



Treating Bifurcation Lesions
With a Dedicated Bifurcated
AXXESS Stent:
Double Bifurcation PCI With a Twist at the End

ROSLI Mohd Ali
Head
Dept. of Cardiology
National Heart Institute
Kuala Lumpur



50 yr old man

Infero-posterior STEMI on 26 July 2013

Primary PCI for large mid RCA occlusion

thromboaspiration & Avantgarde BMS 4.0 x 15 mm

Staged PCI to LMS, ostial LAD & LCx (1,1,1)

LAD/D1 (1,1,1)

ANZET Live transmission 7th Aug. 2013

Smoker

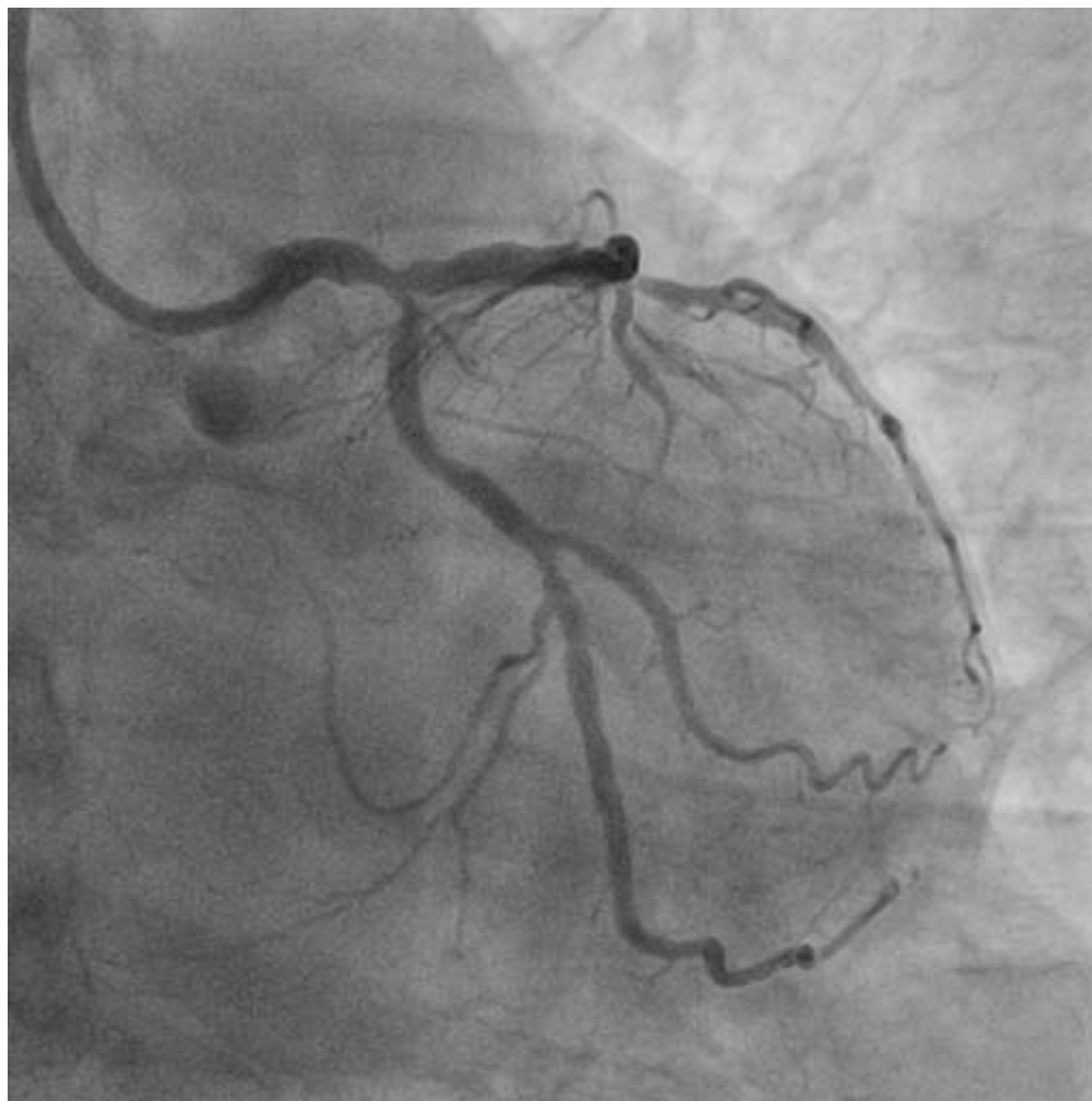
Dyslipidaemia



Pre - LMS

Rt. TRI

Guide cath.
EBU 3.5, 7 Fr





Pre- LAD/D1 (1,1,1)





Strategy

LMS/LAD/LCx

2 stent strategy (TAP technique)

LAD/D1

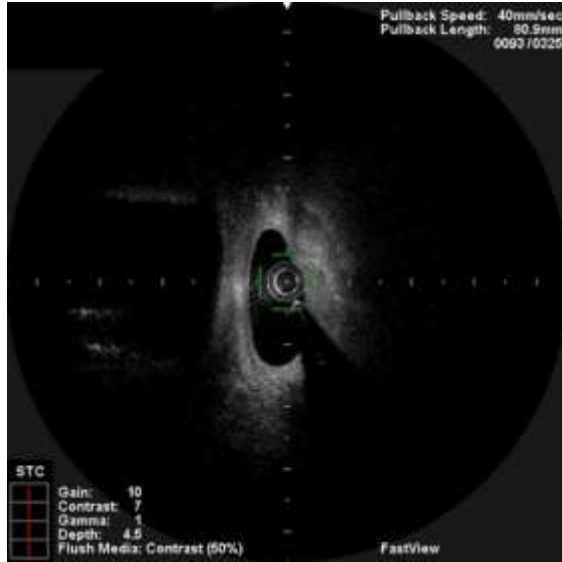
1 stent strategy

Axxess bifurcated stent

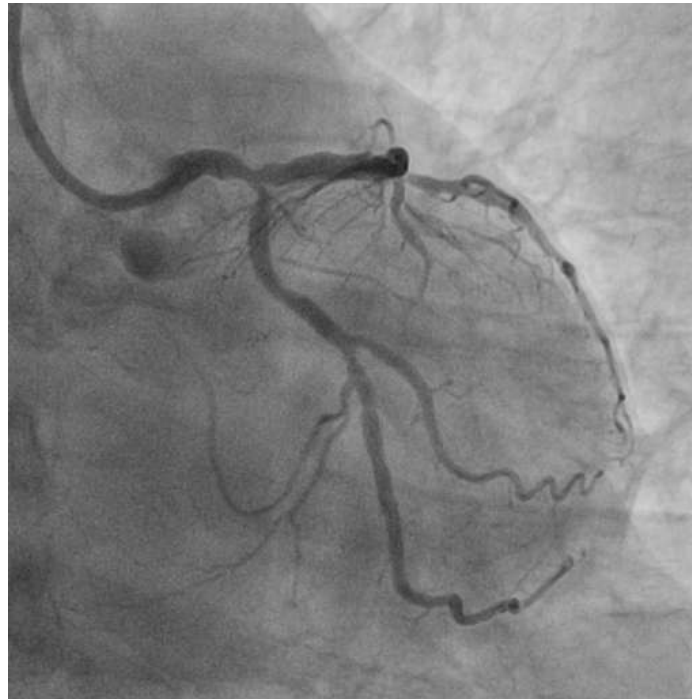
Distal overlapping stent in LAD

OFDI (Terumo) for imaging

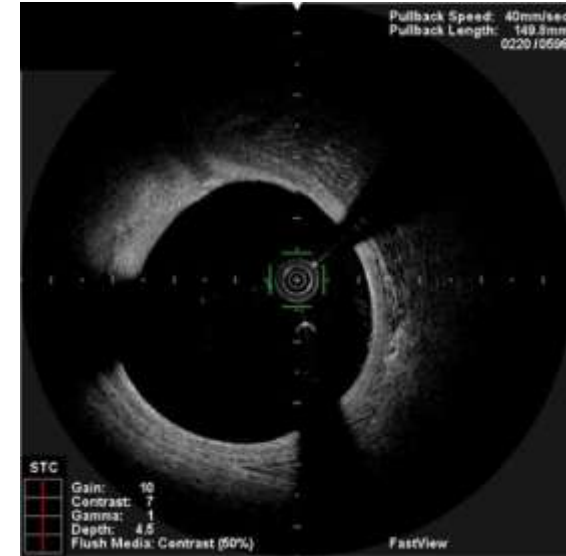
LCx Ostium



OFDI



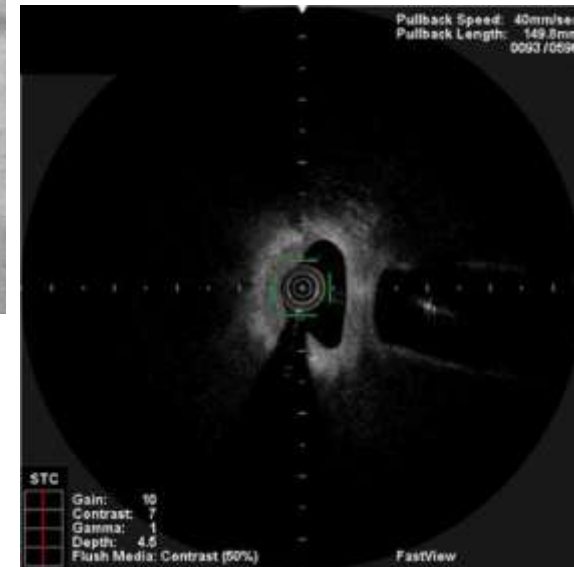
LMS Body



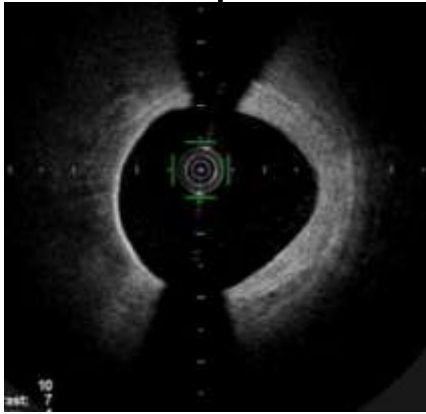
LCx Prox.



