

VGH-TSCI Complex PCI Live Demonstration Course

2019.10.05

Venue

台北榮民總醫院
致德樓 第二會議室

 TSCI 臺灣介入性心臟血管醫學會



VGH-TSCI Complex PCI Live Demonstration Course

會議日期：108 年 10 月 5 日(六) 08:00-18:00

會議地點：台北榮民總醫院 致德樓 第二會議室

Course Directors: 盧澤民、李文領、馬光遠

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|---|---|--|
| 08:00 | Welcome & Opening Remarks | 陳雲亮 主任 |
| 08:10-10:30 Section I | | |
| Moderators: 周嘉裕、吳炯仁、蔡政廷 | | Commentators: 王怡智、黃啓宏、郭風裕 |
| IVUS/OCT Commentator: 鄧欣一、張偉俊 | | |
| Room 1: Left anterior descending artery chronic total occlusion | | Operator: 黃少嵩 |
| Room 2: Right coronary artery in stent restenosis | | Operator: 李文領 |
| 12 mins | Lecture (Abbott) Multidisciplinary Treatment for Calcified Stenosis | Speaker: Frankie Tam |
| 12 mins | Lecture (Boston) | Speaker: 張俊欽 |
| 10:30-13:00 Section II | | |
| Moderators: 常敏之、謝宜璋、方慶章 | | Commentators: 曹殿萍、施俊明、吳承學、Frankie Tam |
| IVUS/OCT Commentator: 鄧欣一、張偉俊 | | |
| Room 1: Left anterior descending artery chronic total occlusion | | Operator: Raymond Fung |
| Room 2: Right coronary artery chronic total occlusion | | Operator: 洪正中 |
| 12 mins | Lecture (Medtronic) | Speaker: 吳承學 |
| 15 mins | Lecture (Sanofi) | Speaker: 李任光 |
| 13:00-15:30 Section III | | |
| Moderators: 李文領、張其任、顧博明 | | Commentators: 吳道正、潘如濱、任勗龍、黃柏勳 |
| IVUS/OCT Commentator: 鄧欣一、張偉俊 | | |
| Room 1: Left anterior descending artery chronic total occlusion | | Operator: 呂信邦 |
| Room 2: Right coronary artery rotablation | | Operator: 蘇界守 |
| 12 mins | Lecture (Terumo) | Speaker: 李俊偉 |
| 15 mins | Lecture (Amgen) | Speaker: 黃建龍 |
| 15:30-17:50 Section IV | | |
| Moderators: 殷偉賢、馬光遠、王志鴻 | | Commentators: 羅秉漢、黃群耀、林佳濱、Raymond Fung |
| IVUS/OCT Commentator: 鄧欣一、張偉俊 | | |
| Room 1: Right coronary artery chronic total occlusion | | Operator: 郭風裕 |
| Room 2: Left anterior descending artery chronic total occlusion (instent) | | Operator: 林俊呈 |
| 12 mins | Lecture (Biotronik) | Speaker: 王奇彥 |
| 15 mins | Lecture (Daiichi-Sankyo) | Speaker: 林佳濱 |
| 17:50 | Closing Remarks | 殷偉賢 理事長 |

Case 1: Left anterior descending artery chronic total occlusion

Date: 2019/10/05

Operator: Dr. 黃少嵩

Patient Demographics

Age: 72

Gender: Male

Past Medical History

1. NSTEMI, coronary artery disease with triple vessel disease, post LAD-M s/p POBA, RCA-P s/p BMS
2. Type 2 DM under OAD
3. Benign prostatic hyperplasia status post transurethral resection of the prostate in 2004

Risk Factors

Age, DM, HTN

Clinical Presentation

NSTEMI

Imaging Findings

Coronary vascular anatomy (2019/09/09)

