

TCT 2017 Clinical Case

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I Alejandro Cherro DO NOT have a financial interest or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Clinical Case.

Patient , 71 years old.

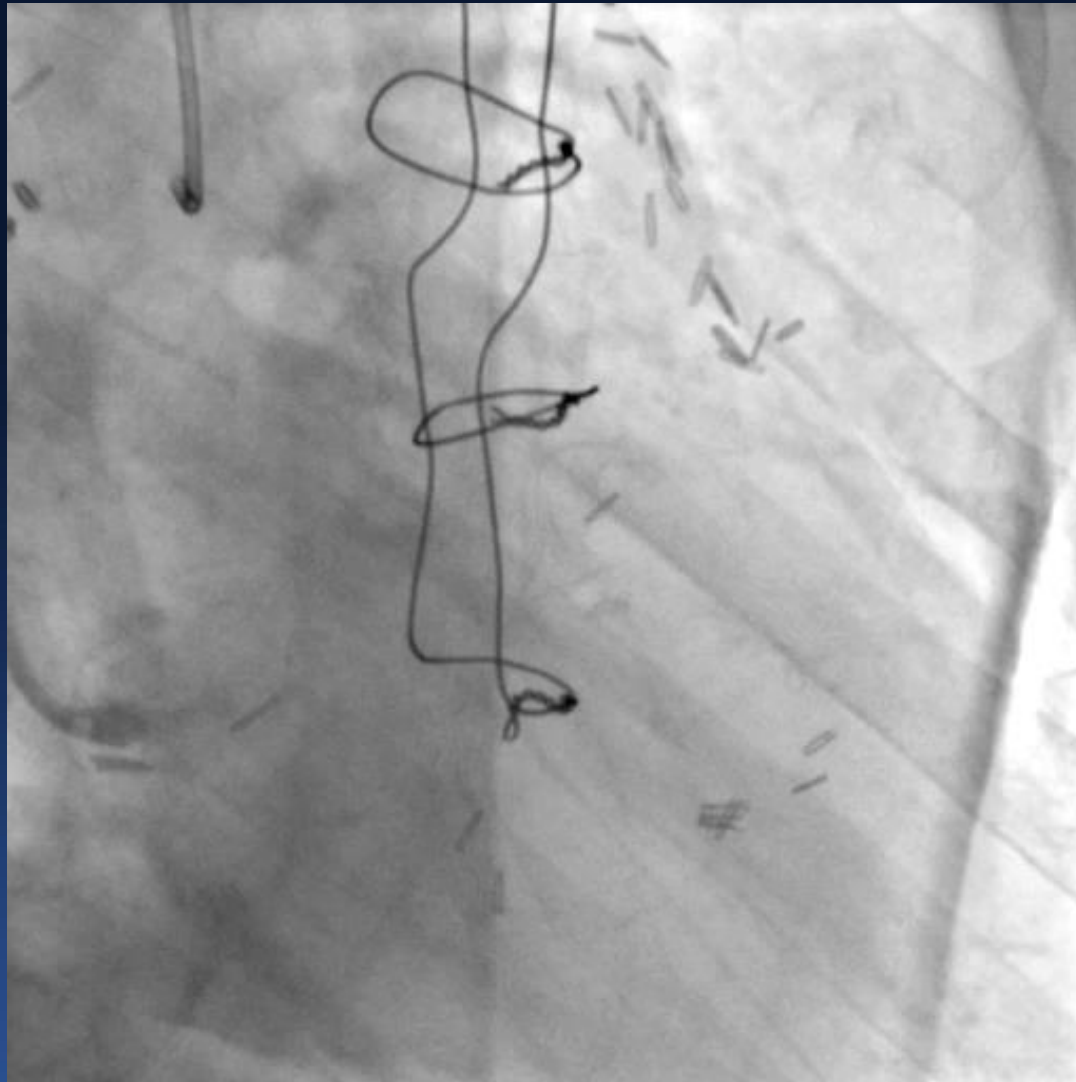
- **Male – DBT – HTA**
- **NSTACS**
- **26 september 2016 Coronary Angiography showed triple vessel disease.**

