TCTAP@AICT 2018
CASE SHARING

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Disclosure

- I have no conflict of interest in regard to this presentation

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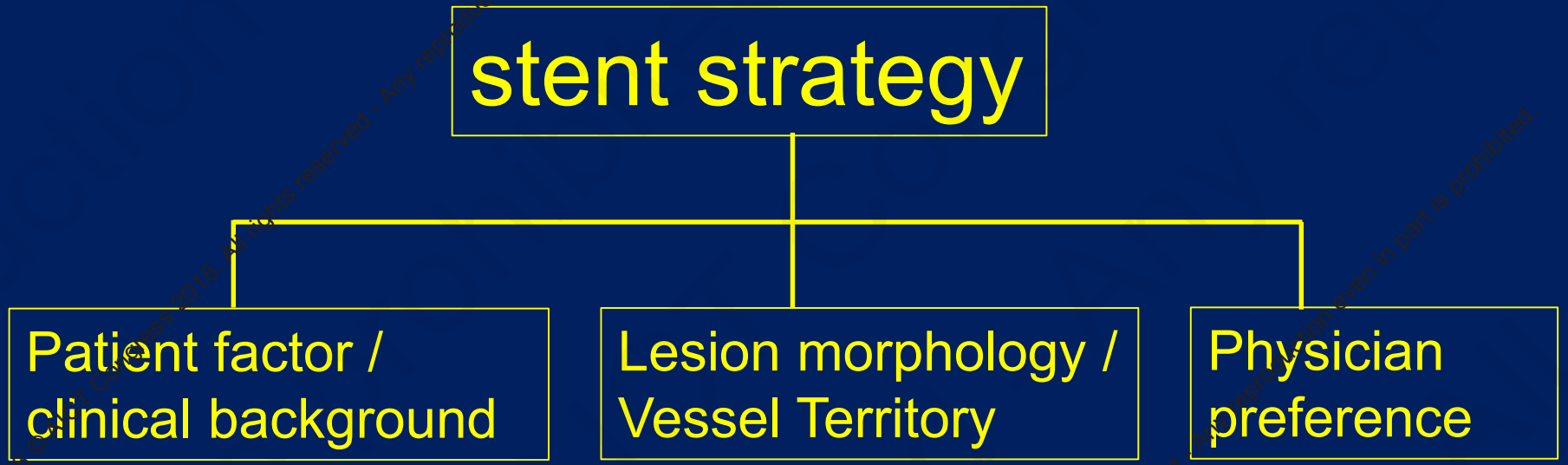
Bifurcation stent strategy



Stent design / performance

Intracoronary imaging (IVUS / OCT)

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- M/51, smoker
- HT, hyperlipidemia; DM

- 2005
- STEMI
- PCI for ostial/proximal LAD (details not known)

- 2015
- NSTEMI
- PCI with DES from proximal to mid LAD (proliferative ISR of the LAD stent from 2005)
- LCX; RCA - mild disease

- 2017 (index procedure)
- NSTEMI
- ECG –diffuse ST depression inferolateral leads
- Echocardiogram : reduced EF 40% ; anterior wall hypokinetic with apical akinesia; anterolateral wall – hypokinetic; mild to mod MR

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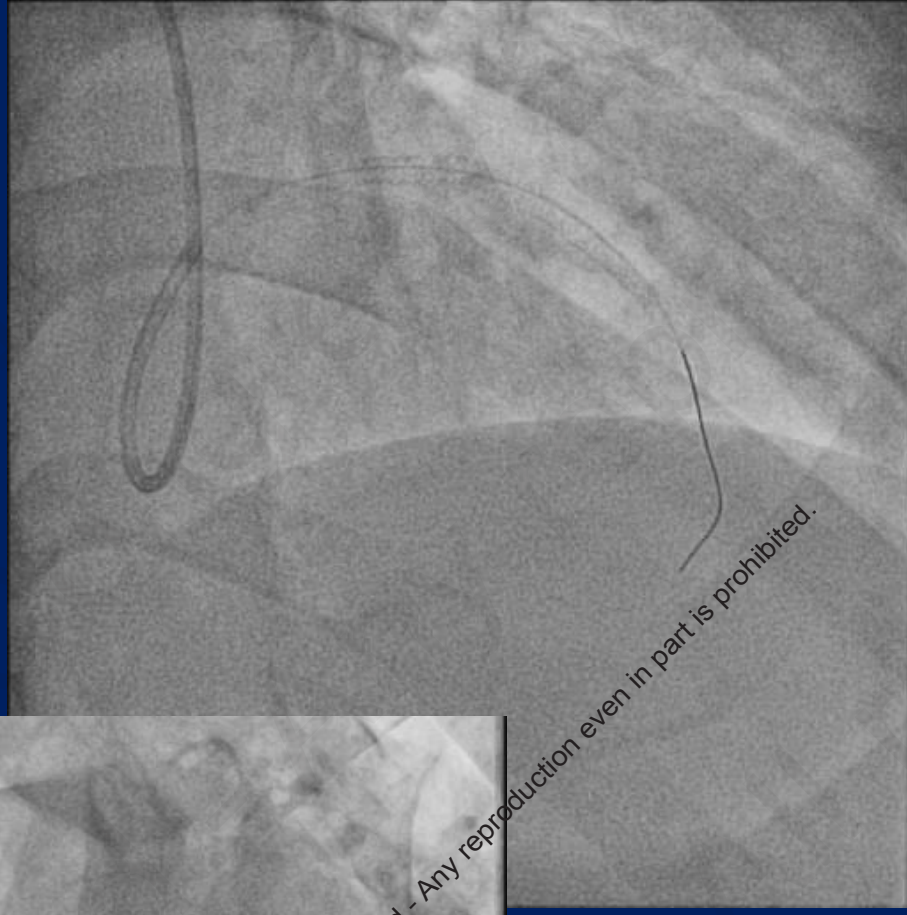

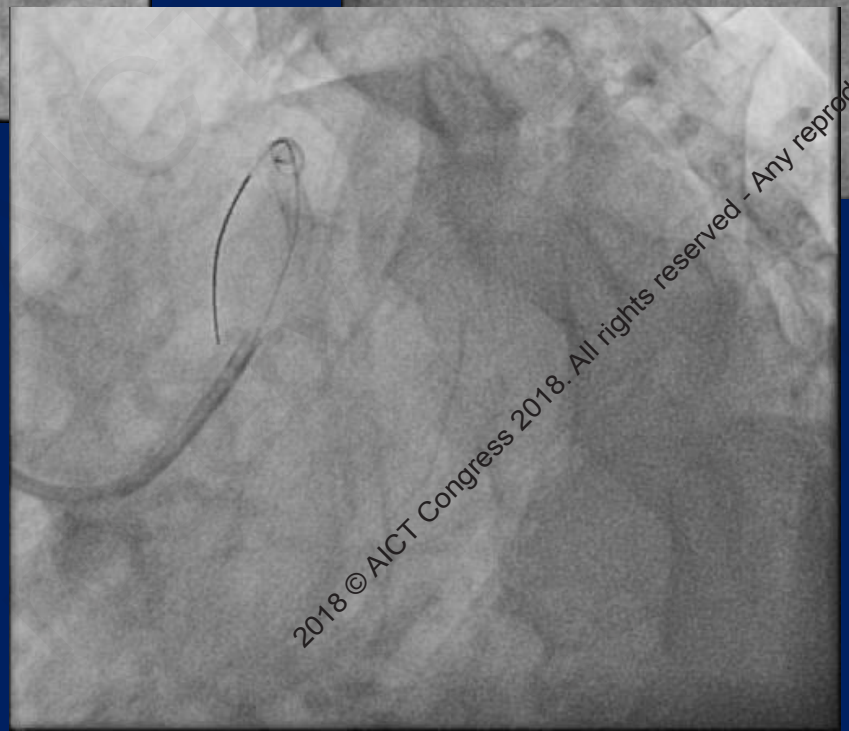

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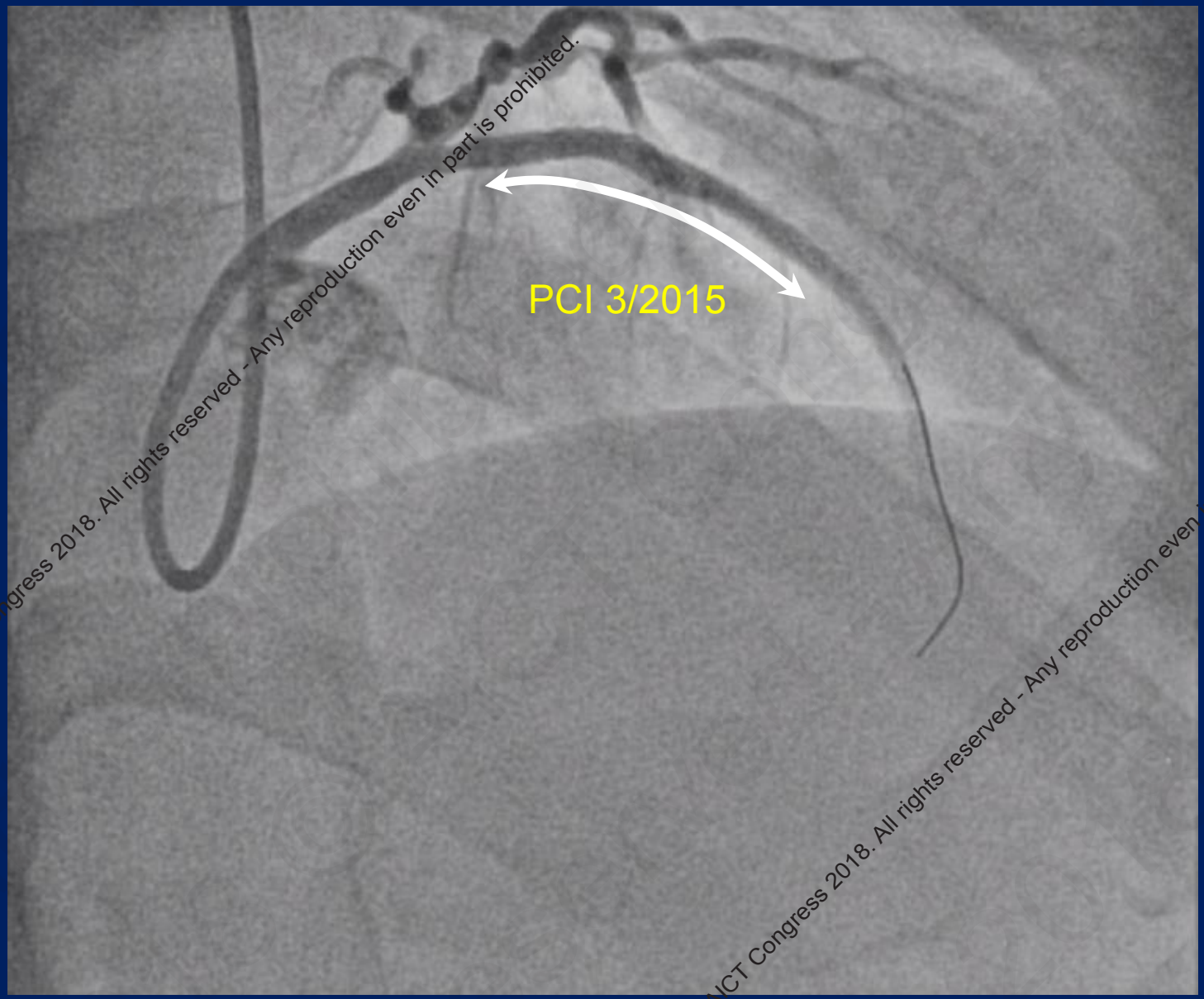

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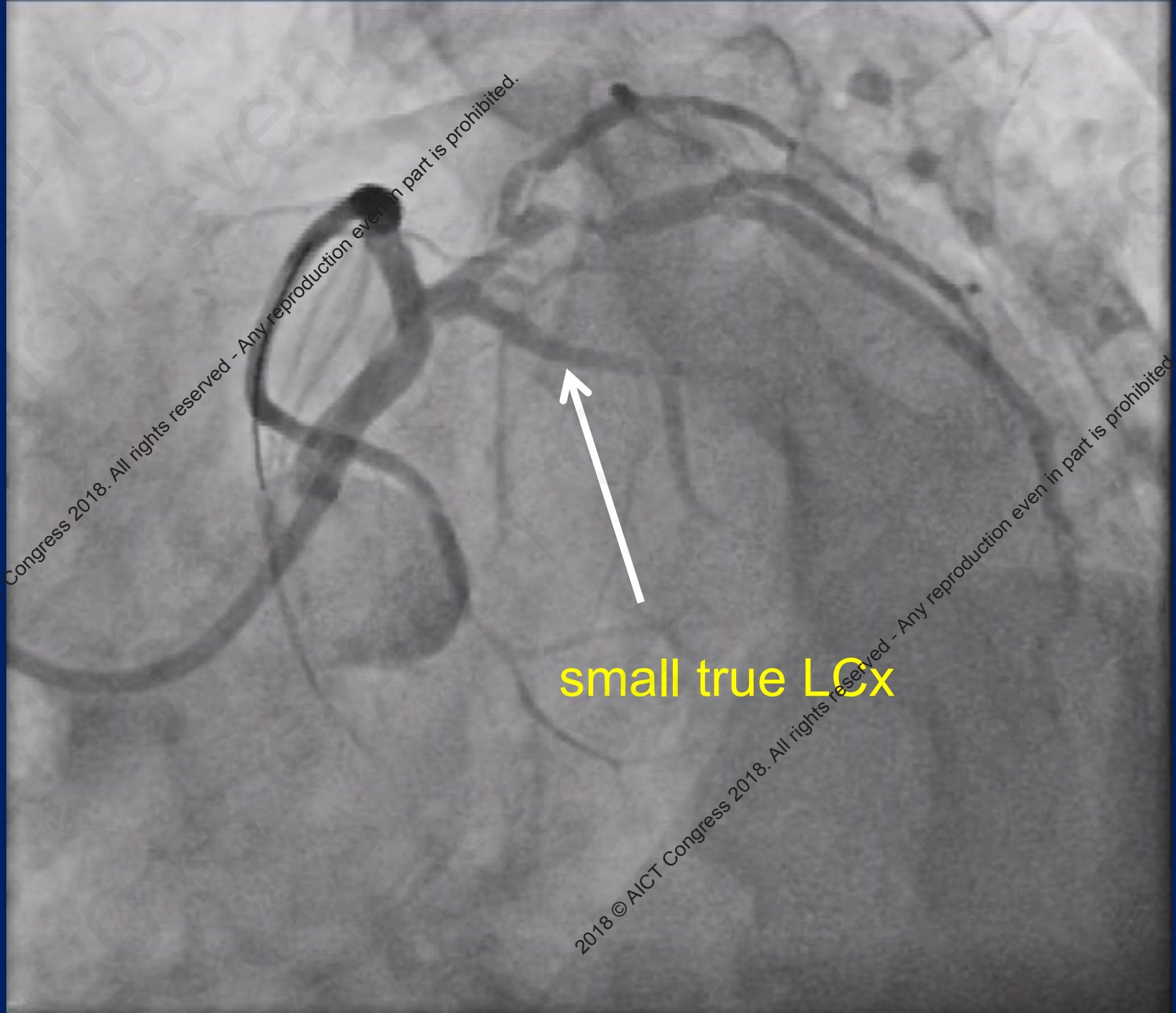

