

Complex PCI with IVUS Guidance

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History – (1)

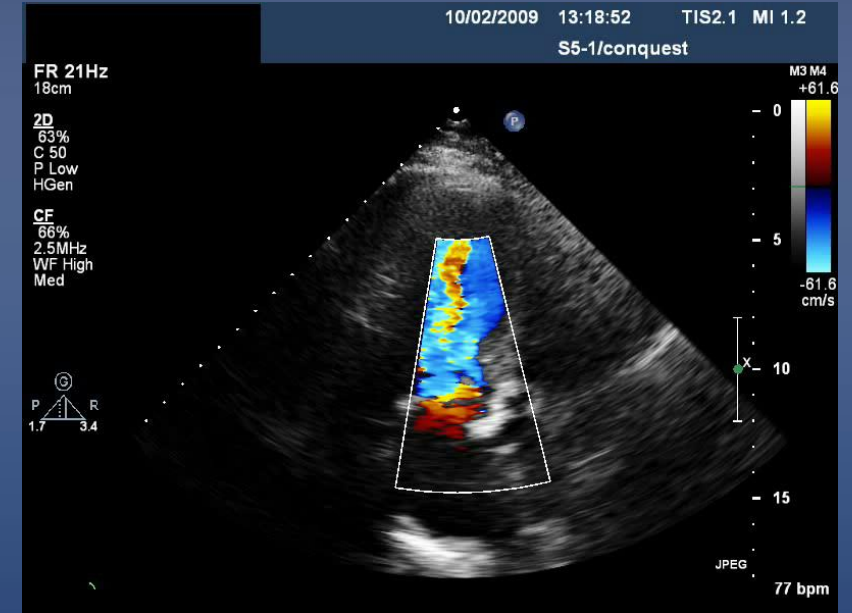
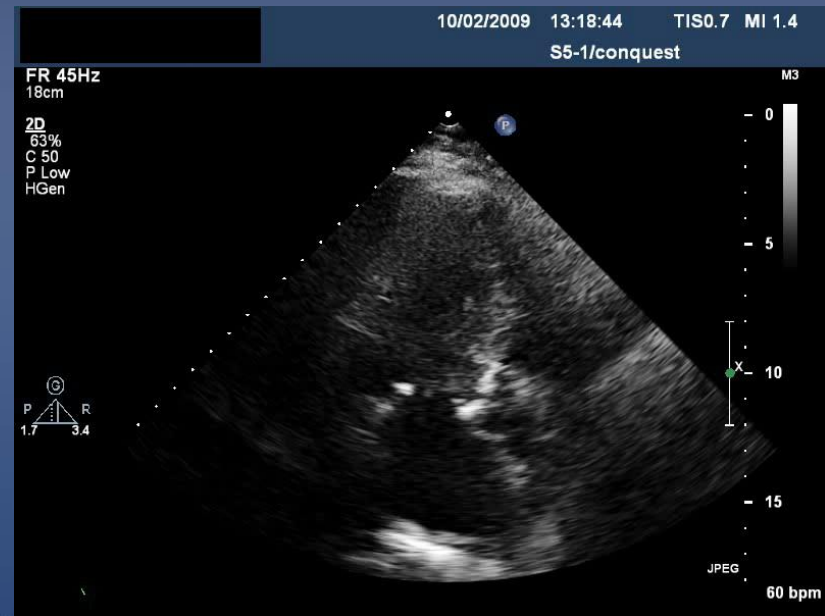
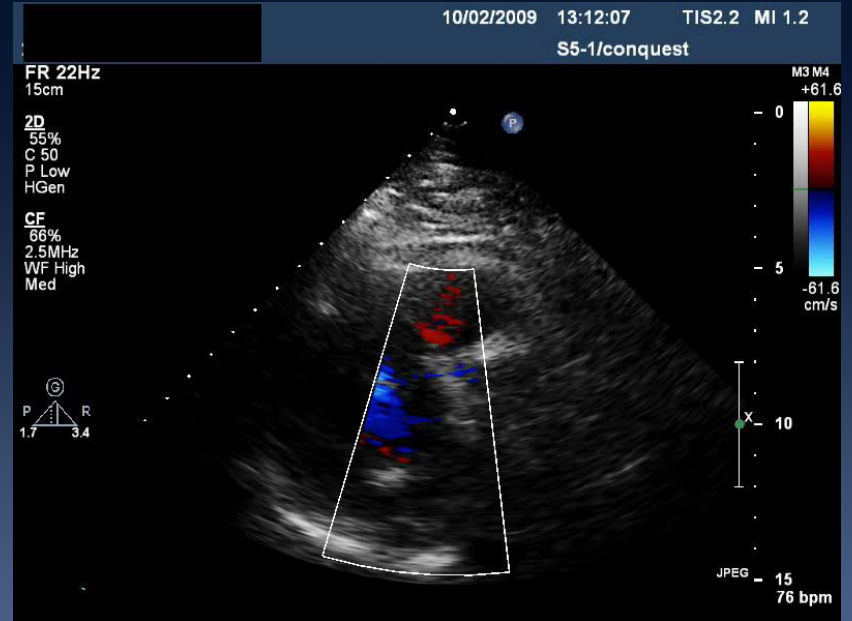
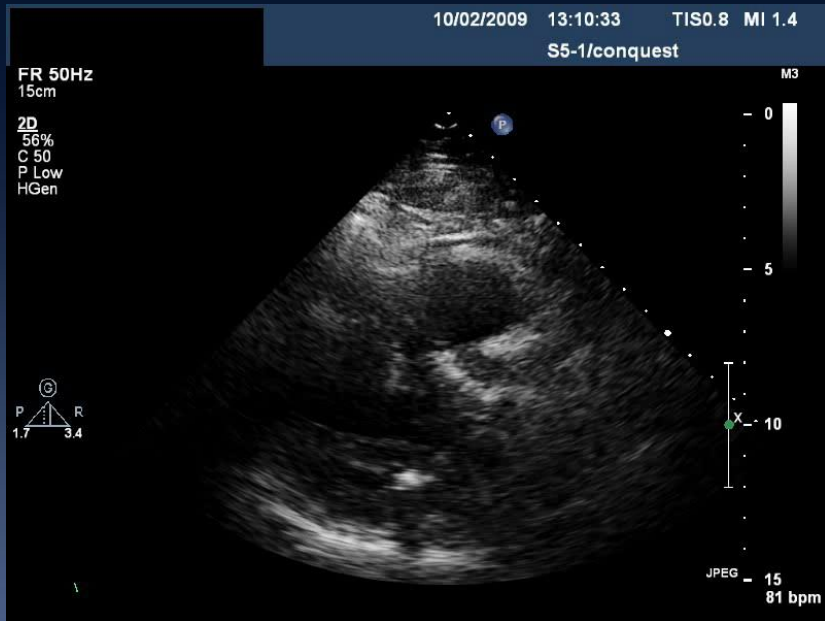
Mrs EC 80 yo Female

- T2DM
 - CKD (eGFR 26)
 - Bilateral RAS with stenting
 - Hypertension
 - CAD – LAD Cypher 2005
 - Hyperlipidaemia
 - PVD – claudication
 - Recurrent anaemia – EP
-

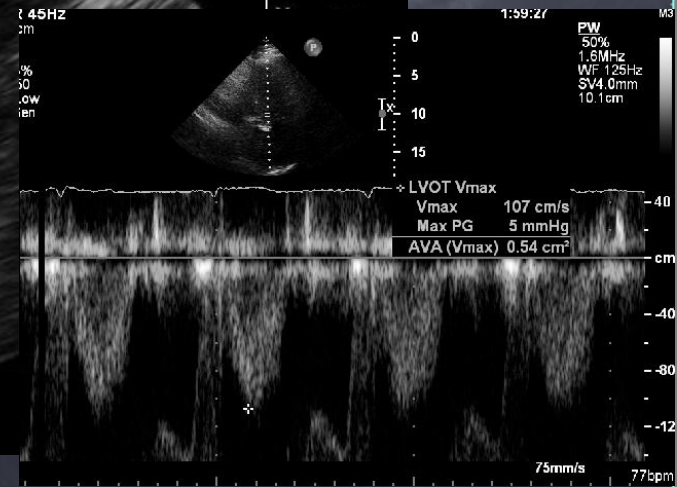
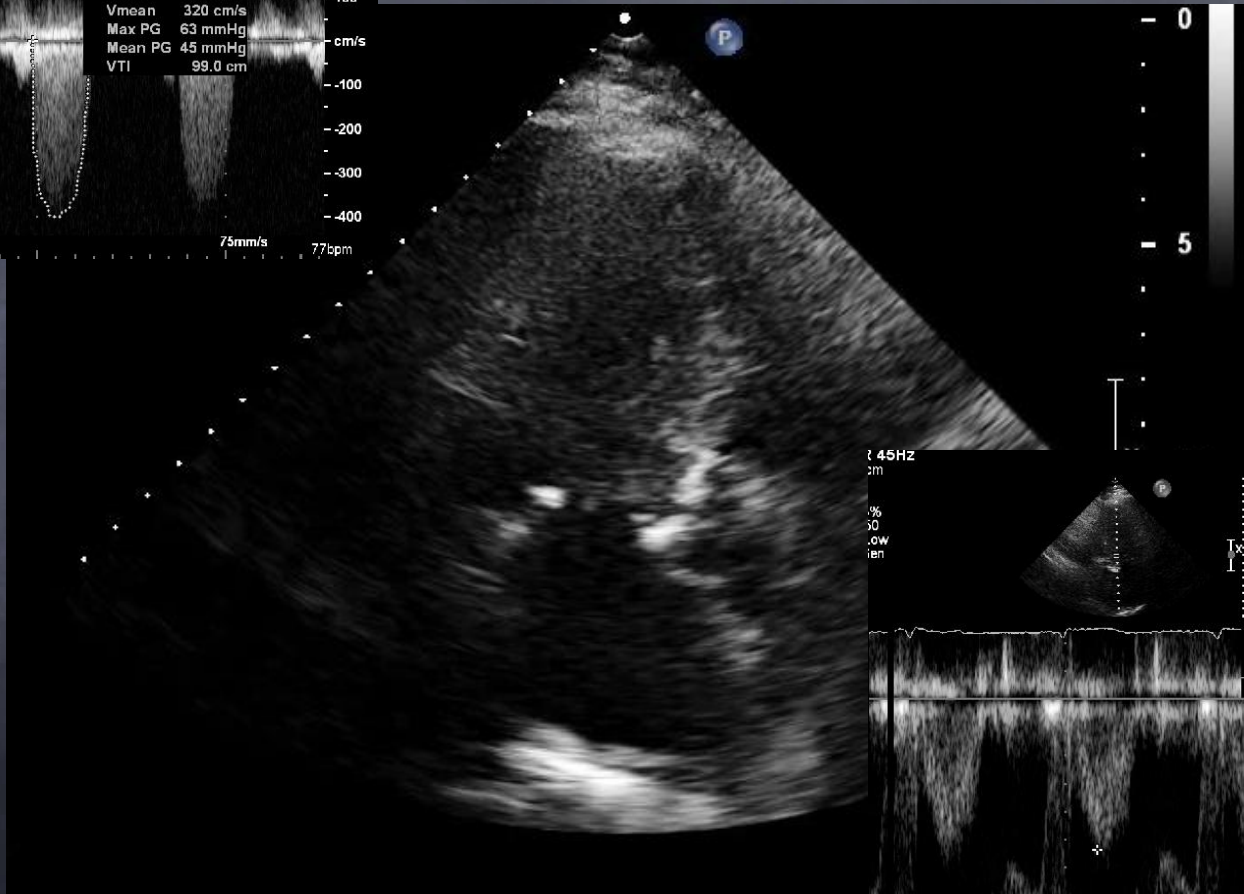
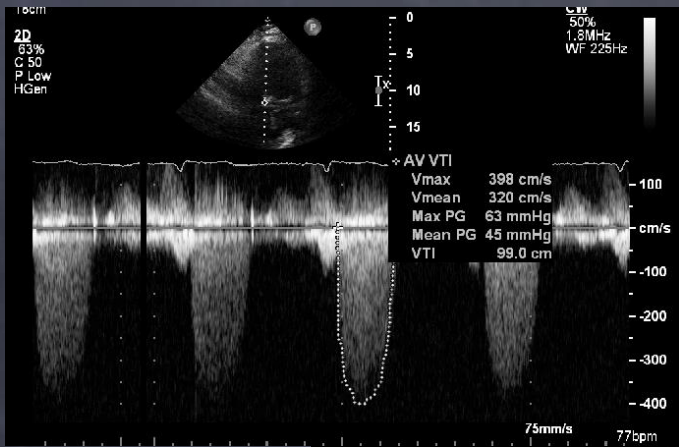
Serial TTE

