Impella and LM stenting with PS and POT: keep it simple

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Clinical case

64 year old male

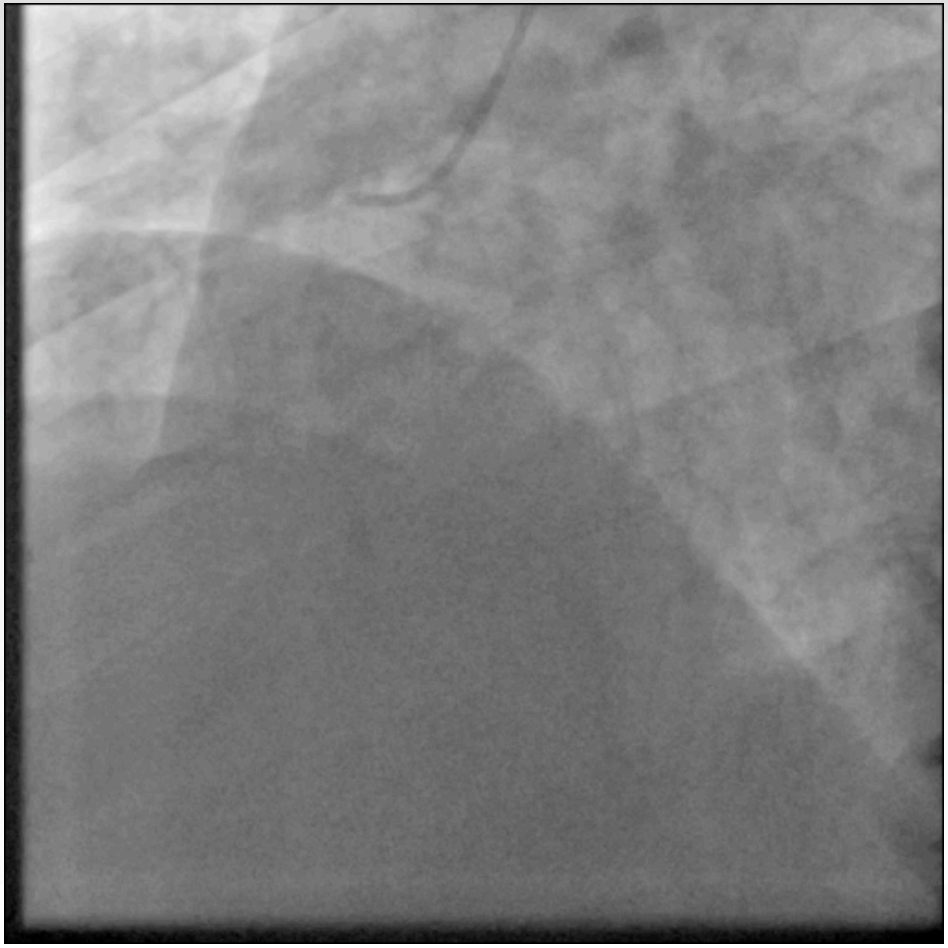
Diabetes Mellitus, ex-smoker

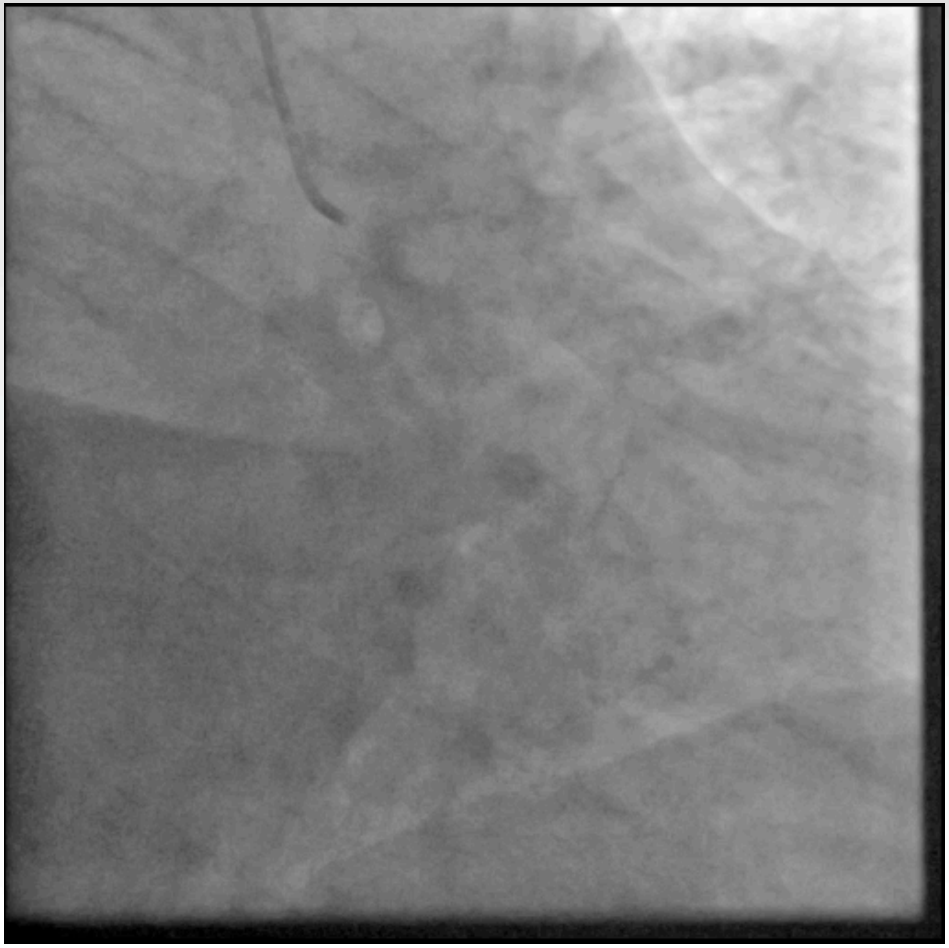
Prostrate cancer with bone mets (stable on hormone therapy)

