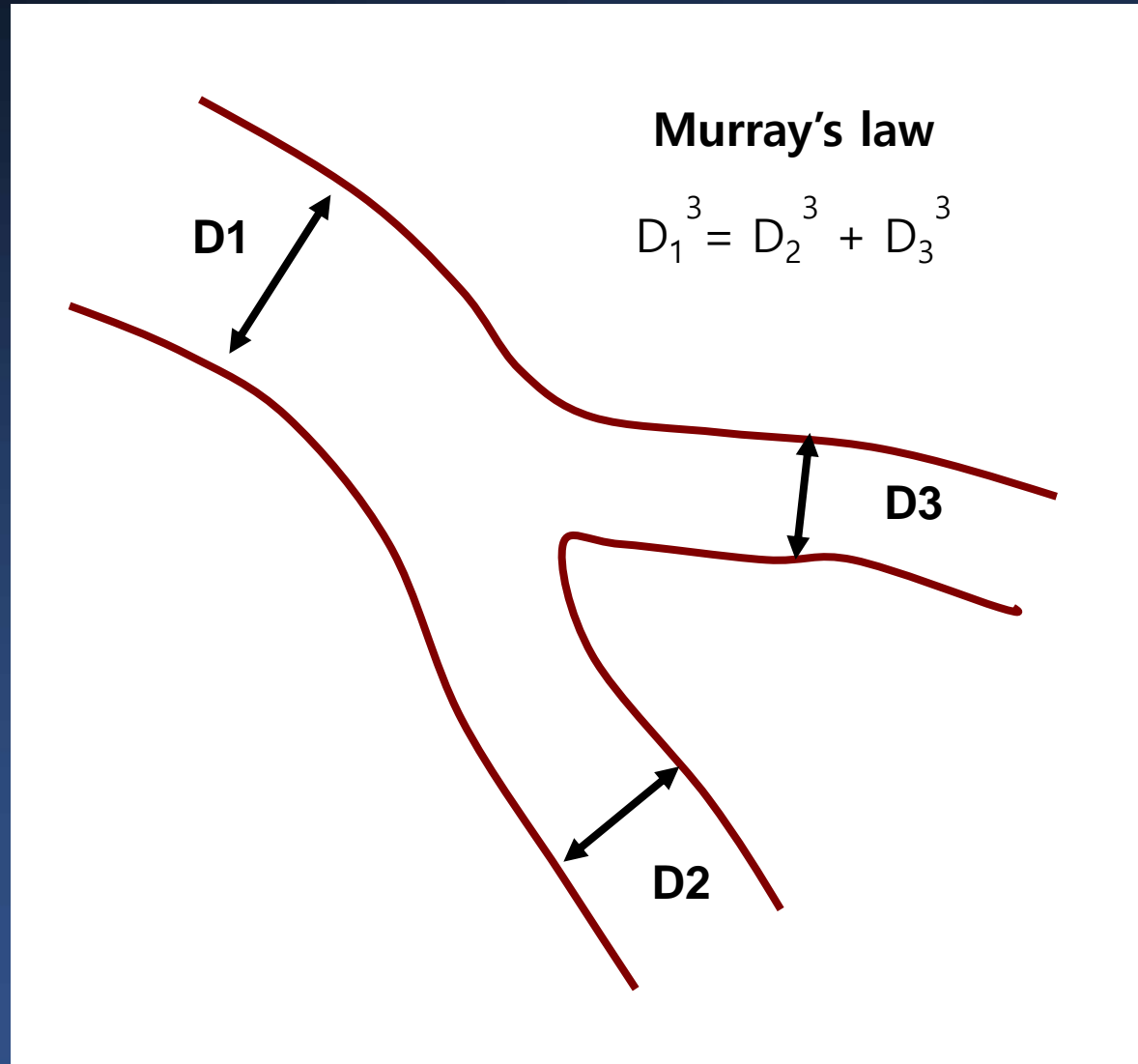


Bifurcation Master Class: Techniques A-to-Z

T. Lefèvre, ICPS, Massy, France

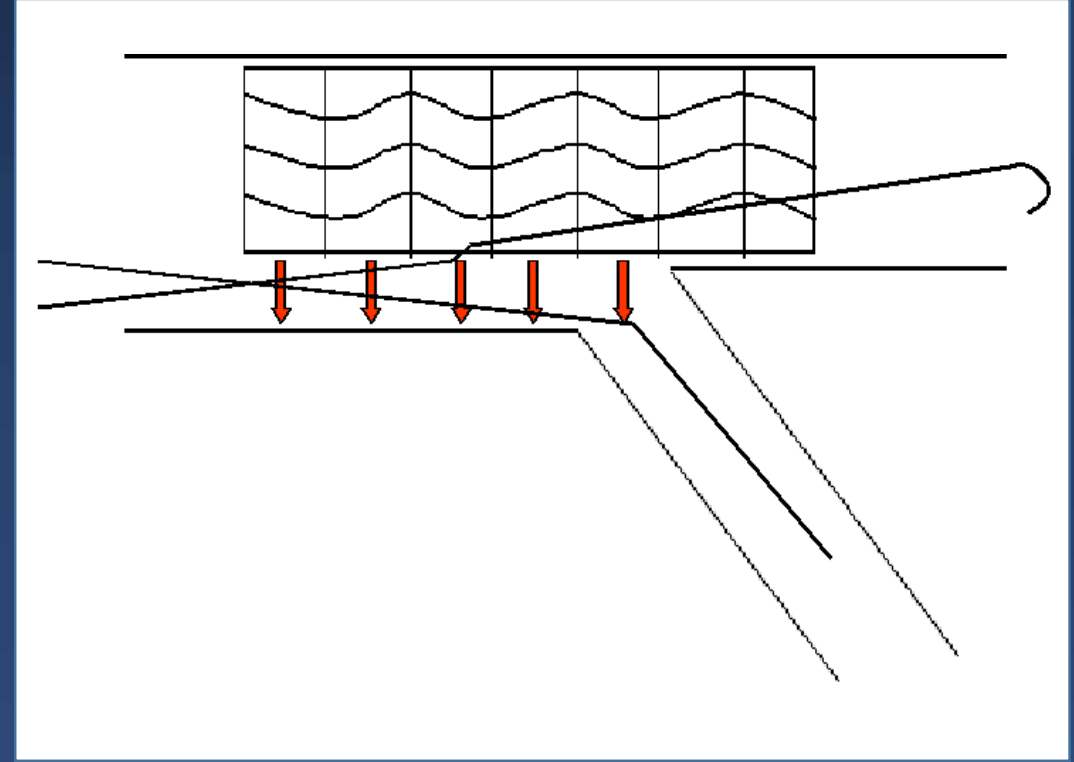
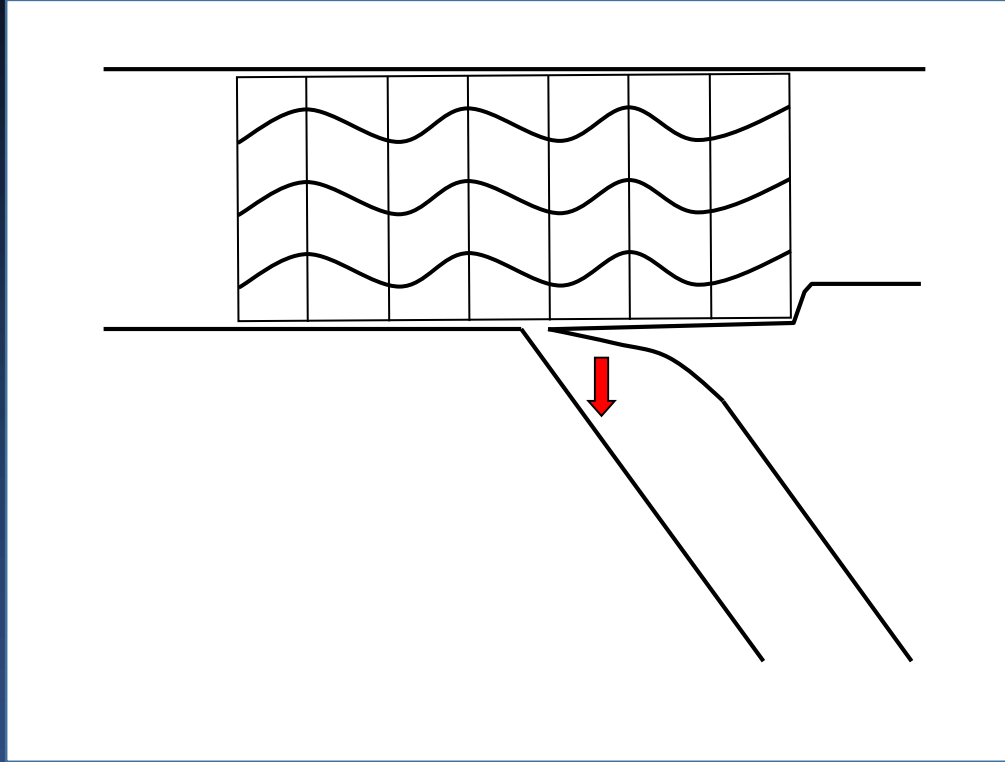
Bifurcation: a «fractal» object



