

# Intervention of Left Main with LAD complex disease by Rotablation

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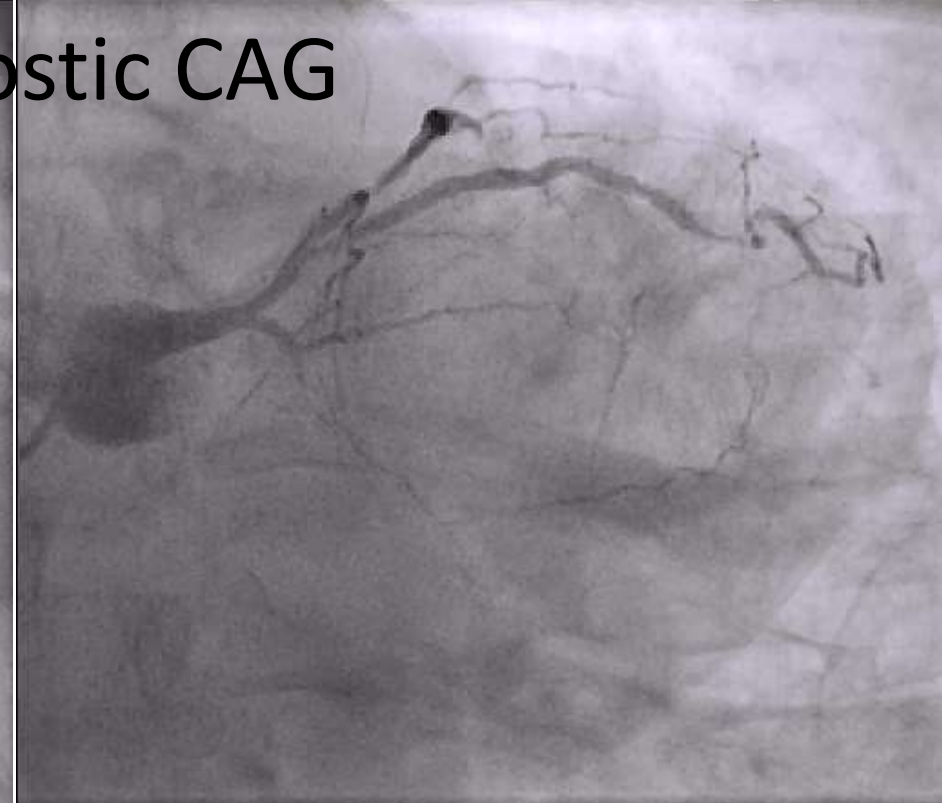
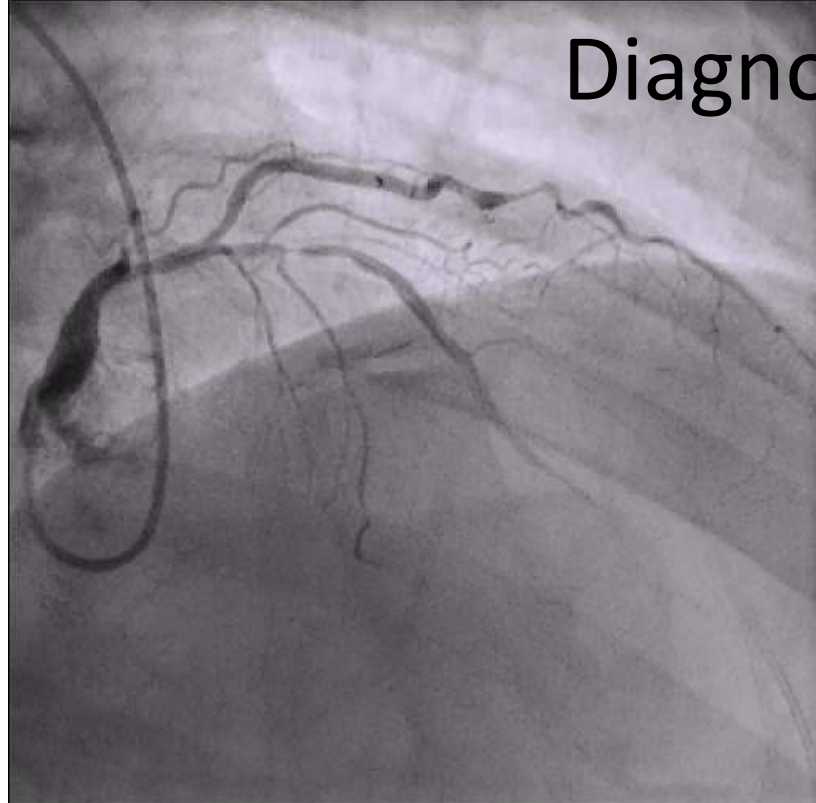
# Patient history:

- 60 years old male patient is admitted with angina on exertion class III for last 1 month.
- Risk factor: Smoker, type 2 diabetes mellitus .
- **ECG**  
Normal sinus rhythm  
Left axis deviation.
- **Echocardiogram**  
NO RWMA  
LVEF-60%  
Gr.I+DD

Advise: Coronary angiogram.

- Syntax Score: 30.5
- Patient is under treatment for manic Depressive psychosis and also had strong reservation against CABG.

