

Left Main & Bifurcation Summit: Left Main Summit

How to do the best LM stenting?

"Master's approach:
Morphology is enough"

Speaker - 10'

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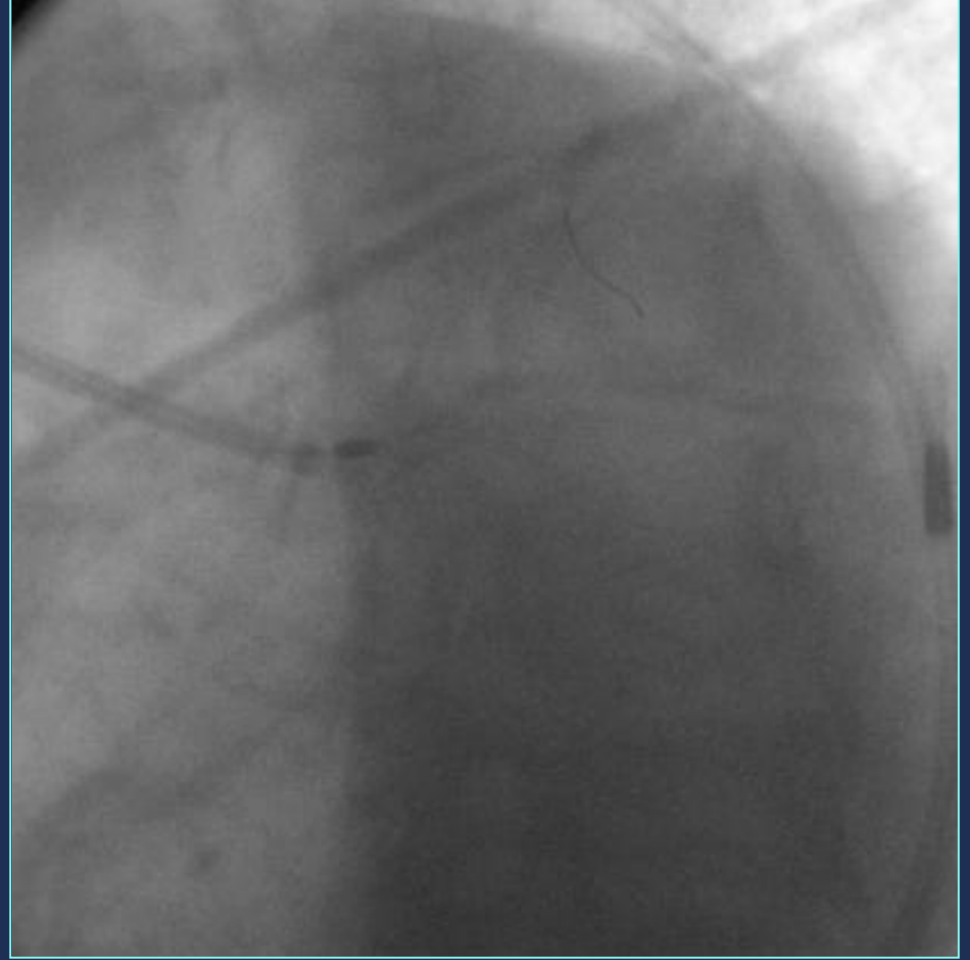


