



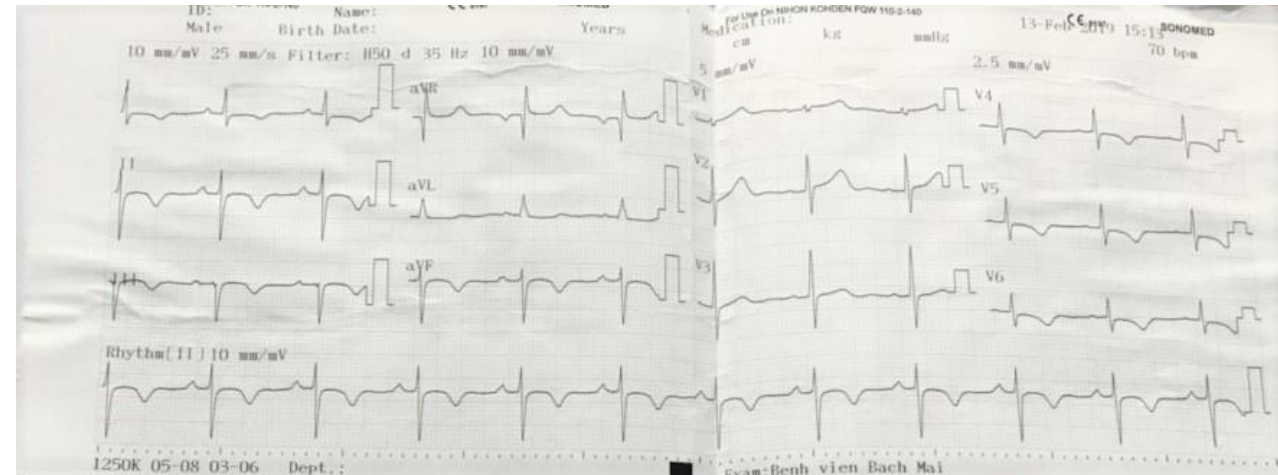
V-stenting (SKS technique) for treatment Acute MI case with LM bifurcation lesion

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Case summary

- Male 71 years old
- Hospitalized because of chest pain at rest
- Risk factor: hypertension
- Prior MI or revascularization: no
- cTnT: 60 ng/L
- Echo: hypokinesis of LV lateral wall ,EF 54%
- Diagnosis: Non- STEMI



Baseline Angio



Baseline Angio



Lesion Characteristics

- Severe stenosis of mid RCA with good flow
- LM Bifurcation with long and calcification lesion in pro LAD, very tight stenosis lesion , slow – flow in LCx
- Syntax score I: 34
- Euro Score II: 6,36%
- Decline CABG

PCI Strategy

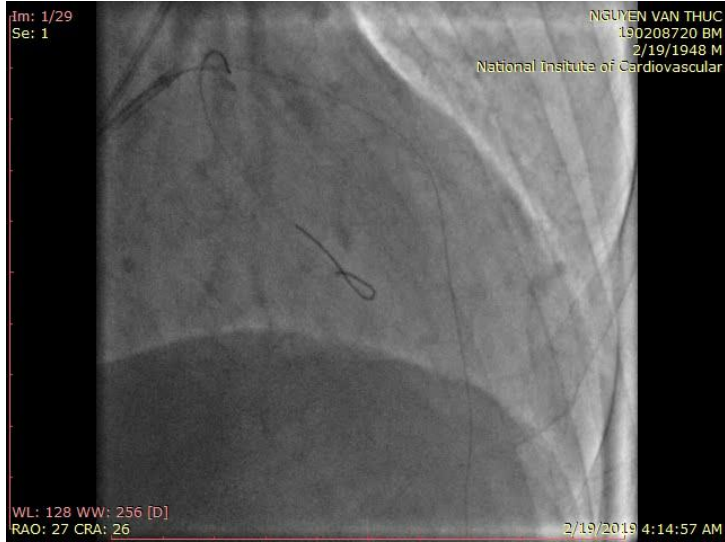
- First plan: Culotte Technique for LM bifurcation lesion
- Transfemoral Approach
- EBU 3.75 7F
- Pacemaker and IABP back up

