

**“Tricky”
2 stent Culotte
for left main stem bifurcation
stenosis**

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Background

80 years old male

Hypertension, Hypercholesterolemia

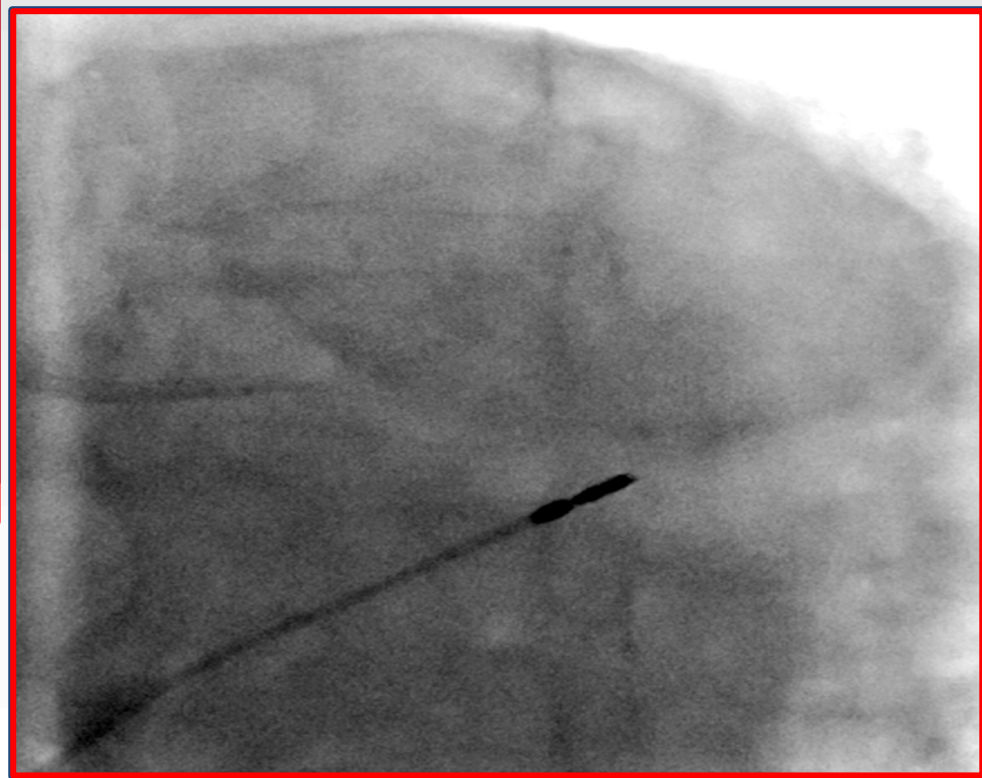
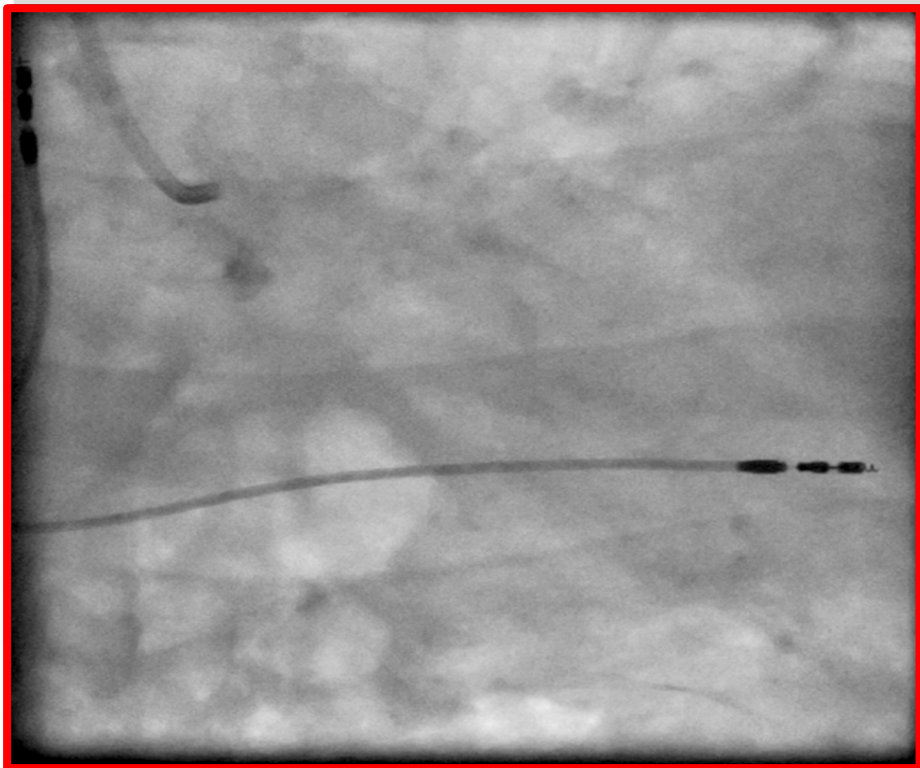
Dual chamber pacemaker implant

COPD, previous CVA, carotid disease

Admission at other Institution with NSTEMI

Turned down from CABG after Heart Team discussion

Accepted for PCI



Strategy choices

RCA unobstructed
Suitable for EBC L Main?

Is rotablation mandatory?

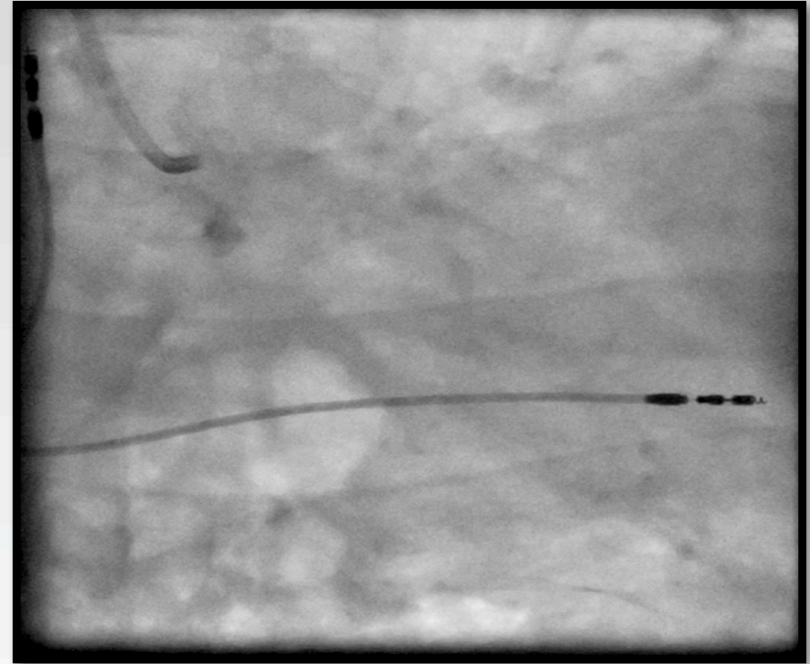
Both vessels? Size?

LAD first or LCx

Imaging if rota already decided?

Stent strategy- T, Culotte, DK crush..other

Stent to LCx first?

