

Complex CTO Intervention Combined with LM and Triple Vessel Disease

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Patient's Clinical History

Sex/ age; Male / 60yrs

CC; Typical effort chest pain (onset; several years)

Past Hx : Hypertension (+), DM (+), smoking (+)

PEx V/S : stable

Lab Echocardiography; hypokinesia at LCX territory,

EF-50%

Cardiac Enzyme; normal

RCA-Baseline CAG



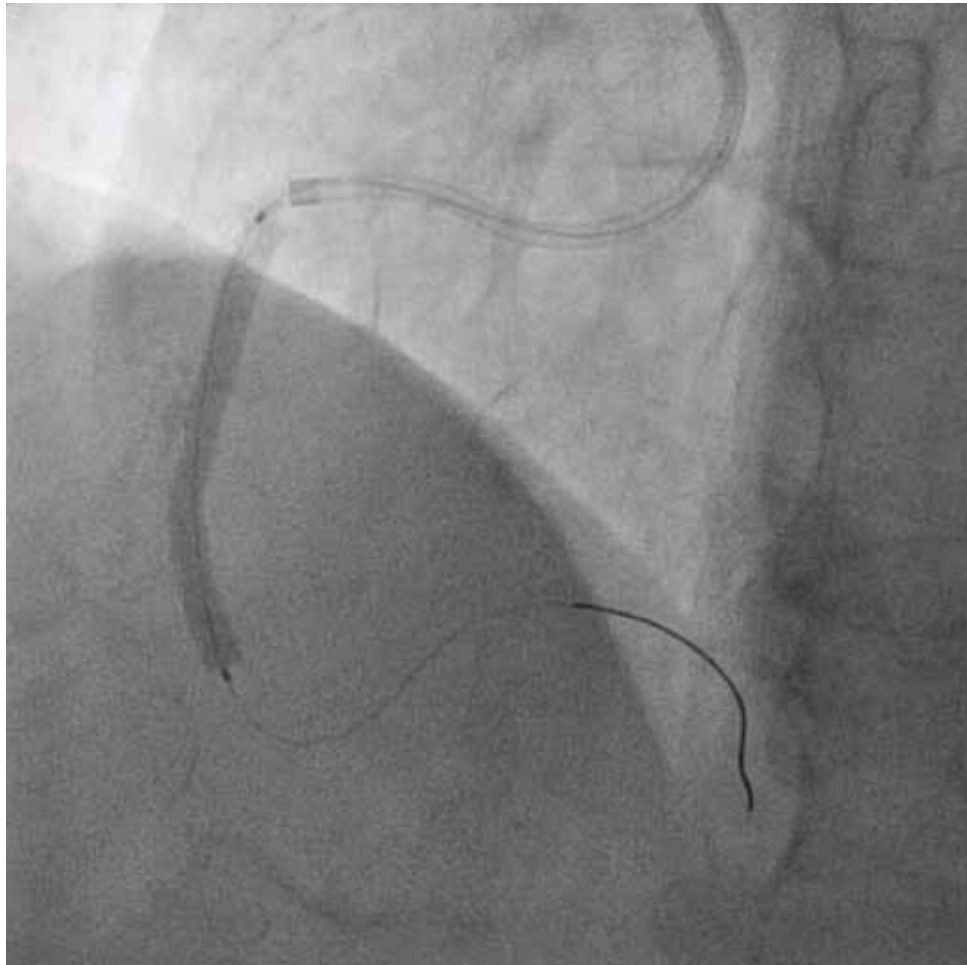
6F AL-1 SH

RCA-Predilatation

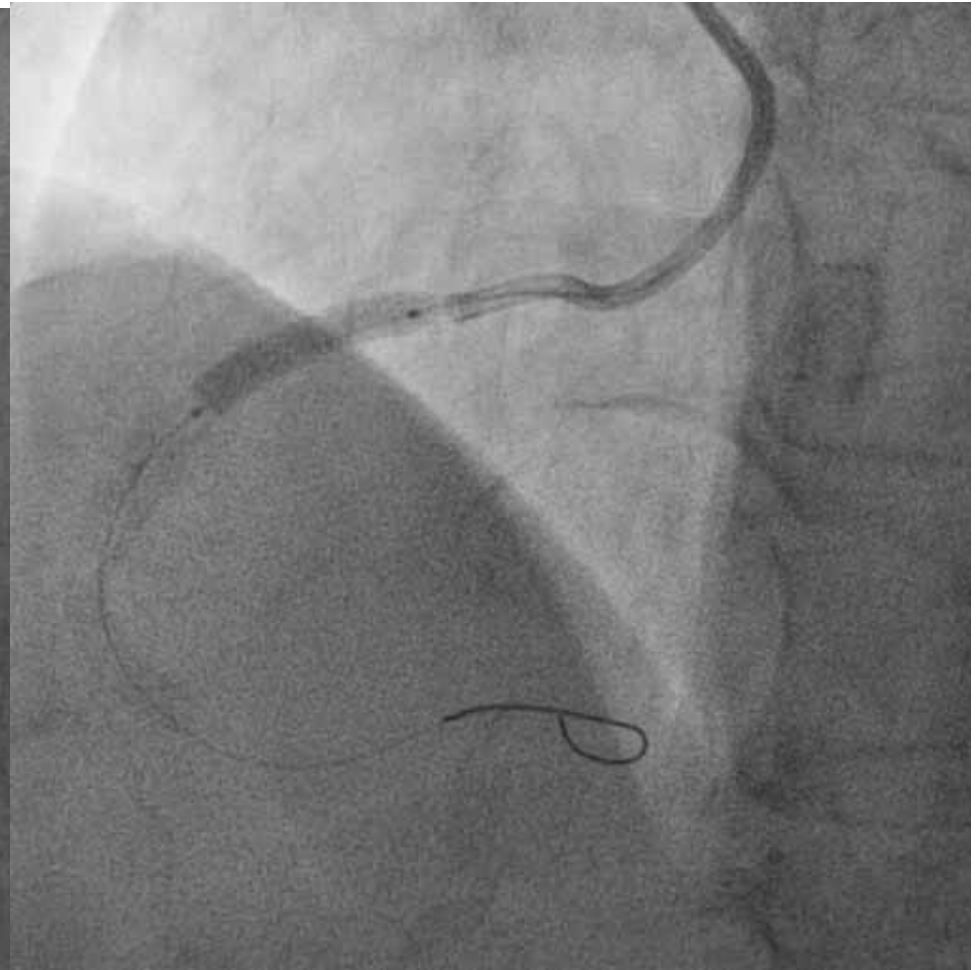


Lacrosse 2.0X15mm

RCA-Overlapping Stenting



R. Integrity 3.0X38mm

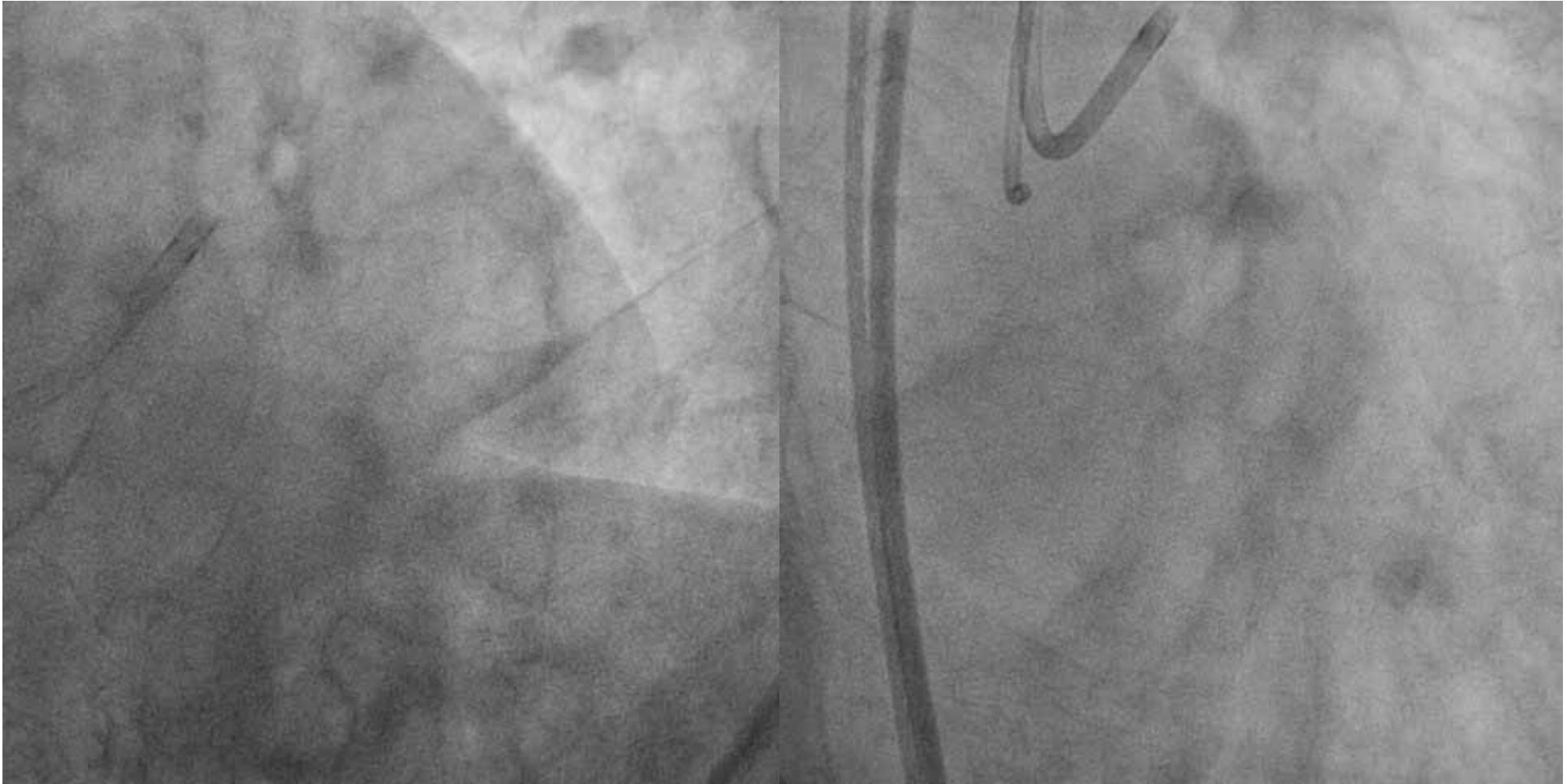


R. Integrity 3.5X18mm

RCA-Final



LCA (LM, LAD & LCX)-Baseline



Both Femoral, Bilateral Approach, 7F EBU 3.5

Your Strategy for LCA?

