

# SBHCI @ SOLACI

# KEY ISSUES IN INTERVENTIONAL CARDIOLOGY: SCIENTIFIC EVIDENCE AND REAL CASES FROM THE DAILY PRACTICE

DR. MAURICIO DE REZENDE BARBOSA





Risk factors: Hypertension – Family history for CAD

### Past/Clinical Hystory

1998 Underwent CABG

2IMA "Y" graft -LIMA for LAD - RIMA for OM

SVG to RC

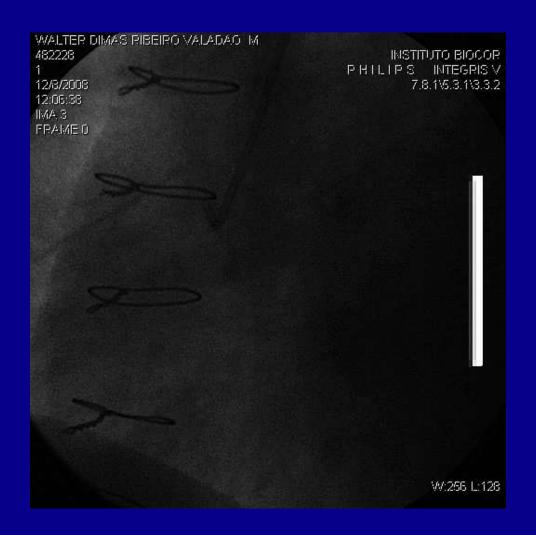
SVG to D1

2008 Presented with UAP

MPI showed moderate ischeamia apical wall

CAG 12/08/2008

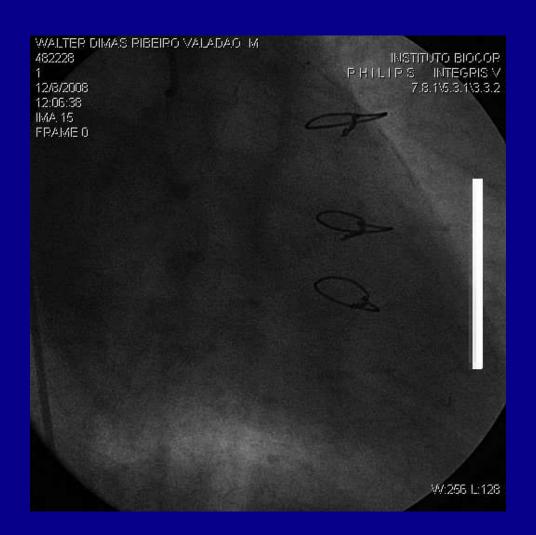












Risk factors: Hypertension—Family history for CAD

#### Past/Clinical Hystory

1998 Underwent CABG

2008 Presented with UAP

CAG 12/08/2008 - SVG-RC and SVG-D1 OK

SEVERE TVD

IMA "Y" graft

occlusion of the limb to LAD (LAD complex 95% 6 cm long lesion)

Severe lesion (95%) at pOB after distal anastomosis

Severe lesion (90%) at pCIRC

PCI? Second CABG? No more IMA!!

Risk factors: Hypertension—Family history for CAD

EuroSCORE	SYNTAX Score			
	<u>&lt;</u> 22	23-32	<u>&gt;</u> 33	
0-2	Low	LOW	INT	
3-5	LOW	LOW	INT	
<u>&gt;</u> 6	INT	INT	HIGH	

LOW: SYNTAX Score <33 & EuroSCORE <6
INT: SYNTAX Score <33 & EuroSCORE ≥6
OR EuroSCORE <6 & SYNTAX Score ≥33
HIGH: SYNTAX Score ≥33 & EuroSCORE ≥6

Risk factors: Hypertensio - Family history for CAD

#### Past/Clinical Hystory

1998 Underwent CABG

2008 Presented with UAP

CAG 12/08/2008 - SVG-RC and SVG-D1 OK

SEVERE TVD

IMA "Y" graft

occlusion of the limb to LAD (LAD complex 95% 6 cm long lesion)

Severe lesion (95%) at pOB after distal anastomosis

Severe lesion (80%) at pCIRC

Risk factors: Hypertension – Family history for CAD

#### Past/Clinical Hystory

1998 Underwent CABG

2008 Presented with UAP

CAG 12/08/2008 - SVG-RC and SVG-D1 OK

SEVERE TVD

IMA "Y" graft

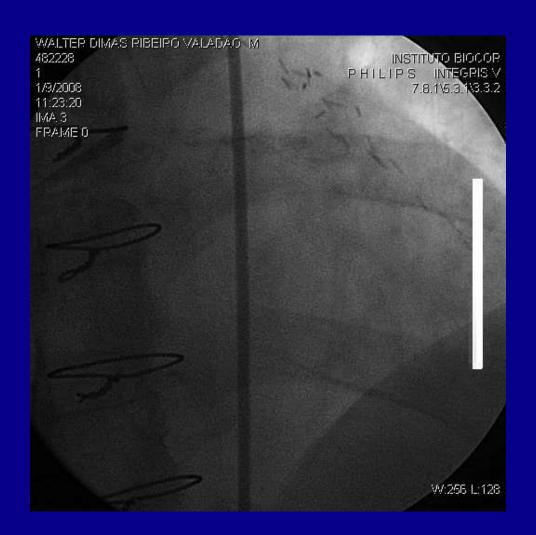
occlusion of the limb to LAD (LAD complex 95% 6 cm long lesion)

