

Vicknesan Kulasingham¹GURUDEVAN MAHADEVAN¹, HENG SHEE KIM¹¹ CARDIOLOGY, Hospital Sultanah Aminah Johor Bahru, Malaysia

34-year-old lady with T2DM, dyslipidemia and post-traumatic ICB in 2010 with residual weakness presented with Anteroseptal STEMI Aug 2024 and was thrombolysed. Referred for inpatient CAG in view of persistent angina. Echocardiography showed LVEF 40–45% with anterior hypokinesia. Coronary angiogram showed diffuse LAD stenosis from distal to proximal, proximal LCX 80%, diffuse RCA lesion. She was referred for CABG but was declined. She was then brought in for multivessel PCI. Strategy PCI to LAD and LCX with IVUS guidance.

Depending on IVUS findings, will decide on DCB only strategy or hybrid. IVUS showed diffuse LAD disease mainly fibrocalcific plaque. Predilated LAD and LCX and managed to end case with DCB only strategy. LAD and LCX had non flow limiting dissection. Relook angiogram after 4 months showed good positive remodeling and well healed dissection.