

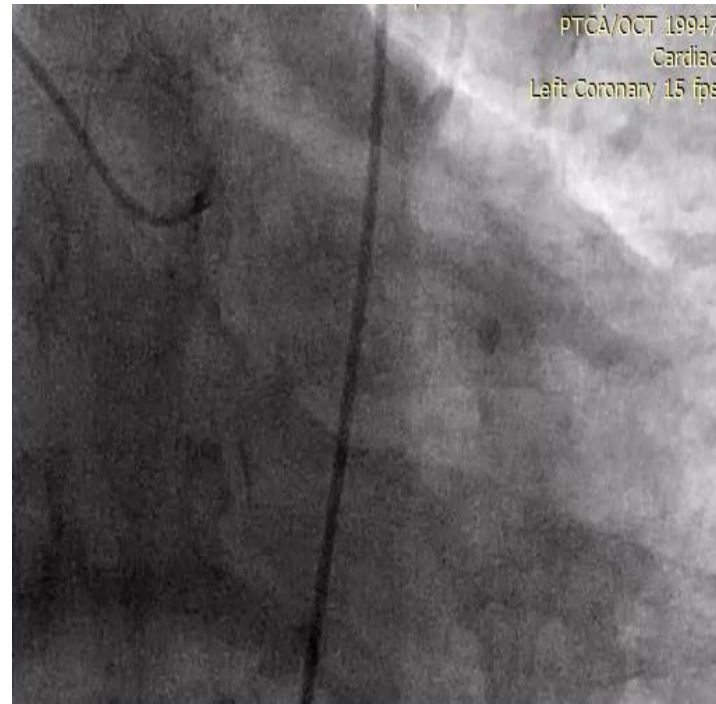


THE AGONY, THE RESCUE AND THE ABET

Multivessel Stenting with Left Main Intervention with Imaging and complication

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CORONARY ANGIOGRAPHY



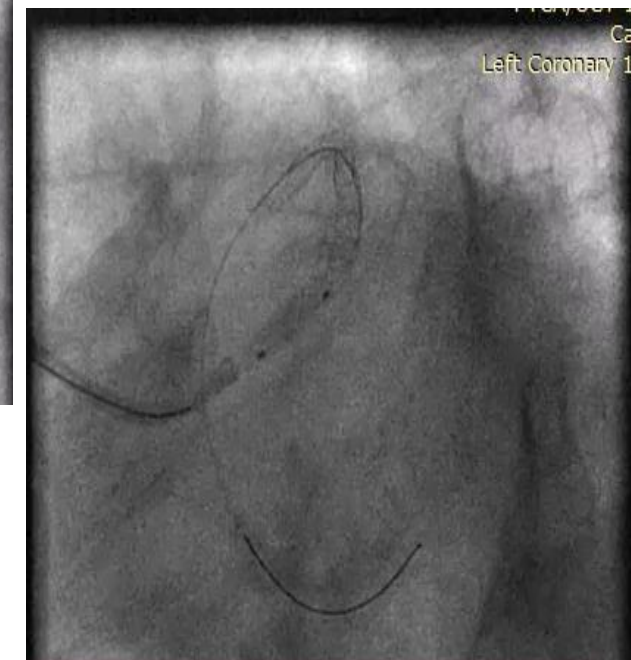
44 years old male
Diabetic , Dyslipidemia
TMT positive outside
CAG: LEFT MAIN BIFURACTION WITH MEDINA 1,1,1



