



Ostial Lesions treated with Szabo Technique

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BACKGROUND

- **Accurate stent deployment is not easy in ostial lesions**
- **Ostial lesions are associated with higher rate of immediate and longterm adverse cardiac events**
- **Szabo et al developed a new technique to deploy stents in aorto-ostial lesions**
- **We present our experience using the Szabo technique in all ostial lesions (types 0,0,1 and 0,1,0 of the Medina classification)**

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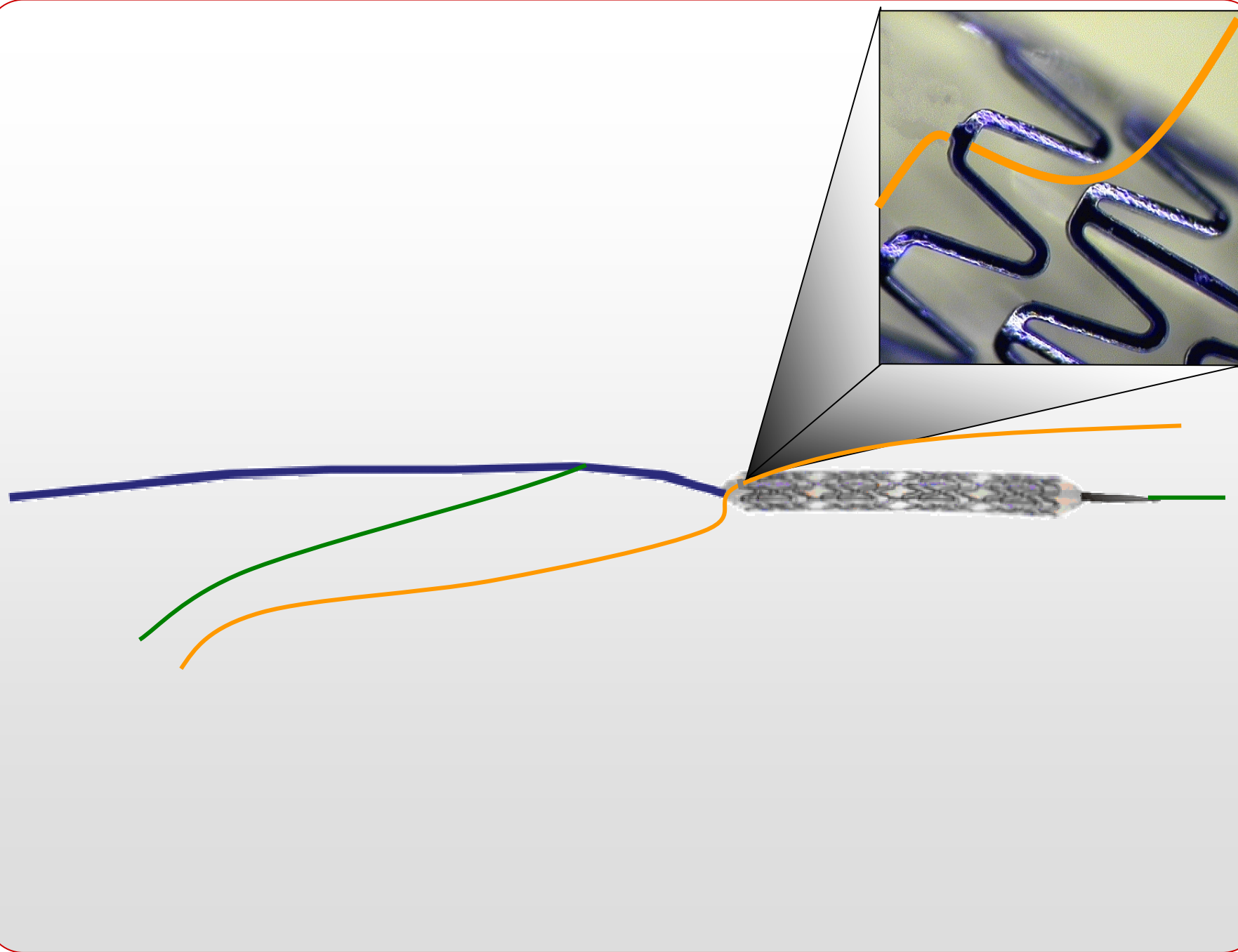
New Technique of Aorto-Ostial Stent Placement

