Başarısız CTO Sonrası Gelişen Sol Atrial Trombüs

Dr. Gürsel Ateş
Anadolu Sağlık Merkezi
Gebze / Kocaeli

ANADOLU H
In Affiliation with
JOHNS HOPKINS MEDICINE

ÖYKÜ

- 79 yaşında
- Erkek
- Daha Önce LAD-D1 Bifurkasyonuna 2 Stent takılmış
- Hasta 10/08/2012de anginal Yakınmaları nedeni ile Koroner Anjiyografi

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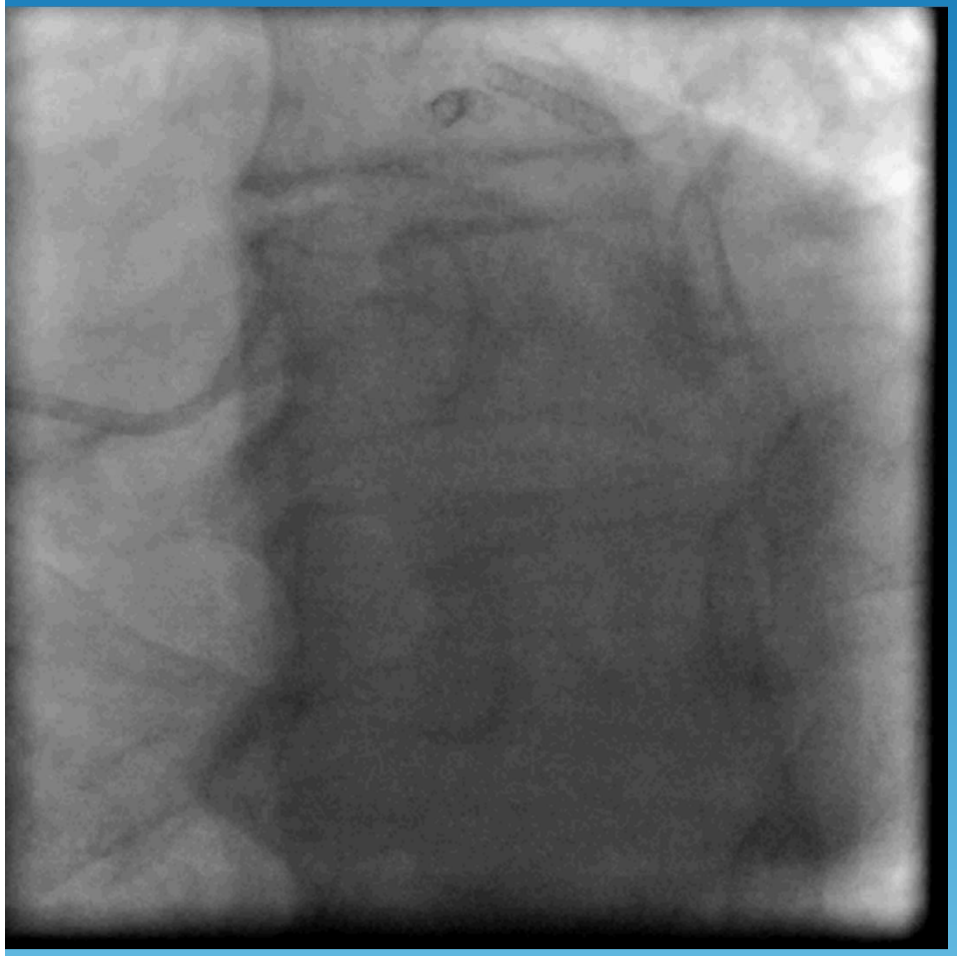
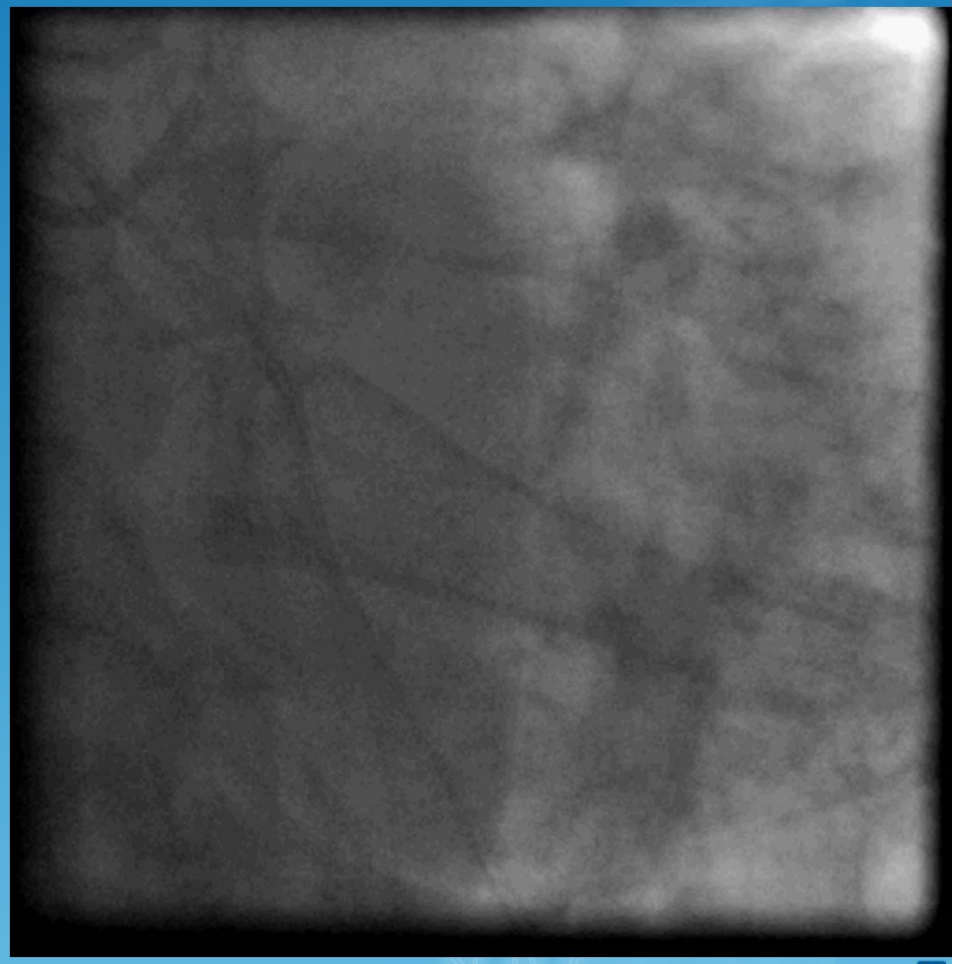
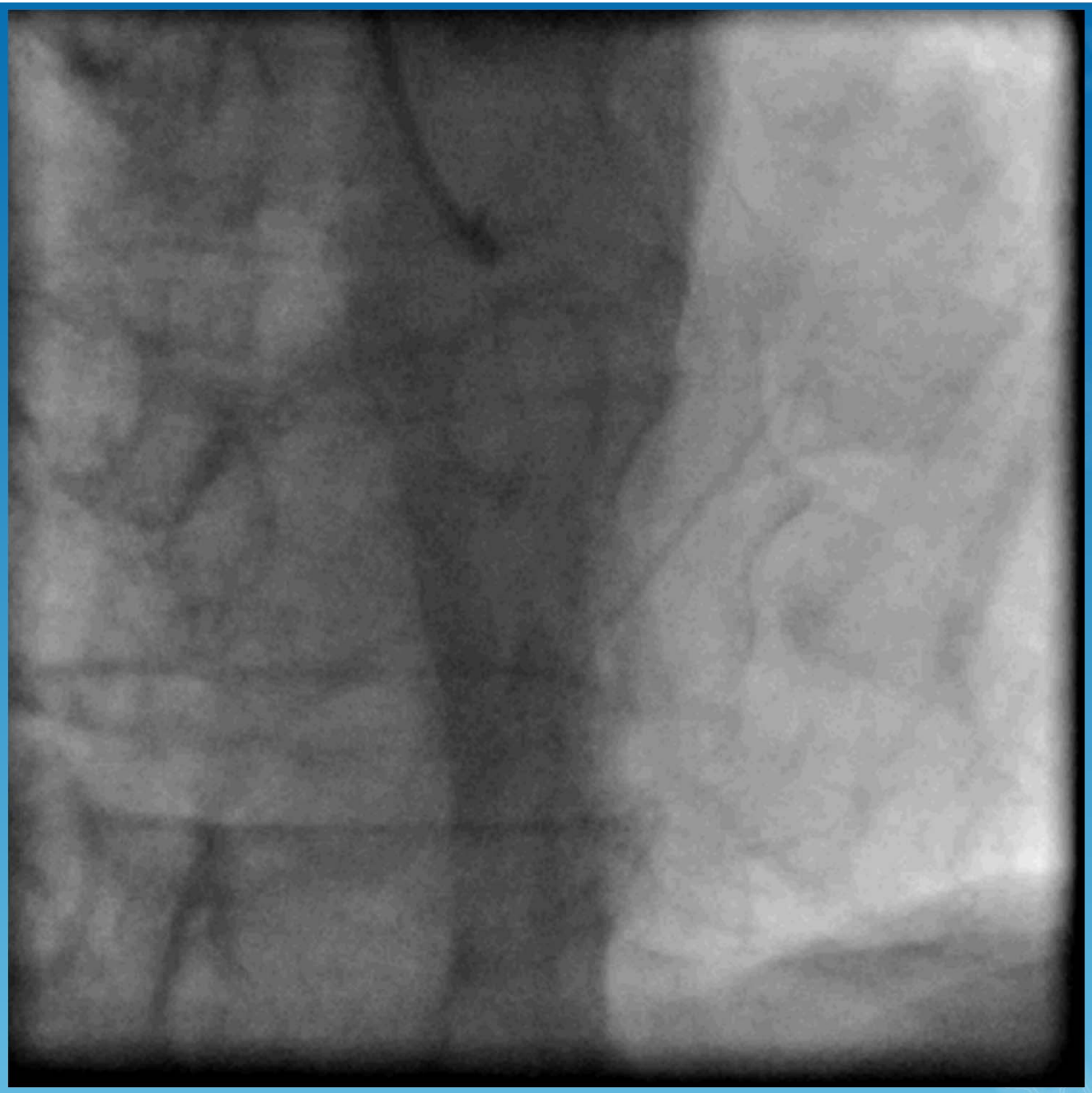
CX TOTAL







