

# A case of complex LM PCI

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**Patient Demographic:** Male; 57y

**Clinical Presentation:** Chest pain 3 months,  
Progressively worsening 2weeks

**Examination:**

EKG: normal

TNI (-) ; BNP (-) ;

UCG: LVEF: 53%; LV: 39/54mm

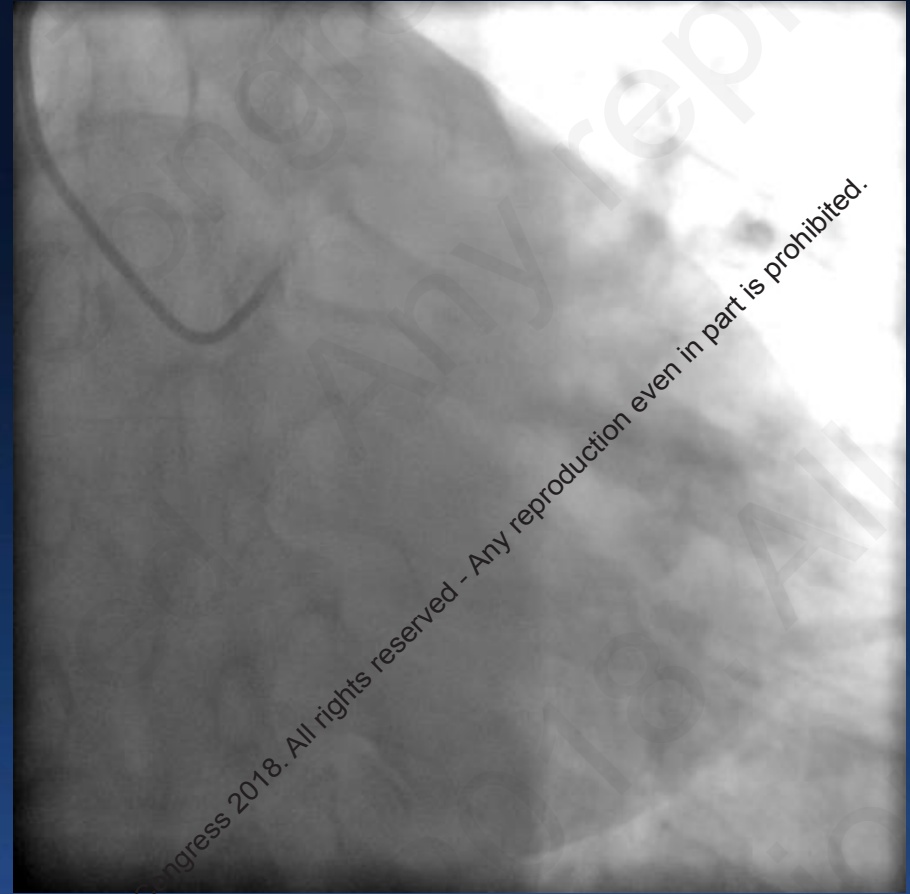
**Risk:** Hypertension

Smoker

No family history of CAD



# Transradial angiography

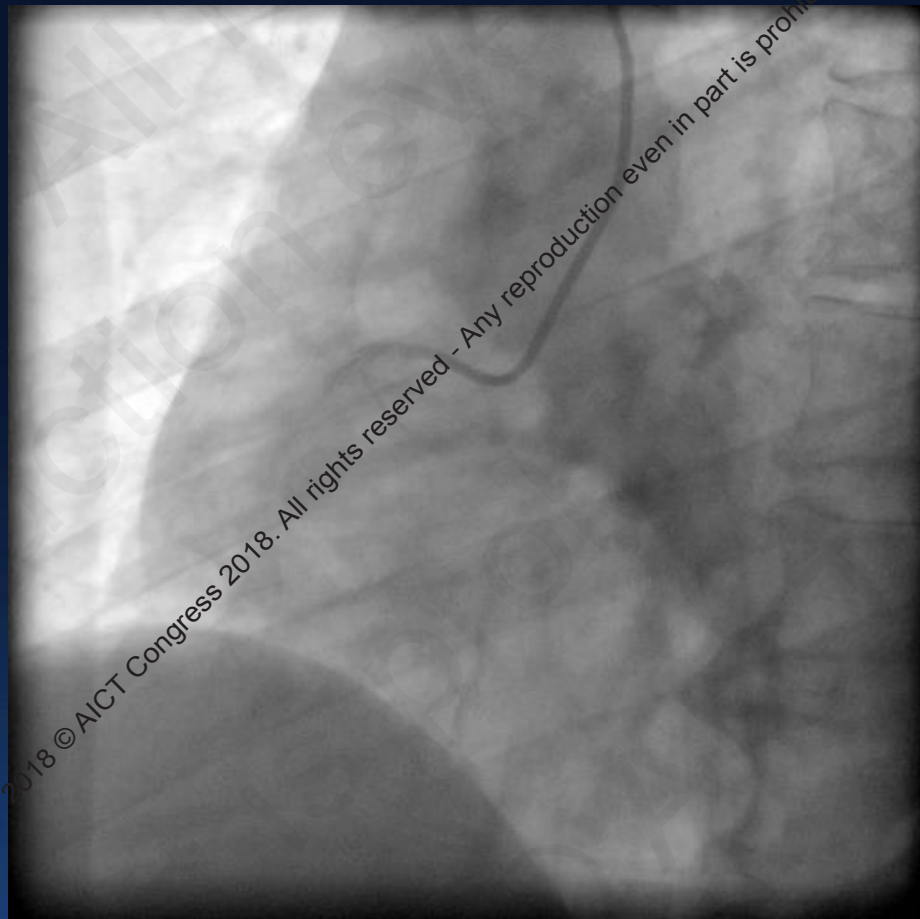


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# Strategy

- Male 57 years old
- Unstable angina pectoris
- Chest pain 3 months, Progressively worsening 2 weeks
- Left Ventricular Function is good (LVEF: 53%; LVDD: 54mm).
- SYNTAX score: 29