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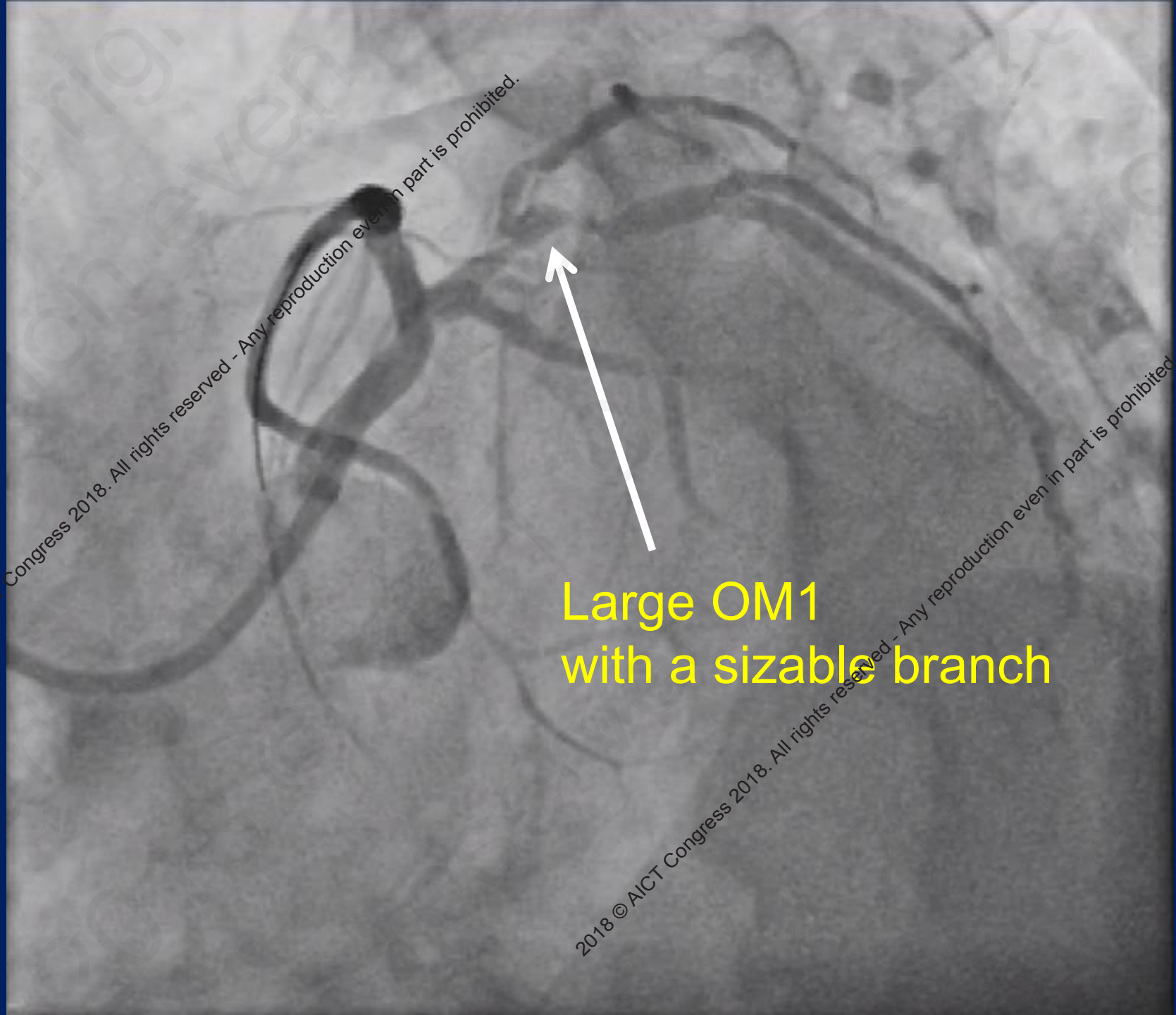

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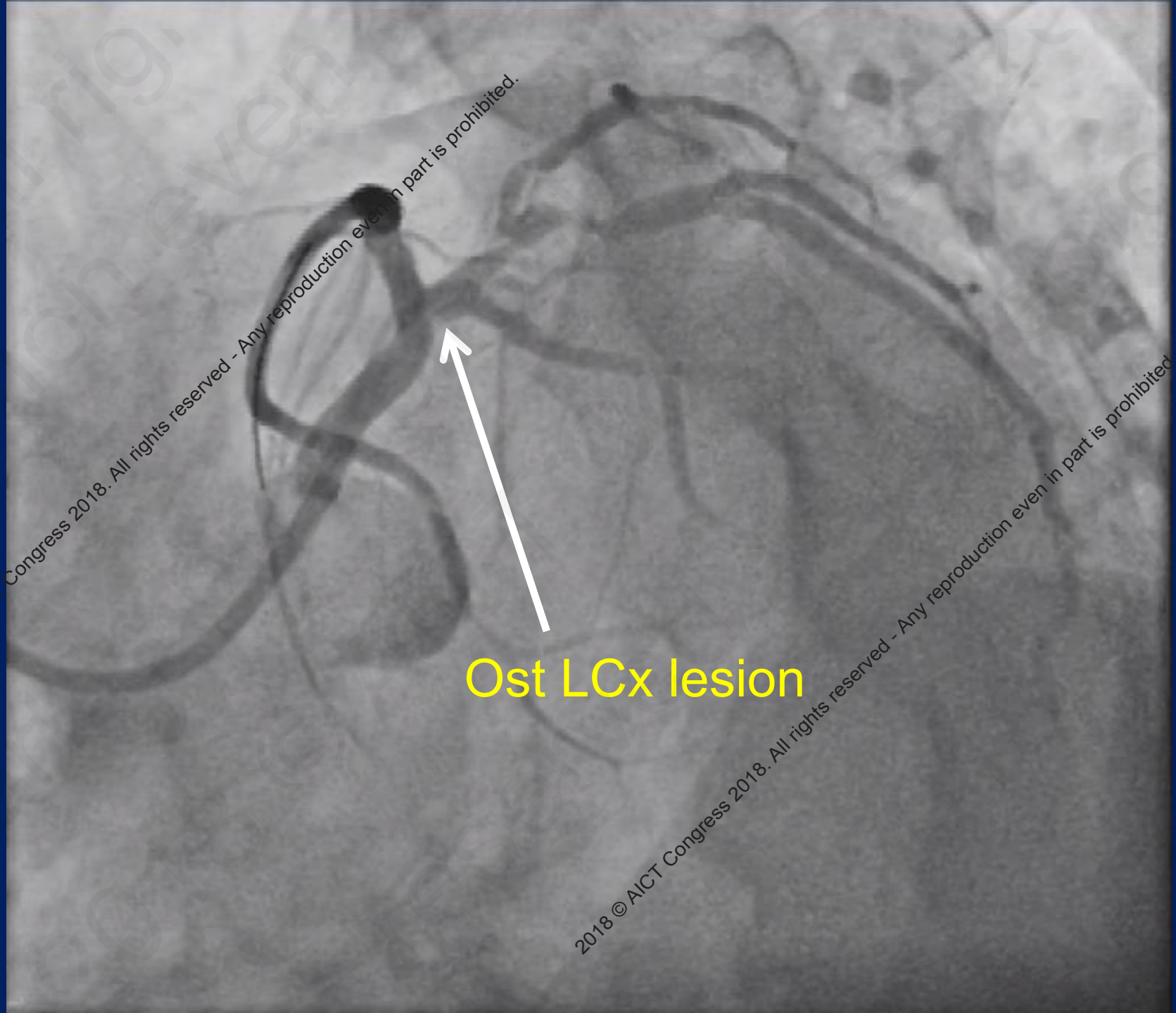

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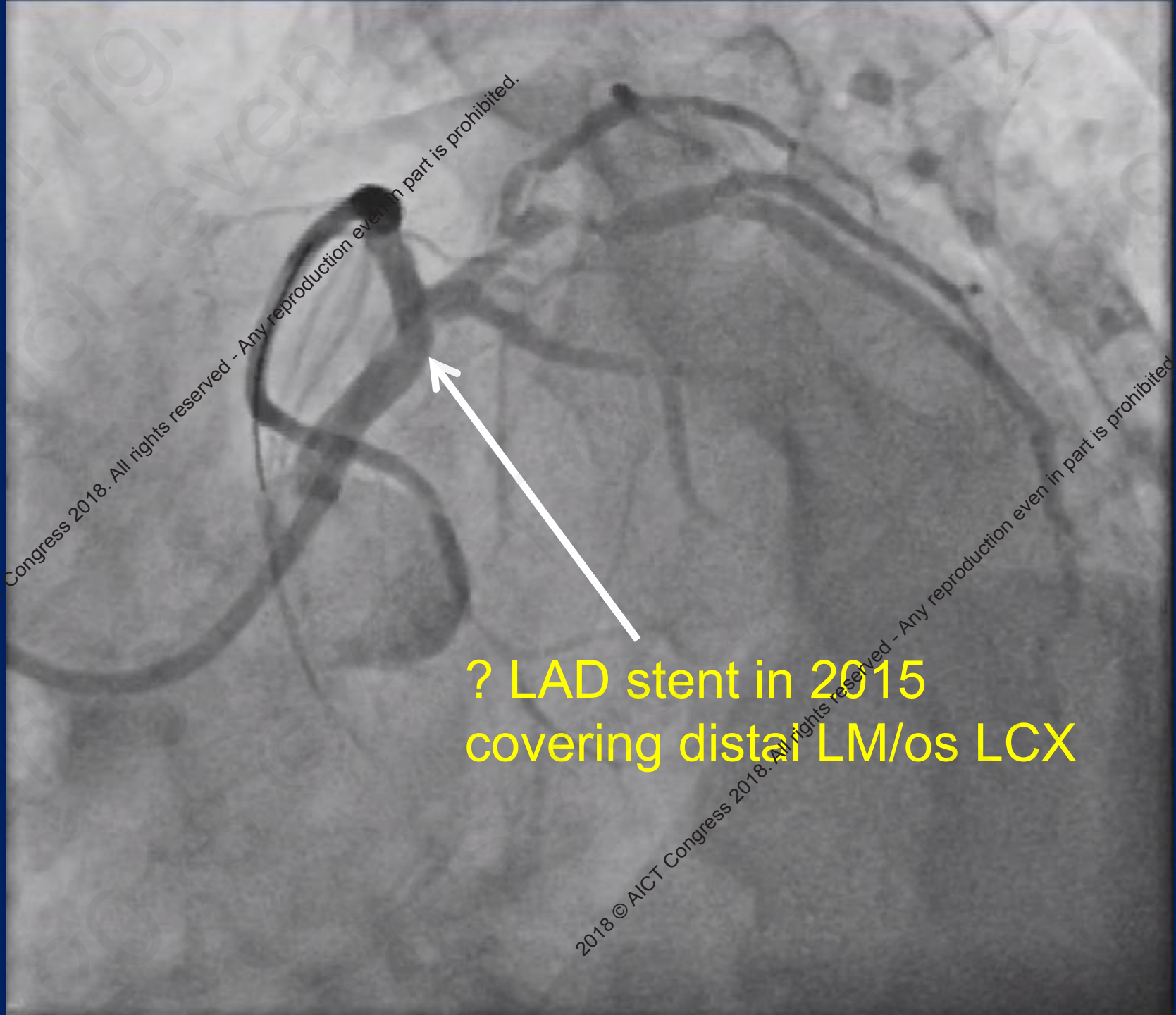

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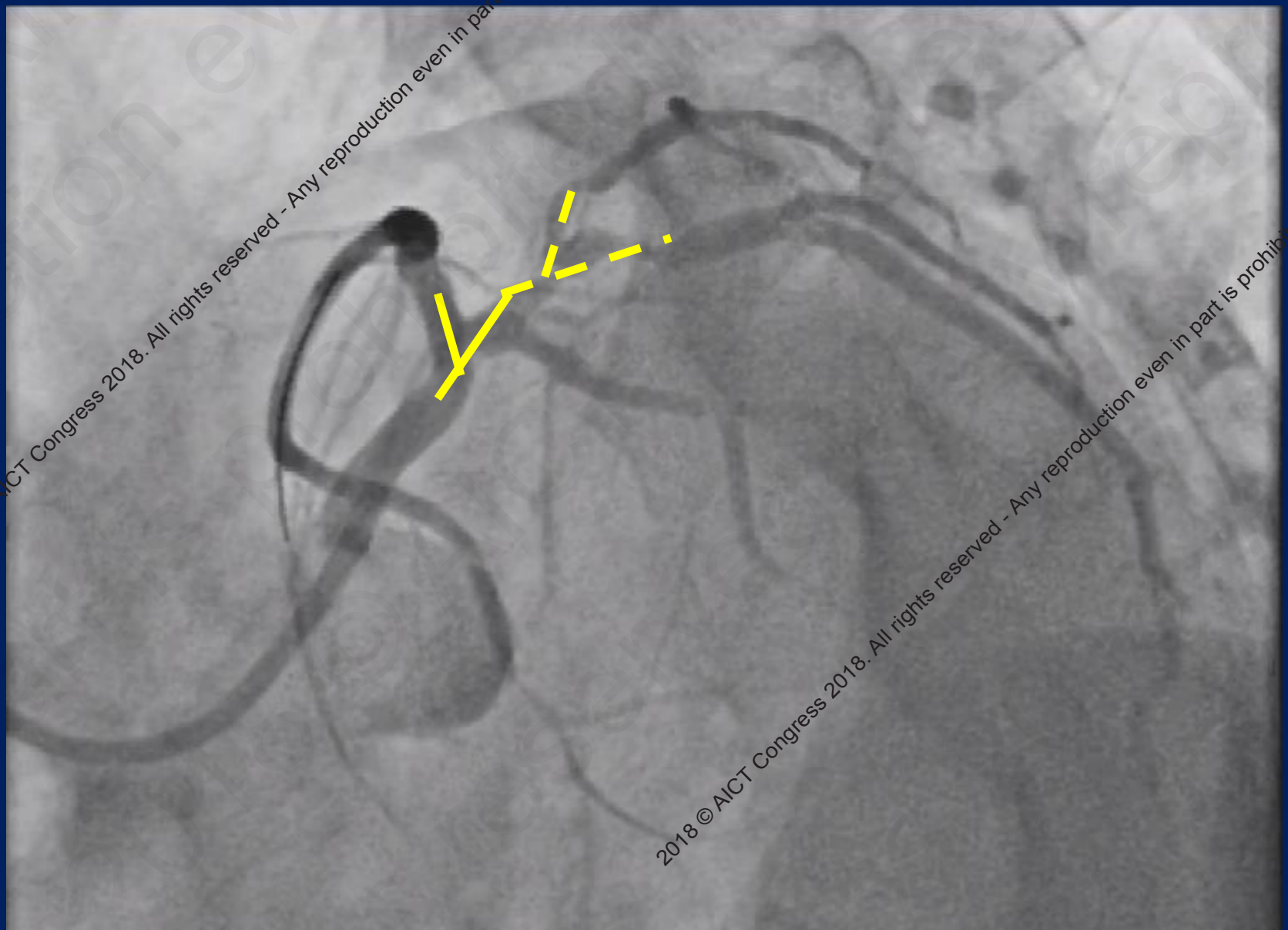
- 2 bifurcations located close to each other
- ? Old LAD stent covering os LCX



