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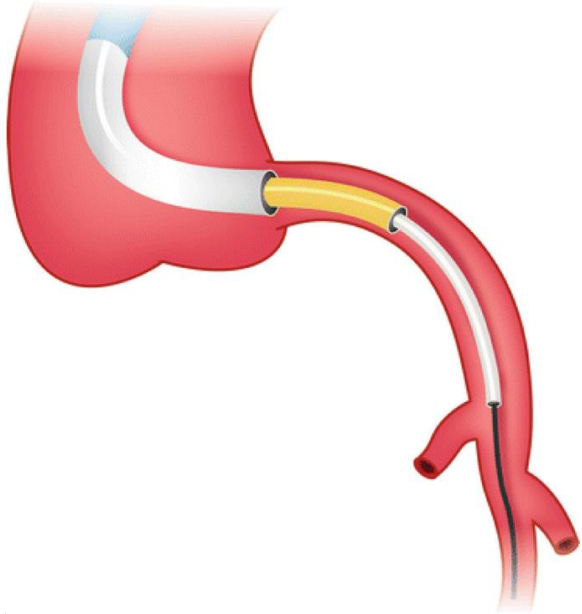
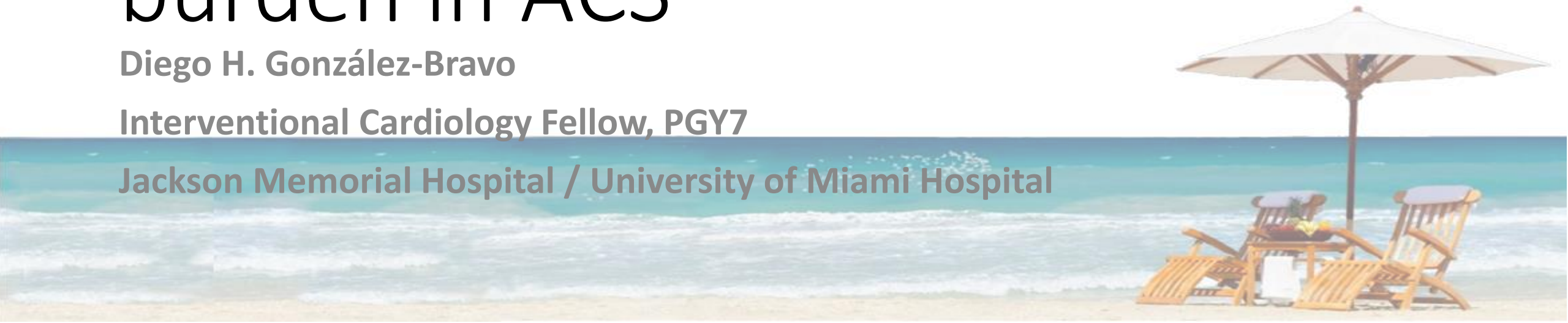


Management of high thrombotic burden in ACS

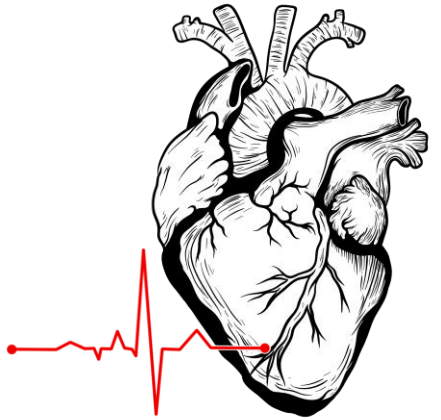
Diego H. González-Bravo

Interventional Cardiology Fellow, PGY7

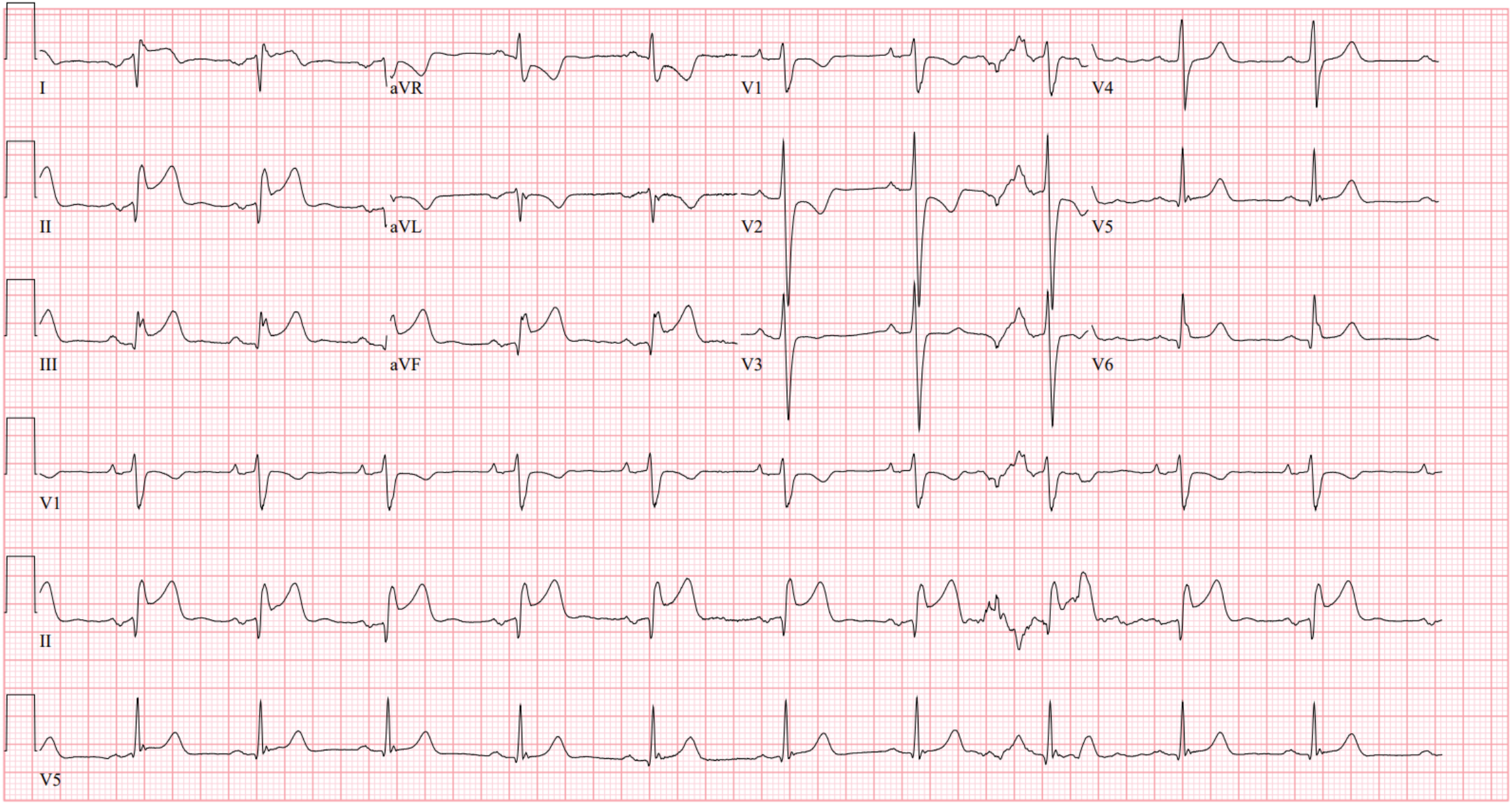
Jackson Memorial Hospital / University of Miami Hospital

