

PCI AS A BACKUP FOR CABG

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First scenario

Male patient

58 years

History of recurrent hospital admission .

Hypertensive

Presented by unstable angina

Coronary agnion



The decision was CABG

High syntax score =35

Euroscore 1

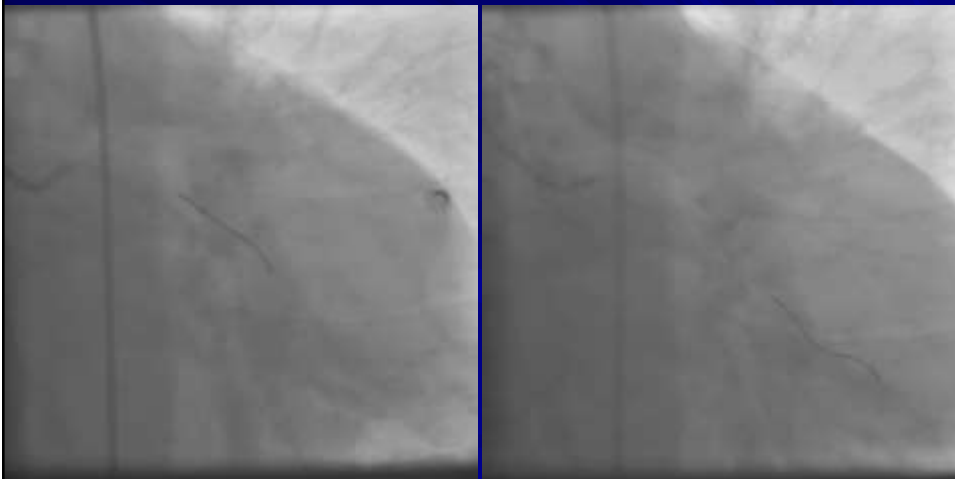
Surgeons refused

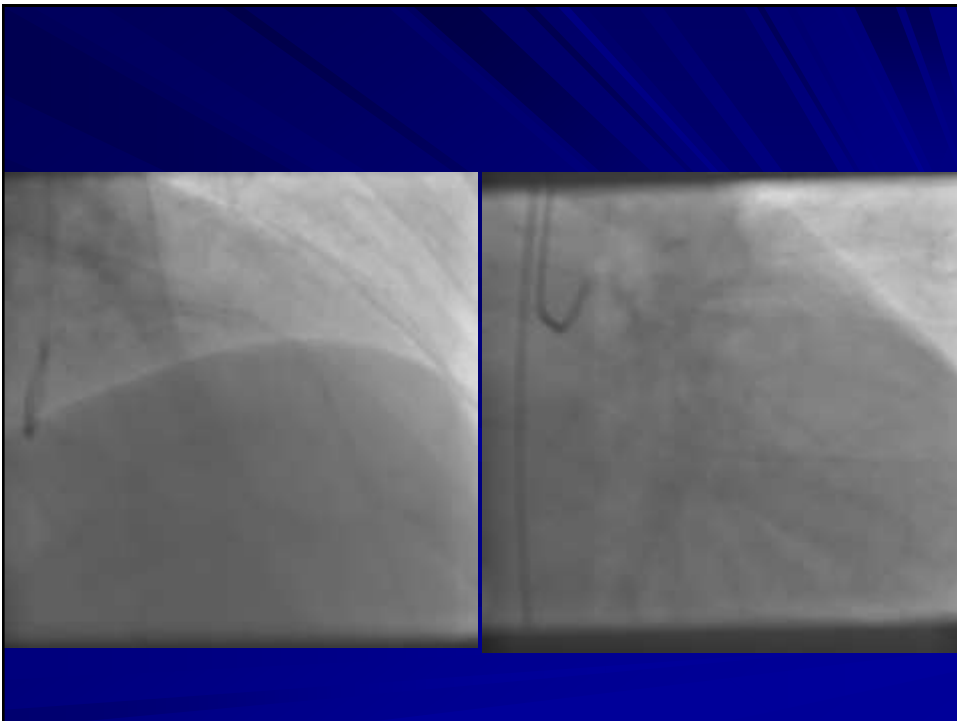
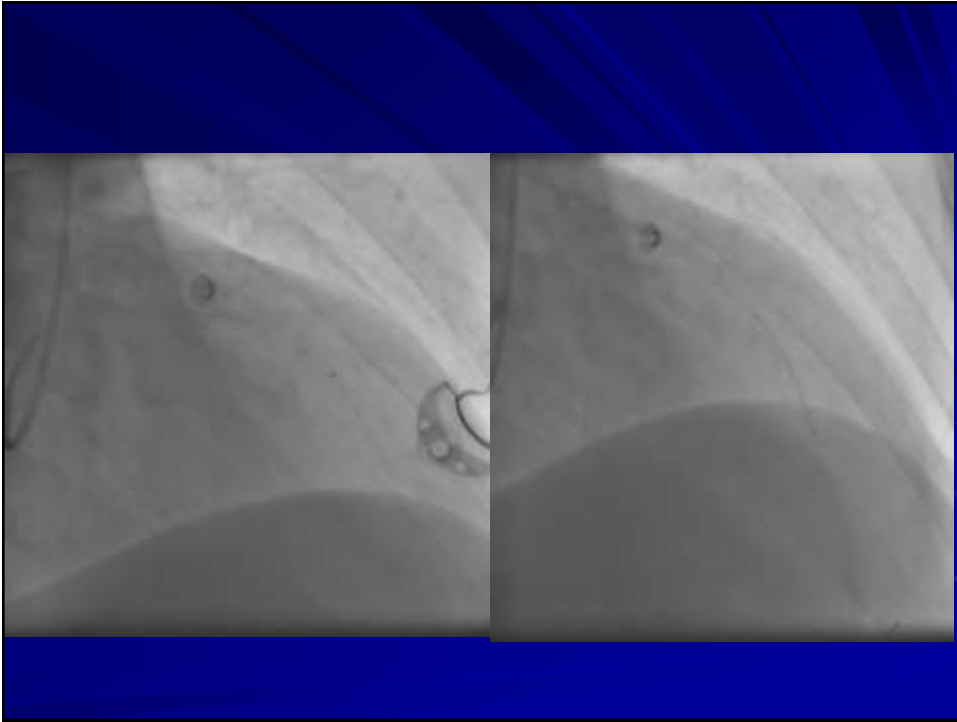
Poor target