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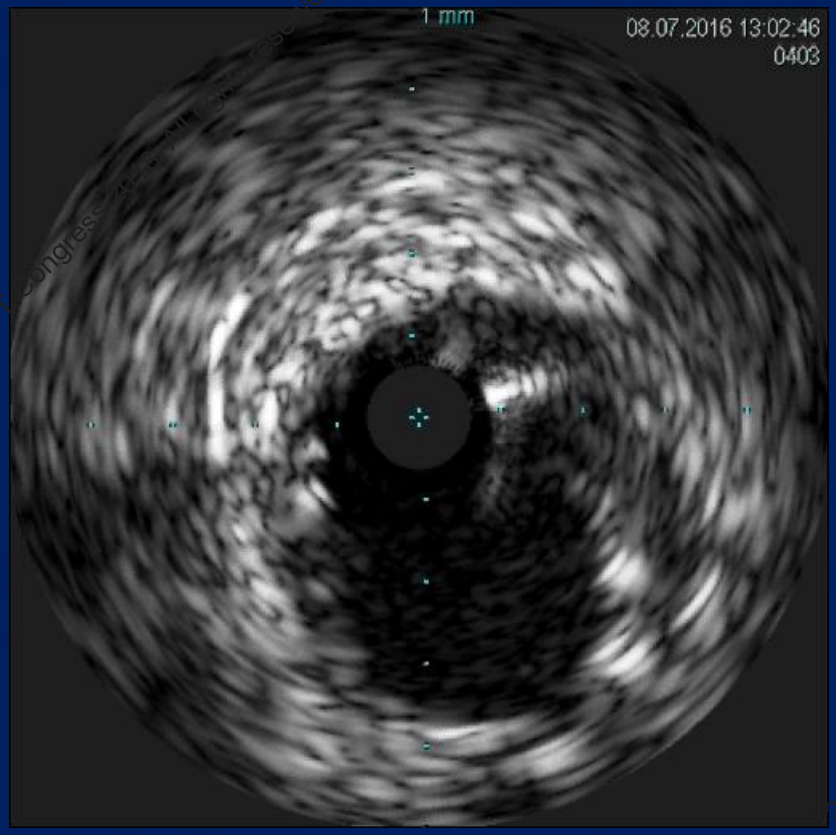
Imaging guided procedure

- 1) what is the exact degree of stent coverage at the LCX ostium?
- 2) Which stent cell do we prefer to cross into the LCX?



LM IVUS using Volcano System

Can we answer the questions with this image quality?

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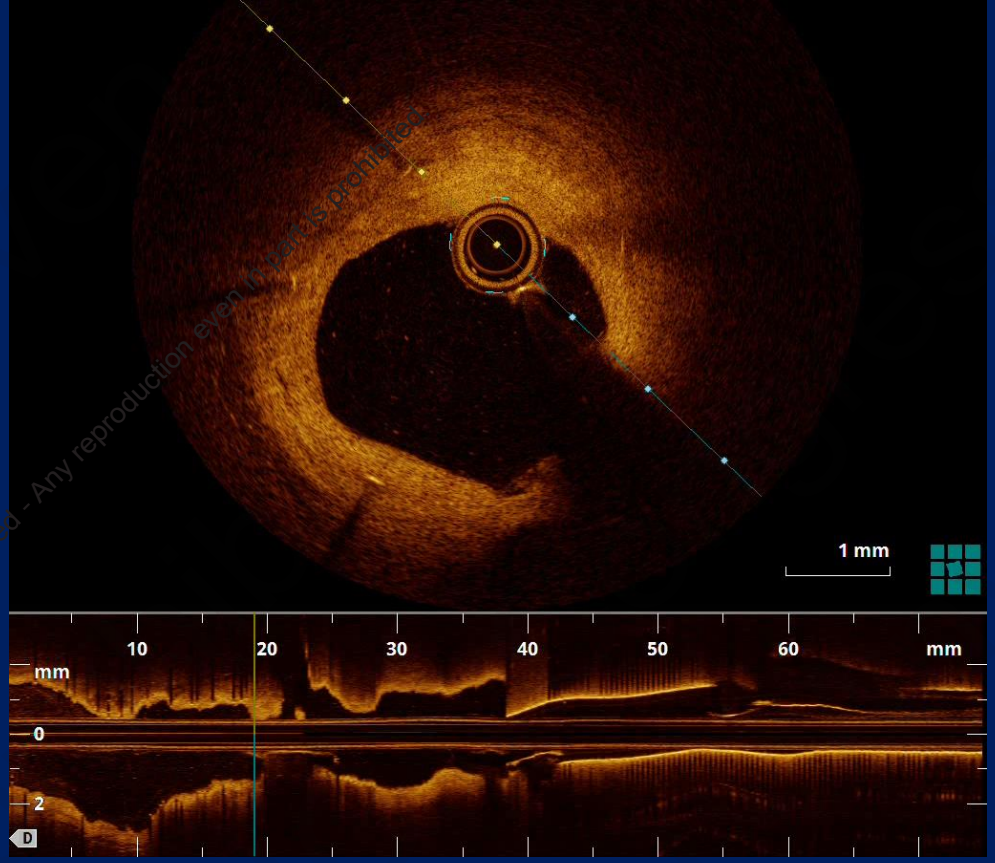
OCT



1) Old ostial LAD stent has almost fully extended into distal LM and therefore covering almost the whole ostium of the LCX

2) OM wire is not under the stent struts and is going through one of the middle stent cell

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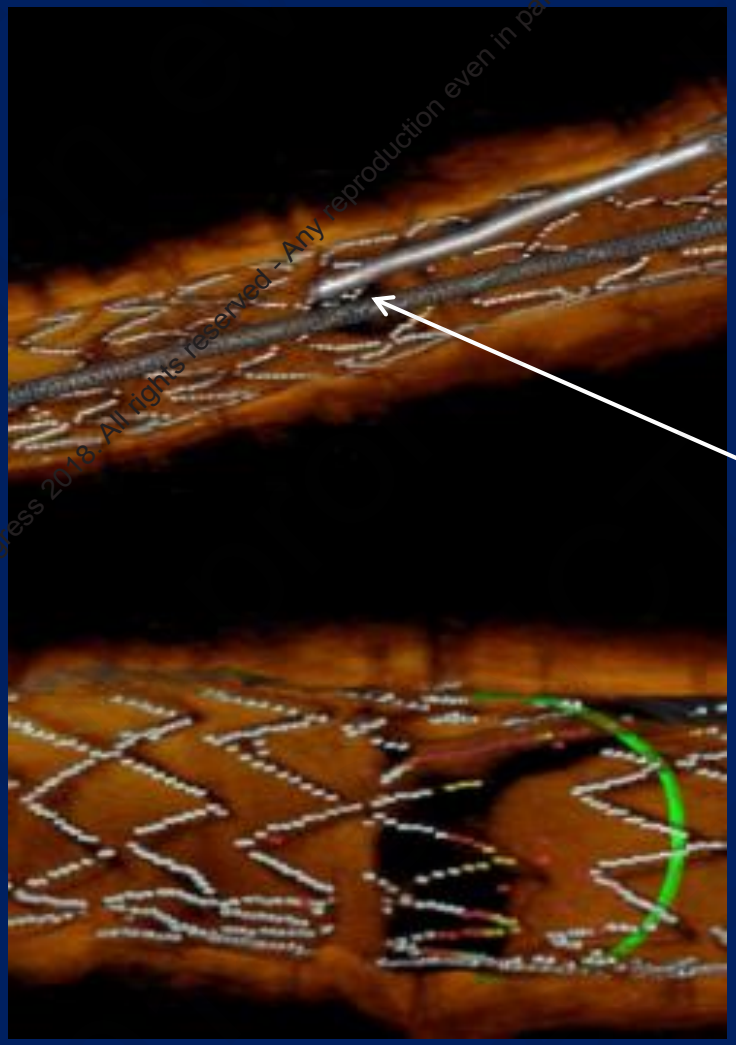
3D OCT-guided SB rewiring



Sub-optimal position:
Wire in distal stent cell but
1) eccentric position
2) Linked stent cell

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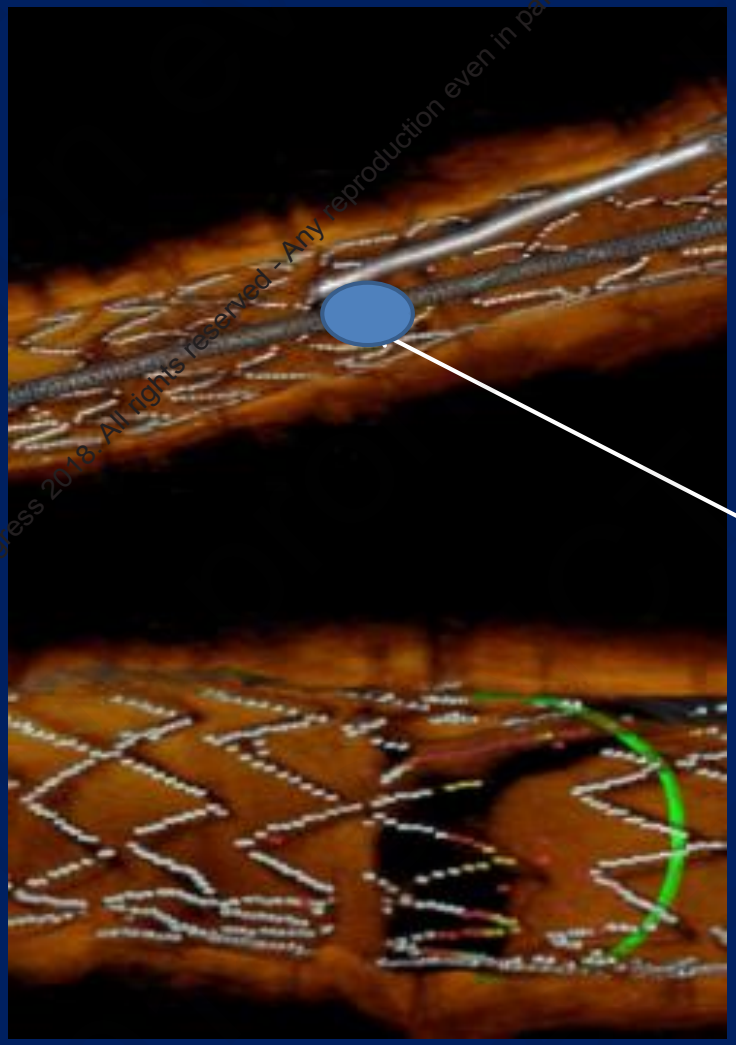
3D OCT-guided SB rewiring



Optimal wire crossing position

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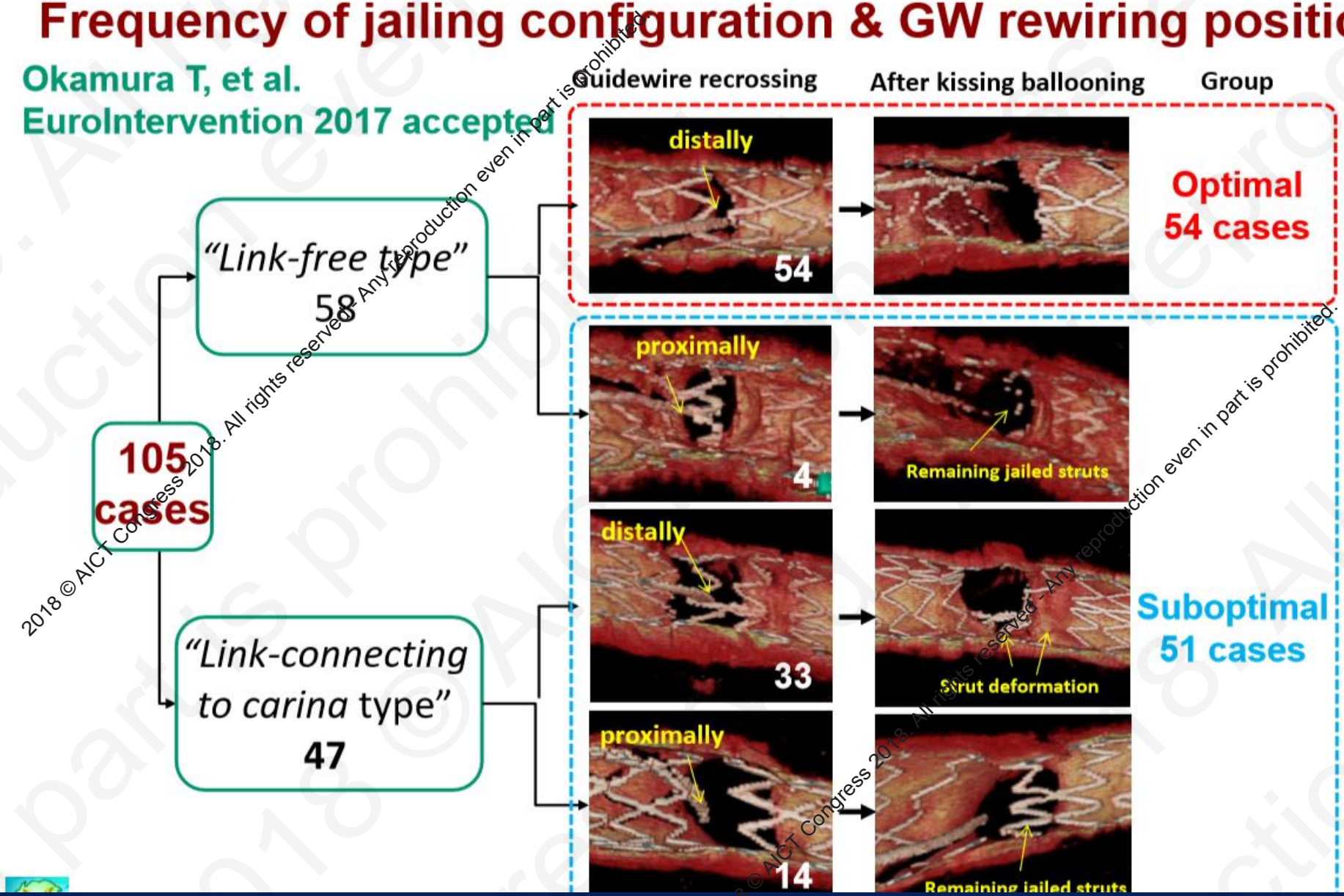
Frequency of jailing configuration & GW rewiring position

