

Bs.Nguy n L ng Quang - Khoa N i TM

I. B NH ÁN

H và tên: Tr n Văn T.; Gi i tính: Nam; Tu i: 55 tu i

Ti n s : Hút thu c lá 20 gói.năm

LDVV: Đau ng c trái, b t đ u đau ng c lúc 9h30 phút 15/10/2019

Th i đi m vào vi n: 12h35 phút, 15/10/2019.

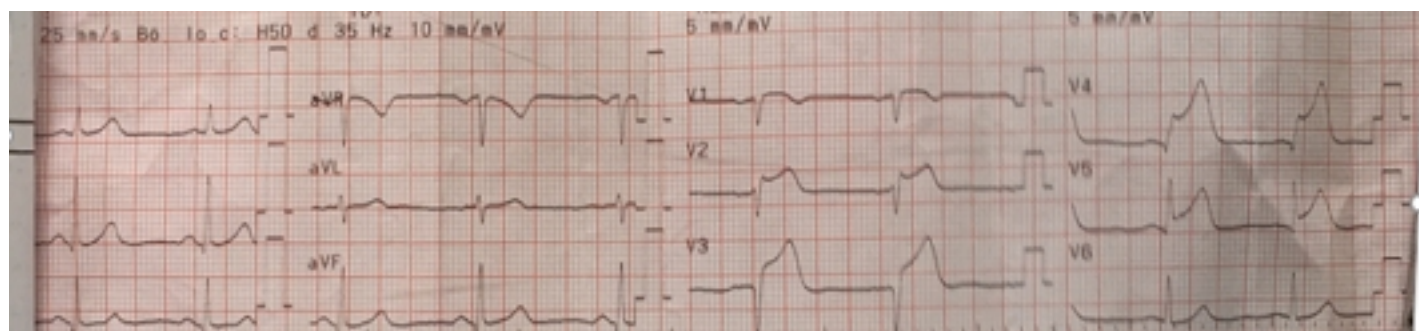
Tình tr ng lúc vào vi n:

- T nh, đau ng c trái, vã m hôi, đau th ng v , bu n nôn
- M ch 72ck/phút, HA 120/80mmHg, th 22ck/phút
- ECG: Nh p xoang đ u 72ck/phút, ST chênh lên V1-V5;
- hs Troponin T: 75pg/mL
- B nh nhân đ c ch n đoán NMCT c p có ST chênh lên thành tr c, b nh đ c h i ch n ch p xét can thi p ĐMV thì đ u.
- K t qu ch p ĐMV: ĐMV ph i không h p khu trú, thân chung ĐMV trái không h p, h p 80% LAD 1 kèm huy t kh i, h p 95% l vào chéo 1, TIMI 2, phân lo i t n th ng SCAI I. B nh nhân đ c can thi p ĐMV trái b ng k thu t Culotte, stent nhánh chính LAD: 3.5x23mm, stent nhánh bên chéo 1: 3.0x28mm, sau khi kissing balloon, POT đo n đ u, ch p l i ki m tra, không th y h p t n l u trong stent, dòng ch y TIMI 3.
- Sau can thi p b nh nhân h t đau ng c, ra vi n ngày 21.10, sau 6 ngày đi u tr t i b nh vi n.

