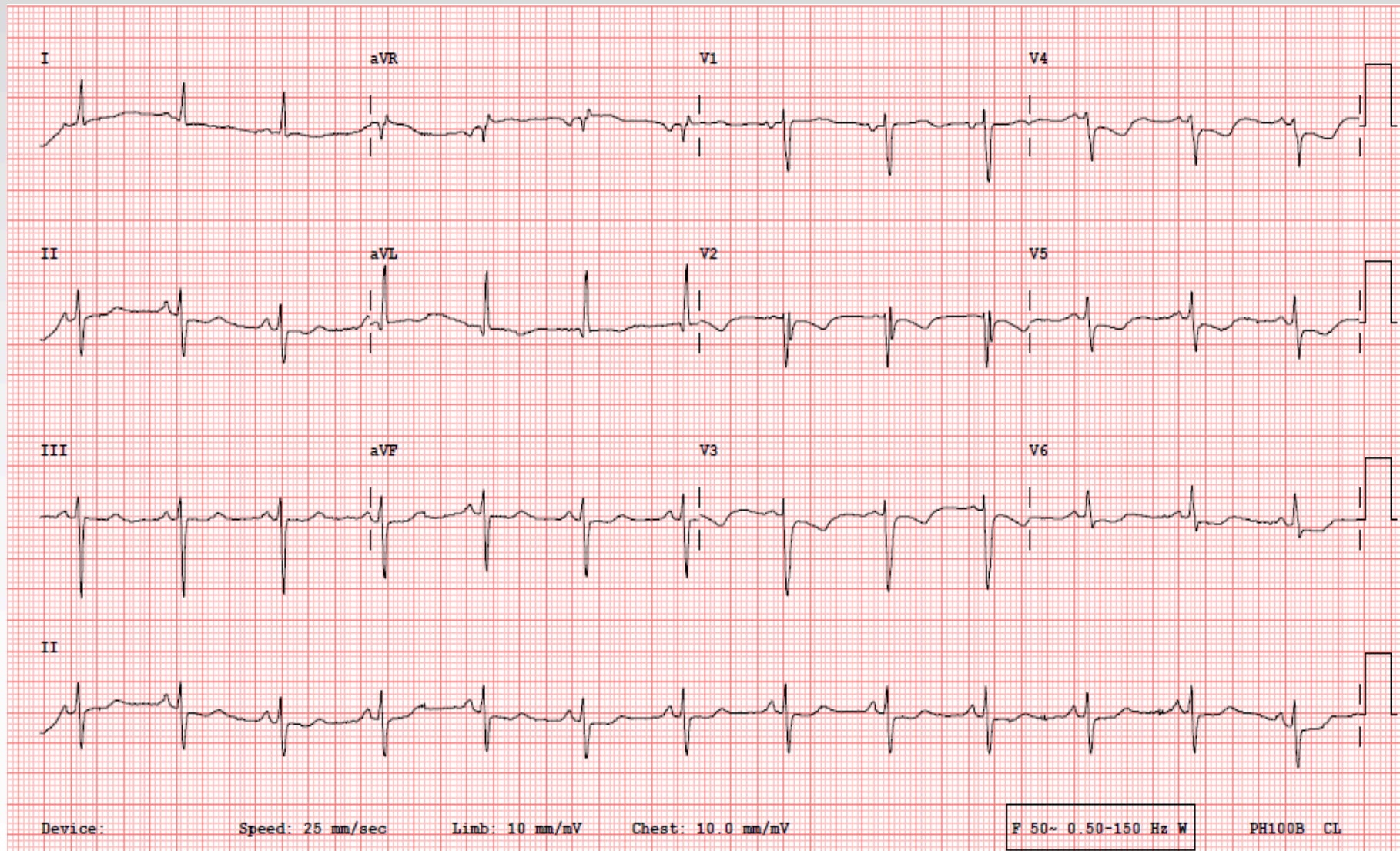


Tailor made left main bifurcation strategy

Dr. Sujith Thomas Chacko, DM, FRACP, FIC (Aus)
Associate Professor, Dept of Cardiology,
CMCH, Vellore, India

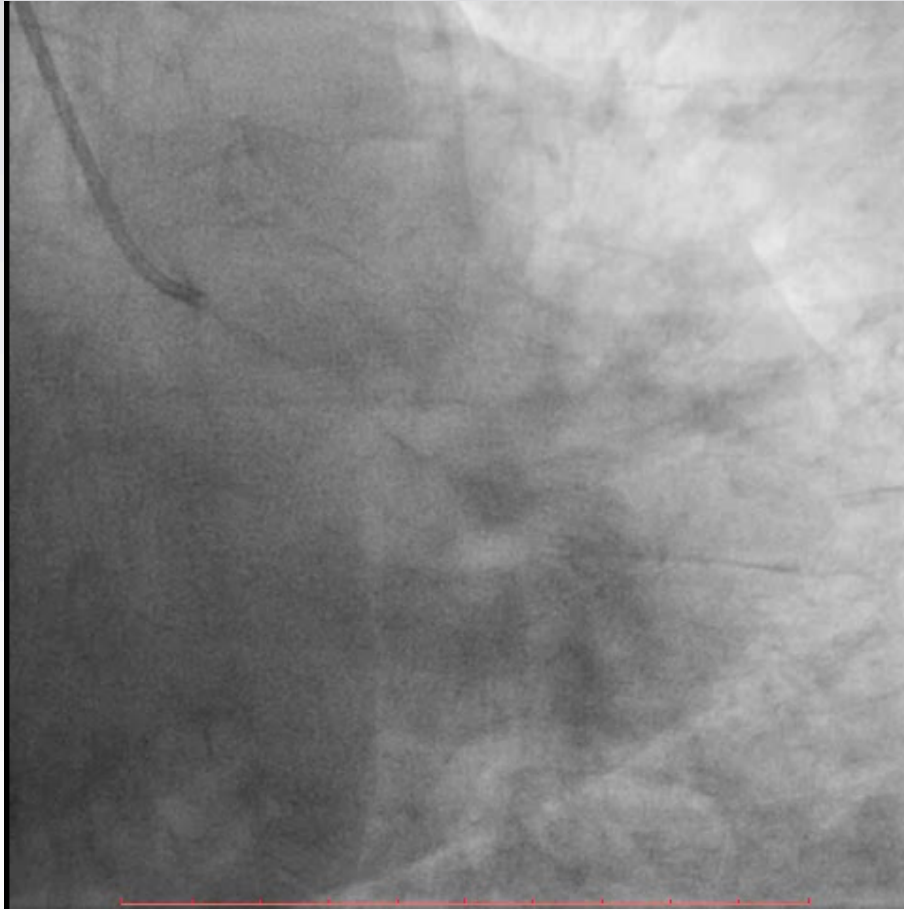
History

- 70yr old Mr.PK with 20 years of DM, HTN, and creat of 1.23mg%
- Presented 1 month prior with CAP, NSTEMI and features of CCF
- Cardiology consult then:
 - Medical management for the present
 - Advised coronary angiogram and proceed once clinically stable.



