# Case Presentation: The Hidden Twin

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### **Disclosure**

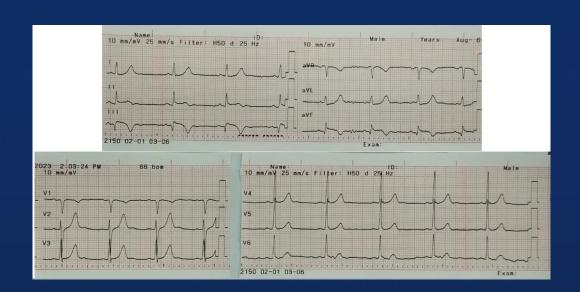
No conflicts of interest



#### **Clinical Presentation**

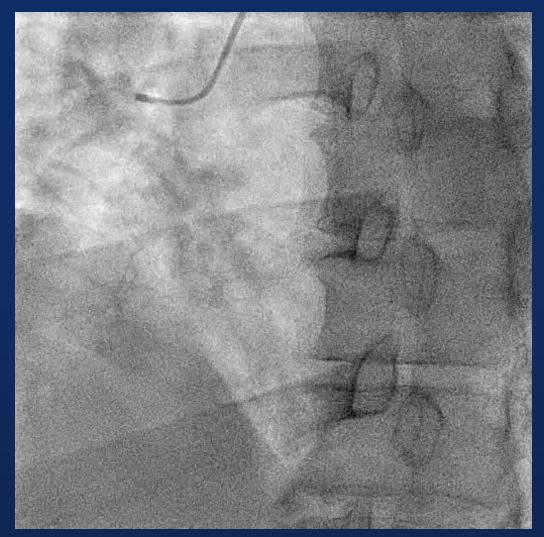
#### Male, 34 yo

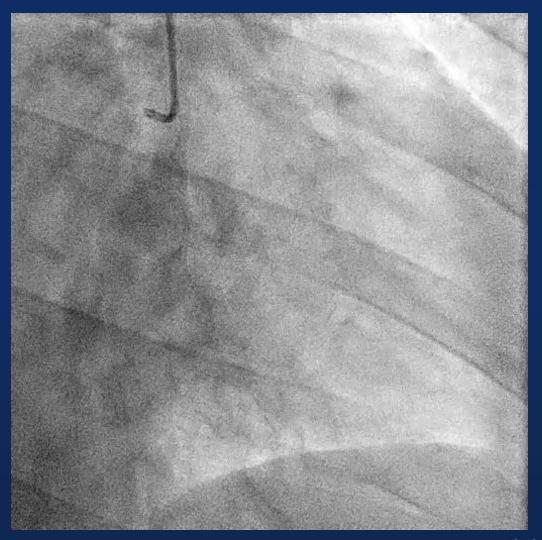
- STEMI Inferior Killip I (symptom onset 6 hours)
- CVRF: Smoker, family history, dyslipidemia
- Laboratorium:
  - eGFR 115 ml/min/m<sup>2</sup>;
  - Trop I >10