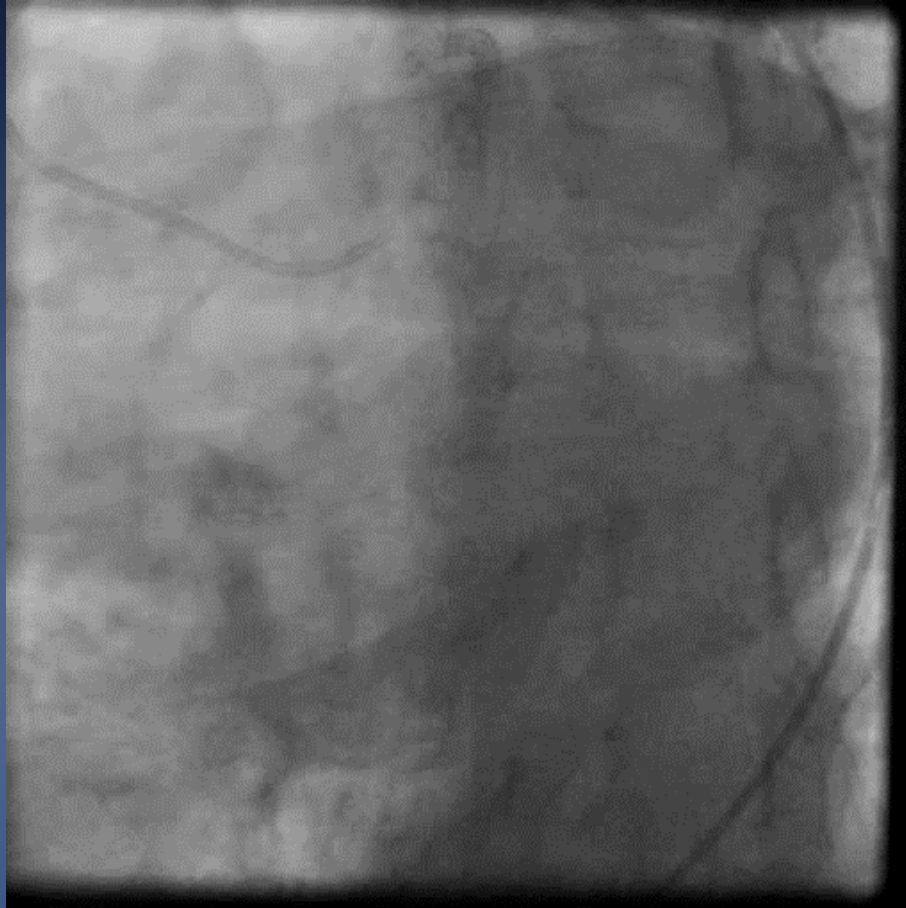
- 2004 mild AS (AoV thickening only)
- July 2007 peak Gradt 61 mmHg (mean 37 mmHg)
- Feb 2008 peak Gradt 70 mmHg (mean 44 mmHg)
- Feb 2009 peak Gradt 63 mmHg (mean 45 mmHg); AVA 0.54 cm²
- July 2009 peak gradt 120 mmHg; AVA 0.6 cm², Annulus 2.1 – 2.2 cm

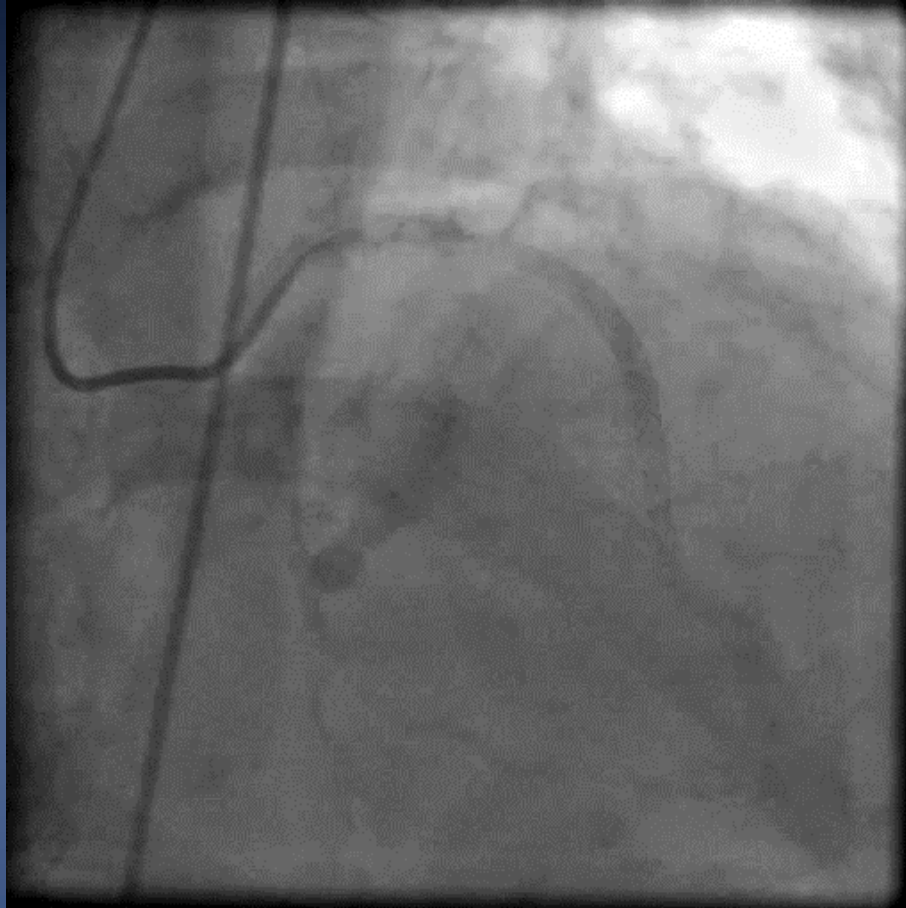
TAVI CoreValve 26mm & PPM (Sept 2009)