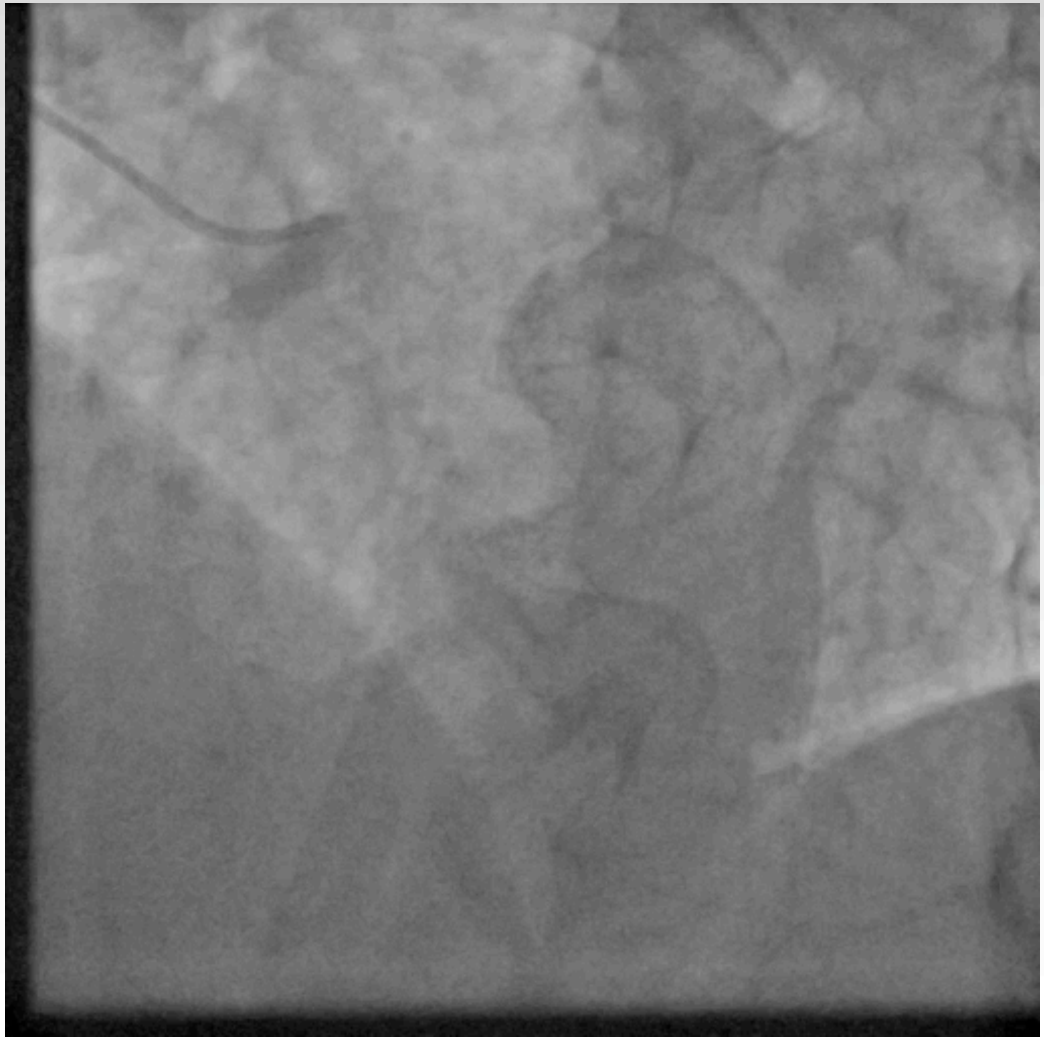
Presented with ACS and pulmonary oedema

ECG Dynamic & widespread ST changes

TTE: EF 25-30%







Severe distal LM stenosis in patient with

