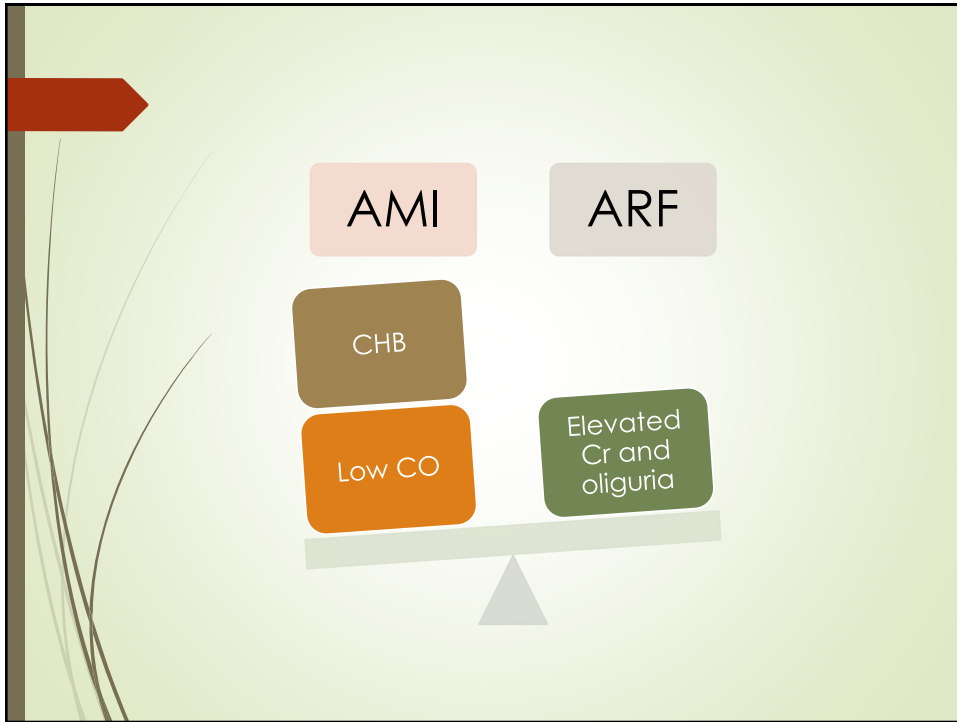
ARF

CHB

Elevated Cr and oliguria

Low CO

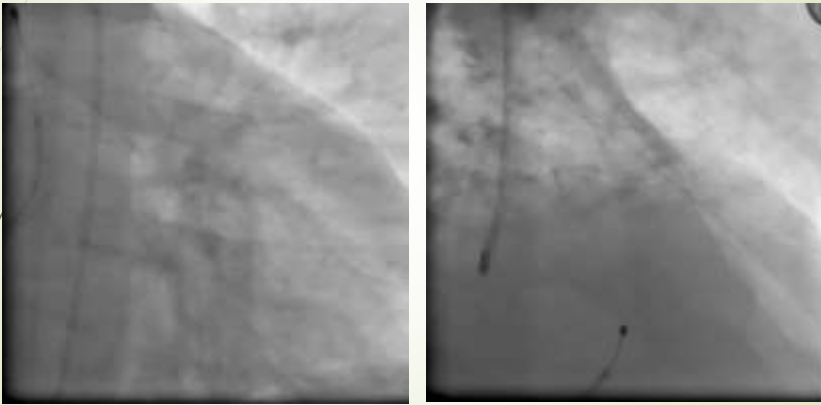





## Primary PCI

- Aspirin 300 mg
- Clopidogrel 300 mg
- IV fluid infusion
- IV Noradrenaline
- To use as minimal contrast as possible
- Consulting nephrologists

Temporary pacemaker wire  
Left coronary angiography

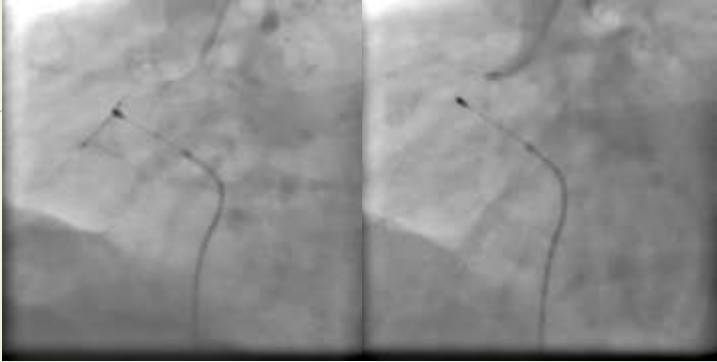


The top slide features a light green background with a red arrow pointing right on the left side. A text box contains the title "Temporary pacemaker wire" and "Left coronary angiography". Below the text are two side-by-side grayscale angiographic images. The left image shows a coronary artery with a thin, dark wire inserted. The right image shows a similar view from a slightly different angle, highlighting the wire's position within the vessel lumen.



