How Imaging Changed My Strategy

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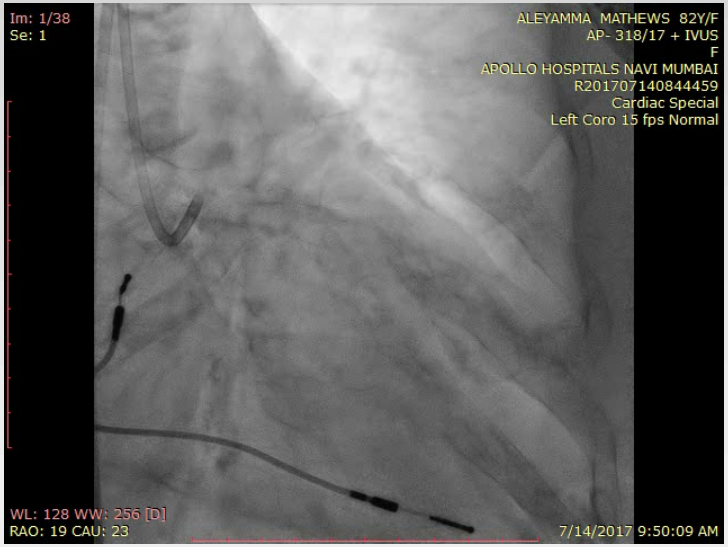
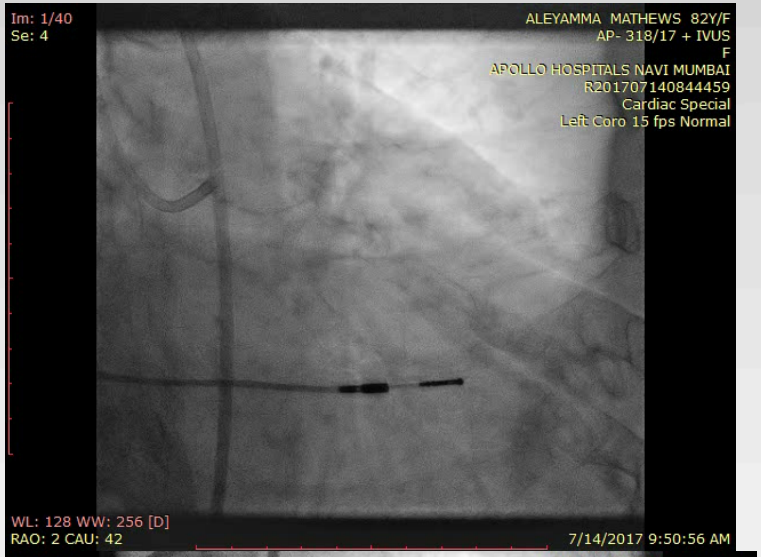
CLINICAL DATA

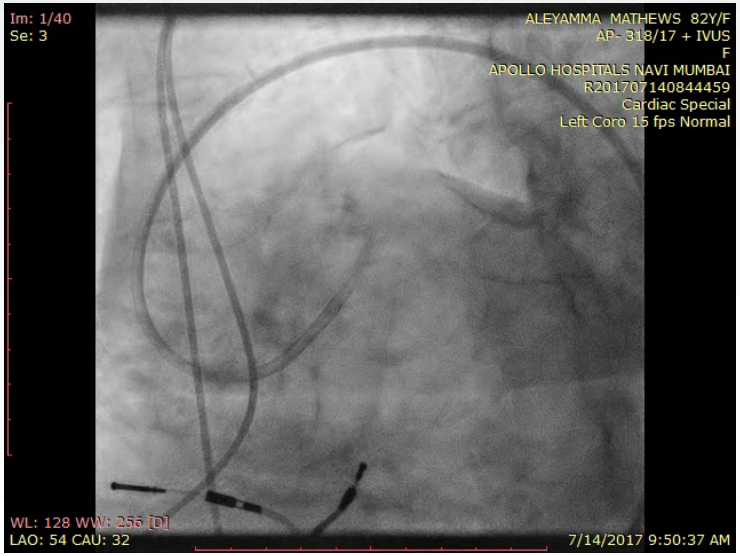
- 82 YR F
- Past PCI to LCX and DDDR PPI
- Now Class III angina
- HT
- LVEF : 45%

CAG



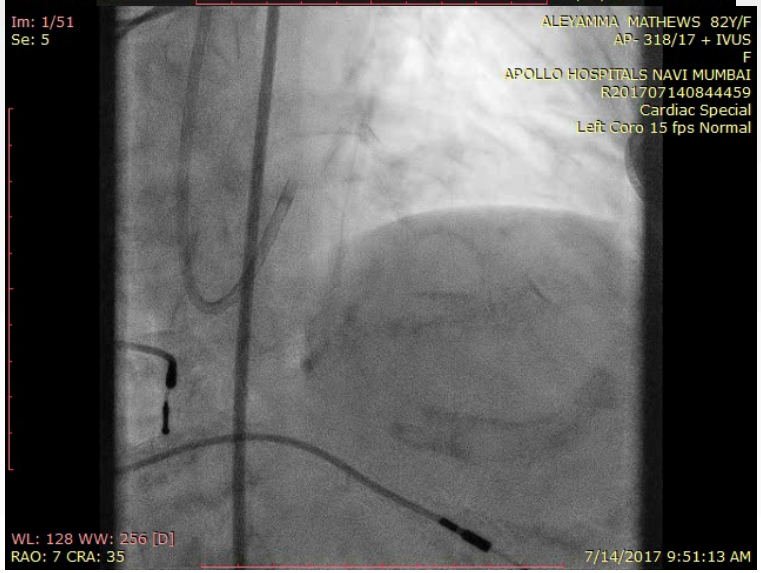
- Critical Calcific osteal LCx
- LCX –OM bifurcation
- Calcific osteal LAD