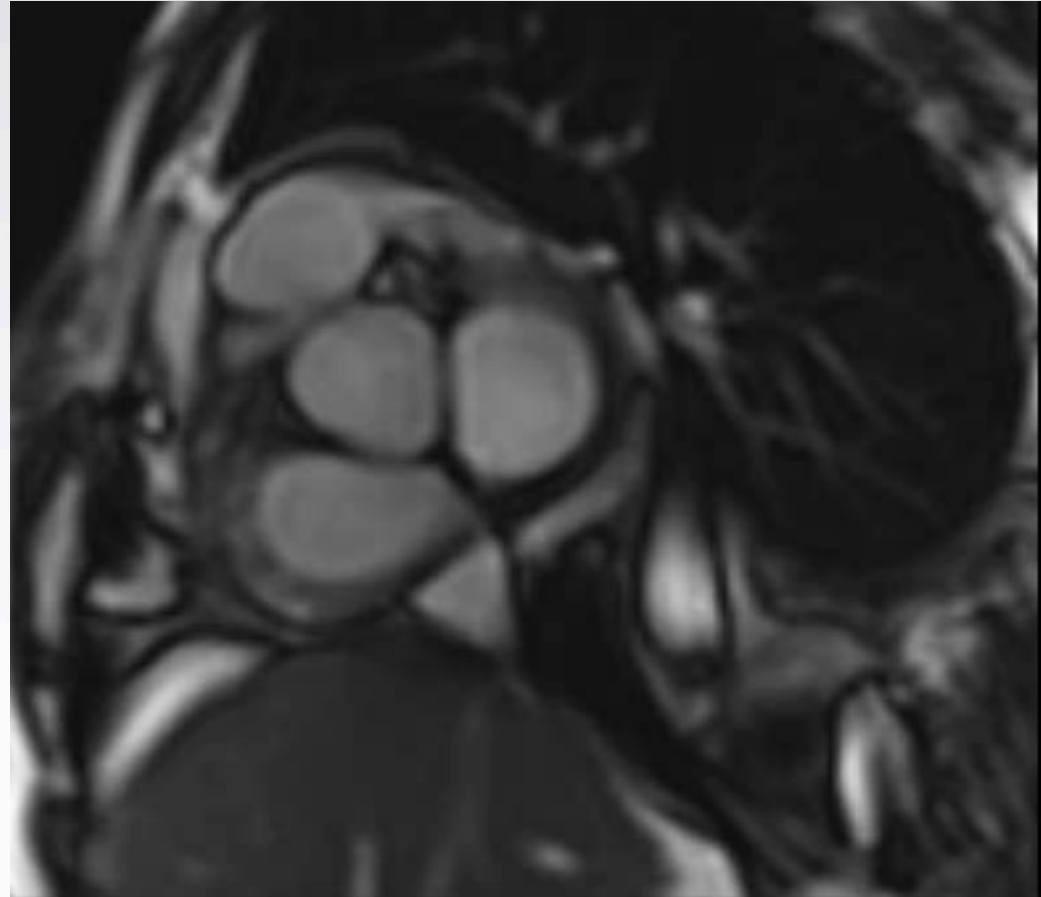
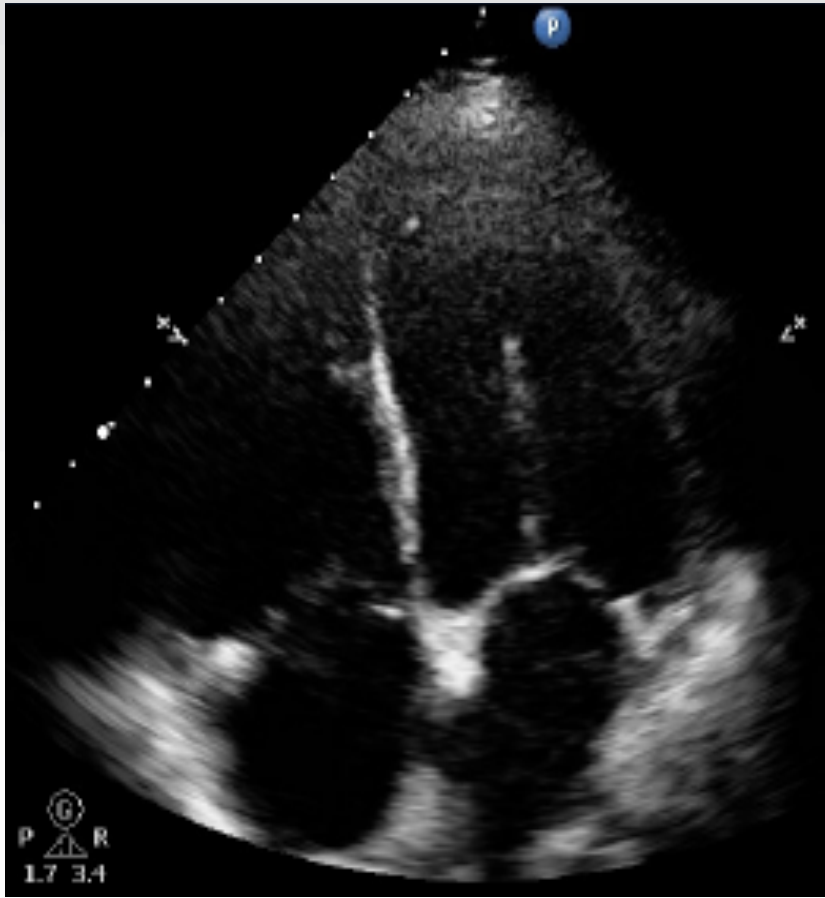
Diagnostic coronary angiogram



