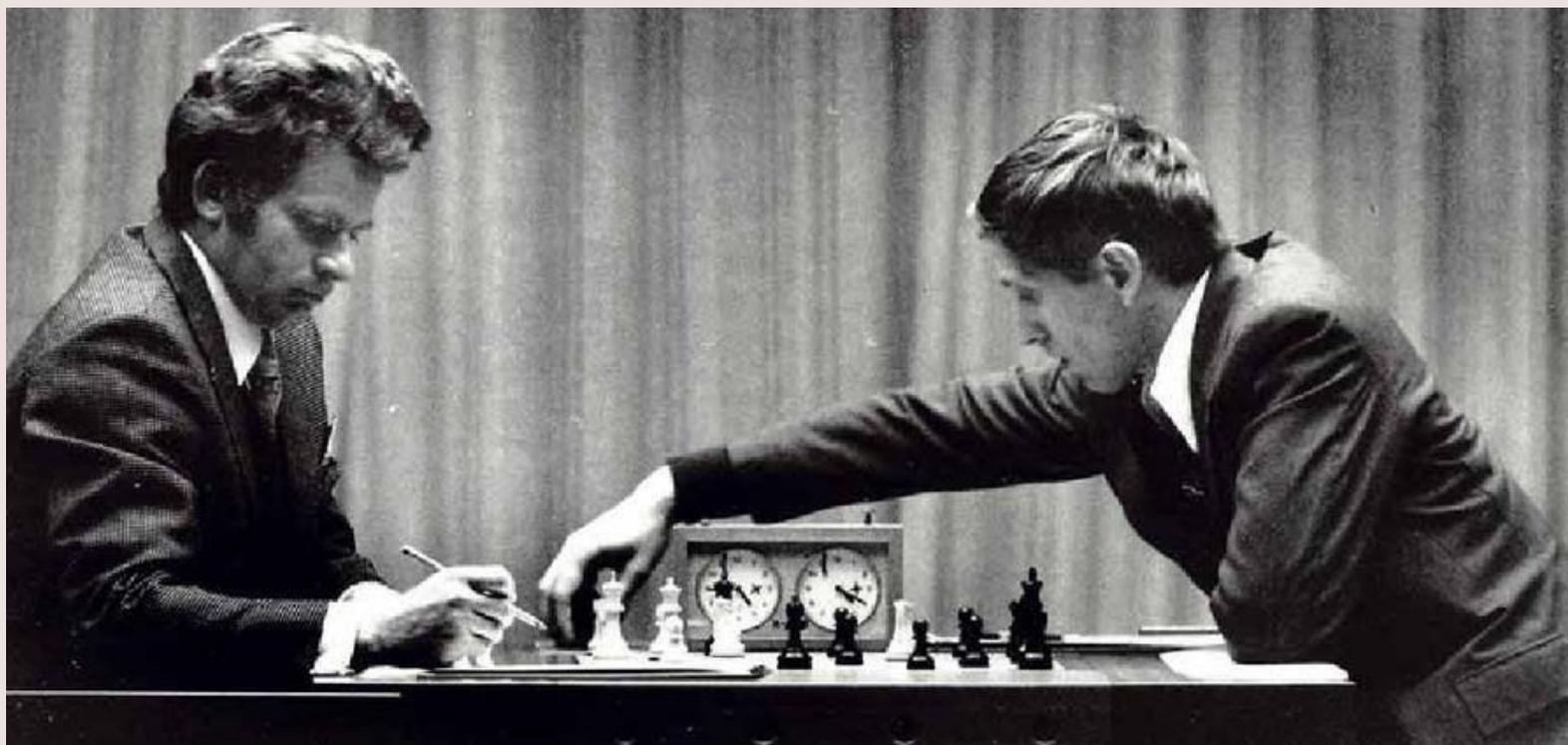




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Left main «true bifurcation» treatment



The solution

Dr. Sebastiano Gili
Centro Cardiologico Monzino, IRCCS, Milano



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Summing it all up...

