

OCT Guided Unprotected LMCA Stenting

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A 70 year old male, known hypertensive presented to the hospital with unstable angina. The LMCA was engaged with XB3.0-6 Fr guiding catheter and a check angiogram revealed LMCA to LAD 90% lesion [Fig 1A] that was crossed with 0.014' BMW wire. LMCA to LAD predilatation was done with 2.5x12 mm Maverick Balloon. This was followed by distal LMCA to LAD stenting using 3.0x30mm Resolute Integrity Stent (DES) at 09atms for 20 sec [Fig 1B] and redilated with same stent balloon at 12atms for 10 sec. Then Proximal LMCA overlapping stenting was done with 4.0 x 23mm Xience Prime Stent (DES) at 10 atms for 20 sec [Fig. 1C] and redilated same stent balloon at 12atms for 10 sec. Overlapping stents segment dilatation was done with same stent balloon and LMCA to LAD stents post dilatation was done with 4.0x10mm Sapphire NC & 4.5x12mm Trek NC Balloons. Post stenting OCT with C7 Dragonfly imaging catheter 3.4Fr showed mild dissection distal to the stent. [Fig 1D] Stent Struts were well opposed with no residual stenosis in stent. The final result was good with TIMI III flow devoid of complications. [Fig.2].

Fig. 1a



Fig. 1b



Fig. 1c

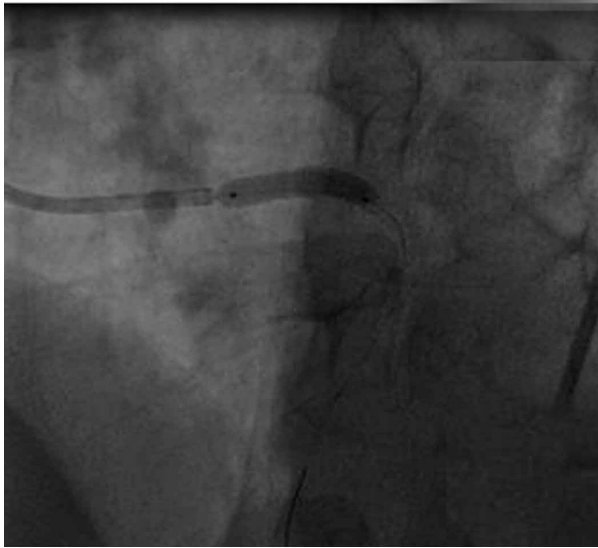


Fig. 1d

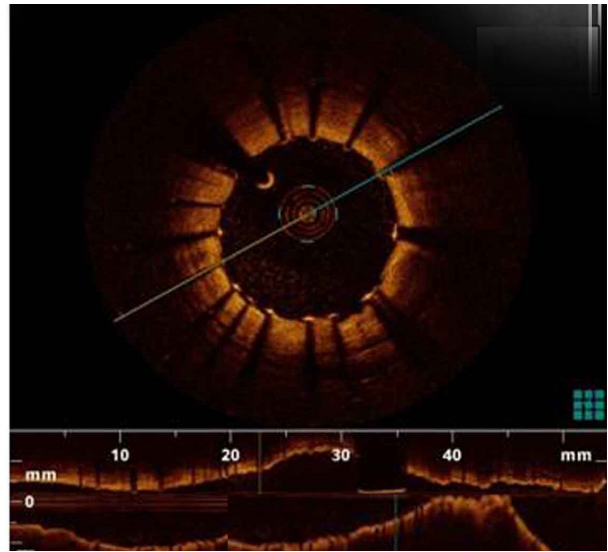


Fig. 2

