

# **Focus Review: Bifurcation Stenting**

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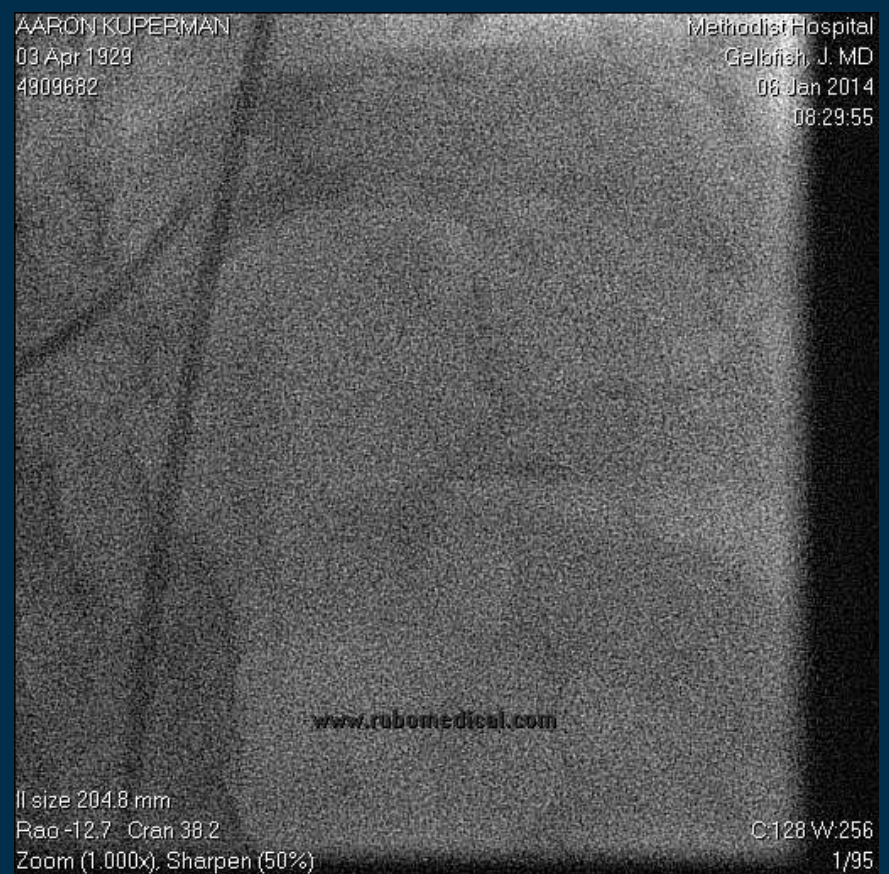
# Disclosure Statement of Financial Interest

I, **SORIN BRENER MD**, DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

# Case presentation

- **84 y/o male with CAD, HTN, HLD, BPH**
- **Exertional angina FC II-III for 6 months**
- **Abnormal exercise thallium stress test: moderate apical reversible defect**
- **Normal EF**
- **Hb 12.7; Cr 1.1**
- **ASA; BB; ACEI; Statin; Diuretic**