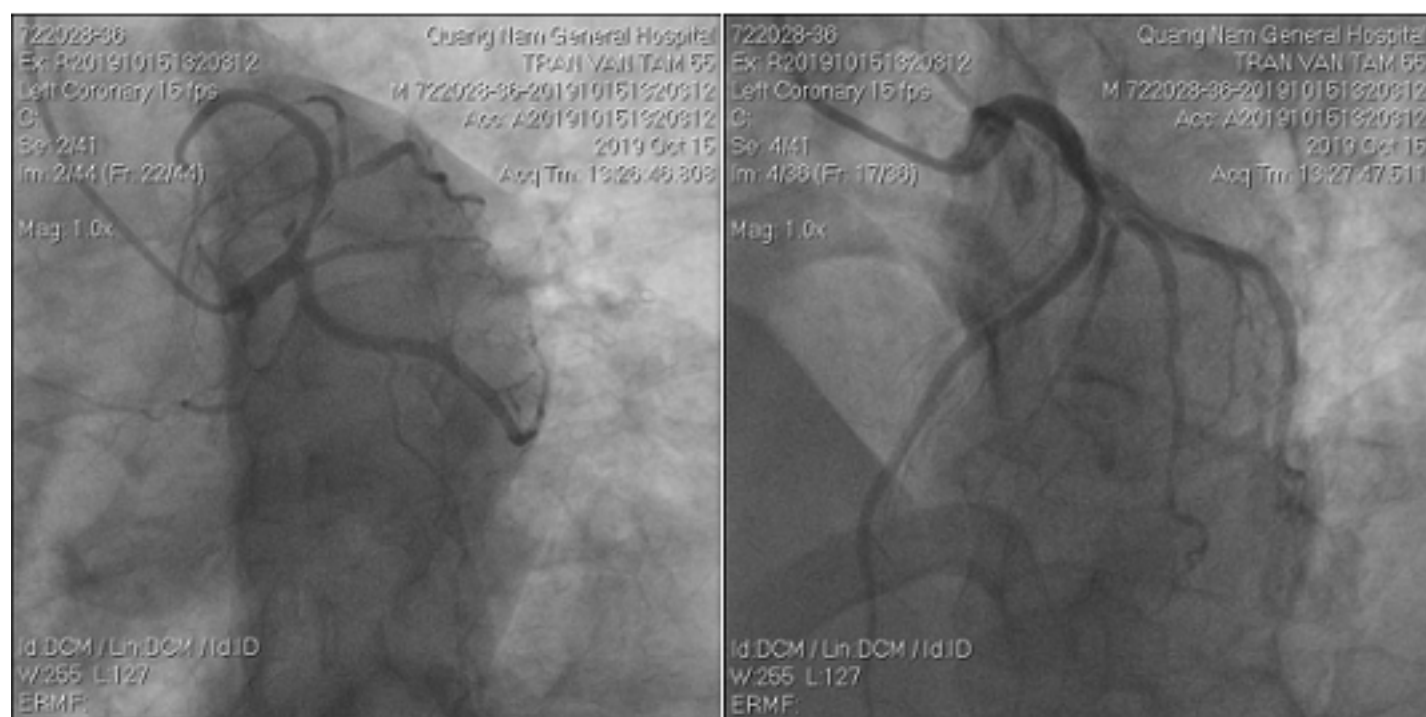
HÌNH NH MINH H A

V^ot b^oi Biên t^op viên

Th^o ba, 22 Tháng 10 2019 11:08 - L^on c^op nh^ot cu^oi Th^o ba, 22 Tháng 10 2019 11:27



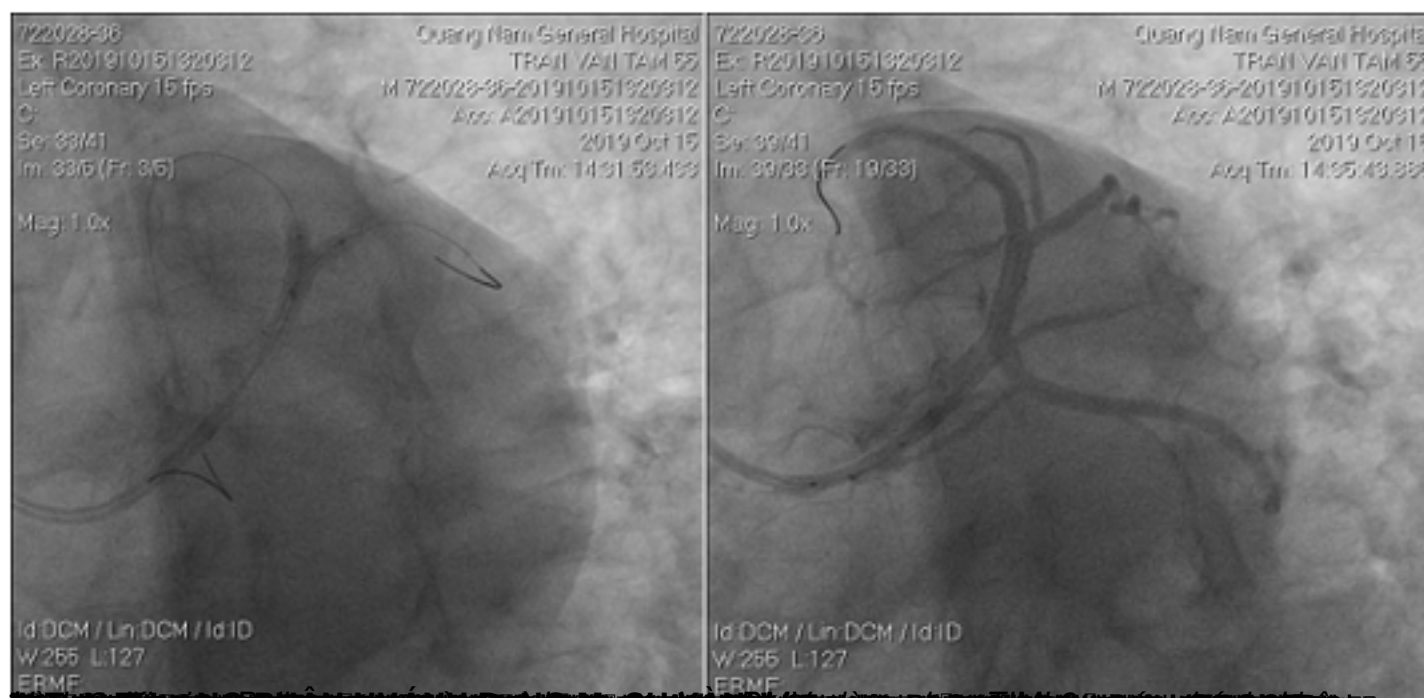
Hình 1. ECG c^oa b^onh nhân lúc vào Khoa C^op c^ou



