



PCI Optimization with Intravascular Imaging: Role of Technologist at Fu Wai Hospital

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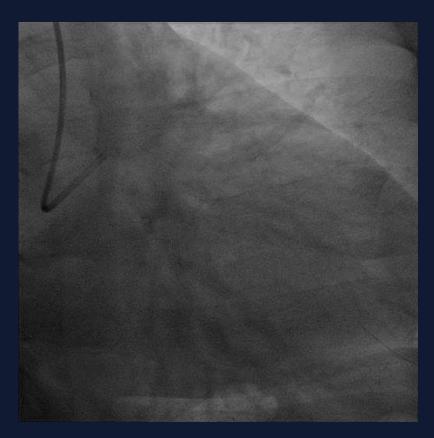






Case1: LM bifurcation





LAD: ostial 90% stenosis LM: distal mild stenosis LCX: ostial mild stenosis

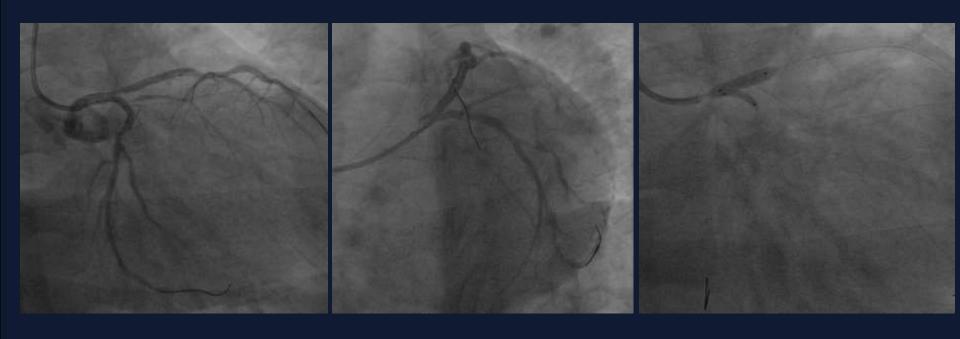
Small angle between LAD and LCX







One-stent strategy



Stent 3.5*29mm

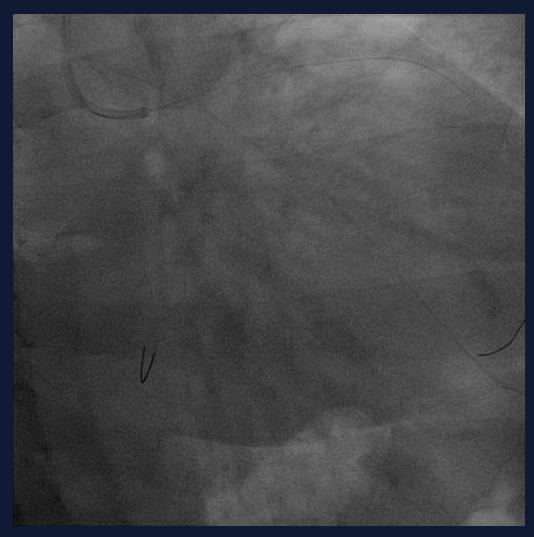
LCX ostium: jailed

FFR: 0.73

Kissing







Final result







During the procedure...

Why did cardiologist choose one-stent strategy?

