

Bifurcation PCI: New Concept and Approaches

TAP: T And Protrusion

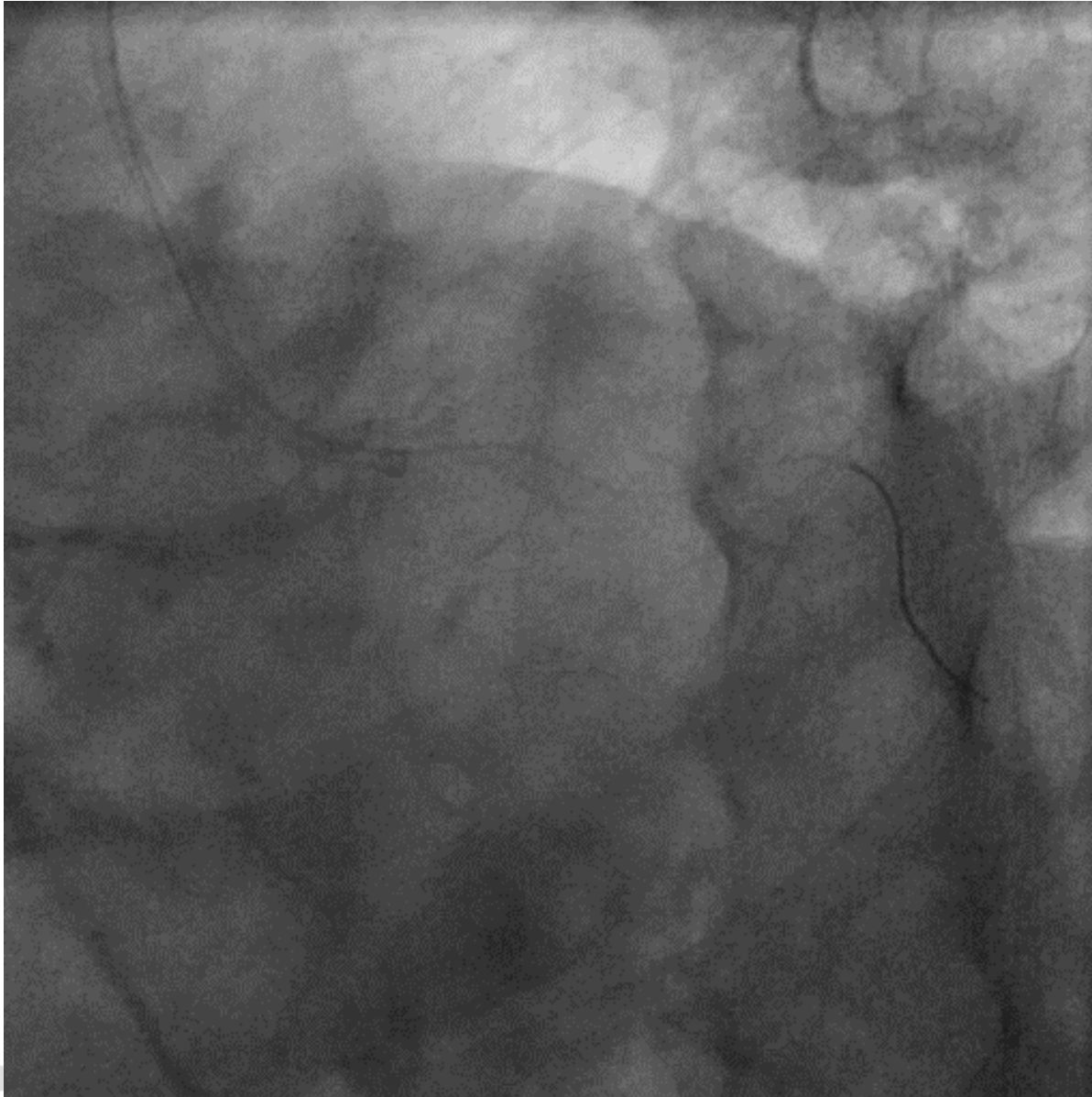
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Disclosure

- None for this presentation

Case M/62, Effort angina during medication



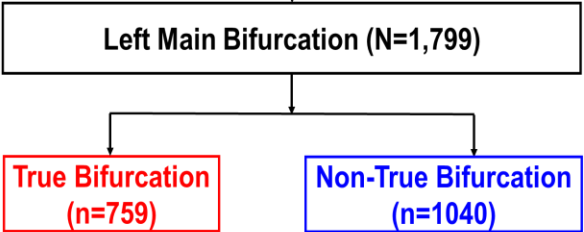
- LM bifurcation
- Severe ostial LAD
- Moderate LM + proximal LCX
- Large LCX
- Wide bifurcation angle

