

Masters' Video Live Session I: Case-Based Learning. Complex Lesion PCI.

Coronary Revascularization, Syntax Score and Cancer

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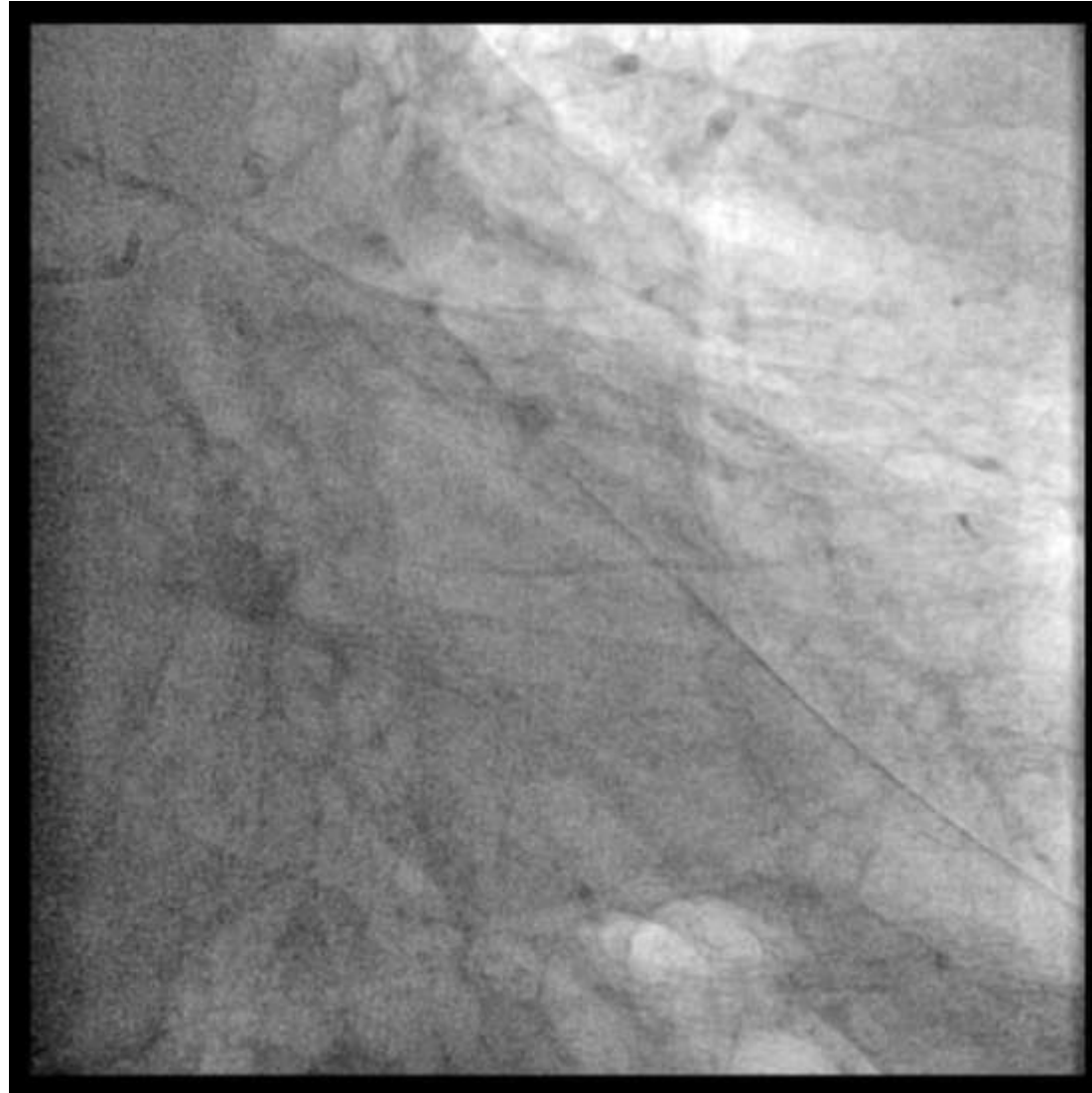
20th CARDIOVASCULAR SUMMIT
TCTAP 2015

