EP with FlowTriever
3 levels of thrombus

CSC: sesiones de alto contenido trombótico

Pablo Salinas

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Level I - venous

Level II – right heart

Level III - saddle

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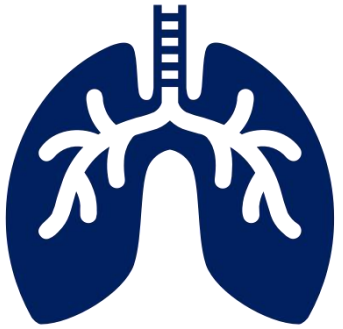
Sudden chest pain

- SBP 100
- HR 104
- Sat 86%
- RR 20

- Lac 2.2
- Tn I 468 (+ve)

65 y



Lung adenocarcinoma stage IV B

Single meta
Surgery <2w

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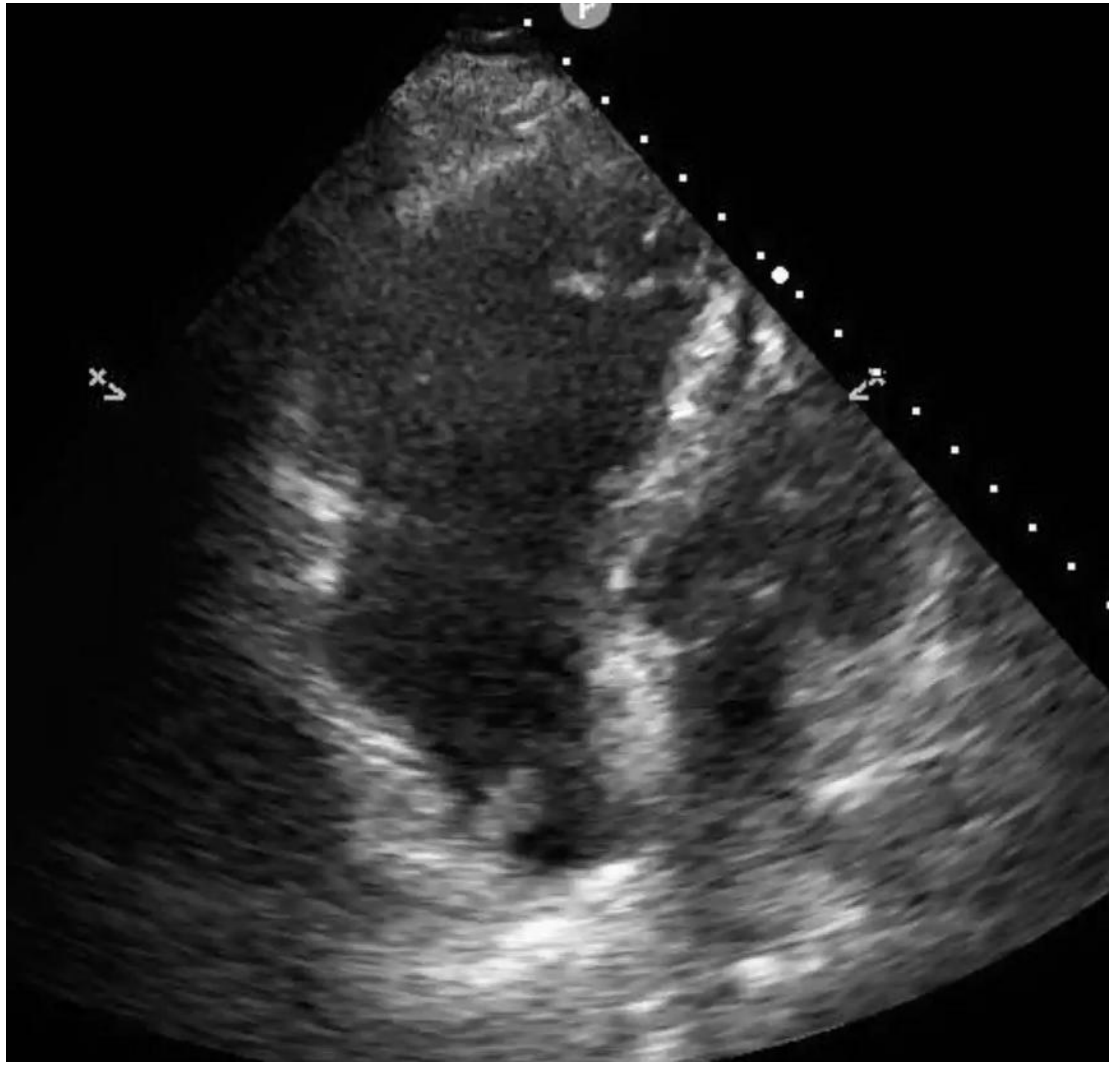
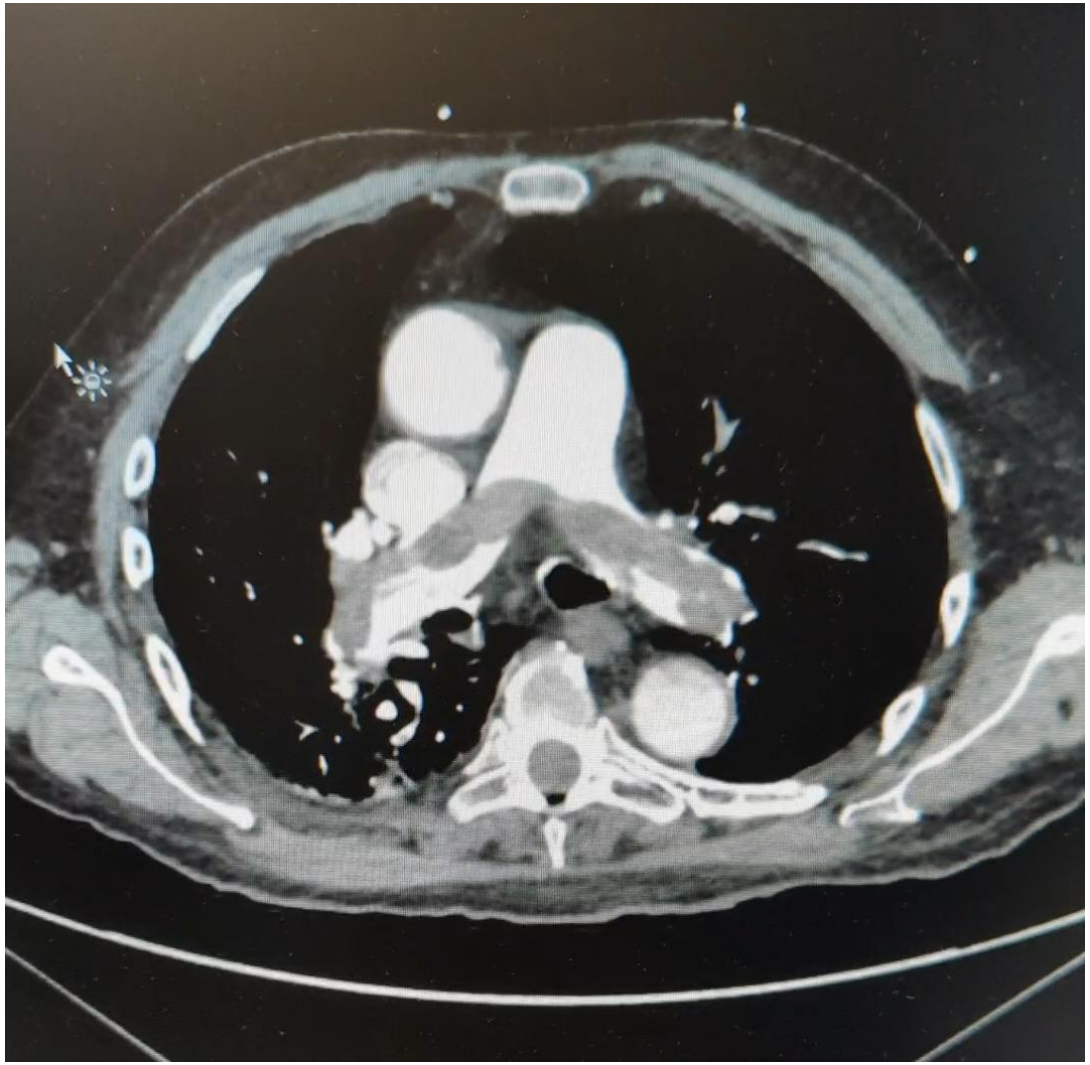
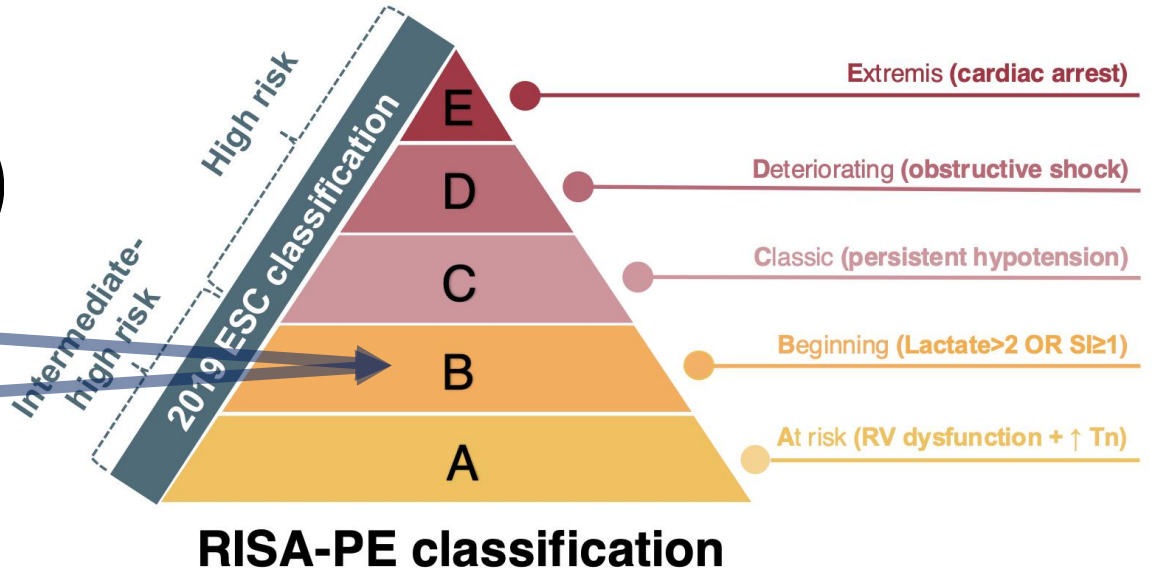




Risk stratification

- IHR (RV, Tn, sPESI 2)
- Additional risk features:
  - CPES score 6 (58% low CI)
  - Lactate +
  - Shock Index 1.04
  - Thrombus in transit
- Enrolled in EU FLASH



RISA-PE classification

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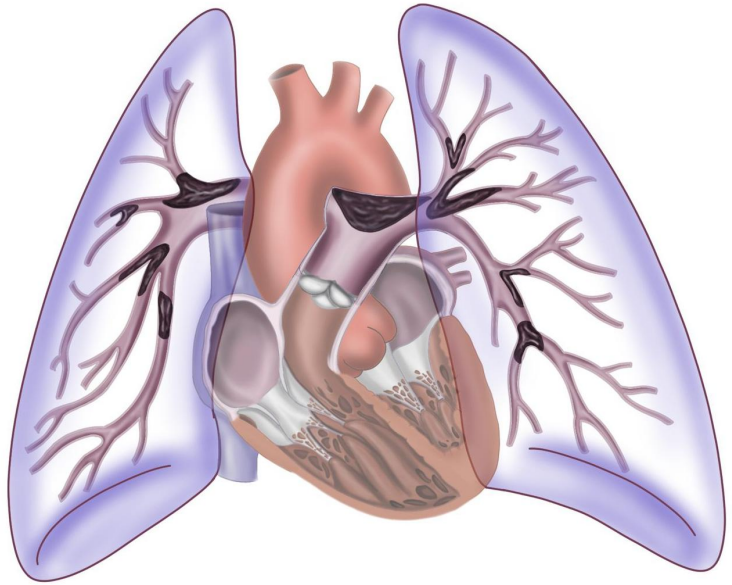
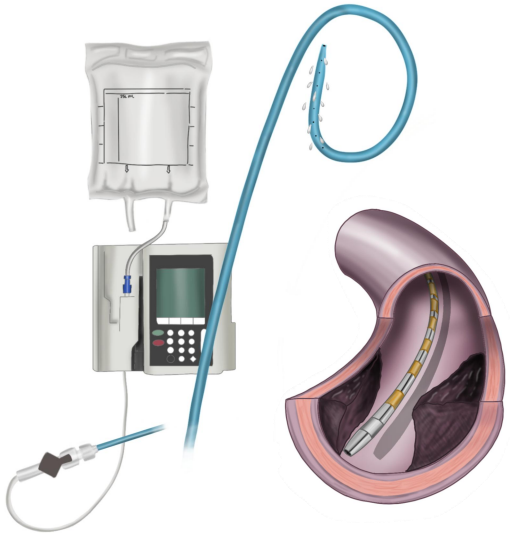
Brain metastasis
<3 week surgery