LM Bifurcation PCI Strategy: Systemic 2-stent vs. Provisional

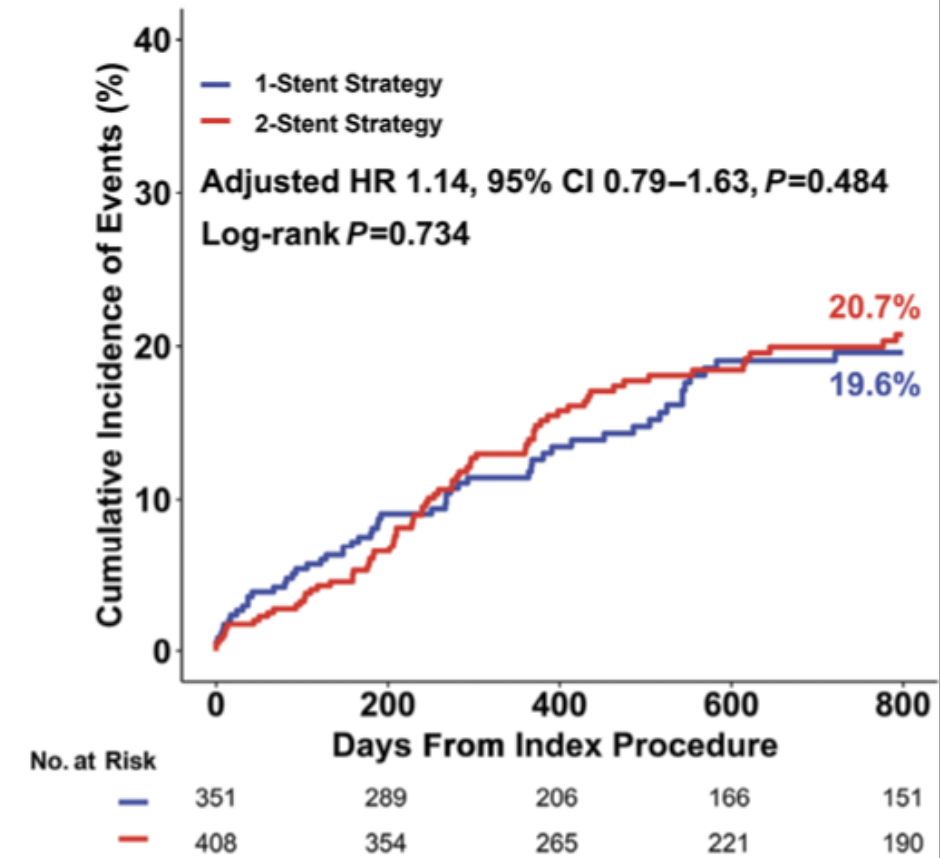


ULTRA-BII
6,830 Patients with Bifu

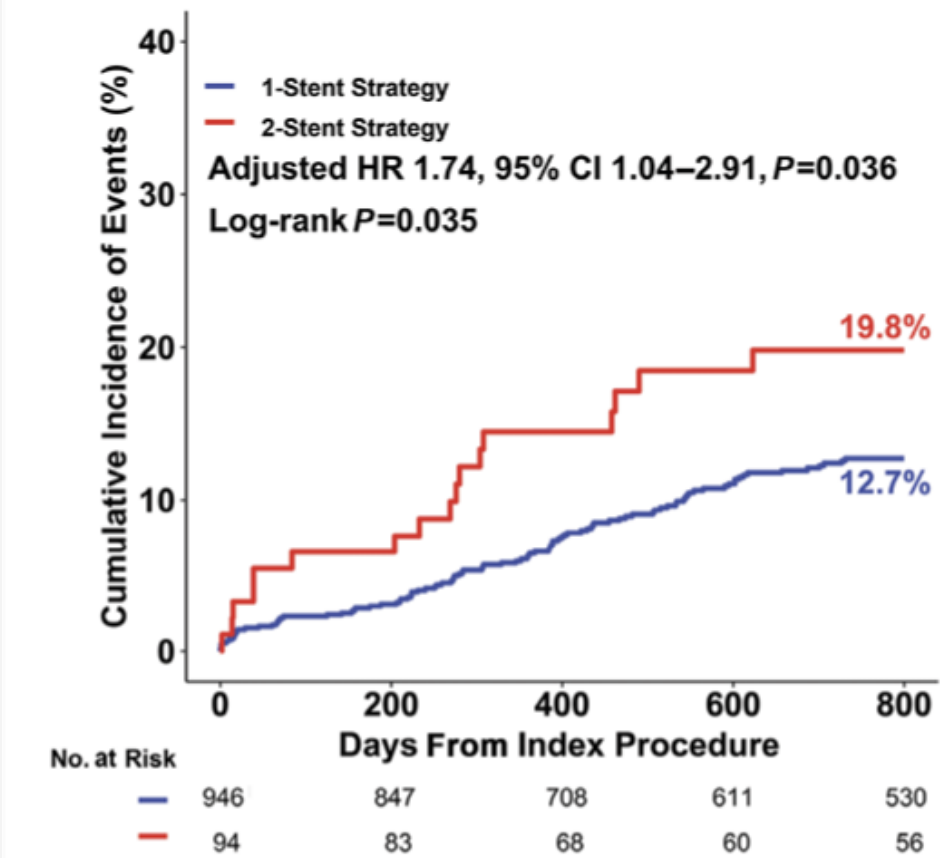
Study Pop

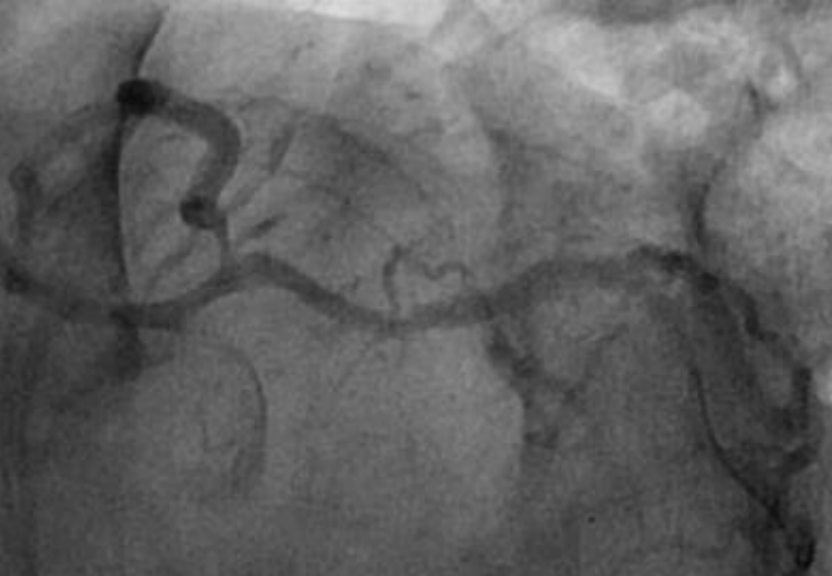


