



All Is Well That Ends Well

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-
- Mr X ,37 yrs. Old Male ,Smoker, Migrant worker
 - Effort angina (CCS-class-III to IV)
 - Normal Biochemical and hematological profile
 - Normal resting ECG
 - No RWMA ,Ejection Fraction 65%,



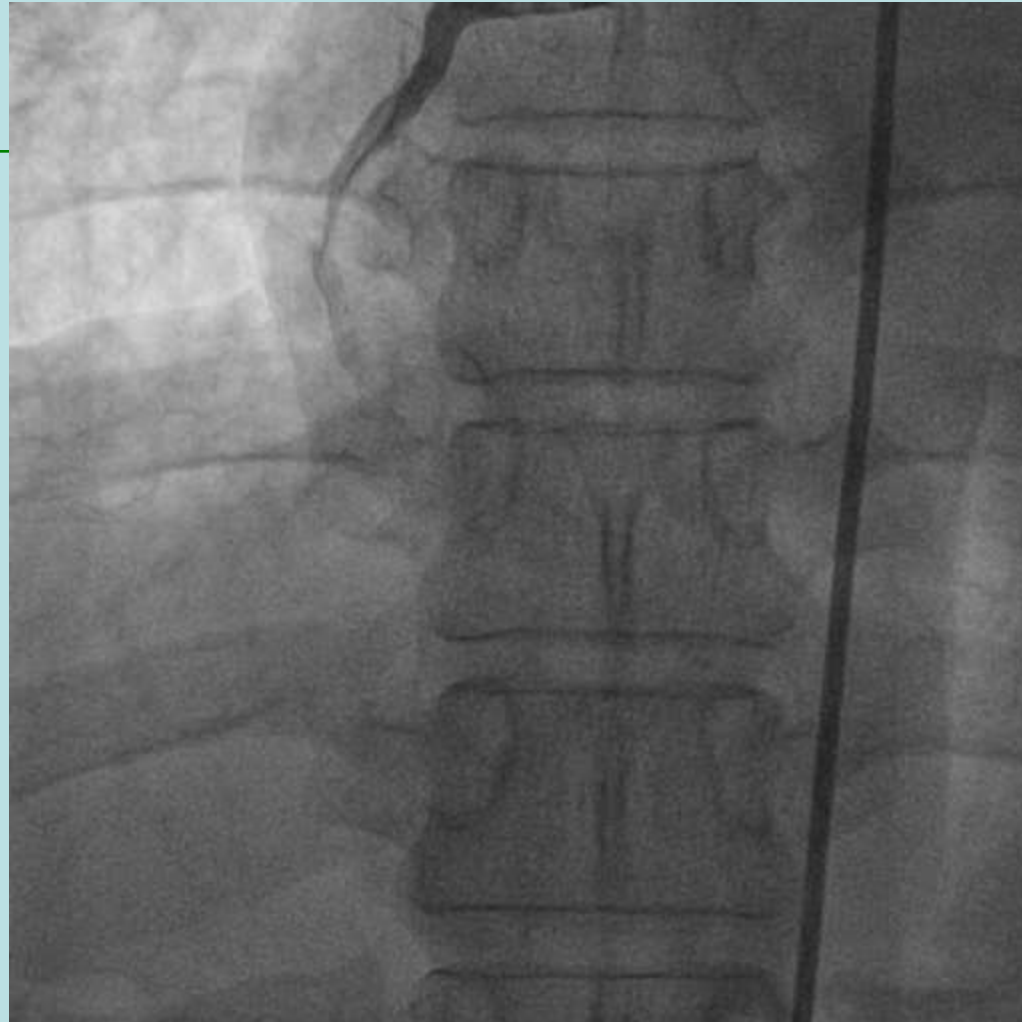
Under went coronary angiography and revealed



LMCA: 99% stenosis(Mid shaft)



