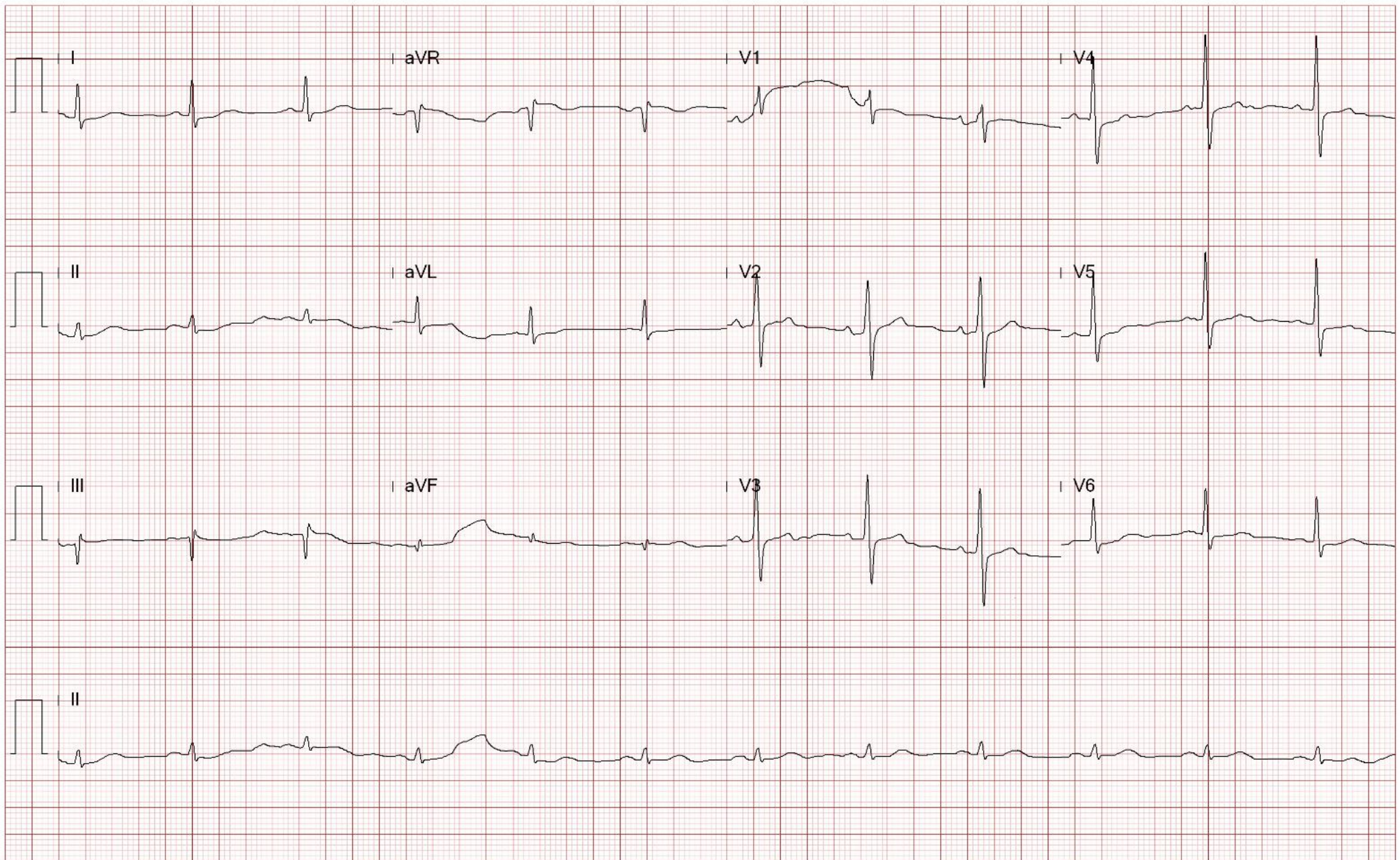


Post-CABG CAD with only one SVG left

Wei Tsung, Lai
CHGH, Taipei, Taiwan

Case

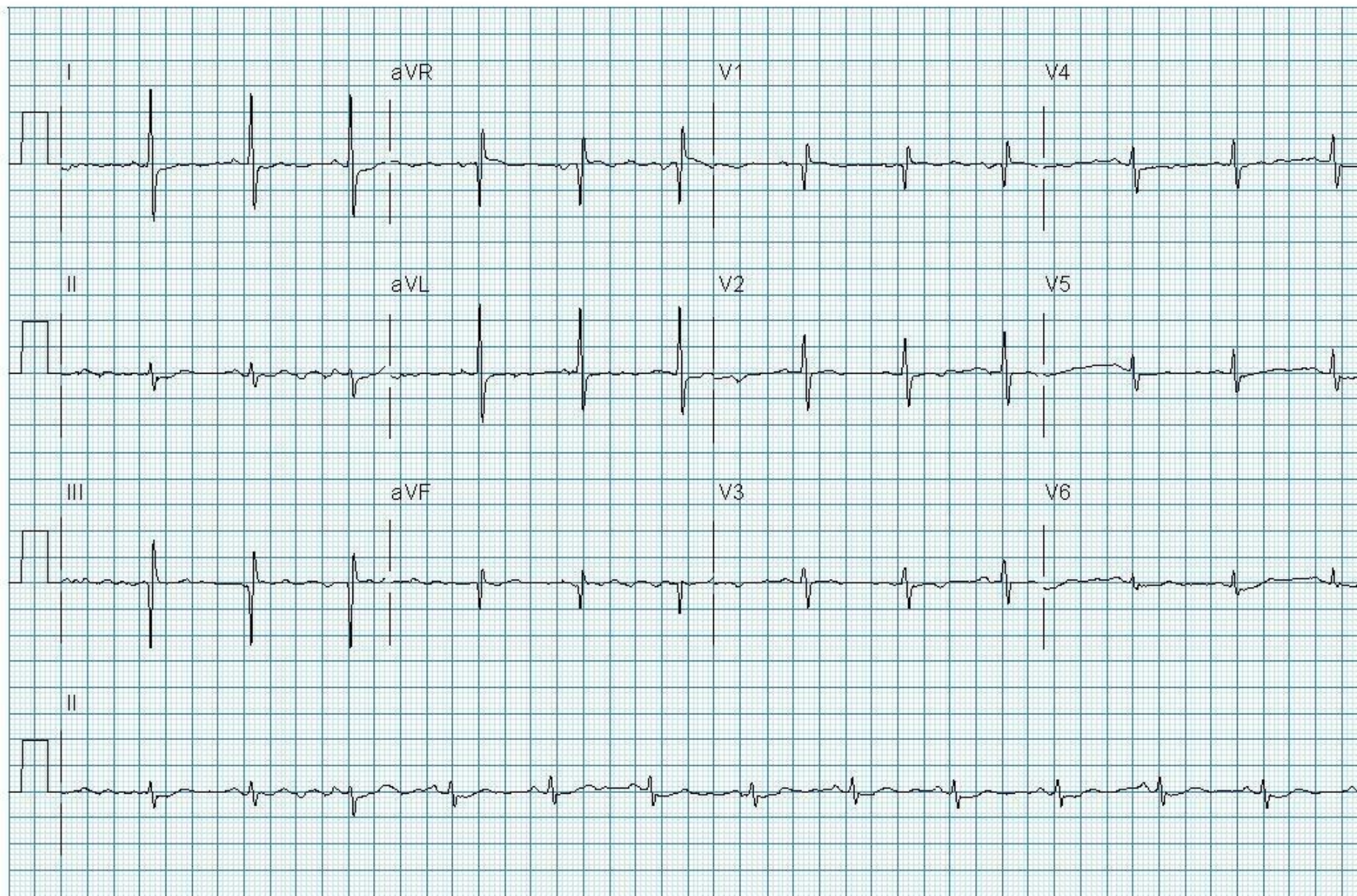
- 68 year-old male
- Complaint of intermittent chest pain for one month
- PH:
 - CAD, 3vd, s/p CABG in 2004 (LIMA to LAD, SVG to OM,RCA)
 - HTN, dyslipidemia



4957734 weng
6/11/2018 9:53:02

Protocol Bruce
12-Lead Manual(simultaneous) Stage Rest 01:27
Spd/Grd 0.0 mph 0.0%

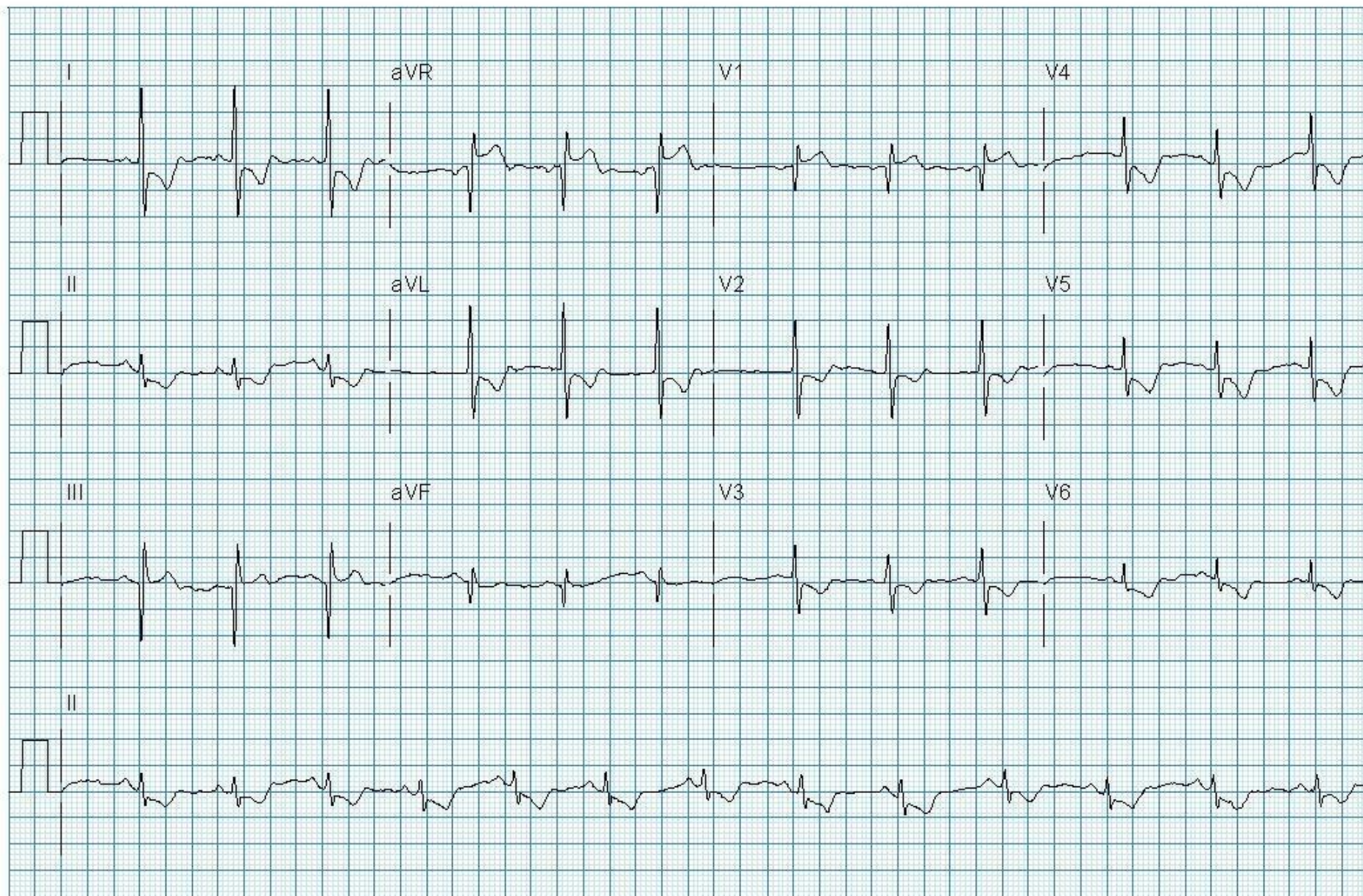
RPE	-	HR	78	II	LVL	-0.2	SLP	3
METs(a)	1.0	Target HR	152	V2	LVL	0.0	SLP	5
BP	--/--	Max HR	78	V5	LVL	-0.5	SLP	3
Previous BP	--/--	HRxBP	---					



4957734 weng
6/11/2018 9:53:02

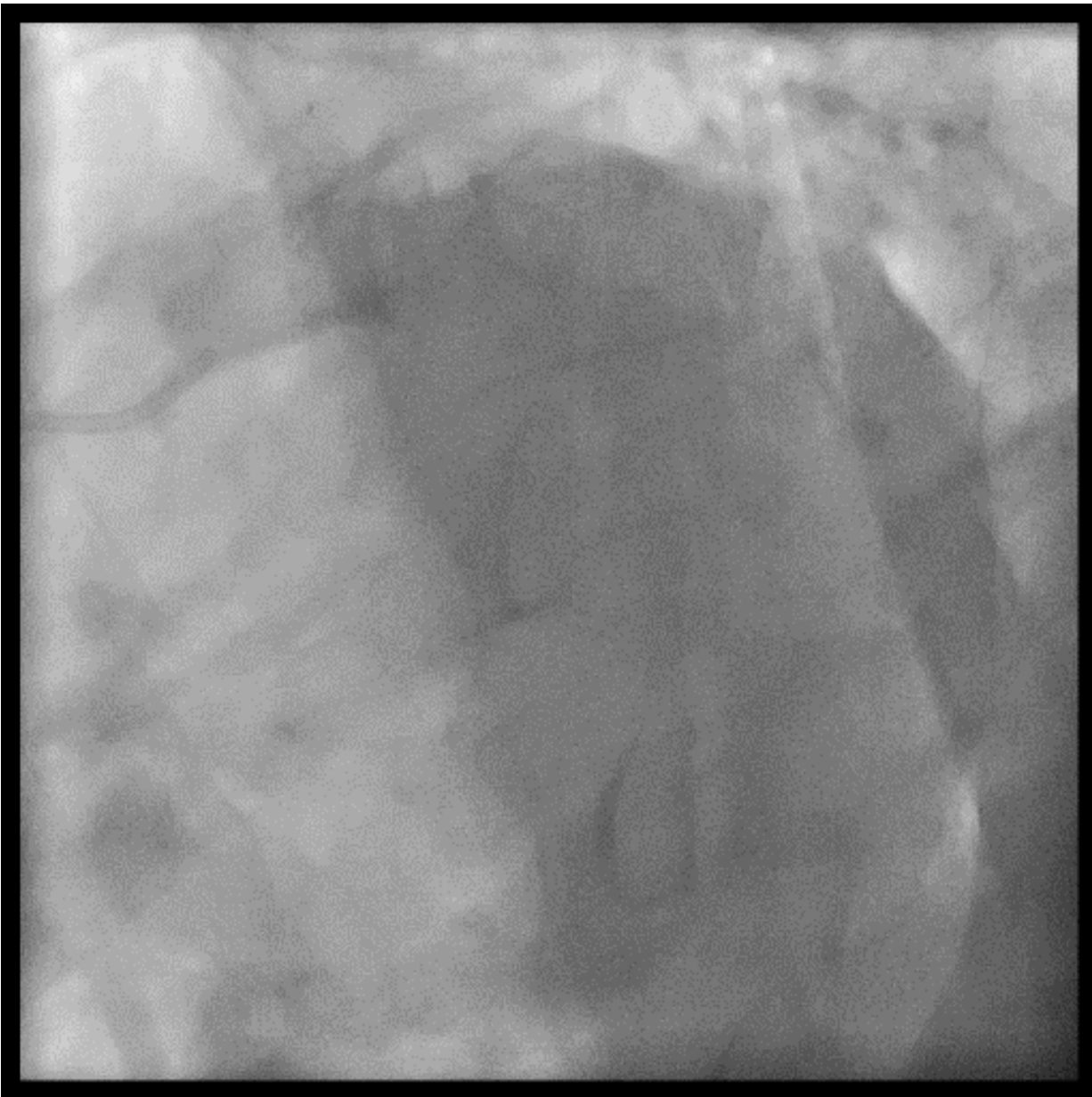
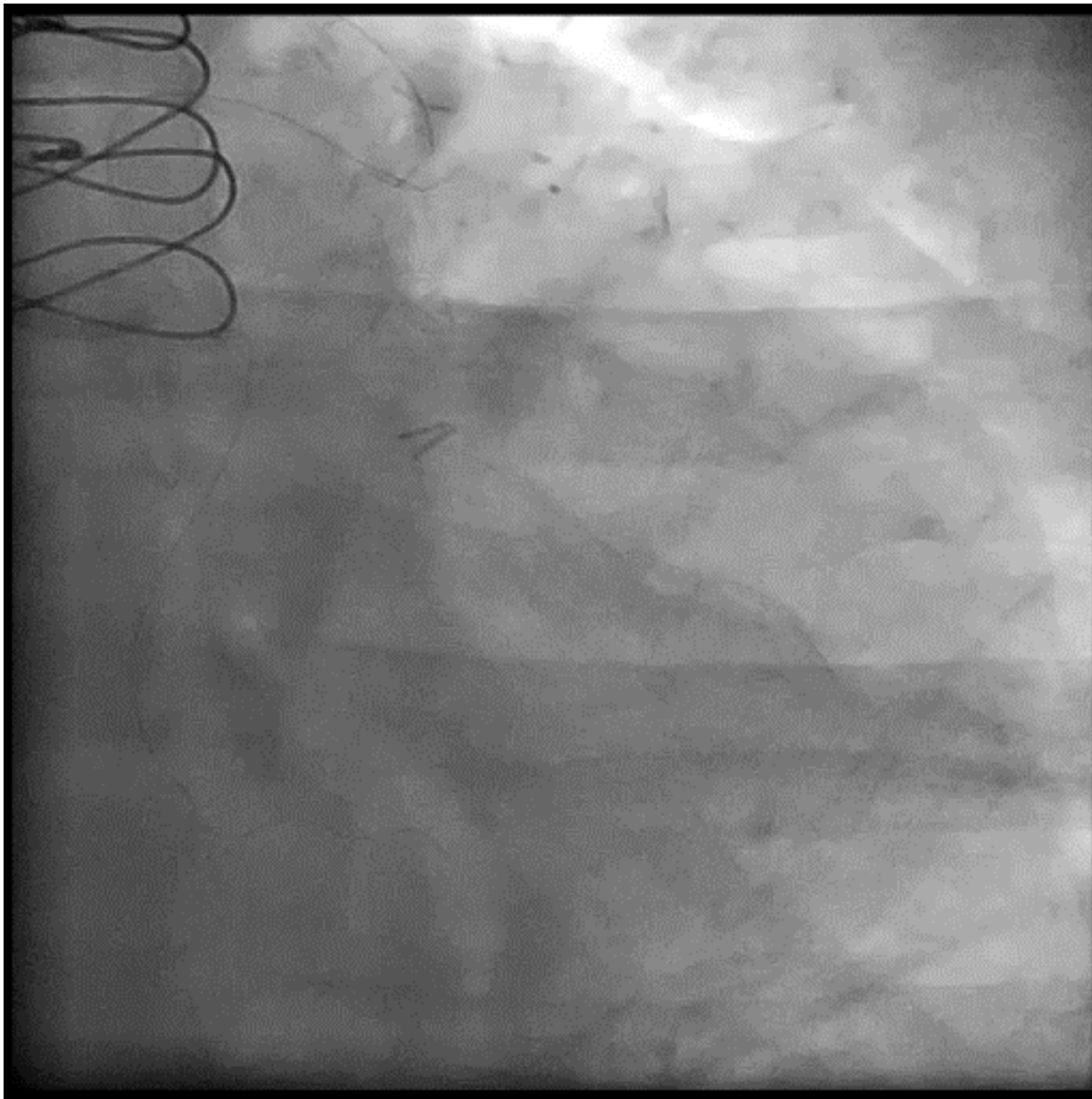
12-Lead(simultaneous) Protocol Bruce
Stage Recov 02:00
Spd/Grd 0.0 mph 0.0%

