

LMS PRESENTATION

CASE 1

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MAM

- ◉ 63 year old Indian female
- ◉ Treated for acute coronary syndrome in another institution.

Cardiovascular risk factors :

- ◉ 1 year of Type 2 DM and hypertension.
- ◉ Dyslipidaemia

- ◉ Symptoms CCS 2, counselled for coronary angiogram/angioplasty.

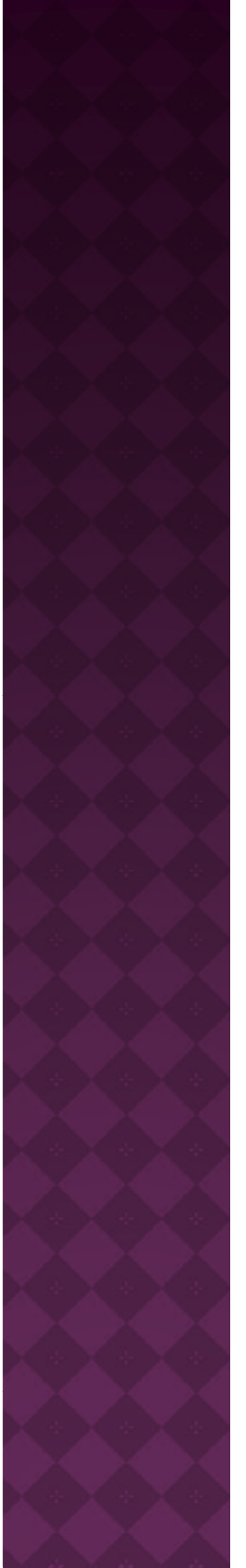
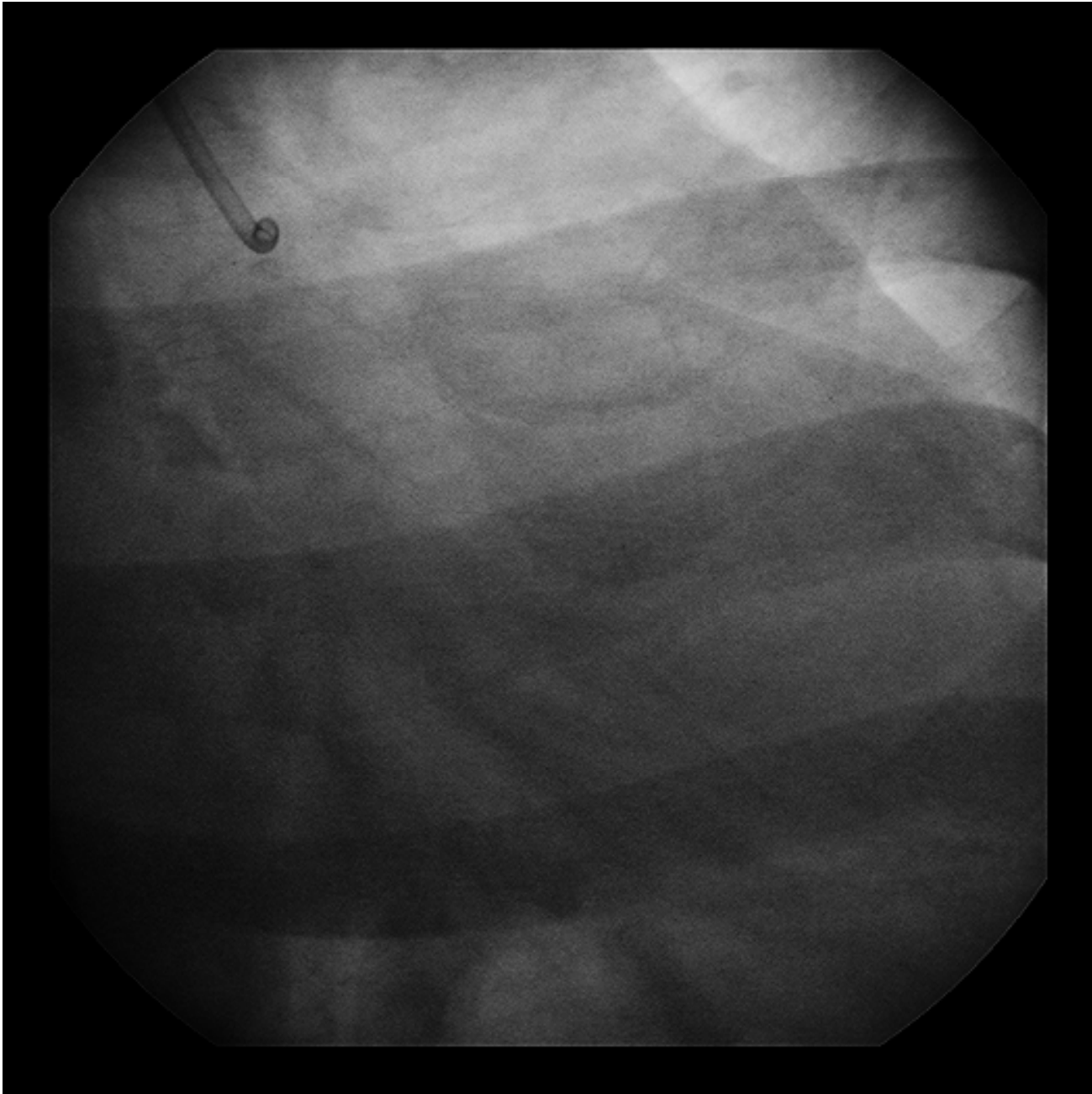
CORONARY ANGIOGRAM

