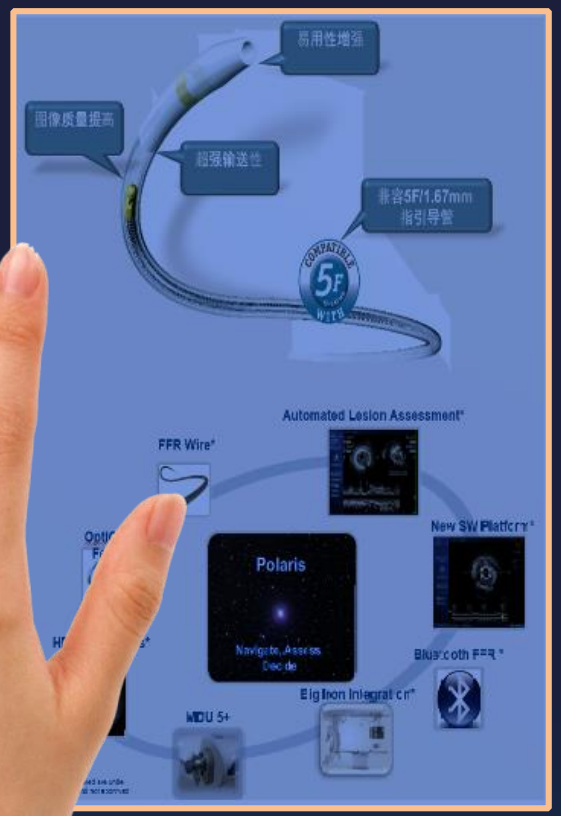
CIT 2019

南京市第一医院心内科导管室

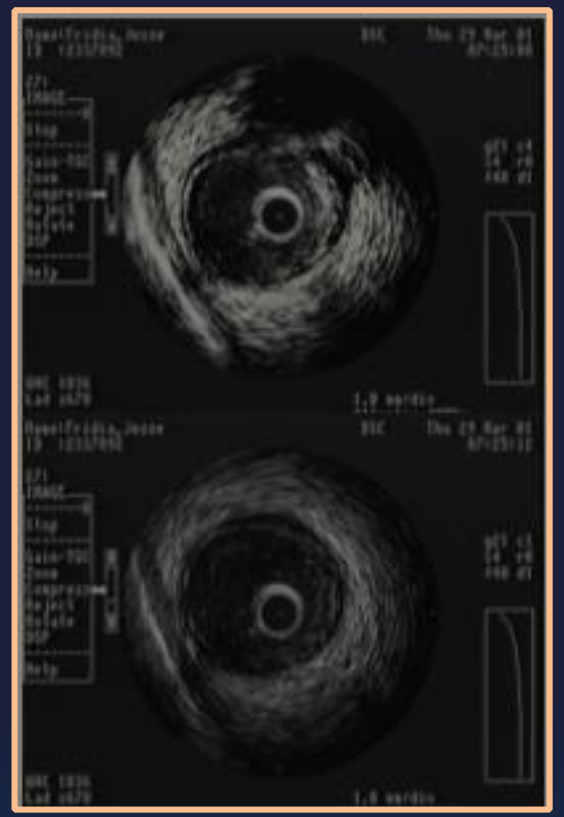
IVUS guidence with DK-crush PCI for LM bifurcation lesion

潘 涛

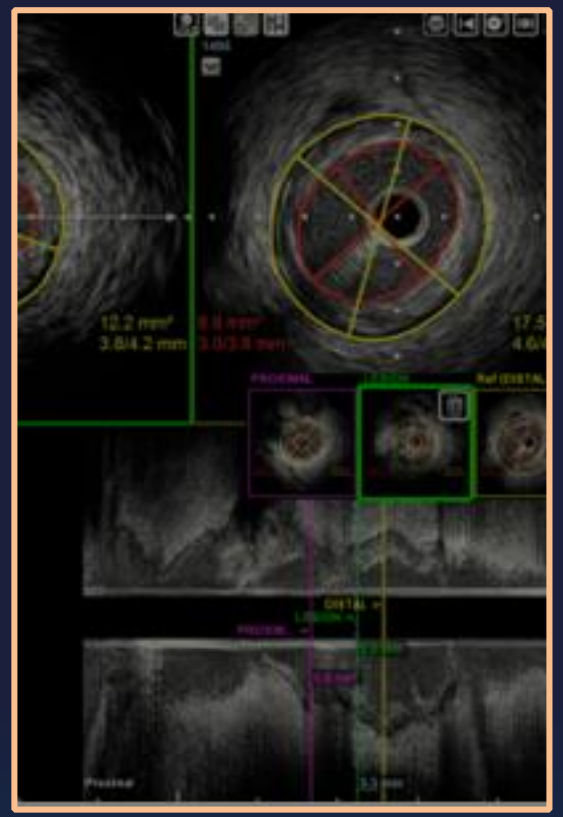
Cooperation
Innovation
Transition



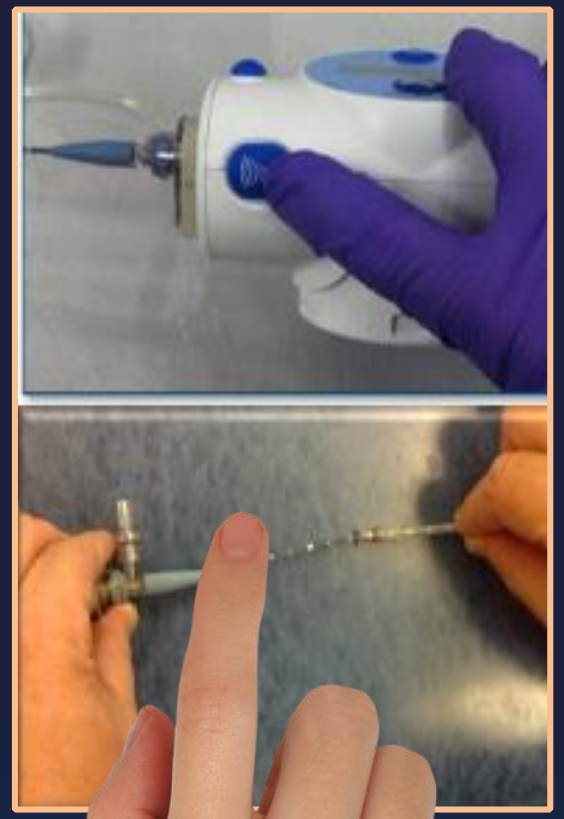
IVUS guidence DK-crush



IVUS guidence DK-crush



IVUS guidence DK-crush



IVU ush

eration
ovation
ransition

LM bifurcation lesion

MALE，62Y

Chest pain for 1 years，

Risk factor：none

Diagnose：unstable angina pectoris

Examination：LVEF60%，ECG：depressed of v1-v4 st segment

SYNTAX Score：26

SYNTAX Score Ⅱ：32.7　　PCI 4 Year Mortality 8.4%

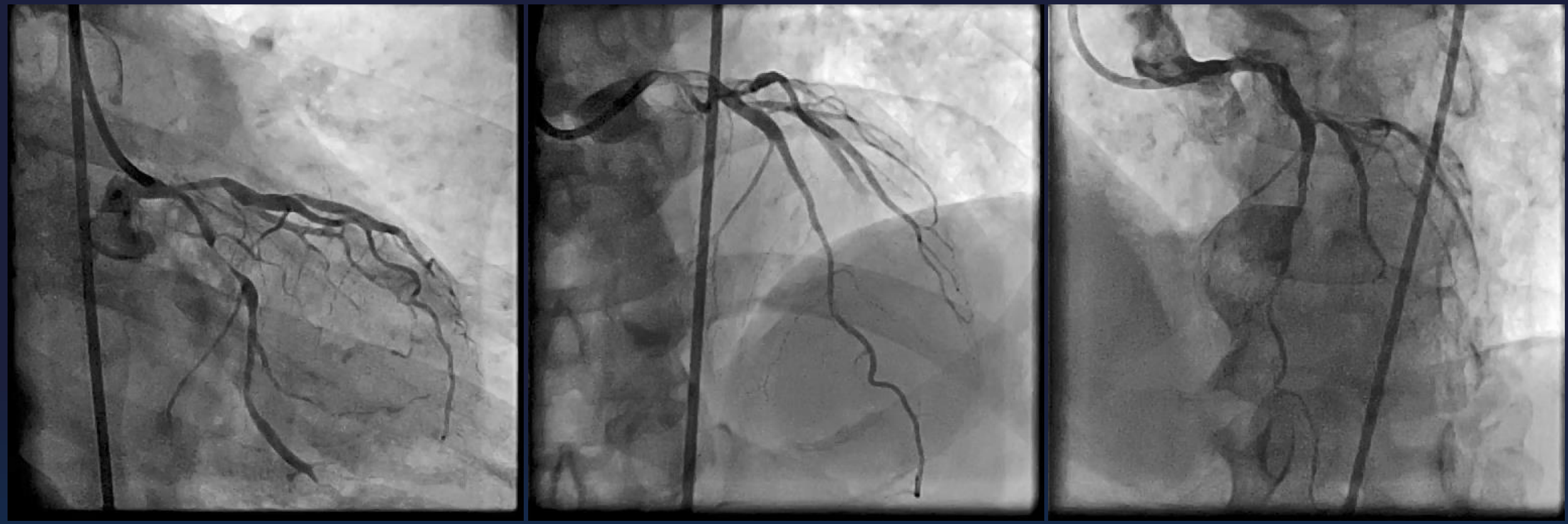
SYNTAX Score Ⅱ：31.1　　CABG 4 Year Mortality 7.4%

RCA-PCI(2018.3.2)

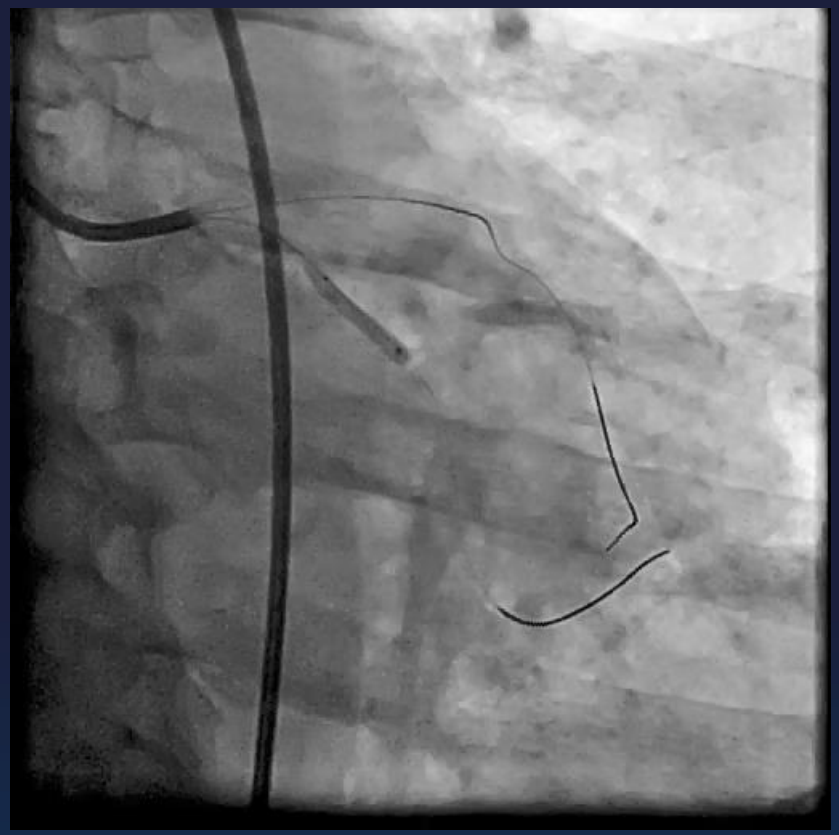




Baseline angiography(2018.3.23)