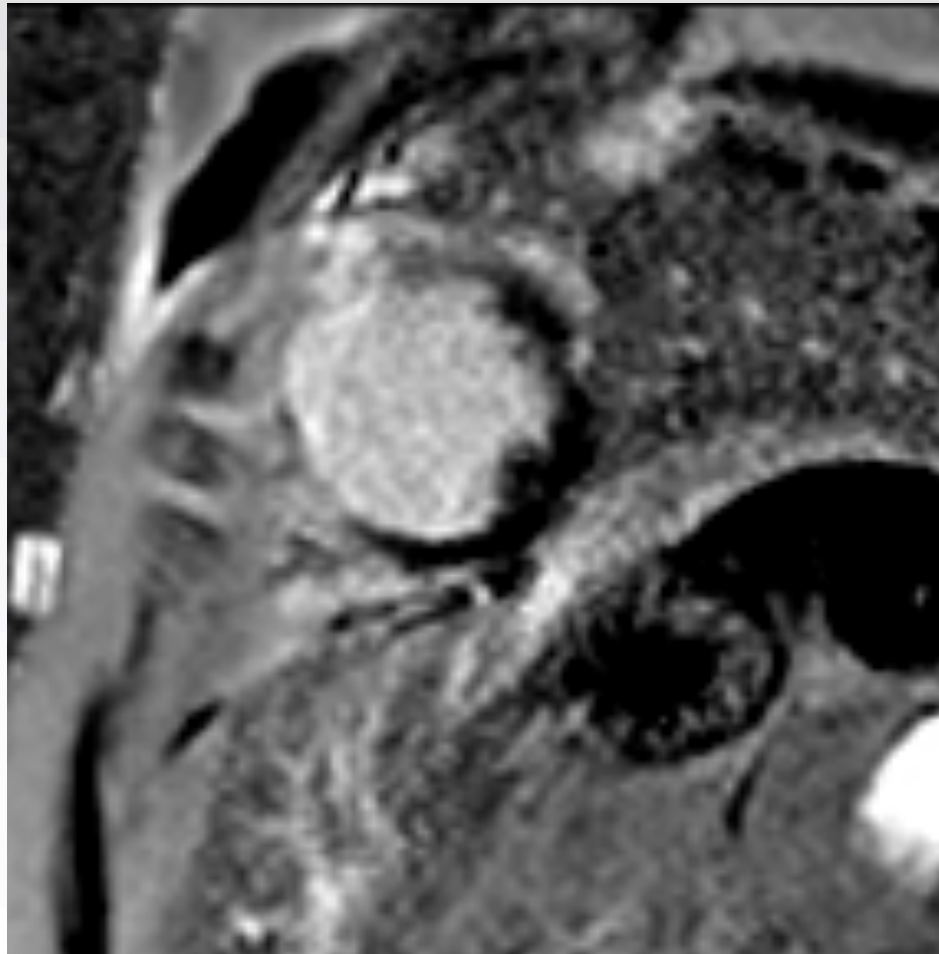
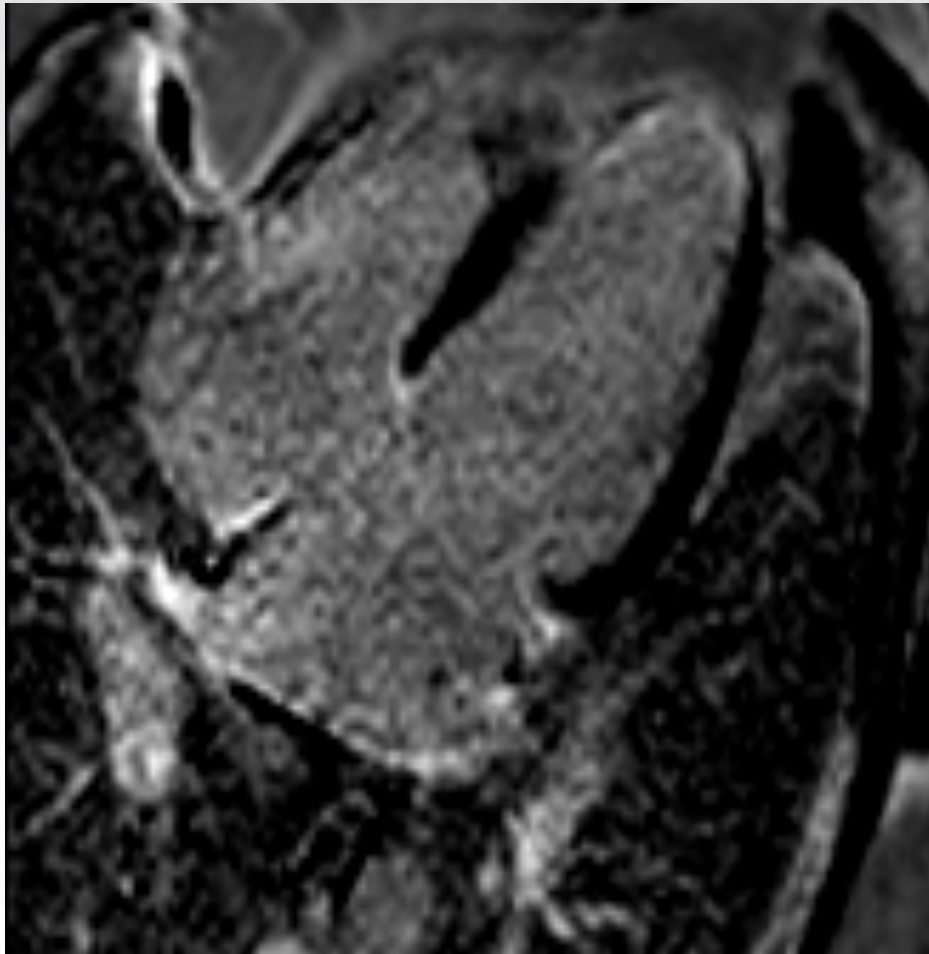