- Fibrocalcific stenosis of distal left main with involvement of both ostial LAD and LCx (1.1.1)
- Short *but tight* stenosis of ostial LCx → risk of bailout stenting
- LCx with good caliber and relevant distribution

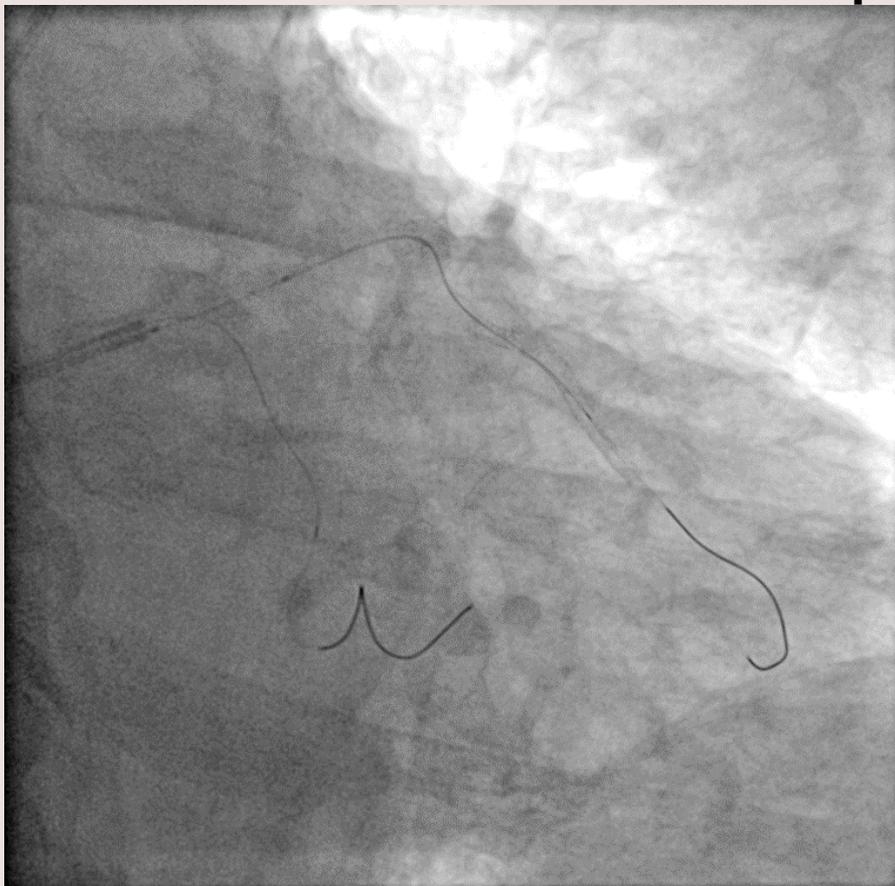
→ ***LET'S CRUSH!***



