

## Slide 1

## Case details

X, 45Y, F housewife by occupation R/O Lucknow.

K/C/O CAD/ Chronic stable angina presented with AOE III.

Her TMT was also positive.

No relief on GDMT

DIAGNOSIS: - K/C/O CAD/ CSA/ AOE III/TMT+

2D ECHO: - NO RWMA, EF- 60%, MILD MR, TRACE TR

Patient was planned for coronary angiography with intent to revascularize.

## Slide 2

## Left System

## Slide 3

## CORONARY ANGIOGRAPHY

## RIGHT DOMINANT SYSTEM

LM: - NORMAL

LAD: - PROXIMAL LAD DIFFUSE DISEASE MAX 90%

D1:- OSTIAL D1 90%

LCX: - NORMAL

RCA: - NORMAL

Impression: LAD-D1 bifurcation (1,1,1) 90% stenosis

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## Issues

CABG vs PCI?

If PCI, Provisional or Dedicated two-stent?

If Dedicated, Crush or Culotte?

If Crush, Mini or DK?

Imaging?

IVUS or OCT?

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Plan: DK Crush with IVUS Optimization

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Wiring in LAD and D1

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Predilatation of Both Vessels

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Diagonal Stenting ( $2.75 \times 15$  mm) and Crush with Balloon

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Rewiring, Post-dilation, and First Kissing Balloon Inflation

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LAD Stenting ( $2.75 \times 20$  mm DES)

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Second Kissing Balloon Inflation  
( $2.75 \times 15$  mm NC in LAD and  $2.75 \times 12$  mm NC in Diagonal)

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Proximal Optimization Technique (POT)  
with  $3.5 \times 10$  mm NC Balloon

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Something Not Right!!

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What Can It Be?

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### Procedure Details

Wiring: - Fielder FC in D1 and Runthrough in LAD.

Pre-dilation: -  $2.5 \times 12$  SC balloon in LAD and D1 @12 atm.

D1 stenting: - Tetriflex  $2.75 \times 20$ mm stent deployed in D1 @10 atm.

Stent crushing: - Stent crushed with  $2.75 \times 15$  NC in LAD.

Rewiring: - D1 rewired through stent struts; D1 stent dilated with  $2 \times 10$ mm @ 10 atm f/b  $2.75 \times 12$  NC balloon @ 14 atm.

KBI:- KBI with  $2.75 \times 12$  NC in D1 and  $2.75 \times 15$  NC in LAD.

LAD stenting: - Tetriflex  $2.75 \times 20$ mm stent deployed in LAD.

Post-dilation: - with  $3.5 \times 12$  NC balloon @ 16atm.

Rewiring:- D1 again rewired and stent struts dilated with  $2 \times 10$ mm balloon.

FKBI: - Done with  $2.75 \times 12$  NC in D1 and  $2.75 \times 15$  NC in LAD @ 12 atm.

POTS: - POTS done with  $3.5 \times 12$  balloon @12 atm.

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### IVUS

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IMH Detected on IVUS

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Assessment of Proximal Calcium

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Decision Point:  
Leave or stent?

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Stenting with  $4.0 \times 24$  mm DES

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Post-dilation with 4.5 mm NC Balloon

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### Procedure Details-

Post-stent IVUS: -Post-stent IVUS run was taken which was s/o hematoma at proximal edge of LAD stent extending into LM.

LM MLA proximal to stent:- 12.6mmsq.

Post stent MSA :- 13.5mmsq.

LM stenting :- Tetriflex  $4 \times 24$ mm stent deployed in LM @ 10 atm.

Post-dilation: -  $4.5 \times 8$  mm NC balloon @ 12 atm.

Post LM stenting IVUS: - Stent well apposed and no hematoma.

### FINAL RESULT

### TAKE HOME MESSAGE

Choose the strategy well in true bifurcation lesions.

DK Crush has proven its efficacy in long term data.

Importance of imaging can't be underestimated in complex PCI.

Intramural hematoma and edge dissections are associated with poor outcomes.

THANK YOU:-)