

## 14 [10057]

### **Percutaneous coronary intervention in the recurrent occluded saphenous vein graft**

A 80-year-old woman visited to our hospital with dyspnea. She was diagnosed as unstable angina pectoris complicated congestive heart failure (severe stenosis in three vessels including the left main trunk with severe calcification) and underwent coronary artery bypass grafting (CABG) [right internal thoracic artery (RITA)-#10, saphenous vein graft (SVG)-#4PD-#14 (composite)-#15]. Three months after CABG, she re-admitted because of heart failure exacerbation. Coronary angiogram (CAG) revealed that proximal anastomosis site of SVG was occluded and left circumflex branch was imaged through SVG in a retrograde fashion from right coronary artery (RCA). We performed PCI to Aorta-SVG anastomosis obstruction and implanted drug-eluting stent (DES). One month after the first PCI, CAG showed re-occlusion of SVG. We performed PCI again and the second DES was implanted at the same site to overlap the previous DES because intravascular ultrasound (IVUS) showed the recoiling of the stent. After 5 months, she re-readmitted again because of worsening heart failure accompanied by severe mitral valve regurgitation due to cardiac ischemia. CAG revealed re-re-occlusion of SVG again. At first, we inserted guidewire into SVG and performed IVUS. IVUS showed intra-stent recoiling in a similar fashion. We considered further dilatation of stent was of great difficulty. Therefore, we performed PCI to severe calcified native RCA ostium stenosis supporting by intra-aortic balloon pump. After 2.0mm rotablation, we implanted DES, and then, cardiac failure was gradually improved. Likewise this case, PCI for SVG is often difficult to treat and indicated poor prognosis. Therefore, we reported this case with some discussions.