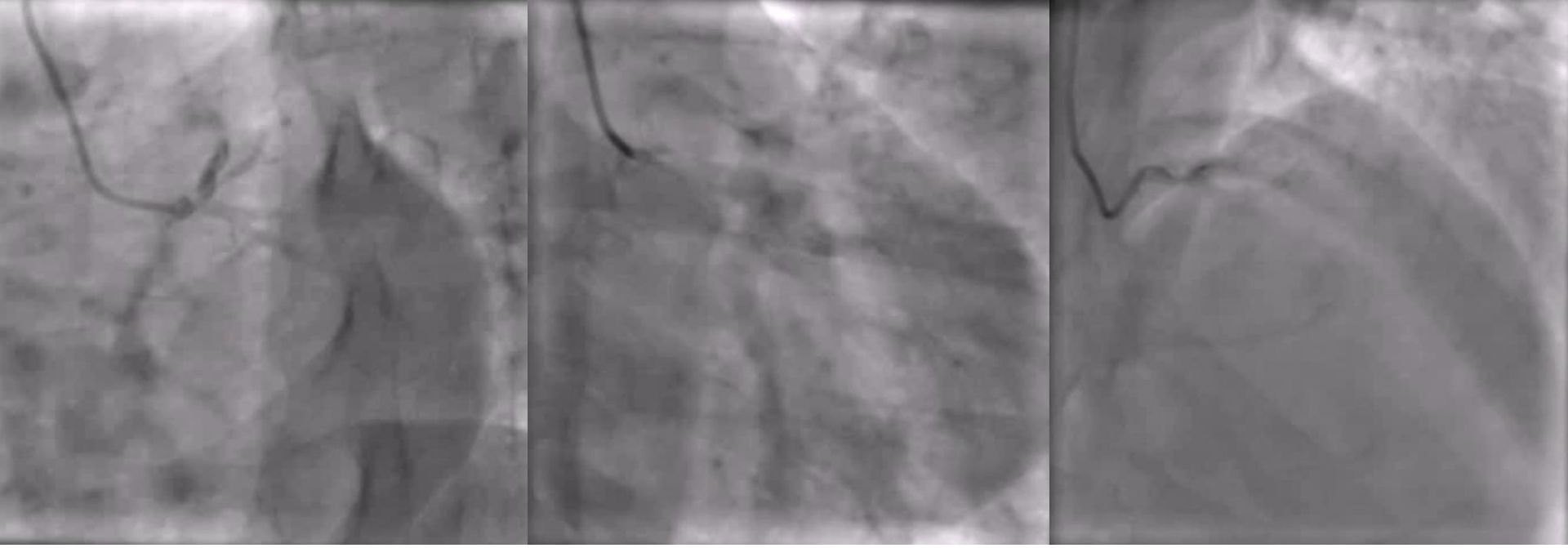
BACKGROUND

- 64 yr old gentleman
- Central chest pain after a period of heavy exertion
- He was detected to have Ca.lower GI tract – underwent chemotherapy + RT
- BP : 80/60mmHg, saturation : 90% on room air
- ECG : STD V4-V6, Tall T in V2- V4
- Bedside echo : Hypokinetic septum & AW. EF : 35%
- Plan : early PCI