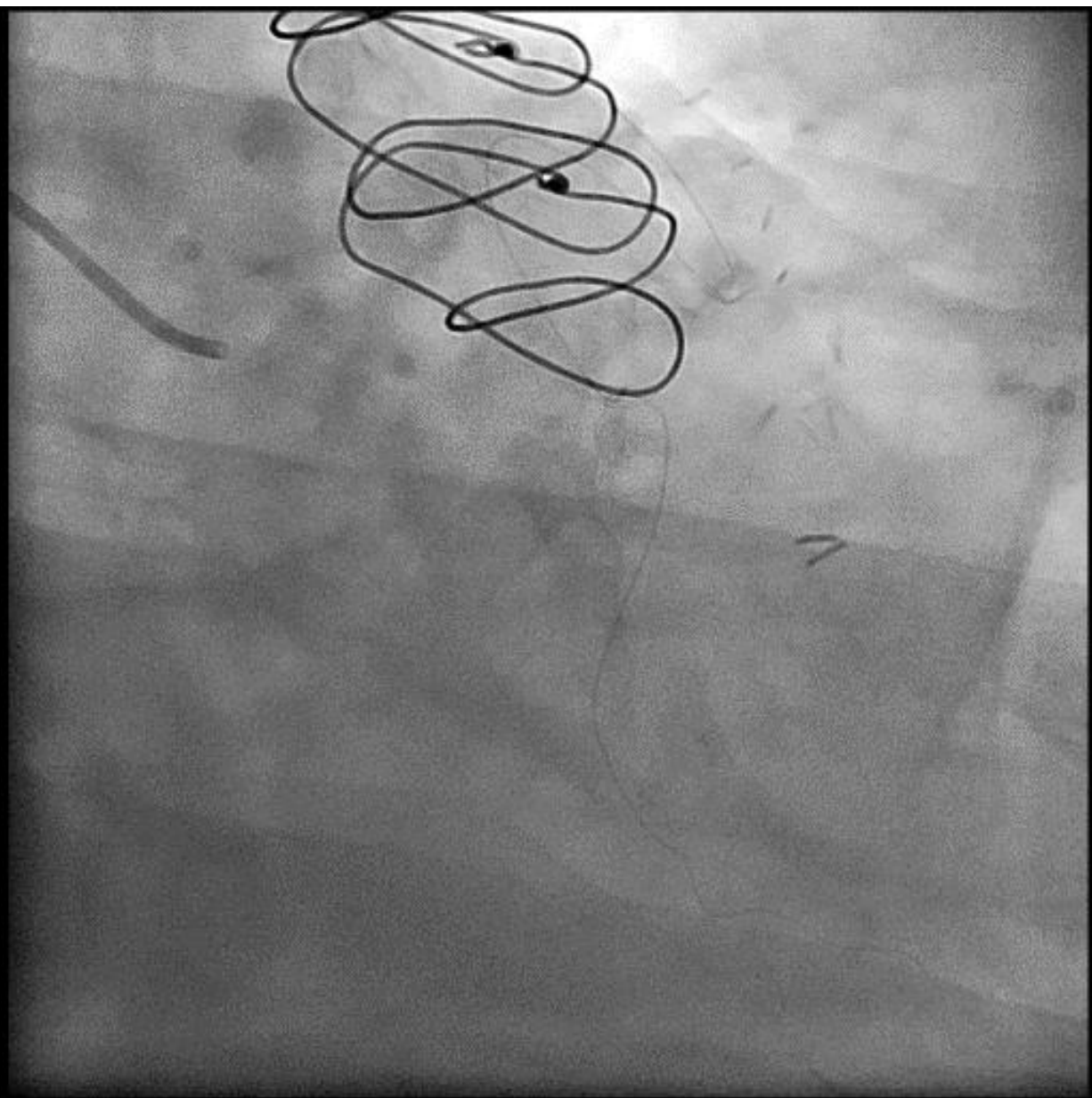
RPE	-	HR	82	II	LVL	-1.8	SLP	-13
METs(a)	7.0	Target HR	152	V2	LVL	-0.5	SLP	-6
BP	154/58	Max HR	130	V5	LVL	-2.5	SLP	-23
Previous BP	153/66	HRxBP	12628					

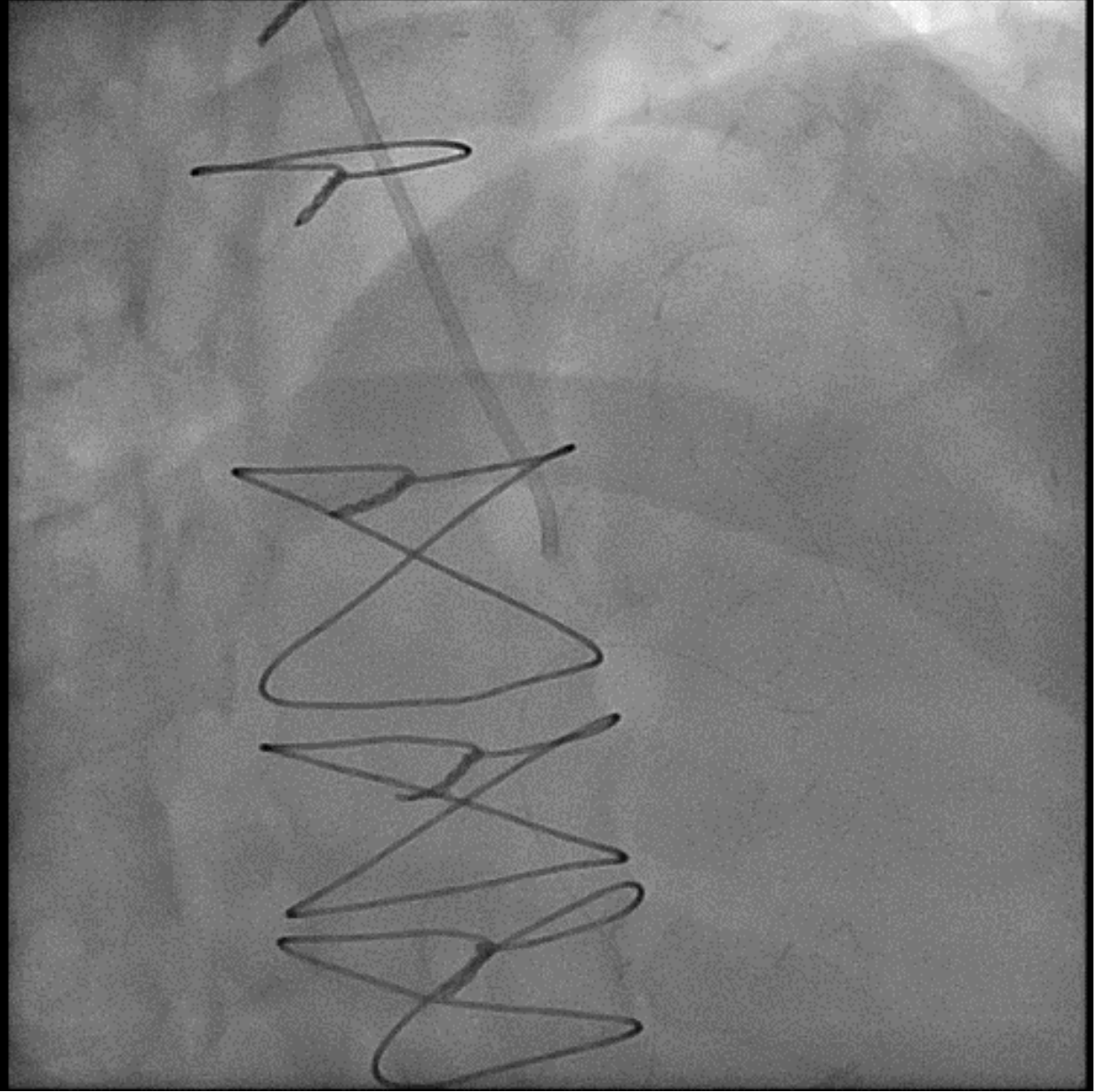
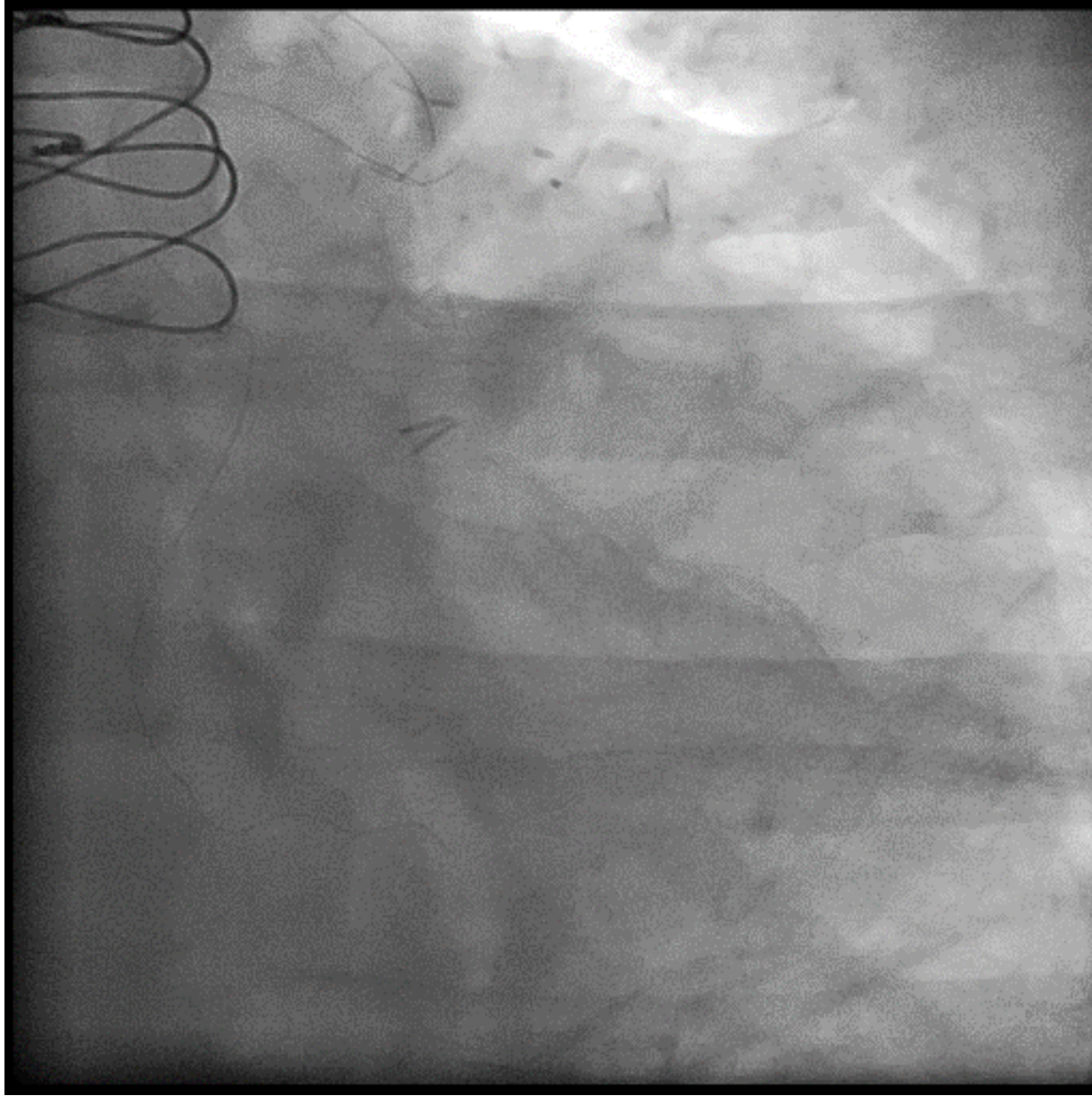


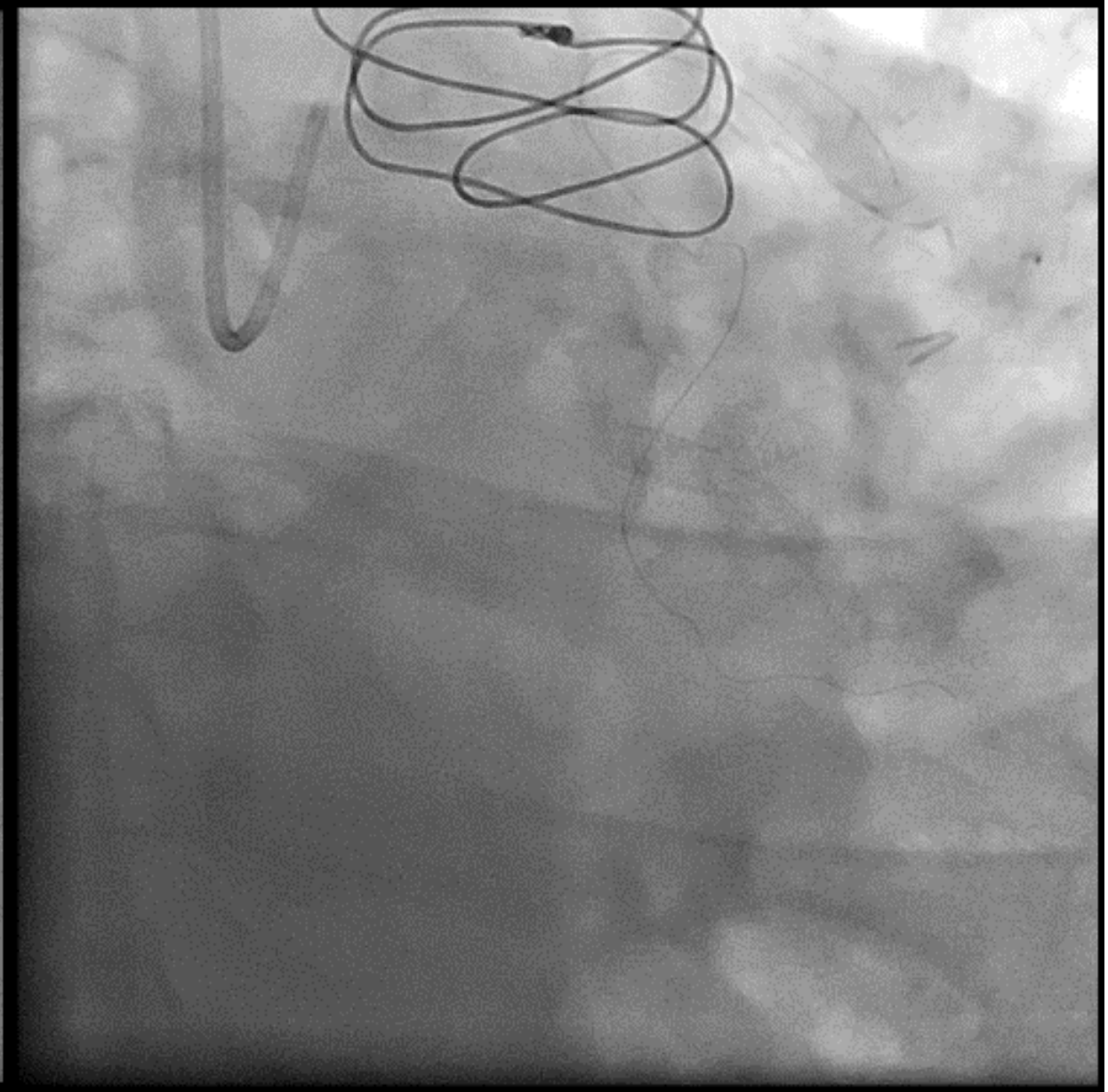
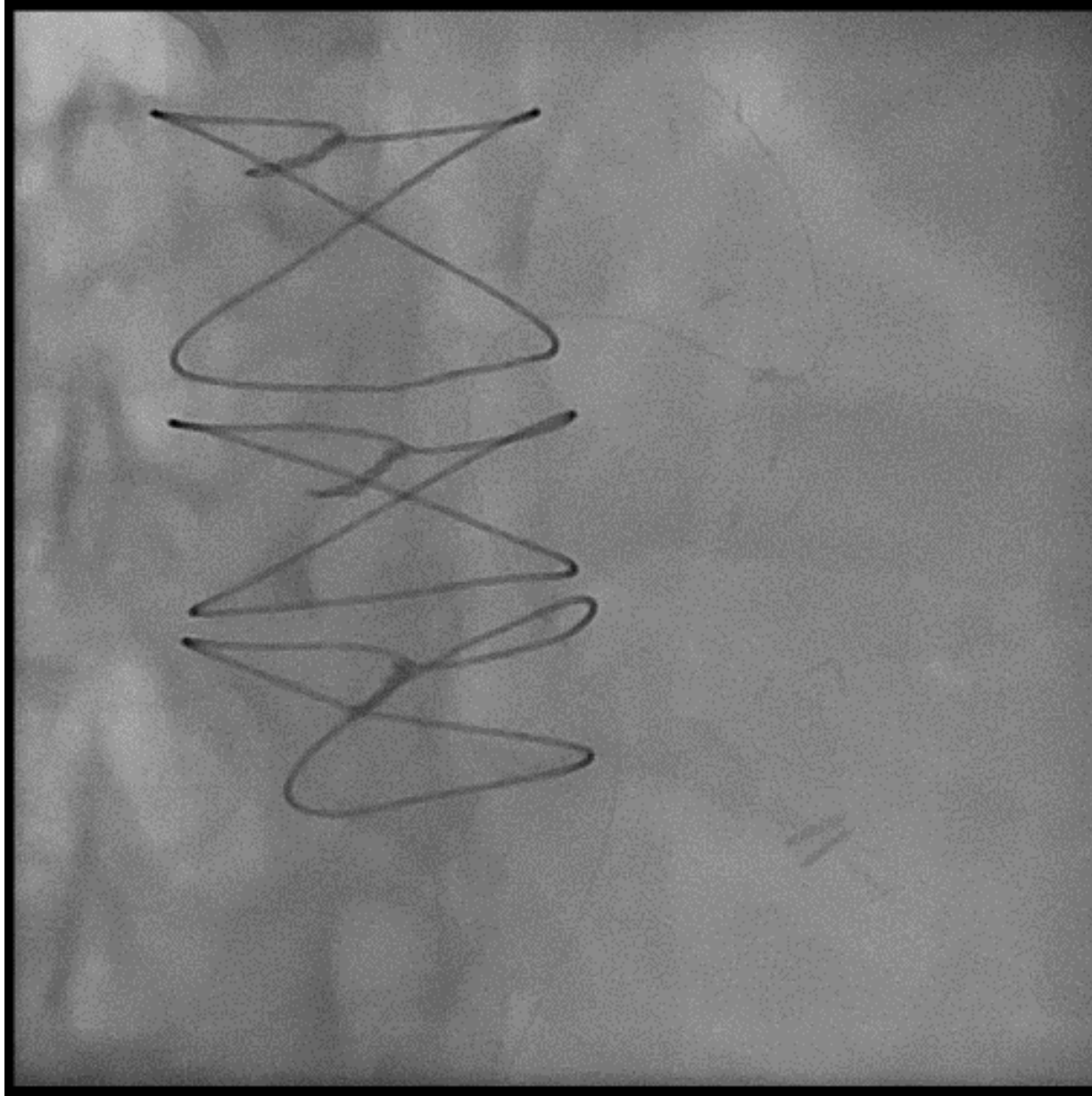
Echocardiography

