PROVISIONAL STENTING IN LEFT MAIN STEM

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☑️ I have the following potential conflicts of interest to declare:

Participation in a company sponsored speaker's bur: Medtronic, Miracor Medical Systems

Receipt of grants / research supports: Boston Scientific

Receipt of honoraria or consultation fees: Abbott, Philips
• 74 y.o. male
• Hypertension
• Typical history of stable angina
• Severe lung disease
• Isolated left main disease on angiogram 1,1,1

• After discussion within MDT, patient enrolled within EBC trial and randomised to single stent
Bifurcation or trifurcation?? Strategy?
LMS-LAD predilation
(semicolon compliant 2.5 x 12 mm balloon)
LAD Pullback
LCx Pullback
LAD Pullback

LA = 9.48 mm²
VA = 14.98 mm²
Plaque Burden = 36%

LA = 3.4 mm²
VA = 12.84 mm²
Plaque Burden = 73%

LA = 4.85 mm²
VA = 20.70 mm²
Plaque Burden = 76%

LA = 5.26 mm²
VA = 24.02 mm²
Plaque Burden = 78%
LCx Pullback

LA = 10.29 mm$^2$
VA = 12.07 mm$^2$
Plaque Burden = 14%

LA = 9.35 mm$^2$
VA = 13.94 mm$^2$
Plaque Burden = 25%

LA = 4.45 mm$^2$
VA = 20.38 mm$^2$
Plaque Burden = 78%

LA = 3.90 mm$^2$
VA = 21.46 mm$^2$
Plaque Burden = 82%
LMS-LAD provisional stenting
(Onyx 4.0 x 18 mm stent)

POT
(4.5x8 mm NC balloon)

LCx Ostium ??????
What to do? Remember it’s a trifurcation
LAD Pullback
LCx Pullback
After gentle prediln
With 2 balloon
LAD Pullback

SA = 12.96 mm$^2$

SA = 9.45 mm$^2$

SA = 9.48 mm$^2$

SA = 15.32 mm$^2$
LCx Pullback

LA = 8.40 mm²
VA = 10.51 mm²

LA = 4.23 mm²

LA = 4.00 mm²

SA = 14.87 mm²
What to do?

So what to do? Bailout and 2\textsuperscript{nd} stent to AV LCx??
LCx ostium dilation
(Maverick 2.5 x 15 mm stent)

Kissing balloons Inflation
(3.5x15 mm (LAD) & 3x15 mm (LCx))
Careful rePOT-
Not too deep
LCx Pullback
LCx Pullback

LA = 8.64 mm²
VA = 11.15 mm²

LA = 8.97 mm²

LA = 7.77 mm²

SA = 14.87 mm²
• Mechanism of change in LCx MLA
  • Carina shift vs Plaque shift

Keeping it simple (single stent crossover) in this trifurcation ....
  was pretty complex ....5 ivus runs !