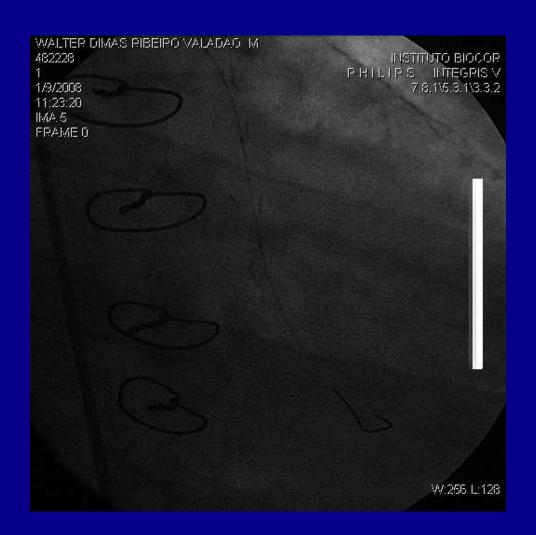
Severe lesion (95%) at pOB after distal anastomosis

Severe lesion (80%) at pCIRC

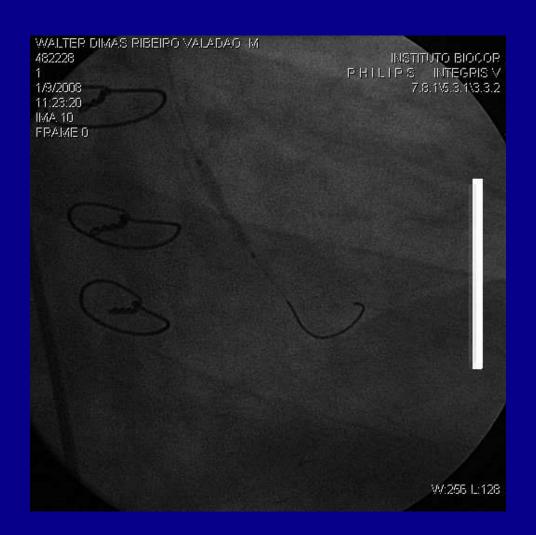
PCI - 01/09/2008

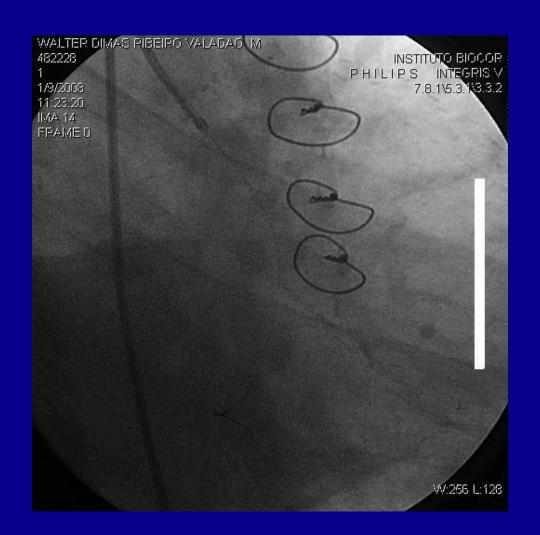


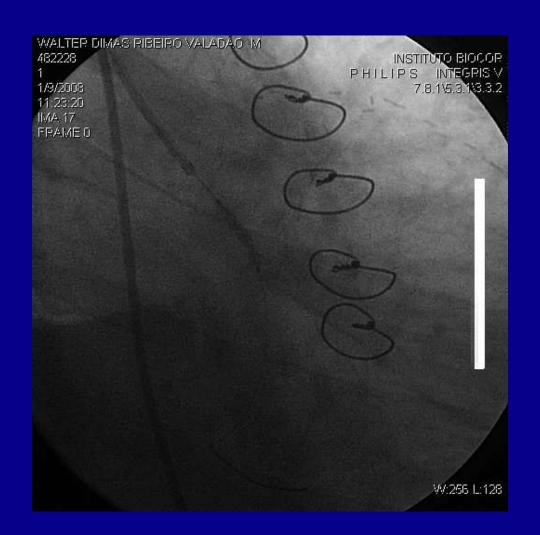


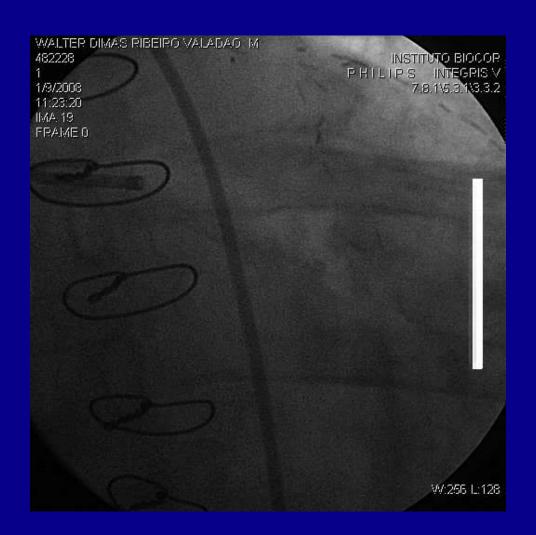


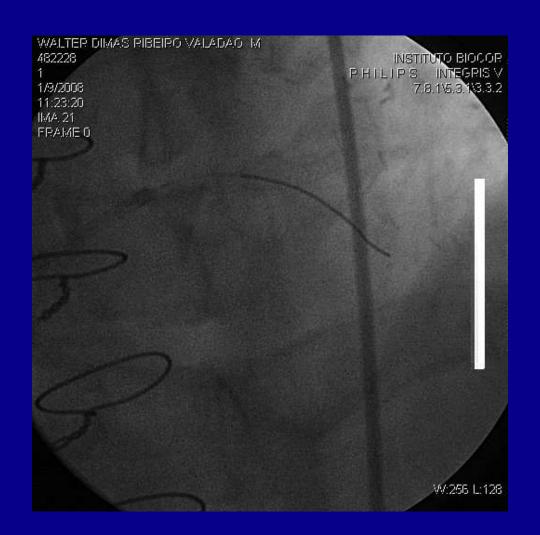












#### Past/Clinical Hystory

## PCI - 01/09/2008

- SUPRALIMUS STENT 2,5 x 16mm pOM through the LIMA