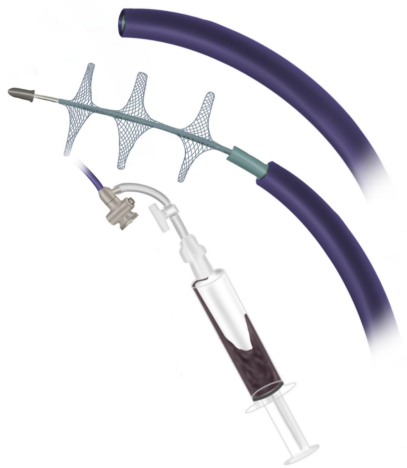
Risk/Benefit ratio for tPA unfavourable





Rationale for Catheter directed intervention:

- To prevent clinical deterioration on AC
- To provide earlier RV relief
- Expected mortality <1% vs 5-10%



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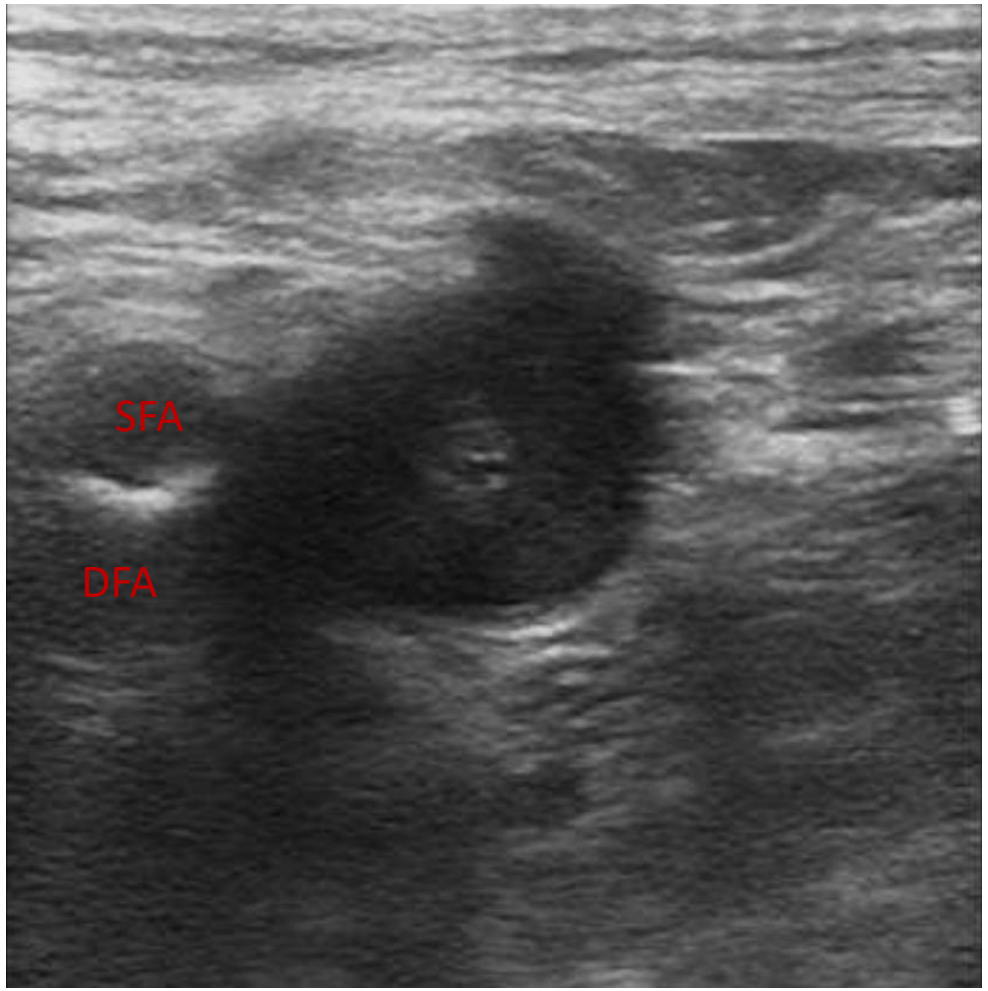
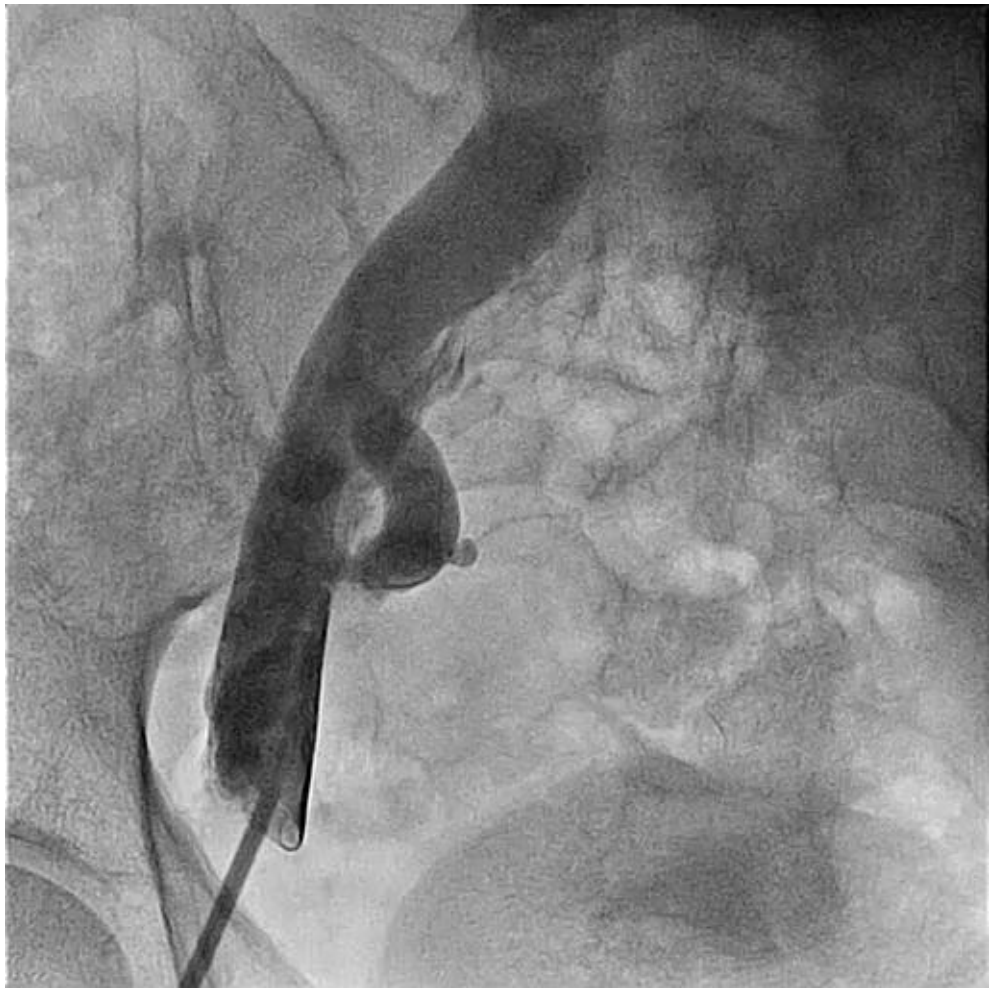
Thrombus level I





Thrombus at common femoral vein present, but clean spot more proximal

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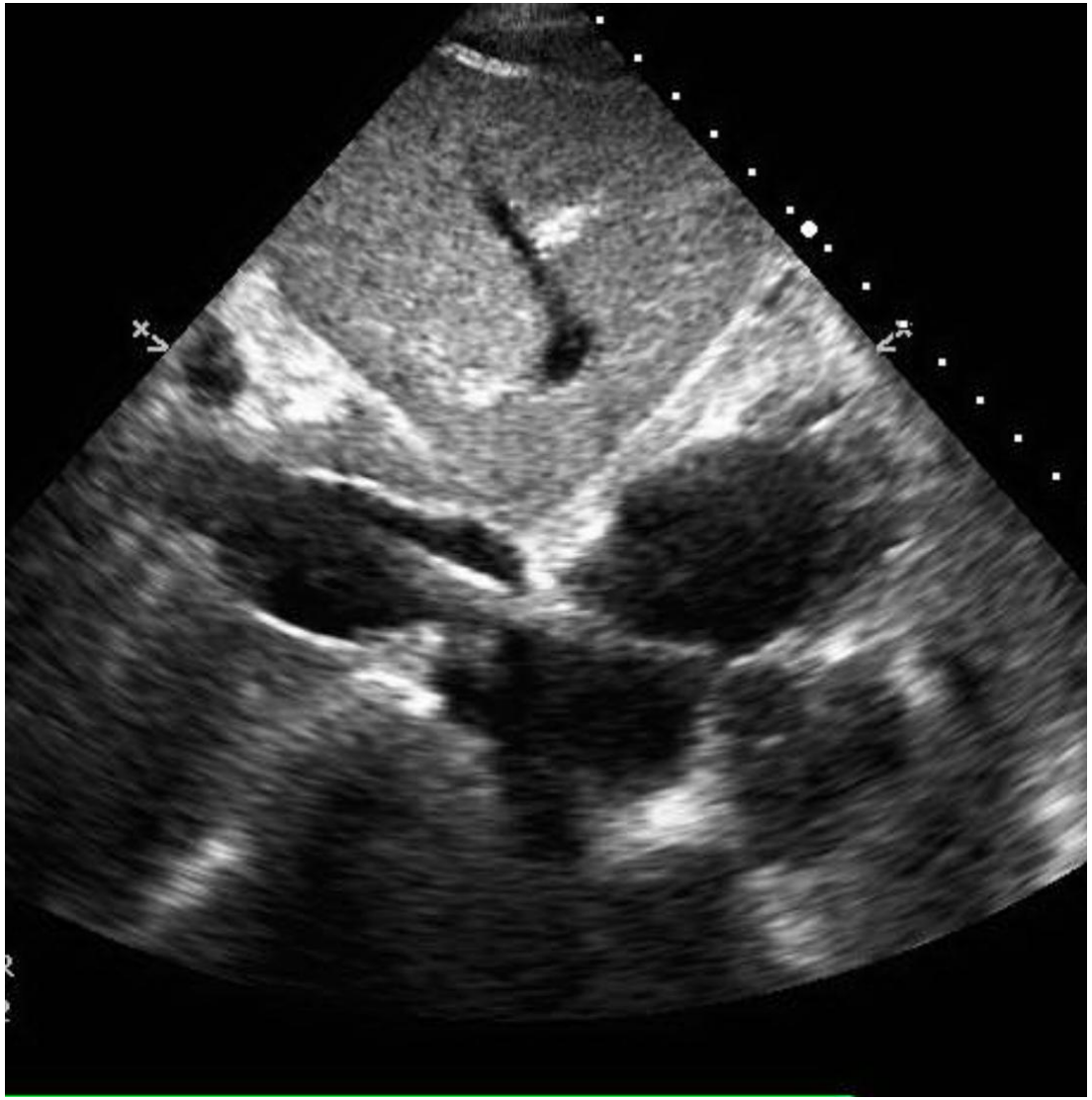
Thrombus level II