LAD: 100% stenosis after D1

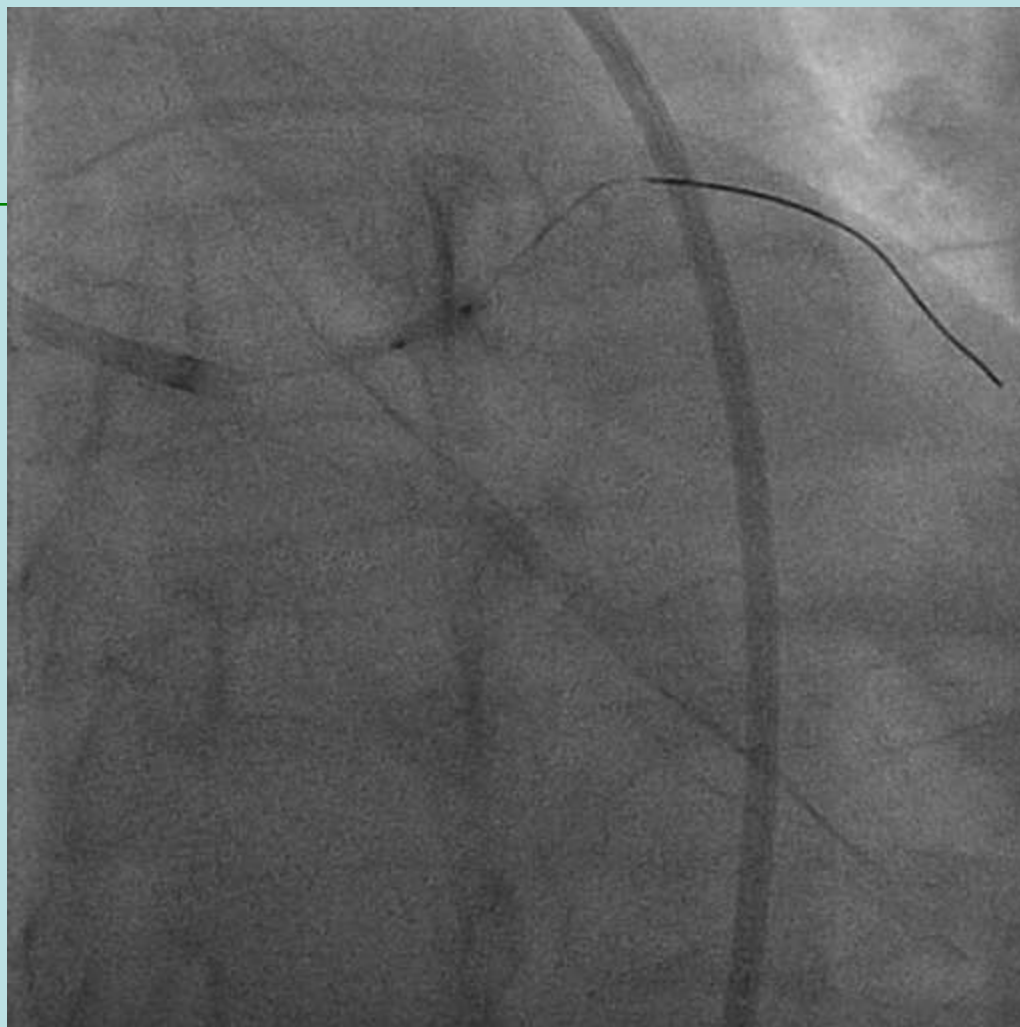


RCA: 80-90% stenosis

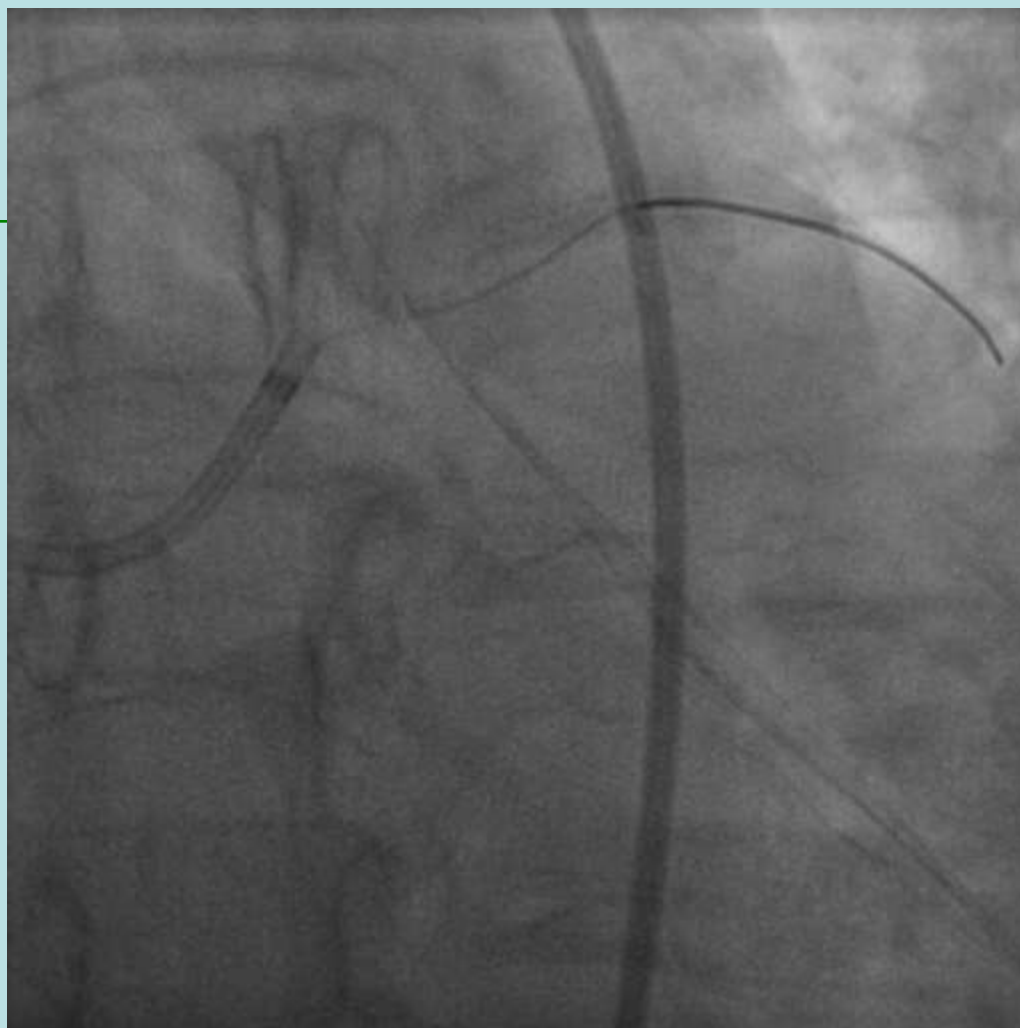


???Choice of Revascularization

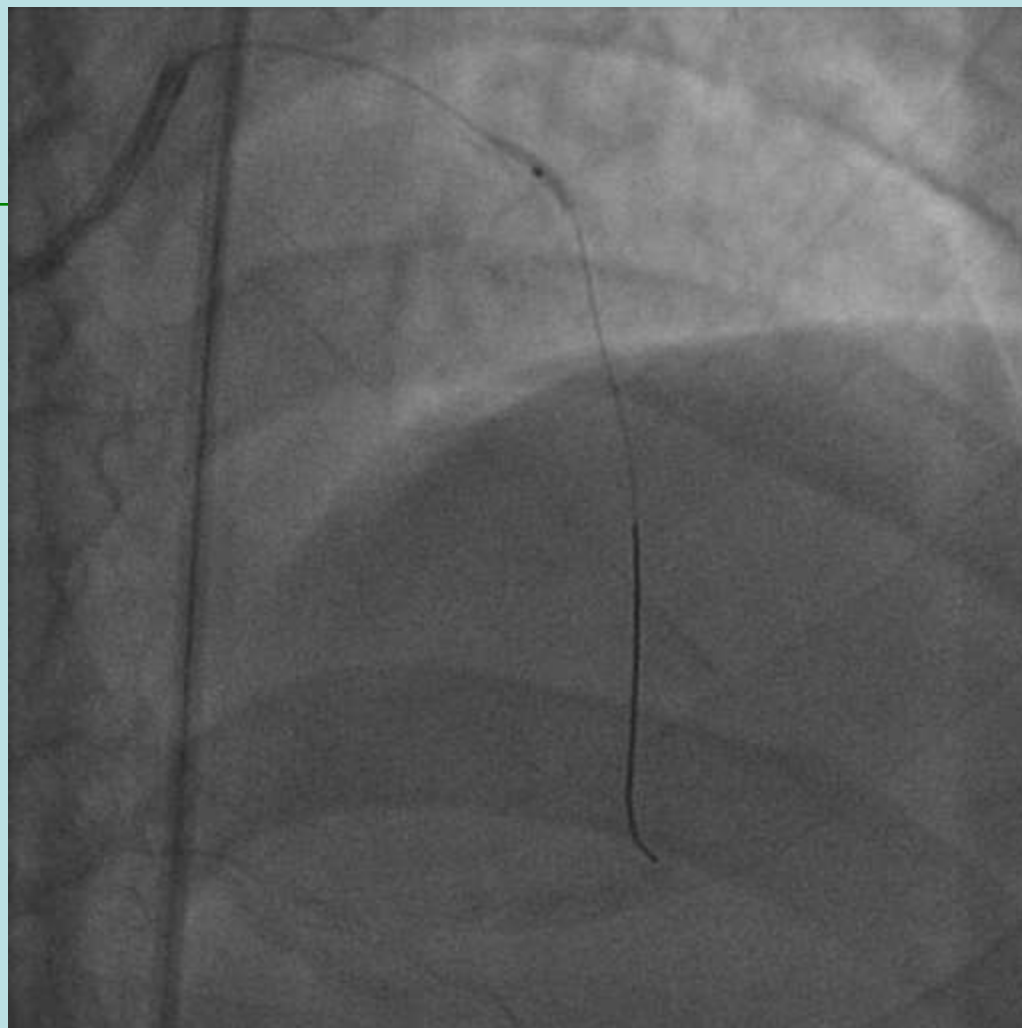
- CABG
- CABG
- CABG
- PCI (??? stage or same setting)



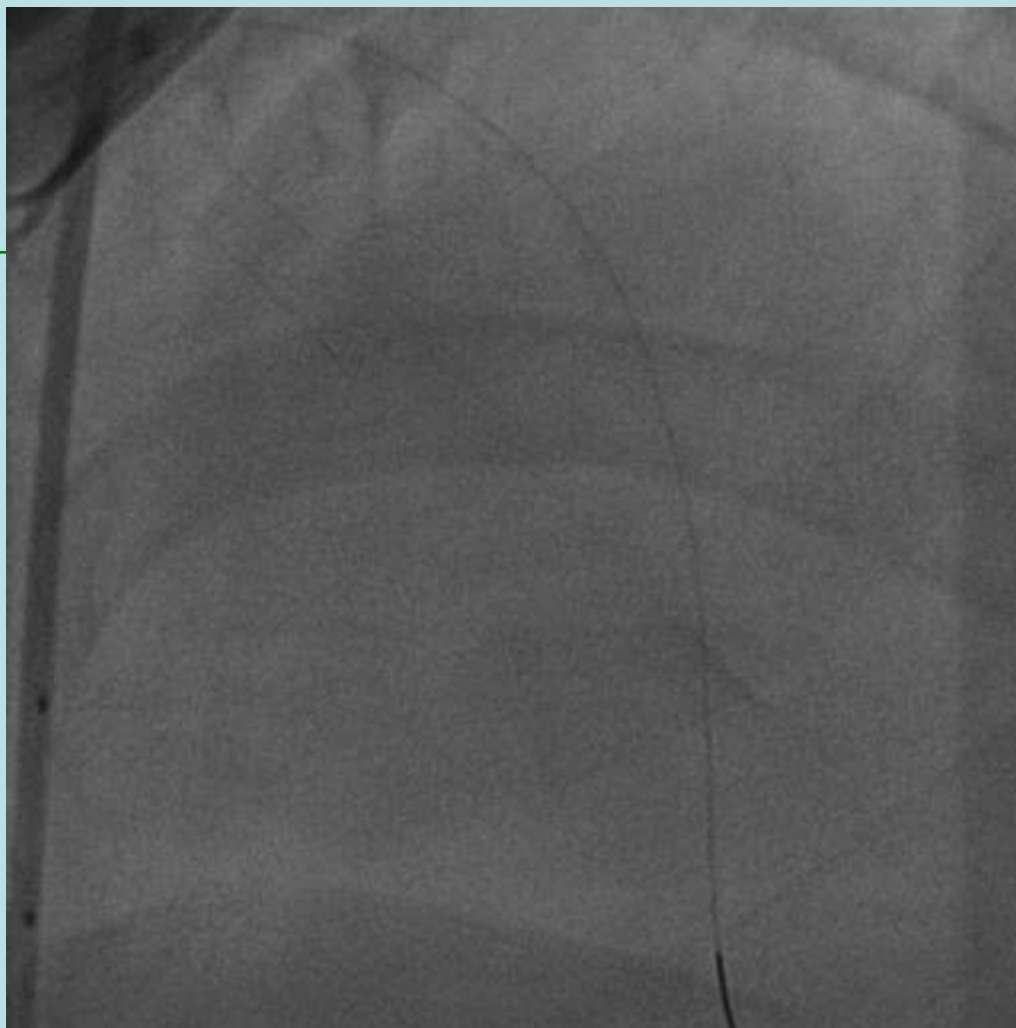
Floppy wire (Sion) with 2.5 mm x 7 mm (Falcon)