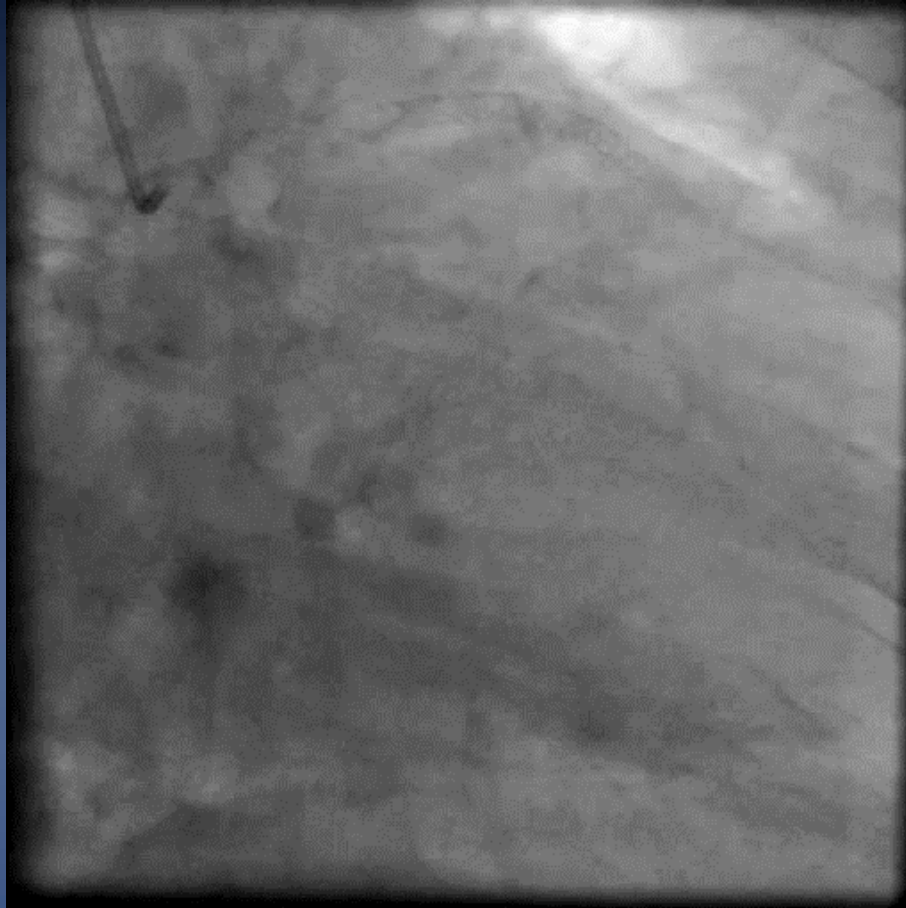


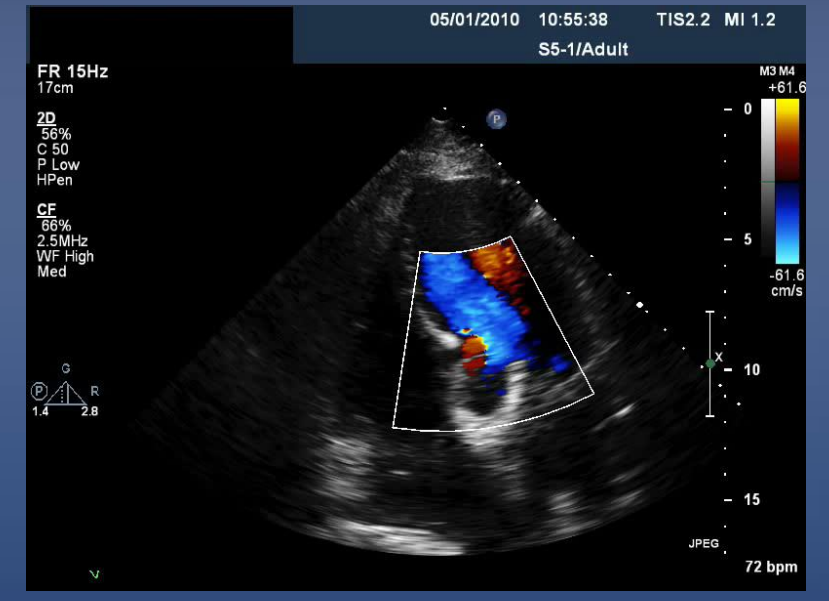
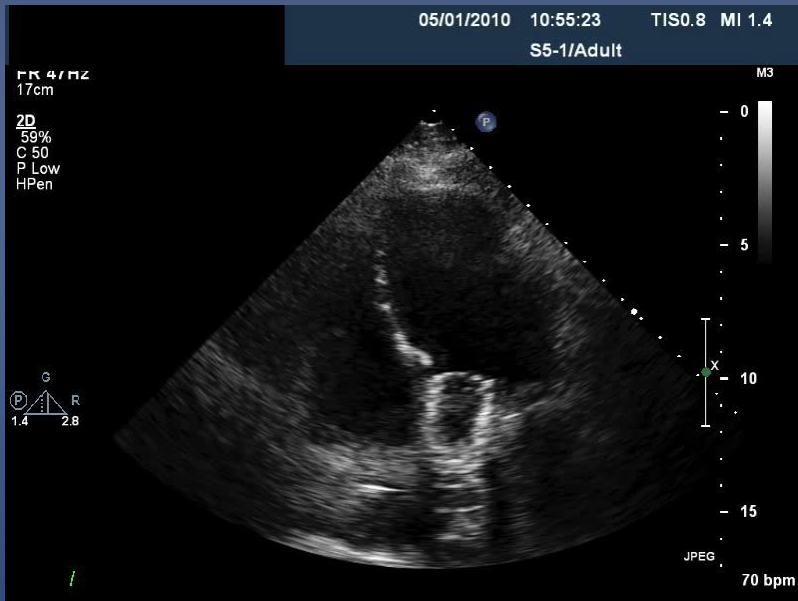
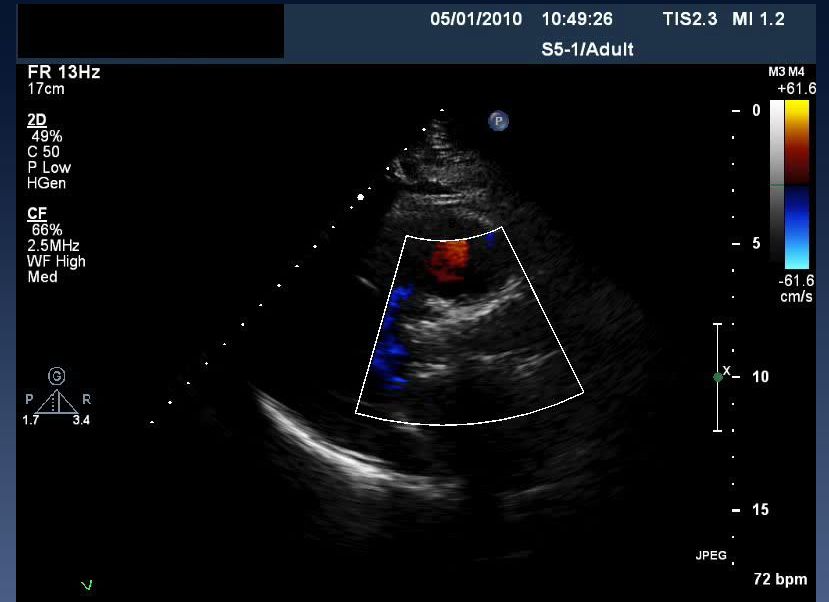
Pre TAVI





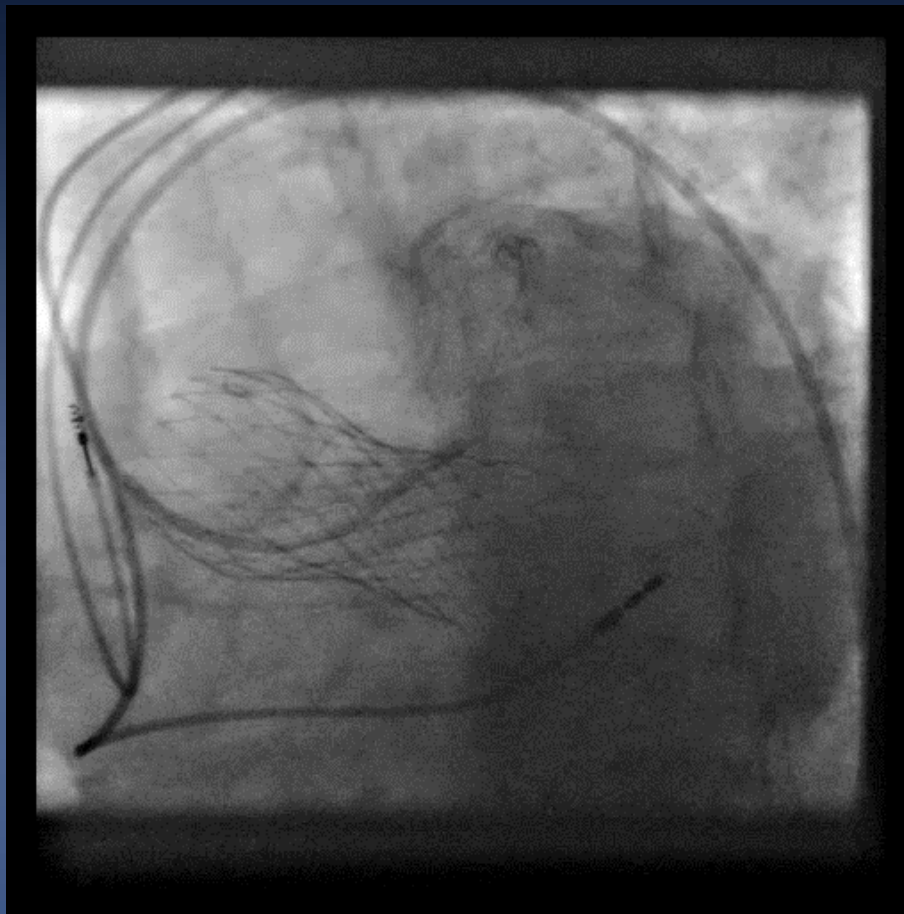


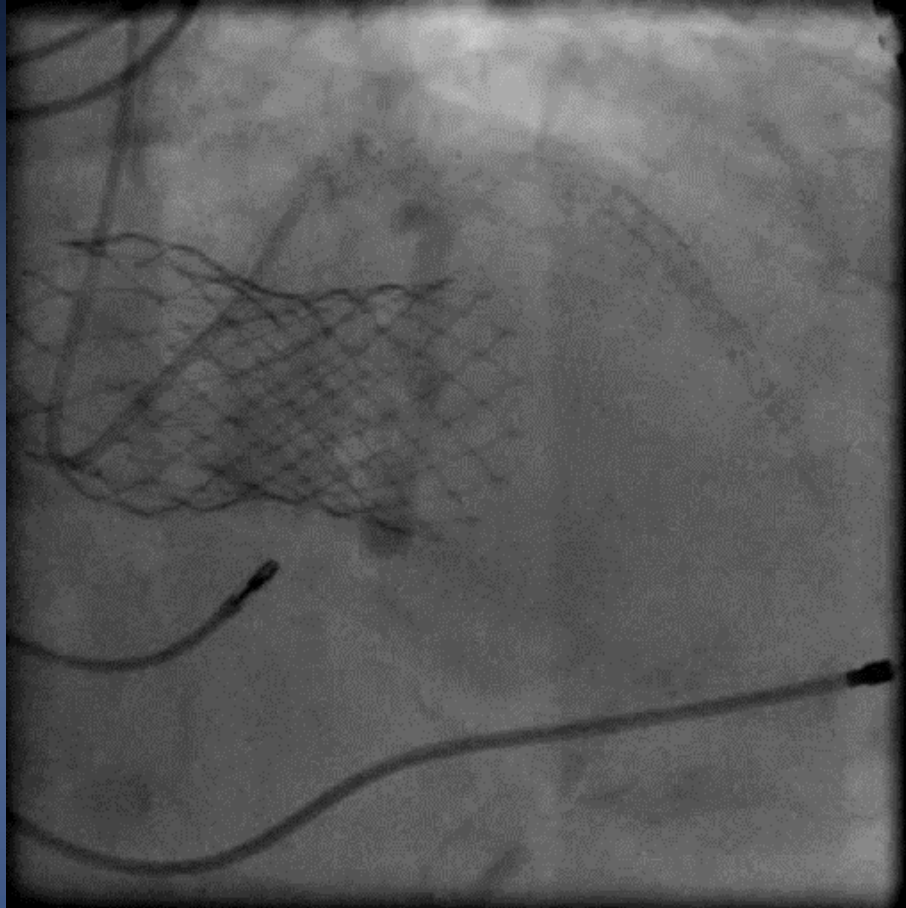




Post TAVI (26mm CoreValve)



