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64-year-old male with history of hypertension, diabetes mellitus, hyperlipidemia and chronic kidney disease presented with typical angina and electrocardiogram evidence of an established inferior myocardial infarction.

#### Target Lesion

Diagnostic coronary angiogram revealed severe disease extending from proximal to mid segment of right coronary artery with visible thrombus seen but preserved TIMI 3 flow.

#### Strategy

Intravascular ultrasound (IVUS) confirmed a high lipid burden with residual thrombotic material and no significant calcification. A DCB-only strategy was chosen due to the diffuse nature of the lesion and the intent to minimize stent-related complications, especially in a patient with chronic kidney disease and diabetes.

Lesion preparation included high-pressure scoring balloon pre dilatation and thrombus aspiration to optimize luminal gain and achieve effective plaque modification. A Paclitaxel-coated drug-coated balloon (DCB) was then deployed.

#### Final result

Post procedure angiogram showed excellent angiographic outcomes with no flow-limiting dissections and preservation of TIMI 3 flow. The patient was discharged well and remained asymptomatic at follow-up with no cardiovascular events.