



LEFT MAIN PCI A CASE SHARING

SUNANTO NG

UNIVERSITY PELITA HARAPAN /
SILOAM HOSPITAL LIPPO VILLAGE

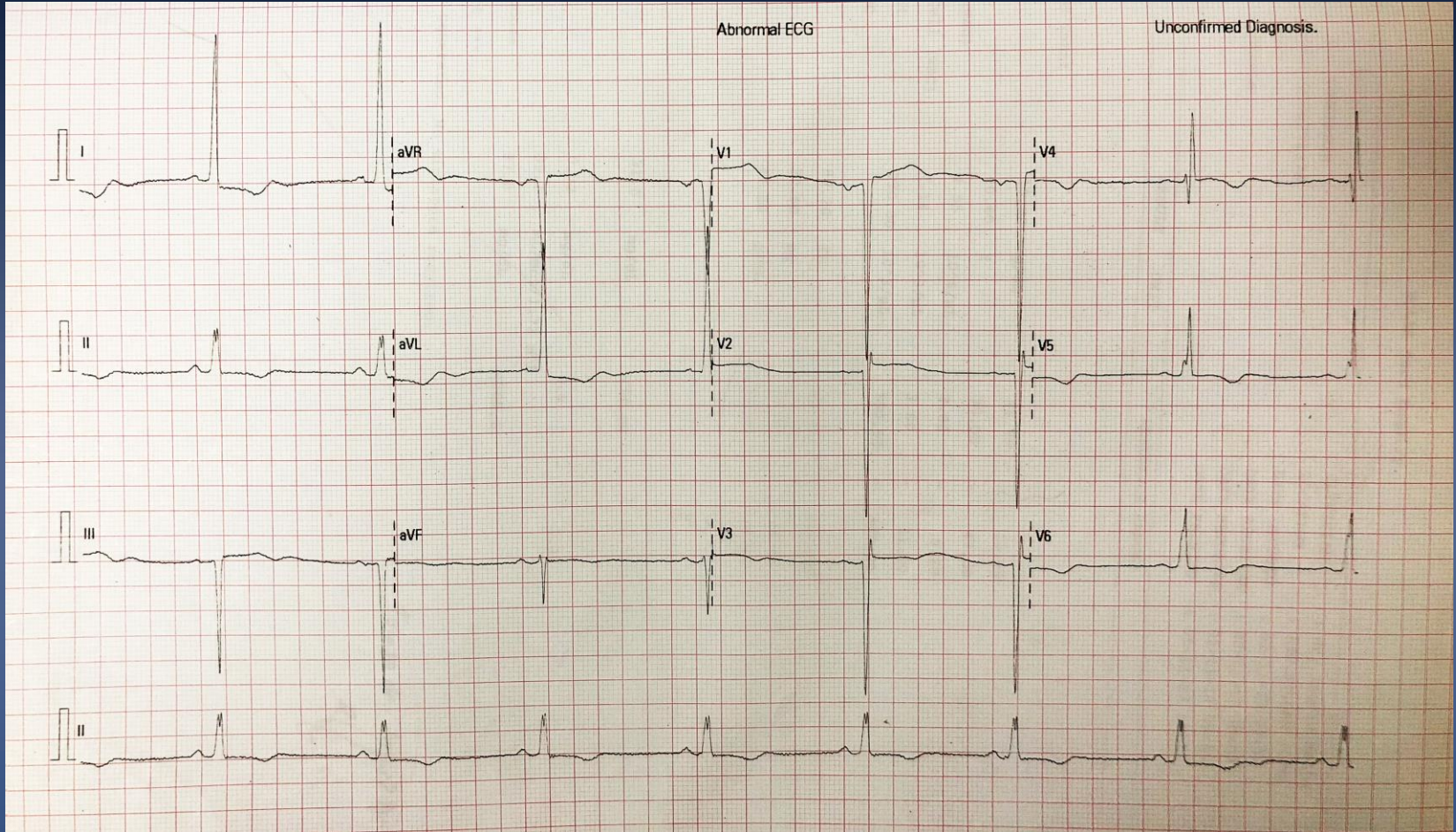
BANTEN, INDONESIA

Case

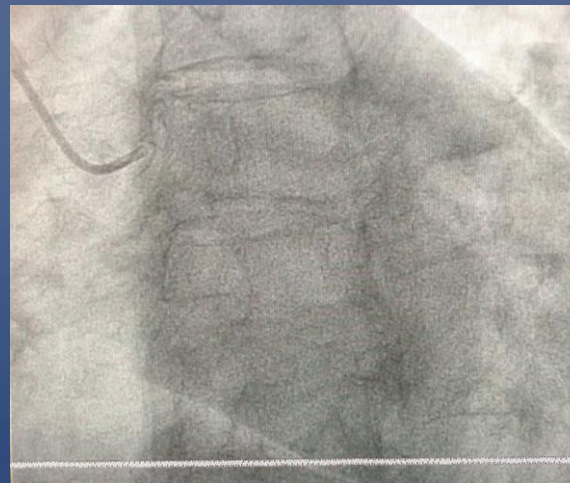
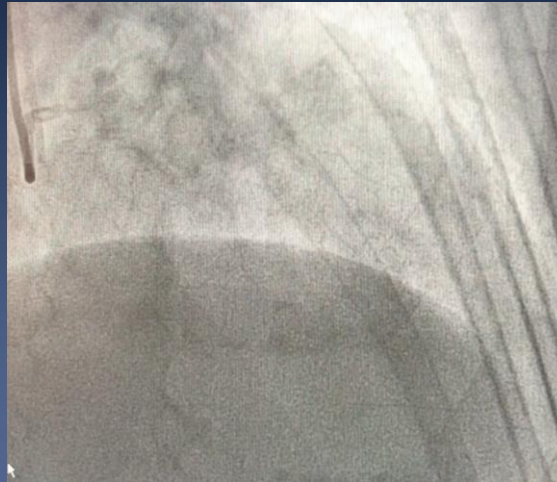
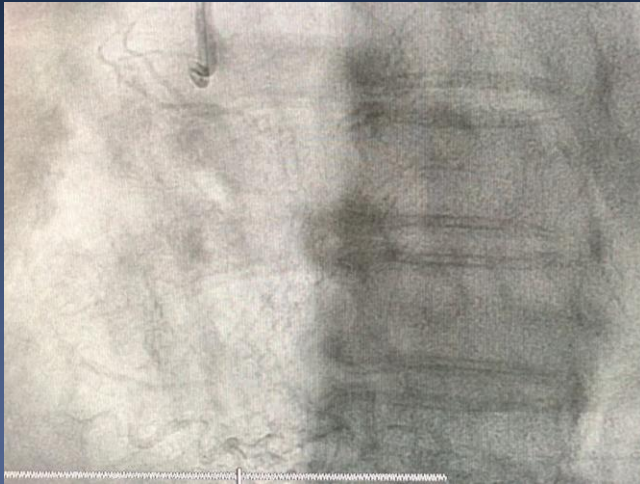
Aug 2017

- 54 years old female came to outpatient clinic
- Progressive angina and dyspnea on effort since 2 months
- DM (-), smoke (-), Htn (+)
- ECHO: dilated LA and LV. LVEF 41%, severe hypokinesia anterior wall

ECG



CAG 6 Nov 2017



SYNTAX Score I

Lesion 1 (segment 1): 1x2= Sub total lesion 1	2 2
Lesion 2 (segment 2): 1x2= Sub total lesion 2	2 2
Lesion 3 (segment 5): 5x2= Sub total lesion 3	10 10
Lesion 4 (segment 6): 3.5x2= Sub total lesion 4	7 7
Lesion 5 (segment 7): 2.5x2= Length >20 mm Sub total lesion 5	5 1 6
TOTAL:	27

SYNTAX Score II

Decision making -between CABG and PCI- guided by the Heart Team.

PCI

SYNTAX Score II:	37.2
PCI 4 Year Mortality:	12.1 %

CABG

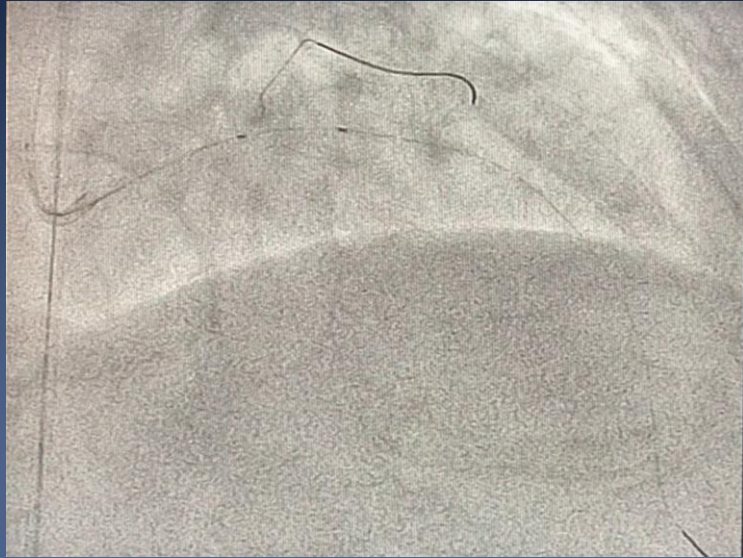
SYNTAX Score II:	18.0
CABG 4 Year Mortality:	2.5 %

