

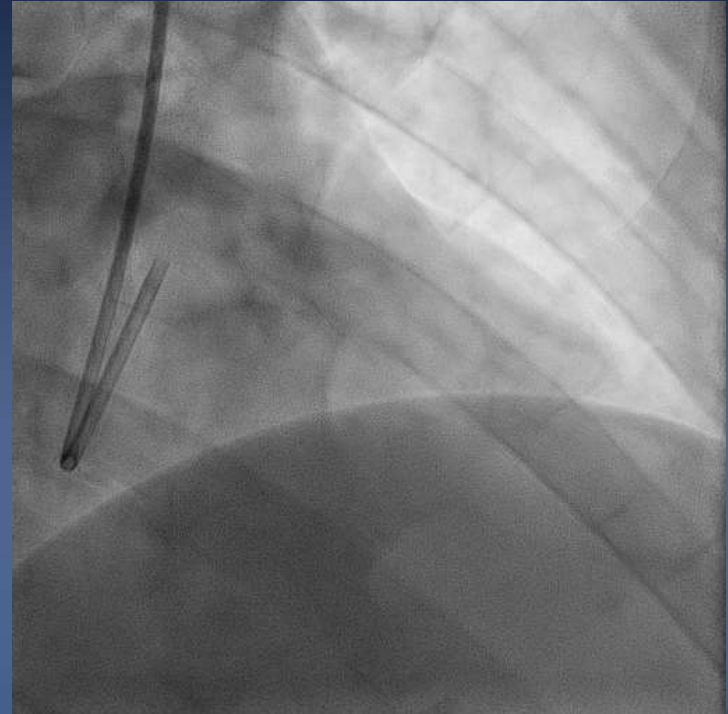
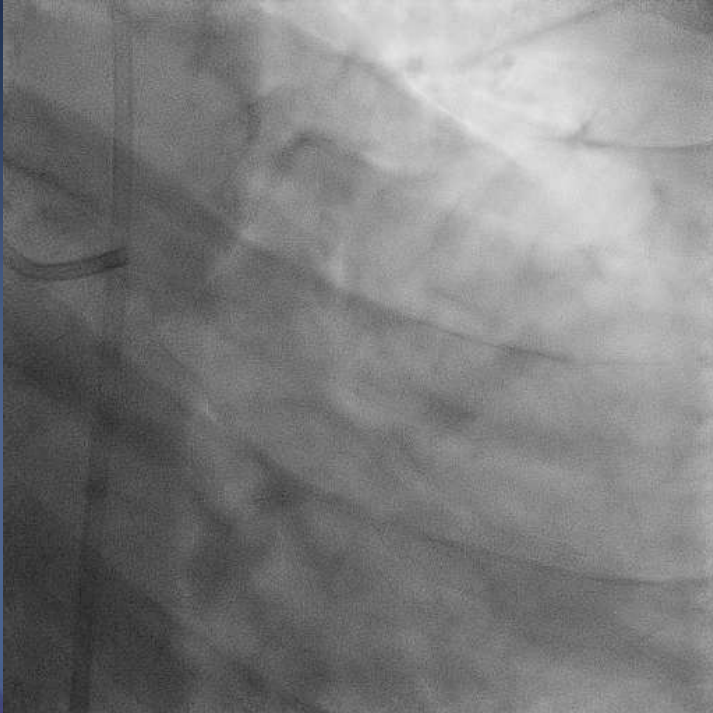
# Being Fat May Not Be a Bad Thing

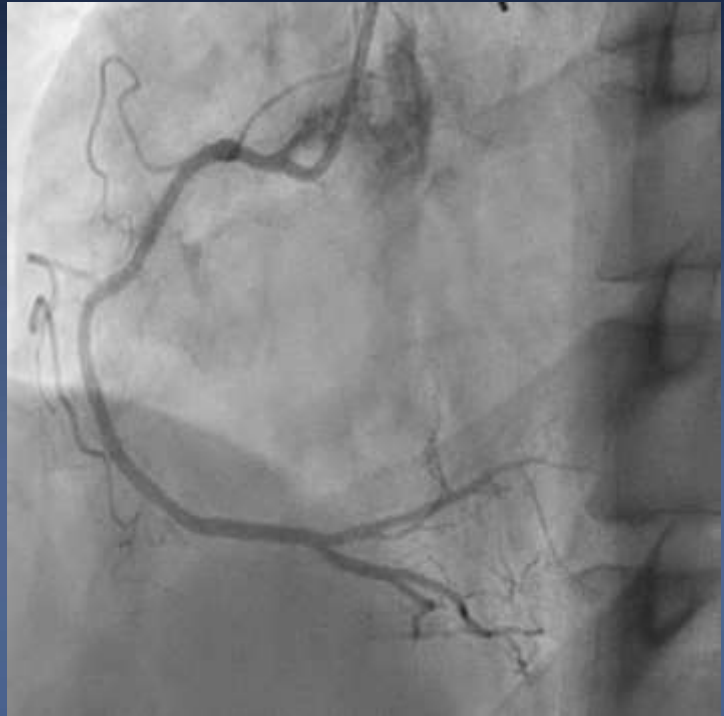
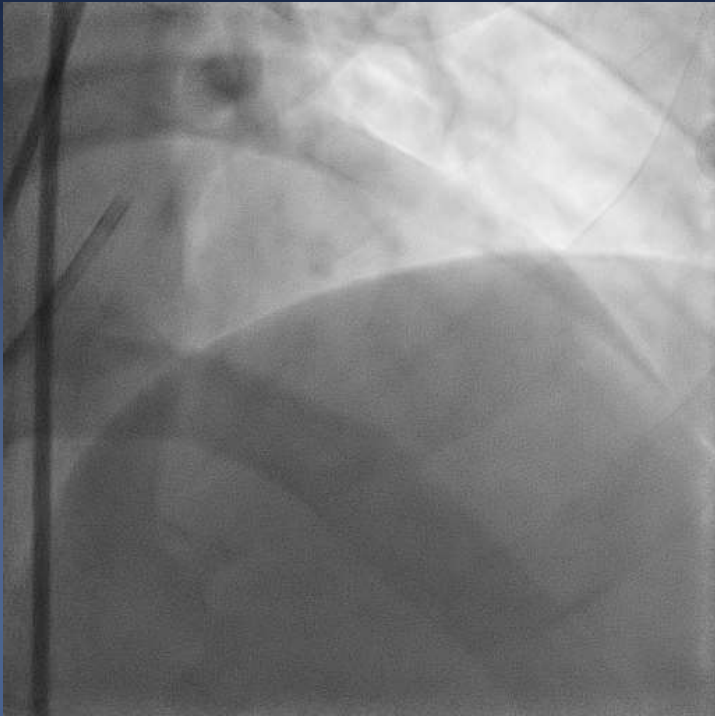
Jayakhanthan Kolanthaivelu  
Rosli Mohd Ali