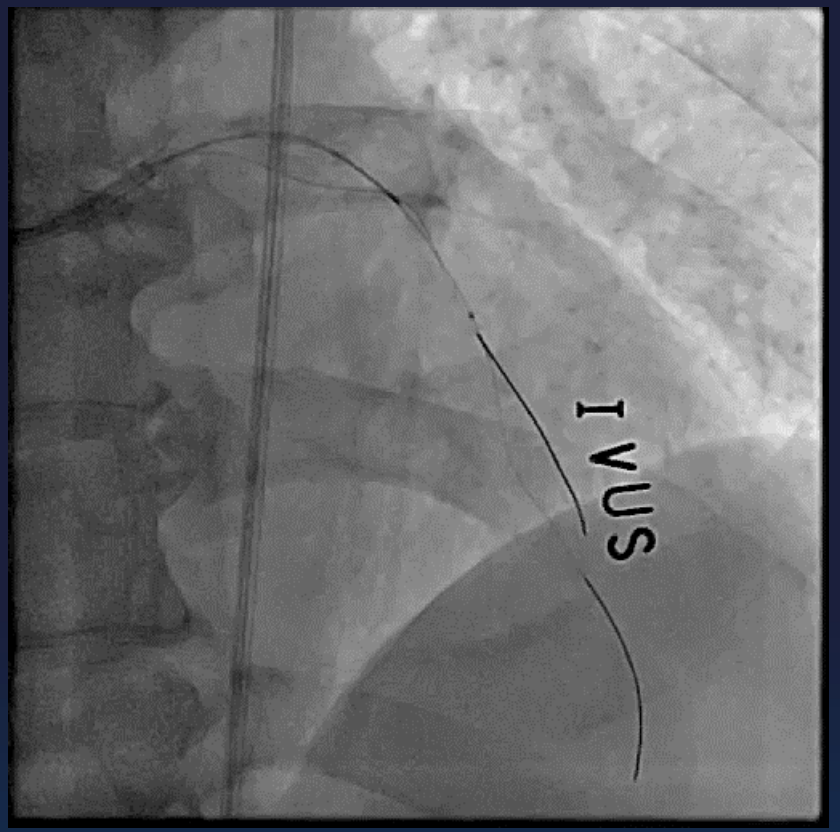
Pre-IVUS



2.5*15mm Legend

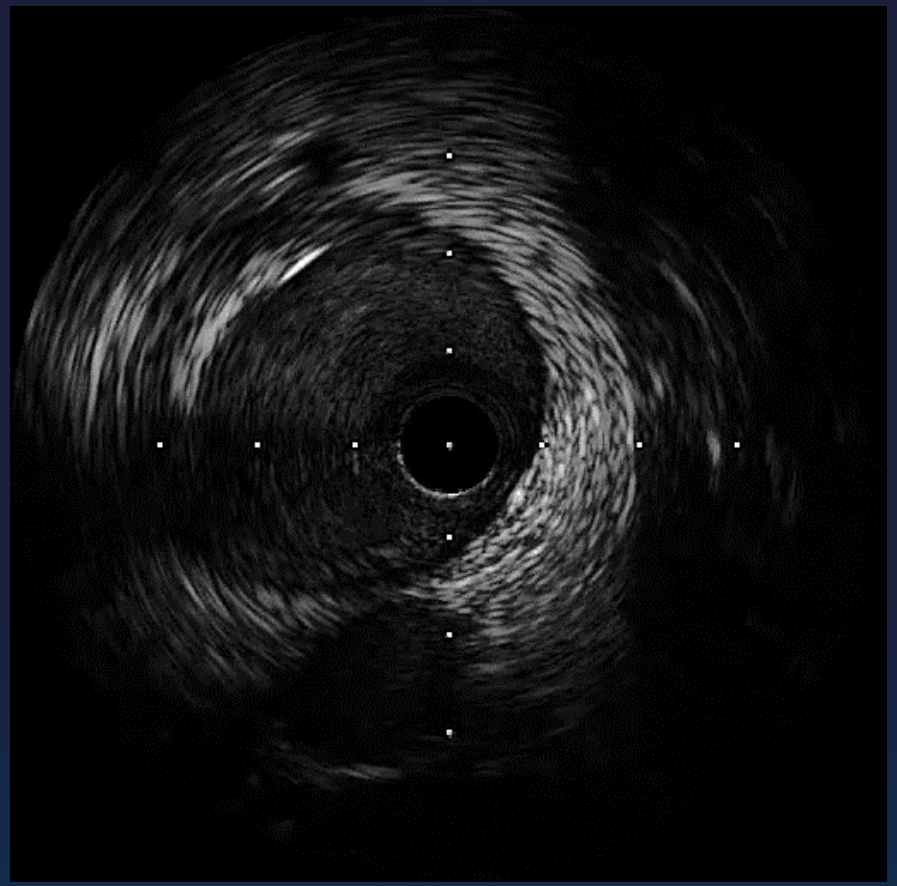


LCX-IVUS

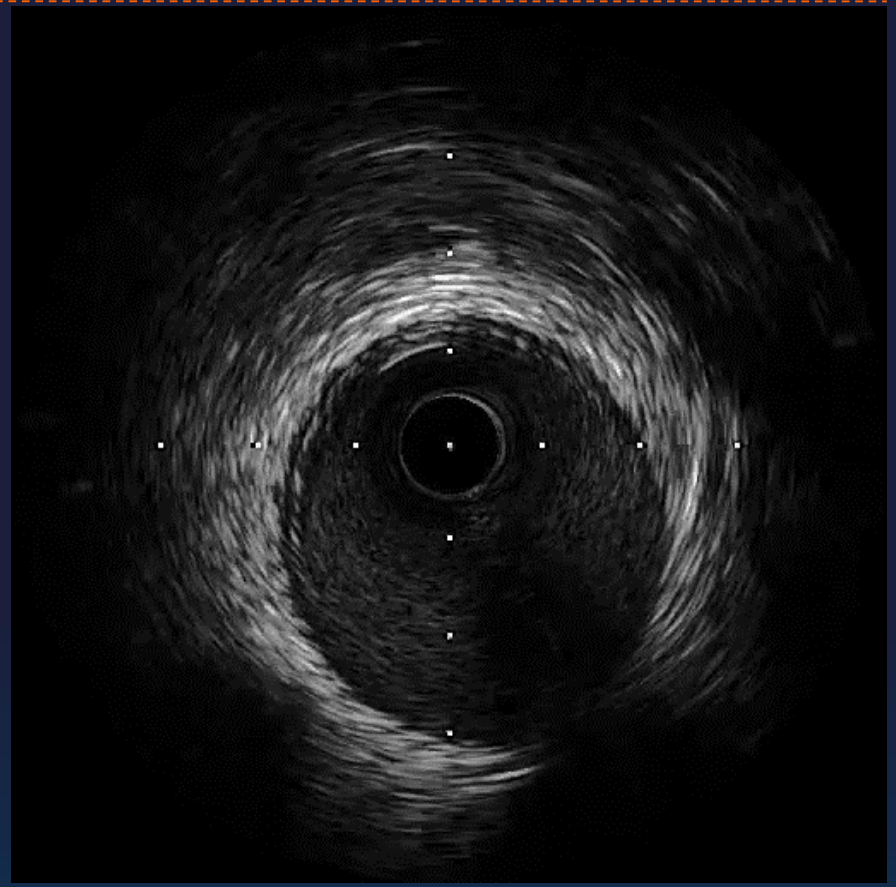


LAD-IVUS

Pre-IVUS



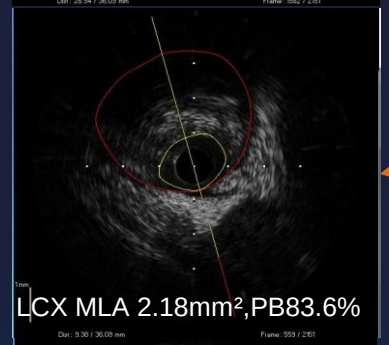
Pre-LCX-IVUS

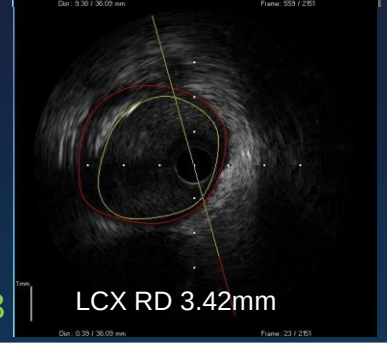


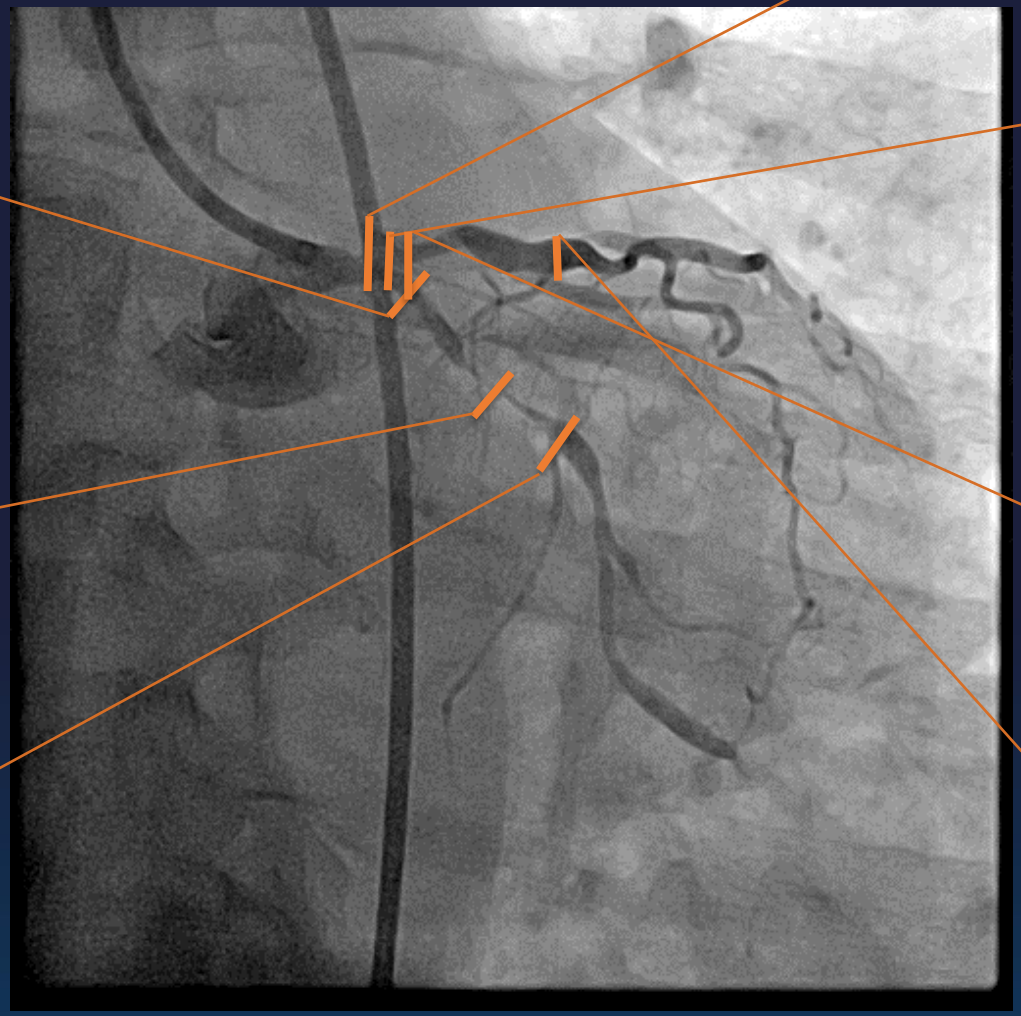
Pre-LAD-IVUS

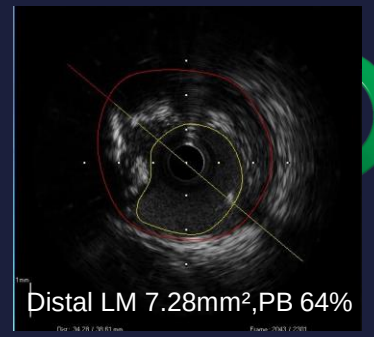
IVUS Assessment

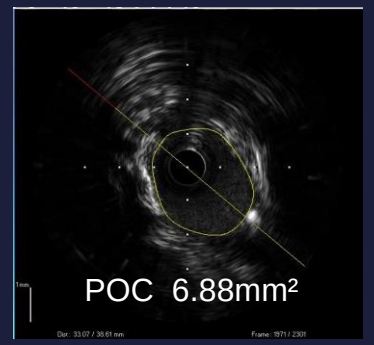