Okamura T, et al.
EuroIntervention 2017 accepted



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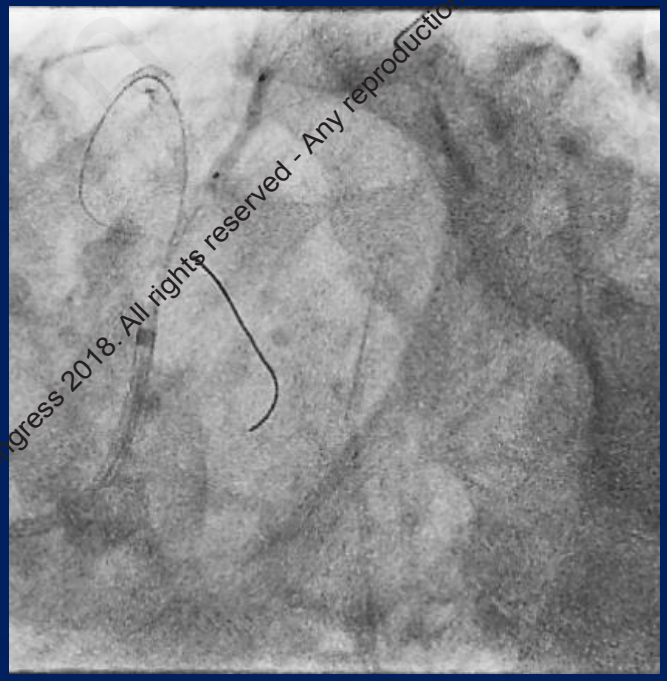
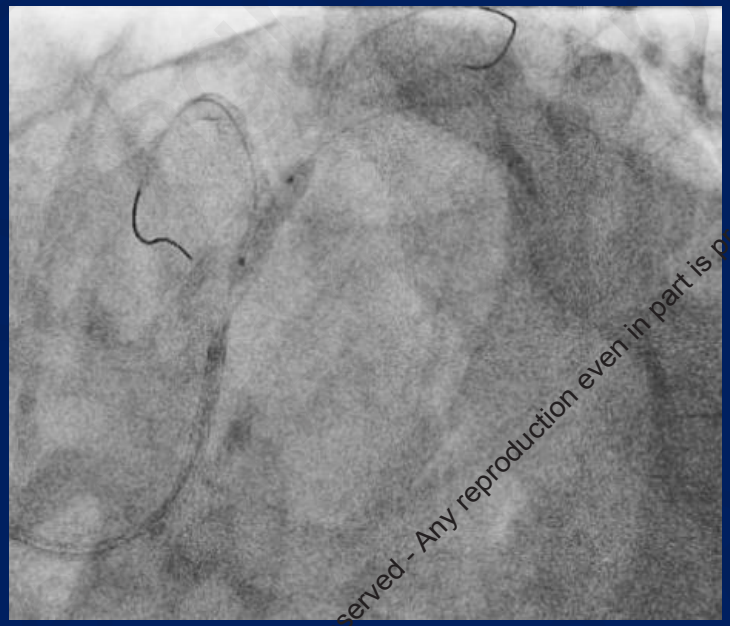
Open up the stent cell to facilitate 2nd wire passage through the same stent cell



2.0 mm balloon



3.5 mm balloon

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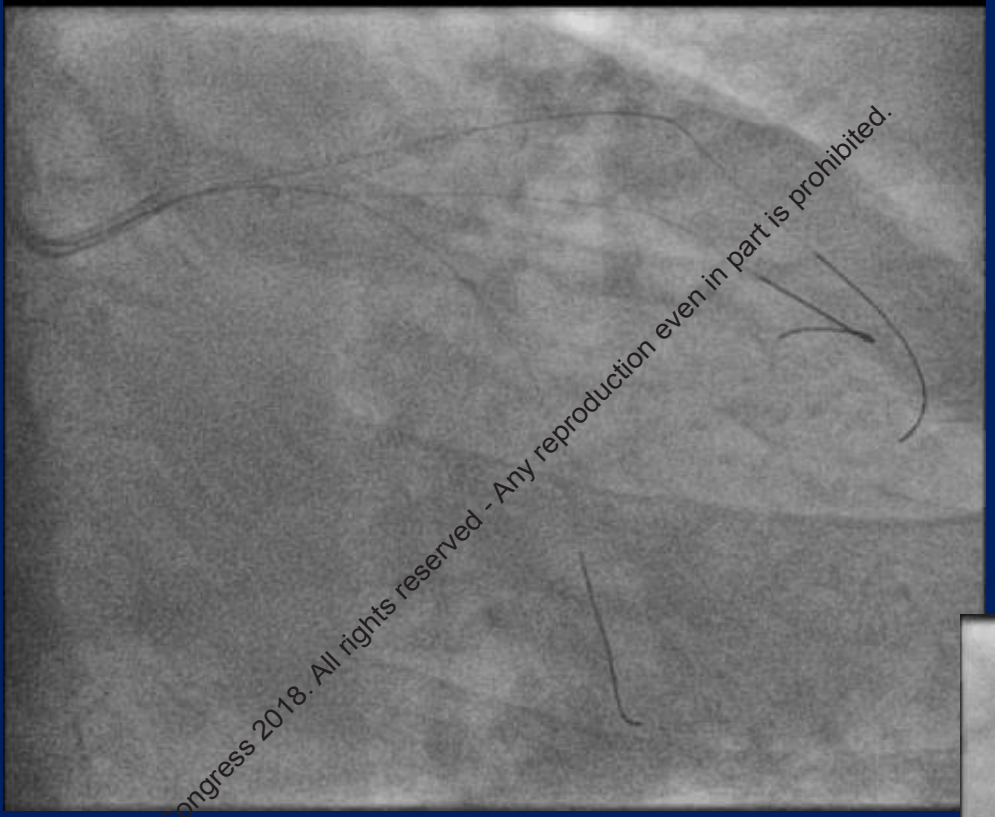

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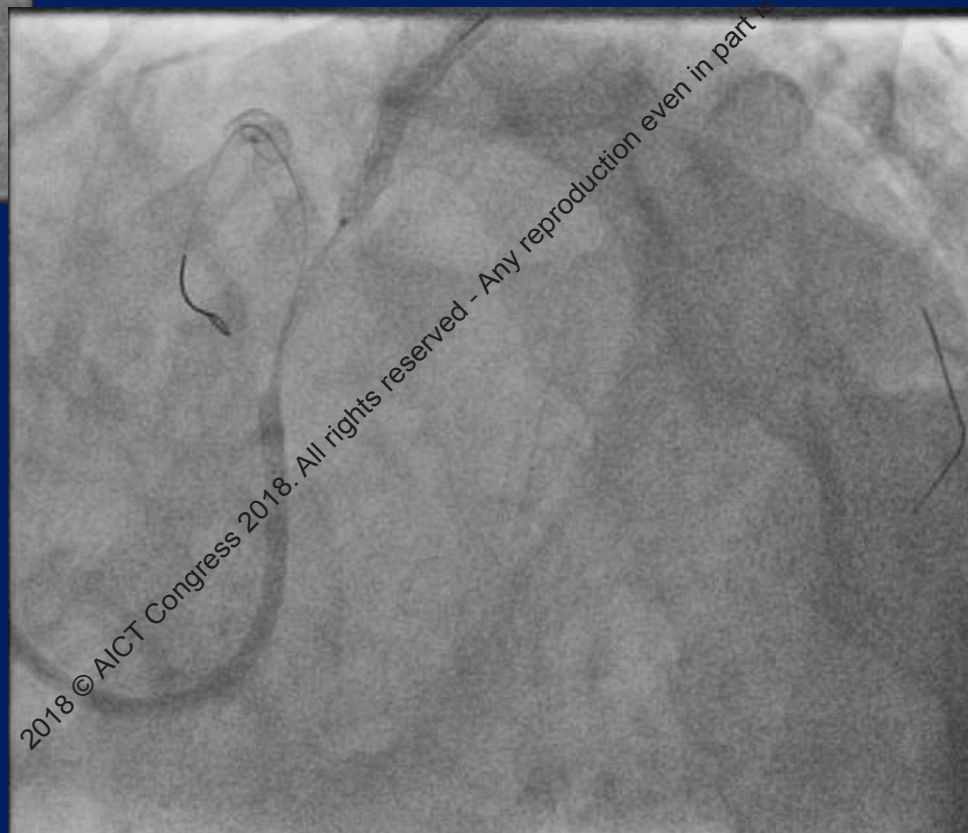
Medtronic, Onyx 2.5 x 34 mm
Post dilate, 2.5 NC



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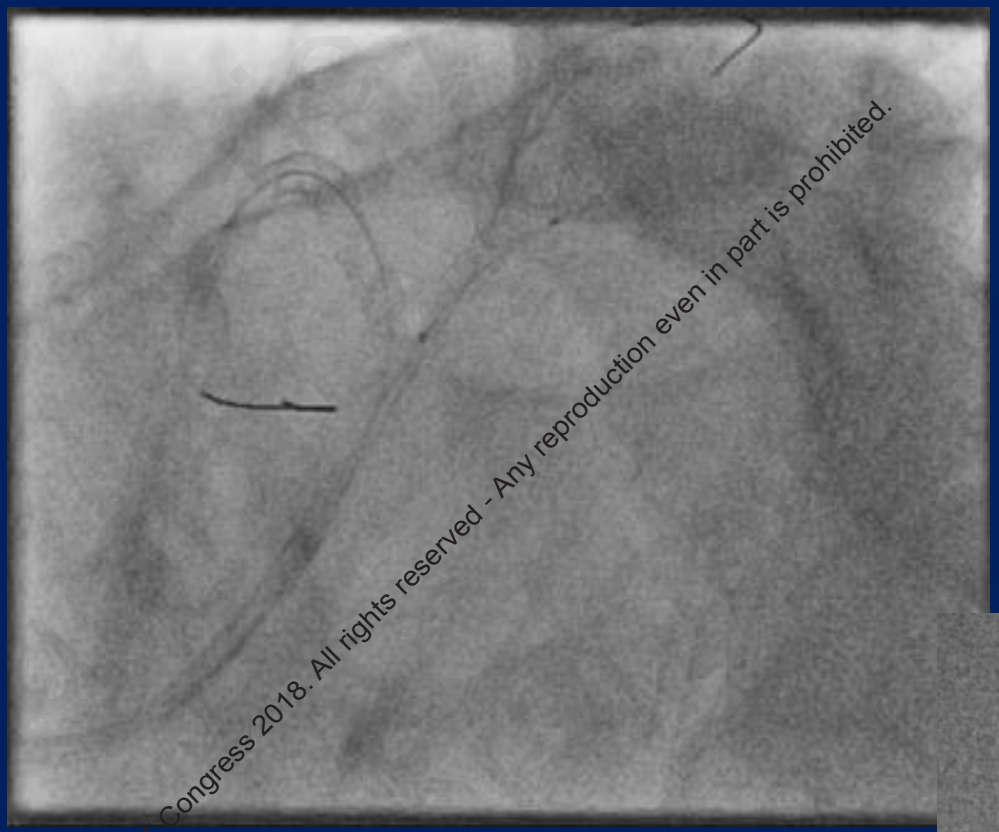

