

17<sup>th</sup> TCTAP 2012

International Chambers: Partnership Sessions with Global Societies

#3 Complex Percutaneous Interventions: A Case Based Discussion

# Complicated PCI Case

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## Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial Interest /arrangement or affiliation with the organization(s) listed below

Affiliation/Financial Relationship      Company

Consulting Fees/Honoraria:

Abbott Vascular

Asahi Intec

Boston Scientific

Cordis, Johnson & Johnson

Kaneka

Medtronic

Terumo

AstraZeneca

Daiichi-Snakyo/Eli Lilly

Sanofi-Aventis

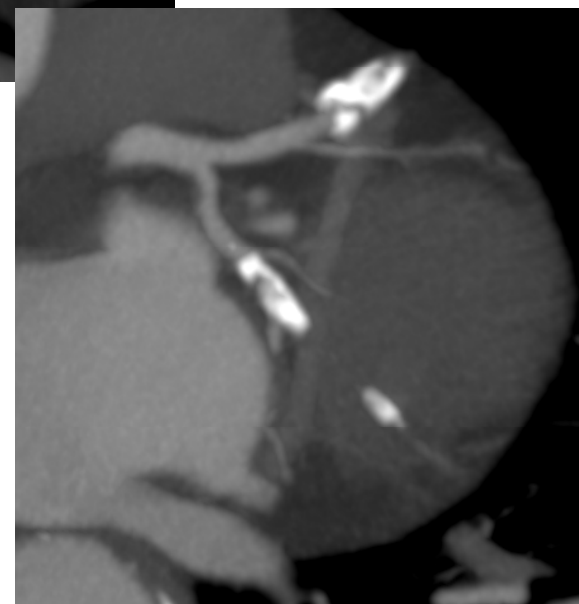
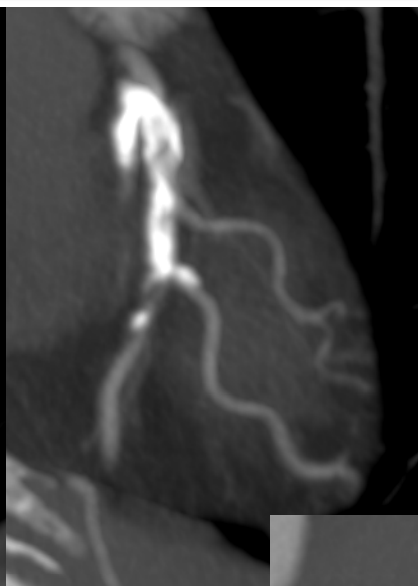
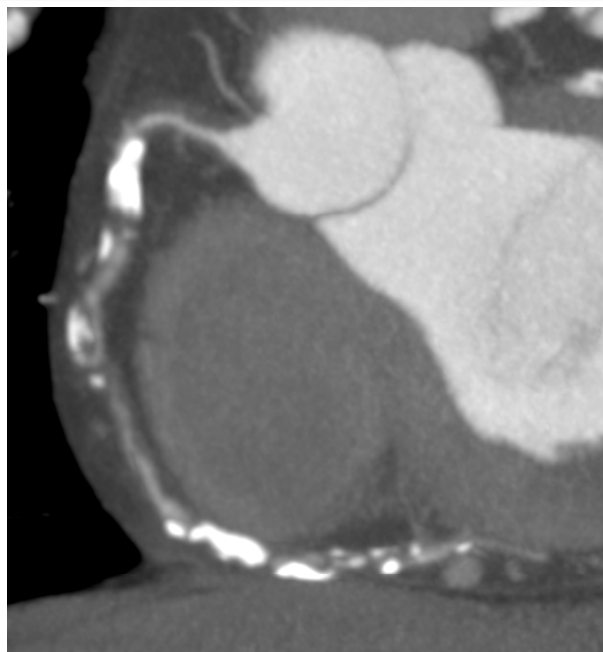
Zio software

# CASE : 68yrs. Male



- Asymptomatic
- Malignant disease
  - Colon Ca. with Liver metastasis
  - Major operation for above is scheduled.
    - For prolongation of life-span
    - For improving QOL
- Coronary assessment
  - Stress test positive
  - CT shows... severe calcified coronary with highly suspected TVD

# CT shows severe TVD



# Diagnostic angiogram



# Guideline for pre-operative coronary revascularization

## Non ACS patients

- LMT disease *equivalent*
- TVD, especially EF < 50%
- 2VD including proximal LAD stenosis
  - with EF < 50% or ischemia

# Revascularization was needed

The patient will be followed by major surgery (Colon + Liver).

