

血栓or再狭窄？

组合拳处理右冠支架内晚
晚期血栓1例

三亚市人民医院心内科
何喜民



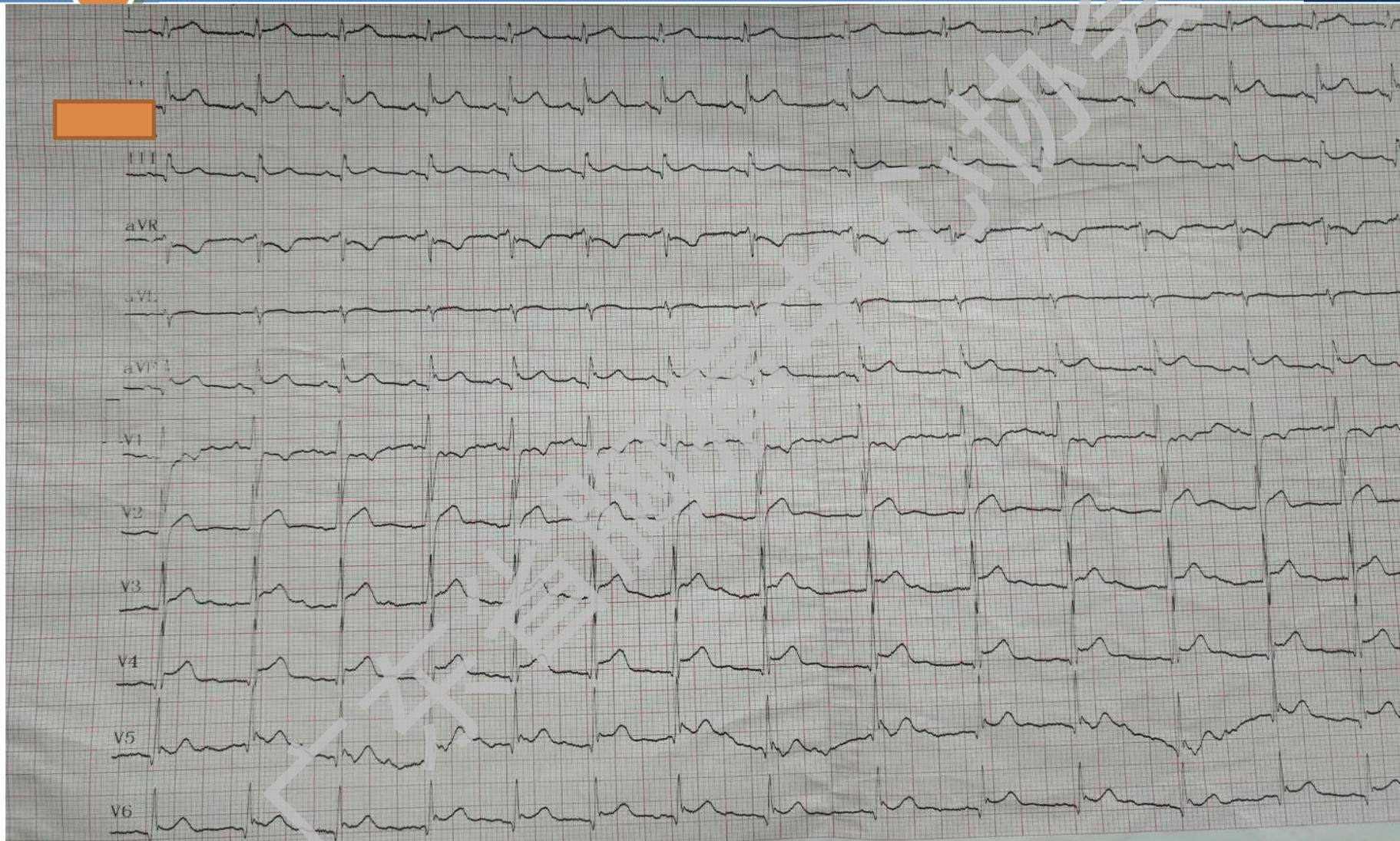


简要病史

- ❖ 76岁男性，有高血压病史10余年，反复胸痛4年，再发4小时入院，4年前在海口诊断AMI并植入支架。
- ❖ 术后12个月后停用了氯吡格雷，长期服用阿司匹林和降血压药物。
- ❖ 诊断：ST段抬高型下壁前壁AMI。

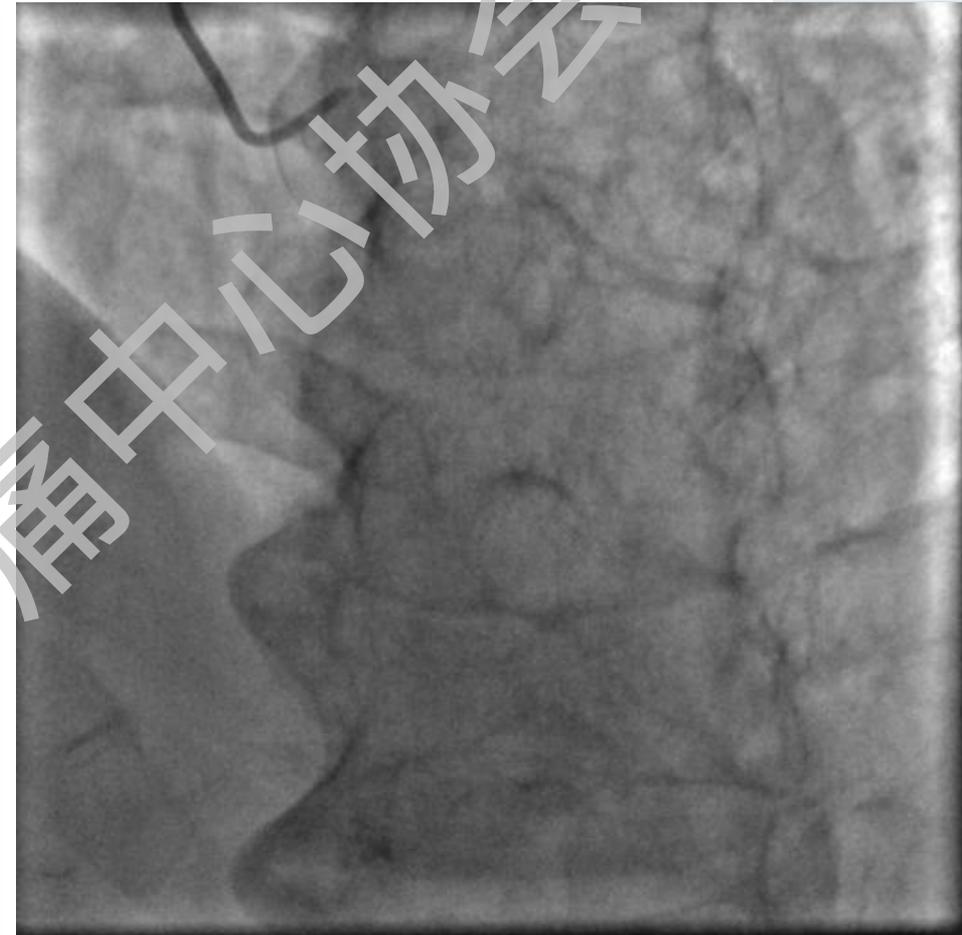
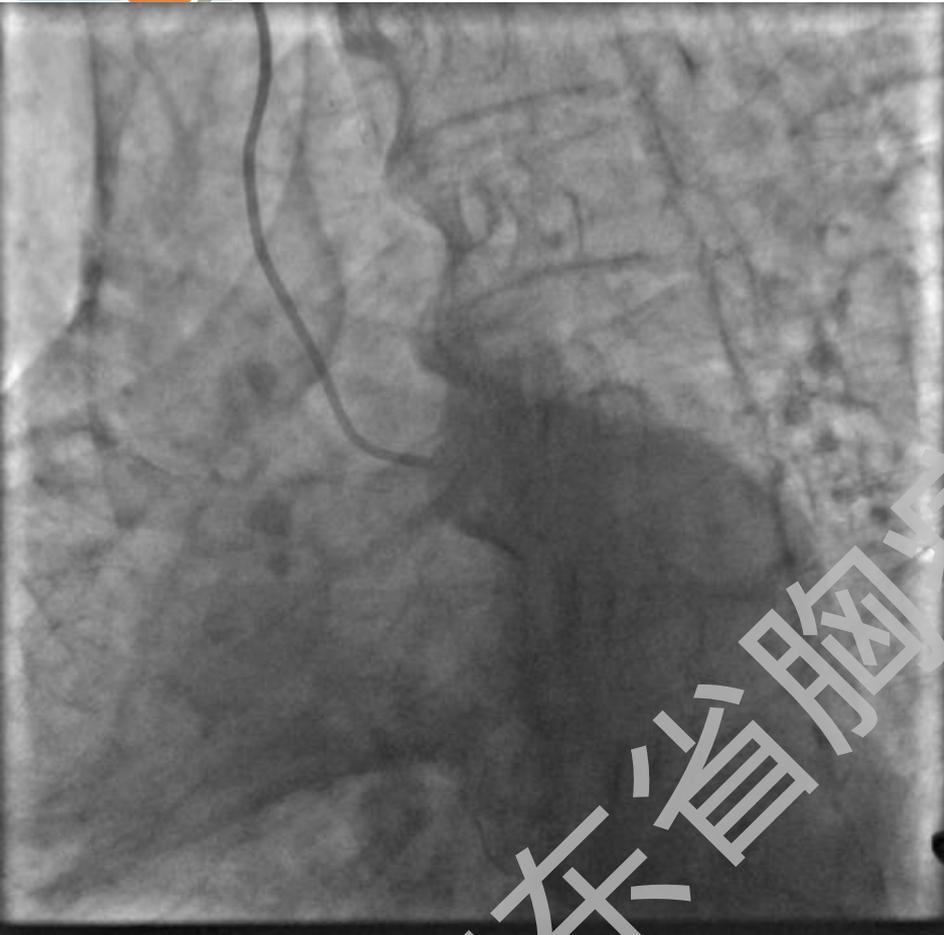