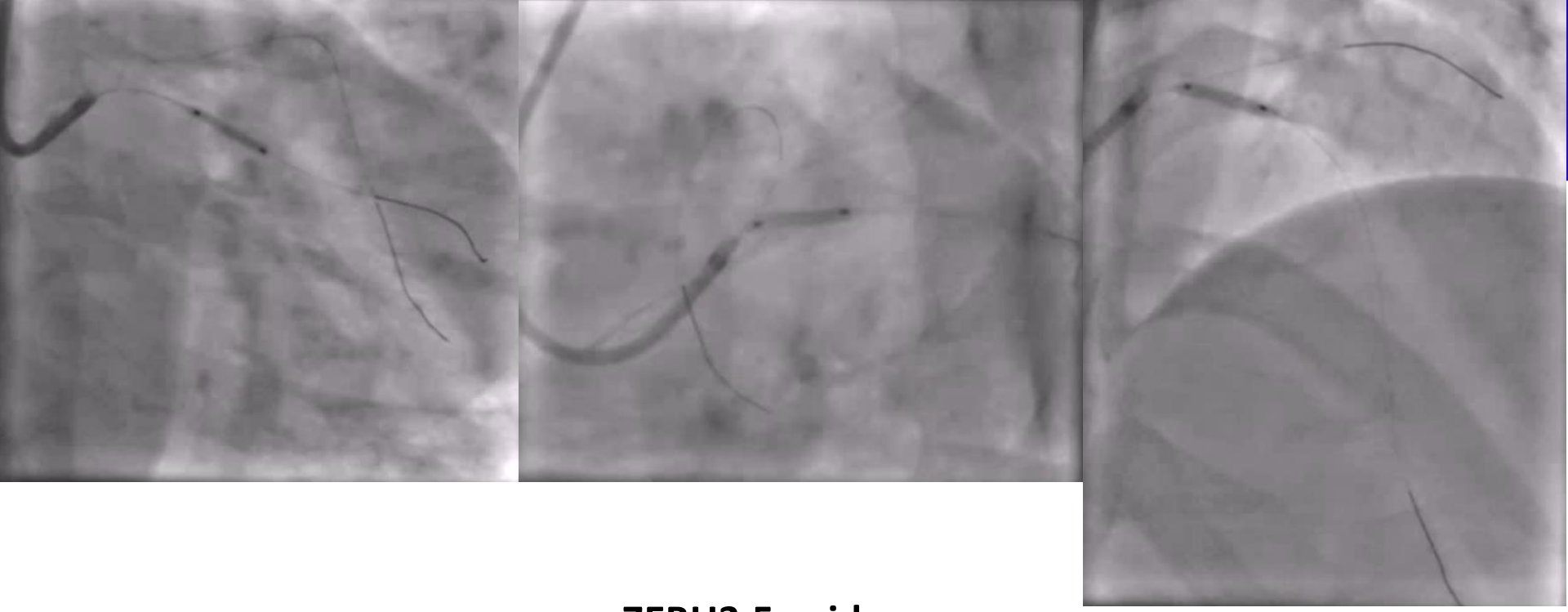
Right radial access

dLM had hazy critical lesion involving both side branches

Medina 1,1,1 lesion

Early OM1 had diffuse lesion proximally

Plan : 2 stent strategy for dLM under IVUS guidance



7EBU3.5 guide

Both branches were wired.