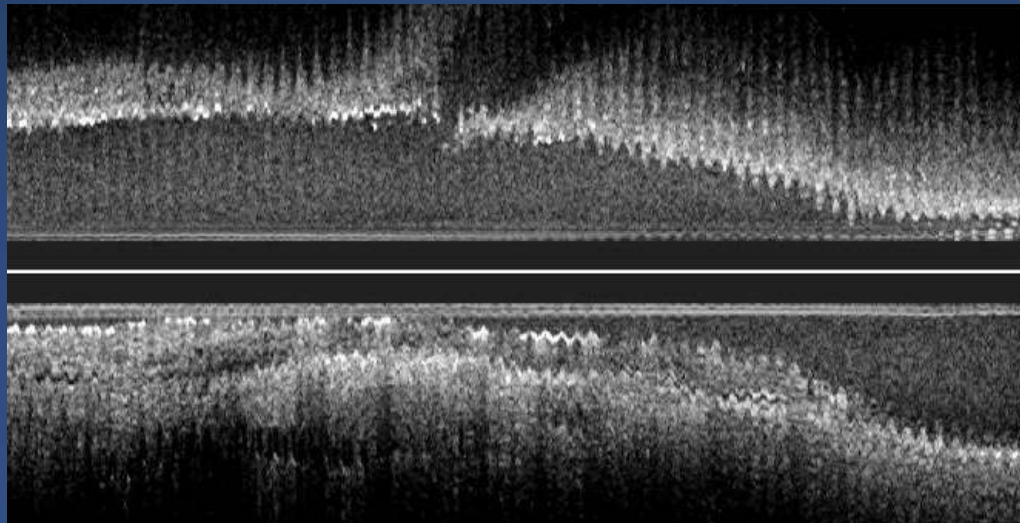
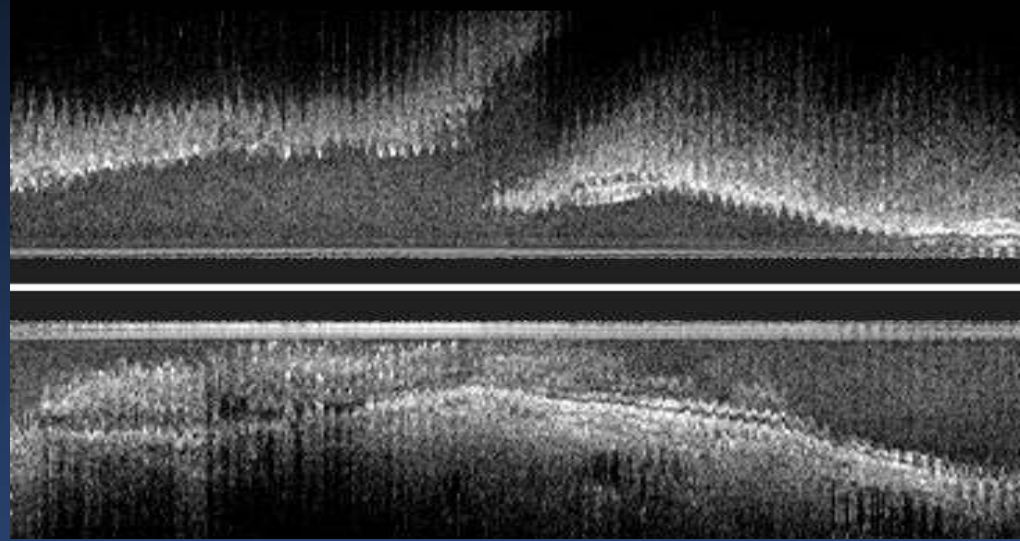
Finet's formula