# LAD DG bifurcation lesion



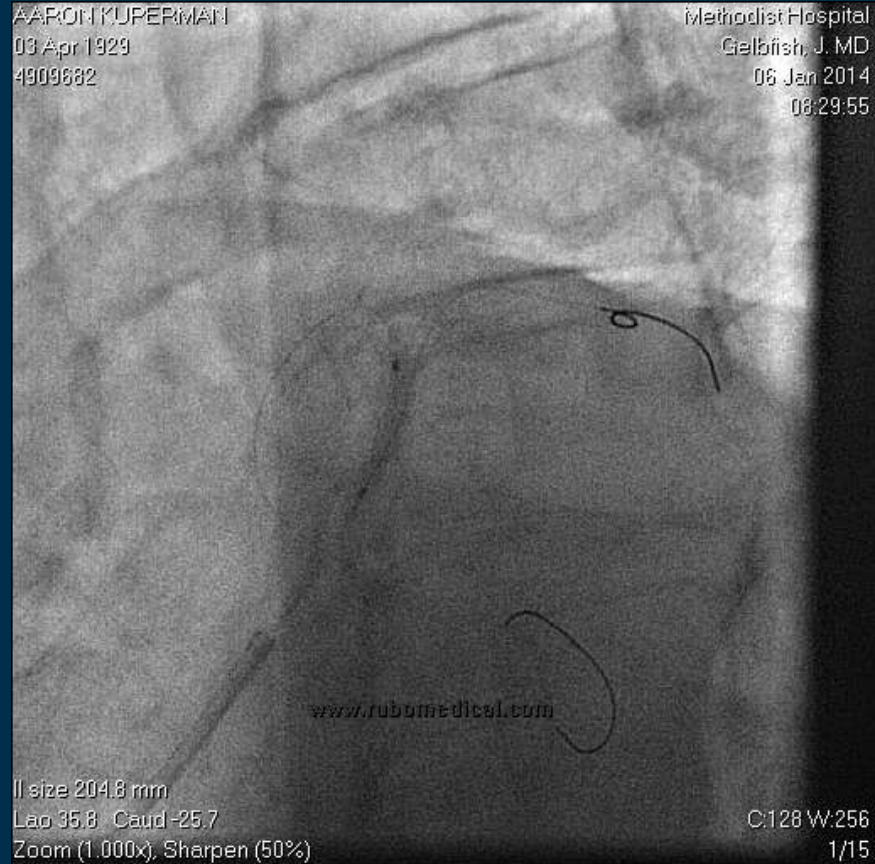
***Bifurcation lesion 1,1,1***

# DG Stent – Mini Crush

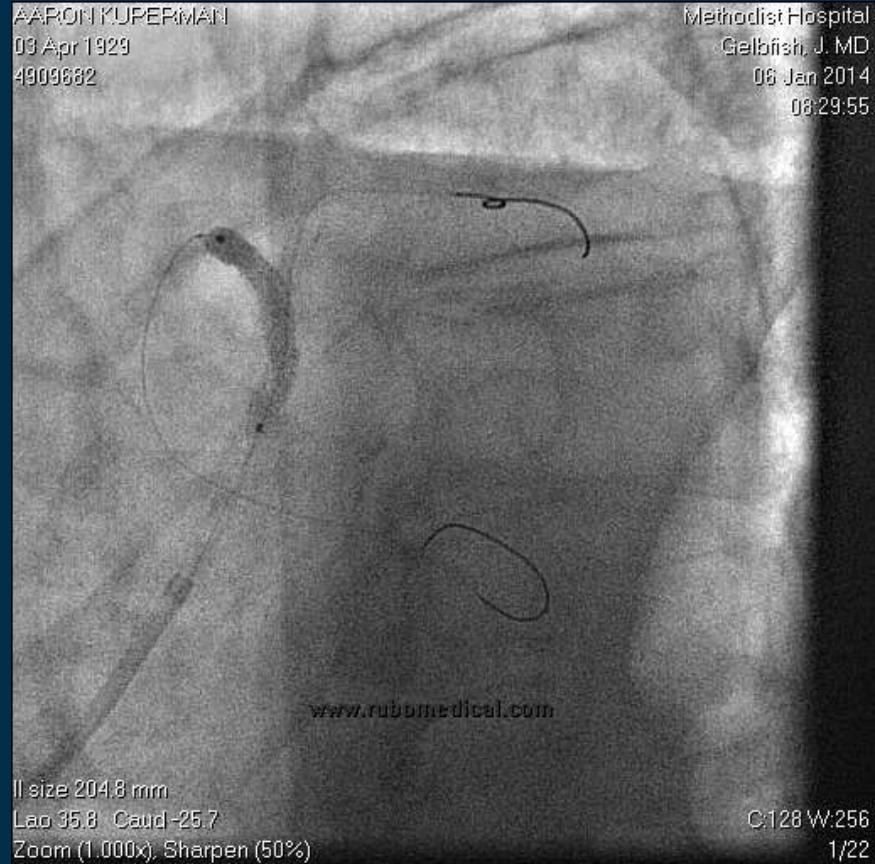




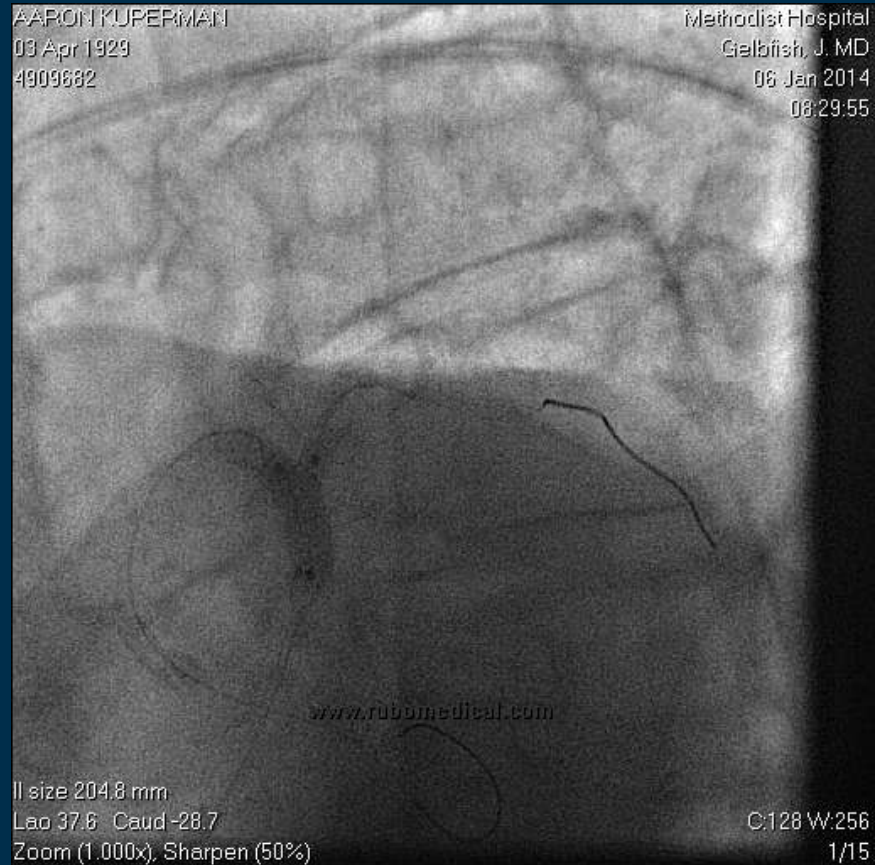
