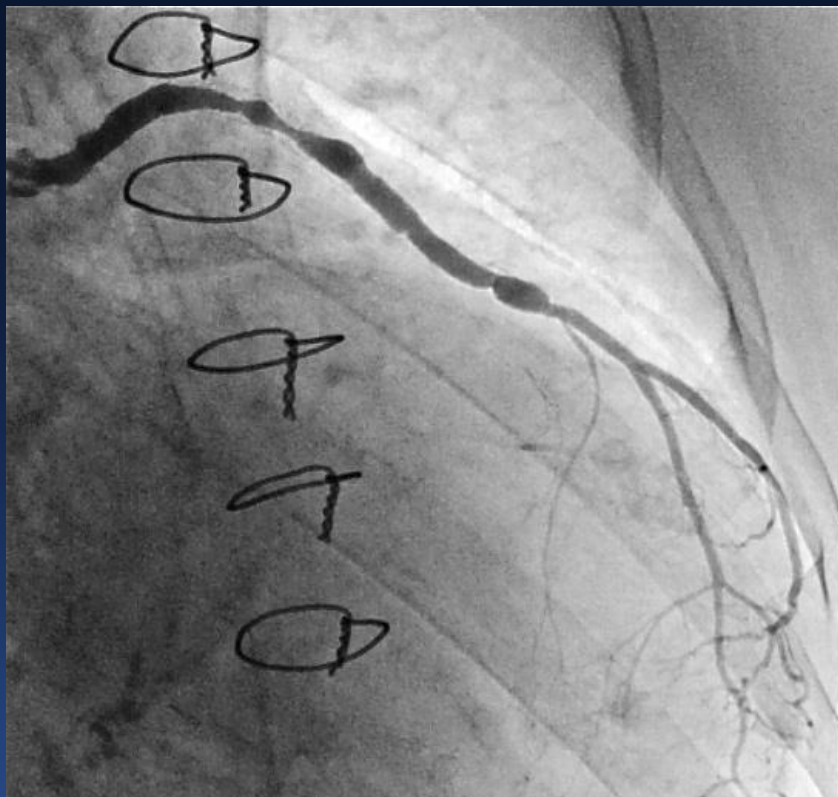


**All faculty disclosures are available on
the CRF Events App and online at
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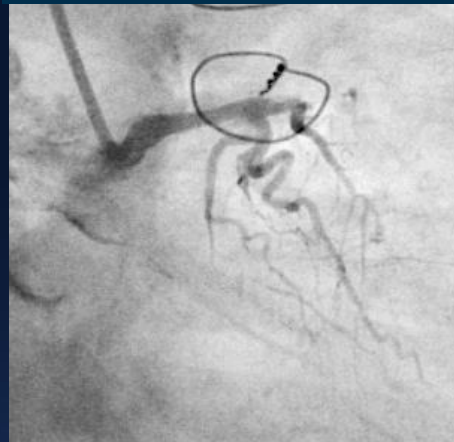
How did I treat this patient?

How did I treat this patient?