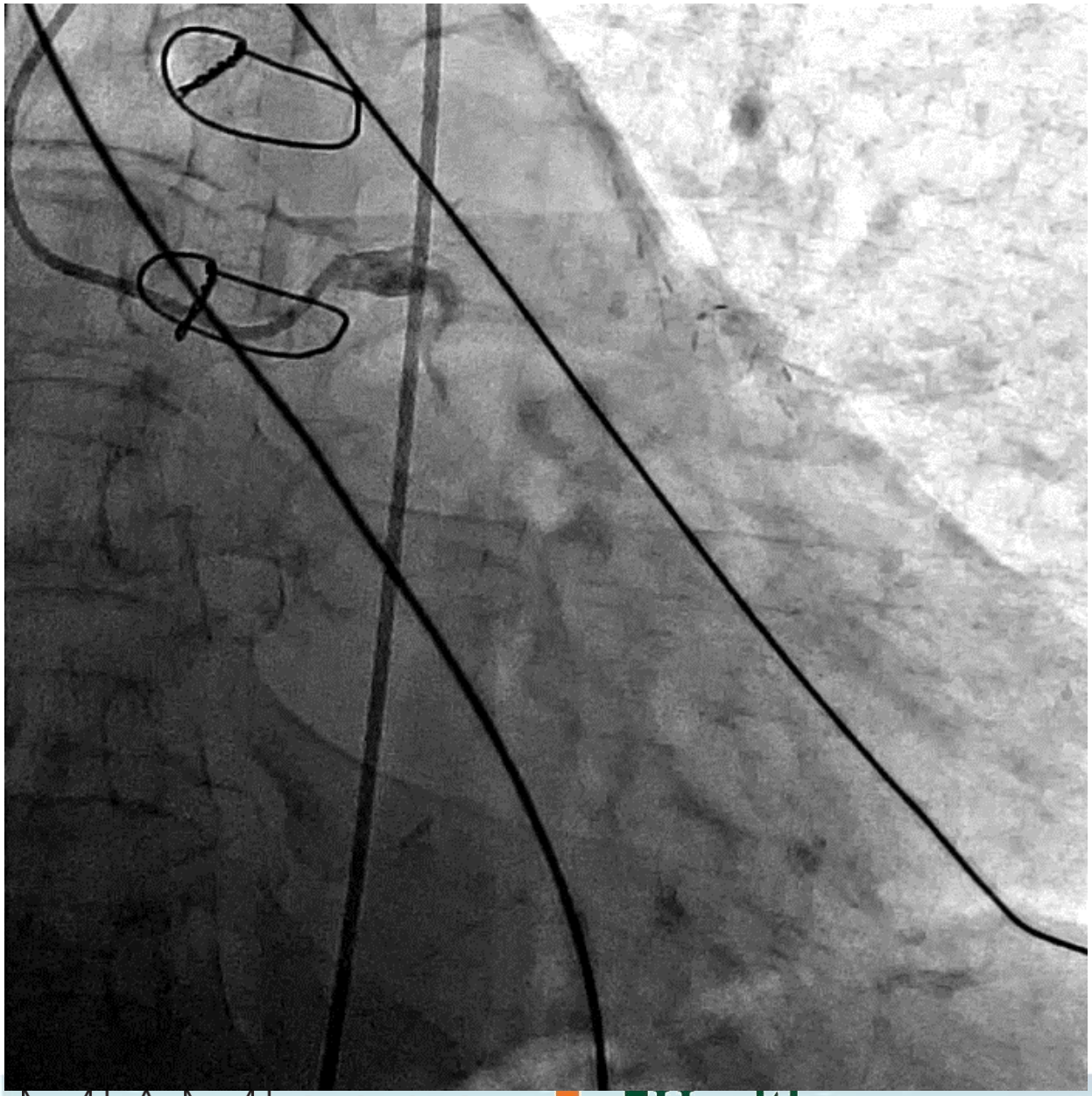


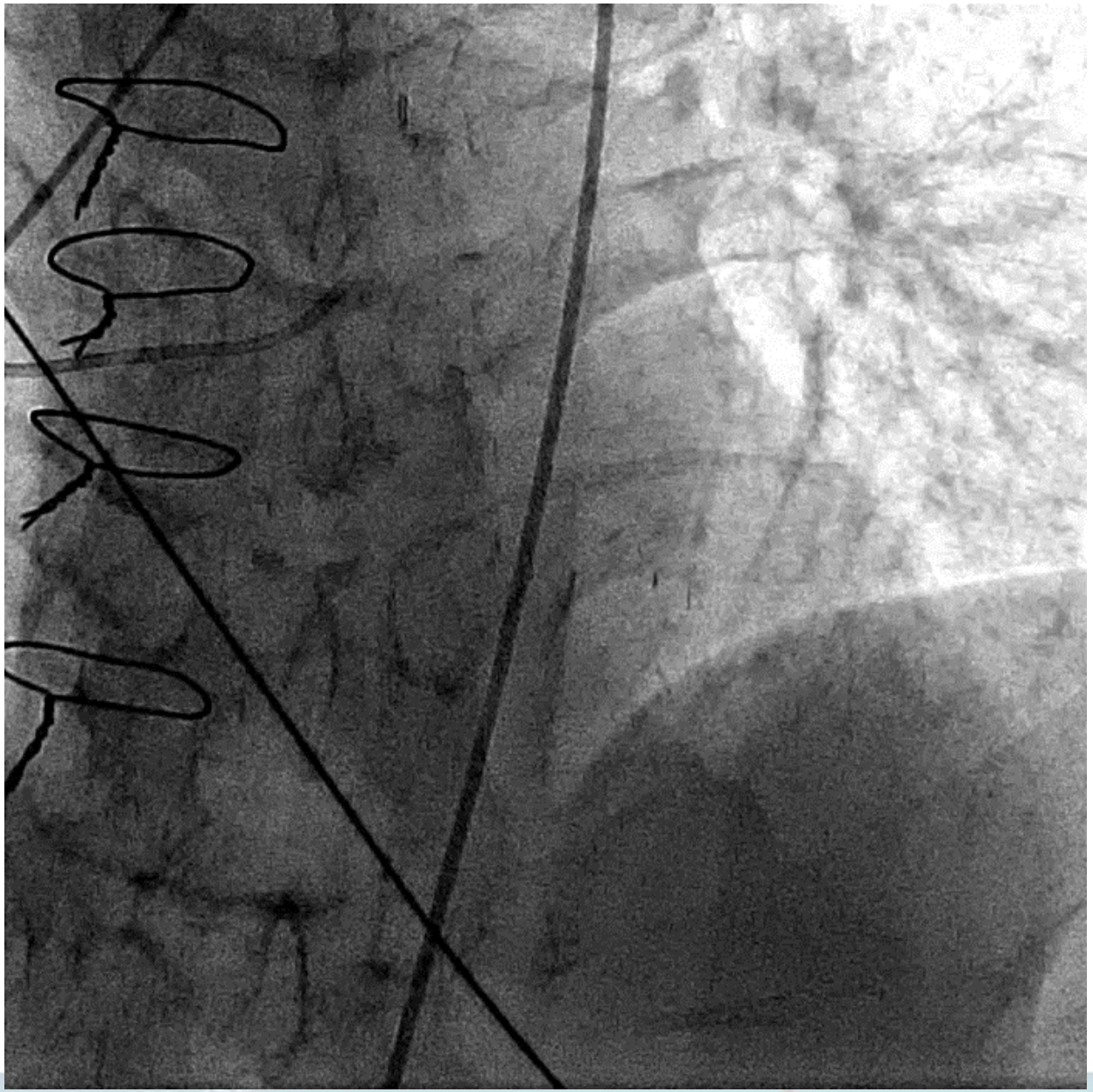
Case Presentation

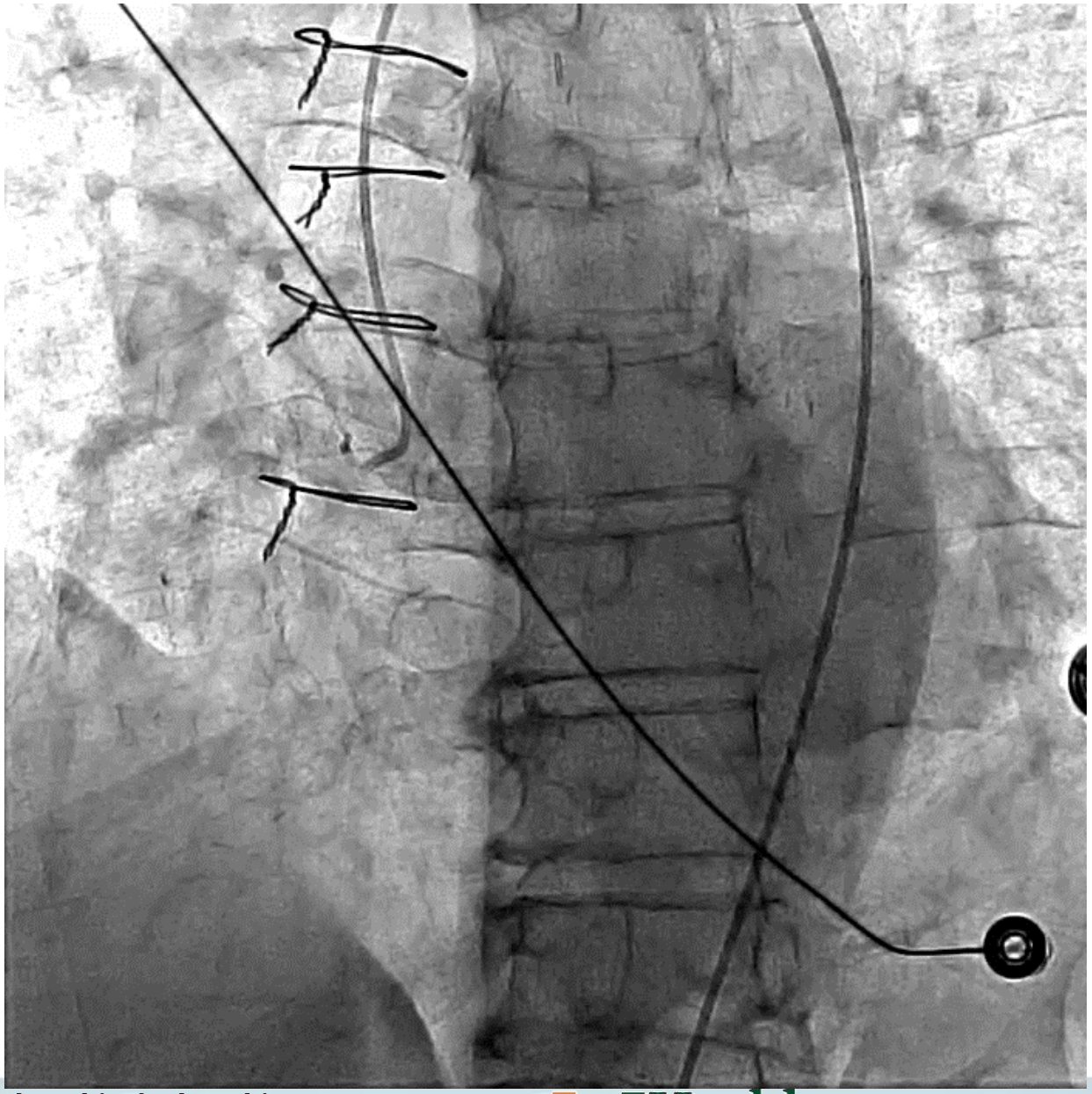


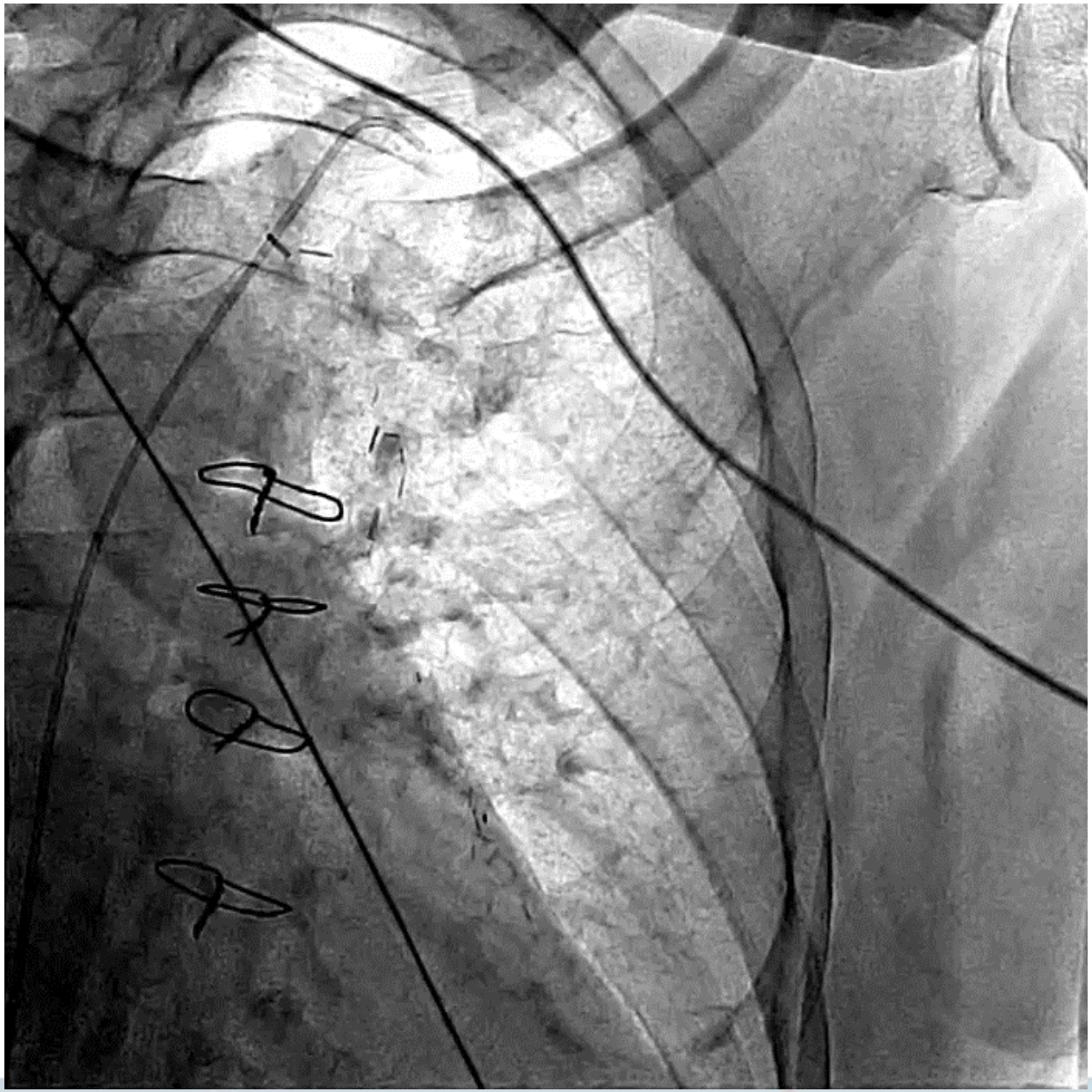
- 50 y/o man presenting with **severe oppressive chest pain** at rest for one hour of evolution
- Past medical Hx
  - CABG x 2 (LIMA-LAD & SVG-PDA) in 2010
  - Active smoker (44 pack-year)
  - Dyslipidemia
  - HTN
- Physical Exam
  - BP=110/77mmHg; HR=90bpm; O2Sat=98%
  - General: Acutely ill, in discomfort
  - HEENT: No JVD
  - Chest: Clear lungs, no murmur
  - Ext: Warm, no edema, no cyanosis

