



31 GIORNATE CARDIOLOGICHE TORINESI

TURIN
October
24th-26th
2019

Severely reduced EF and multivessel CAD- Clinical case” the (*my*) solution (part II)

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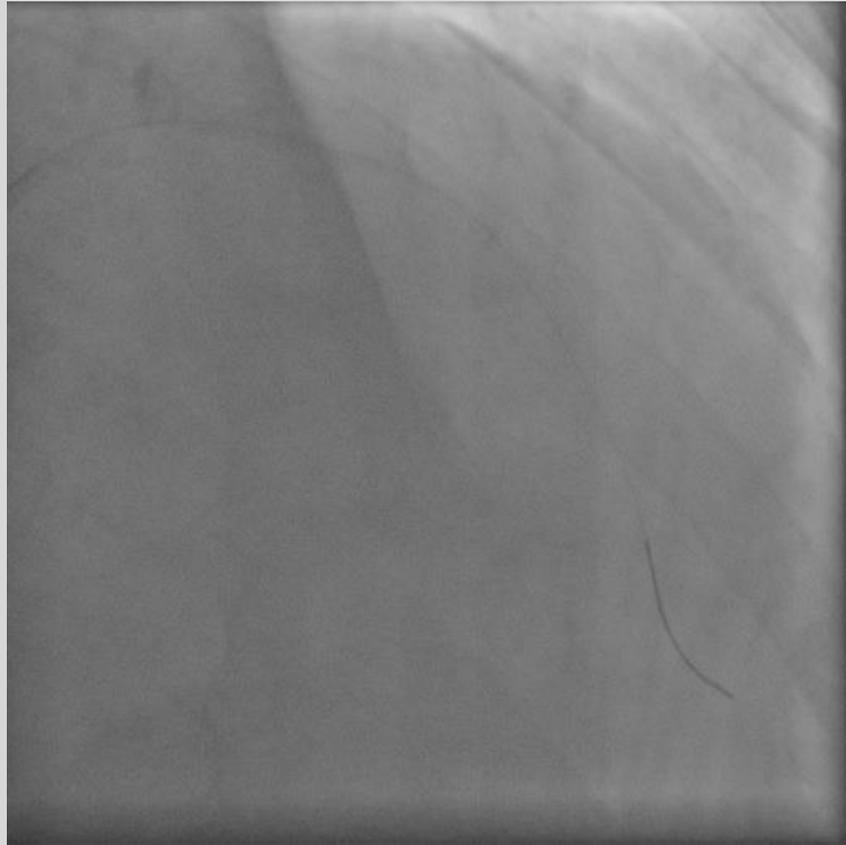