NSTEMI + APO

CTO RAC and

severly reduced LVEF

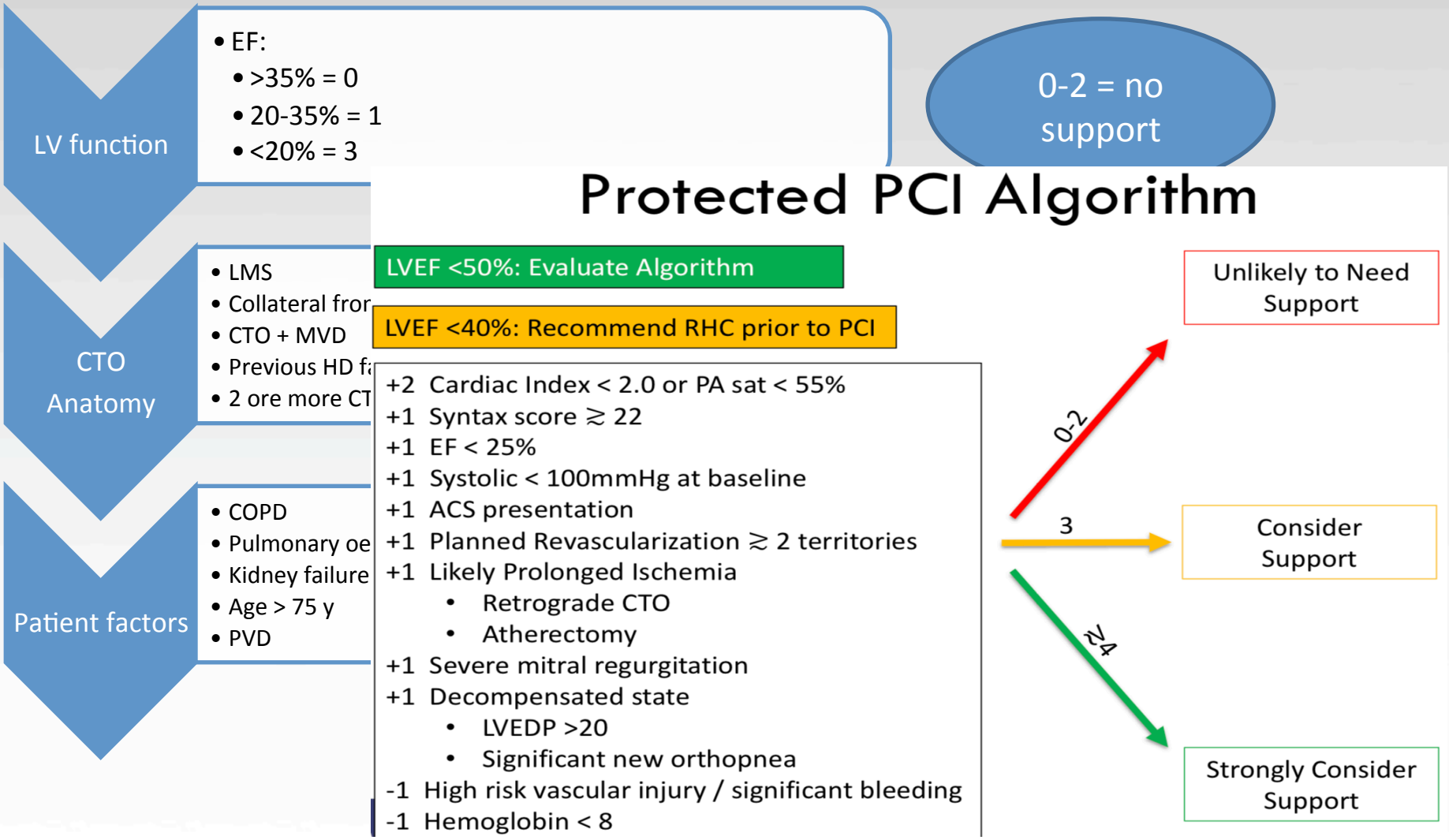
Heart team discussion

- SYNTAX I score 30
- SYNTAX II score 45

Recommendation:

