National Heart Foundation Hospital & Research Institute

- A non government non profit organization
- Developed under Public Private Partnership (PPP)
- 480 bedded tertiary cardiac hospital fully equipped with modern tools.
- Providing modern cardiac treatments at an affordable cost.

Calcified Native Multivessel High Risk PCI Without Rotablation

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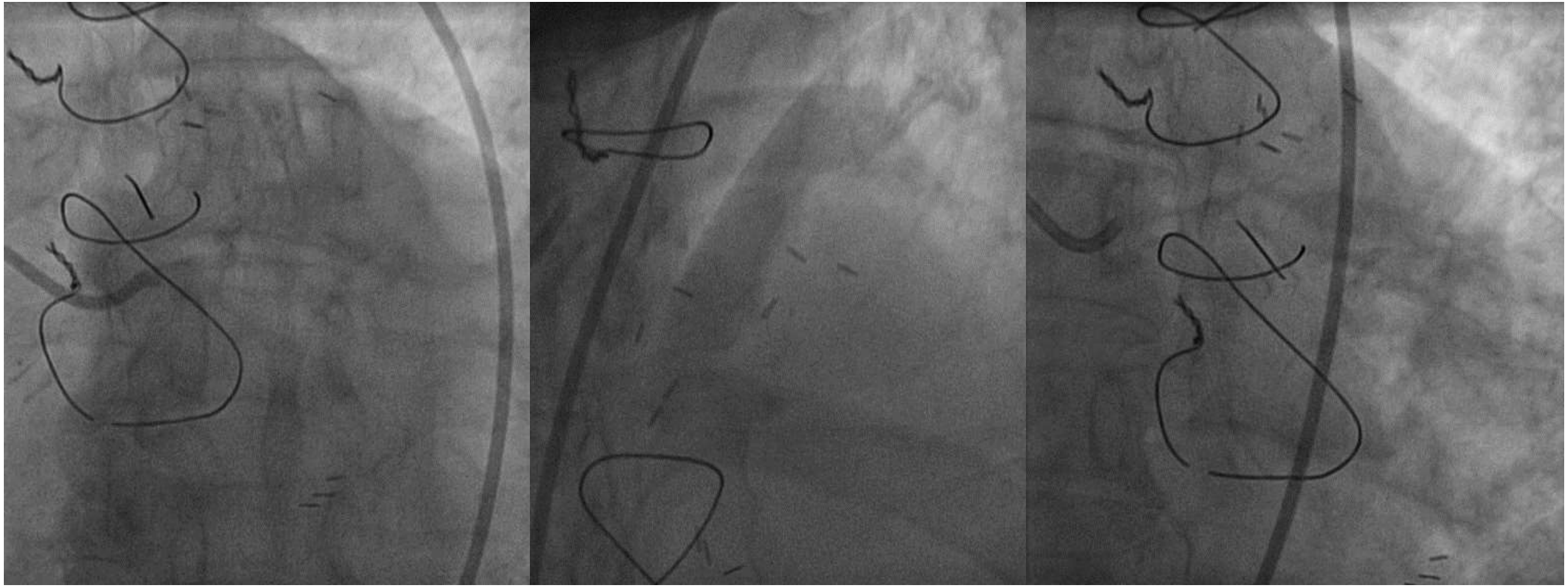
Disclosure Statement of Financial Interest

I, Mir Nesaruddin Ahmed DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Clinical profile

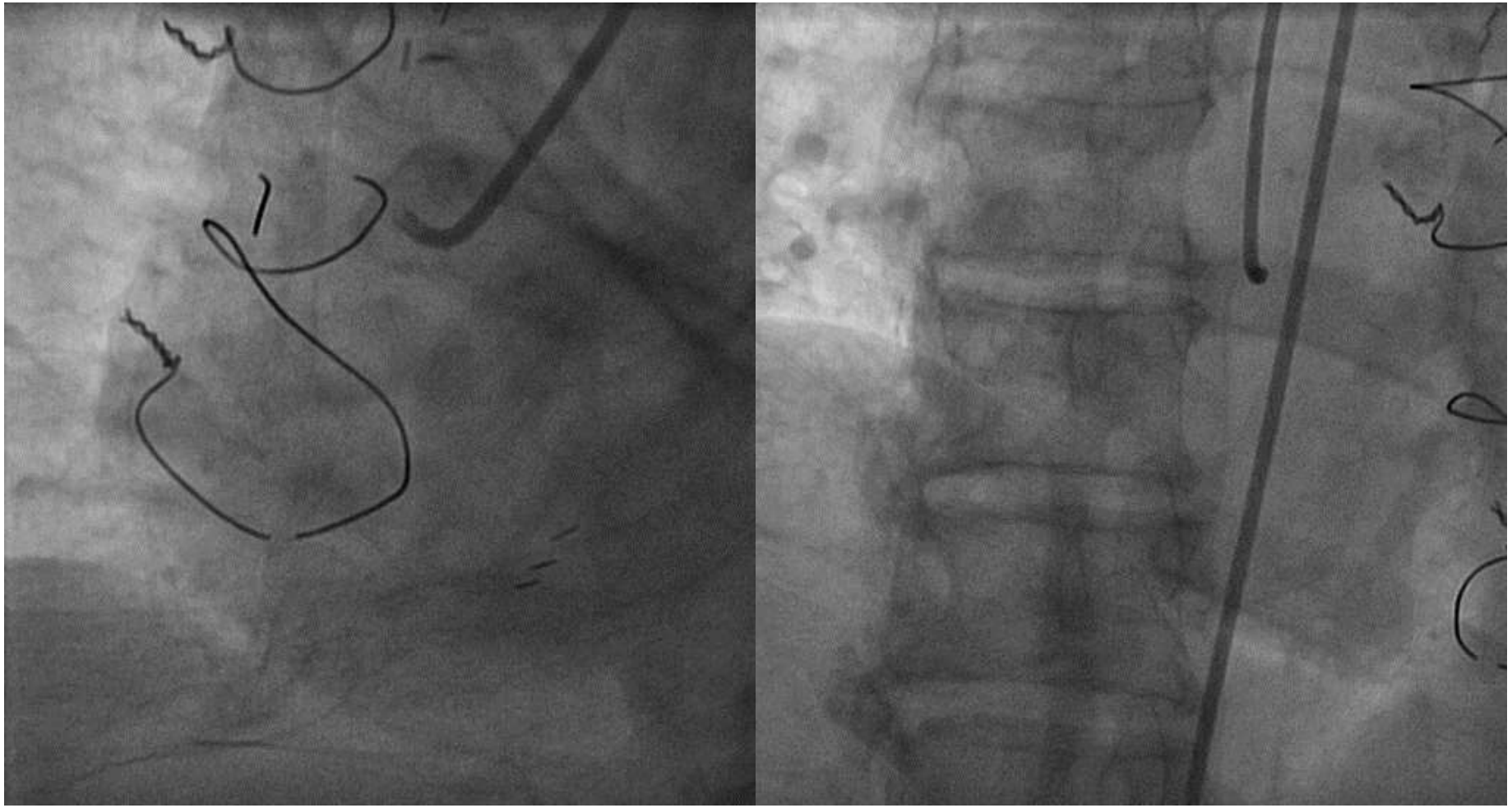
- 66 years old gentleman
- Effort Angina , CCS class-III.
- H/o CABG 5 years Back
- HTN
- ECG T↓ in V1-V6.
- Echo reveals segmental wall motion abnormality with Global LVEF 50%.
- Hematological and Biochemical Profile were within Normal limit

CAG Findings: Left Coronary System



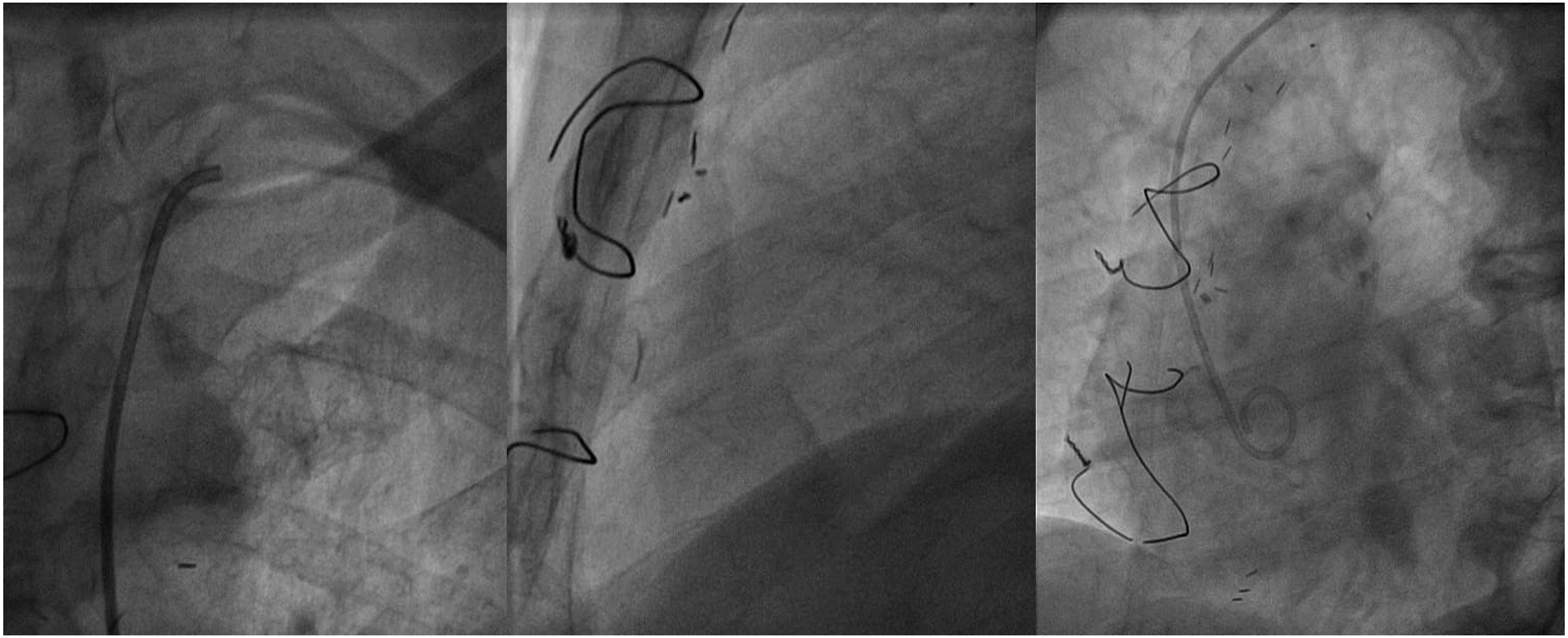
Severe left main , LAD –critically and diffusely diseased from its origin and totally occluded from mid segment and a very angulated LCX with moderate disease in its distal part.

Right Coronary Artery :



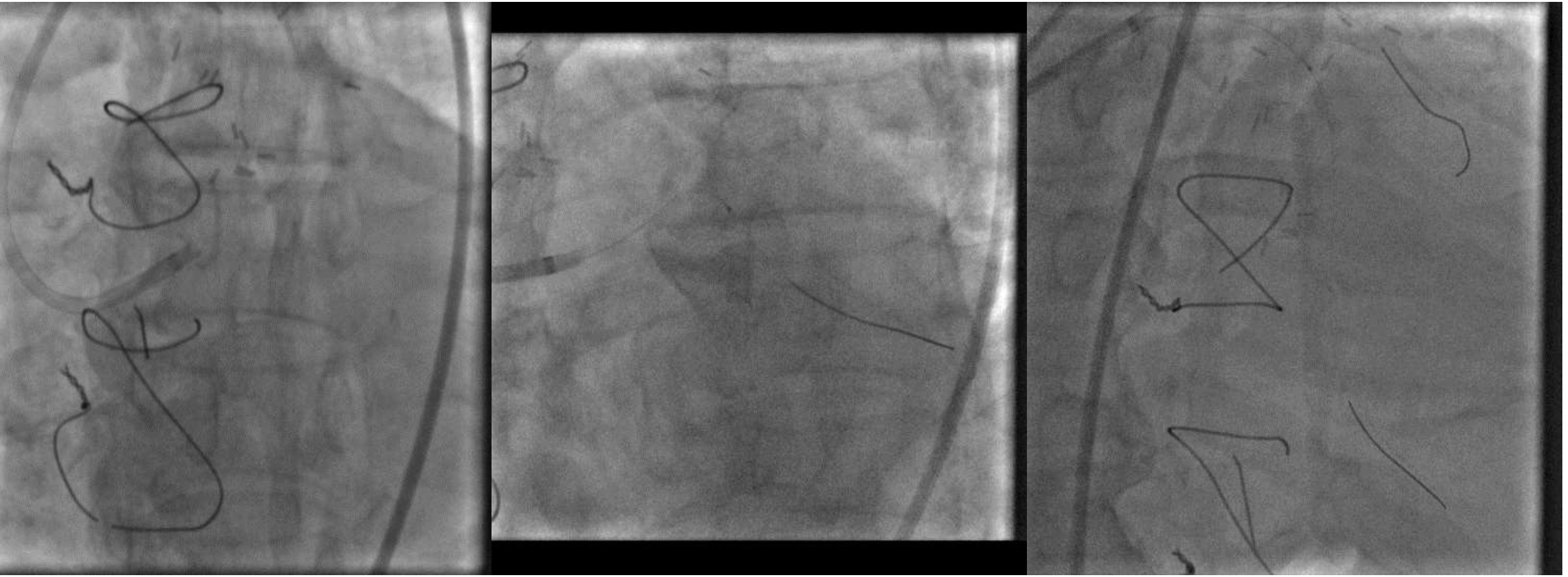
RCA : 80 % lesion in the proximal segment ,99% lesion in its distal segment