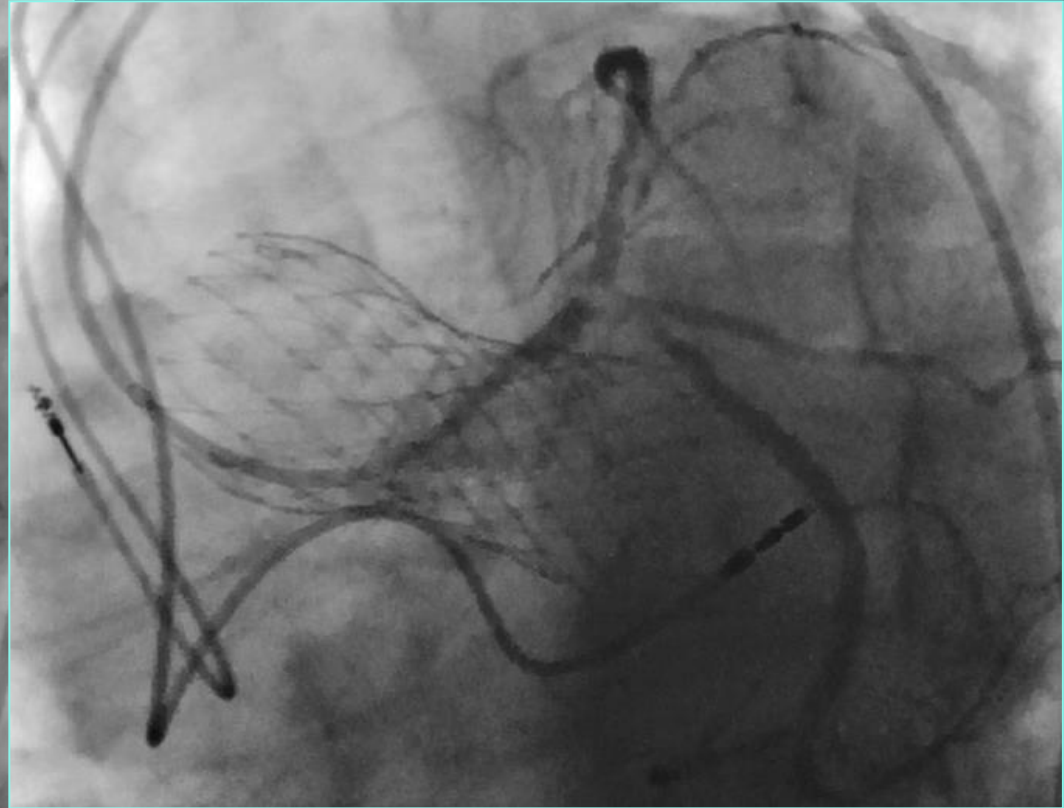




Pre TAVI



3 years Post TAVI



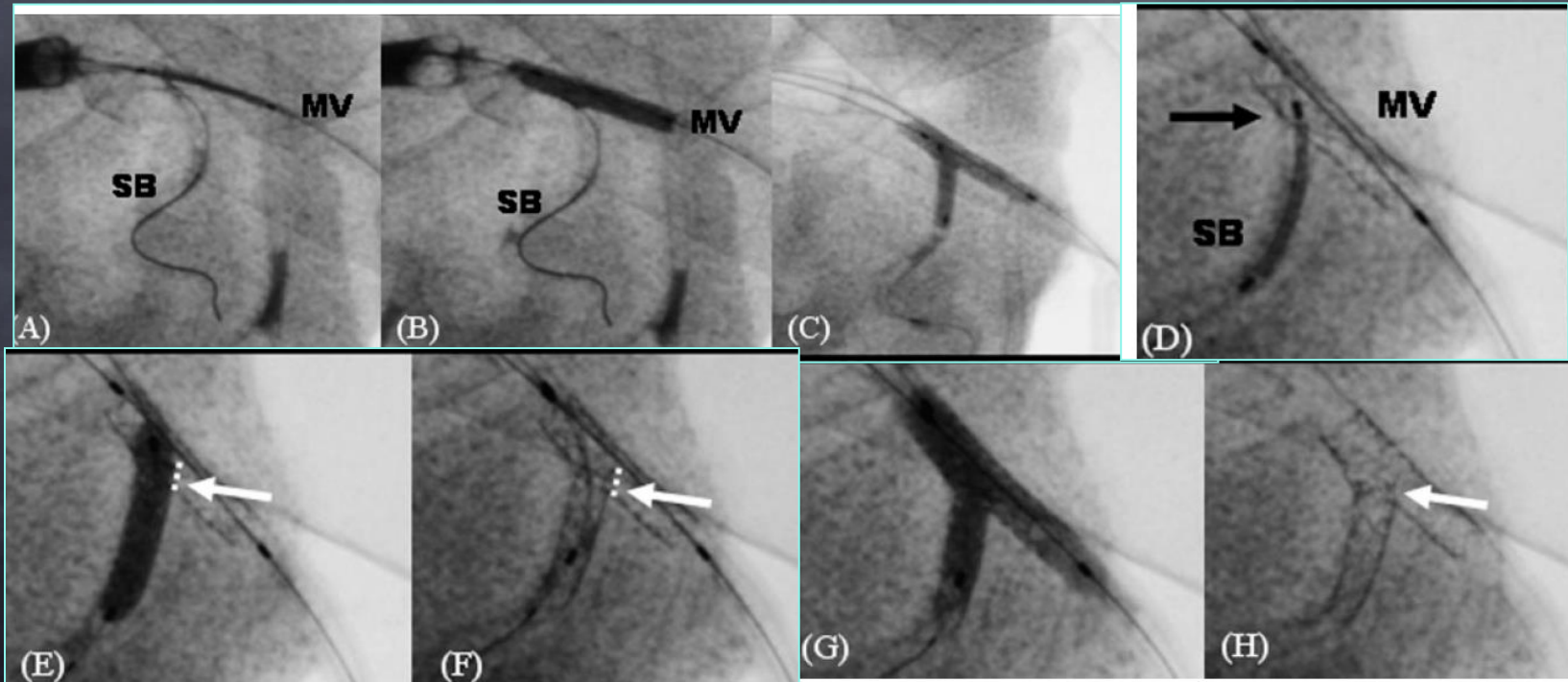
3 years Post TAVI

Pre TAVI



Modified T-Stenting With Intentional Protrusion of the Side-Branch Stent Within the Main Vessel Stent to Ensure Ostial Coverage and Facilitate Final Kissing Balloon: The T-Stenting and Small Protrusion Technique (TAP-Stenting). Report of Bench Testing and First Clinical Italian-Korean Two-Centre Experience

Francesco Burzotta,^{1*} MD, PhD, Hyeon-Cheol Gwon,^{2*} MD, Joo-Yong Hahn,² MD, Enrico Romagnoli,¹ MD, PhD, Jin-Ho Choi,² MD, Carlo Trani,¹ MD, and Antonio Colombo,³ MD



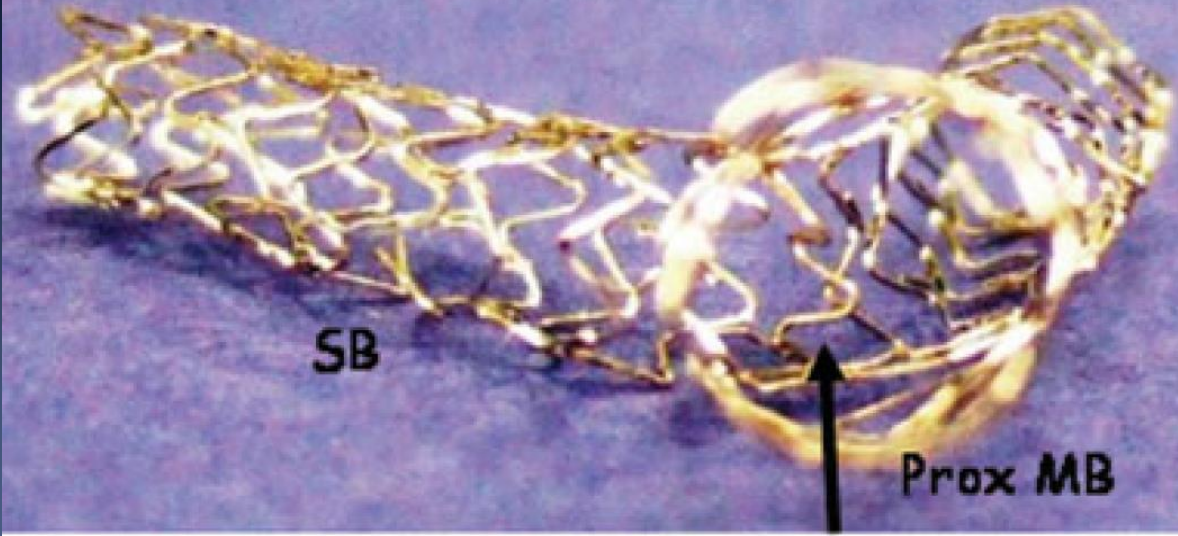
Catheterization and Cardiovascular Interventions 70:75–82 (2007)

(A)

