

# **LEFT MAIN INTERVENTION**

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- Female patient aged 50 year old.
- Not diabetic.
- Hypertensive.
- Typical anginal pain.
- Normal ECG.
- Echo cardiographic examination: Concentric left ventricular hypertrophy, no SWMA at rest, with good systolic function. Left ventricular diastolic dysfunction.

- + ve exercise stress ECG for induction of ischemia in the form of ST segment significant depression in all chest leads with minimal exertion. (High risk)

For coronary angiography.

- **Coronary angiography:**

LM: distal 70% lesion.

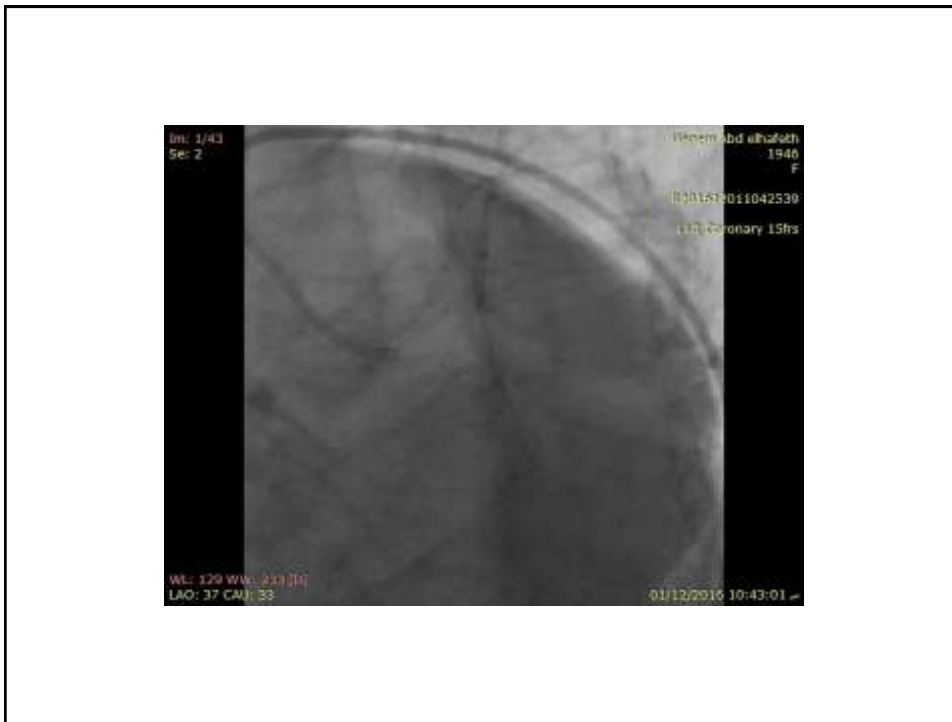
LAD: Calcified 90% lesion in proximal segment.

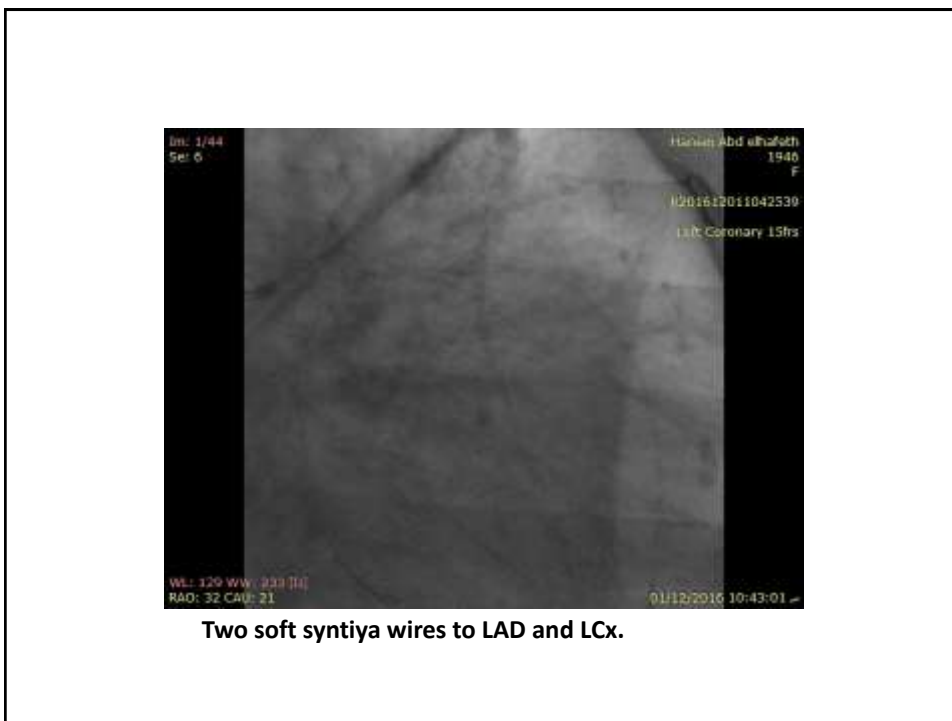
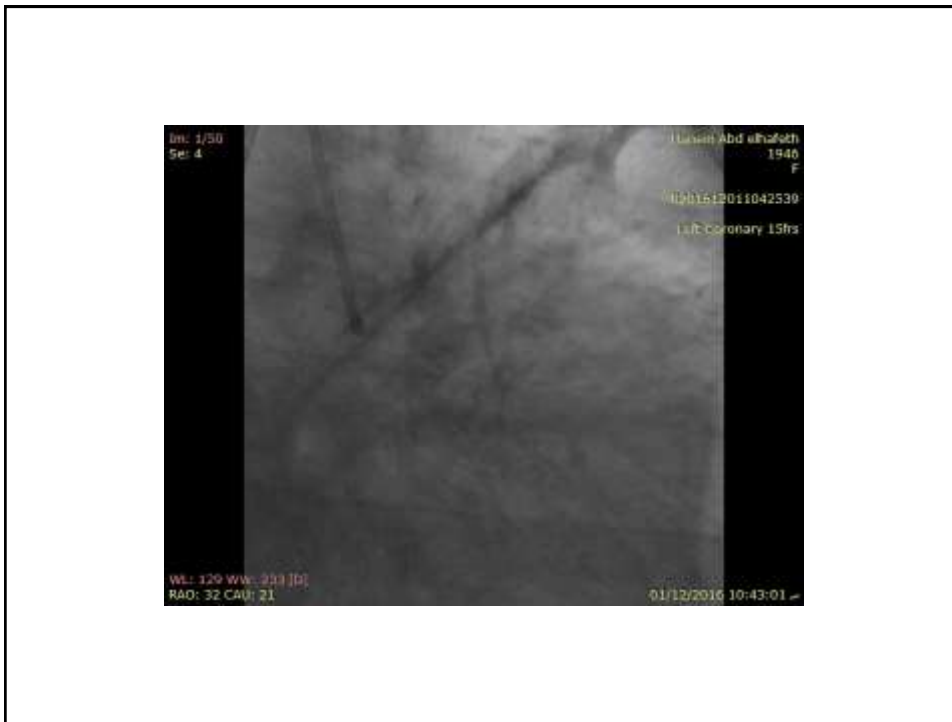
LCX: Atherosclerotic vessel with no significant lesions.

