

Role of FFR for the Assessment of Nonculprit Lesions in Multi-vessel CAD

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Case (M/69)

C.C : Ongoing chest pain

- Recent onset time : 2 hours ago
- Location : Lt. anterior chest
- Symptom : Piercing pain
- Associated Symptoms: Sweating, Dyspnea
- NTG response : (+)



Risk Factors



Smoking (50 pack years)

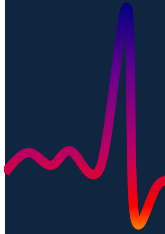
DM (30 years ago) – insulin therapy

Old MI (5 years ago)

– mid RCA stent, No medication for 3 years



Initial Clinical Sign



B.P : 140 / 90 mmHg

H.R : 67 /min

LAB : Troponin – I (0.537 ng/mL)

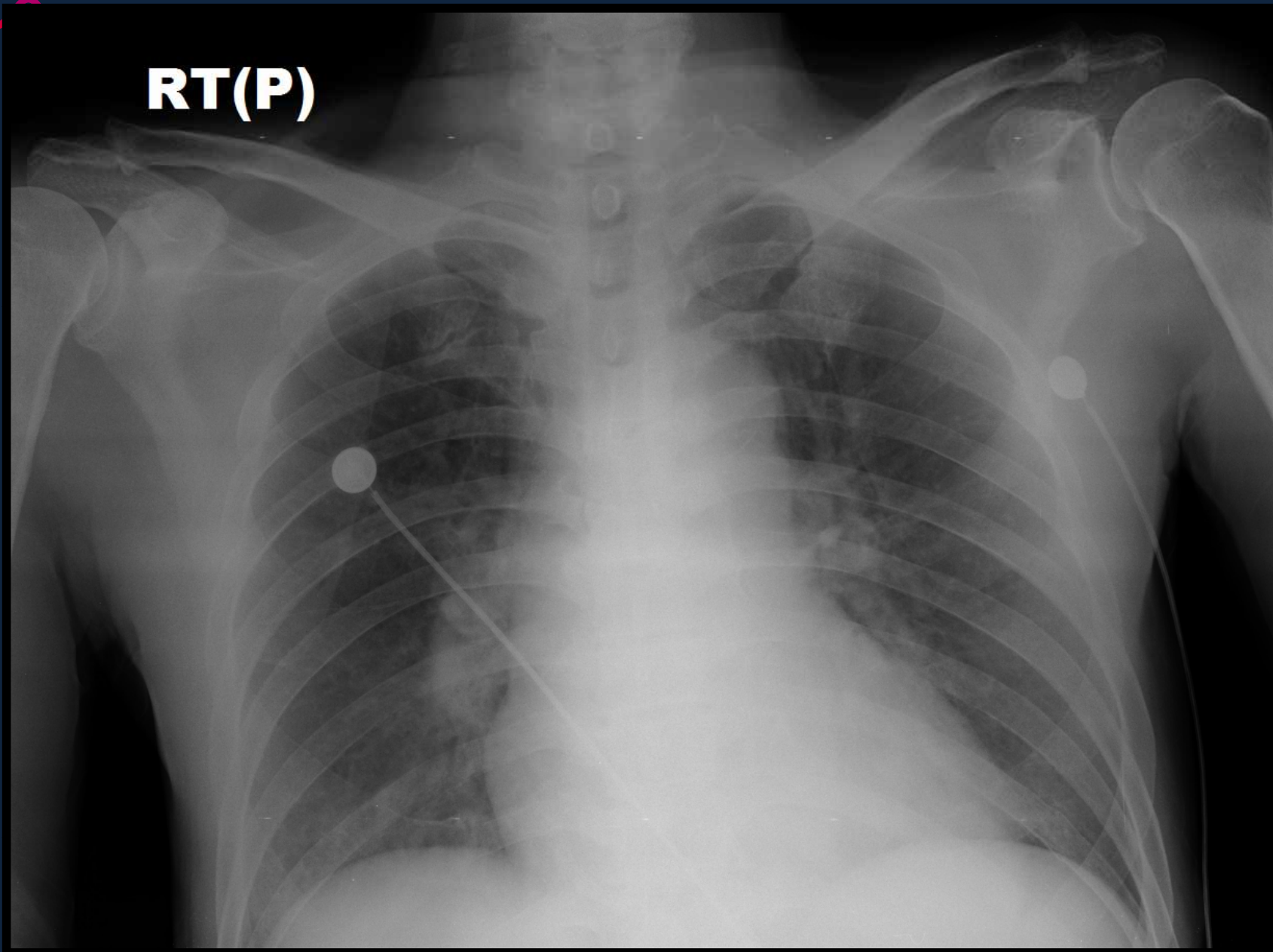
Portable Echo

- LVEF : 47%, Ischemic insult of RCA territory



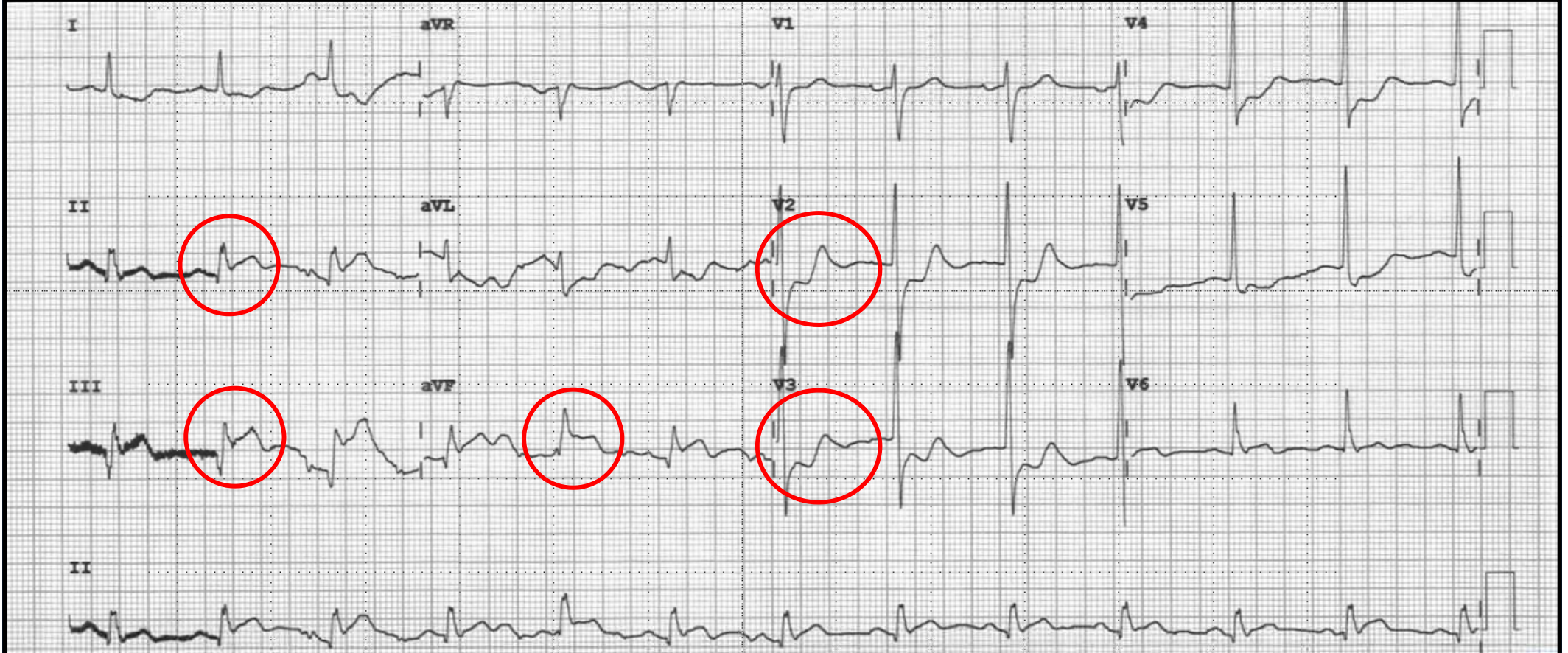
CXR

RT(P)