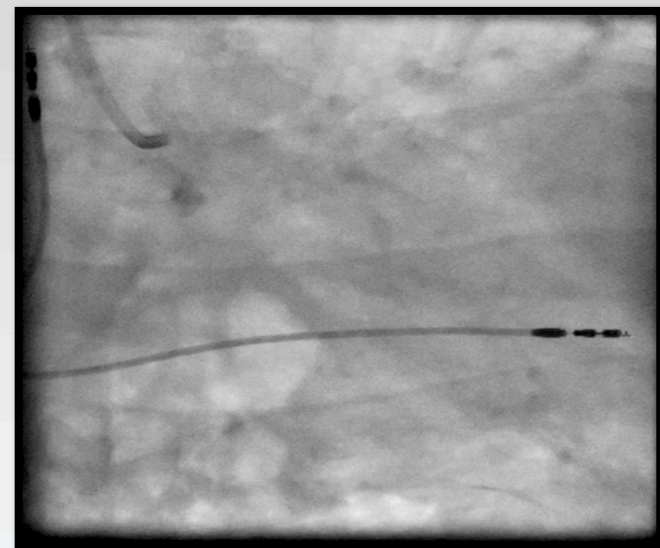


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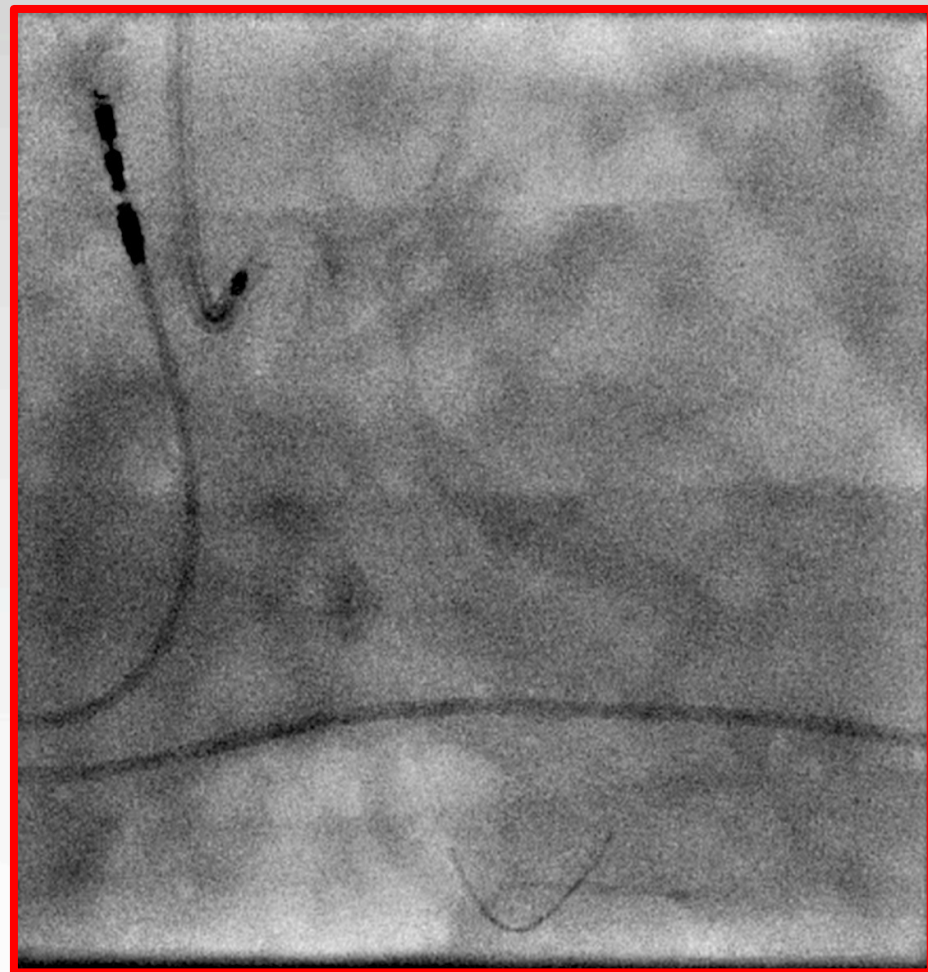
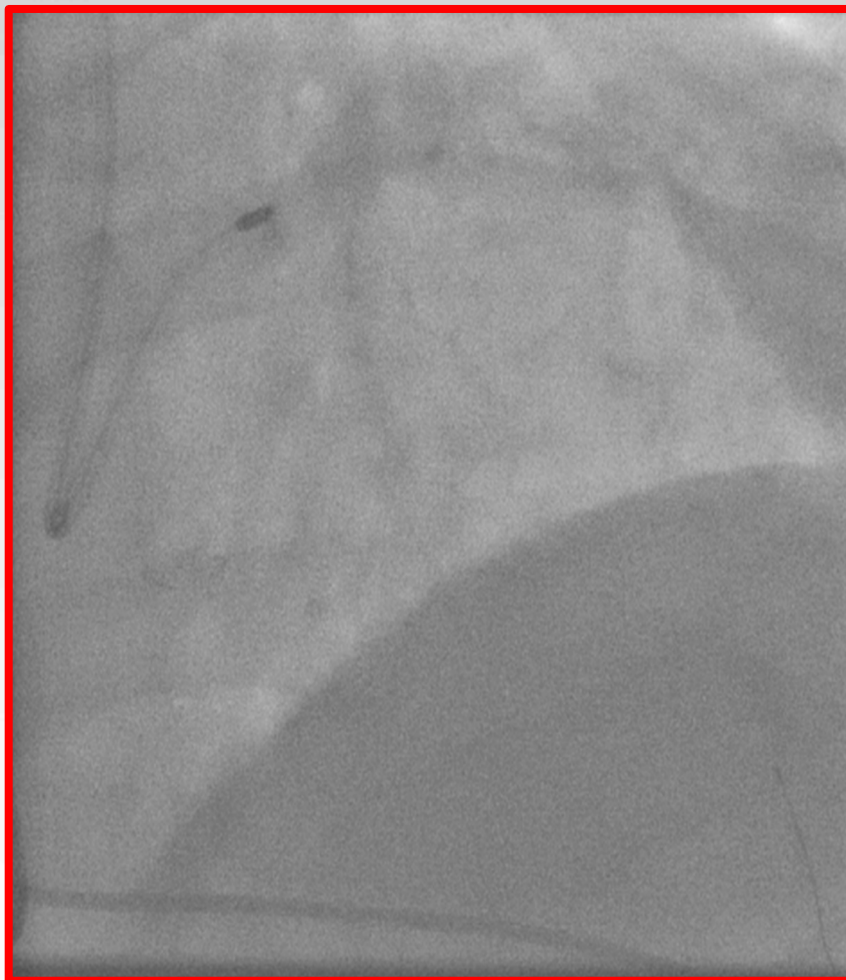
Radial approach

7.5 Fr sheathless guide

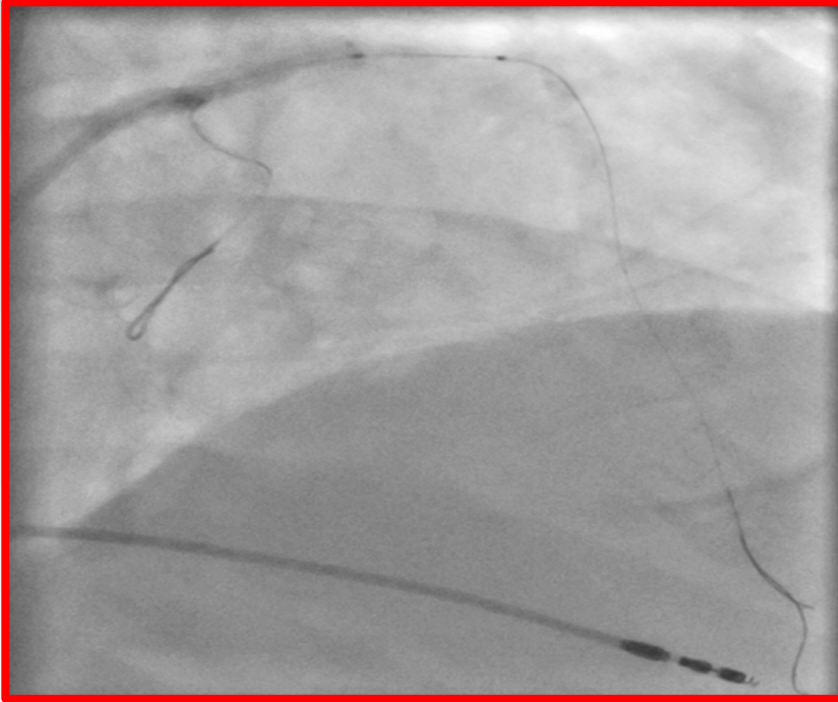
**Rotational atherectomy to both
LAD and LCx**

