



Queen Mary Hospital

14<sup>th</sup>

AICT

ASIAN INTERVENTIONAL CARDIOVASCULAR THERAPEUTICS  
THE OFFICIAL CONGRESS OF APSIC



# LM bifurcation stenting What went wrong?

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I do not have any potential conflict of interest

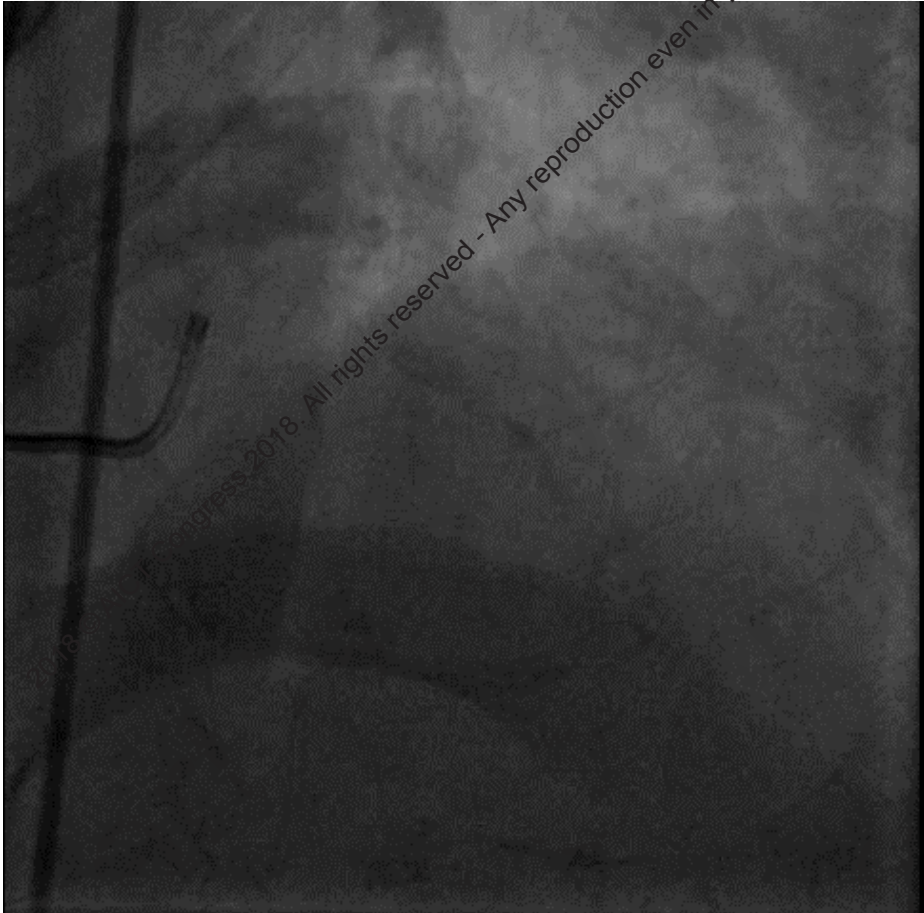


# History

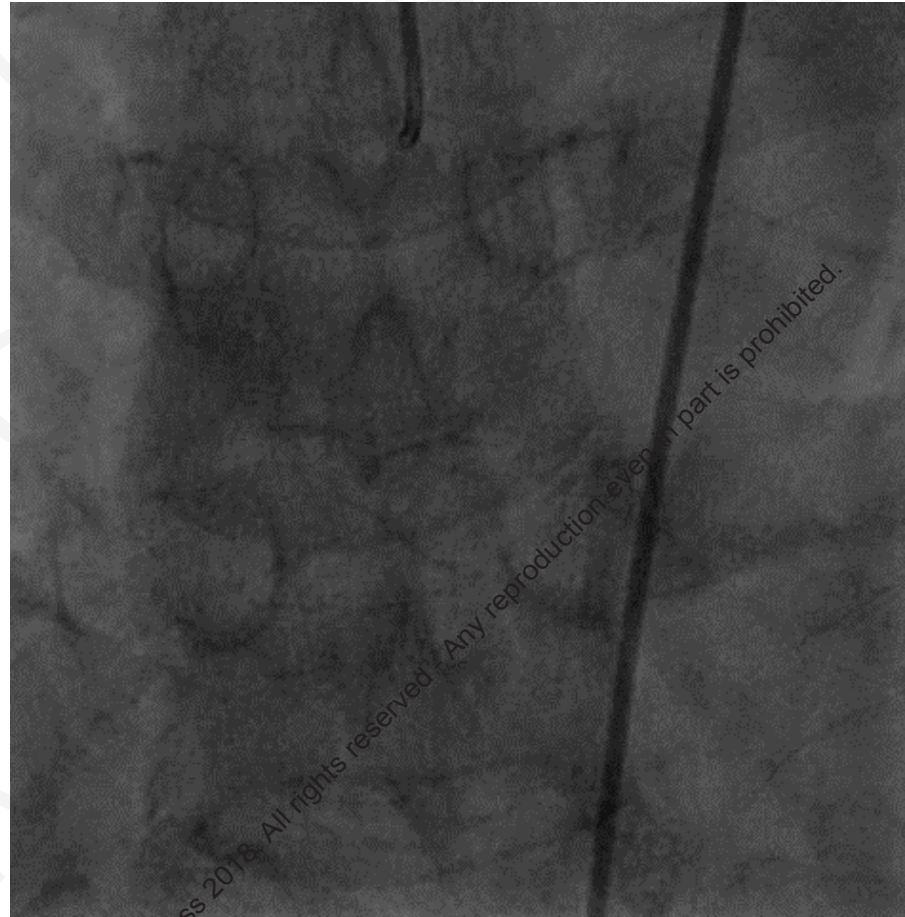
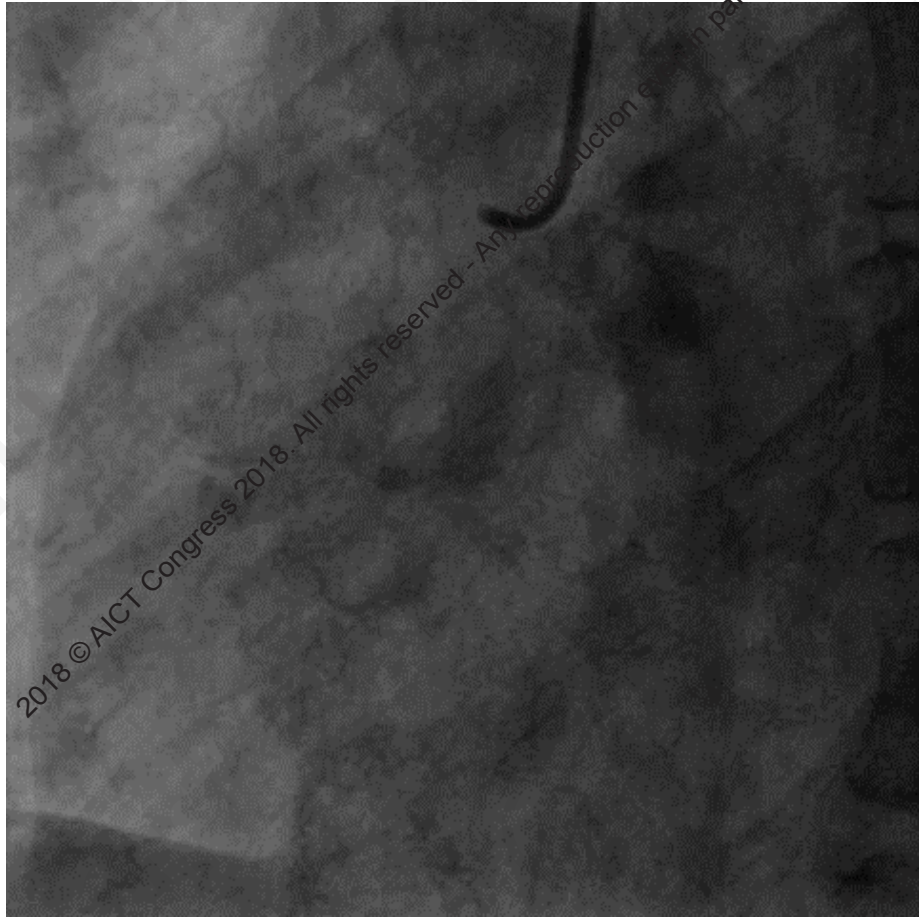
- 66/F
- DM, HT
- Admitted in 1/2016 for acute anterior STEMI
- Cardiogenic shock
- Jehovah Witness