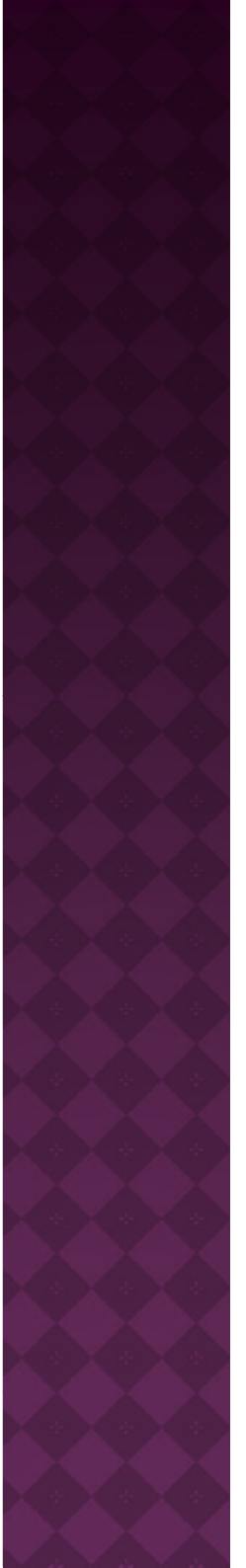
Radial approach

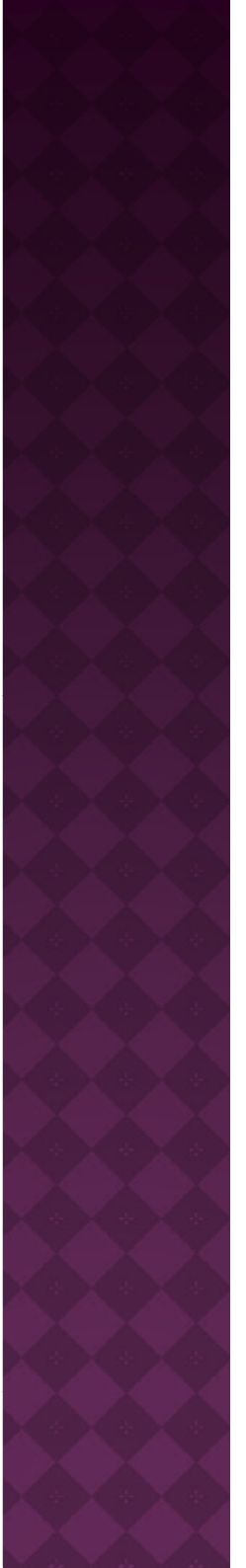
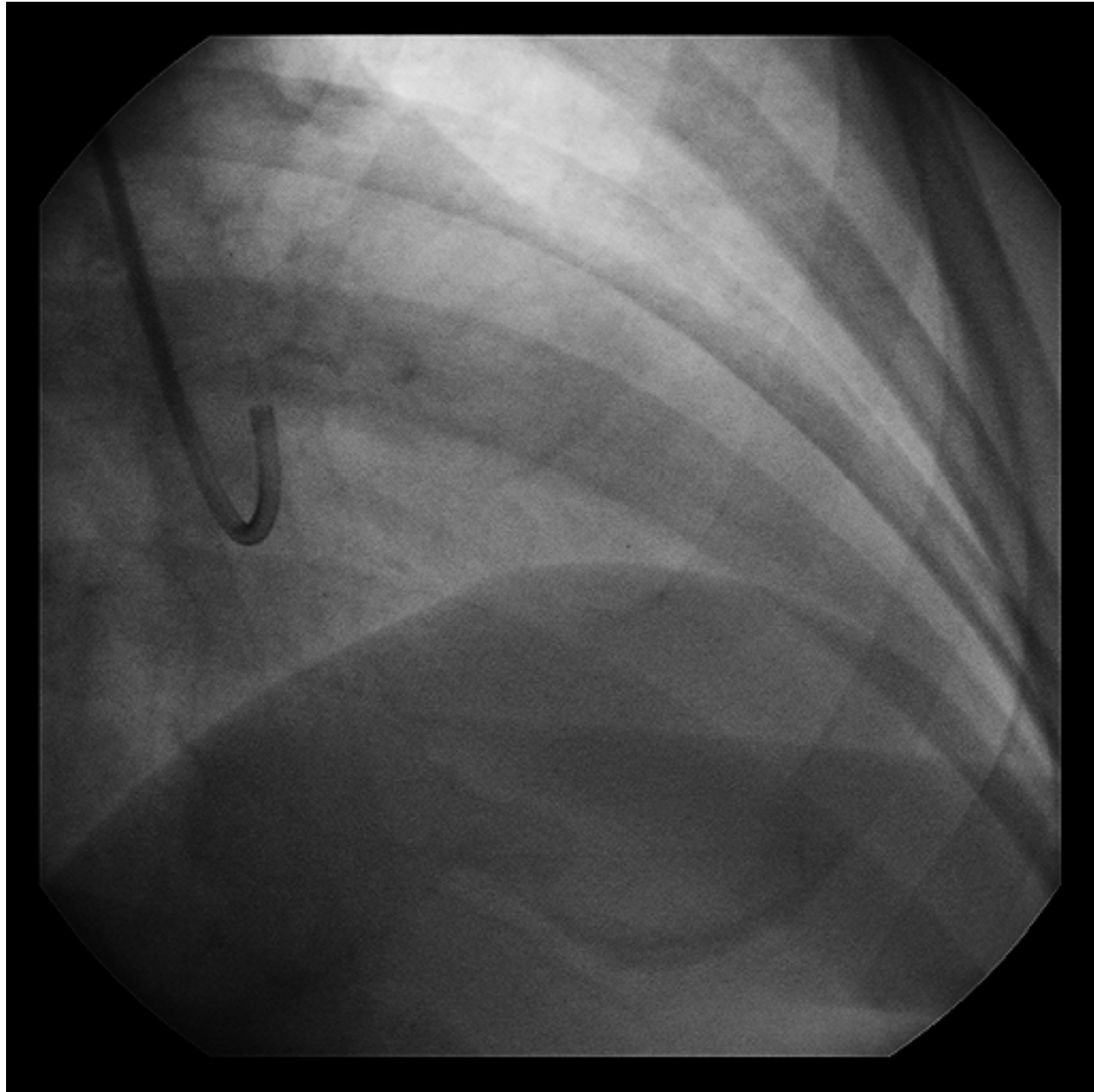
- ◉ LMS : 50% body to distal disease.
- ◉ LAD : Ostial 70% stenosis and 80 % proximal stenosis
- ◉ LCx : 70% ostial disease
- ◉ RCA : 60% proximal stenosis

