

History

-60 y M

-HT

-DM

-ANGINA NYHA 4

-PREVIOUS PCI TO RCA FEW YRS AGO

ECHO : NORMAL LVEF

CAG : LM Quadrifurcation lesion

OSTIAL LAD 90%

OSTIAL RAMUS I 80%

OSTIAL RAMUS II. 70%

OSTIAL LCX : NORMAL

RCA PATENT STENT

PLAN: ELECTIVE PROVISIONAL PCI TO LAD-LM

POBA TO RI

DEB TO 2ND RAMUS

PROCEDURE:

LAD & Ramus I are wired, LAD predilated with 3 mm balloon. IVUS done from LAD- LM pull back. 3.5x 24 Synergy balloon put in LAD- LM. POT done in LM segment with 4.5 mm POT balloon. Ramus I, was recrossed and KB done in LAD & Ramus I.

Ramus II was wired and predilated with 2.5 balloon. 2.5X 24 Prevail DEB is put in Ramus II.

Final IVUS pull backs were taken to assess, MSA in LAD OSTIUM, Ramus I ostium, Ramus II ostium and LCX Ostium. All were of adequate MSAs.

This case highlights the importance of imaging in executing and planning a LM quadrifurcation case , with a single stent.