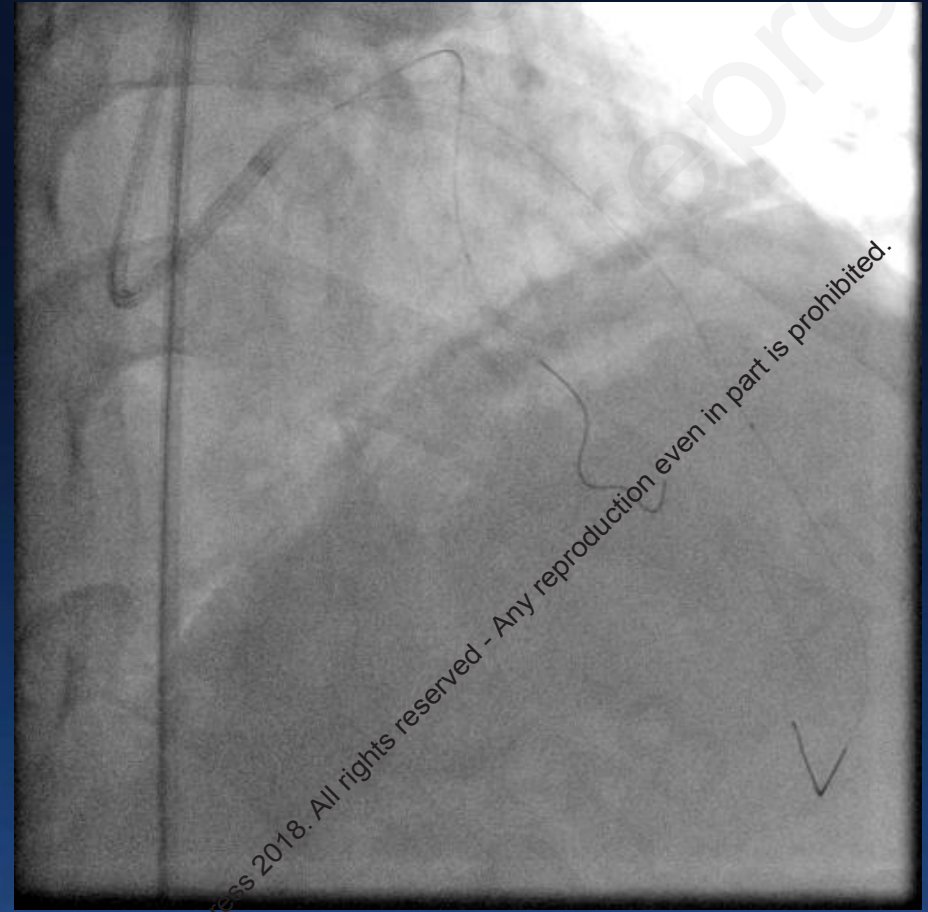
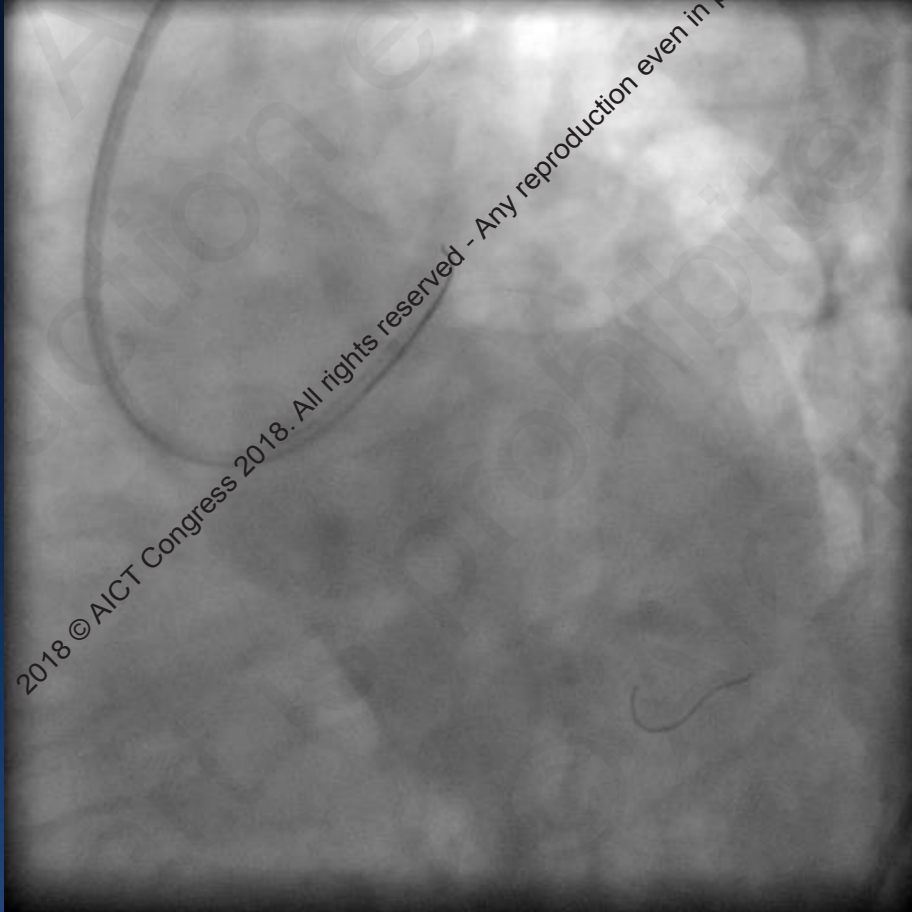


# CABG or PCI? (Excel and Nobel)

- CABG is good!
- What about PCI?
  - PCI is also a option!
- Patient's will
  - Surgical team
  - Interventional team
  - Try PCI first.



