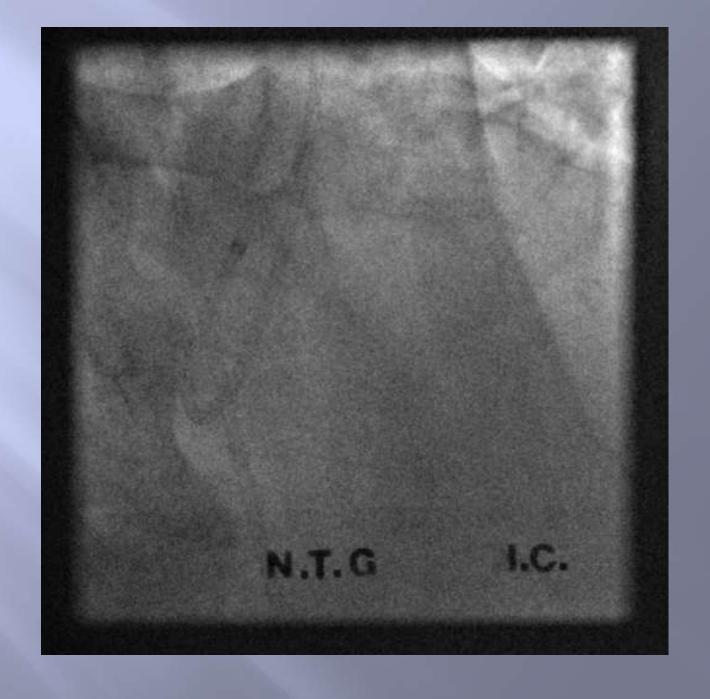
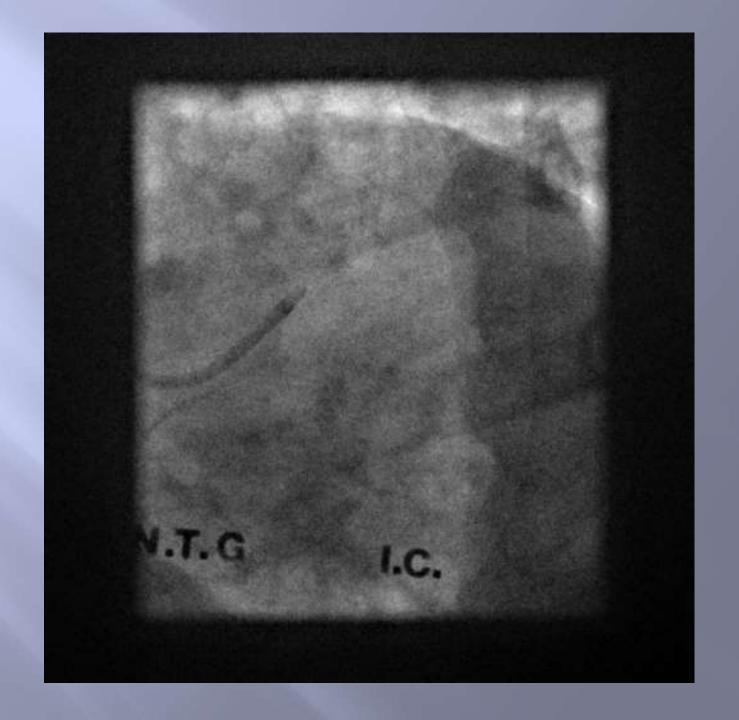
OCT GUIDED DISTAL LM TREATMENT WITH BRS TWO YEARS FOLLOW-UP

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Clinical Characteristics

- Male
- **69 y.o.**
- Stable angina CSS II-III
- Old Q-MI anterior wall
- **EF- 50%**
- PCI with DES LAD 2011





