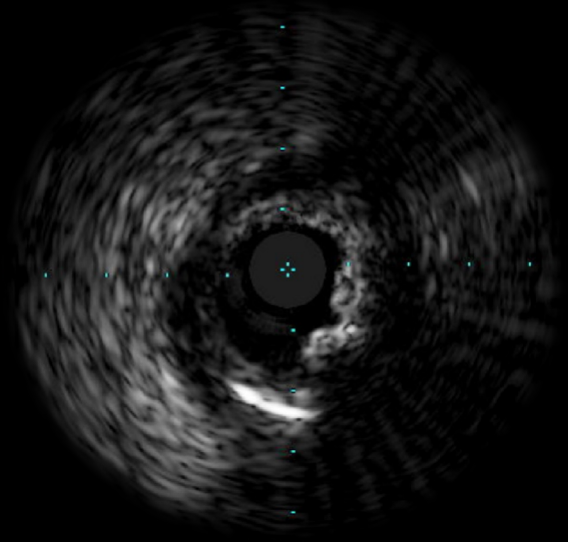

DEFINE PCI in Action

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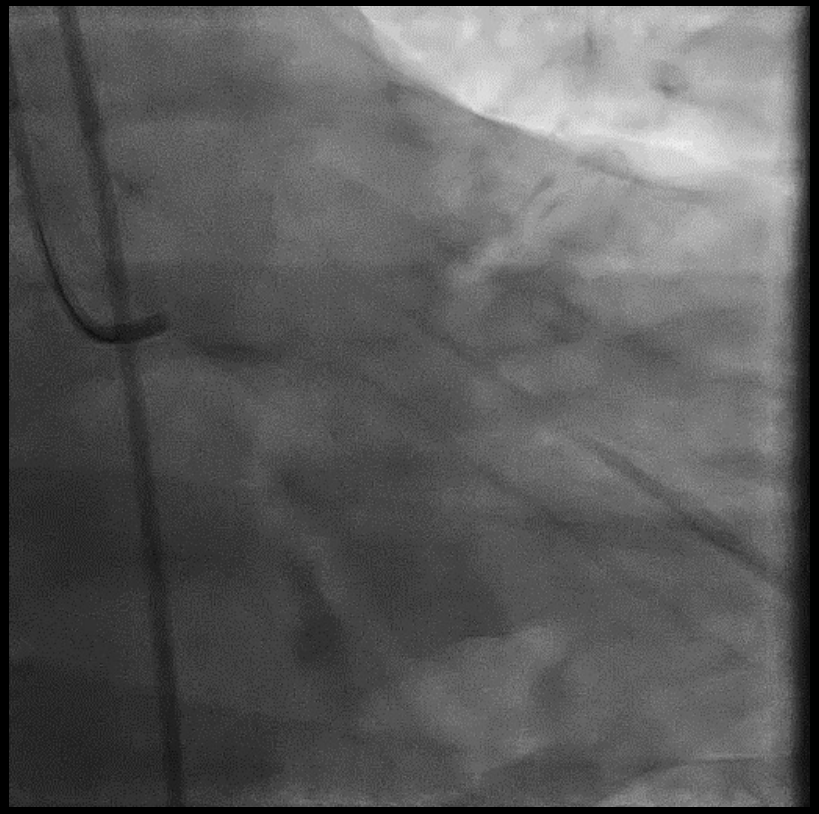
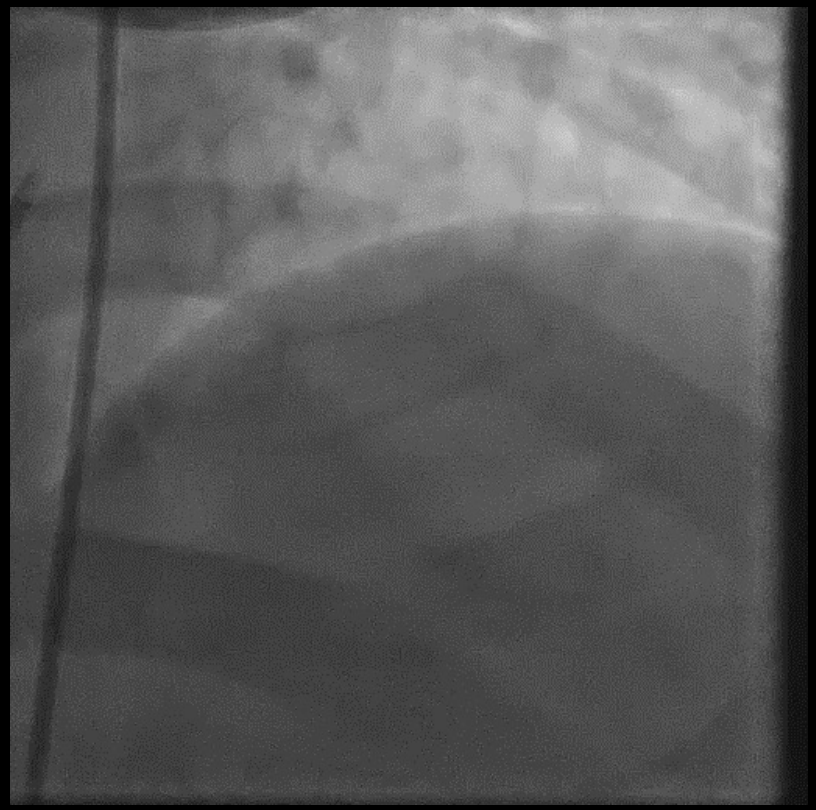
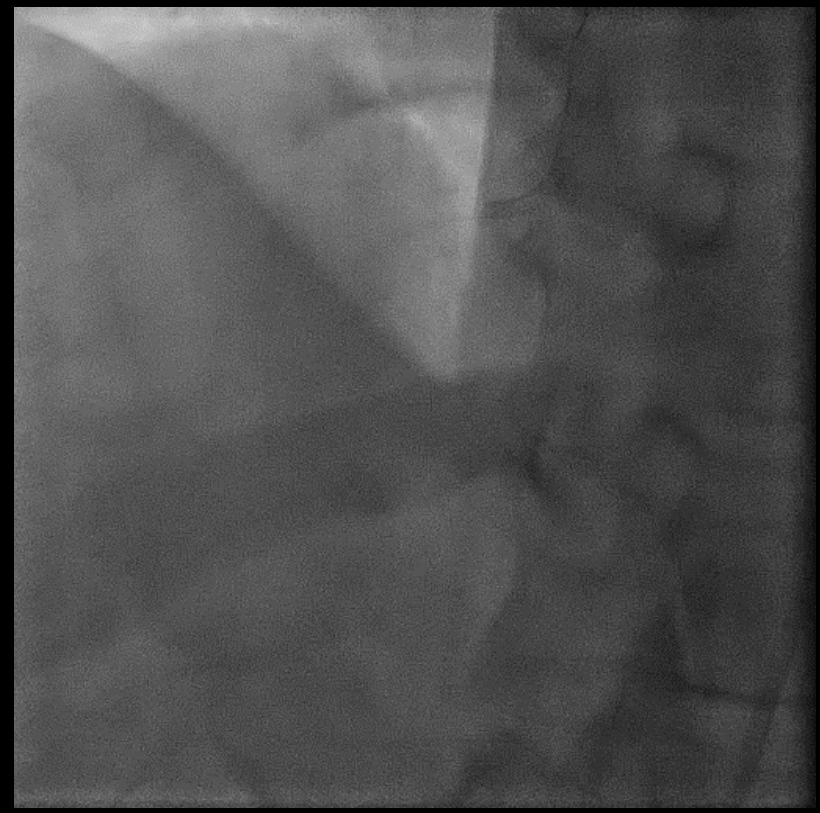
Case SS