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Lesion preparation



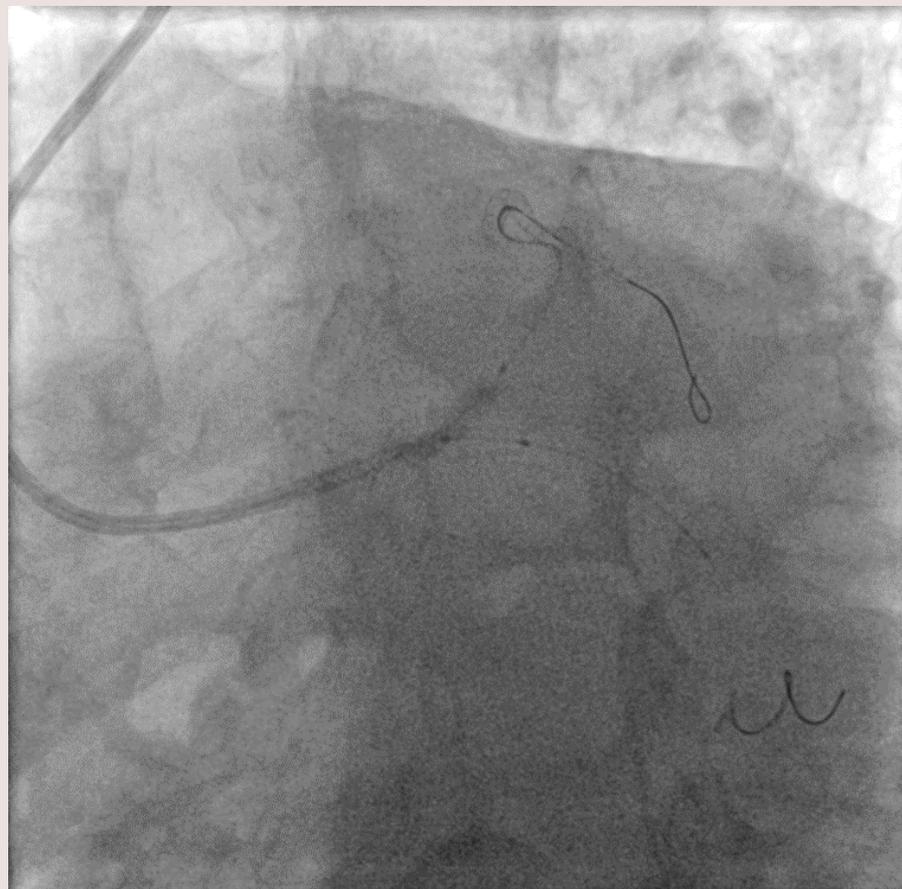
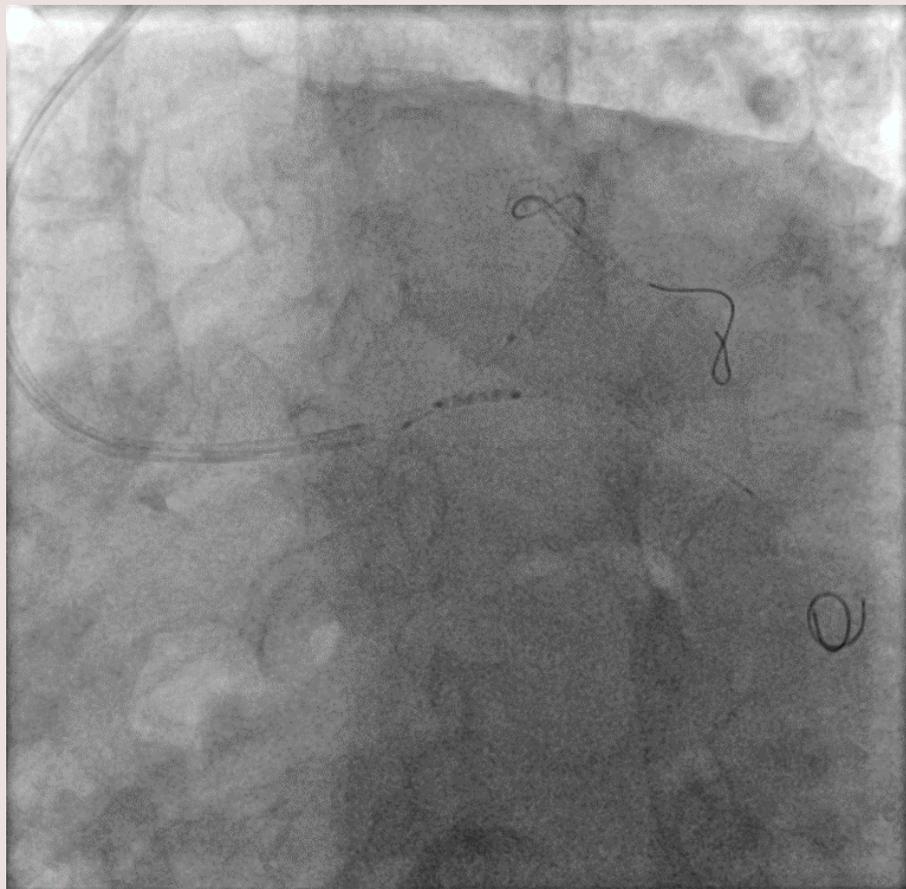
XB 3.5 guiding catheter, workhorse wires on main and side branch (BMW), predilatation with semicompliant 3.0 x 15 balloon on MB and SB