# Background

- 47 year old gentleman
- Premorbidly nil
- Smoker
- 6 months history of angina with CCS II
- EST was positive
- ECHO : EF 50-55% with anterior RWMA

# Coronary Angiogram

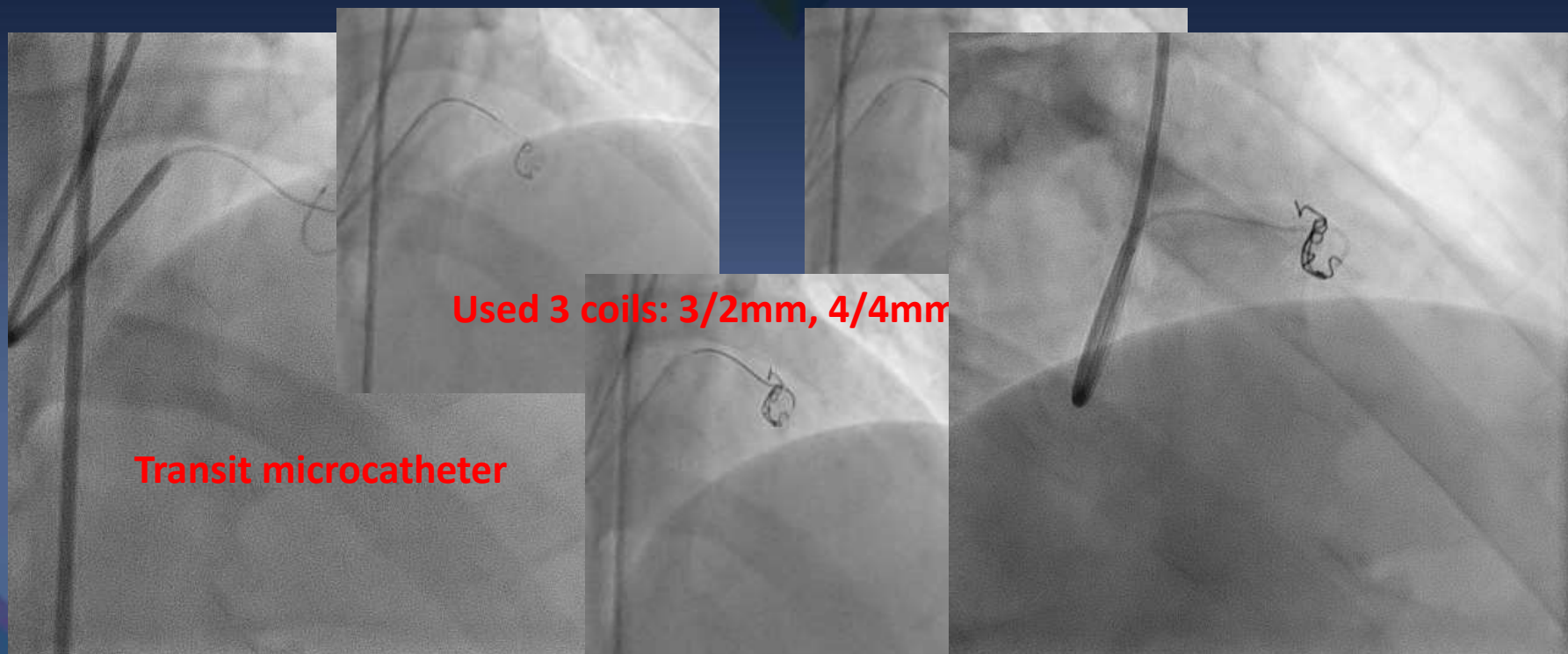




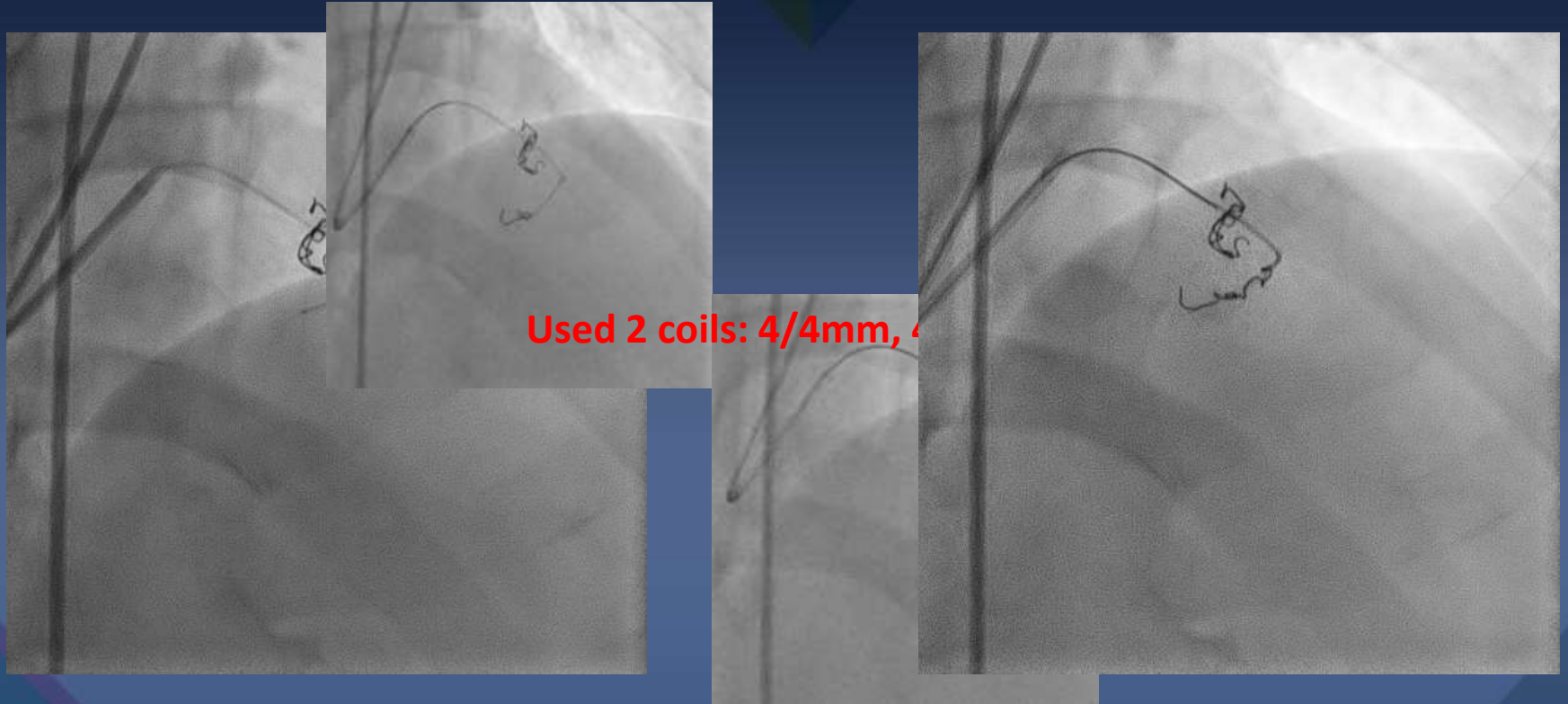
# Decision making

- Syntax II score 21.9 (3.5%) for PCI and 11.5 (1.5%) for CABG
- Euro Score 0.5%
