Complex
PCI to Total ISR in LCx

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Clinical history

- This 52 yrs old nondiabetic normotensive patient underwent CABG in 2001. At that time he was a diagnosed case of triple vessel disease (90% lesion in mid LAD,70% stenosis in mid OM2 and 80% stenosis in mid RCA) and LIMA to LAD, RSVG to RCA and Radial graft to OM2 were done.

Clinical history (Contd.)

- The patient was clinically stable and well until December, 2010 when he had complaints stable angina. His ETT was strongly positive. So he underwent CAG. CAG revealed:
- Native triple vessel disease with patent LIMA to LAD and RA to OM2
- SVG to RCA was severely diseased in distal part with 99% stenosis.

Previous procedure details

- Considering the severity of the SVG to RCA lesion, PCI to SVG to RCA was done at the same setting with 1st generation DES (CYPHER) 3x18 mm.

Previous procedural details contd.

- The patient was alright until January, 2013, when he again came to hospital with the complaints of class III angina. So relook CAG was considered. CAG revealed:
- Native TVD with patent LIMA to LAD
- Patent stented SVG to RCA
- But totally occluded RA to OM2.

Previous Procedural detail

- So, PCI to native LCx was done at the same setting with DES.
- But the patient was really unfortunate. It was not too long a time when he started experiencing same type of angina and just after 10 month in November, 13, he had to undergo CAG again (This is his 3rd time).

Procedural details contd

This time CAG revealed

- Total ISR in LCx and severe ISR in SVG to RCA with 80% stenosis in proximal SVG
- LIMA to LAD was still patent.
- Recommendation was to handle the lesion in SVG to RCA rather in total ISR of LCx.