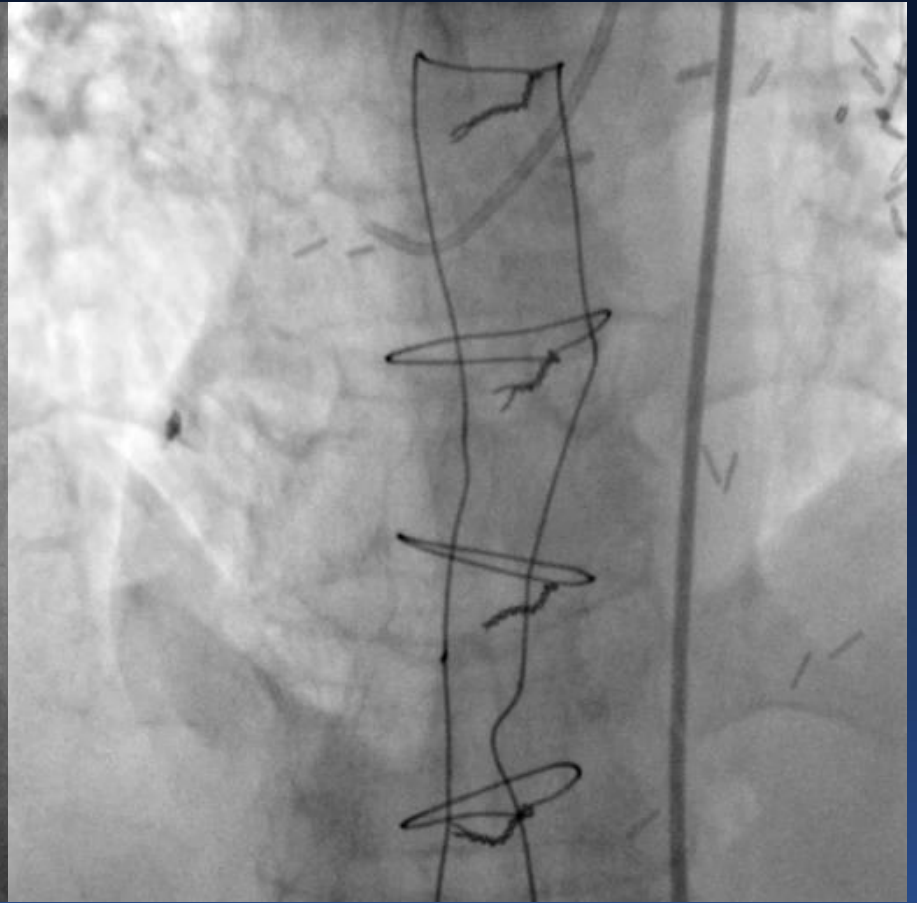
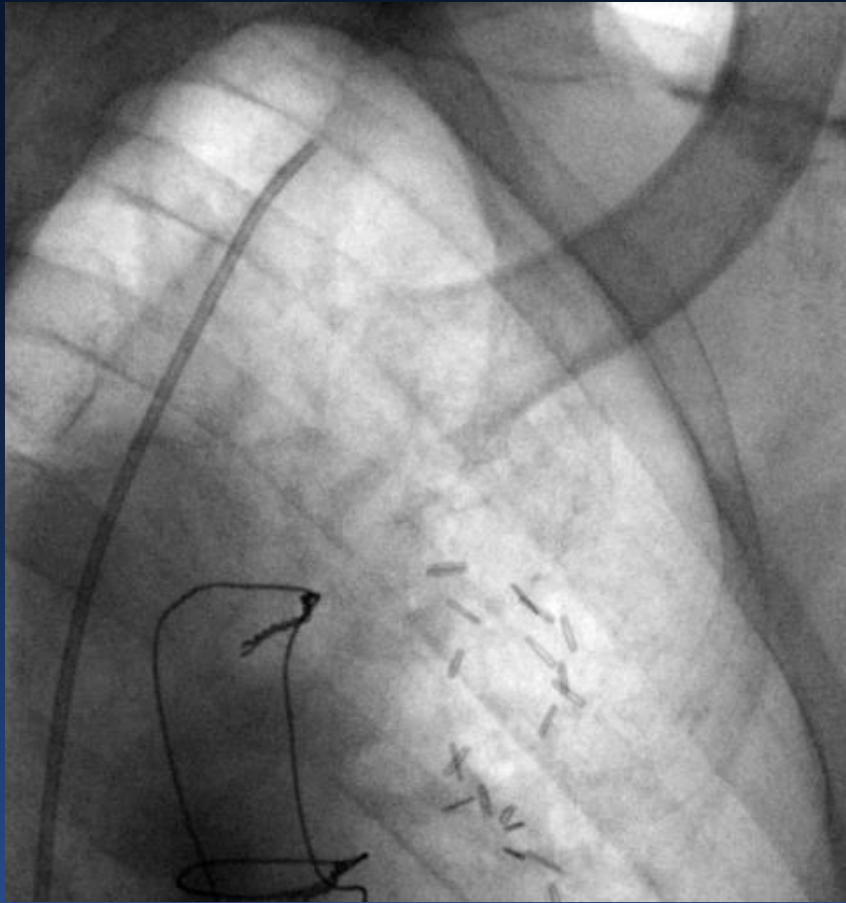


