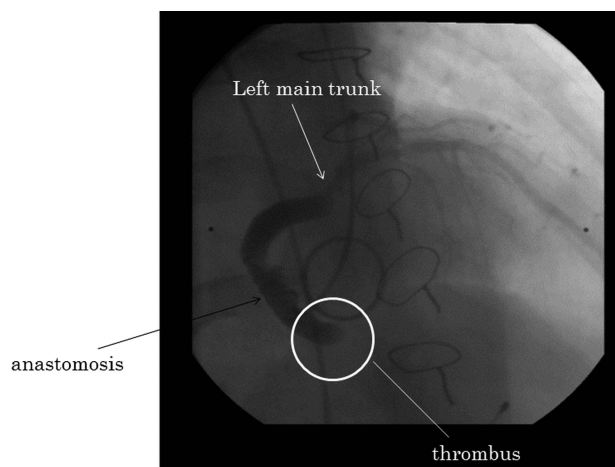


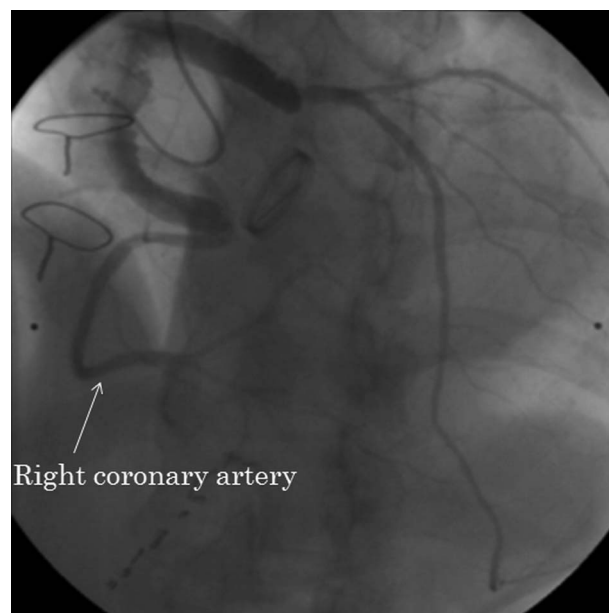
# Successful percutaneous coronary thrombolytic therapy of myocardial infarction caused by Cabrol conduit graft

A 66-year-old man presented with new chest pain. He reported a Bentall operation 5 years ago but did not know additional details. Because the ECG showed an ST elevation in II, III, aVF leads, the patient underwent coronary angiography. An initial aortography demonstrated the presence of a Cabrol composite graft, with a steep downward course of the two limbs of the conduit. Contrast injection into the left limb of the conduit demonstrated filling of the left coronary artery. But the right coronary artery was found occluded at the site of the end-to-end anastomosis with the right graft limb (figure 1). The right coronary artery was not reopened with a balloon dilatation because of a lot of thrombus. So we injected 400 000 IU of alteplase into coronary artery. When he underwent coronary angiography 2 days later, the thrombus had disappeared completely (figure 2).

According to Cabrol and colleagues, the coronary ostium was end-to-end anastomosed to a second Dacron tube 10 mm in diameter and 80 mm long, situated to the right of the ascending aortic graft and anastomosed side-to-side.<sup>1</sup> This technique is used only rarely but gives good long-term results. But some cases need management by percutaneous coronary intervention (PCI). One of important reasons of this management is acute



**Figure 1** Contrast injection into the left limb of the conduit demonstrated filling of the left coronary artery. But the right coronary artery was found occluded at the site of the end-to-end anastomosis with the right graft limb.



**Figure 2** Thrombus had disappeared completely 2 days later.

thrombosis of the coronary grafts.<sup>2</sup> This can be one of the causes of early onset sudden death. However, there have been no reported cases that have been managed by PCI in acute coronary graft thrombosis.<sup>3</sup> Antithrombotic therapy of massive thrombus is important for possible coronary intervention.

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