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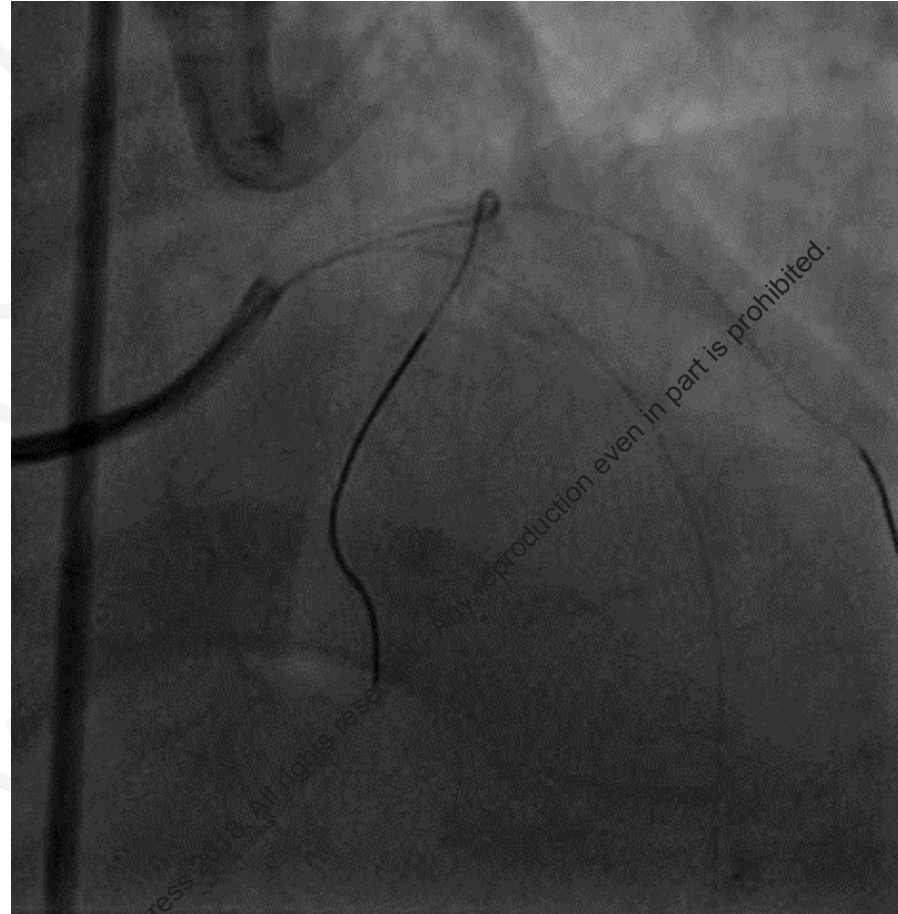
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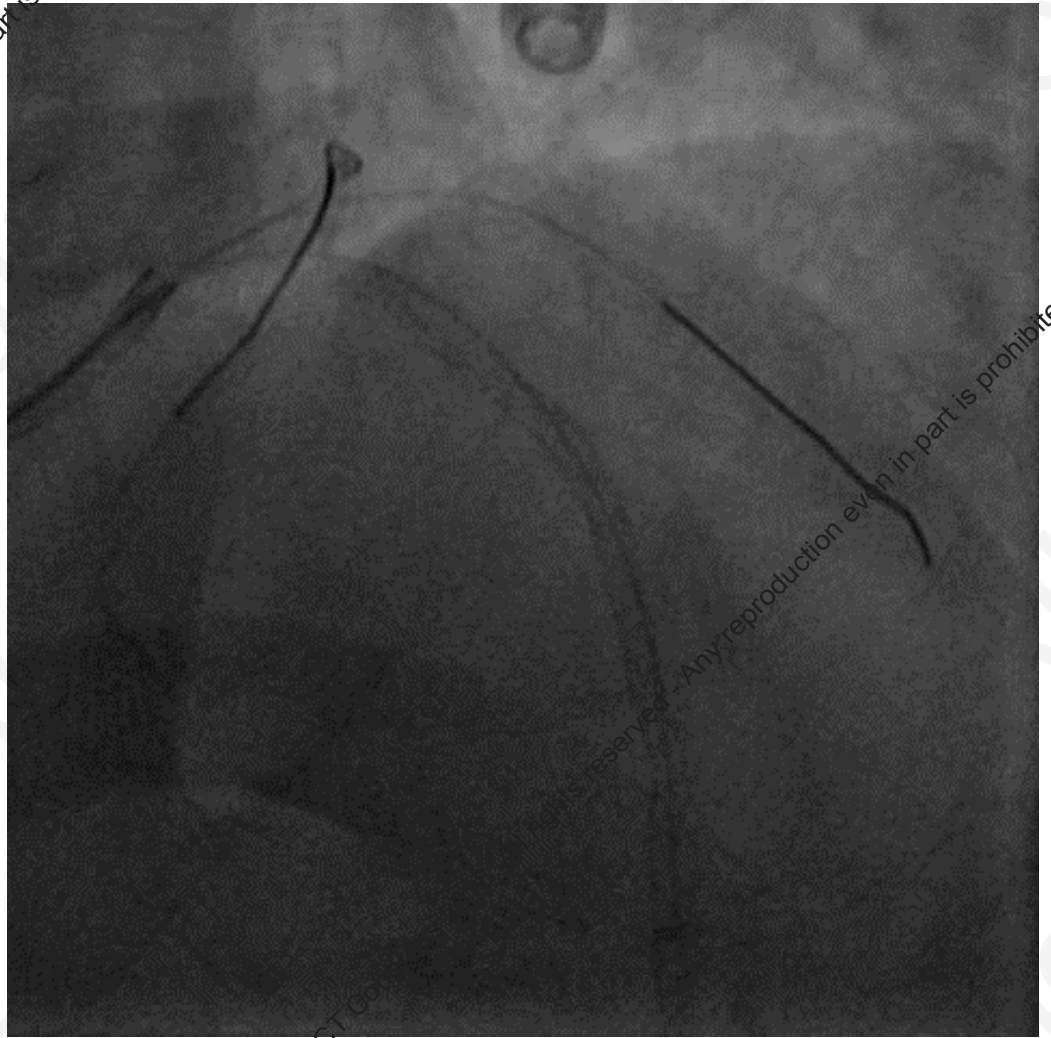
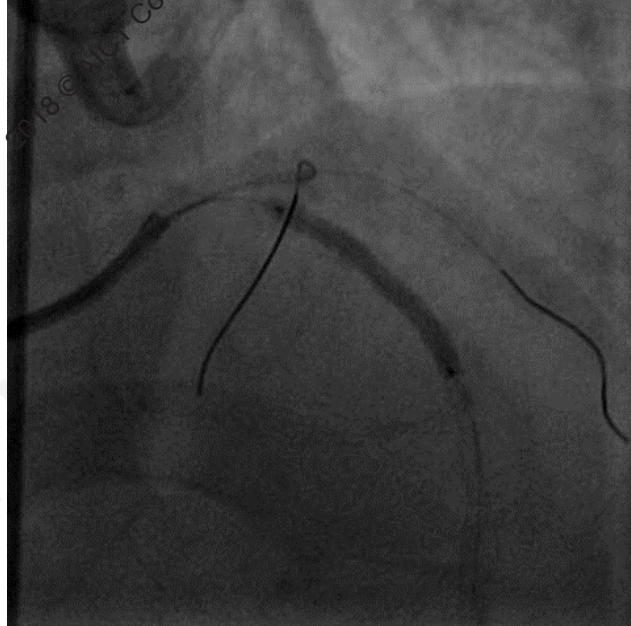
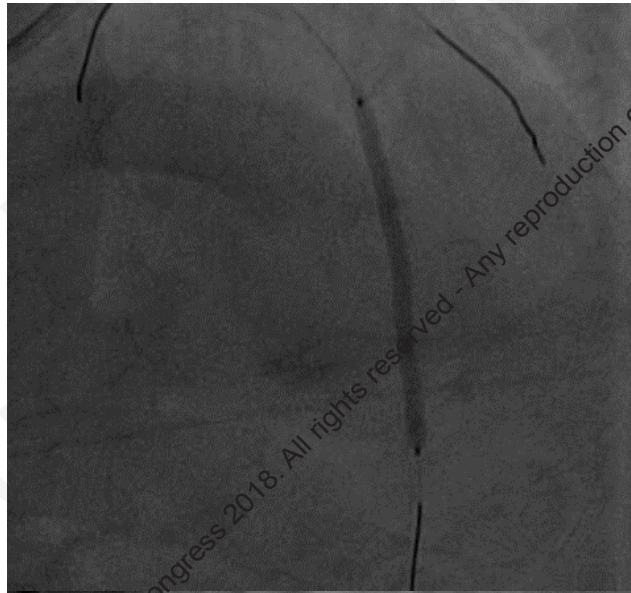
**LM plaque/thrombus with LAD occlusion  
mLCX 70-80% long disease, ramus disease**