Distal MB

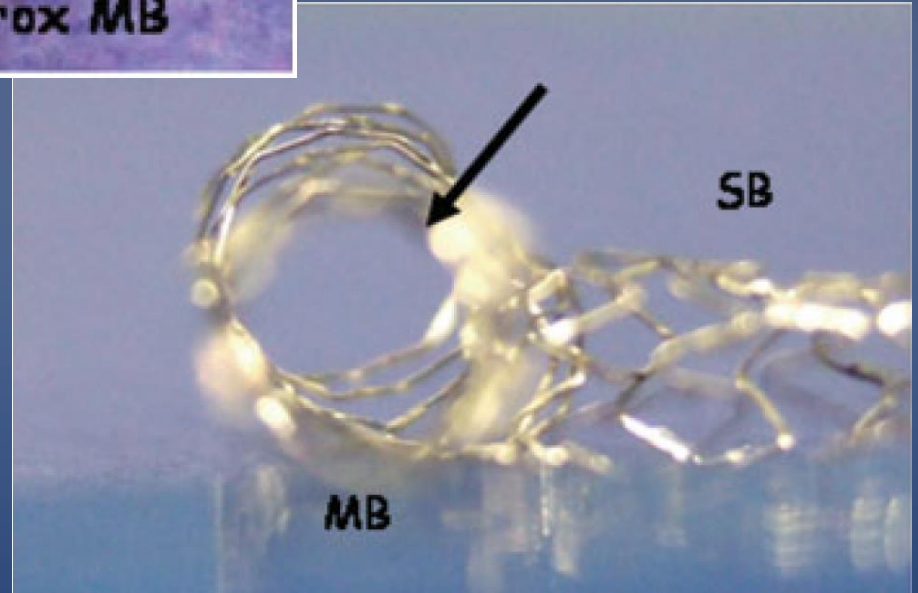
SB

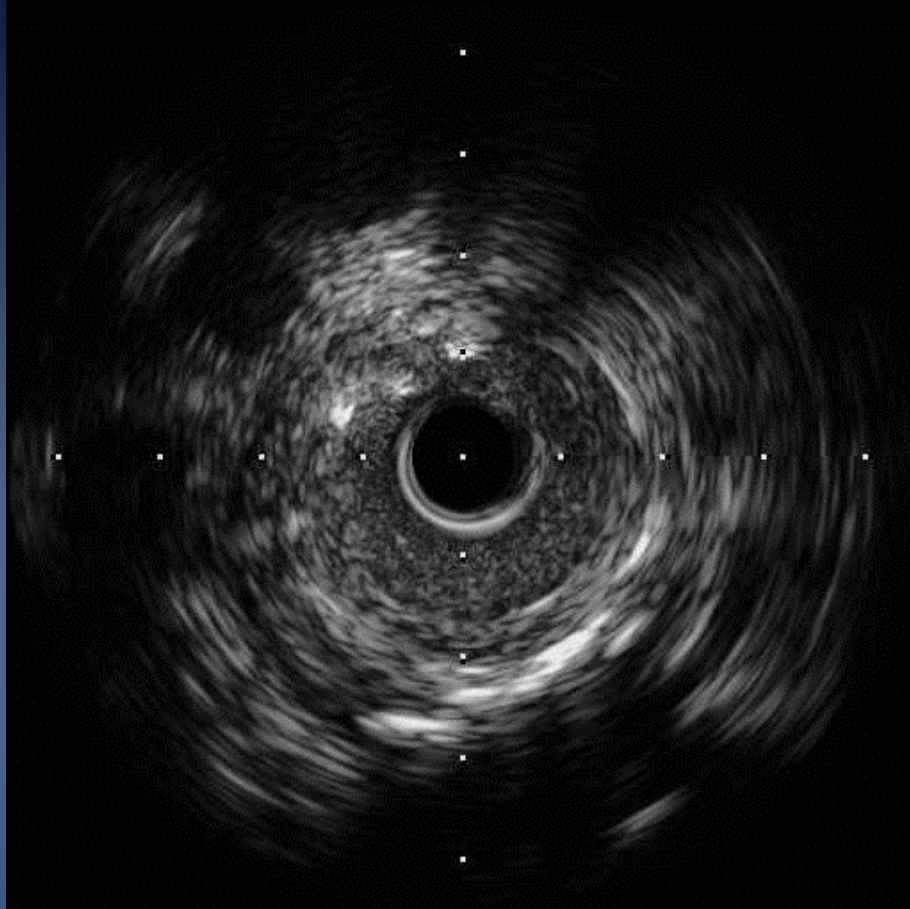
Prox MB



SB

MB



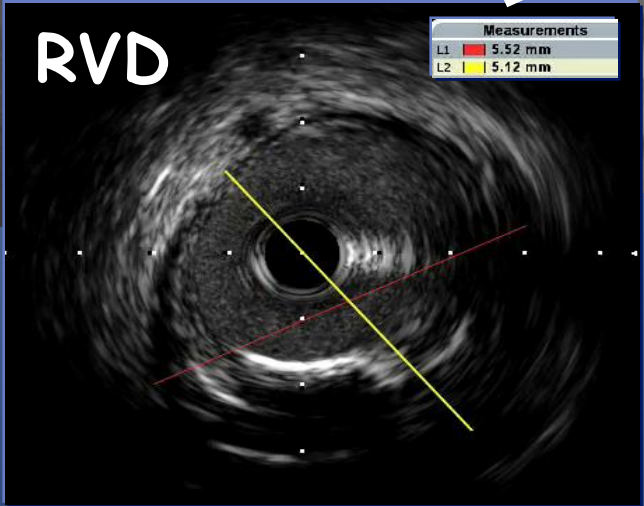


Flexitone 3.5x 12 Cutting Balloon

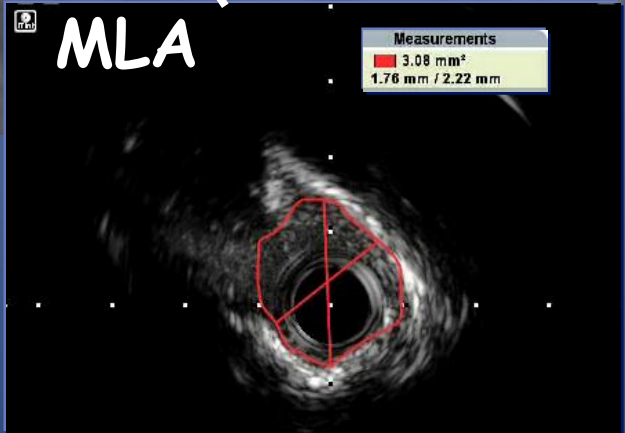
ISR

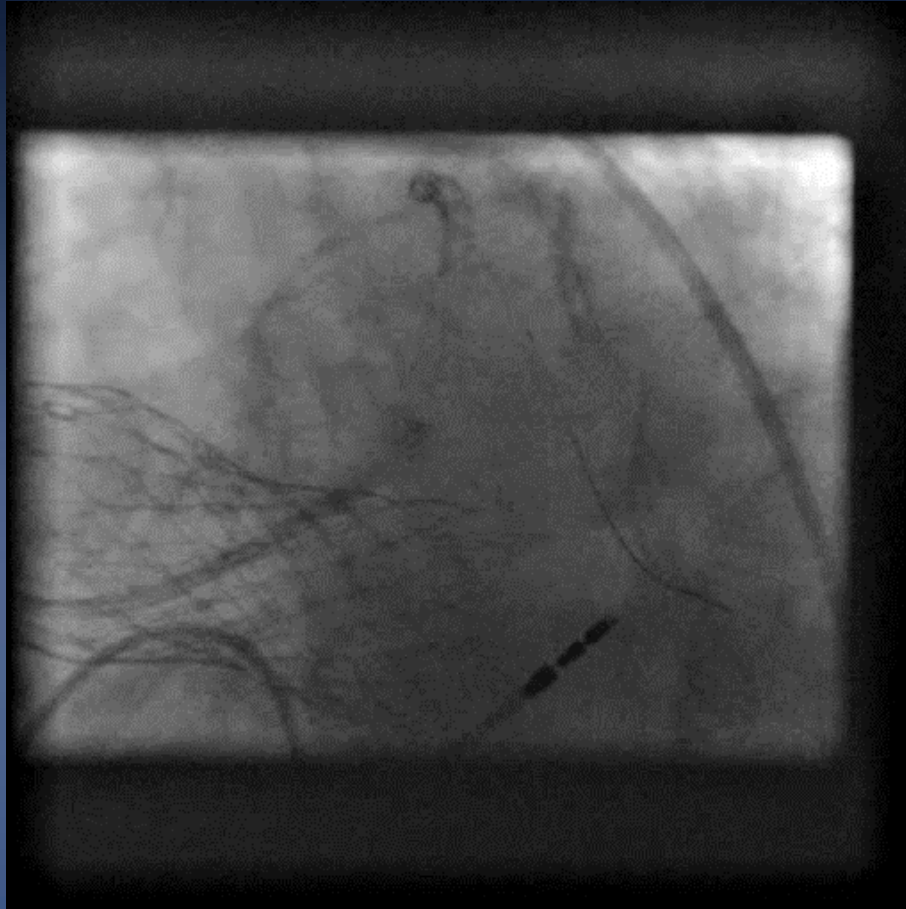


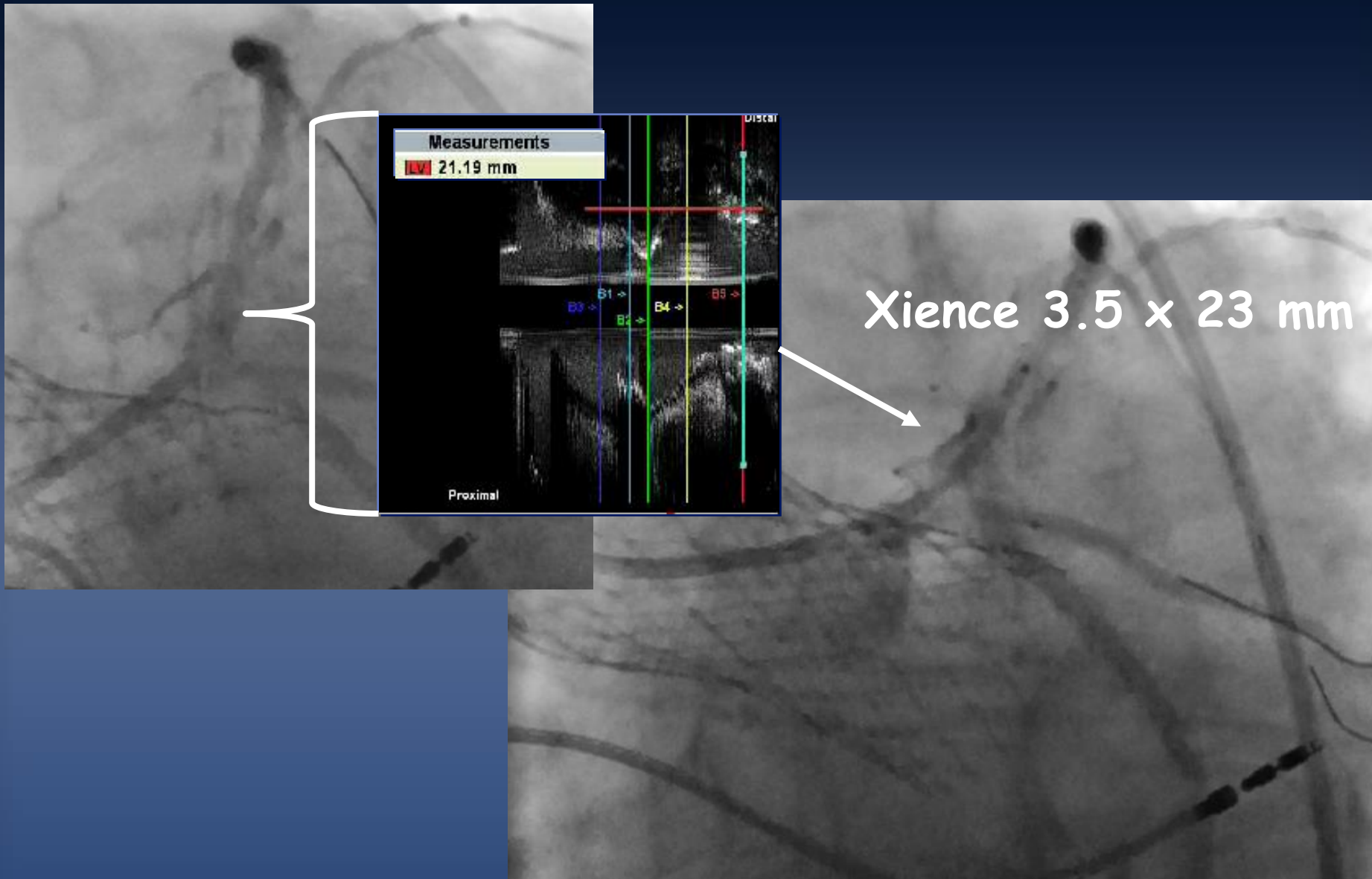
RVD

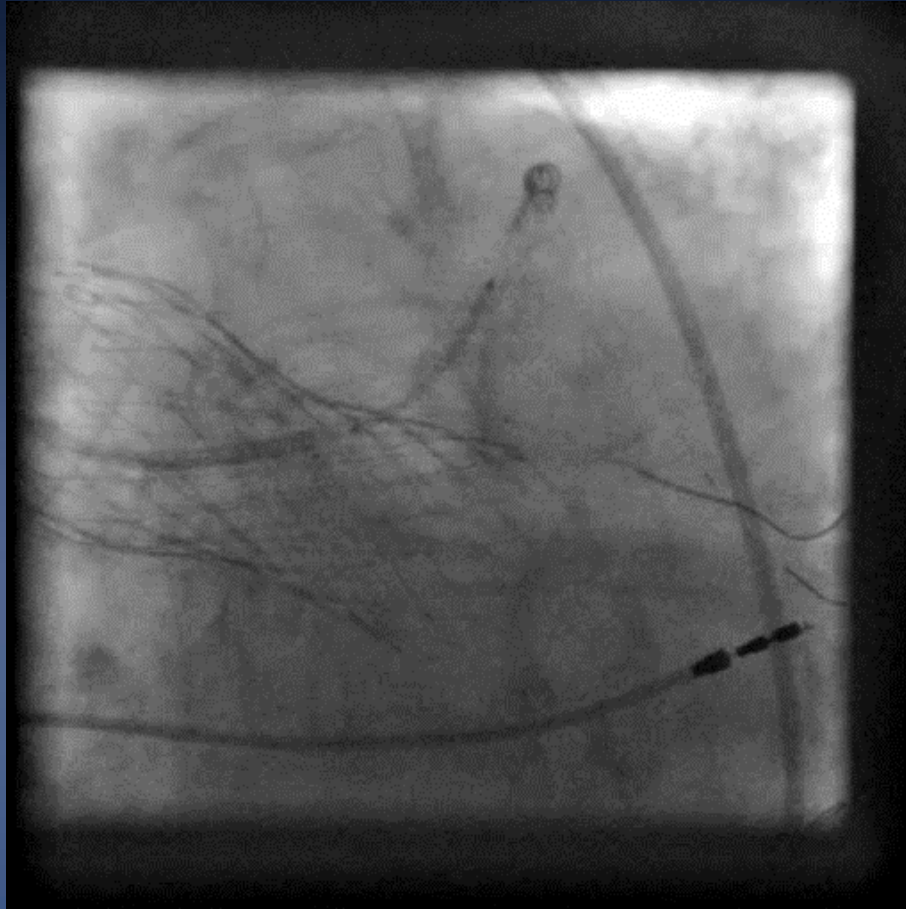


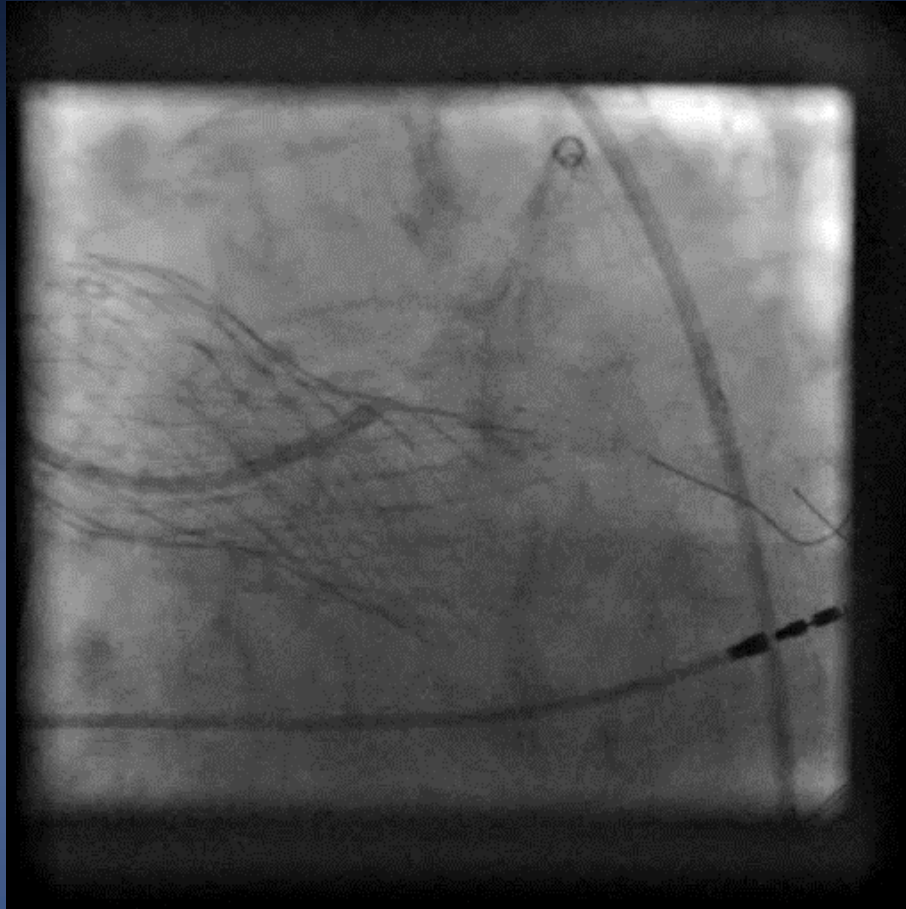