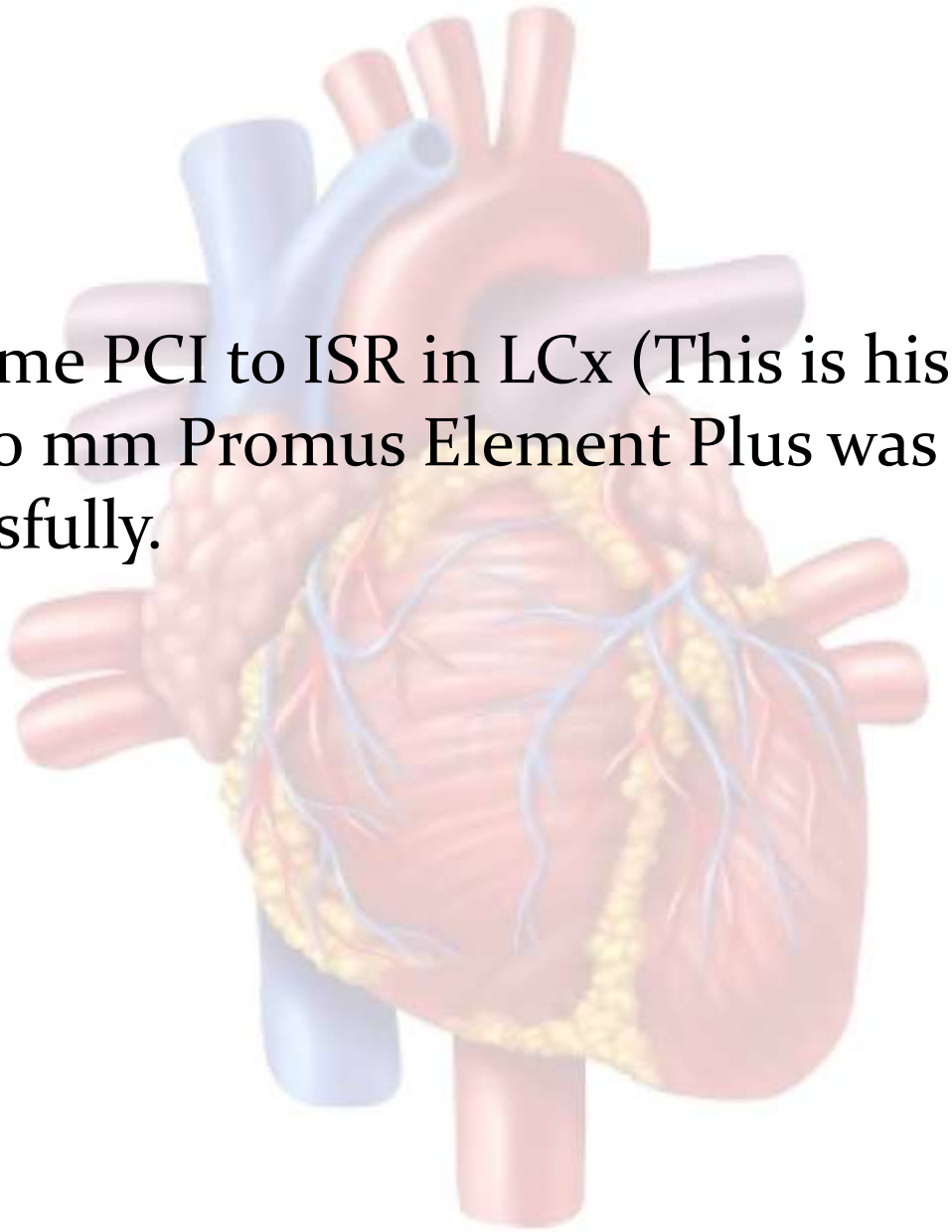
Previous procedural details

- At the same setting, PCI to proximal part of SVG to RCA by Xience stent and POBA was done in ISR lesion by DIOR.