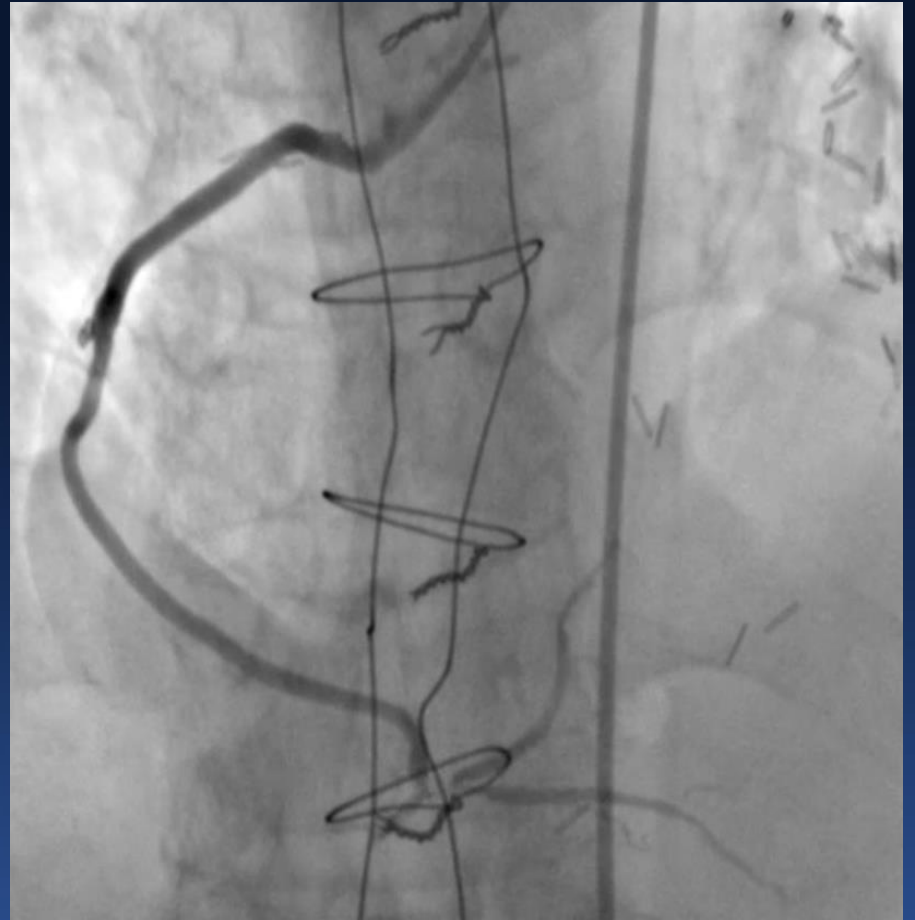
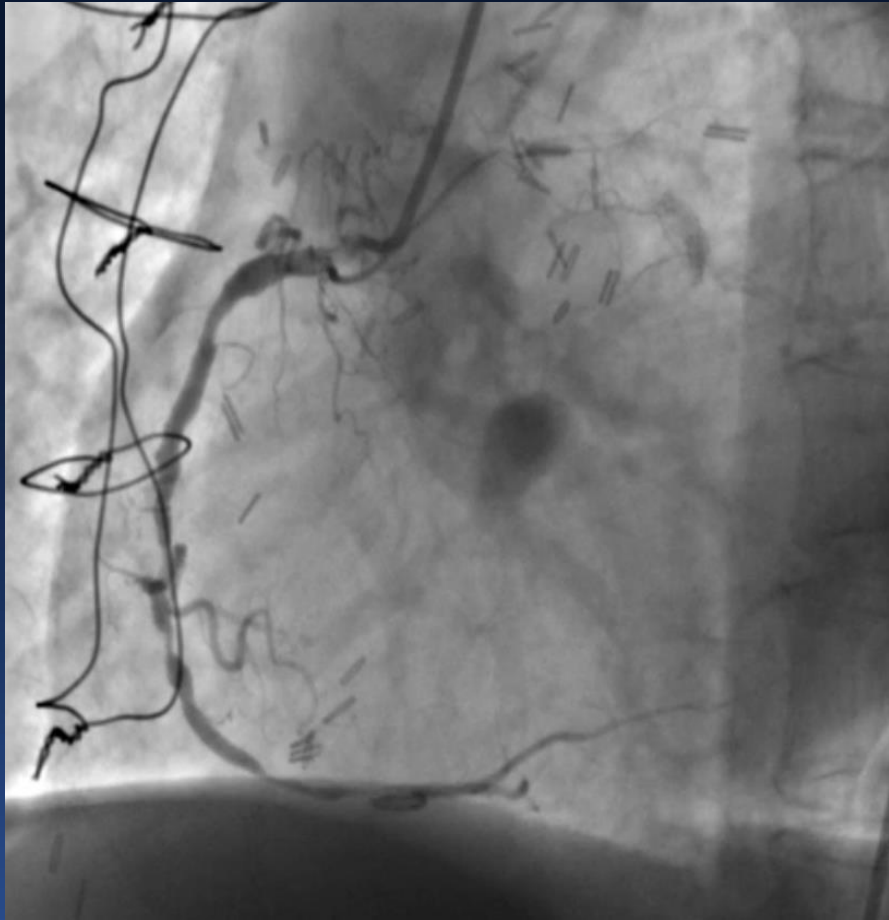
CABG was chosen. LIMA to LAD, Vein graft to CX and RCA was carried out