RA thrombus in transit confirmed on cath lab table

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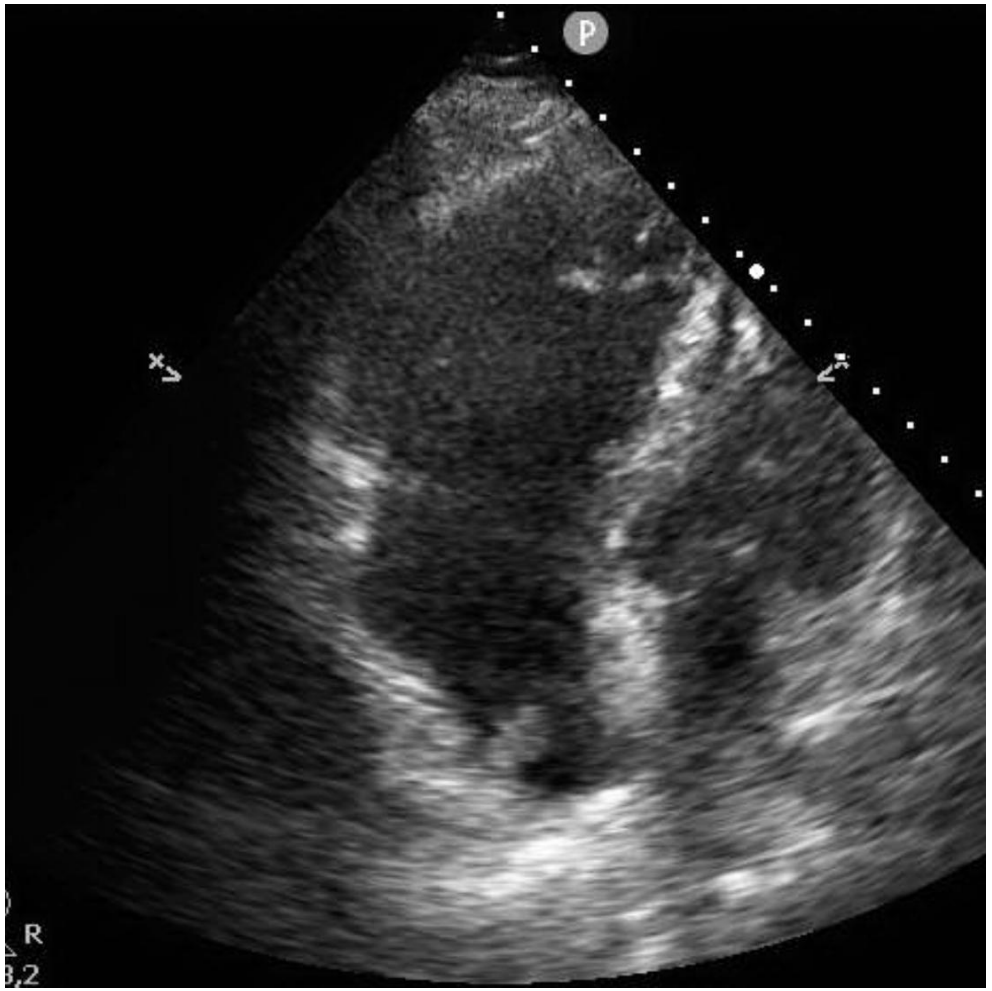
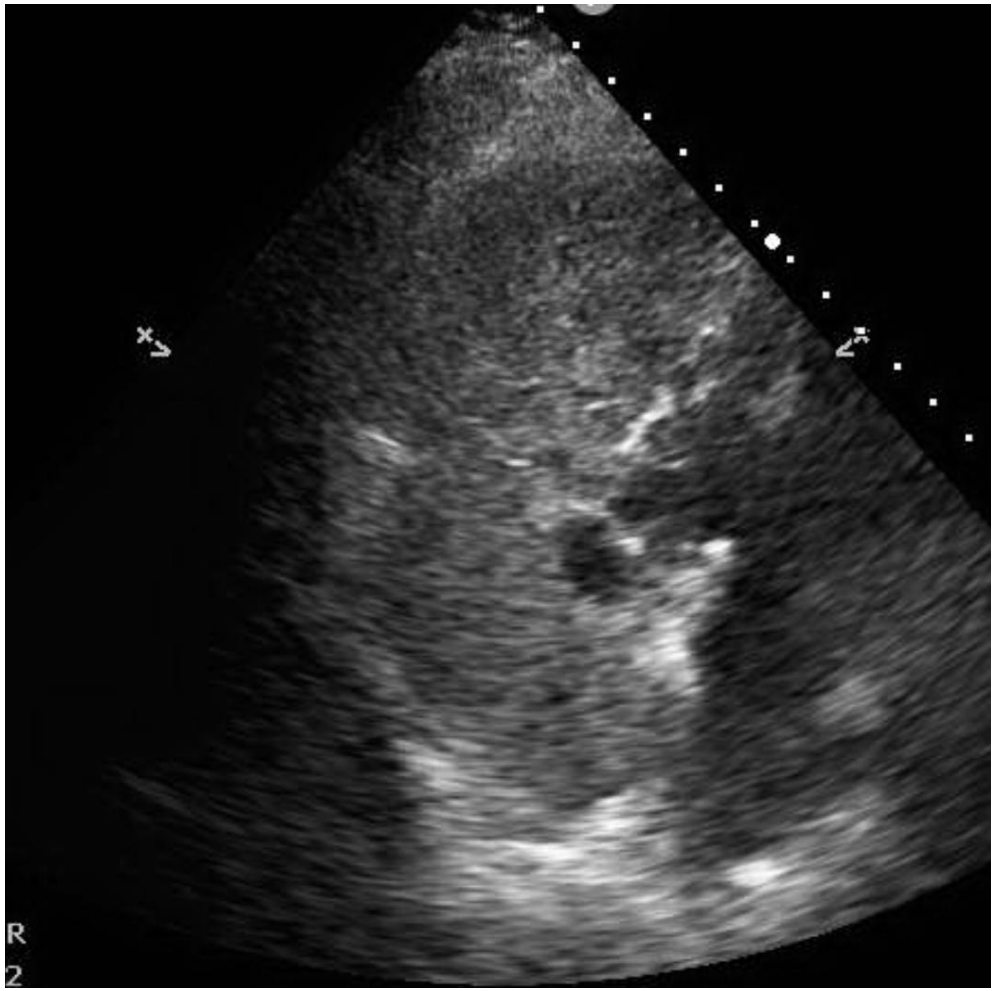
Safety check II





Bubble test to rule out PFO in risk of embolization

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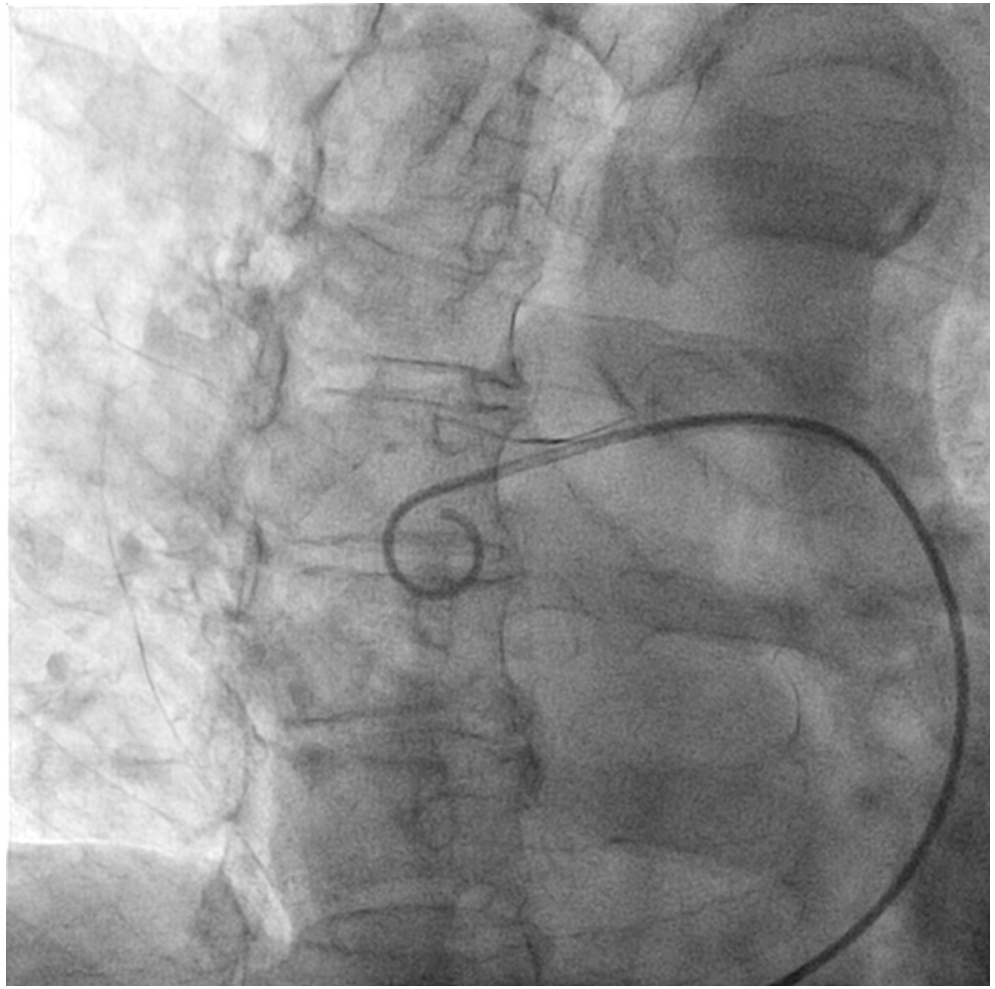
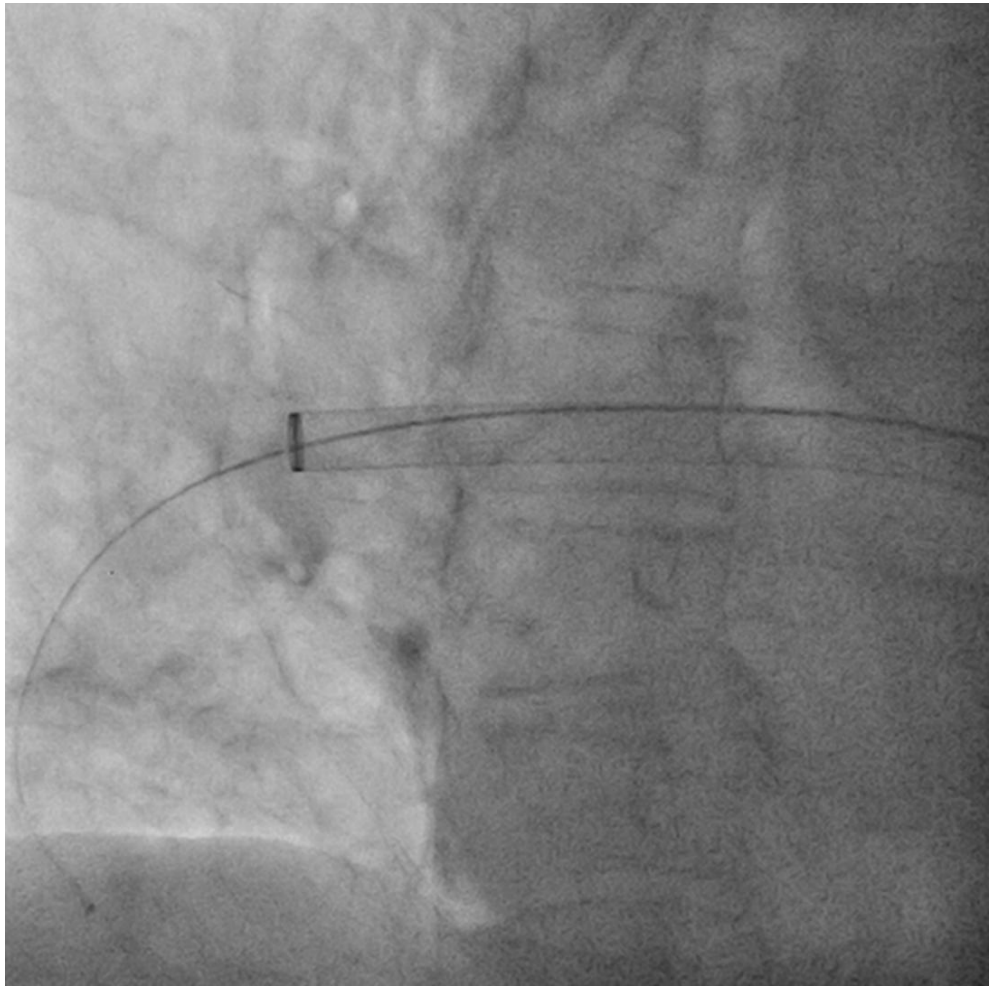
Thrombus level III





First woosh on the distal RPA – nothing (triple negative)

