CASE

Non-left main bifurcation lesion

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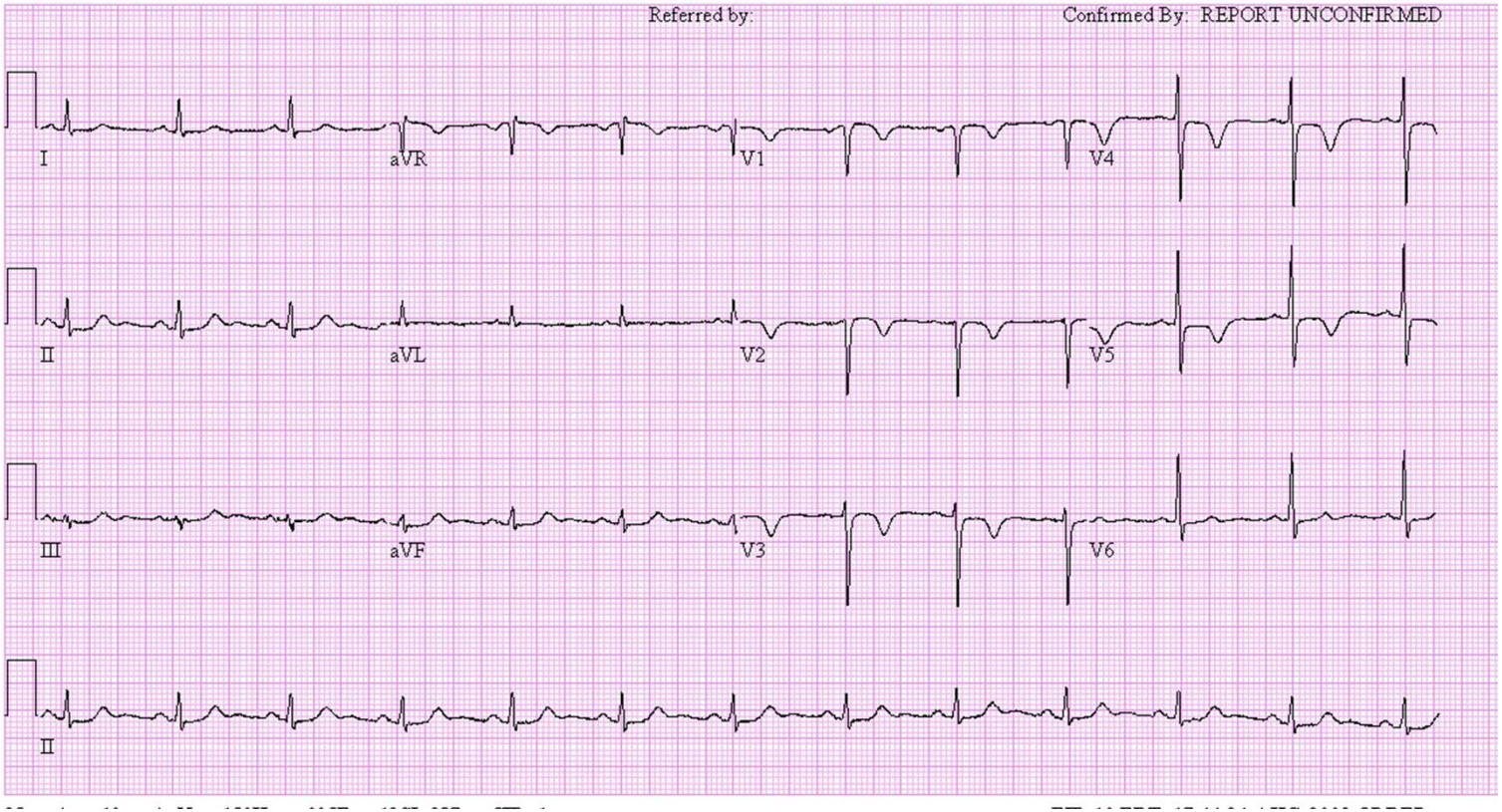
M/61

- 10일전부터 발생한 흉통, 안정시 흉통+
- 타병원에서 Non-ST elevation MI 진단 하에 coronary angiography 후 bypass surgery 권유 → 거부하고 자의 퇴원 후 본원 입원