Graft Vessel



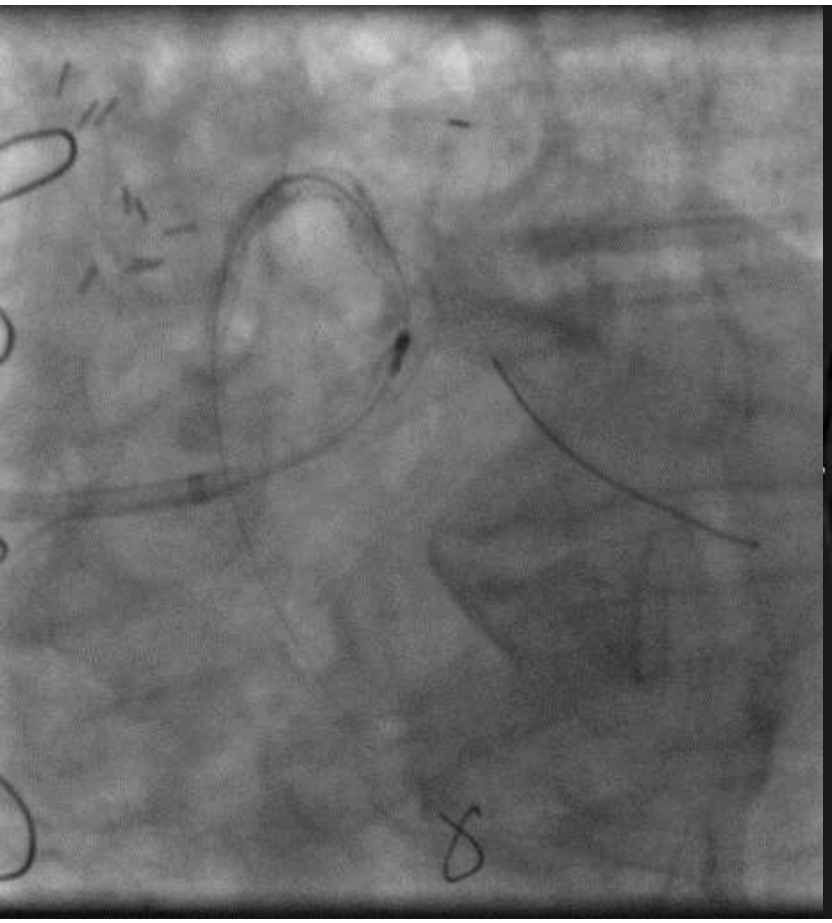
LAD graft was degenerating and other graft were totally closed

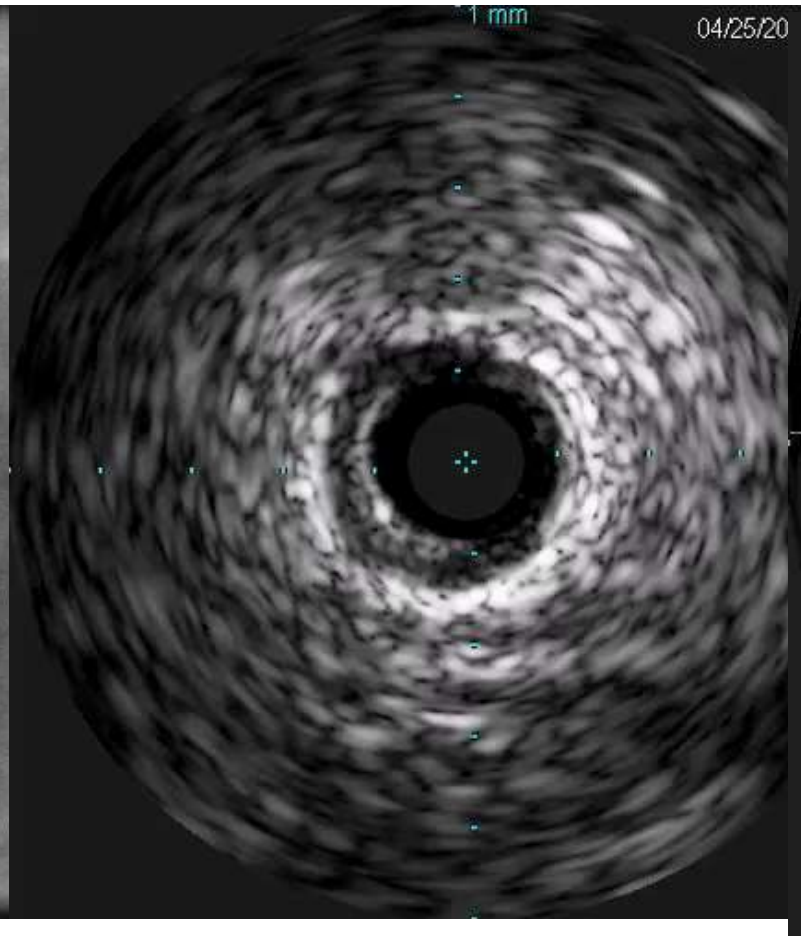
PCI

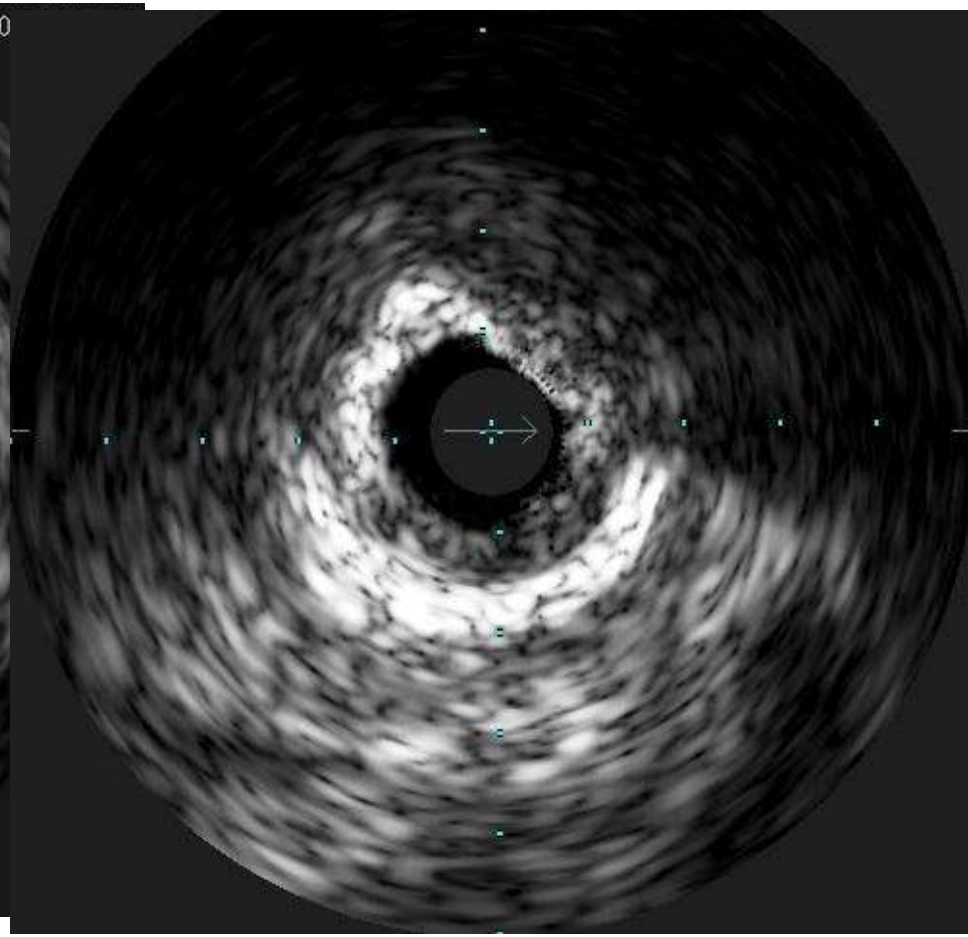


After Discussion we offered Staged PCI. Lcx and LAD –warred with the help of the microcatheter

