

Complex LM intervention with ABSORB

Marie-Claude Morice MD, FESC, FACC

Ieva Briede MD

TCTAP 2016

RAMSAY Générale de Santé, ICPS

Massy, France

Disclosure Statement of Financial Interest

No conflict of interest to disclose

Patient characteristics

- Man, 72 years
- **Clinical presentation:** Stable angina grade II
- **Risk factors:** Non-insulin dependant diabetes
- **Creatinine clearance:** 77 ml/min

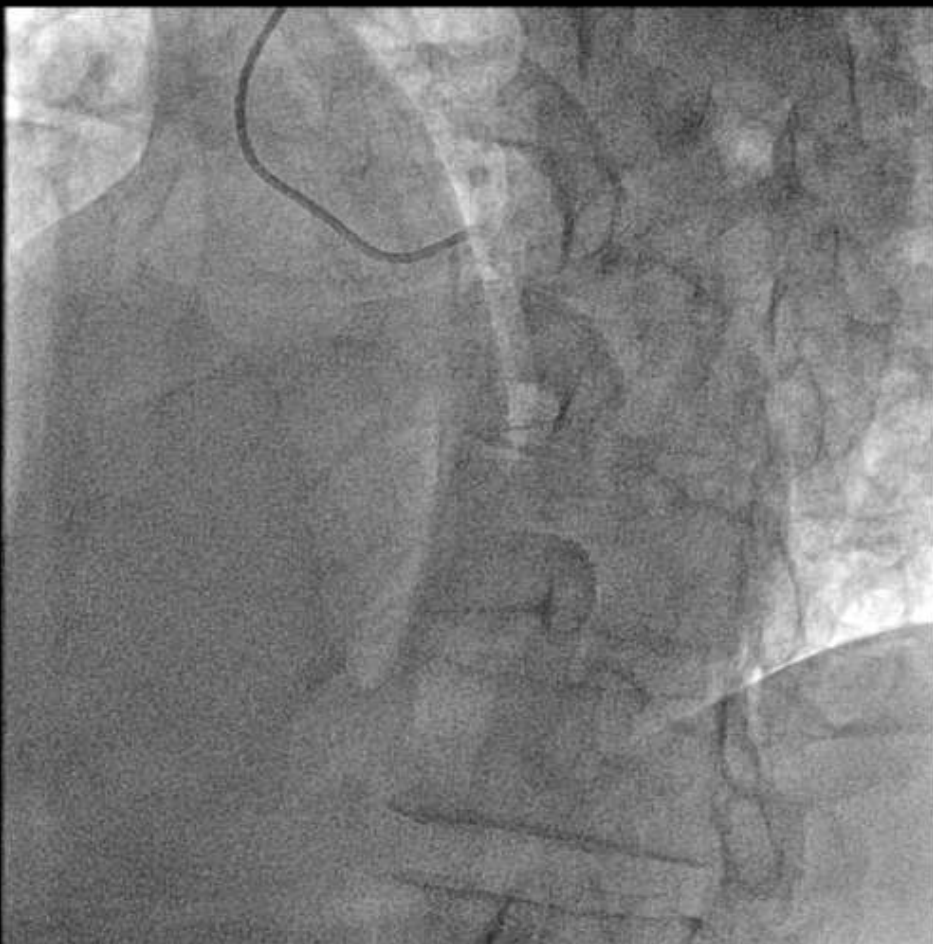
Coronary angiography

LM bifurcation stenosis (Medina 1,0,0),
severe distal LAD stenosis



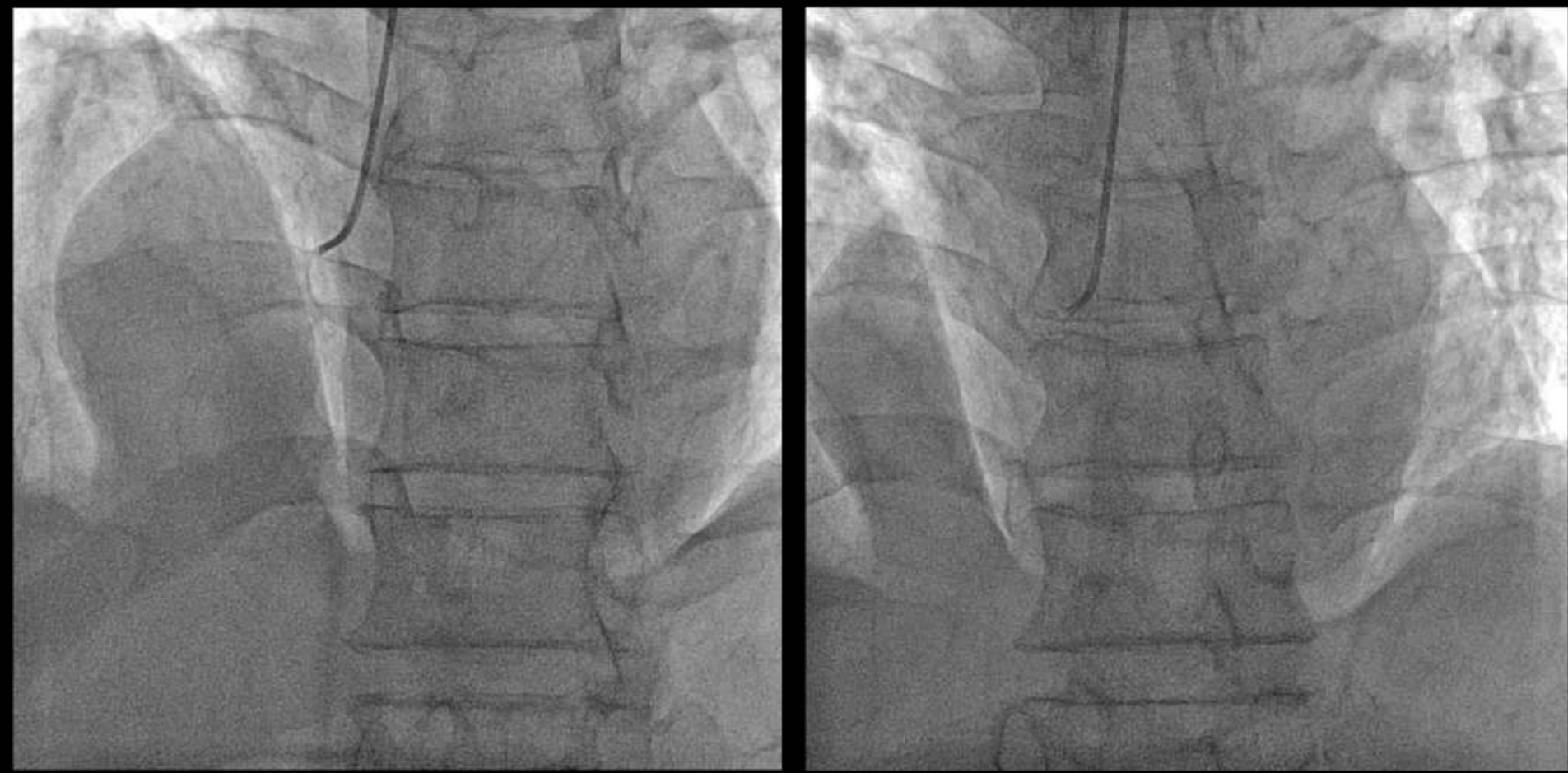
