

## CASE IMAGE

## Long and single-piece thrombus aspirated from right coronary artery in inferior ST-elevation myocardial infarction

### *Akut inferiyor ST yükselmeli miyokart infarktüsünde sağ koroner arterden aspire edilen uzun tek parça halindeki trombüs*

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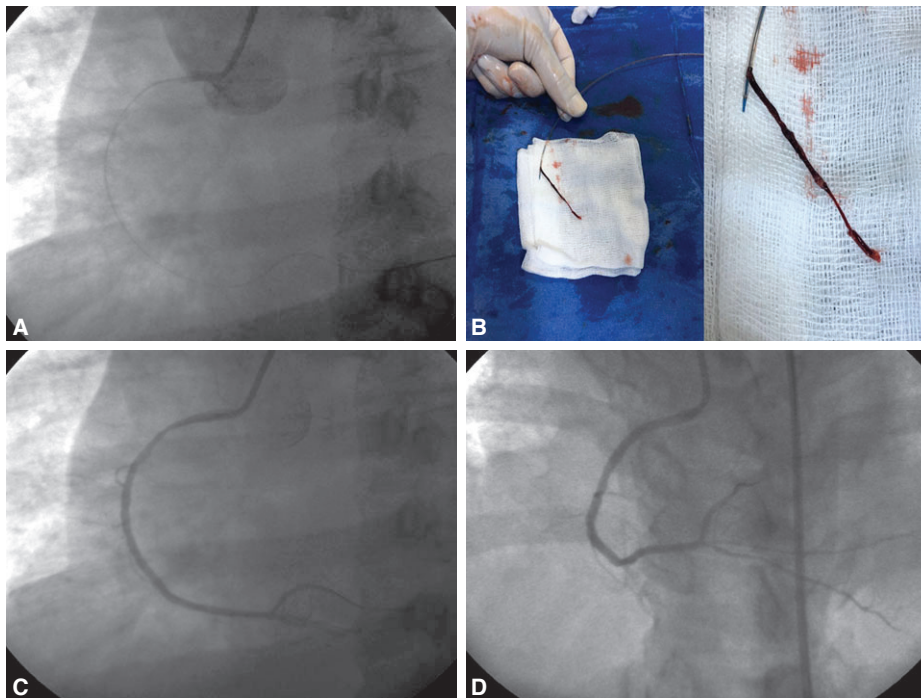
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A 47-year-old female was admitted to our 24/7 percutaneous coronary intervention (PCI)-capable hospital with acute inferior ST-elevation myocardial infarction, and was immediately

transferred to catheterization lab. Coronary angiography revealed total occlusion of the proximal right coronary artery (RCA) with excess thrombus burden (Figure A). After administration of intracoronary tirofiban, ad hoc thrombectomy was performed using thrombus aspiration catheter (Export AP; Medtronic, Inc., Minneapolis, MN, USA). At first attempt, suction was interrupted, despite aggressive negative pressure. Aspiration catheter was withdrawn from guiding catheter to check system. Lengthy intracoronary thrombus had been aspirated in single piece

(Figure B). Subsequent coronary injection revealed proximal critical stenosis of RCA with thrombolysis in myocardial infarction III flow. No thrombus was seen in the distal RCA (Figure C). Drug-eluting stent, 2.75x24 mm in size, was inserted at lesion site (Figure D). Presence of excess thrombus burden during primary PCI may cause distal coronary embolization and predict slow or no-reflow phenomenon, which is associated with unfavorable outcomes. Efficacy and safety of pretreatment with manual thrombectomy have been demonstrated in several randomized trials, especially in case of excess thrombus burden. On the other hand, current guidelines advise routine thrombus aspiration with class IIA recommendation, due to conflicting results from randomized clinical trials and registry databases, as adjunctive therapy to primary PCI. In our case, partially organized, very long thrombus would have precluded acceptable result. We were able to avoid additional stenting and reduce development of no reflow phenomenon.



**Figures– (A)** Total occlusion of proximal right coronary artery (RCA) with thrombi. **(B)** Long and single-piece thrombus at the tip of thrombus aspiration catheter. **(C)** Follow-up angiography revealed critical stenosis at proximal RCA. **(D)** Final angiographic image of the right coronary artery.