# Switch to femoral approach



GC: 7F EBU 3.5      W:Fielder XT ; Sion blue; BMW; MC: Cosair

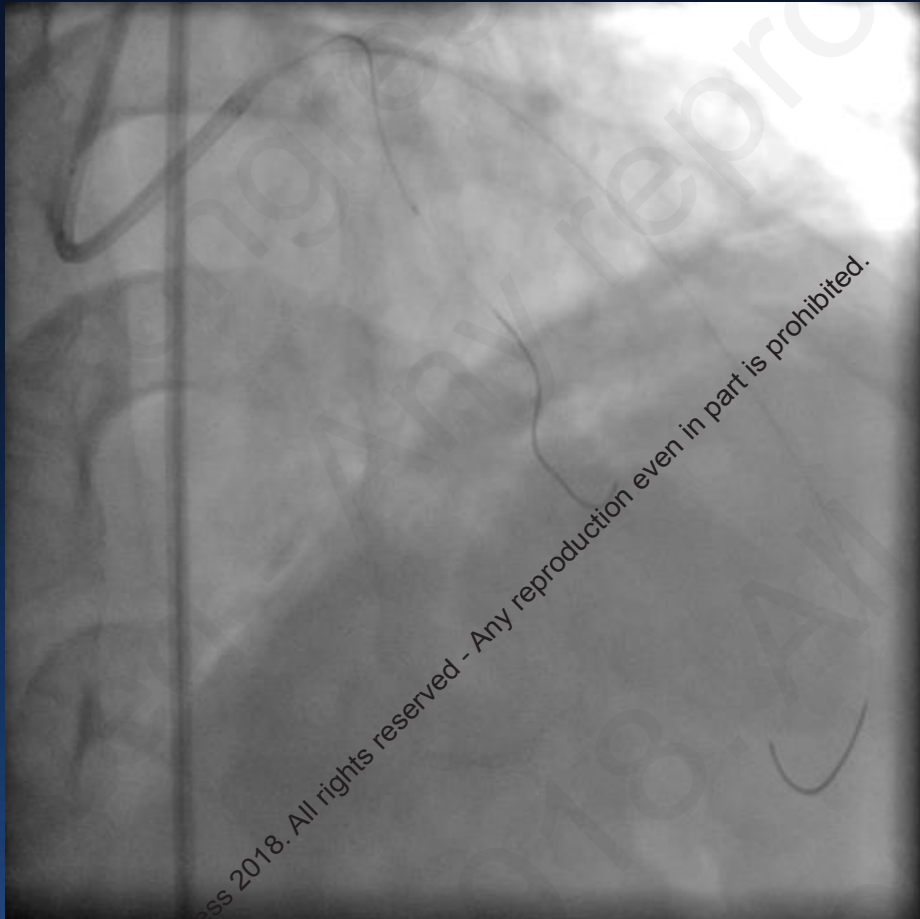
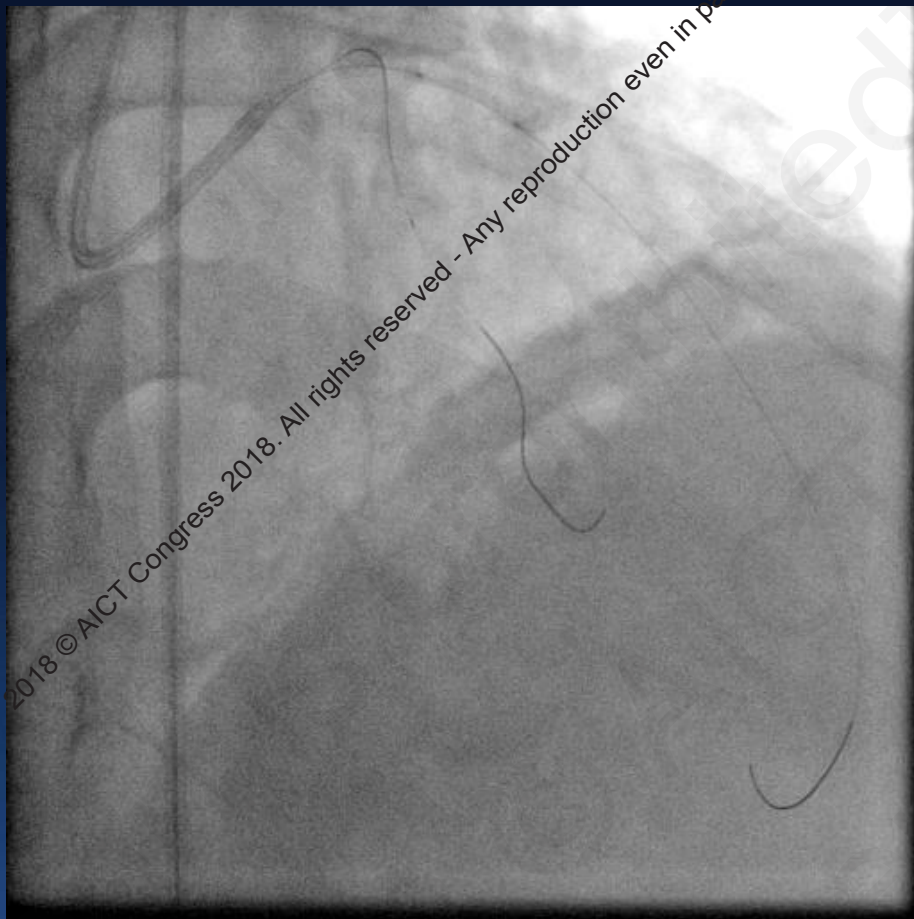


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# Pre-dilatation



B:Apex 2.0\*15mm Emerge 2.5\*12mm



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# Treatment for Distal LM Bifurcation Lesion