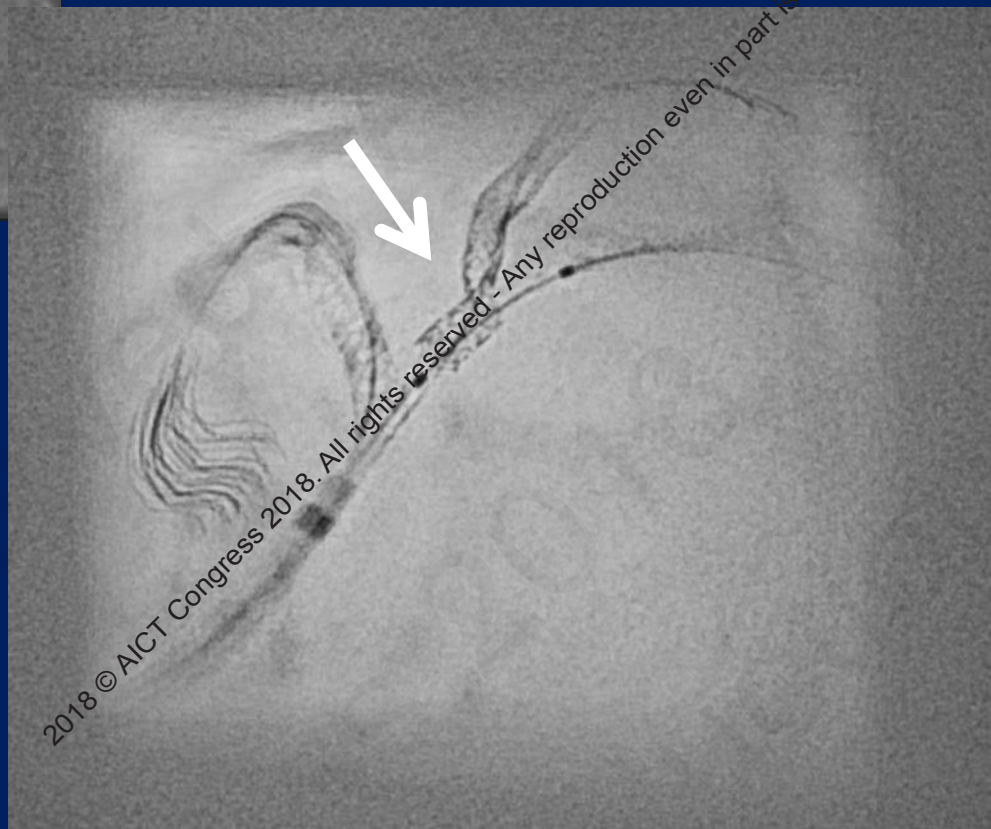

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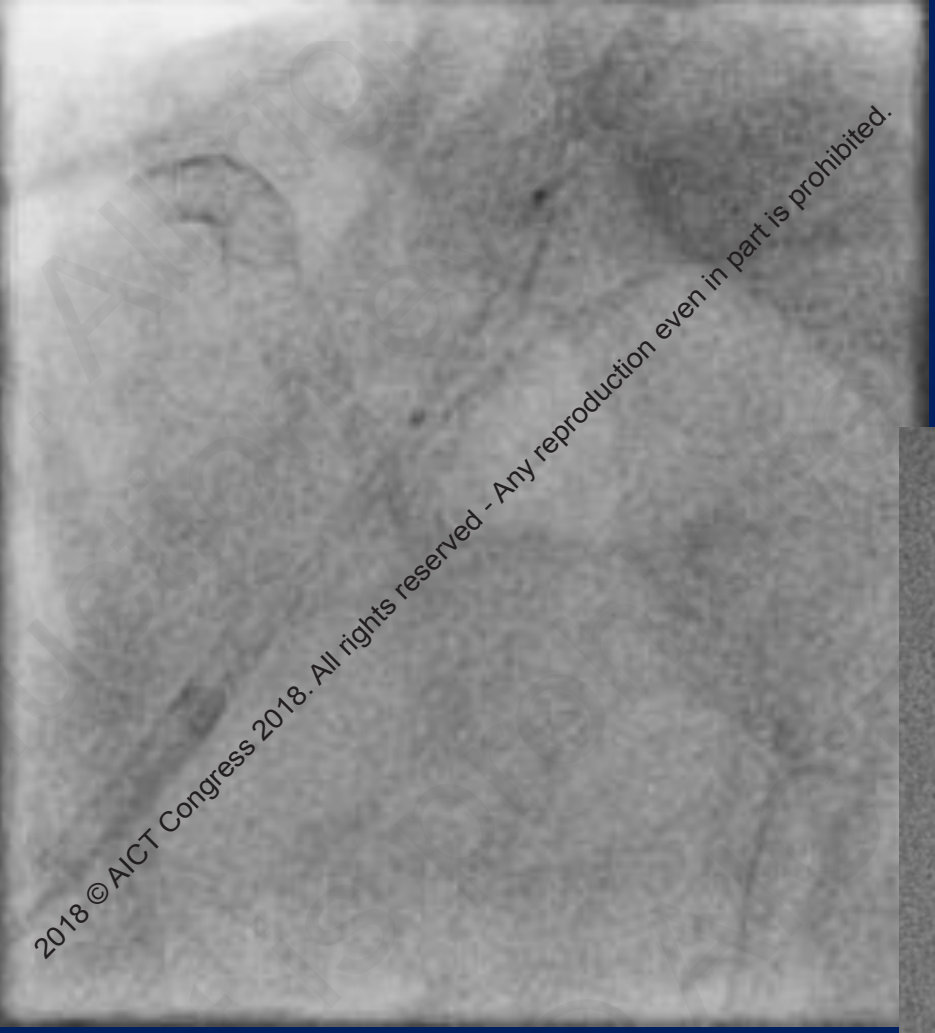

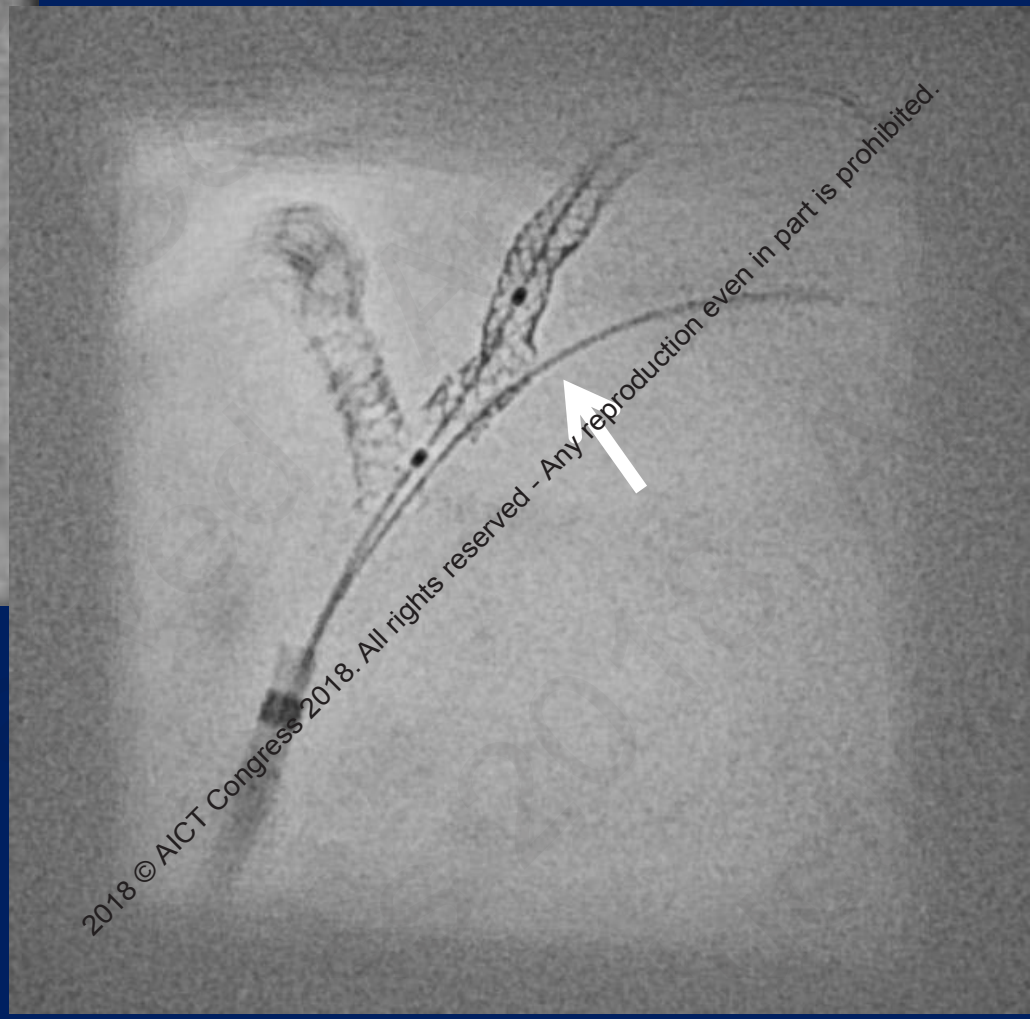

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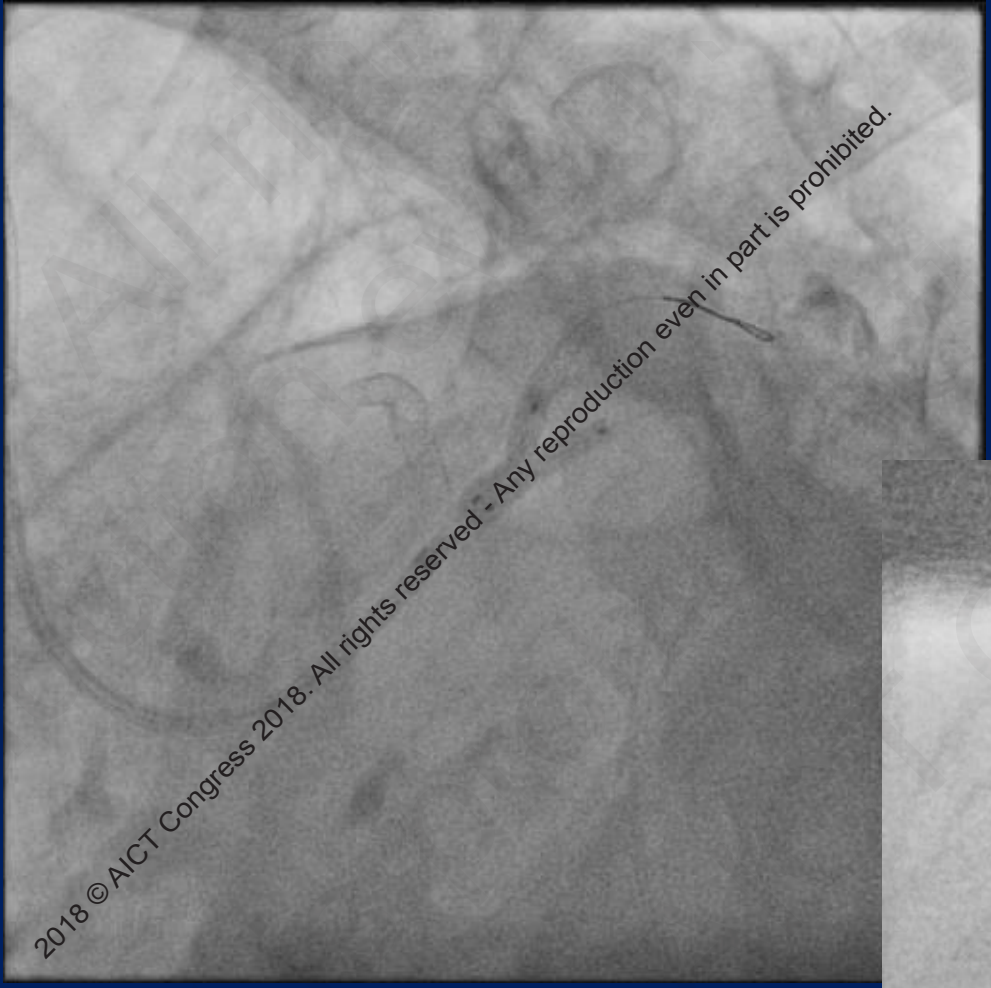

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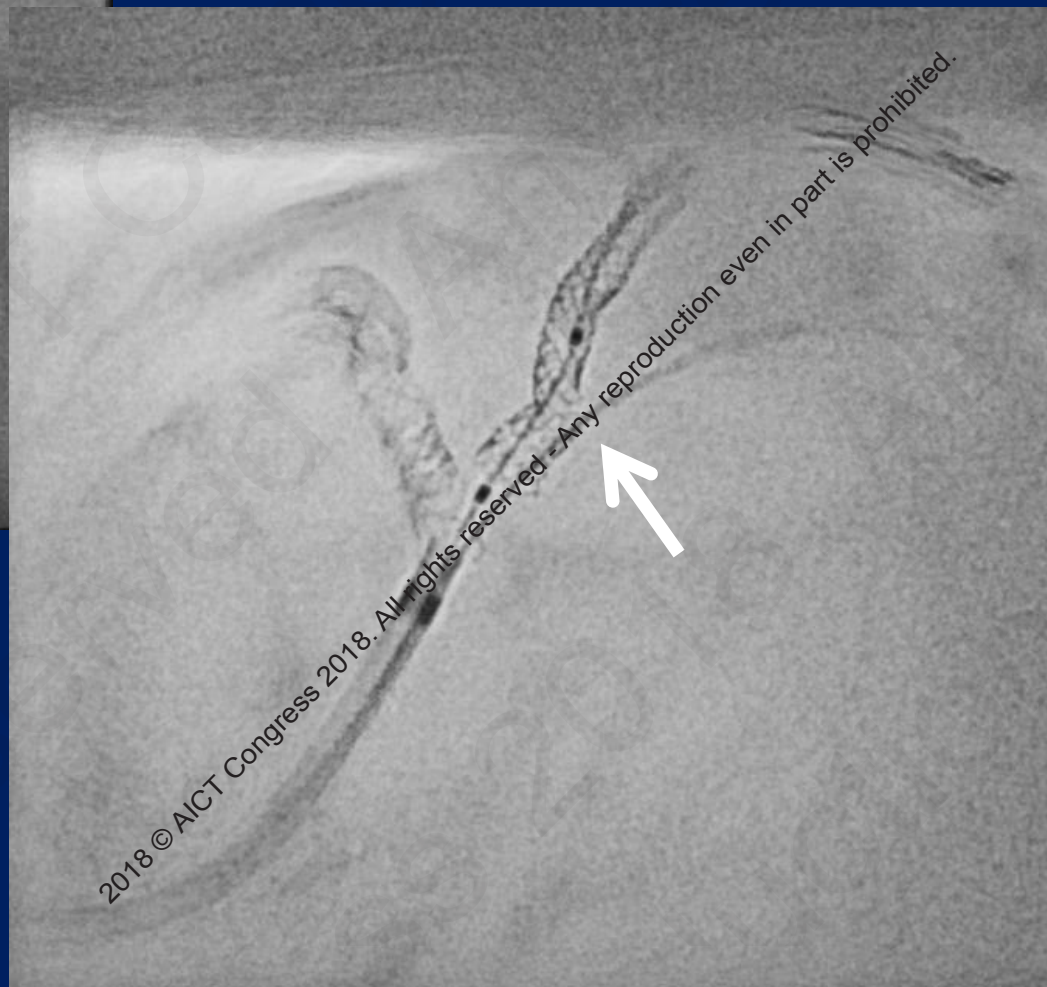