RCA: Atherosclerotic vessel with no significant lesions.

**For PCI to LAD, LM**









2 x 10 mm balloon

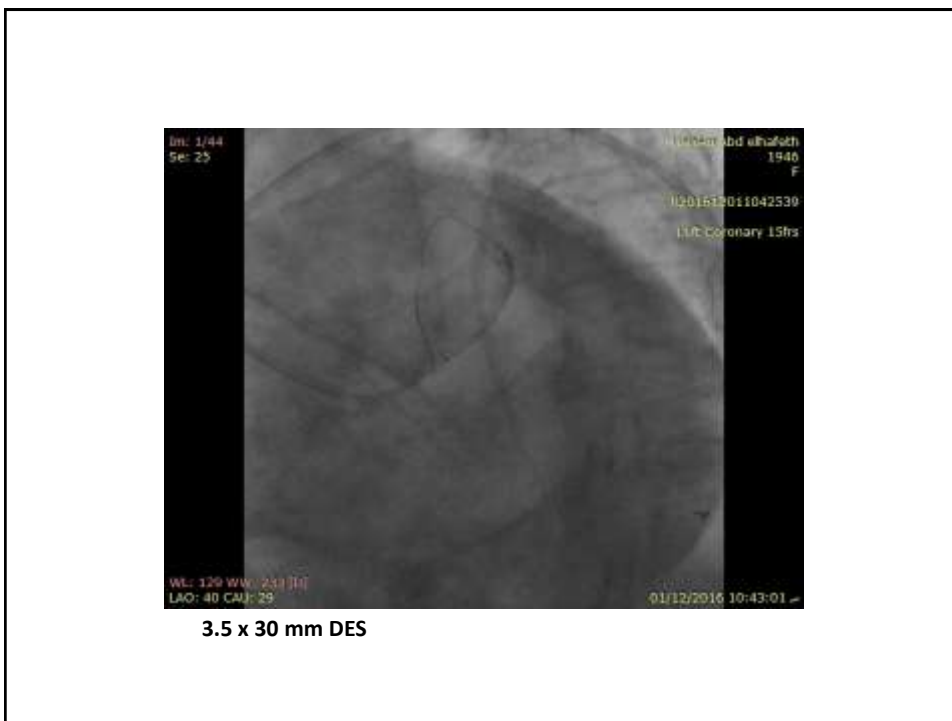
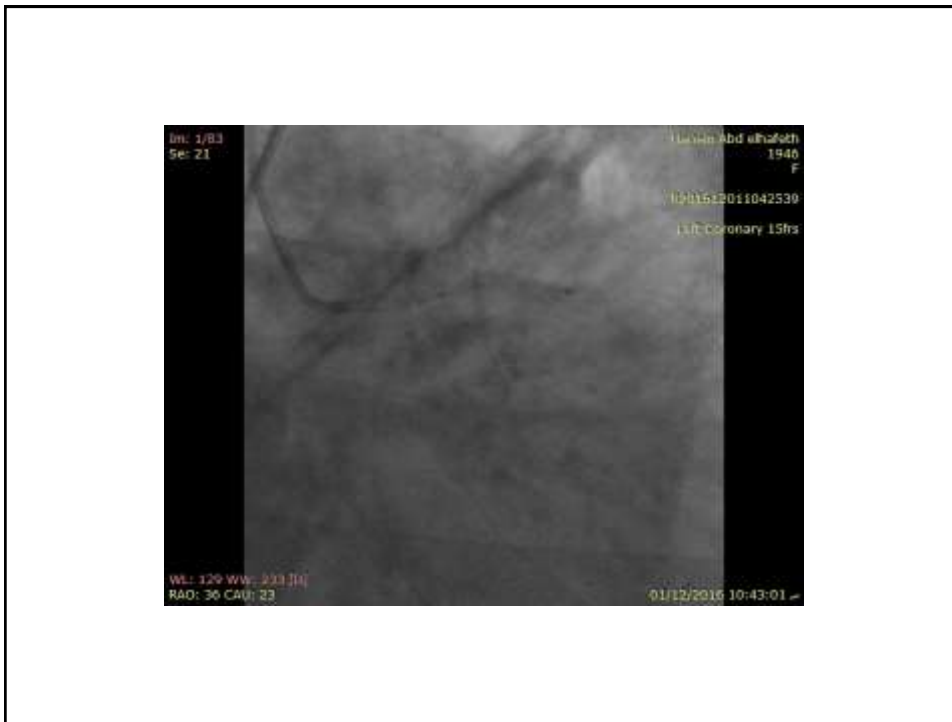




**2.75 x 25 mm DES**



**16 atm**



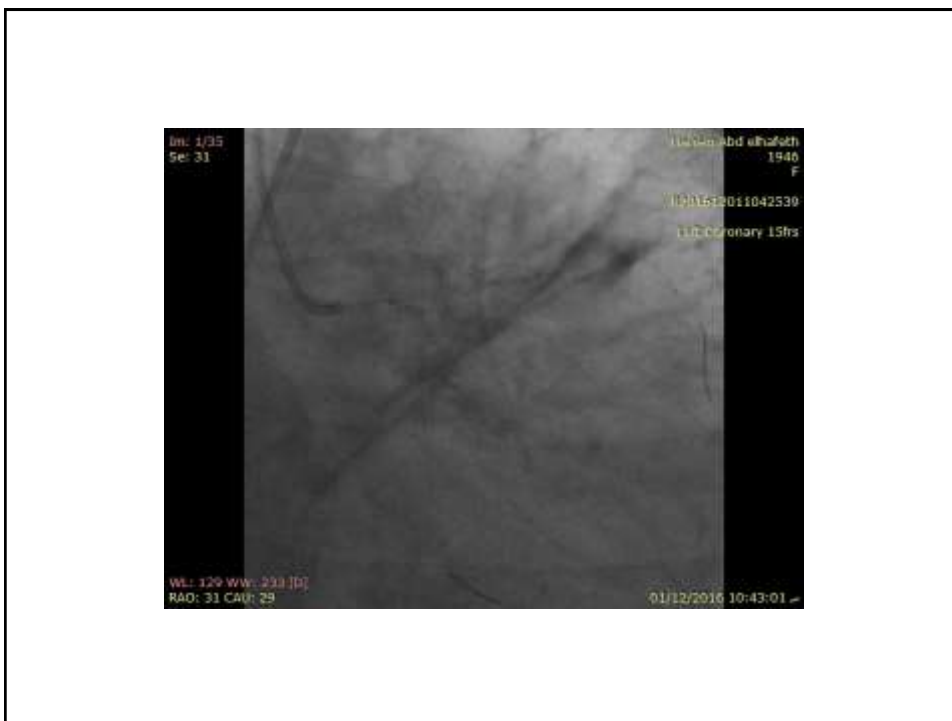
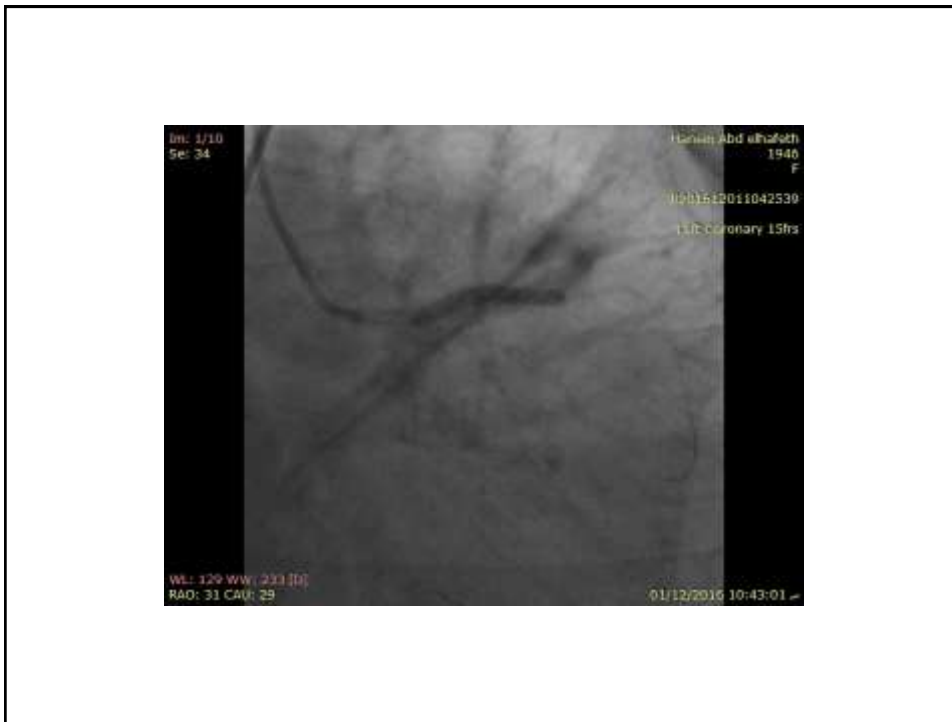