Stent mid-prox LAD

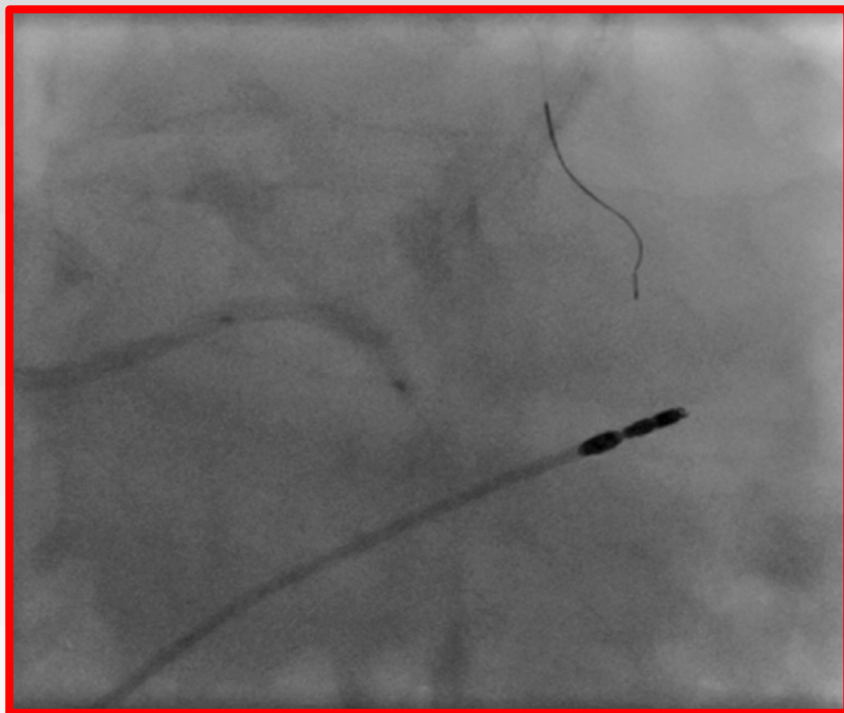
+ LMS Culotte



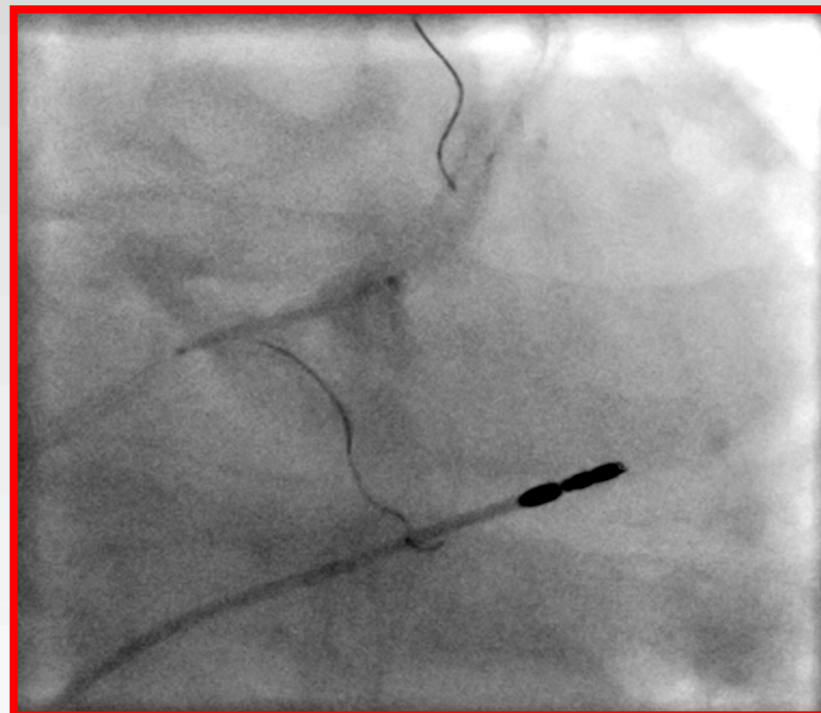
Randomised to 2 stents
1.5 mm Rotablator burr to both LAD and LCx



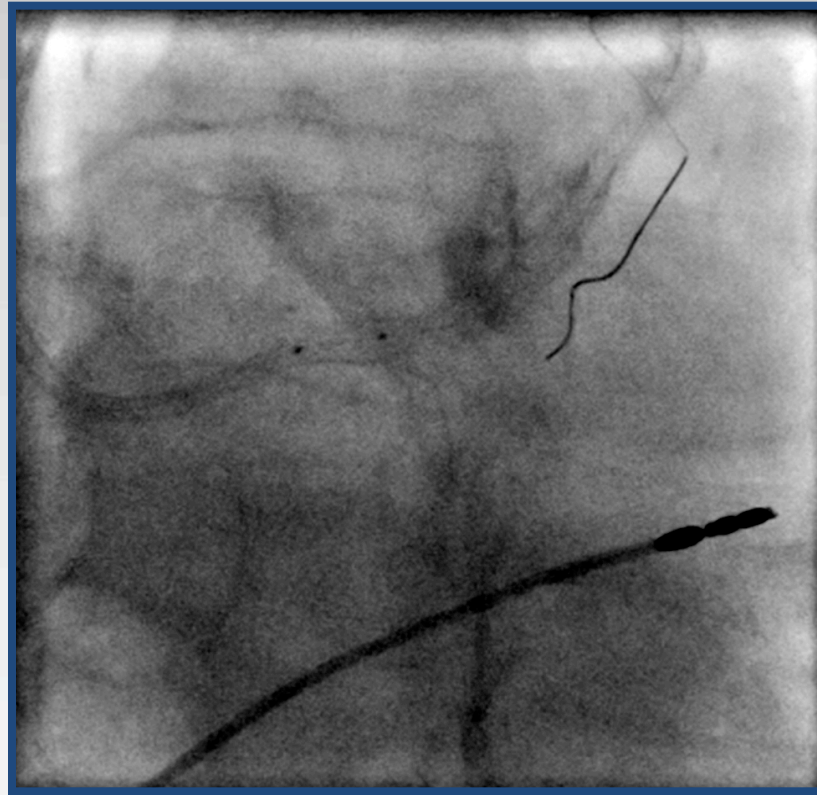
**Stent mid LAD with ONYX
2.75x26mm, and 3.5x22mm**



LCx: 3.5x22mm ONYX



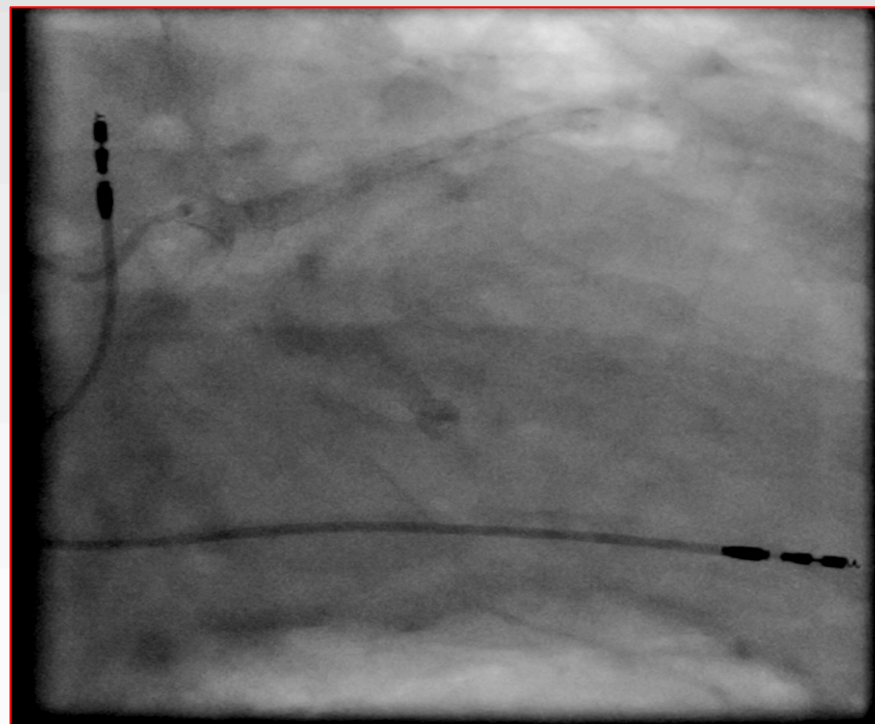
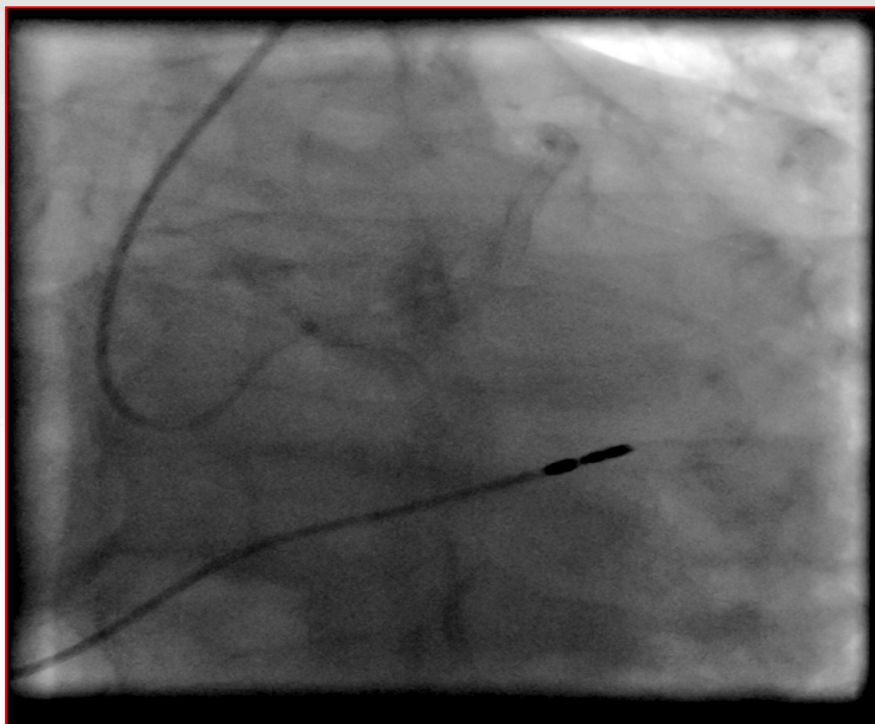
LAD: 3.5x18mm ONYX



