

Seoul, Korea: 27 - 30 April 2019

Debate Session: Concept of Clinically Relevant Side
Branch in Bifurcation PCI

No - too complicated,
it's just size matter

Speaker - 8'

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No conflicts to disclose

Fundamental rule in PCI

Always finish the procedure with the same number of vessels as started

First of all:

In bifurcation lesions the CHIEF is the Side Branch

The SB dictates the approach

Diameter of the branch

% stenosis of the SB and length of the lesion

Territory of Distribution

Does the SB need PCI at baseline?

FIRST DECISION

The SB should be evaluated

Severity of the stenosis

Length of the stenosis

Is the SB suitable for stenting ?

Which vessel is suitable for stenting?

I think that after more than 30 years
of stenting we should know
which vessel is suitable for stenting

We evaluate

Disease: focal, long, diffuse disease

Size

Length

Side branches

Territory of distribution

If at the time of the First Decision the SB was stented the CASE is Closed: just perform the 2 stent technique at its best

If you decide for provisional

You may

Predilate the SB

OR

Evaluate the SB following MB stenting

Evaluate the SB following MB stenting

Nevertheless if the stenosis is severe
you will dilate

If the stenosis is moderate you will not dilate

FFR may be useful

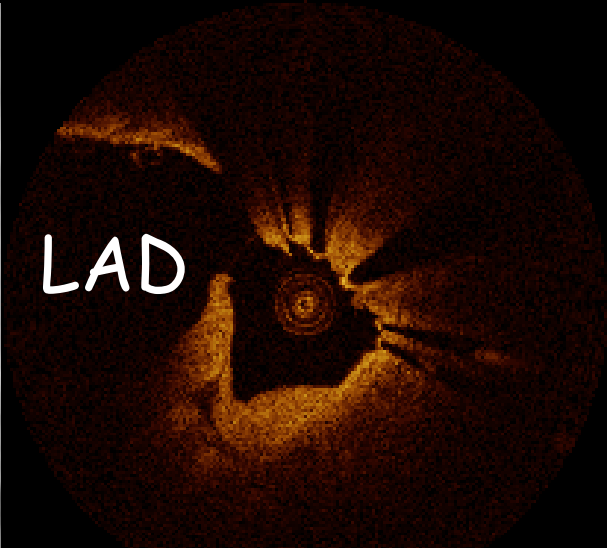
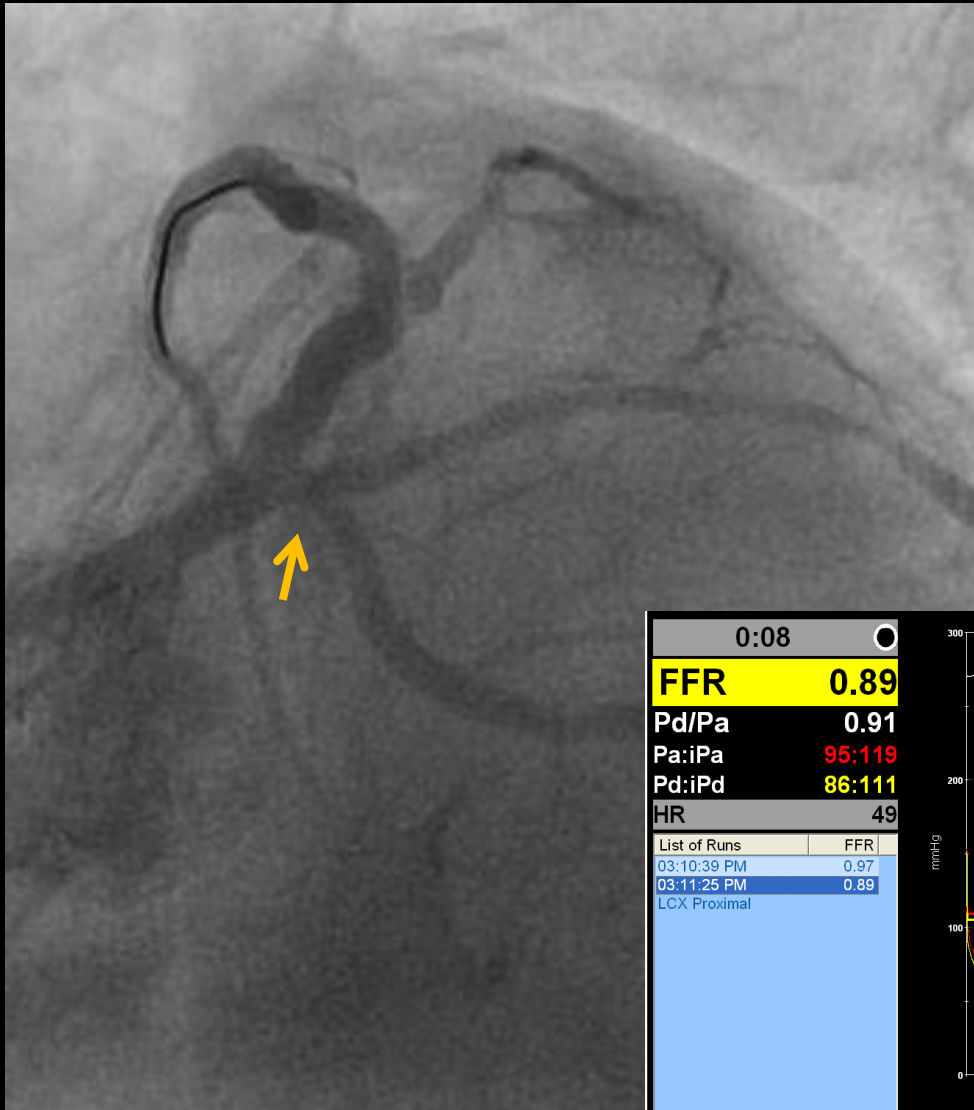
FFR to evaluate the SB may certainly be
useful