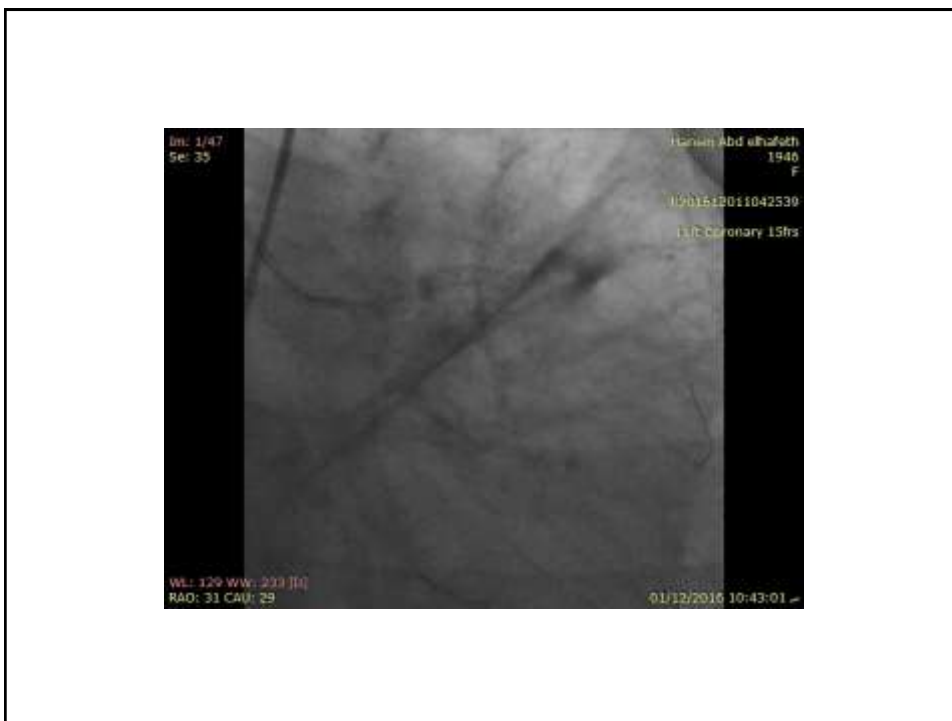
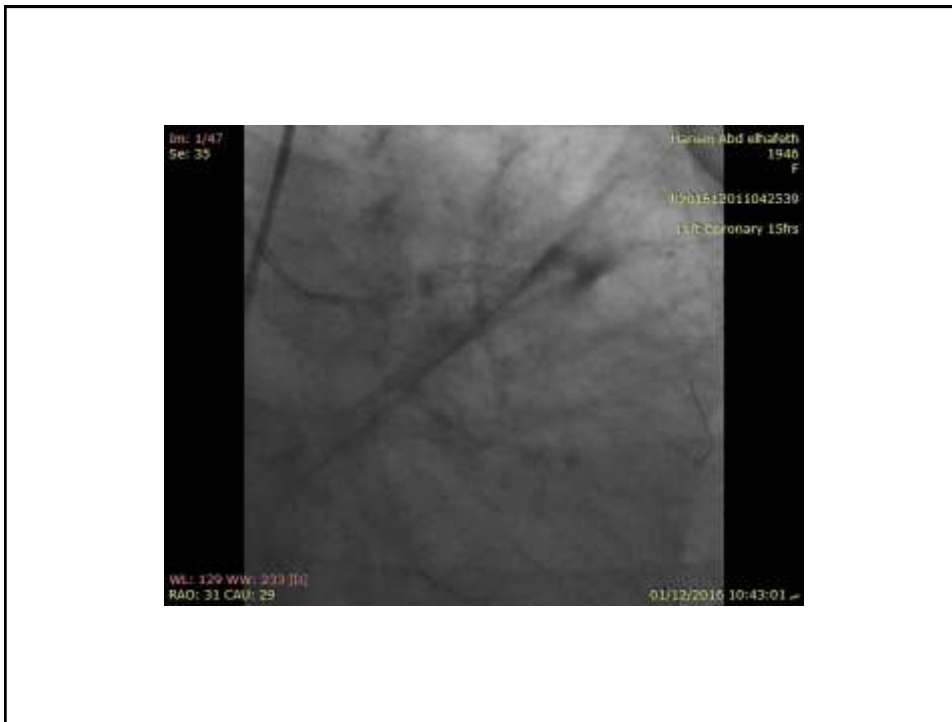
16 atm