POT with 4.5 mm NC balloon

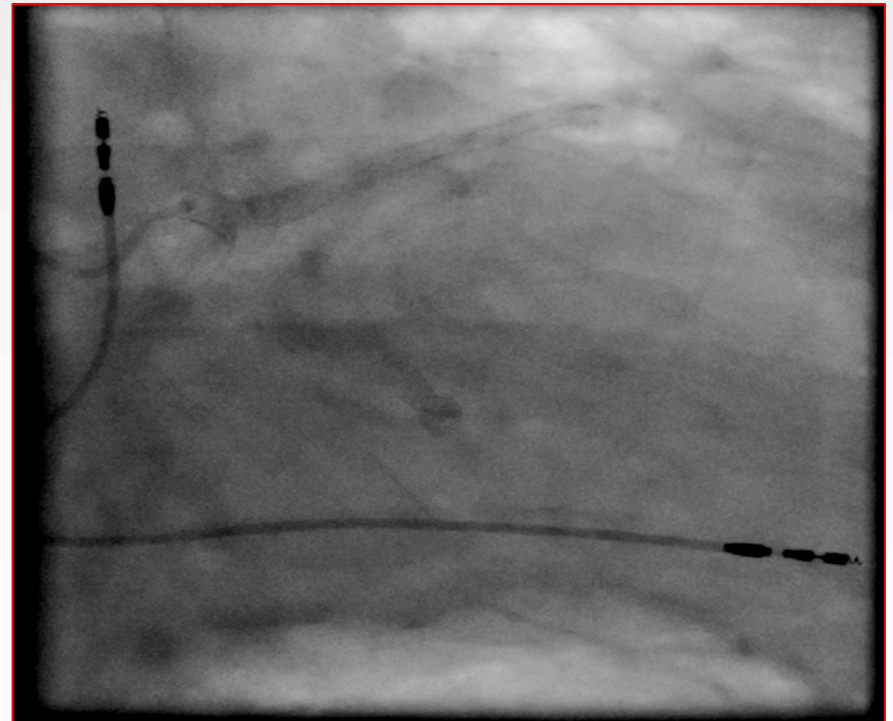
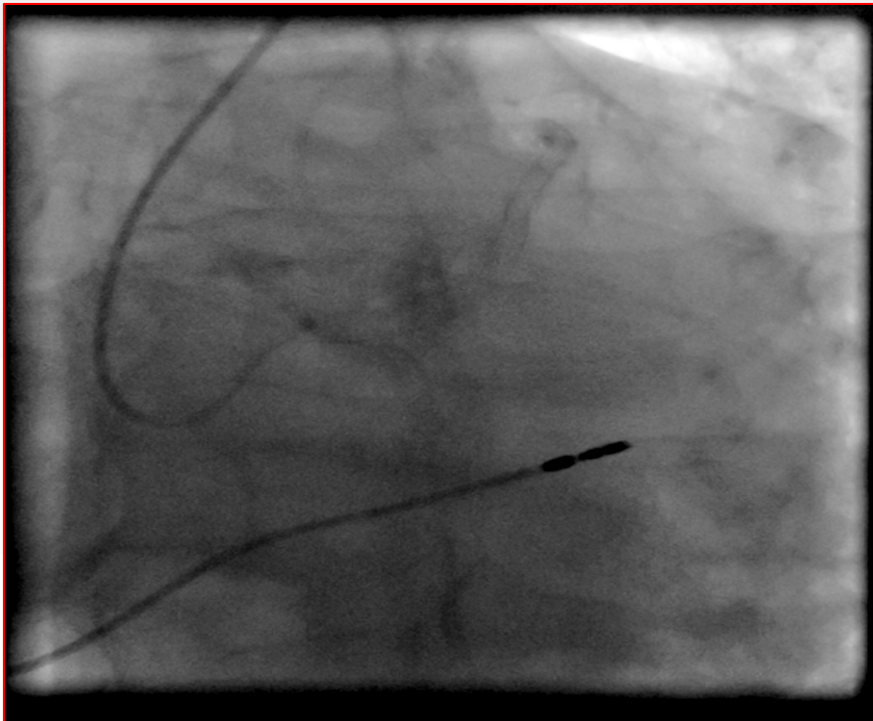
***Wire to LCx-
Unable to cross with balloon or devices
Rewire x7 !
Repeat POT x3 After several attempts
suboptimal angiographic result on LCx***

Other ideas.. What should we have done ?



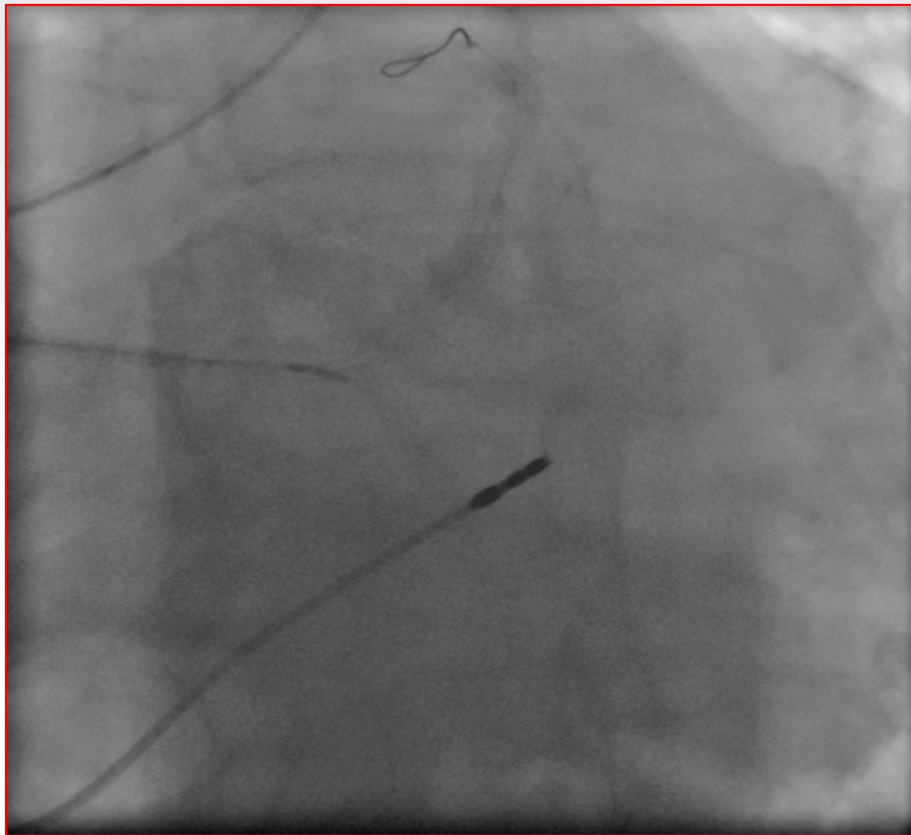
Readmitted only 2 weeks after discharge....

- Urgent readmission for NSTEMI
- ST depression in inferolateral leads
- New troponin rise

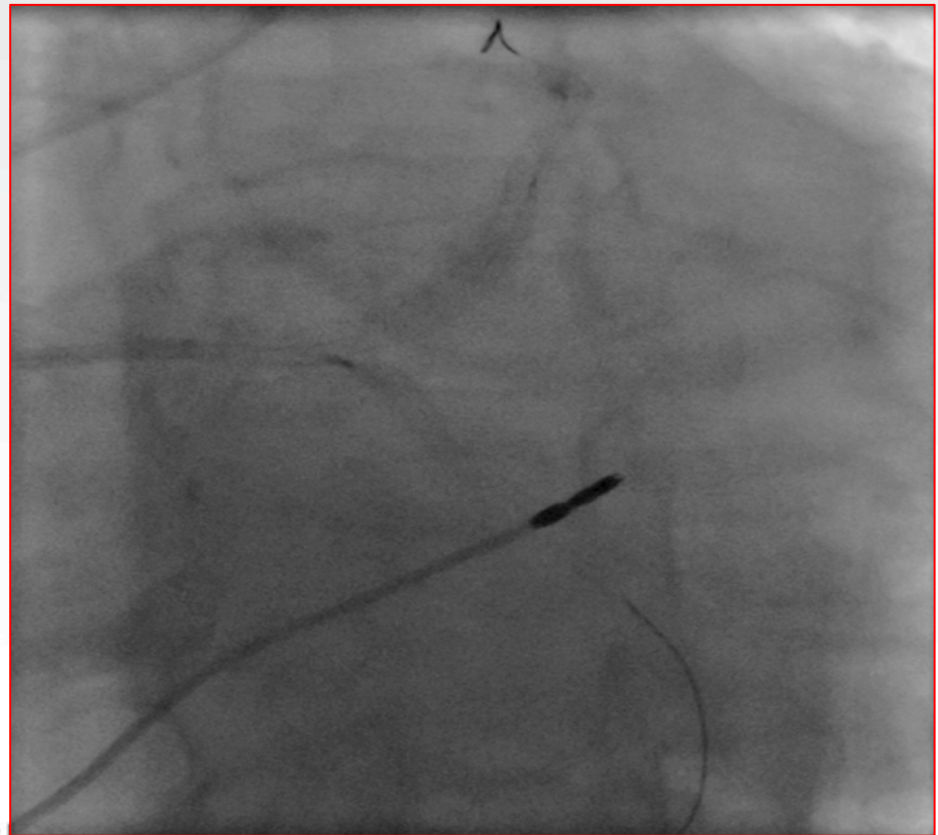


“OCT to LAD to verify LCx wire position and then try to cross with low-profile microcatheter”