RCA

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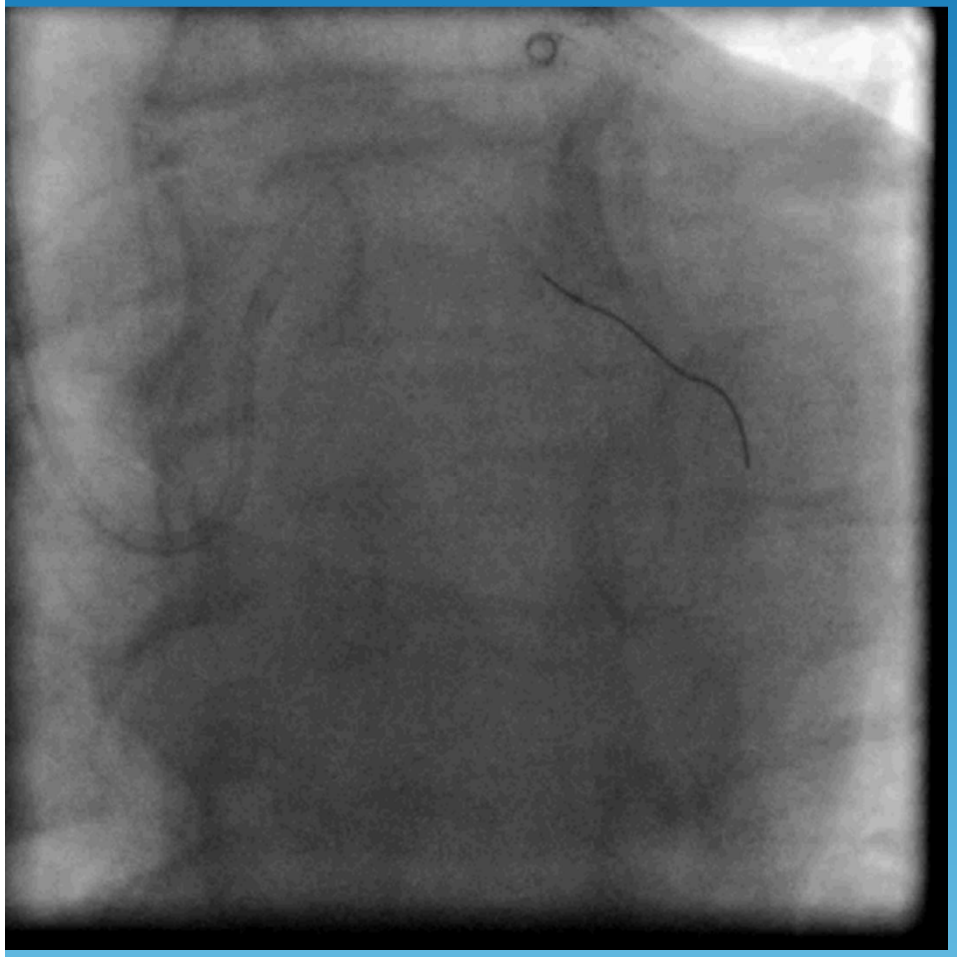
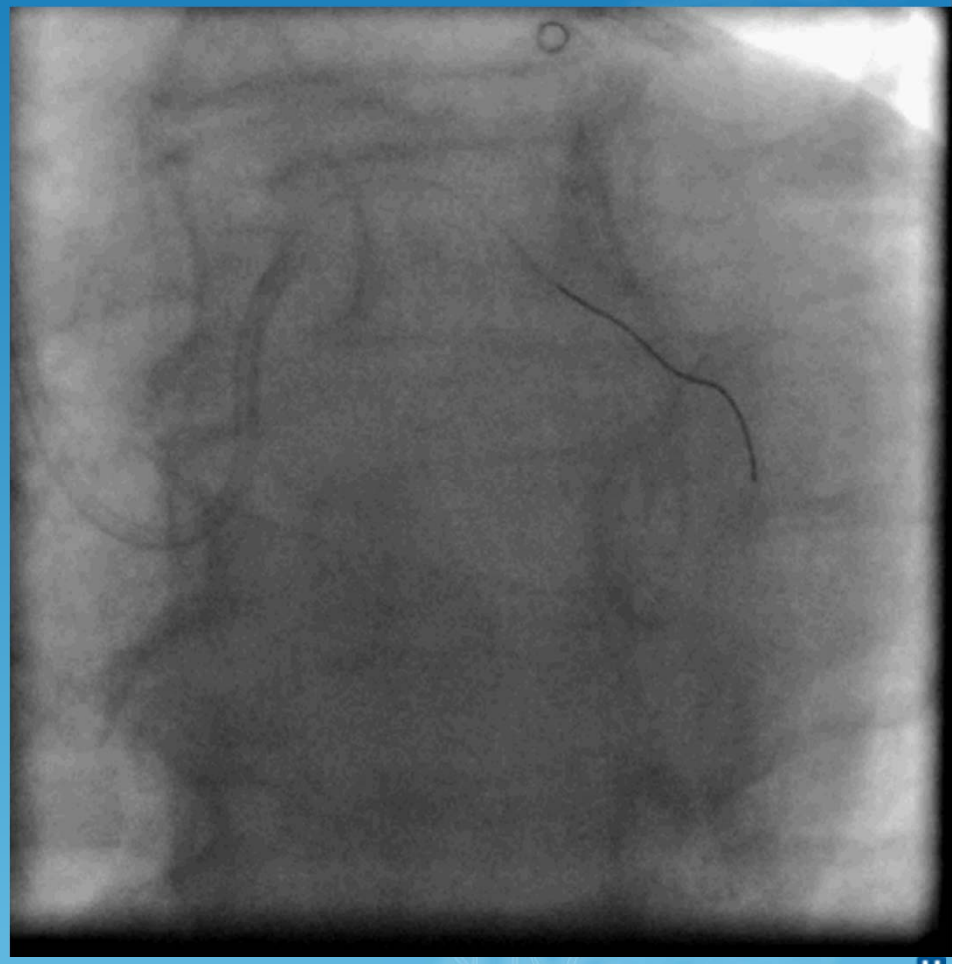
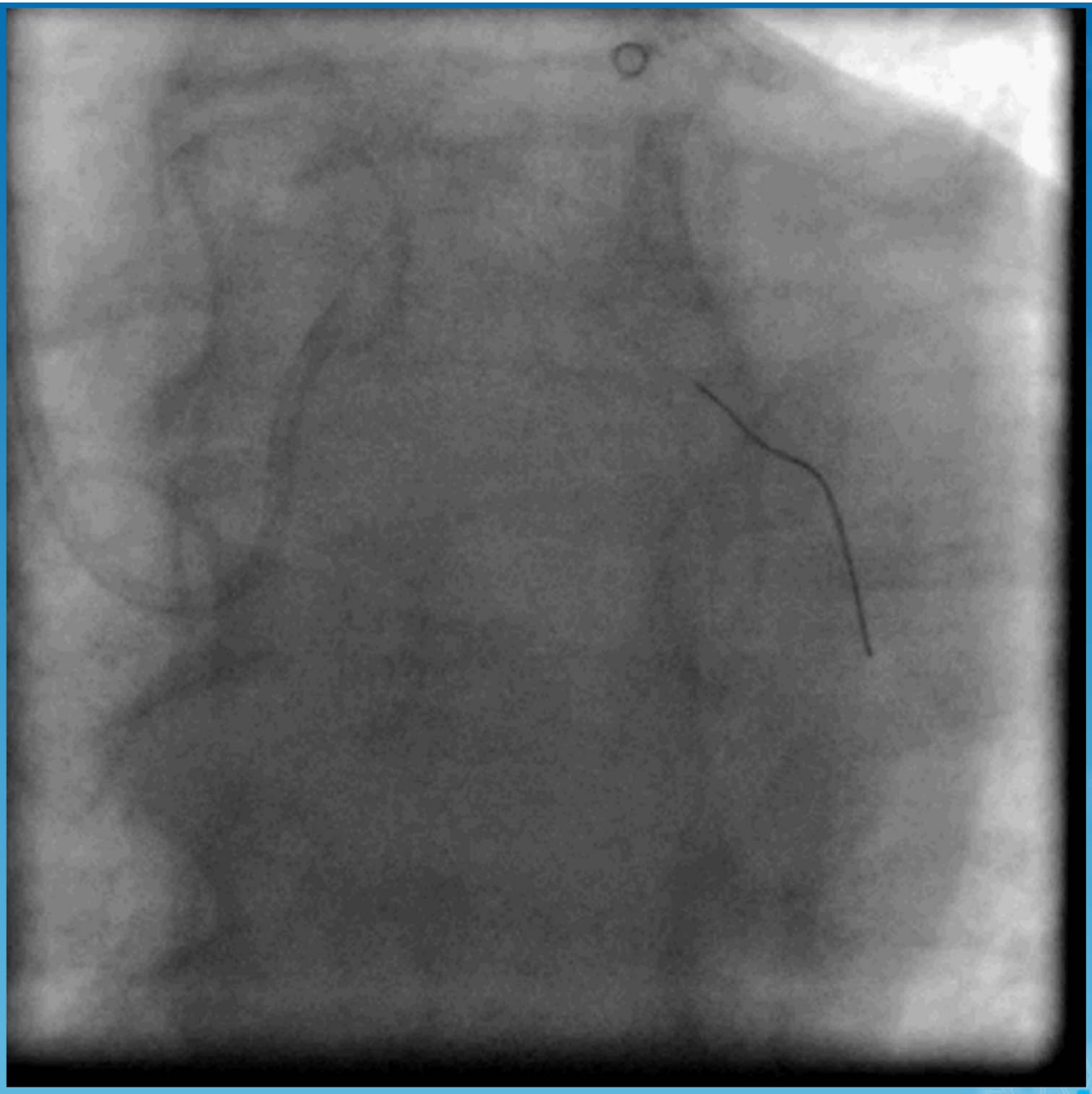
CX İLK DENEME







