

DIFFUSE CALCIFIC MULTIVESSEL DISEASE ! BYPASS SURGERY OR COMPLEX PCI

Prof Dr. AMR ZAKI
ALEX. UNIVERSITY HOSPITAL

- Male Patient aged 55 yrs .
- DM. severe dyslipidemia - HTN. - Smoker
- Presented March 2016 by NSTEMI
- No Prev. Medical history Except of Diabetes & HTN
- ECG:
 - Sinus rhythm
 - T wave inversion infero lateral leads
- Echo:
 - Preserved LV function
 - Infero lateral & apico anterior hypokinesia
 - EF: 65%

CORONARY ANGIO

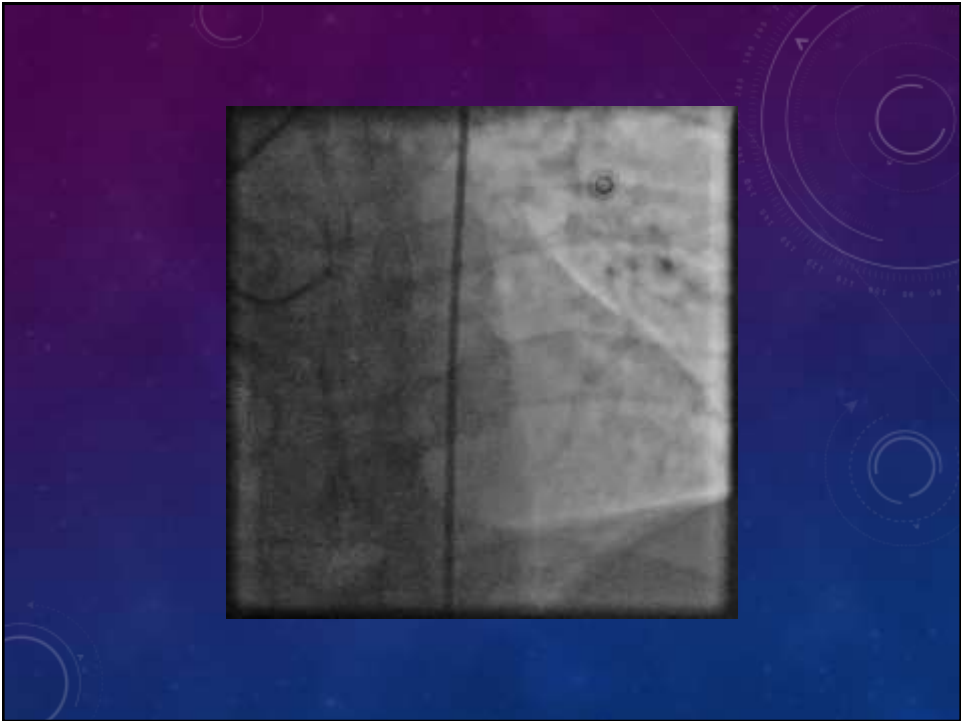
- LM: Distal 40-50%
- LAD: diffuse very tight Calcific & Mid
95% stenosis -V. Distal & apical
90% diffuse stenosis
- D2: ostial 95% stenosis bifurcating from LAD lesion
- Ramus: (Early OM) : ostial 85% long lesion
- LCX: Mid 80% bifurcating & prox. 50-60% after
OM,(Ramus)
- RCA: Mid 80% & distal diseased branches

DECISION WAS CABG

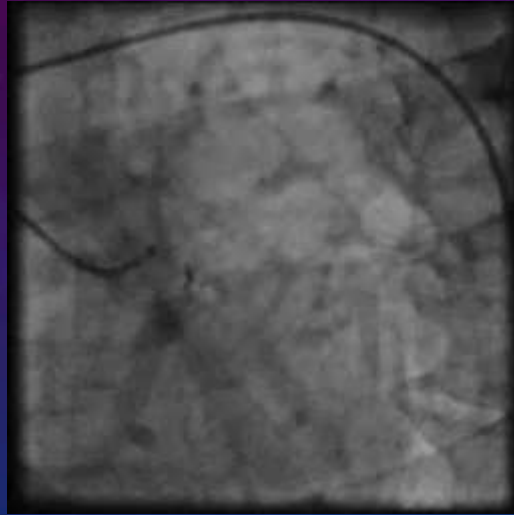
- Two Surgeons denied
- Two Interventionist insisted CABG

SYNTAX SCORE
31

CORONARY ANGIO

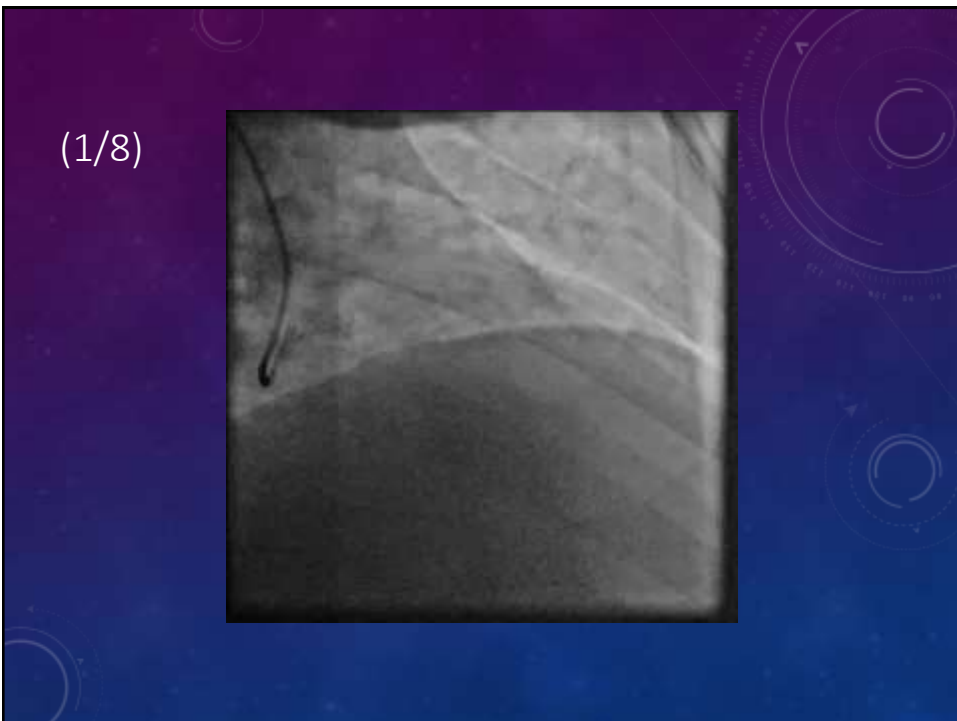
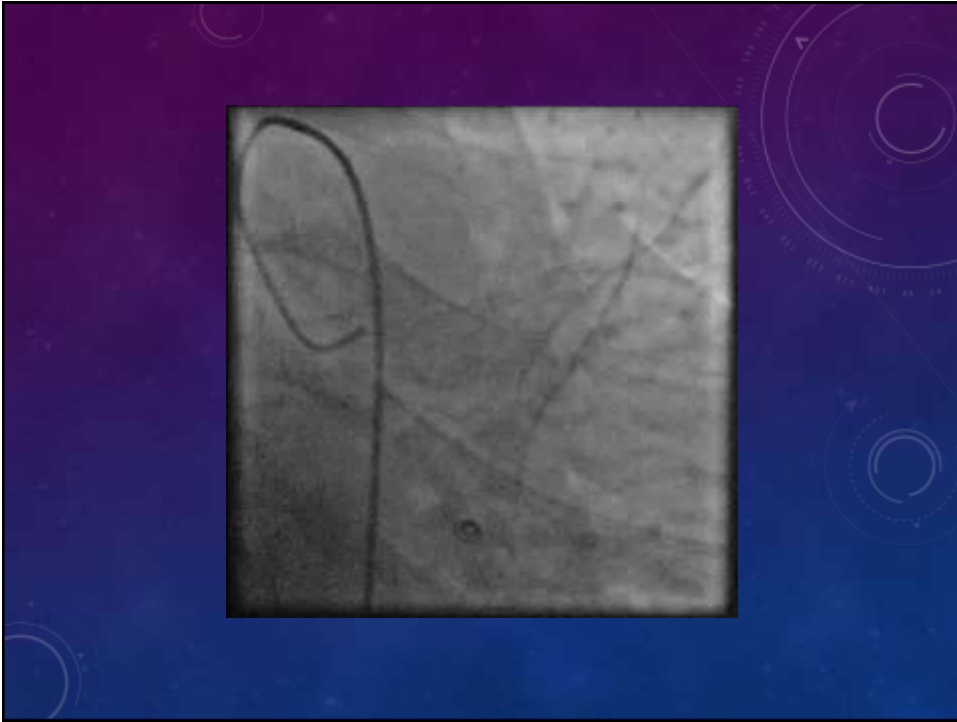