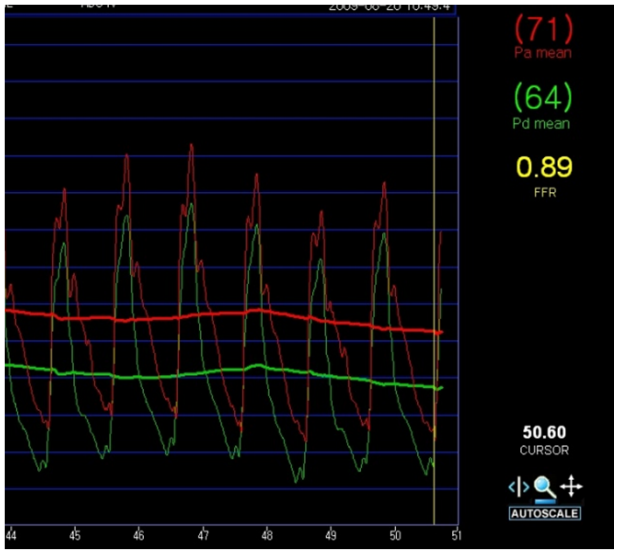
- Risk factor: Hypercholesterolemia



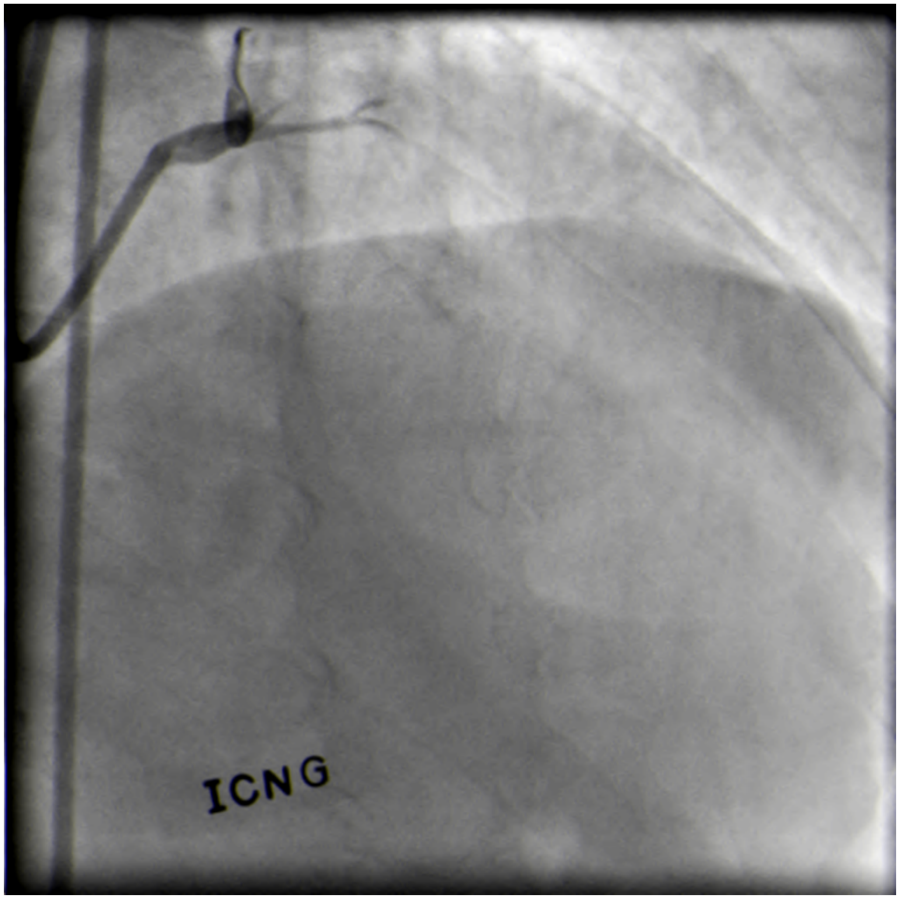
Echocardiography

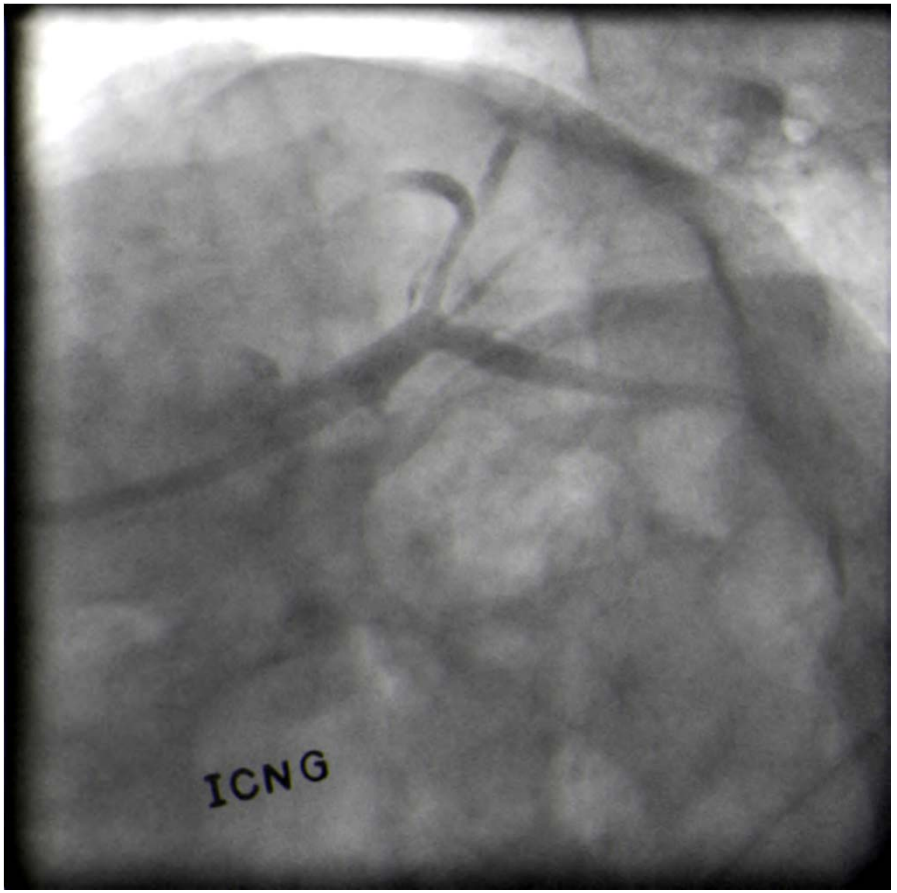
: normal LV function, no regional wall motion abnormalities