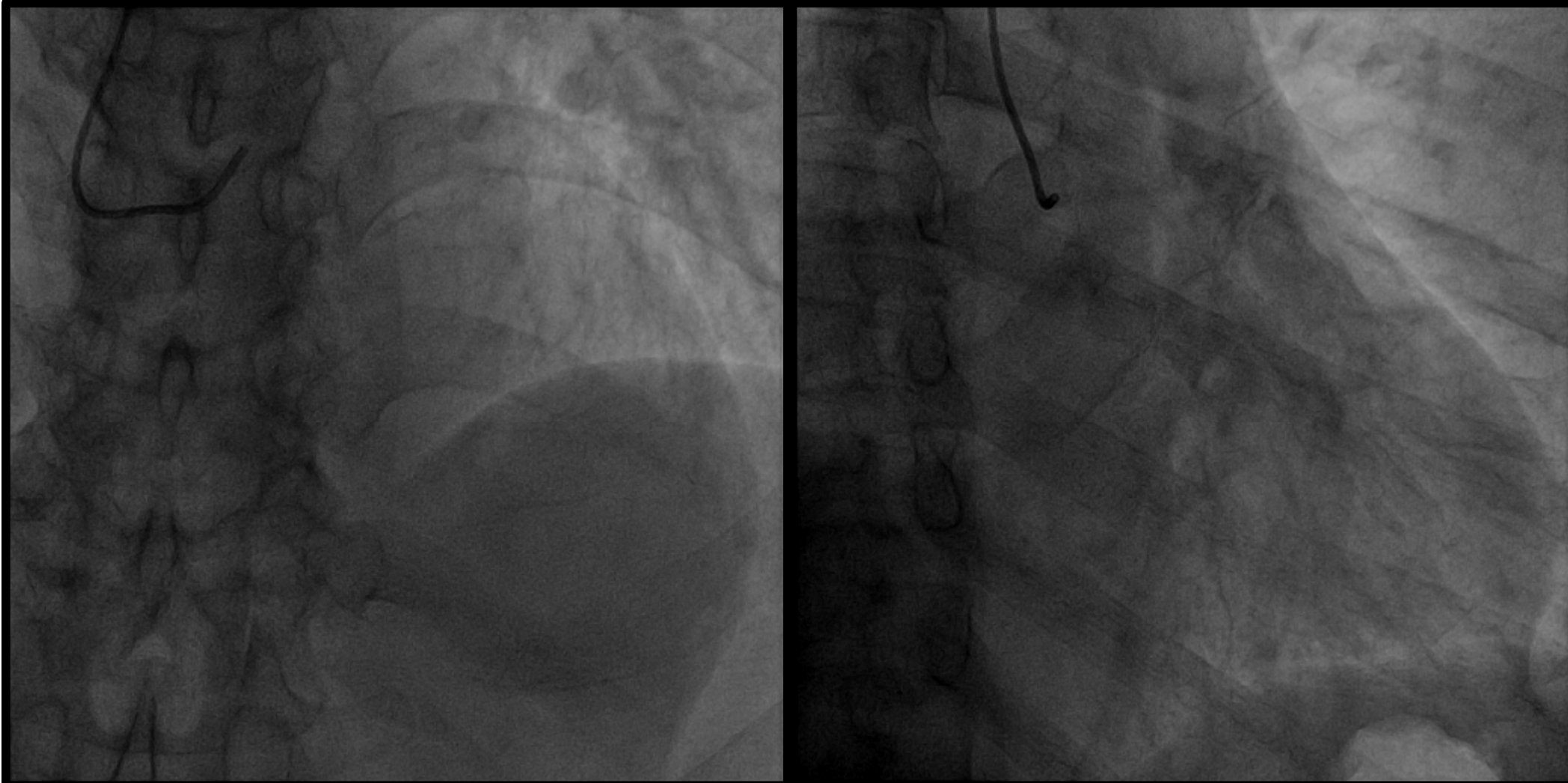


ECG



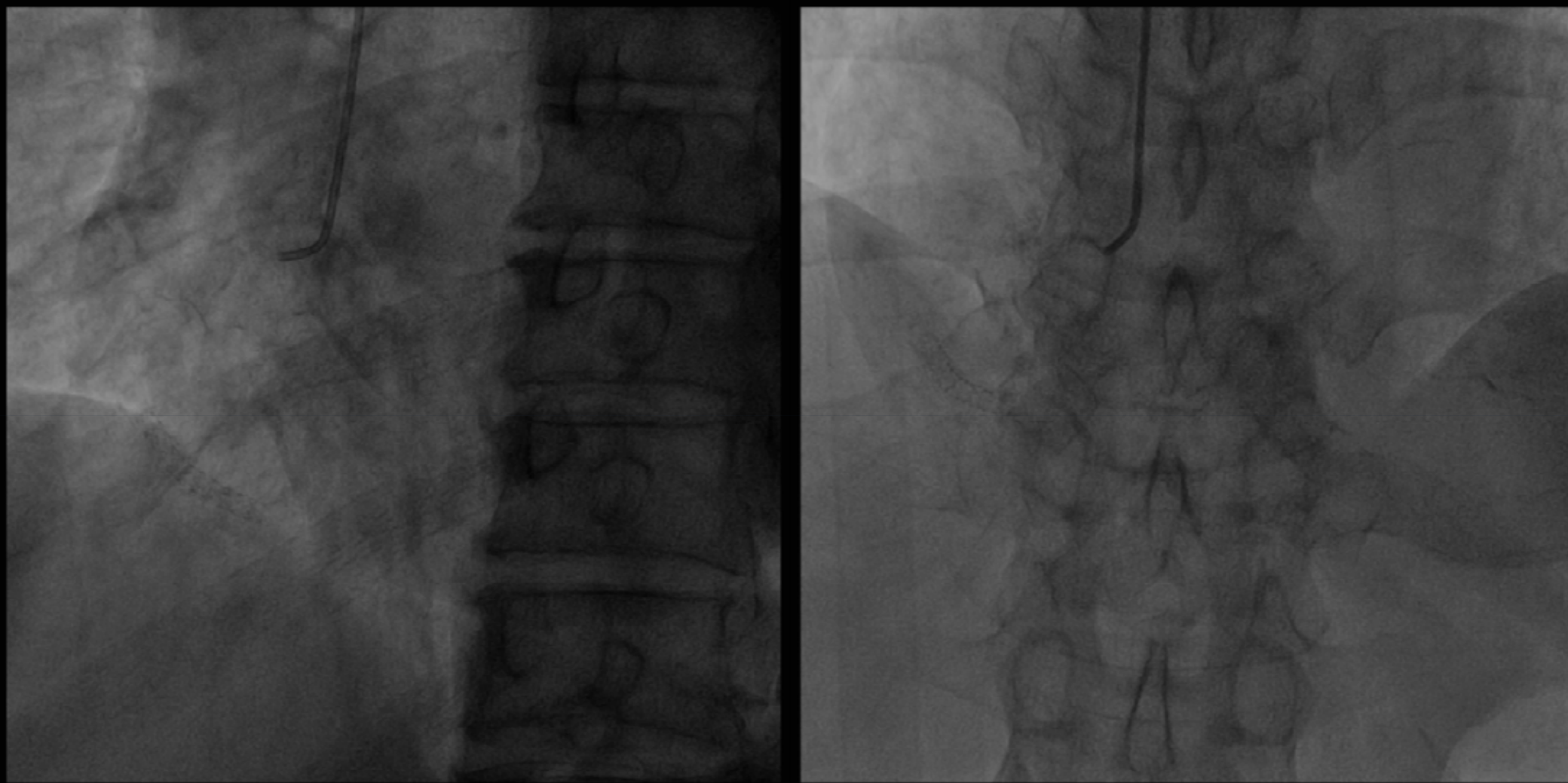


CAG





CAG





CAG Summary



