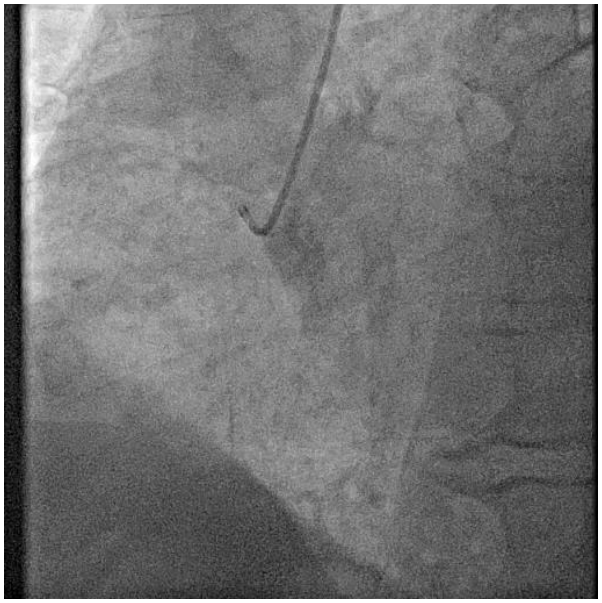
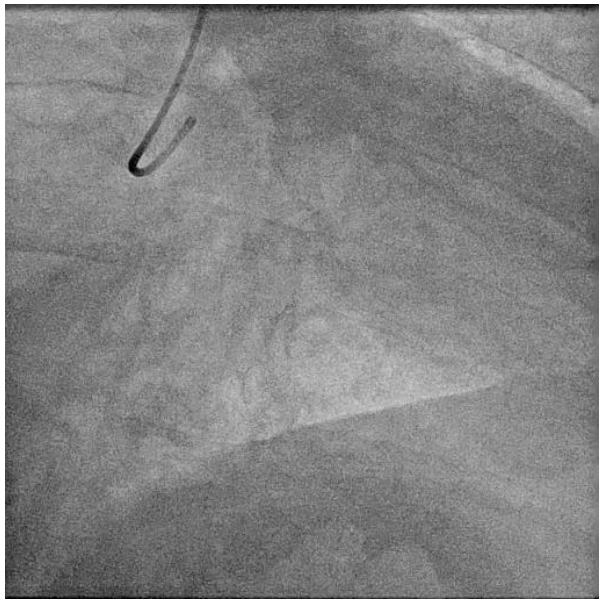
One last shot

Ultra low contrast PCI – step by step

Clinical presentation

77 year old male

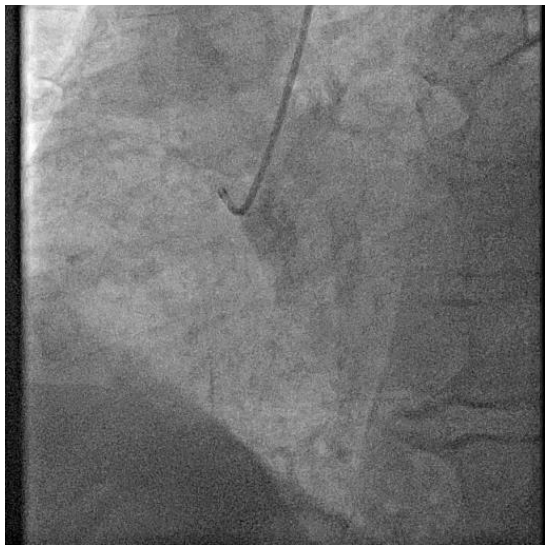
- Exertional angina since 6 months
- Co-morbidities:HTN, Type II DM, 30 PY, CKD 3b
- Referred for diagnostic angiography
- 3VD, high SYNTAX → Patient refused CABG