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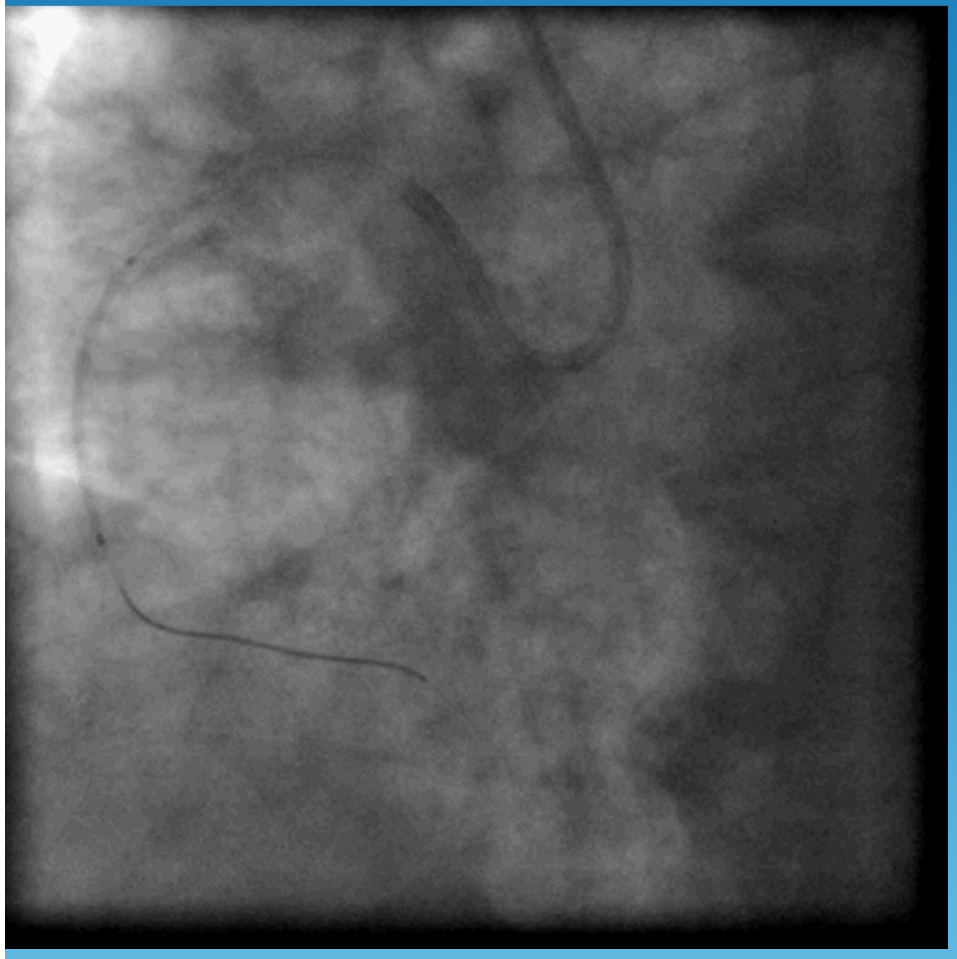
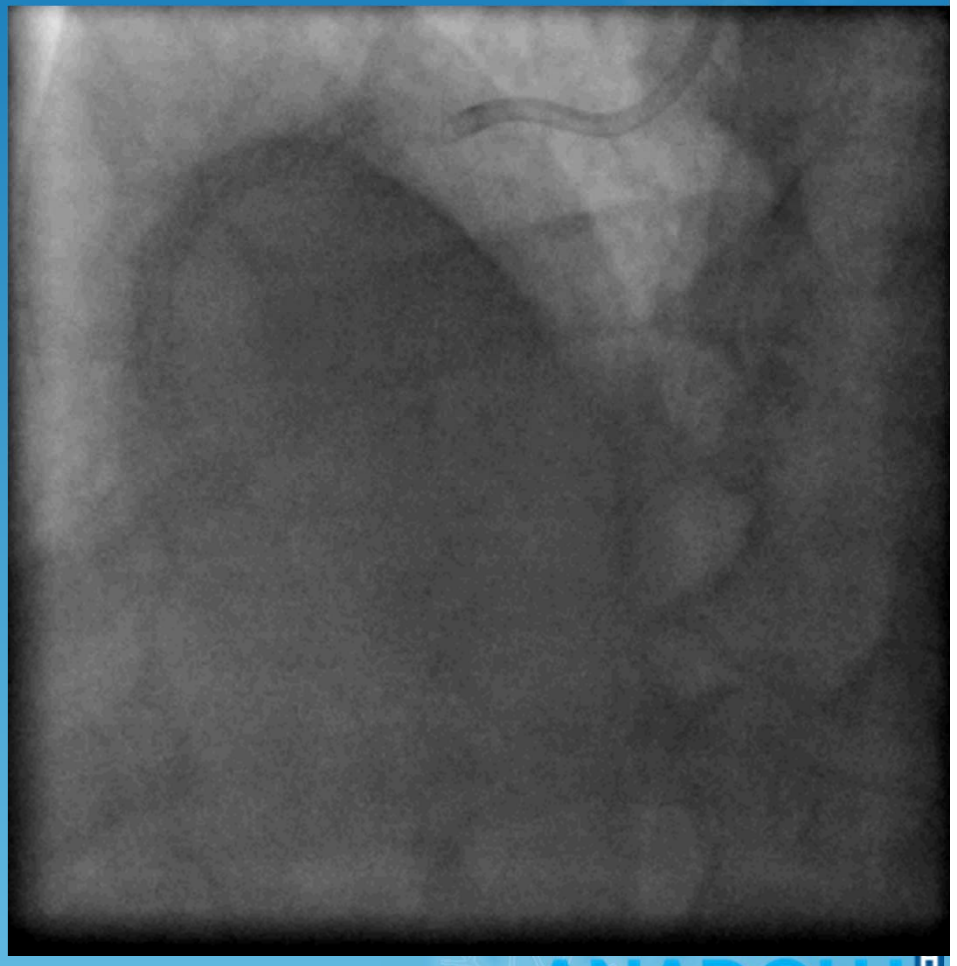