- 75 years old with history of ESRD on HD, HTN and diabetes presented for pre transplant evaluation.
- Was having new onset dyspnea on exertion.
- Denied frank angina.
- Stress test was normal.

Case SS

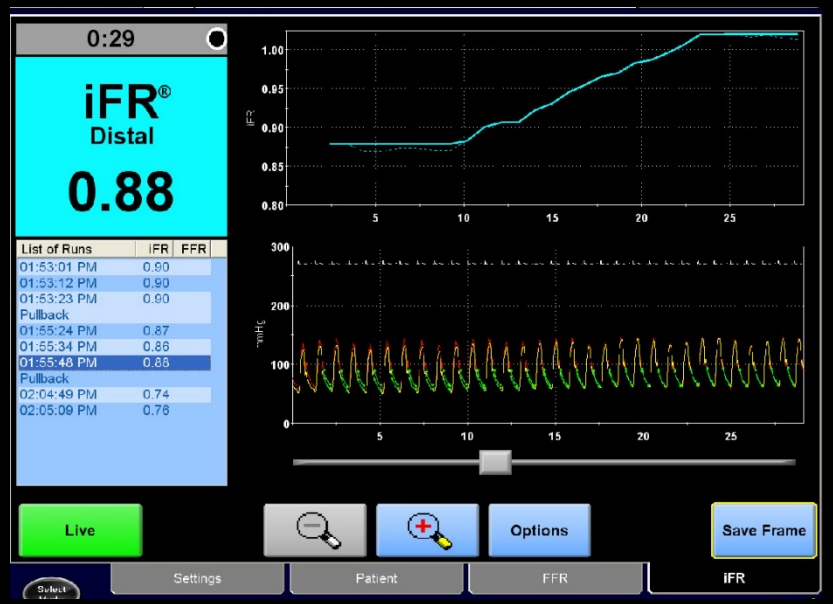




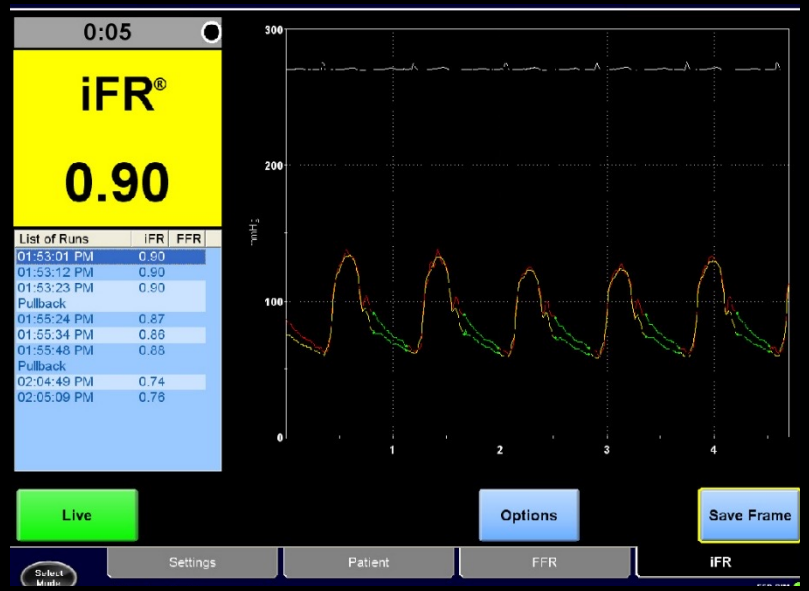


What the heck to do you do now? Does he have multivessel disease?