OM1 & LCX ostia were predilated with 2.5 mm balloon

LAD ostium was predilated with 2.5mm balloon @ 12atm

Patient hemodynamically stable

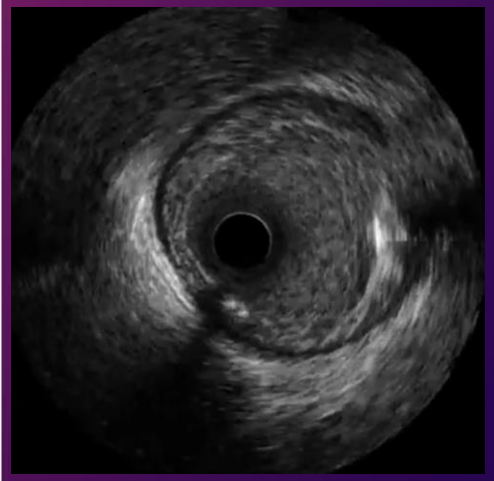
LM – RVD 5.28mm

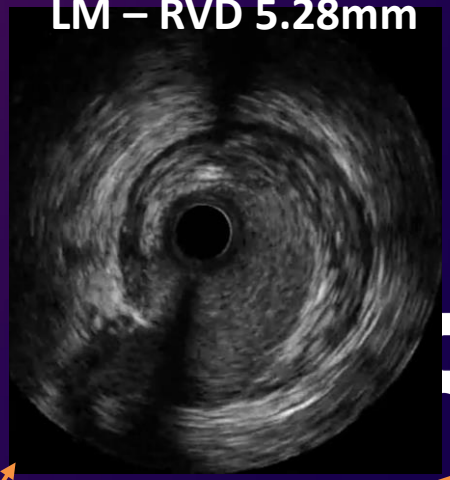
Ostial LCX

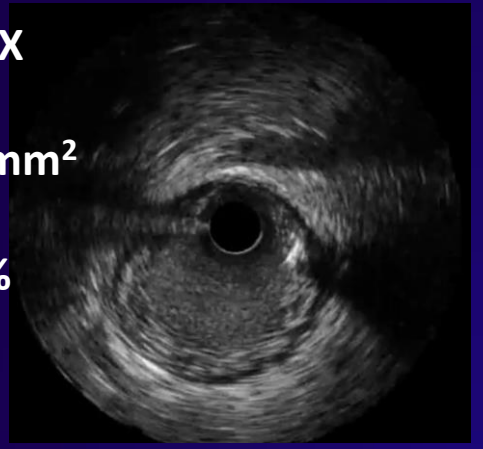
MLA = 3.1 mm²

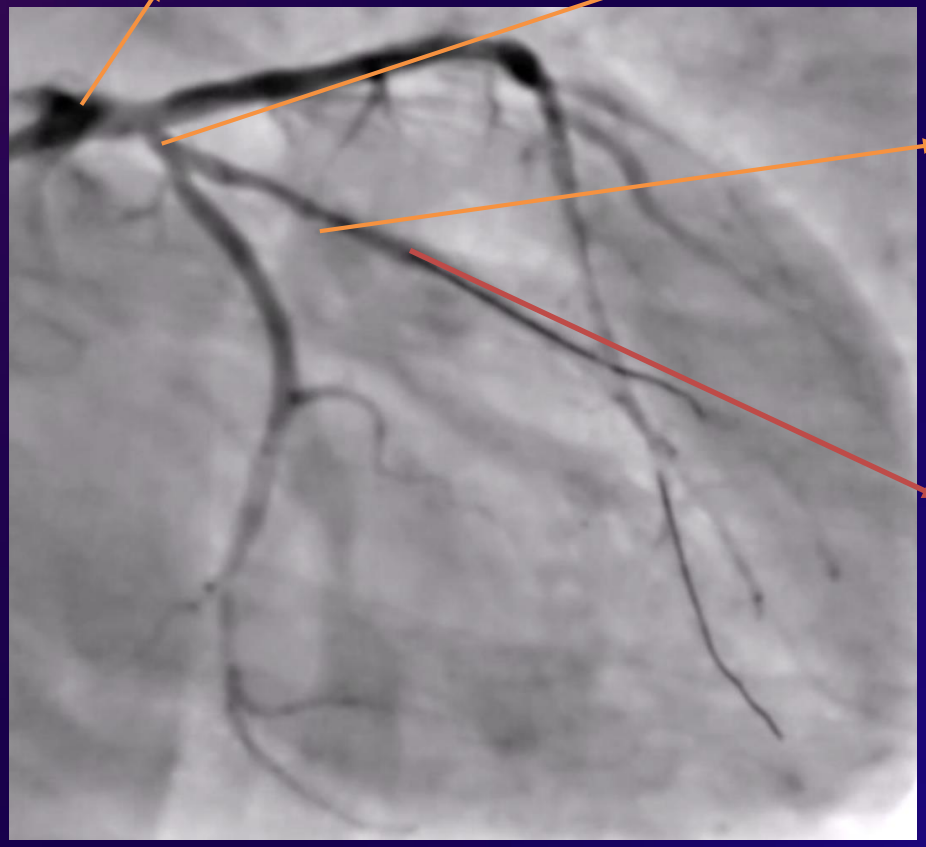
