

Too many wires?

Time for CABG?

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Disclosure Statement of Financial Interest

I, **SORIN BRENER MD**, DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Case presentation

- **65 y/o man**
 - **HTN, DM resulting in ESRD**
 - **Severe ICM – EF 25-30% with moderate MR**
 - **Pancytopenia – MDS?**
 - **Marked noncompliance**
 - **Alcohol abuse**

Coronary angiography

- **5/7/2013**
 - **Severe distal LMT trifurcation stenosis and moderate disease in LAD, DG, RCA**
 - **Refuses CABG – DES LMT, LAD-P, DG and PTCA RI with IVUS guidance**
- **8/6/2014**
 - **Severe restenosis LCX, DG and RI ostia**
 - **DES RI (KBA) and PTCA LCX and DG**

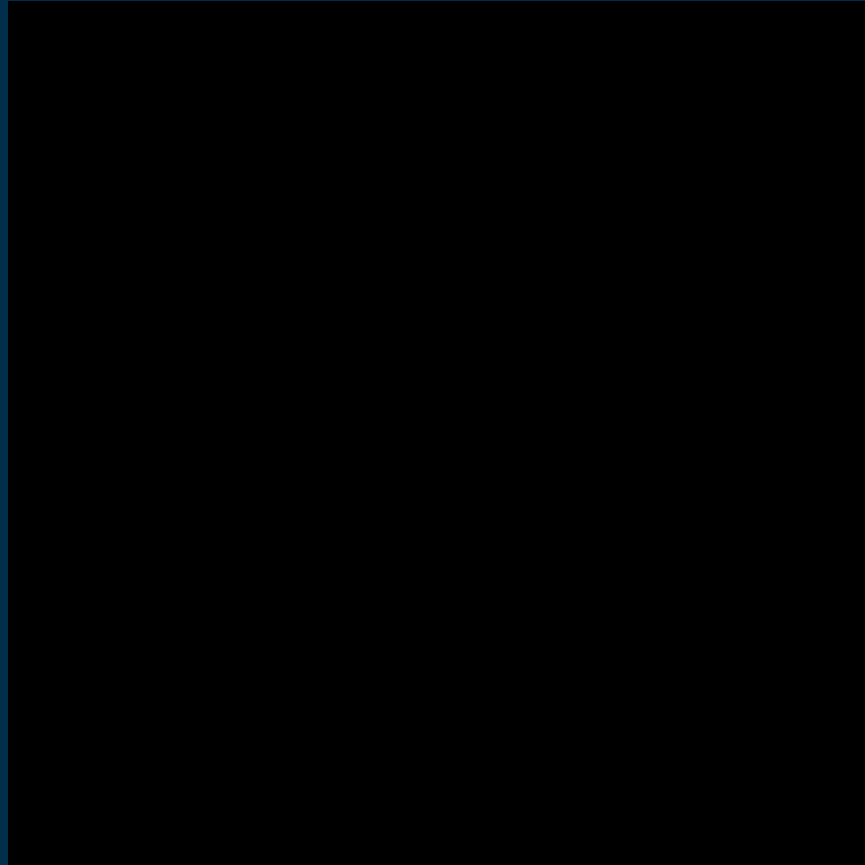
Coronary angiography

- **11/24/2014 – NSTEMI**
 - Repeat LHC – all sites are patent
- **1/15/2015 – NSTEMI**
 - Repeat LHC shows severe ISR RI and restenosis in LCX ostium
- **SYNTAX score – 24**
 - Still refuses CABG