# Crush DG Stent



# LAD Stent

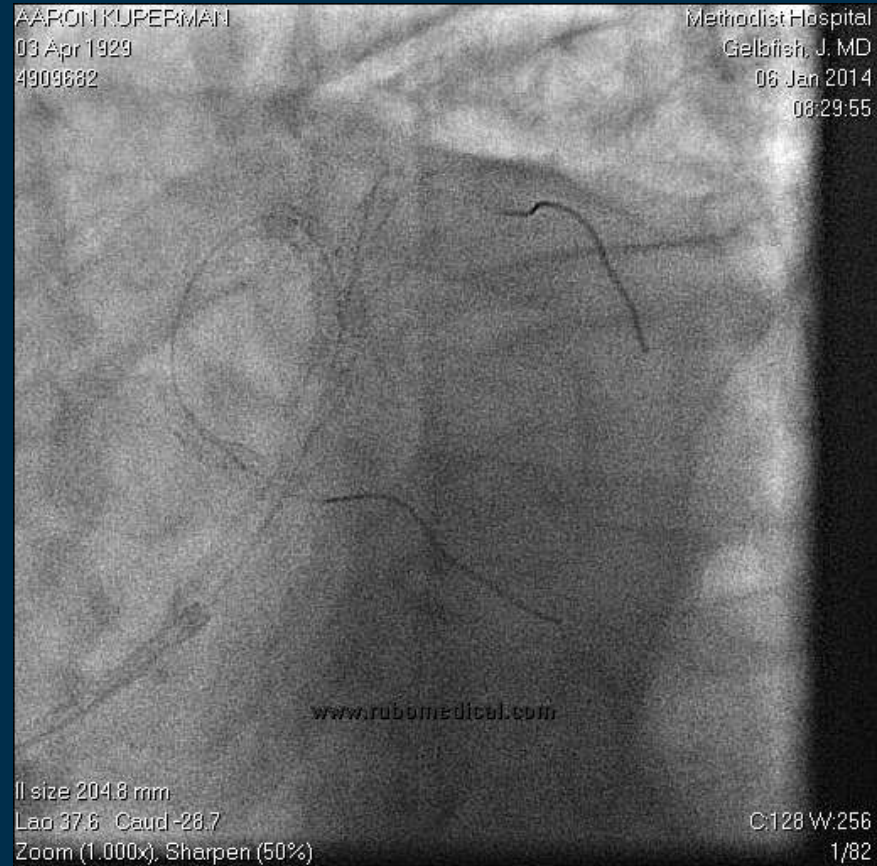


# Kissing Balloon Angioplasty





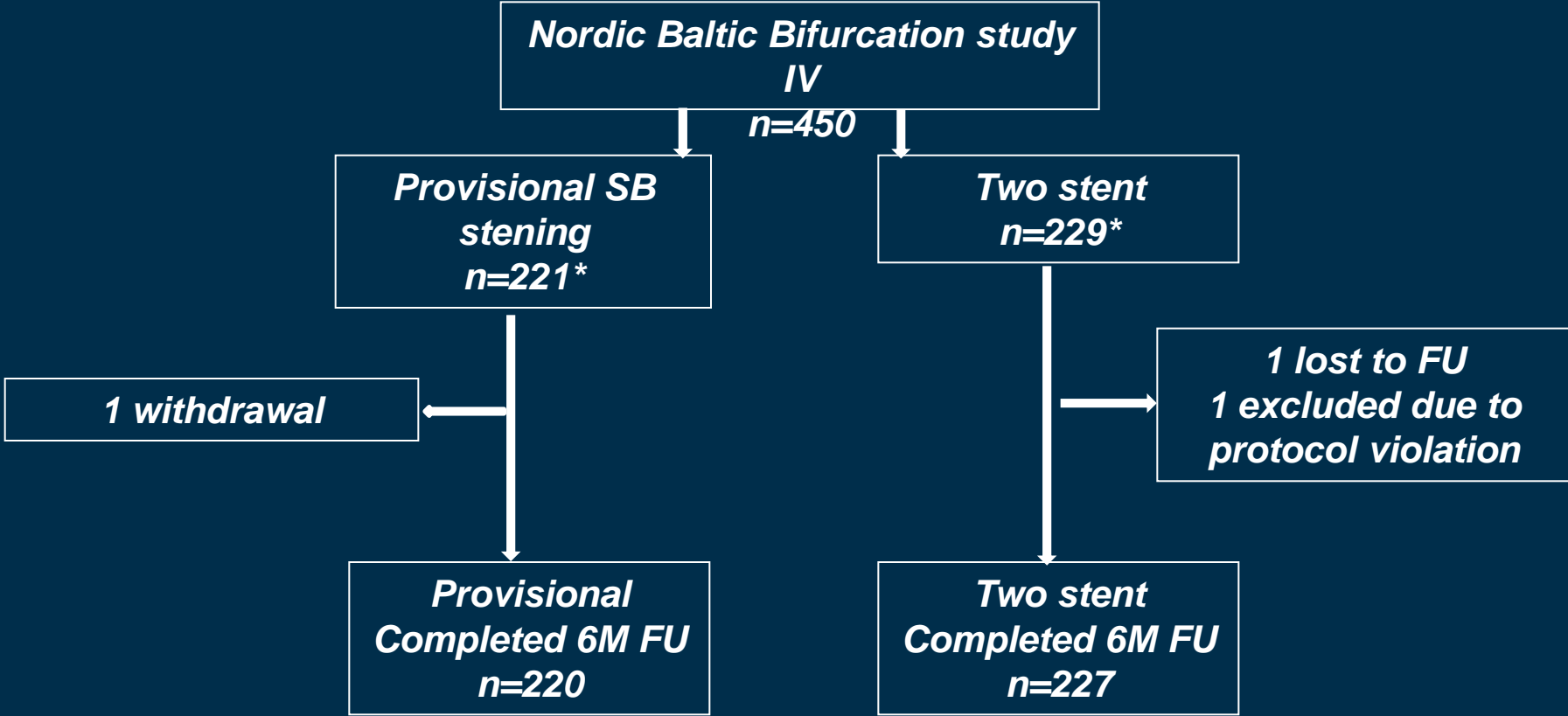
# Final Result



# Procedural Summary

- **Bivalirudin anticoagulation**
- **BMW and FIELDER wires**
- **2.75x16 PROMUS in DG**
- **3.0x32 PROMUS in LAD**
- **2 3.0x15 NC SPRINTER balloons**

# Patient flowchart



\*numbers not balanced due to block randomization and sites with less than 4 inclusions



