

DIABETES MELLITUS AND PERCUTANEOUS CORONARY ANGIOPLASTY

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Disclosure Statement of Financial Interest

I, Adolfo López Campanher DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

INTRODUCTION

- **Coronary artery disease is the main cause of morbidity and mortality in diabetics.**
- **CAD in diabetics has an earlier presentation and worse outcomes, than in non diabetics.**
- **Diabetic patients have more complex multiple vessel disease, often with long and more diffuse lesions. Also, the restenosis rate is higher than in non diabetics.**

CASE DESCRIPTION

- 63 y.o. male. History of hypertension, dyslipidemia and type II Diabetes, insulin dependent since 2011.
- Sept. 2013: Unstable angina functional class II-III but did not seek medical attention.
- Dec. 2013: Unstable angina functional class IV. Hospitalization. Echocardiogram: Preserved EF. No wall motion abnormalities.

CASE DESCRIPTION

- **Coronary angiography:**

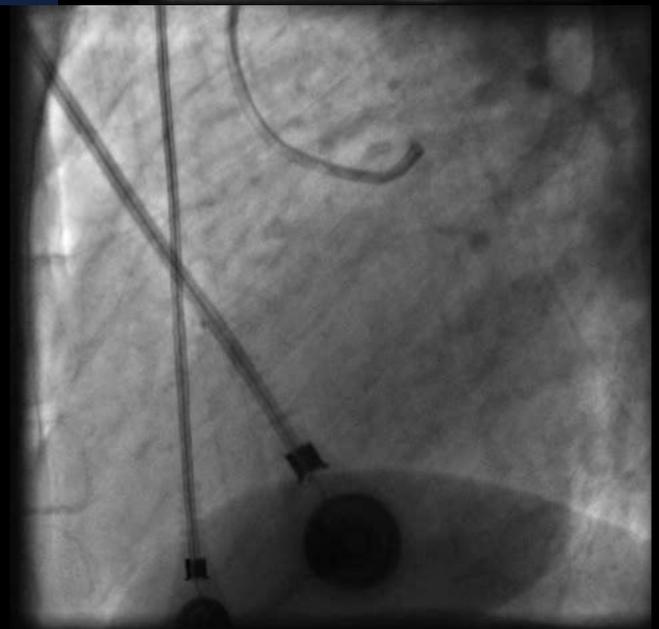
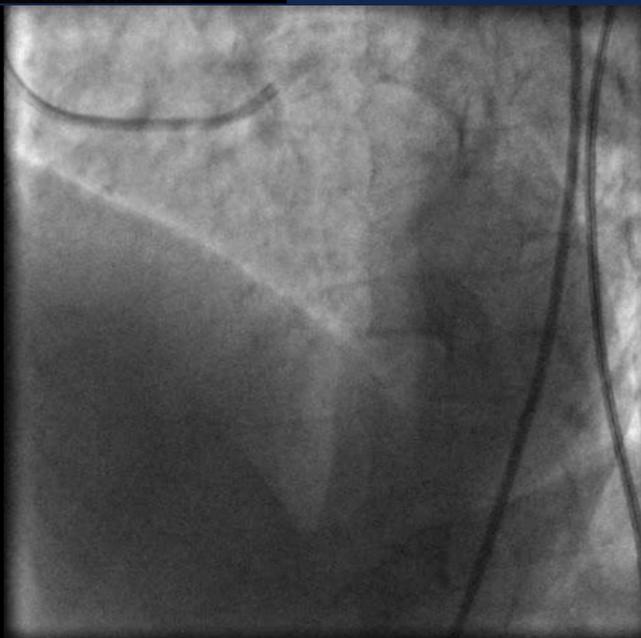
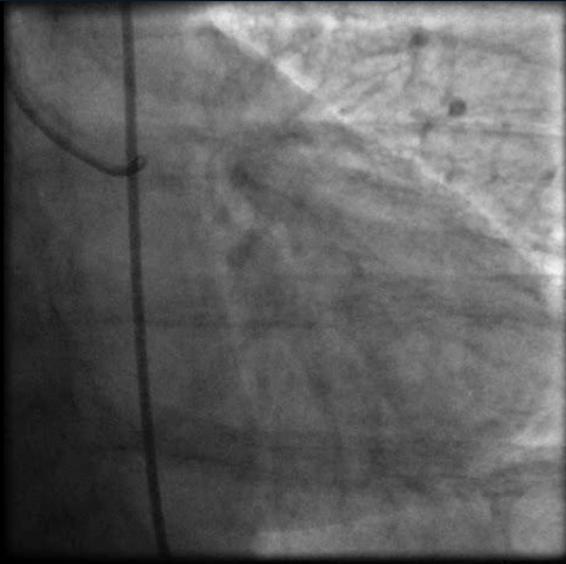
1- Left Anterior Descending artery: severe diffuse proximal lesion.

