

Seoul, Korea: 29-30 November 2018

Technical Forum - Complex PCI: Make it Simple!

Expert Case Review: Complex Left Main PCI

Speaker - 8'

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No conflicts to disclose

Predilatation and lesion preparation: limited role for direct stenting

Vessel rupture and perforations are a complication; dissections are a component of lesion preparation

For the Ostium of the Circumflex Artery:
Stenting may be needed but sometimes we should learn when NOT to stent

When not to stent

Predilatation is suboptimal

Vessel is small and the balloon result is good
and you have available drug eluting balloons

In many cases of stent restenosis when the
POBA result is good and you available drug
eluting balloons

Be liberal to use rotational atherectomy,
Cutting Balloon, Angiosculpt, Very High
Pressure Balloons

Postdilatation is not YES or NO: it depends on
the pressure utilized, balloon size and
FINAL RESULT

CASE SUMMARY

Patient Demographics

Age: 75 year old
Gender: male

Clinical Presentation

- Acute Pulmonary Edema.

Medical History

- Hypertension, dyslipidemia, familiar history of CAD
- Previous hemorrhagic stroke in 1990
- February 2016 cerebral ischemic episode on oral anticoagulants.

Echocardiography

- EF 20% with apical aneurysm and spontaneous echocontrast.
- IM ++.
- RV dysfunction, PAPs 30 mmHg

