

C066

A case of severely angle thrombotic true LMT bifurcation lesion with low ejection fraction

The case is 87 years old, male. He was admitted to our hospital due to acute decompensated heart failure and occurred with type2 myocardial infarction. After improvement of heart failure condition, CAG was performed. CAG showed LMT bifurcation stenosis with thrombus (medina classification: type 1.1.1). RCA was hypo plastic. LVG showed diffuse severely reduced (LVEF: 19%). PCI was performed due to high surgical risk.

After insertion of IABP, 7Fr JL4.0 guiding catheter was engaged from common femoral artery. Sion were crossed both LAD and LCX. Then blood pressure was down and contentious infusion of norepinephrine was needed. LMT bifurcation angle was so severe that provisional T-stenting was planned. After pre-dilatation for LMT-LAD by 2.5mm semi compliant balloon, pre-dilatation for LCX was attempted. 7Fr guideliner catheter was needed to deliver 2.5mm semi compliant balloon. 7Fr guideliner could not advance beyond the LCX lesion. Therefore, 5Fr guideplus was used to deliver a stent. Xience Alpine 3.0/18mm was deployed at ostium of LCX. After additional pre-dilatation of LMT-LAD with 3.5mm non-compliant balloon, Xience Alpine 3.5/18mm was deployed. Final angiogram after KBT was acceptable.