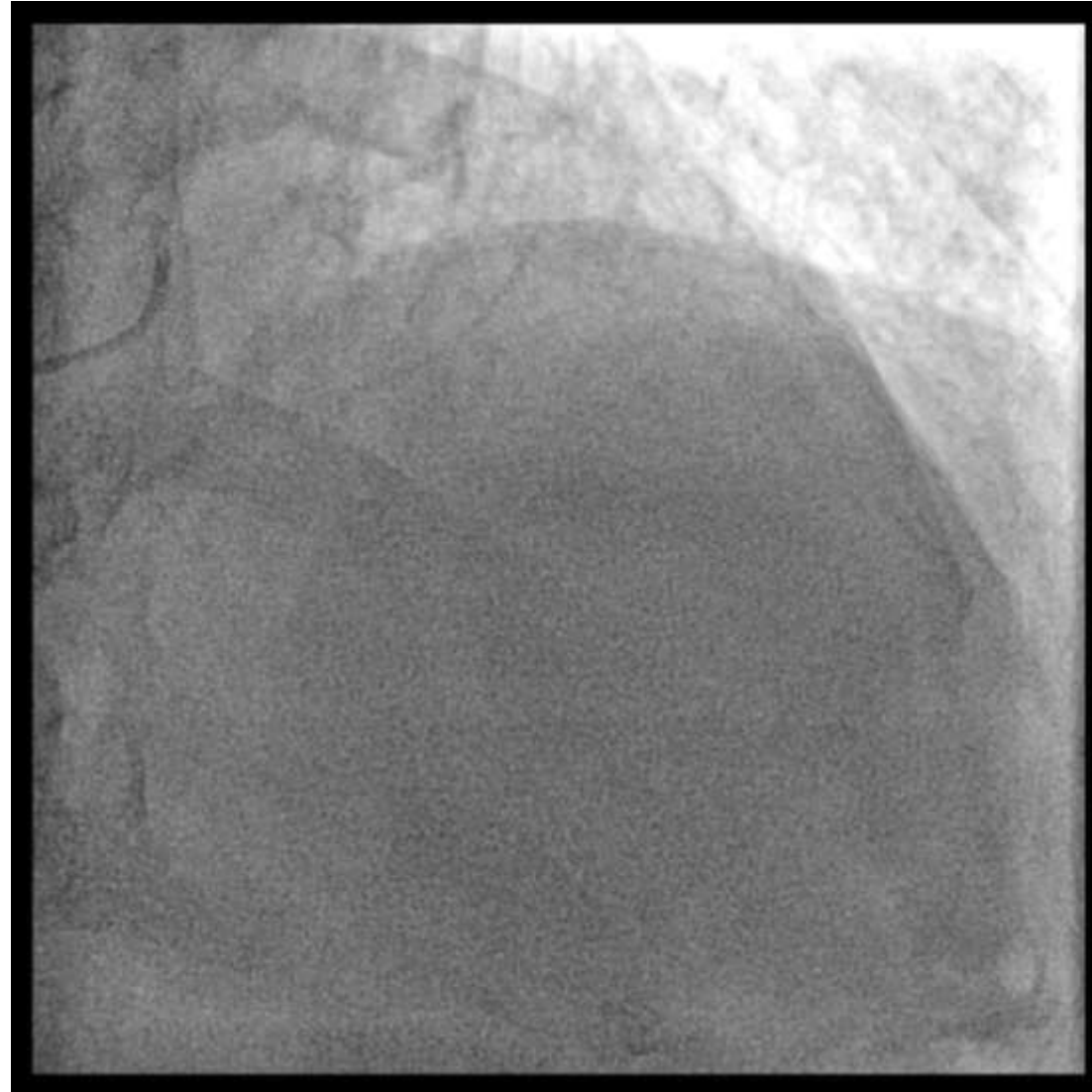
APRIL 28-MAY 1, 2015
COEX, SEOUL, KOREA

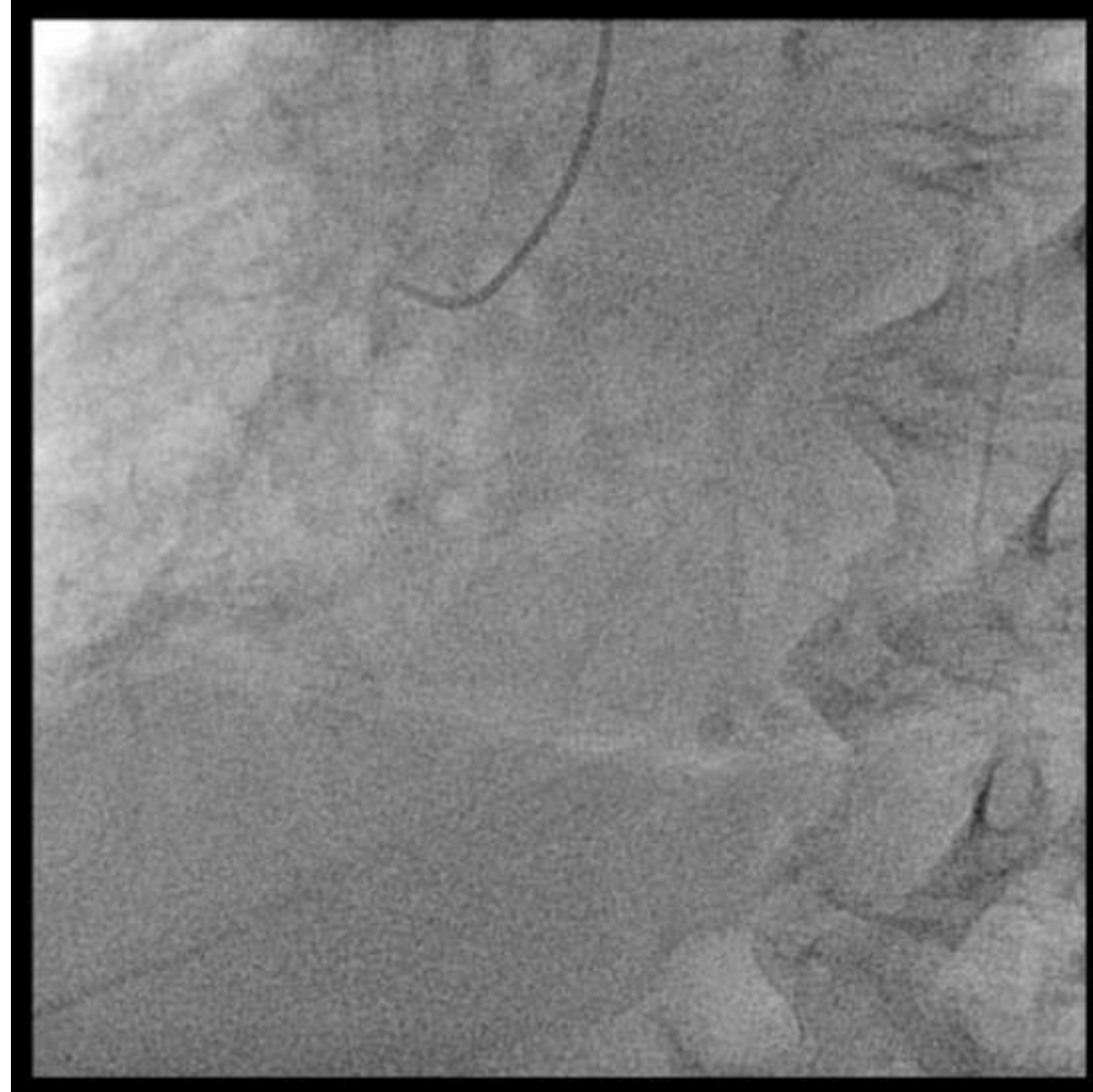
Patient history

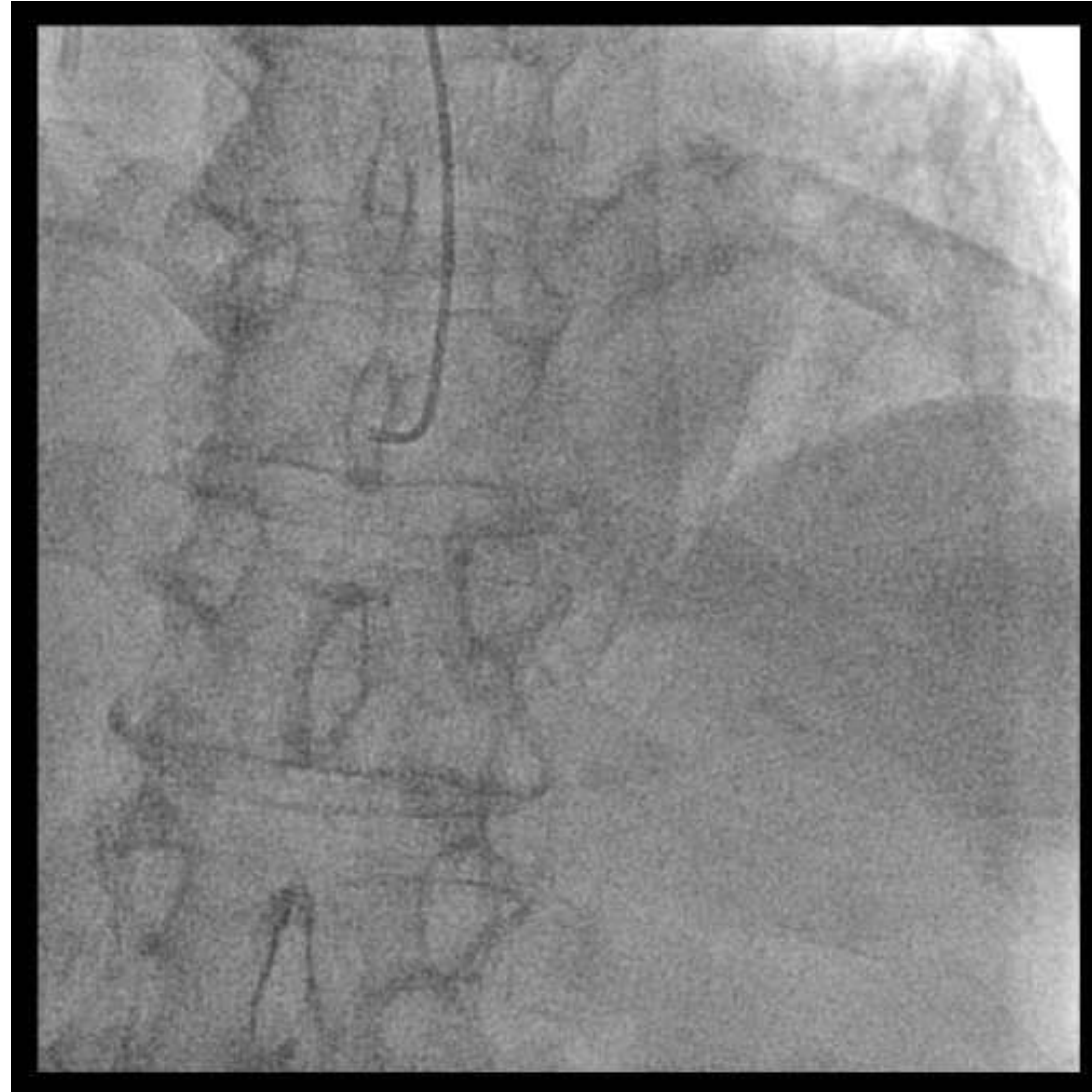
- Woman
- 72 yo
- Diabetes, HTN
- Previous breast cancer (20 years), mastectomy, radiation, chemotherapy
- Recent pleural recurrence, chemotherapy
- Unstable angina

Coronary angiography, right radial, 4F









« Heart team »

- Syntax score: 38
- Surgeon: no (radiation, cancer...)
- PCI:
 1. proximal RCA stenosis
 2. Left Main, LAD/Diag.