Nevertheless

Many decisions have been already
taken at baseline evaluation

Additional decision points are following
predilatation of the MB, of the SB (when needed),
after stenting the MB

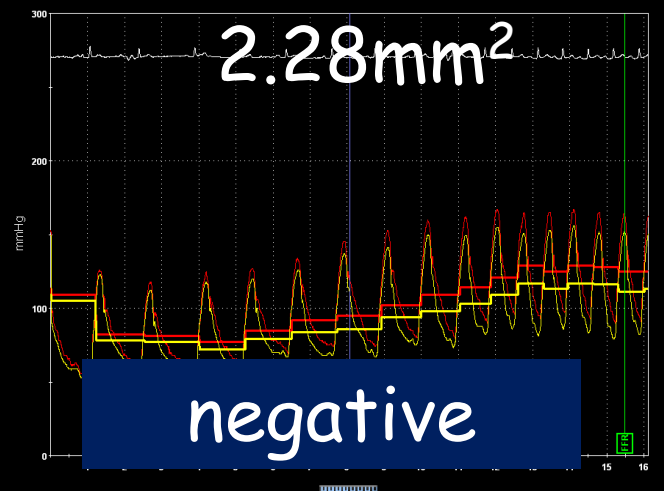
FFR and Lumen: A "not rare" dissociation



LCx-ostium:

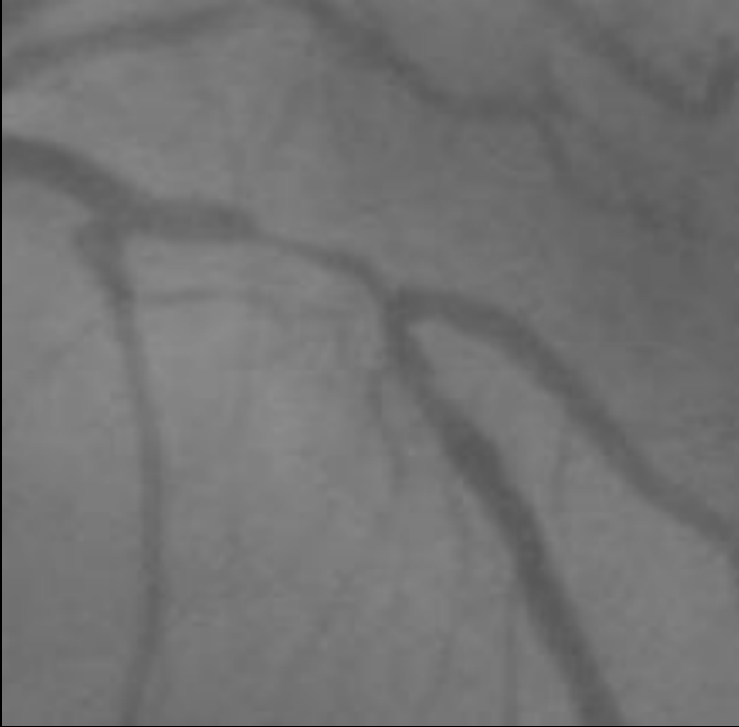
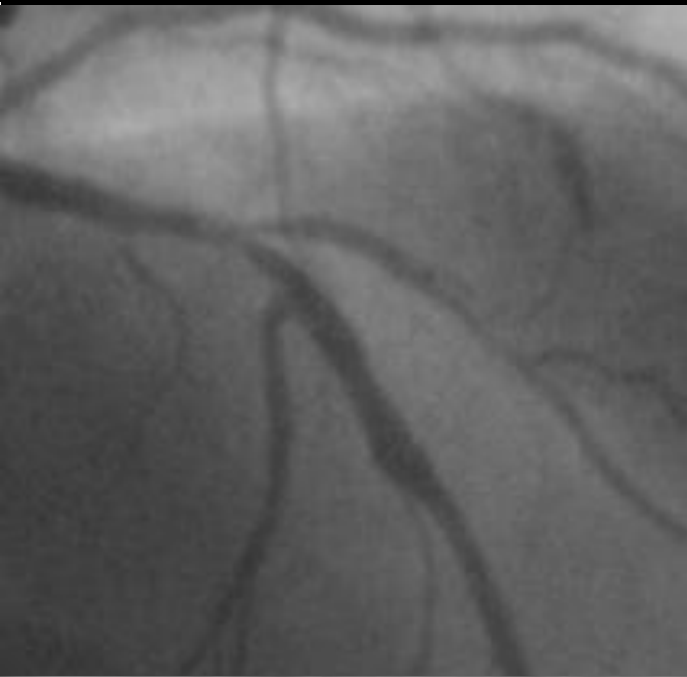
2.28mm²