PB : 78%

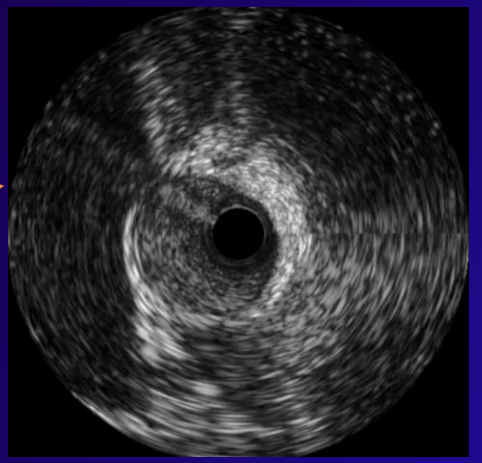
LAD ostium

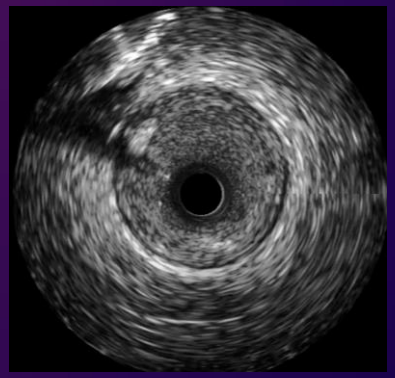


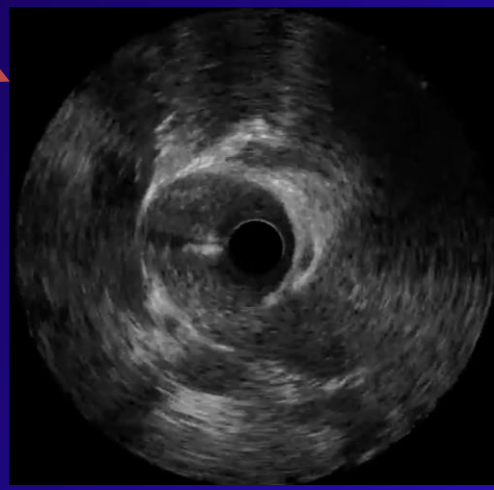












LAD – dRVD = 4.2mm

dOM – RVD = 2.75mm

- **Strategy : upfront 2 stent technique**

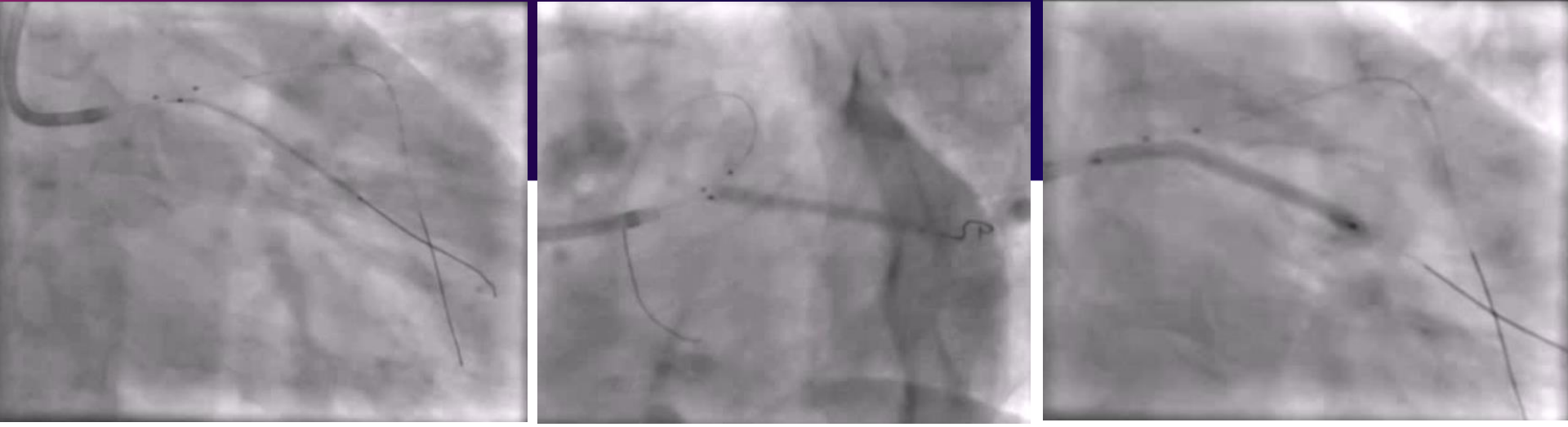
  1) Angulation of d LM bifurcation – close to 60º