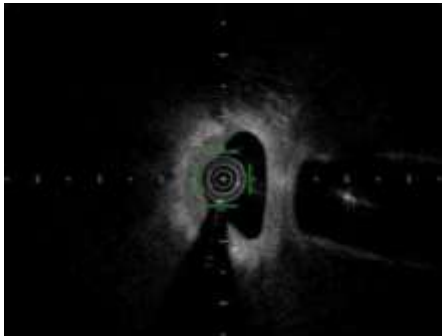
LAD Ostium



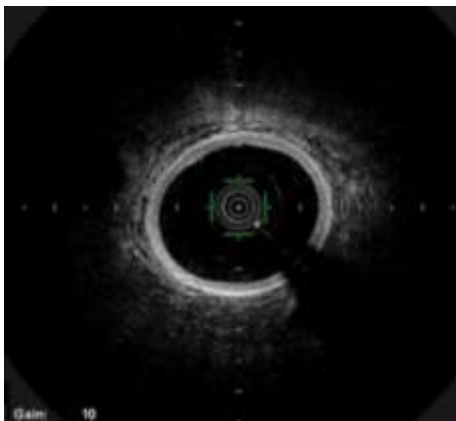
LAD - prox



LAD/D1



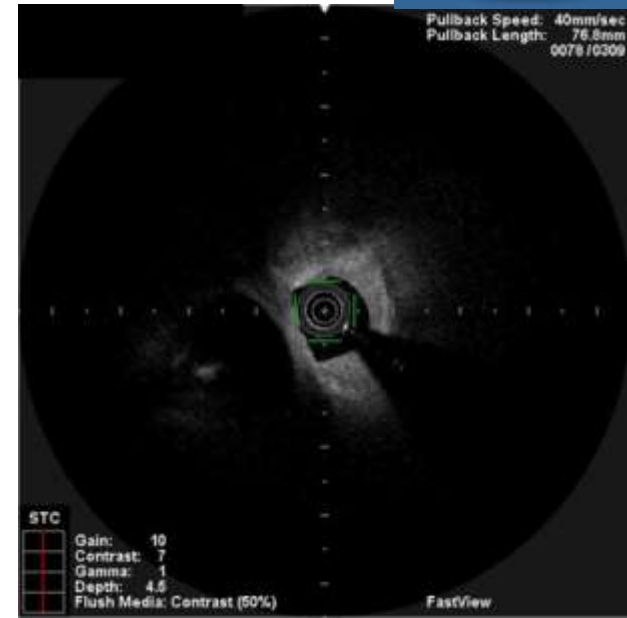
LAD - mid



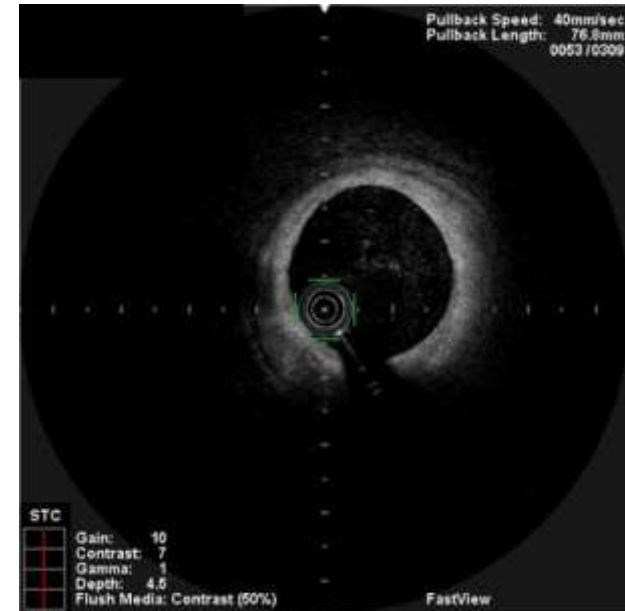
OFDI

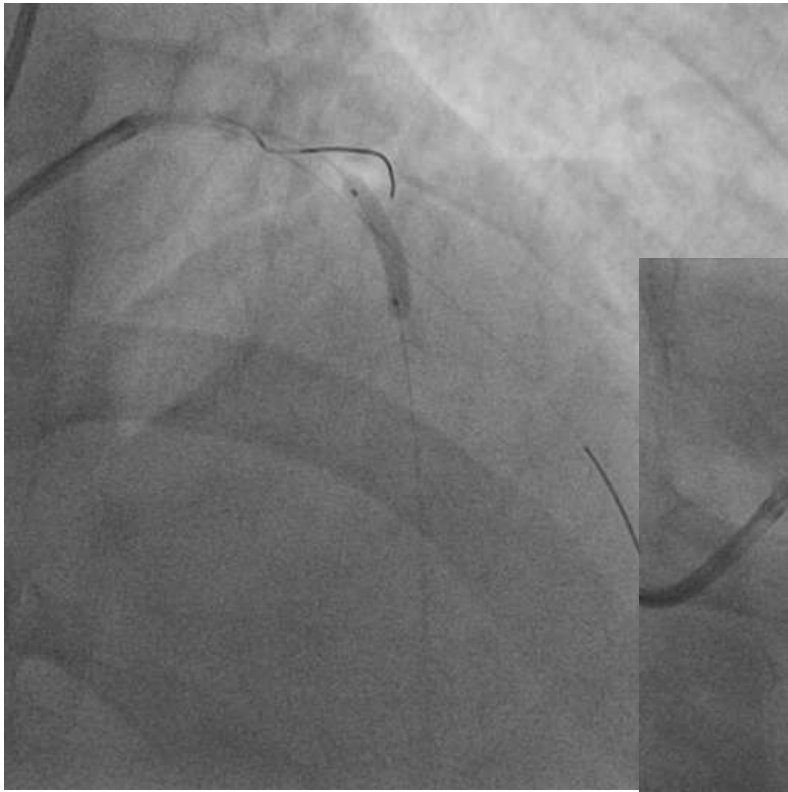


Ostial D1

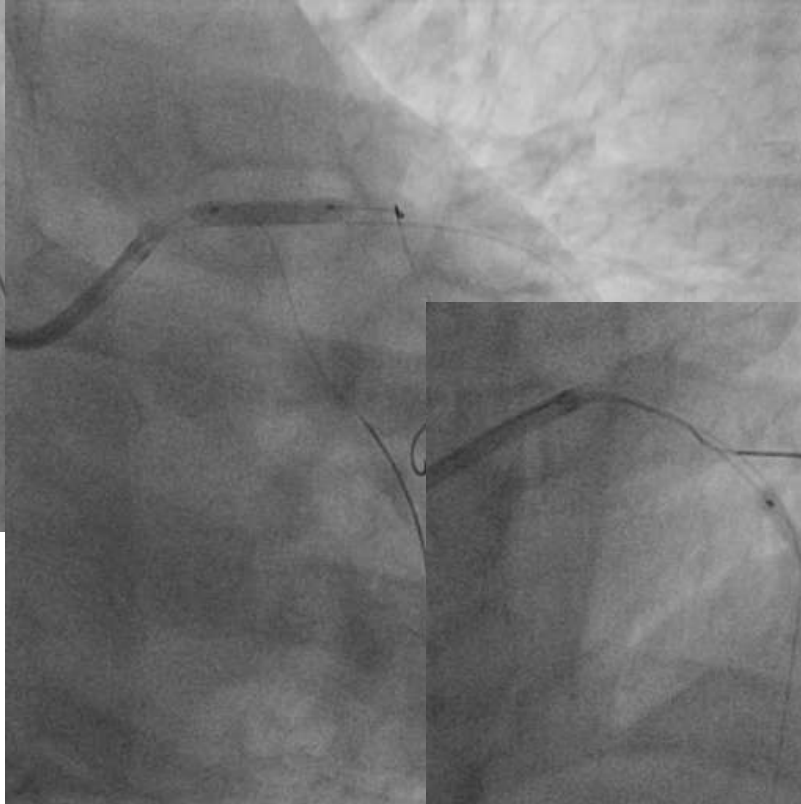


Prox. D1

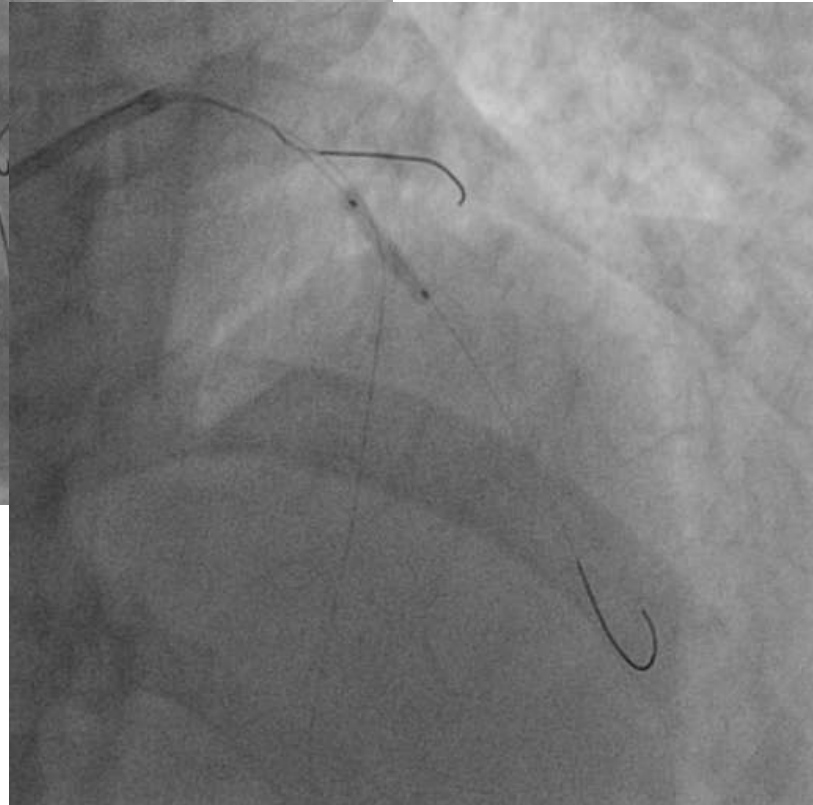