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SB stenting



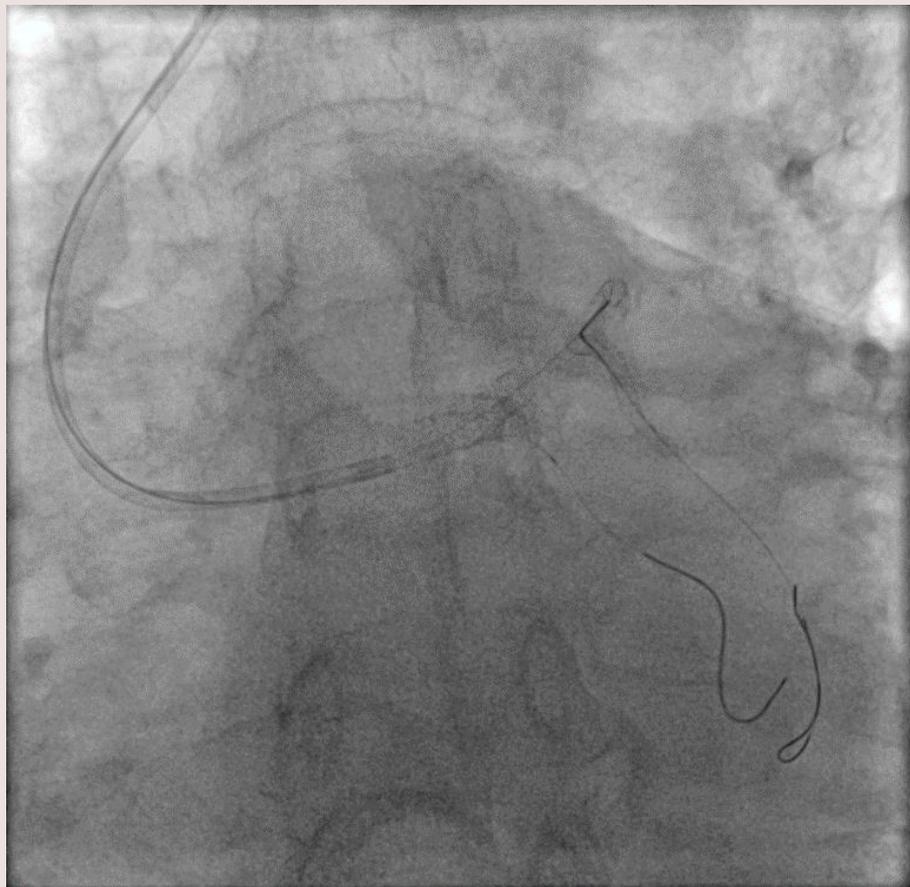
SB stenting with Xience Sierra 3.5 x 8 mm stent; stent-crush with semicompliant 3.0 x 15 mm balloon in LM-LAD



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Step crush



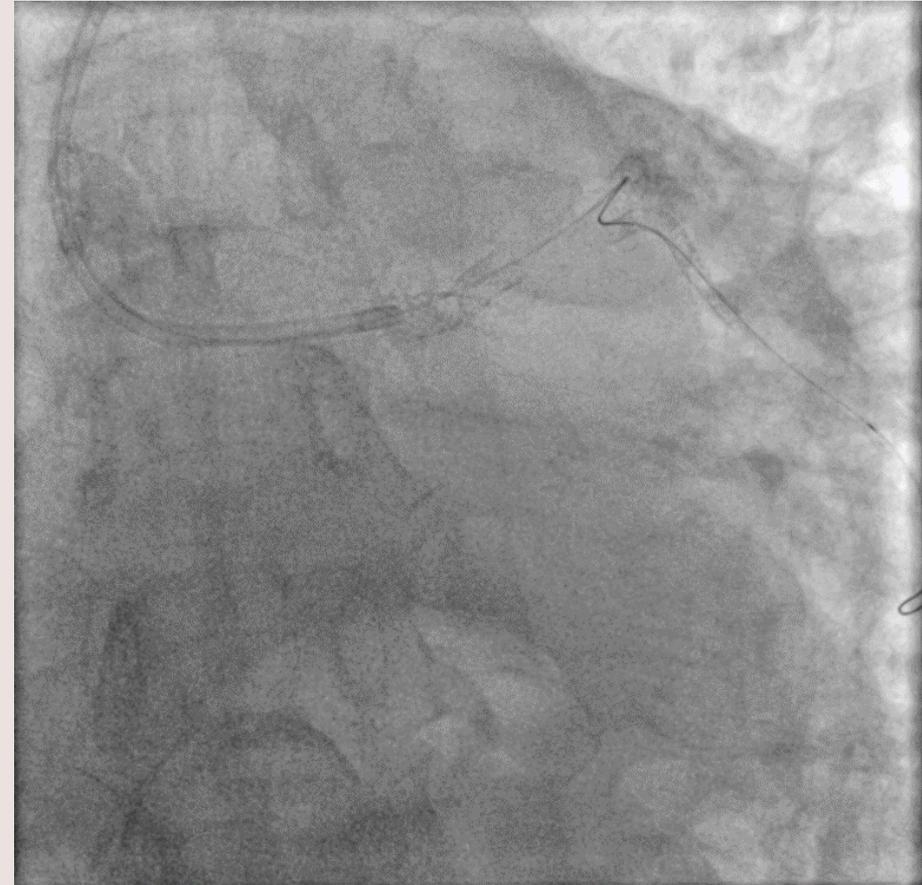
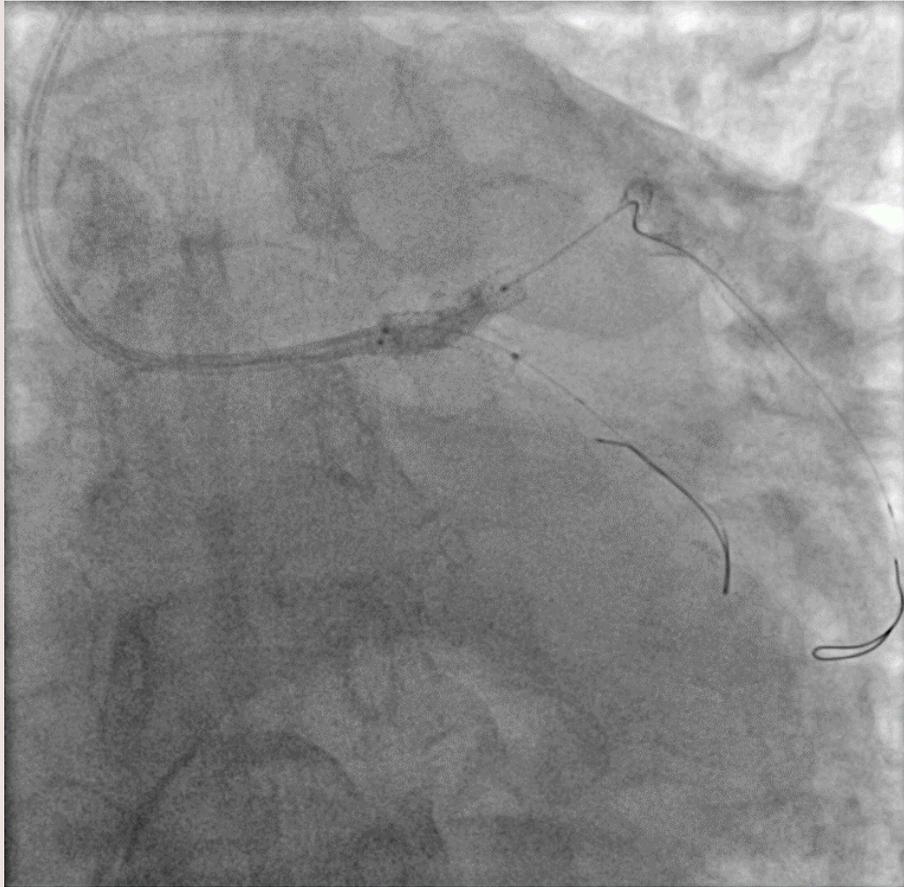
Implantation of a Resolute Onyx 4.5 x 15 mm stent in LM-LAD



