MOVEMENT OF STENT AT AORTO-OSTIAL LOCATION.....MANAGEMENT

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BACKGROUND

 OSTIAL PLACEMENT OF STENTS -ALWAYS NEED PRECISION

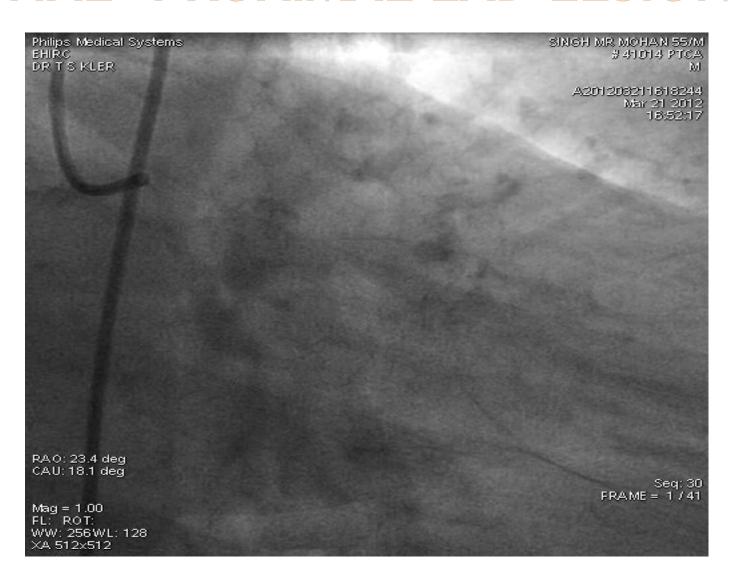
INSTABILITY AT SUCH LOCATION IS A NUISENCE