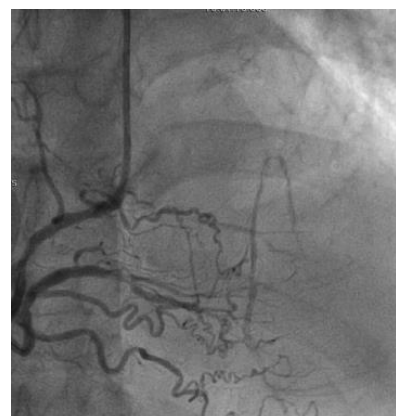
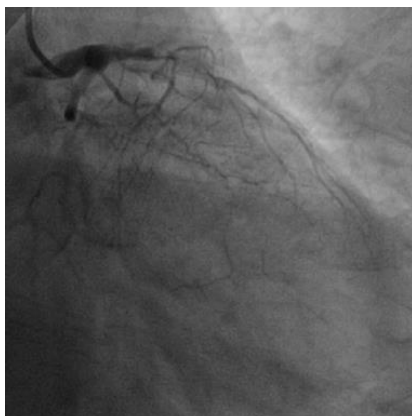
LM : patent

LAD: chronic total occlusion

LCX : chronic total occlusion

RCA: s/p -P stenting

[Angiogram: after RCA revascularization on 2019/09/09]



Case 2: Right coronary artery in stent restenosis

Date: 2019/10/05

Operator: Dr. 李文領

Patient Demographics

Age: 69

Gender: Male

Past Medical History

1. Heart failure with reduced EF, LVEF: 42% on 2019/7/29, NYHA Class III,
2. Coronary artery disease
 - s/p CABG + mitral valve repair and annuloplasty + TV annuloplasty in 2012 and RCA -M 90% in-stent stenosis
 - RCA repeated ISR s/p PCI and rotablation in 2015/03/31, s/p POBA on 2018/10/17, 2019/06/27
3. Hypertension
4. Type 2 DM under OAD
5. Hyperlipidemia
6. Atrial fibrillation, CHAD2-DS2-VASc 4, under Apixaban

Risk Factors

Age; HTN ; DM; Hyperlipidemia

Clinical Presentation

Effort related chest tightness and dyspnea

Angiographic Findings

Coronary vascular anatomy (2019/06/27)

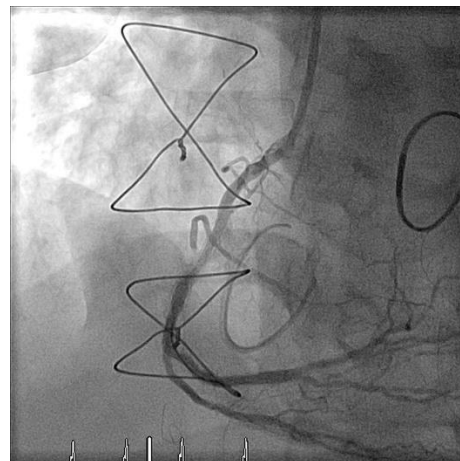
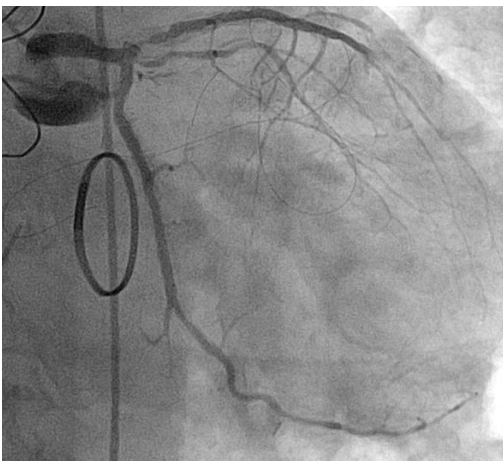
LM: -D: eccentric tubular stenosis up to 50%

LAD: -P: critical stenosis up to 90% with calcification, -D with competing flow

LCX: -D: in-stent patent

RCA: -M in-stent critical ISR up to 90% -> s/p DEB on 2019/6/27

[Angiogram: After RCA-M DEB on 2019/06/27]



Case 3: Left anterior descending artery chronic total occlusion

Date: 2019/10/05

Operator: Dr. Raymond Fung

Patient Demographics

Age : 40

Gender : Male

Past Medical History

1. NSTEMI, coronary artery disease with double vessel disease, s/p RCA-P PCI (BMS), LAD: chronic total occlusion
2. Hypertension under medication
3. Hyperlipidemia

Risk Factors

Age; HTN; Hyperlipidemia

Clinical Presentation

NSTEMI

Imaging Findings

Coronary vascular anatomy (2019/07/08)