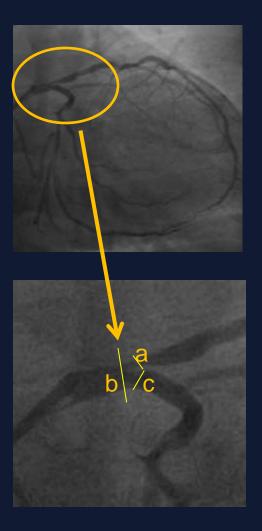




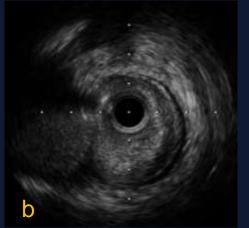


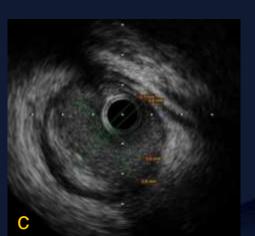


Baseline









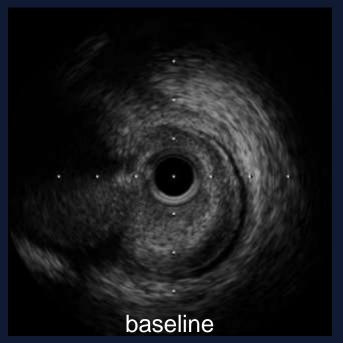
oLAD

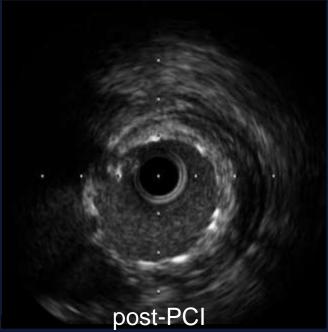
LM bifurcation

oLCX









Carinal shift









Remodification of carinal shift

oLCX

Before kissing, LCX FFR=0.73 After kissing, LCX FFR=0.84





Case2: PCI complication



LAD: 80% stenosis calcification

Pre-dilatation

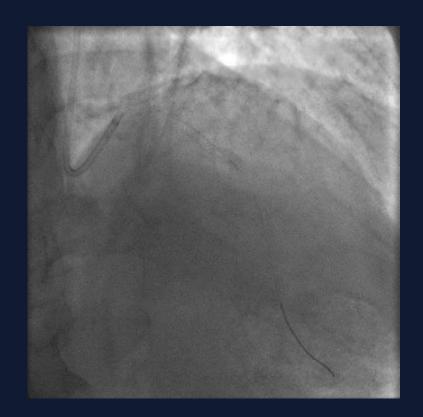
Dissection & Hematoma







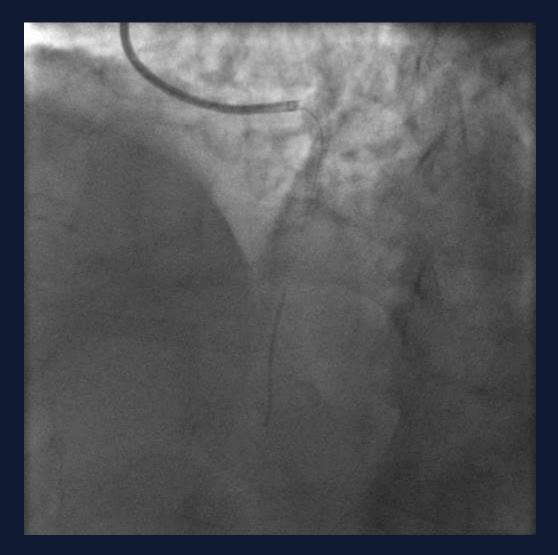




Whole system was out

Rewire LAD





Final result







During the procedure...

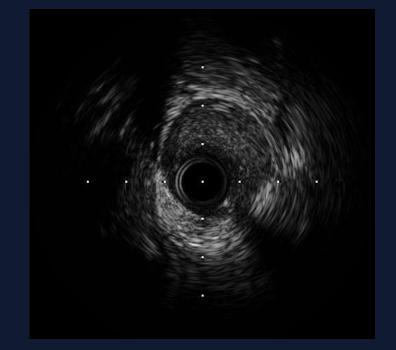
Key of the successful treatment for PCI complication



