

was seen in 5 (20%) in the CDT group vs. 19 (77%) in anti-coagulation alone group ($p < 0.01$).

Conclusion: We conclude that CDT and conventional manual aspiration thrombectomy is an effective treatment for lower extremity DVT. Streptokinase infusion can be safely given up to 6 days. As addition of UFH can cause thrombocytopenia, so daily monitoring of complete blood counts is needed during CDT.

First thoracic artery coronary steal syndrome post coronary artery bypass surgery

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Background: Recurrence of the symptoms post bypass are commonly seen if there is stenosis of the bypass vessel itself, Left internal mammary artery (LIMA) or Saphenous Venous Graft (SVG), of the vessel supplying it (Subclavian artery) or compromise of blood flow due to a large branch arising from the main vessel (Lateral Thoracic artery). Coronary subclavian steal syndrome (CSSS) is caused by retrograde blood flow through the internal mammary artery graft.

Coronary steal due to a large first thoracic artery which is a branch of the internal mammary artery is not well known or documented in literature.

Methods: We present a series of cases of coiling of the large thoracic artery as therapeutic option for Coronary steal syndrome.

Results: We present case reports of four elderly post coronary artery bypass (CABG) patients who underwent first thoracic artery coiling. All patients were similar in the baseline demographic characteristics with LIMA to LAD graft. Two different techniques were used for the procedure, for two patients the multipurpose catheter was used for the deployment of the coil and the rest two underwent the procedure with the use of a microcatheter. The occlusion of these artery resulted in improvement of the symptoms.

Conclusion: Coronary subclavian steal syndrome (CSSS) is a rare but well known risk entity after coronary surgery caused by retrograde blood flow through the internal mammary artery graft.

We propose this approach as a possible alternative strategy in patients with internal thoracic artery steal due to a large ITA branch

Left main stenting registry

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Background: Several studies have compared the treatment effects for left main disease between coronary stenting and coronary-artery bypass grafting (CABG). Various metaanalysis and present guidelines have revealed the significance of syntax scores and anatomical location in left main artery stenosis for determination of Major adverse cardiac events (MACE). However, debate still persists over the best treatment regarding long-term outcomes of these two interventions for patients with left main coronary artery disease. The aim of the study was to examine the demographic parameters, presentation, immediate and long term outcomes of stenting of left main coronary artery stenosis at our centre.

Methods: Our ongoing study has presently evaluated 100 patients in our centre with left main coronary artery disease who underwent stent implantation between June 2011 and to date. We compared demographic parameters, SYNTAX scores, anatomic conditions associated with left main artery stenosis and adverse outcomes (death, Q-wave myocardial infarction, or stroke; and target-vessel revascularization) in patients with left main artery stenting.

Results: Our results of demographic analysis revealed majority of the patients with left main artery stenting to be males with age group between 51-60 years. Among the risk factors, hypertension, diabetes and dyslipidemia were found to be significant. Out of 100, stenting of unprotected left main was performed in 90 patients. Syntax scores were low in 70 intermediate in 19 and high in 11 patients. Anatomical location of left main stenosis was ostial in 27, mid in 7 and distal in 66 with Medina classification of 1,1,1 in 49 patients. The most common technique used in was crossover (72%) patients.

In the study no patients reported of any MACE or adverse outcomes at regular follow up.

Conclusions: In the study of patients with left main artery disease, we found no significant MACE after stenting with drug eluting stents with respect to the syntax scores and anatomical location of the left main artery stenosis.

Prevalence of coronary artery anomalies at angiography in 10,495 adult patients – A single centre experience

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Background: Coronary artery anomalies are found in 0.2% to 1.3% of patients undergoing coronary angiography and 0.3% of an autopsy series. We aimed to estimate the incidence of coronary artery anomalies in our patient population.

Methods: The data was collected retrospectively by analysing the angiographic data of 10495 consecutive adult patients undergoing coronary angiography between January 2012 and May 2014. The prevalence and the type of anomaly was studied.

Results: Coronary artery anomalies were found in 113 patients (1.07% incidence), 89 patients (78.7%) had origin and distribution anomalies, and 24 patients (21.2%) had coronary artery fistulae. RCA from Left sinus of Valsalva (24.6%); RCA from Posterior sinus of Valsalva (16.7%); Left Circumflex artery from Right sinus of Valsalva (14.9%) were the most common anomaly in the anomalous origin group. In the coronary artery fistula group LAD – PA fistula was the commonest (14.08%) followed by RCA – RA fistula (2.6%)

Conclusion: The incidence and the pattern of coronary artery anomalies in our patient population were almost identical with previous studies. Cardiologists should be aware of the coronary anomalies which may be associated with potentially serious cardiac events, because recognition of these coronary anomalies is mandatory in order to prescribe appropriate therapy. In conclusion, coronary artery anomalies are rarely identified during life. Familiarity with coronary artery anomalies may be useful for physicians dealing with diagnosis and treatment of these pathologies.