Case SS



LAD

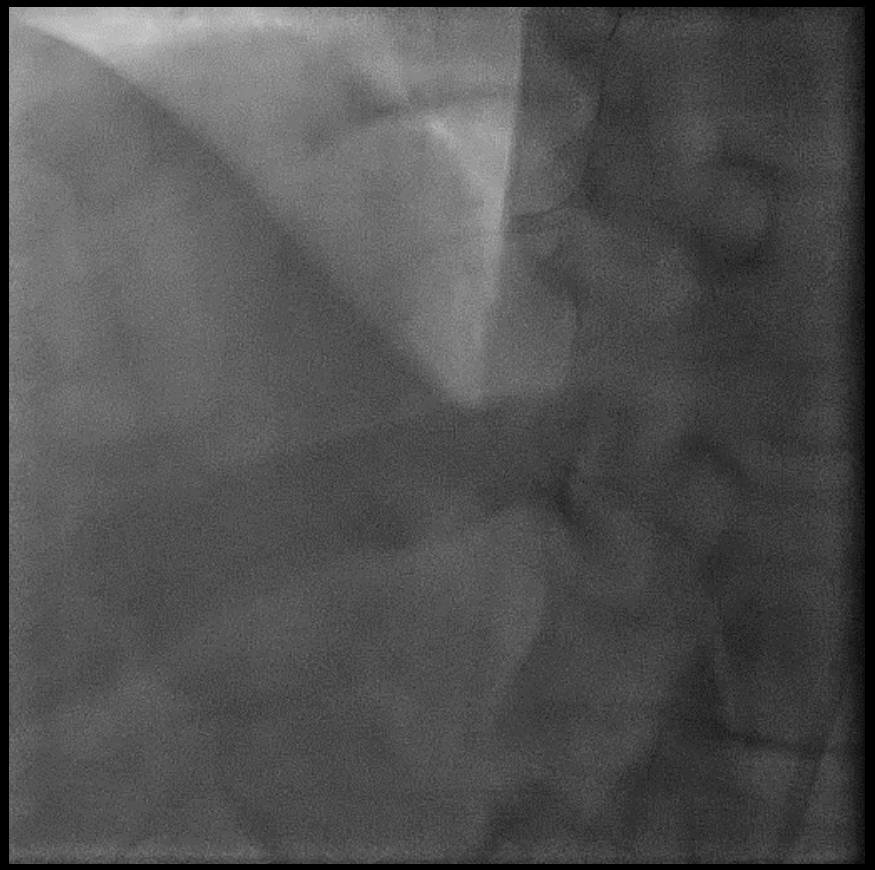


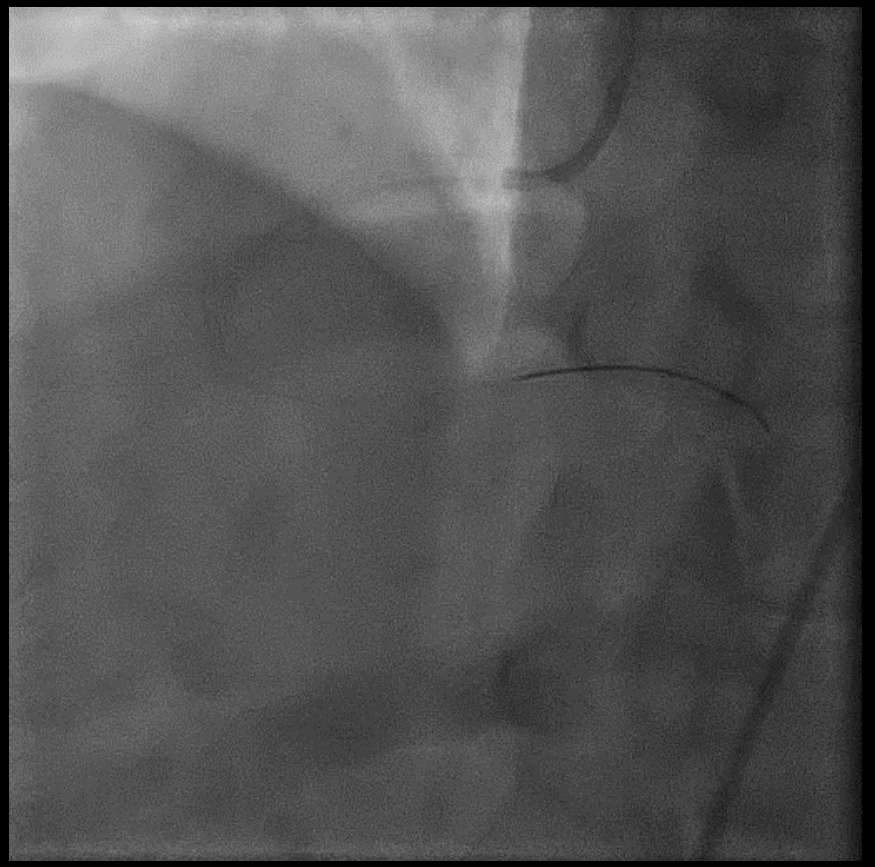
RAMUS

RCA

Plan for this physiology?

