

## COMBO Dual Therapy Stents in an ACS patient with bleeding complications

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The patient is a 73 year old male with hypertension and hyperlipidaemia who was admitted with a non-ST elevation myocardial infarction and troponin rise from 98 to 168757 ng/L. He was in atrial fibrillation with left bundle branch block and was commenced on amiodarone and digoxin. The patient was also being considered for warfarin therapy.

An angiogram performed three months previously for exertional angina demonstrated significant 3 vessel coronary artery disease and a myocardial perfusion scan demonstrated reversible ischemia in the inferior territory. Repeat angiography during this admission confirmed worsening disease in the mid vessel of a dominant right coronary artery (*see Figure I*) and a severe bifurcation lesion affecting the LAD and first diagonal (*see Figure II*). The circumflex artery was occluded in the mid vessel as noted previously. The RCA was rebuilt with three **COMBO Dual Therapy Stents** (a 2.75 x 23mm in the PLV branch, a 3.0 x 9mm before the origin of the PDA and a 4.0 x 28mm in the mid vessel; *see Figure III*). The LAD bifurcation lesion was treated with two 3.0 x 23mm **COMBO Stents** deployed in a Culotte formation and post dilated with two 3.25mm non-compliant balloons in a kissing formation (*see Figure IV*).

An excellent final angiographic result was achieved (*see Figure V*).

**"COMBO is a great stent to address the needs where the use of dual antiplatelet therapy are of concern," said Dr. Pitt.**

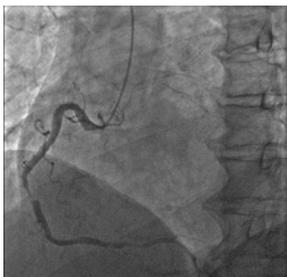


Fig. I: Pre-procedure RCA



Fig. II: Pre-procedure LAD



Fig. III: Post procedure RCA

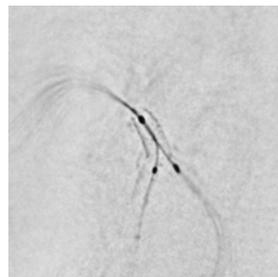


Fig. IV: Post procedure LAD



Fig. V: Post procedure Cx