

USE OF FFR TO IDENTIFY A CORONARY LESION - LOCATION AND SEVERITY - LEADING TO BEST TREATMENT

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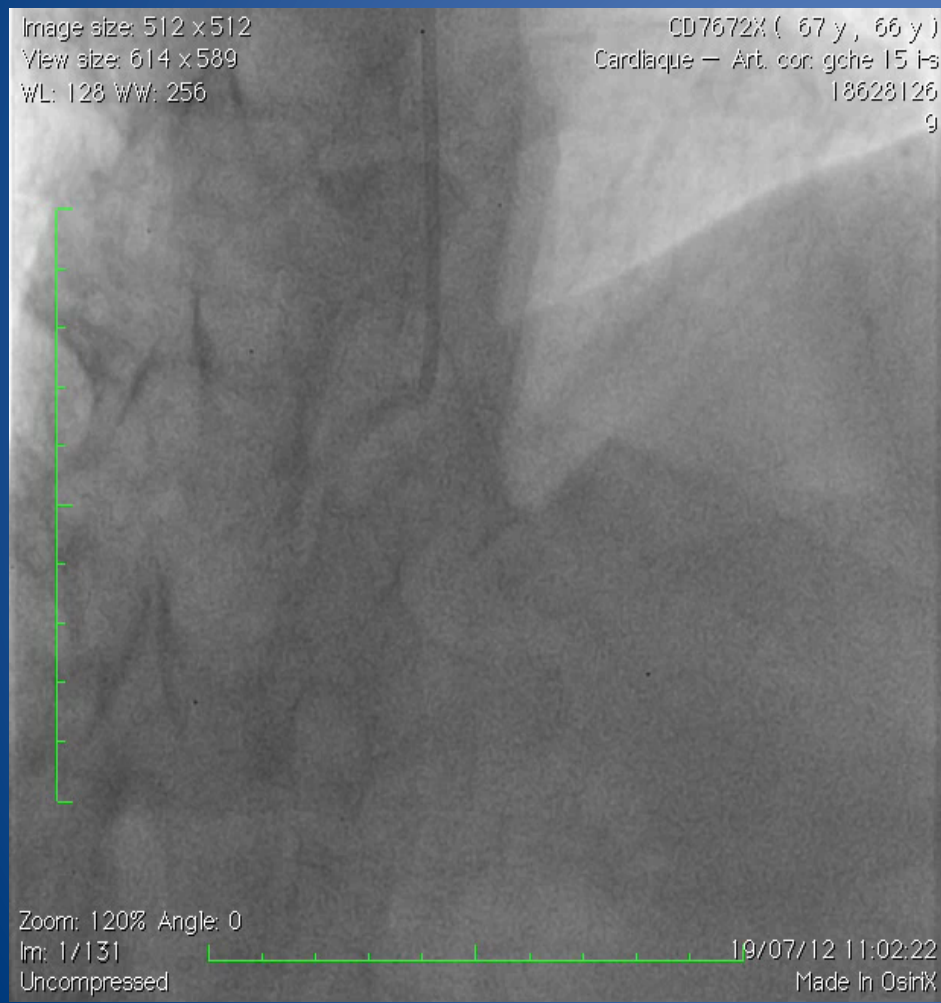
PATIENT

- 56 year old male
- Typical chest pain on exertion
- Exercise stress test clinically and electrically positive at 120 Watts. Good haemodynamic response to exercise.

CORONARY ANGIOGRAM

- Radial Approach (6F):
- **Right Coronary Artery:** non dominant
no significant lesion

