

CARDIOCON-2022

INTERVENTIONAL CARDIOLOGY

Day 2: 20th February, 2022 (Sunday)

GRUENTZIG HALL (B)

Anchorage

Dr. Prashant Vazirani
Dr. Kamal Sharma

BOUT 25.

CARDIOGENIC SHOCK

10:30AM -
11:15AM

A case of Hyper-acute anterior wall MI in 34-year-old Male presents history of fever 2 days back with Pulse of 120 bpm with BP 88/55 on "low dose" of noradrenaline infusion has SaO₂ of 94% with bi-basal crepts up to mid chest. He is intubated and put on mechanical ventilation. He had in-hospital primary VT which was reverted with DC cardioversion. His COVID-19 is awaited by RT-PCR and is being shifted to Cath- lab for Primary PCI with pH of 7.3 and serum lactate of 9.0 mg%. Echo shows moderate ischemic MR (30-35%) with severe LV dysfunction (LVEF-25%) with Anterior territory severely hypokinetic. Preferred mechanical assist device for PPCI in this cardiogenic shock would be

Talk 63
BLUE CORNER

IABP is cost effective in selected cases and still works!

Dr. Bhupesh R. Shah
(Ahmedabad) (10 min)

Talk 64
RED CORNER

Impella is the best strategy in this case!

Dr. Aditya Bharawaj
(USA) (10 min)

Talk 65
YELLOW CORNER

ECMO is best suited for him looking at the complexity of the presentation

Dr. Chirag Doshi
(Ahmedabad) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees
(Chairpersons)

Dr. Raj Rawal
(Ahmedabad)

Dr. Gaurav Singh
(Ahmedabad)

Dr. Jigisha J. Sachde
(Ahmedabad)

Scorers
(Moderators)

Dr. Abhimanyu
Kothari (Ahmedabad)

Dr. Kilol Kaneria
(Vadodara)

Dr. Harsh Ghonia
(Rajkot)

BOUT 26.

VALVULAR HEART DISEASE

11:15AM -
12:00PM

33-year-old female has exertional angina class III with intermittent palpitation SEVERE Rheumatic Mitral Stenosis with transmitral gradient of 33/ 21 mmHg on echo and MVA=0.8 cm.sq. His Wilkins score is 8 (intermediate) with mild MR (20%) with severe PAH with RVSP=78cm.sq. without clot on TTE. The best strategy for him would be -

Talk 66
RED CORNER

Balloon Mitral Valvotomy (BMV/
PTMC) is a better strategy

Dr. Kamal Sharma
(Ahmedabad) (10 min)

Talk 67
BLUE CORNER

Surgical mitral valve repair remains better option in long terms

Dr. Anil Jain
(Ahmedabad, CVTS) (10 min)

Talk 68
YELLOW CORNER

Mitral Commisurotomy (OMC/CMC) is still relevant!

Dr. Tushar Shah
(Ahmedabad) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION: ALL PANELLIST (10 min)

Referees
(Chairpersons)

Dr. Priyankar Sinha
(Ahmedabad)

Dr. Nirav Bhalani
(Vadodara)

Dr. Zeeshan Mansuri
(Ahmedabad)

Scorers
(Moderators)

Dr. Sunil Karna
(Karamsad)

Dr. Kiran Prajapati
(Ahmedabad)

Dr. Tushar Bhatti
(Rajkot)

BOUT 27. VALVULAR HEART DISEASE

12:00PM - 12:30PM
 68-year-old male has exertional angina class III with mild COPD well controlled on oral medication and occasional inhalers has normal coronaries with LMCA "take off" 5 mm from the aortic valve with SEVERE sclerodegenerative Aortic Stenosis with gradient of 98/ 52 mmHg on TTE. His STS score is 5 (intermediate) with suitable lower limb and valve CT. The best strategy for him would be -

Talk 69 RED CORNER **Transcatheter aortic valve replacement is a better strategy (TAVR)** **Dr. Abhishek Rajpopat** (Ahmedabad) (10 min)