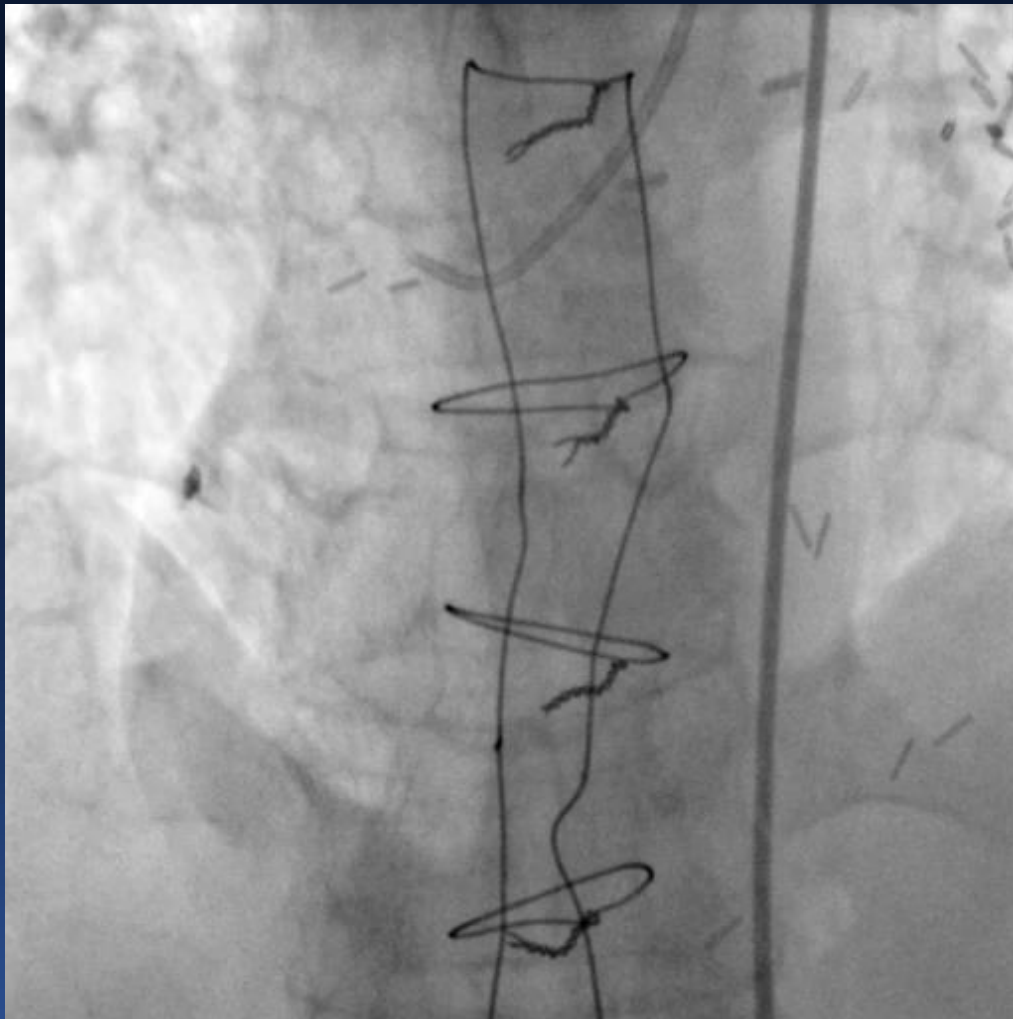
February 2017 Patient was re-admitted for ACS

