

IMAGES IN CARDIOLOGY

Stent implantation on nonculprit lesion for patient with STEMI

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We present a case of a 79 years old male, with CABG intervention 12 years ago, admitted with inferior STEMI, 5 hours from onset. At that time, the patient was in a critical condition, presenting acute pulmonary edema and impaired ventricular rhythm in the form of sustained ventricular tachycardia. The coronary angiography demonstrated chronic total occlusions (CTO) of both native vessels (**Figure 1, 2**), functional bypass at the left anterior descending artery (LAD) level with left inter- or mammary artery (LIMA) (**Figure 3**), the absence of circumflex artery bypass, and acute thrombotic occlusion of the saphenous vein grafts (SVG) bypass for right coronary artery (RCA) (**Figure 4**).

First, manual thromboaspiration with 6 Fr catheter was performed, with extraction of thrombotic material.

The resumption of distal flow in the native vessel through SVG was obtained; however, significant stenosis in the proximal segment and at the distal anastomosis of the bypass persisted (**Figure 5**). Our decision was to postpone the stent implantation^{1,2}. We started anticoagulant therapy and decided to repeat coronary angiography after 2 days.

Following PCI, patient was stable, with a good evolution. After treatment with anticoagulants the patient was readmitted to cath-lab for angiographic control. Because of high distal embolization risk, known on the intervention on the bypass³, the PCI for CTO on RCA was decided. After crossing occlusion zone with hydrophilic guide wire and predilatation, 3 stents were implanted with very good final result (**Figure 6**). The

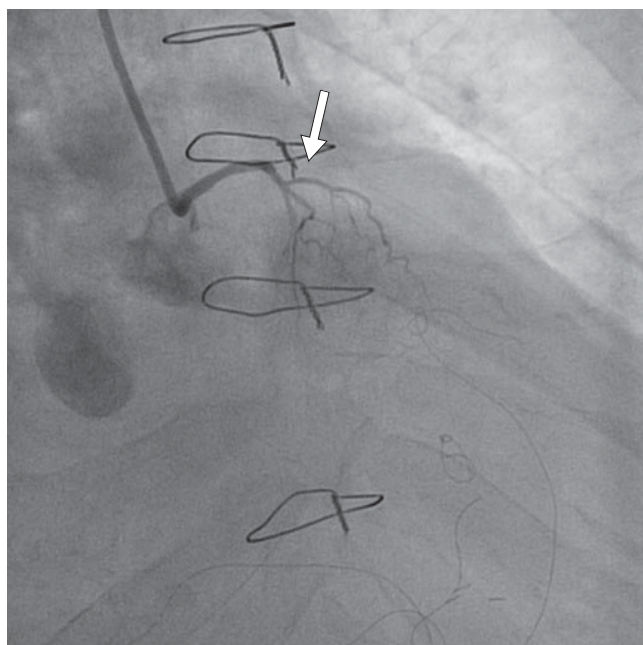


Figure 1. Chronic total occlusions (CTO) of the left anterior descending artery (LAD).

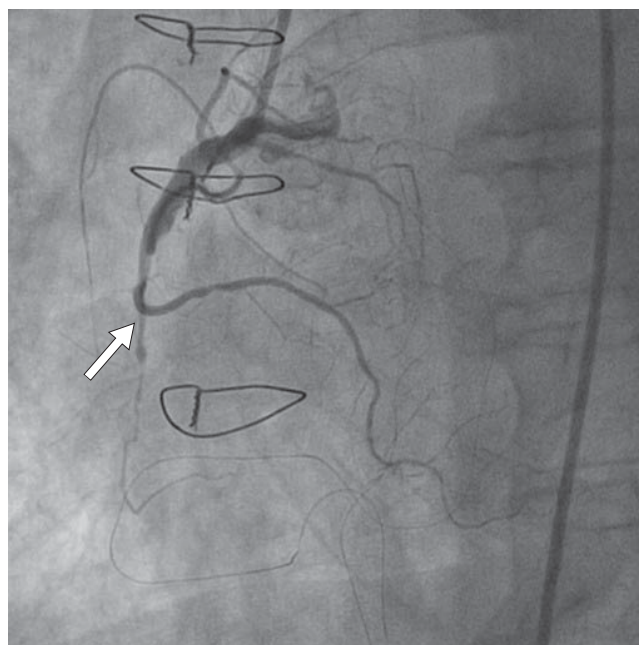


Figure 2. Chronic total occlusions (CTO) of the right coronary artery (RCA).

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patient was discharged after 8 days of hospitalization, hemodynamically stable, asymptomatic with LVEF 35% and grade II mitral regurgitation.

Conflict of interests: none declared.

