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**Piotr Kwiatkowski; Magdalena Kwiatkowska;
Maciej Cieřlik; Michał Jakubowski; Michał
Malinowski; Aleksandra Świeca; Michał Dabrowski;
Michał Kwiatkowski**

Military Institute of Medicine – National Research Institute, Department of Invasive Cardiology, Warsaw, Poland; Medical University of Warsaw, Warsaw, Poland; Department of Pediatric, Cardiothoracic Surgery, The Children’s Memorial Health Institute, Warsaw, Poland; Medical University of Gdańsk, Gdańsk, Poland

When the Stream Refuses to Flow: Use of Three Paclitaxel-Releasing DCB Balloons for the Treatment of an Occluded RCA in an 81-Year-Old Patient With STEMI

Managing STEMI in a patient with a recent ischemic stroke requires extreme caution. The need for urgent myocardial reperfusion must be balanced against the elevated risk of hemorrhagic complications, particularly intracranial bleeding¹. When the culprit vessel is thrombus-rich and initially with slow flow, stent implantation may raise the risk of acute stent thrombosis². DCB-only PCI offers a strategy that avoids permanent coronary implants and allows shortened DAPT, reducing both hemorrhagic and thromboembolic risks³.

An 81-year-old man presented with inferior STEMI and new neurological deficits. CT excluded hemorrhage, permitting conservative stroke management and initiation of anticoagulation. Angiography showed ectasia and a proximally occluded RCA. A wire initially entered the side branch; IVUS-guided puncture enabled re-entry into the main vessel. Aspiration thrombectomy was partially effective⁴. Because stenting in a no-flow, ectatic artery would pose an unacceptably high risk of acute thrombosis and mandate prolonged DAPT, the team proceeded with DCB-only PCI (4.0/40mm/20atm/120s). TIMI III flow was achieved.

A staged reassessment 36 hours later revealed a residual distal thrombus, which was managed with additional aspiration and repeat DCB angioplasty using two balloons (4.0/30mm/16atm/120s and 4.0/40mm/16atm/120s). Final angiography revealed improved distal opacification and sustained patency⁵. The patient was discharged on shortened DAPT, as potent antithrombotic therapy markedly increases the risk of intracranial bleeding.

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Keywords: STEMI, DCB- only PCI, DAPT, stent thrombosis, IVUS- guided puncture

Biography

I'm Magdalena Kwiatkowska, a third-year student at Medical University of Warsaw. I have a strong interest in gynecology, obstetrics, and reconstructive medicine, which I have pursued since the beginning of my studies. I have actively participated in gynecological student research groups, gaining theoretical and practical knowledge. I have also attended and contributed to scientific conferences, both cardiological and gynecological, which has broadened my interdisciplinary perspective. I am also passionate about foreign languages, I have achieved a B2 level in German and continue to develop my proficiency in French. I am motivated to further expand my academic and clinical experience.