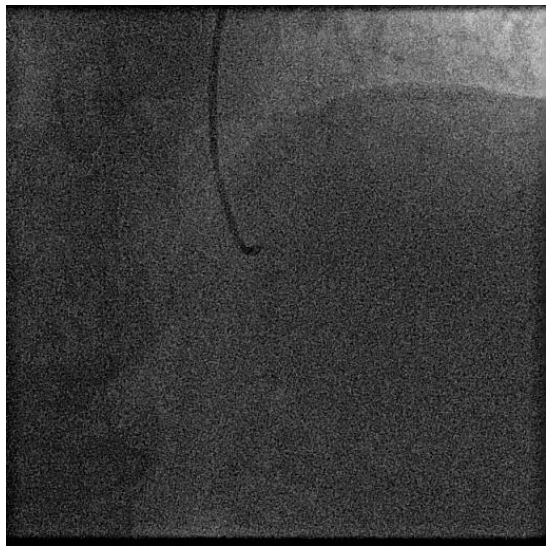



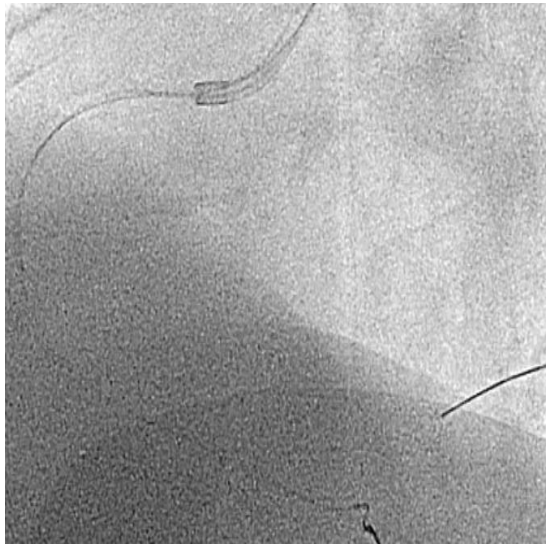

First stage - PCI to RCA

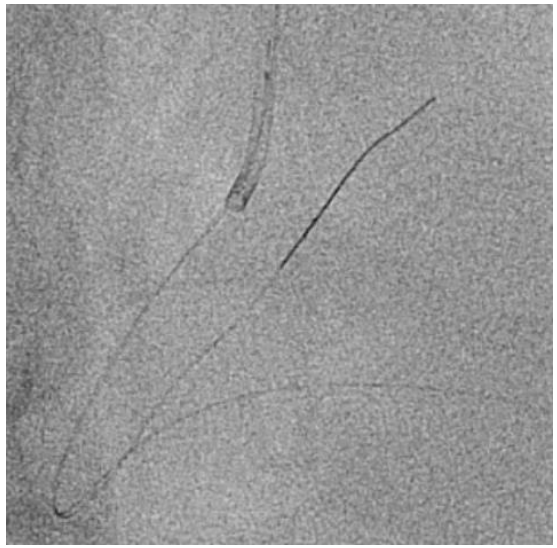
Strategy

- Roadmap - previous angiography
- 7F RR, IL4.0
- 2 wires (PDA + PLV)
- IVUS assessment PLV-ostium
- provisional vs 2x stent (DK cullote)