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Final kissing balloon



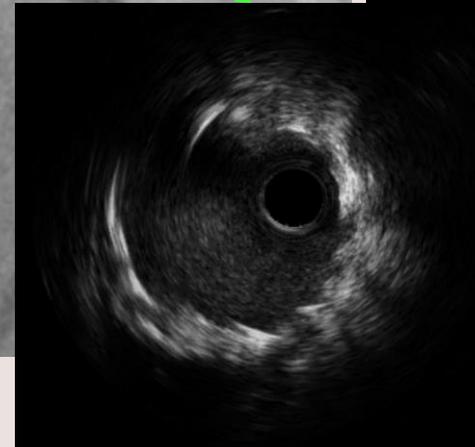
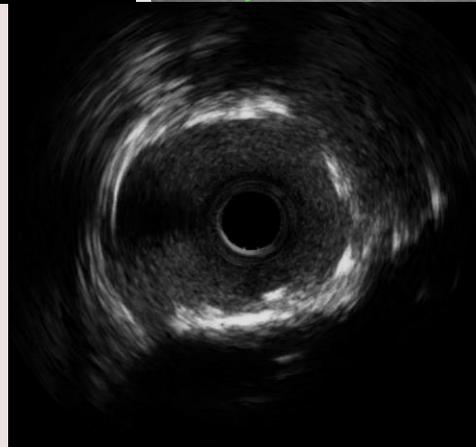
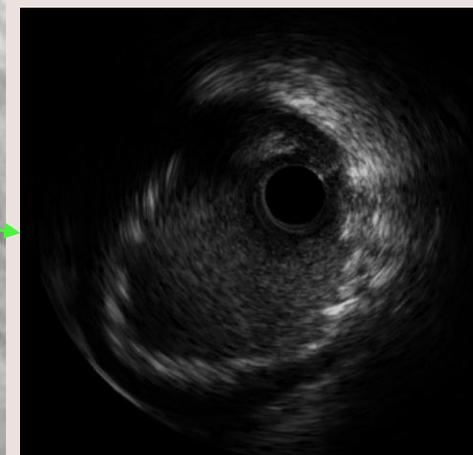
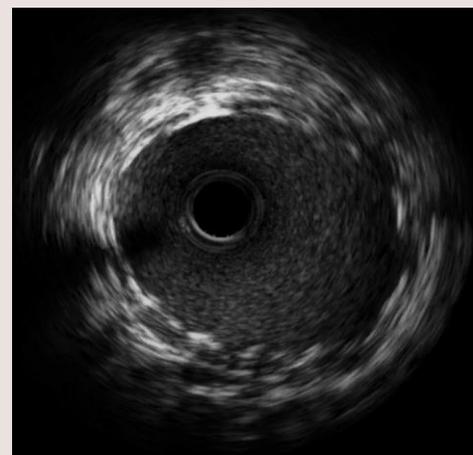
Rewiring of LCx and performance of final kissing-balloon on LM-LAD-LCx
(NC 4.0 x 15 mm balloon in LAD, 3.25 x 15 mm in LCx)