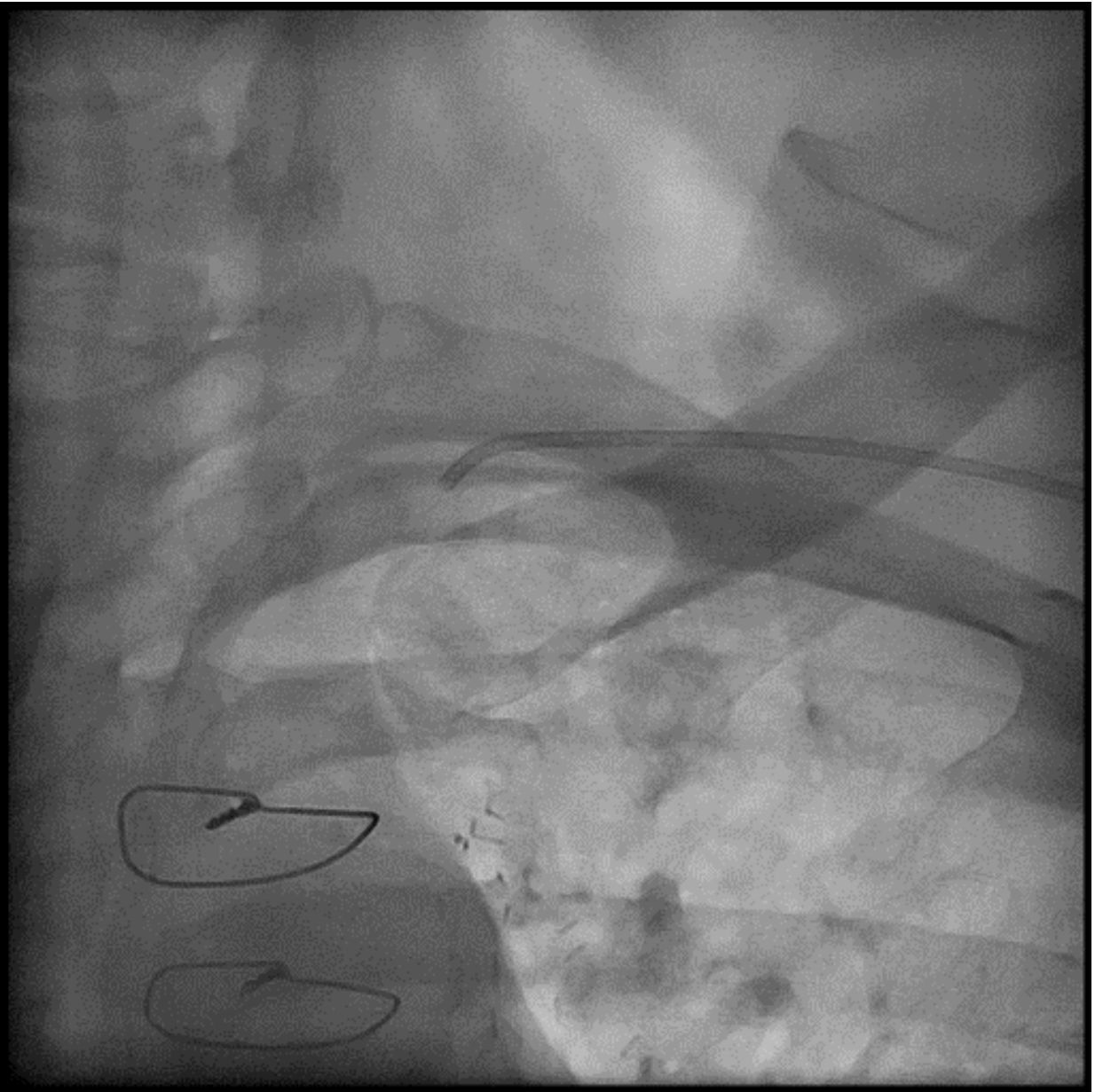
- Preserved LV & RV EF
- Dilated LA
- Mild MR
- Mild TR











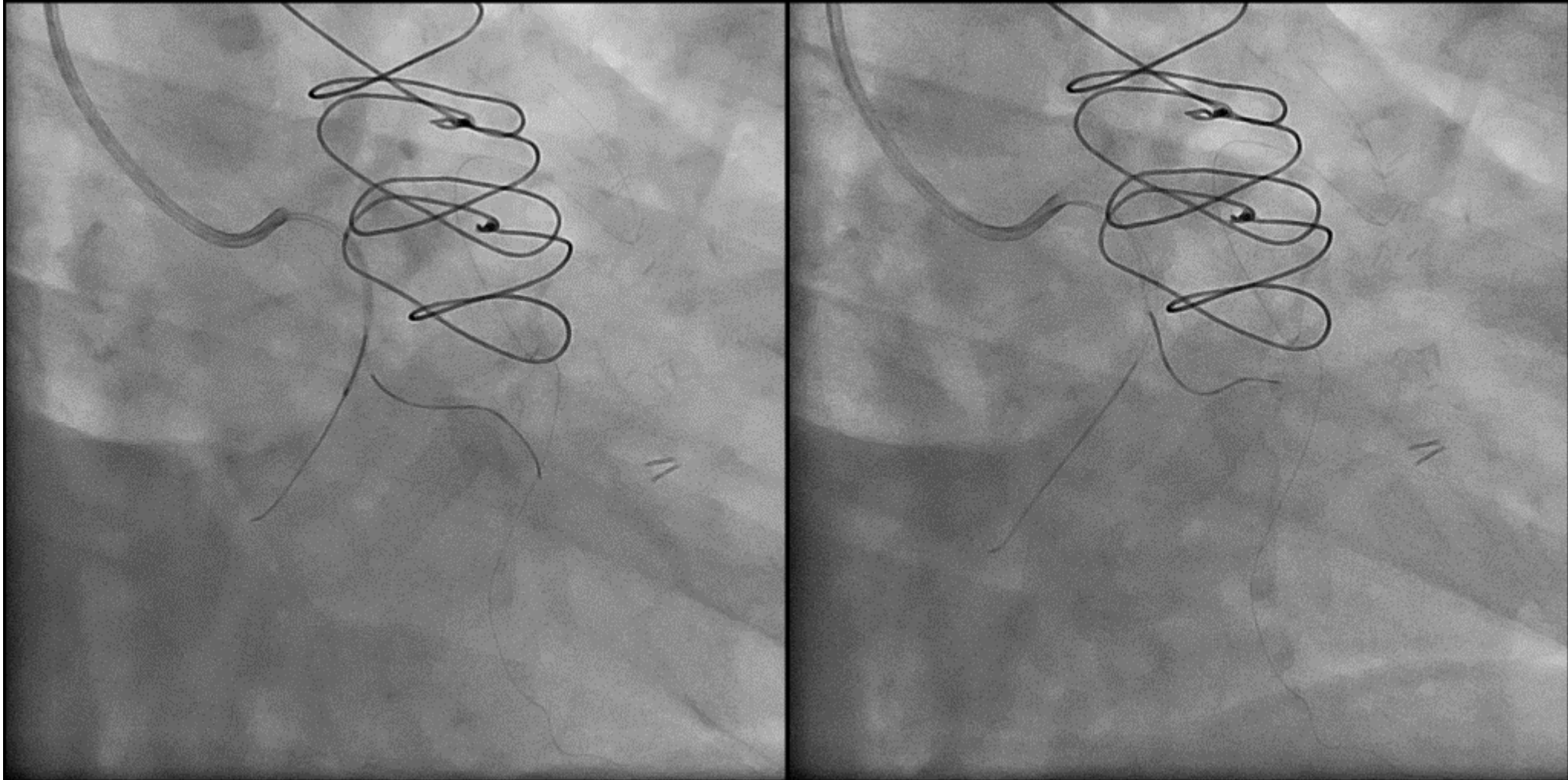
Summary of CAG

- LM: D/3 40% stenosis, **Bifurcation lesion (Medina 1,1,1)**
- LAD: Ostium 80% stenosis, P/3 75% stenosis, **M/3 total occlusion**
- LCx: Ostium 50% stenosis, **P-M/3 tandem lesions with 80-95% stenosis**
- RCA: P/3 CTO
- LIMA to LAD: Failure
- SVG to OM: Failure
- SVG to RCA: **Bifurcation lesion (Medina 1,1,1) with 95% stenosis**

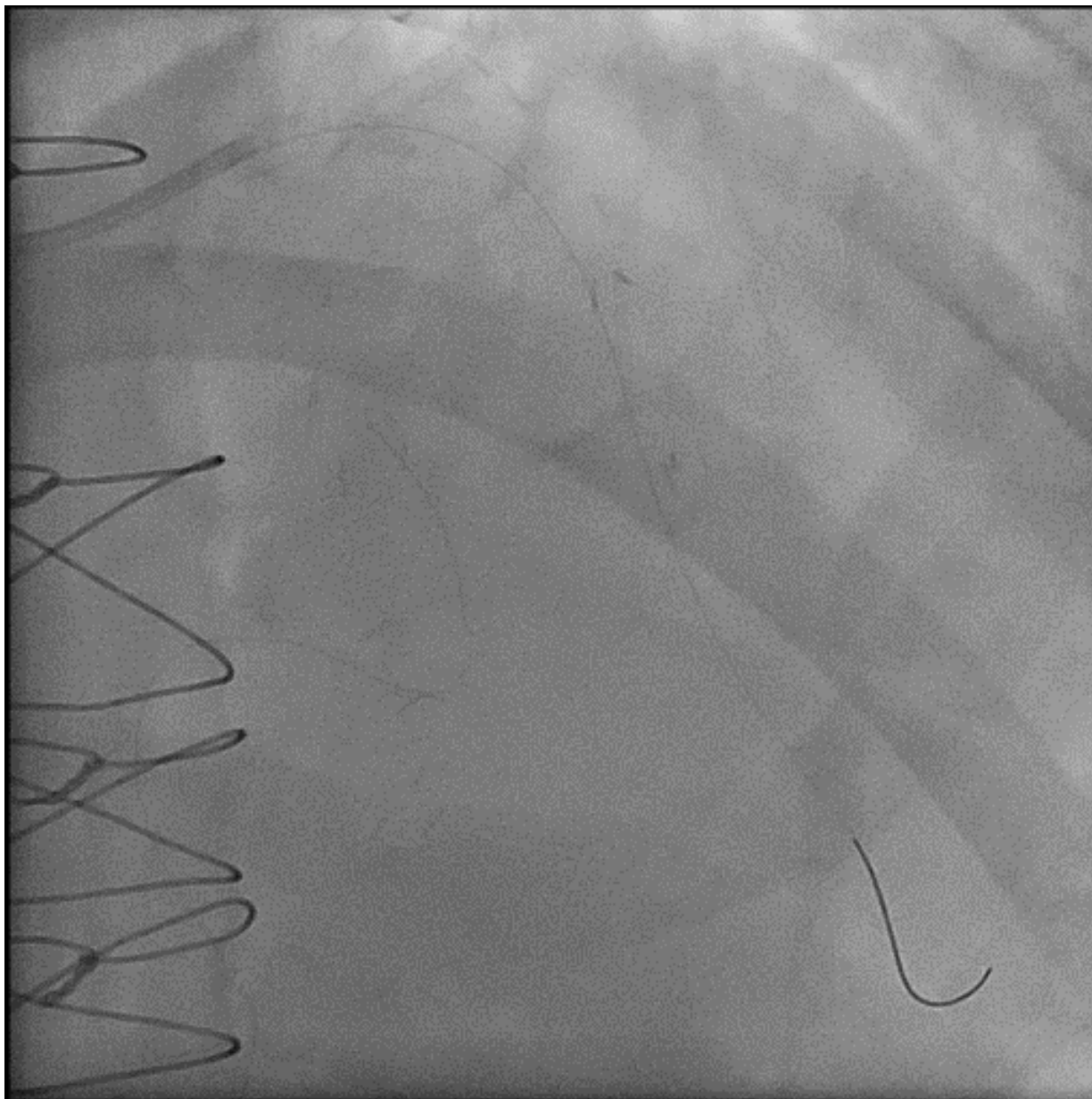
How should I treat ?

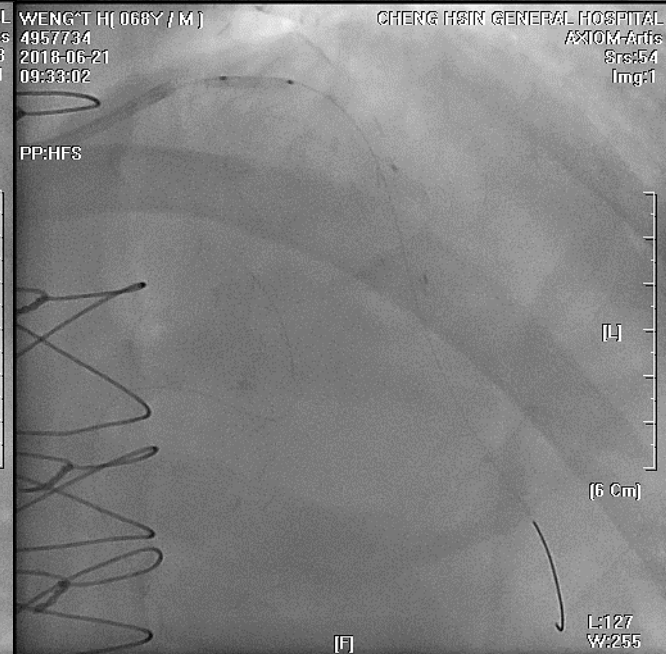
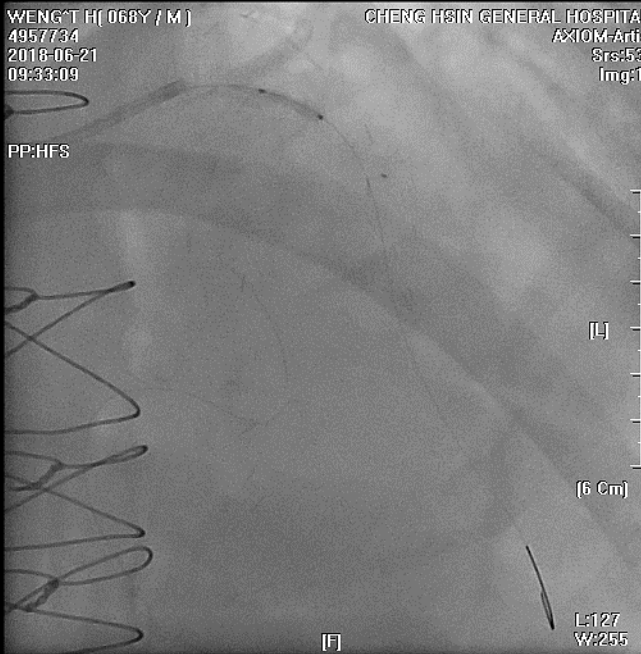
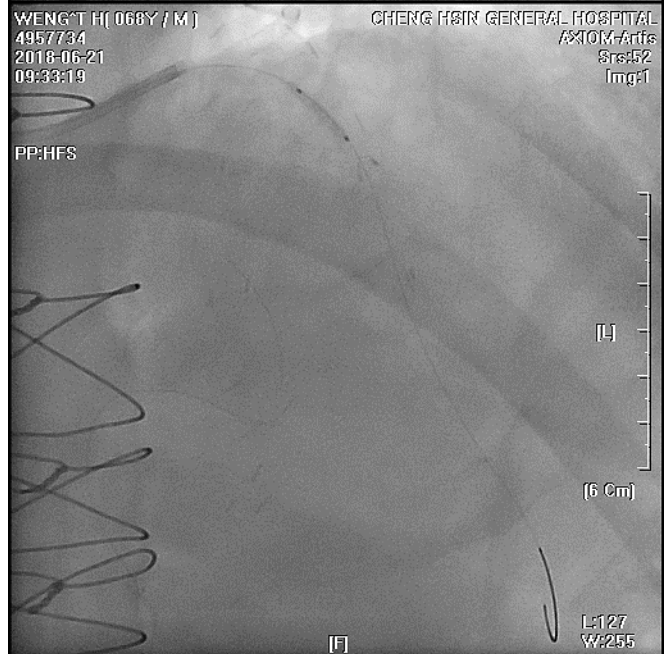
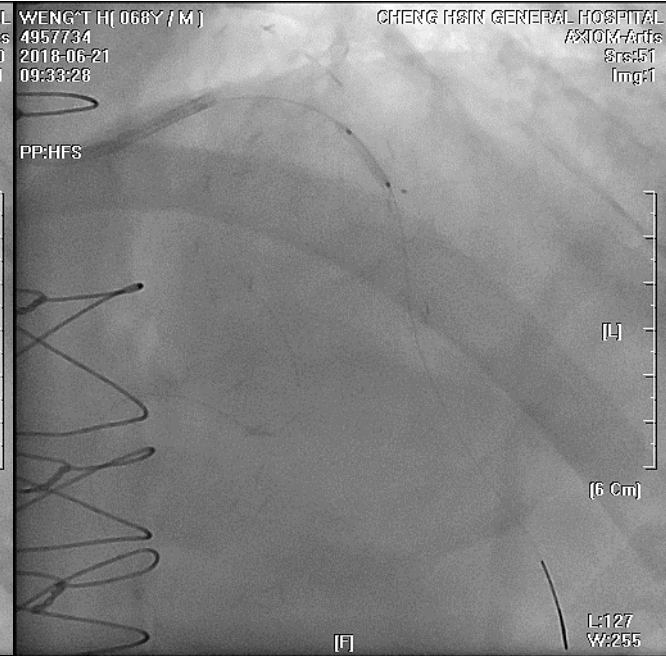
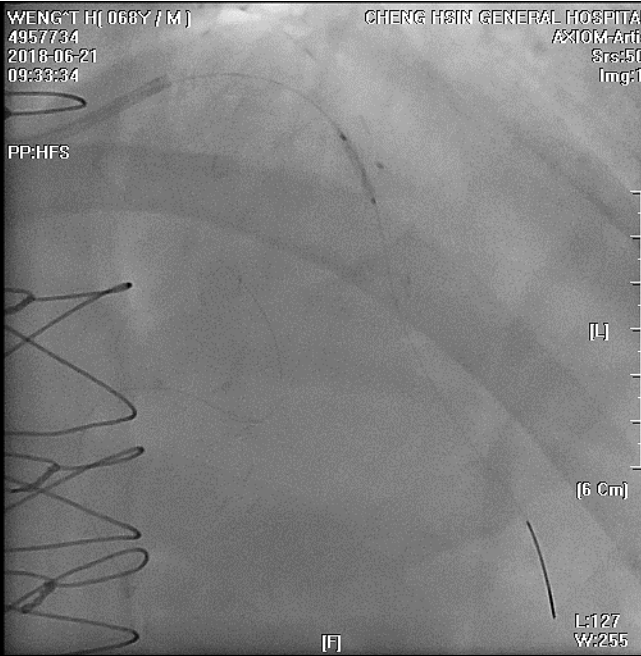
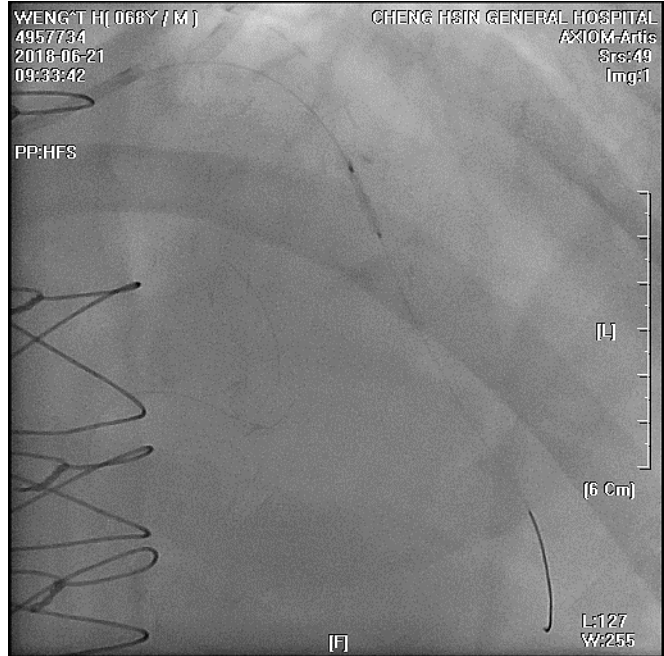
- What is the culprit lesion?
- SVG to RCA (or RCA), LAD, or LCx first?
- What kind of stenting technique for the bifurcations?
- Did I need embolic protection devices for PCI of SVG?