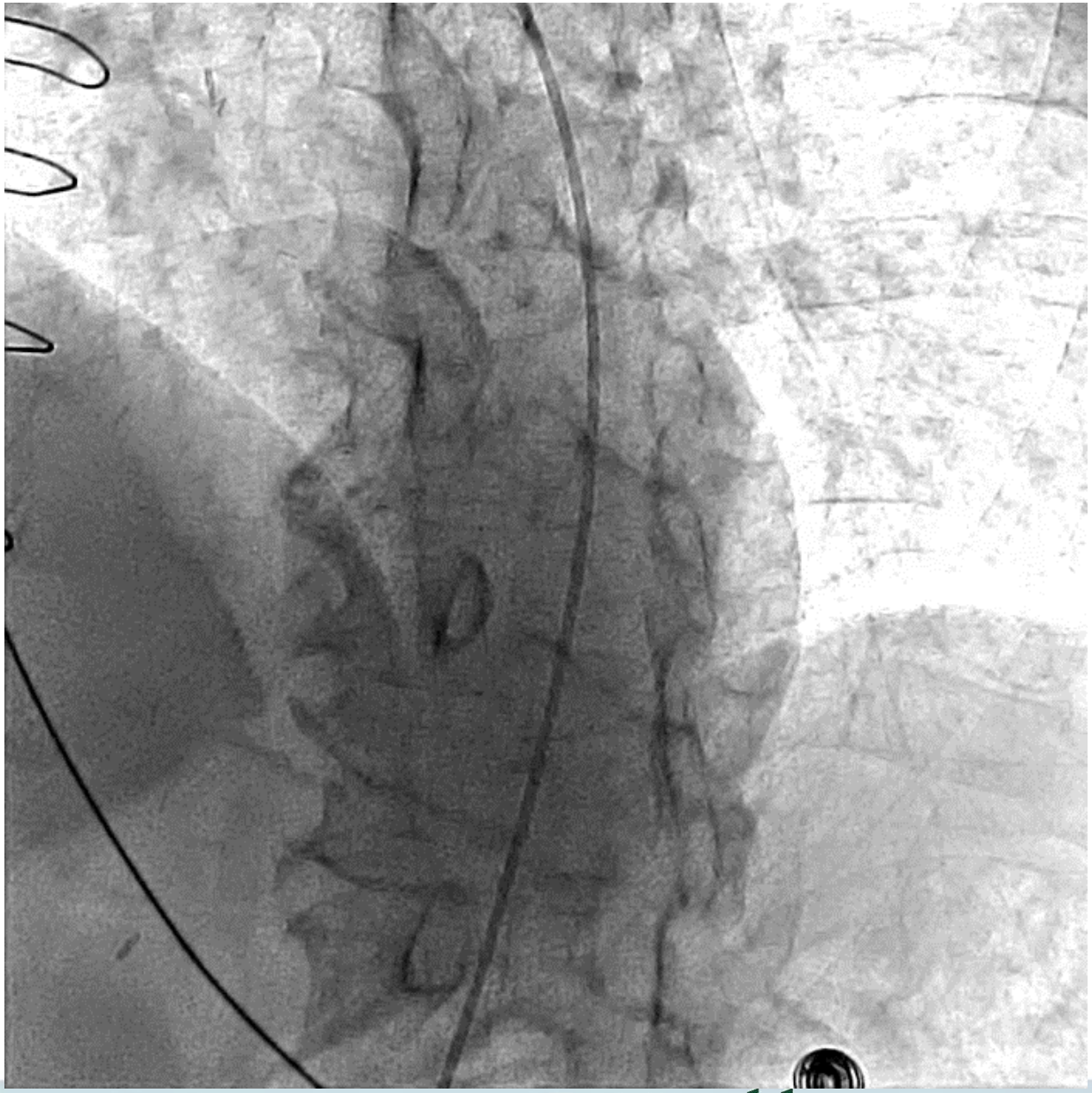

I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
V1
II
V5

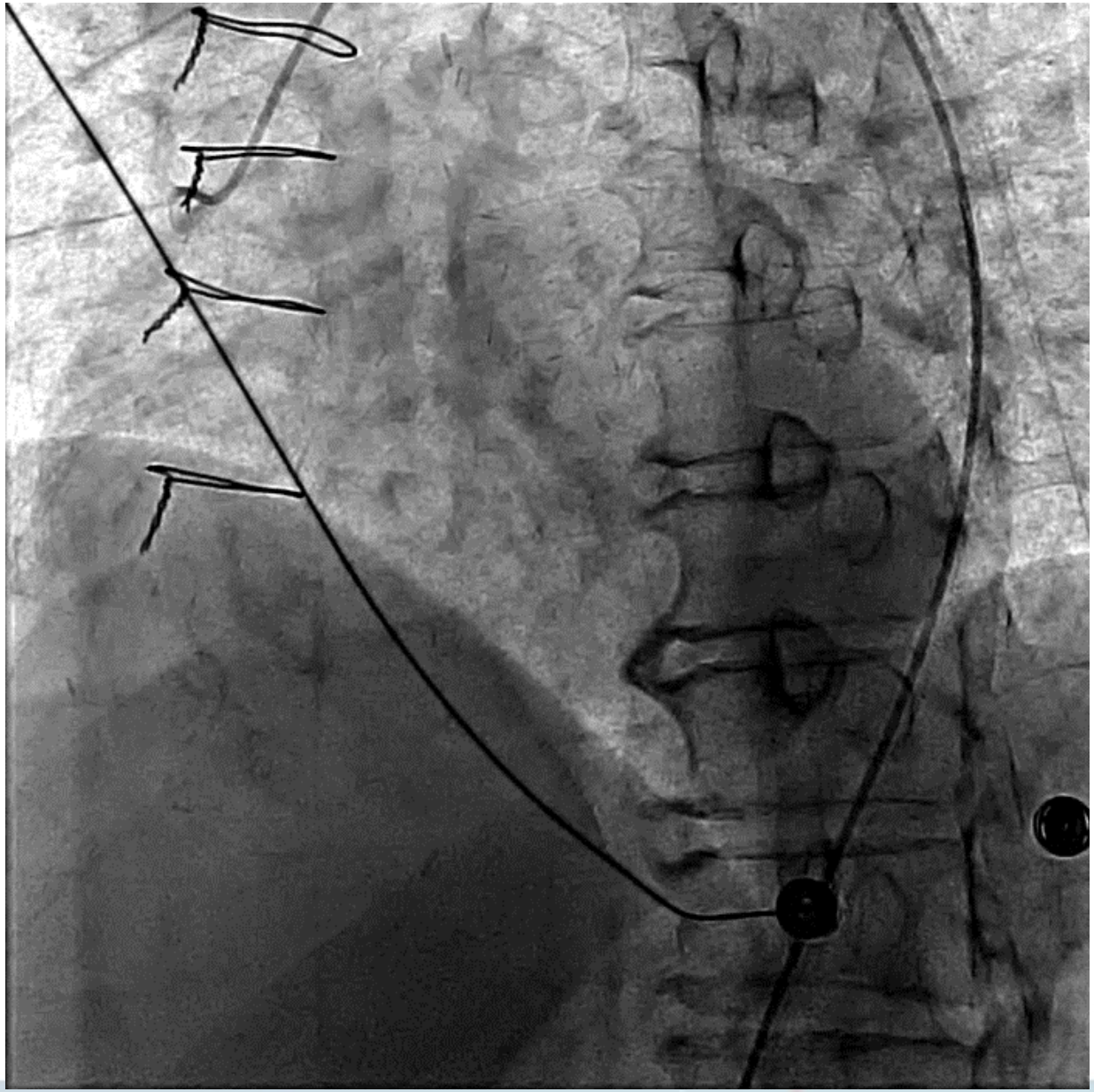












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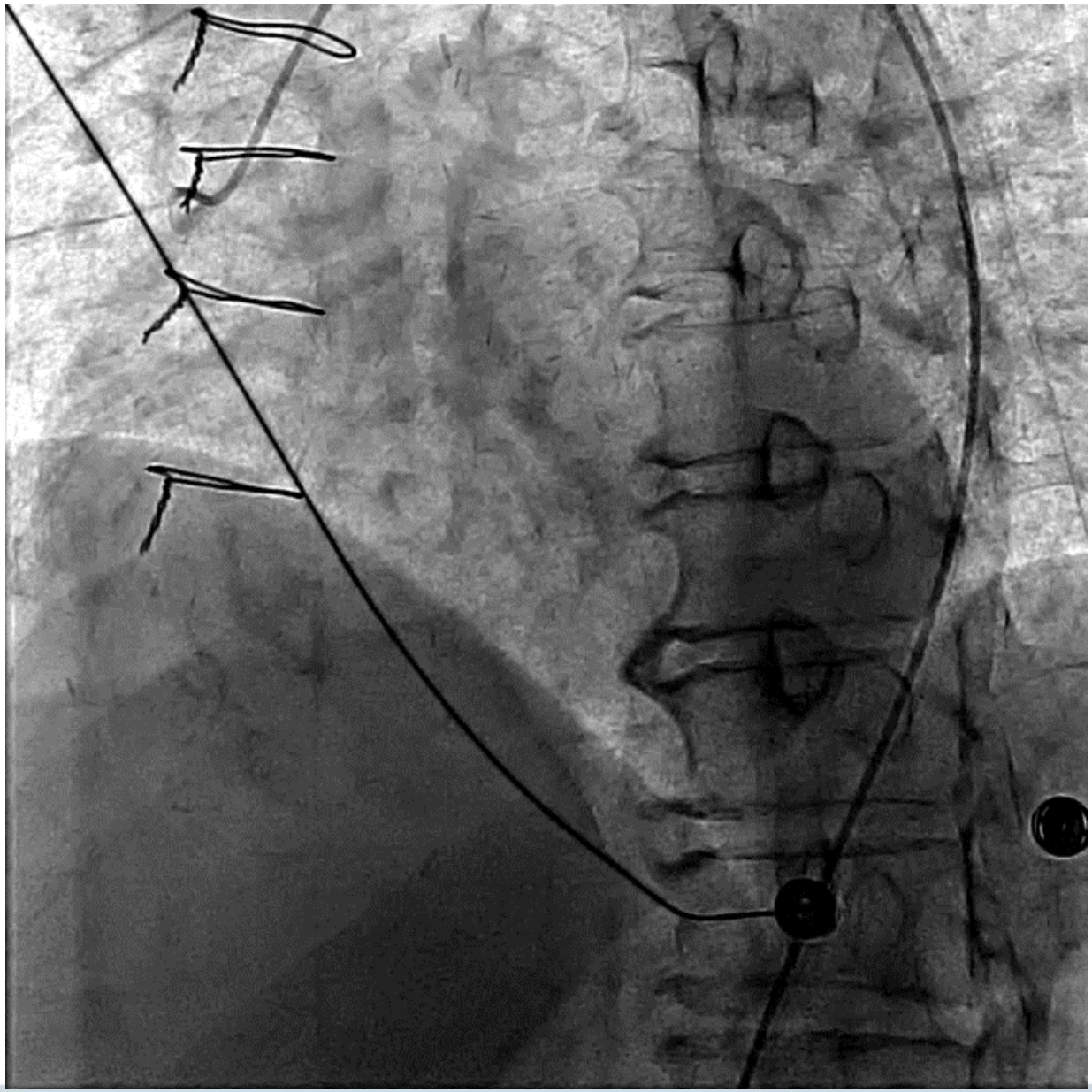
Culprit? What would be your next step?