$$D_1 = (D_2 + D_3) \times 0.678$$

Bifurcation: a «fractal» object



Bifurcation: a «fractal» object



Role of POT



COBIS II: Role of POT

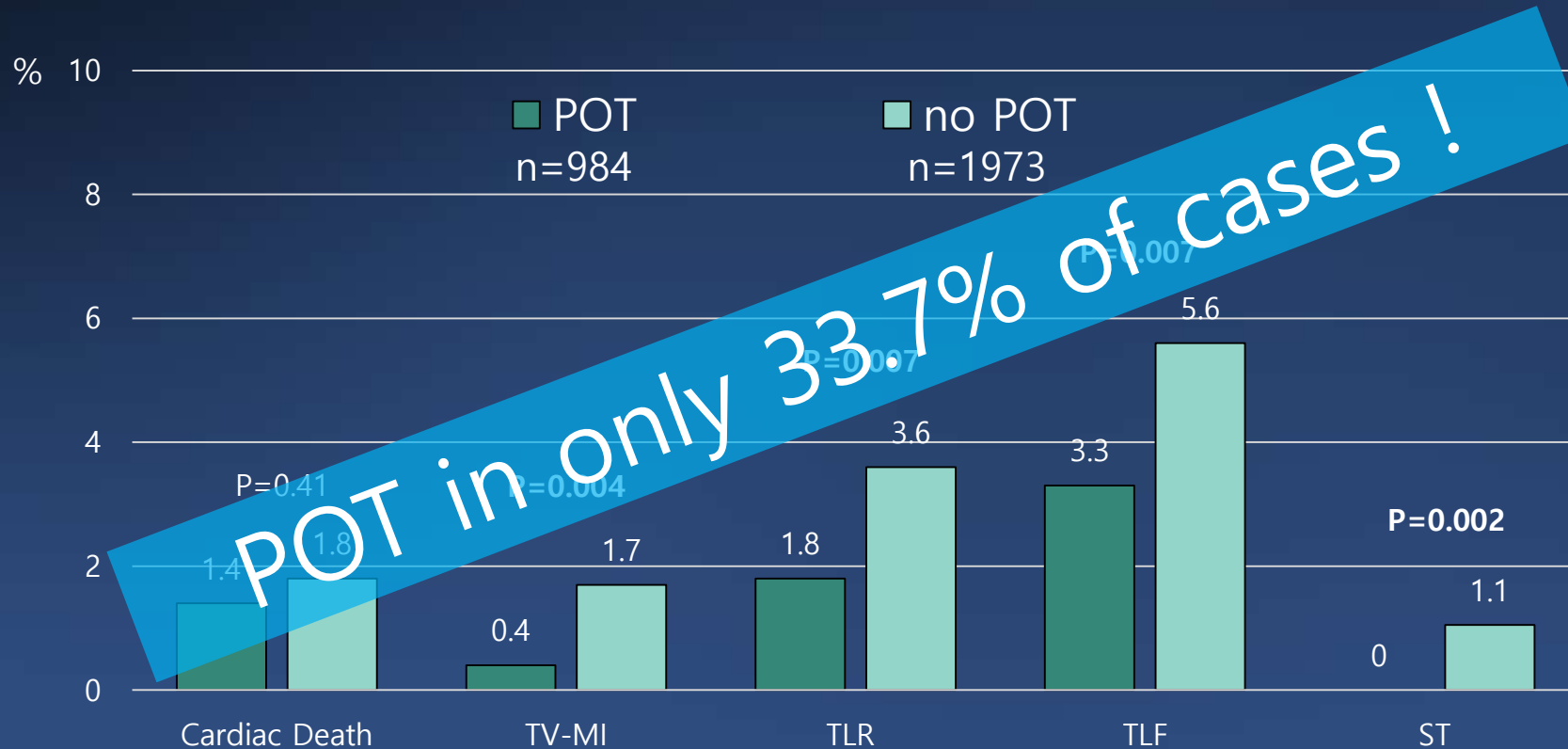
Propensity score, SB diameter ≥ 2.5 mm by QCA

	POT (n=204)	No POT (n=665)	HR (95% CI)	p value
MACE	6 (2.9)	78 (11.7)	0.25 (0.11-0.60)	0.002
All-cause death	7 (3.4)	25 (3.8)	0.97 (0.41-2.33)	0.95
Cardiac death	1 (0.5)	9 (1.4)	0.37 (0.05-2.97)	0.35
Myocardial infarction	0	17 (1.8)	-	-
Stent thrombosis	2 (1.0)	8 (1.2)	0.98 (0.20-4.77)	0.98
TLR	5 (2.5)	61 (9.2)	0.27 (0.10-0.69)	0.006
MV, proximal	3 (1.5)	40 (6.0)	0.25 (0.07-0.82)	0.02
MV, distal	4 (2.0)	47 (7.1)	0.28 (0.10-0.80)	0.02
SB	4 (2.0)	35 (5.3)	0.37 (0.13-1.09)	0.07
Both vessels	5 (2.5)	48 (7.2)	0.34 (0.13-0.88)	0.03

POT in only 23.5% of cases!

Ultimaster Registry

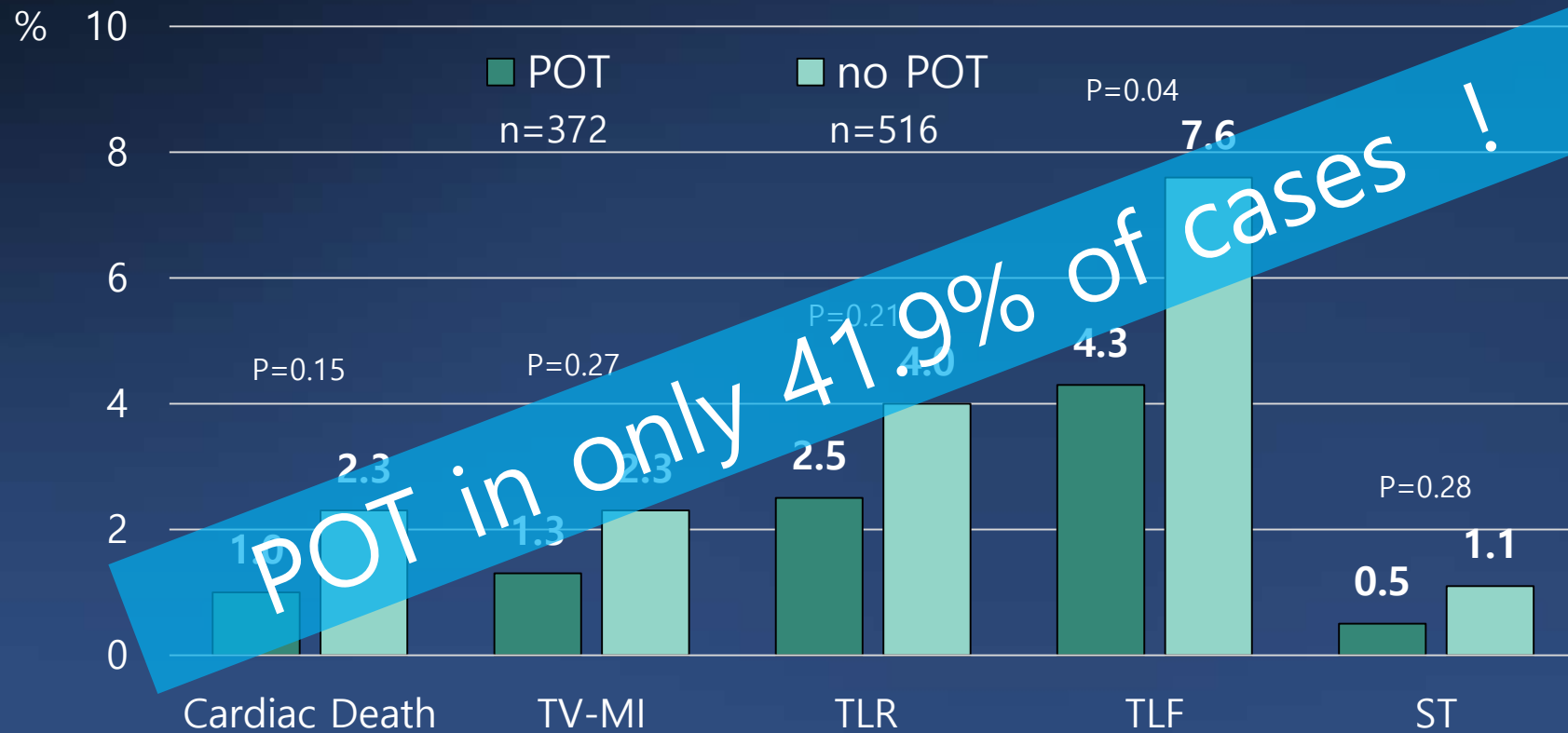
1 year clinical outcomes after one-stent technique propensity matched analysis (n=2921)