POBA Sapphire 2
2.75 x 15 mm



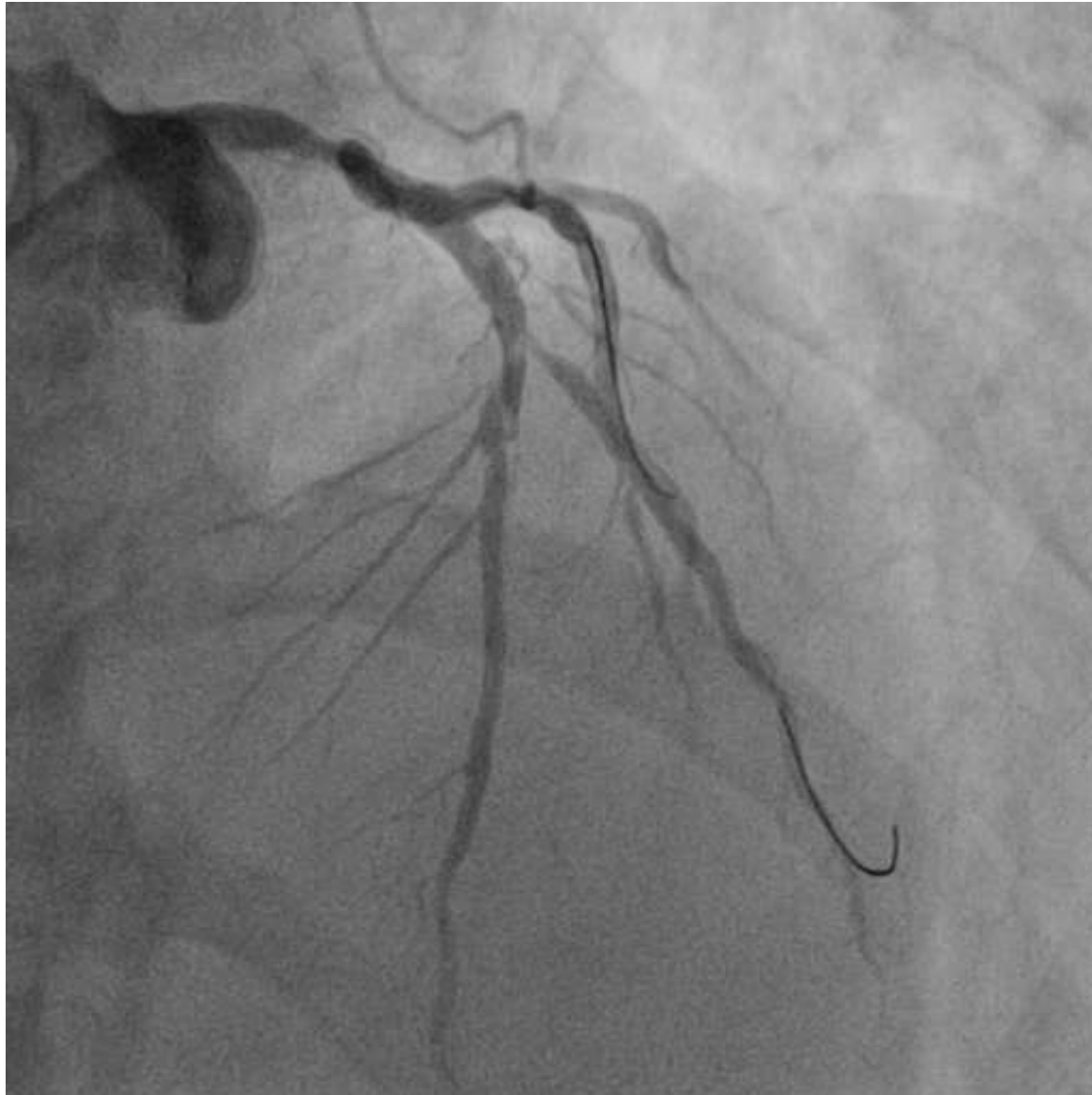
Sapphire 2
2.0 x 15 mm



Wires:
LAD & LCx
Runthrough Floppy

D1
Sion

Post POBA



LAD Post-POBA

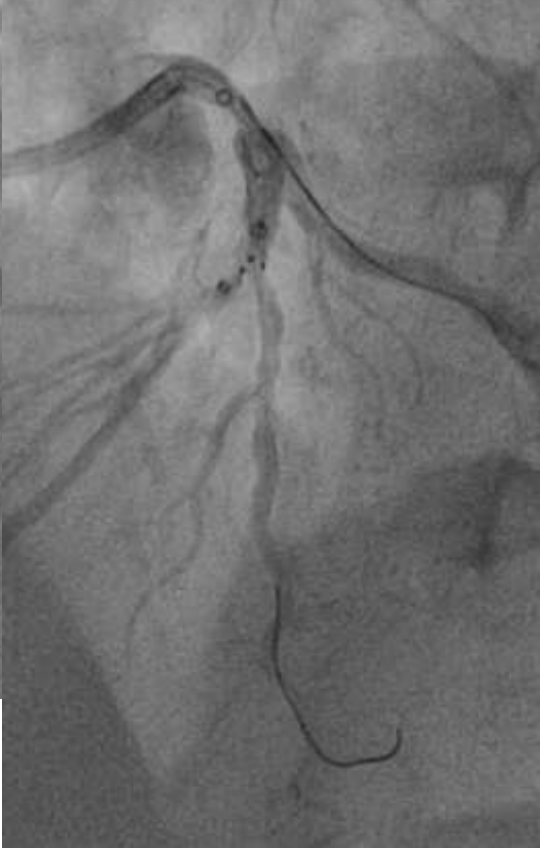
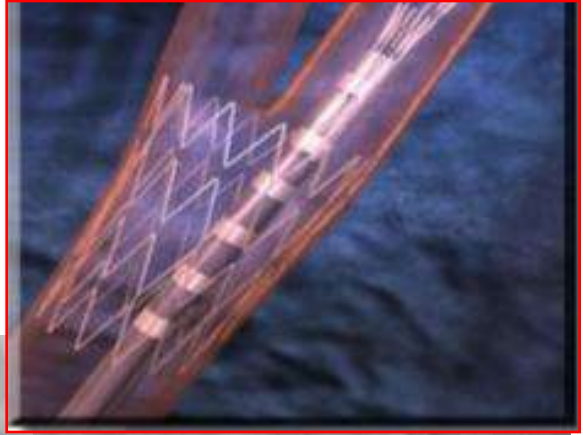
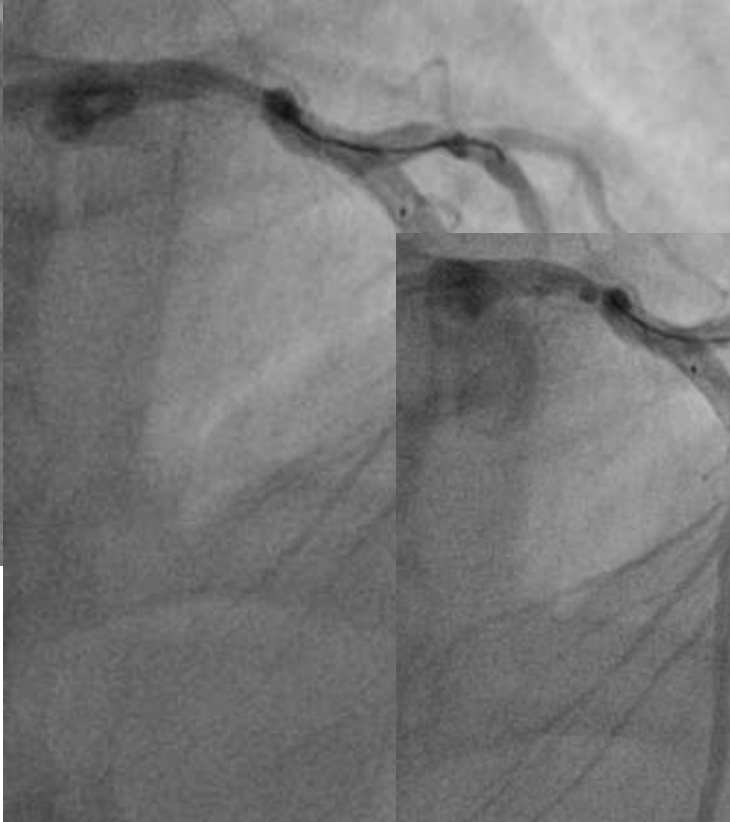
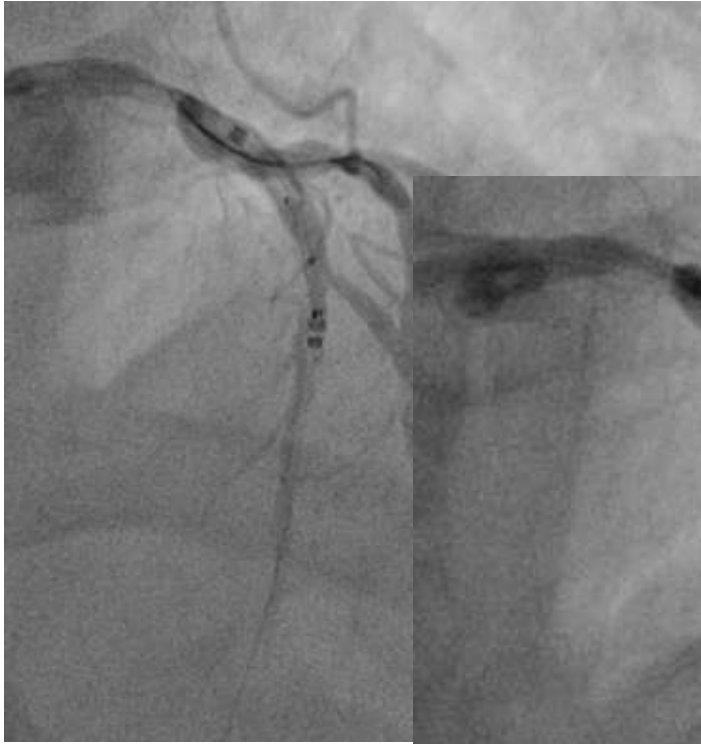