Talk 70 BLUE CORNER **Minimal invasive Surgical Aortic valve replacement (SAVR) remains gold standard** **Dr. Jaydeep Ramani** (Ahmedabad, CVTS) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION: ALL PANELLIST (10 min)

Referees (Chairpersons) **Dr. Manek Chopra** (Ahmedabad) **Dr. Ramesh Patel** (Cardiac Anaesthetist, Ahmedabad) **Dr. Jayesh Meniya** (Surendranagar)

Scorers (Moderators) **Dr. Anci Shah** (Cardiac Anaesthetist, Ahmedabad) **Dr. Lal Daga** (Ahmedabad) **Dr. Pinkesh Parmar** (Ahmedabad)

BOUT 28. CAD AND CAROTID ARTERY STENOSIS

12:30PM - 01:00PM
 A 65 years old female presents with unstable angina with triple vessel coronary artery disease with LVEF 45%. Patient has history of Left sided TIA 3 months back and on preoperative workup now shows 95% stenosis in right ICA with mild disease in Left CA on carotid angiography. The preferred sequence of revascularization would be -

Talk 71 BLUE CORNER **CABG with same sitting Right Carotid endartrectomy** **Dr. Kartik Patel** (Ahmedabad, CVTS) (10 min)

Talk 72 RED CORNER **Carotid PTA prior to CABG would make things easier** **Dr. Rahul Gupta** (Mumbai) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees (Chairpersons) **Dr. Girish MP** (Delhi) **Dr. P. Kamath** (Mangalore) **Dr. Jignesh Kothari** (Ahmedabad, CVTS)

Scorers (Moderators) **Dr. Benny Jose** (Pune) **Dr. Anand Ahuja** (Vadodara) **Dr. Nikunj Kotecha** (Rajkot)

01:00PM - 01:30PM LUNCH

BOUT 29. CORONARY IMAGING AND PHYSIOLOGICAL ASSESSMENT

01:30PM - 02:00PM
 A 68 years old Male with new onset of atypical angina has "inconclusive" stress test (TMT) at 5 minutes with fatigue, on angiography shows 60%- 70% stenosis on QCA at the LAD ostium with 65% (QCA) of large Diagonal artery. Best strategy for the decision making for him would be aided by -

Talk 73 BLUE CORNER **Imaging (IVUS /OCT) AS SEEING IS BELIEVING!** **Dr. Anand Shukla** (Ahmedabad) (10 min)

Talk 74 RED CORNER **Physiological assessment (FFR /iFR/RFR) is more appropriate BECAUSE CORONARIES ARE NOT RIGID PIPES** **Dr. Sanjeev Kumar Sidana** (Jaipur) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees (Chairpersons) **Dr. Tarun Dave** (Ahmedabad) **Dr. Surender Deora** (Jodhpur) **Dr. Jayal Shah** (Ahmedabad)

Scorers (Moderators) **Dr. Jasmin Vahora** (Ahmedabad) **Dr. Mandip Tilara** (Rajkot) **Dr. Utsav Unadkat** (Ahmedabad)

BOUT 30. HEART FAILURE AND DEVICES

02:00PM - 02:30PM
 A 60 years old Male with grade II dyspnea shows LAHB with RBBB with QRSd of 120ms with 240 ms PR interval. His 14 days' loop recorder yielded VPC burden of 4.5 % of total QRS. There is history of "cardiac syncope" twice over last 2 years. He has history of old anteroseptal MI with recanalised coronaries in a recent coronary angiography. His CVMRI shows small apical scar with LVEF of 42%. Apart from medical optimisation -

Talk 75 BLUE CORNER **AICD will be more suitable as preferred device therapy** **Dr. Sameer Rane** (Ahmedabad) (10 min)

Talk 76 RED CORNER **DDDR alone shall suffice as of now** **Dr. Jignesh Patel** (Ahmedabad) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees (Chairpersons) **Dr. Pintoo Nahta** (Ahmedabad) **Dr. Niraj Yadav** (Ahmedabad) **Dr. Bhavesh Roy** (Ahmedabad)