# Procedural data

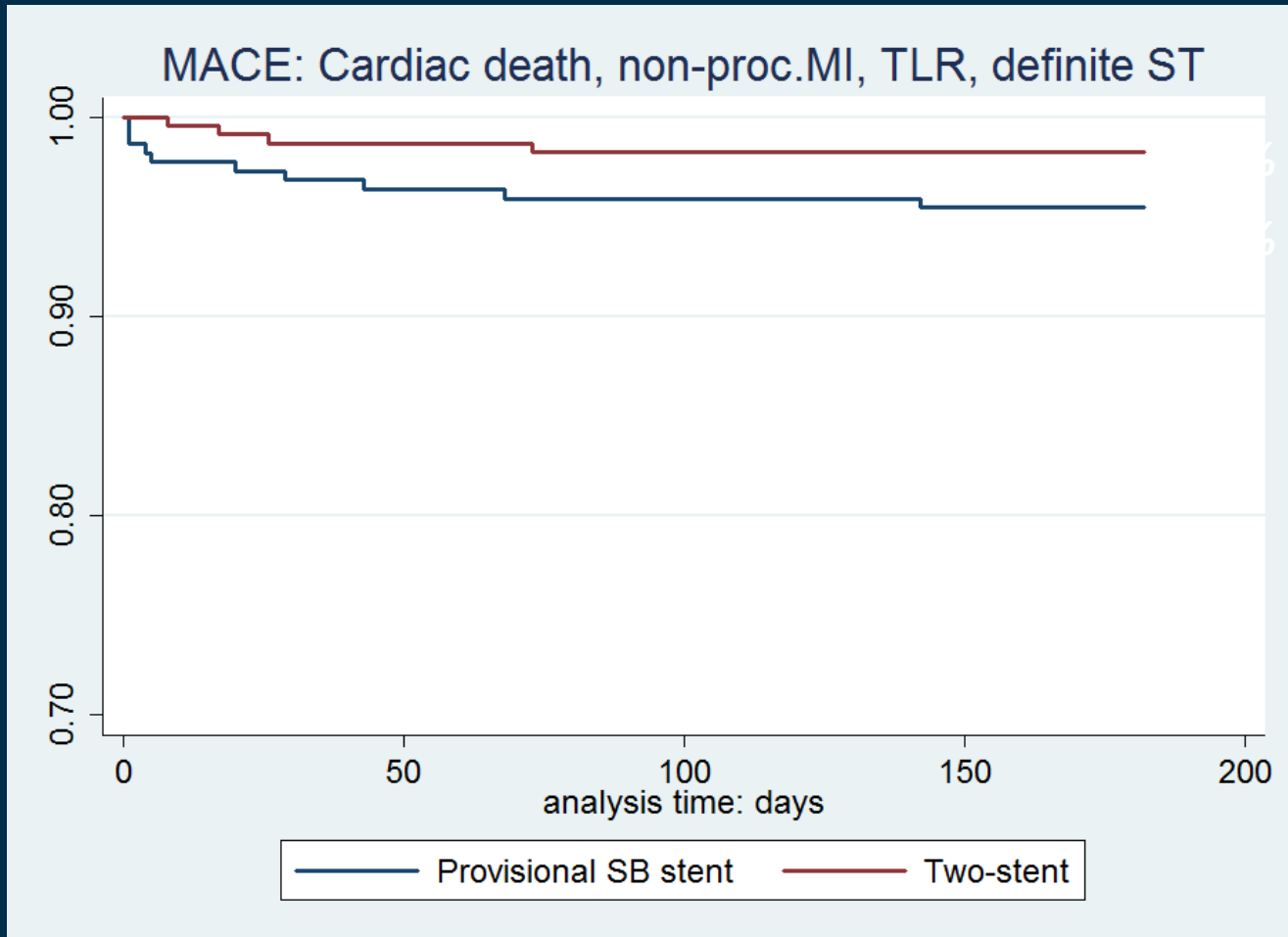
	Provisional (n=221)	Two-stent (n=229)	p
Procedure time (min)	73.9	92.6	<0.0001
Contrast volume (mL)	187	238	<0.0001
Flouroscopy time (min)	14.0	22.8	<0.0001
Tx succesful* (%)	97.7	99.1	ns
Procedural CK-MB>5x UPL** (%)	3.0	3.1	ns
Procedural CK-MB>3x UPL** (%)	6.0	6.1	ns

\* Residual stenosis <30% of MV + TIMI flow III in SB

\*\* Assessment possible in 327 patients

# Eventfree survival curve at 6 months

## Primary endpoint





# Individual endpoints at 6 months

	Provisional (n=220)	Two-stent (n=227)	p
<b>Total death (%)</b>	<b>0</b>	<b>0.4</b>	<b>0.32</b>
<b>Cardiac death (%)</b>	<b>0</b>	<b>0</b>	<b>-</b>
<b>Non-procedural myocardial infarction (%)</b>	<b>1.8</b>	<b>0.9</b>	<b>0.50</b>
<b>Stent thrombosis (%)</b>	<b>0.9</b>	<b>0.4</b>	<b>0.54</b>
<b>Target lesion revascularization (%)</b>	<b>3.2</b>	<b>1.3</b>	<b>0.18</b>
<b>Target vessel revascularization (%)</b>	<b>3.7</b>	<b>1.3</b>	<b>0.11</b>
<b>Angina CCS class <math>\geq</math> II</b>	<b>2.7</b>	<b>1.3</b>	<b>0.39</b>

# Final thoughts

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- **Two stent strategy for large SB is acceptable**
- **KBA is very important**
- **Cover all diseased segment in SB**
- **IVUS may not be mandatory**