

PCI in a Nonagerian

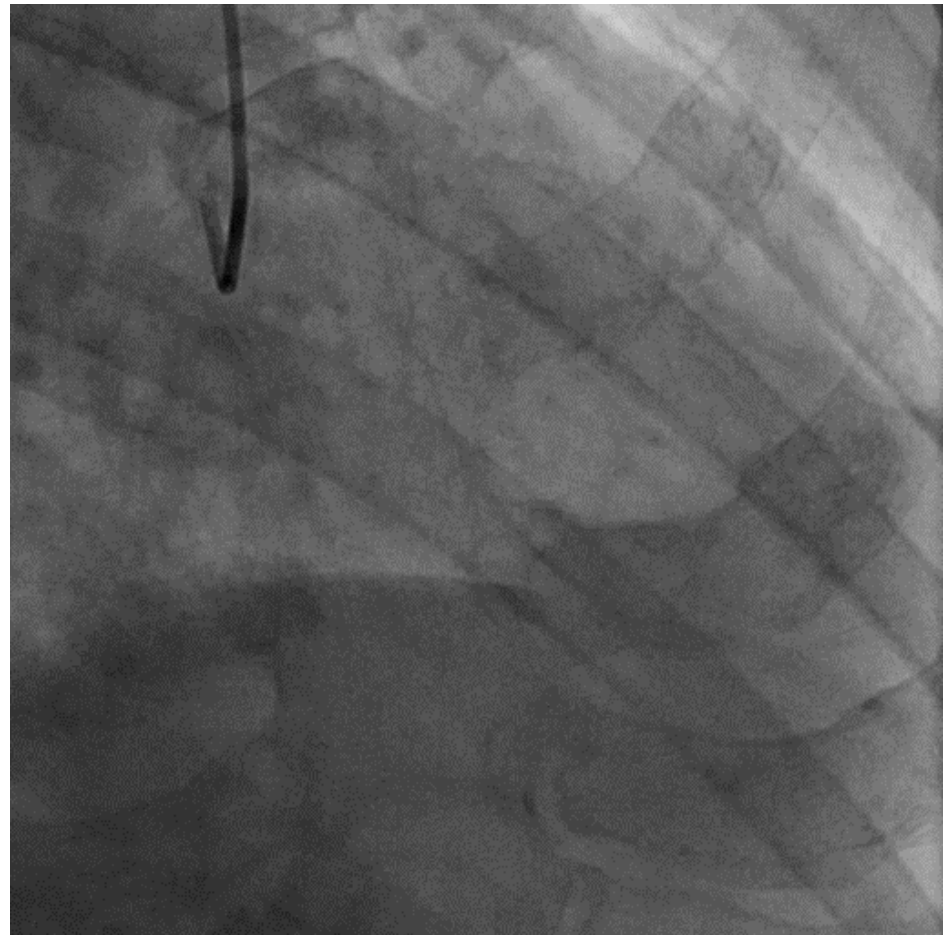
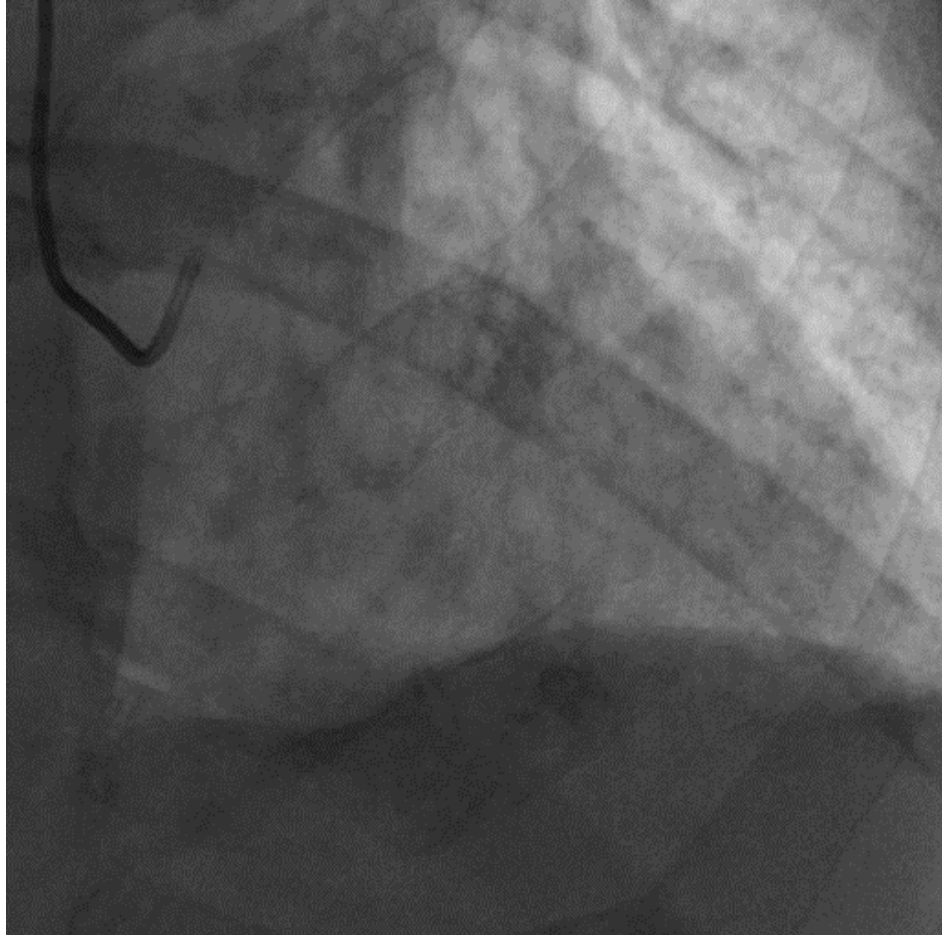
ROSLI Mohd Ali

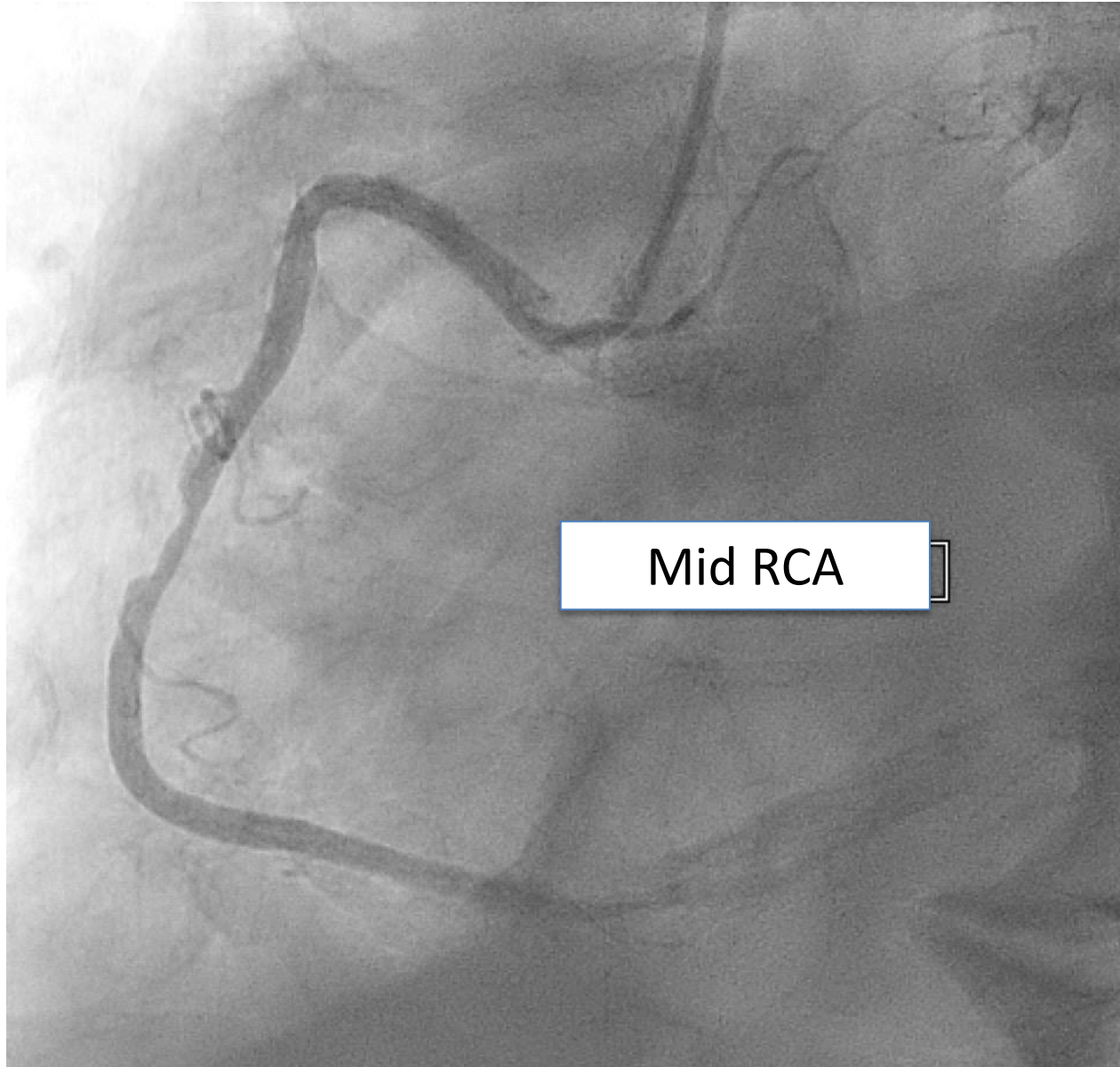
Consultant Cardiologist

Cardiac Vascular Sentral Kuala Lumpur

- 95 years old , gentleman
- No significant past medical history
- Dyspnea and angina on exertion 2 months
- NYHA III, CCS III
- ECG : anterolateral lead ST depression
- EF 25 %, multiple regional wall hypokinesia
- Serum creat 247 umol/l, eGFR 19 ml/min

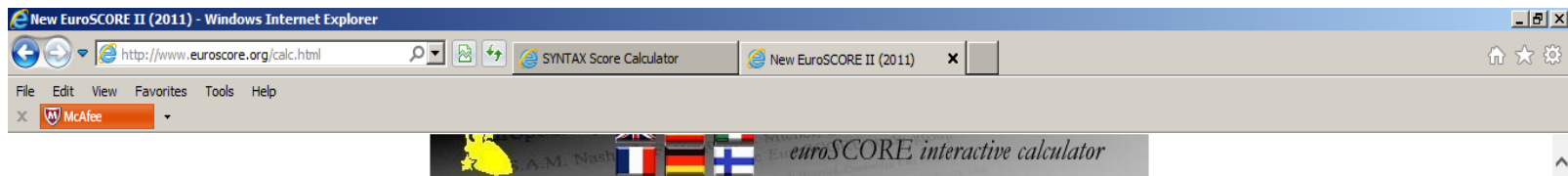
Transfemoral





Mid RCA

- Calcified, tortuous, LM/LAD/LCx/RCA disease
- Syntax score : 39
- Euroscore : Mortality 25 %



- **Important:** The previous additive¹ and logistic² EuroSCORE models are out of date. A new model has been prepared from fresh data and is launched at the 2011 EACTS meeting in Lisbon. The model is called EuroSCORE II³ - this online calculator has been updated to use this new model. If you need to calculate the older "additive" or "logistic" EuroSCORE please visit the old calculator by [clicking here](#).