A True Bifurcation

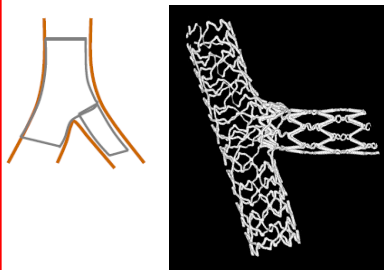


B Nontrue Bifurcation

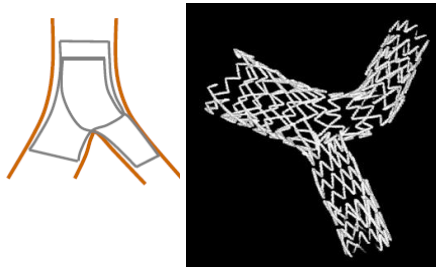




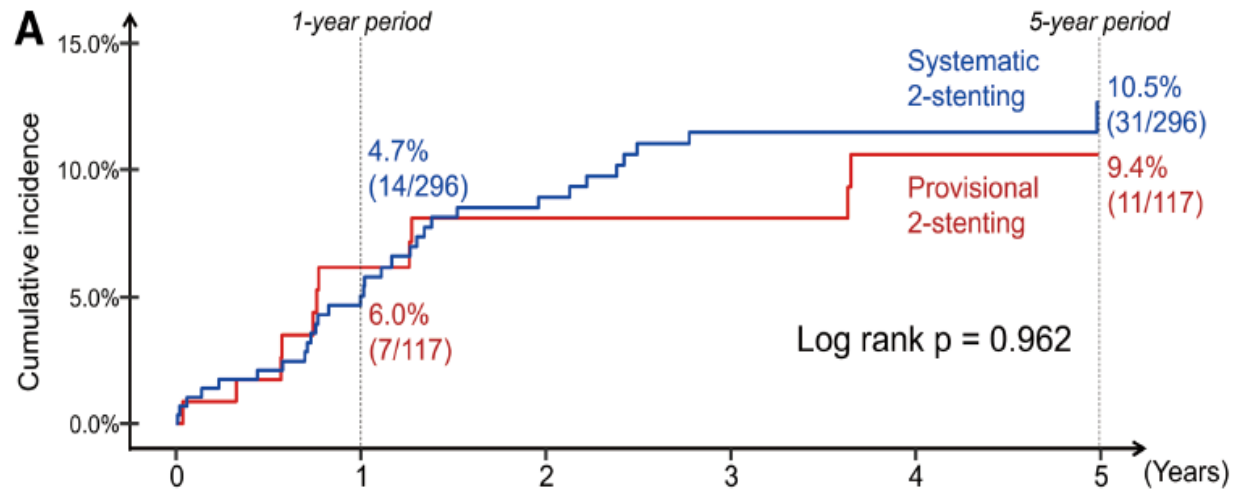
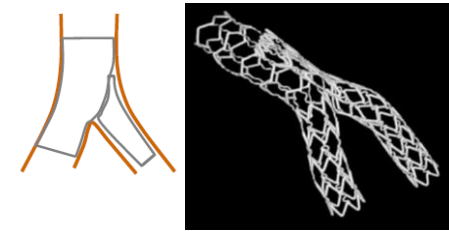
TAP



