

How Do You Treat This Complex Lesion?

안양산

무등산

노고단

반야봉

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Case Presentation

84/M Mr. Cho

00284114

C/C **Chest pain**

- Nature: Squeezing
- Onset: 1 day ago
- Duration: Ongoing
- Associated symptom: cold sweating, dyspnea
- NTG response: None

PHx **DM (-), HT (-), Operation (-)**
SHx **Smoking (40PYS Ex-smoker)**

V/S **BP : 90/60 mmHg** **HR : 120 회/min**
 BT : 36.5 °C **RR : 26 회/ min**

Lab on Admission

- **Troponin I** **1.92 ng/mL**
- **CK-MB** **84.3 ng/mL**
- **AST** **64 U/L**

- **Creatinine 0.9 mg/dL**

- **LDL-C** **71 mg/dL**
- **HDL-C** **31 mg/dL**
- **T-Chol** **114 mg/dL**

Electrocardiogram at ER

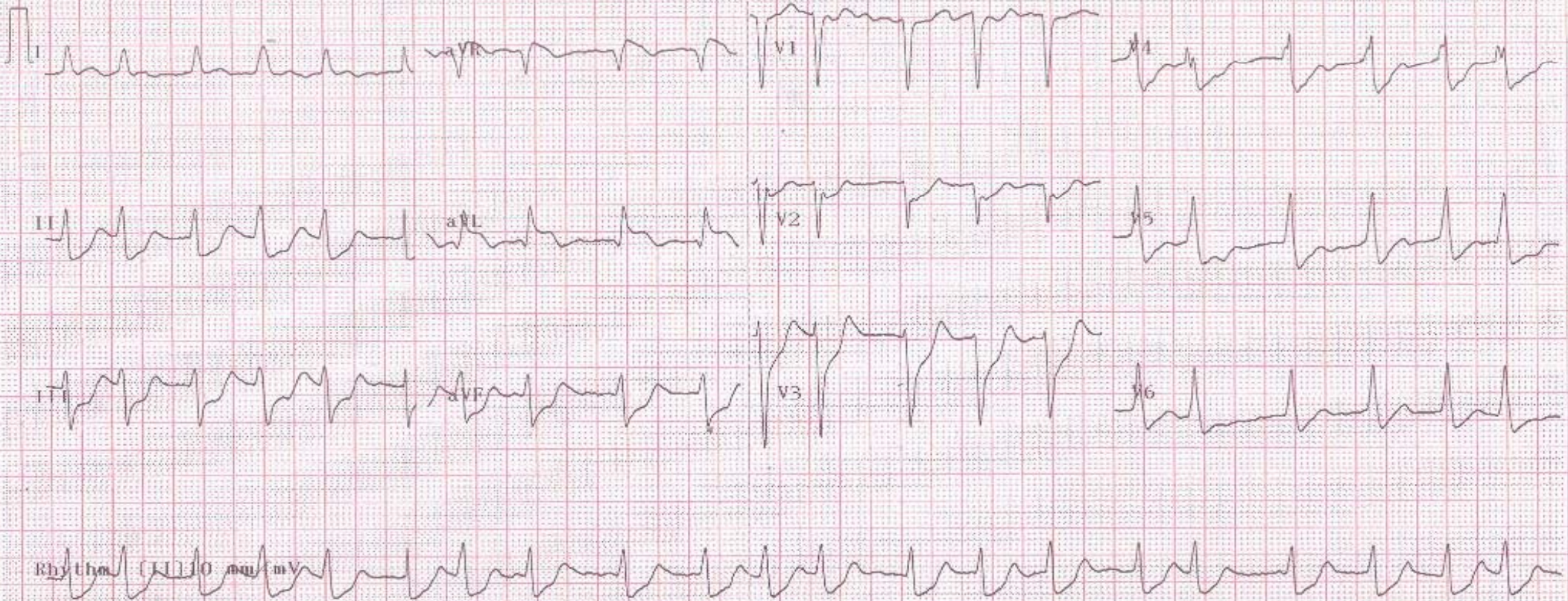
Q1/Q1C int. 550/404 IS
P/QRS/T axis ****/ 7/ 80
RV5/SV1 amp. 1.025/ 1.440 mV
RV5/SV1 amp. 2.465 mV

Unconfirmed Report
Reviewed by:

10 mm/mV 25 mm/s Filter 25 Hz H 60 d 10 mm/mV

10 mm/mV

10 mm/mV



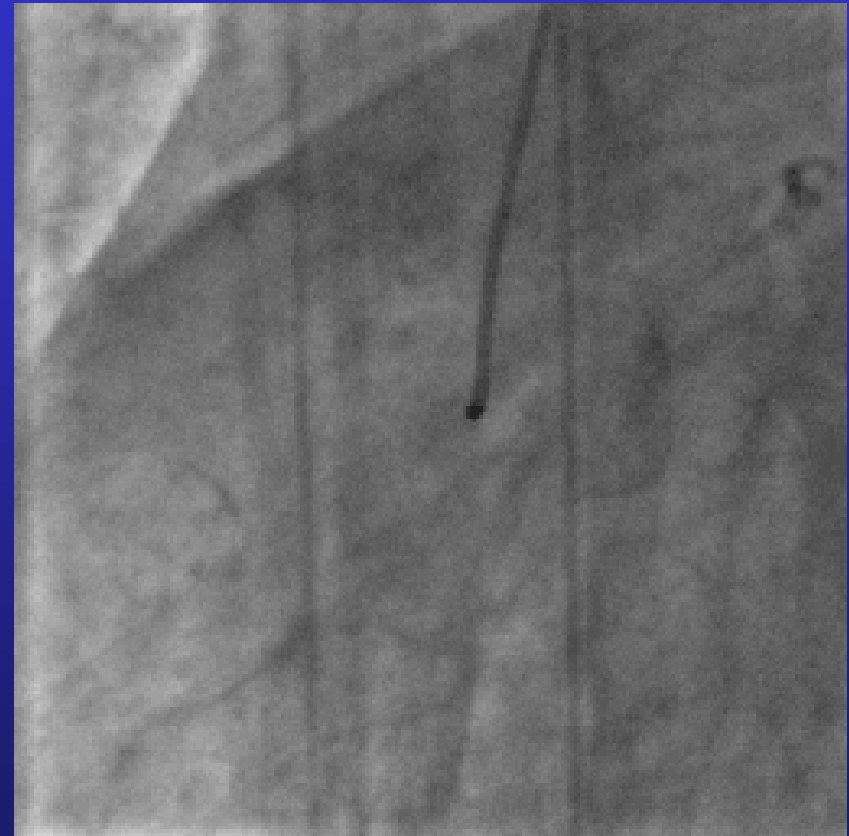
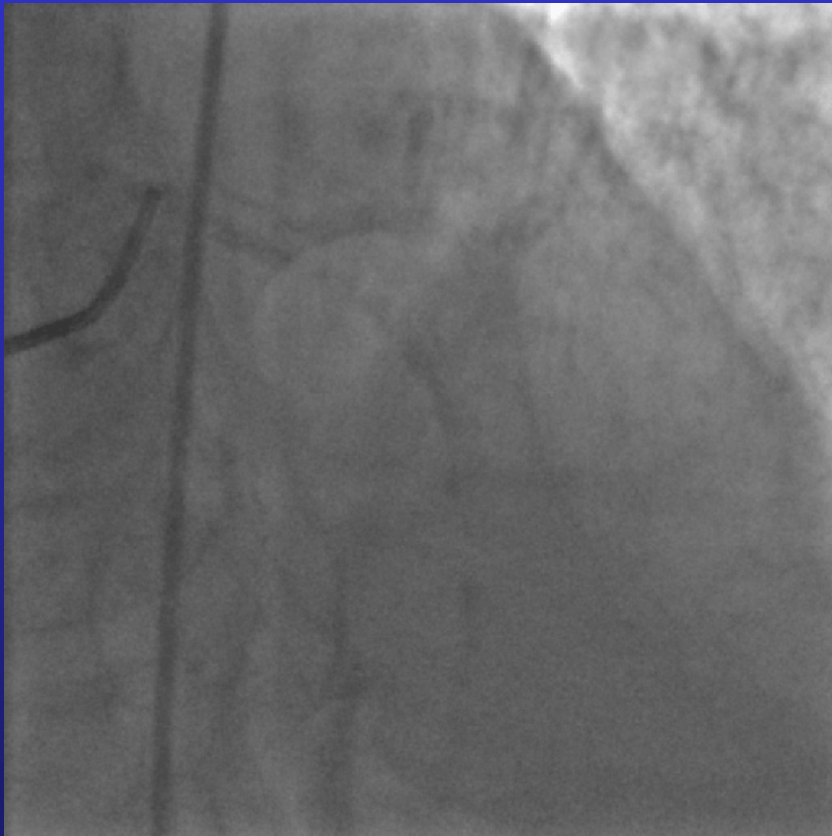
Chest X-ray at ER



2-D Echo at ER