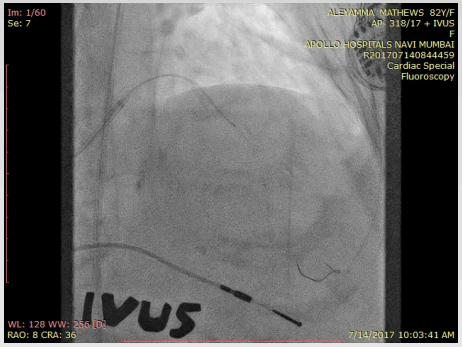


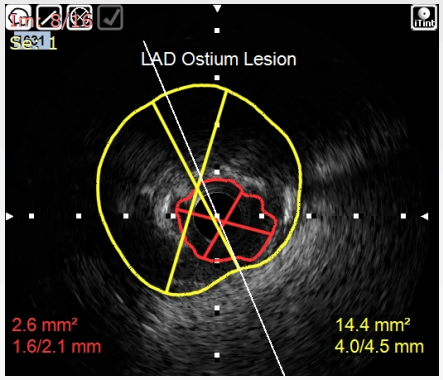
Issues

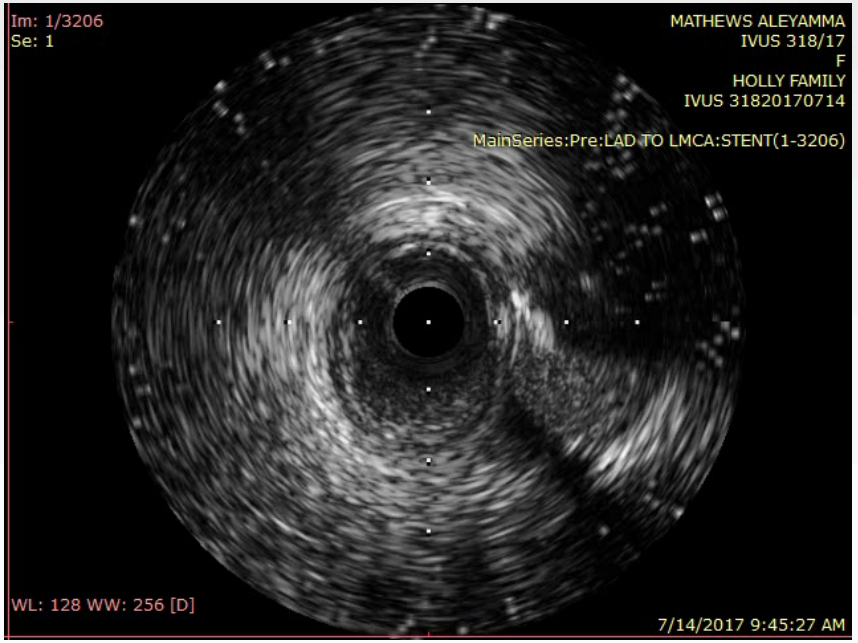
- Calcific lesions
- Which technique
- Rota
- Wiring difficulties

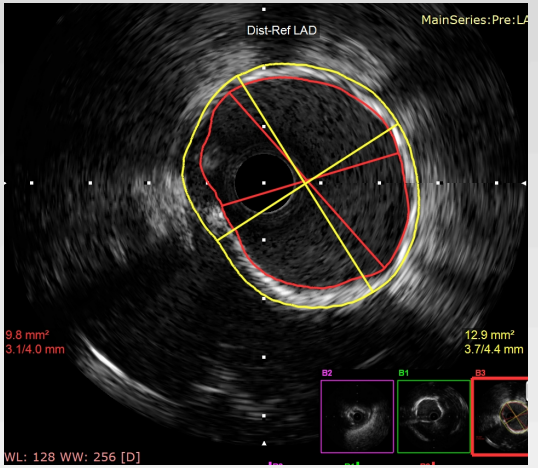


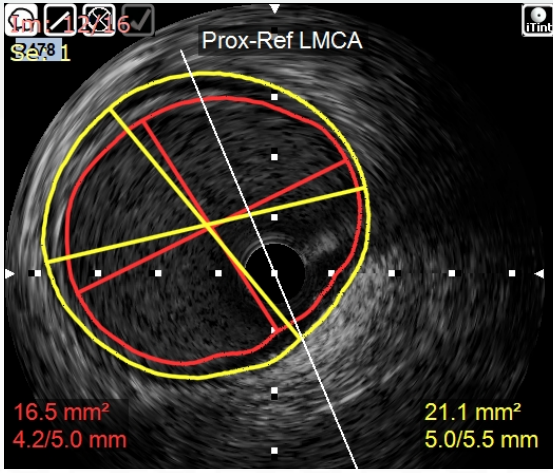
IVUS LAD to LM Pullback





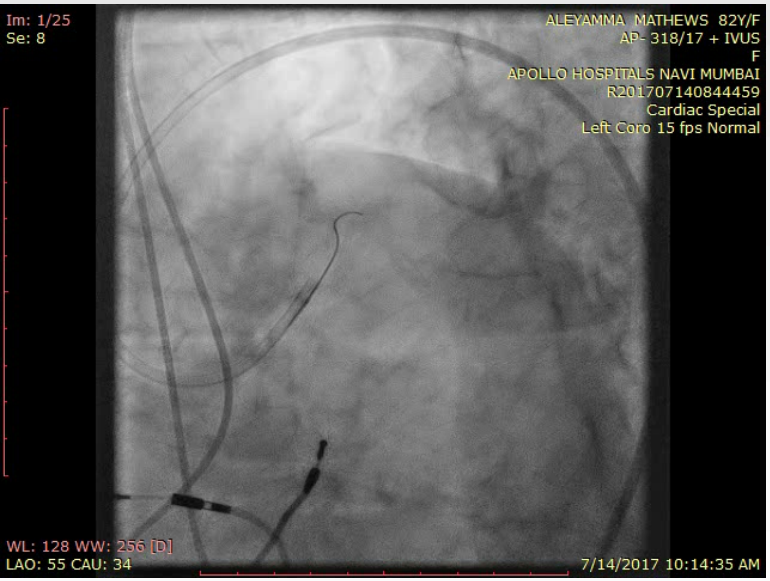




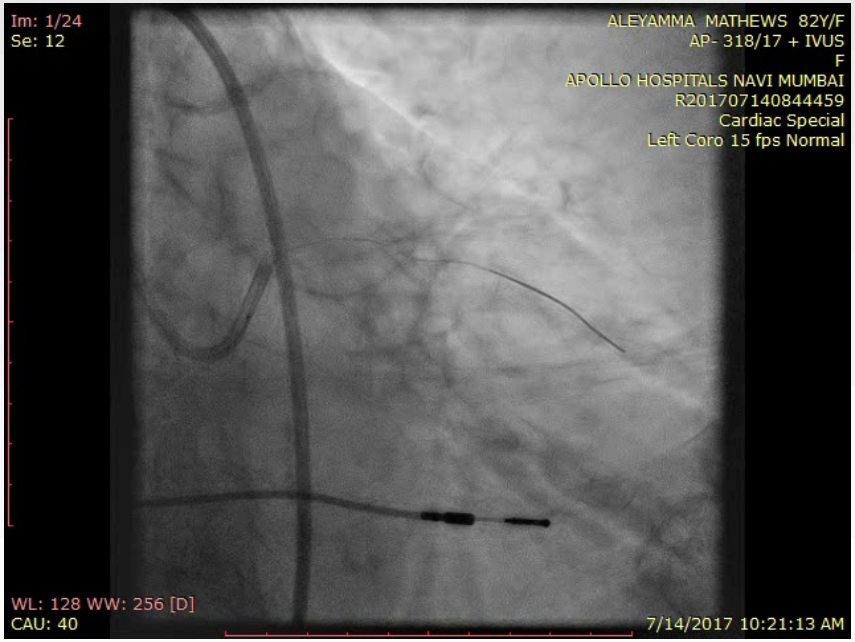


Any thoughts about strategy ?