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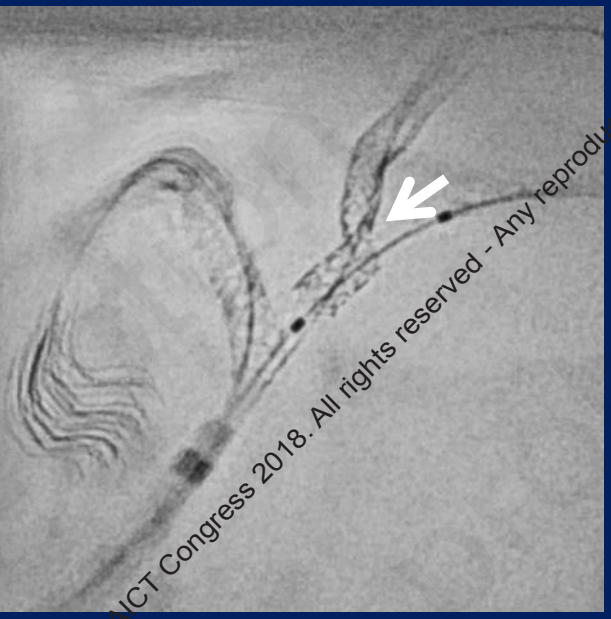
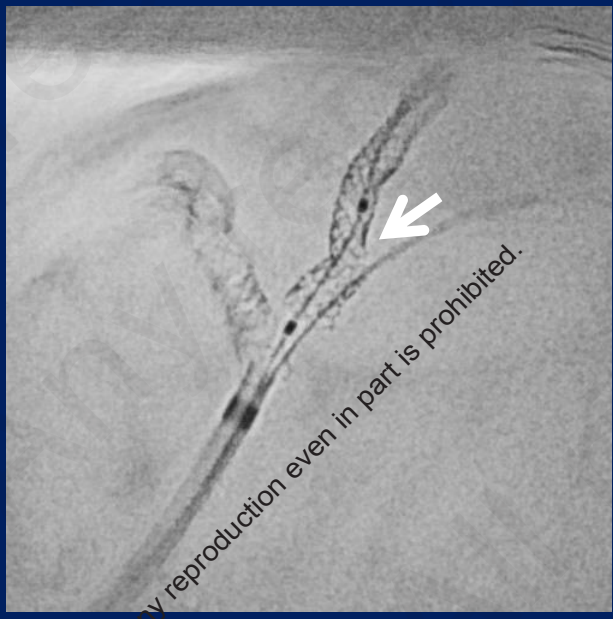


MB stent cell dilatation created stent distortion

SB stent dilatation corrected the original stent deformity but created a new deformity



MB/SB 1st kiss corrected both deformities

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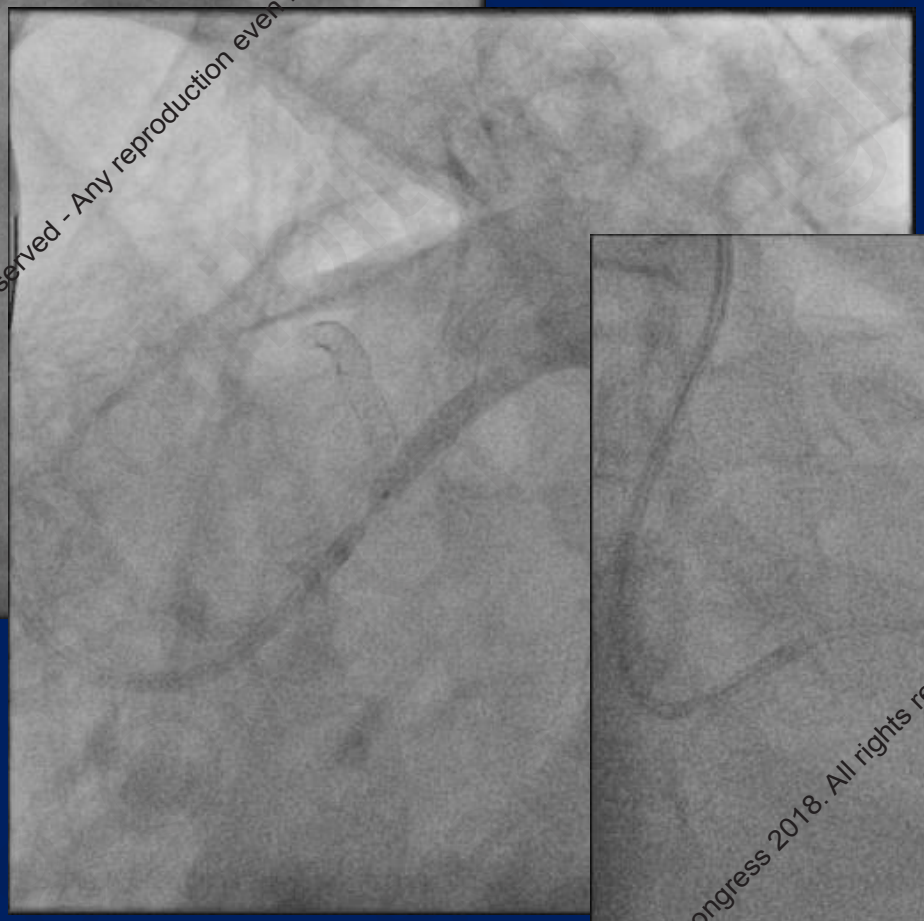

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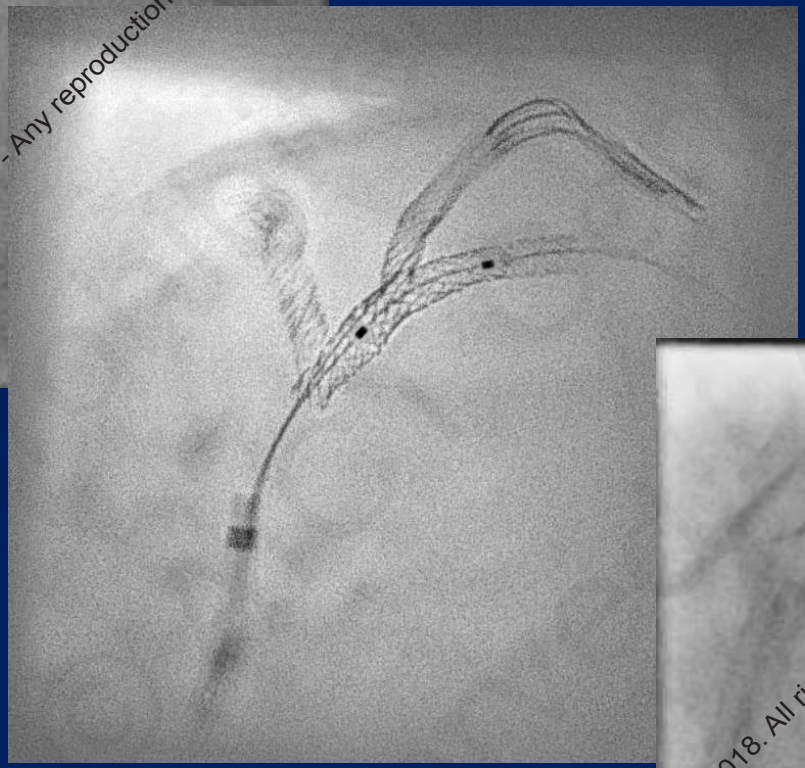

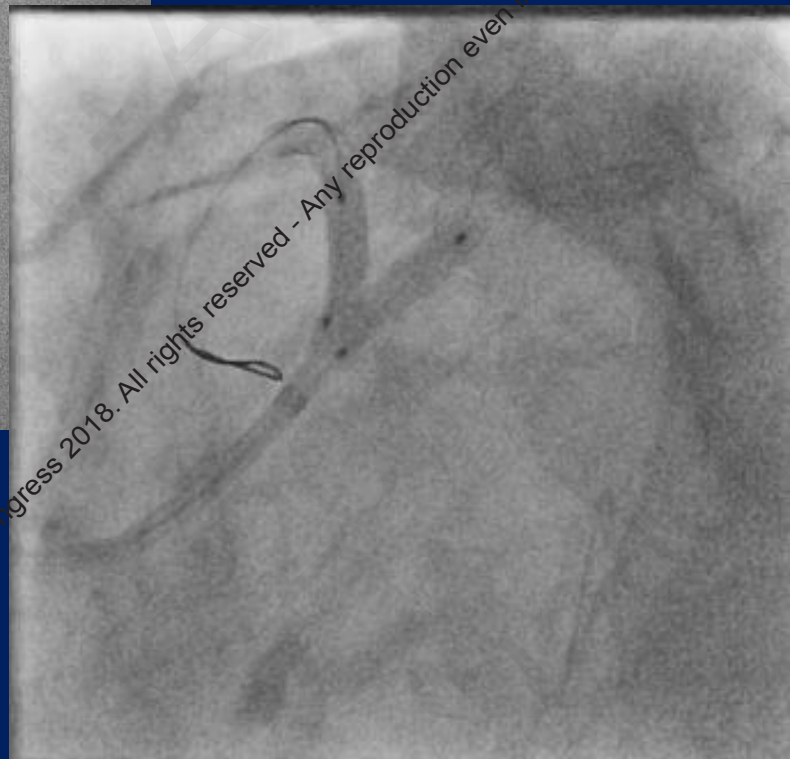

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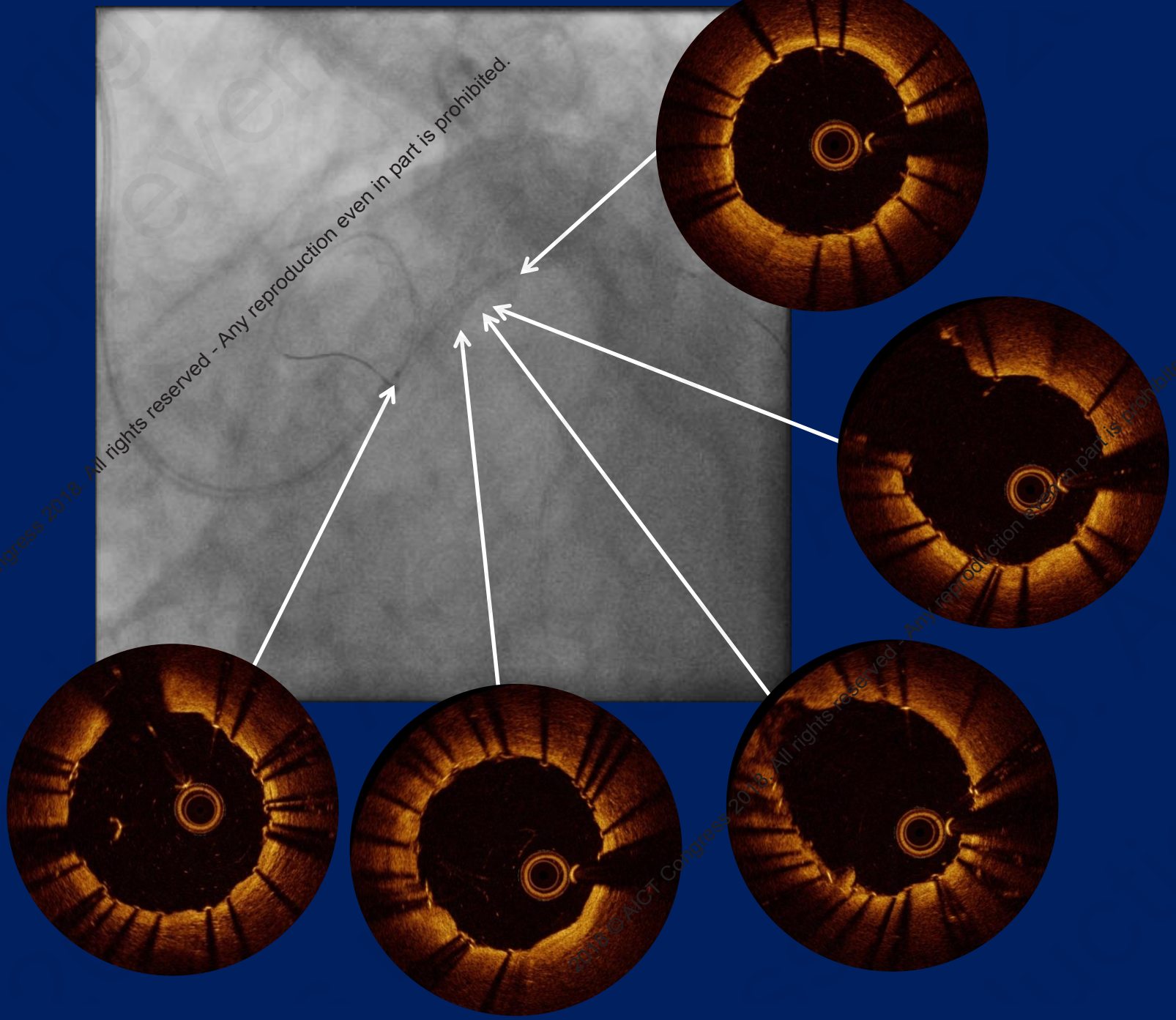