- SUPRALIMUS STENT 2,5 x 19 mm pCIRC
- Unsucessfull intervention for LAD. Lesion could not be crossed with guide wire
- STAGED PROCEDURE IN 6 MONTHS

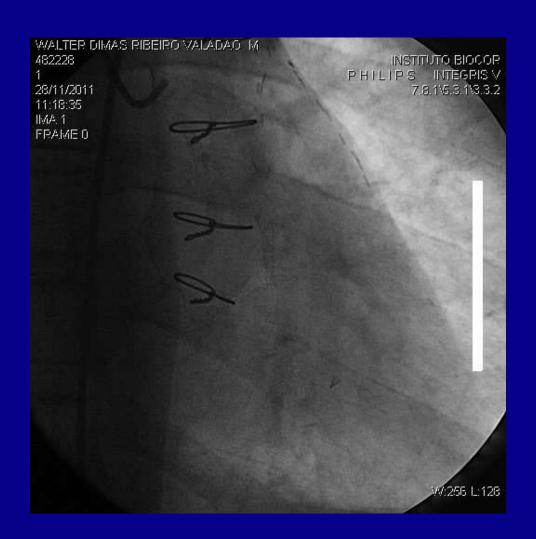
#### Past/Clinical Hystory

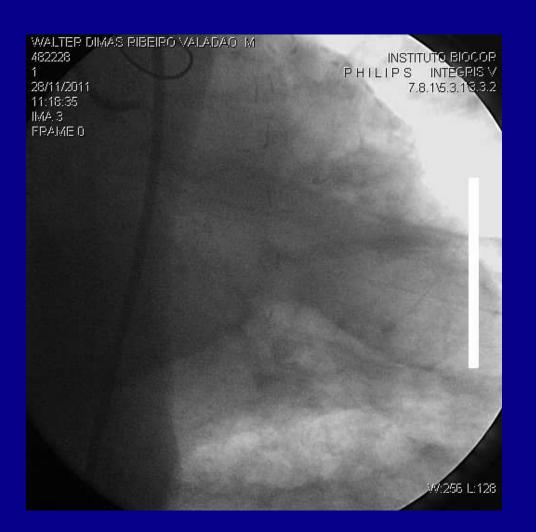
1998 Underwent CABG

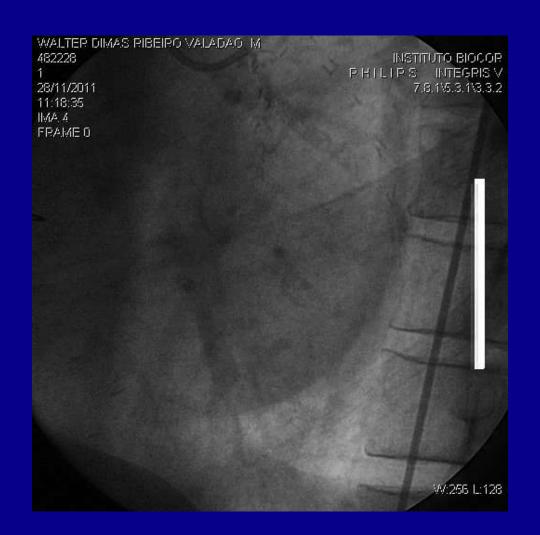
2008 Presented with UAP

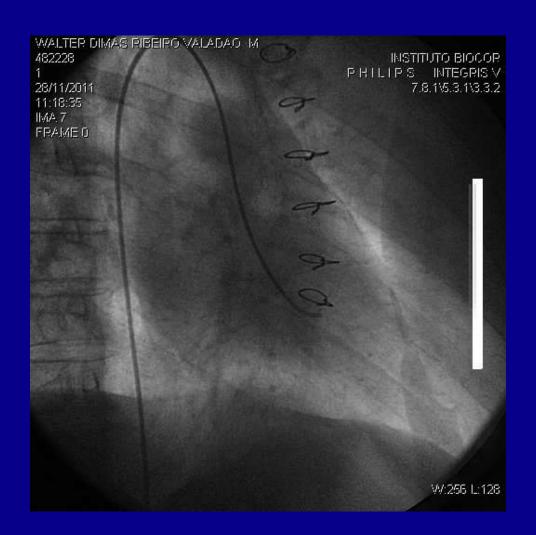
2008 PCI – Stent - pOM – Stent - pCIRC UnsuccessfulL atempt LAD