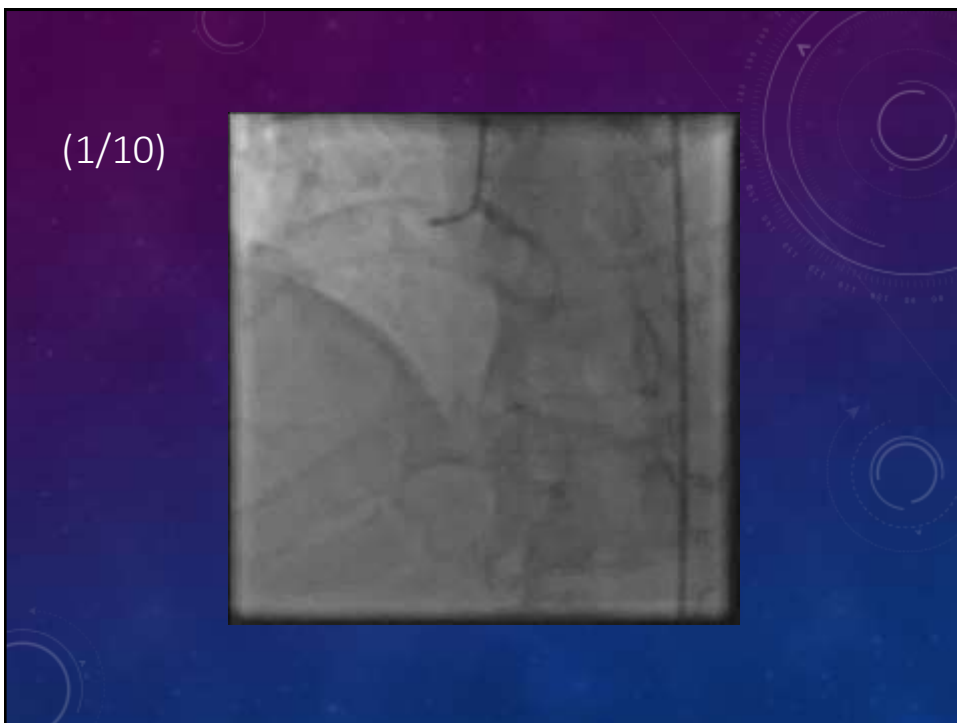
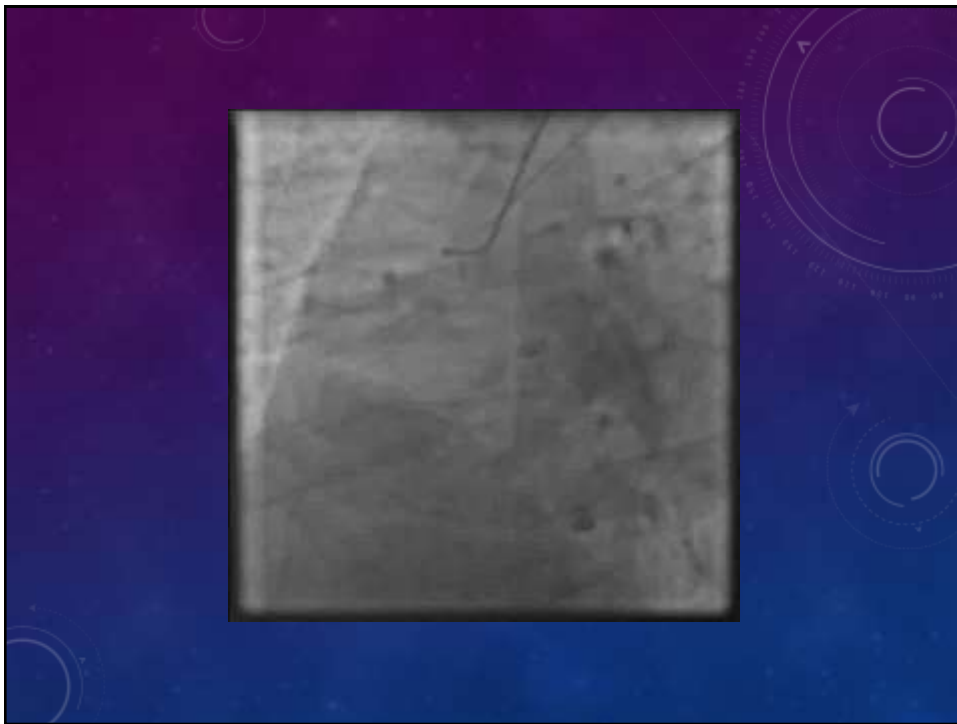
(1/4)



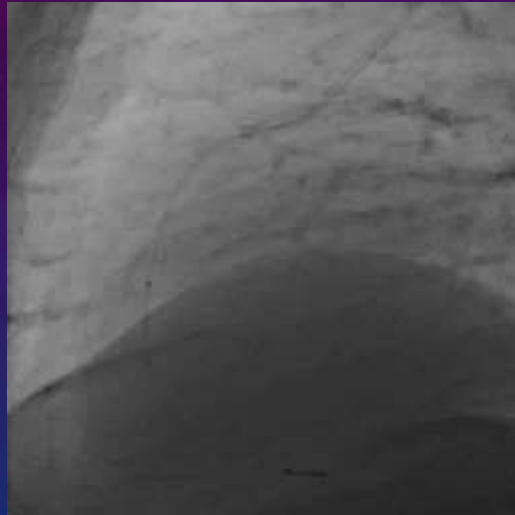
(1/6)

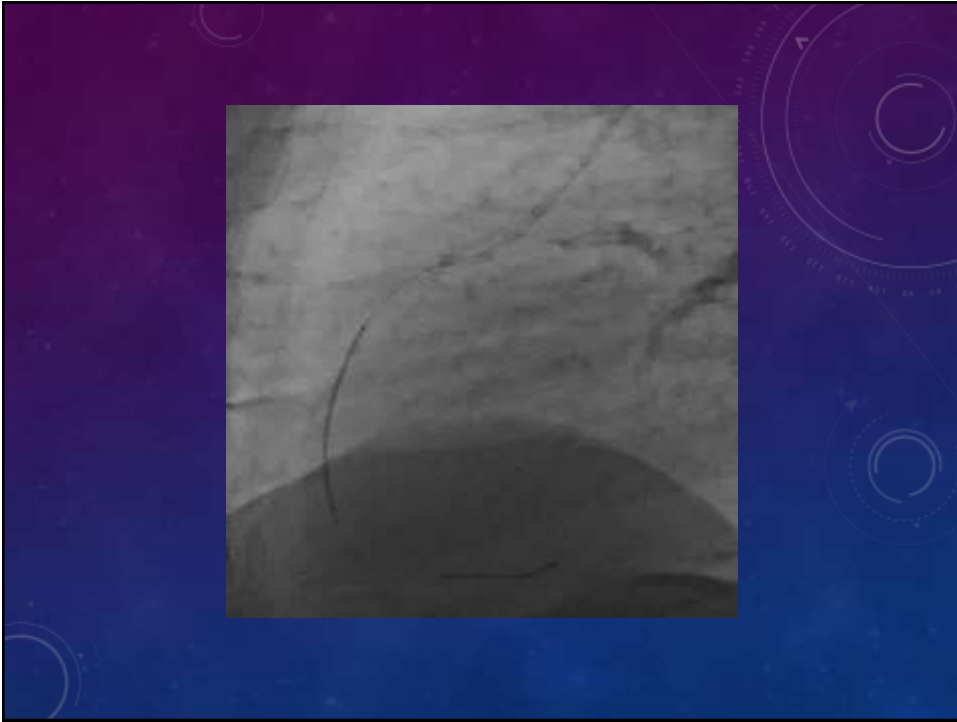


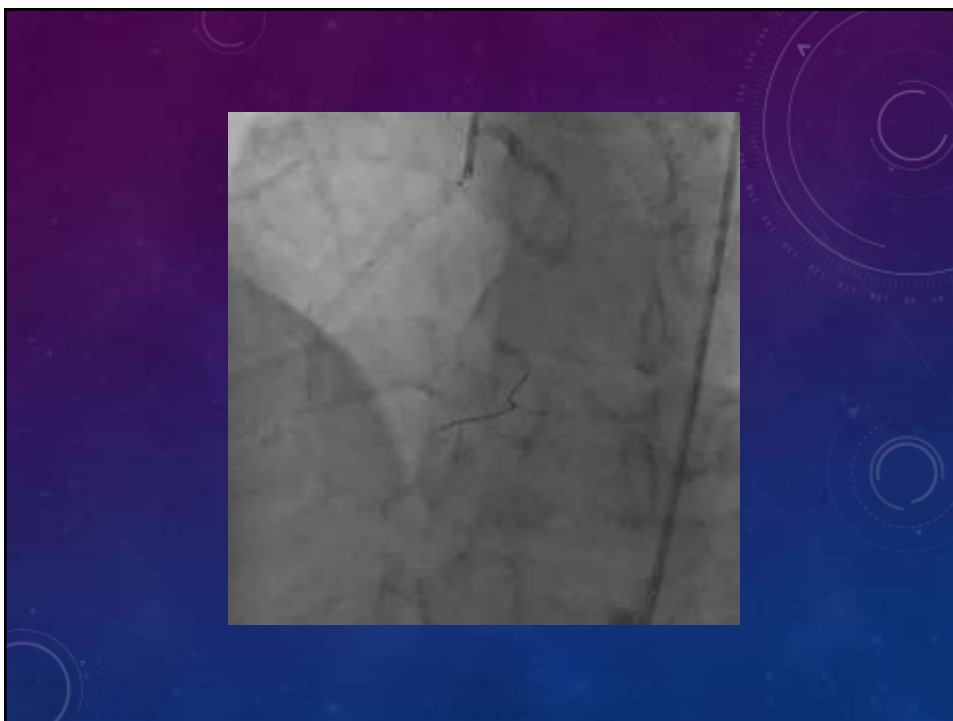
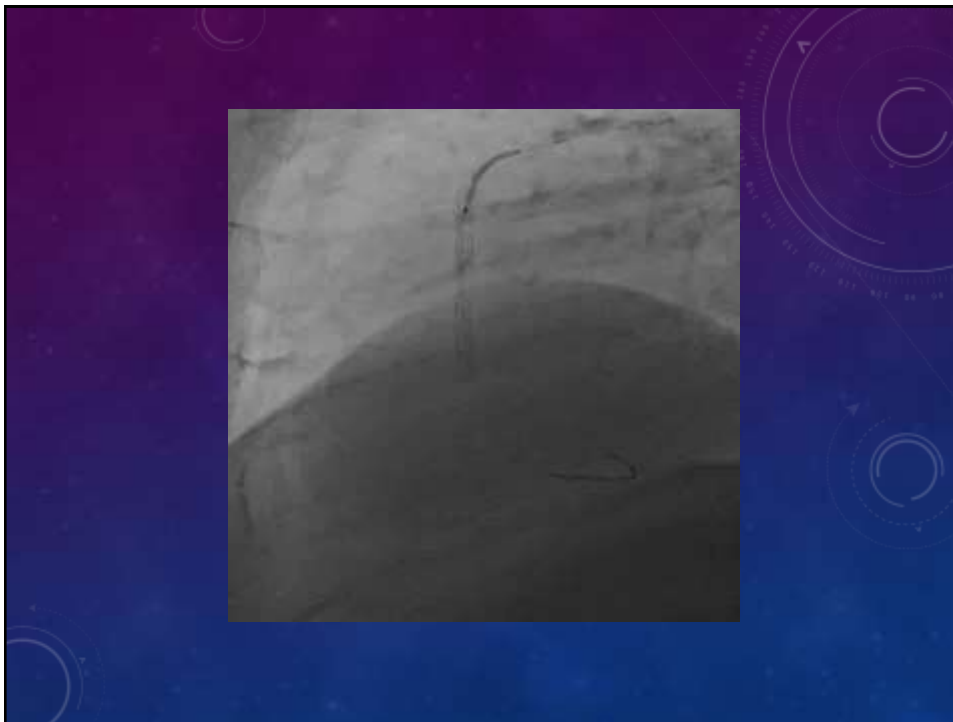