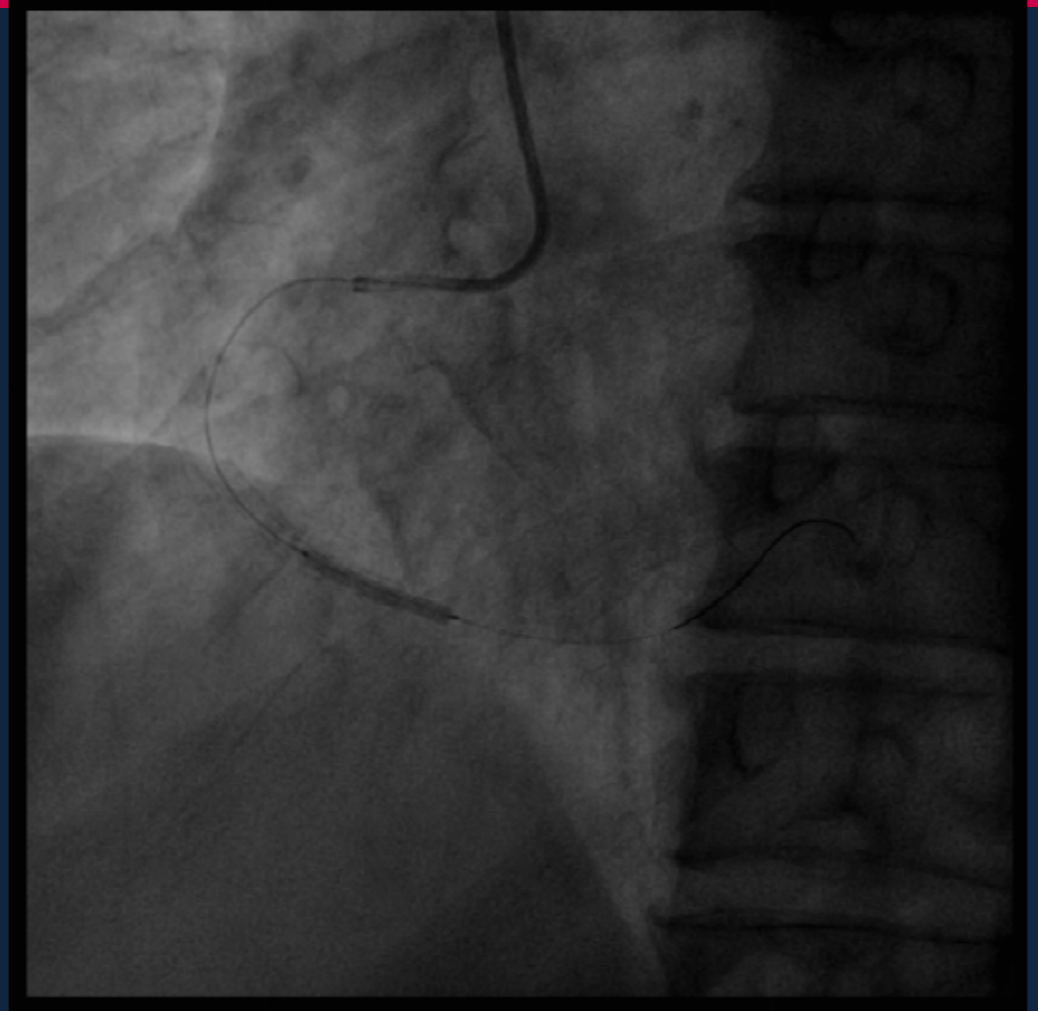
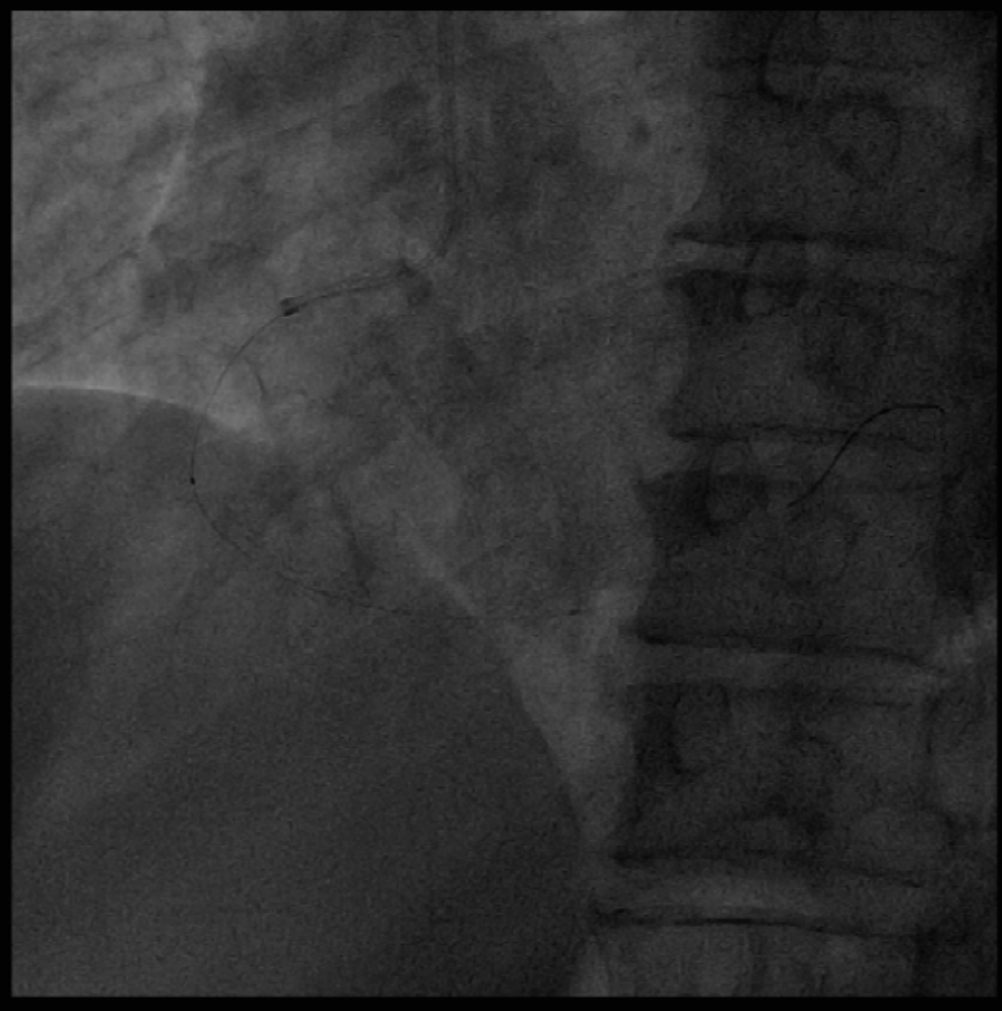
Mid LAD : Intermediate lesion