## Diagnostic CAG



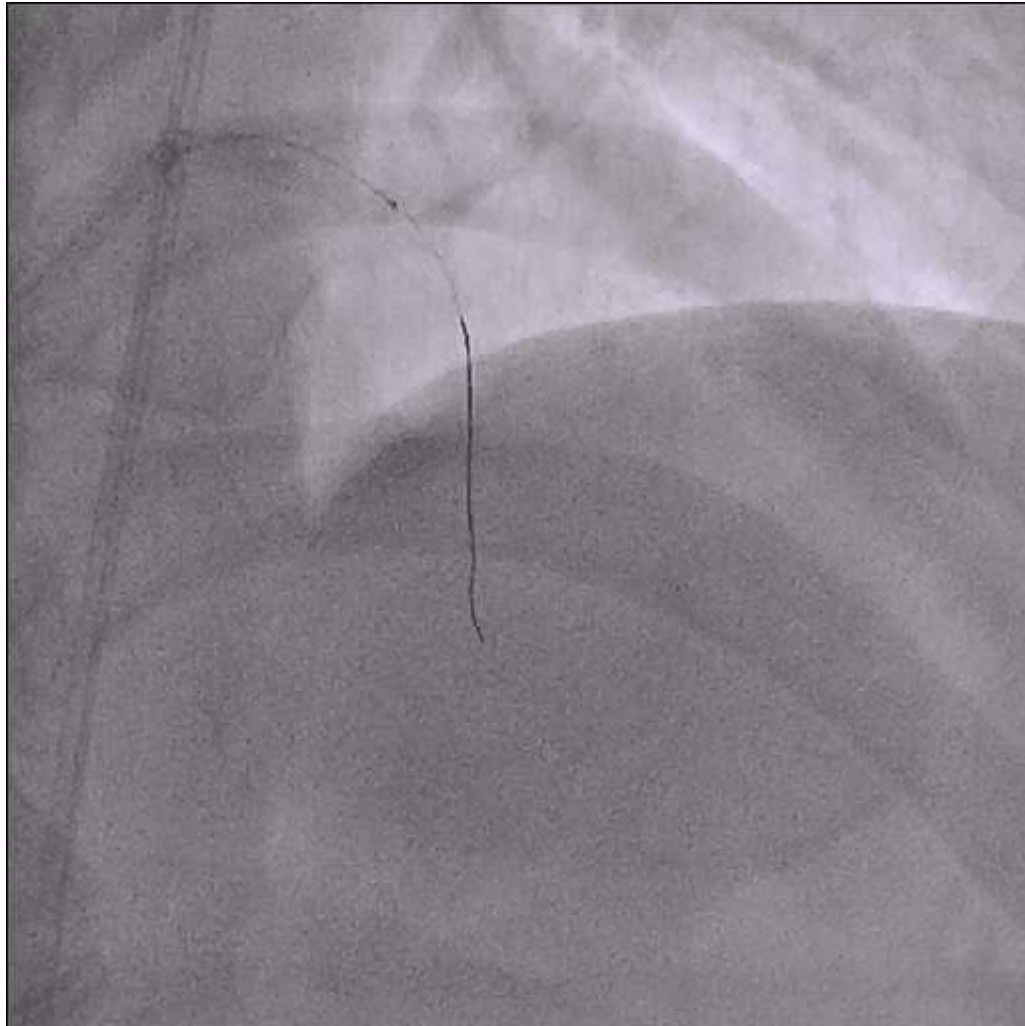
## Plan of procedure:

- Rotablation in prox-mid LAD calcified lesion followed by balloon dilation in distal and prox-mid LAD with stenting.
- Stenting in Left main lesion.

