

Non-LM Bifurcation Case

How I Treated the Case

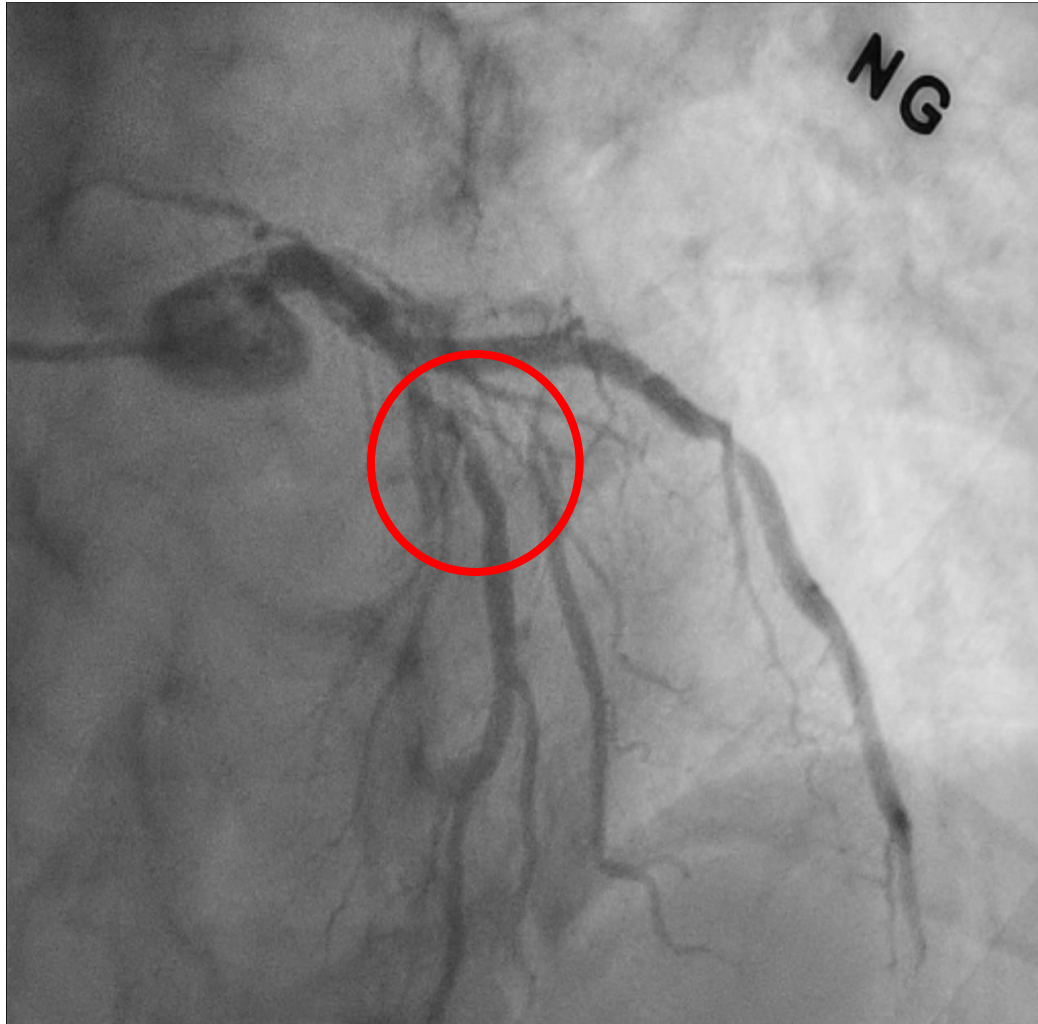
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Sungkyunkwan University School of Medicine