Pt discharged on intensive medical ttt

After less than a week another UA

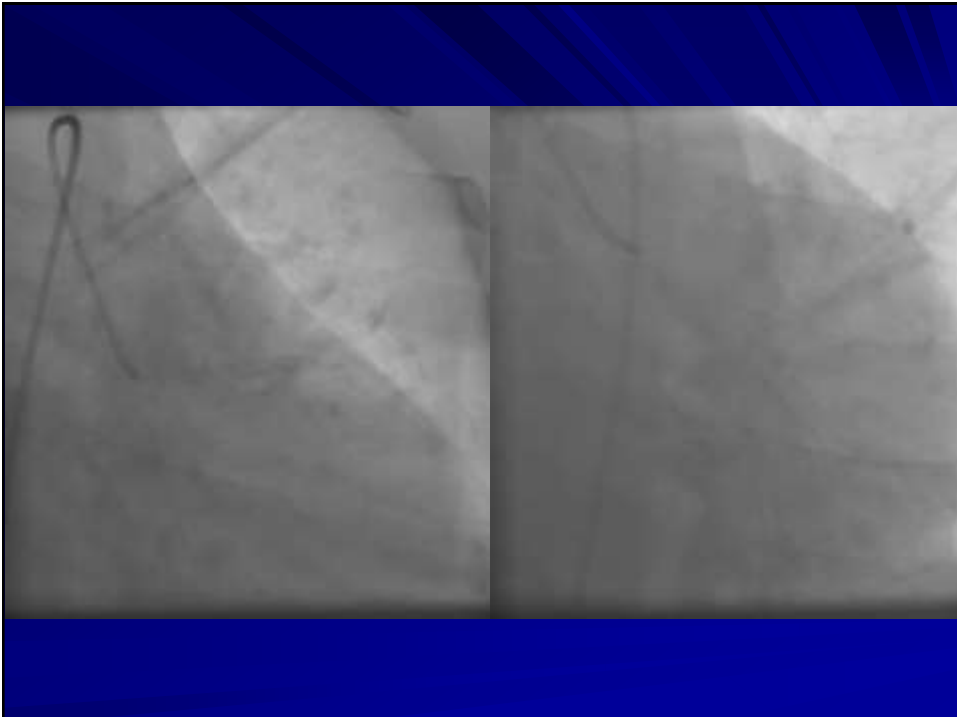
PCI was decided

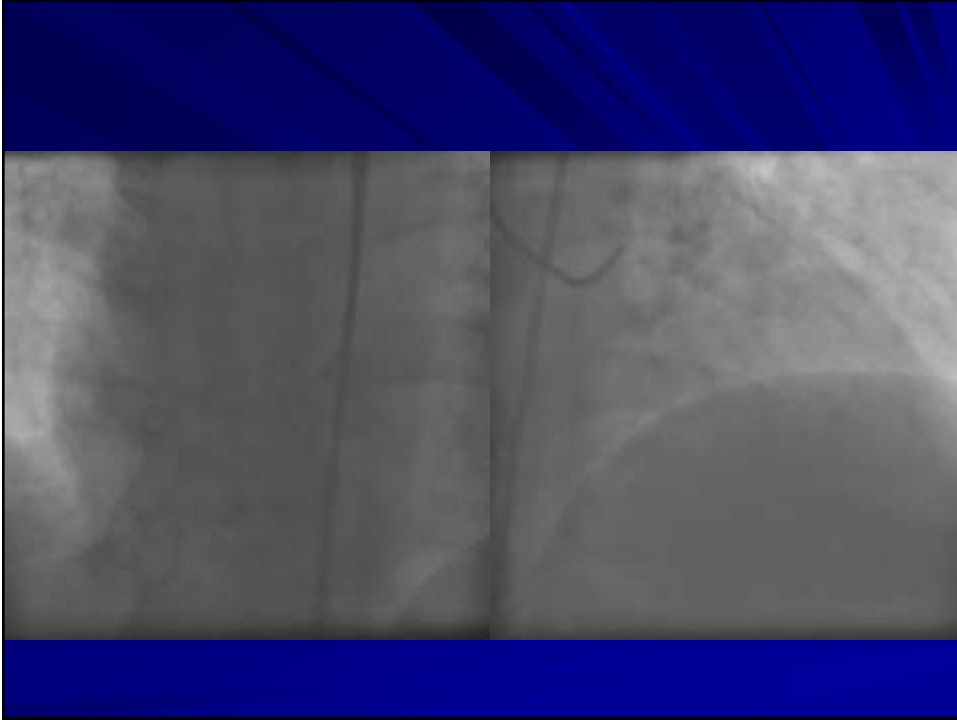




Second scenario

Female patient
diabetic and hypertensive
present by UA
ECG old anterior
echo mild dilated LV
EF=42%



