

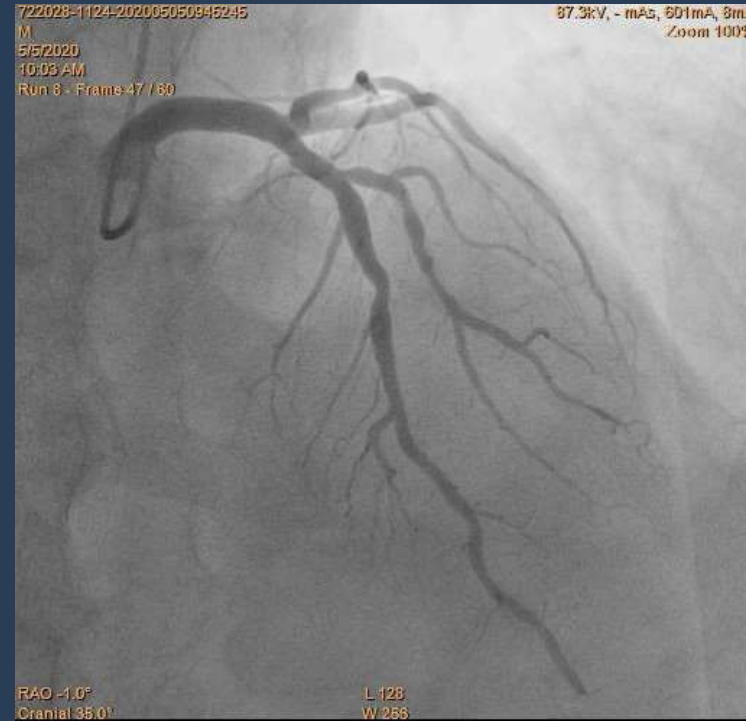
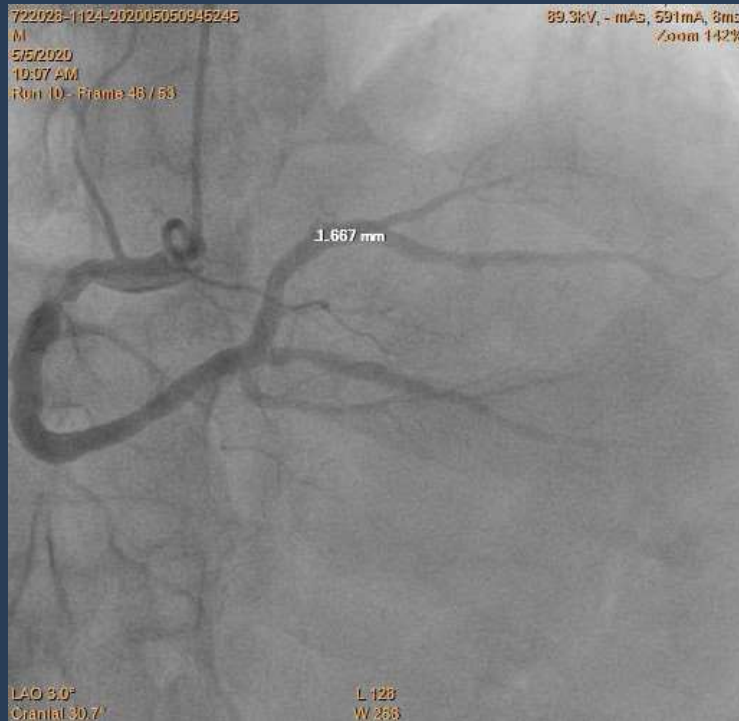
# **Self Apposing dedicated Coronary Stent (X-Position s)in an ectatic RCA: Firsthand experience at PAHS cathlab,Nepal.**

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**Patan Academy of Health Sciences**  
**Nepal**

