Provisional case with significant residual stenosis of the circumflex requiring a cross-over to two-stents

Ziyad Ghazzal  MD, FACC, FSCAI
Professor of Medicine
Deputy Executive Vice President/Dean
Founding Director Heart and Vascular Center
American University of Beirut

Adjunct Professor
Emory University School of Medicine
Atlanta GA
Potential conflicts of interest

Speaker's name: Ziyad Ghazzal

☐ I do not have any potential conflict of interest to report:
• 53 yo gentleman professional cyclist
• Dyslipidemia on atorvastatin, cigar smoker
• History of high CT coronary calcium score and a negative stress stress echo 2 years ago
• Developed new exertional chest pain while cycling
• Echocardiogram: EF 65% with very subtle distal hypokinesis
• **Heart team:** patient not an ideal surgical candidate due to a poor LAD target

• Calcified vessels

• Risks and benefits were discussed and patient was scheduled for multivessel PCI

*The cumulative MACCE rate is displayed for the SYNTAX Trial group this score corresponds to.*
DISCUSSION
• Apirin, ticagrelor, heparin
• 7FR EBU4 guide catheter from the right femoral artery
• LAD and Cx arteries were wired
ONYX RESOLUTE 3.0x26mm

ONYX RESOLUTE 2.5x30mm
3.0x20mm promus premiere
To 20 atmospheres
3.5x23mm xience alpine to 20 atm
4.0x8mm NC balloon to 16 atm
LM/LAD stent re-crossed with BMW into CX and dilated with 2.0 balloon
Kissing balloon inflation
Snug-TAP technique

3.5x15mm NC balloon to 3 atm

3.0x15mm ONYX RESOLUTE to 14 atm