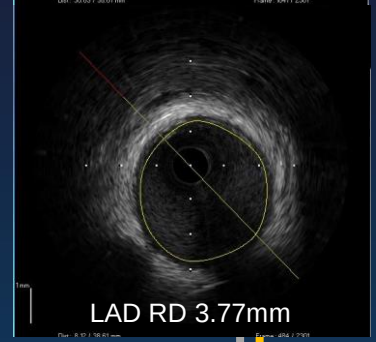




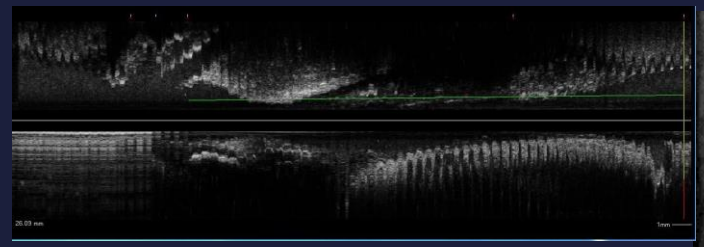




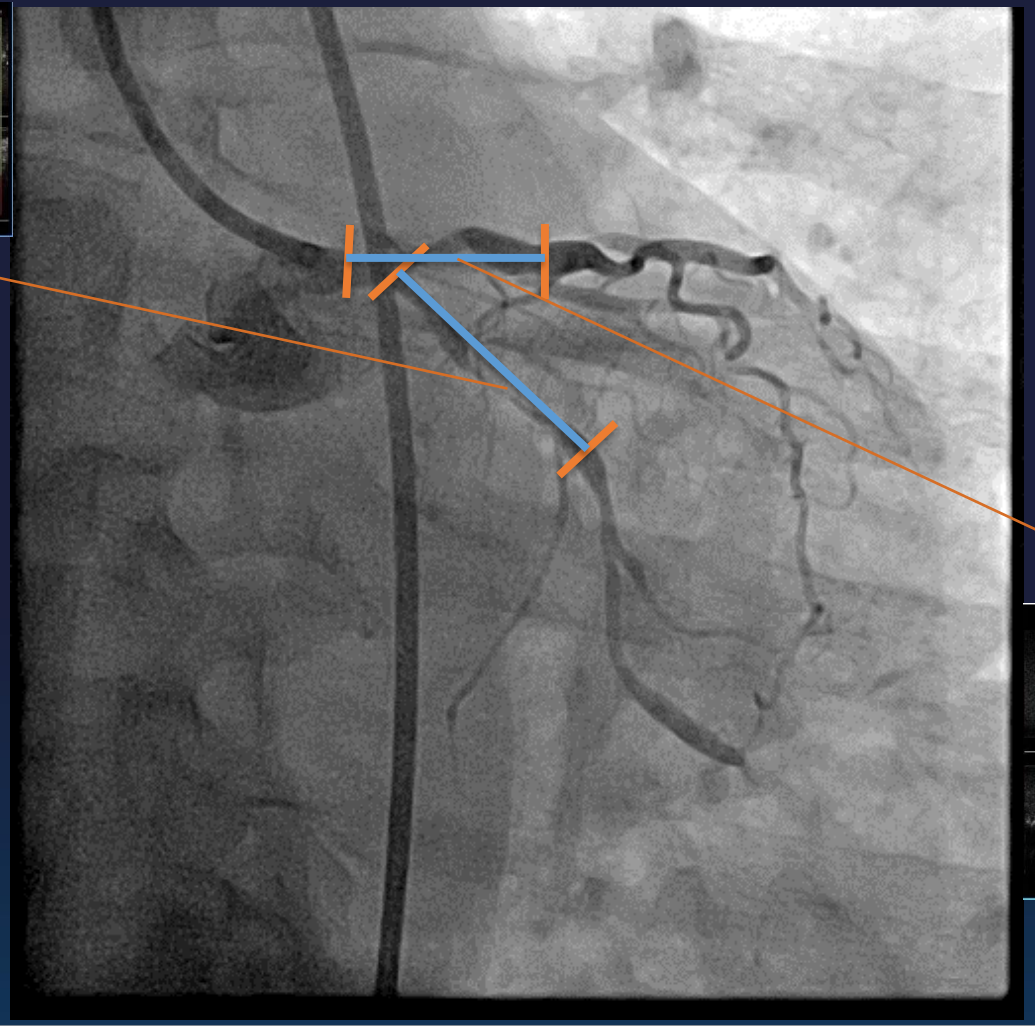




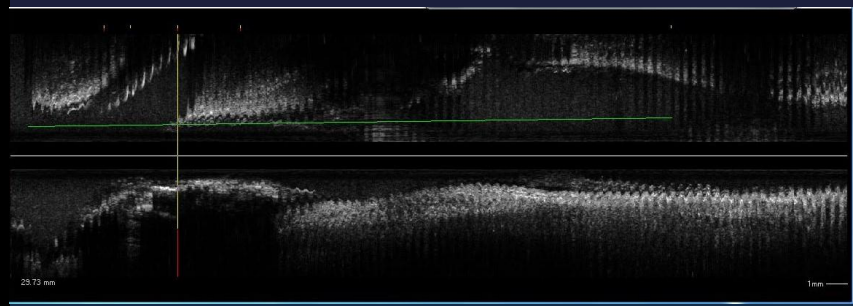
2 IVUS Assessment



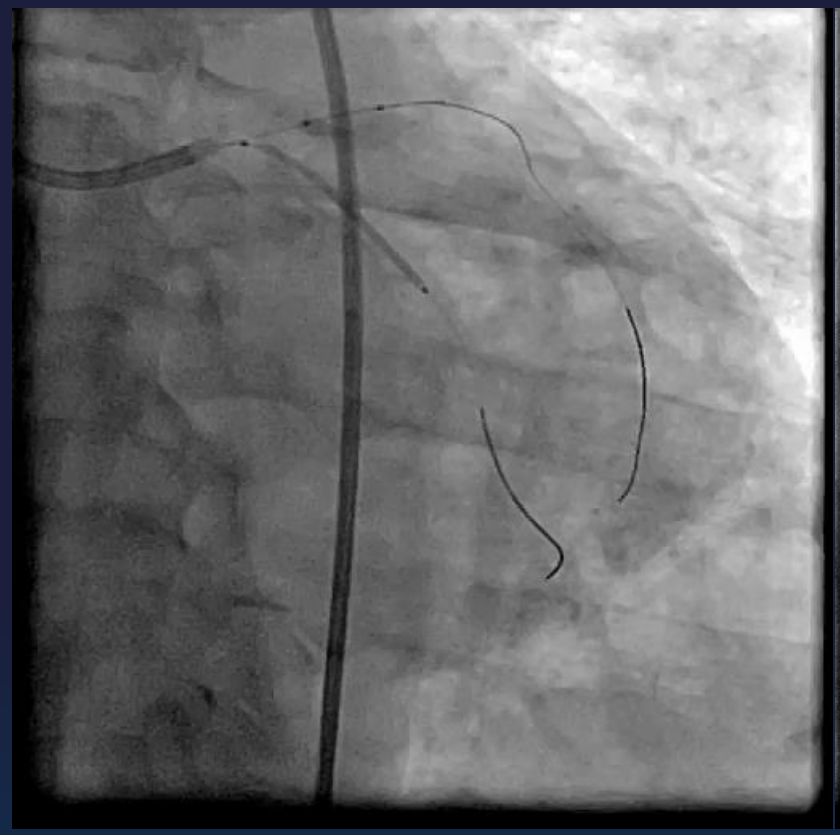
LCX Length: 26mm



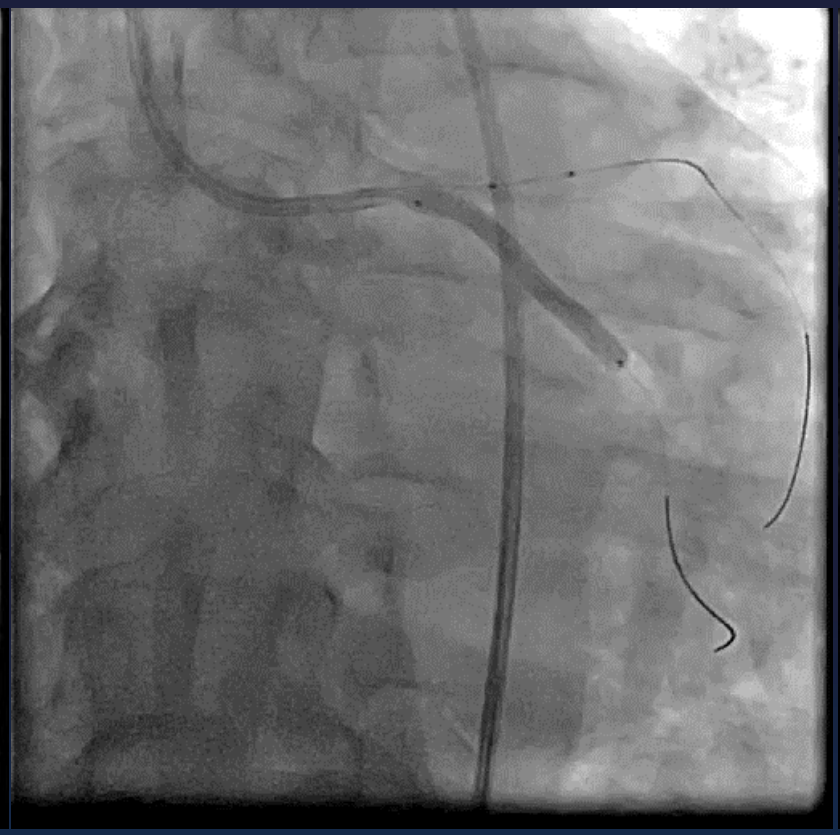
LAD-LM Length: 29.7mm



Side branch stenting



LCX 3.5*29mm Firehawk



LAD 3.5*12mm Apollo

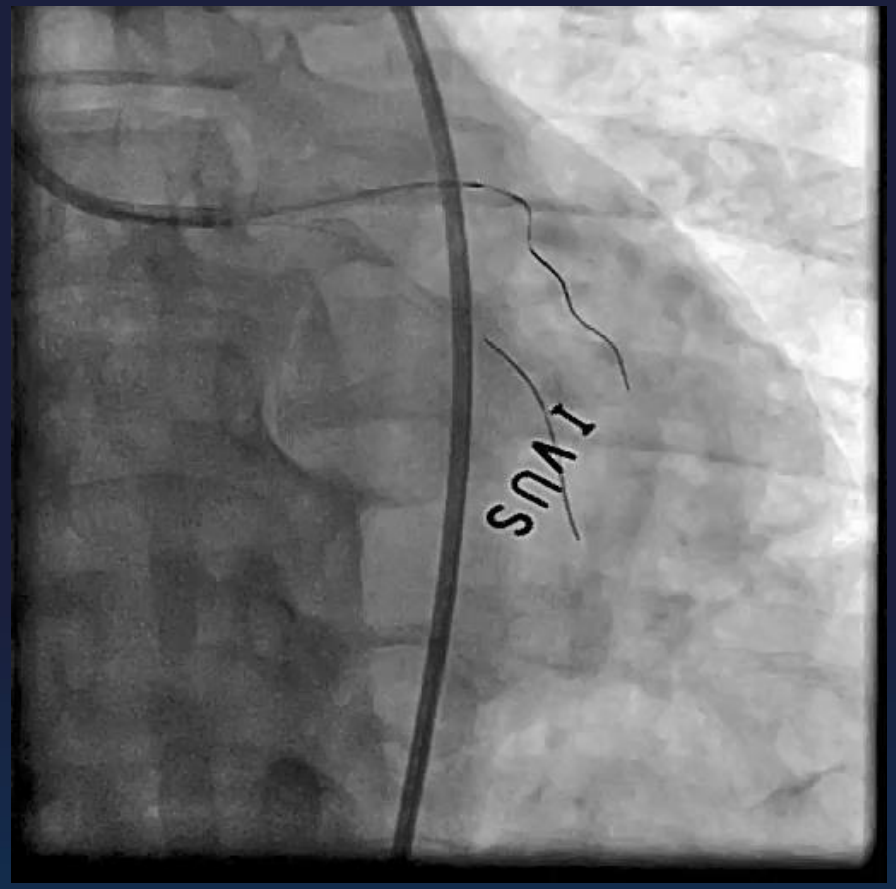