- Hypokinesia and akinesia in LAD & LCX territory
- LVEF=35%

Diagnostic CAG



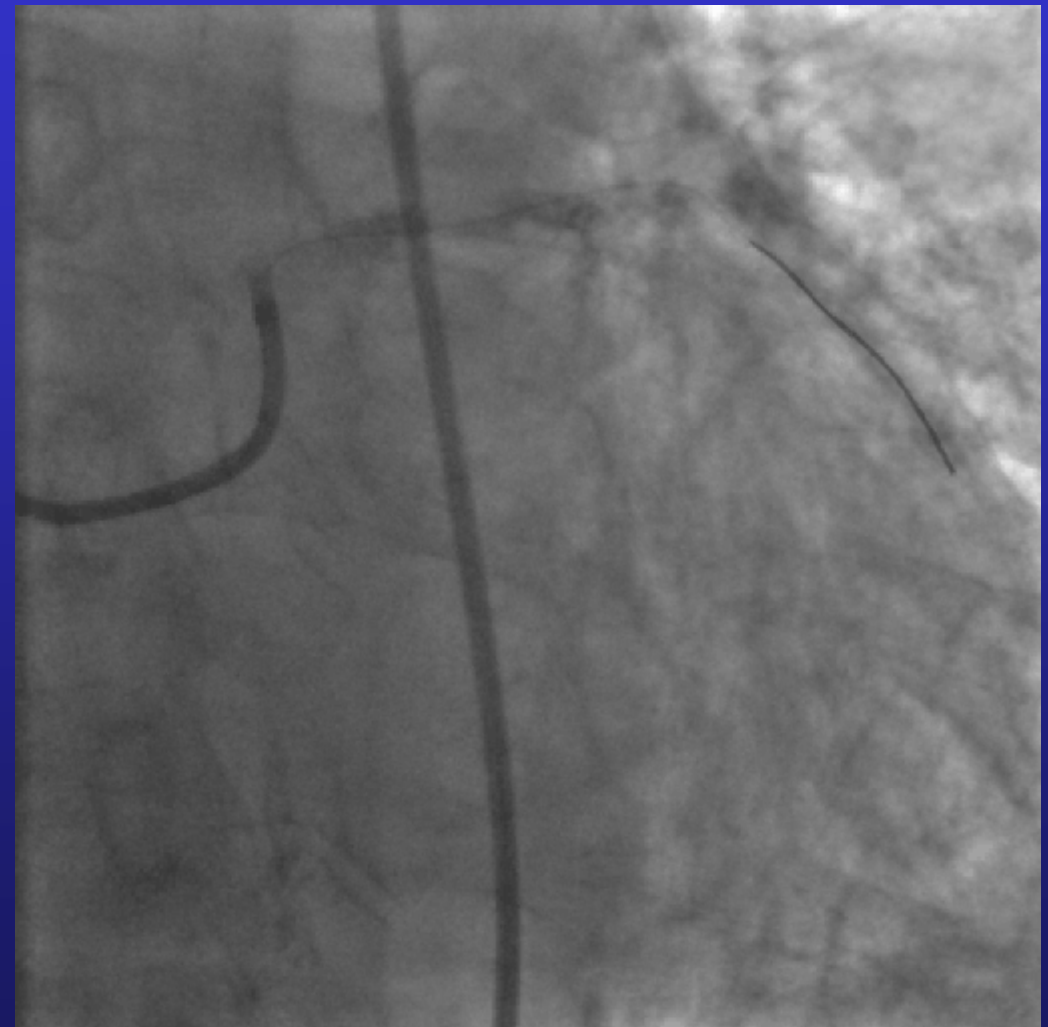
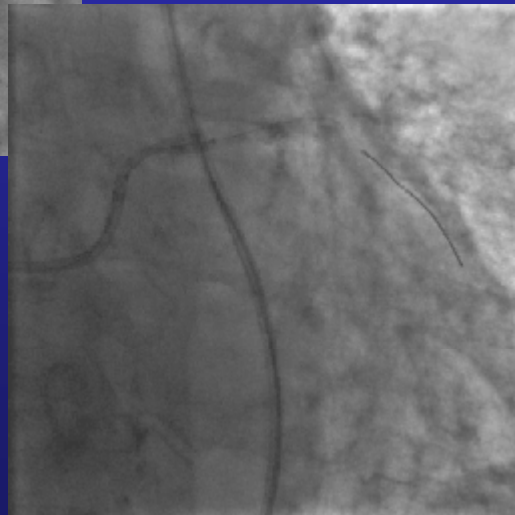
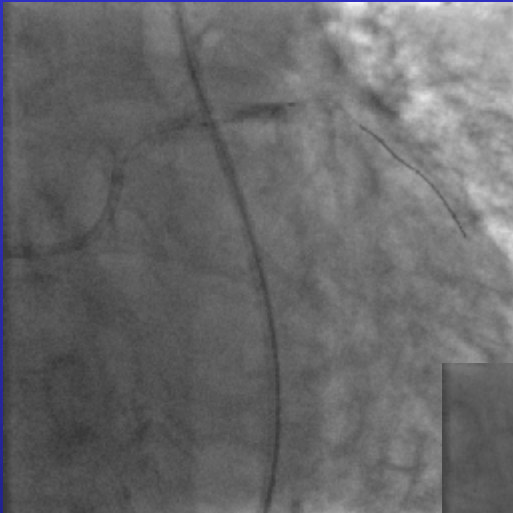
Thrombotic total occlusion in LM