2.75 x 48 DES IN MID LAD

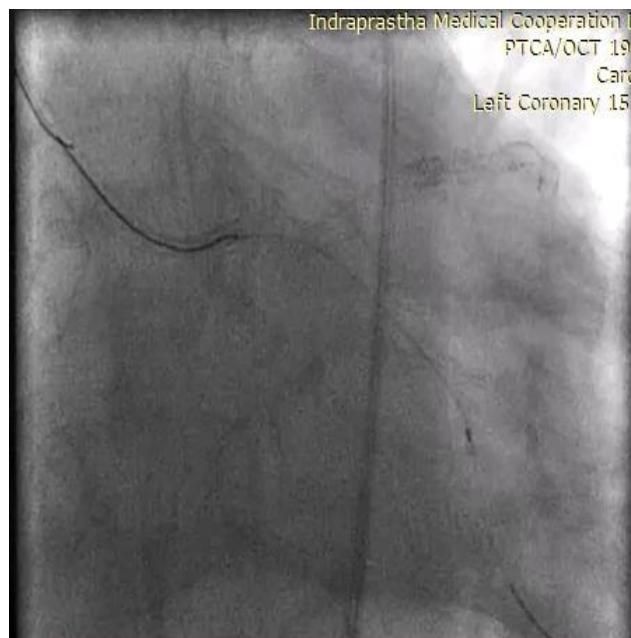
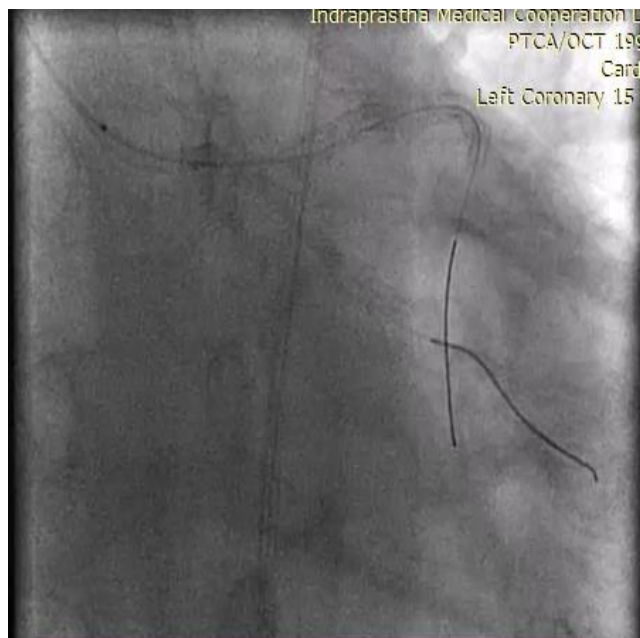