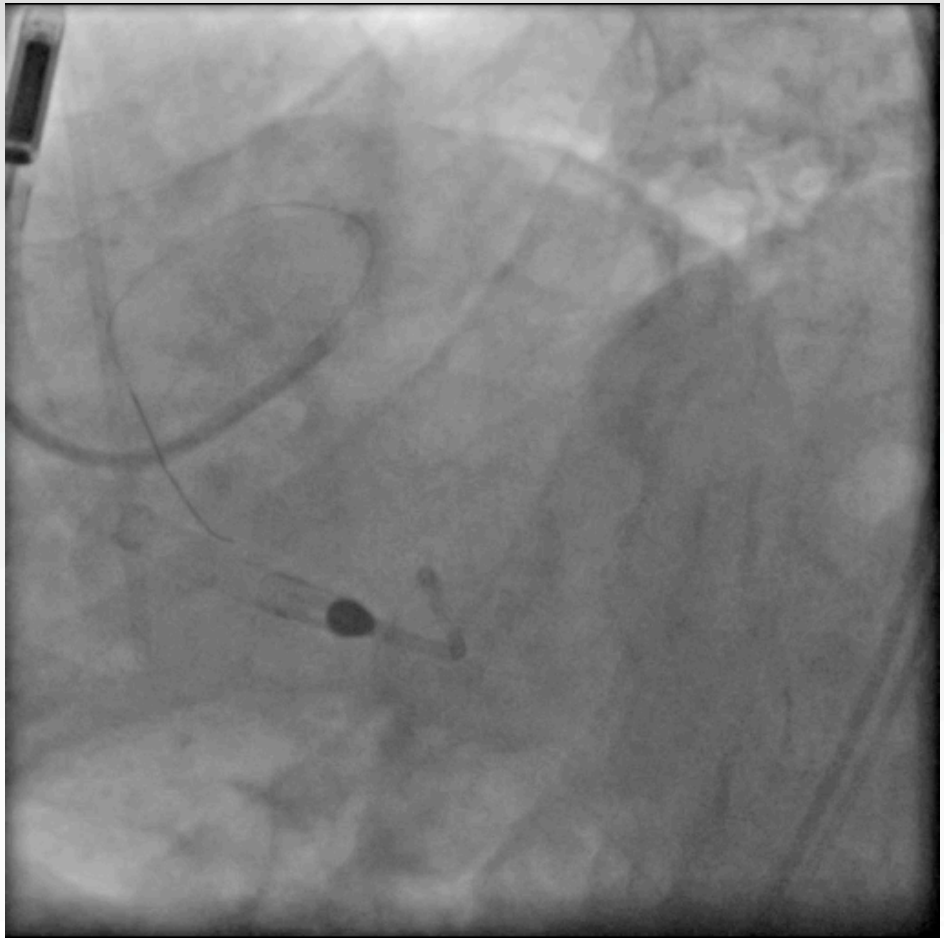
Protected PCI with Impella CV support

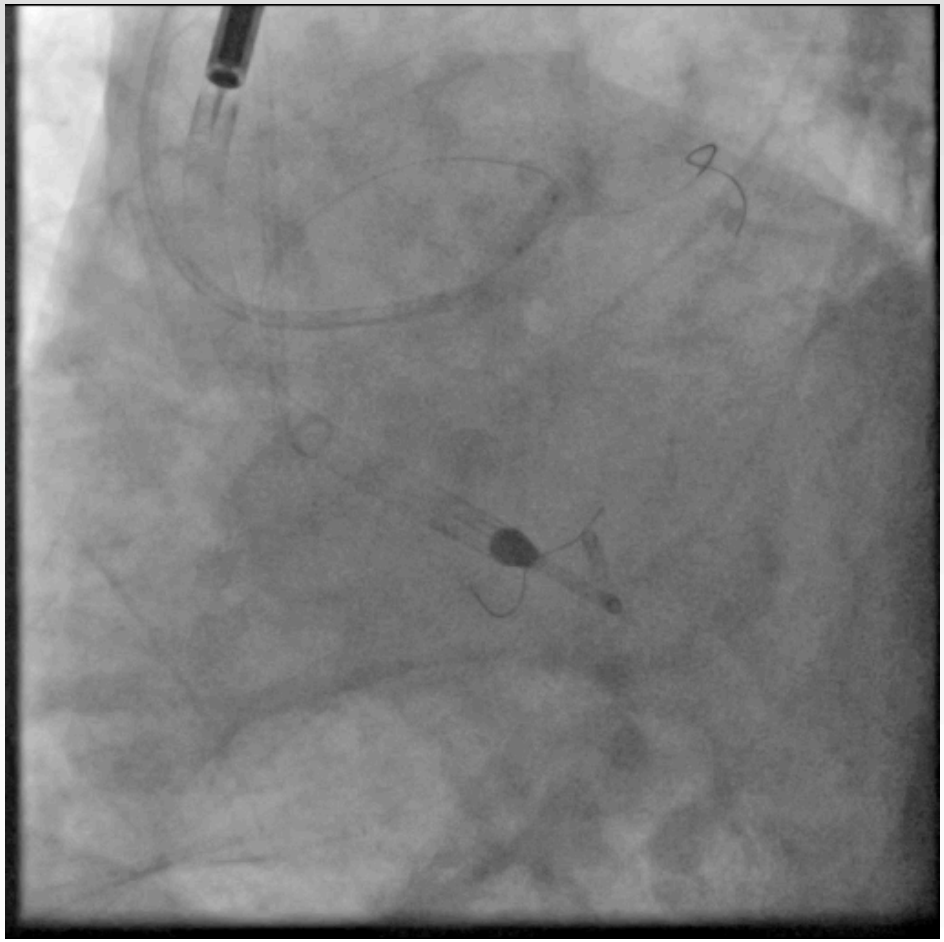