0:08	
FFR	0.89
Pd/Pa	0.91
Pa:iPa	95:119
Pd:iPd	86:111
HR	49
List of Runs	FFR
03:10:39 PM	0.97
03:11:25 PM	0.89
LCX Proximal	



In addition to stenting consider
utilizing
Drug Coated Balloons

The threshold to stent should be
high for the ostium of the
Circumflex a well know target for
restenosis

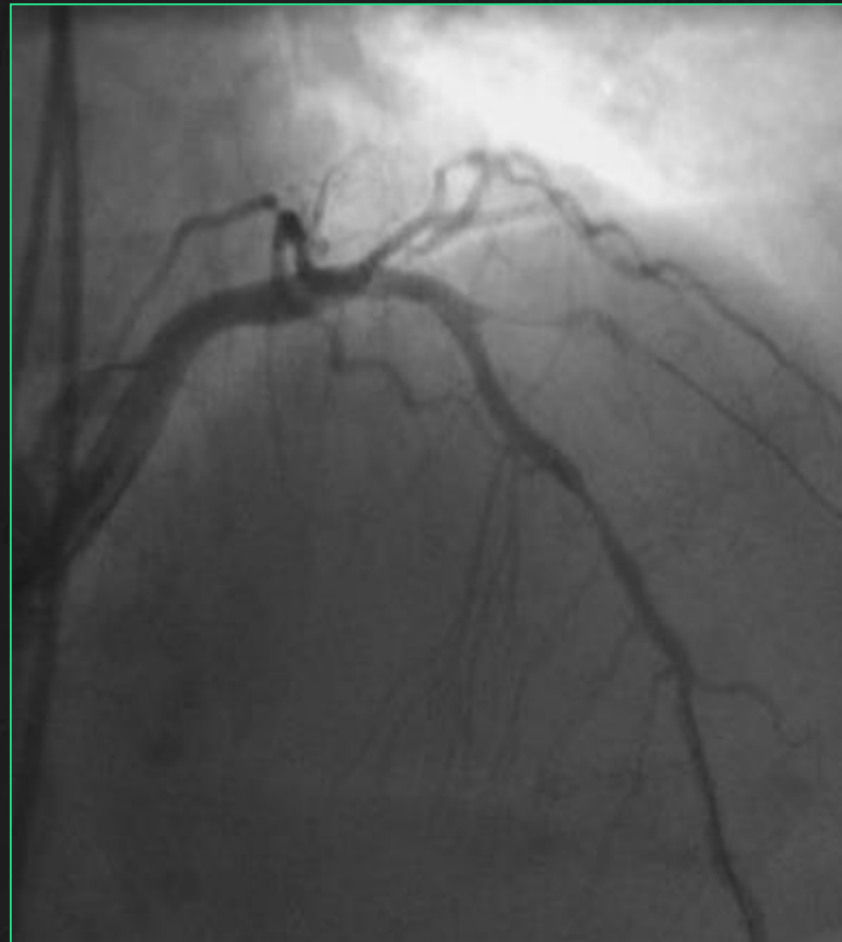


Importance of SB to patient?



80-yr old male with severely depressed LV (EF=20%)

Importance of SB to patient?



After Kissing – Severe hemodynamic compromise

Importance of SB to patient?