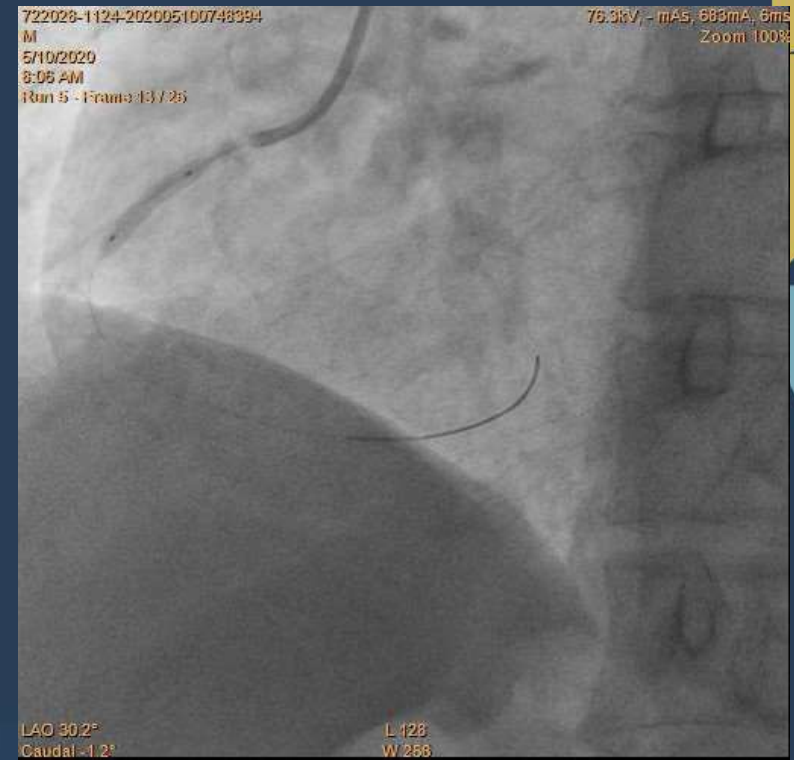
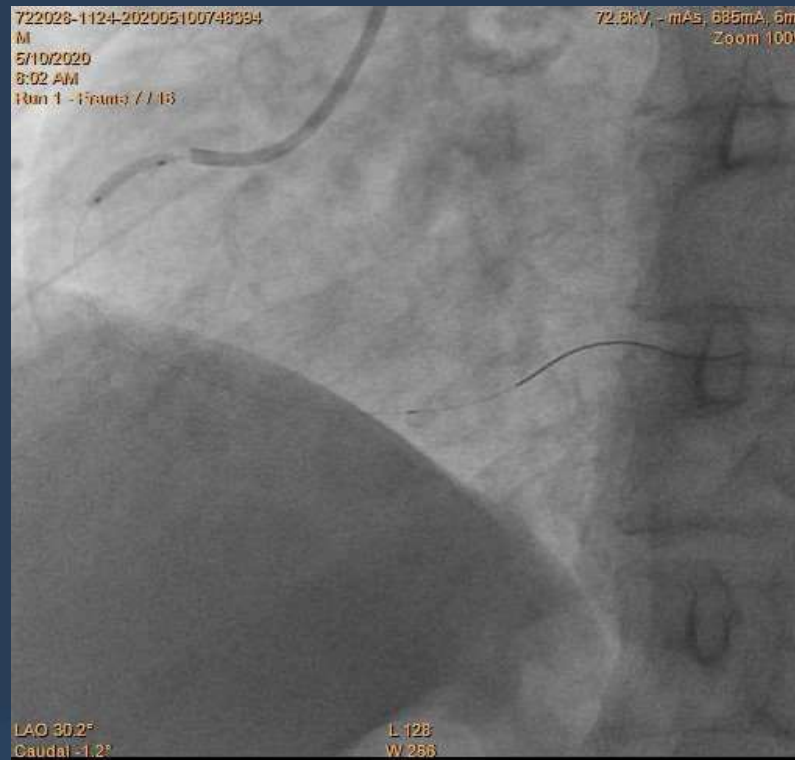
