

### Case Reports

## Graft angioplasty and stenting – the first case in Sri Lanka

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### Summary

We report a 54 year old male who underwent saphenous graft vessel angioplasty and stenting successfully for unstable angina, 8 months after his coronary bypass surgery.

### Introduction

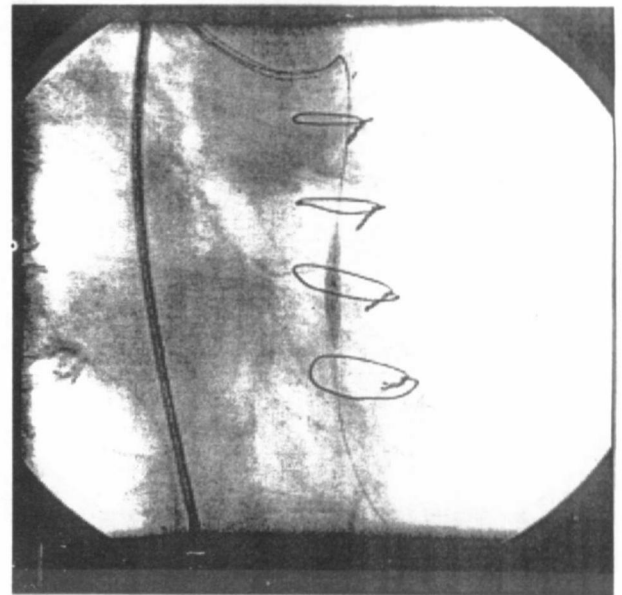
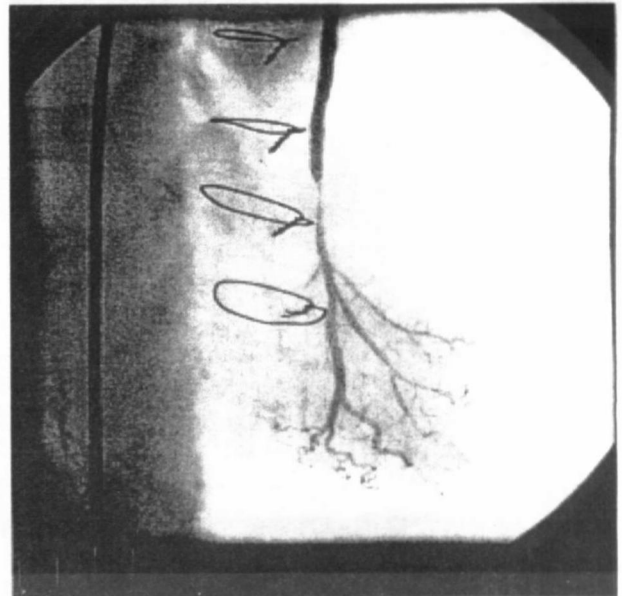
Coronary artery disease is a major cause if morbidity and mortality is Sri Lanka. The therapeutic options available to treat coronary artery disease are increasing, Percutaneous Transluminal Coronary Angioplasty (PTCA) is a well established method of revascularization of ischaemic myocardium. PTCA was introduced to Sri Lanka in 1994. Since then its use has been gradually increasing, The early results of selected patients has shown encouraging results<sup>1</sup>. These results are comparable to that achieved in advanced centers. The use of primary PTCA is limited due to logistical difficulty<sup>2</sup>.

### Case report

A 54-year-old army officer presented to us with a history of constricting type of chest pain with radiation to left arm. He has had an Anterior Q Myocardial Infarction in December 1998. In February 1999 he was found to have strongly positive exercise ECG and subsequently underwent coronary artery bypass surgery in July 1999. Left internal mammary artery graft to left anterior descending artery and saphenous vein grafts to right coronary artery, obtuse marginal artery and the diagonal artery.

On this admission cardiac troponin was positive and he remained symptomatic with fluctuating ECG changes in spite of optimal medical coronary arteries and the grafts. Coronary angiogram revealed discrete near total occlusion at the distal anastomosis of

saphenous vein graft to the left circumflex artery. The rest of the grafts were patent. The lesion in the saphenous vein graft to left circumflex was dilated using 3mm x 20mm Samba ballon and 3mm x 28mm J & J stent was placed across the lesion. Post stenting angiography revealed patent graft with no residual stenosis or distal embolisation. Six months after the procedure the patients exercise ECG was negative up to stage IV.

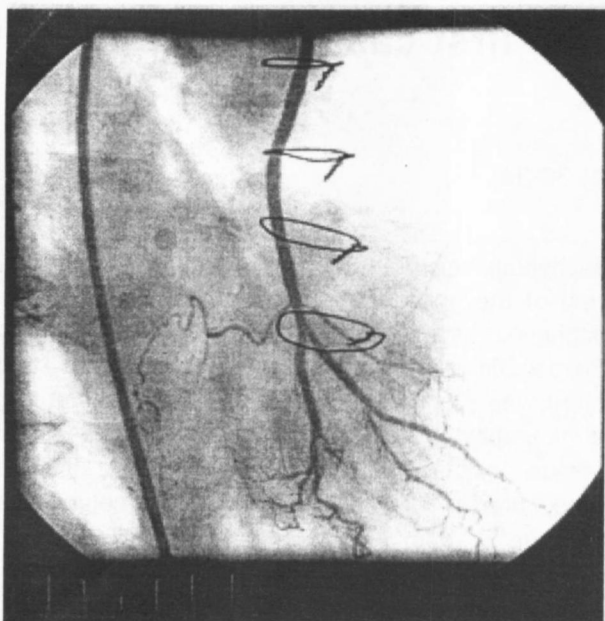


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### Discussion

The long term graft patency of SVG grafts following CABG is limited by graft failure or progression of coronary atherosclerosis<sup>3-5</sup>. Repeat operation carries higher morbidity and mortality. Repeat surgery has also shown poor results compared to the first operation<sup>6-8</sup>. The best mode of therapy in such patients is a controversial issue, and more evidence is awaited to give clear directions. PTCA is a good option for selected patients for revascularization after CABG. However use of saphenous vein graft angioplasty is limited by high incidence of distal embolization, myocardial infarction and restenosis<sup>9</sup>. Studies have shown that PTCA followed by stenting of SVG improve results<sup>10</sup>. The high risk of PTCA of SVG is associated with multiple lesions, older grafts, total occlusion of grafts and fresh thrombus in the graft. However for SVG graft with single stenosis, PCTA and stenting will produce better results than repeat surgery.

During the last decade there had been a dramatic increase in the number of patients undergoing CABG in Sri Lanka. In the future we are bound to see more

and more patients with angina after CABG. At present treatment options for such patients are limited. With increasing experience and availability of expertise PTCA and stenting will be an important option in the treatment of angina after CABG.

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