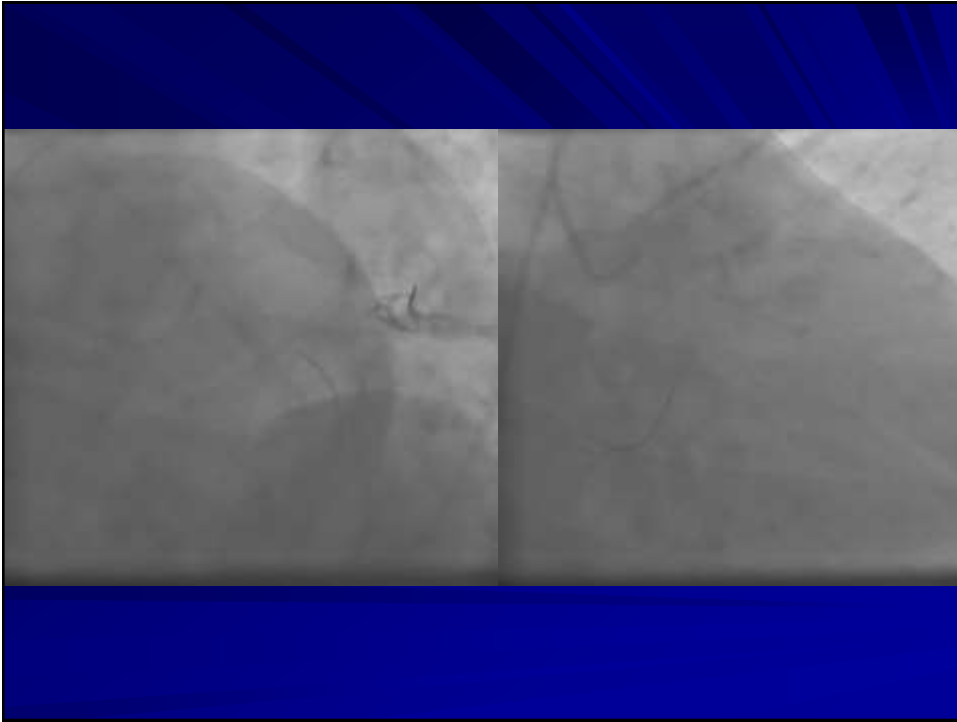


The decision was CABG

Surgeons was hesitant to do it

Asked for MPI which showed scar in
anterior segments so surgeons refused the
case

