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Successful PTA with EKOS and Aspirex For Massive PE under ECMO Support

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Disclosure

Speaker name: Chung-Ho Hsu

I have the following potential conflicts of interest to report:

Consulting

- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)
-

I do not have any potential conflict of interest



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Present Illness

16 year-old boy

Hemoptysis 11 months ago, worsened DOE
for 2 days

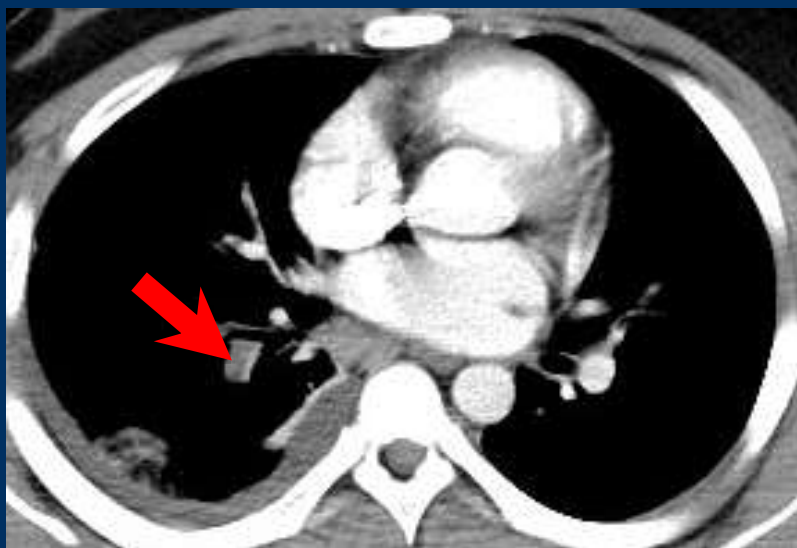
AT III 53% (75-125), protein C 39% (70-140),
beta 2 microglobulin + with APS +

ER: BP 105/63 mmHg, PR 113 bpm, RR
31/min, sPO2 93-96% on O2 6 liter/min



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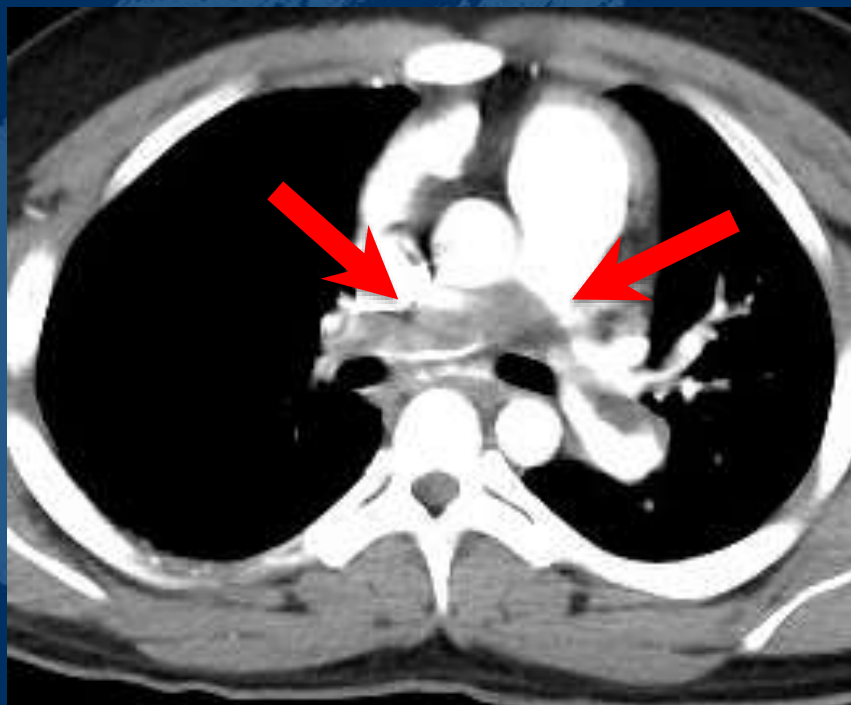
Hemoptysis 11 months ago RLL peripheral PE overlooked