- Recommended for CABG.
- Patient refused and opted for coronary angioplasty.
- Coronary angioplasty (LMS stenting) done.

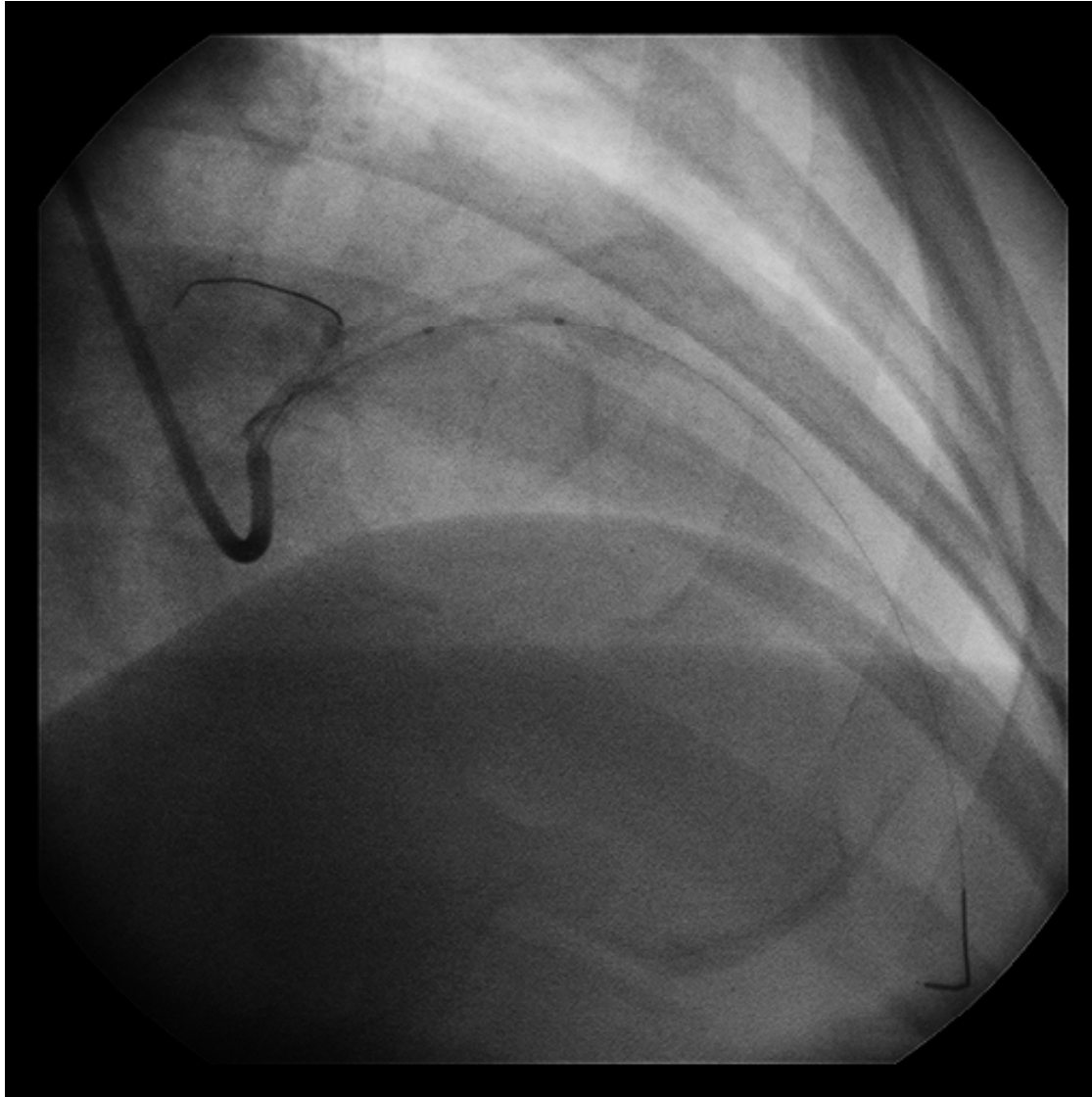
- Right femoral approach
- 7F sheath, EBU 4.0 7 F catheter
- Runthrough floppy to LAD and BMW wire to LCx.