Coronary Angiography



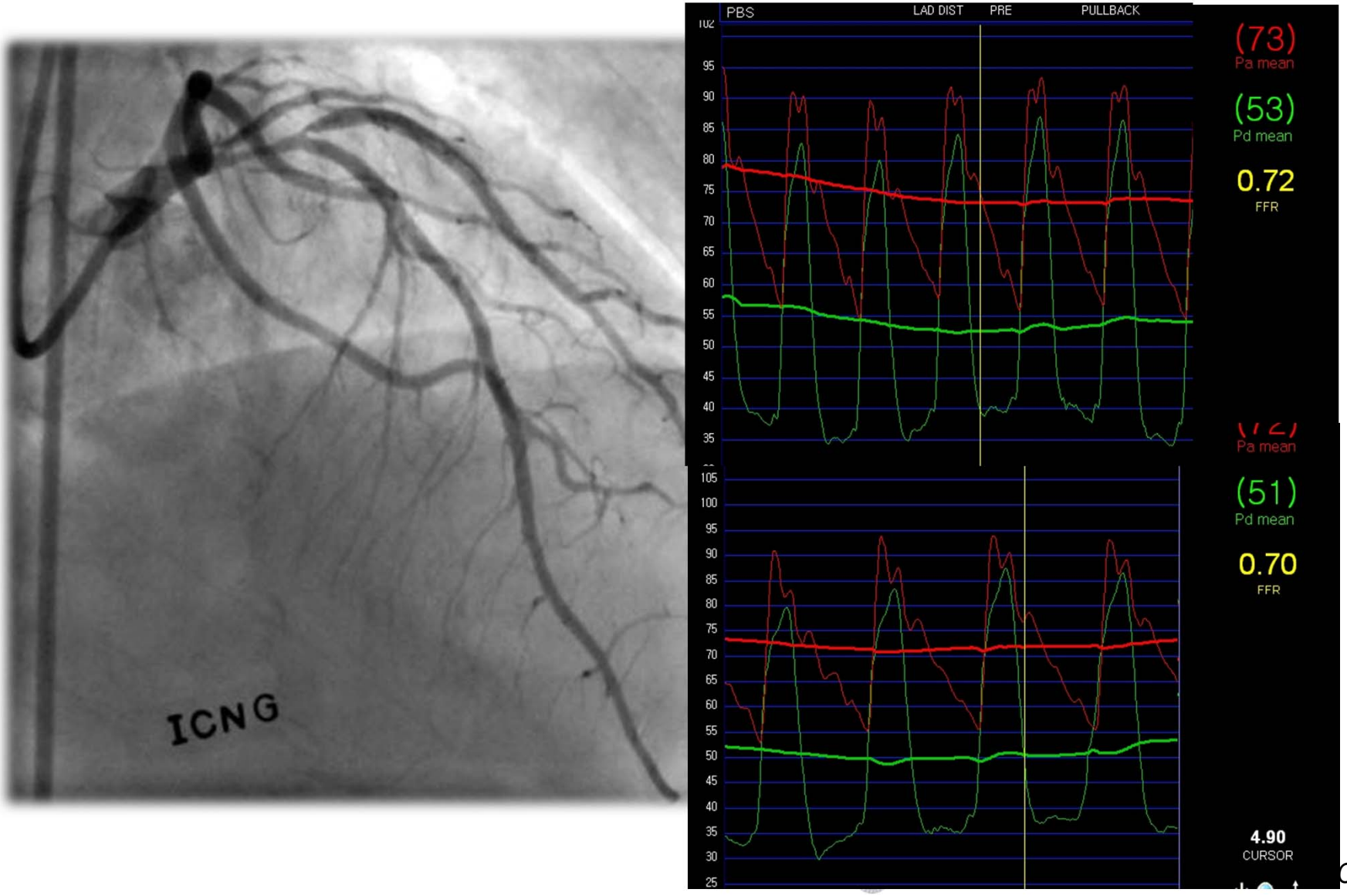
Coronary Angiography





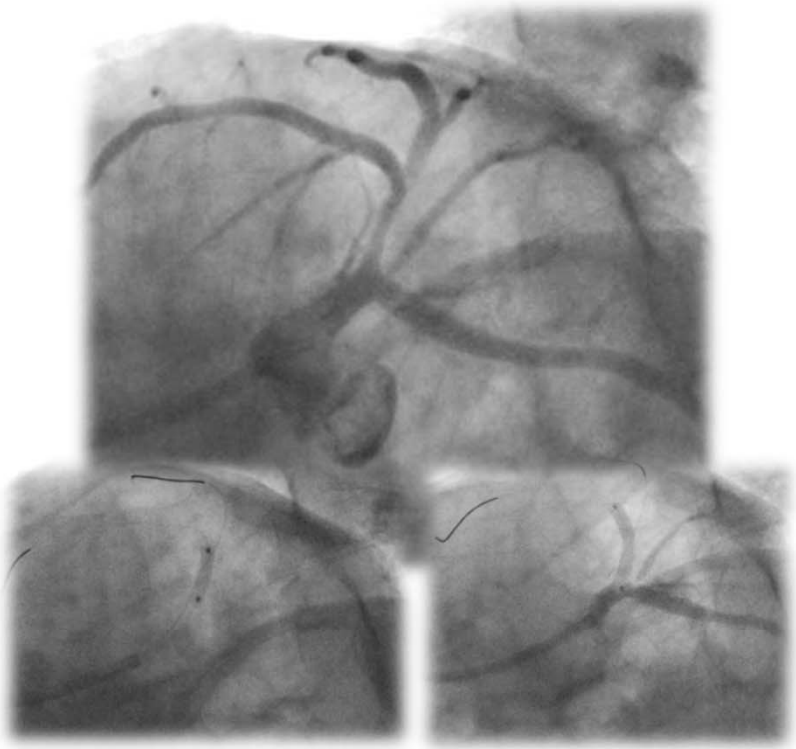
How to treat this lesion?