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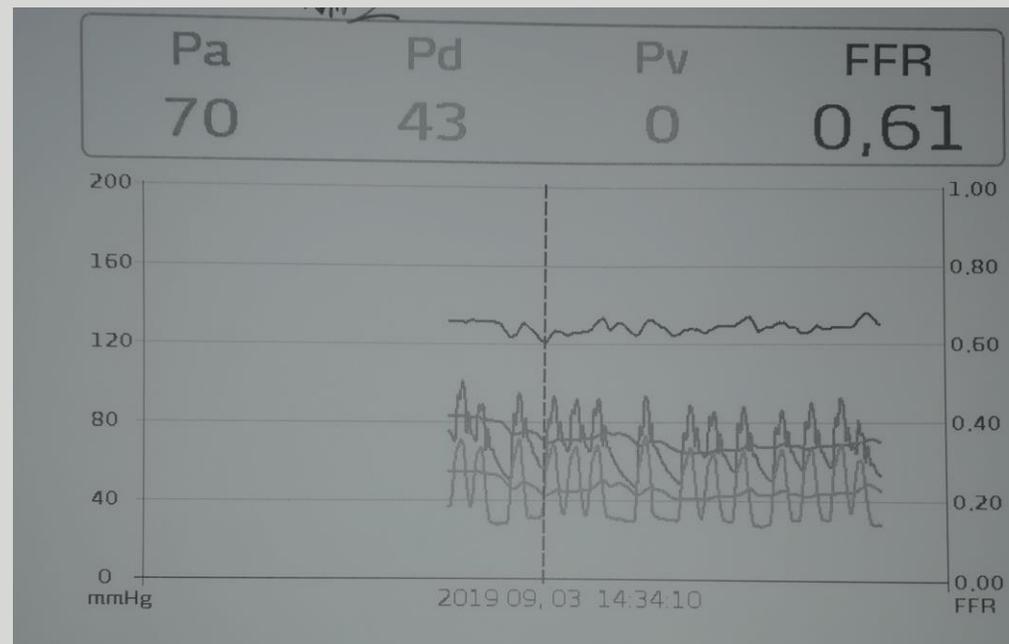
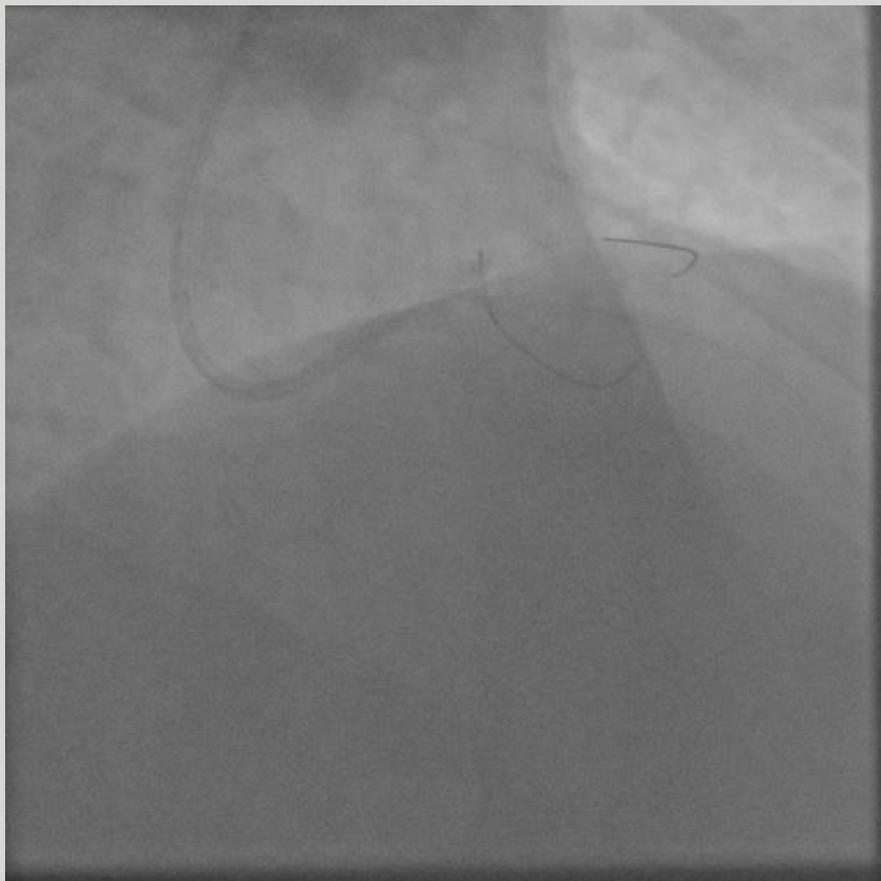
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IVUS guided
Implantation of
Zotarolimus eluting
stent LM/LAD
4.5x26 mm. POT-
side-POT with NC
5.5 and SC 2.0 on
LCx and Ramus