TV-MI: target vessel myocardial infarction, TLR: target lesion revascularization, TLF: target lesion failure (cardiac death, target vessel MI or clinically driven TLR), ST: definite/probable stent thrombosis.

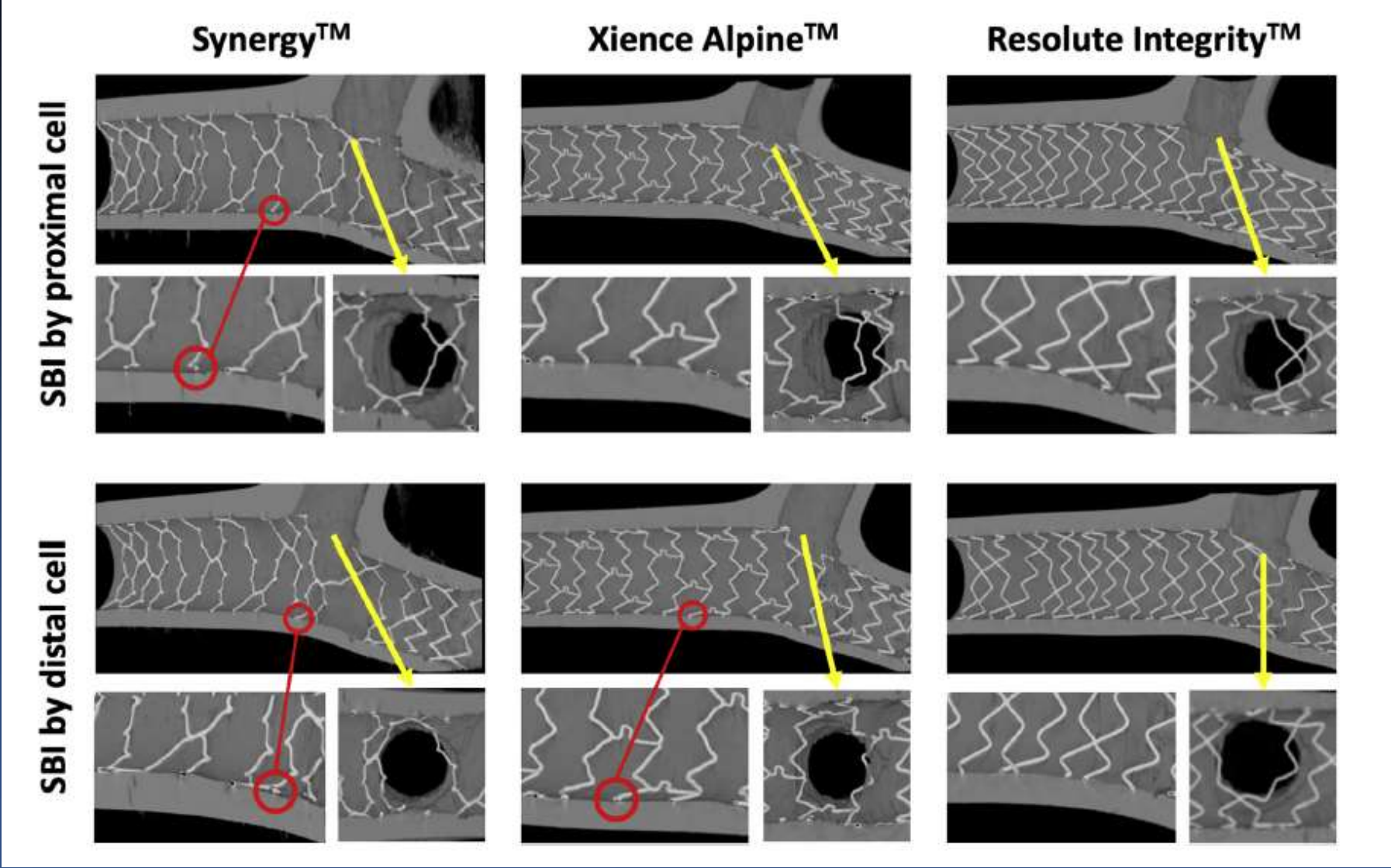
Ultimaster Registry

1 year clinical outcomes after two stent technique propensity matched analysis (n=888)