	Quickness	Invasiveness
<b>PCI</b>	Ad hoc + DAPT 2 weeks	Less invasive + Major Surgery
<b>CABG</b>	Several days + recover	Major Surgery + Major Surgery

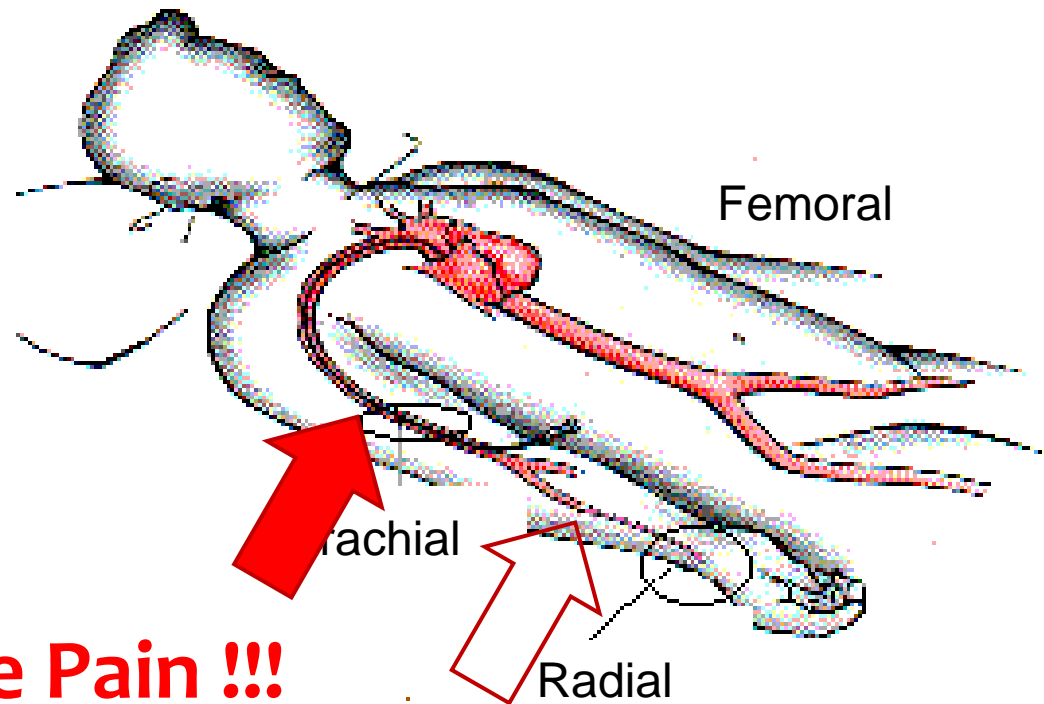