18 atm







## Case 2

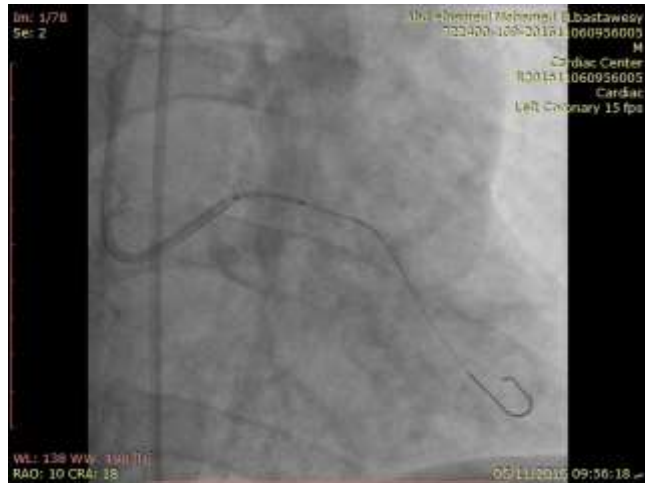
- Male patient aged 54 year old.
- Not diabetic.
- Not hypertensive.
- Typical anginal pain.
- Normal ECG.
- Echo cardiographic examination:  
Dilated right side, tricuspid regurgitation, and  
pulmonary hypertension. (Cor-pulmonal)

## Diagnostic coronary angiography

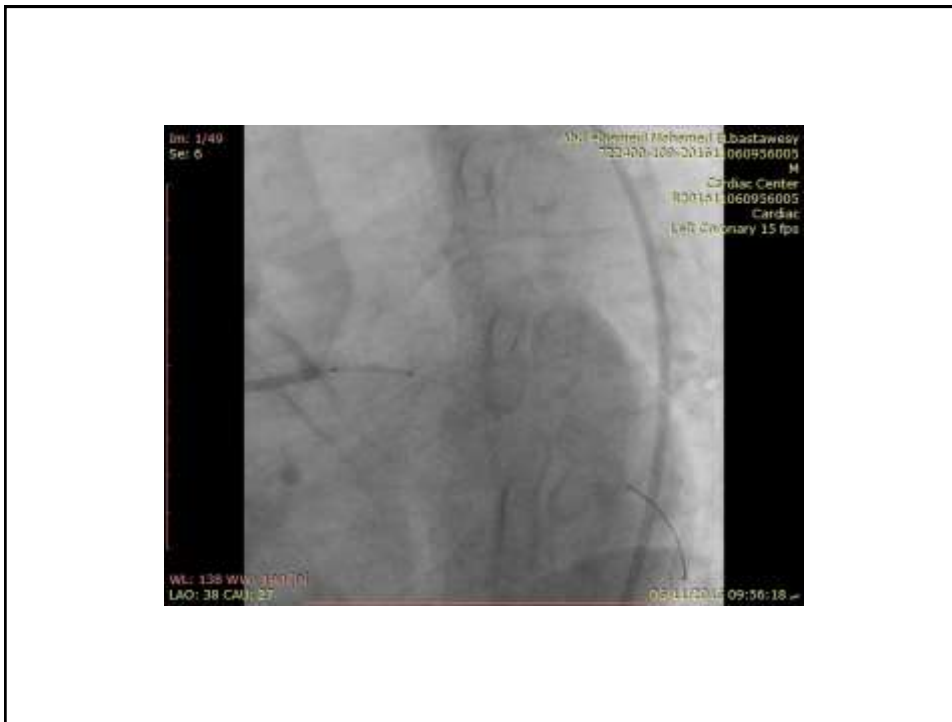
- Ostial LM lesion 90%.
- LAD, LCX, and RCA : Normal.
  
- **For PCI to ostial LM.**

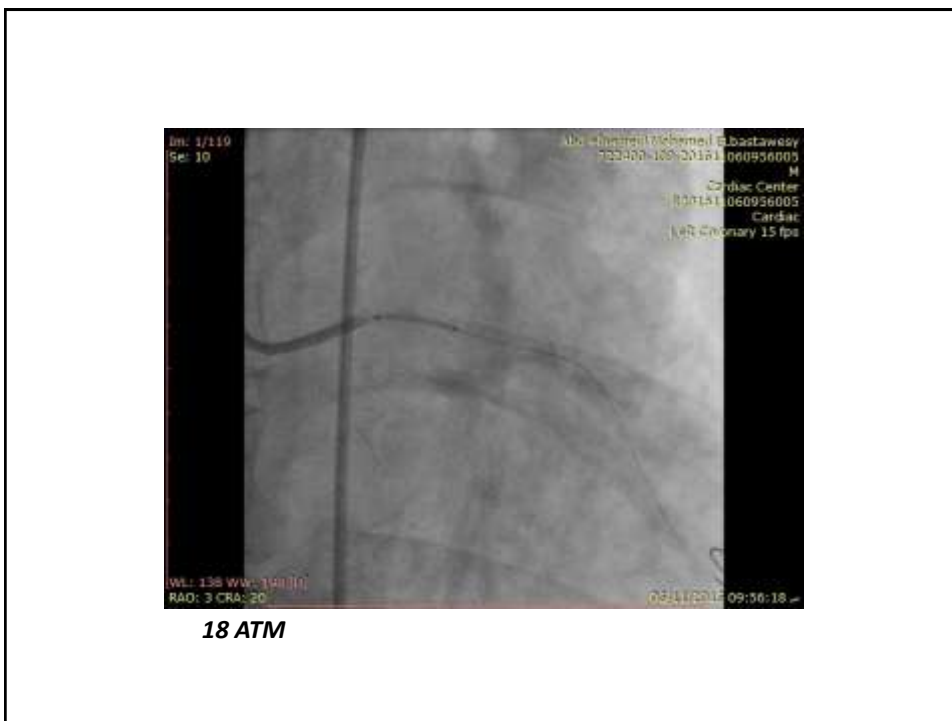
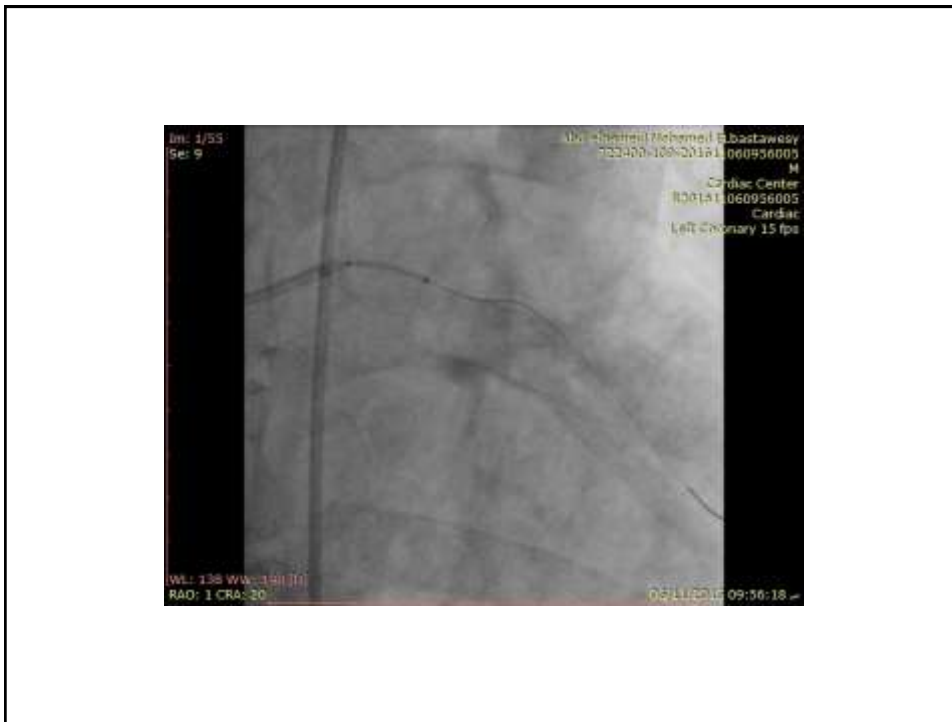