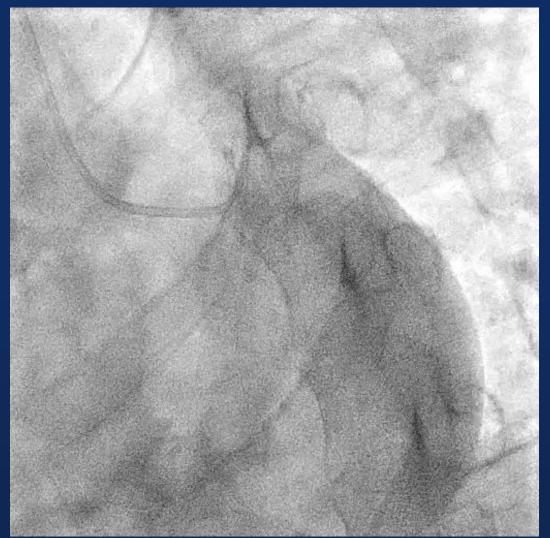


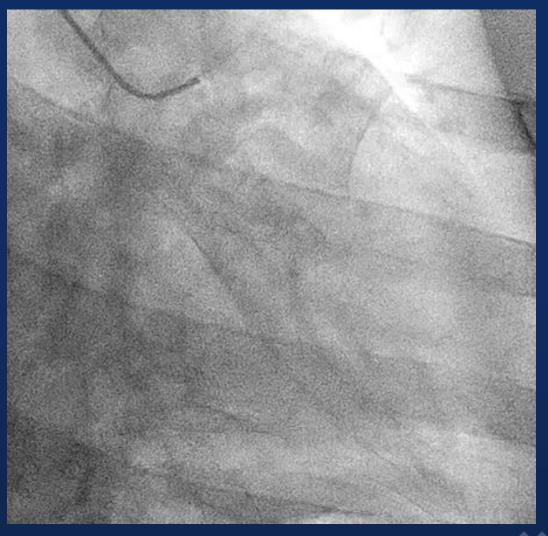
### Right Coronary Angiogram



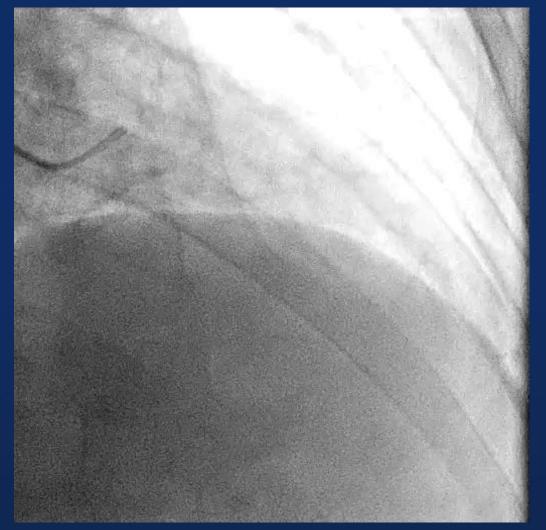


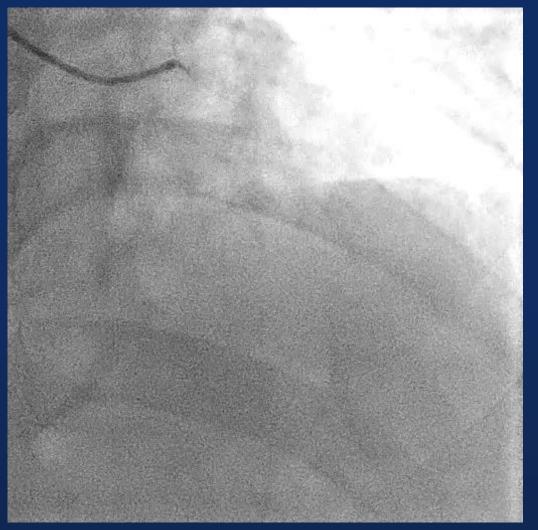
### Left Coronary Angiogram

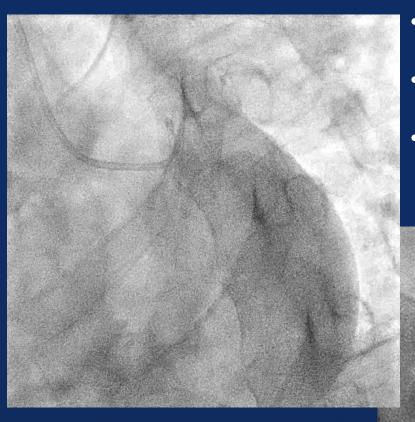