Diffuse severe calcification in LAD

PCI for LM & LAD

Route: Rt. Femoral approach
Guiding Cath: 7F JL4 Guiding

Wire: Runthrough TM



Predilation

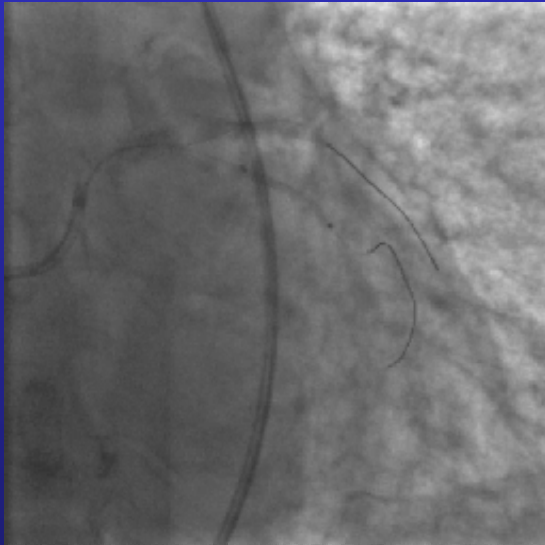
: 2.0*20mm Ryujin 10 atm

Abciximab bolus injection IC

PCI for LCX

Route: Rt. Femoral approach
Guiding Cath: 7F JL4 Guiding

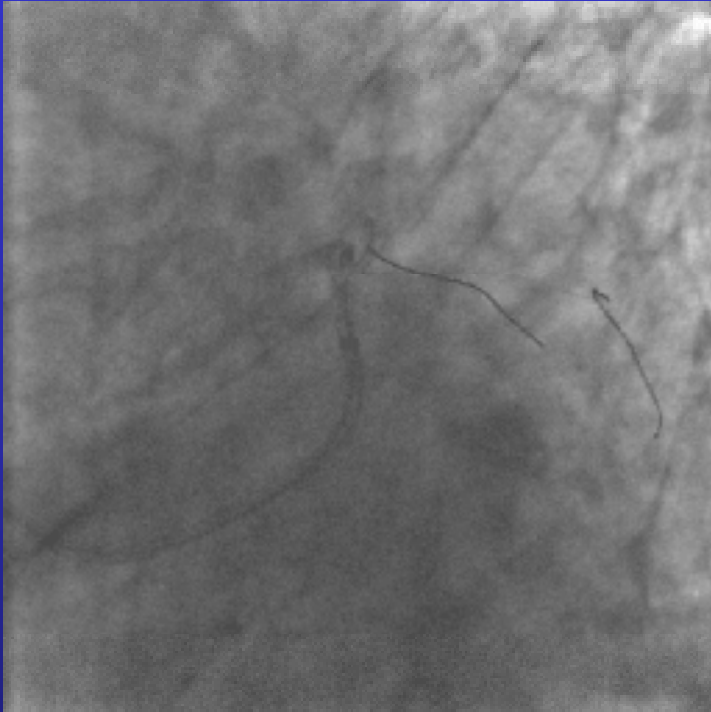
Wire: Runthrough TM
Fielder FC



Predilation for LCX
: 2.0*20mm Ryujin 10 atm

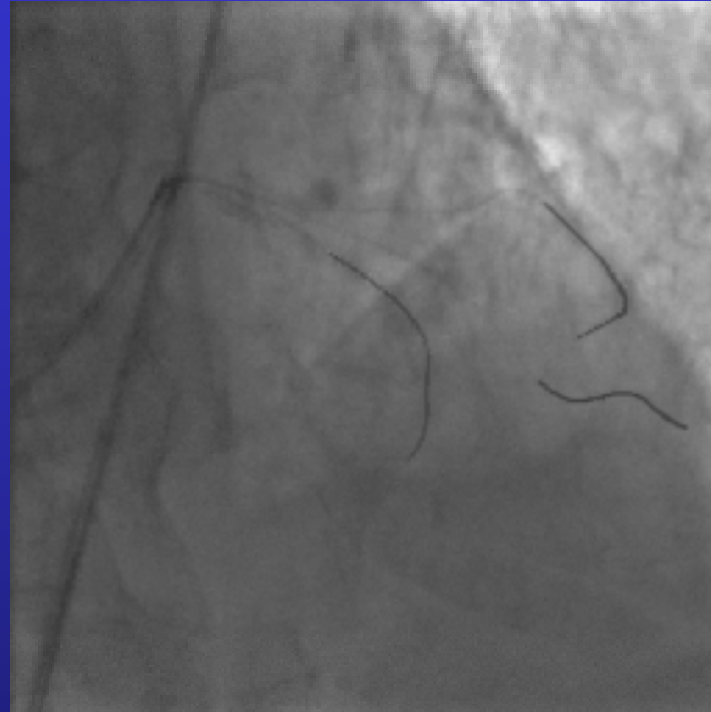


LAD Wiring and LCX stenting



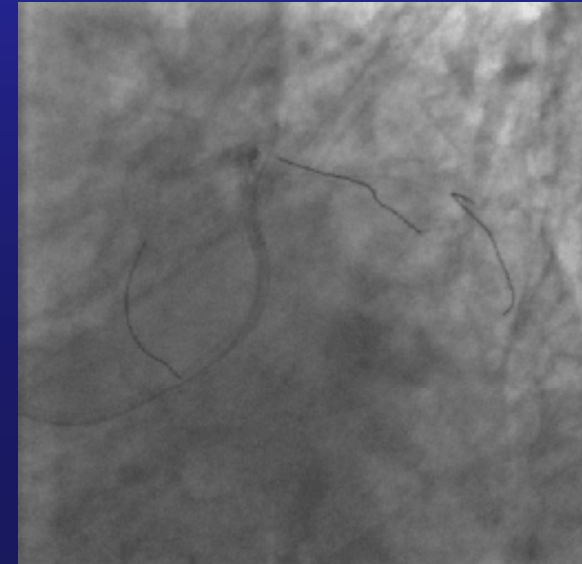
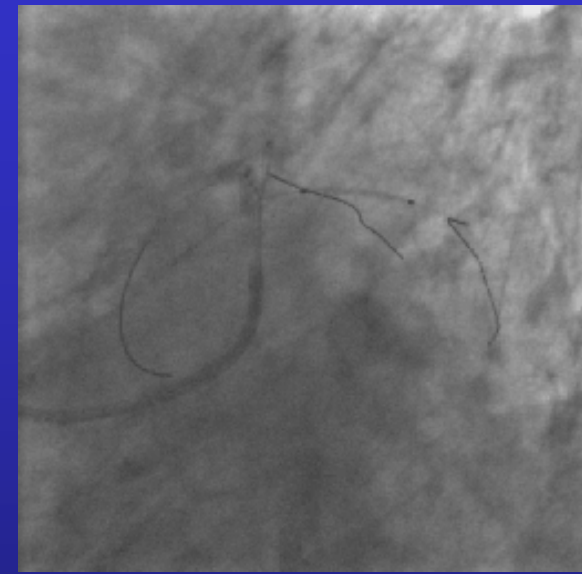
Calcified, diffuse CTO in LAD

Wire insertion

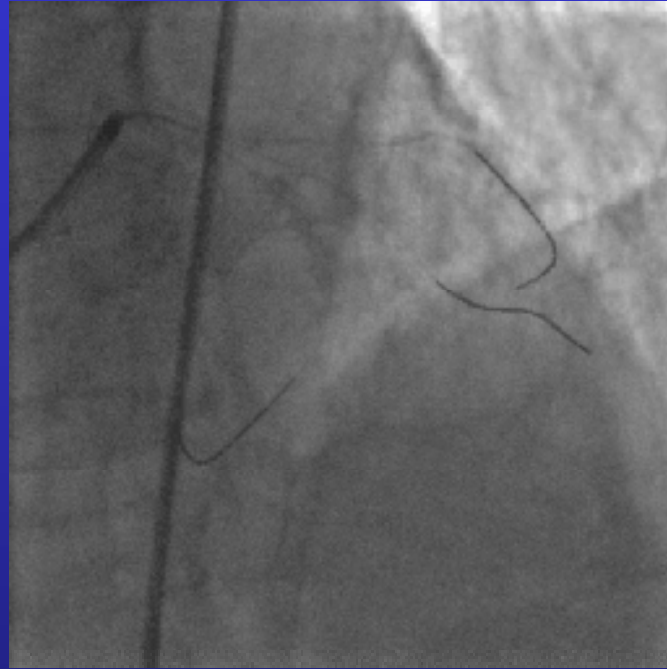
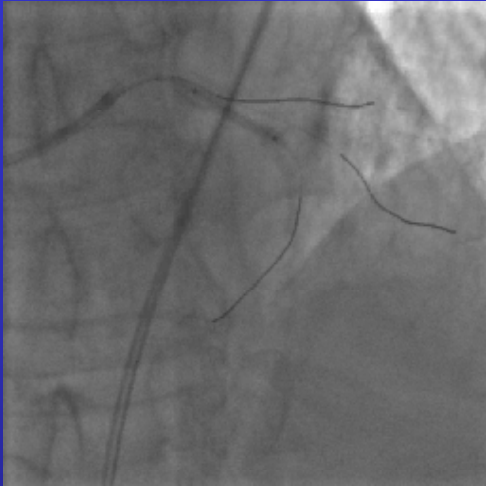