left ventricle support algorithm

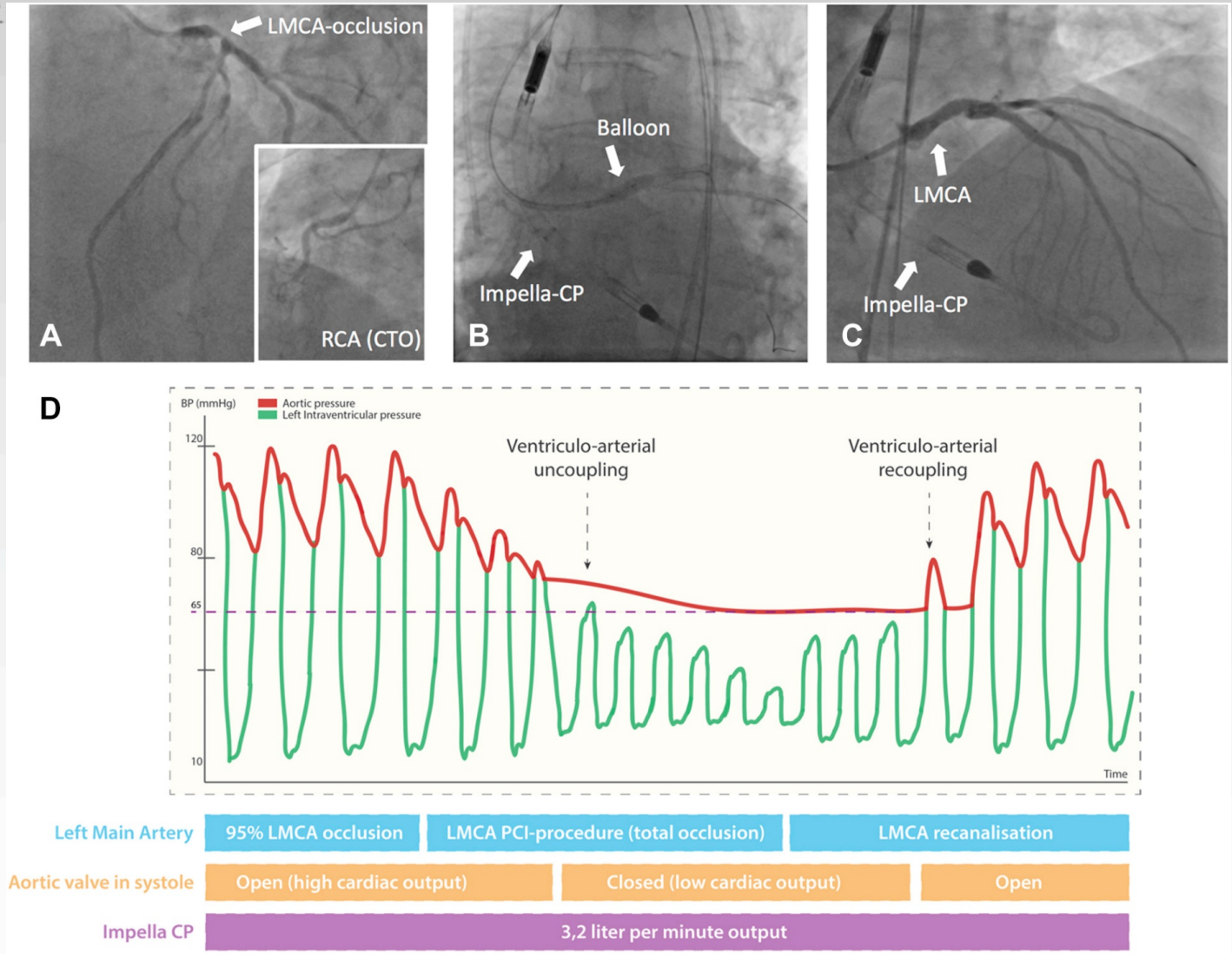


Alogrithm of J Hill, Kings College London