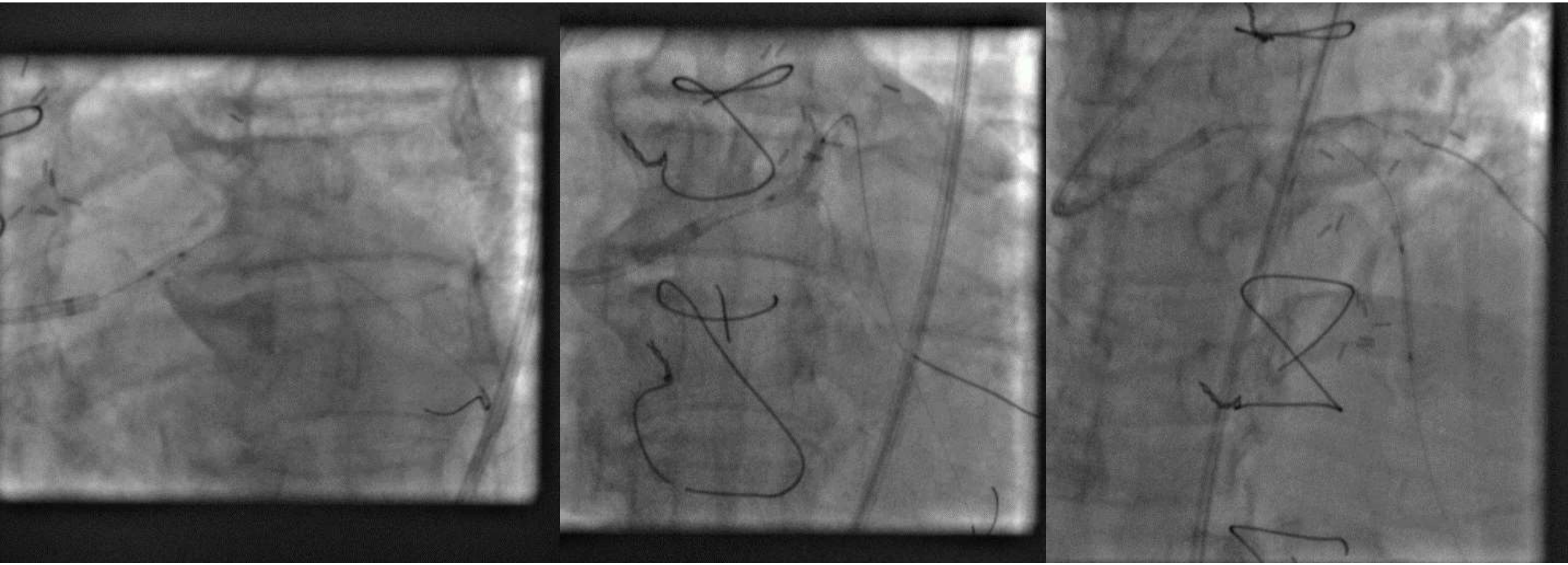
IVUS



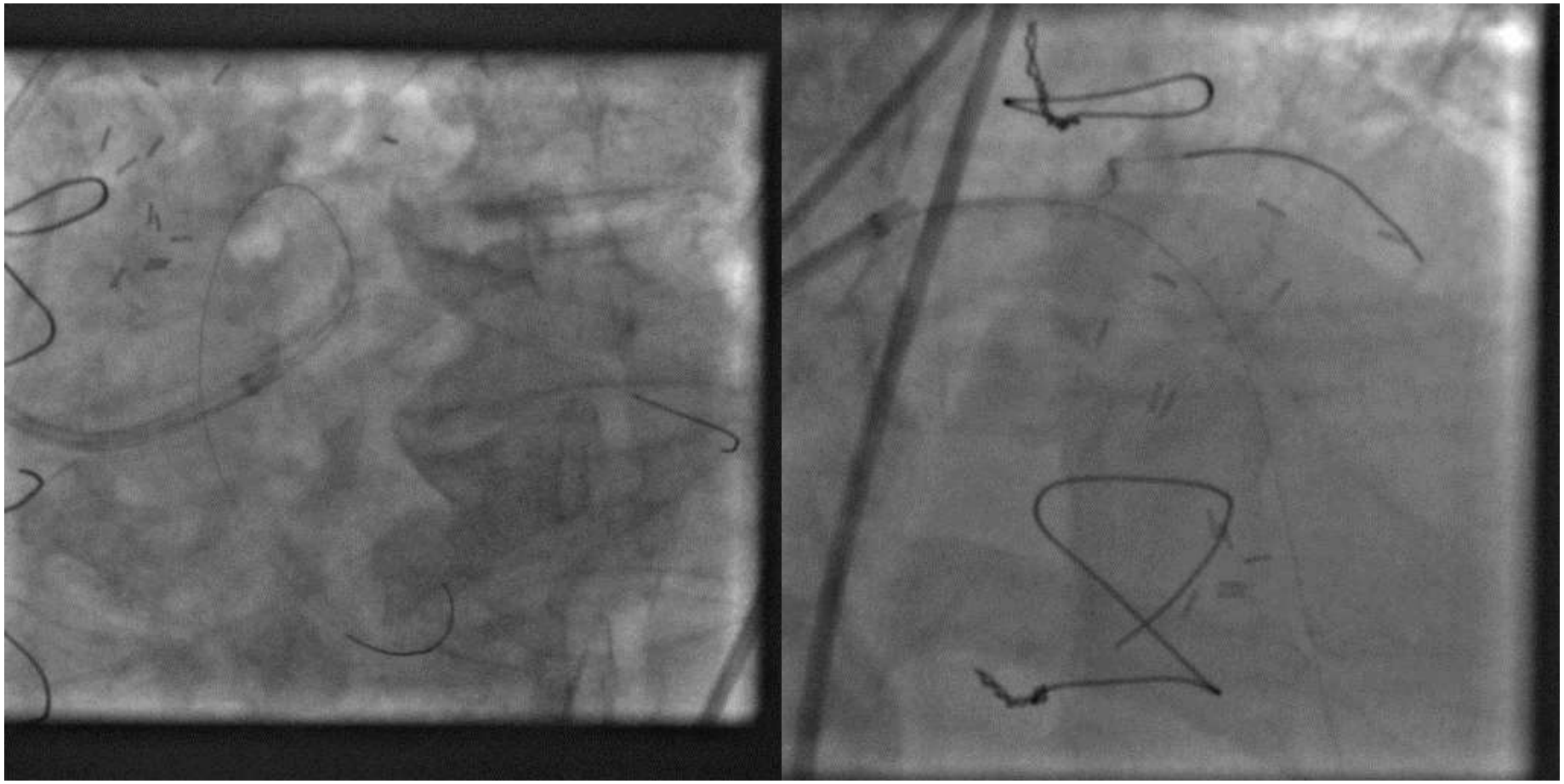




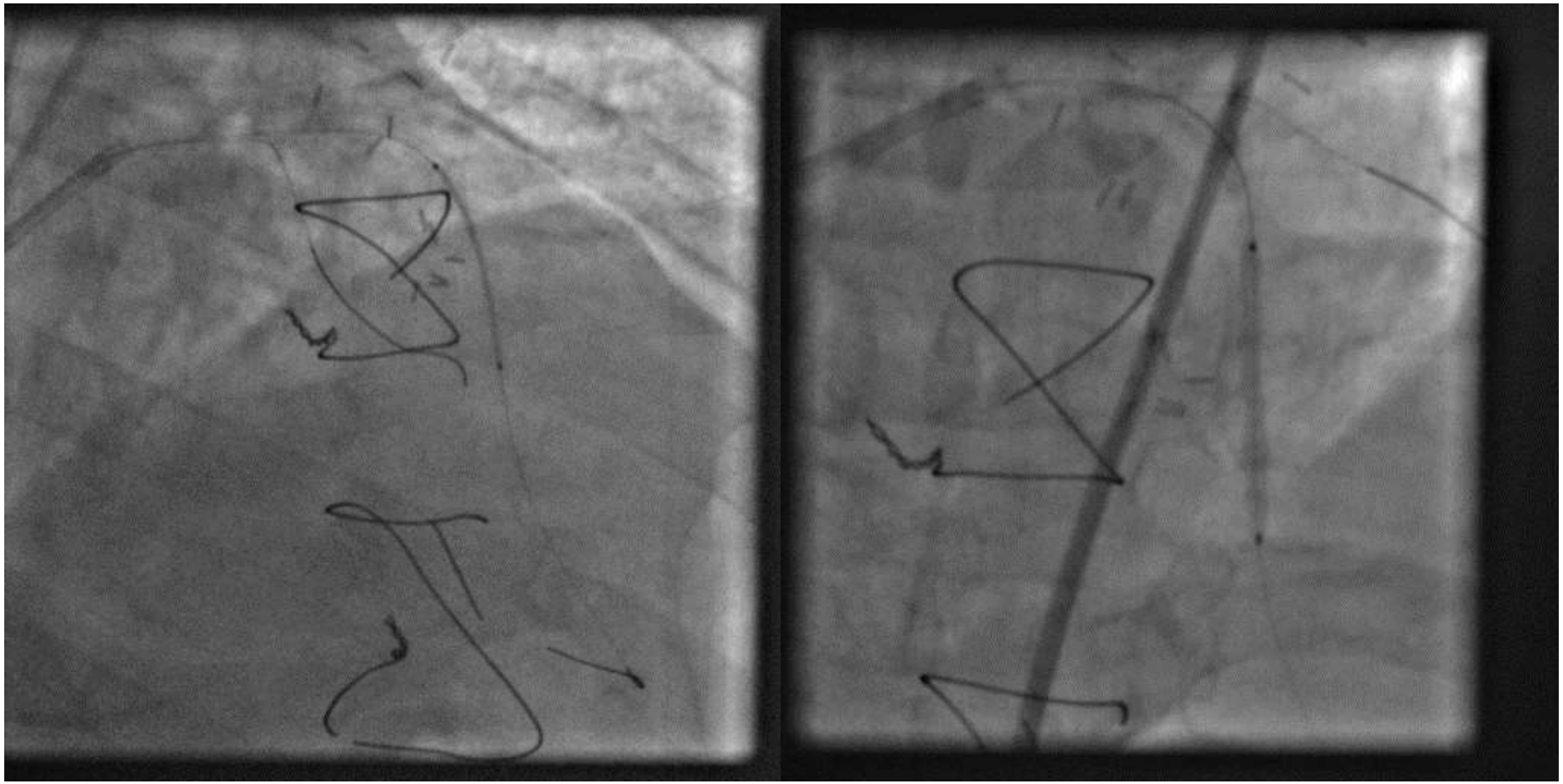
Pre dilatation with 2.0 x 15 NC balloon



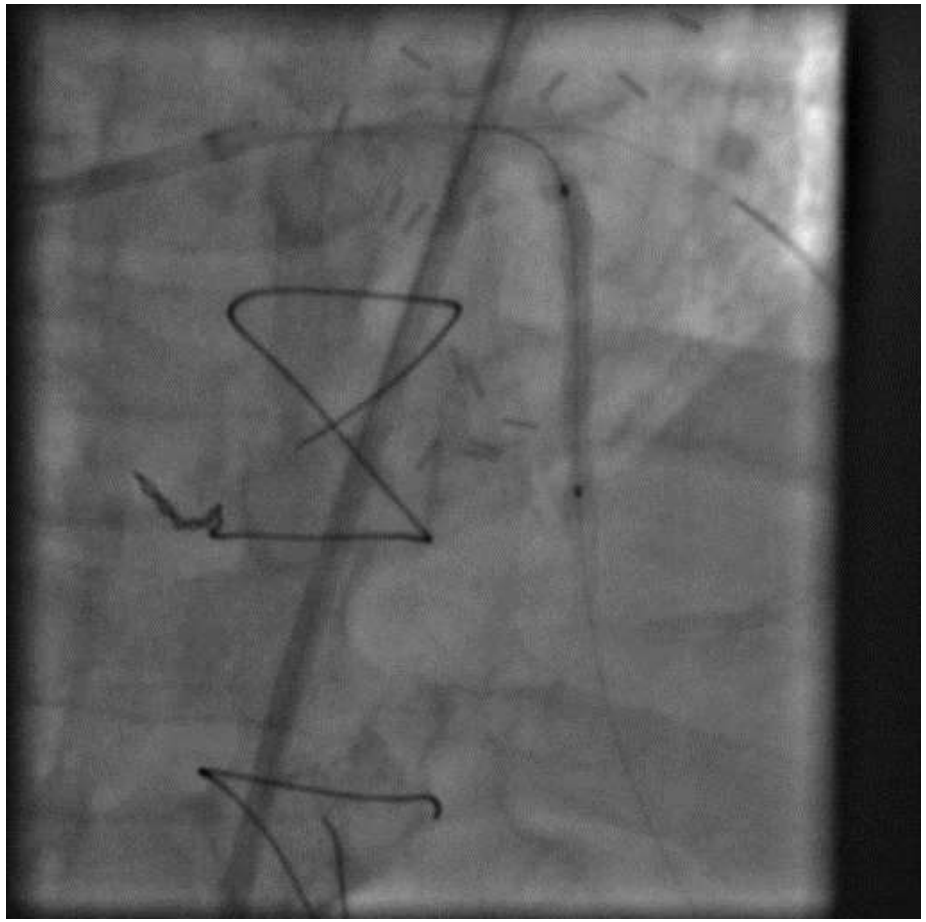