Stenting for LCX

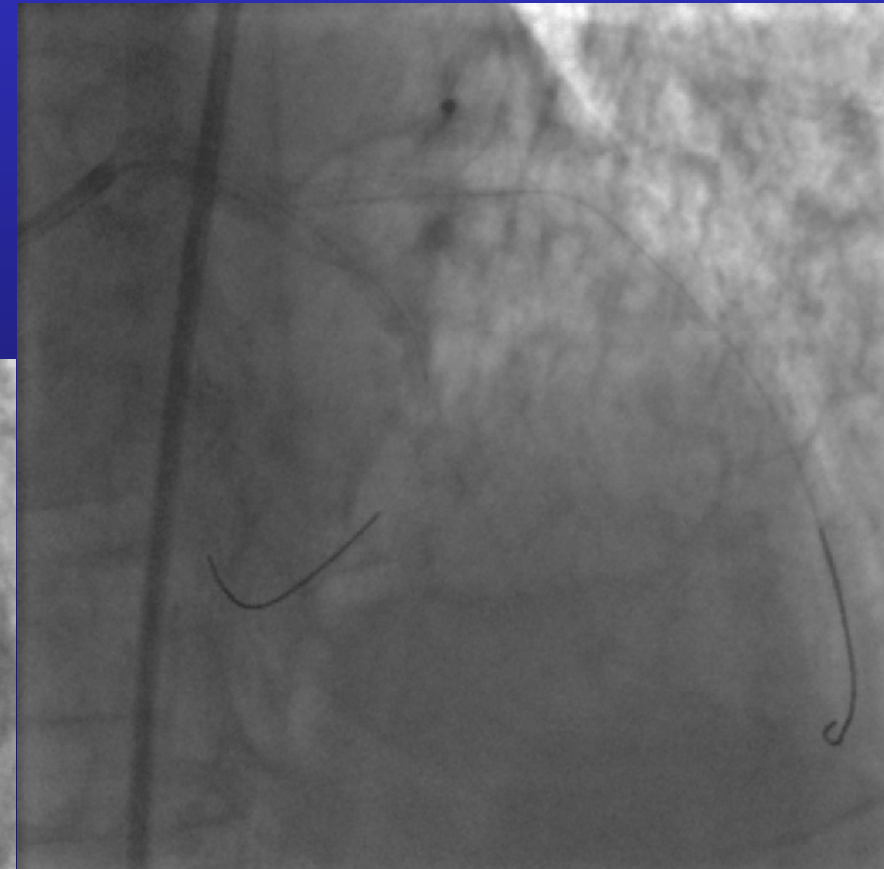
2.75*18mm Nobori



PCI for LM & LAD



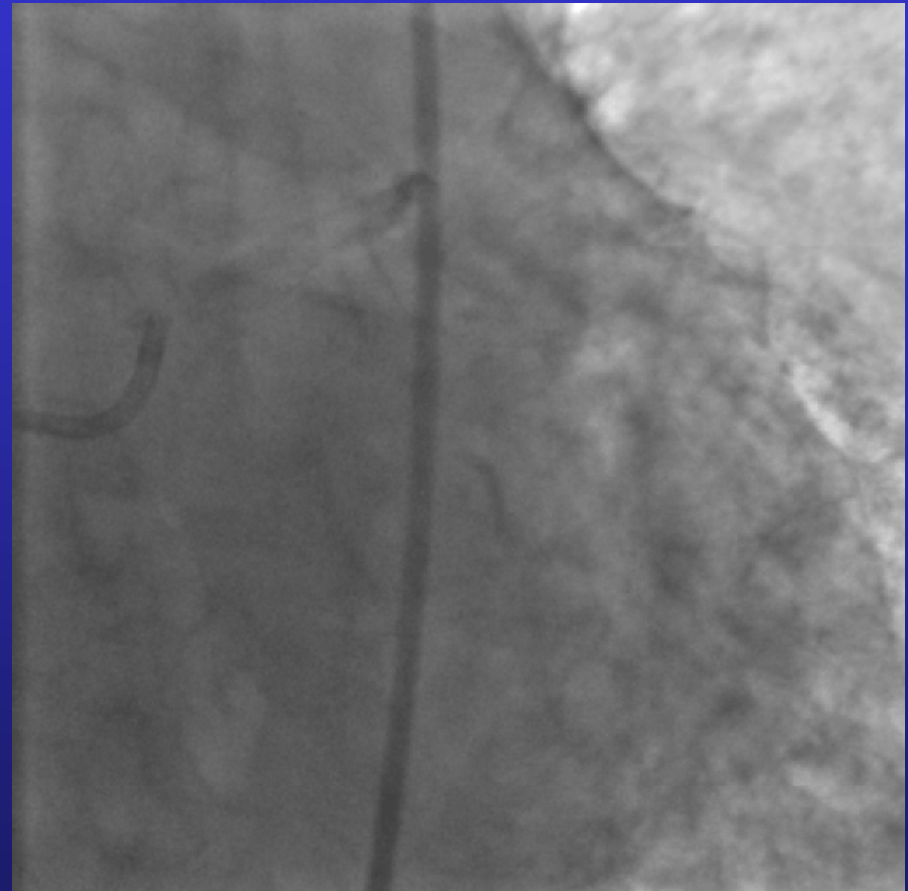
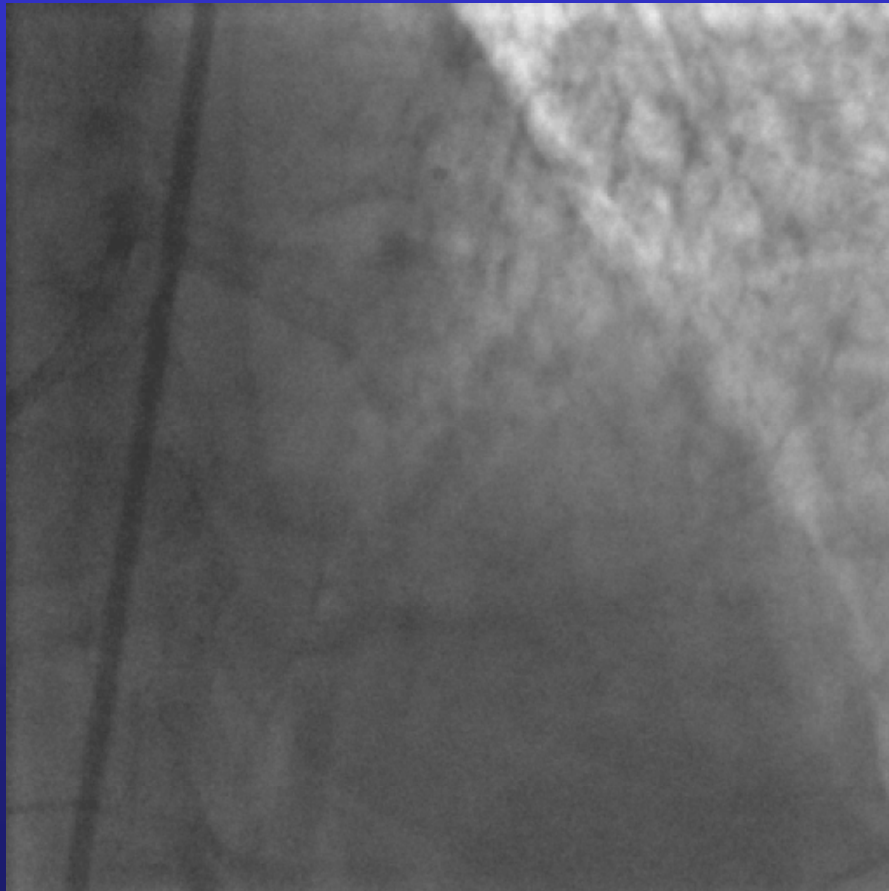
Re-dilation
: 3.0*15mm Ryujin 10 atm