Approach: Right Femoral

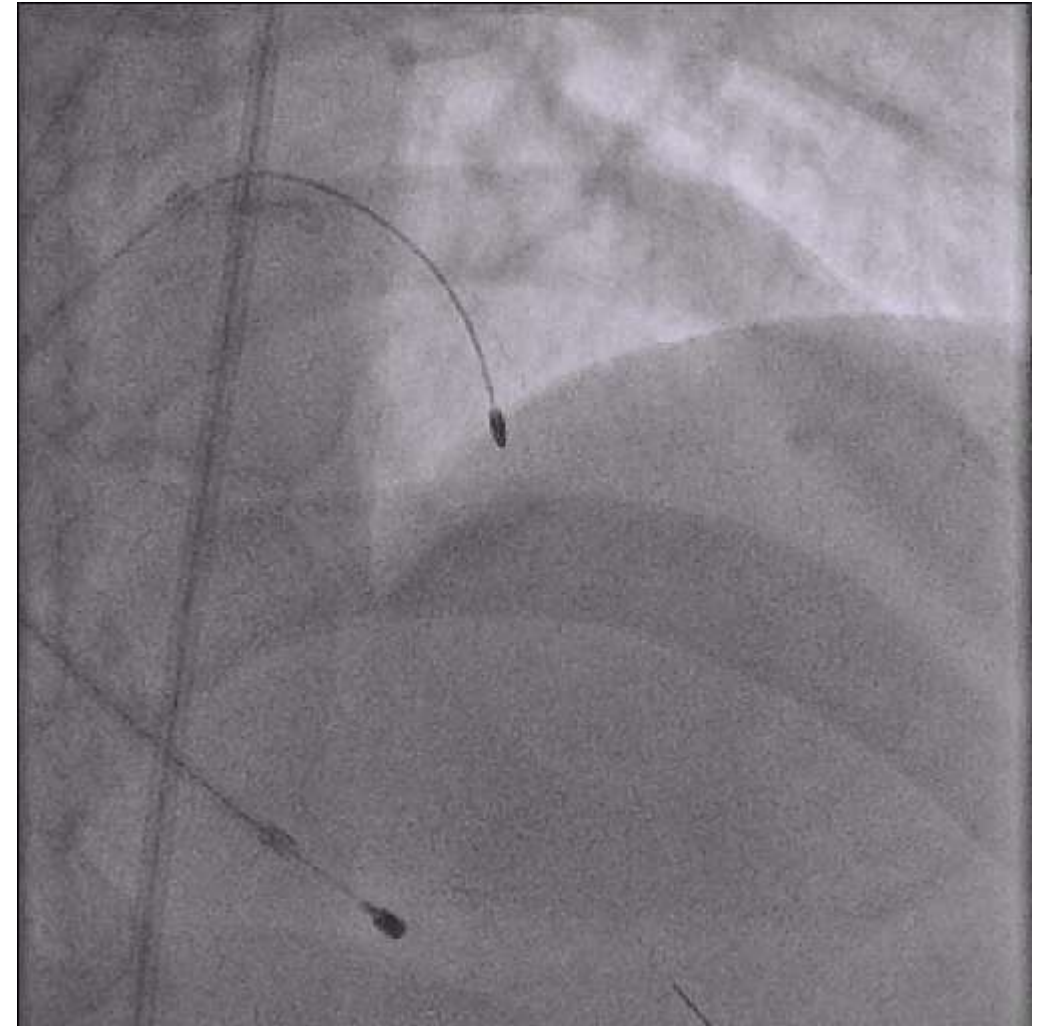
Guide Catheter :7F XB 3.5

Guide Wire :BMW, Rota Wire 0.009 in X 330 cm

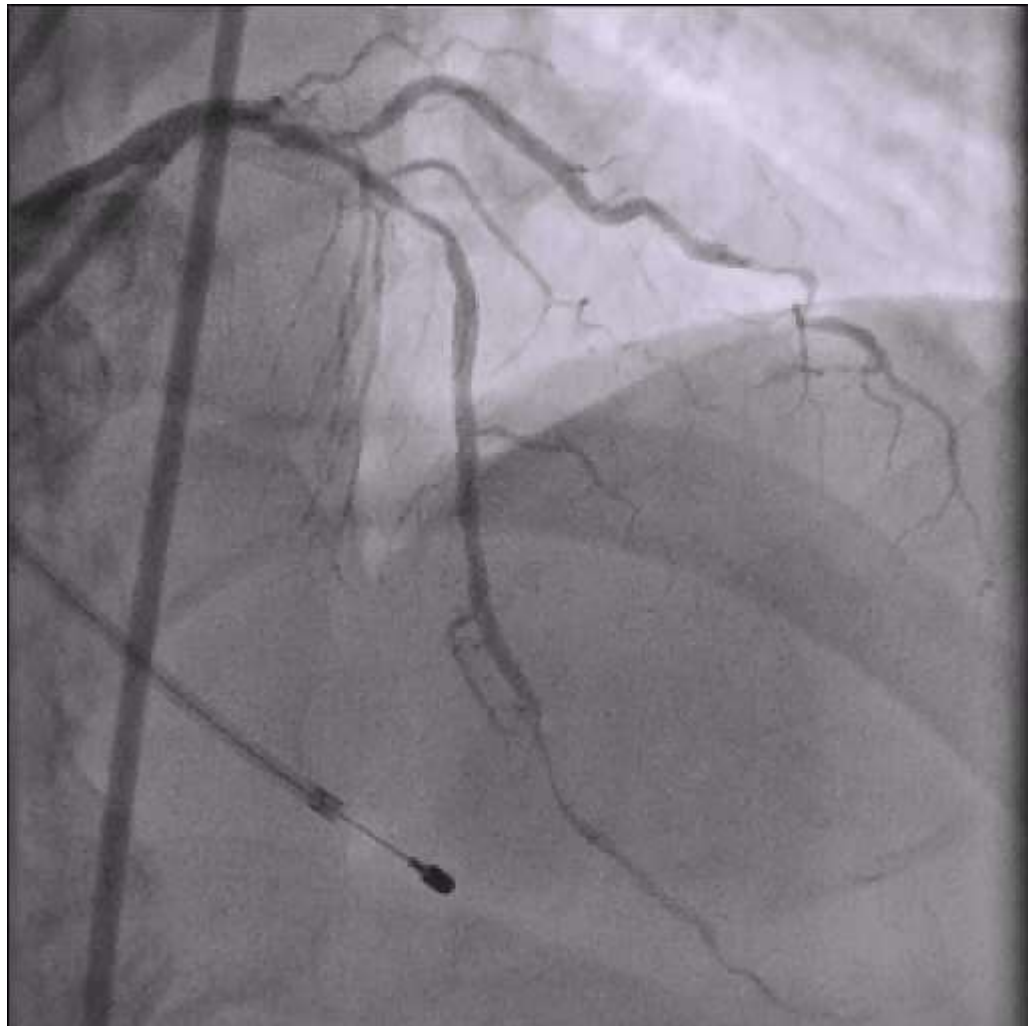


Lesion was crossed with the Rota