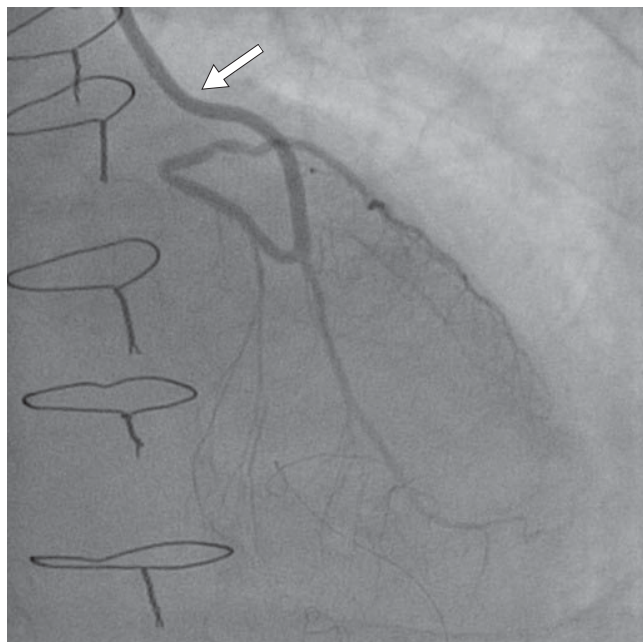


Figure 3. Permeable left interior mammary artery (LIMA) (arrow) to left anterior descending artery (LAD).

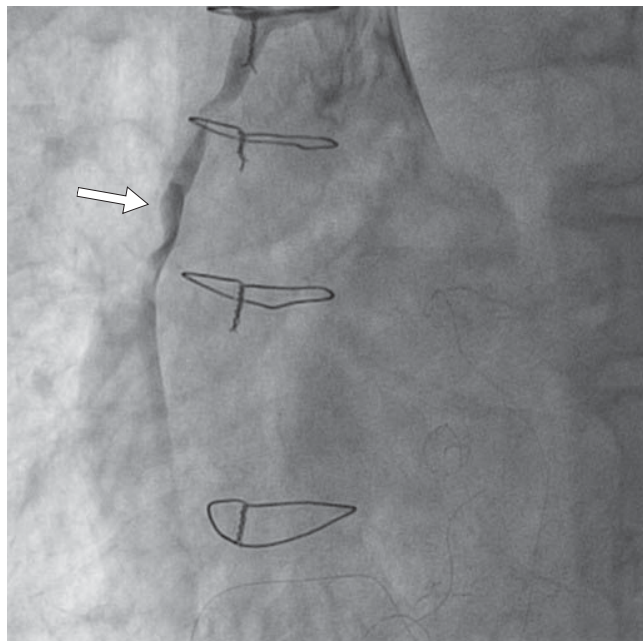


Figure 4. Thrombotic occlusion on the saphenous vein grafts (SVG) bypass for right coronary artery (RCA).

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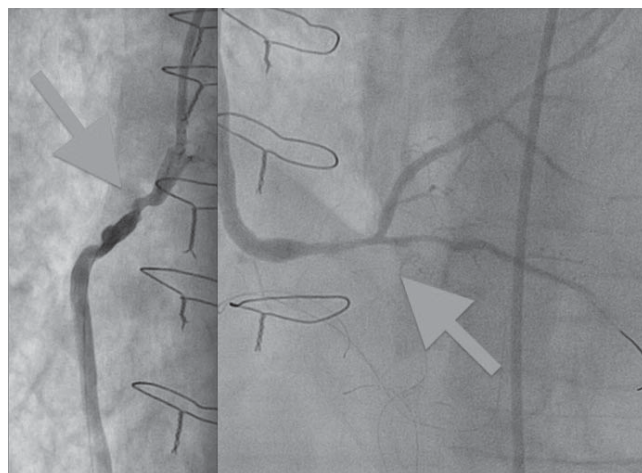


Figure 5. Residual stenosis on proximal and distal part of SVG (blue arrow).

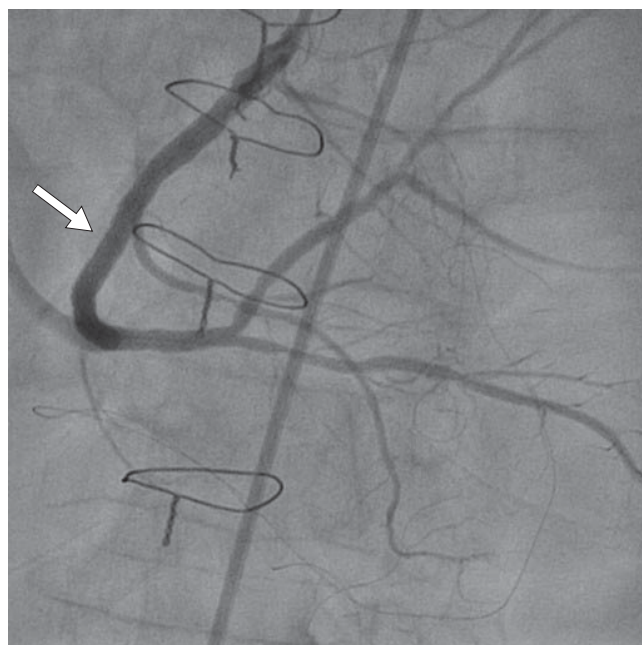


Figure 6. Final result after stenting of right coronary artery (RCA).