

Left Main Ostial and Shaft Lesion

***Treated with Cross-over Technique
Using Drug-Eluting Stents***

**Operator;
Antonio Colombo
Seung-Jae Tahk**

***CardioVascular Research Foundation
Asan Medical Center***

Angioplasty Summit 2007 Live Case

Demographic Characteristics

Age : 57

Gender : Female

Risk Factors : Diabetes, Hypertension

Past History : No

Family History : No

Other: Korean-American

Clinical Presentation

Stable angina

Non-Invasive studies : Echocardiography - Normal

Treadmill test - not done

Thallium SPECT- not done

Cardiac Catheterization Findings

Left angiogram showed significant distal LM distal trifurcation narrowing.
RCA was normal.

Target lesion(s)

1.Distal Left Main bifurcation

Planned strategy

**1.Cross-over technique with
optional T-stenting**

Adjunctive Medication

ASA : Yes

LMWH : No

Clopidogrel: Yes

Heparin : No

Nitrates : No

IIb/IIIa : No

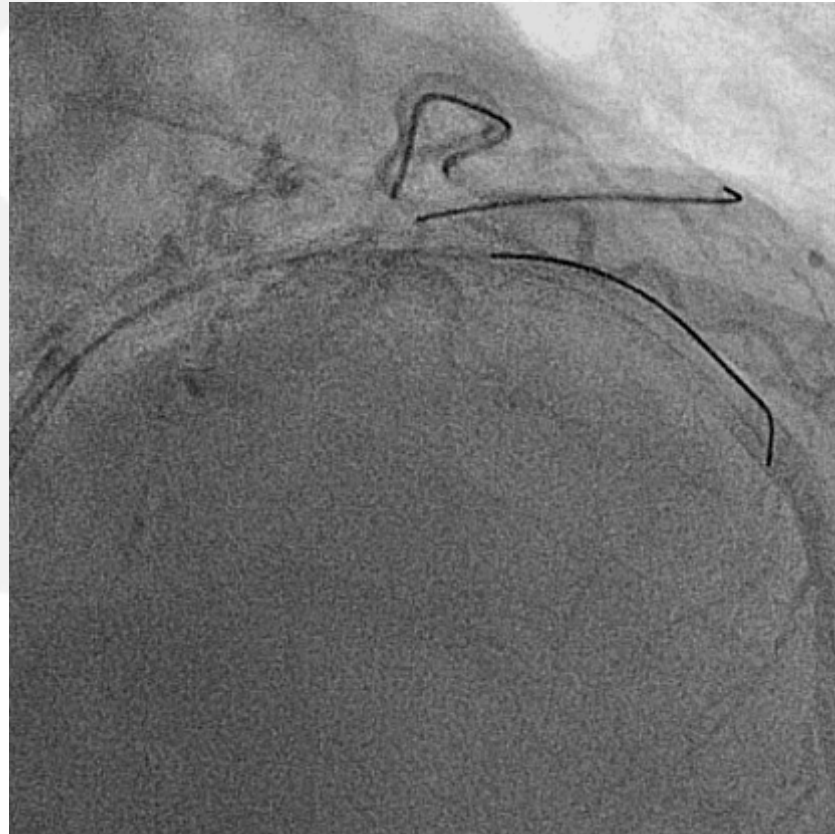
Other(s): ARB

Baseline Angiogram