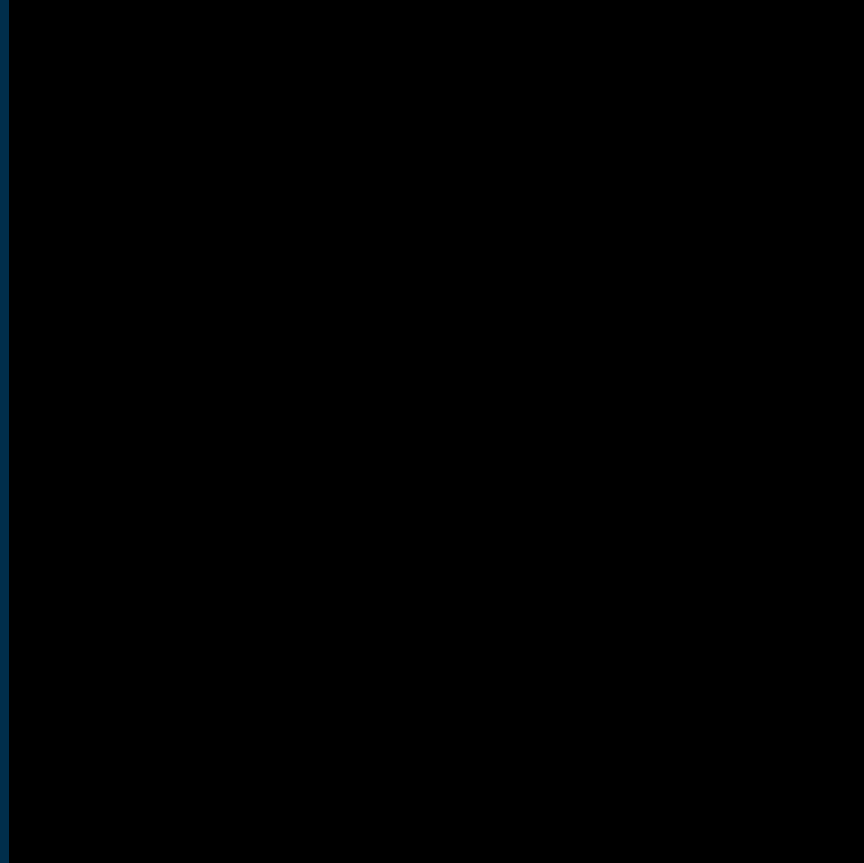
Diagnostic images



PTCA to RI



Triple wiring and PTCA to LCX



After PTCA to LCX



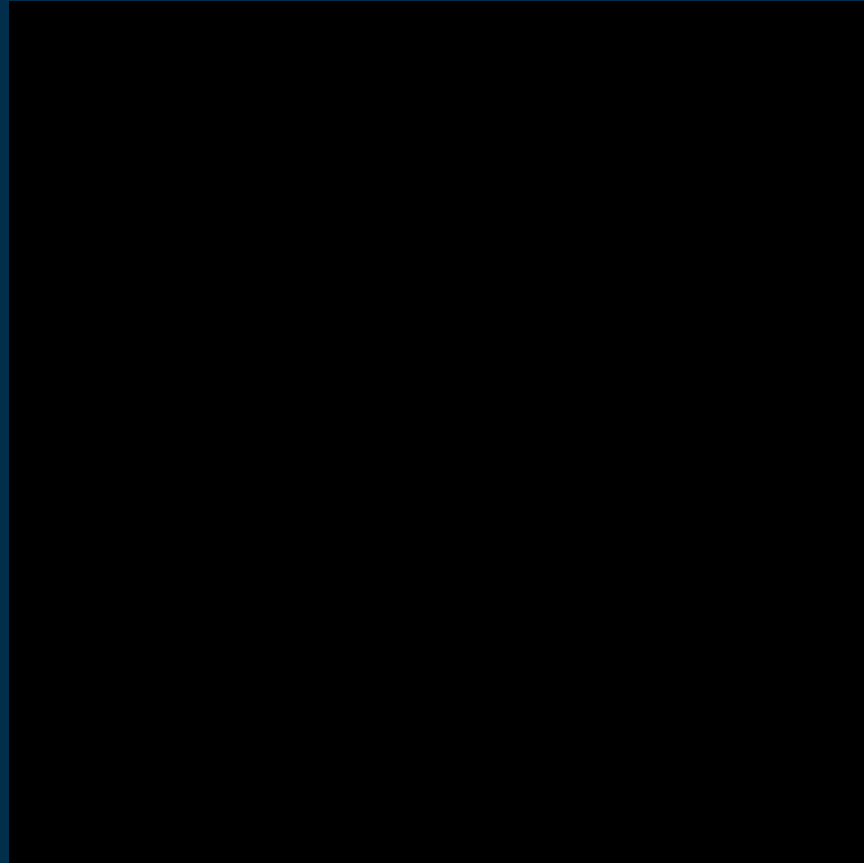
Triple KBA



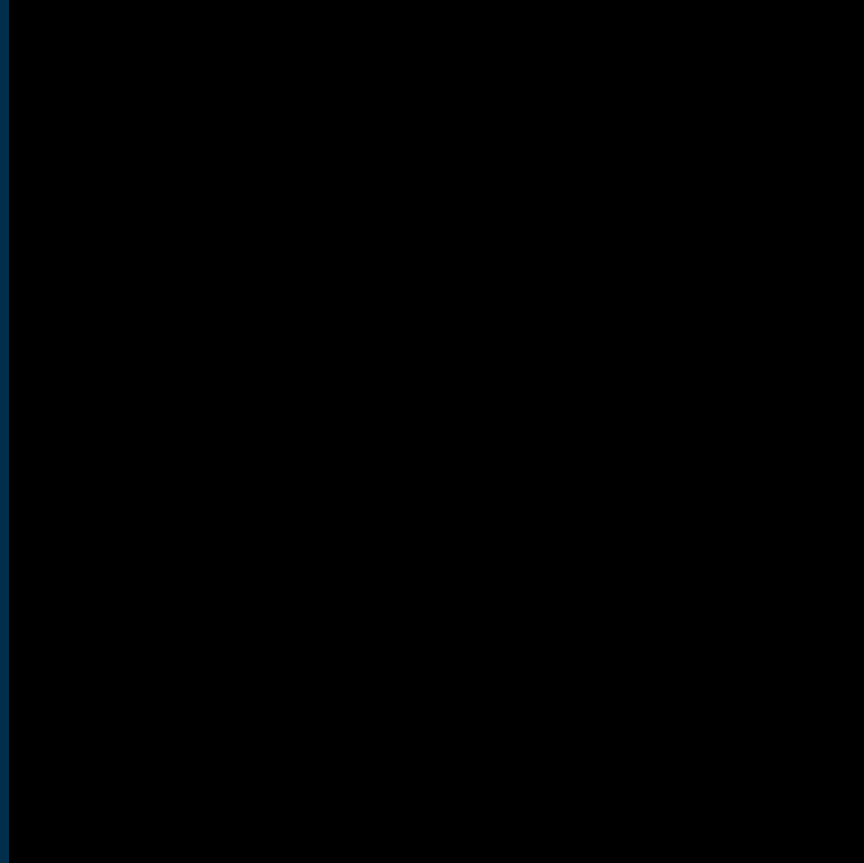
Final result



IVUS from RI



IVUS from LCX before stent



IVUS from LCX after DES



Final IVUS



Procedural details

- **PTCA LMT – 3.5x12 and 4.0x12 NC**
 - **IVUS after PTCA**
- **ZES to LCX – 2.75x14**
 - **PTCA with 3.0x15 NC**
 - **IVUS before and after PTCA**
- **PTCA LAD – 3.0x12 NC**
- **PTCA RI – 2.75x12 NC**
- **Triple KBA – 2.75x12**

Summary

- **Severe CAD – unwilling to undergo CABG**
- **Severe noncompliance with HD and some medications**
- **Recurrent admissions with CHF because of missed HD**
- **Compliant with ASA and ticagrelor**