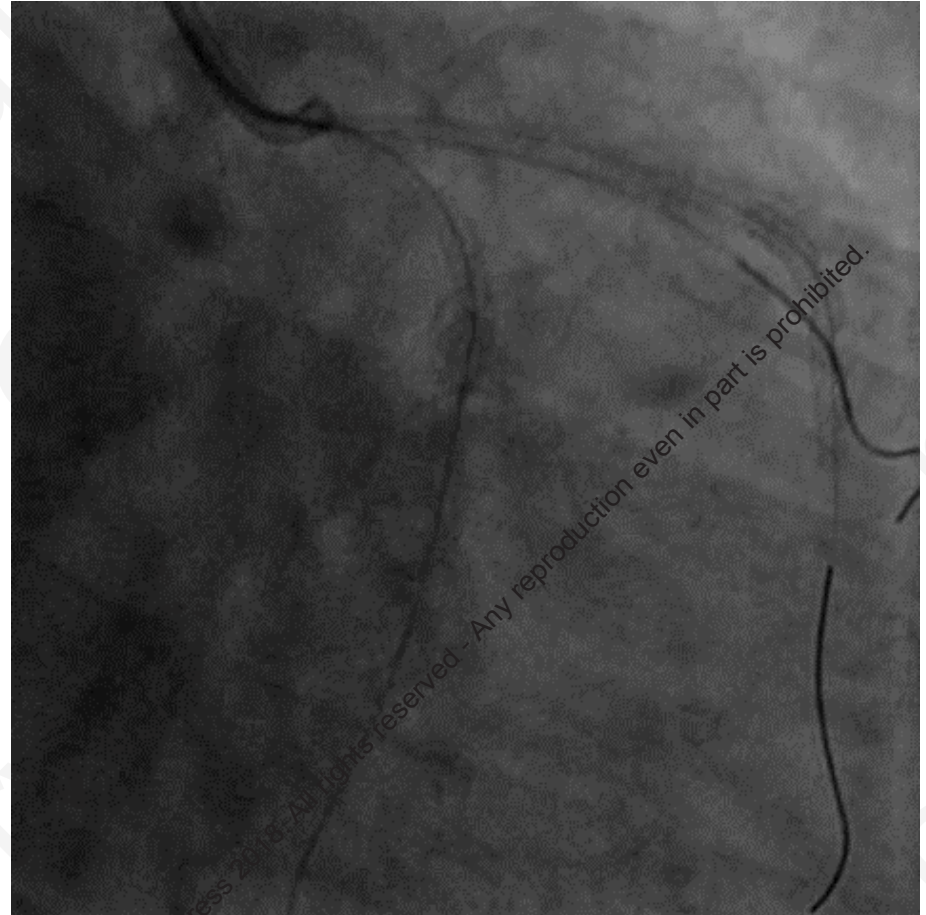
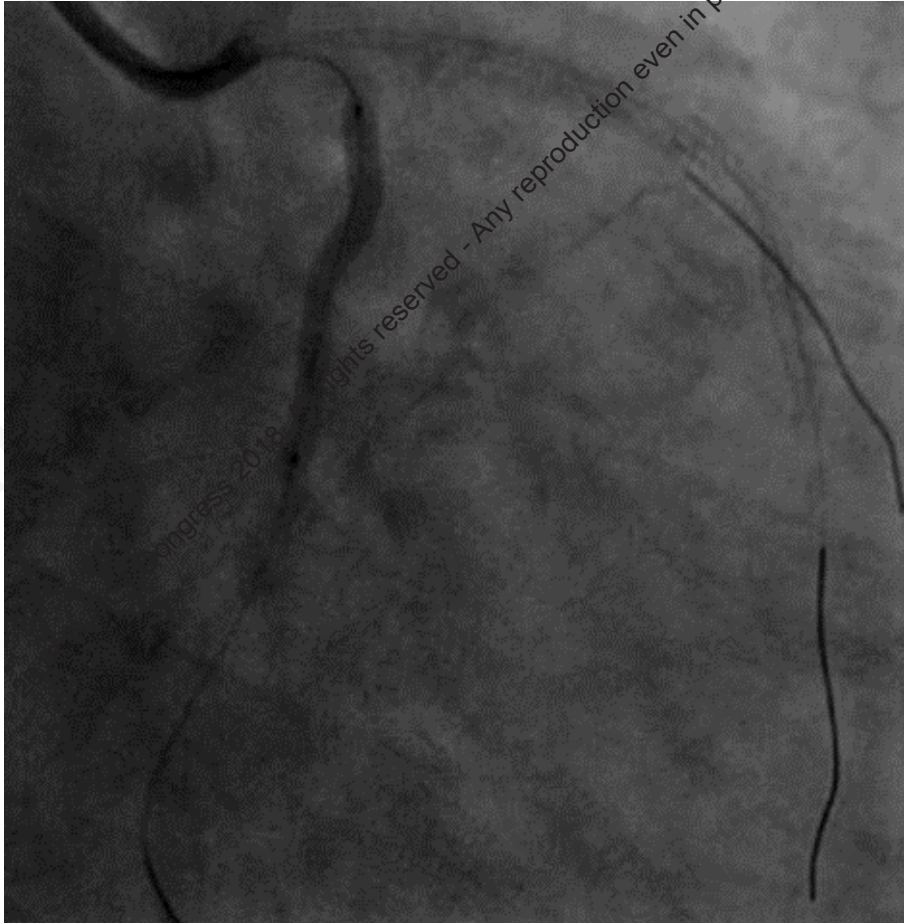
**RCA long 80-90% disease**



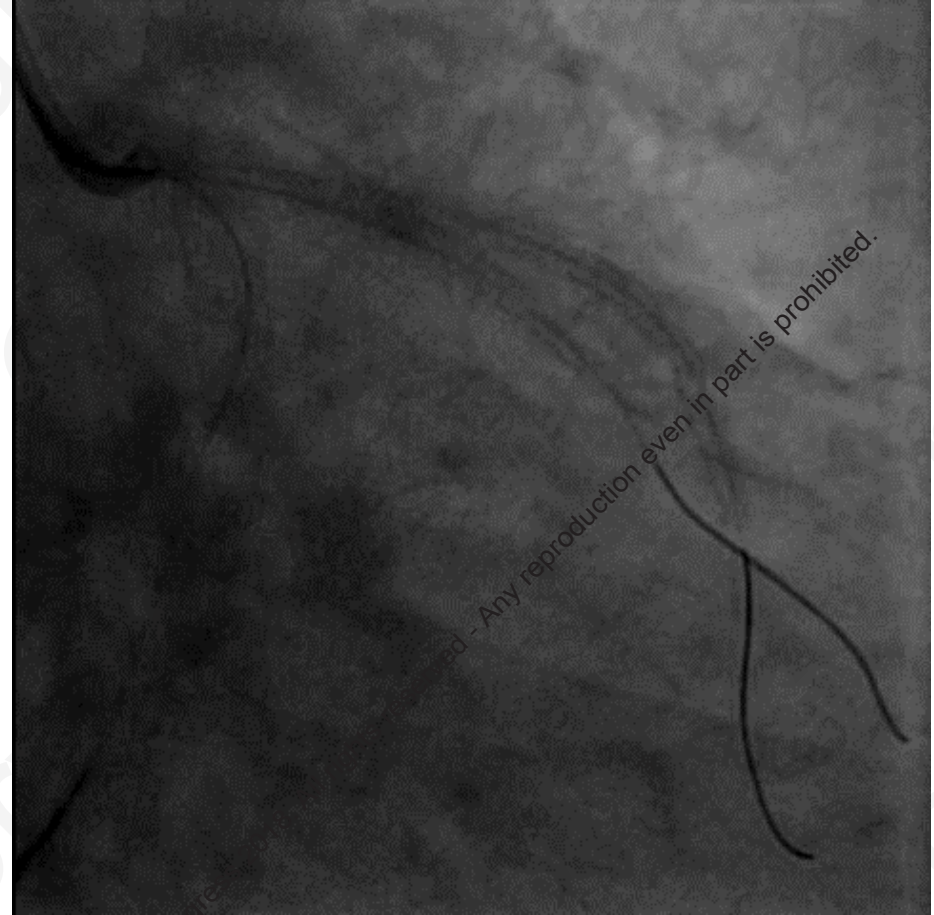
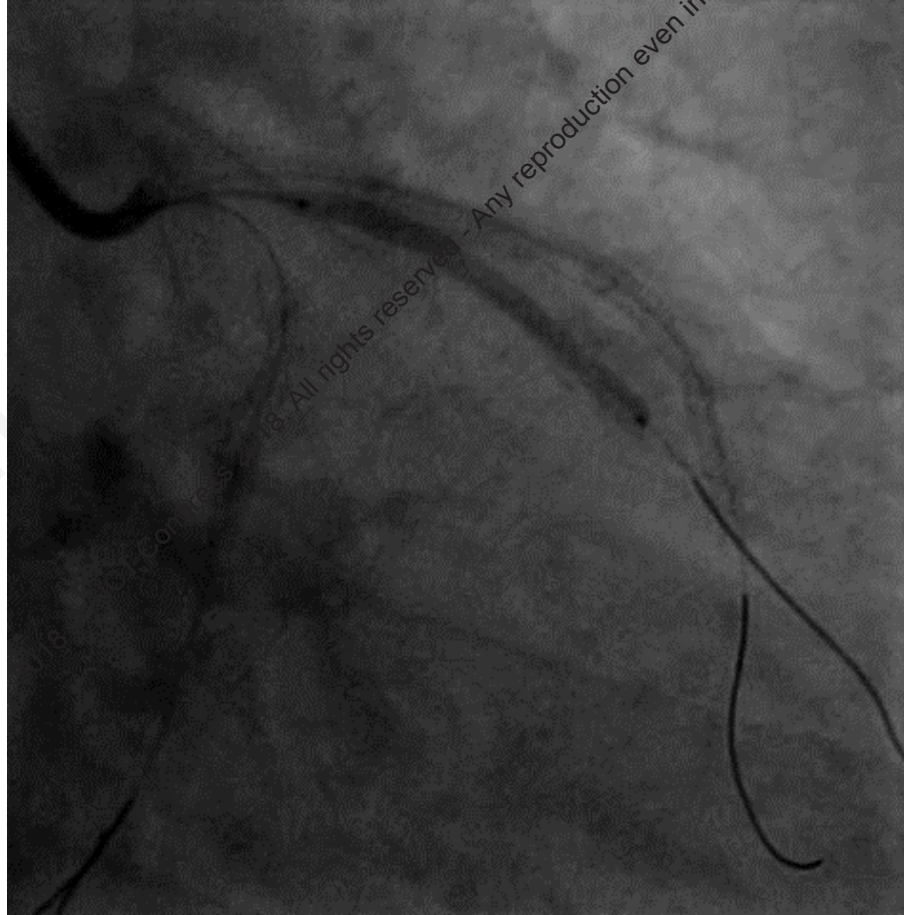
**JL4 guiding wire x 3**  
**Integrilin, Aspiration, POBA**