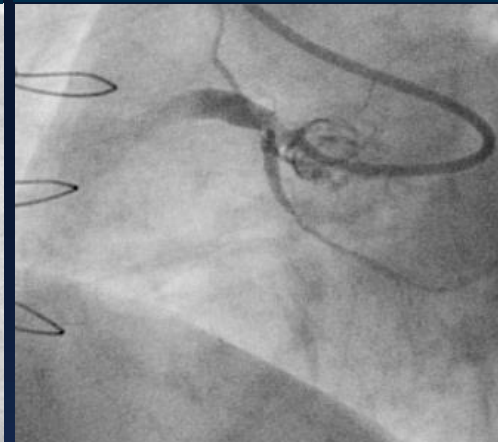
Ao-LAD – 85% restenosis in BMS



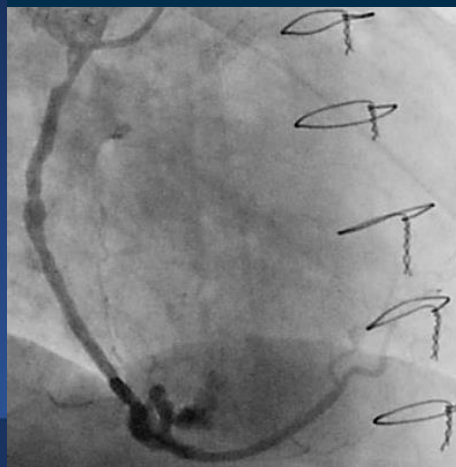
**LAD – CTO
in medial segment**



**RCA – CTO occluded
in proximal segment**



**SVG to RCA
70% stenosis**

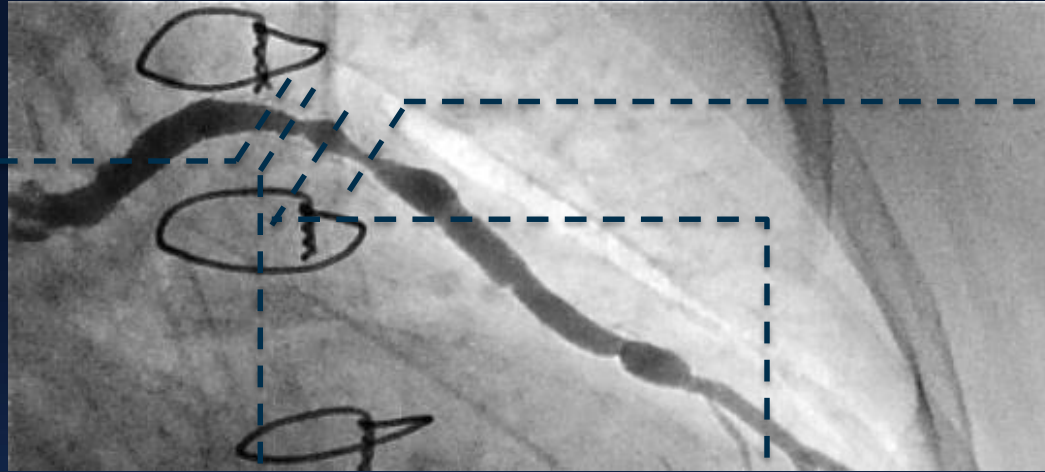


**SVG to Cx
occlusion
confirmed during
PCI in 2012**

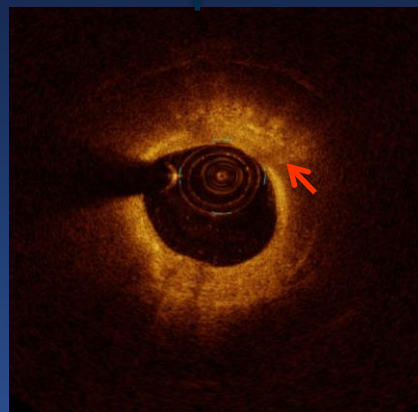
STRATEGY

- **Redo CABG with LIMA**
- **PCI on SVG or native LAD?**
- **Which anticoagulation?**
- **Which antiplatelet ?**
- **GpIIb/IIIa antagonist ?**
- **Additional imaging ?**

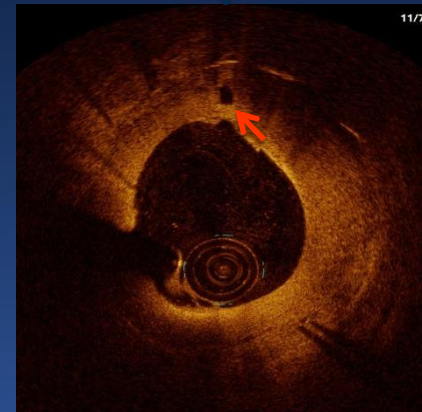
Optical Coherence Tomography of the BMS in Ao-LAD