Pre-dilatation: Emerge 2.5 x20

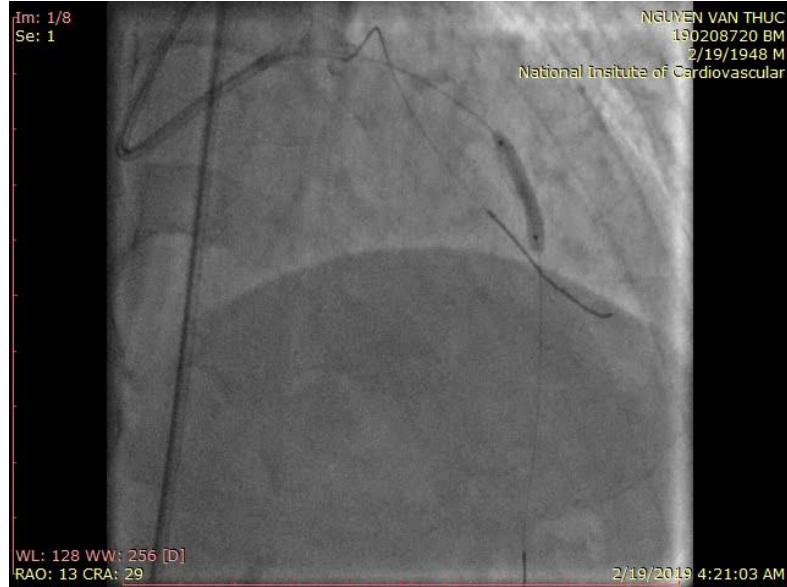


Pre-dilatation: Emerge 2.5 x20



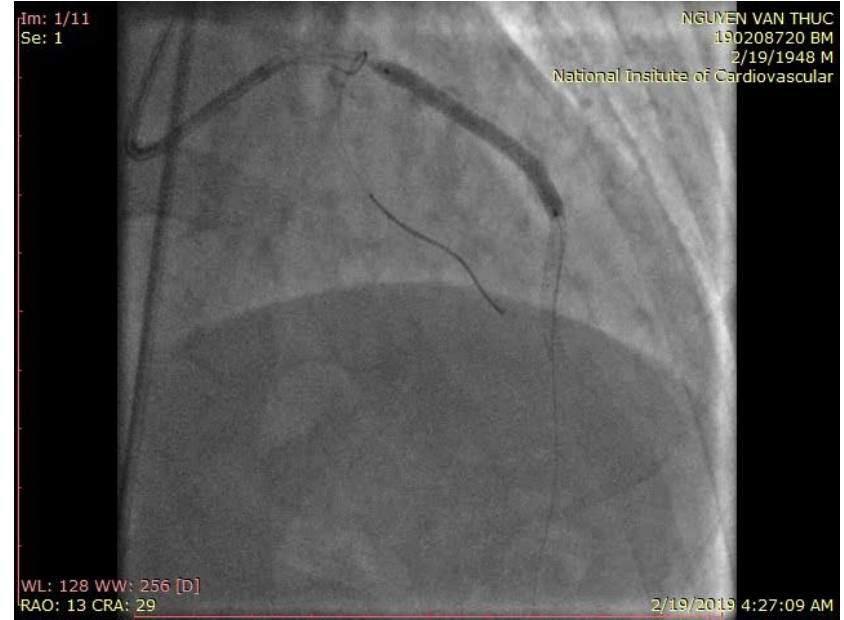