**LAD DES 2.25/38 and 2.5/24**

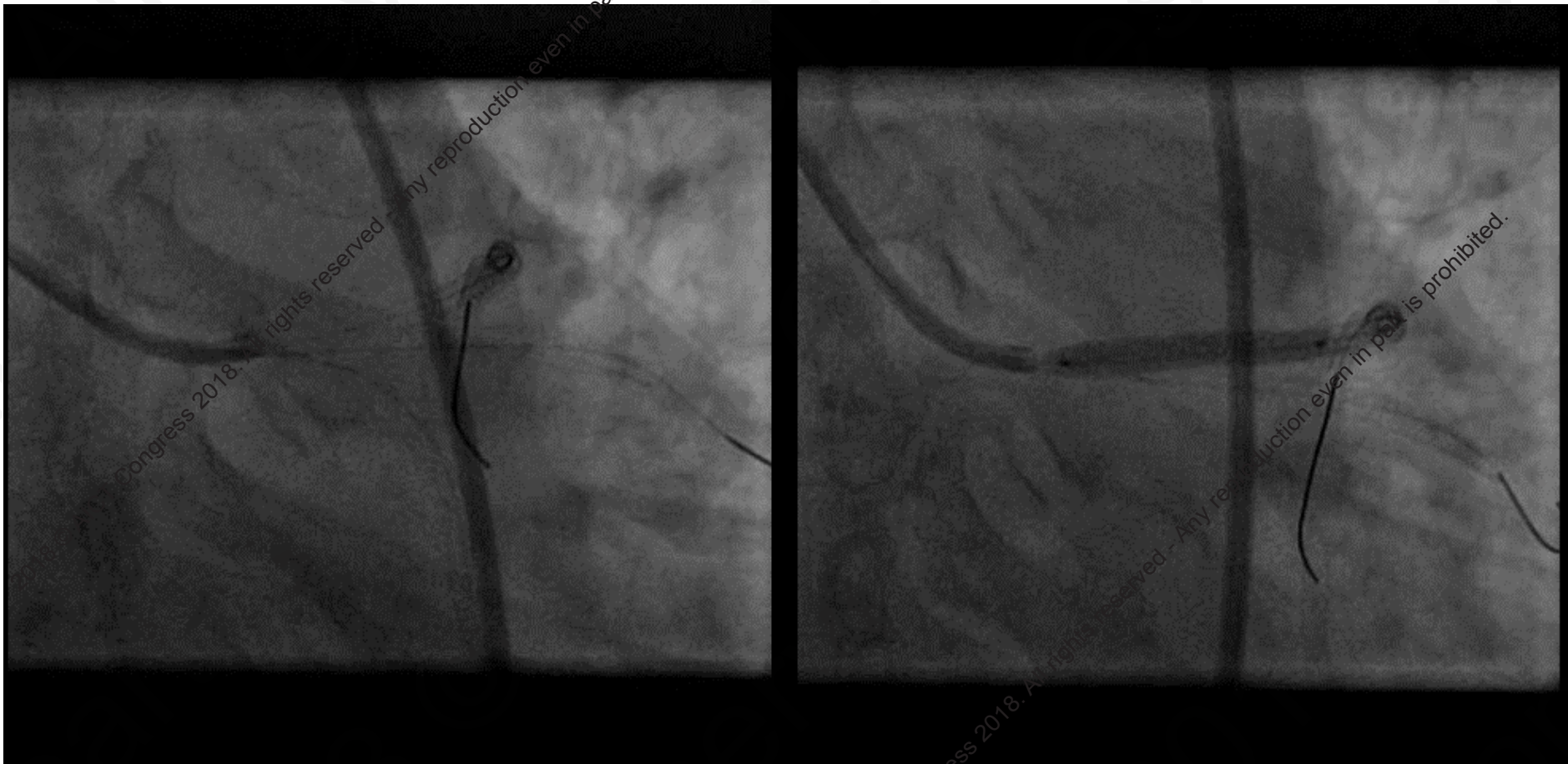






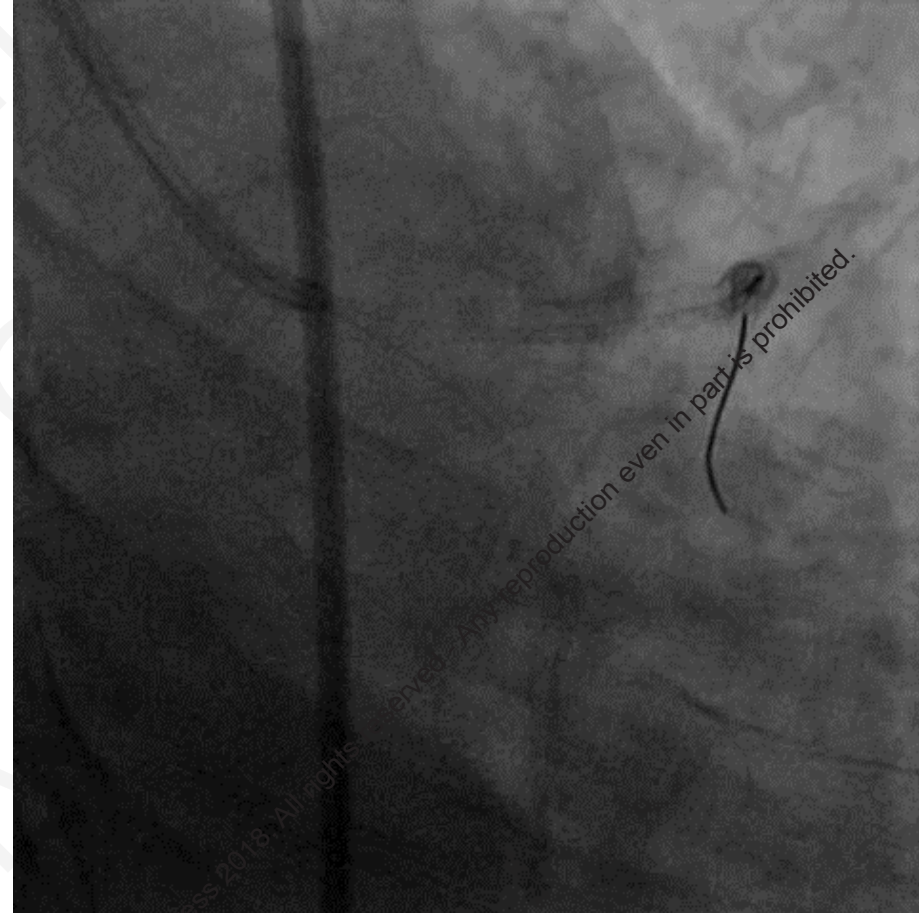
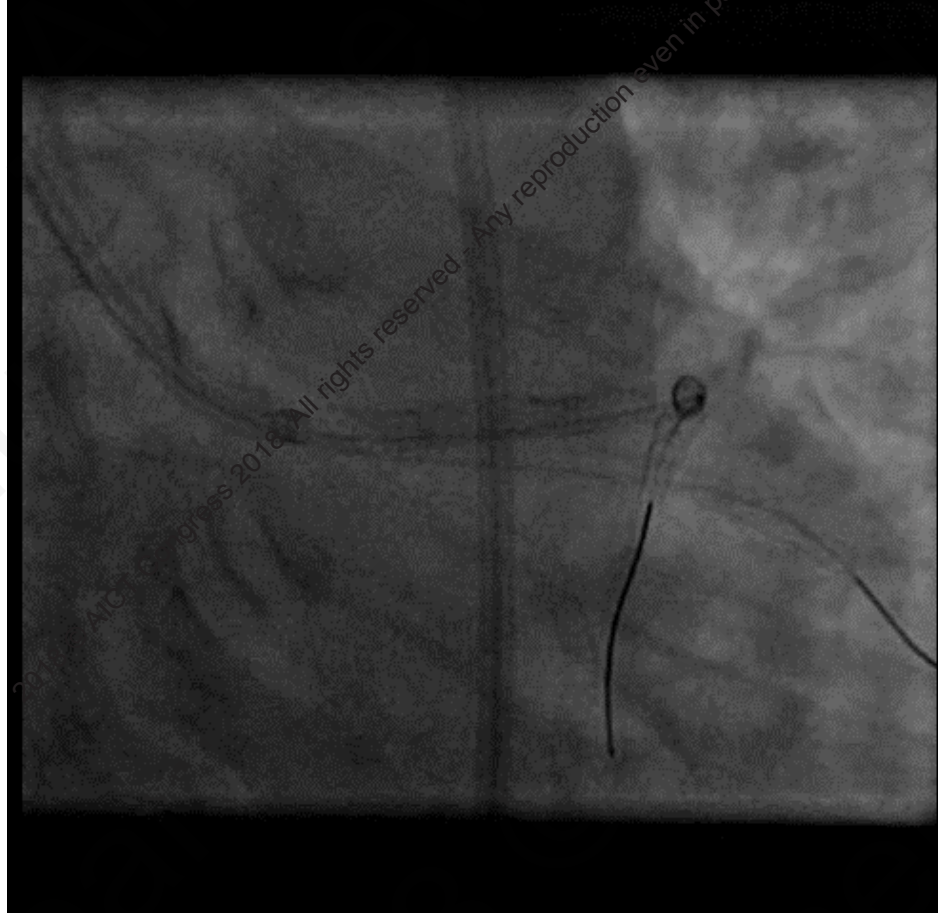
**Ramus DES 2.25/26, post dilate 2.5**