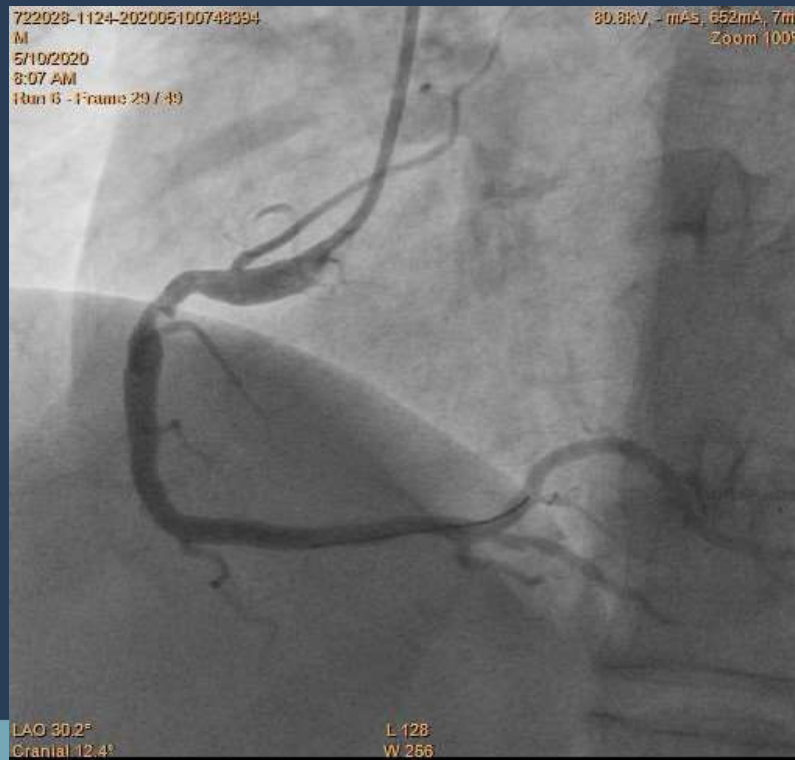
# Disclosure

