

CR07**Application of alteplase (in a life saving situation) despite absolute contraindication.**Grga Roglić^a, Ivica Premužić Meštrović^b^a School of Medicine University of Zagreb^b Department of Cardiology, Division of electrophysiology, Clinical Hospital MerkurDOI: <https://doi.org/10.26800/LV-144-supl2-CR07> Grga Roglić 0000-0003-0445-044X, Ivica Premužić Meštrović 0000-0002-2592-8302

Keywords: Alteplase, cardiology, contraindication, pulmonary embolism.

INTRODUCTION/OBJECTIVES: Acute massive pulmonary embolism (PE) with right-sided heart failure and hemodynamic instability is an emergency with high mortality rate. Rapid diagnosis and early treatment are imperative. The aim of this report is to underscore the importance of established guidelines while acknowledging the need for an individualistic approach in complex situations.

CASE PRESENTATION: An 87-year-old female patient who underwent femoral crossover bypass procedure 16 days prior to admission was brought to the emergency department in a state of shock with dyspnea, elevated lactate (6.0 mmol/L) and liver enzymes (AST= 301 U/L, ALT= 183 U/L). Her initial blood pressure (BP) was 70/40 mmHg, PESI class V, with good response on fluid replacement and vasopressors. Echocardiography showed acute dilatation of right ventricle. MSCT pulmonary angiography revealed a massive saddle PE. Low molecular weight heparin therapy was initiated, but the patient's state soon rapidly deteriorated. Transportation to a facility for aspiration thrombectomy was deemed high-risk, due to hemodynamic instability. Systemic fibrinolysis was possible, but history of recent surgery within last 3 weeks was an absolute contraindication (ESC guidelines). After consultation with a surgeon who deemed the operated area readily compressible and approachable for surgical reintervention, an alteplase protocol was initiated. Patient's condition immediately improved. A follow-up echocardiography revealed the normalization of the right ventricle diameter and function. The only complications were bilateral inguinal hematomas without visible extravasation on MSCT angiography.

CONCLUSION: In conclusion, guidelines facilitate decision-making, but an individual approach is crucial when treating a patient in complex situations, even if it sometimes necessitates going beyond guidelines.

CR08**Astragalectomy as “last resort” in treatment of avascular necrosis of the talus**Dinko Ezgeta^a, Afan Ališić^a, Damjan Dimnjaković^b^a School of Medicine University of Zagreb^b Department of Orthopedic Surgery, University Hospital Centre ZagrebDOI: <https://doi.org/10.26800/LV-144-supl2-CR08> Dinko Ezgeta 0000-0001-9391-6269, Afan Ališić 0000-0003-1945-6262, Damjan Dimnjaković 0000-0002-5726-4301

Keywords: Astragalectomy, AVN, talus

INTRODUCTION/OBJECTIVES: Avascular necrosis (AVN) of the talus is a relatively rare lesion of the bone in which bone decays due to ischemia. Although the leading cause of AVN is prior trauma, it can also occur with non-traumatic causes such as corticosteroids, alcohol abuse, systematic illness, but also as a complication of prior surgery. While conservative treatment is always used at the beginning, surgery may be required afterwards. The goal of this report is to present a case of treatment of talar AVN with astragalectomy and tibio-calcaneal arthrodesis.

CASE PRESENTATION: 60-year-old male presented to the clinic with severe pain and restricted movement in his right ankle. The patient has undergone anterior ankle arthroscopy and open debridement of the talonavicular joint in another hospital, 3 years earlier. The MRI showed signs of AVN of the whole body of the talus. Conservative treatment was conducted, including physical therapy and treatment in hyperbaric oxygen therapy. Two years later, due to progression of pain, surgery was indicated. Due to necrosis that involved the whole body of the talus, removal of the talus, i.e. astragalectomy was performed, followed by tibio-calcaneal arthrodesis with an external fixateur. The fixateur was removed 6 months later, after the x-ray showed adequate bone fusion. At final follow-up the patient was pain free and was walking without crutches.

CONCLUSION: AVN of the talus puts up a challenging problem in modern medicine. In cases like this one, where conservative treatment fails, astragalectomy and tibio-calcaneal arthrodesis may prove as a viable treatment option.