Welcome to the 6th European Bifurcation Club
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Inverted provisional T stenting for treatment of protected left main bifurcation

Imre Ungi
Szeged, Hungary
Case history

- **50-year old ♂**;
- **Exertional angina** for several months, progression from CCS 2 to 3.
- **Remote history**: CABG (1999): LIMA-LAD; sequential SVG to IM-OM.
- **Risk factors**: current smoker, diabetes and hyperlipidemia, PAD.
- **Echocardiography**: no wall motion abnormality, LVEF: 60%.
- **Stress test**: angina at 7 MET with 2 mm STD in II, III, aVL, V4-6.
- **Medication**: ASA, bisoprolol, trimetazidin, rosuvastatin, nitroglycerin
Coronary angiography

- Aberrant origin of the RCX;
- Occluded SVG-IM-OM;
- Patent LIMA-LAD
- Diffus proximal LAD disease;
- Medina 0.0.1 stenosis of the LM-LAD-IM bifurcation;
- Medina 0.0.1 stenosis of the CX-OM bifurcation.
Coronary angiography
Coronary angiography

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- Occluded SVG-IM-OM;
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- Medina 0.0.1 stenosis of the CX-OM bifurcation.
How to treat...

- Three vessels supplying the region of ischemia (IM, Diagonal, OM);
- Diagonal is partially protected, but between two stenoses;
- Both bifurcation lesions are Medina 0.0.1;
- Redo surgery refused with reference to the patent LIMA.
Treatment plan

- Transradial access
- Inverted provisional T stenting of the OM bifurcation;
- Inverted provisional T stenting of the LM bifurcation (no stent into the LM-LAD regarding the patent LIMA);
- No intervention in the proximal LAD;
- Bifurcations stented with Tryton in order to facilitate the 2nd stent in case of significant MB jail;
- Remarkable operator’s bias: Sparing of DES use due to a limited special budget (Officially licensed DES penetration: 10-12%)
Procedure (CX-OM)

Tryton 2.5/2.5x19 mm
Procedure (CX-OM)

Liberté 3.0x16 mm
Final result (CX-OM)
Procedure (LM-IM)

Voyager 2.5x20 mm

Tryton 3.5/2.5x19 mm
Final result (LM-IM)
When things go wrong later due to saving procedural costs...
Redo PCI plan

1. Reopening of the OM→DES in the CX→kissing;
2. DES in the LM-IM→kissing.

BMW & Whisper ES  
Cypher 3.0x23 mm
Redo procedure (LM bifurcation)

Promus 3.0x28 mm

Maverick 3.5x15 & Voyager 2.5x15 mm
Redo procedure (LM bifurcation)
Redo procedure (LM bifurcation)

Xience V 3.5x12 mm
Lessons from the case

- From the CX-OM:
  - Intention to treat the ostial stenosis of a small vessel may generate escalation of the procedure and significantly increase the cost;
  - Tryton stent MUST be used with DES in the MB;

- From the LM bifurcation:
  - The whole diseased area should be covered with additional DES in case of a potential vessel injury during predilation;

- Sometimes the most expensive solution is a forced pursuit to decrease the expenses.