

Case 2

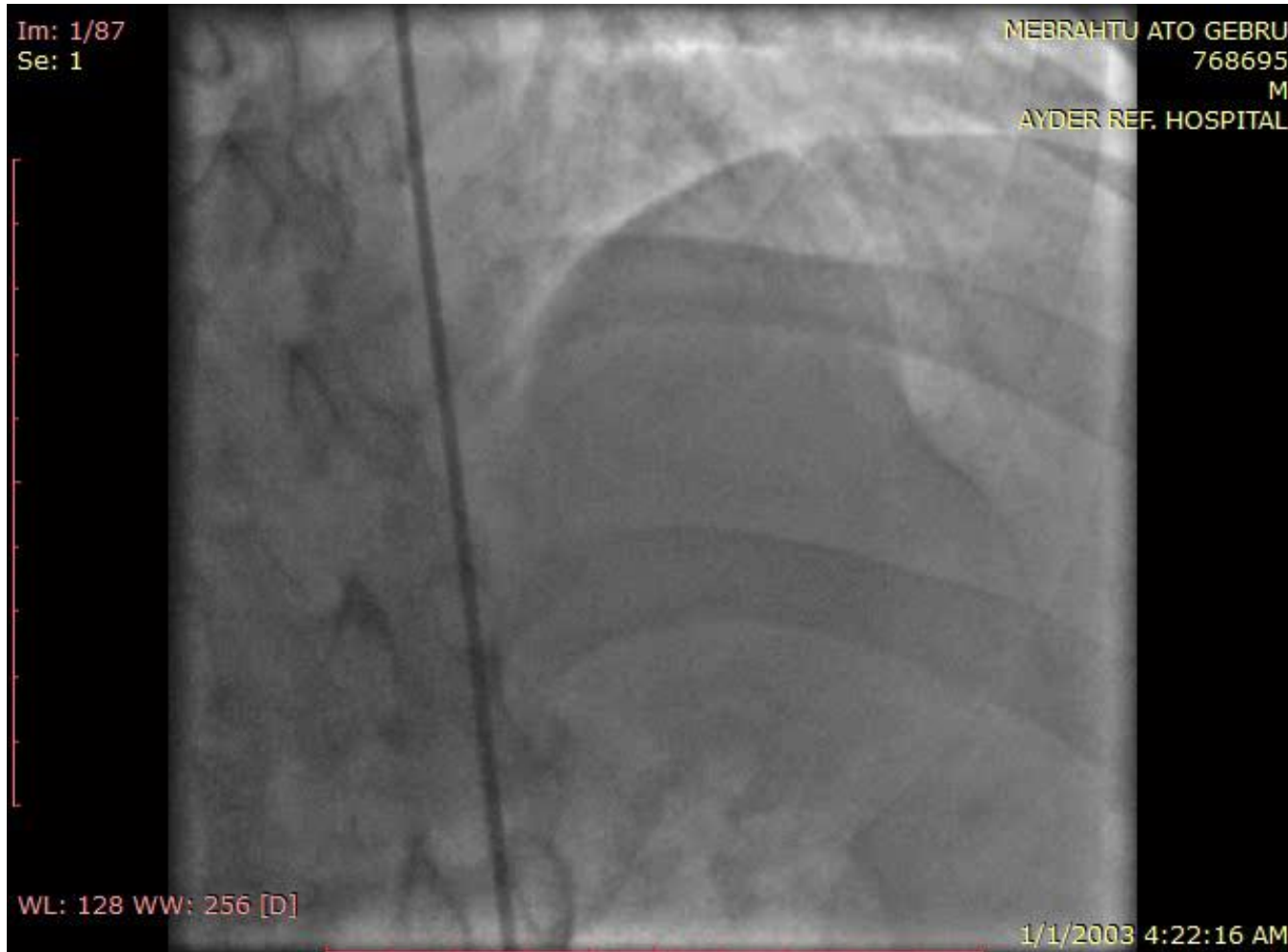
Key clinical data

- 52 year old male
- Treated for NSTEMI in another hospital and came to us with typical angina (CCS class III) after a month despite antianginal drugs
- No Diabetes/smoking history.
- Has been told to have raised BP but was not on drug therapy.
- ECG shows T-wave inversions in III and AVF with Q-waves
- Echocardiography: Normal LV Systolic Function