MLA

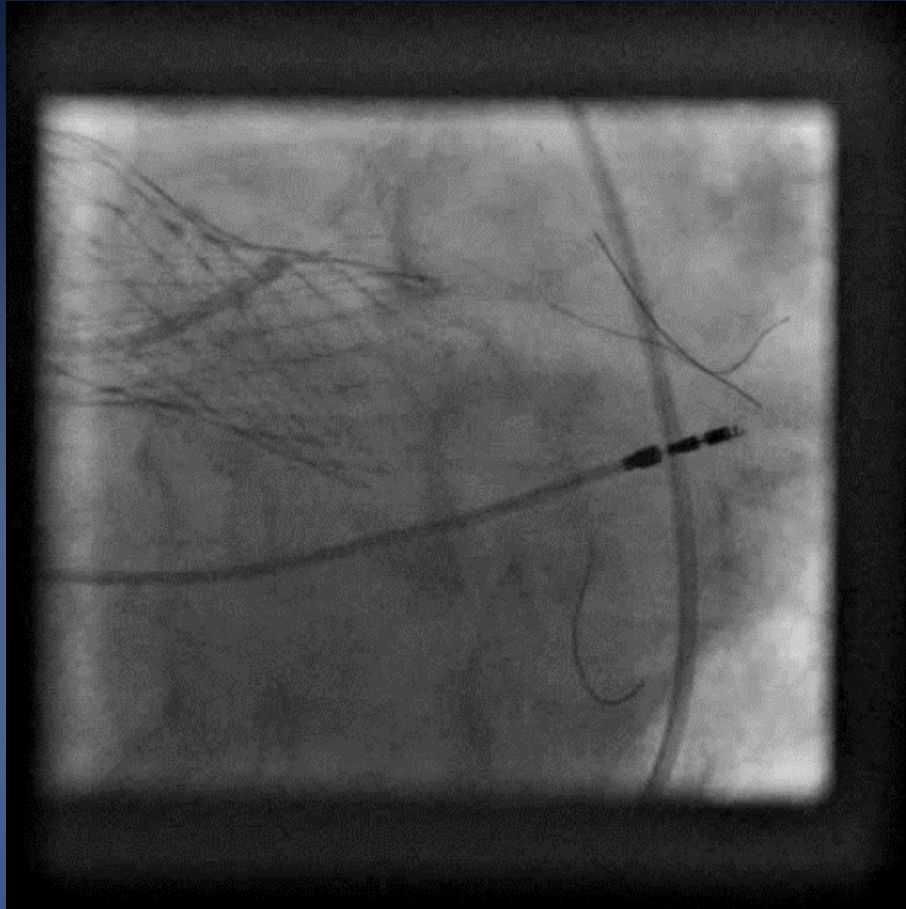


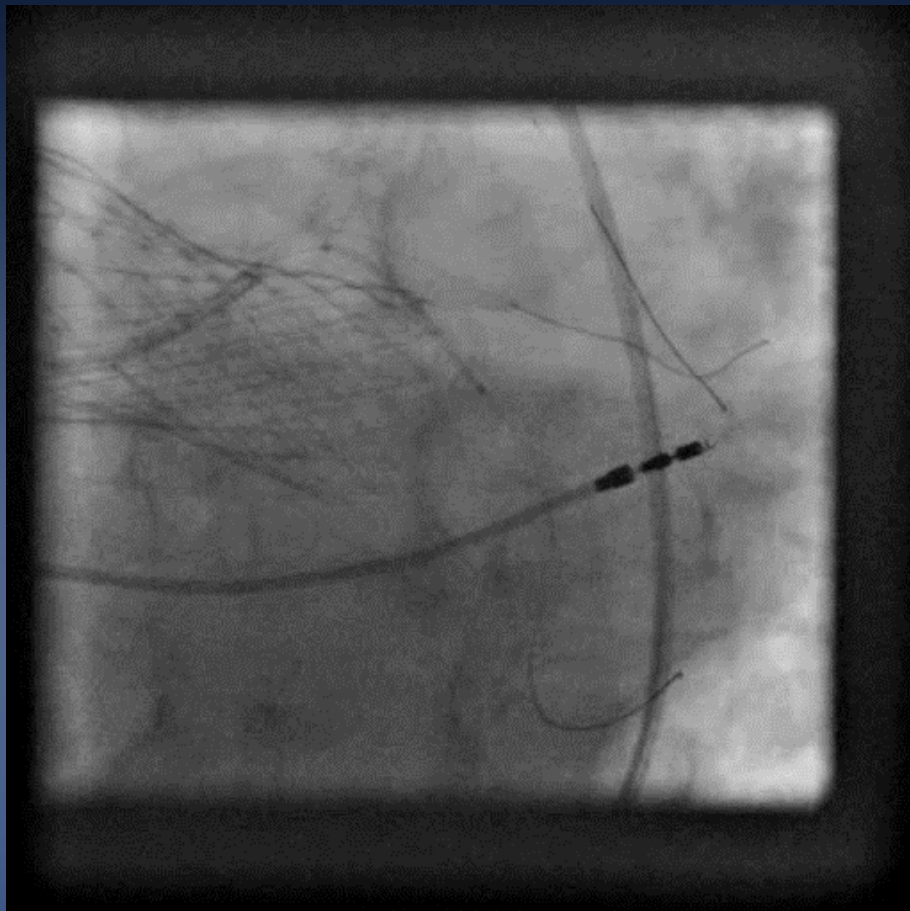


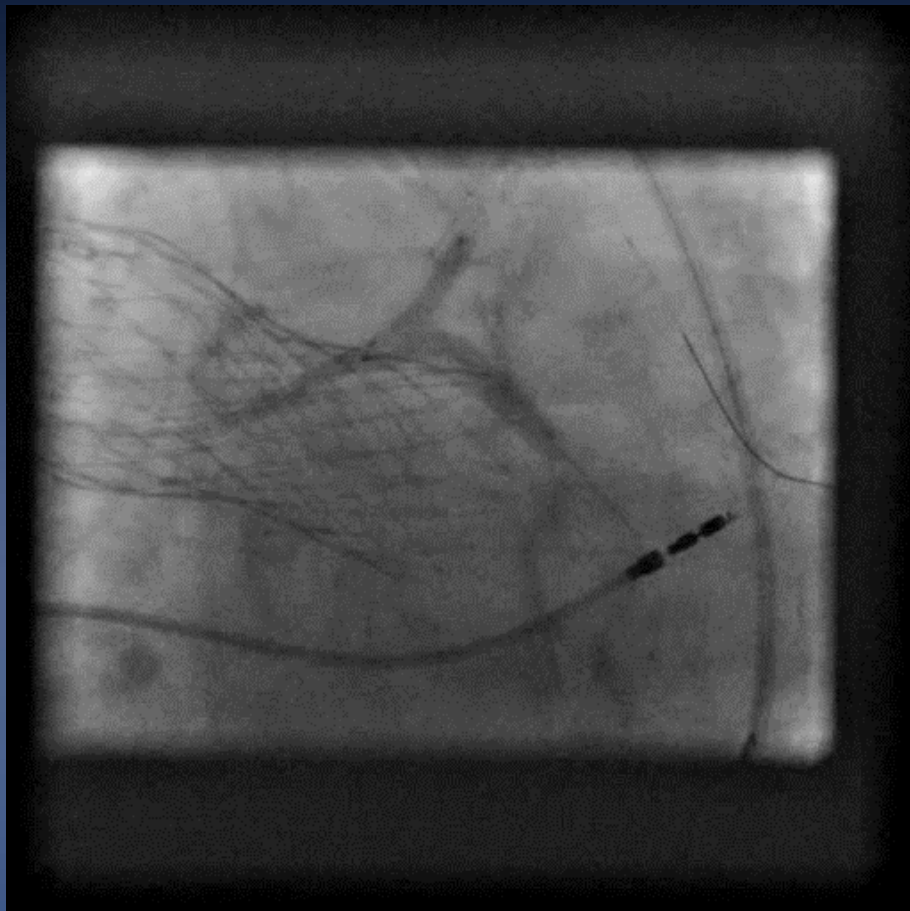


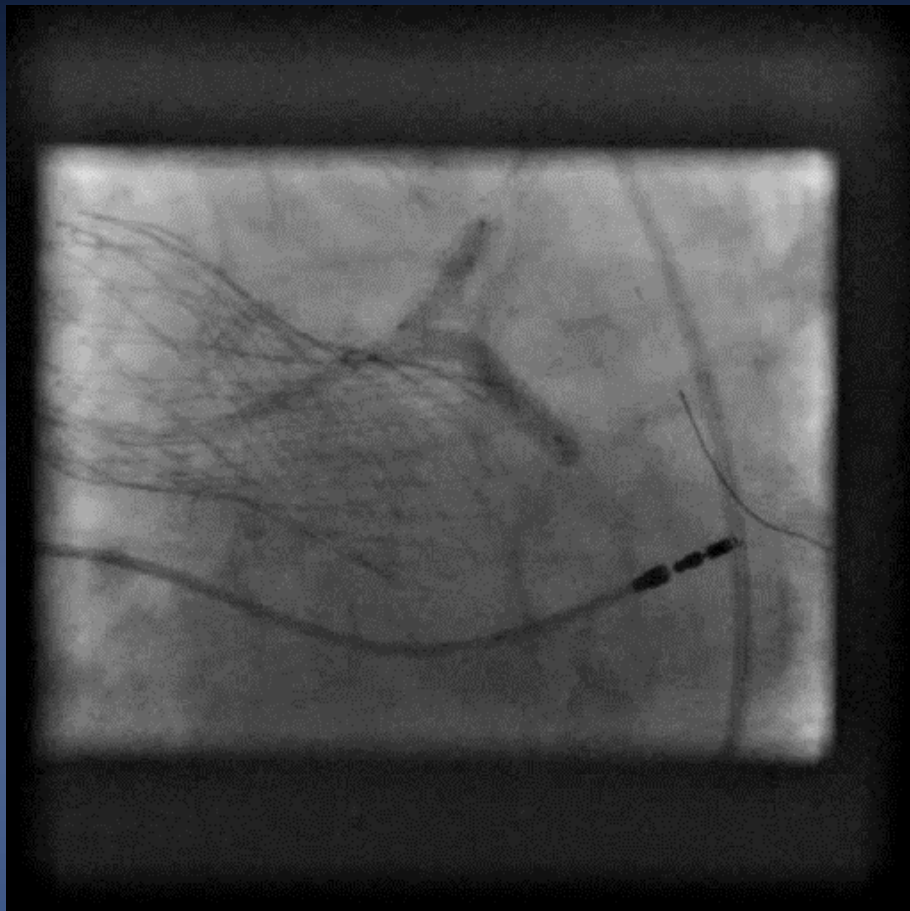


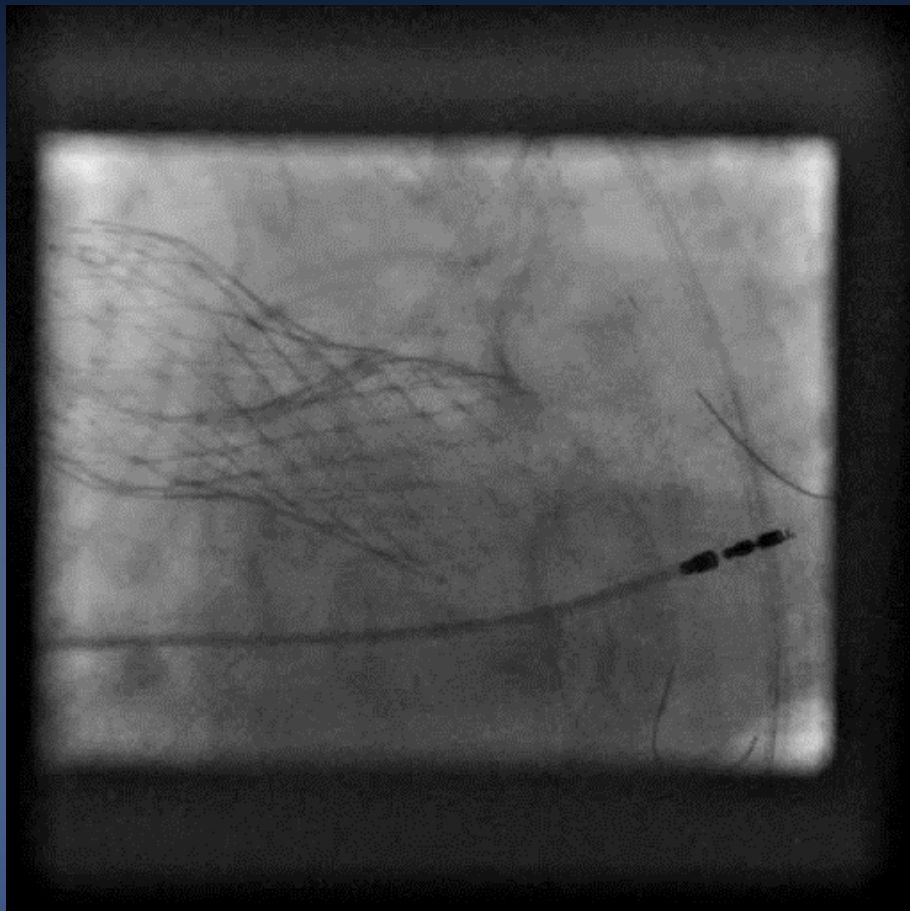


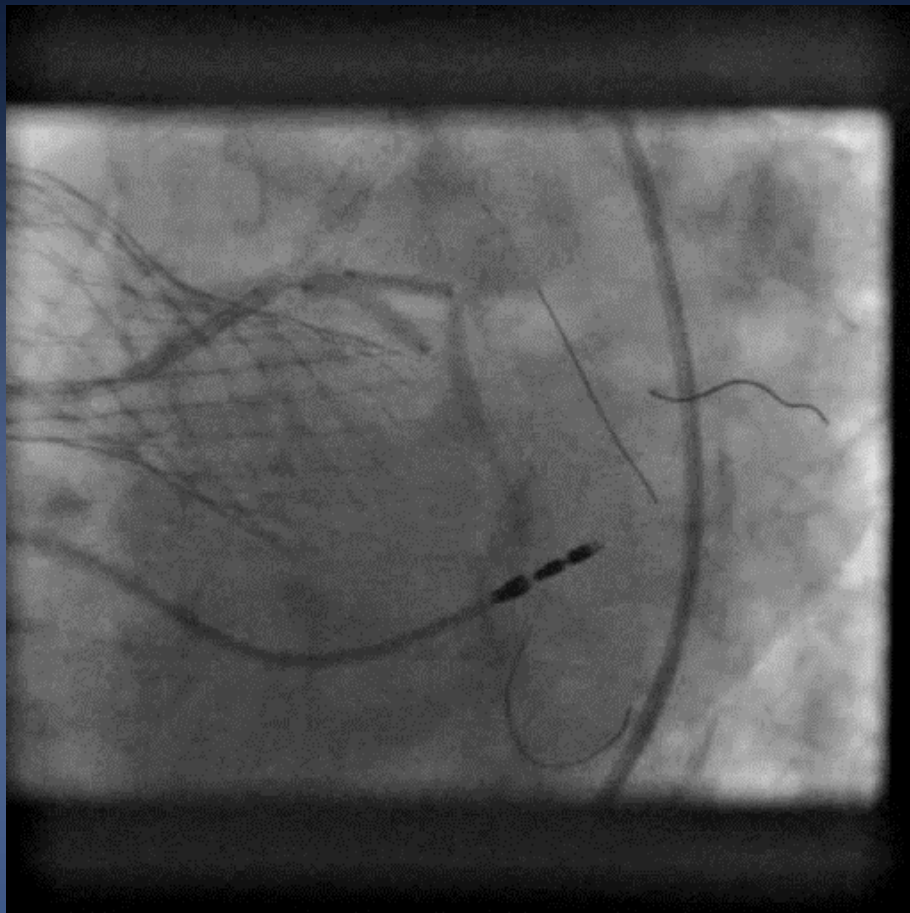




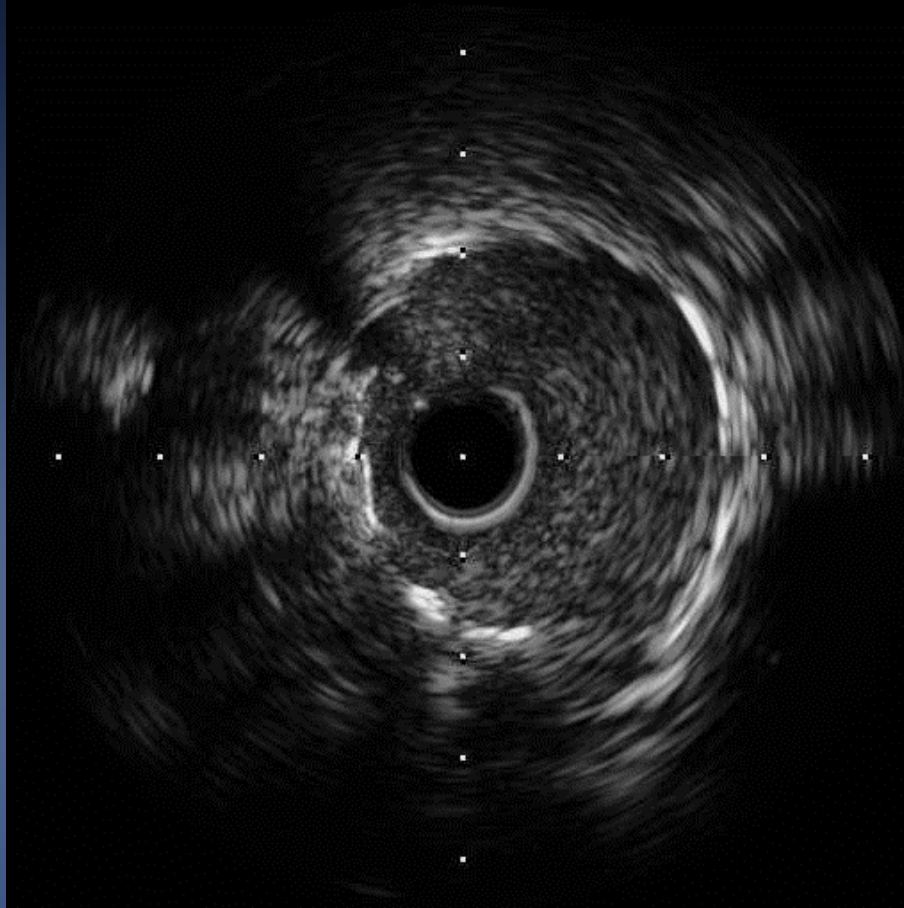




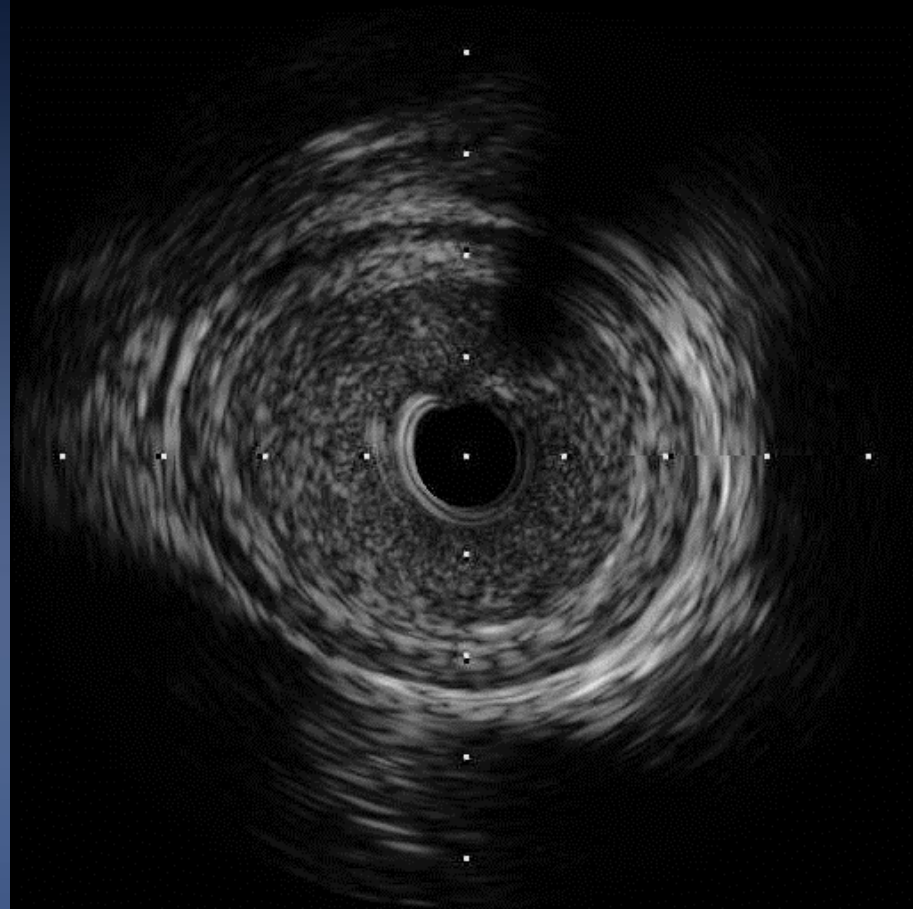


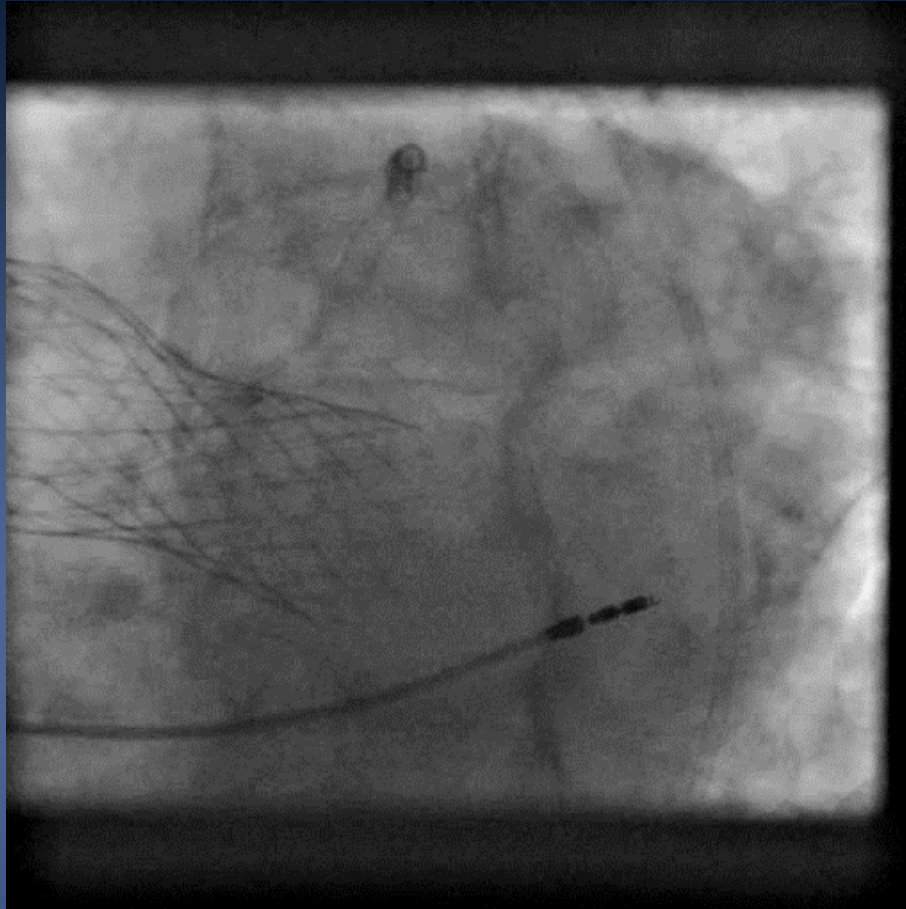


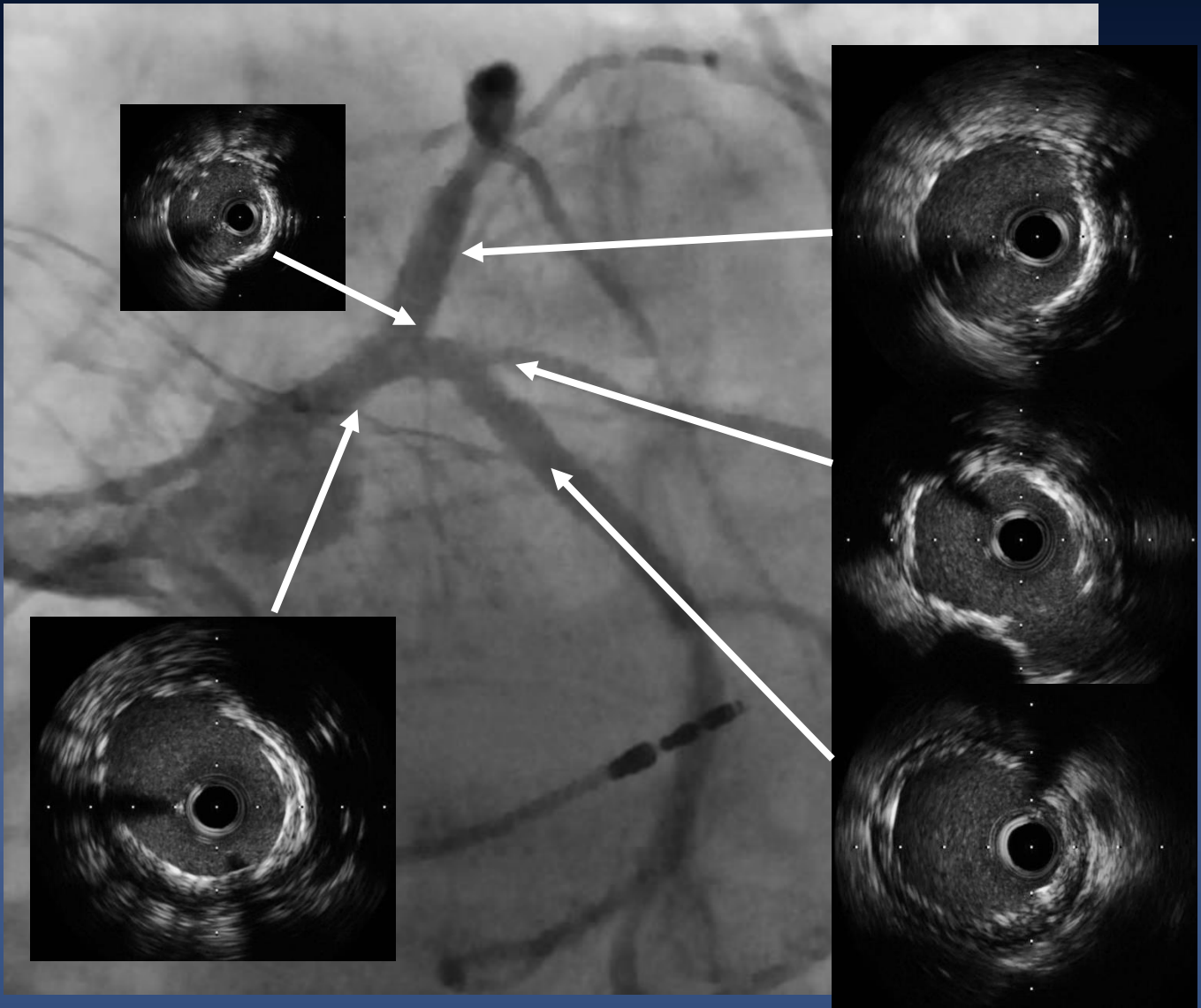
