

Drug Coated Balloon Therapy for Ischemic Cardiomyopathy

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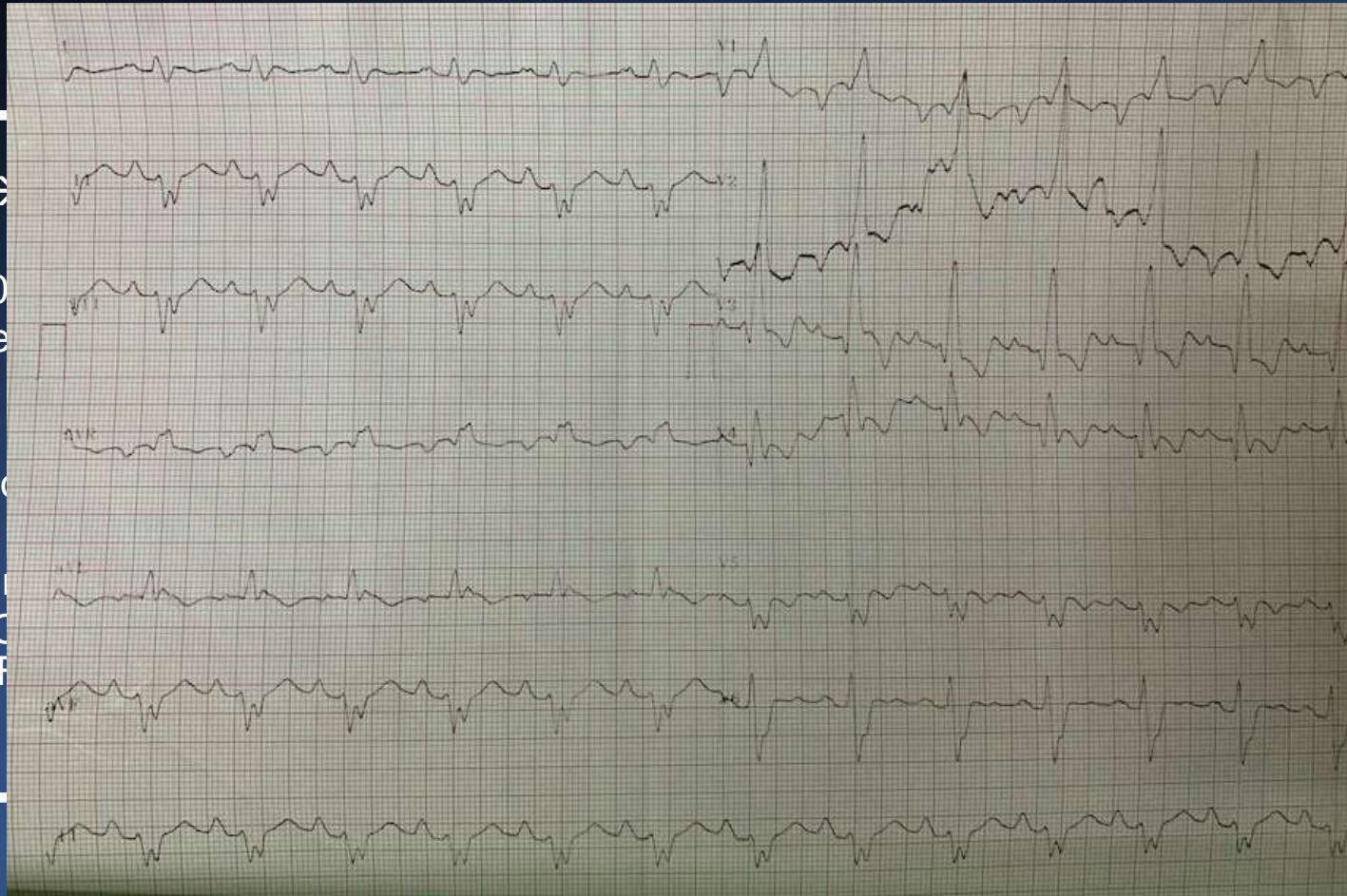
Case Illustration