1. Revascularization Priority

1) LCX CTO first and then LM to LAD?

2) LM to LAD first and then LCX CTO intervention?

2. LM true bifurcation management

1) Singles Stent vs. Two Stent?

2) If two stent, Kissing, Crushing, Culotte...

LM to LAD; Predilation

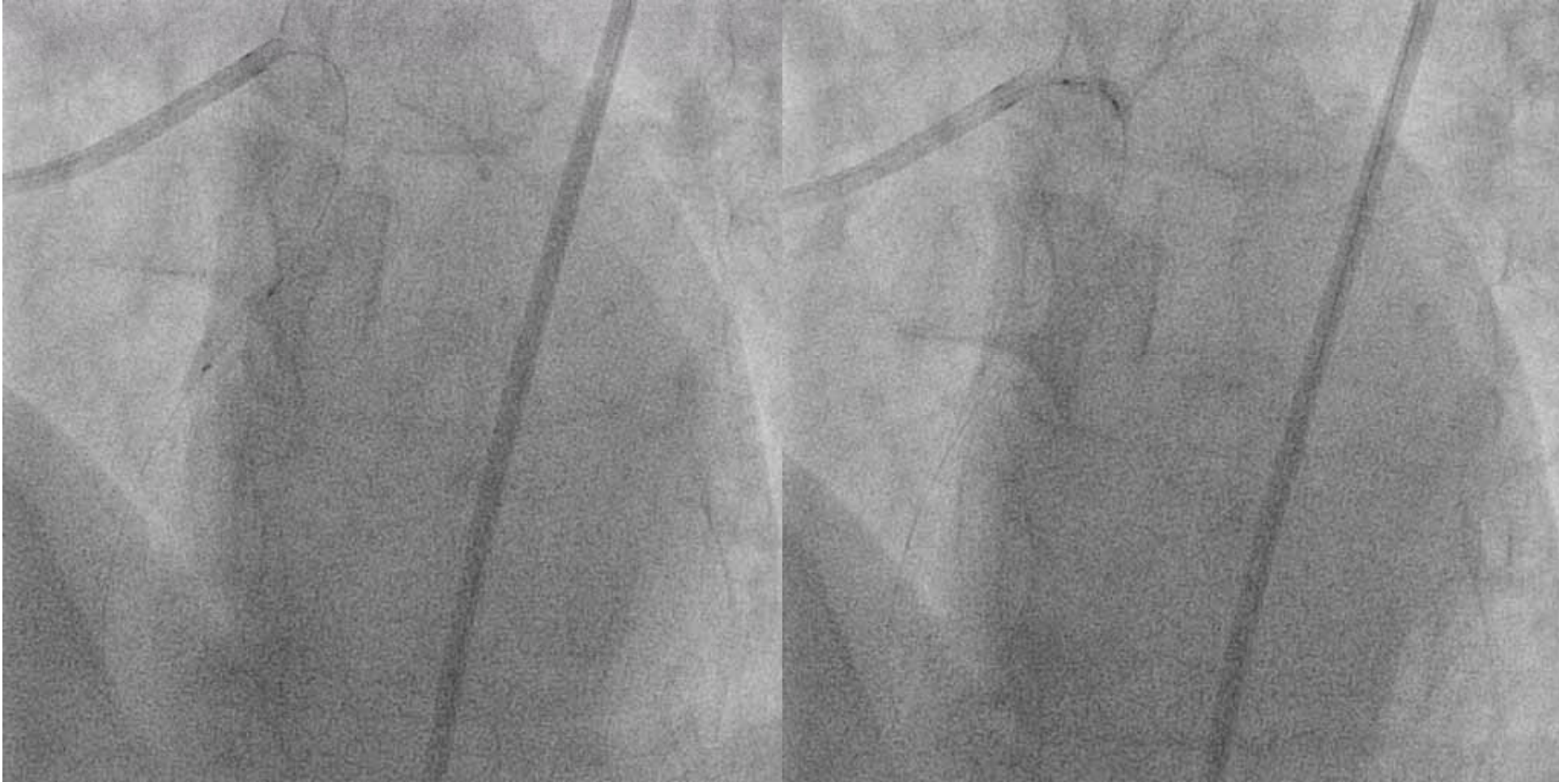


Lacrosse 2.0X15mm

LAD-Baseline