My treatment strategy for this case



- **Hybrid DEB approach**

Combination of DES in the main vessel and DEB in the side branch

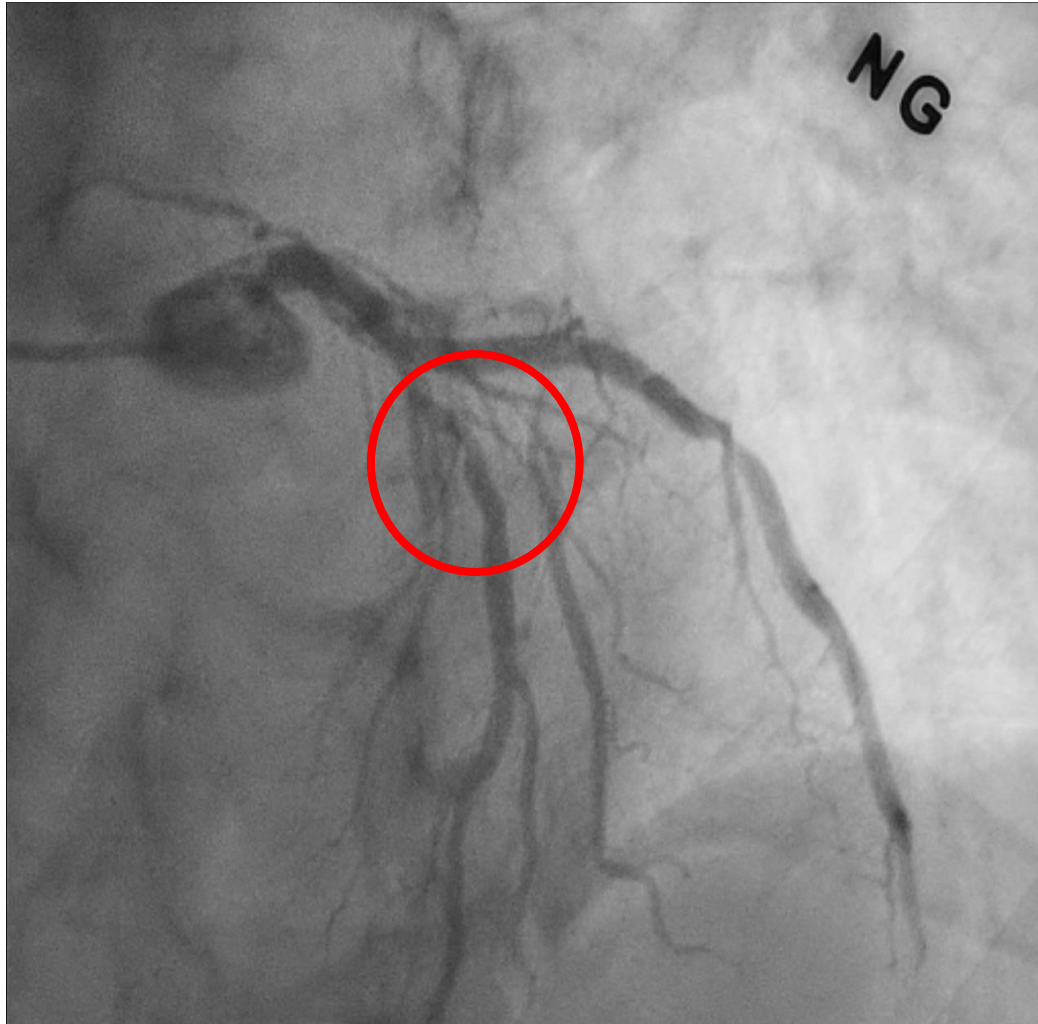
Two Options

1. *Unsatisfactory result of the side branch after main vessel stenting*
2. *SB Pre-treatment with DEB followed by stepwise provisional approach*

Medina 1,1,1 LAD-D true bifurcation
Big Diagonal br.