At this stage…….

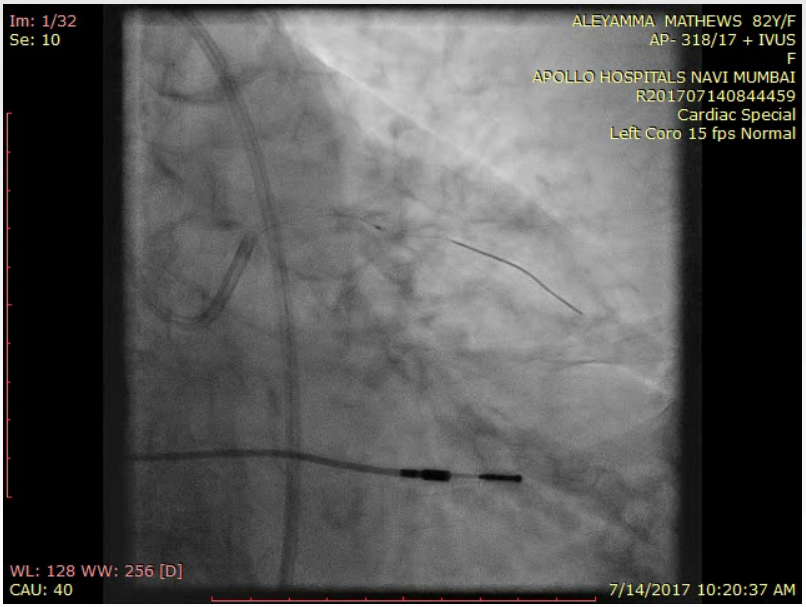


- Difficulty in wiring
- BMW and sion blue didn't cross
- Fielder FC crossed the lesion
- Que : In Which Branch do you want to park the wire?

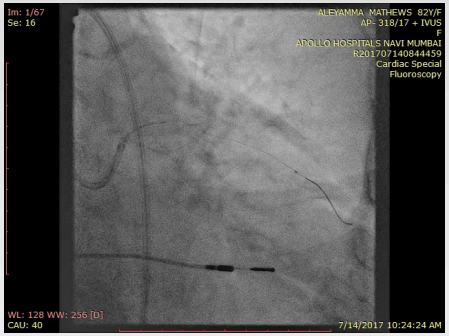


Thoughts

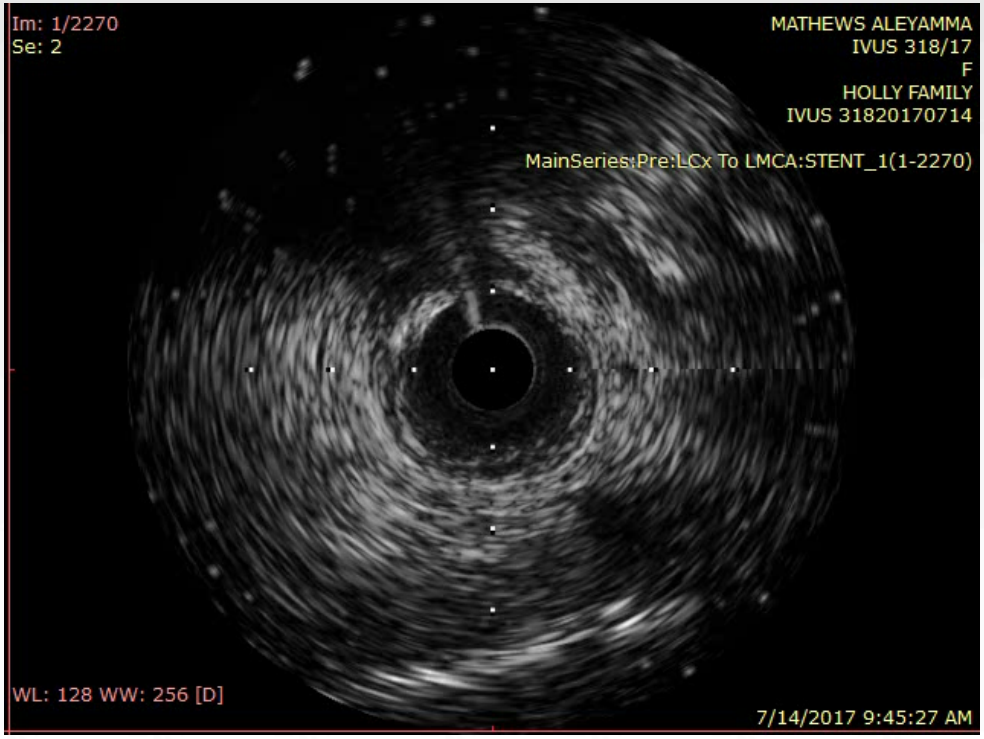
- IVUS didn't cross
- Should I predilate →Do Ivus→Decide about ROTA→What if dissection
- Or Exchange with ROTA wire now itself



- Predilated with 1.5x10 tazuna
- Did OM to LM IVUS



IVUS →LCx to LM

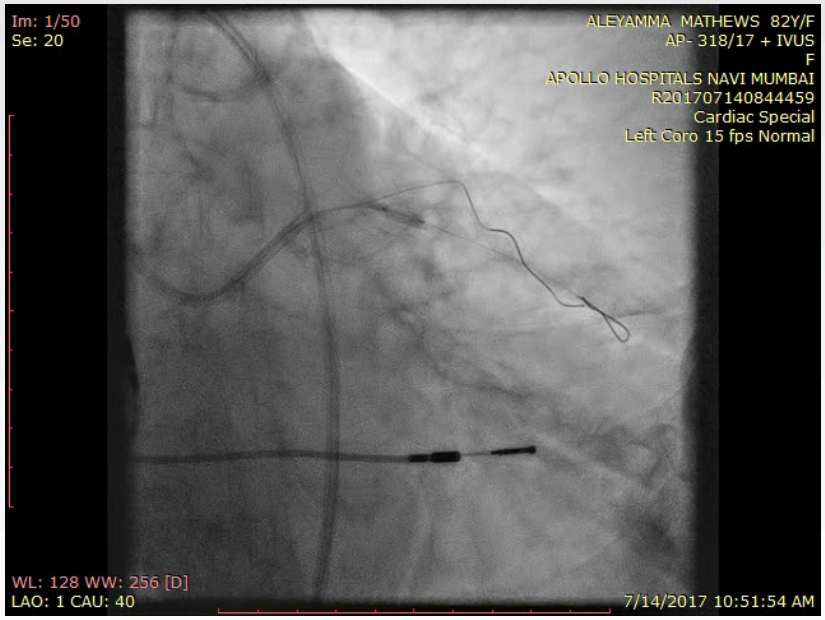


So finally what should be the stategy?