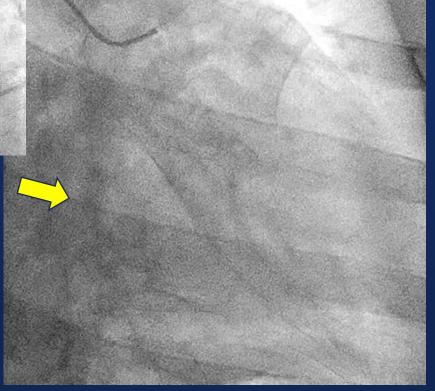
### Left Coronary Angiogram

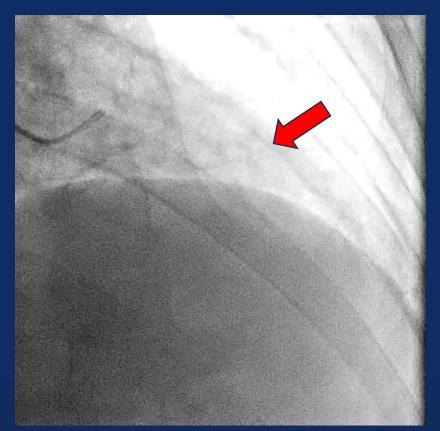






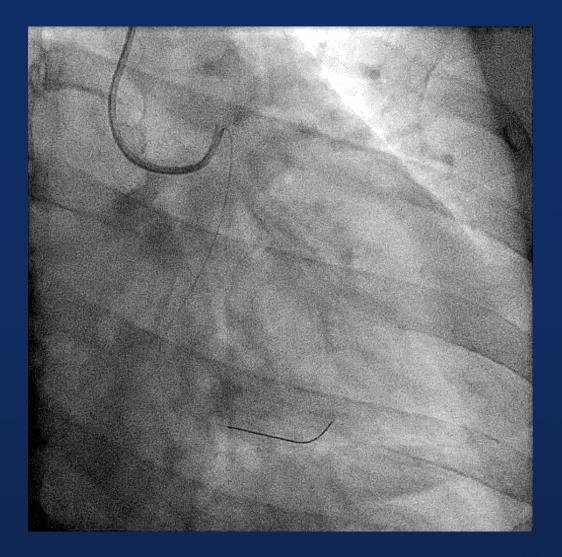
- Inferior wall MI
- Left dominant system
- Culprit: considered at distal
   LCx