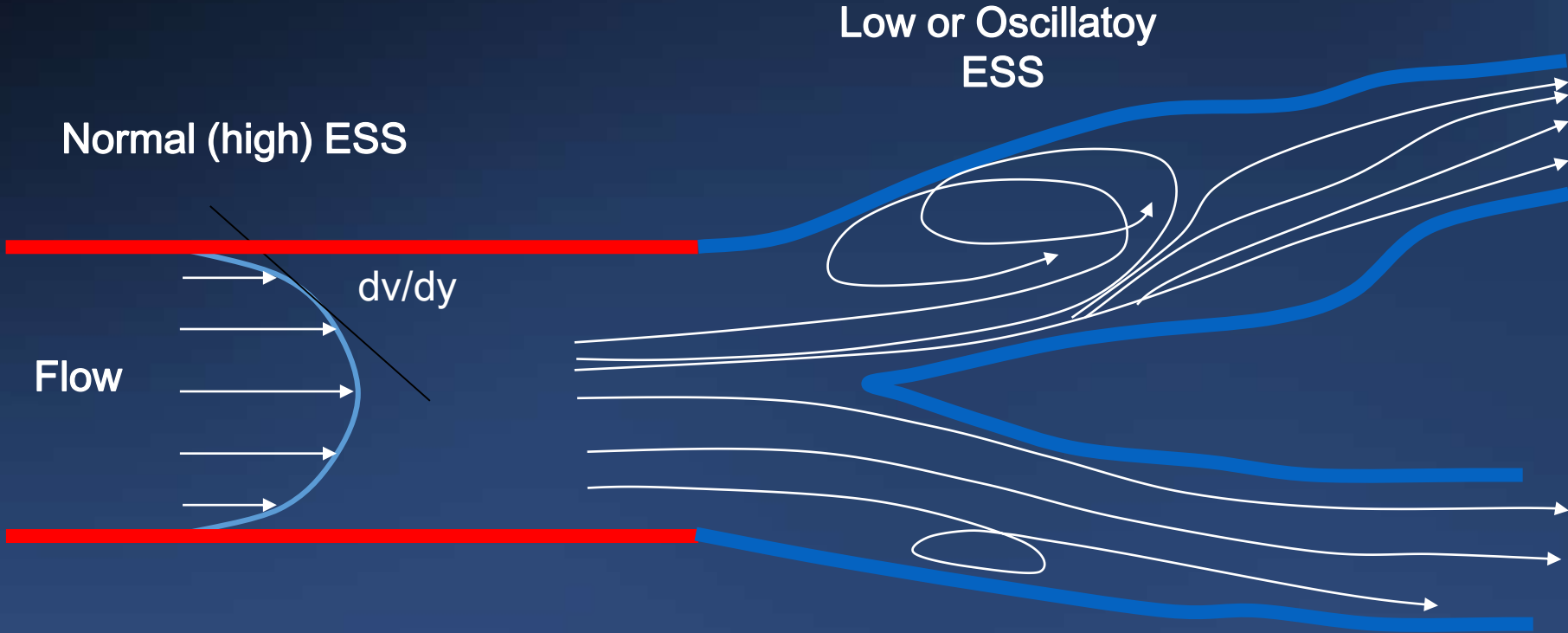


TV-MI: target vessel myocardial infarction, TLR: target lesion revascularization, TLF: target lesion failure (cardiac death, target vessel MI or clinically driven TLR), ST: definite/probable stent thrombosis.

Distal vs Proximal strut



Rheology in Bifurcation lesions



$$ESS = \mu \cdot dv/dy$$

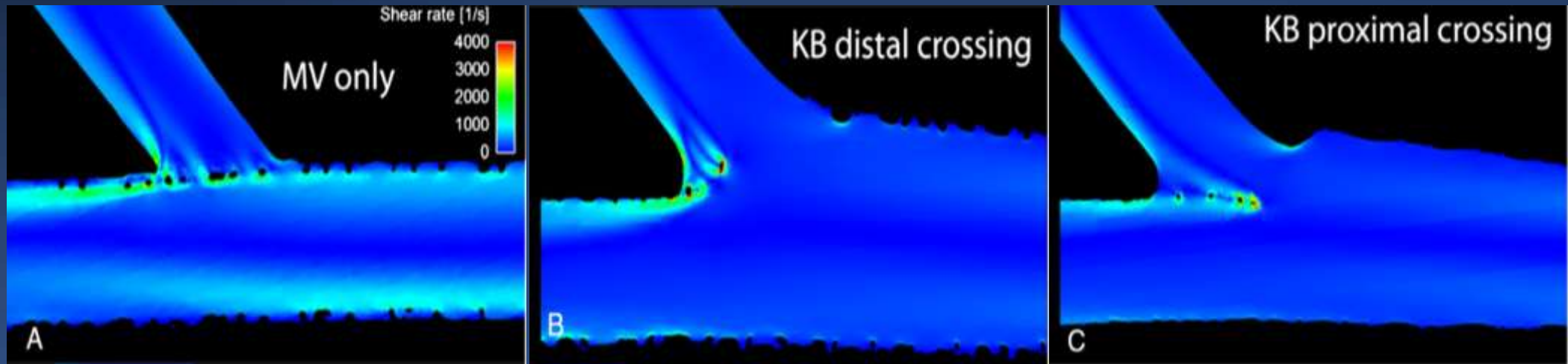
μ = viscosity

dv/dy = spatial gradient of blood velocity at the wall

Low or Oscillatoy
ESS

Location of SB access and shear stress

Insights from bench modeling and computational flow simulation



Is there a role for final Kissing ?

- ✓ Reposition the carina in the center
- ✓ Remove the struts in front of the SB
- ✓ Optimise Rheology

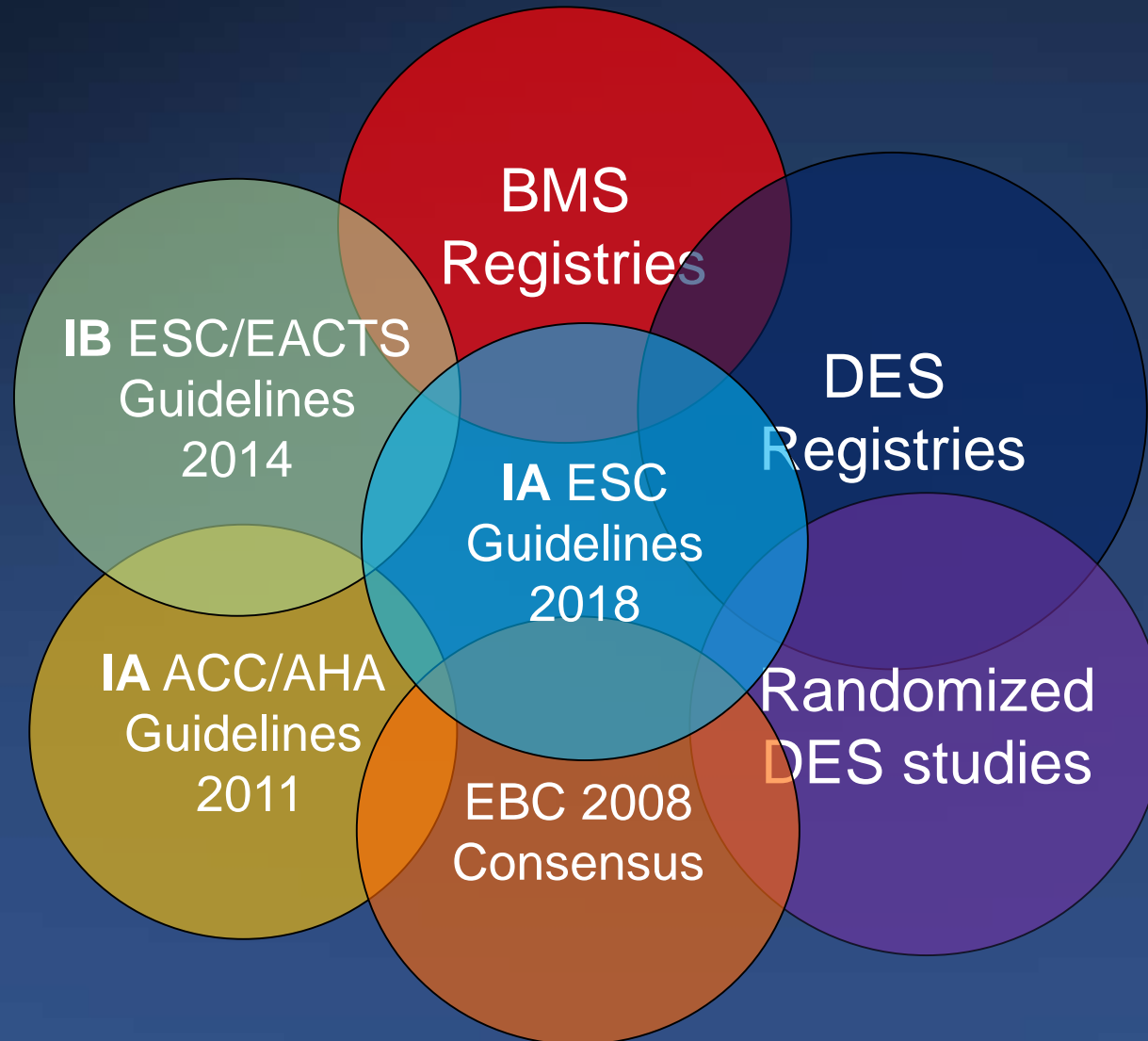
Strongly recommended with 2 stent techniques