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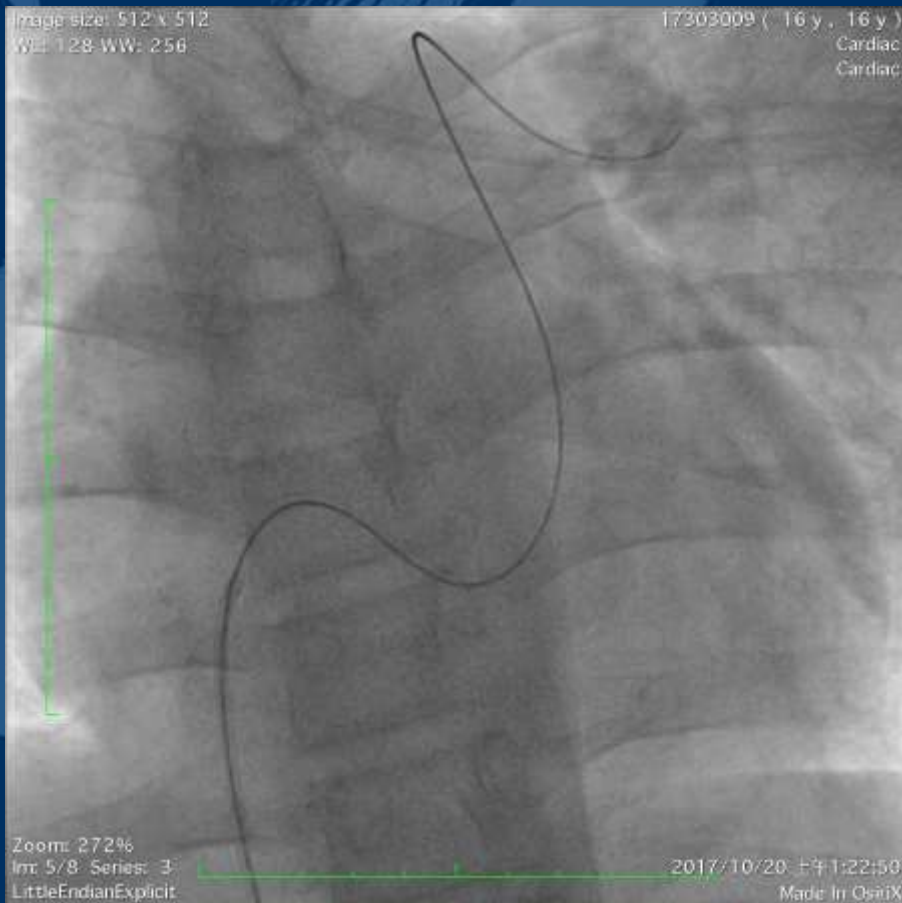
BP 105/63 mmHg, PR 113 bpm
RR 31/min, sPO2 93-96% on O2 6 L/min
D-dimer 4921