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**LM/LAD/LCX Medina 1, 1, 1 disease**

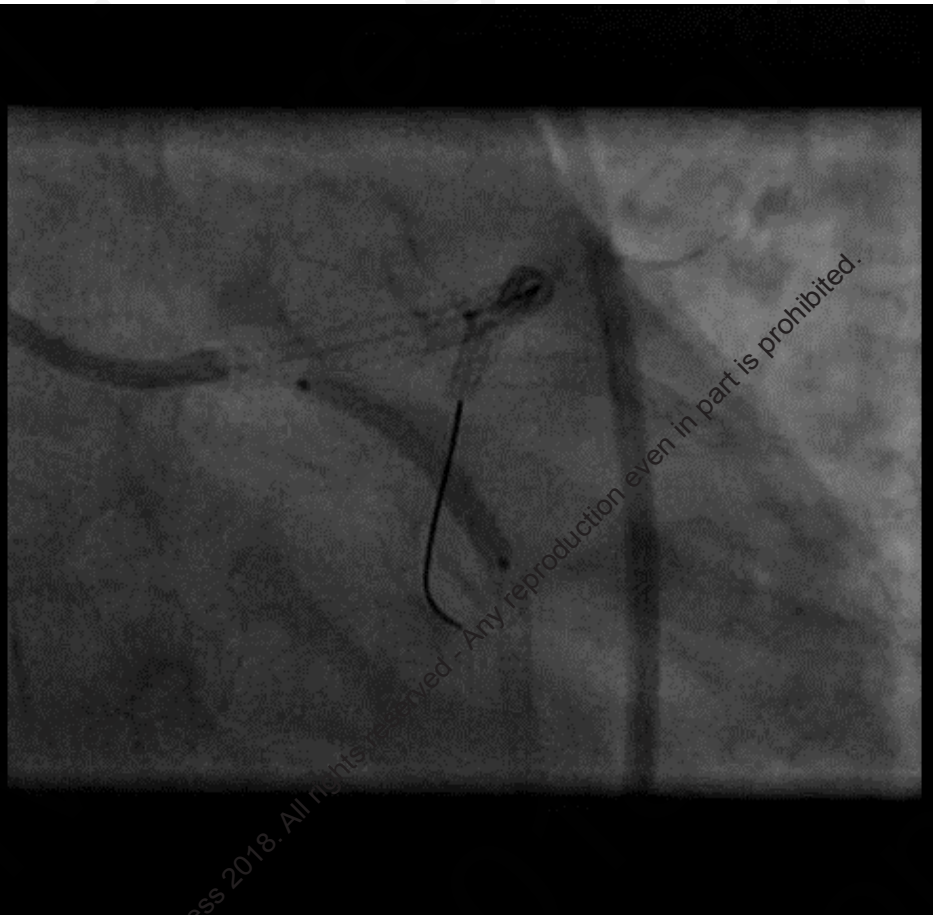
**LM-LAD Provisional stenting DES 3.0/22**



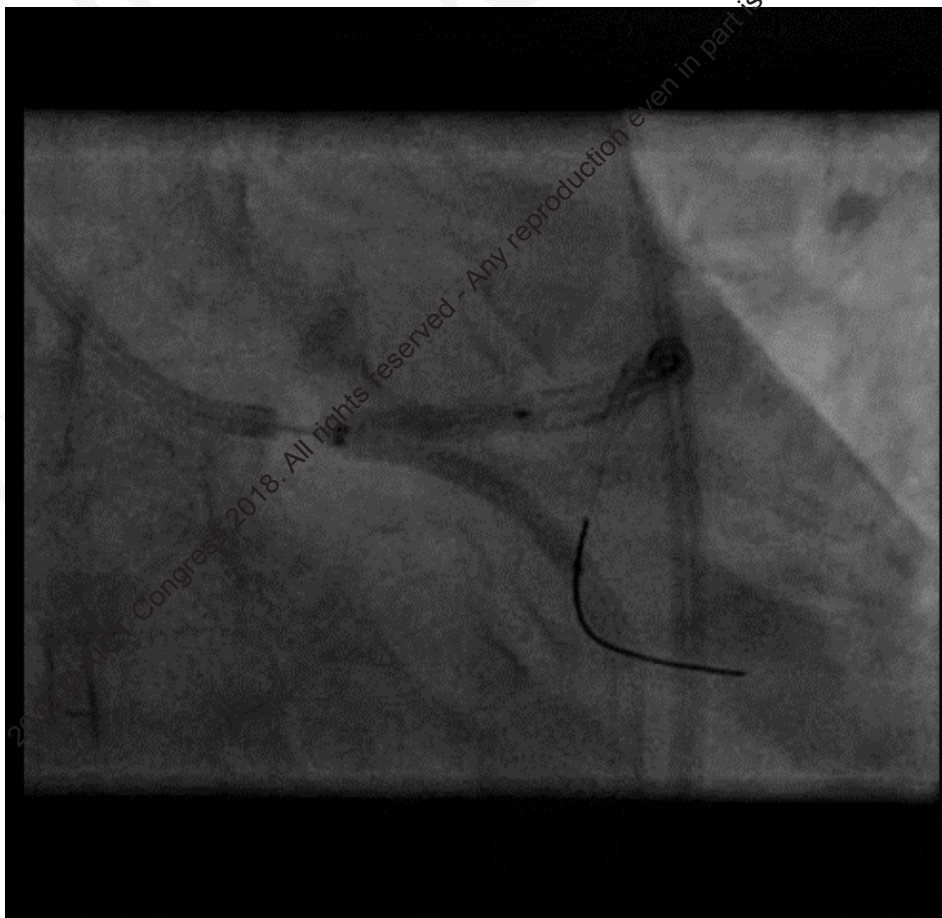
**LM-LAD stent and POT NC 3.5  
What's next?**