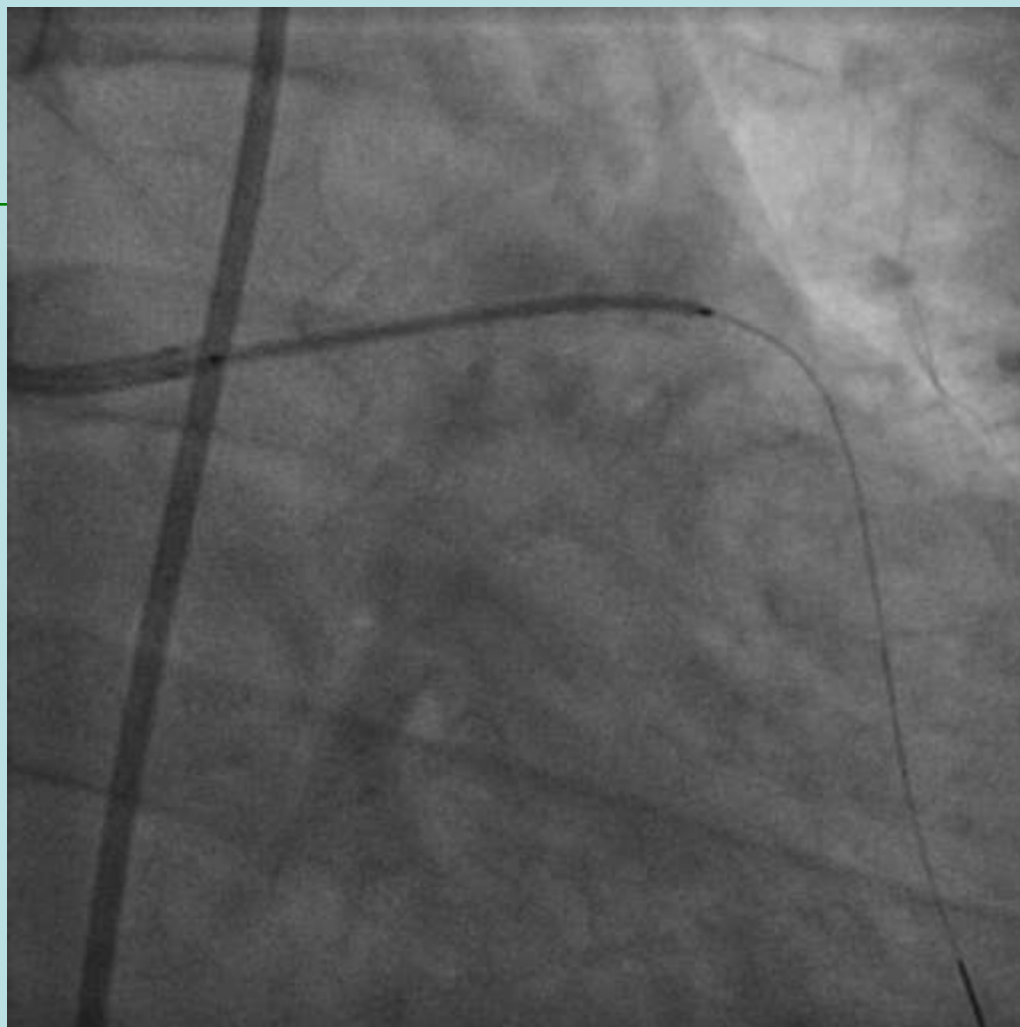
LMCA after pre dilatation



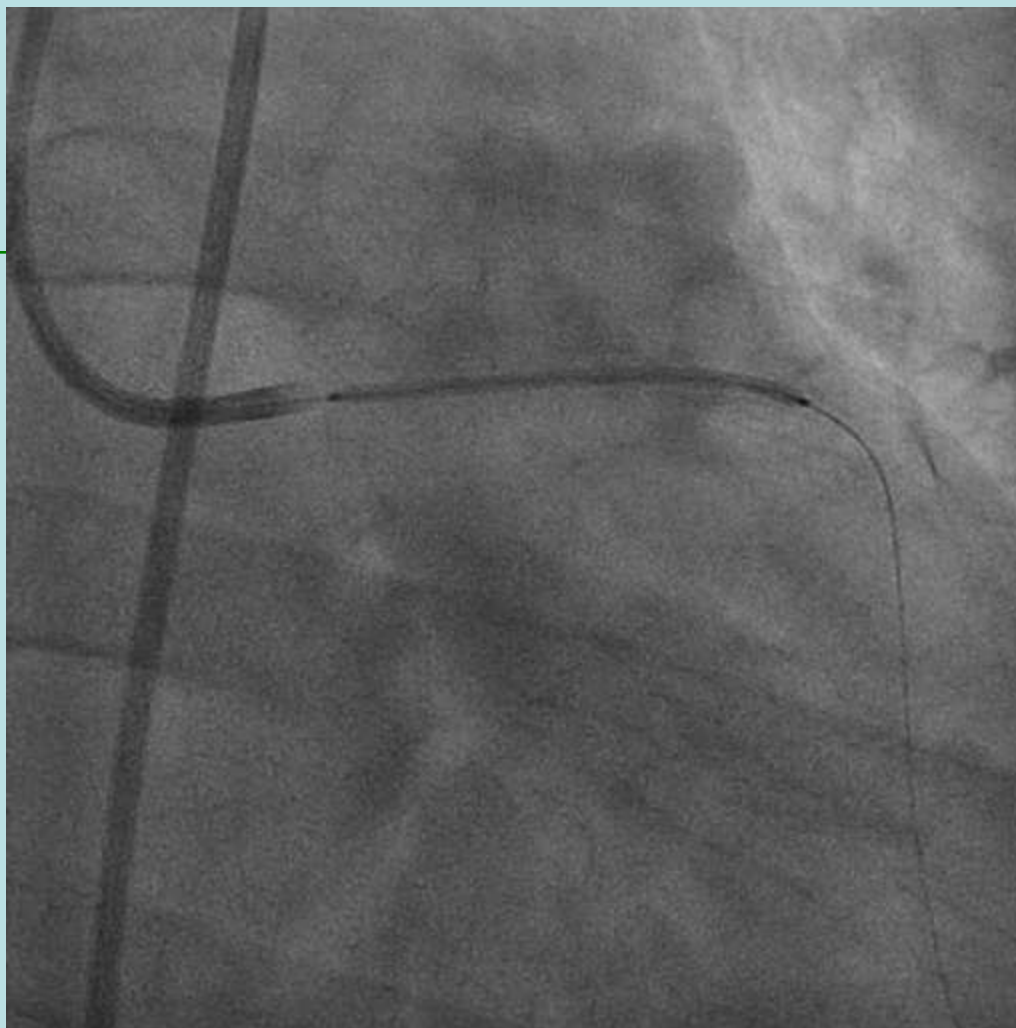
LAD lesion crossed and pre dilated (1.25 mm x 10 mm, Tazuna)



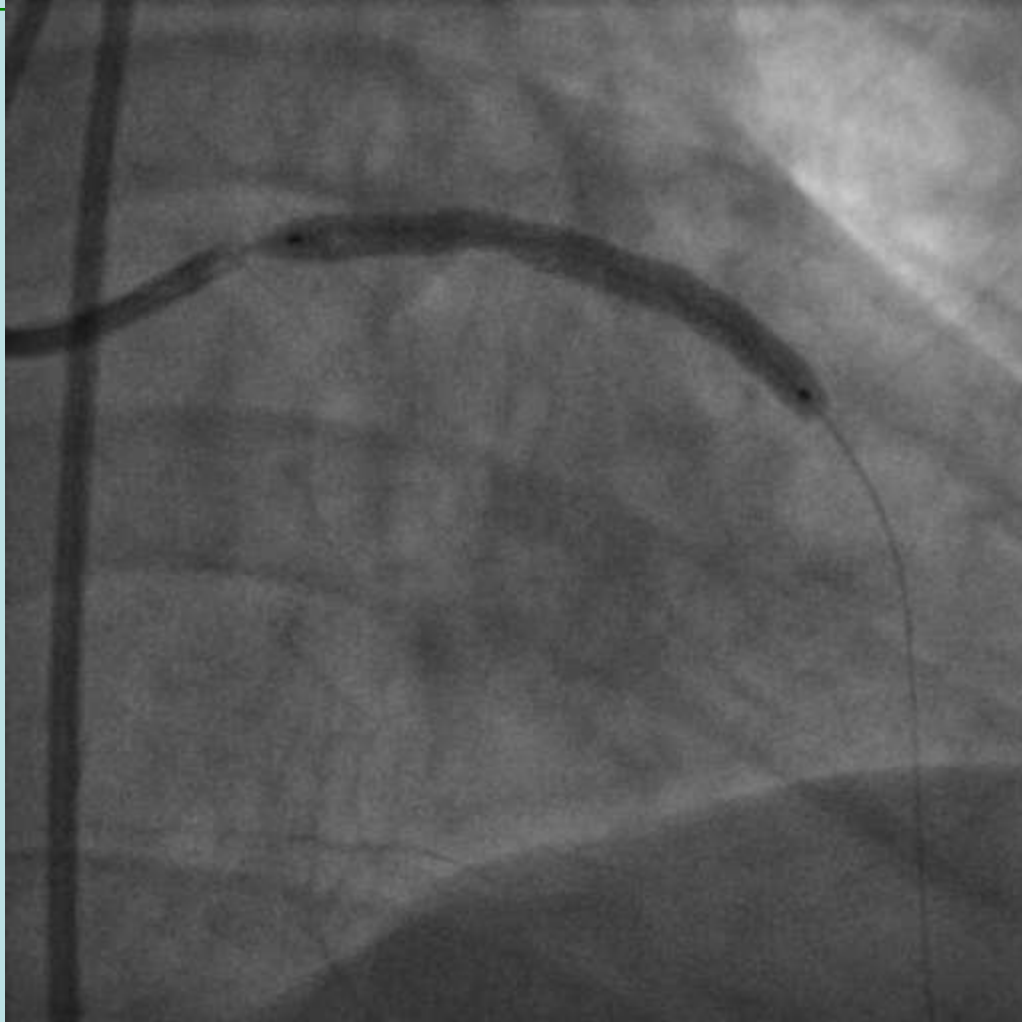
LAD after pre dilatation



3.5 mm x 38 mm DES



LMCA & Proximal LAD covered
with 3.5X38 mm DES





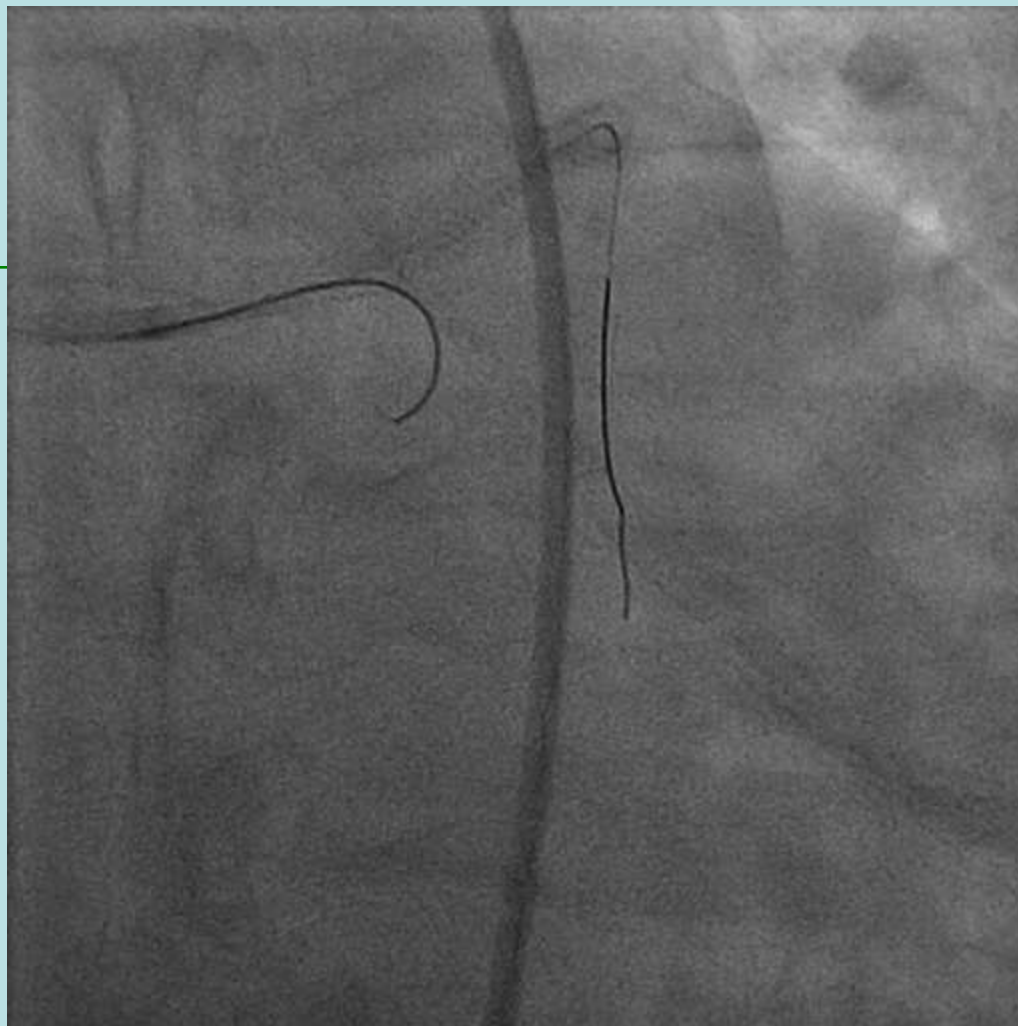
Syed Nazrul Islam-37Yrs.
Date of Birth: / / , Male
Patient ID: 202440-13
Study ID: CAG.
Exam Date: 2013/01/30
Rot: RAO 6
Ang: Cran 35
Reliability: 100 %