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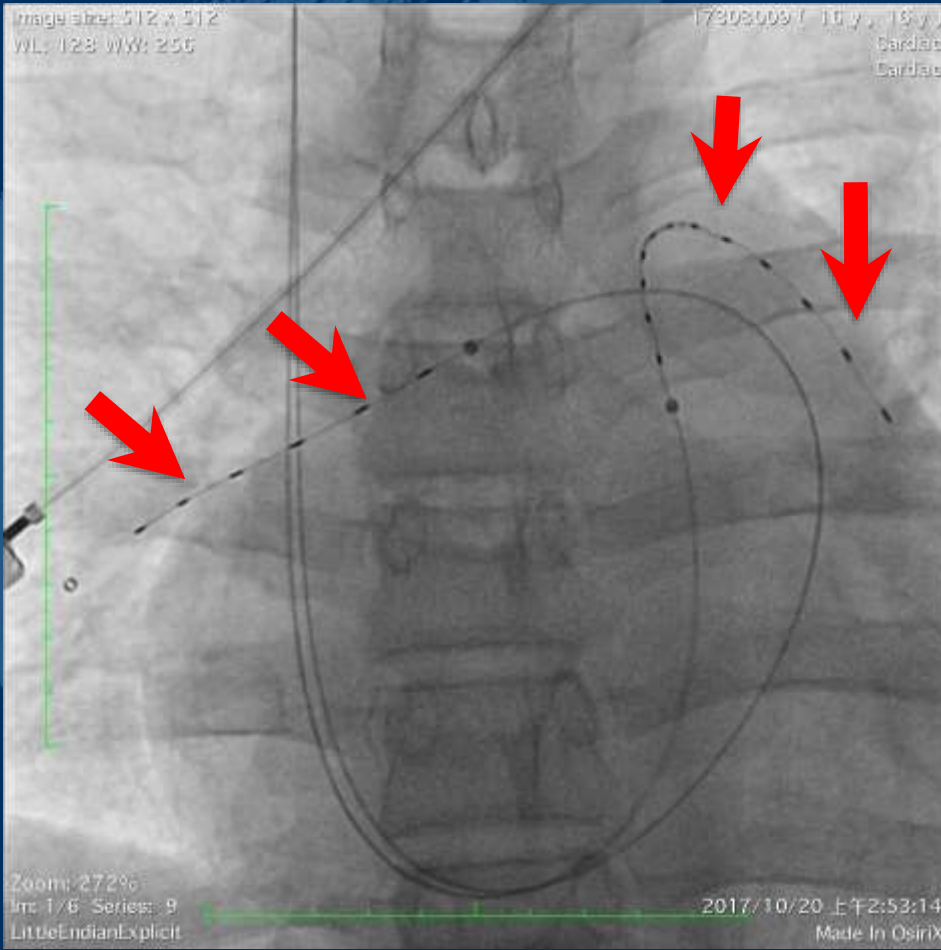
**BP 84/48 mmHg, sPO2 80-90% on VM 50%,
tPA 5 mg iv, RPA 3 mg, LPA 2 mg**





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tPA 0.5 mg/hour via each EKOS, set ECMO and intubation, but CPR 23 min during setting ECMO