2- Left Circunflex: severe diffuse proximal lesion of the Obtuse Marginal artery.

3- Right Coronary artery: Severe lesion in middle third.

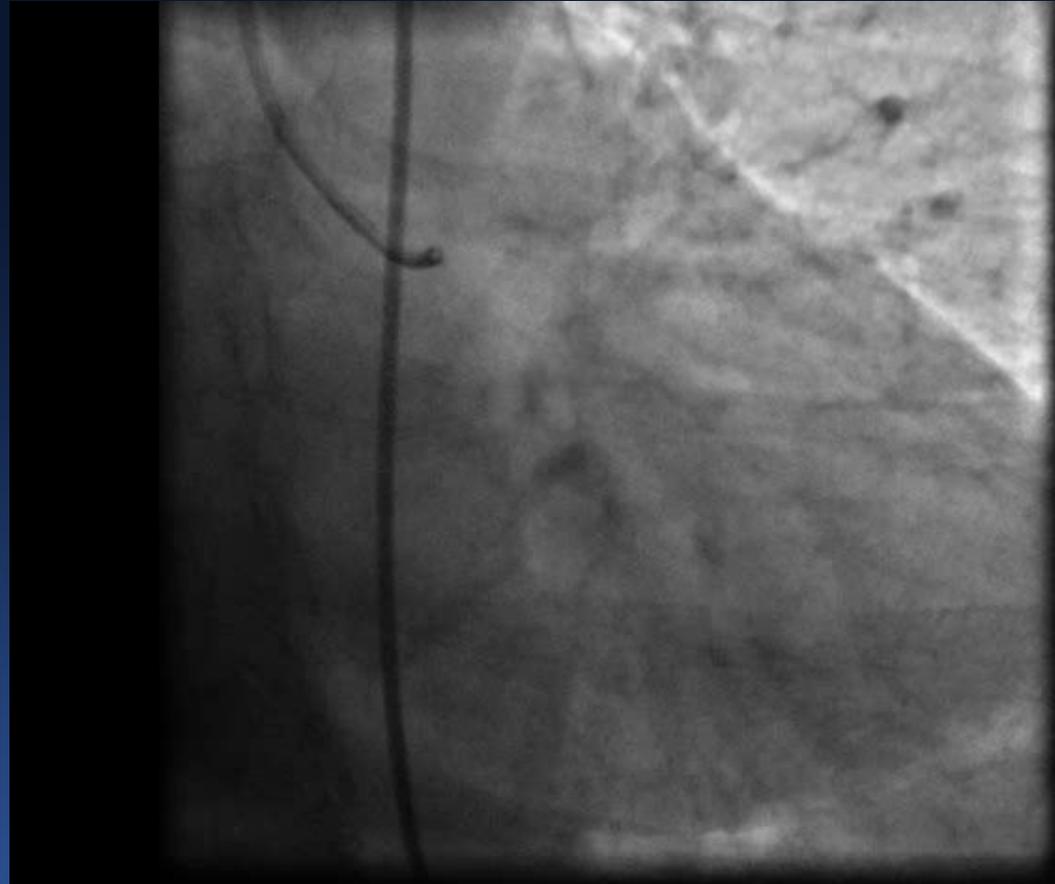
CASE DESCRIPTION

**TARGET
LESIONS**