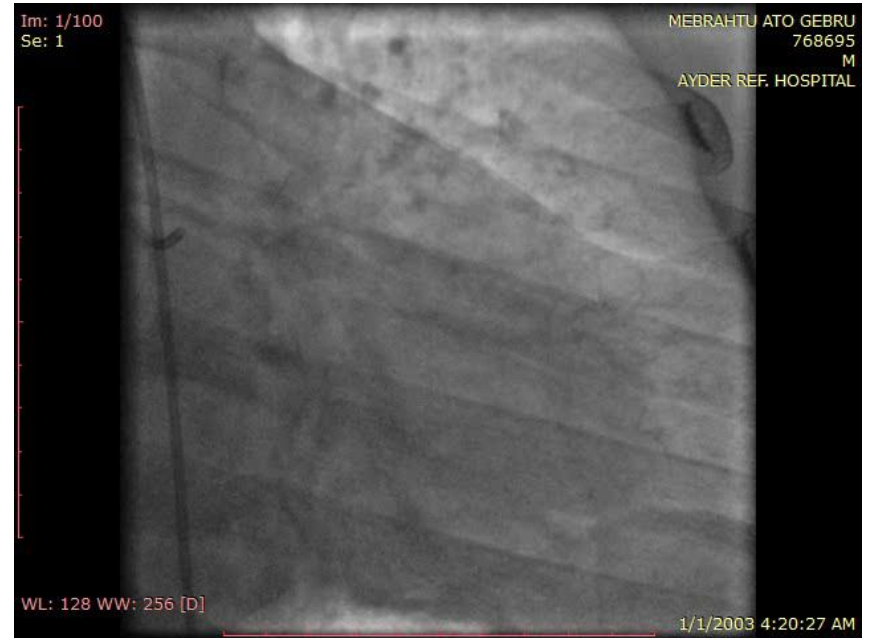
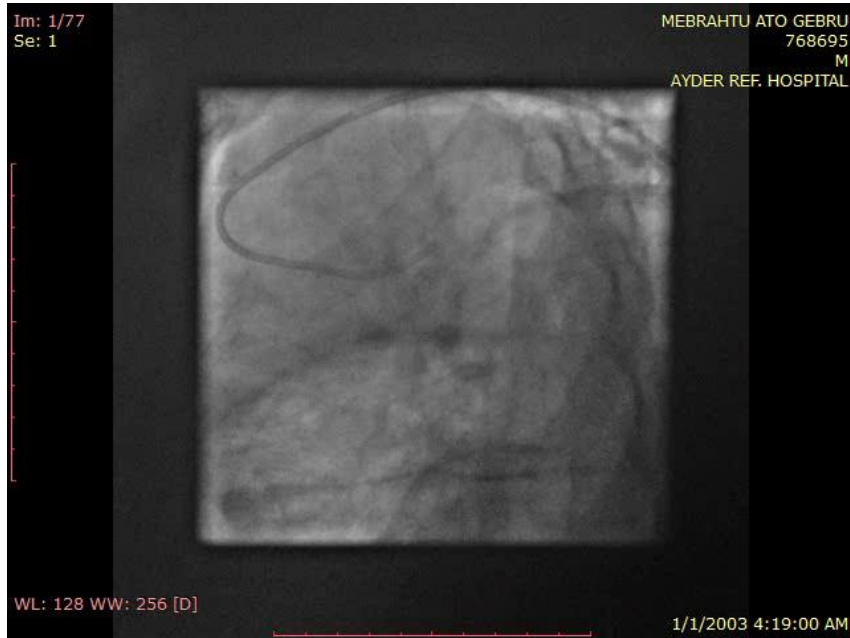
Drug therapy

- ASA and Clopidogrel
- Atorvastatin
- Isosorbide dinitrate 10mg po BID
- Enalapril 5 mg po BID
- Metoprolol tartarate 50mg po BID
- Verapamil 120mg po BID
- Trimetazidine 35mg po BID
- Plan was to consider revascularization if pain persists/worsens