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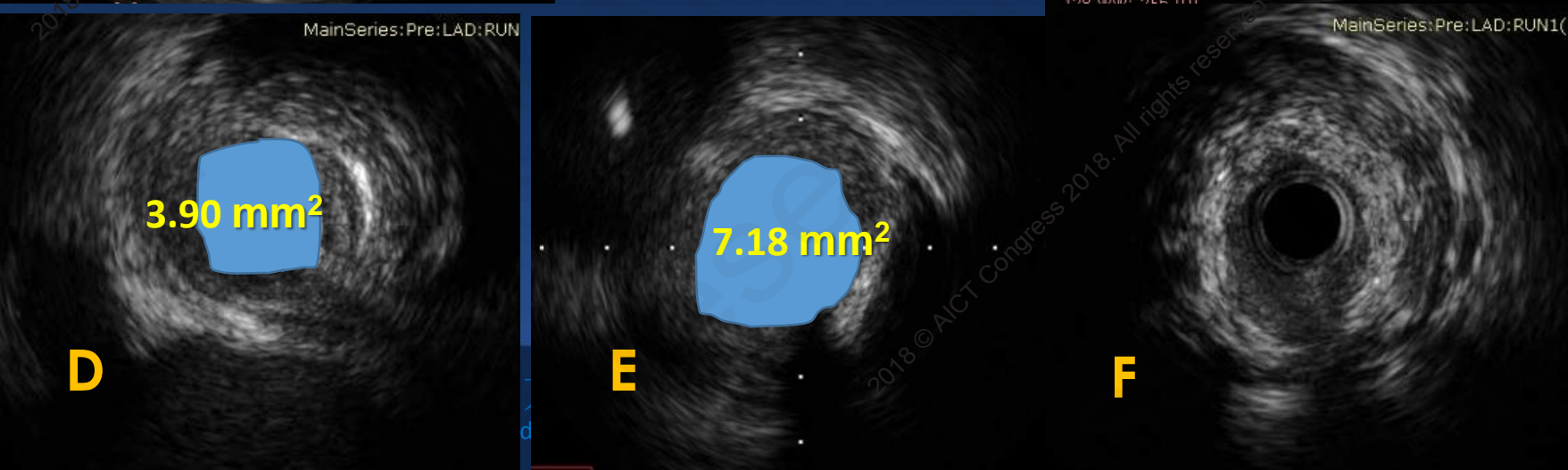
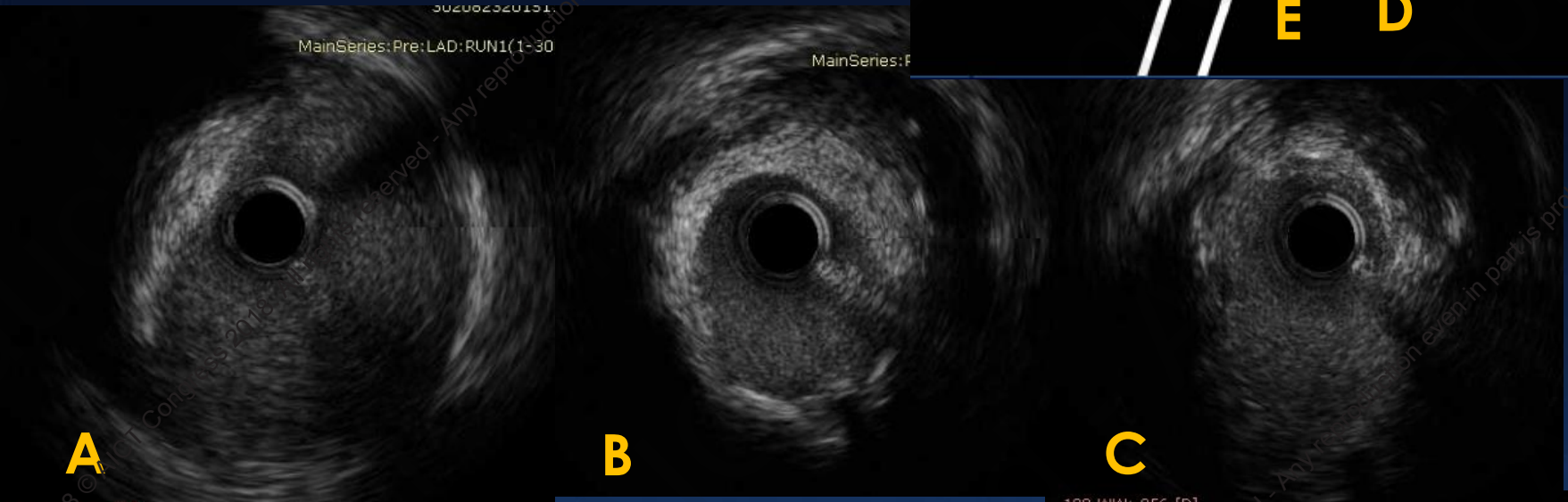
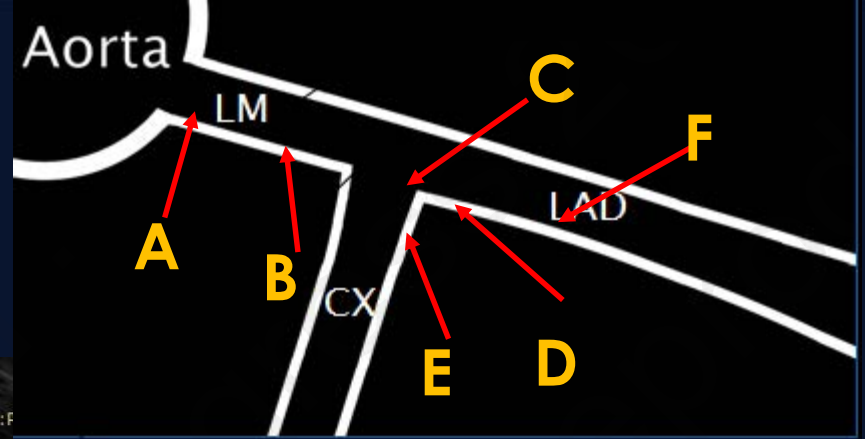
# Stent Strategy for Distal LM Bifurcation

<b>Stent Cross Over</b>	<b><i>Normal Ostial LCX (Medina 1.1.0., 1.0.0)</i></b> Normal or Diminutive LCX Small LCX with < 2.5 mm in diameter Focal disease in distal LCX
<b>Two Stent</b>	<b><i>Diseased LCX (Medina 1.1.1., 1.0.1)</i></b> Large LCX with $\geq 2.5$ mm in diameter Diseased left dominant coronary system Concomitant diffuse disease in distal LCX