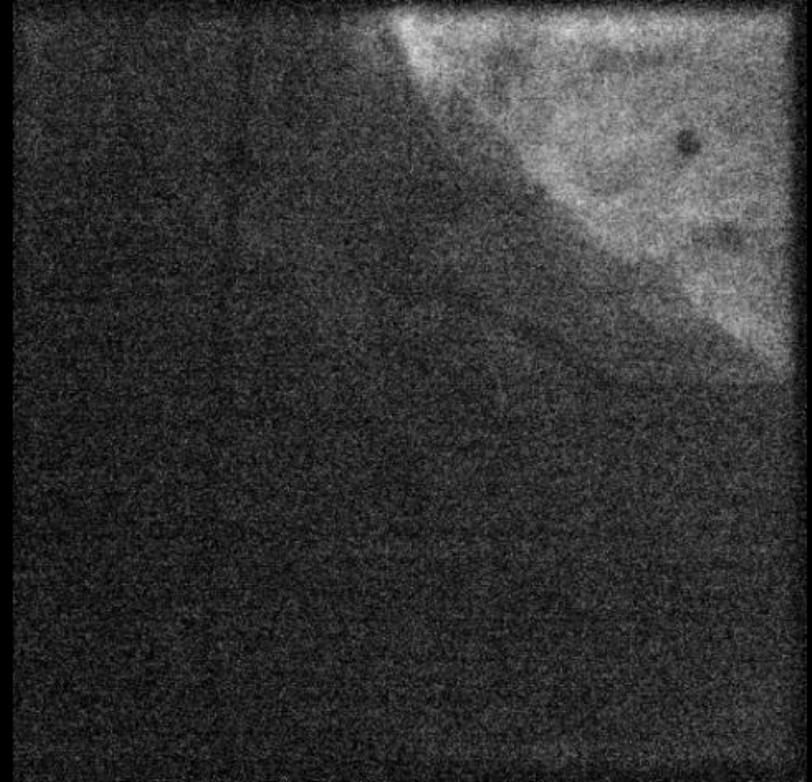
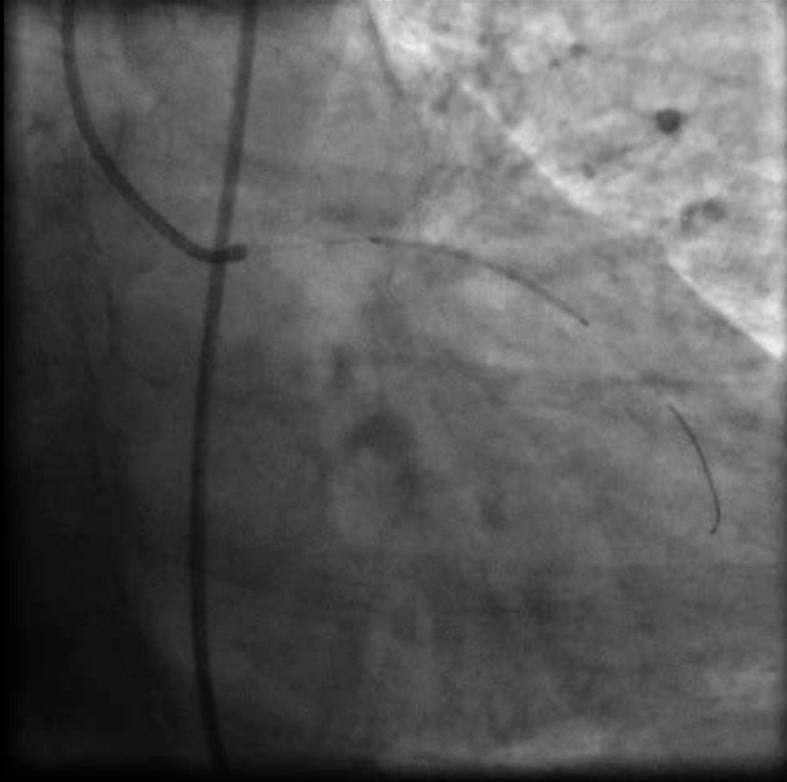


CASE DESCRIPTION

- Jan. 2014: PCI was performed.
- A 6 french Extra Backup guiding catheter was advanced to the Left coronary artery ostium.