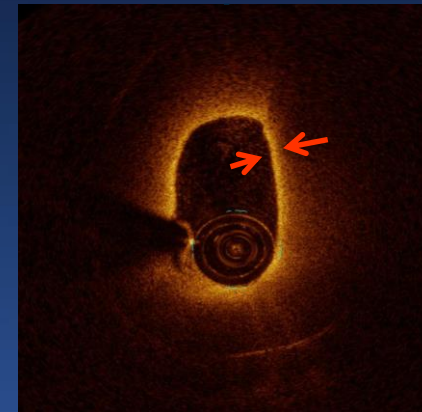
Stent struts covered by neointima



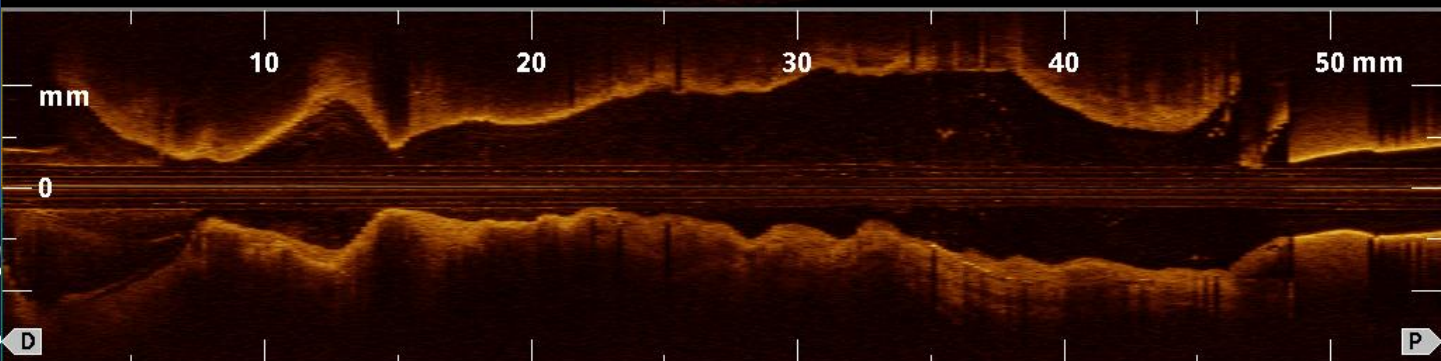
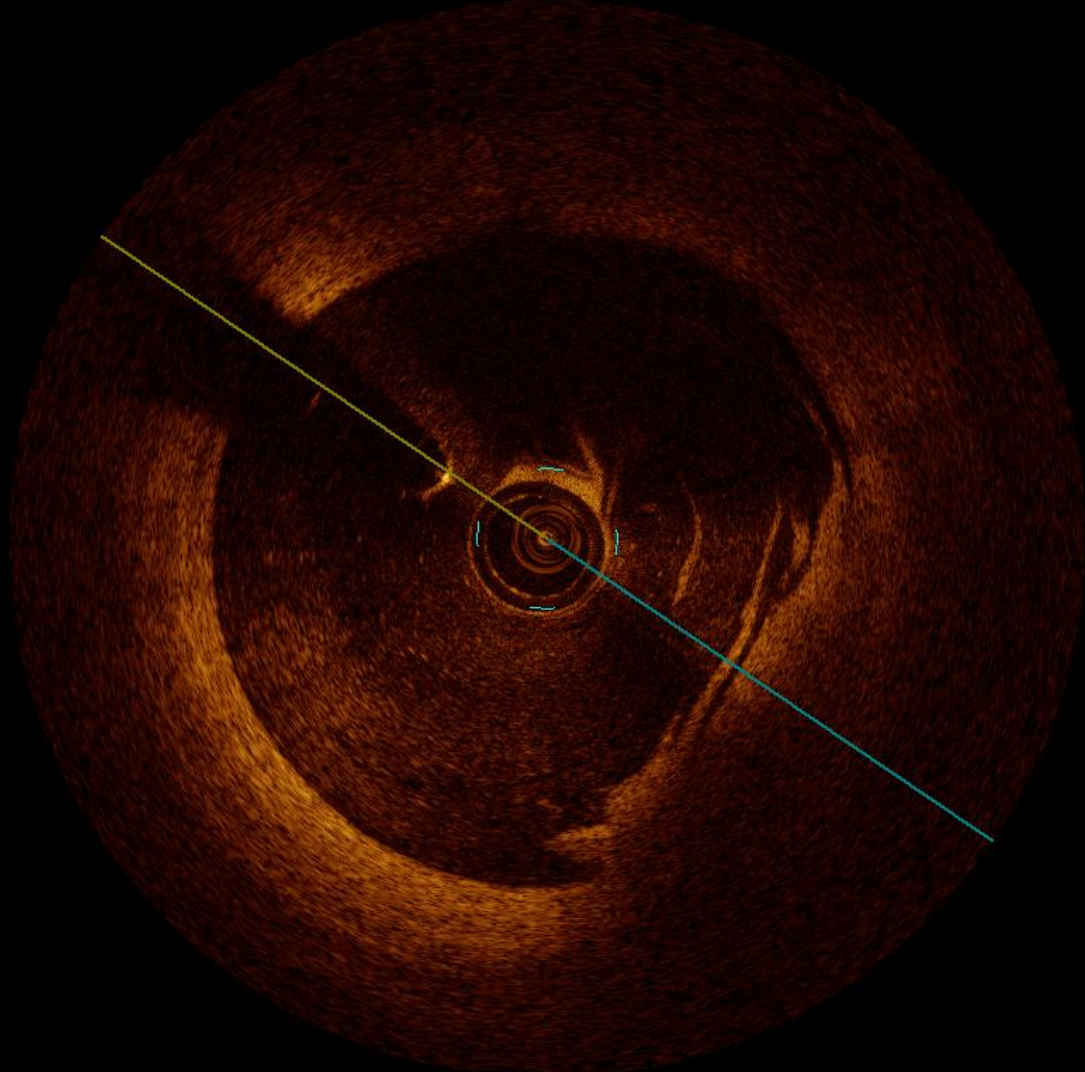
Macrophages in the lipid-rich neointima