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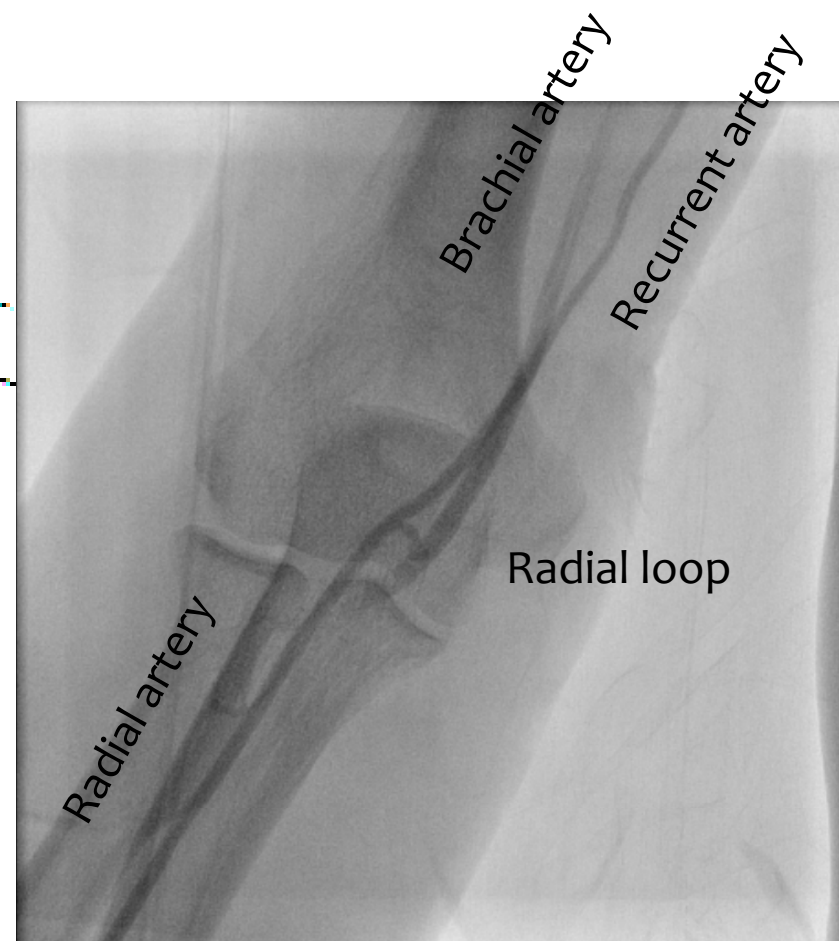
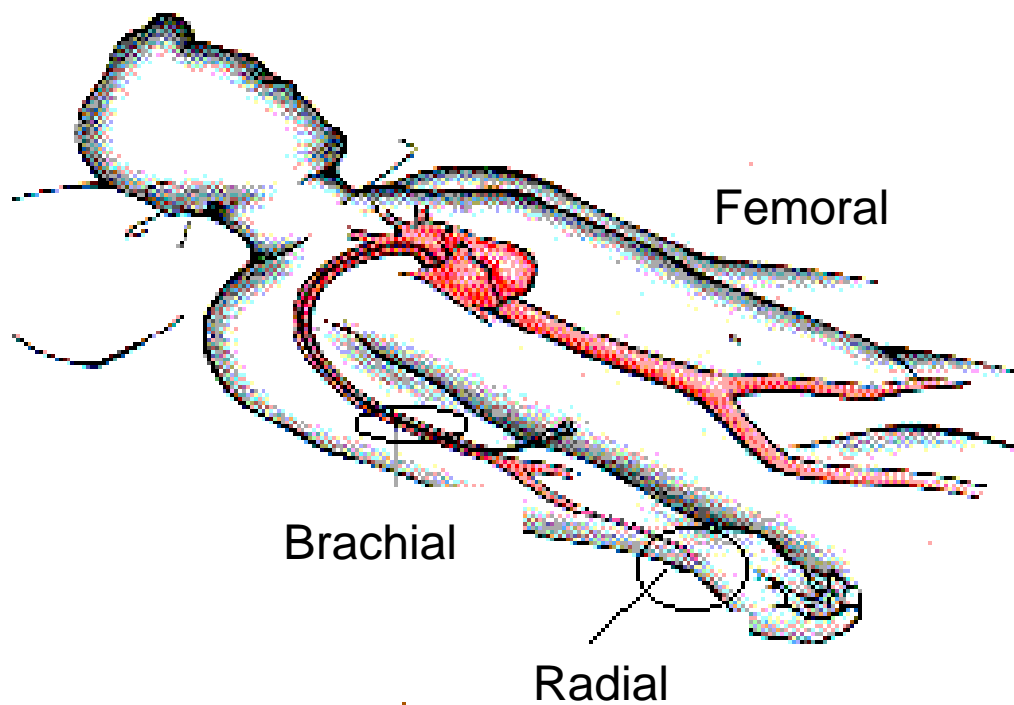
# Problem when GC was advanced