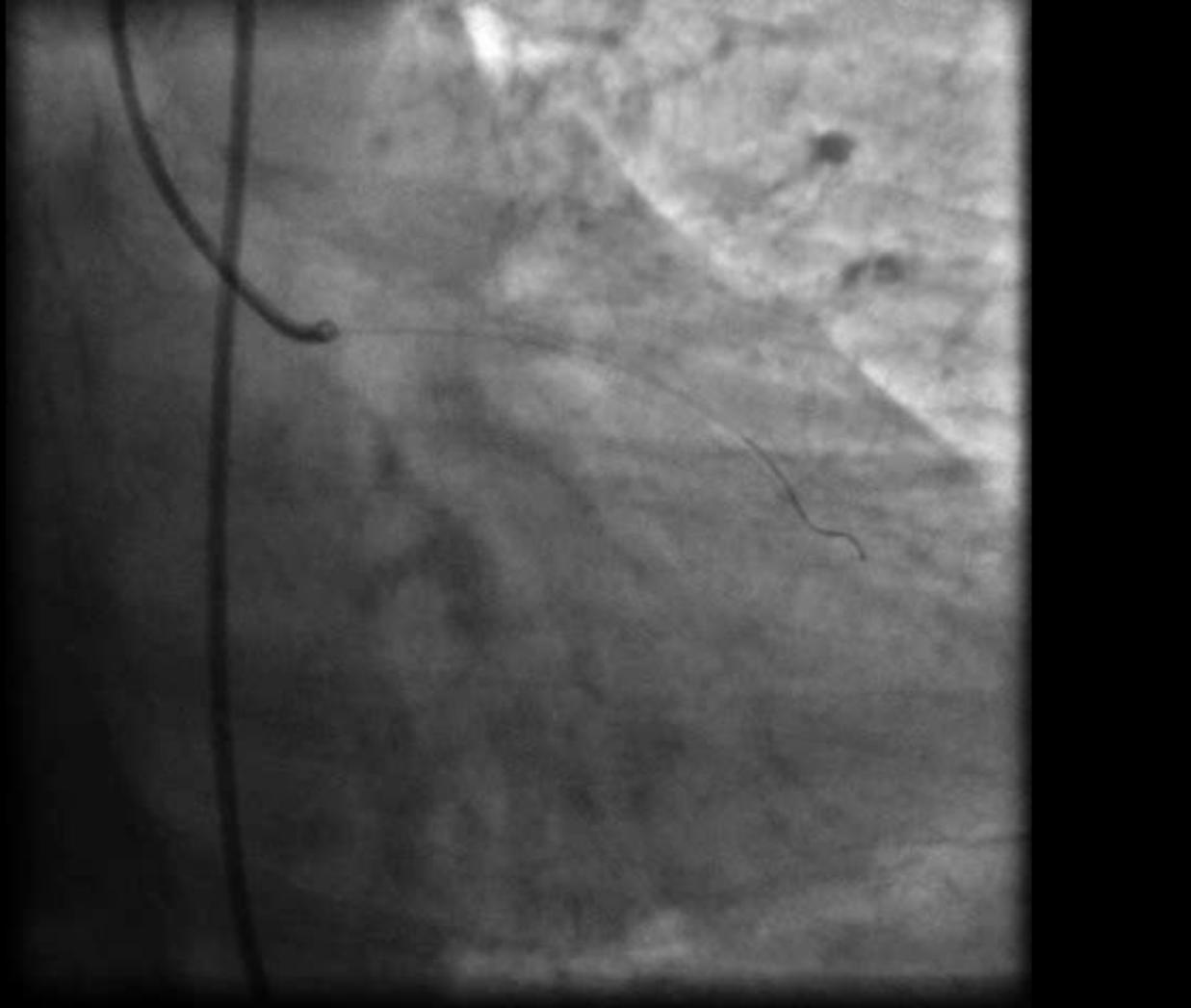


CASE DESCRIPTION



Left Obtuse Marginal artery was treated first. Stenosis was crossed with a 0.014" Hi Torque Floppy II guidewire (Abbott Vascular). A 3.0-28 mm, drug eluting stent, was implanted in proximal segment of the vessel at 16 atm.