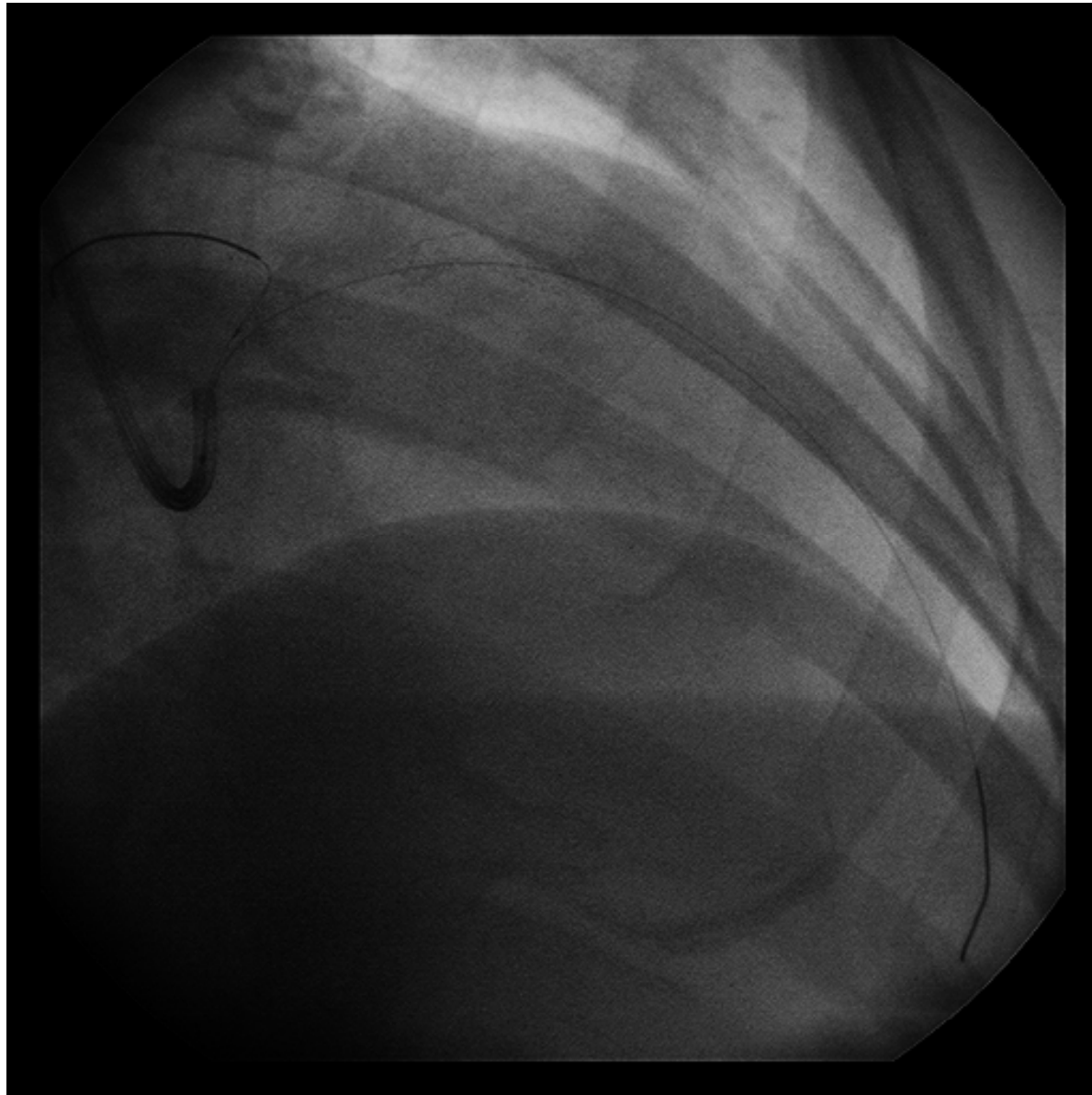




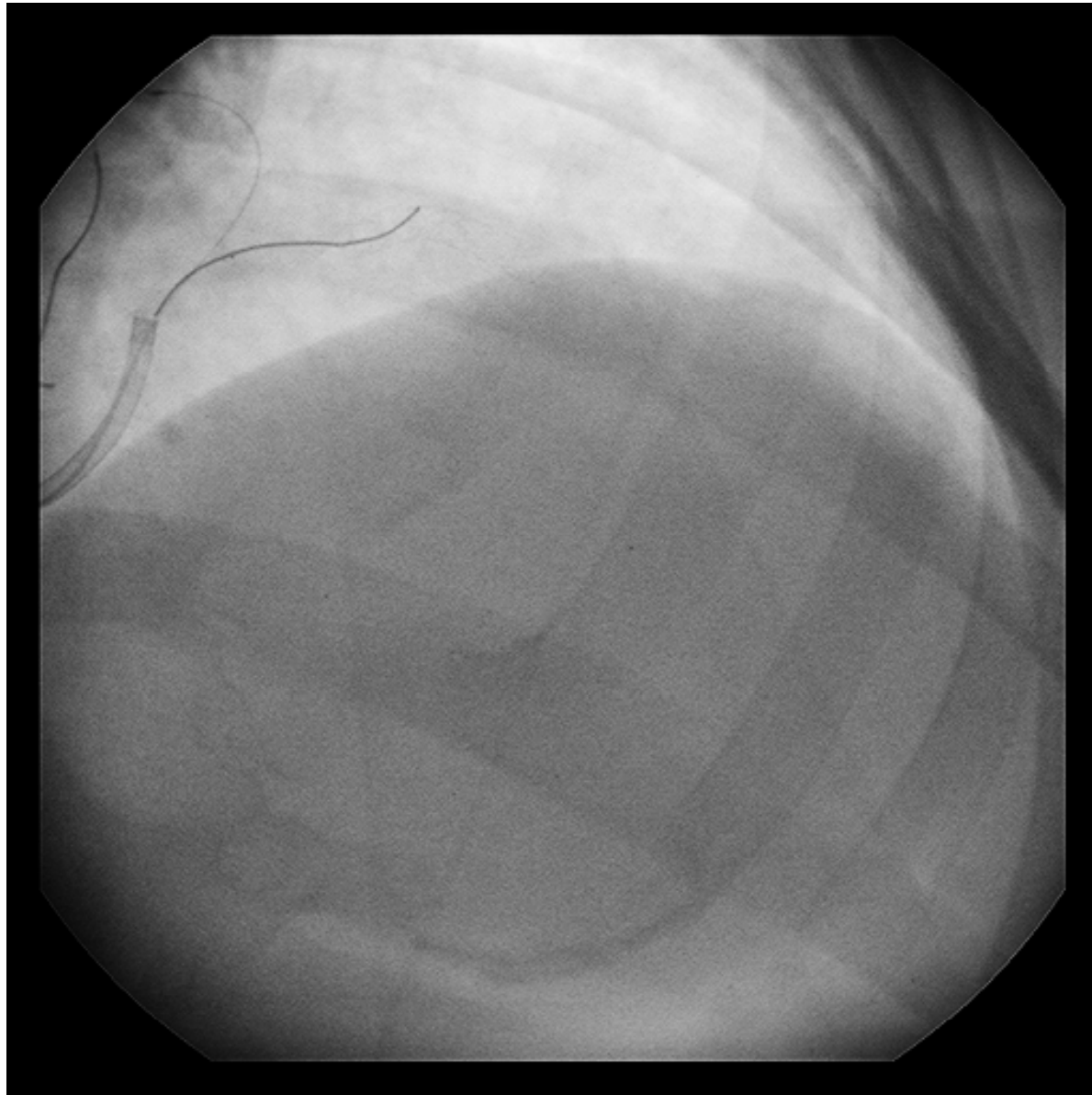