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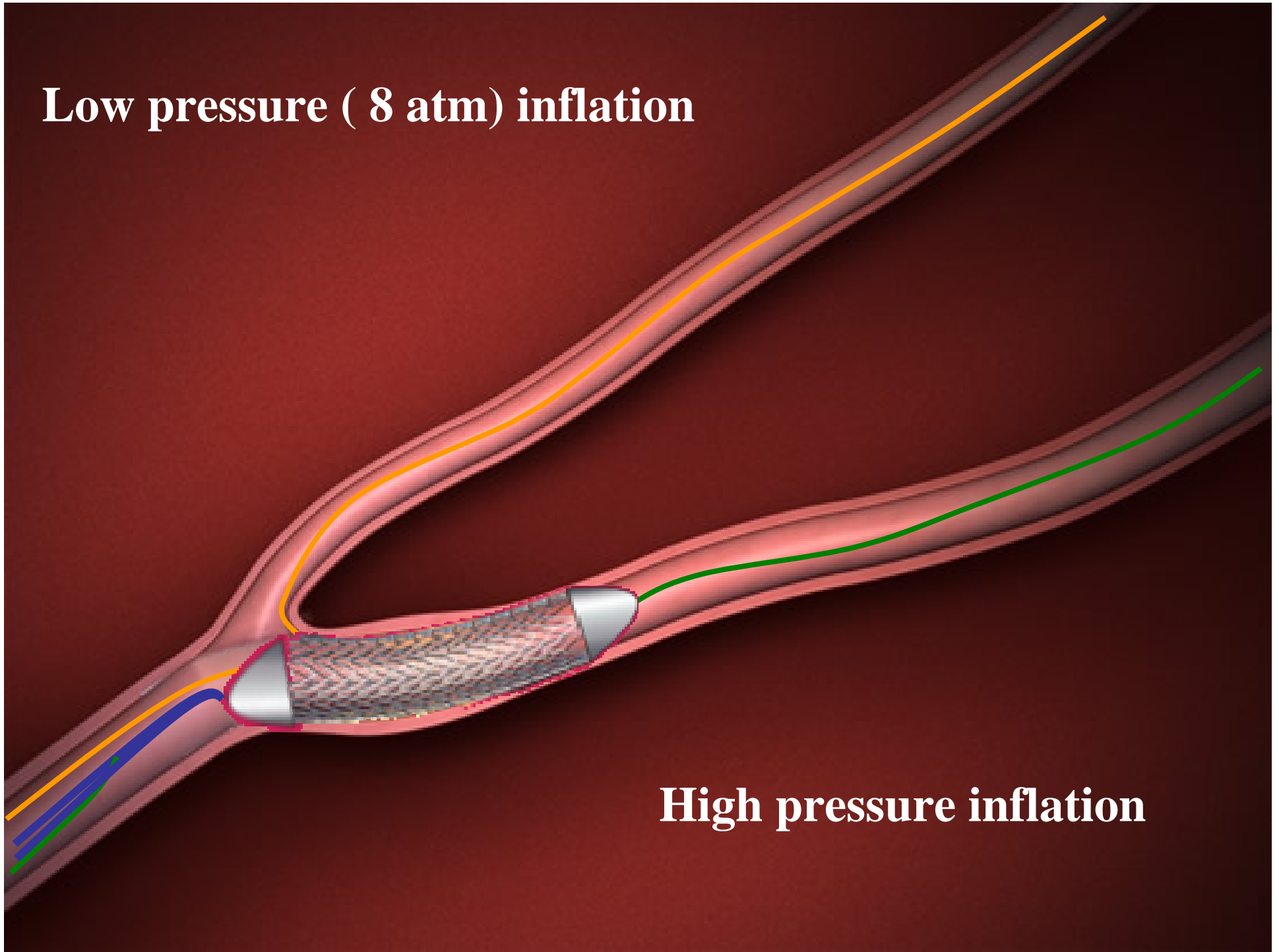
Background: Accurate aorto-ostial stent positioning is limited by suboptimal angiographic landmarks and guide support. We have tested a new technique using current stent technology to overcome these problems.

Methods: The aorto-ostial lesion is accessed with the guide catheter and wire in the usual fashion. A second guide wire is advanced approximately 2-3 cm out in the aorta. The stent is loaded on the first wire in the usual fashion. The second, accessory wire is back-loaded through the last proximal strut of the stent.