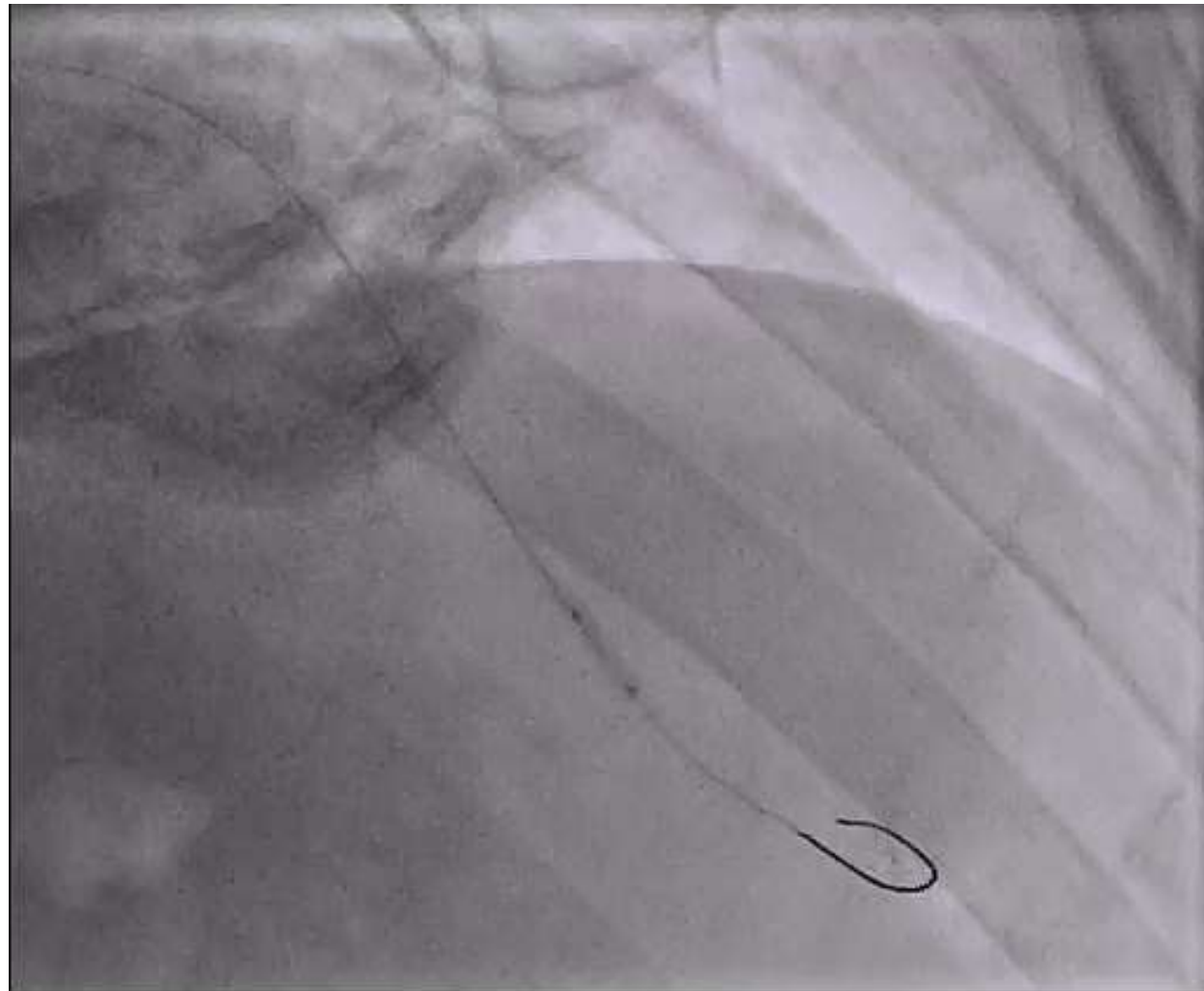
wire & Rota ablation was done using a 1.5 mm Rota Link BURR.



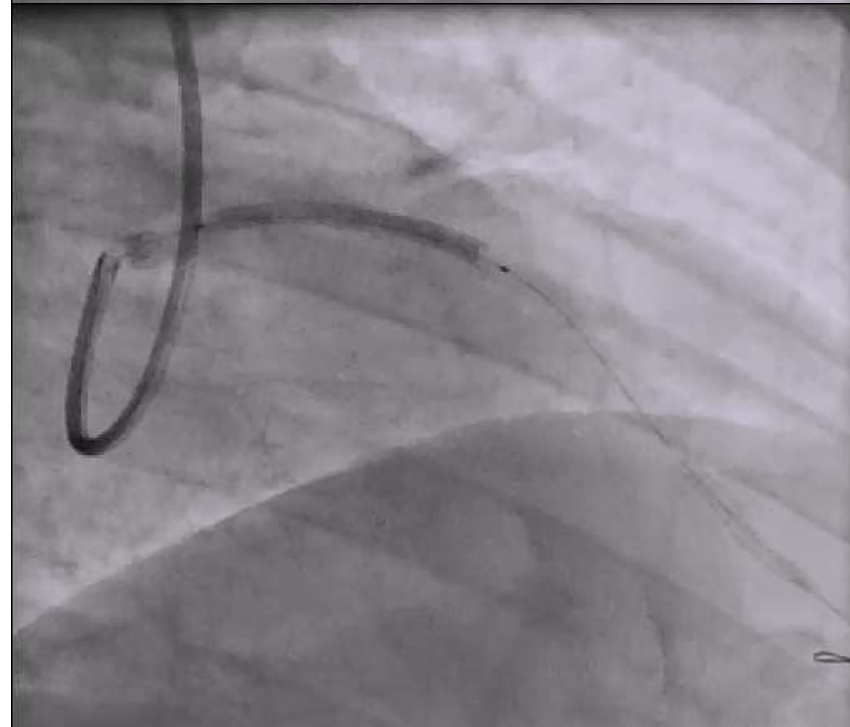
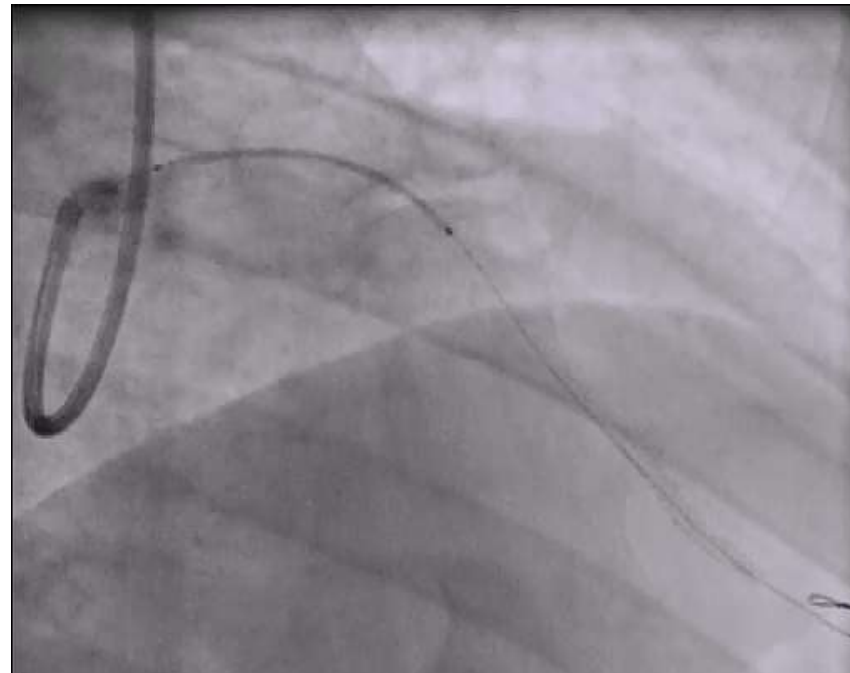
Flow after rotablation