Right Coronary Artery



AP



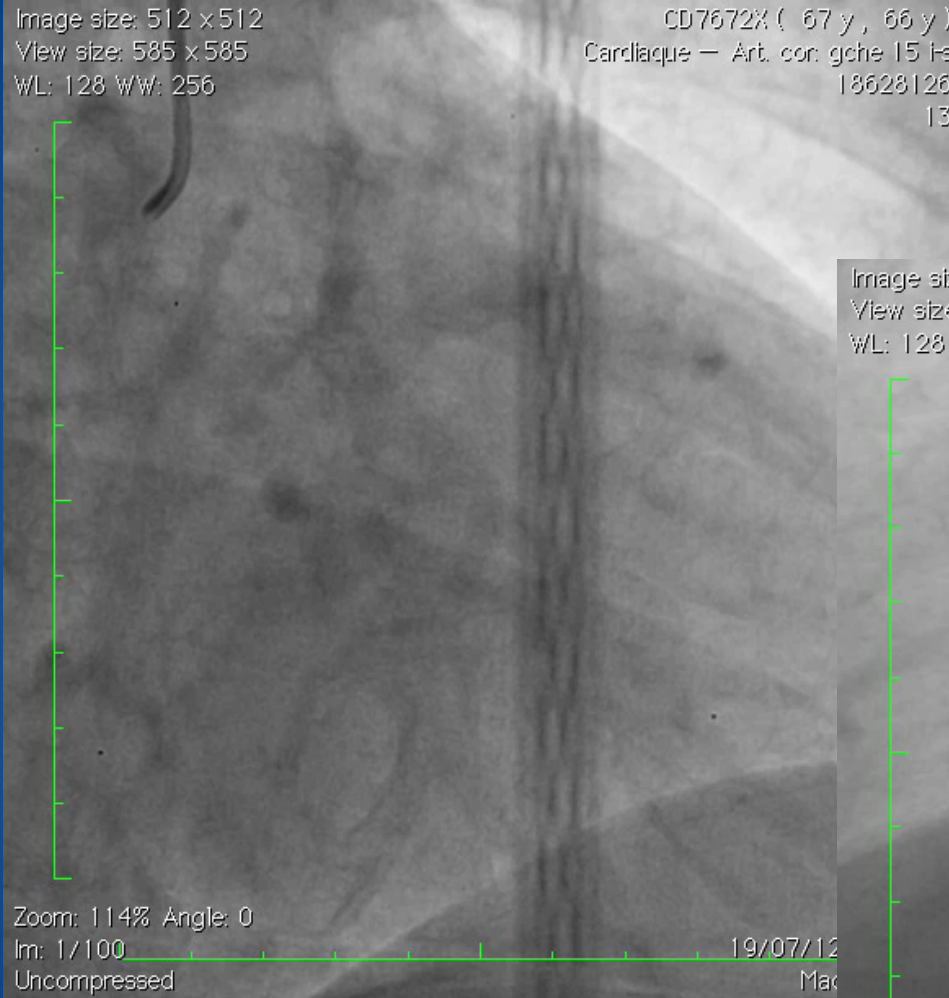
PROFILE

CORONARY ANGIOGRAM

Left Coronary Artery: dominant

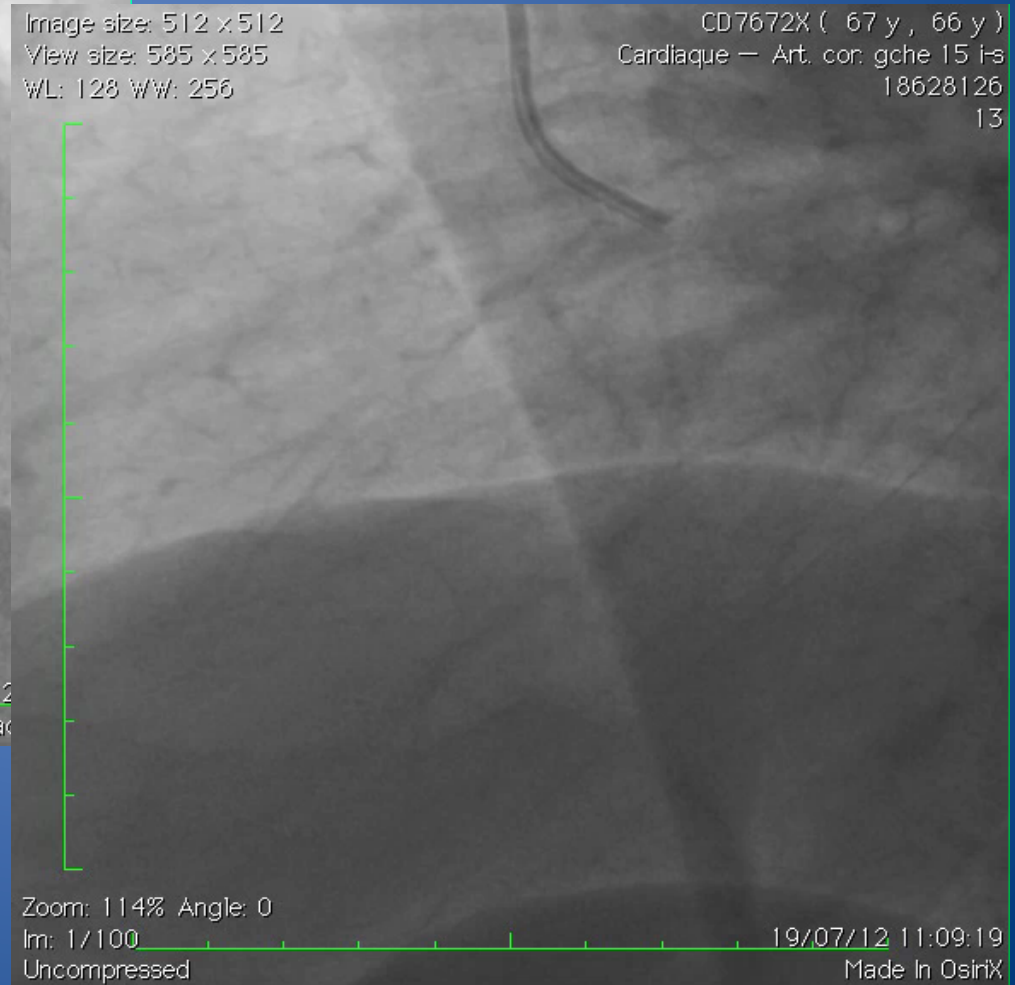
- Left Anterior Descending and Left Circumflex Arteries have separate ostia.
- No obvious lesions on any segment. Slight wedging of the diagnostic catheter at the ostium of the Left Circumflex Artery.