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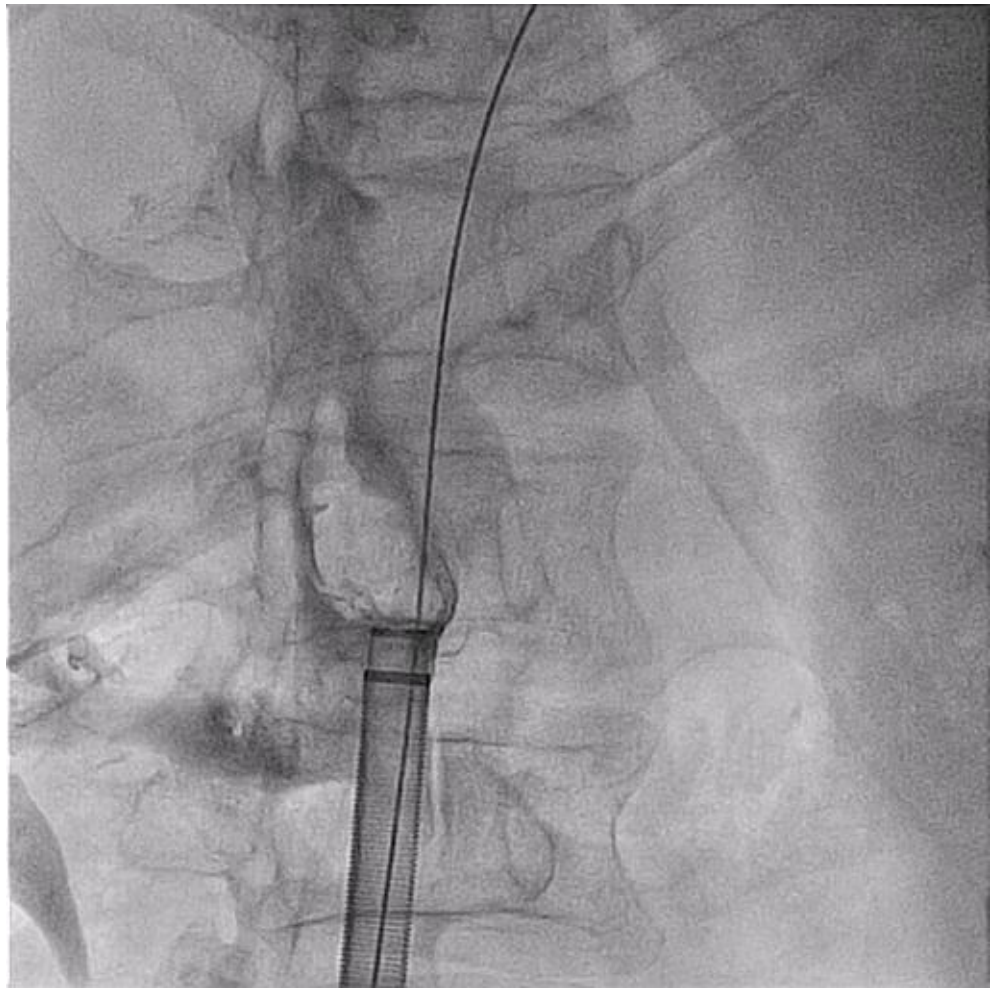
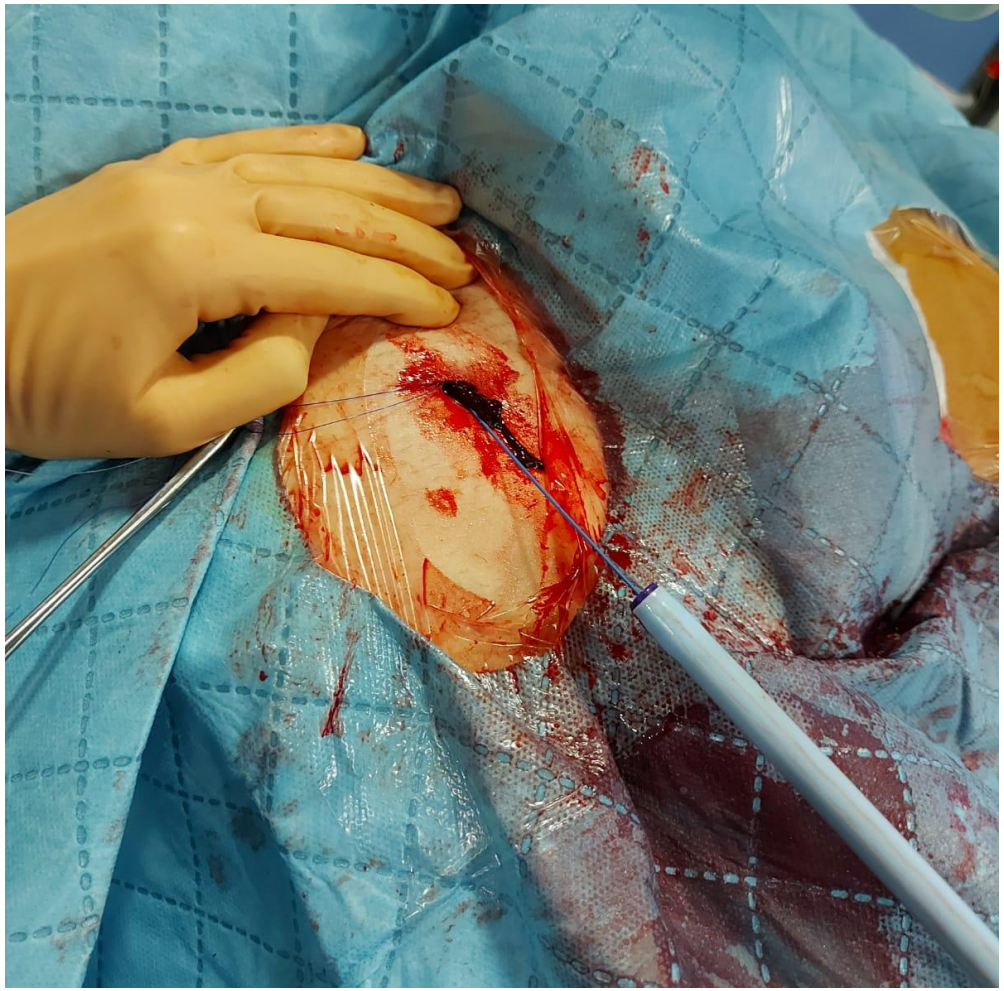
The intermediate-high risk challenge





T24 pullback to sheath tip, sheath angio, **externalization**

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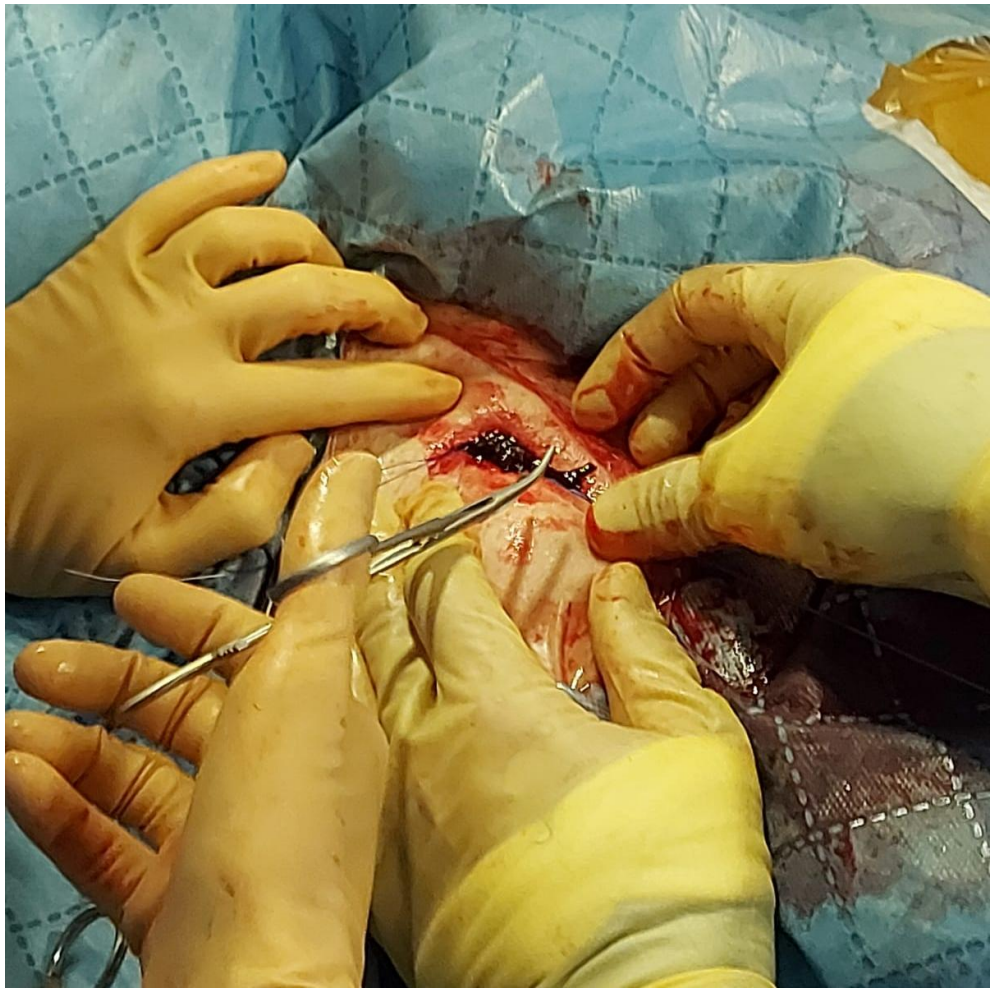
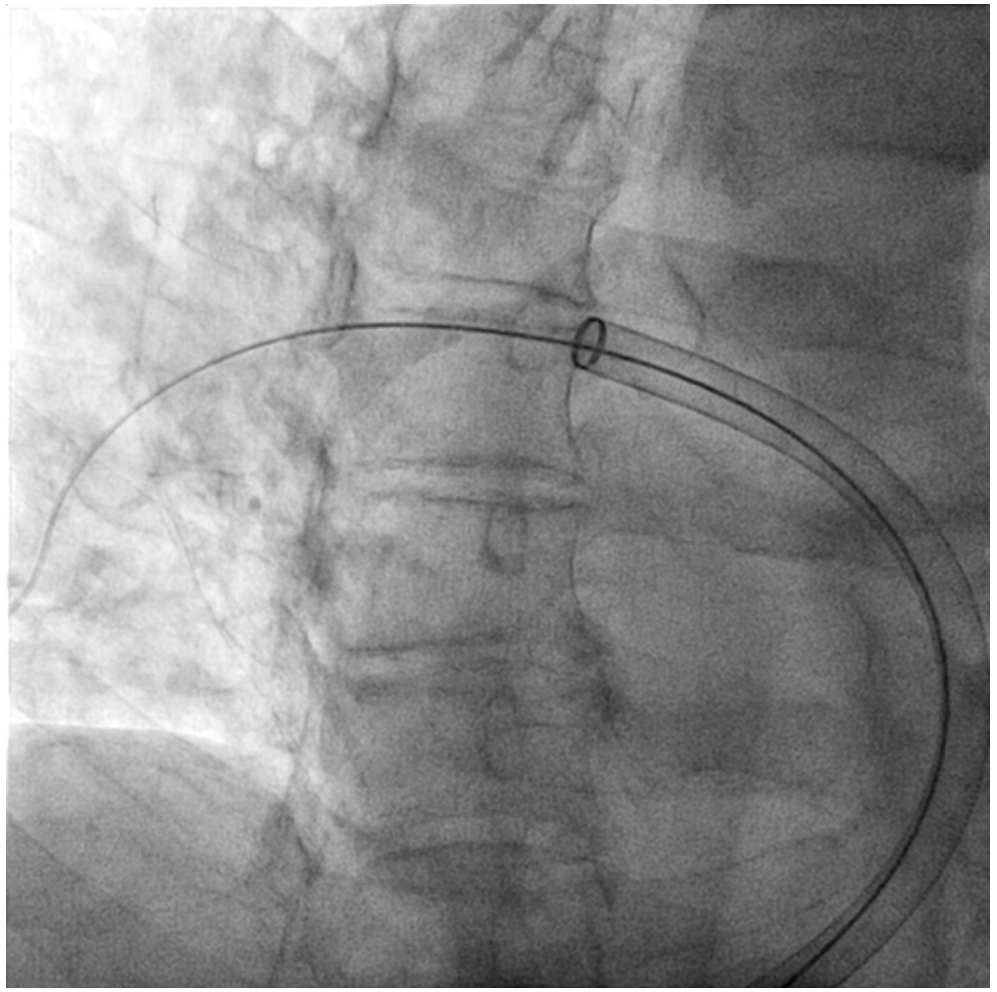
Thrombus level III



