

How to approach a patient with a mortality risk refused by heart surgery

Maria Antonieta Albanez Albuquerque de Medeiros Lopes¹; Matheus Castelo Branco Falcão Albuquerque²; Marcela Maria Cavalcanti Lira²; Bruno Soares Freire²; Julia Nobrega de Brito¹; Marina Albanez Albuquerque de Medeiros¹; Juliana Oliveira Diniz²; Heitor Mauricio de Medeiros Filho²; Ernani Faezy de Oliveira²; Heitor Niceas Albanez Albuquerque de Medeiros²

1 – Real Hospital Português (Brasil) 2 – Universidade Católica de Pernambuco (Brasil)

Background

We present a case report of a patient who refused blood transfusion due to her Jehovah's Witness religion, with complex lesions in the cardiac arteries and a large aneurysm in the left anterior descending artery.

Case Report

Patient is 76 years old, female, follows the Jehovah Witness religion (refuses blood transfusion), with typical signs of unstable angina, type 2 diabetes, and systemic hypertension. The coronary computed tomography angiography (CT) revealed a dilated at the Left Anterior Descending Artery (LAD) and other injuries on the right coronary artery. The cardiac catheterization found a severe injury and aneurysm at the left anterior descending artery, and distal injuries at the right coronary artery and circumflex artery.

Decision-making

A surgery is proposed due to the injury's complexity based on a large aneurysm at the LAD. Therefore, due to the bleeding risk caused by surgical intervention, and the impossibility of performing a blood transfusion due to the patient's religion, an alternative would be to access percutaneously with the insertion of a covered stent guided by optical coherence tomography (OCT). Using this method, the access was established through a right radial, using a BL catheter with a 3.5 curve, 0.014mm light terumo support pre-dilated with a 2.5/15mm ball, only dilating the pre aneurysm plate preventing it from dissecting or rupturing. After the insertion covered stent of diameter 3.0/24mm, a control study was conducted without imaging of the aneurysm and with an excellent luminal gain. Another sitant stent

was also inserted with overlapping guided by a well-positioned bust stent, providing a good luminal gain, made after dilation with a non-complacent ball 3.0/15mm with excellent expansibility seen by the bust stent tool.

Conclusion

The OCT study shows a well-defined covered stent, and properly placed at the light of the vessel with the disappearance of the aneurysms, and an image of the second stent well positioned on the two stems. The angiographic study shows a luminal dilation without images of the aneurysm and with normal flow. New tools, such as the OCT, buster stents, new stent designs, and guiding fibres, enable the execution of procedures with higher complexity through percutaneous intervention. Therefore, providing other alternatives to approach patients in a safer manner.

Potential conflicts of interest

Not have any potential conflict of interest to report.

Images

Corresponding author: tietaalbanez@gmail.com