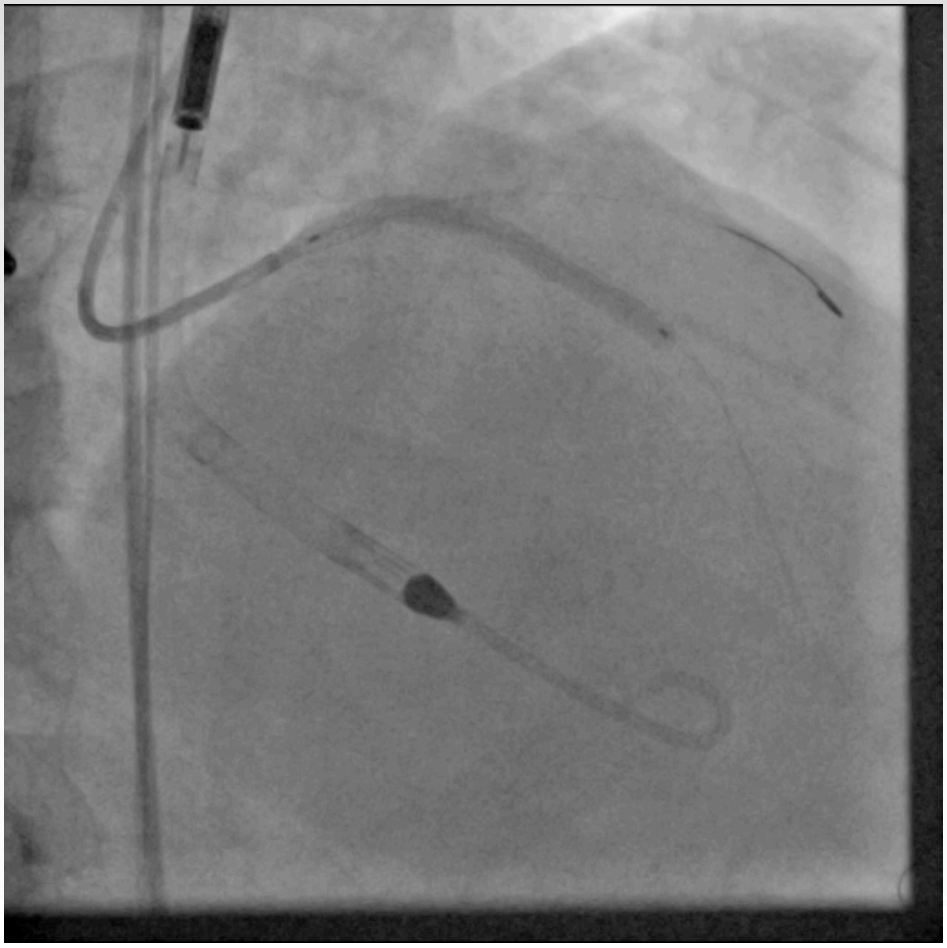
Alogrithm of James McCabe, MD University of Washington Seattle, WA

