Figure 2 (Video 2). Coronary angiography image of a plaque covered by stent and coronary blood flow restored successfully after stent placement to the ostium of the left main coronary artery

Post procedural echocardiographic assessment showed a well-functioning prosthesis, with an area of 1.9 cm^2 and a peak gradient of 15 mmHg and mild paravalvular leakage. Patient is alive and doing well five months after the procedure.

Dağdelen et al. (1) reported a case with left main coronary artery (LMCA) occlusion during the procedure and immediate successful intervention. But they did not report coronary ostium and aortic annulus distance. Also, it could be beneficial to mention the factors causing this in Edwards Sapien type valve and preventive measures. Incorrect positioning of the obstructive portion of the valve frame directly over a coronary ostium can cause this entity. Of more concern, is the possibility of displacing an unusually bulky, calcified native leaflet over a coronary ostium (2), as illustrated by our case. The risk of coronary occlusion is low but difficult to assess and most likely depends on the bulkiness of the native leaflets, height of the coronary ostia, and dimensions of sinus of Valsalva (3). Echocardiography, aortography and MSCT have been used to assess these relationships (4). The main way to prevent this fearful complication is measurement with MSCT scan of the distance between the aortic annulus and the coronary ostia, which should be greater than 8 mm. Coronary artery cannulation is the biggest problem in such complication. In core valve in order to cannulate the coronary artery you have to pass through the valve from struts. By choosing a low frame height-for the Edwards Sapien valve may be safely anchored in the aortic annulus, minimizing both the risk of unwanted obstruction or interference with the coronary ostia, as well as access for future PCIs. In this case, stent with good radial force must be chosen and close follow up must be done for stent restenosis. Patients who have this complication may have hemodynamic collapse and in order to stabilize the patient percutaneous cardiac assist device can be used (5). This complication thought to be happened because of severe calcification of the native valve and short distance of annulus to LMCA ostium. In conclusion, development of new tools for the management and, mainly, for the prevention of this complication is advisable.

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Big flooding in Thailand, the problem on loss following up of patients with hypertension

Tayland'daki büyük selde, hipertansiyonlu hastaların takibinde kayıp sorunu

During October 2011 to November 2011, there was a big flooding in Thailand affected millions of the local Thai population. The problem on the normal health care system existed and the patients receiving the primary care from health care center were mainly affected. Under care of the primary care units, hypertension is a common disease to be followed up. The flooding affected the regular system and the authors hereby share the experience and discuss on this specific issue. Based on data from a primary health care unit in Bangkok, of 452 hypertensive patients under following up, only 124 patients (27.4%) visited to the physicians at appointed date. This means the rate of loss following up is equal to 72.6%, which is significantly higher than that rate during non-flooding period (about 5%). Gathering information from the cases that lost visit, the main reasons include trapping in their home due to flooding (250 cases), moving out to the non-flooding area (50 cases) and

fear of flooding (28 cases). Of those who lost visit, 64 from 328 cases got the antihypertensive drugs from other sources (distribution by medical rescue team cases 38 cases, buy from pharmacist shop 26 cases). Of interest, there are very few reports concerning the problem of management of hypertensive patient during natural crisis. In any big crisis, the problem of medical care can be expected. Here, it can be seen that there are several problem in primary care service to hypertensive patients during flooding especially for the transportation between patients' homes to the primary care unit. The active medical care team as medical care team can be useful. The availability of the antihypertensive drug during flooding is of interest. If the patients have the drug examples or names of the antihypertensive drugs, it might be possible to find the drugs from other external sources. Indeed, the lowering quality of life of the hypertensive patient in post crisis of natural disaster is the thing to be managed (1).

As a conclusion, the plan for management of crisis is needed. Pre-crisis plan is helpful. At least, there should be a database of the patient and information provision to each patient on his/her own drugs. The use of the present crisis to be the lesson for the future is important concept in managing of medical problems relating to any natural crisis (2).

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