

# FFR in last remaining artery

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# History

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47 yr old Man ,Non Diabetic

Anterior and inferior MI, followed by CABG 5yrs ago

Multiple admissions with LVF . Dilated and Severe LVF EF <10 %

Referred for heart transplant assessment

Cardiac MRI- LAD, RCA non viable. Cx partially viable

High PA pressure and wedge- Not ideal for heart transplant .

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- LIMA – patent but diffuse native LAD.
  - RCA –small
  - Circumflex: Moderate to severe disease in circumflex prox, mid and distal.

? PCI to circumflex

CVA with acute confusional state- recovered. Presumably from LV clot. Anticoagulated.

Further admissions with heart failure

Decided FFR guided pci to cx.

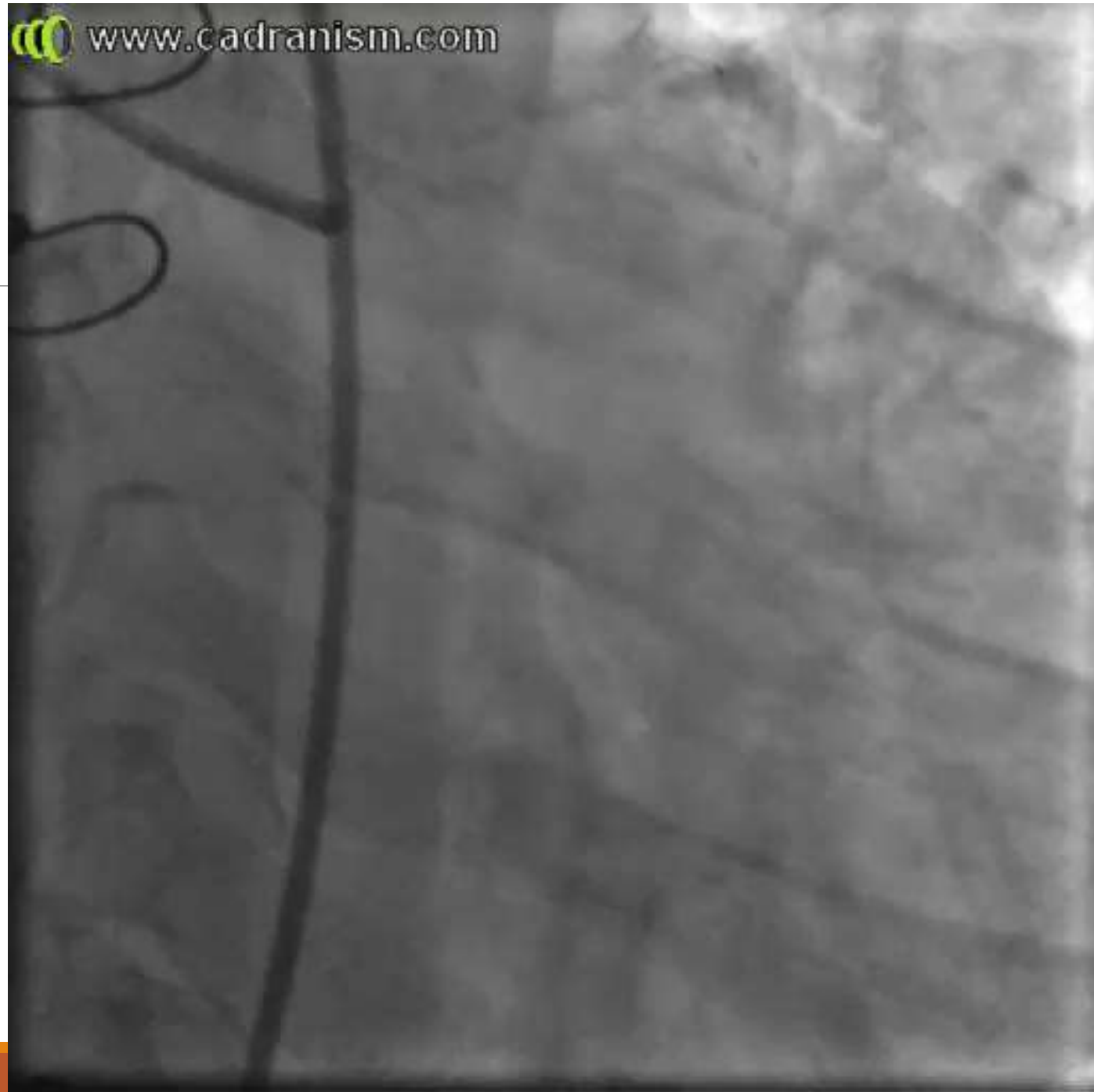
# FFR guided pci to Cx

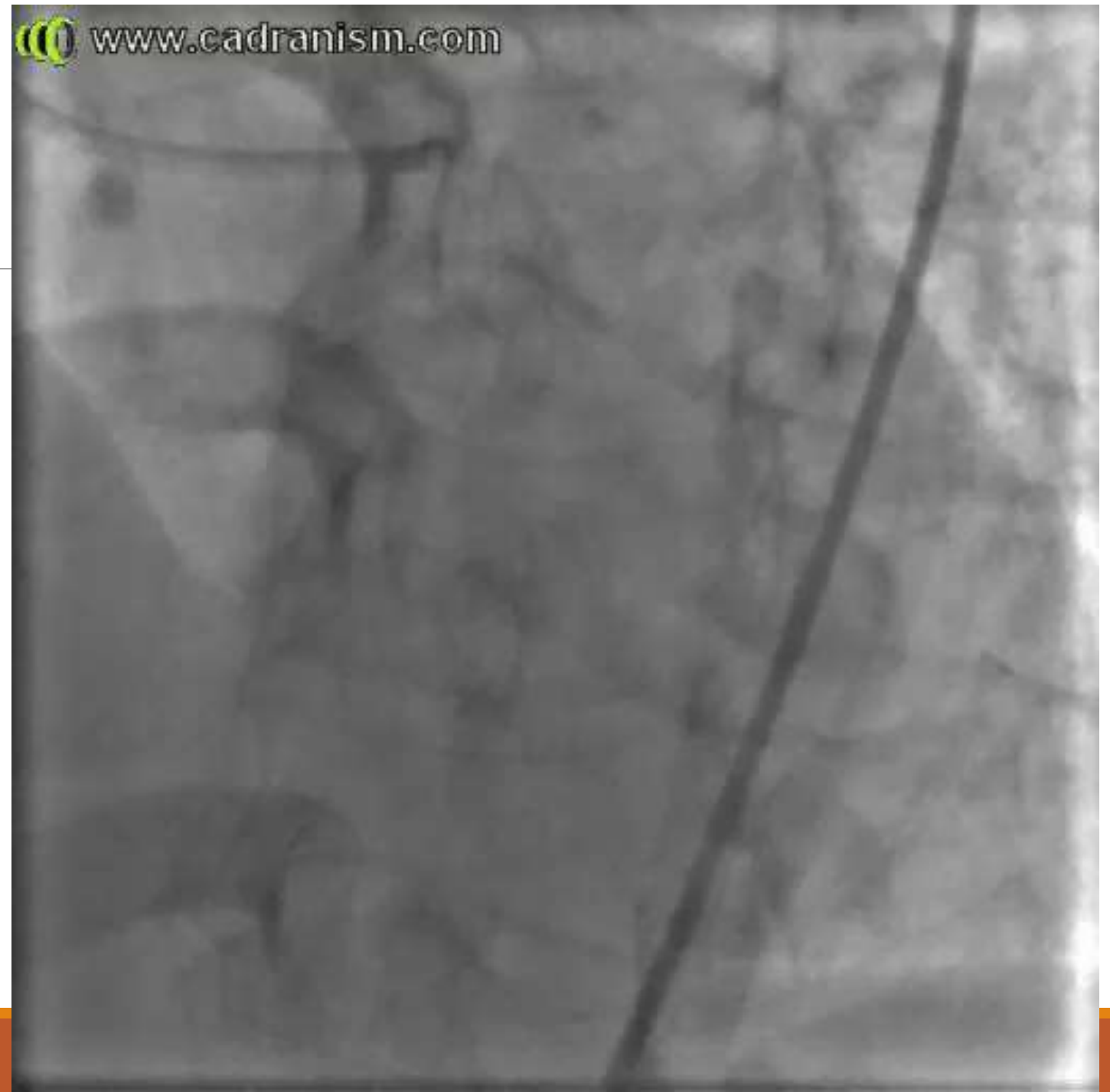
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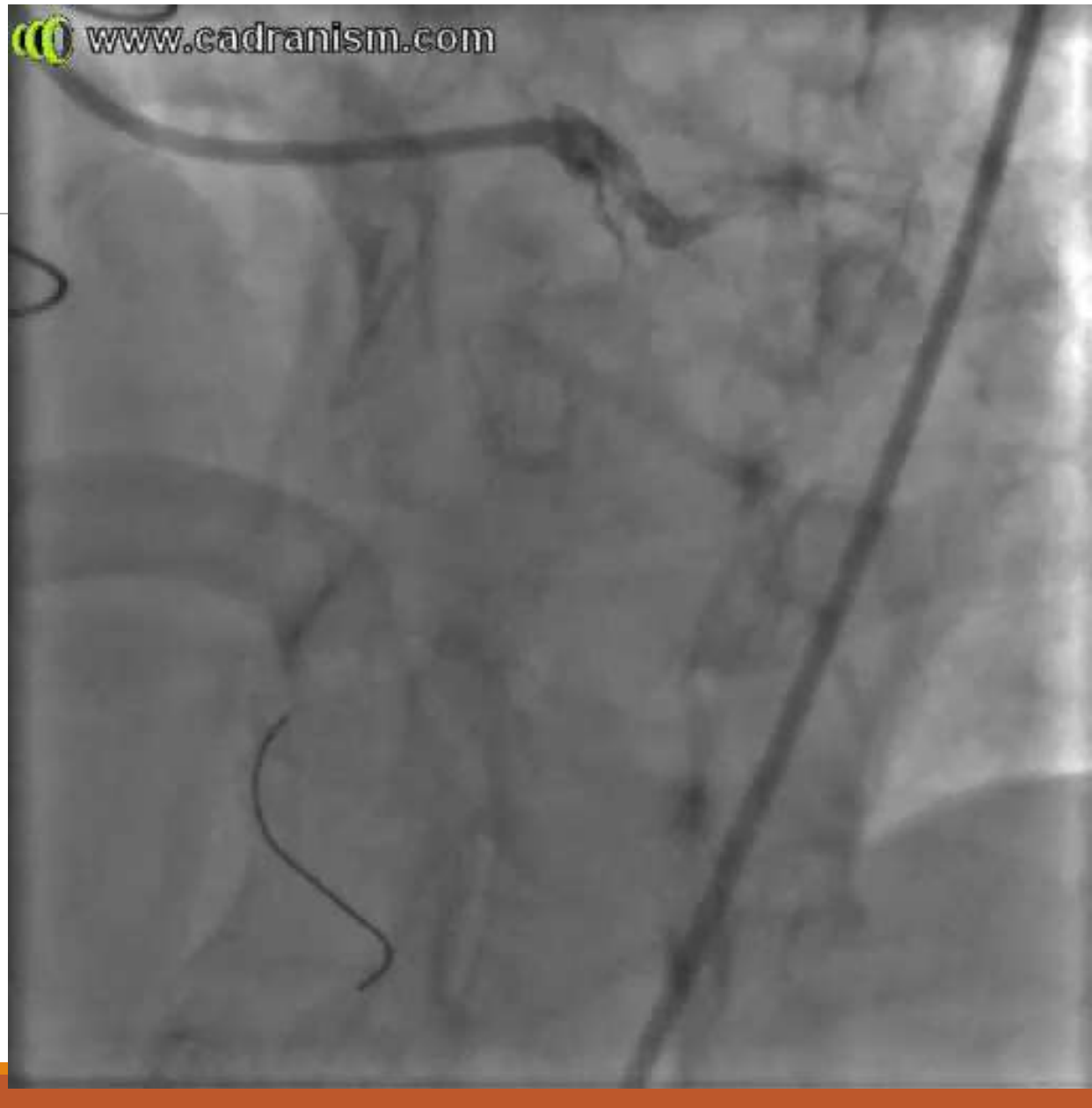
BP 84/62. Cr 1.1