3.5*12mm Apollo 1st Crush

1st Crush

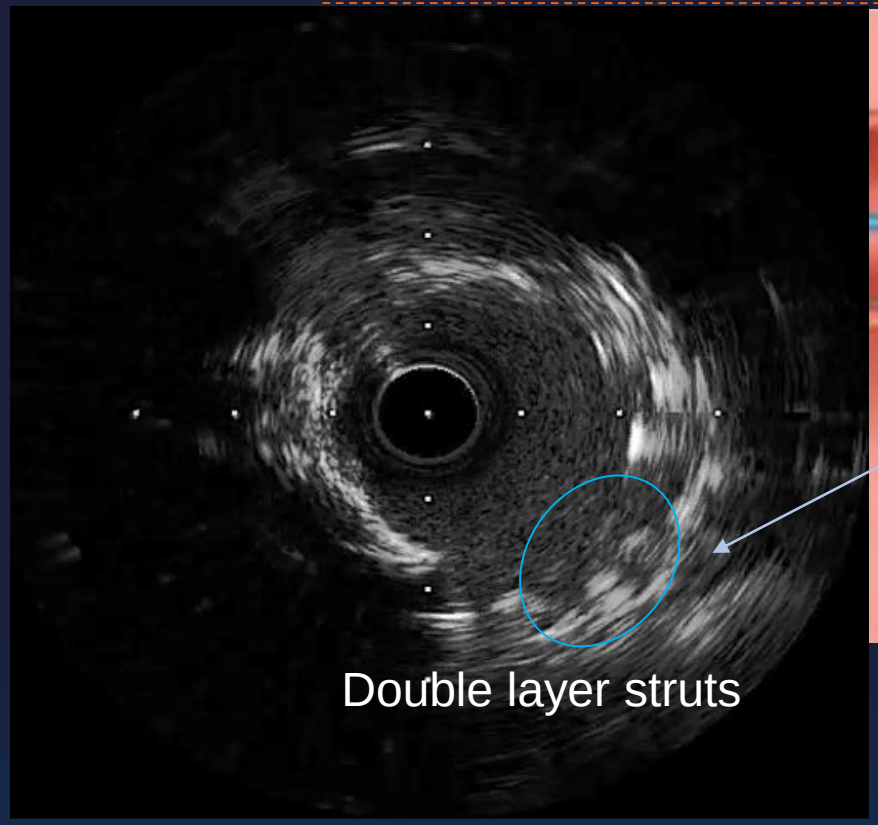


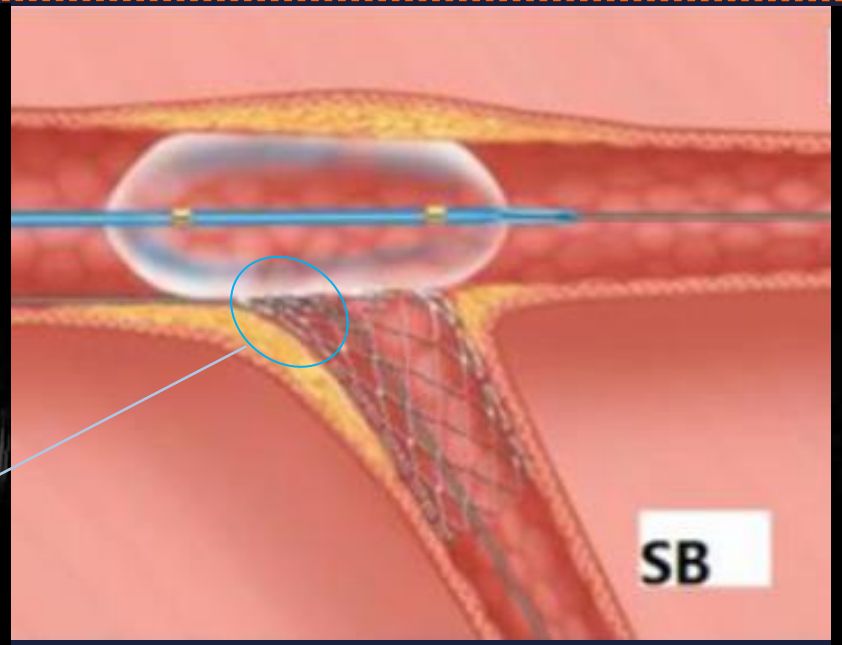
Post-crush angio

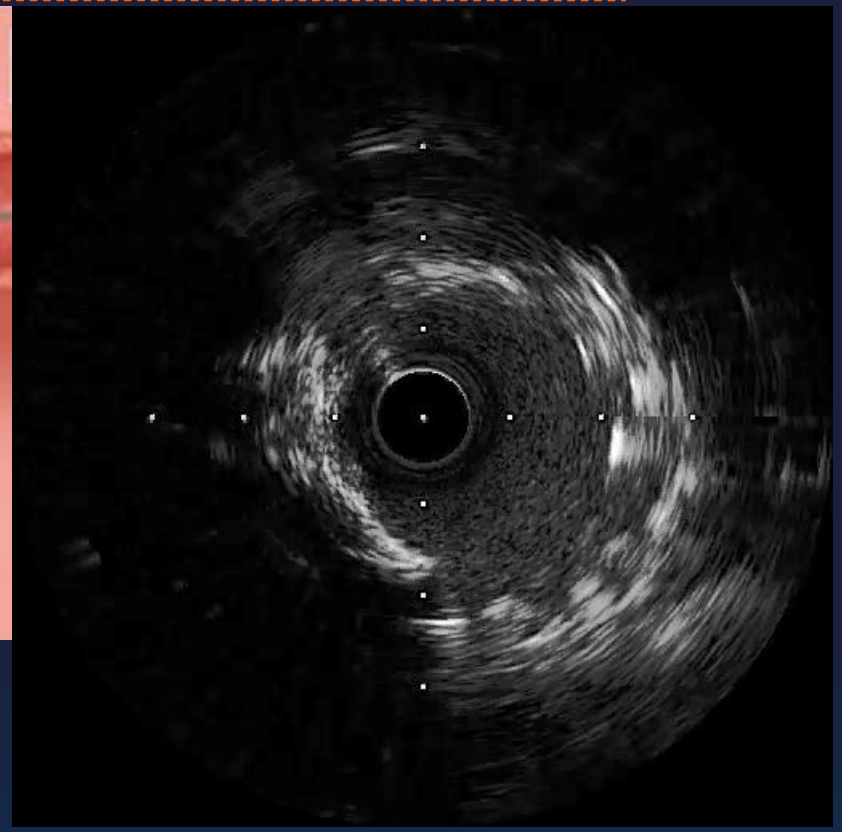


LAD-IVUS

IVUS Assessment

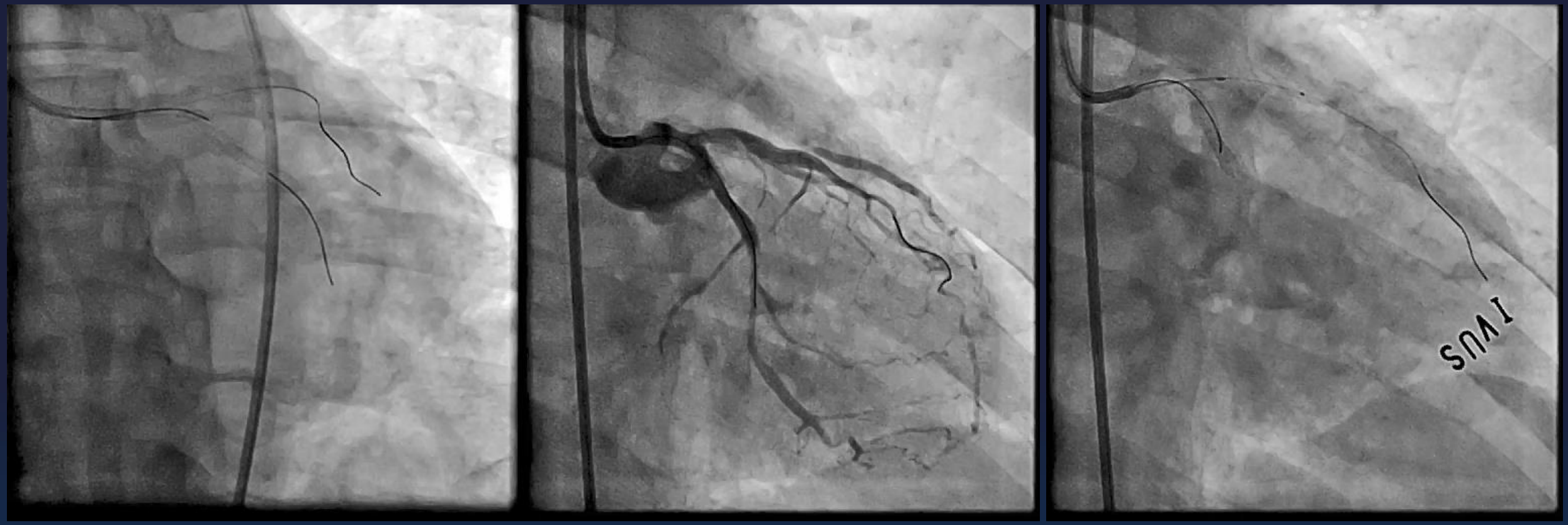




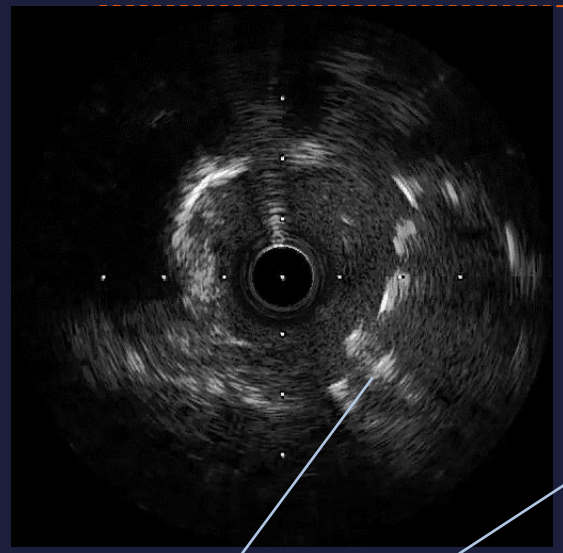


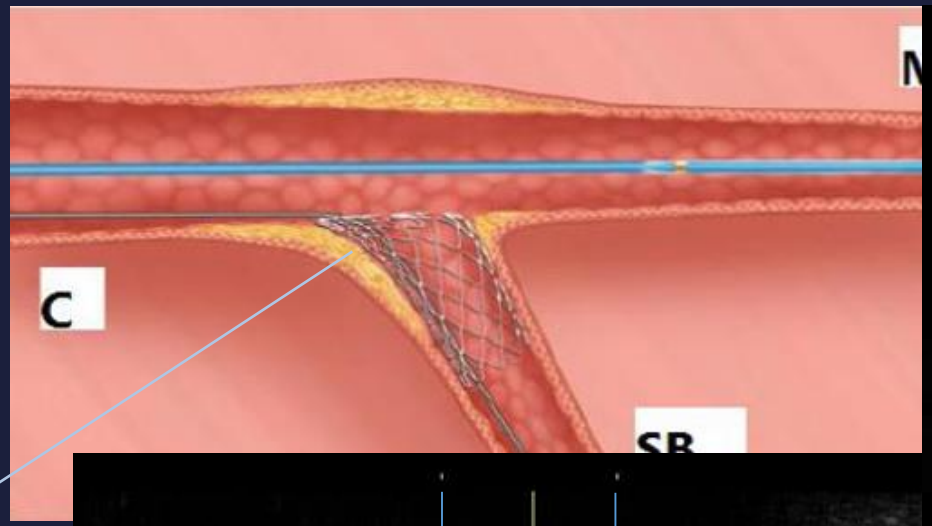
LAD-IVUS

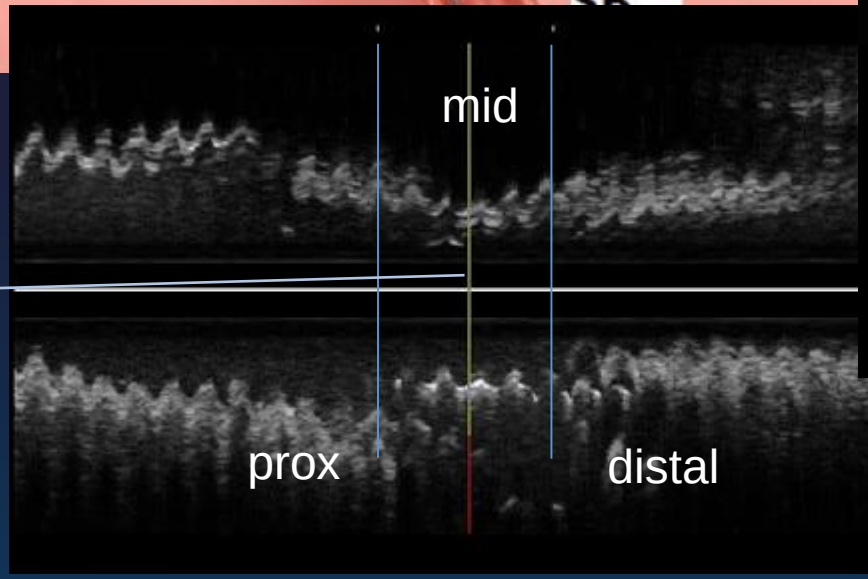
1st Re-wire

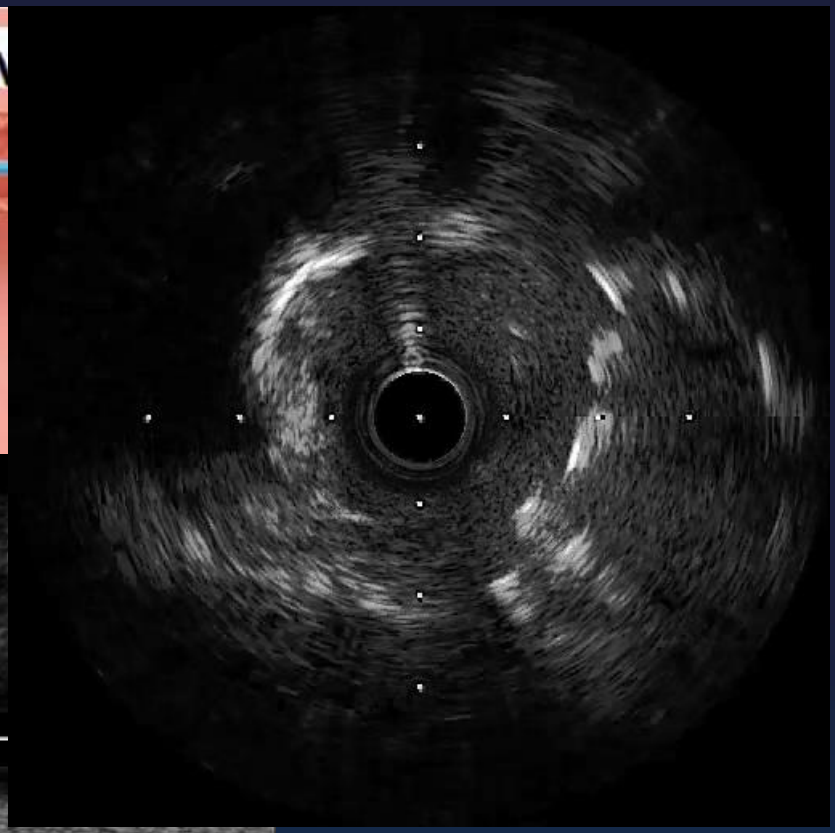