Low pressure (8 atm) inflation

High pressure inflation



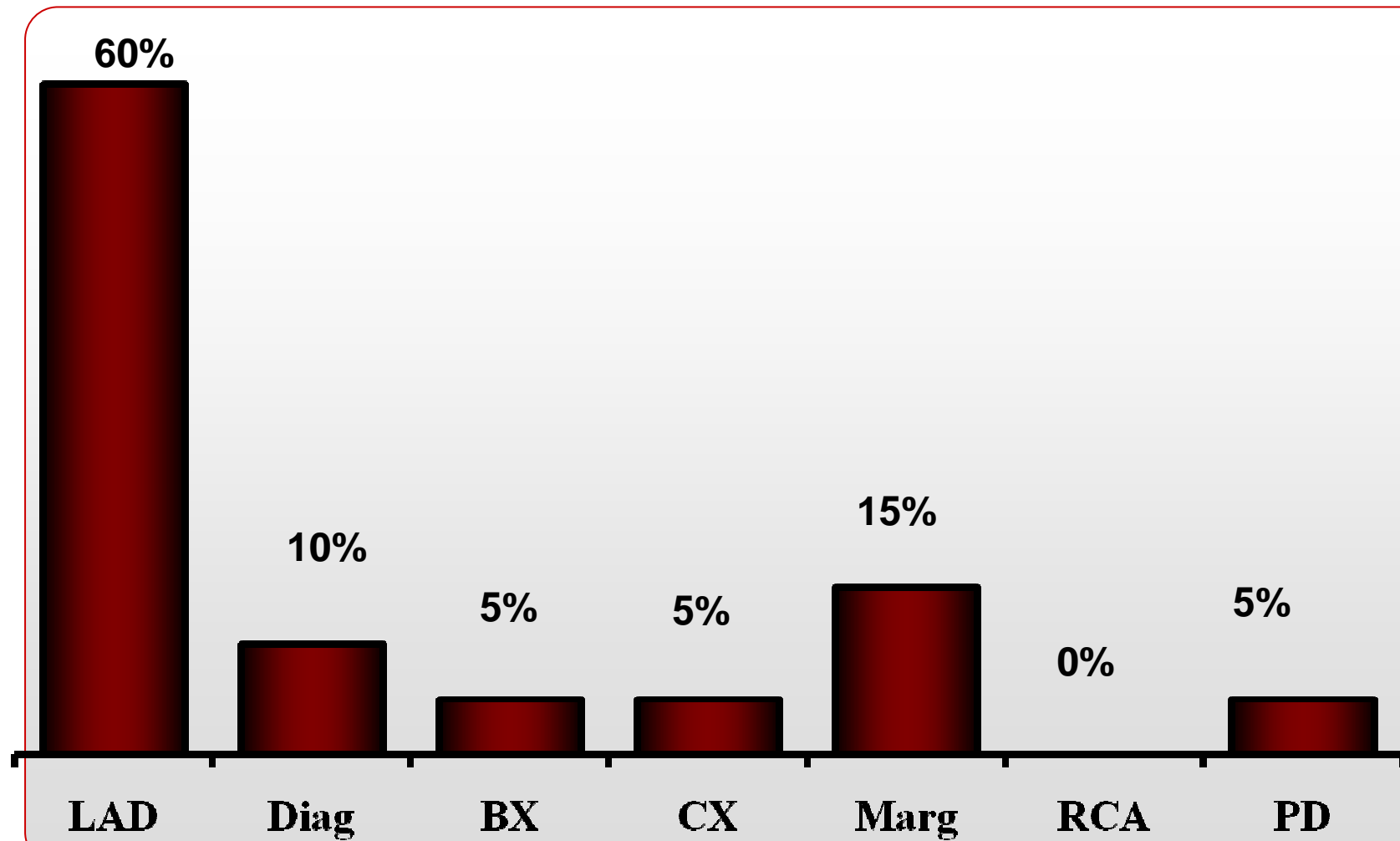
Baseline Characteristics (N=28)

Age (yr)	68±13
Male (n)	22 (80%)
Hypertension (n)	19 (70%)
Diabetes mellitus (n)	8 (30%)
High Cholesterol(n)	15 (55%)
Smoker (n)	18 (65%)
LVEF (%)	44,6±11,2