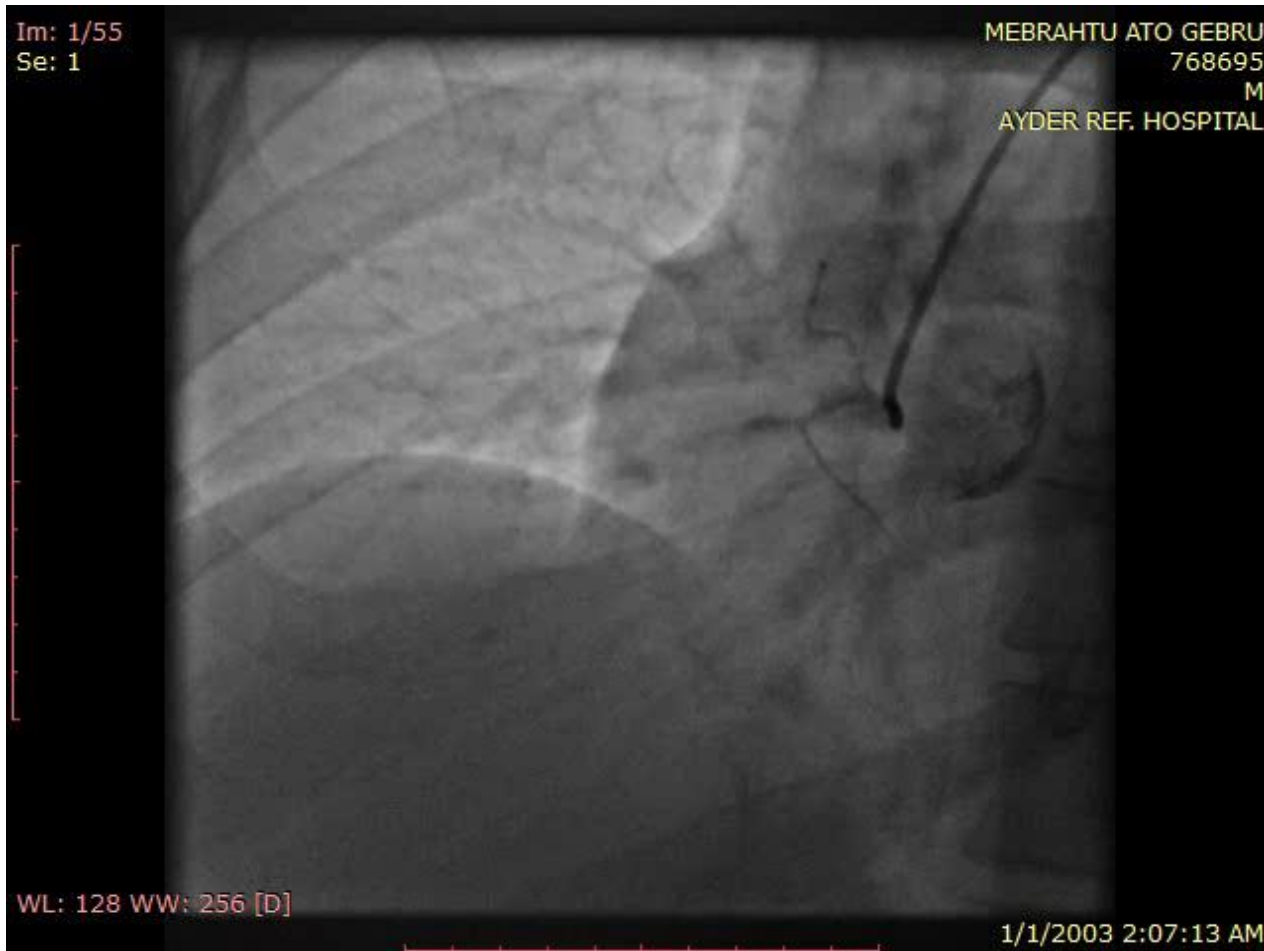
Critical Distal LAD lesion



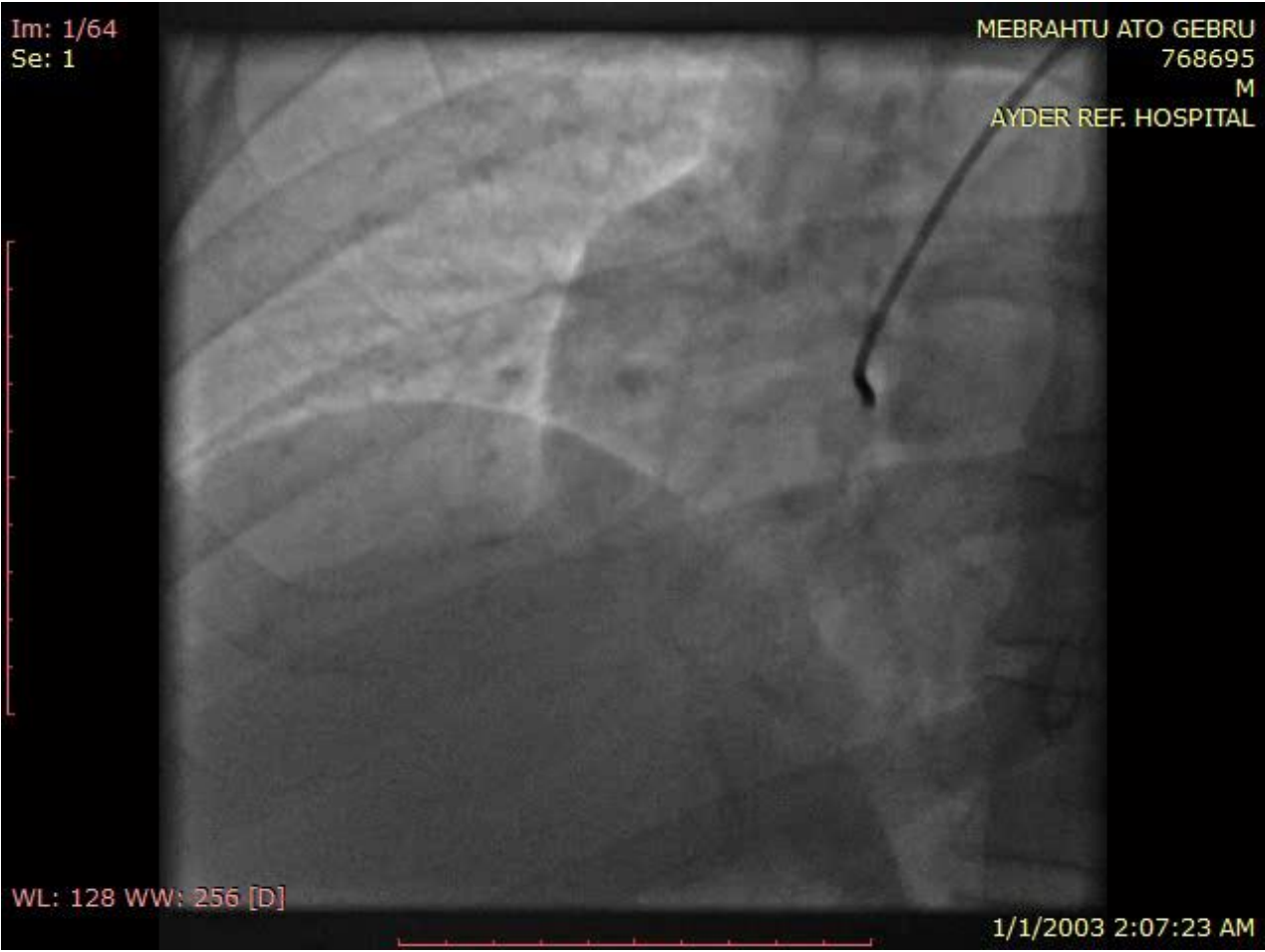
Critical Distal LAD lesion



RCA cannulation with Guiding JR3.5 was difficult



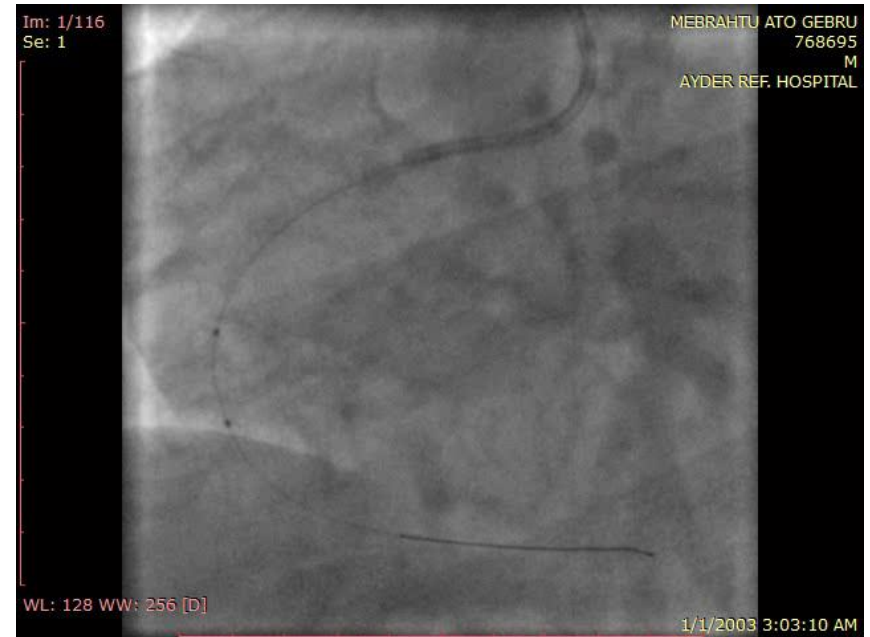