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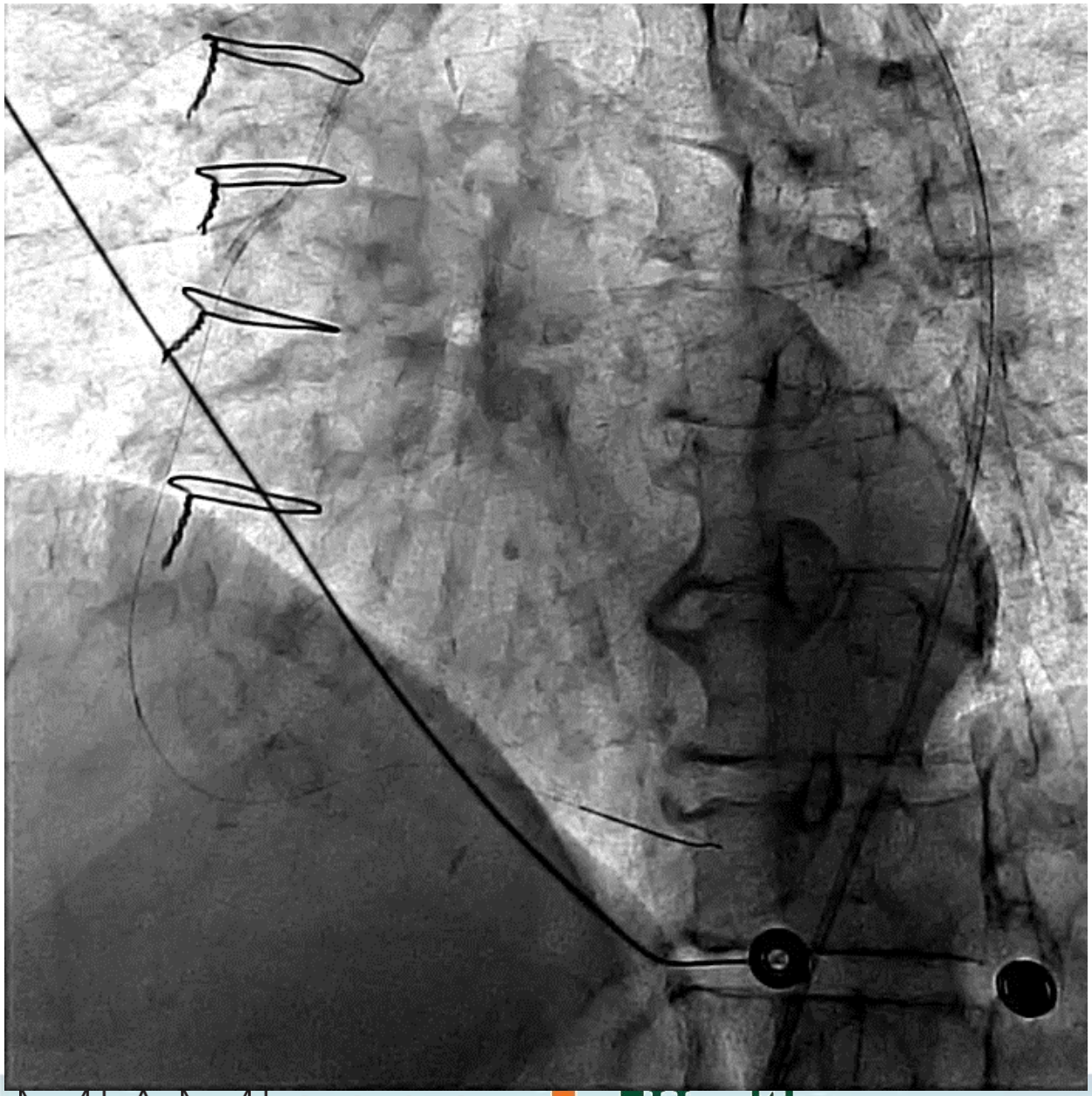
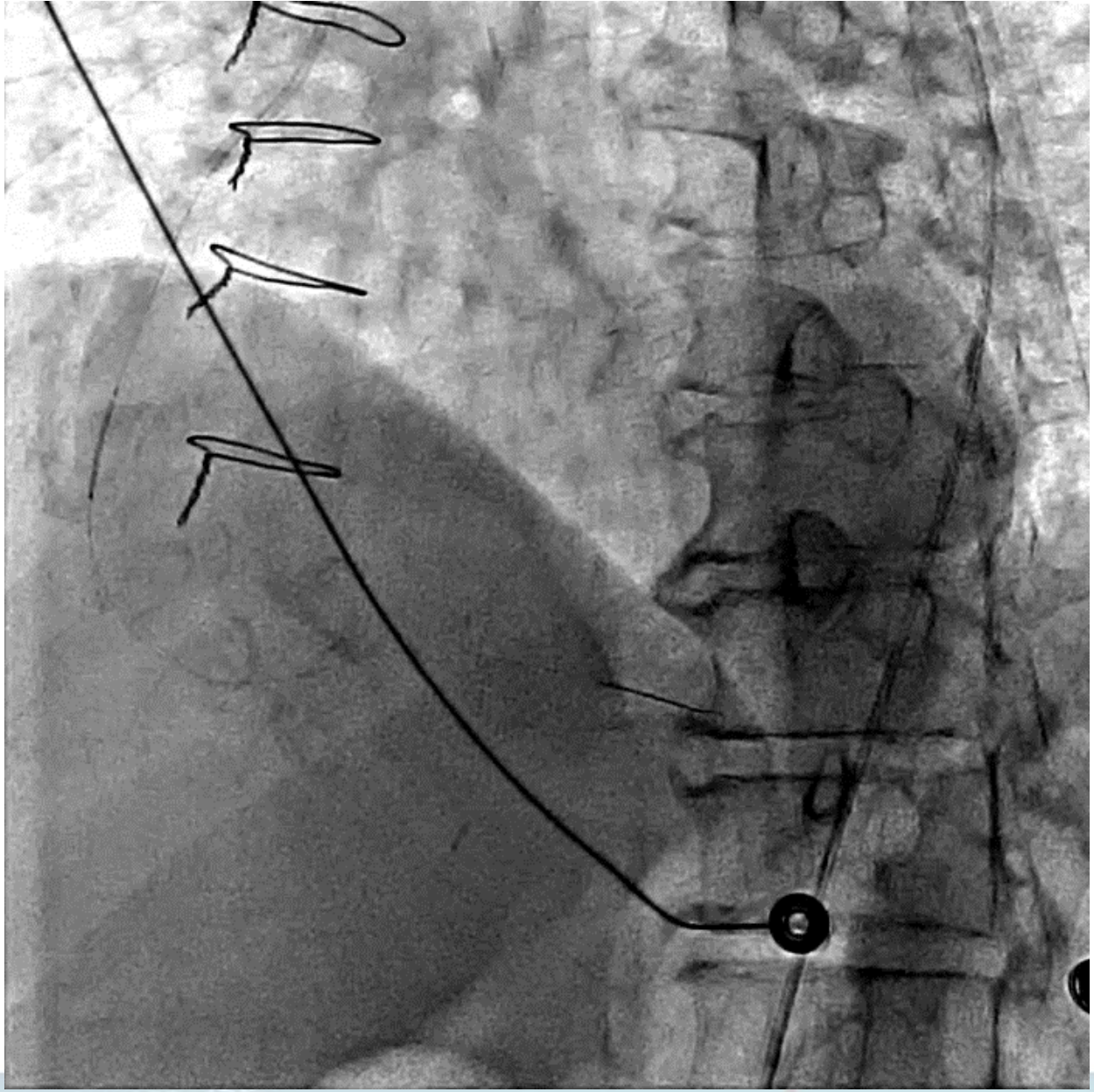
Penumbra aspiration thrombectomy catheter





