Case Summary. The incidence of two anomalous coronary arteries in one patient is less than 0.3%. Having high grade lesions in both is very rare. This case demonstrates a very rare situation of anomalous origin of both left and right coronary artery from a high location in left sinus of valsalva and both having severe lesions. The challenge of performing PTCA in such cases is selective cannulation of the abnormal vessel. Amplatz guiding catheters were successfully used in this case for both vessels. The shape of the curve and ability to reach unusual high cusp origins made it possible to engage the ostium and the case was successfully performed.
Relevant test results prior to catheterization. After admission, she was managed conservatively and she was transfused 2 units of Packed RBC due to Anemia. After stabilization, CAG was done on 10th day, which revealed Non Critical Coronary Artery Disease and VSR & was recommended for Medical management for coronaries and Interventional closure of VSR.

Relevant catheterization findings. Regional wall motion presents abnormality. Moderate LV systolic dysfunction with LVEF 42%. A VSR about 12 mm seen at distal part of mid antero-septum. With PASP of 48 mmHgLVG - VSR with left to right shunt.
**[INTERVENTIONAL MANAGEMENT]**

**Procedural step.** Ventricular Septal Rupture after AMI is a lethal mechanical complication of acute myocardial infarction. Early surgical closure is recommended, but implementation of such an indication in clinical practice is heterogeneous among centers because of the excessive surgical risk perceived by operators (40-50% surgical mortality). Transcatheter closure of Ventricular Septal Rupture emerges as a possible therapy in selected cases. This is the first case of transcatheter closure of post infarction Ventricular Septal Rupture in Bangladesh using ASD Amplazer device.

Extra stiff Amplazer wire 0.35X260.
Snare to pull the Amplazer wire through femoral vein.
Amplazer Delivery Cable ASD Amplazer device 12 mm across VSR.

**Case Summary.** Ventricular Septal Rupture after AMI is a lethal mechanical complication of acute myocardial infarction. Early surgical closure is recommended, but implementation of such an indication in clinical practice is heterogeneous among centers because of the excessive surgical risk perceived by operators (40-50% surgical mortality). Transcatheter closure of Ventricular Septal Rupture emerges as a possible therapy in selected cases. This is the first case of transcatheter closure of post infarction Ventricular Septal Rupture in Bangladesh using ASD Amplazer device.

**TCTAP C-117**

**IVUS Guide PCI for Large Dissection at Proximal LAD**

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**[CLINICAL INFORMATION]**

**Patient initials or identifier number.** YS

**Relevant clinical history and physical exam.** 71-year-old female admitted due to dyspnea for two days. Chest X-ray showed severe pulmonary edema and ECG showed ST elevation in V2-5 leads. She was diagnosed acute heart failure and recent myocardial infarction.