Corsair



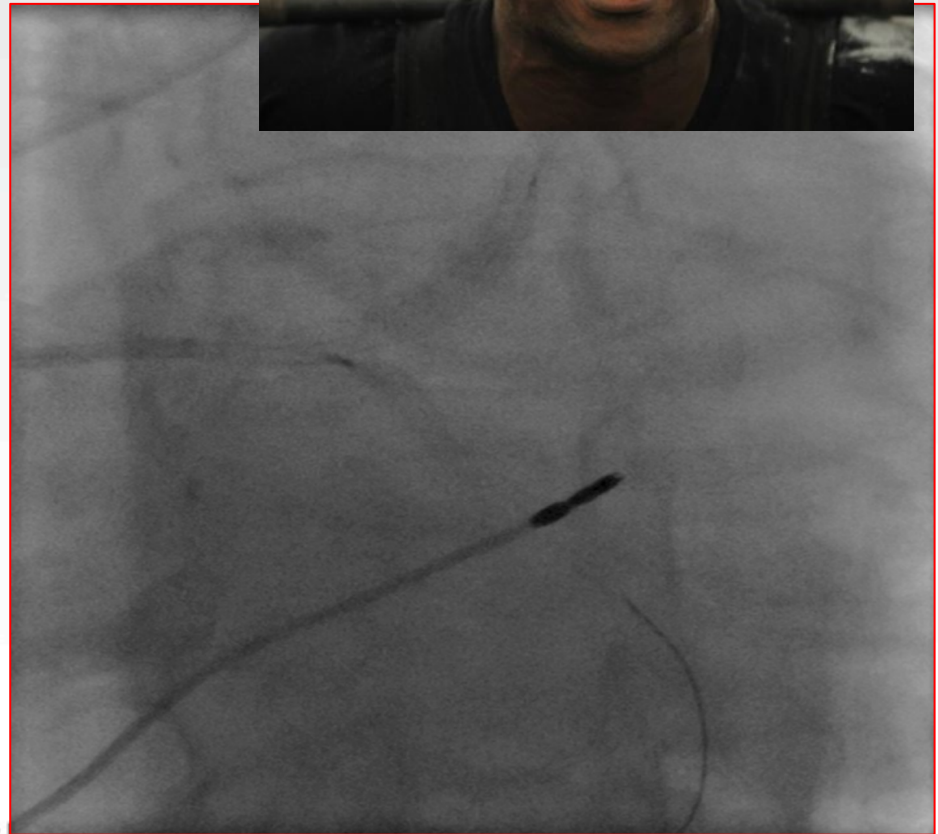
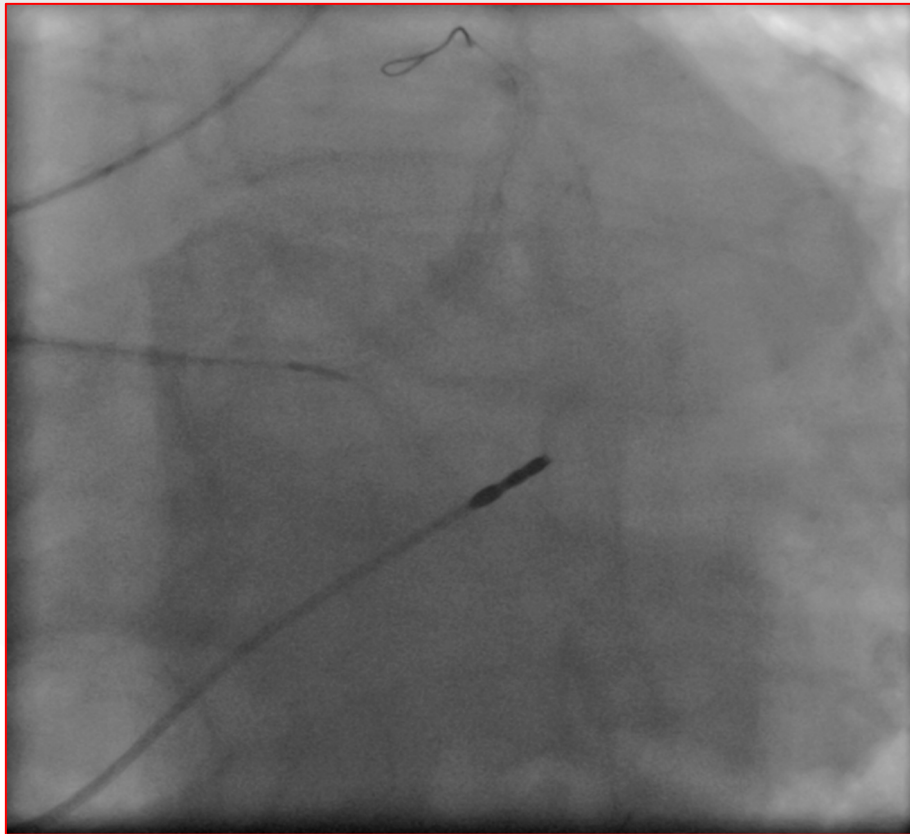
Caravel



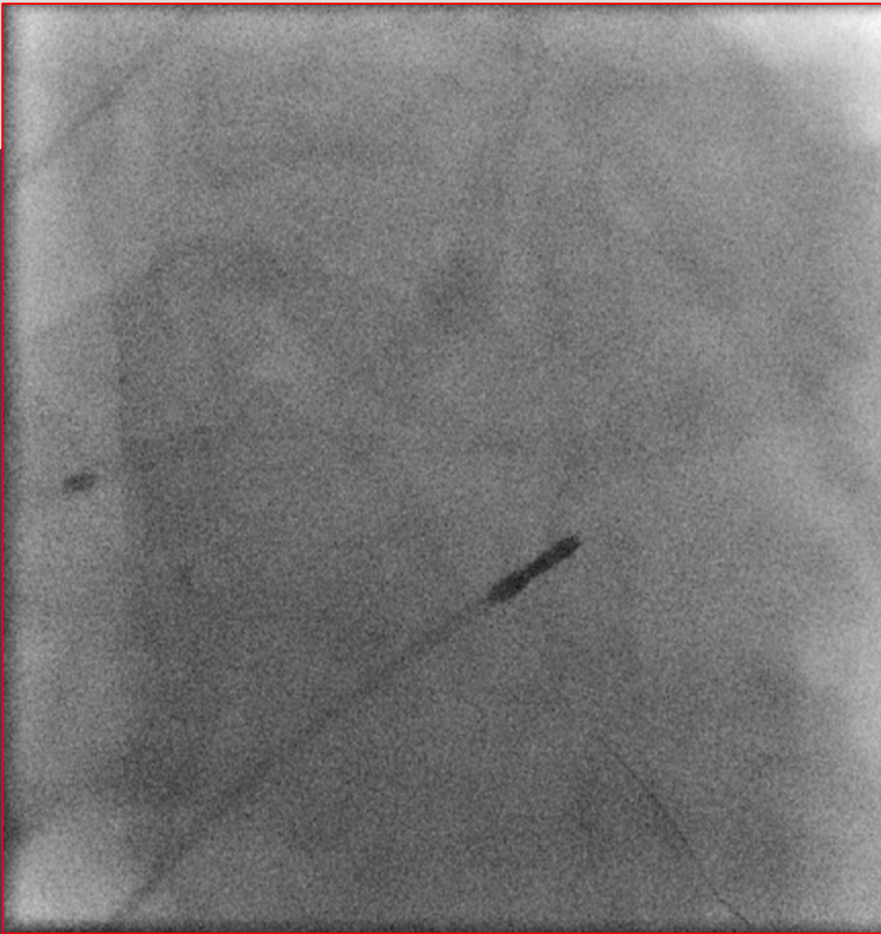
PUSH VERY HARD

“OCT to LAD to verify LCx wire position and try to cross with low-profile microcatheter