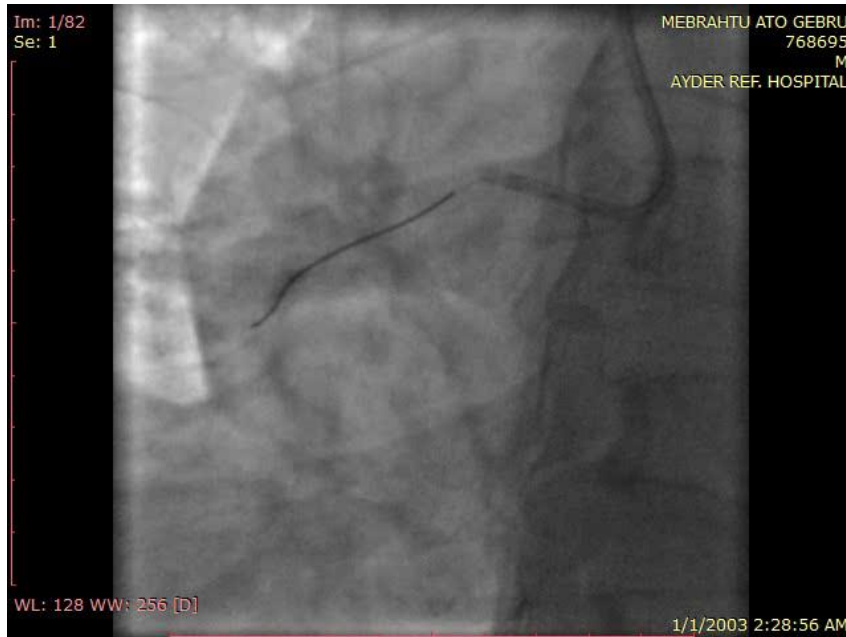
RCA cannulation with Guiding JR3.5 was difficult



Using AR1 Guiding cath RCA cannulation was successful

Using a B-Braun floppy wire, it was difficult to cross the lesion.