Axxess Bifurcated Stent





Axxess Stent 3.5 x 14 mm into LAD



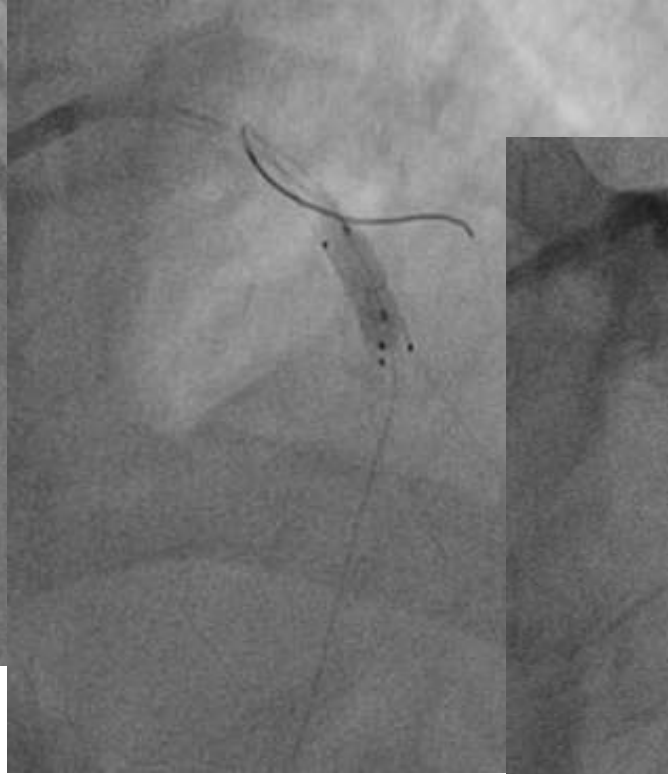


Axxess Deployment



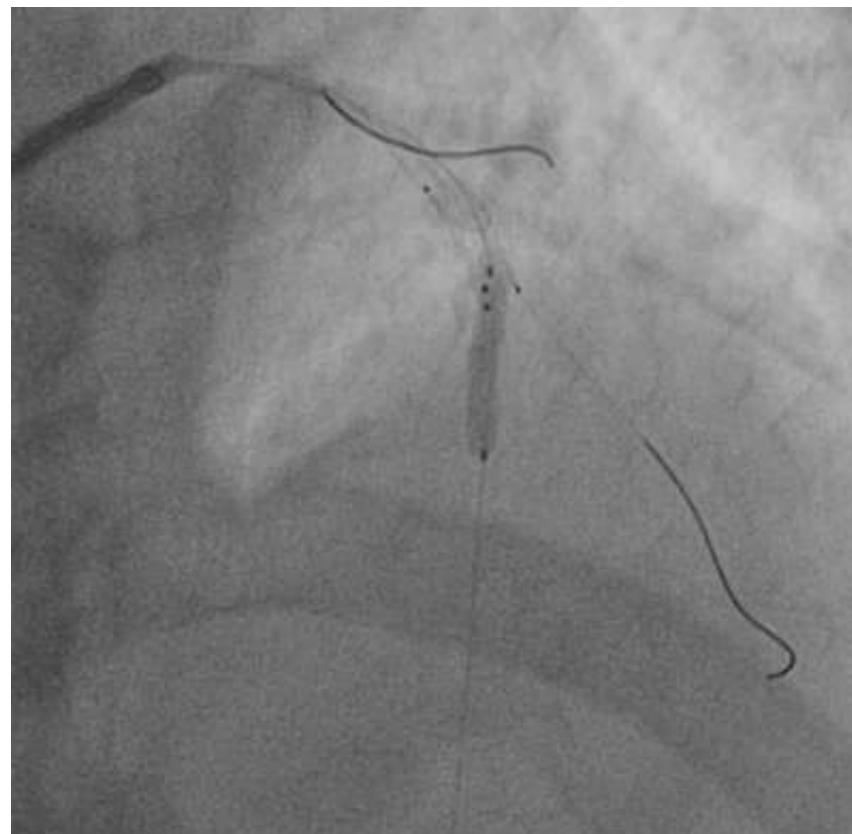


Post-dil.
Sapphire NC 3.5 x 12 mm





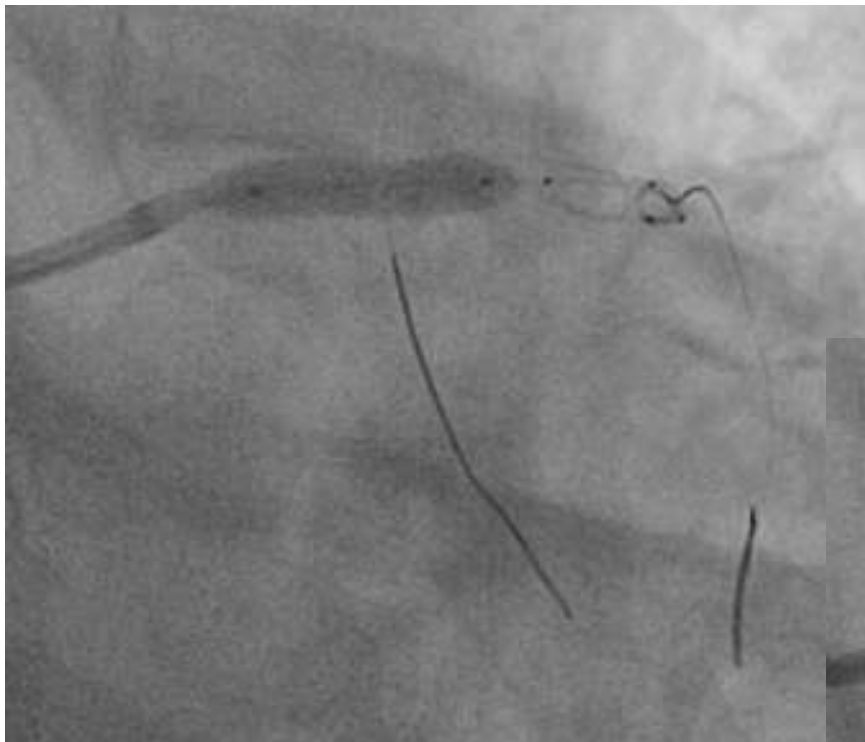
Stent mid LAD
Biomatrix 2.75 x 14 mm
14 & 18 Atm