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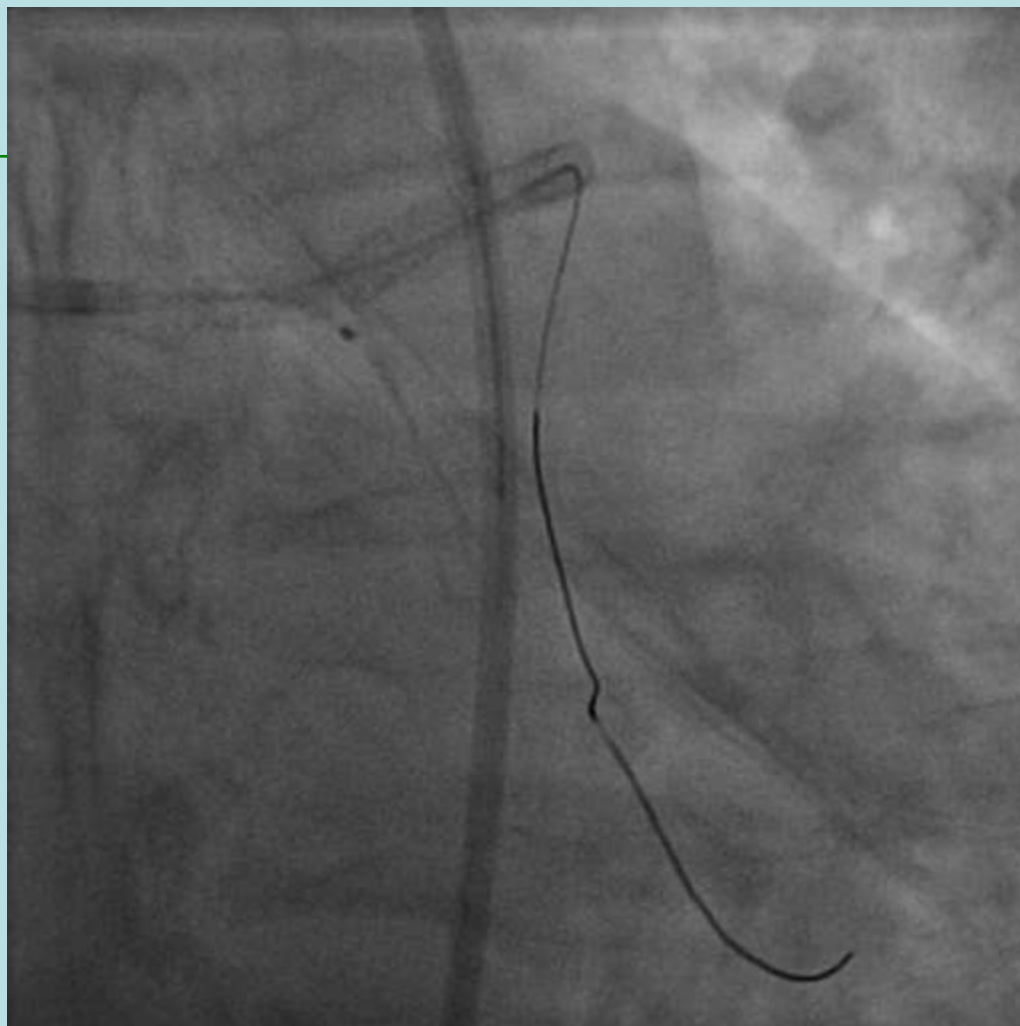


Run Number: 0045

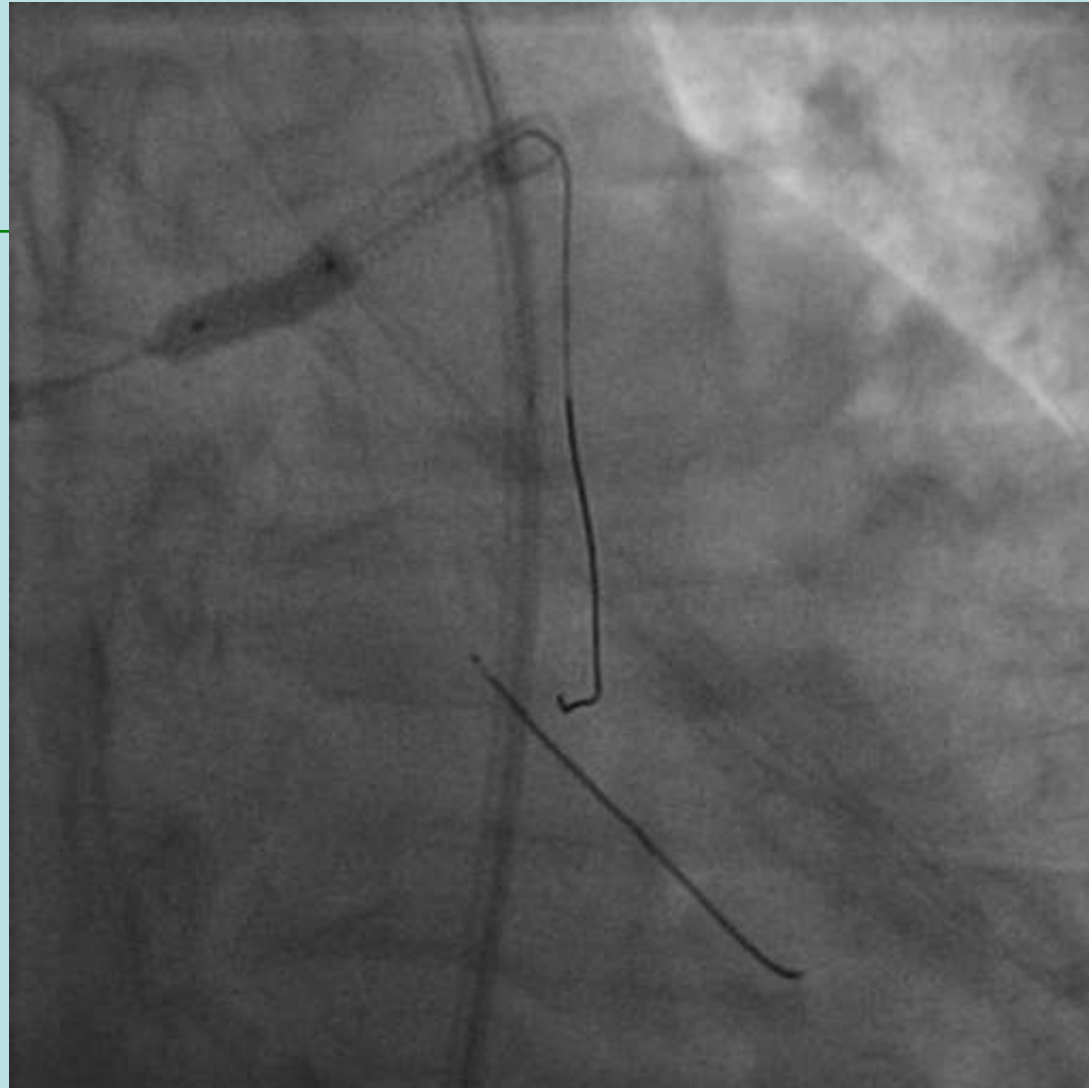
Stent boost



LCX crossed with floppy wire(Runthrough NS)



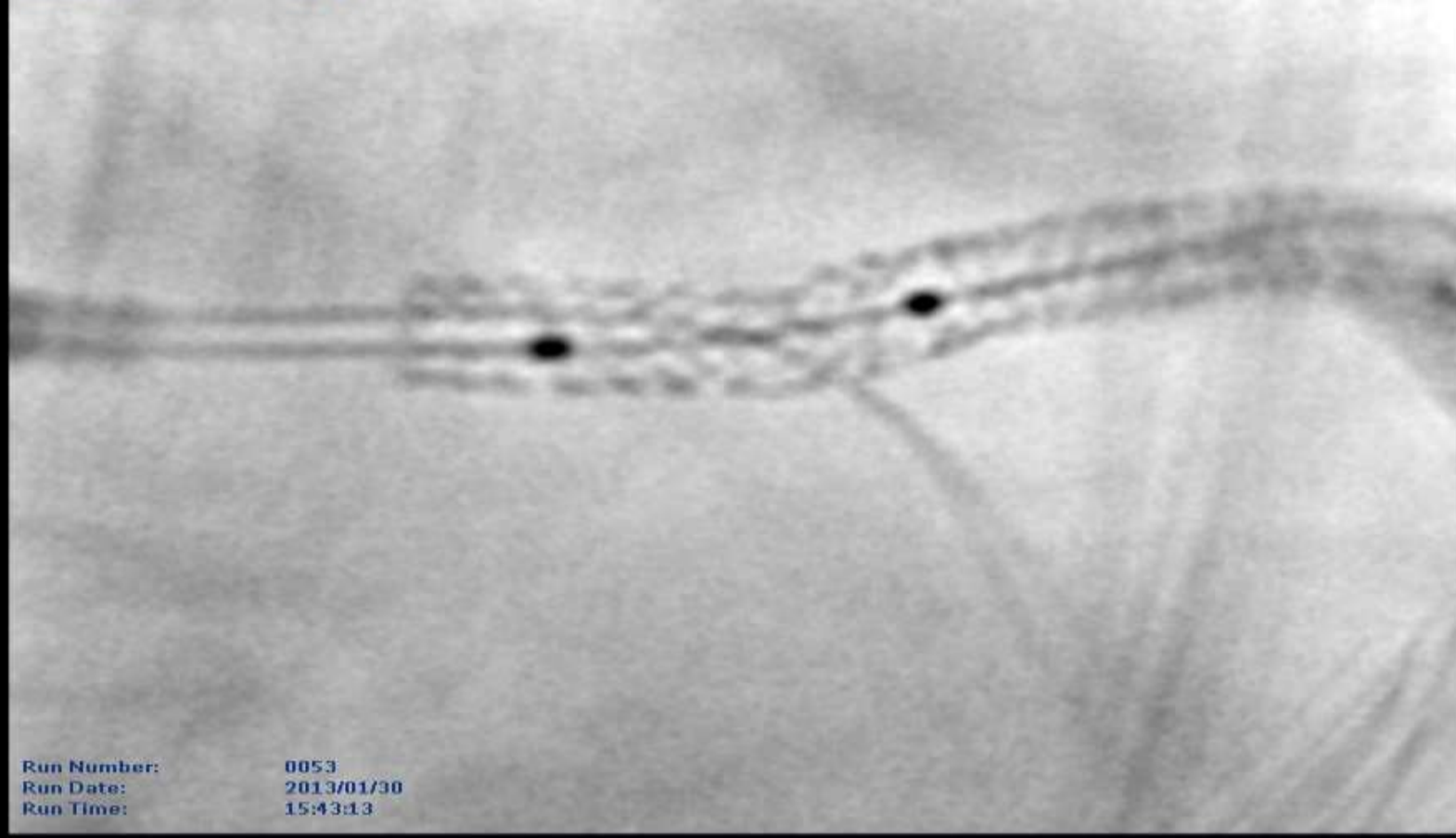
Balloon (1.5X15mm Tazuna)