3.5 x 28 DES IN LEFT MAIN
TO LAD

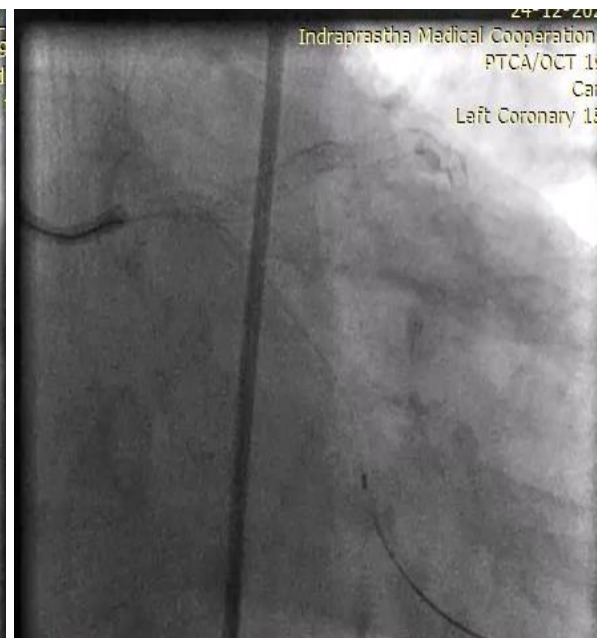


POTS IN LEFT MAIN

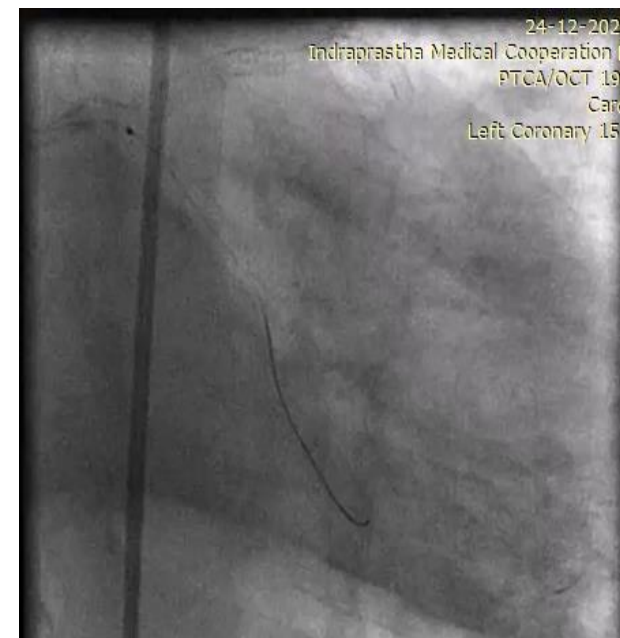
BMW wire in LAD, LCX



WHISPER WIRE IN LCX



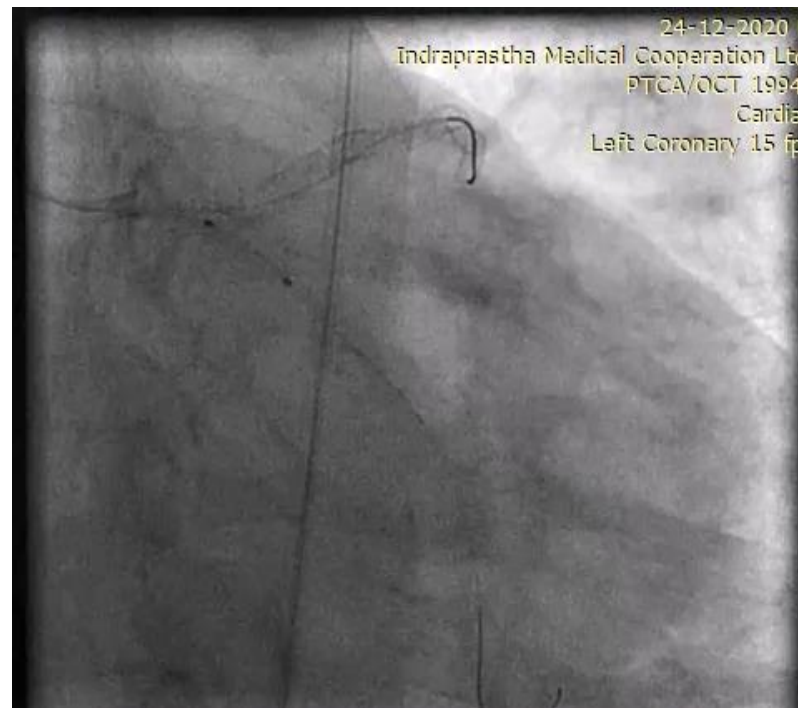
DISSECTION FLAP