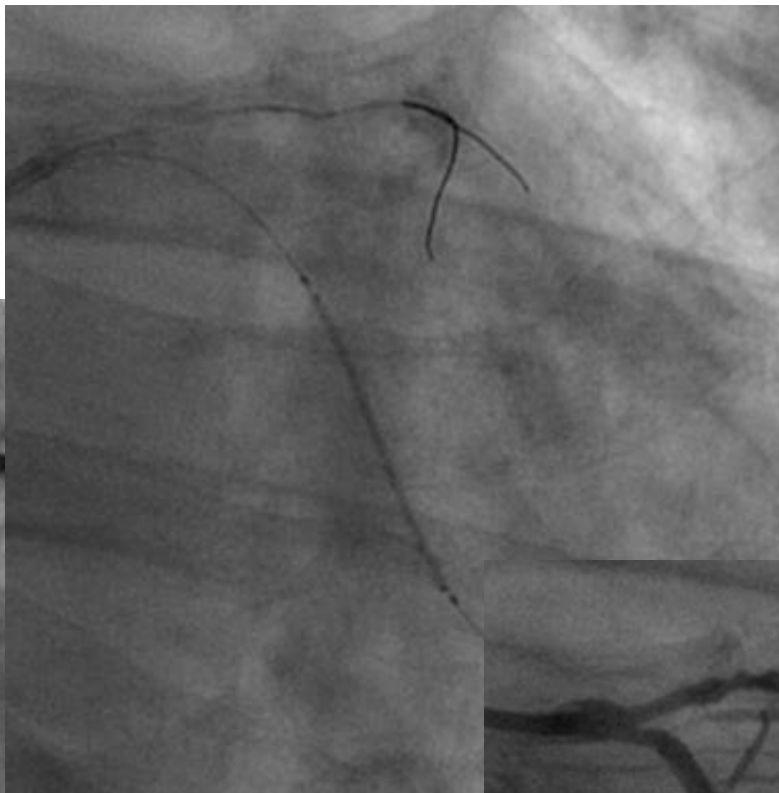
Patient related factors			Cardiac related factors		
Age ¹ (years)	<input type="text" value="95"/>	<input type="text" value="1.03"/>	NYHA	<input type="text" value="III"/>	<input type="text" value="2958358"/>
Gender	<input type="text" value="male"/>	<input type="text" value="0"/>	CCS class 4 angina ⁸	<input type="text" value="yes"/>	<input type="text" value="2226147"/>
Renal impairment ² <small>See calculator below for creatinine clearance</small>	<input type="text" value="severe (CC <50)"/>	<input type="text" value="8592256"/>	LV function	<input type="text" value="poor (LVEF 21%-30%)"/>	<input type="text" value="8084096"/>
Extracardiac arteriopathy ³	<input type="text" value="no"/>	<input type="text" value="0"/>	Recent MI ⁹	<input type="text" value="yes"/>	<input type="text" value="1528943"/>
Poor mobility ⁴	<input type="text" value="no"/>	<input type="text" value="0"/>	Pulmonary hypertension ¹⁰	<input type="text" value="no"/>	<input type="text" value="0"/>
Previous cardiac surgery	<input type="text" value="no"/>	<input type="text" value="0"/>	Operation related factors		
Chronic lung disease ⁵	<input type="text" value="no"/>	<input type="text" value="0"/>	Urgency ¹¹	<input type="text" value="urgent"/>	<input type="text" value="3174673"/>
Active endocarditis ⁶	<input type="text" value="no"/>	<input type="text" value="0"/>	Weight of the intervention ¹²	<input type="text" value="single non CABG"/>	<input type="text" value="0062118"/>
Critical preoperative state ⁷	<input type="text" value="no"/>	<input type="text" value="0"/>	Surgery on thoracic aorta	<input type="text" value="no"/>	<input type="text" value="0"/>
Diabetes on insulin	<input type="text" value="no"/>	<input type="text" value="0"/>			
EuroSCORE II		<input type="text" value="24.5%"/>			
Note: This is the 2011 EuroSCORE II		<input type="button" value="Calculate"/>	<input type="button" value="Clear"/>		

- Calcified, tortuous, LM/LAD/LCx/RCA disease
- Syntax score : 39
- Euroscore : Mortality 25 %

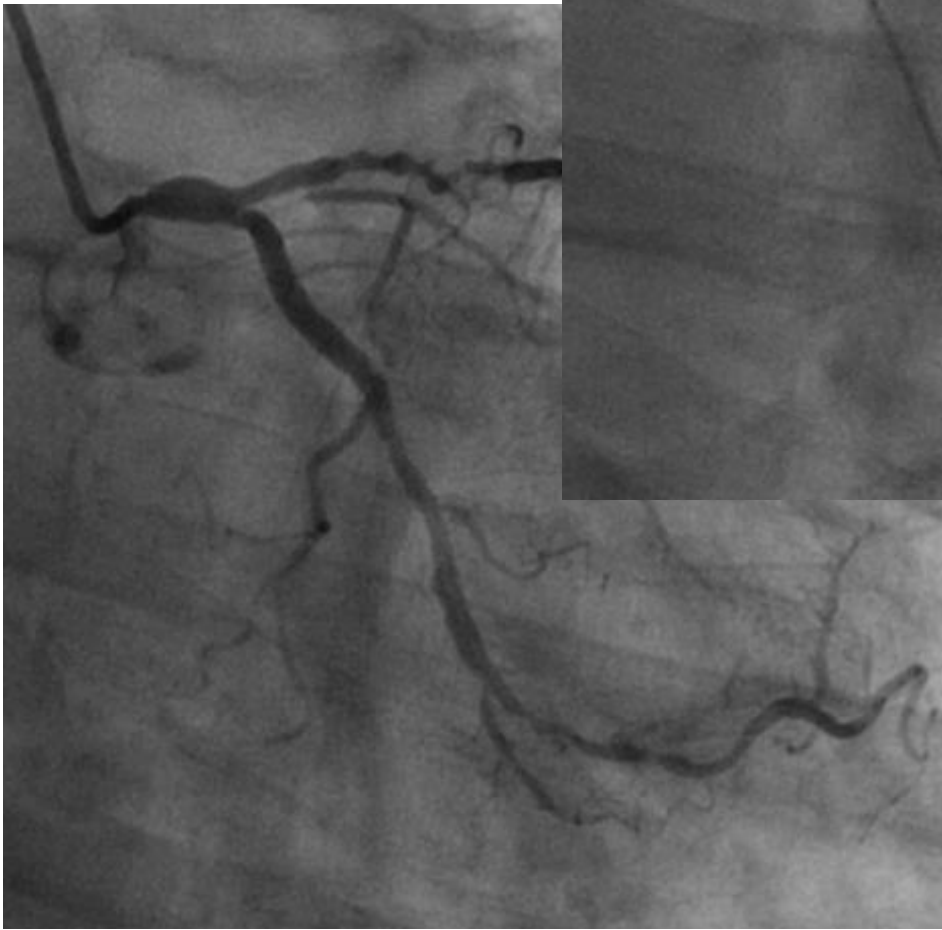
Refuses Surgery

- High risk consent taken
- Quoted 1 in 4 mortality (25%)
- Patient and family (52 descendants) agreed