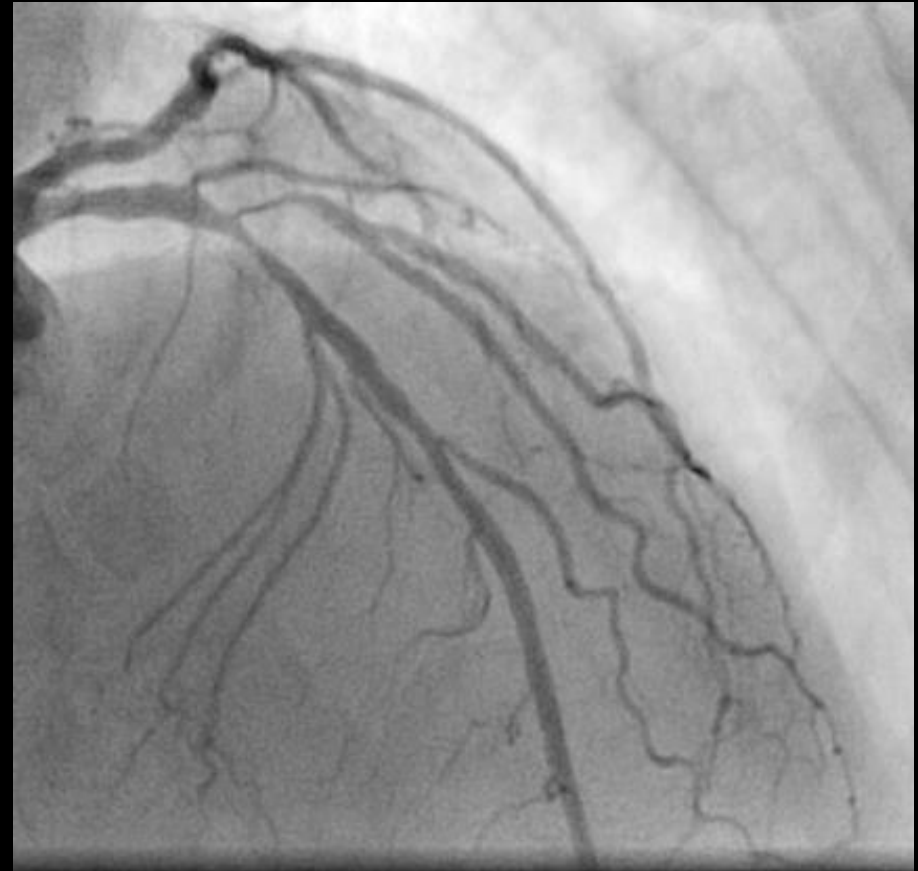


Final Result after TAP stenting of SB

SB diameter and territory

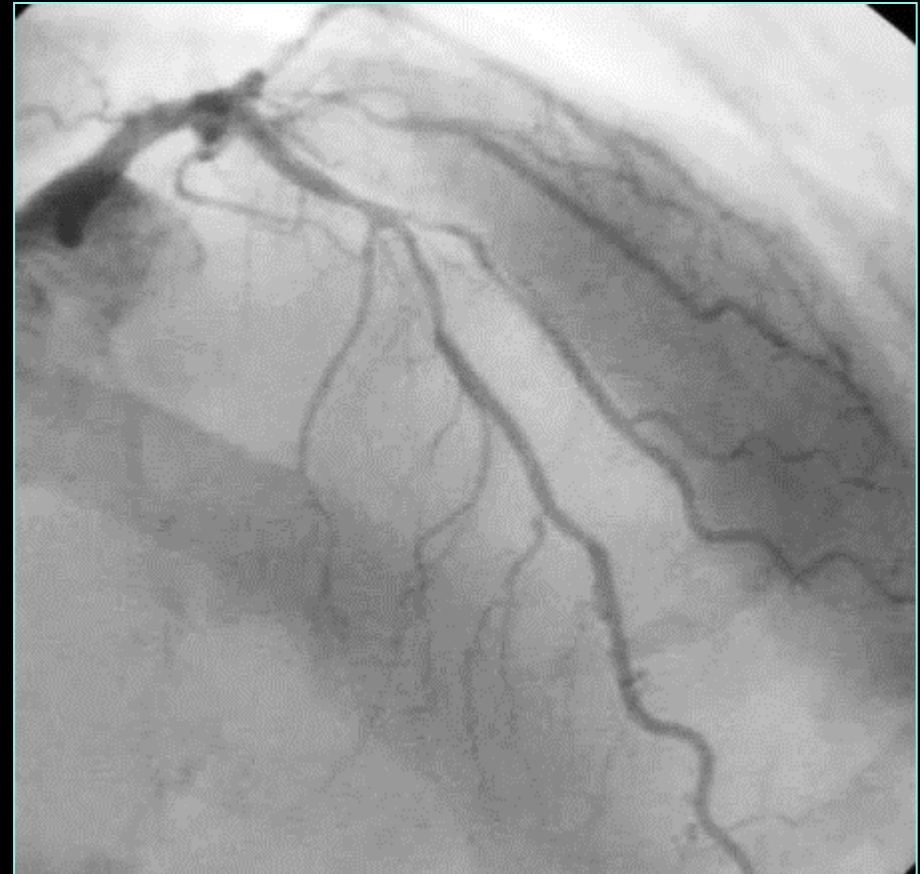
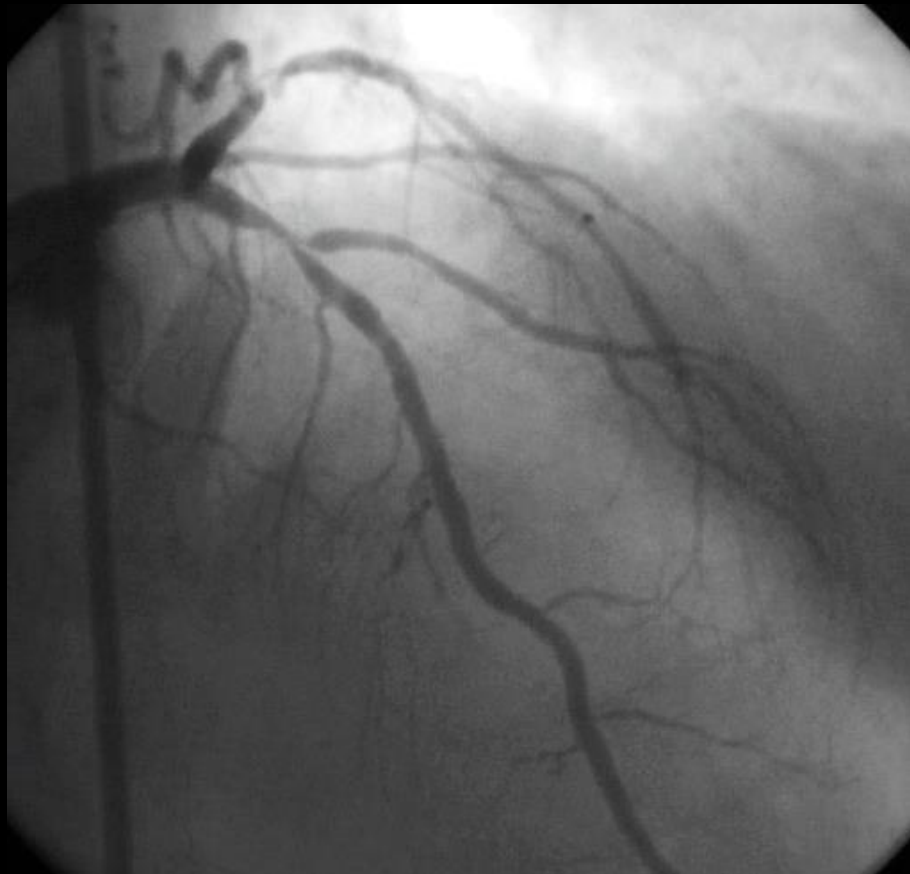