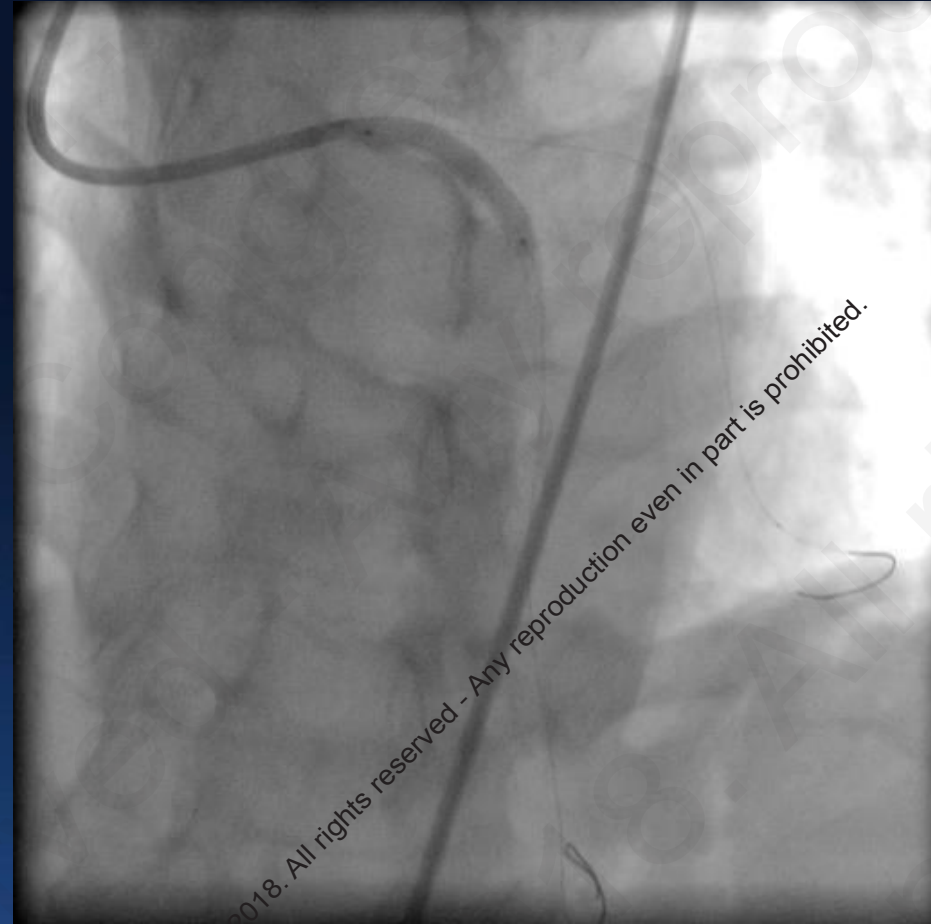
Park SJ, Kim YH. Colombo A, Issam D. Moussa et al.  
Textbook of Bifurcation Stenting 2007



# IVUS after Pre-dilatation

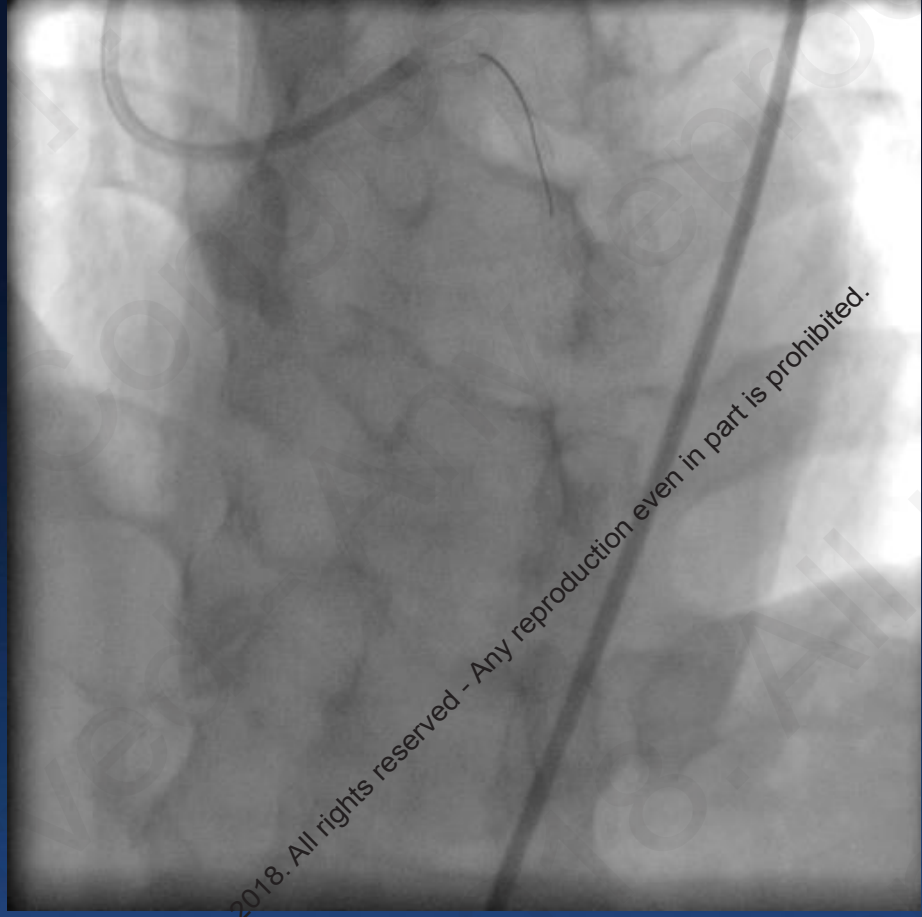
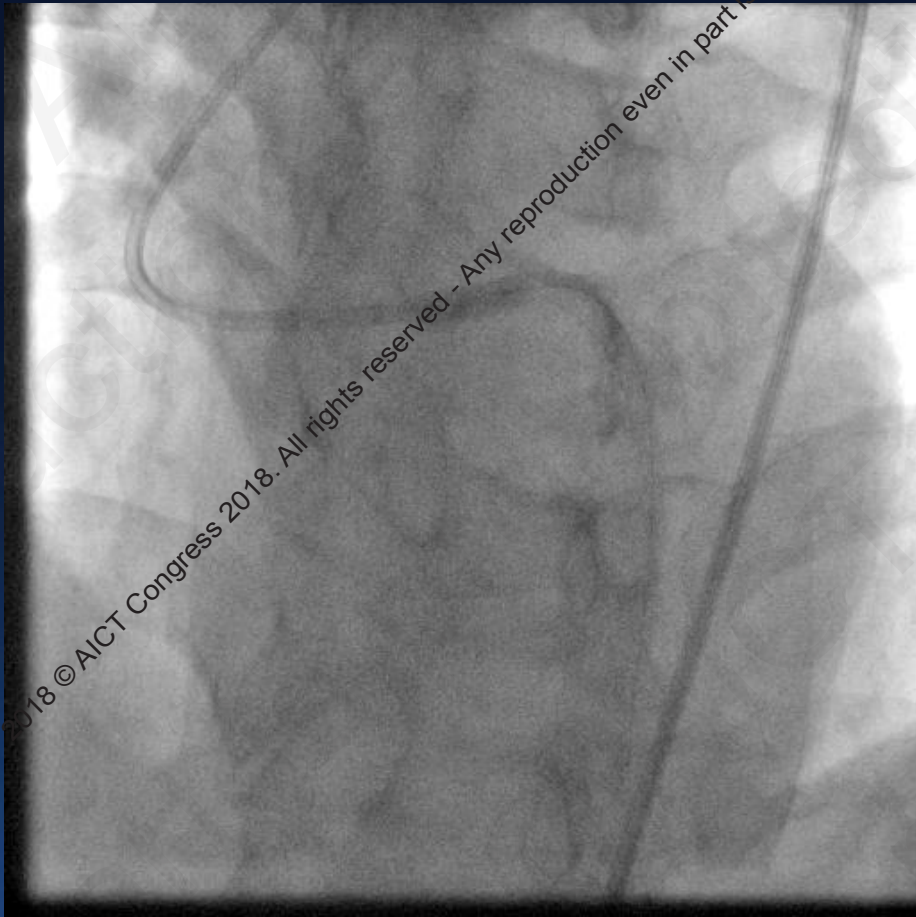