LCX : Small distal LCX & 95% stenosis

Distal RCA : In Stent Restenosis (Culprit lesion)



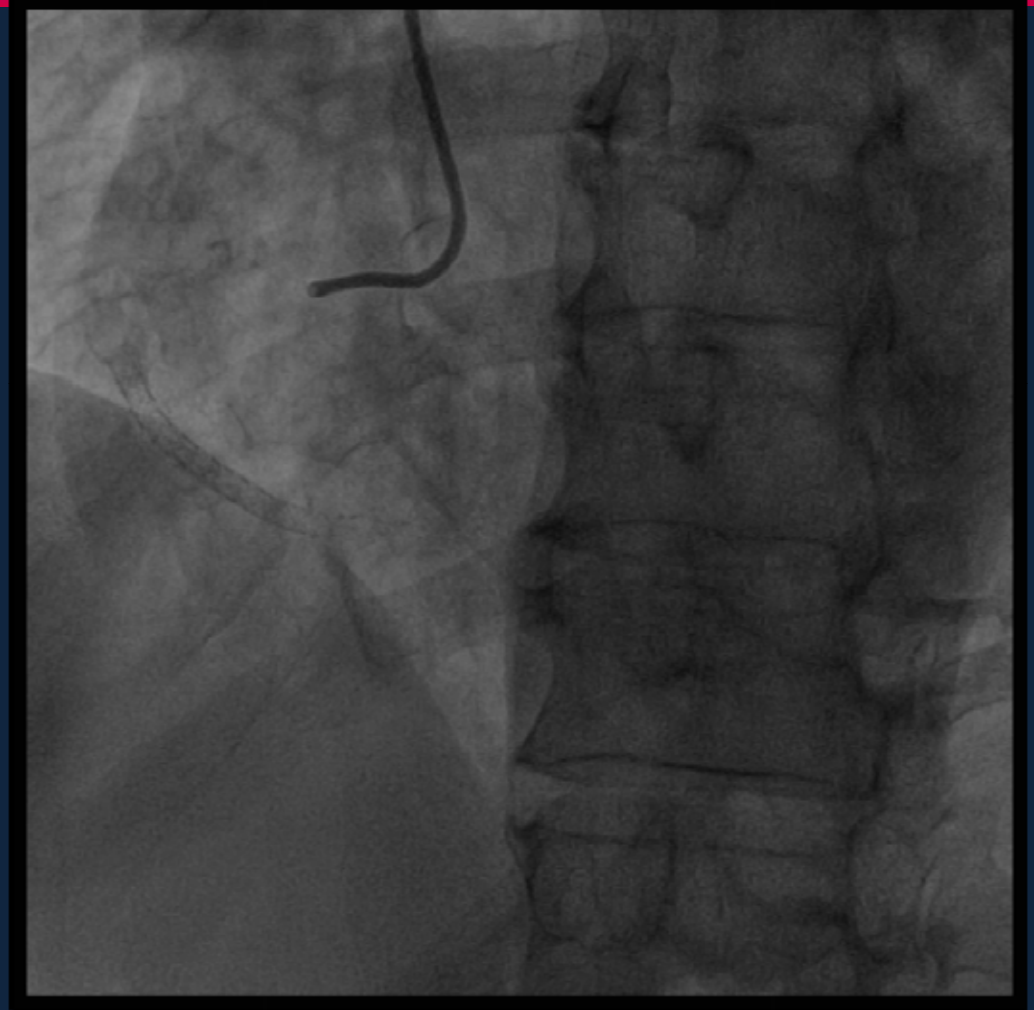
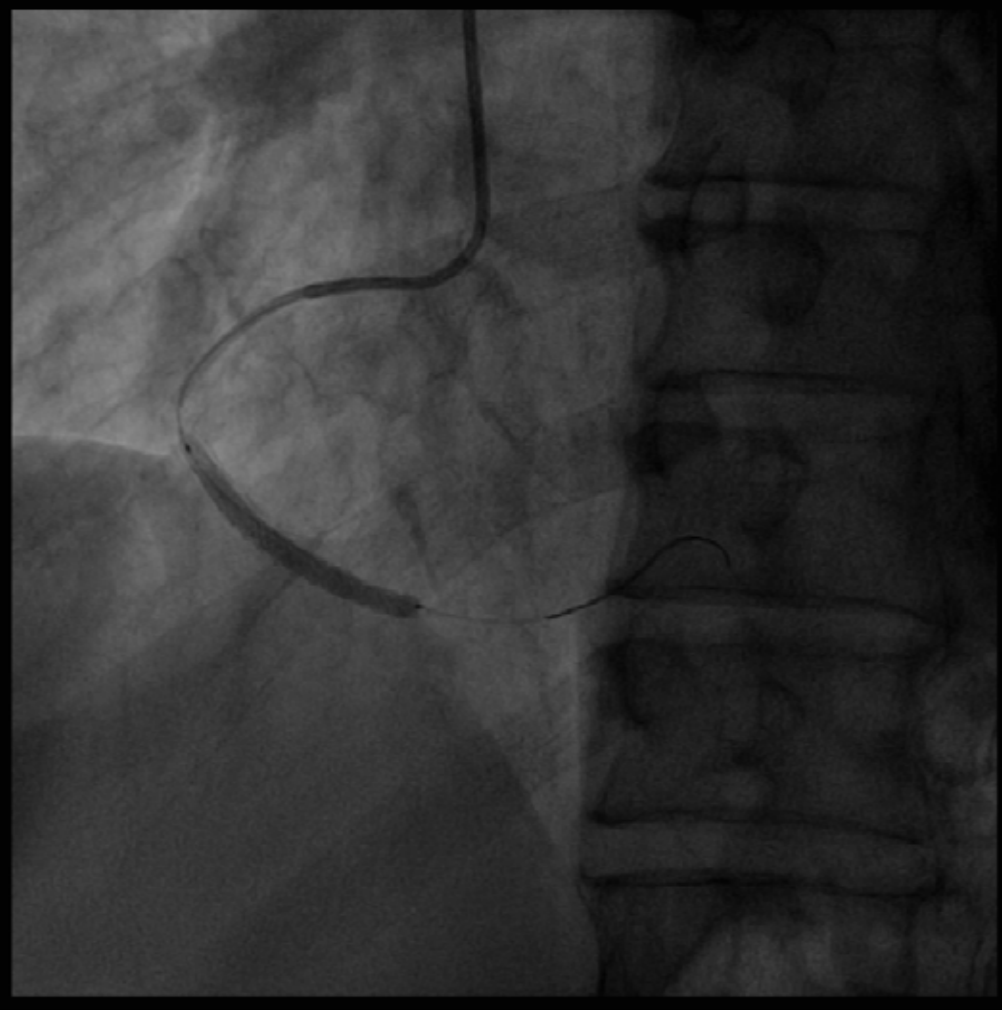
PCI – Distal RCA