Small with diffuse disease → KIO



Large SB with large territory → 2-stents

Extent of SB disease



Focal ostial disease → Provisional

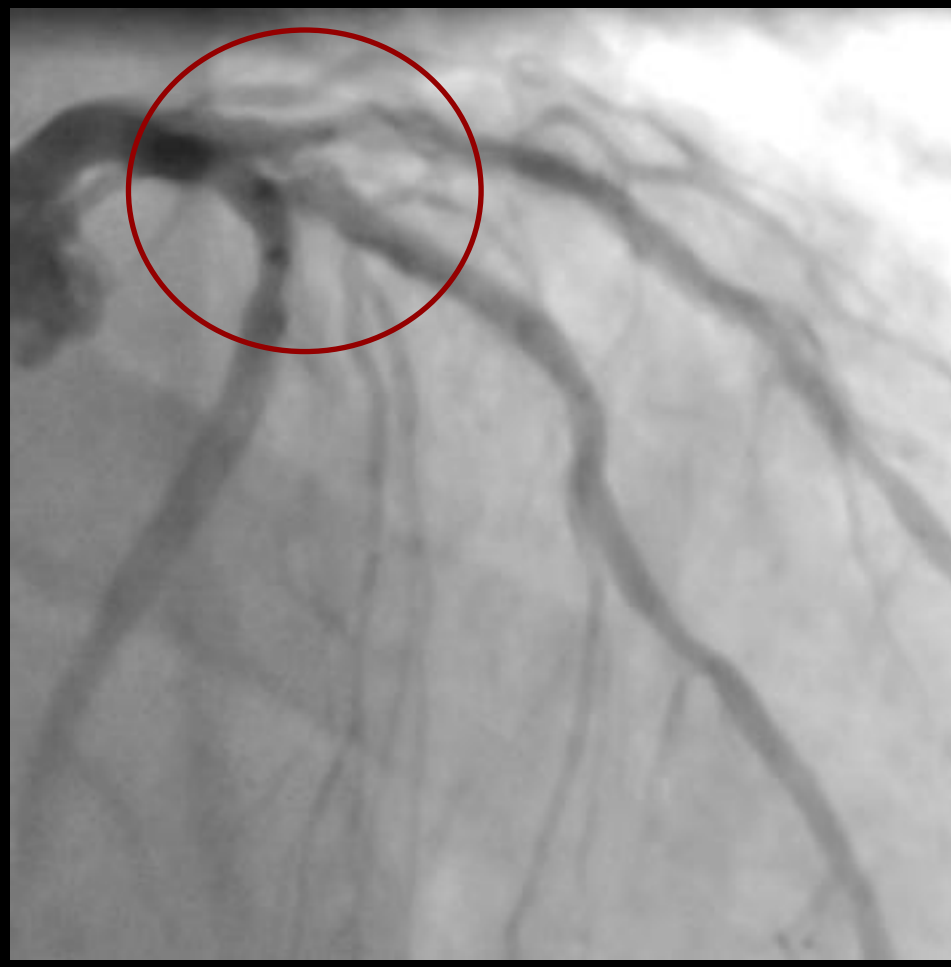
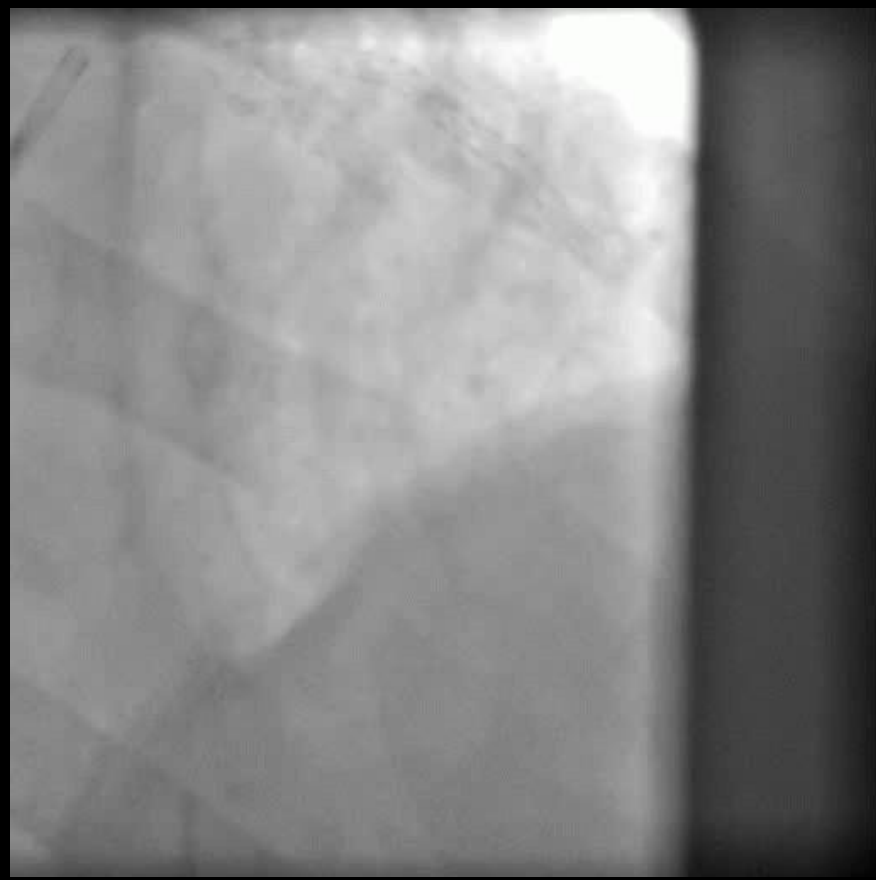
Diffuse disease → 2-stent