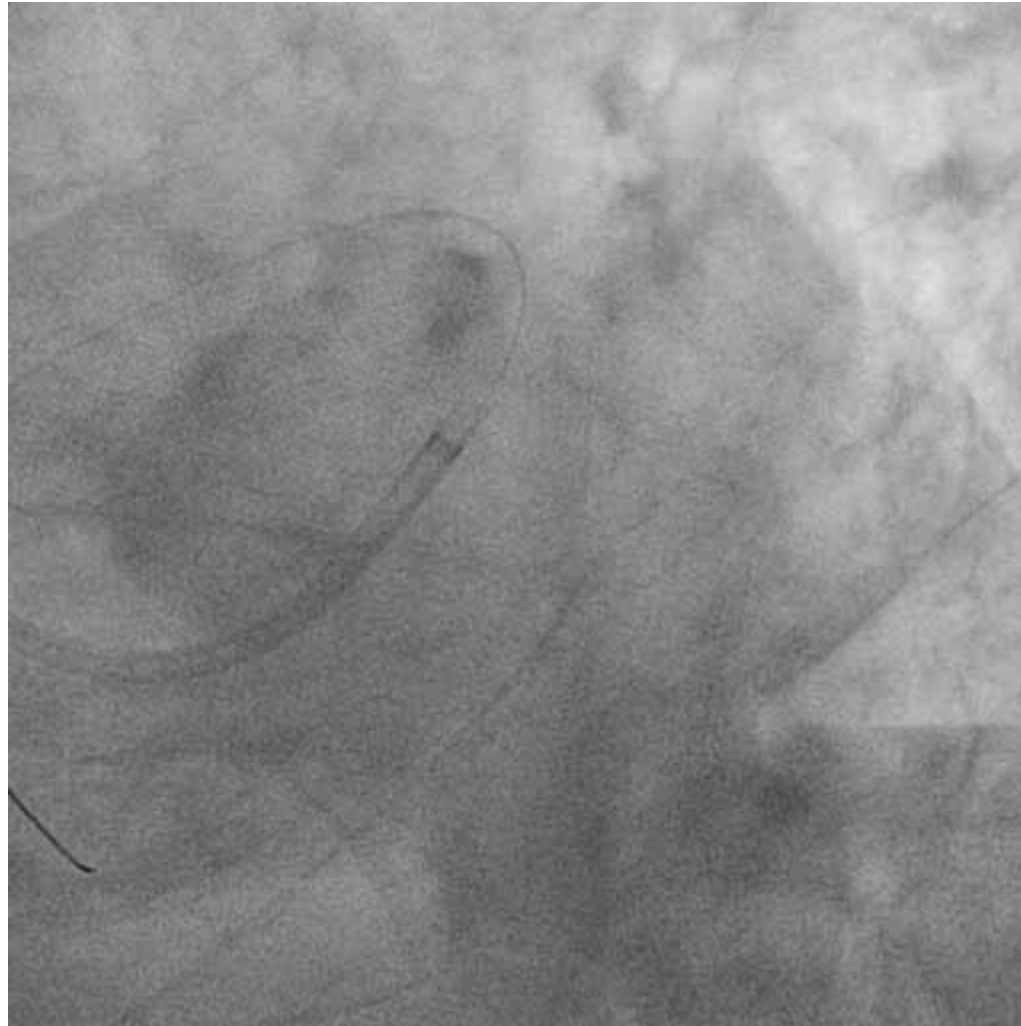


LAD-Predilatation

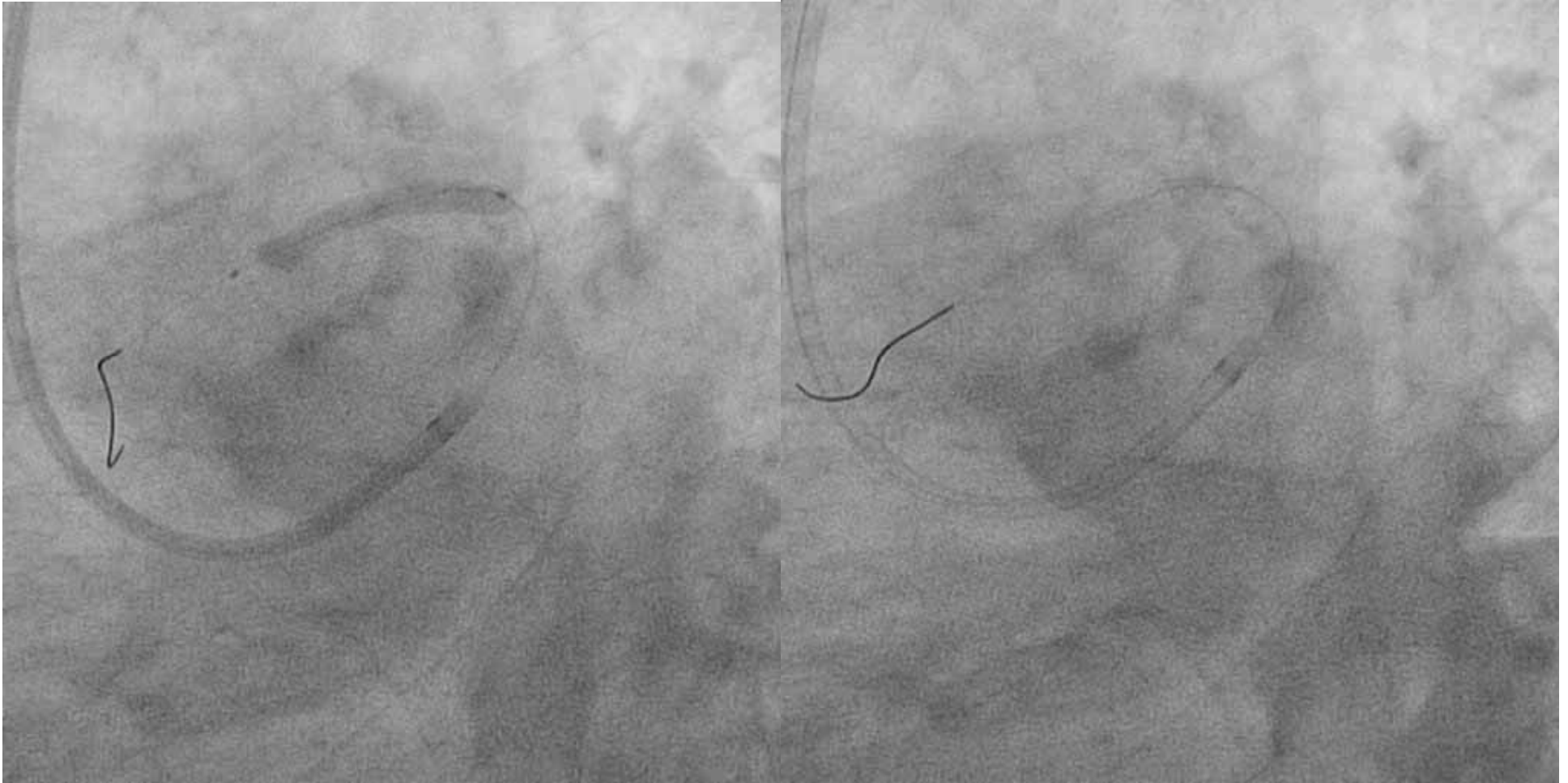


Lacrosse 2.0X15mm

LAD-Post Predilation

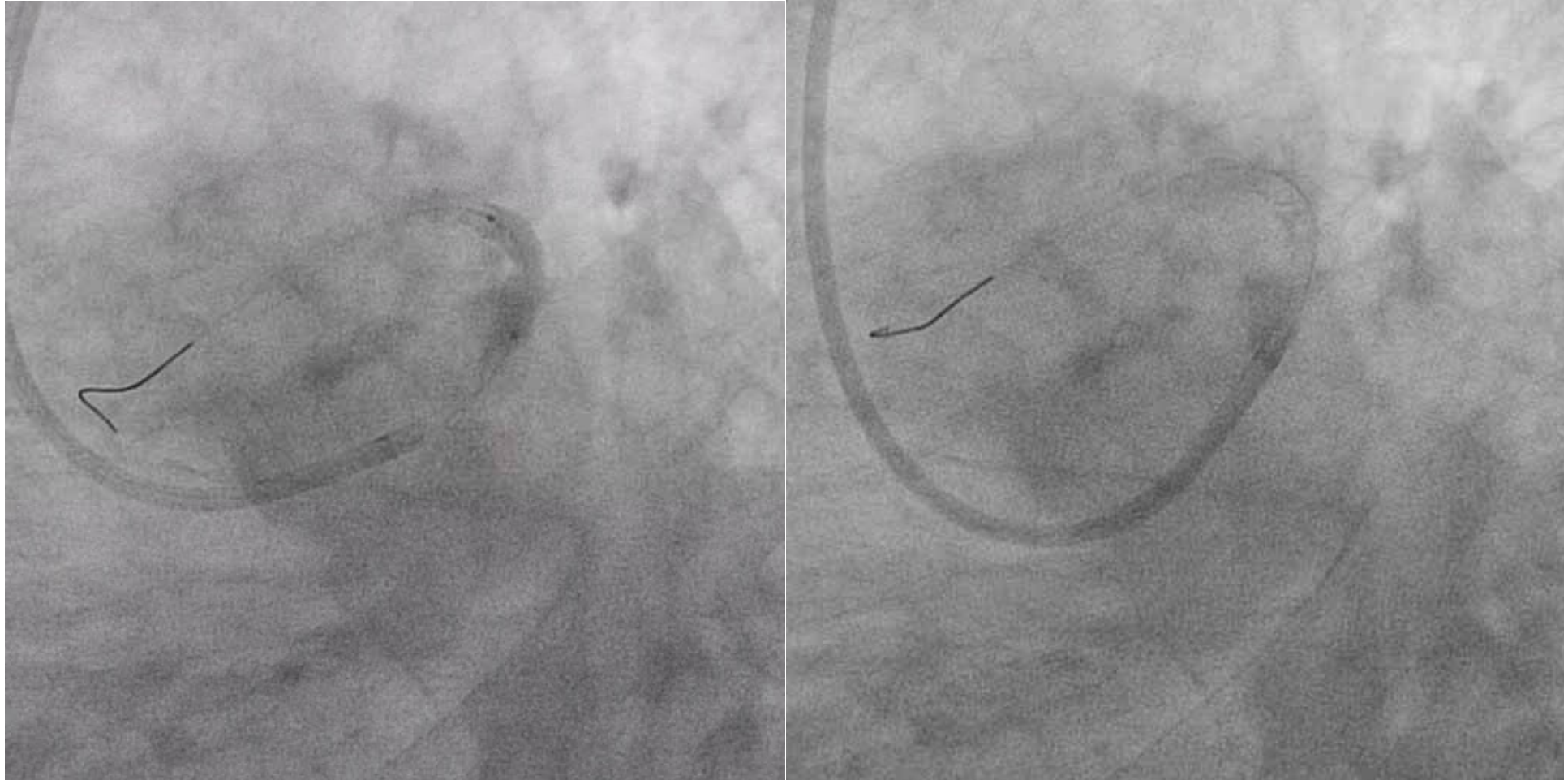


LAD Stenting



R Integrity 3.0X38mm

LM to LAD Stenting

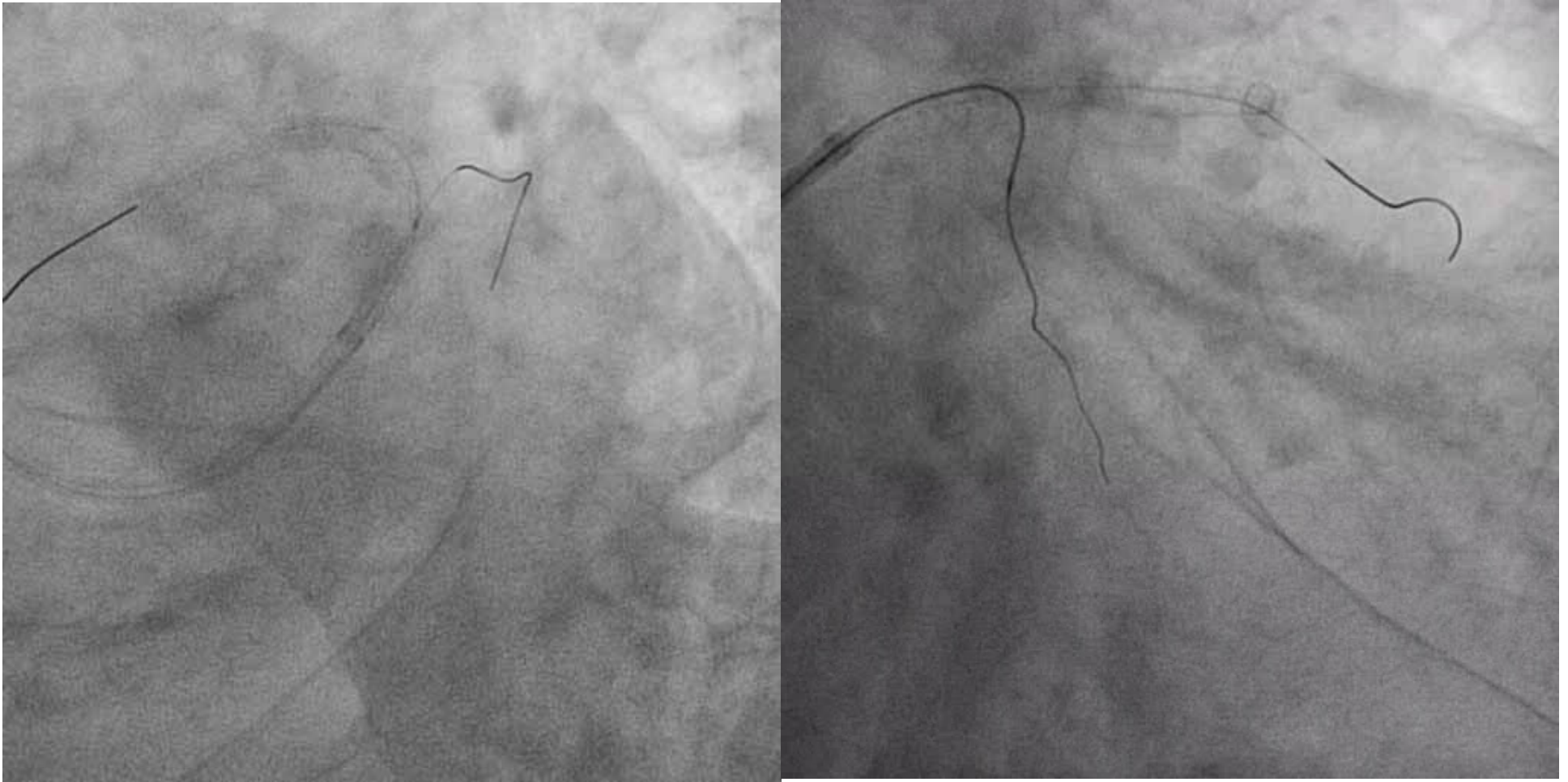


R Integrity 4.0X22mm

After the two vessel revascularization, your plan?