3-vessel CAD; Occluded proximal LAD – IRA; Syntax I score of 35

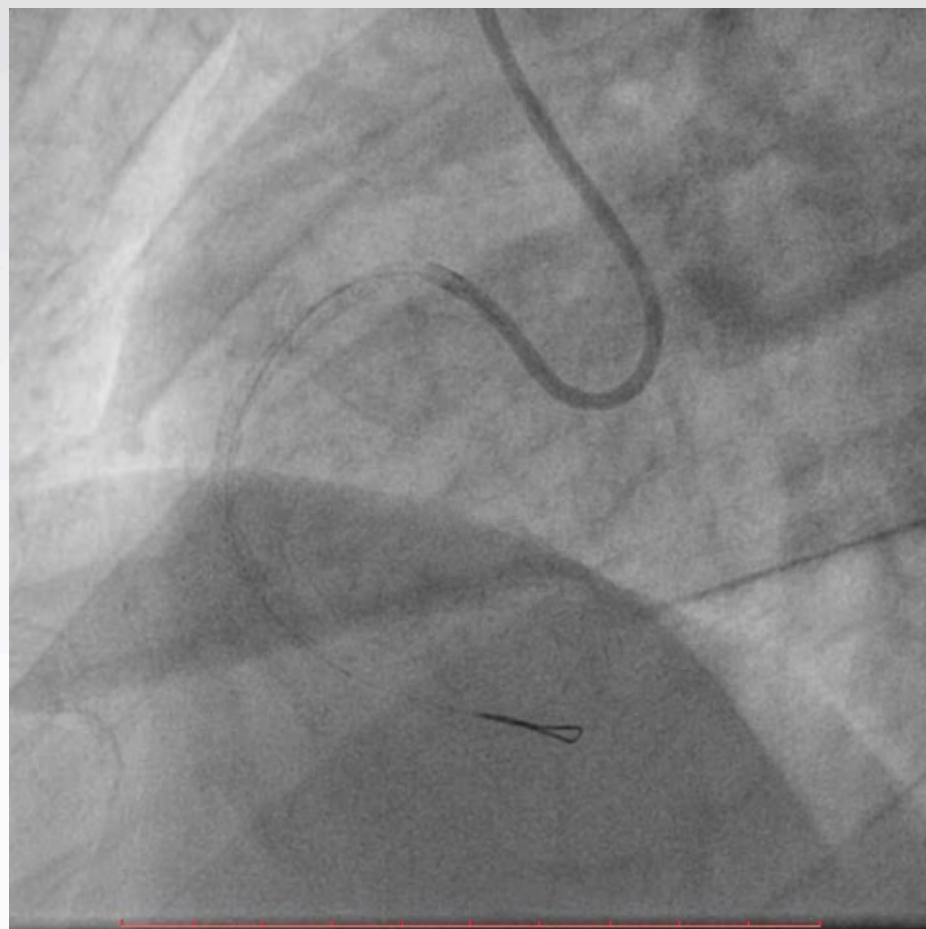
Echo vs c-MRI



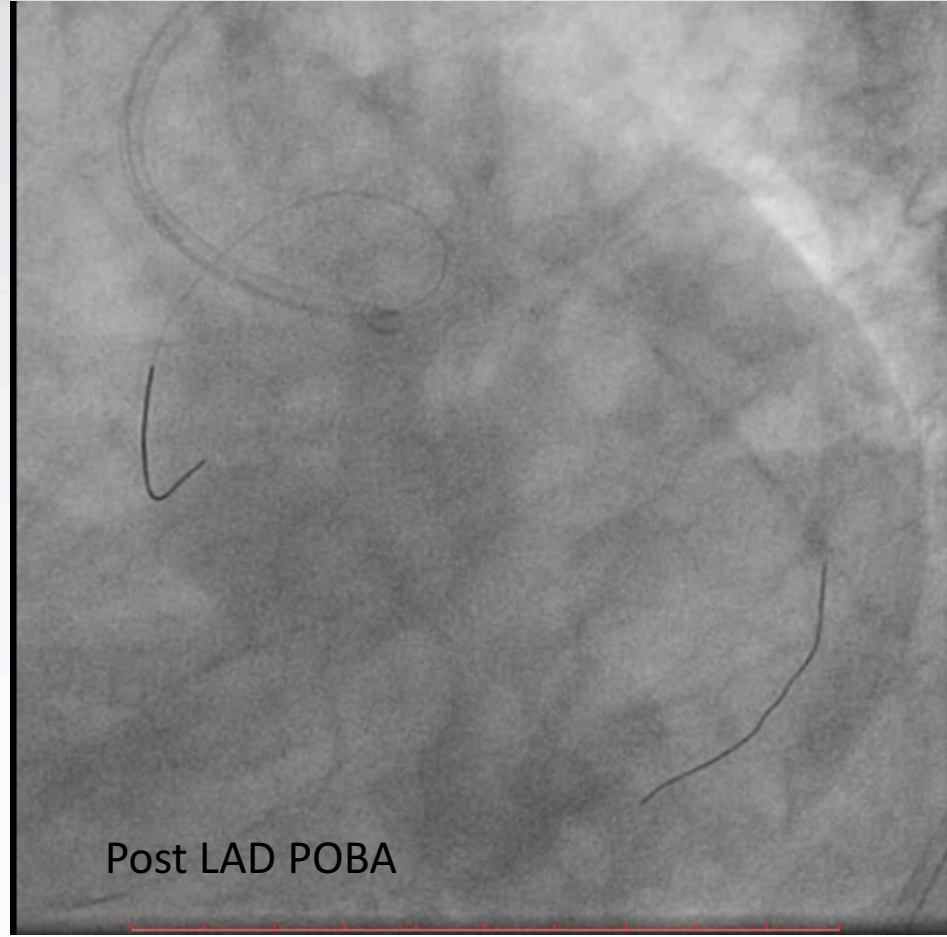
Late Gadolinium Enhancement

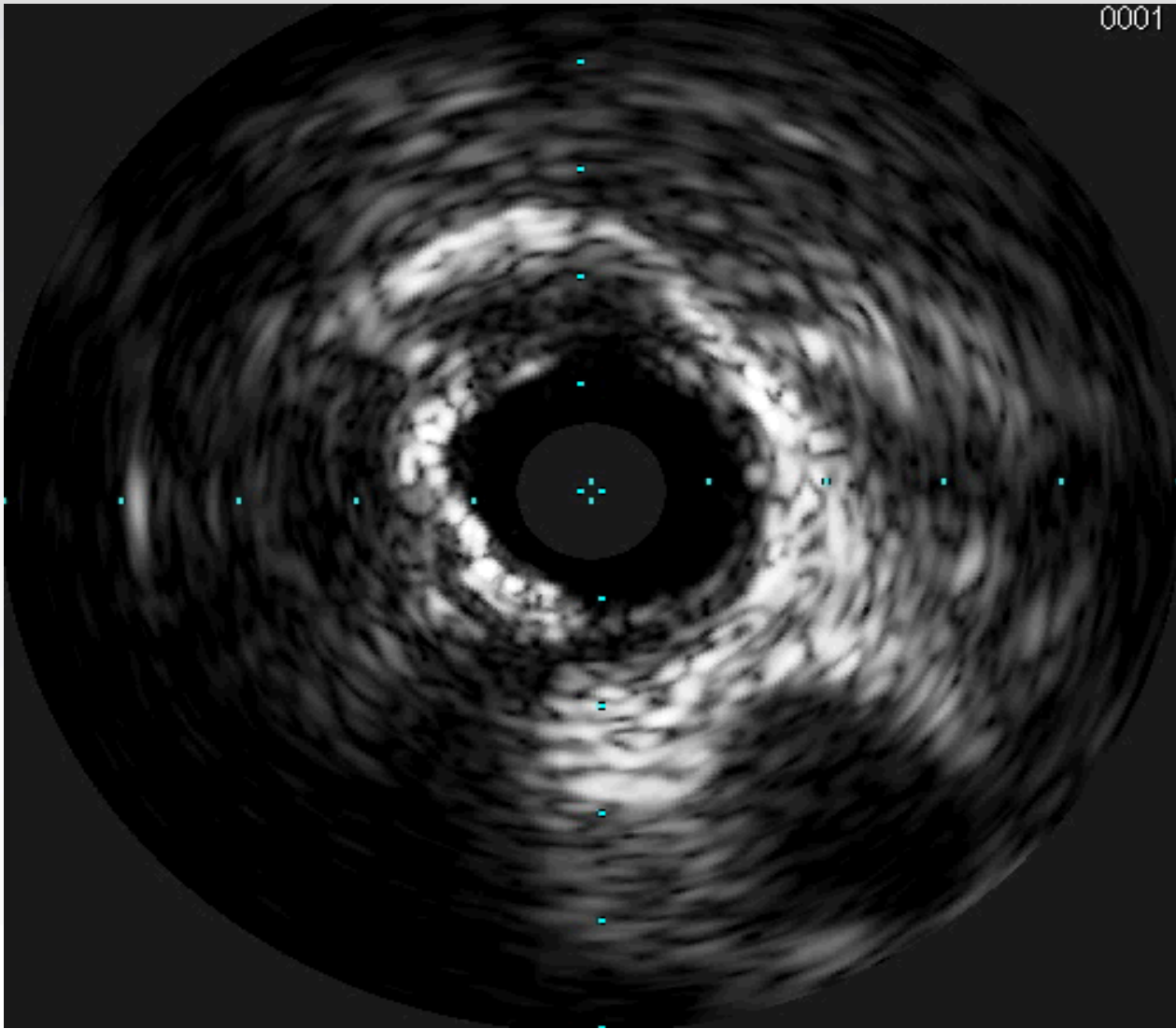
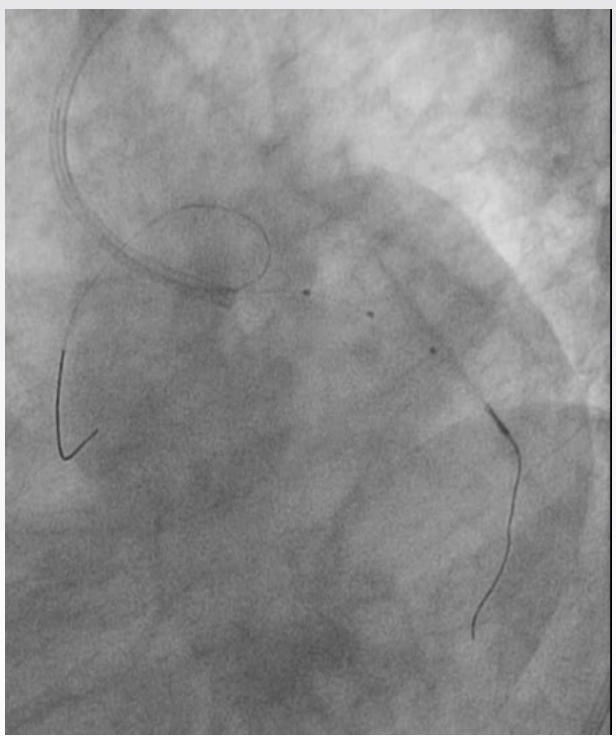