Treatment recommendation ⓘ: CABG

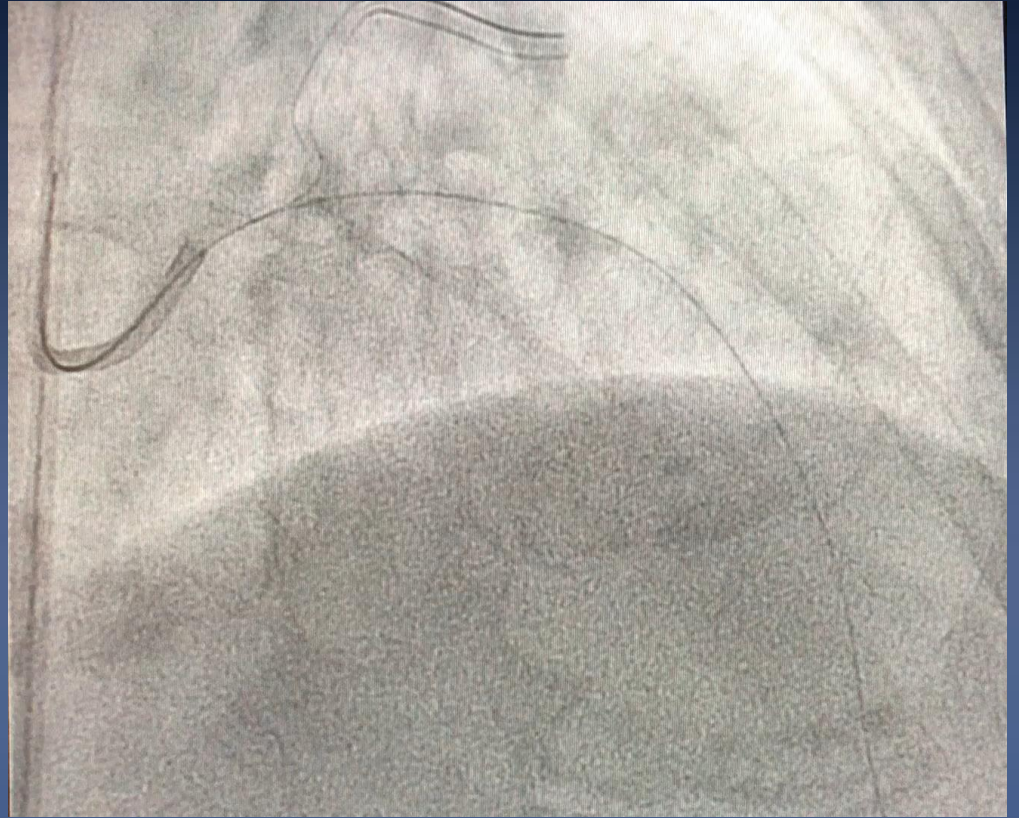
PCI LM-LAD (20 Nov 2017)

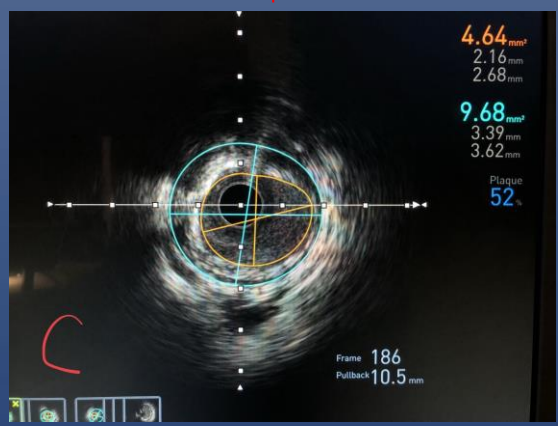
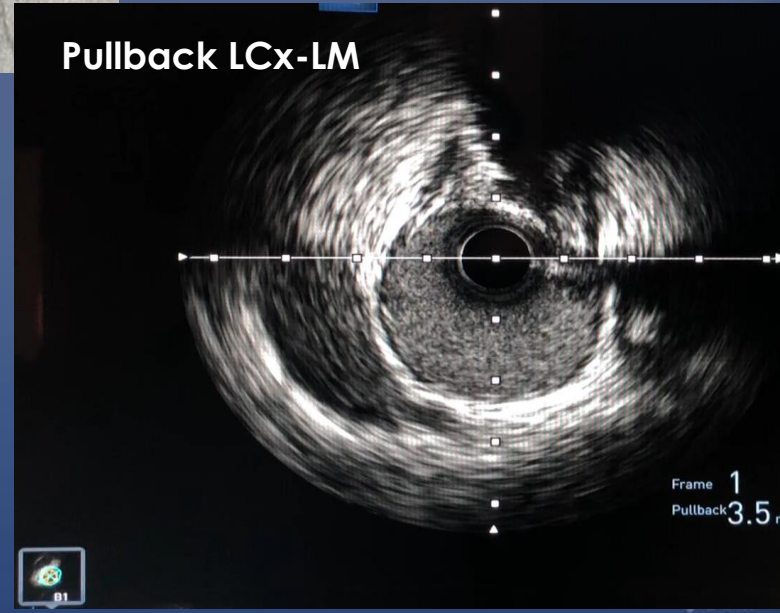
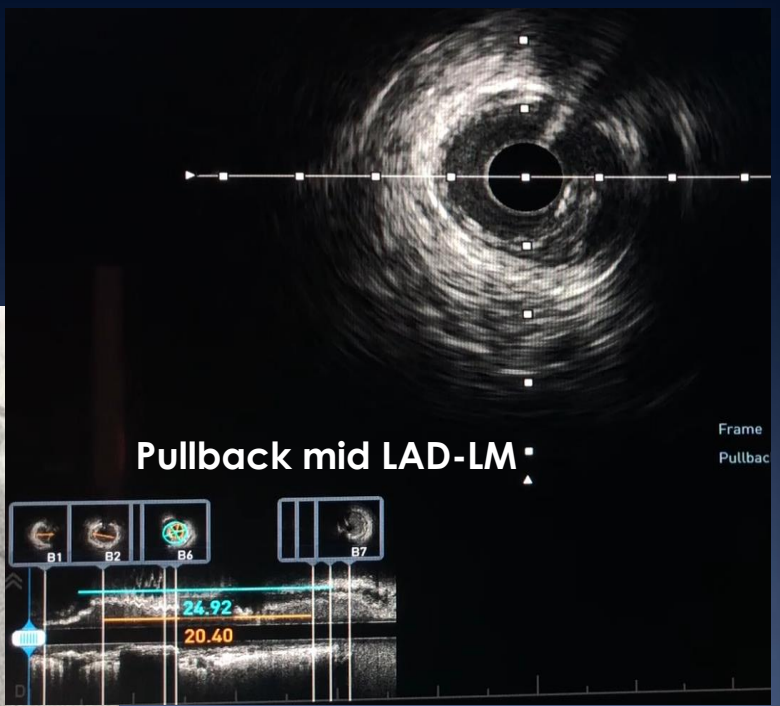
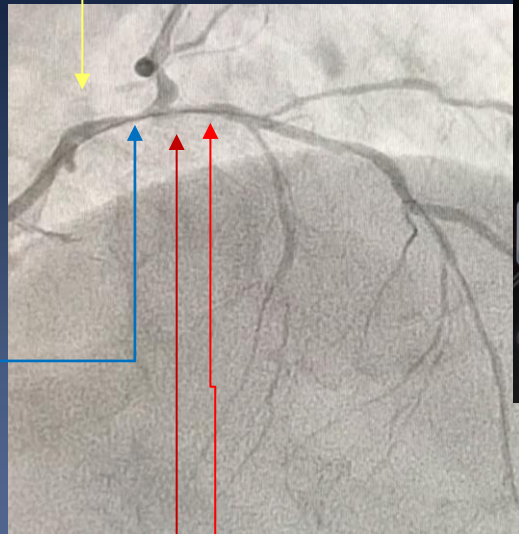
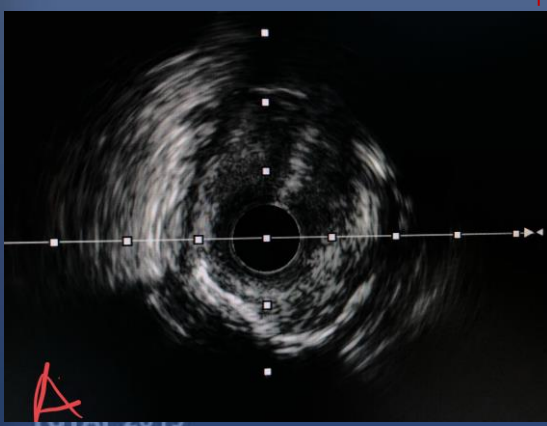