 SIMPLE, HANDY. AVAILABLE, YET EFFECTIVE TRICKS ALWAYS WELCOME

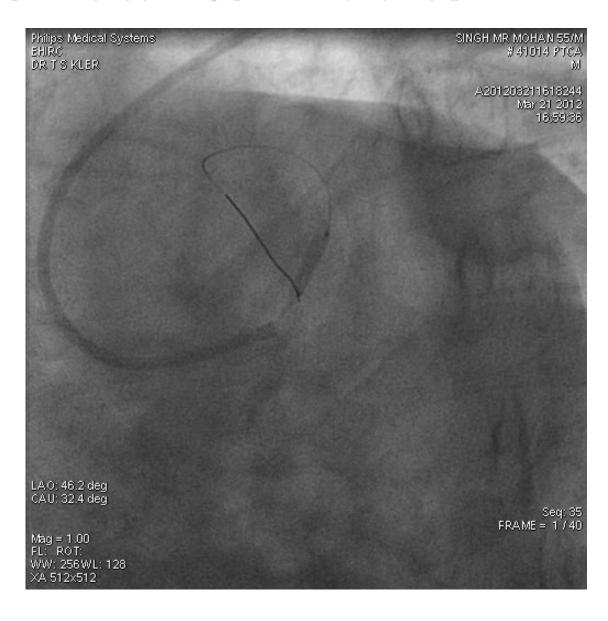
HISTORY

- 55YRS MALE
- NON DIABETIC
- NON HT
- SMOKER
- C\O EXERTIONAL ANGINA-CCS-III

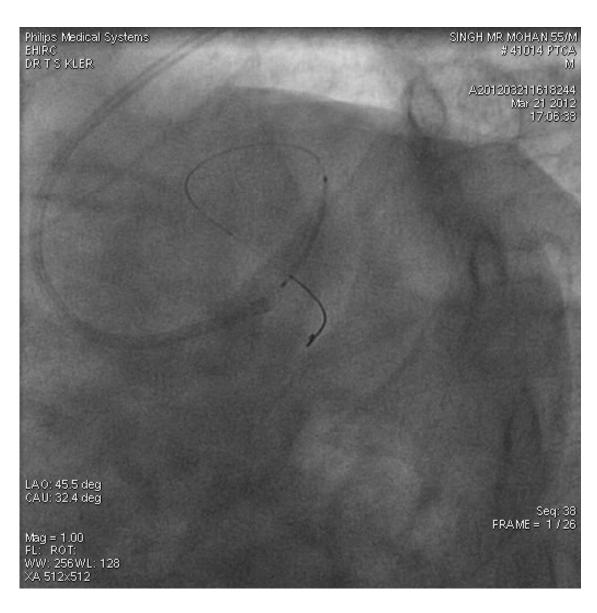
OSTIAL- PROXIMAL LAD LESION



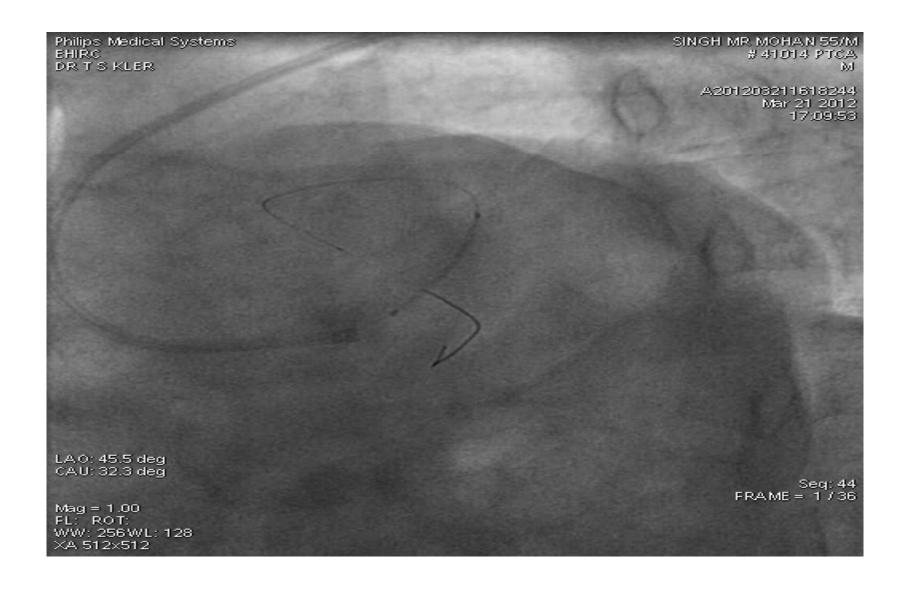
XB3.0\BMW\2.5\12MMNC BALLOON



HIGHLY UNSTABLE-OSTIAL LAD, 3.5\18MM DES



HIGHLY UNSTABLE STENT AT OSTIAL LAD DES 3.5\18-LAO CAUDAL



OTHER MANEUVERS TO STABILISE STENT FAILED



HOW TO SOLVE THE RIDDLE ...?

 PULLING THE WIRE IN THE MAIN VESSEL LUMEN

DEEP THROATING THE GUIDE

ADENOSINE INFUSION

• ANCHOR BALLOON IN THE LCX

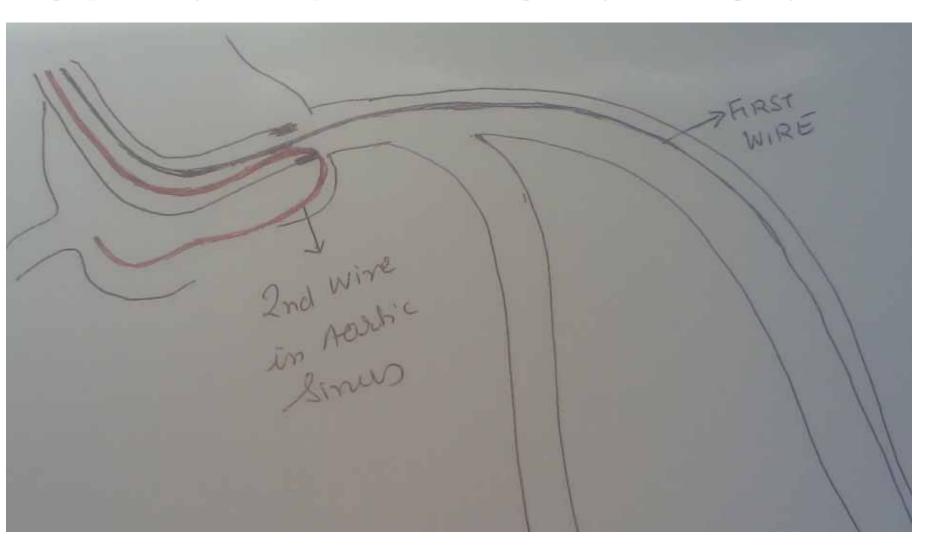
INNOVATIVE IDEA.....?