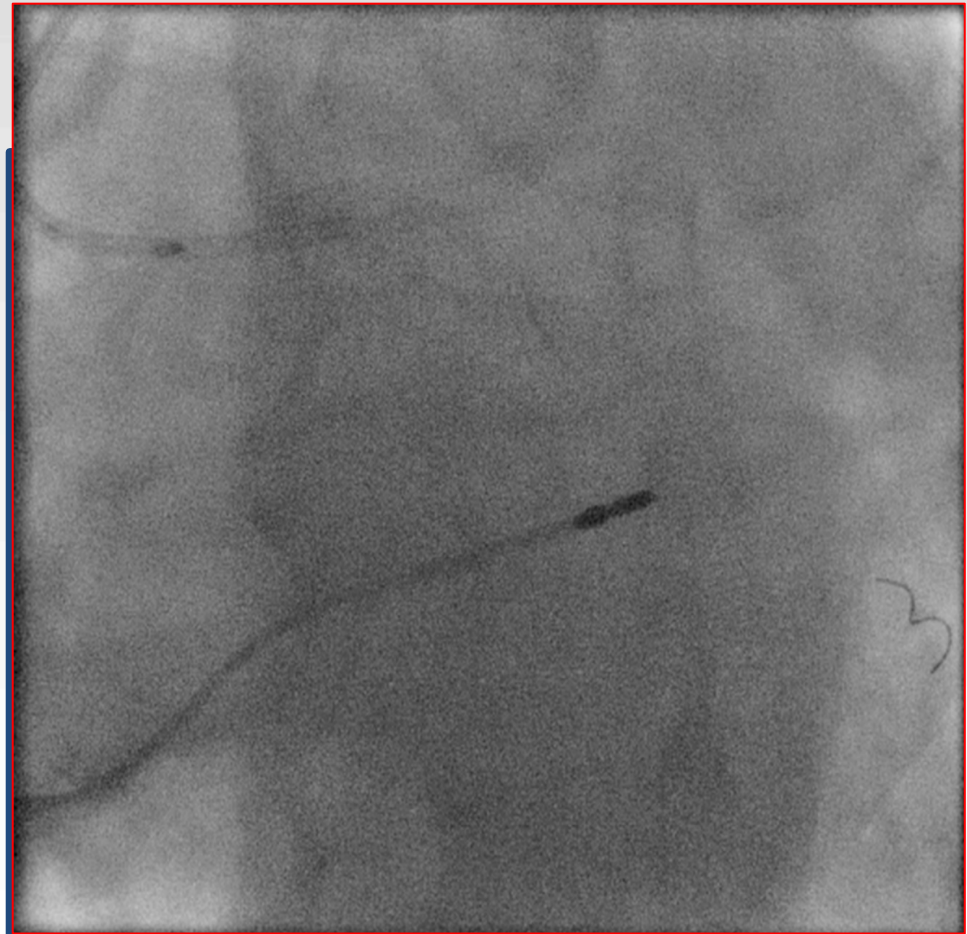
Corsair



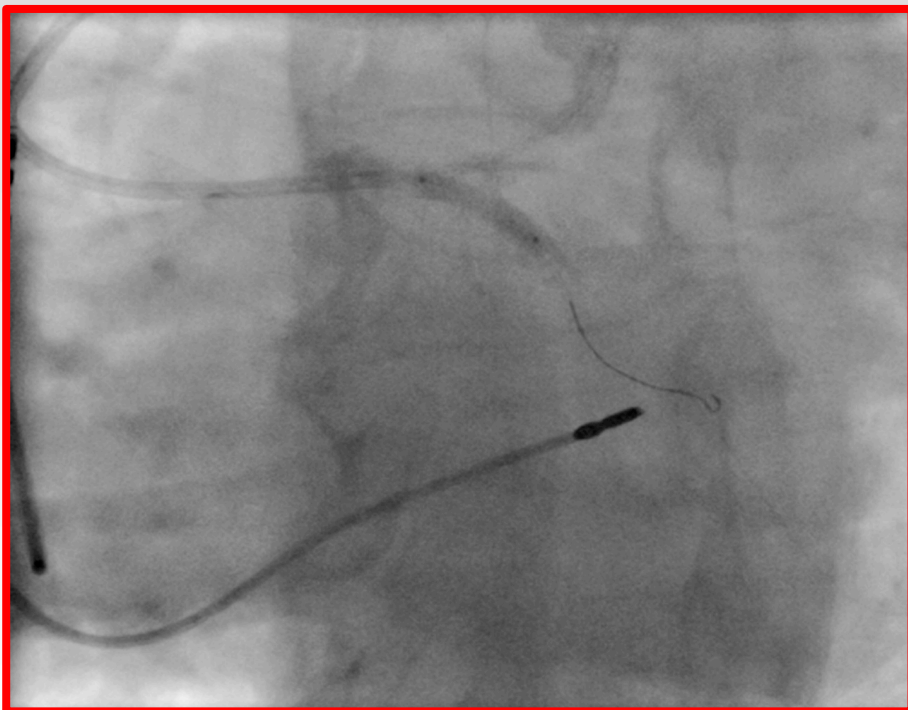
Stent-ablation with rotational atherectomy