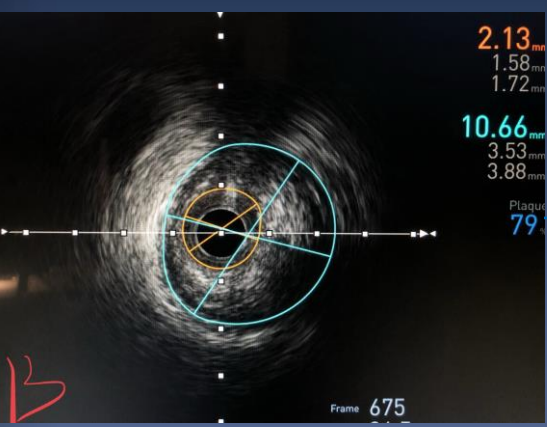
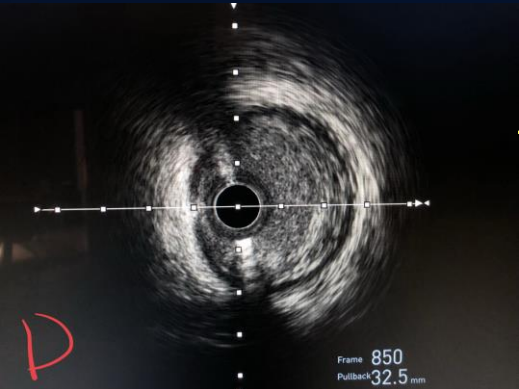
- Access: R-femoral
- Guiding catheter: JL 3.5/7F
- Wire: Sion Blue, Samurai
- Balloon: Sprinter Legend 2.5/15, NC Sprinter 3.5/12
- IVUS: Opticross
- Stent: DES Promus Premier 3.0/24