CASE DESCRIPTION



**Post stent
implantation
angiography.**

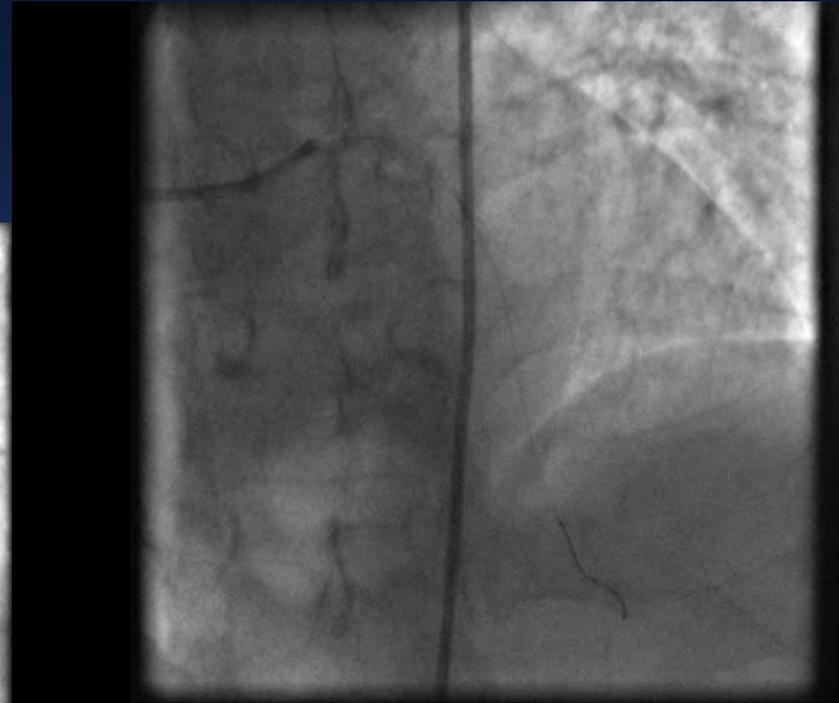
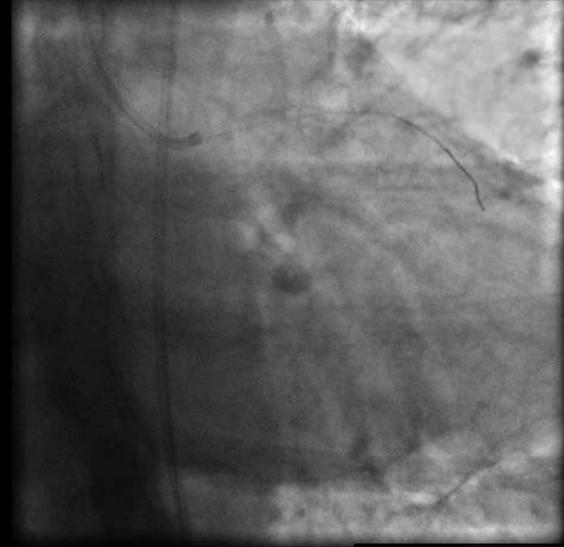
CASE DESCRIPTION

Then Left Anterior Descending artery was treated. Stenosis was crossed with a 0.014" Hi Torque Floppy II guidewire (Abbott Vascular).