Controversial with 1 stent technique

Kissing Recommendations

- ✓ Sizing according to distal MB and SB reference
- ✓ Kiss in the POC
- ✓ SB inflated first (better in the bench)
- ✓ Short NC balloon for the SB
- ✓ Long or repeated inflations
- ✓ Simultaneous deflation

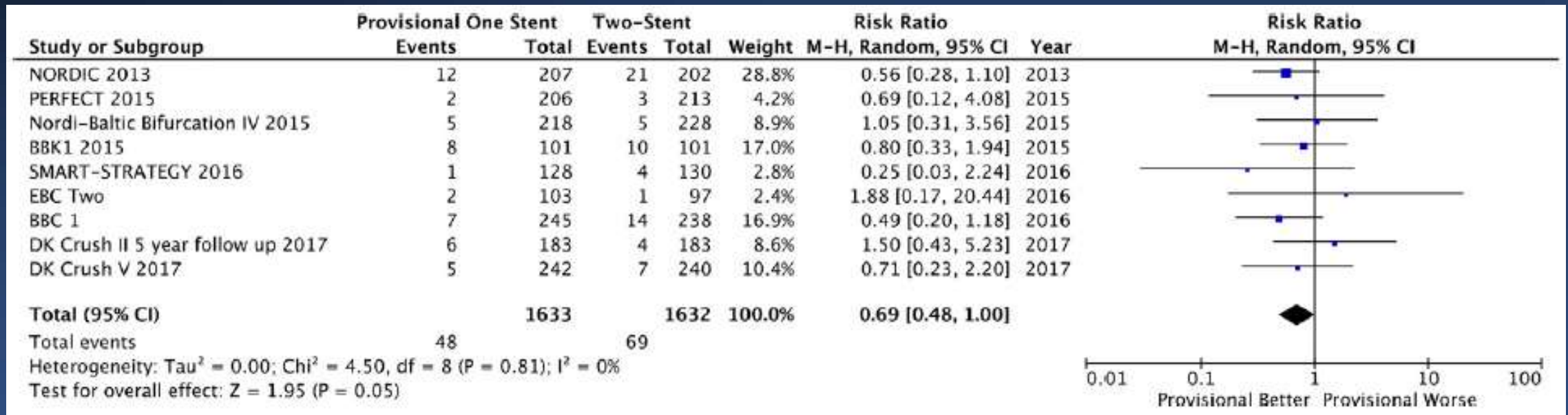
Provisional SB Stenting is established as the default approach



Provisional SB stenting approach is a philosophy ...
It does not mean that the procedure will be
performed with only one stent.