Pt was kept in hospital because of recurrent
chest pain and we decide to do PCI



Third scenario

Female patient

67 years old

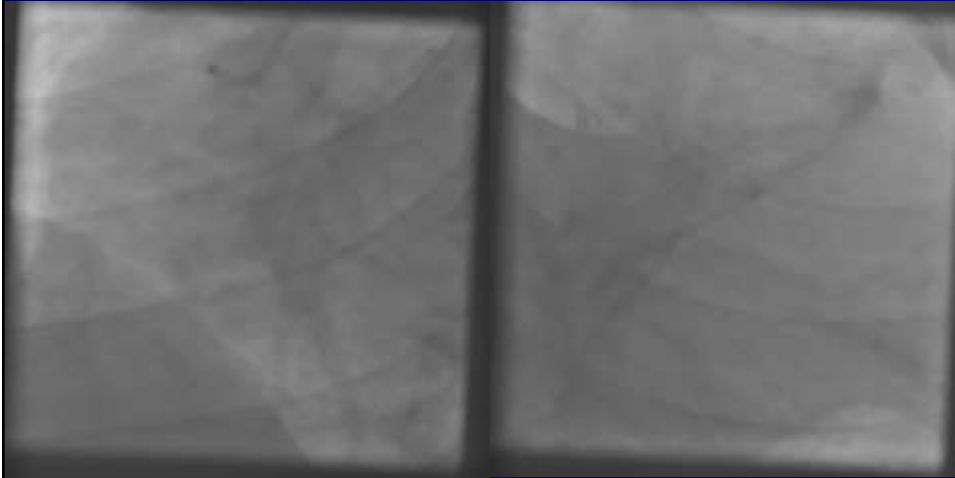
DM hypertension

Asthmatic

Presented by UA