- **Eco Stress showed ischemia, infero-basal, infero-medial and infero-apical.**
- **New Coronariography was performed.**

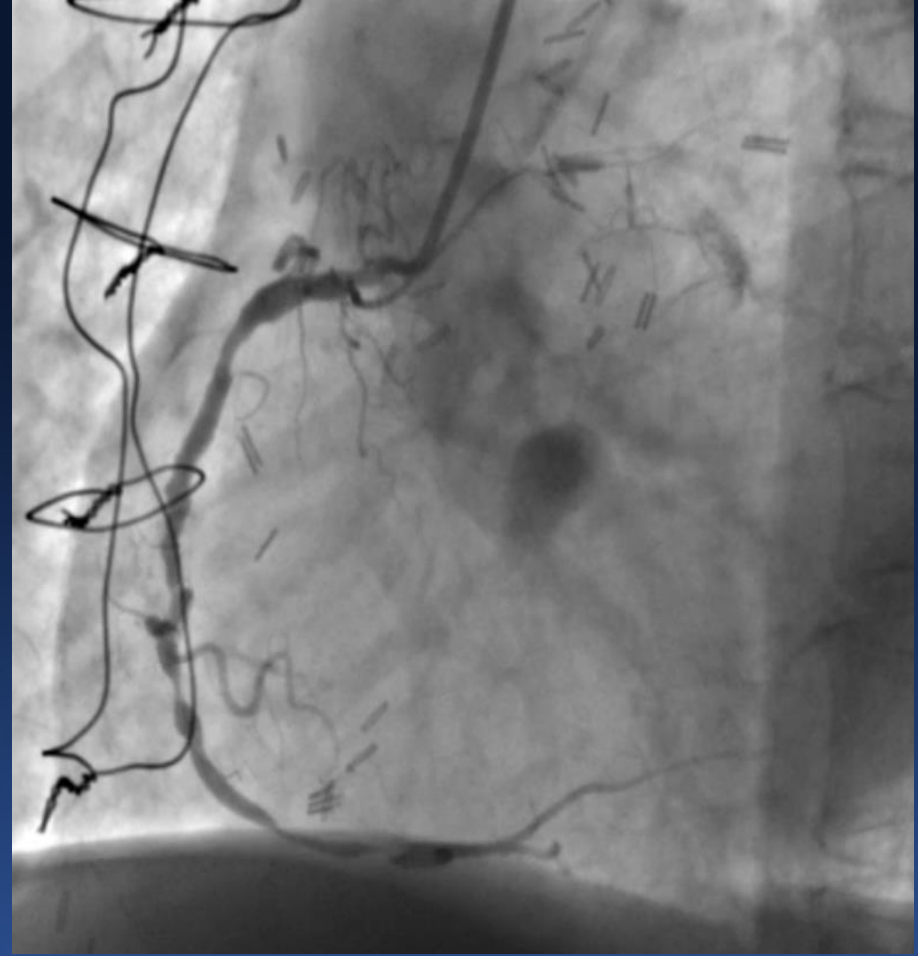








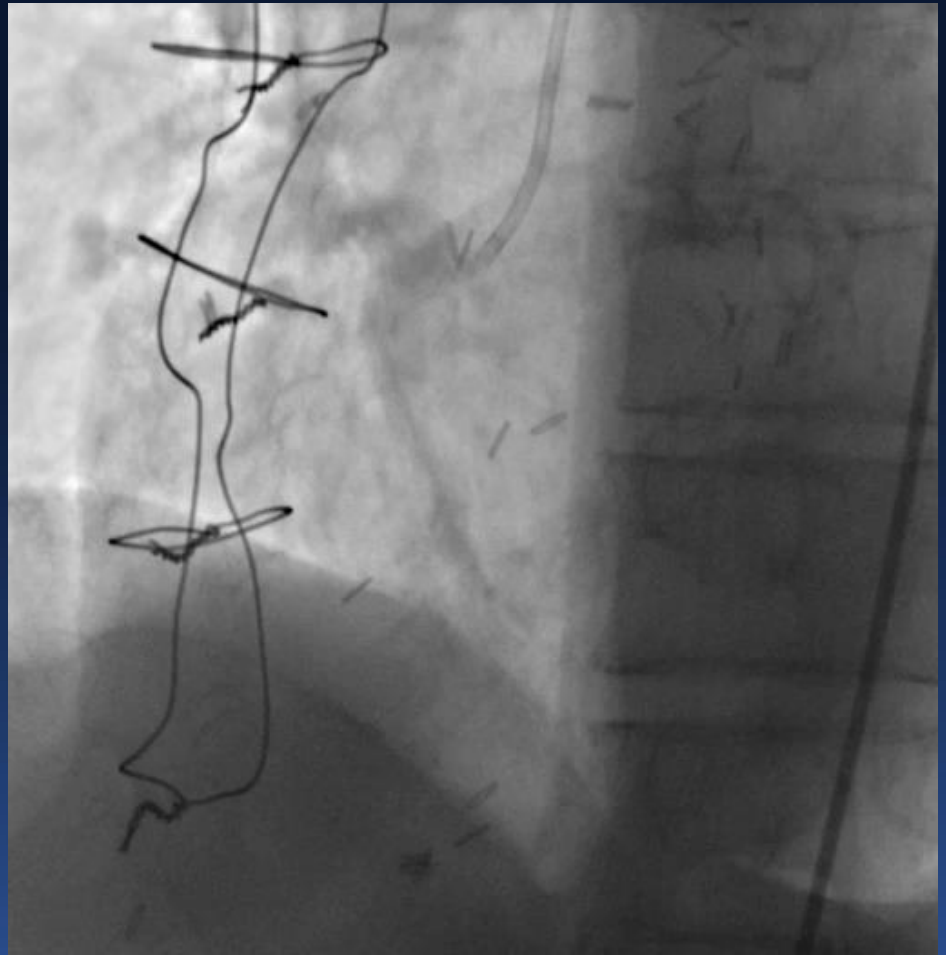
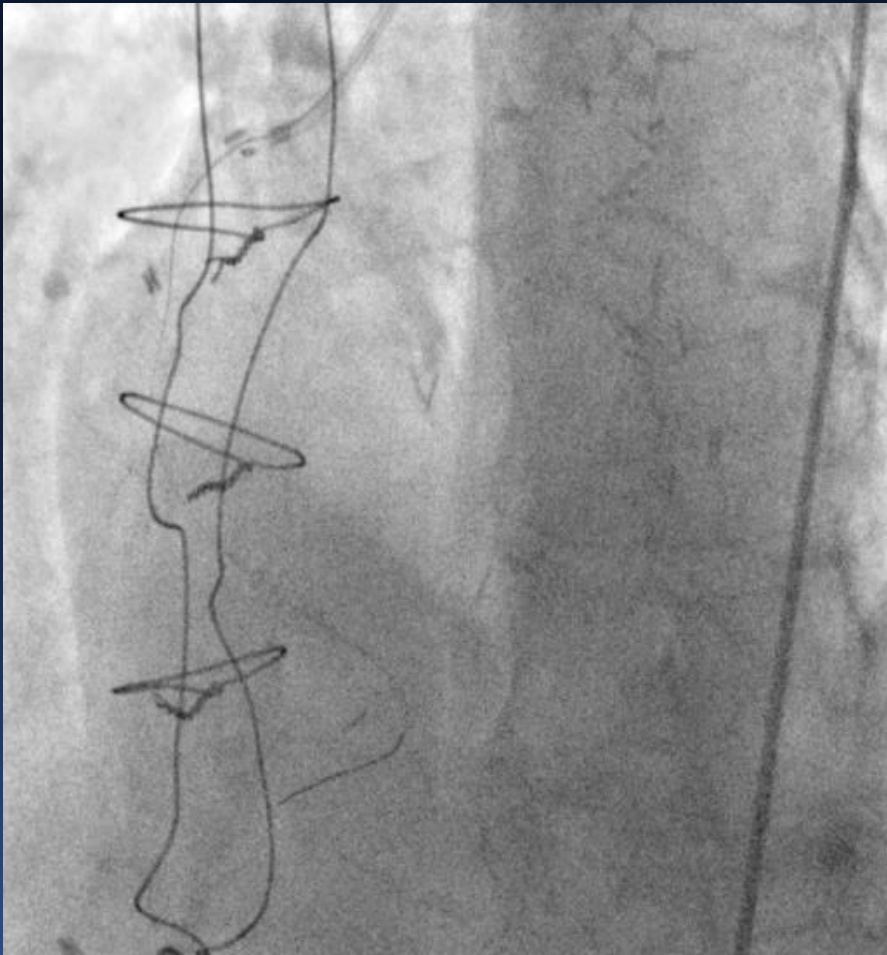
PRE CABG POST CABG