IVUS guide proximal rewire









SB wire through the stent cell

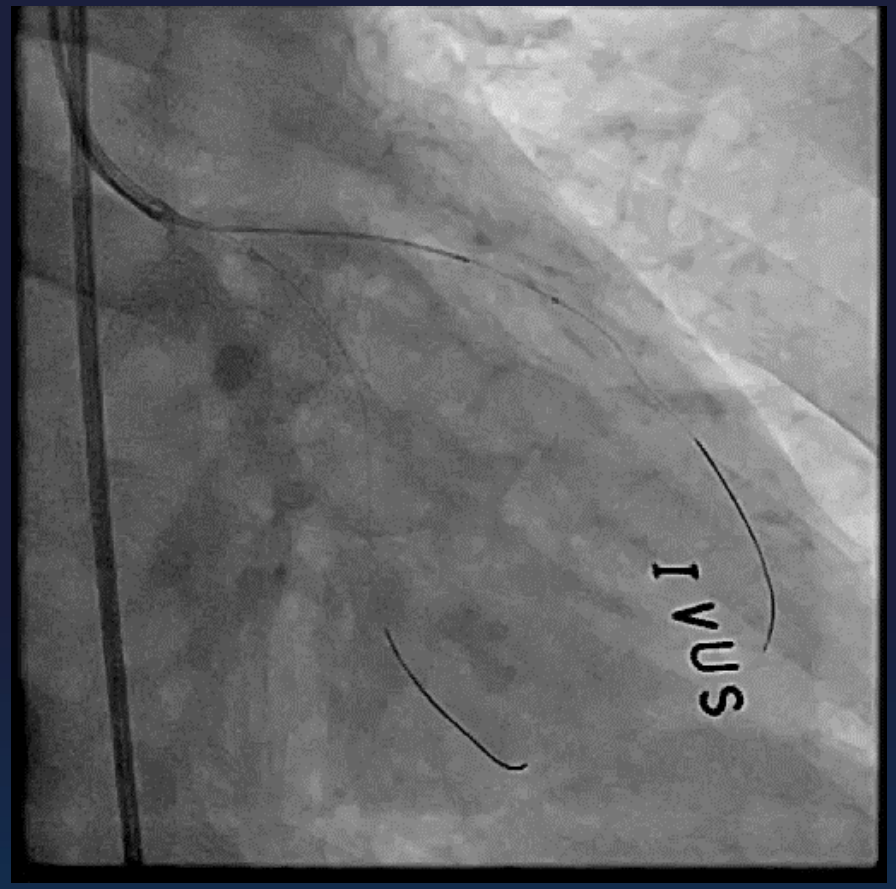
LAD-IVUS

Cooperation
Innovation
Transition

1ST Kissing

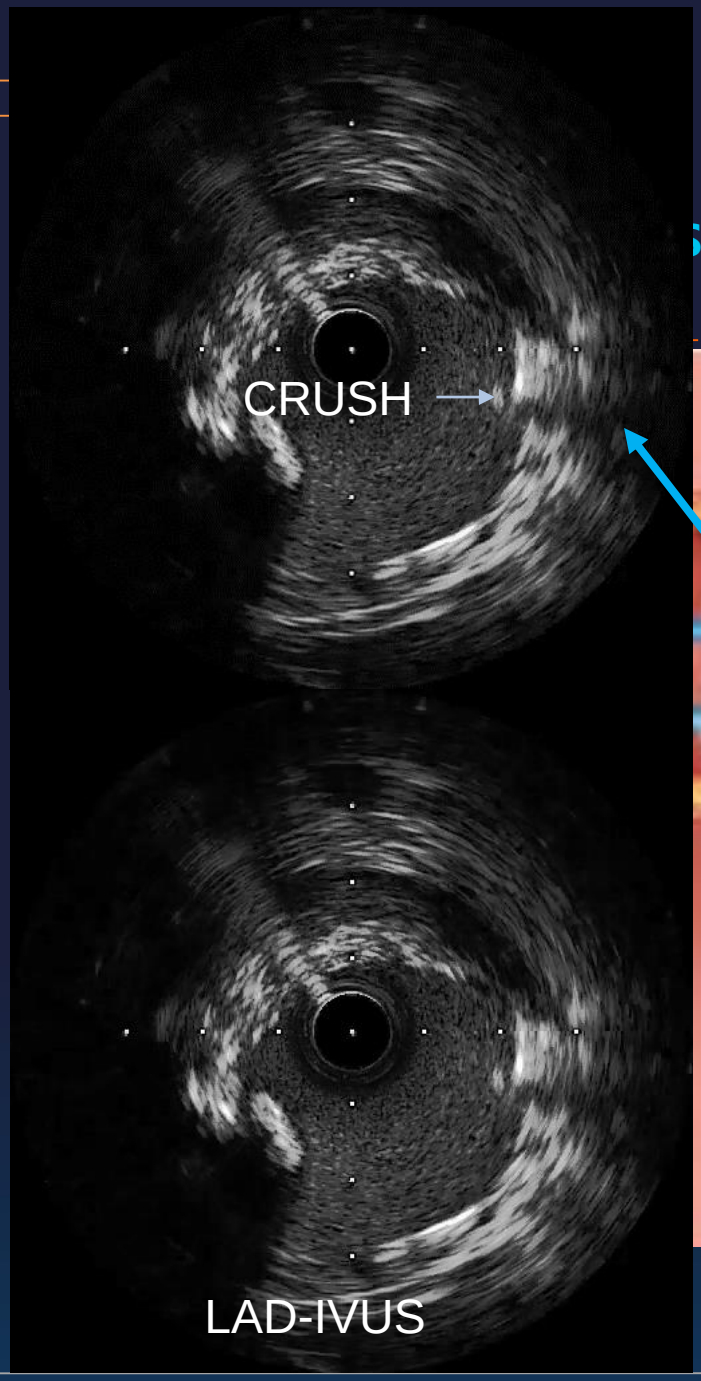


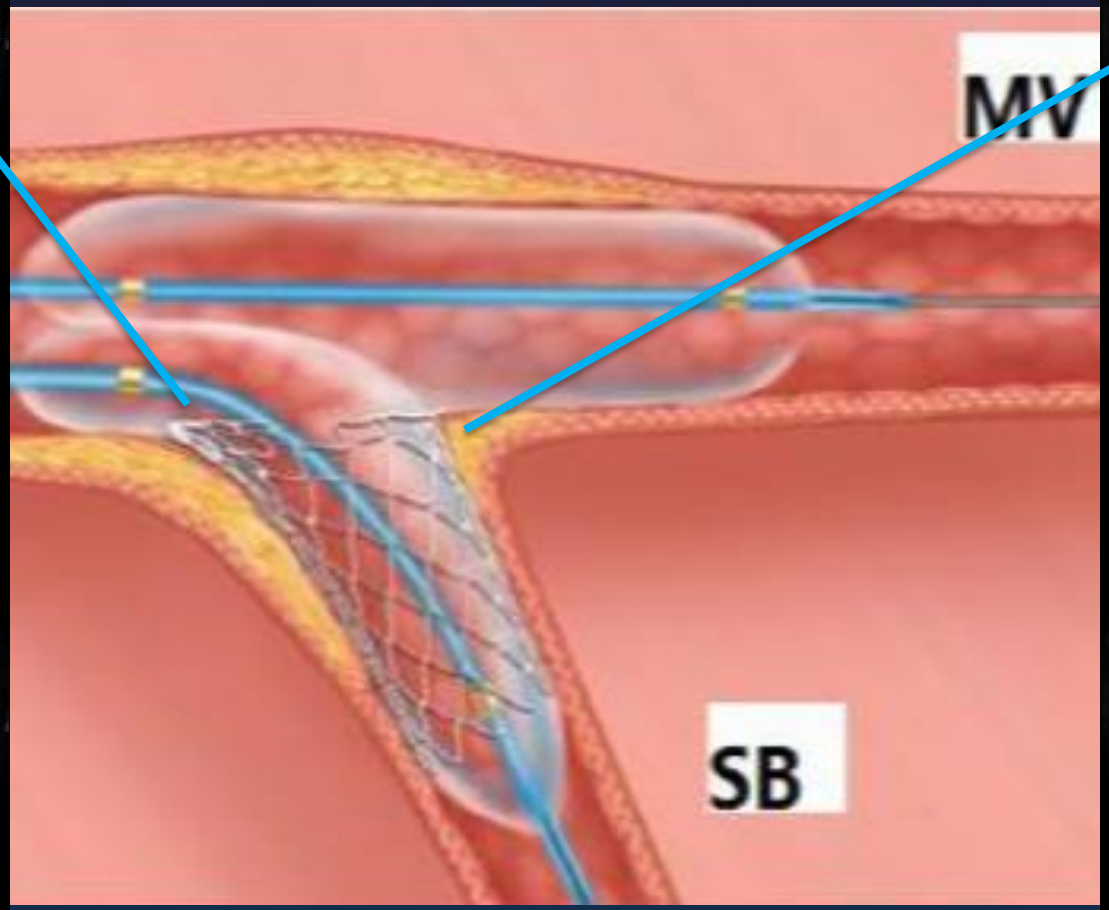
1st Kissing LAD3.5,LCX3.0

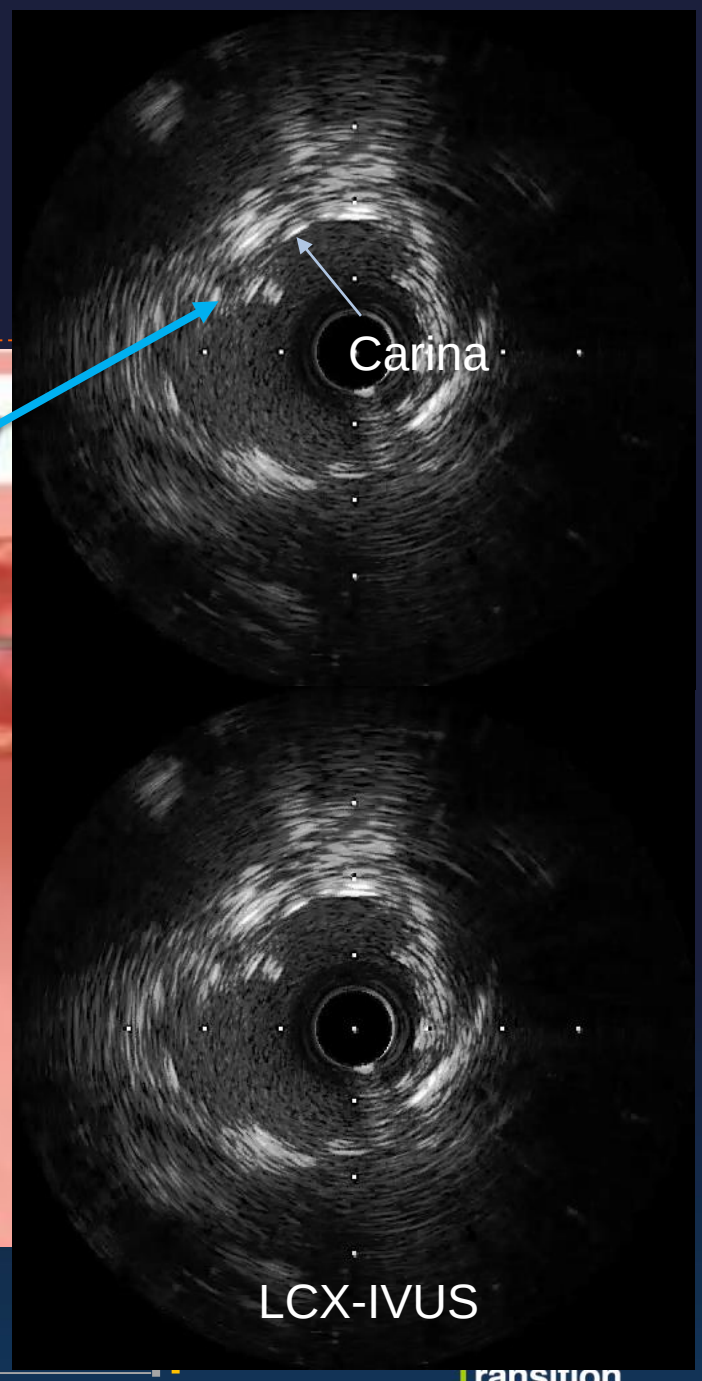


IVUS

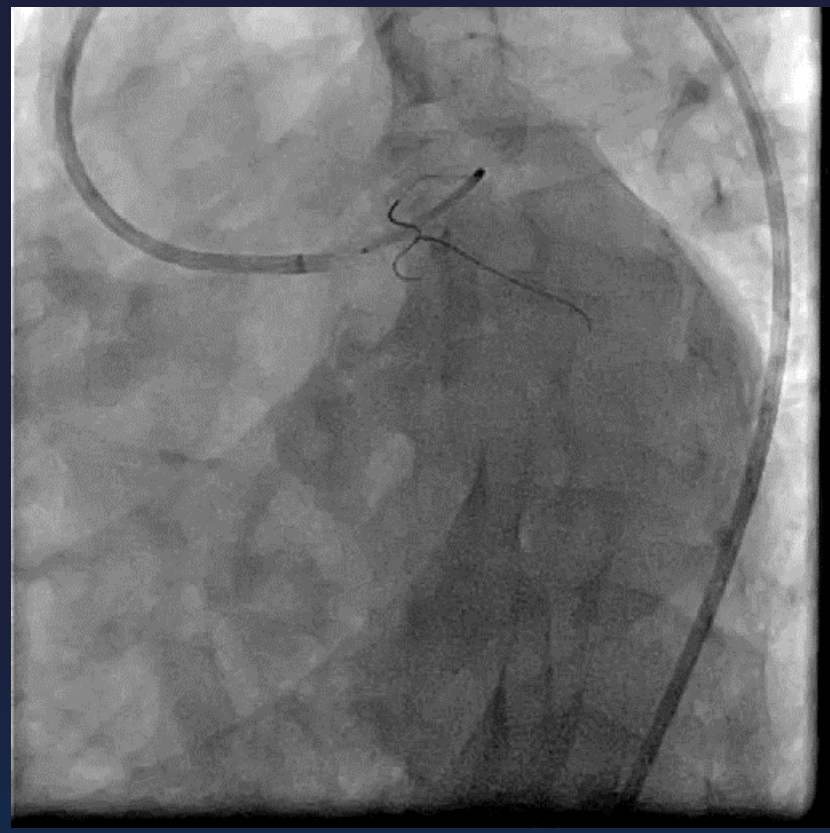
ST Kissing IVUS Assessment



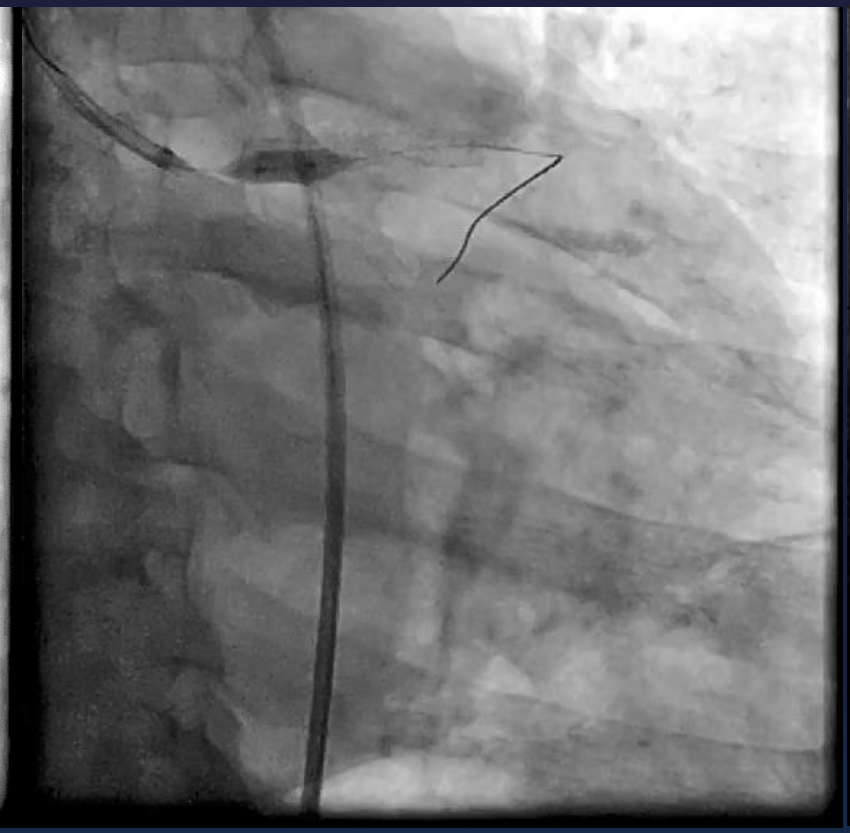