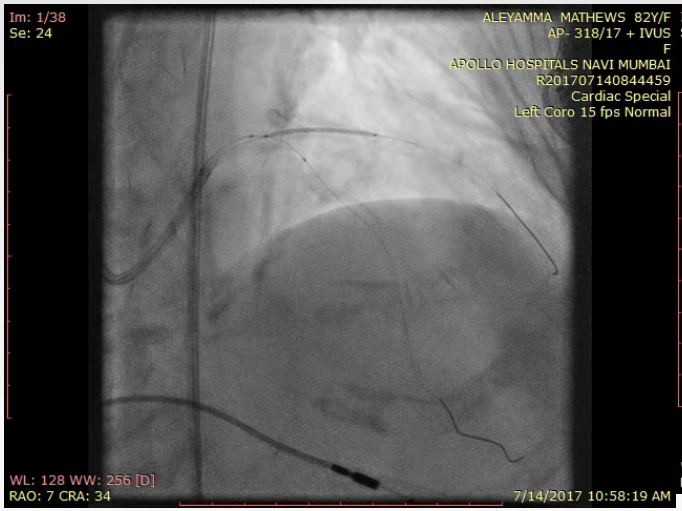
- Rota Vs Cutting balloon

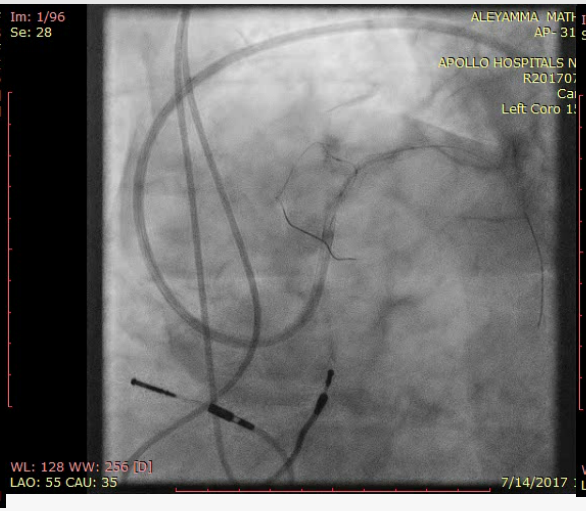
- Which 2 stent strategy

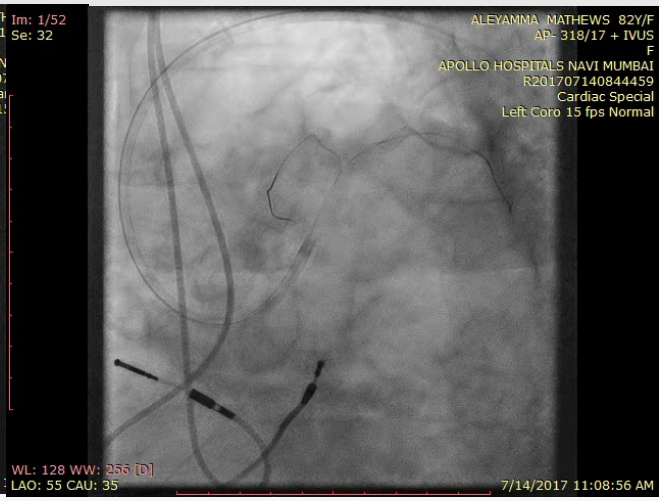
Flextome 2.75x6 at 8atm



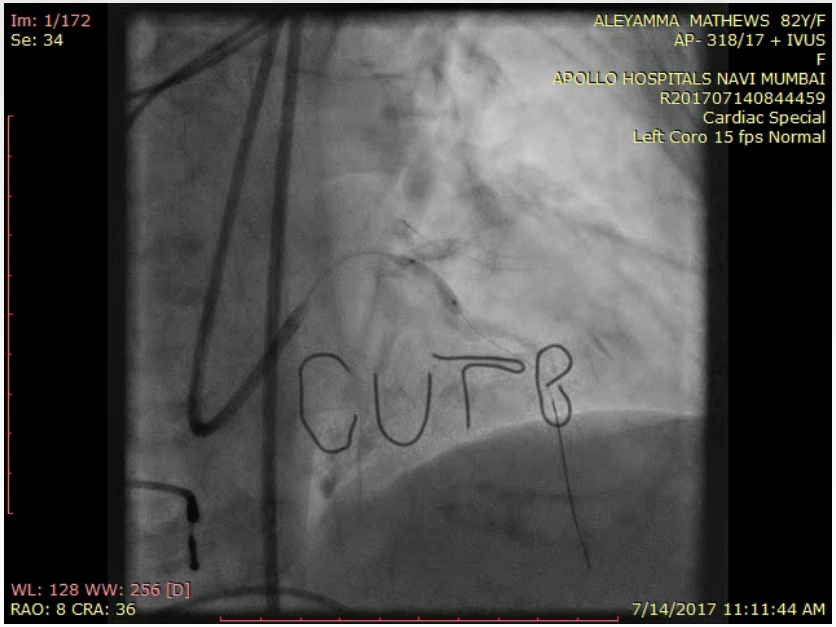
Promus 3x24 in LCx-OM at 14atm crushed with 3x12NC balloon