# STENT

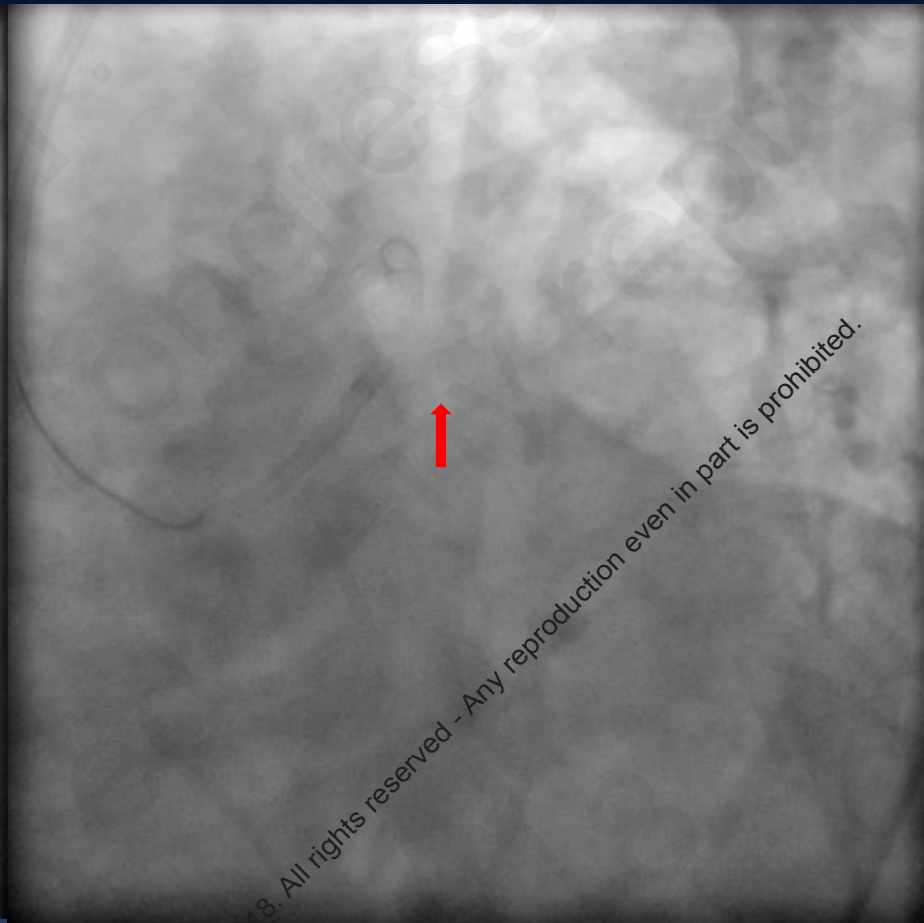
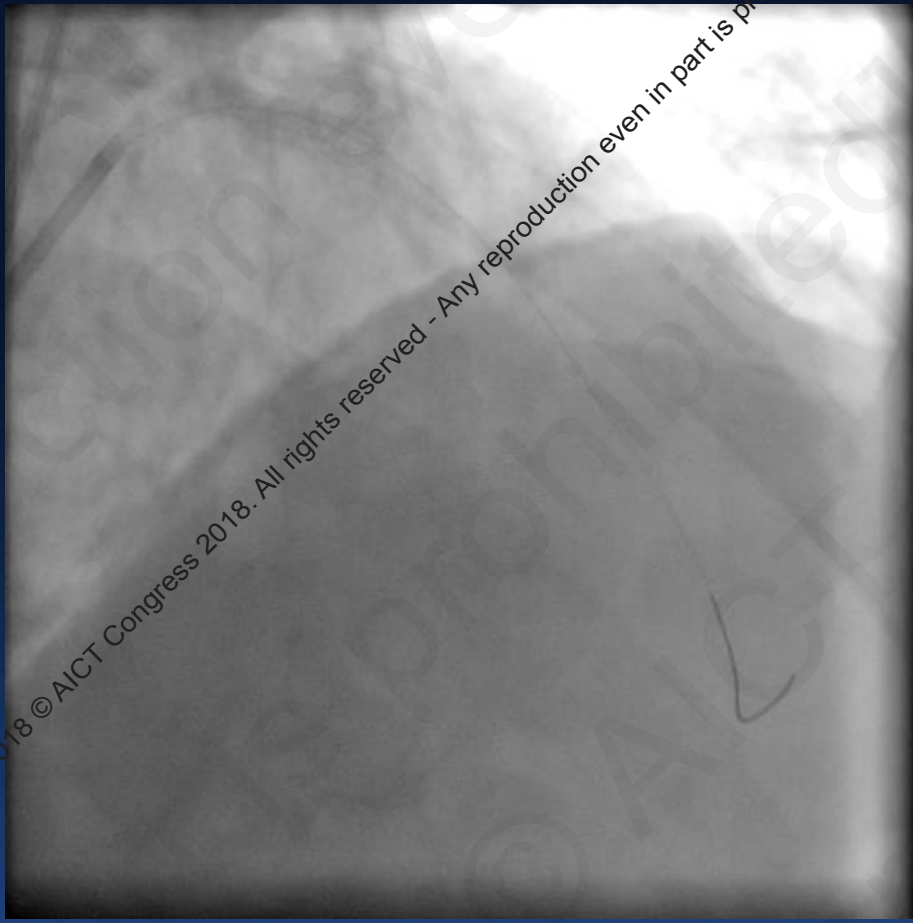