After pre dilatation

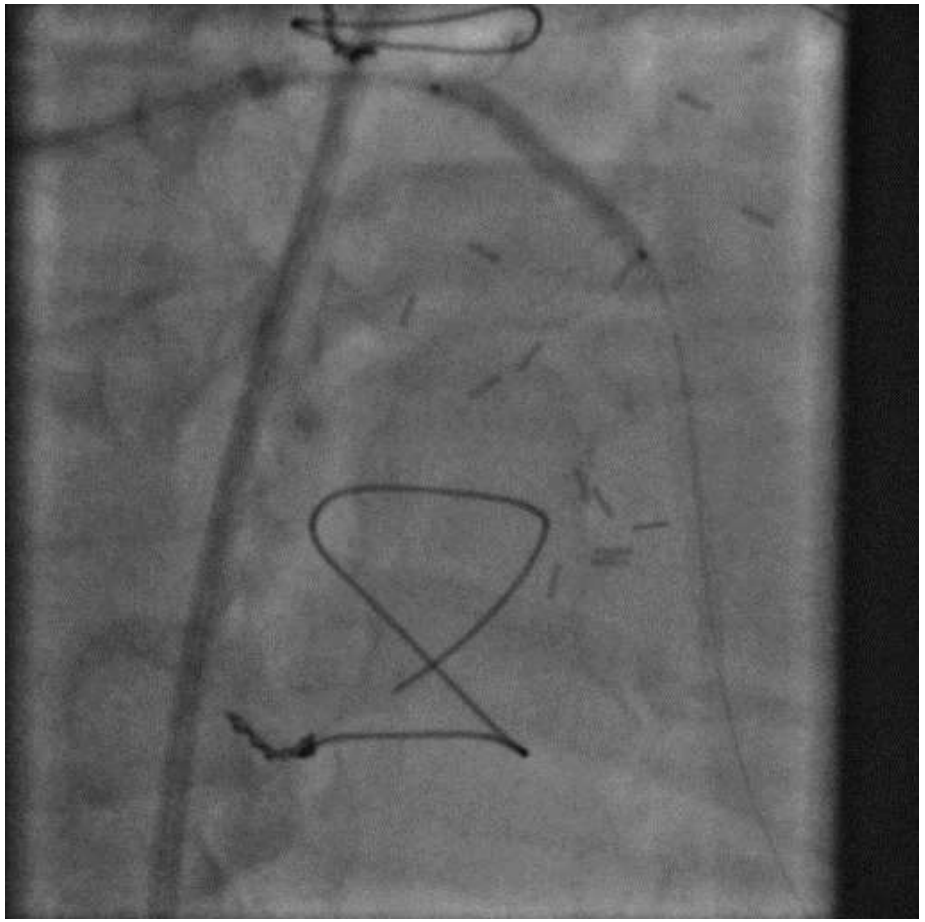


Stent: 2.75 x 30 mm DES

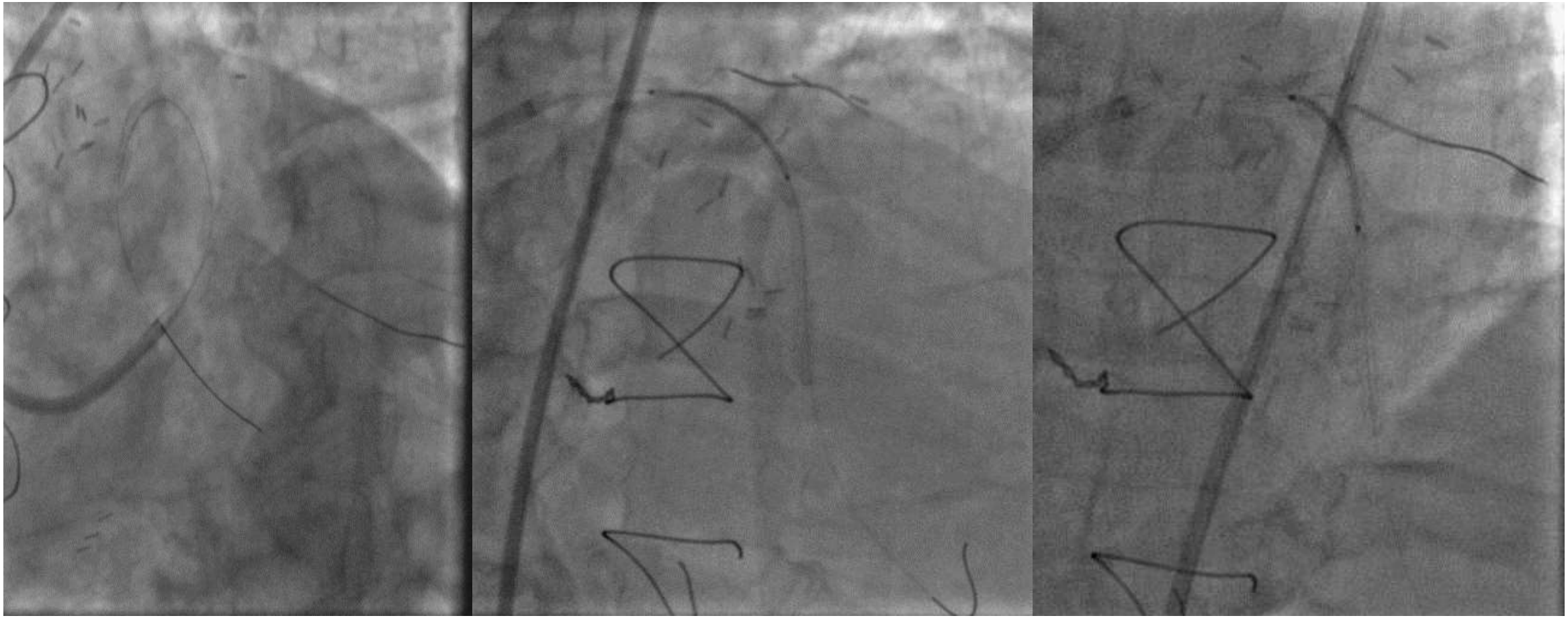


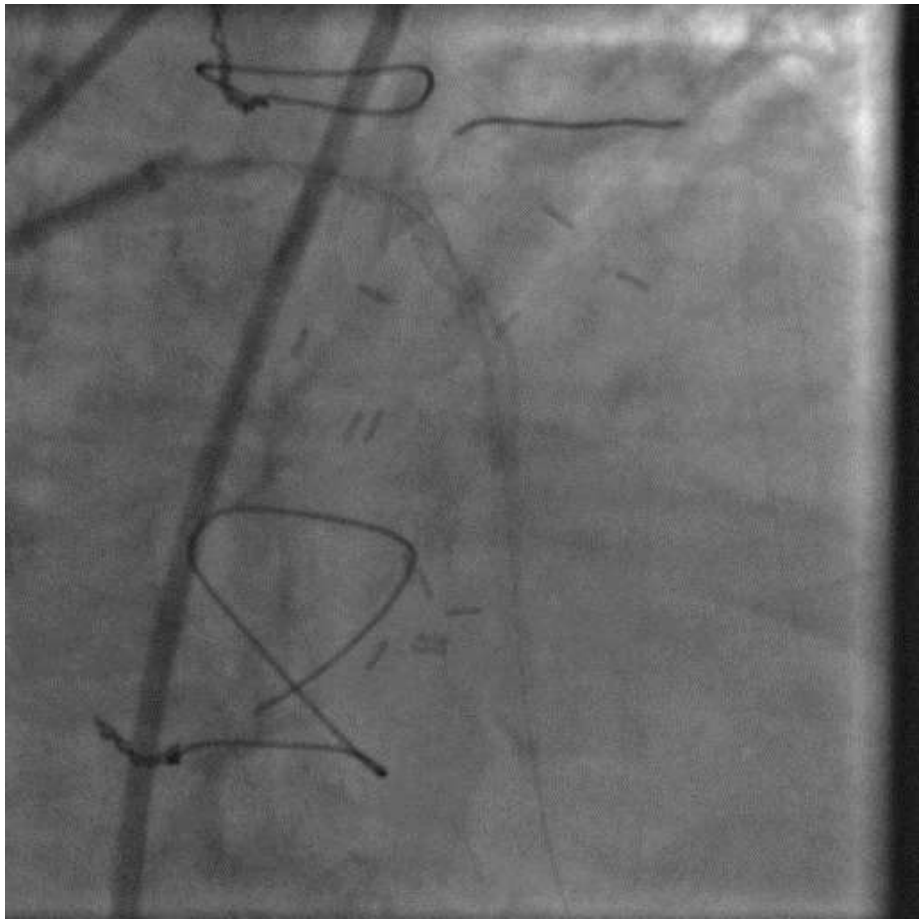
Stent implanted across the LAD from Distal to proximal