EBU 3.5 7Fr Guide
IABP Support
Arrow Sheath 45 cm



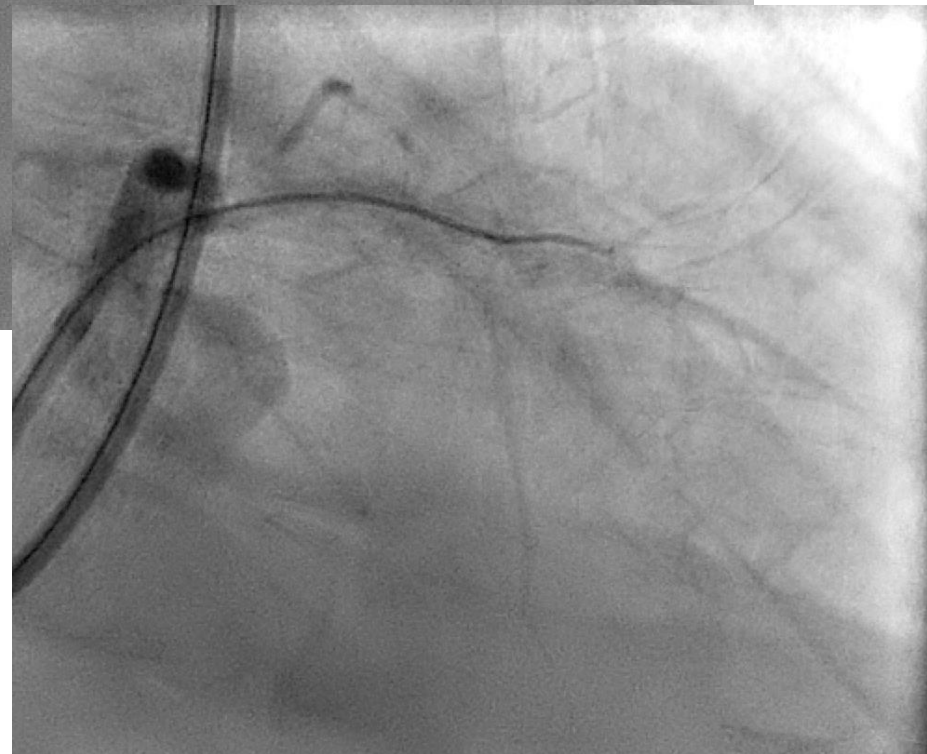
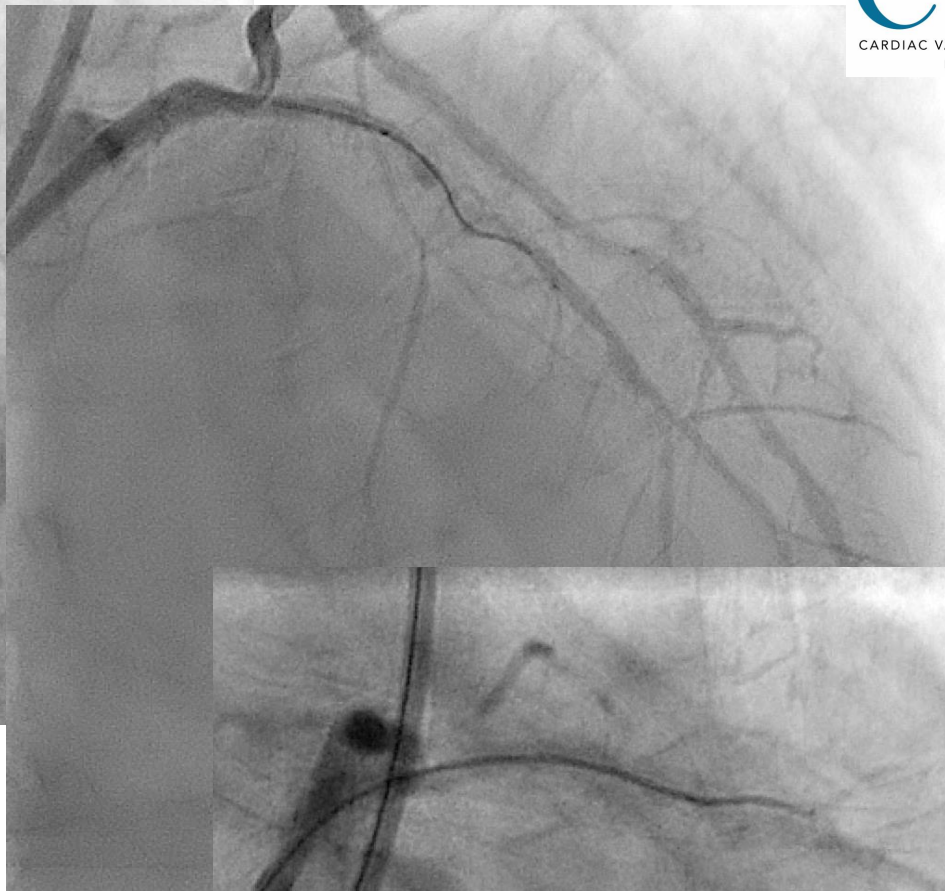
Runthrough Floppy
Wire
POBA 2.5 mm
Cre8 DES
2.75 x 31 mm



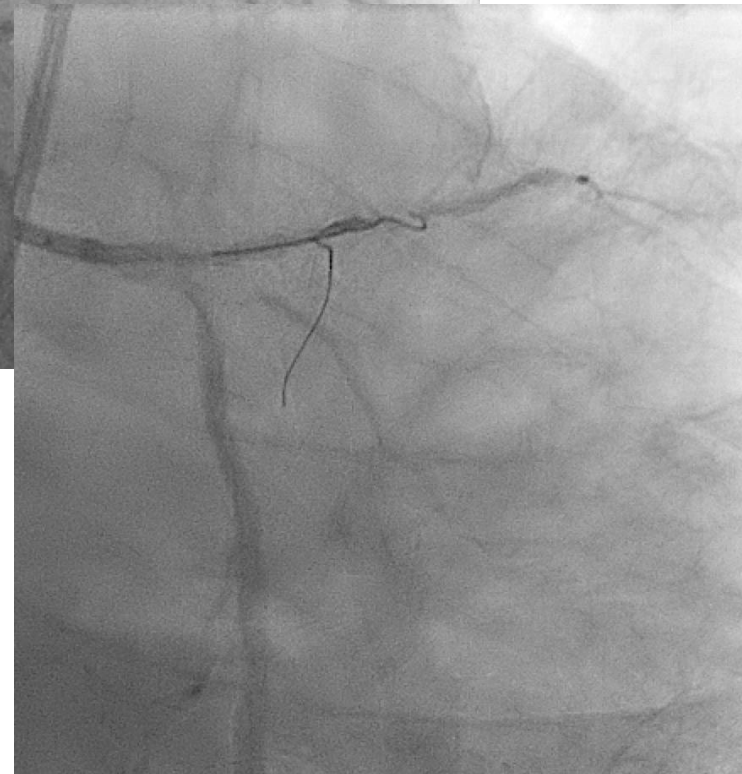
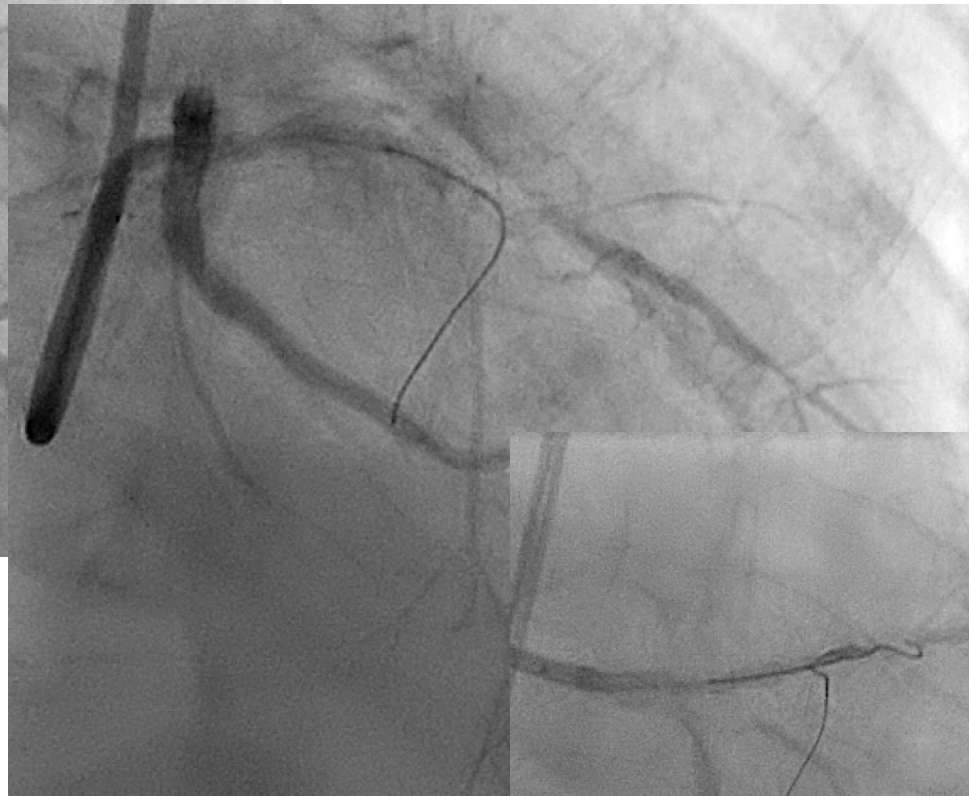
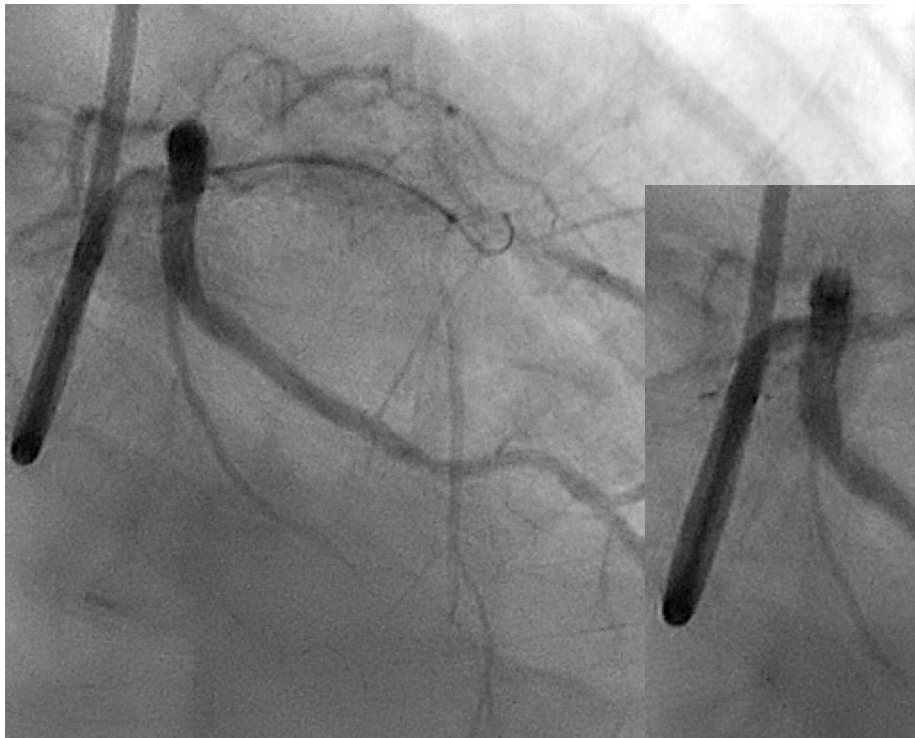
Hypotensive
Upon
Engagement