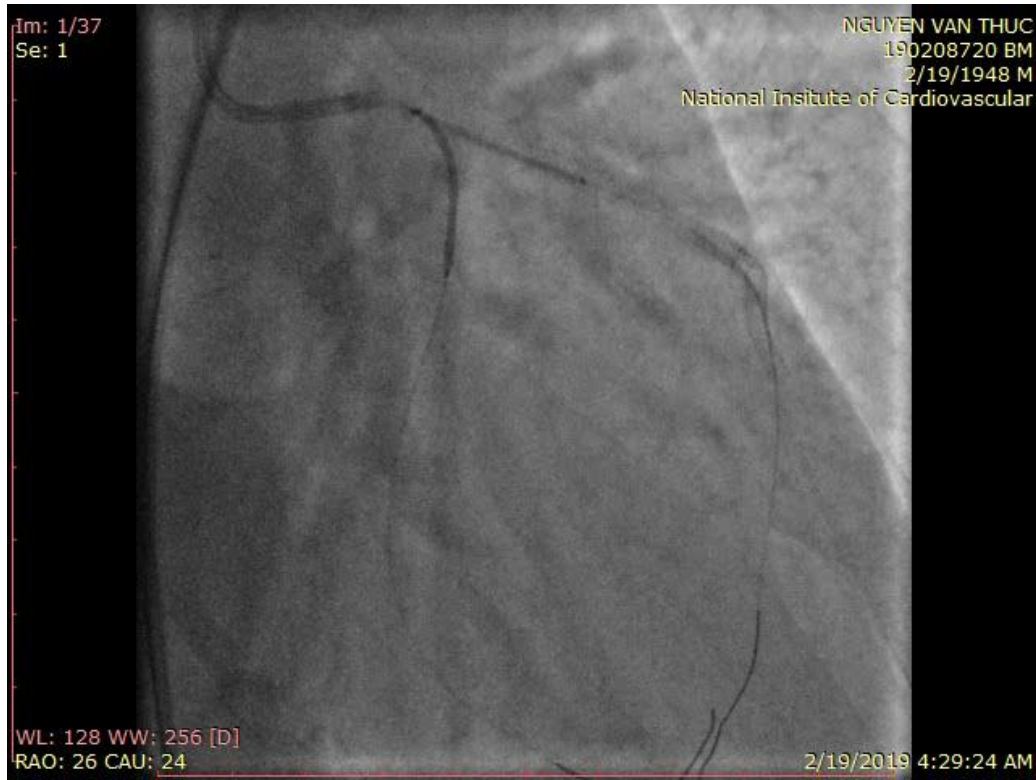
stent LCx: 3.5 x 28 mm



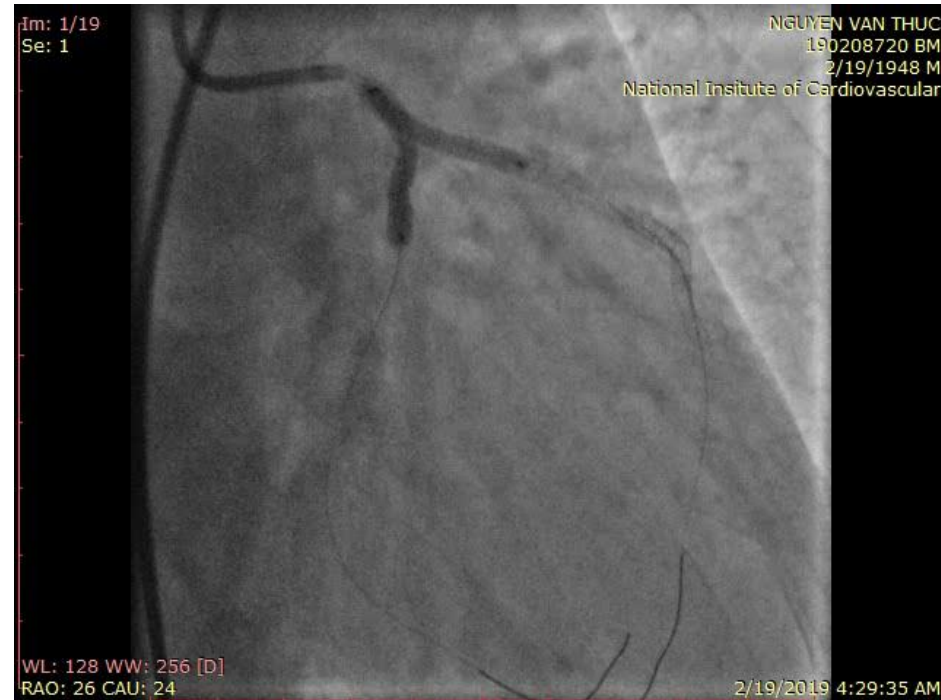
Dilatation with NC balloon: 3.0 x15