Coronary angiography

LM bifurcation stenosis (Medina 1,0,0),
severe distal LAD stenosis

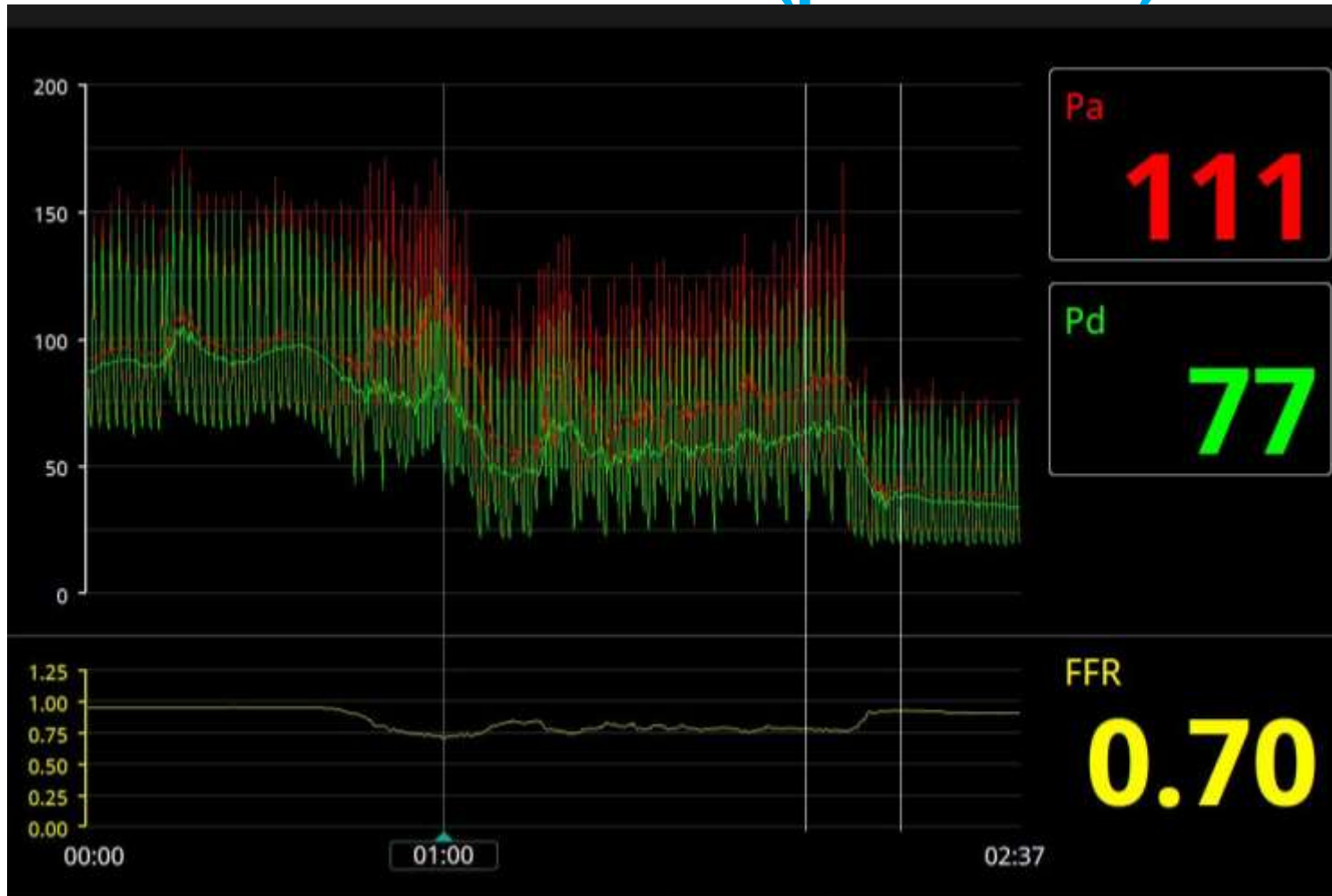


Coronary angiography

RCA, dominant: significant proximal stenosis treated by DES

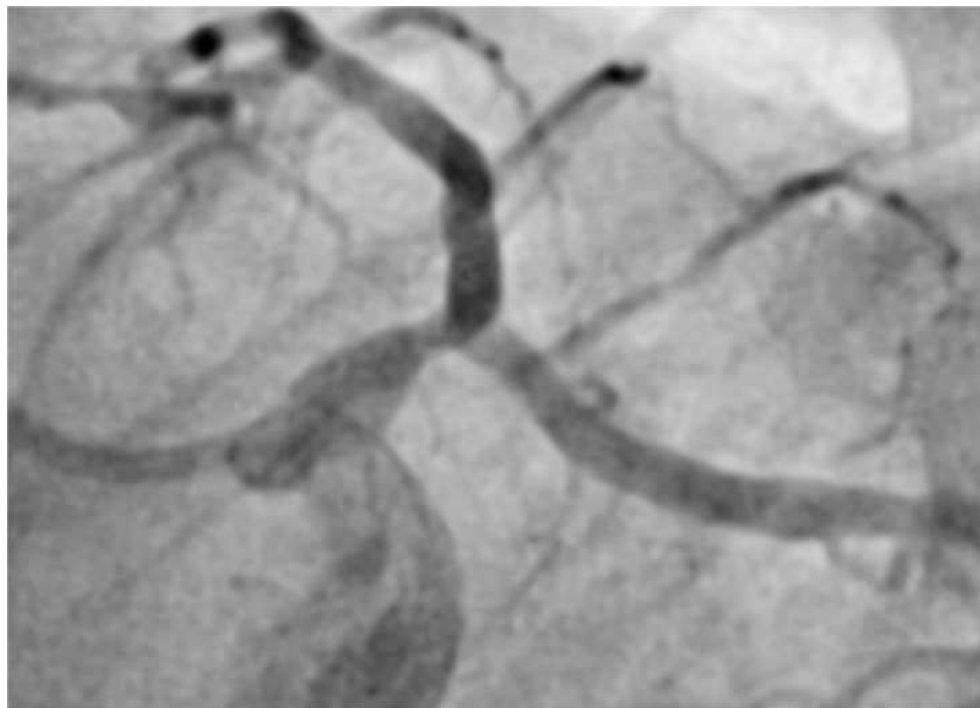


FFR measurement for LM distal bifurcation (prox LAD)



Strategy

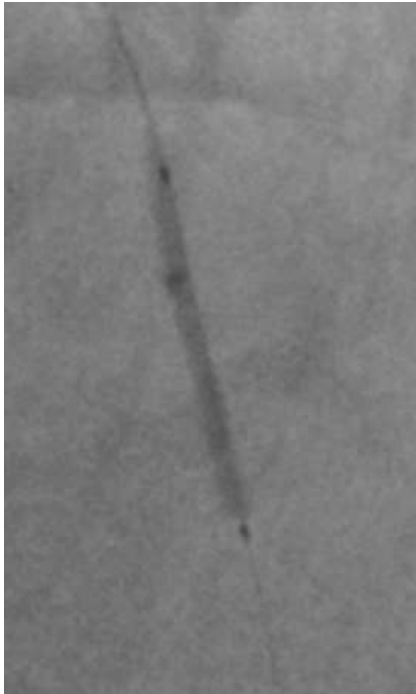
- EBU 3.5 6F
- 2 wires
- OCT
- One stent technique
- POT (*Proximal Optimization Therapy*)
- Kissing?



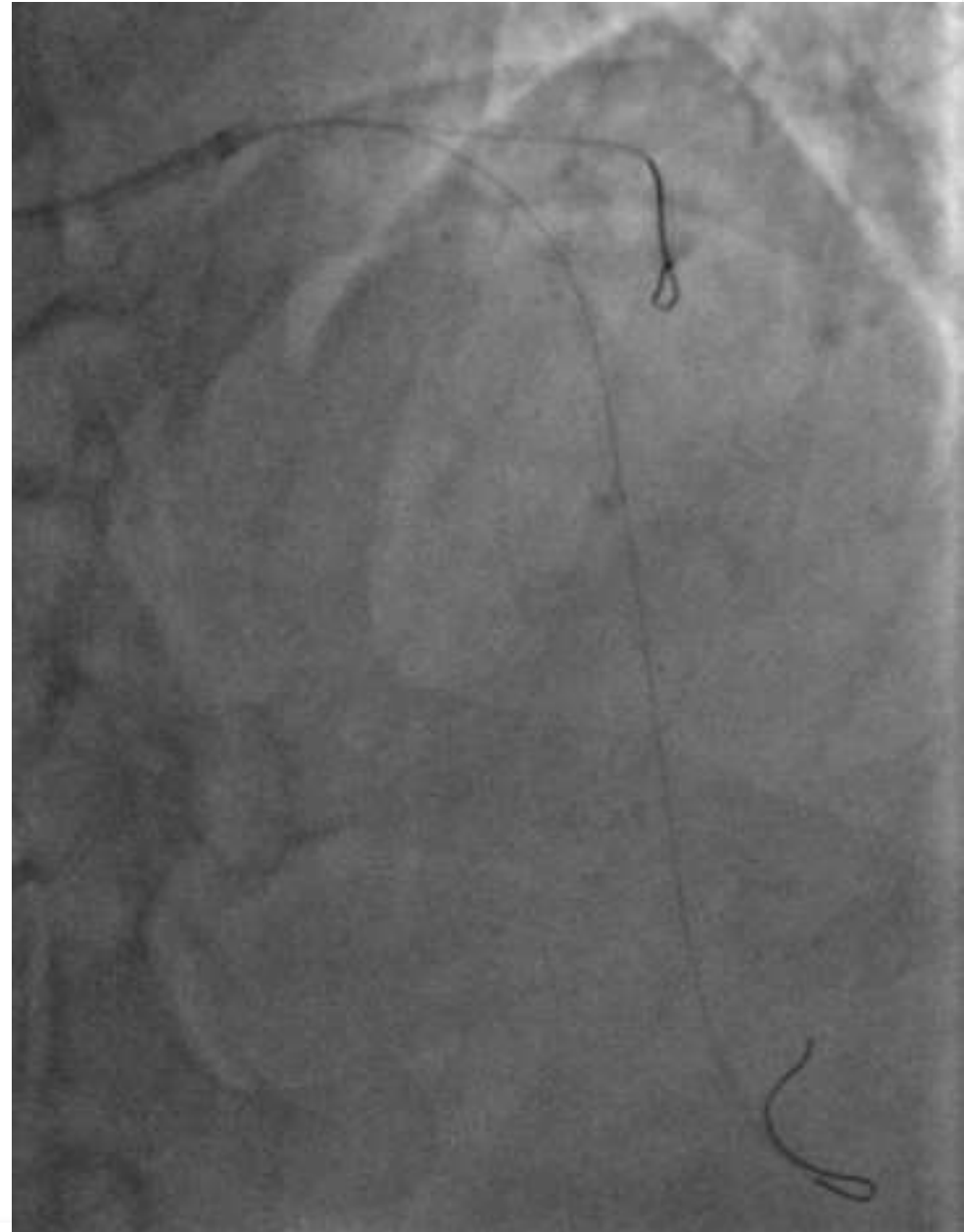
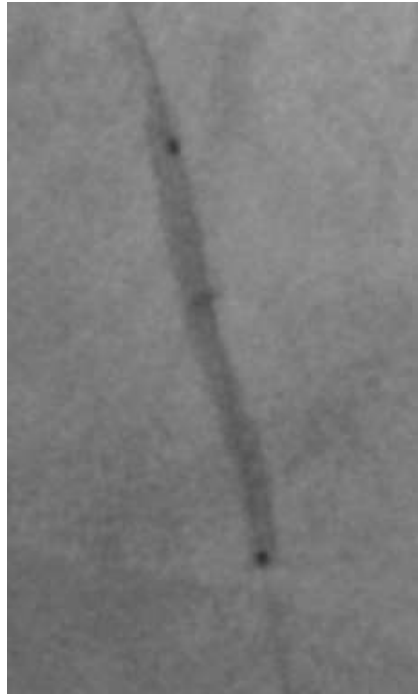
After stent

