

the incidental finding of the unusual and relatively high risk coronary anatomy in a clinically high risk situation patient.

We would like to discuss these interesting learning points.

TCTAP C-144

PCI Without Using Any Contrast Media for Patient Who Has Allergy to It

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[CLINICAL INFORMATION]

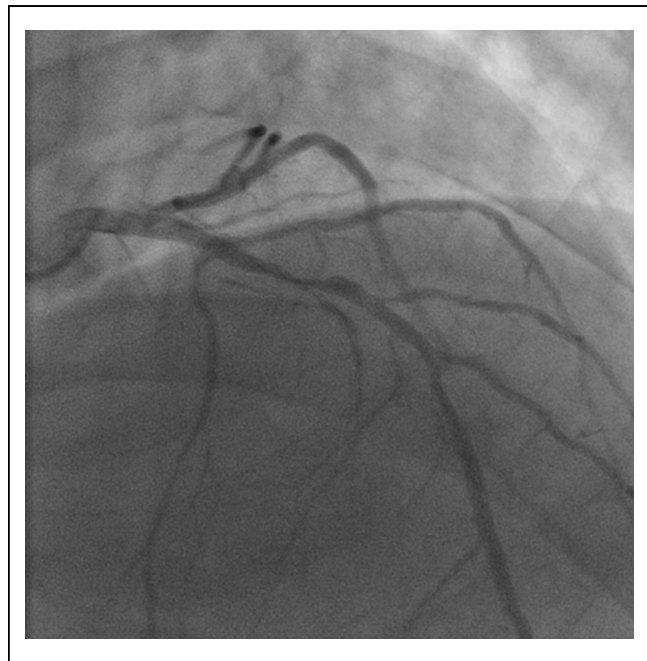
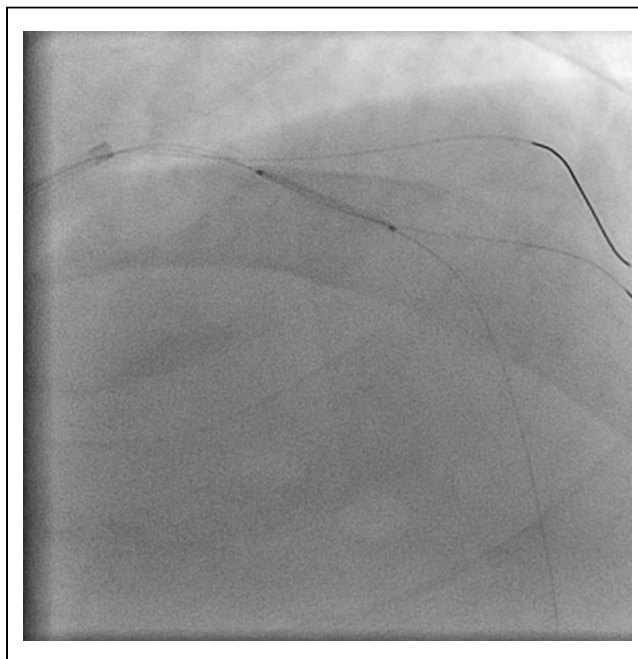
Patient initials or identifier number. N.H.

Relevant clinical history and physical exam. A 54 years old male was admitted to our hospital, complaining about chest discomfort at effort on August 8th, in 2012. He has been suffering from the symptom for about 2 months. He started hemodialysis due to diabetes mellitus about a year before hospitalization.

Relevant test results prior to catheterization.

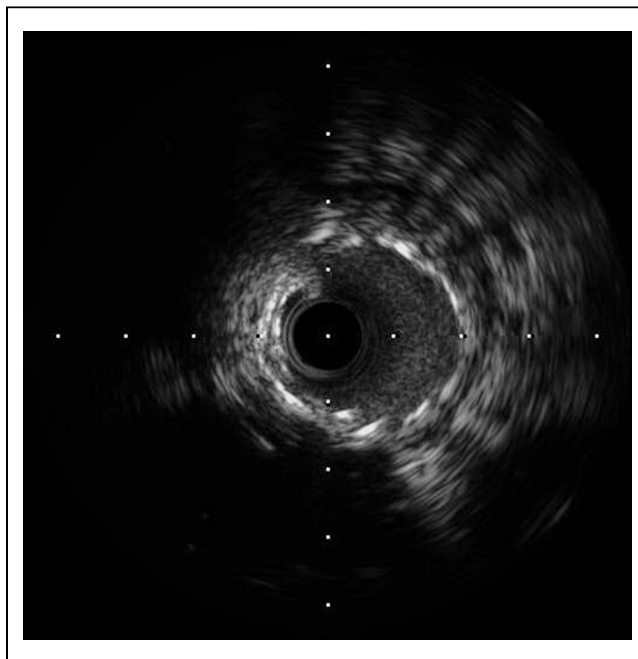
Relevant catheterization findings

We performed CAG and he had a tight stenosis lesion in his LAD. After CAG, he started have rash all over his body and we thought that he had allergy to contrast media. After CAG, because of allergy, we recommended him to have CABG but he refused to have it. So we tried to perform PCI without using any contrast media. We gave him steroid for pre medication just in case.



[INTERVENTIONAL MANAGEMENT]

Procedural step. We crossed 3 guide wires to LAD, D1, and D2 for merkmal, because the lesion was located between D1 and D2. We used IVUS for measuring the length, the vessel diameter, and also did IVUS marking for the proximal edge and the distal edge. We put stent (Promus 3X18), and added post dilatation using non-compliant balloon (Powered Lacross 2TM 3.25X10). After stenting, we used IVUS for checking that the stent expansion was enough, there was no edge dissection occurred. ECG showed no change between before and after PCI. UCG showed no pericardial effusion. PCI was successfully finished without using any contrast media.



Case Summary. We performed successful PCI for a patient who had allergy to contrast media without using any of it. Using IVUS and wire marking were very useful. We could use this procedure technique mainly for a patient with allergy to contrast media but also for a patient with CKD.