Samsung Medical Center
Sungkyunkwan University
School of Medicine

Inverted TAP technique after rotablation for very tight stenosis of the LCx ostium and the mid LAD CTO lesion

Joo-Yong Hahn, MD/PhD
Heart Vascular Stroke Institute,
Samsung Medical Center, Seoul, Korea

Disclosure

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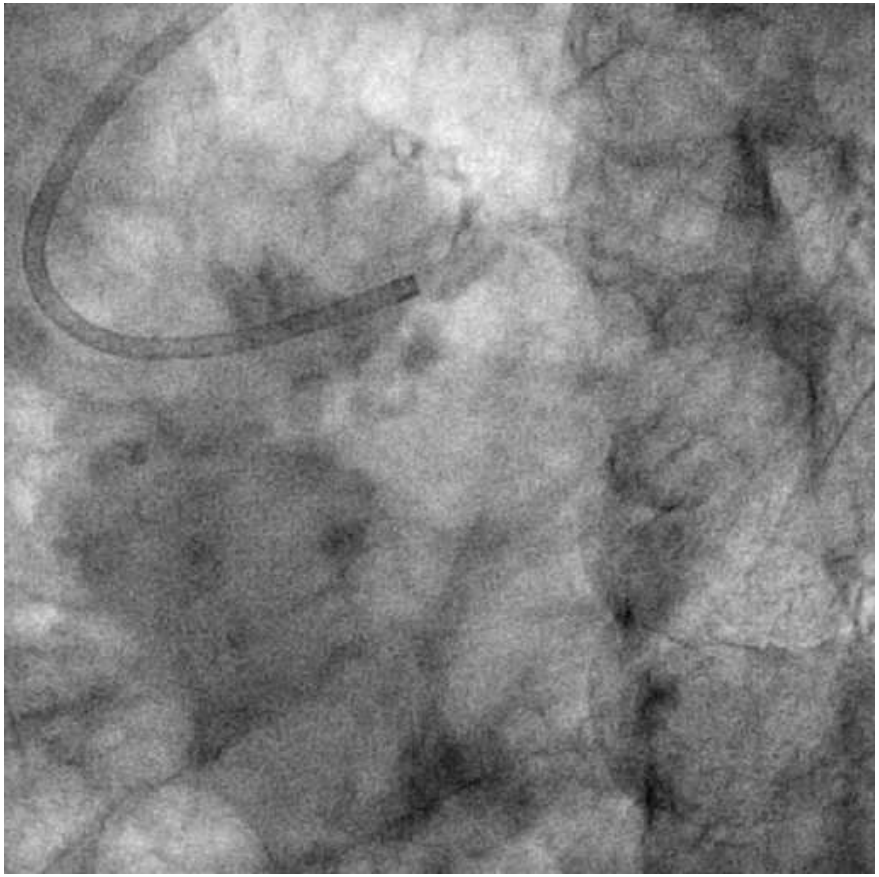
Brief History

- A 80 year-old female patient
- Dx: NSTEMI

- The patient refused to undergo CABG and was referred to our center.