Success is defined by an optimal angio
and IVUS result

Bifurcation lesion - ULM

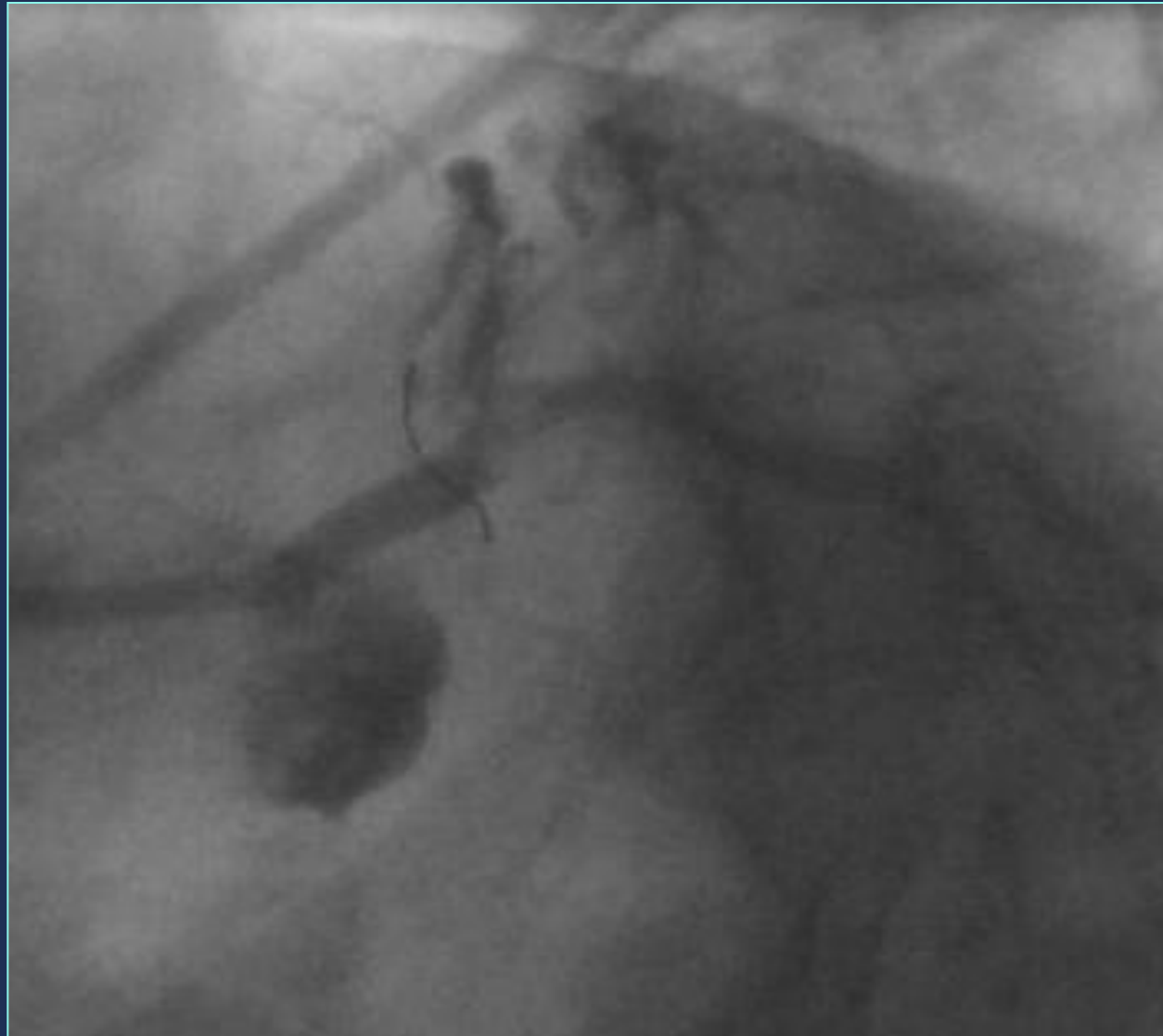


Baseline



Rotablator on LAD

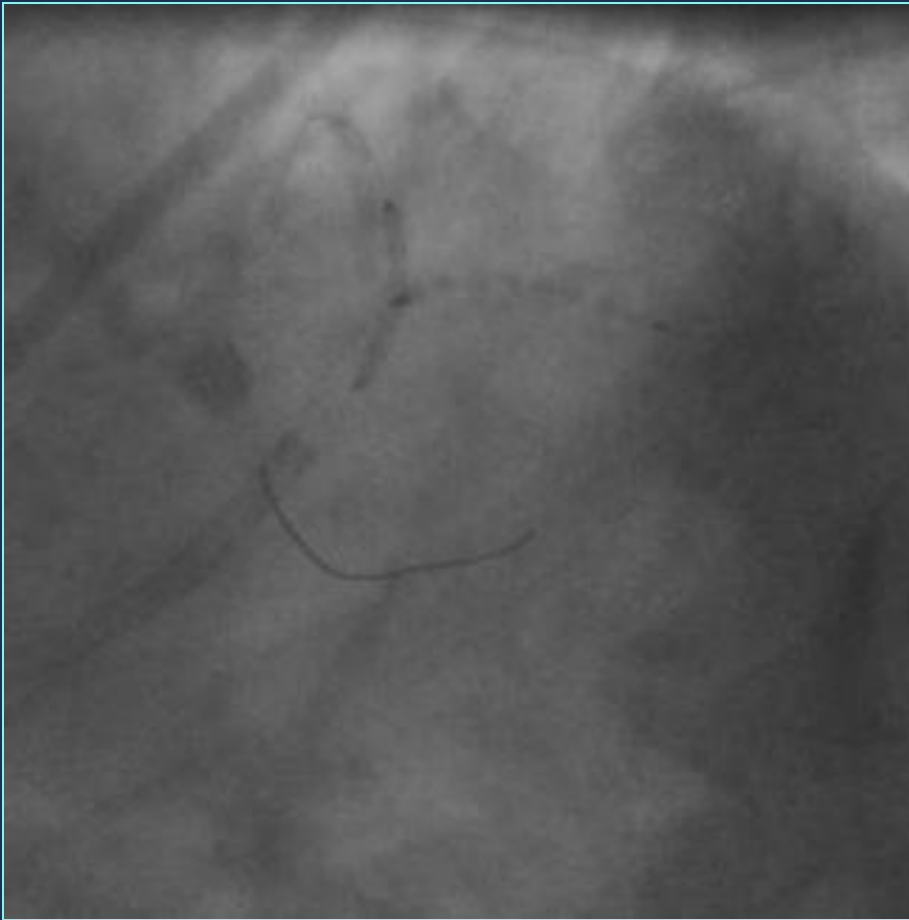
Bifurcation lesion - ULM



Result after rtb and POBA



Bifurcation lesion - ULM



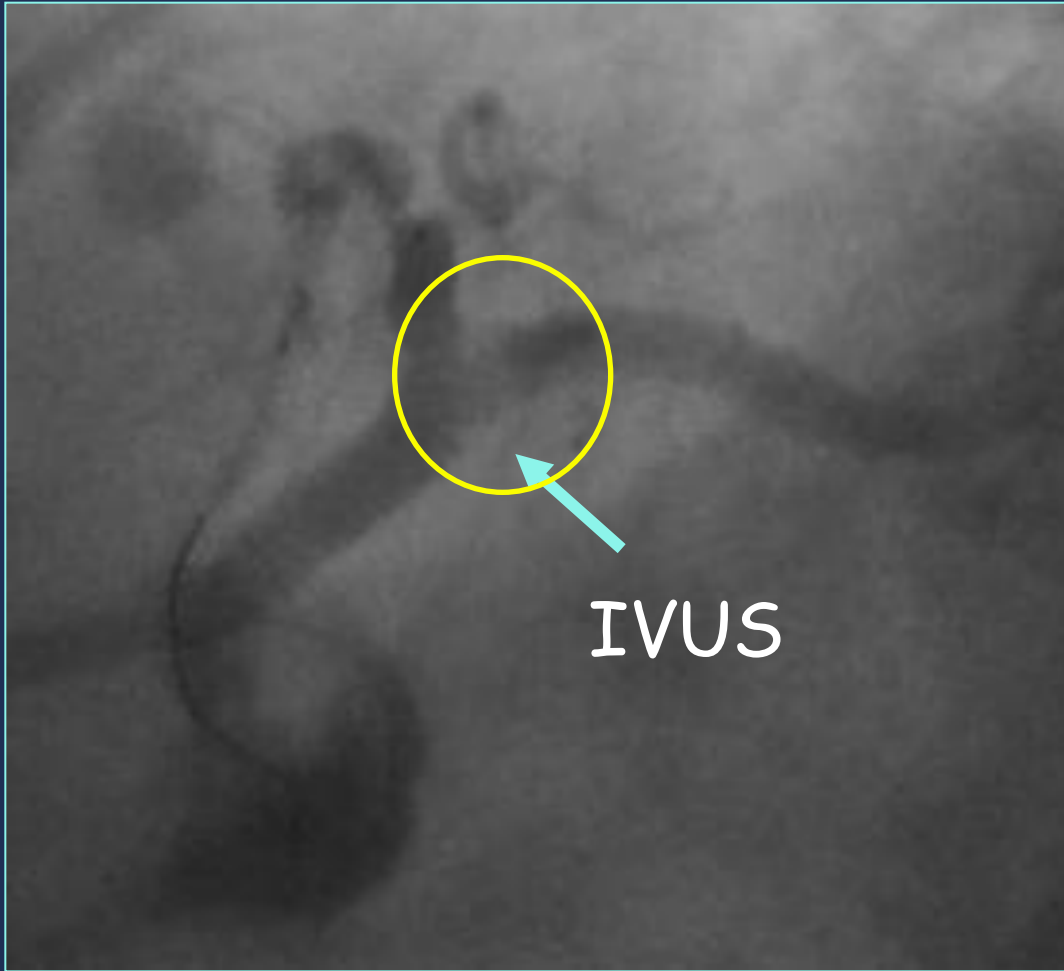
Stents deployment

Bifurcation lesion - ULM

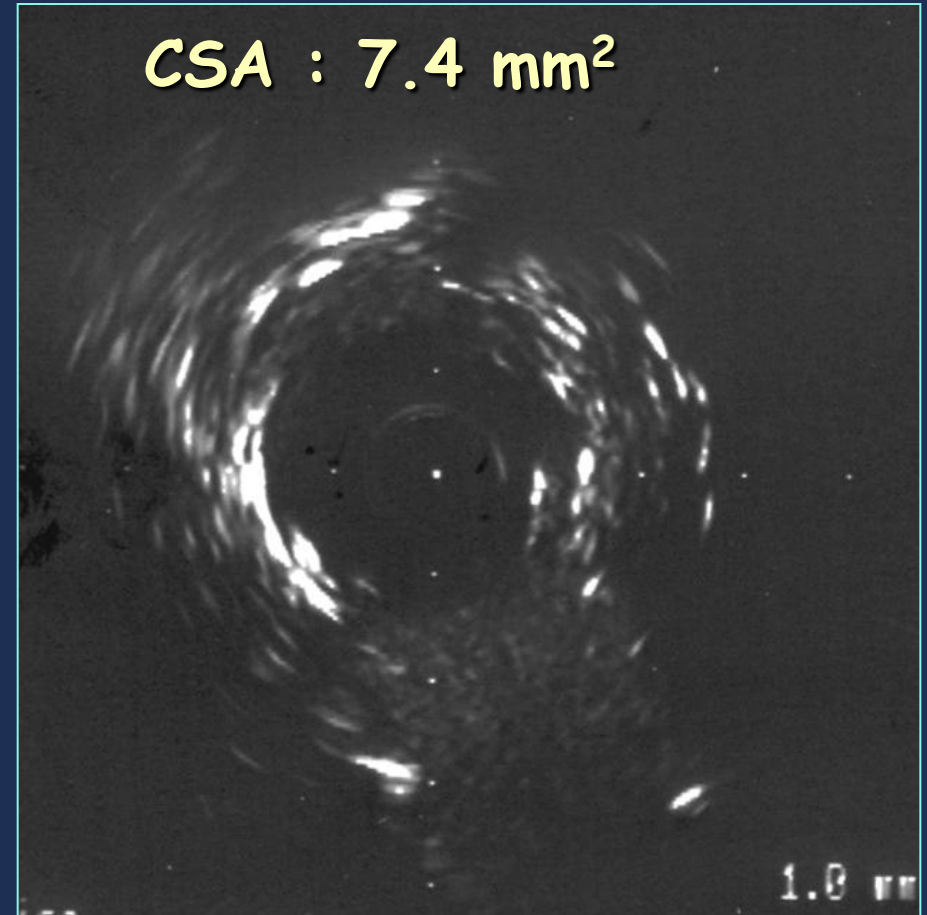


Post dilatation balloon :
3.5x20 mm 16Atm

Bifurcation lesion - ULM



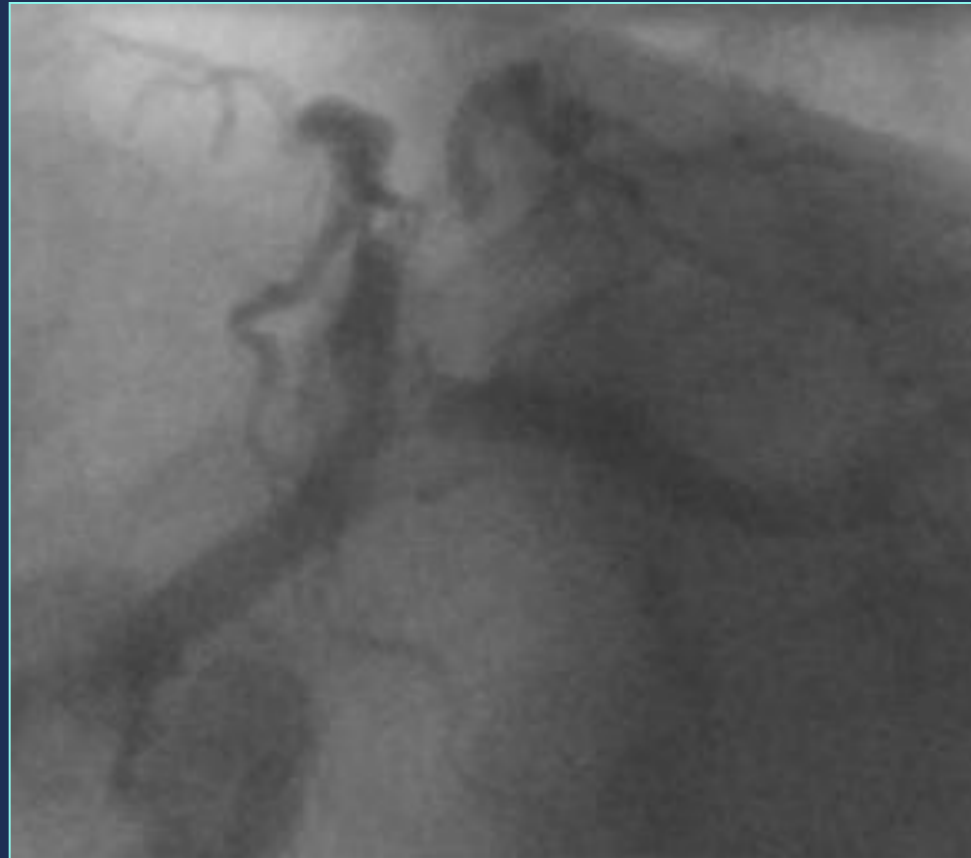
Final Result



LCX ostial IVUS

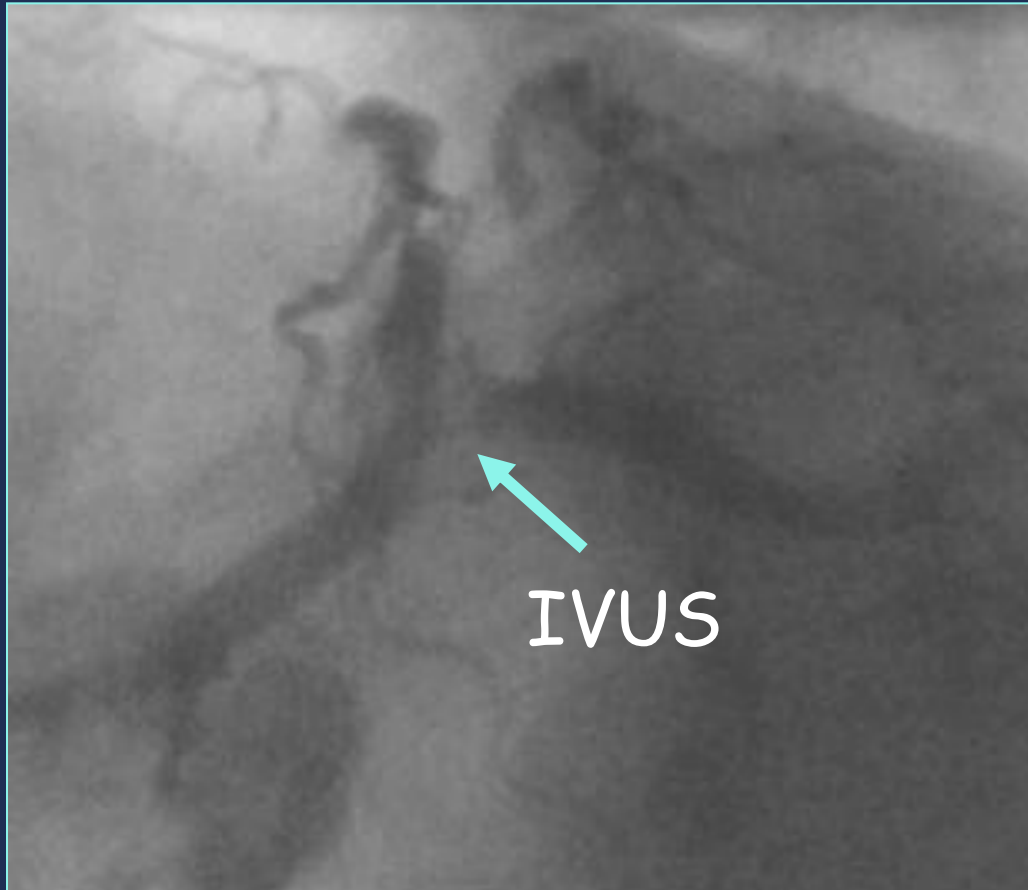


Bifurcation lesion - ULM

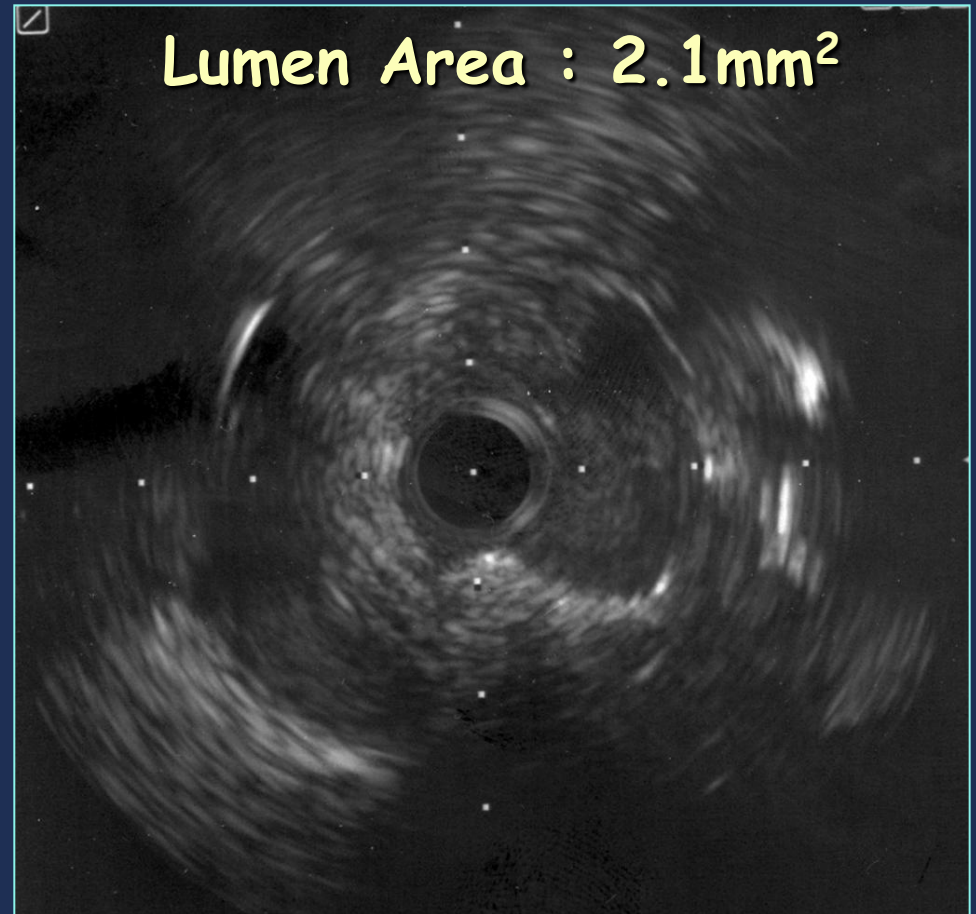


5 months Follow Up

Bifurcation lesion - ULM

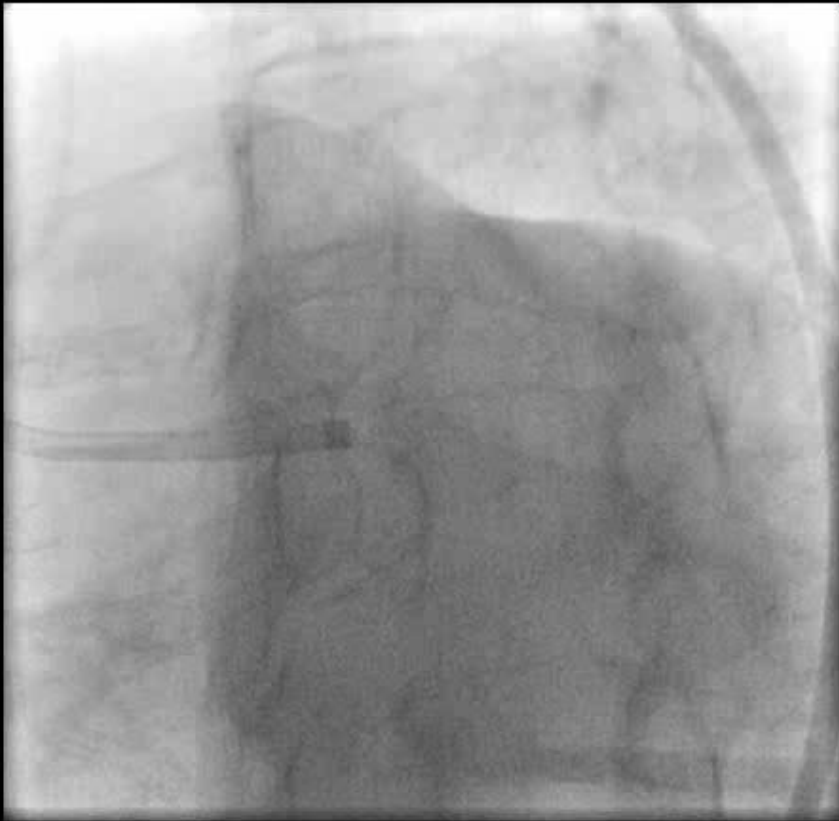


5 months Follow Up



LCX ostial IVUS

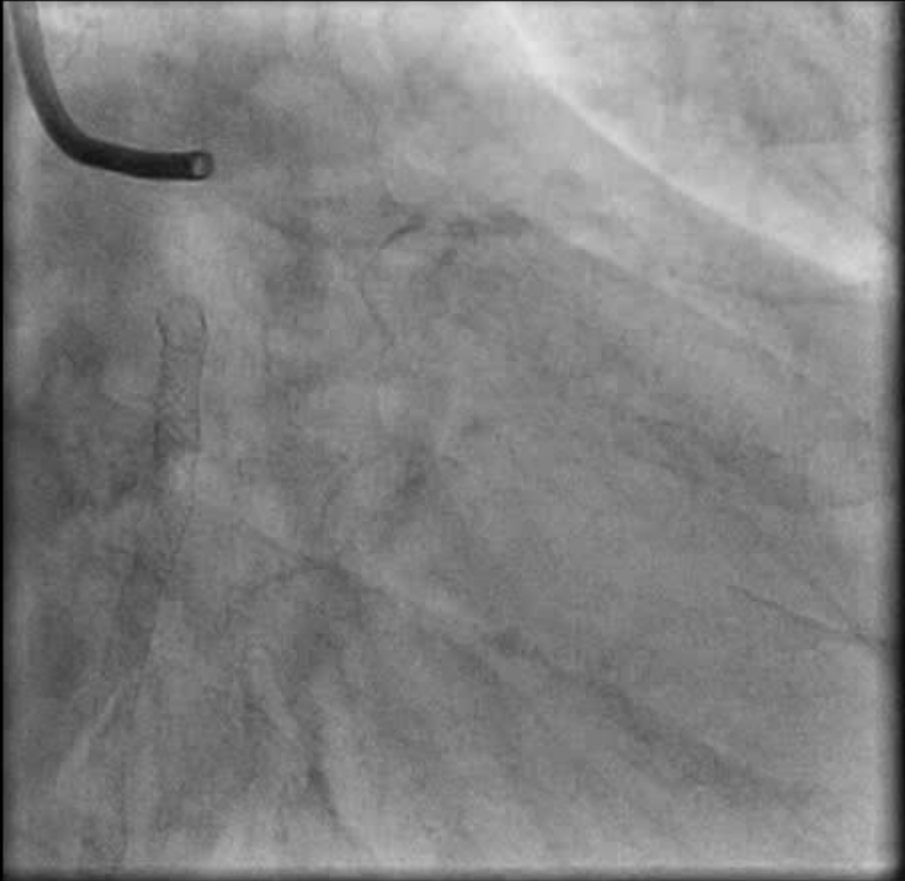
Multivessel and Left Main Disease FFR and IVUS guided