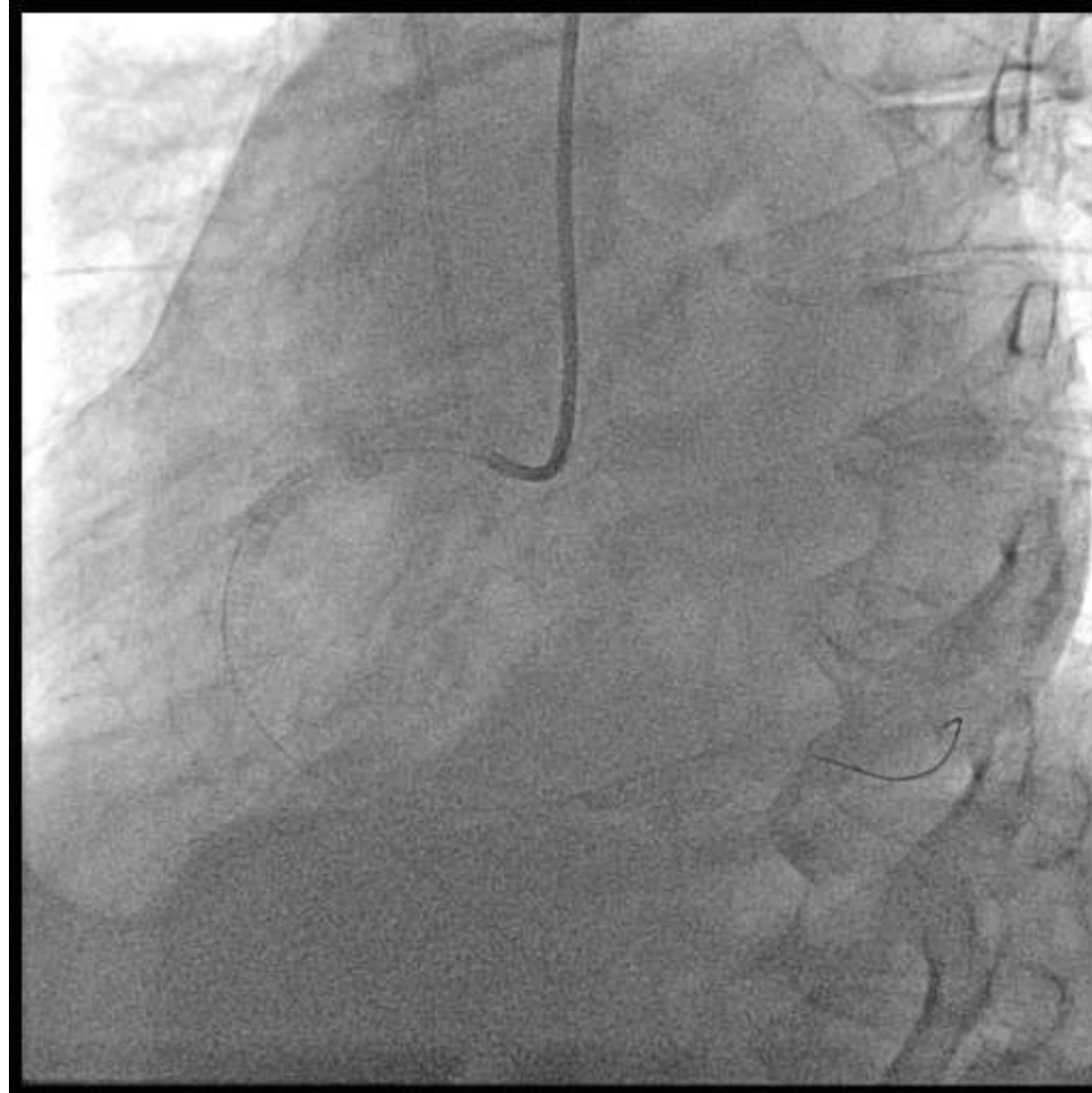
Right radial, 6F, JR4, BMW 0.014,, Ryujin 2.5X30 and 3.0X30