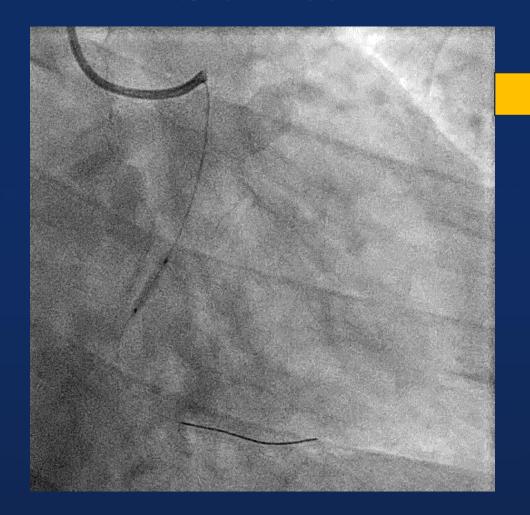


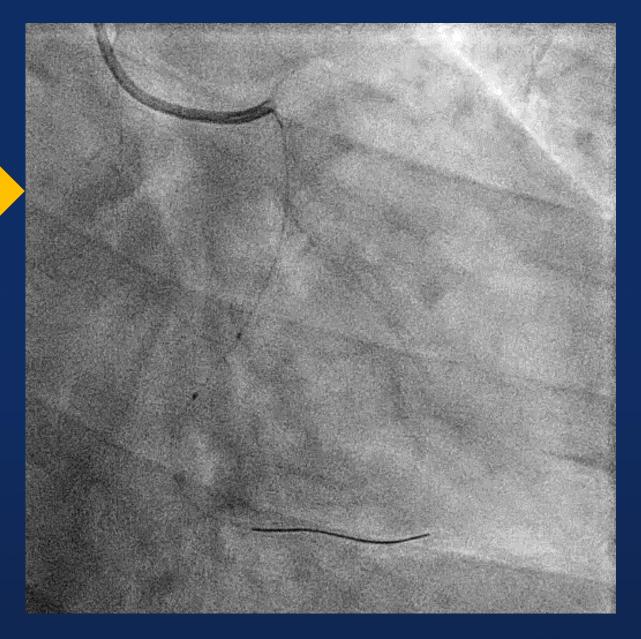
### Wire to LCx





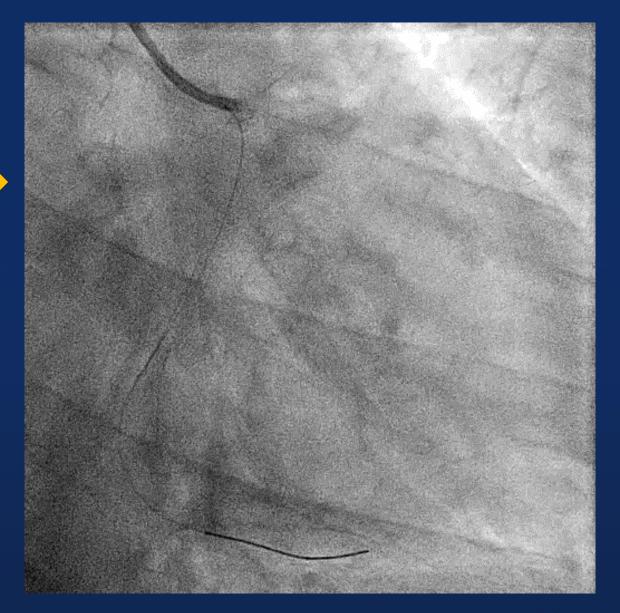
# Predilate 2.0/15mm SCB





# Spot stenting 3.5/28mm DES

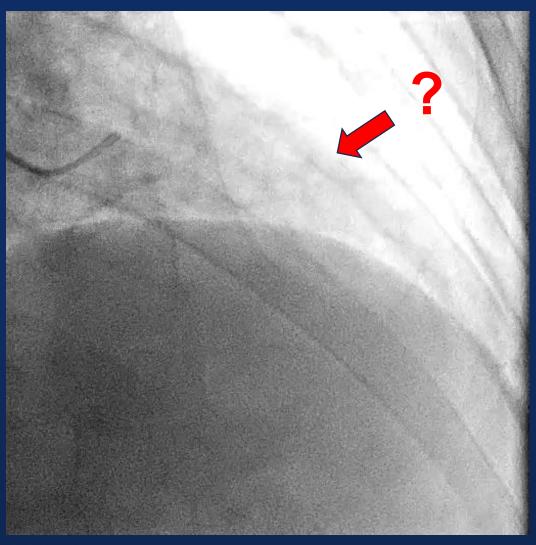






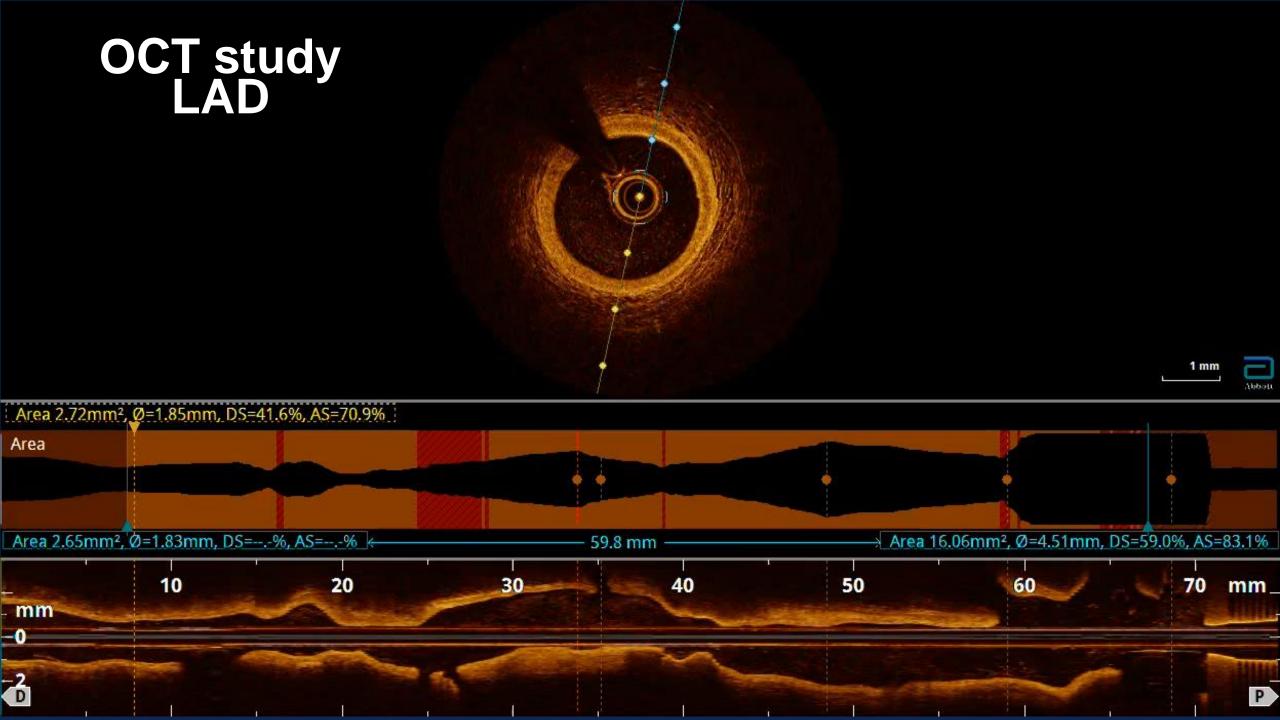