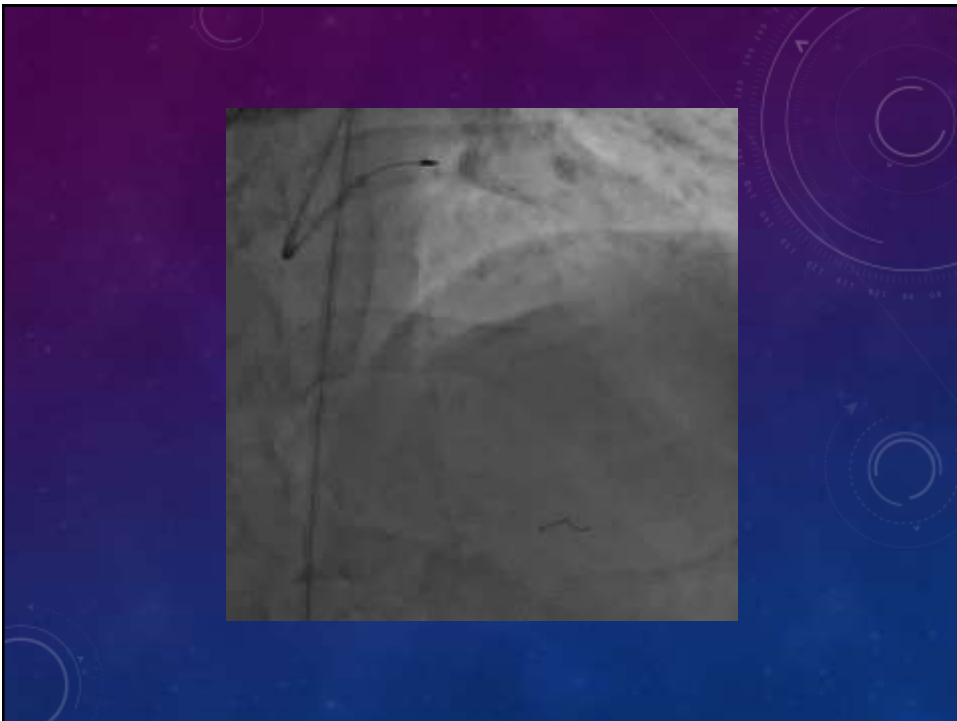


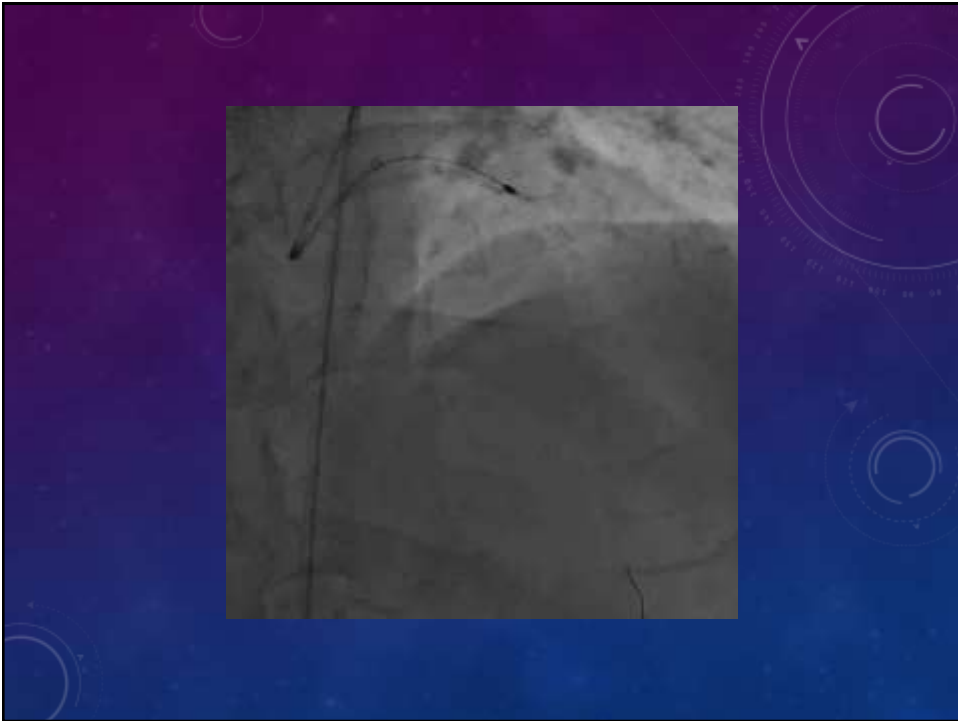
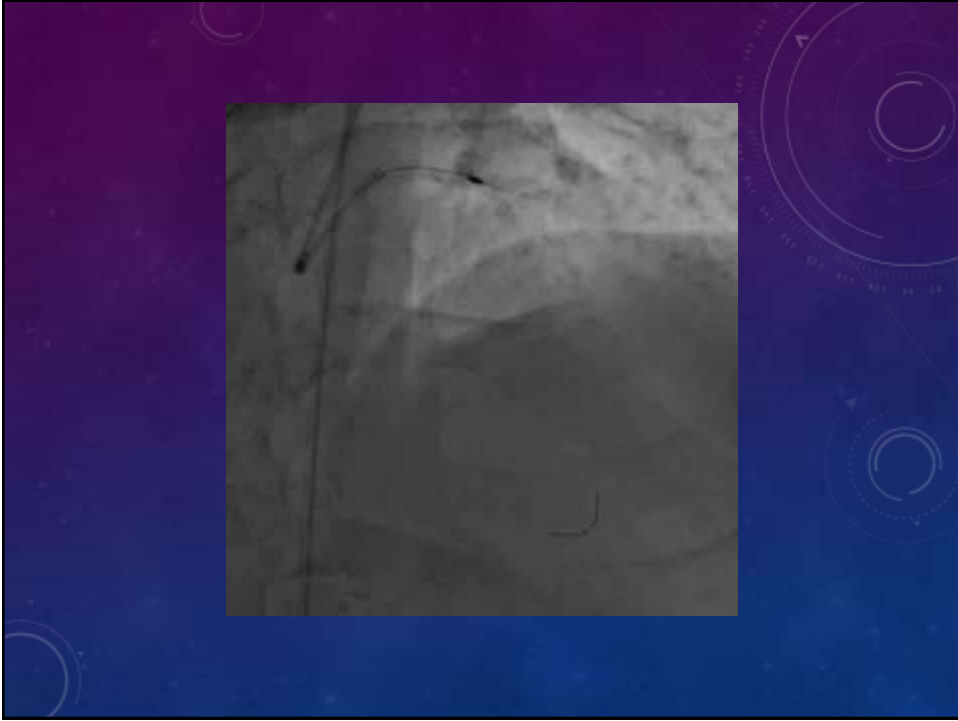
WHAT TO DO ?

