PCI + CEA + OPCAB simultaneously for a ischemic heart disease with severe carotid stenosis

Zhidong Ye MD, Peng Liu MD
Vice Director of Cardiovascular Surgery
China-Japan Friendship Hospital
Beijing, China
I do not have any potential conflict of interest
Case report

- 69-year old Male
- Stable angina 3 years, unstable angina for 1 year
- TIAs (right hemiparalysis and slurred speech) occurs 15 days ago before hospitalization
- Risk factors: Heavy smoker(2 packages/day), HTN, DM
Images and Lab

• Duplex: Rt Carotid A total occlusion, Lt 90% stenosis
• CTA: Rt ICA, MCA, ACA total occlusion, Lt ICA severe stenosis
• CAG: LAD 100% but distal LAD can be seen in late stage of Angiography, D1 90%, LCX, 70%, RCA multiple 50-90% stenosis
• EKG: OMI, ST-T segment depression all leads
• UCG: heart enlarged, LVEF, 38%
• Lab: Scr: 136umol/l
69号8月M,0002442412
切片:49
检查#: 201507170239
检查说明: Head
系列说明: Cerebral 3 fps
< 49 - 12 @ (全部) >
Summary

• CEA+CABG/CAS-CABG are better than staged procedure for treating coexist coronary and carotid A disease
• OPCAB can minimized preoperative complications but skills and hemodynamic restriction
• hybrid PCI and OPCABG may solve low EF and unstable hemodynamic condition except IABP support
PCI＋CEA＋OPCAB simultaneously for a ischemic heart disease with severe carotid stenosis

Zhidong Ye MD, Peng Liu MD
Vice Director of Cardiovascular Surgery
China-Japan Friendship Hospital
Beijing, China