Baseline

27287/09CCC

Multivessel and Left Main Disease FFR and IVUS guided



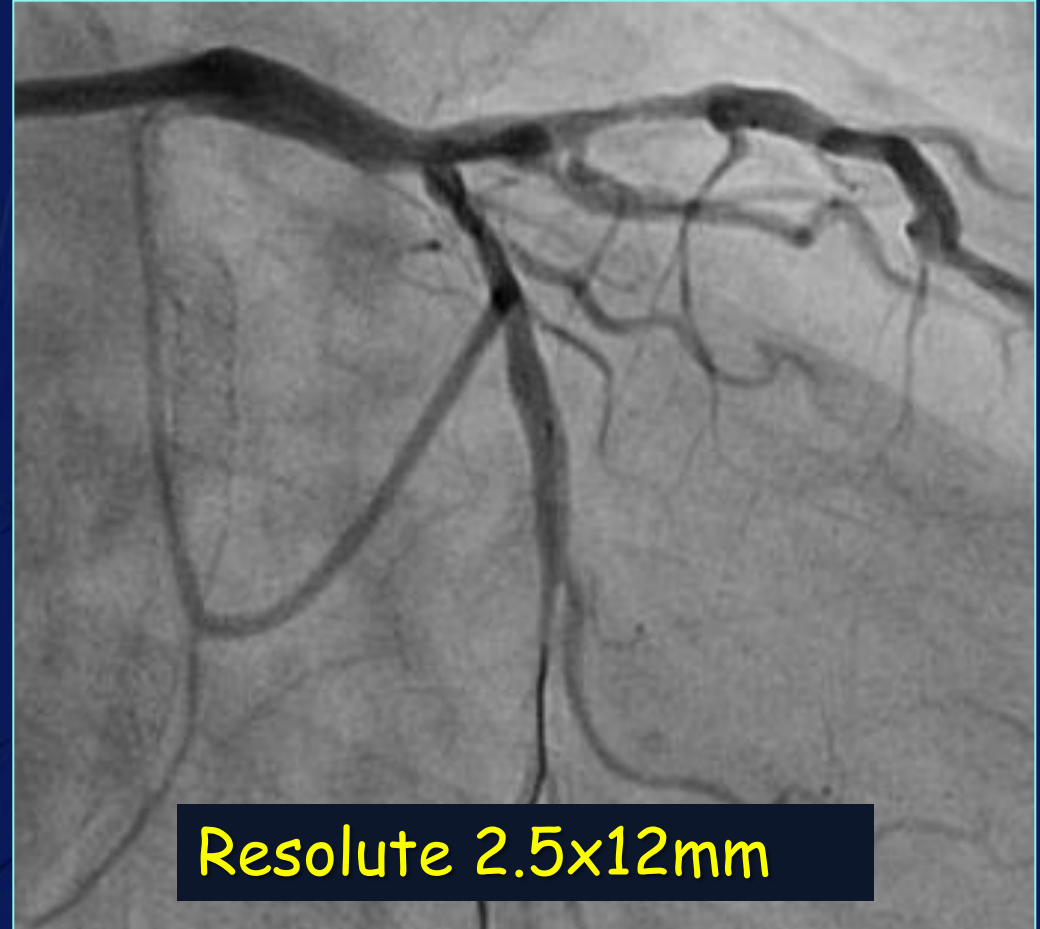
Baseline

27287/09CCC

Multivessel and Left Main Disease FFR and IVUS guided

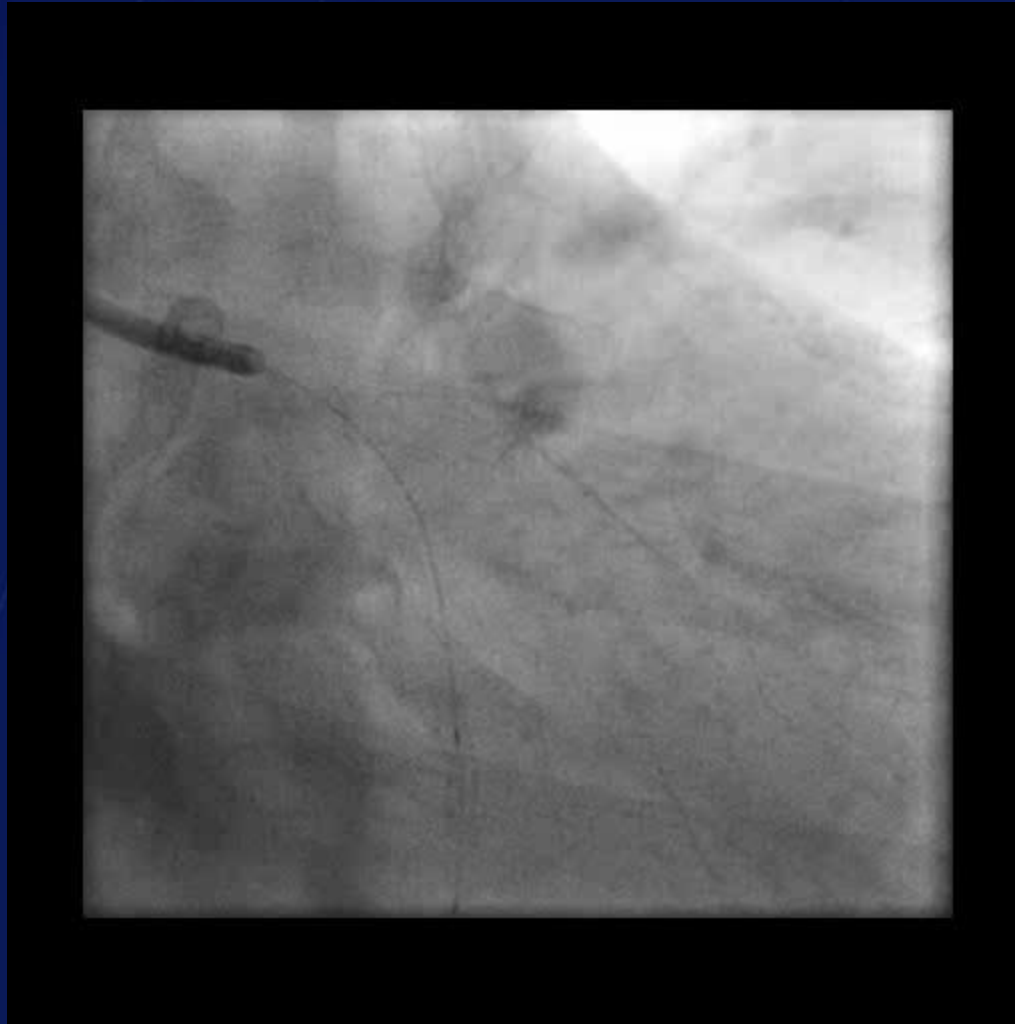


Baseline



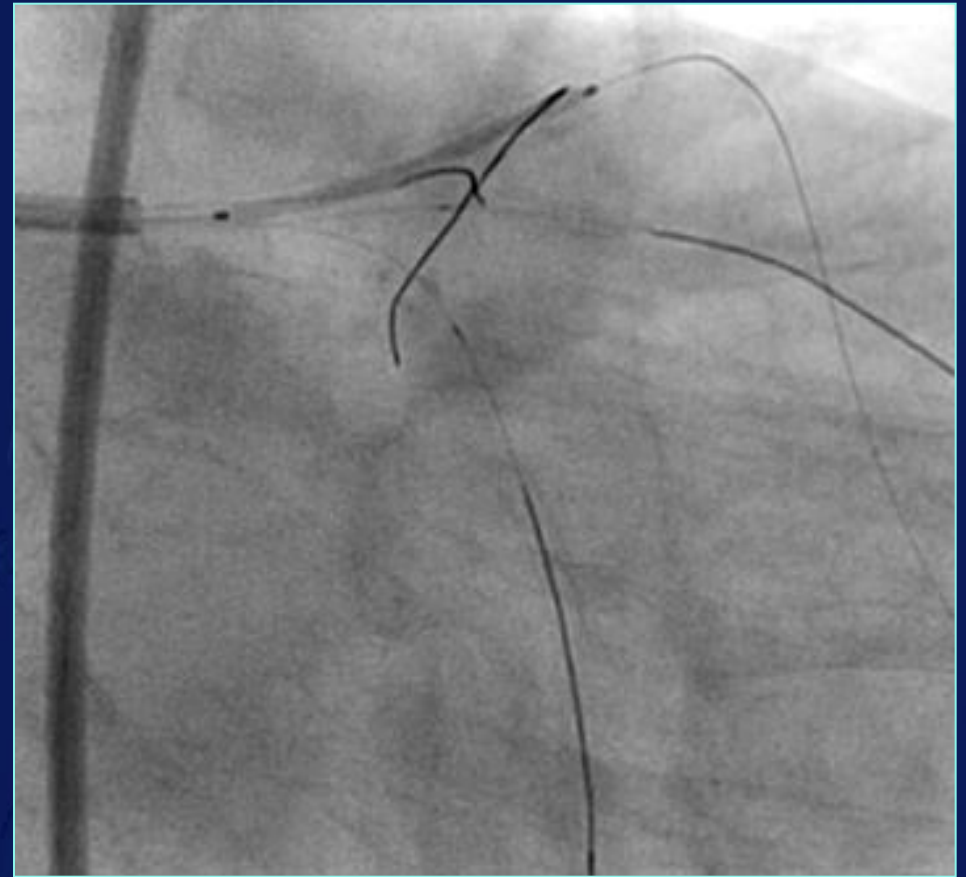
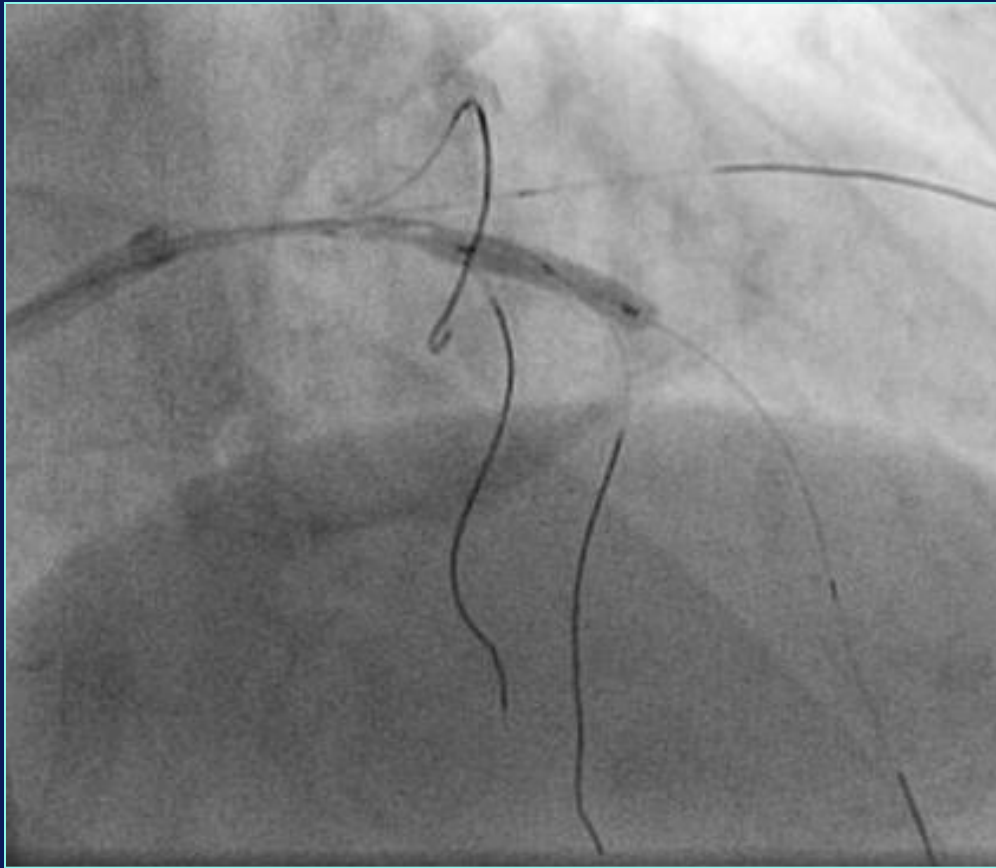
After stent

Multivessel and Left Main Disease FFR and IVUS guided



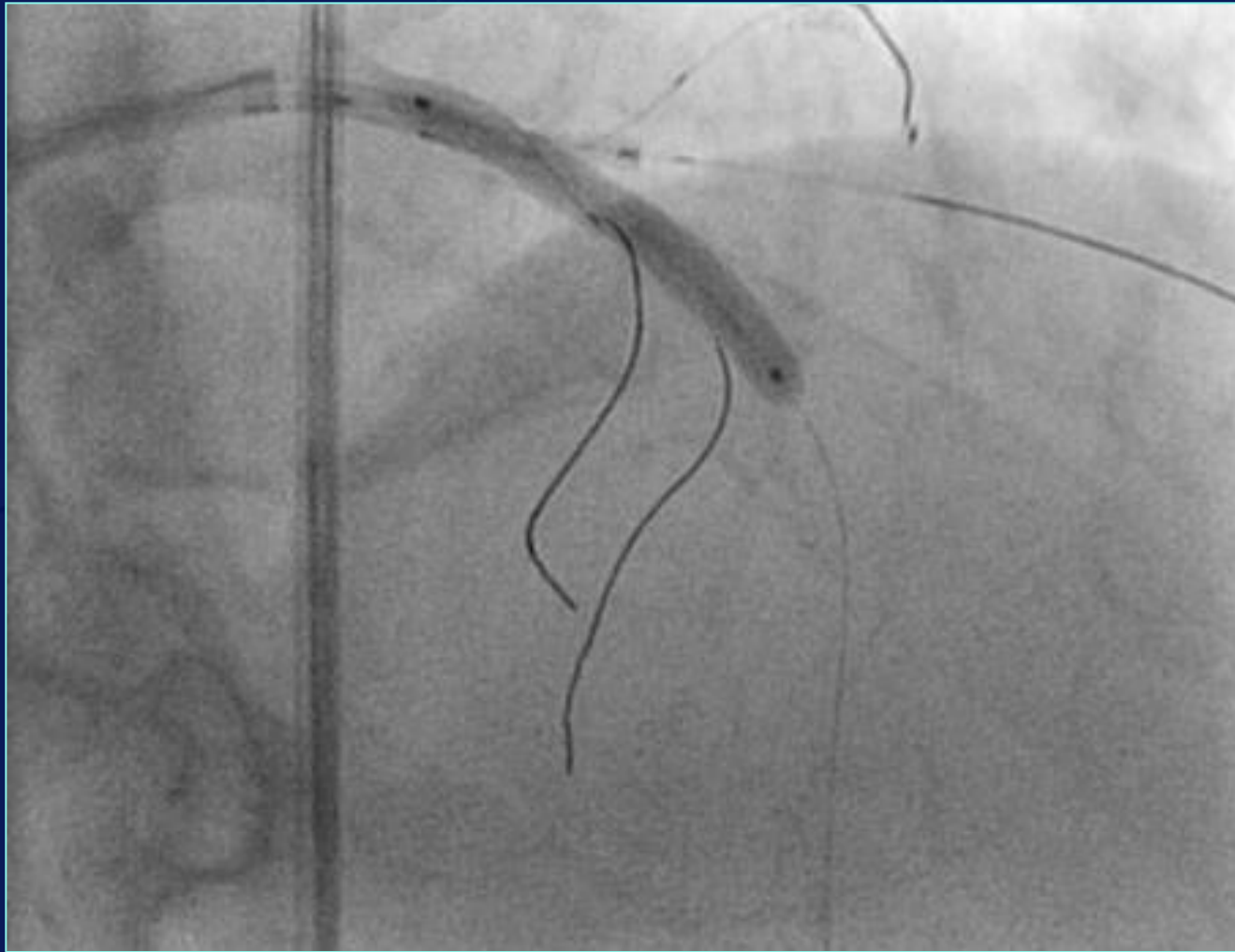
After stent

Multivessel and Left Main Disease FFR and IVUS guided



Predilation of LAD with wire protection of 2 Septals,
Intermediate and Circumflex

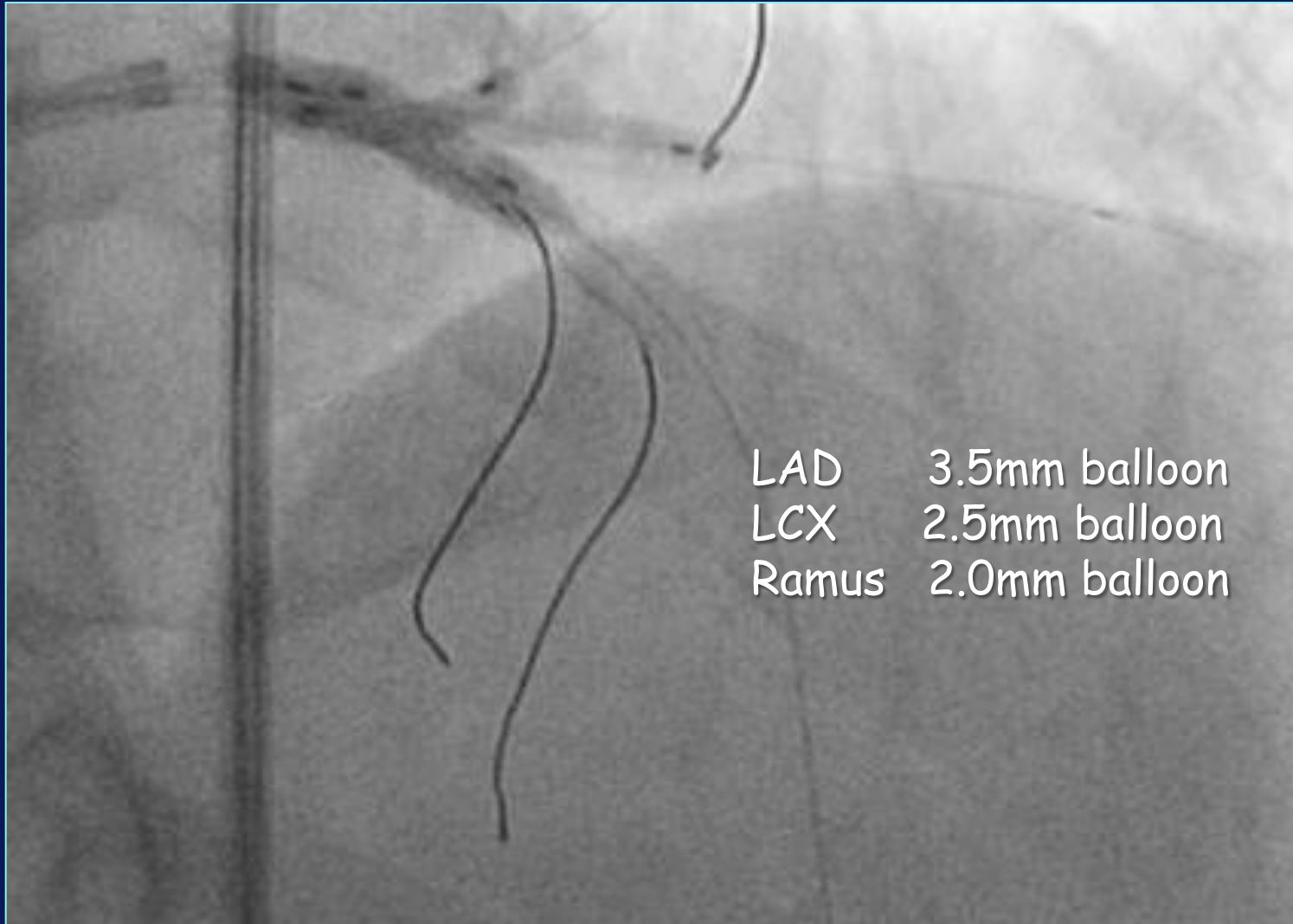
Multivessel and Left Main Disease FFR and IVUS guided



Resolute 3.5x30mm

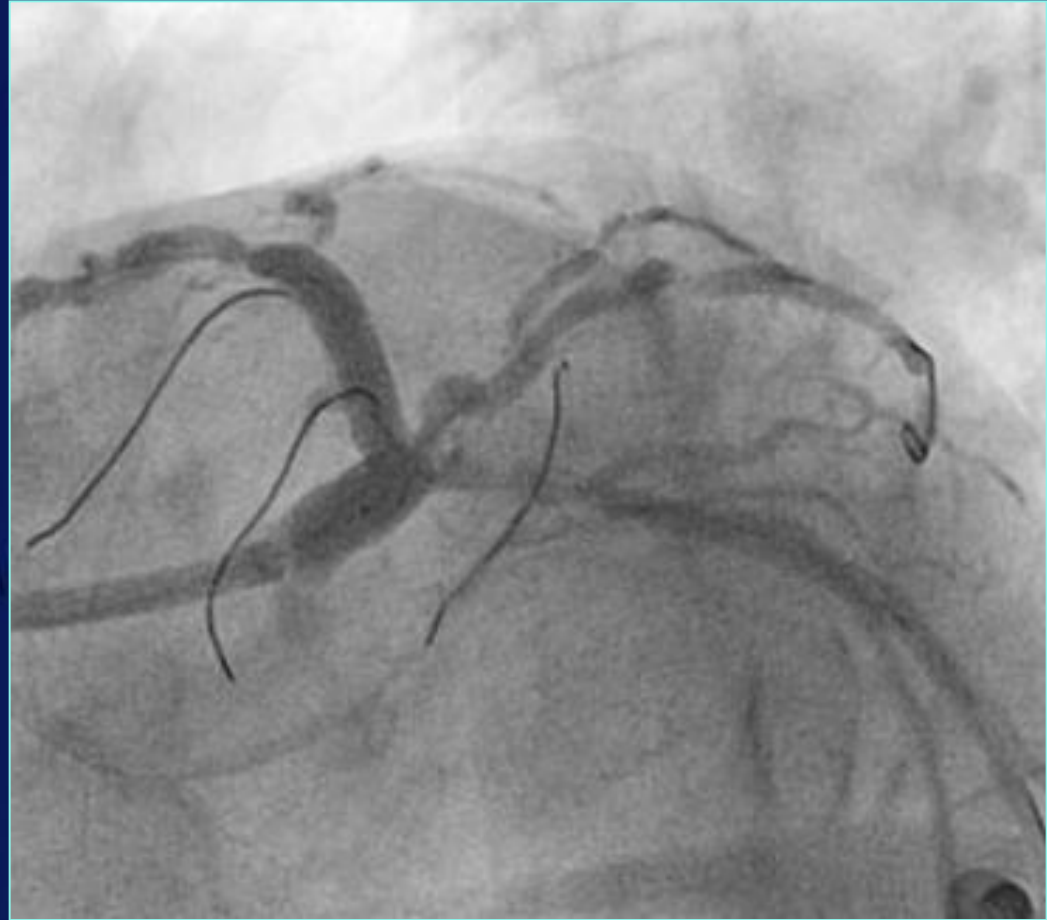
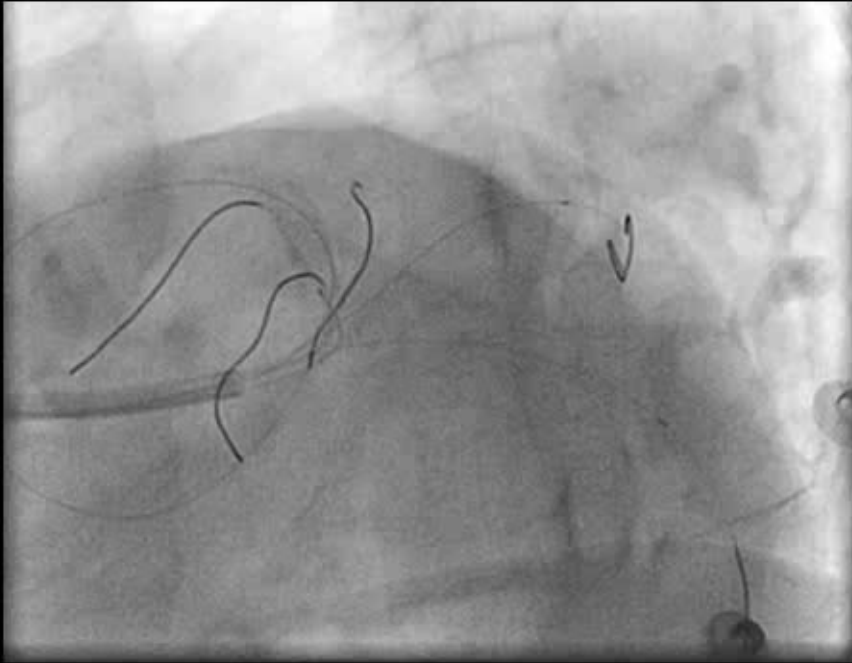
27287/09CCC