6Fr AR II Guiding catheter & Thrombus Aspiration
Glycoprotein (Gp) IIb/IIIa inhibitor (clotinab) IC injection
2.5 x 20mm Balloon pre-dilate mid RCA ISR lesion



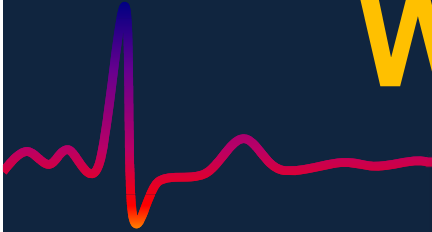
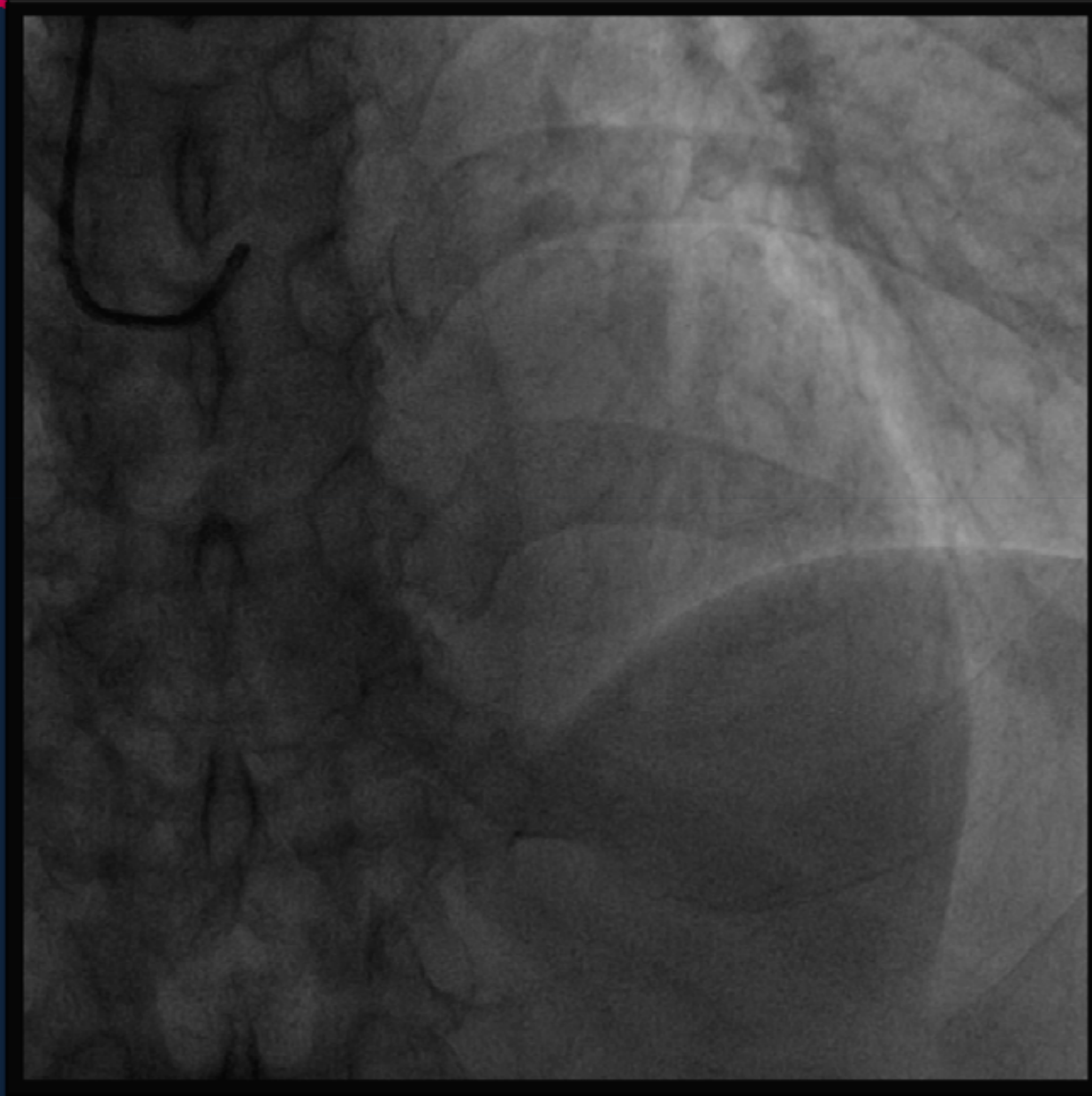
PCI – Distal RCA