Heart Team discussion: PCI

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EF 25%

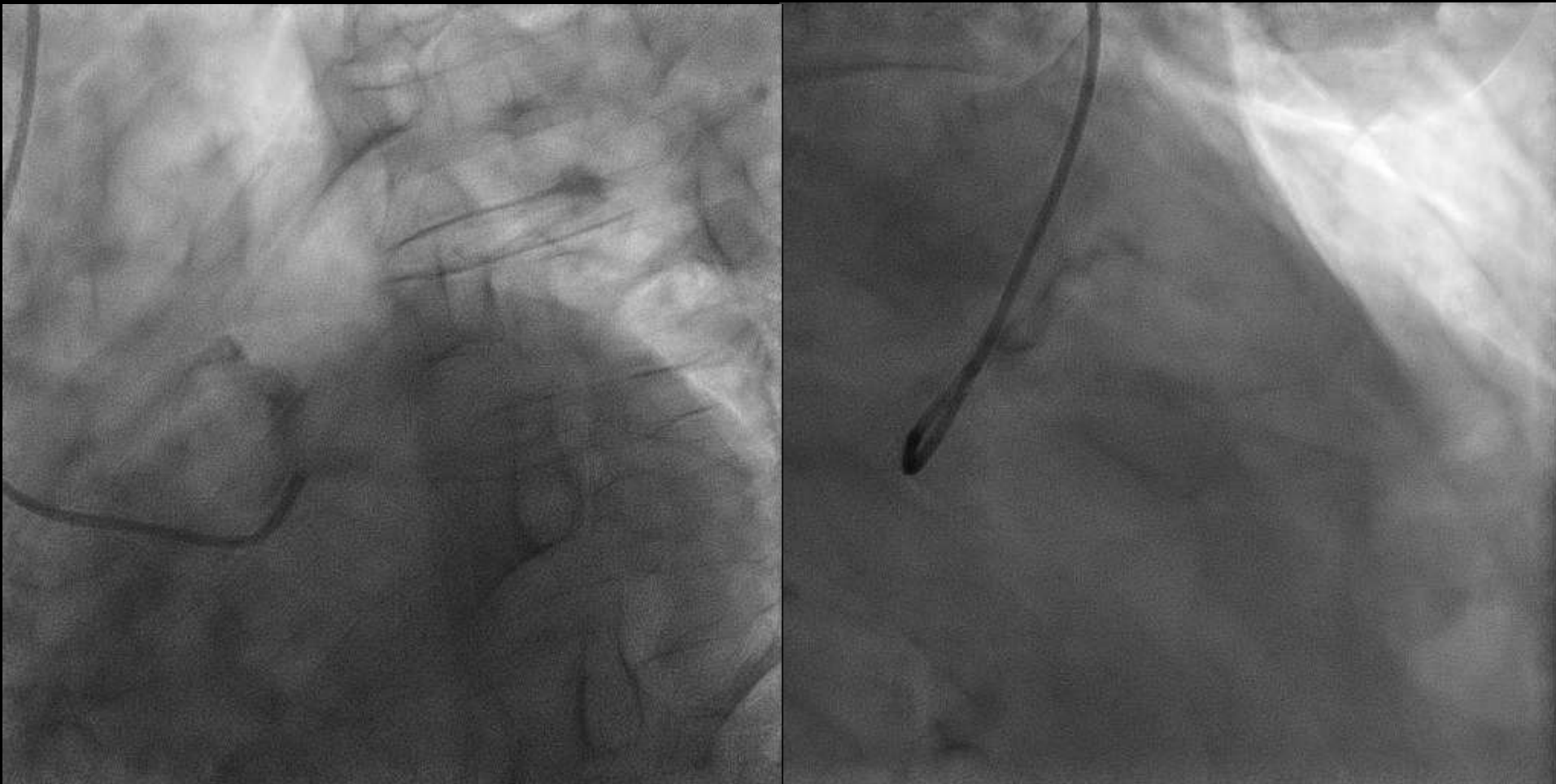
Increased LV
filling pressure

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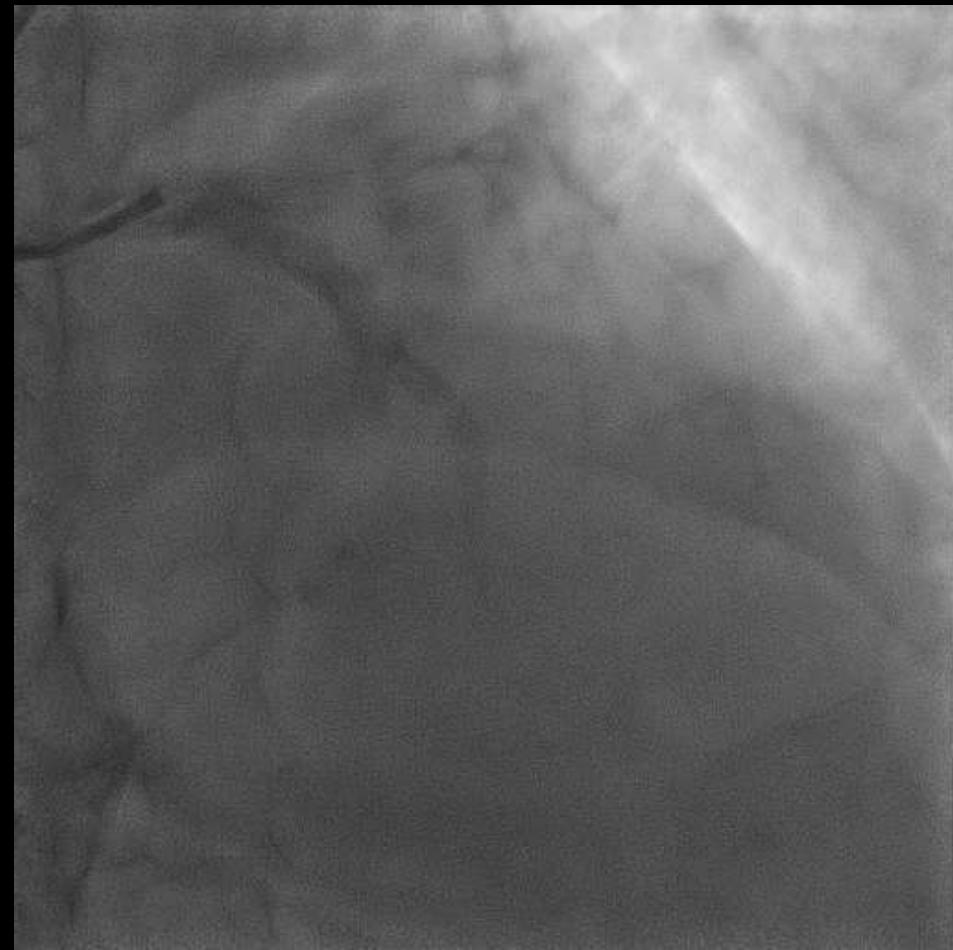
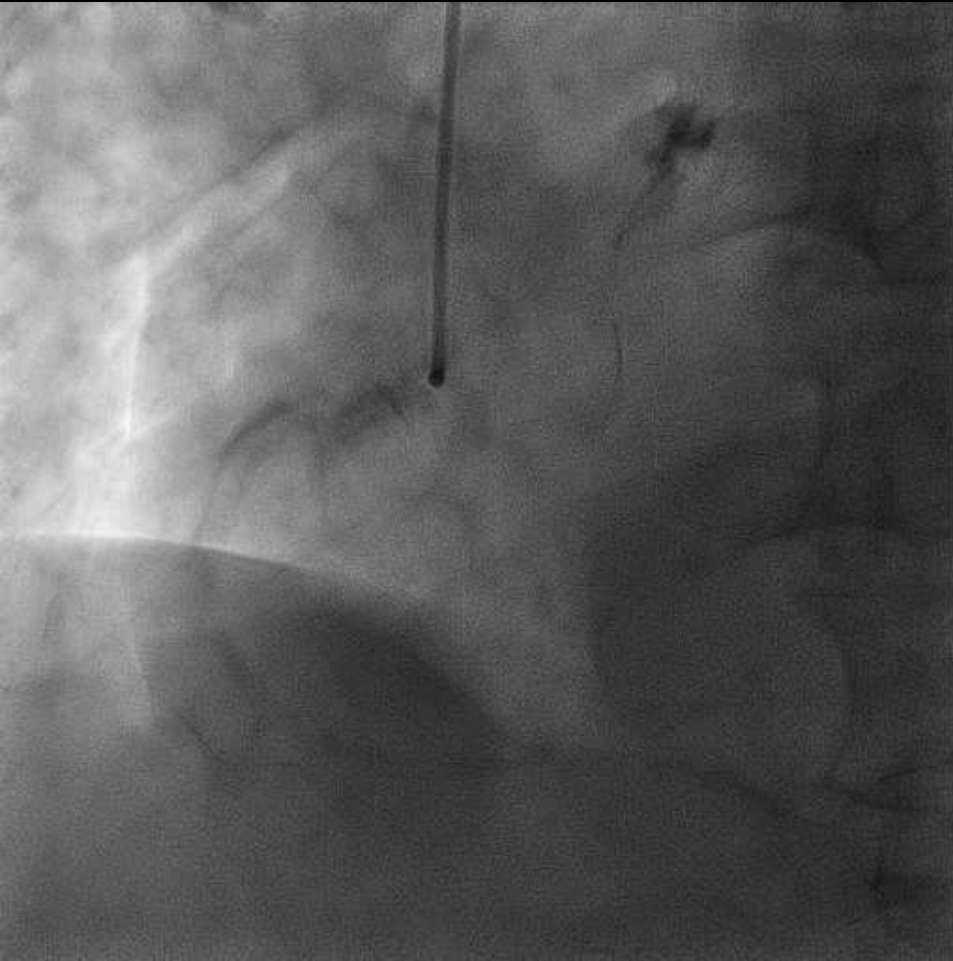


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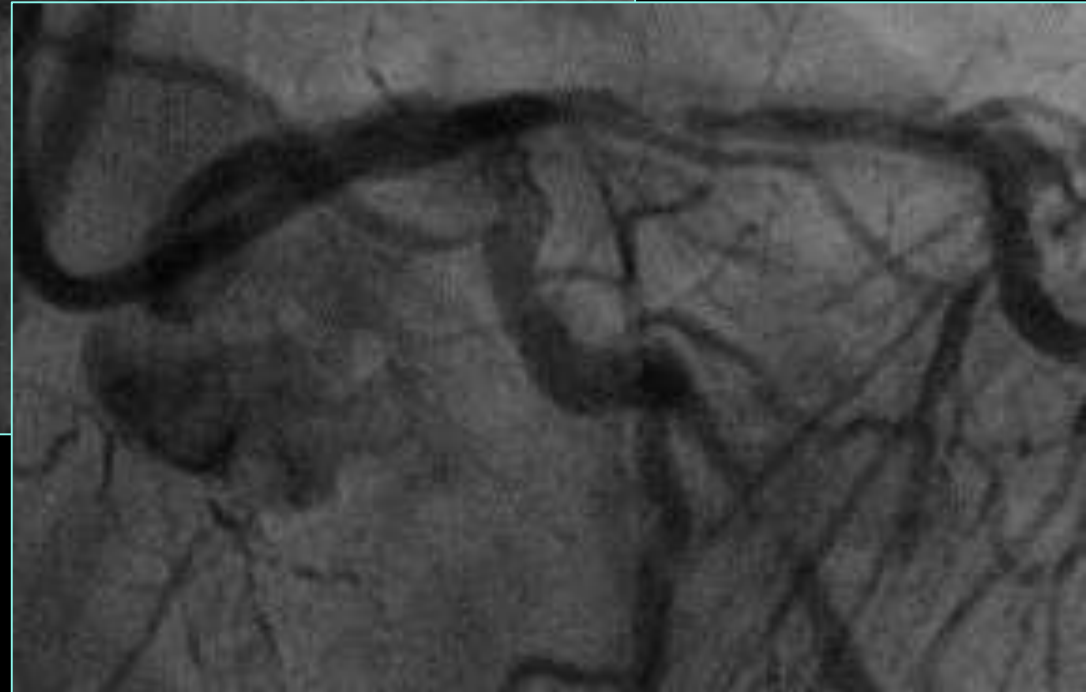
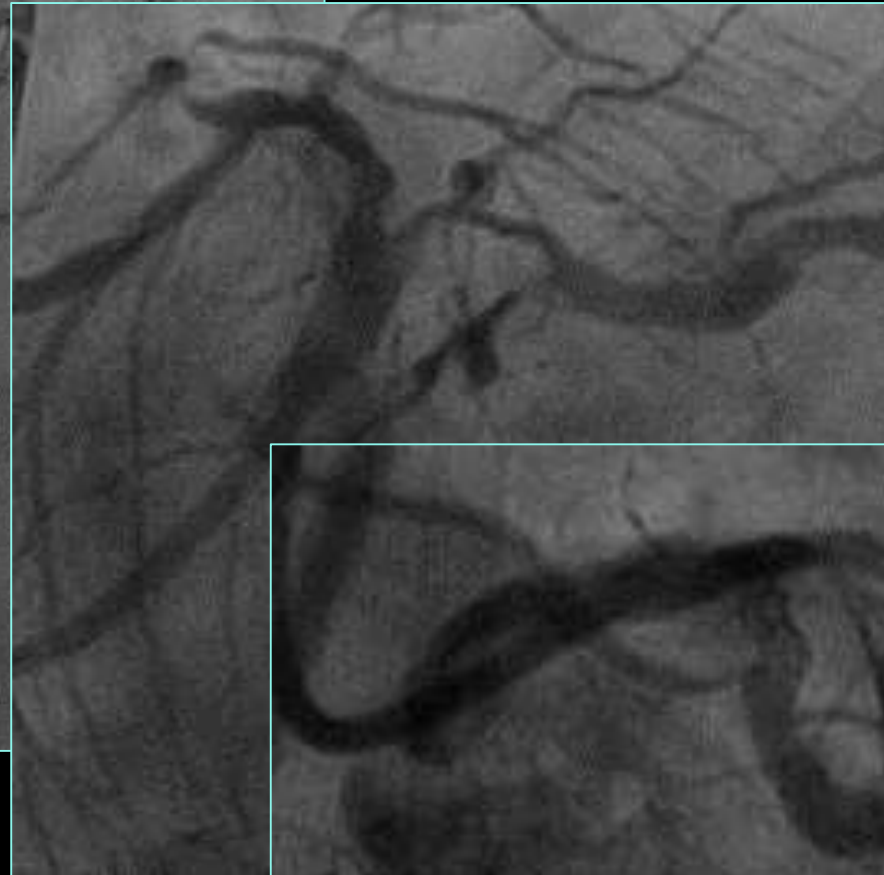




