

A Ruptured Plaque Is it Still Vulnerable?

Jun-Hyok Oh
Pusan National University Hospital

Case

- ❖ A 72 year-old female was referred for her cardiac risk assessment prior to gynecologic surgery
- Medical history
 - HTN, DM, CRF
- She had experienced effort-related chest pain with dyspnea for 2 years

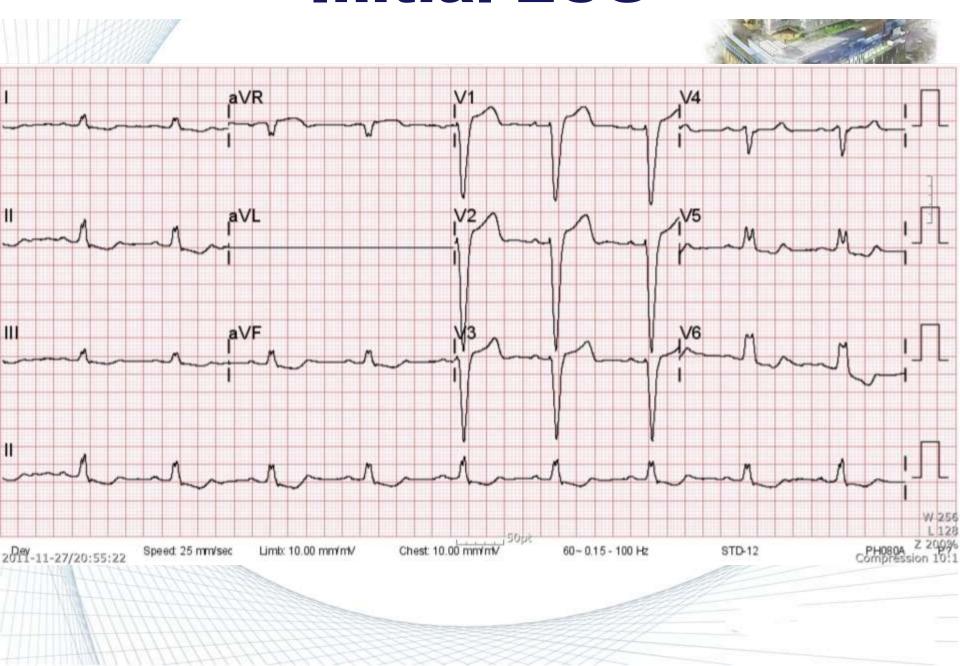
Physical & Lab Examination

- * 127/74 mm Hg, 74 bpm
- * 160 cm, 72.3 kg, BMI 28
- ♦ Hb 10.3 g/dL
- Cr 2.74 mg/dl
- eGFR 17.2 ml/min
- ❖ HbA1c 7.9%