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Functional
evaluation of LAD
after LM stenting

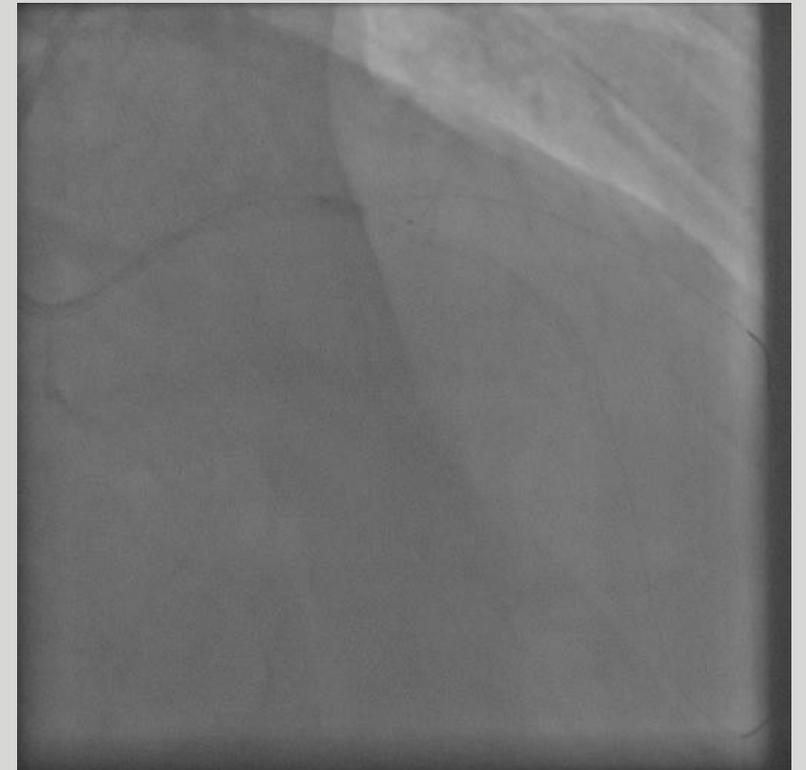
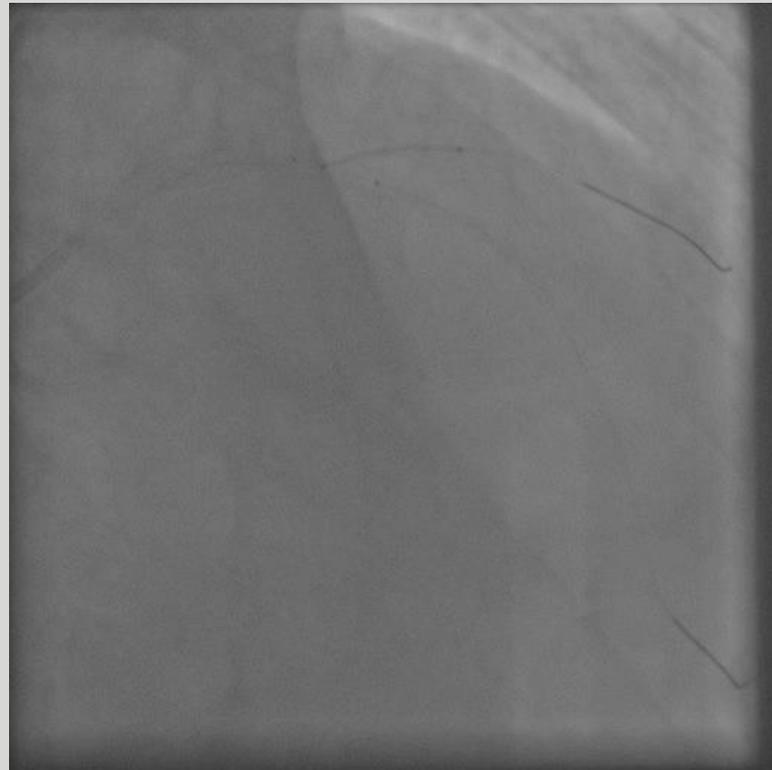
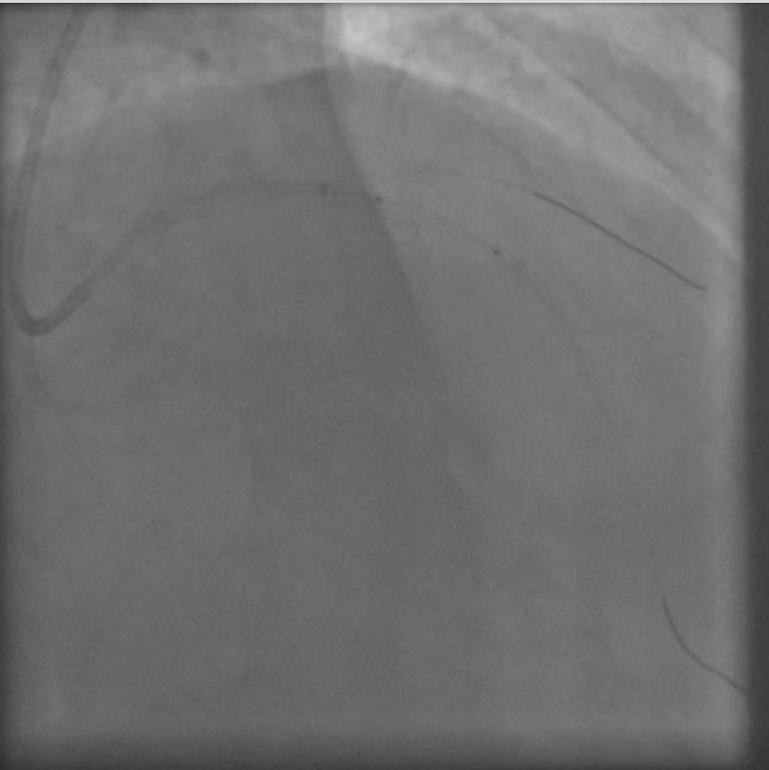