Procedural technique

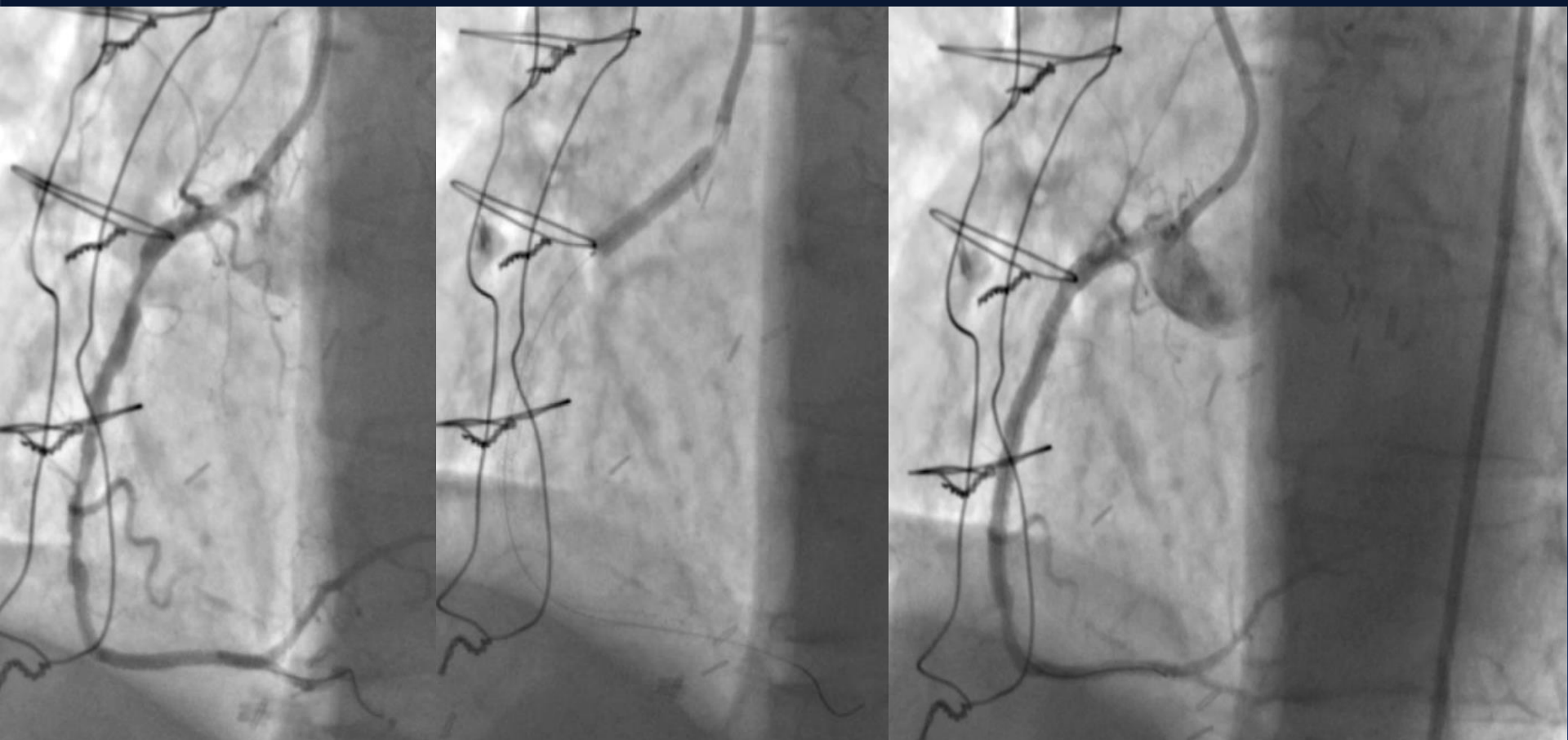
- **Local Anesthesia**
- **Right femoral access: 6 French sheath**
- **RCA 3.5 catheter**
- **Wire 0.014 ” Floppy.,**