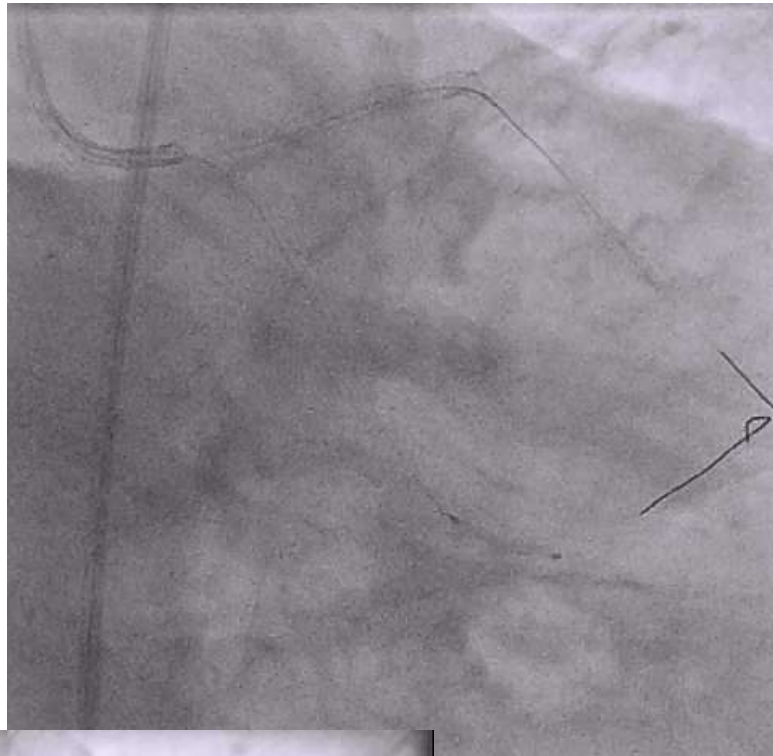
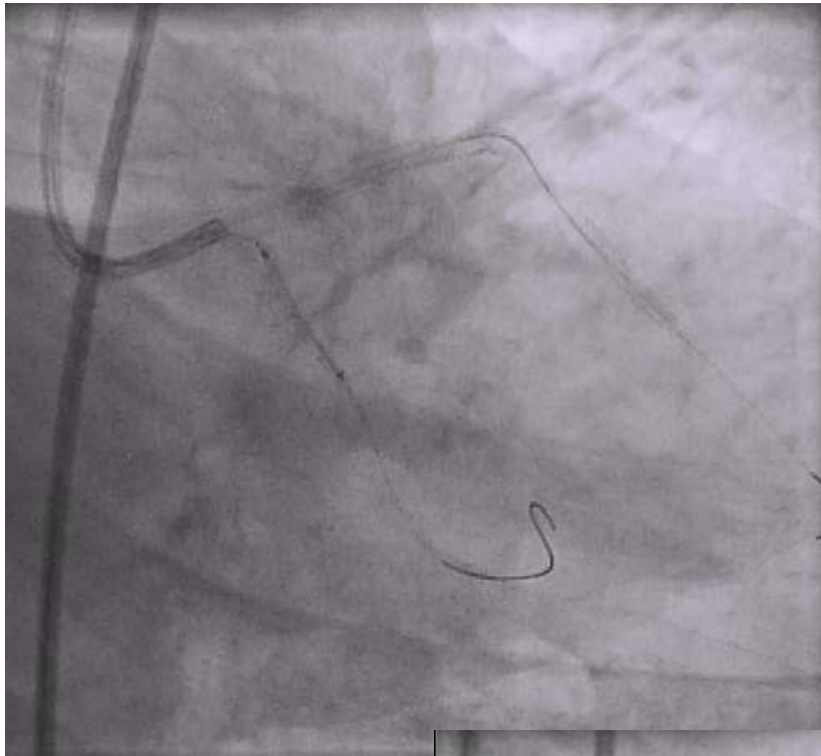
The distal lesion was pre-dilated with NC 2.5 X 10 mm Balloon at 6 atm.



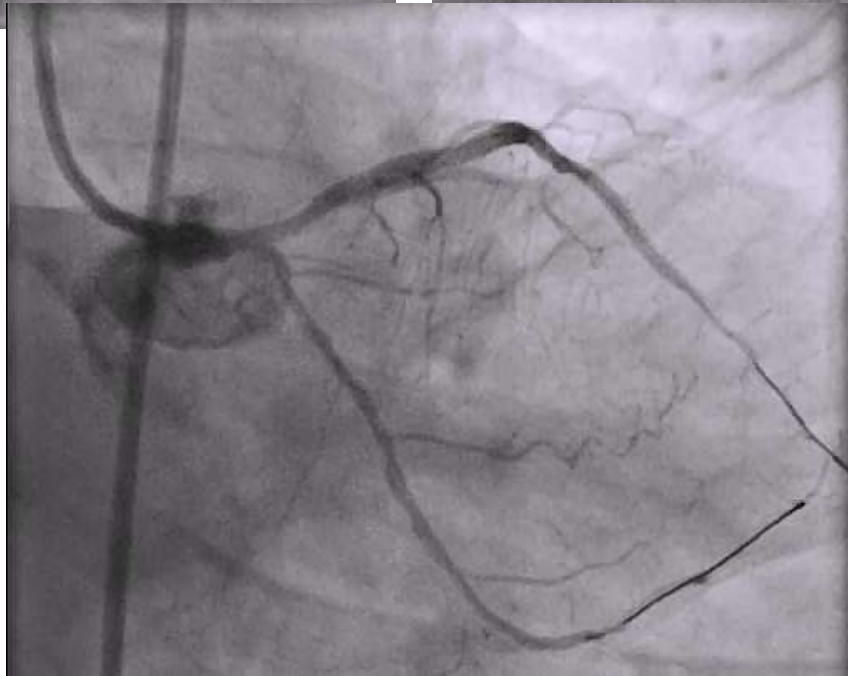
Distal LAD was stented with Everolimus Eluting 2.25 X 23 mm stent at 8 atm. Post dilatation was done with NC 2.5 X 10 mm Balloon at 16 atm