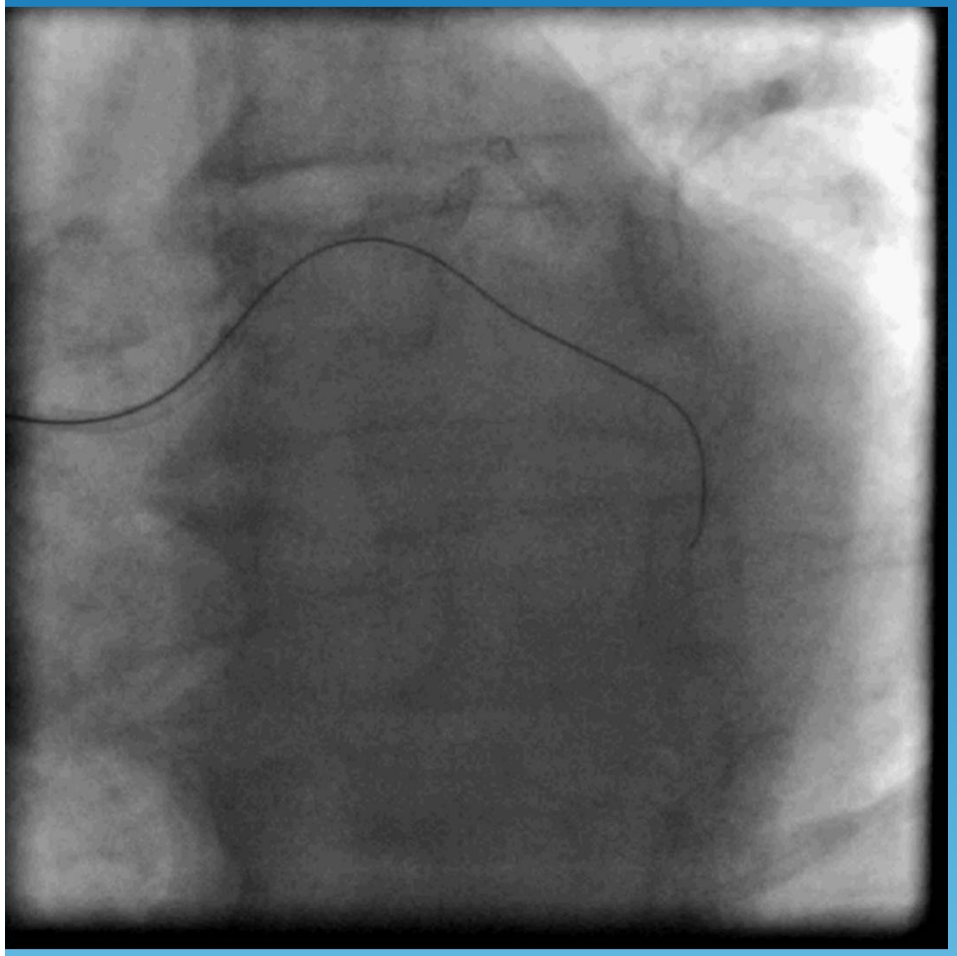
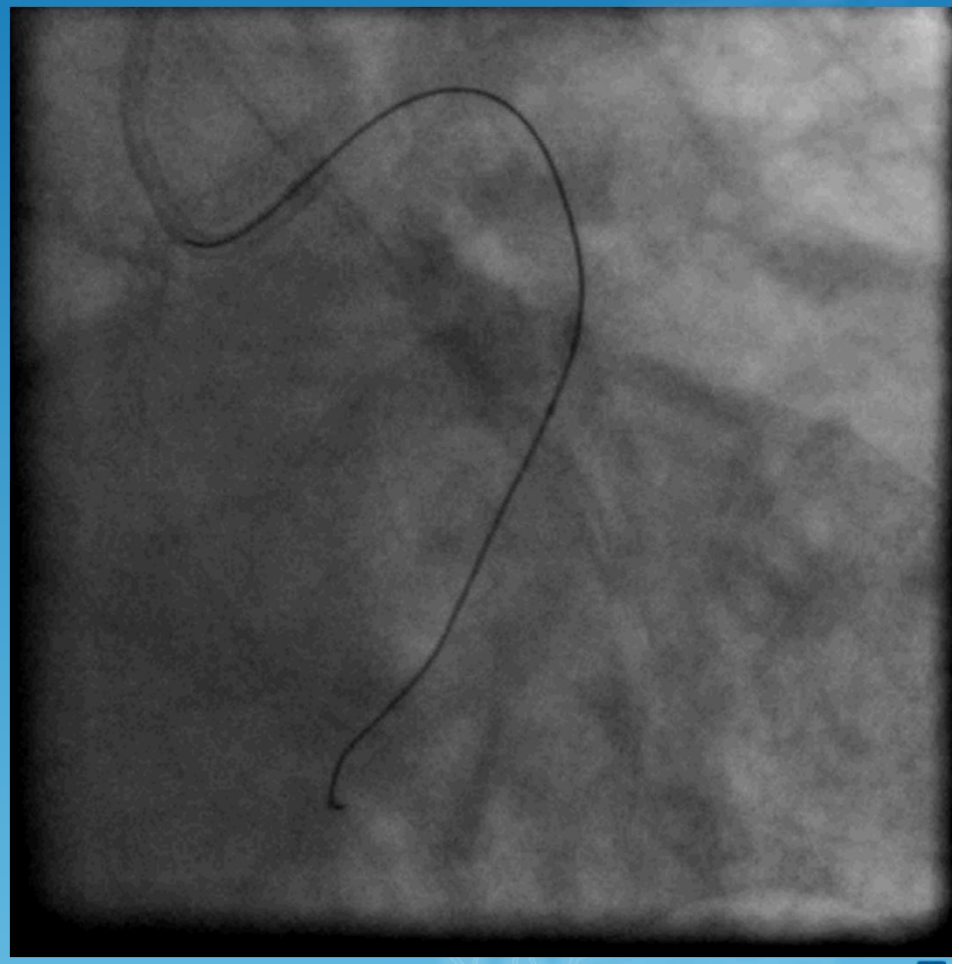
RCA İŞLEMİ