Dynamic ECG changes

Coronary angiography



The decision is for surgical consultation

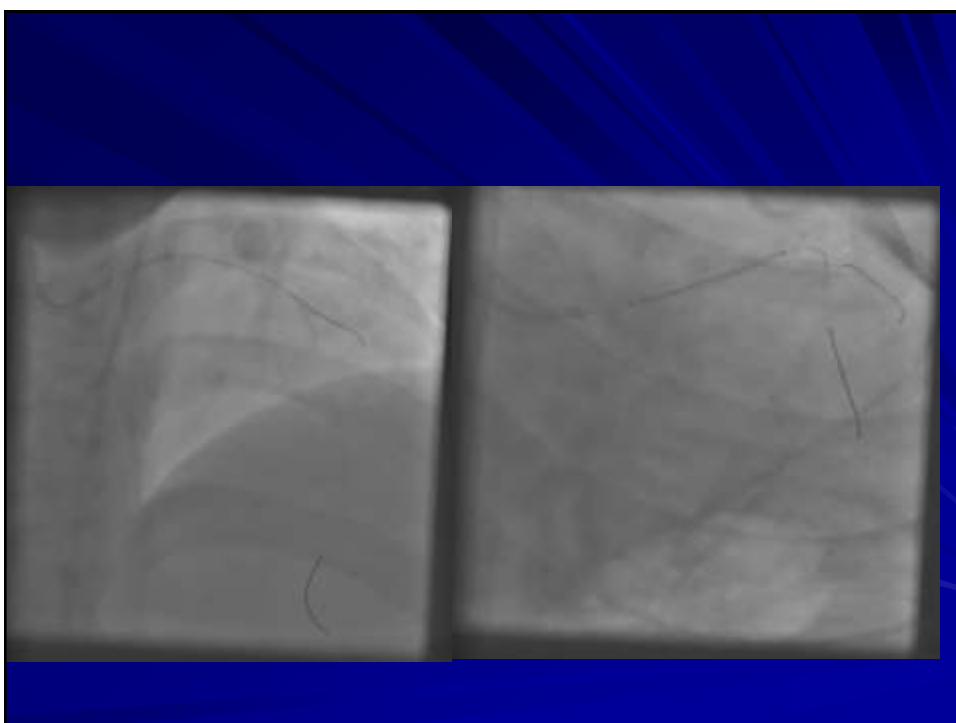
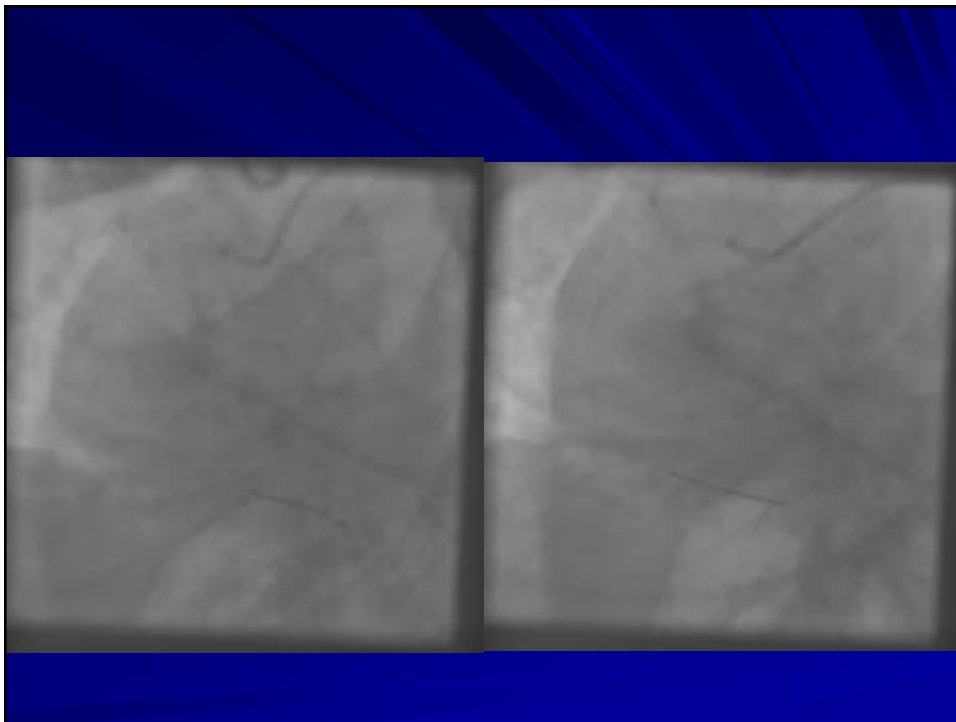
The surgeons refused the case due to
poor targets

