“NANO CRUSH” TECHNIQUE FOR BIFURCATION STENTING

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Potential Conflict of Interest

☐ The Authors have no conflict of interest
CLASSICAL CRUSH - CHALLENGES

- More metal
- Difficult to re-cross the SB with wire/balloon
- FKB sometimes difficult
- SB opening often not circular
MINI-CRUSH

- No control on how much of SB stent enters into MB – sometimes may be inadvertently converted to full CRUSH
- Sometimes the MB stent tracking becomes difficult
THE “NANO” CRUSH

• Ensures minimal protrusion of SB stent in MB as well as complete covering of SB ostium
• Double Kiss ensures perfect opening of SB
• Can be done in all angles
• Easy to perform
NANO CRUSH BENCH TEST*

STENT POSITIONING IN SB
One size smaller NCB in MB

STENT DEPLOYMENT IN SB

*Courtesy Mr Dipankar Sadhukhan
STENT BALLOON PULLED - FIRST KISS
STENT DEPLOYMENT IN MB

RECROSSING SB WITH BALLOON
SB to MB IVUS PULL BACK
MB to MB
IVUS PULL BACK
CASE # 1
FINAL RESULT

1 YEAR FOLLOW-UP
CASE # 2

CAG

FINAL RESULT

1 YEAR FOLLOW-UP
## CASES WITH NANO CRUSH

<table>
<thead>
<tr>
<th>Population characteristics</th>
<th>No. (n = 32)</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>28 (87.50%)</td>
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<tr>
<td>Female</td>
<td>4 (12.50%)</td>
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<tr>
<td>Age (Years)</td>
<td></td>
<td>62.78 (8.61)</td>
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</table>

### Co-morbidities

<table>
<thead>
<tr>
<th>Co-morbidities</th>
<th>No. (n = 32)</th>
<th>Mean (SD)</th>
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<tbody>
<tr>
<td>Hypertension (HTN)</td>
<td>30 (93.75%)</td>
<td></td>
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<tr>
<td>Diabetes Mellitus (DM)</td>
<td>24 (75.00%)</td>
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<tr>
<td>Smoking</td>
<td>14 (43.75%)</td>
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<tr>
<td>CRF</td>
<td>3 (9.38%)</td>
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### Angiographic characteristics

<table>
<thead>
<tr>
<th>Angiographic characteristics</th>
<th>No. (n = 32)</th>
<th>Mean (SD)</th>
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<tbody>
<tr>
<td>LMCA</td>
<td>12 (37.50%)</td>
<td></td>
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<tr>
<td>NON LMCA</td>
<td>20 (62.50%)</td>
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Conclusion:

• 2 stent technique of bifurcation is difficult and cannot be performed in all patients.
• Our technique ensures minimal metal load with good immediate and long term results.