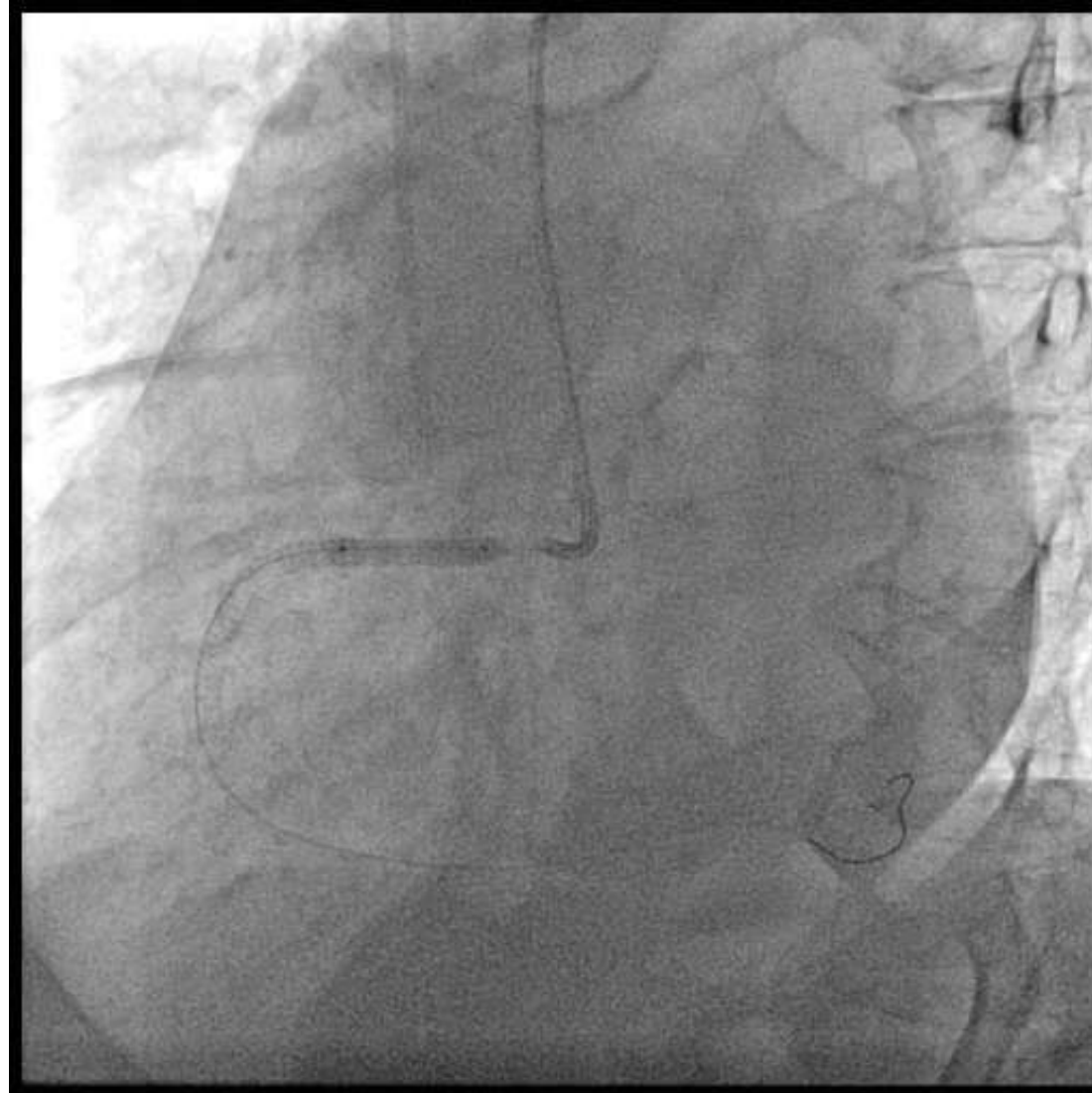
3.5X38 Xpedition stent



Result



3.5X18 Xpedition stent



Result



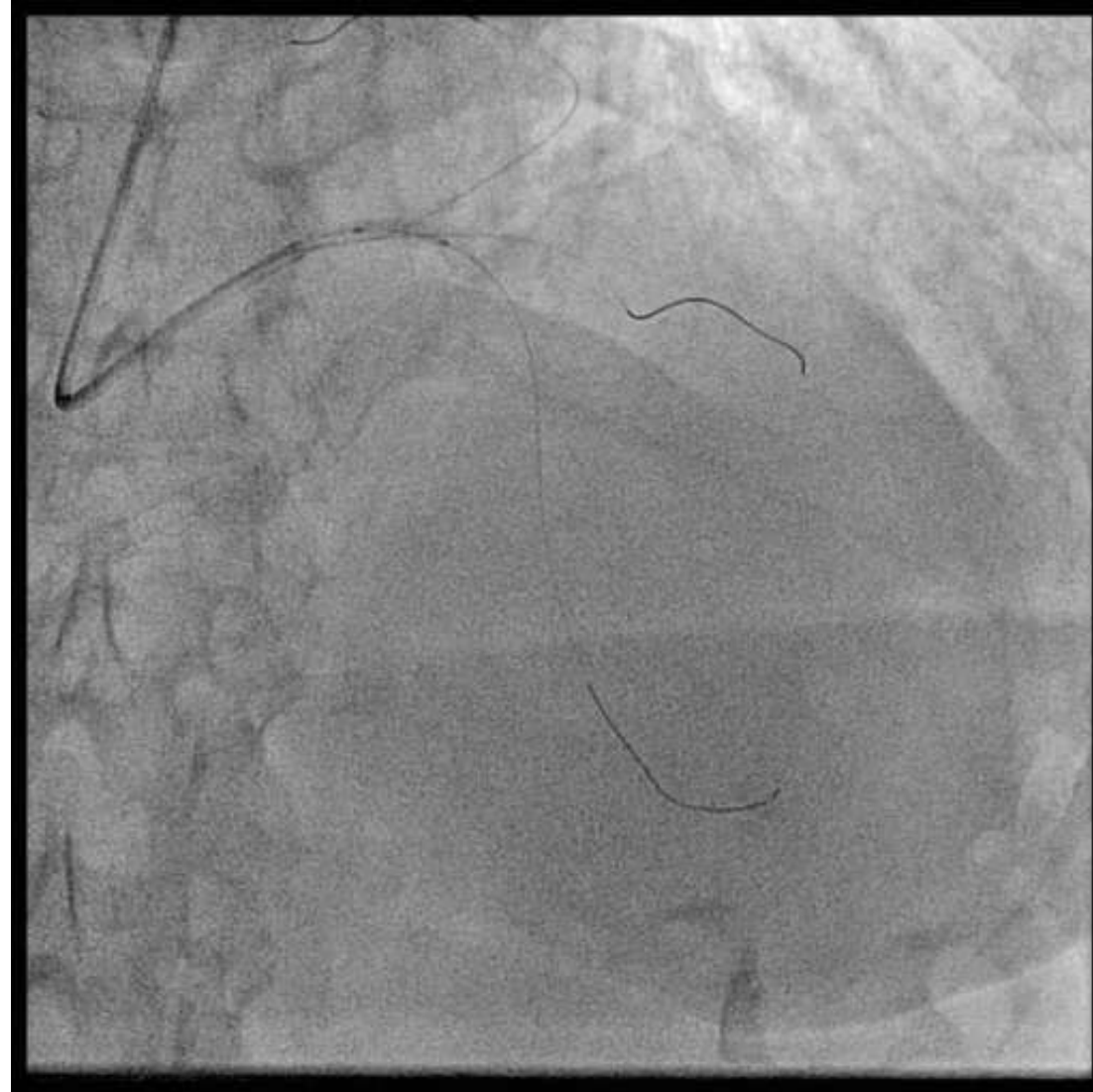
EBU 3.5



3 BMW 0.014"



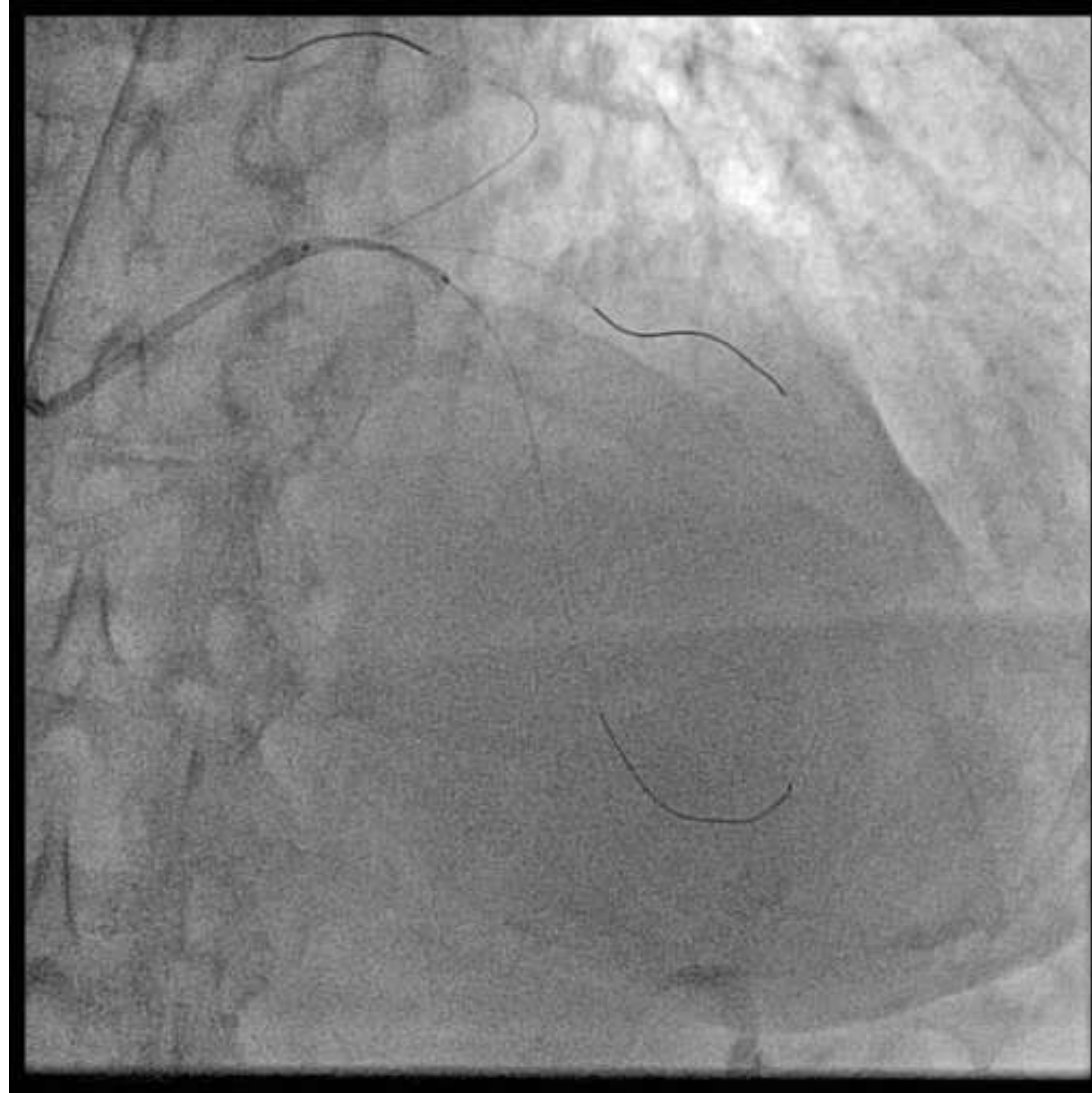
Trek 2.5X12



Result



Stent Nobori 3.5X18



Stent Nobori 3.5X18



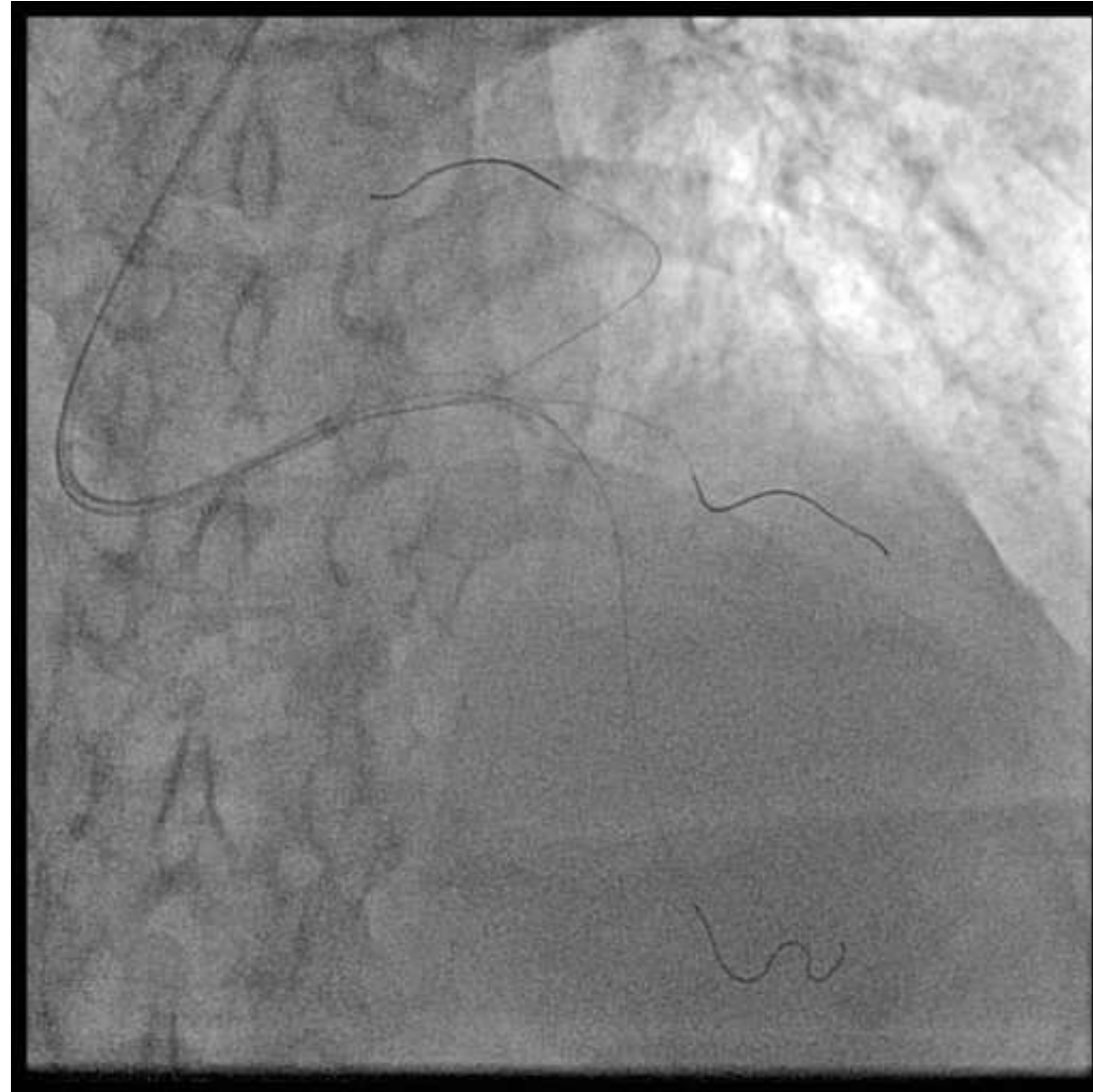
Pseudo POT (Diagonal, 3.5X18, 18 athm)



