Bifurcation Intervention: Learn from cases?

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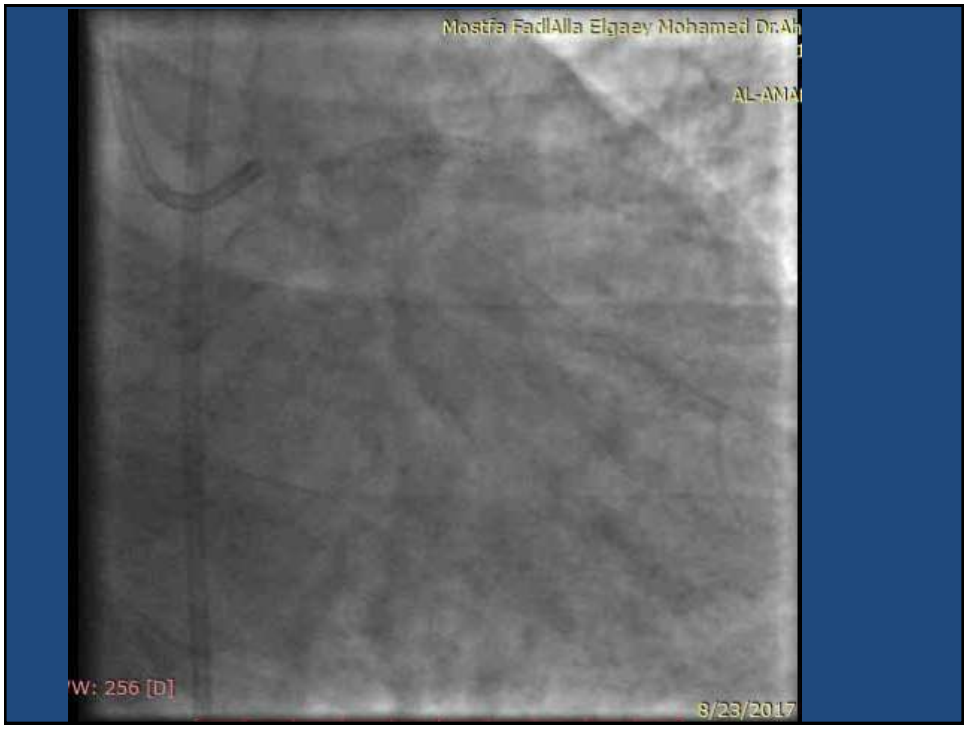
- 85 years old Sudanese, hyertensive
- ACS 3 years ago, had PCI, stent of LAD
- Recently angina FC III/ IV, SOB
- Vital signs normal
- ECG T wave inversion diffuse
- S Creatinine 1.8 mg
- Echo EF 40% antero-lateral, septal hypokinesia

- ASA, Bisoprolol, Nitrates statin
- Angio:
- Heavily calcified distal LM, osteal and proximal LAD, Osteal and proximal CX
- Left main distal subtotal occlusion, LAD osteal tight lesion, instent restenosis, distorted stent
- Cx osteal tight lesion, proximal 90% lesion

- Advised for CABG: very old age general condition
- PCI? Challenges

1. Heavy calcification
2. Tiny track in LM
3. Multiple lesions
4. Kidney function impaired
5. Family wanted non- Surgical, non-intervention treatment!!



Intervention Plan

- Wiring: which wire ?
- Deal with calcification: Balloon, cutting balloon small or big
- Left main only or complete revascularization
- Sequential or TAP

- Wiring LAD, CX PT2 MS, Run through
- Cutting balloon 3.25x10 mm
- To LM, LAD, CX
- Try to stent LAD instent, BioMatrix 3.0 x 24 mm to treat the distorted stent
- Stent LM to LAD, 3.5 x 18 mm overlap
- Stop or continue CX

- Cx lesion appeared nasty,
- Rewiring, small balloon through LM stent, bigger balloon
- Stent osteal and proximal CX 3.0x 24 mm
- Crush by LAD Left main ballloon
- Final kissing


Mostfa FadlAlla Elgaev Mohamed Dr.Al
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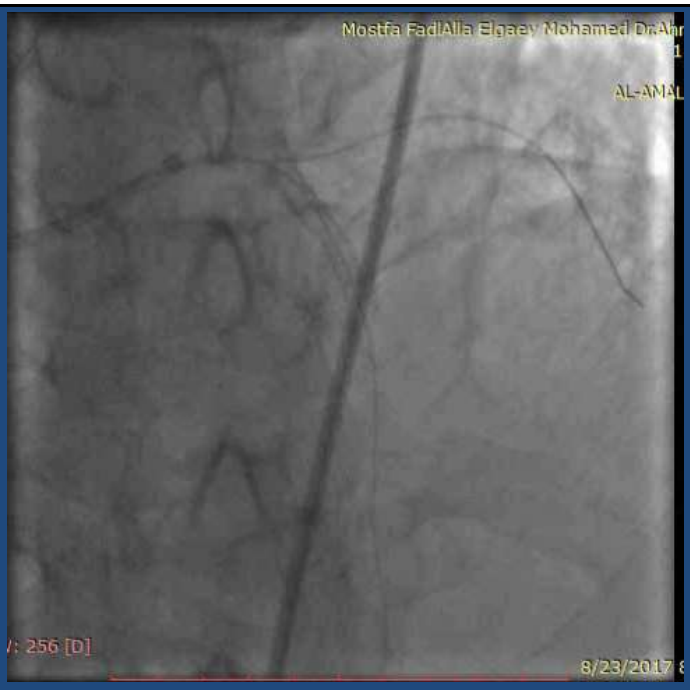

Follow up

- Tolerated the procedure very well
- Discharged next day
- Serum creatinine did not increase, total contrast 70 ml, creatinine clearance 70 mm
- Had transient AF when seen after 2 weeks, disappeared after amiodarone for few days
- Plan clopedogrel, ASA, statin for life

2018
EAZI(Egypt A-Z
12th Annual Meeting
28-29th March 2018
Ramses Hilton, Cairo