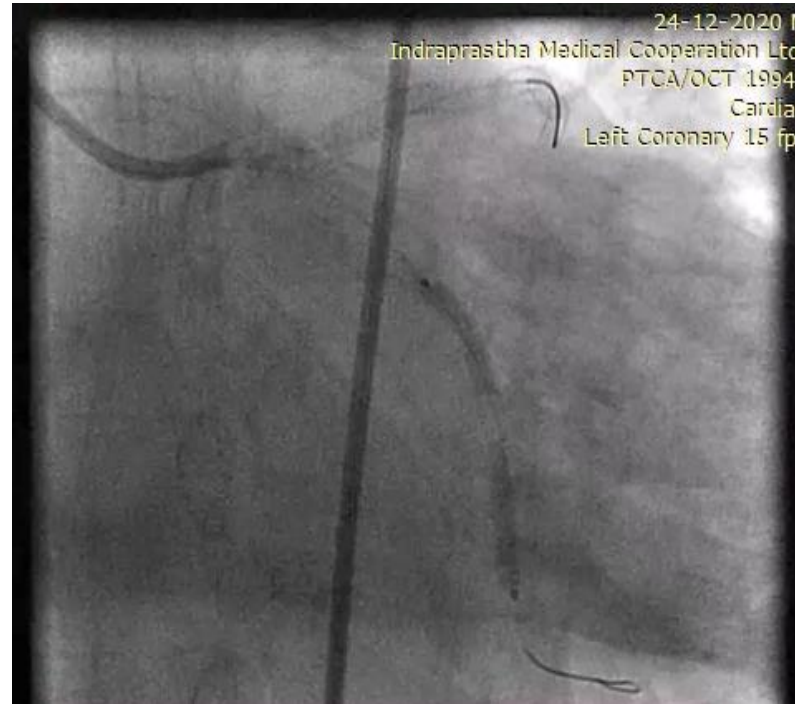
WIRE IN TRUE LUMEN

ANOTHER FLOPPY WIRE PASSED IN
LCX

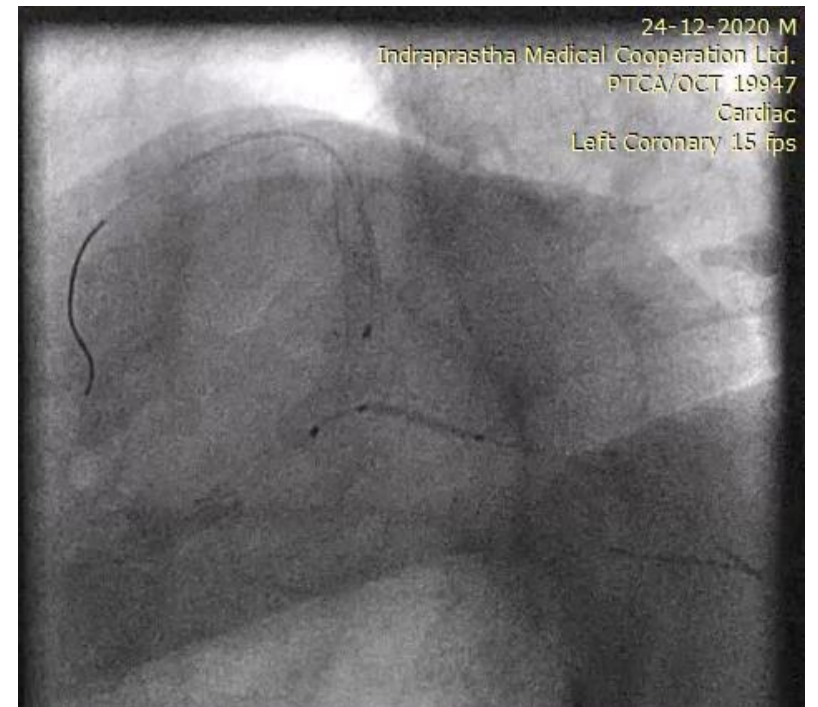
INABILITY TO PASS 1 mm BALLOON



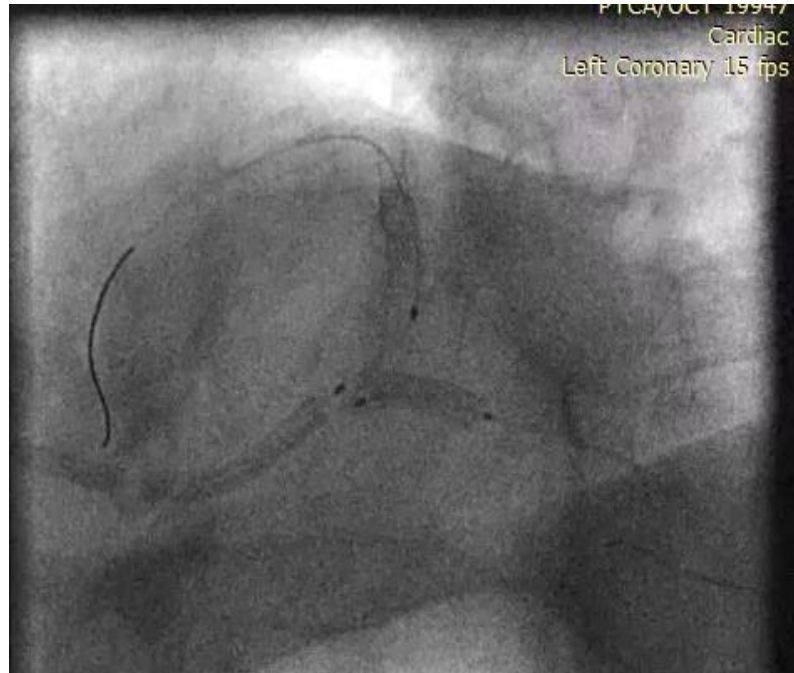
WIRE PASSED IN LAD ,
OPENING OF LAD STRUTS WITH 2X 12
BALLOON