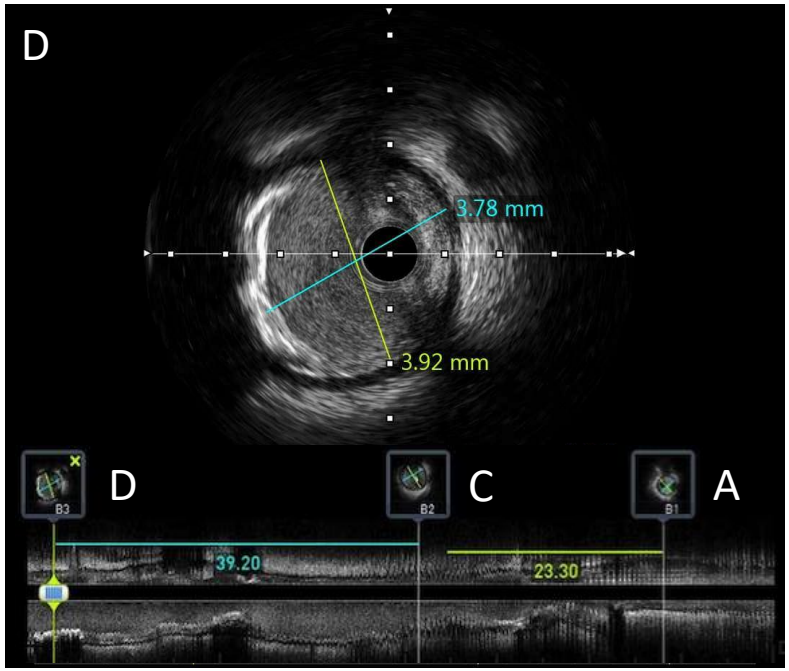


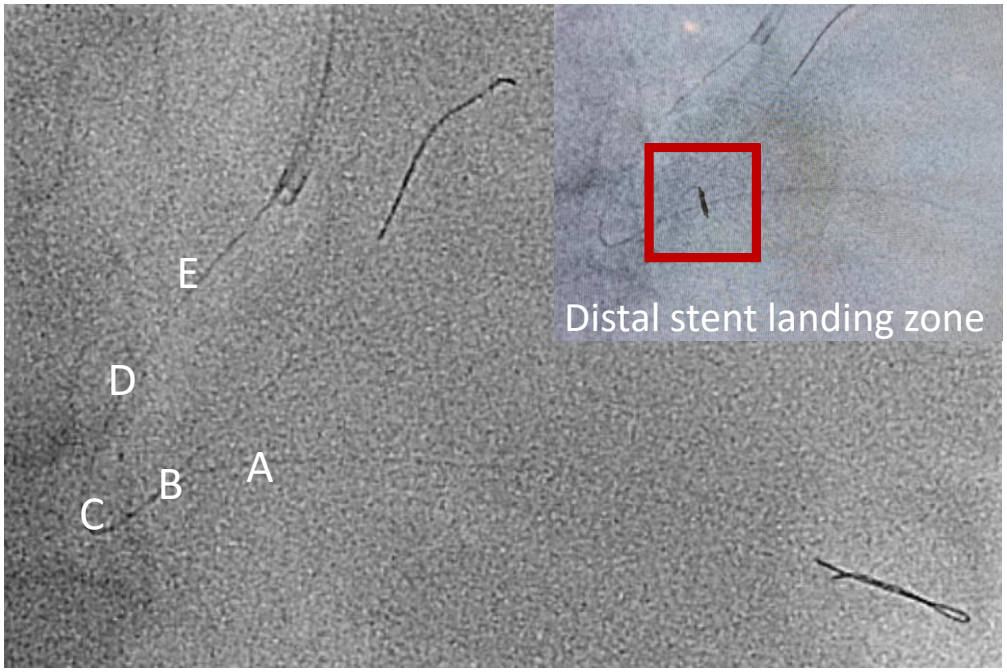


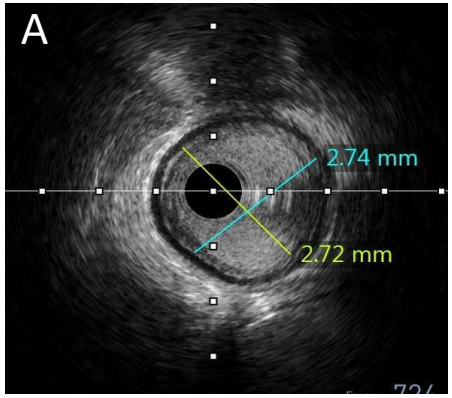