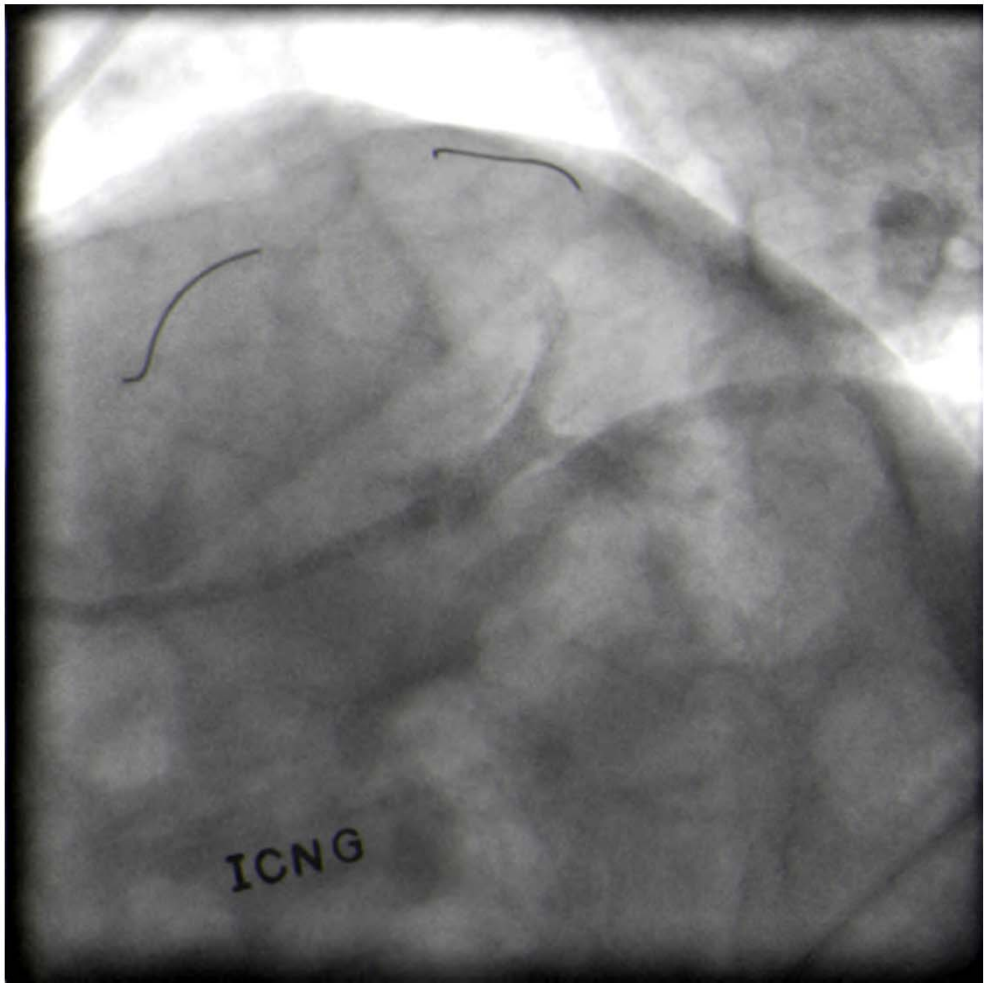
Provisional (1 stent)? Or 2 stent?