● COULD WE RETARD THE TO N FRO GUIDE MOVEMENT BY SOME INNOVATIVE BUT SAFE N SIMPLE TECHNIQUE.....?

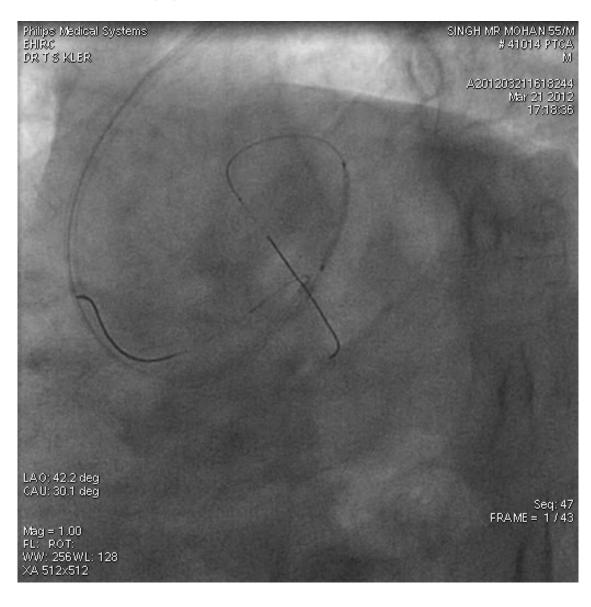
HOW....?

• CAN ANOTHER PTCA WIRE ,PLACED IN AORTIC SINUS ,THROUGH THE TIP OF THE GUIDE,.....DO THE MAGIC,WHEN THE REST OF THE HARDWARE REMAINS IN SITU,...?