LM: patent

LAD: chronic total occlusion

LCx: -P: 40% stenosis

RCA: culprit lesion of NSTEMI s/p BMS

[Angiogram: after RCA-D revascularization on 2019/07/08]



Case 4: Right coronary artery chronic total occlusion

Date: 2019/10/05

Operator: Dr. 洪正中

Patient Demographics

Age: 86

Gender: Male

Past Medical History

1. Coronary artery disease with triple vessel disease s/p LCX CTO PCI on 2019/07/11
2. Hypertension under medication

Risk Factors

Age; HTN

Clinical Presentation

Chest tightness and dyspnea on exertion

Angiographic Findings

Coronary vascular anatomy (2019/07/11)

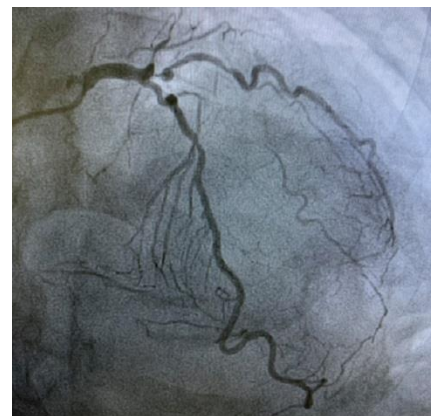
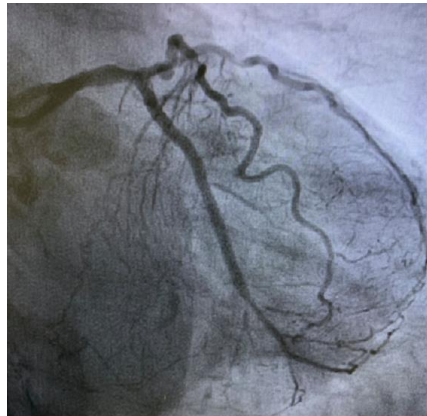
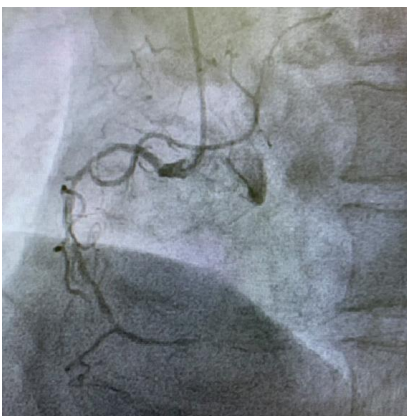
LM: patent

LAD: -D1 70% stenosis

LCX: CTO s/p PCI

RCA: CTO

[Angiogram: After LCX PCI on 2019/07/11]



Case 5: Left anterior descending artery chronic total occlusion

Date: 2019/10/05

Operator: Dr. 呂信邦

Patient Demographics

Age: 58

Gender: Male

Past Medical History

1. Hypertension under medication

Risk Factors

Age; HTN

Clinical Presentation

Chest tightness for months, treadmill positive

Angiographic Findings

Coronary vascular anatomy (2018/09/12)

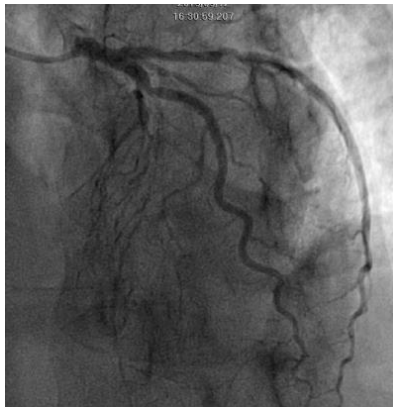
LM: patent

LAD: -M: chronic total occlusion

LCX: -P: 30% stenosis

RCA: s/p RCA-D stenting

[Angiogram: post RCA-D PCI]



Case 6: Right coronary artery rotablation

Date: 2019/10/05

Operator: Dr. 蘇界守

Patient Demographics

Age: 72

Gender: Male

Past Medical History

1. PAOD (patent bilateral common and superficial femoral arteries)
2. Suspect stenosis of bilateral subclavian arteries
3. Hypertension
4. Type 2 DM
5. CKD, nephrotic syndrome with hyperlipidemia