Multivessel and Left Main Disease FFR and IVUS guided



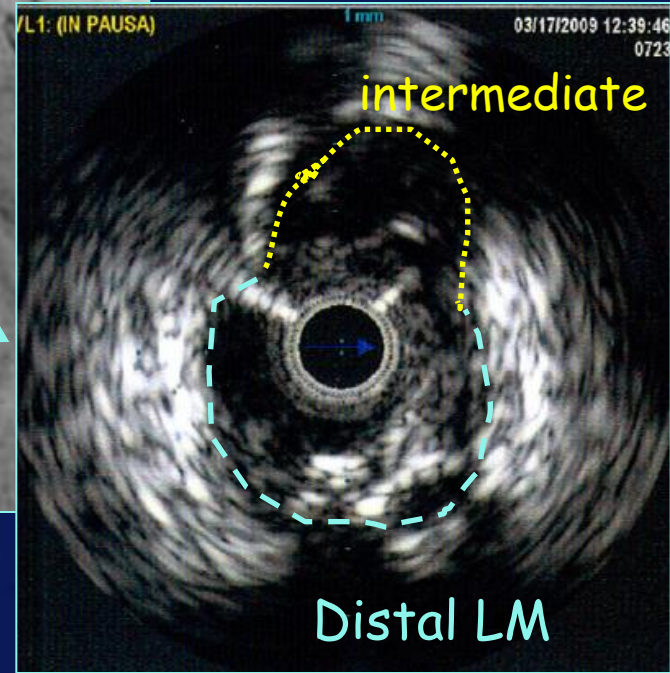
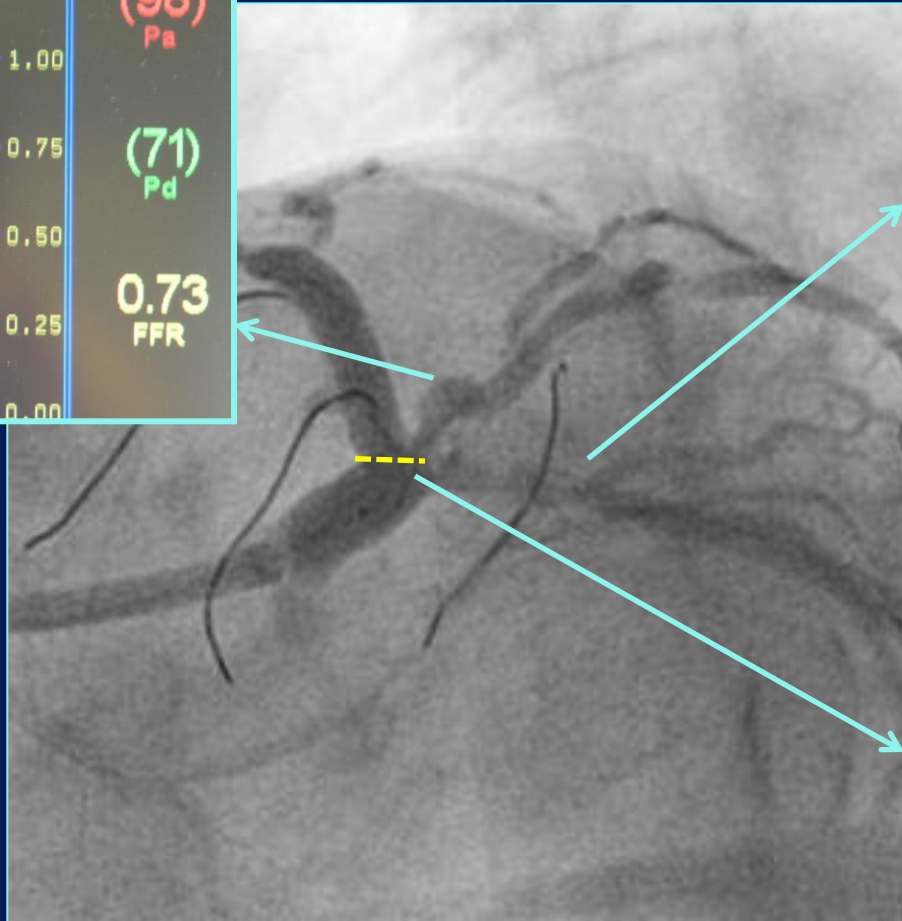
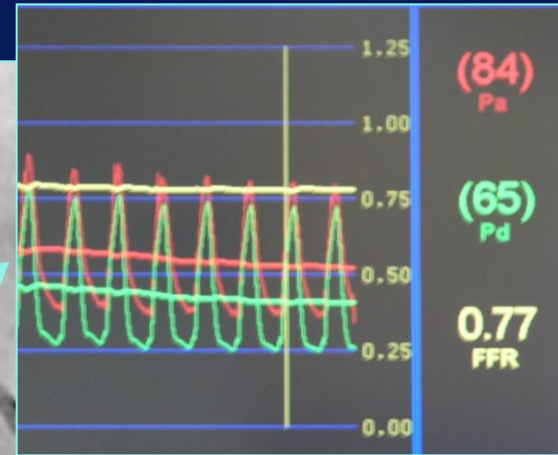
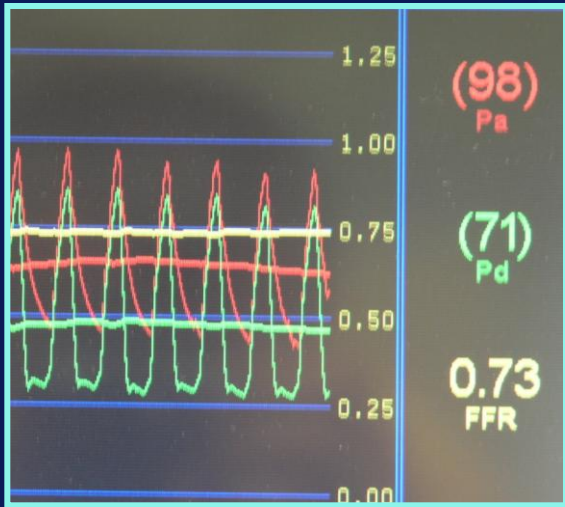
Kissing Inflation after stenting of LAD towards LM

Multivessel and Left Main Disease FFR and IVUS guided



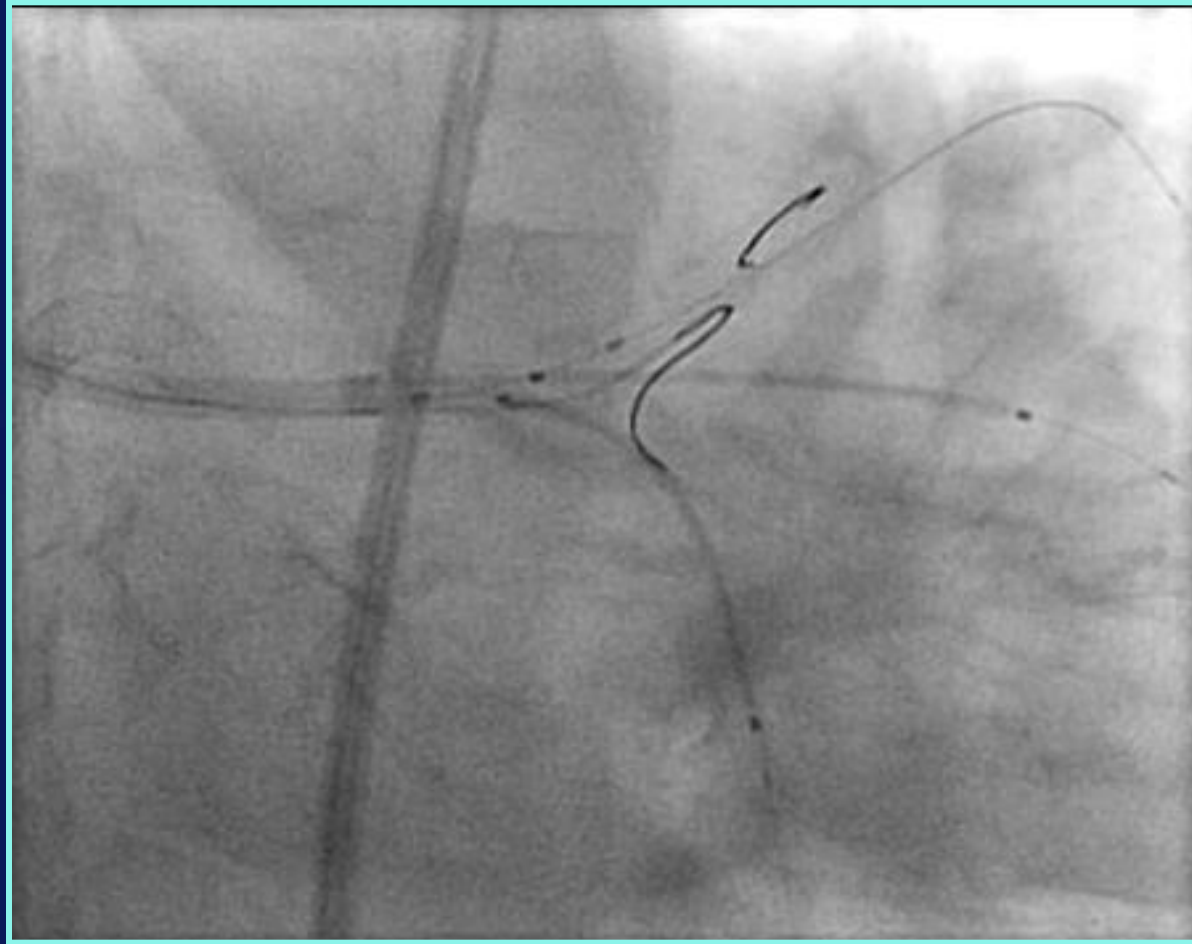
After Kissing Inflation and LAD stenting