Scorers (Moderators) **Dr. Ravish Rawal** (Mumbai) **Dr. Jenish Shroff** (Ahmedabad) **Dr. Suyash Tated** (Indore)

BOUT 31.**SMALL VESSEL DISEASE****02:30PM -
03:00PM**

A 46-year-old Male presents with NSTEMI with hs-Troponin I of 232 ng% with BP 110/60 mmHg with history of hypertension and diabetes is preloaded with Ticagrelor and aspirin. His heart rate is 60 bpm with ECG showing deep T inversion in 1, aVL and V5, V6. On coronary angiogram, it reveals critical 18 mm lesion with 95% stenosis in 2.25 mm long first Diagonal artery. The preferred revascularization strategy would be -

**Talk 77
BLUE CORNER****Drug eluting balloon offers better outcomes in small vessel disease****Dr. Jayesh Raval**
(Ahmedabad)

(10 min)

**Talk 78
RED CORNER****New generation Drug eluting stents may offer better outcomes in small vessel disease****Dr. Mohit Gupta**
(New Delhi)

(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)**Referees
(Chairpersons)****Dr. Atul Abhyankar**
(Surat)**Dr. Sharad Dave**
(Ahmedabad)**Dr. Kushal Pujara**
(Anand)**Scorers
(Moderators)****Dr. Mithlesh Kulkarni**
(Ahmedabad)**Dr. Kaushik Trivedi**
(Vadodara)**Dr. Rushabh Parikh**
(Ahmedabad)**BOUT 32.****PERIPHERAL VASCULAR DISEASE – ABDOMINAL AORTIC ANEURYSM****03:00PM -
03:30PM**

A 77 years old Male presents with persistent back ache with large saccular thoraco-abdominal aortic aneurysm size 9 x 11 x 13 cm ending just above the superior mesentery artery origin. The aneurysm is partially thrombosed. The patient is currently having normal neurological examination. The preferred management would be

**Talk 79
BLUE CORNER****EVAR is preferred strategy****Dr. Tarun Madan**
(Ahmedabad)

(10 min)

**Talk 80
RED CORNER****Surgical Endograft is the preferred modality****Dr. Vishal Gupta**
(Ahmedabad, CVTS)

(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)**Referees
(Chairpersons)****Dr. Kapil Virpariya**
(Rajkot)**Dr. Gajendra Dubey**
(Ahmedabad)**Dr. Ritesh Shah**
(Cardiac Anaesthetist, Ahmedabad)**Scorers
(Moderators)****Dr. Roopesh Singhal** (Ahmedabad)**Dr. Riyaz Charaniya**
(Ahmedabad)**Dr. Denish Rojivadia**
(Ahmedabad)**BOUT 33.****CONGENITAL HEART DISEASE****03:30PM -
04:00PM**

A 10-year-old FEMALE presented with exertional fatigue class II and grade 4 systolic murmur at Erb's area has small 4x3 mm perimembranous VSD with 6mm from aortic valve has Qp/Qs of 2.1 with mild PAH and normal Biventricular function. Best strategy would be -

**Talk 81
BLUE CORNER****VSD Device closure is best the strategy****Dr. Bhavik Champaneri**
(Ahmedabad)

(10 min)

**Talk 82
RED CORNER****Surgical closure is preferable****Dr. Amit Mishra**
(Ahmedabad, Pediatric CVTS)

(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)**Referees
(Chairpersons)****Dr. Swati Garekar**
(Pediatric Cardiologist, Mumbai)**Dr. Tushar Gajjar**
(Ahmedabad, Pediatric CVTS)**Dr. Tarun Parmar**
(Pediatric Cardiologist, Ahmedabad)**Scorers
(Moderators)****Dr. Vishal Poptani**
(Rajkot)**Dr. Anil Jain**
(Ahmedabad, CVTS)**Dr. Nitin Jain**
(Ahmedabad, CVTS)