keep wire in place



RPA final angio after 3 runs

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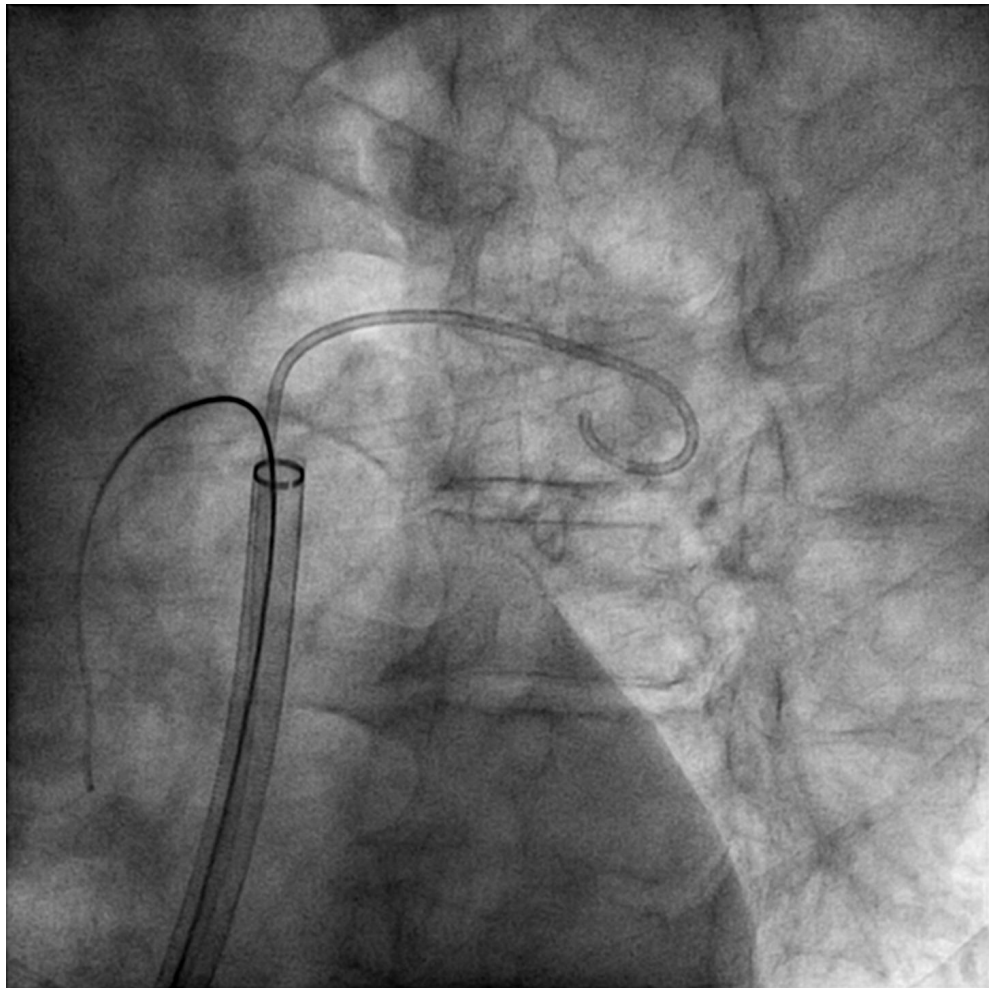
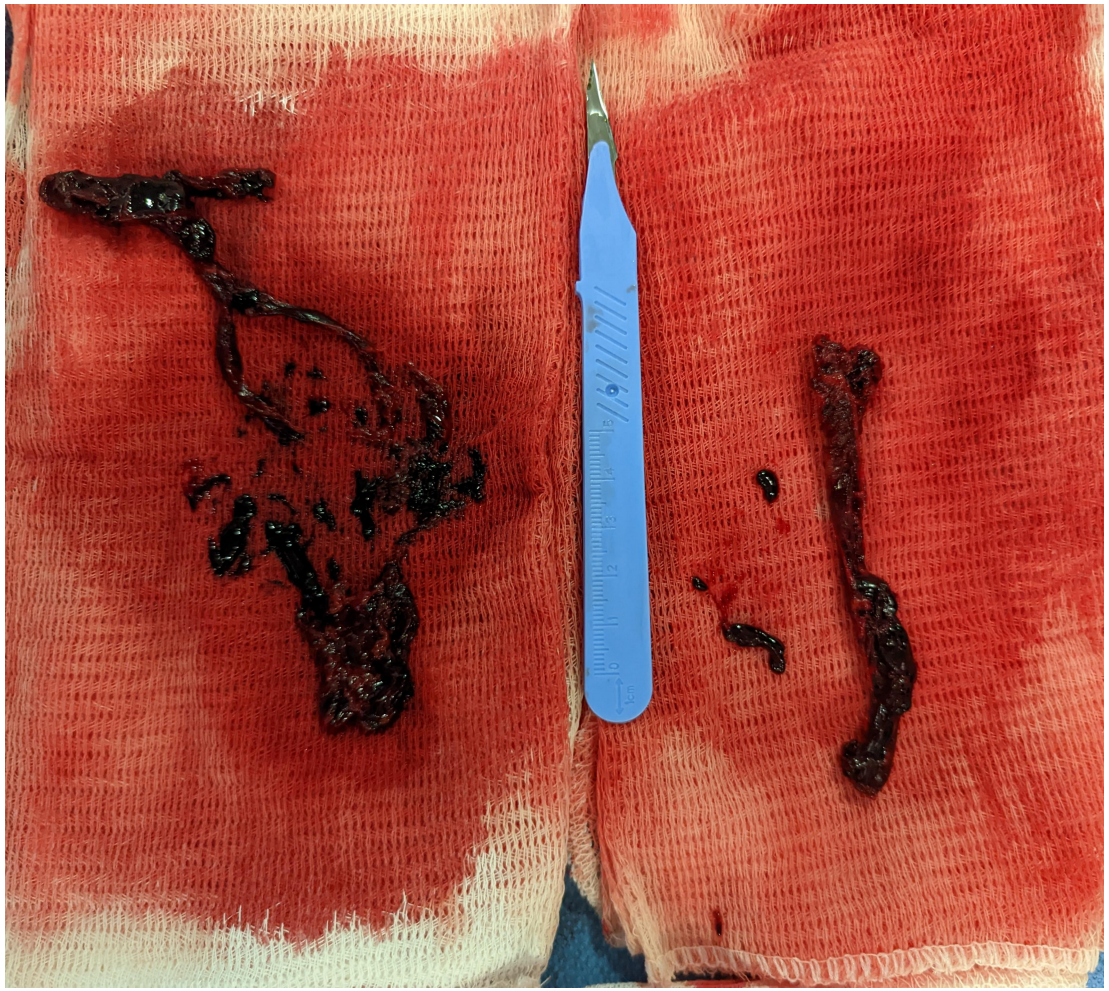
Thrombus level III



Same issue on the left PA



Two lollipop thrombus

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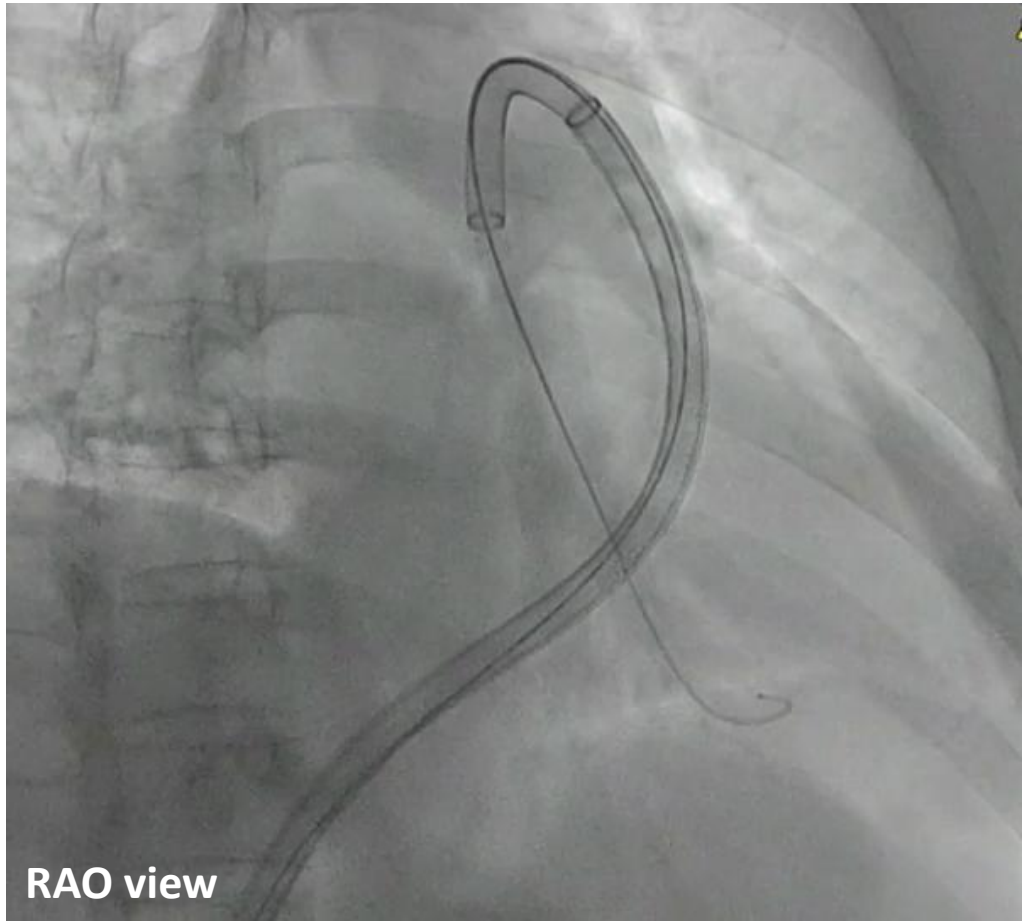
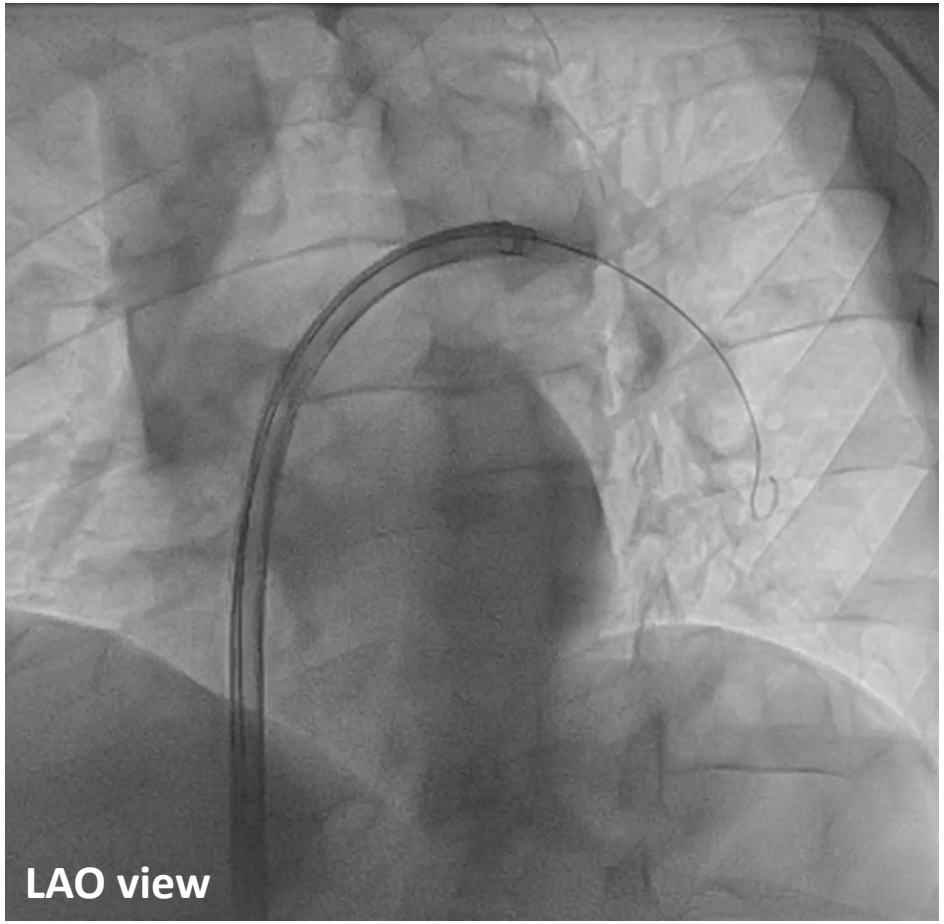
Multiple catheters – how to do