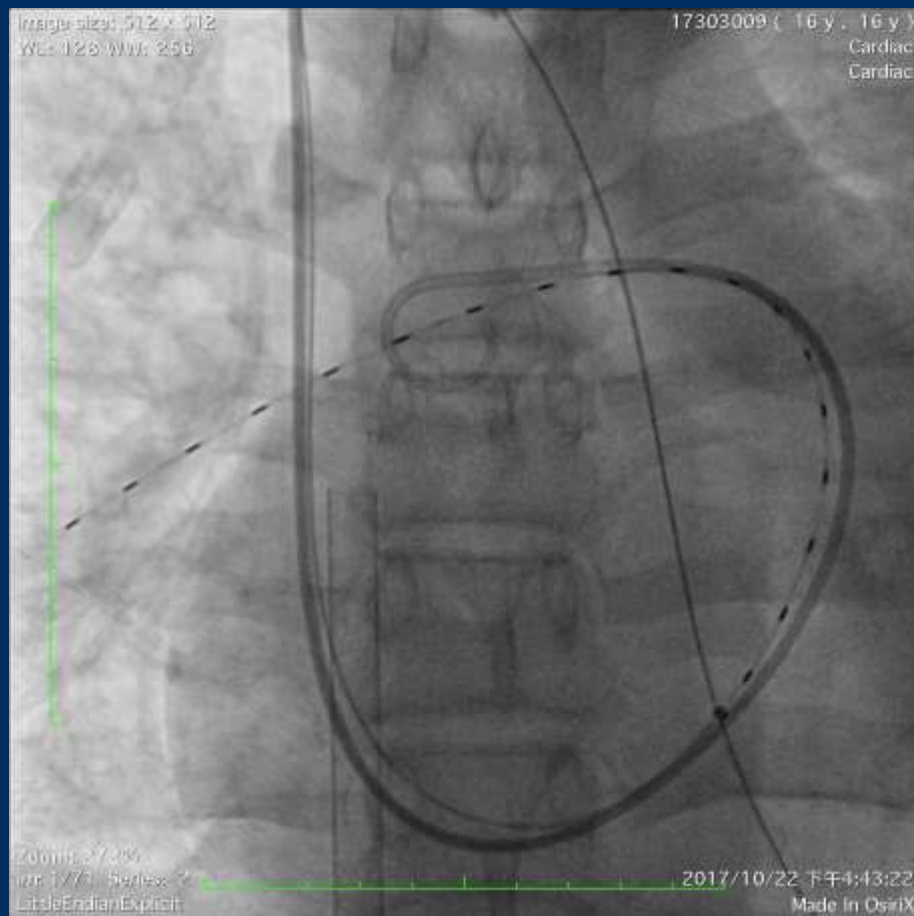
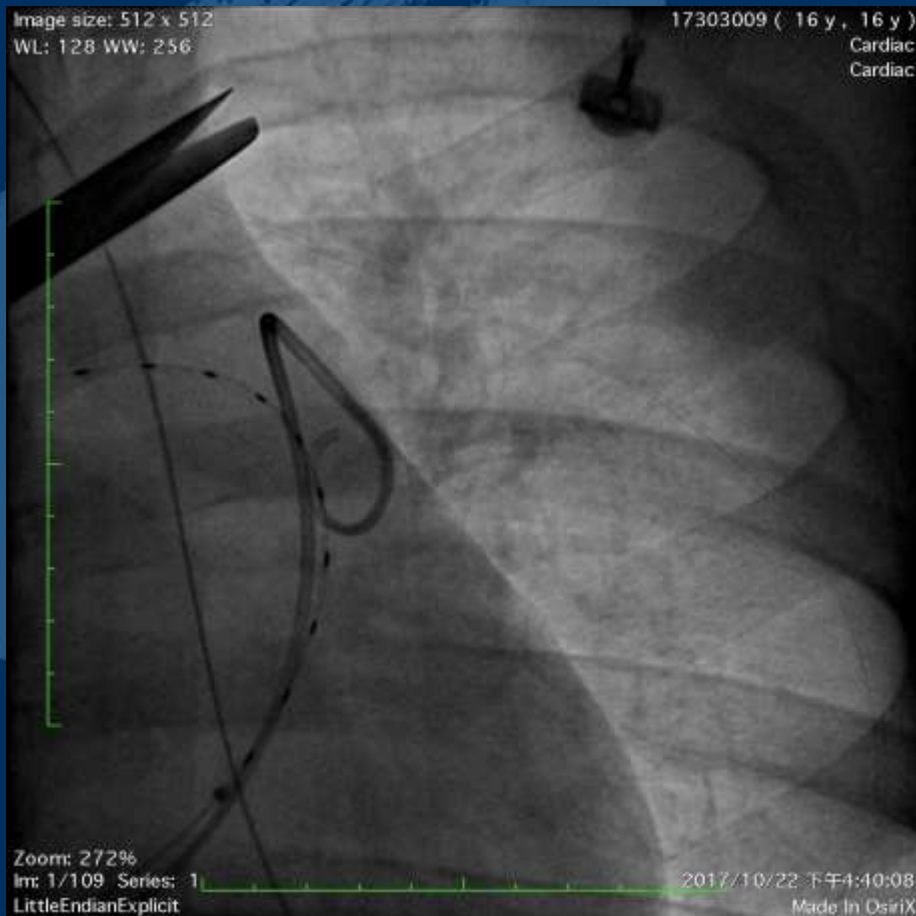




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29 hours later PA 60/30 mmHg