Risk Factors

Smoking; HTN; DM; Age; CKD; Hyperlipidemia

Clinical Presentation

Effort related chest tightness

Angiographic Findings

Coronary vascular anatomy (2019/04/22)

LM: patent

LAD: -P to -D: heavy calcification and diffuse narrowing up to 70%, -D1: 50% stenosis-> s/p DES X1 at LM to LAD-M, DESX1 at LAD-M to -D on 2019/04/22

LCX: -P to -D: diffuse narrowing up to 50%

RCA: -M: severe calcification, long lesion, up to 80% stenosis, -D: to -PL: 70% stenosis

[Angiogram: After LAD PCI on 2019/04/22]



Case 7: Right coronary artery chronic total occlusion

Date: 2019/10/05

Operator: Dr. 郭風裕

Patient Demographics

Age : 48

Gender : Male

Past Medical History

1. CAD with TVD with STEMI, anterior wall, s/p PCI with DES over LAD (2012-02), step PCI over RCA and LCX (2012-03) with lesion progression over LAD-M, and RCA-P (CTO) in 2019, s/p PCI with DES over LAD-M
2. Hypertension, under medical treatment
3. Type 2 DM under medical control
4. Dyslipidemia
5. Left cerebral infarction with right hemiparesis, with well recovery (2016)

Risk Factors

HTN; Dyslipidemia; Type 2 DM

Clinical Presentation

Effort related chest tightness

Angiographic Findings

Coronary vascular anatomy (2019/07/09)

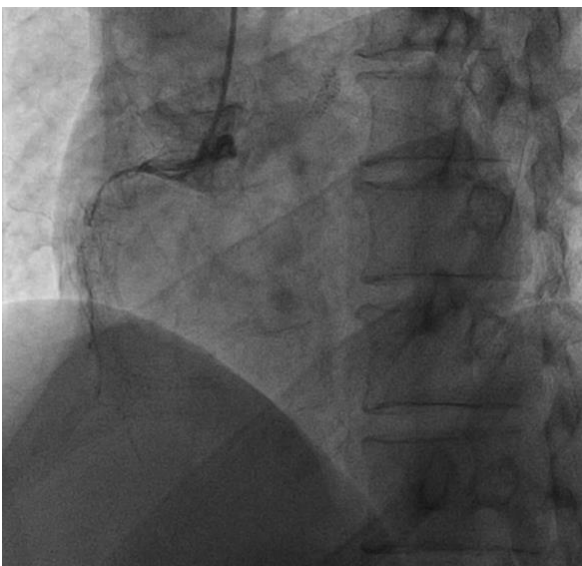
LM: No significant stenosis

LAD-P: patent stent, -M: 70 % stenosis, => s/p PCI with DES

LCX: Patent stent

RCA: proximal total occlusion

[Angiogram: 2019/07/09]



Case 8: Left anterior descending artery chronic total occlusion (instent)

Date: 2019/10/05

Operator: Dr. 林俊呈

Patient Demographics

Age: 82

Gender: Female

Past Medical History

1. Coronary artery disease with LM+DVD
 - s/p PCI twice in Mackay Memorial hospital (2004-2005) and NTUH (2006-2007)
 - s/p CABG (1A2V) (LIMA to LAD, GSV1 to OM1, GSV2 to RI) in VGHTPE in 2009
 - *CAG (2019/04/03): GSV1 to LAD-D1 total occlusion, LAD instent chronic total occlusion
2. Goiter with hyperthyroidism, s/p CABG with goiter removal in 2009
3. Bronchoasthma for 20-30 years, under irregular medication control.
4. Hypertension, more than 10 years, under medication control.

Risk Factors

Age; HTN

Clinical Presentation

Effort related angina and dyspnea on exertion

Angiographic Findings

Coronary vascular anatomy (2019/04/08)

LM: patent

LAD: -Os to -M: instent chronic total occlusion

LCX: -P: chronic total occlusion

RCA: -P to -M: instent 10-20% stenosis

Collaterals: RCA-PL to LAD-D, LAD septal br.

Other Findings: GSV1 to LAD-D1: total occlusion, GSV2 to LCX-OM: mild 20-30% stenosis, TIMI 3 flow. LIMA to LAD patent

[Angiogram: 2019/04/08]