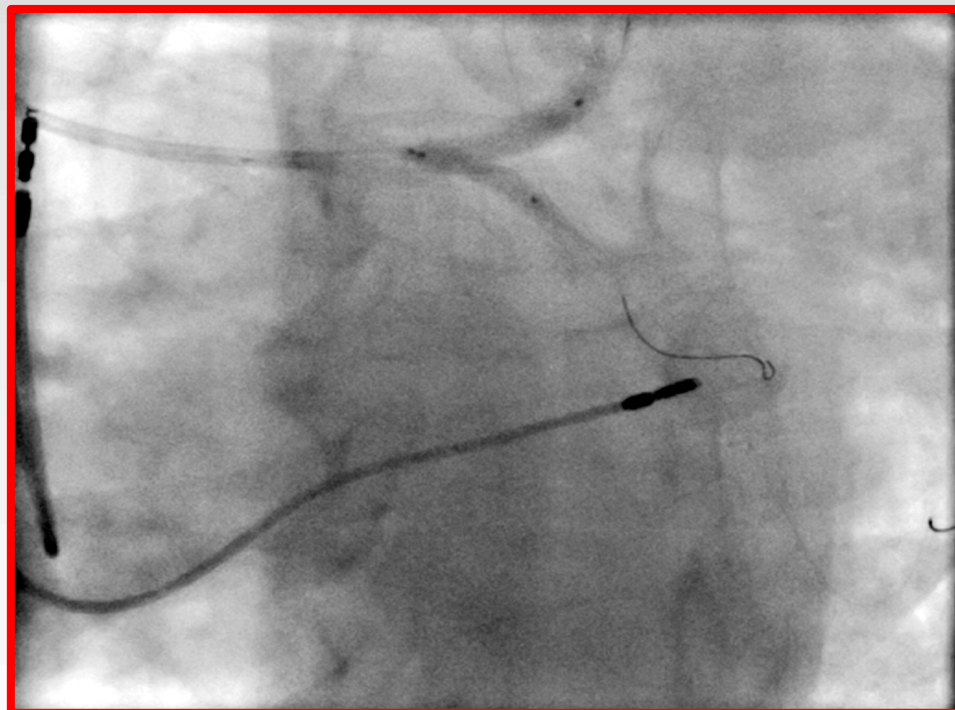
1.5 mm burr



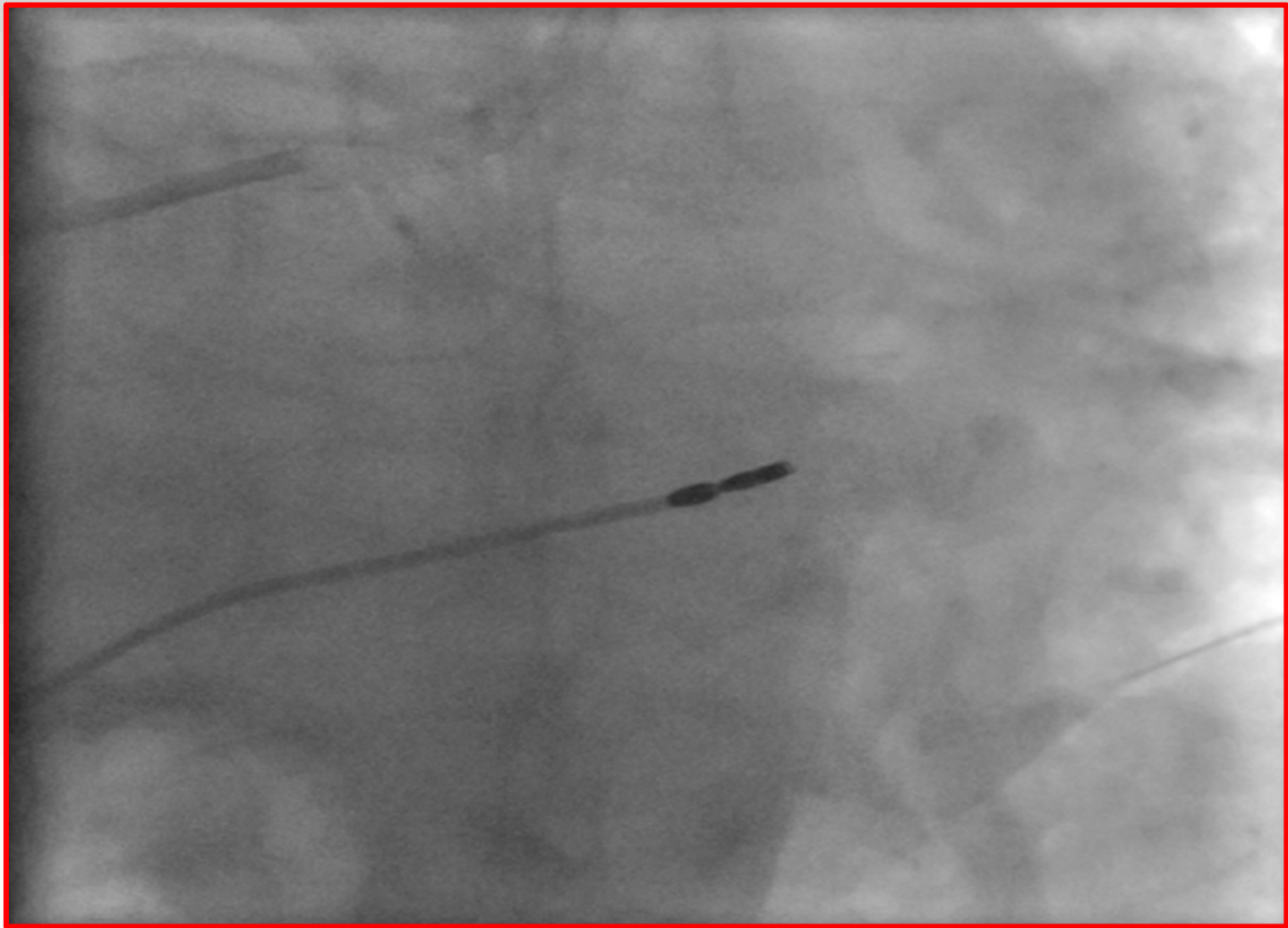
1.25 mm burr



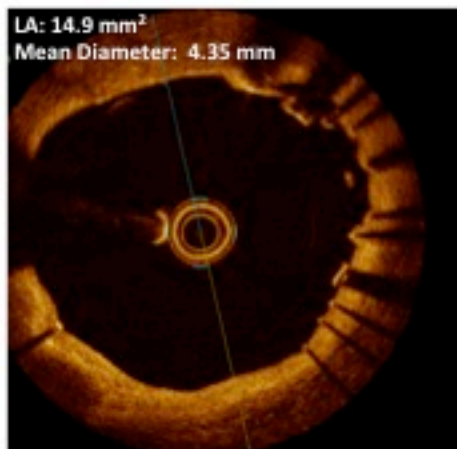
**LCx ostium dilation up to 3.5 NC balloon
28 ats with High pressure balloon**



FKI 3.5x 15 mm (LAD) and 3.5x15 mm (LCx)