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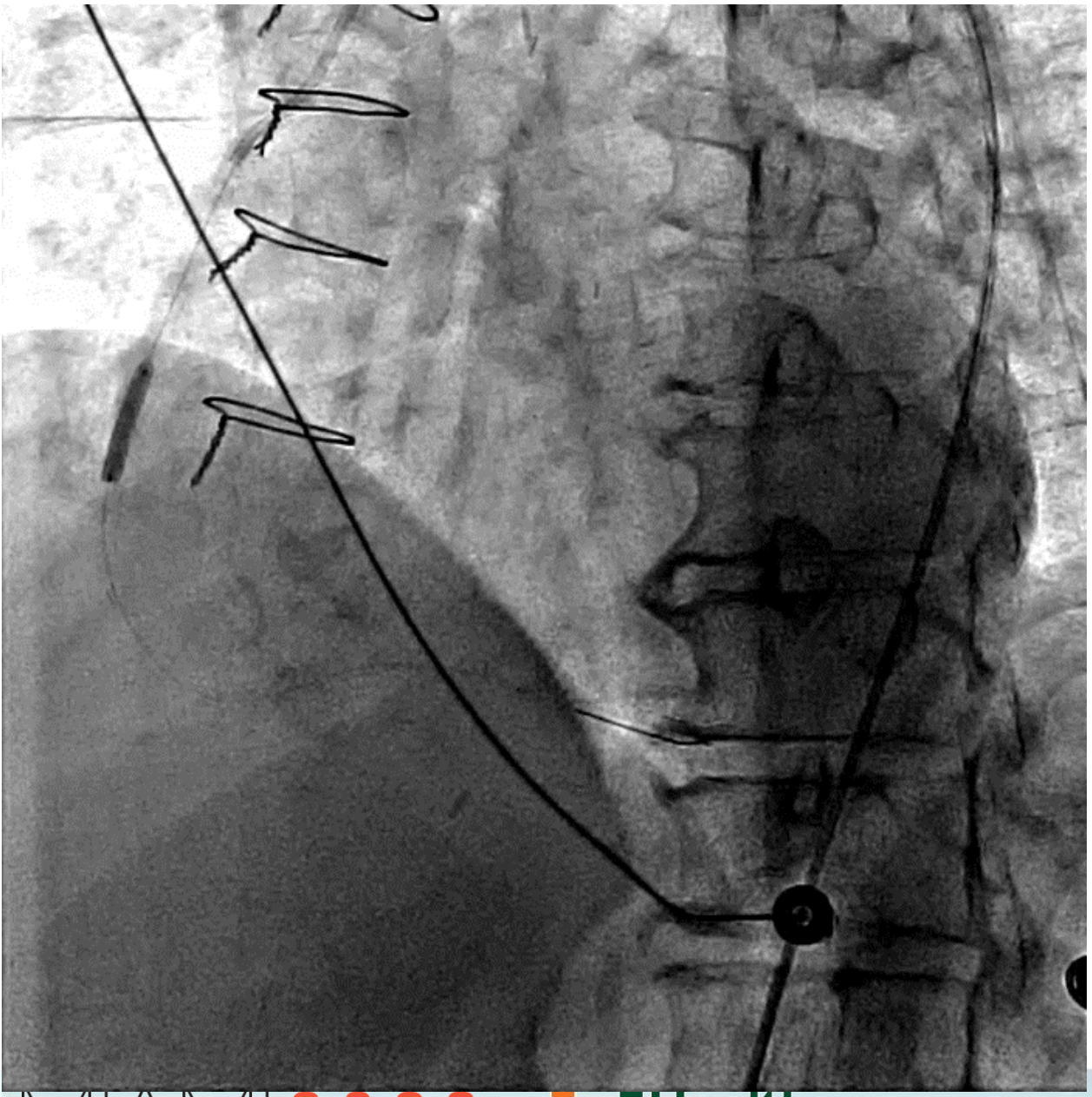
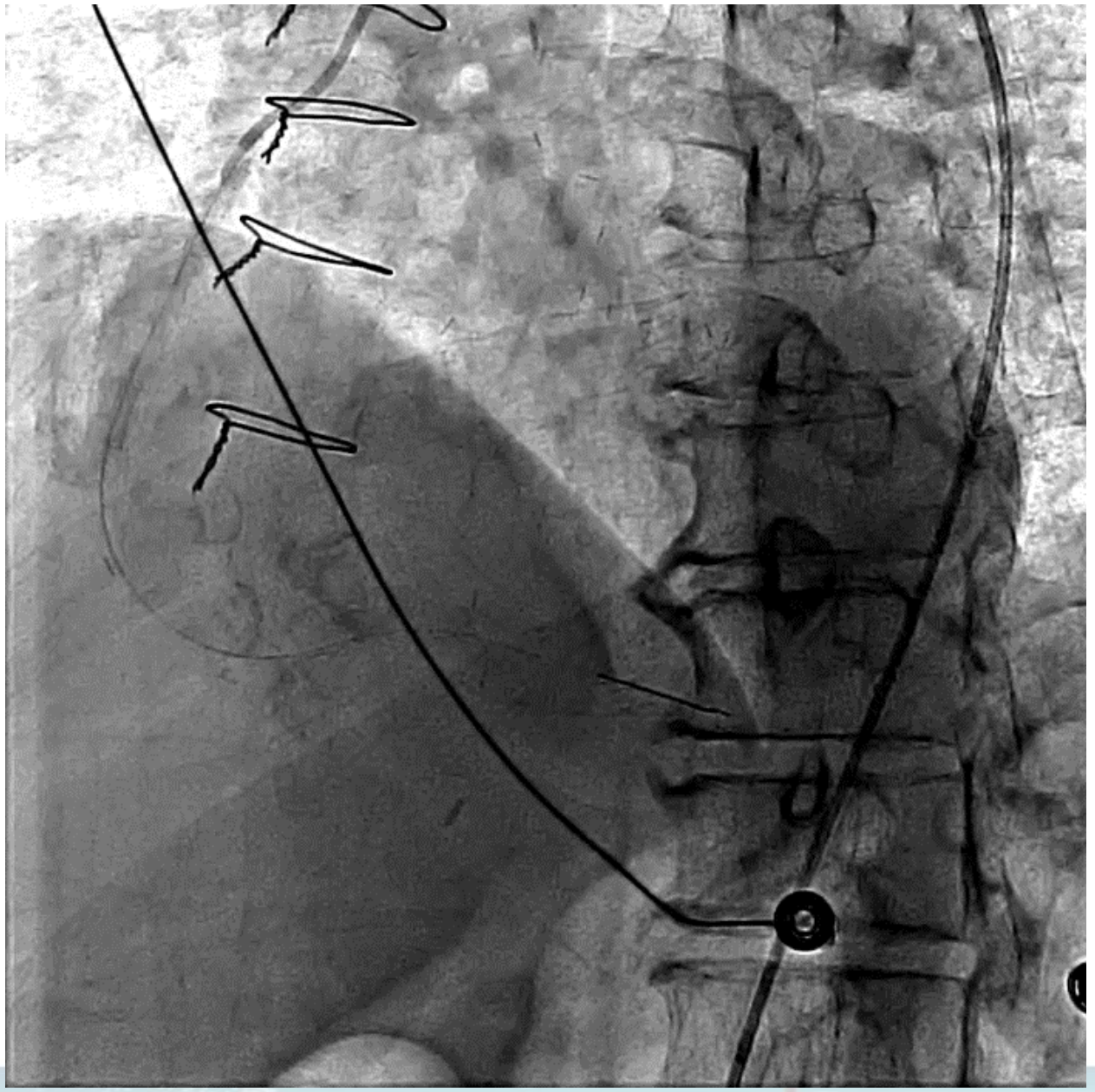
Post-Penumbra