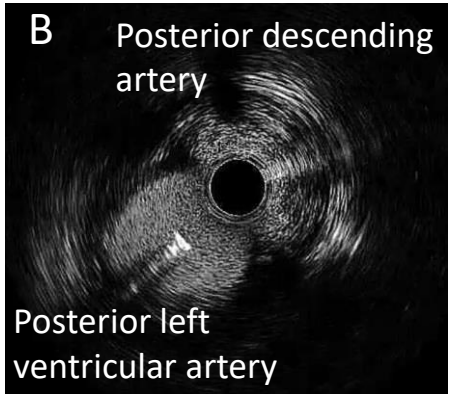


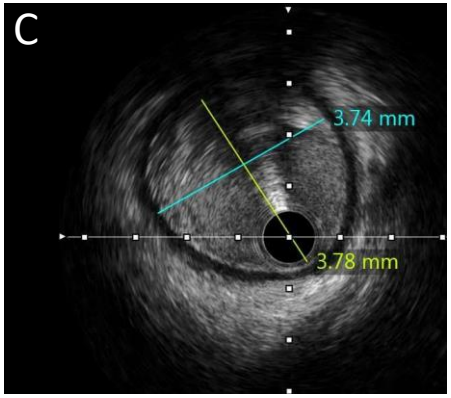
1st IVUS – Where to land?