  2) significant size discrepancy between dLM & SB

- **DK crush technique**

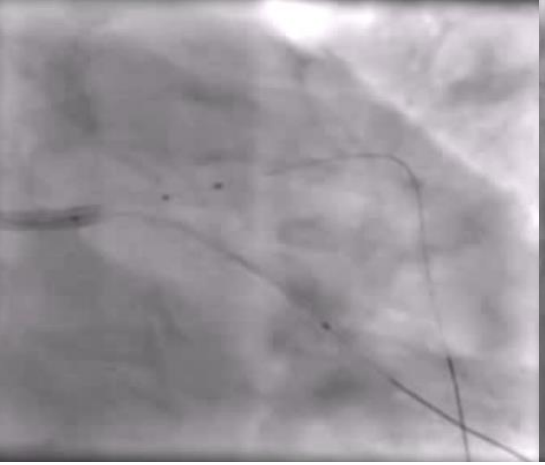
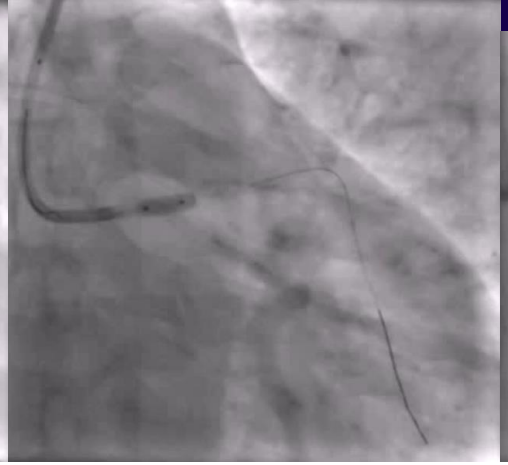
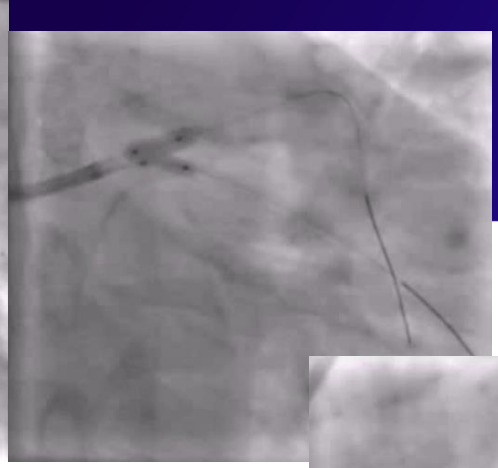
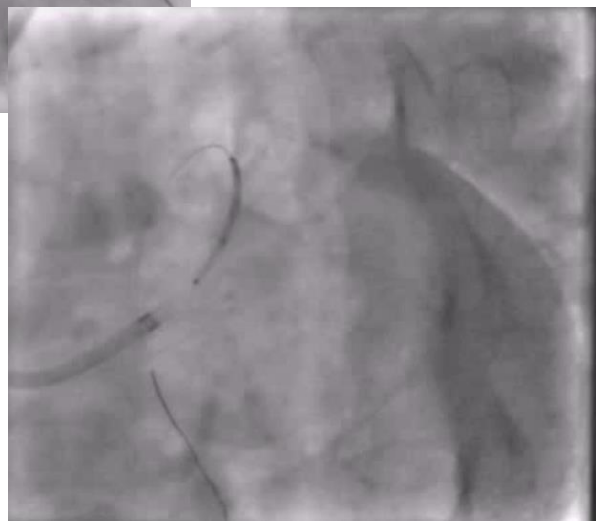
- **2.5mm stent from dLM into OM1.**

- **4mm stent from dLM into LAD. POT with 5mm**



2.5 X 36 mm DES from dLM into OM1

Balloon was withdrawn & dilated @ 16 atm

Removed balloon & wire from SB

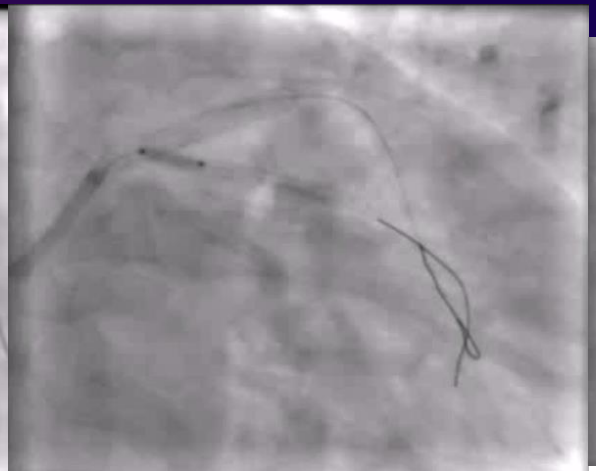
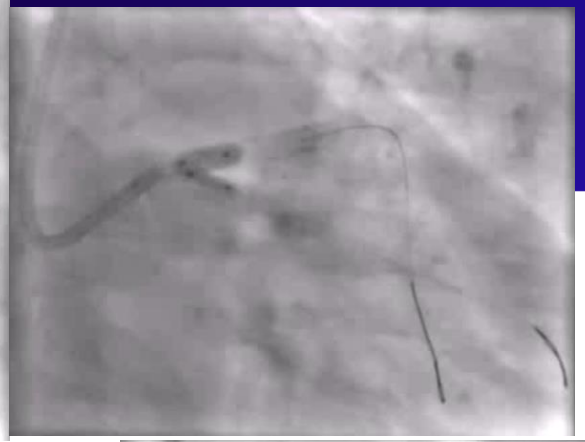
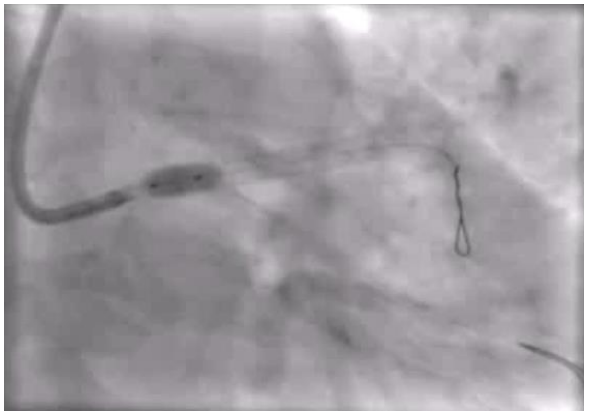
Crushed LM part of stent with 4mm balloon (1st crush)

