Morphology and Distribution of Left Main and Non Left Main Bifurcation Atherosclerosis

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Disclosure Statement of Financial Interest Within the past 12 months, I or my spouse/partner have had a financial Interest /arrangement or affiliation with the organization(s) listed below

Affiliation/Financial Relationship Grant/ Research Support:

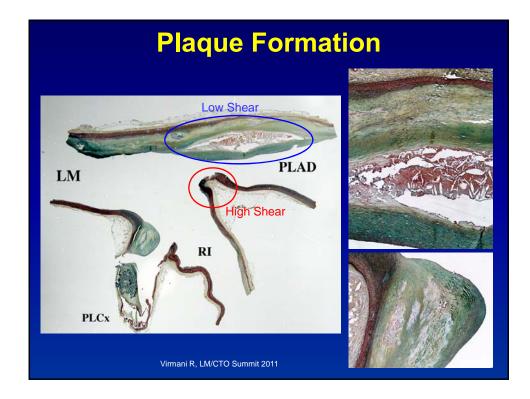
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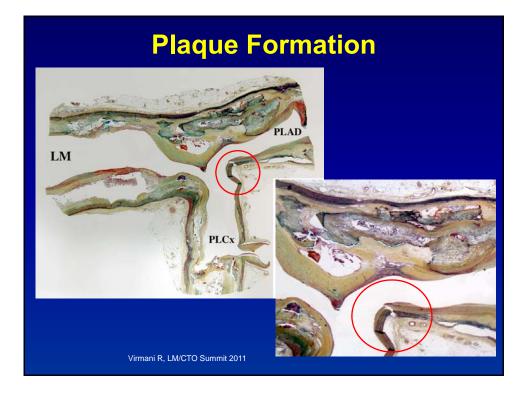
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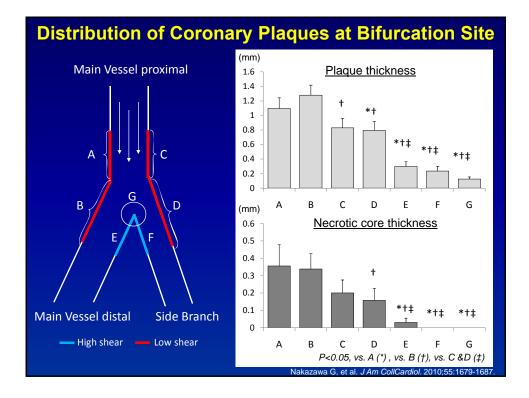
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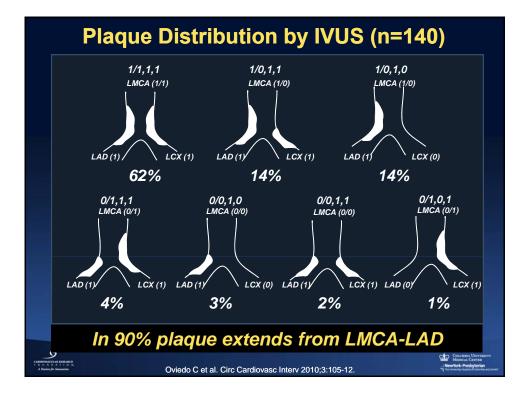
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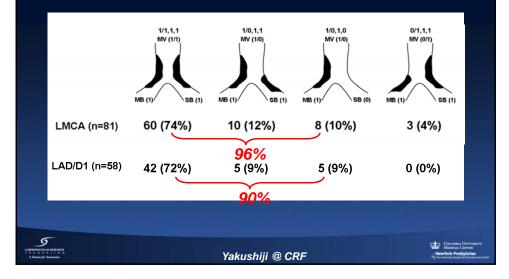