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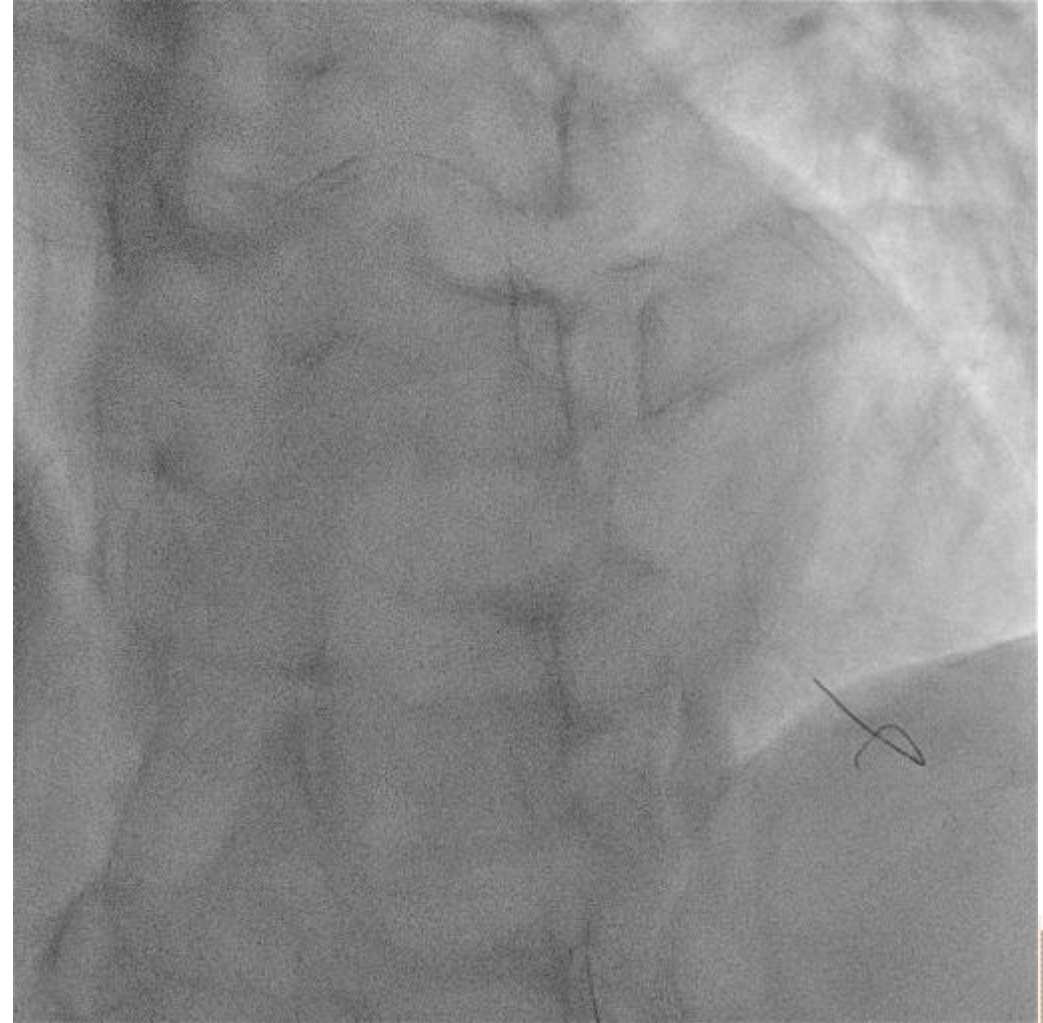
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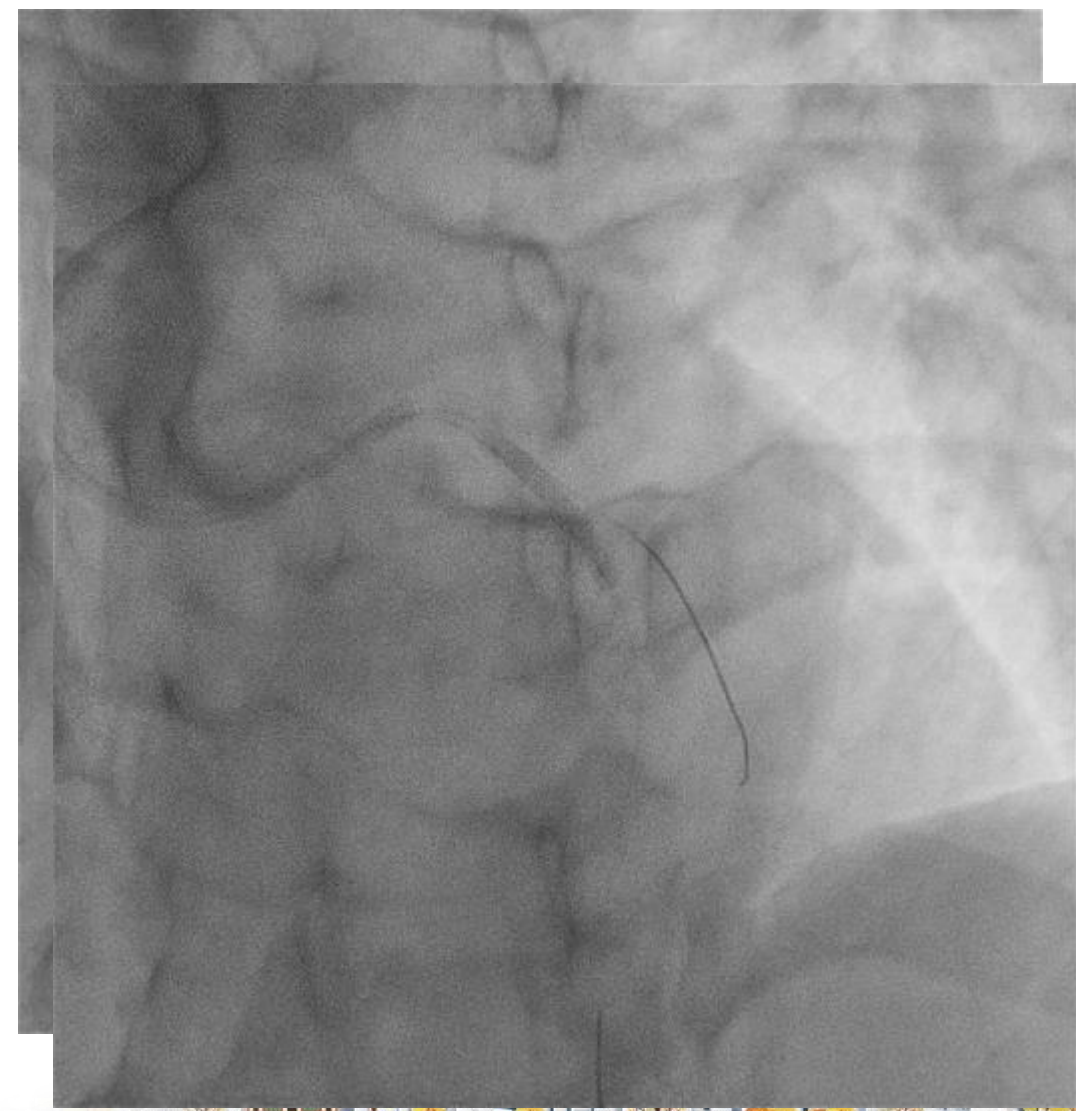