LMS Stenting

Biomatrix 3.5 x 18 mm
18 Atm



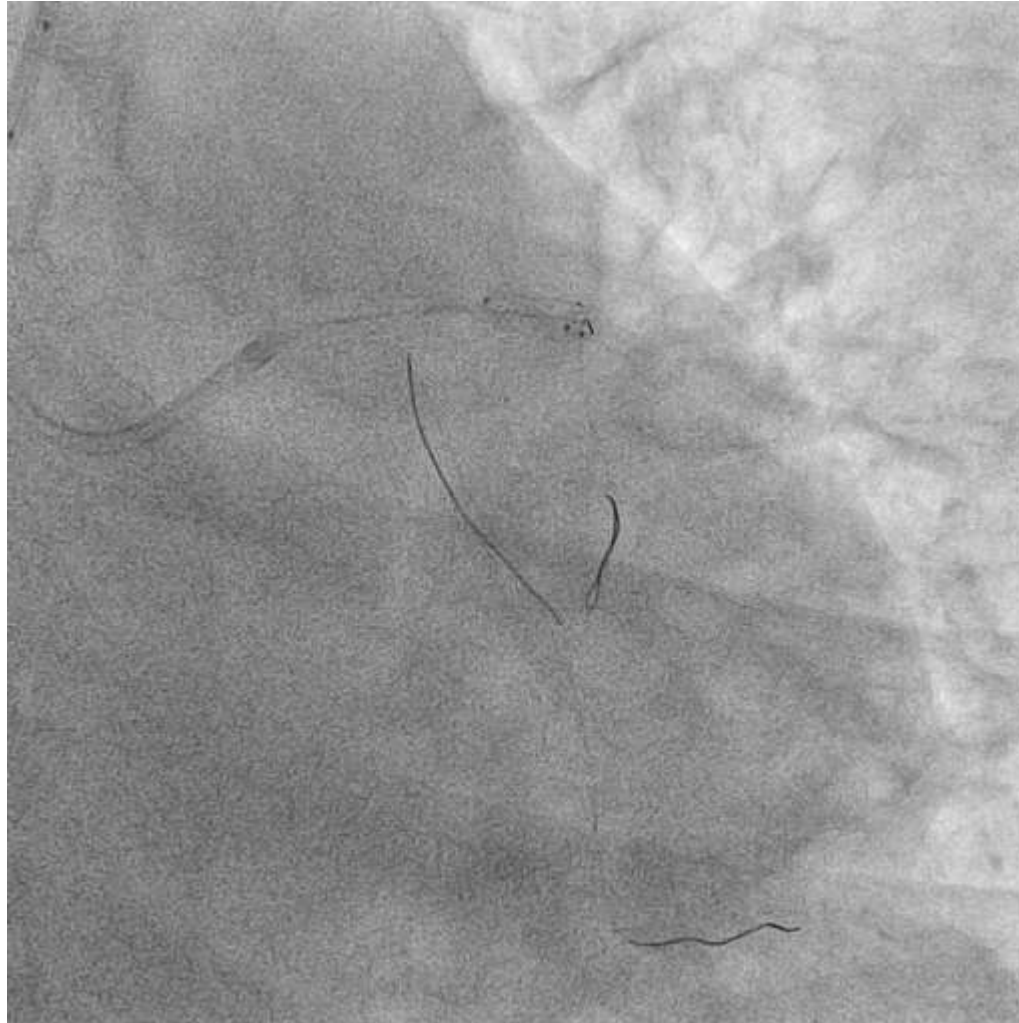


Re-wiring LCx with Pilot 50



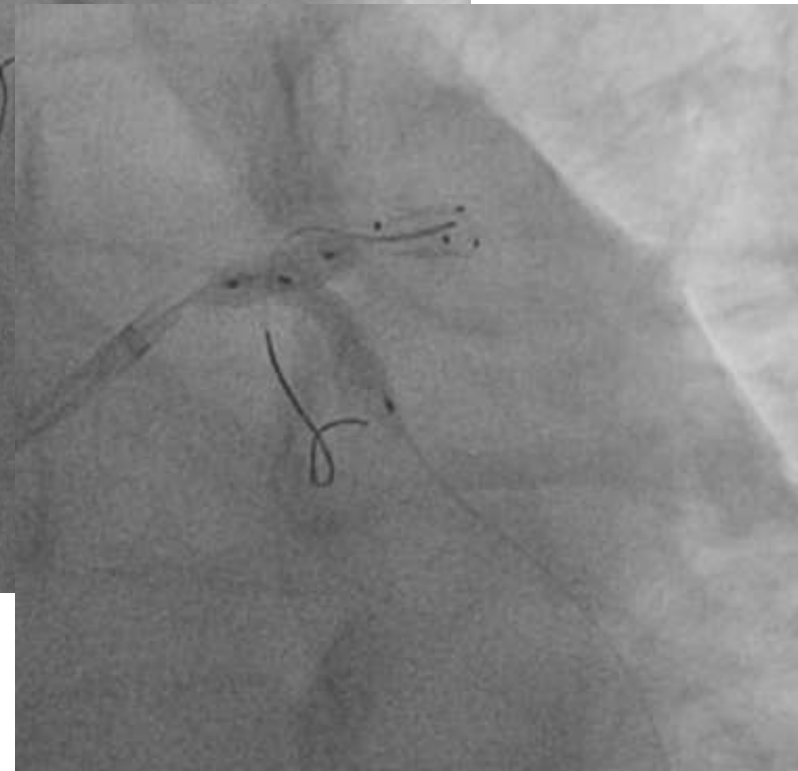
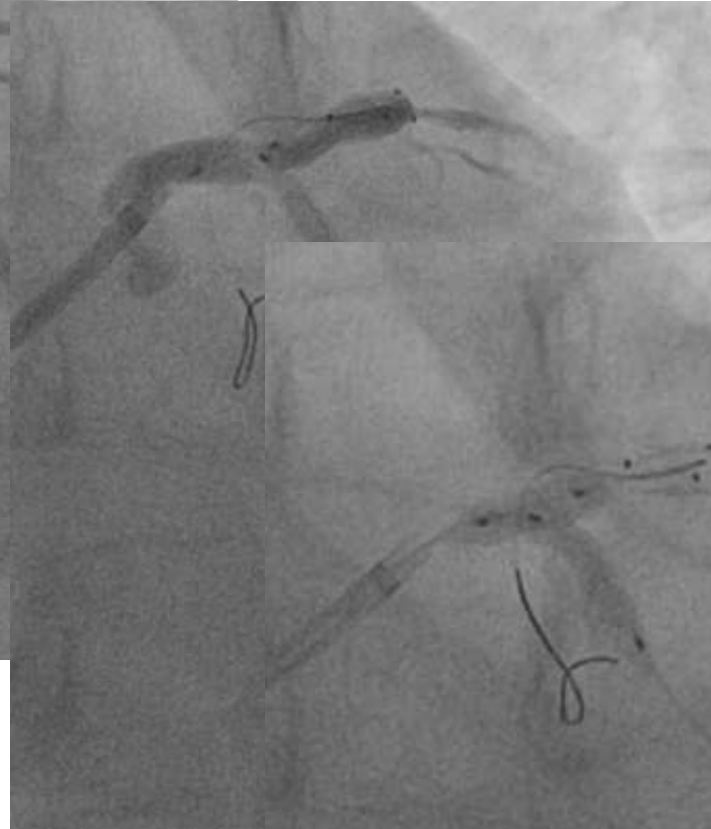
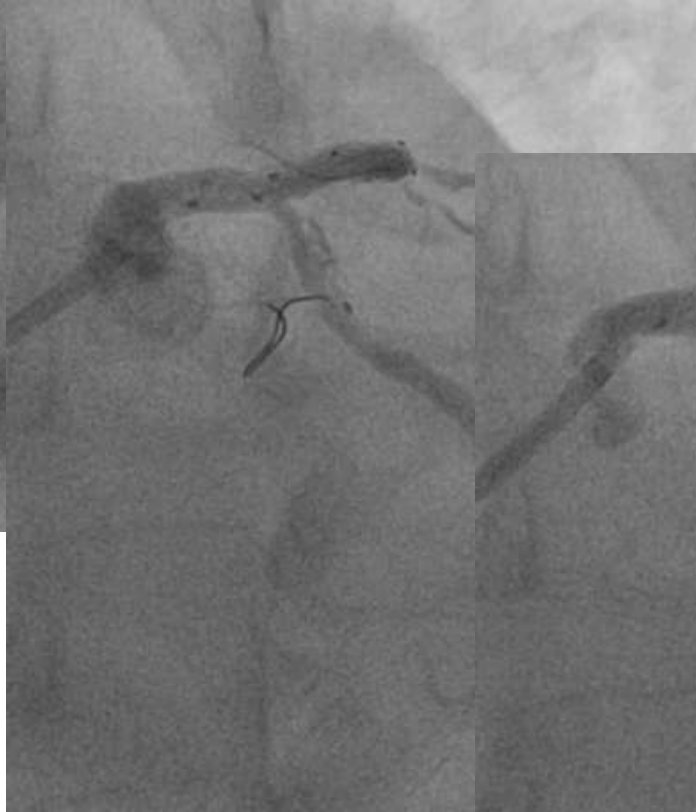
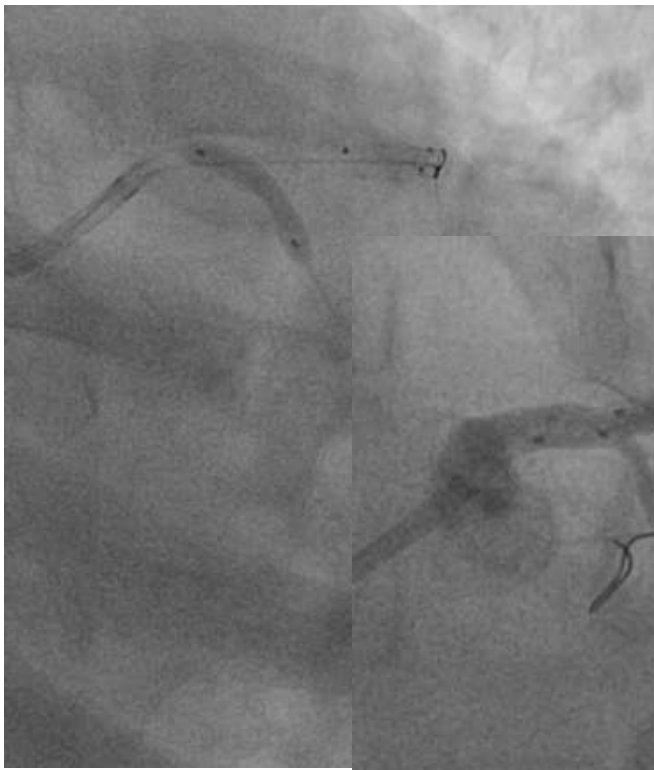