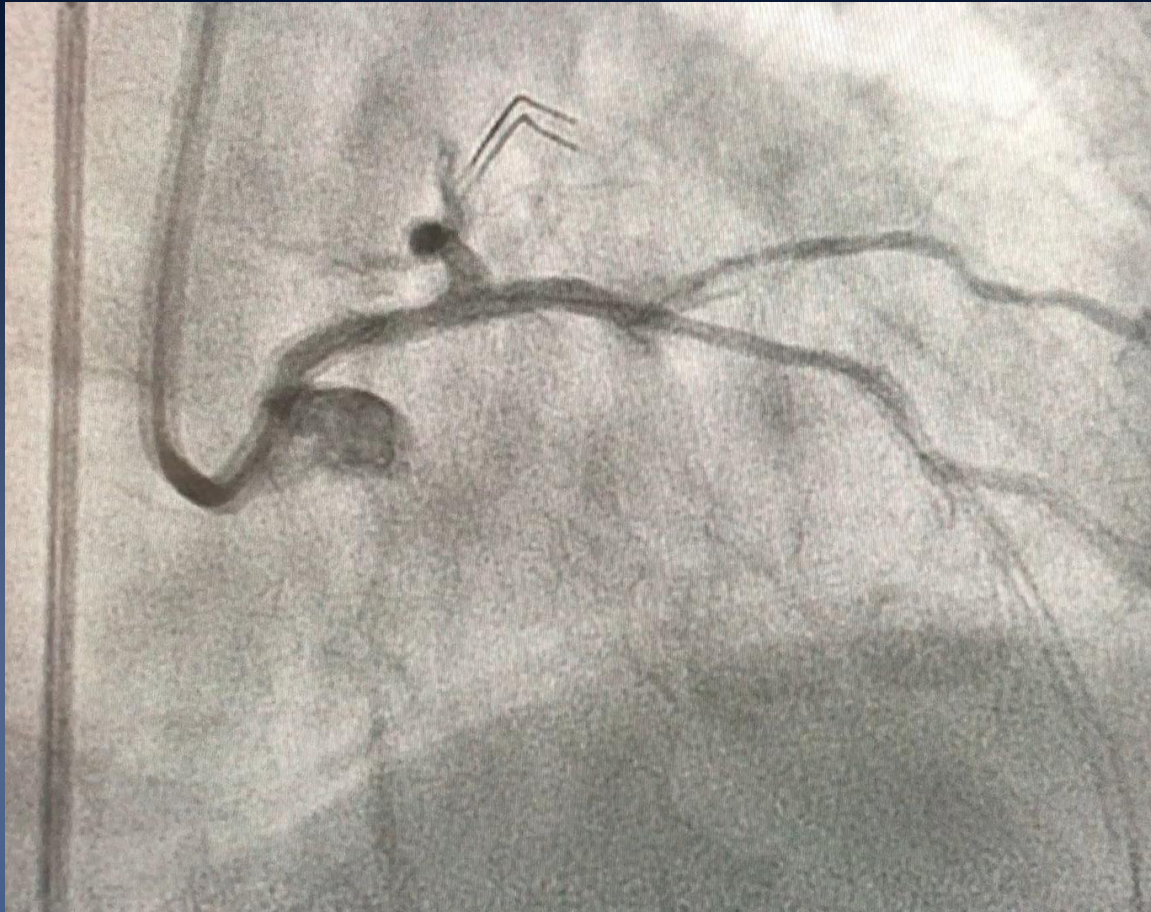
- Contrast : Ultravist 65 mL
- Total AK: 578 mGy