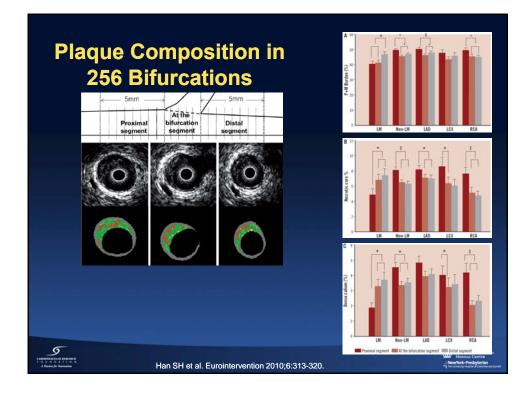


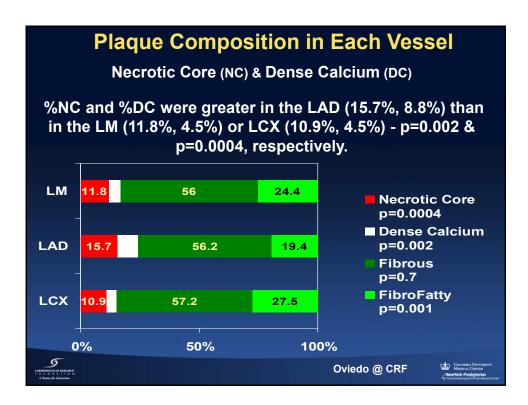


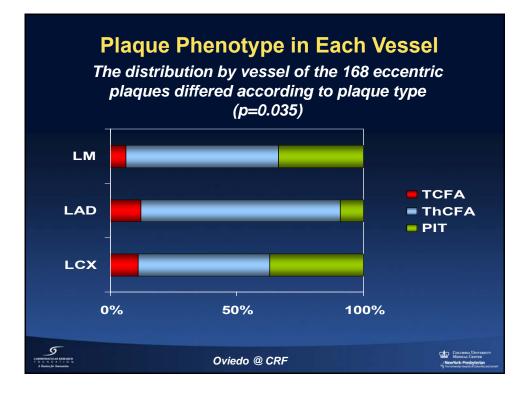
Plaque Distribution LMCA vs LAD/D1

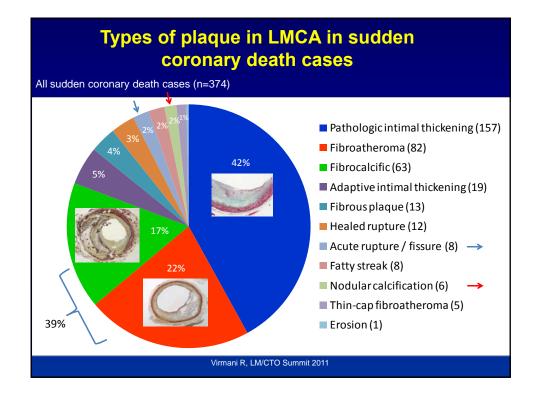
Inclusion: angiographically significant bifurcation disease

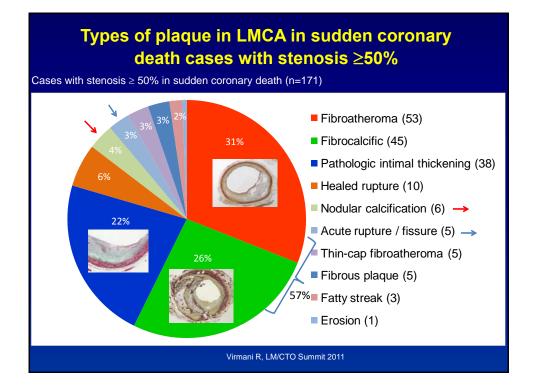


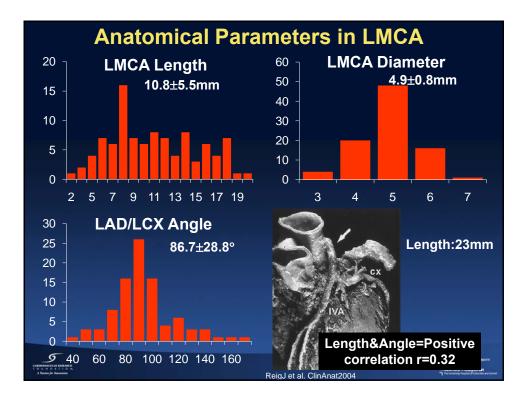




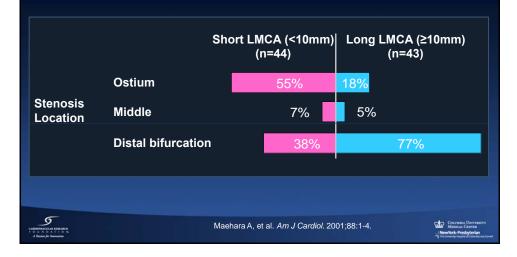


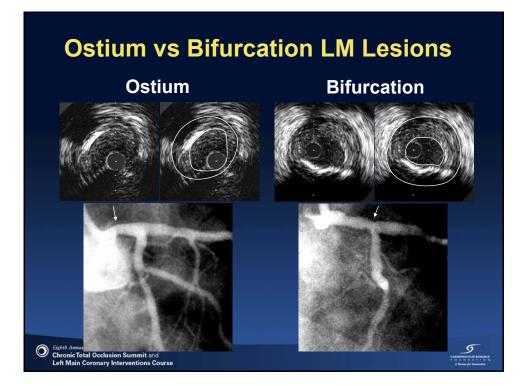






Anatomic features and the development of atherosclerotic plaque in left main coronary artery: IVUS data





Ostium vs Bifurcation LM Lesions

	Ostium n = 32	Bifurcation n = 55	p value
Plaque burden (%)	62±15	80±9	<0.0001
Max Calcium Arc (°)	78±65	195±101	<0.0001
Eccentric plaque (%)	97	76	0.01
Lesion length (mm)	2.3±2.4	4.5±2.7	0.001
Remodeling Index	0.87±0.19	1.01±0.21	0.005
Bifurcation vs Ostium: more calcium and plaque, longer, and more positive remodeling			
Chronic Total Occlusion Summit and Left Main Coronary Interventions Course M	aehara A. et al, <i>Am J Ca</i>	ardiol 2001; 88: 1-4.	CARDINAL CONTRACTOR OF A CONTRACTOR A CONT

Take Home Message

- 1. 90% of plaque distribution is LAD (main branch) dominant in the LMCA, LAD/D1 bifurcation, no matter the angiographic appearance.
- 2. In LMCA bifurcations, advanced atherosclerosis (fibroatheroma, calcification) is more in the proximal LAD than LMCA or LCX. However, in non-LM bifurcation lesions, the proximal segment had more plaque than the distal segment.
- **3.** The left main length may relate to the bifurcation angle and plaque distribution.
- 4. The morphology between left main bifurcation and ostium is quite different and more complex in the bifurcation.