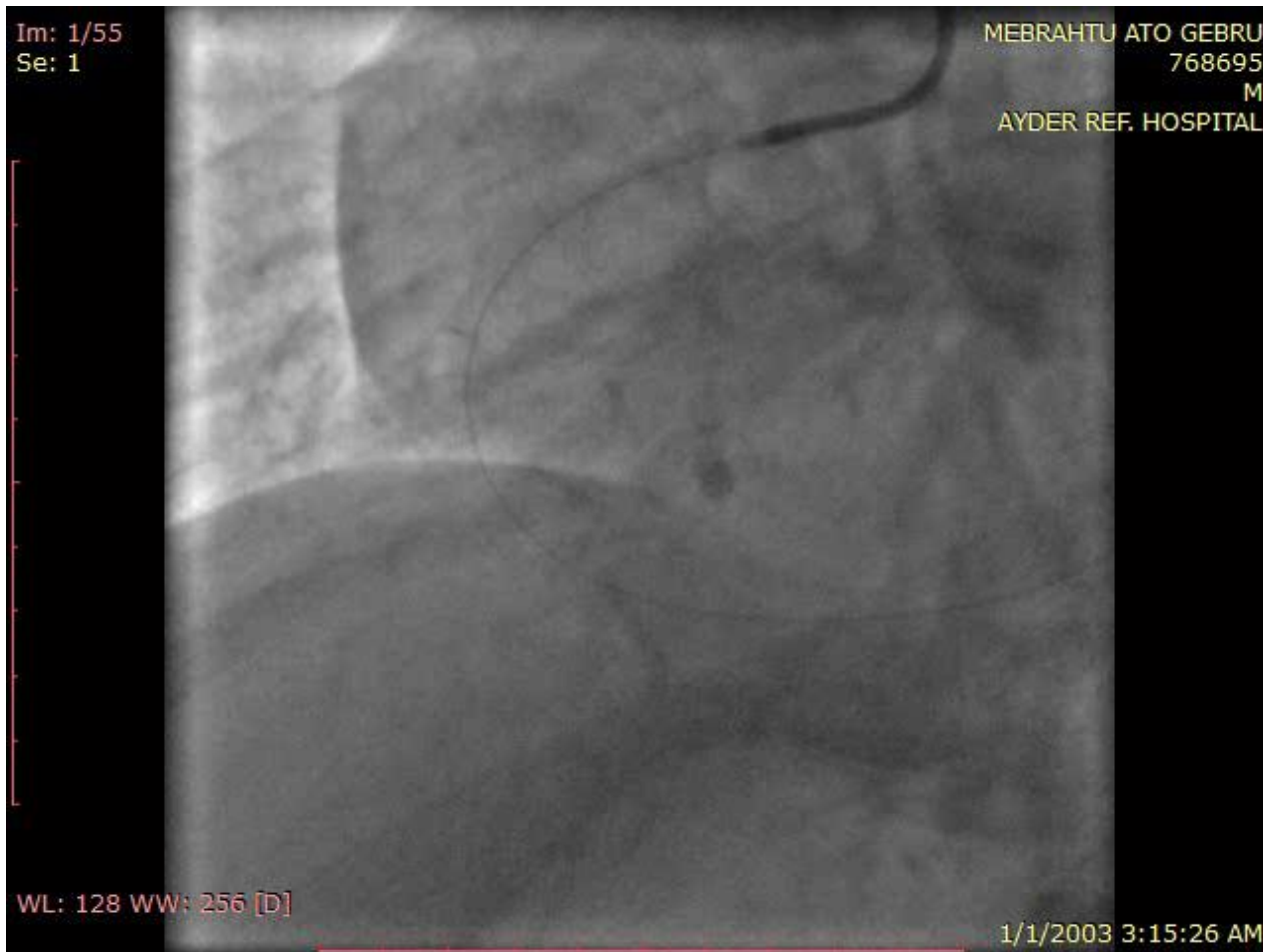
- a straight wire (medtronic) intuition steerable guidewire (hydrotrack) and a 2mm balloon was used and lesion crossed.