Center

Provisional SB intervention

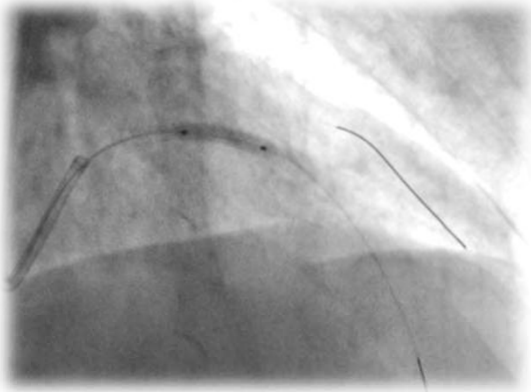




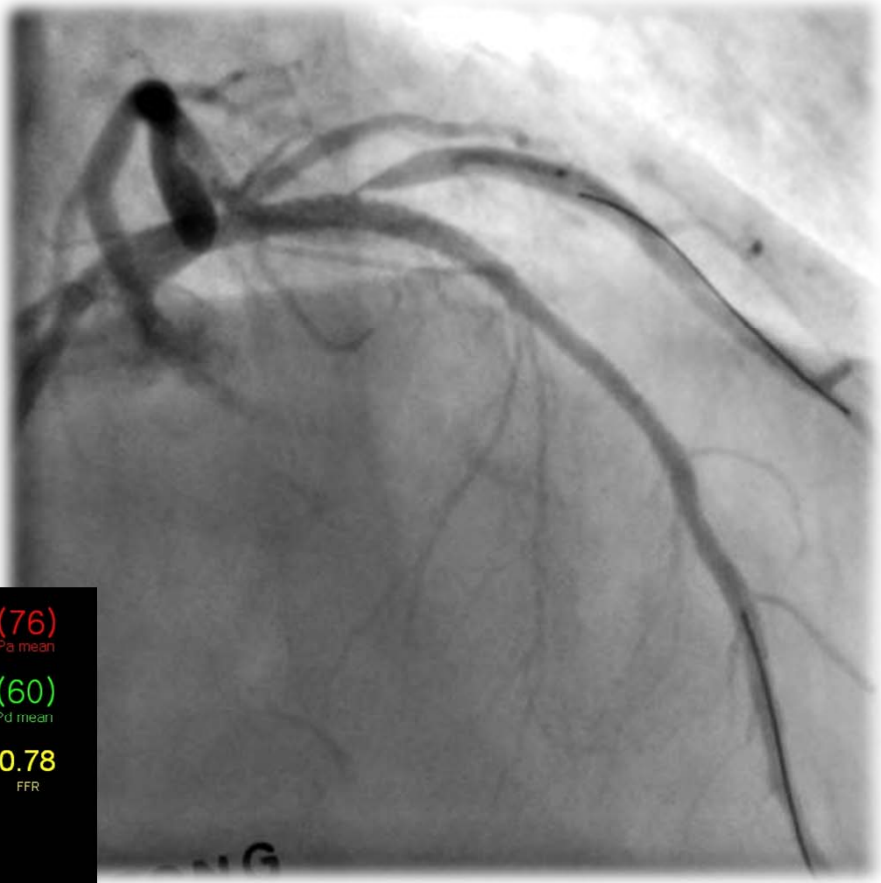
Predilatation: 3x15mm balloon

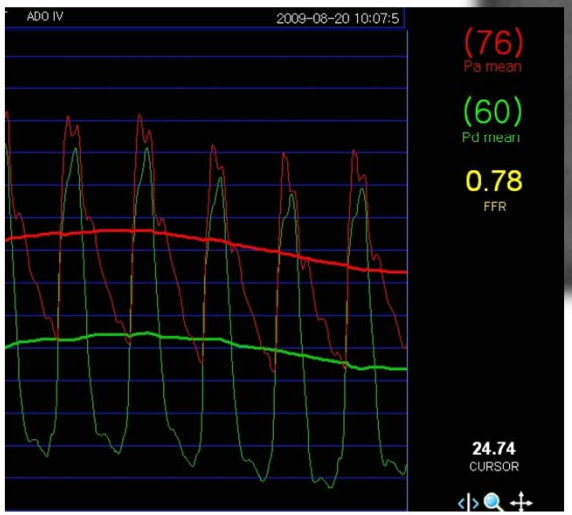
Stent: Xience V 3x28mm

Provisional SB intervention

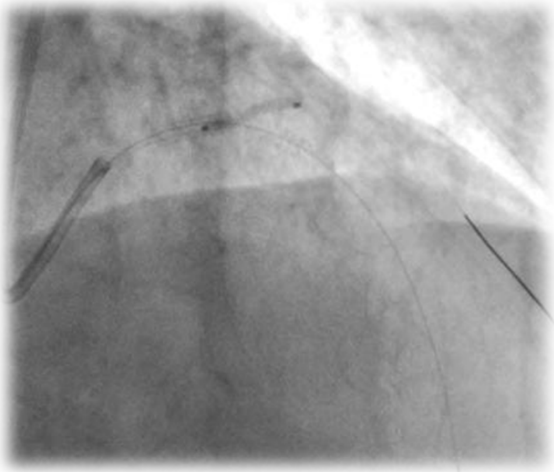


Adjunctive balloon
: 3x15mm balloon, 16 atm, 3 times

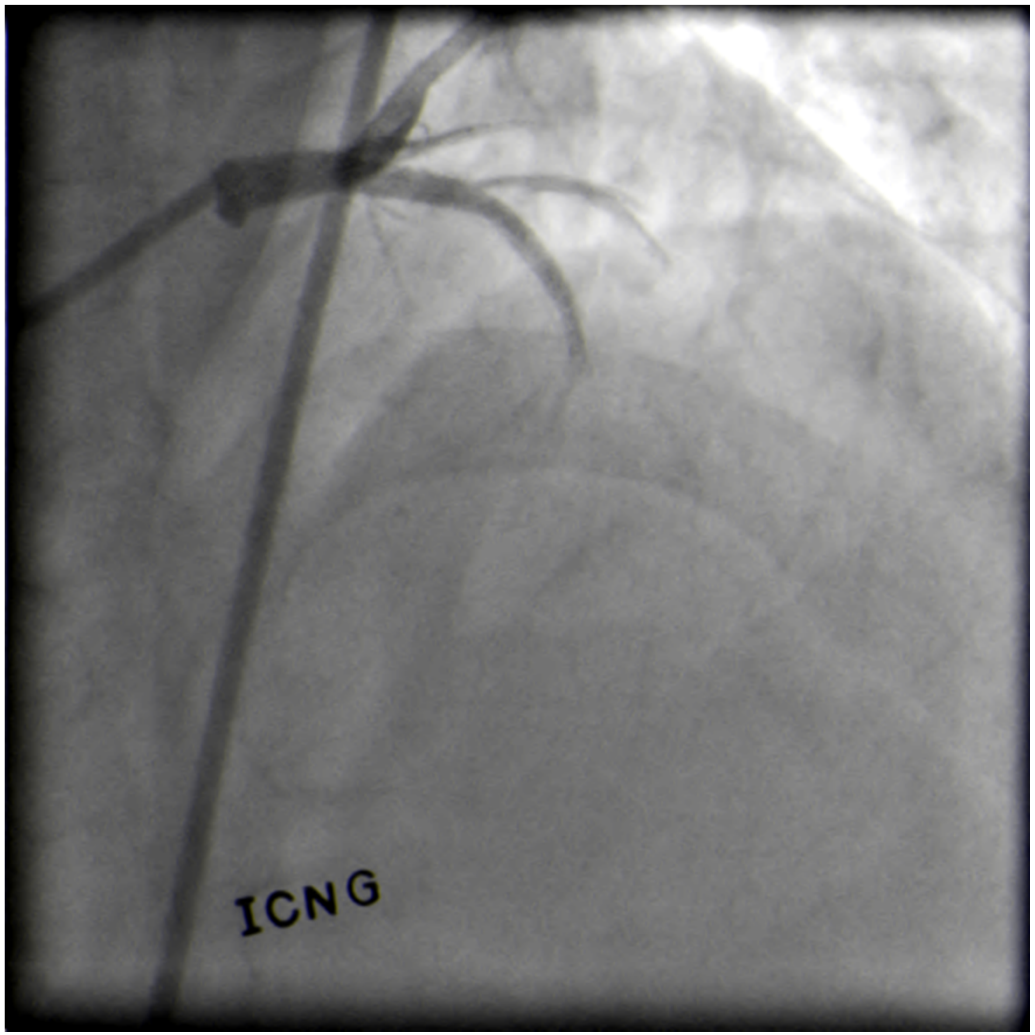




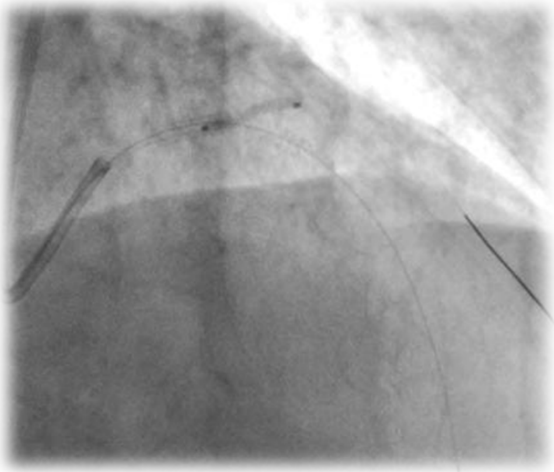
