

## Case presentation

*Dr /AHMAD FATHY- MD, FACC  
National Heart Institute*

## Clinical presentation

- Laboratory tests
  - CBC- normal HB concentration
  - Renal function --creat 0.8
  - Virology negative
- ECG: shows NSR, inverted T wave in V2 to V6, with 1mm ST depression in V4 to V6
- ECHO: normal LVEDD ,EF by Modified Simpson's method about 45% , RWMA : antero-lateral wall mid septal and apical hypokinesia.

## Clinical presentation

- 59 year - old male ,smoker , dyslipidemic , not known to be diabetic or hypertensive .
- Presented with typical chest pain 3 months duration CCS 2 --- CA 25/nov.- MVD
- Scheduled for elective PCI 29/nov.

## CA



## STRATEGY

- CABG VS PCI :
  - SYNTAX 18 — EURO SCORE 11 — 1.84%
- RC ---LAD/D vs LAD/D----RC
- LAD/D----ONE STENT- VS- 2 STENT
  - Mini crush
  - Dk crush
  - TAP



## Take home message

- Trans radial approach is feasible in ACS , even in complex bifurcation lesions.
- Planning strategy is very crucial before proceeding to any intervention and particularly in high risk patient with ACS

**THANK YOU**