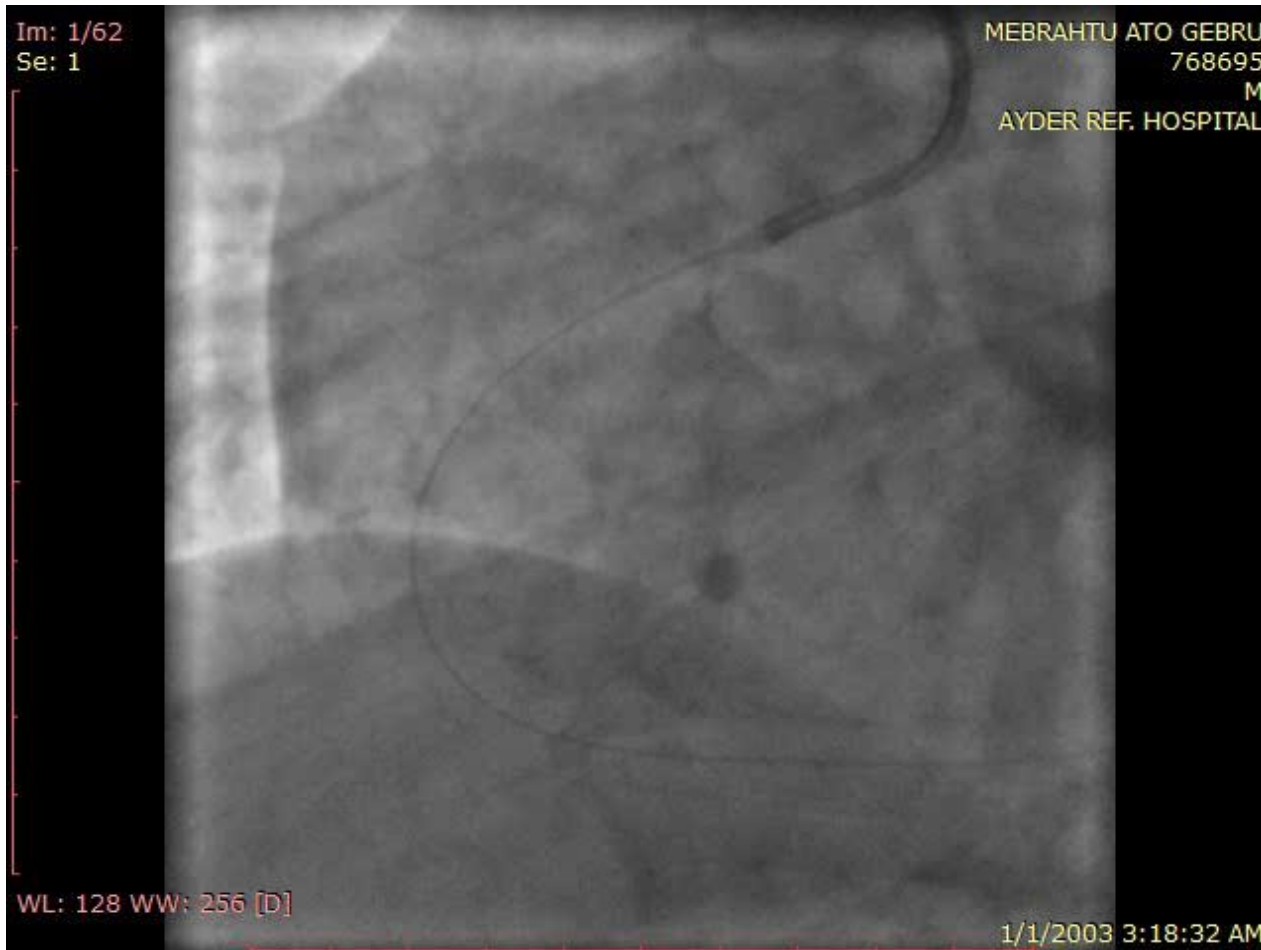
Then a predilatation done at the mid segment and a concomitant clot was seen in the proximal segment and the vessel completely occluded.