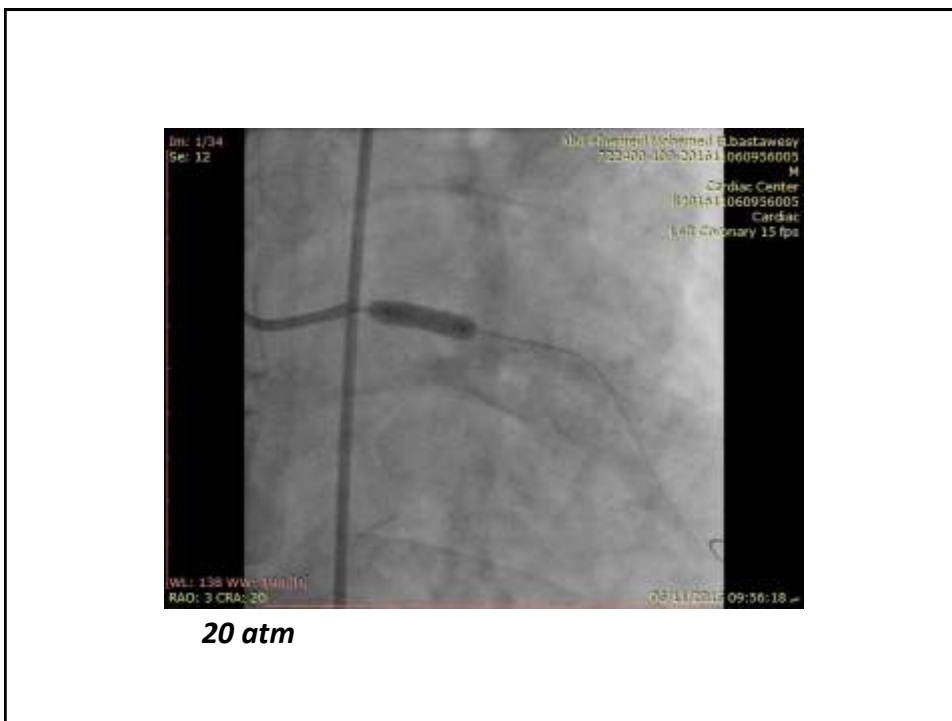
**6F EBU 3.5 guiding catheter.  
BMW wire to LCX.**



***Xience Xpedition 4 x 15 mm DES.***









**20 atm**

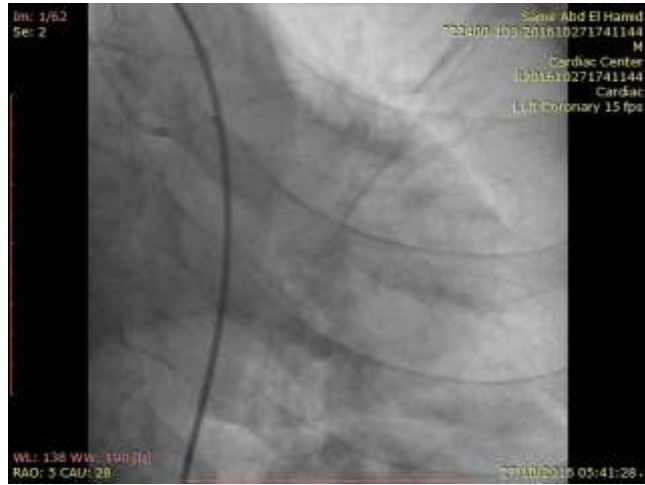






### Case 3

- Male patient aged 64 year old.
- Diabetic (IDDM).
- Not hypertensive.
- Typical anginal pain.
- ECG: Mild ST depression and T wave inversion in inferolateral leads.
- Echo cardiographic examination: Mildly dilated LV, no SWMA at rest, with 60% EF.



**LM: distal significant lesion.**

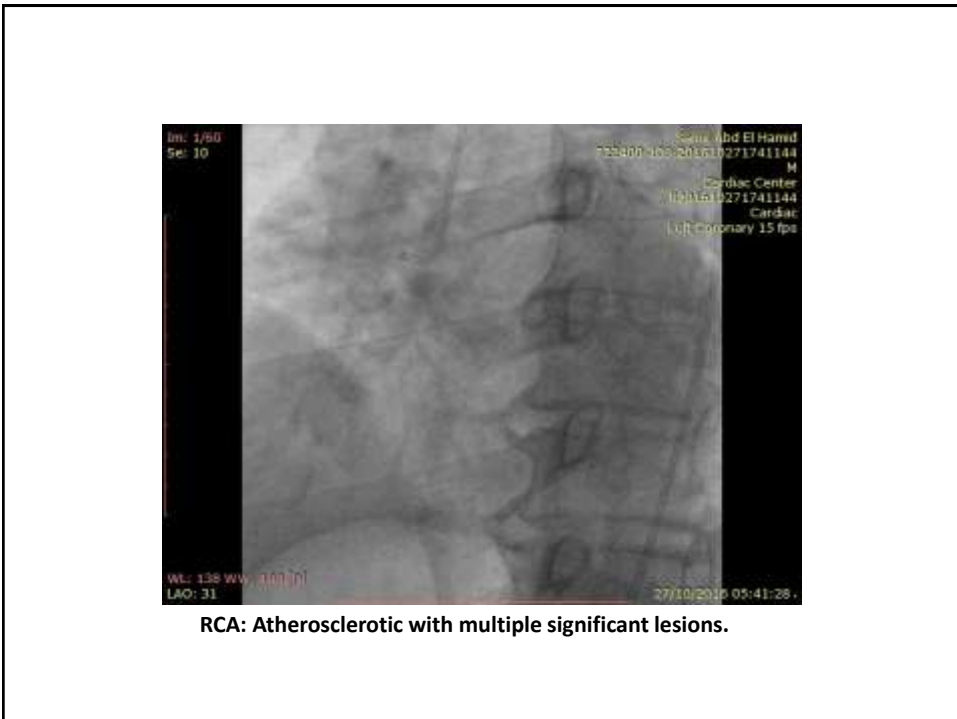
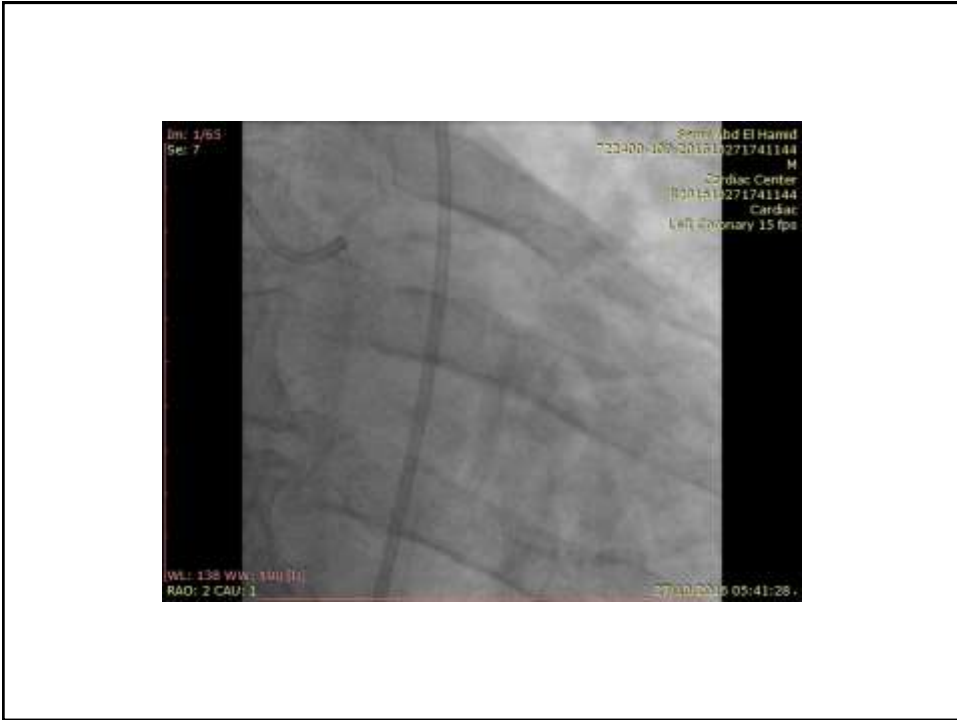