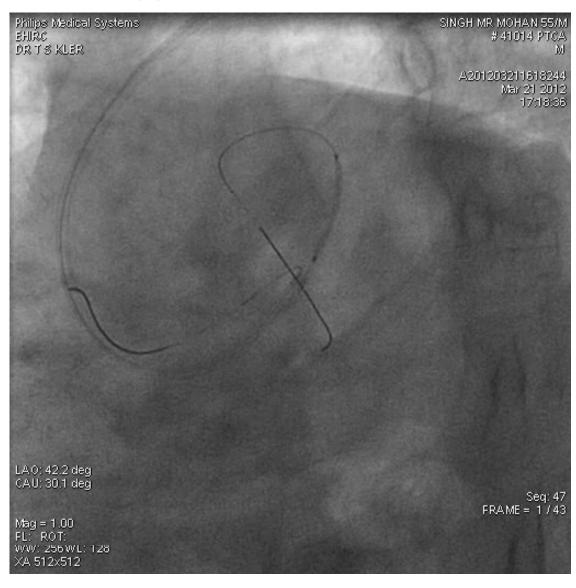
SCHEMATIC REPRESENTATION



2ND BMW IN AORTIC SINUS, REST IN SITU.....STENT STABILISED

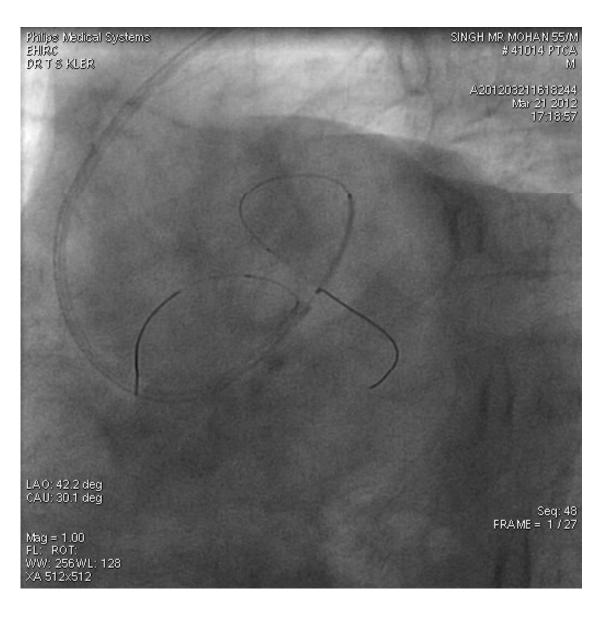


2ND BMW IN AORTIC SINUS, REST IN SITU.....STENT STABILISED





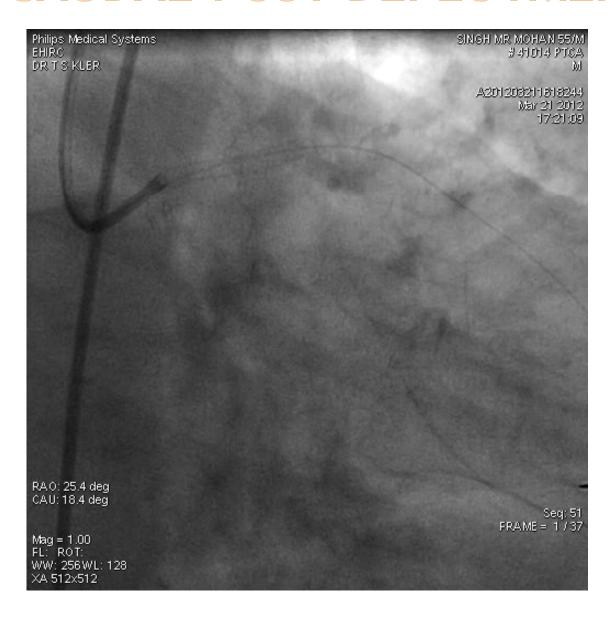
DES AT OSTIAL LAD.... 1STRUT IN L-MAIN



AFTER POST DILATATION OF THE STENT-LAO CAUDALVIEW

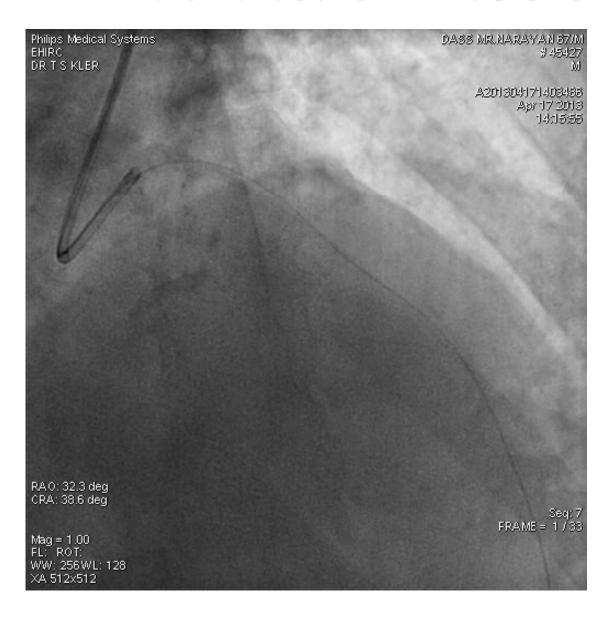


RAO CAUDAL-POST DEPLOYMENT

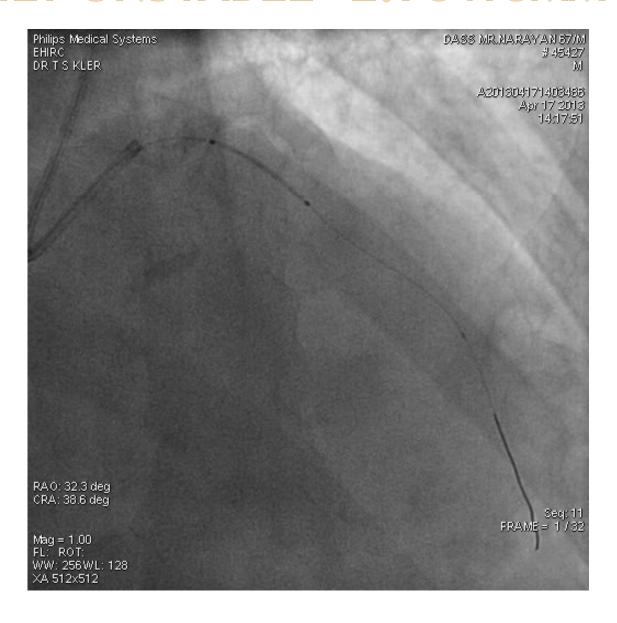


• CAN THE SAME TECHNIQUE BE USED IN SOME OTHER LOCATIONS,.....?