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Guideliner assisted LAD predilatation and implantation of Zotarolius DES 2.25x18 e 3.0x26 mm postdilated with NC 3.0 e 3.5. Following Minicrush LAD/Dg with ZES 2.5x18 mm and 4.5x18 mm. POT, KB and rePOT with NC 4.5 mm.



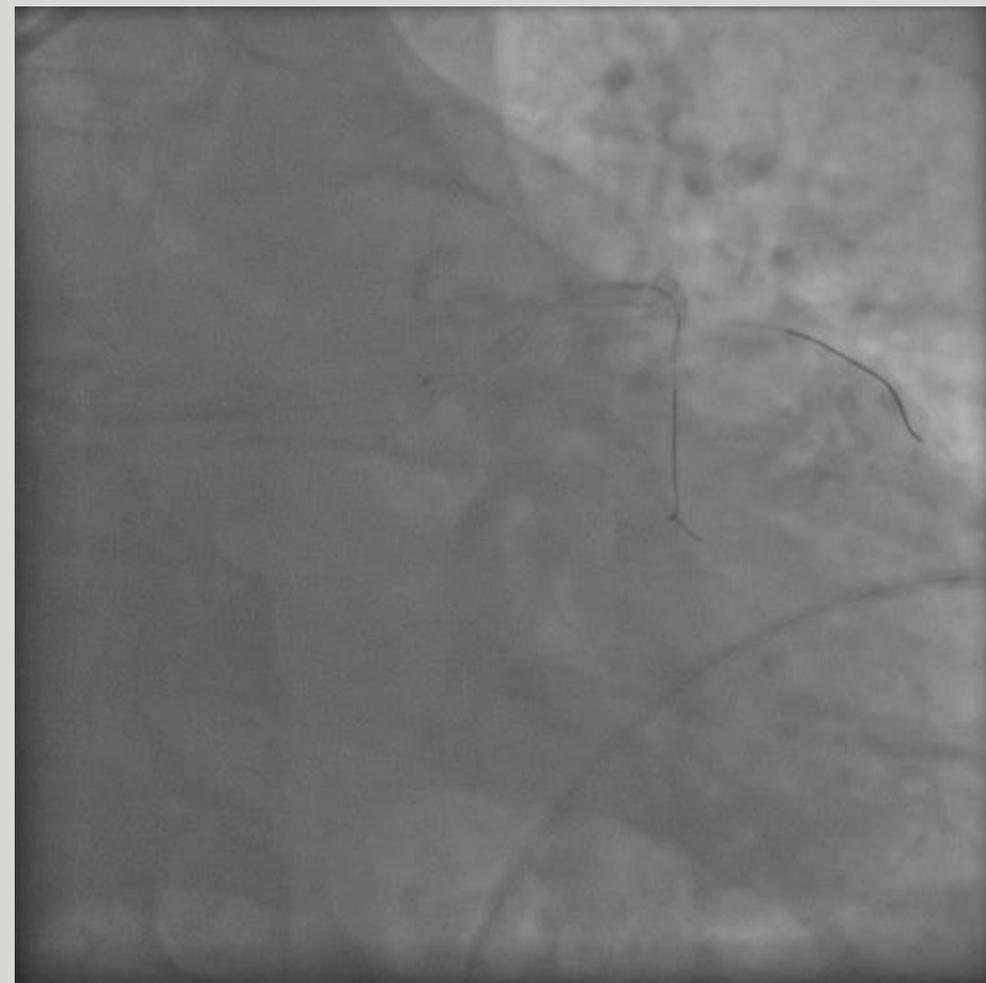
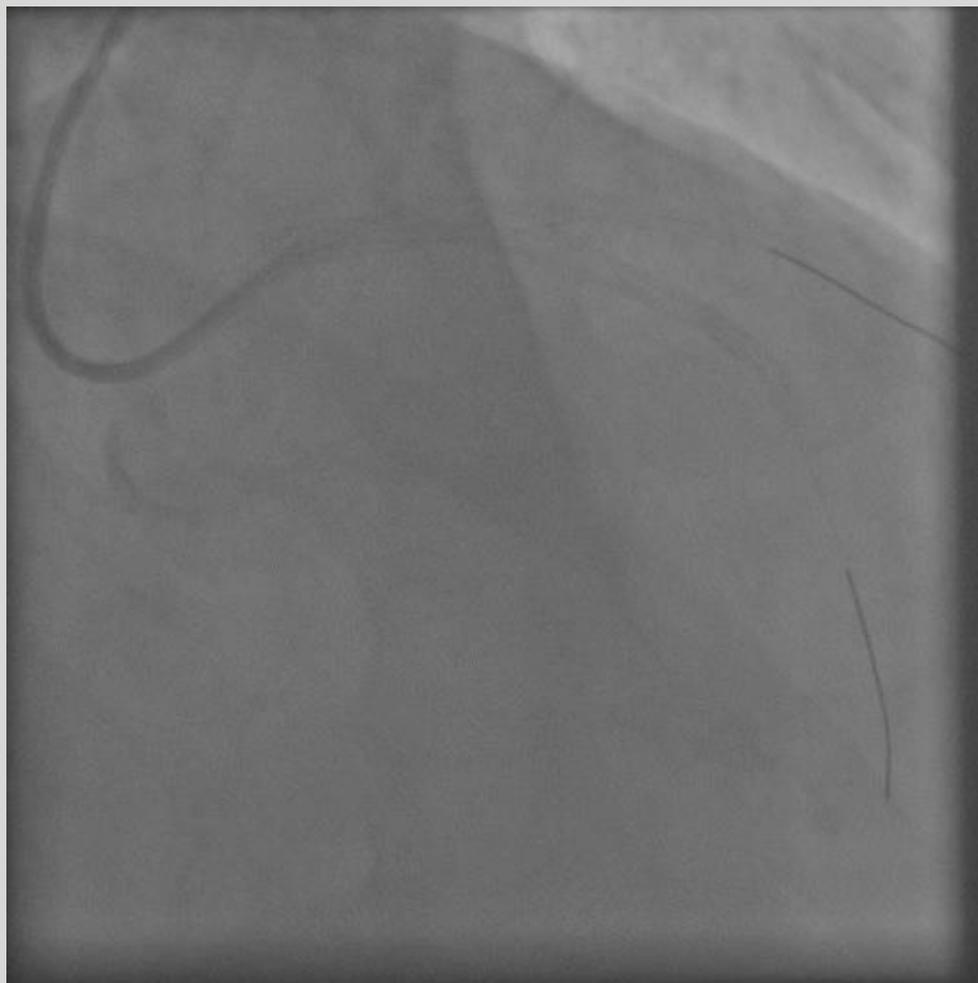


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Good final result

But.....