Left Coronary Artery

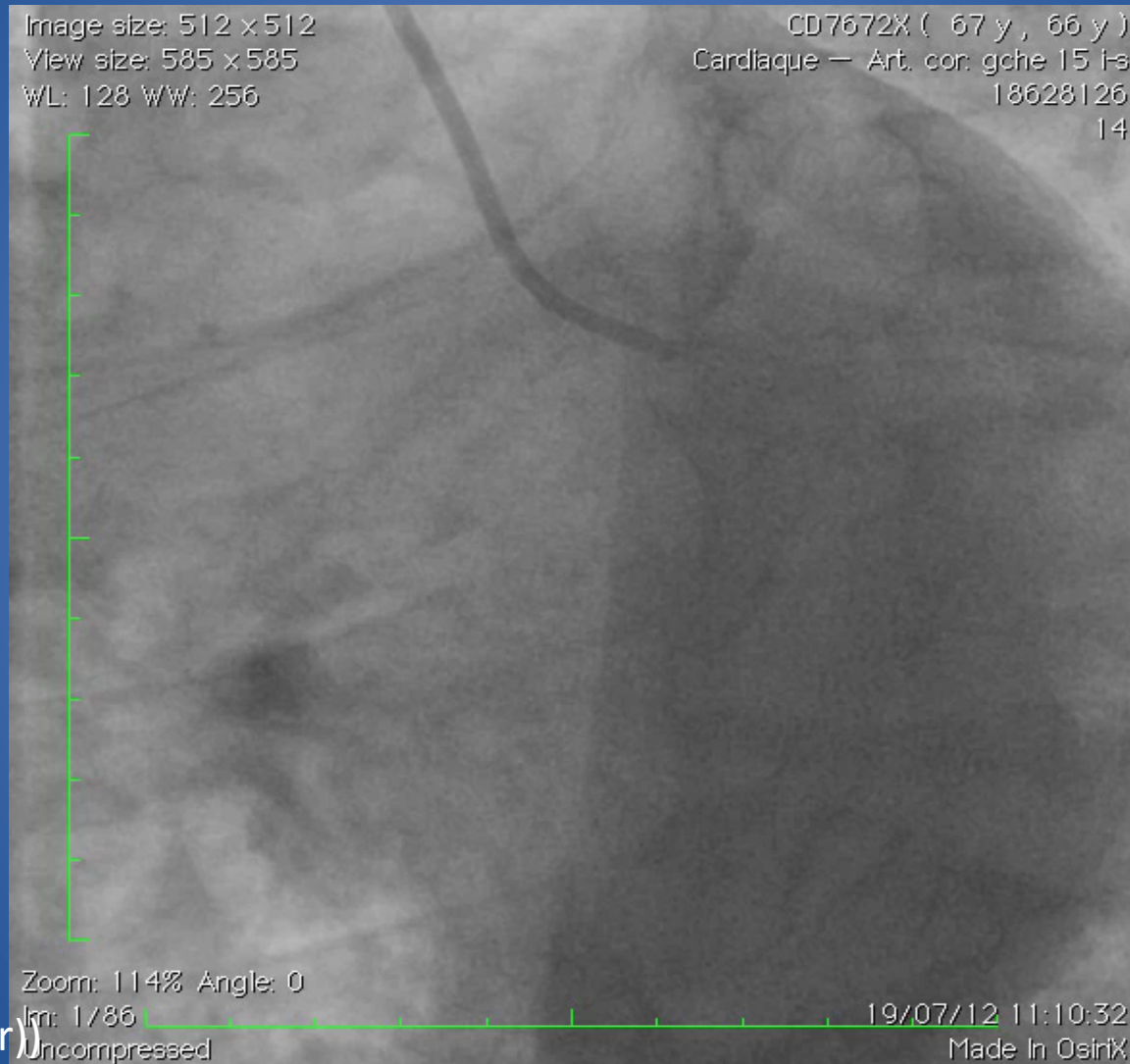


RAO caudal

Profile



Left Coronary Artery

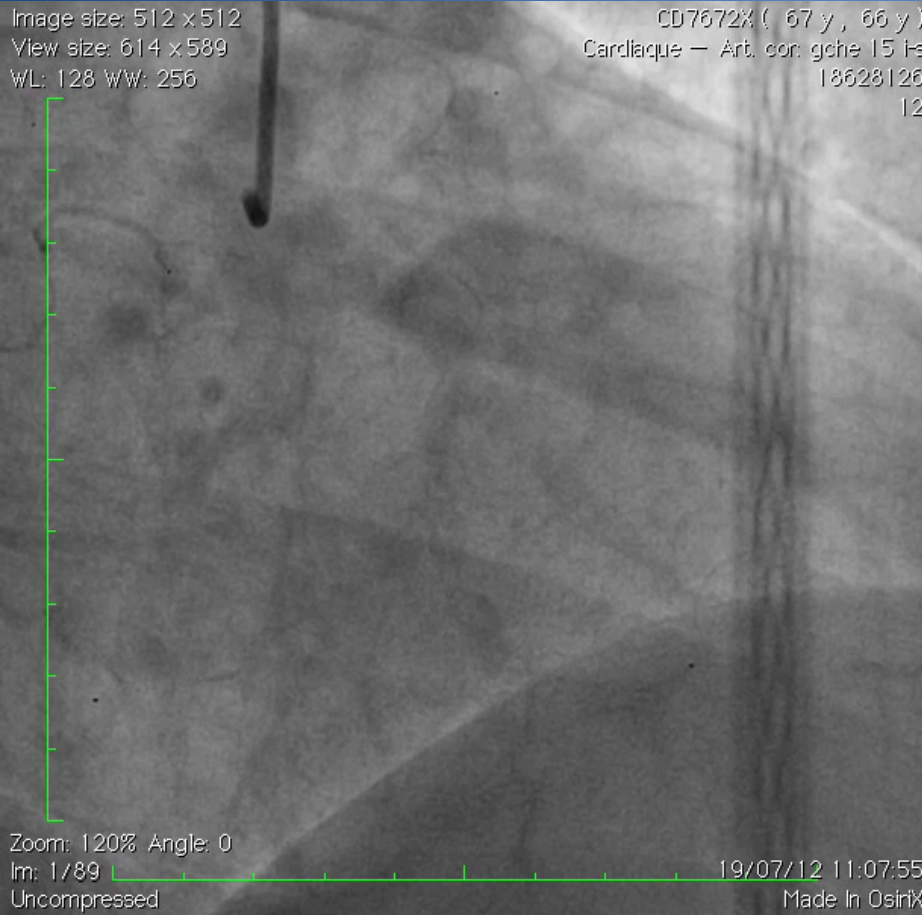


Left Coronary Artery

RAO

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View size: 614 x 589
WL: 128 WW: 256

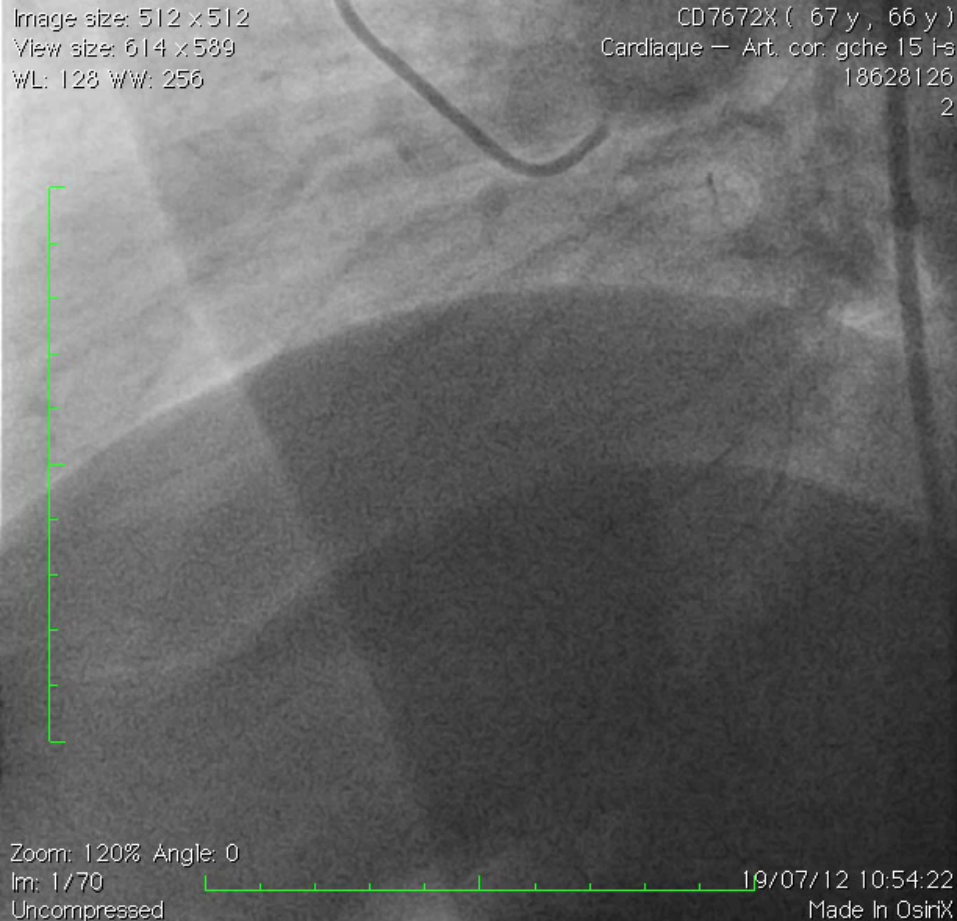
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Profile

Image size: 512 x 512
View size: 614 x 589
WL: 128 WW: 256

CD7672X (67 y , 66 y)
Cardiaque — Art. cor. gche 15 Is
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QUESTIONS

Important LAD: needs checking

Huge Dominant Left Cx with ? ostial lesion:

1. Lesion severity?

Intermediate lesion

Medical treatment or

Intervention

Left Anterior Descending: FFR

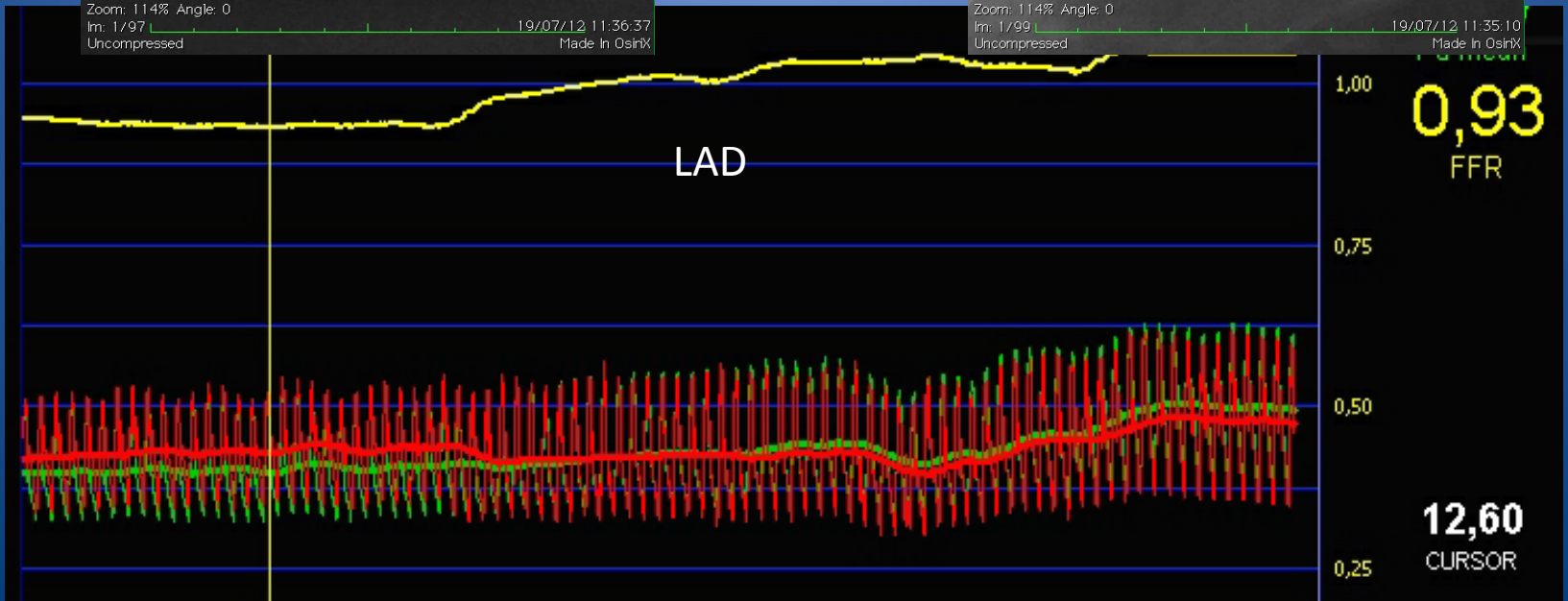
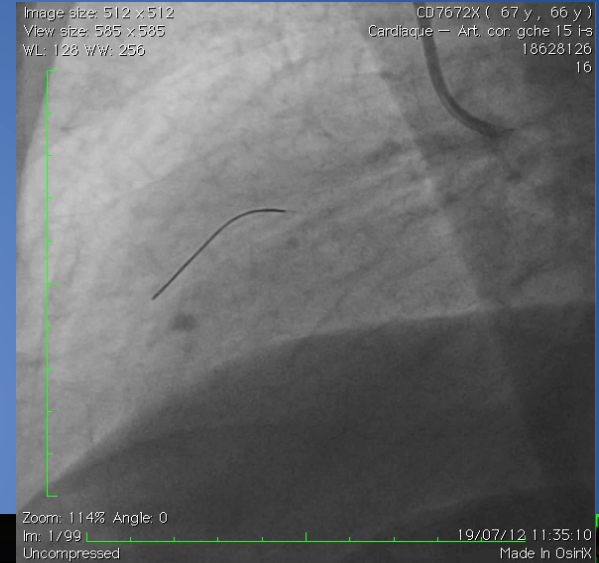
(Fractional Flow Reserve)