POT (LM, Trek 4.0X8)



Result



LAD/Diag. wire exchange (1)



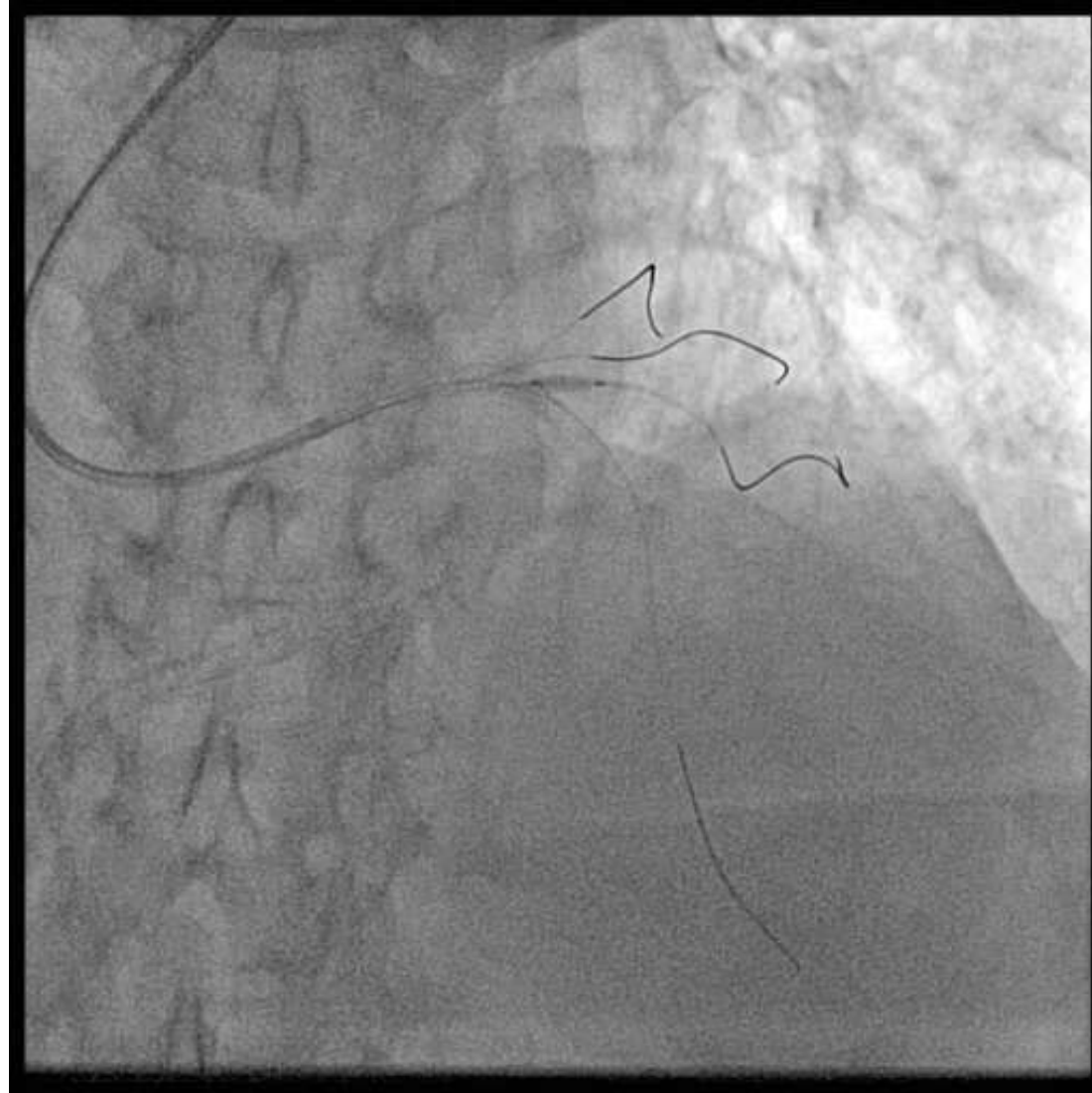
LAD/Diag. wire exchange (2)



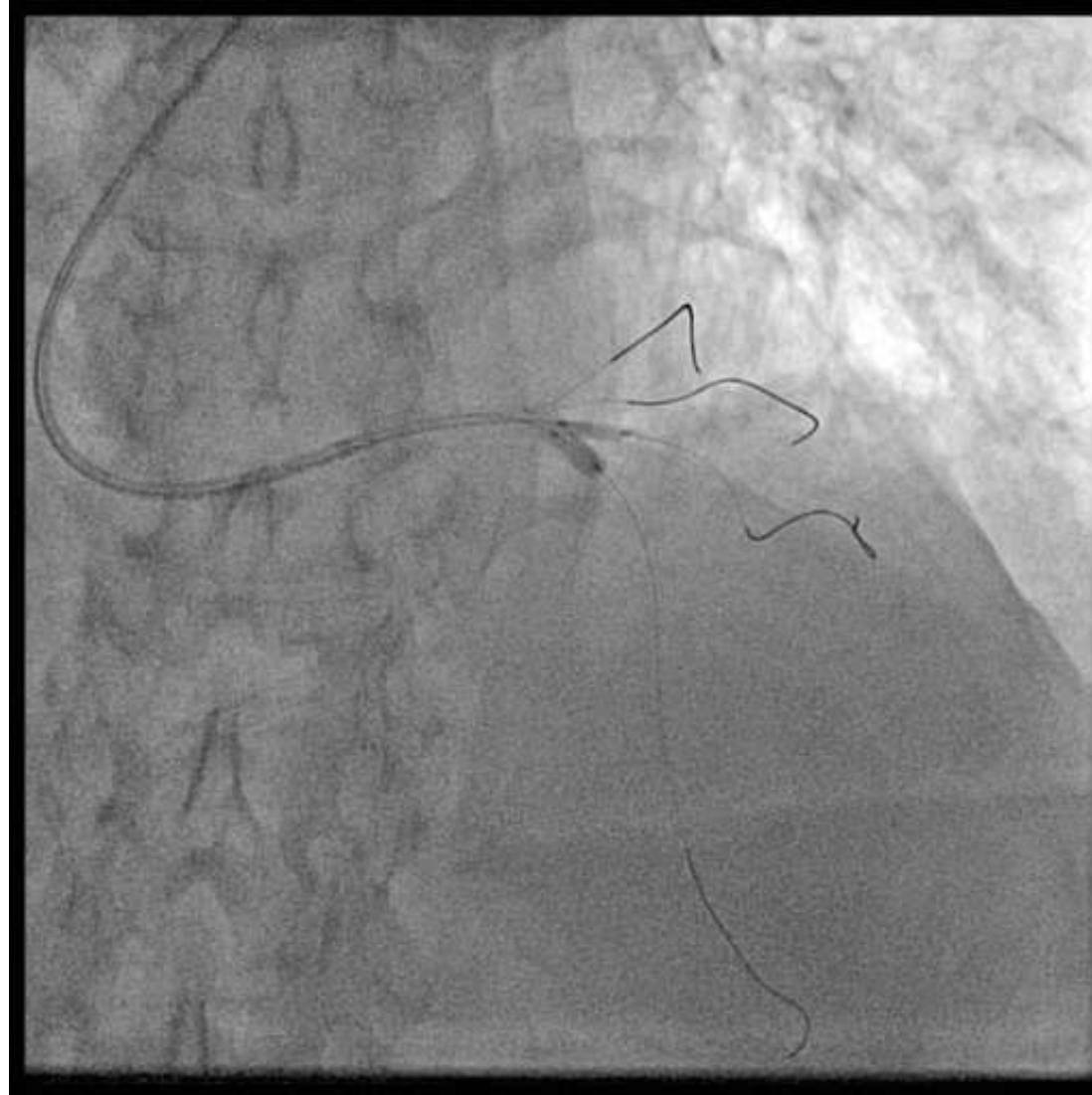
1st Marginal branch protection (BMW)