Noradrenaline 0.1 to keep BP 120/80

IABP standby with 4fr LFA access ready







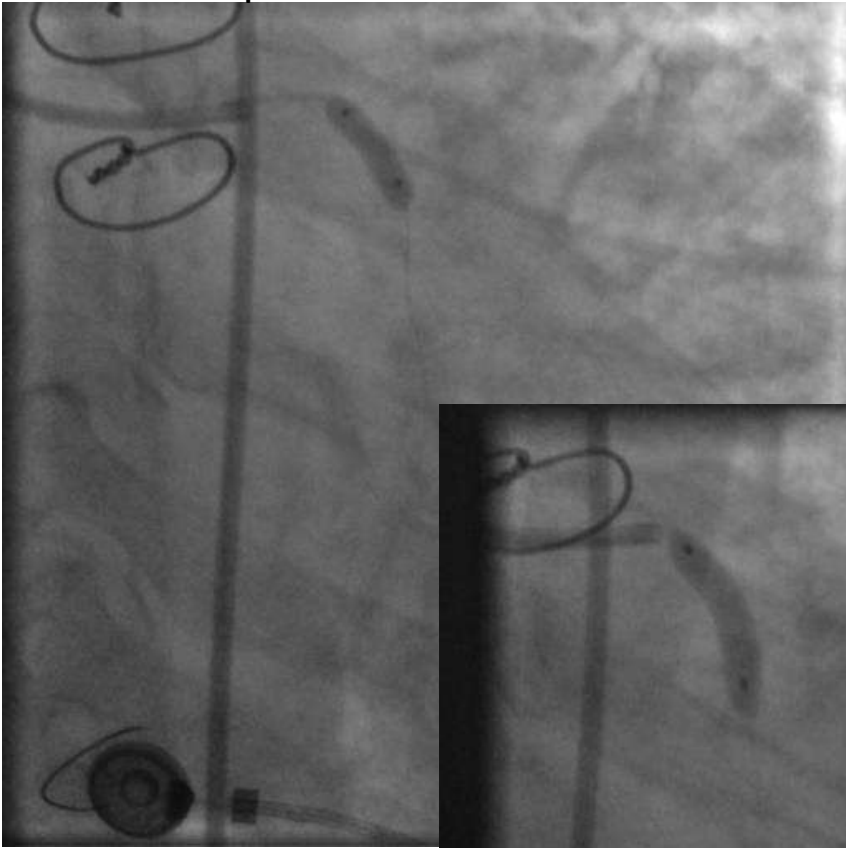
# Intra Coronary adenosine

60 mic,  
80 mic,  
100 mic

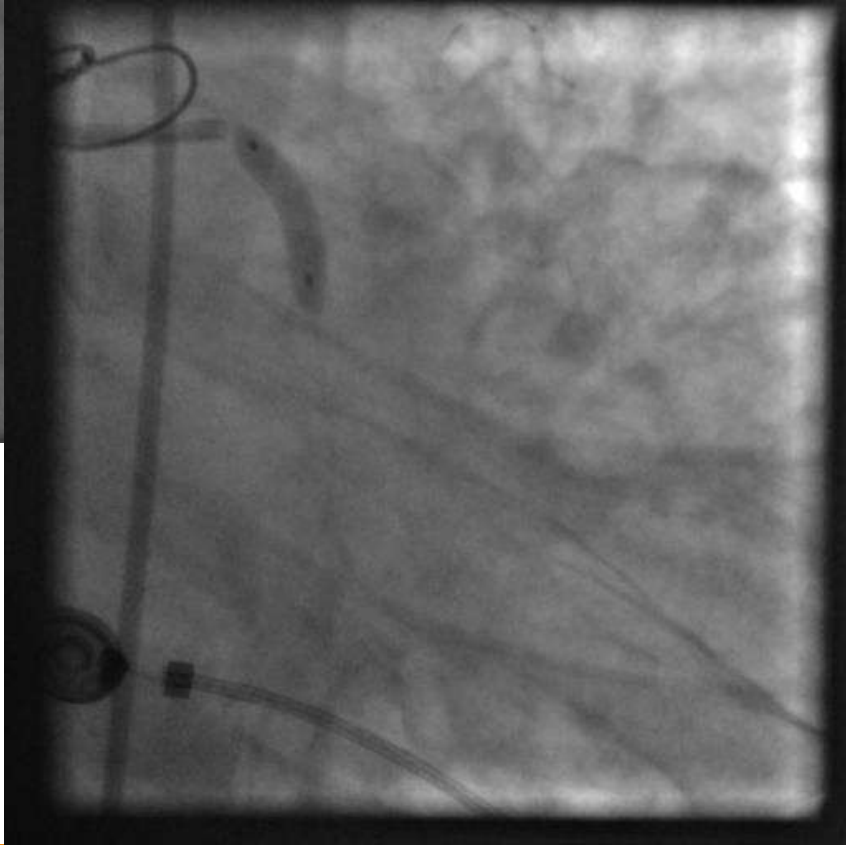


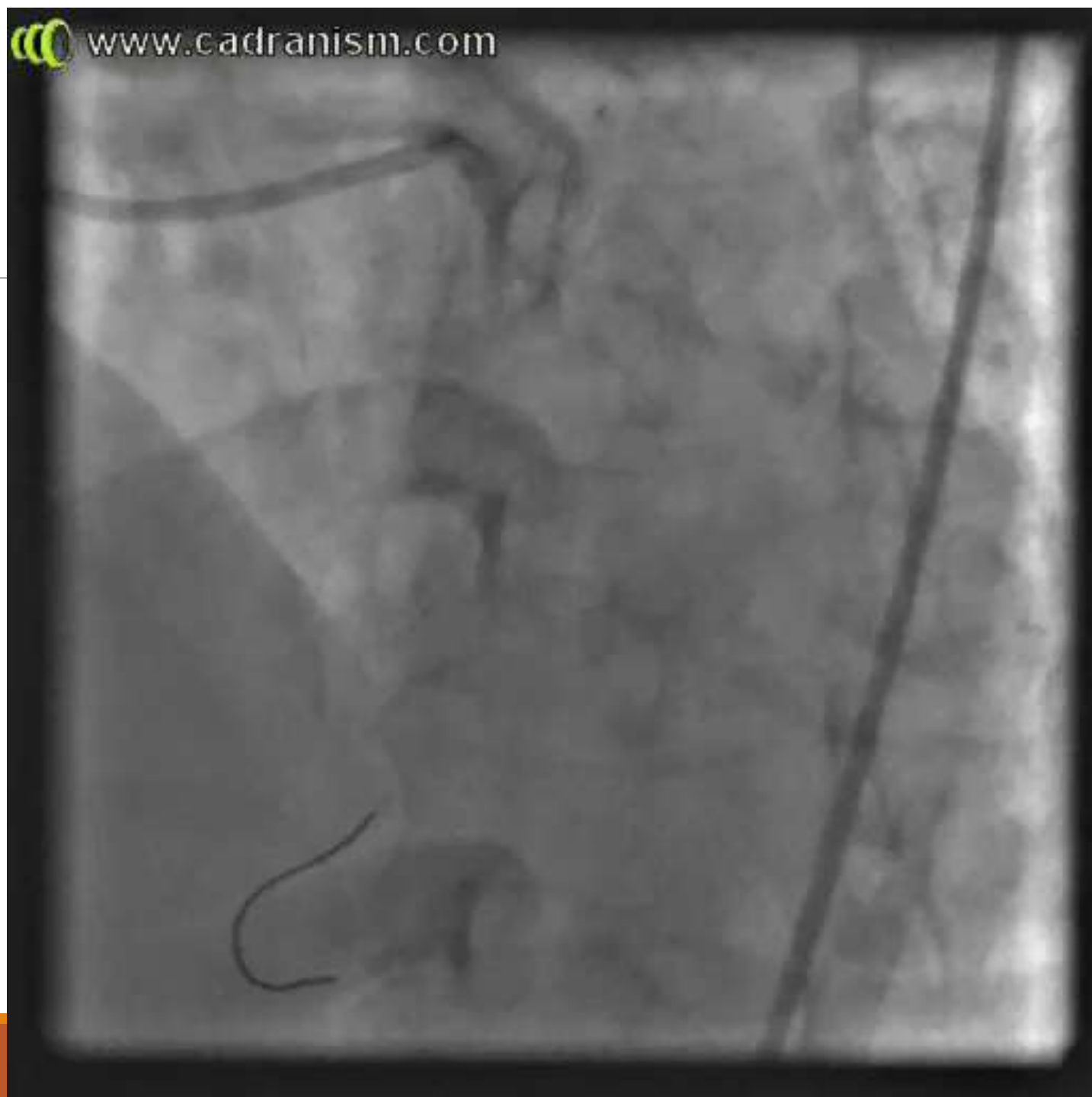


3.0x10 Sprinter balloon



3.5x15 Resolute DES





100 mic ic adenosine x2





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BP 110/80

No inotropes

# 1 year 9 months since the procedure

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1 km walking daily.

3 admissions with anxiety disorder. All non cardiac.