Pull back under Adenosine Infusion

LAO Caudal



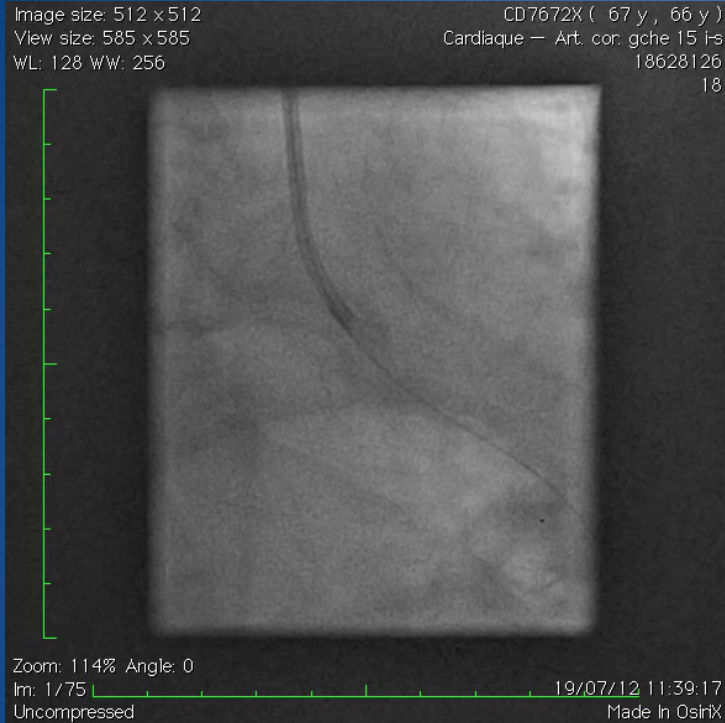
Profile



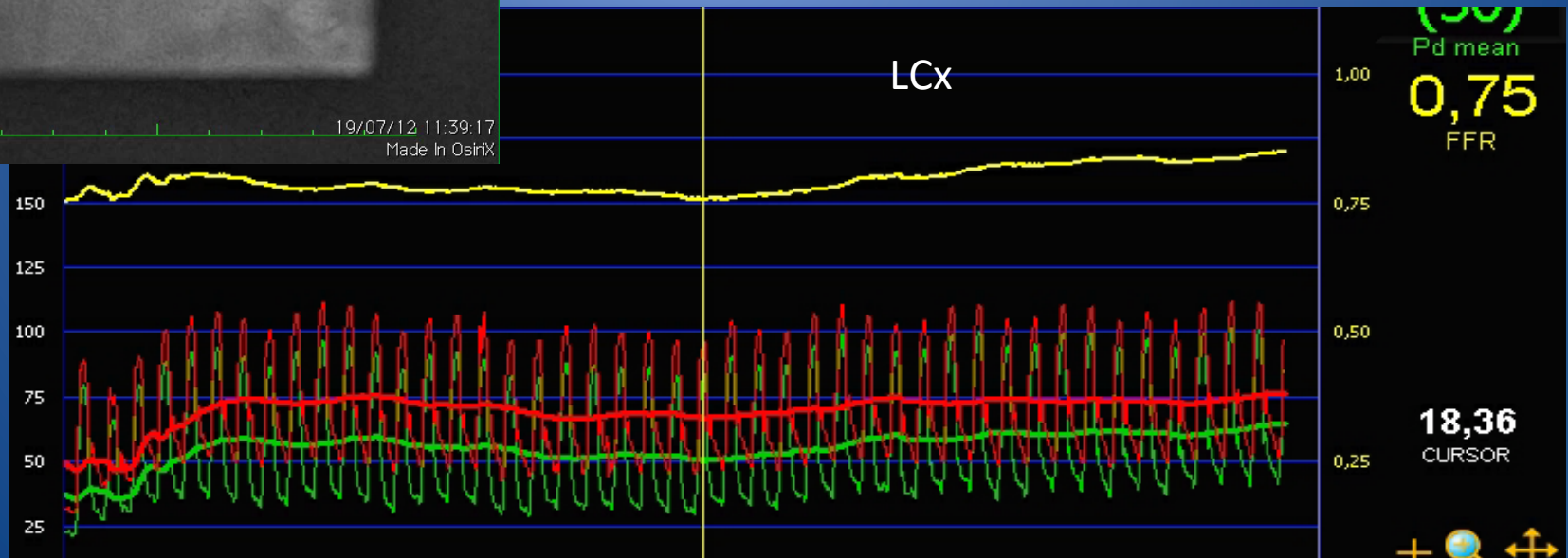
Left Circumflex Artery: FFR

(Fractional Flow Reserve)

Pull back under Adenosine Infusion



RAO Caudal



QUESTIONS

Important LAD: needs checking **NO LESION**

Huge Dominant Left Cx with ostial lesion:

1. Lesion severity?

Intermediate lesion **SIGNIFICANT LESION**

Medical treatment or **NO**

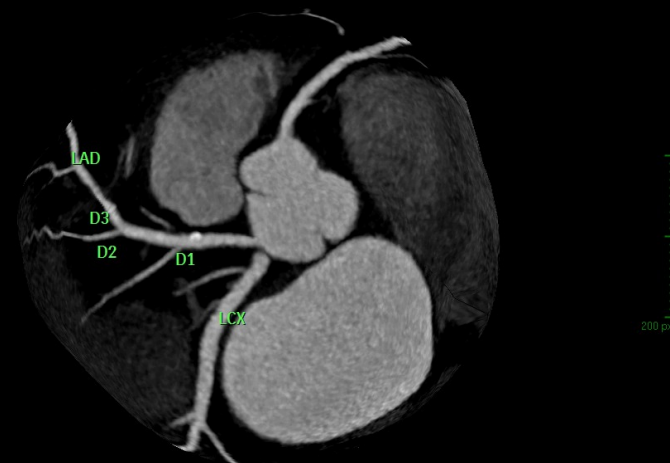
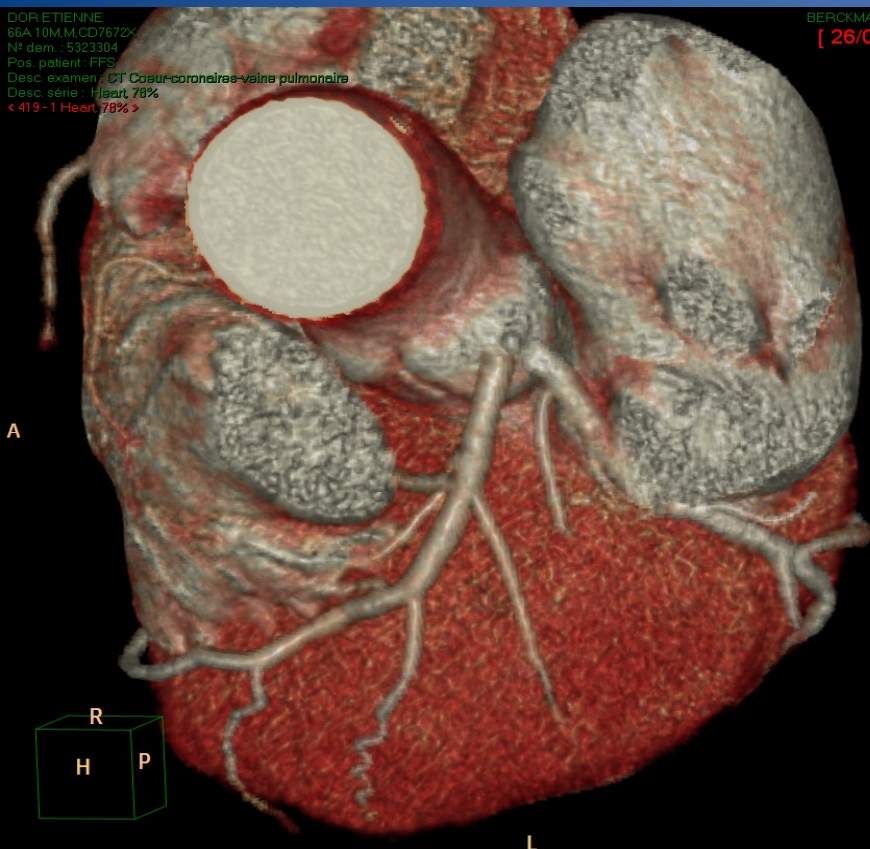
Intervention **YES**

2. Lesion location in relation to coronary anatomy?

Surgical treatment or

PCI

Anatomical relationship between LAD and LCx: TRUE SEPARATE OSTIA



CT-Scan (128
barrets)

QUESTIONS

Important LAD: needs checking NO LESION

Huge Dominant Left Cx ostial lesion:

1. Lesion severity?

Intermediate lesion SIGNIFICANT LESION

Medical treatment or

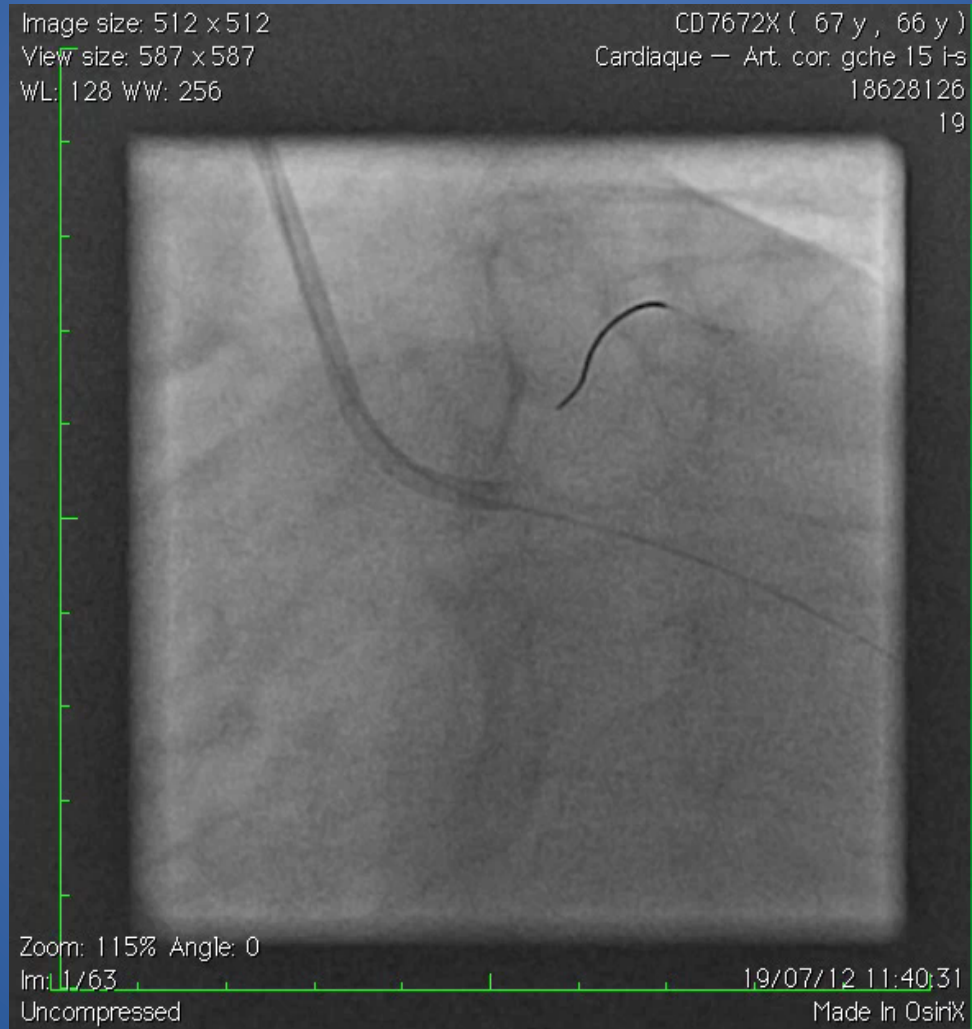
Intervention YES

2. Lesion location in relation to coronary anatomy?

Surgical treatment NO

PCI YES (True separate ostia)

Stenting of LCx (BMS 4.0 x 16mm)



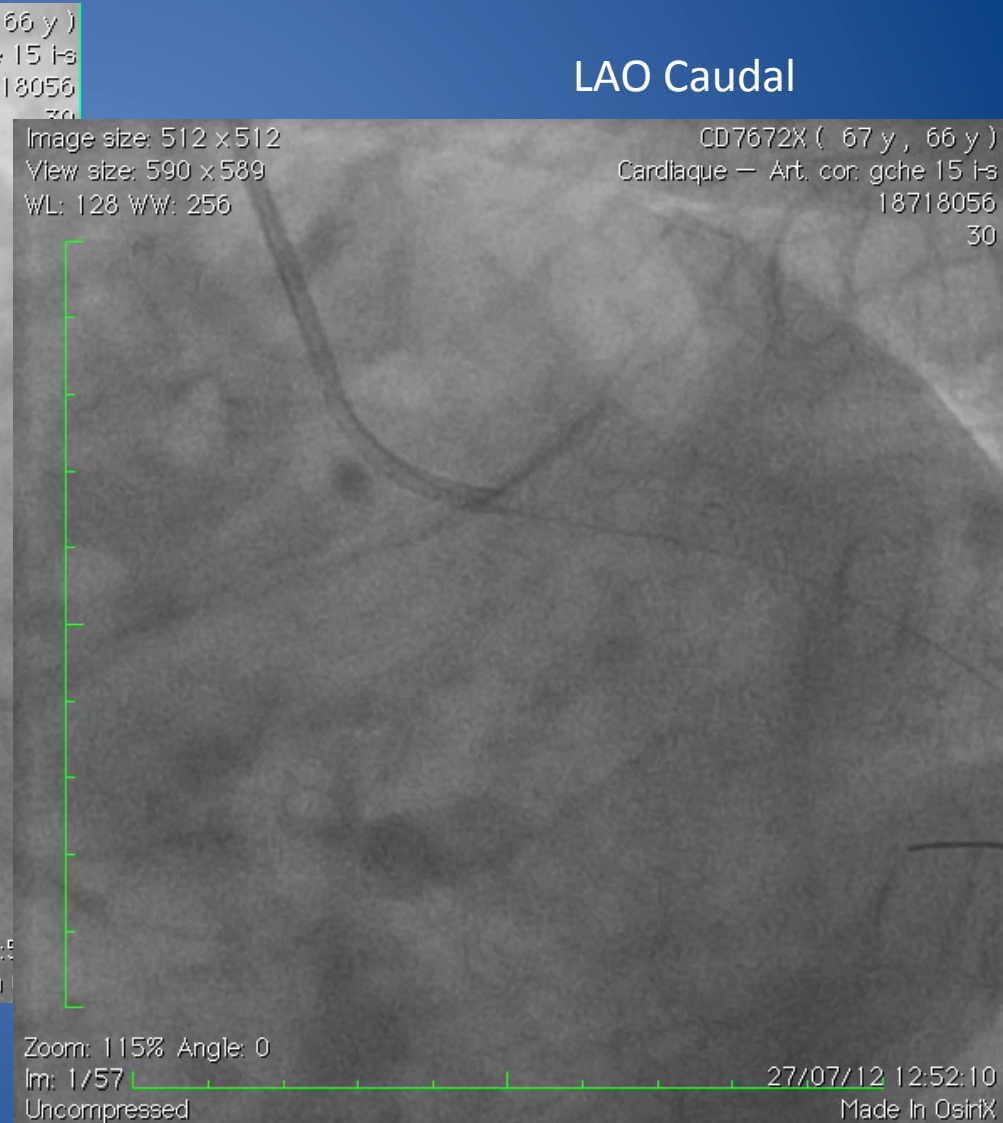
RAO Caudal

Stenting Cx (BMS 4.0 x 16mm)

Result



RAO Caudal



LAO Caudal

Conclusions

Patient is asymptomatic with negative exercise stress test at 12 months

In this case, the use of FFR led to

1. the functional assessment of this intermediate LCx lesion.
2. the lesion location (pull back)
3. adequate treatment with the help of CT scan imaging

FAME I and II:

- lesions responsible for ischaemia must be treated by stenting to achieve functionally complete revascularisation
- FFR guided stenting improves outcome compared to medical treatment alone.