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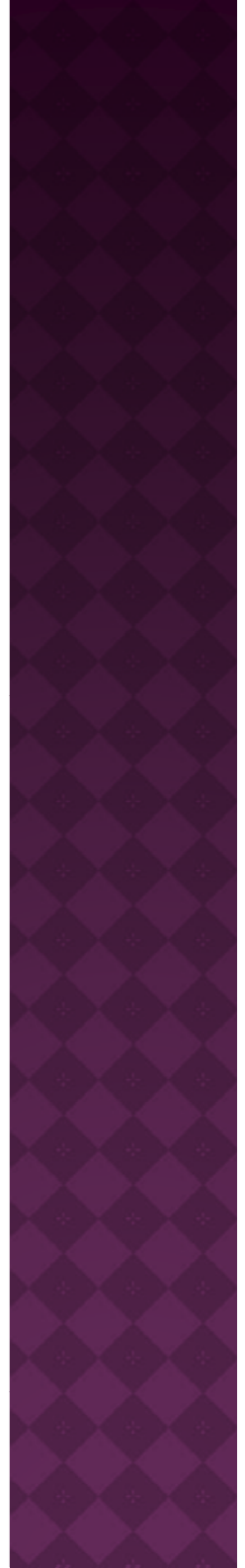
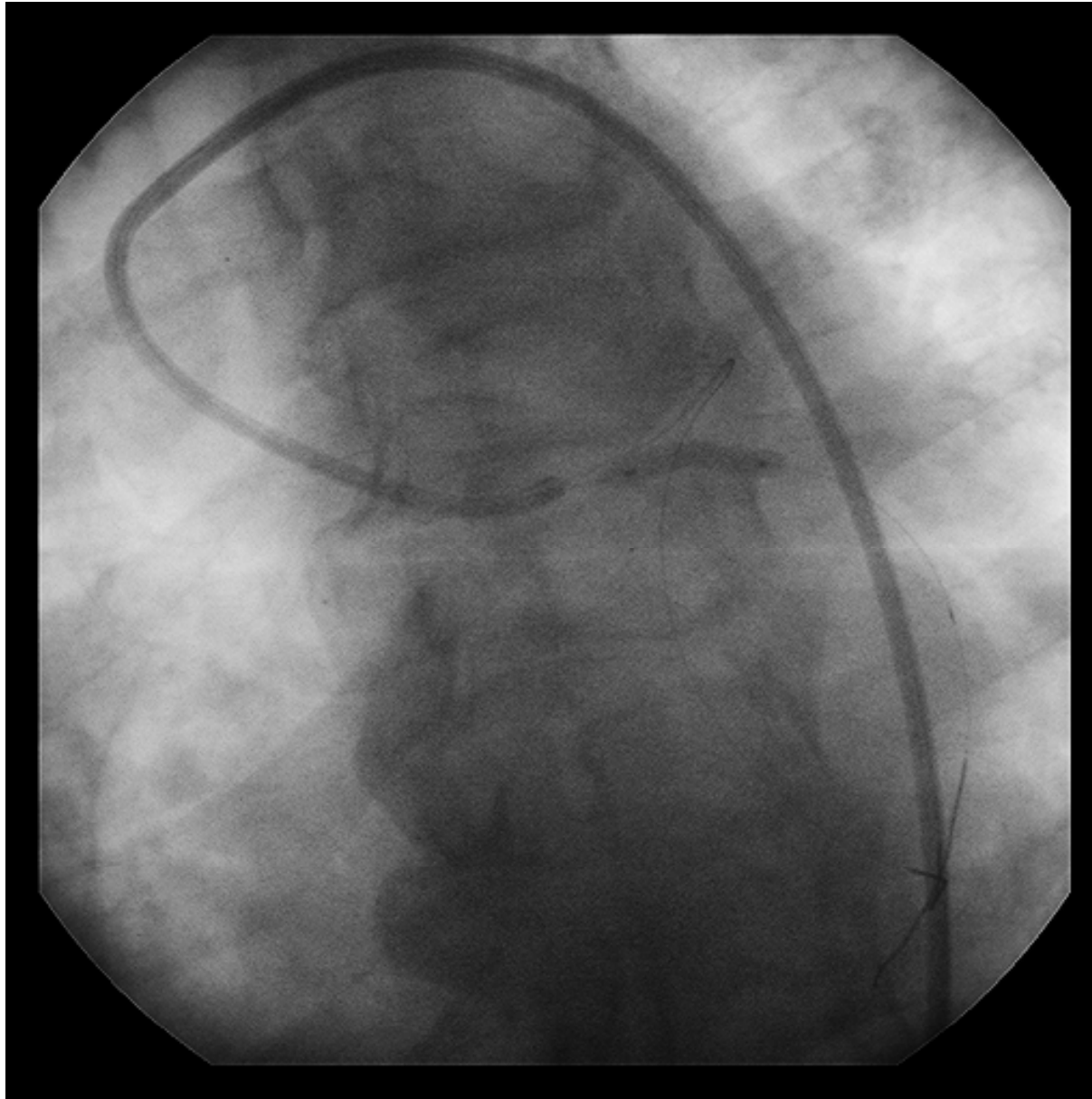
STENTED WITH BIOMATRIX 3.5/18