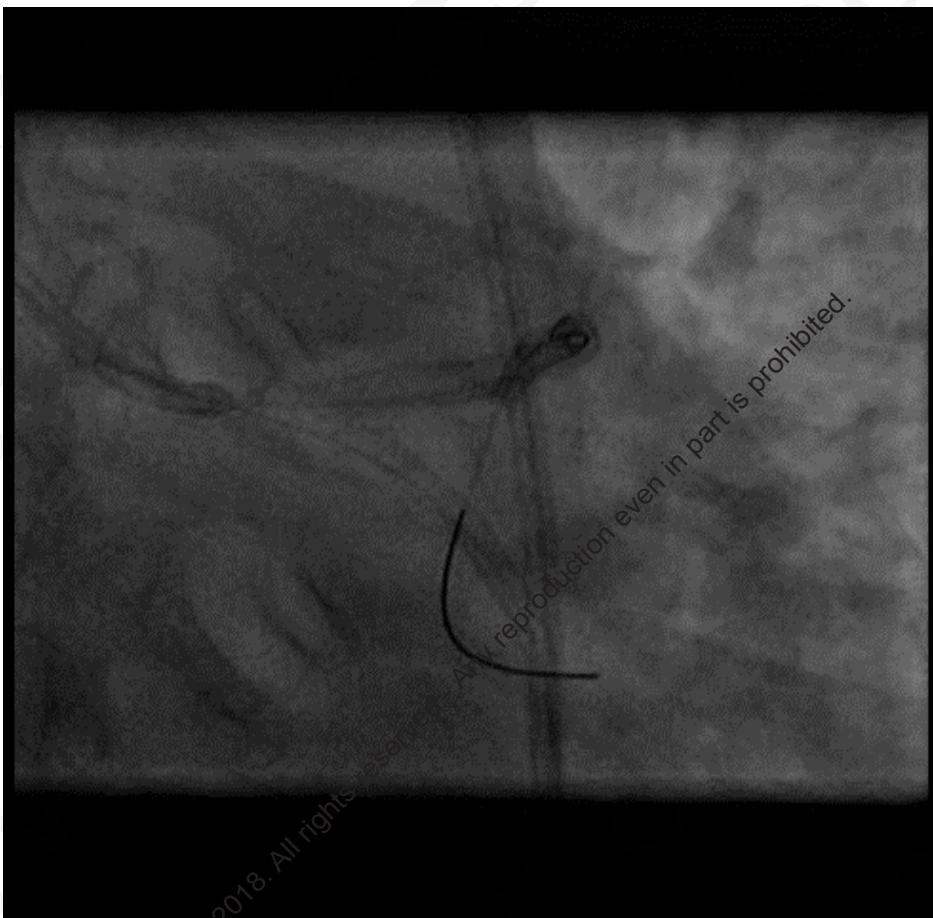
**T/TAP stenting DES 2.25/20**



**?stent migrate distal**



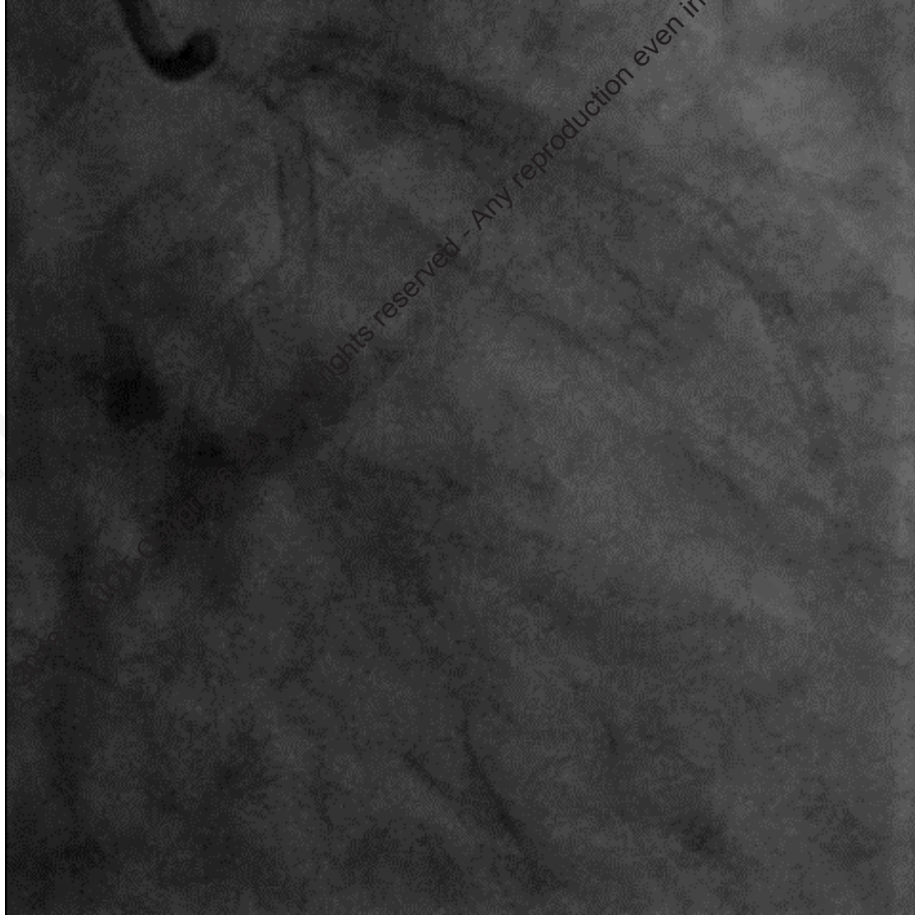
**KBI NC 3.0/NC 2.5**



**LCX ostium missed?  
TIMI 3 flow**

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**Final**

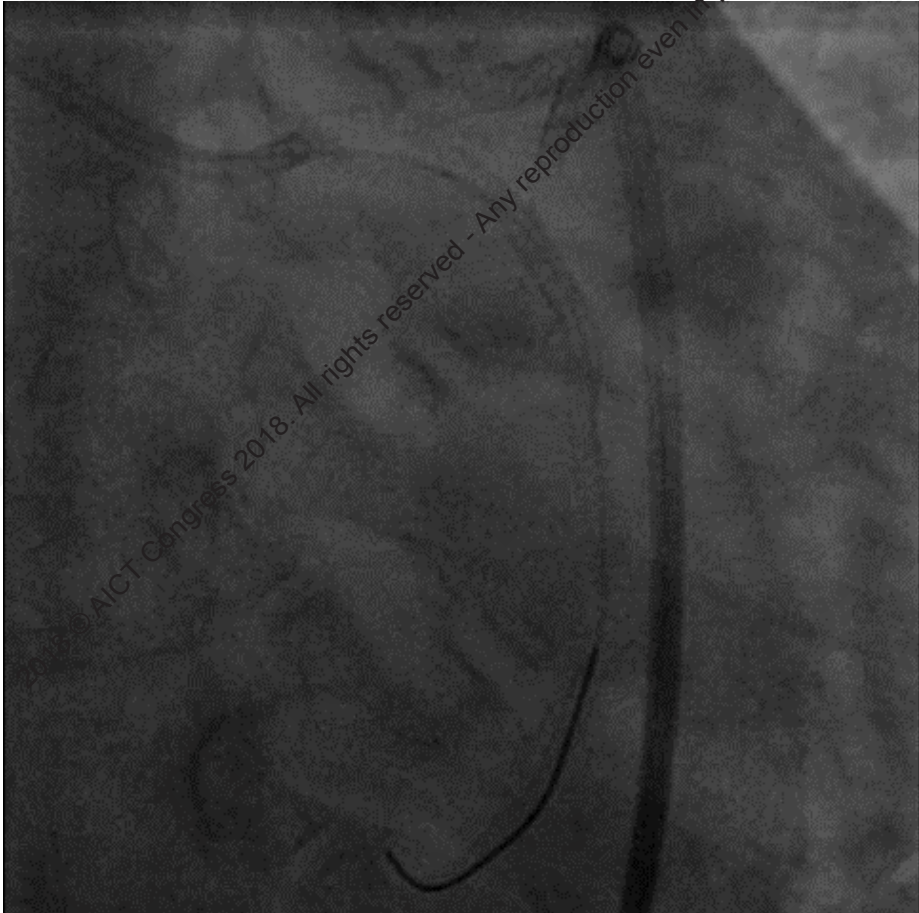
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Chest pain subsided, STE resolving, BP improved