- Patient was advised for CABG with coronary fistula ligation
- He however declined and opted for coronary fistula coiling and PCI to CTO LAD

# Coronary fistula coiling – 1<sup>st</sup> fistula



# 2nd fistula





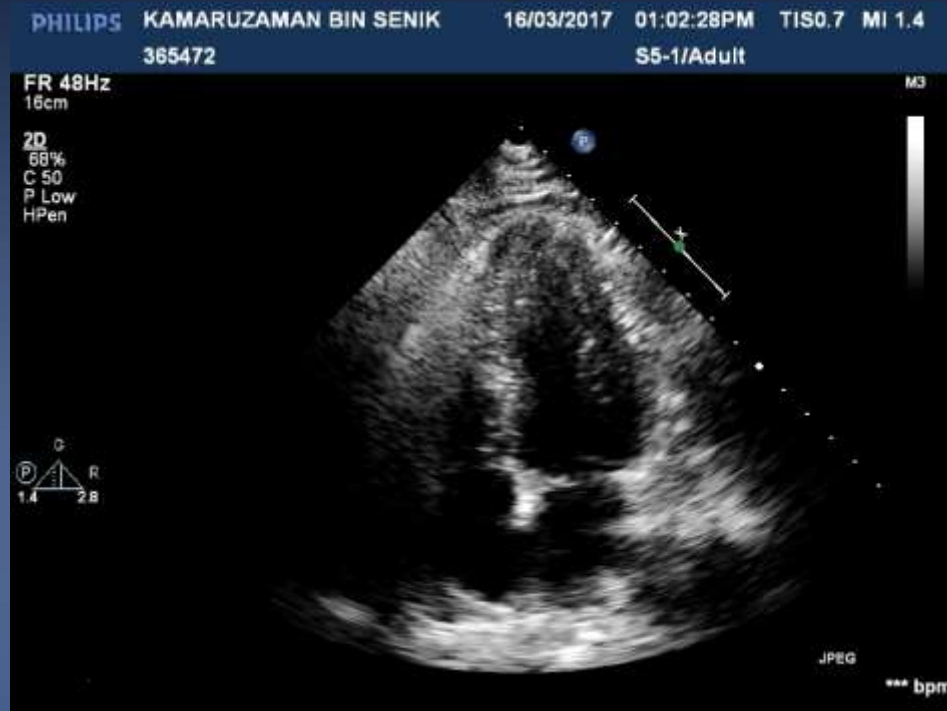
Attempted with Fielder XTA, Pilot 150, GAIA II, Conquest Pro  
Using parallel wire technique  
Crusade microcatheter