Predilate LAD-LM, balon 2.5/15, 12 atm







**DES Promus Premier 3.0/24
12 atm + postdilate prox 14 atm**

MSA LM PREPOTS

5.83 mm²
2.63 mm
2.81 mm

13.14 mm²
3.95 mm
4.18 mm

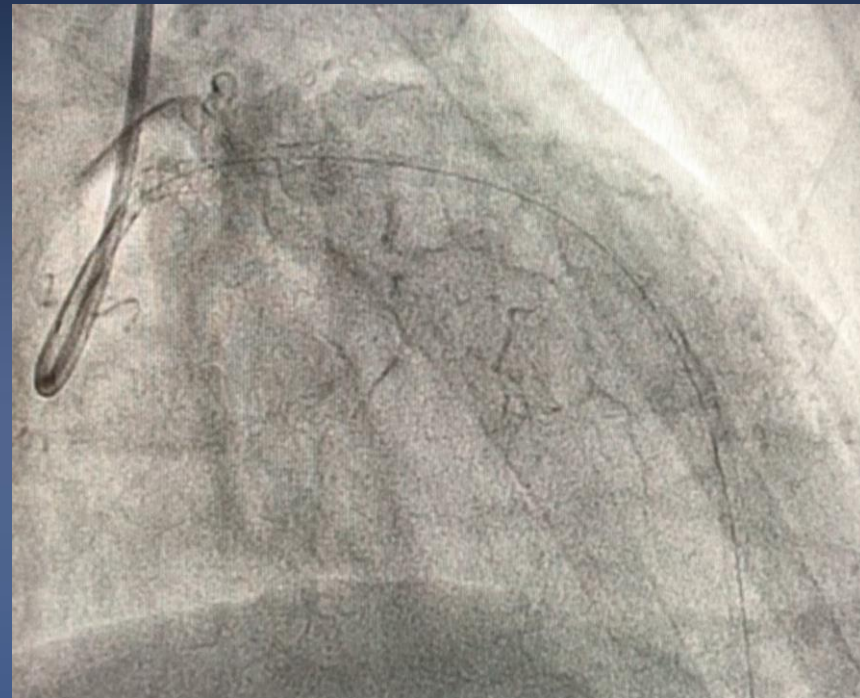
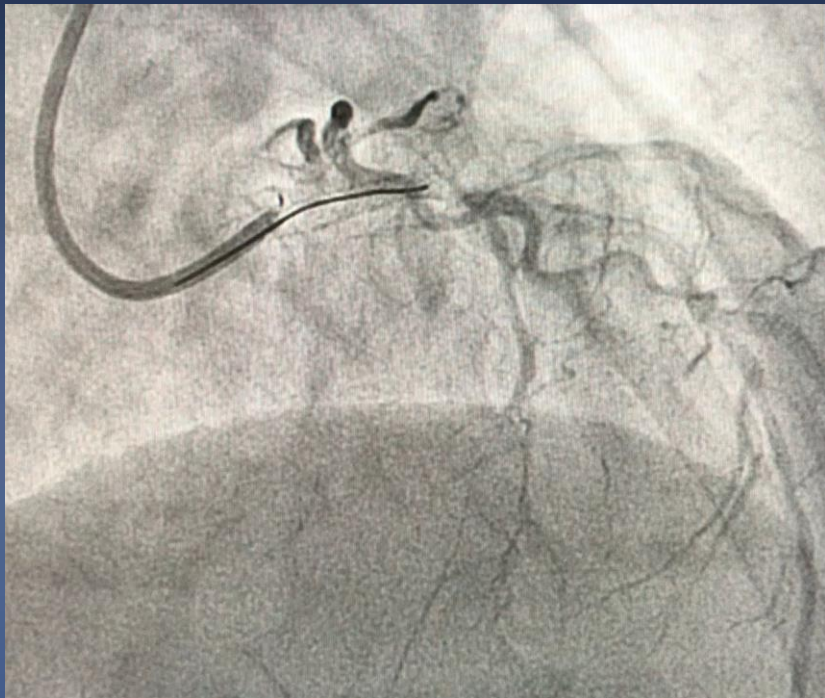
Frame 999
Pullback 34.0 mm



