Complex CTO PCI of Native LM-LAD in a Bangladeshi patient 10yrs after CABG

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- Mr. RU, a 53 yr old Bangladeshi gentleman, admitted for re-look CAG for ongoing Angina CCS: III-IV
- Past history: Previously, in the year 1999, he underwent CABG in Doha, Qatar, for symptomatic TVD
- CAD Risk factors: hypertensive, Positive FH for CAD and active smoker
- He kept on smoking and risk factors were poorly controlled. Angina recurred from 2005 and progressed to CCS III-IV before this admission.
- RCA: Occluded proximally.
- SVG-distal RCA Patent
- Radial-OM: Occluded

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RCA Angiogram
- Treatment Modalities??
  - Redo-CABG?
  - or PCI?
- Patient opted for PCI
- PCI - by Antegrade
  - by Retrograde if fails then by Antegrade

- Success of PCI!!!
LCX was dilated with 1.25 x 10 mm balloon at 10-12 ATM. But, no significant lumen obtained
LCA was engaged with the guiding catheter XB-3.5 (6F). Run through floppy wire was attempted to cross LAD first with the help of fine cross micro-channel, but failed.
Lesion was attempted to cross through retrograde approach from Native RCA with SOUH wire. But, failed due to extreme tortuosity of distal channel of RCA to Septal branch, it was not possible to make through.
PCI via antegrade approach through LAD was attempted again by using Fielder XT, Whisper MS, Conquest pro.

Finally, conquest pro wire crossed the native LAD lesion with the help of tornus device.
Multiple balloon dilatation were done with 1.25 x 15 and 2.0 x 10 mm balloon at 10-16ATM
• LMCA-proximal LAD was stented with 3.0 x 28 mm stent (Nobori) at 10-12 ATM.
Proximal to mid LAD was stented with 2.5 x 33 stent (Cypher) at 14 ATM.
Final Cine showed TIMI III distal run-off
One year after the PCI, re-look angio showed fully patent stent in the LM-LAD with plaque regression in distal LAD.
Conclusion

- Percutaneous Coronary intervention (PCI) to a Chronic Total Occlusion (CTO) lesion is a complex interventional procedure specially in a post CABG patient.

- Primary success depends on individual interventionist skill and available hard wire support.

- Long term survival outcome depends on the type of stent used and lesion length and risk factor control.

- Within limited resources available at our facilities, PCI to completely occluded LM-LAD showed stent patency one year after check angio.

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