#### How will you deal with this 'nonculprit' lesion?

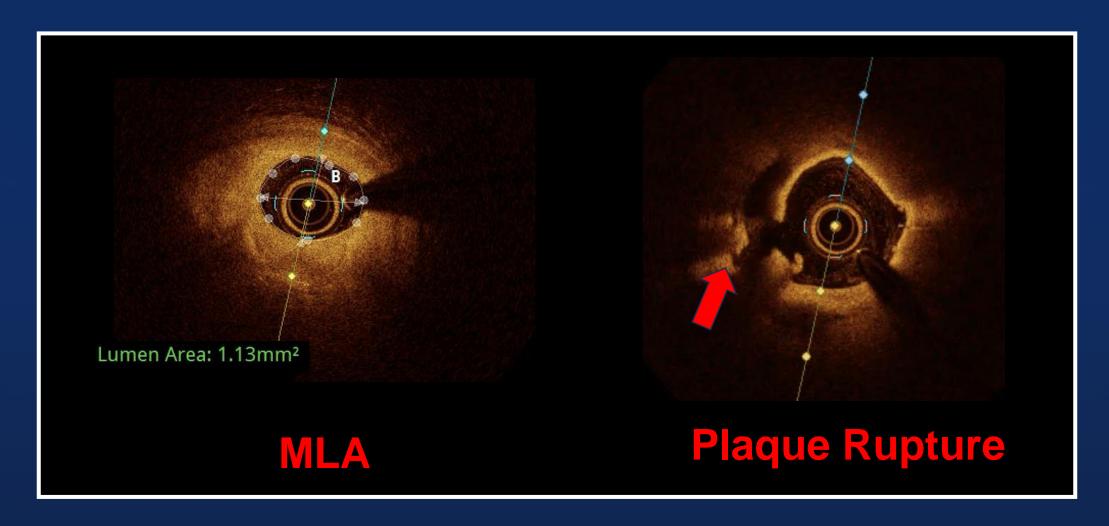


- A. PCI during the index procedure
- B. Functional test +/- PCI before discharge (during hospitalization)
- C. Staged procedure within 6 weeks
- D. Other