Severe and calcified three vessels disease involving LM



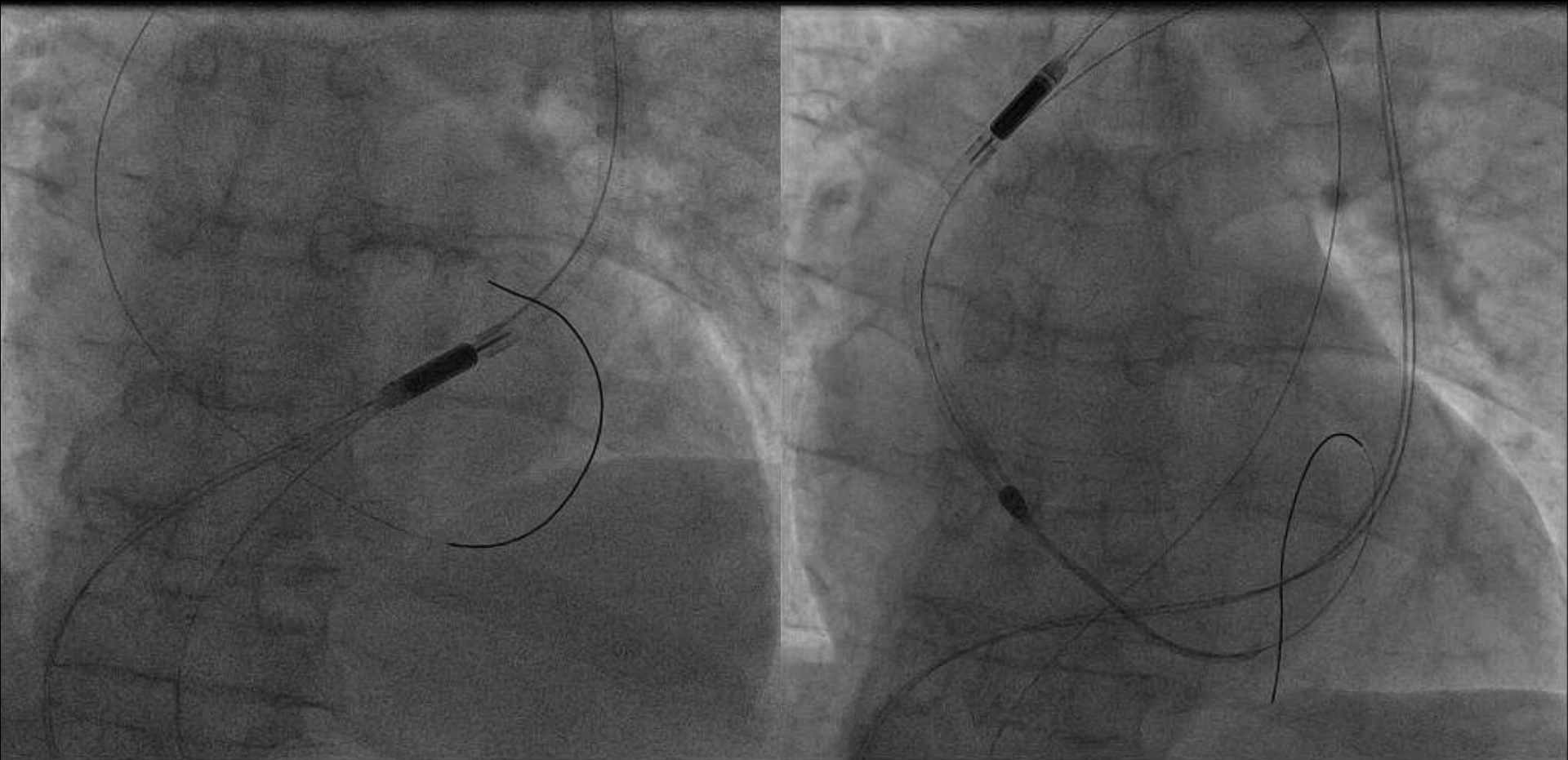
CTO of ostial RCA with Rentrop II from LAD



STRATEGY

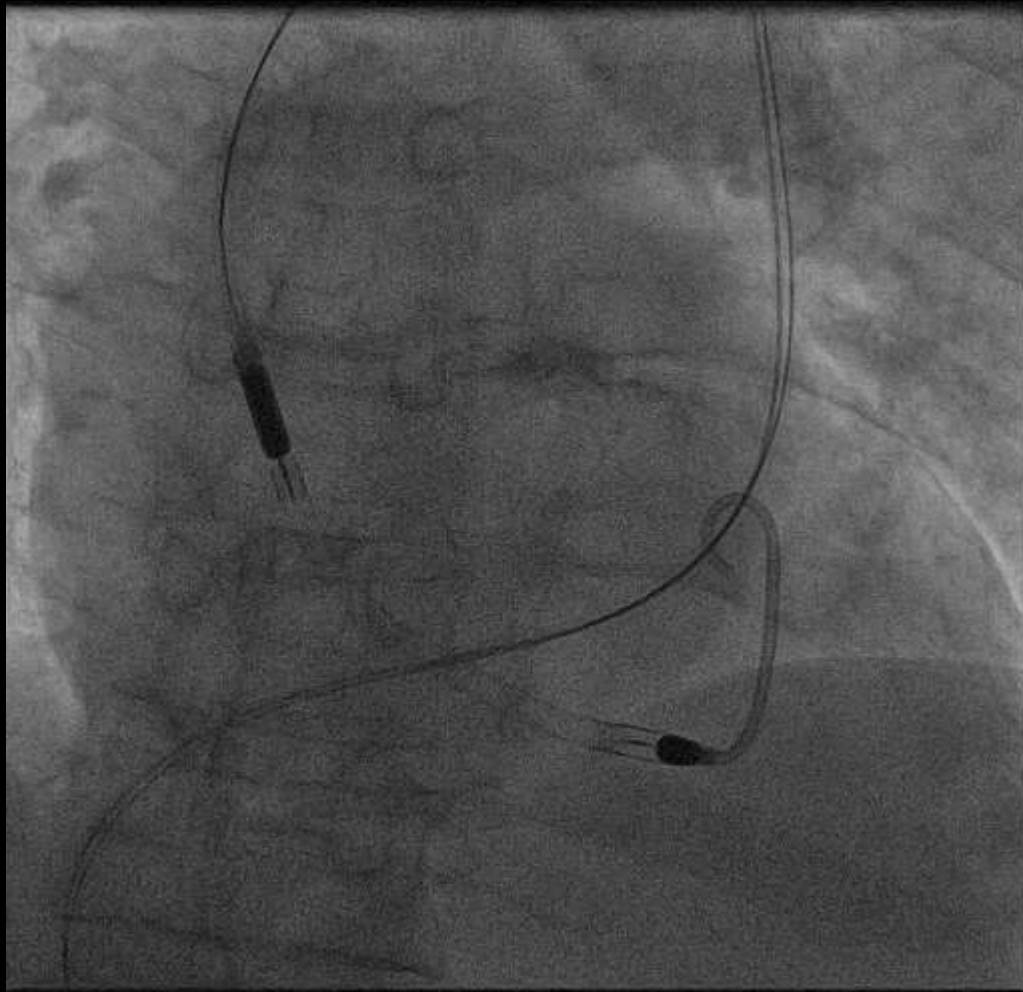
- Double femoral access
- LV support with Impella 2.5
- Distal Circumflex treatment with Rotablator
- Proximal LAD preparation with Rotablator
- LM Bifurcation treatment
- IVUS evaluation

