

## Proximal Occlusion of A Sequential Vein Graft After 20 Years



### 20 Yıl Sonra Ardışık Ven Greft Proksimalinin Tıkanması

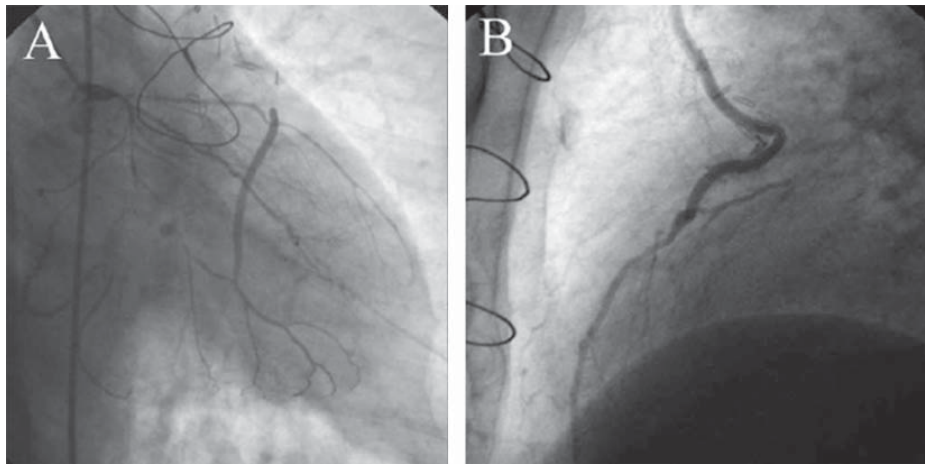
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A 67-year-old man presented with chest pain of three-month duration that occurred with moderate effort 20 years after coronary artery bypass graft surgery using the left internal mammarian artery (LIMA) to the left anterior descending artery and a sequential saphenous vein graft (SVG) to the diagonal branch and obtuse marginal artery. He also had a history of stent implantation to the proximal part of the SVG for critical stenosis five years earlier. Left ventricular ejection fraction was measured as 50% on echocardiography. Catheterization showed occlusion of the proximal part of the SVG, but the distal part of the SVG between the diagonal branch and obtuse marginal artery was patent (Figure 1A). The proximal part of the obtuse marginal artery was occluded and the sequential bypass graft functioned as a large collateral vessel carrying blood from the diagonal branch to the obtuse marginal artery (Figure 1A). The LIMA graft was patent and the stent at the proximal part of the SVG was seen (Figure 1B). The patient's medical treatment was designed.



**Figure 1.** (A) Sequential saphenous vein bypass graft functioned as a collateral vessel between diagonal branch and obtuse margin artery. (B) Left internal mammarian artery to left anterior descending artery anastomosis is patent and stent at the proximal part to the SVG is seen.

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