POBA followed by stenting with DES 2.75 x 30mm

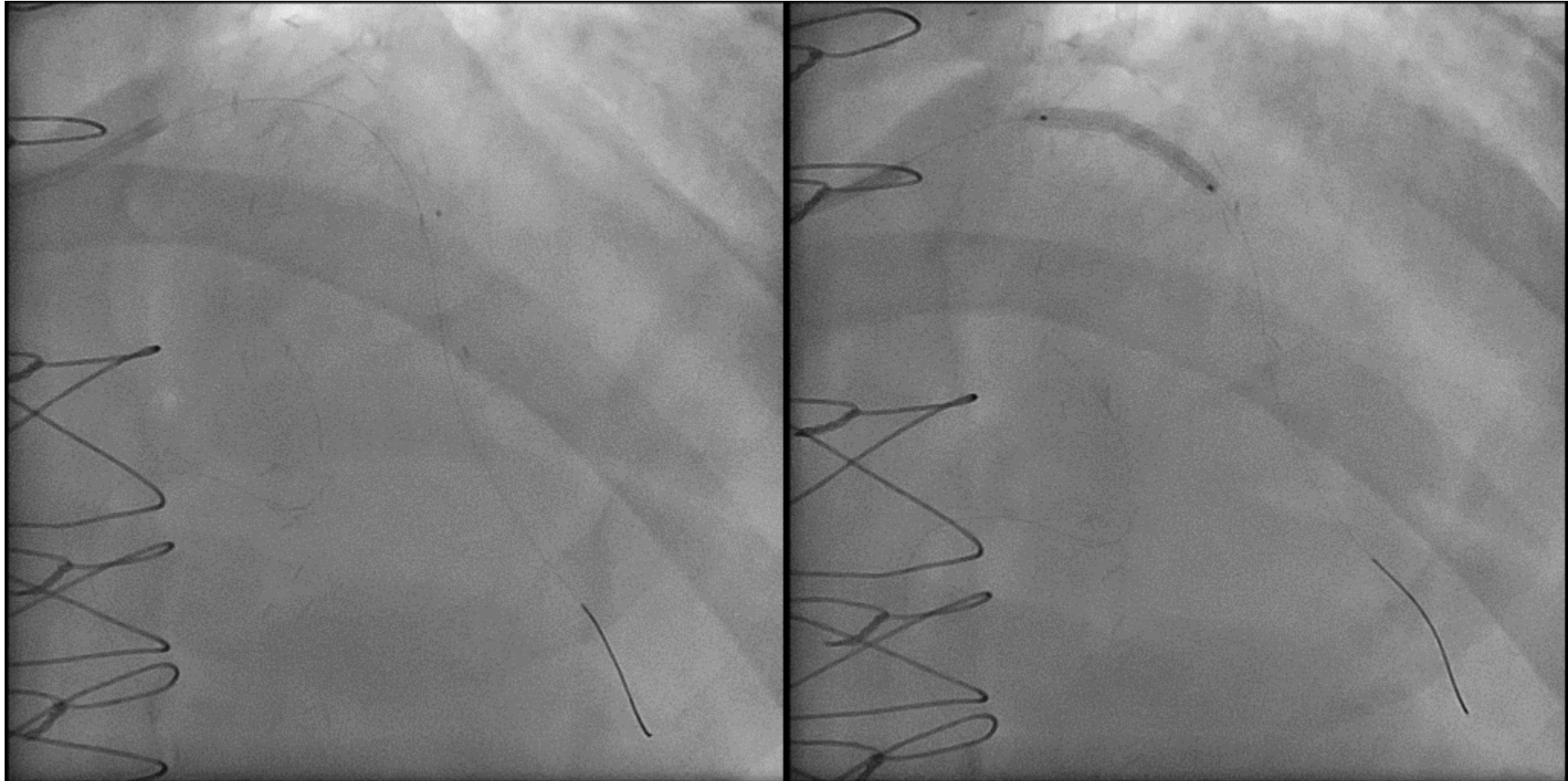


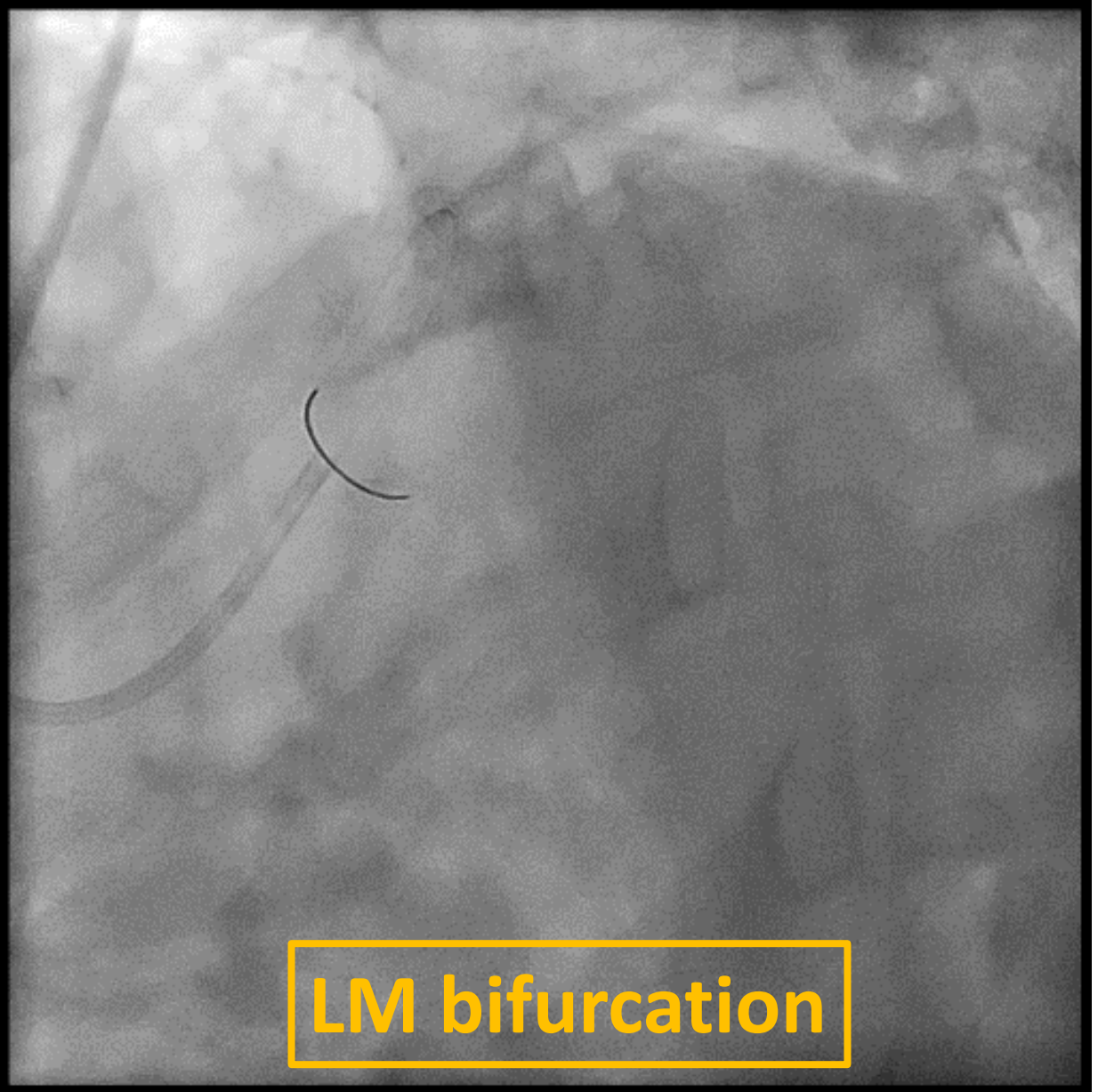
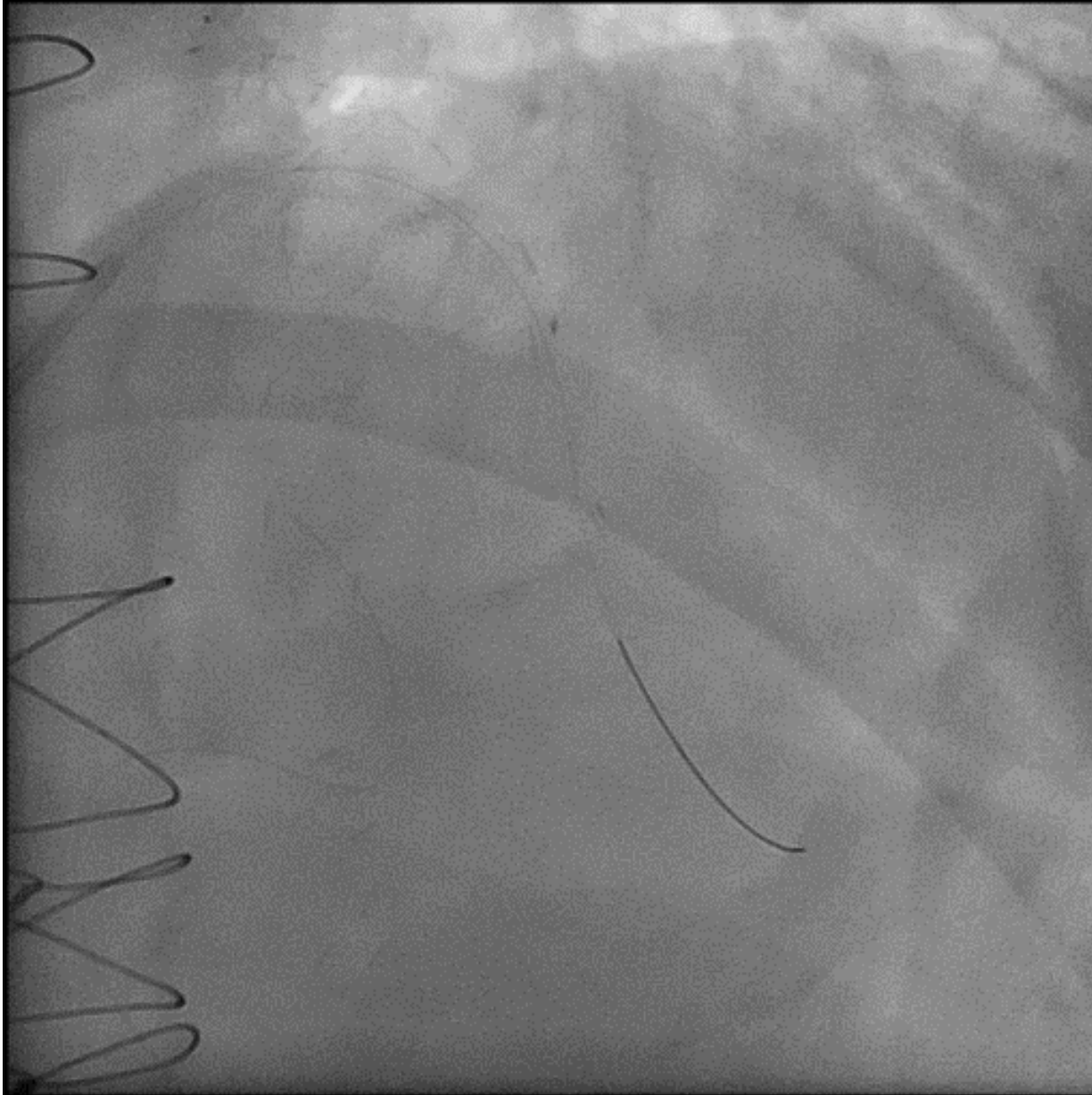
Post LAD wiring