3.5 X 38mm DES (Promus) deployed at distal RCA ISR lesion

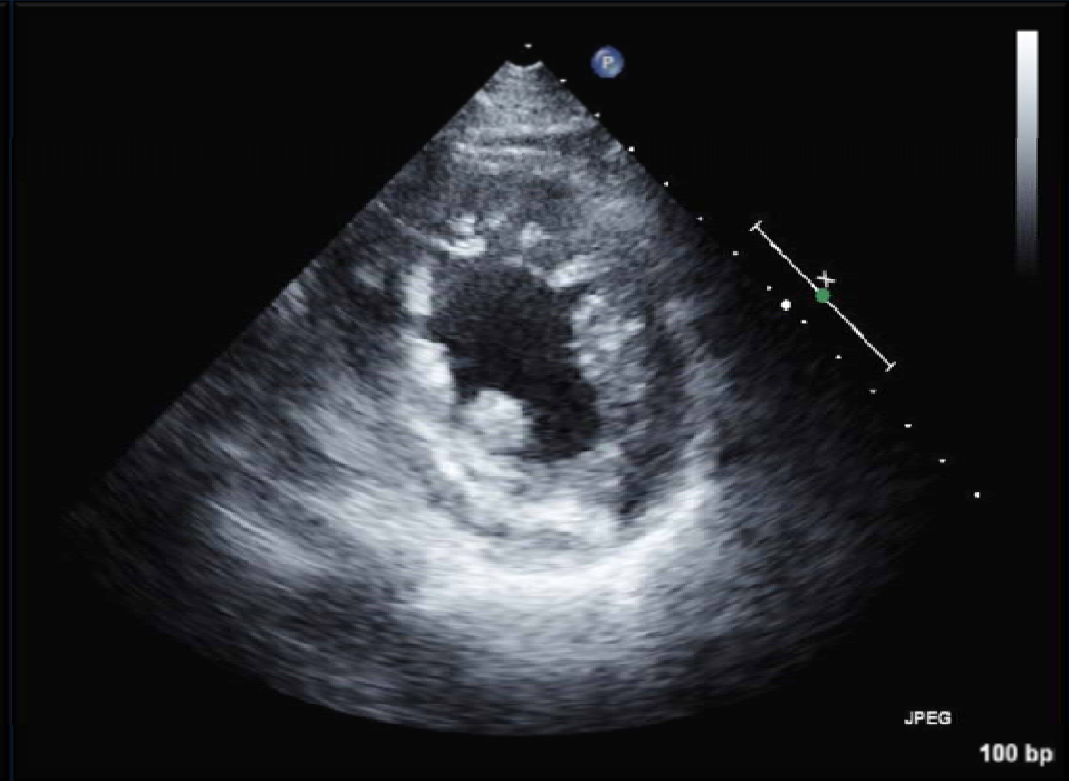
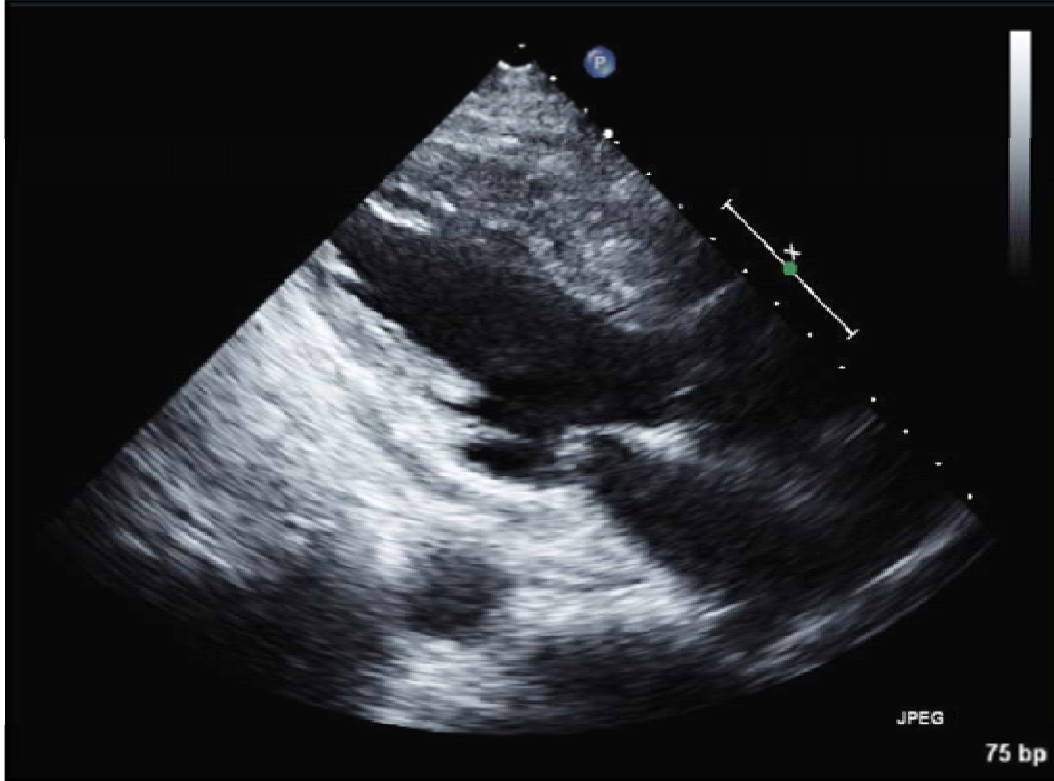
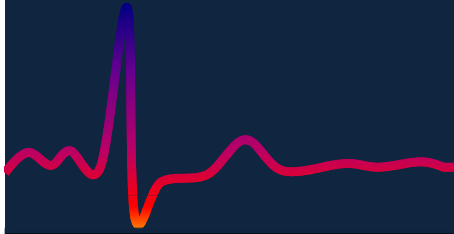


What is your Strategy?





Echocardiogram





What is your Strategy??