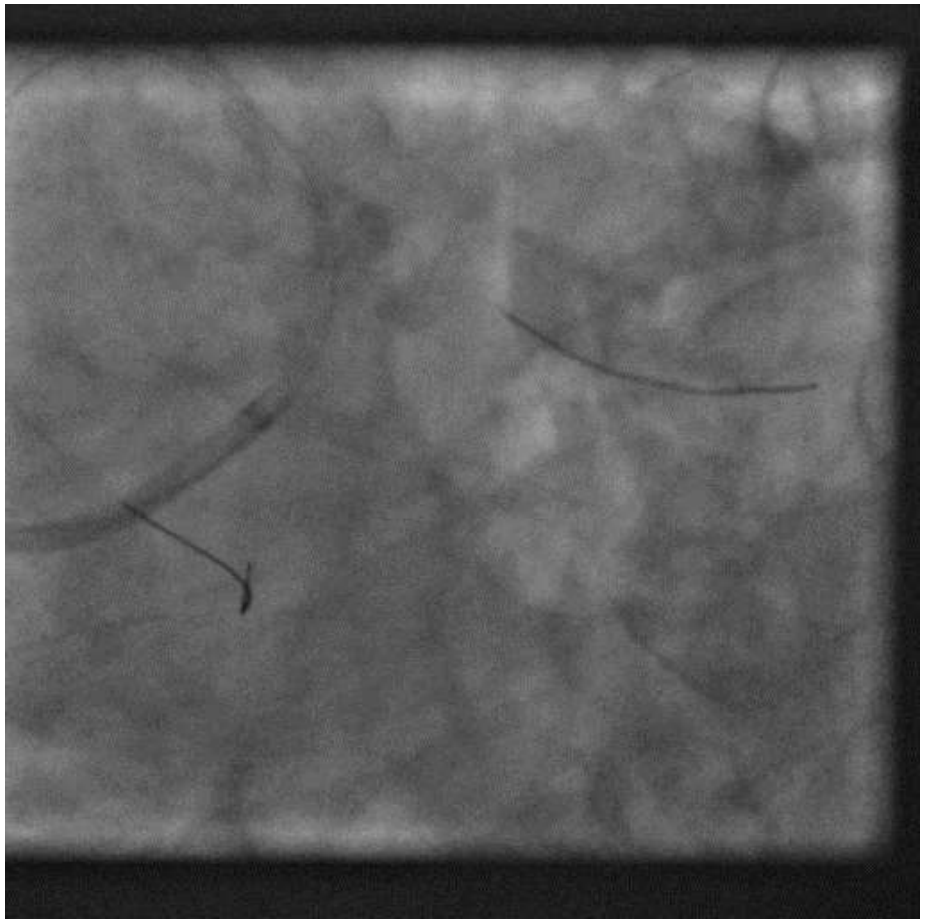




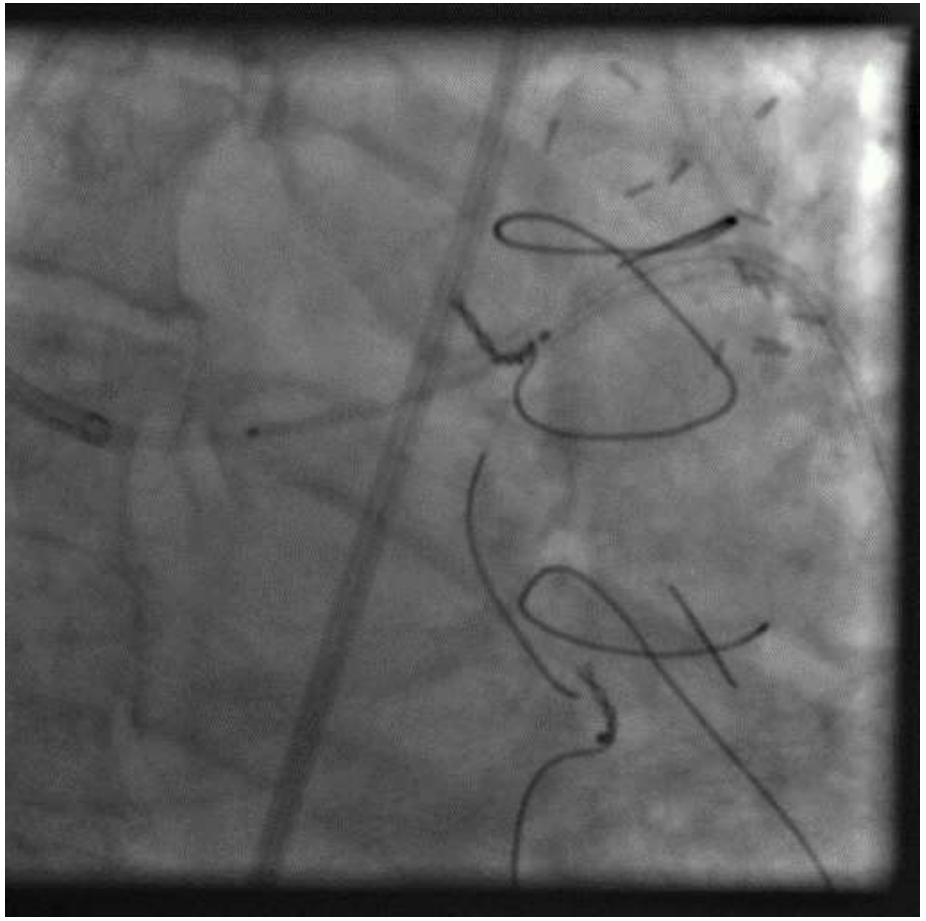
3.0 x 38 mm DES

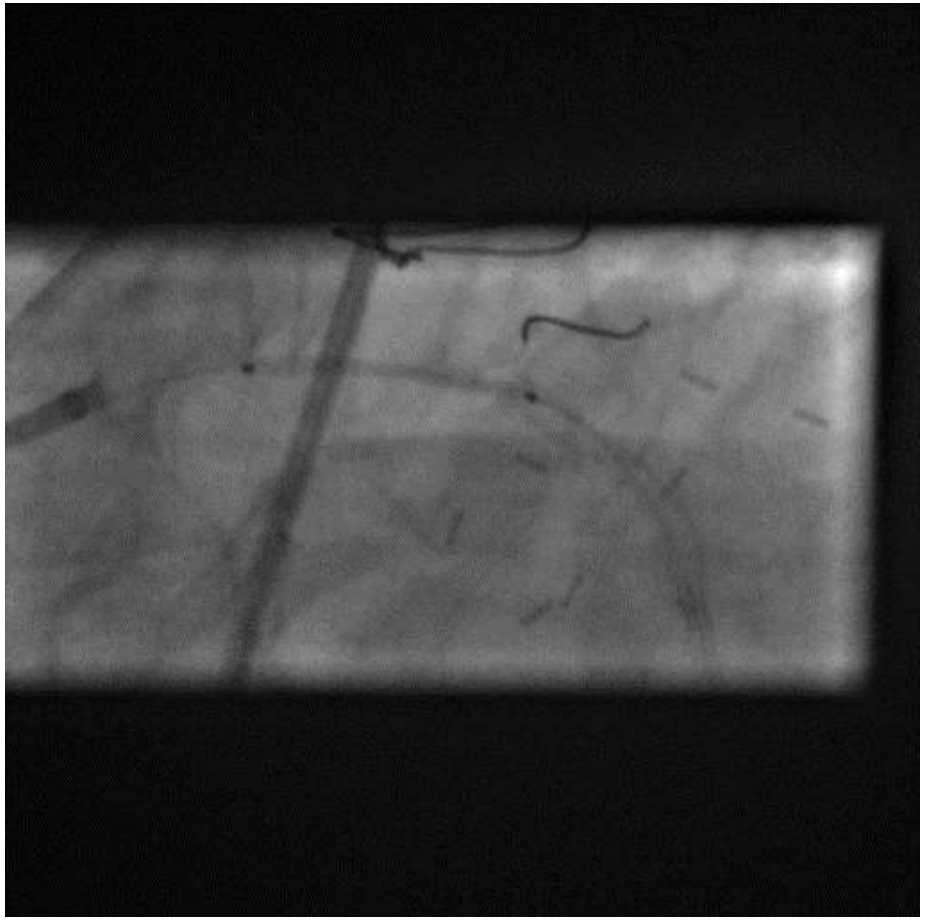


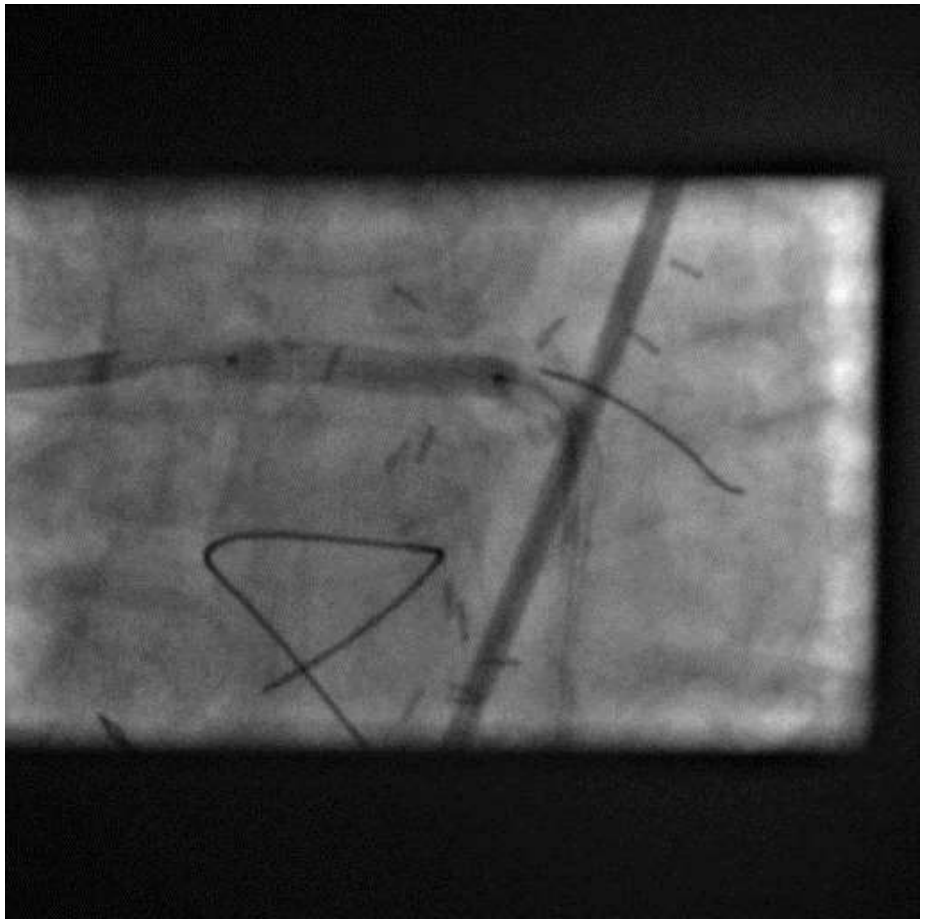


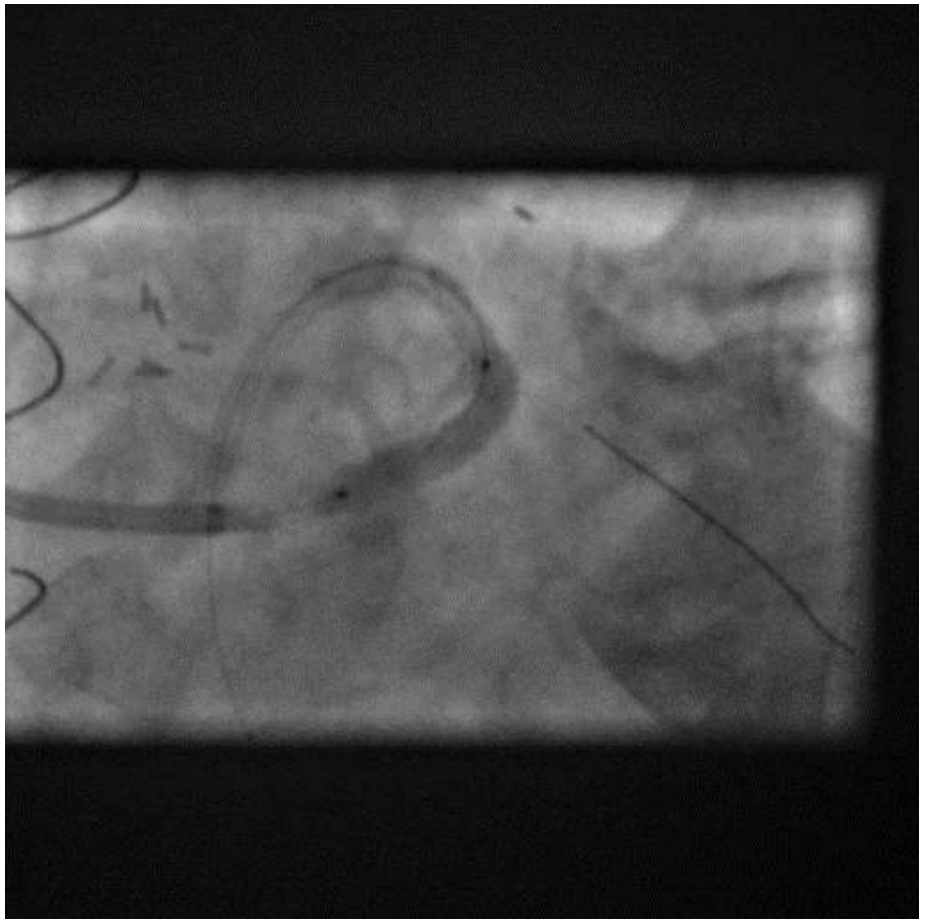


3.5 x 24 mm DES in LMCA to LAD

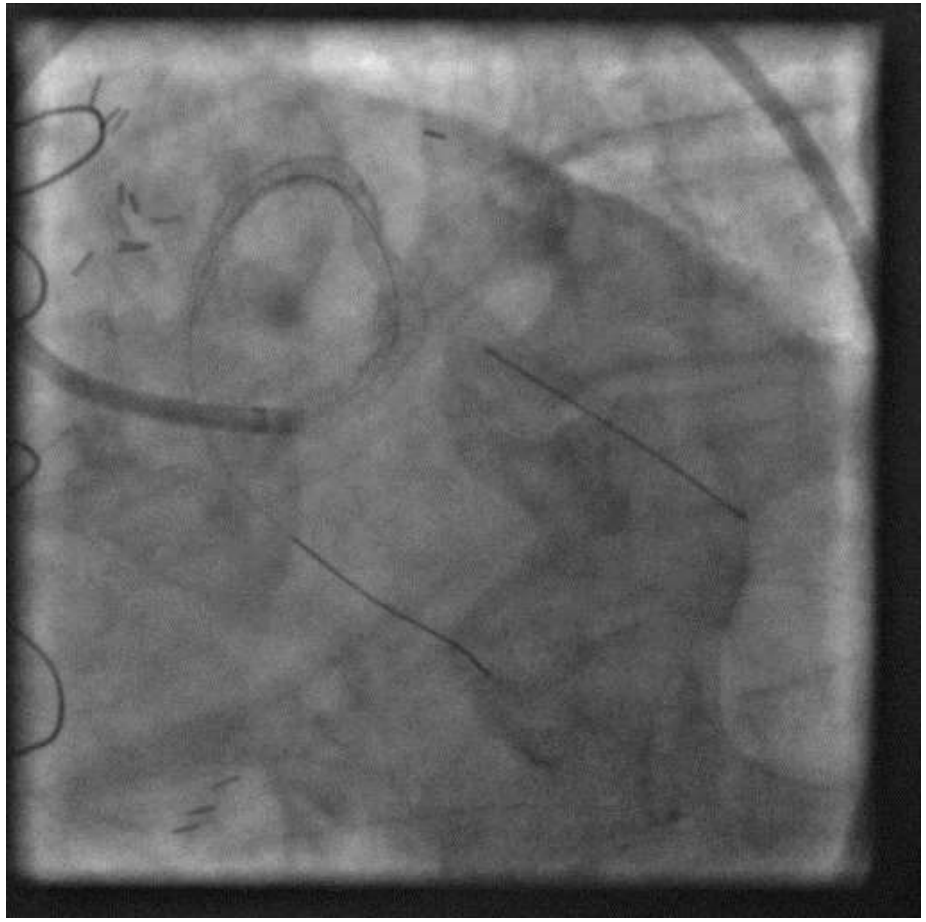




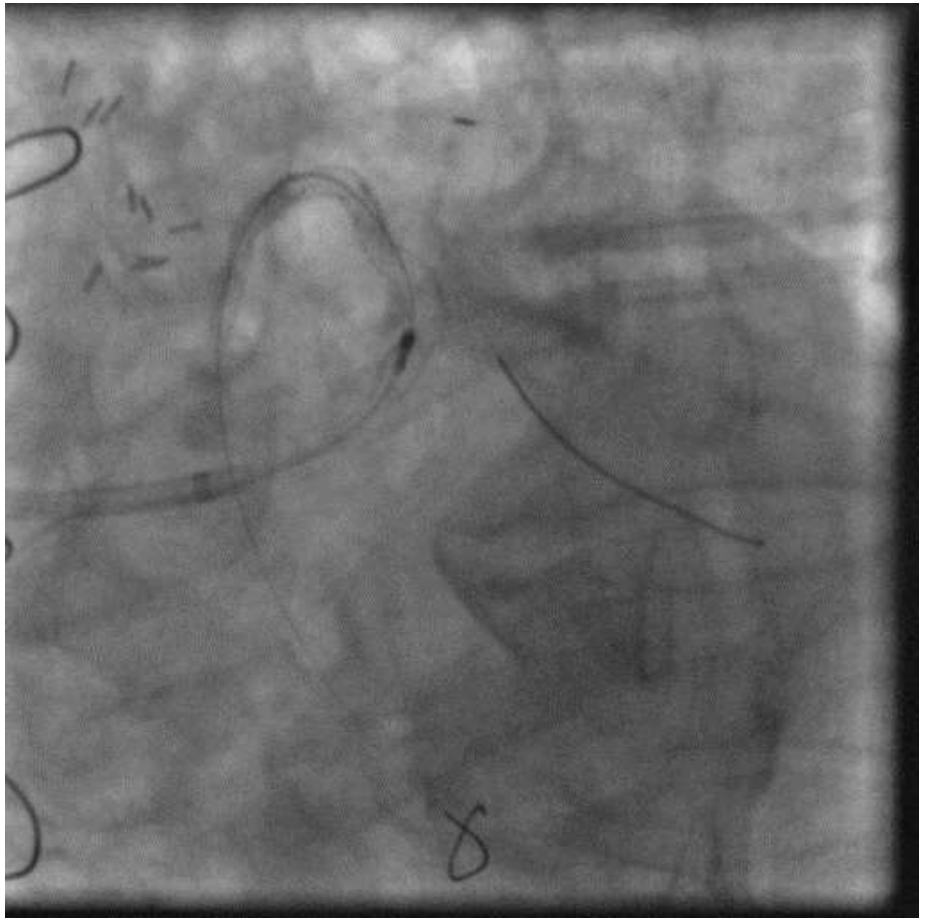