Provisional vs 2 stents, a Meta-analysis

All causes mortality



Anticipate technical difficulties

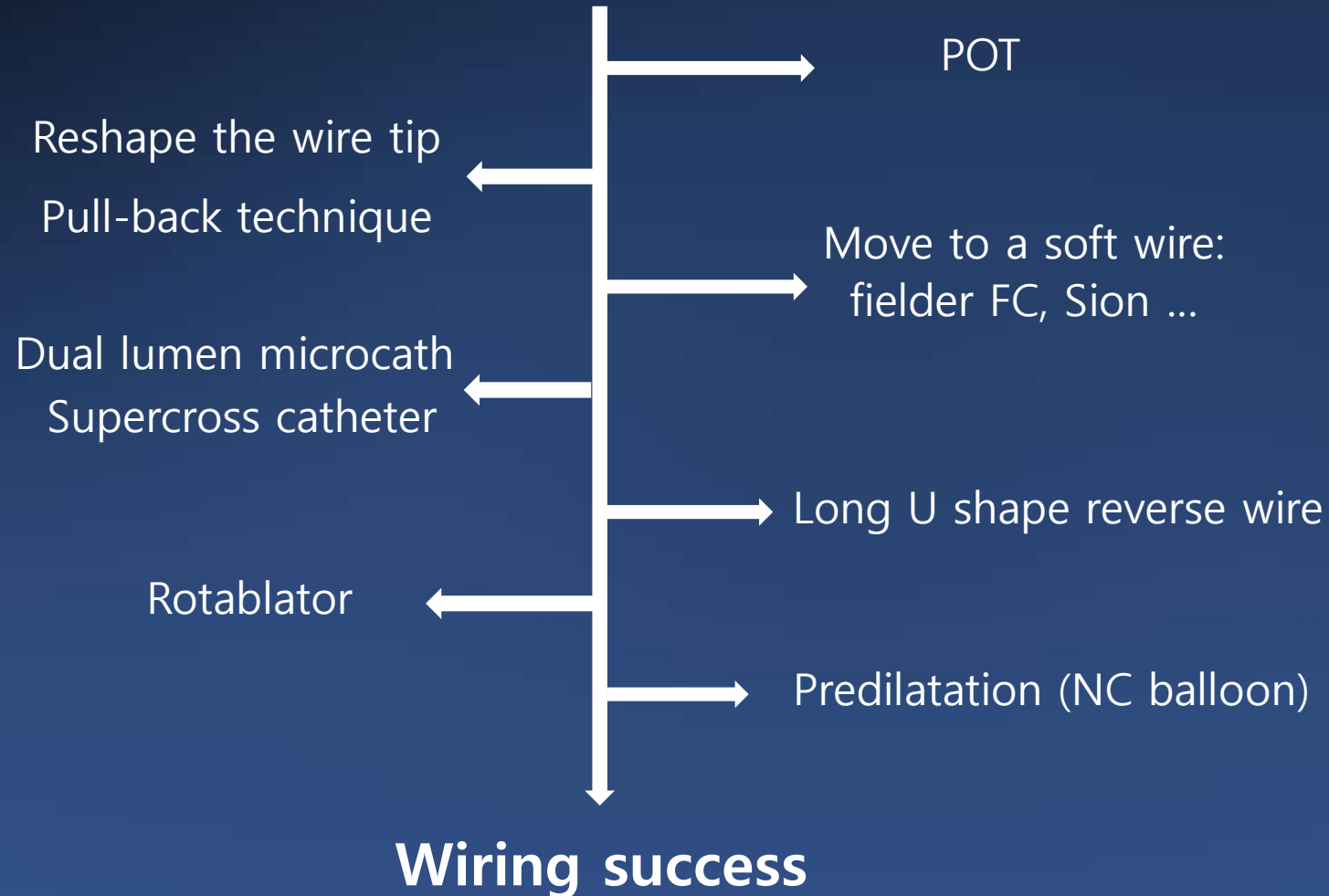
Have a strategy

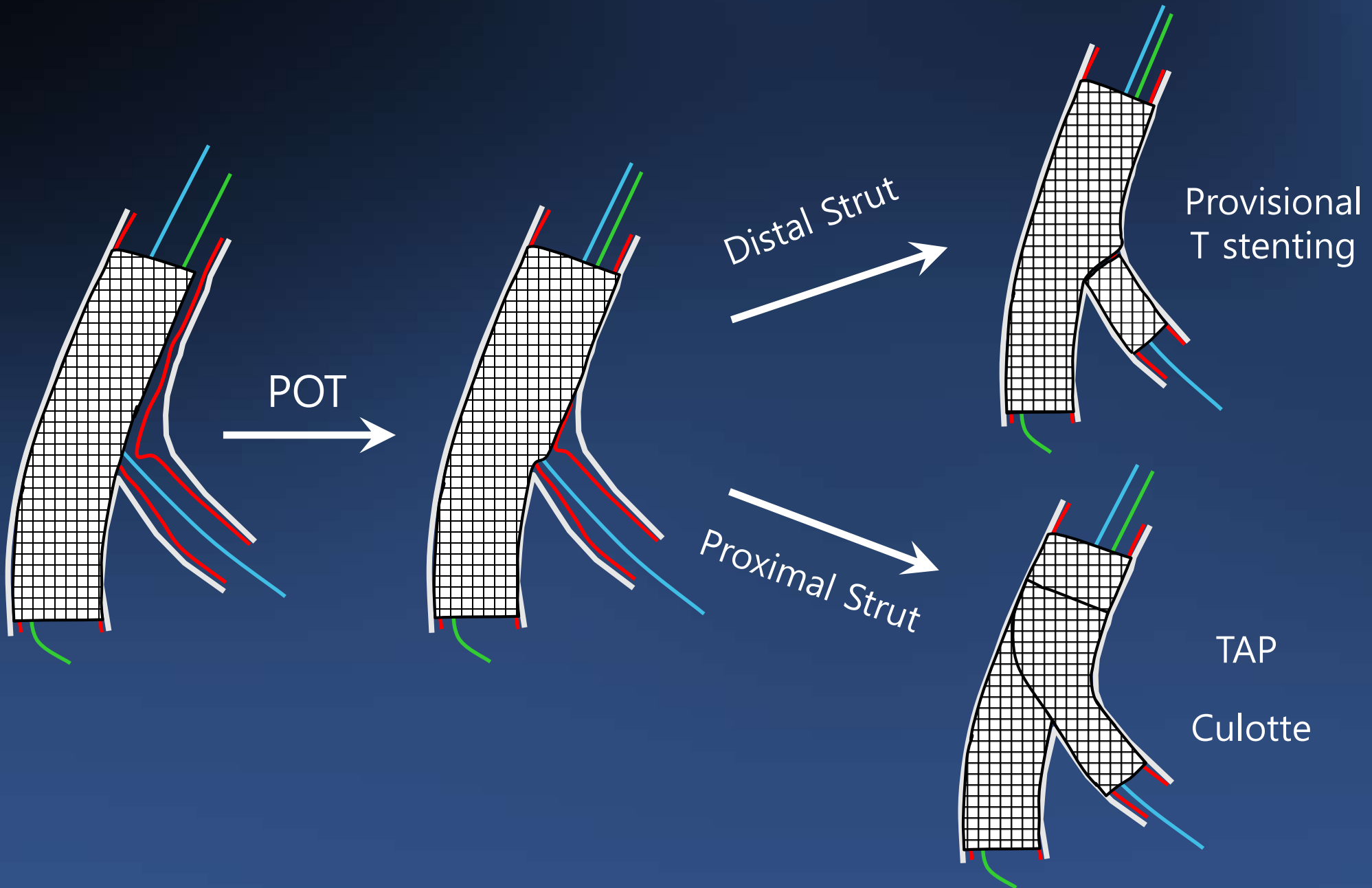
Start with a good support

Have a good view of the bifurcation

Wire escalation for difficult branch access

Most difficult branch wiring failure





Think provisional !



