Case Summary:
This case became complicated as it had 2 problems, those were CTO and severe trifurcation stenosis. First, in CTO intervention we had no more option other than antegrade approach because RCA was totally occluded and we didn’t want to treat distal RCA CTO. Fortunately we was able to negotiate microchannel successfully. Secondly, in treating LAD trifurcation stenosis we couldn’t neglect any diagonal branches as they were not small ones. So we decided to stent both diagonal branches. In treating bifurcation lesion in diagonal branch we chose crush technique, and in LAD we chose culotte stenting for complete lesion coverage. Prolonged procedural time and large amount of contrast use were another considerations. Total procedural time was about 2 hours, and we used 500cc of contrast. The patient was discharged without any complication 2 days after procedure.

TCTAP C-056
Two Stent Strategy with DES and BVS for Distal Left Main Treatment
Indulis Kumsars
Pauls Stradiņš University Hospital, Latvia

[Clinical Information]
Patient initials or identifier number:
VO
Relevant clinical history and physical exam:
Male 69 y/o
Stable angina CSS II-III
Old Q-MI anterior wall
EF- 50%
PCI with DES LAD 2011

[Relevant catheterization findings:]
Distal LM stenosis 70%

[Interventional Management]
Procedural step:
Guiding catheter- 7F EBU 3.75
IVUS in LCX and LAD
Predilatation LCX- cutting balloon 3.5-10 mm
Absorb 3.5-12 mm in LCX ostium
Predilatation LM- LAD 3.5-15mm
Stenting LM-LAD with DES 4.0-20mm
Kissing 4.0-15 mm 3.3-12 mm
POT 4.5-8 mm LM
Final IVUS and OCT in LAD and LCX

Conclusions:
Strategy with DES+ BVS could be effective treatment option in selected distal LM cases
IVUS and OCT are helpful additional tools in complex LM treatment

TCTAP C-057
Reverse Wire in a Bifurcation Lesion with 7.5 Fr EauCath in the Presence of Radial Artery Spasm/Perforation
Michael Mao-Chen Liang
Wellington Hospital, New Zealand

[Clinical Information]
Patient initials or identifier number:
AO
Relevant clinical history and physical exam:
A 62 year-old man who presented to peripheral hospital (150km away) with anterior STEMI underwent underwent thrombolysis with Tenecteplase. Clopidogrel (600mg) and Aspirin (300mg) loading dose was given. Due to ongoing symptom, the patient was transferred to our hospital for coronary angiography.

[Relevant test results prior to catheterization:]
Peak hs-TnT 1061 ug/L (0-14ug/L). Baseline haemogloblin and Creatinine level was normal. Initial ECG showed ST elevation in anterolateral lead.

[Relevant catheterization findings:]
LM normal
LAD: bifurcation 90% diagonal/LAD (Medina 1,1,1).
LCx mid 60% moderate lesion.
RCA: Dominant, no signification disease.

[Interventional Management]
Procedural step:
Diagnostic performed with a 5 Fr TIG. Initially tried to advance a 6 Fr EBU 3.5 guiding catheter over exchange length 260 cm 0.035"J wire but had strong resistance in forearm. Therefore a 7.5 Fr Sheathless EauCath was used to overcome the problem (spasm/perforation)
1. 7.5 Fr Sheathless EauCath PB3.5 was used to engage the LM ostium
2. Runthrough NS ExtraFloppy wire was used to cross the proximal LAD lesion.
3. Difficulty to access diagonal side branch with Sion or Whisper Wire.
4. Via Crusade microcatheter, a Fielder FC wire, delivered as reverse wire system was able to cross the ostial Diagonal.
5. Via the Crusade microcatheter, the Fielder FC was exchanged for Sion wire.
6. Pre-Dilatation of LAD and diagonal lesions with 2x15 mm MiniTrek balloon.
7. A 2.5x12 mm Promus Premier DES was implanted to cover the ostial diagonal artery.
8. The Diagonal stent struts were crushed with 2.75x15 NC balloon.
9. The diagonal wire was retrieved
10. The LAD lesion was stented with an 2.75x24 mm Promus Premier DES.
11. Proximal optimization was performed with 3.0 x15 mm NC balloon.
12. Whisper MS wire was sent to the diagonal branch with the aid of Crusade microcatheter.
13. Kissing balloon inflation performed with 2.75x15 mm NC (Diag), 3x15 mmNC (LAD)
14. Good final results.
15. Radial angiography did not show persistent contrast leak

Case Summary:
Successful intervention to a mid LAD/diagonal bifurcation lesions with reverse wiring technique using a 7.5 Fr Sheathless EauCath from radial artery approach.