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Post-PTCA IVUS control

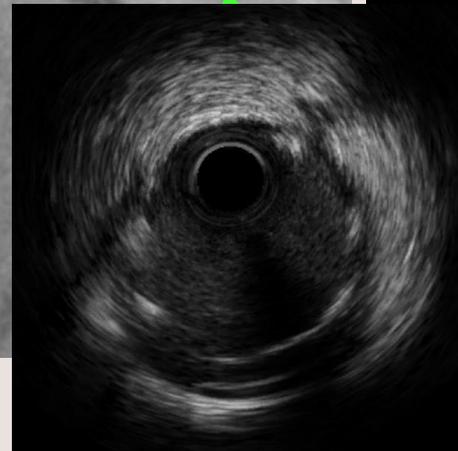
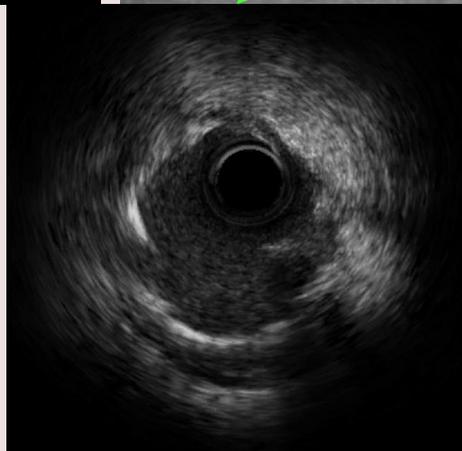
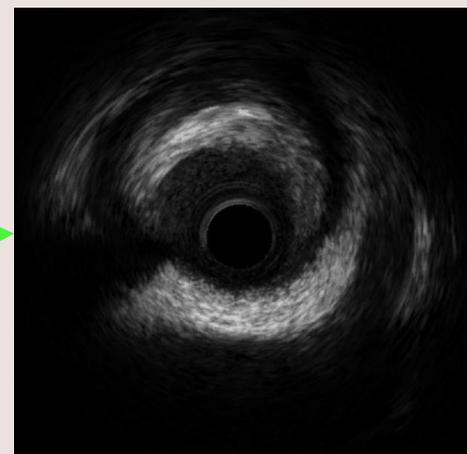
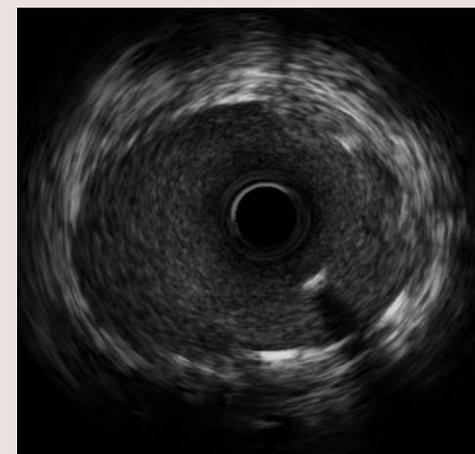