Coronary angiography



Very tight stenosis at the LCx ostium

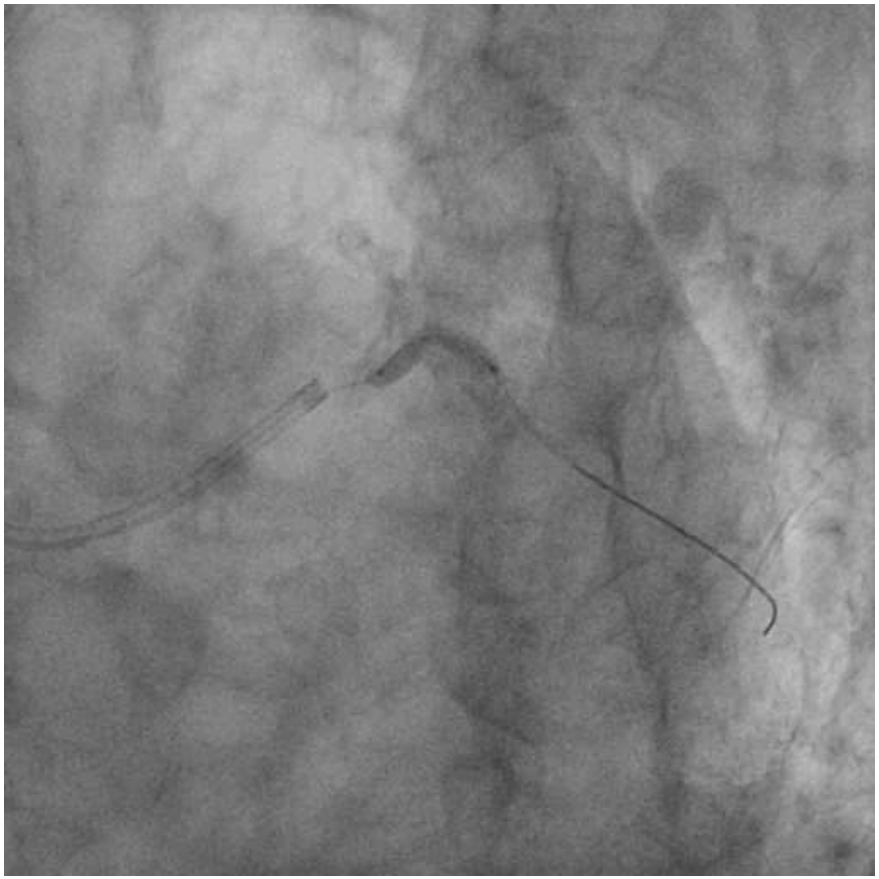
Mid LAD CTO lesion

My strategy

- To treat the LCx ostial lesion first, because it is a culprit lesion.
- To consider rotablation due to severe calcification. If rotablation is necessary, rotablation would be done at the LCx first.
- If possible, I would open the mid-LAD CTO lesion and do rotablation for the mid-LAD lesion before implantation of stent at the LM-LCx. Because, it would be difficult to perform rotablation at the LAD after the stent implantation at the LM-LCx.
- Two-stent technique for the LM distal bifurcation lesion after IVUS evaluation.

