Primary Angioplasty involving Left Main

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Case History

- 72 yr old/male
- HTN, Diabetes
- Acute Chest pain 4 hours duration with BP 80/60.
- ECG Shows ST elevation inferio letral Lead.
Challenges

- Patient presented in Cardiogenic shock with acute inferioletral MI.
- Involving Left Main Lesion.
Interventional Management

- EBU 3.5, 7 F
- Cougar, Whisper MS guide wire
- Voyager NC & Maverick BDC
- End. Res. 2.5x18, 3.0x18, 3.5x18 mm
Interventional Procedure

Non dominant RCA

Ostial LAD & Ostial LCX tight lesion
Interventional Procedure

Left main dissected plaque

GW in LAD & LCX
Continue...

Stent placement in LCX

Stent Inflation
Continue...

Post LCX stent Angio

2nd lesion in LCX
Continue...

2\textsuperscript{ND} Stent in LCX

Stent covering Ostium of LCX
Continue...

Balloon crushing stent in LMCA & LCX Ostium

Stent From Covering LMCA Ostium to Proximal LAD
Continue…

Stent From Covering LMCA Ostium to Proximal LAD

Stent Inflation
Continue...

After Recrossing the GW kissing balloon dilatation

Final Result
Take Home message

- Left Main bifurcation Stenting in the setting of AMI & Cardiogenic shock can be done with reasonable safety by minicrush technique.
- Patient Follow up next day morning was taken out & patent reasonably well & discharged on day 5.
- 6 Month follow up TMT Negative & patent asymptamatic.