

1139 Successful percutaneous coronary intervention strategy for coronary subclavian steal syndrome

A 72-year-old man visited our hospital due to effort chest pain and upper limb cool sensation. He had a history of coronary artery bypass grafting (CABG) from left internal thoracic artery (LITA) to the left anterior descending artery (LAD) territory. Contrast computed tomography revealed left proximal subclavian artery stenosis, although graft of LITA to LAD was patent. The left brachial artery pressure (122/76 mmHg) was lower than the right brachial artery pressure (137/75 mmHg). Cardiac magnetic resonance imaging suggested ischemic change of left ventricular anterior wall. Coronary ischemia was caused by coronary subclavian steal syndrome. Although coronary angiography showed severe stenosis in proximal part of LAD, the coronary flow was recovered by the implantation of a drug-eluting stent. After percutaneous coronary interventions (PCI), there was no symptom of chest and upper limb, Furthermore, the left brachial artery pressure (136/77 mmHg) was improved.

Although percutaneous transluminal angioplasty (PTA) to left subclavian artery is also effective intervention, the strategy of intervention for coronary subclavian steal syndrome is still controversial. In this case, we conducted PCI to LAD, because LITA was bifurcated just distal of the subclavian artery stenosis. Clinicians should keep various strategies in mind, particularly in coronary subclavian steal syndrome.