Guiding Catheter : 8 Fr XB 3.5

Wiring



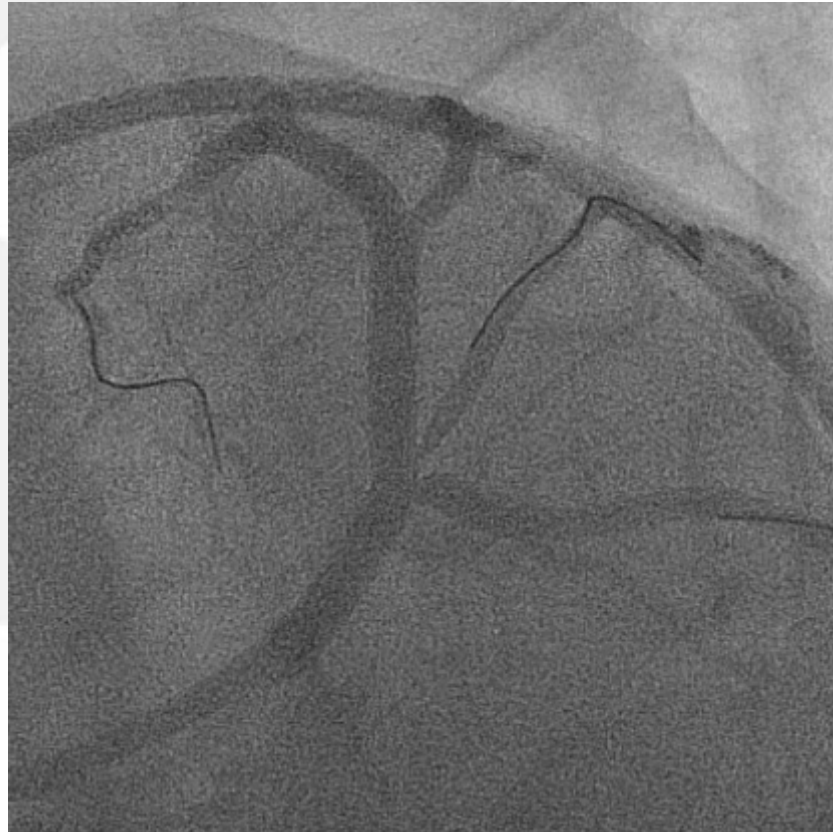
Floppy (BMW) 0.014"-190cm wire to LAD
Neo's(Rinato) 0.014"-170cm wire to RI
Floppy (BMW) 0.014"-190cm wire to LCx

Stent Positioning



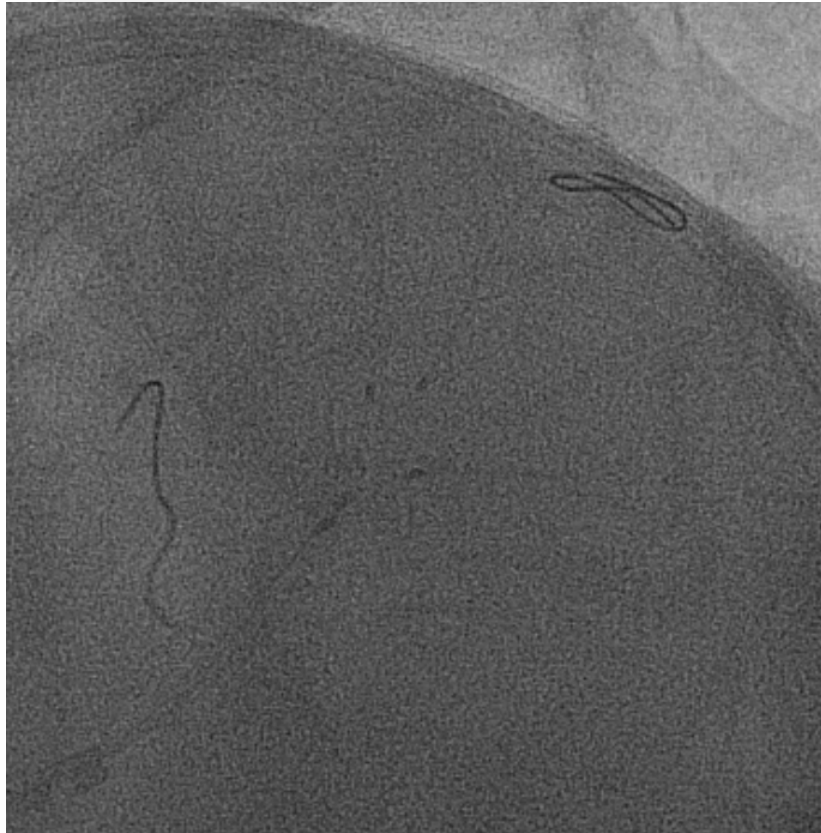
Cypher 3.5x23 mm at LM to proximal LAD

After Stenting



Post-LM to prox LAD stent

Additional Balloon Dilation



LM to LAD : Quntum 4.0x12 mm upto 4.19(20atm)
LM to RI : Quntum 2.5x12 mm upto 2.5(12atm)
LM to LCx : Quntum 3.0x12 mm upto 3.0(12atm)

Final Angiogram



Angioplasty Summit 2007 Live Case

Brief Case Summary

A 57 year old woman was admitted with effort chest pain. Her risk factors were hypertension and diabetes. Baseline ECG and echocardiograph show normal findings. Coronary angiogram showed significant distal LM trifurcation lesions.

Teaching Points

1. **If the ostium of LCx is intact, left main stenting with cross-over technique is feasible to ensure a good preprocedural results.**