Provisional SB intervention

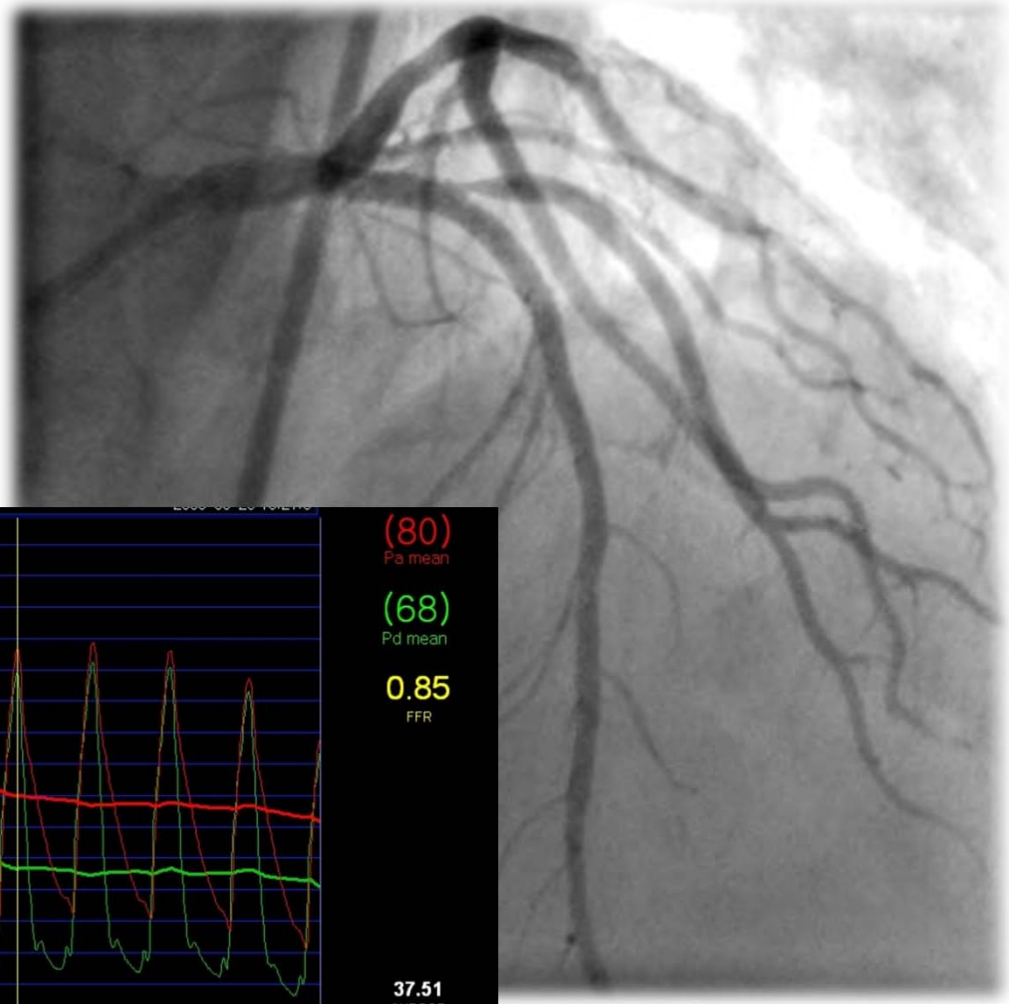


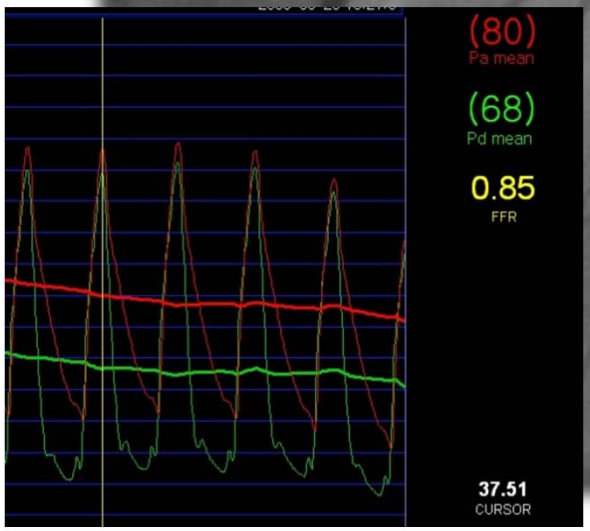
SB angioplasty
: 1.5x20mm → 2.0x20mm
Kissing balloon angioplasty
: 2.0x15mm + 3x10 mm
Proximal optimization
: 3.5x10mm



Provisional SB intervention







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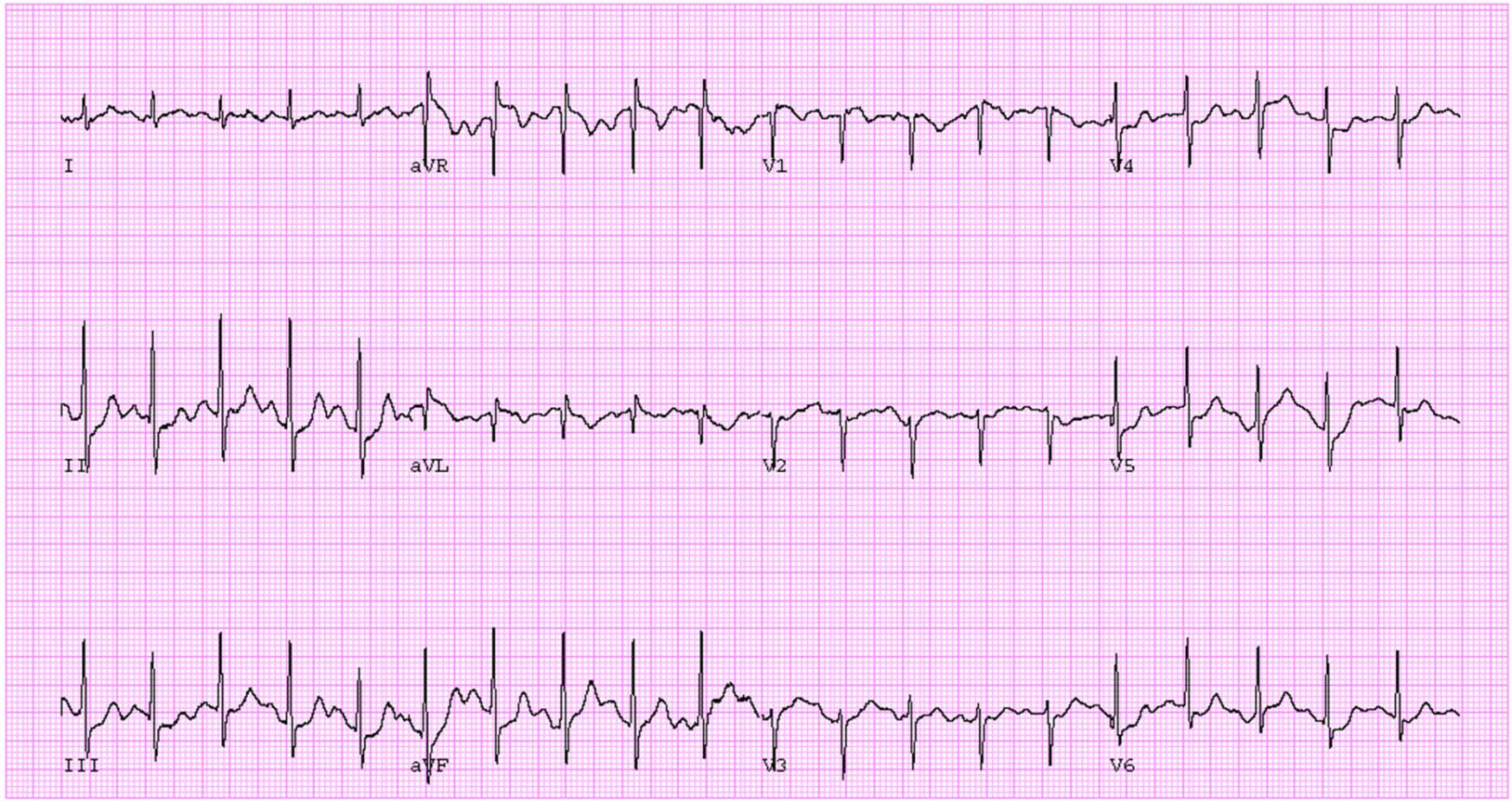
Exercise test 8mo after PCI