After PCI LM-LAD Nov 2017

- Angina CCS 3 → 2 (or NYHA fc 2)
- ASA, CPG, Bisoprolol 2.5 mg, Candesartan 8 mg bid, atorvastatin 20 mg, furosemide 2x/week.
- ECHO Jan 2018: LVEF 45%

**Feb 2018 (3 mo after PCI LM):
PCI mid LAD + 1 DES**

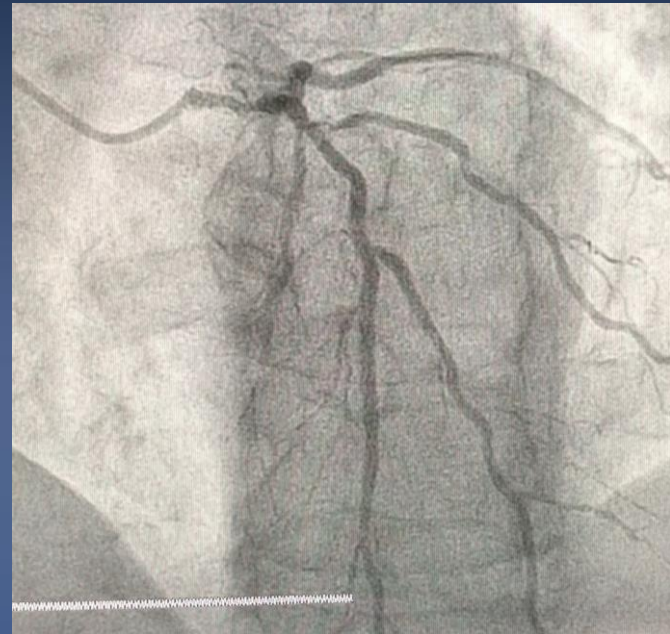
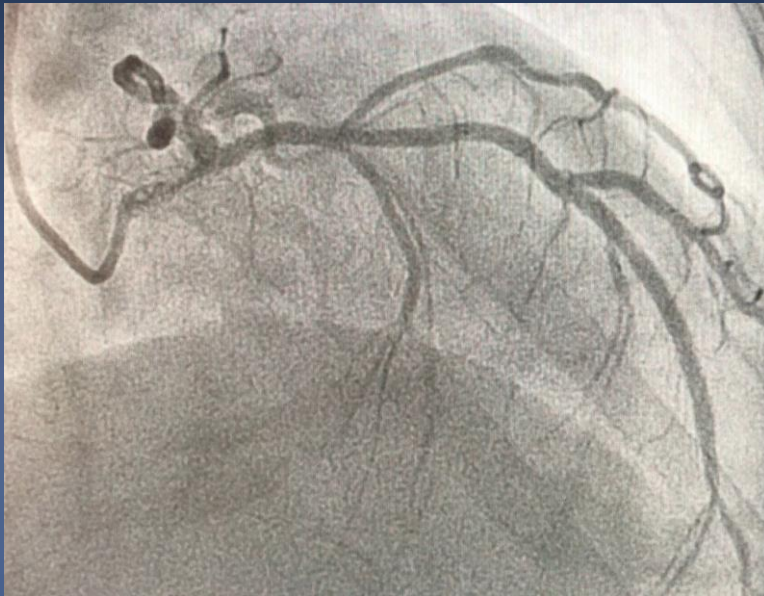


Guiding catheter EBU 3.5/6F,
GW Sion blue, balon Panthera 2.0/20
Stent DES Orsiro 2.75/40

May 2018 (6 mo after PCI LM)

- Progressive angina CCS 2 – 3
- Plan for re-CAG

RE-CAG Jun 11st



Soon after re-CAG

- Increasing orthopnea → lung edema
- Respiratory failure → ventilator
- Admitted to ICCU

Discussion Points

1. What should be done?
 - a. Medical stabilization + IABP
 - b. Urgent CABG
 - c. PCI (stage PCI LM-first or complete)?
 - d. Any other opinion?

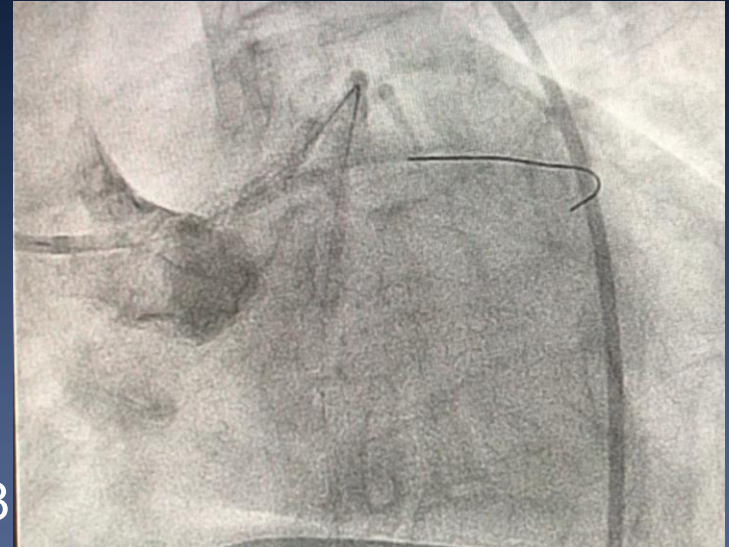
2. What was the cause of LM in-stent restenosis?
 - a. Undersized stent?
 - b. Underexpanded stent?
 - c. Geographic missed of the osteal LM?

