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A case of complete revascularization for multivessel disease by using mini-crush technique

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68 years old man admitted with effort angina. Coronary risk factors were diabetes, hypertension, hyperlipidemia and smoking. He performed stenting for proximal LAD 4 years ago. In August 2009, he felt chest discomfort and CAG was done. CAG showed severe stenosis of proximal-mid LAD including septal branch, 75% stenosis of #4PD and total occlusion of #4AV. #4AV was feeded by collateral from septal branch and distal LAD was feeded by collateral from #4PD. We performed PCI for RCA by transradial approach. We implanted Cypher stent for #4PD and tried CTO lesion. ATHLETE eel slender passed through CTO lesion, POBA was performed. After 3 days, we performed PCI for LAD by transfemoral approach with contralateral injection. We used 7 French guiding catheter and cross 2 wires for LAD and septal branch. We performed POBA for LAD and septal branch by using 2.25mm balloon catheter, and implanted Cypher 2.5*28mm for mid LAD. Then we performed mini-crush stenting for proximal LAD and septal branch by using Cypher 3.0*23mm and 2.5*13mm. Final KBT was done. Final CAG showed good dilatation. For bifurcation lesion, single stent is superior to double stent. However T stenting and mini-crush technique may be acceptable. In this case, septal branch was collateral source for #4AV and #4AV was performed only POBA, so we performed mini-crush technique.