**LAD: long proximal to mid 70-80 % lesion.**



LCX: No significant lesions.





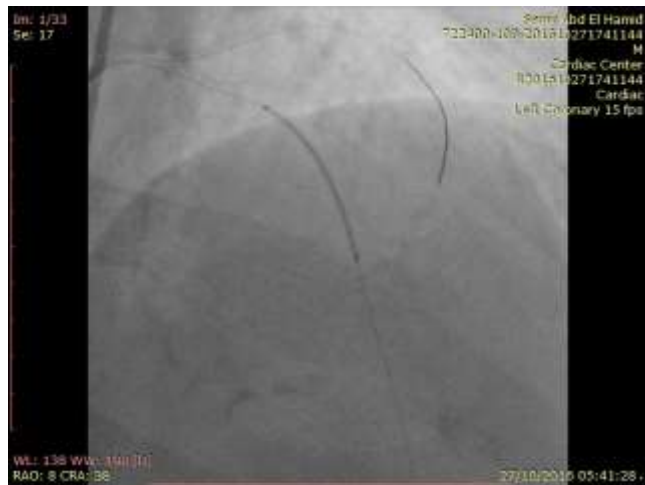


## PCI plan

- Patient and his family totally refuse CABG.
- PCI to LM and LAD as 1<sup>st</sup> step.