# Radial Loop Issue



# Radial Loop



# Radial Loop Issue

1  
LAO 0°  
CRA 0°

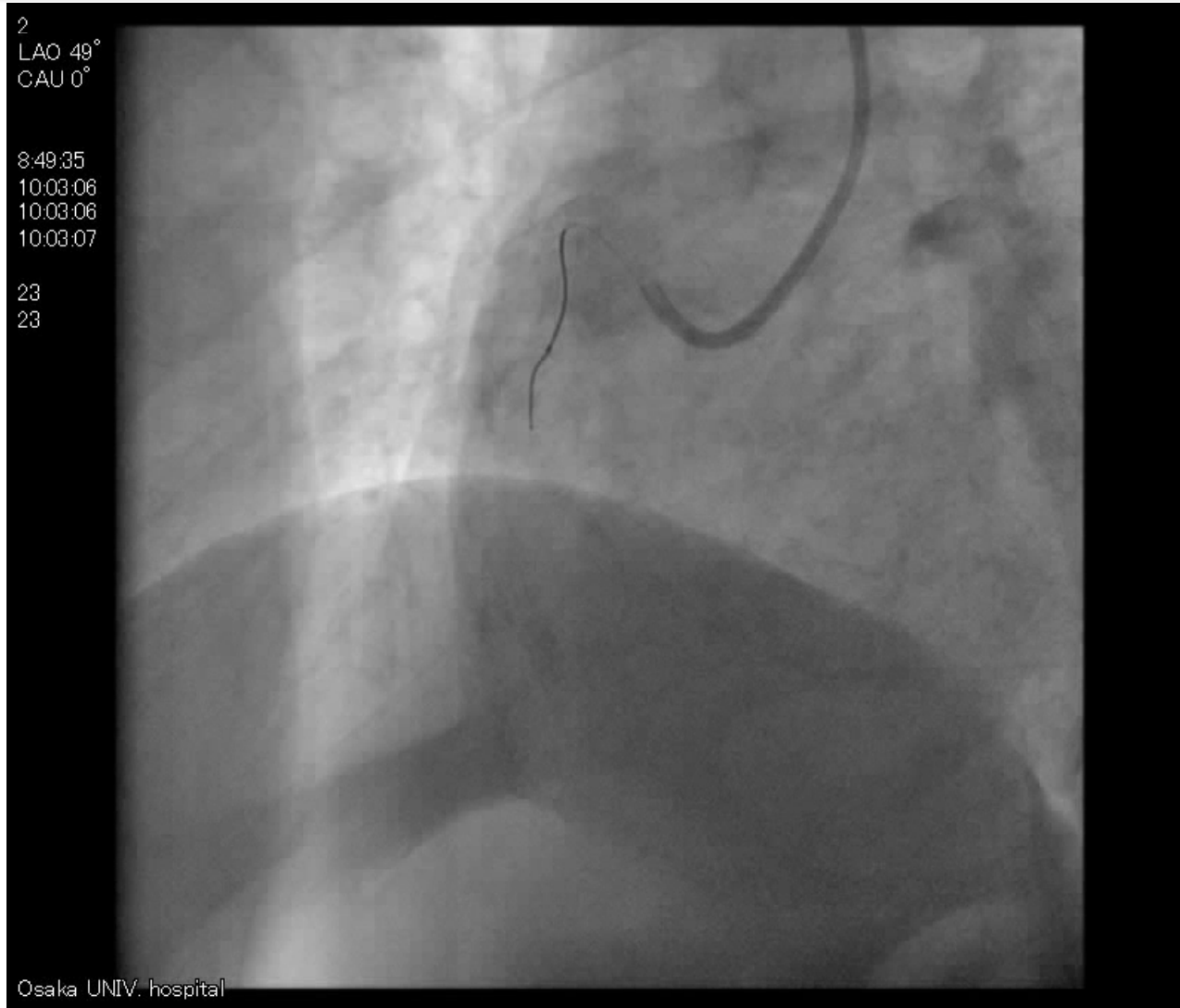
8:49:35  
9:51:42  