4.0 mm x 10 mm NC balloon

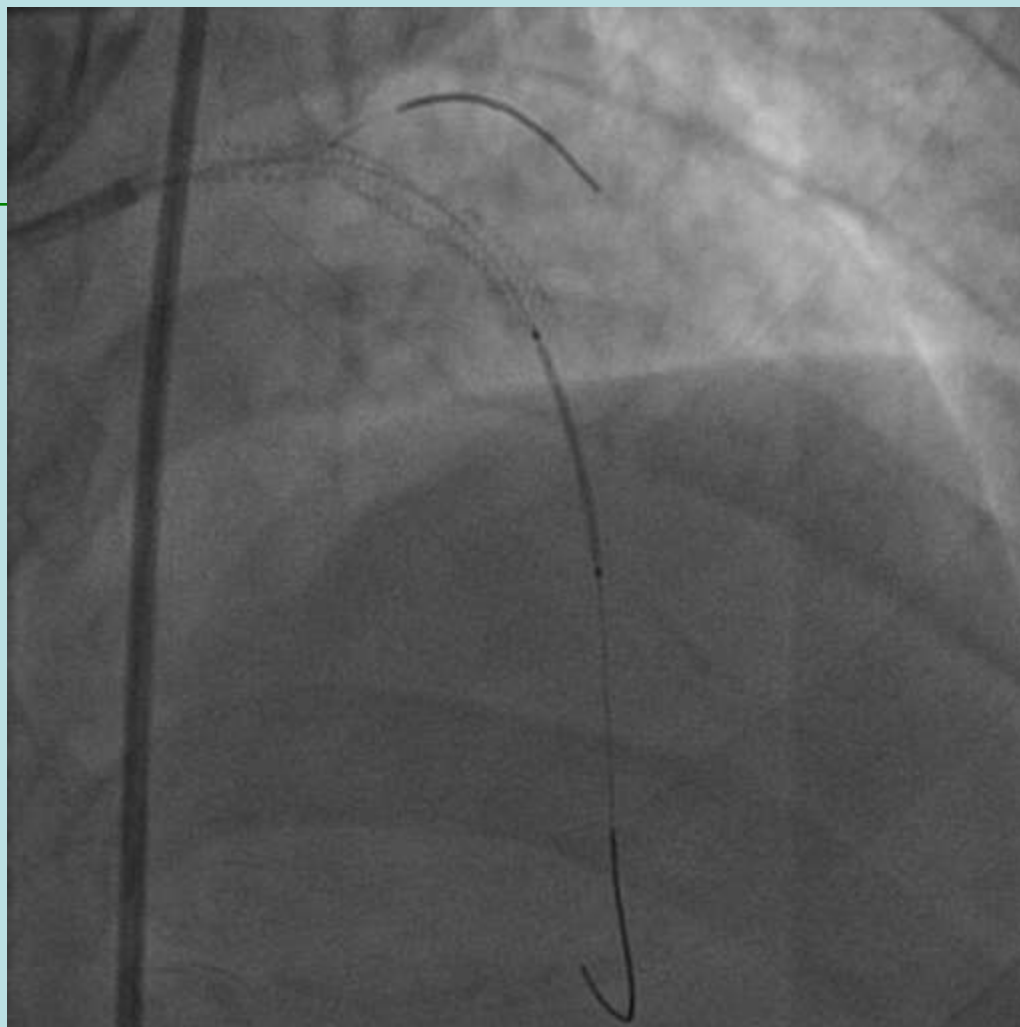
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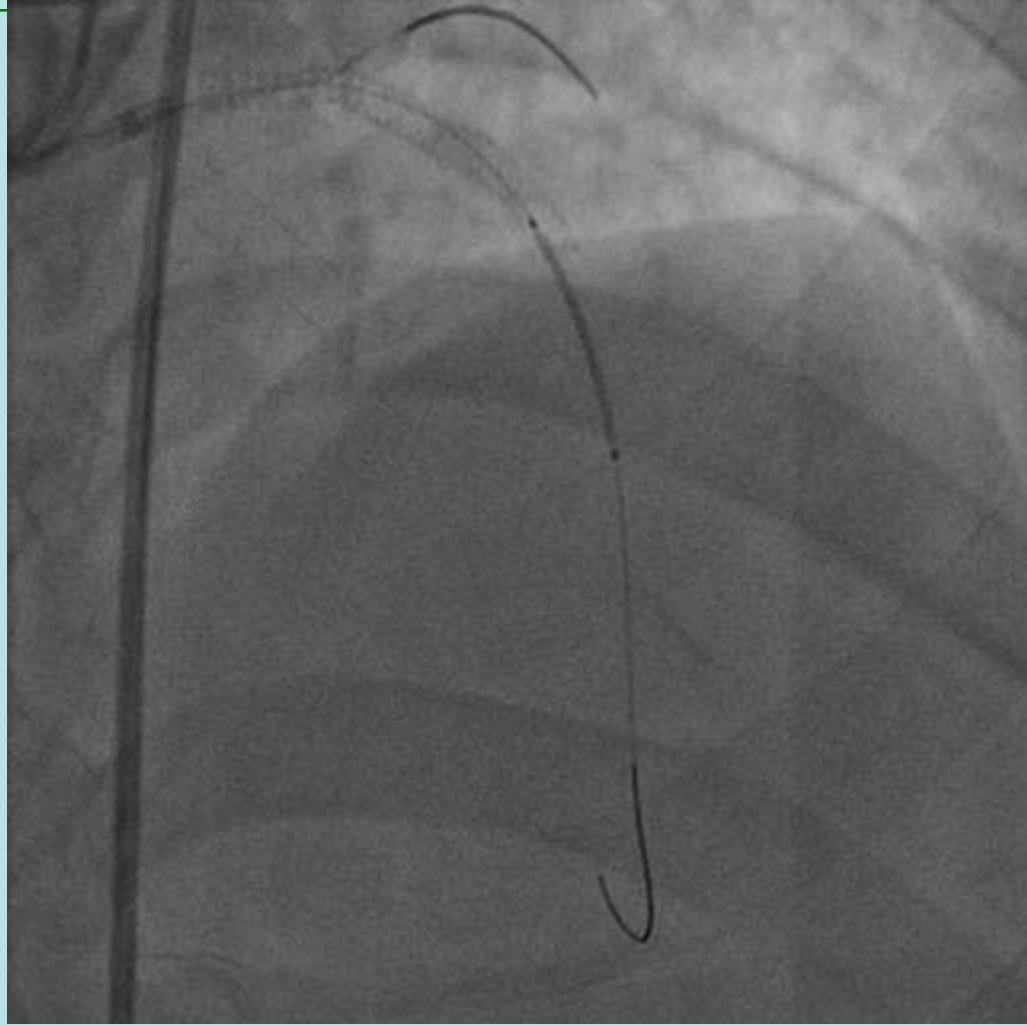


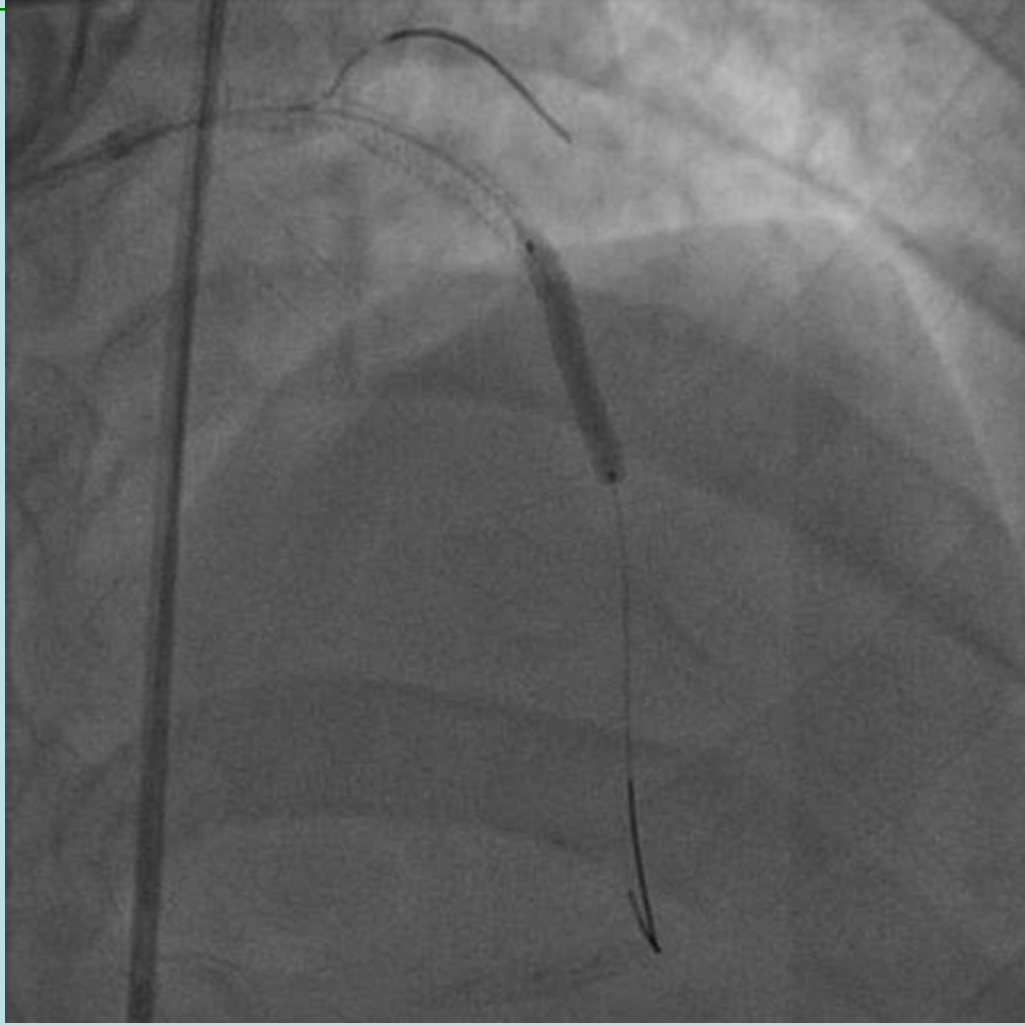
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Run Date: 2013/01/30
Run Time: 15:43:13