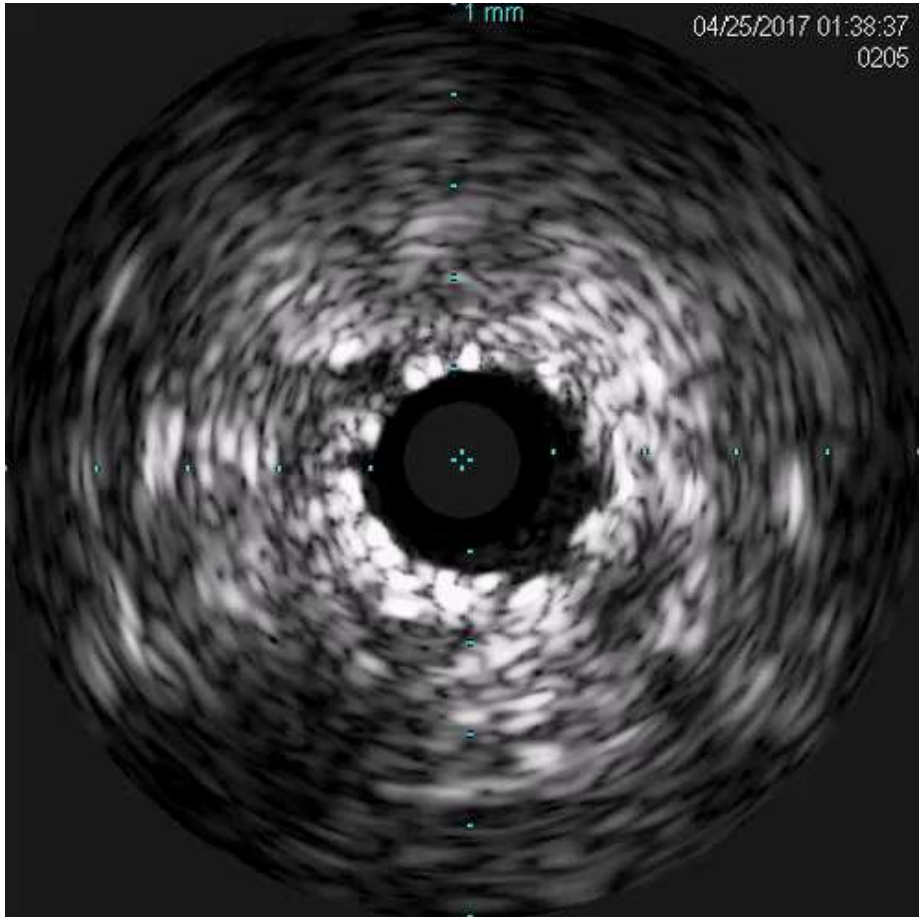


Left main Stent



IVUS after stenting

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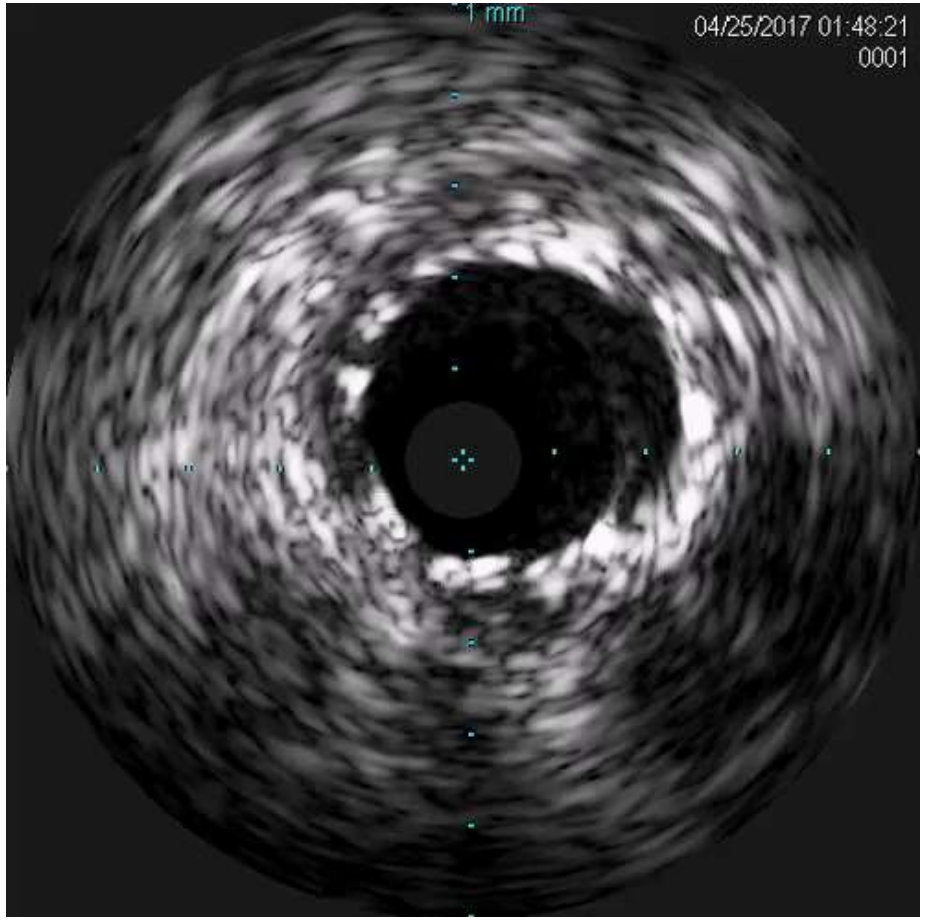
0205


1 mm
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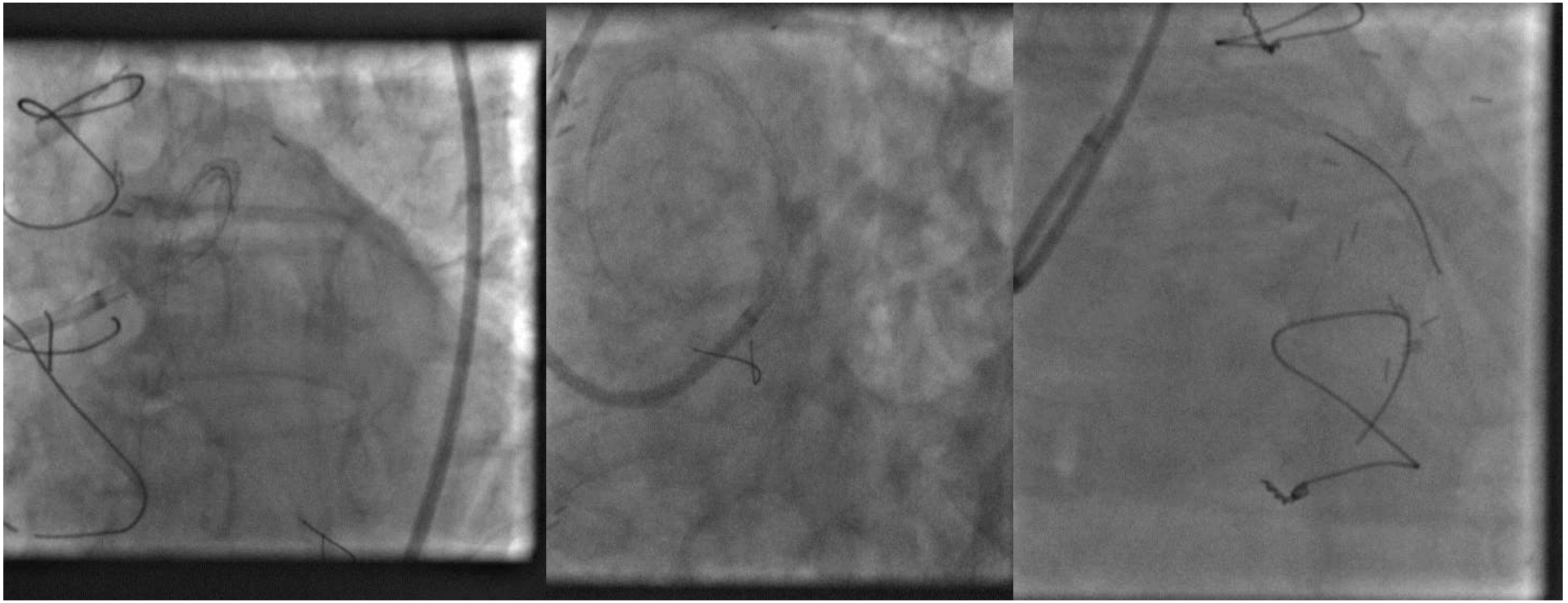
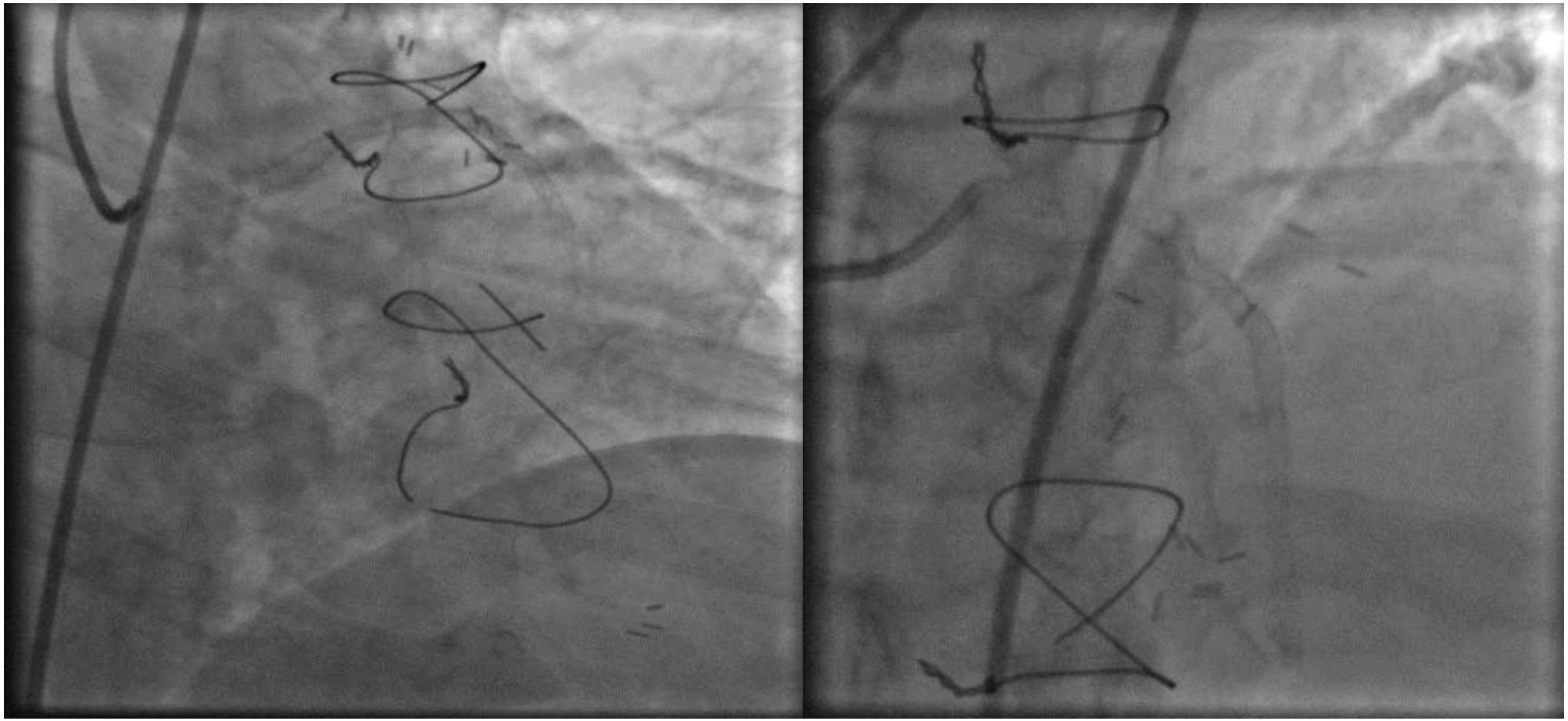
0001