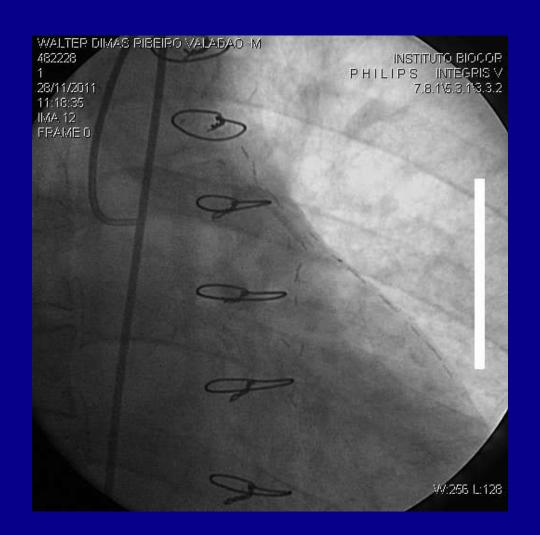
2011 Presented with UAP - CAG - 28/11/2011 PCI -15/12/2011

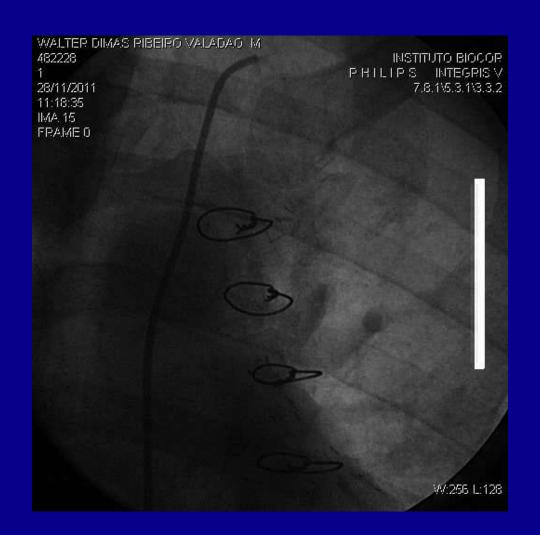


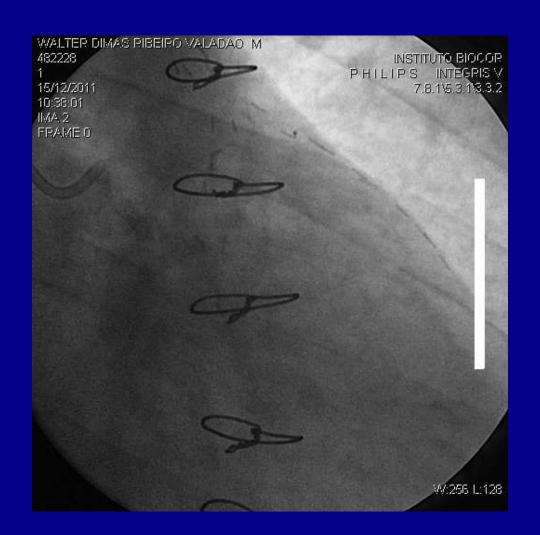


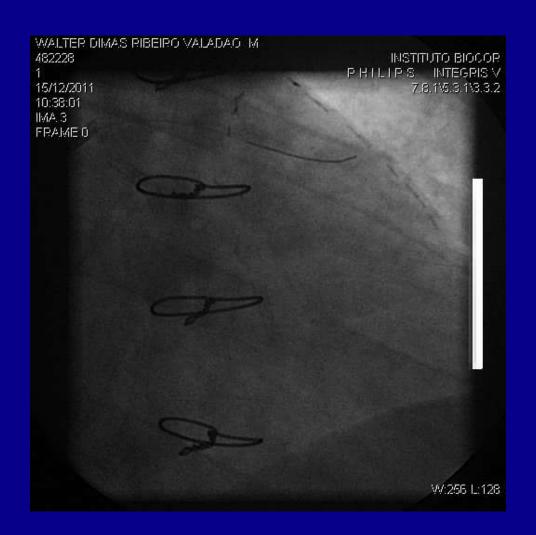


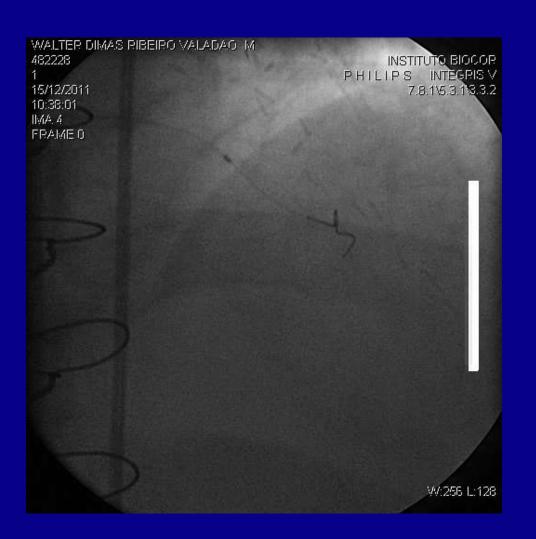


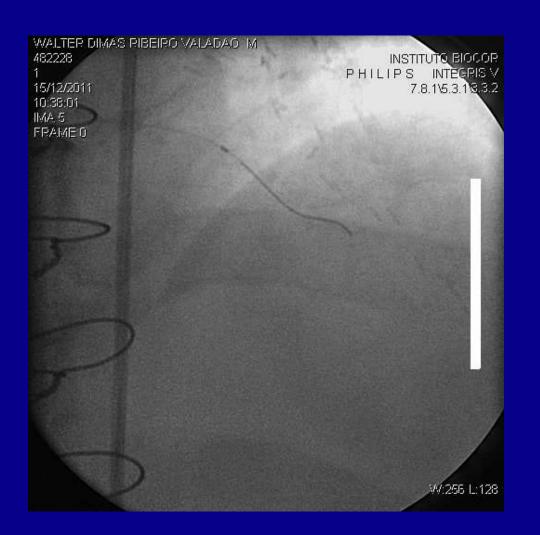


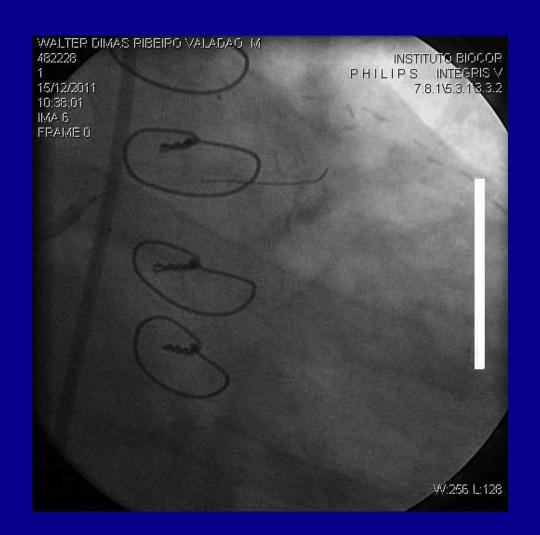


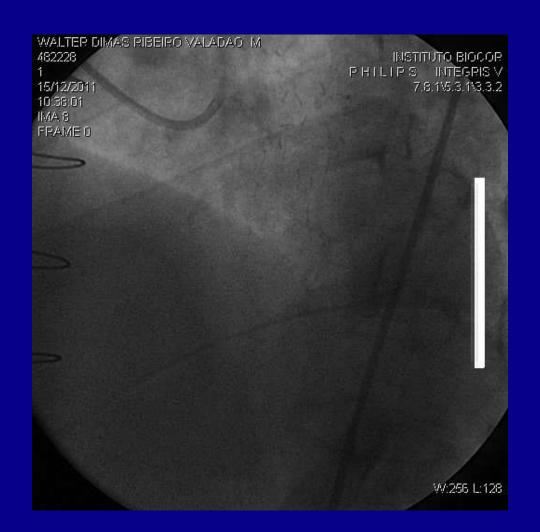