急诊心电图



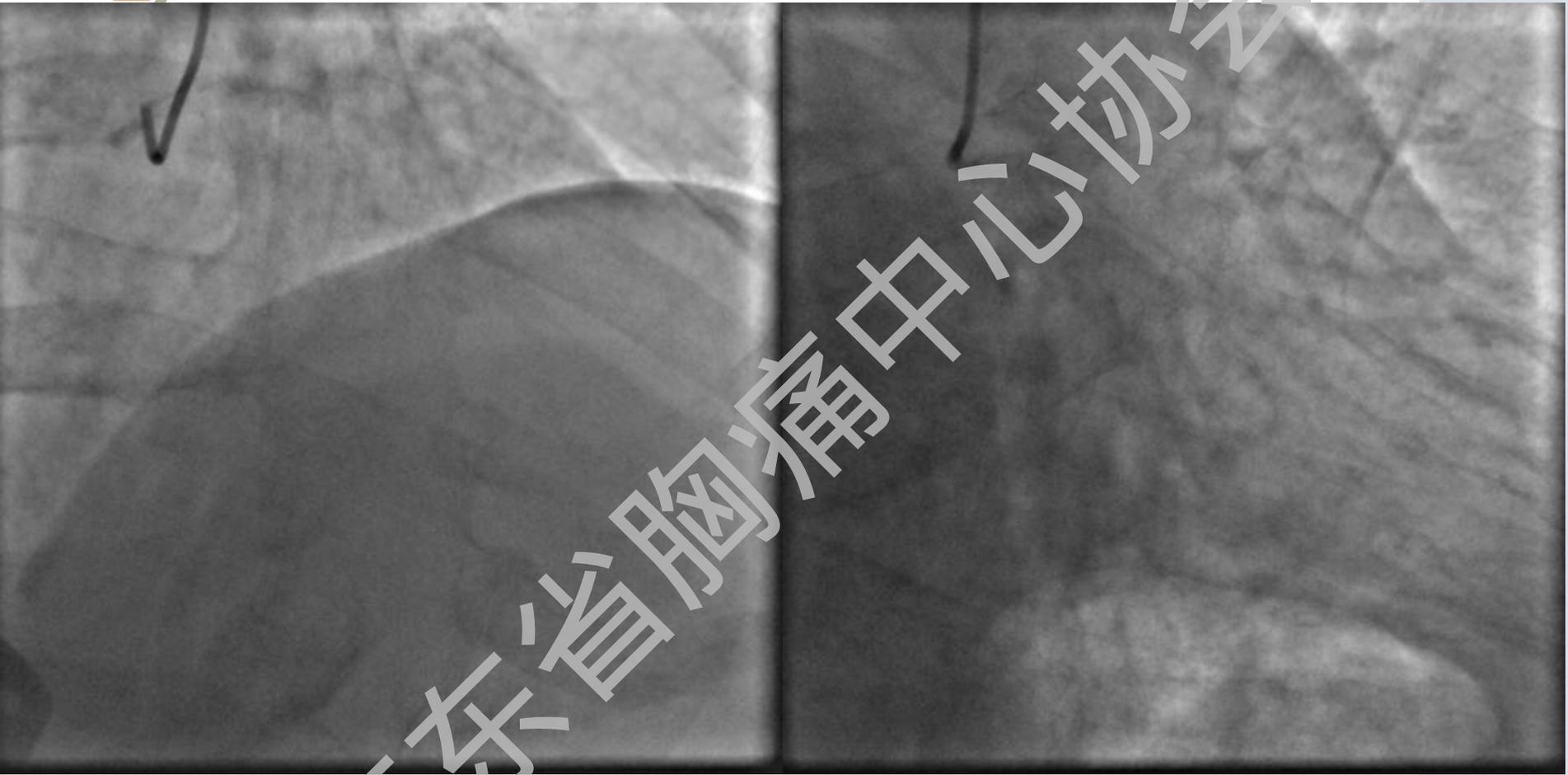


急诊CAG

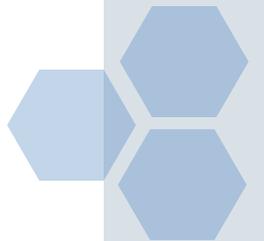


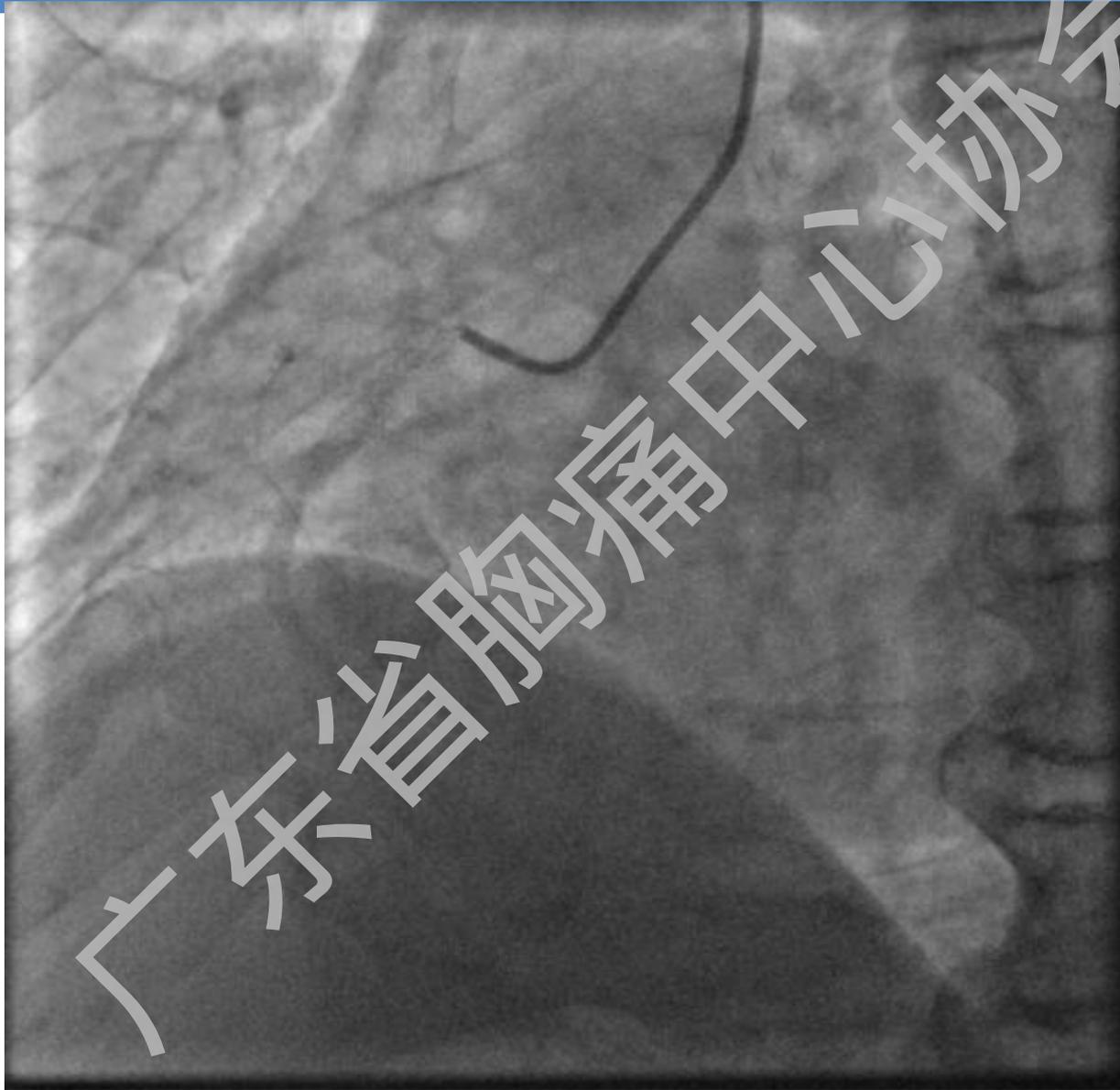
广东省胸痛中心协会





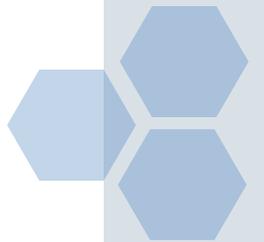
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广东省胸痛中心协会

院
SANYA





支架内晚晚期血栓?