T20 Curve over T24

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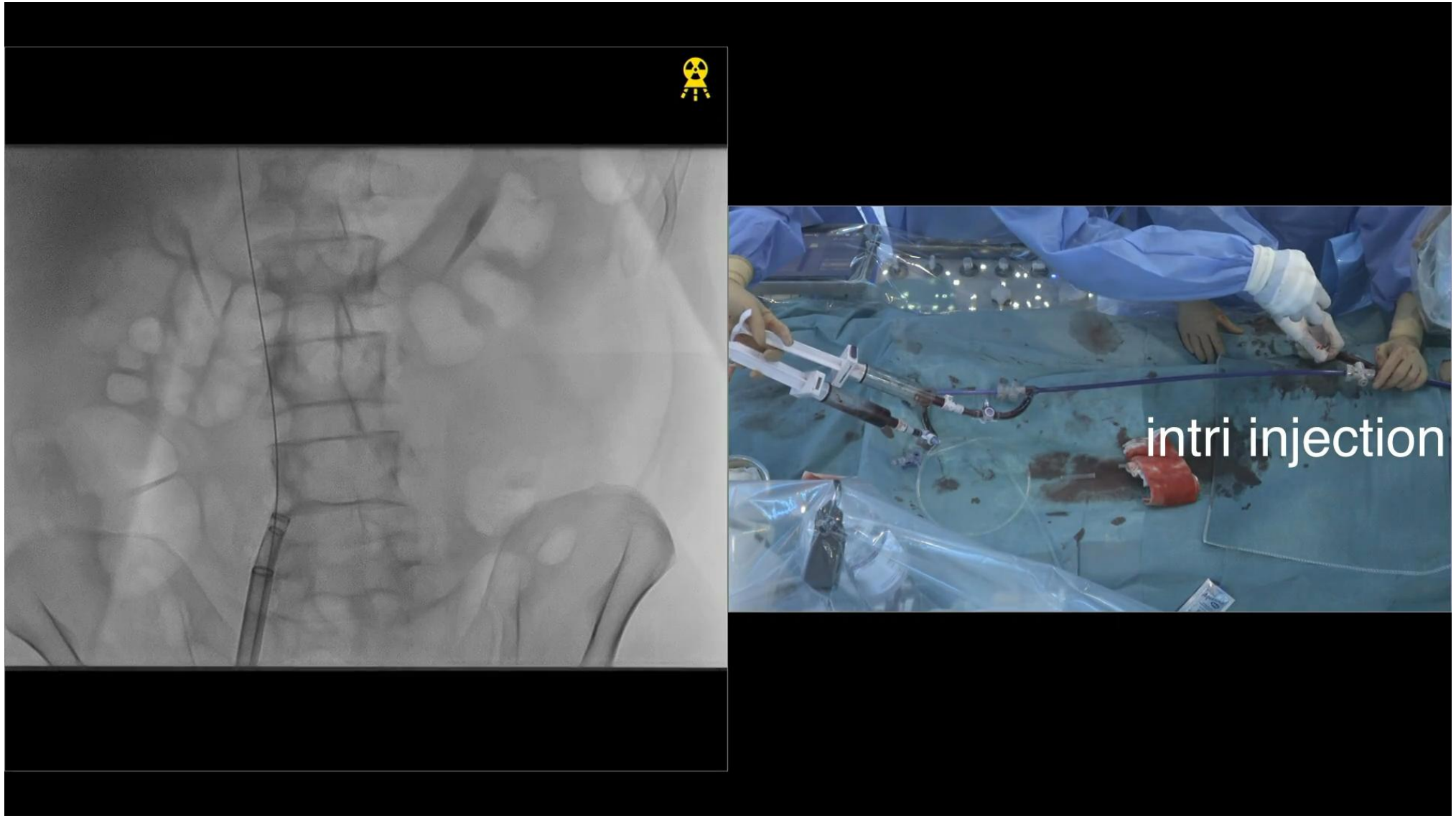
Multiple catheters – how to do



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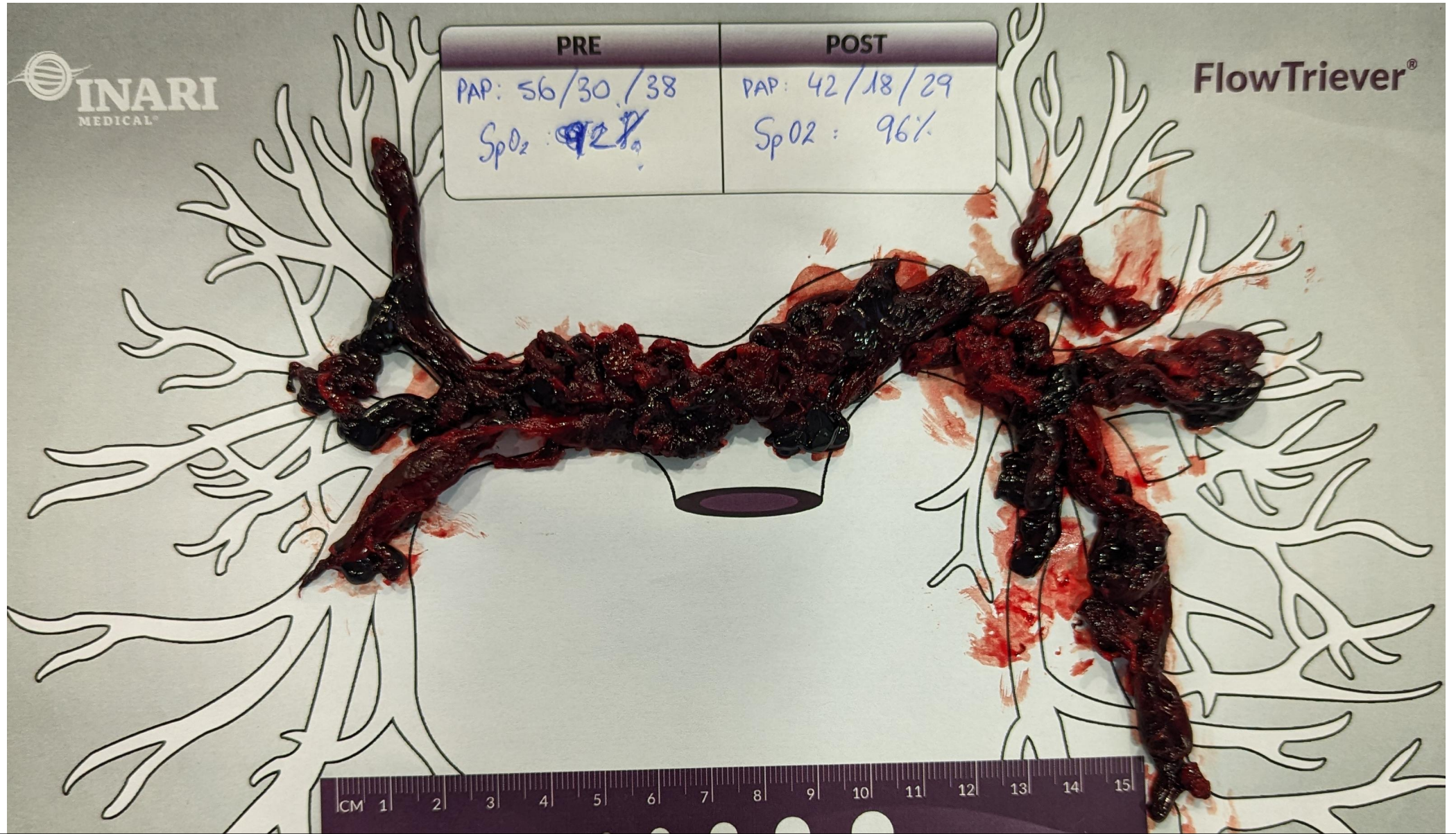
Back to the case



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Invasive measurements

	Pre	Post
Systolic BP	**83**	**116 (Δ +33)**
Systolic PA	56	42 (Δ -14)
PA/BP	0.60	0.32
PaO2/FIO2	**133**	**200 (Δ +77)**
Ven Sat	43%	65.3%
Estimated CO	**3.1 l/min**	**4.9 l/min**

Cava filter next day & discharge POD 10

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Level I - venous	• Vascular echo skills • Rule out femoral occlusion • Avoid vascular complications
Level II – right heart	• TT echo – consider ICE • Rapid moving usually is extracted • Consider checking PFO
Level III - saddle	• Usually right PA first • Learn lollipop management

CSC 2025
CORONARY AND STRUCTURAL CONGRESS
CONGRESO CORONARIO Y ESTRUCTURAL
MADRID

5, 6 y 7 NOVIEMBRE
HOTEL RIU PLAZA DE ESPAÑA

EP con FlowTriever

lesiones de alto contenido trombótico

Pablo Salinas

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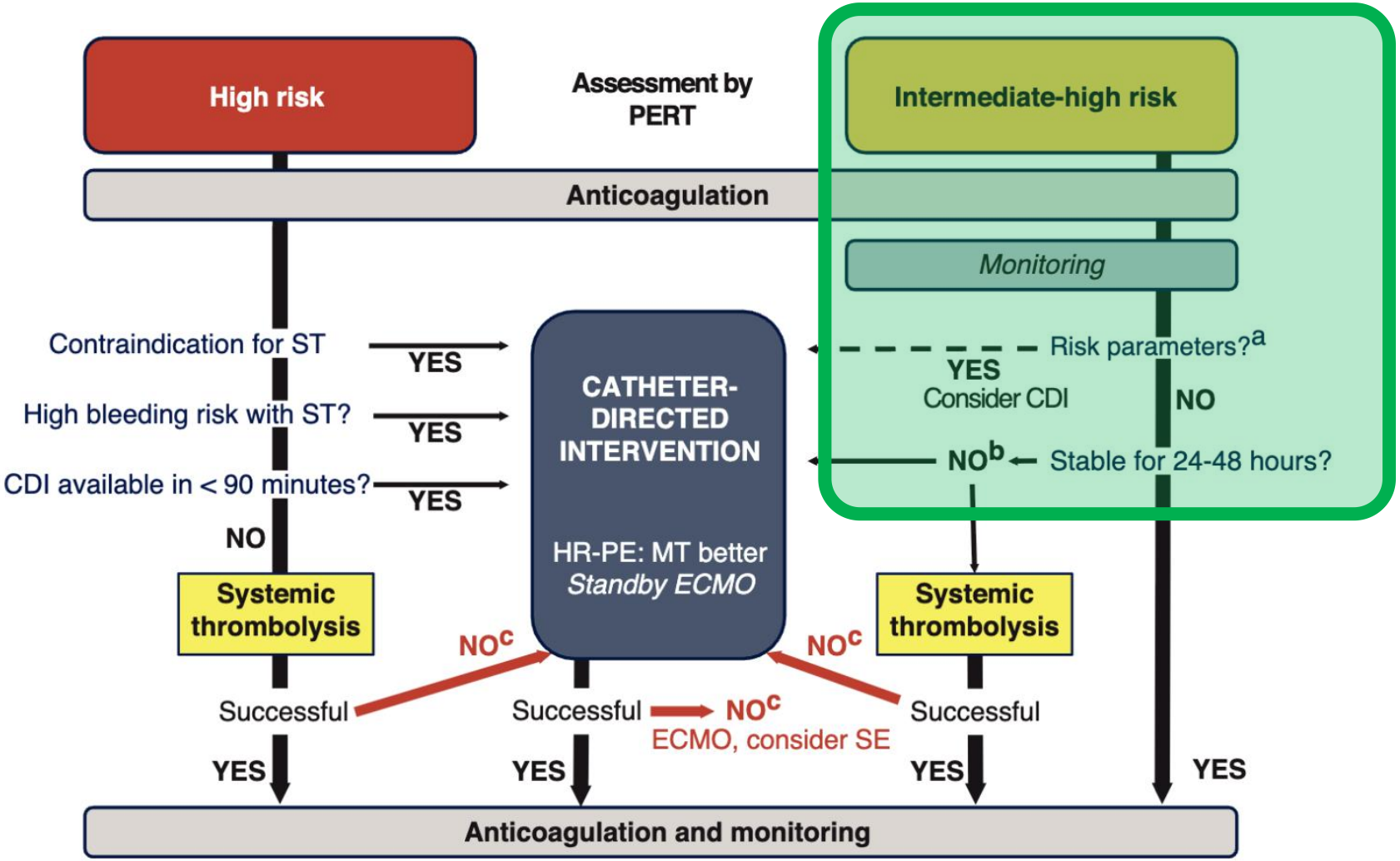
SaludMadrid Hospital Clínico San Carlos