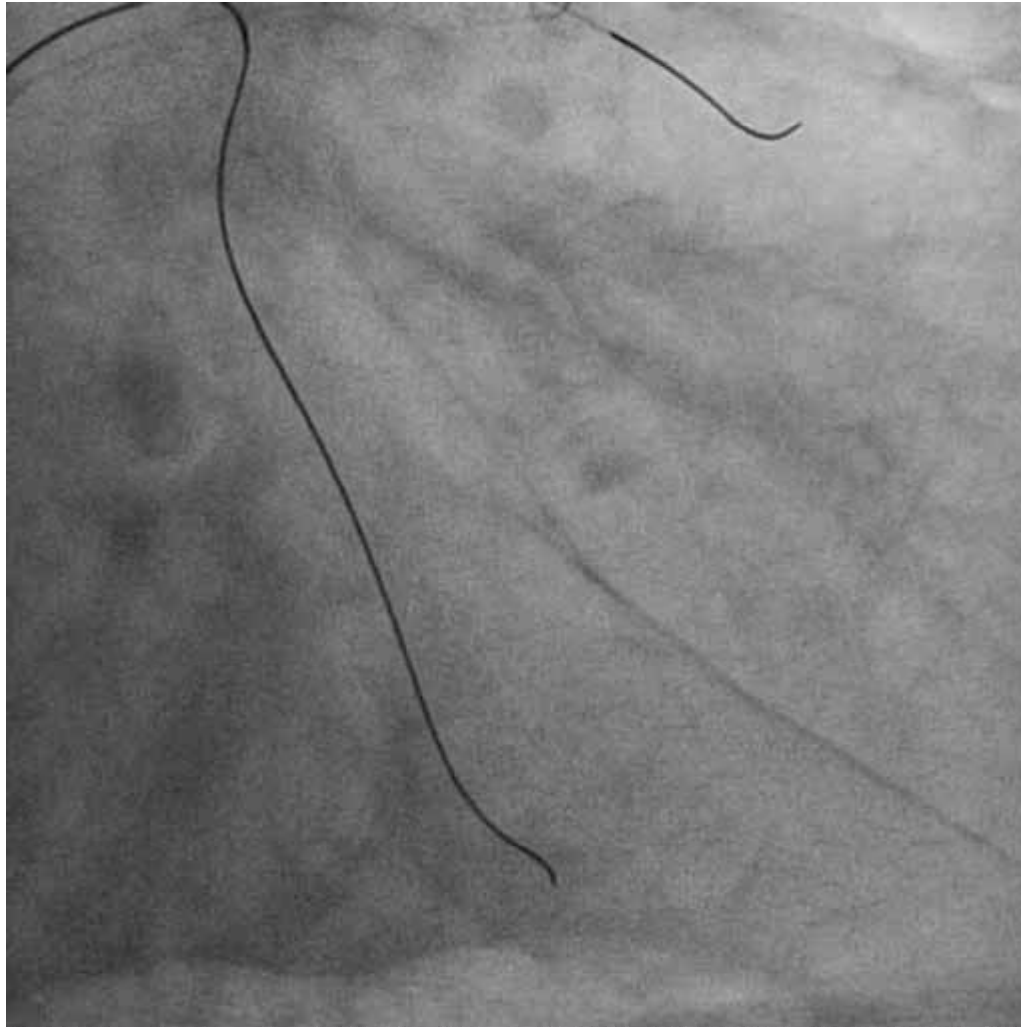
1. Staged procedure for LCX CTO?
2. Complete revascularization at once at index procedure?
3. Optimal Medical Therapy alone (without procedure)?
4. Depends on clinical symptoms and functional study results?

LCX wiring (1)



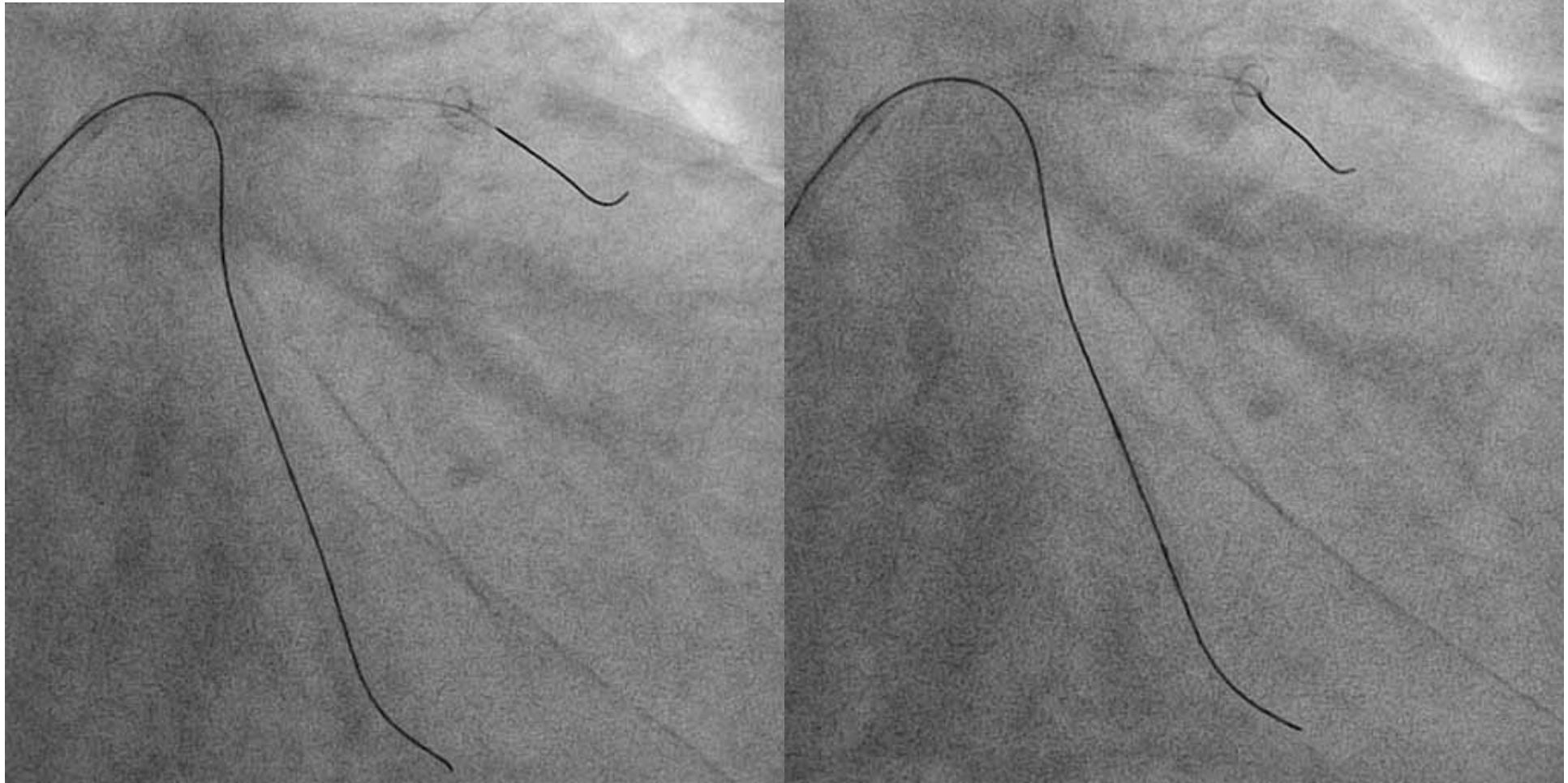
Finecross, Runthrough → Fielder XT

LCX wiring (2)