POSITIONING IMPELLA 2.5

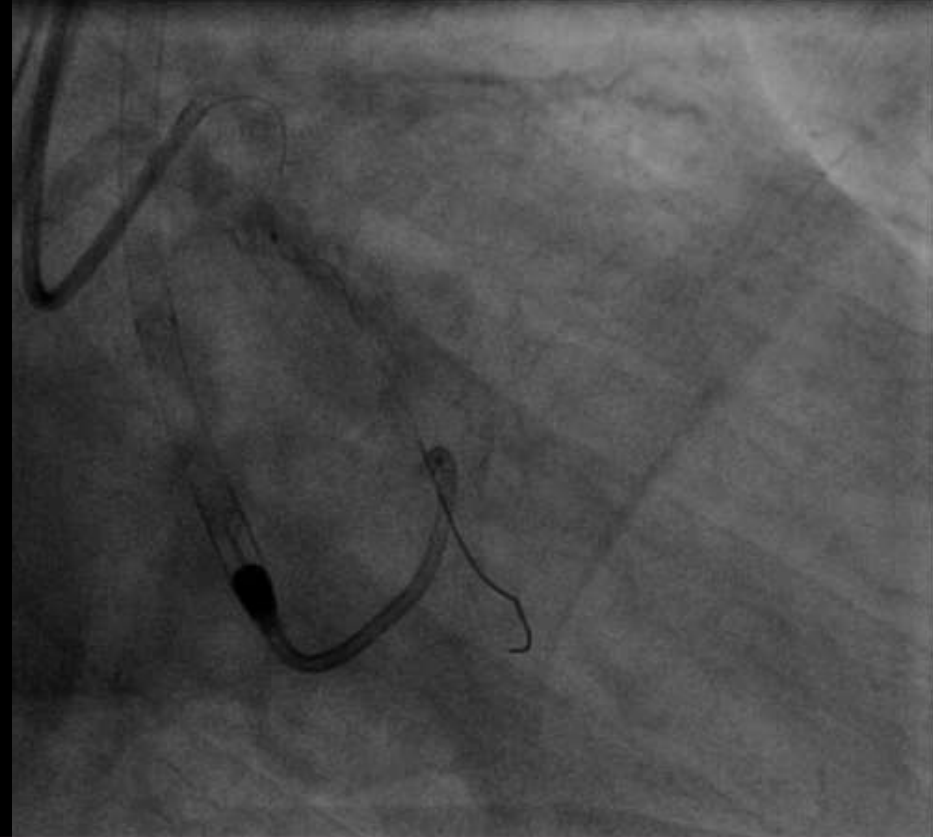
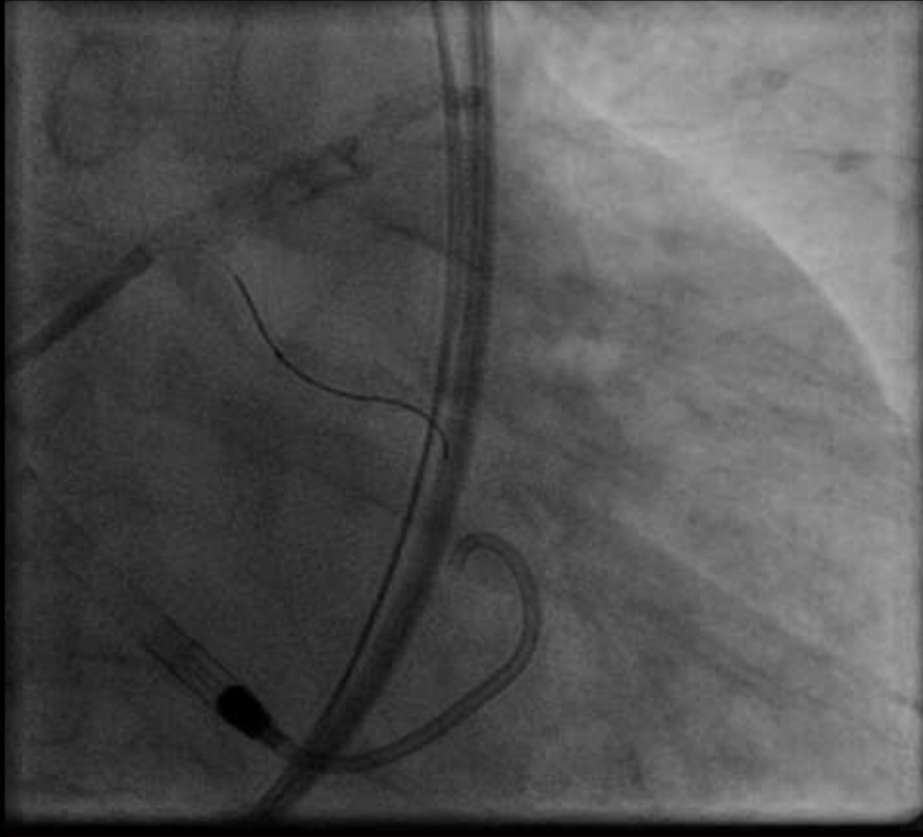


Use of Lunderqvist buddy wire to support device advancement through tortuous Aorta

POSITIONING IMPELLA 2.5



Distal Circumflex treatment



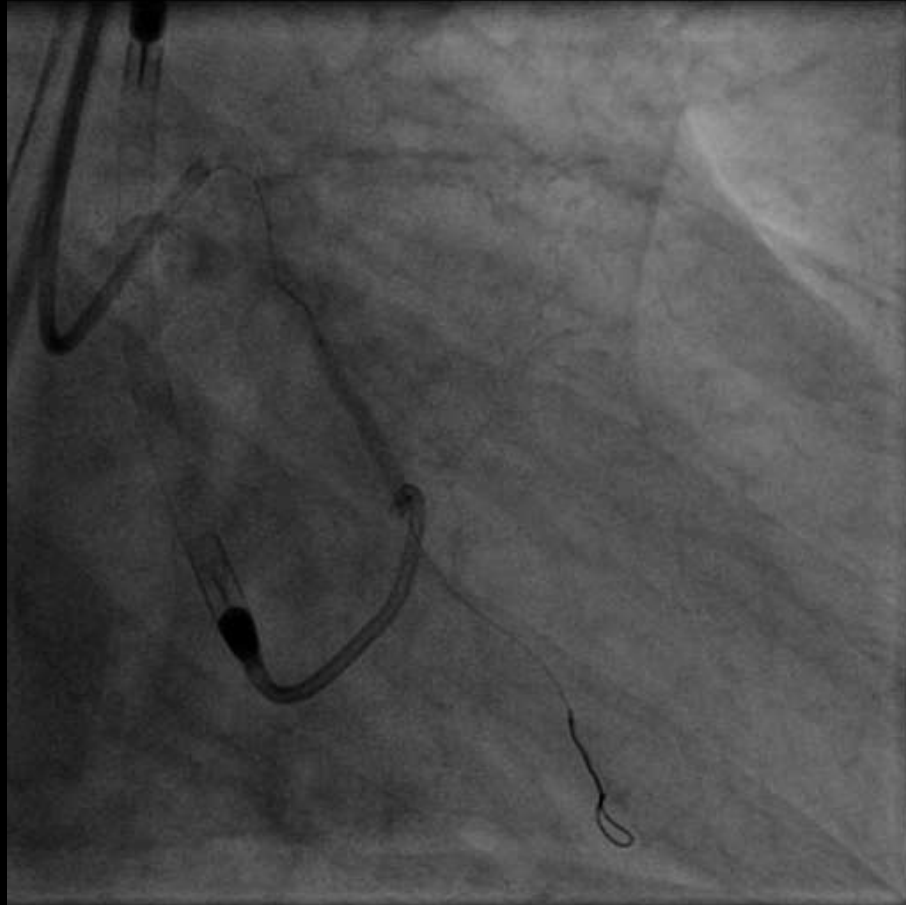
Distal MO CTO: wiring escalation approach,
Fielder FC able to cross the lesion.