Culotte

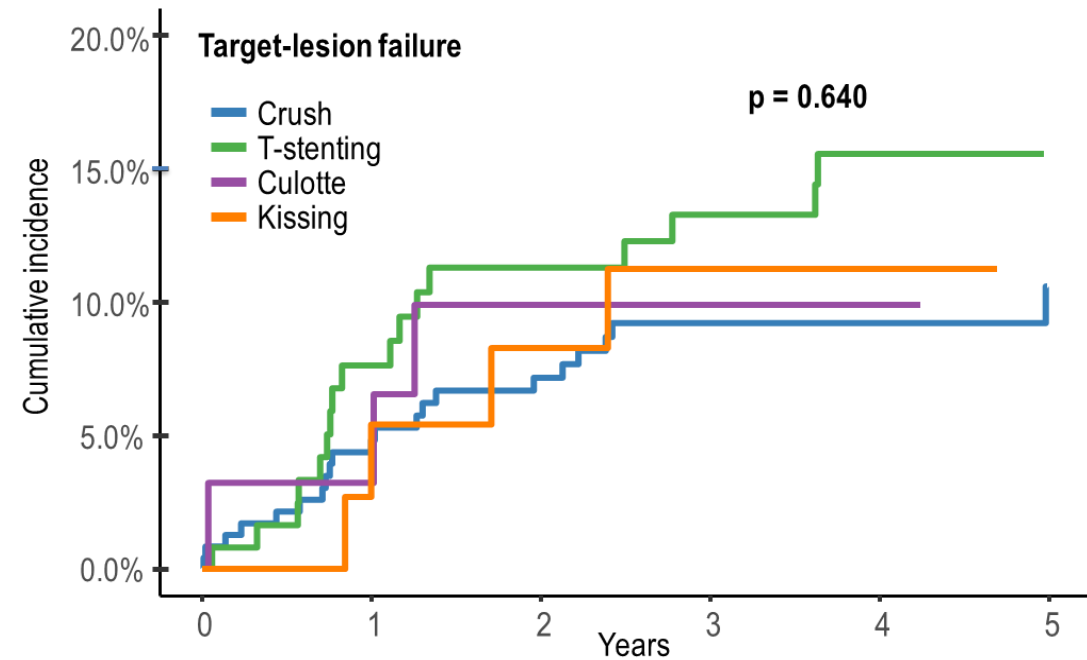


Crush



Numbers at risk

	0	1	2	3	4	5
Provisional	117	102	98	88	58	41
Systematic	296	254	221	183	133	74

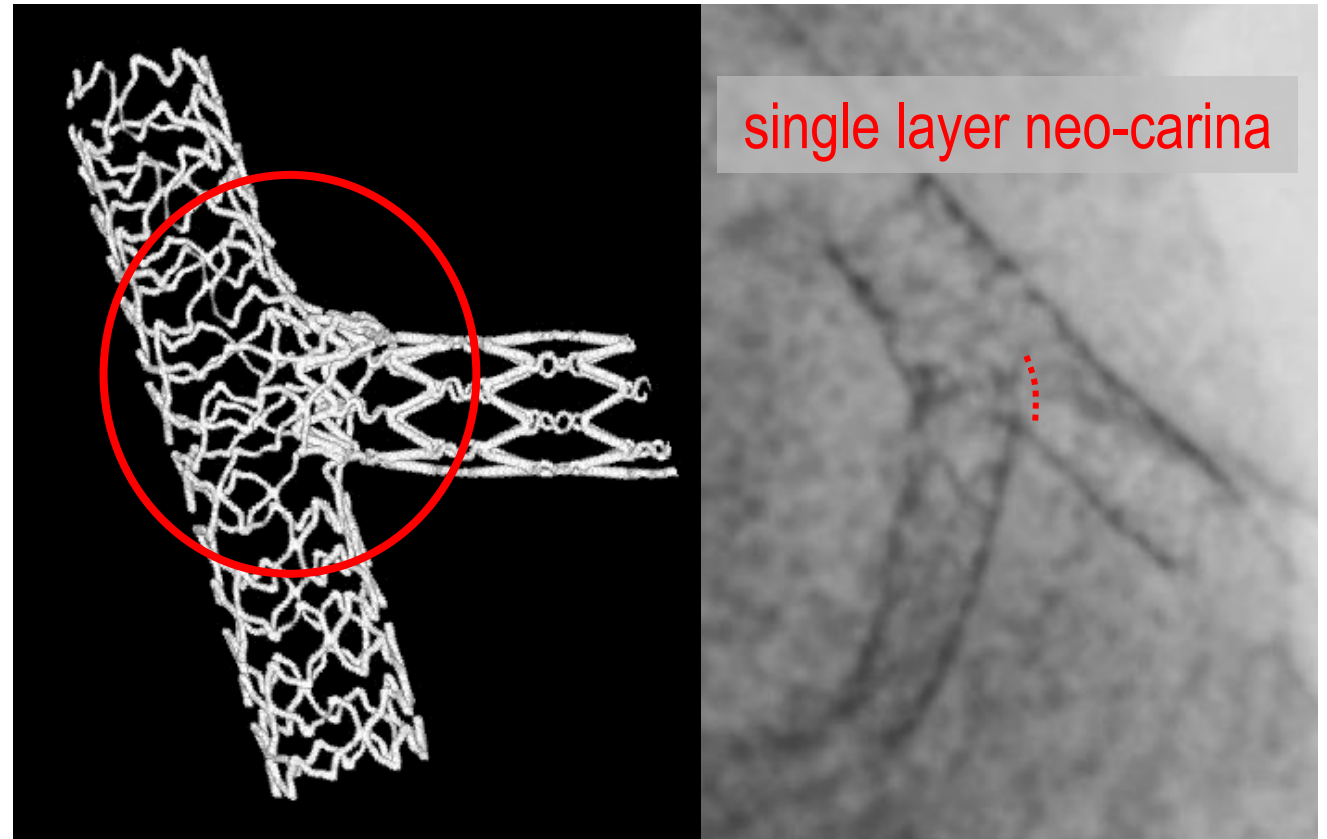


Numbers at risk

	0	1	2	3	4	5
Crush	244	210	187	152	108	64
T-stenting	125	104	94	85	66	39
Culotte	31	29	26	23	13	10
Kissing	41	35	32	27	17	11

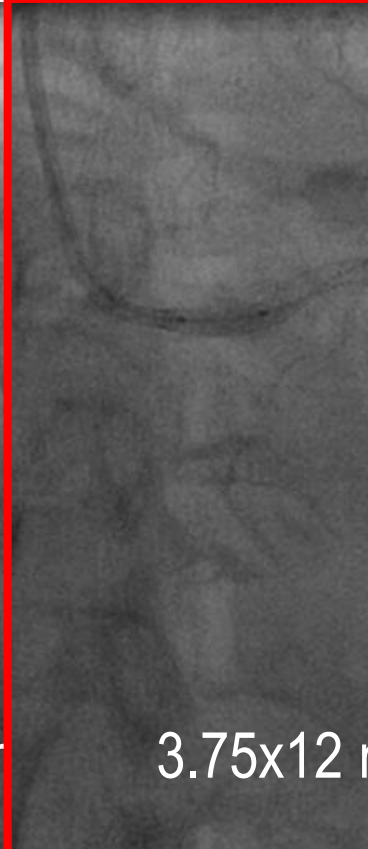
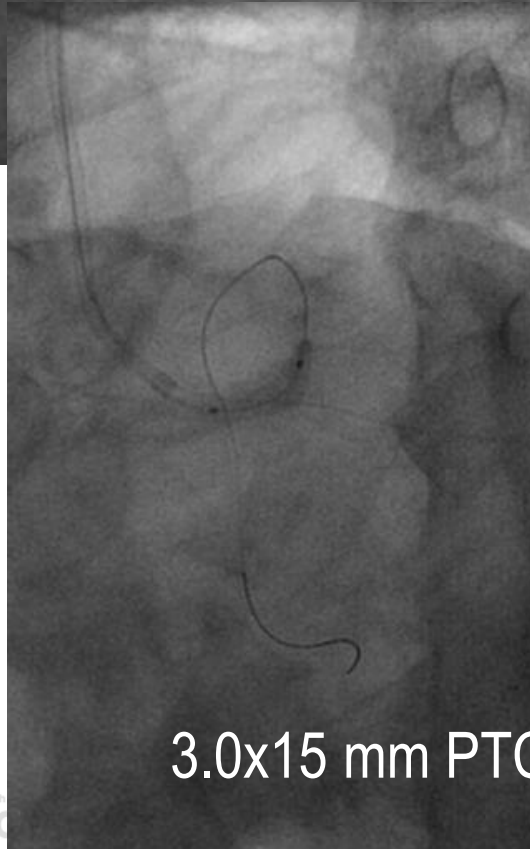
T-And-small Protrusion (TAP) Stenting