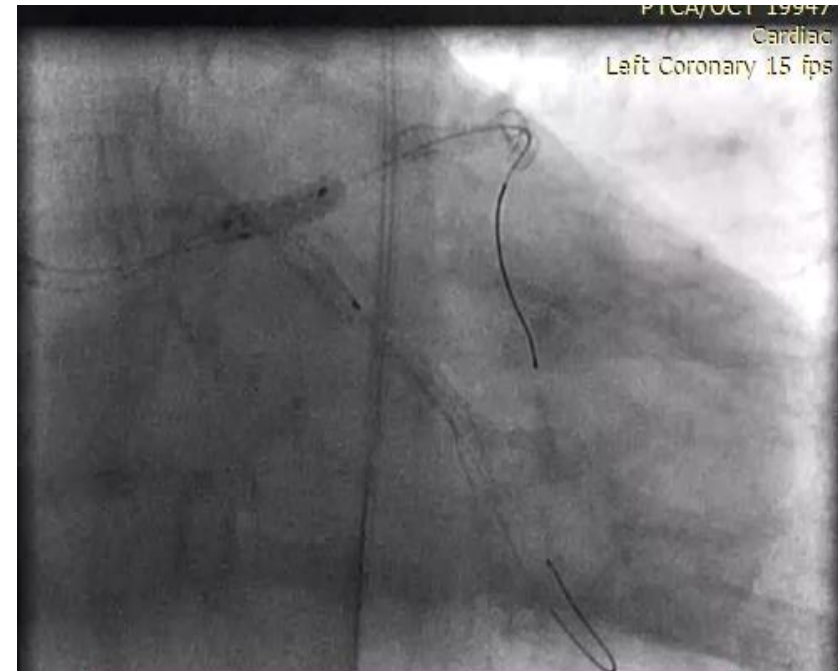
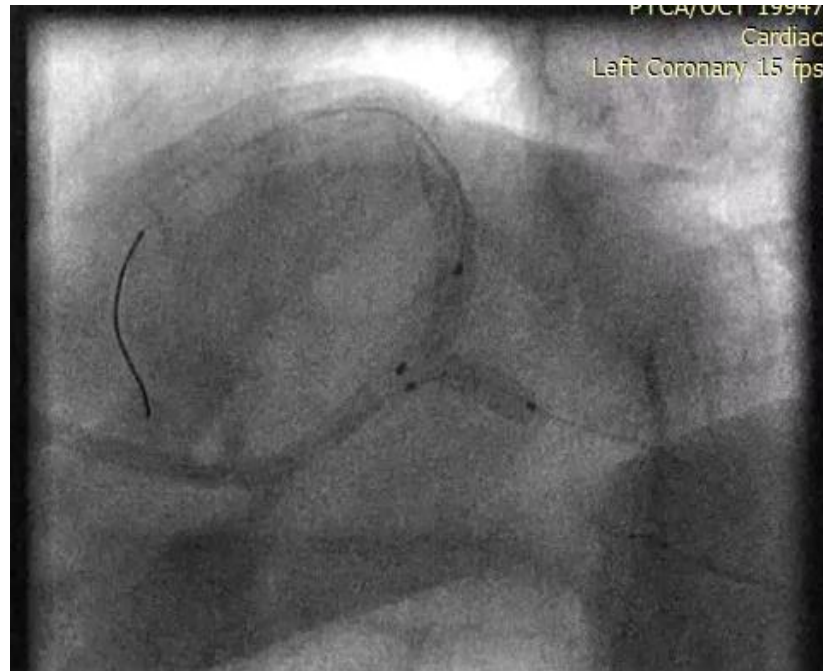
2.75 x 35 DES IN MID LCX