Jailed LCx Runthrough Floppy wire Used Finecross to take wire out





Dilate LMS stent struts
Sapphire 2, 2.75 x 15 mm



TAP
Biomatrix 3.0 x 11 mm
14 & 18 Atm

Final Kissing
LMS/LAD – Sapphire NC 3.5 x 12 mm
LMS/LCx – Stent balloon 3.0 x 14 mm



Post-Stent Shots

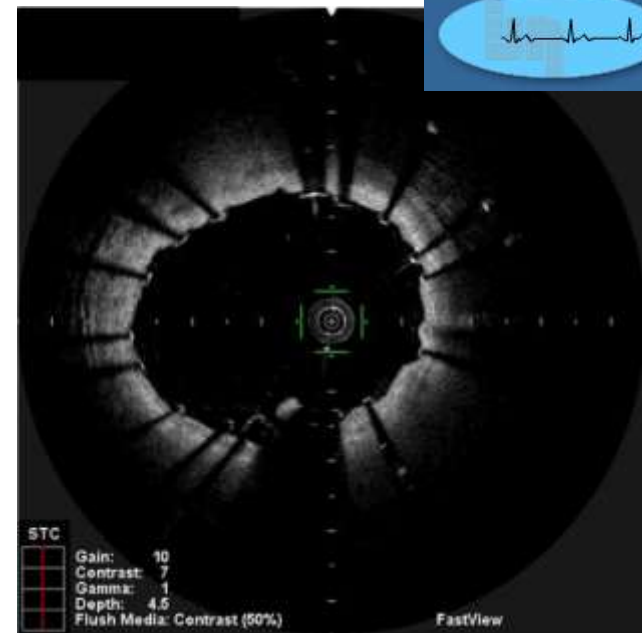
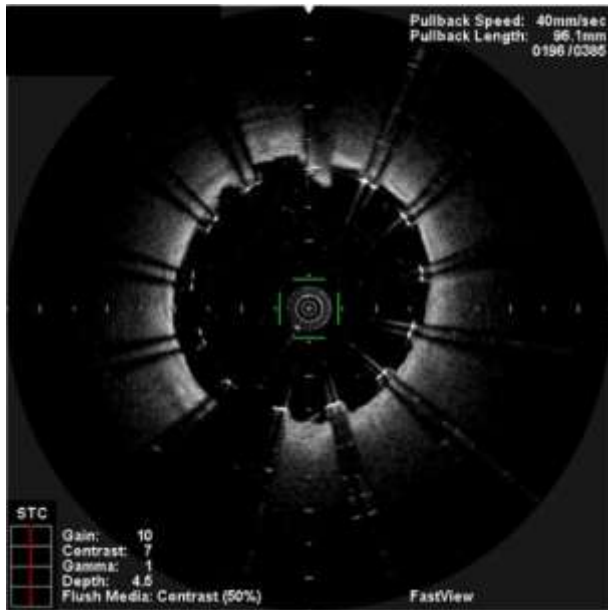




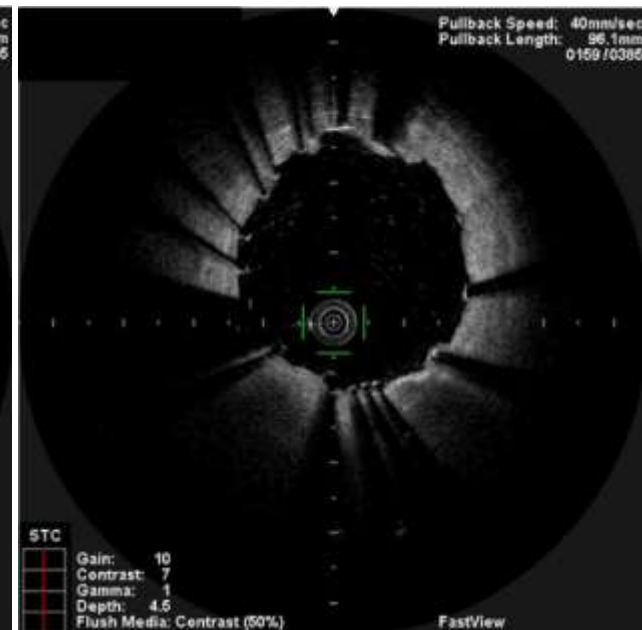
LAD Post-Stenting

Prox. LAD
Axxess

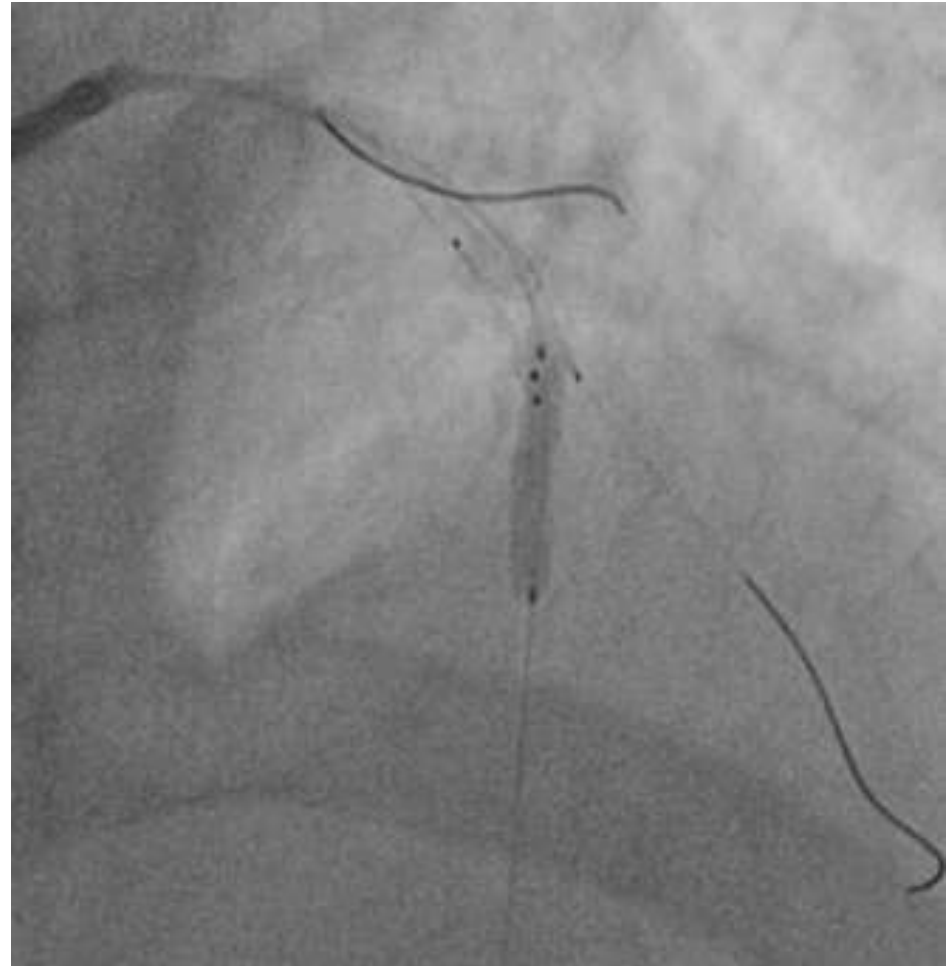
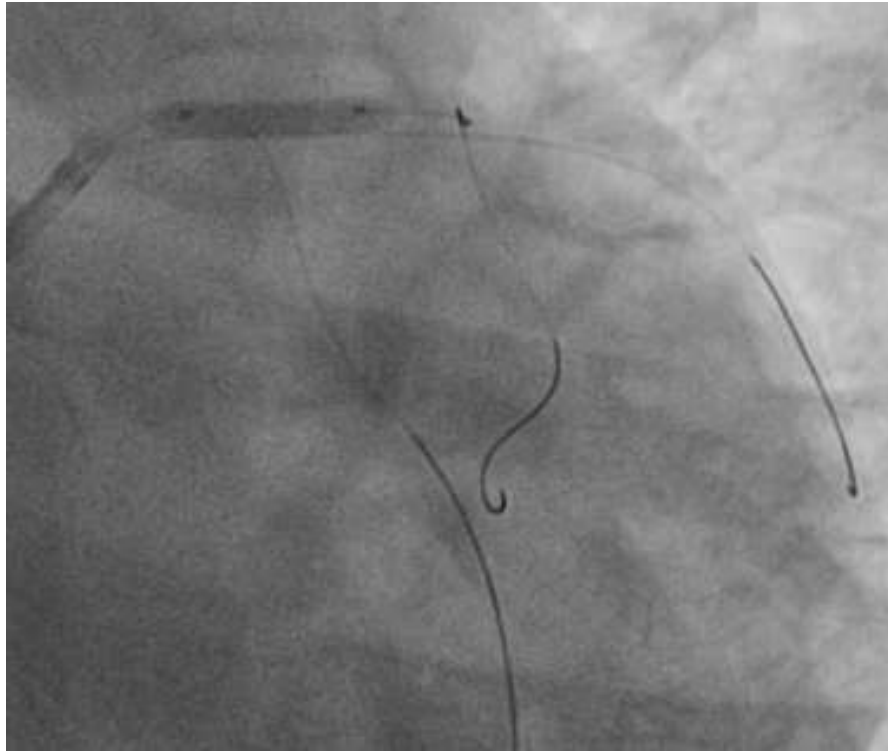
Near
Ostial
LAD