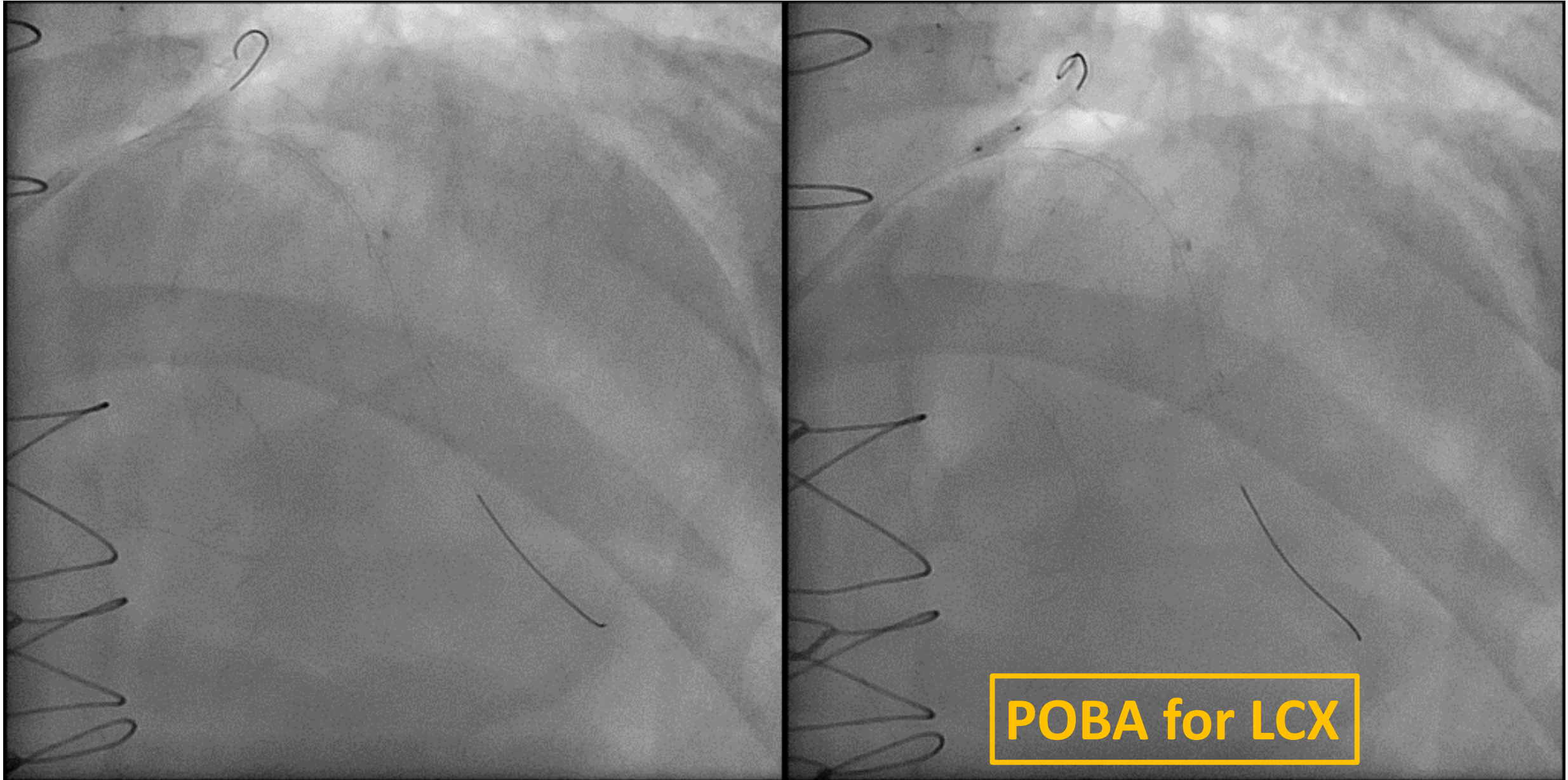


stenting with DES 2.75 x 26mm





LM bifurcation



POBA for LCX



DES 3.5 x 16 mm

post LM-LCX stenting



Rewiring & open strut



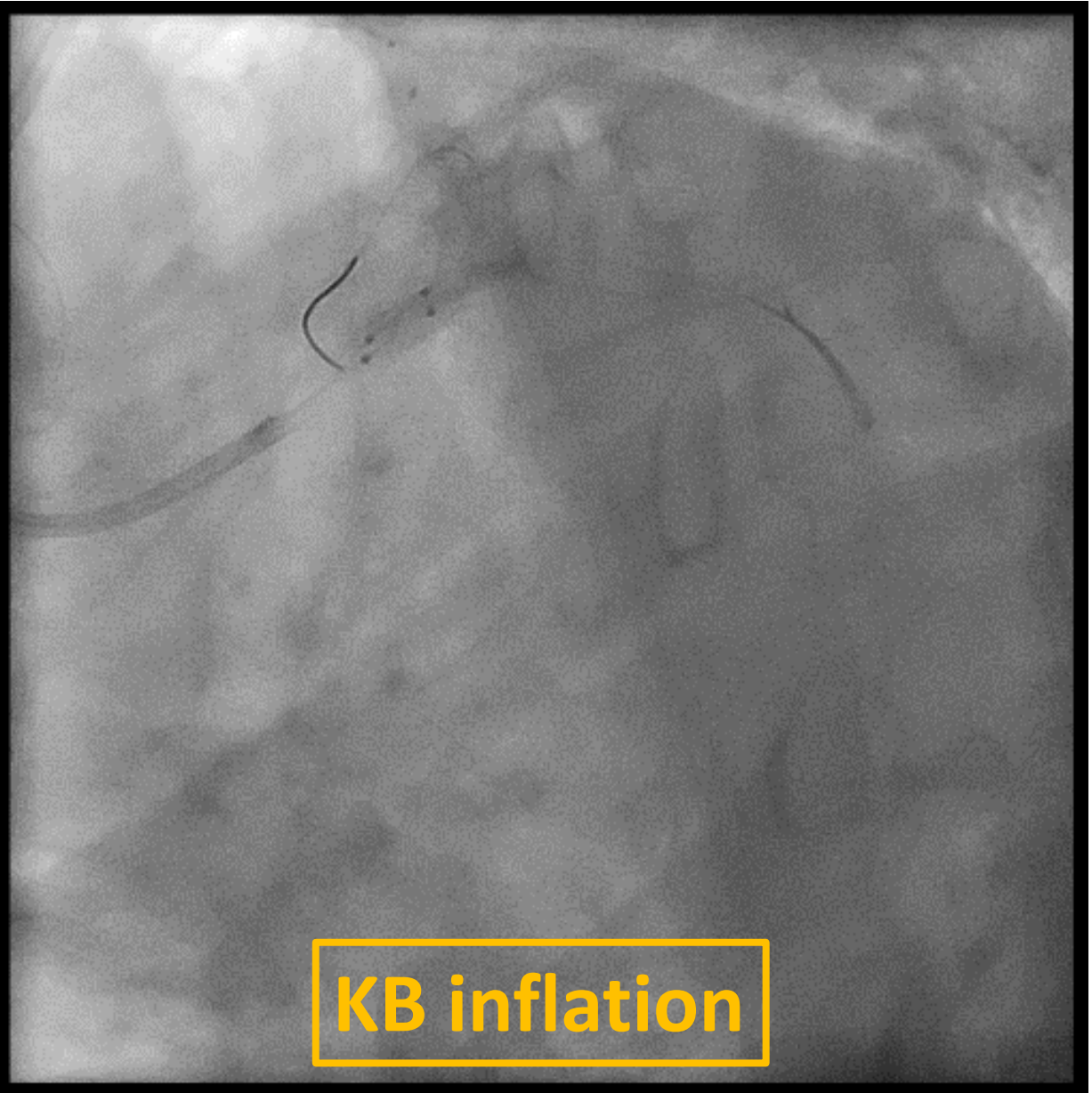
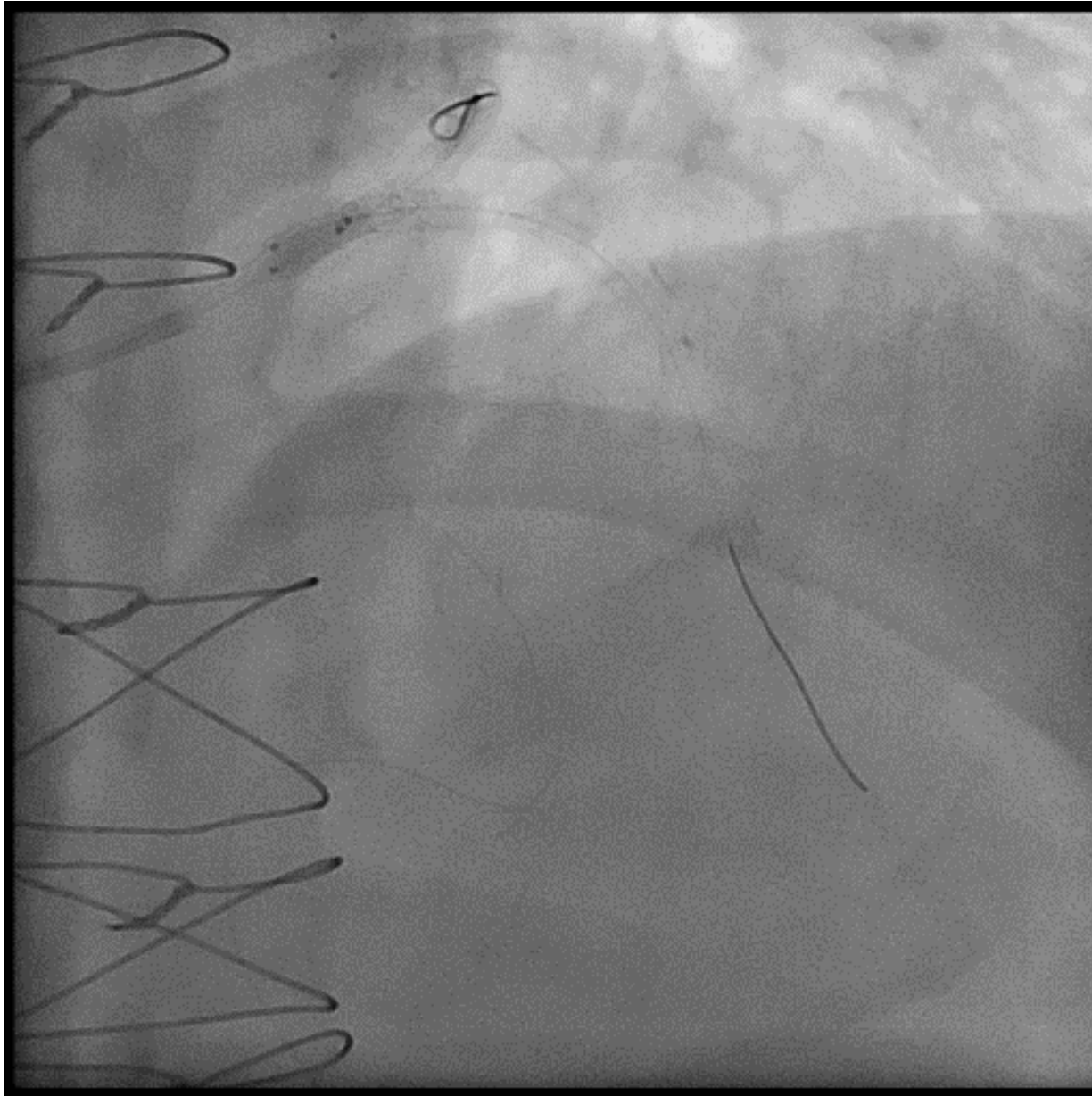
DES 3.5 x 16 mm

This is a grayscale angiogram of the left anterior descending (LAD) artery. A dark, elongated shape in the center represents a drug-eluting stent (DES) that has been placed to treat a stenosis. The stent is positioned between two coronary artery bifurcations. The vessel lumen is visible as a lighter area within the stent's struts. Hand-drawn black lines on the left side of the image outline the coronary tree, including the LAD and its branches. A small black circle is drawn on the vessel wall above the stent, likely indicating the site of the stenosis.

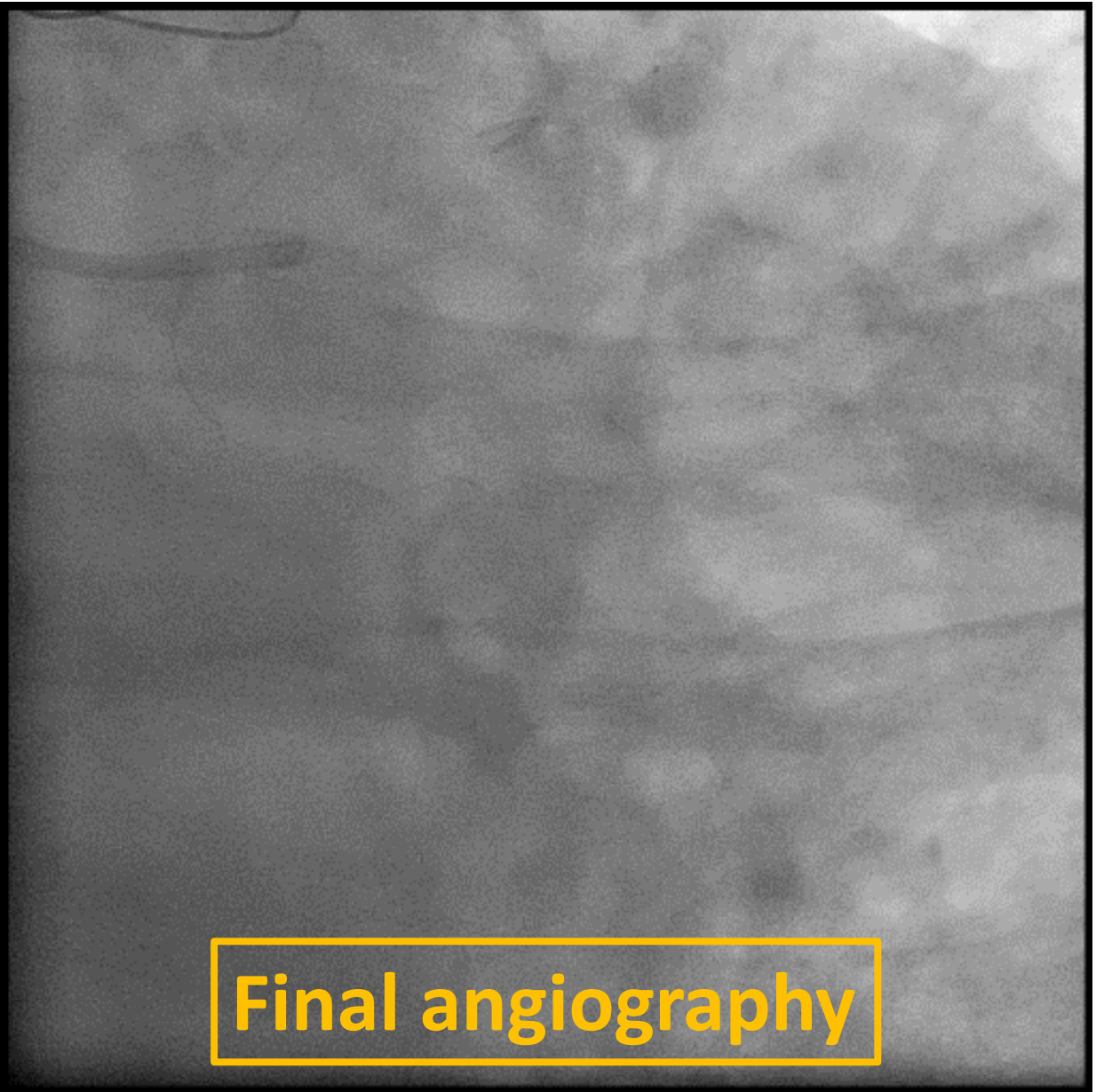
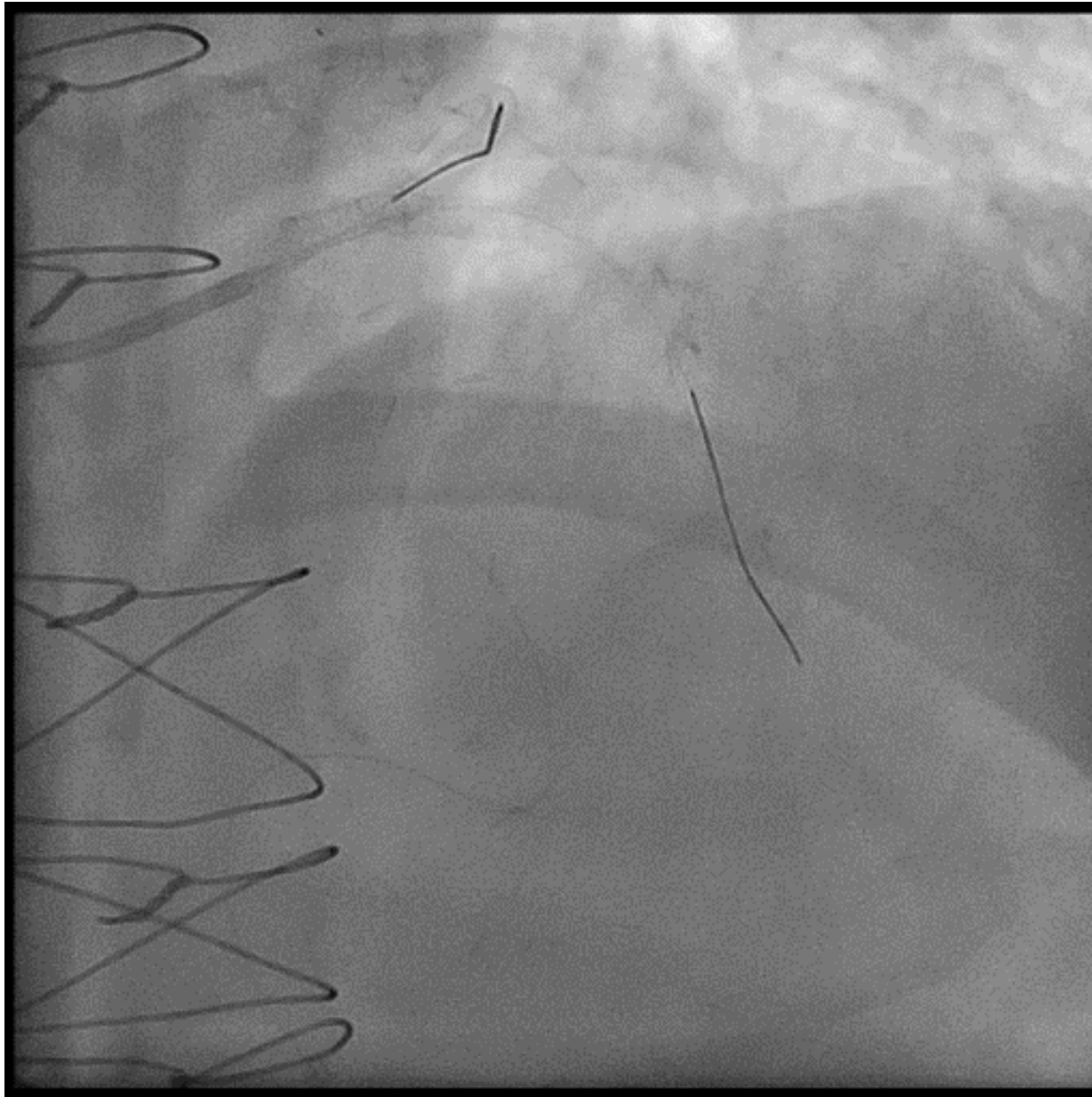


post LM-LAD stenting

This is a grayscale angiogram of the LAD artery, showing the result of percutaneous coronary intervention (PCI) using a laser-guided atherectomy (LM) catheter. The stenosis seen in the previous image has been treated, and the vessel lumen is now significantly larger and more uniform in diameter. The same anatomical landmarks, including the bifurcations and the hand-drawn outlines of the coronary tree, are visible. The small black circle from the previous image is still present, showing the improved flow and vessel wall characteristics after the procedure.