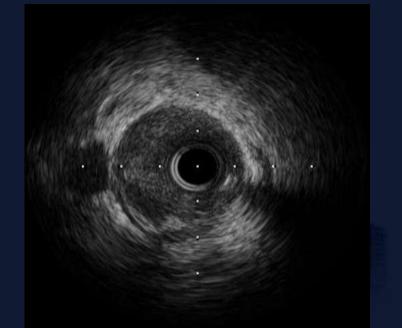








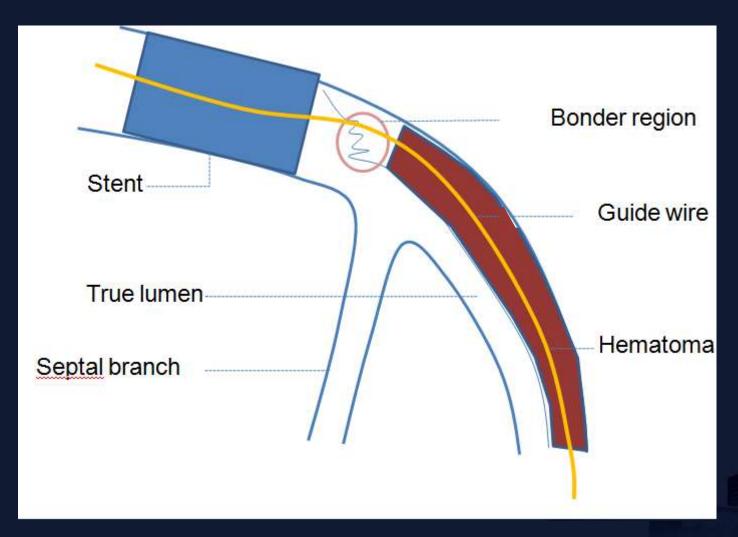






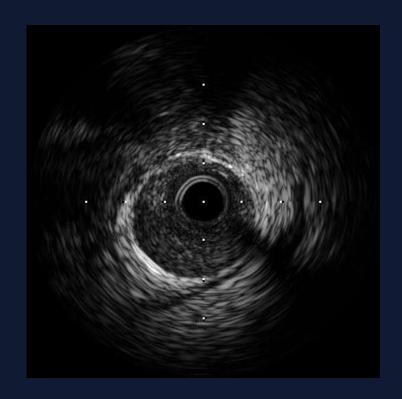


Schematic diagram of LAD









Hematoma

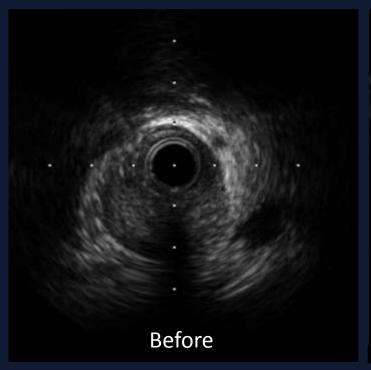


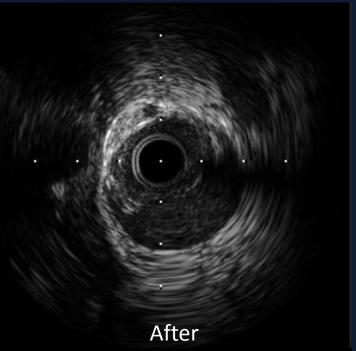
Hematoma: cutting balloon











Enlargement of lumen



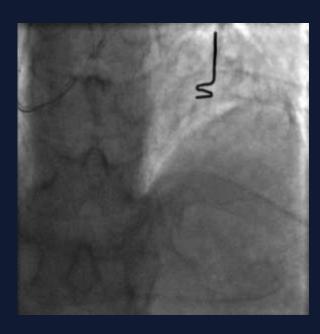




Case3: BRS







LAD: mid 70% stenosis

3.0*13mm BRS

Final result







During the procedure...

BRS: different material(PLLA, PDLLA...); radio lucent;

How to gain a better result?



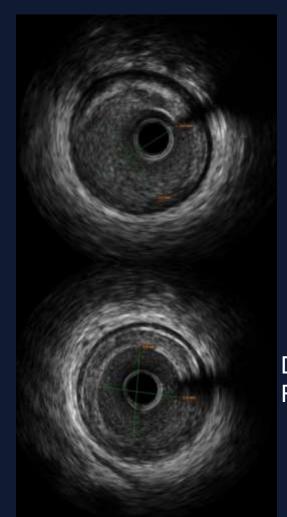




Baseline



Angiography: visual Ref. around 3.0mm



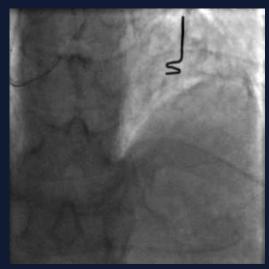
Prox. Ref.=3.2mm

Dist. Ref.=2.9mm





Post-PCI





Angiographic result:

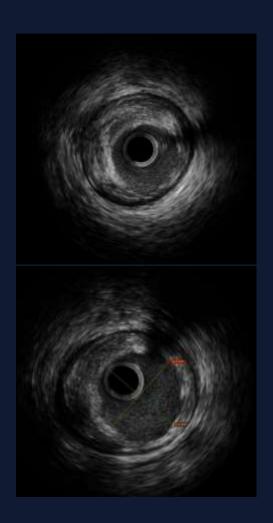
- (1) Fully expanded
- (2) No residual stenosis







Post-PCI



IVUS result:

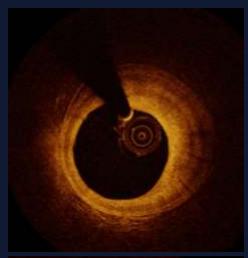
- (1) Fully expanded
- (2) Optimal stent size
- (3) No dissection in Prox./Dist. edge
- (4) Well apposed

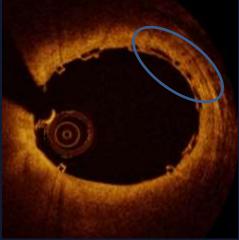






Post-PCI





OCT result:

- (1) Scaffold was complete and continuous
- (2) Struts were embedded into the vessel wall
- (3) Well apposed