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Post-PTCA IVUS control

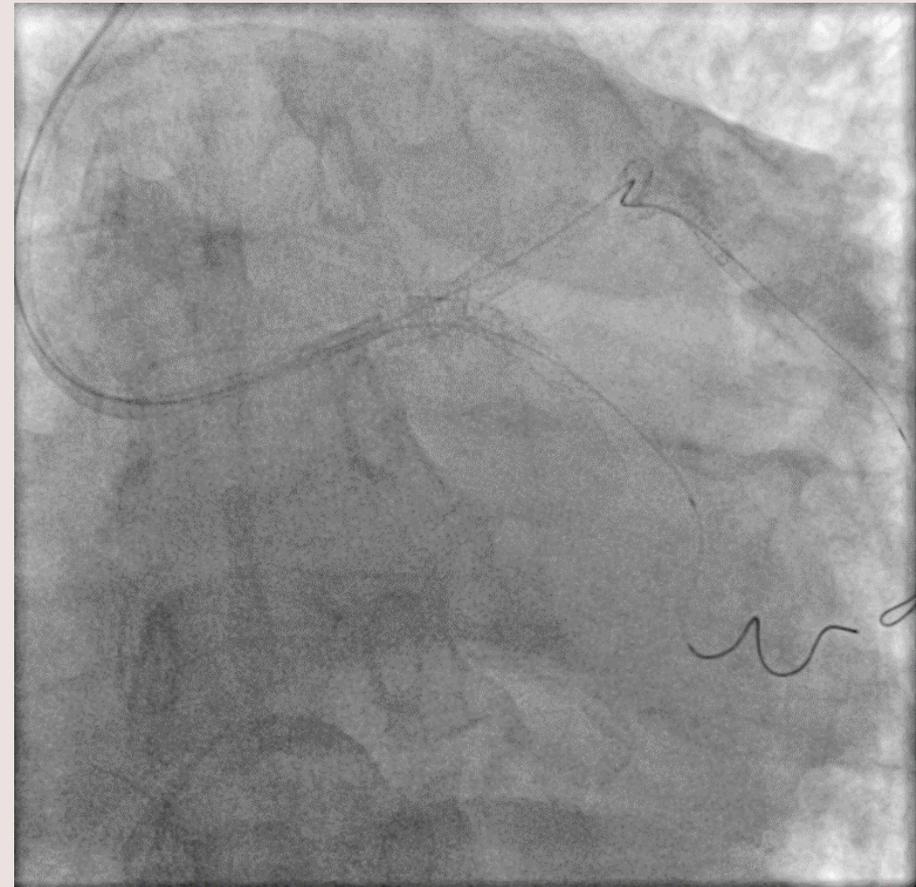




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Further stenting of LCx



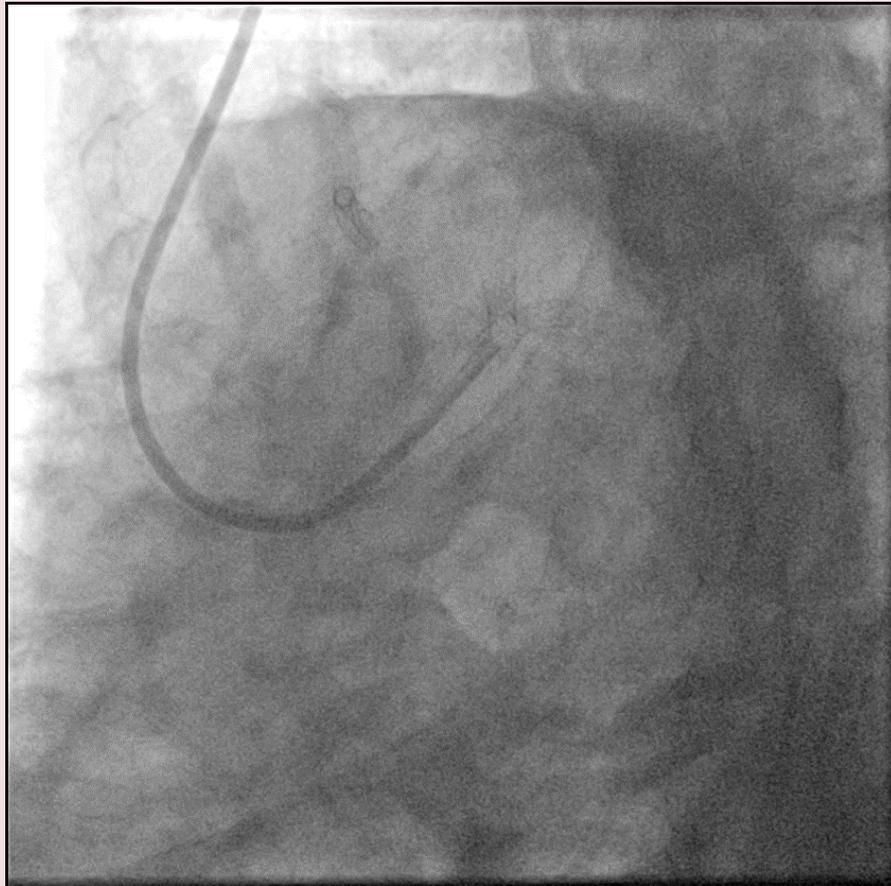
Implantation of a Xience Sierra 3.25 x 15 mm stent in proximal LCx