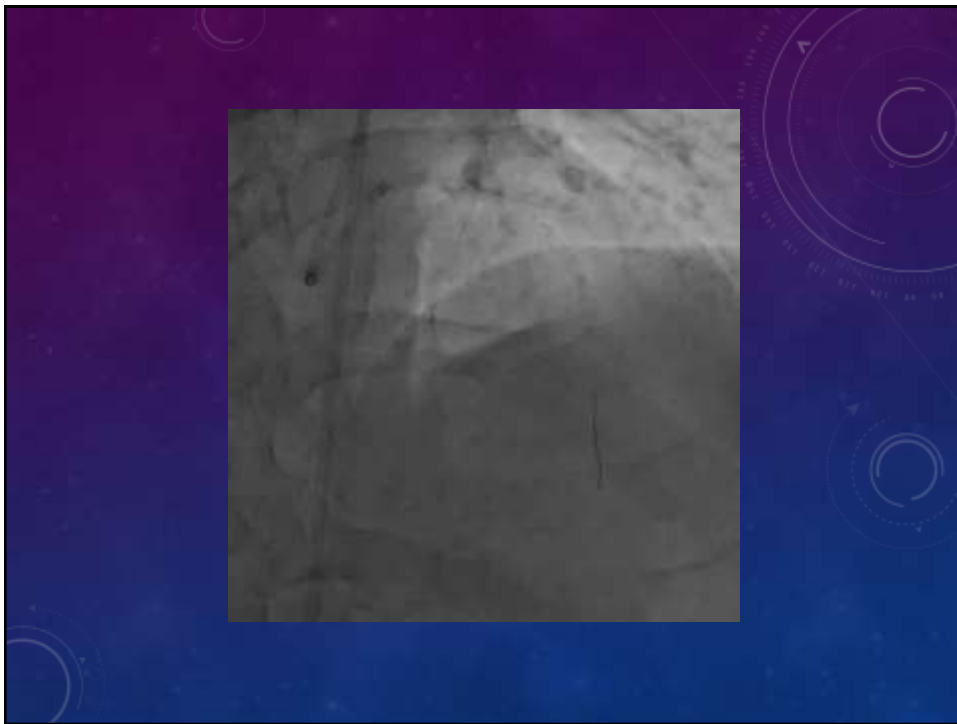


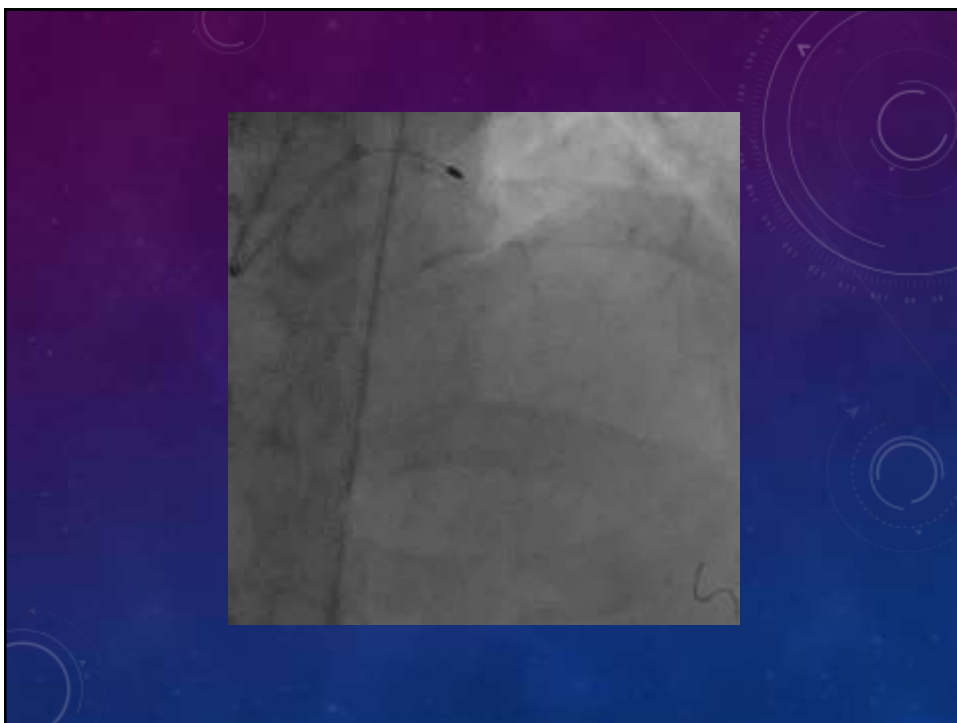


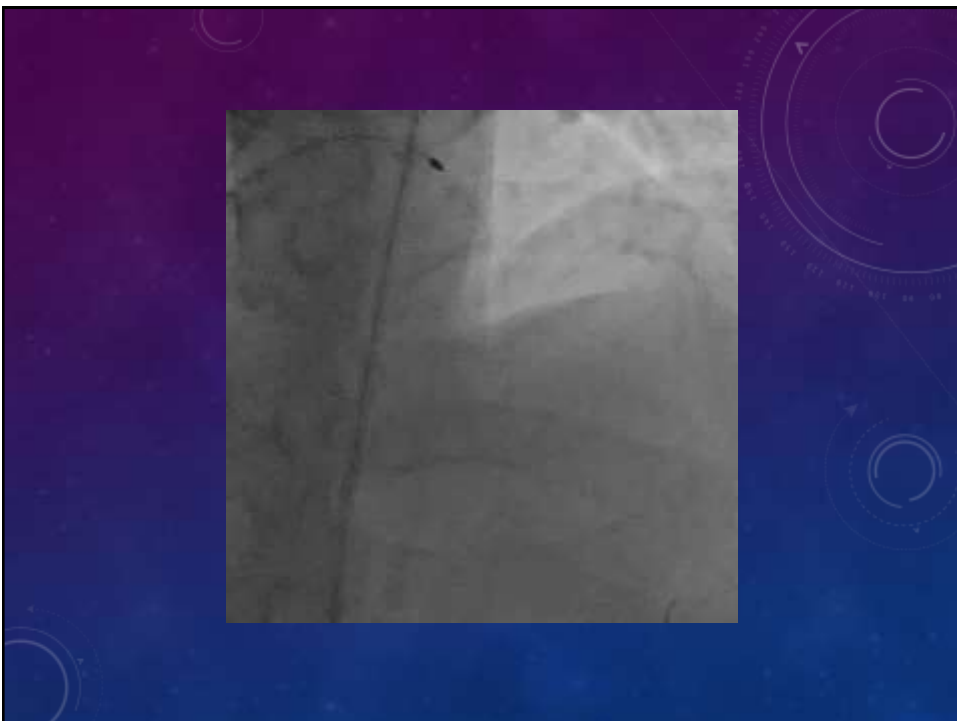


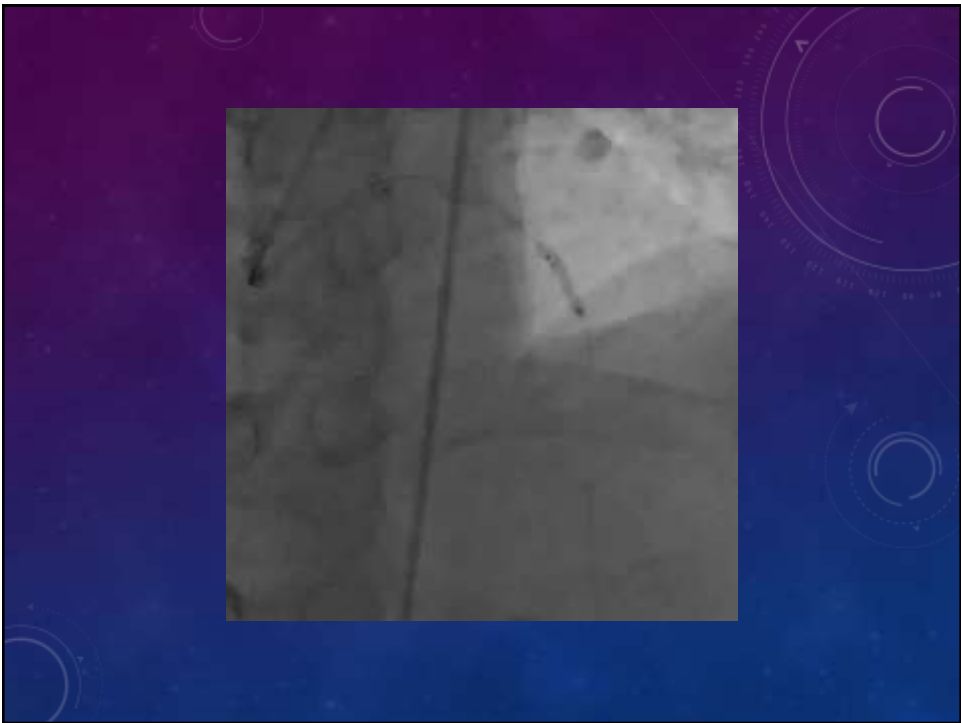
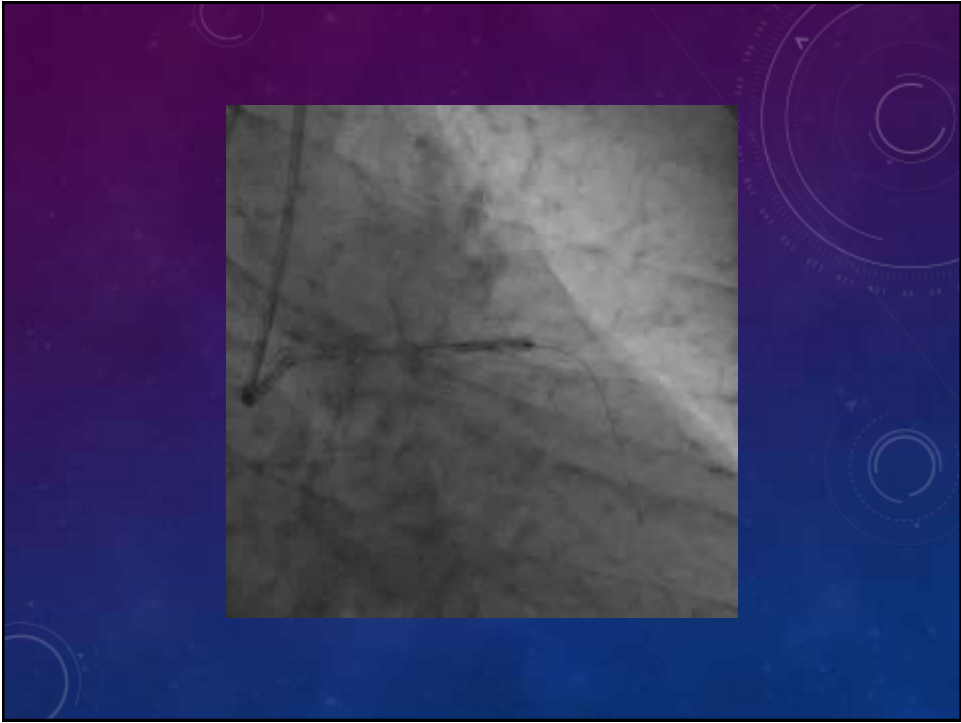