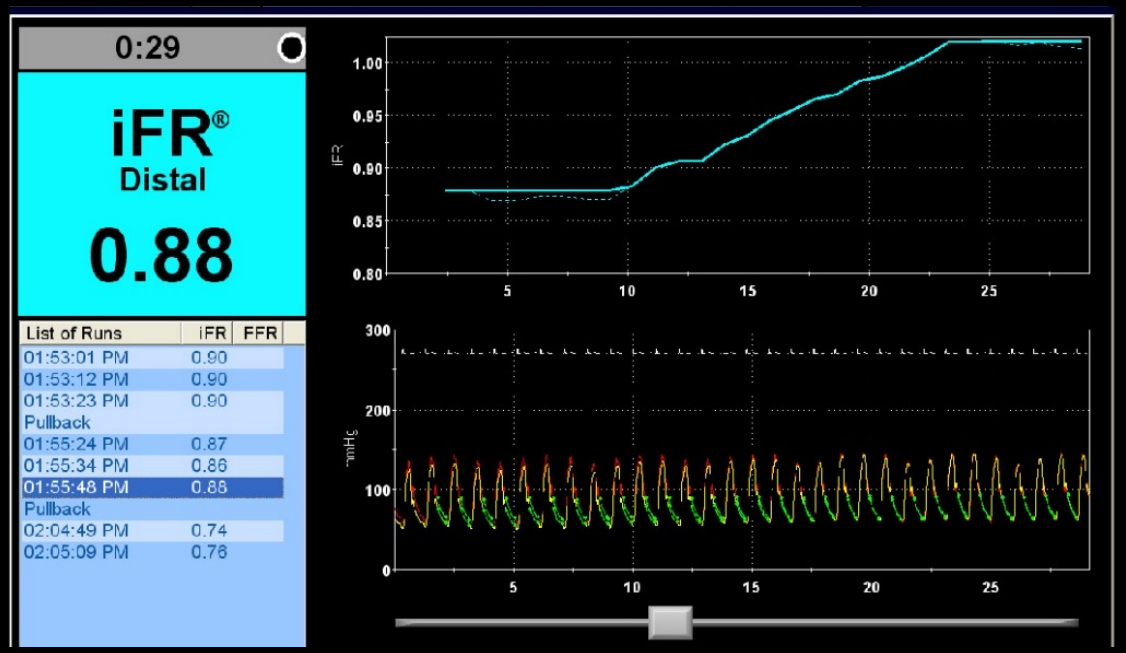
Case SS

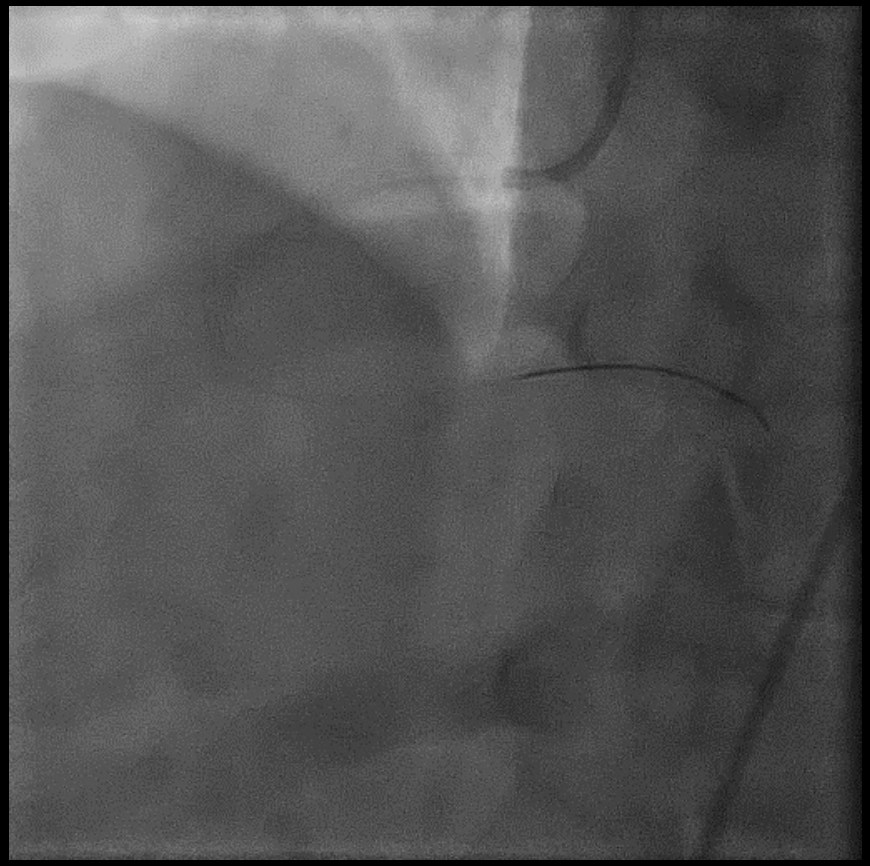




Post PCI 3.0 DES but IVUS won’t go distal