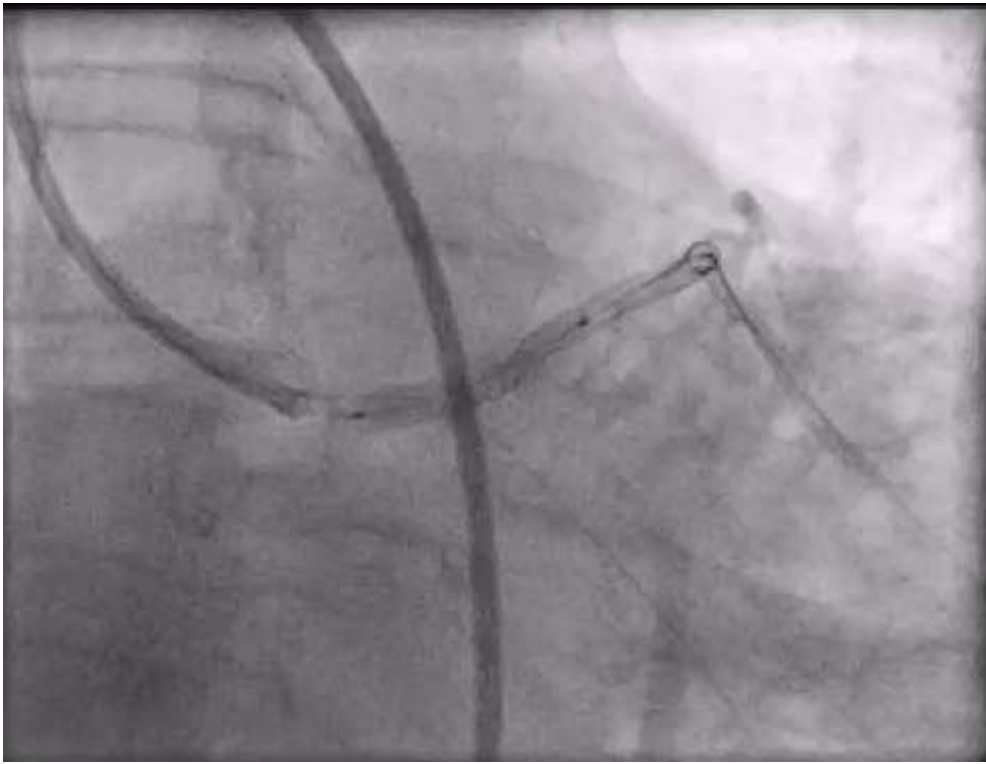
The lesion in proximal - mid LAD was stented with Everolimus Eluting 3.0 X 32 mm Stent at 12 atm.