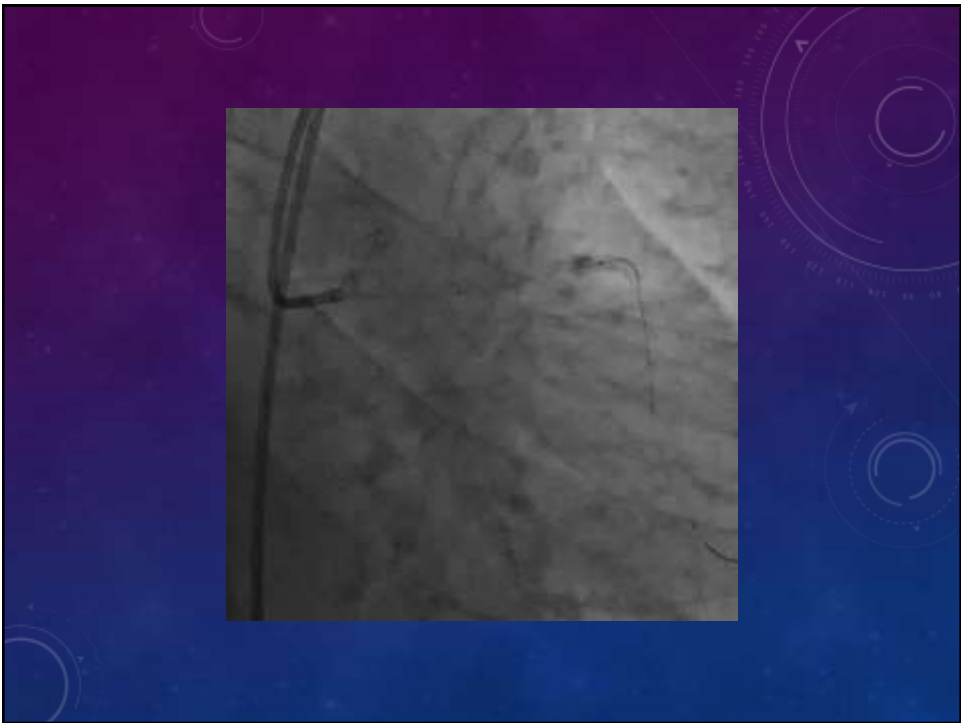


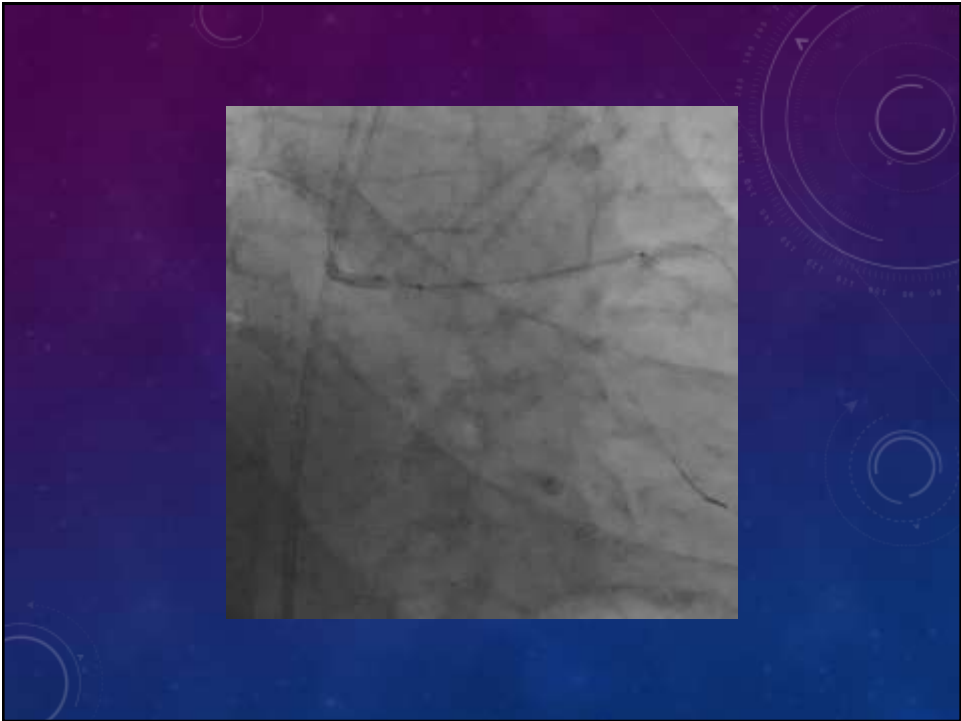


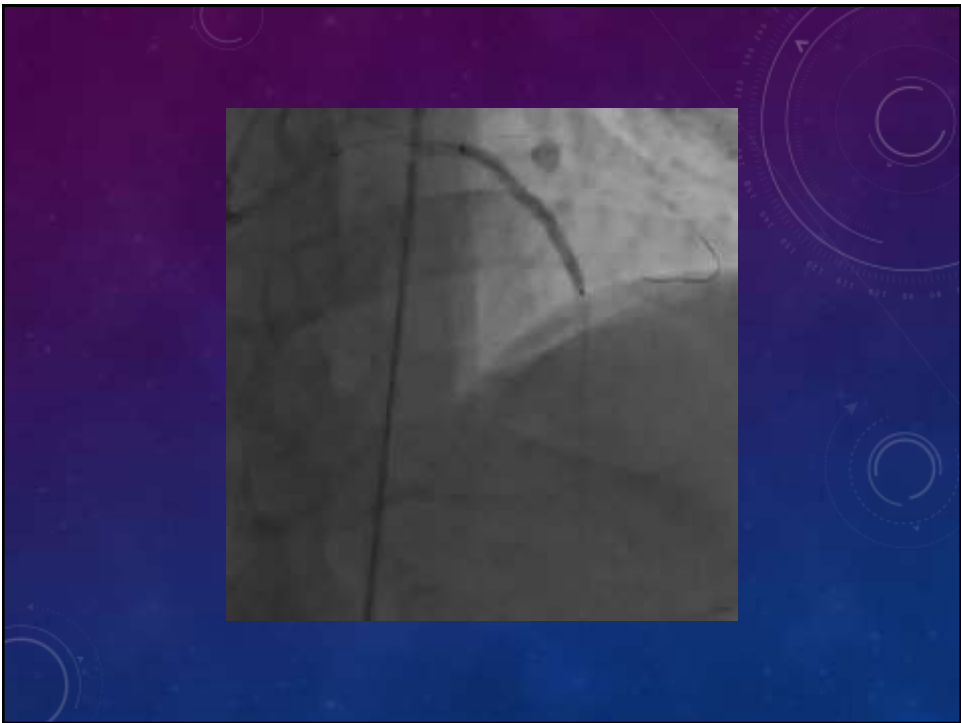
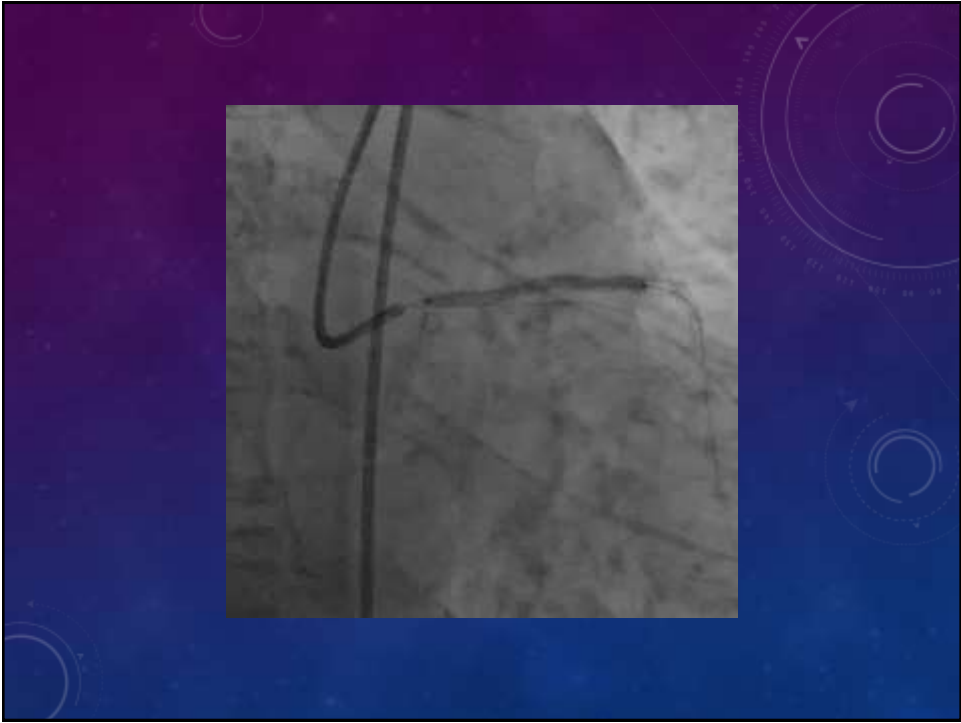


