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A case of successful PCI to acute graft failure following coronary artery bypass surgery

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A 73-year-old woman was admitted with effort chest pain which had lasted for several months. Her coronary risk factors were hypertension. She underwent CABG at LITA-mid LAD , SVG-mid LCX and SVG-mid RCA. But she returned to ICU, admitted V4-6 ST segment elevation in the ECG. We performed an emergent coronary angiography. Coronary angiogram showed occlusion of the mid LAD. XT-R guide wire with Finecoss crossed to distal true lumen of LAD. IVUS showed lack of external elastic membrane and intramural thrombosis. We thought a part of the media was removed by CABG. We held heat team conference and decided to perform PCI. We implanted a drug eluting stent (Resolute Integrity) at the distal end of the dissection. Additionally, We implanted two drug eluting stent at the proximal site to cover the lesion, aspirated thrombus, injected nitroprusside and inserted IABP. The final angiogram showed TIMI 3 flow in the LAD. Peak serum creatine kinese levels were 2400U/L. Pre-discharged echocardiogram showed a left ventricular ejection fraction of 52% with hypokinesis of the antero-septal wall of left ventricle. She discharged 3weeks later without any complication. PCI is useful method to limit myocardial damage due to early graft failure.