# Attempted LAD CTO

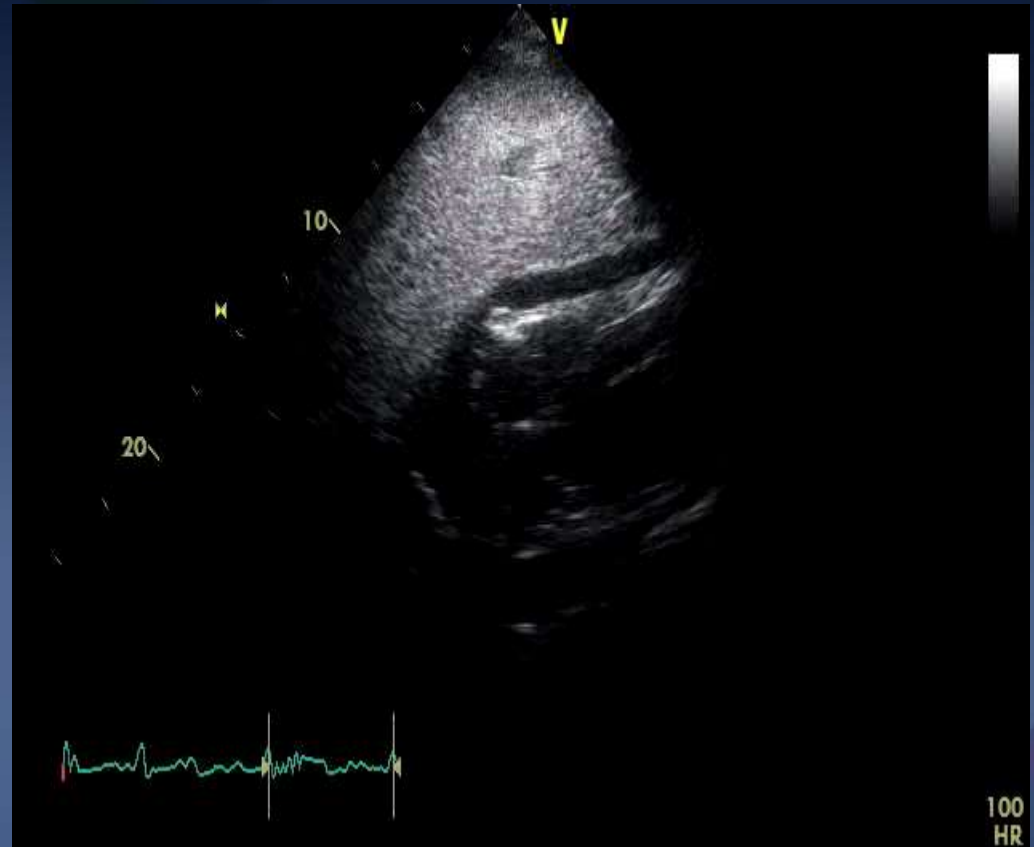




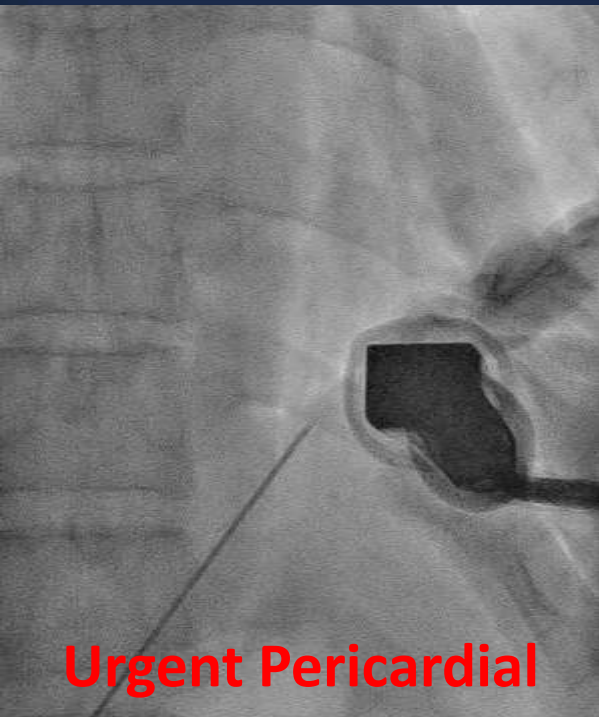
# Post procedure



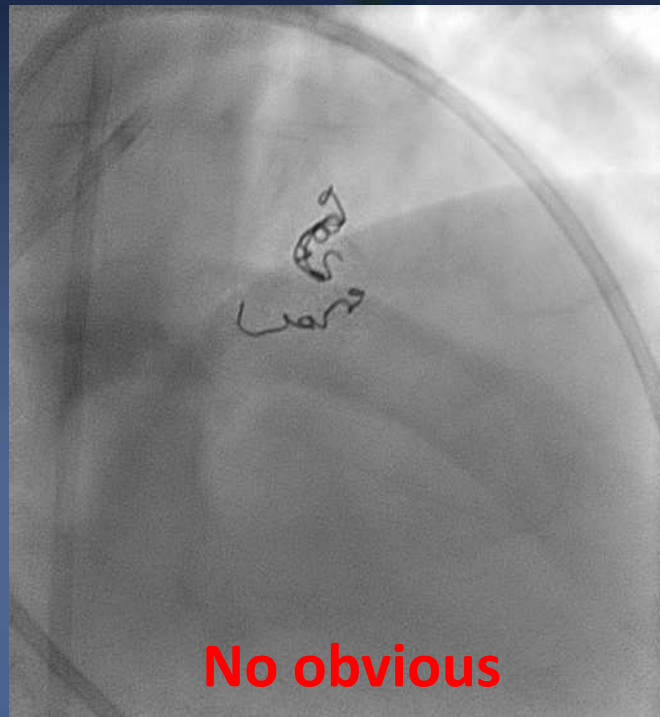
- About 2 hours later he had severe chest pain and became hypotensive
- Urgent bedside ECHO revealed increased pericardial effusion with chamber collapse
- He was resuscitated and rushed to ICL immediately