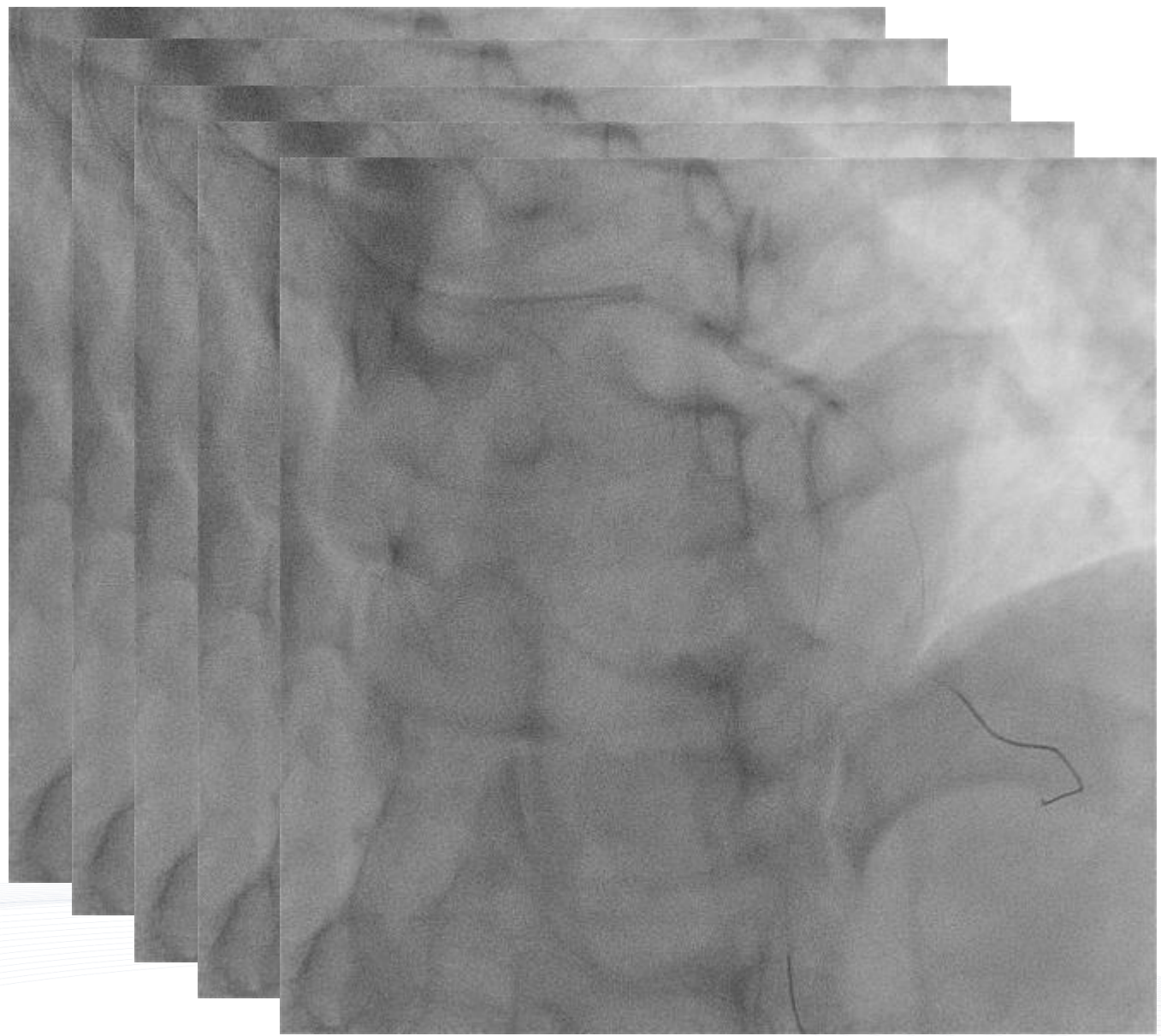
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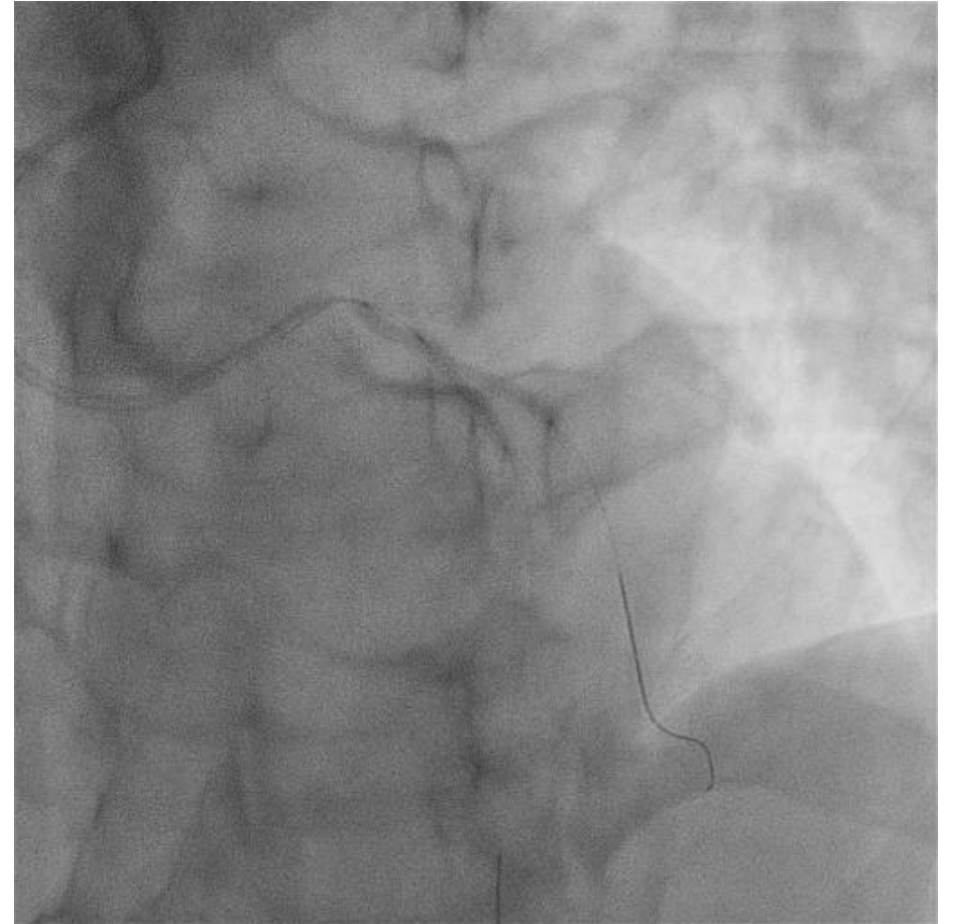
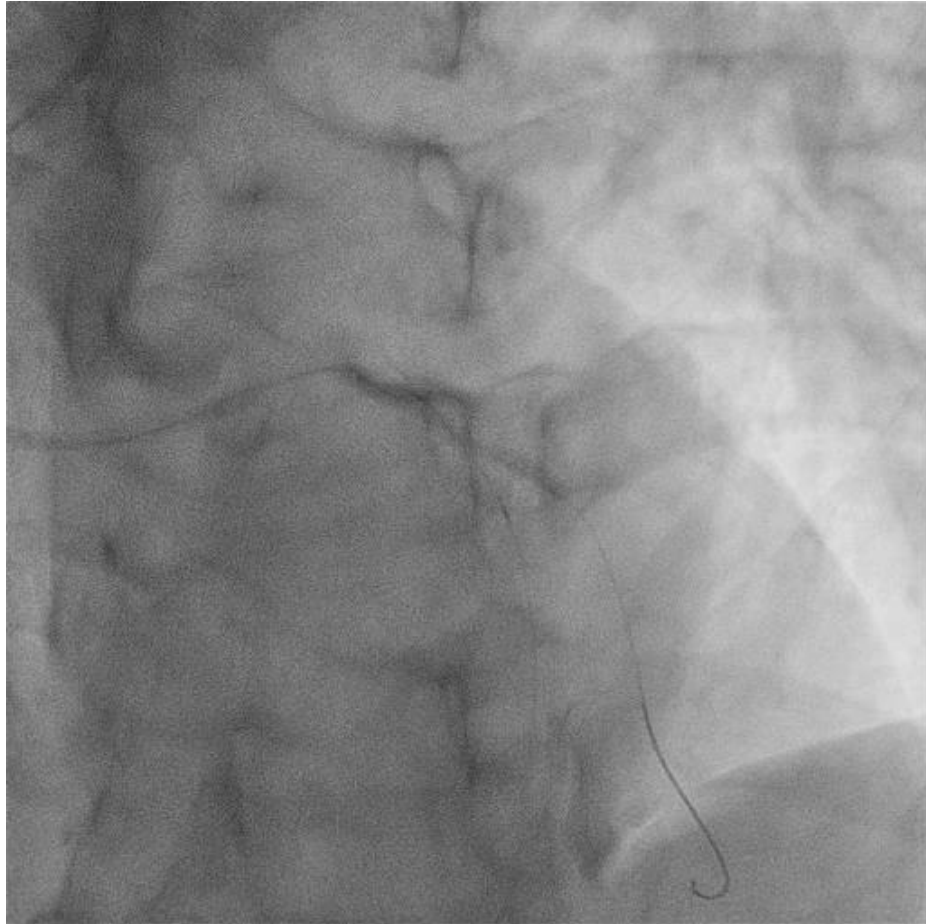
Successfully wiring both branches



