10116

A case of acute coronary syndrome successfully treated with complete revascularization after endovascular intervention for left EIA

[1]The Cardiovascular Institute

Hiroto Kano[1], Junji Yajima[1], Yuji Oikawa[1], Shunsuke Matsuno[1], Daisuke Fukamachi[1], Hidehiro Kaneko[1], Shingo Tanaka[1], Kazuyuki Nagashima[1], Hajime Kirigaya[1], Tadanori Aizawa[1]

An early 70s male undergoing hemodialysis was presented to our hospital with a chest pain. He was diagnosed with coronary and peripheral artery disease before, and received drug treatment. His electrocardiogram revealed ST elevation and echocardiogram showed severe hypokinesis in anterior and inferior wall with poor systolic function. We diagnosed as an acute coronary syndrome (ACS) and performed emergent coronary angiogram (CAG) from right femoral artery. CAG revealed a severe stenosis of left anterior descending artery (LAD) and a chronic total occlusion (CTO) in the middle portion of right coronary artery (RCA). Iliac arteriogram was also performed because of decreased pulse in his left femoral artery and a severe stenosis of left external iliac artery (EIA) was recognized. The lesion of LAD was culprit lesion of ACS and emergent revascularization was needed. IABP was also needed during the procedure because of reduced cardiac function and risk of hemodynamic instability. We could not use radial or brachial approach because of his dialysis shunt condition, so we inserted IABP through right femoral artery. We planned to perform peripheral intervention for left EIA in order to acquire the route for coronary intervention and PCI in the same session. We perform angioplasty for EIA and insert a catheter for PCI through left femoral artery. After that we performed PCI of CTO lesion in RCA before treating LAD lesion, because RCA was fed by collateral flow from LAD. PCI for LAD was performed following that, and complete revascularization was achieved without any complication finally.