PCI LAD distal

Predilat
NC 2.5mm 18 atm

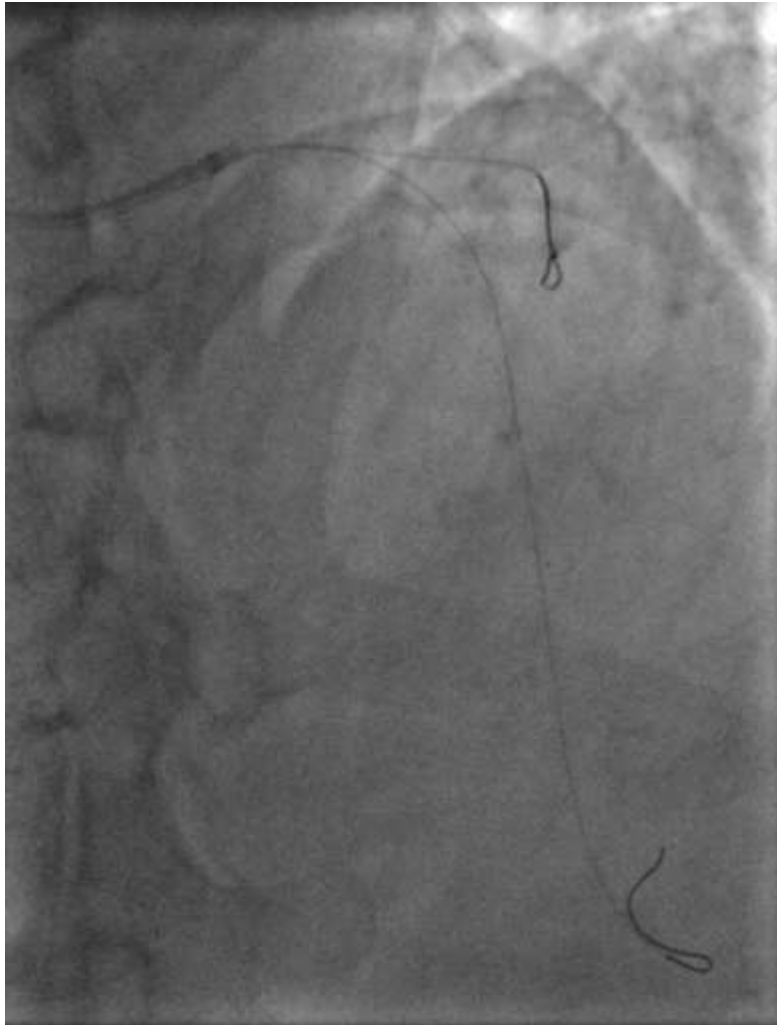


ABSORB
2.5 x 28 mm 18 atm

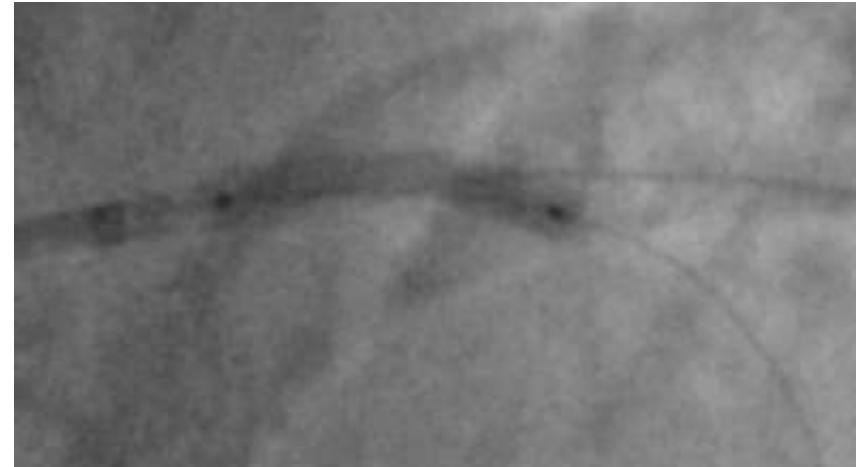


PCI LM

EBU 3.5 6 F, 2 BMW wires

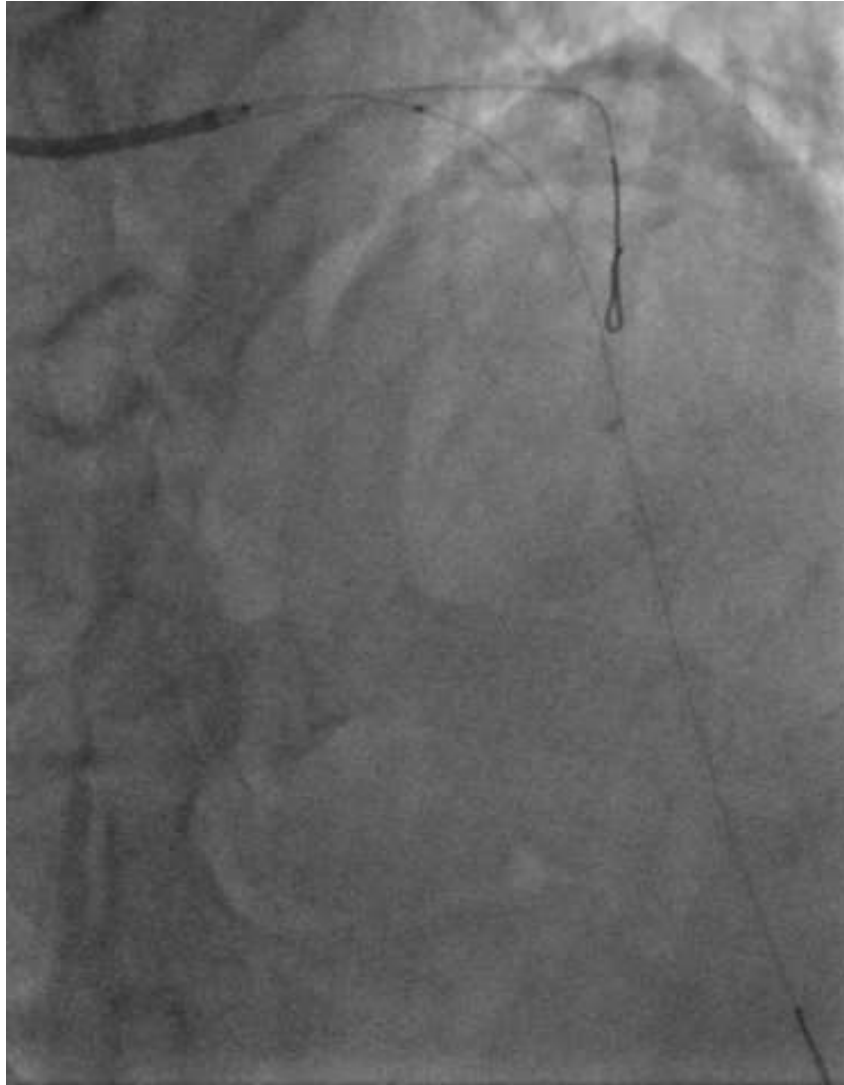


Predilatation
NC 3.5 x 15 mm, 18 atm



LM stenting and POT

Absorb 3.5 x 18 mm 14 atm



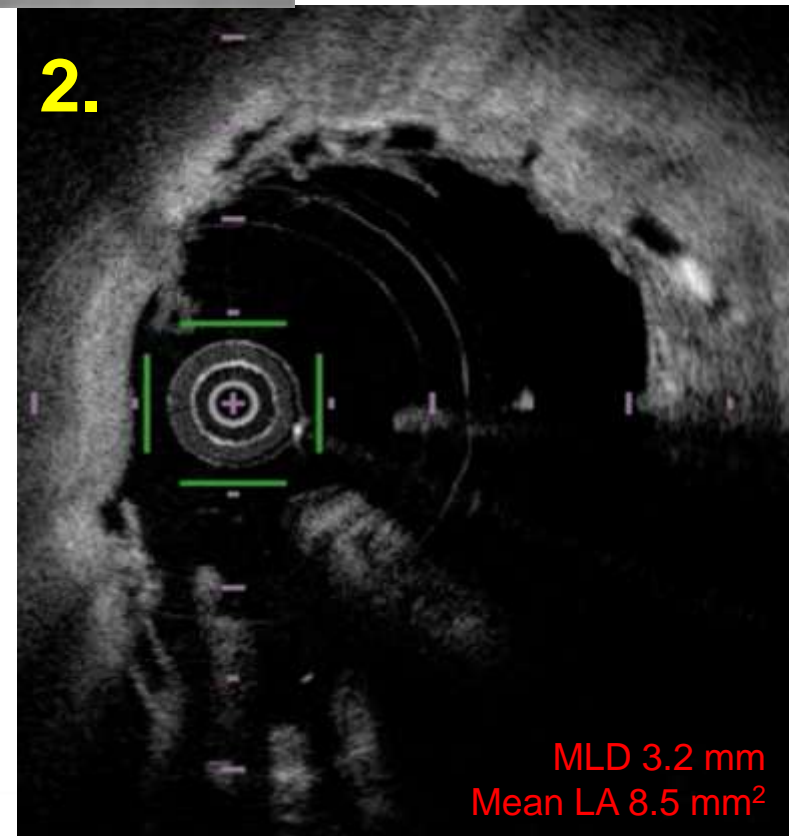
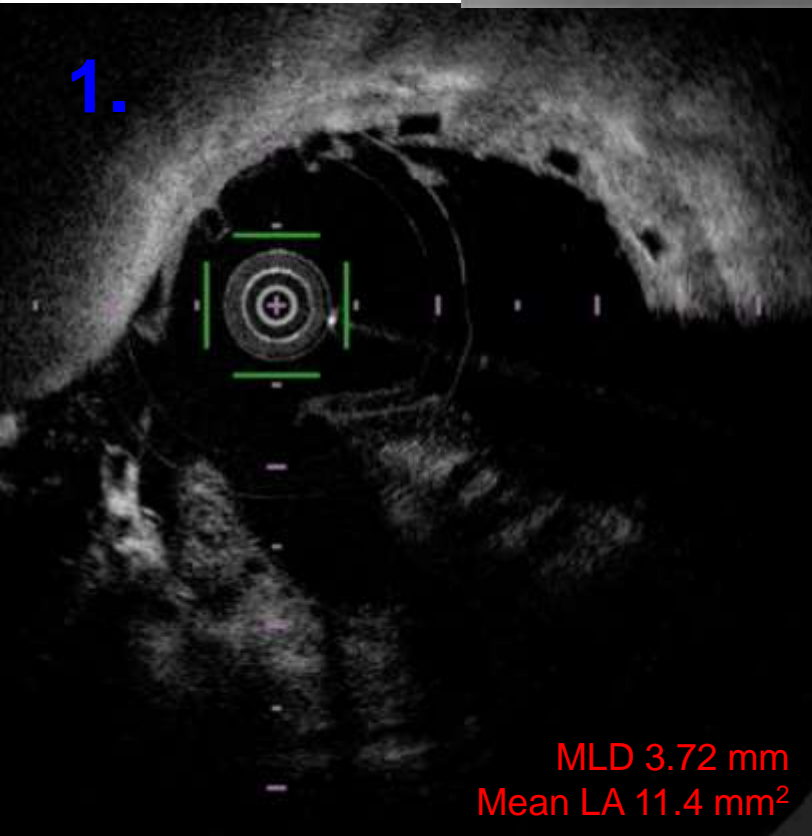
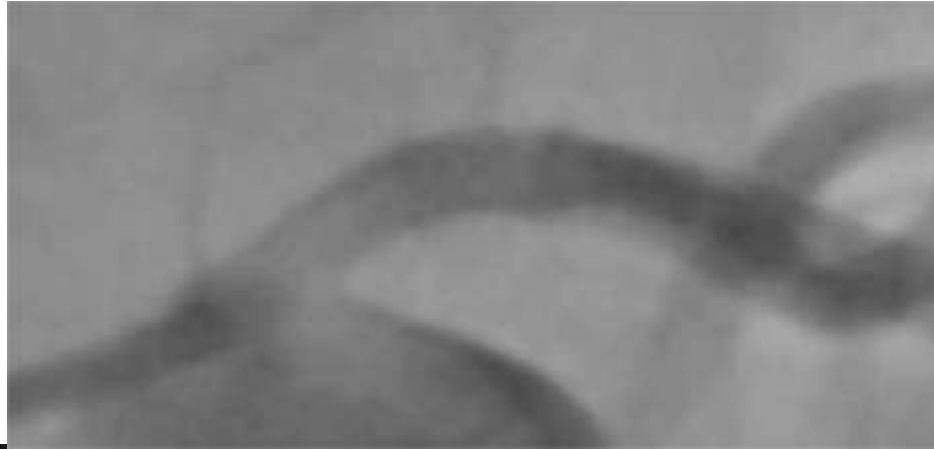
POT
NC 4.0 x 8 mm 18 atm