Balloon dilatation with 1.5x20mm / 2.5x20mm at Diag & LAD



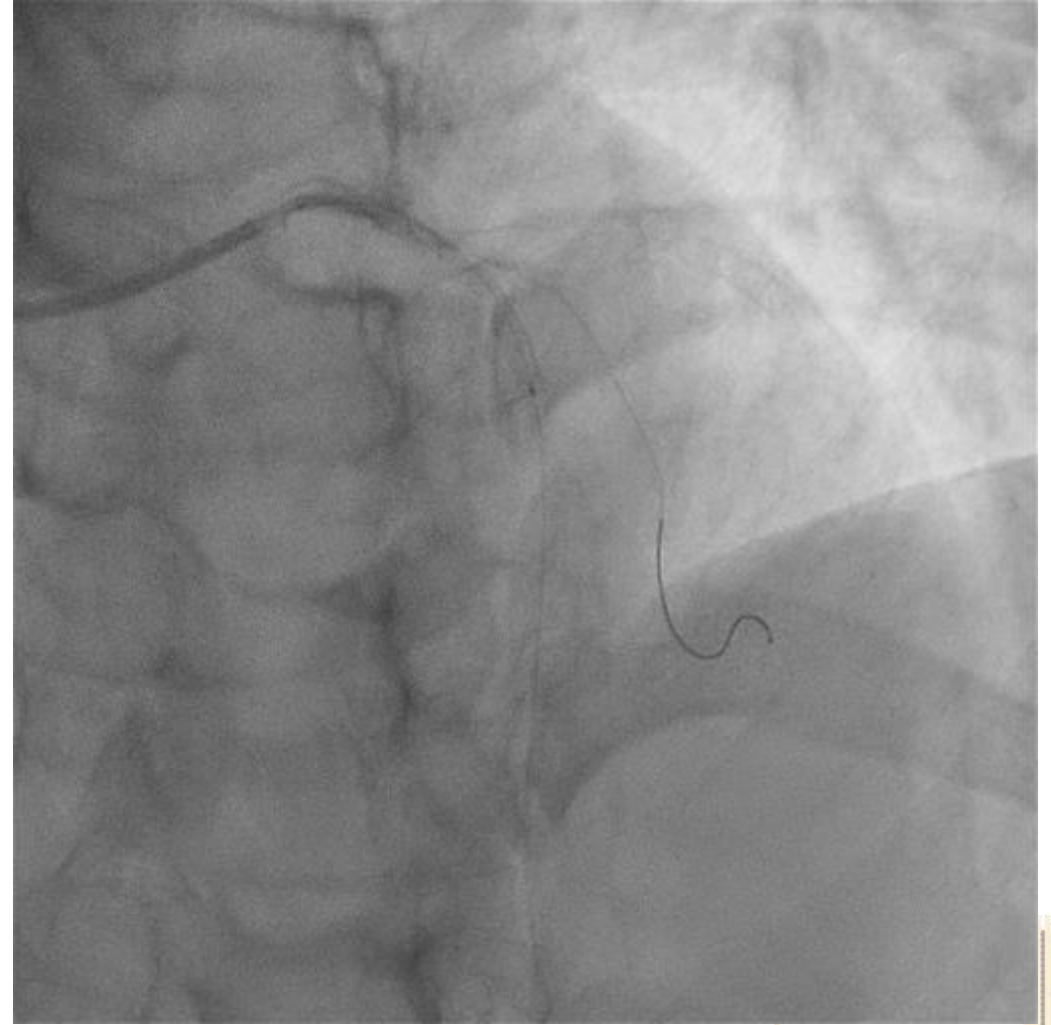
Drug-eluting balloon angioplasty with 2.5x30mm DEB at Diag KBD with 2.5x20mm balloon at LAD & 2.5x30mm balloon at Diag



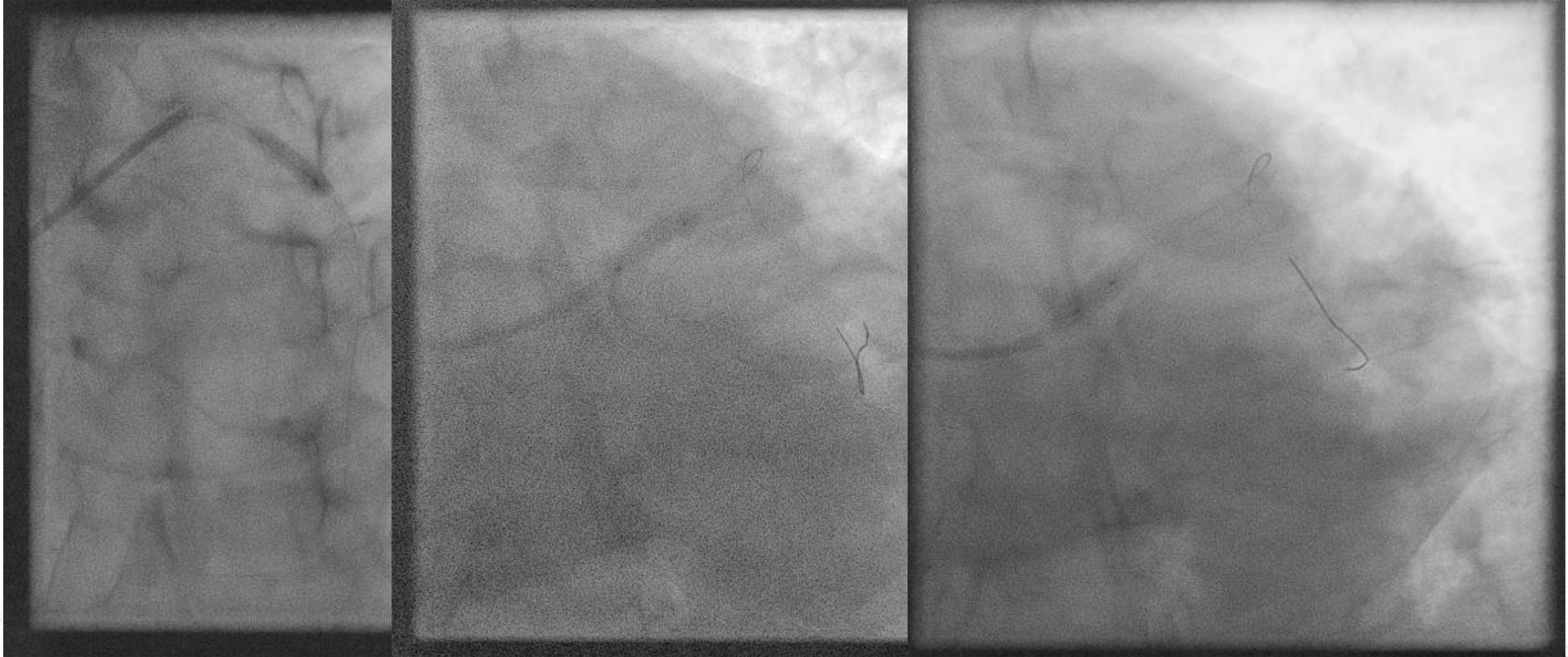
Delivery time=60sec, Total inflation time=60sec