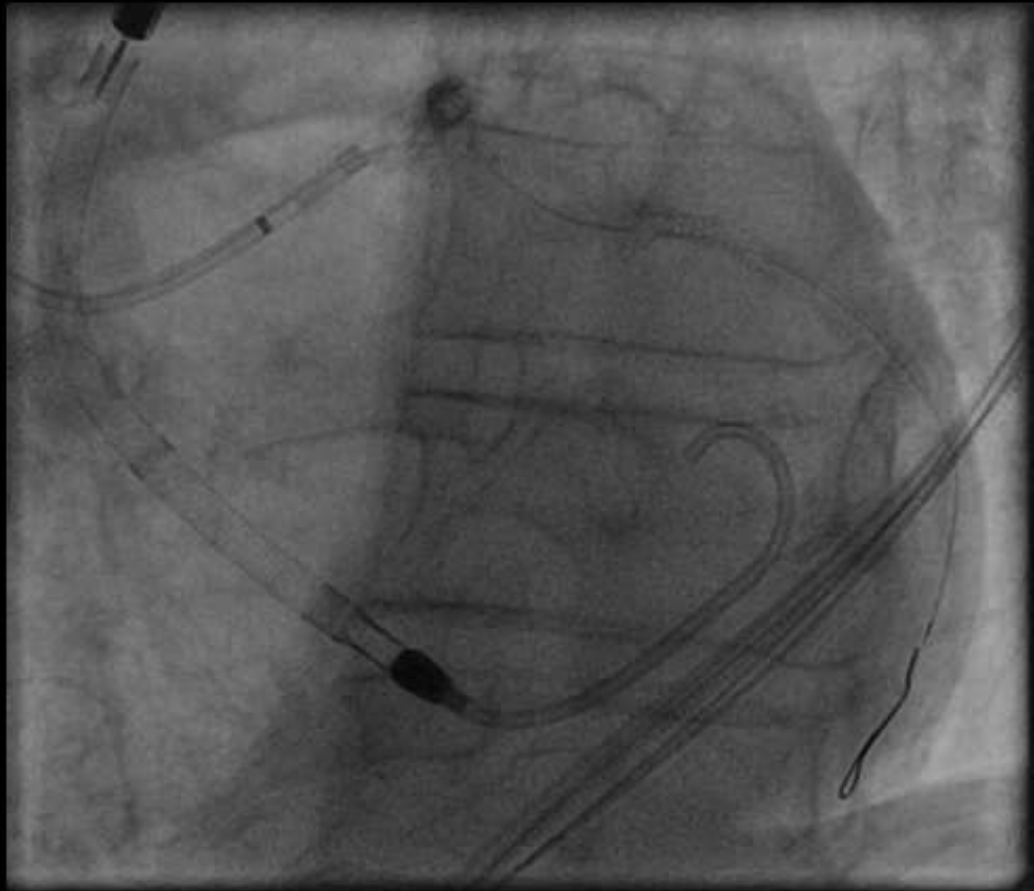
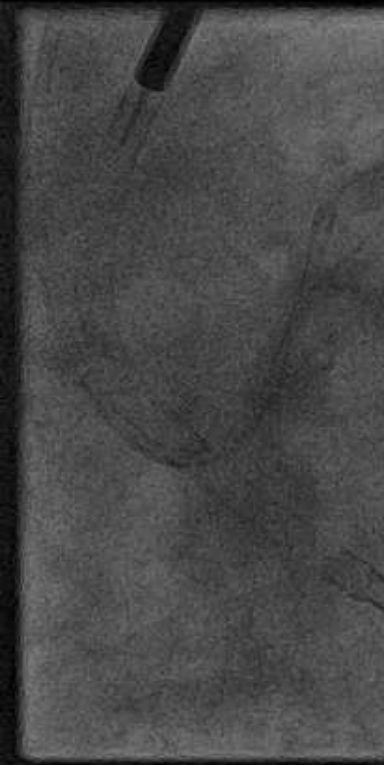
Distal Circumflex treatment



Rotablator application (1.5 burr)

Distal Circumflex treatment





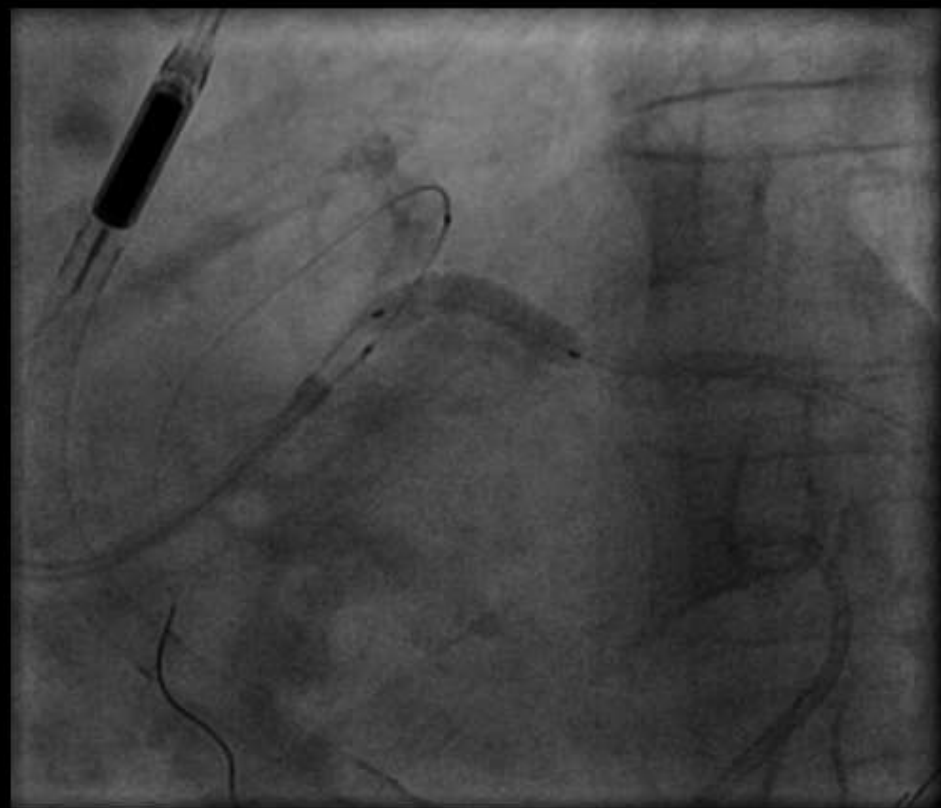
Stent deployment (LCS) guidewire facilitated