# Emergency Re-study



**Urgent Pericardial Tap**



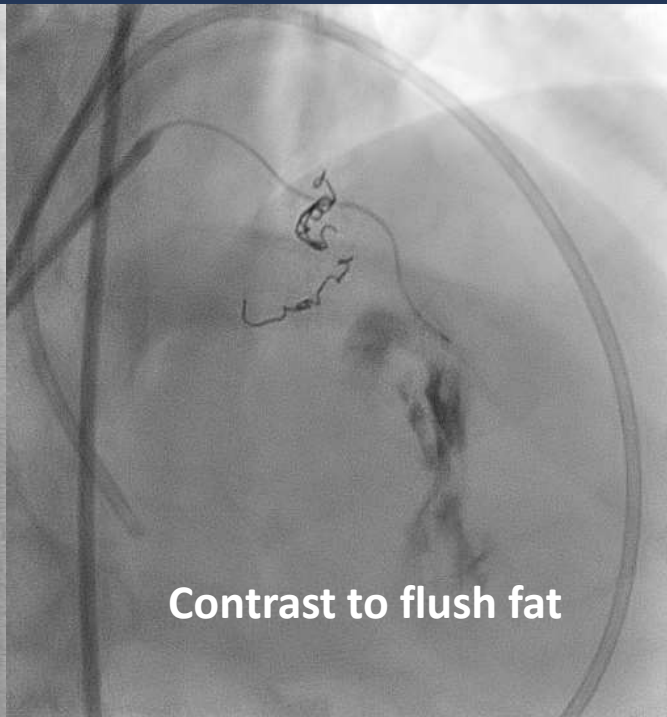
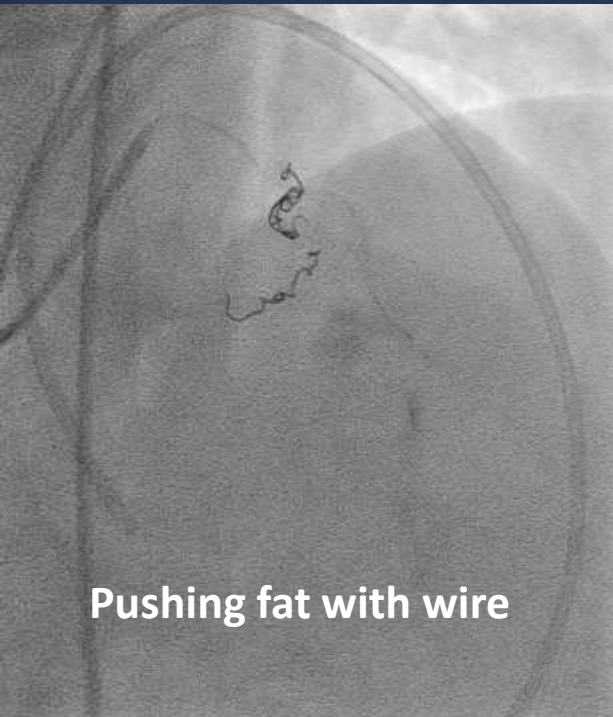
**No obvious perforation seen**



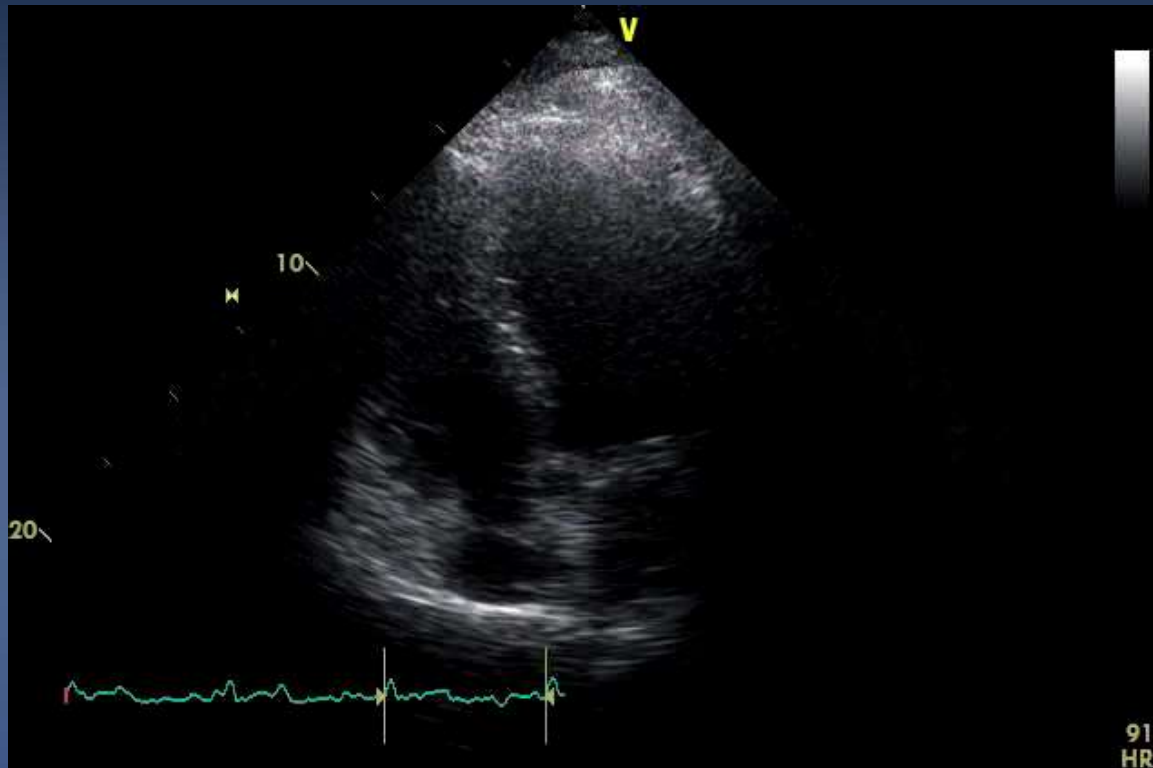
# Steps of trans-catheter embolization by autologous fat