Multivessel and Left Main Disease FFR and IVUS guided



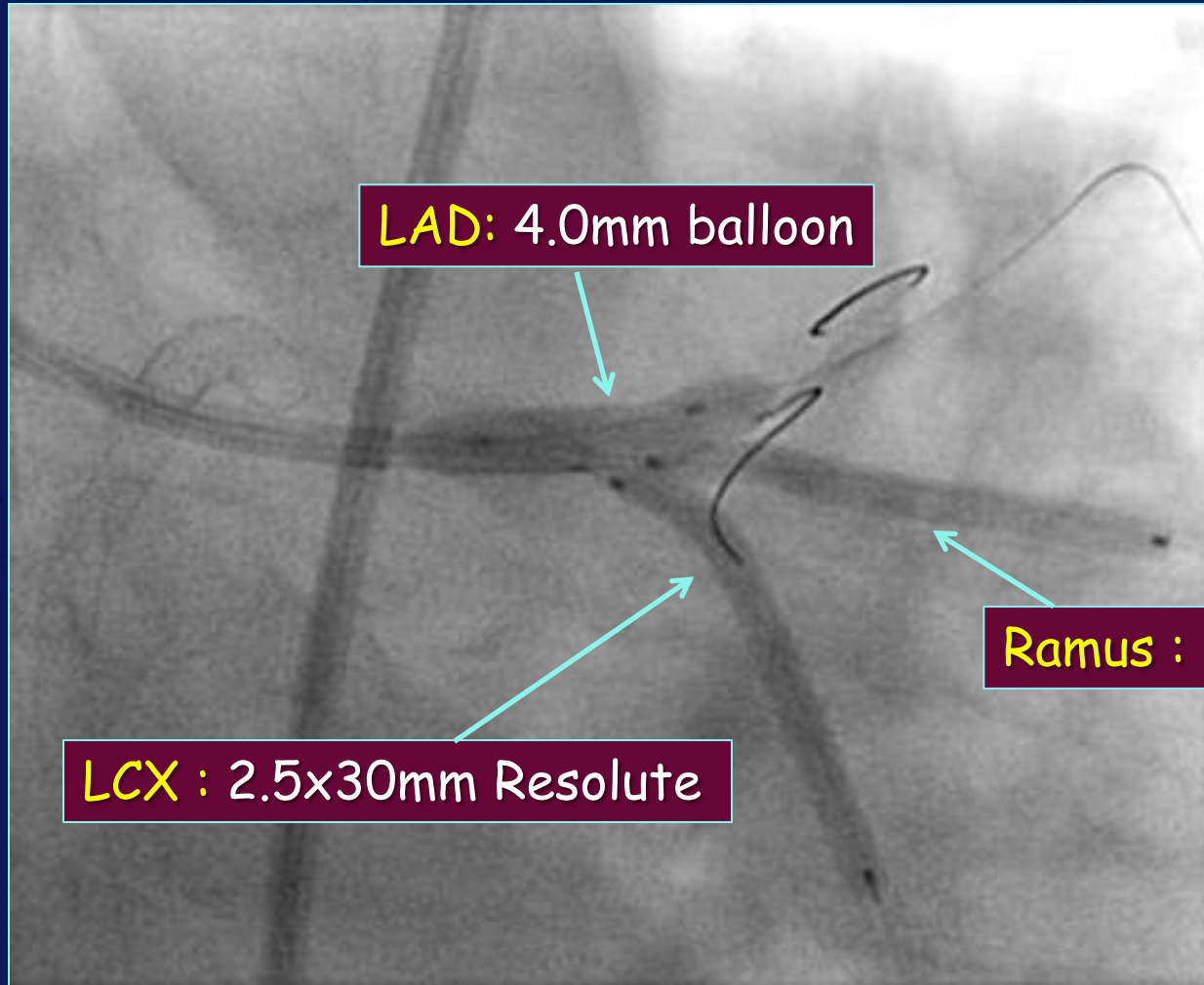
After Kissing Inflation

Multivessel and Left Main Disease FFR and IVUS guided



T stenting towards Cx and Intermediate
with 4 mm Balloon inflated in LAD

Multivessel and Left Main Disease FFR and IVUS guided

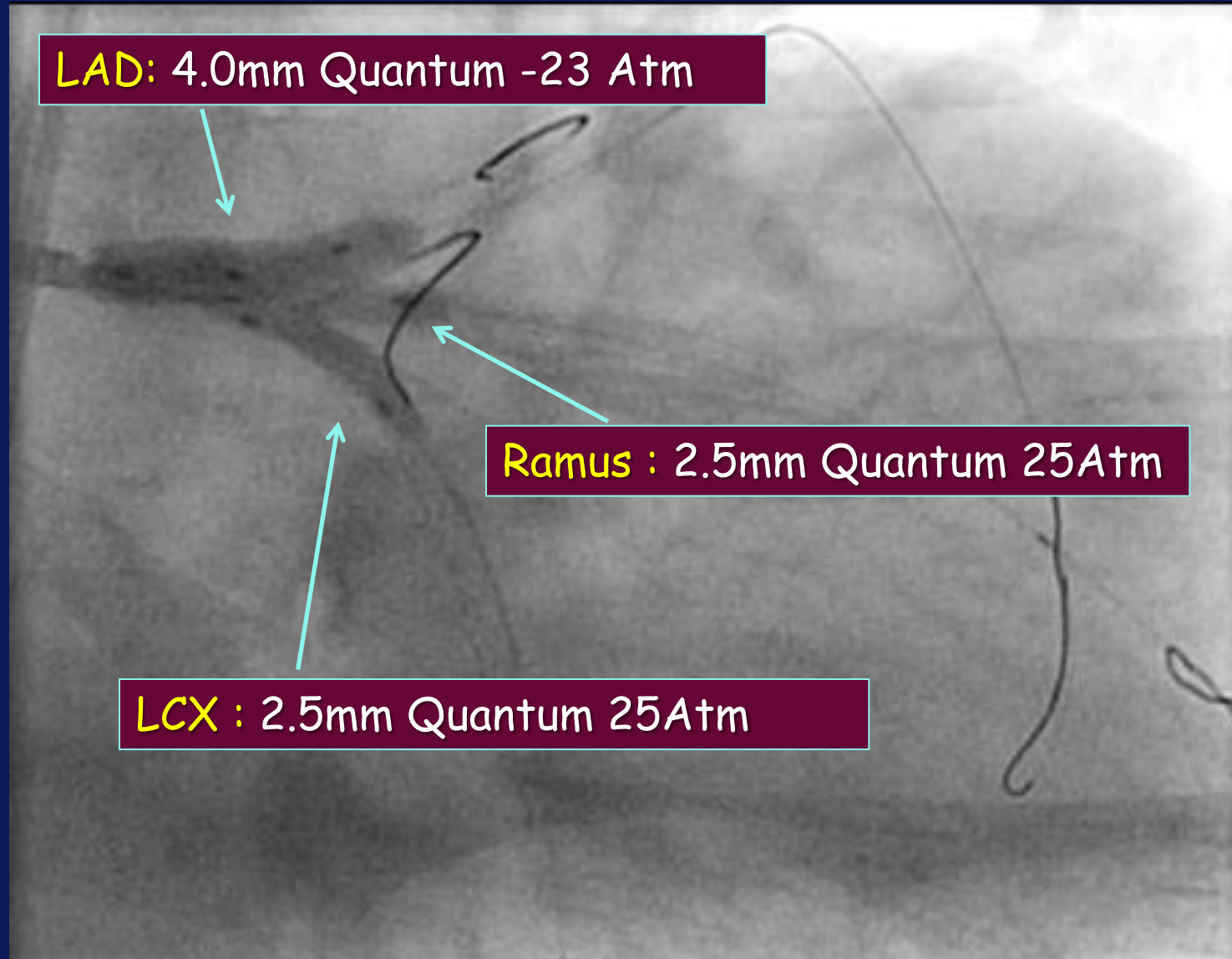


LAD: 4.0mm balloon

Ramus : 2.5x30mm Resolute

LCX : 2.5x30mm Resolute

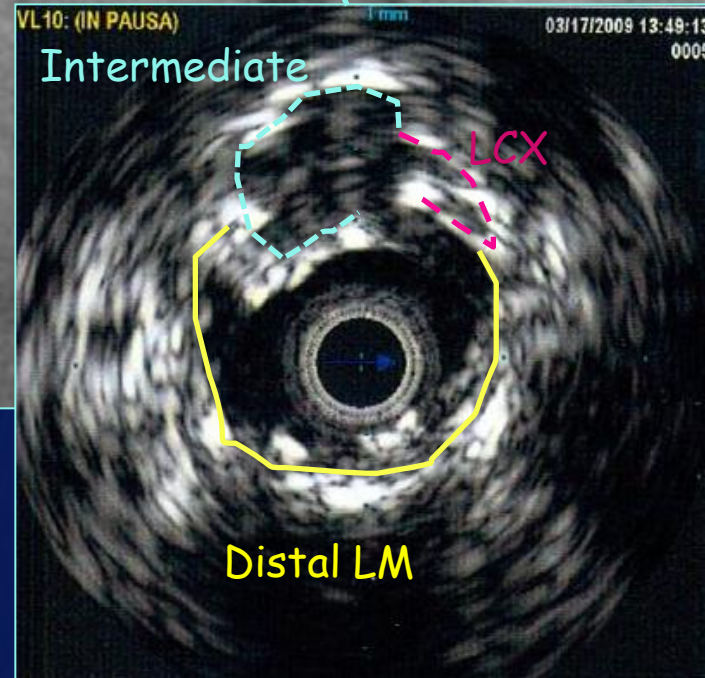
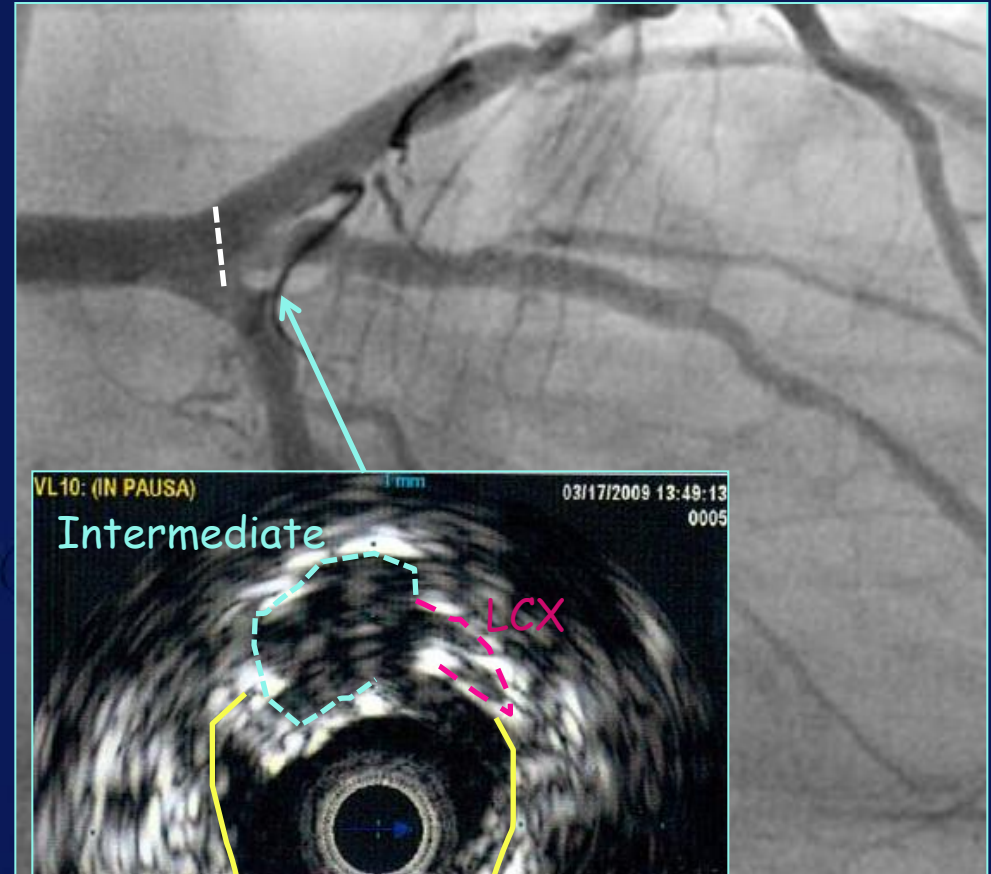
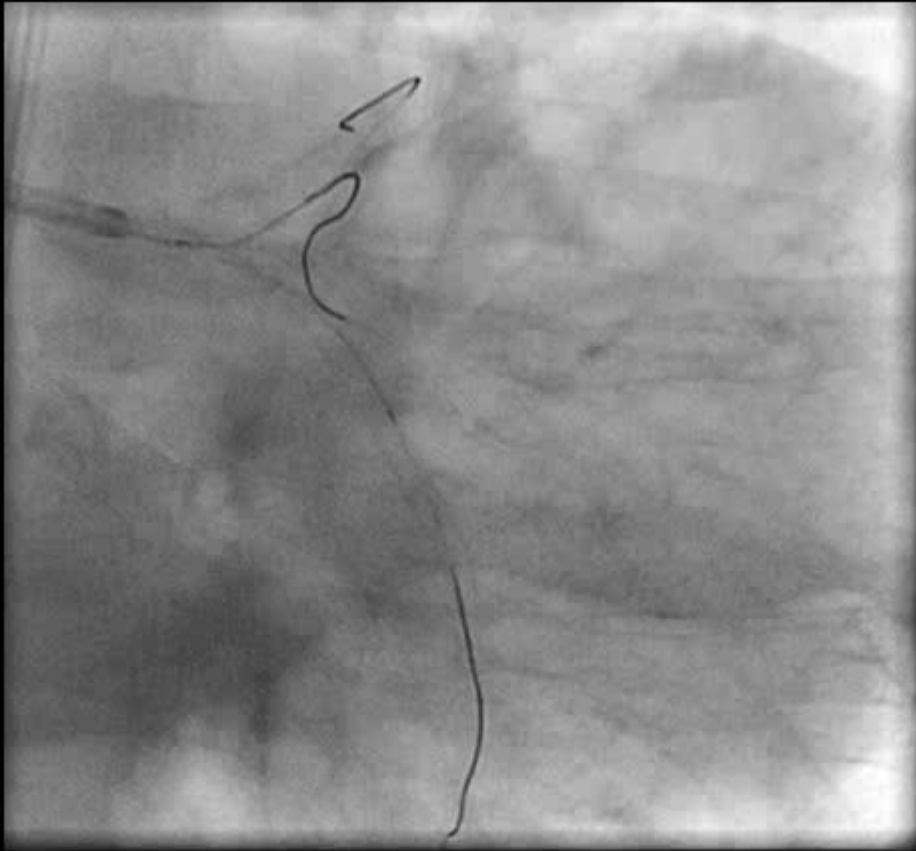
Multivessel and Left Main Disease FFR and IVUS guided



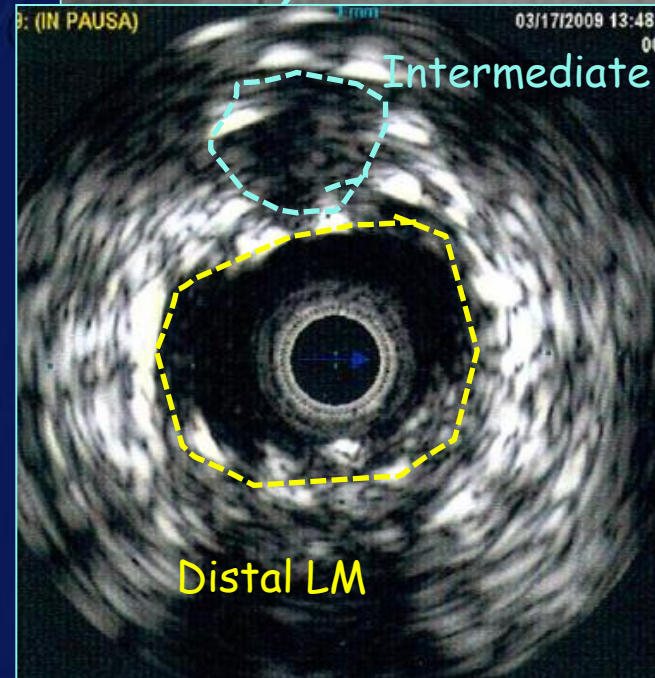
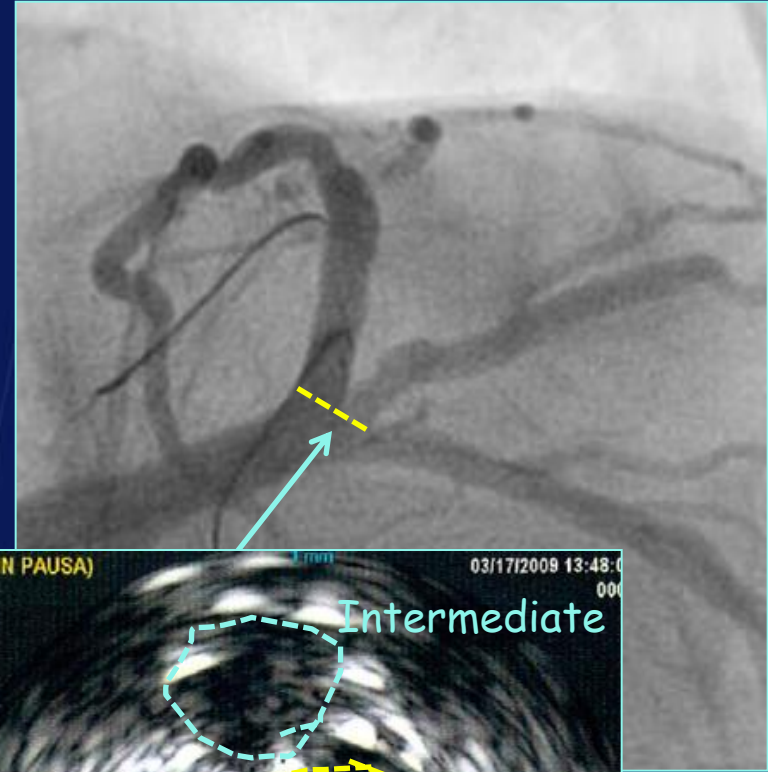
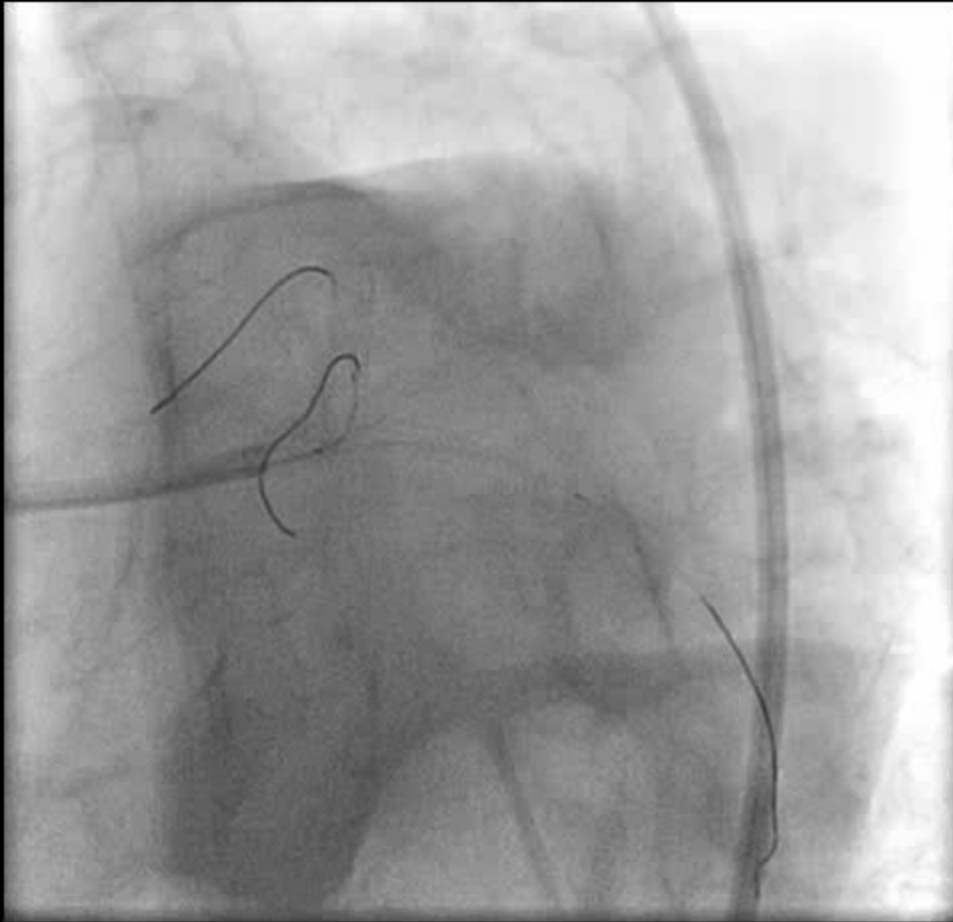
High pressure NC Balloons postdilation

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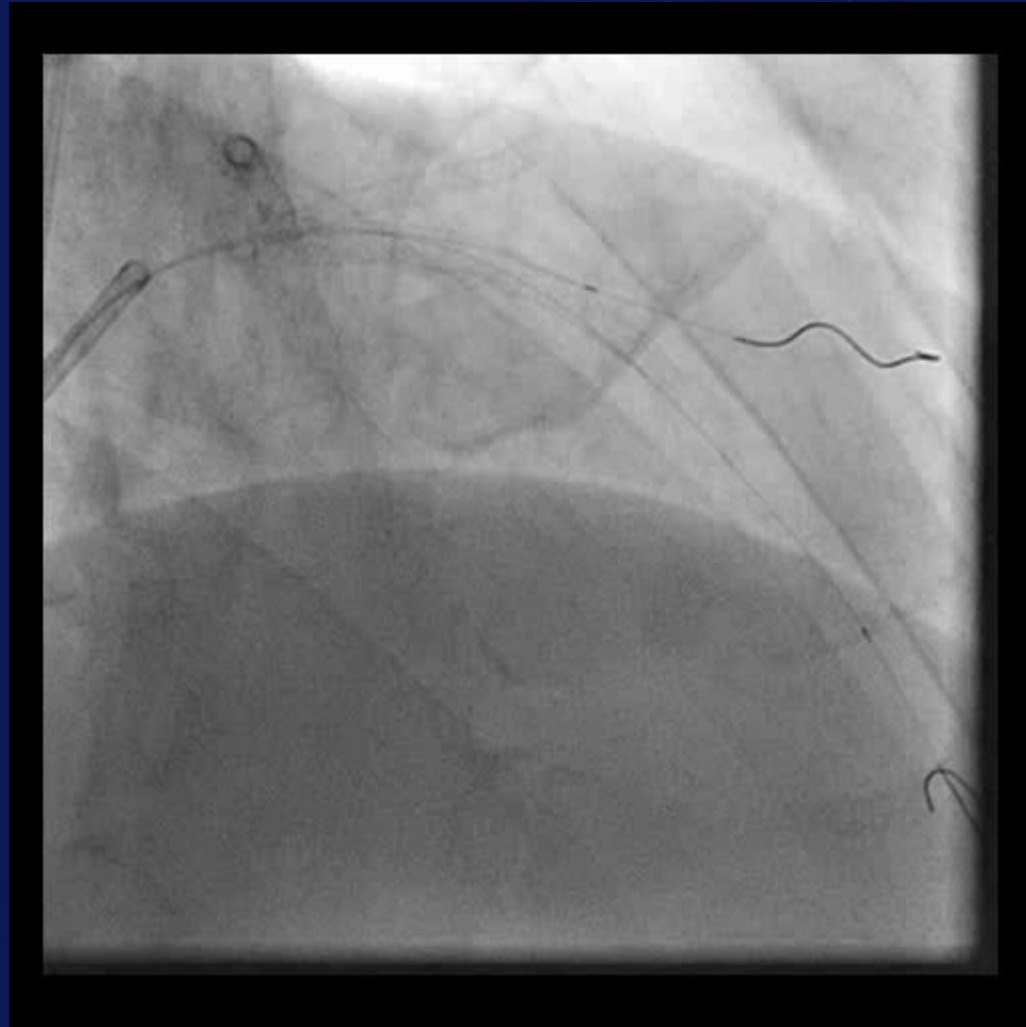
Multivessel and Left Main Disease FFR and IVUS guided



