**Steal Syndrome**

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**Case Presentation:**
The patient was 52 years old lady, presented with repeated episodes of dizziness and fainting during exercise since 2 years ago.

**Risk Factors:**
Poorly controlled HTN

**Physical Exam:**
120 mmHg systolic pressure gradients between two arms (Right :200/100, left 80/50)

**Results of Angioplasty:**
1- **Angiographic:** No residual stenosis, systolic pressure gradients between two arms decreased to 10 mmHg.

2- **Clinical:** No dizziness or fainting events at 1.5 years follow up.

3- **CT Angiography:** Patent vessel one year after procedure.

**Conclusion:**
Subclavian steal syndrome should be keep in mind as a part of evaluation of patients with exertional dizziness and fainting, successfully treated by PTA and stenting with excellent clinical result.

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**CT. Angiography:** Ostial near cut off of left subclavian artery

**Angiography:** Approved ostial near cut off of left subclavian artery resulted in reversed circulation of vertebral artery (subclavian steal phenomenon)

**Angioplasty of left subclavian artery**

**Approaches:** Right femoral and left brachial artery

**Guide wires:** Astato and terumo hydrophilic wires

**Complication:** Focal dissection of left subclavian artery after wire crossing, covered by stent.

**Balloon:** DEB Elutax 3*20

**Stent:** Hippocampus (Balloon expandable stent 7*20)