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Our experience with Absorb -BVS in bifurcation lesions – strategies, immediate results and 30 day outcome

We present our initial experience of using ABSORB in bifurcation lesions. During the past 7 months, we treated 8 patients with 11 bifurcation lesions using ABSORB. Majority were LAD/ diagonal and Medina 1, 1, 1 and 1, 0, 0. We classified treatment as B0 (Single wire in MB, no wire in SB), B1 ( 2 wires in MB & SB and no balloon dilatation of side branch), B2 (2 wires in MB & SB with balloon dilatation of the side branch and B3 (2 wires in MB & SB and another scaffold in the side branch). In B2 and B3, we adopted high pressure snuggle or low pressure kissing balloon. Treatment was B0 in 36 %, B1 in 36 %, B2 in 18 % and B3 in 9 %. OCT was used in 44%. Among 2 B2 patients, one had snuggle dilatation and the other low pressure kissing. One patient treated with B3 had 2 scaffolds both deployed in LAD and diagonal using TAP technique and final high pressure snuggle. Immediate outcome showed TIMI III flow, no significant residual lesions and no MACE during hospitalization and no scaffold thrombosis or MACE on follow up. Our initial experience showed it is safe to jail the side branch even without intervention to the side branch. Provisional T stenting strategy and in selected cases TAP technique is feasible with OCT showing optimal deployment with good immediate and 30 day outcome. The strategy of final low pressure kissing balloon vs high pressure snuggle needs further study