

Case Presentation

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Clinical History

- 87 year old male with prior hx of CAD s/p CABGx3 in 2001 (SVG→LAD, SVG→OM, SVG→RCA), s/p Permanent Pacer in 2004, had 2 recent admissions for UA /Biomarker positive ACS stabilized with Rx – in good physical shape
- CRF: DM, HTN, Dyslipidemia, CRF (Crea=1.9)
- Echo with EF=45%, anterior+inferior hypokinesis, moderate MR – no stress test performed – referred for angiography



Angiogram 1 mo ago-Native LCA

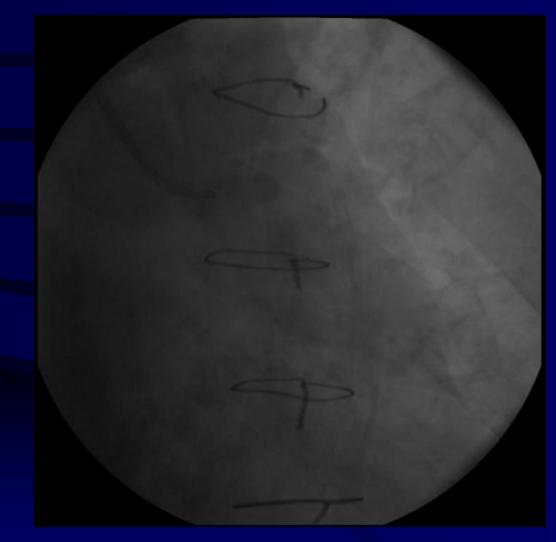


Native RCA





SVG→OM





$SVG \rightarrow RCA$



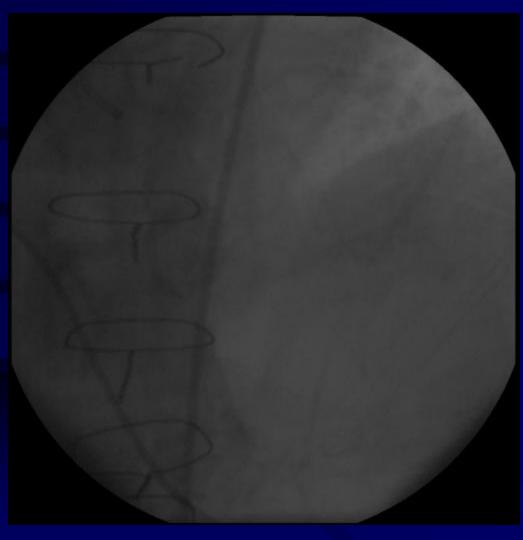


$SVG \rightarrow LAD$





SVG→LAD



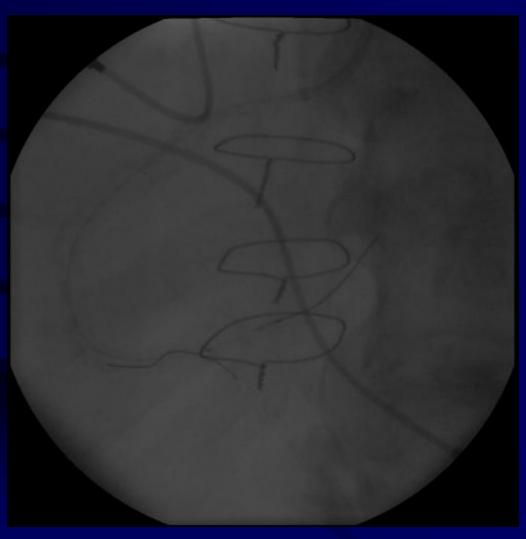


Angiogram results

- Severe 3VD (LAD 70% prox and diffuse 70-80% after SVG anastomosis, 100% CX and severe calcified prox RCA 80% and 90% at origin of PLV)
- 60% SVG→ LAD eccentric stenosis, 100%
 SVG→RCA, Mild disease of SVG→OM at its origin
- Any intervention postponed for 2nd time after appropriate planning and checking the response to given dye (110 ml)
- Crea at day $5 \rightarrow 2.3$ returned to 1.8 after 2 weeks and stabilized at that value returned for PCI of RCA+LAD









PCI→RCA (PLV)

Endeavor Resolute 2.75 x 18





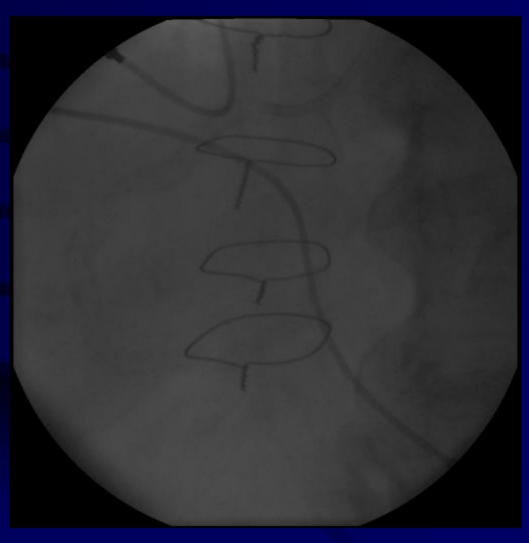
PCI→RCA

Endeavor Sprint 3.5x18





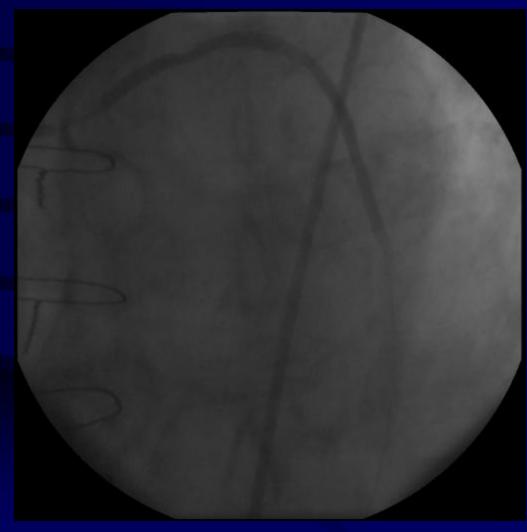
$PCI \rightarrow RCA$ final





PCI→LAD via SVG

Endeavor Resolute 2.5x12 + 2.5x14



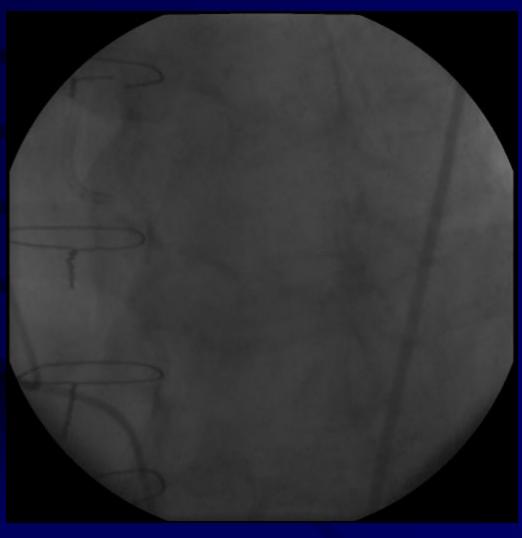


PCI of SVG→LAD

Endeavor Resolute 2.75x12



PCI→LAD Final



Case Characteristics- Conclusions

- Vessel tortuousity + severe calcification (RCA) – necessity of a deliverable stent
- Vessel size + SVG graft necessity of reduced probability of ISR
- Increased age ? Reduced duration of dual antiplatelet Rx