Trenutna uloga trombolize u intrevencijskom kardiološkom laboratoriju – tromb u glavnom deblu lijeve koronarne arterije liječen intrakoronarnom alteplazom

Current position of thrombolysis in cathlab – left main coronary artery thrombus treated by intracoronary alteplase

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U trenutnoj intervencijskoj praksi uloga trombolize tijekom perkutane koronarne intervencije (PCI) nije jasno definirana. Predstavljamo slučaj 49-godišnjeg muškarca hospitaliziranog pod kliničkom slikom akutnog infarkta miokarda s elevacijom ST-segmenta (STEMI) s neokluzivnim trombom u glavnom deblu lijeve koronarne arterije (LM) na koronarografiji. Primijenjen je intrakoronarni bolus alteplaze, a potom infuzija. Nakon pet dana ponovljena je koronarografija na kojoj je nađena potpuna regresija tromba u LM bez zaostalih stenoza. Prema objavljenim prikazima slučajeva terapijske mogućnosti su primarna PCI, žurno aortokoronarno premoštenje te inhibitori glikoproteinskih IIb/IIIa receptora ili tromboliza. Ovaj prikaz slučaja, STEMI bolesnika s trombom u LM, uspješno liječenog intrakoronarno alteplazom ukazuje na moguću ulogu intrakoronarne trombolize tijekom PCI.

In the present interventional practice role of thrombolysis during percutaneous coronary intervention (PCI) is unclear. We present case of a 49-year old male patient presented as ST-segment elevation myocardial infarction (STEMI) with non occlusive left main coronary artery (LM) thrombus on coronarography. Intracoronary bolus of alteplase was applied followed by systemic infusion. Repeated coronarography after 5 days showed complete resolution of thrombus without residual stenosis. According to the current literature, therapeutic options are primary percutaneous coronary intervention (PCI) with aspiration, urgent coronary artery bypass grafting, glycoprotein IIb/IIIa receptors inhibitors or thrombolysis. This case of STEMI patient with LM thrombus successfully managed by intracoronary application of alteplase demonstrates the potential role of intracoronary thrombolytic therapy in PCI.

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