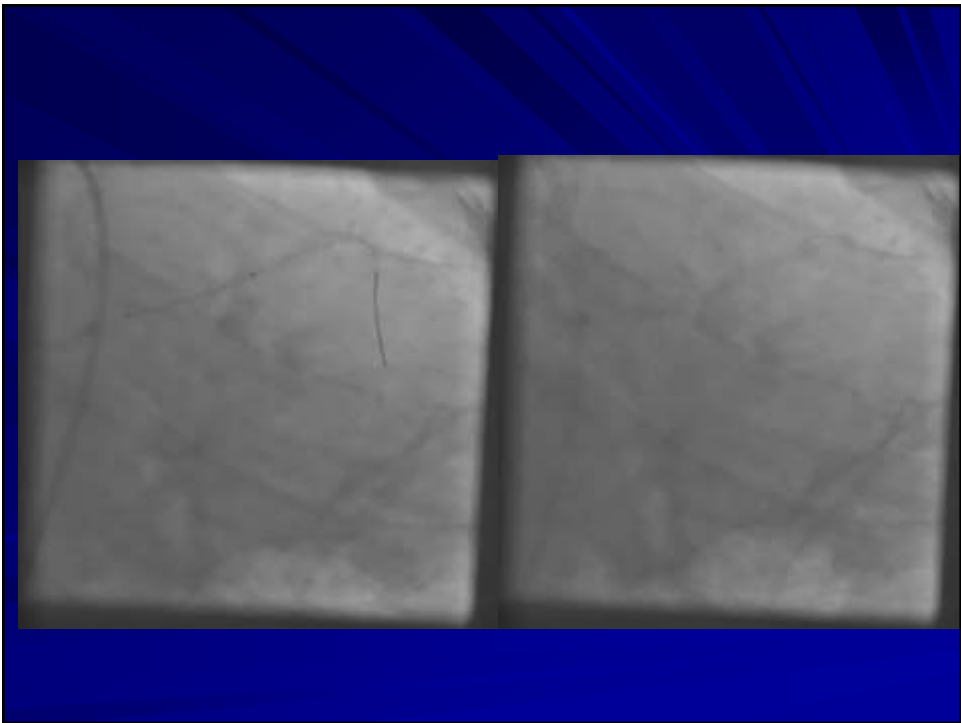
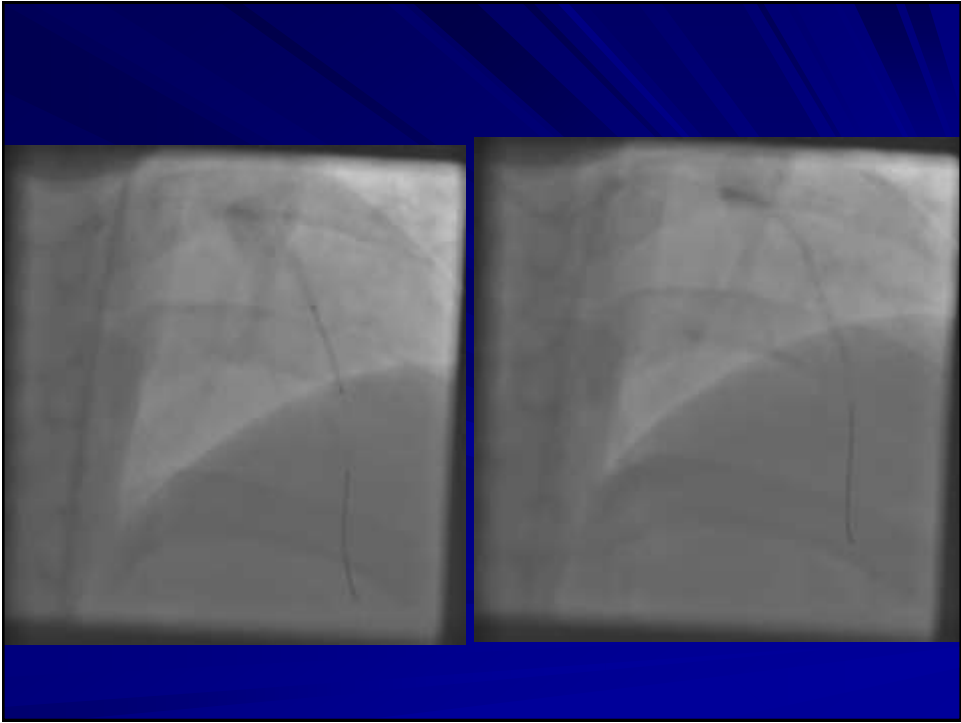
High surgical risk as assessed by
euroscore