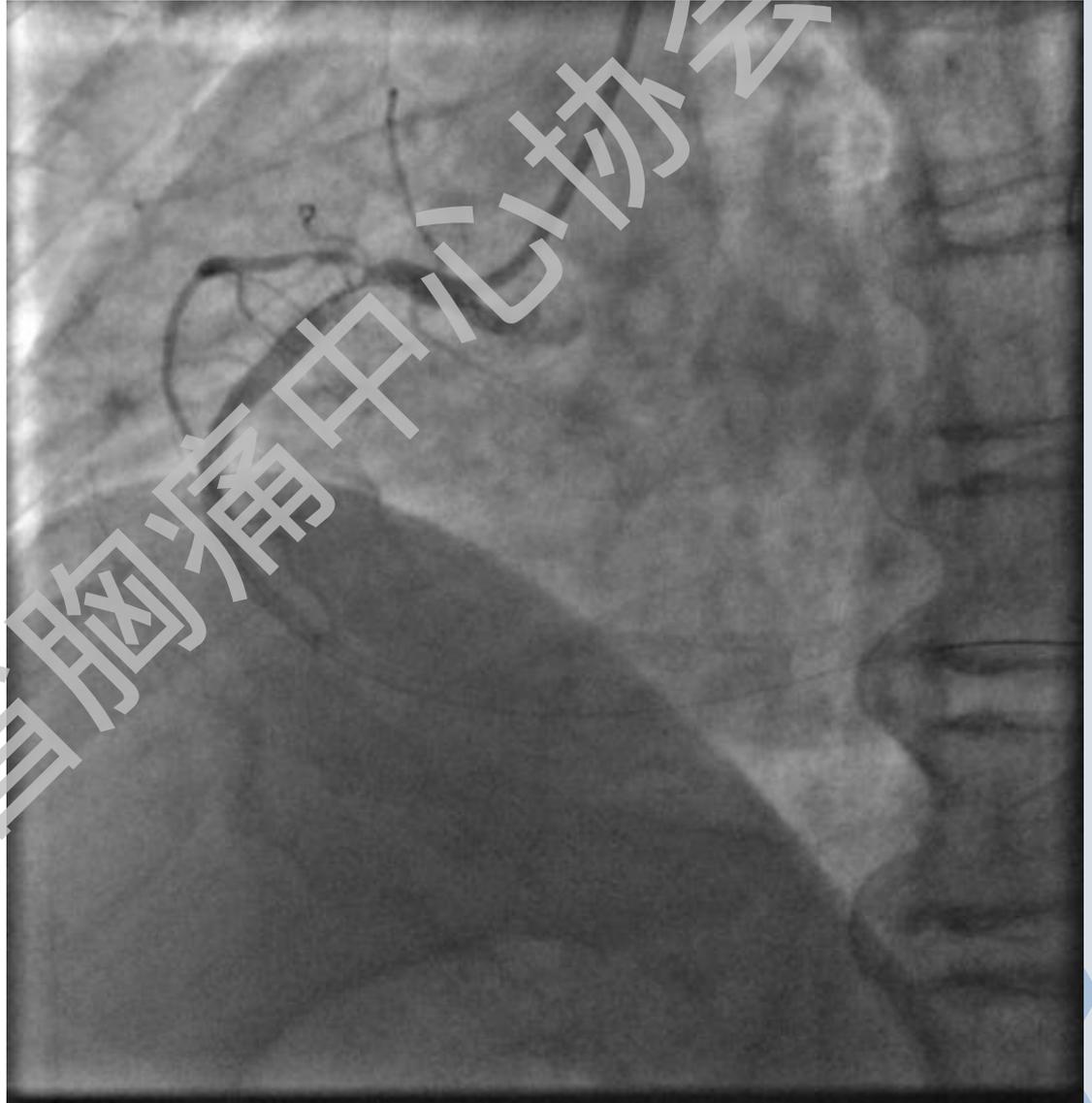
冠脉内注入17ml替罗非班, 15ml/h静脉泵入

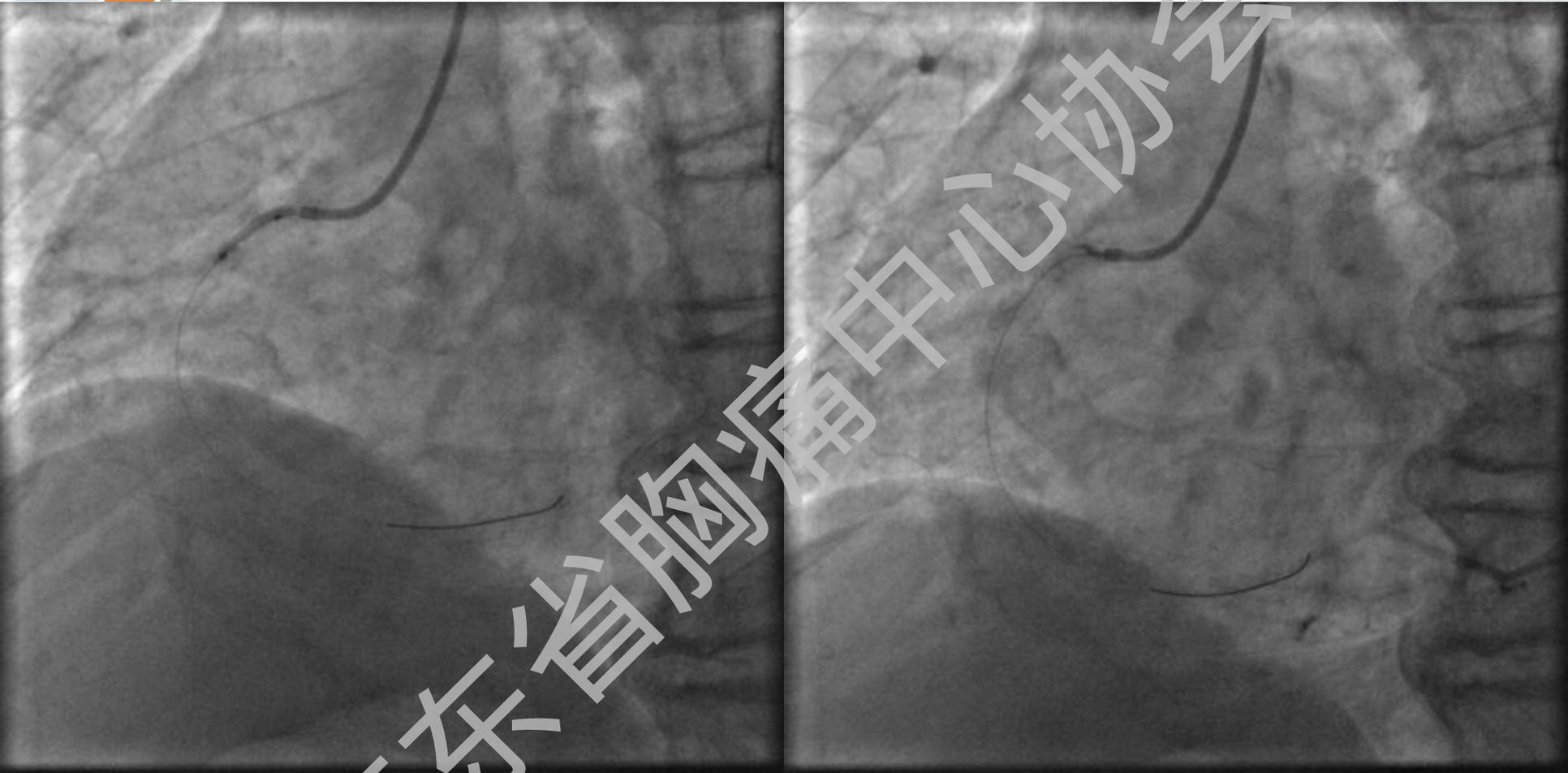
硝酸甘油200ug

血栓抽吸后血流改善, 患者胸闷有所缓解

抽吸导管通过困难

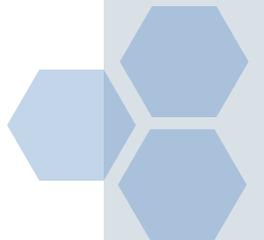
支架内再狭窄?

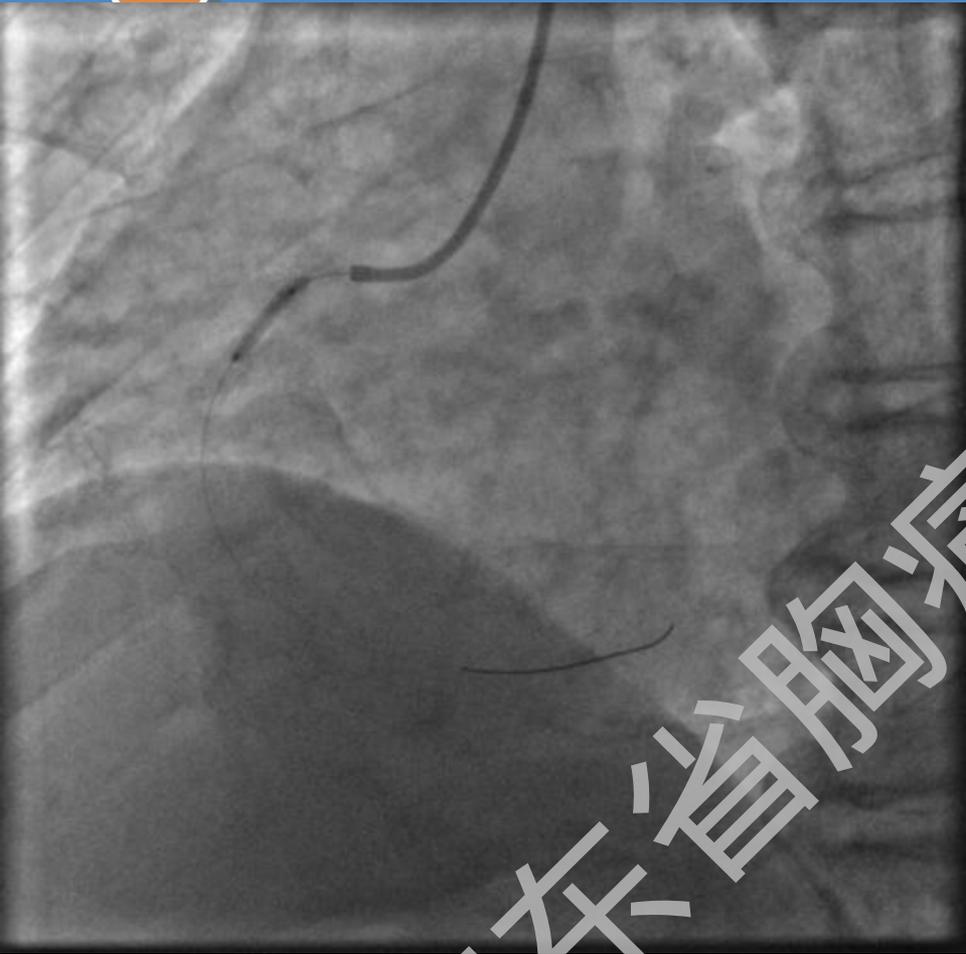




2.5*15mm球囊 8atm

扩后血流差患者胸痛加重





12atm扩第2次

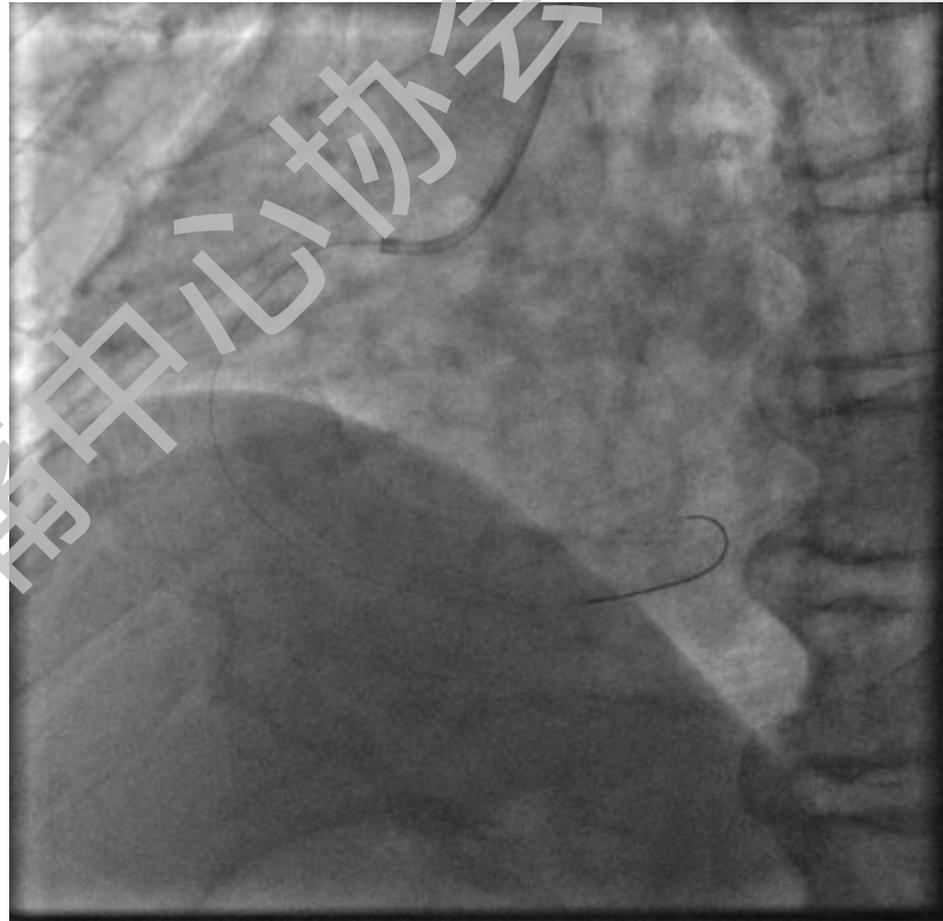
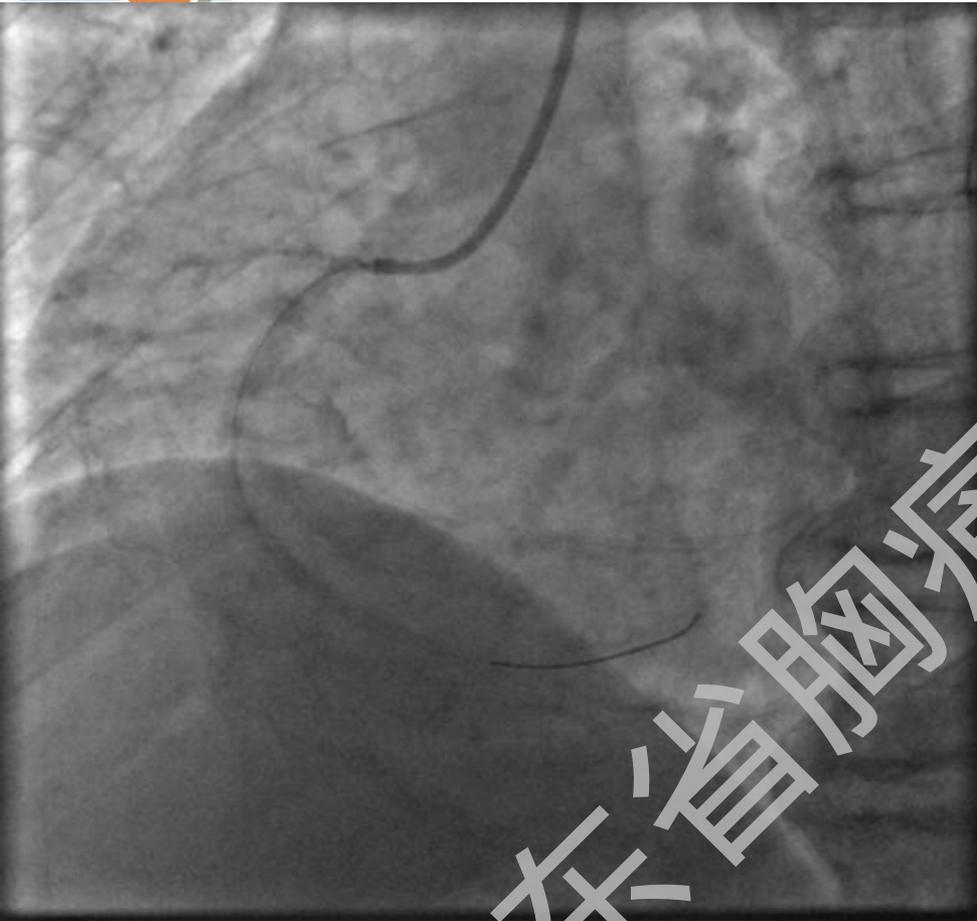