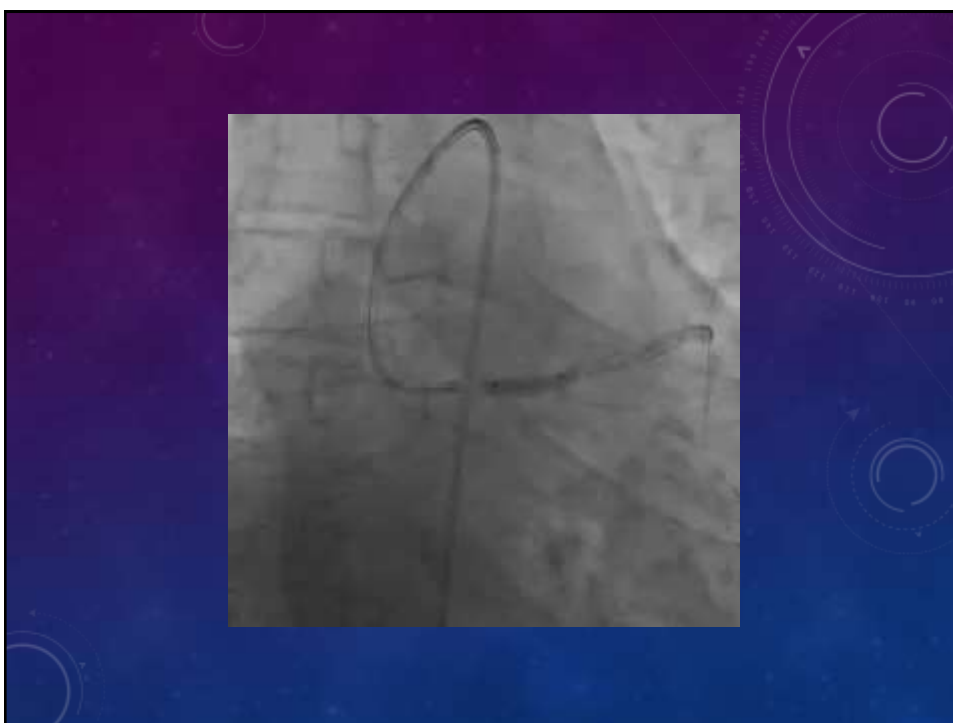
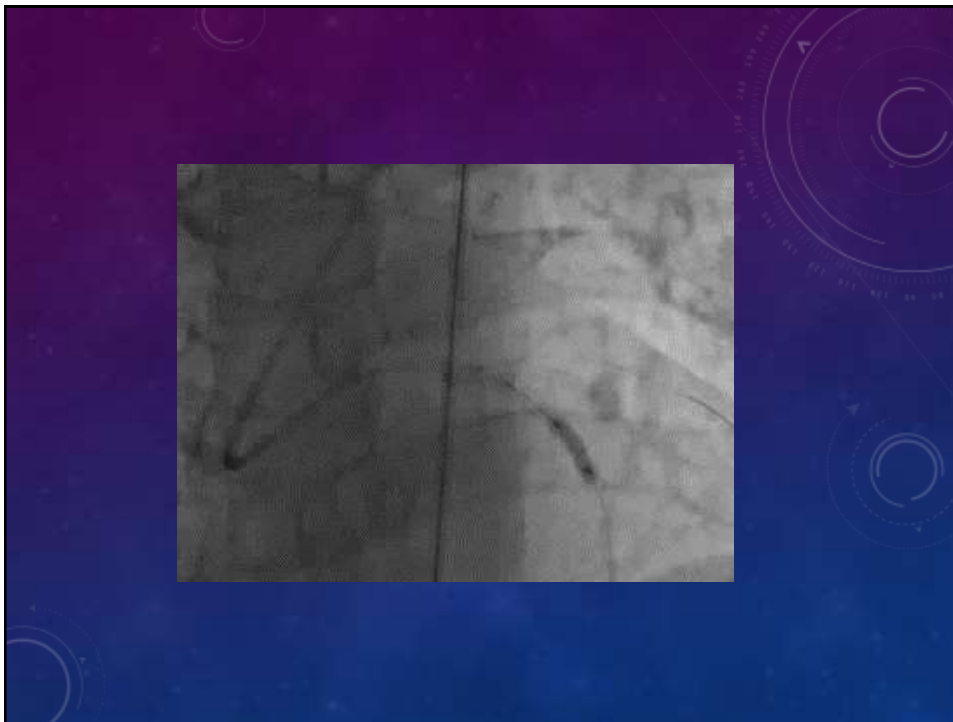


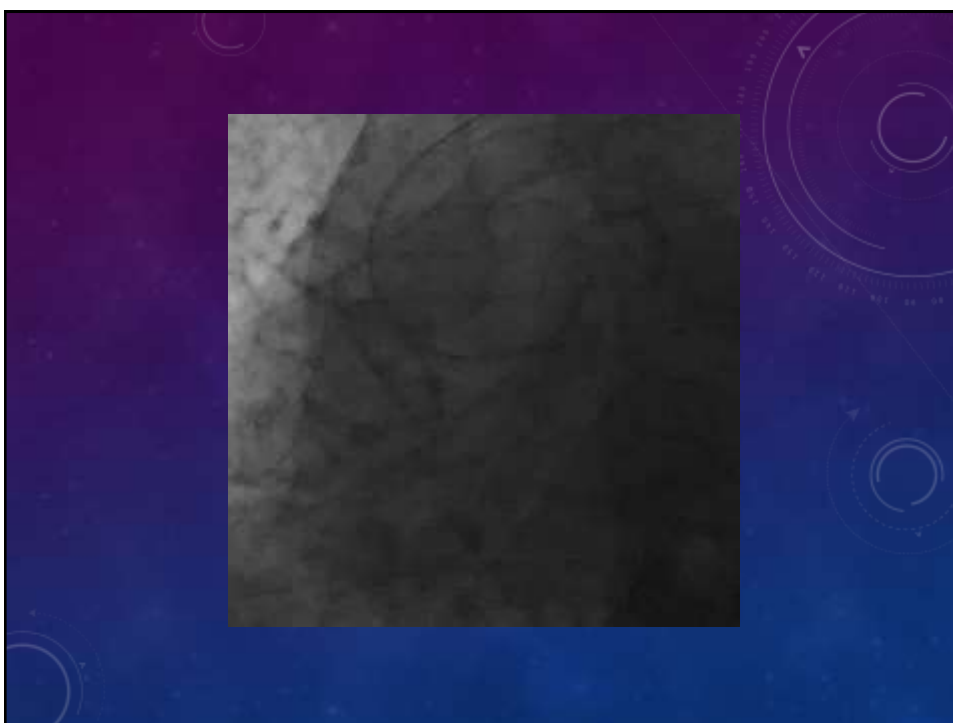
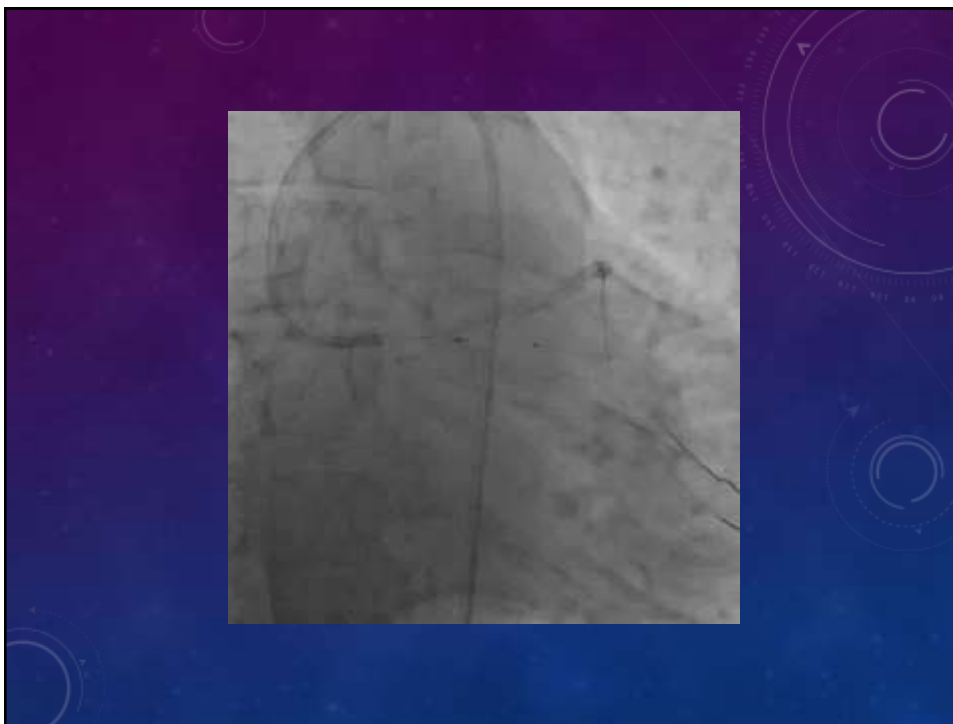


