

# Case Presentation:

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# Ischemic Heart Disease: A case of Complex PCI

- I have no financial disclosures or conflicts of interest



# Case Presentation

## Patient Information:

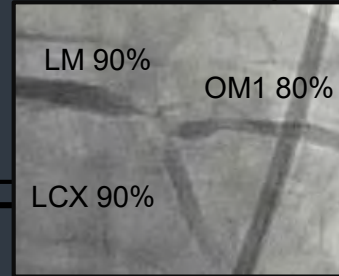
- Age: 76
- PMH:
  - CABG x 2 (2013)
  - DM II
  - HTN
  - HLD

## Chief Complaint:

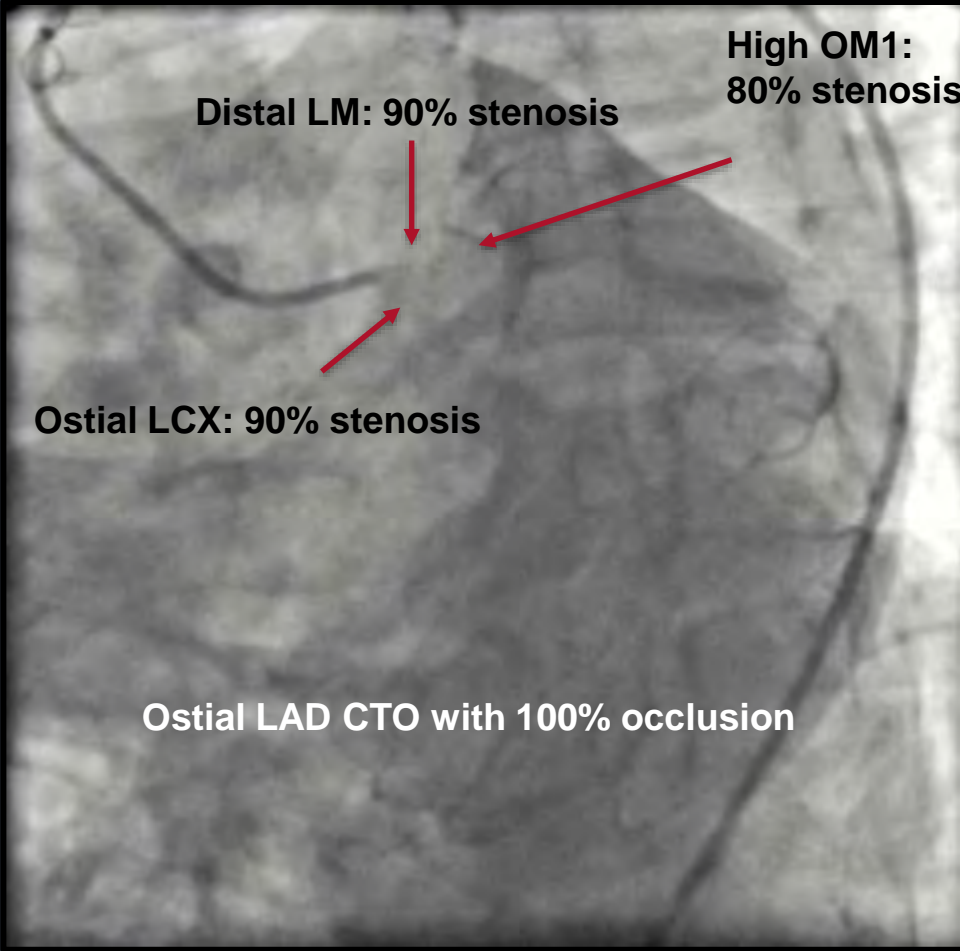
- Progressive Chest Pain

## Cardiac Findings:

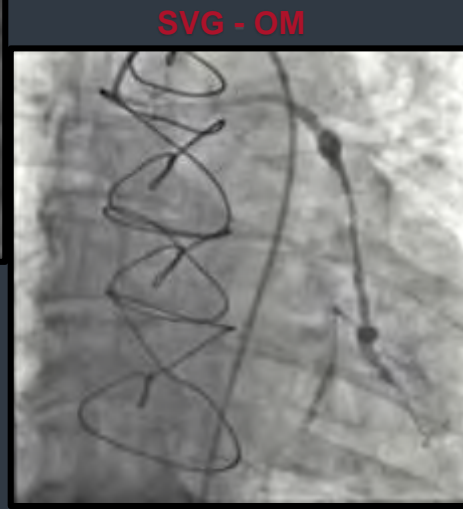
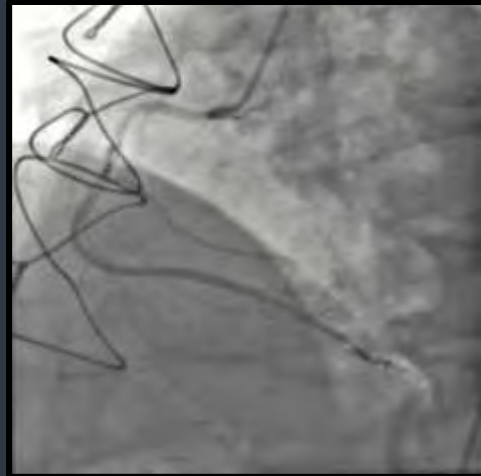
- Left Heart Catheterization (LHC) at OSH:
  - mVCAD
  - CTO of Ostial LAD
  - Complex Bifurcation Disease: LM, Ostial LCx, Ostial high OM1 (Medina 1,1,1)
  - Diffuse Disease: SVG to OM graft
  - RCA: Significant mid and distal PDA stenosis
- Echo: LVEF of 60%