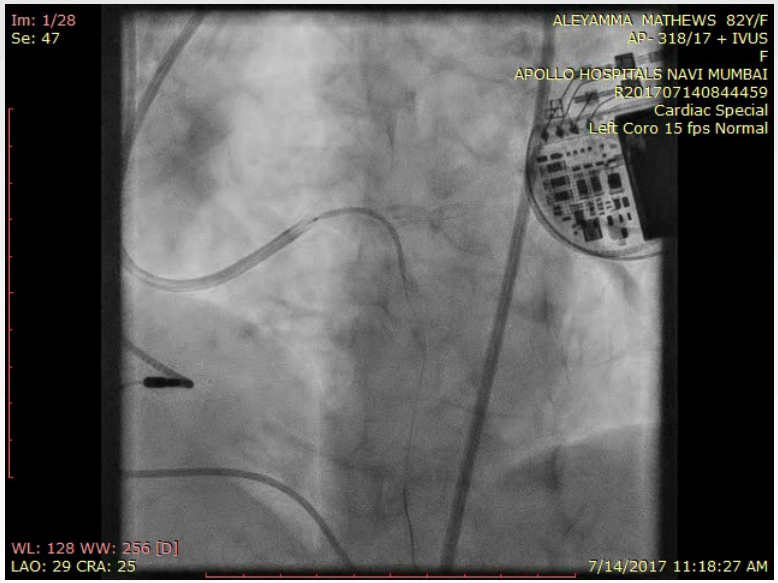


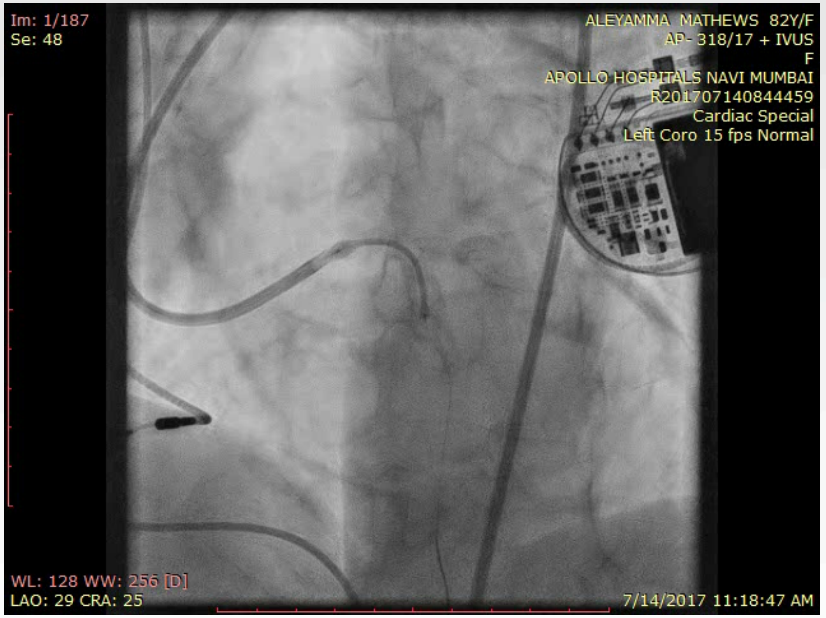


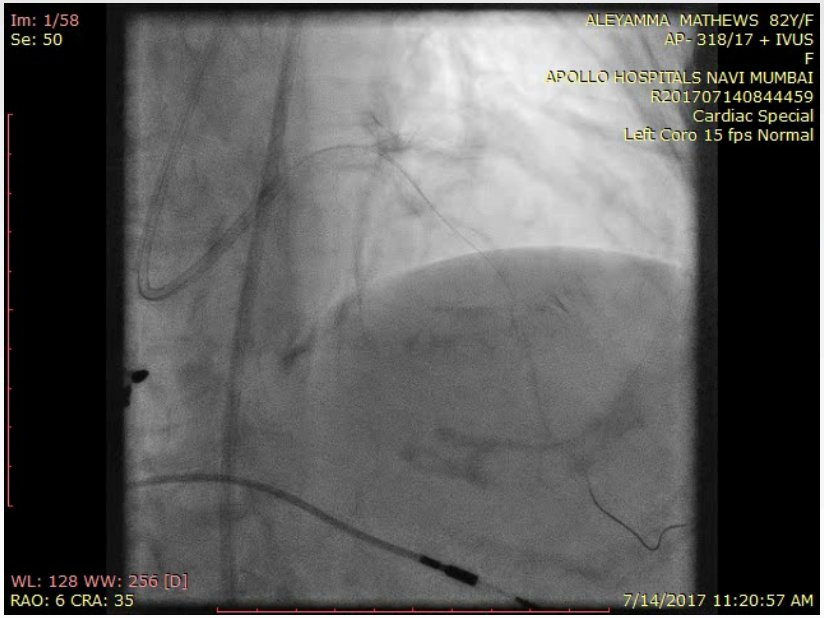
Flextome 3.5x10 at 10atm in LAD



Onyx 4x34 @14atm






Im: 1/58
Se: 50
ALEYAMMA MATHEWS 82Y/F
AP- 318/17 + IVUS
F
APOLLO HOSPITALS NAVI MUMBAI
R201707140844459