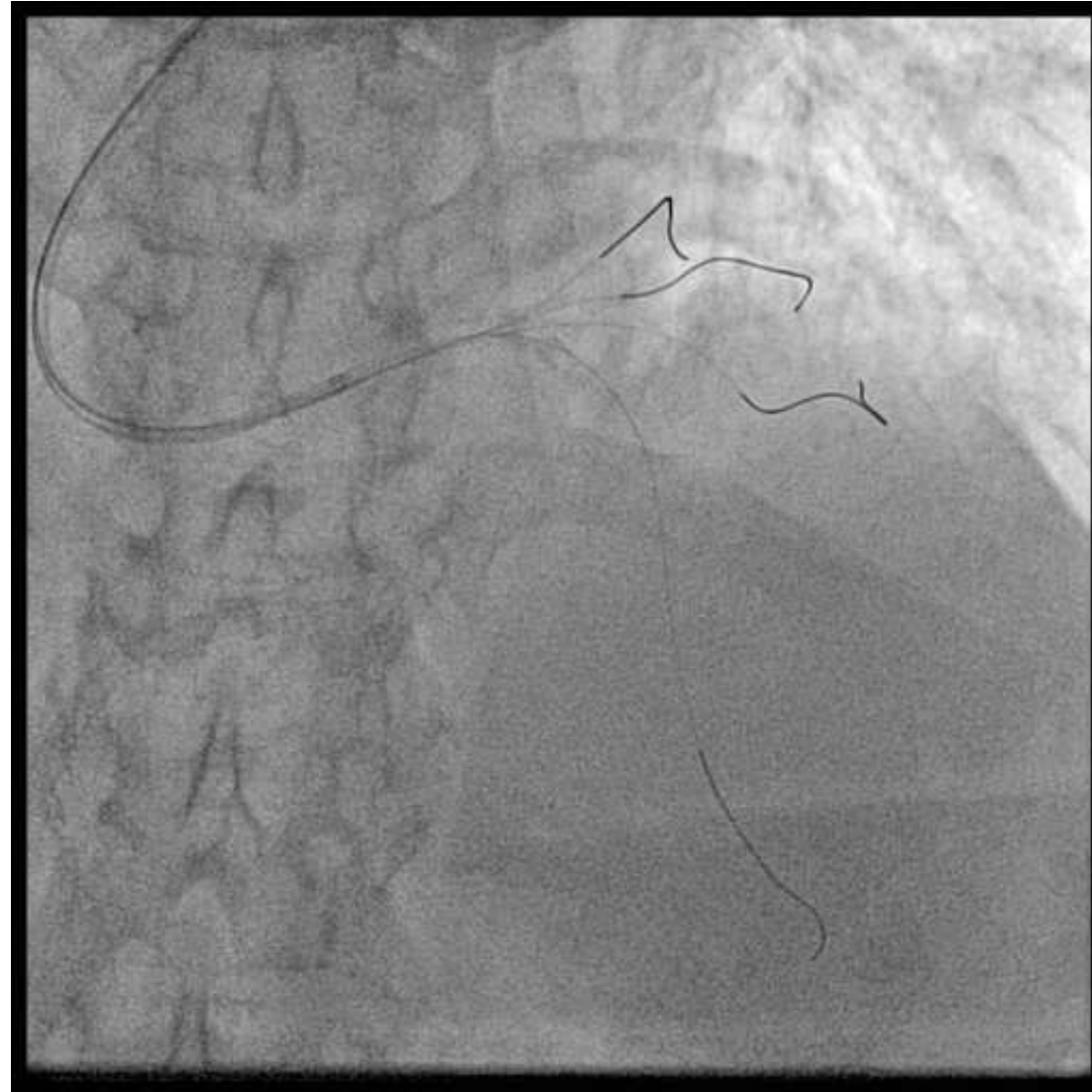
Diagonal predilation (Trek 2.0X8)



LAD/Diag. Kissing balloon, Trek 2.0X8, Trek 3.0X8



Result



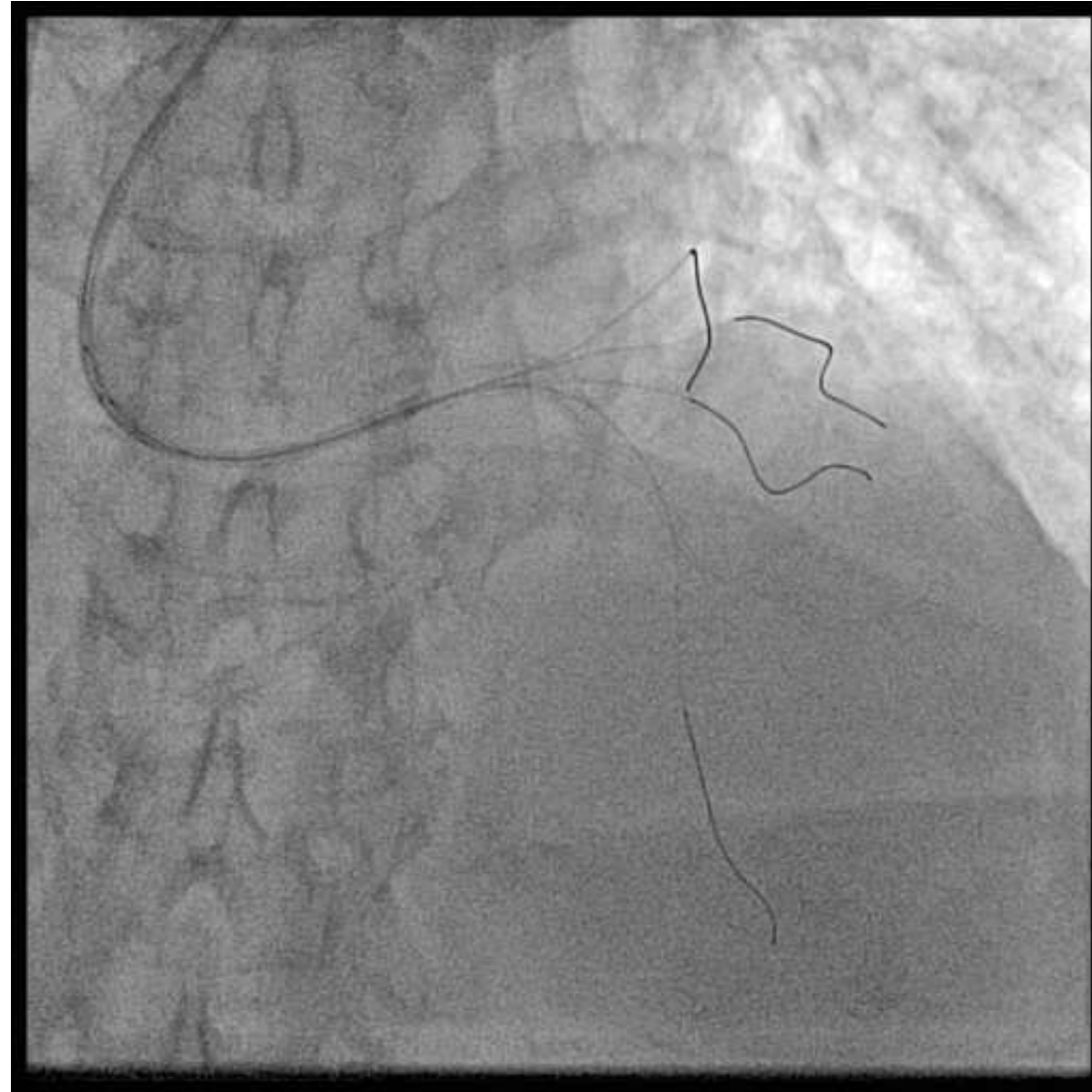
Predilatation proximale Circ. (Trek 2.5X12)