Neovascularisation of the neointima



TCFA (60µm) over the lipid rich neointima



STRATEGY

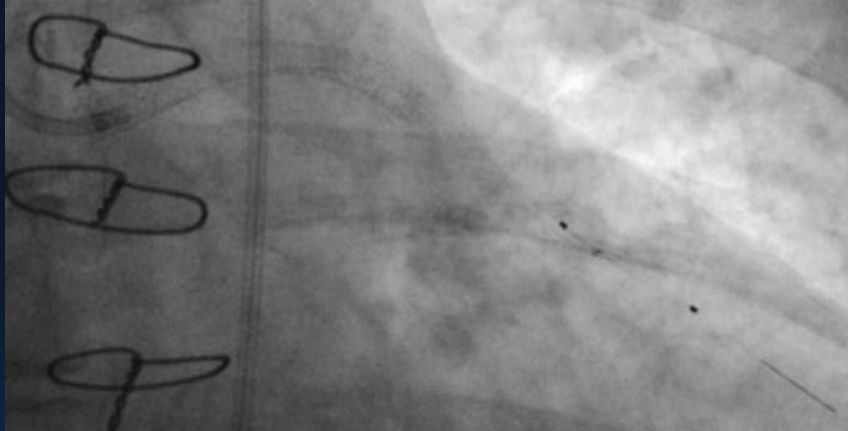
- **Predilation (?)**
- **DEB**
- **DES**
- **Balloon-expandable vs self expandable**
- **Covered (?)**
- **Postdilation (?)**