Cardiac Special
Left Coro 15 fps Normal
WL: 128 WW: 256 [D]
RAO: 6 CRA: 35
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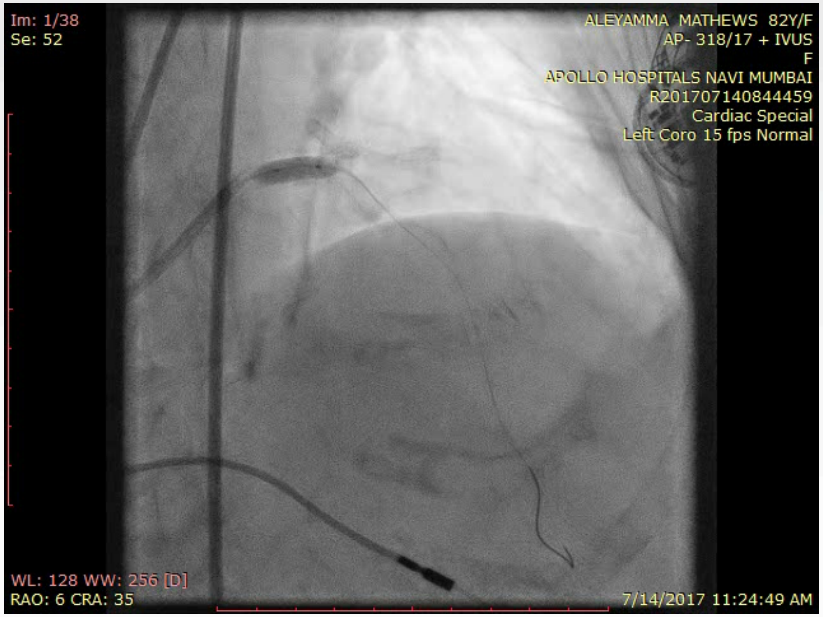
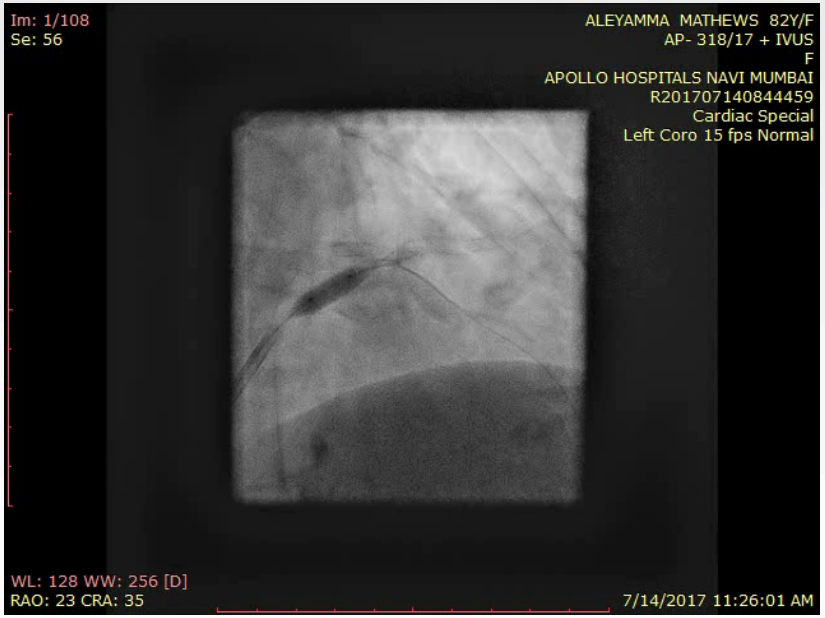
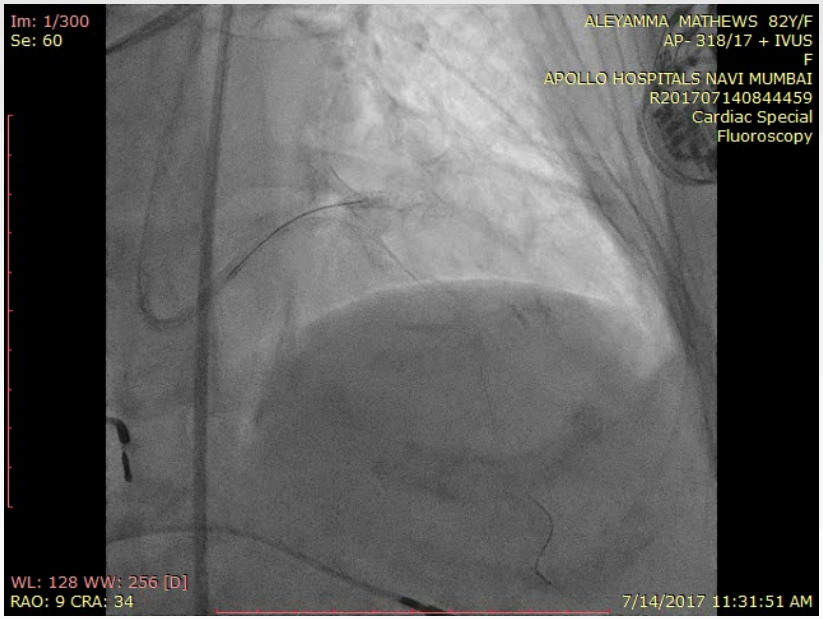
POT with 4.5 NC balloon