- Slight protrusion of SB stent into MV to get SB ostium coverage
 - Suitable for **large bifurcation angles**
 - Suitable for **any size of SB**
- **Advantages**
 - ✓ Easy and Fast!!
 - ✓ No loss of wire access to MV
 - ✓ No multiple stent layers
 - ✓ No crushed mangled stent
- **Disadvantage**
 - ✓ Leaves a small neo-carina



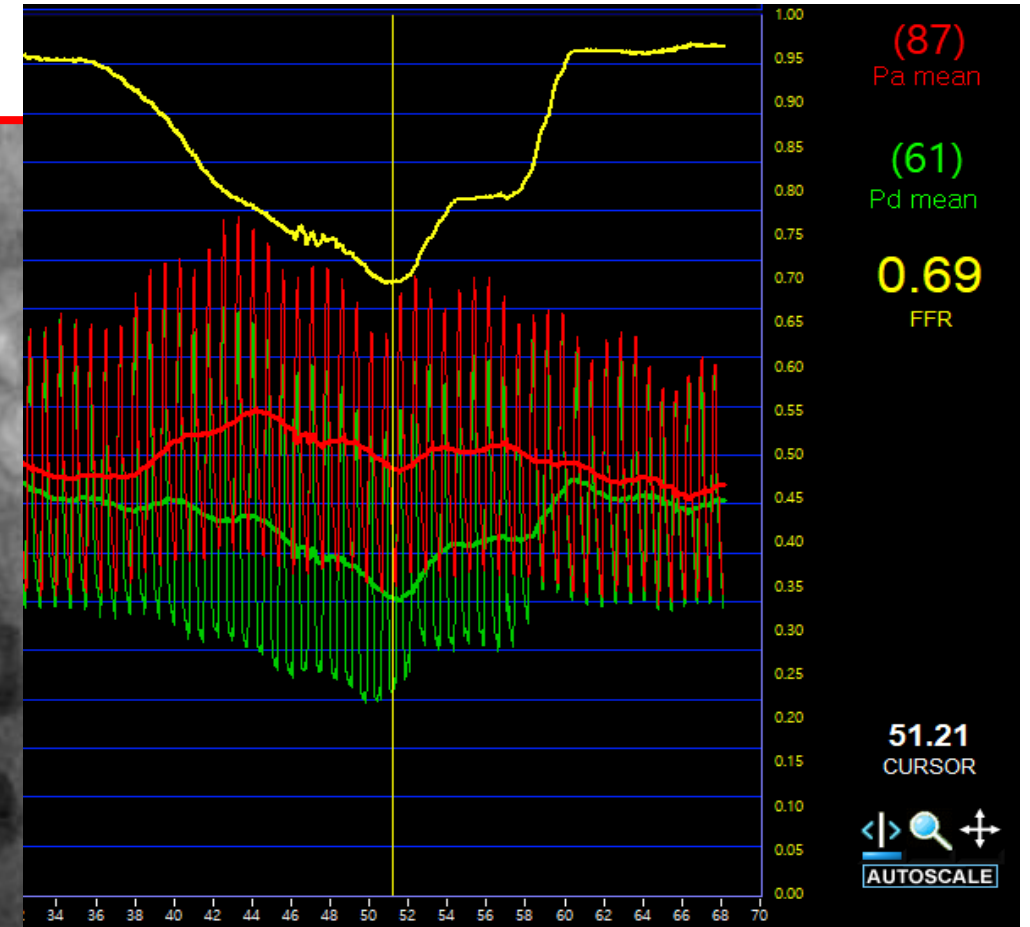
Provisional LM Bifurcation PCI

Step 1 : MV Stenting



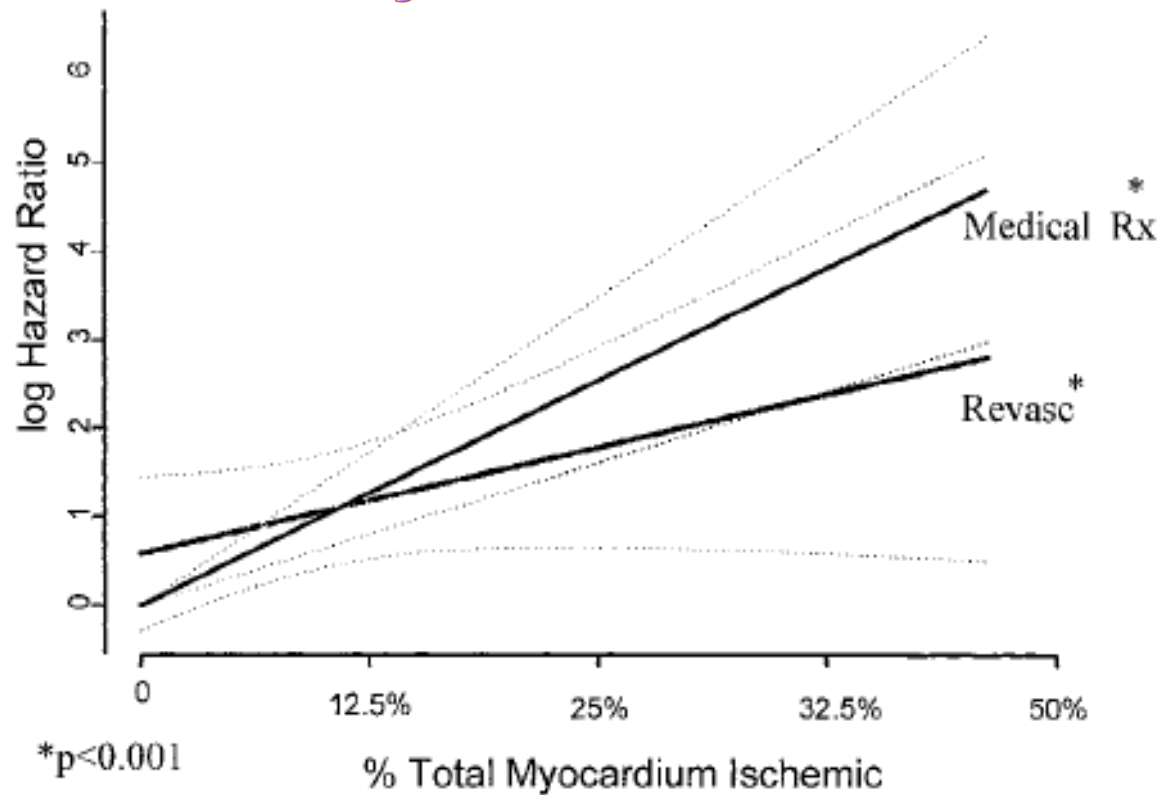
Provisional LM Bifurcation PCI

Step 2 : Re-evaluation of LCX



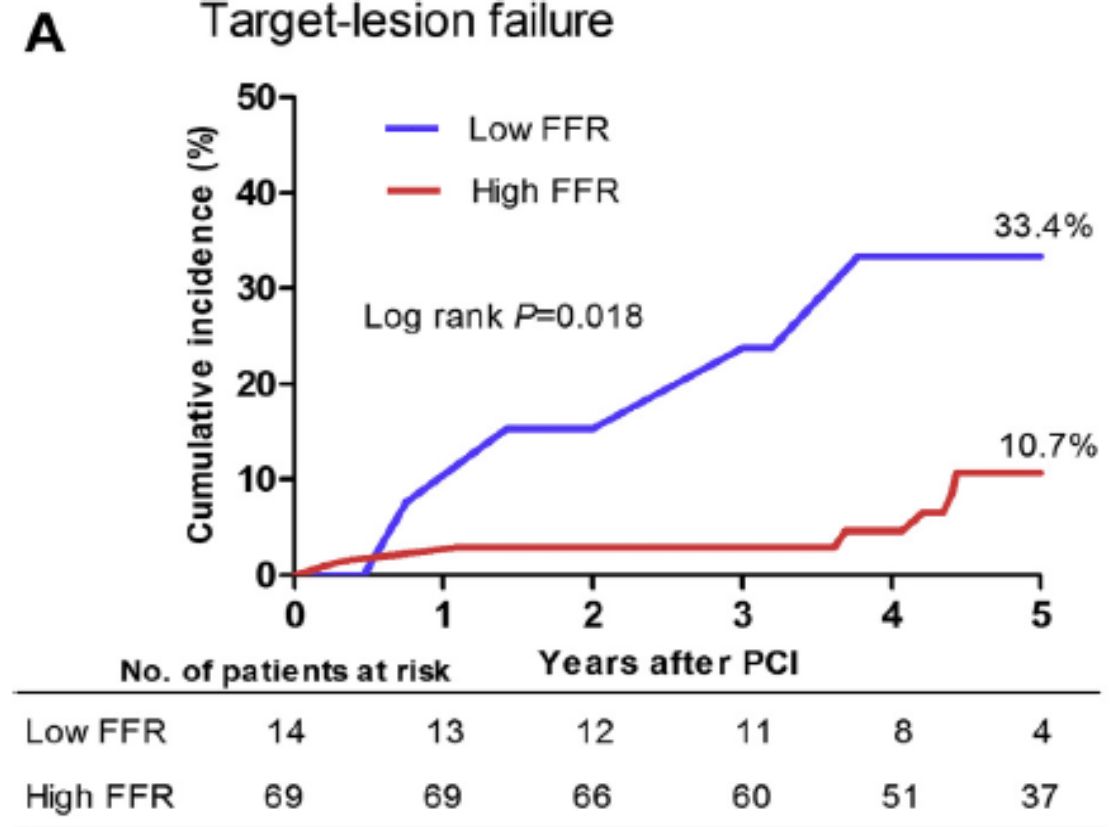
When Do We Need to Treat for the Compromised LCX?