Stent LAD : Promus 3.0 x 32 , 3.5 x 38



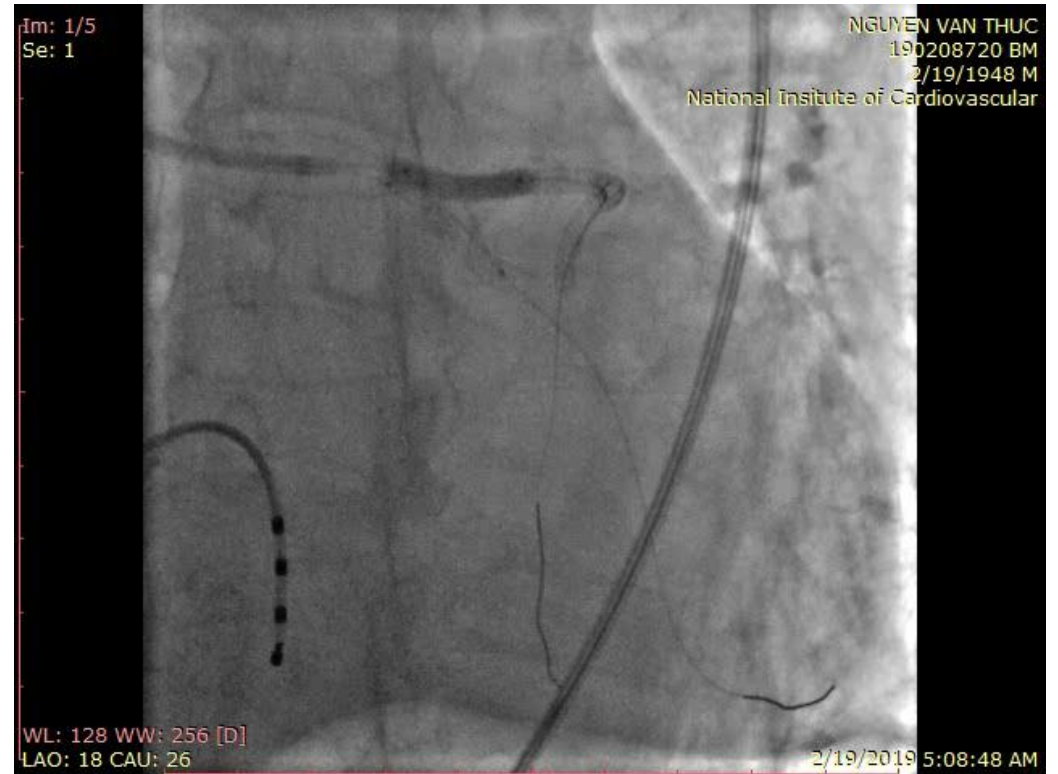
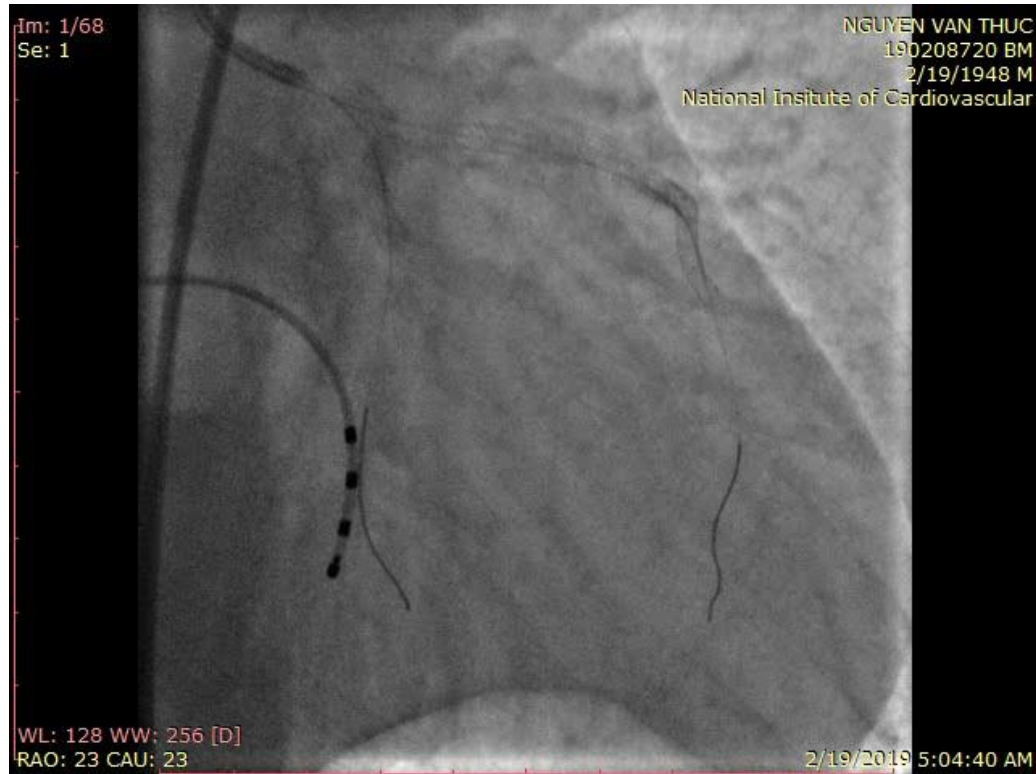