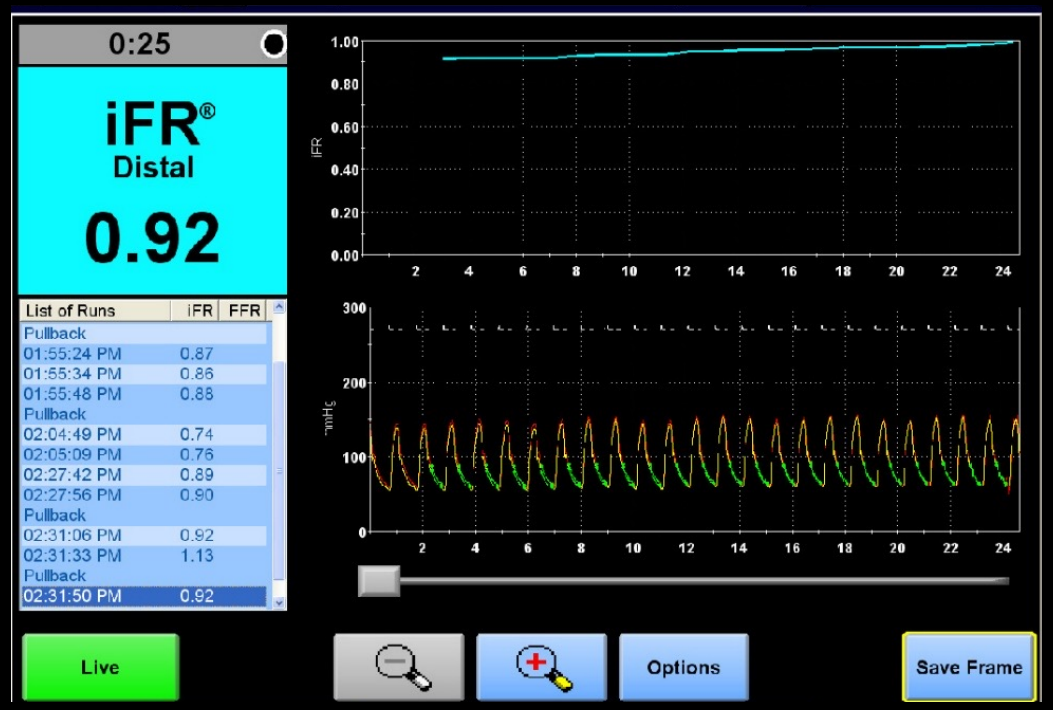
Case SS

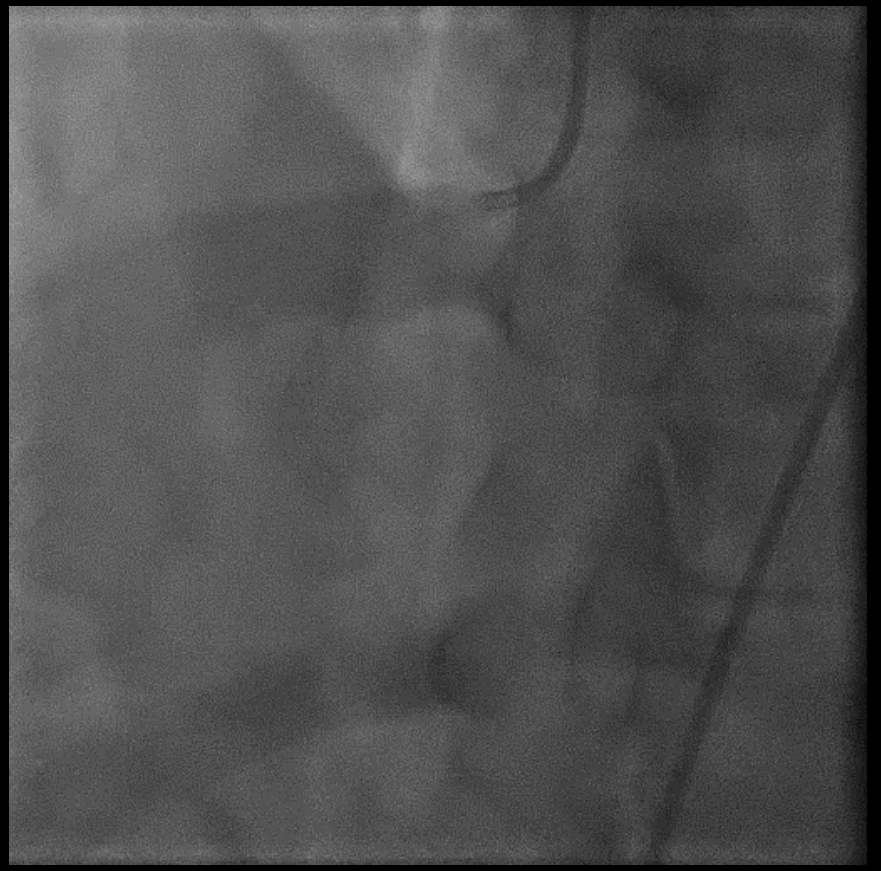




Post PCI iFR with wire in the PDA