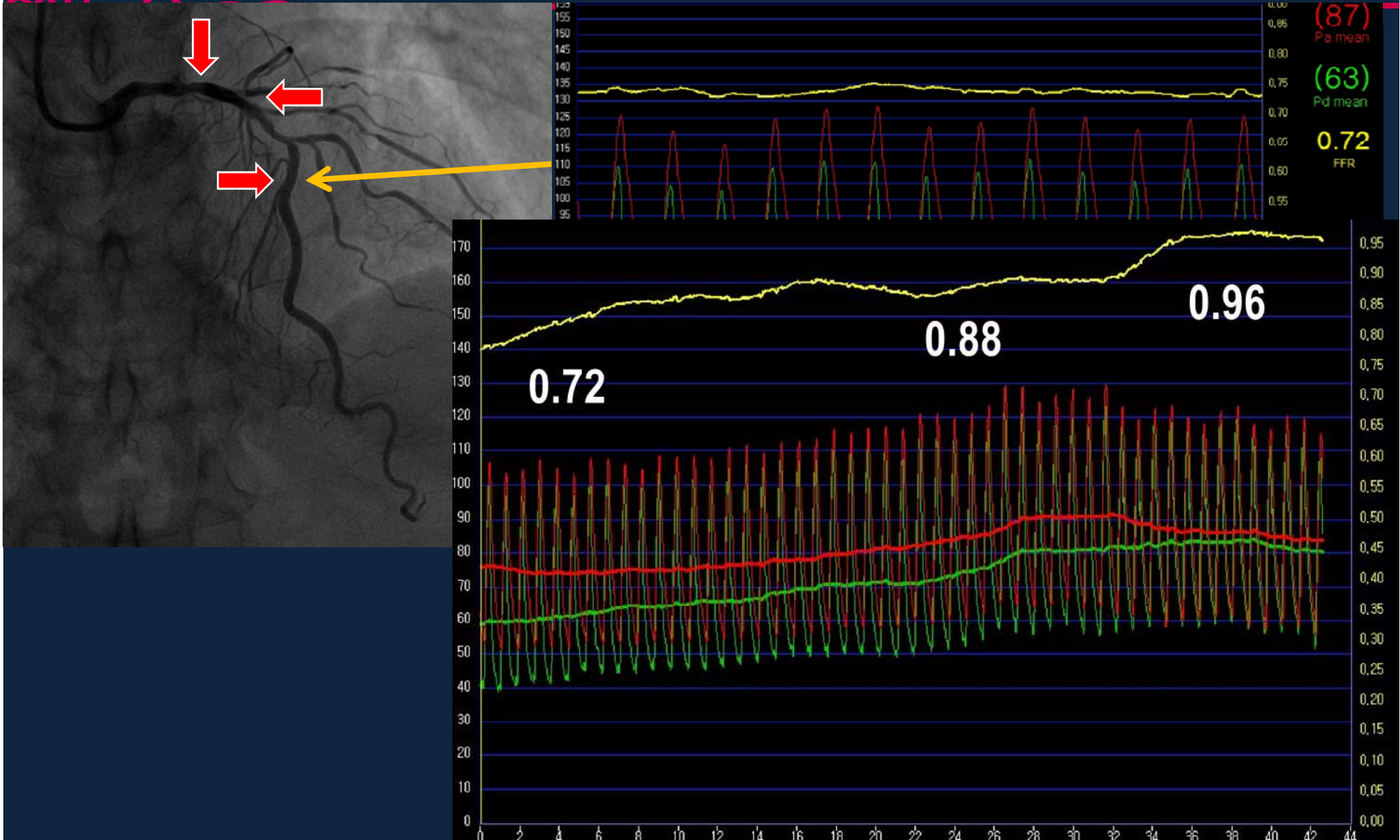
1. Observation ?