30 days Later



Procedural technique

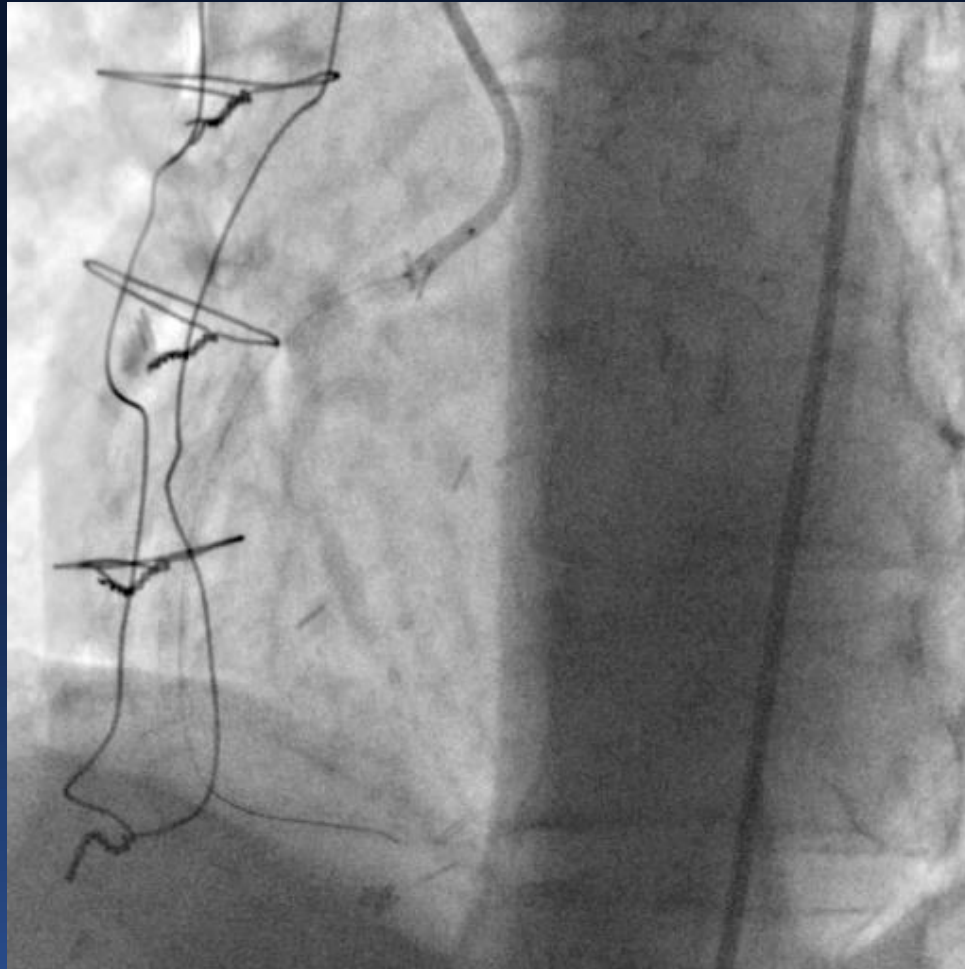
- **RCA 3.5 catheter**
- **Wire 0.014 ” Floppy**
- **Wire Cross It 100 XT**
- **Baloon 2.0 and 2.5 mm**



Stents Xience 2,5 x 28, Firehawk 2.75 x 33, Xience 3.0 x 23, 3.5. x 23mm

The ostial stent was post-dilated with 4.0 x 12mm balloon





Conclusion

Knowing the features of the total occlusion, calcification, angle, length of time of the occlusion, etc, gives us the possibility of making a suitable strategy of Angioplasty