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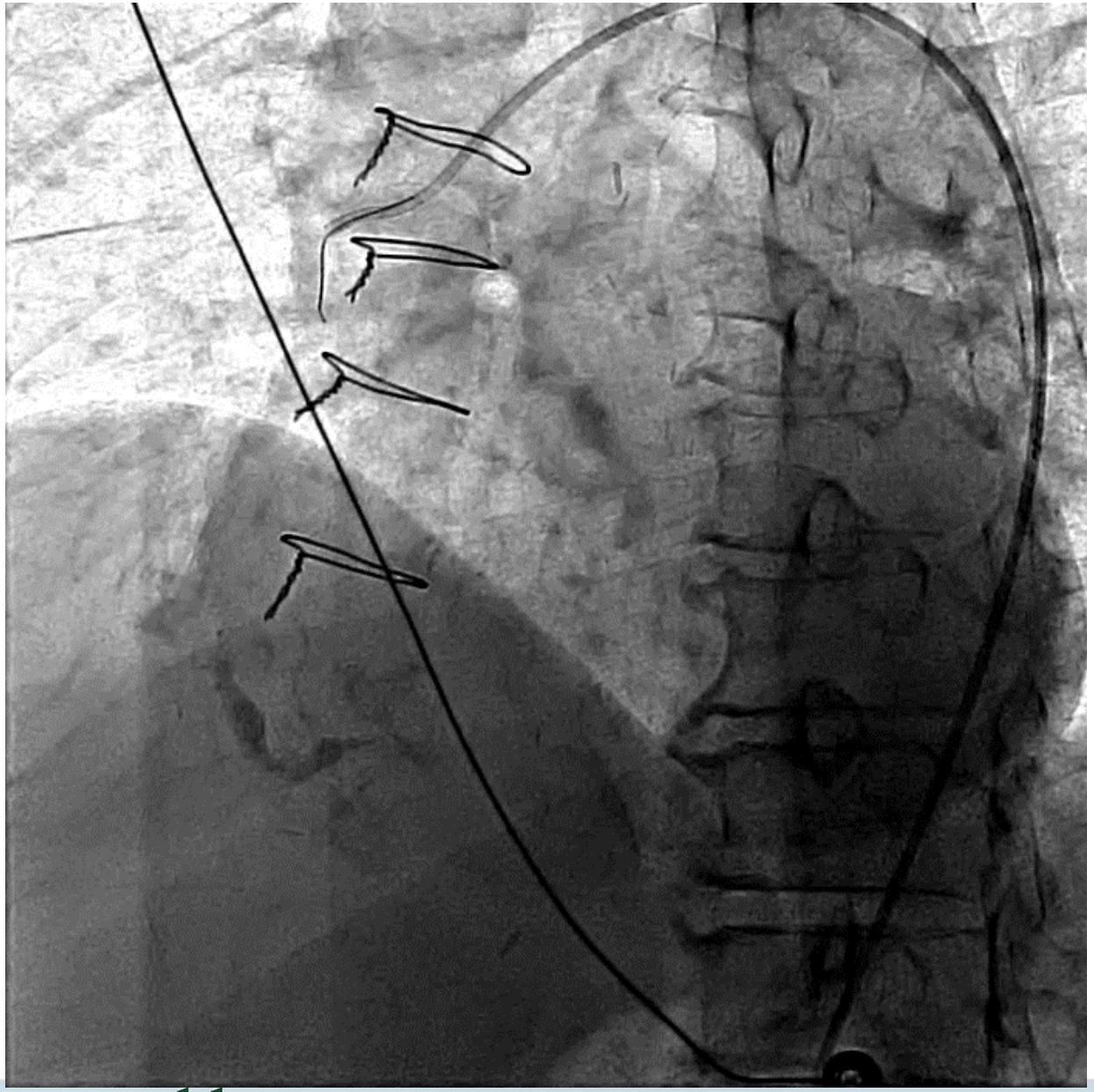
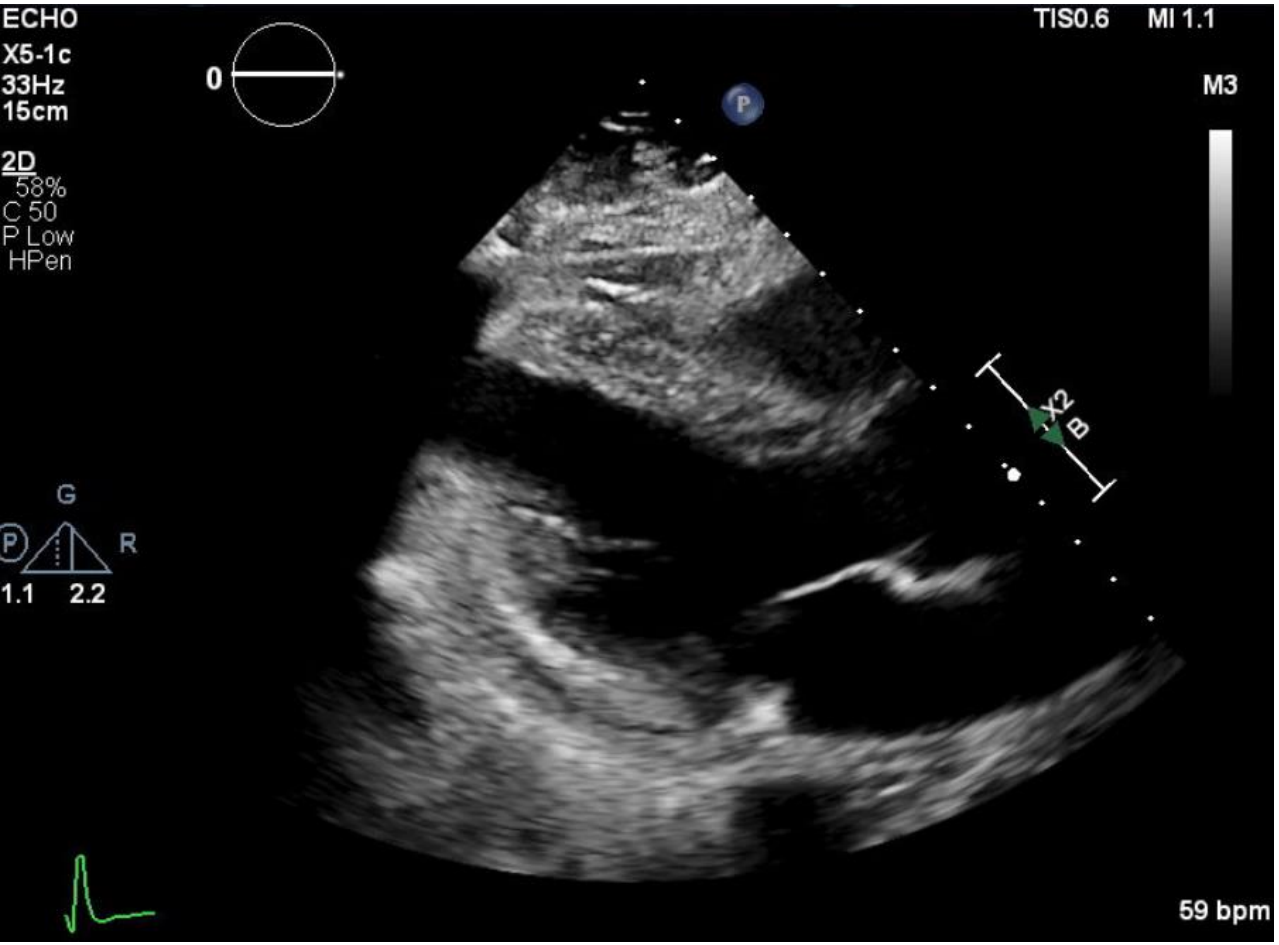
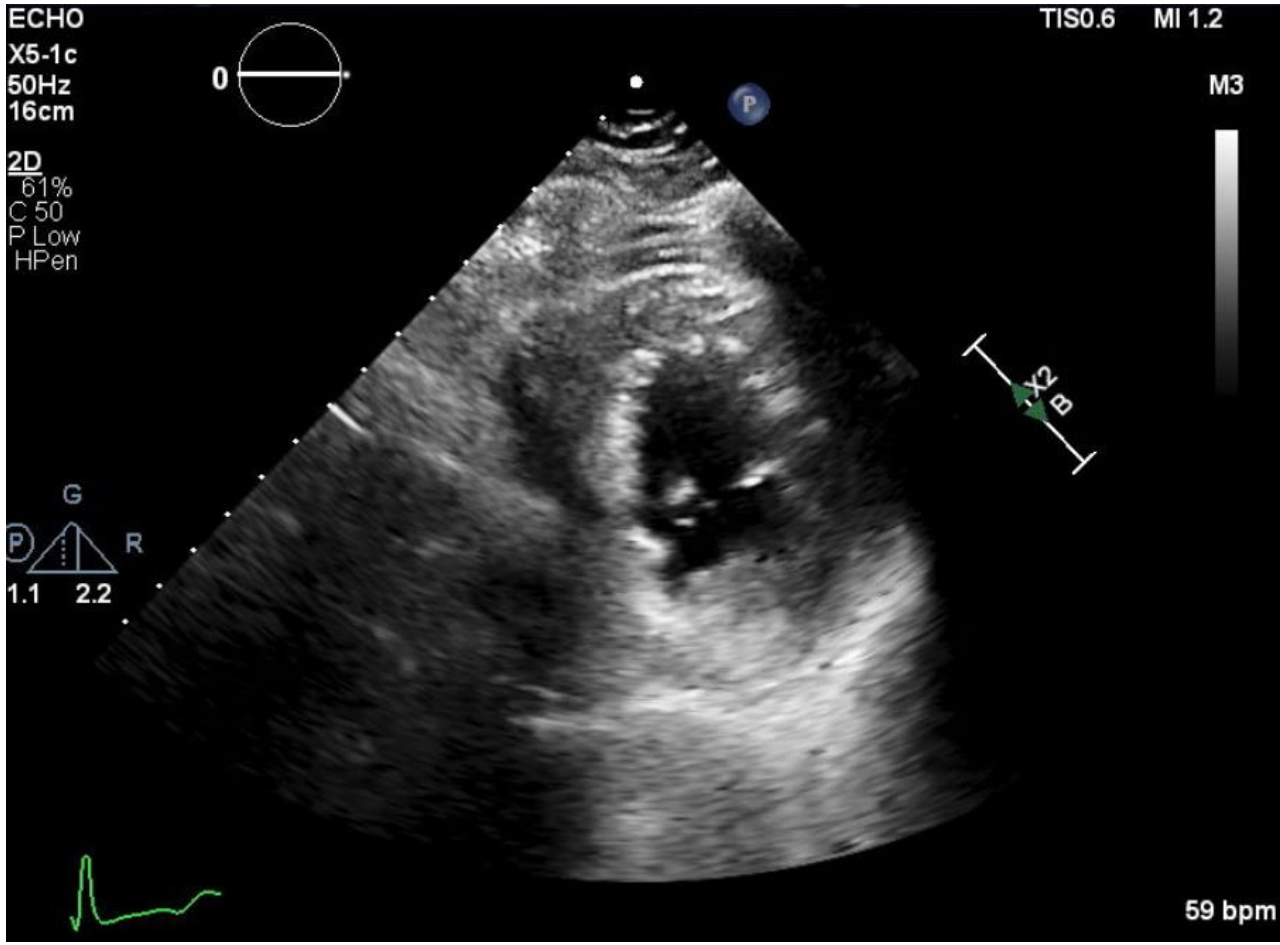
3.0 x 15mm Resolute Onyx DES