- Extract autologous fat from thigh area
- Push fat into transit catheter with end of needle or introducer
- Use coronary wire to push fat
- Shoot contrast to push remaining

# Using subcutaneous fat to embolise perforation

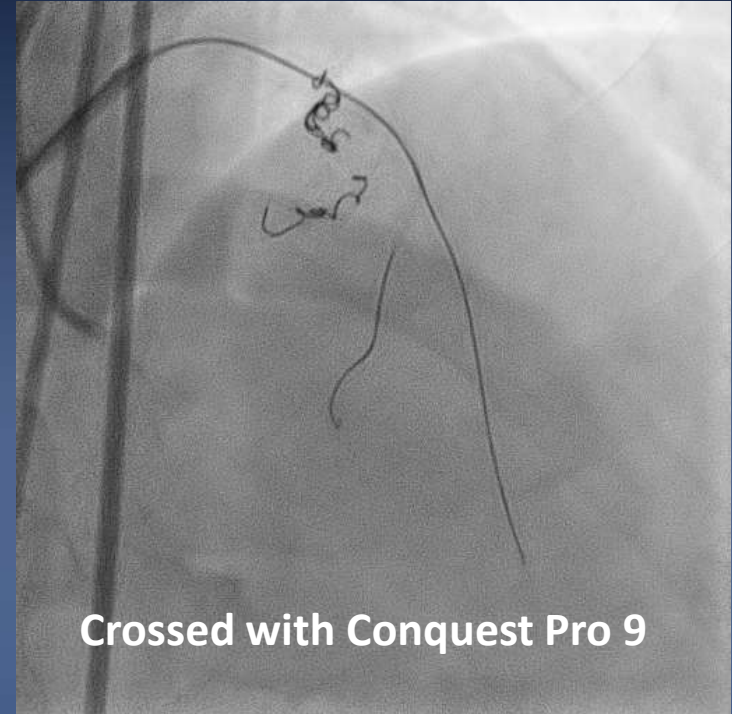
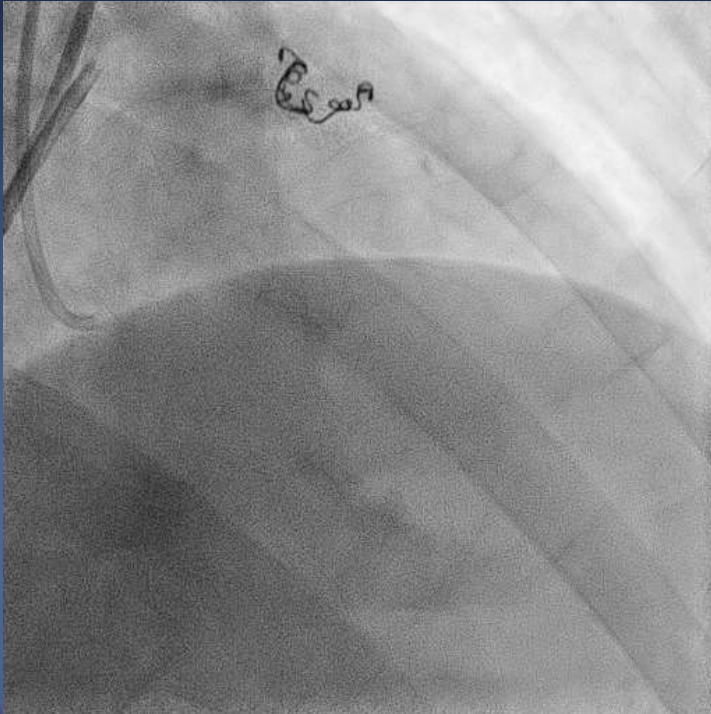