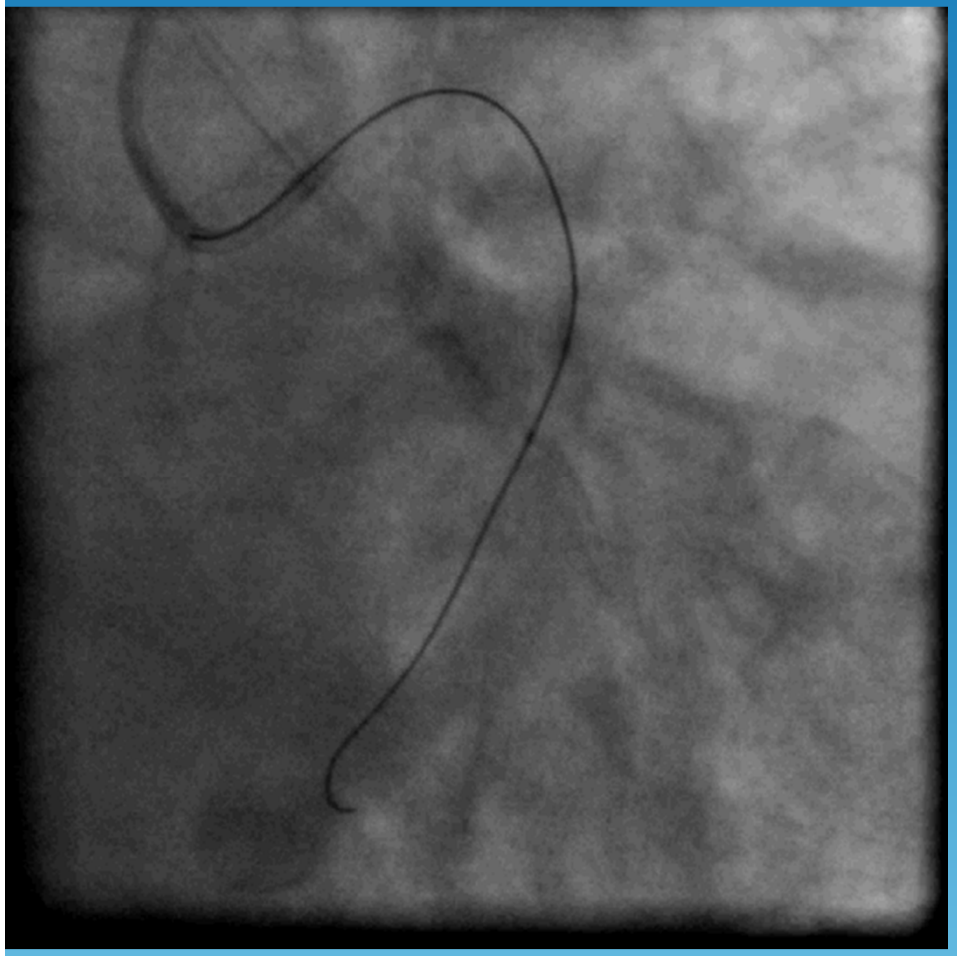


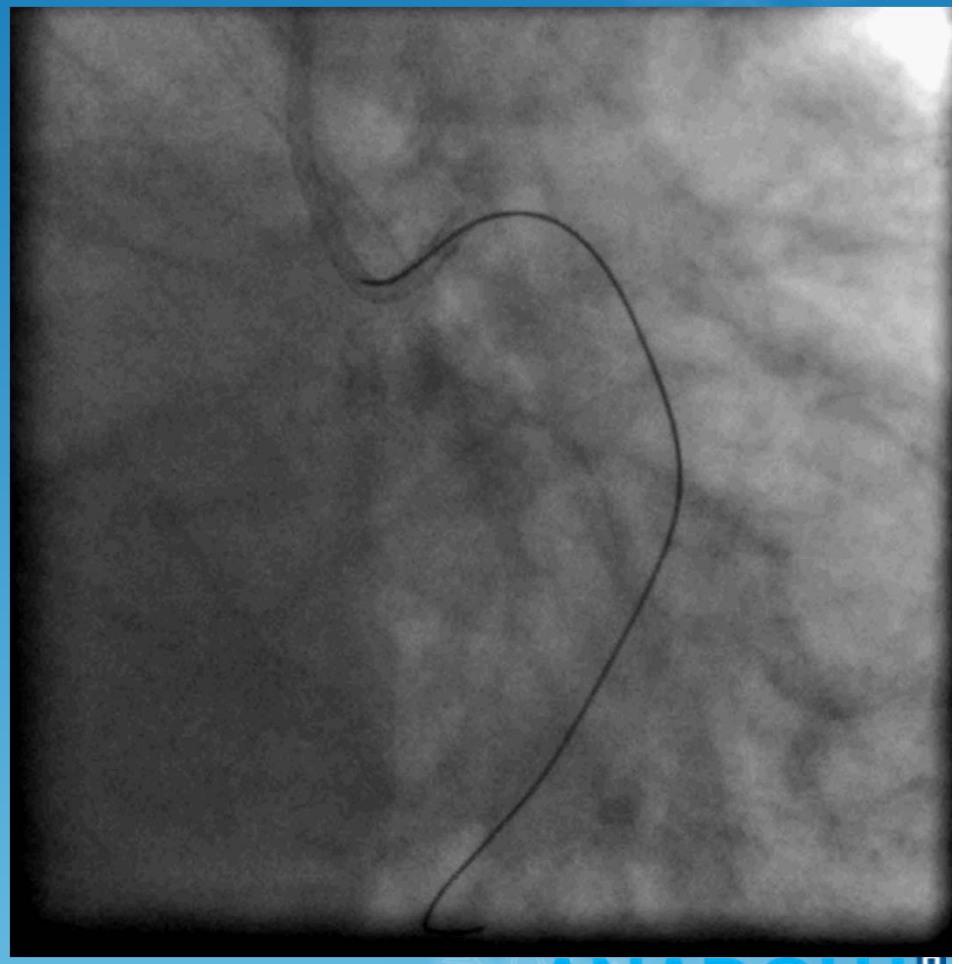
CX İKİNCİ GİRİŞİM





BALON ANJİYOPLASTİ





İŞLEMDEN SONRASI

- Hasta 1 saat sonra serviste hipotansif kollaps gelişmesi üzerine Yoğun Bakım Ünitesine alınıyor.
- Ertesi gün Pnömoni – Perikardial Effüzyon – Plöral Effüzyon tanıları ile tedavi düzenlenerek taburcu edilmiş.