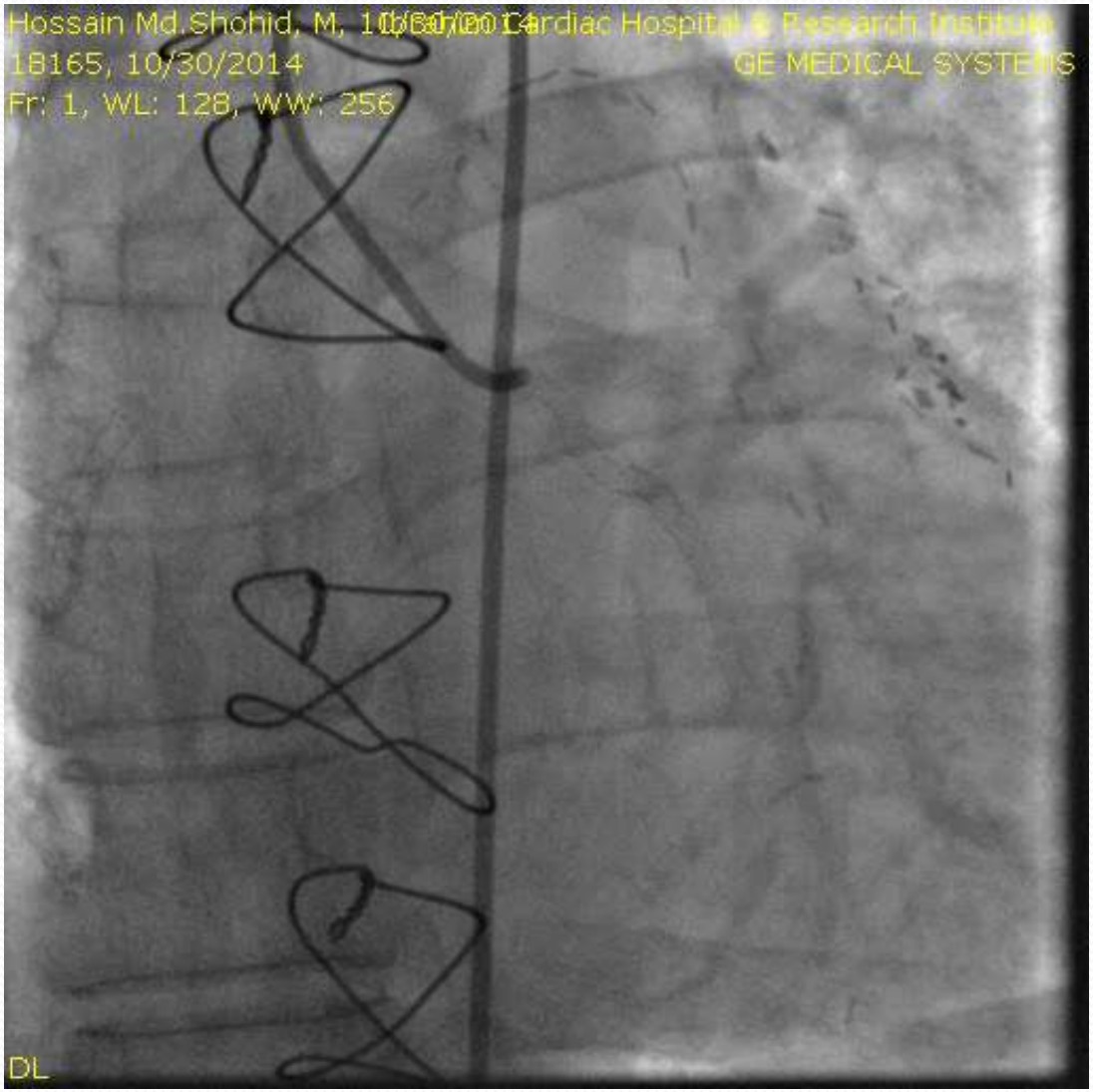
- All these procedures were done in different hospitals.
- But patients symptoms persisted and again CAG was done 11 months later in October 2014 in our center.