Miracle 6

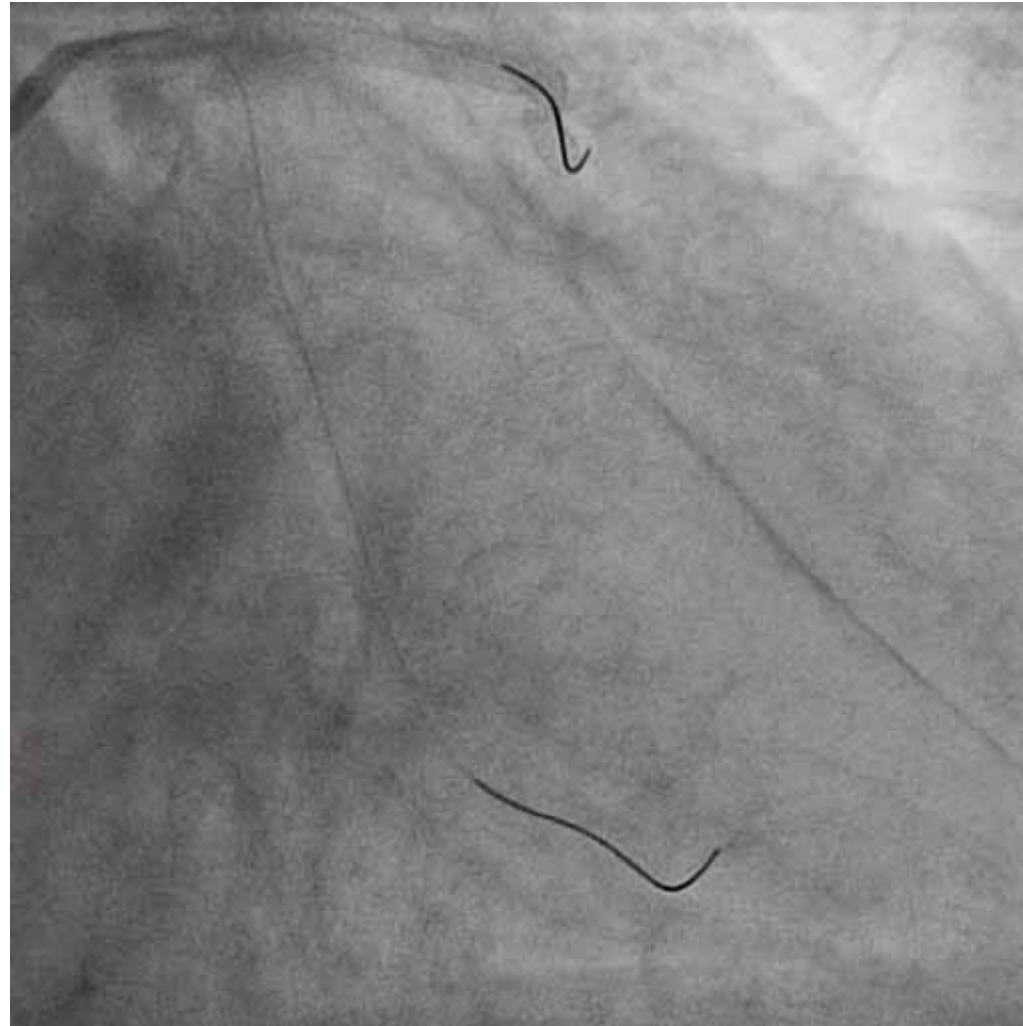
LCX-Sequential Predilation (1)



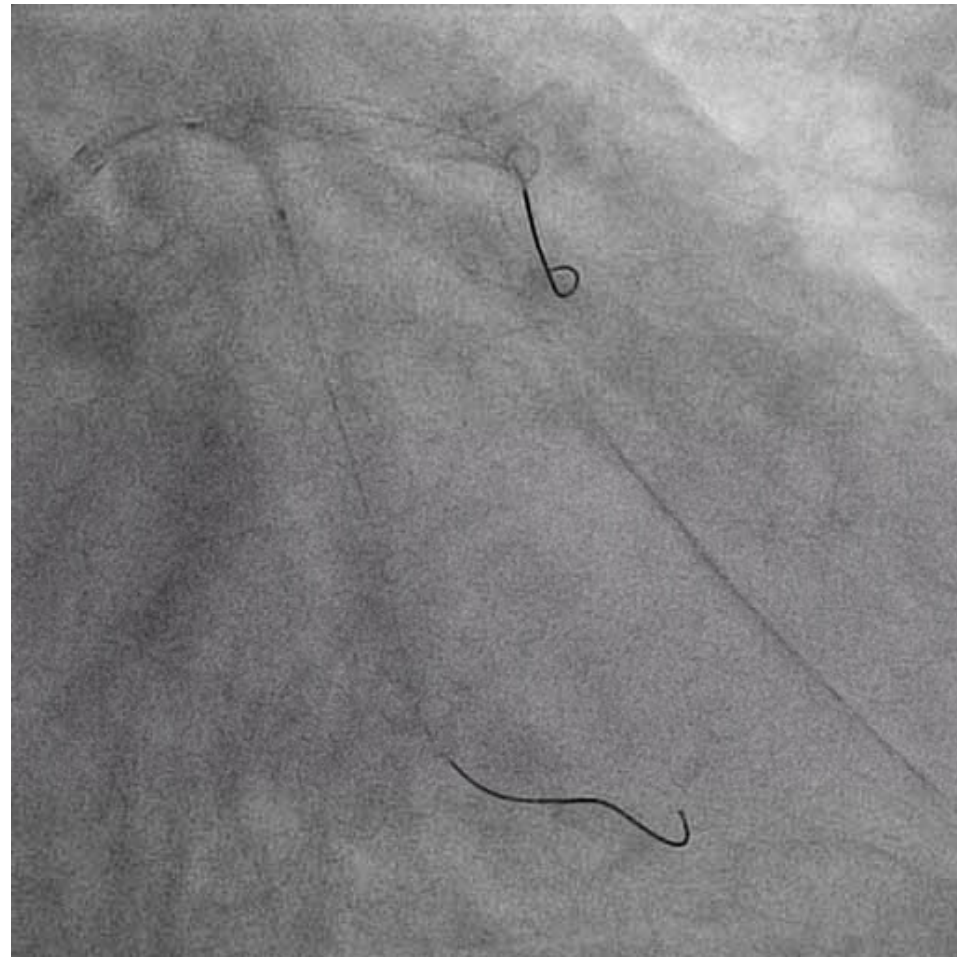
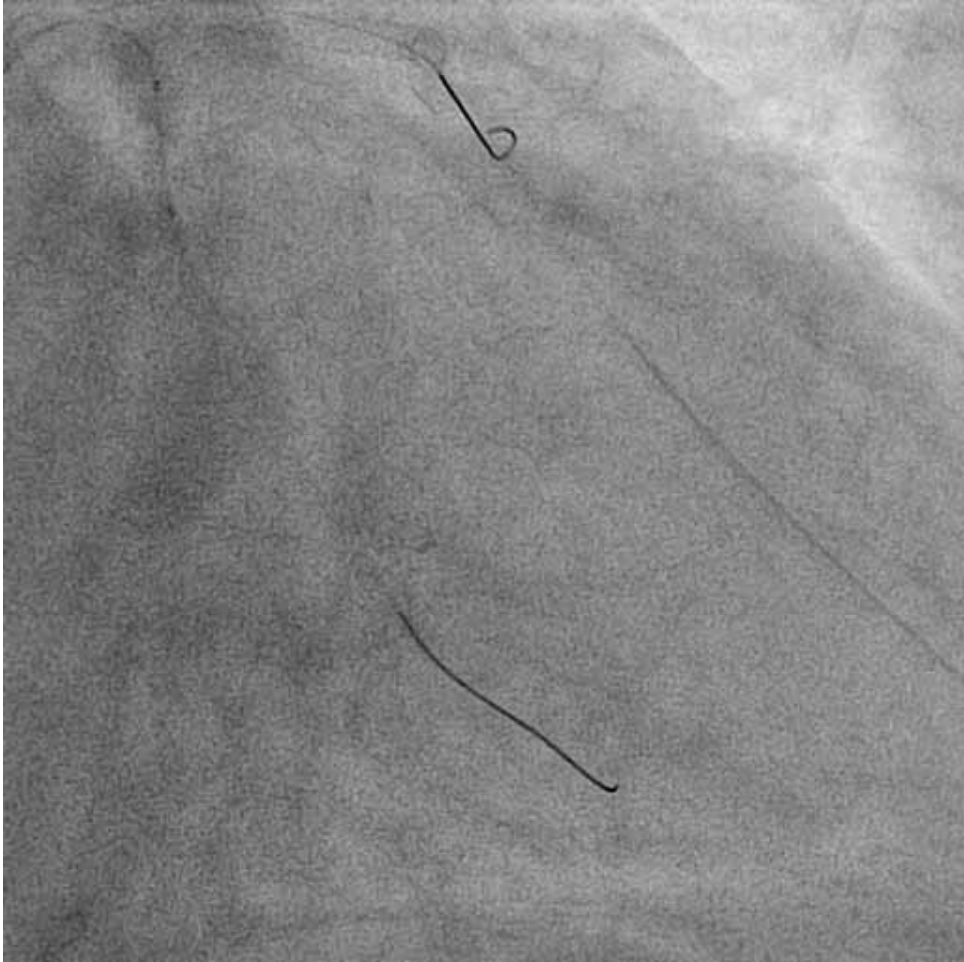
Minitrek 1.2X12mm