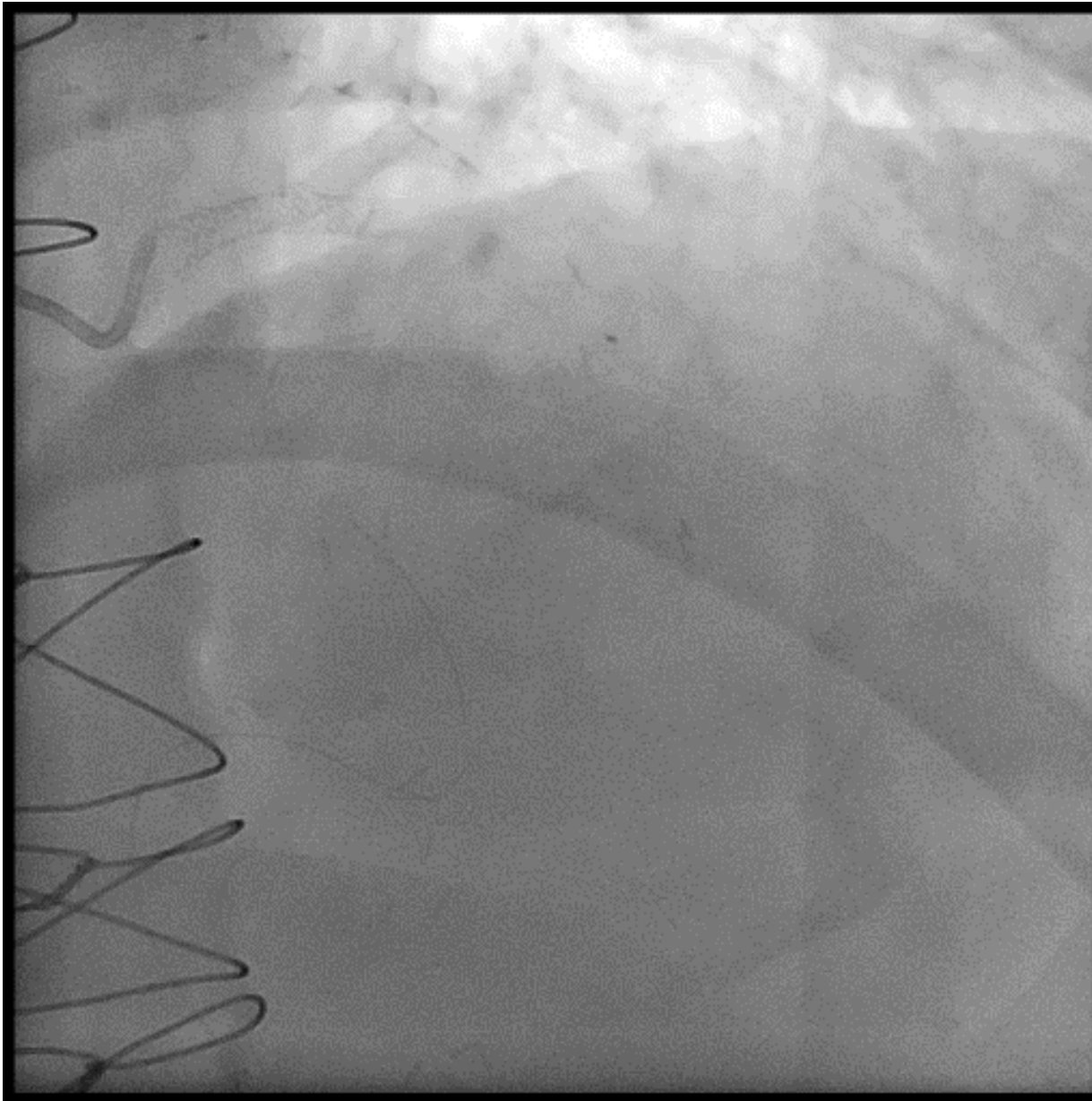


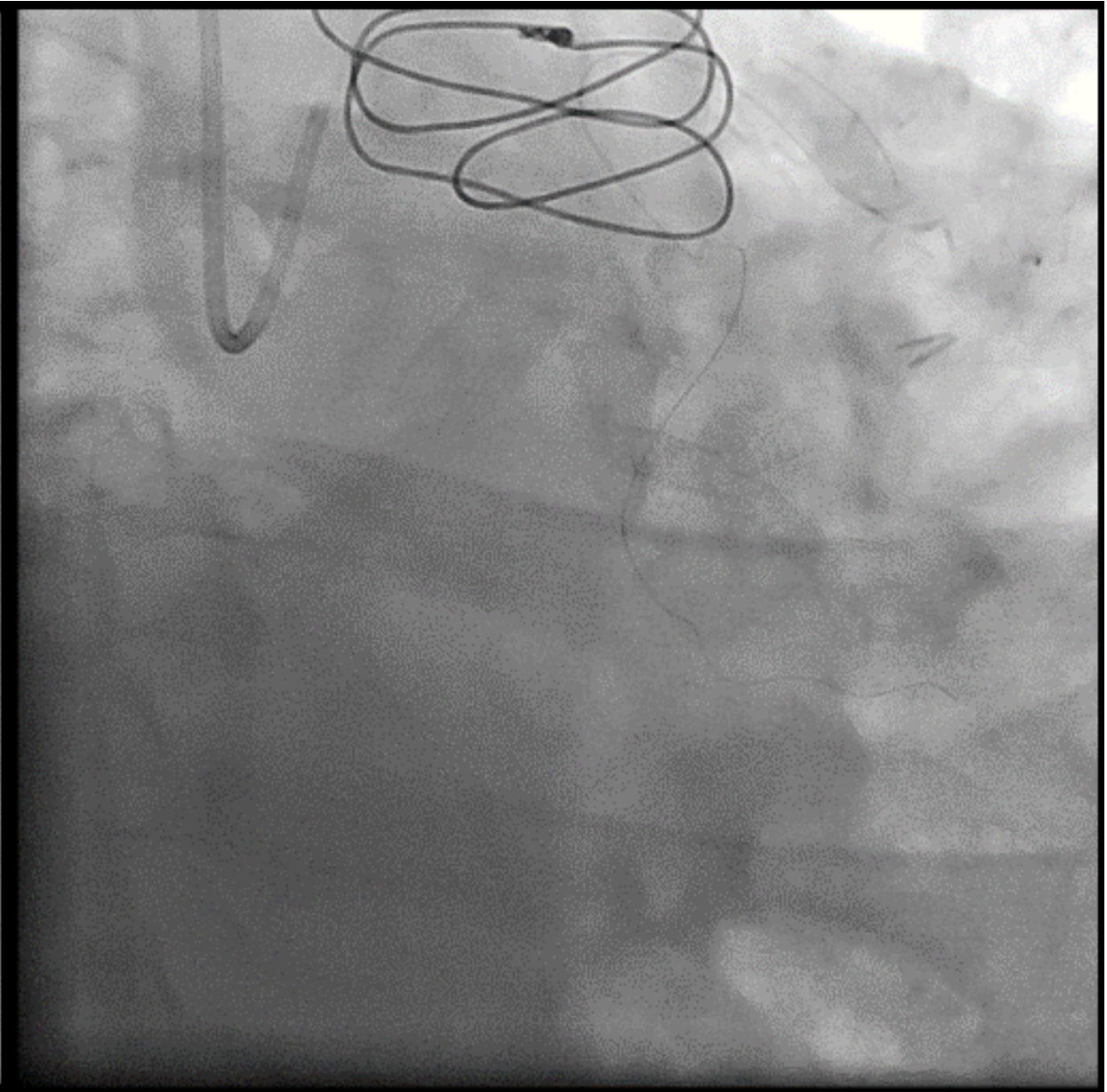
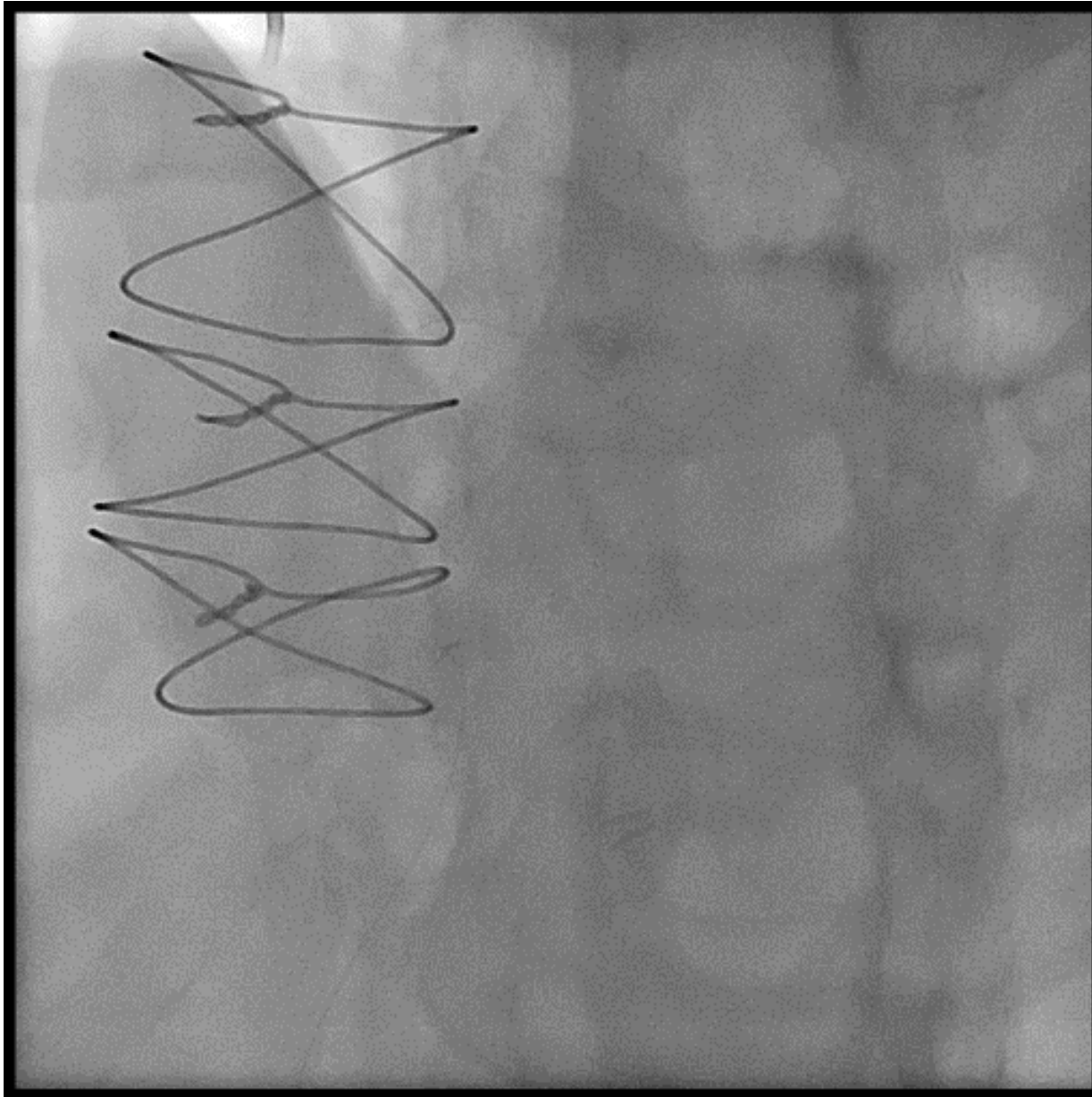
KB inflation