Present procedural details

- His CAG revealed Native TVD with patent LIMA to LAD, SVG to PDA & diffusely diseased RA to OM. Stent in proximal & distal SVG graft in RCA are patent with total ISR in LCx.



- This time PCI to ISR in LCx (This is his 4th time) with 2.25x20 mm Promus Element Plus was done successfully.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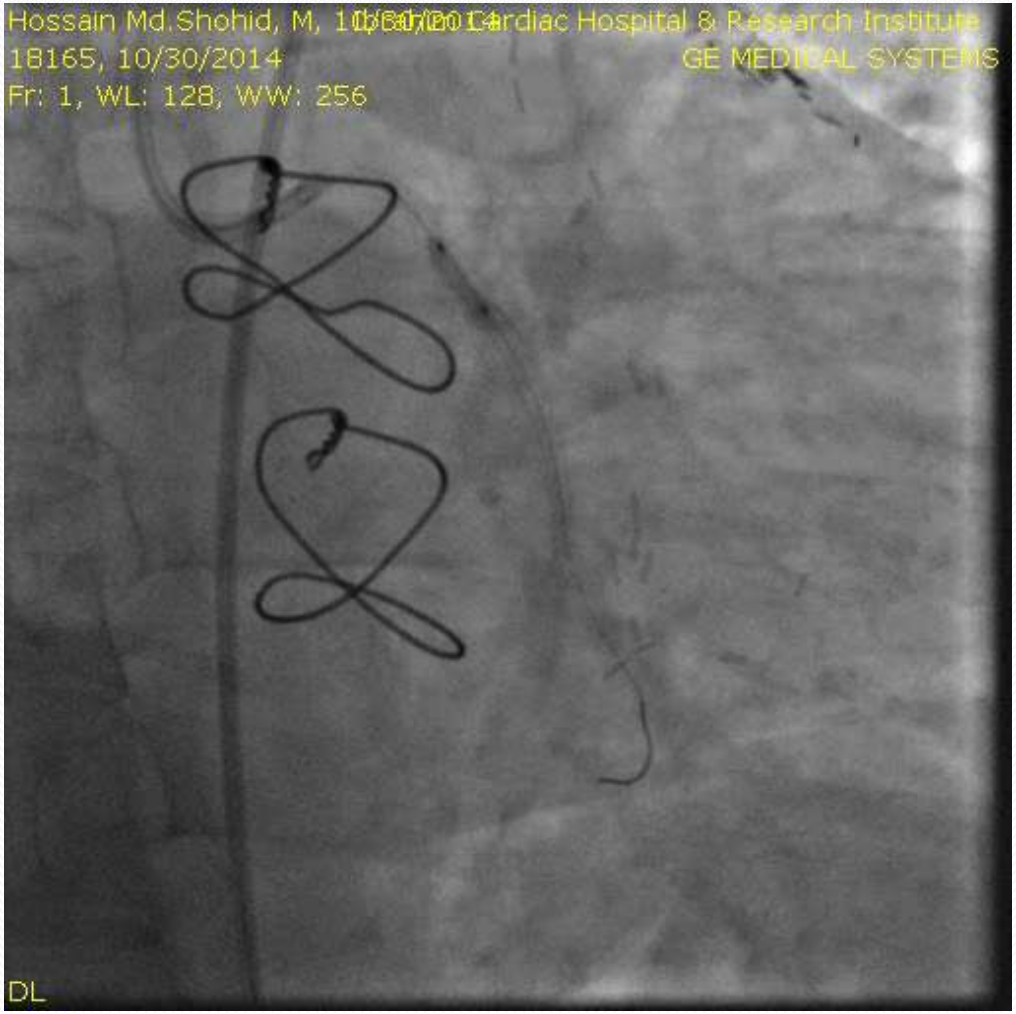
