

Name: I .H. I. Sabra- 54 yrs old.

Risk Factors: HTN/smoker, Dyslipidemic.

ECG: Infrolateral Ischemia.

Indication: Recent Sever frequent chest pain.

History of 1) two stents in LAD & LCX deployed by another colleague (2015) and 2) CABG 2016, followed by 3) two more stents in mid LCX & RCA (2016).

Cardiac MRI:- Shows inferior diffuse ischemia (Territory of LCX & RCA).

Angio

Shows short distal LMS 80% + Ostial long Tubular 80% LCX stenosis. "Old patent distal stent", ostial LAD "focal" 80% stenosis



**Spider View:
Reveals clear
distal LMS
80% + ostial
LCX + ostial
LAD.**



**Lateral View:
Shows
OM1 SVG →
competitive
flow to LAD
proximal old
stent +
proximal/mid
RCA stent**



**LAO cranial:
RCA: para
ostial 60%
stenosis.
Patent old
two telescopic
stents**



**Ostial
RCA
lesion
60%
Stenosis**



**Rare view
*** SVG to
OM Shows
retrograde
filling of
narrowed
LCX + stenosis
LMS + ostial
LAD**



**LIMA to
LAD
Showing ??
Anastomotic
lesion with
hindered flow
to
atherosclerotic
diseased
apical LAD**



Now what to do???

- 1) Post failed CABG (guided by positive MRI + severe symptomatic recurrent USA).
- 2) Refusing Surgery, sponsoring company are urging intervention.
- 3) EF 43%

PCI

**BMW Uni II
two wires
in LAD + LCX
Ballooning by
2.00 X 15mm
in ostial LCX**

ISMAIL HUSSEIN ISMAIL PHILIP INTEGRIS H
M 13-November-2016
Date: 2016.11.13; Time: 15:19:57 13:24:35
1-January-2000
XA