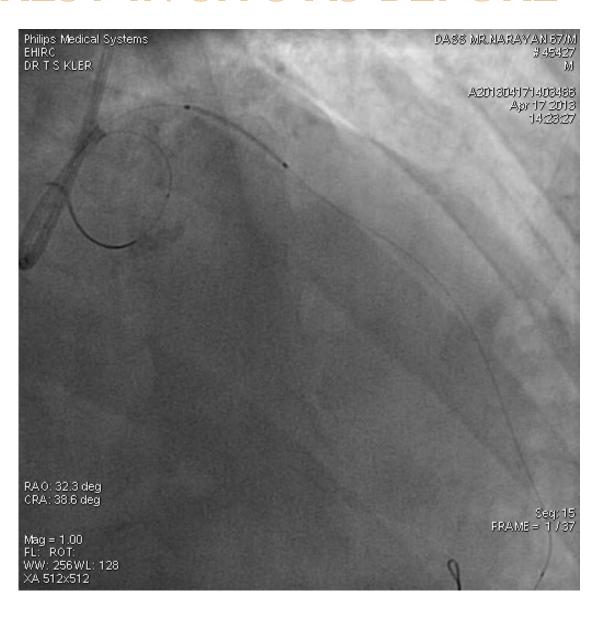
MID LAD -80-90% STENOSIS



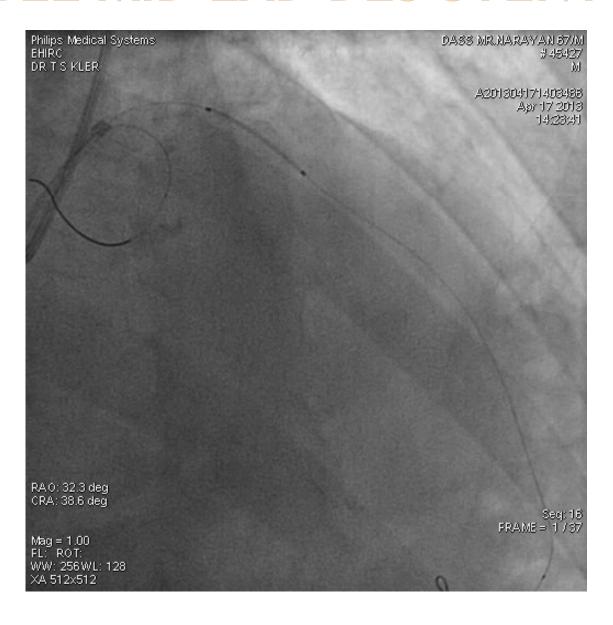
HIGHLY UNSTABLE -2.75\18MM DES



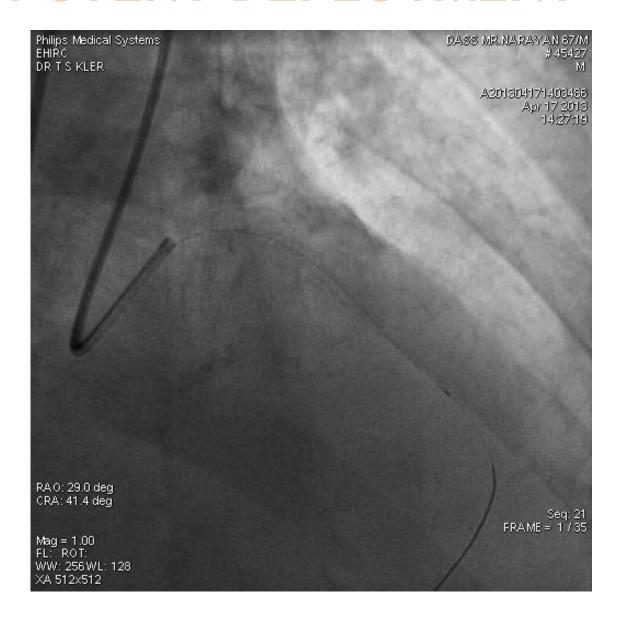
2ND PTCA WIRE IN AORTIC SINUS AND REST IN SITU AS BEFORE



STABLE MID LAD DES STENT



POST STENT DEPLOYMENT



TAKE HOME MESSAGE

- UNSTABLE STENT AT OSTIAL LEFT-MAIN, OSTIAL LADFREQUENT CHALLENGE...IF NOT VERY VERYCOMMON
- MENTIONED TECH MAY BE USEFUL AT OTHER LOCATIONS ALSO-MID LAD
- THE TECHNIQUE IS A HANDY, SIMPLE, AFFORDABLE.....AND V V EFFECTIVE
- CAN CERTAINLY SAVE A 2ND STENT,
 PRECIOUS TIME.AND FINANCES