- Slow – flow of both LAD, LCx
- Bail – out plan: SKS stenting with Promus 3.5 x 24 (LM-LAD), 4.0 x 28 (LM-LCx)



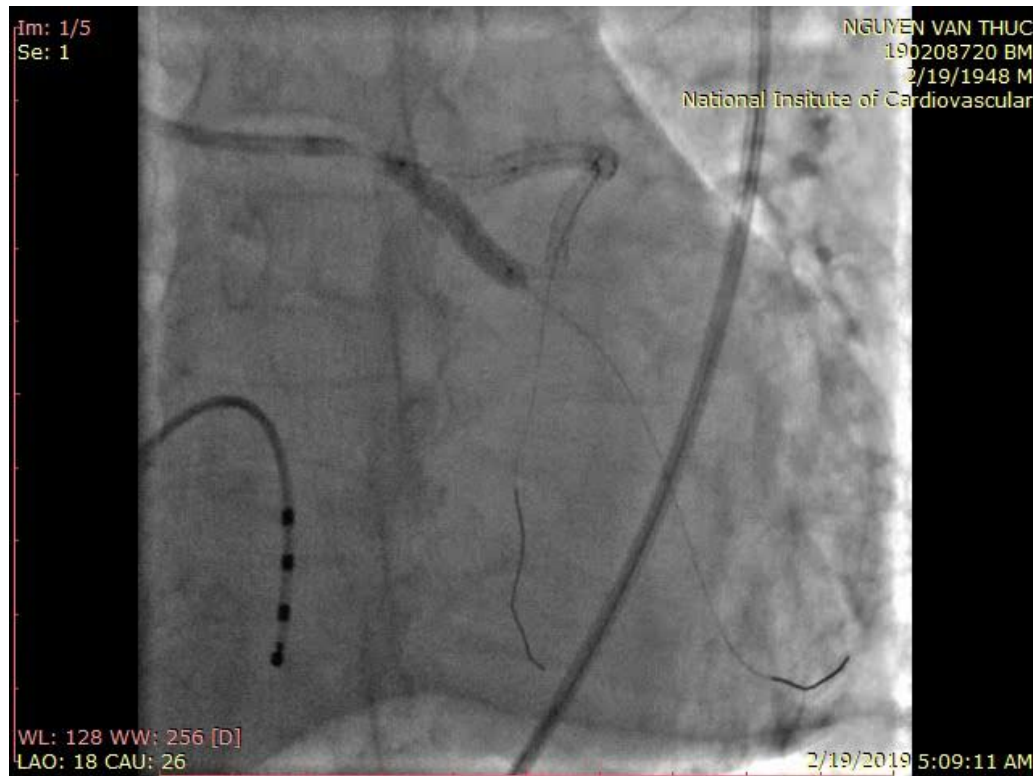
- The patient was suffered from cardiac arrest
- CPR was performed with 5 times defibrillation and intubation
- He fortunately recoverd after 15 minutes CPR with stable hemodynamic and sinus rhythm ECGs