# In-patient stage PCI



**RCA long 80-90% disease  
DES 2.25/24, 2.5/38, 2.75/33**

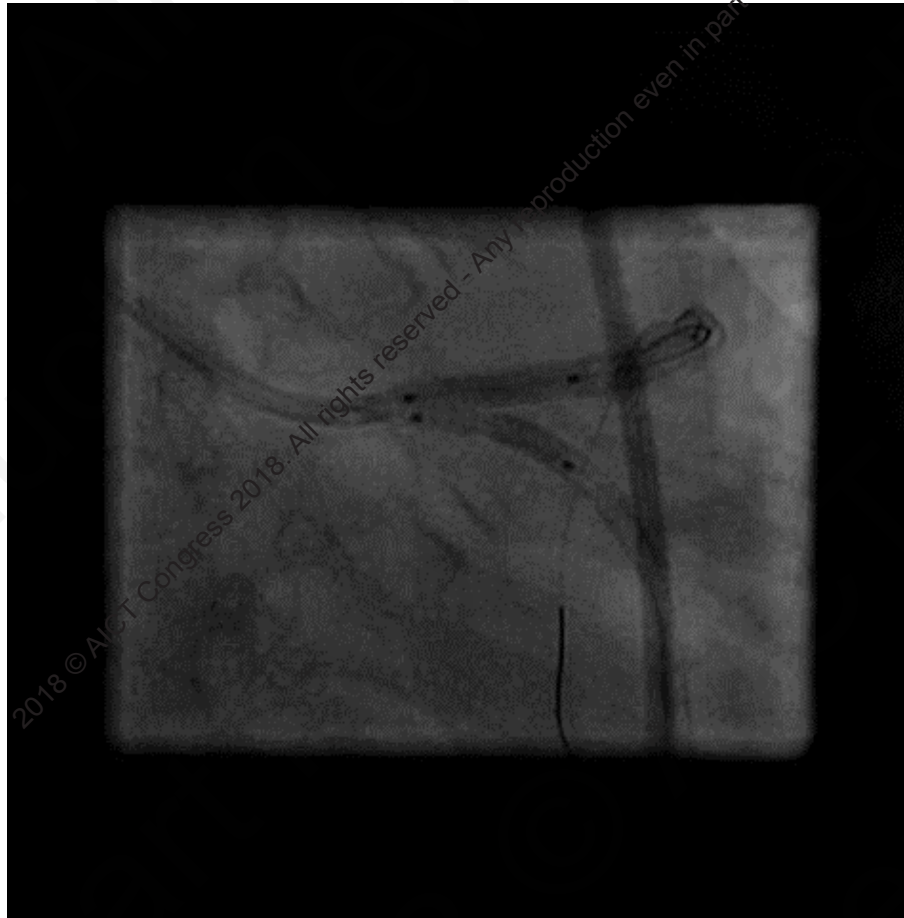


**LCX ostium  
What's next?**

**Another try for TAP stenting  
2.25/12**

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**KBI  
NC 3.0/NC 2.5**

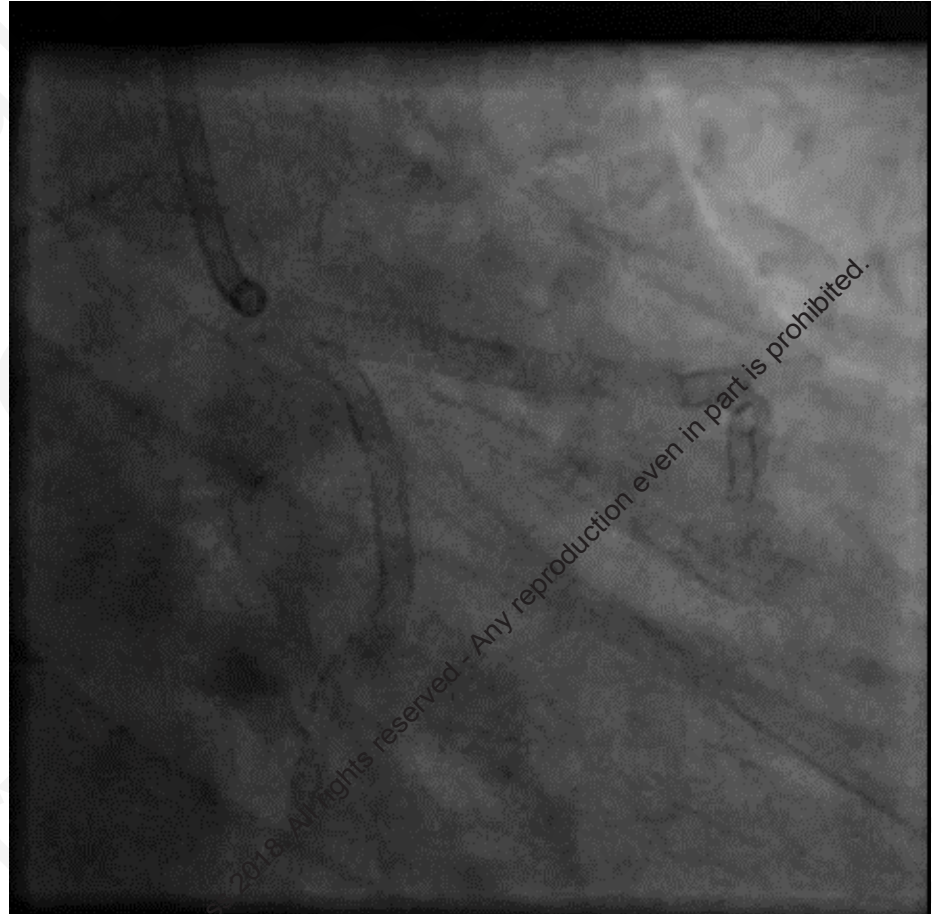
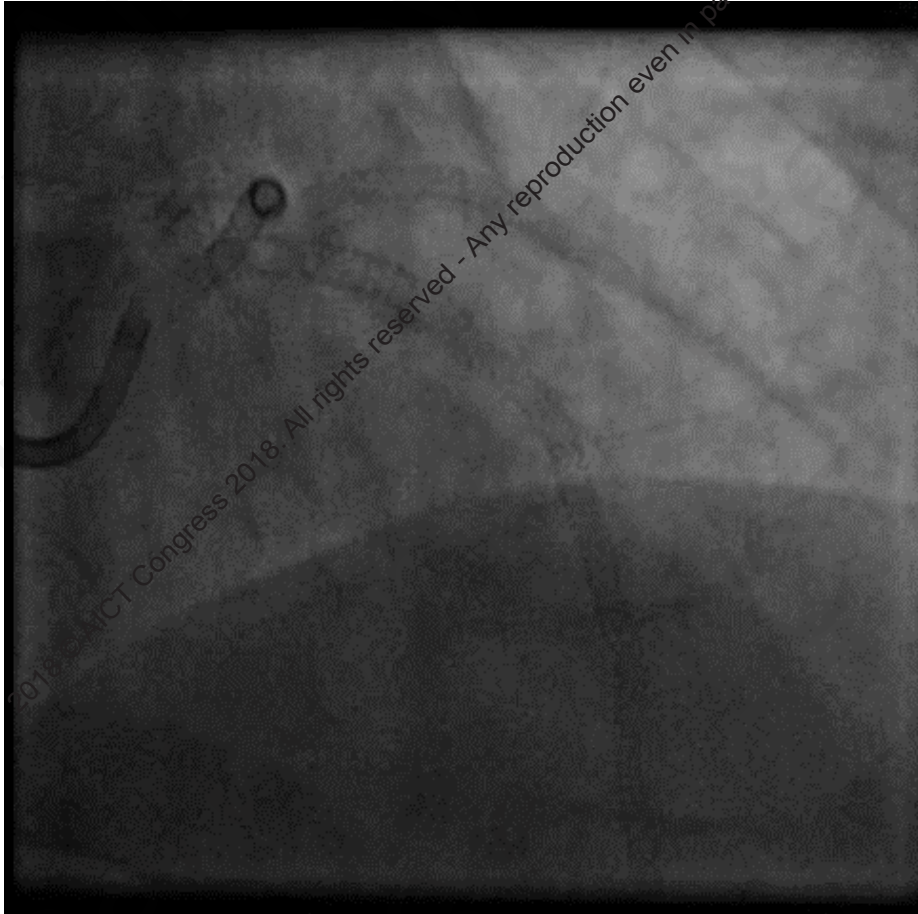


**Final**

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- Patient remained stable, no chest pain
- Discharged and remained stable until...
- Admitted in 8/2016 for NSTEMI
- EF 25%