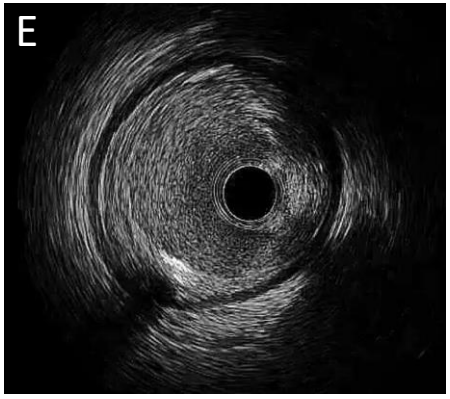




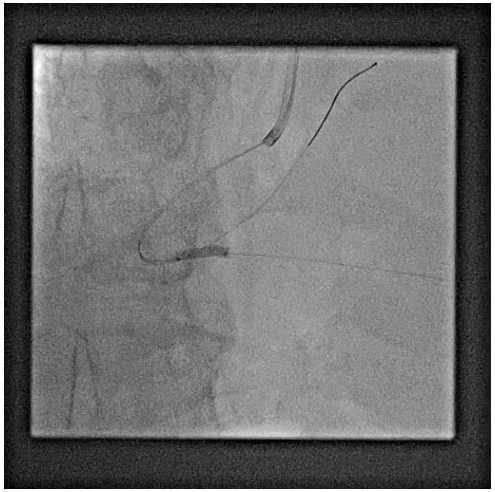




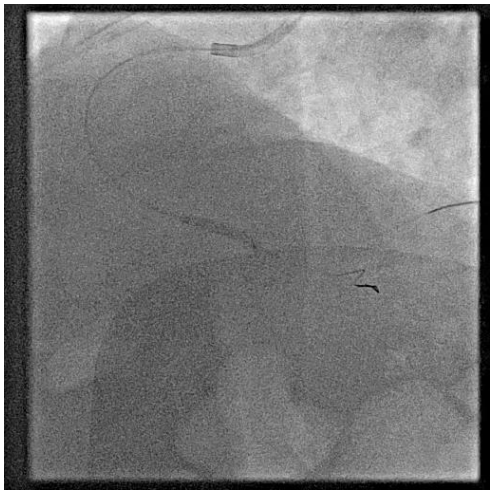




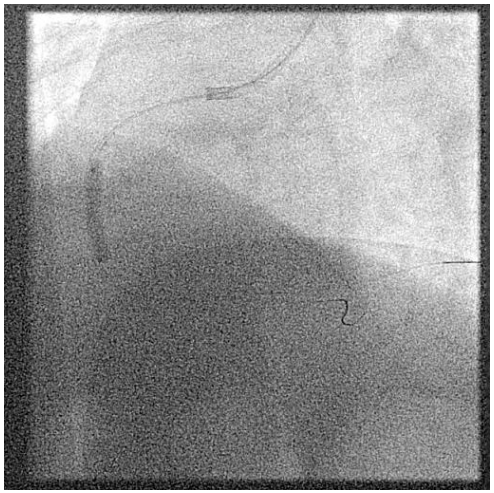
Let‘s tackle the lesion



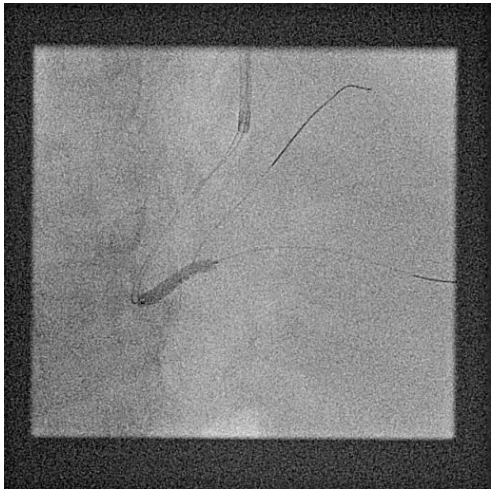
SC 2,5



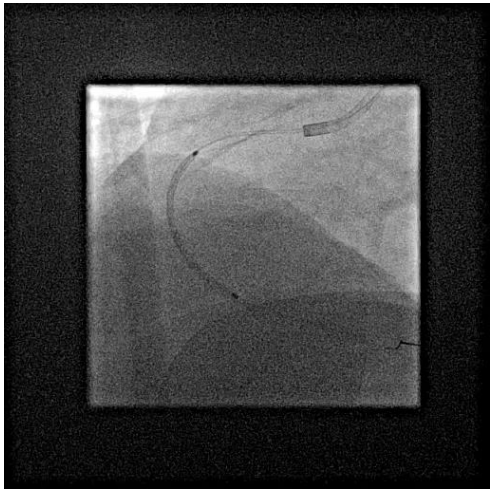
NC 3,0



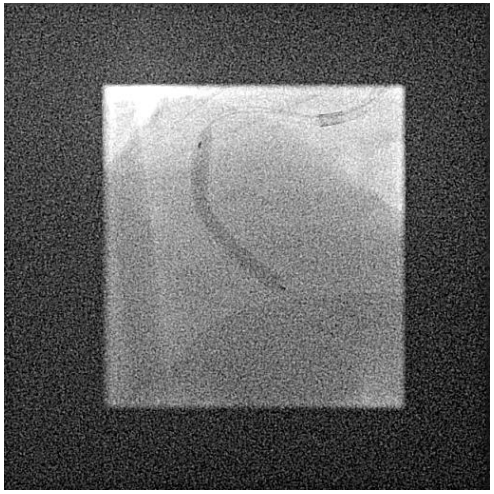
and 3,5 NC - more proximal