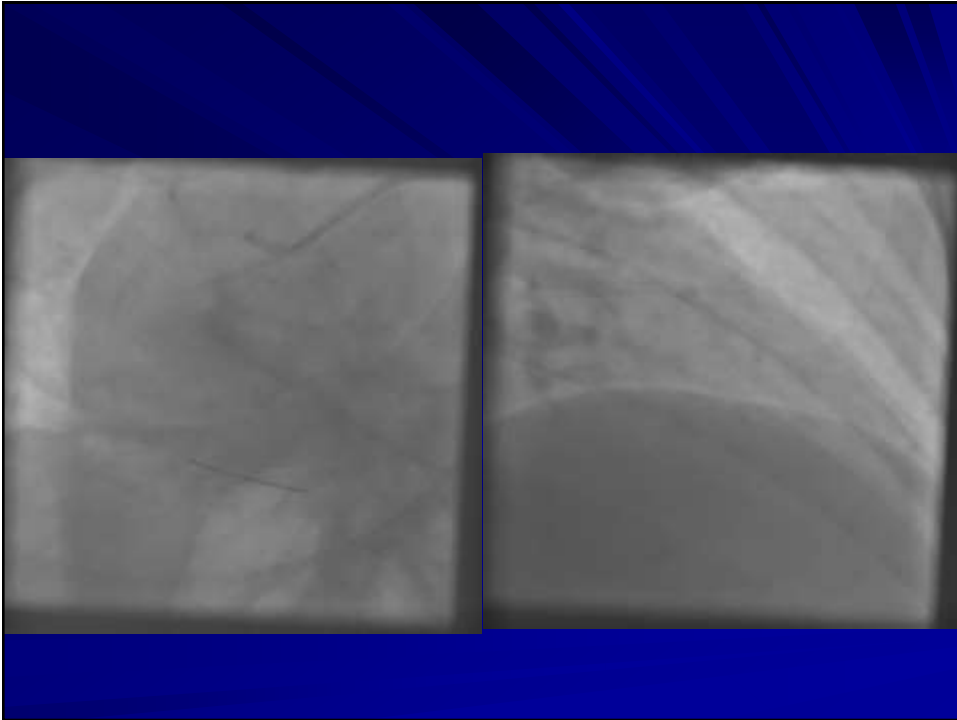
Patient developed chest pain .

Elevated cardiac enzymes

So PCI was decided







PCI VS CABG

Take home message

Conjoint work between cardiologist and cardio surgeons is important for most suitable decisions for the patient

Use of recent scores to assess patient risk (syntax I, syntax II, euroscore and global risk score.

Good evaluation of patient and comorbidities may direct the decision

Medical treatment is a good option

PCI VS CABG

Noninvasive assessment is important directing revascularization decision

The need for complete revascularization based on the extent of CAD , severity of ischemia , LV function .

This type of PCI should be done in high volume centers where skillful operators and equipment are available

Patient preference should be in mind



THANK YOU