Recrossed into OM1

KB (1st kiss) with 2.75mm in SB & 4mm in MB

Wire & balloon were removed from SB

Placed a 4 X 34mm DES from LM into LAD (2nd crush)

POT with 5mm balloon

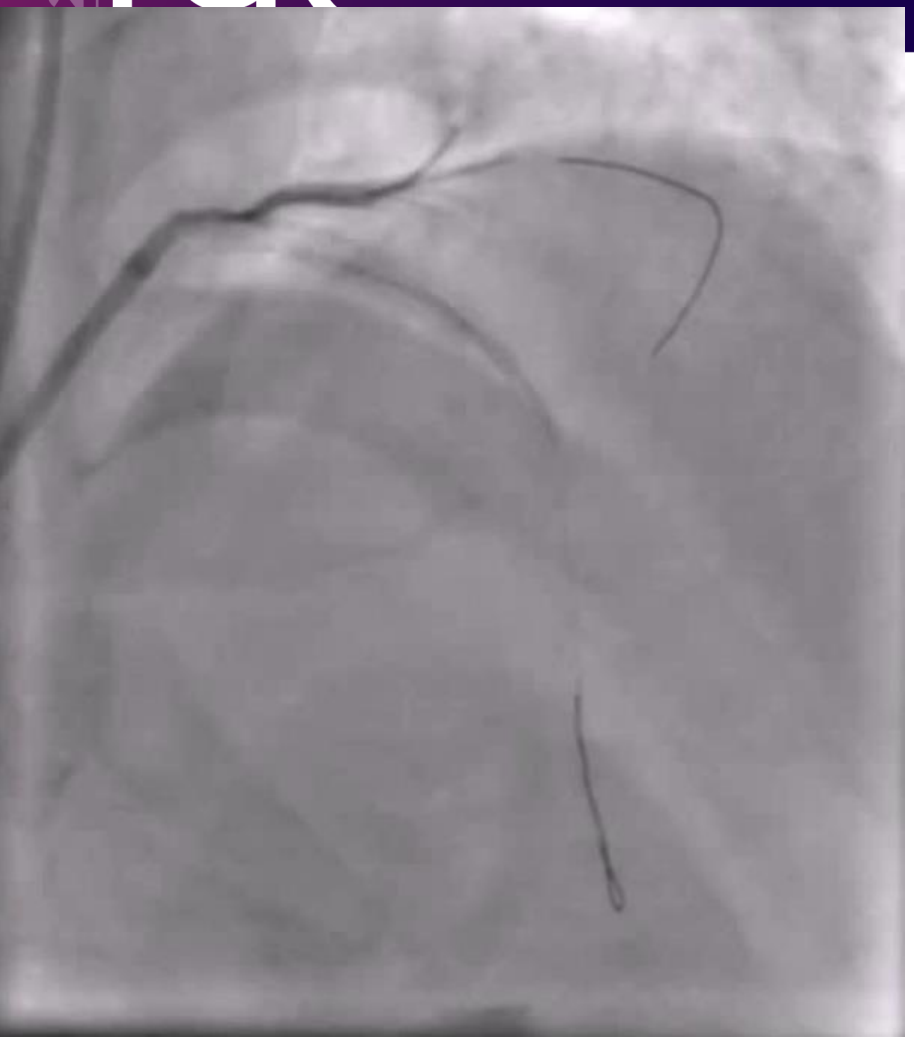
SB was rewired

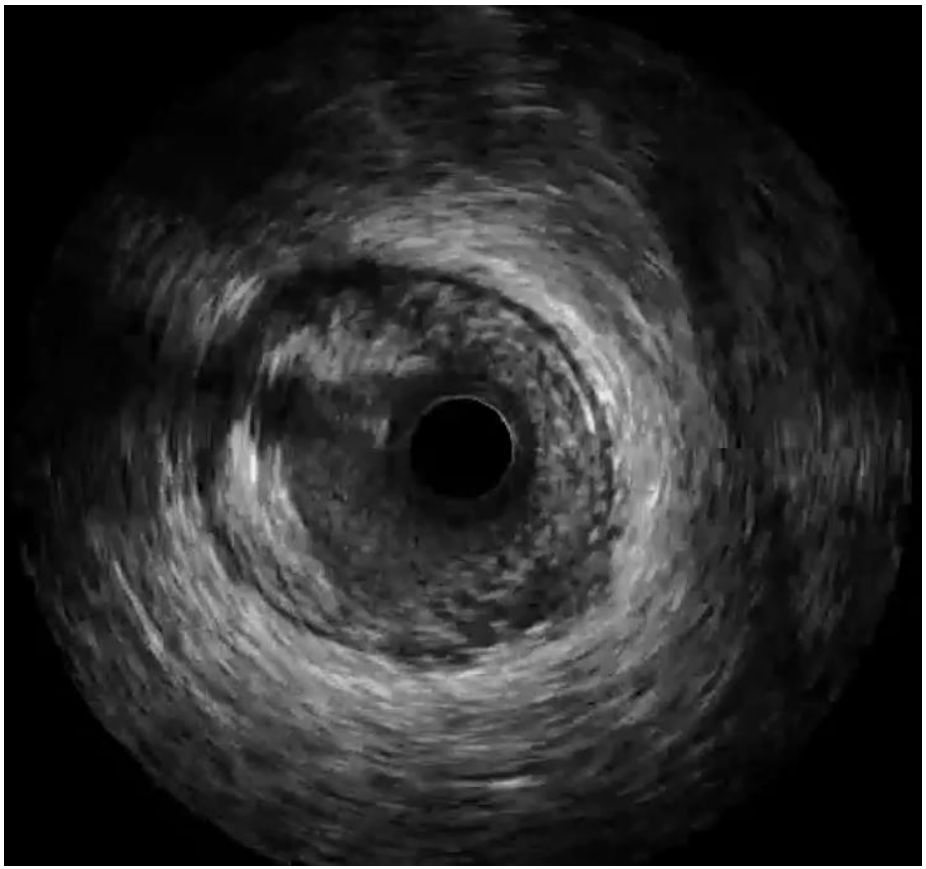
Struts opened with 2mm balloon

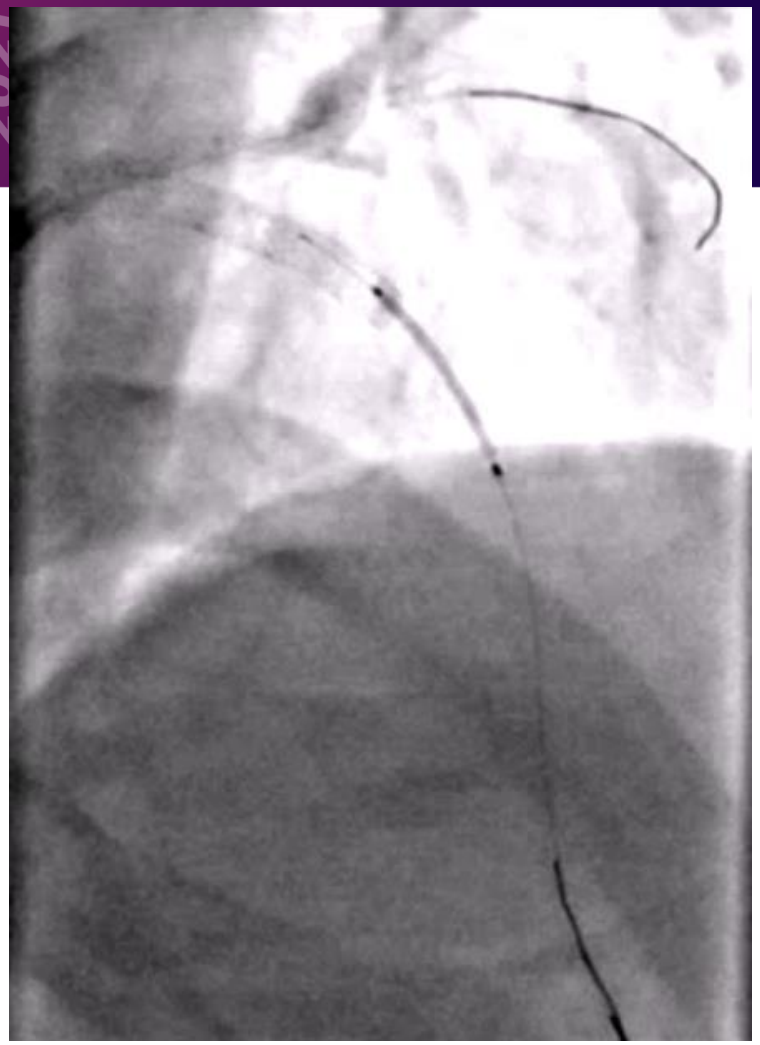
KB (2nd kiss) with 2.75 mm in SB & 4mm in MB performed