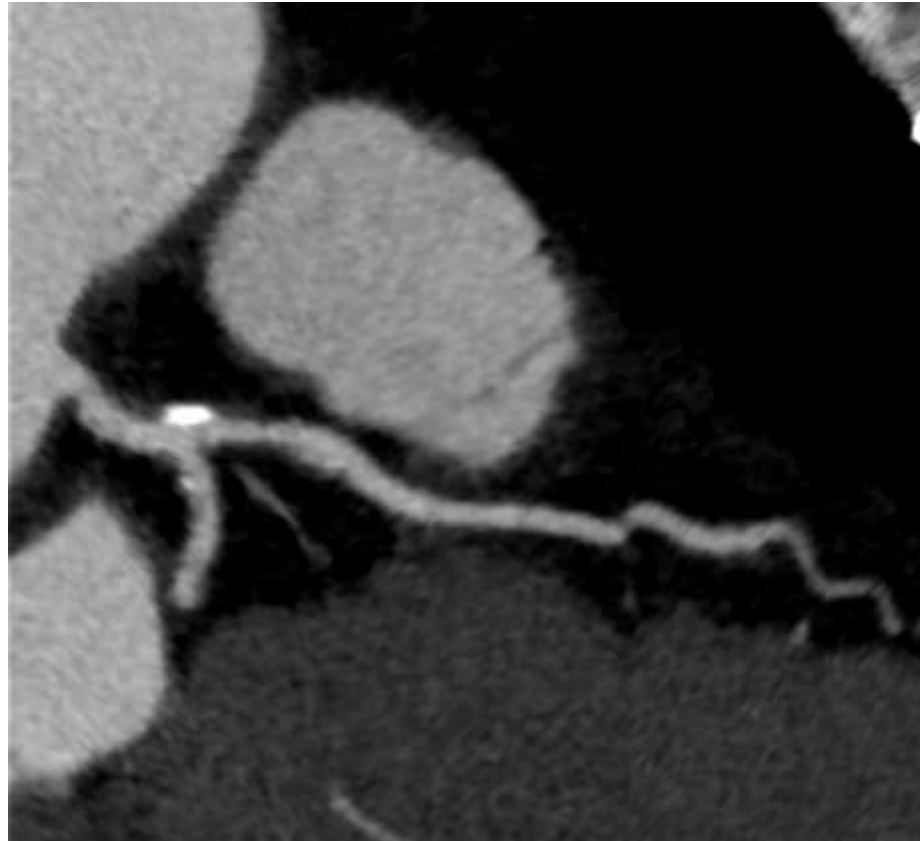
Final result



OCT post-procedure



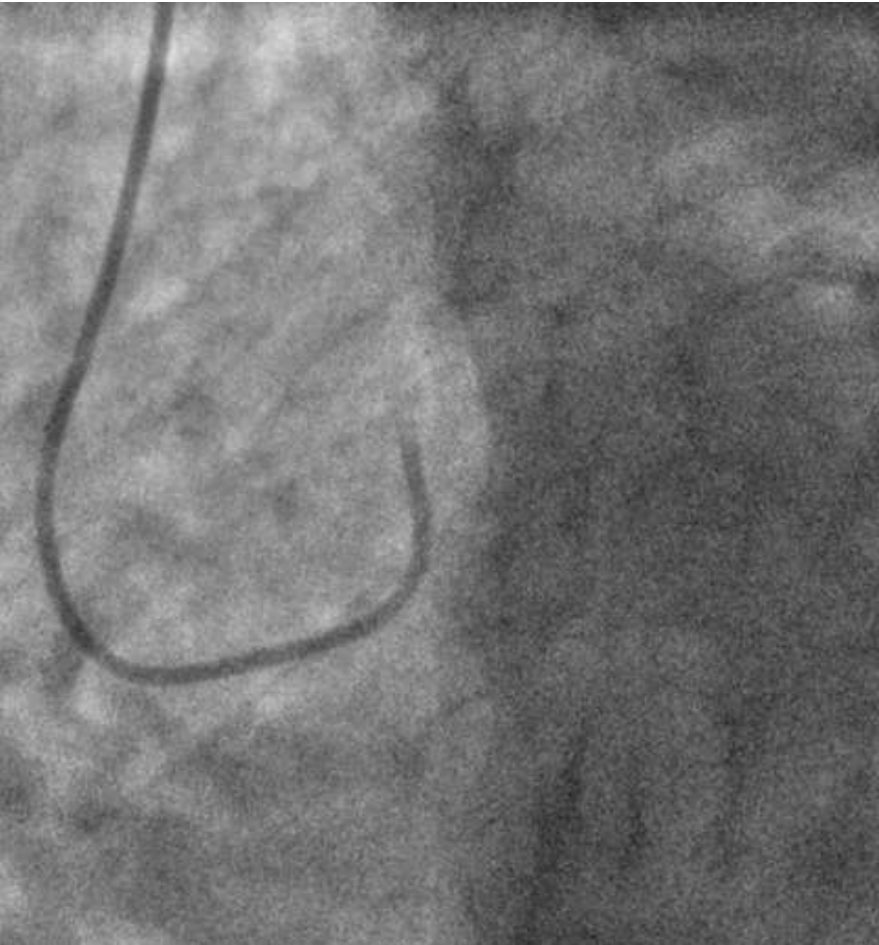
Coronary TDM at 6 month



Coronary angiography 1 year follow-up

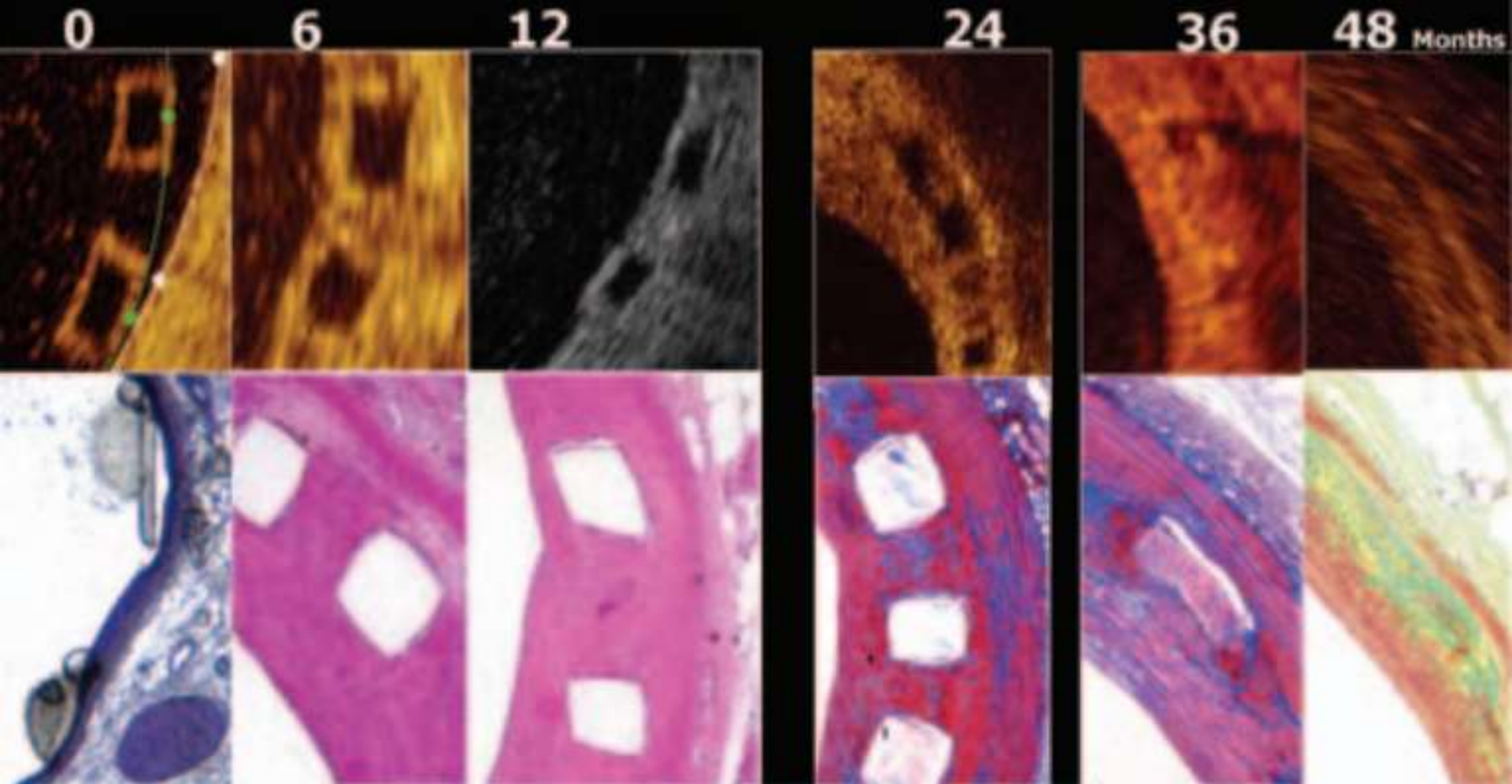