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Final result





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Thanks for the attention

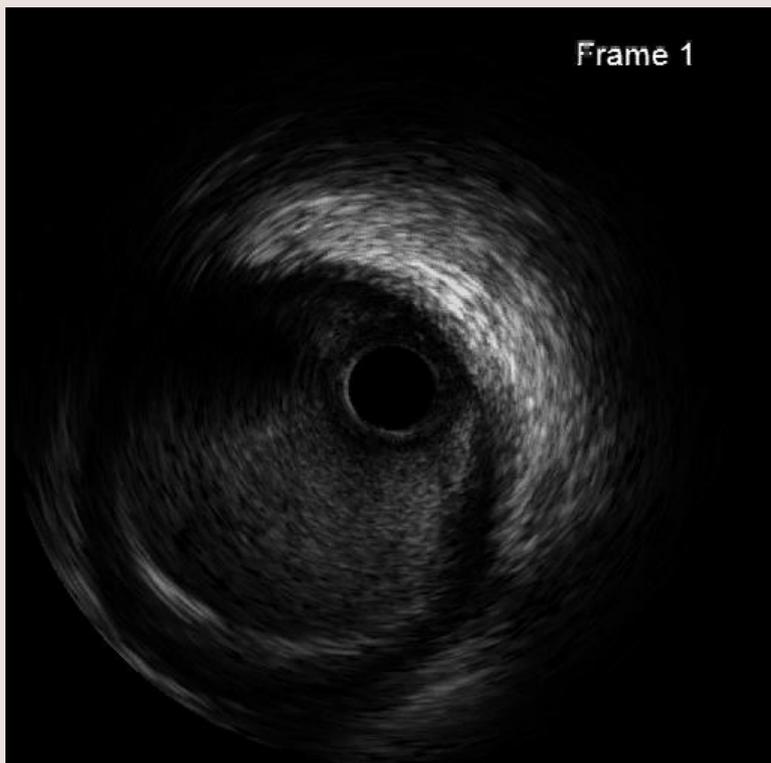


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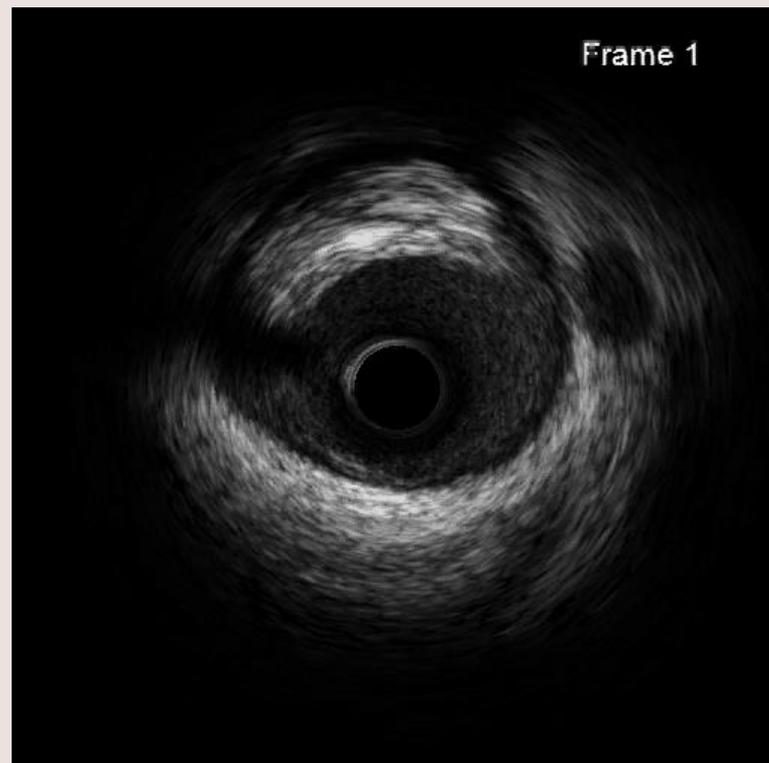
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Post-PTCA IVUS control

Frame 1



Frame 1



XB 3.5 guiding catheter, workhorse wires on main and side branch (BMW),
predilation with semicompliant 3.0 x 15 balloon on MB and SB



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IVUS – Left main and LAD