60 hours later follow PA angio PA 51/20 mmHg





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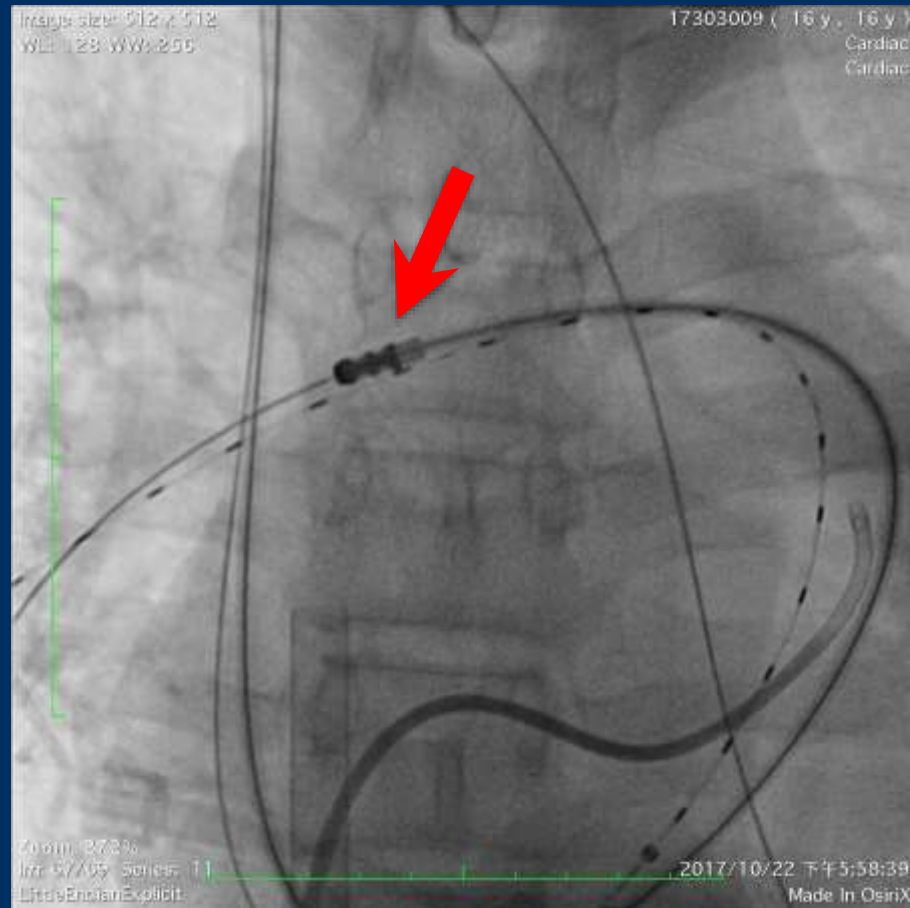
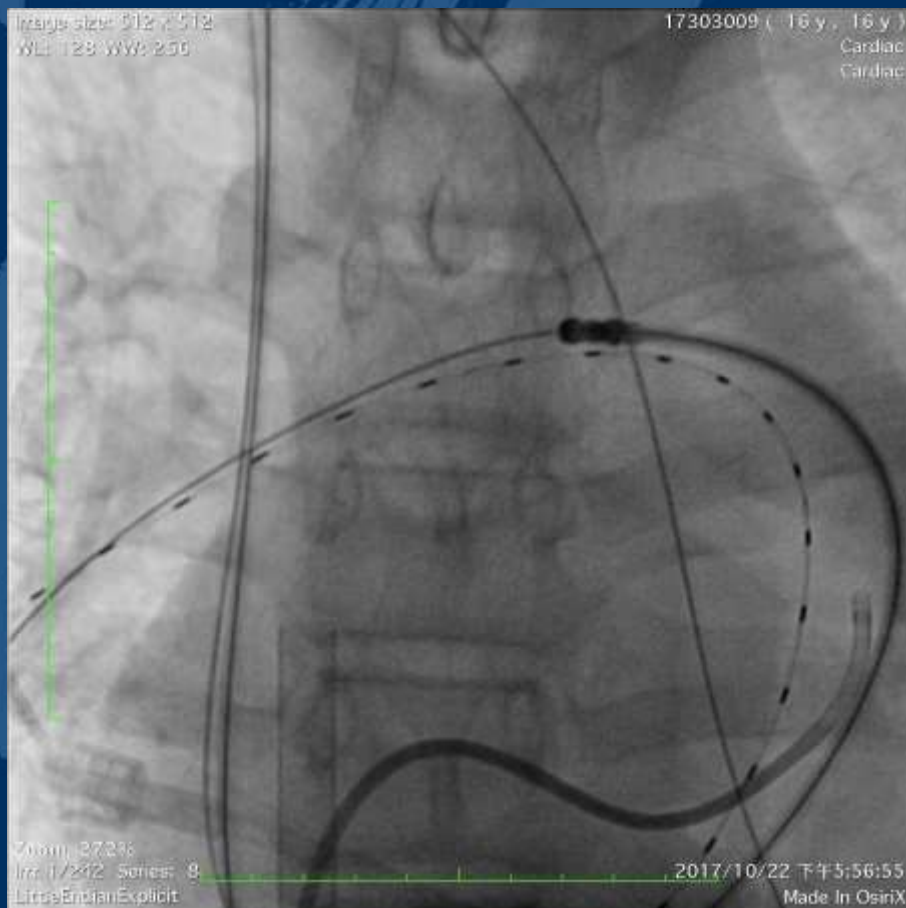
R arm compartment syndrome due to brachial artery extravasation (prior A line site)