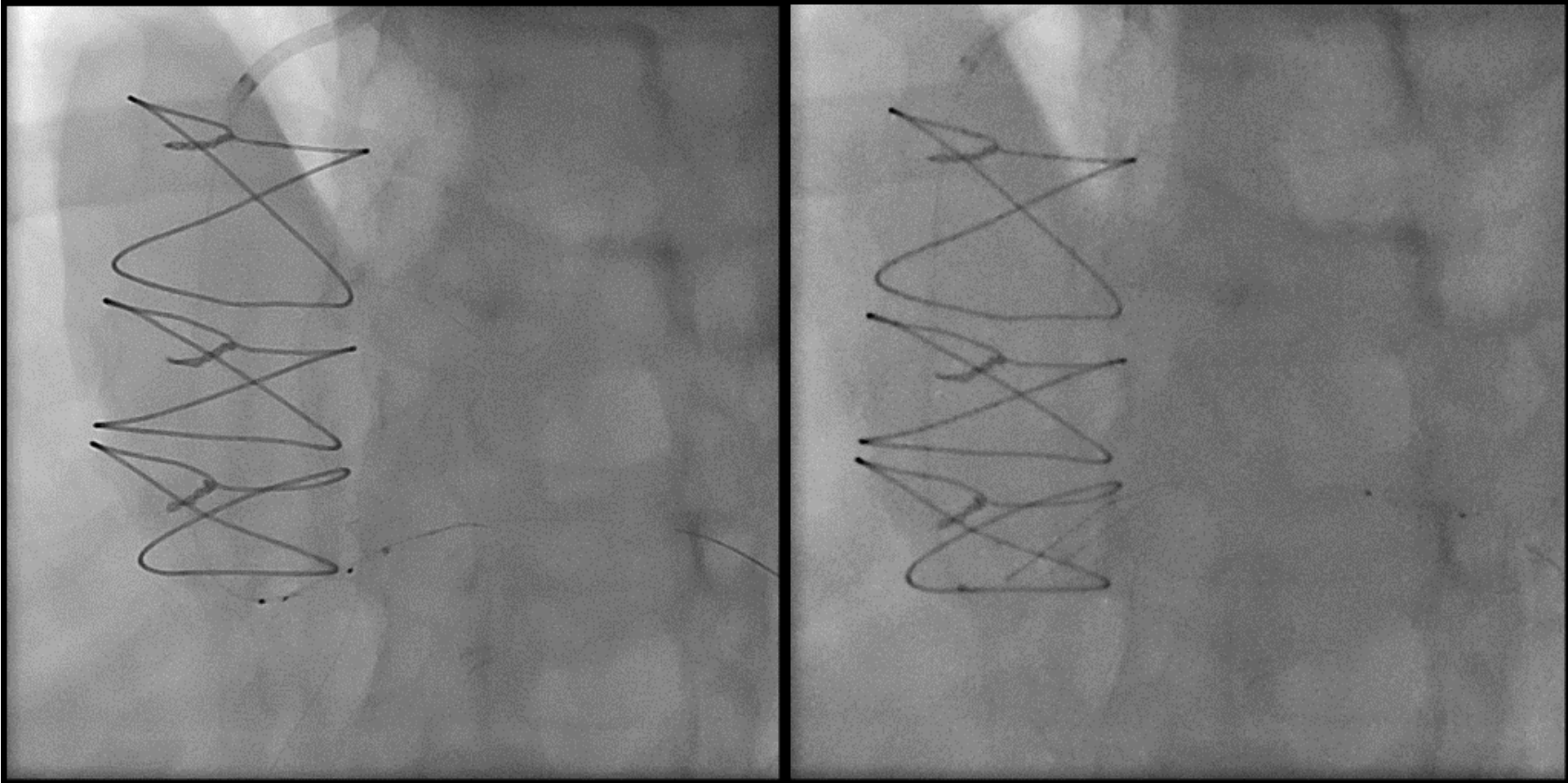
Final angiography

One month later

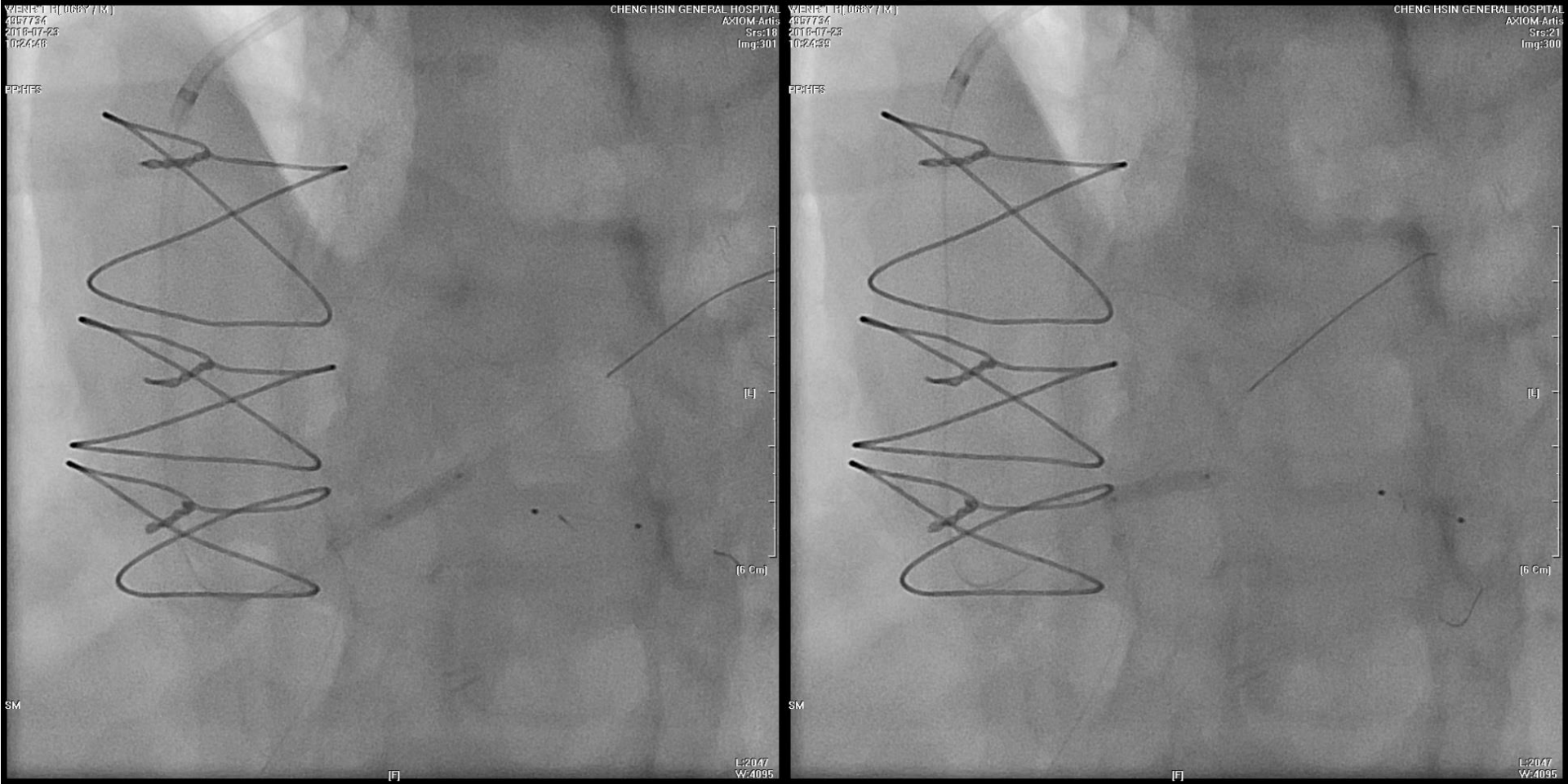




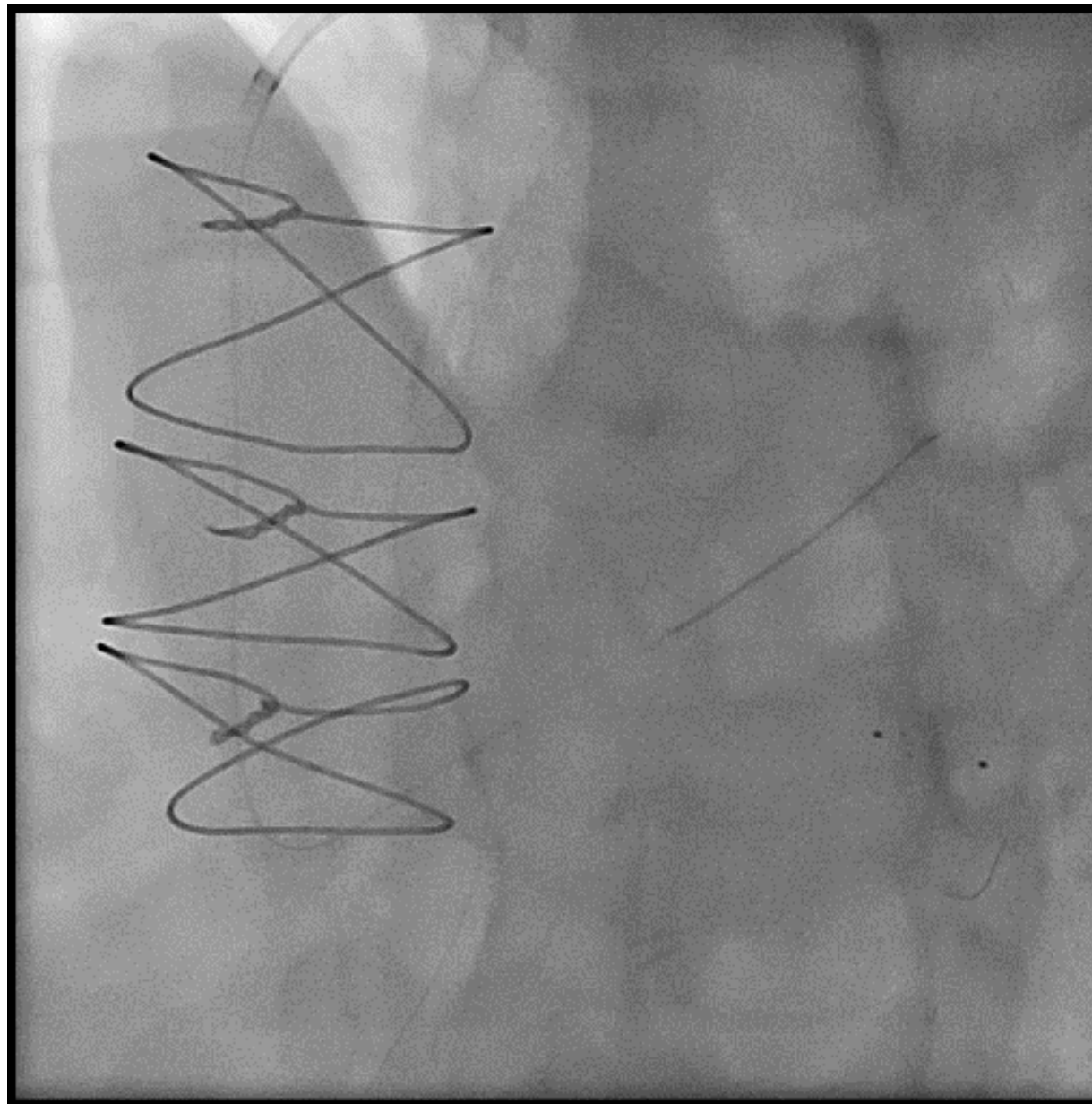
Spider Fx to PDA



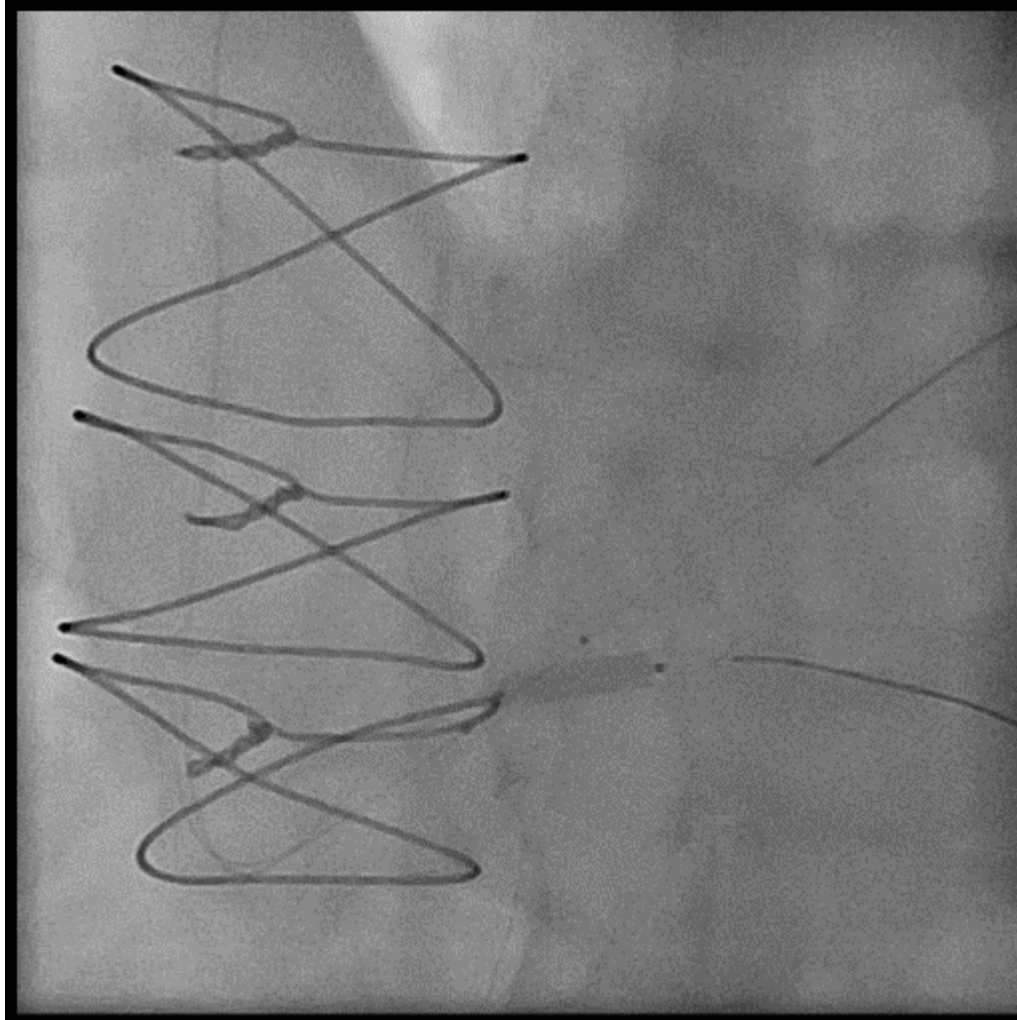
POBA for PL and PDA with balloon 3.0 x 15 mm