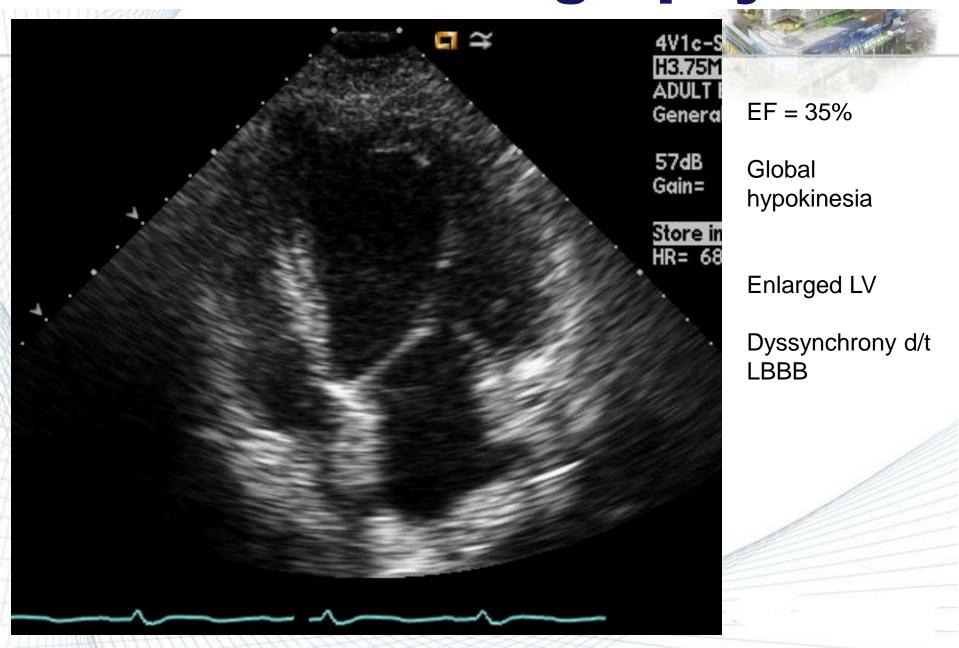
Initial Chest X-ray



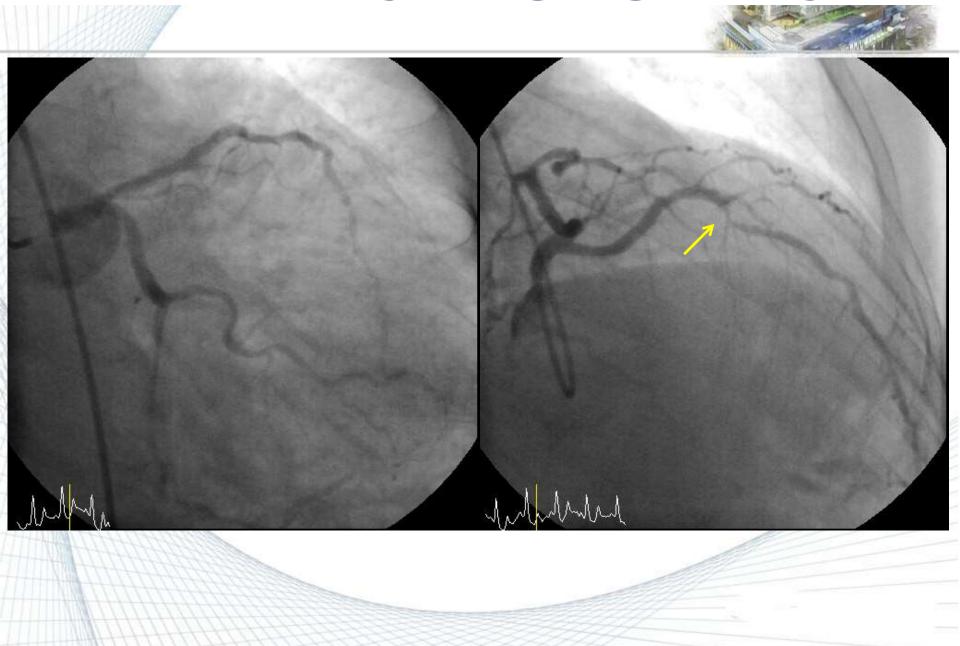
Initial ECG



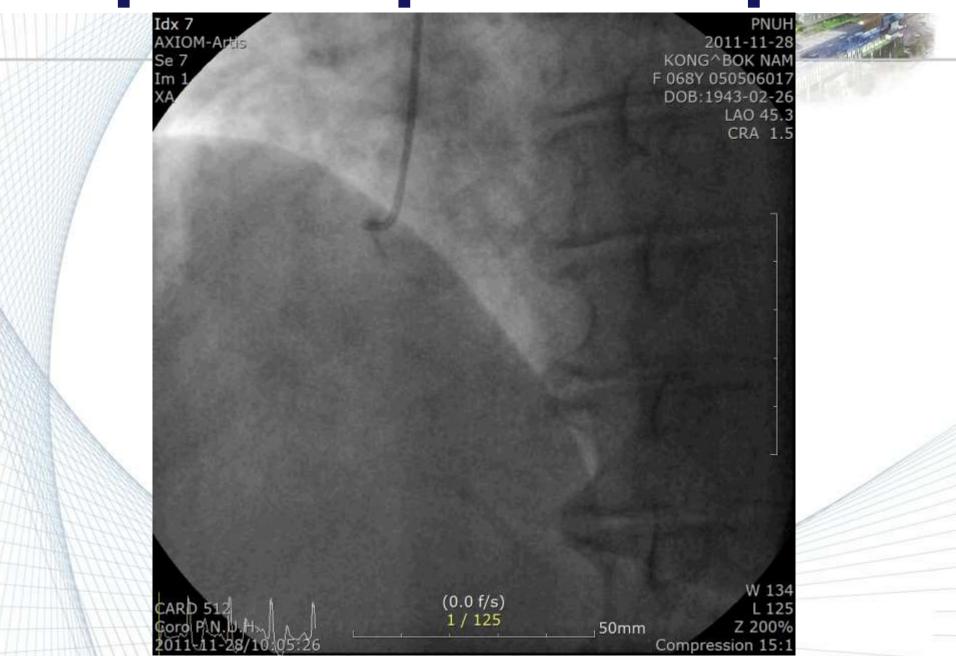
Echocardiography



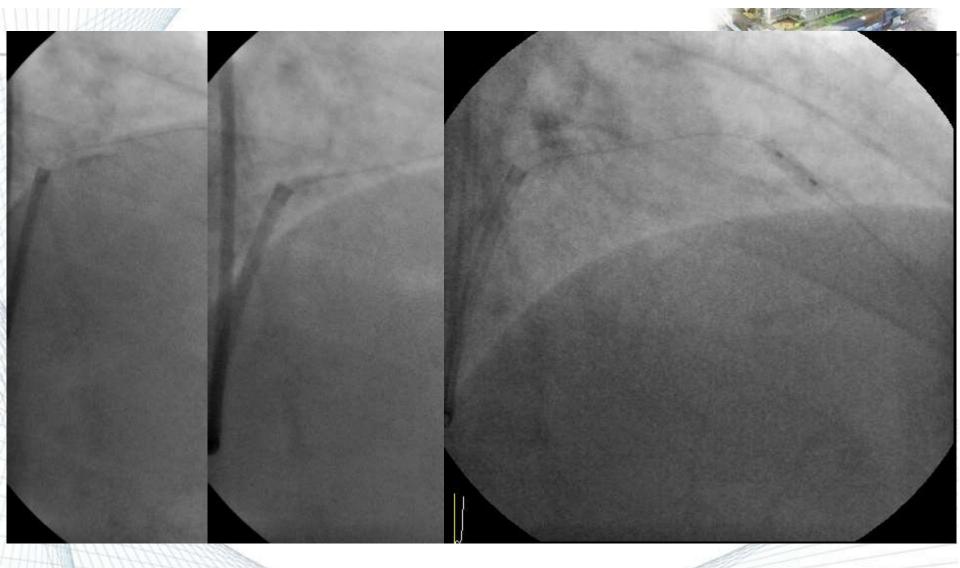