LAD → LMS



LCx → LMS



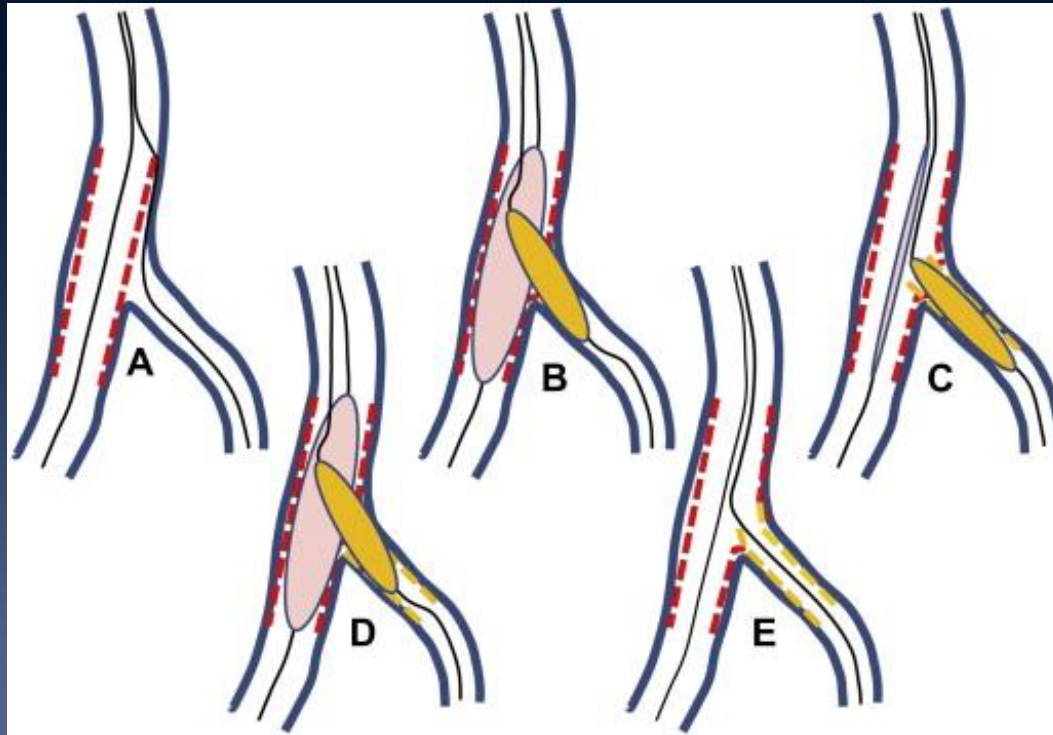




DAPT=Non-Responder PRU>208

Thank You

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Steps for TAP Technique (A) Stenting of the main branch (MB) by jailing the side branch (SB). (B) If performing kissing balloon inflation, rewiring the SB through the stent, followed by balloon dilation to open the stent struts and MB balloon dilation. (C) Positioning SB stent with minimal protrusion into the MB. Positioning an uninflated balloon in the MB at the bifurcation, with subsequent deployment of the SB stent. (D) Retracting the SB balloon slightly and performing the final kissing balloon inflation. (E) The final picture demonstrating complete stent coverage of the SB ostium with a neo-carina. TAP = T-stenting and small protrusion