# Repeat ECHO that night



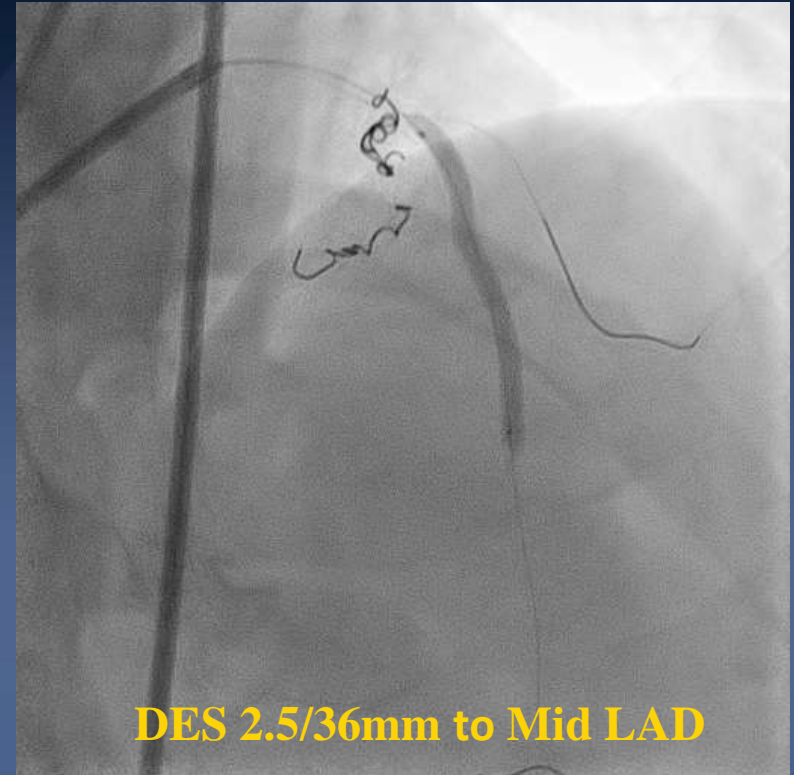
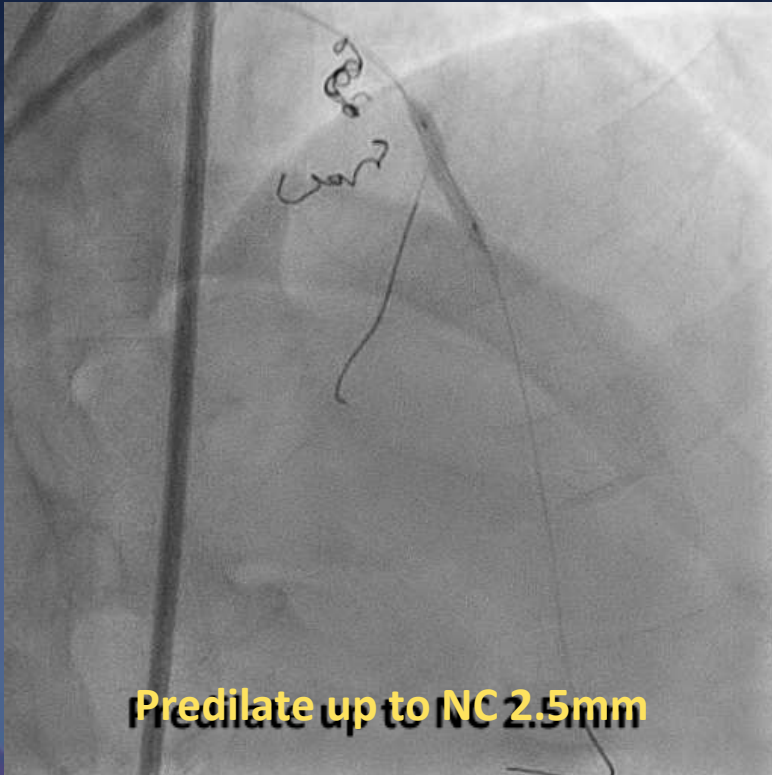