Dilate LMS
4.0 x 8 mm NC





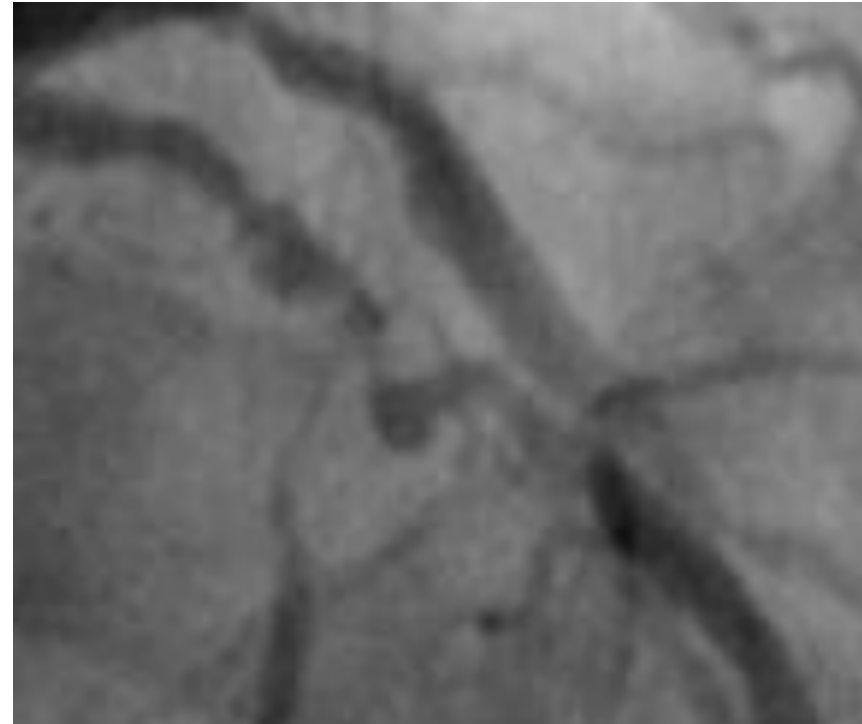
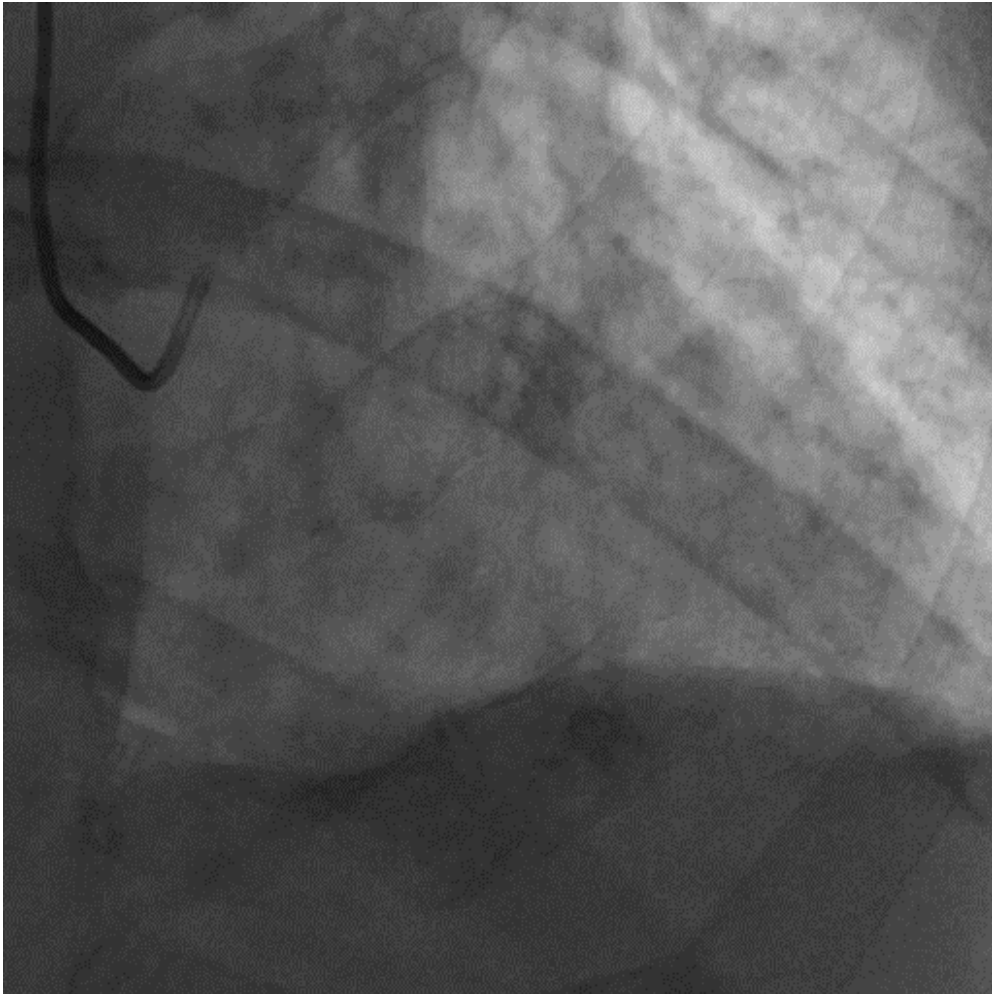
Fielder XTA
Finecross microcatheter



