NOVICE’s Trial of Complex LM PCI

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Case Selection
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CASE

67 Years-old male

- CC: Accelerated chest pain 2 months ago
- Risk factors: Hyperlipidemia
Treadmill Test

Stage 3
Thallium SPECT

Normal Perfusion
LM shaft stenosis with minimal disease of LCX
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PCI for Multivessel Complex and/or LMCA stenosis in SIHD

*Ad hoc PCI* for complex multivessel or unprotected left main SIHD *should be reserved for unusual circumstances* in which surgical consultation has already occurred or is clearly not an appropriate consideration due to comorbidities or other factors, and the patient has been fully informed regarding benefits and above-normal risks.

A Consensus Statement from SCAI, CCI81:748-758

RCA is normal
My Plan

• With my senior Doctors
• Femoral approach
• JL4 guiding catheter
• Insertion of 2 wire
• Balloon first to maintain antegrade flow
• IVUS evaluation:
  - LAD distal landing zone and LCXos
• Single stent cross over
• Xience Prime : EXCEL trial
• Post stent IVUS surveillance
• Final stent optimization
Severe Chest Pain

Next Day, I was alone, again.
I realized why balloon PTCA failed in the treatment of LMCA stenosis

O’Keefe JH Jr, Hartzler GO et al. Am J Cardiol 1989;64(3):144-7
Xience Prime 3.5(23)
A little bit protrusion..

Two Much

Missed a little

Courtesy of Dr. Kim
Severe Chest Pain was gone
Post Stenting
IVUS-Guidance Saves Lives in LM PCI

Xience Prime 3.0(12)

Dura Star 4.0(10)
Final Angiography
IVUS Criteria

LM: MSA 8.5 mm²

POC: MSA 8.4 mm²

LAD: MSA 8.0 mm²

I have learned

- Should prepare the experienced Drs. inside cath-lab.
- Before procedure, make a plan, as simple as possible and go straight forward!
- Balloon angioplasty may not work in LMCA stenosis. Keep it open using stent implantation first.
- **IVUS is very important**, particularly to Novice; it make us noticed what coronary angiogram can not show and guarantees good prognosis.
Mind Control
Be stable, although patient is unstable.