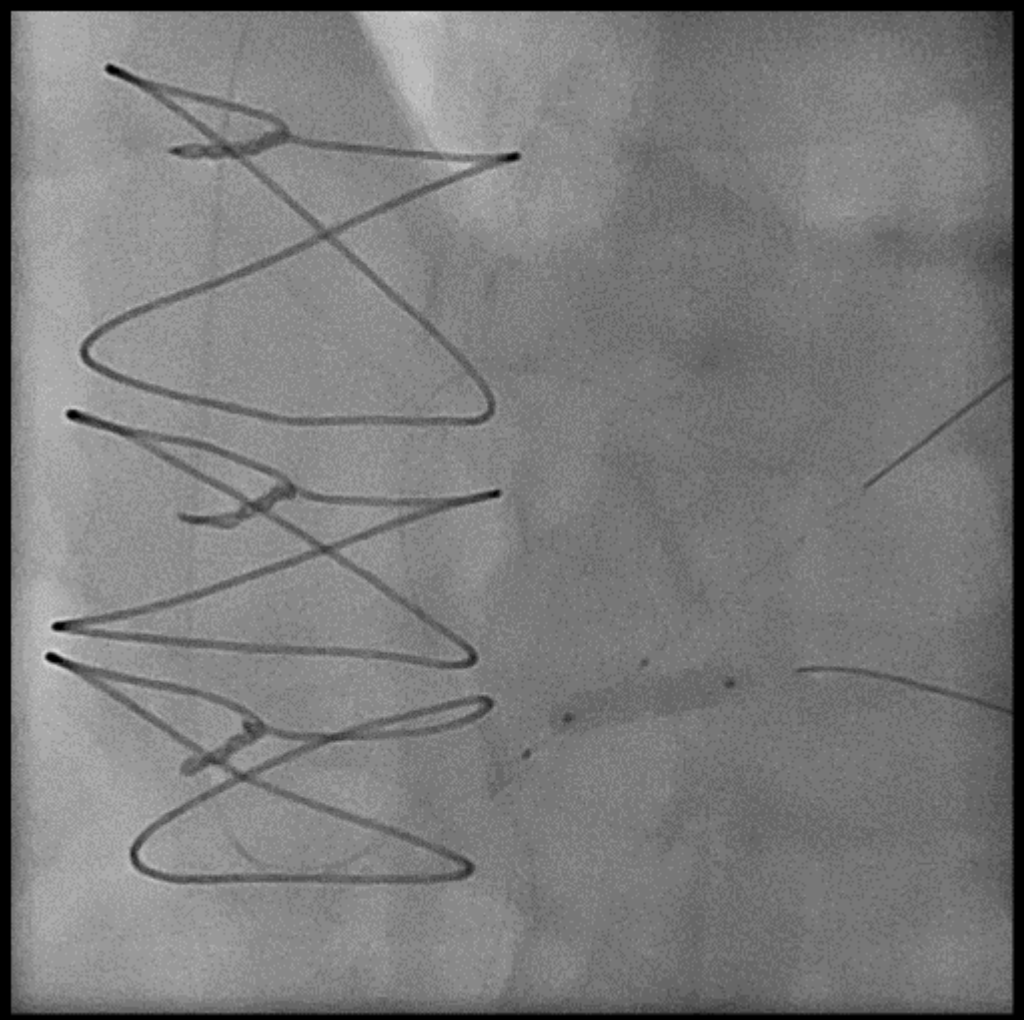
Post POBA for PL and PDA



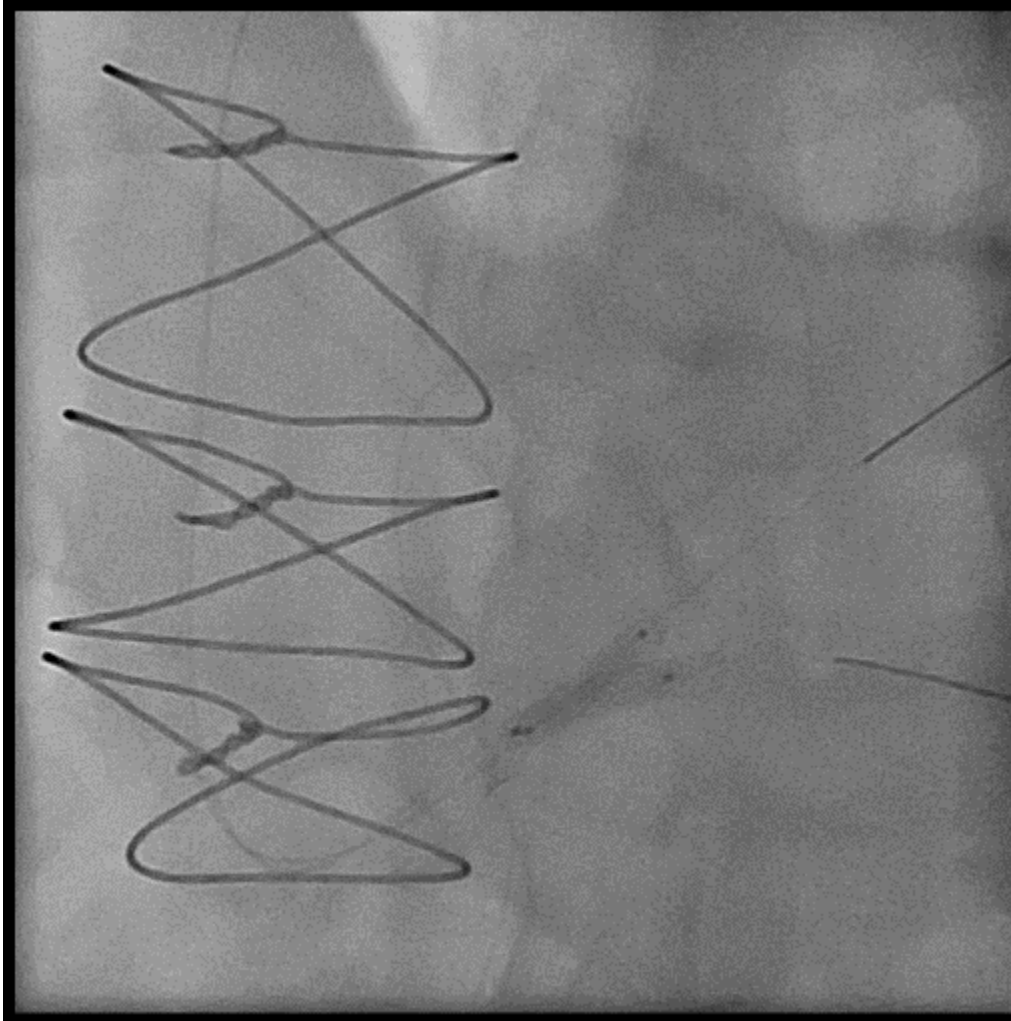
DES 3.0 x 12 mm



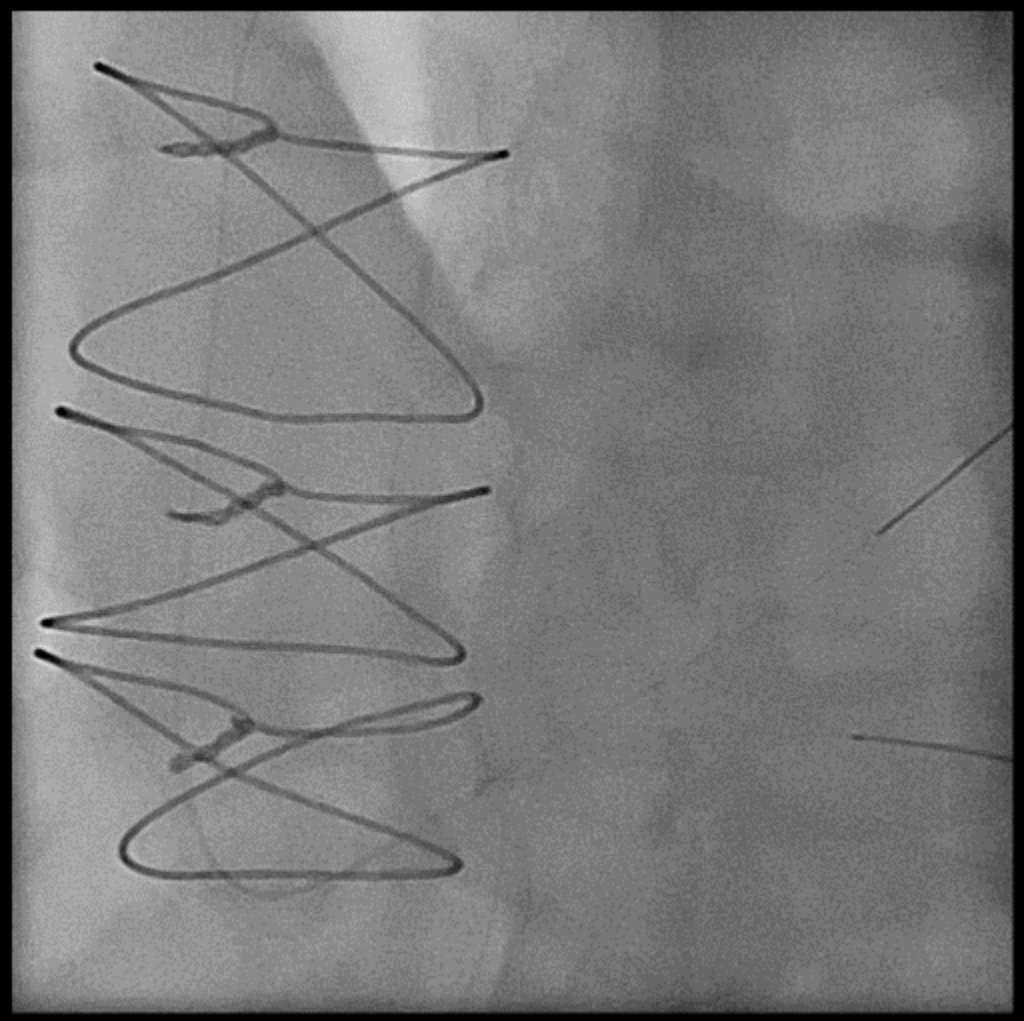
Stent crush



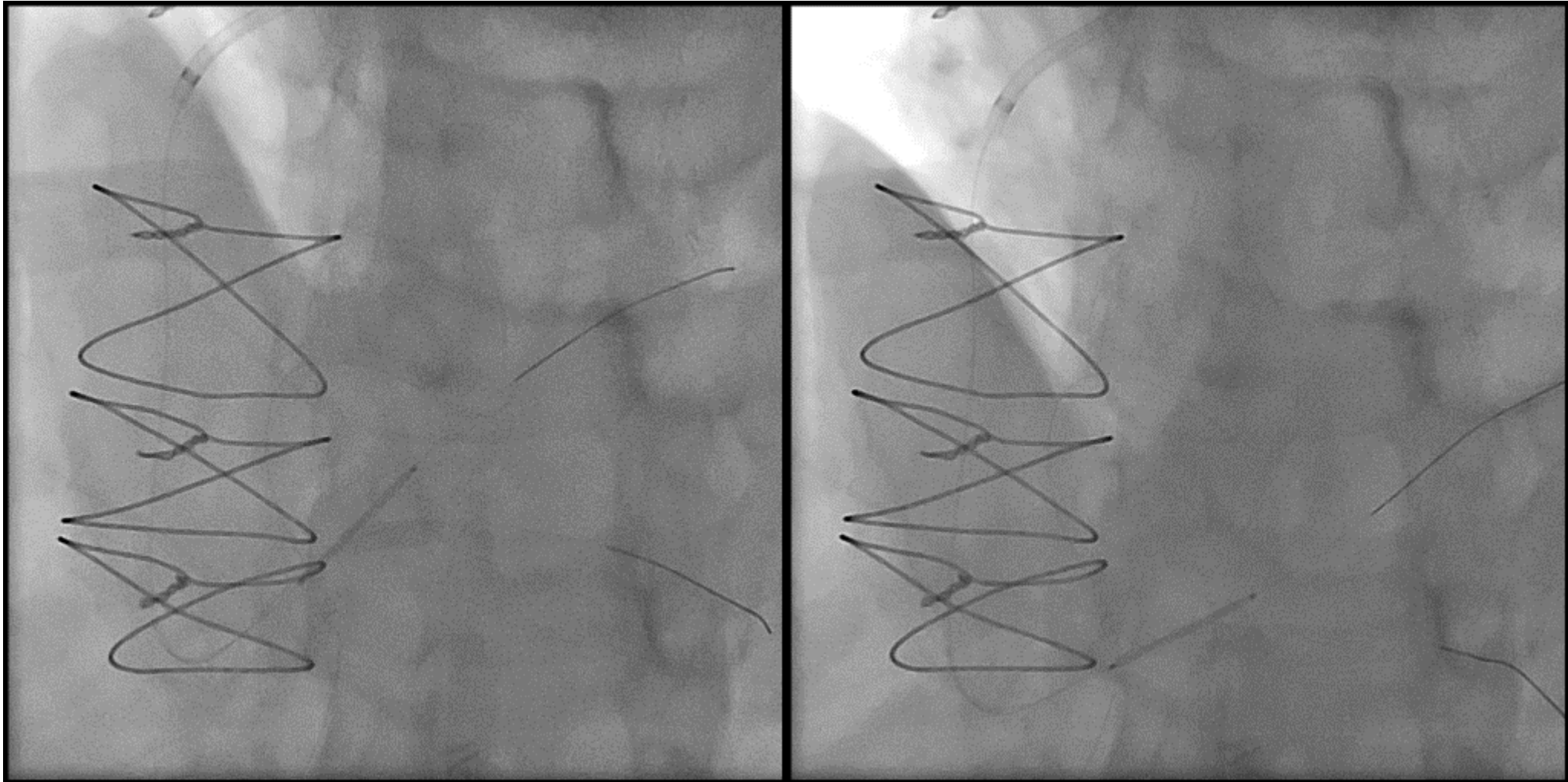
First KB inflation



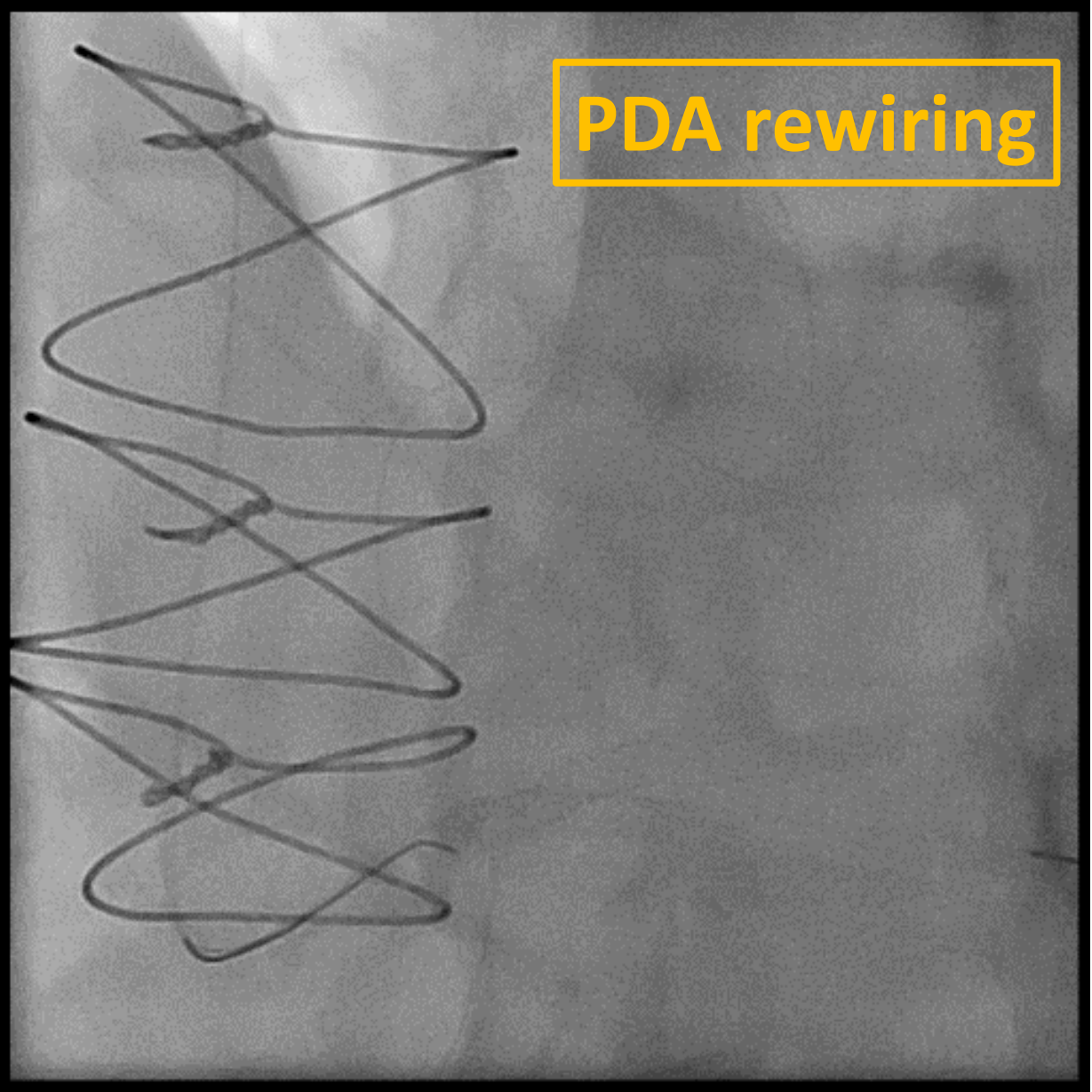
Post stenting for PDA

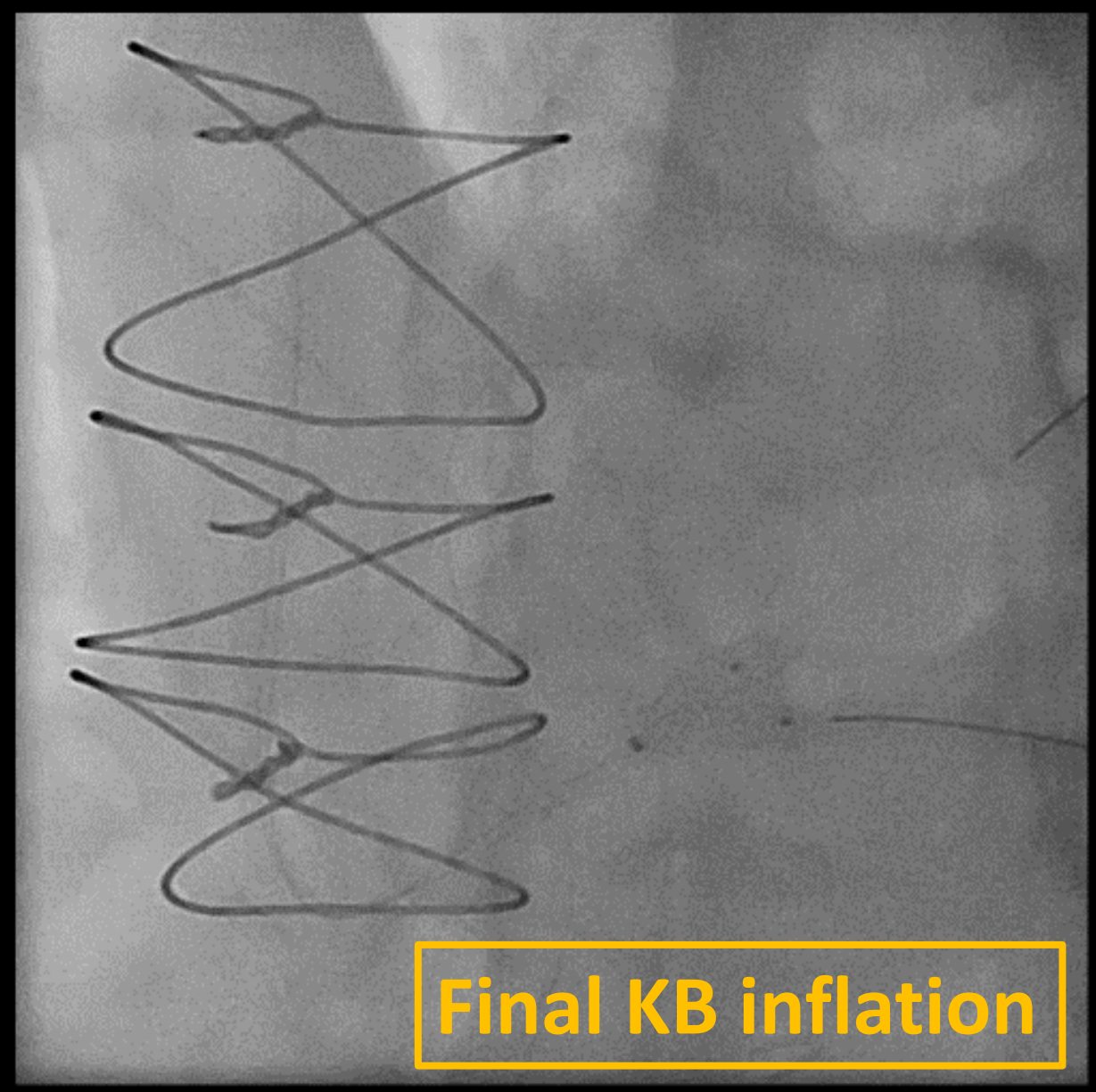
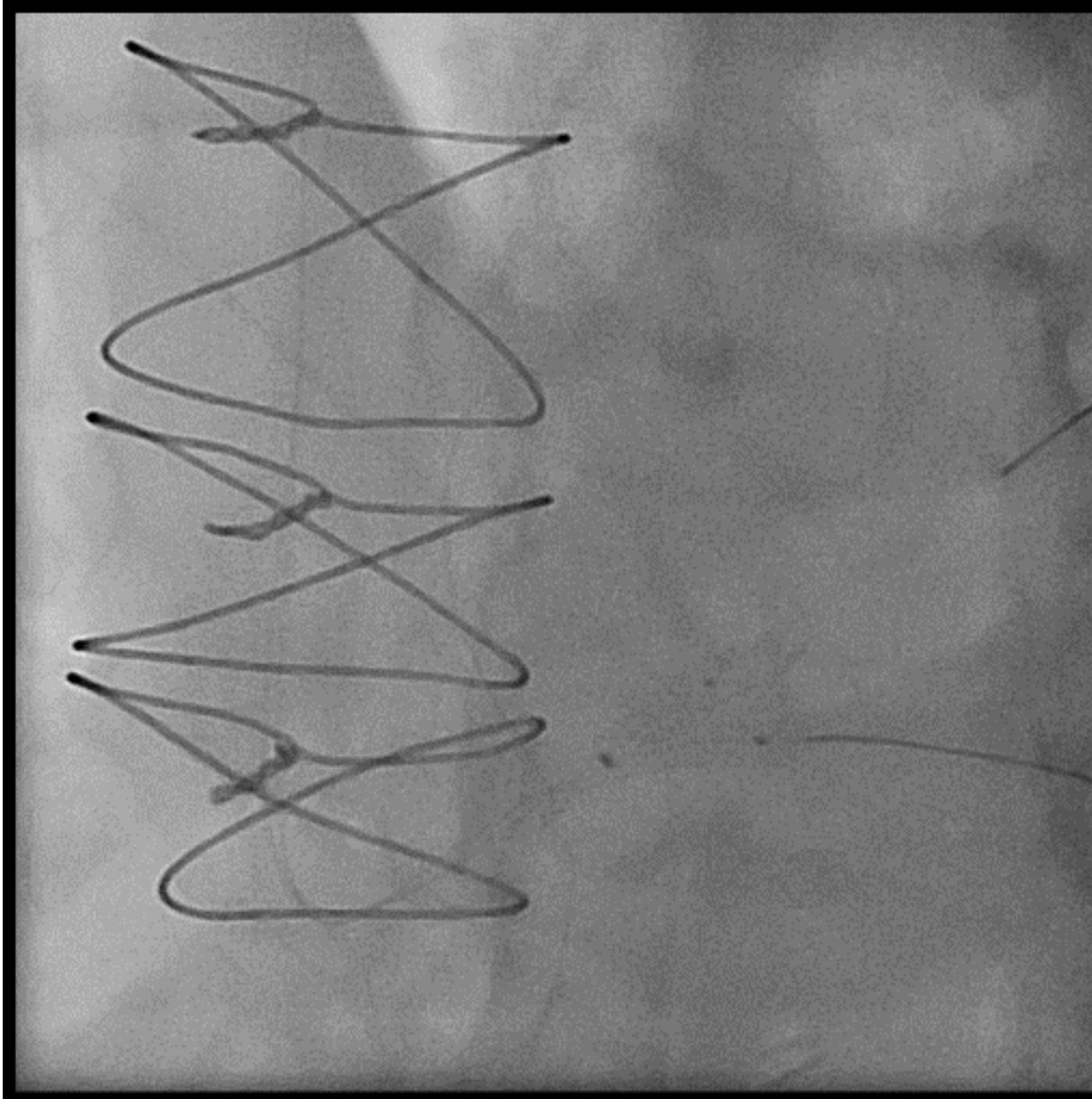


Stenting for SVG-PL with DES 3.0 x 24 mm

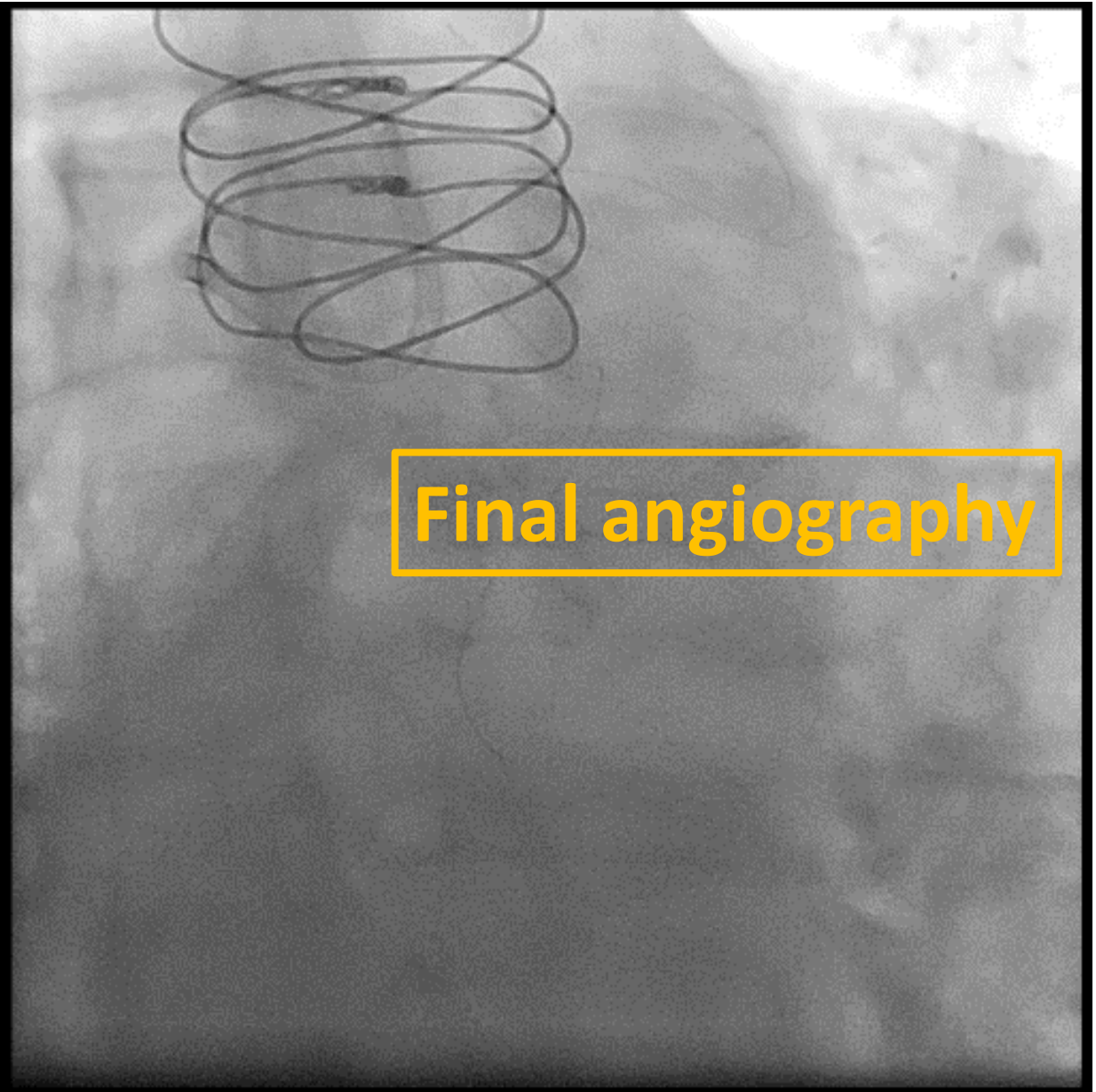
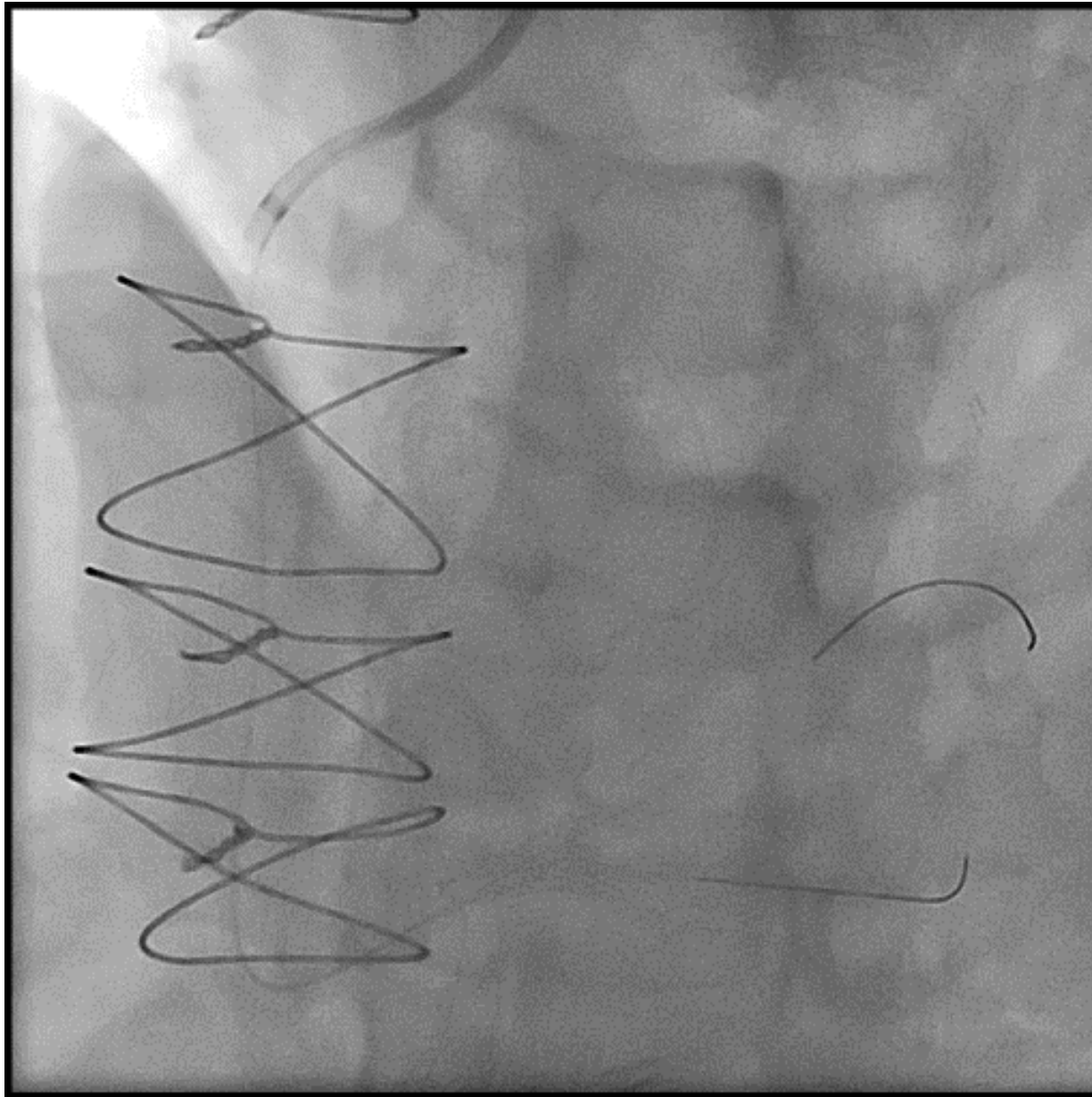


PDA rewiring





Final KB inflation



Final angiography

Thanks for your listening