Coronary angiography 1 year follow-up

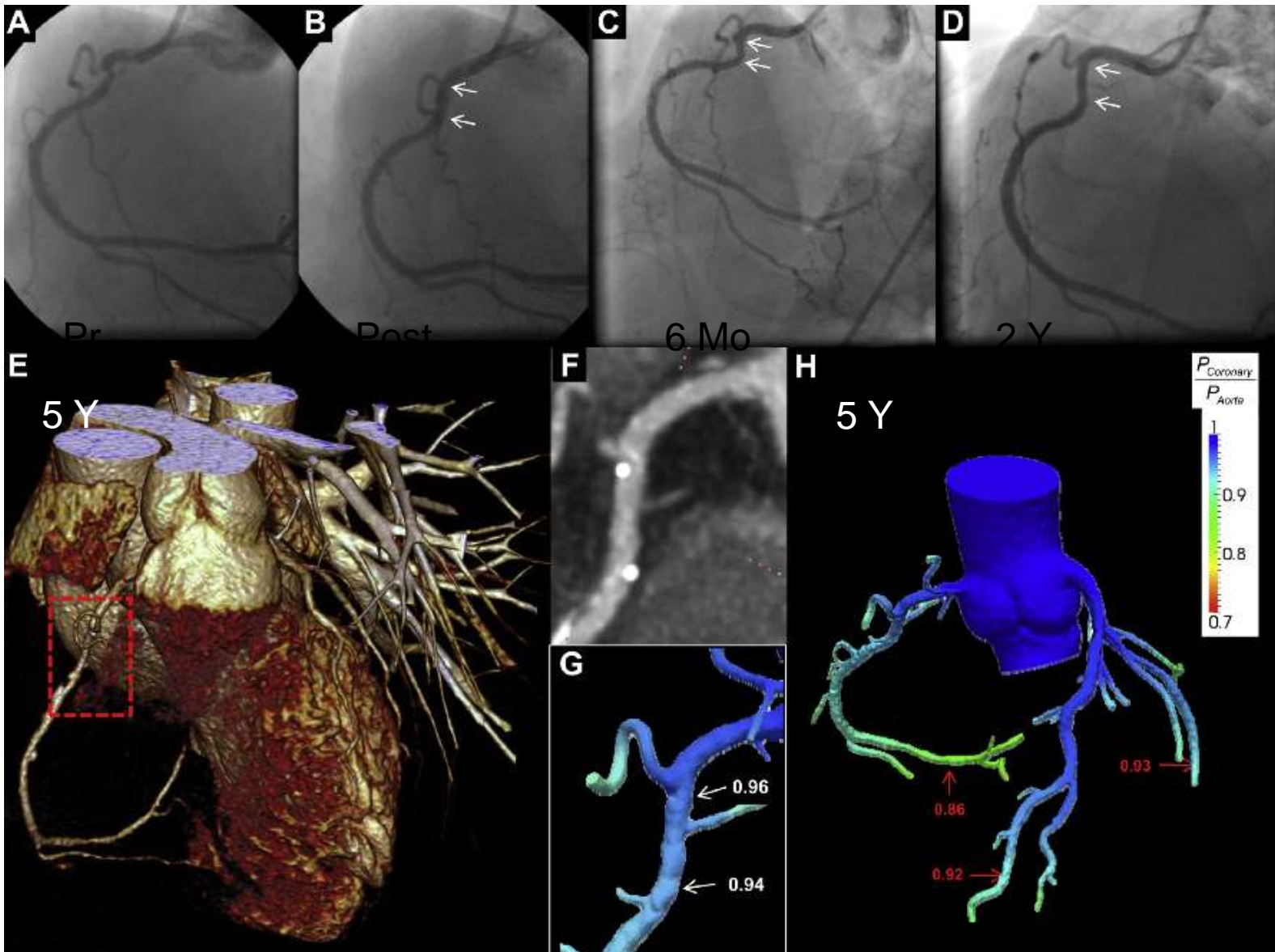


A Multi-Imaging Modality Study

First Serial Assessment at 6 Months and 2 Years of the Second Generation of Absorb Everolimus-Eluting Bioresorbable Vascular Scaffold