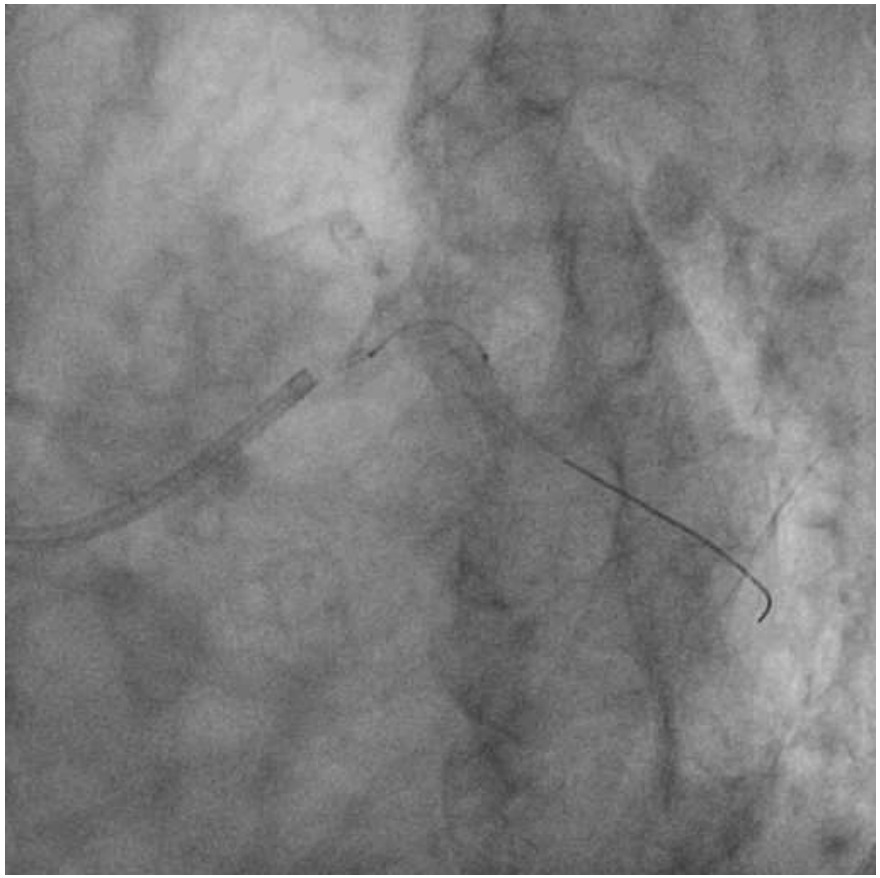
Predilation for the LCx ostial lesion

1.5*20 mm balloon

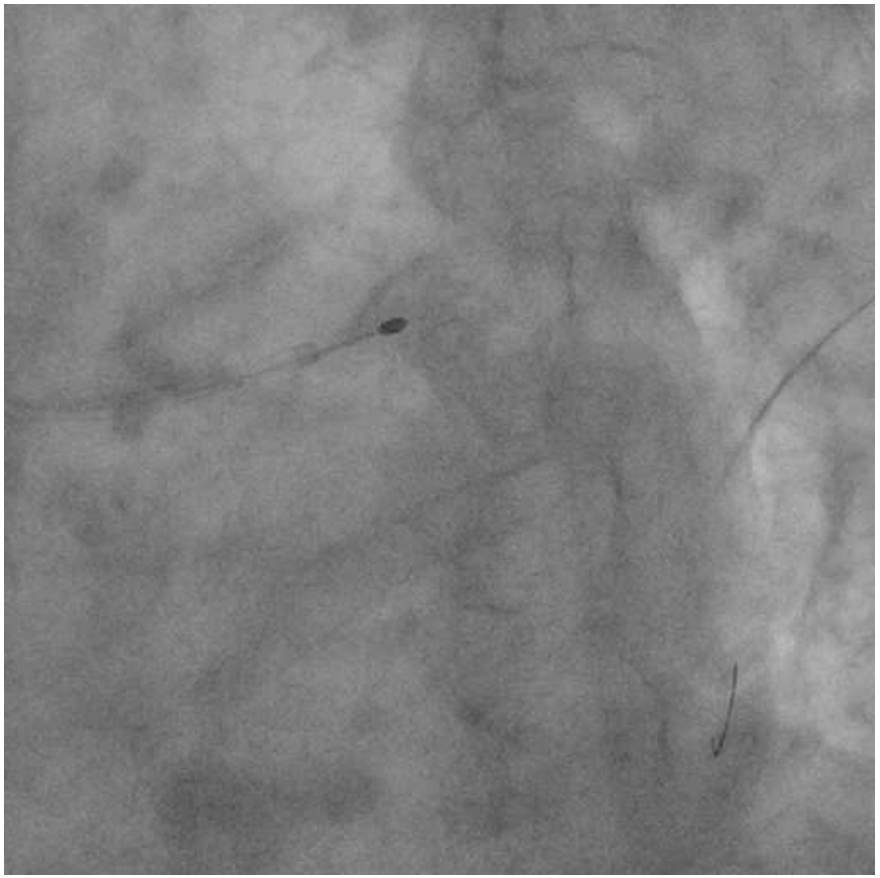


2.5*20 mm balloon

Rotablation due to inadequate predilation