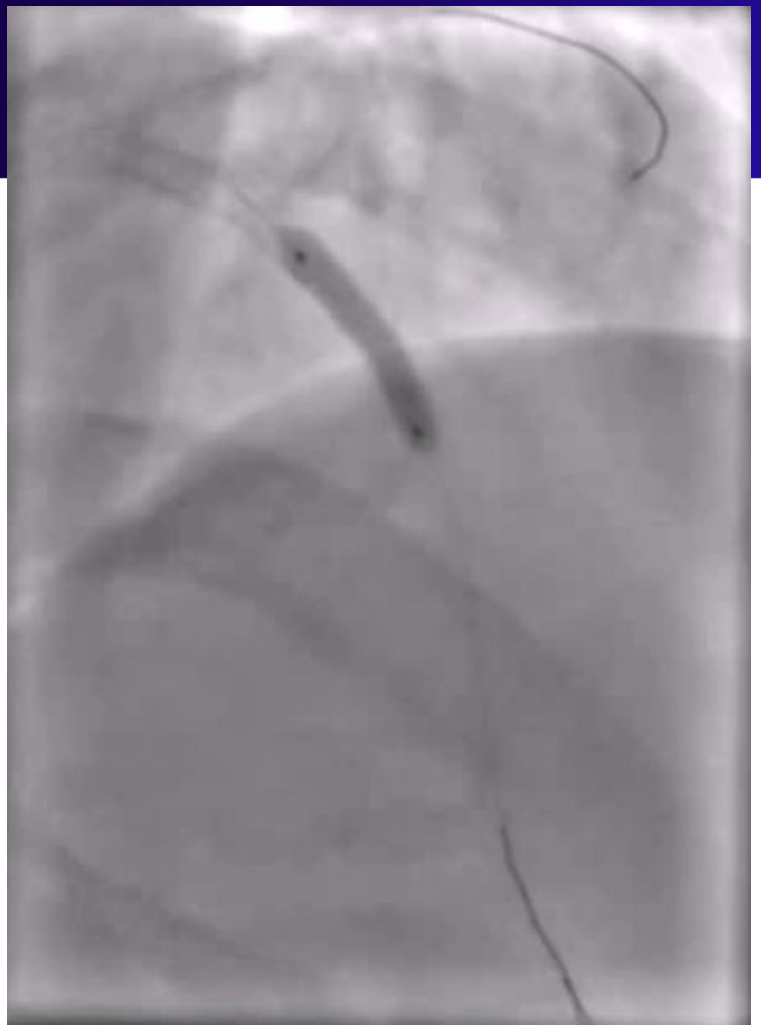
Re POT with 5mm NC balloon

Distal stent edge - LAD



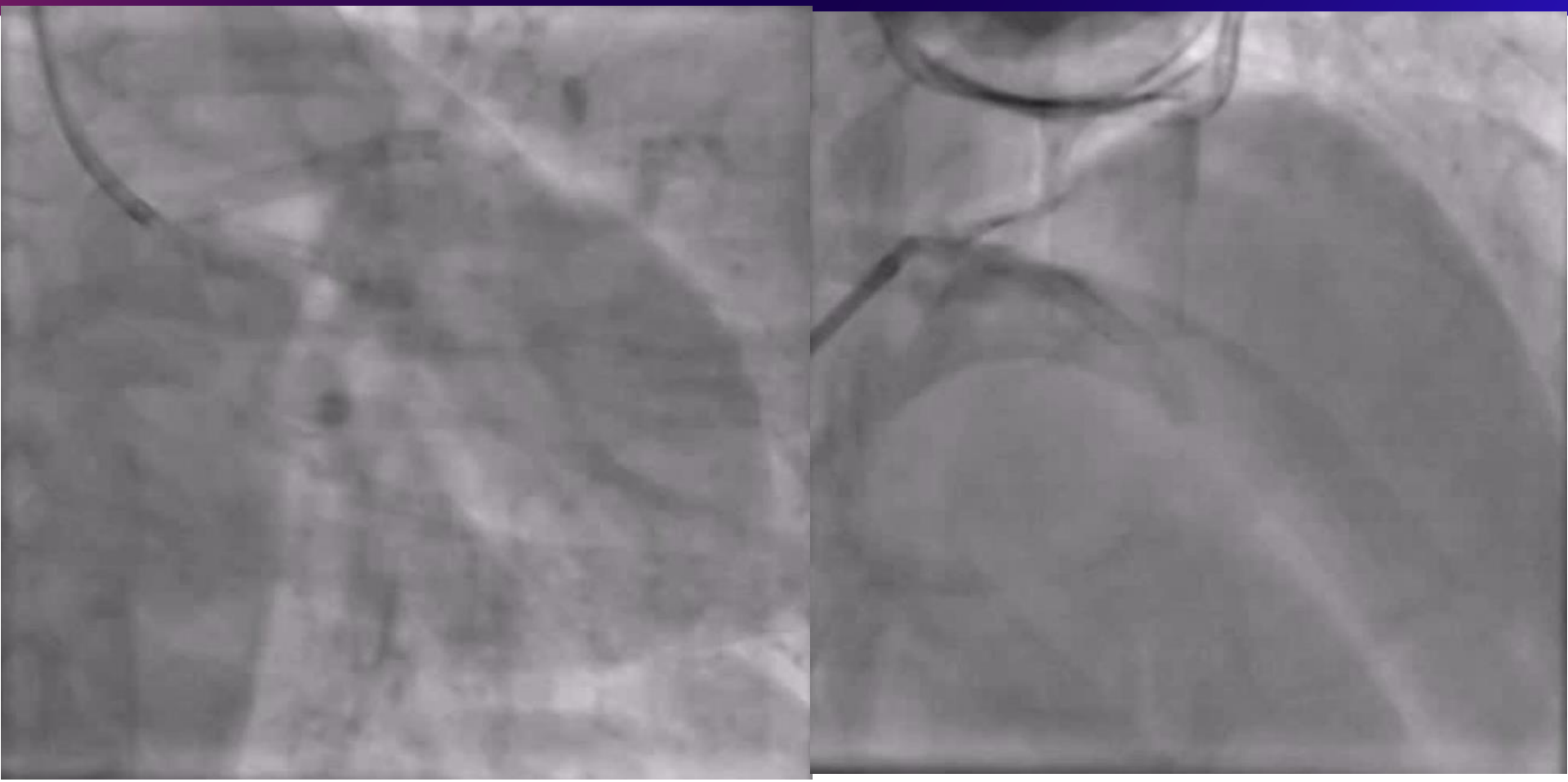


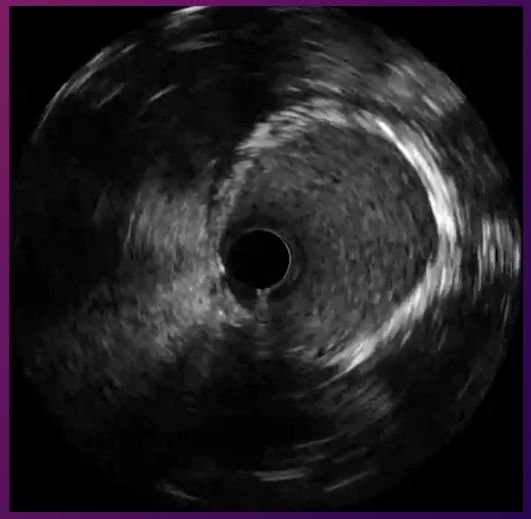




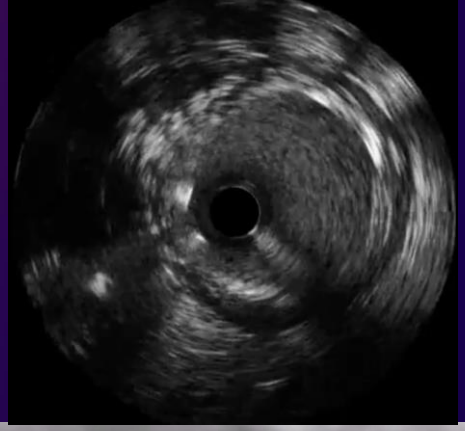
Covered distal stent edge plaque with 4 X 18mm DES overlapping with proximal stent