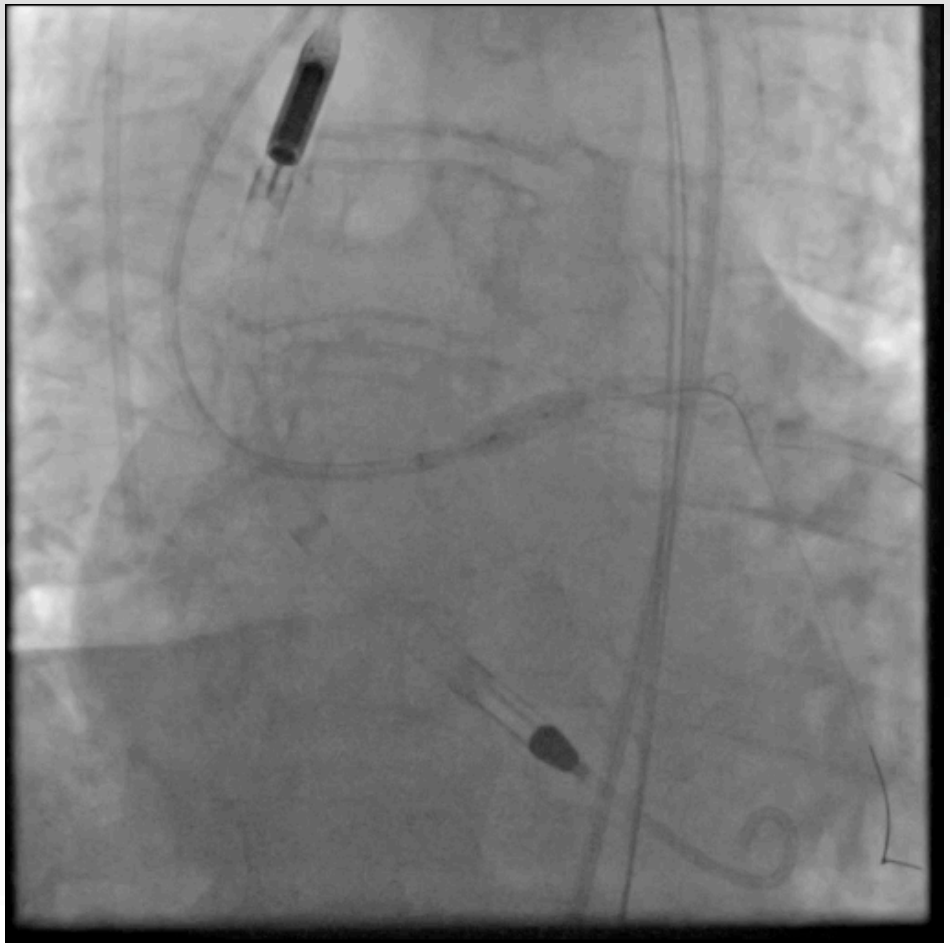


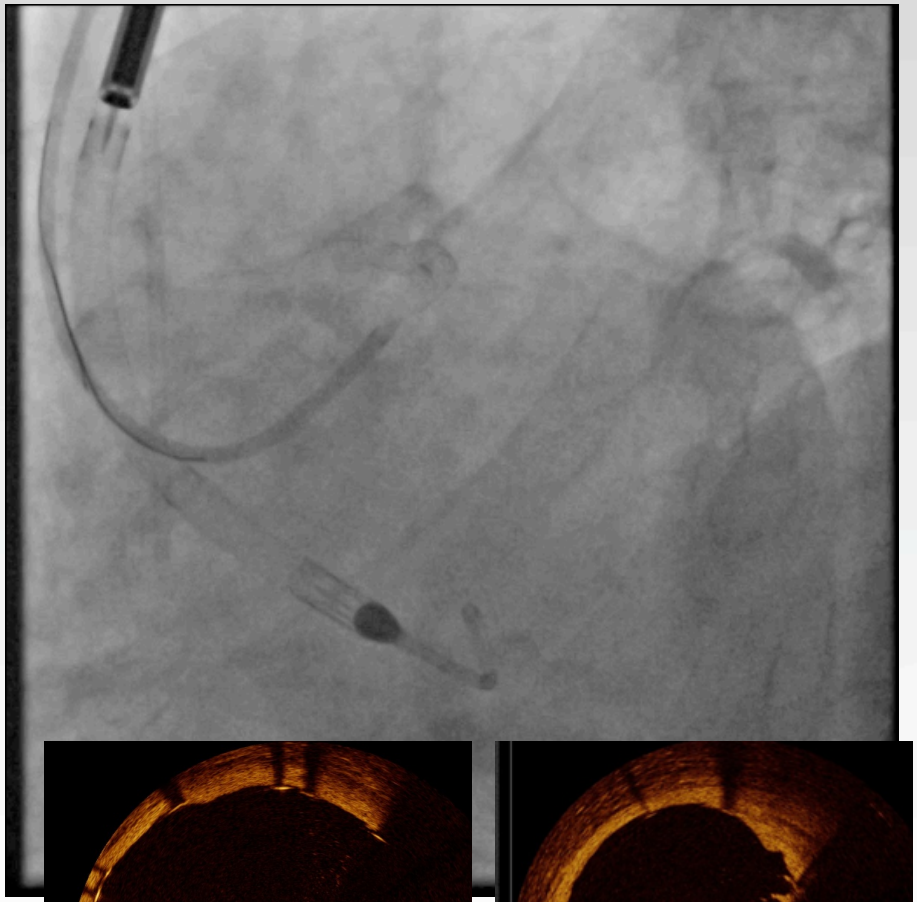


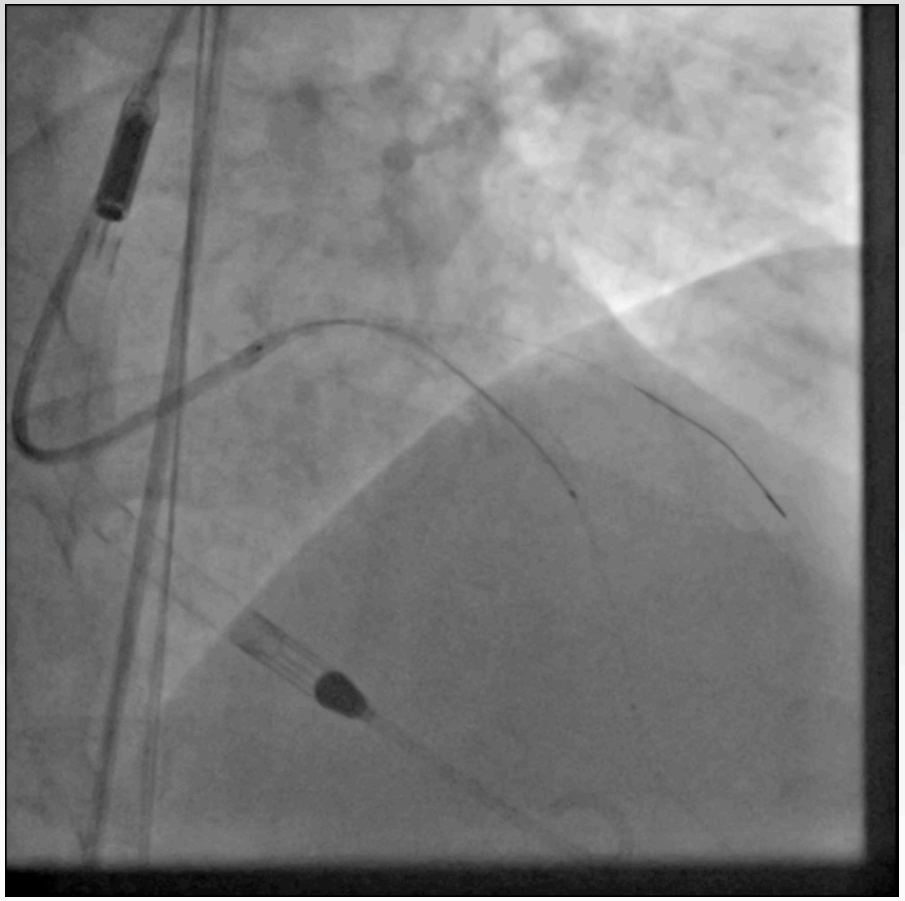


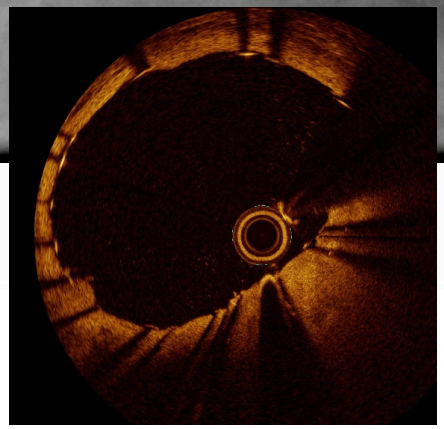
Vandenbriele C, … Bennett J. JACC Interventions 2019

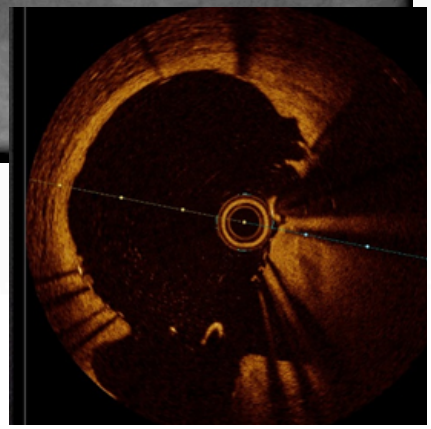












At 6 months:
- No MACE
- No angina
- NYHA class II-III

Summary

Protected High risk PCI of LM bifurcation

Impella CP supported

Ventriculo-arterial uncoupling

Provisional LM stenting

Intracoronary imaging to ensure optimal result