Proximal LAD preparation



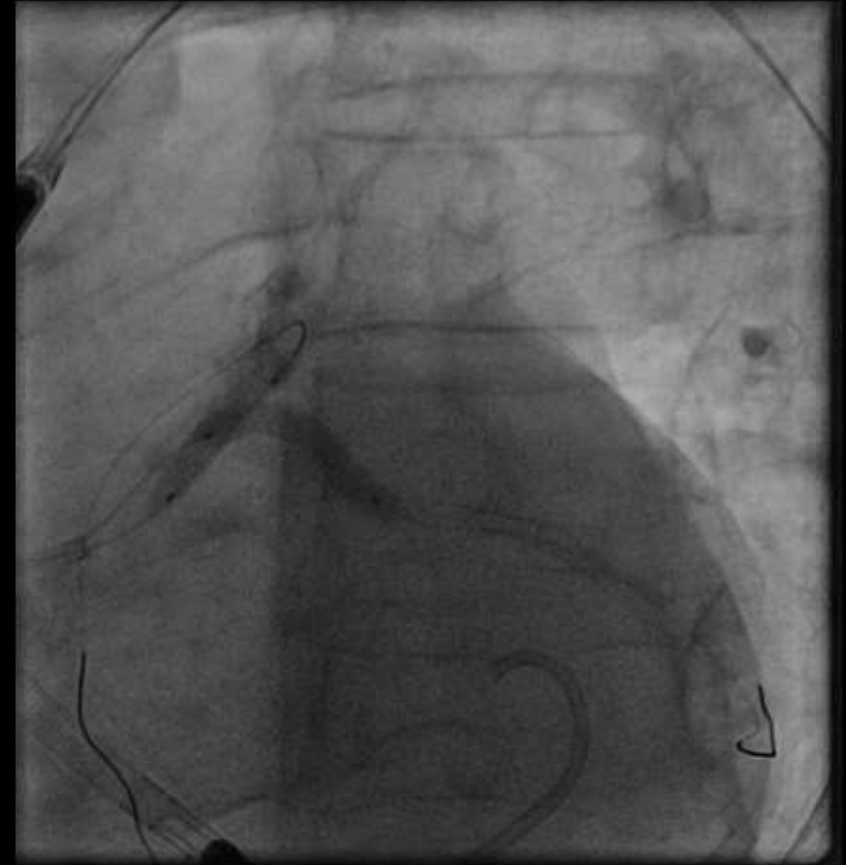
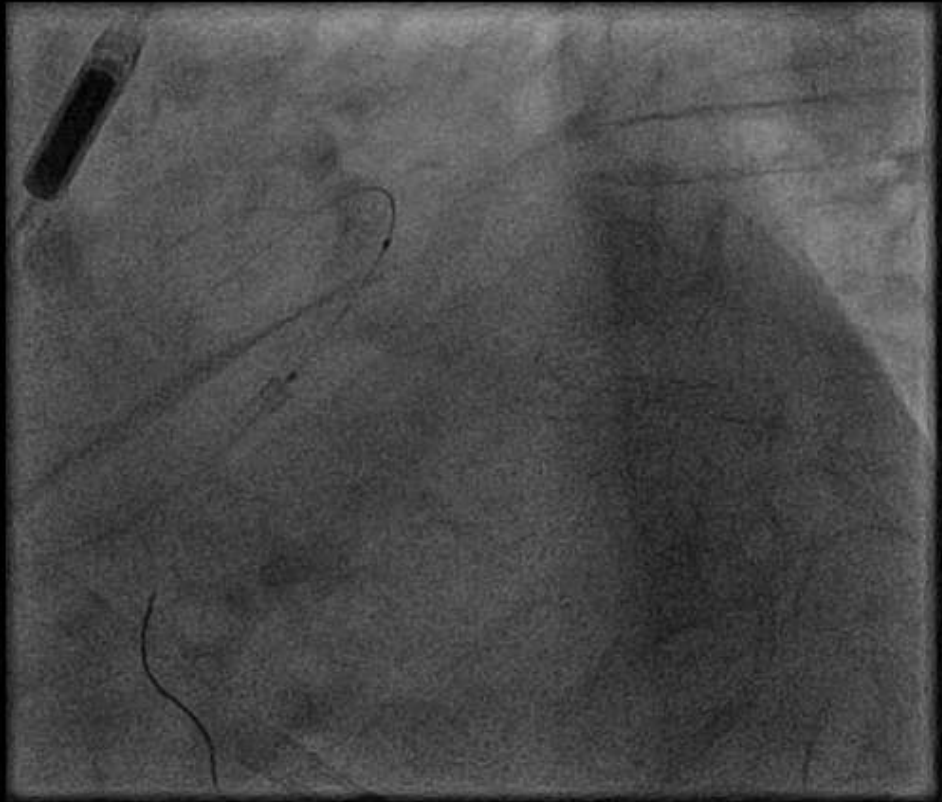
Rotablator application (1.5 burr)

LM Treatment: minicrush



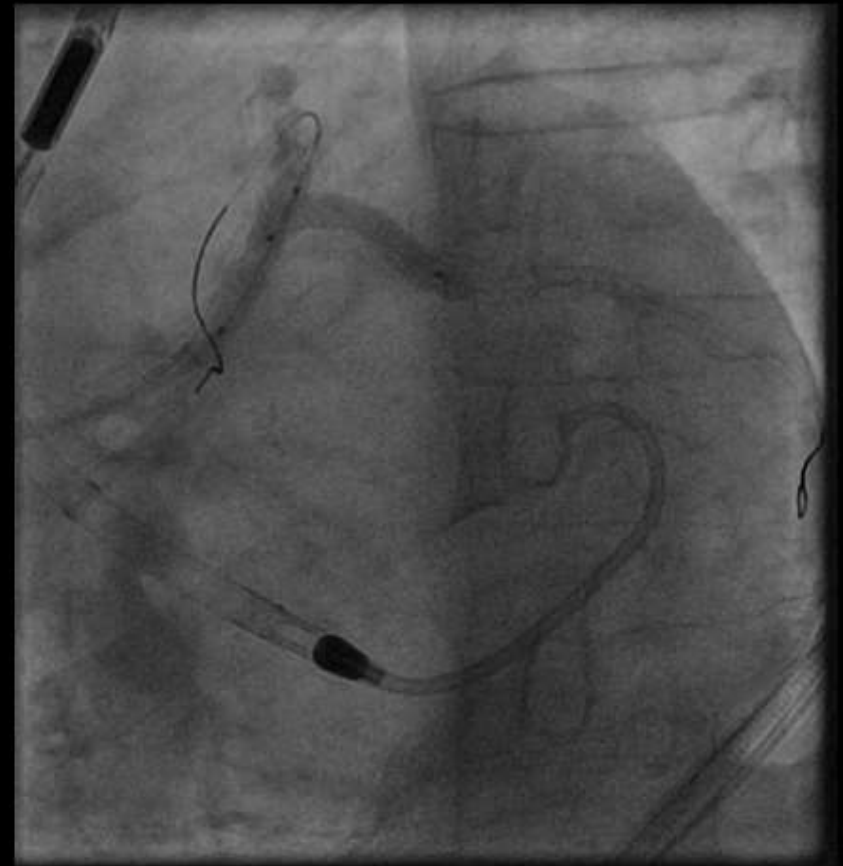
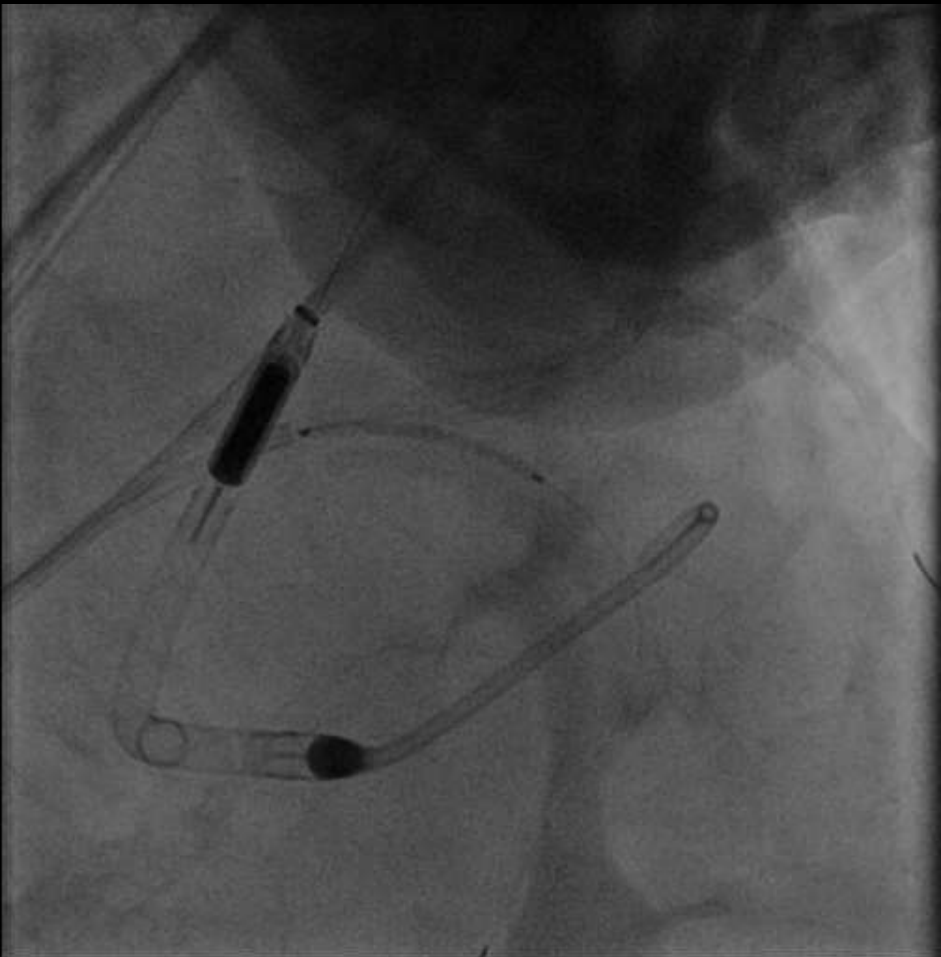
Initial predilatation and stent deployment (EES) on Circ

