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The patient was 63 years old male who performed CABG (RITA-LAD, LITA-D1...occluded, GEA-RCA) in 2021. In 2025, he suffered from thymic cancer and planned thymectomy. For this surgical operation, CAG was performed and revealed that mid LAD was subtotal occlusion and both of RITA and GEA graft were patent. This thymectomy was requiring RITA ligation and division, then we performed PCI for LAD and RITA occlusion before the surgical operation.

PCI was approached via rt FA and used 7Fr system. Lesion was passed by XTR (Asahi Intecc®) with double-lumen catheter support, then deployed a DCS (Biofreedom Ultra 3.0/33mm...KANEKA Medix®) and antegrade flow was secured. And RITA was occluded by coiling ... sutured side was three coils and subclavian artery side was two coils (all coils were VoltXTM 18 Fibered Platinum Coils, Boston Scientific®).

After three months of PCI, dual anti-platelet therapy was suspended and myectomy was performed. During the operation, RITA was ligated and divided, however bleeding from the vessel was not observed and myocardial ischemia was also. Then this patient was finished operation and moved on chemotherapy smoothly.

Even if coronary blood flow is maintained by CABG, sometimes, it may be necessary to cut down the bypass grafts for the operation for the malignant tumor. By performing coronary revascularization and occluding the bypass grafts before the operation, it would be possible to perform the surgical excision more safely.