Stent for LM & LAD
3.5*28mm Nobori



Final CAG



Remained LAD CTO

Good patency with TIMI III flow in LCX and Ramus

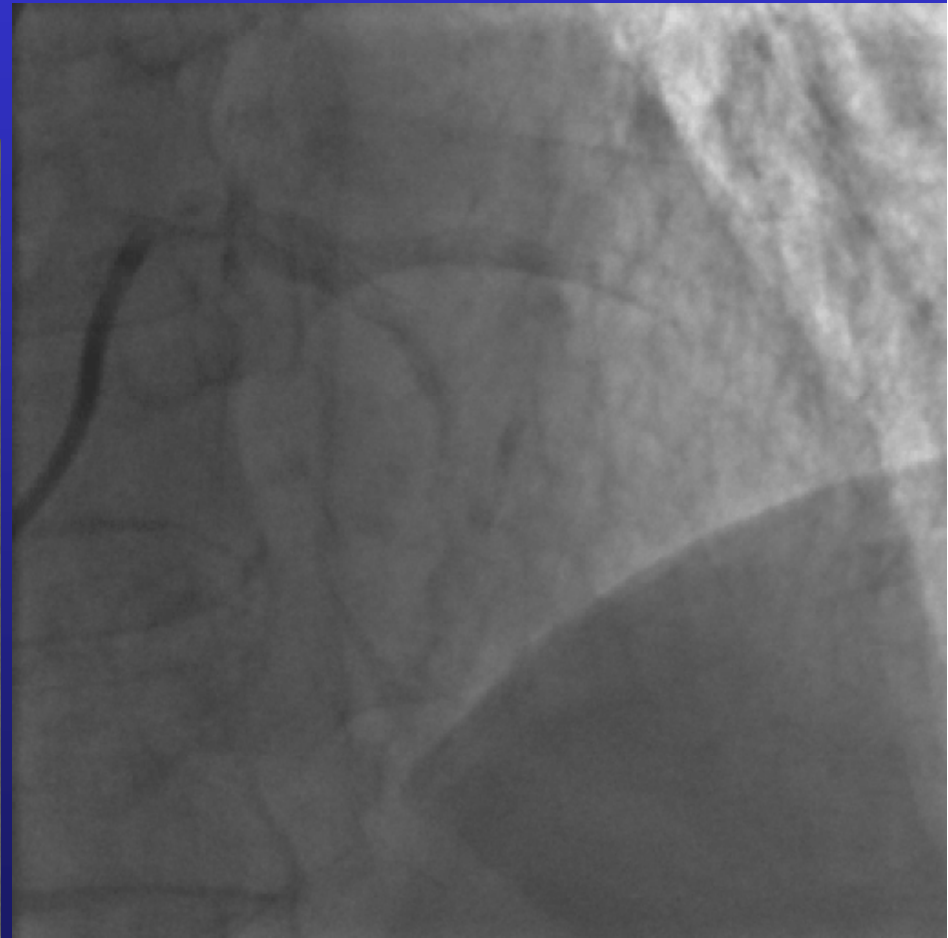
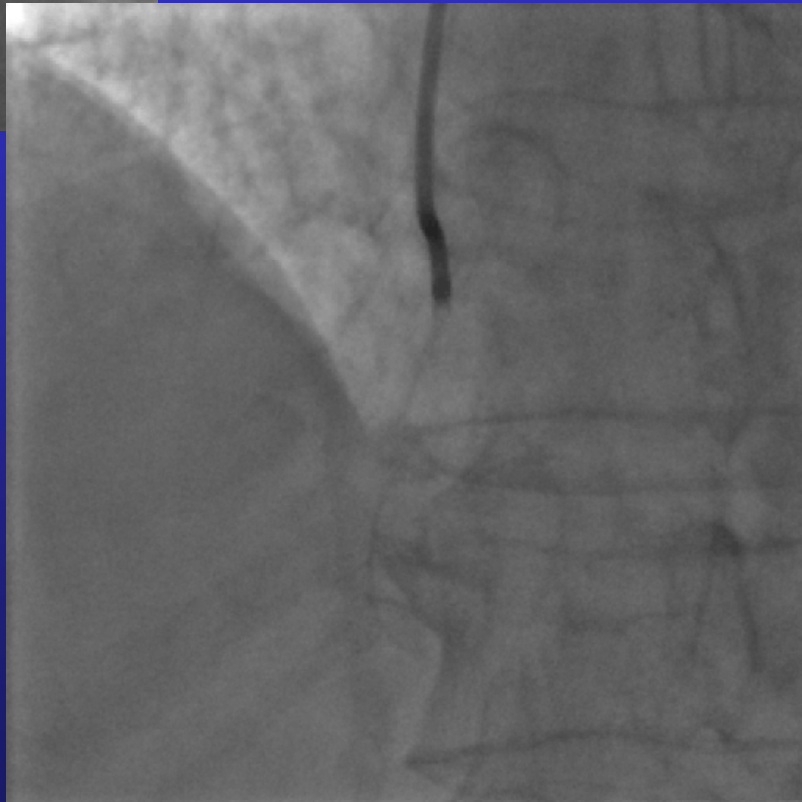
4 days later