RCA PCI

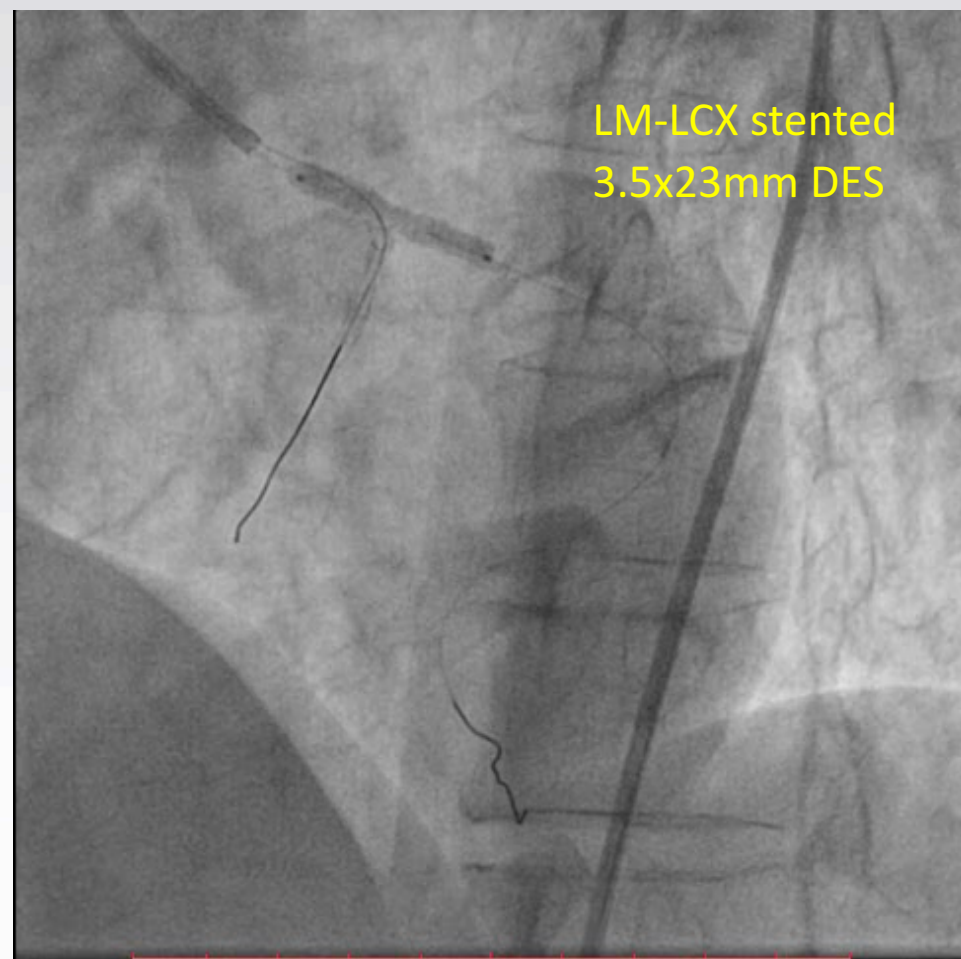
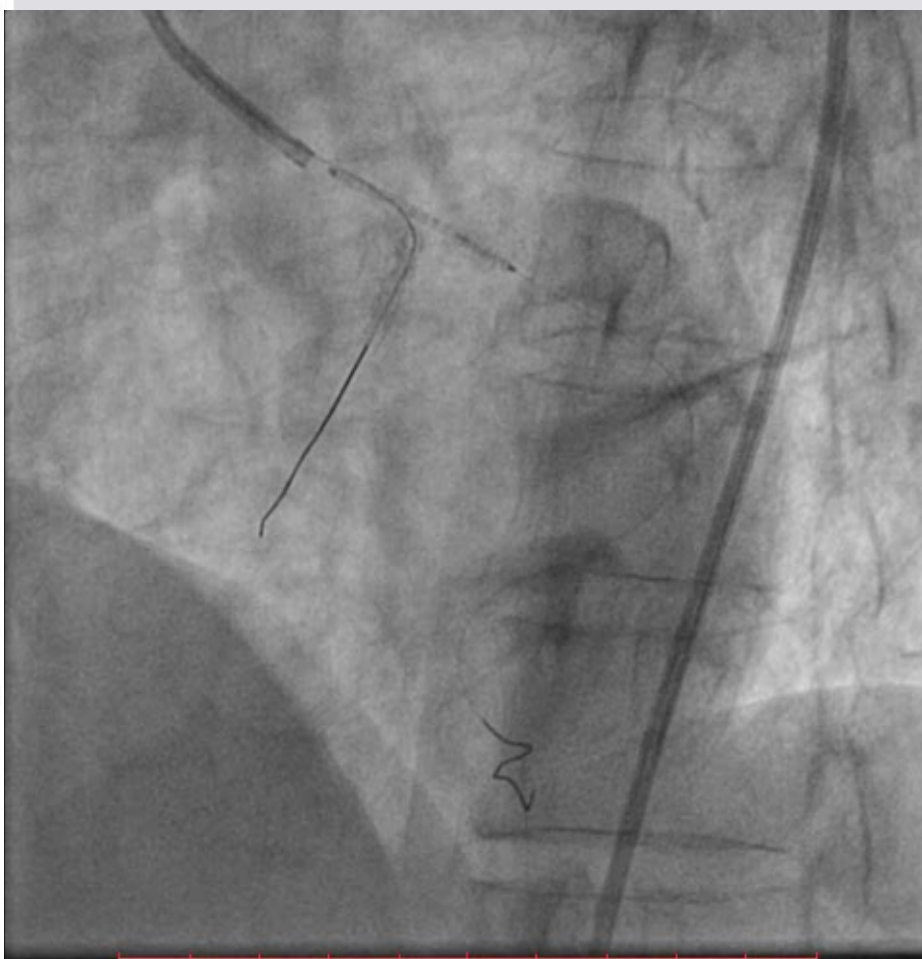