Bifurcation Angle: difficulties to re-wire

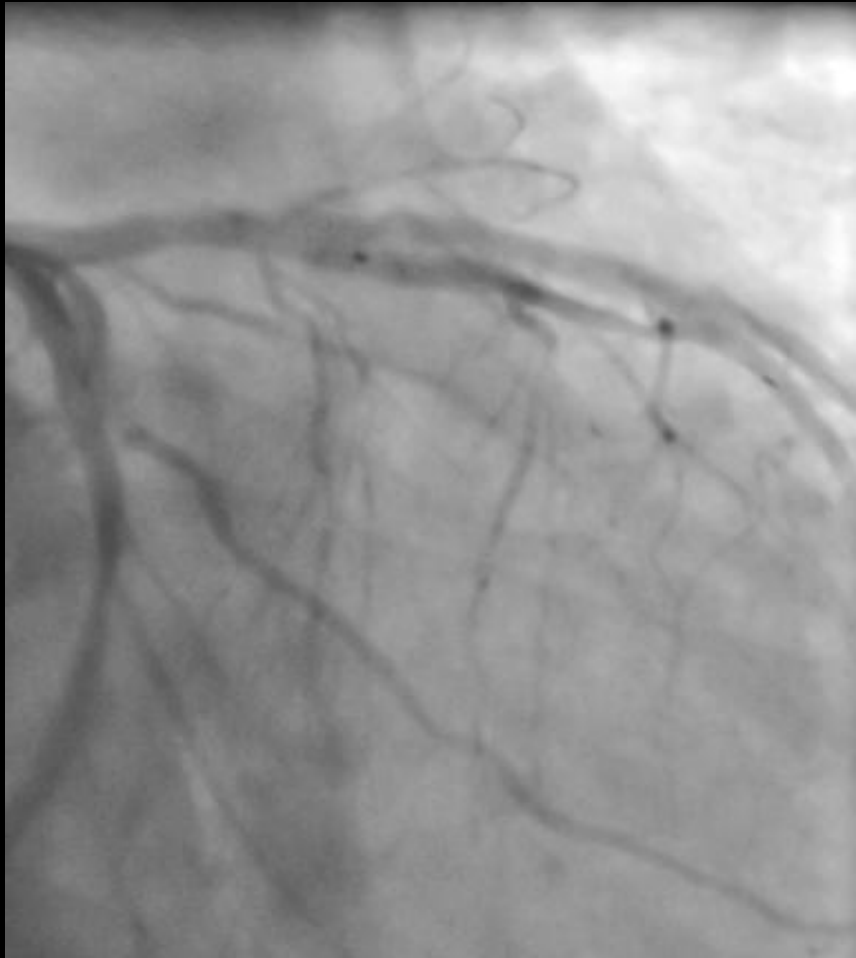


Difficult to access SB. Access may be even more challenging or even impossible after MB stenting