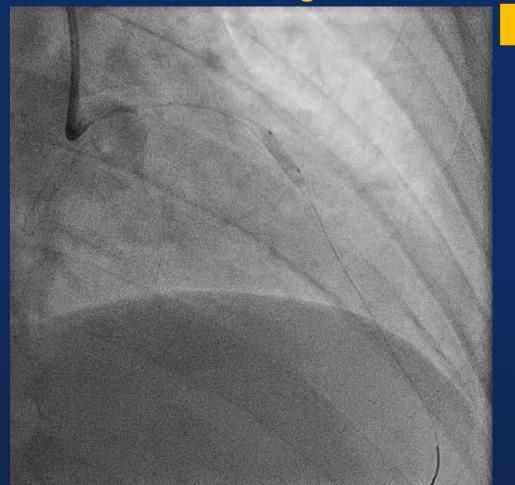
### LAD OCT study



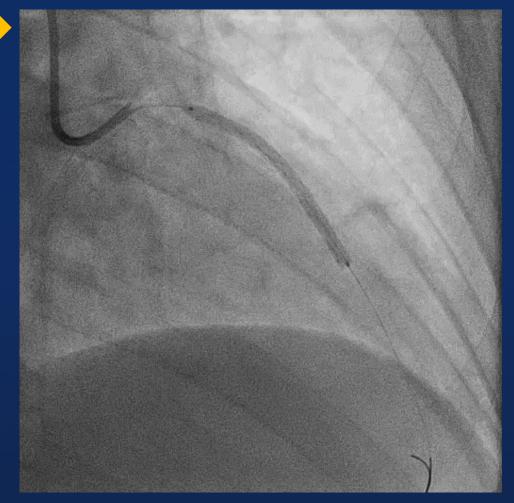


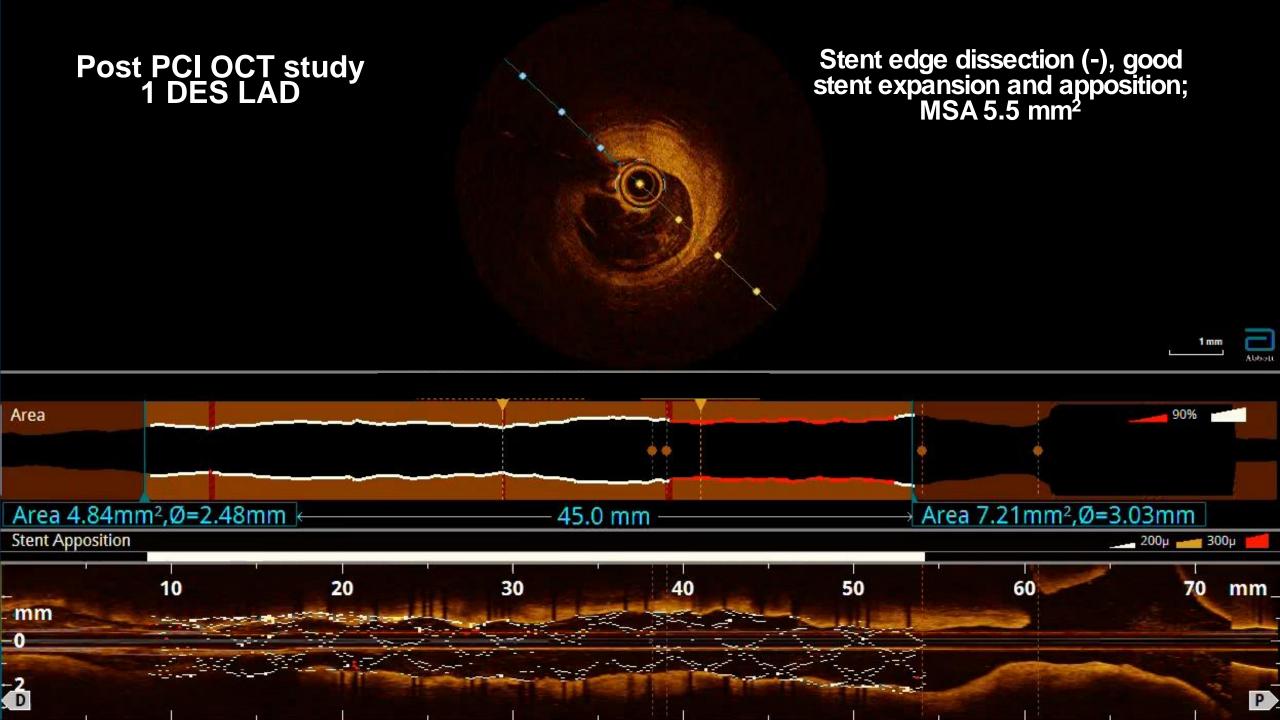
### **Predilate**

3.0/10mm Scoring balloon

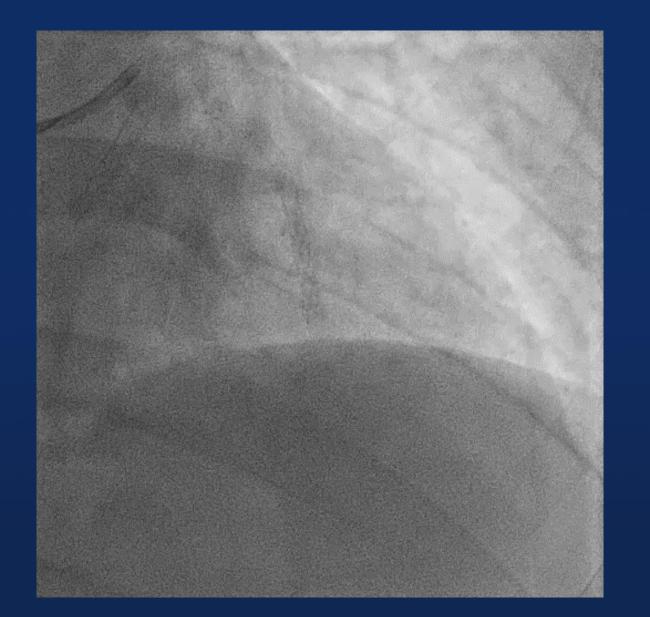


# Stenting 3.0/46mm DES





### Final results





### Take home messages

- Previous studies have demonstrated that STEMI encompasses pancoronary syndromes, highlighting the importance of addressing multivessel involvement in these patients.
- Evidence suggests that complete revascularization yields benefits for patients with STEMI and multivessel disease
- In cases where the severity of non-culprit lesions is ambiguous, OCT may be considered by providing detailed lesion characteristics and aiding in personalized treatment