Hình 2. K^ot qu^o ch^op ĐMV, h^op n^ong LAD do x^ov^oa và huy^ot kh^oi, h^op n^ong l^o và đo^on đ^ou nhánh chéo 1

Vi^ot b^oi Biên t^op viên

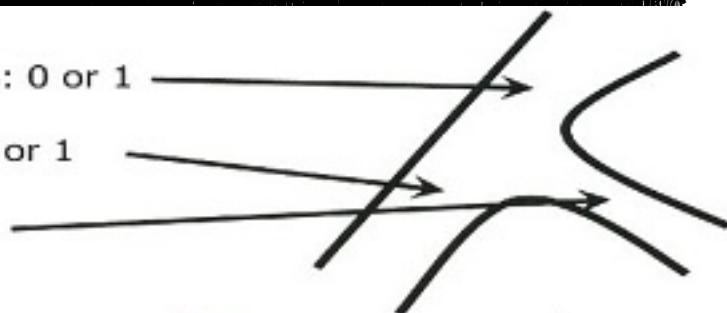
Th^o ba, 22 Tháng 10 2019 11:08 - L^on c^op nh^ot cu^oi Th^o ba, 22 Tháng 10 2019 11:27



1. Main Branch proximal lesion > 50%: 0 or 1

2. Main Branch distal lesion > 50%: 0 or 1

3. Side Branch lesion > 50%: 0 or 1



1,1,1



1,1,0



1,0,1



0,1,1



1,0,0



0,1,0



0,0,1

Đi^on c^op nh^ot cu^oi Th^o ba, 22 Tháng 10 2019 11:27

UPGRADES	DOWNGRADES
For PCI of bifurcation lesions, stent implantation in the main vessel only, followed by provisional balloon angioplasty with or without stenting of the side branch	Distal protection devices for PCI of SVG lesions
Immediate coronary angiography and revascularization, if appropriate, in survivors of out-of-hospital cardiac arrest and an ECG consistent with STEMI	Bivalirudin for PCI in NSTEMI-ACS
Assess all patients for the risk of contrast-induced nephropathy	Bivalirudin for PCI in STEMI
OCT for stent optimization	PCI for MVD with diabetes and SYNTAX score <23
	Platelet function testing to guide antiplatelet therapy interruption in patients undergoing cardiac surgery
	EuroSCORE II to assess in-hospital mortality after CABG

Class I	Class IIa
Class IIb	Class III

The figure does not show changes compared with the 2014 version of the Myocardial Revascularization Guidelines that were due to updates for consistency with other ESC Guidelines published since 2014.

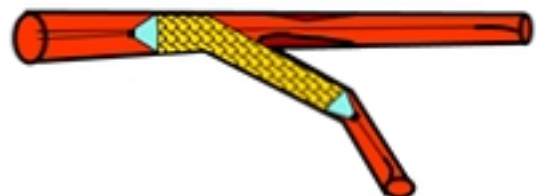
ESC 2018

Culotte Stenting Technique

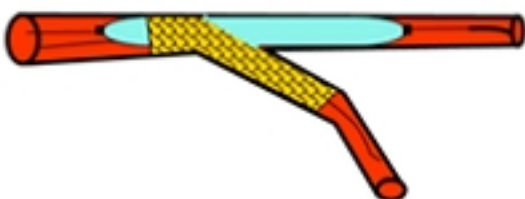
1. Wire both branches and predilate if needed



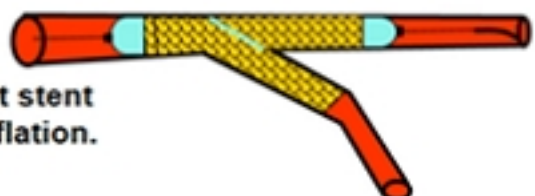
2. Leave the wire in the more straight branch (MB) and deploy a stent in the more angulated branch (SB)



3. Rewire the unstented branch and dilate the stent struts to unjail the branch (MB)



4. Place a second stent into the unstented branch (MB) and expand the stent leaving some proximal overlap



5. Recross the 2nd stent's (MB) struts into the 1st stent (SB) with a wire and perform kissing balloon inflation.