Lacrosse 2.0X15mm

Wire Exchange

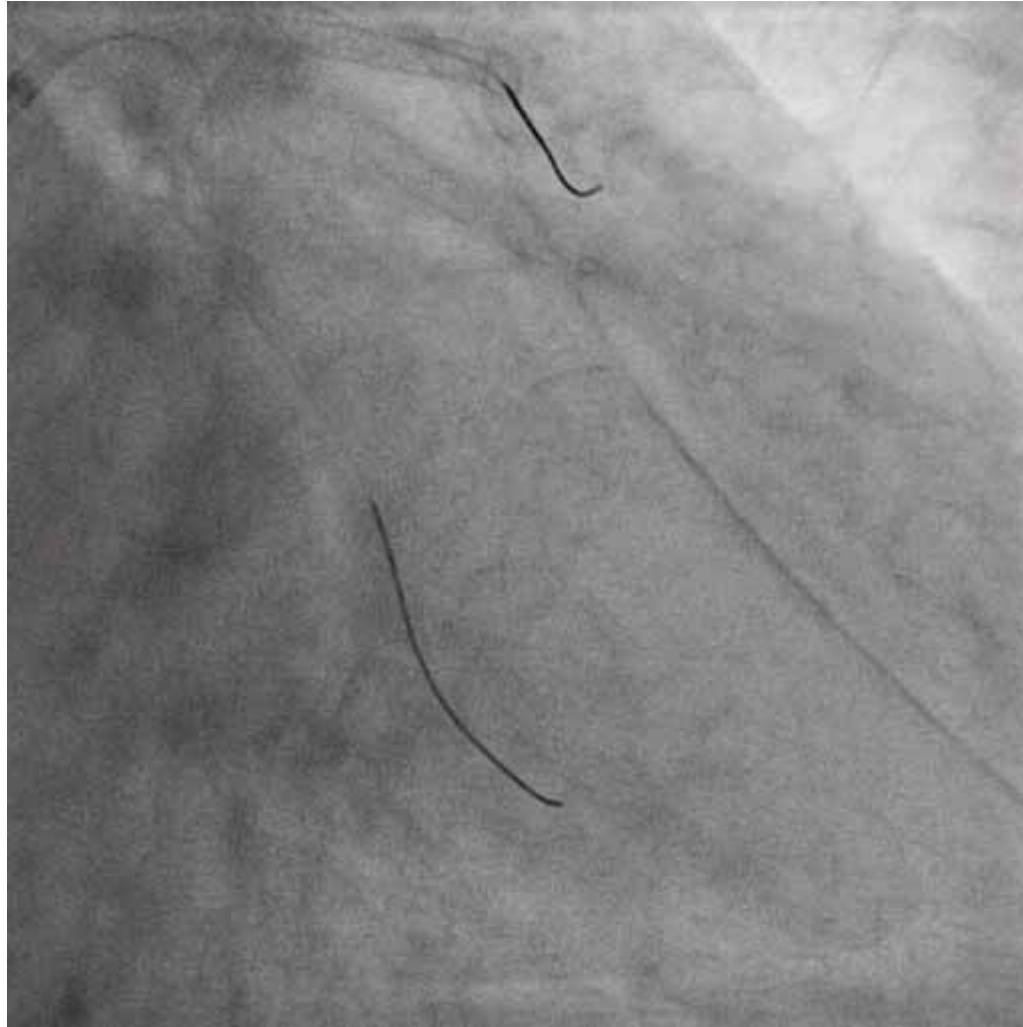


LCX-Further Predilation (2)

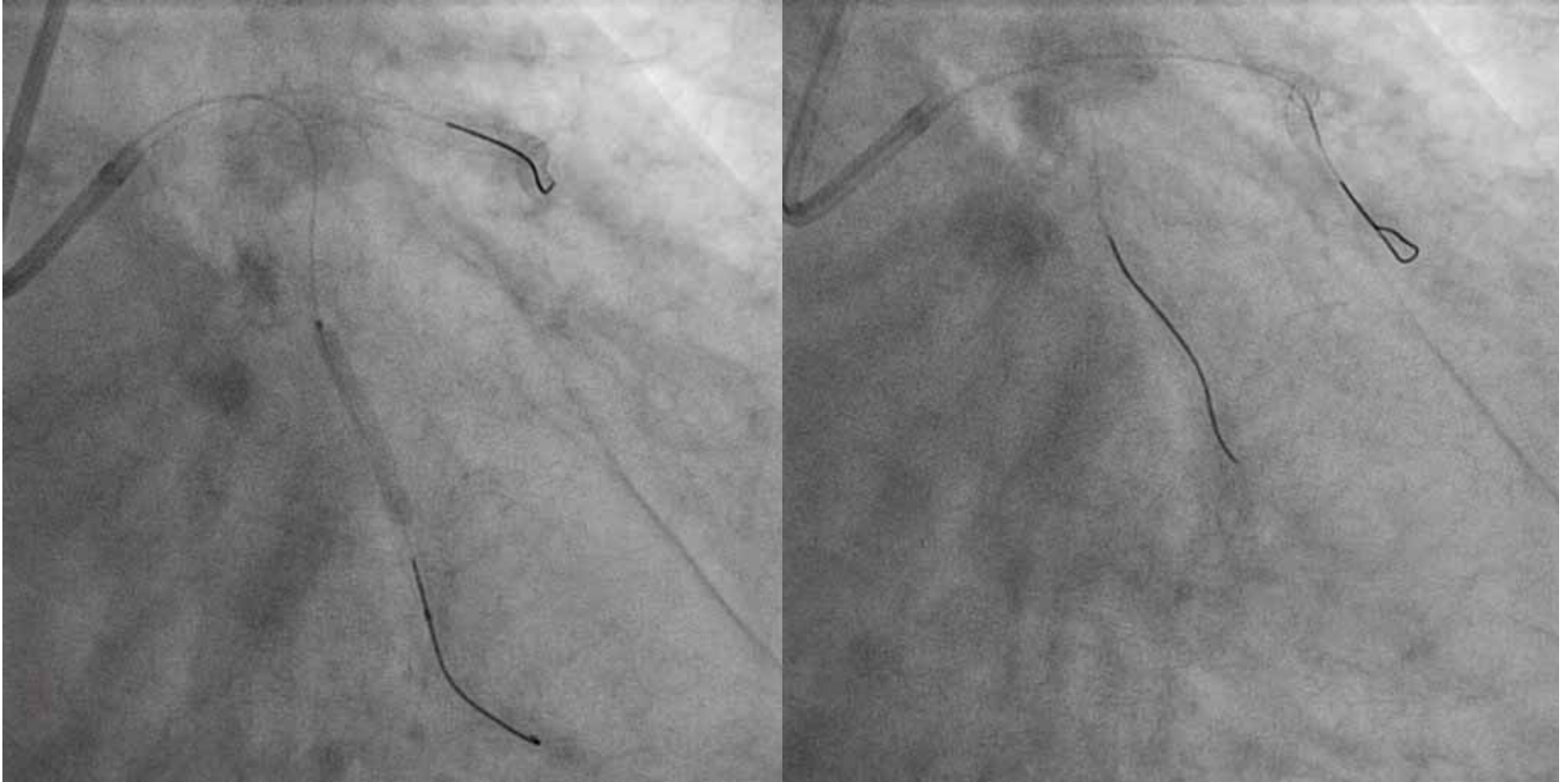


Lacrosse 2.0X15mm

LCX-Post Predilation

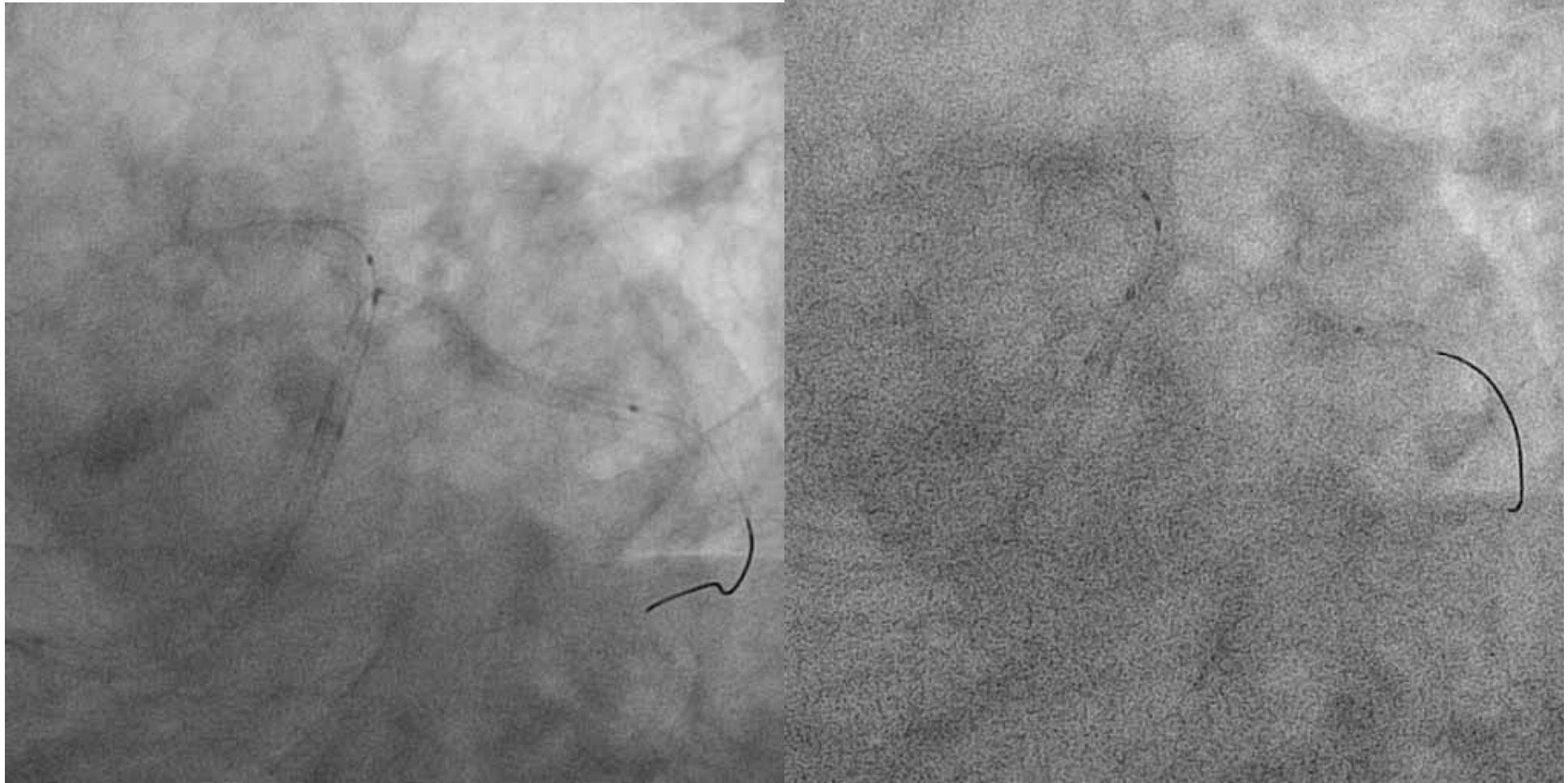


LCX-Stenting (1)