ST1: 3.0\*33mm , ST2: 3.5\*23mm





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***Treat LCX Ostium ?***

**Balloon Kissing ?**

**Stent?**

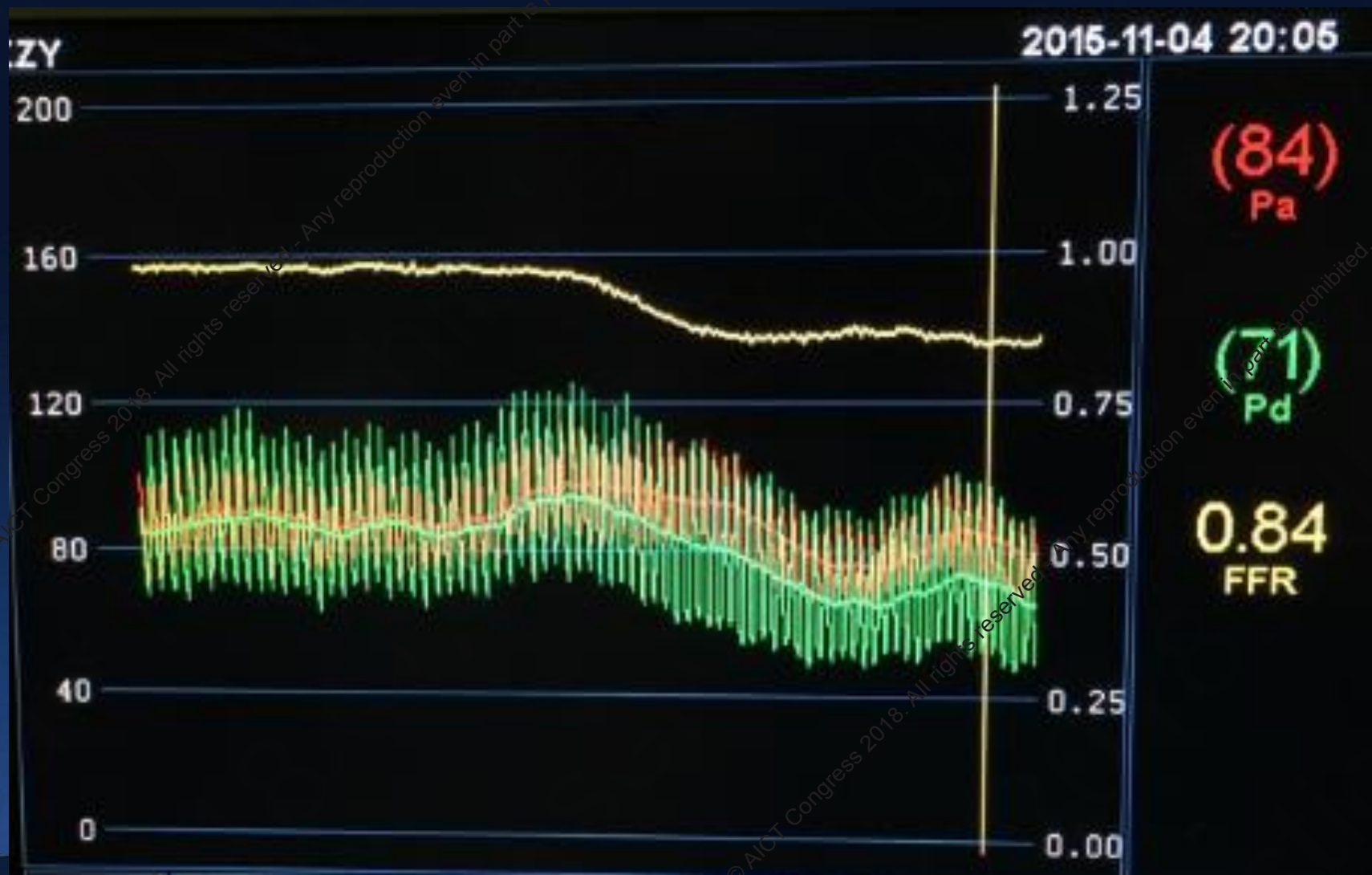
**Others?**

**Consider FFR First !**

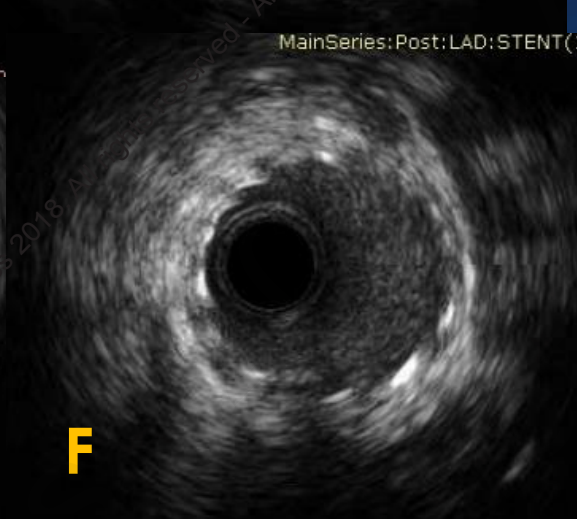
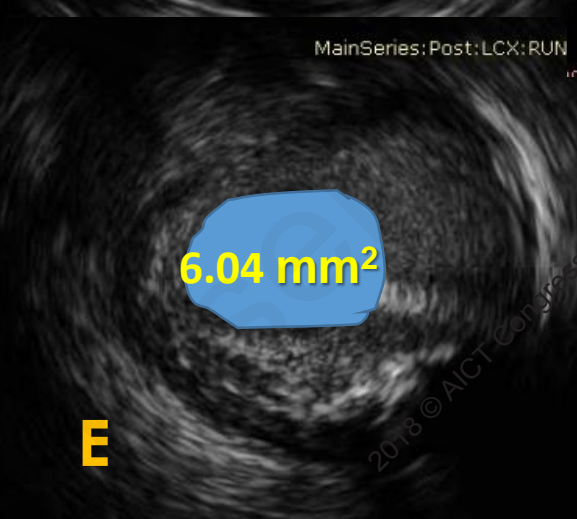
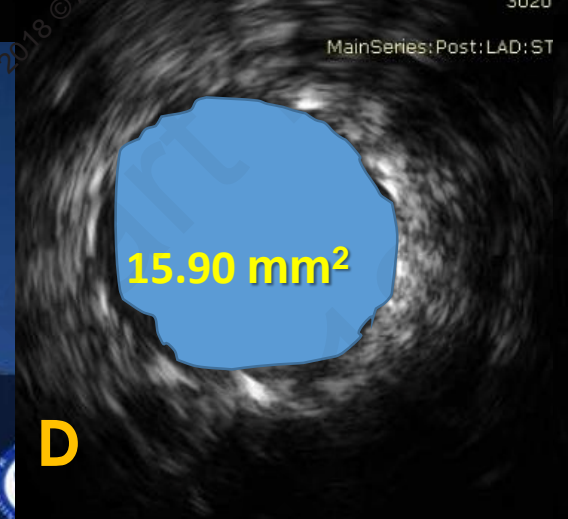
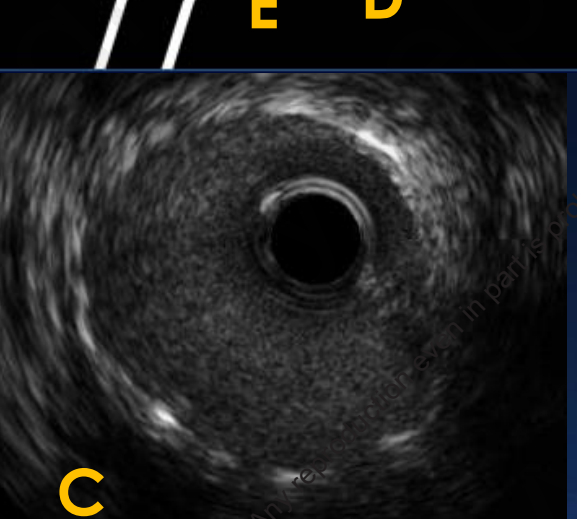