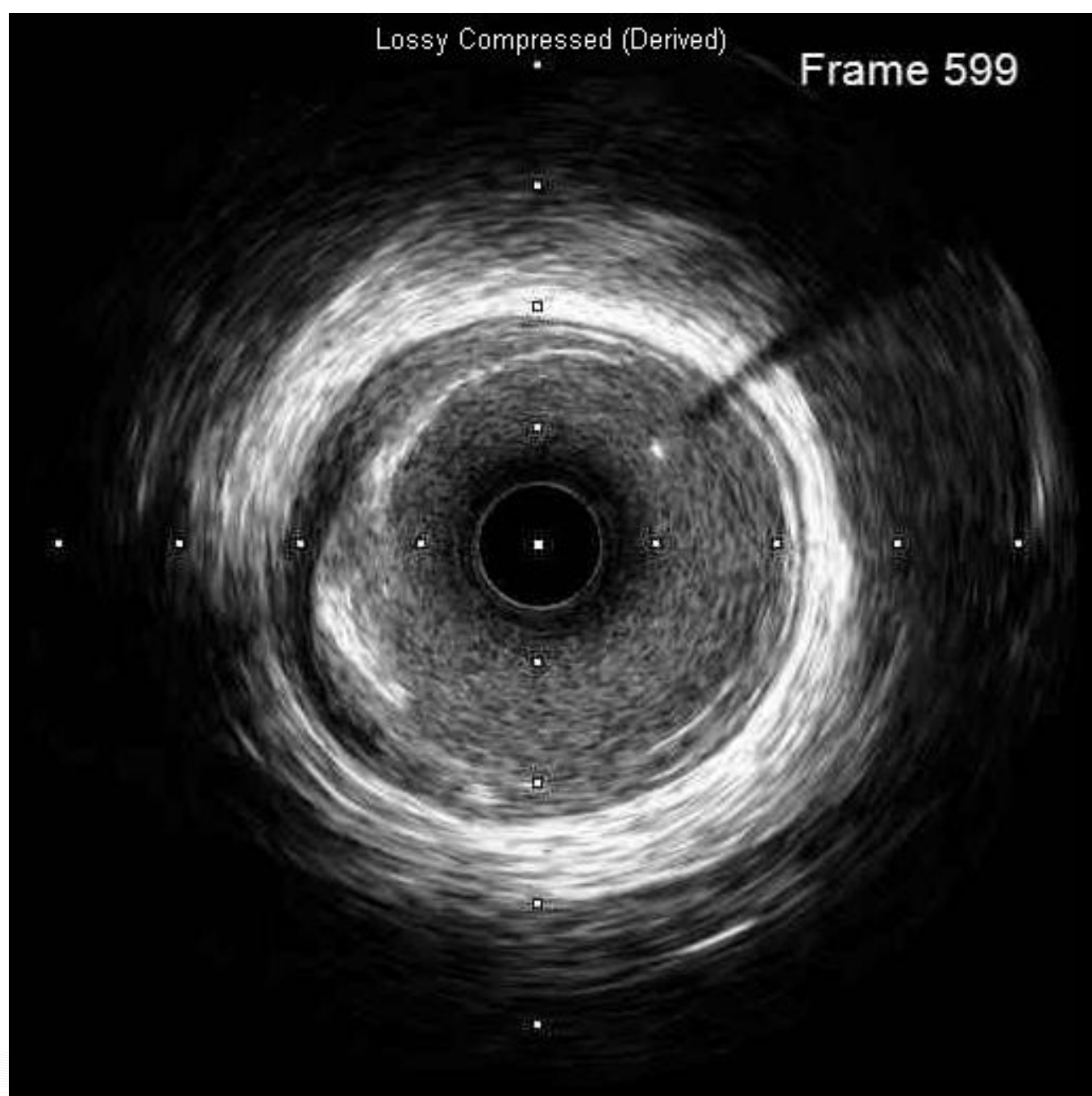
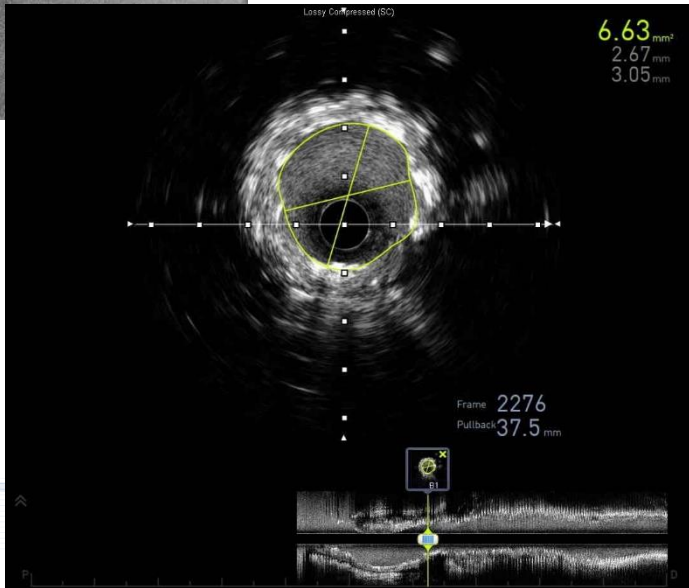
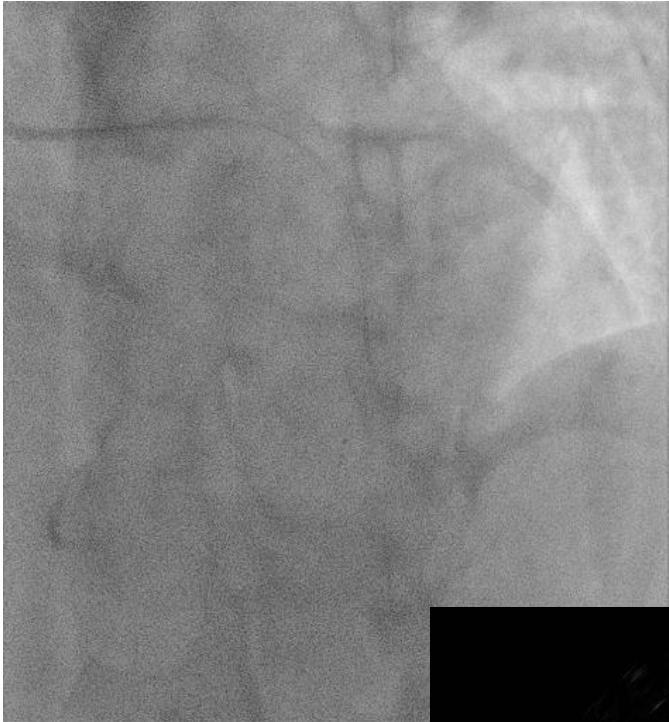
Stent implantation with 3.0x38mm DES