9:51:42  
9:51:42

16  
16



Osaka UNIV. hospital

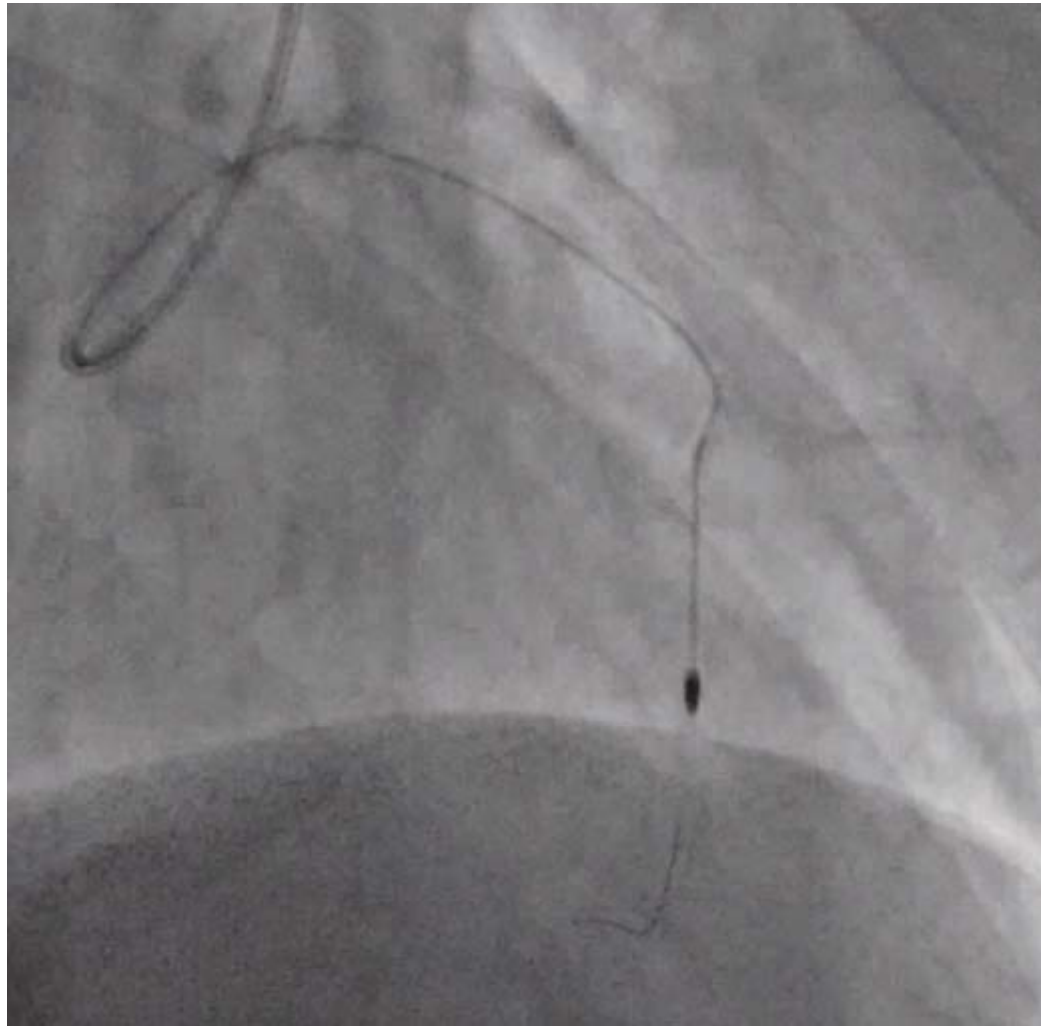
# PCI for RCA short TO with Loose Tissue Tracking