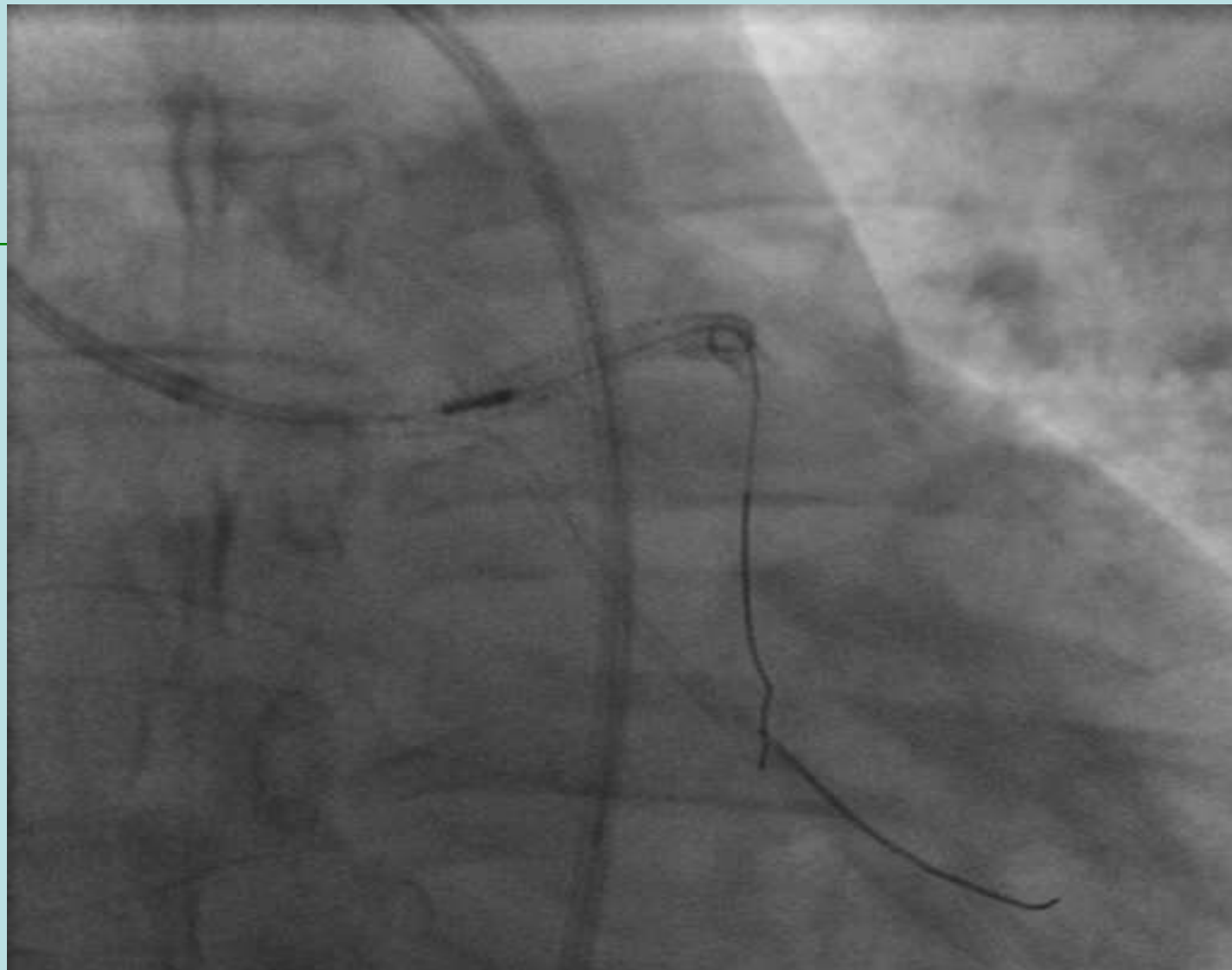
Stent boost



Covering mid LAD with 2.75 mm x 20 mm DES

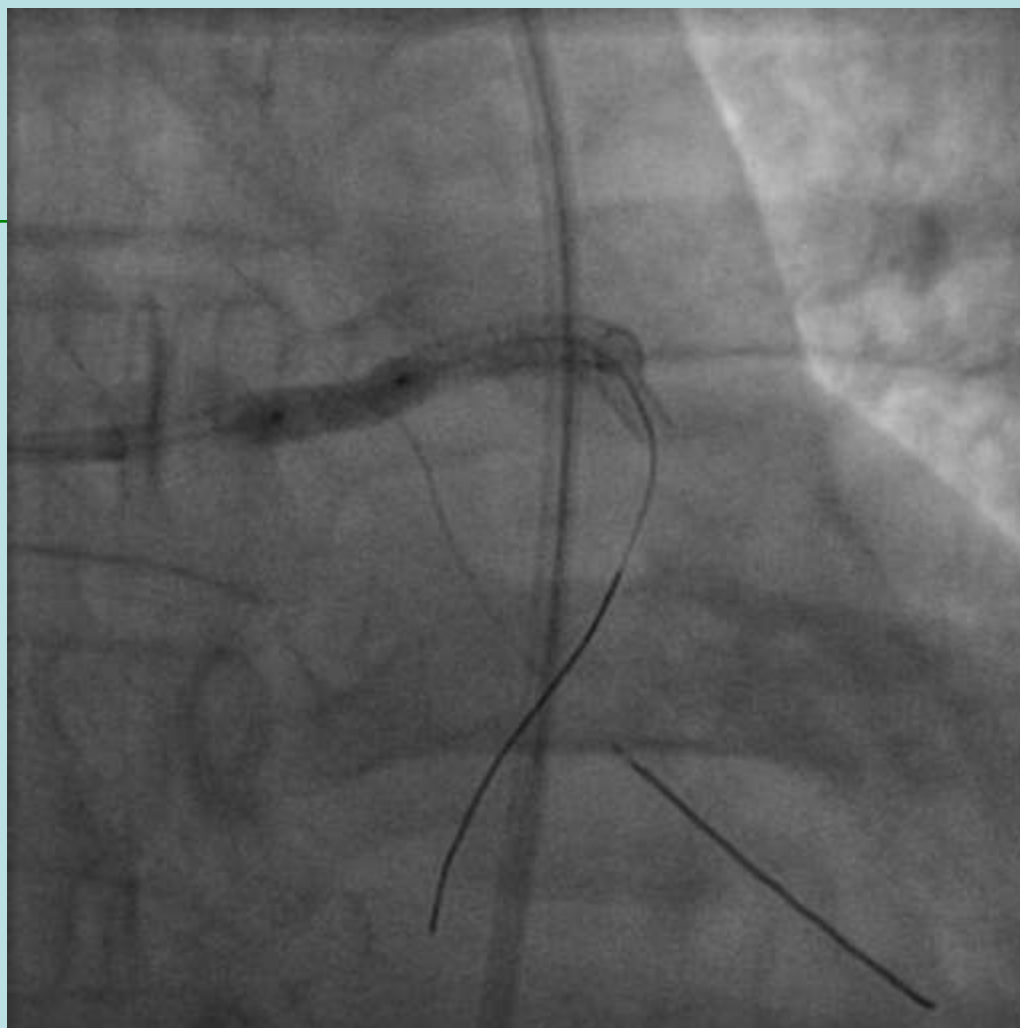