MV Stenting



LAD-LM 3.5*33mm Firehawk

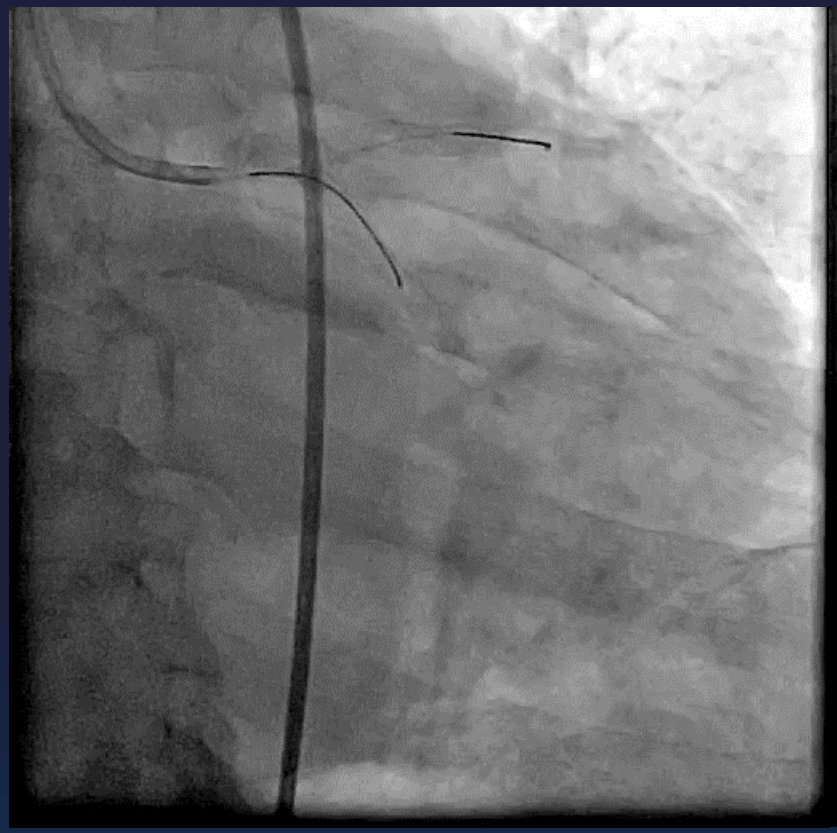


LM 4.5*8mm Quantum POT

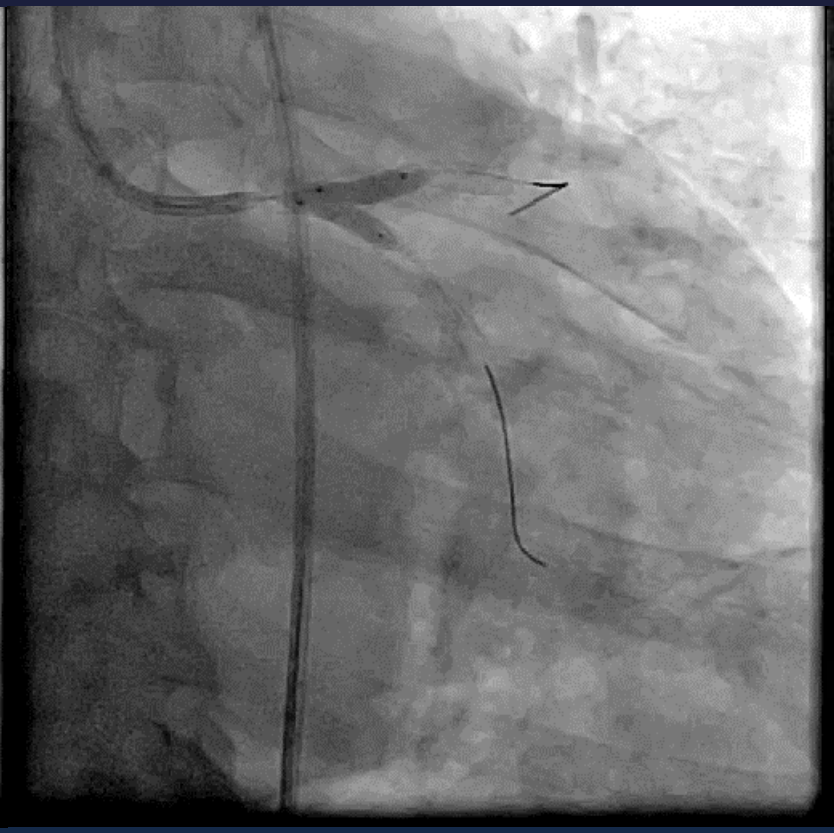


Angio after first POT

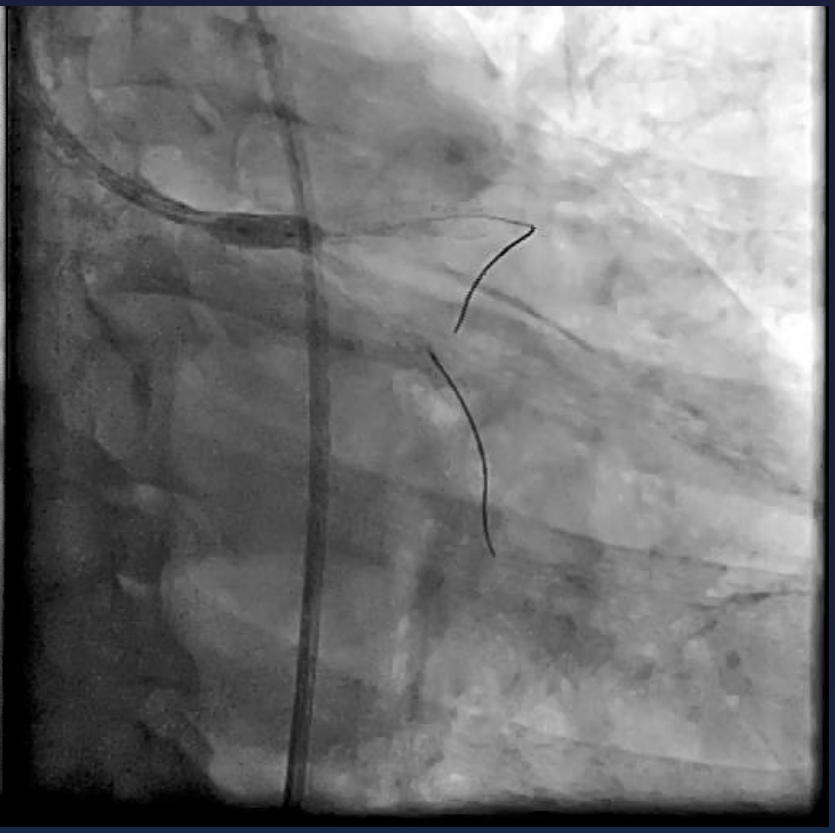
Final kissing



2nd Rewire



2nd Kissing LAD3.5,LCX3.0

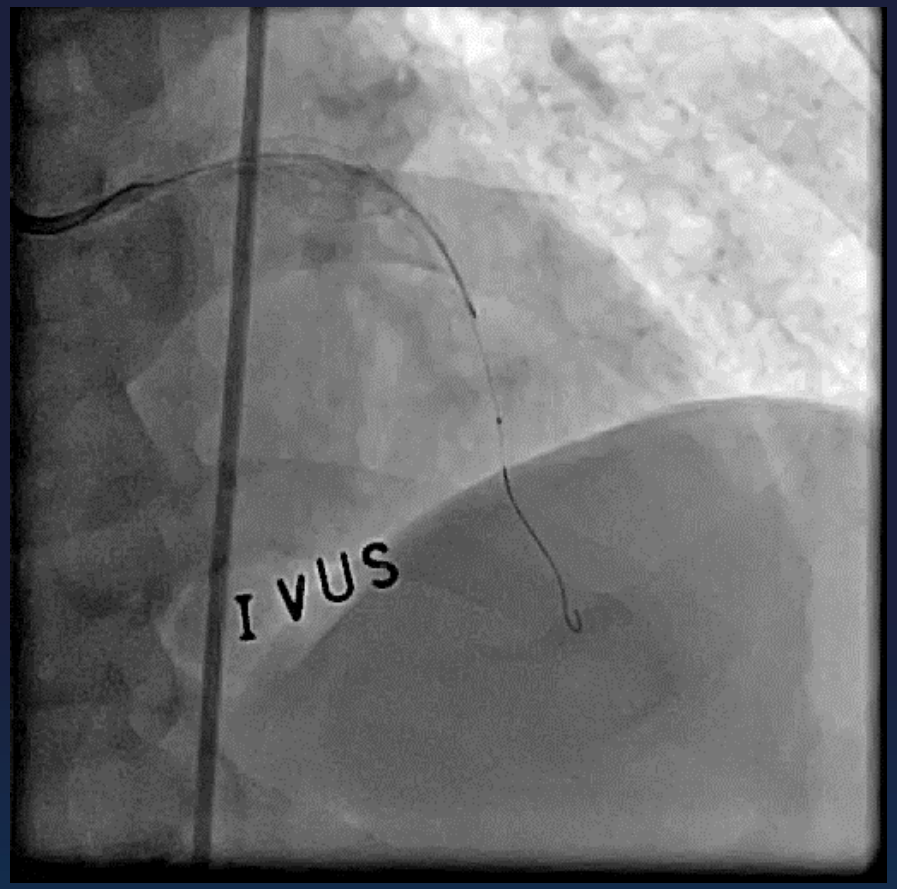


4.5*8mm Final POT

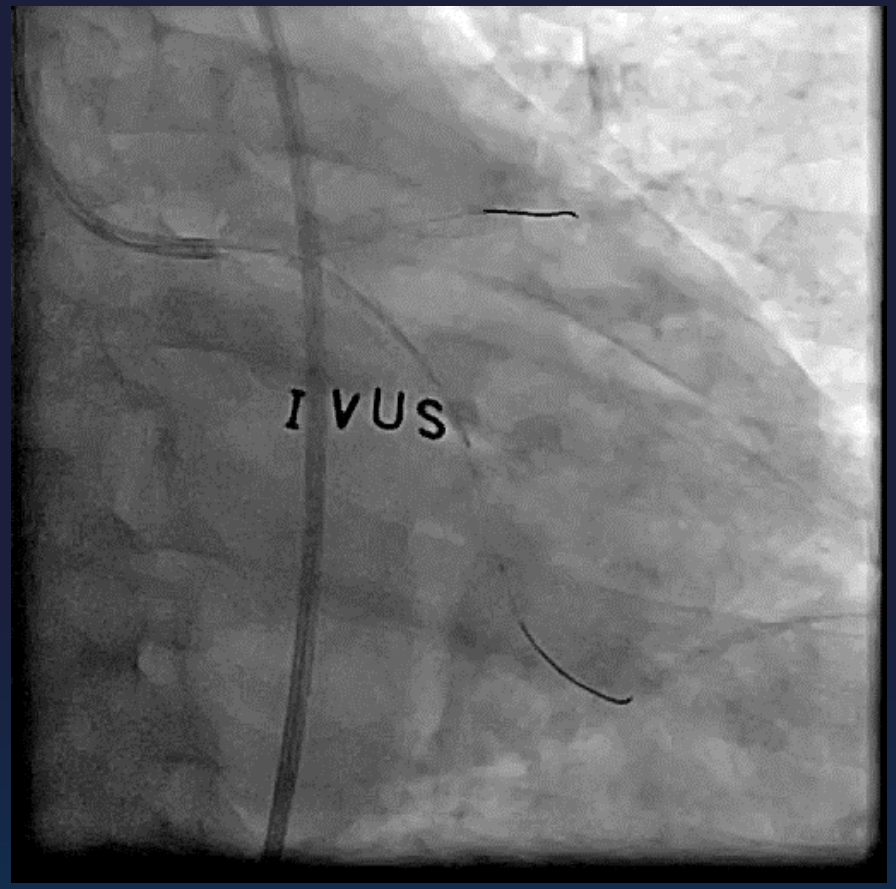
Final angiographic results



Final IVUS Results