# PCI for very calcified LAD



# Rota was stuck

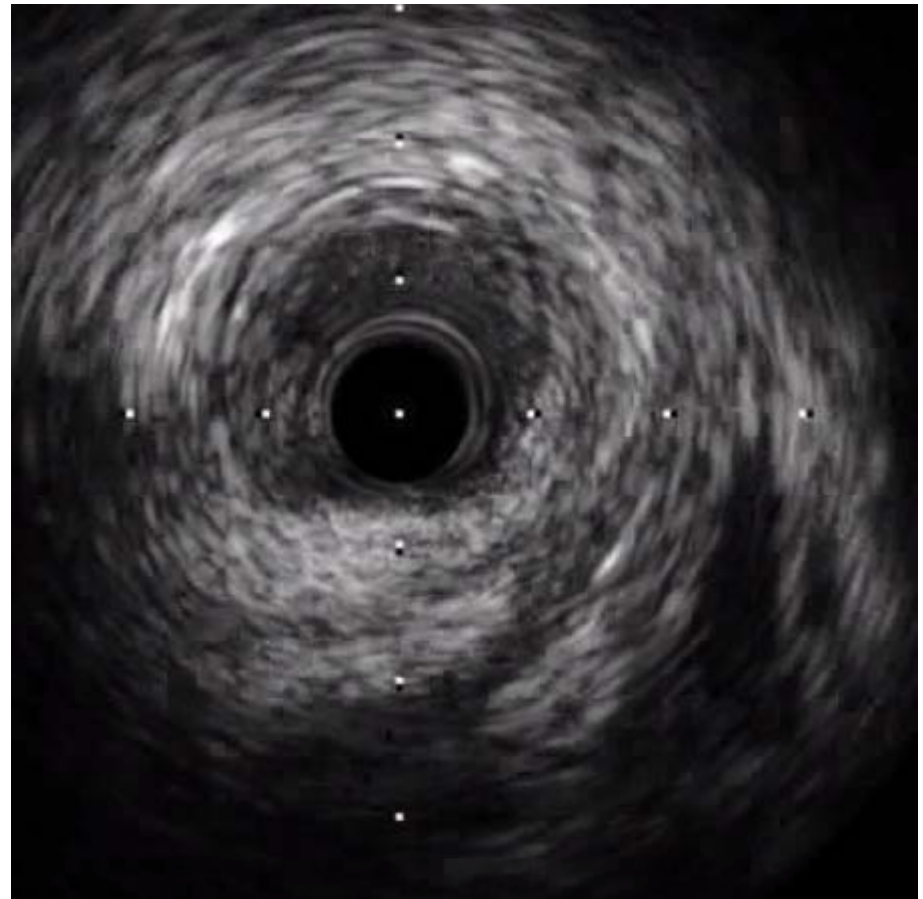
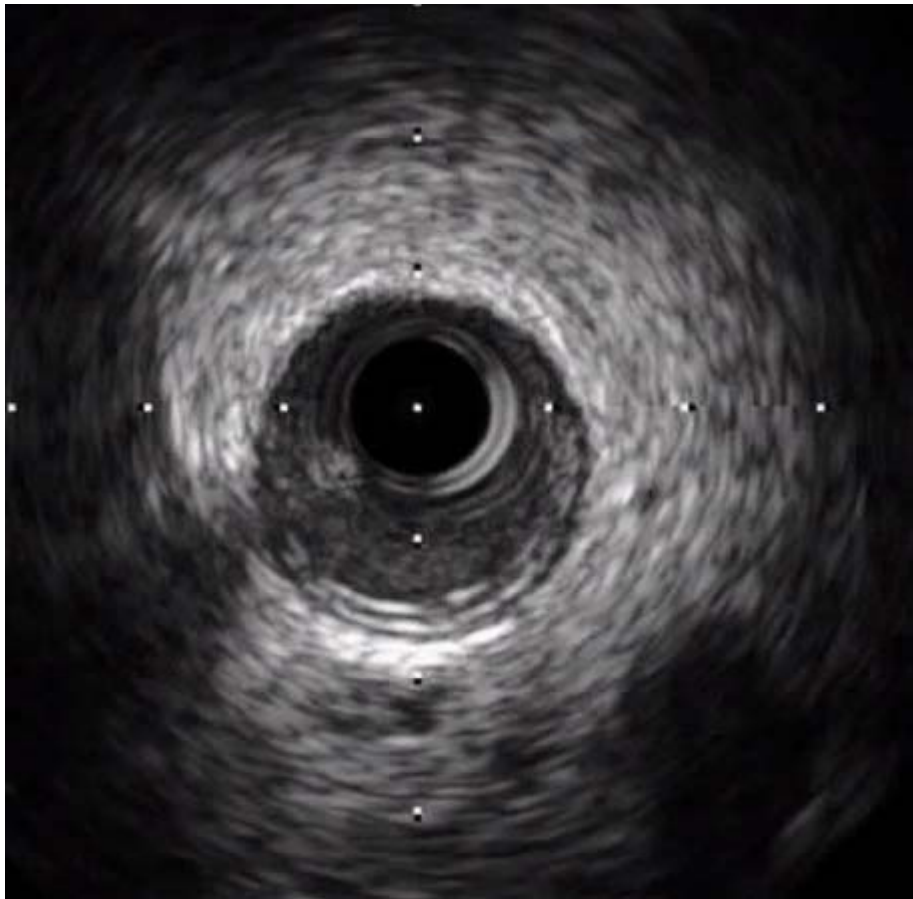