- There is no any conflict of interest pertaining to this case report
- It is not funded by Stentys (The manufacturer)

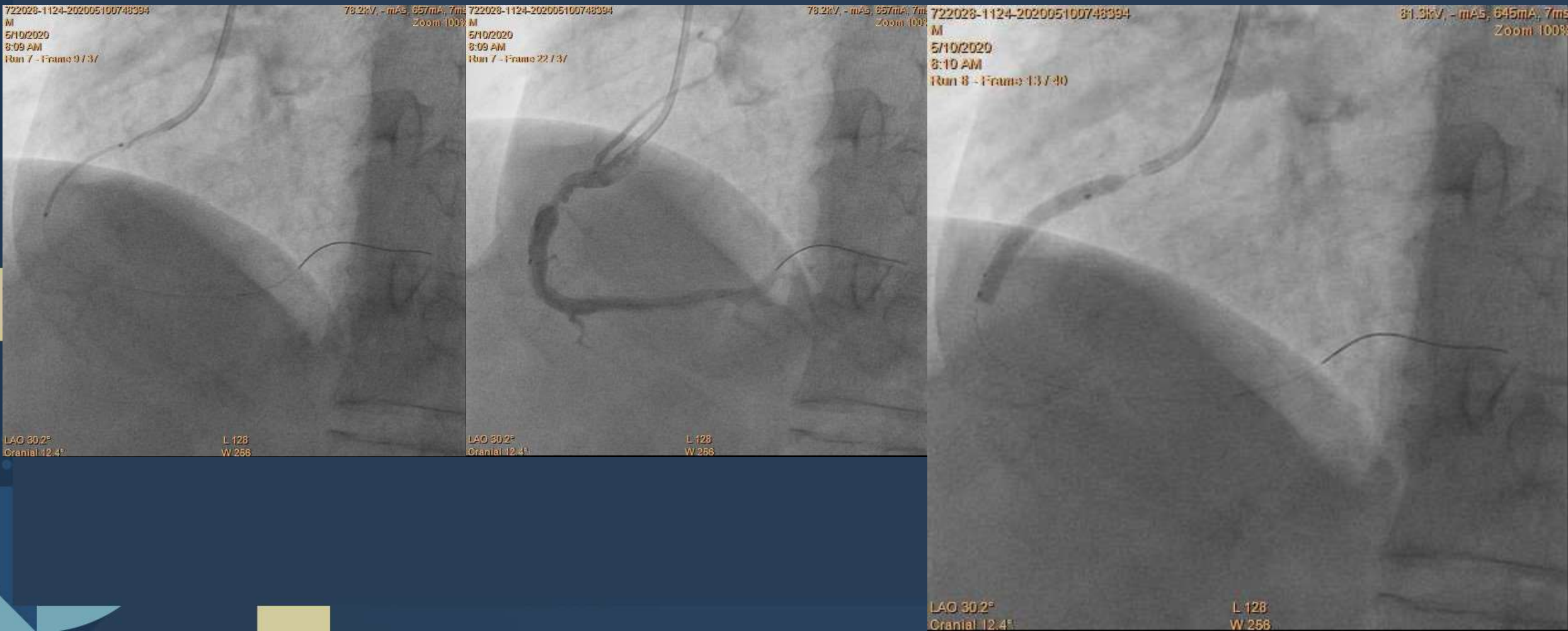
# Diagnostic CAG: Prximal RCA 90% stenosis(dom), Left: m-LAD 40-50%, D2 50-60% (Fig1)