Final Angiogram





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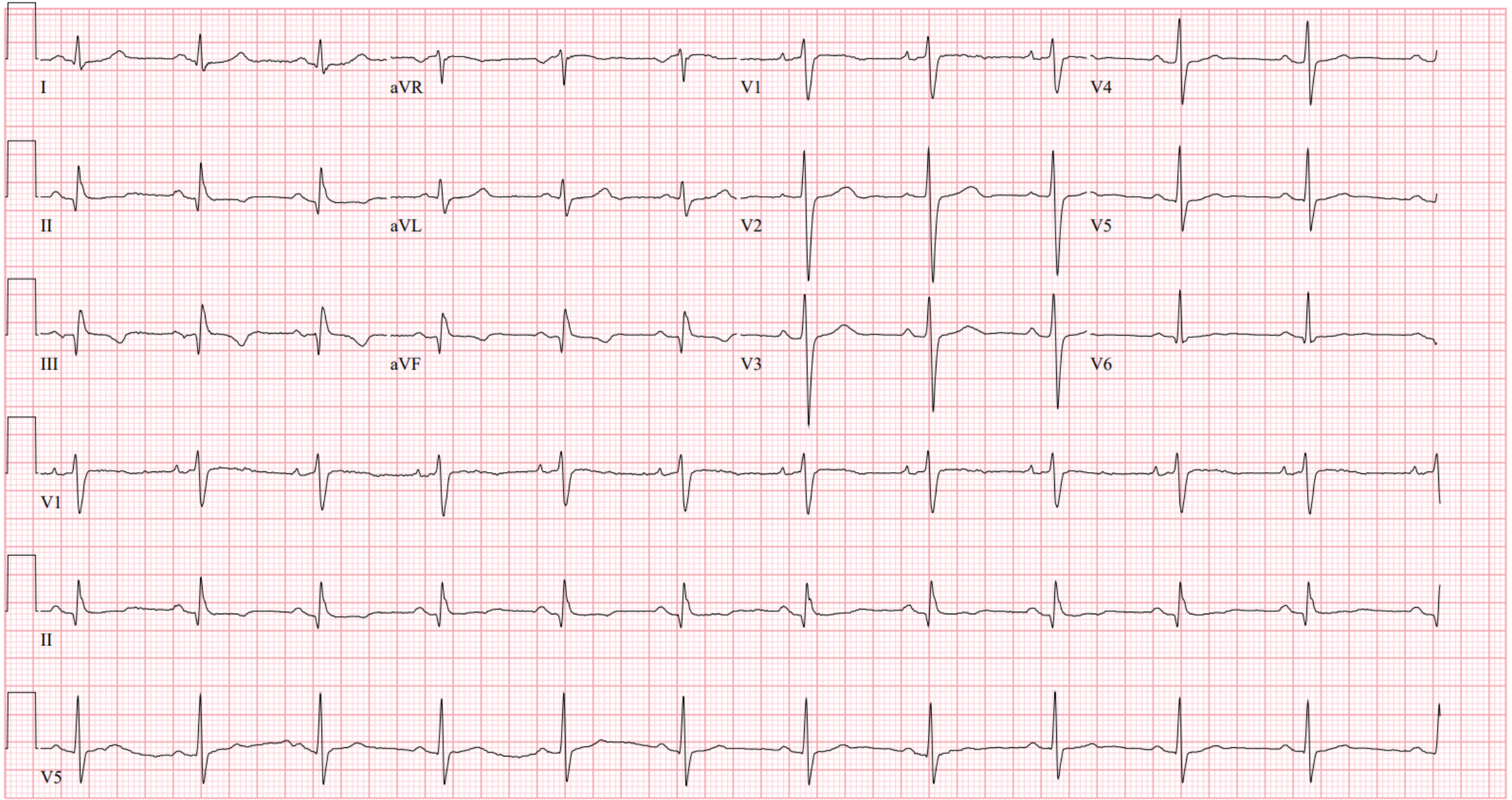
TTE POD#1 (EF=40-45%)



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EKG POD#1

Follow up

- No arrhythmogenic or mechanical complications
- Discharged home 3 days later aspirin + brilinta and GDMT for ischemic heart disease (BB + ARB)
- LDL 276mg/dL! → Atorvastatin 80mg HS
- F/U @ 1 month later: Free of angina, continues DAPT, stopped smoking with nicotine patches

Take home point

- Aspiration thrombectomy with the Penumbra system can be helpful in reestablishing TIMI grade 3 flow in the management of acutely occluded SVG that have an overwhelming high thrombotic burden.