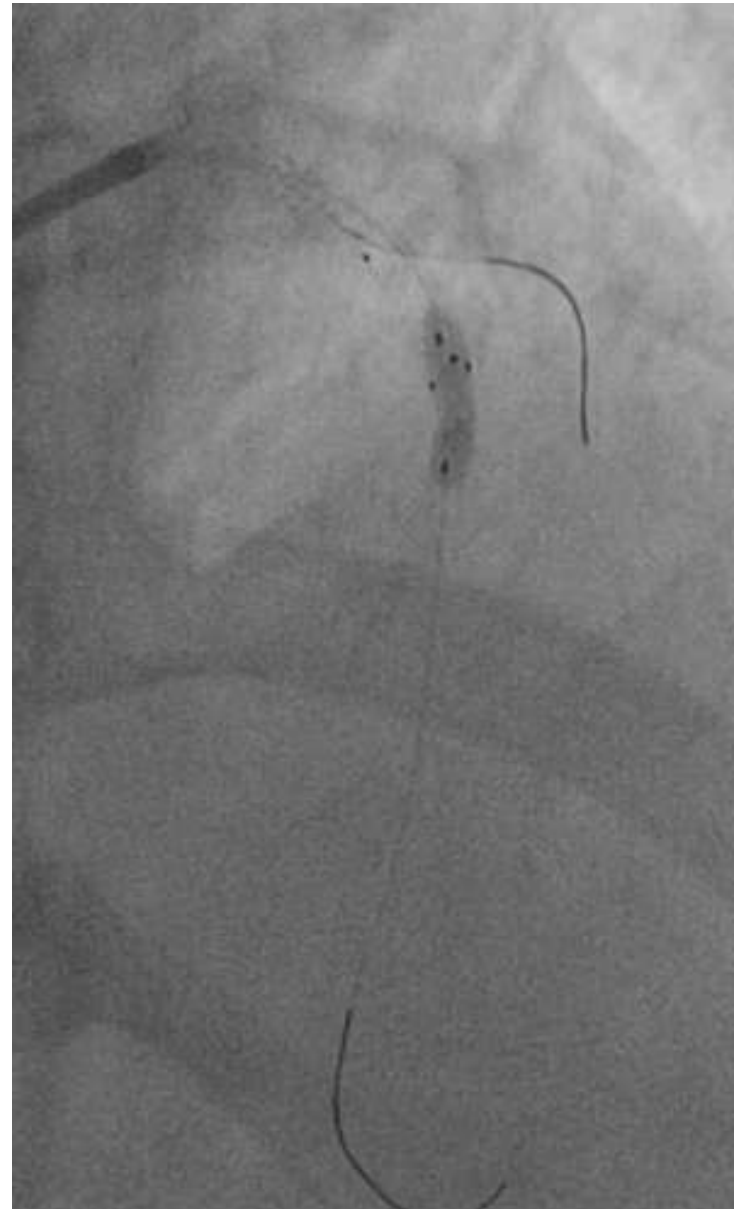
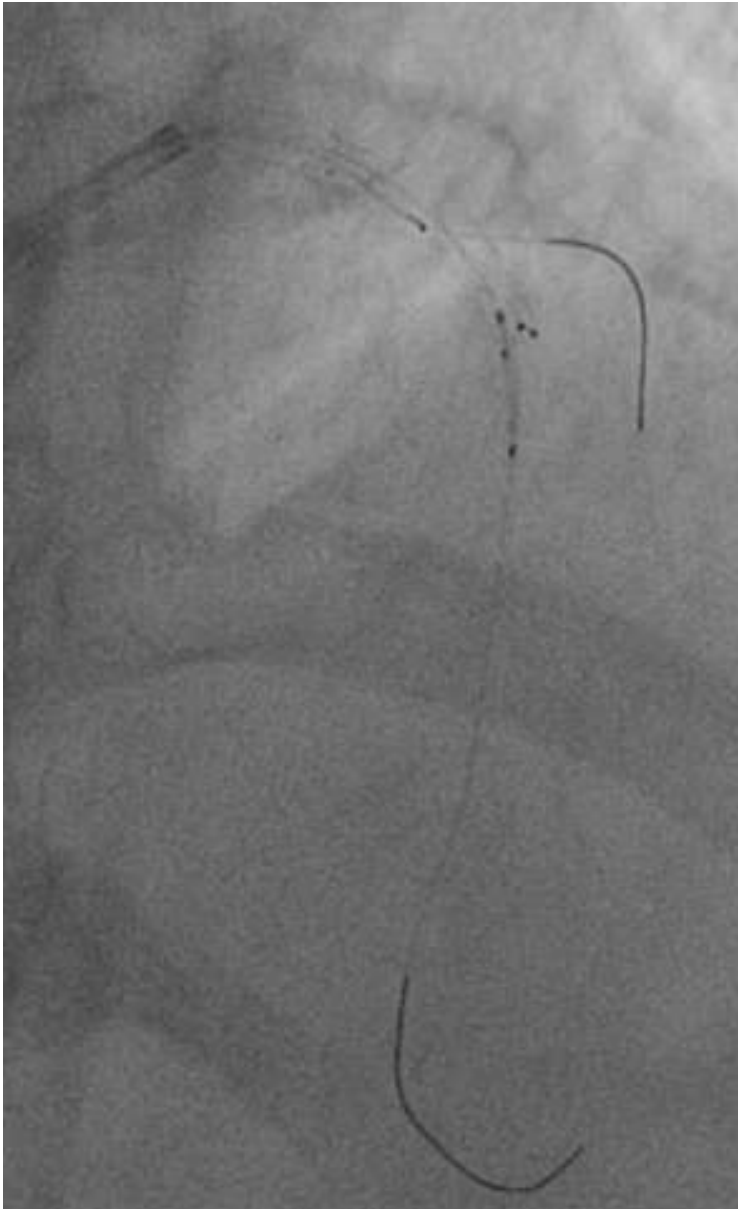
From Distal LAD stent to Proximal



What Actually Happened?