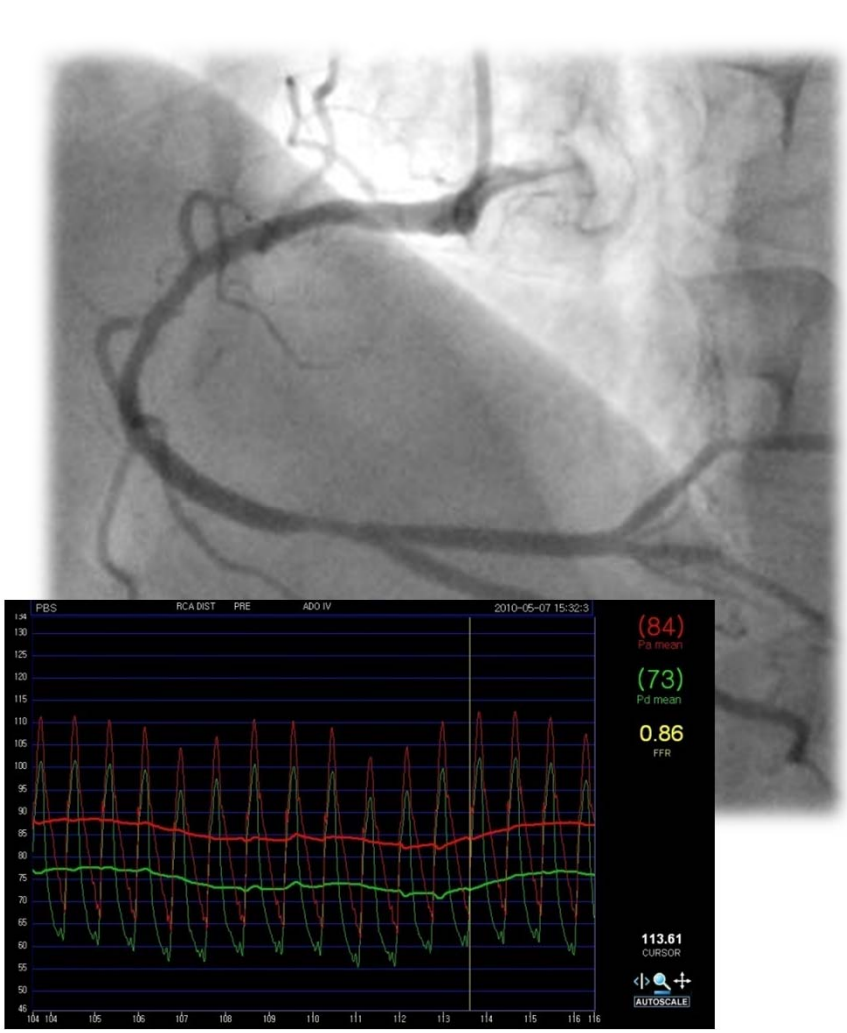
12-Lead Report (PEAK EXERCISE)