血流无变化，胸痛未缓解



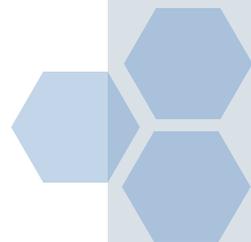


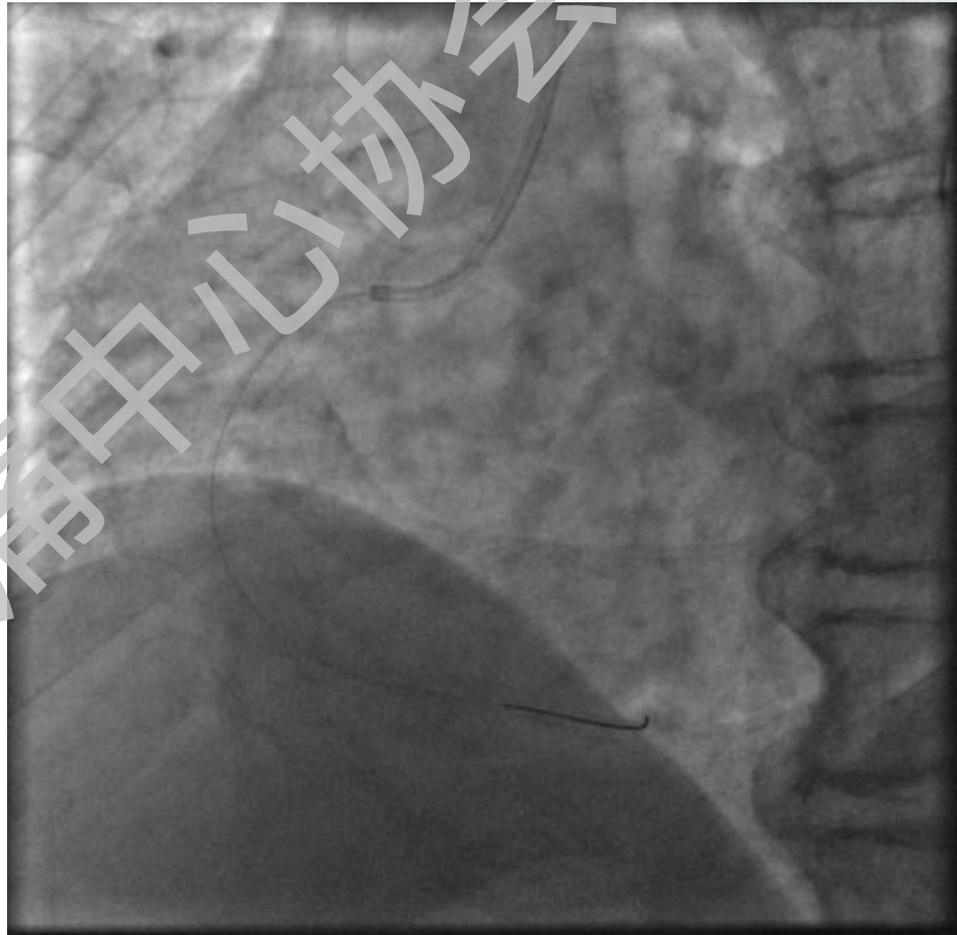
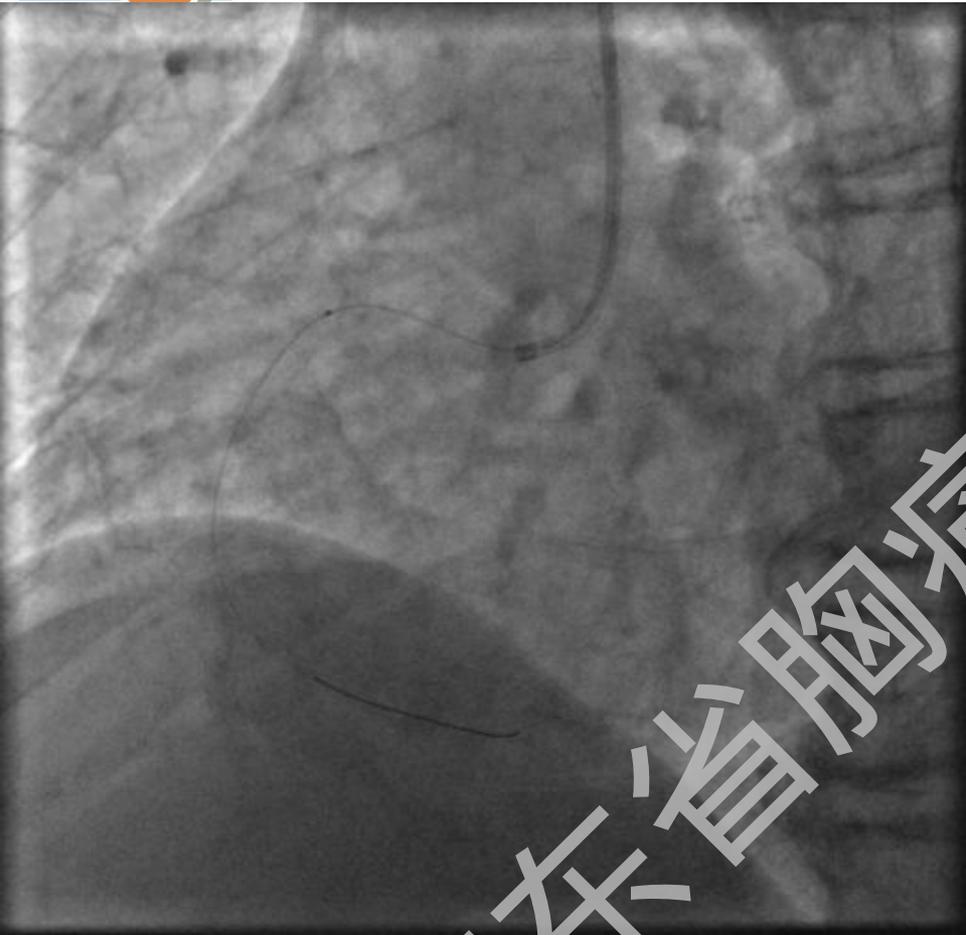
血栓?