Multiple wires
Runthrough Floppy
Fielder XTA,
Whisper
Gaia 2 & 3

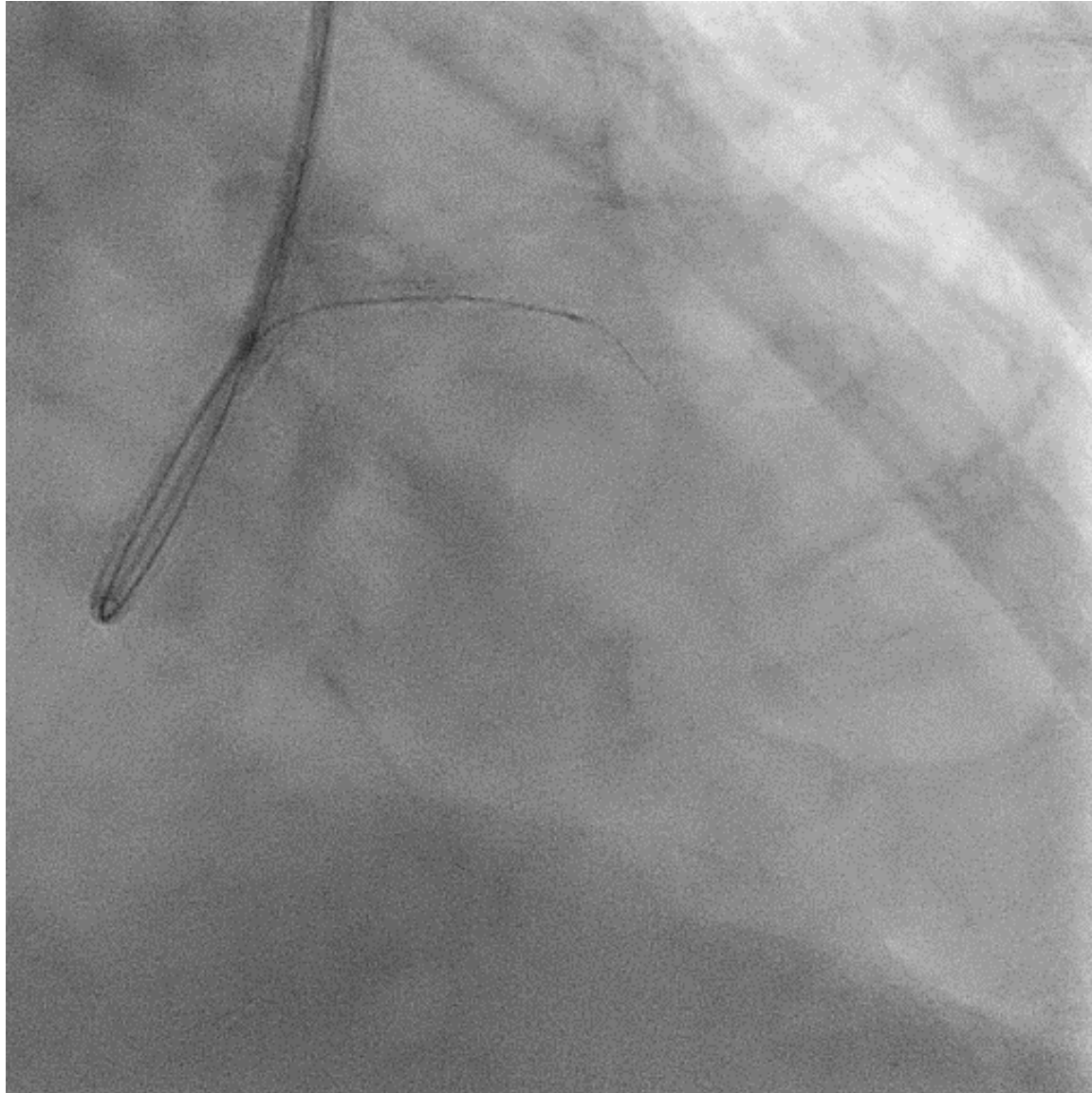
Thought of Failure

Very challenging to wire down LAD

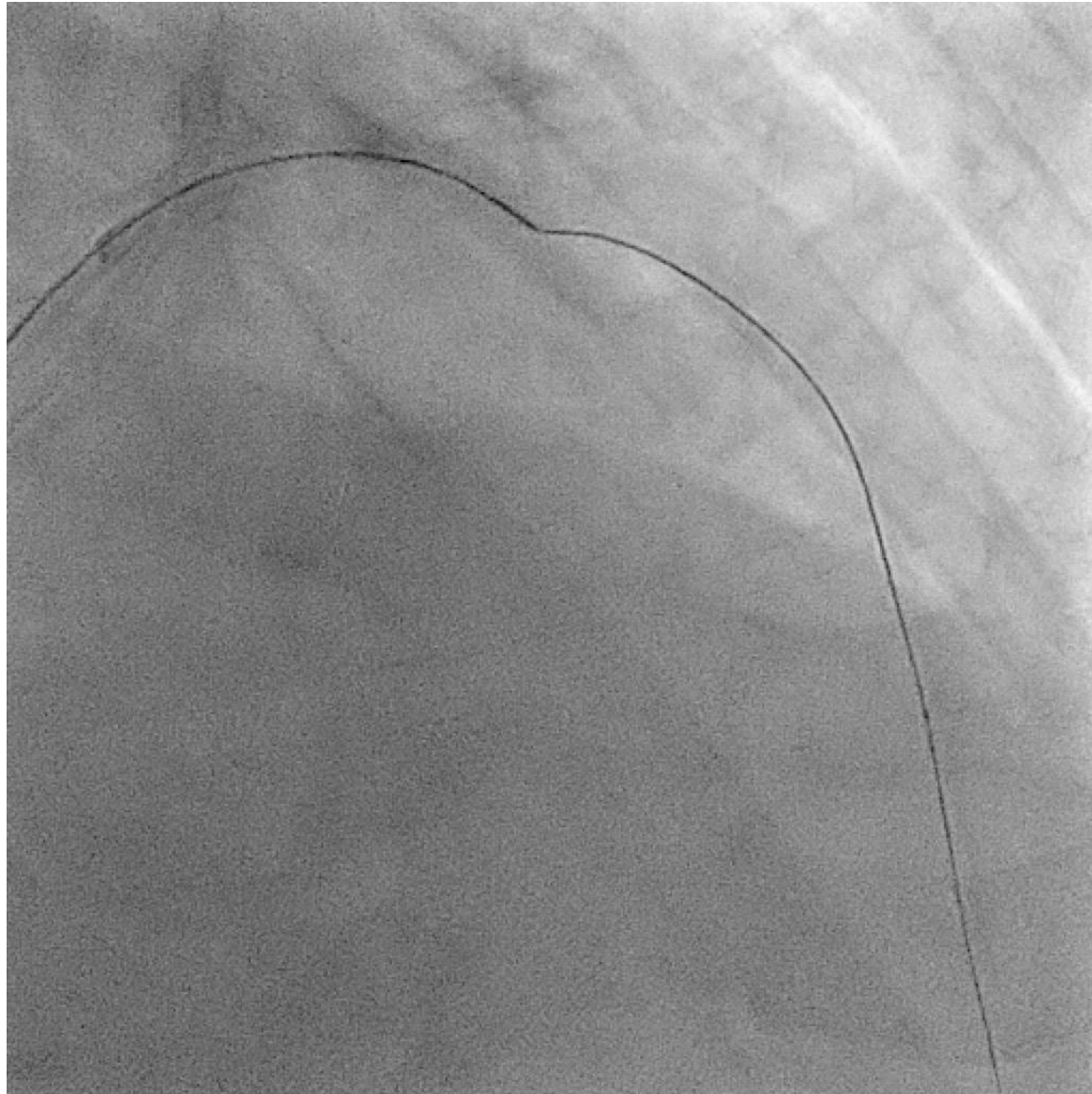


- Severe bends & severe stenosis
 - little room to steer wire
- Side-branch
- Calcified

Wired down finally with Fielder XTA



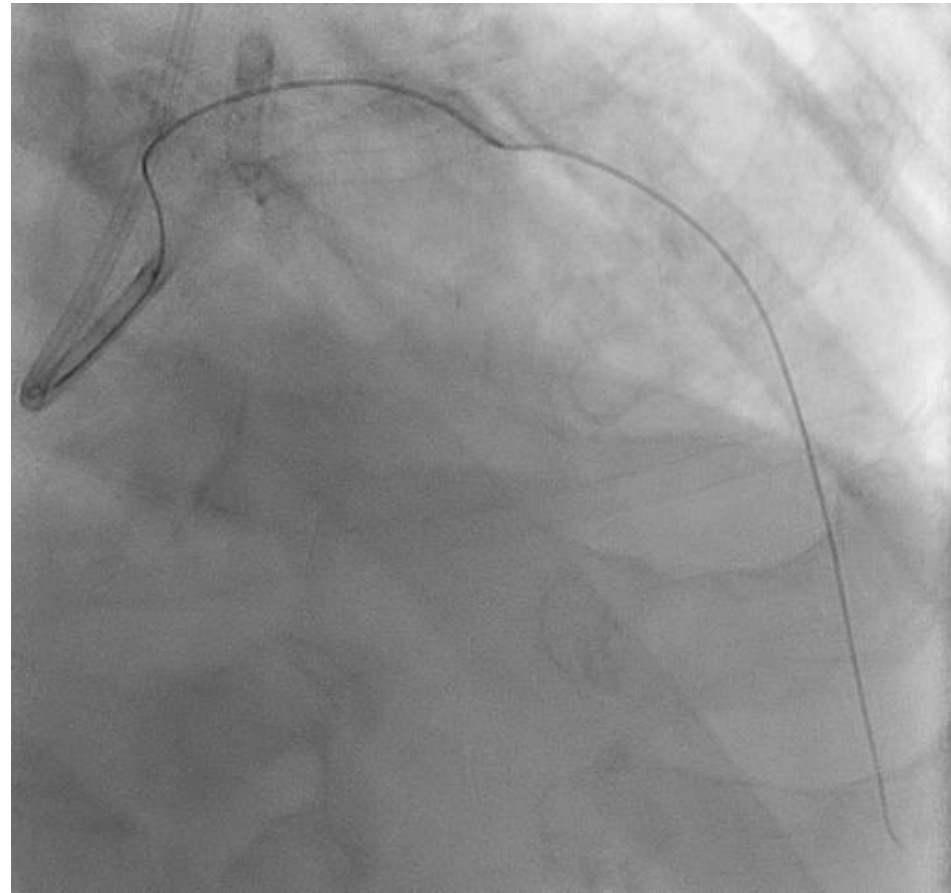
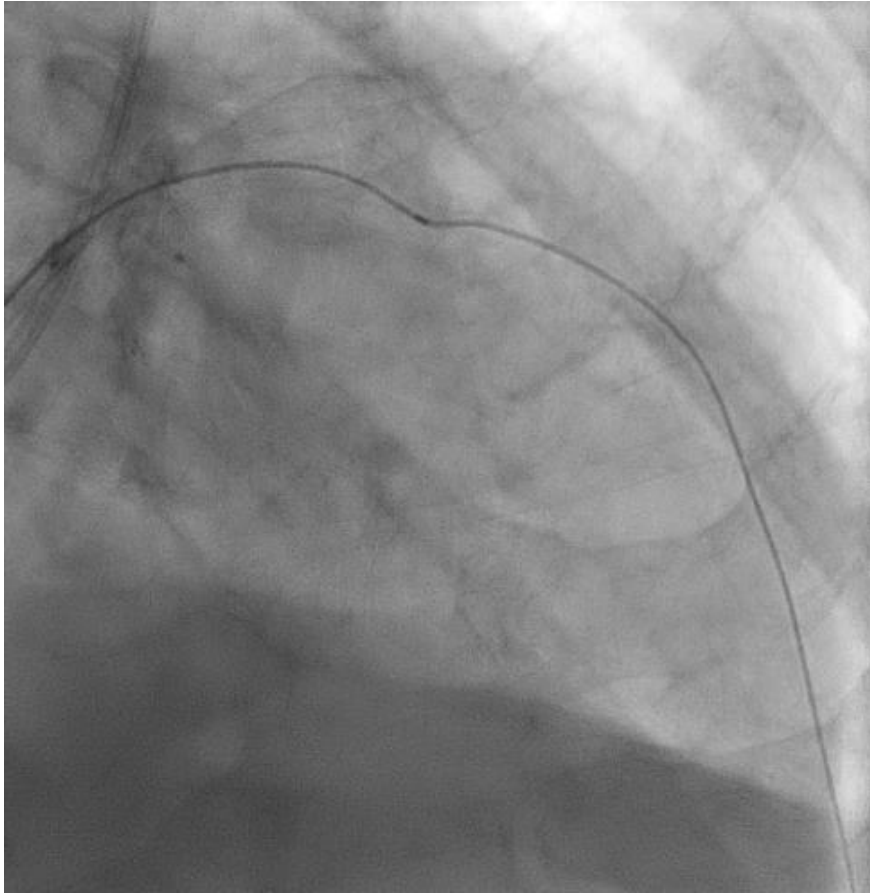
Finecross & Caravel can't cross stenosis



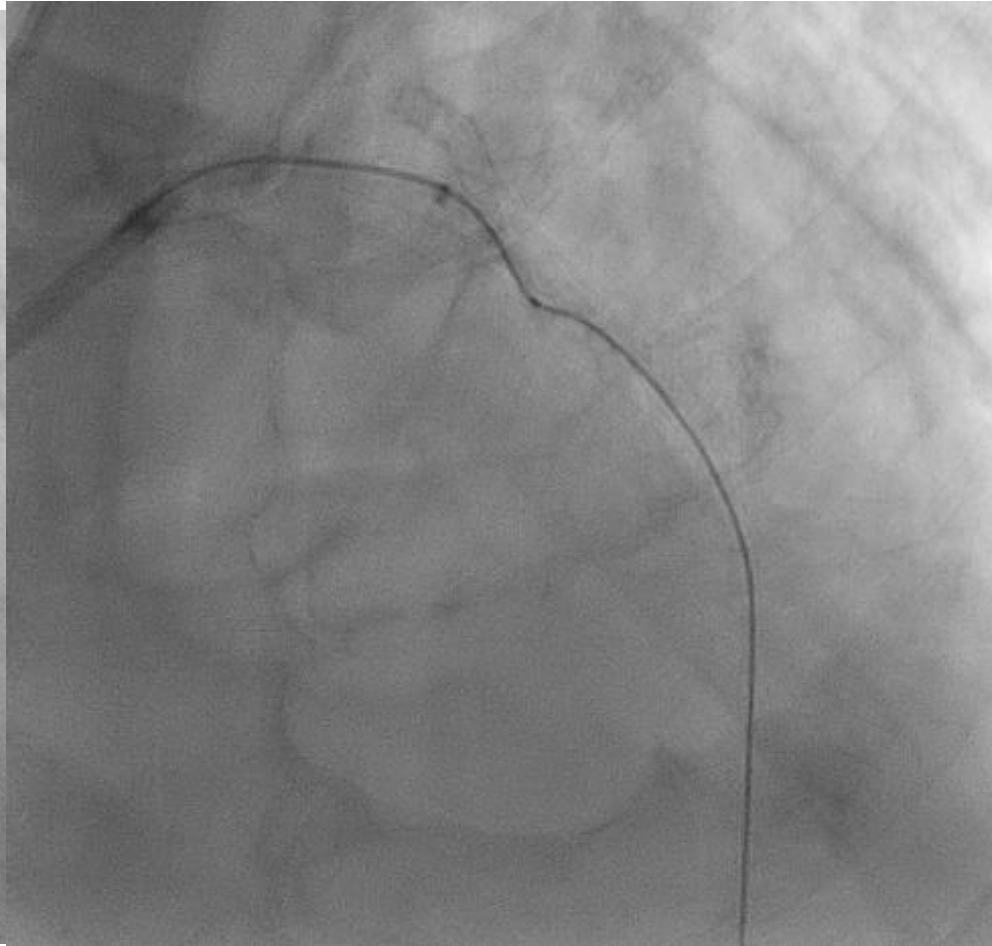
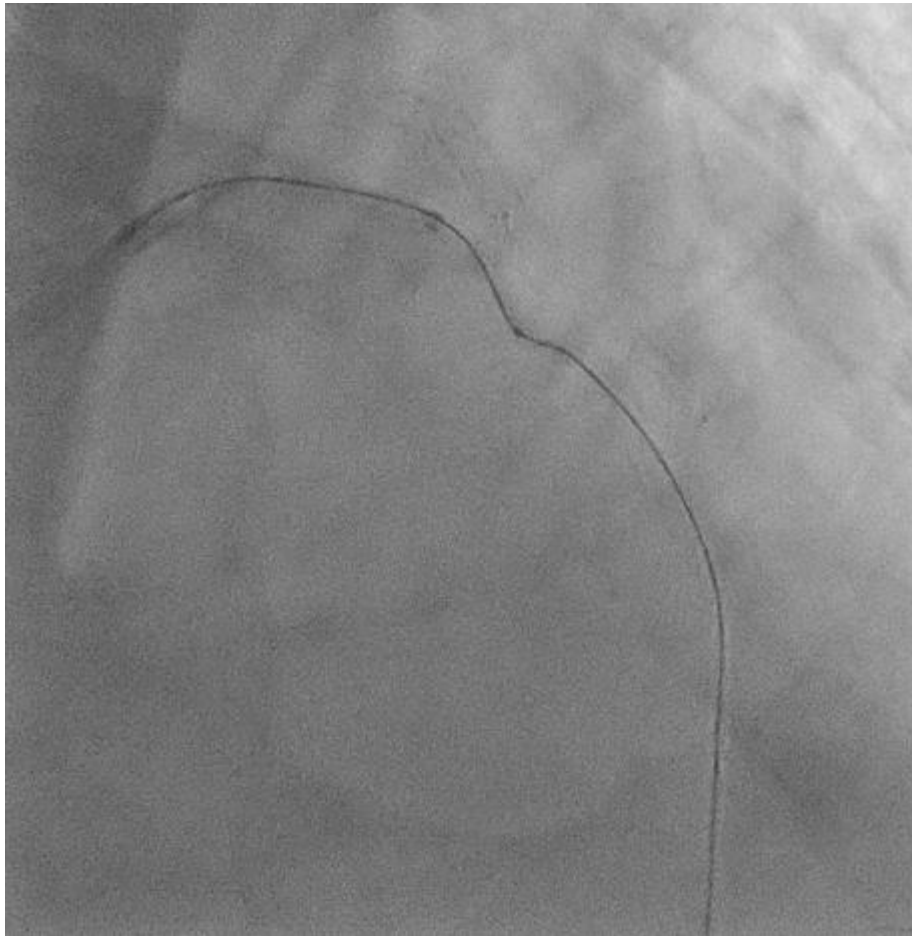
Balloon can't cross