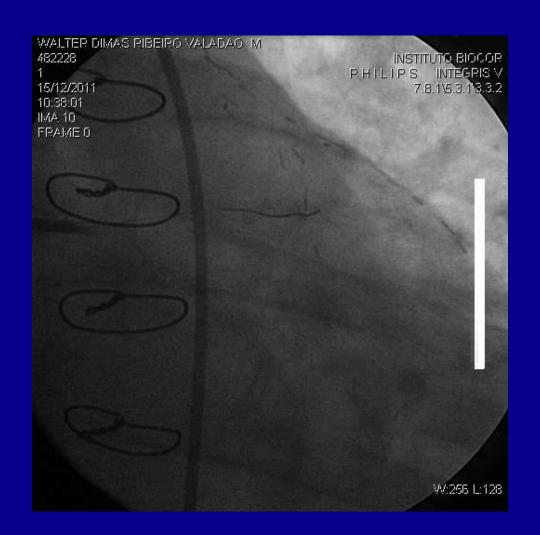


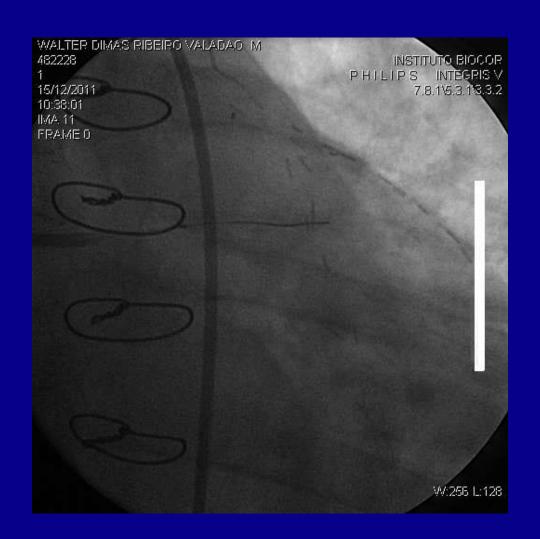


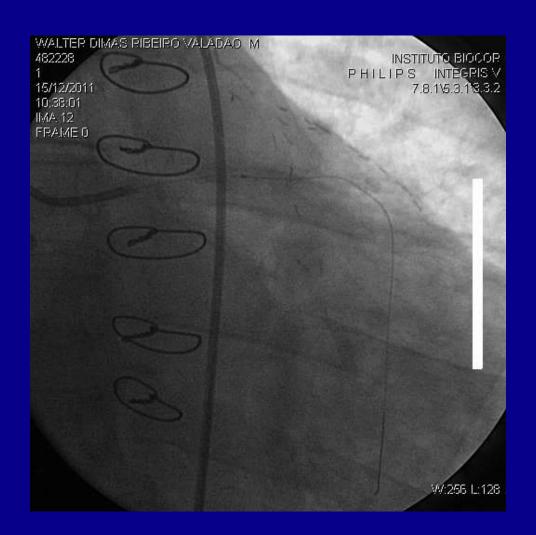


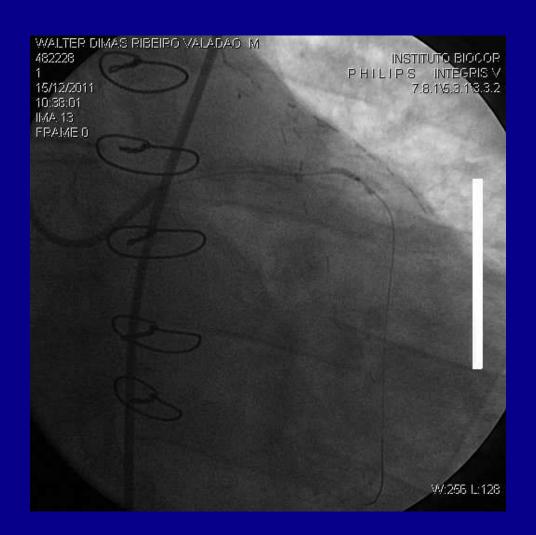


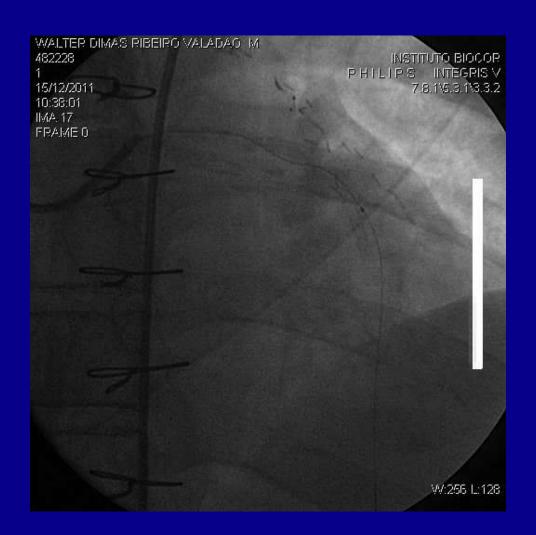


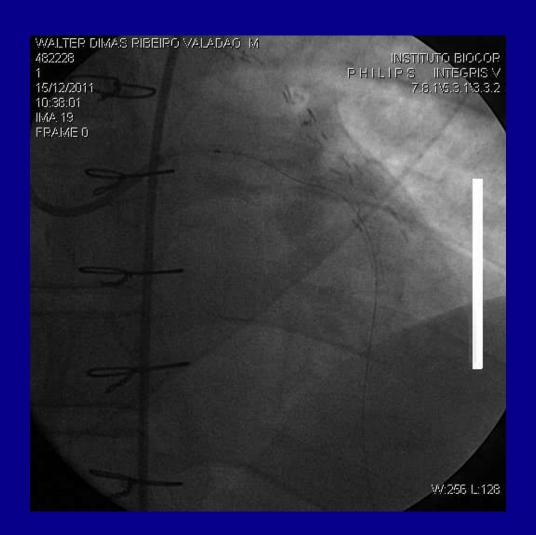


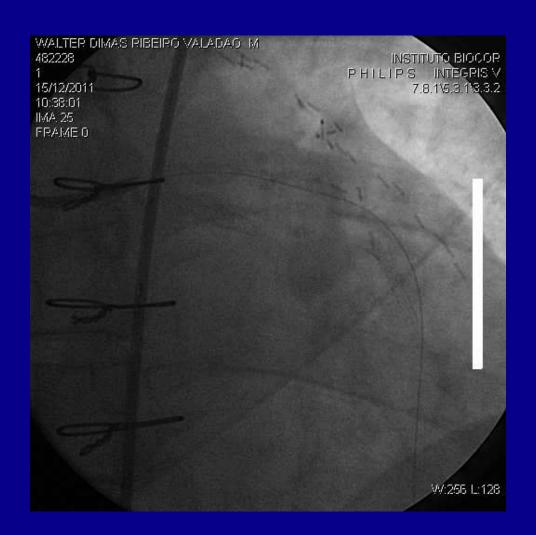


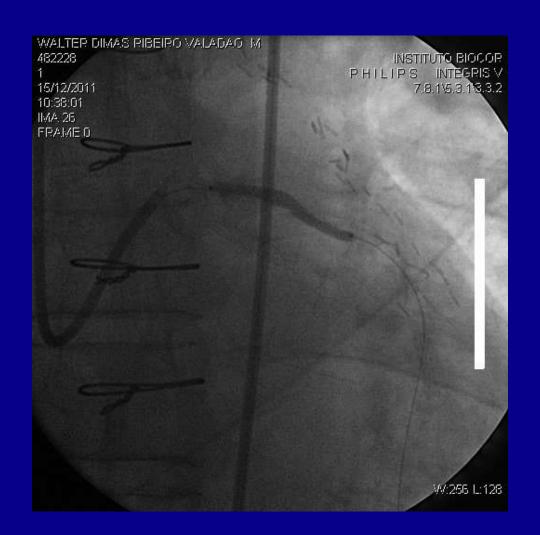


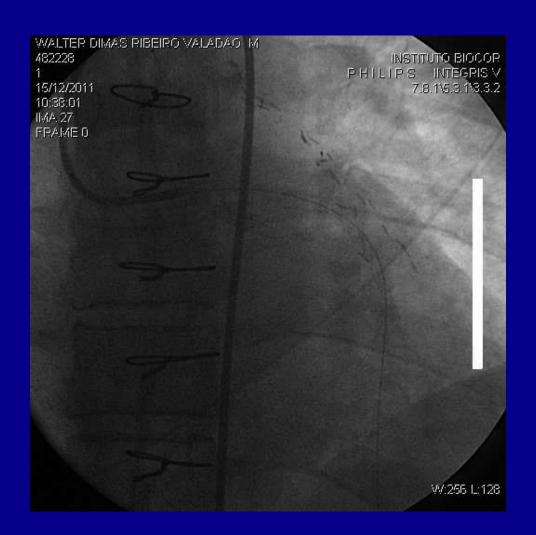