2,5x28 DES ad bifurcation



3,5x38 DES proximal overlap

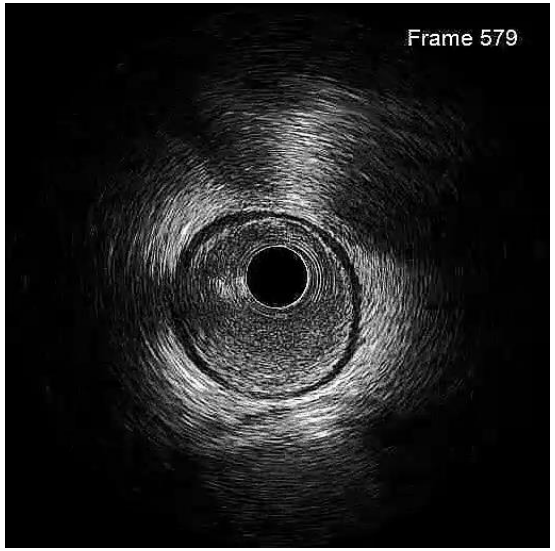


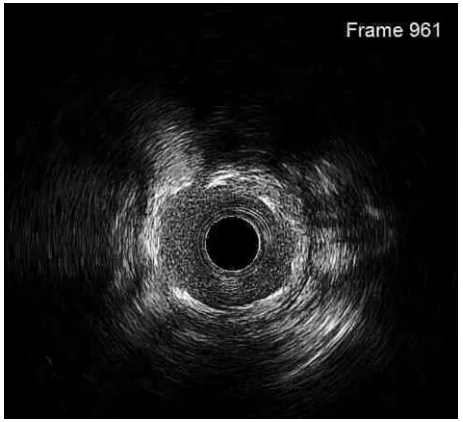
Postdilatation

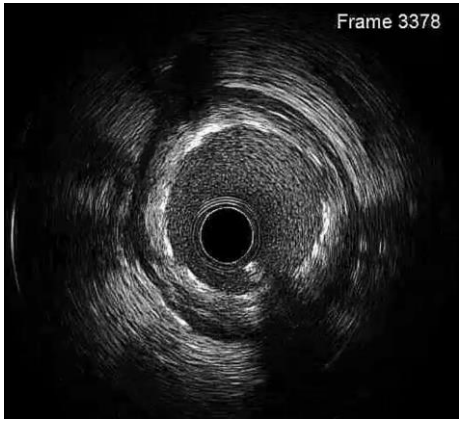
Re-IVUS – Did it work?

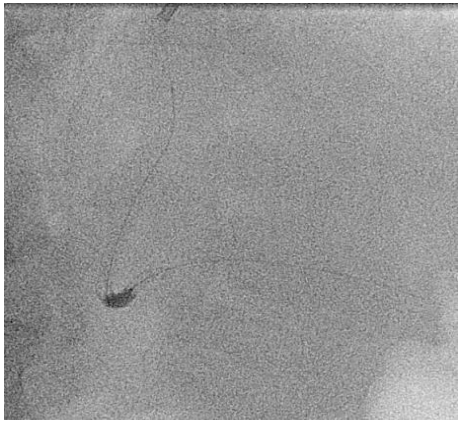
- Absence of dissection
- Slight underexpansion after initial postdilatation
  - Bifurcation-area
  - Proximal right coronary artery