LAD/Circ. kissing (Trek 3.5X8, Trek 2.5X12)



Result



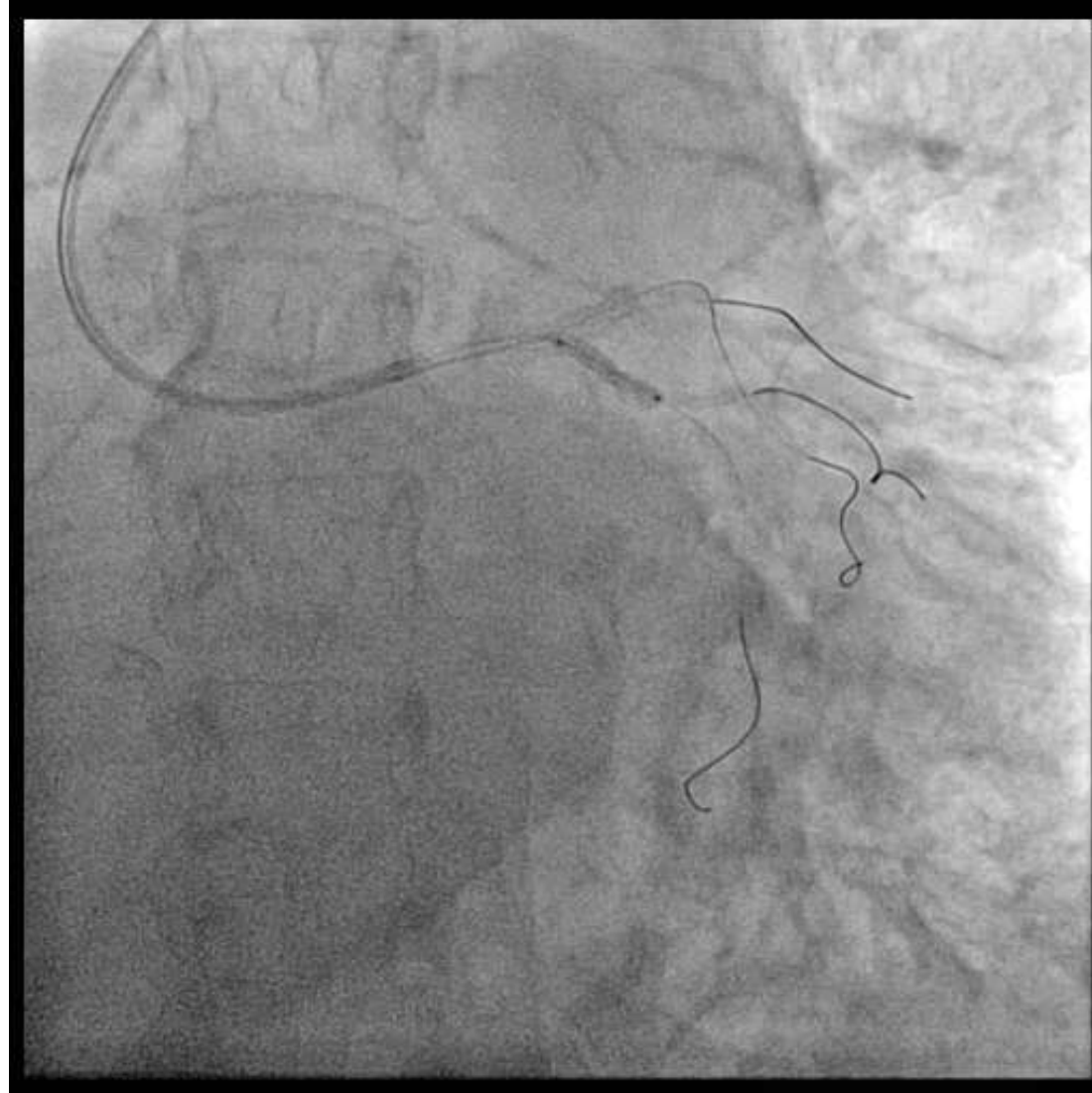
Prox Circ. T stenting (Nobori 2.5X14)



Prox Circ. T stenting (Nobori 2.5X14)



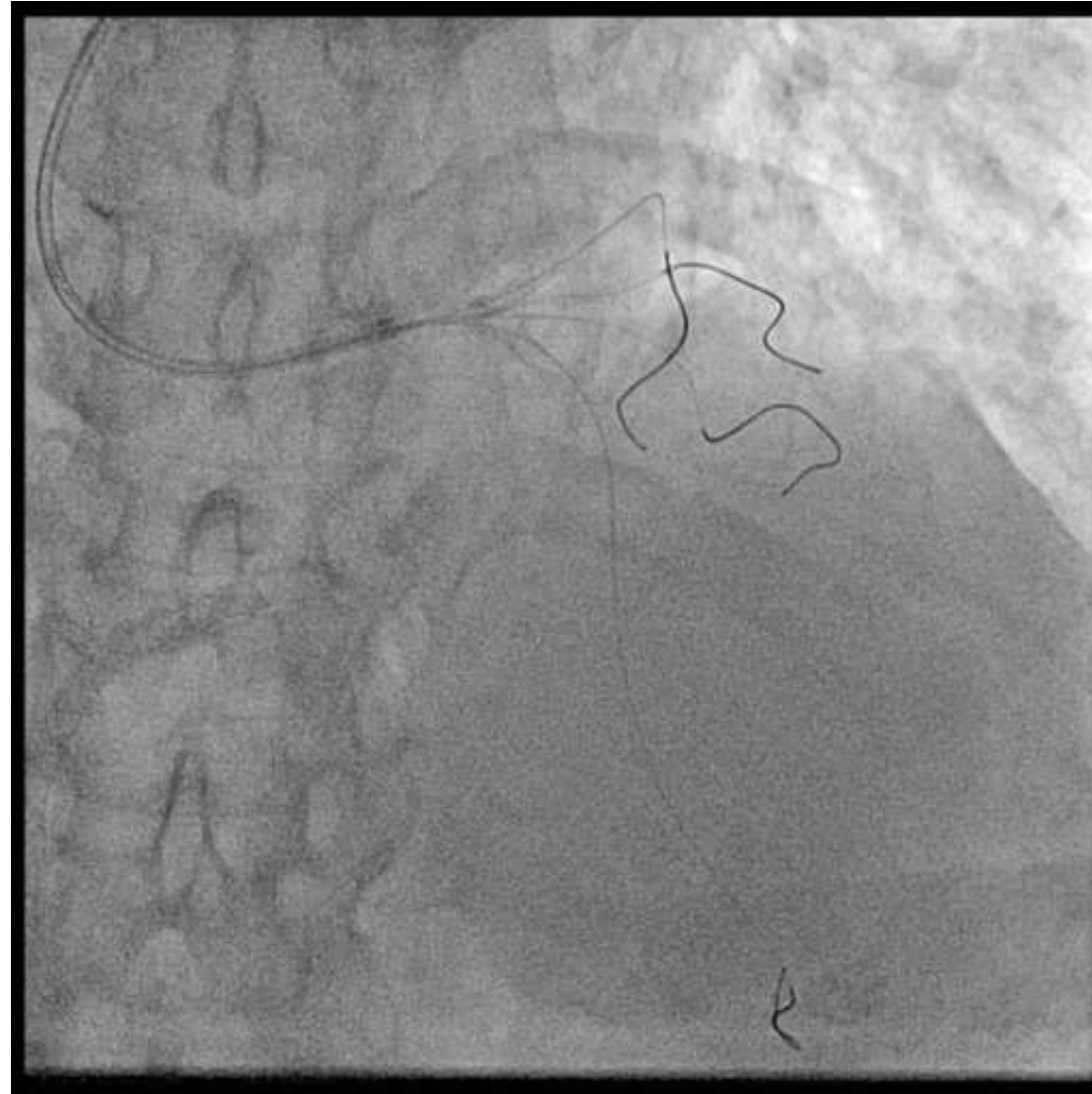
Prox Circ. T stenting (Nobori 2.5X14)