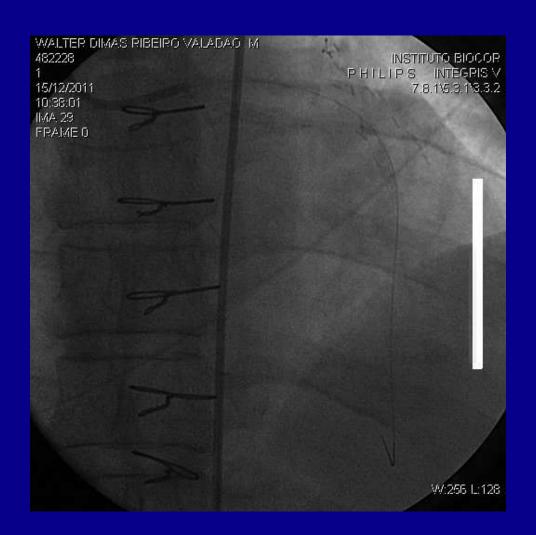


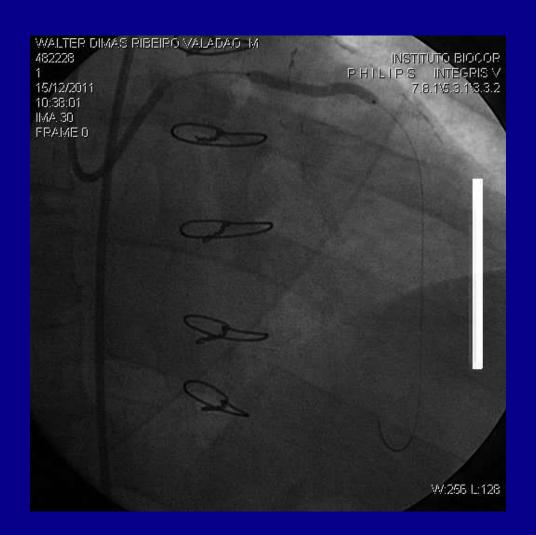


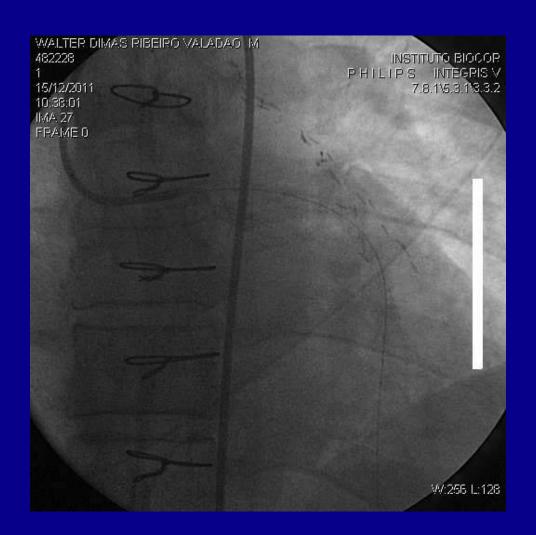


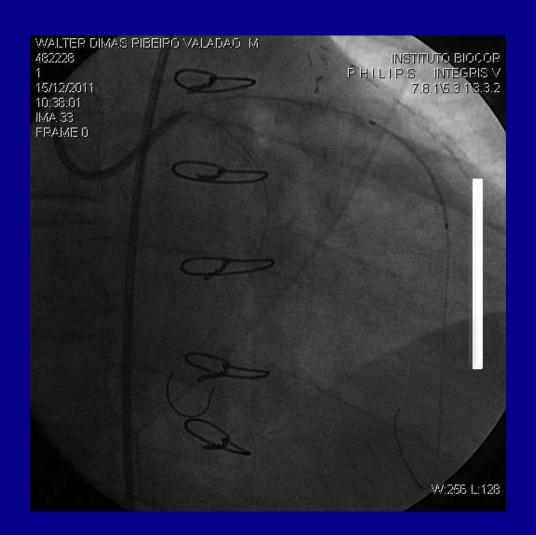


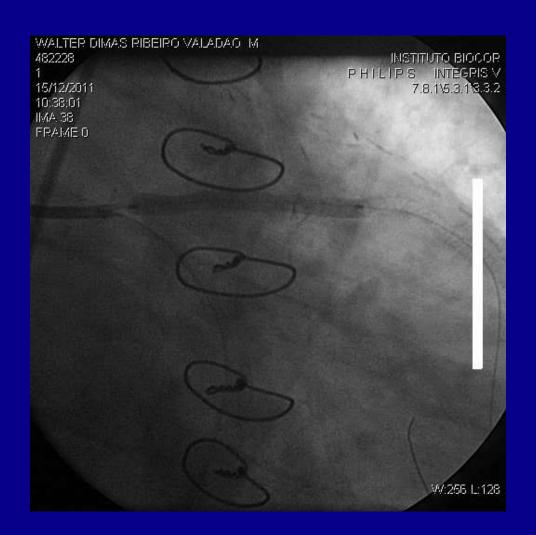


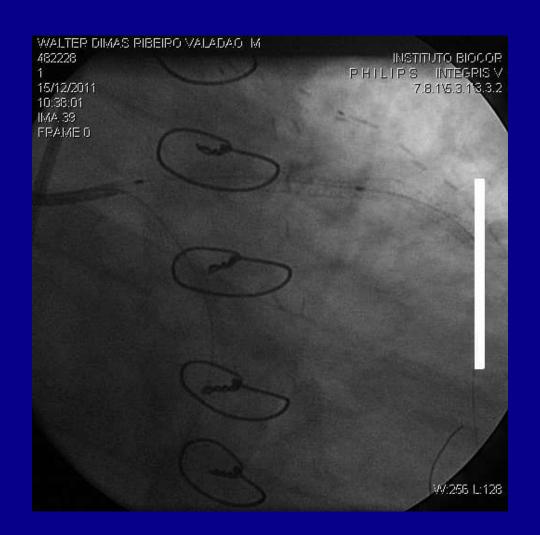


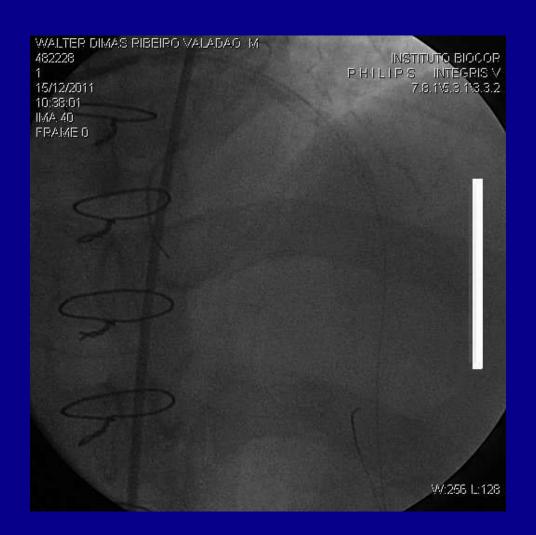


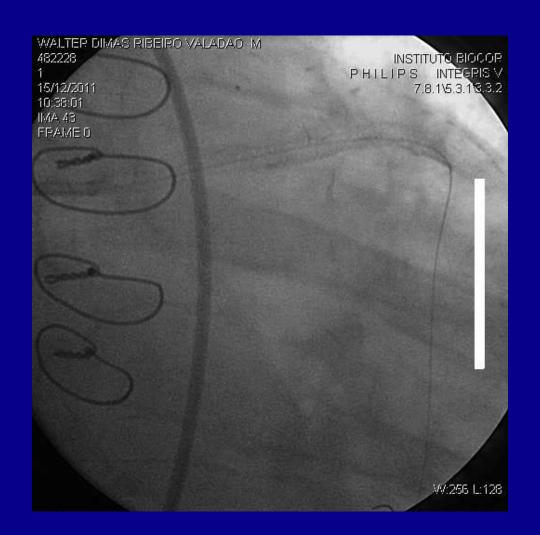












# WDRV Male 59 y.o.

### PCI - LAD

GUIDE WIRES MEDTRONIC - ZINGER MEDIUM

**BSC - PT2 MODERATE SUPPORT** 

Pre Dilatation BSC - MAVERICK MONORAIL 1,5x20 QUANTUM

BSC - MAVERICK 2,0 X 15

STENTS XIENCE PRIME LL 3,5 X 38

XIENCE PRIME LL 3,0 X 38

# WDRV Male 59 y.o.

Risk factors: Hypertension

### Past/Clinical Hystory

2012 – Six months after PCI – Asymptopmatic with very good exertional capacity.

- Medication
  - CLOPIDOGREL 75 MID
  - ASPIRIN 325 MID
  - MONOCORDIL 10MG BID
  - ATENOLOL 12,5 MID
  - ROSUVASTATINA 10 MG

## Discussion

- Multiple long DES a good option? CABG?
- DES with bioresorbable polymers or non/polymeric would be better?
- Move do prasugrel or ticagrelor?
- DAPT for life in this case?
- In the future will there a place for BVS instead of long stents in cases like this?



# SOLACI 2013 SÃO PAULO BRASIL

# MUCHAS GRACIAS!