冠脉内再追加替罗非班5ml，血栓抽吸

再抽





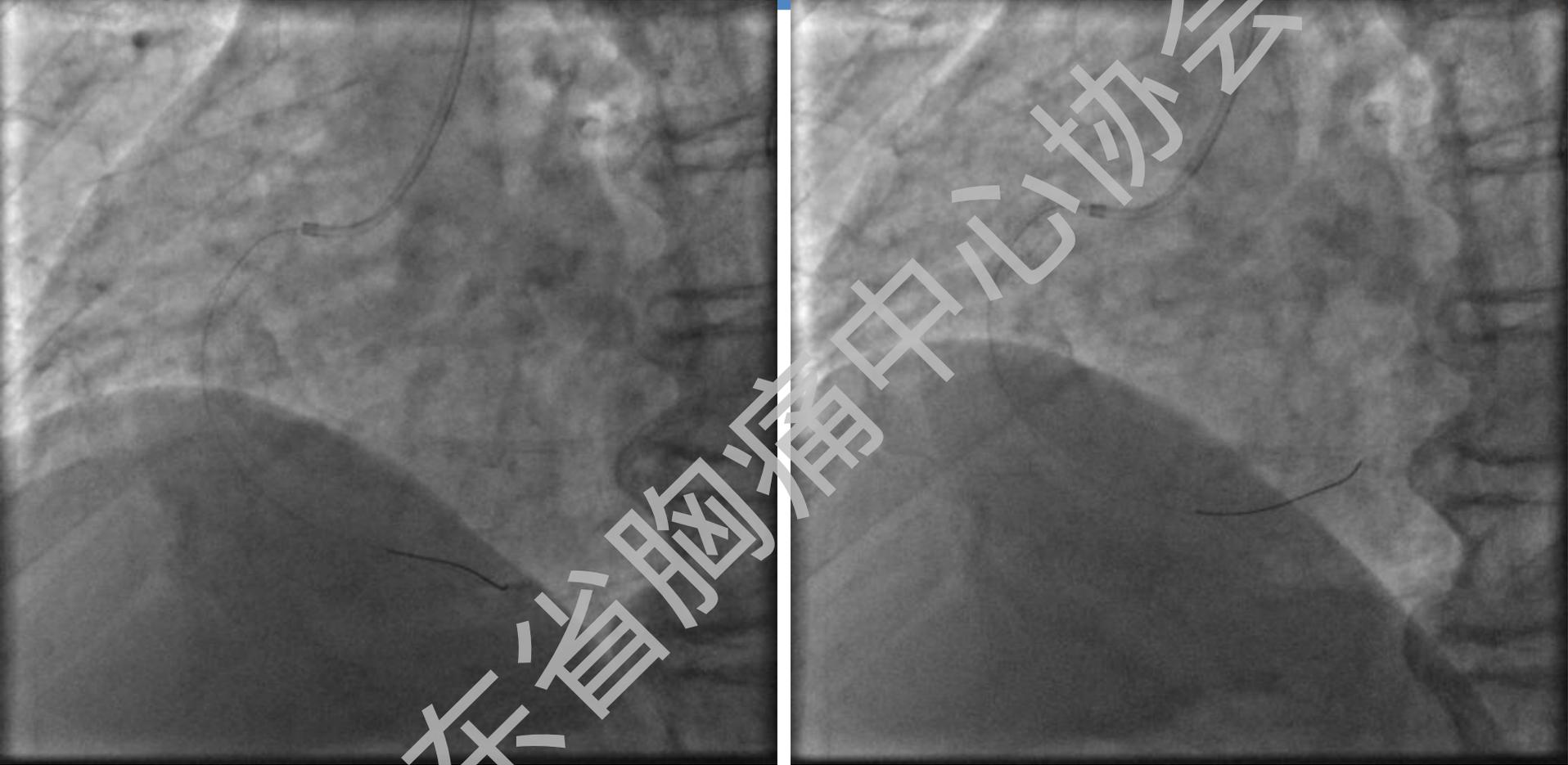
再次抽吸，导管有时通过困难

抽吸后稍改善

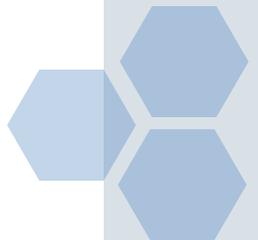




我仍以为是血栓

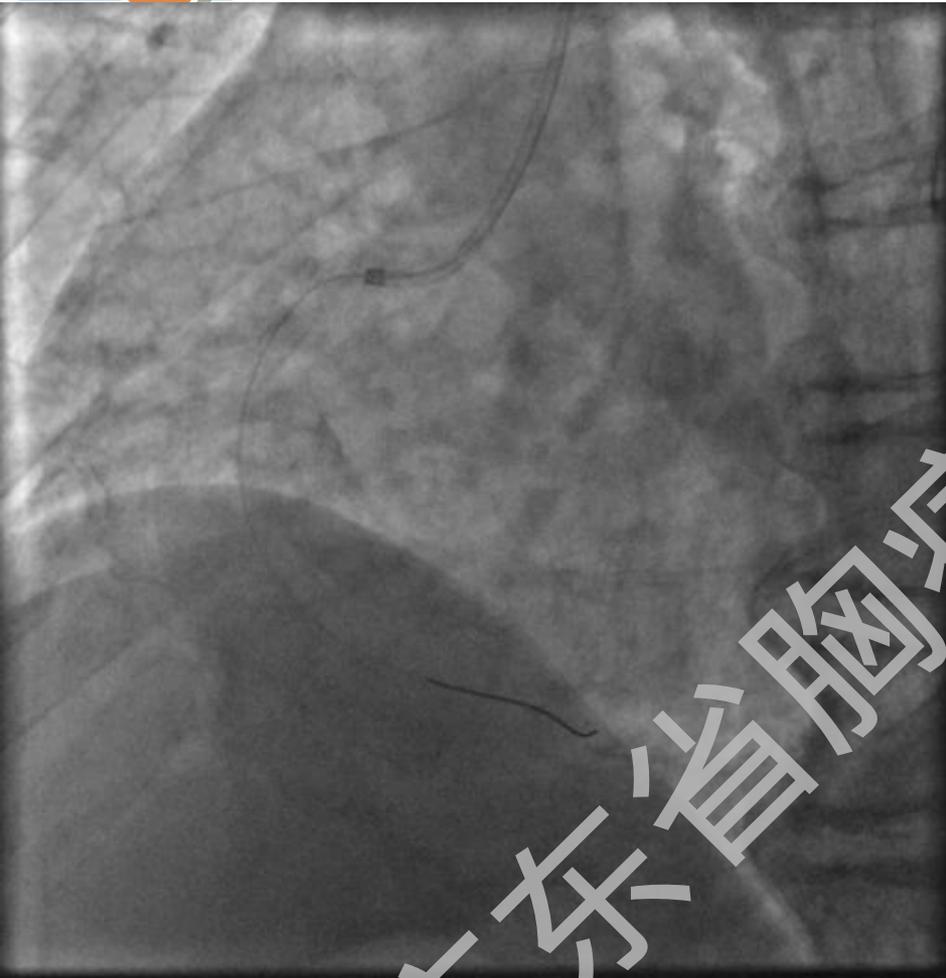


反复抽 反复硝苷 血流时好时坏





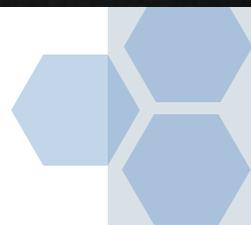
我还以为是血栓



反复抽 反复硝苷

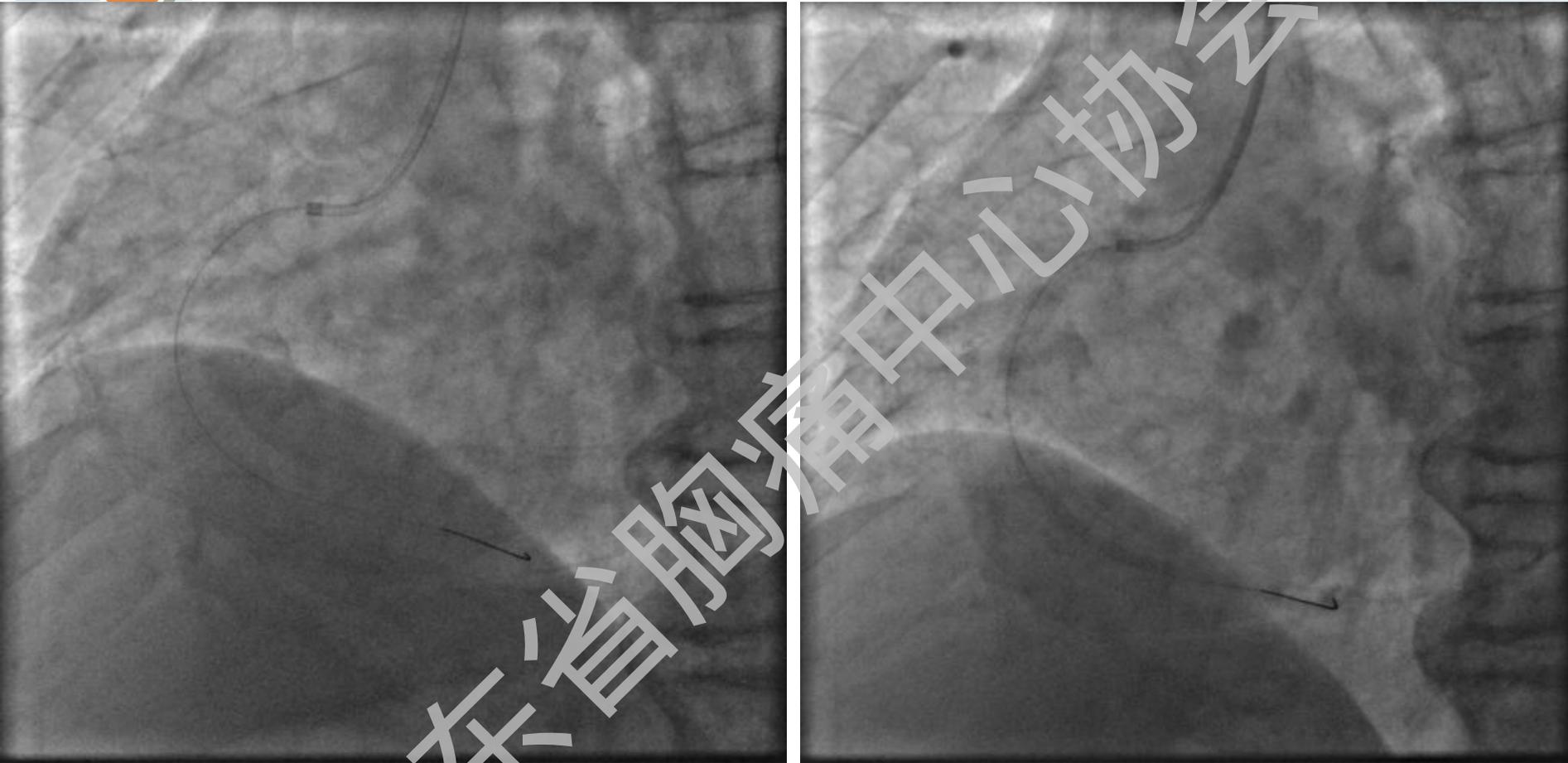


血流时好时坏

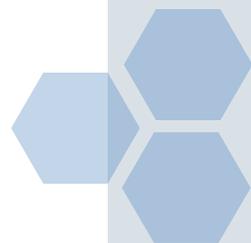