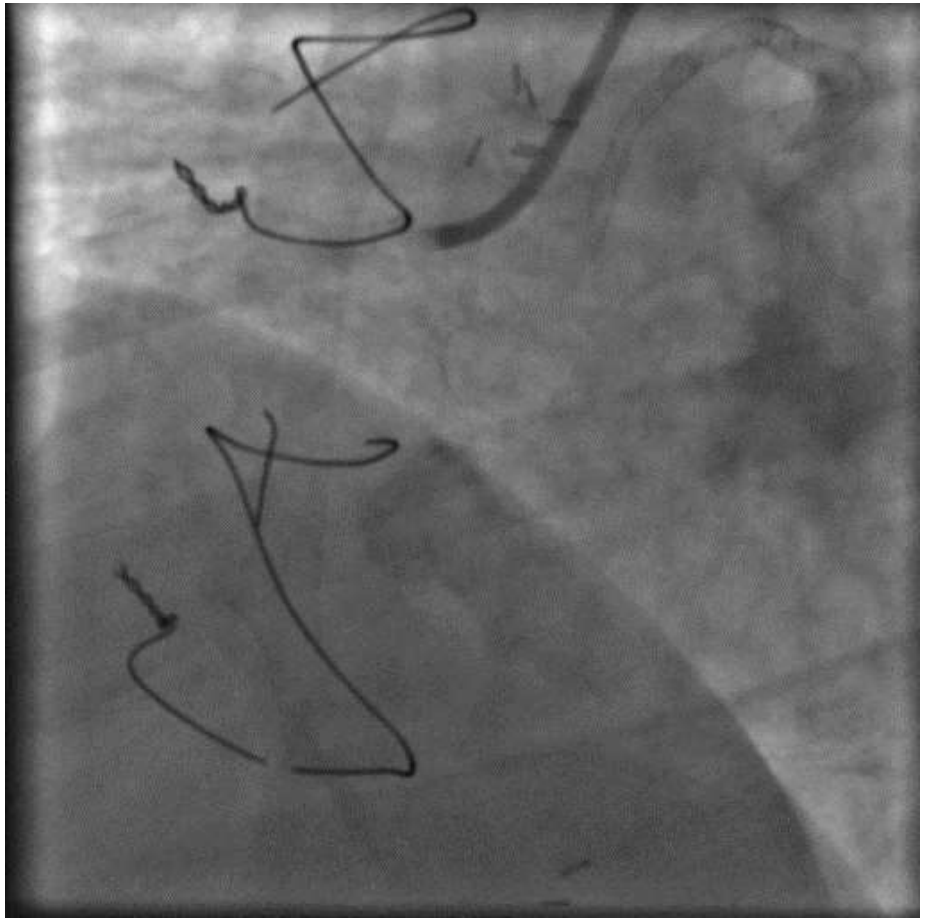


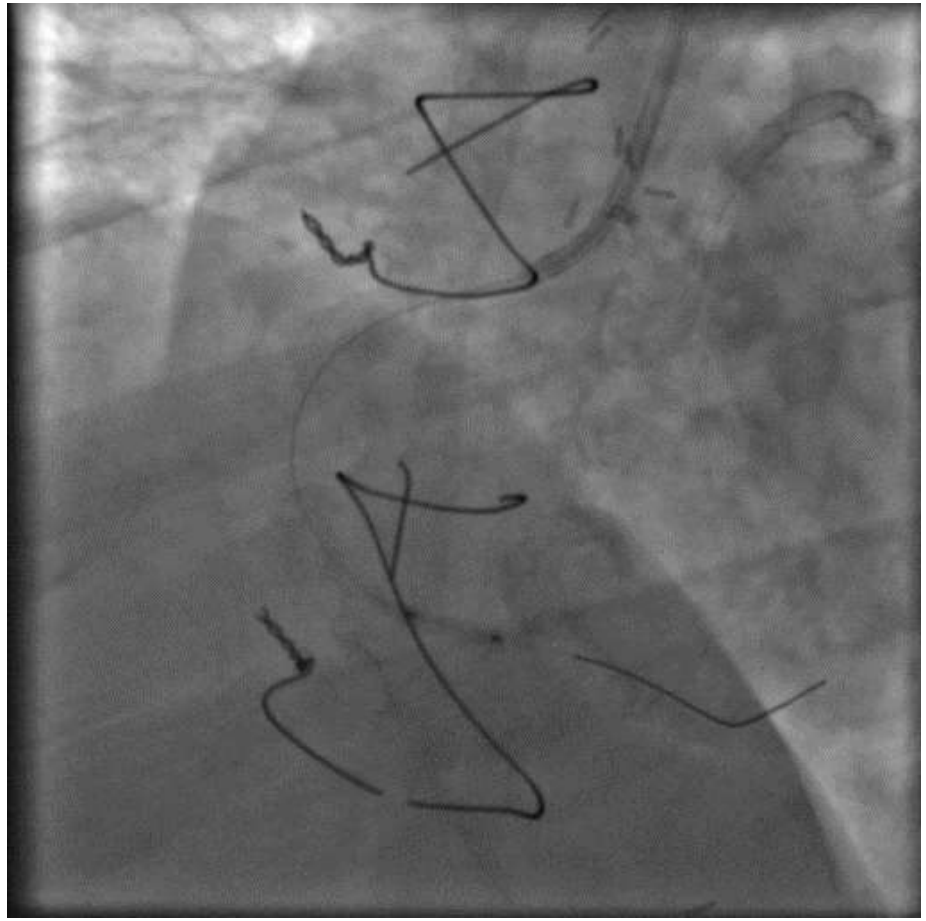
Final Results of the Left coronary system

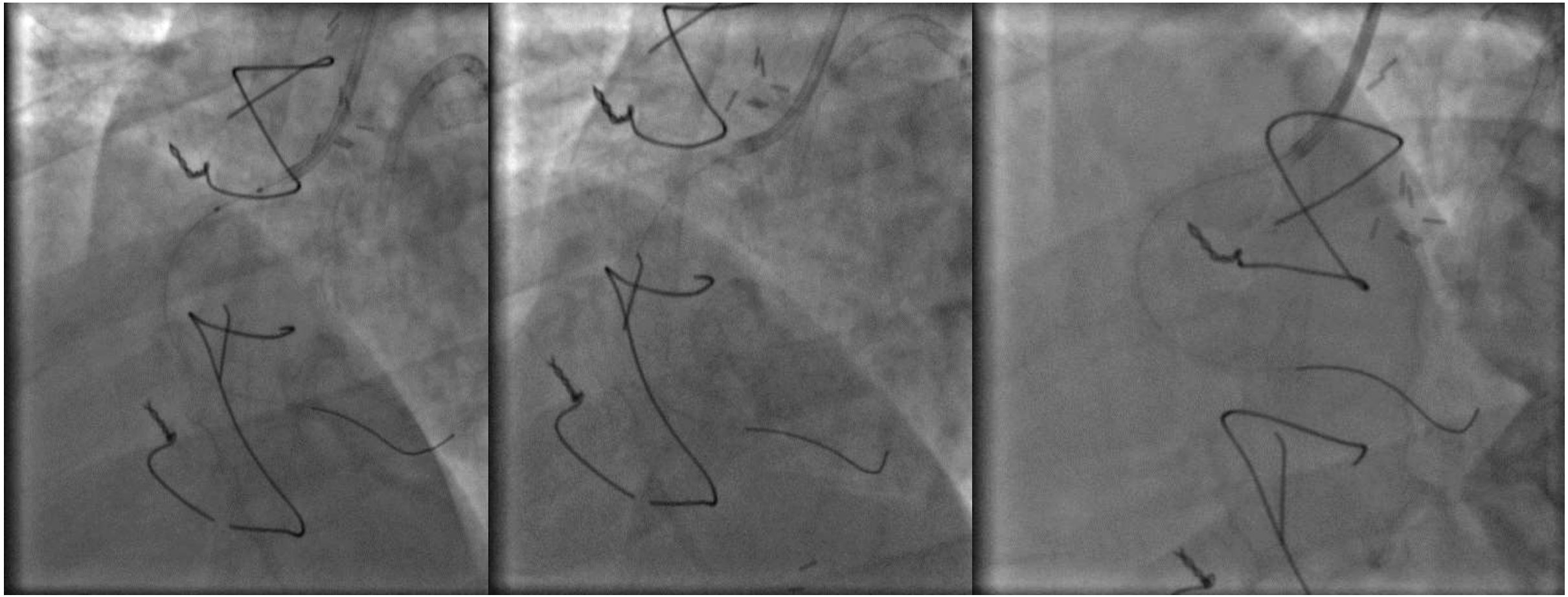
4 days later , left side was checked while doing PCI to RCA



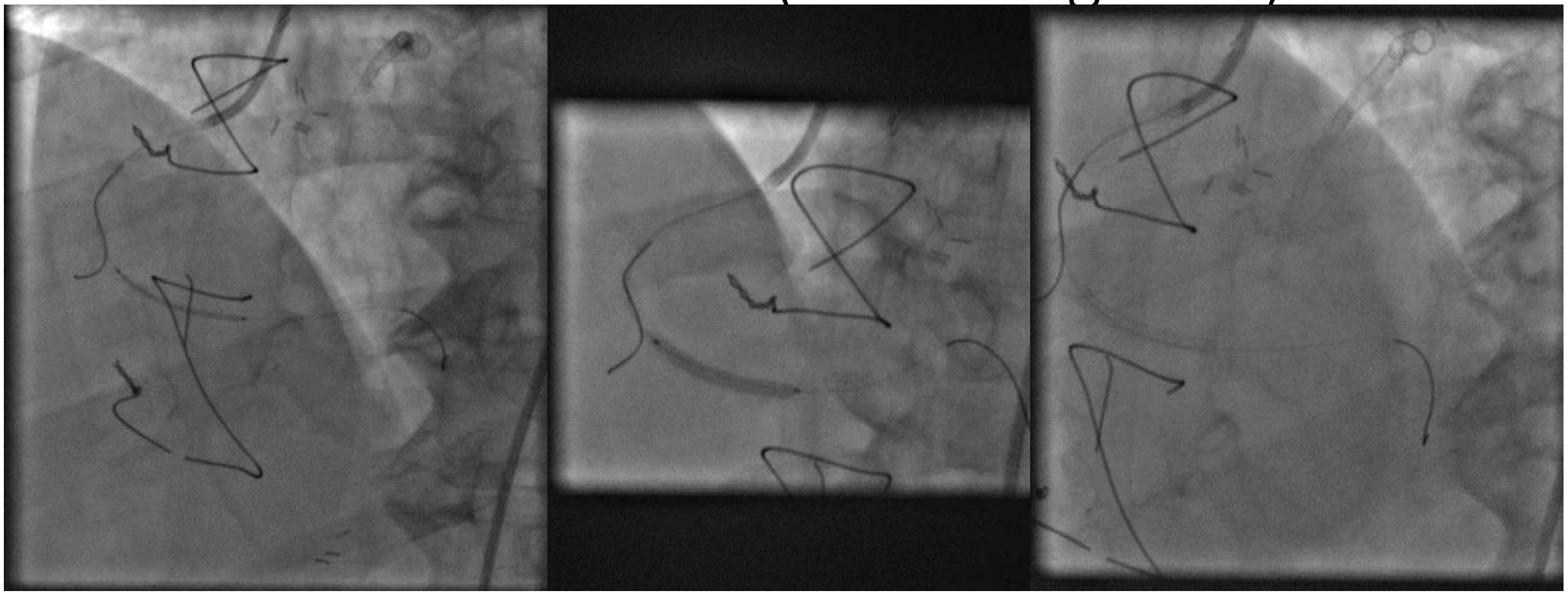
RCA : warring and predilatation with NC balloon