STRATEGY

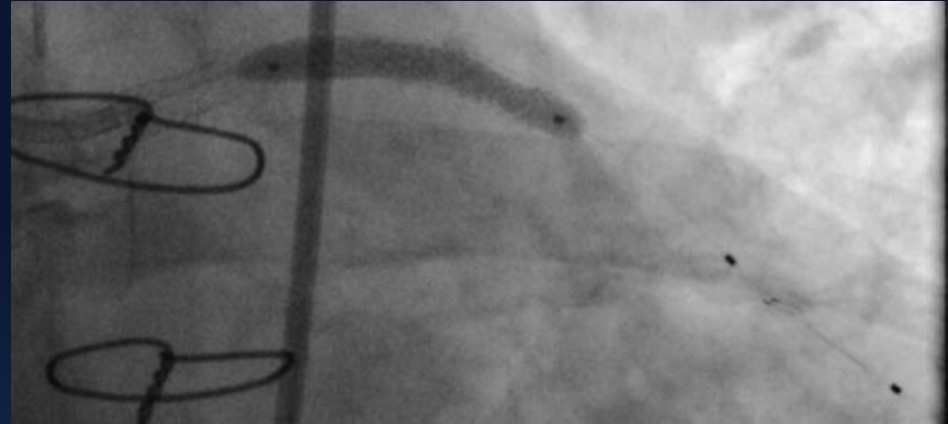
- **PCI on SVG ISR**
- **Distal protection**
- **Predilation**
- **Optimization by OCT**
- **Postdilation (?)**
- **No GPIIb/IIIa**