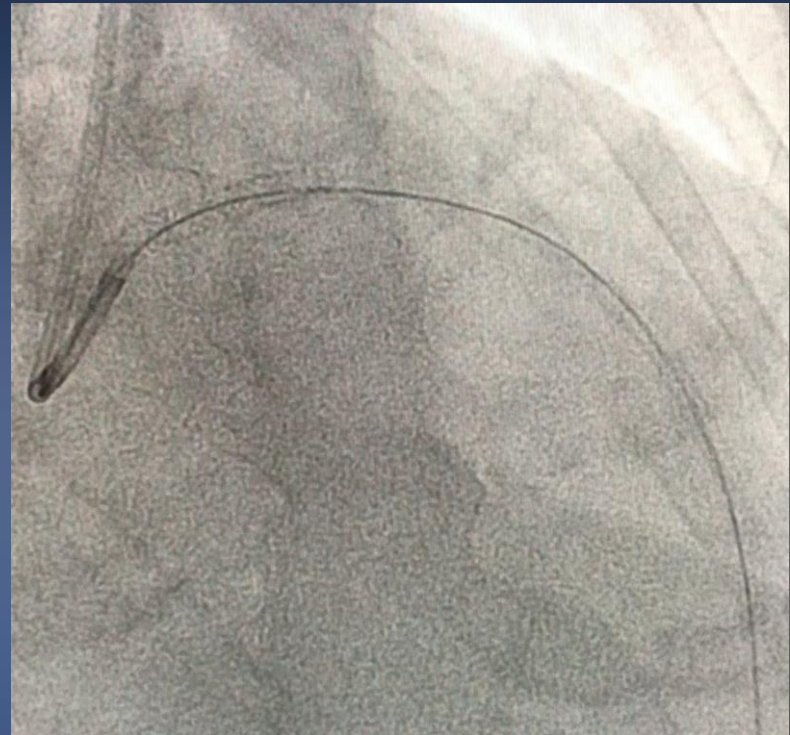
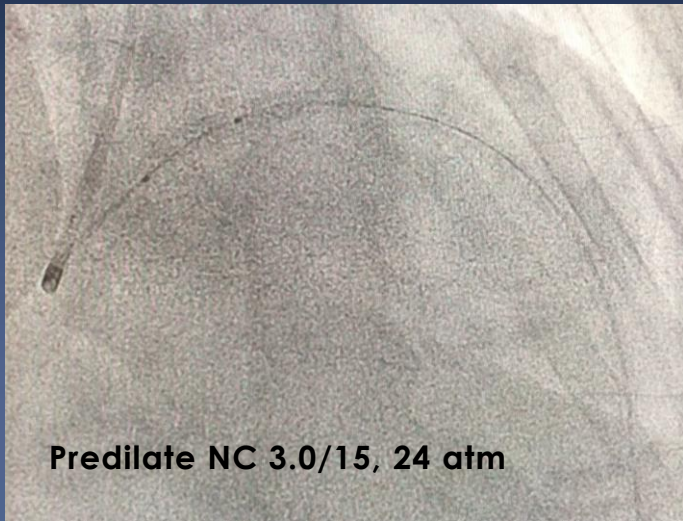
Decision made

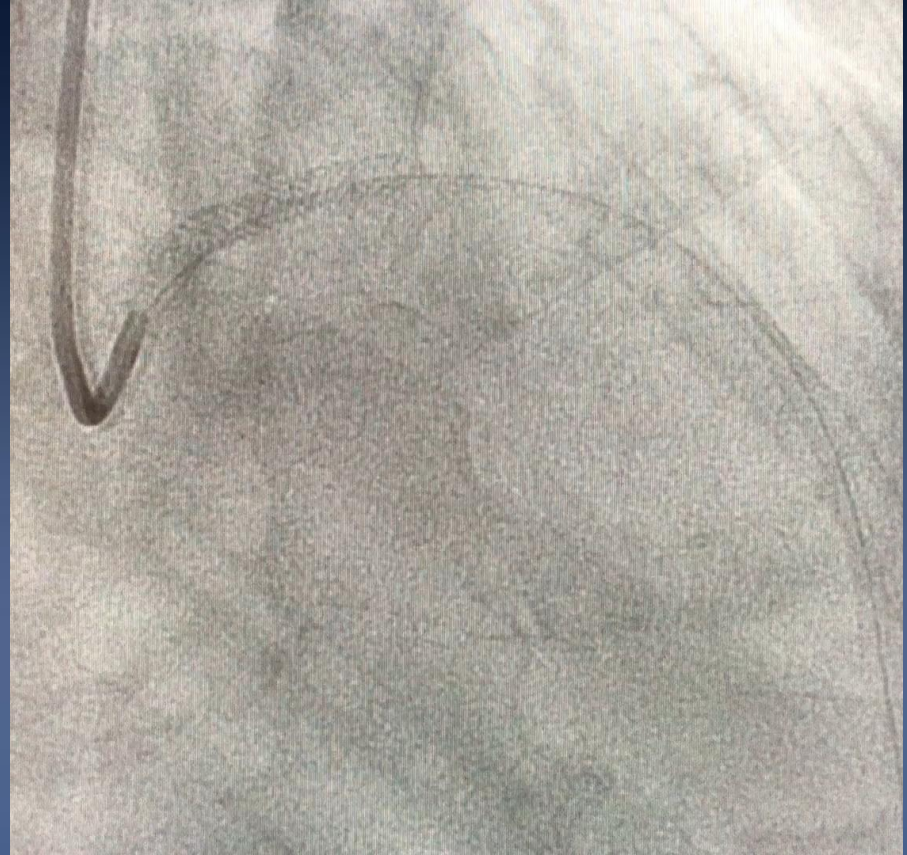
- After some discussion with the family, decided to re-PCI LM (staged)