R Integrity 2.25X30mm

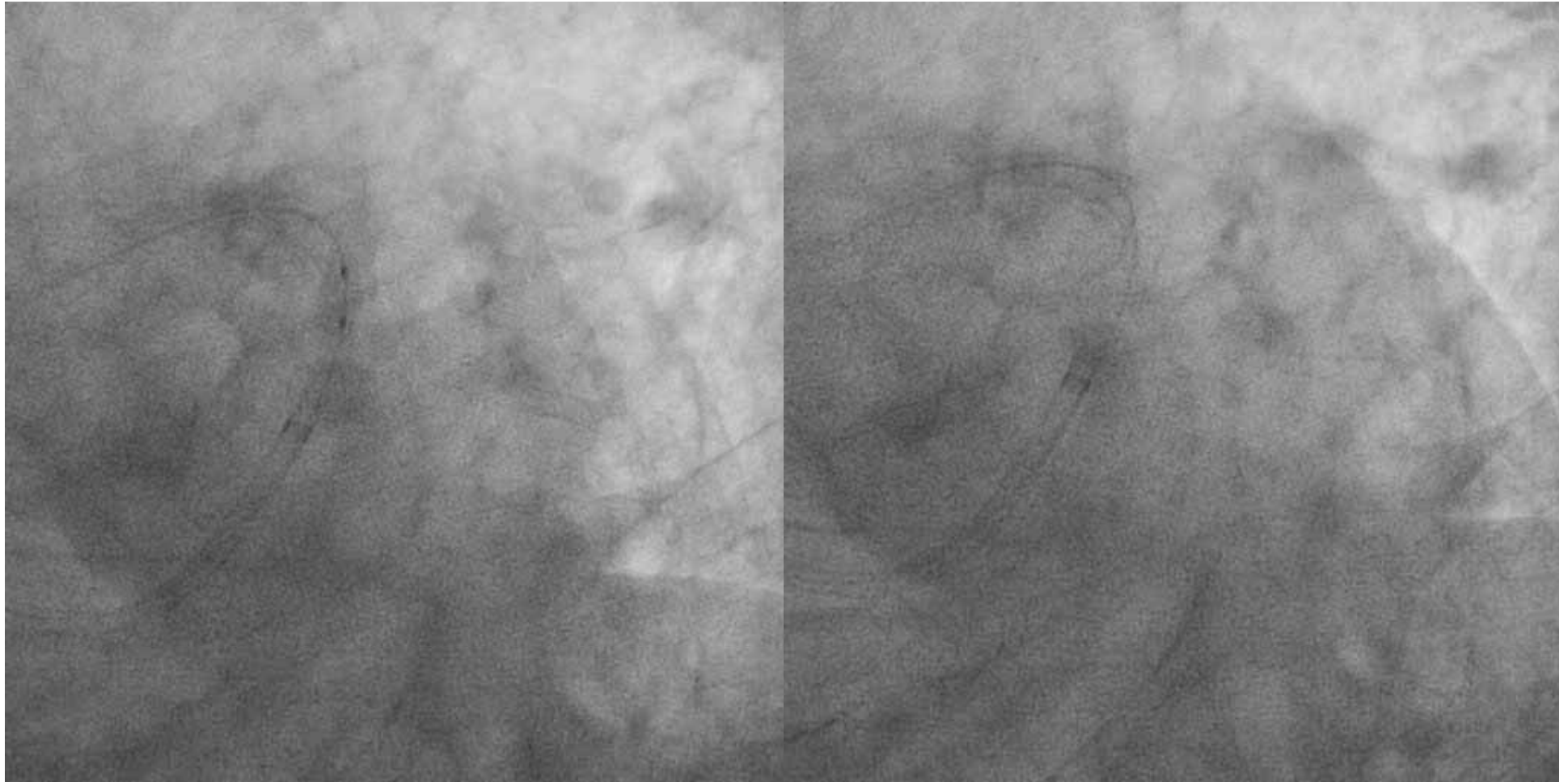
LCX Stenting (2)



R Integrity 2.5X30mm

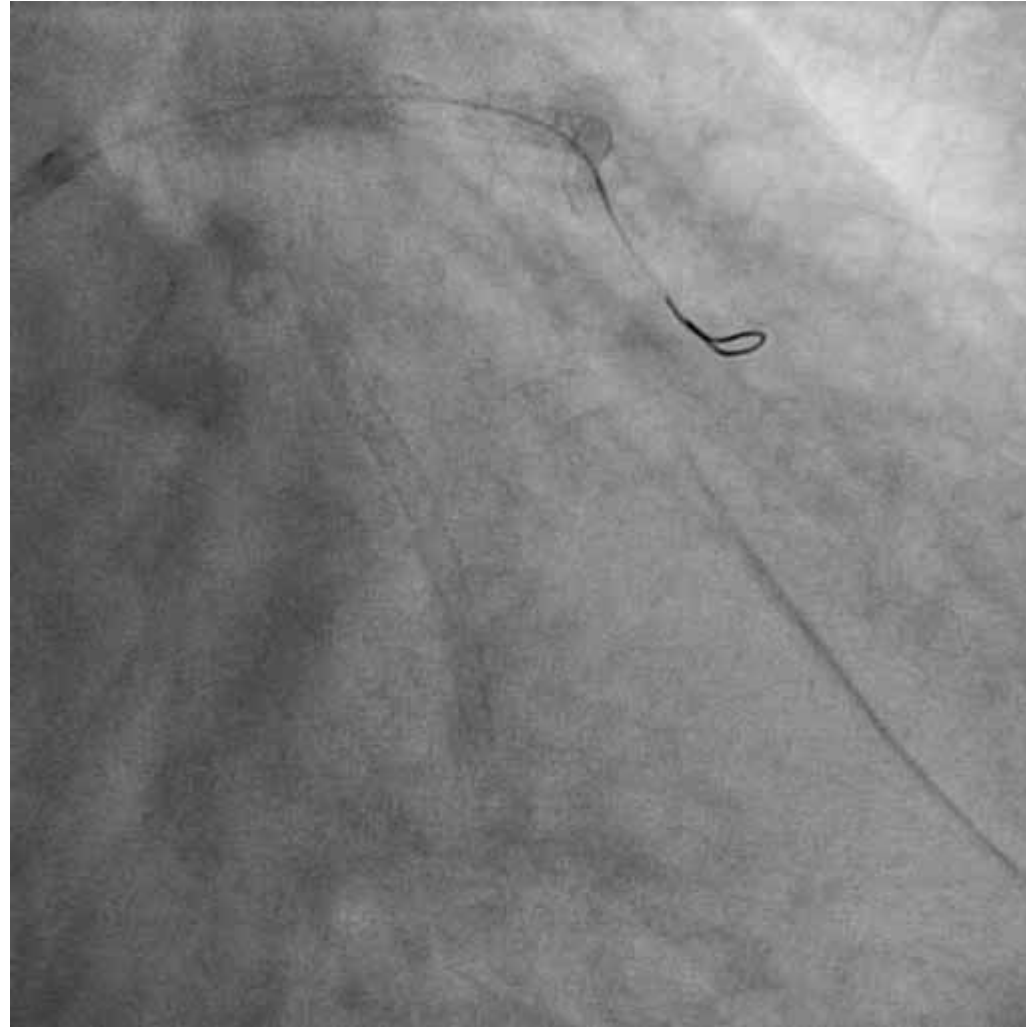
Nimbus Salvo (NC) 3.5X8mm at
Crushing Position