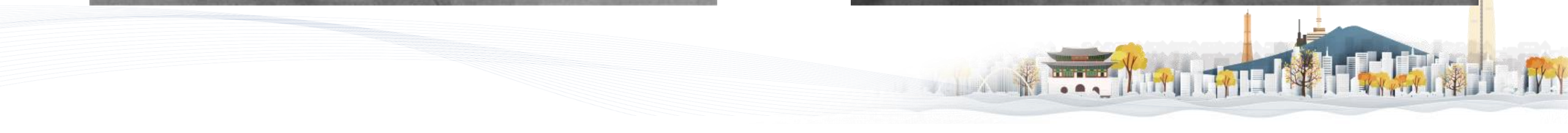
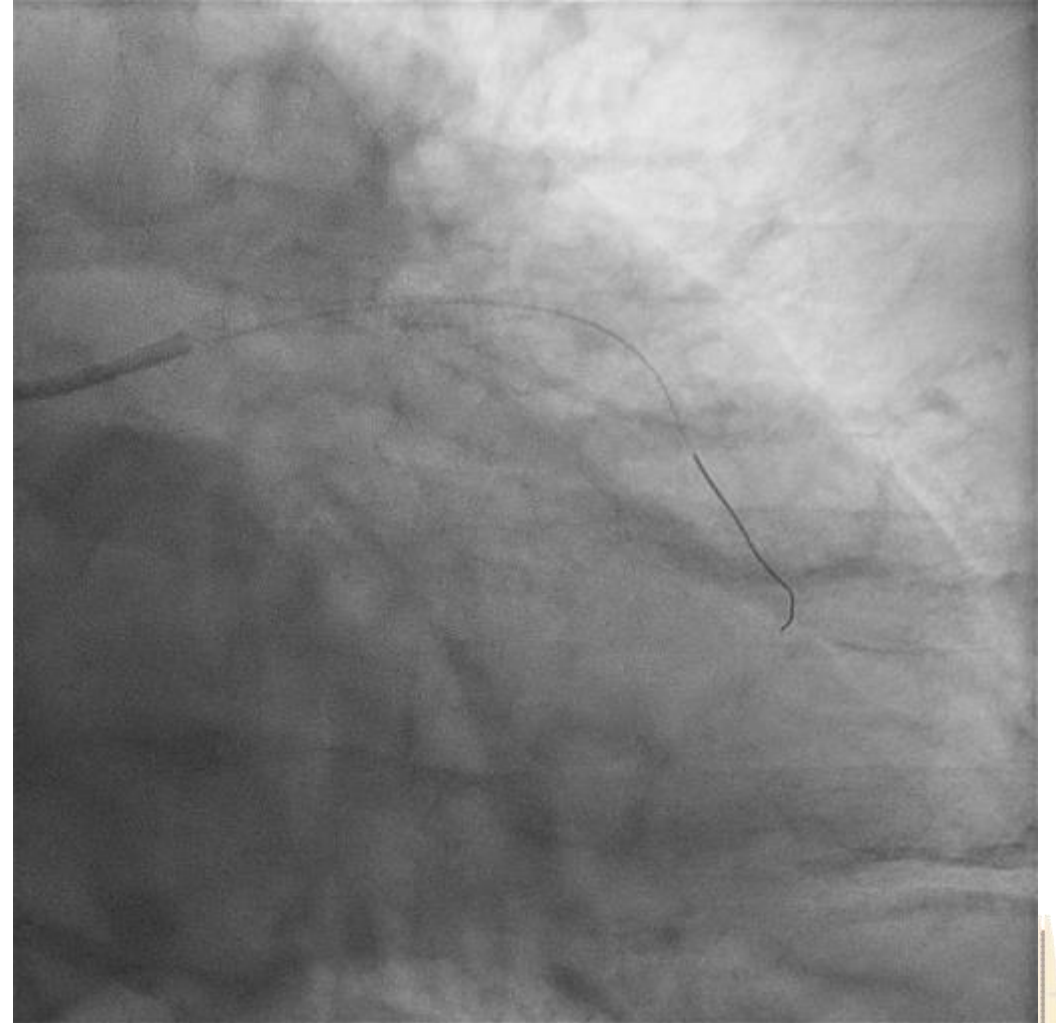
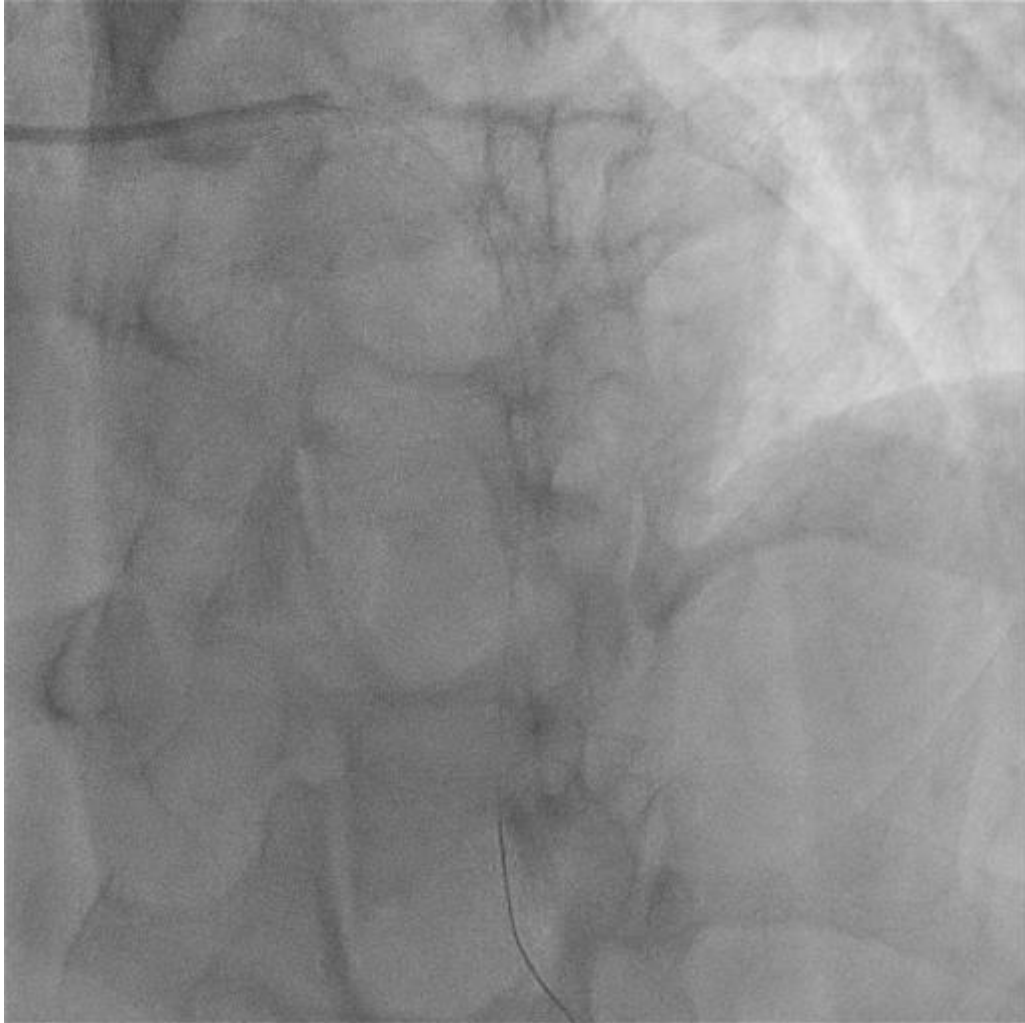
Proximal optimization with 3.5mmx15mm NC balloon at LAD Post adjunctive balloon dilatation with 5.0x8mm NC balloon at LM



