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A case of PCI for degenerated saphenous vein graft lesions suffered with slow flow

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In January 2011, a 70-year-old man who underwent CABG for LAD, LCX and RCA in 1998 was admitted to evaluate his chest pain. CAG revealed severe stenosis of LMT and proximal LAD, and total occlusion of RCA. LITA to LAD and SVG to LCX were totally occluded, and there was severe stenosis of SVG to RCA. However we performed PCI for left coronary artery, his chest pain remained. It was difficult to perform PCI for RCA because of long CTO from ostium, therefore we attempted to perform PCI for SVG to RCA in December 2011. We performed balloon dilatation and thrombectomy, but we suffered with no flow in spite of using filter wire. Finally, we obtained TIMI 2 flow. Despite performing PCI, myocardial ischemia of inferior LV wall was detected by scintigraphic evaluation. So we underwent CAG in January 2012 and found total occlusion of SVG. We performed re-PCI, and obtained TIMI 3 flow by performing balloon dilatation and stenting for SVG ostium. PCI for degenerated SVG lesion is one of the most difficult intervention, and it is sometimes to occur no flow or slow flow. In the second session of this case, it might contribute to avoiding of slow flow that debris of SVG was diminished due to first PCI.