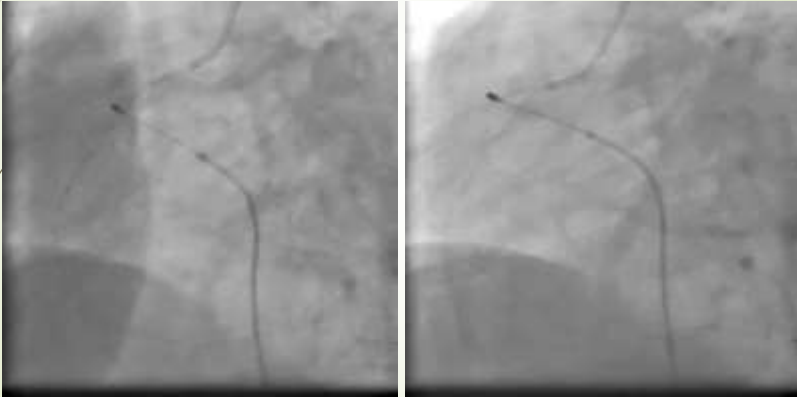
The bottom slide has the same light green background and red arrow as the top slide. It contains a single, larger grayscale angiographic image. This image shows the same coronary artery and wire as the top slide, but from a different perspective, providing a more detailed view of the wire's placement and the vessel's anatomy.

JR 6F  
BMW wire then PT2 LS  
Aspiration catheter failed to pass  
2.5 X 20 mm Balloon




The image consists of two side-by-side fluoroscopic views of a blood vessel. In the left view, a thin wire is visible, curving through the vessel. In the right view, a thicker catheter is visible, following a similar path but appearing to be blocked or unable to advance further.

Passing Aspiration catheter



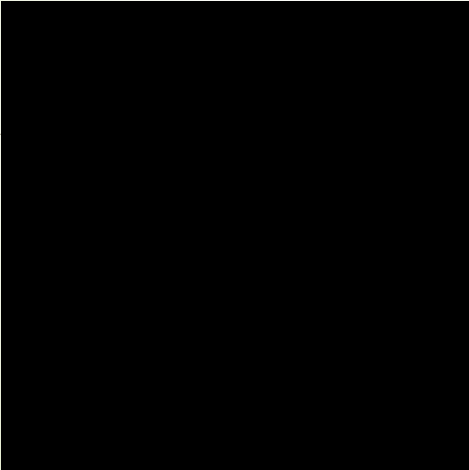
The image consists of two side-by-side fluoroscopic views of the same blood vessel. In the left view, the aspiration catheter is positioned at the site of the previous blockage. In the right view, the catheter has successfully advanced further down the vessel, demonstrating the successful passage.

Failed passage of 3.0 X 38 mm EES



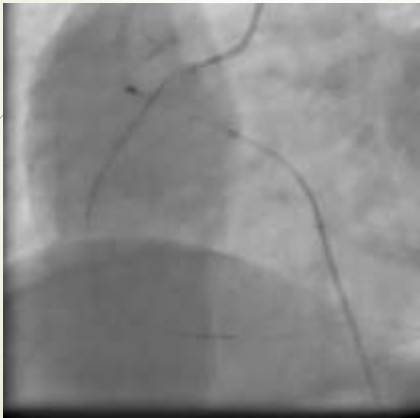
A fluoroscopic image showing a catheter with a guidewire inserted into a vessel. A red arrow points to the catheter tip, which is positioned in a vessel that appears to be partially occluded or narrowed, indicating a failed passage of the 3.0 X 38 mm EES.

PT2 MS  
Dilatation with 2.5 X 20 mm Balloon




A solid black rectangular area, likely representing the dilatation procedure with a 2.5 X 20 mm balloon.

3.0 X 38 mm EES at 14 atm




This slide features a light green background with a dark grey vertical bar on the left side. A red arrow points to the right from the top of this bar. The text "3.0 X 38 mm EES at 14 atm" is positioned to the right of the arrow. Below the text is a square fluoroscopic image showing a catheter with a curved tip inside a vessel. The vessel lumen is visible as a darker area, and the catheter's shaft and tip are clearly defined against the lighter background of the vessel wall.




This slide is identical in layout to the one above, featuring a light green background, a dark grey vertical bar on the left, and a red arrow pointing right. It contains a square fluoroscopic image of a catheter in a vessel, which is a duplicate of the image in the first slide.

3.5 X 16 mm EES in proximal RCA (at 14 atm)  
Withdrawal of PT2 LS wire before inflation

A fluoroscopic image showing a coronary artery. A thin, dark wire is visible, extending from the top left towards the center of the frame. The background is a light, grainy texture, likely representing the surrounding tissue or the X-ray beam's path.

Final

A fluoroscopic image showing a coronary artery. The wire is no longer visible, indicating its withdrawal. The background is a light, grainy texture, similar to the previous image.



## Post-cath course

Dialysis (once)- Kept on IV fluids-  
Withdrawal of vasopressors

Cr: 6.5 mg/dl then decreased  
over one week till 1.9 mg/dL

CHB ->>> SR (after 5 days)

Echo: EF:61%- RWMA (inf and  
post walls)- No MR- Mildly Dil RV

## Conclusions

In complex clinical scenarios:

- Address benefits vs. risks
- Plan our strategy
- Get help from other specialties