- 48 year
- CVRF →

January 20

- He expe
- He was
- CAG →
- Due to le

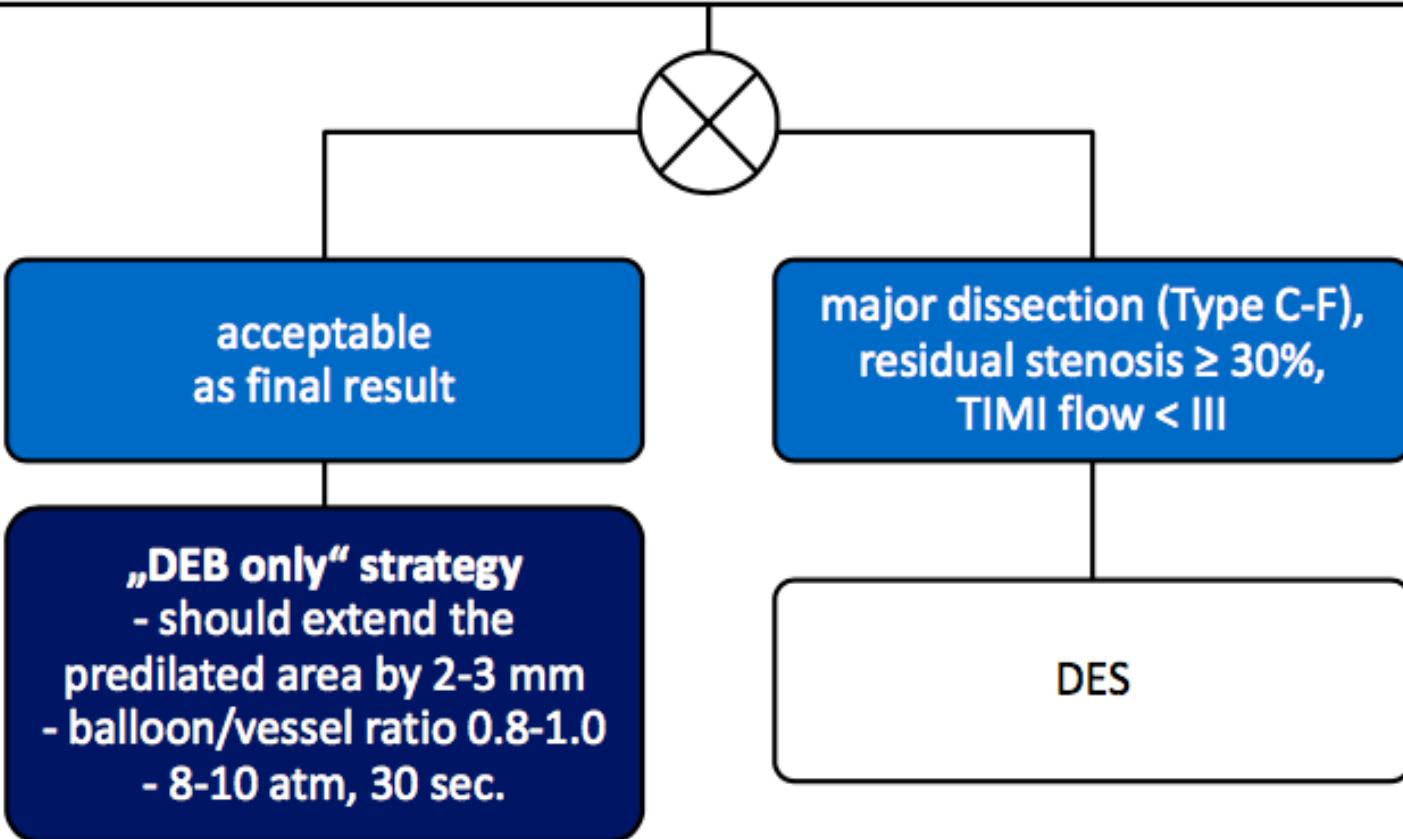
- LDL 63
- DAPT; C
- 25 mg; P
- 200 mg



aparinux

reed for PCI

Pre-dilation with conventional balloon, balloon/vessel ratio of 0.8-1.0



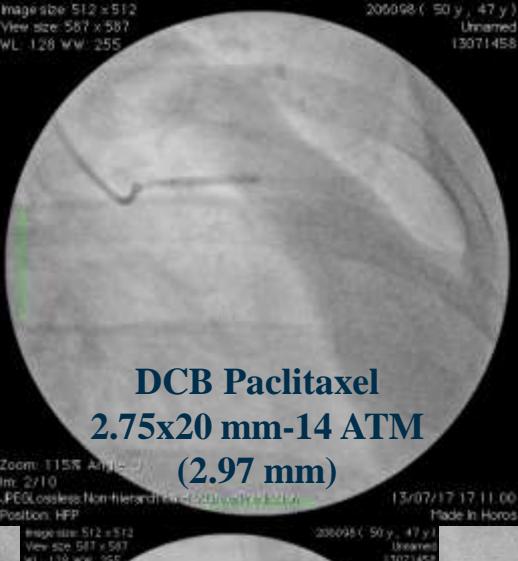
Final Result

Image size: 512 x 512
View size: 587 x 587
WL: 128 WW: 255

206098 (Imagesize: 512 x 512
View size: 587 x 587
WL: 128 WW: 255

206098 (50 y, 47 y) x 512
Unnamed
13071458 587
55

206098 (50 y, 47 y)
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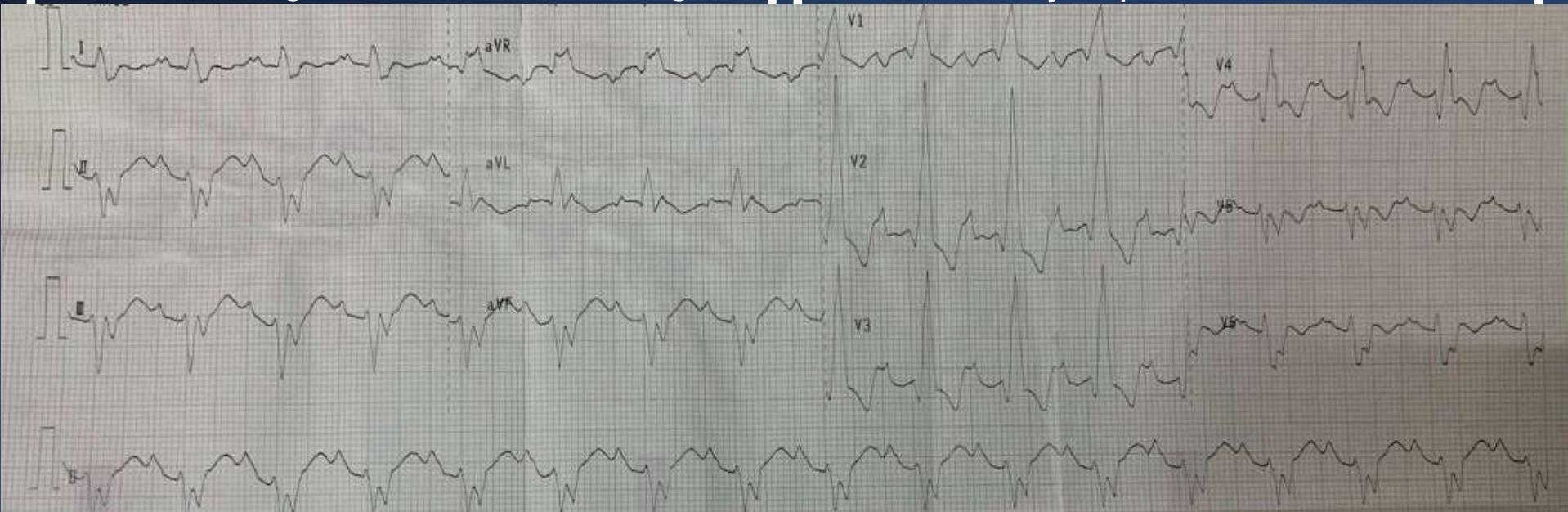
Follow Up

Post PCI

- Patient was discharged the next day
- LDL 104 mg/dL; Creatinine 1.3 mg/dL

Cardiac Clinic

- DAPT was given for 3 months
- Functionally improved to NYHA fc I-II



Follow Up (28 months)

Image size: 512 x 512

View size: 588 x 588

WL: 128 WW: 255

2018450910 (50 y , 49 y)

Pac

1110843

[REDACTED]

Zoom: 115% Angle: 0

Im: 1/95

JPEGLossless:Non-hierarchical-1stOrderPrediction

Position: HFP

01/11/18 09.12.00

Made In Horos

In-Stent
Restenosis

Small Vessel
Disease

Ischemic Cardiomyopathy?