LAD/Circ. Kissing (Trek 3.5X8, Trek 2.5X12)



Result



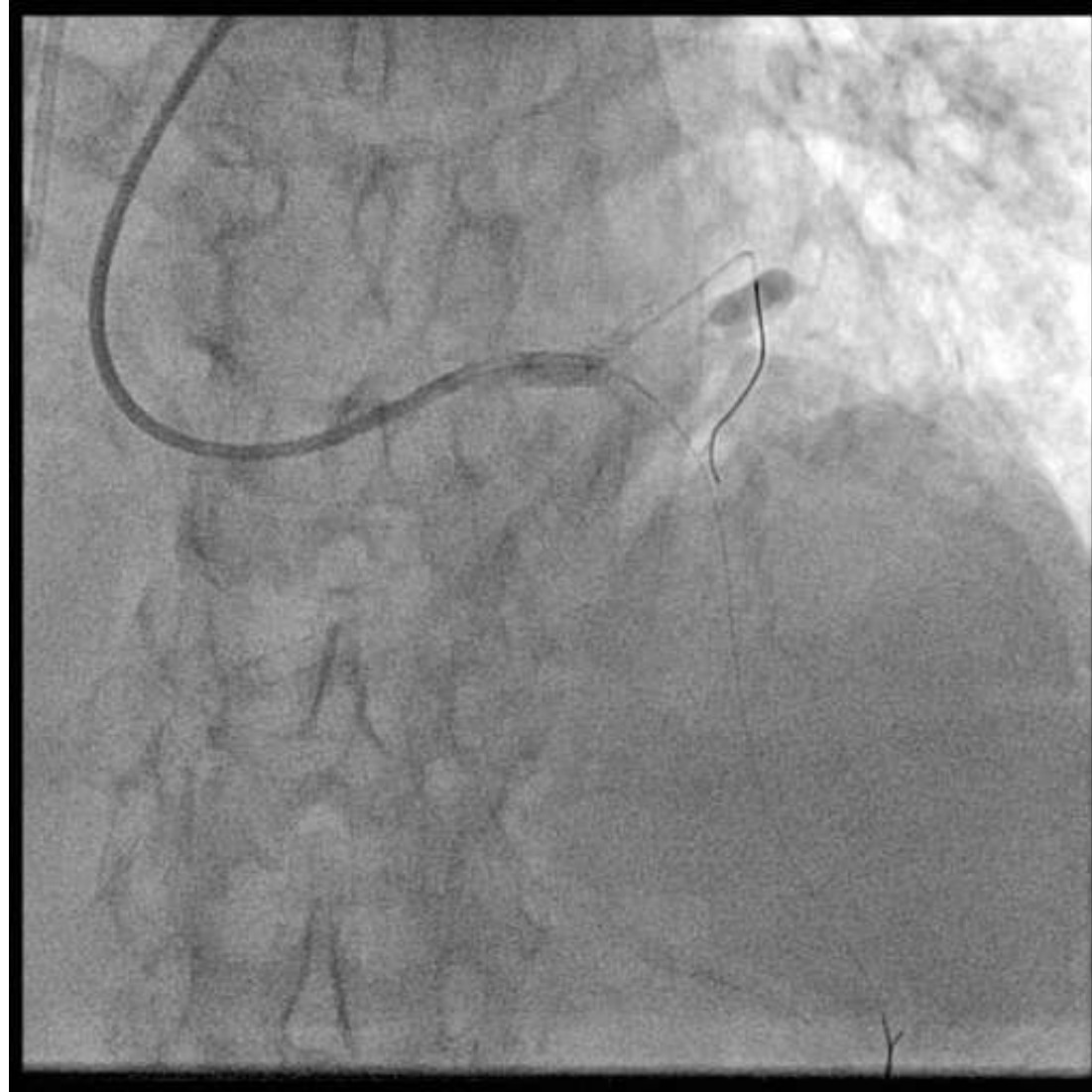
Result



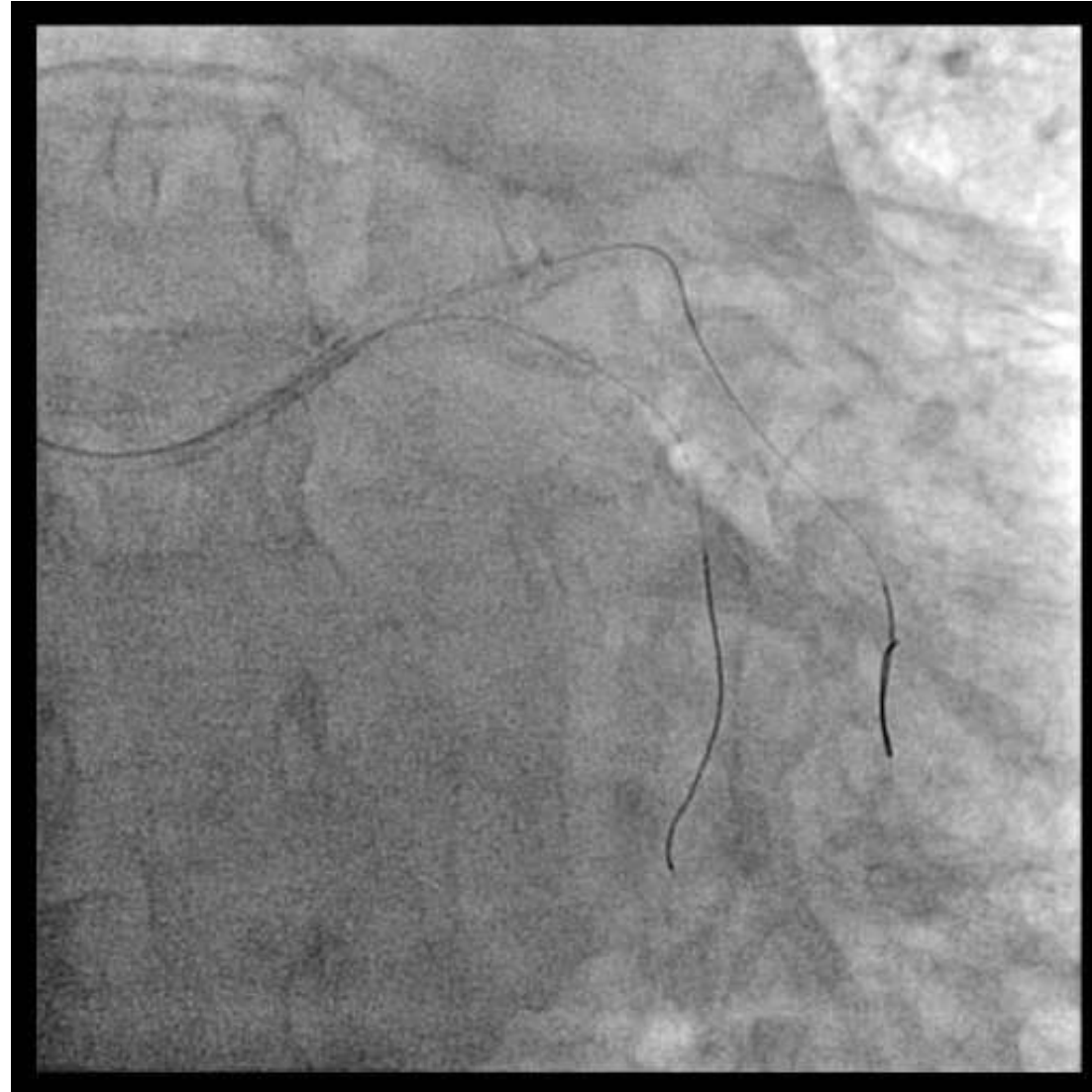
Stent enhancement



POT (Accuforce 4.5X8)



Final result



Conclusion

- Duration 96 mn
- Contraste volume 200 ml
- Scopy 26 mn
- PDS 226 Gy.cm²
- AK 2688 mGy

Conclusions

- Many patients with high Syntax score have to be treated with PCI.
- Staging the procedures is an option.
- Well defined strategy.
- Radial approach even for most complex procedures
- 6F for most complex lesions
- For LM bifurcation stenting, provisional strategy is near always feasible (trying to minimize stent number).
- Respect the bifurcation diameters: stent diameter from distal main segment, POT, kissing