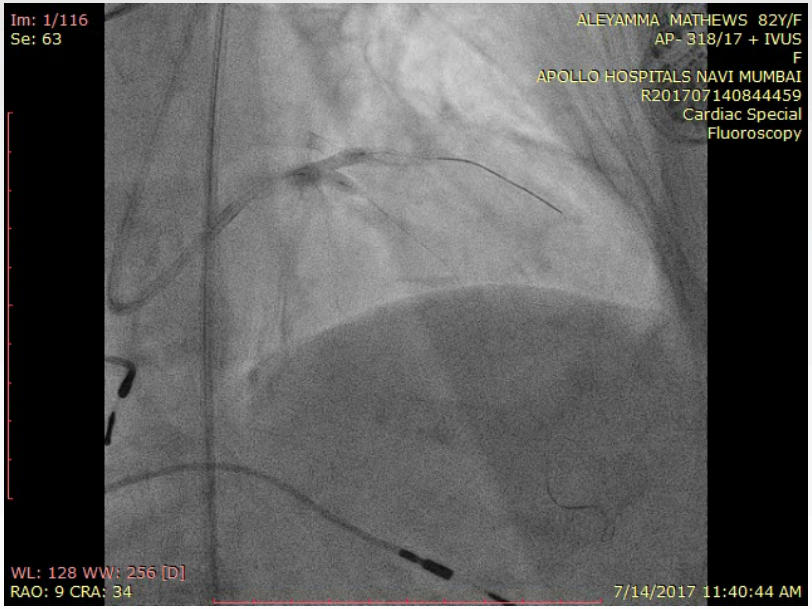




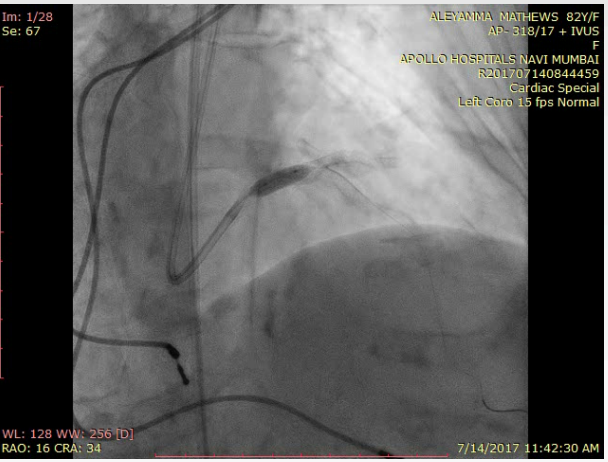
Reentered Lcx

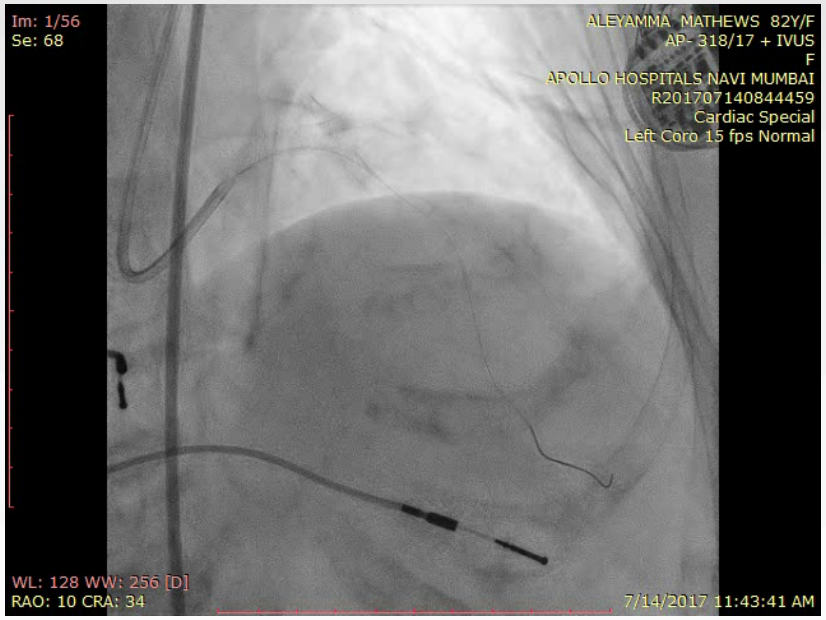


Kissing with 3x12 & 4.0x10

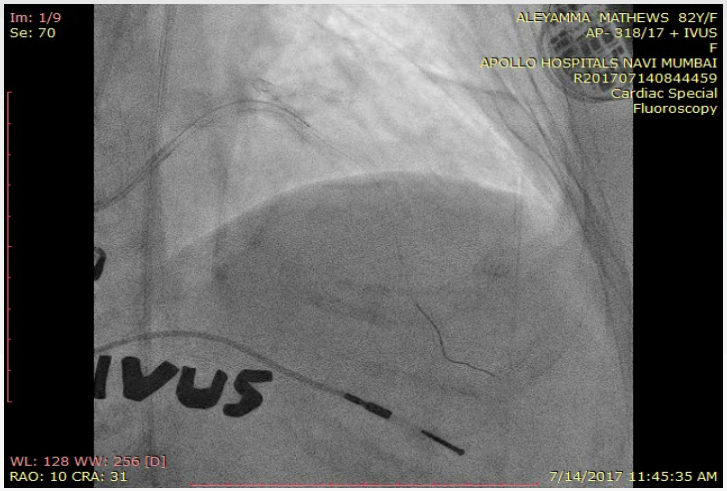


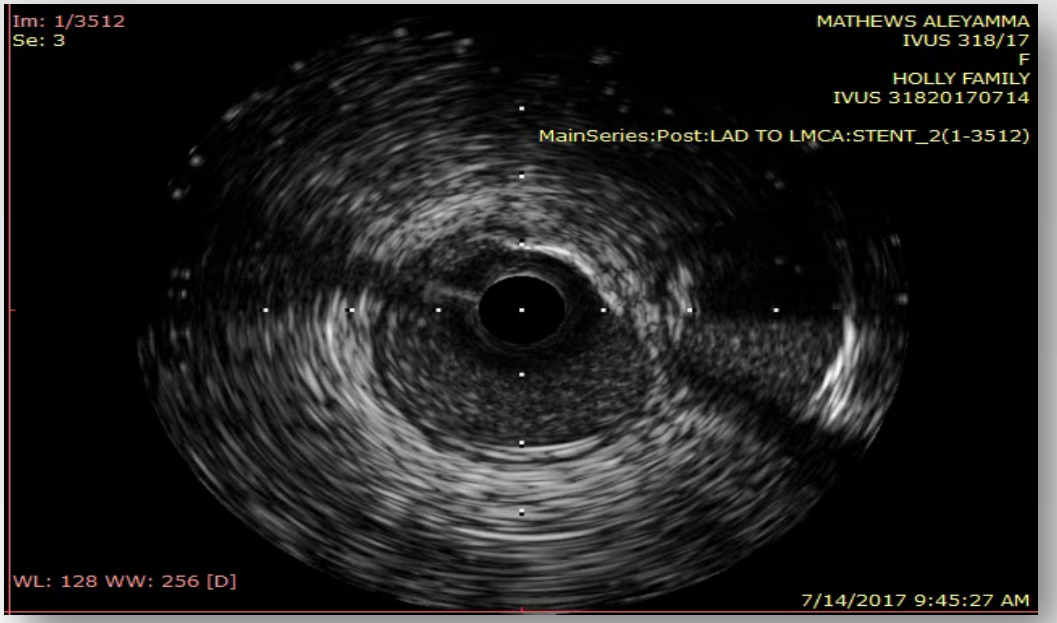
RE POT with 4.5 balloon





IVUS post stenting

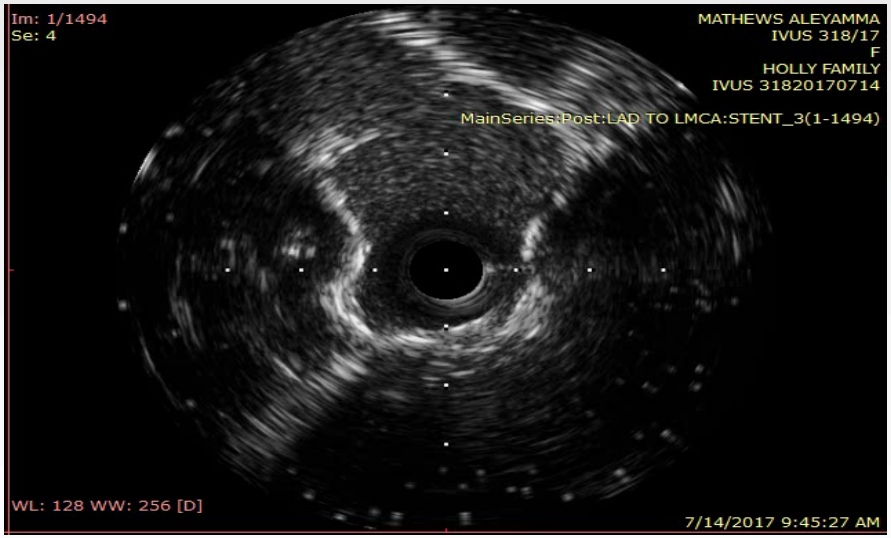




Proximal Stent struts are malapposed

Post dilated with 5x6 nc balloon

Repeat IVUS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Se: 4