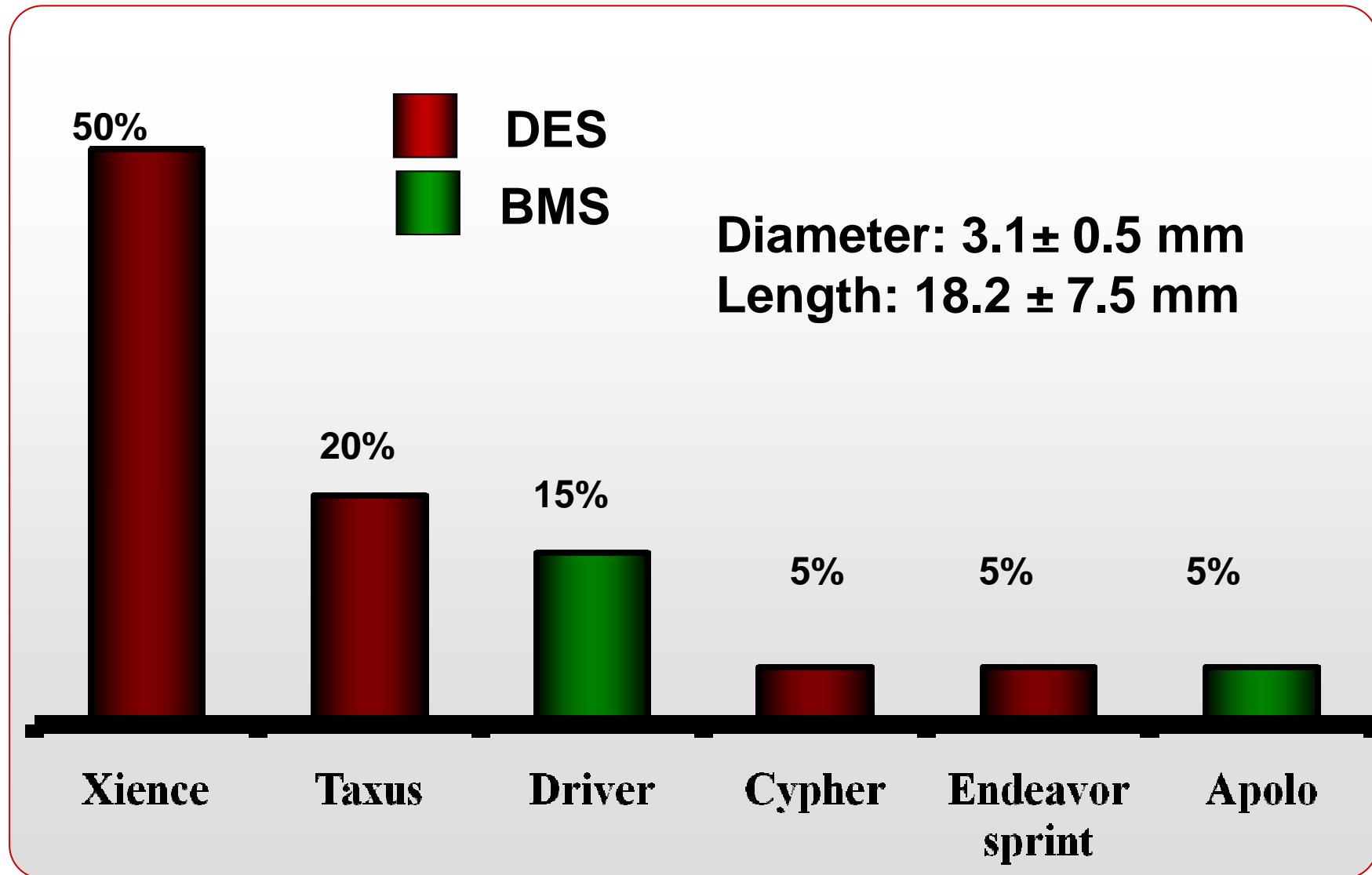
Procedural Characteristics (N = 28)

Balloon predilatation	14 (50%)
Cutting balloon	8 (30%)
Rotational atherectomy	5 (16%)
Thrombectomy	1 (4%)
GP IIb/IIIa	8 (30%)
IVUS pre y post	14 (50%)

