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Effectiveness of the Most Conformable Stent “SYNERGY” for “Mechanical” Bypass Failure

A 72-year-old male was diagnosed with stable angina pectoris. Coronary artery angiography (CAG) showed left main coronary artery (LMCA) bifurcation lesion and 2 vessel diseases which contained left circumflex (LCX) diffuse lesion and right coronary artery (RCA) chronic total occlusion. The SYNTAX score was 28. Coronary artery bypass grafting (CABG) with 4 bypass grafts (RITA-LAD#8, LITA-LCX#12, Ao-SVG-LAD#9 and Ao-SVG-RCA#3) was selected according to the patient's opinion and performed. However, he was admitted for efforted chest pain again 3 months after the operation. Then, CAG showed 3 bypass grafts failure (RITA-LAD#8, LITA-LCX#12 and Ao-SVG-RCA#3). First of all, percutaneous coronary intervention (PCI) for LMCA disease was performed and successful. Next, the primary PCI for Ao-SVG-RCA#3 ostial restenosis was planned and performed with drag-coated balloon (SeQuent Please 2.5/15mm, GOODMAN). However he had no symptom after these procedure, follow-up CAG after 6 months showed restenosis in Ao-SVG-RCA#3 ostial site. As a result of competition at our heart-team conference, target lesion revascularization for Ao-SVG-RCA#3 ostial restenosis was planned with stenting strategy. Of several stents, the most comfortable stent should have been selected because the cause of restenosis was much bending (approximately 90 degrees) bypass graft. Pt-EES (SYNERGY 2.75/16mm, Boston Scientific) was implanted for Ao-SVG-RCA#3 ostial restenosis lesion. Finally, follow-up CAG after 6 months showed no restenosis at Ao-SVG-RCA#3 graft and now he was not admitted with chest pain. In such restenosis, conformable stent “SYNERGY” may be effective.