Multivessel and Left Main Disease FFR and IVUS guided



Multivessel and Left Main Disease FFR and IVUS guided



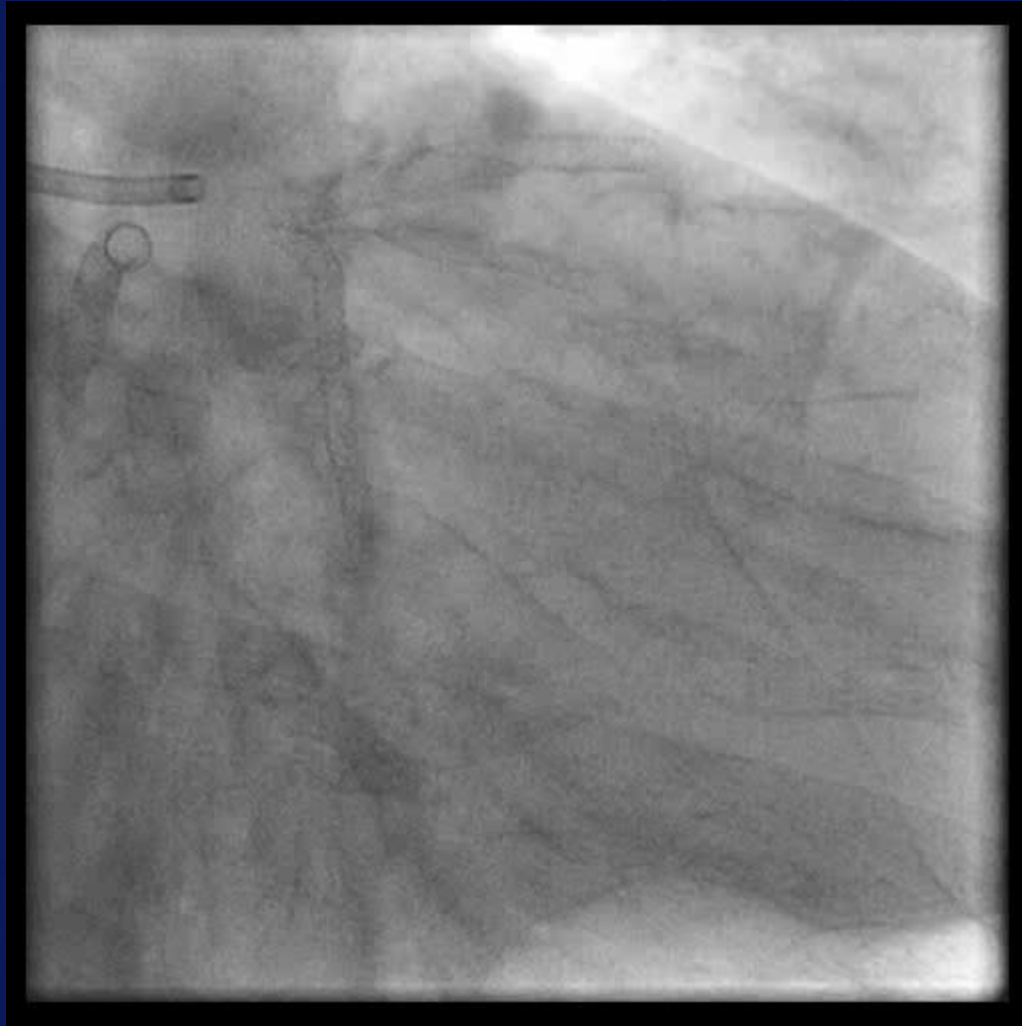
Final Result

Multivessel and Left Main Disease FFR and IVUS guided



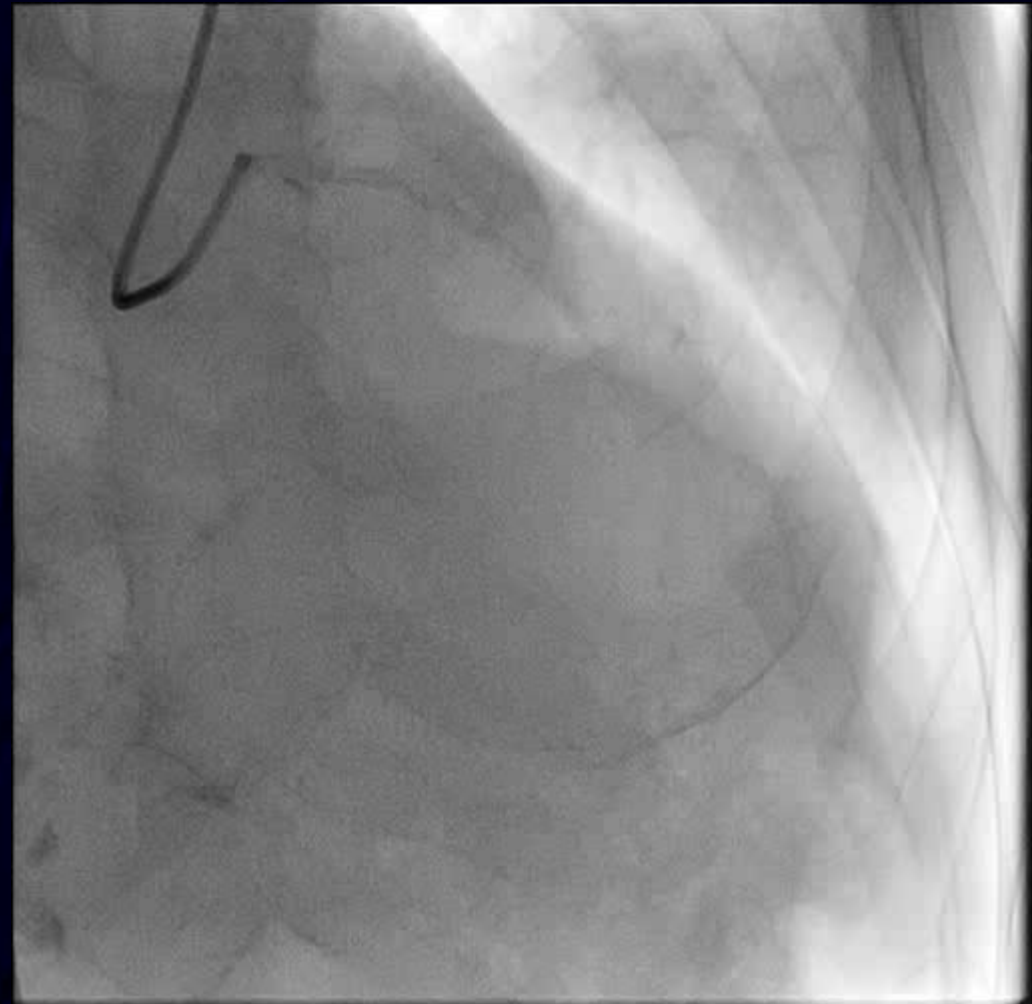
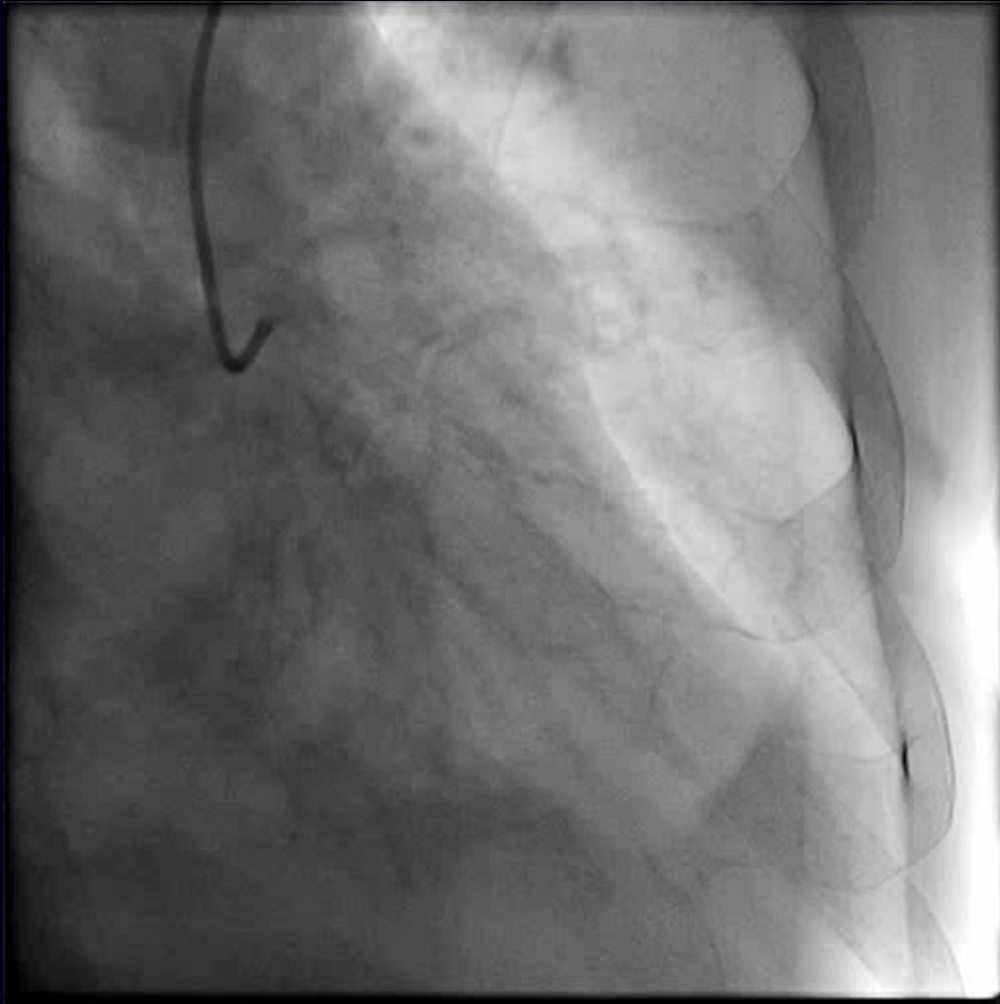
Final Result

Multivessel and Left Main Disease FFR and IVUS guided



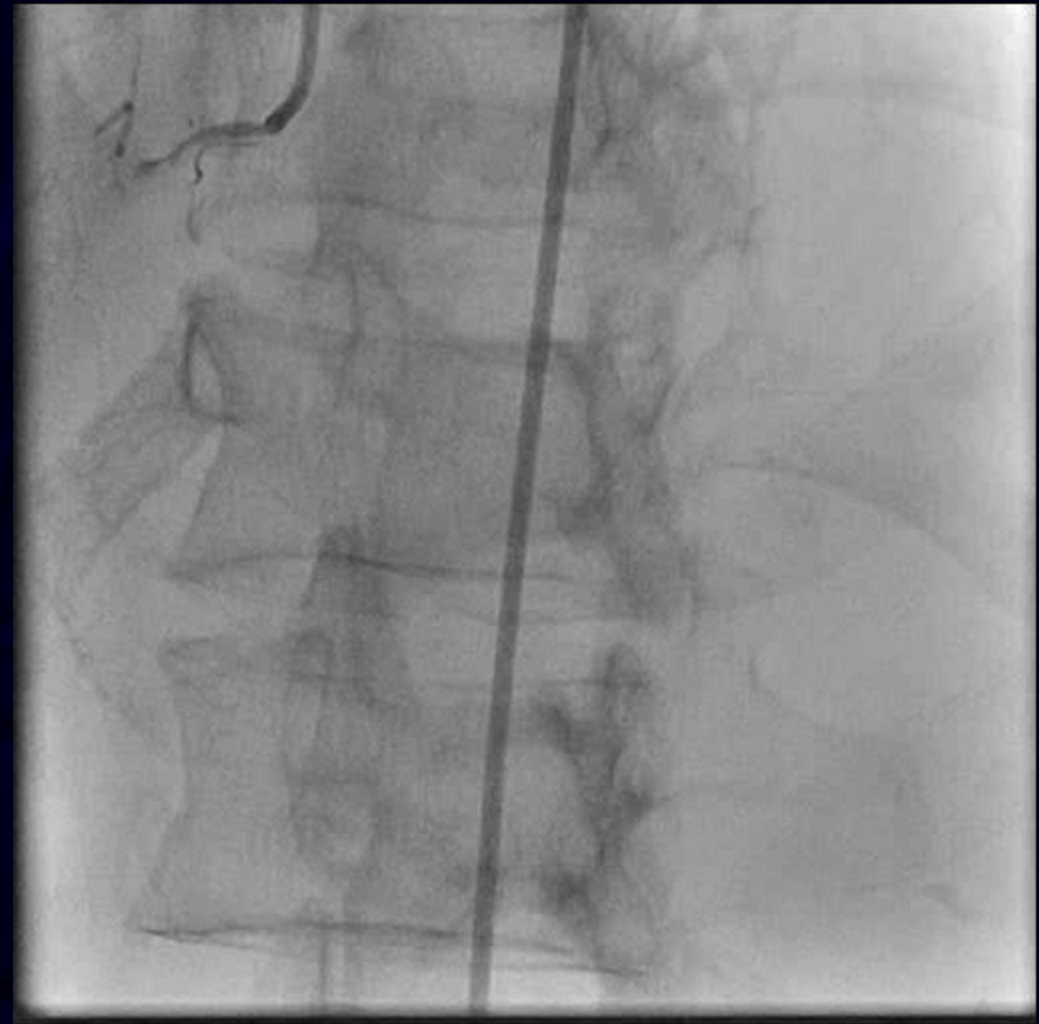
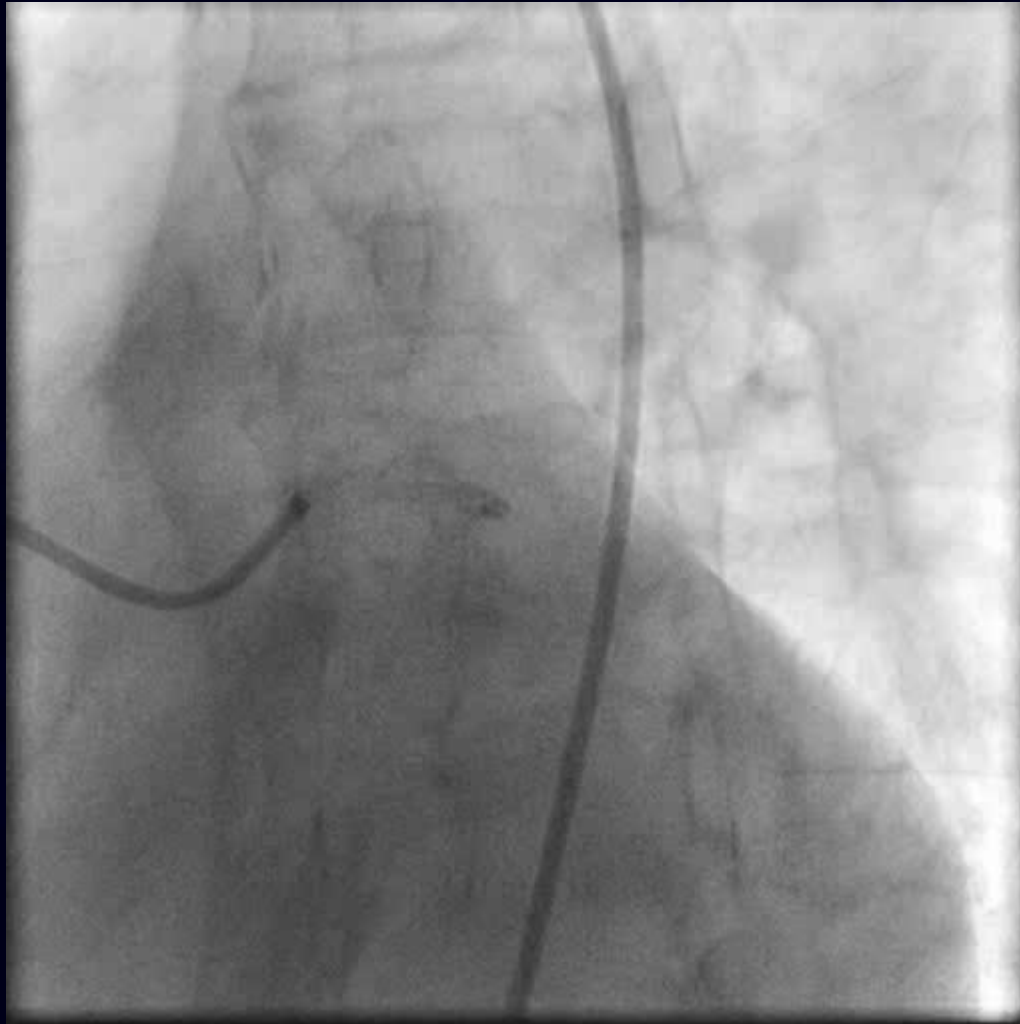
Final Result

Multivessel Disease



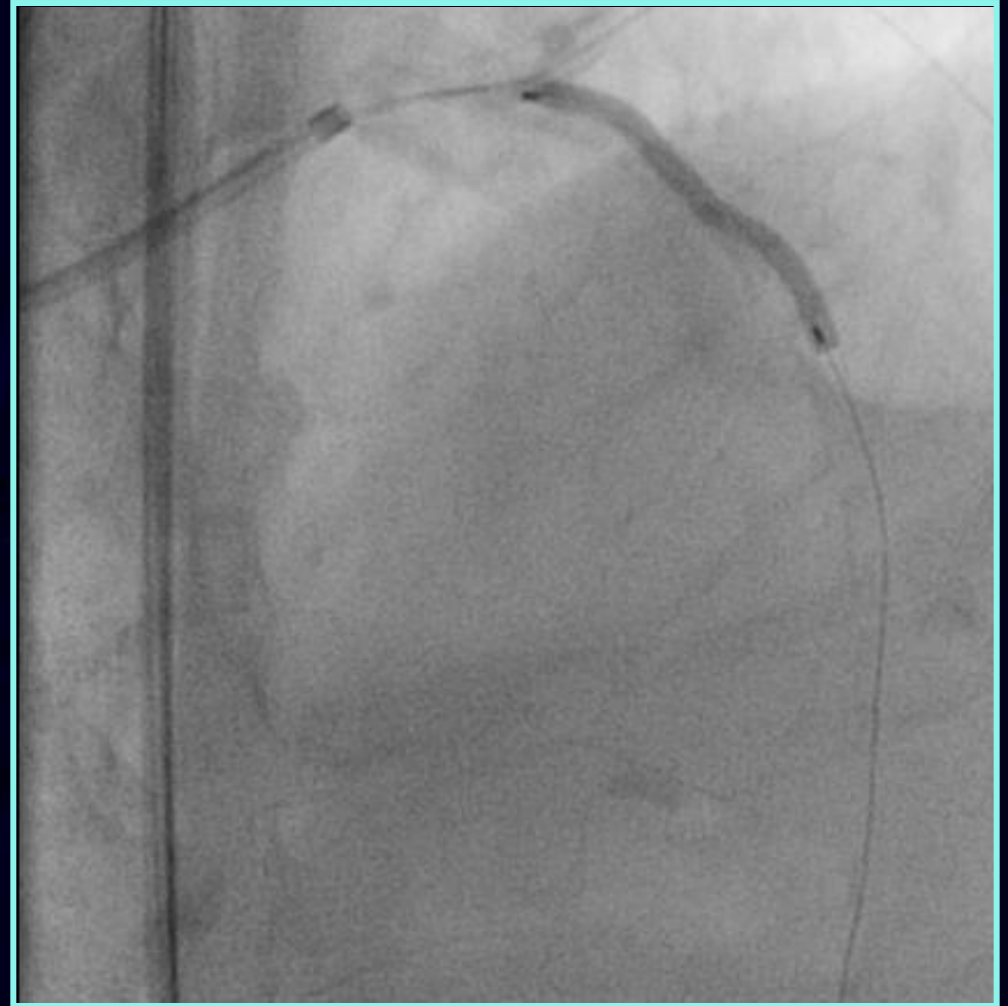
Baseline

Multivessel Disease



Baseline

Multivessel Disease



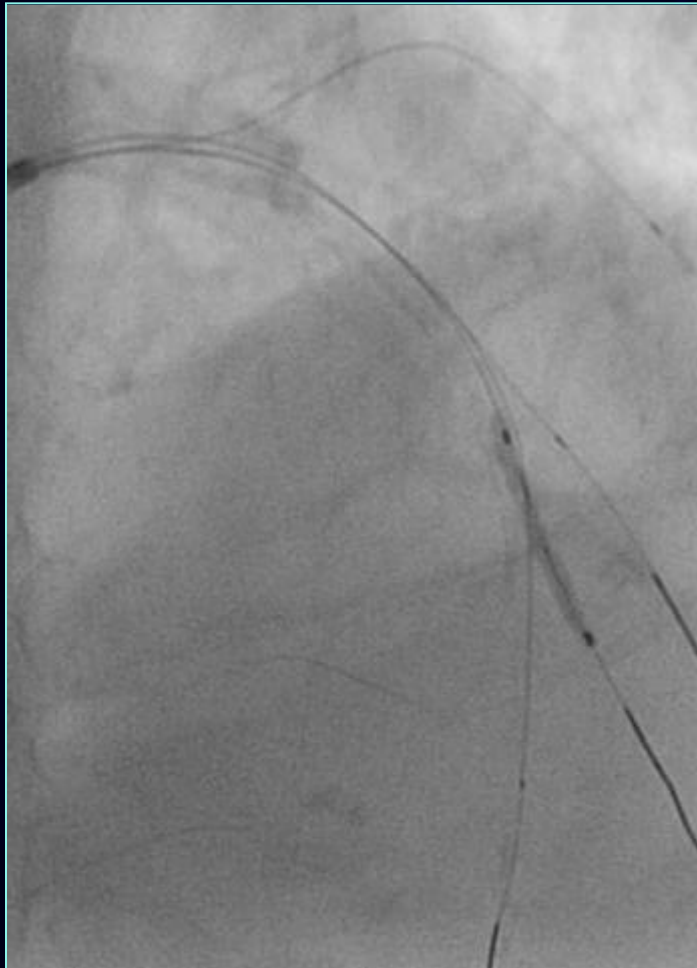
Despite extensive calcifications we
see good balloon expansion