Treatment strategy T-technique



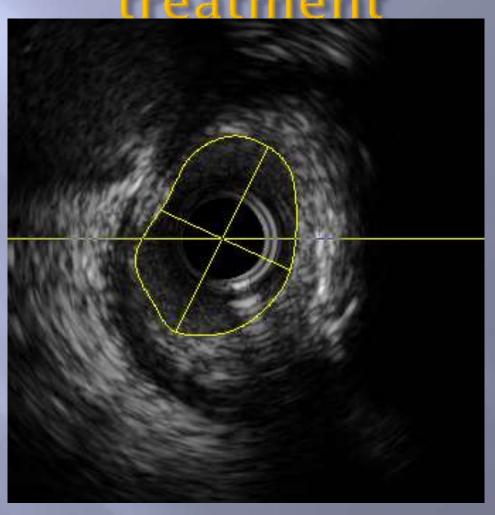
Treatment strategy

- IVUS for LCX and LAD before treatment
- LCX predilatation with cutting balloon
- BRS implantation in LCX and postdilatation with NC balloon
- LM LAD predilatation and DES implantation
- Final kissing balloon dilatation and POT
- Result evaluation with OCT and IVUS

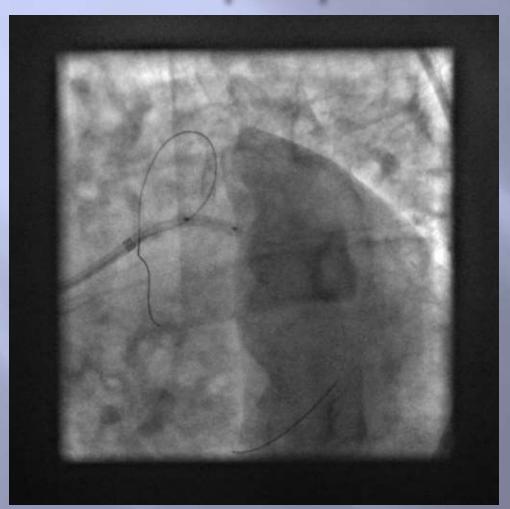
LM before treatment



LCX ostium before treatment

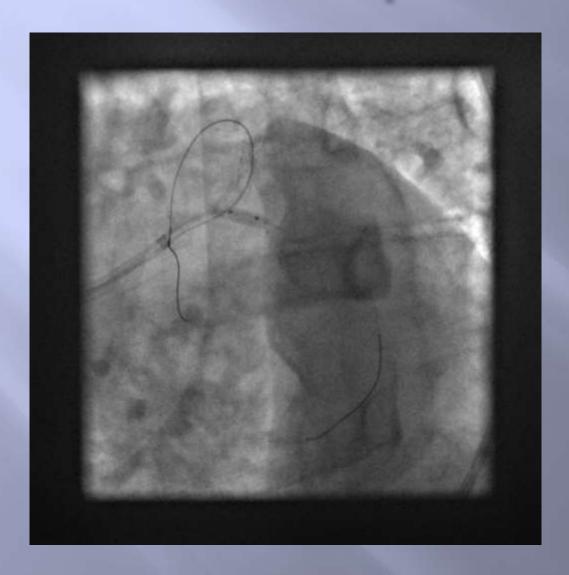


PCI - Positioning of BRS after plaque modification



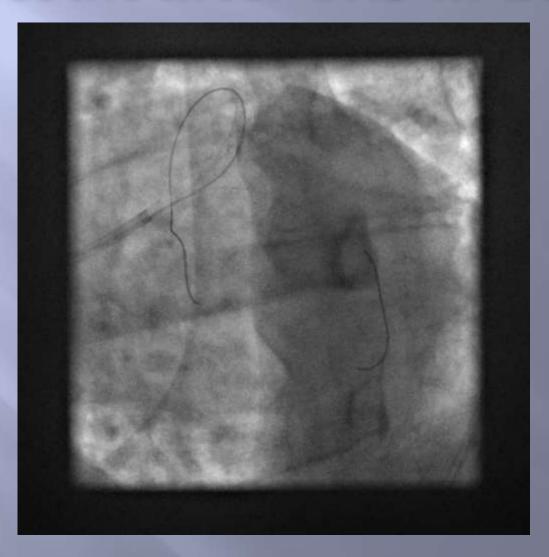
Cutting balloon 3.25 – 10mm BRS 3.5 – 12mm