Vessel Distribution



Stent Type

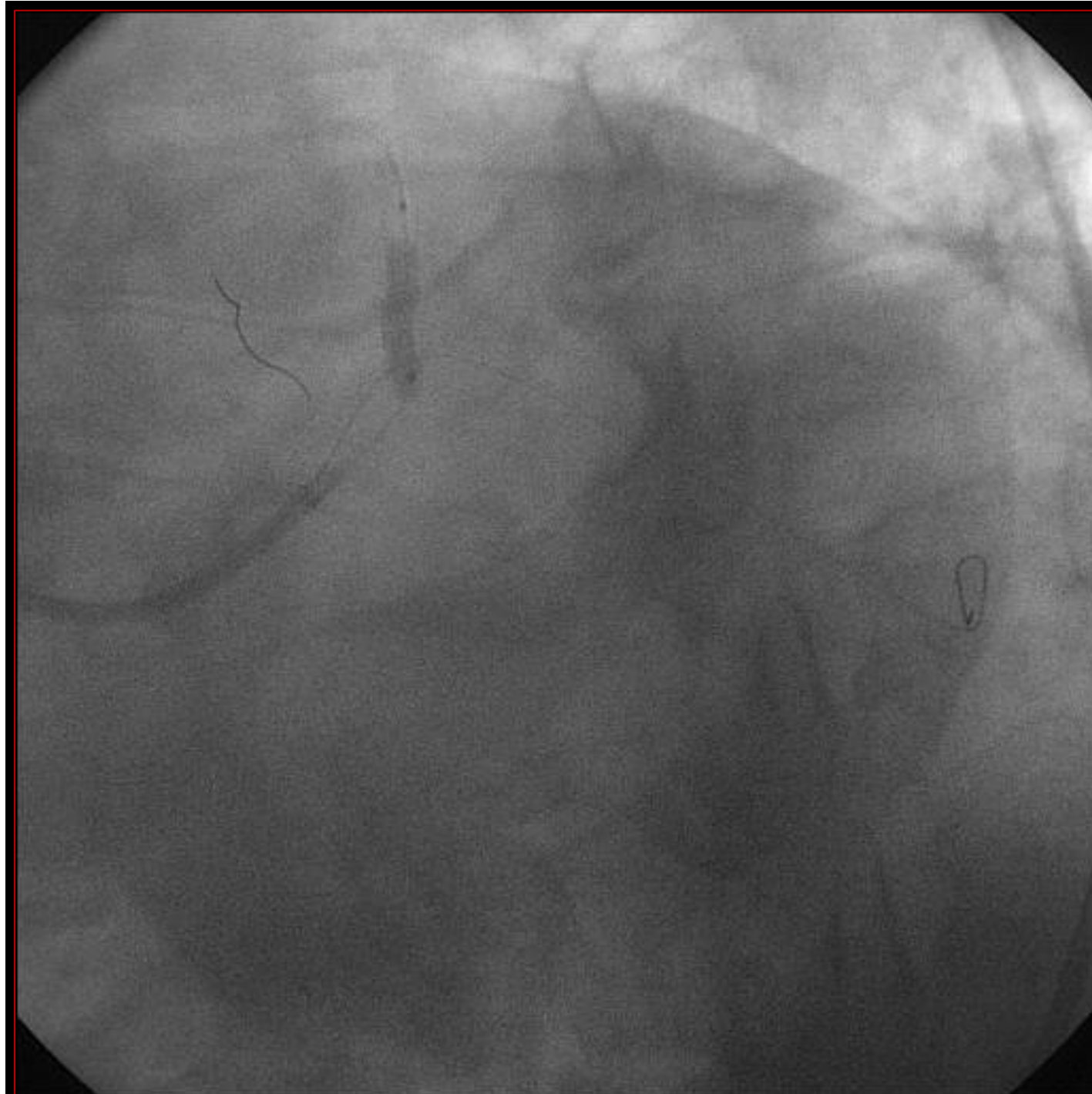


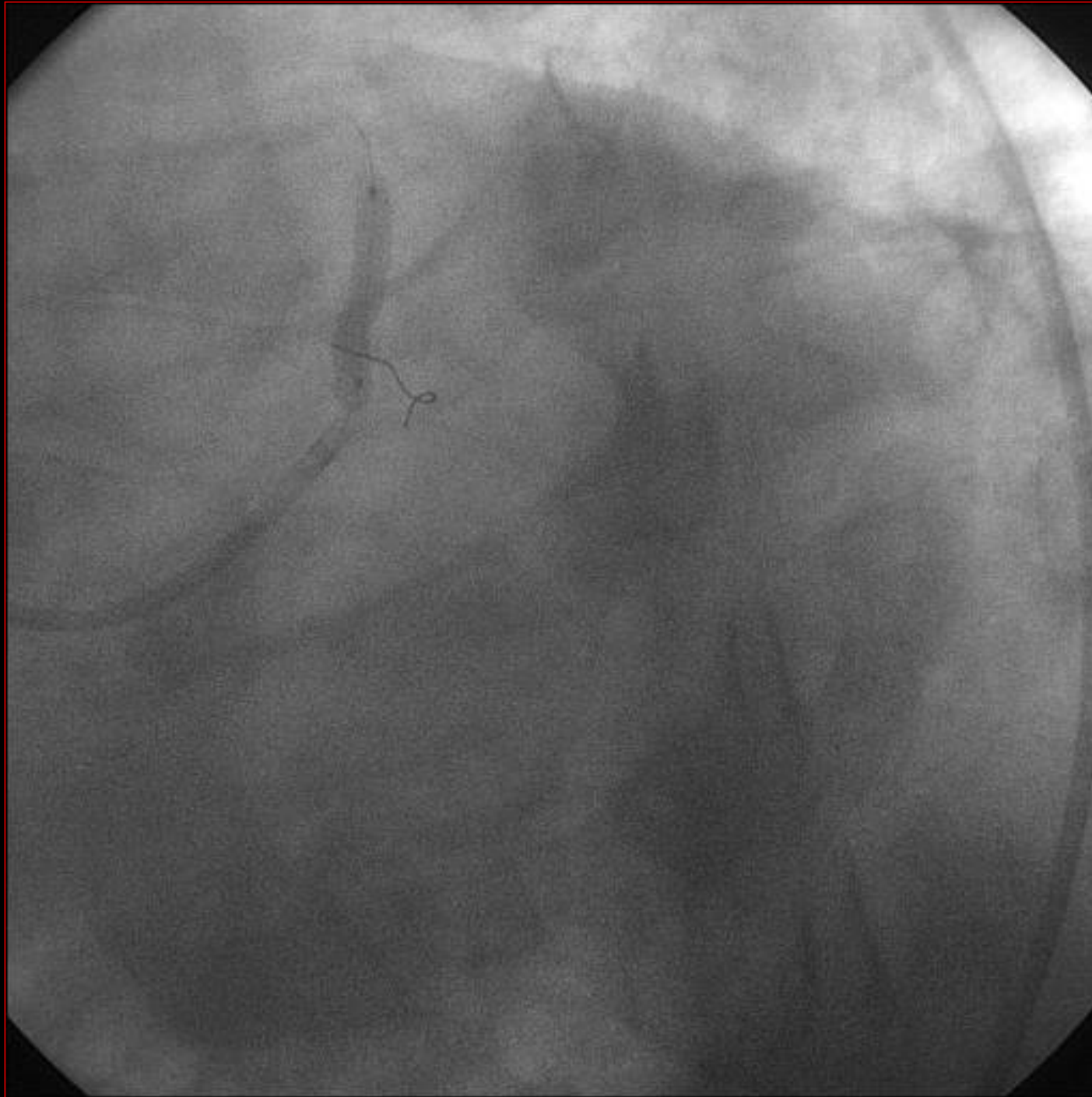
Clinical History

- **Seventy year old male referred from referral hospital for LAD PCI**
- **Risk factors : Hypertension, DM,**
- **Admitted to the referral hospital for NSTEMI**
- **Coronary angiogram : Severe calcified ostial-diffuse lesion LAD**

Technique

- **Guiding catheter : EBU 3.5 7 Fr.**
- **Rotational Atherectomy with 1.5 and 1.75 mm burr**
- **BMW wires in LAD and Cx**





TECHNIQUE (Tips and Tricks)

- **Good predilatation of the ostial lesion**
- **Avoid wire crossing (permanent identification of each wire)**
- **Avoid balloon pinching (load the wire carefully)**
- **If wire crossing, retrieve wire A (main vessel) to the guiding catheter and advance it again**

Clinical Results (245 ± 112 days)

Procedural success	28 (100%)
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Clinical success	28 (100%)
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Death	0
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TLR	1
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Stent thrombosis	1
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Conclusions

- **Szabo technique is useful to accurately deploy stents in ostial lesions**
- **It is especially indicated when you want to avoid stent implantation in a vessel located proximal to the ostial lesion**