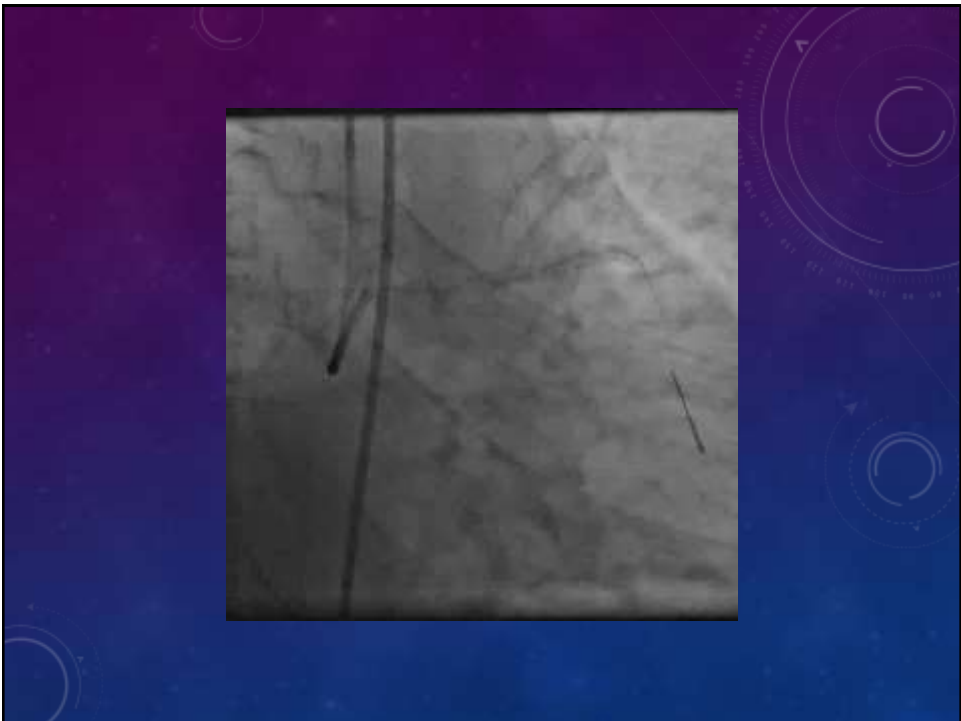
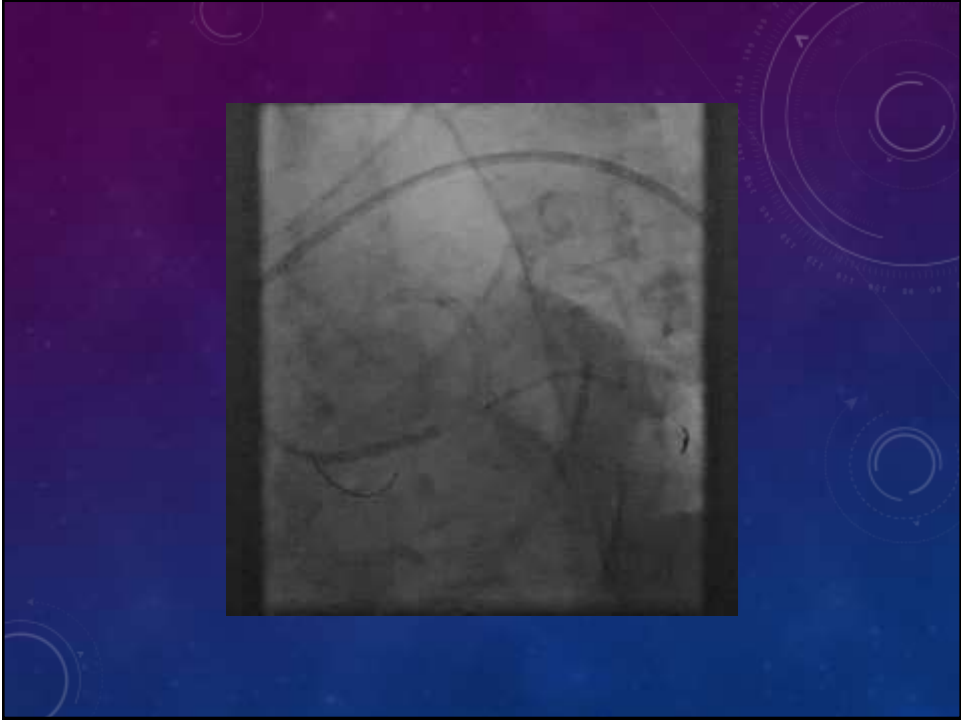