- 17/08/2012de hastanemize göğüs ağrısı şikayeti ile acil servisimize başvurdu.
- LAD ve RCA stentleri açık, CX mid bölgeden total tıkalı olduğu görüldü. CX'ten damar dışına kaçış görülmedi

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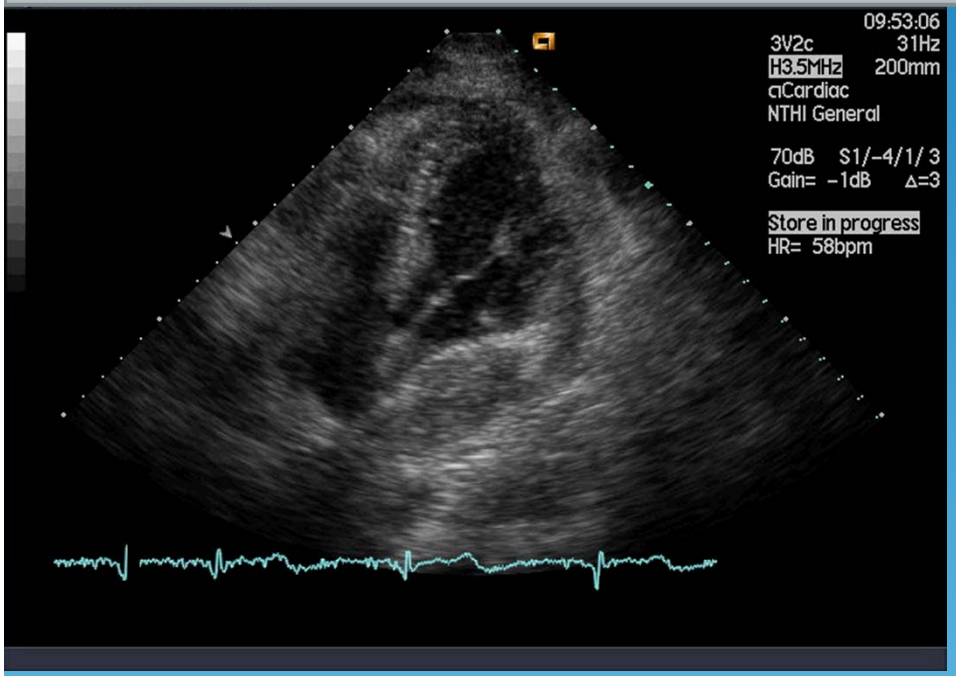
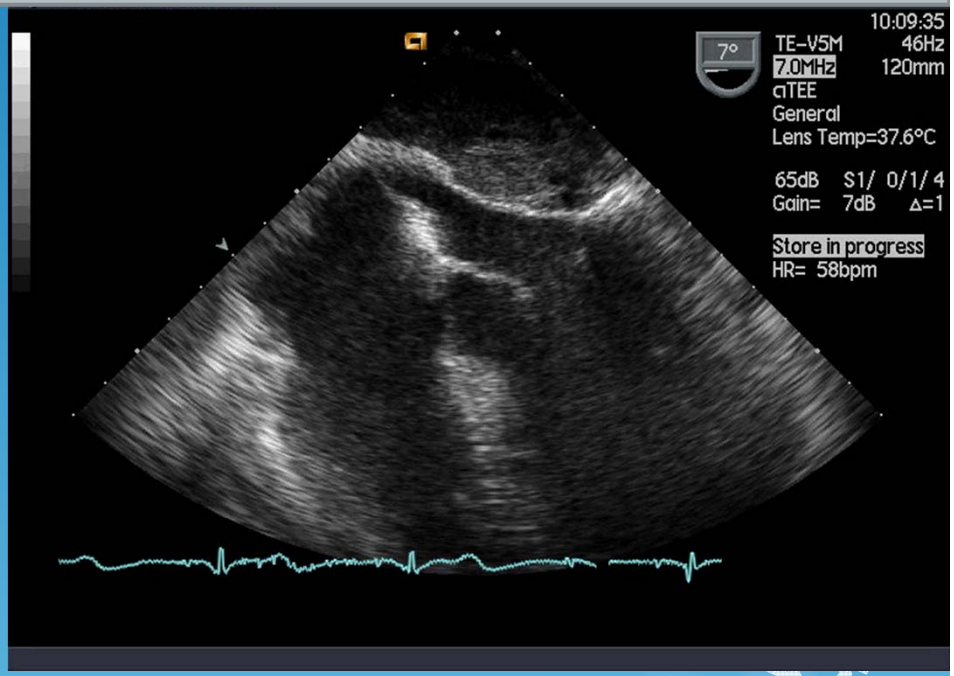
EKOKARDİYOGRAFİ





