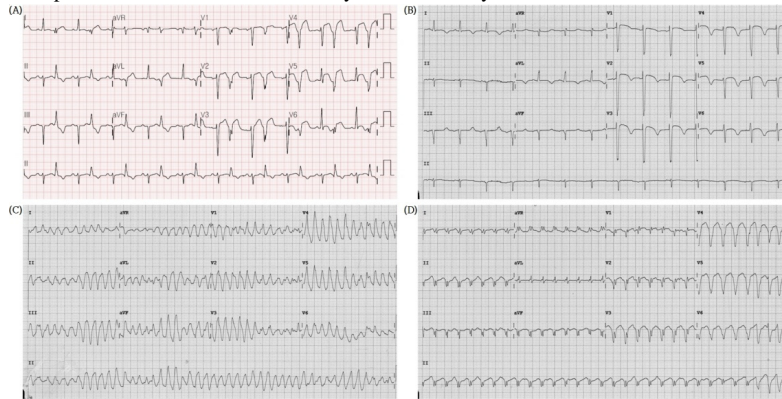


Incessant ventricular tachycardia after complete revascularization of acute myocardial infarction

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A 56-year-old woman with hypertension visited emergency department due to chest pain for 7 hours (Fig. A). Echocardiography showed severe LV systolic dysfunction (ejection fraction = 15 %) with akinesia of left anterior descending artery (LAD) and right coronary artery (RCA) territories. Emergent coronary angiography (CAG) demonstrated total occlusion of proximal LAD and 80% stenosis of 1st Diagonal branch (D1) os, and chronic total occlusion of mid RCA. We underwent complete revascularization with drug-eluting stent (DES) at LAD and RCA, and plain old balloon angioplasty of D1 os under support of ECMO (Fig. B). On 2nd day after percutaneous coronary intervention (PCI), she lost consciousness transiently due to polymorphic ventricular tachycardia (VT) (ie. Tors de pointes) (Fig. C). Serum potassium level was 3.3mEq/L. Immediate cardioversion was done with replacement of iv potassium and magnesium. But on 3rd hospital day, incessant monomorphic VT (Fig. D) occurred despite infusions of lidocaine and amiodarone. We decided to emergent CAG in order to rule out ischemic origin of VT. Emergent CAG showed dissection of D1 os with TIMI grade 1-2. We underwent rescue PCI at D1 with DES. After PCI, VT was no longer occurred. Myocardial ischemia can have important role in mono- or poly-morphic VT of incessant nature and associated high mortality. Conventional antiarrhythmic treatment can be ineffective in this situation. We should keep in mind a possibility of inadequate myocardial perfusion after PCI even in small myocardial territory such as D1.



ECMO assisted catheter-directed thrombectomy in patient with acute pulmonary thromboembolism

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Veno-arterial extracorporeal membrane oxygenation (VA ECMO) is used for rescue therapy in patients with various causes of cardiac arrest and cardiogenic shock. The mainstay treatment of acute pulmonary thromboembolism (PTE) with hemodynamic instability is reperfusion which primarily is composed of either systemic thrombolysis or surgical embolectomy. Catheter directed thrombectomy has been proposed as an alternative reperfusion treatment for acute pulmonary thromboembolism with cardiogenic shock in patients incapable of, or whom have failed systemic thrombolysis. We describe the case of successful catheter directed thrombectomy assisted by veno-arterial extracorporeal membrane oxygenation in a 49 year old woman with cardiac arrest due to acute pulmonary thromboembolism after operation for breast cancer. Because she avoided sternotomy for surgical embolectomy, she was able to preserve breast reconstruction with free flap after mastectomy.