Multivessel Disease



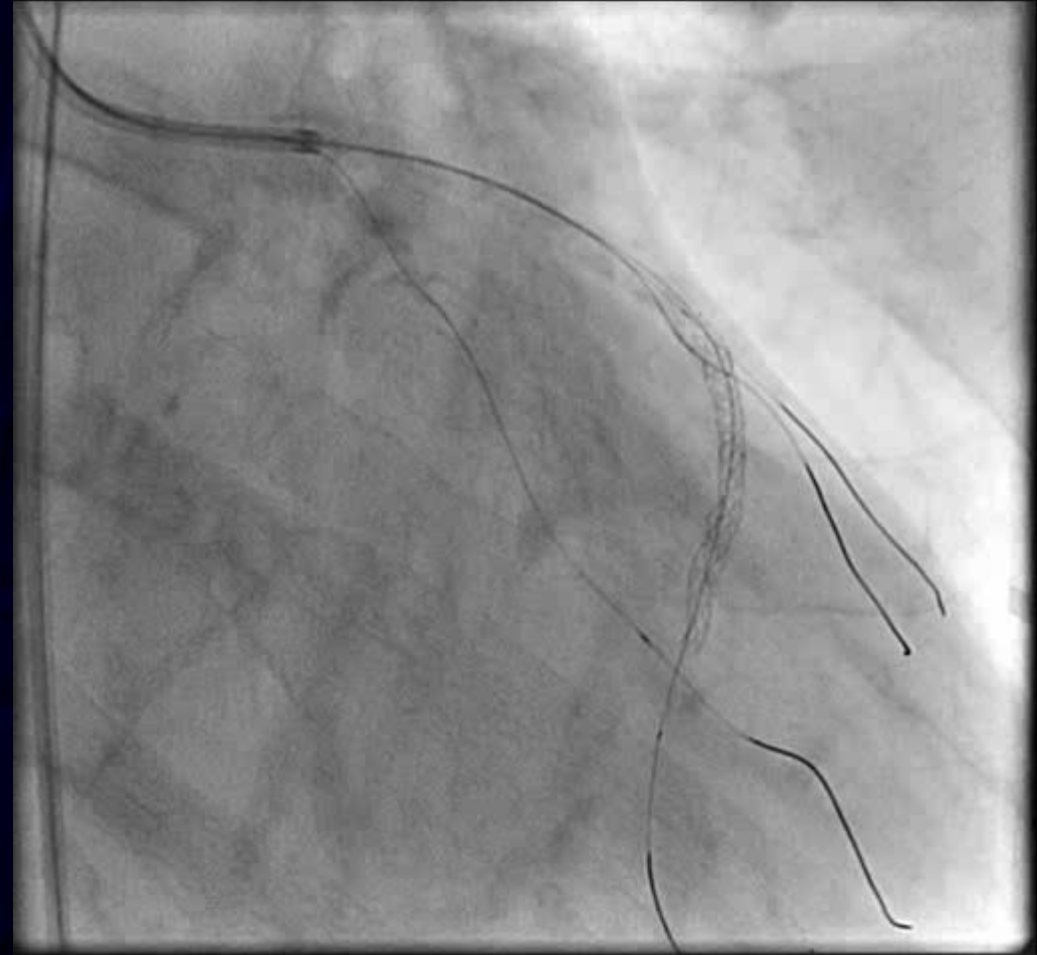
After POBA

Multivessel Disease



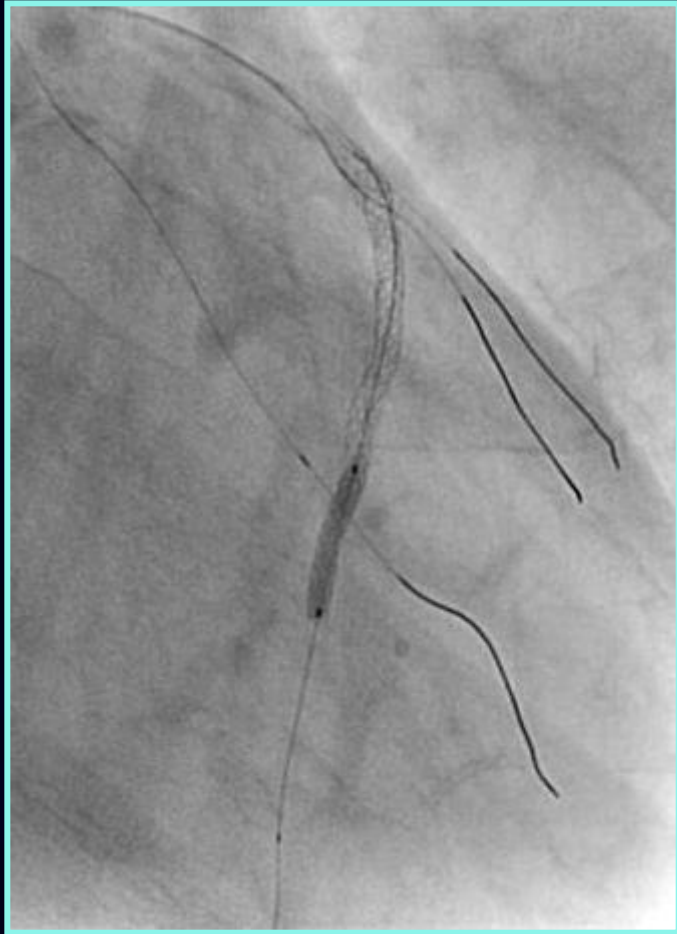
Stenting of LAD and Post-dilatations

Multivessel Disease



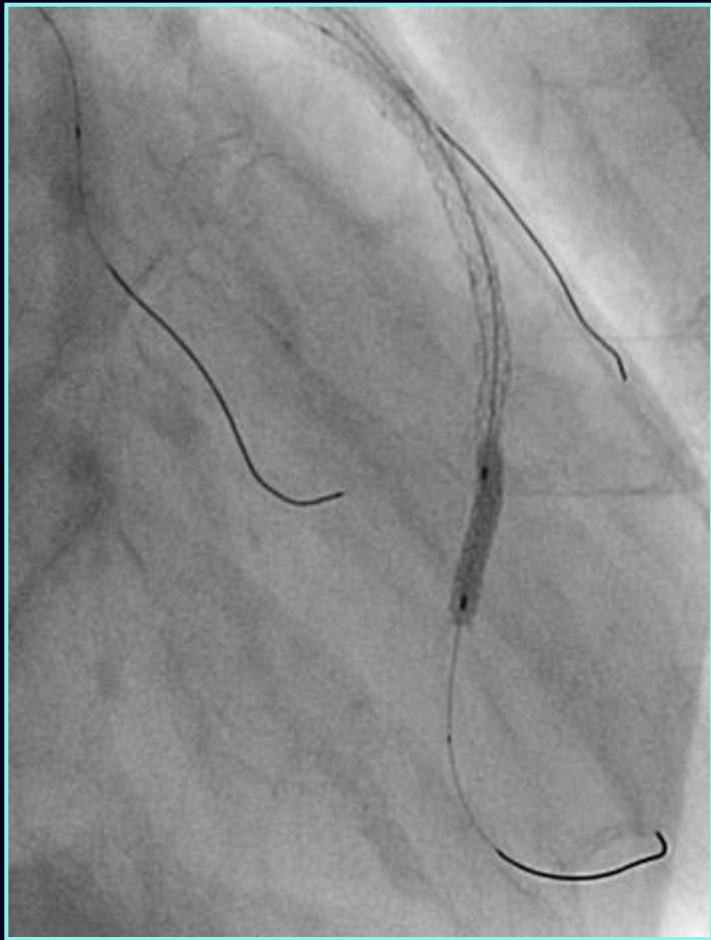
Post additional stenting distal LAD

Multivessel Disease



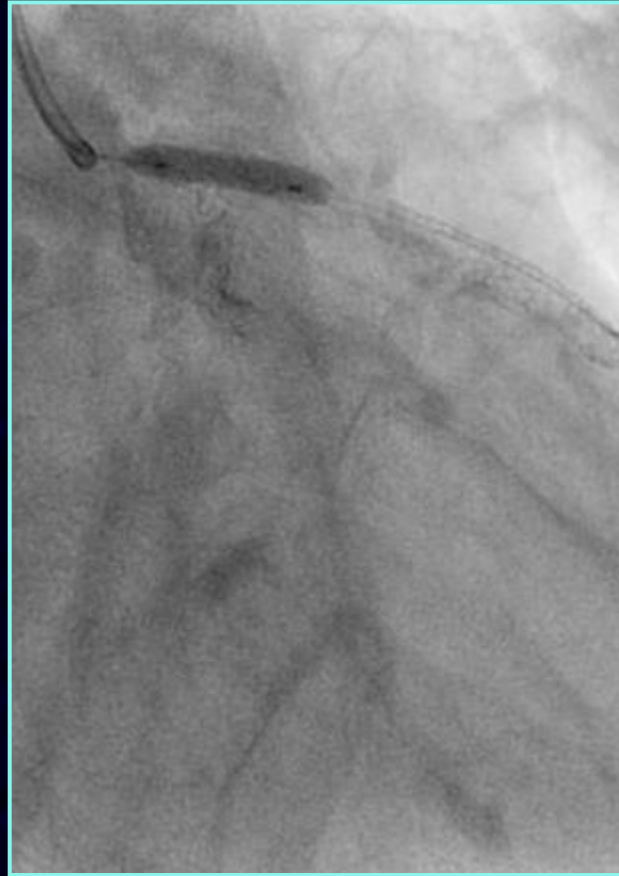
2.5 mm DES

Multivessel Disease



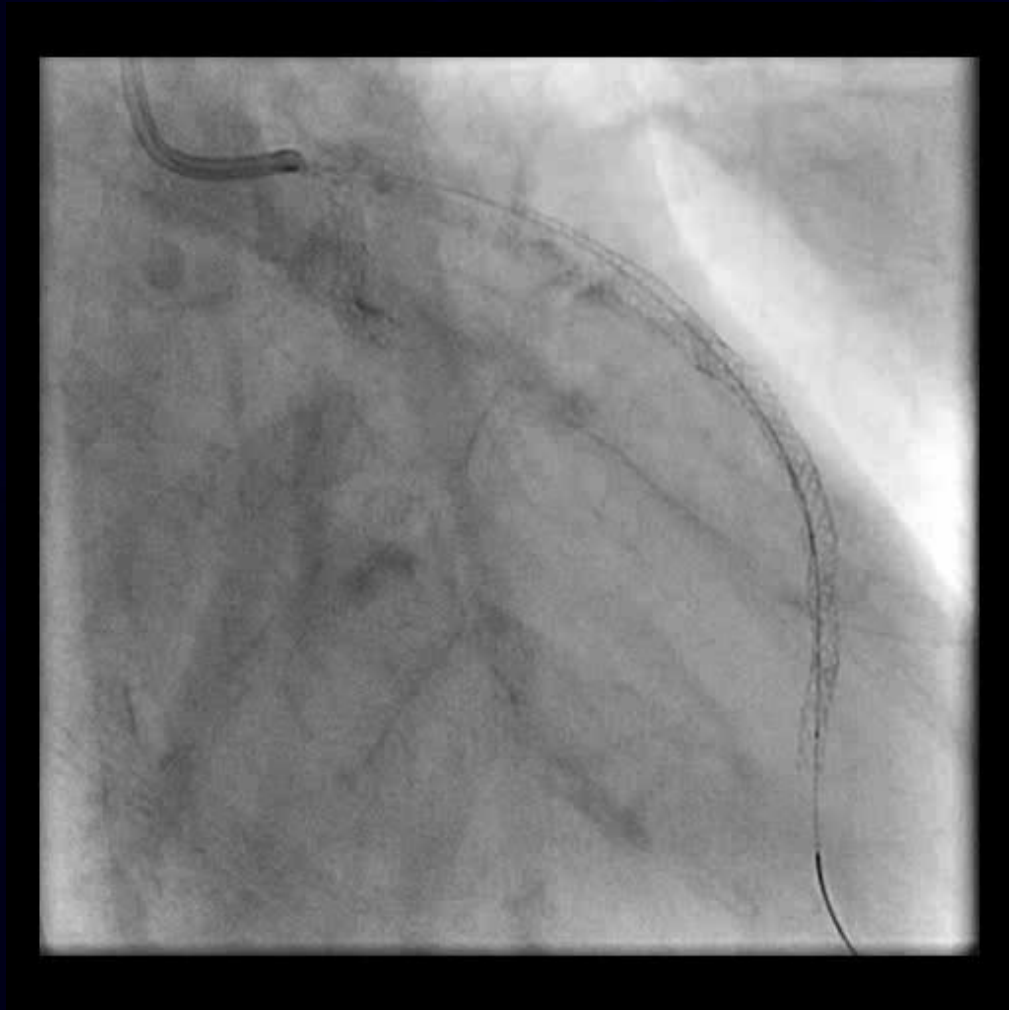
Additional DES, IVUS evaluation and postdilatation