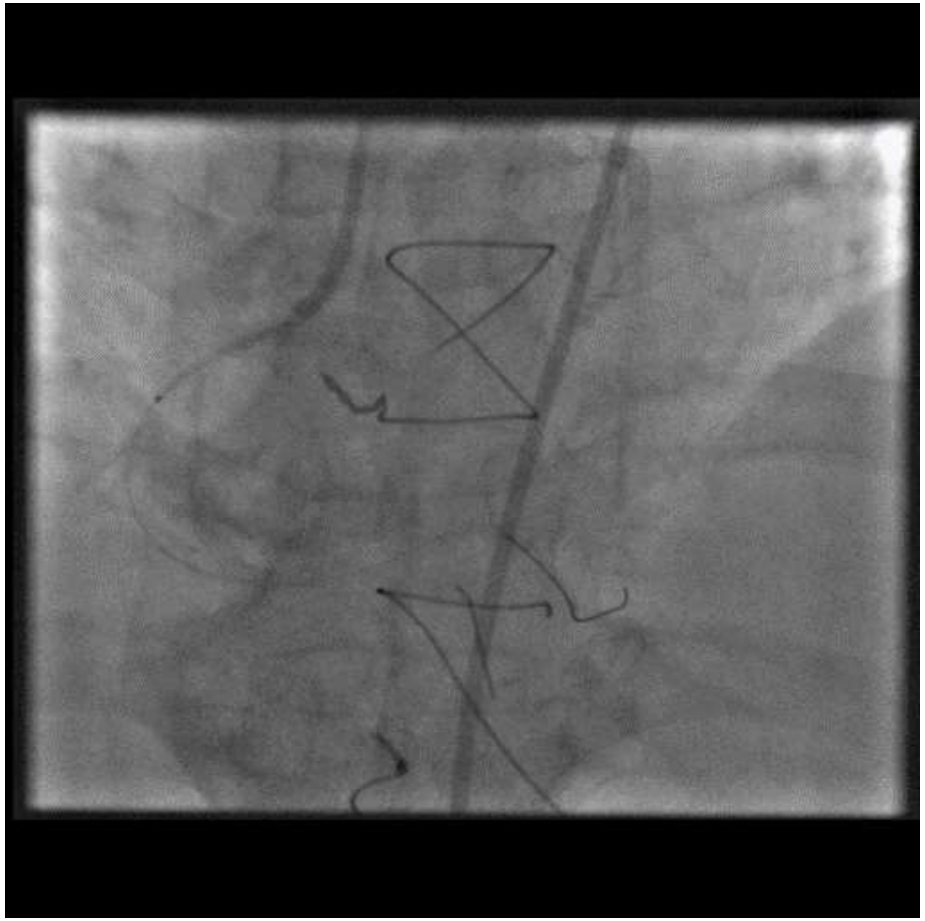


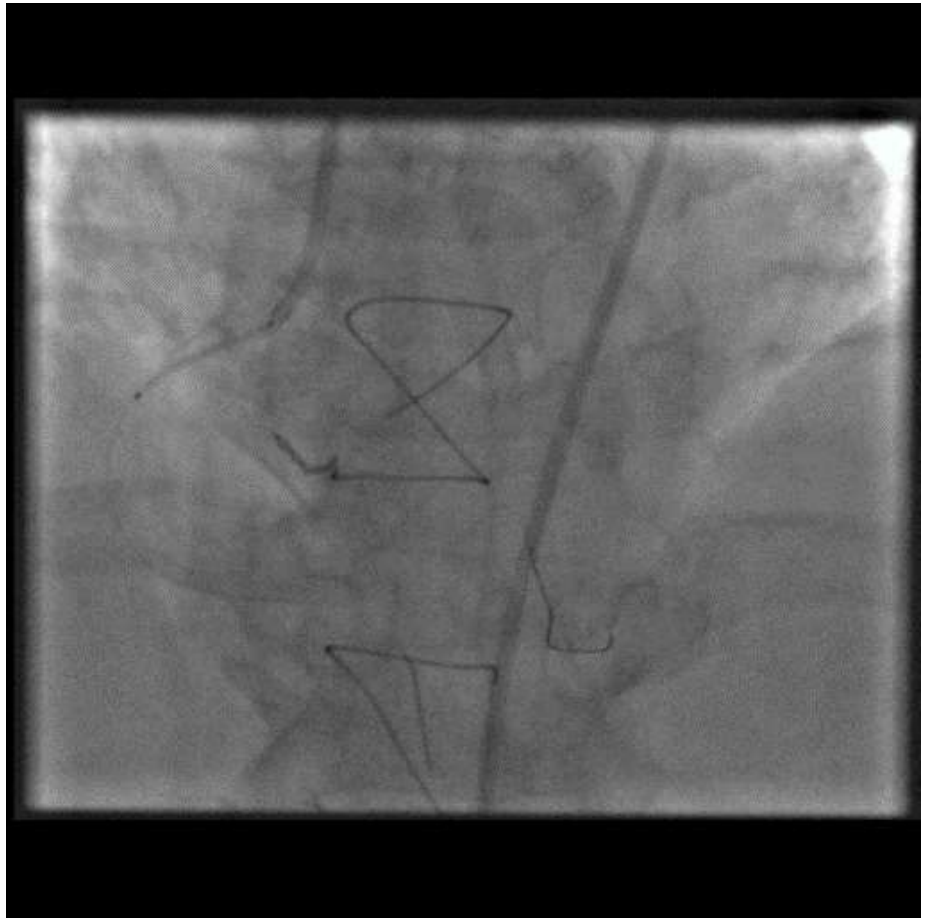


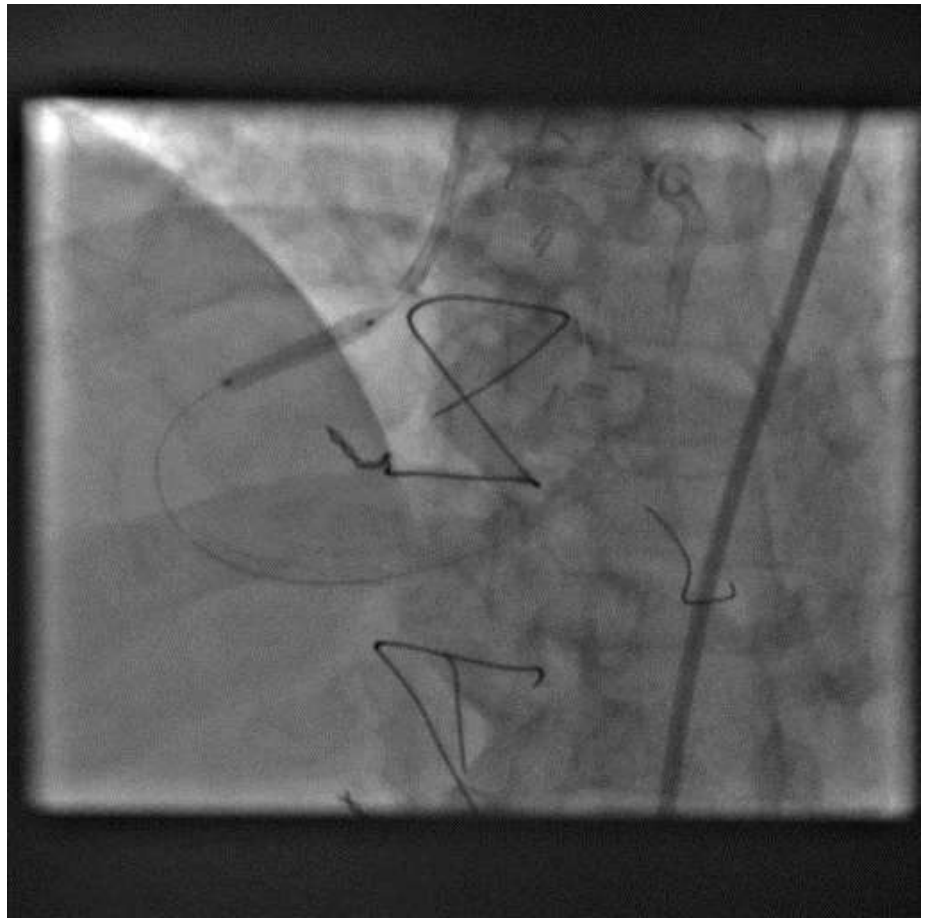
2.5 x 24 mm DES(Distal Segment)

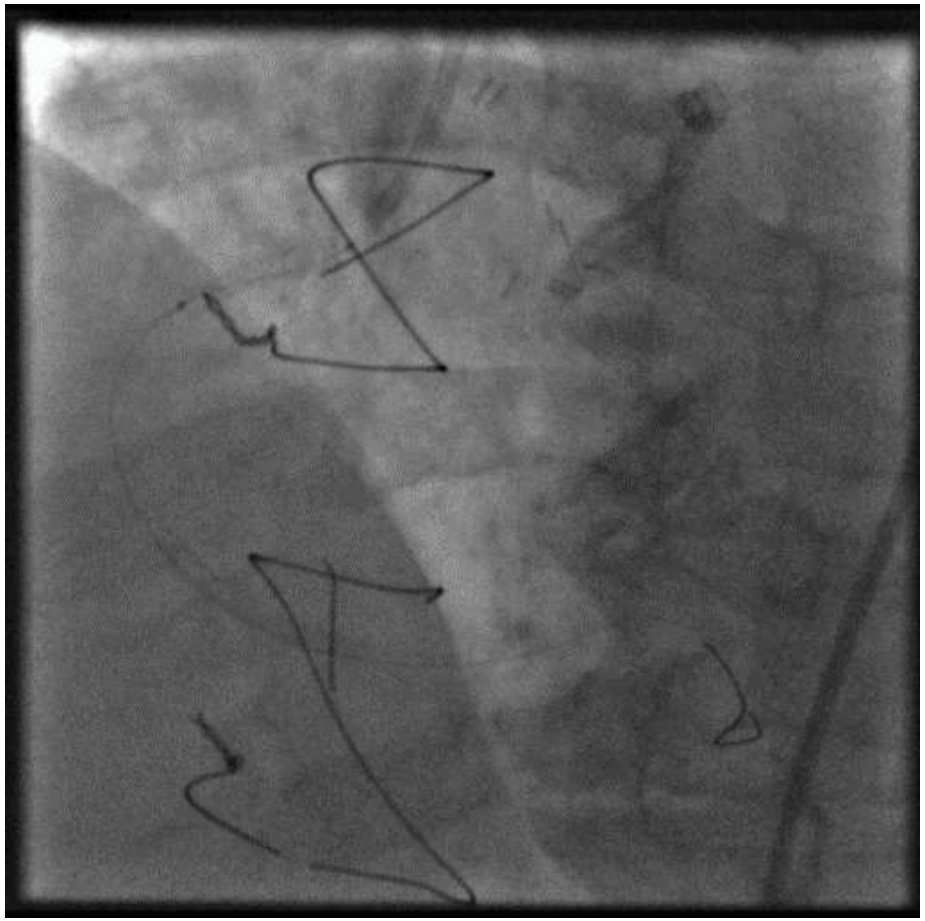


3.0 x 16 mm DES (Proximal Segment)

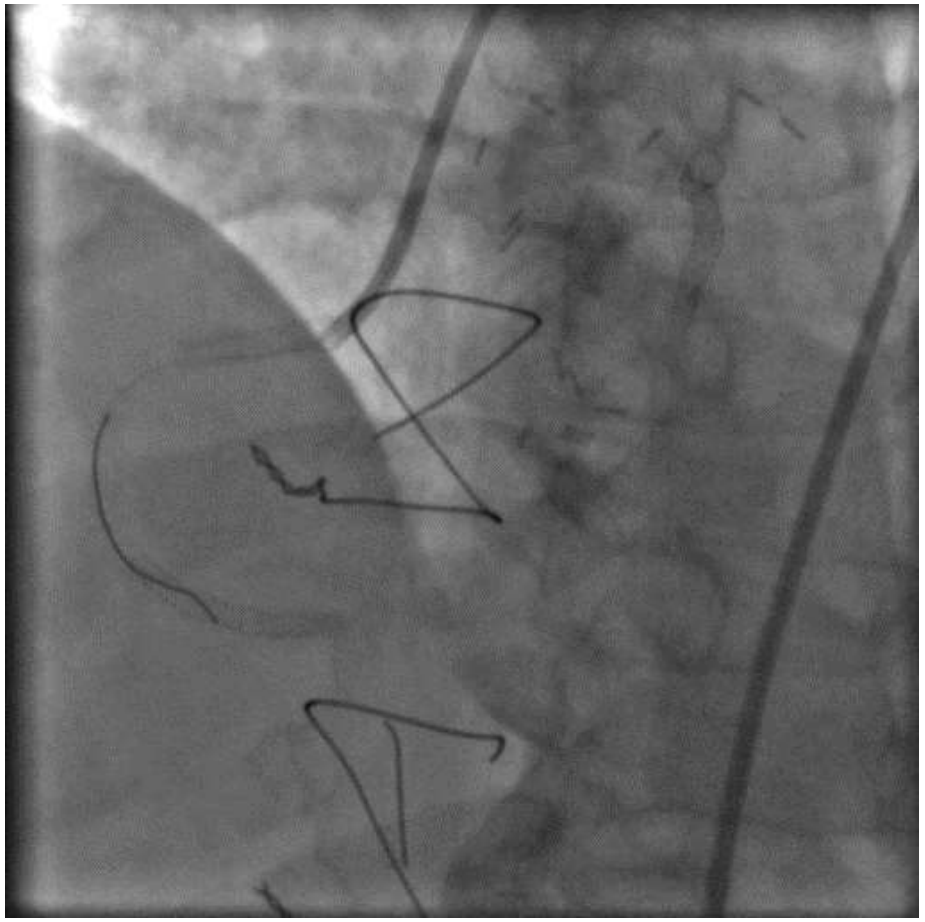


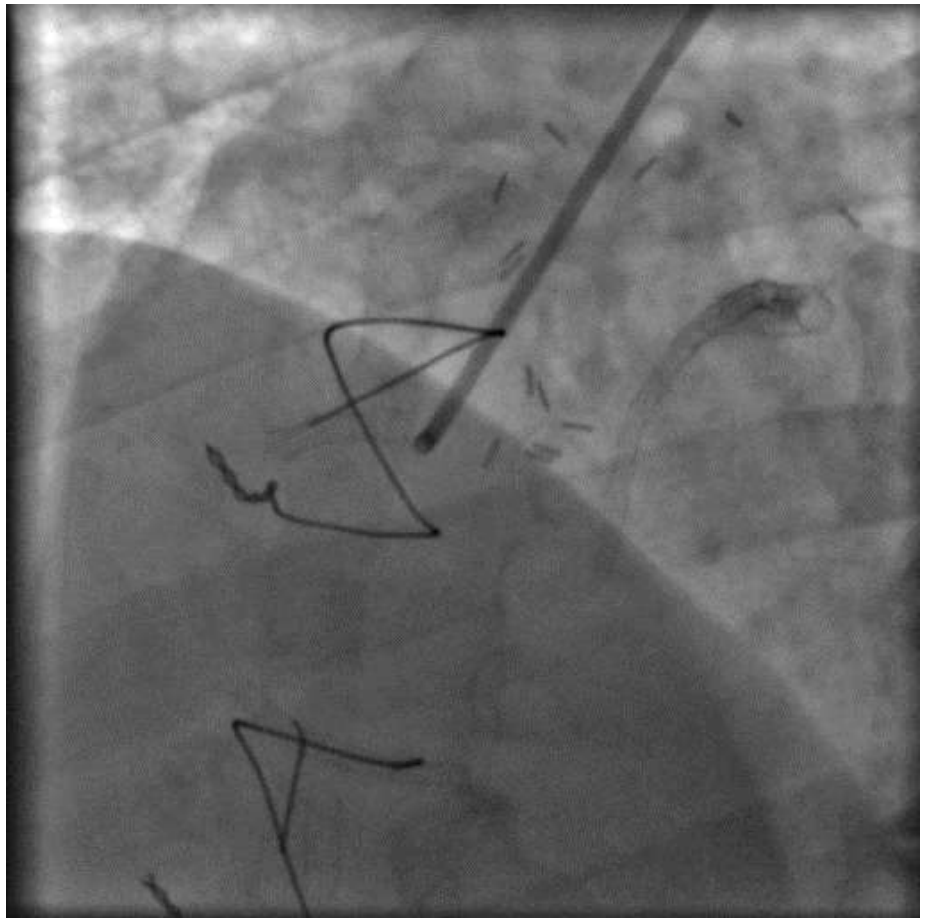






Final Result





Conclusion /Take home messages

- Post CABG native coronary arteries tend to be heavily calcified.
- To tackle such vessels, rotablation is one of the best option
- When rotablation is contraindicated,unavailable or high risk, other tools may be helpful (NC balloon, Cutting balloon etc) to optimize the outcome.

Conclusion /Take home messages

- IVUS helps to clarify the situation.
- Staging the procedure may be required in complex situation.