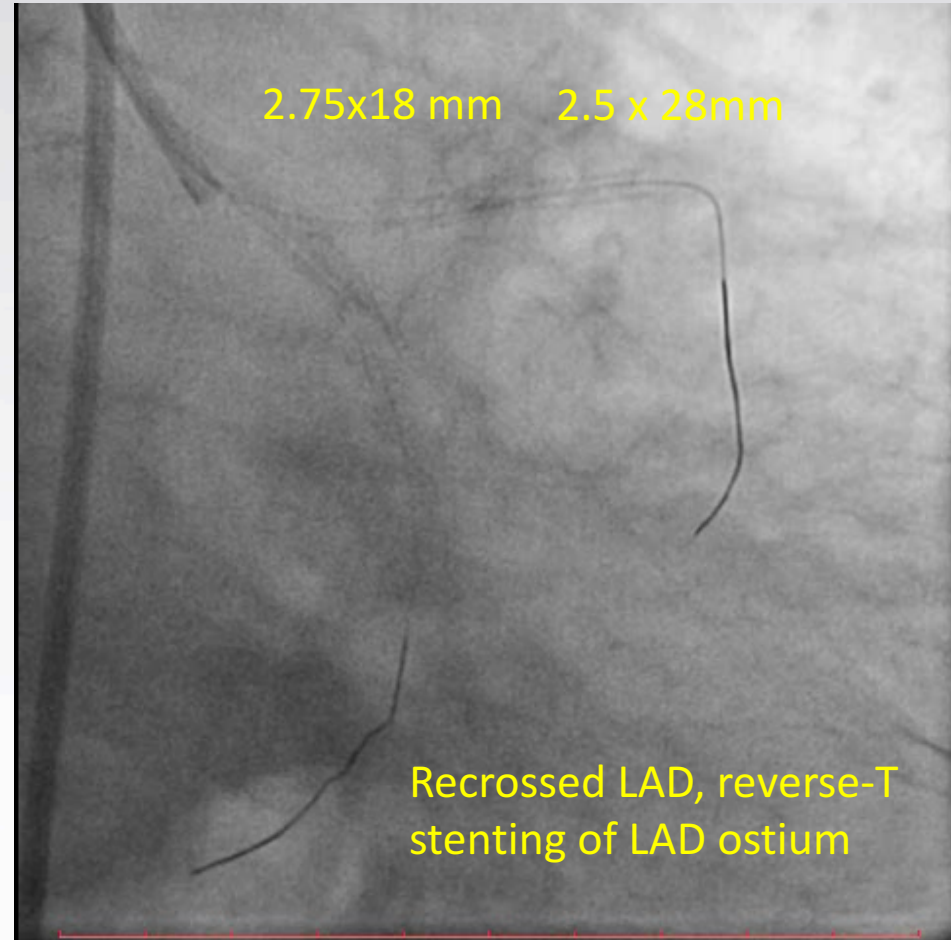
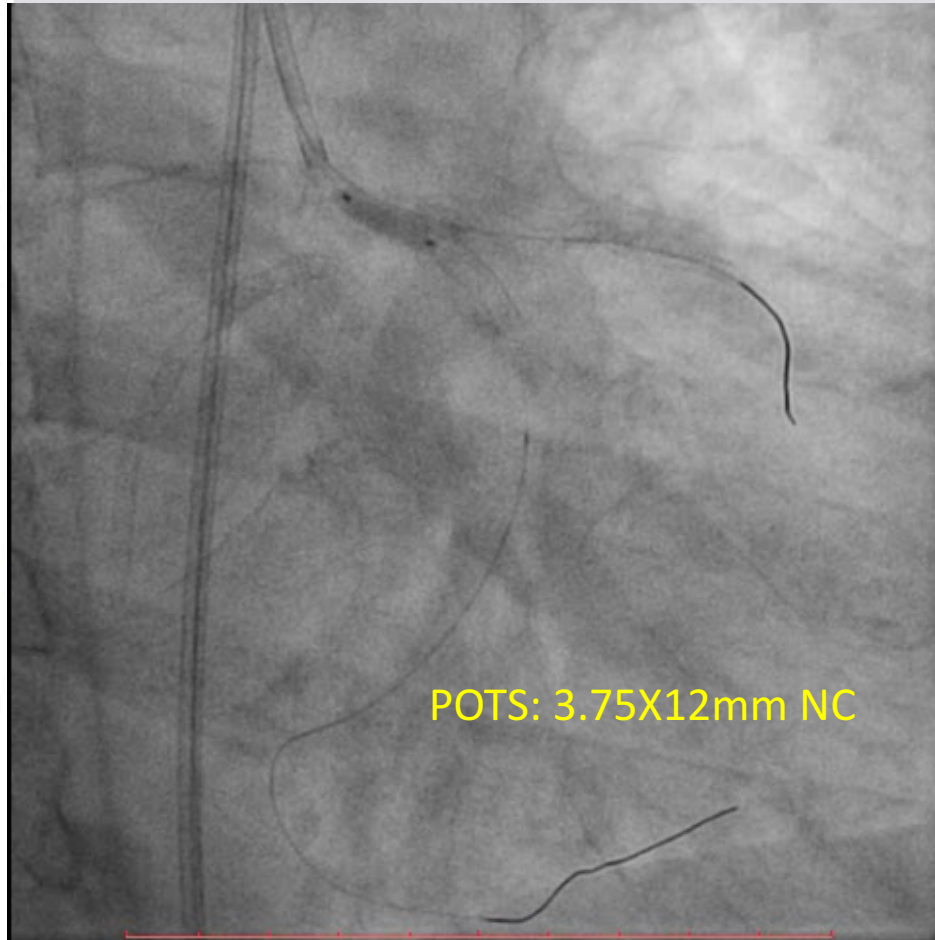
PCI of the left system