Multivessel Disease

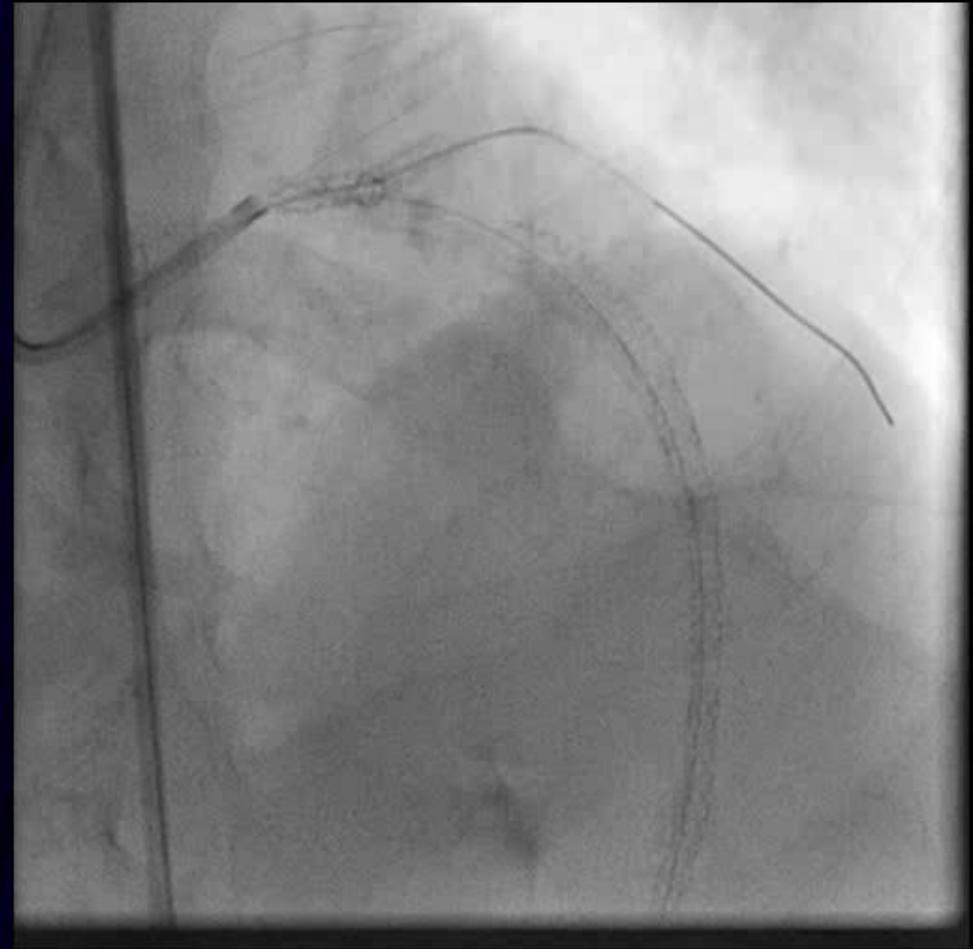


Step crush LCX

Multivessel Disease

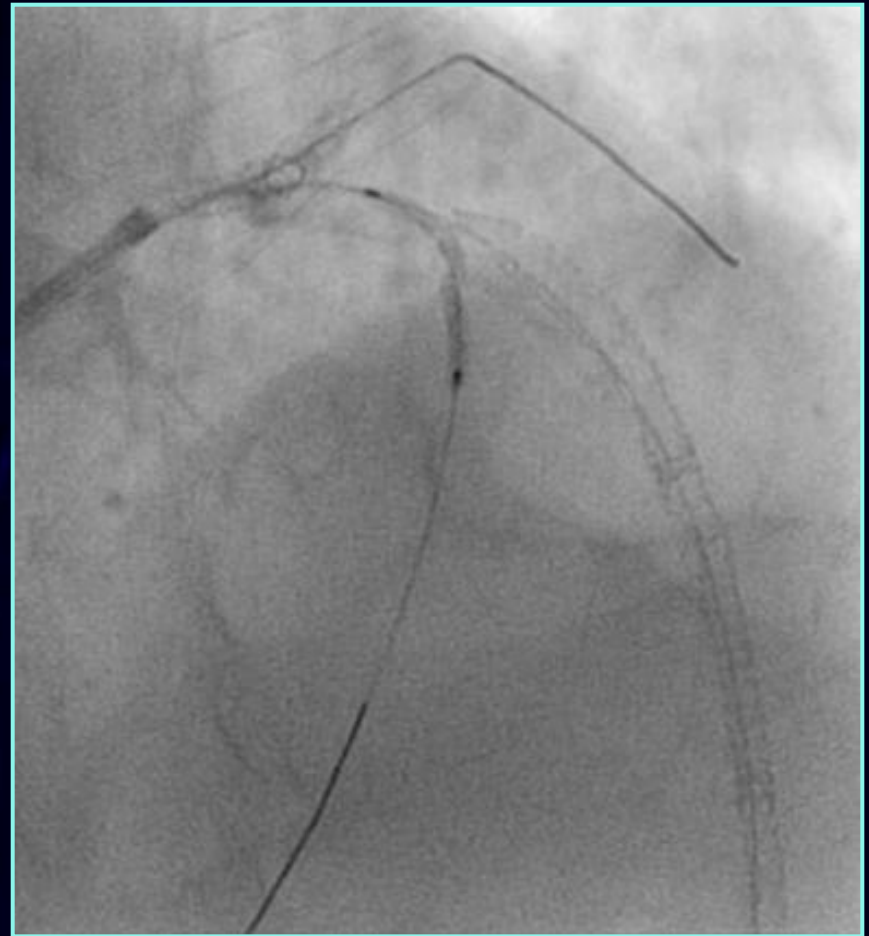


After step crush LCX



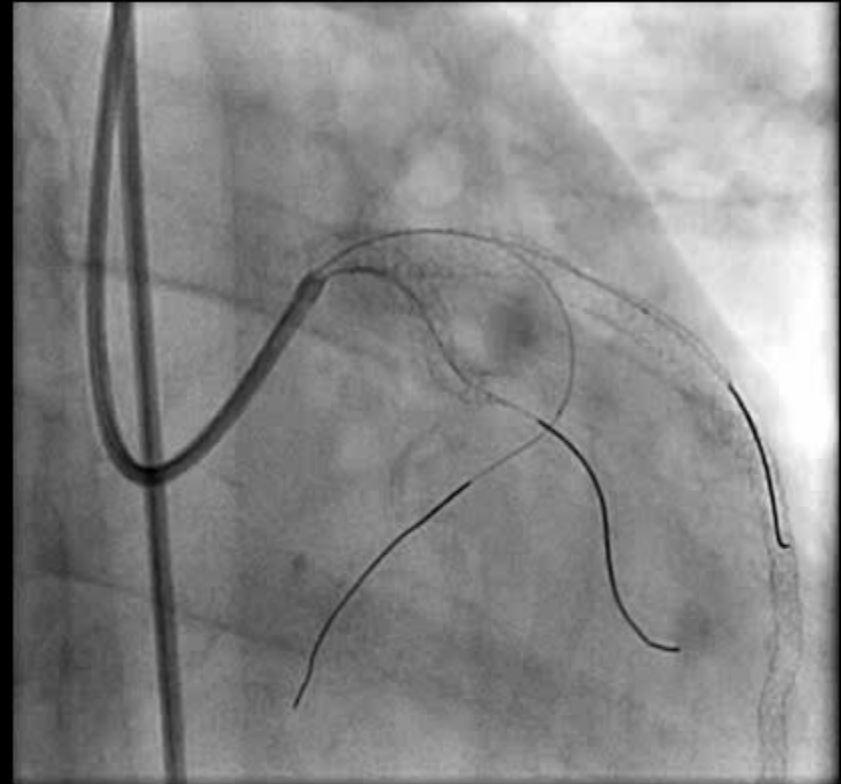
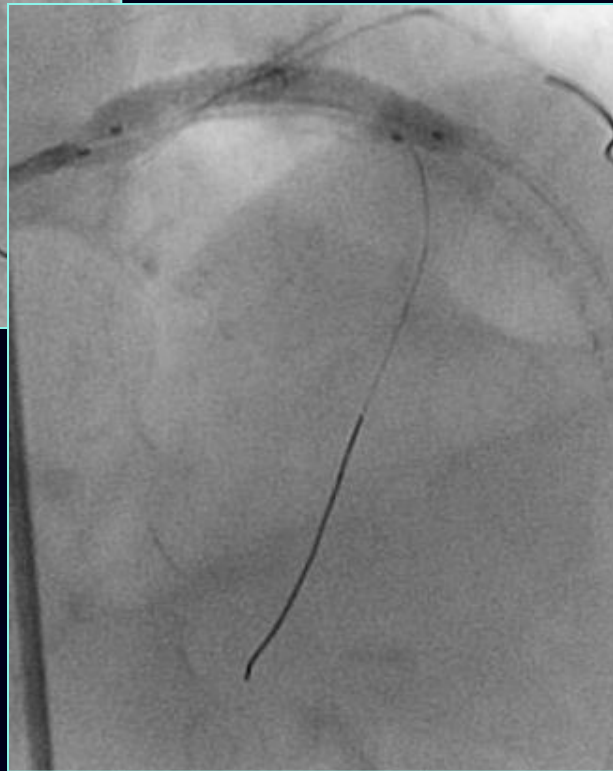
Septal branch at risk

Multivessel Disease



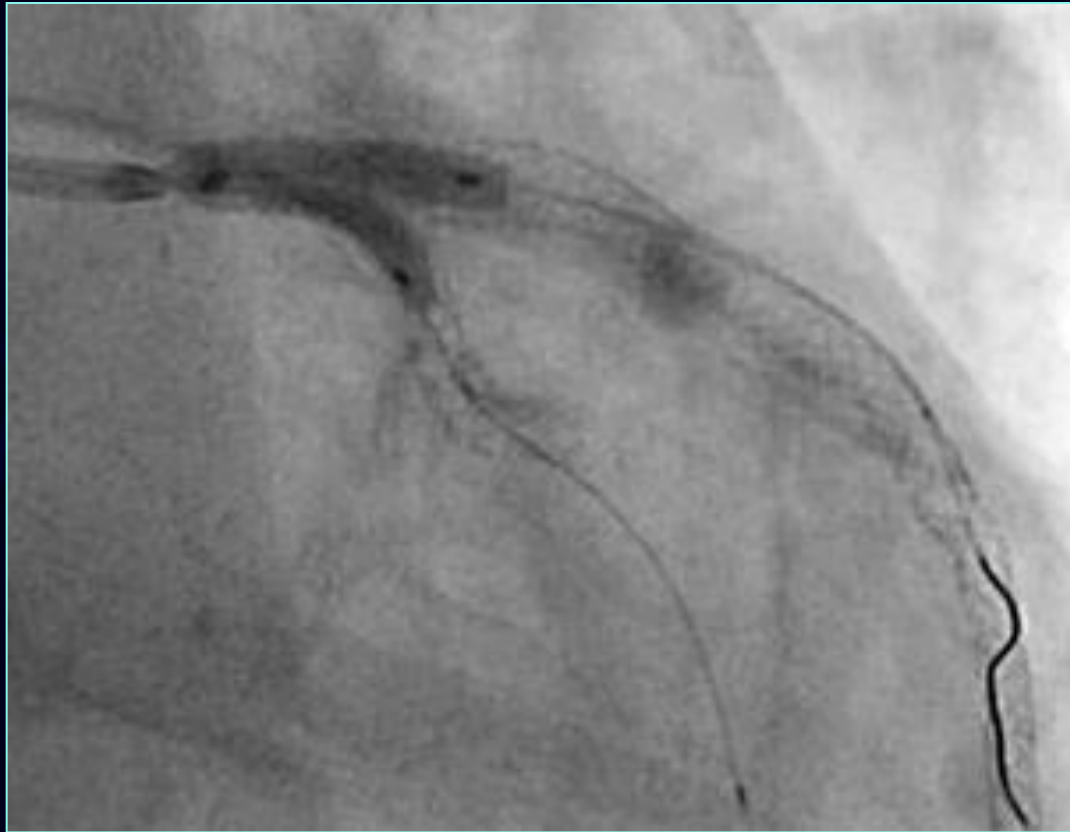
Wiring Septal branch with the
help of Venture catheter

Multivessel Disease



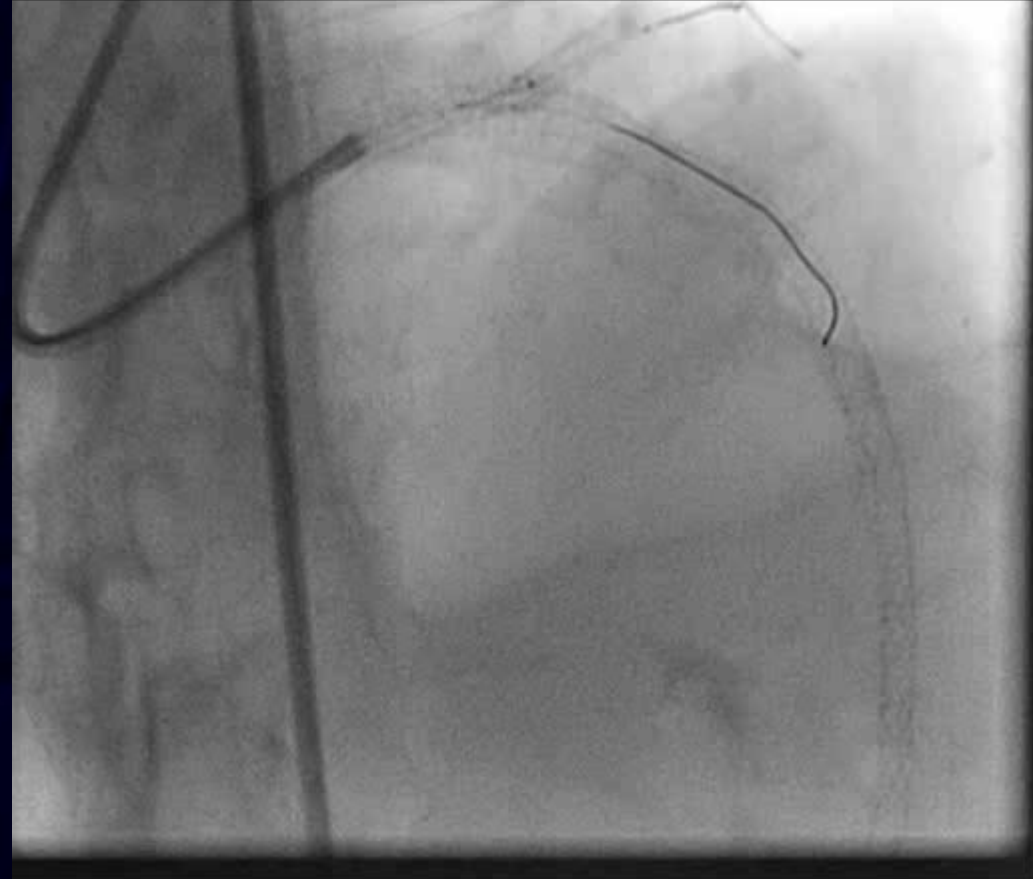
After Kissing LAD and
septal branch

Multivessel Disease

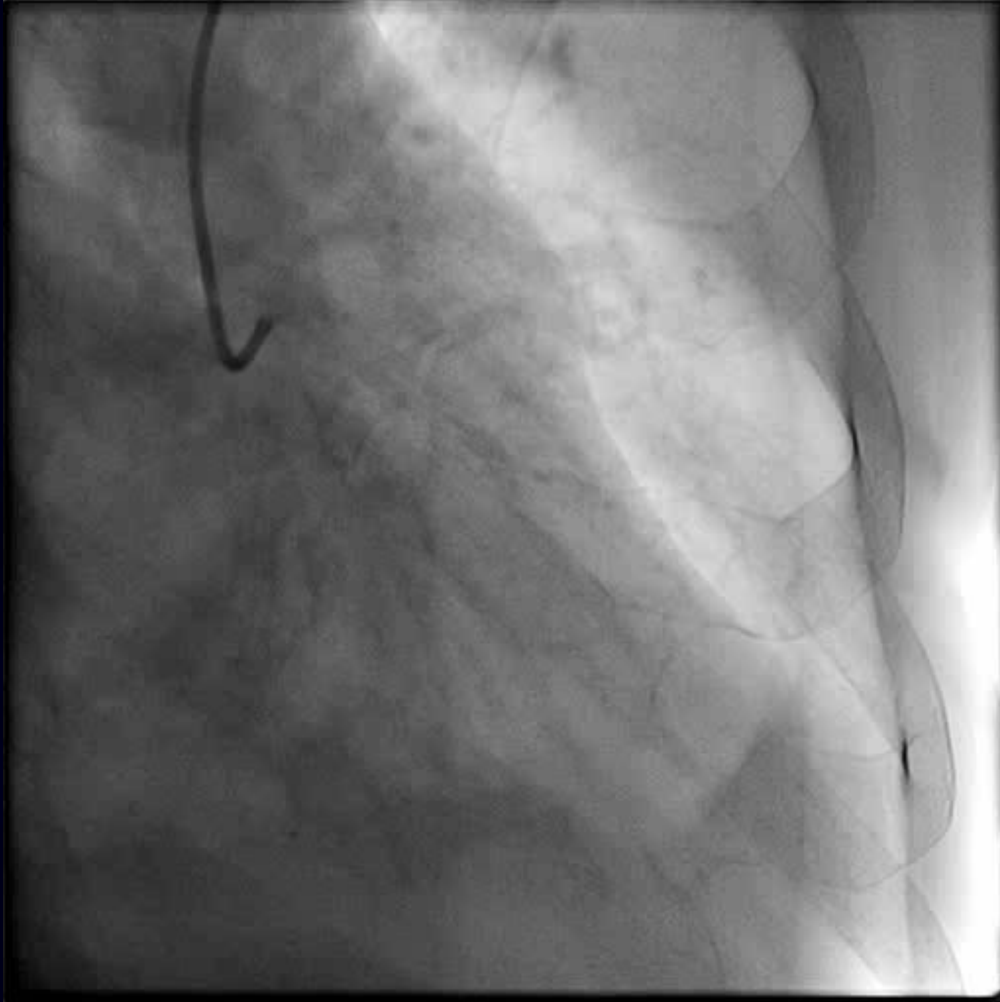


Additional Kissing Balloon inflation

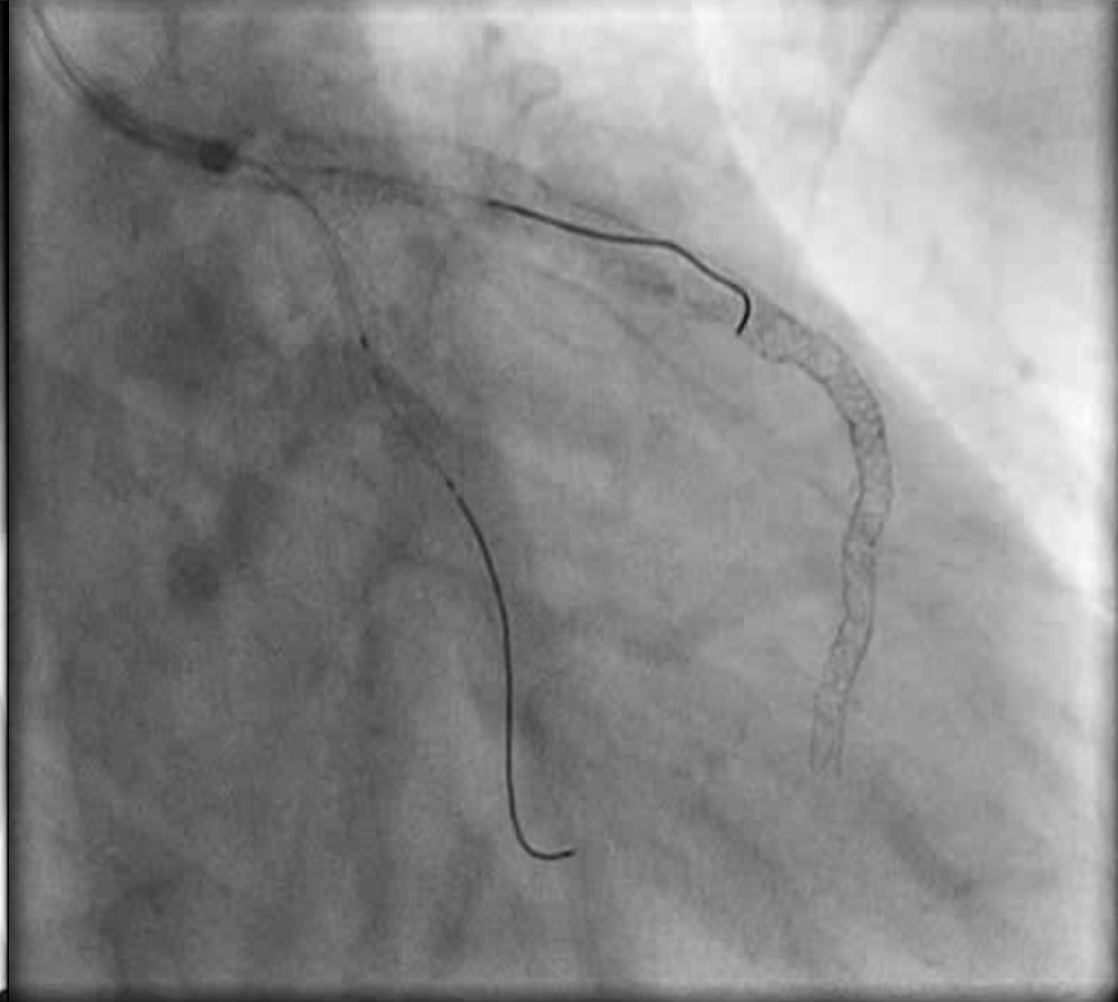
Multivessel Disease



Final Results



Baseline



Final

The best level of evidence is "C":

It is so clear cut that there is no point to run a trial