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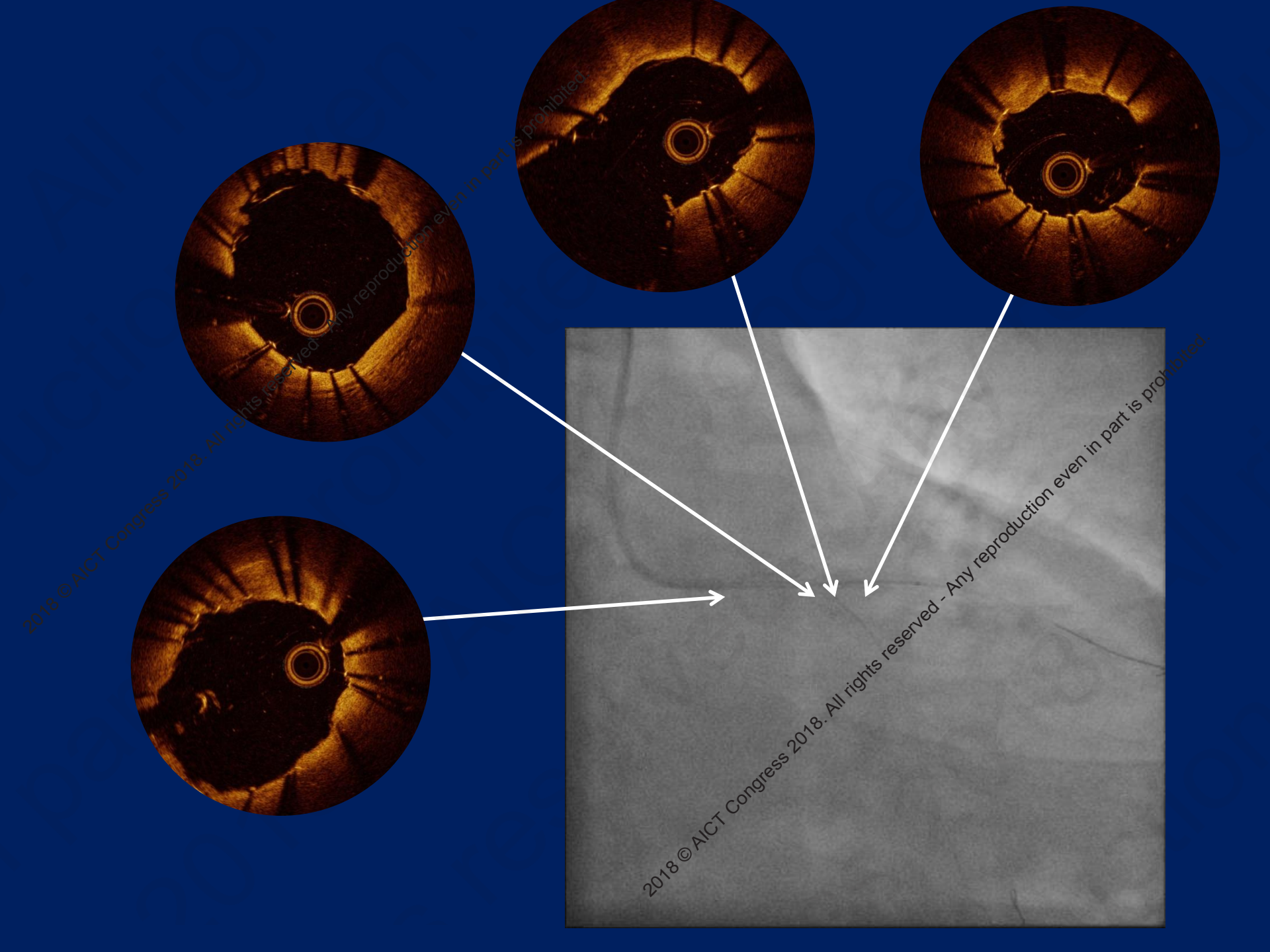
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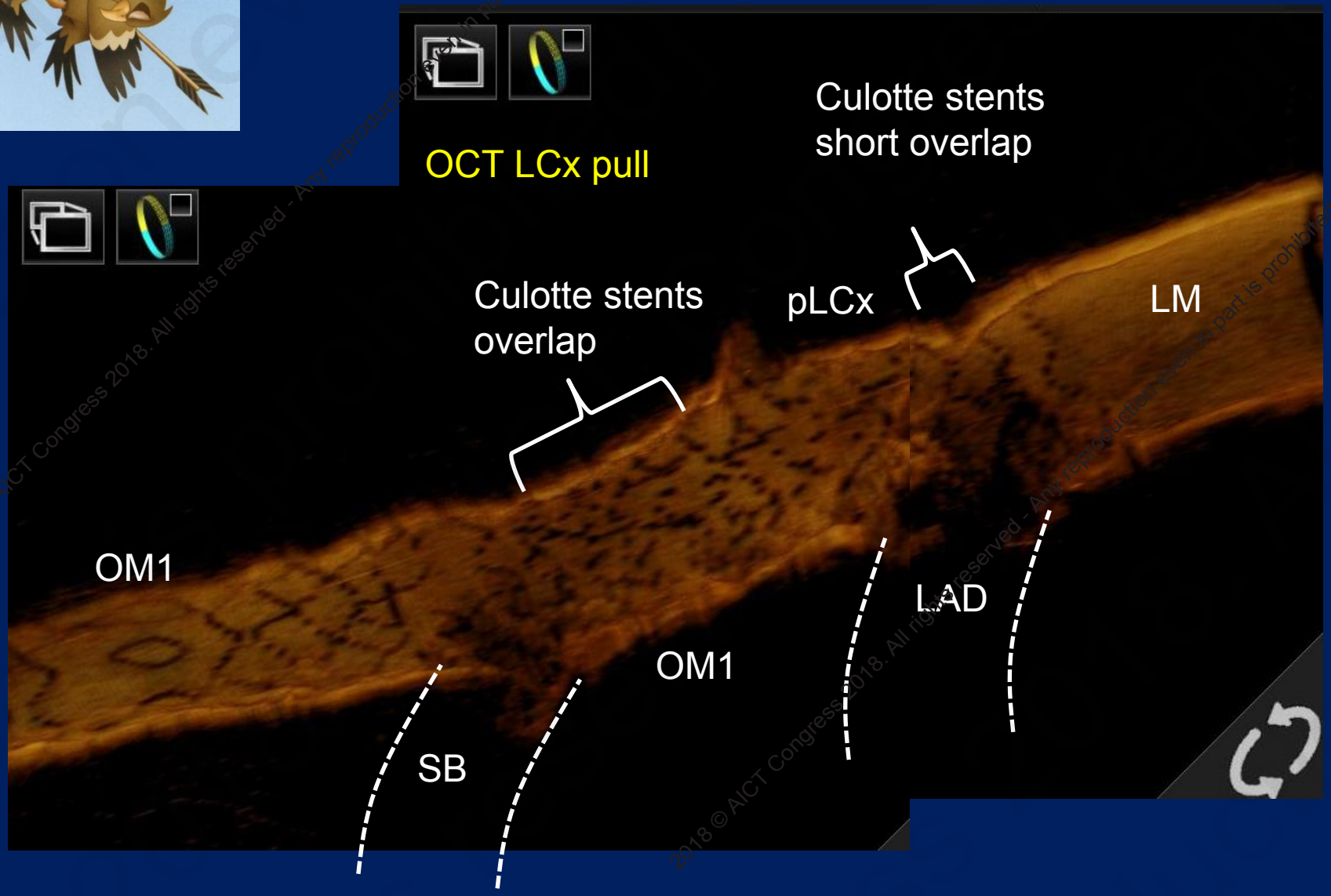
Double Culotte (3 stents) 一箭雙鵰



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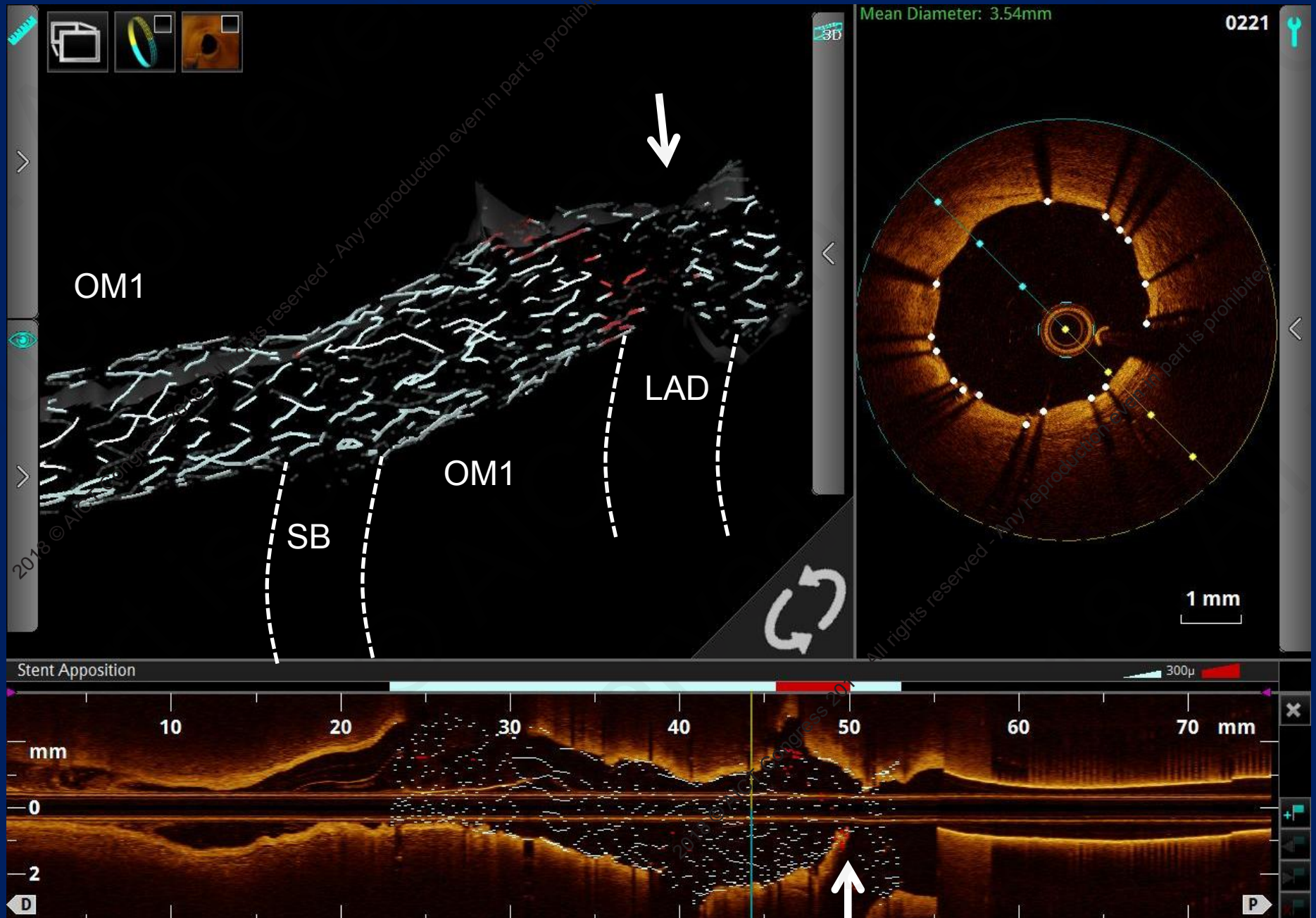
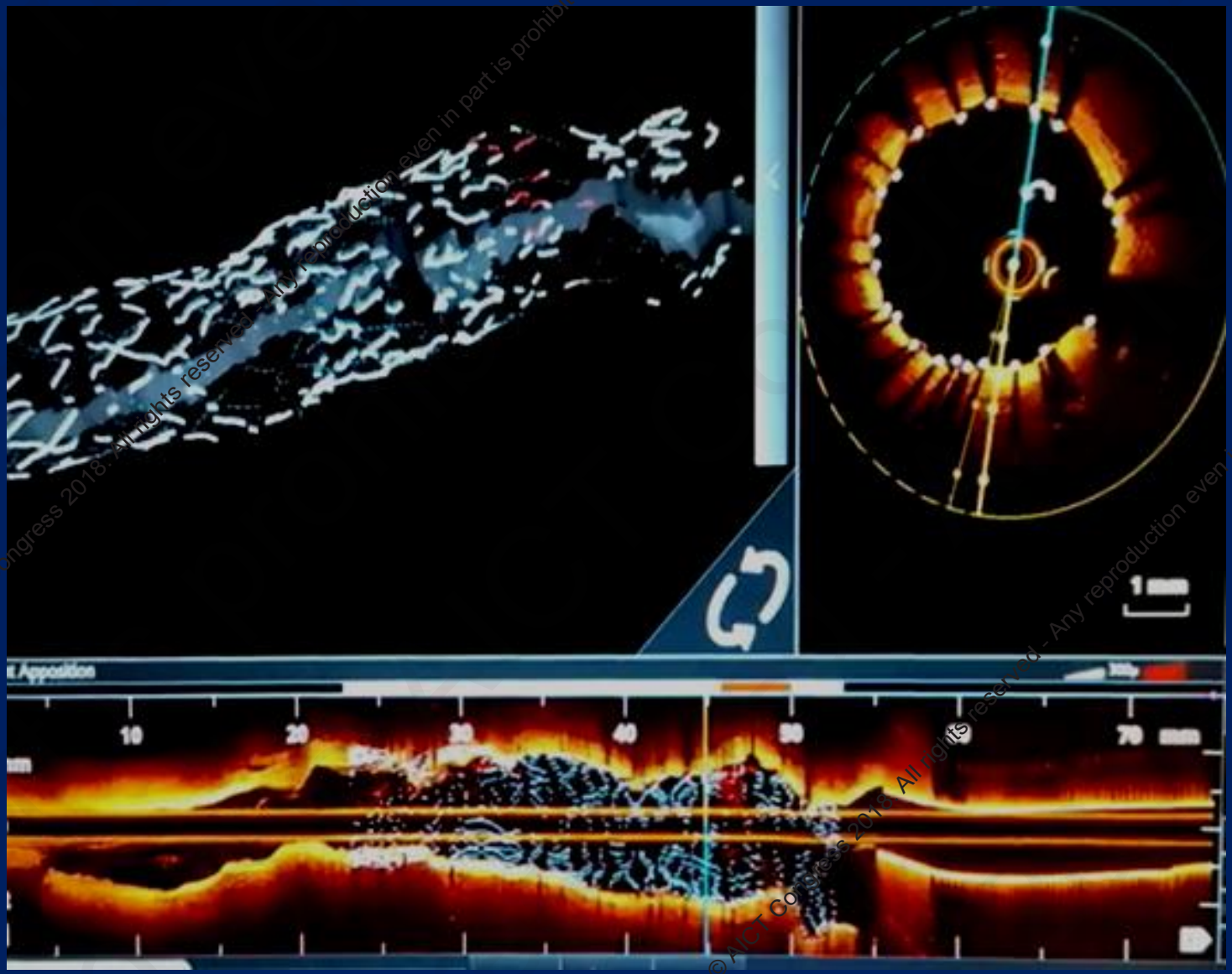
3D navigation