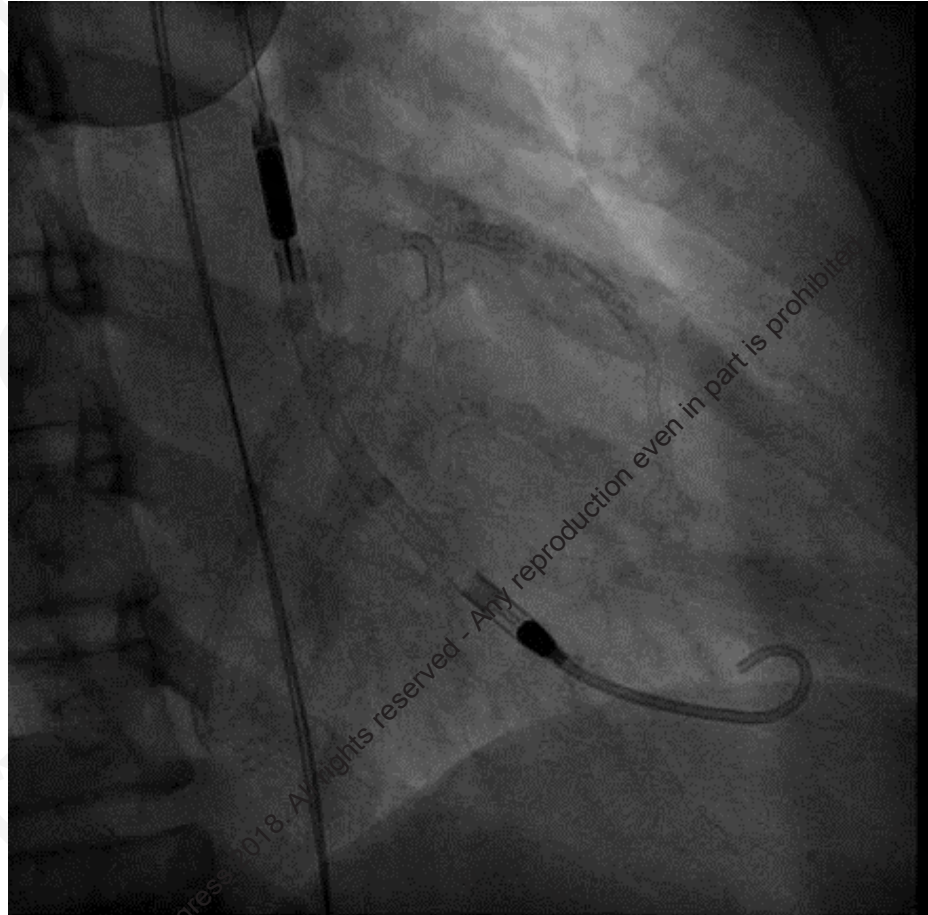


**Ostial LCX critical ISR, TIMI 1/2 flow**  
**Ostial ramus critical ISR**

# Impella assist PCI



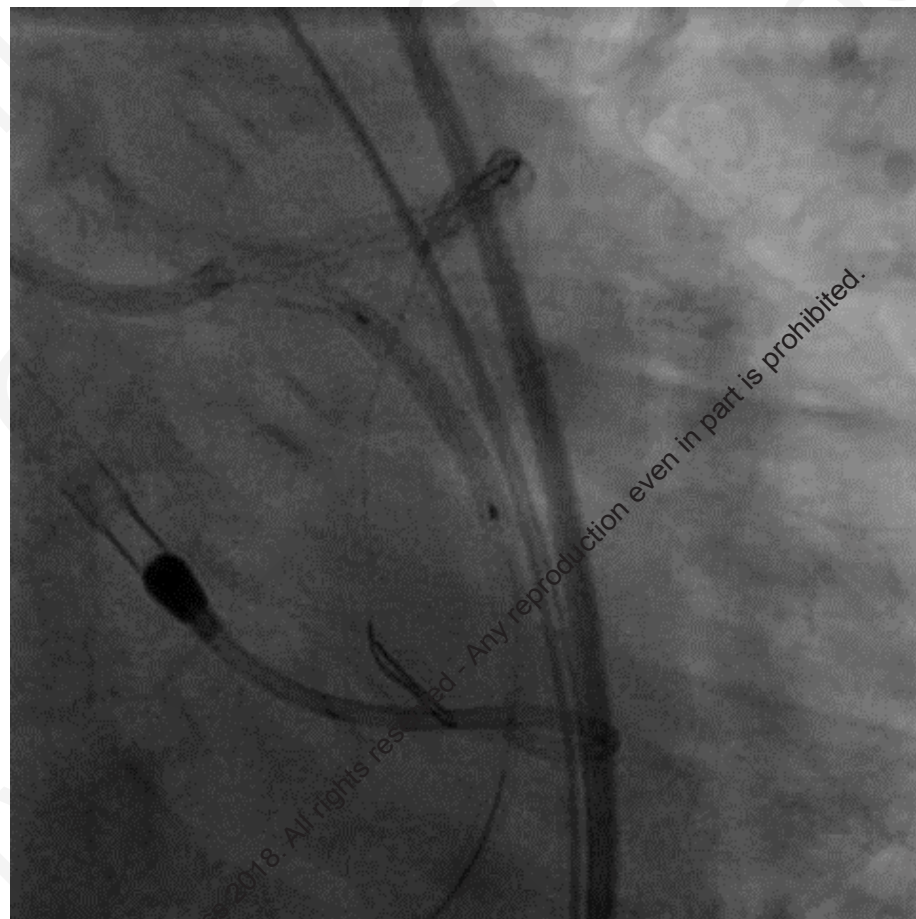
**Contrast guided puncture  
Preclose X 2**



**Impella**

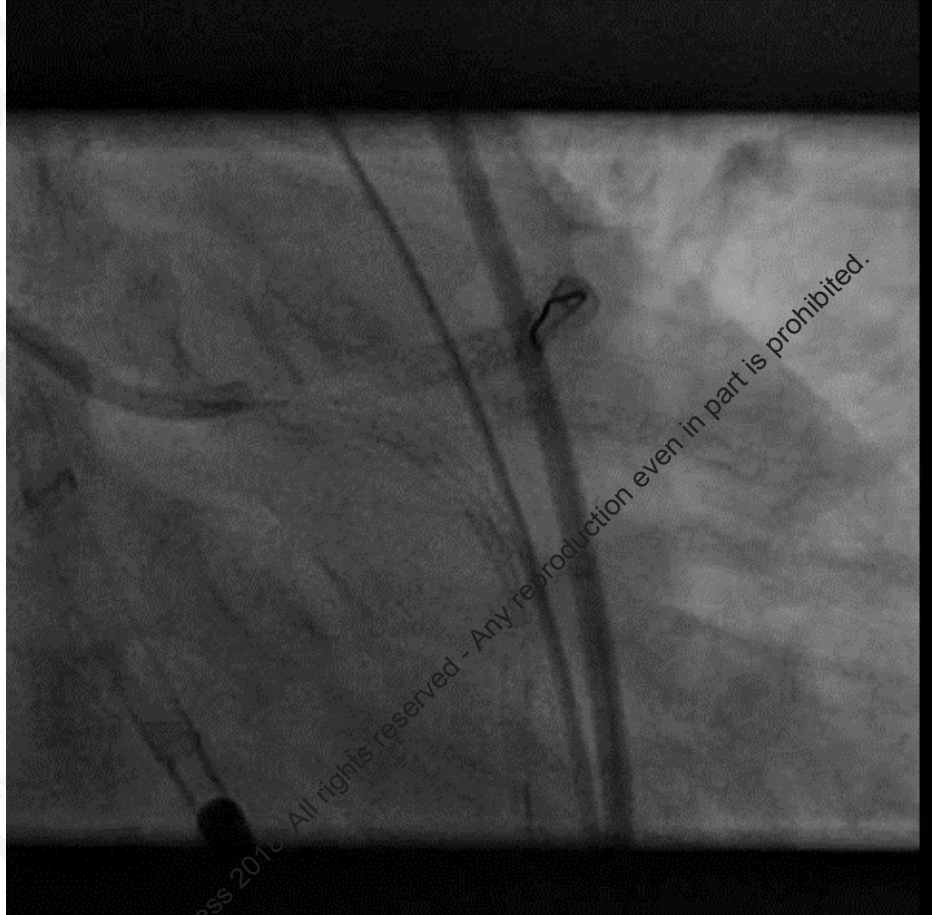
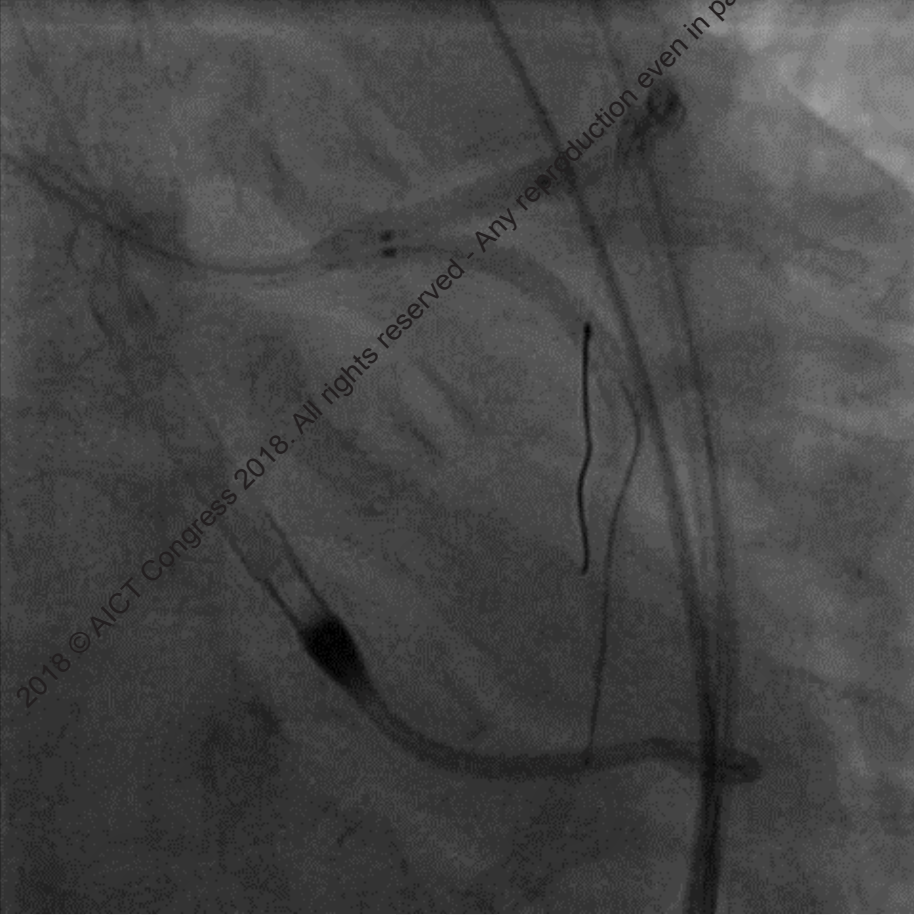
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Wires successfully went to ramus, but cannot pass balloon/MC

**LCX: POBA NC 2.5 and DCB 2.5/25**



**KBI: NC 3.0/NC 2.75**  
**KBI: DCB 3.0/DCB 2.75**

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# 1/2017 restudy CORO



**Mild ISR, TIMI 3 flow**

**Patient asymptomatic, EF 40-45%**



# LM stenting: Thoughts

- Intracoronary imaging should be performed (IVUS)
- TAP stenting: NOT to miss the ostium
- Culotte stenting a better option in this case?