PCI of SVG to LAD+DES

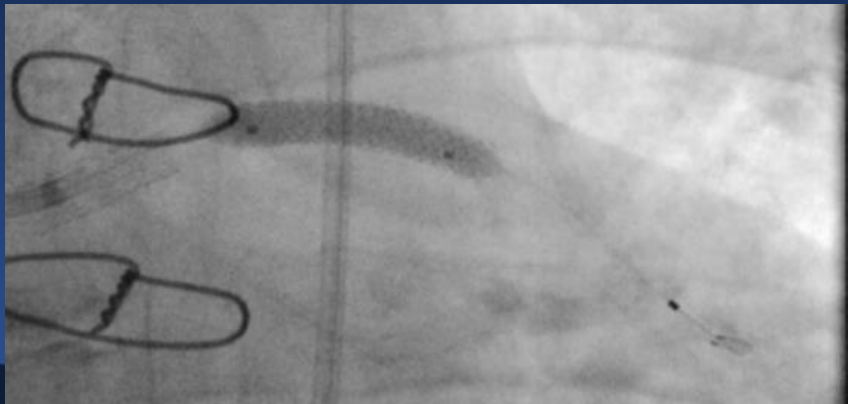
Distal protection 4.0mm



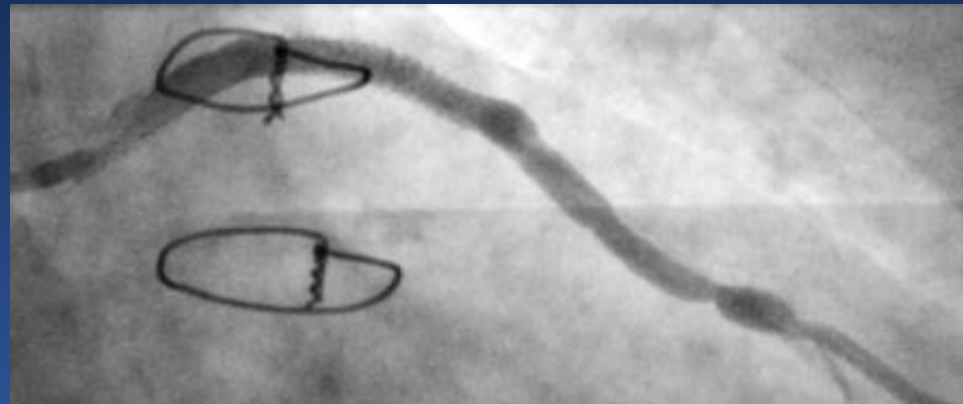
Implantation of EES 3.5x24mm



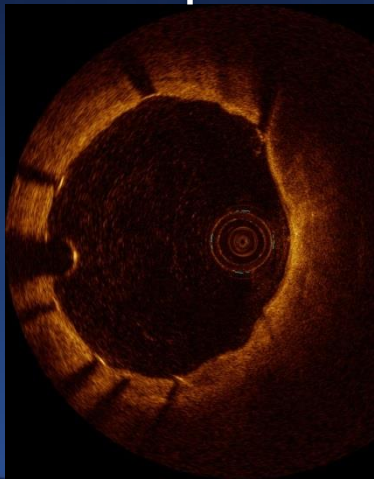
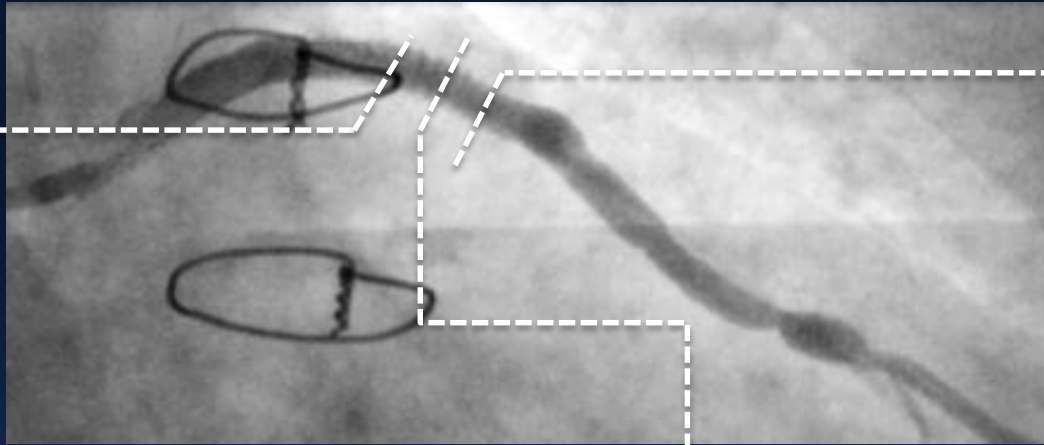
Postdilatation with 4.0x18mm NC



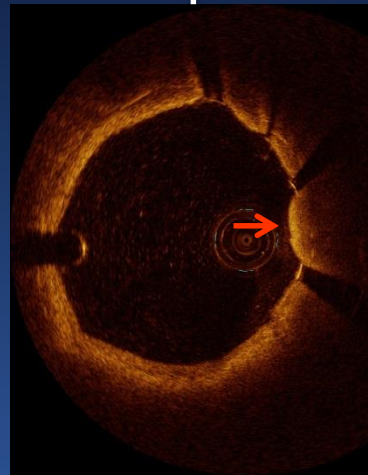
Final result



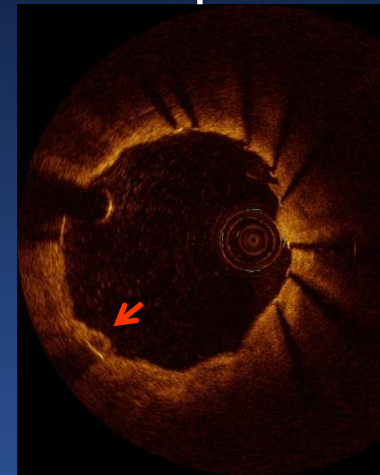
Optical Coherence Tomography post PCI



**DES struts
well embedded**



**Protrusion of lipid rich neointima
through out DES struts**



Case summary

- The neoatherosclerosis in stents implanted to SVG may poses features of vulnerable plaque.
- This case suggests that neoatherosclerosis in BMS implanted in SVG may occur earlier as compared to native coronary arteries.
- Is the distal protection required for the SVG in-stent restenosis treatment?
- Heterogenous neointima covering DES 6 months post PCI may indicate for chronic thrombosis within the stent.