→ Further postdilatation

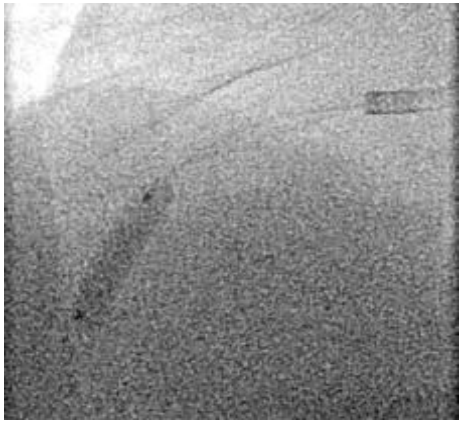








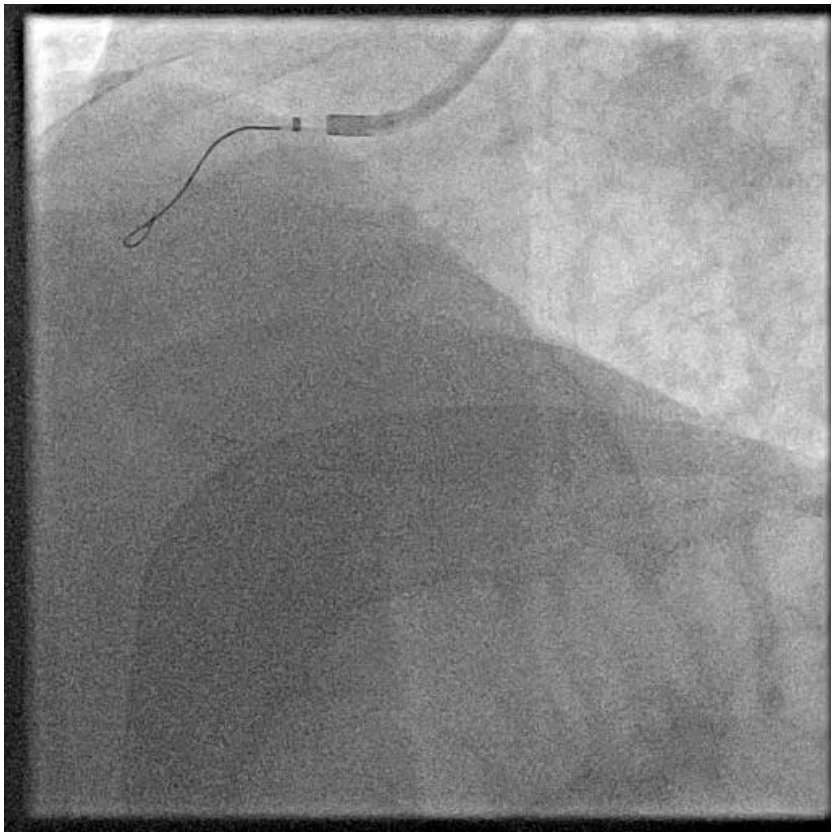
POT 3,75-NC

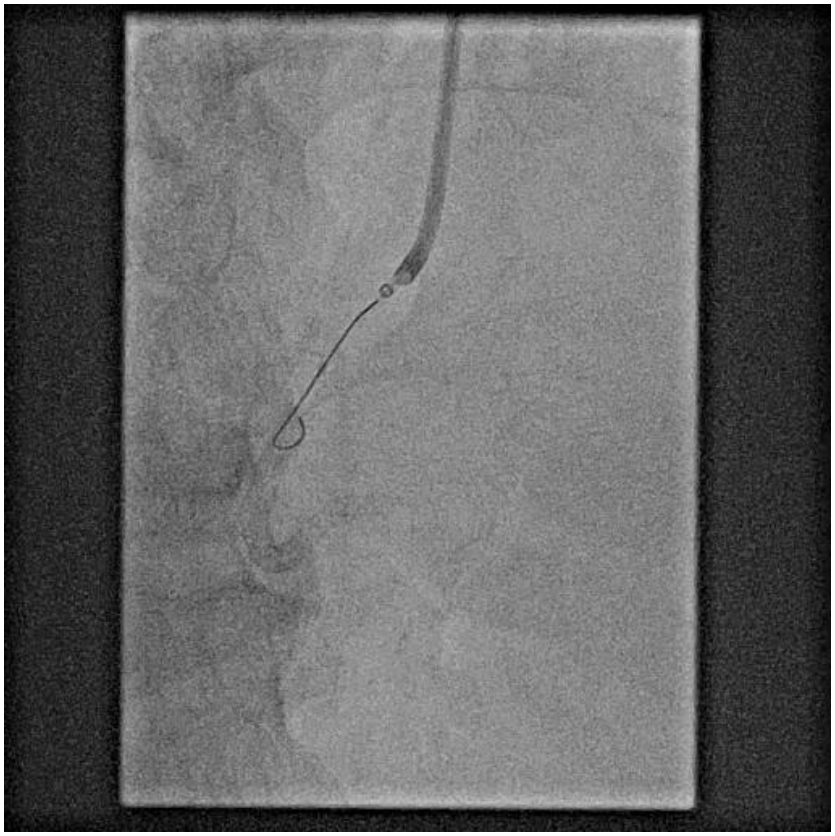


Final stent apposition

Final shot (15ml contrast agent)

- Good angiographic result, perforation excluded
- Surprising appearance of a collateral to a big septal branch of LAD (bifid LAD)





Learning points

- IVUS:
  size/length/landing zones/optimization/bifurcation planning
- DIY-co-registration
- Biplane, guide extension (or small guide)
- Contrast only for final shot
  - to exclude perforation
  - to exclude distal embolization
  - for surprises