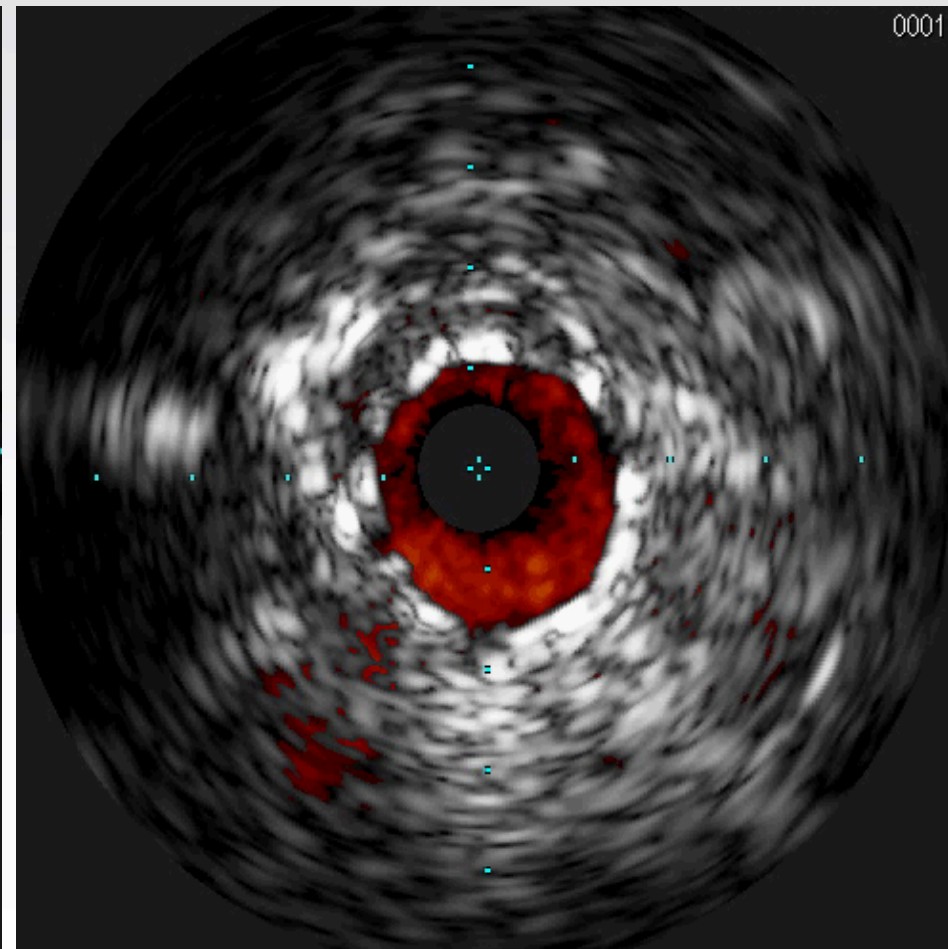
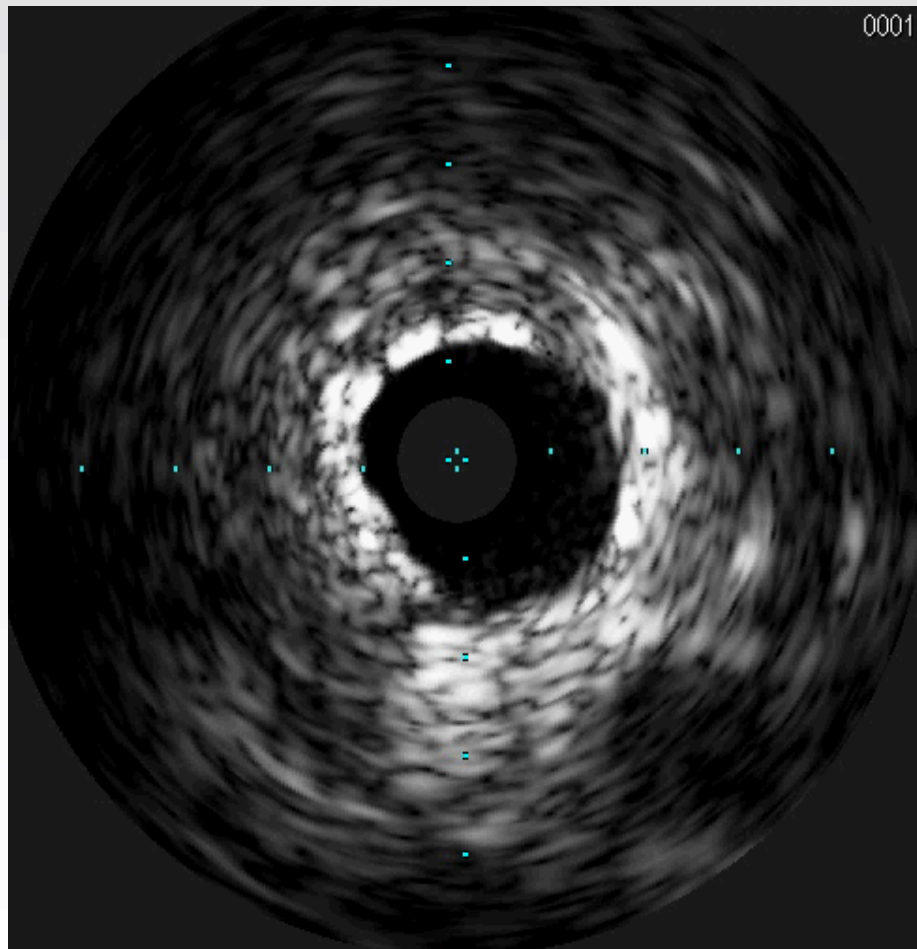
Mid-LAD stented
2.5 x 28mm DES