**Two BMW wires for LAD and LCX.**



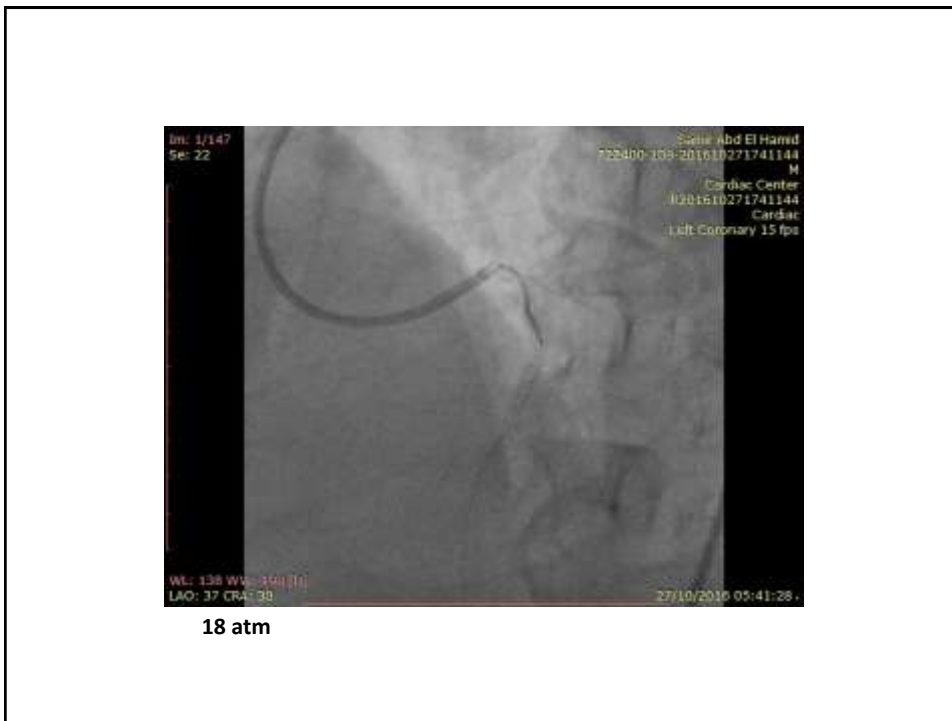
**3 x 32 mm DES to LAD lesion.**



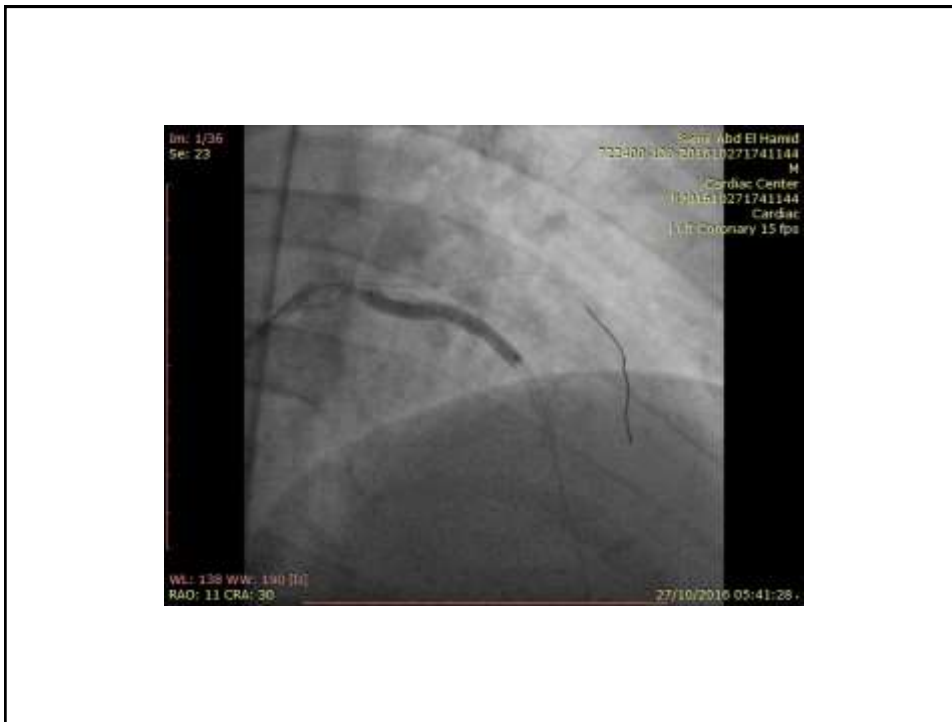
**16 atm**

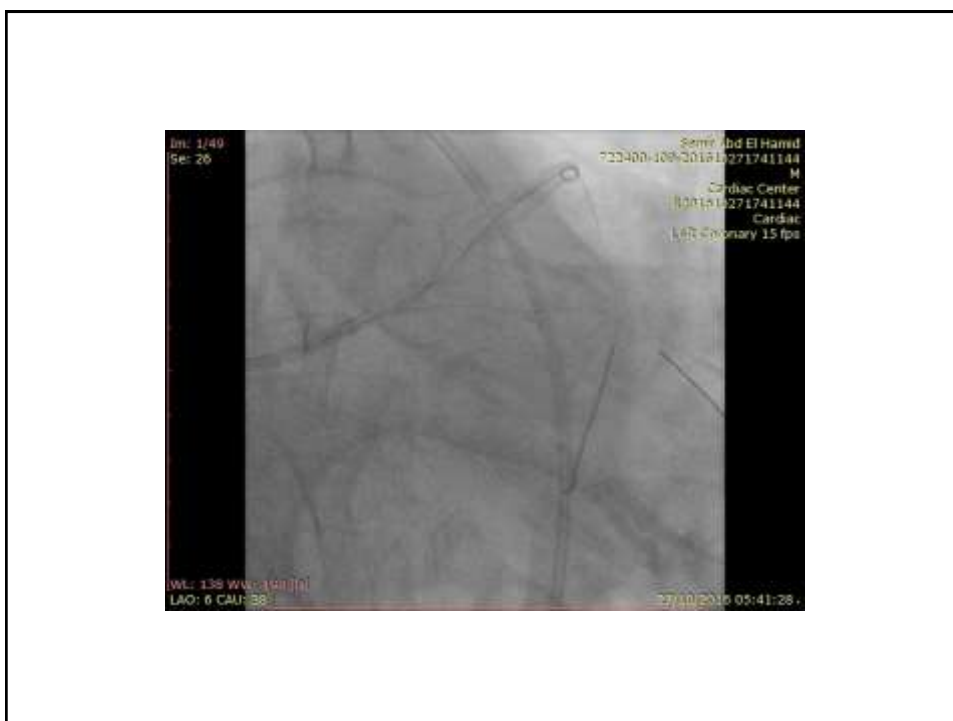


**3.5 x 32 mm DES**





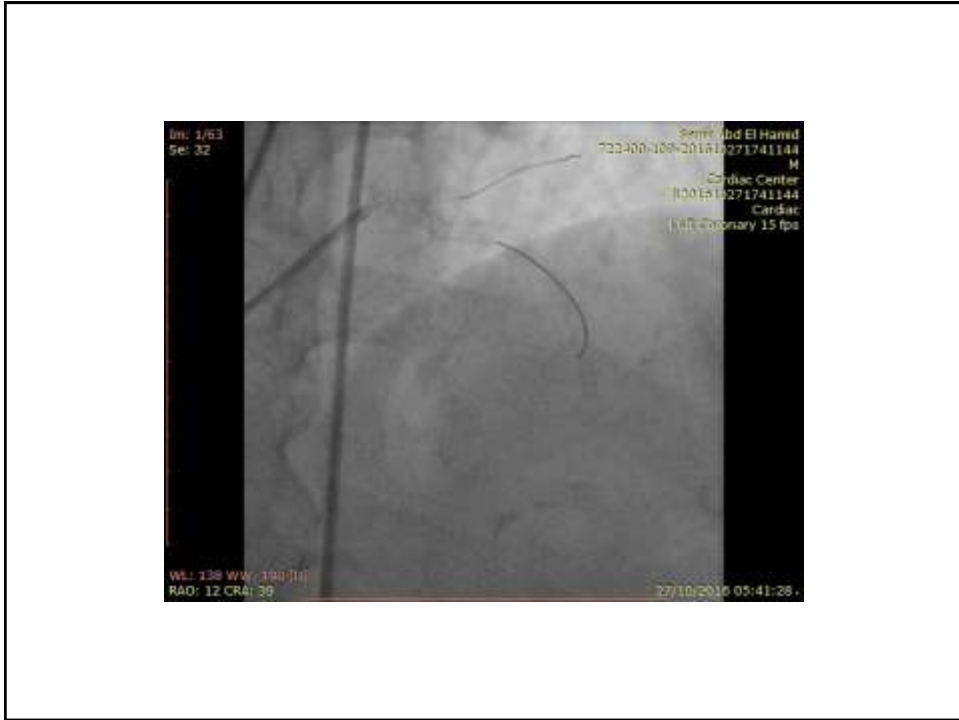






4 x 10 mm NC balloon for LM at 16 atm.

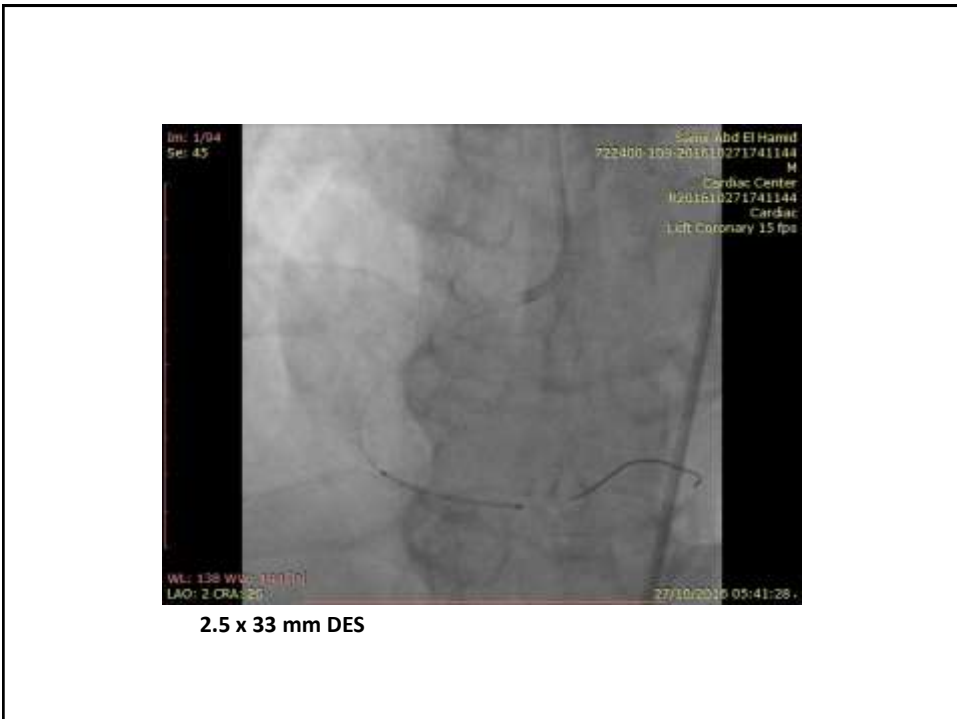






2 x 20 mm balloon at 14 atm.