PCI - BRS post - dilatation

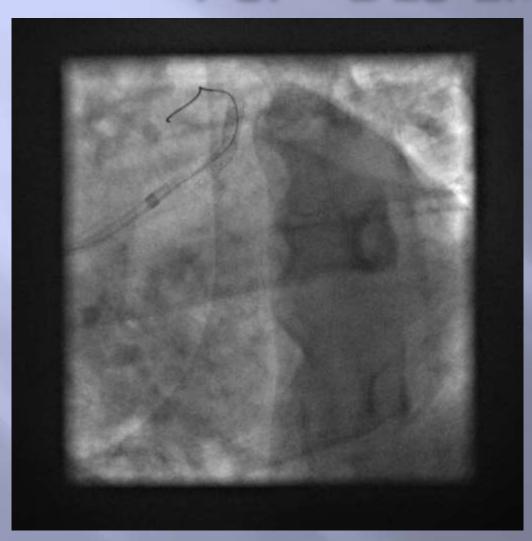


NC 3.5 - 8mm

Result after BRS in LCX

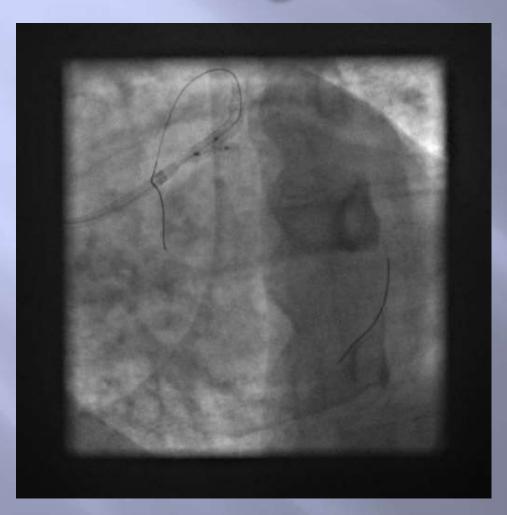


PCI - DES LM - LAD



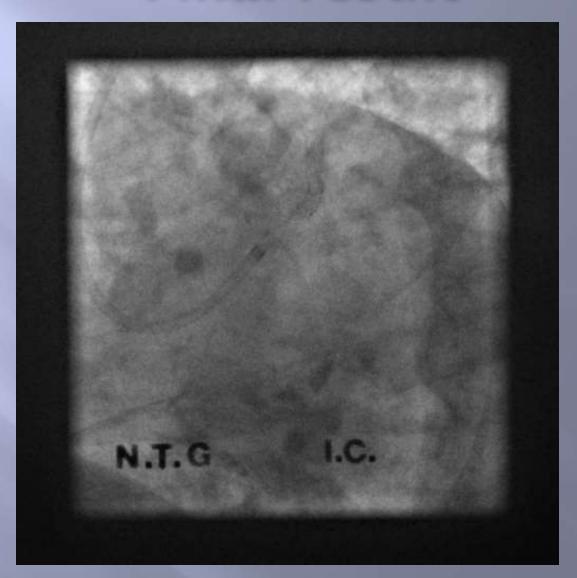
Balloon 3.5 – 15mm DES 4.0 – 18mm

Kissing balloon dilatation

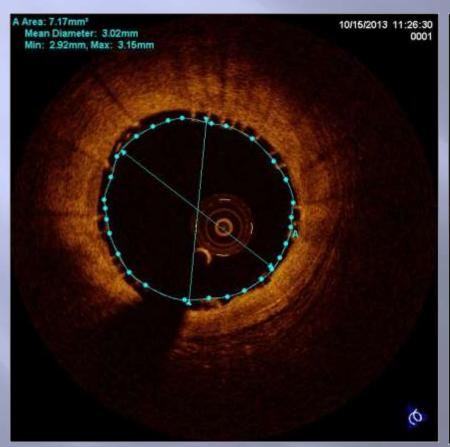


Balloon 4.0 – 8mm - LAD Balloon 3.5 – 12mm – LCX POT – 4.5 – 8mm

Final result

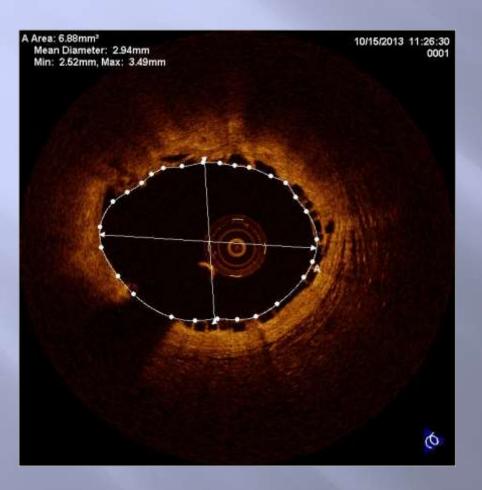