# Pull-back and remove Rota burr



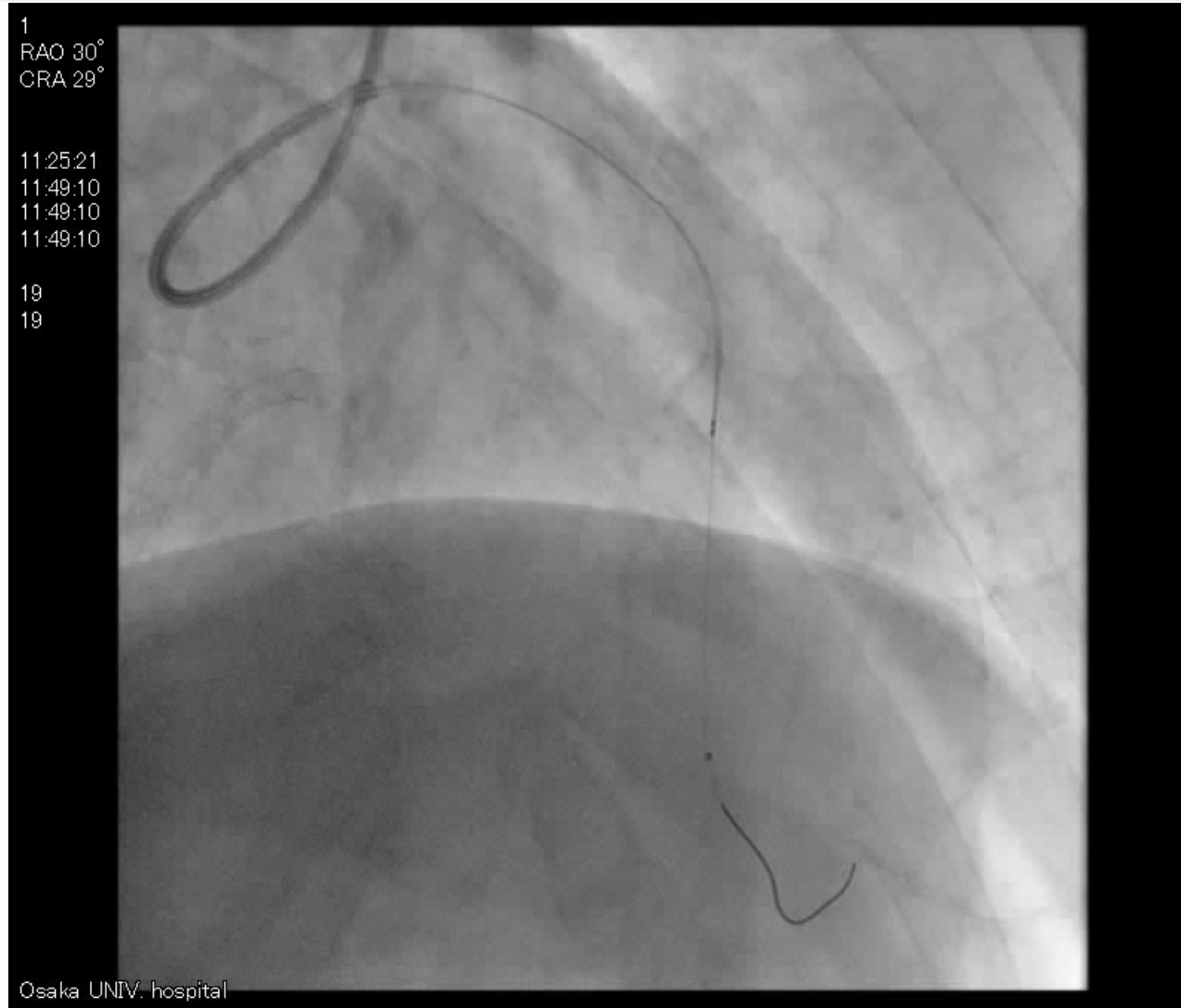


# IVUS : sub-angiographic perforation

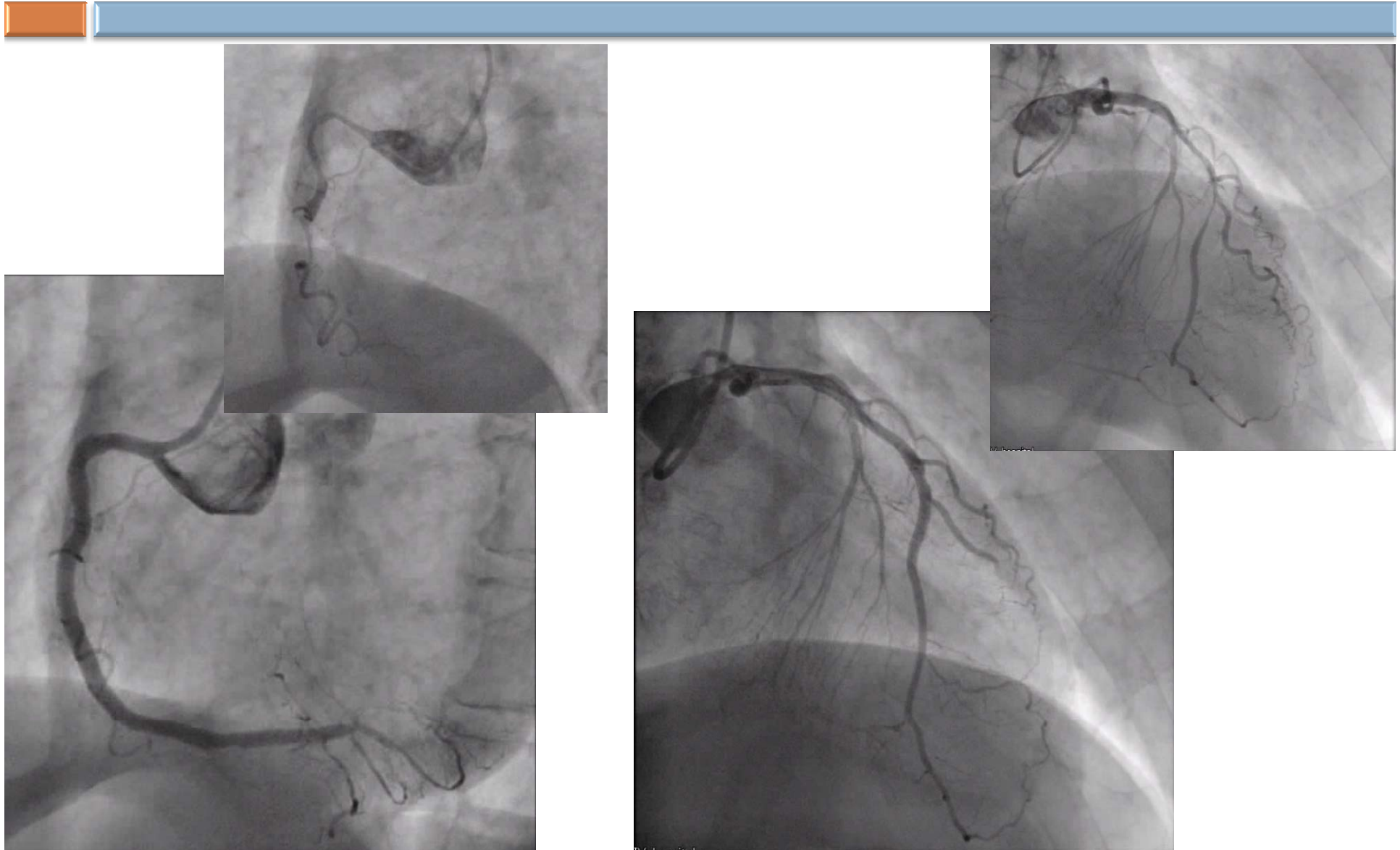


# PCI for very calcified LAD

## IVUS marking, Stenting, post dilation



# Angiogram : Pre vs. Post



# Data related to PCI and after PCI



- Procedure Time
  - Start CAG : 09:18
  - Start PCI : 10:03
  - Finish PCI : 12:22
- 290ml of contrast, 56.3 min of fluoroscopy
- Air Karma : Front 833mGy Lateral 1521mGy
- No adverse event or sign in 48hours after PCI

# Summary



- We experienced a case of tough calcified TVD including two total occluded vessels and scheduled major surgery for colon and liver.
- With pre-procedure CT, intra-procedure techniques and imaging information, we could manage this tough case with single trans-radial approach in one session.
- This case is a typical case of complex PCI which contributes to multiple diseased patient's treatment.