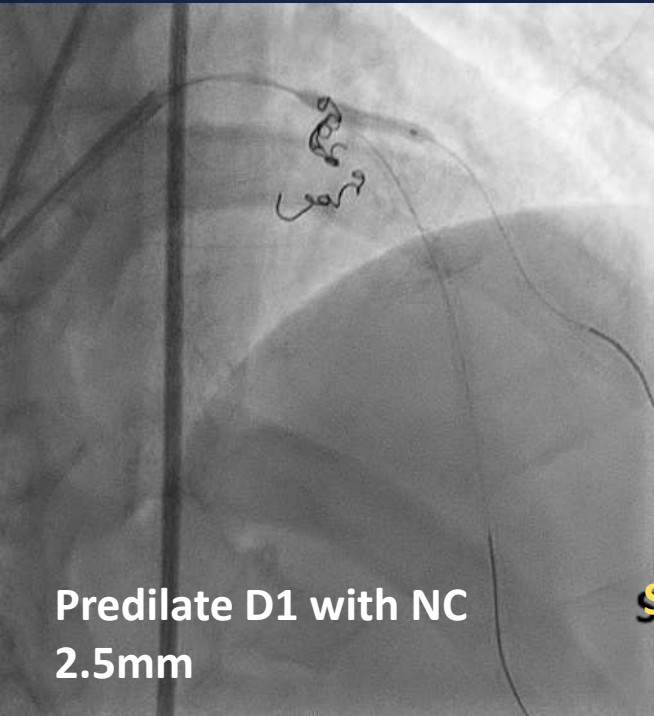
# Re-attempt after 1 month



Crossed with Conquest Pro 9







Predilate D1 with NC  
2.5mm

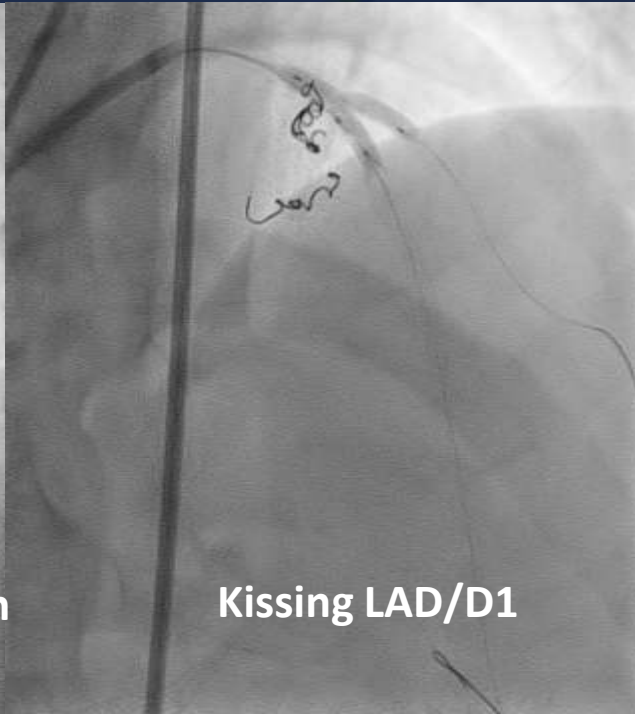
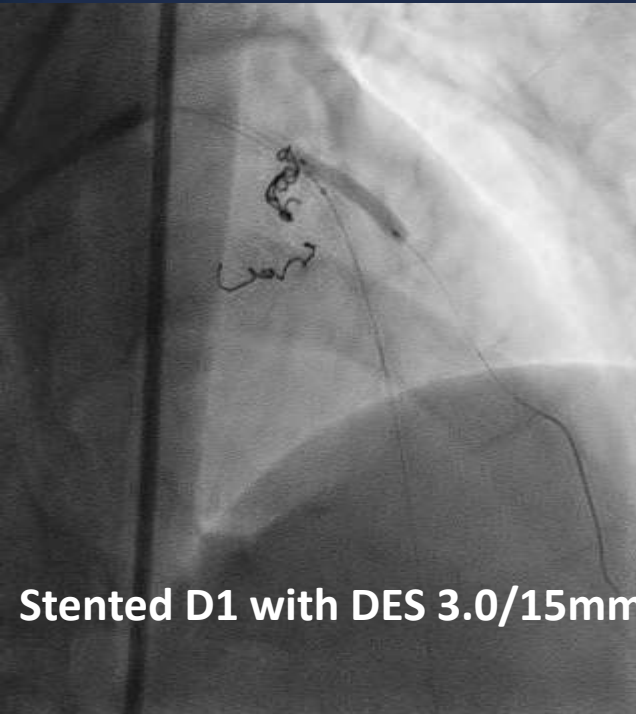


Stent proximal LAD with DES 3.0/2  
2mm

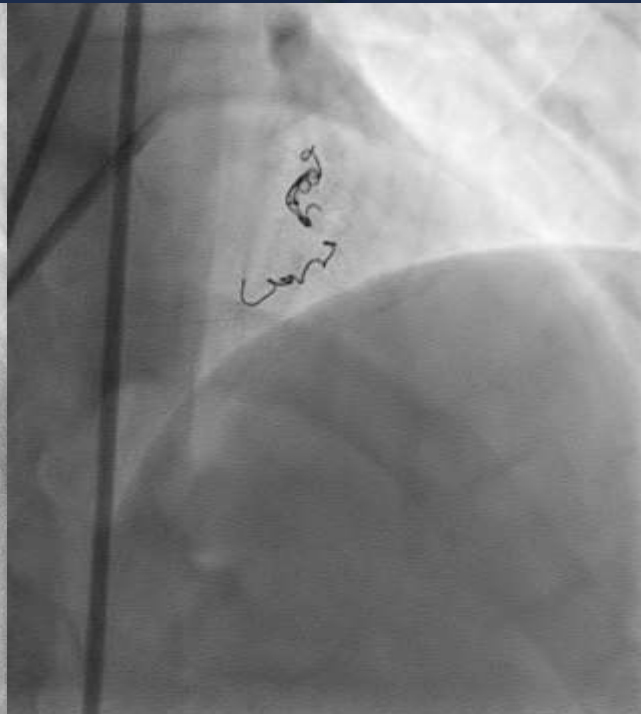
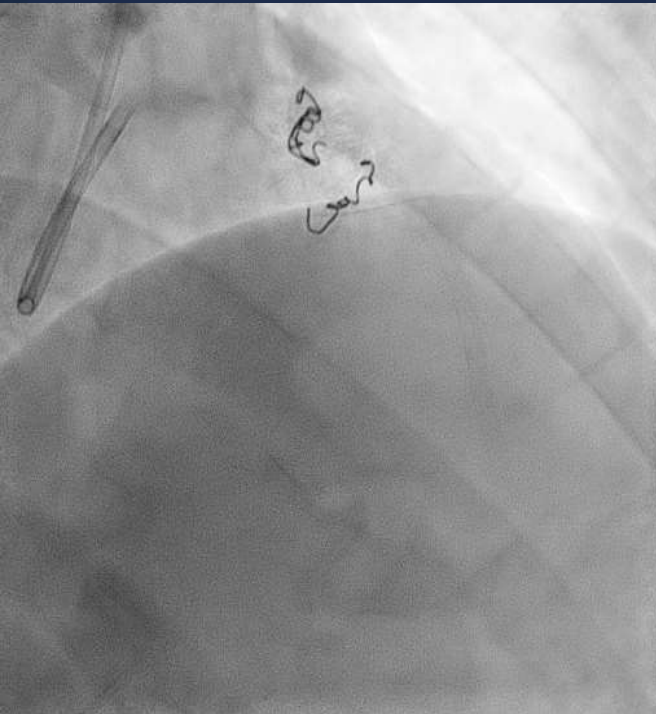


'POT' with NC  
3.5/8mm at ostial  
D1

# Bifurcation stenting D1- TAP



# Final results



# Discussion/Learning Points

- Successfully coiled 2 fistulas
- Able to recognize perforation and deal with it with transcatheter embolization using autologous fat
- Managed to re-cross the CTO
- Showcased bifurcation technique (TAP technique)



# Thank you