DES IN OSTIAL LCX WITH
BALLOON IN LAD

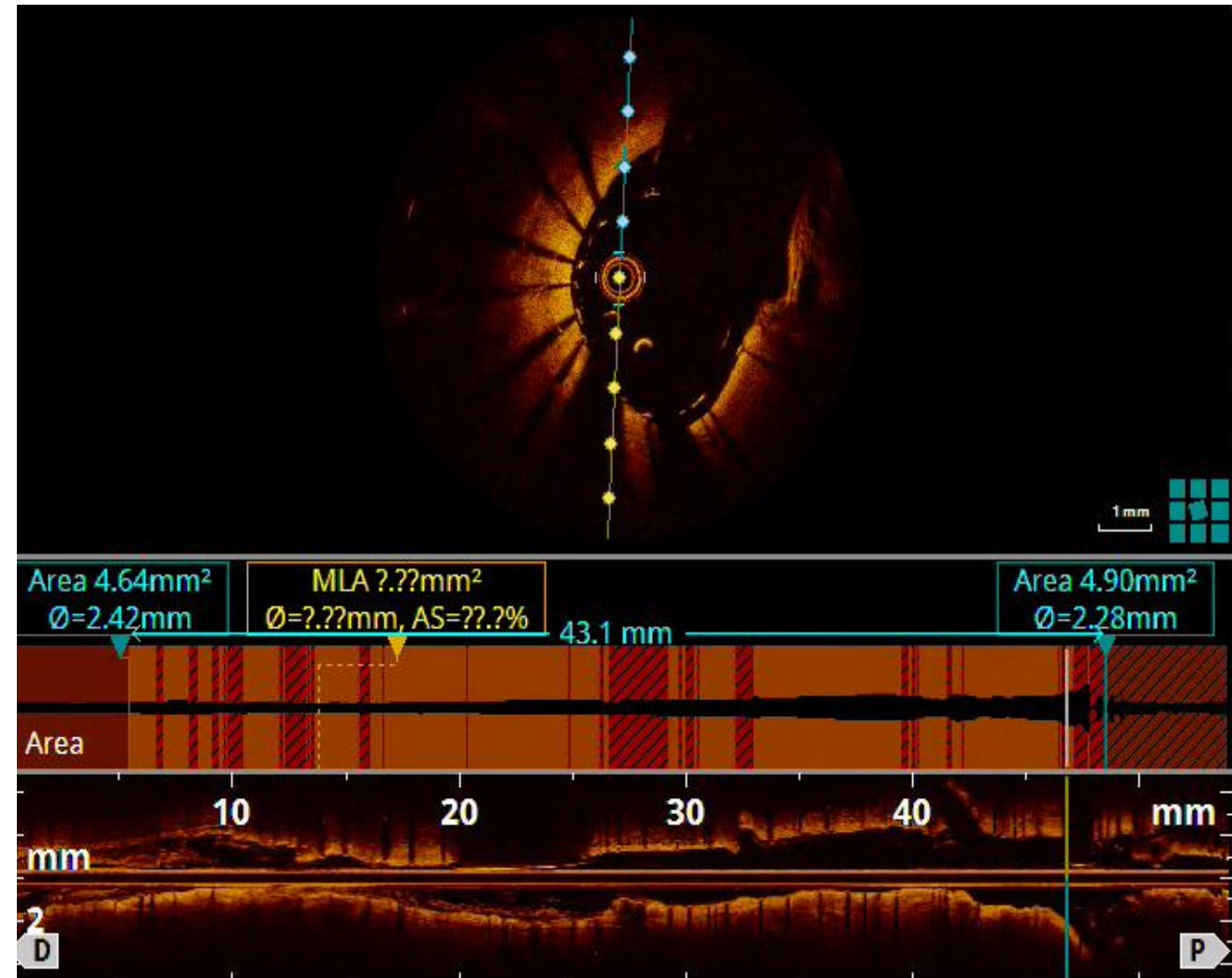