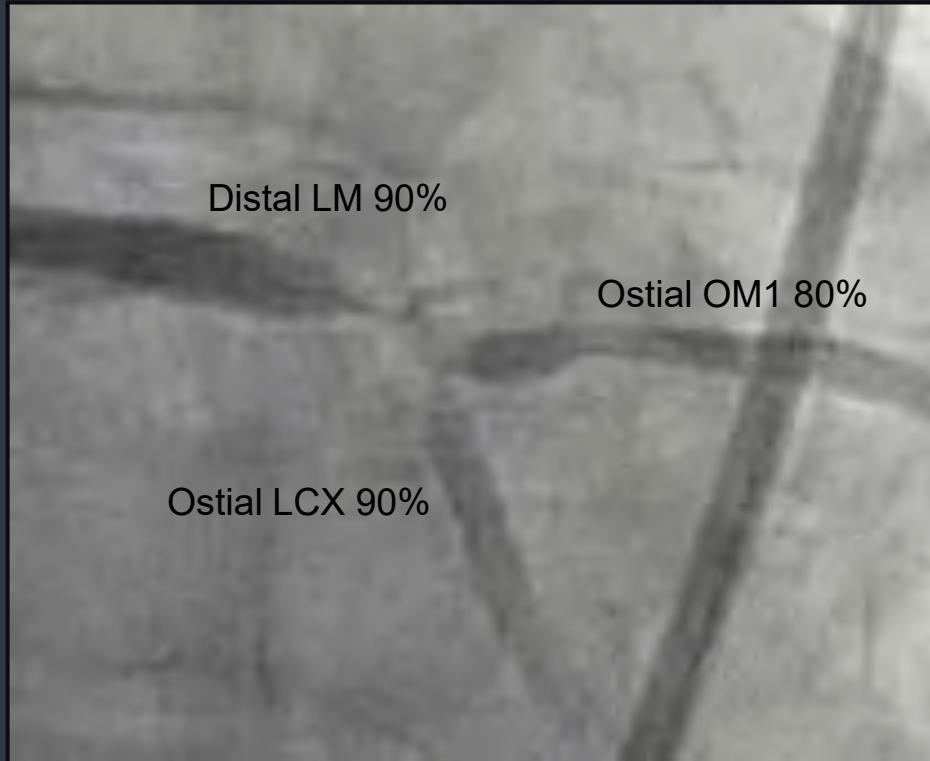
**Left coronary artery**



**Right coronary artery**



# Bifurcation stenting

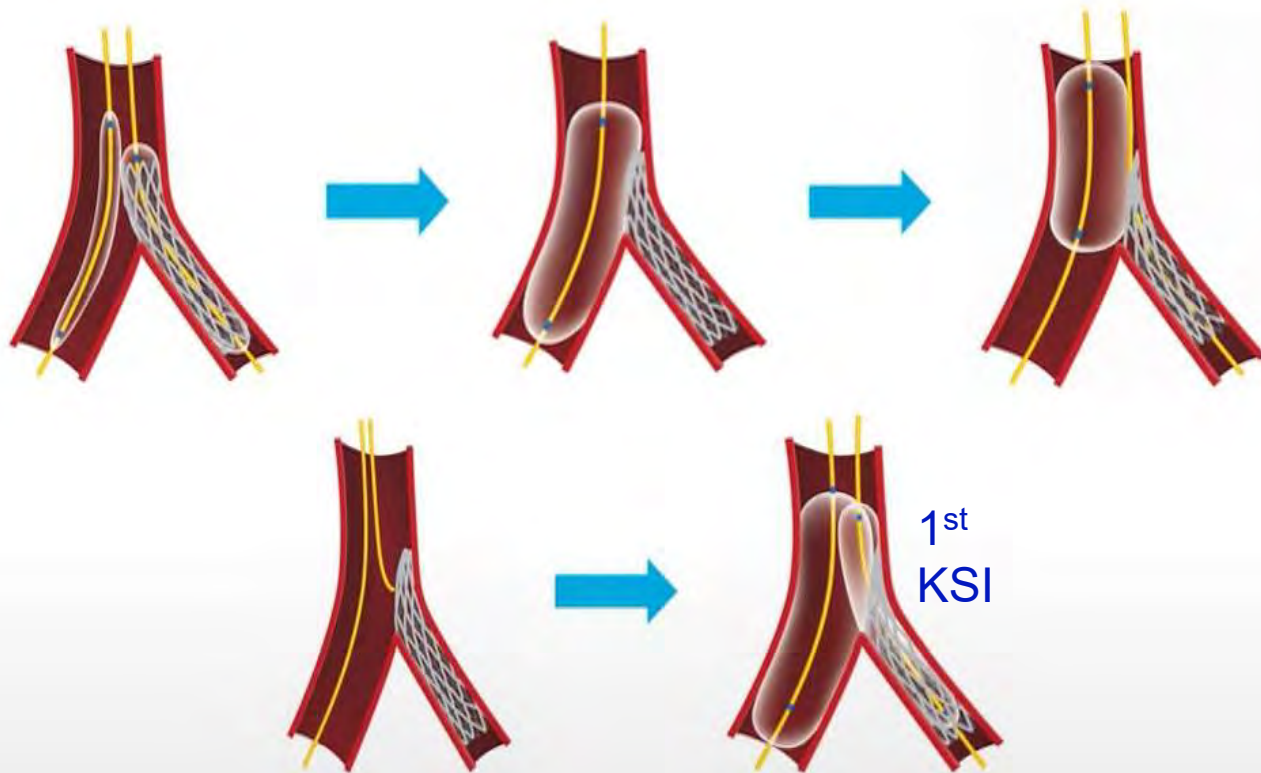


## Major Techniques

- DK Crush technique
- Provisional stent technique
- Culotte Technique
- T stent/TAP technique



# DK Crush Technique for Bifurcation stenting





15

3.5 x 20 mm  
DES was  
deployed into  
OM1 with NC  