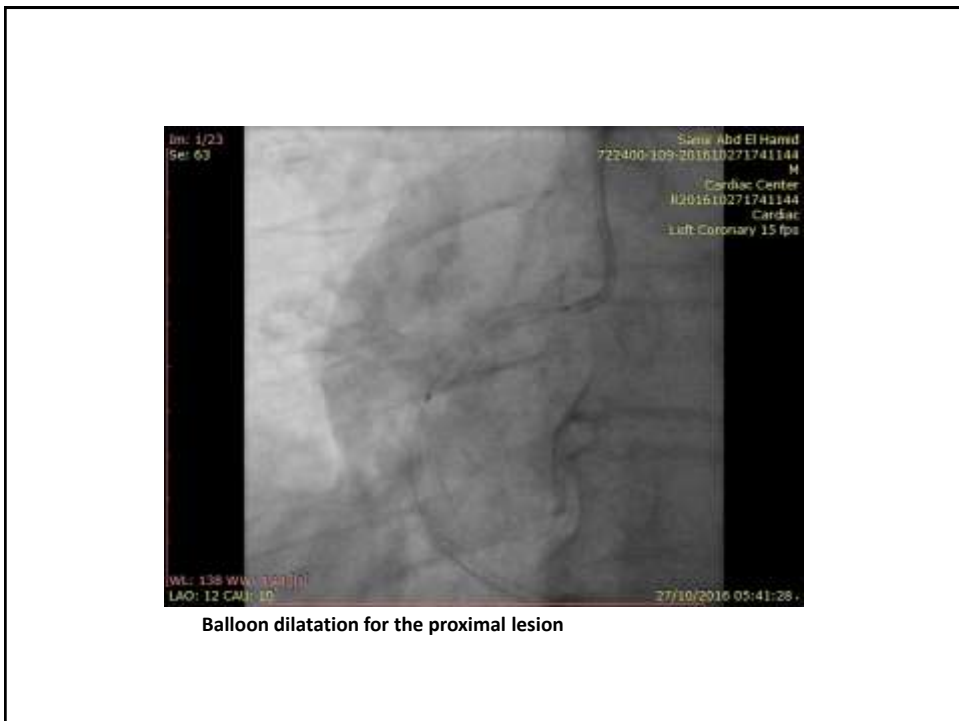




14 atm



2.75 x 38 mm DES at 16 atm

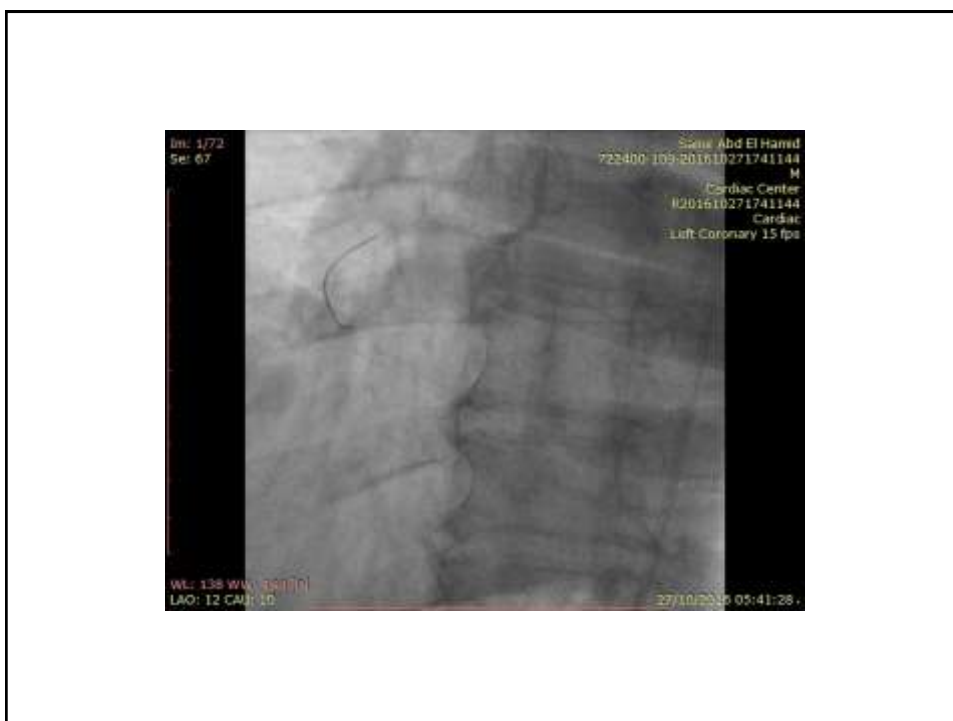
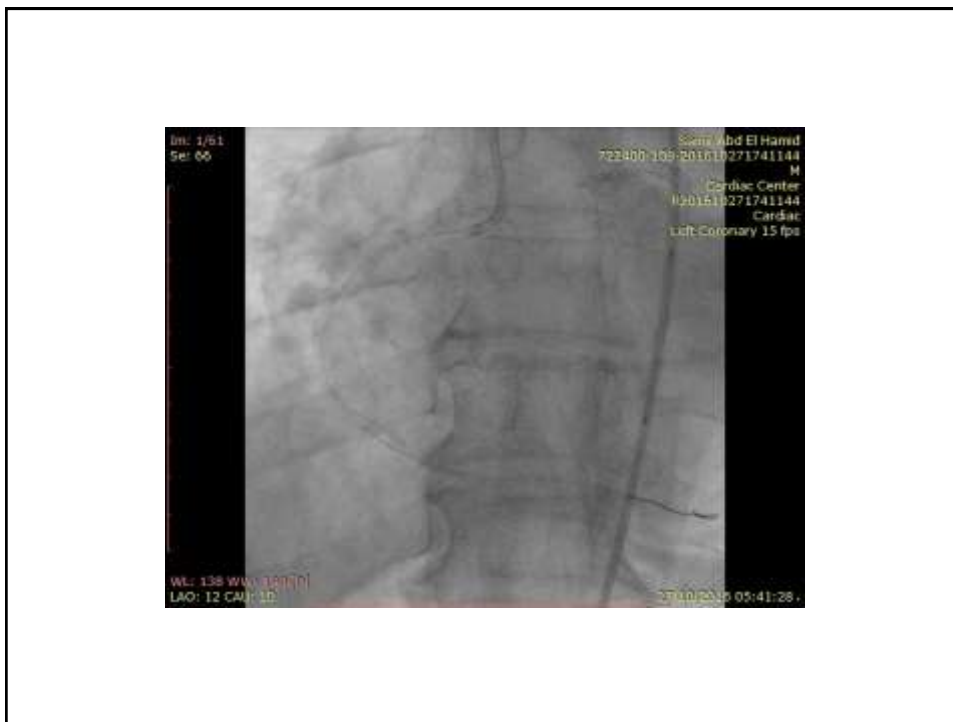






**3 x 33 mm DES at 18 atm.**





Thank you