

**Bail-out stenting for Unprotected
Left Main Coronary Artery
Dissection during Catheter-Based
Procedure**

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Background

- Left main coronary artery (LMCA) dissection is a rare complication during catheter-based procedure.
- However, the issue of best approach to LMCA dissection is controversial

Background

- Few data are available on patients with left main coronary artery (LMCA) dissection during catheter-based procedure.

Previous Studies

Risk factors of LMCA dissection

- Atherosclerotic obstructive disease
- Unusual location or anatomy of LMCA
- Extensive catheter manipulation

Purpose

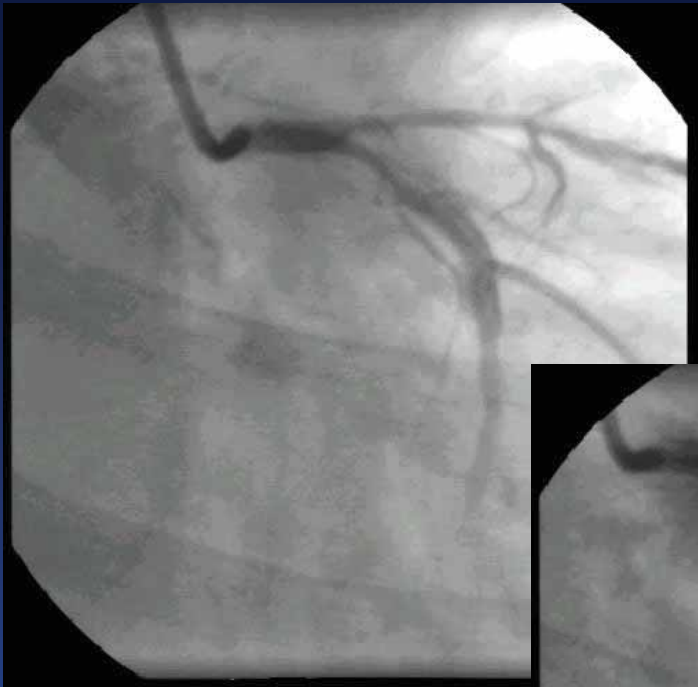
- To evaluate the acute and long-term results of bail-out stenting for LMCA dissection occurring during catheter-based procedure.

Methods

From November 1989 to December 2002

Bail-out stenting for LM dissection was performed in 10 consecutive patients

**LM and LCX dissection
after engagement of guiding
catheter**



LCX stenting

LM stenting

Baseline characteristics

N=10

Age, yrs	67±9
Men	5 (50%)
Diabetes	1 (10%)
Hypertension	3 (30%)
Current smoker	3 (30%)
Hypercholesterolemia	4 (40%)

Baseline characteristics

N=10

Prior MI	1 (10%)
Cardiogenic shock	4 (40%)
Abxiciimab	0 (0%)
IABP support	4 (40%)

Angiographic characteristics

N=10

Lesion location

Ostium

2 (20%)

Body

6 (60%)

Bifurcation

2 (20%)

Ref vessel diameter (mm)

3.9±0.5

Bail-out LMCA Stenting

In-hospital outcomes

N=10

Angiographic Success(TIMI ≥ 3)	10 (100%)
Emergency CABG	0 (0%)
Elective CABG	0 (0%)
Other lesion stenting	9 (90%)
Death	0 (0%)

Bail-out LMCA Stenting

Long-term clinical outcomes

N=10

Follow-Up (Months)

31 ± 25

Restenosis

0 % (0/8)

Reinfarction

0

Death

0

Conclusion

- LMCA dissection during coronary angiography or angioplasty could be successfully treated with prompt stent deployment, and which resulted in excellent angiographic and long-term clinical outcomes.