balloon parked in  
the dLM-LCX



WW 256  
WL 128





15

**Kissing Balloon  
technique with 3.5  
x 20 mm NC  
Euphora ballon**

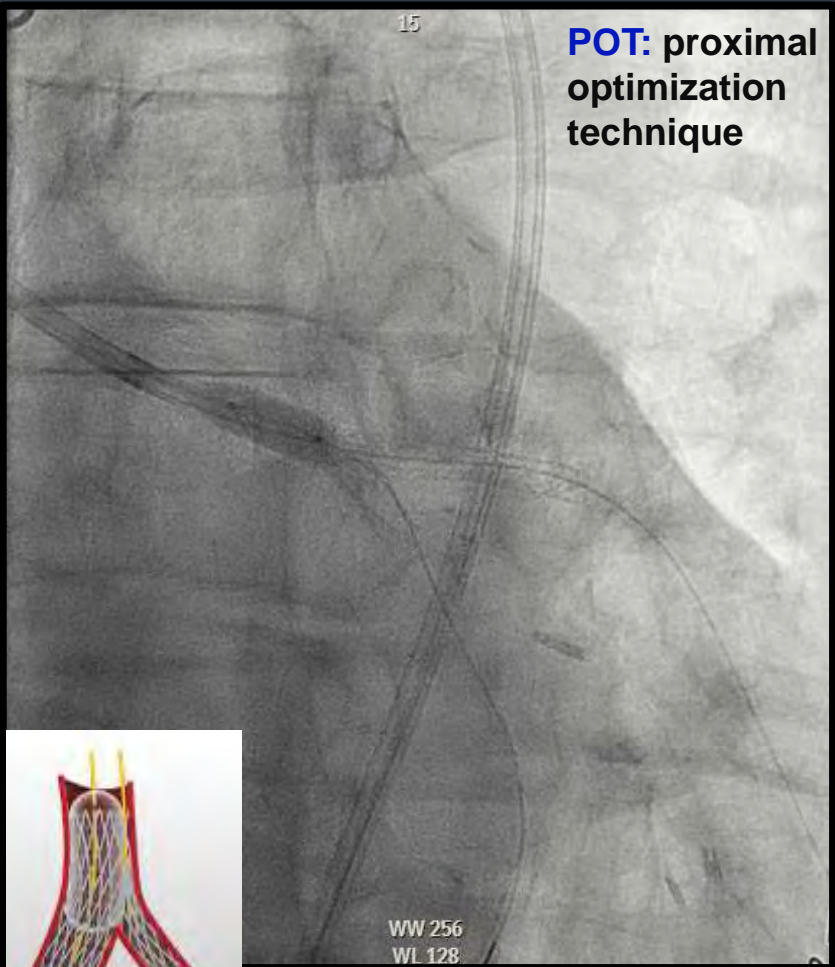


WW 256  
WL 128



15

**POT: proximal  
optimization  
technique**



WW 256  
WL 128



15

Before

WW 256  
WL 128

0

15



Final  
results!!

After

WW 256  
WL 128



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