

Case history:

75 years old female with:

- Morbid obesity.
- Insulin dependant Diabetes Mellitus.
- Hypertension.
- Dyslipidemia.
- Severe osteoporosis.
- Interstitial pulmonary fibrosis on chronic steroid therapy.

Clinically :

The patient complains from typical chest pain on very minimal effort that progressed to recurrent attacks of angina at rest in the last two weeks before presentation.

E.C.G.:

- Sinus rhythm.
- Antero-lateral and inferior “ST” segment depression.



Echocardiography :

- Normal L.V. internal dimensions.
- Resting segmental wall motion abnormalities in the form of hypokinesia in the basal and mid segments of the anterior septum as well as hypokinesia of the basal and mid segments of the anterior and lateral walls.
- Normal global systolic L.V. function.
- L.V. diastolic dysfunction.

Angiographic findings:

- **L.M.** : It shows a significant distal eccentric lesion encroaching on the ostia of LAD and LCX.
- **LAD** : It shows significant ostial and proximal lesions
- **LCX**: It shows critical proximal and mid segment lesions.
- **RCA** : It shows scattered insignificant plaques with no flow limitation.

Recommendation:

- The estimated SYNTAX score was ~~39~~ the patient was referred for surgical revascularization.
- **But :**
The case was rejected from three surgeons due to her poor surgical profile and the poor results of the pulmonary functions tests as well as the existing comorbid conditions with the chronic use of corticosteroid therapy.
- **So,** the decision was taken to proceed with PCI to the distal left main, LCX & LAD lesions.

- **Procedure :**

- Pre-dilatation was done for left main, LAD & LCX lesions using 2.5 x 20 mm Maverick balloon.
- Mid LCX & mid LAD lesions were stented using 3 x 23 mm and 2.75 x 23 mm Xience Xpedition stents respectively followed by post dilatation with 3 x 15 mm Quantum balloon up to 22 ATM.
- Left main-LAD / Left main-LCX bifurcation lesion was performed using 4 x 18 mm Xience Xpedition stent for LM-LAD & 4 x 28 mm Xience Xpedition stent for LM-LCX with the Crush technique ending with final kissing angioplasty using 4 x 12 mm and 4 x 15 mm Quantum balloons for LAD & LCX stents respectively with excellent final angiographic result.