Hospital Clínico San Carlos

Spanish position paper on PE



Salinas P et al. Rev Esp Cardiol. 2024;77:138-47

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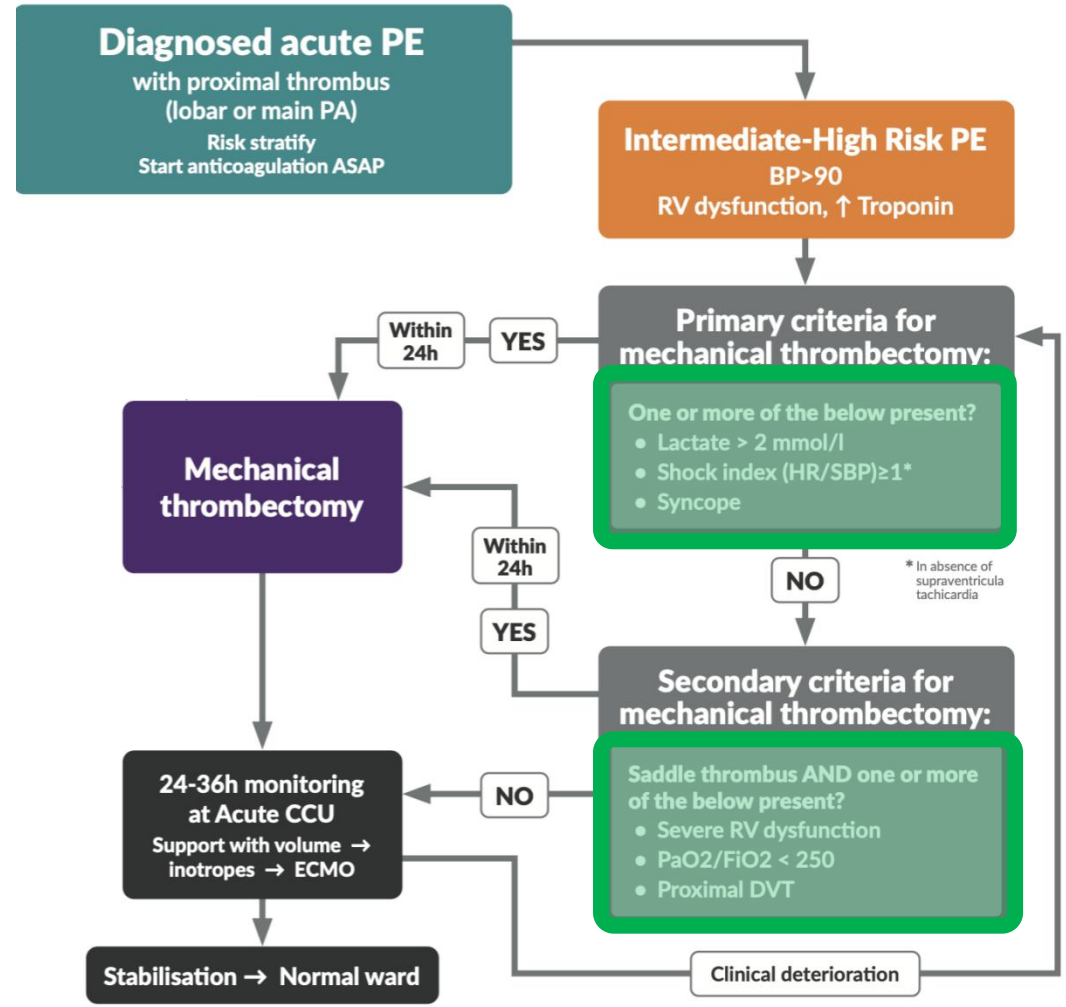
Our pathway

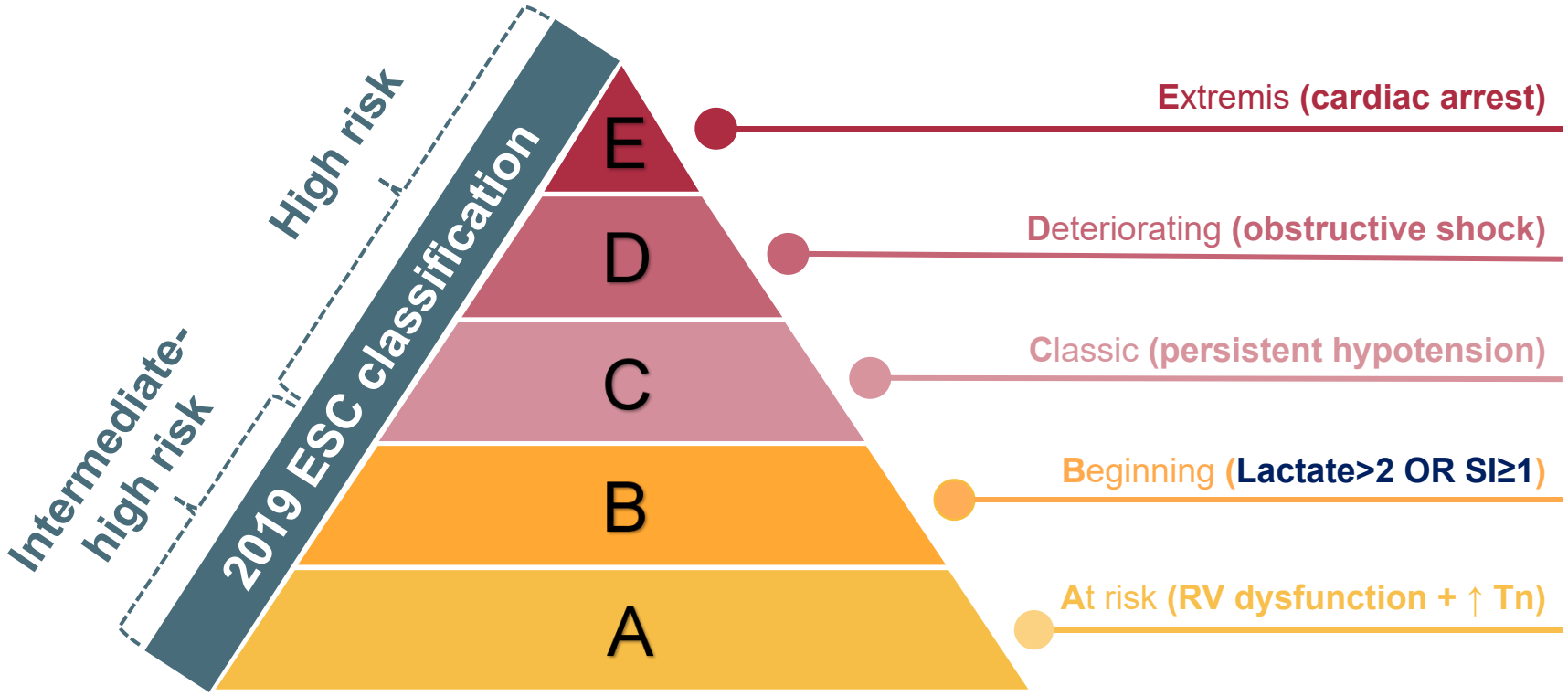
PE Treatment Pathway at Hospital Clínico San Carlos, Madrid



Interm-high risk

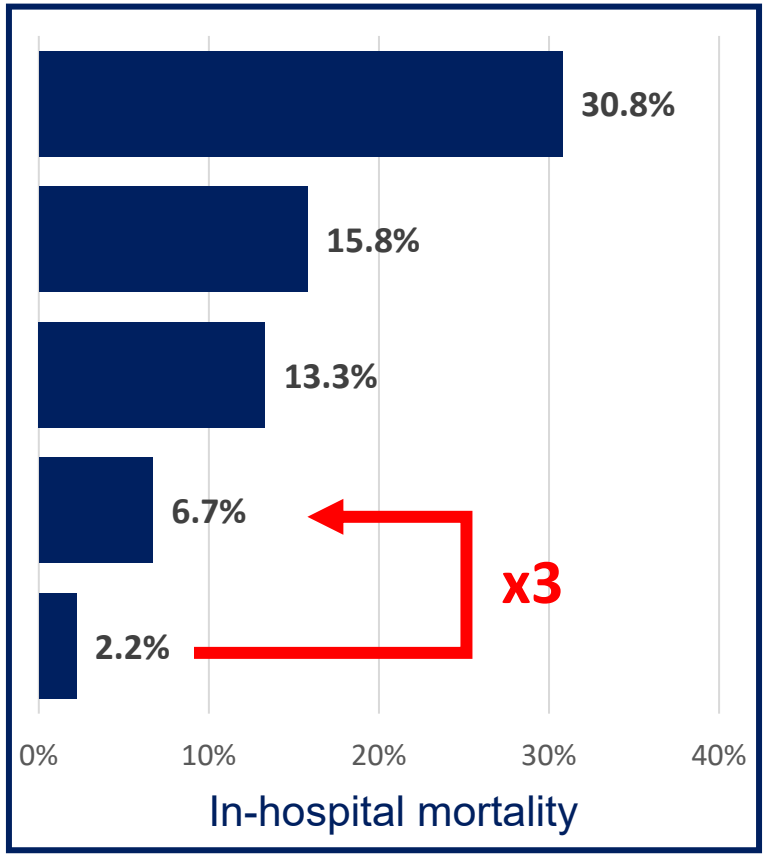
Alternative to S.Thrombolysis for patients with *haemodynamic deterioration* on anticoagulation

RISA PE (adaptation of SCAI shock stage to RV failure in PE)



RISA-PE classification

Spanish IHR and HR patients
Medically managed patients
(n=374)



Real C, Salinas P, et al 2025 EuroPCR abstract

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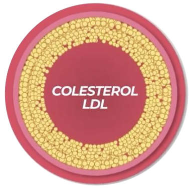