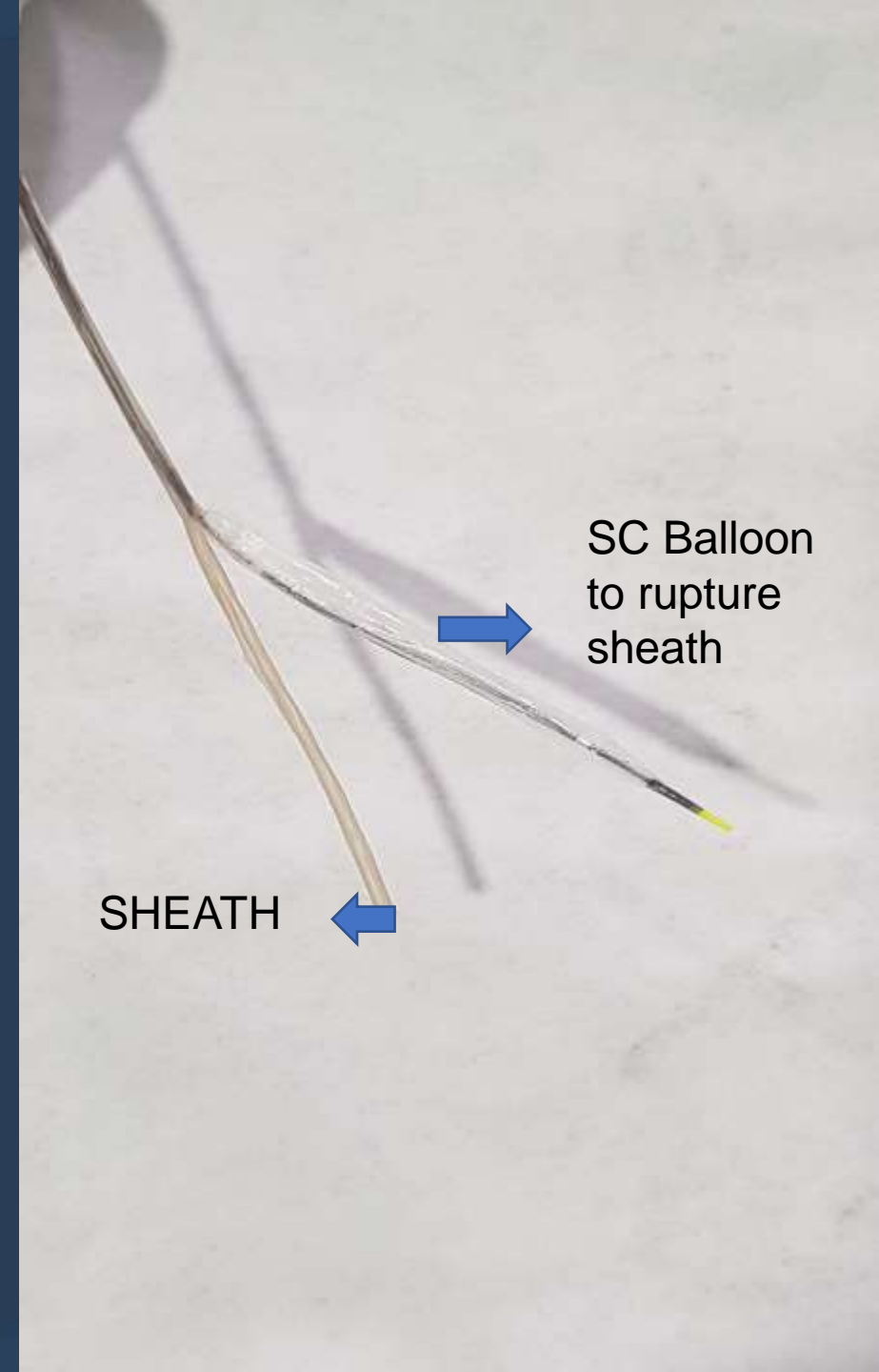
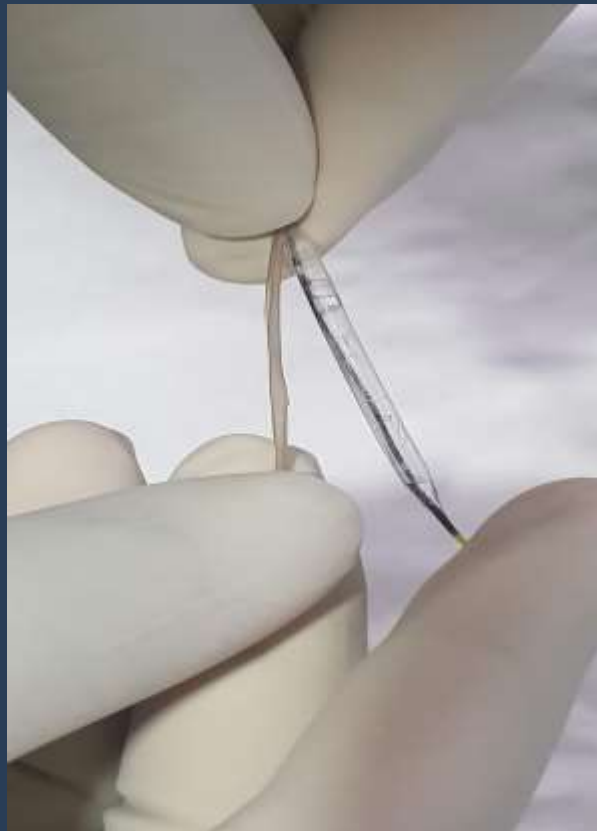
# PTCA: 6F Rt.radial Access,Guide JR 3.5;.014" BMW ,Predilation with Quantum NC 2.0\*12 & 3.0\*15 @18-20 atm (Fig 2)