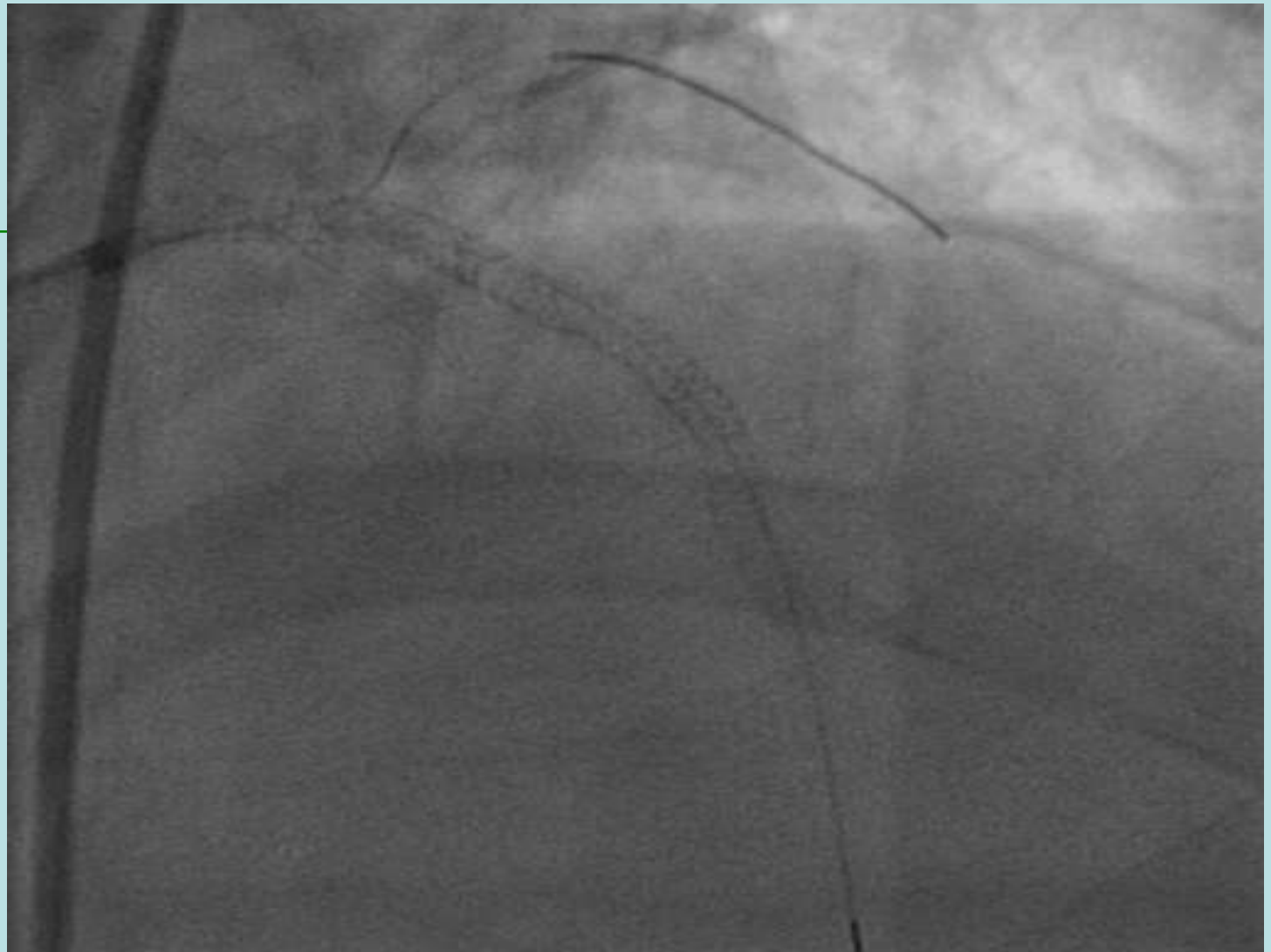


IVUS

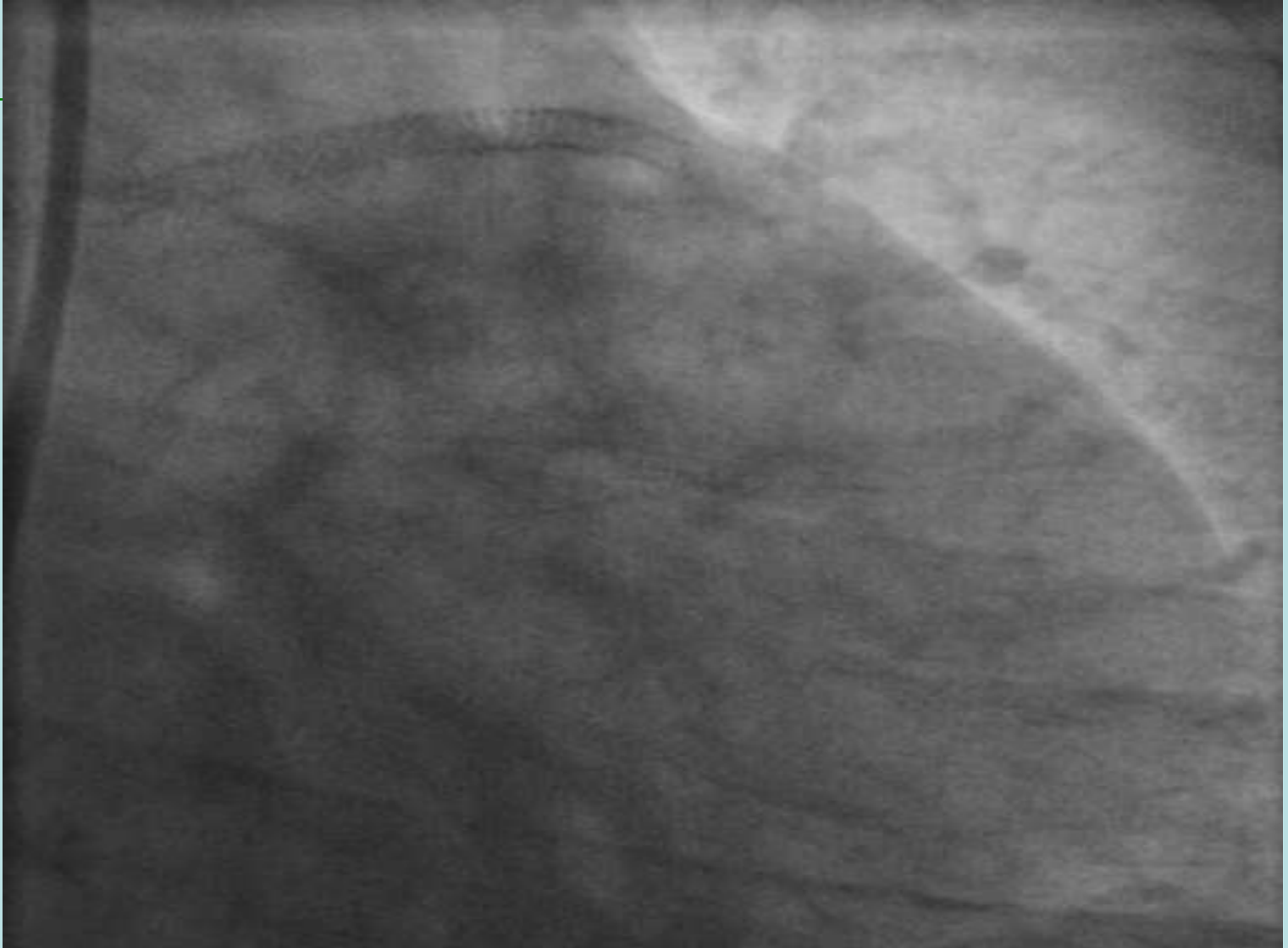




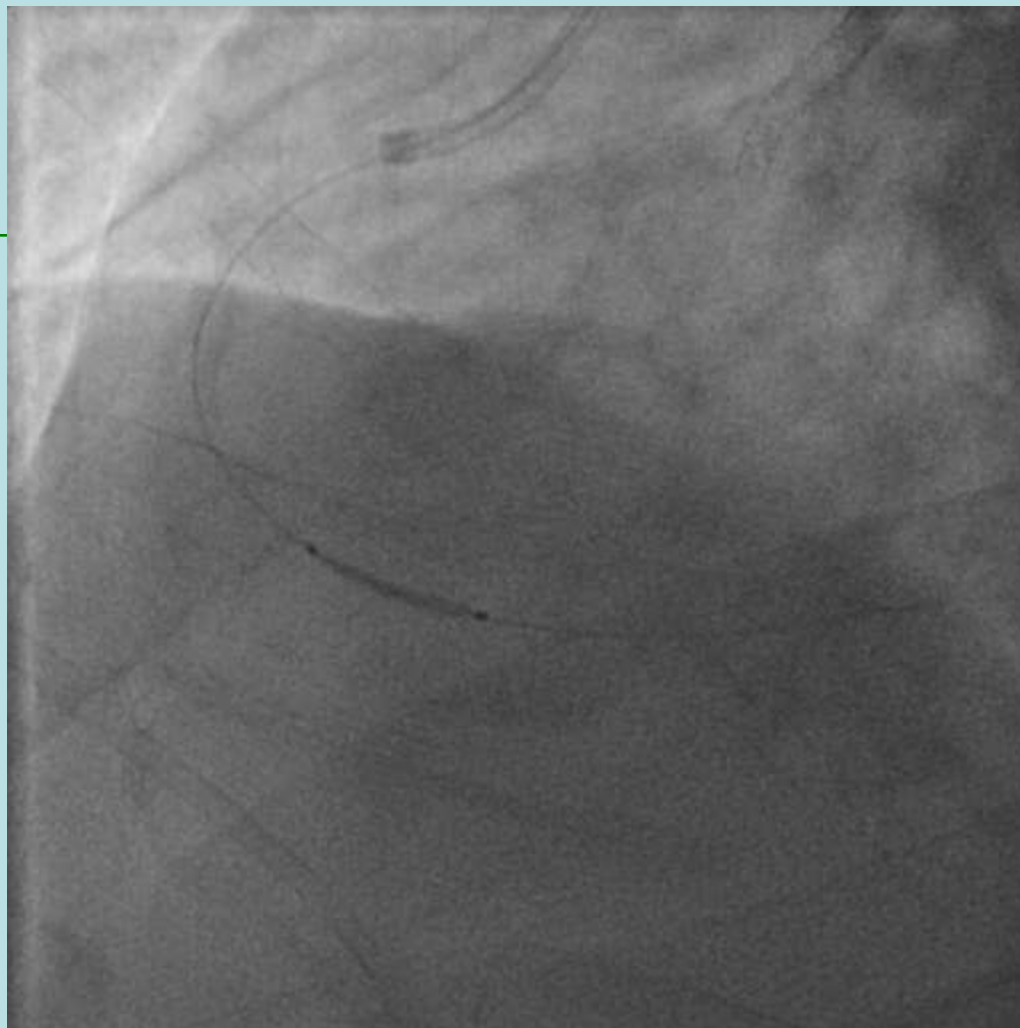
Post dilatation with 4X 10mm NC balloon (Force)