我始终以为是血栓



洪荒之力反复抽





真的只是我以为吗？

到底是个什么鬼？

A, 大球囊继续扩？

B, 直接支架？

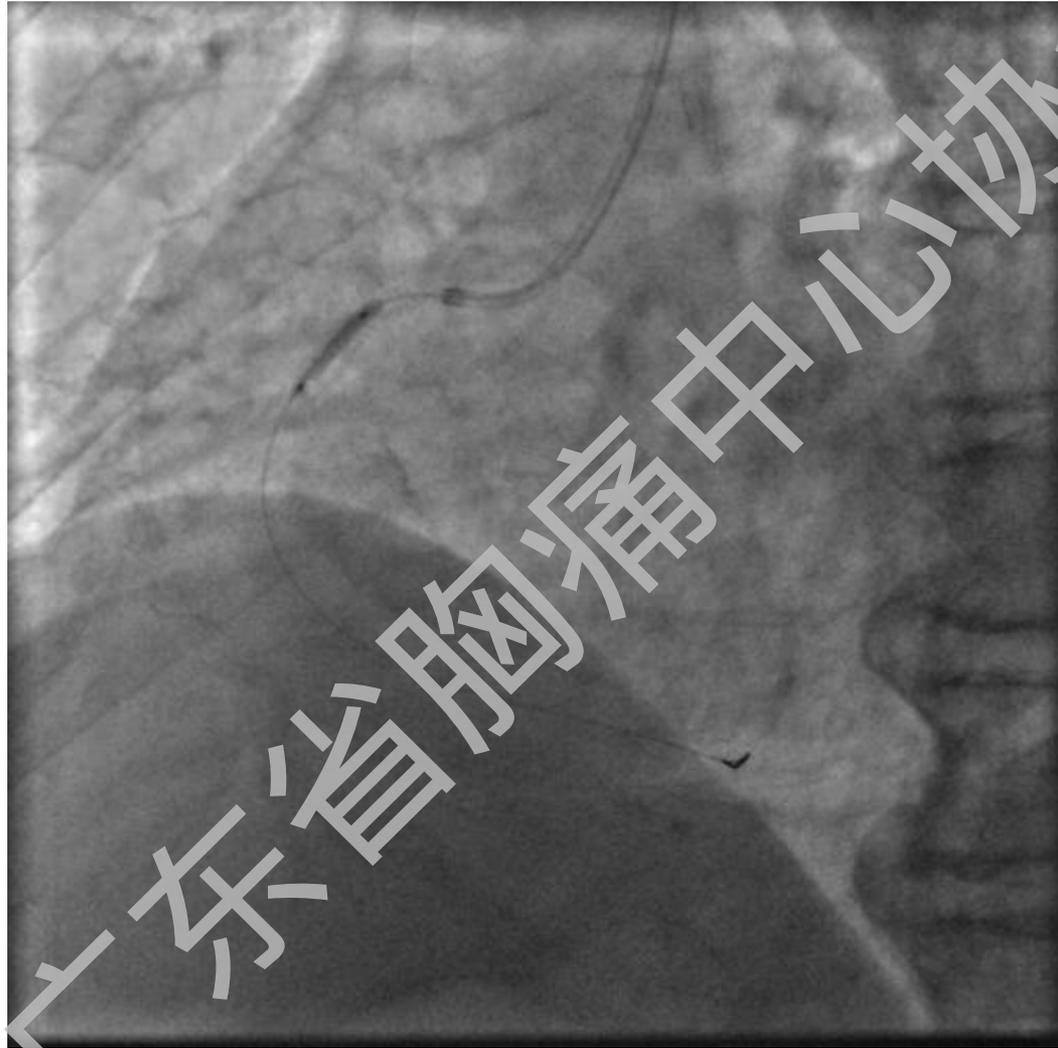
C, 放弃？

D, ？ ？ ？ ？



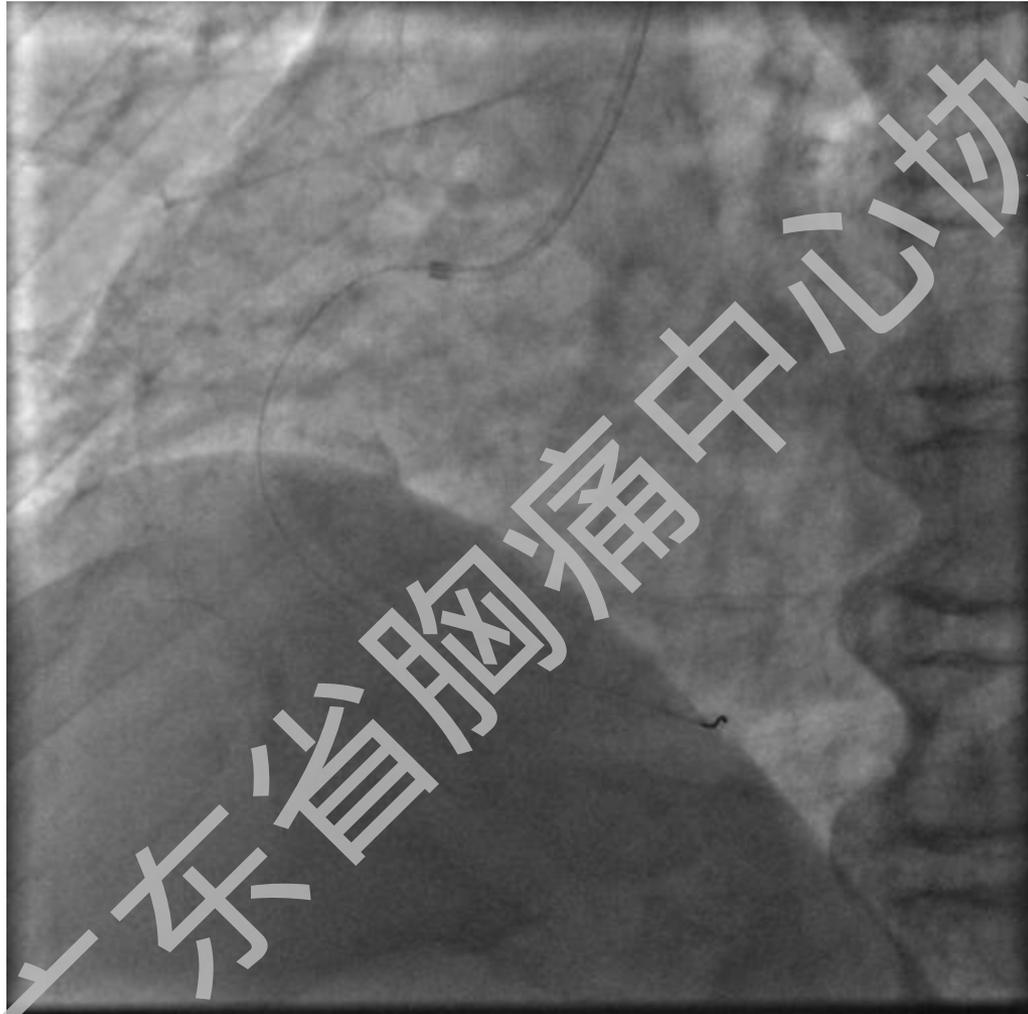


球囊挤压推送

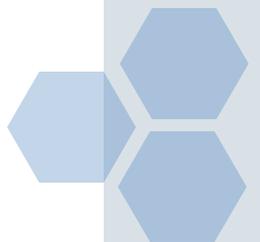


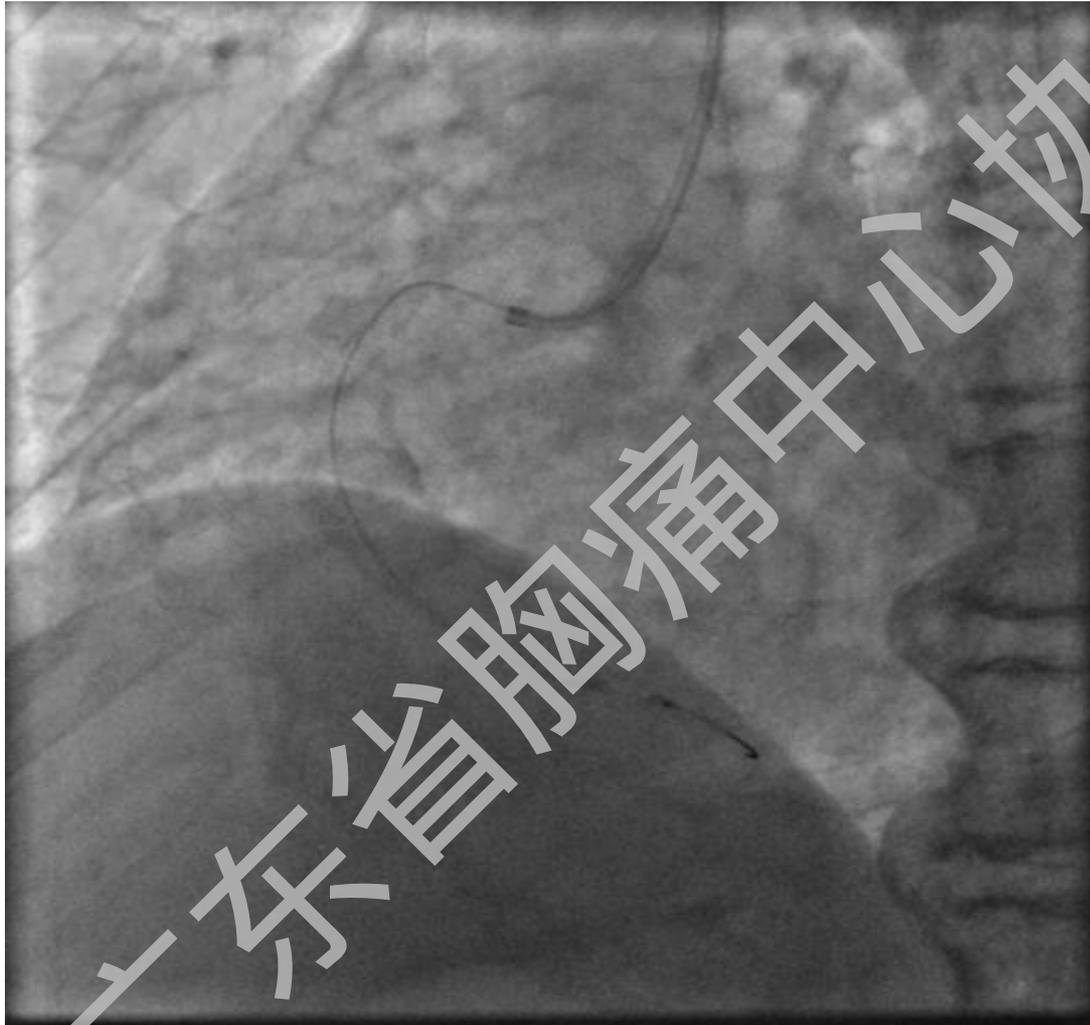
原2.5*15球囊6atm



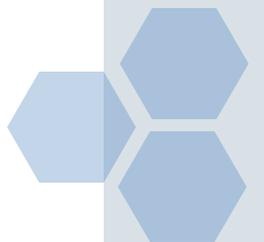