NC balloon: 3.5 x 20 mm



FKB and POT

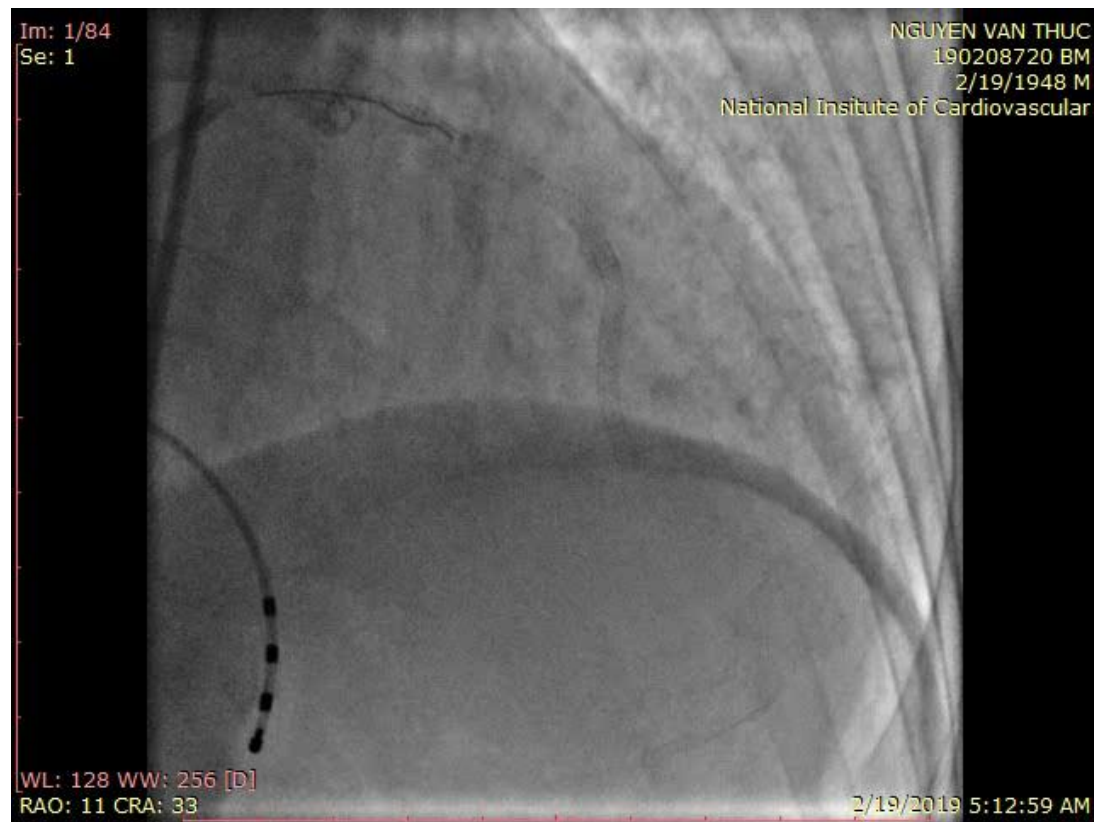
