

[Description]

A 72 years old male with underlying hypertension and gout, presented with NSTEMI with heart failure after post total knee arthroplasty surgery. CAG showed LM with triple vessel disease, which PCI to RCA with 1 DES was done. Staging PCI to LM-LAD-LCX bifurcation 1-1-1 lesion.

[Target Lesion]

LM-LAD-LCX bifurcation 1-1-1 lesion.

[Strategy]

Use the 7 Fr. system via RFA access. Choose 2-stents strategy using DK crush technique due to acute angle of LM bifurcation. IVUS-guided PCI.

[Procedure step]

Stenting at LM-mid LCX first then crushing proximal stent with NC balloon. After rewiring to LCX, the 1.0-mm balloon can't pass the strut despite using balloon anchoring technique. A tip of the 1.0-mm balloon was cut by the blade to make the sharp edge and then the cut-tip balloon can pass the strut. Open strut, kissing and LM-proximal LAD stent was implanted respectively. Rewire, open strut, final kissing at LM bifurcation and the last mid LAD stent was inserted.

[Final Result]

Good final angiogram result. IVUS showed good stent expansion and no malapposition. The Luminal area of LCX increased from 3.71 to 5.01 mm² and the luminal area of LAD increased from 3.18 to 6.60 mm².