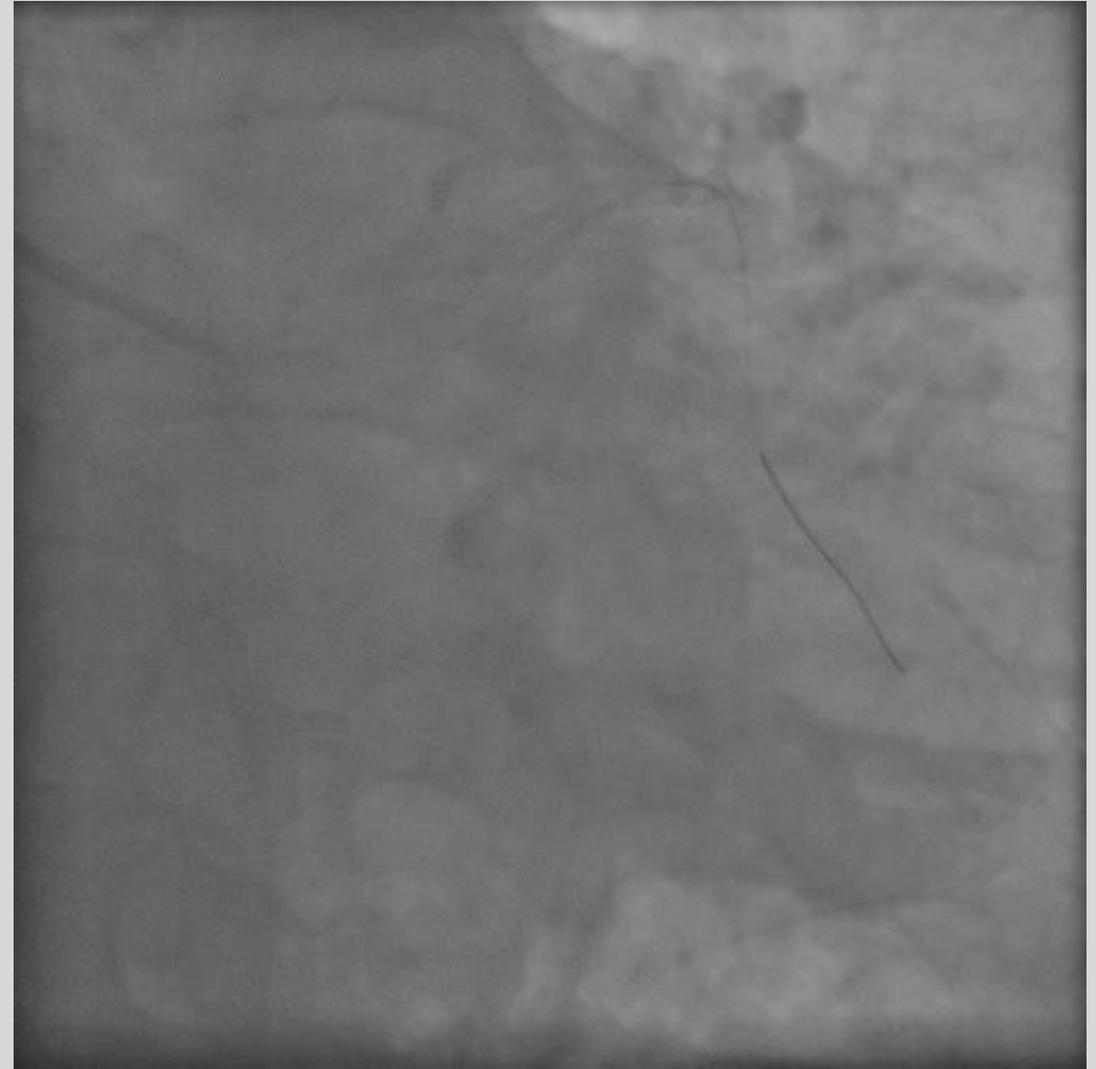


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Covered stent 4.5 was not available, Prolonged balloon dilatation were assessed. The patient remained asymptomatic, stable, without pericardial effusion.

The procedure was stopped and the UFH was reversed with protamine.