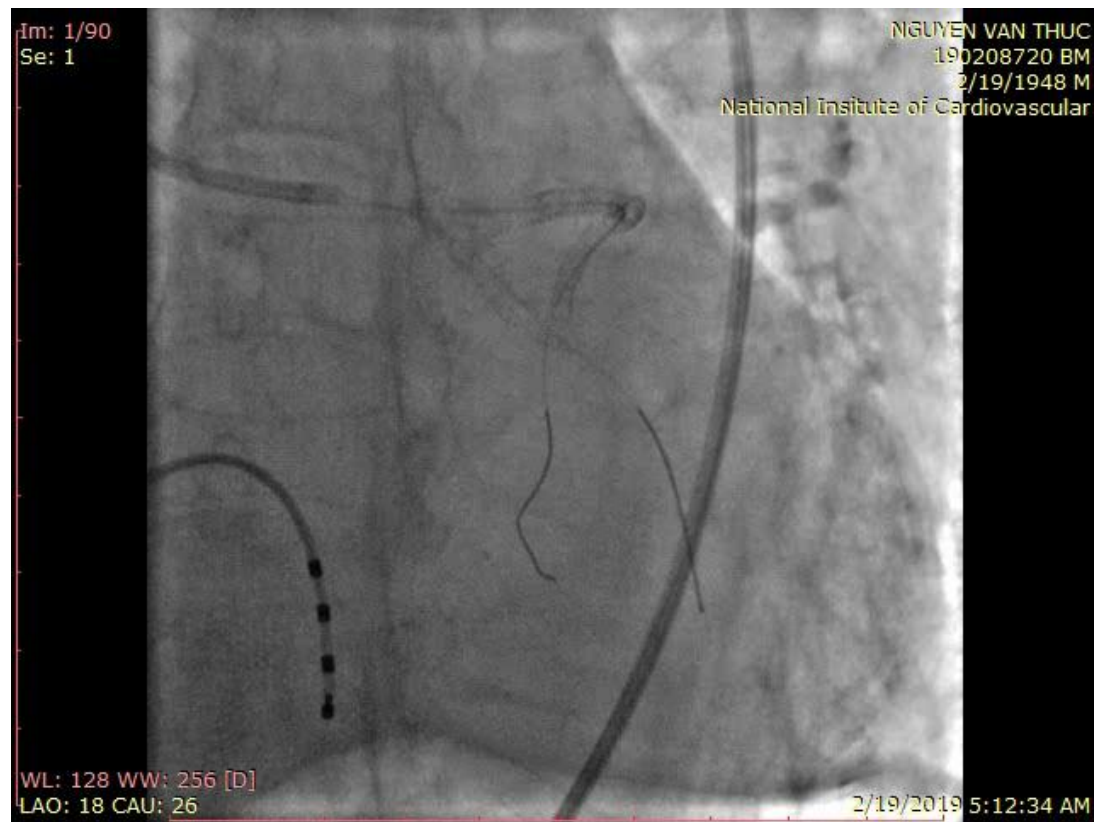
NC Baloon: 4.0 x20 mm