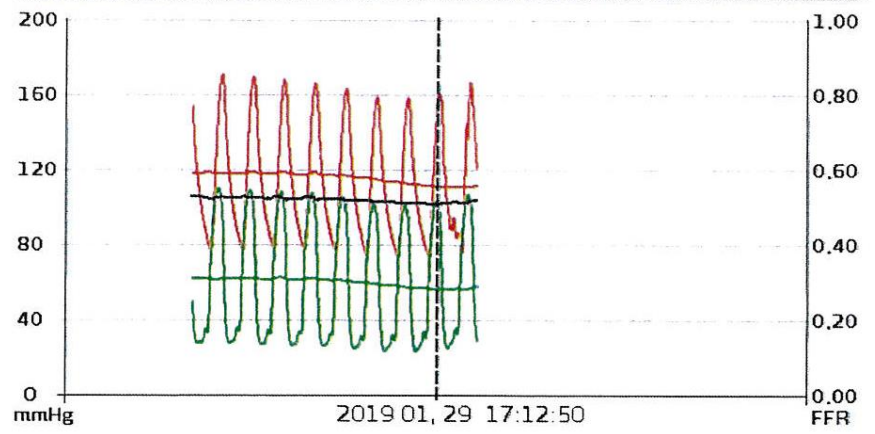
Rarely you will feel sorry
because you protected the SB.
The opposite will happen