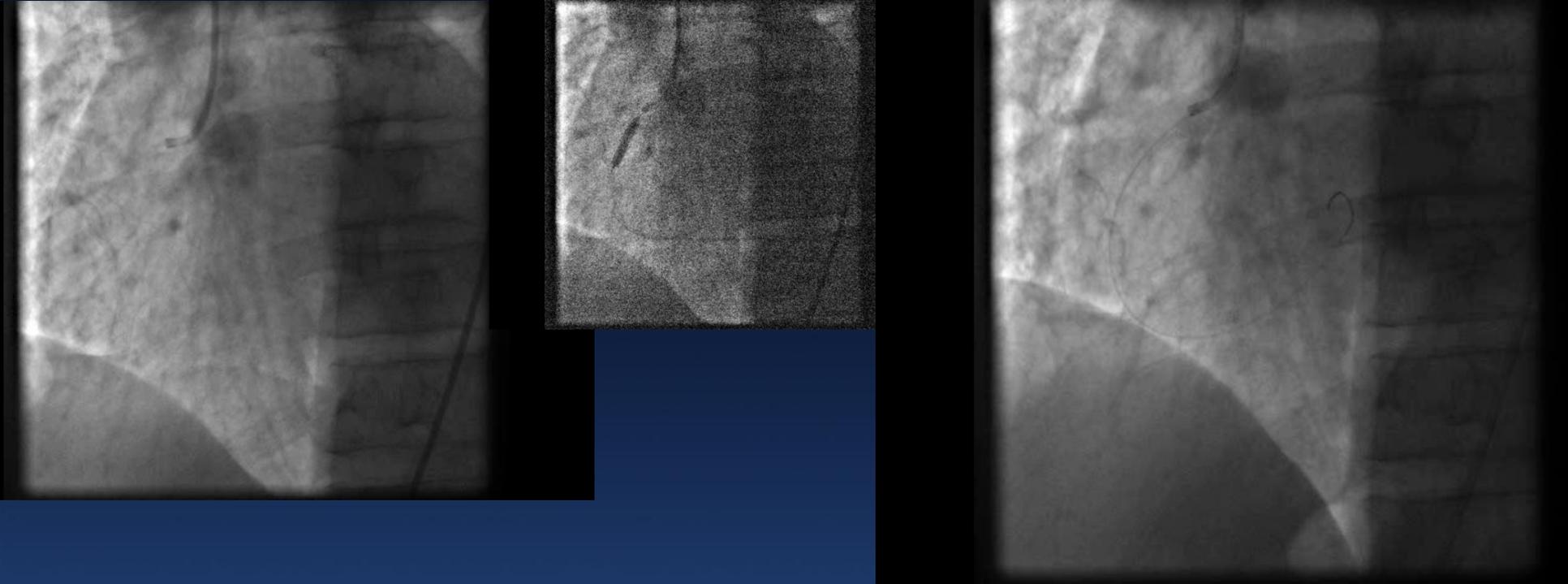
Predilatation was performed with a 2.5x20 mm Maverick 2 balloon (Boston Scientific Corporation).

CASE DESCRIPTION

A 3.0-32 mm drug eluting stent was implanted in proximal segment of the Left Anterior Descending artery at 16 atm.



CASE DESCRIPTION



Finally, a 6 french Judkings Right guiding catheter was advanced to the right coronary ostium. A 0.014" Hi Torque Floppy II guidewire (Abbott Vascular) was used to cross the stenosis. A 3.5-16 mm drug eluting stent was implanted in middle segment of the Right Coronary artery at 16 atm.

CONCLUSION

- Diabetic patients suffering ischemic heart disease with multiple vessel disease, lead to a difficult decision about which revascularization technique is best.
- Patients with diabetes presenting with “simple” anatomy might fare just as well with percutaneous coronary intervention as bypass surgery.

CONCLUSION

- Can we identify patients with diabetes with simple lesions who are at reasonably low risk for death or MI and still need revascularization?
- Simple MVD in diabetic patients should also be send for CABG?