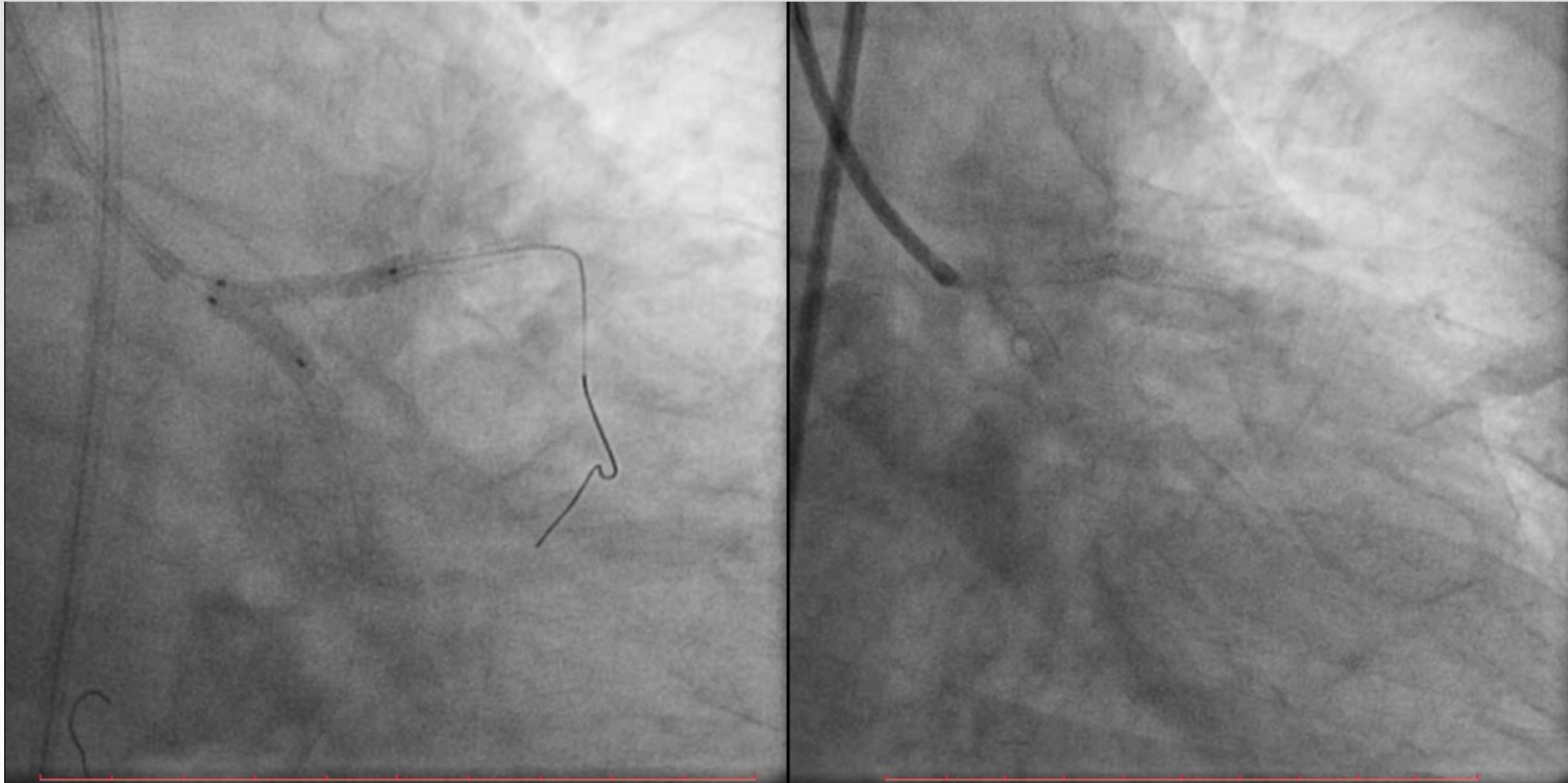


Post PCI IVUS

Chromoflow



Final result



Take home message

- Ostial LAD/LCX disease invariably involves the distal LM. Seek and you shall find!
- IVUS to guide distal LM PCI – crucial
- Important to tailor make the PCI strategy to the patient's functional anatomy