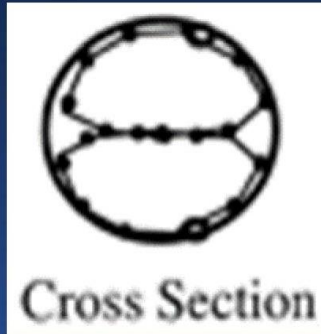
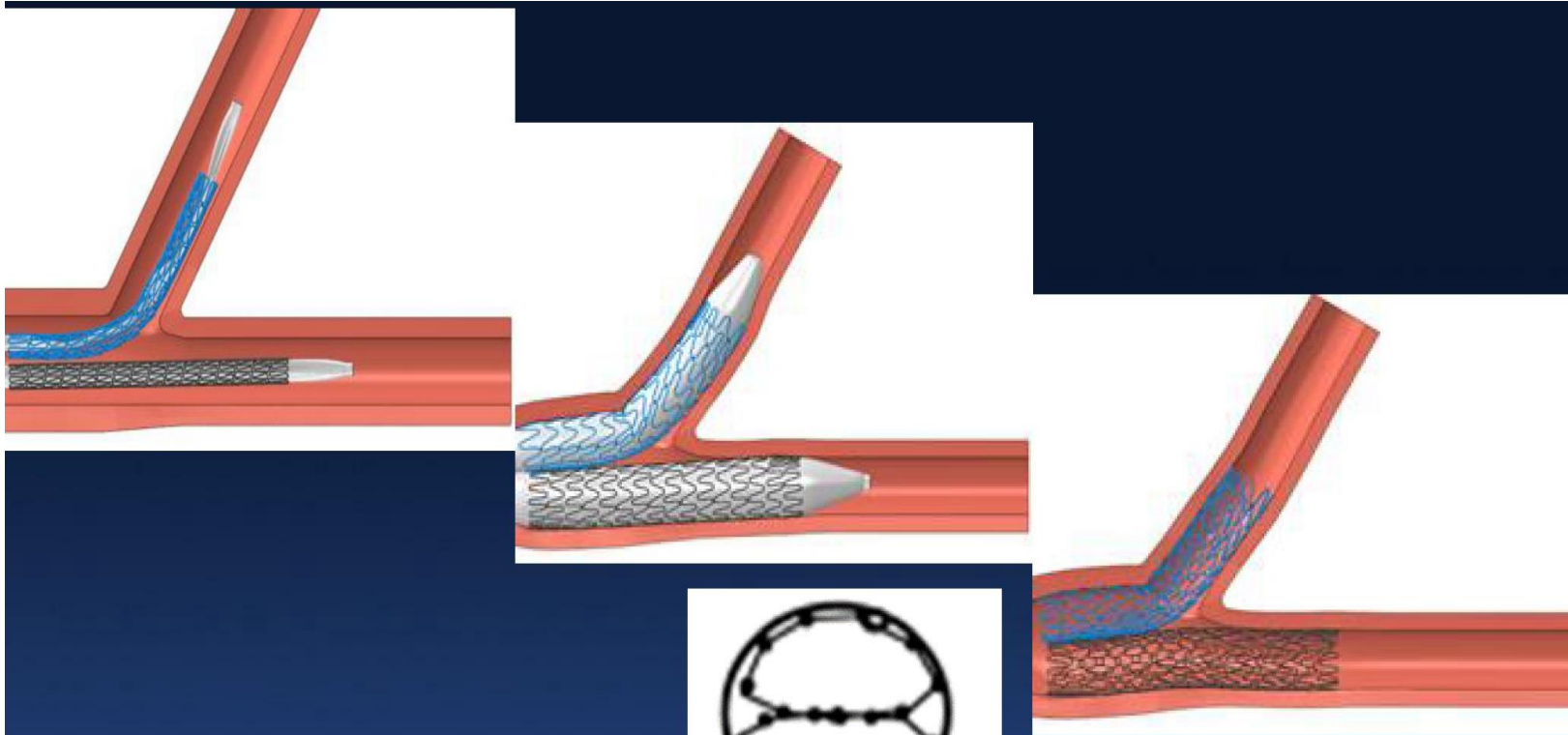
FKB: 4.0x20mm, 3.5 x20 mm, 14 atm



Final Result



SKS technique



- ▶ *Wire both vessels*
- ▶ *Pre-dilate as needed*
- ▶ *Position stents*
- ▶ *Deploy stents simultaneously*
- ▶ *Perform FKBD*

SKS technique- Advantage and Disadvantage

Advantage

- Simple and quick
- Never need to re-cross wire
- Minimal Ischemic time
- Proper to unstable and emergency procedure

Disadvantage

- Need a bigger guiding catheter ($\geq 7F$)
- Long metal carina
- Challenging to treat re-stenosis
- Limited data

Thank for your attention