

PERCUTANEOUS CORONARY REVASCULARIZATION TREATMENT FOR HIGHER-RISK HEMODIALYSIS PATIENT WITH AN INDICATION FOR REVASCULARIZATION, A CASE REPORT.

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Abstract

Keywords:

Hemodialysis,
Hypertension,
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Patient with severe CAD who are candidates for PCI but at high risk because of patient comorbidities including Chronic Renal Failure (CRF) on Hemodialysis [HD], hypertension, hyperlipidemia, positive family history of CAD, underweight [33 kg] and poor hemodynamic status.

Background

Percutaneous Coronary Angioplasty is Feasible approach to treat the increasingly higher-risk patients .

Case report

A 40 year old male, non smoker ,with history of long standing Hypertension, Hyperlipidemia, Positive Family History of CAD, significant Past Medical History of cardiac events with reccurent Admissions with angina and congestive symptoms.

History of Chronic Anemia & CRF on HD last 7 years from left arm access twice per week with underweight which equal 33kg at procedure time , no history of Diabetes or known Allergies.

Patient underwent cardiac catheterization 11/2/2017 at private hospital & reported indication for PCI to LAD, with history of reccurent admissions with angina and congestive symptoms & postponed cardiac cathetrization multiple times due to high risk coronary intervention.

Patient Admitted at 18/2/2018 Prince Hashem Hopsital / Aqaba, his 12-lead electrocardiogram revealed NSR,rate=80/min QRS=94 miliseconds with LVH & ST-T changes Ant-lateral leads. His LAB results were: CPK=287 CREAT.=7.06 MG/DI PCV=34.2%, Chest X-ray was unremarkable

2DE shows normal LV function, GII TR , RVSP=65MMHG with pulmonary HTN, trace MR & normal AV.

Methods

Intravenous N.S infusion with NAHCO3 started and preparation for cardiac catheterization was undertaken. Coronary angiography was performed via right femoral artery approach. The femoral artery puncture was straightforward with 6F dilator and a 6FJR guide catheter was used for right coronary angiography which revealed grossly normal & D RCA. We use JL6F guide for left system angiography which revealed normal Left Main , Left Anterior Descending artery has proximal long severe disease & Circumflex has proximal non occlusive plaque. With use of same guide catheter for proceed for PCI to LAD using soft tip coronary guide wire to cross the proximal lesion then Direct stenting using DES 3.0*38 to 16ATM
Patient permission for this case report was considered & approved by him.



[RT ANGIO.mp4](#)



[LT ANGIO.mp4](#)

Results

Floro time 5min 22sec & Floro dose 3.15mGY & using only 20ml of diluted contrast media.



[LAD PCI.mp4](#)

Conclusion

Successful PCI Revascularization for higher-risk Hemodialysis Patient With an indication for revascularization in spite of comorbidities including Hypertension, Hyperlipidemia, Positive Family History of CAD, underweight [33 kg], Pulmonary HTN and poor hemodynamic status with very short time procedure reflects minimal floro dose & minimal contrast Agent.

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