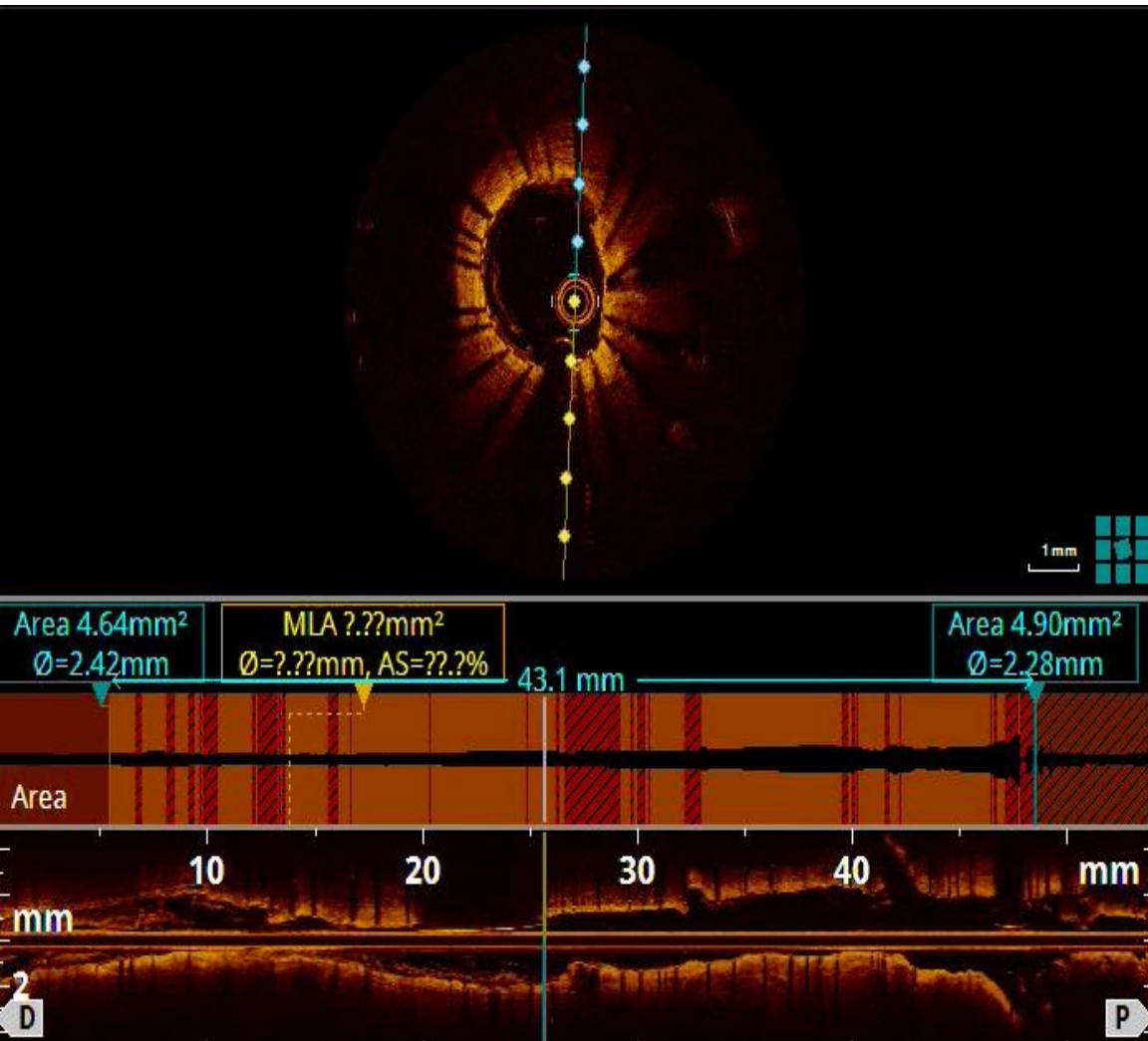