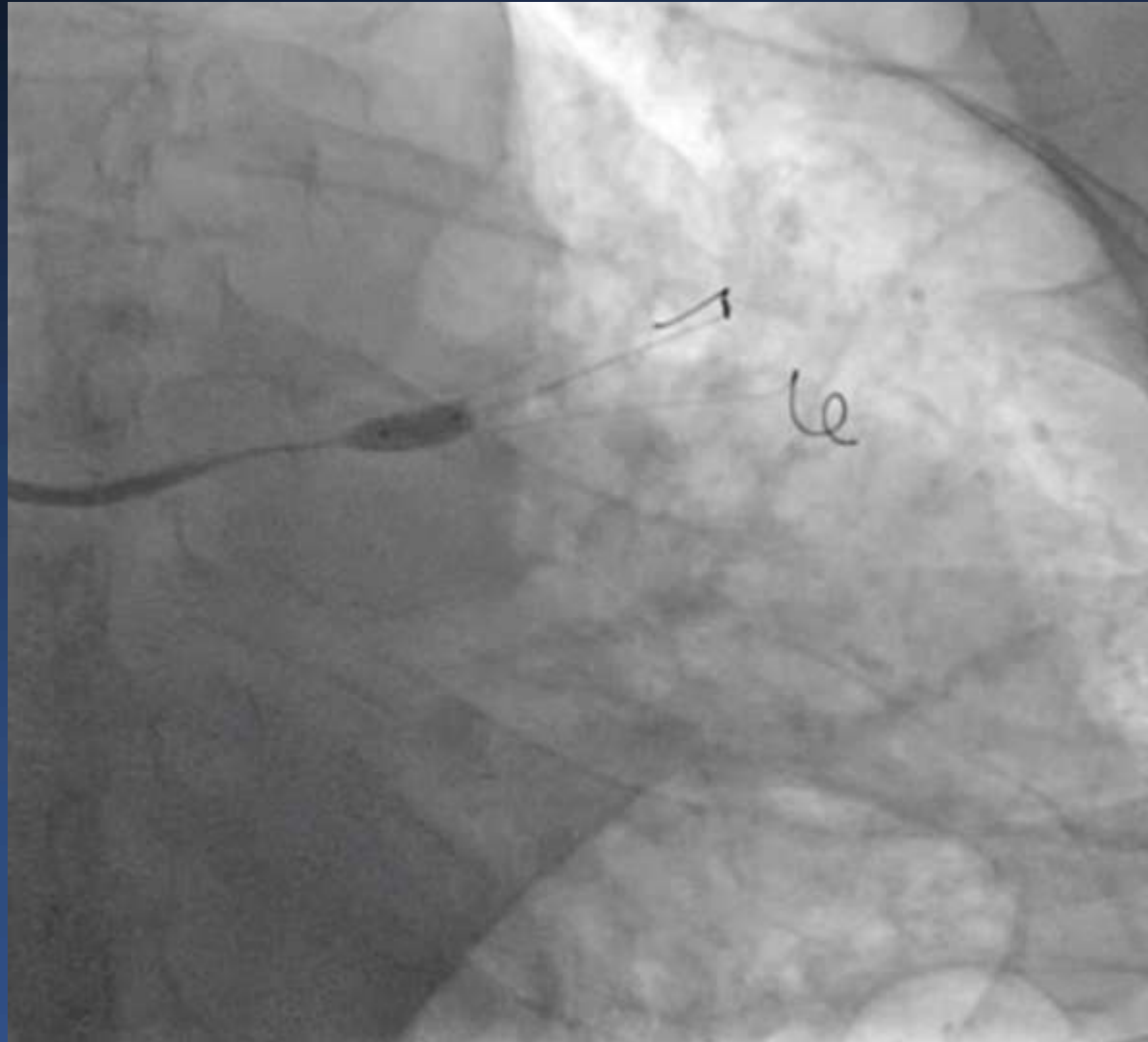
Think provisional !



Think provisional !



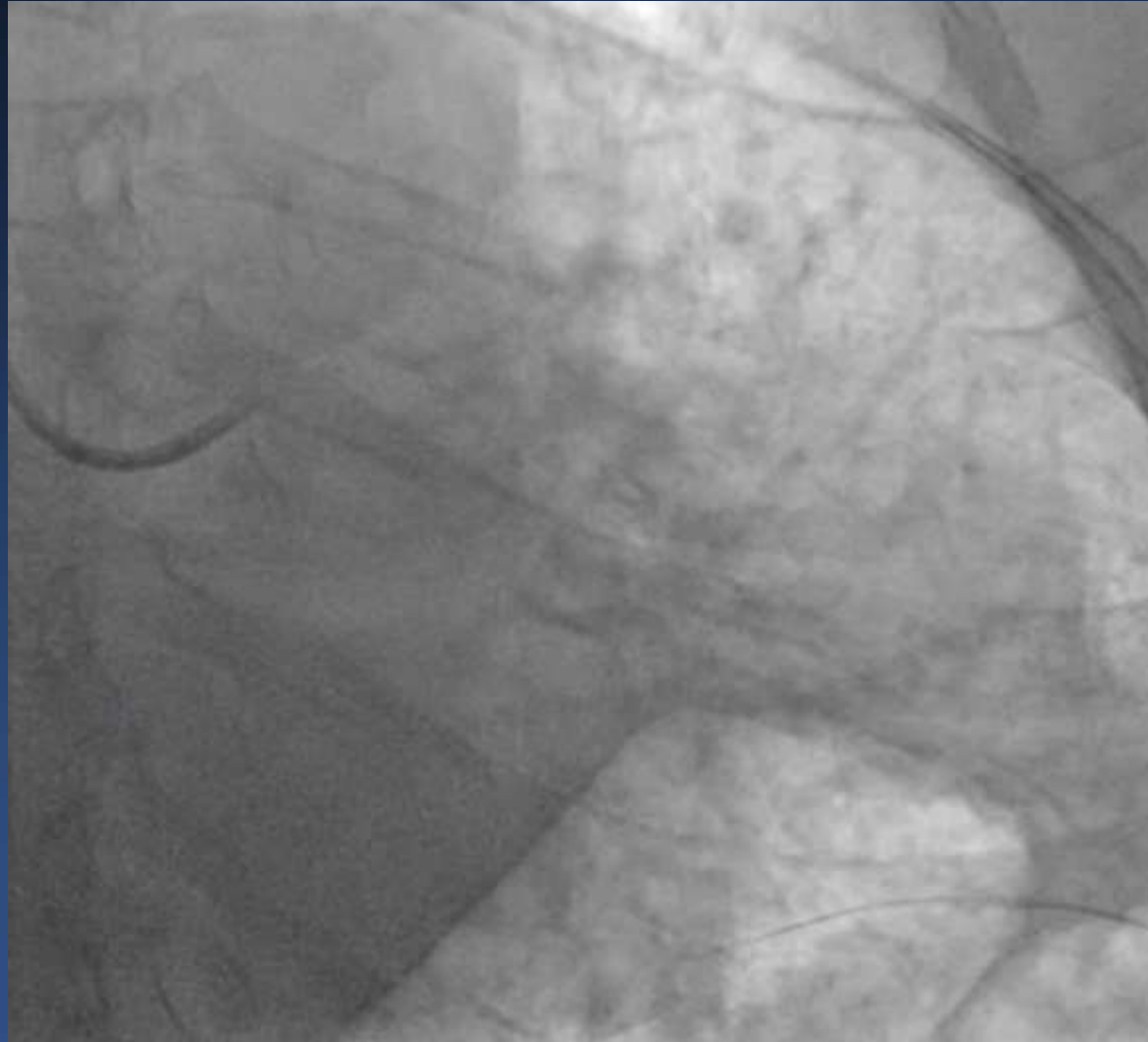
Think provisional !



Think provisional !



Think provisional !



Think provisional !



Think provisional !

- ✓ Protect side branches
- ✓ Respect the fractal law
- ✓ Do a POT
- ✓ Treat only relevant side branches
- ✓ Minimize the number of stents
- ✓ Know how to solve difficult access