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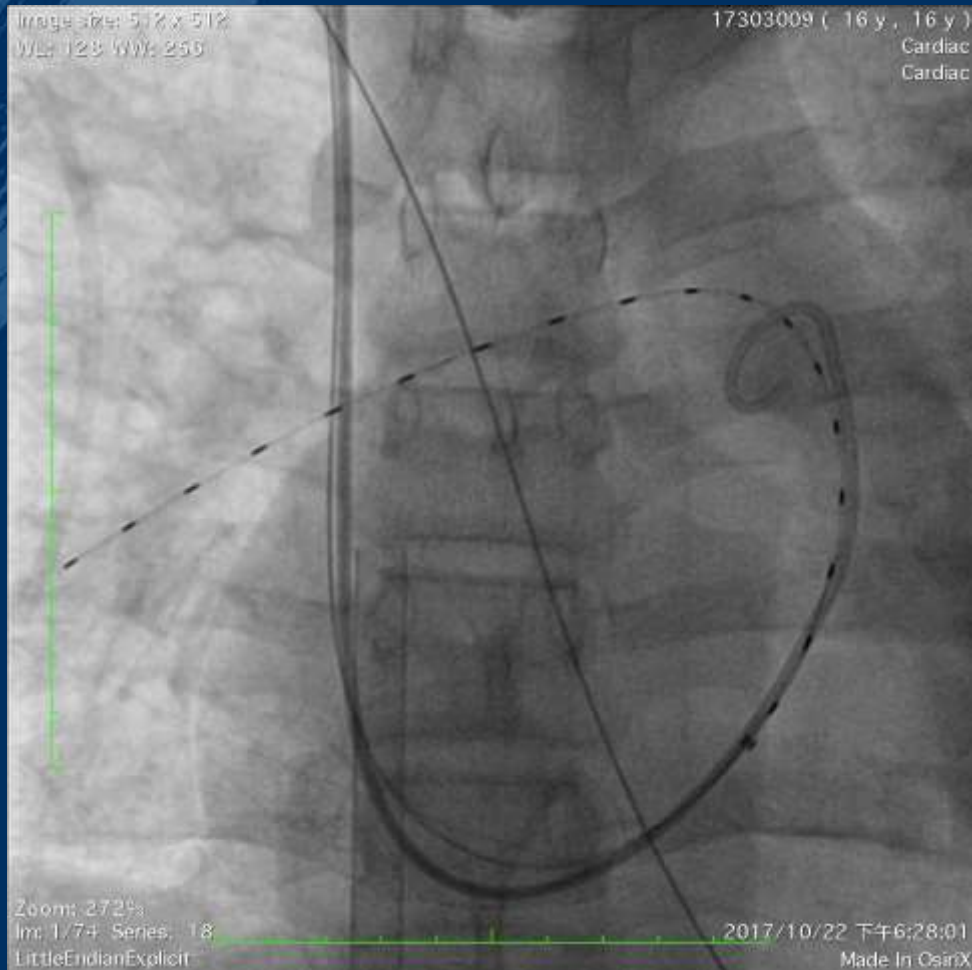
PA 51/20 mmHg -> 37/10 mmHg after thrombosuction with 10Fr Aspirex