LAD final view

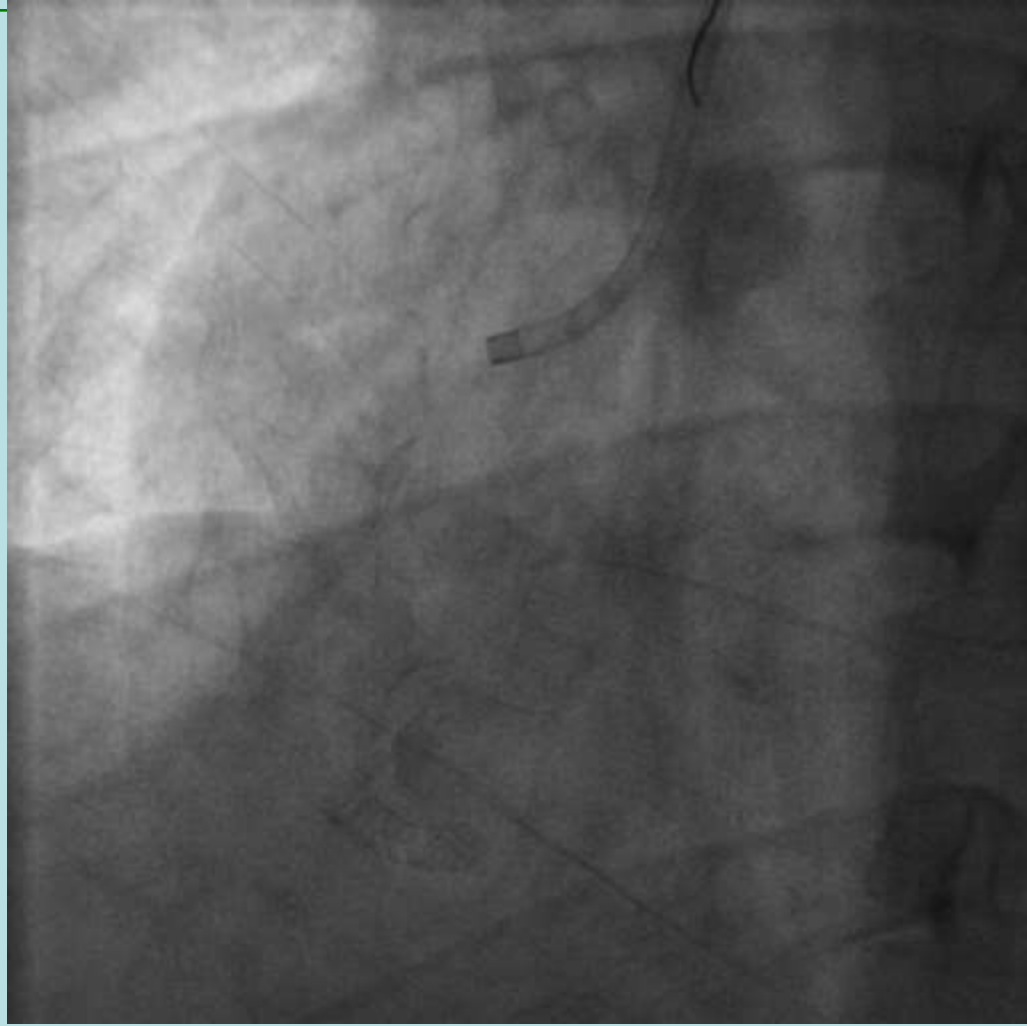


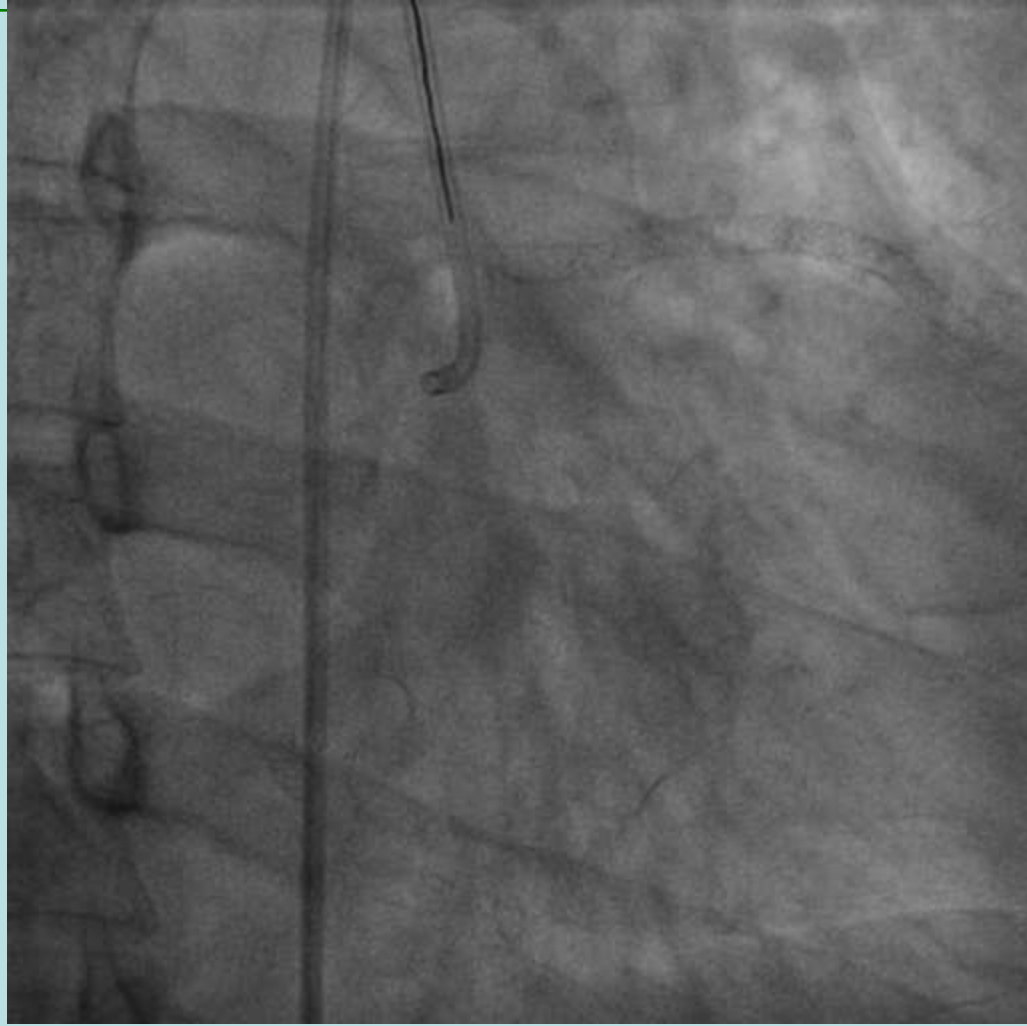


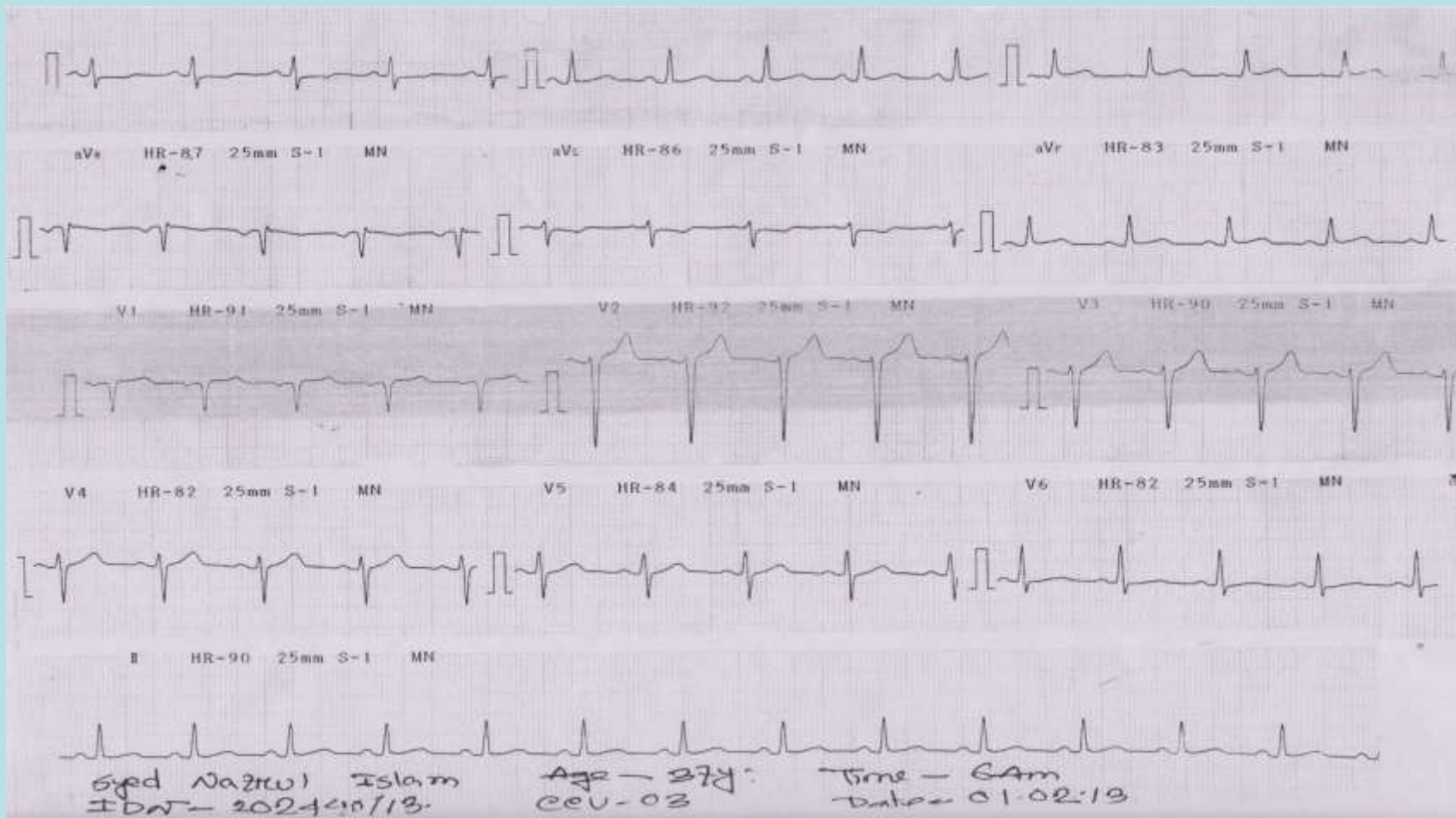


3.5 mm x 12 mm DES











Take Home message

- Some times PCI may be the good option for the complex cases with Left main involvement.
- Single Stent strategy is an option in distal left main involvement
- Stage PCI is a safe procedure in such complex cases .

THANK YOU ALL