2nd stage PCI

F/U CAG after 4 days



**Critical tandem stenosis in m-RCA
with collaterals to LAD**



**Calcified total occlusion with
collaterals from LCX to D2**

PCI for LAD

Route: Lt. Radial approach
Guidng Cath: 6F AL1 Guiding
Progreat microcatheter

Wire: Runthrough TM
Miracle 3g

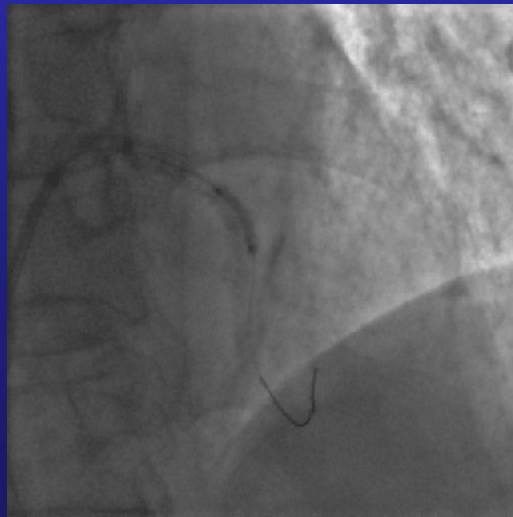
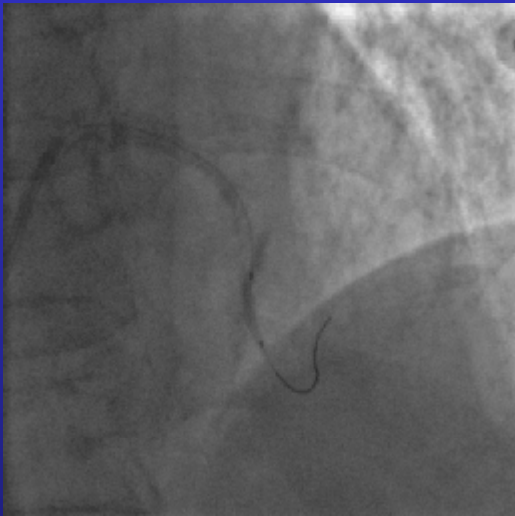


wiring for LAD using parallel wire technique
& successful wiring to D2

PCI for LAD

Route: Lt. Radial approach
Guiding Cath: 6F AL1 Guiding
Progreat microcatheter

Wire: Runthrough TM
Miracle 3g

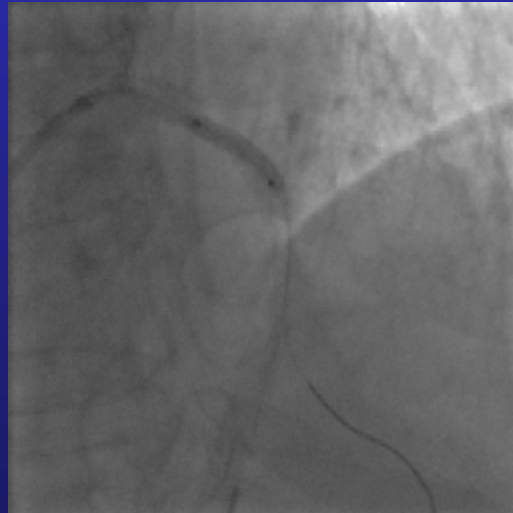
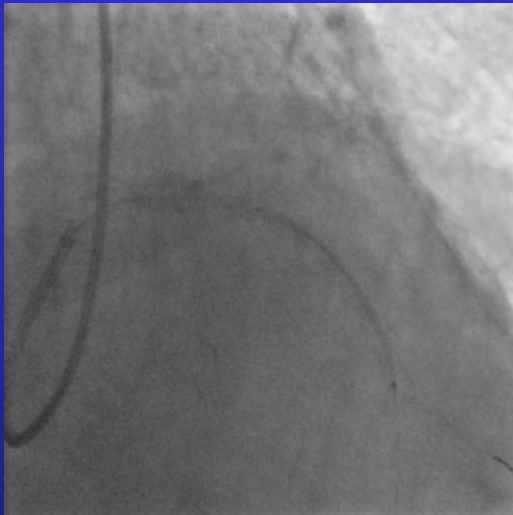