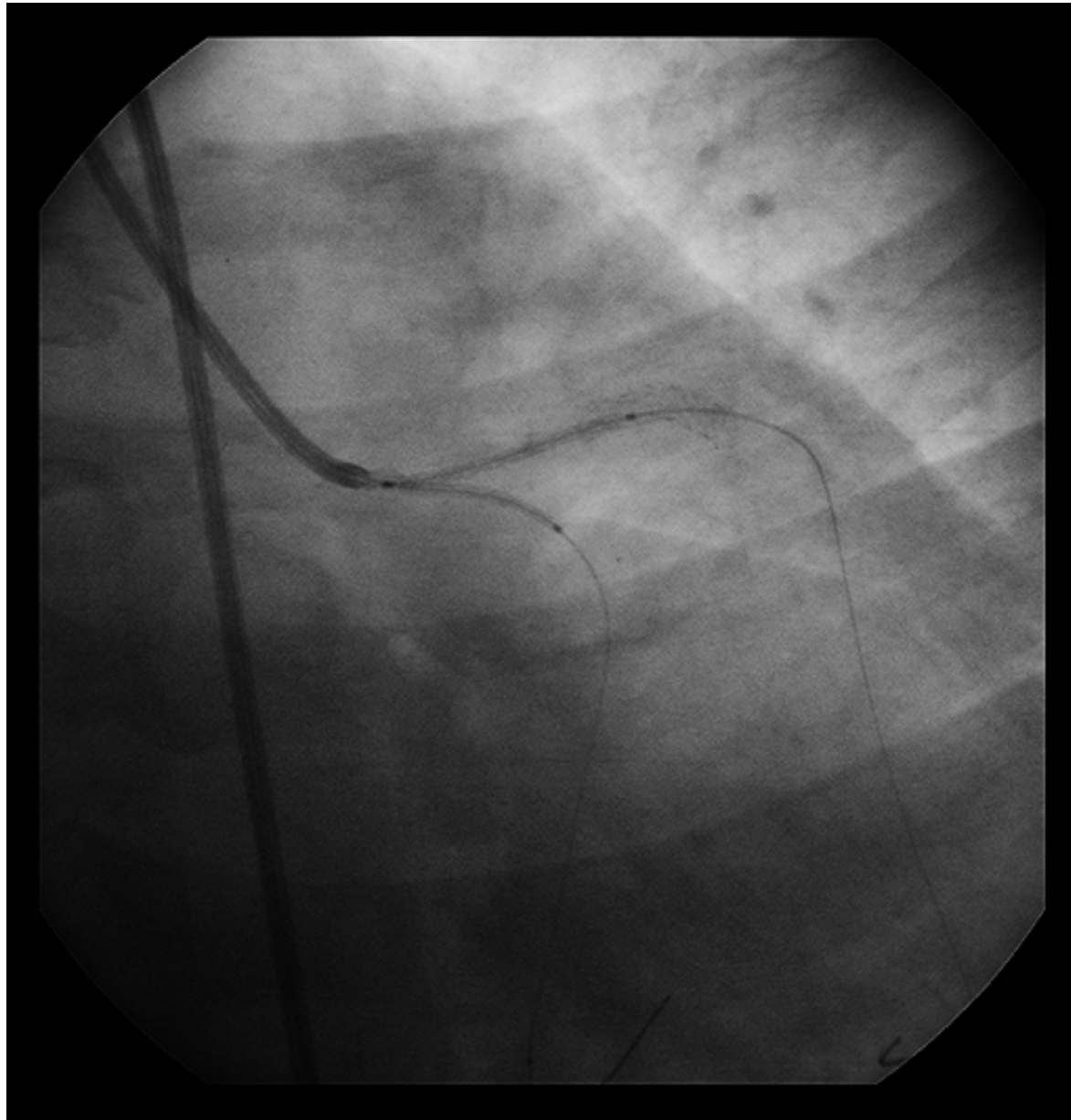
MEASURING FROM OSTIAL LMS



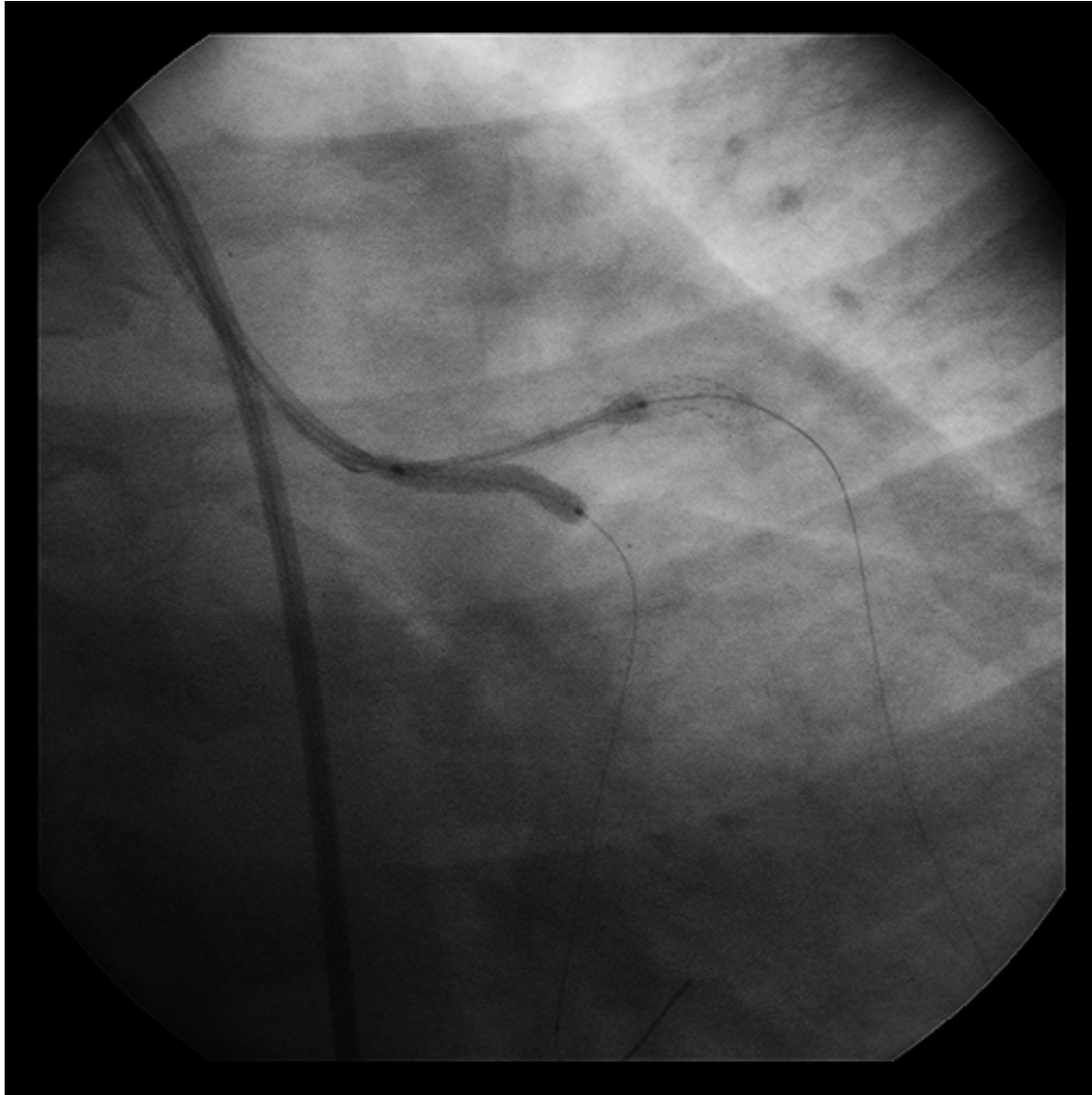
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BIOMATRIX 4.0/24 AT LMS/LAD & BIOMATRIX 2.75/18 AT LMS/LCX



STENT DEPLOYMENT

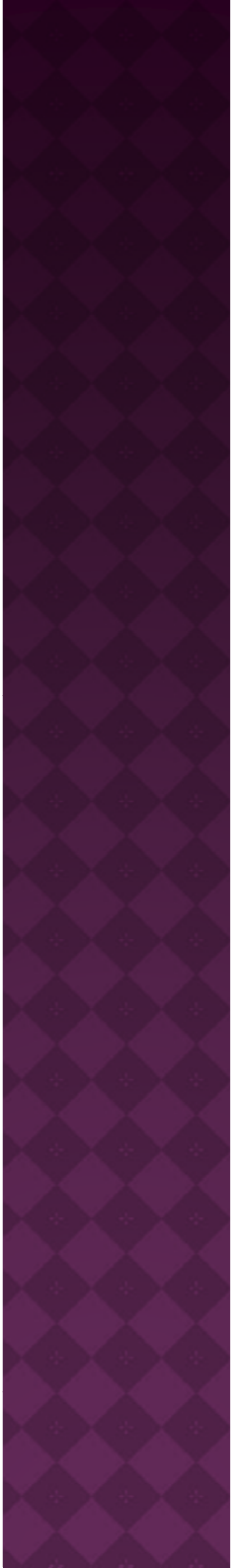


UPSIZING OVERLAP SITE



POST STENTING VIEW





○ Done under IVUS guidance

CSA	PRE PCI mm ²	POST PCI mm ²
DISTAL LMS	3.6	8.71
OSTIAL LAD	3.5	8.84
OSTIAL LCX	4.87	9.79

- Well post procedure and discharged the next day.
- Patient not keen for repeat coronary angiogram
- Last review 3rd Dec 2012, well with no symptoms.