FINAL ANGIOGRAM



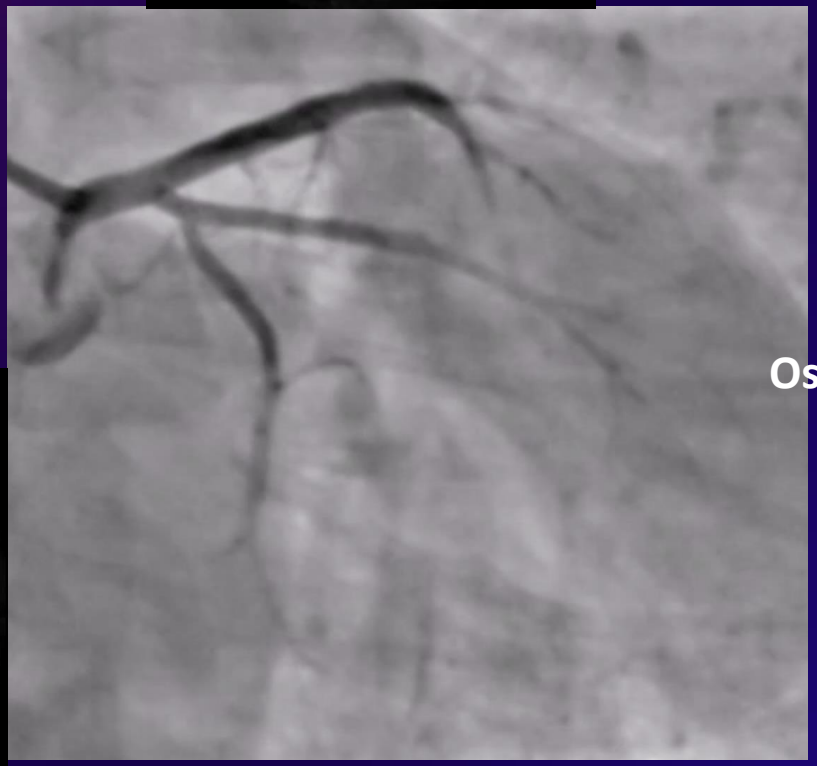


pLAD – MSA = 10.9mm^2

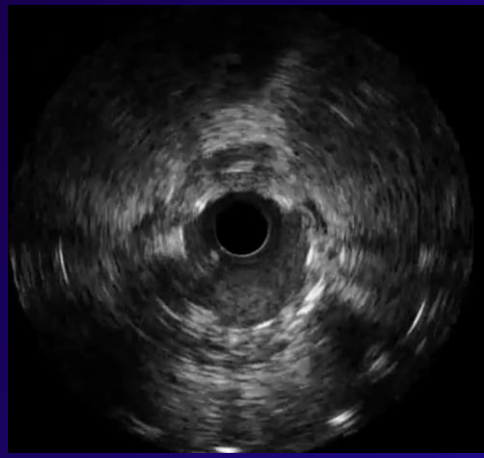


dLM – MSA = 15.13mm^2

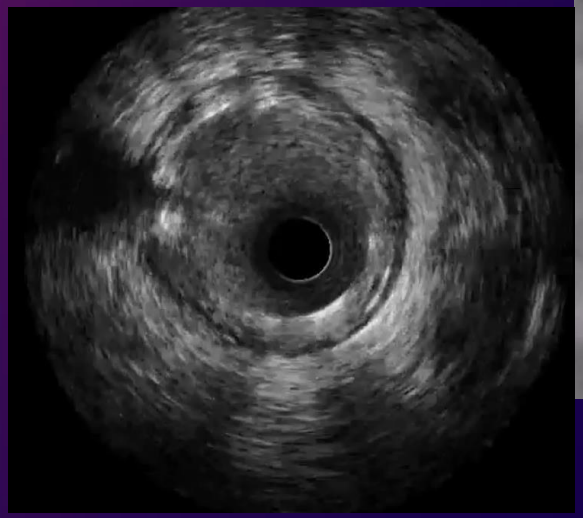
pLM – MSA = 15.73mm^2



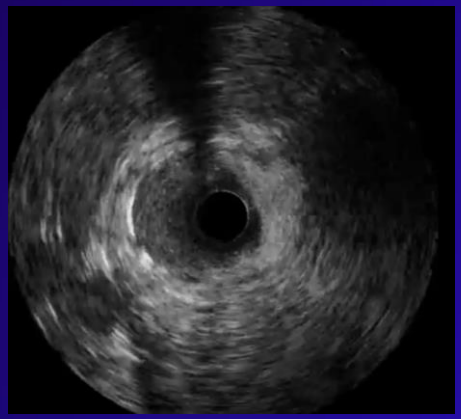
Final IVUS run



Ostial LCX – MSA = 8.16mm^2



dLAD – MSA = 7.88mm^2



Distal OM1 – MSA = 5.65mm^2

PERTINENT POINTS

- **ACS with culprit in left main often presents with cardiogenic shock**

- **Upfront 2 stent strategy may be needed in case of significant SB disease**

- **DK crush technique – associated with lower TLF & stent thrombosis rates at 3 years compared to PSS in dLM bifurcation (Medina 1,1,1 & 0,1,1)**

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