Coronary Angiography



pRCA Ruptured Plaque



Procedure: LAD

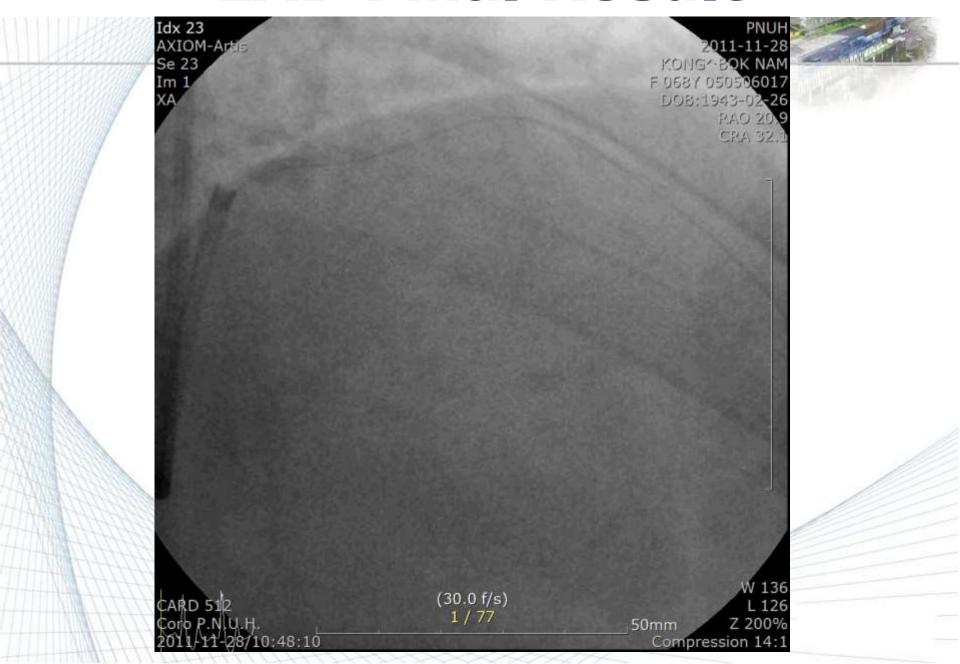


Ryujin 2.5x15mm

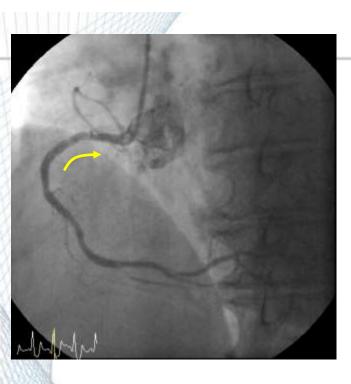
Resolute Integrity 3.0x22 mm

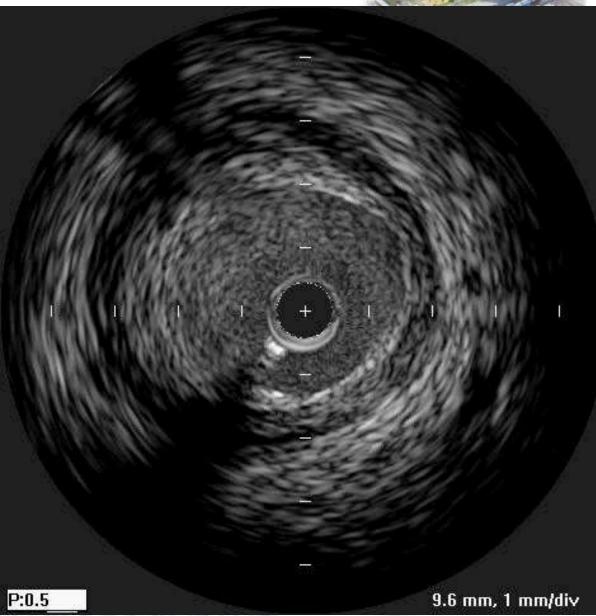
