INDIAN HEART JOURNAL 67 (2015) 62

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/ihj

Images in Cardiology

3-D optical coherence tomographic image of bifurcation lesion treated with two Absorb scaffolds

G. Sengottuvelu [a,*,d], Jurgen M. Ligthart [b,d], Ravindran Rajendran [c,d]

[a] Senior Consultant and Interventional Cardiologist, Department of Cardiology, Apollo Hospitals, Greams Lane, Off Greams Road, Chennai 600006, India

[b] Department of Cardiology, Erasmus Medical University Center, Rotterdam, The Netherlands

[c] Department of Cardiology, Apollo Hospitals, Off Gream's Lane, Chennai 06, India

ARTICLE INFO

Article history:
Received 12 April 2014
Accepted 3 February 2015
Available online 12 March 2015

Keywords:
3D-OCT
TAP technique
Bifurcation PCI

A 61-years-old male diabetic with triple vessel disease underwent left anterior descending artery-first diagonal bifurcation PCI with Absorb BVS. A provisional T-stenting strategy was changed over to two-scaffold strategy as the diagonal closed after LAD stenting. After deployment of both the scaffolds using T and protrusion technique and simultaneous snuggle balloon dilation, OCT runs were obtained both from the LAD and the diagonal.3-D reconstructions were obtained from the raw OCT data.

The luminal view shows well apposed scaffolds and the point of bifurcation with one of the guide wire going into the first diagonal (Fig. 1 A, B &Video1). The struts of the main branch scaffold were nicely opened across the ostium of the diagonal without any strut deformation. This can be well appreciated from the isolated scaffold reconstruction and the outside view of the vessel, looking towards the open carina (Fig. 1 C, D). The 360^0 rotation of the external view of the scaffolded segment and the isolated scaffold are also provided (Video 2&3).

Supplementary video related to this article can be found at http://dx.doi.org/10.1016/j.ihj.2015.02.004.

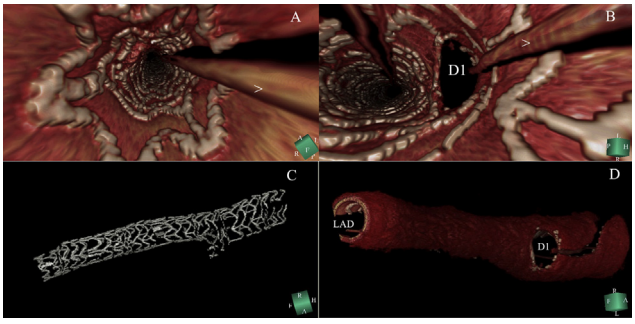

Fig. 1 – A- Still frame from an intra-vascular fly through from LAD at the distal end of the scaffolded segment, showing the well expanded distal edge of the scaffold with the guide wire at 3′ O clock position. B- Still frame from the proximal part of the scaffolded segment in the LAD showing well opened D1 ostium without any deformation. The artefact at 12′ O clock position is the wire in LAD and the wire in diagonal is seen at 3′O clock position. C- Isolated scaffold 3D reconstruction seen from outside showing the well expanded scaffold with larger proximal part reflecting the proximal optimization. The line of discontinuity is due to the wire artefact and only the Ostial part of the diagonal scaffold is seen. D- External view of the scaffold with the vessel wall in 3D, showing the carina.

Conflicts of interest

All authors have none to declare.

* *Corresponding author*. Tel.: +91 9841430999.
E-mail address: drgseng@gmail.com (G. Sengottuvelu).

[d] All authors contributed equally.

http://dx.doi.org/10.1016/j.ihj.2015.02.004