Case Summary.

- Wise treatment planning is needed before complex bifurcation lesion PCI.
- Reverse wiring could be extremely difficult in calcified true bifurcation lesion with tight stenoses both proximally and distally located.
- Keeping a very important side branch alive is invaluable in high risk bifurcation lesion PCI.
Relevant test results prior to catheterization.
Relevant catheterization findings
CAG showed bifurcation lesion in p-LAD and D1-LAD.

[Interventional Management]
Procedural step. Initially, we check FFR in distal part of LAD and D1-LAD. After hyperemia, FFR in distal part of LAD is 0.73 and 0.82 in D1-LAD. After balloon predilatation, one DES was deployed in ostium part of LM to proximal part of LAD with jailed balloon protection in LCX. Ostium part of LCX was jailed. After rewiring and KISS balloon technique in LAD and LCX, FFR in LAD became 0.95. But D1-LAD was jalled and FFR in D1-LAD is 0.67. KISS balloon technique was performed in p-LAD and D1-LAD. Finally, FFR in D1-LAD became 0.93.
Case Summary. In FAME 2 trial, in patients with stable coronary artery disease and ischemia, as shown by the presence of at least one stenosis with an FFR of 0.80 or less in a large epicardial artery, the clinical outcome at 2 years was improved by FFR-guided PCI with second-generation drug eluting stents plus the best available medical therapy, as compared with medical therapy alone. In addition, jailed balloon protection is a novel technique aimed at improving SB protection during provisional stenting of bifurcated lesions considered at high risk of SB compromise after MV stenting.

TCTAP C-054
Balloon Crush the Protruding Everolimus-Eluting Stent for Isolated Coronary Stenosis at Side Branch Ostium
Yasuhiro Nakano,1 Arihide Okahara,2 Daigo Mine,2 Yasuaki Koga,2 Keiki Yoshida,2 Kenji Sadamatsu1
1Saga Medical Centre Koseikan, Japan; 2Saga Perfectural Hospital Koseikan, Japan

[CLINICAL INFORMATION]
Patient initials or identifier number. K.M.
Relevant clinical history and physical exam. A 57-year-old man was admitted to our hospital with effort angina pectoris. His coronary risk factors were diabetes mellitus, dyslipidemia and smoking.
Relevant test results prior to catheterization. His electrocardiogram and echocardiogram were normal. Coronary CT angiography demonstrated the severe stenotic lesion in mid portion of the left anterior descending artery (LAD).
Relevant catheterization findings. The left coronary artery angiogram showed a severe stenotic lesion in the mid portion of the LAD, and the ostium of the first diagonal branch (D1) (Movie 1, 2). The Right coronary artery angiogram showed no significant stenosis (Movie 3).