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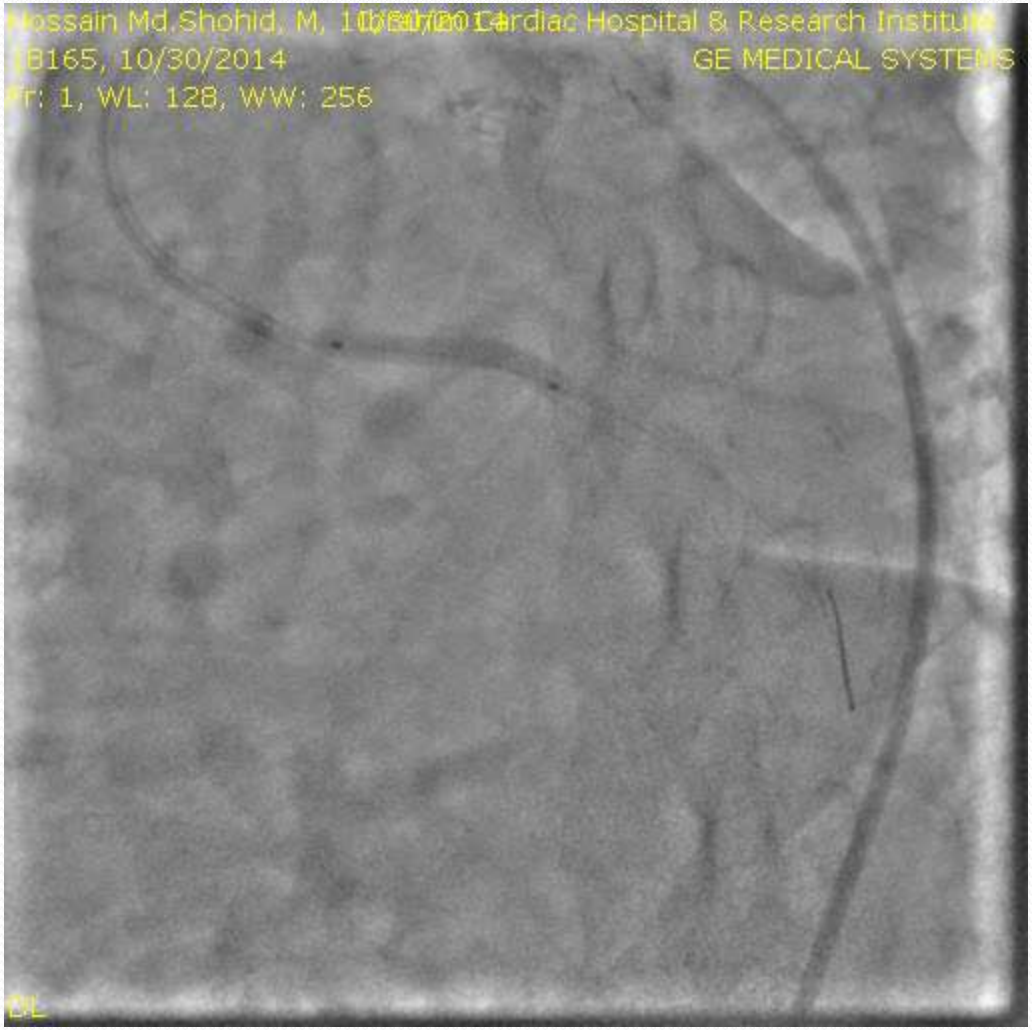
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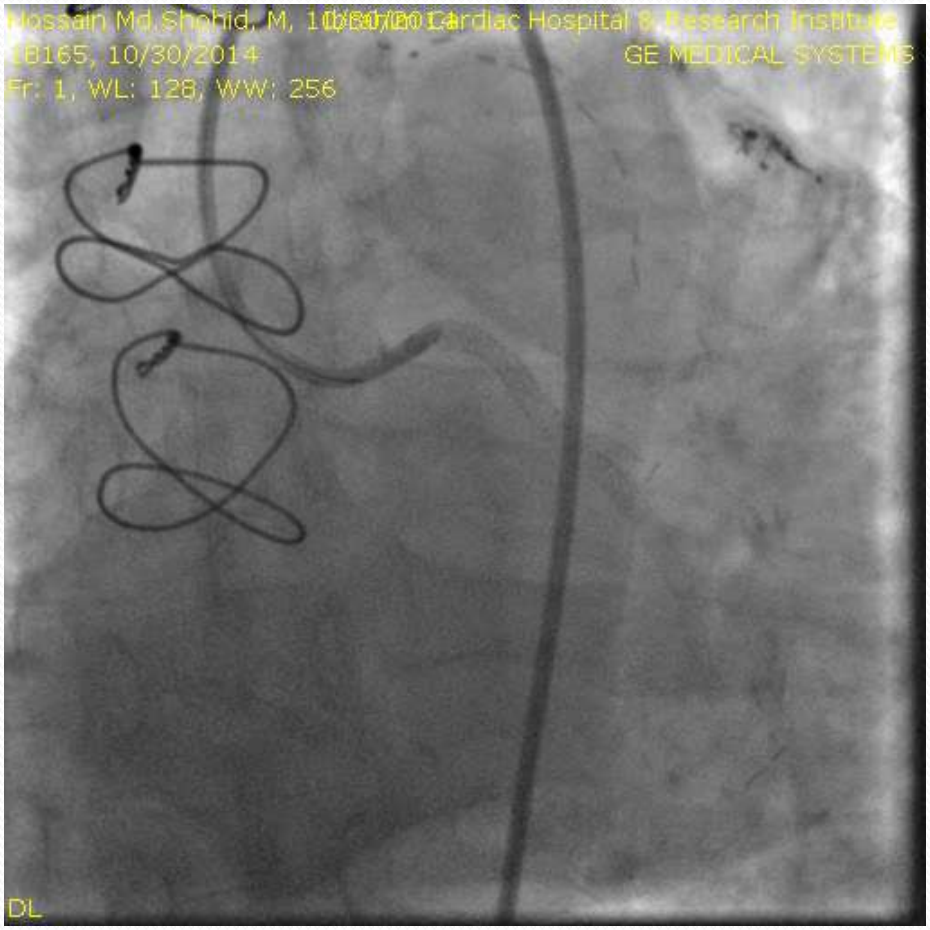
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Take home message

- 14 years back this patient underwent CABG for simple triple vessel disease. He required repeated revasculaziation after that in graft vessel as well as in native vessel.