**COMPLETE HEART BLOCK FOLLOWING SUCCESSFUL PERCUTANEOUS CORONARY INTERVENTION OF LEFT MAIN STENOSIS**

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*Background*: Left main coronary artery stenting is feasible in patients at high risk for coronary artery bypass surgery. Intraprocedure bradyarrhythmias are common during rotablation. We present a case of complete heart block (CHB) immediately after successful left main percutaneous coronary intervention (PCI).

*Case Description*: A 73 year old woman with no past medical history presented in respiratory distress requiring intubation and chest tube placement for spontaneous right pneumothorax. She also had non-ST elevation myocardial infarction with peak troponin-I, 0.64 ng/ml. Electrocardiogram showed sinus rhythm, right bundle branch block and left anterior fascicular block (Figure 1A). Systolic function was normal. After extubation and chest tube removal, she underwent coronary angiography showing 60% left main (Figure 1B) and 50% ostial right coronary artery stenosis. Surgical candidacy was poor due to centrilobar emphysema (FEV1 0.66 L). She underwent successful PCI with Impella support (Figure 1C). Rotational atherectomy of left main artery was performed prior to stent placement. At completion of angiography, patient was noted to be in CHB (Figure 1D) without ventricular escape rhythm. Transvenous pacemaker was inserted, with return to sinus rhythm with normal conduction after one hour. Subsequent electrophysiological study showed normal conduction.

*Discussion*: Transient bradyarrhythmia, mainly sinus bradycardia, is commonly observed in rotablation, predominantly during RCA intervention. CHB in acute coronary syndrome results from ischemia of large areas of myocardium or in the setting of pre-existing bifascicular block, as in this case. Our case is unusual in that transient CHB occurred in the final stage of the procedure after removal of hardware, which can be attributed to air embolism during flushing (not observed in this case) or ischemia of the remaining fascicle or atrio-ventricular node.

*Conclusion*: Transient CHB may occur during complex PCI, requiring vigilance and preparation for the unexpected.