L: 128.00
W: 228.57

**Stenting
LCX:-
From LMS
ostium to mid
LCX telescopic
wit old LCX
stent
UM 3.50 X 38**



**LCX
stent
UM 3.50 X 38
inflation**

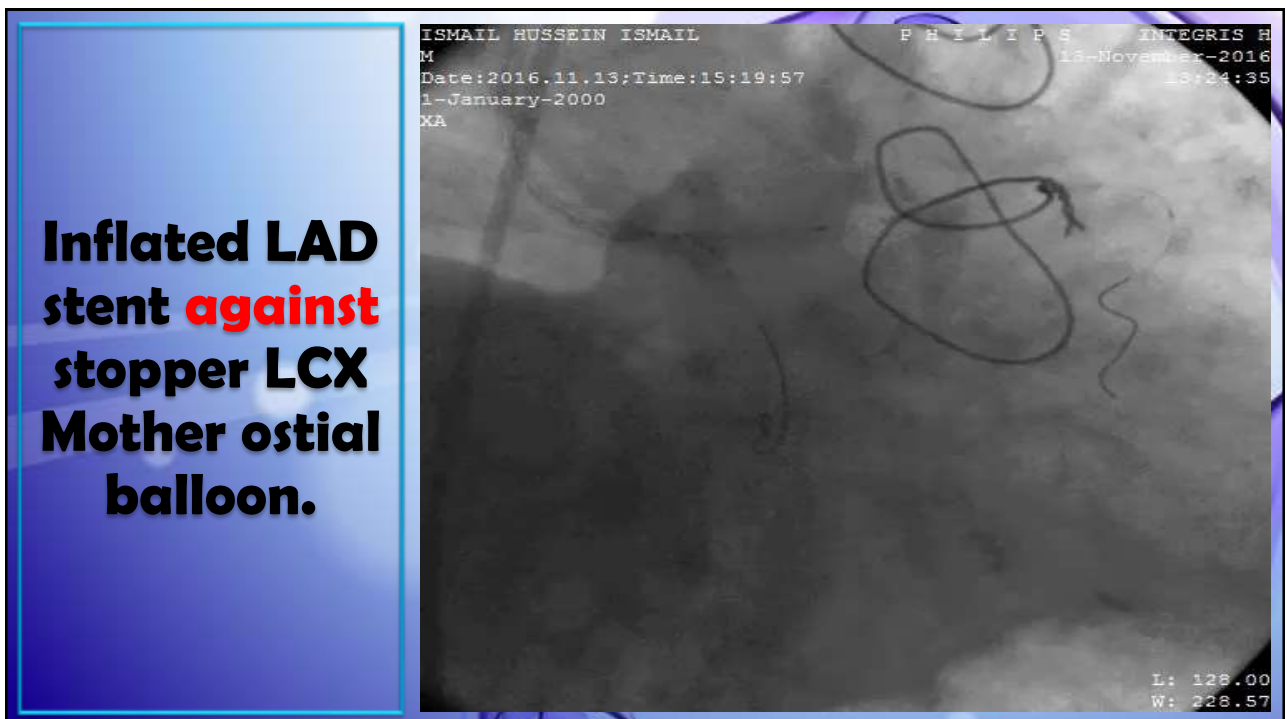


**LCX
Post stent
inflation**

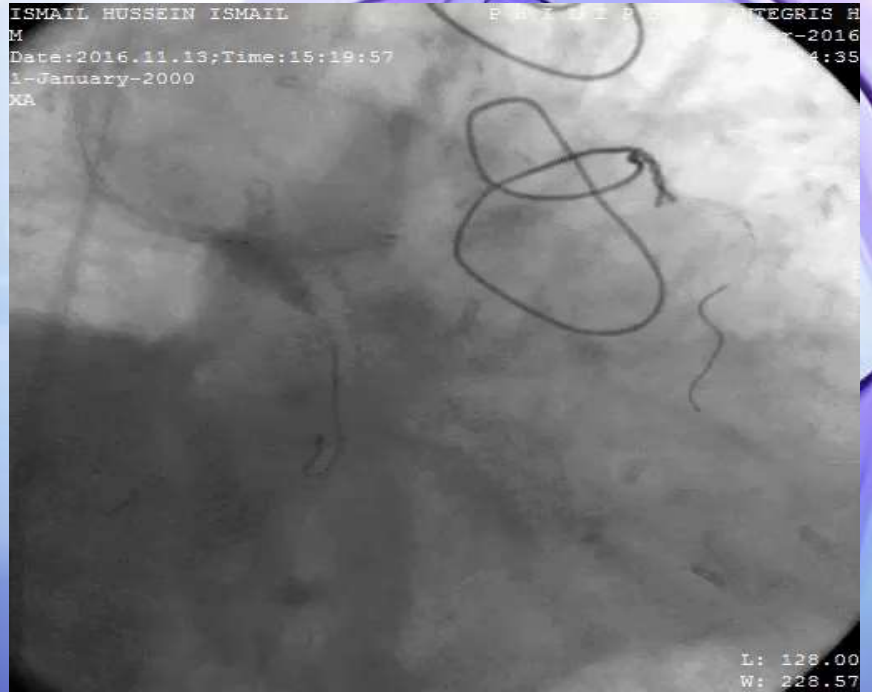


**LAD:-
Re insertion
of
BMW UNI II
wire through
LCX stent to
LAD +
Ballooning
through LCX
stent struts**



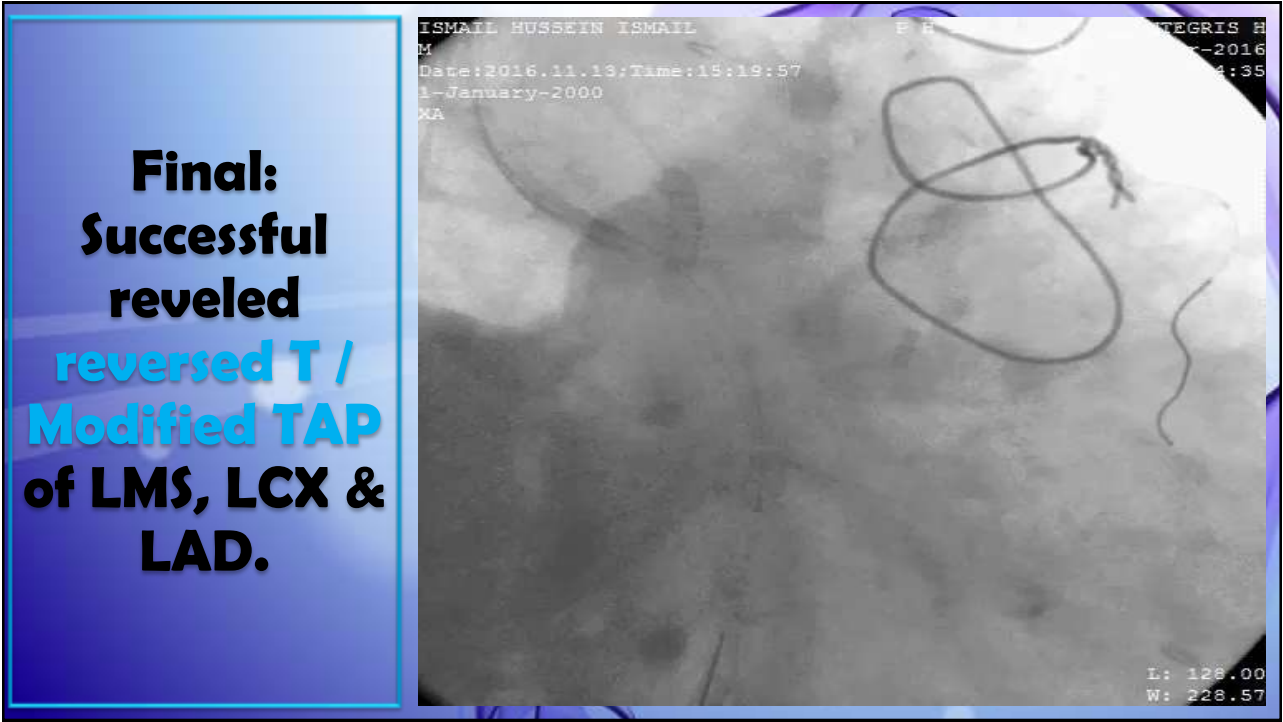


**Alternate
kissing
inflation
of LCX
Balloon
Fore NC
(4X15)mm**



**Kissing Balloon
inflation
Note gentle
withdrawal
of LAD balloon
of LAD stent
towards LCX
(Modified
TAP/Reversed T
Technique)**





Comparison

Before

After