ABSORB 5 years CT follow-up



Conclusions

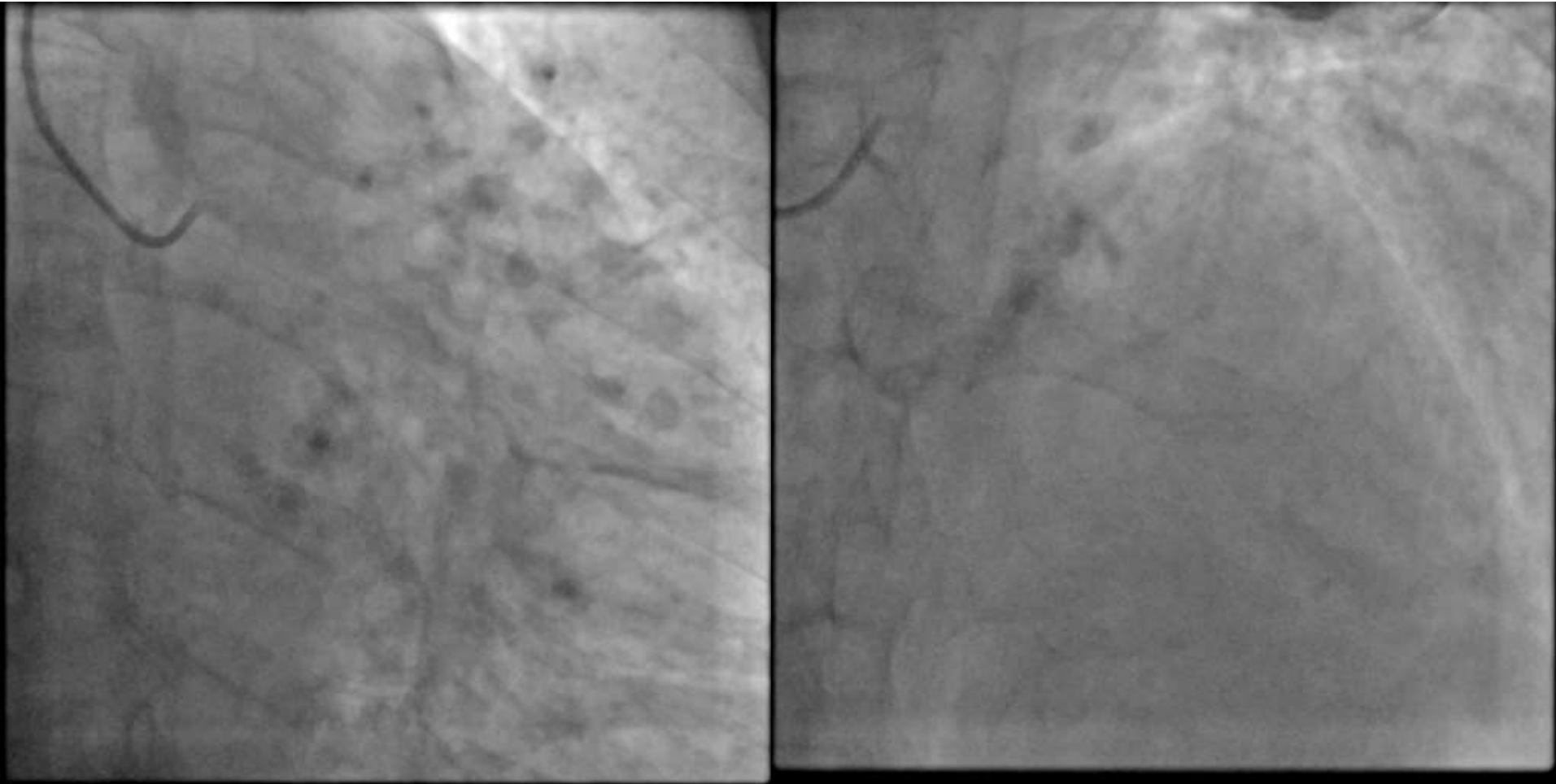
- LM PCI with Absorb is feasible in rare cases:
- - **the most important limitation is the size of the LM**
LM must be $\leq 4\text{mm}$ which is rare (IVUS or OCT imaging for sizing is crucial)
- **Should be avoided too when a 2 stent strategy is planned (size of the struts makes overlap dangerous)**
- IF the 2 conditions are fulfilled(rare), there is only advantages: **no need of kissing (resorbtion in front of the Circ will occur)**
- **FU can be performed by CT scan**
- **In fact the case was not a complex LM bifurcation.....**

Patient characteristics

- Man, 77 years
- **Clinical presentation:** NSTEMI 24 hours, Troponin +
- **Risk factors:** Non-insulin dependant diabetes, Arterial hypertension, renal failure
- **Creatinine clearance:** 32 ml/min
- **Syntax score:** 21

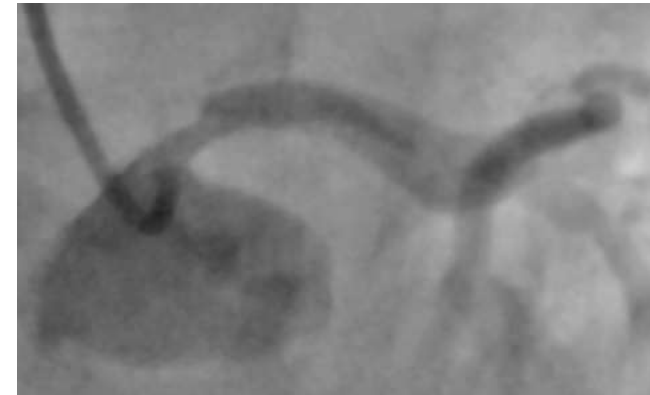
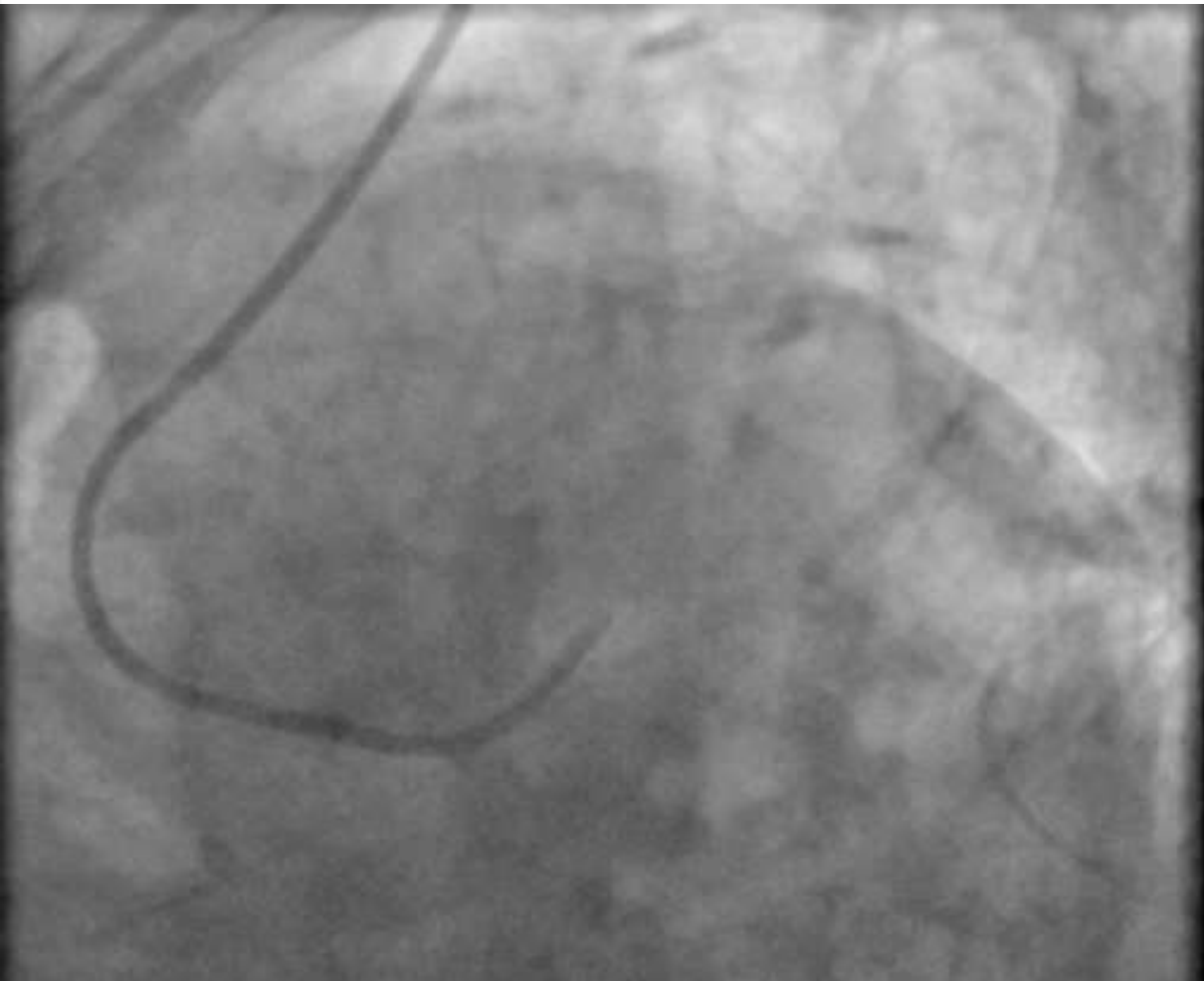
Coronary angiography