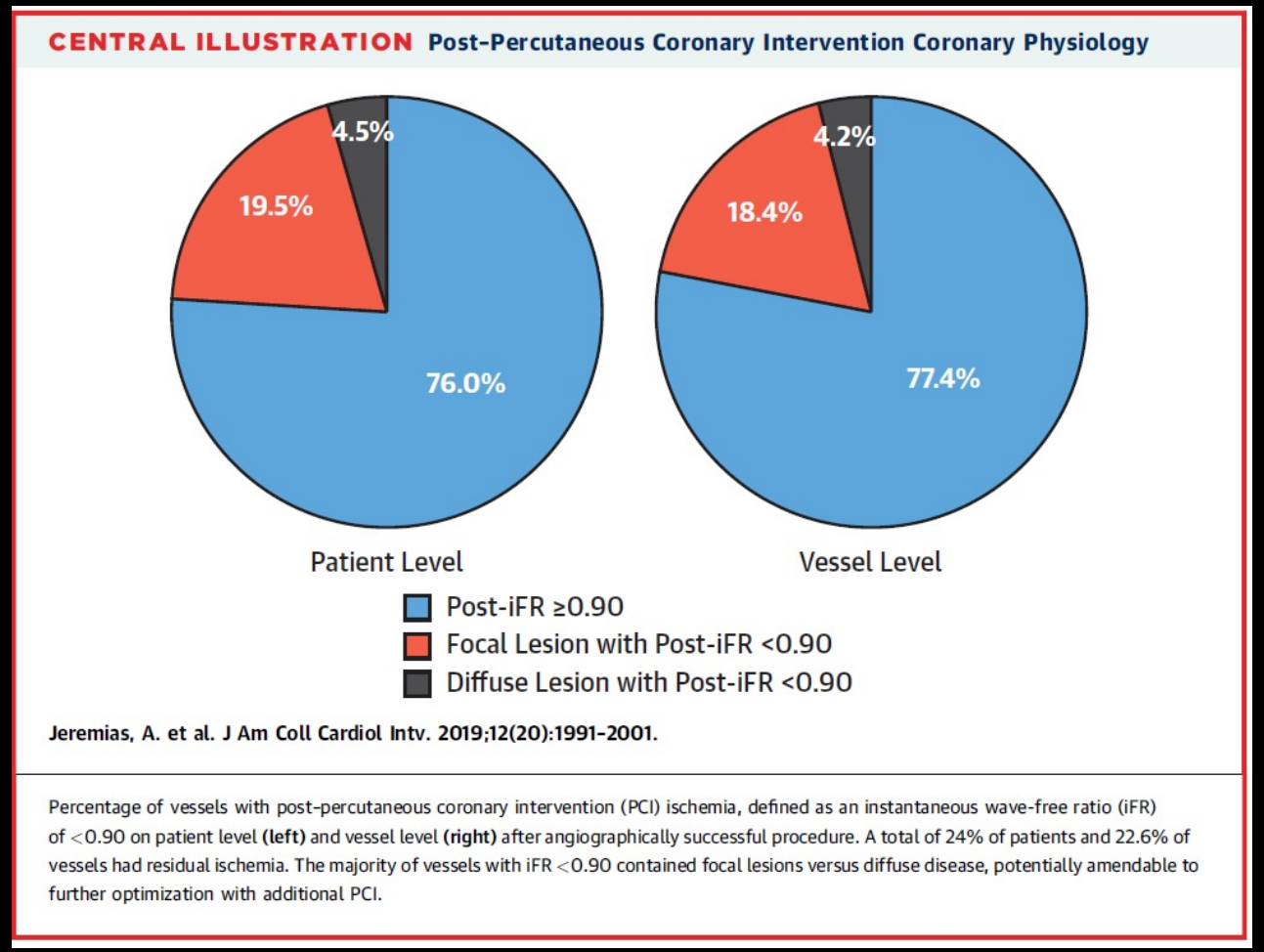
Case SS





Post dilatation with 3.5mm up to 20atm and repeat iFR.