Stent to cover the Gap Biomatrix 2.75 x 8 mm at 18 Atm

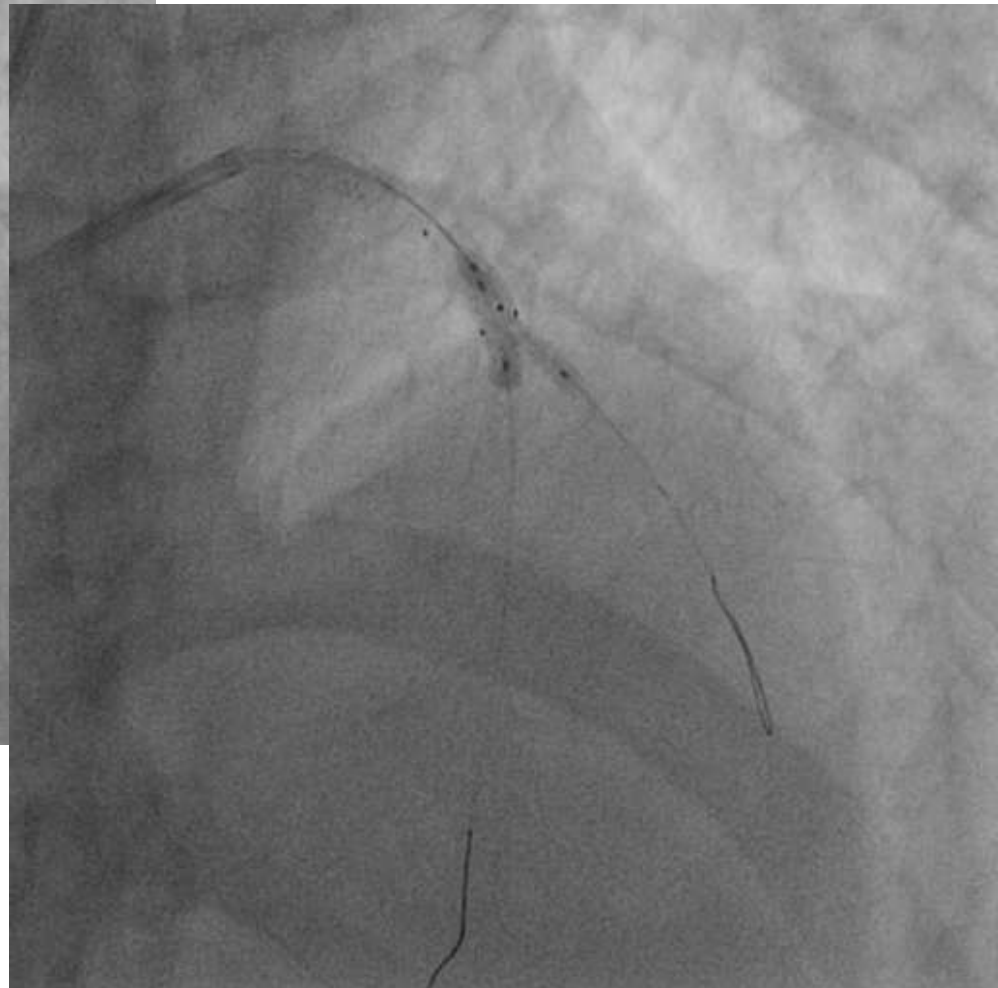
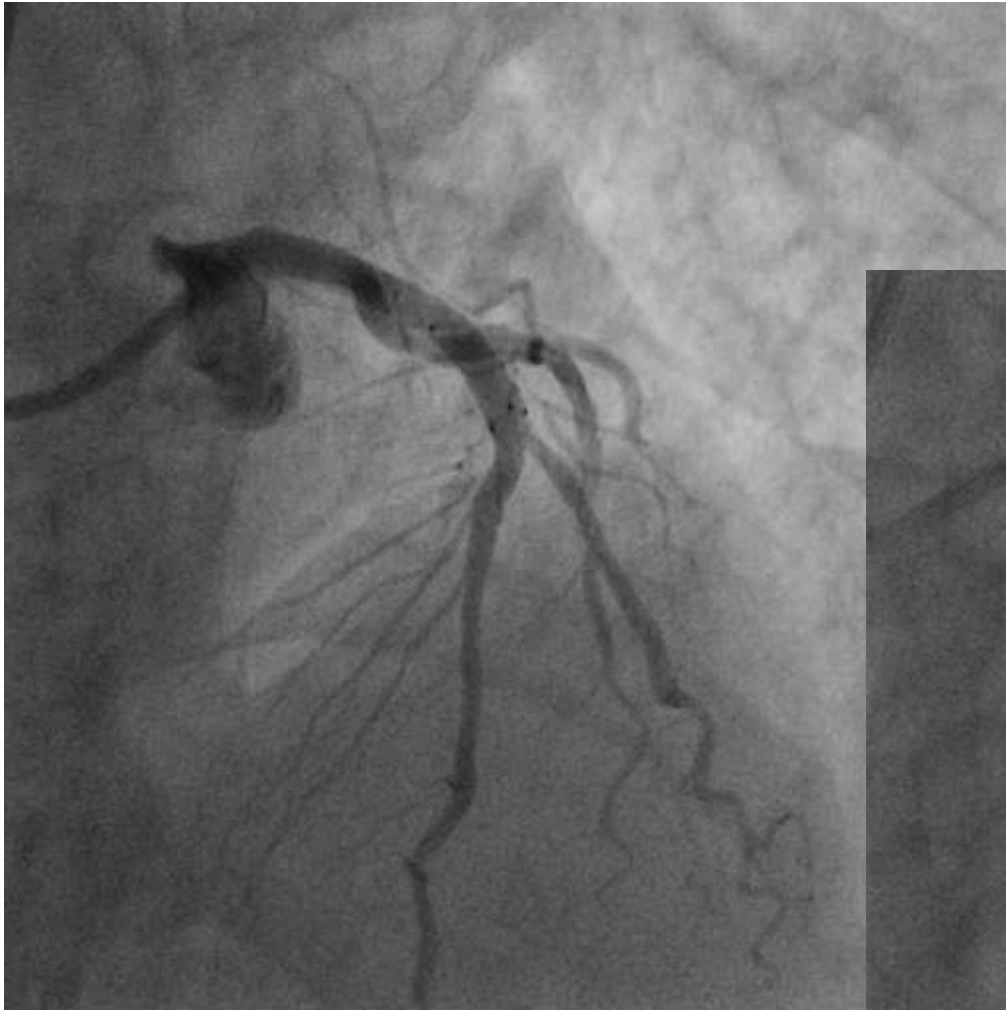




Kissing

LAD – Stent balloon 2.75 x 8 mm

D1 – Sapphire 2, 2.5 x 12 mm
8 Atm.



Post-dil Sapphire NC 3.5 x 12 mm at 18 Atm





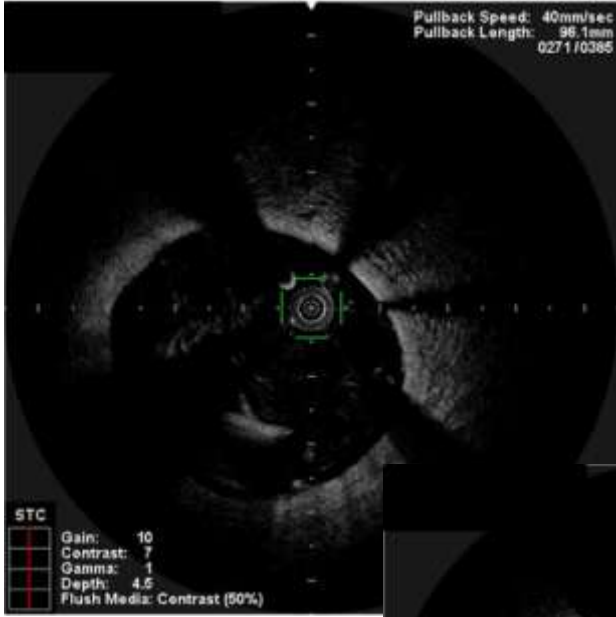
Post PCI



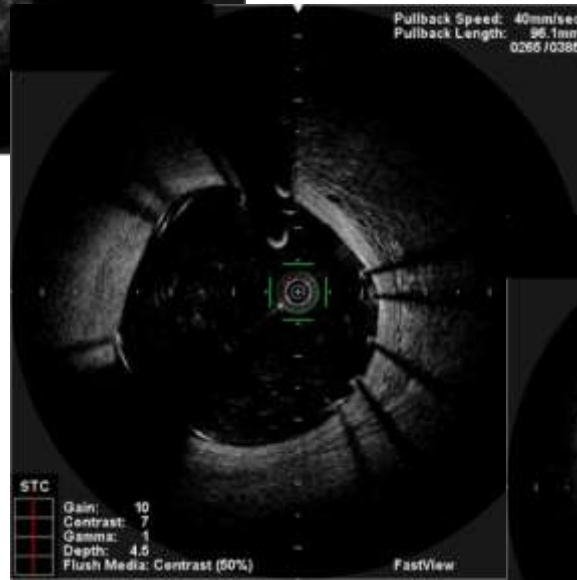


Post PCI

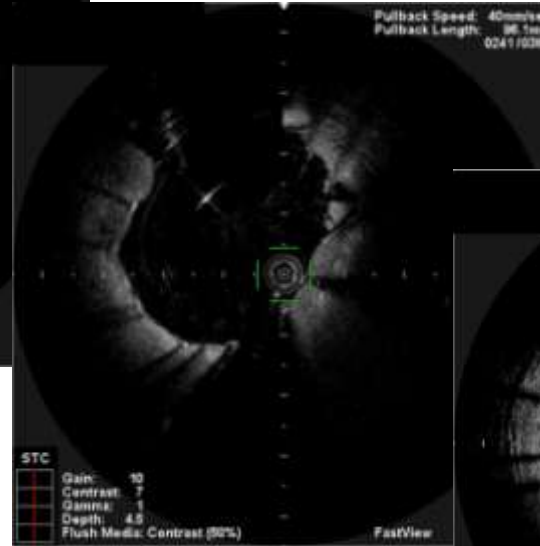




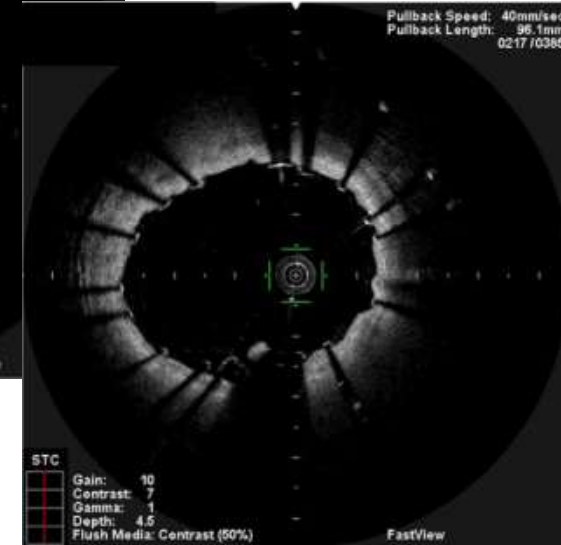
Prox. LMS



Distal LMS



Ostial LAD



Prox LAD

No angina 8 mo. post PCI



Teaching Points

1. Decide on stenting strategy
If decide for 2 stent strategy
 - chose the proper technique & device
 - make stenting as simple as possible
2. Imaging modality is ideal esp. with LMS stenting
3. Jailed wire can be taken out 'easily'
4. Wire doubled back: Different views should be taken
5. Should avoid geographical miss



ASEAN Federation of Cardiology Congress 2014

12th – 15th June 2014
Kuala Lumpur