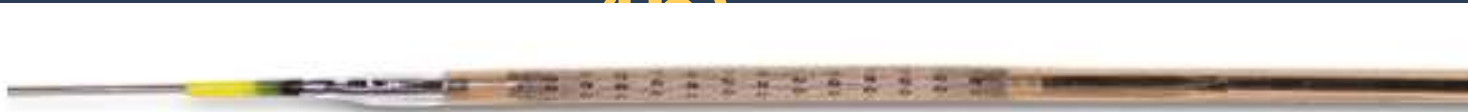
# PTCA: Xposition-S deployment 3-3.5\*27 @ 12-14 atm (Fig 3)



# Realworld Picture of Xposition-S (Fig4a)



# DEMO: X Postion-S deployment(Fig 4b)



1. Stent is mounted on a semi-compliant balloon and is restrained by a splittable sheath.



2. Balloon inflation splits the sheath and releases the self-expanding stent.

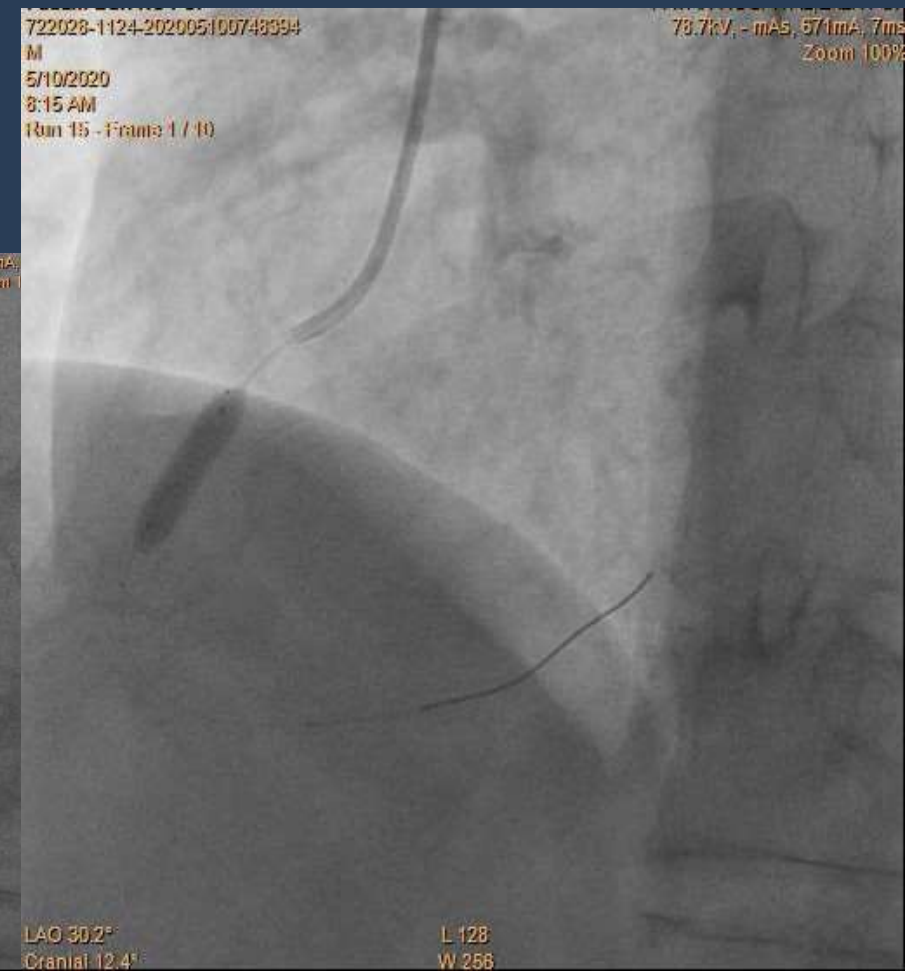
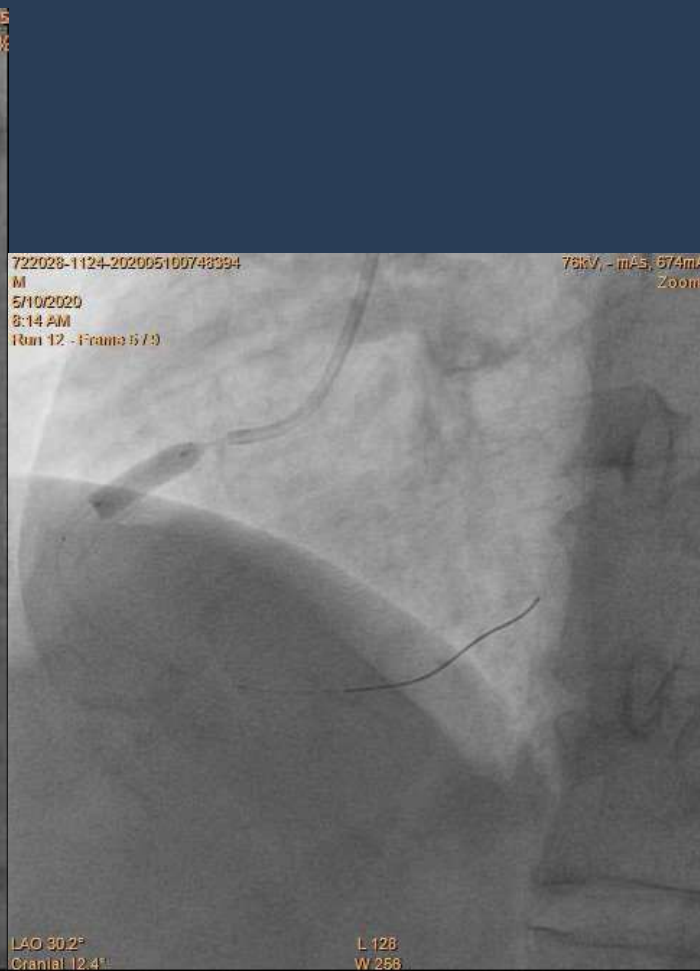
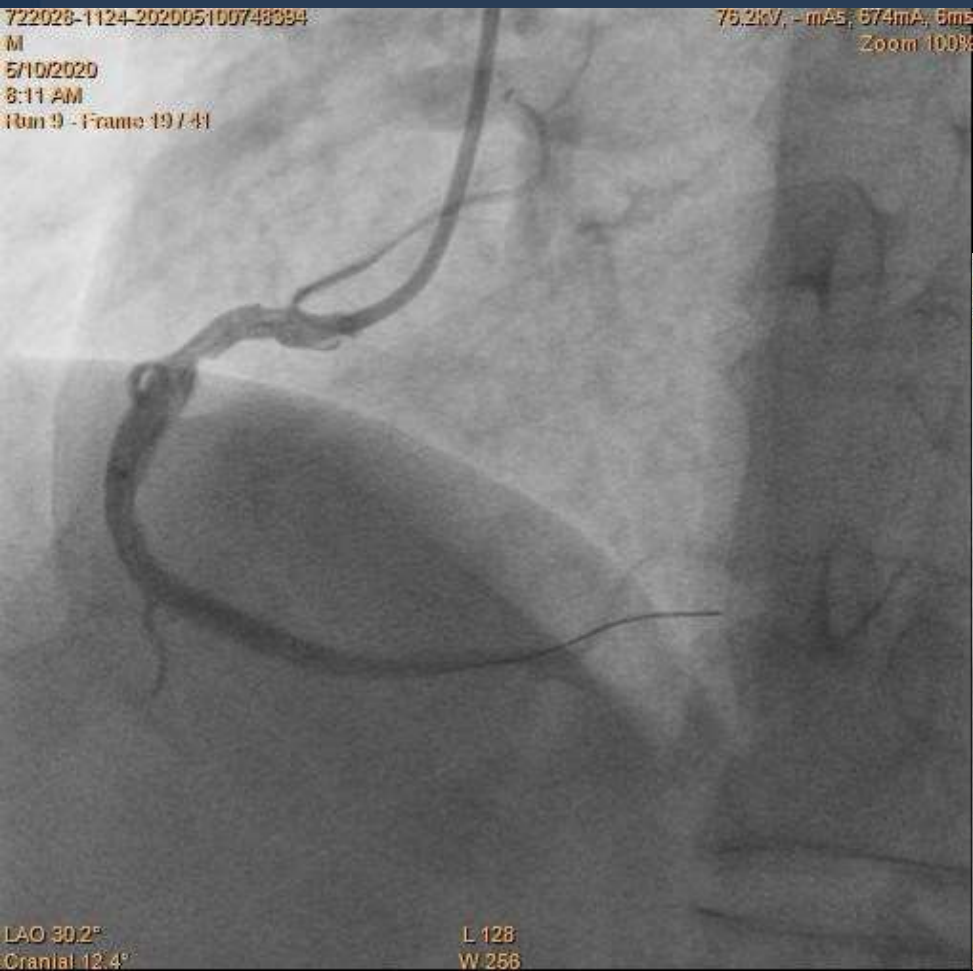