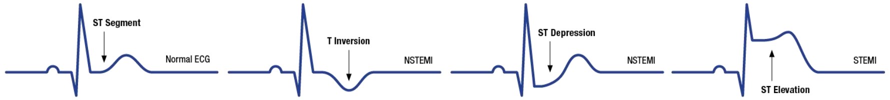

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Optimal STEMI care

Timing of DAPT

Complete revascularisation

Management of thrombus

Mechanical circulatory support

LAAC studies

Trial selection

LAAC scenarios

Leaks

DRT

LAAC studies

Trial selection

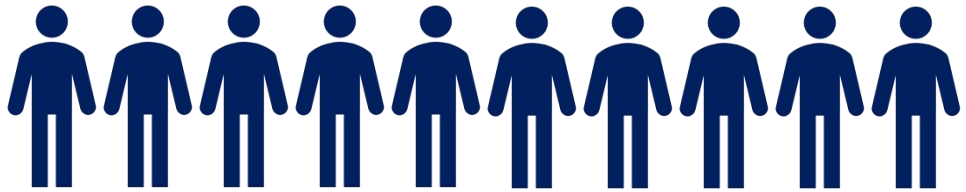
LAAC scenarios

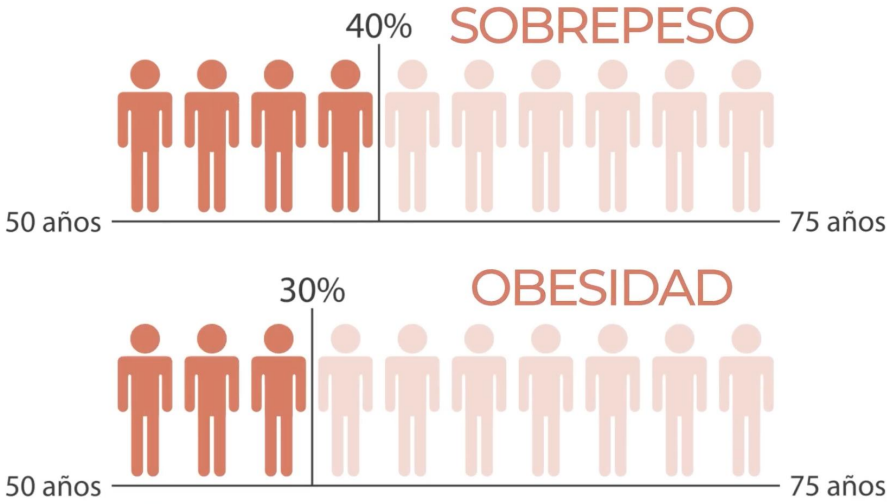
Leaks

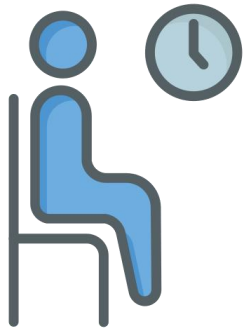
DRT

x10

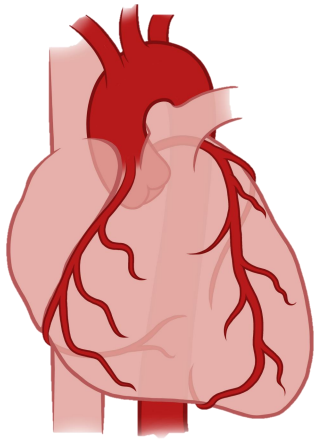
Mortalidad

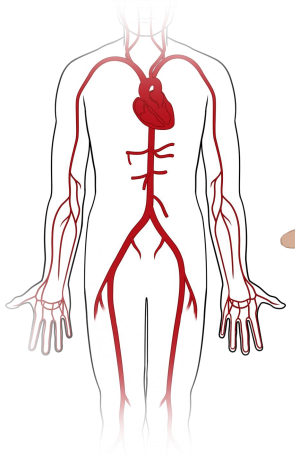


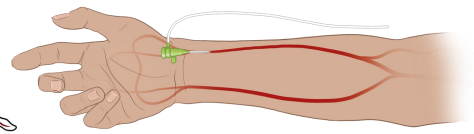


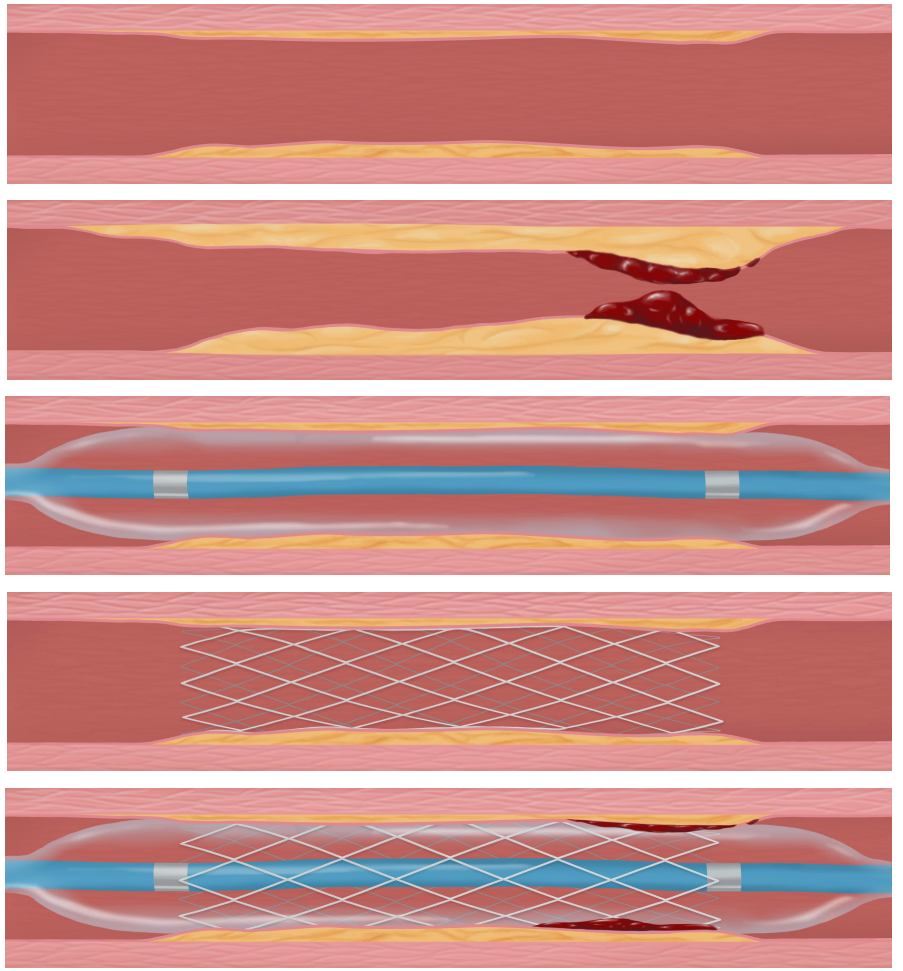


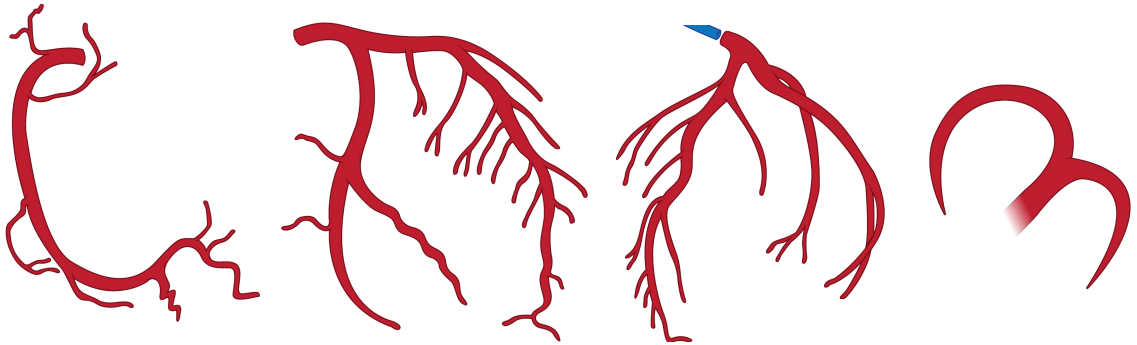
Anatomía coronaria

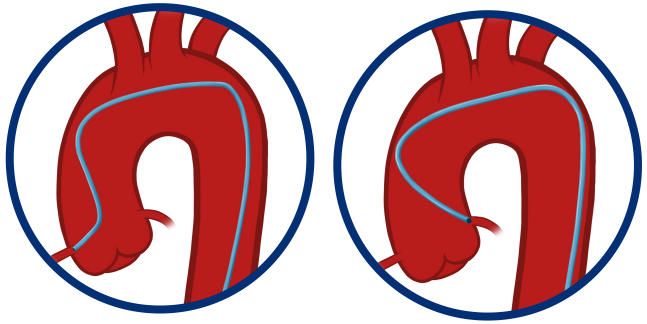












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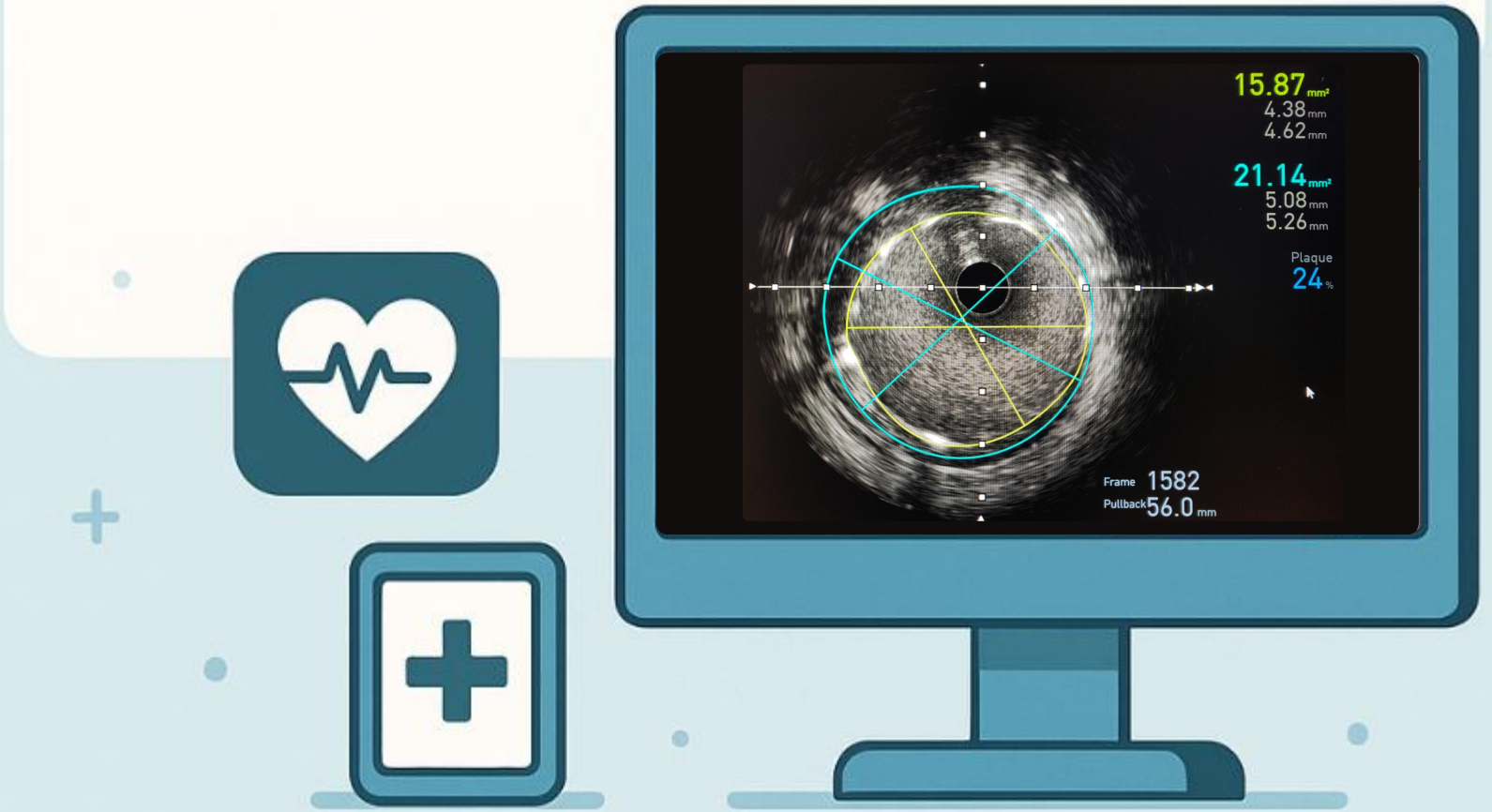
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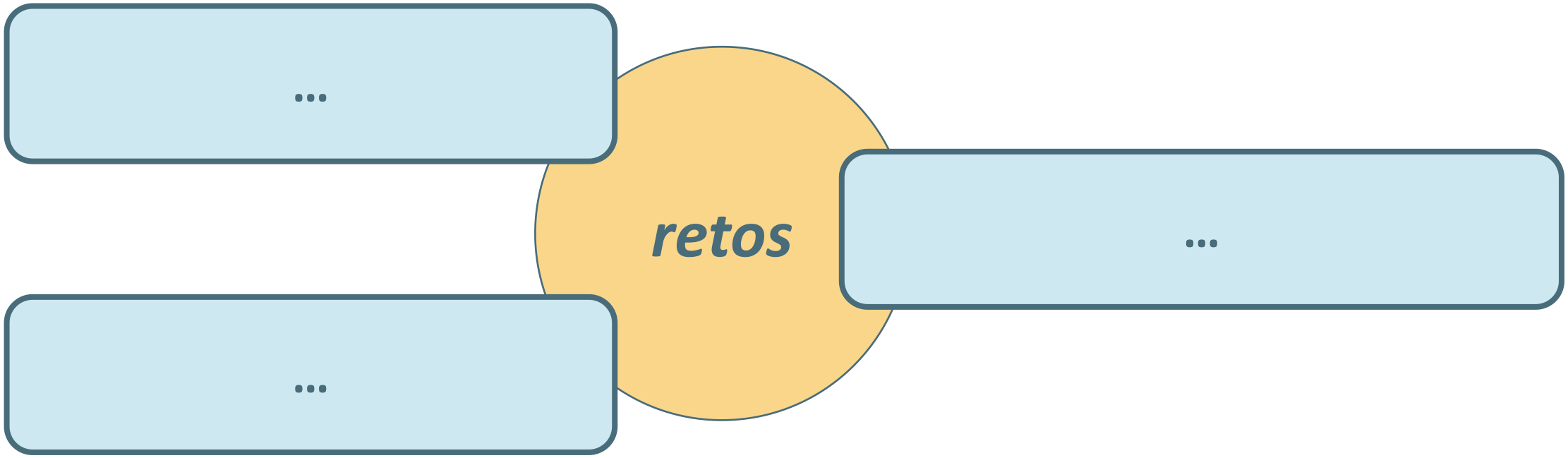
4.62 mm
21.14 mm²
5.08 mm
5.26 mm
Plaque
24 %
Frame 1582
Pullback 56.0 mm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