2. Anatomic evaluation ?

3. Functional study ?

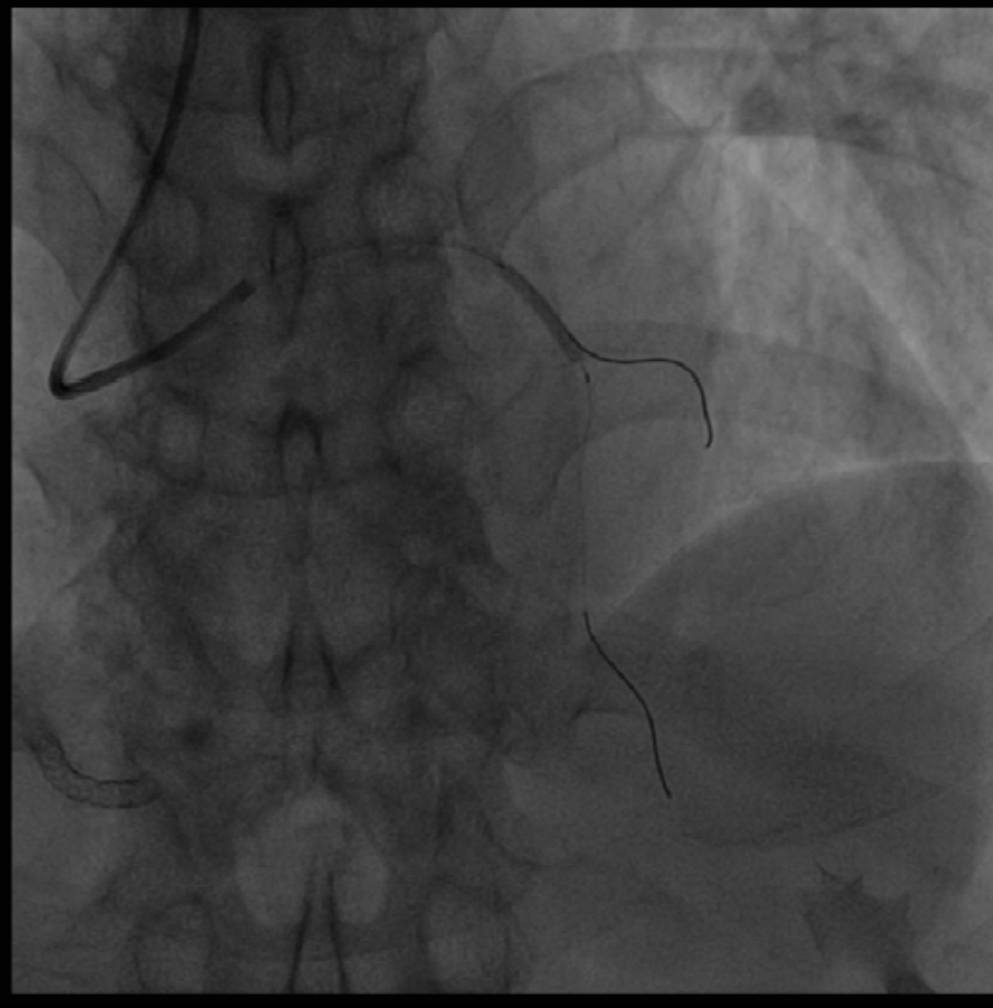


FFR of LAD





PCI – Mid LAD



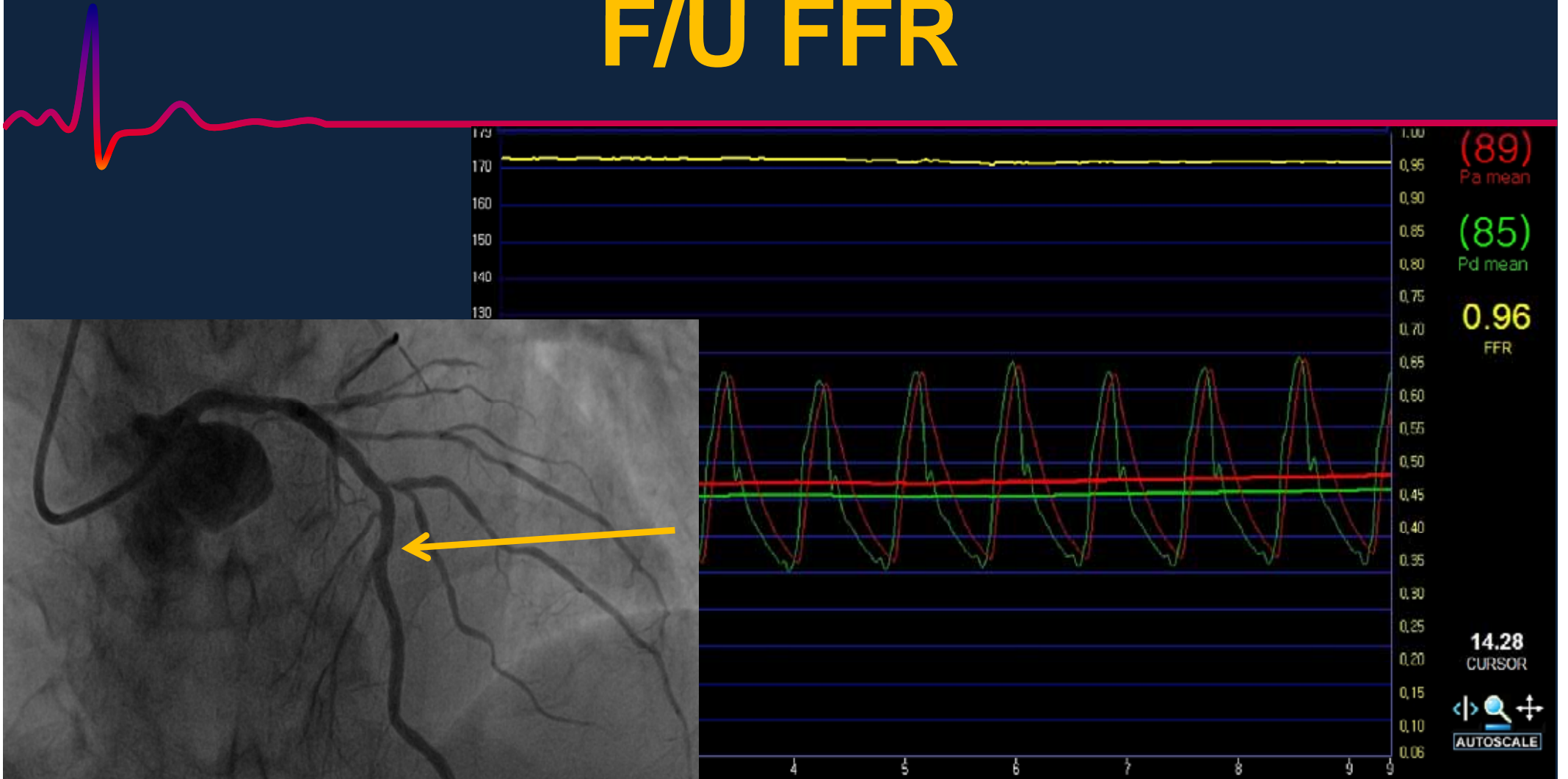
6Fr EBU 3.5 Guiding catheter

2.5 x 20mm Balloon pre-dilate mid LAD lesion

2.75 X 24mm DES (Promus) deployed at mid LAD lesion

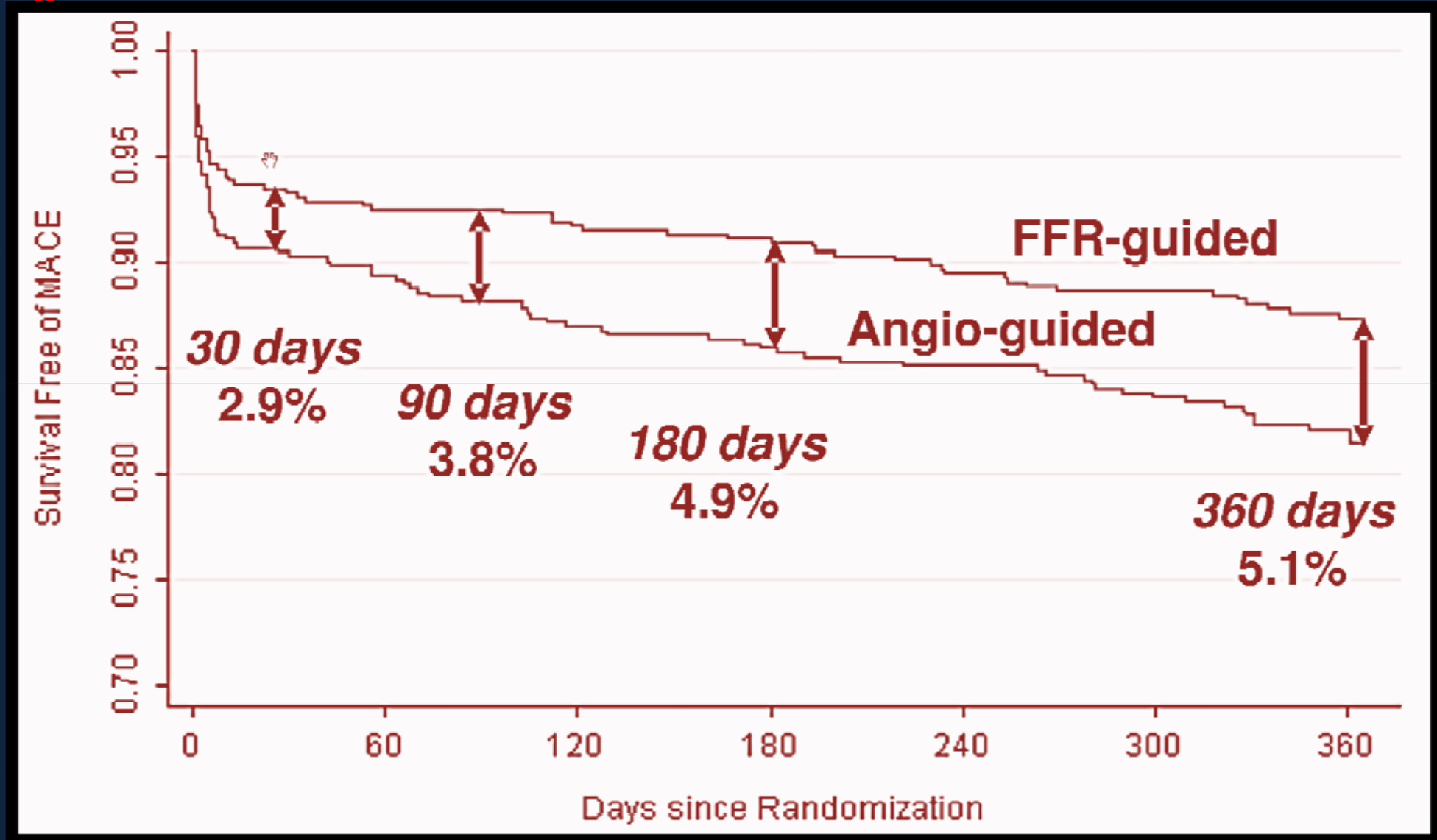


F/U FFR





FFR VS Angio - guided PCI





FFR of Non-culprit lesion in AMI

CLINICAL RESEARCH

Fractional Flow Reserve for the Assessment of Nonculprit Coronary Artery Stenoses in Patients With Acute Myocardial Infarction

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FFR of Non-culprit lesion in AMI