DEFINE PCI

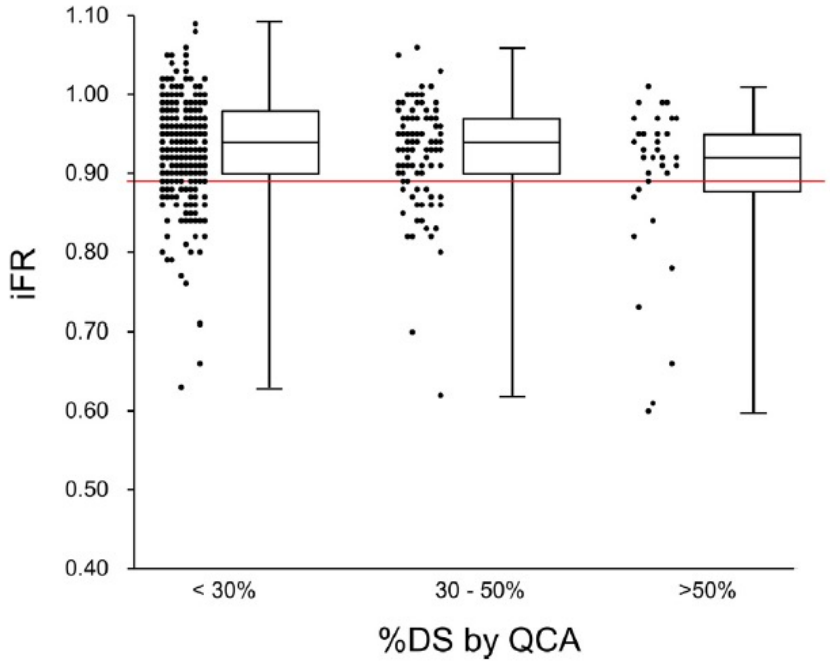


22% Residual Ischemia
-38.4% In stent
-31.5% Proximal Stent
-29.5% Distal Stent

JACC Intvent 2019; 12:1991-2001.

DEFINE PCI

FIGURE 4 Post-Percutaneous Coronary Intervention Physiology in Various Angiographic Subgroups

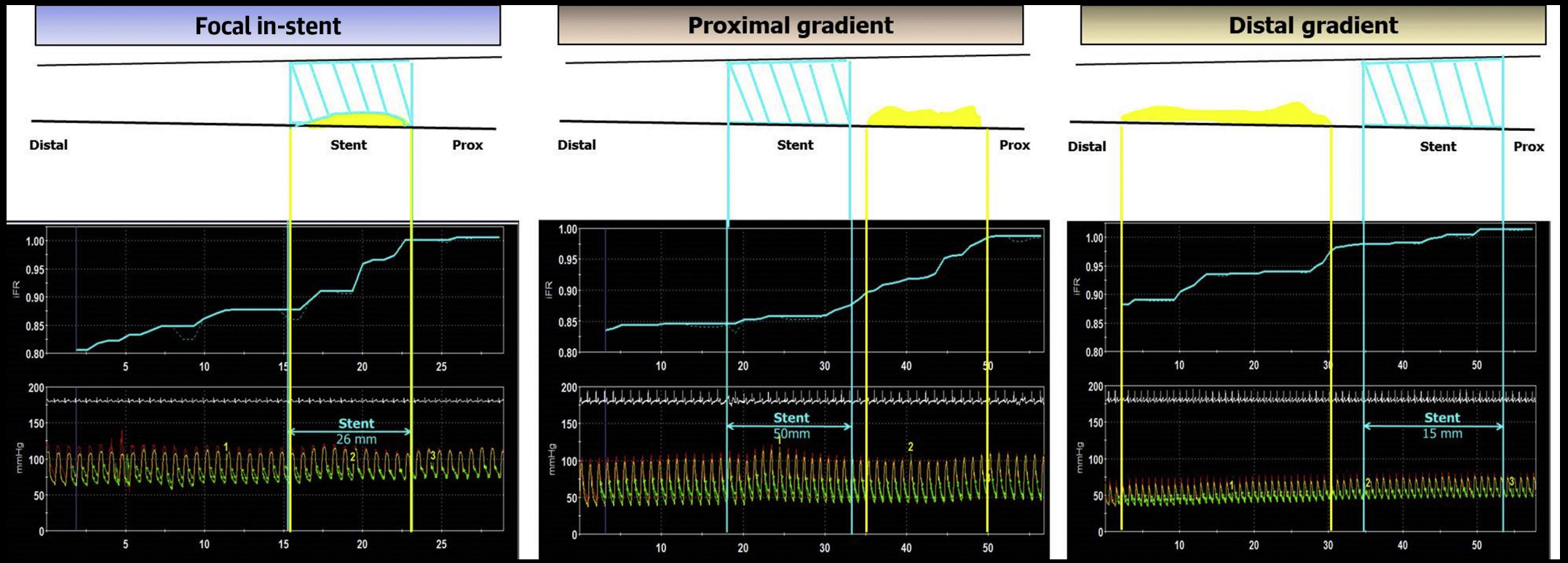


Mean post-percutaneous coronary intervention instantaneous wave-free ratio (iFR) values (95% confidence interval) and iFR distribution in various angiographic subgroups on the basis of diameter stenosis (DS) by quantitative coronary angiography (QCA). **Red line** depicts ischemic threshold of <0.90.

Precision is not achieved by the angiogram alone.

JACC Intvent 2019; 12:1991-2001.

Precision with PCI



Physiology Can help find poor PCI. Imaging Can prevent it.

JACC Interventions 2021; 14: 237-246.

Conclusion

- We must rely less on the angiogram and more on imaging and physiology.
- Don’t be afraid to preform post PCI iFR.
- Incorporate Co-registration into pre and post iFR evaluations.