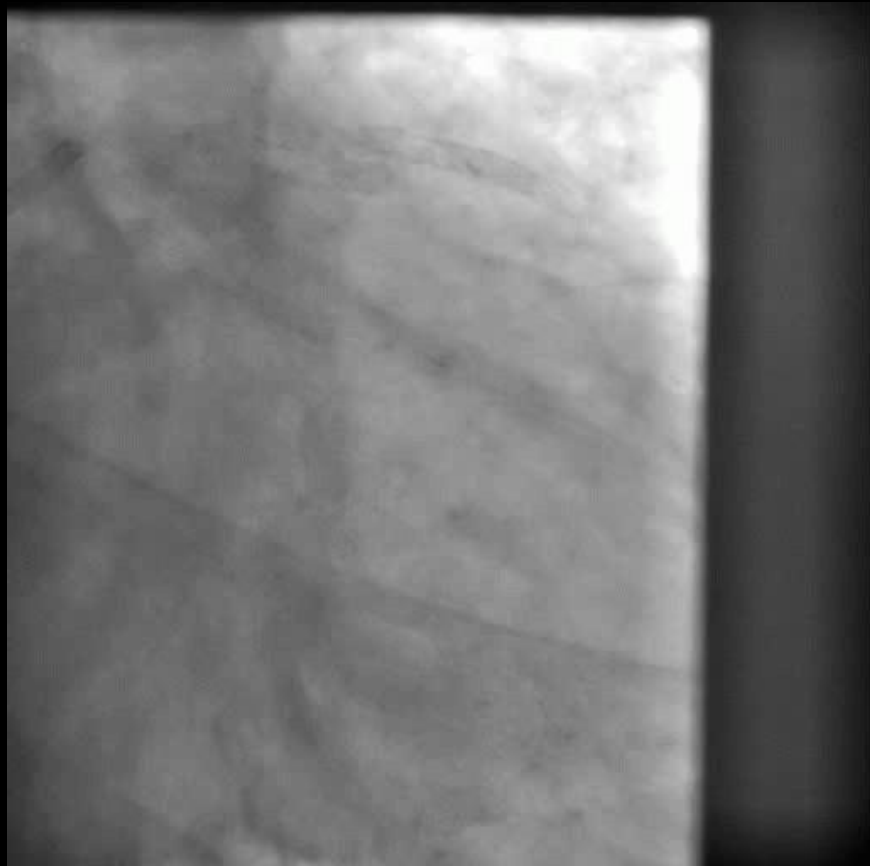
Baseline



Pa	Pd	Pv	FFR
111	57	0	0,51



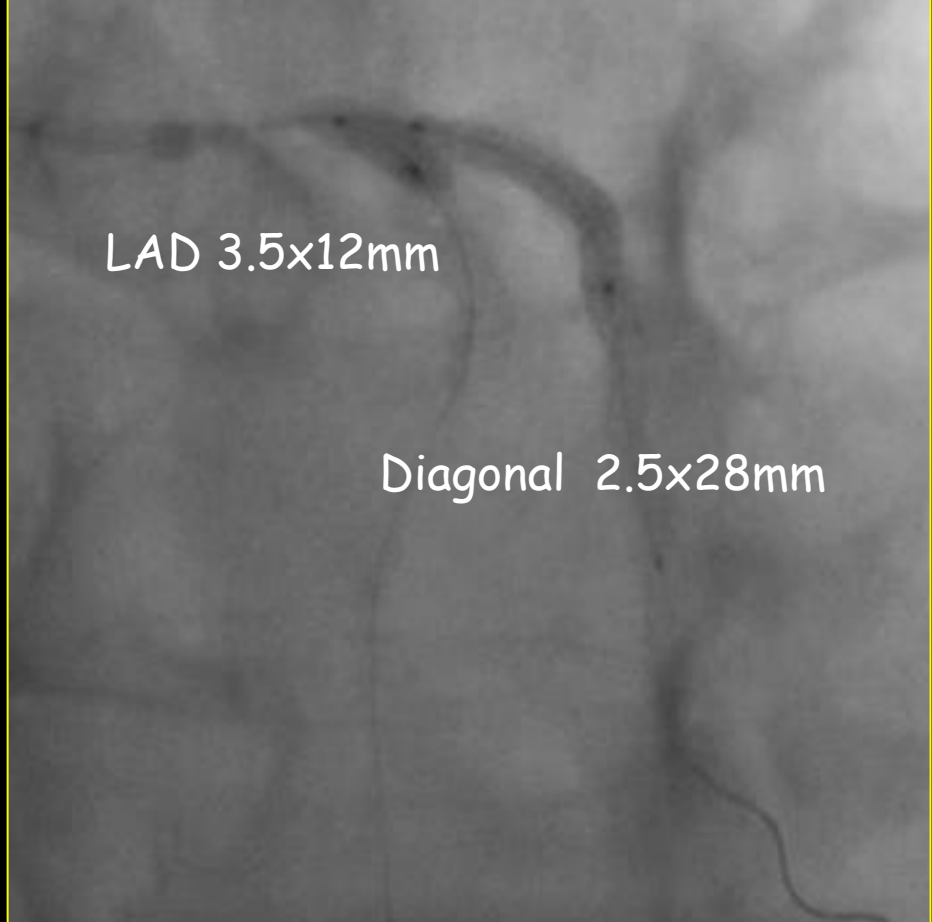
Pressure wire



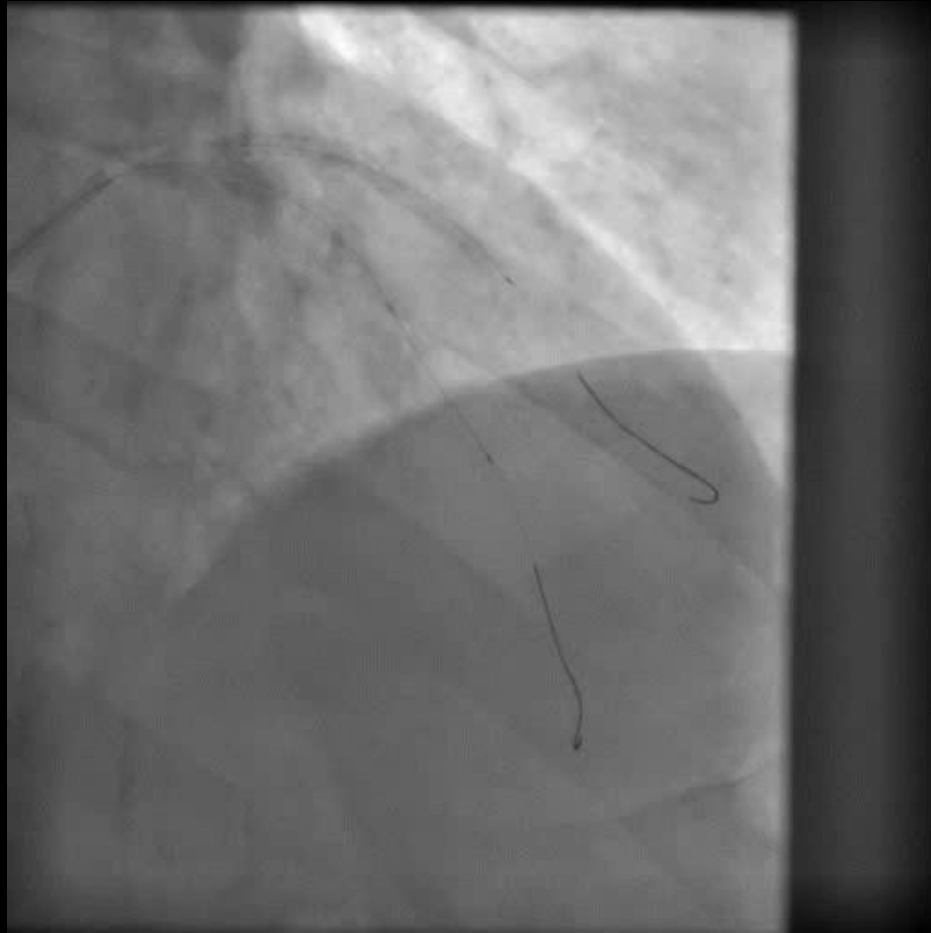
Acute Occlusion Diagonal after DEB;
ventricular fibrillation



Stent Sierra 2.5x28mm



Kissing Balloon



Final Result

14275/19

The SB dictates the approach to bifurcation lesions.

Final decision based on angiography, FFR, IVUS and clinical setting