LM Treatment: minicrush



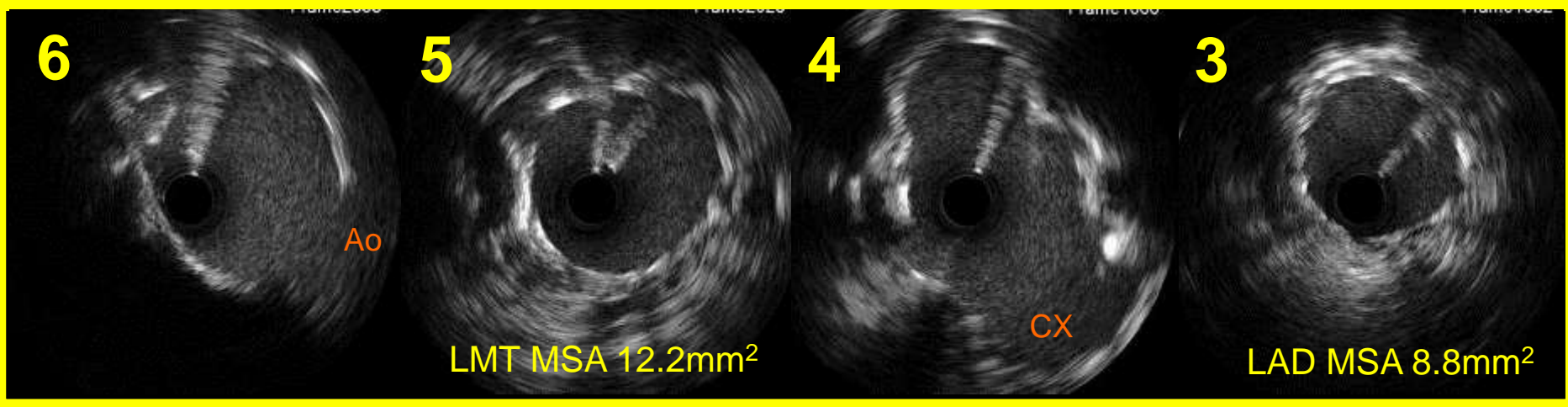
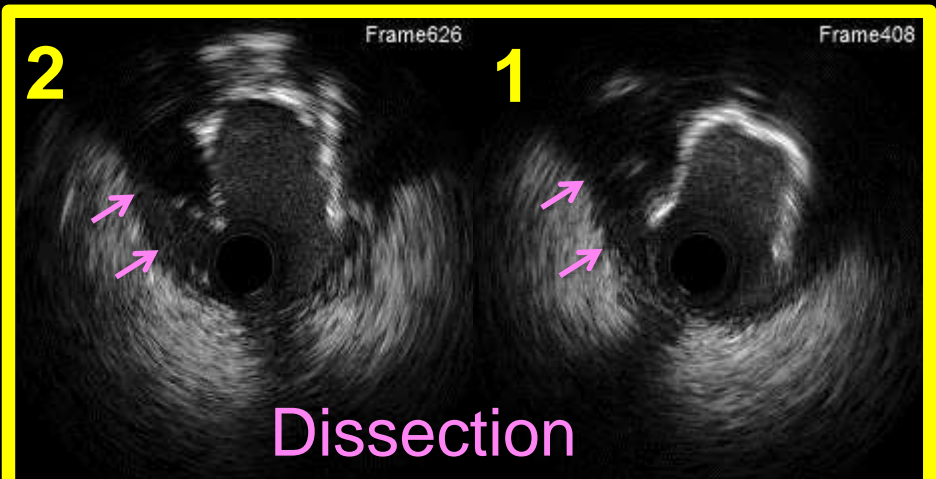
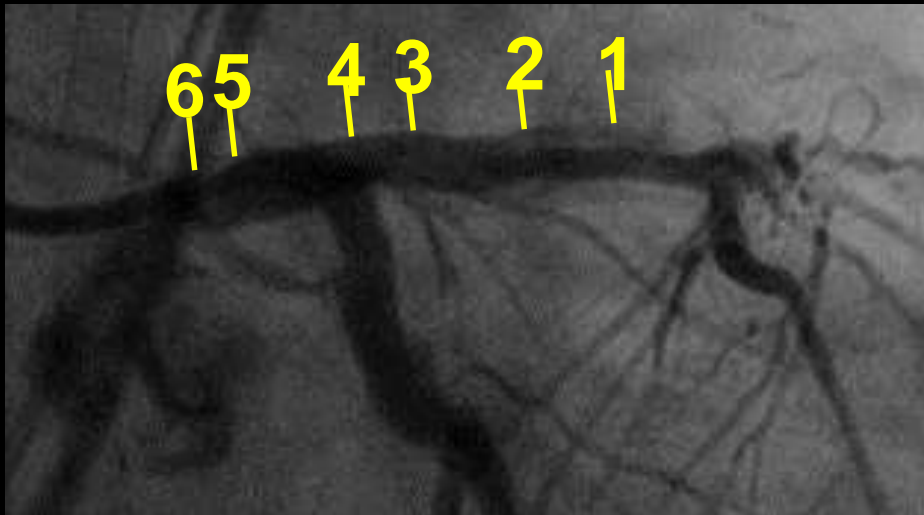
Crushing & Kissing