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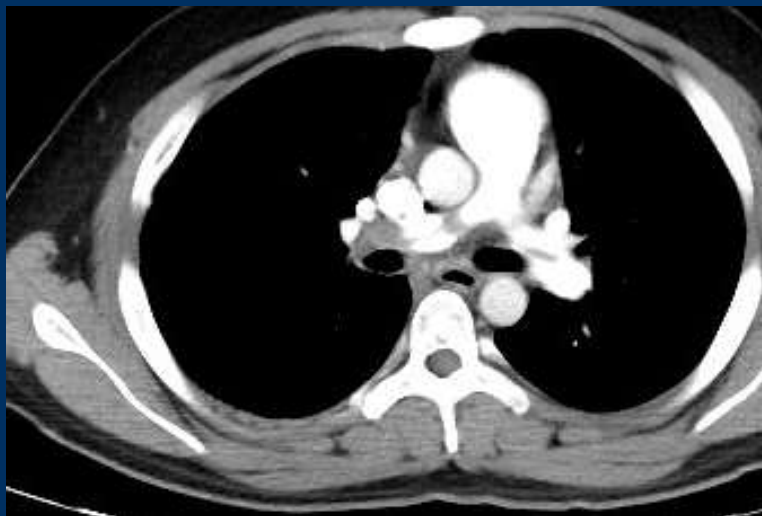
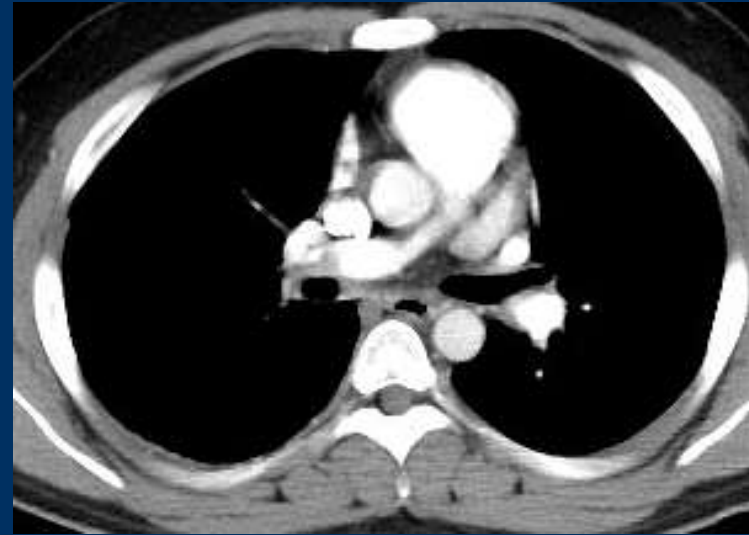
**RVSP 33 mmHg RV/LV 0.67
TAPSE 21 mm**





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Rivaroxaban 20 mg qd, can exercise at school, CT 3mo f/u





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Take Home Message

For massive PE, EKOS facilitated thrombolysis can be effective with low ICH rate

ECMO support should be considered

When bleeding complication developed, mechanical thrombectomy device would be a good alternative treatment choice



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Thanks for your attention





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