LM ostial and middle part stenosis



Coronary angiography

LM ostial and middle part stenosis

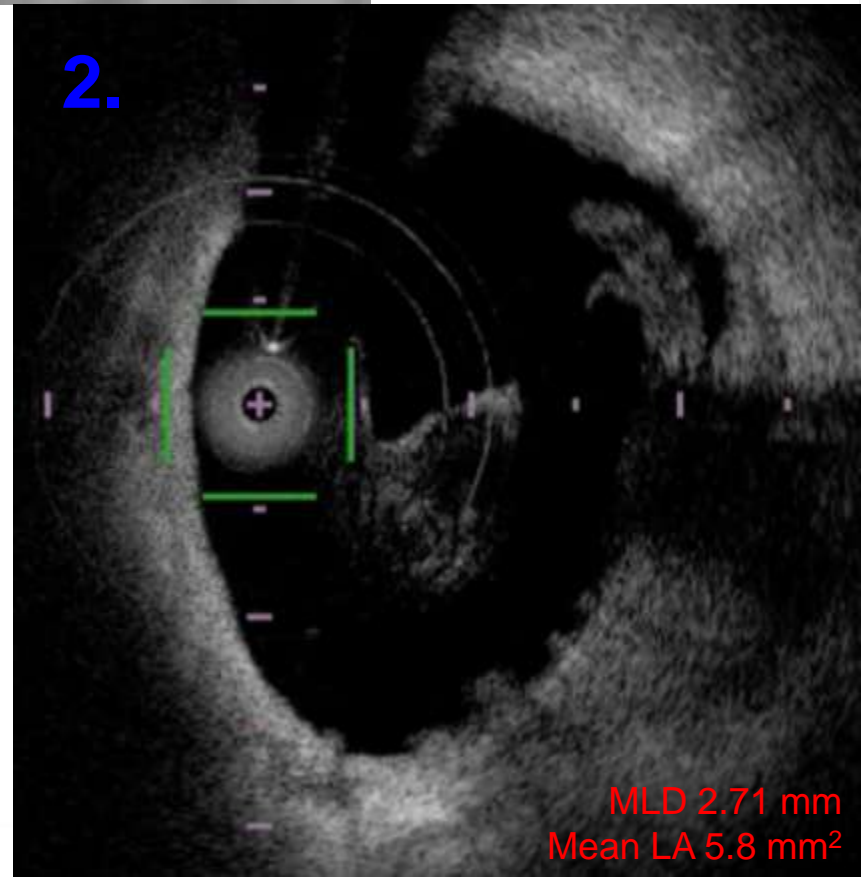
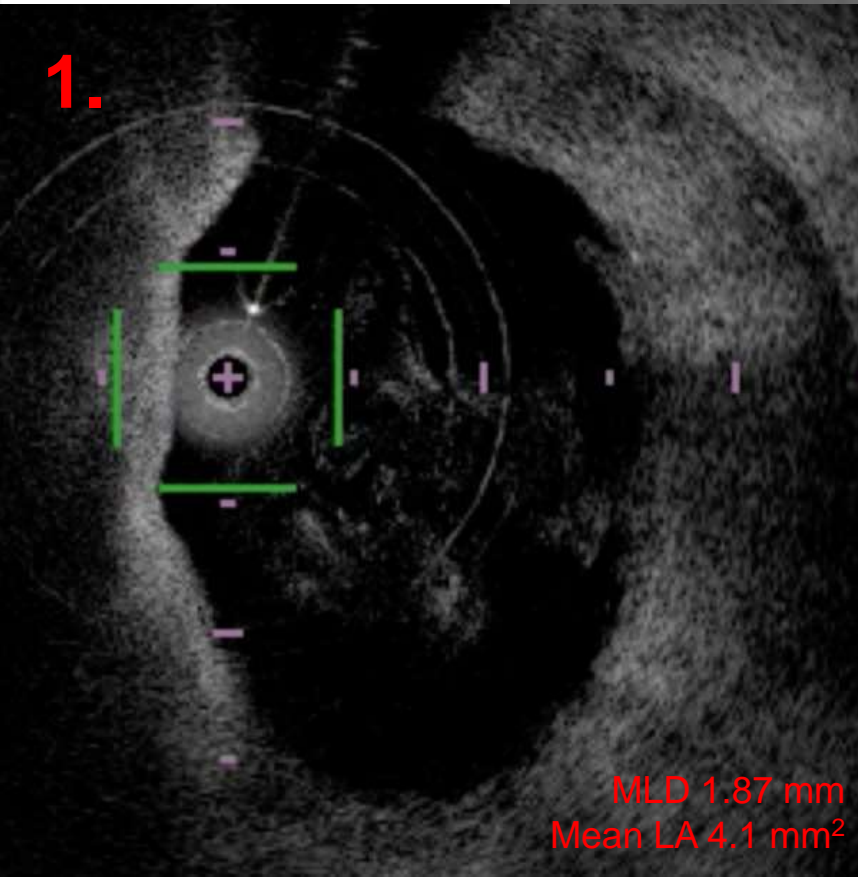
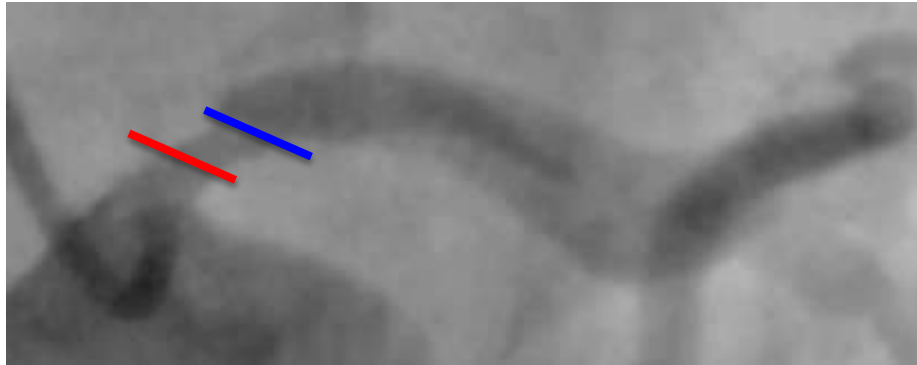


Coronary angiography

Normal right coronary artery

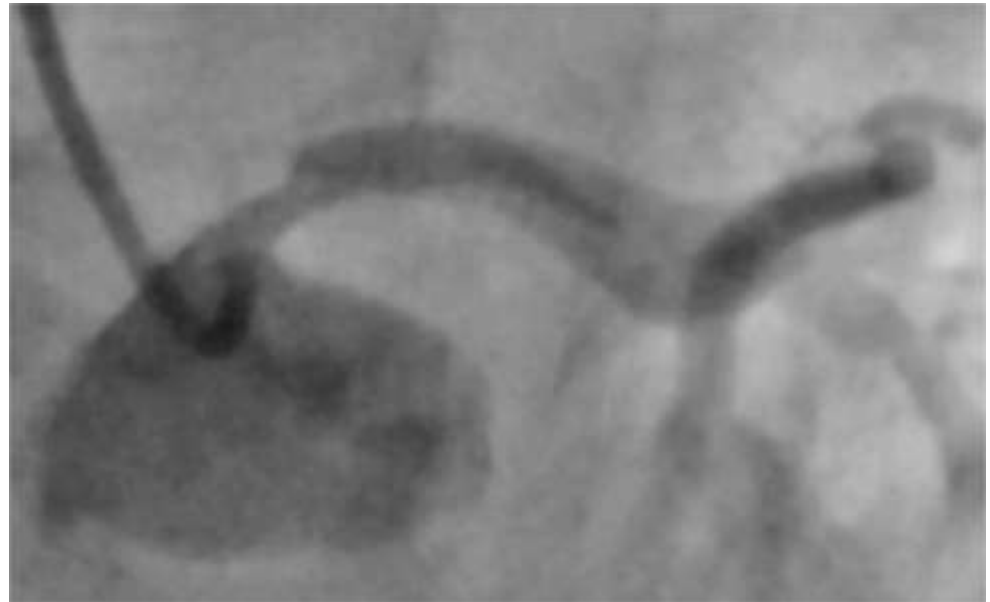


OCT pre-procedure



Strategy

- EBU 3.5 6F
- 1 wire
- OCT pre/post
- Predilatation
- One stent technique
- POT (*Proximal Optimization Therapy*)