MATHEWS ALEYAMMA
IVUS 318/17
F
HOLLY FAMILY
IVUS 31820170714
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WL: 128 WW: 256 [D]
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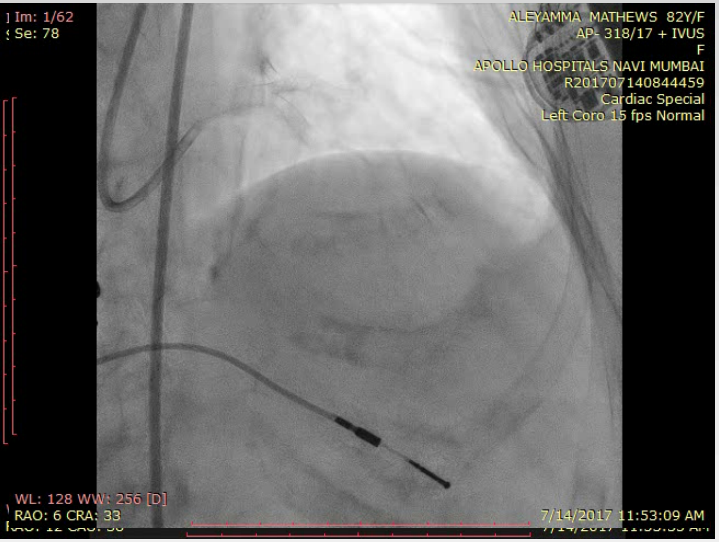
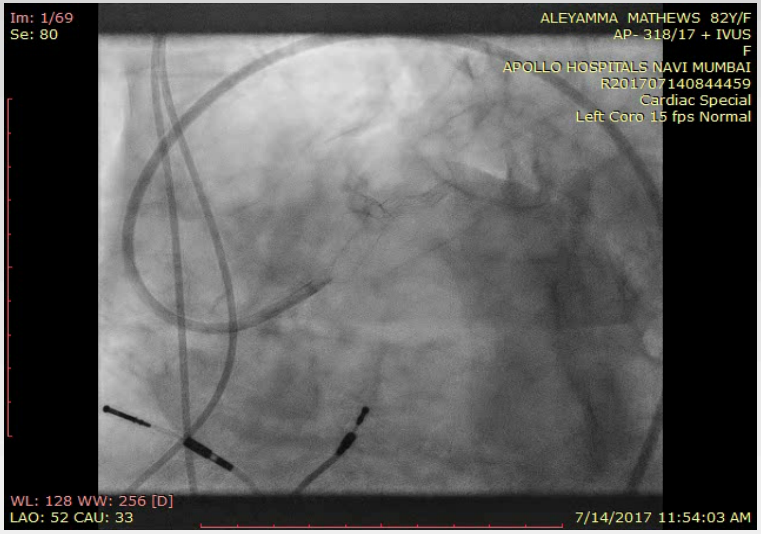
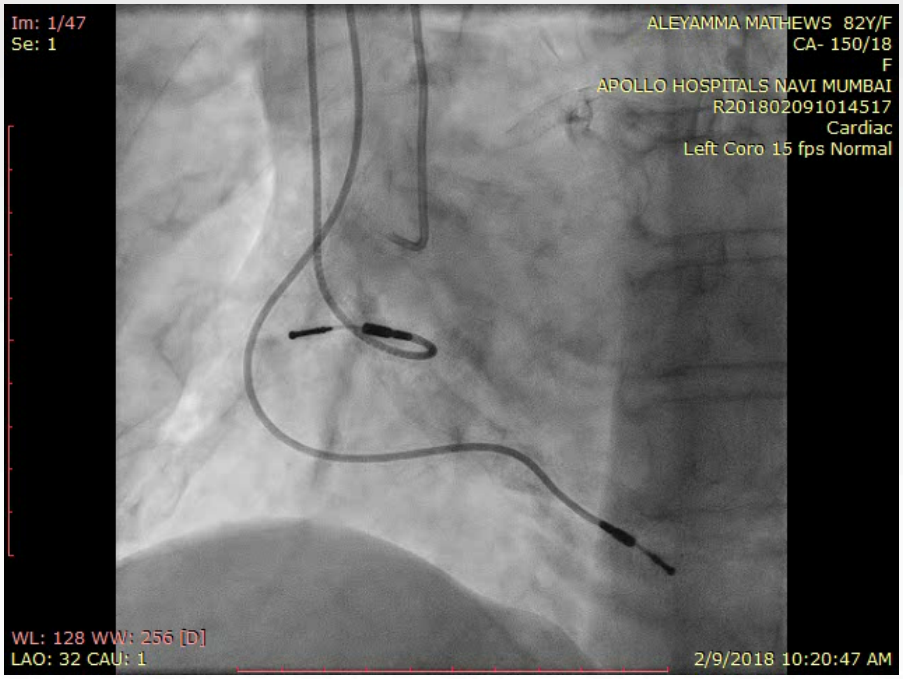
Final Shoots

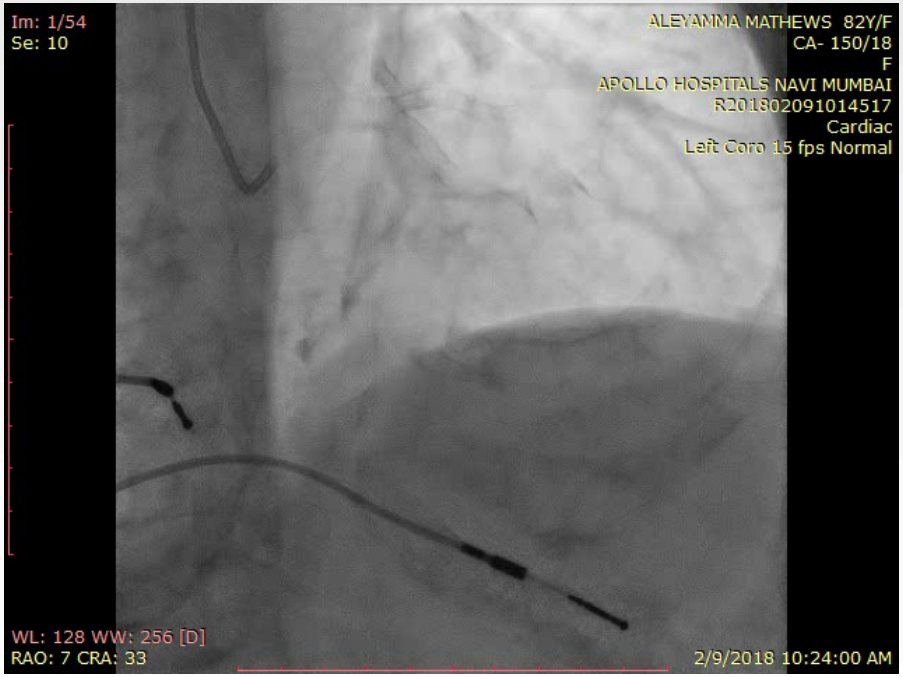




CHECK CAG AFTER A YEAR

- Patent stents





Questions ? Comments? Take Home messages?

Thank You