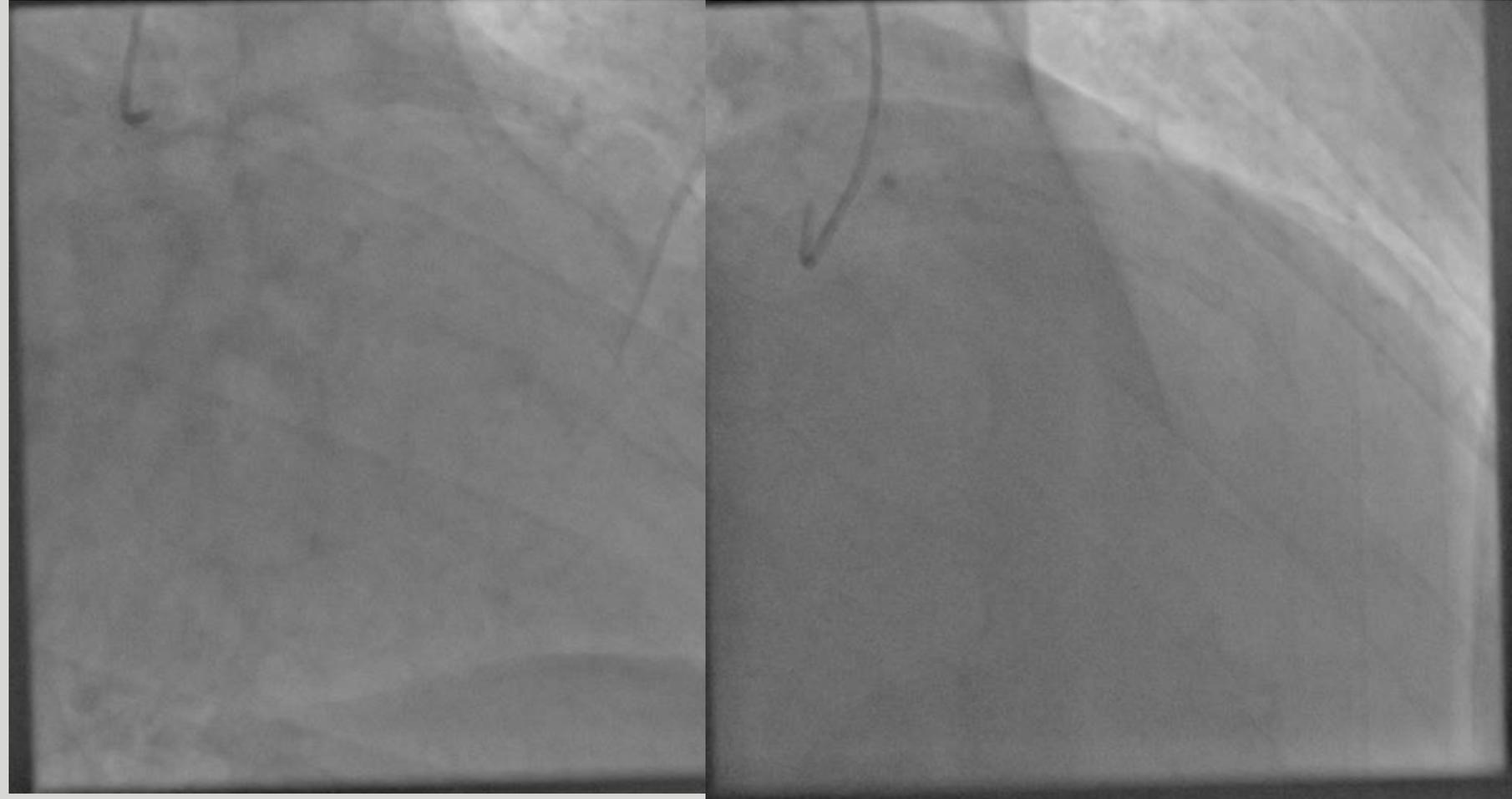
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The patient remained
stable, asymptomatic

After 7 days....

At 2 months follow-up
at echocardiography
EF 45%





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Conclusions

1. When we are looking for vitality, do not forget about residual ischemia
2. Non-invasive test should report quantitative informations, qualitative informations are not enough
3. Non-invasive test results should be interpreted in the light of the coronary angiography to provide sufficient information in complex patients (the interventional cardiologist should cooperate with the imaging expert)
4. FFR is a validated ischemia test and provide indirect information about residual vitality



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Thank you for your attention