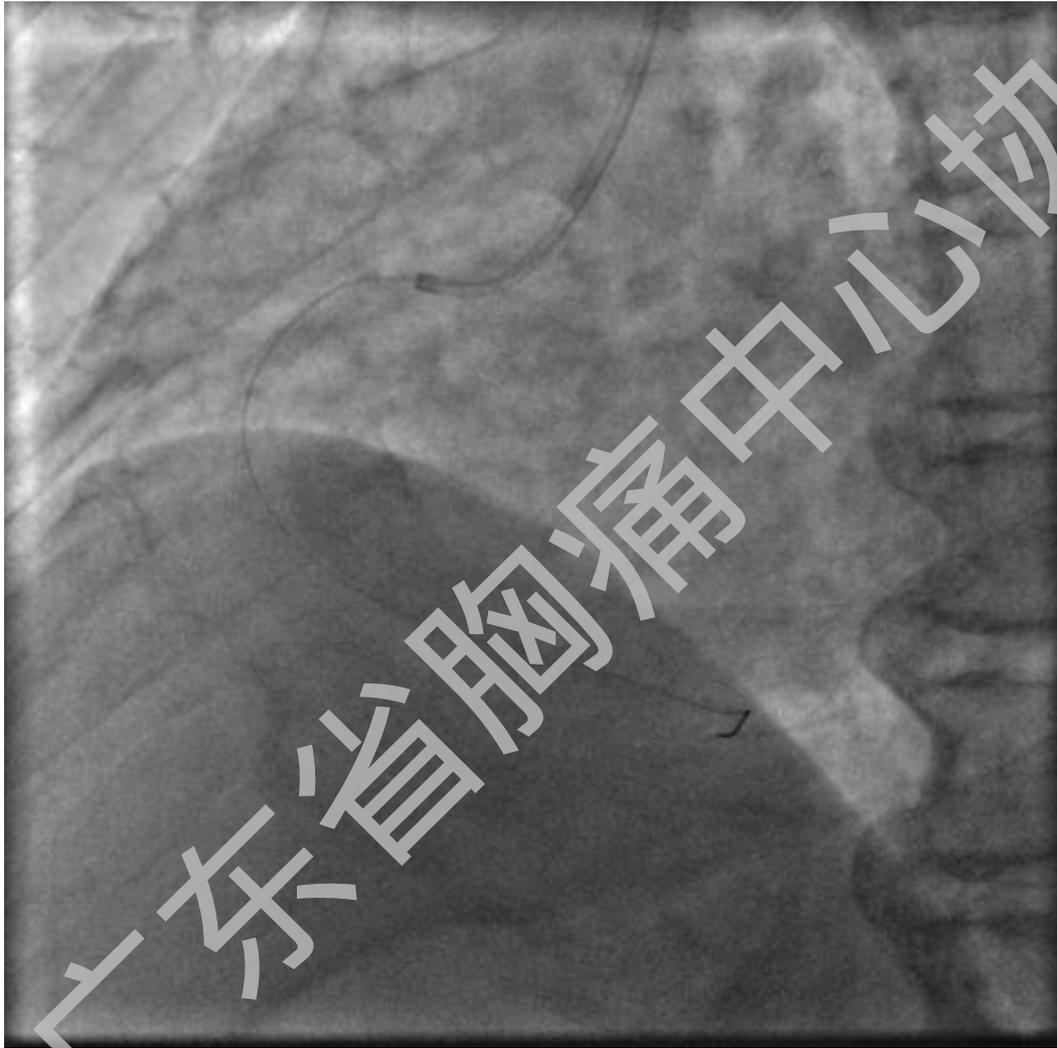
❖ 刷第1次



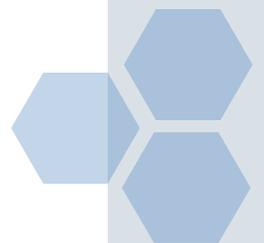


刷第2次



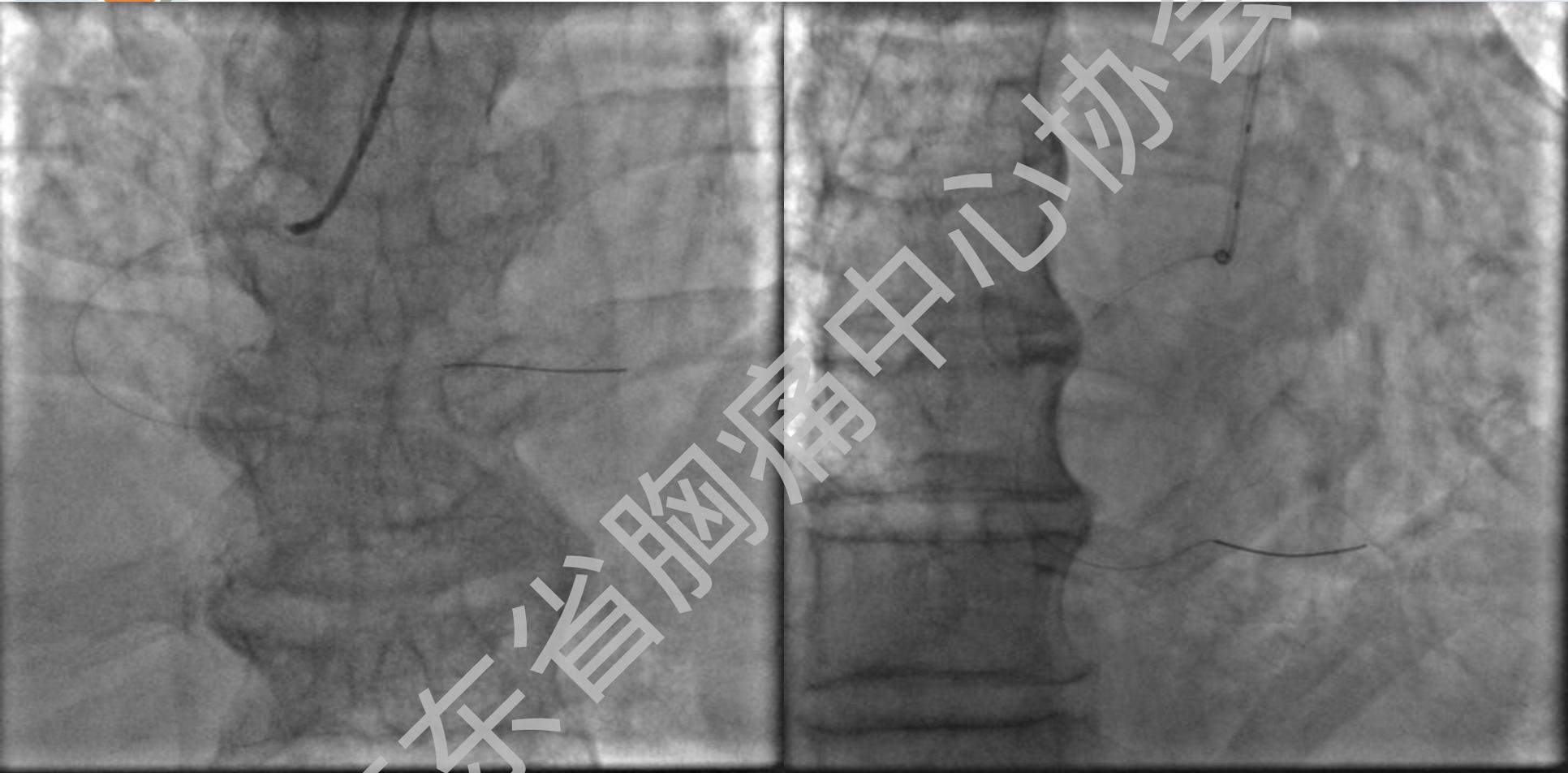


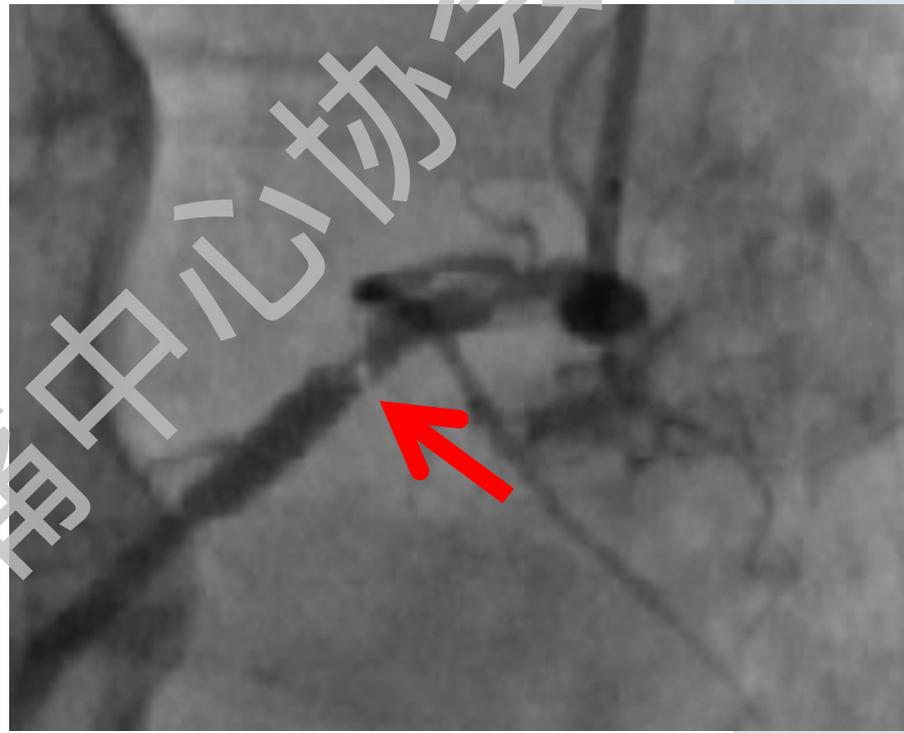
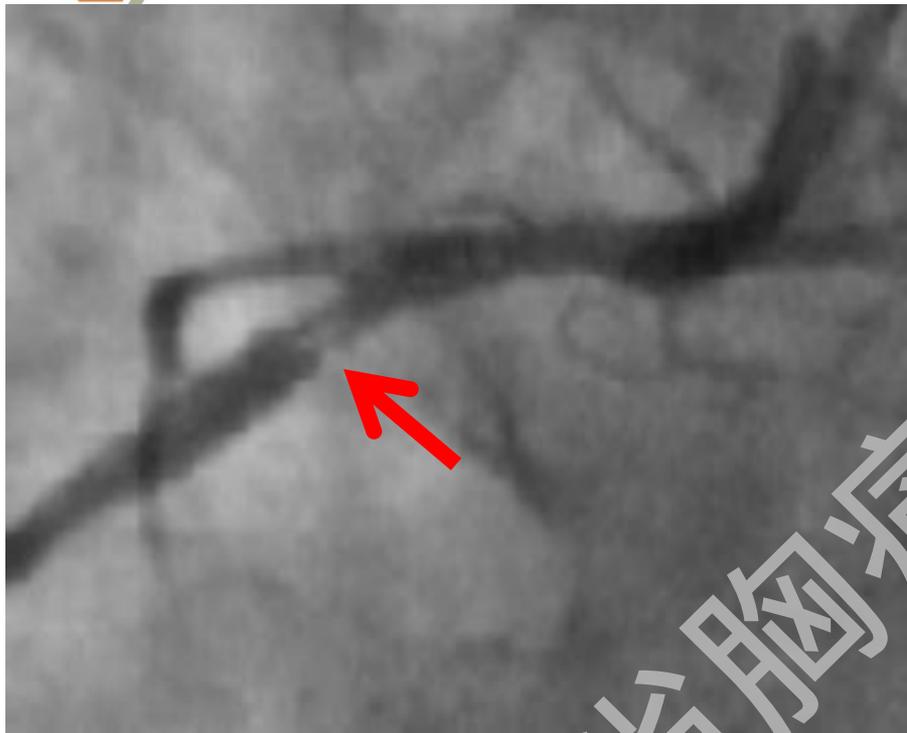
刷第3次





不同体位造影



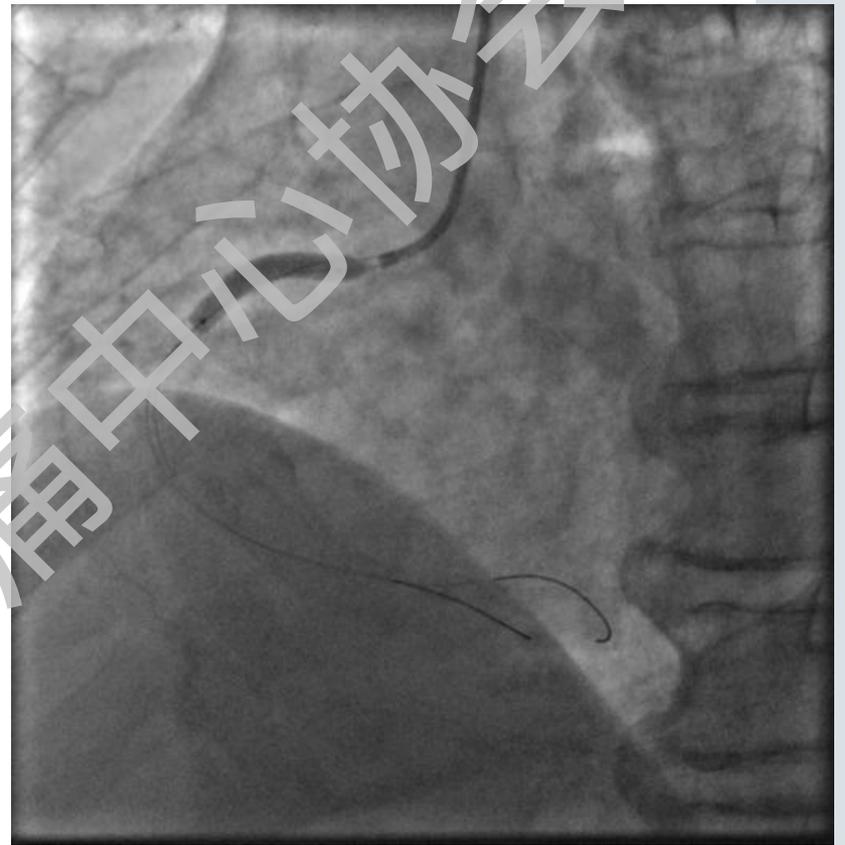
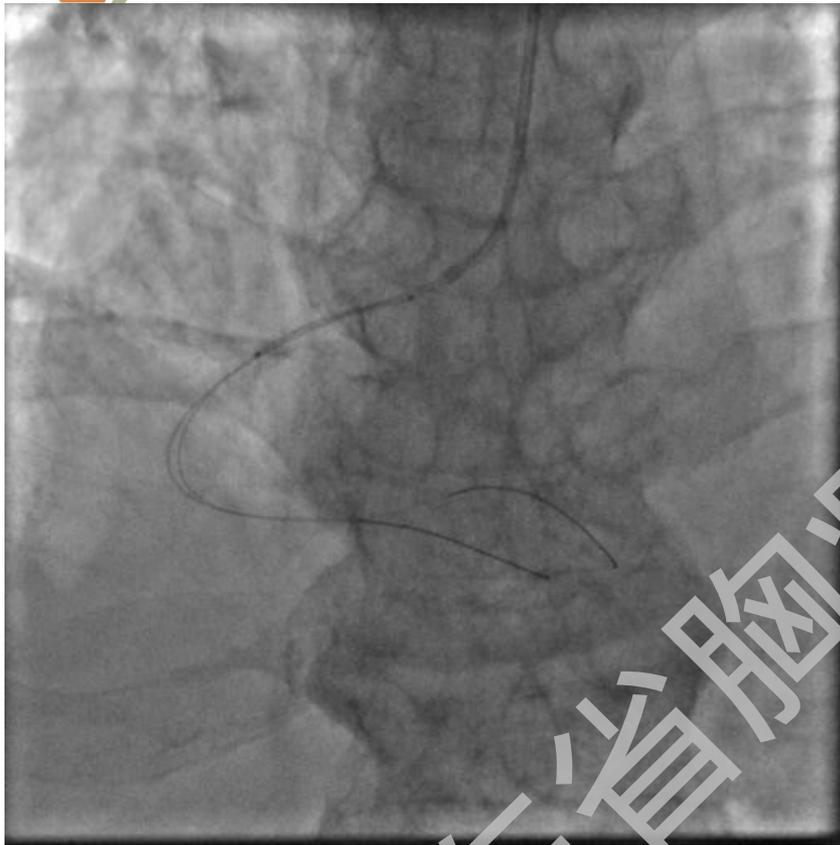


到底是个什么鬼？
再狭窄?? 内膜团??