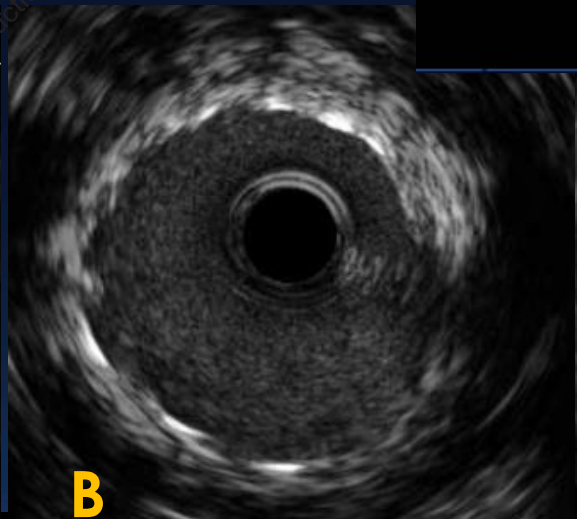
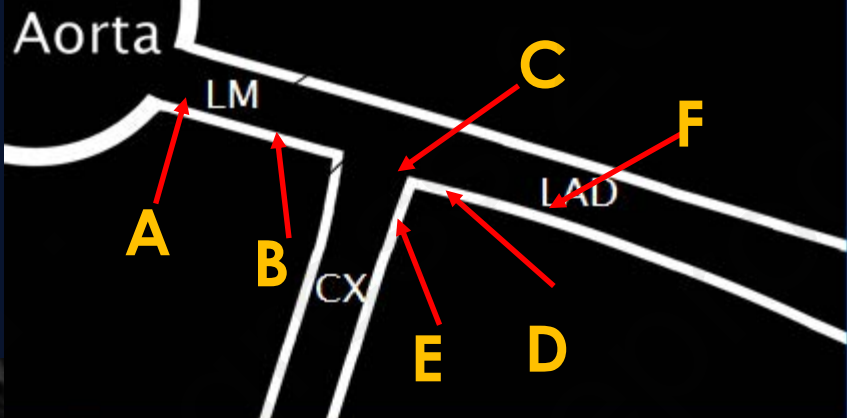




# FFR LCX



# IVUS



# Conclusions

- Do not try to use balloon to make you eye comfortable
- Routine Kissing balloon is not necessary for bifurcation especially for LM
- FFR is important to determine the next strategy.



# 谢谢



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