Re-PCI LM Jun 12nd

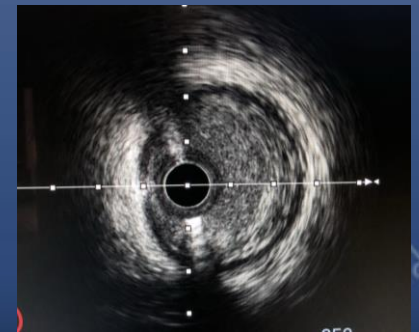
- Access: R femoral
 - Guiding cath: JL 3.5/6F
 - Wire: Sion Blue 2x
 - Balloon: NC Sprinter 3.0/15
 - Stent LM: DES Synsiro 4.0/22
 - Stent RCA: DES Resolute Endeavor 3.5/38
-
- Contrast: 200 mL
 - Total AK: 2747 mGy







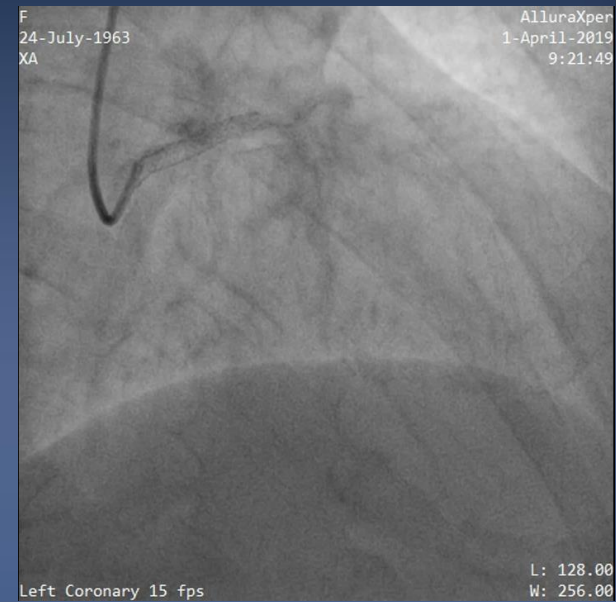
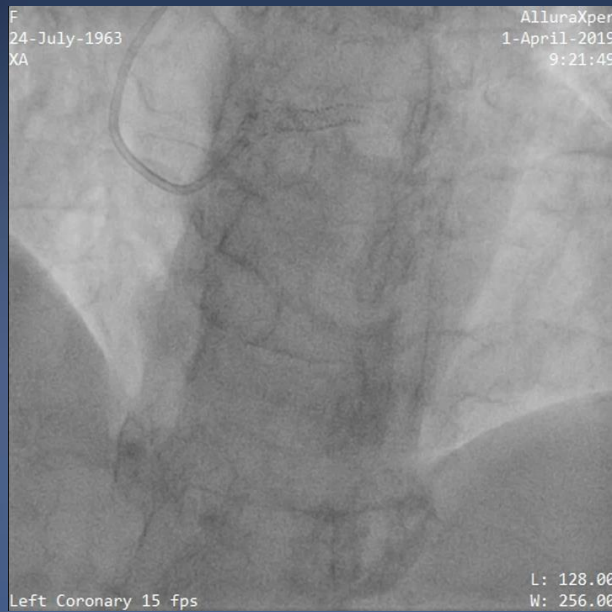
Now without IVUS (based on previous IVUS finding),
I chose a 4.0 stent
DES Synsiro 4.0/22,
10 atm, postdilate prox 20 atm



Follow up

- Extubated 1 d after PCI
- Discharged at day 4
- Tx: ASA, Ticagrelor 90 mg bd, atorvastatin 20 mg, candesartan 4 mg bd, bisoprolol 1.25 mg, furosemide every two day
- recent follow up (Mar 2019):
 - Mar 2019: good condition, NYHA fc 2, no angina

CAG Mar 2019 (9 months later)



Conclusion/Take-home Message

- *Case resume:*
 - 54-yo female with progressing angina due to multivessel + LM disease
 - Underwent LM PCI with IVUS guided
 - ISR LM after 6 mo
 - re-done PCI LM with larger stent – good result until recent (9 mo)
- *My learning points:*
 - Underexpansion is the main reason for ISR LM
 - Using IVUS appropriately = interpret well, believe and apply accordingly
 - Staged PCI LM-first seems to be safe.
 - Be cautious even in CAG LM tight lesion (can cause severe ischemia with hemodynamic consequences)

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