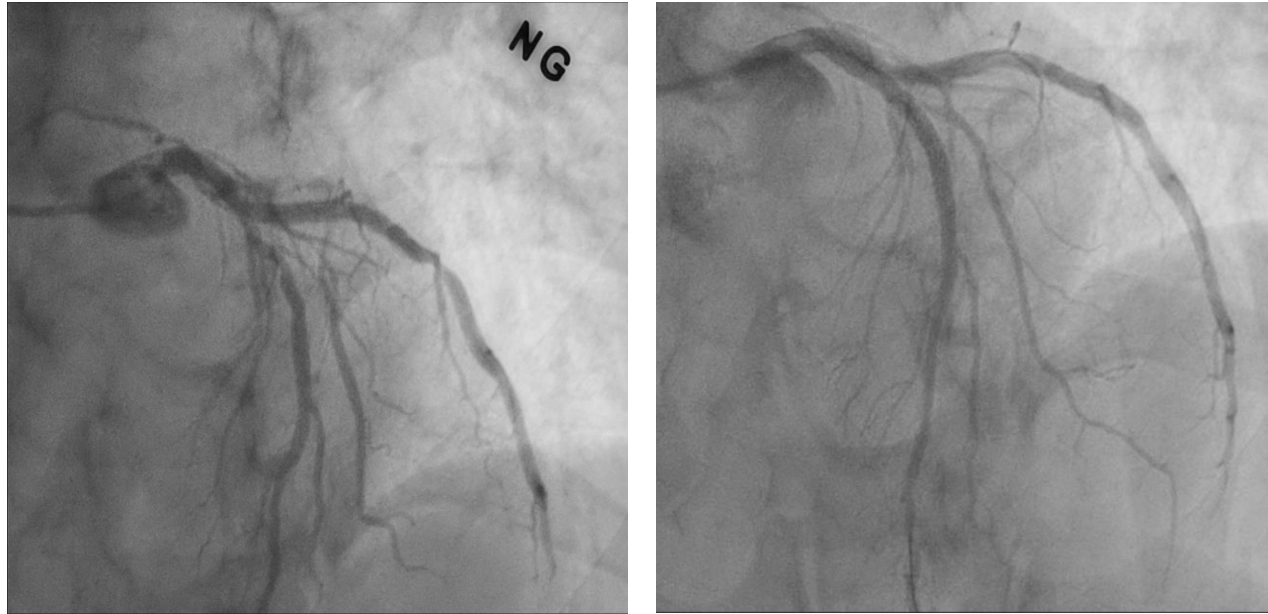
Post-PCI IVUS



Final CAG



Summary & Discussion Points



- 59-year old male patients with SA
- LAD-D true bifurcation lesion
- Hybrid DEB approach: *SB Pre-treatment with DEB followed by stepwise provisional approach*

Discussion Points

1. What is the best stenting strategy for this case?
2. Could hybrid DEB approach become a game-changer in non-LM bifurcation lesion PCI?

THANK YOU FOR YOUR ATTENTION

