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☆ **Complex Clinical Cases**

COVID CORONARY: INTRACORONARY THROMBOLYTICS TO THE RESCUE

Poster Contributions

For exact presentation time, refer to the online ACC.22 Program Planner at <https://www.abstractsonline.com/pp8/#!/10461>

Session Title: Complex Clinical Cases: FIT Flatboard Poster Selections -- Covid

Abstract Category: FIT: Coronavirus Disease (COVID-19)

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Background: Patients infected with Covid-19 are at increased risk for thrombotic disease. This can complicate management of acute coronary syndromes.

Case: A 58-year-old man presented with two days of substernal chest pain associated with coughing. He was diagnosed with Covid seventeen days prior. Electrocardiogram revealed an inferior ST elevation myocardial infarction and the patient was taken emergently to the catheterization laboratory. He was found to have a proximally occluded right coronary artery with extensive thrombus burden. Multiple runs of aspiration thrombectomy were completed. However, the patient continued to display a large amount of thrombus. Therefore, intracoronary alteplase was administered followed by one additional run of aspiration thrombectomy which removed a large thrombus and yielded an excellent result. The patient was continued on systemic anticoagulation along with a short course of dexamethasone and has done well clinically.

Decision-making: When conventional therapies proved ineffective at restoring coronary blood flow, directed thrombolytics became a last-resort to decrease thrombus burden. This option was felt to have a reasonable chance of success while also minimizing the risk of bleeding.

Conclusion: Large thrombus burden without a focal lesion can reasonably be encountered in the setting of acute Covid infection and presents a significant technical challenge. The use of intracoronary thrombolysis is an effective strategy to achieve optimal results.