LM Treatment: minicrush

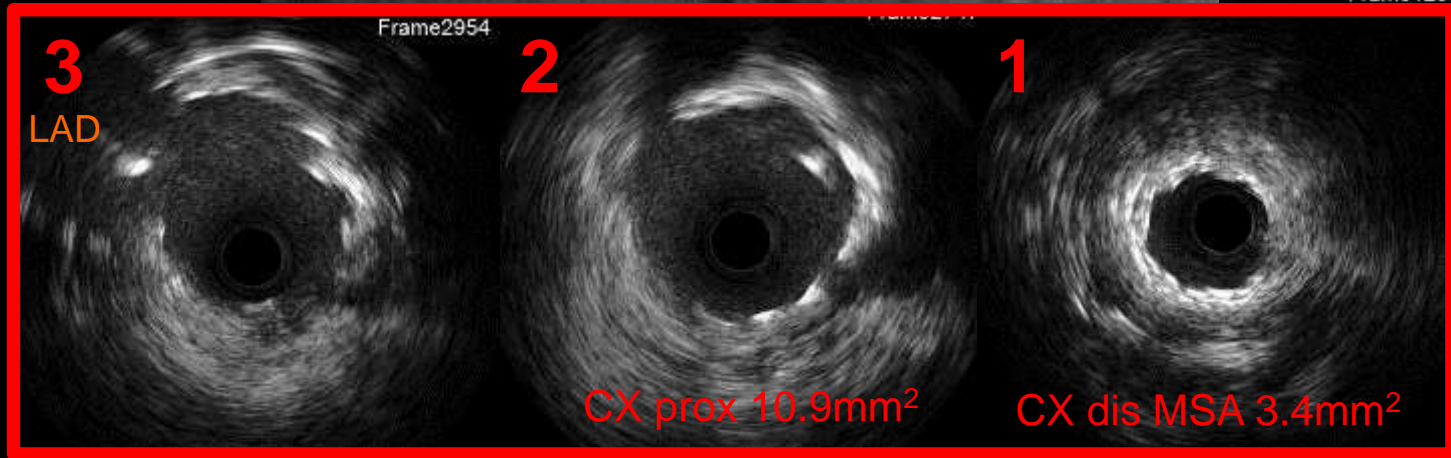
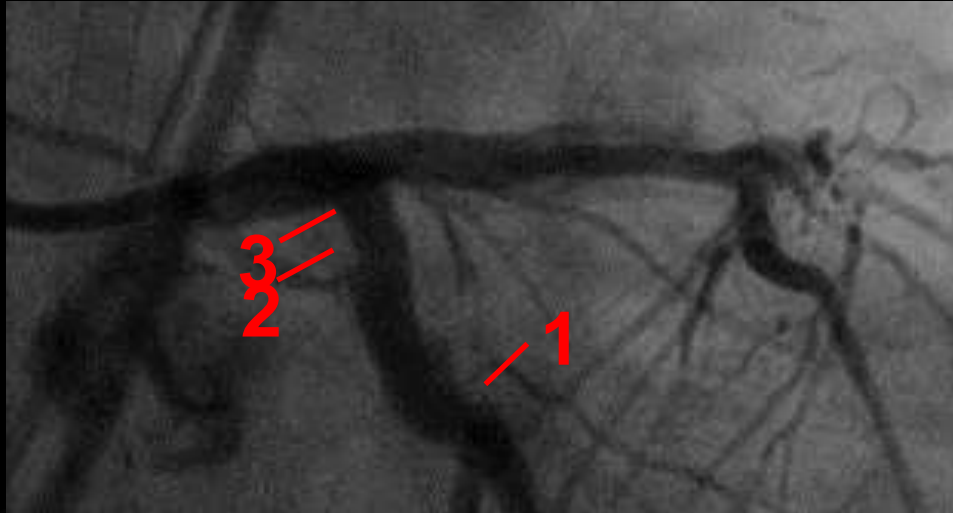


MB Stent Deployment (EES) & FKB

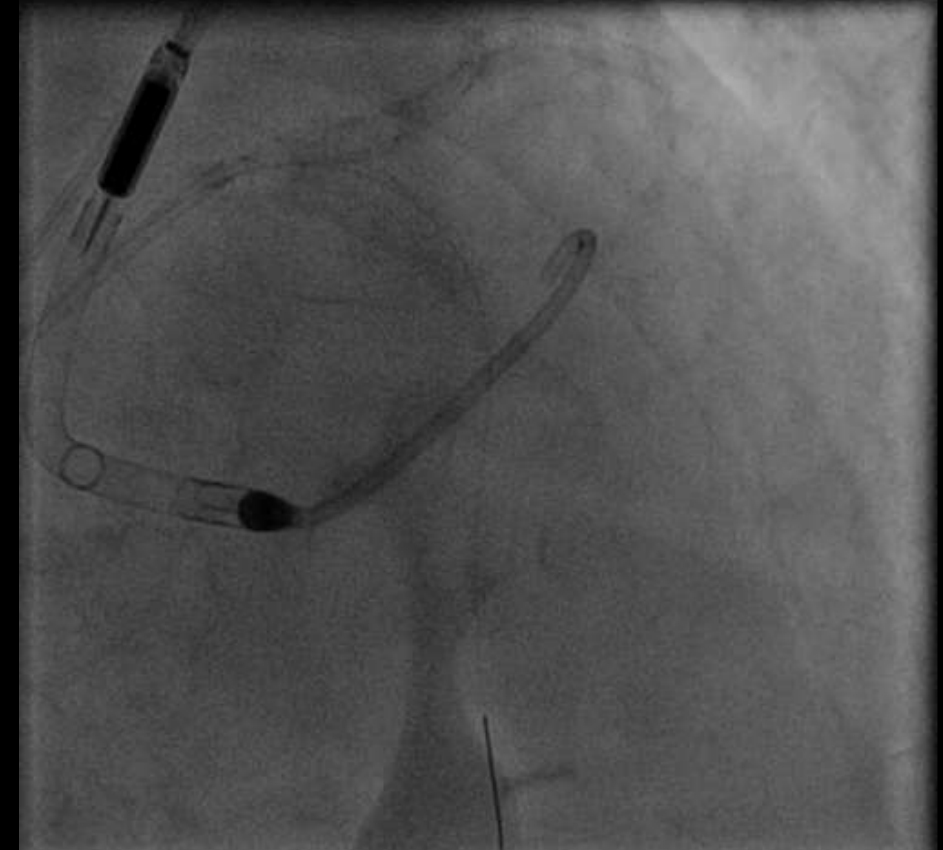
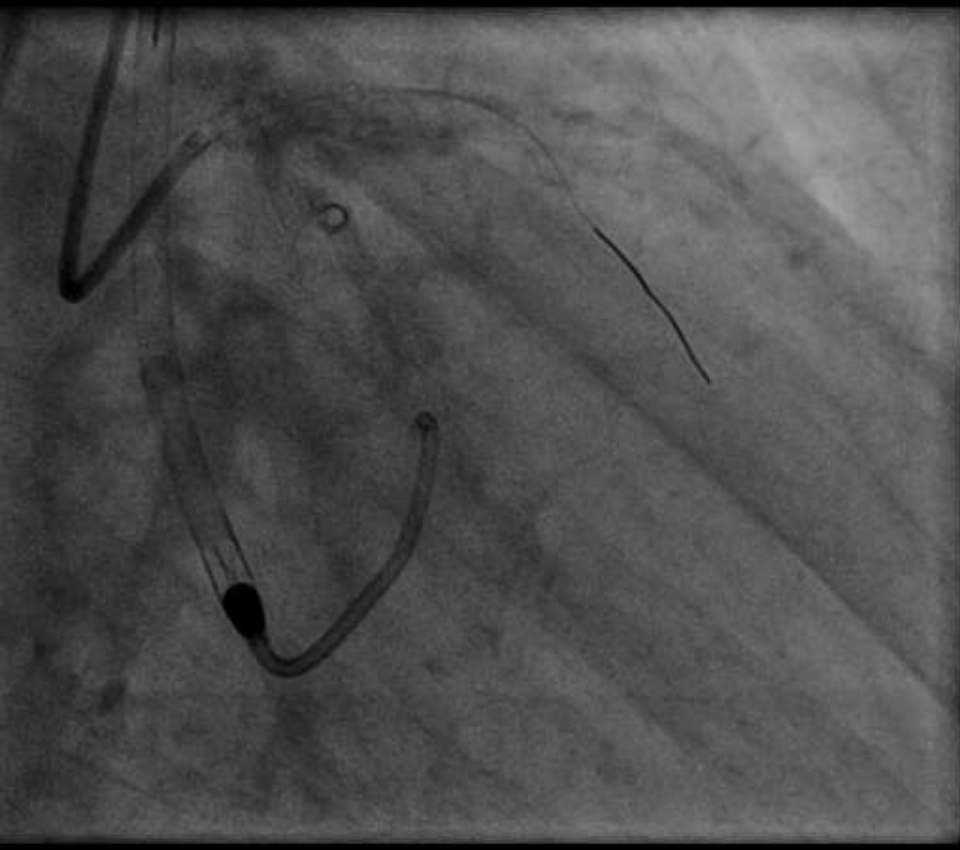
IVUS evaluation in order to optimize PCI: LAD evaluation



IVUS evaluation in order to optimize PCI: Circumflex evaluation



Final angiographic result



Be liberal and learn how to use and evaluate
IVUS and OCT (baseline and final)

These imaging techniques do not work by
intention to treat. The outcome is not
related to usage of imaging but it is
related to the result obtained after
imaging