LCX Stent; Inner (Reverse) Mini Crushing

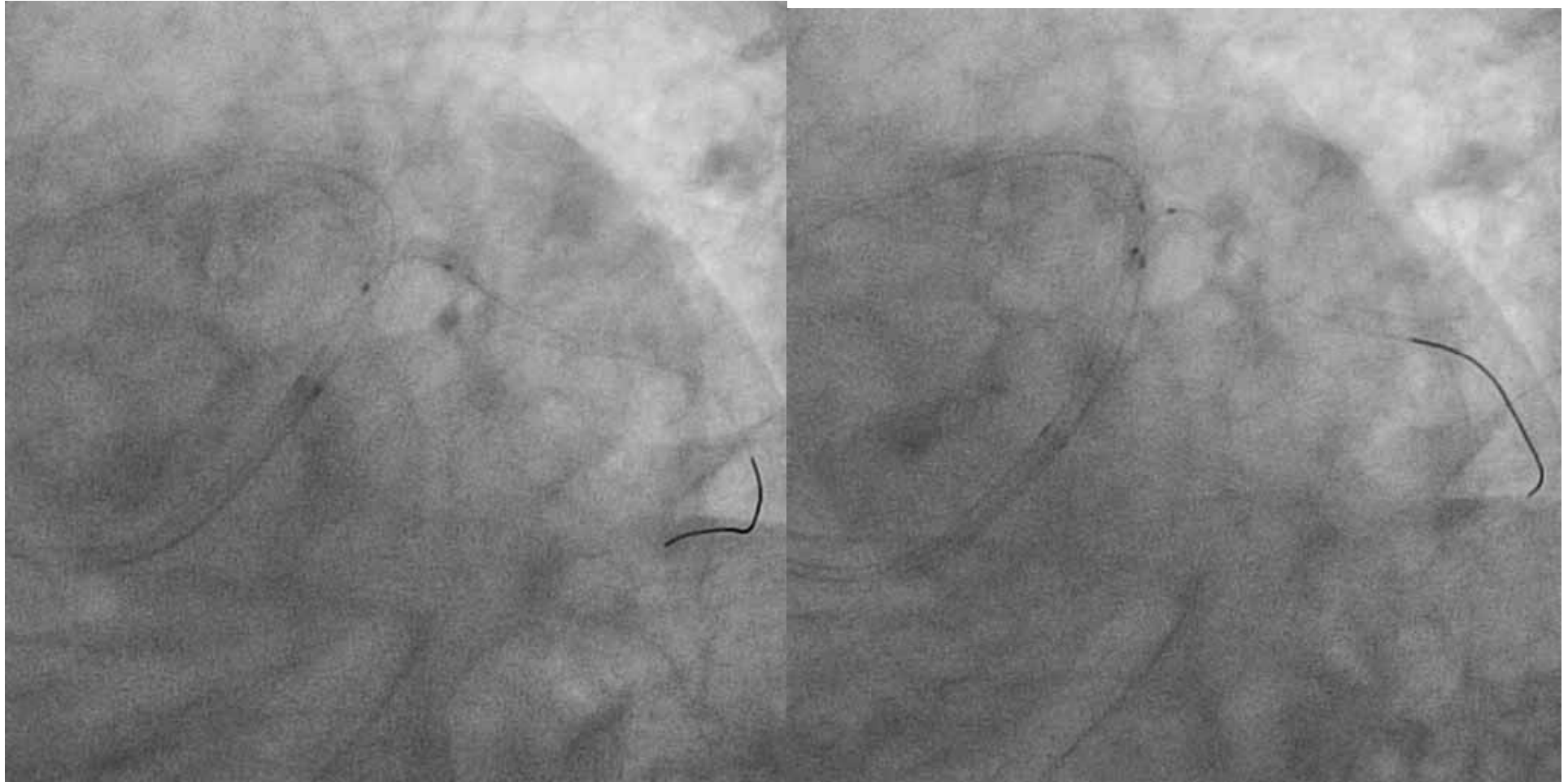


Balloon Crushing; Nimbus Salvo 3.5X8mm

LCX-Final



LM Kissing Ballooning (1)



Rewiring and Lacrosse 2.0X15mm

LM to LAD; Nimbus Salvo 3.5X8mm
LM to LCX; Lacrosse NC 2.75X9mm

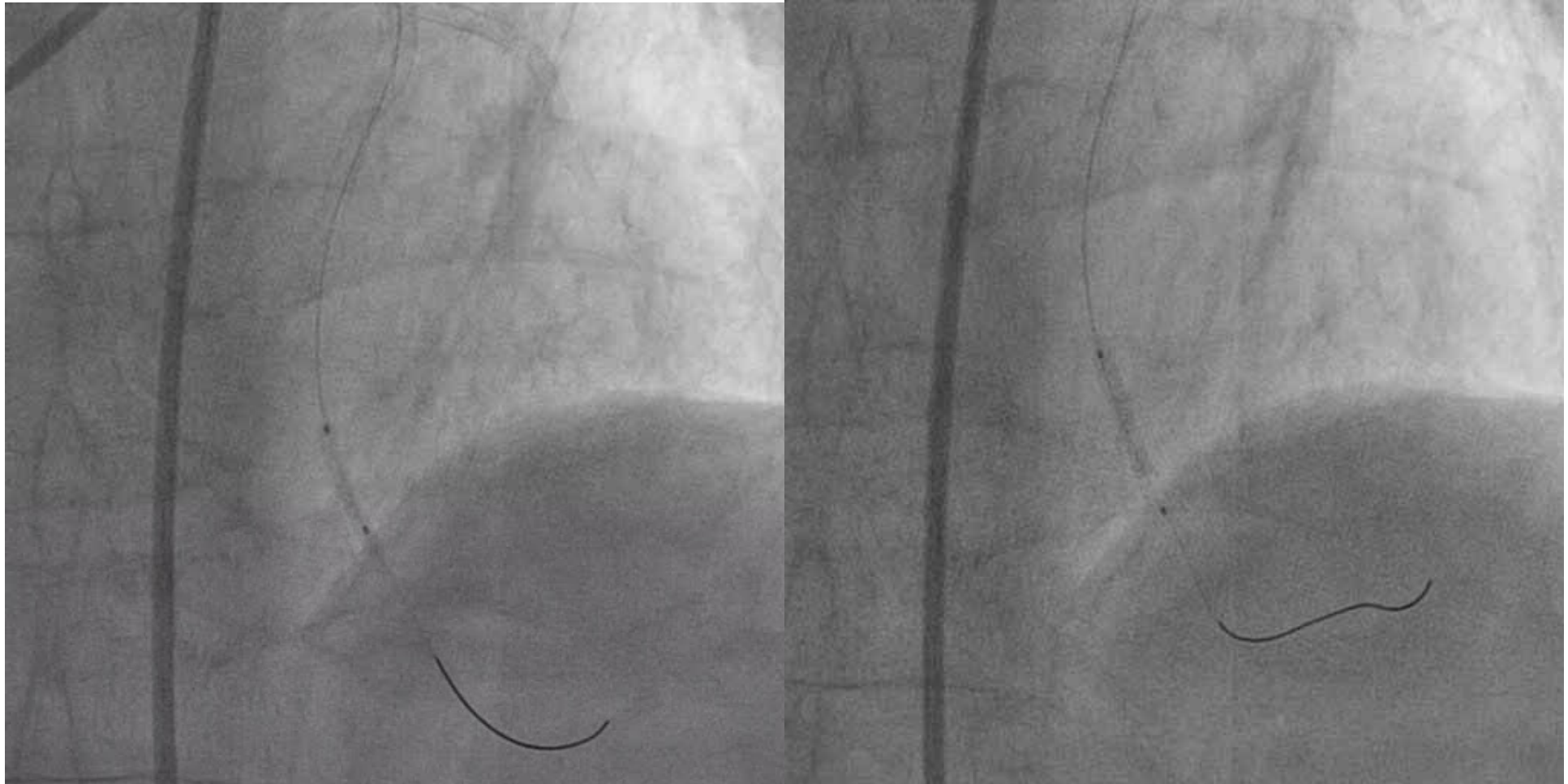
LM Post Final Kissing Balloon



LAD distal; Baseline



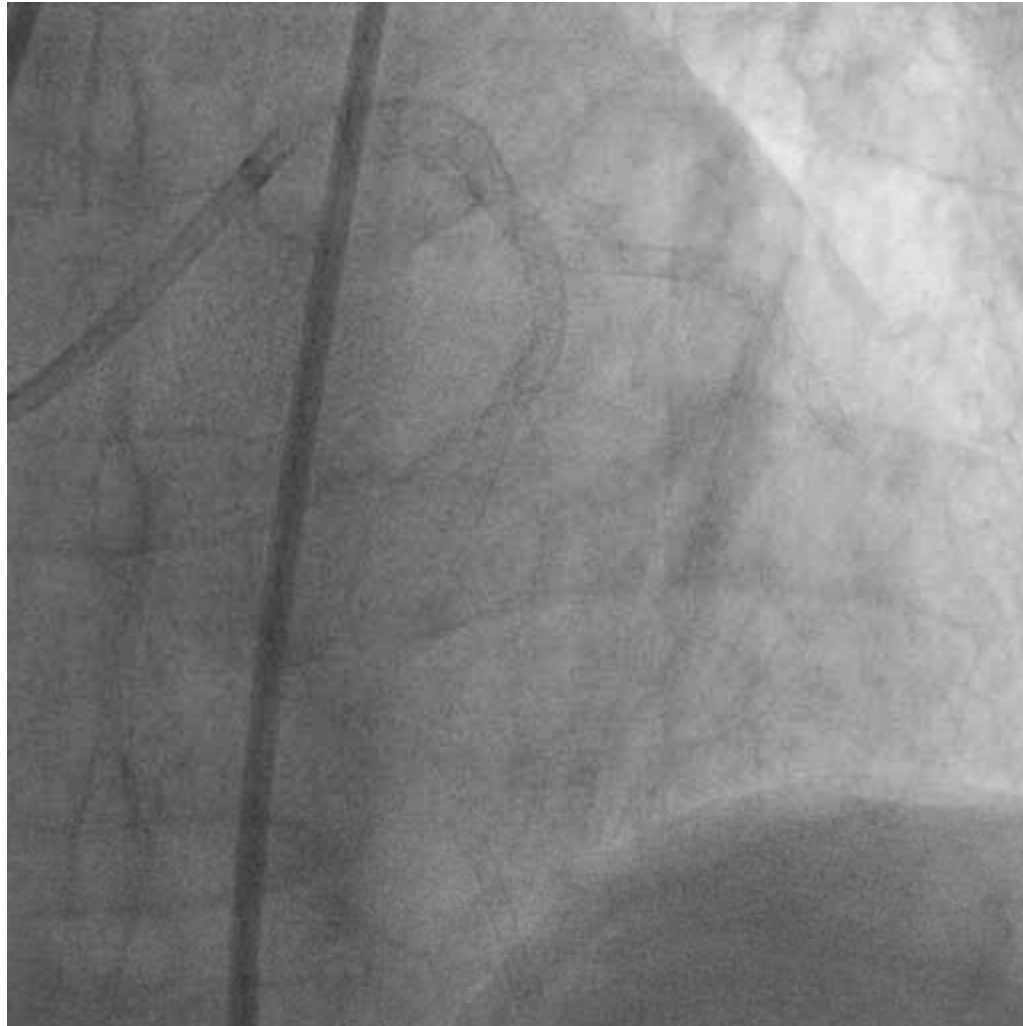
LAD distal; Predilation and Stenting



Lacrosse 2.0X15mm

R Integrity 2.25X18mm

LAD distal; Final



LCA-Final Angiogram



Summary & Discussion

1. Procedural Summary

; Resolute Integrity enabled complex angioplasty for complete revascularization (a total 7 stents); Excellent Deliverability

- 1) RCA; 2 R Integrity**
- 2) LCX; 2 R Integrity**
- 3) LAD; 2 R Integrity**
- 4) LM to LAD; 1 R Integrity**

2. Decision for staged vs. complete revascularization

; CTO may not urgent revascularization in general.

3. Excellent Response for the LM bifurcation management by inner mini-crushing stenting with final kissing ballooning.

; intended for possible future re-intervention as a TLR in LCX CTO lesion.