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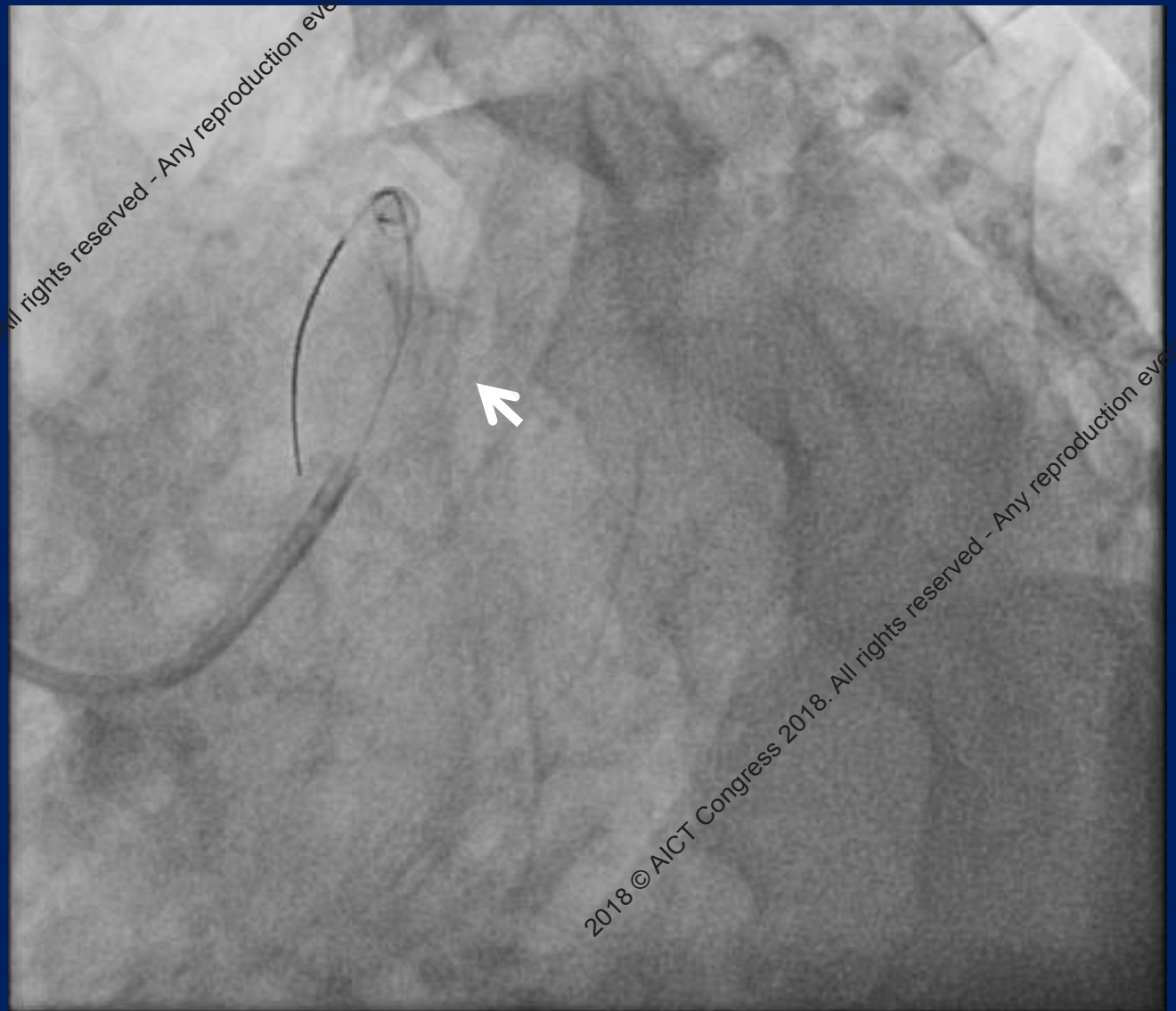
Before PCI



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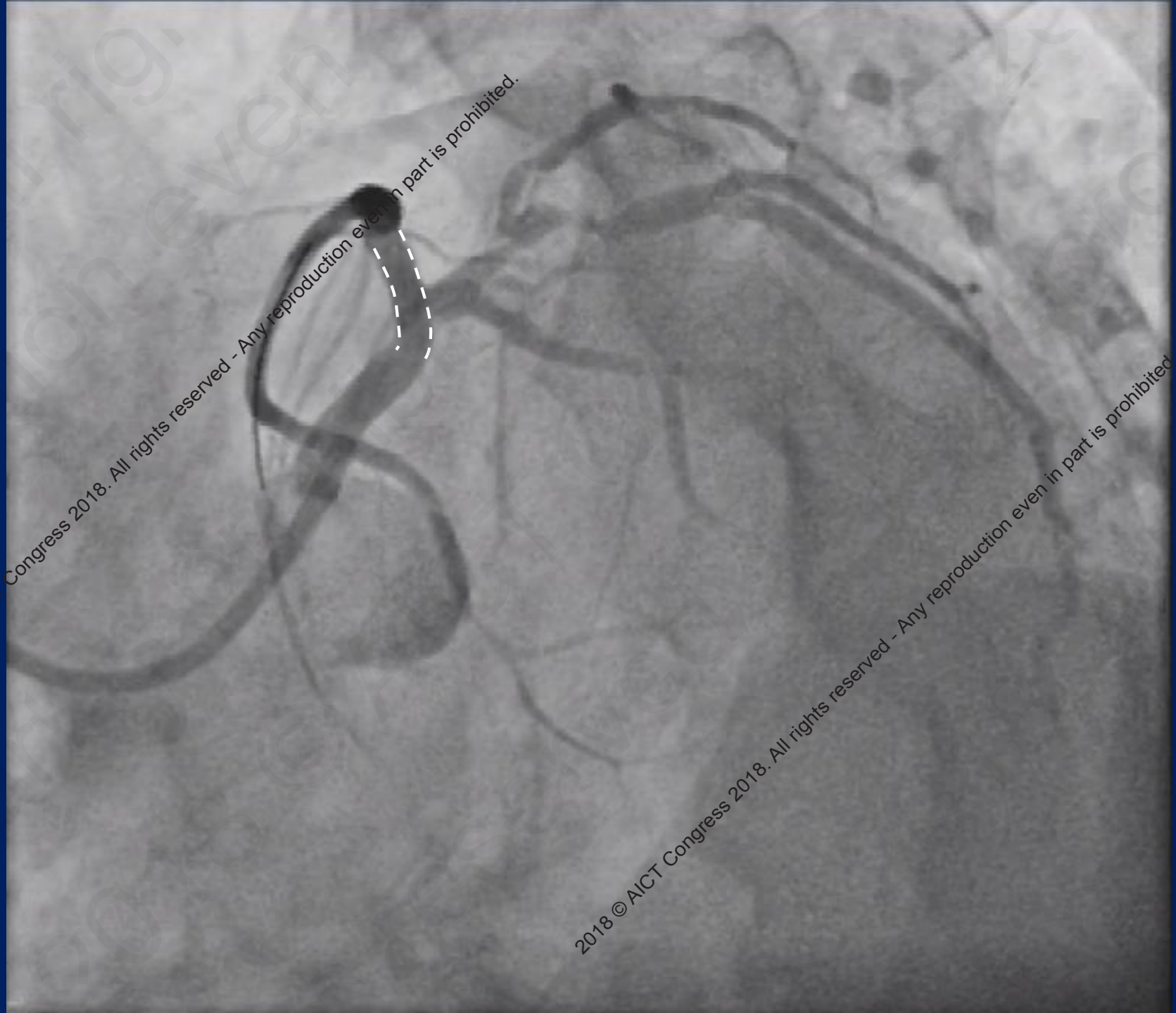
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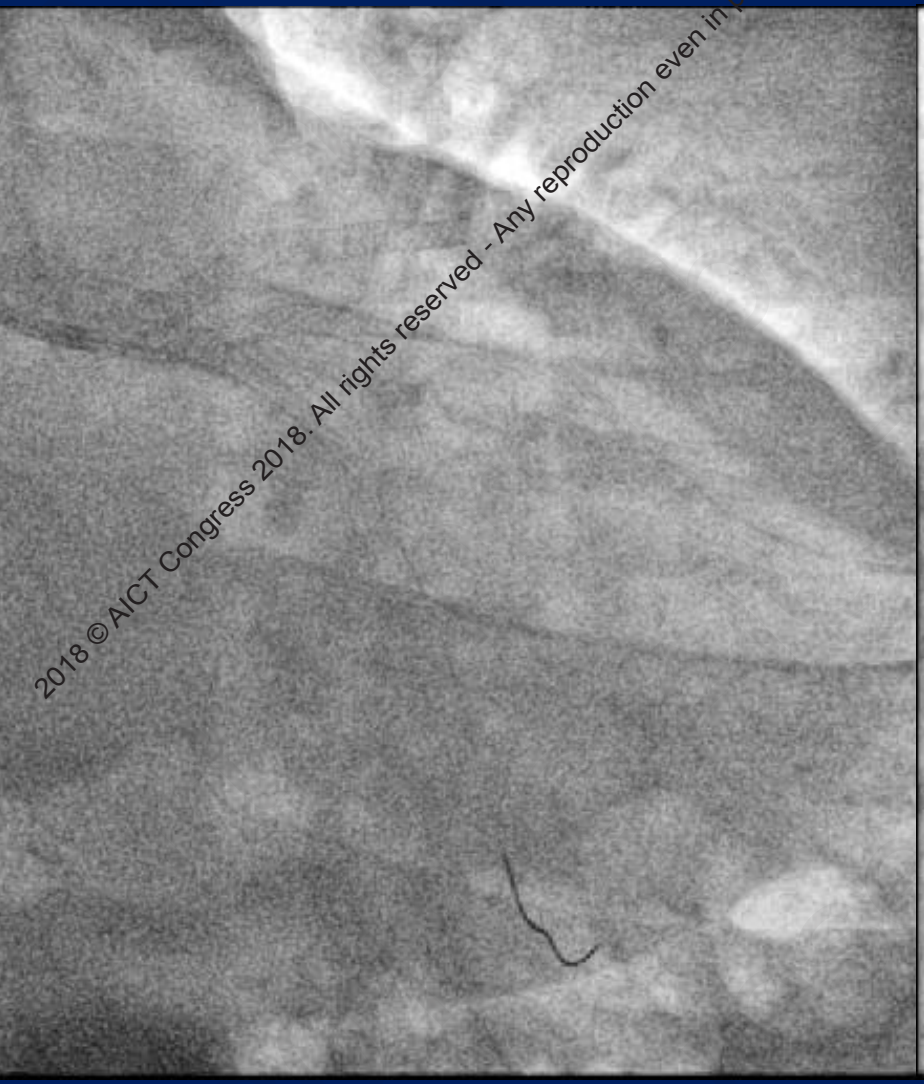

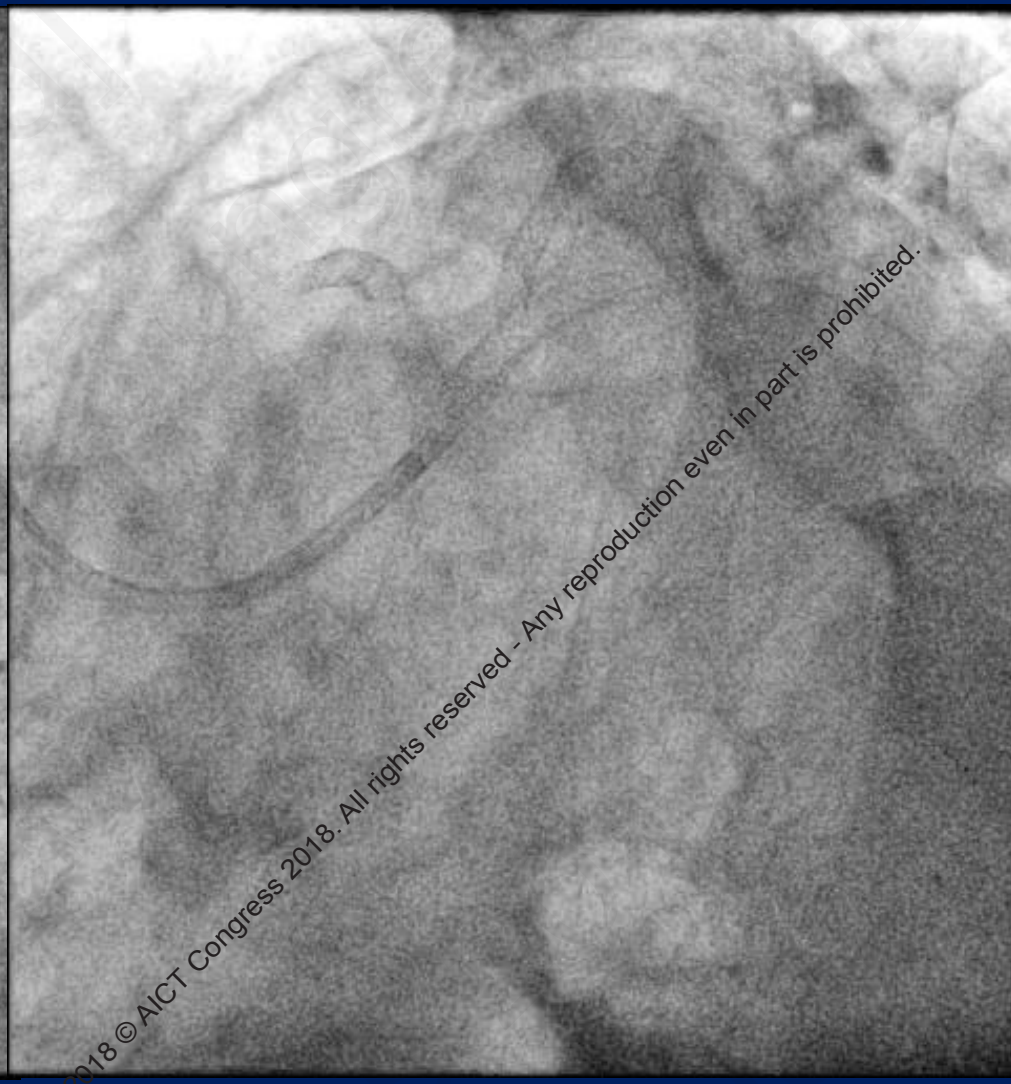

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New DES workhorse and model designs

	Synergy	Xpedition	Res. Onyx	Ultimaster	BioMatrix A	Orsiro
2.25	Small vessel (8 crowns, 2-4 connectors)	Small vessel (6 crowns, 3 connectors)	Small vessel (6.5 crowns, 2 connectors) (1.6)	Small vessel (8 crowns, 2 connectors)	Small vessel (6 crowns, 2 connectors)	Small vessel (6 crowns, 3 connectors)
2.50						
2.75			Medium vessel (8.5 crowns, 2 connectors) (1.7)			
3.00	Workhorse(8 crowns, 2-4 connectors)					
3.50		Large vessel (9 crowns, 3 connectors)	Large vessel (9.5 crowns, 2.5 connectors)	Large vessel (8 crowns, 2 connectors)	Large vessel (9 crowns, 3 connectors)	Large vessel (6 crowns, 3 connectors)
4.00	Large vessel (10 crowns, 2-5 connectors)					
4.50			Extra-Large vessel (10.5 crowns, 2.5 connectors)			
5.00						

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International Journal of Cardiology 221 (2016) 171–179

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THE OFFICIAL CONGRESS OF APSIC

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