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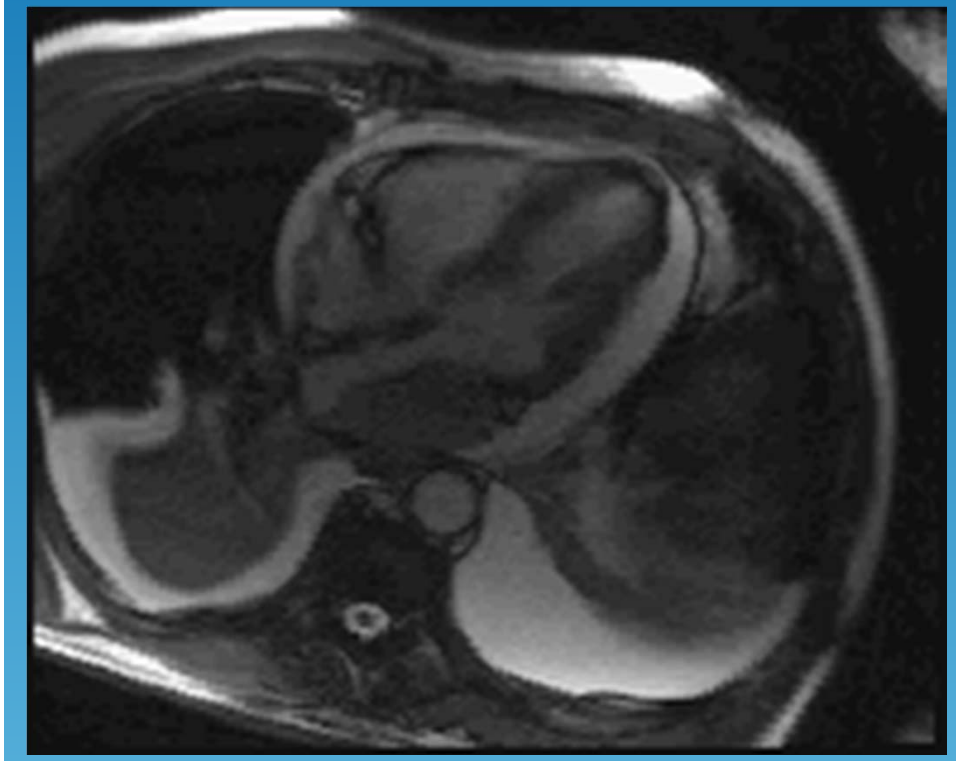
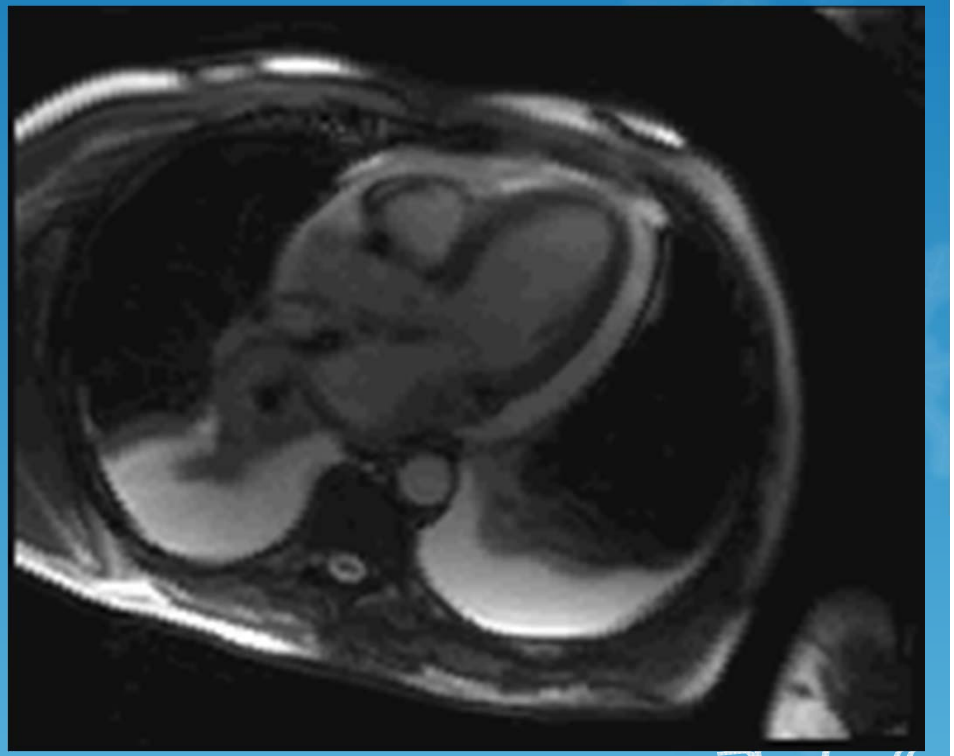
KARDİYAK MR