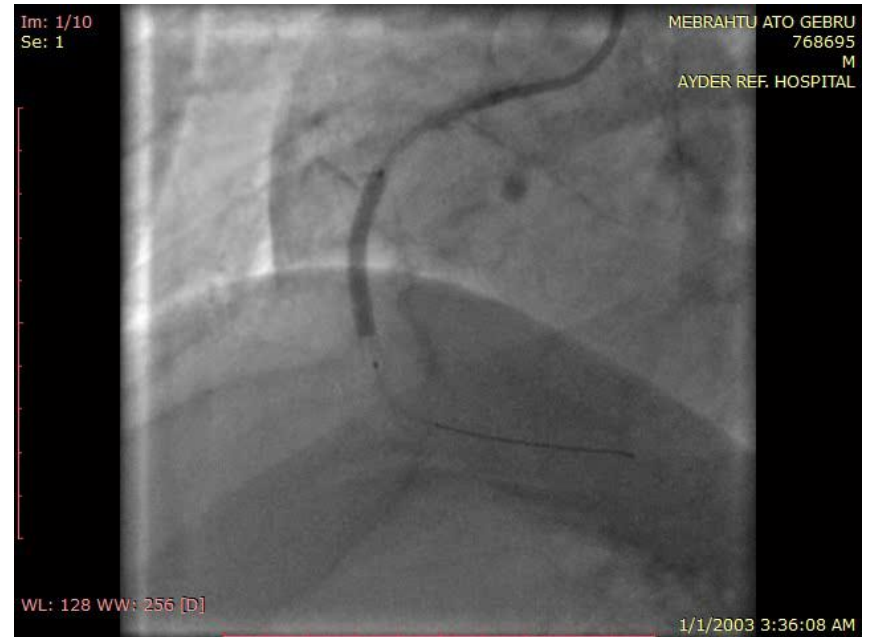
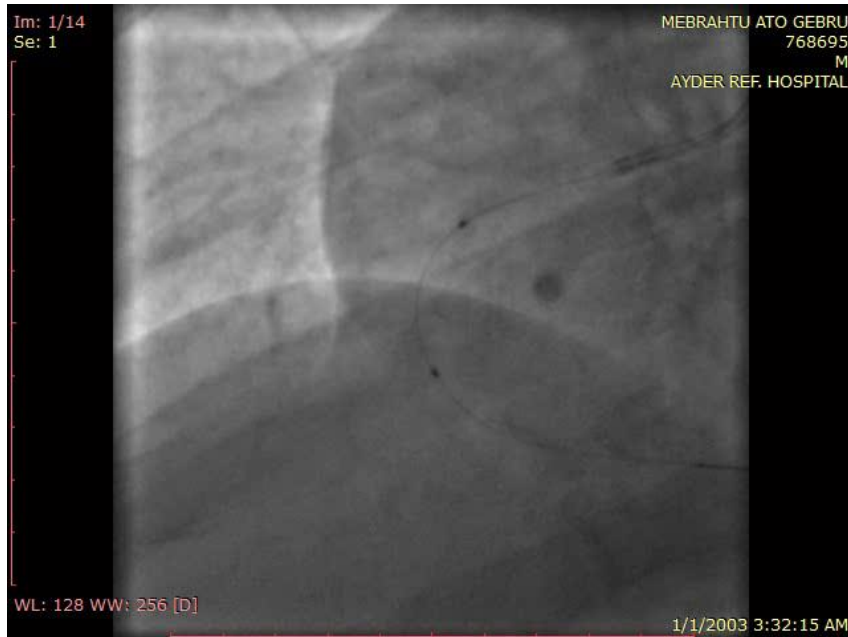
Then a balloon was used to disperse the clot and an intracoronary Heparin (2500IU) was given and flow restored



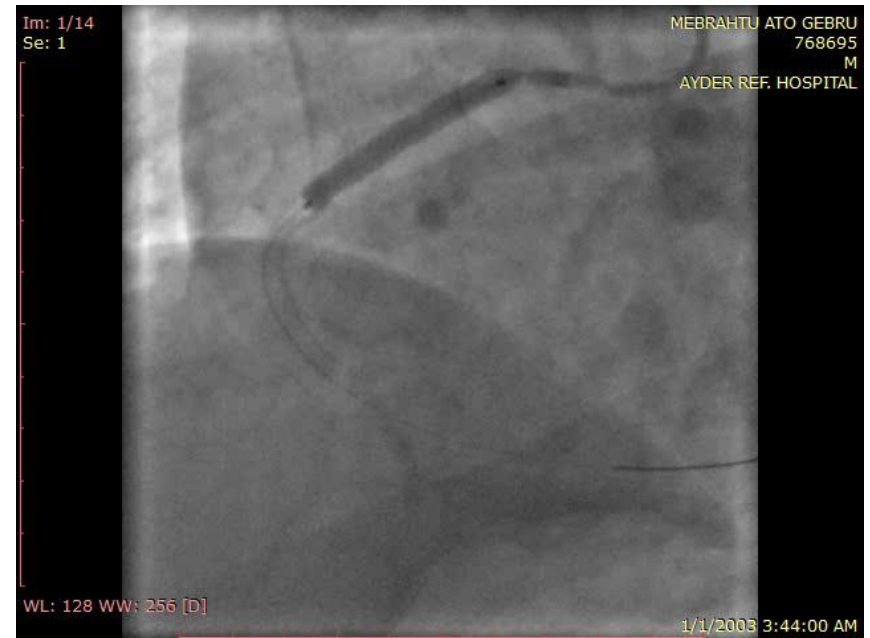
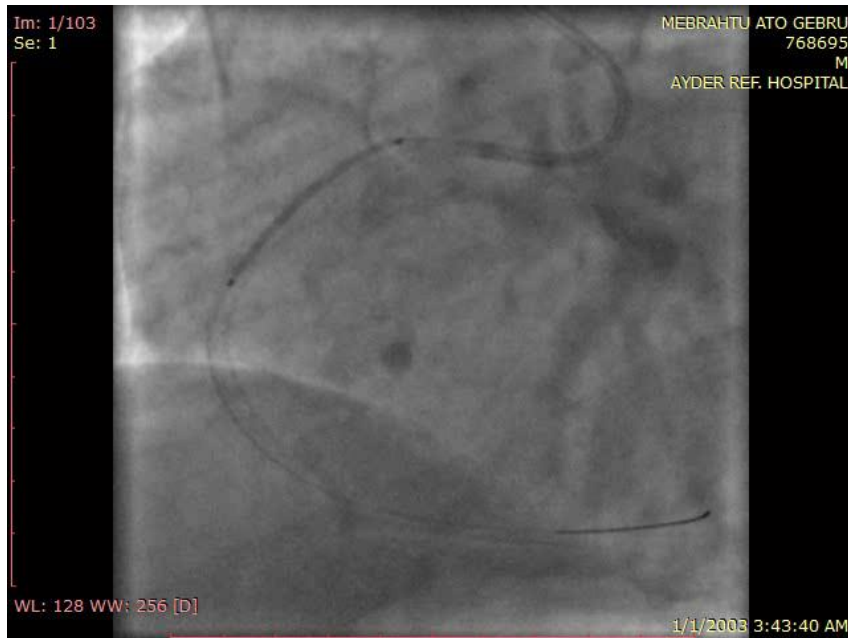
Direct stenting was tried was not possible.