3. The balloon is then deflated, leaving the 0.0032" sheath between the stent and the vessel wall.



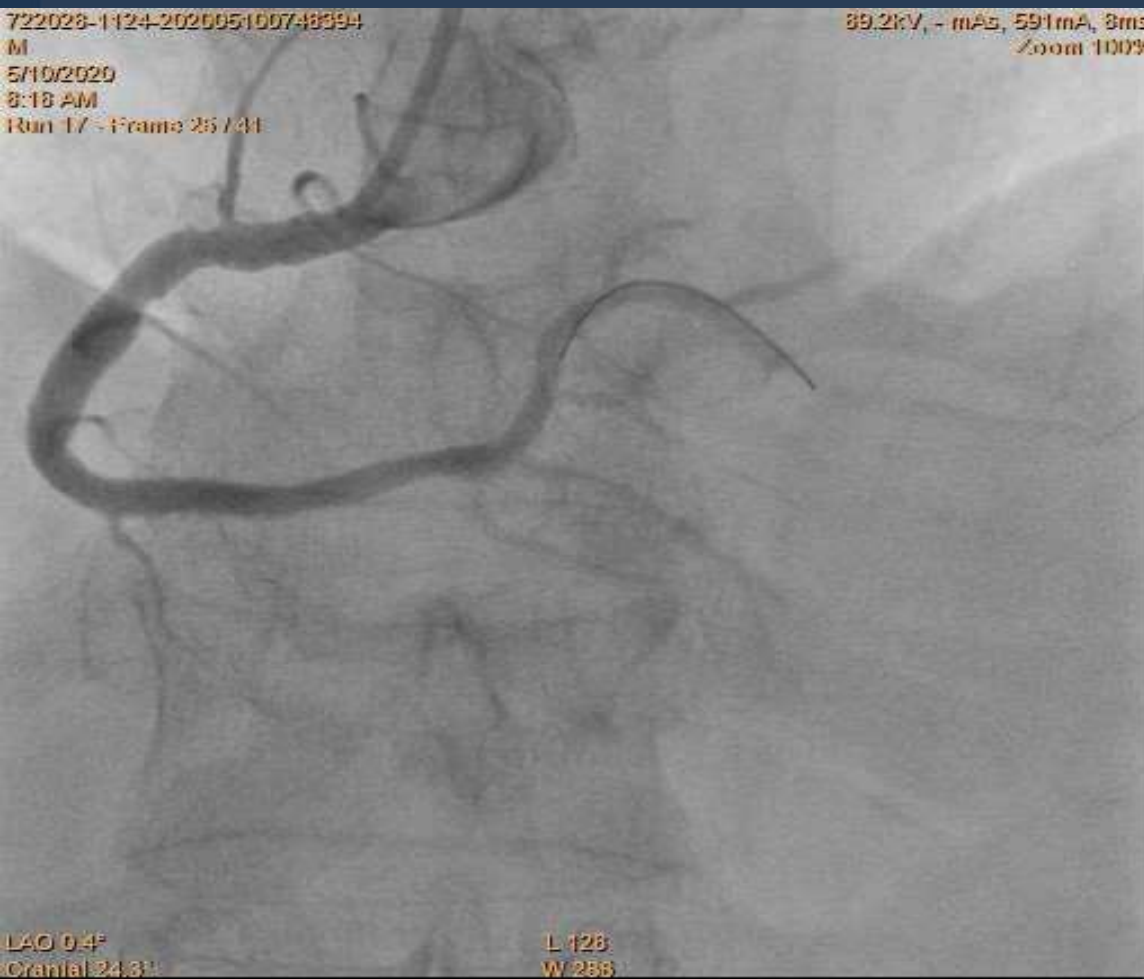
4. The balloon and sheath are then withdrawn, leaving the stent apposed to the vessel wall. The two radio-opaque stent markers are located at the stent edges.

# Post stent deployment Angio: underexpansion hence post dilated with NC Quantam 4.5\*15 @ 18-22 atm (Fig 5)





# Final result & 6 month F/U Angio (Fig 6)



## Discussion : Five golden rules to master the new technique

- First rule is the appropriate stent size selection.
- Second rule is the adequate lesion preparation.
- Third rule is the stable & precise positioning technique of the stent.
- Fourth rule is the is the caution of disengaging guide.
- Fifth rule is the post dilation with a Non-compliant balloon if there is any significant under expansion

# Conclusion

- Proper indication, learning curve and technique to master this new system is of paramount importance with five golden rules.
- Regarding its efficacy in terms of repeat revascularisation, stent failure possibility and other hard end points i.e MACE is being studied in large population to validate its worth in real world practice.
- So far 6 month follow up angio is acceptable.