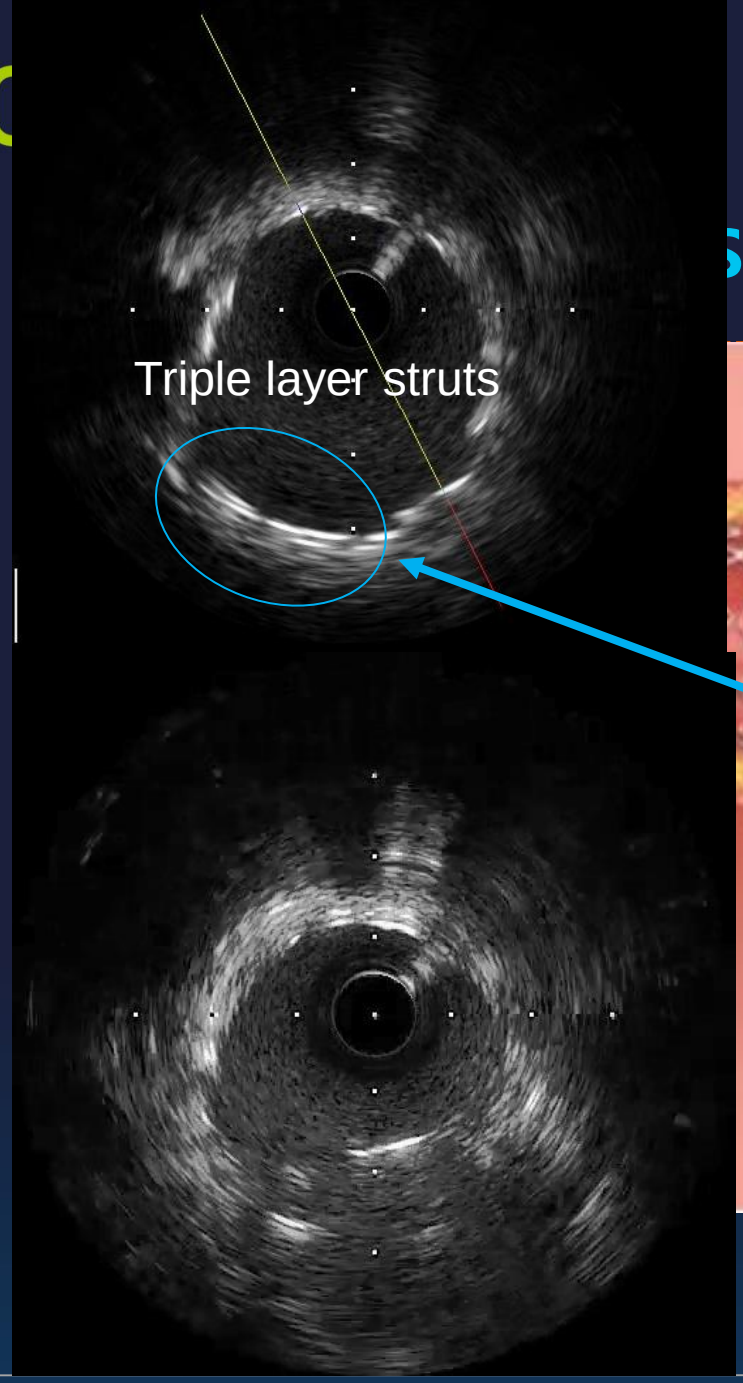


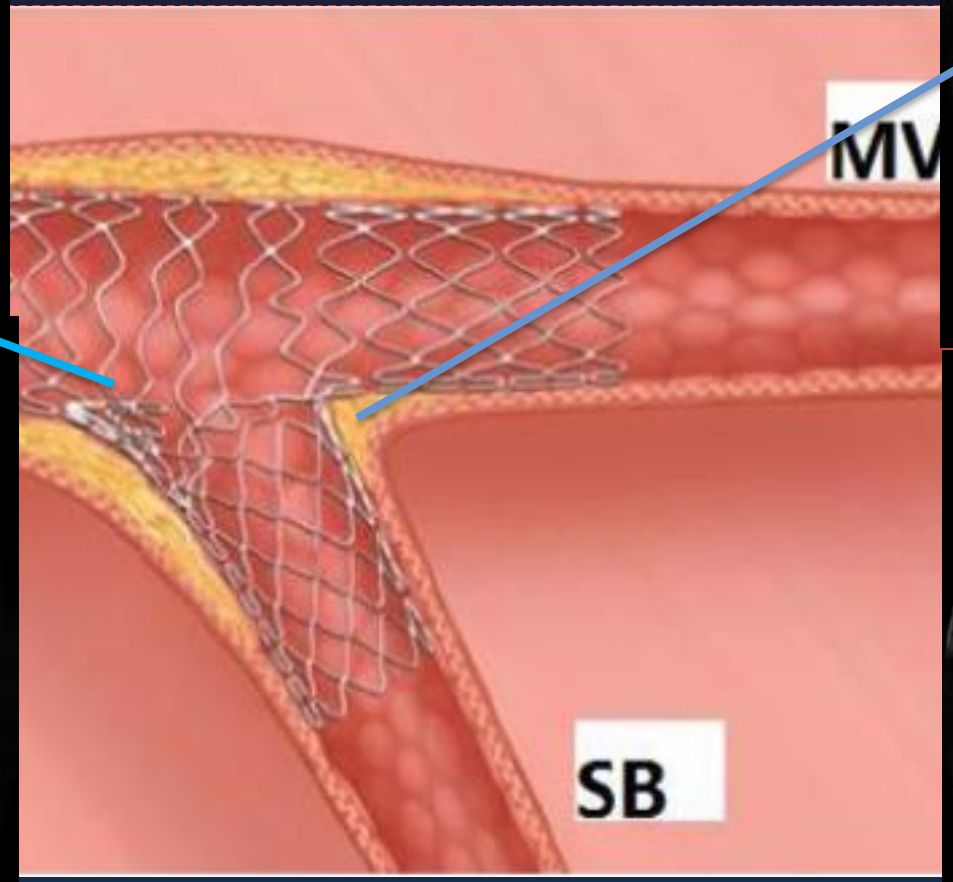
Post LAD-IVUS

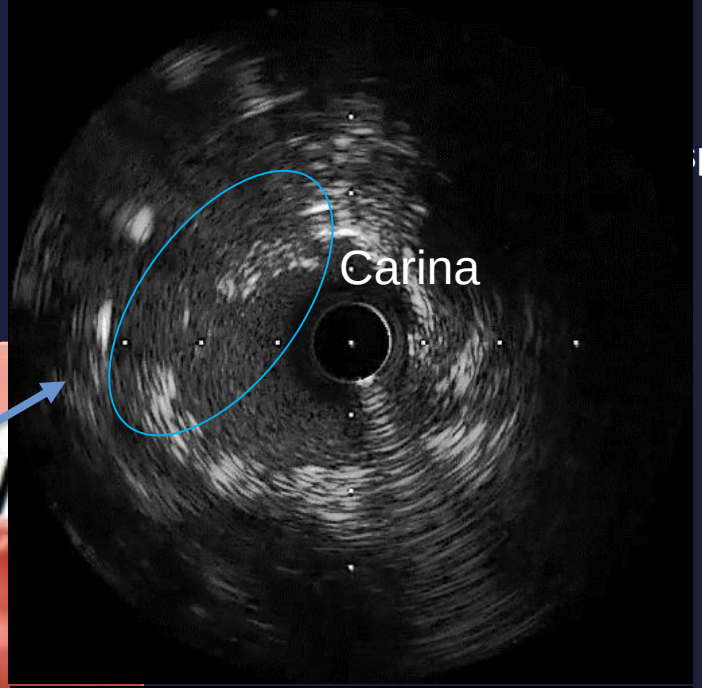


Post LCX-IVUS

S Assessment

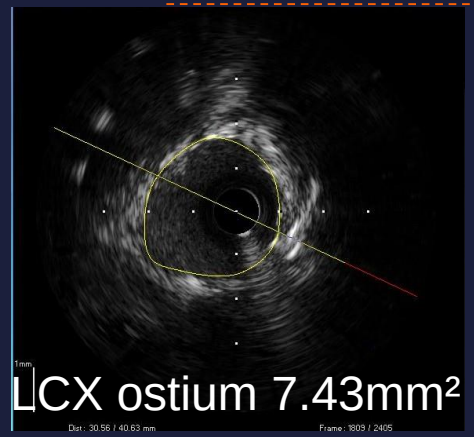


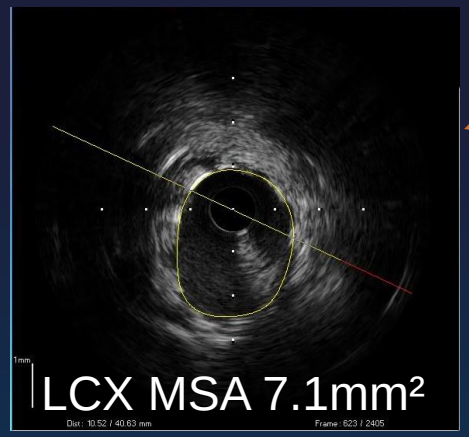


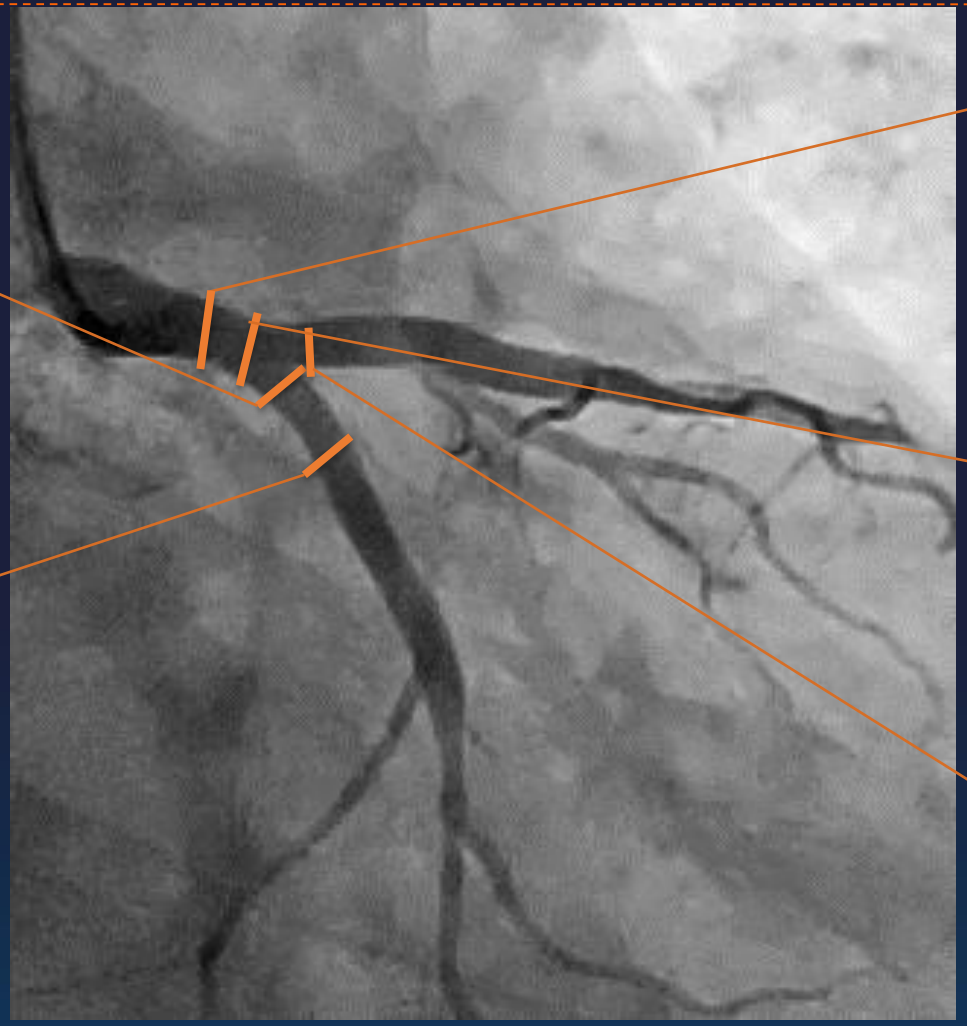


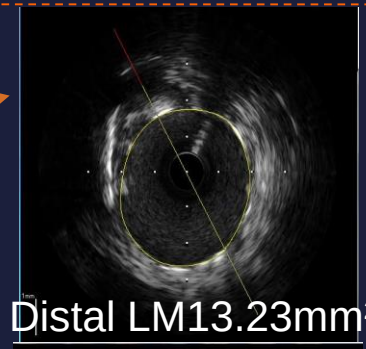


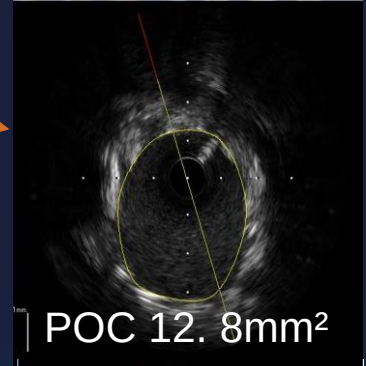
Final IVUS Assessment

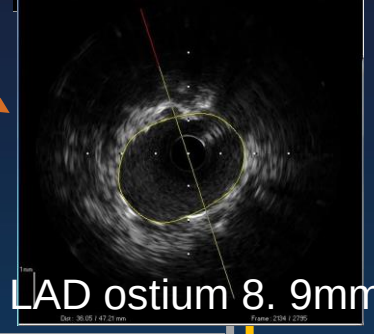