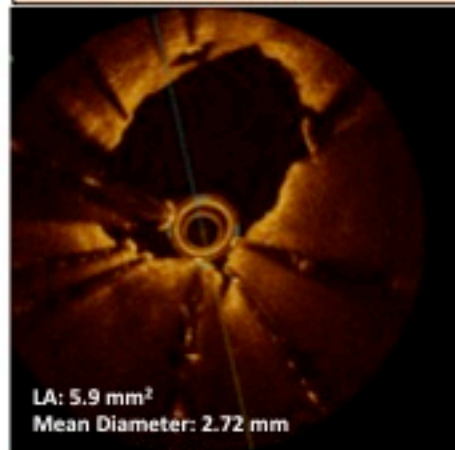


LMS

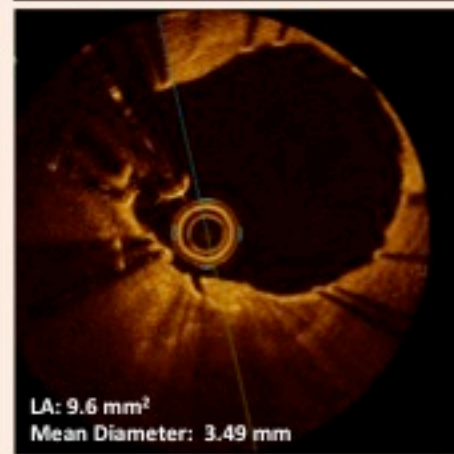


LAD

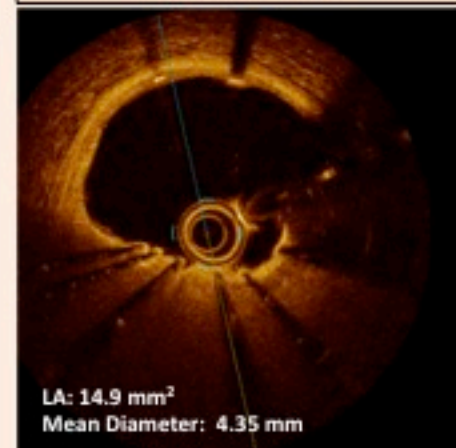
Ostium



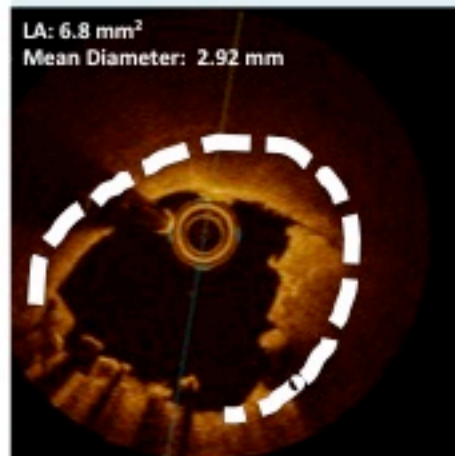
Shaft



Distal Edge



LA: 6.8 mm²
Mean Diameter: 2.92 mm



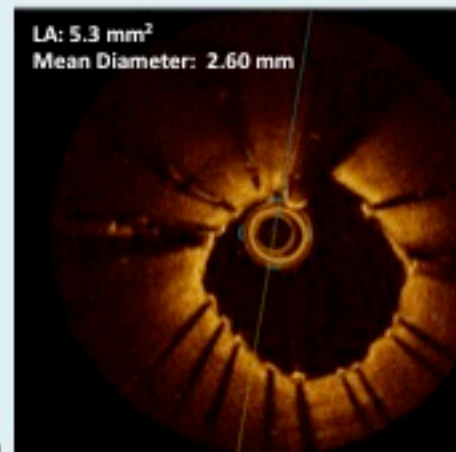
Ostium

LA: 5.3 mm²
Mean Diameter: 2.58 mm



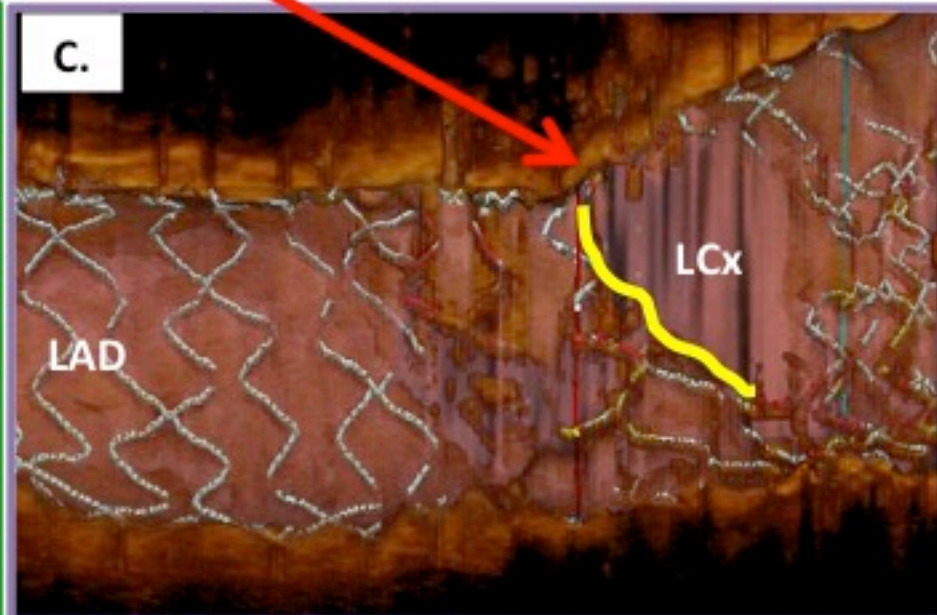
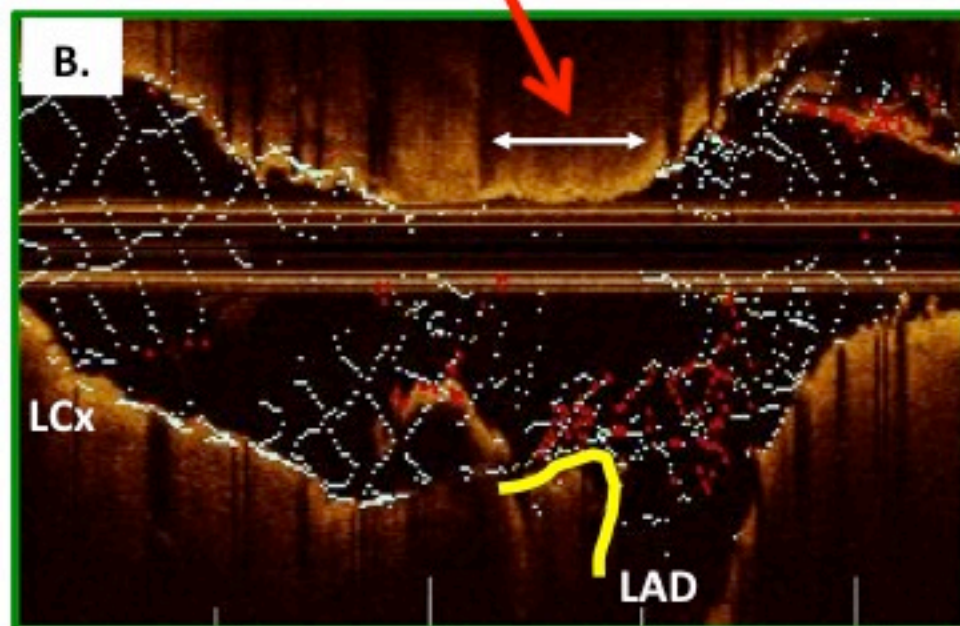
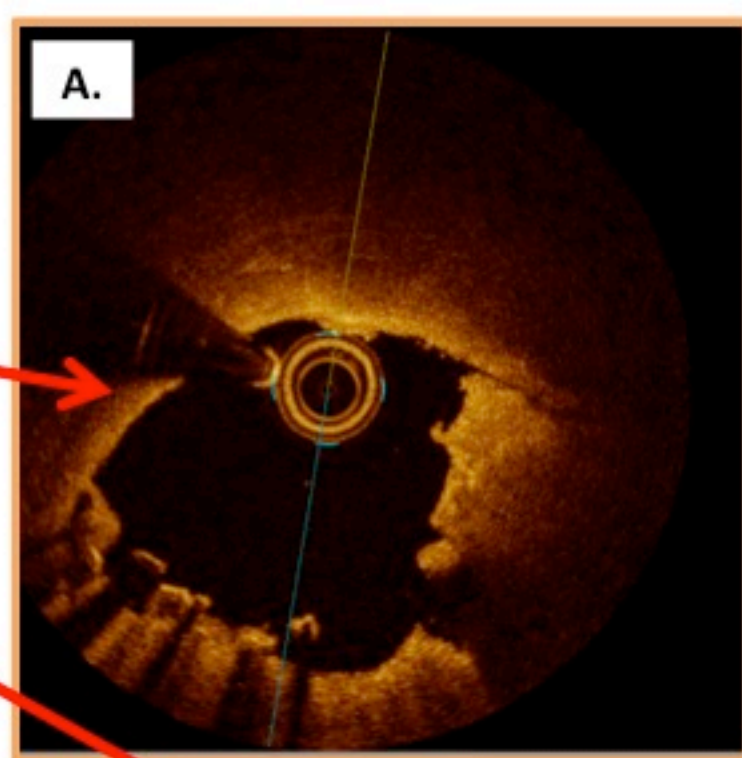
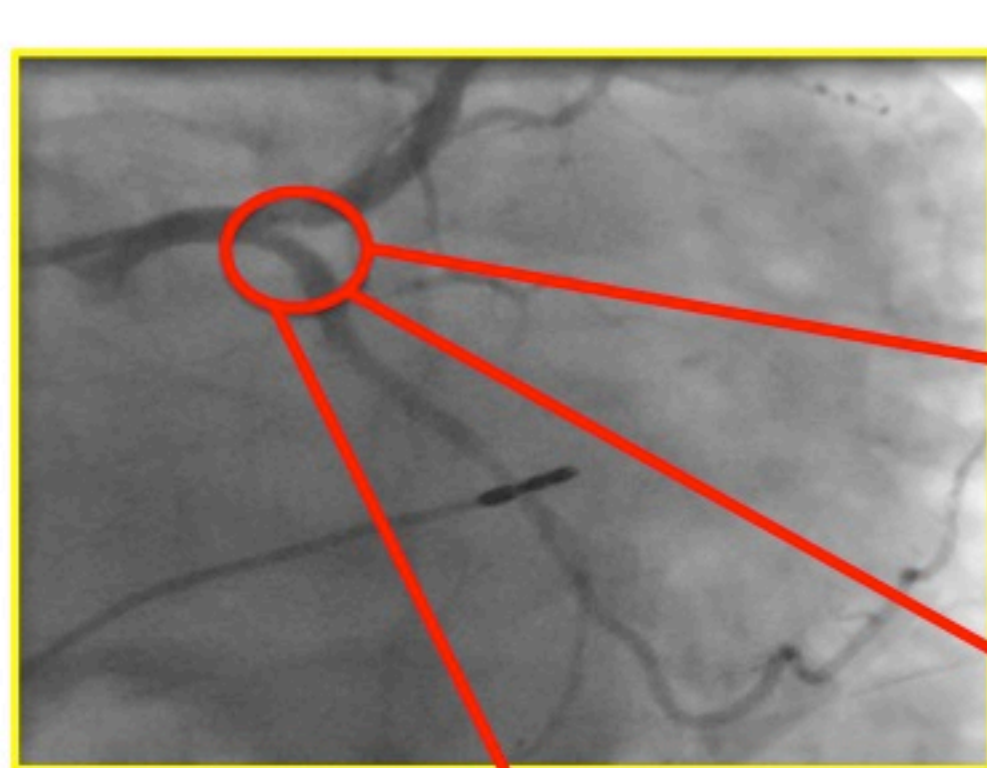
Shaft

LA: 5.3 mm²
Mean Diameter: 2.60 mm



Distal Edge

LCx



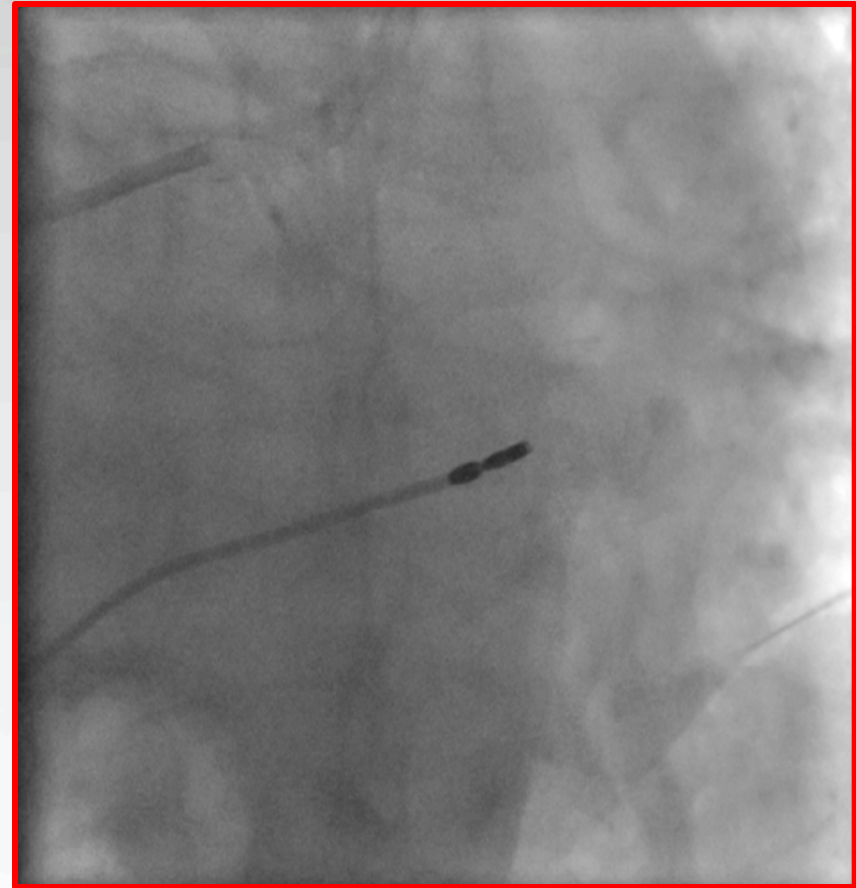
OUTCOME/learning

Uneventful 6 months clinical follow up on DAPT

Unusual pathology with central carinal predominance of calcified plaque
(not really carina shift)



Next time image the left main!
Perhaps a kissing predilation at 3.5x2 prior to stenting-
would have alerted me??



In the LMS its never over .. till its over !

Thanks