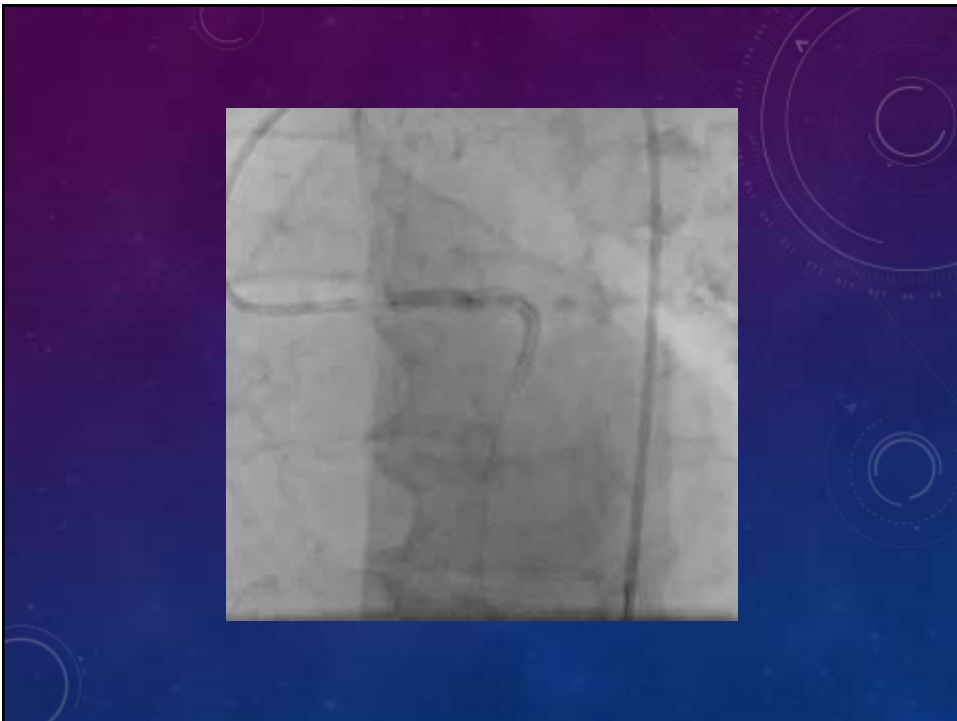


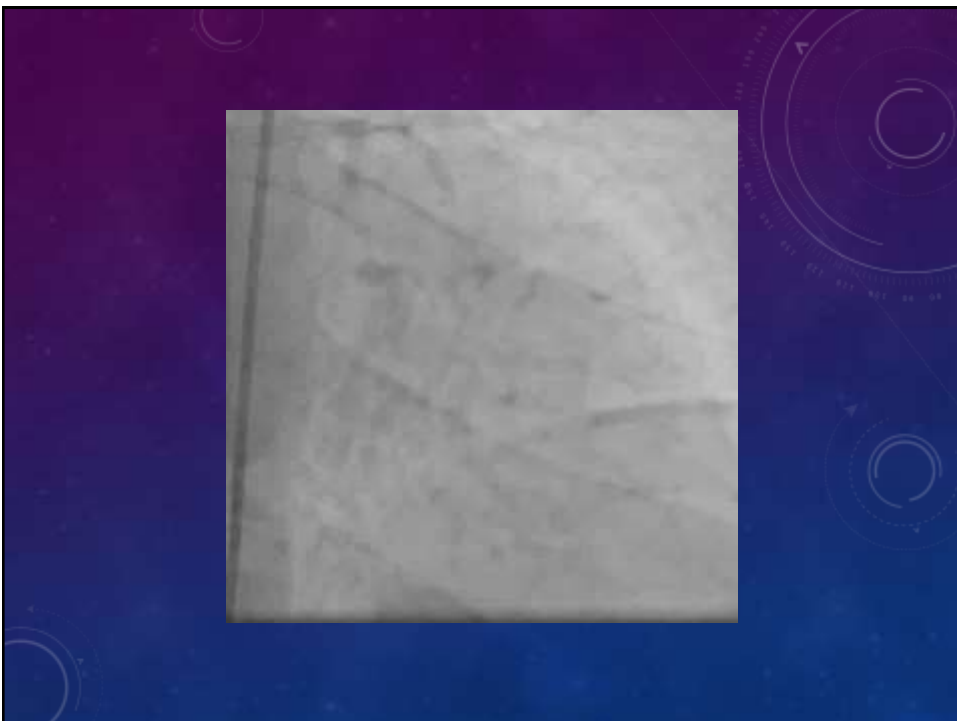






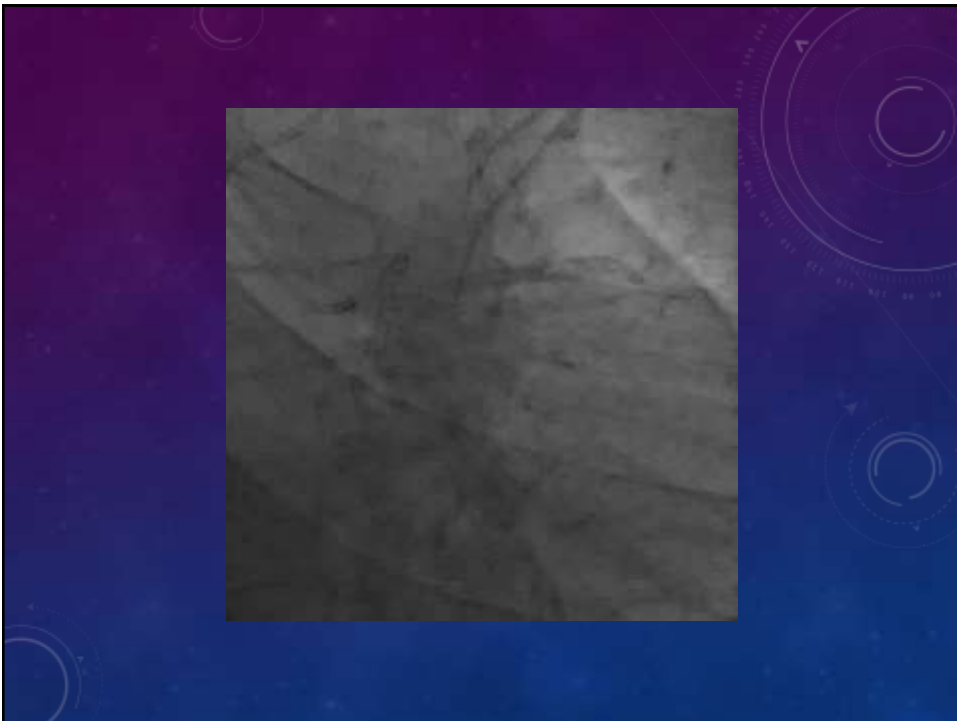




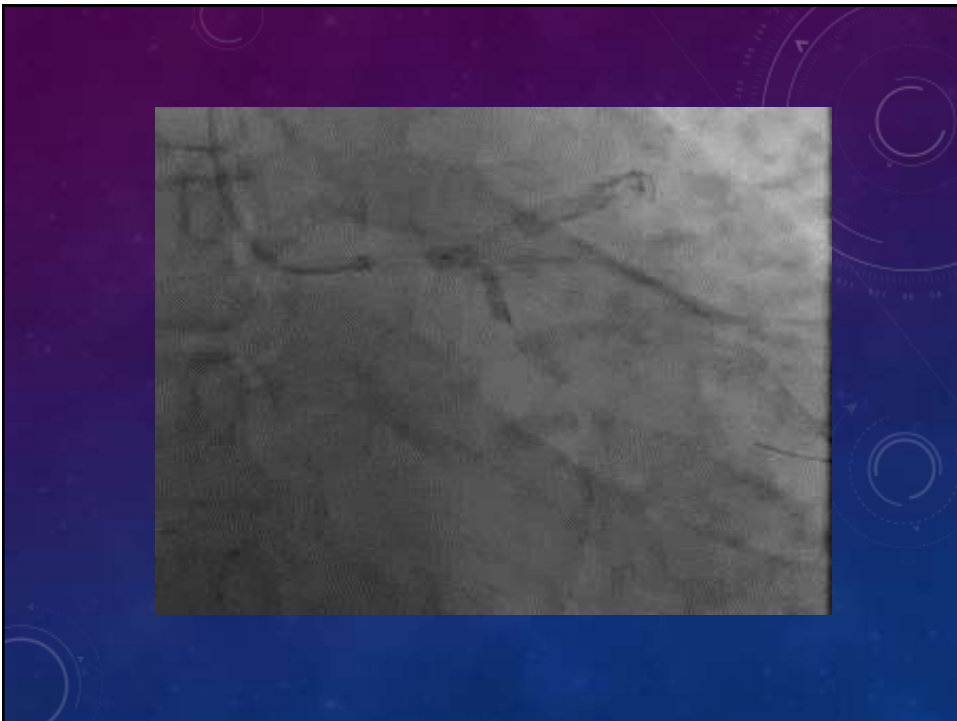


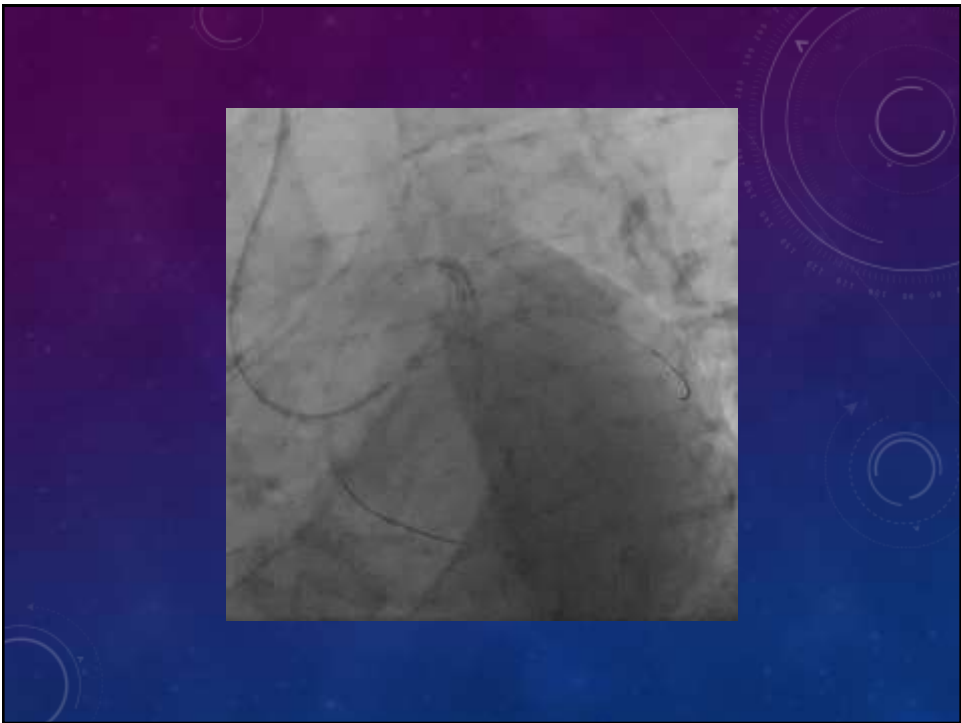
Follow - up
7-Month later , angina reared but less than before
Stress Test positive after 6,30 min

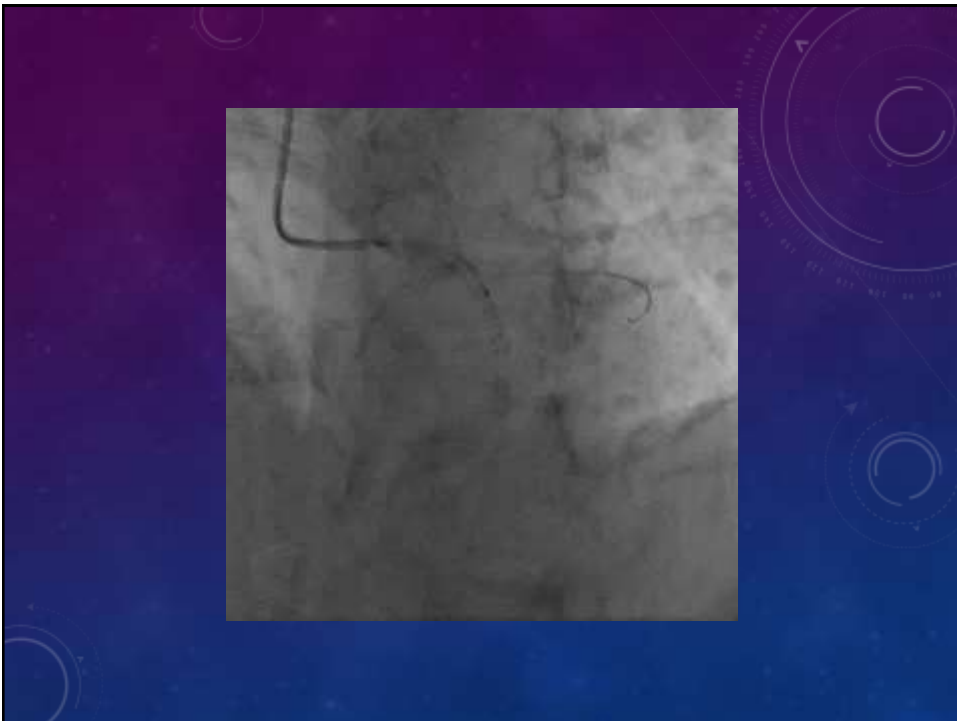
CORONARY ANGIO













TAKE-HOME MESSAGE

- Complex Diffuse & calcific Multivessel disease always is a task joint between cardio surgeons & interventionists .
- We need a large Multicenter Randomised trials or Registry to those patients with High Syntax Score denied by surgeon & interventionist.
- Could it be better surgery ? PCI ? Or Intensive Medical therapy