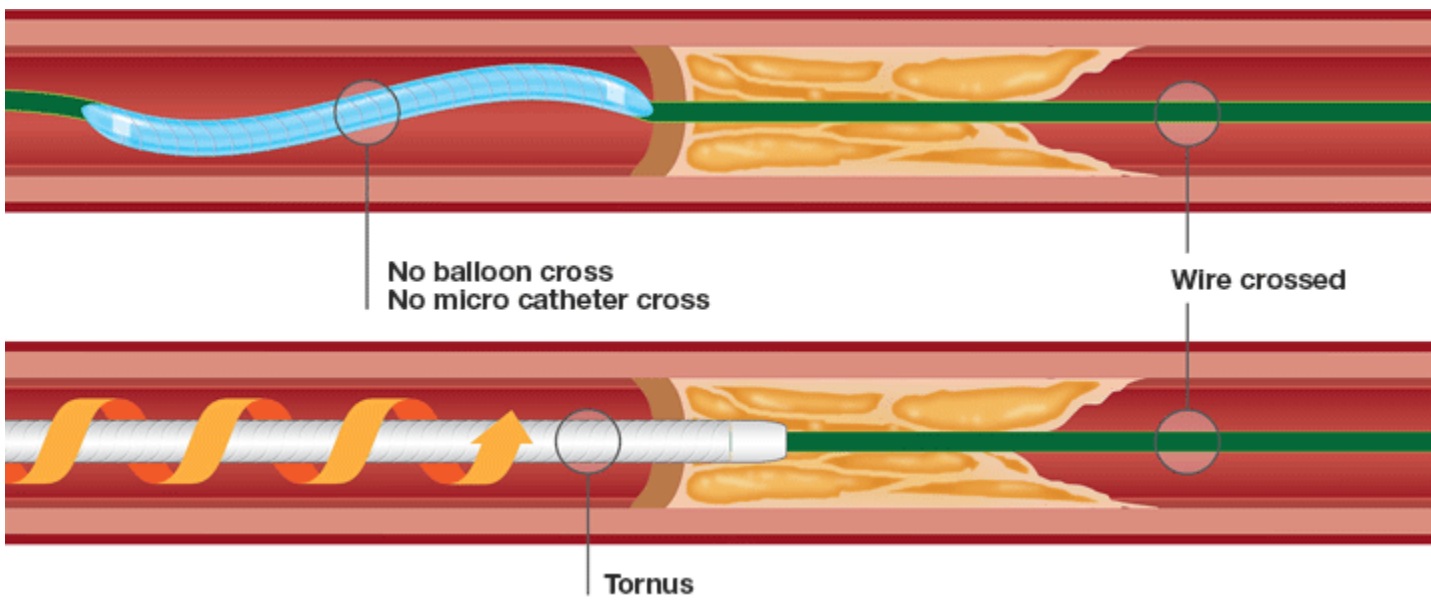
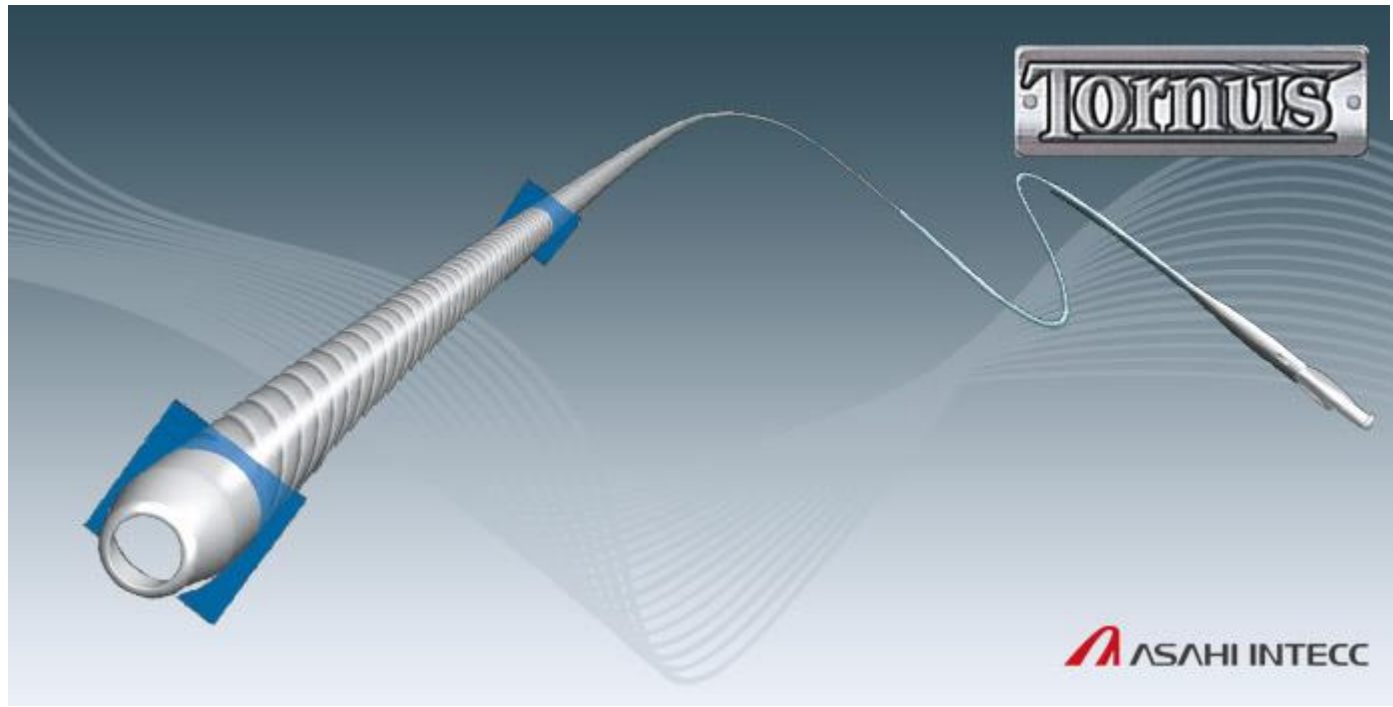
Sapphire 1.0 mm, 1.25 mm