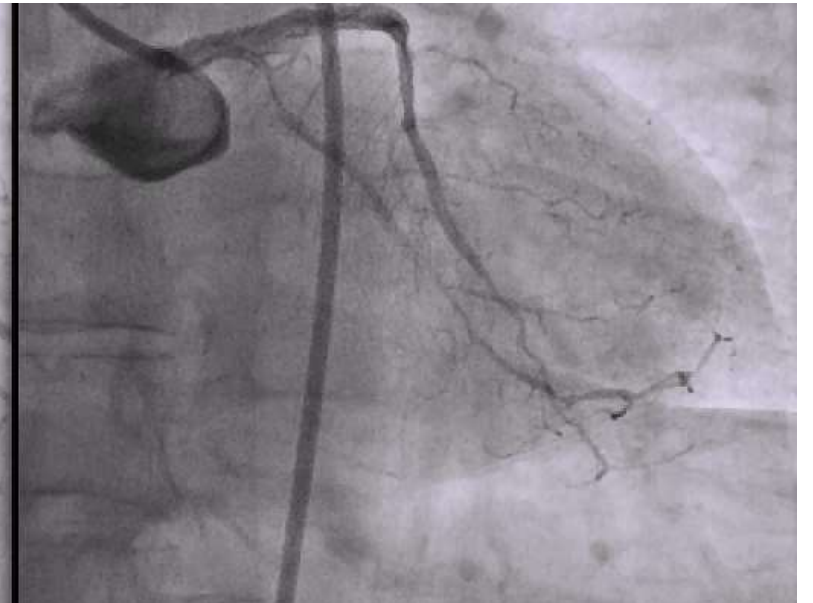
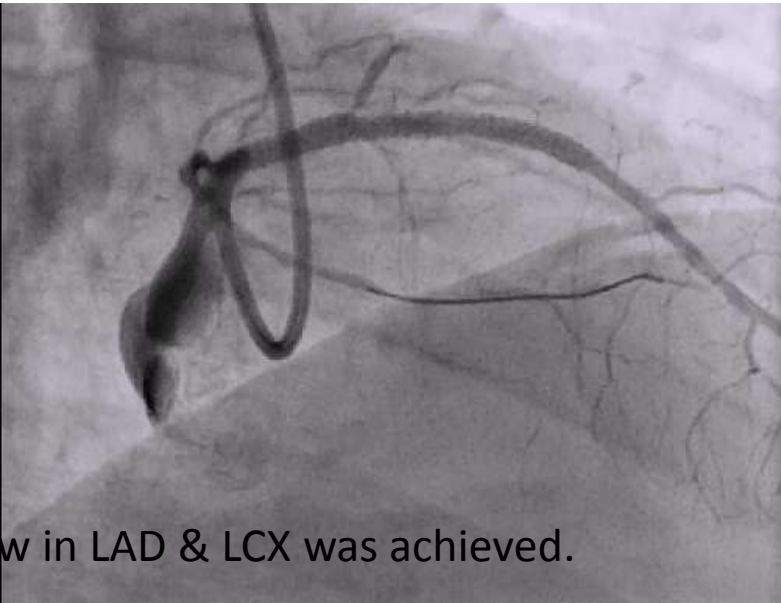
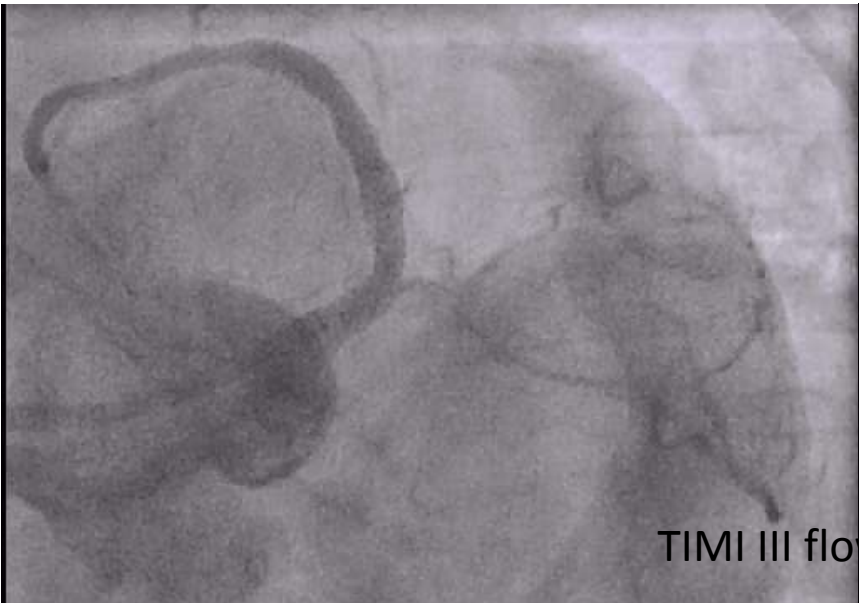
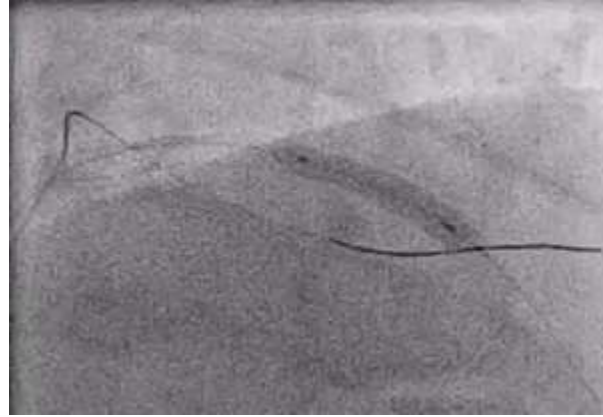
The lesion in LCX was crossed with Pilot 50 guide wire & sequentially pre-dilated with Semi Complaint 1.5 X 12 mm balloon at 12 atm & Semi complaint 2.0 X 15 mm balloon at 8 atm.