PTCA for LAD and D2 using 2.0*15mm Ryujin

PCI for LAD

Route: Lt. Radial approach
Guidng Cath: 6F AL1 Guiding
Progreat microcatheter

Wire: Runthrough TM
Miracle 3g



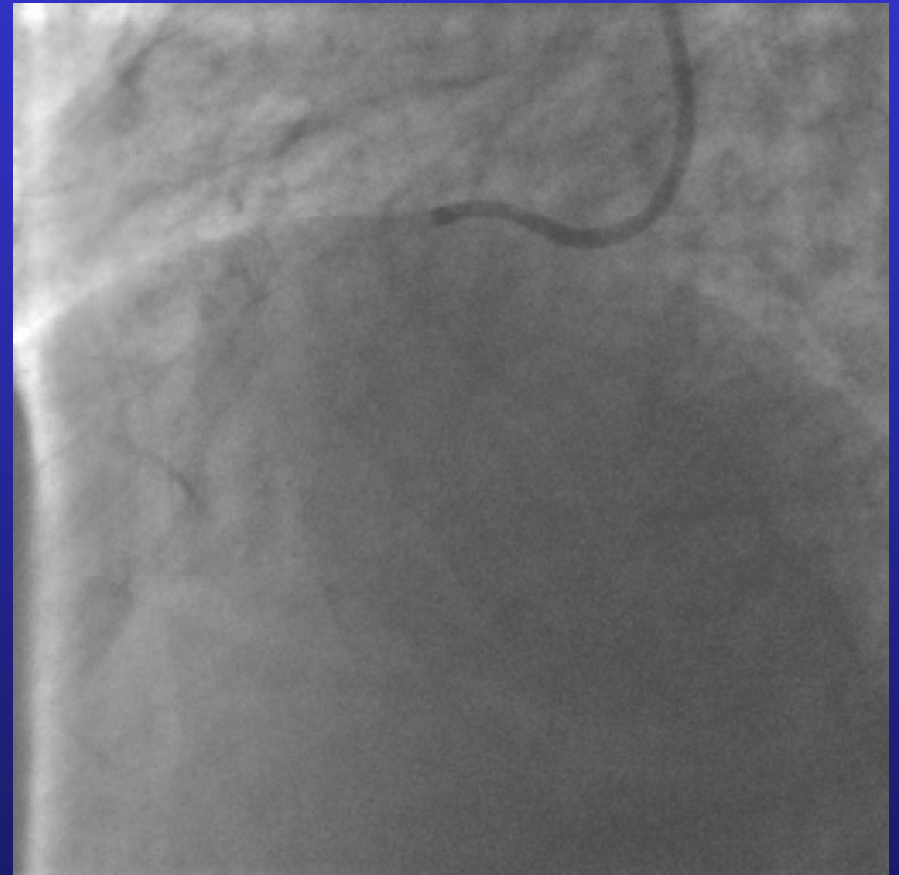
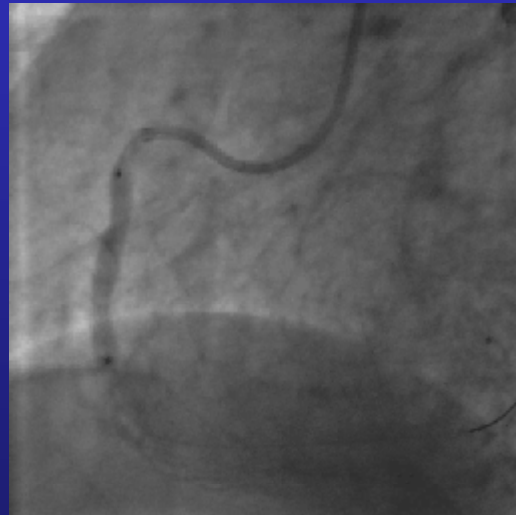
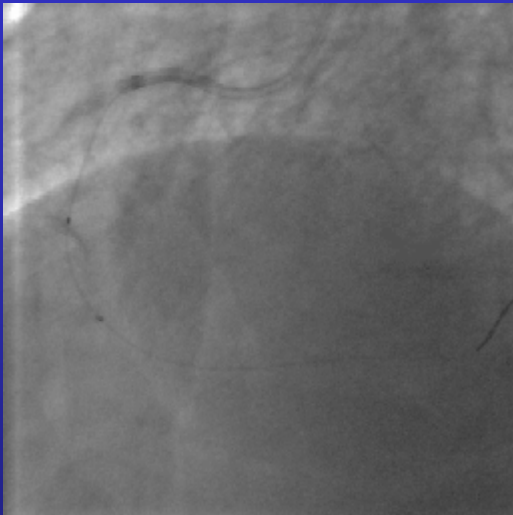
**Stenting for m-LAD using 2.75*38mm Endeavor
& additional ballooning using 3.0mm NC bal**

PCI for RCA

Route: Lt. Radial approach

Guiding Cath: 6F AL1 Guiding

Wire: Runthrough TM

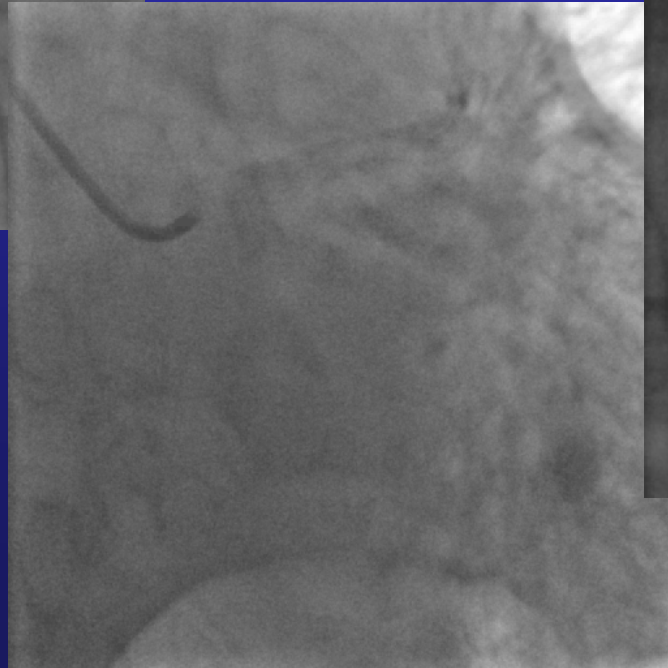
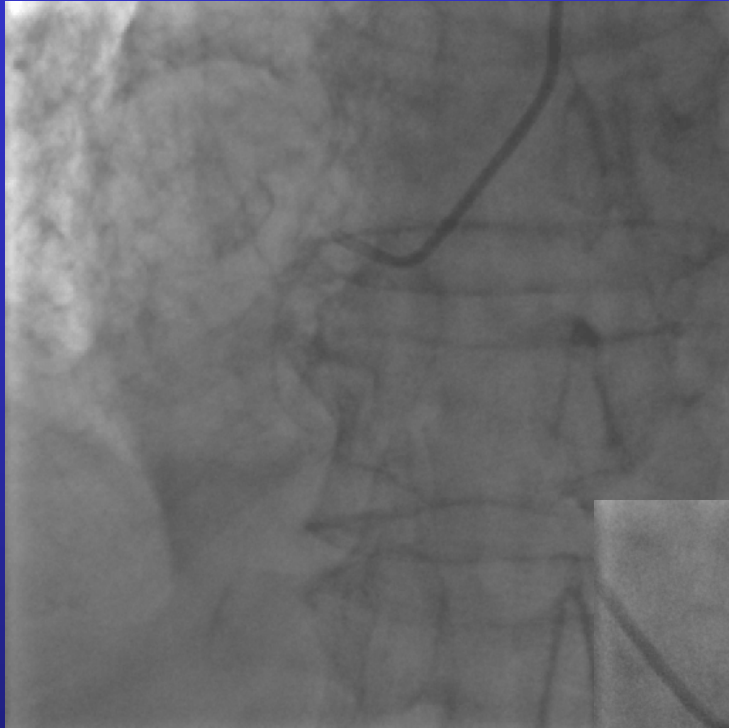


**Stenting for m-RCA using 4.0*28mm Nobori
& additional ballooning using 4.0mm NC bal**

8 Months later

F/U CAG

F/U Angiogram



FU 2-D Echocardiography

- Hypokinesia in LAD & LCX territory
- LVEF=45%