Sapphire II Pro 1.25 mm

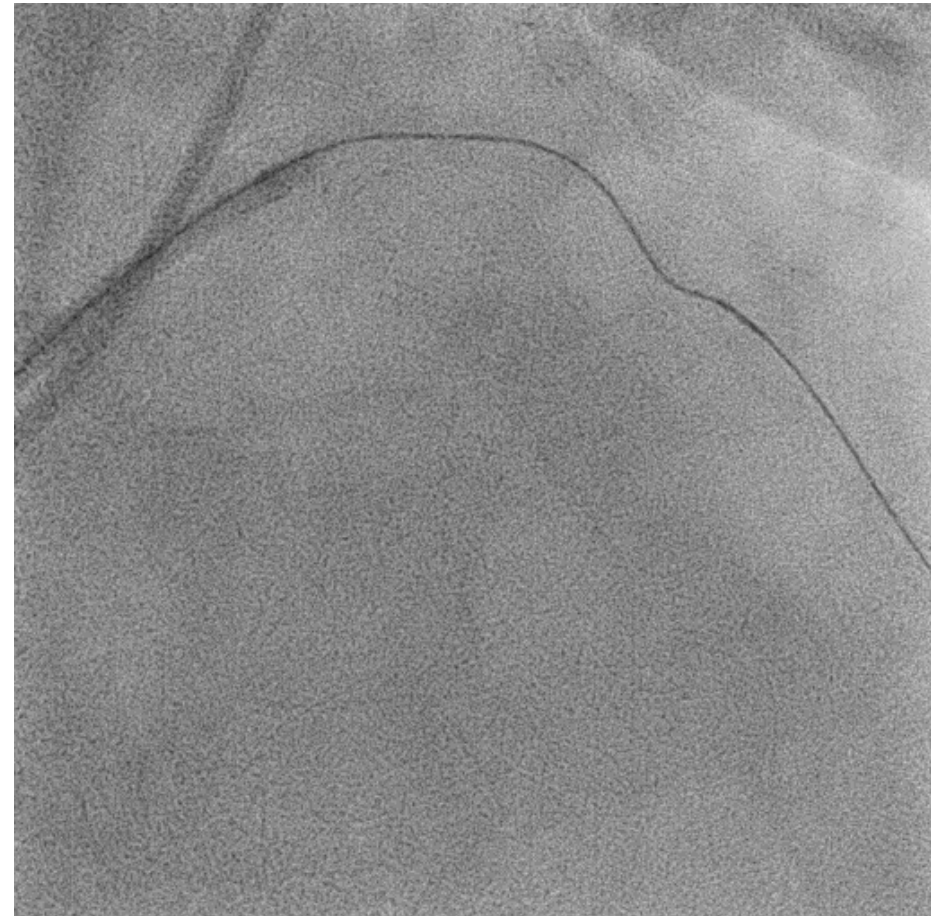
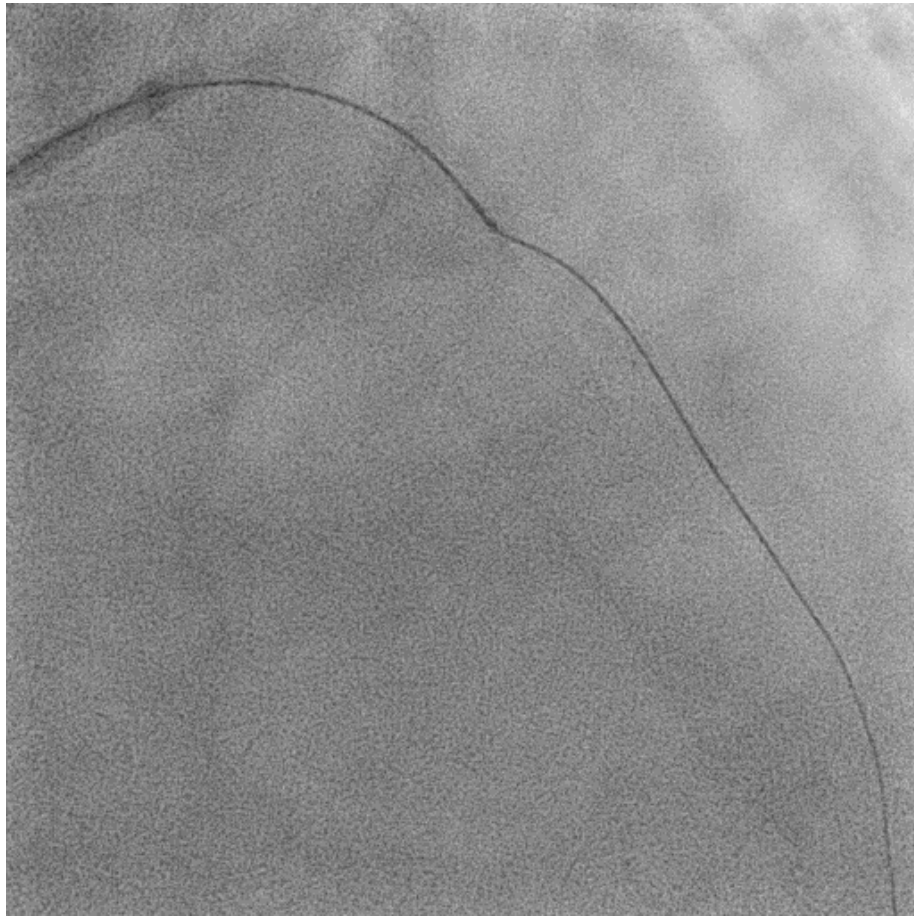