Flow achieved in LCx after balloon dilation

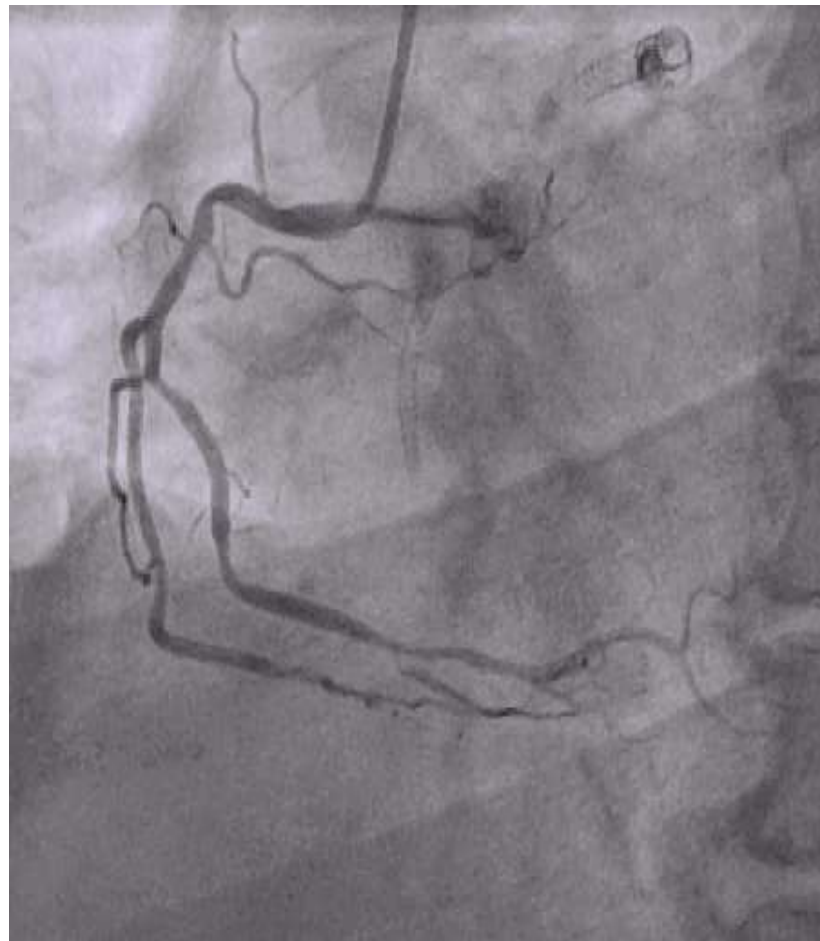
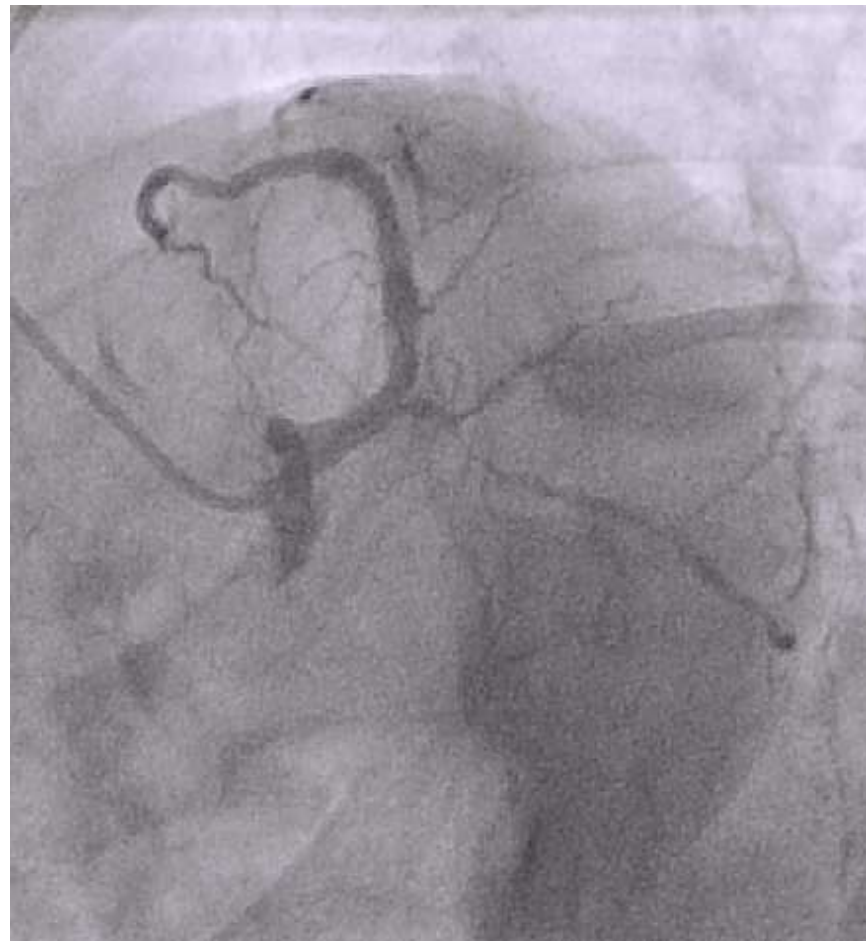
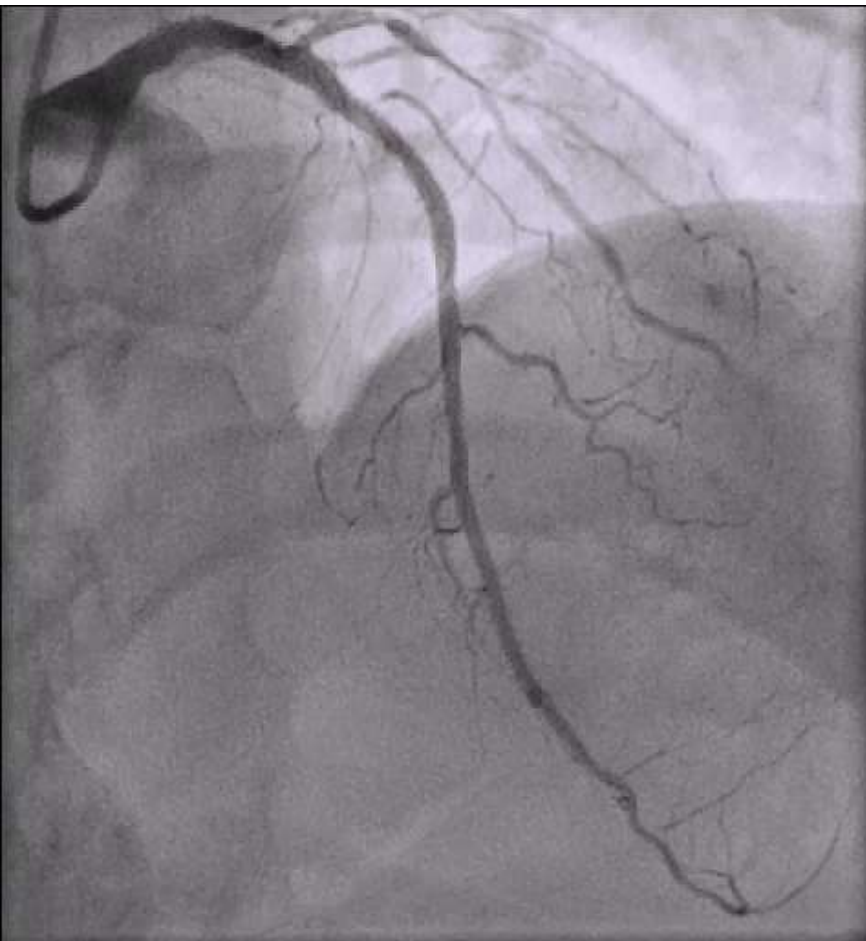


Left Main- LAD was stented with Everolimus Eluting 3.5 X 20 mm stent @ 12 atm. Post dilatation done with NC 3.5 X 15 mm @ 20 atm-> Distal half of stent & with NC 4.5 X 6 mm @18 atm in proximal half of stent.



TIMI III flow in LAD & LCX was achieved.





Repeat coronary angiogram after 1 8 MONTHS

# Learning point:

- In view of anatomy of LCx vessel ( small caliber and diffuse disease), POBA was done with sirolimus eluting balloon thus avoid elective 2 stent strategy in LMCA bifurcation .