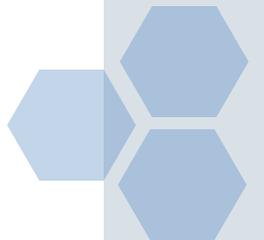


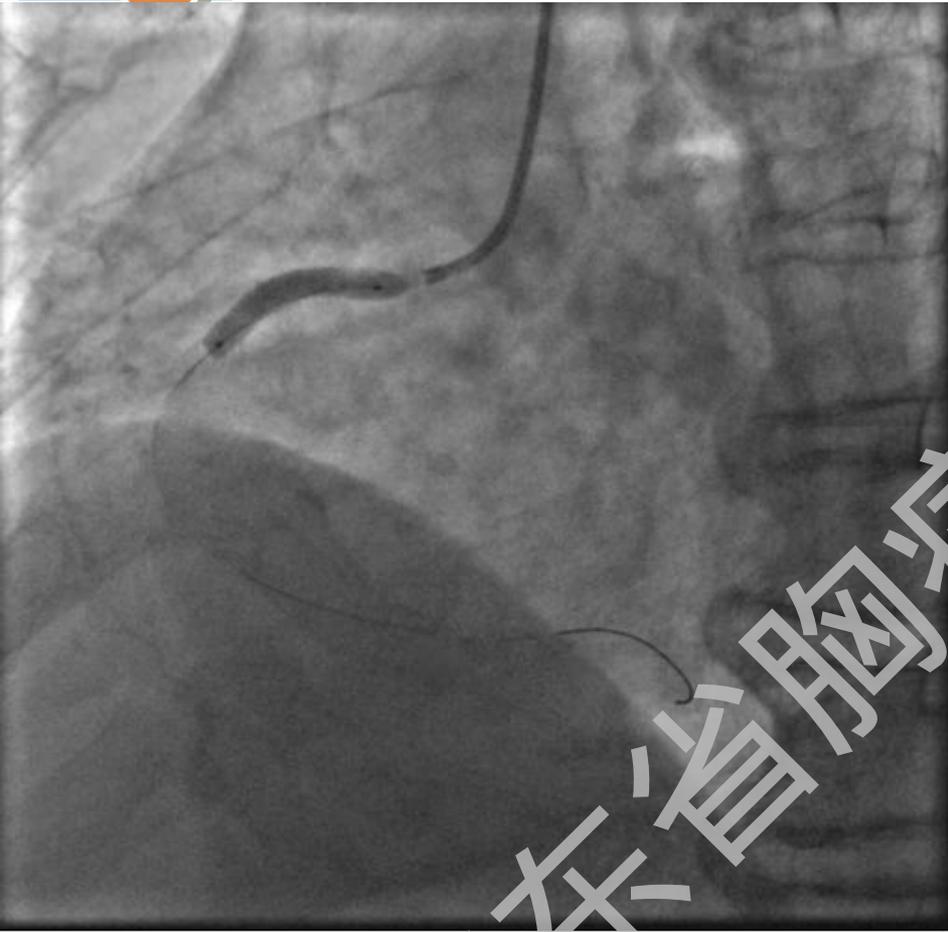


直接支架



爱立4.0*29mmDES, 8atm释放

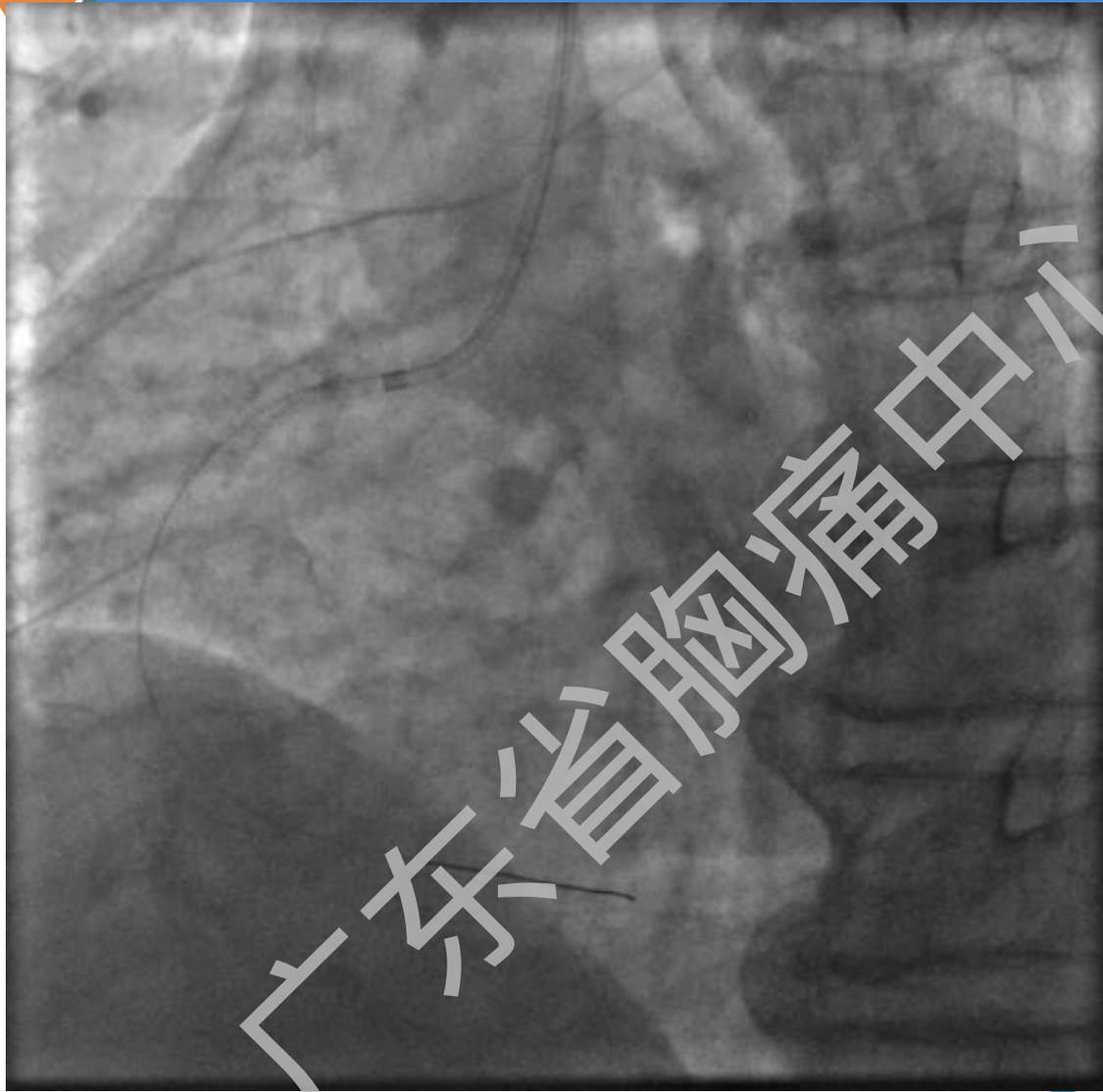




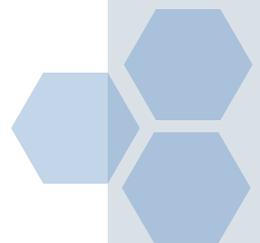
16atm*3s后扩

TIMI1~2级血流，硝苷200ug



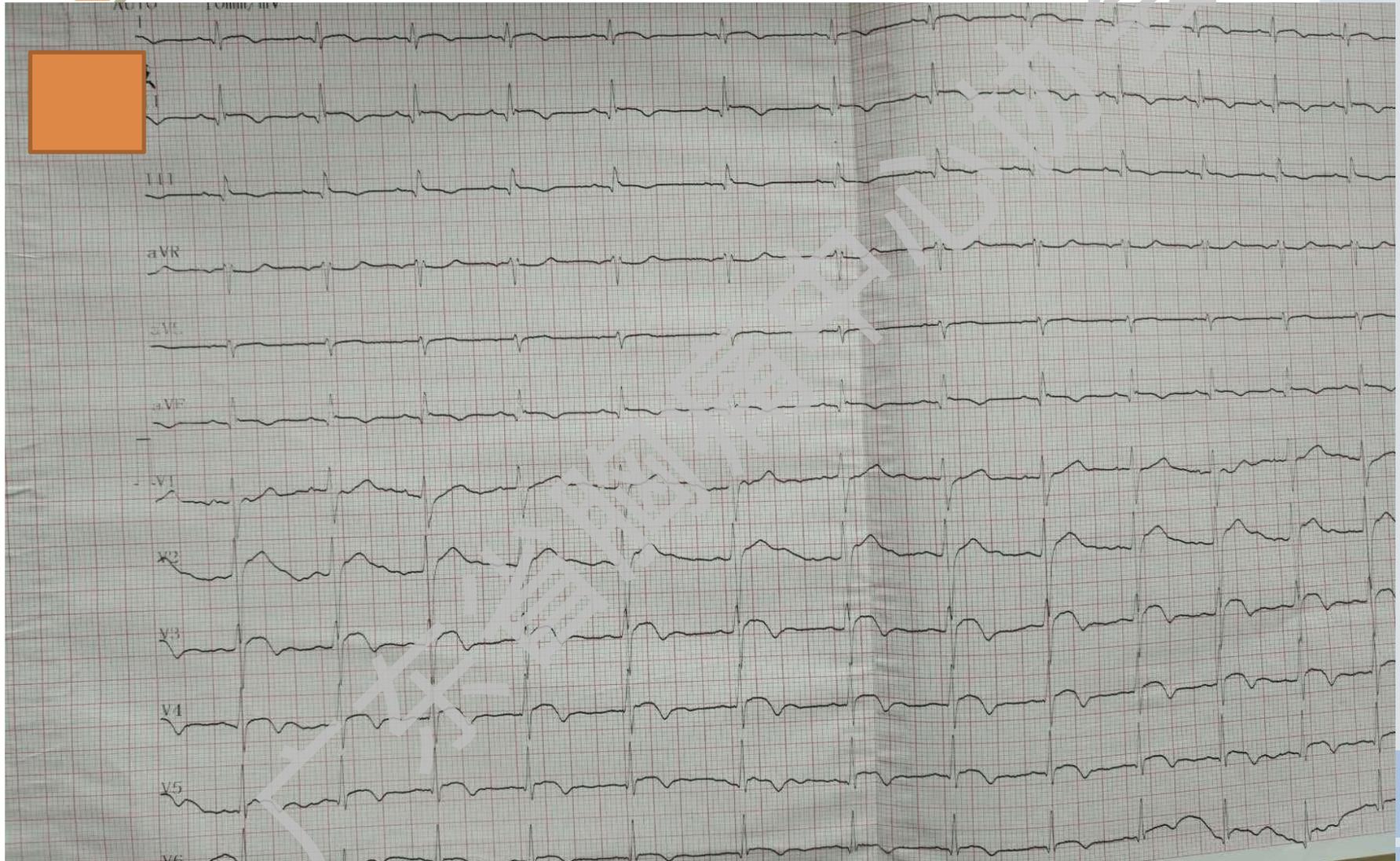


最后结果





术后ECG





- ❖ 术后替罗非班**15ml/h**维持**36h**
- ❖ 冠心病二级预防
- ❖ 无出血并发症
- ❖ **10**天后带药出院



经验教训

- ❖ 支架内晚晚期血栓所见不多，临床后果也很严重；
- ❖ 我以为是血栓，真的只是血栓？IVUS
- ❖ 采取治疗策略前要反复阅片，仔细分析；
- ❖ 替罗非班、血栓抽吸、支架植入仍然是处理支架内血栓的主要方法；
- ❖ 球囊小压机械挤压冲刷血栓必要时也是一种处理血栓病变的办法？机械并发症？



广东省肿瘤中心协会

谢谢