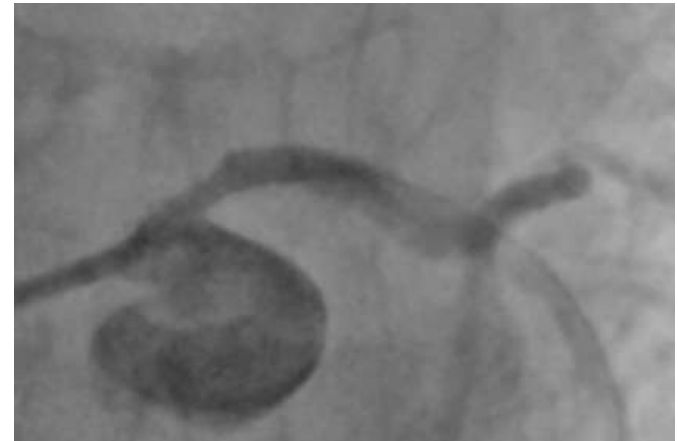


PCI LM



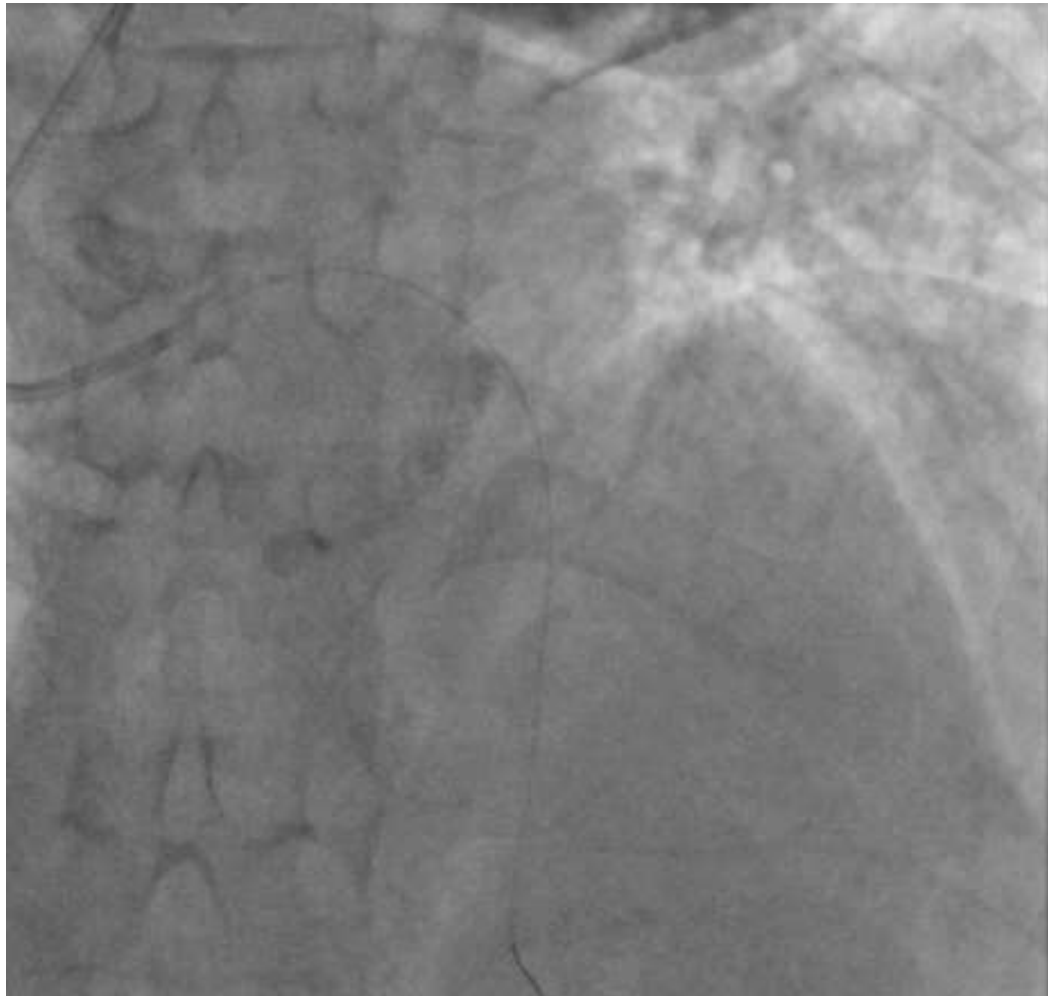
- EBU 3.5 6 F
- BMW wire in LAD
- Predilatation with Hiryu 3.5 x 10 mm 18 bar

After predilatation

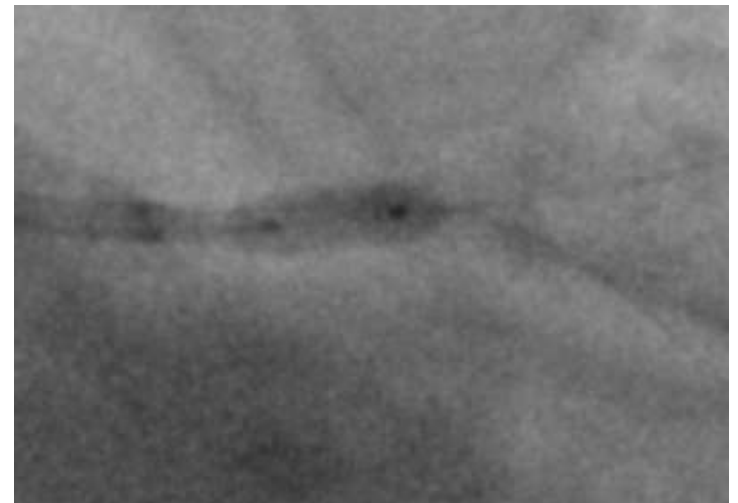


LM stenting

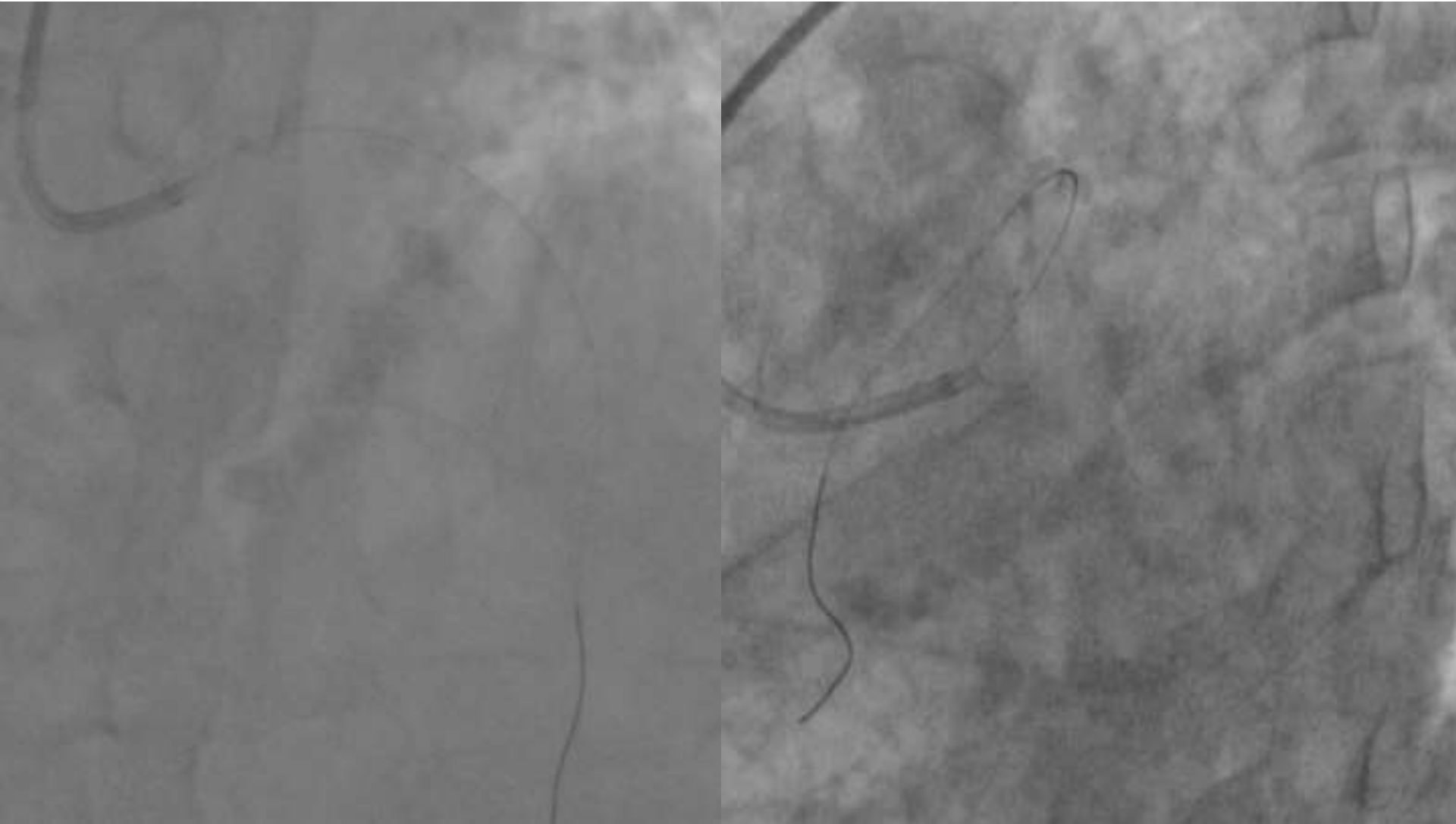
ABSORB 3.5 x 12 mm 17 bar



Postdilatation
Hiryu 4.0 x 10 mm 16 bar



Final result



Coronary angiography 1 year follow-up



Thank you!