Guideliner & 1.0 mm Sapphire balloon can't cross

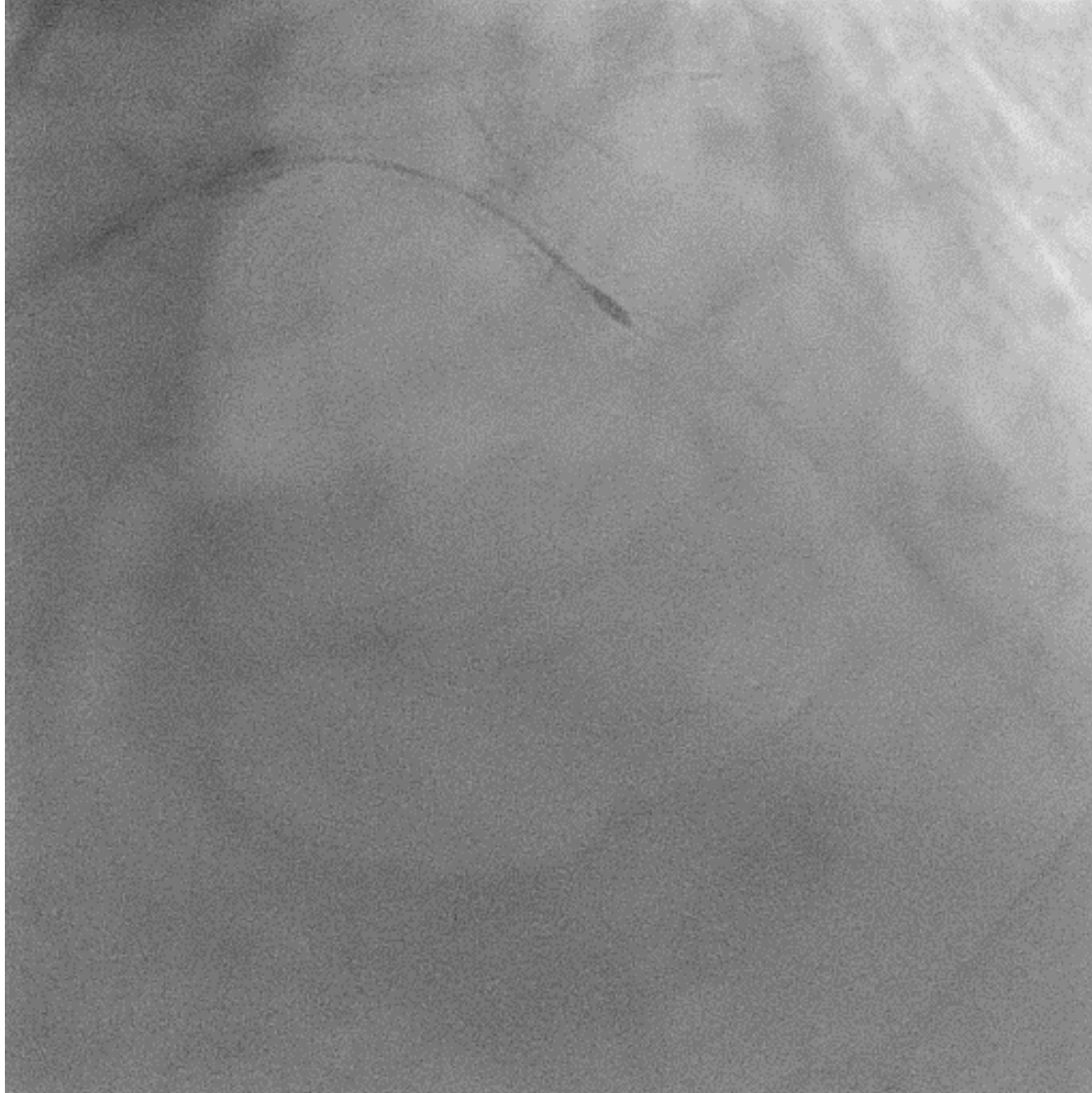




Tornus microcatheter



Rotafloppy wire 1.25 mm burr



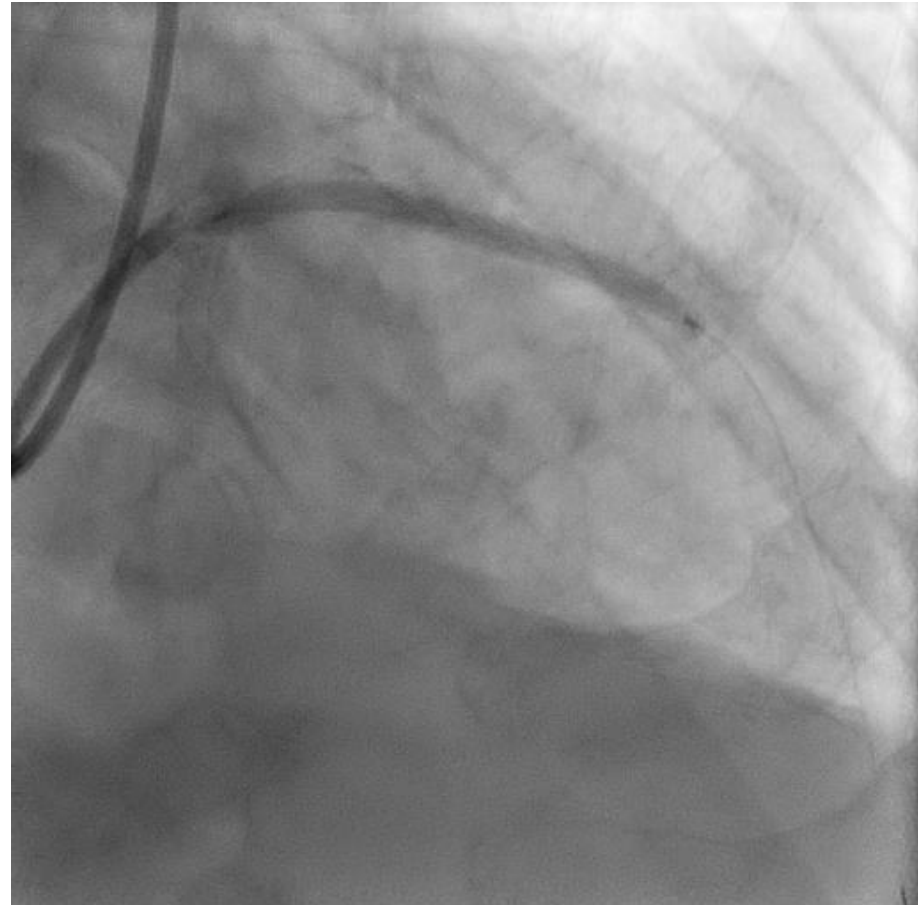
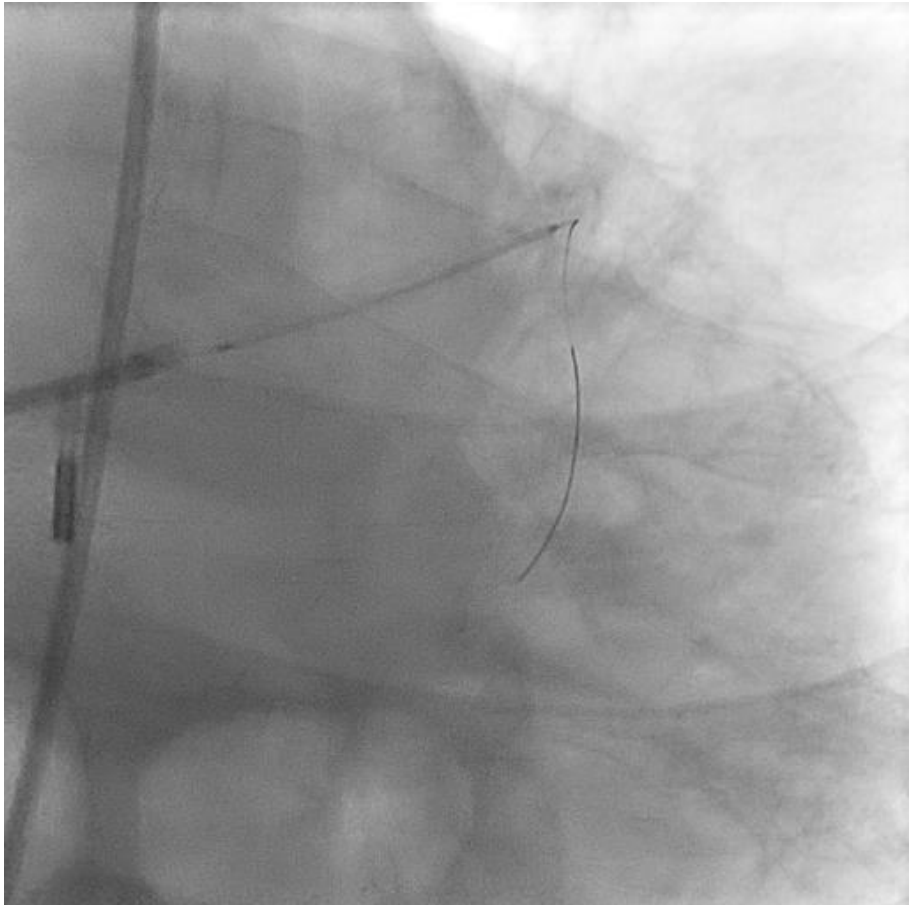
1.5 mm Burr



Balloon predilatation NC Euphora 2.75/15
to ensure Lesion well prepared



Xience Xpedition 2.75 x 48 mm till Distal LMS

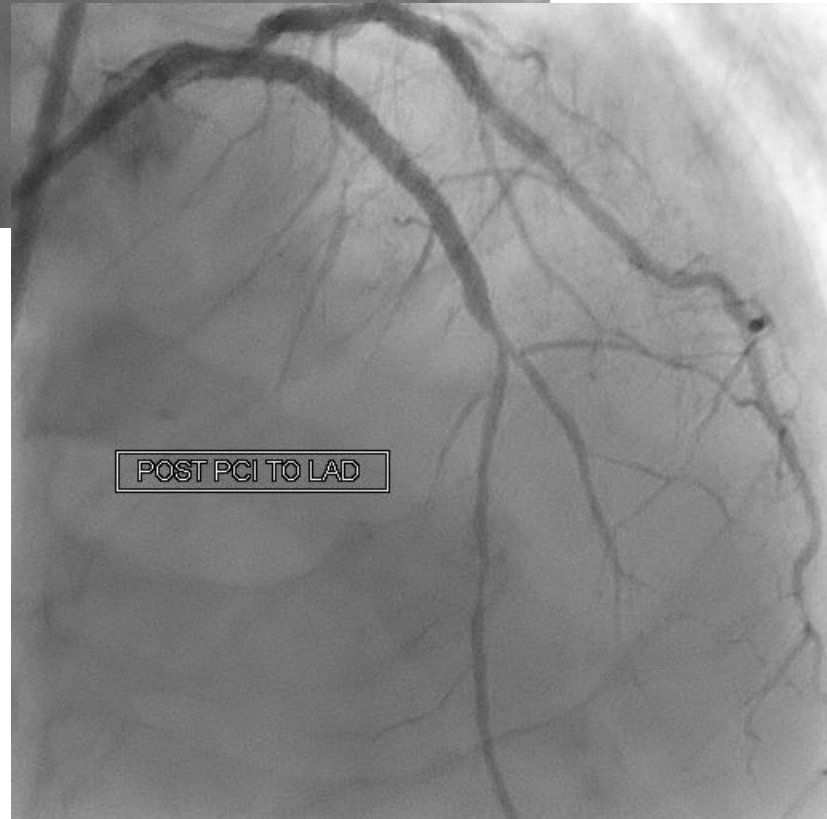


Cre 4.0/8 Ostial LMS



POT LMS with
NC Euphora 5.0 x 8 mm





Post PCI

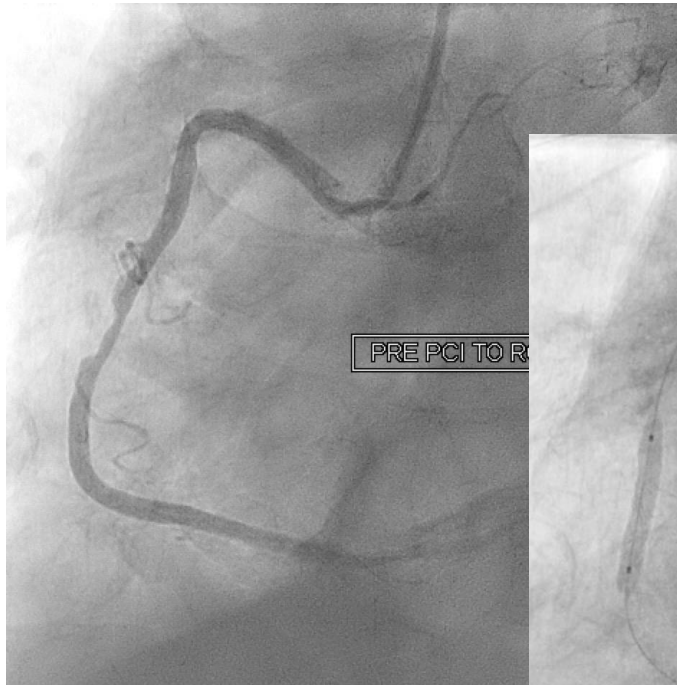
LCx - Cre8 2.75 x 31 mm

LMS/LAD – Cre8 4.0 x 8 mm

Distal LM/Mid LAD

Xpedition 2.75 x 48 mm

PCI RCA – Orsiro 3.0 x 18 mm



Total contrast volume : 400cc

Total procedure time 4 hours

Stable kidney function, not requiring
HD and discharged on day 7

The Difficulties

- Patient factor
 - Very elderly, severe renal impairment
 - Poor LV function (*Haemodynamic support*)
- Iliac artery – tortuous (*Long arrow sheath*)
- Lesion – calcified, not favourable for crossing
 - multiple wires, devices, rotablator

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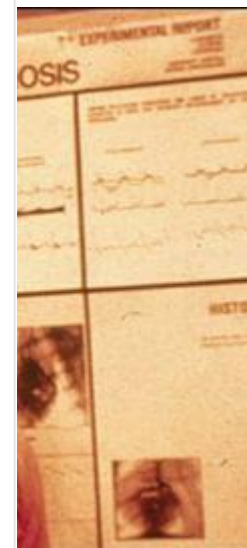
ORIGINAL INVESTIGATION

WILEY Journal of Interventional Cardiology

Age is not a bar to PCI: Insights from the long-term outcomes from off-site PCI in a real-world setting

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Email: r.gerber@nhs.net**Funding information**
Dr. Gerber's trust charitable research fund**Objectives:** We sought to analyze the percutaneous coronary intervention (PCI) outcomes of very elderly patients (V. Eld. group, age >80 years) and compare their outcomes to a less elderly cohort (Eld. group, age 75-80 years) traditionally reported in the literature.**Background:** Limited data exist on peri-procedural and long-term outcomes following PCI in the V. Eld. (age >80 years), with under-representation of this cohort in randomized controlled trials. These patients present with advanced complex coronary disease and multiple comorbidities.**Methods:** All 580 consecutive patients aged ≥ 75 years (age 80 ± 4.9 years, 57.4% males) undergoing PCI between April 2006 and November 2011 were included. A total of 624 consecutive lesions were identified and analyzed. All V. Eld. patients ($n = 253$) were subsequently selected, and their outcomes compared to Eld. patients ($n = 327$). Mean follow-up was 30.8 ± 2.7 months with 98% clinical follow-up achieved.**Results:** All comparative data are expressed as (V. Eld. vs Eld.) unless otherwise specified. All-cause mortality was significantly higher in the V. Eld. group (11.9% vs 6.1%), although this did not translate into a significant difference in cardiac mortality (6.3% vs 3.7%) or major adverse cardiac and cerebrovascular events (16.2% vs 12.5%). The composite incidence of myocardial infarction (MI), stroke, definite/probable stent thrombosis, and TIMI major bleed was 4.7%, 1.4% 1.9%, and 6.4%, respectively with no significant difference between both cohorts.**Conclusions:** This study demonstrates an acceptable occurrence of MI, death, repeat intervention, and stent thrombosis in a high-risk group of V. Eld. patients with de novo lesions. Age alone in the absence of other non-cardiac factors should not prohibit a patient from access to PCI.**Abbreviations:** ACS, acute coronary synd; cerebrovascular accident; DAPT, dual anti major adverse cardiac and cerebrovascula primary percutaneous coronary interventi vessel revascularization; V. Eld, very elder**Conclusions:** This study demonstrates an acceptable occurrence of MI, death, repeat intervention, and stent thrombosis in a high-risk group of V. Eld. patients with de novo lesions. Age alone in the absence of other non-cardiac factors should not prohibit a patient from access to PCI.

n't Be a Barrier to

ally been excluded from the
is a gap, although larger dataAccording
patients
tically
lent, or