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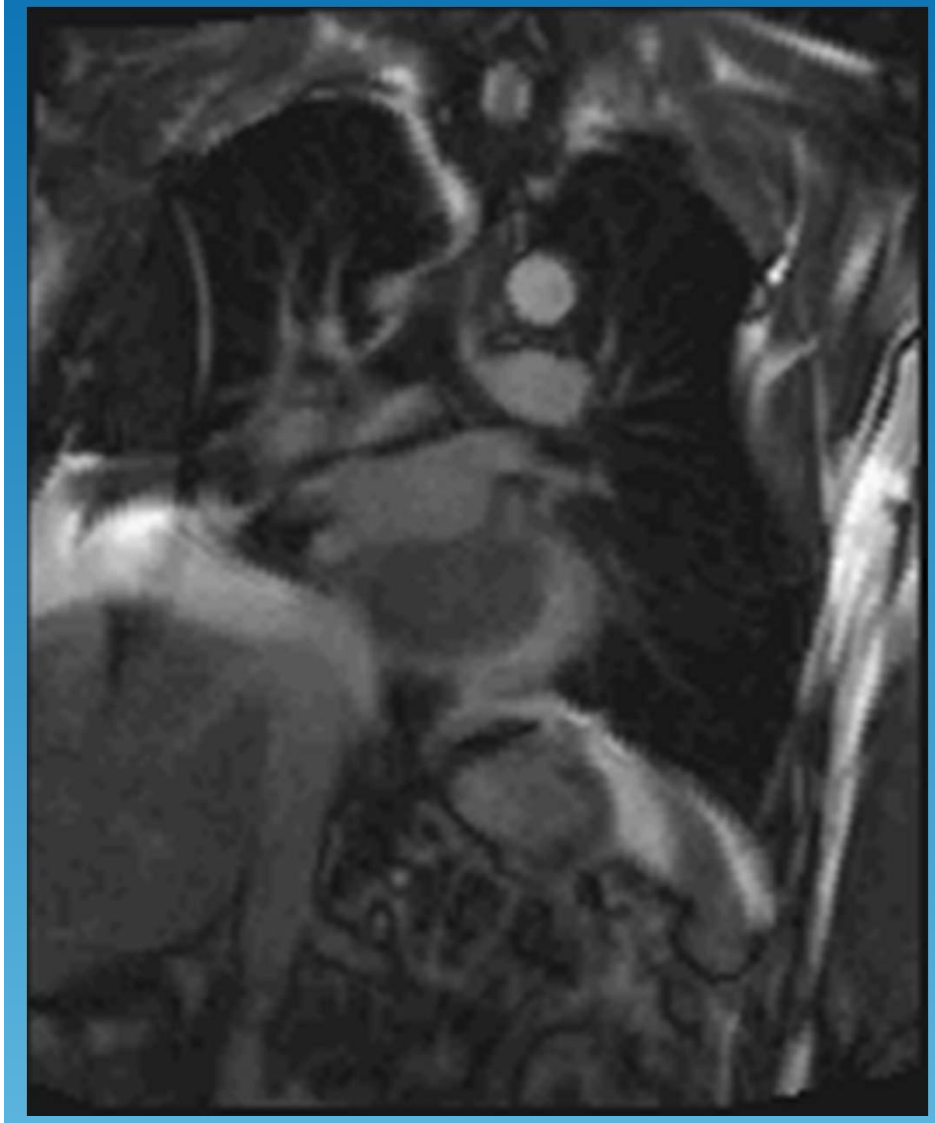
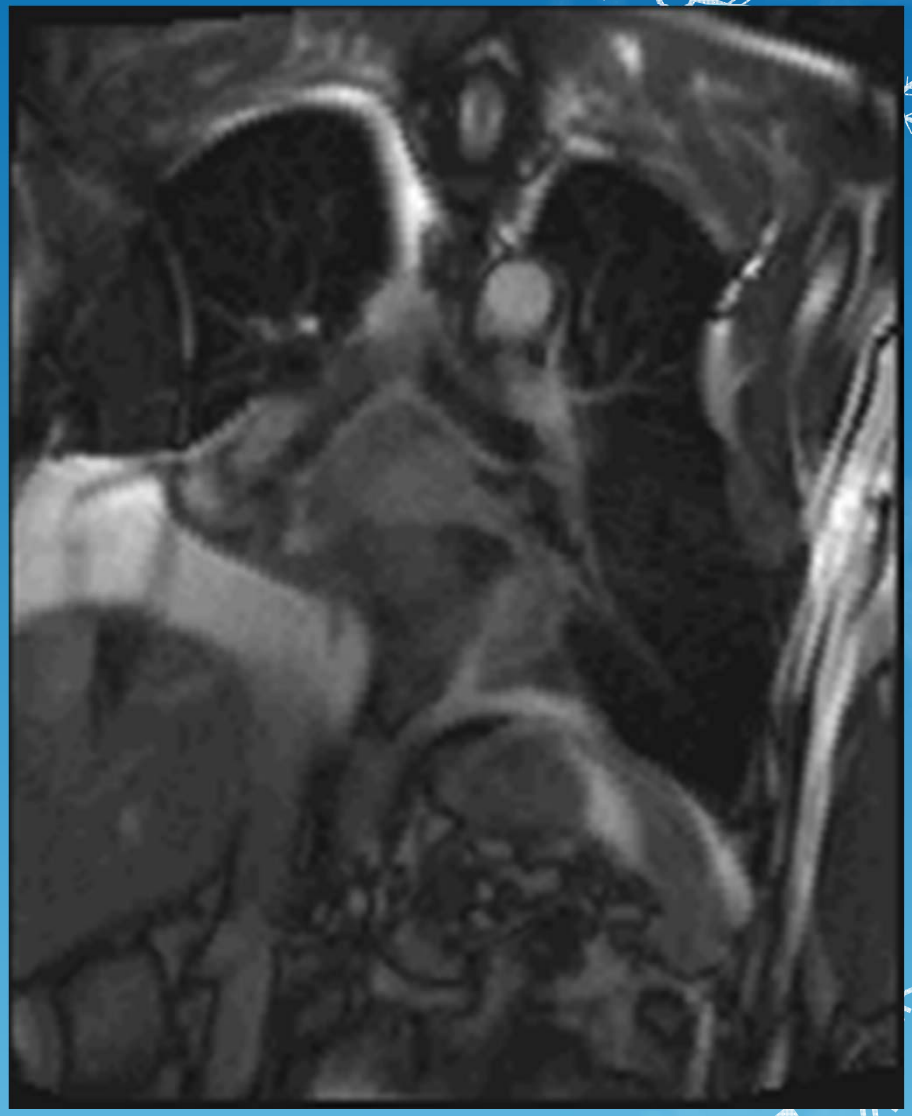
SAĞ ALT PULMONER VEN GÖRÜNTÜLEME





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In Affiliation with
JOHNS HOPKINS MEDICINE

YAPILAN HATALAR

- CTO teli ile işleme başlamamak
- Mikro kateter Kullanmamak
- Kontur Lateral Enjeksiyon kullanmamaya bağlı, lümen takibinde güçlük
- Telin Distal Lümende olduğundan emin olunmadan Balon Anjiyoplasti uygulanması
- Komplikasyon sonrası hastanın tam olarak değerlendirmeden taburcu edilmesi