Bifurcation
Lesions

De-Novo
Coronary
Lesions

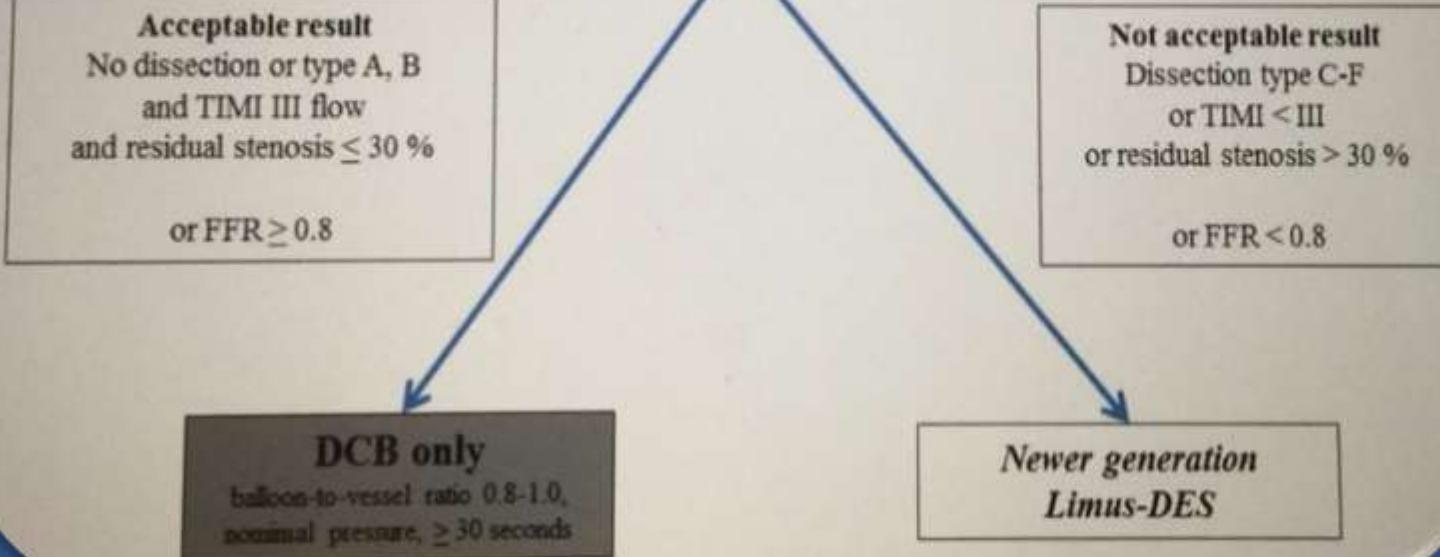
Lesion Preparation

predilatation

conventional semi-compliant balloon, inflation pressure > nominal, balloon-to-vessel ratio 0.8-1.0

Options in complex lesions

non-compliant high-pressure balloons, cutting balloon, scoring balloon, rotablation
additional intravascular imaging (IVUS, OCT), functional measurements (FFR)



Issues

DCB

- No stent left behind
- Shorter DAPT duration
- Favor slow flow characteristic
- To avoid ISR/ IST
- Immediate drug release
- Positive remodeling

Stent/ DES

- Metal
- Longer DAPT duration
- Relatively contraindicated
- ISR/ IST rate?
- Slow drug release
- Negative remodeling

Take-home Message

- PCI in ischemic cardiomyopathy (viable) patient is still a major challenge for PCI
- In this case → DCB has shown advantages and good 2 years outcome
- DCB → an alternative modality for ischemic cardiomyopathy PCI strategy