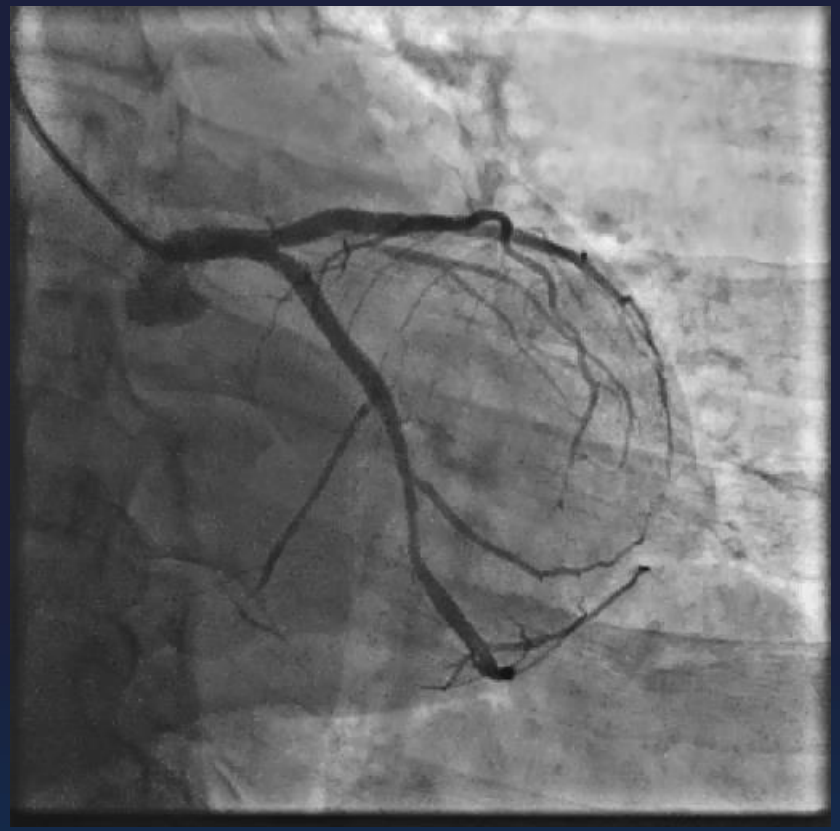




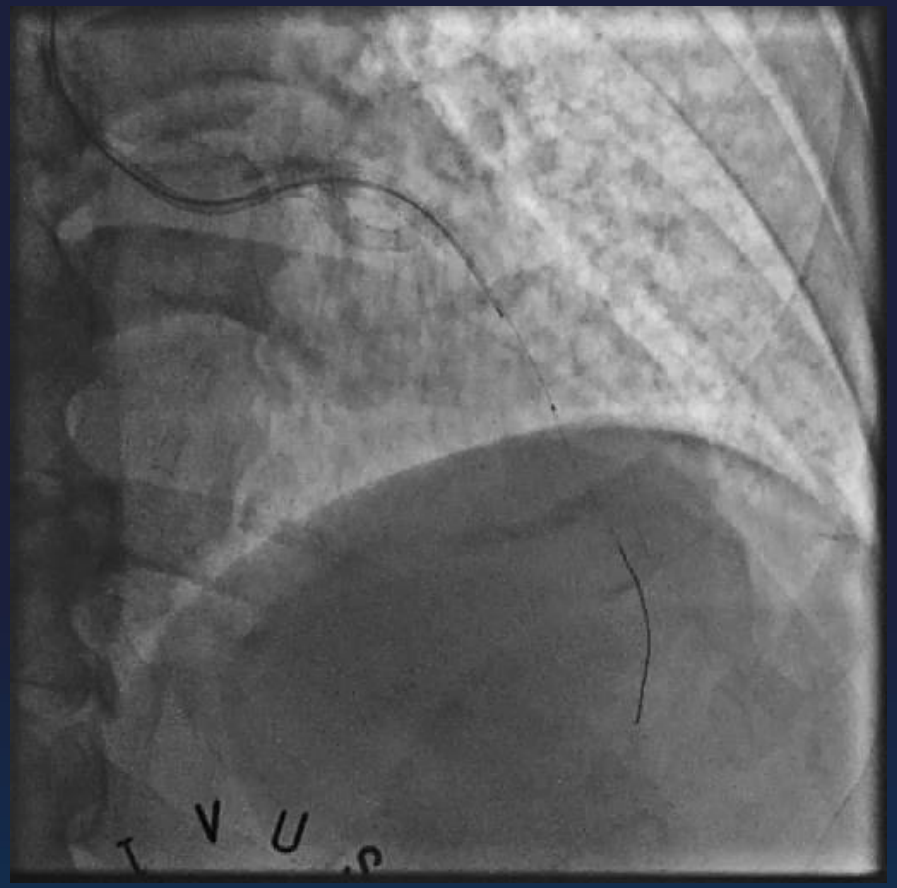




Follow up angiography (2019.3.1)

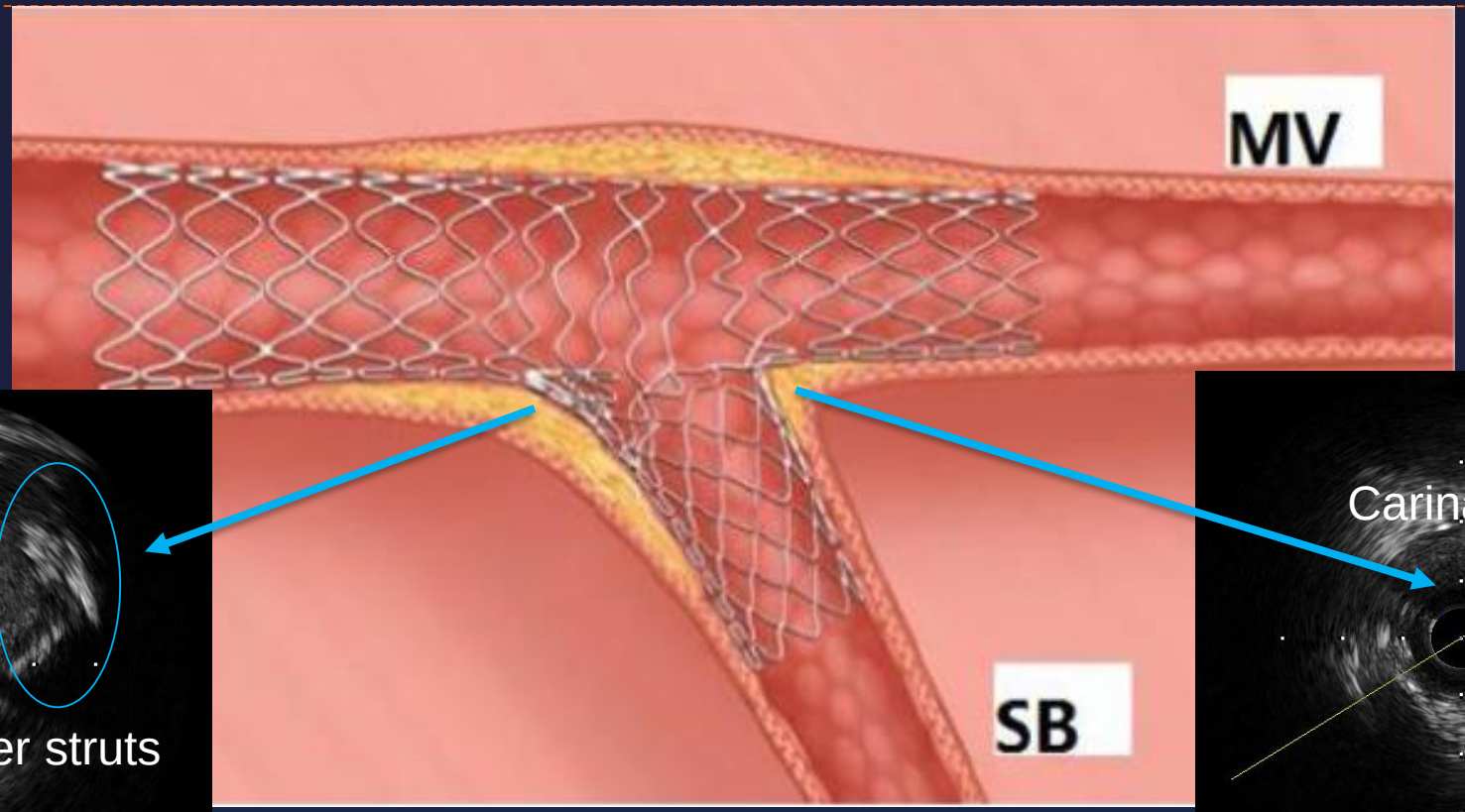



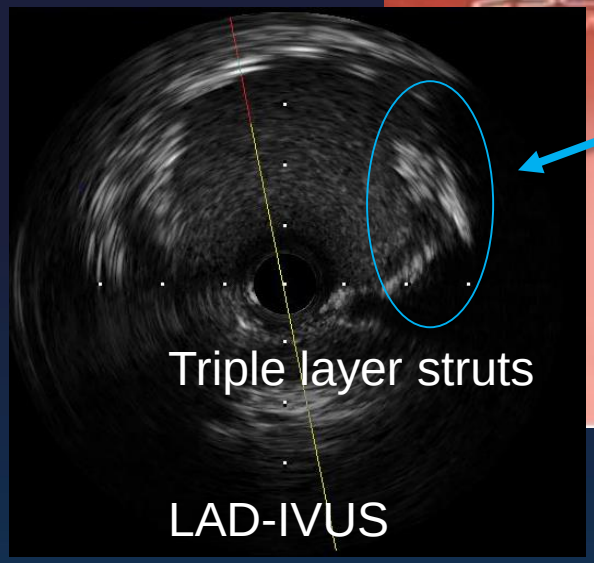

Follow up IVUS Assessment

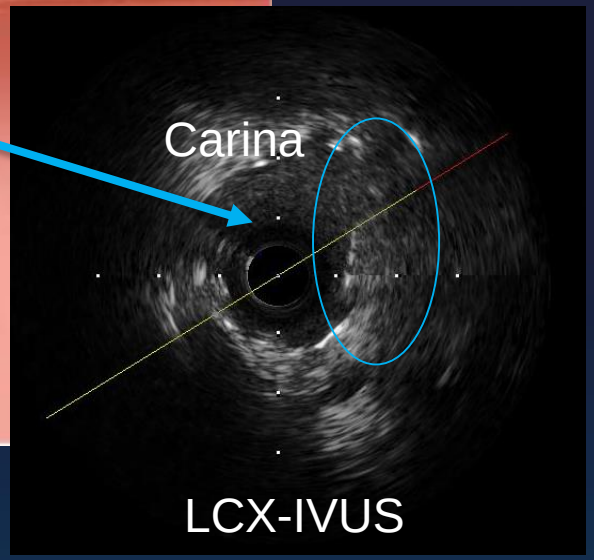




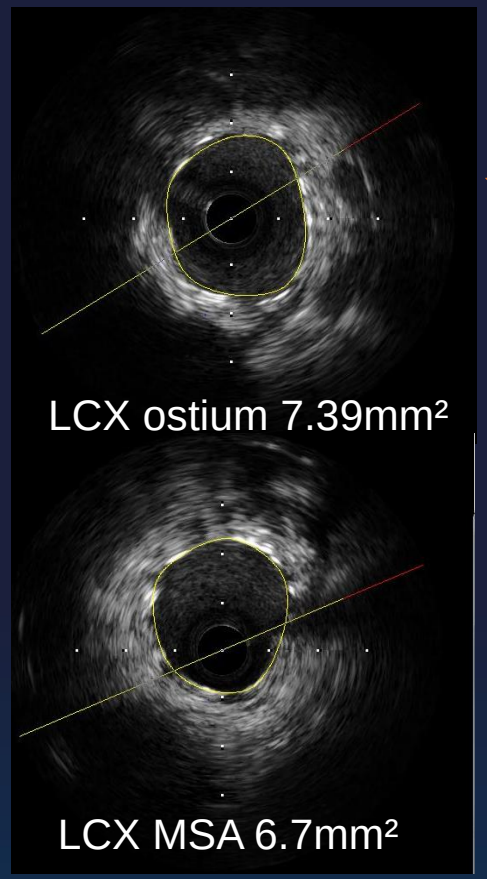
Follow up IVUS Assessment



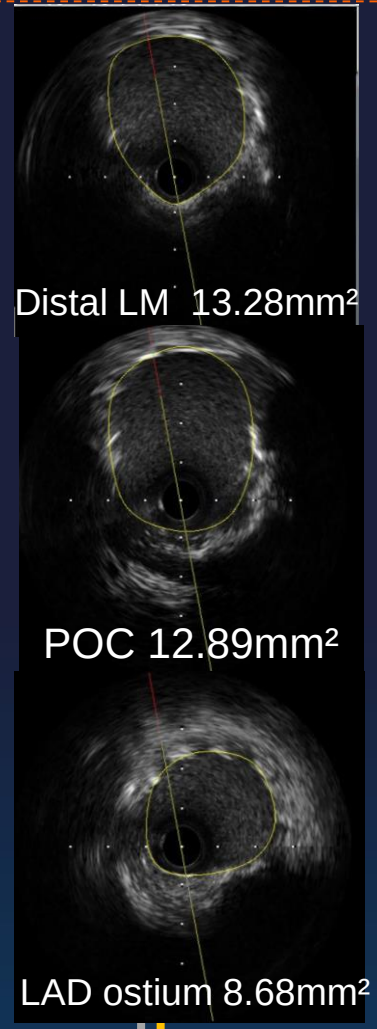




Follow up IVUS Assessment







Thank you !