Adjuvant balloon

LAD Final Result



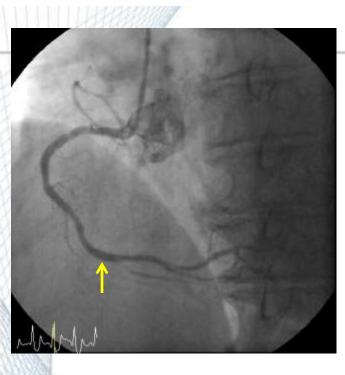
RCA





❖ MLA 2.6 mm²

RCA FFR



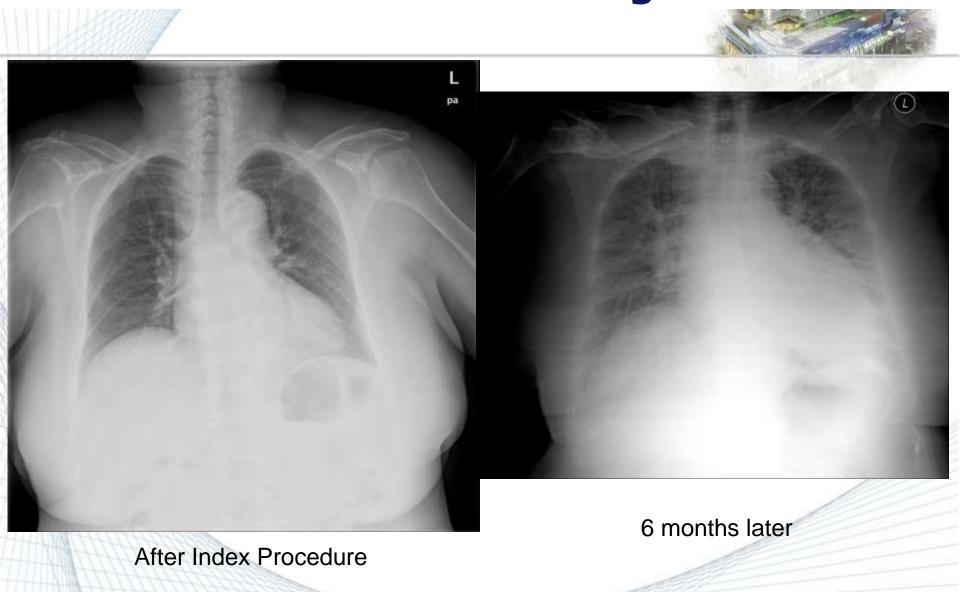




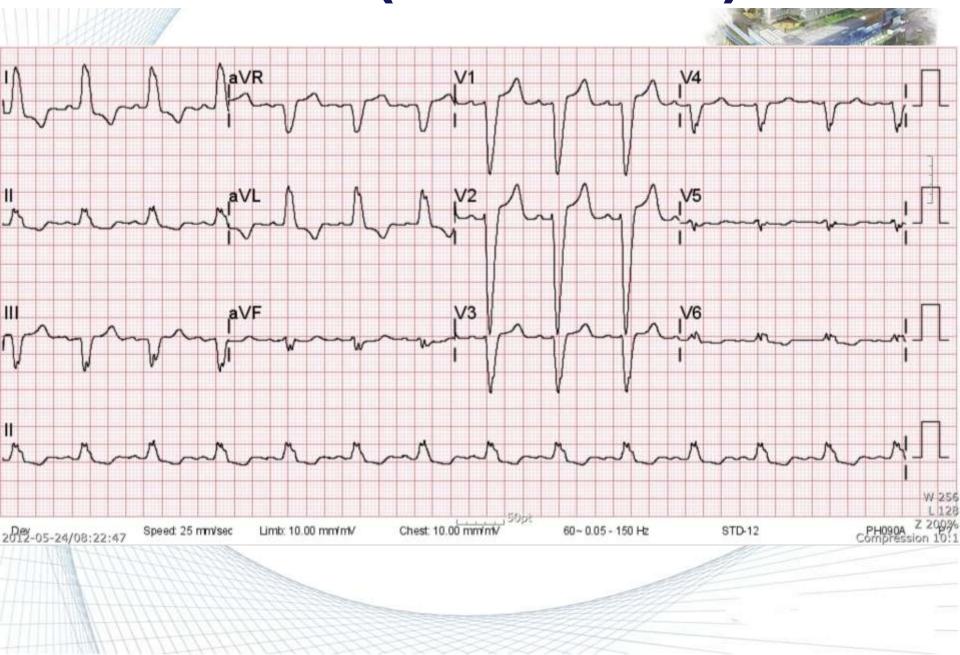
Six Months Later

- She presented with acute onset chest pain
- ❖ 110/70 mm Hg, 102 bpm
- SpO₂ 85% with room air
- Laboratory findings
 - √ Hb 13.2 g/dL
 - ✓ Tnl 0.08 (>0.05 ng/mL)
 - ✓ CK-MB 7.07 (>5.0 ug/L)
 - ✓ BNP 1487 pg/mL

Chest X-ray



ECG (6mo later)