3x 12 STENT IN OSTIAL LCX

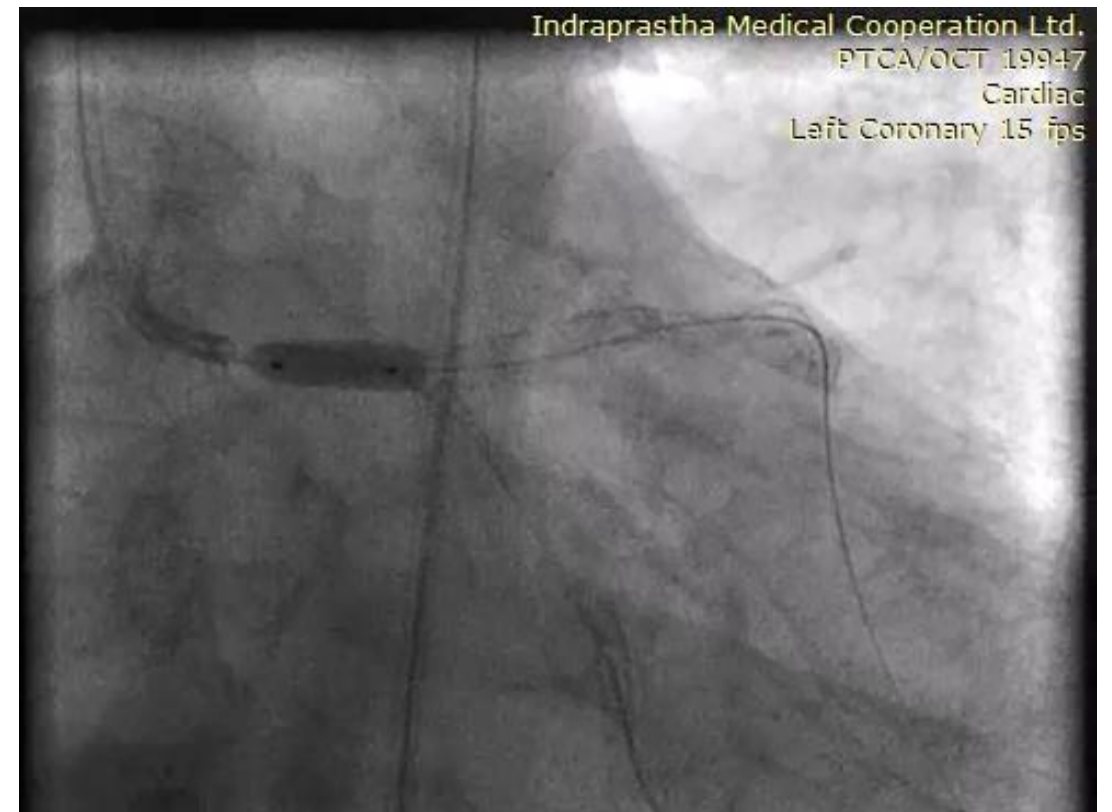


SKS IN LM -LAD AND LCX

OCT RUN FROM LEFT MAIN TO LAD

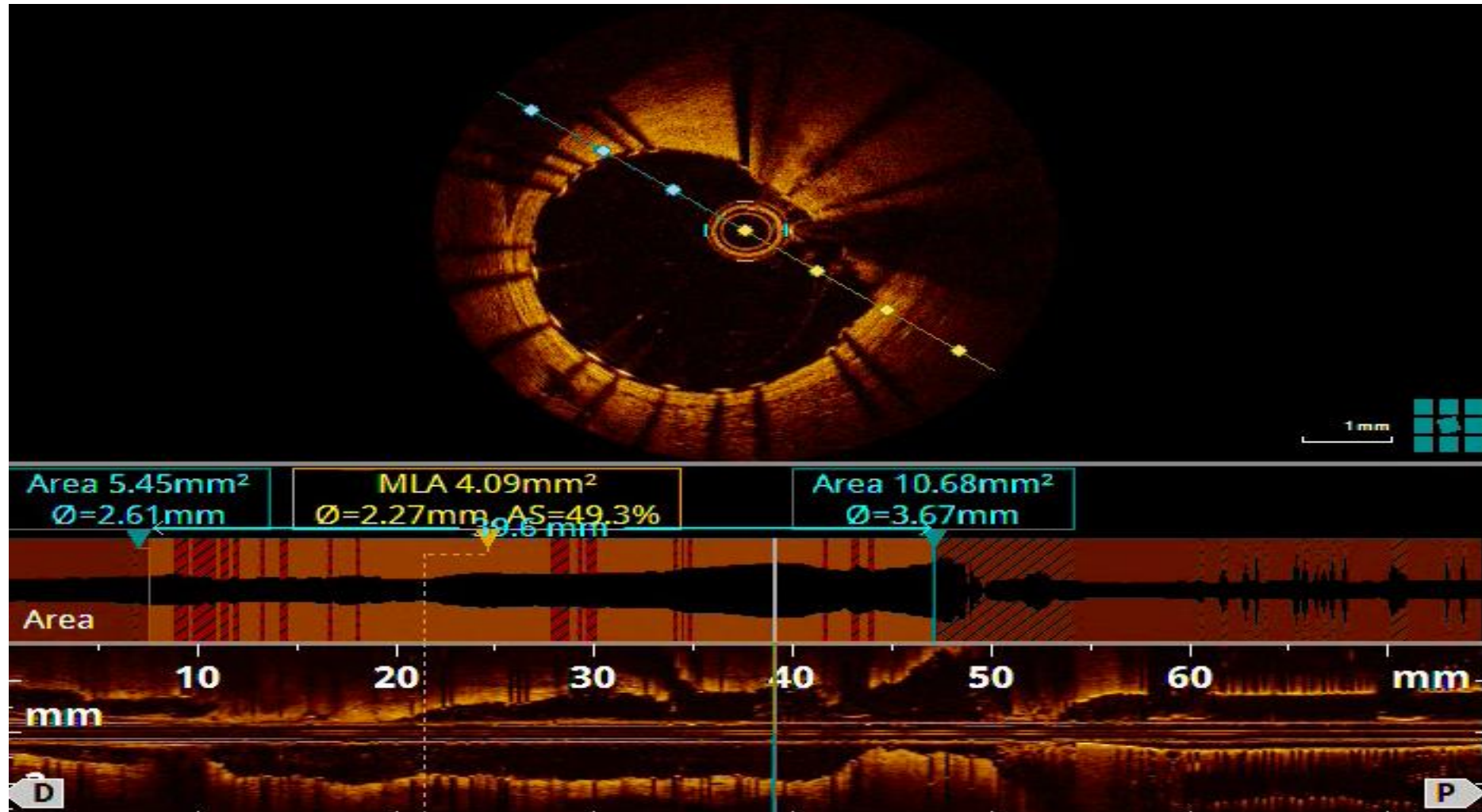


MALAPPOSED STRUTS OF LEFT MAIN



POST DILATION IN LEFT MAIN WITH 4X10 NC BALLOON

REPEAT OCT RUN



GOOD APPPOSITION OF THE STENTS IN LEFT MAIN

FINAL RESULT



TEACHING POINTS

- Patience and persistence is the key to successful intervention.
- Dissection flaps can be formed in vulnerable plaques on recrossing the wire.
- Hydrophilic wires should be readily available in the CATHLAB.
- Intertwining of wires should be avoided within recrossing.
- Crossing of wire from the distal strut and use of small balloon for opening of stent struts is important .
- POTS should be done before recrossing of the wire.
- Intravascular imaging (OCT) is a must for left main interventions.