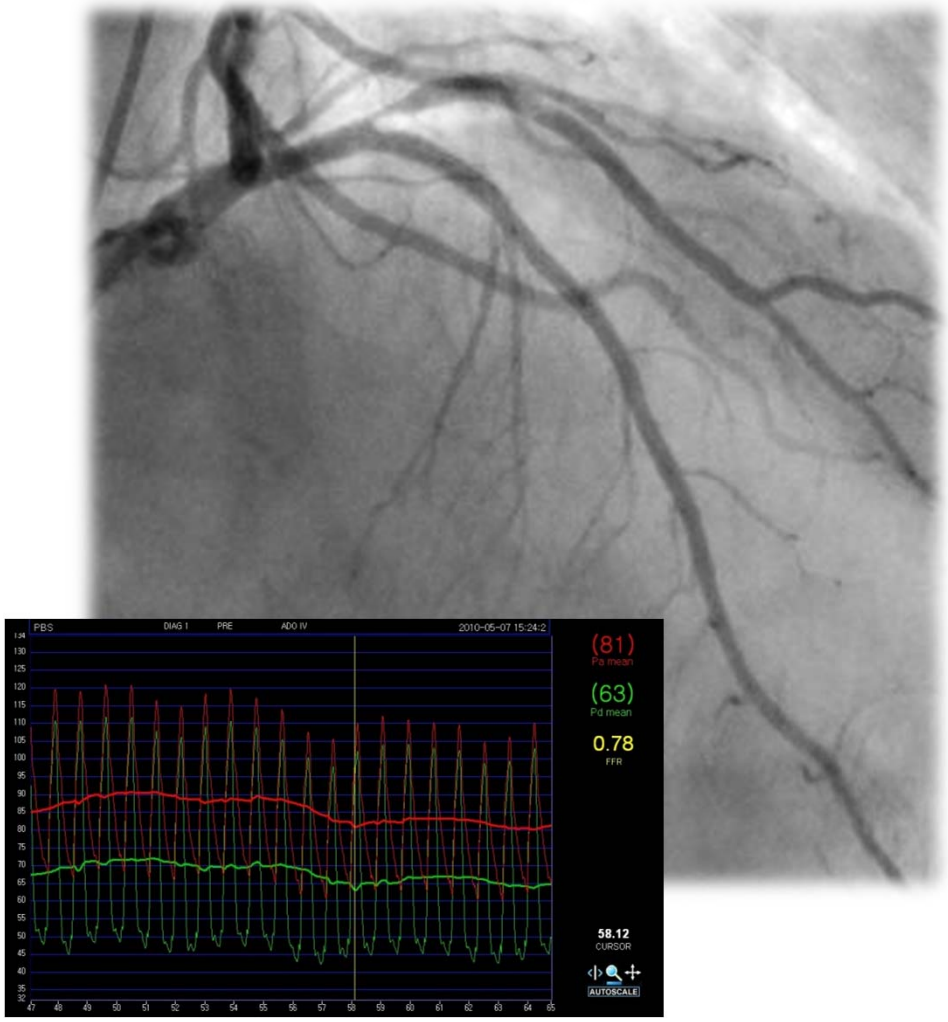
	122 bpm	EXERCISE	BRUCE
2010/05/07		STAGE 3	5.5 km/h
10:15:09am		07:01	14.0 %



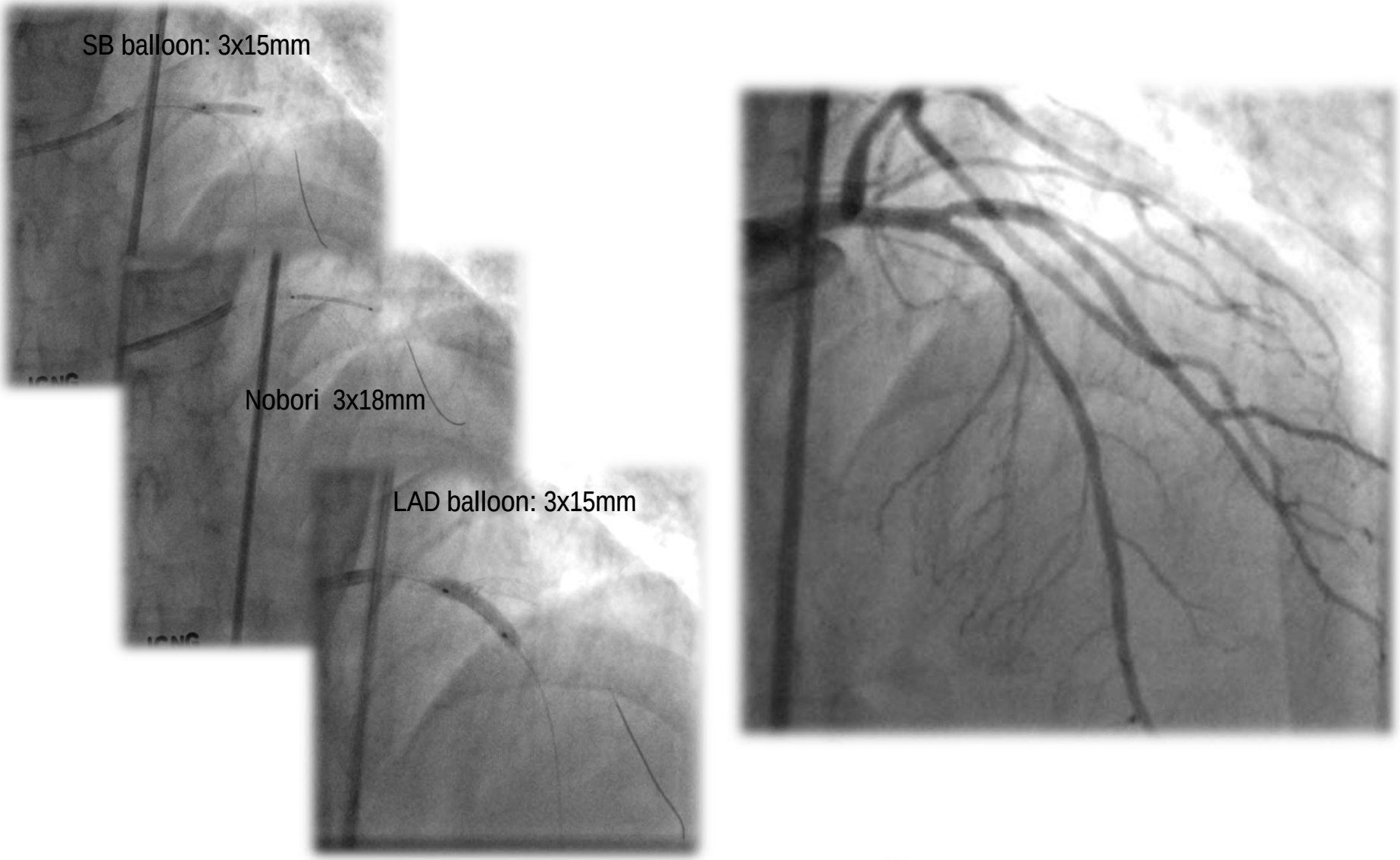
Exercise terminated due to chest pain

CAG 9mo after index PCI





SB stenting (Culotte)



Peri-procedural Stroke

- While trying SB ballooning and KBI, patient complained sudden vertigo and severe headache
- Brain MRI :
  Newly appeared focal cortical infarct, around left central sulcus.
  → Multiple embolic infarction

What I learned from this case….

In a bifurcation lesion with a large side branch,

- Simple (provisional) strategy is simple, but may require later complex strategy.
- Complex (2 stenting) strategy is not that complex, but the risk of procedure related complications seems to be higher.