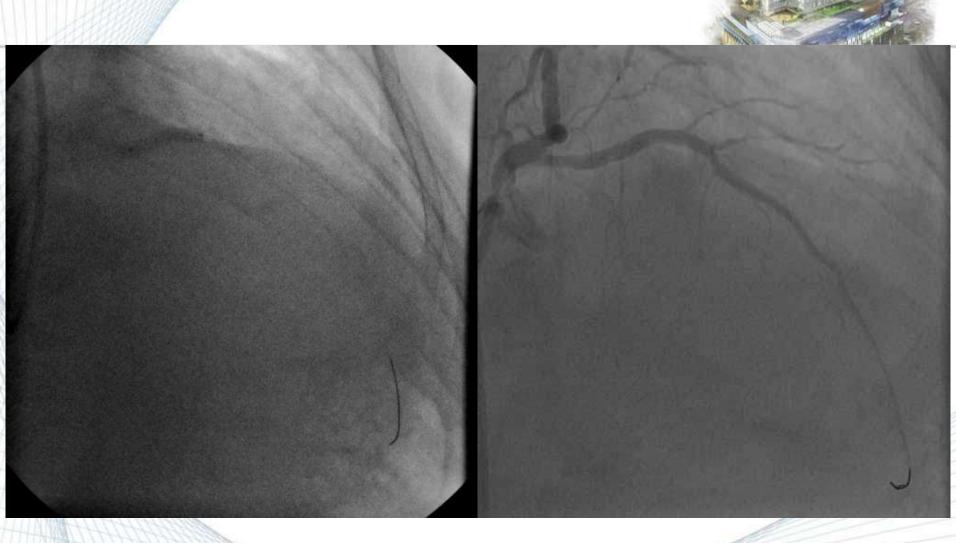
Which one is the Culprit?

- Ruptured plaque at the prox. RCA?
- ISR at the mLAD stent?
- Another de novo lesion?

CAG @6mo



Prox. Edge ISR

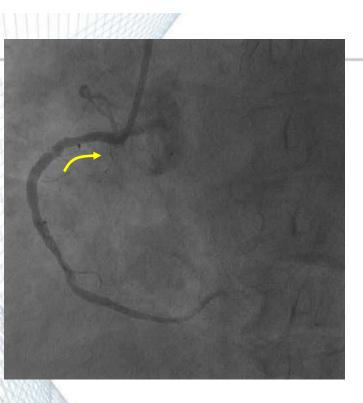


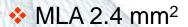
Resolute Integrity 3.5x15

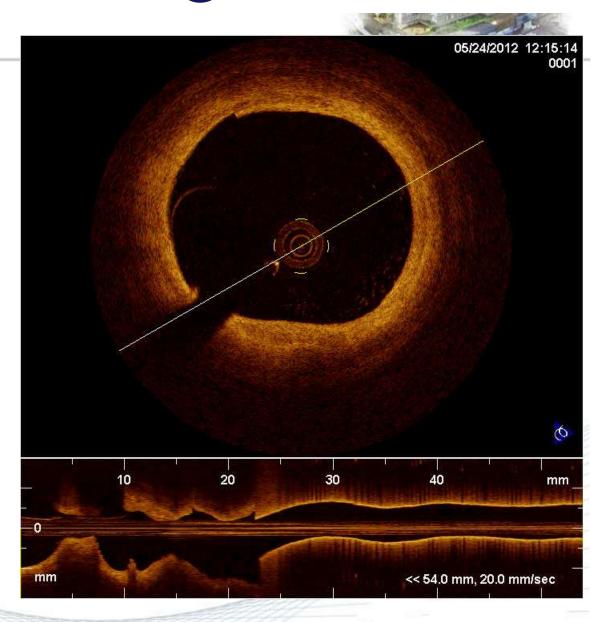
RCA @6mo



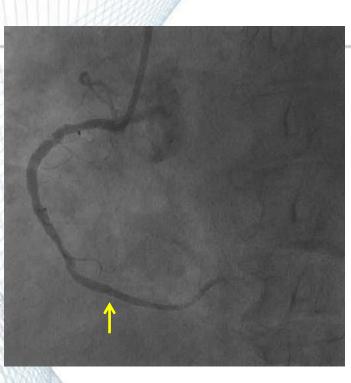
RCA OCT @6mo







FFR & IMR for RCA @6mo







❖ IMR 17

6m later



Follow-up

- She's been doing well for more than 3 years after the second procedure
- Echocardiography at 3 years after the 2nd PCI
 - EF 50% without RMWA except dyssynchrony d/t LBBB

Conclusion

- This case suggests that not all the ruptured plaque on angiography is vulnerable
- Those plaque having no hemodynamic significant could be managed with optimal medical therapy safely
- Especially its FFR value is higher than 0.80