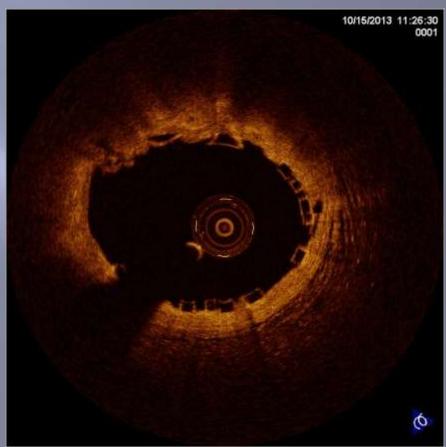
OCT in LCX





OCT in LCX just after bifurcation



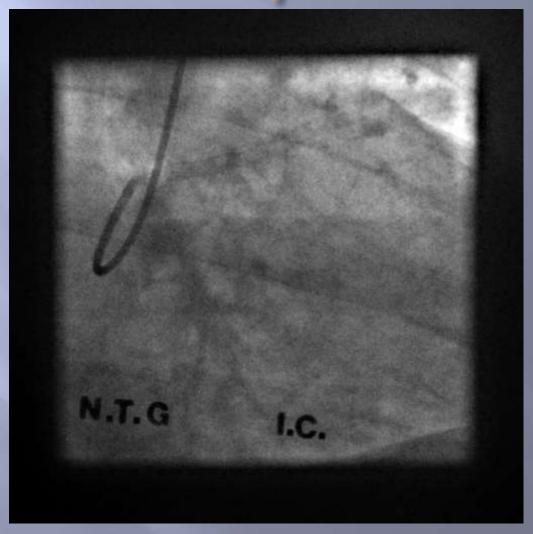


OCT in LM

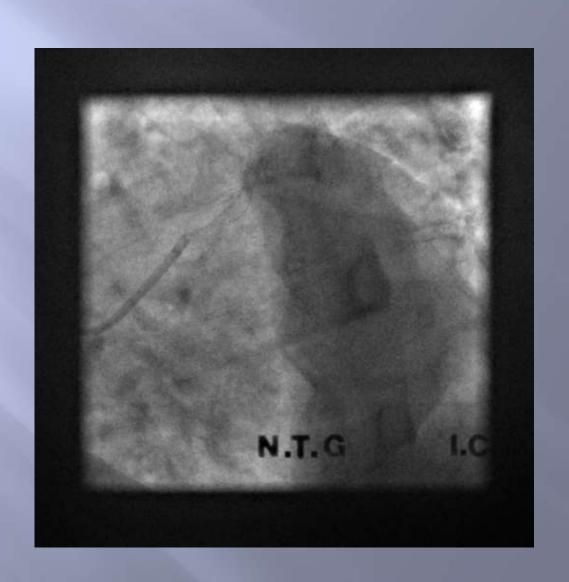




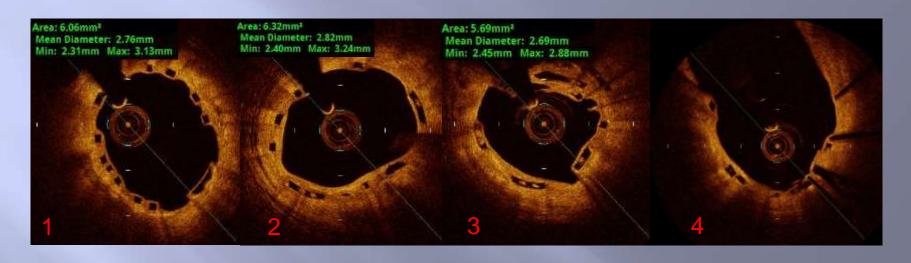
2 years followup

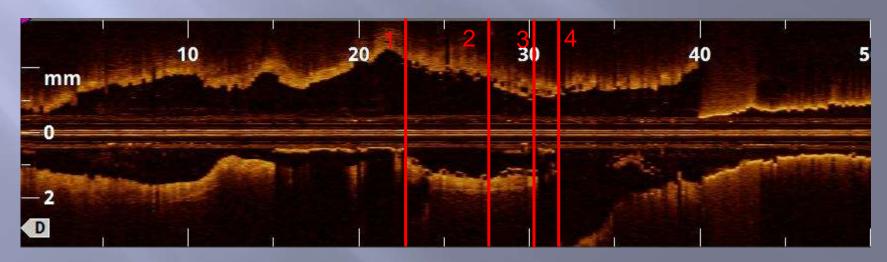


2 years follow-up

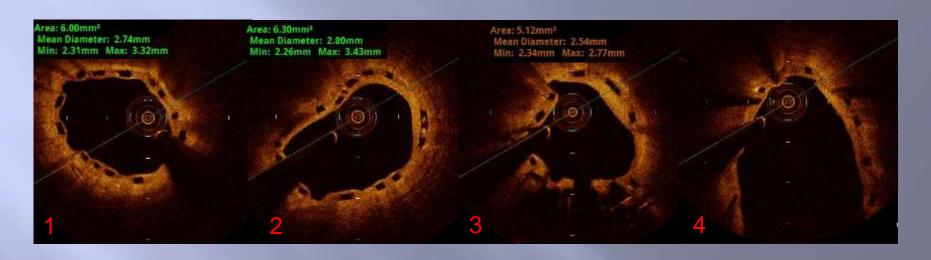


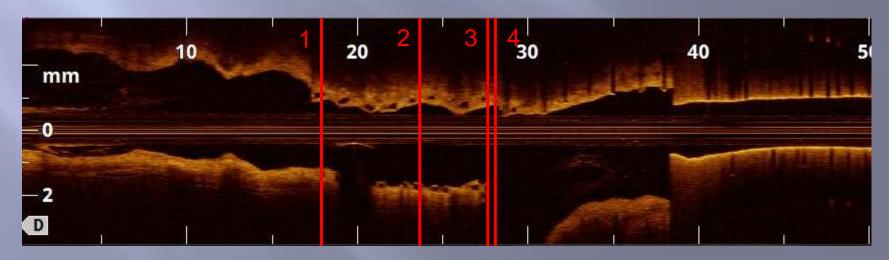
OCT: LCX - BRS (1 year)





OCT: LCX - BRS (2 years)



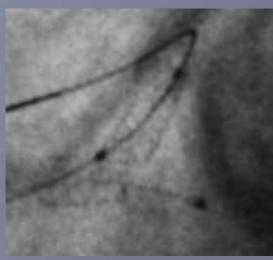


LM bifurcation lesion PCI 01.12.2015.



LM bifurcation after stenting





Conclusions

Intracoronary imaging (OCT, IVUS) are required tools to optimize the complex LM treatment

- Adequate plaque modification before BRS implantation has important role in treatment strategy
- Strategy with DES+ BRS could be effective treatment option in selected distal LM cases