Enough Subtended Myocardium



Circ 2003;107:2900

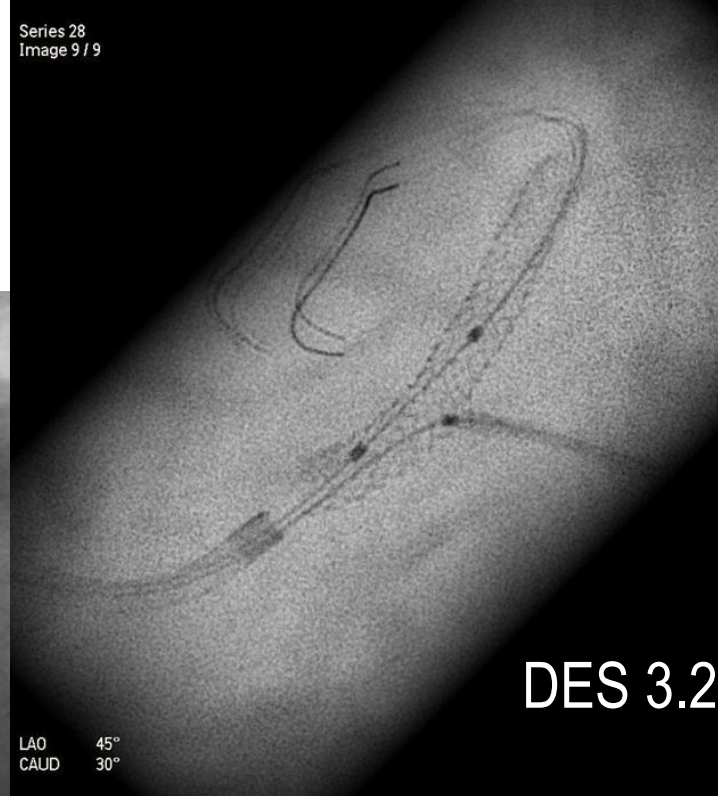
Proven Ischemia



Lee CH, Nam CW, et al. JACC Intv 2019;12:847-55

Provisional LM Bifurcation PCI

Step 3 : Rewiring LCX & Open

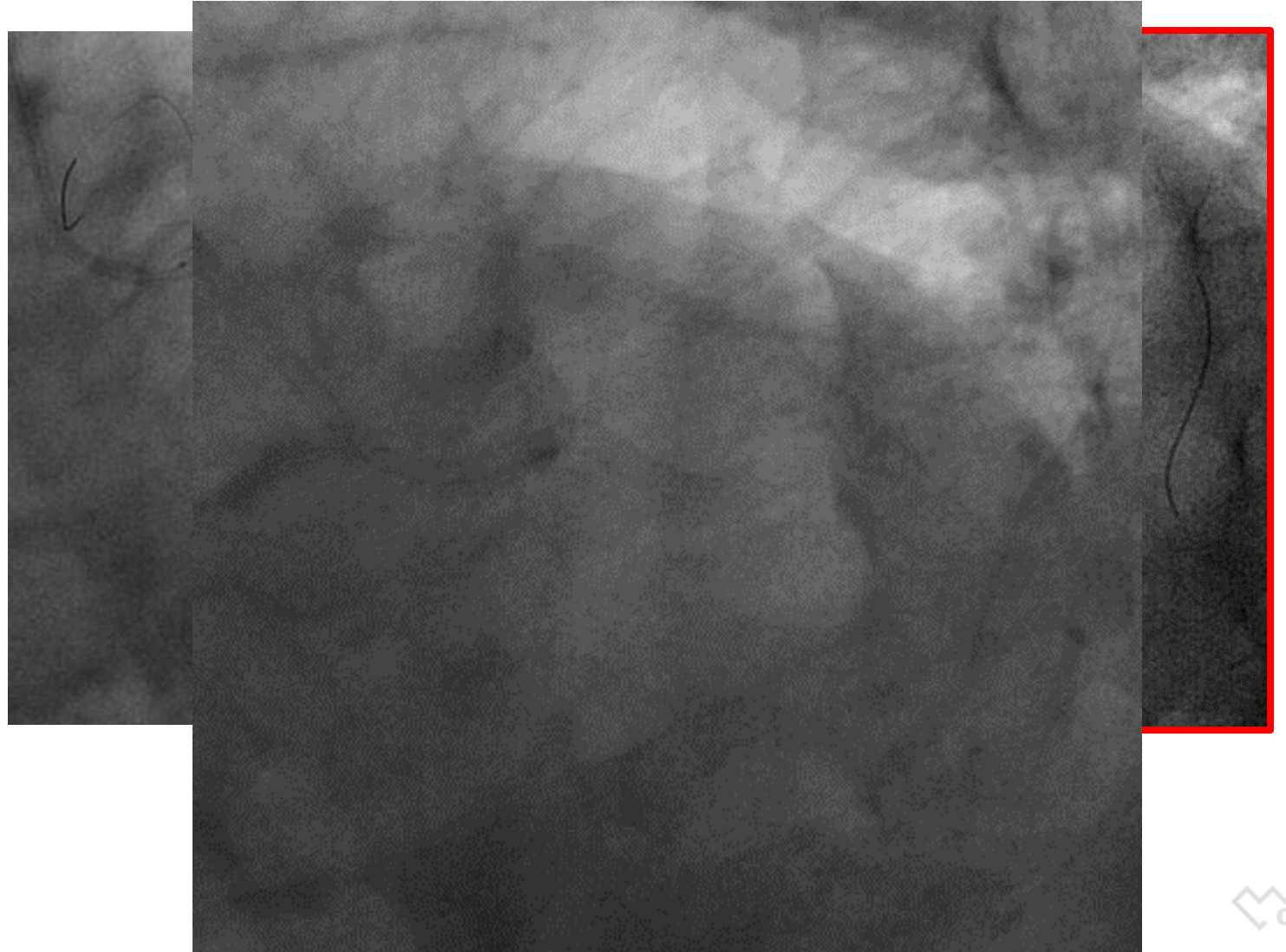


DES 3.25x18 mm

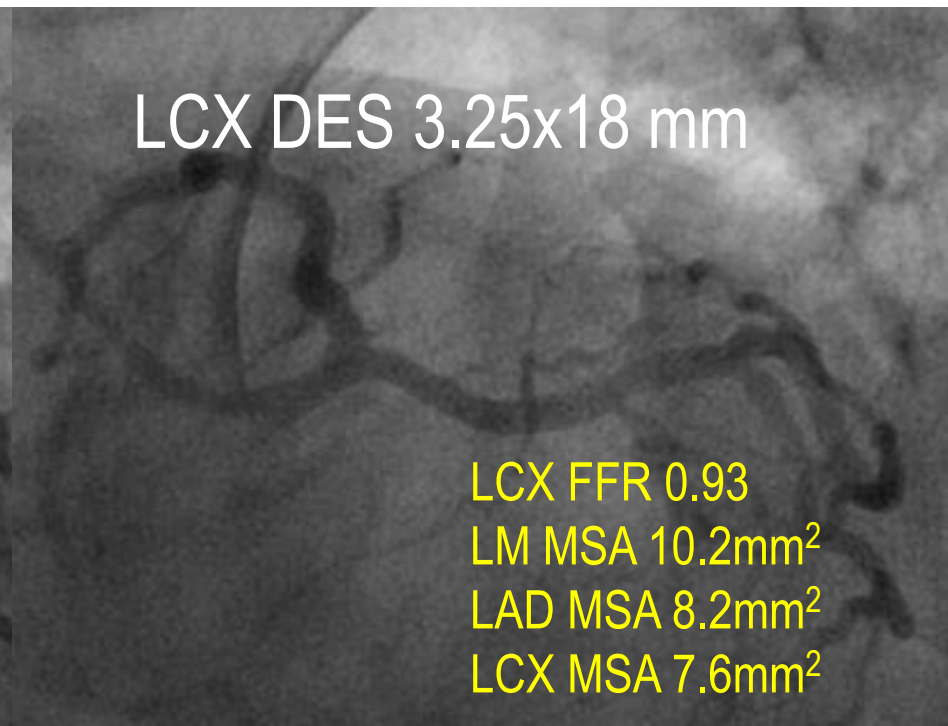
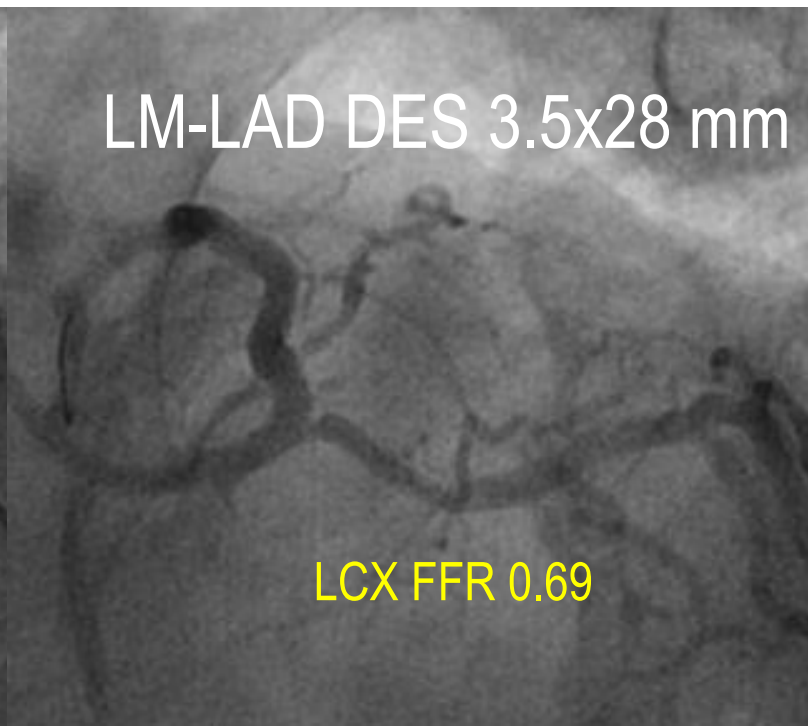
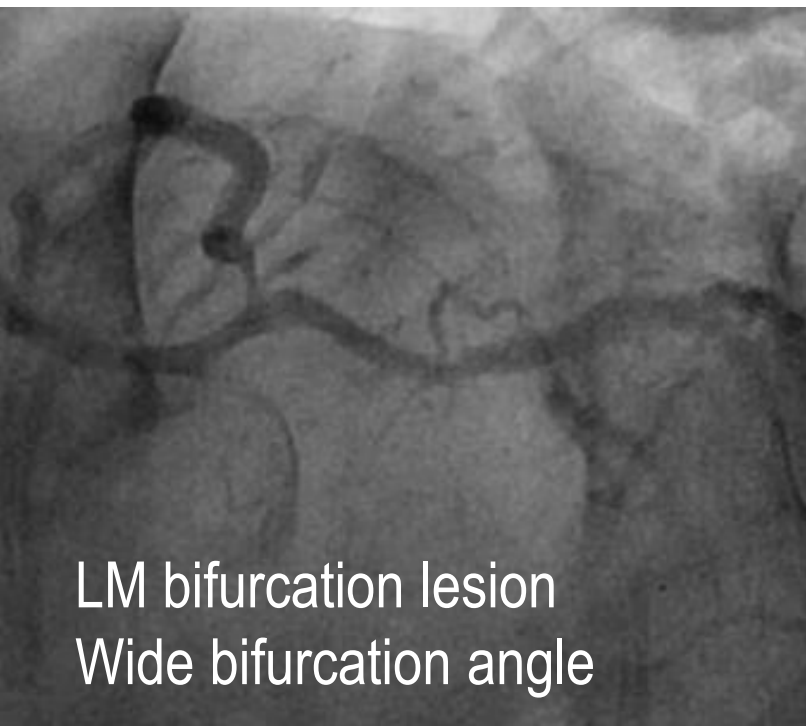
3.0x15 mm PTCA

Provisional LM Bifurcation PCI

Step 4 : LCX stenting & FKB



Provisional LM Bifurcation PCI *with TAP Technique*



Summary & Conclusion

- **TAP** is an **easier provisional stenting technique** compared to others and can be considered for Smaller SBs or Larger bifurcation angles.
- **TAP** is a modification of T-stenting, with slight protrusion of SB stent into MV to get full SB ostium coverage.
 - ✓ **Technically straightforward**
 - ✓ **No loss of wire access to MV**
 - ✓ **No multiple layers**
 - ✓ **No crushed mangled stent**
 - ✓ **Leaves a small, single-layer neo-carina**