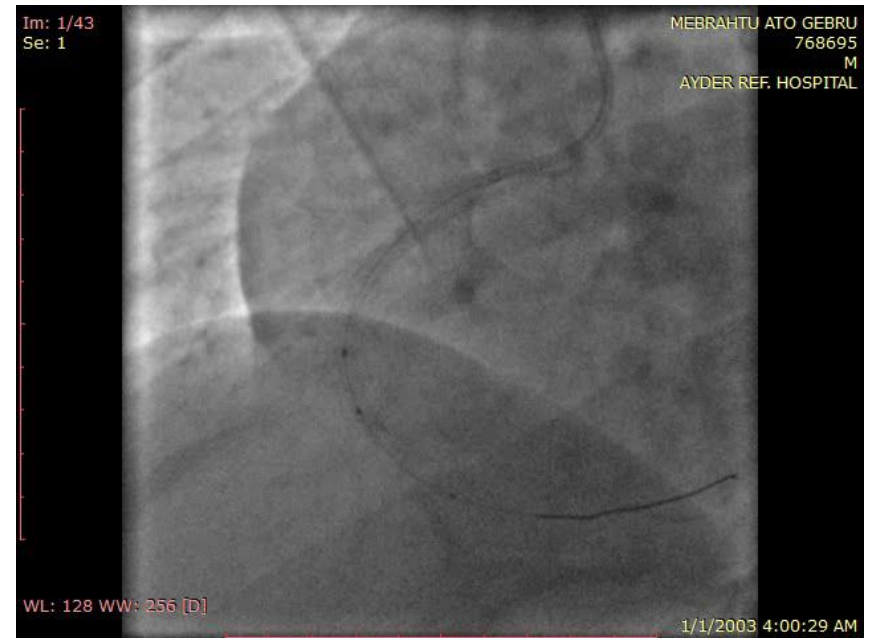
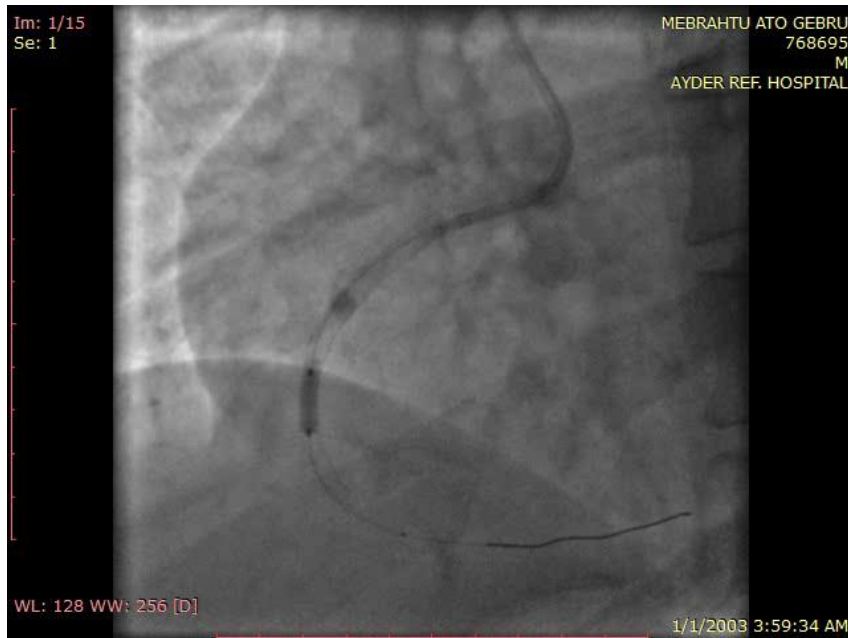
we used a balloon (2.5mm NC medtronic balloon) to predilate and then a 2.5x26mm DES in the mid and 3.0x26mm DES in the proximal segment of RCA was deployed with optimal result.



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