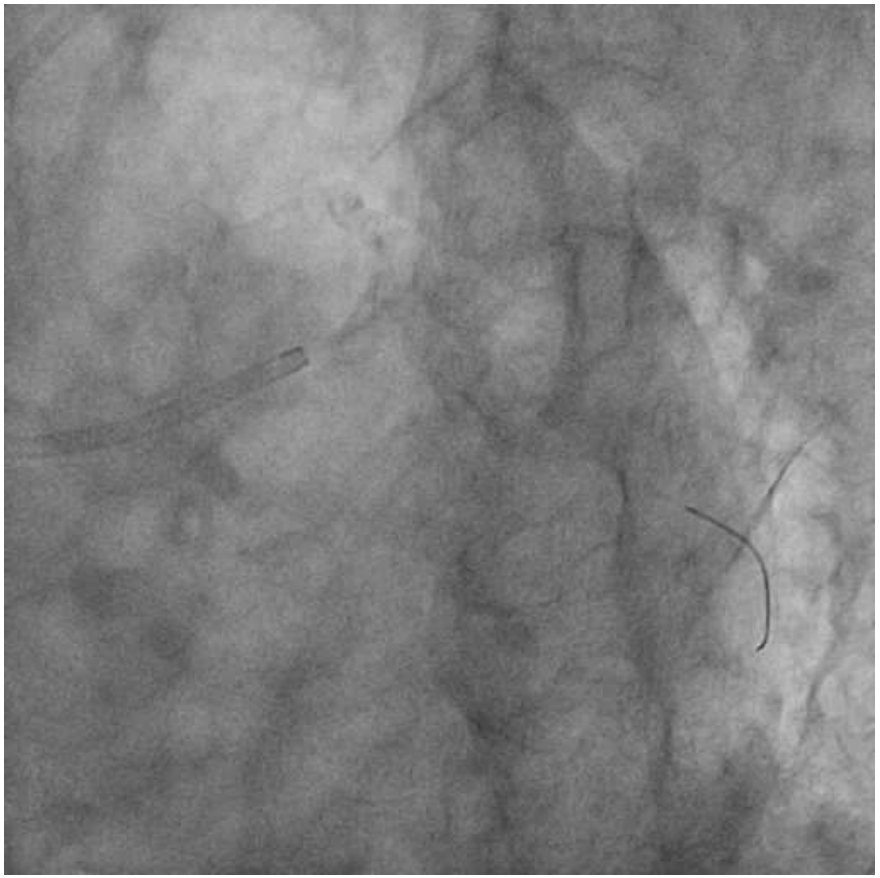


Residual stenosis

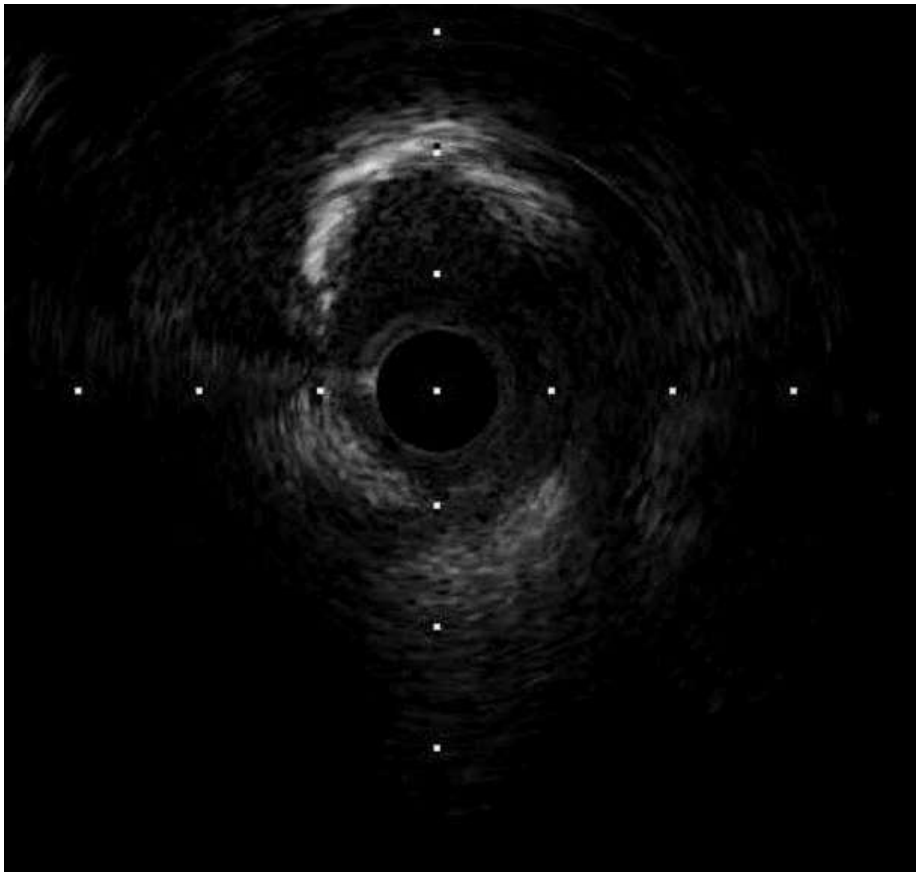


1.75 mm burr

Rotablation due to inadequate predilation



After rotablation



IVUS after rotablation

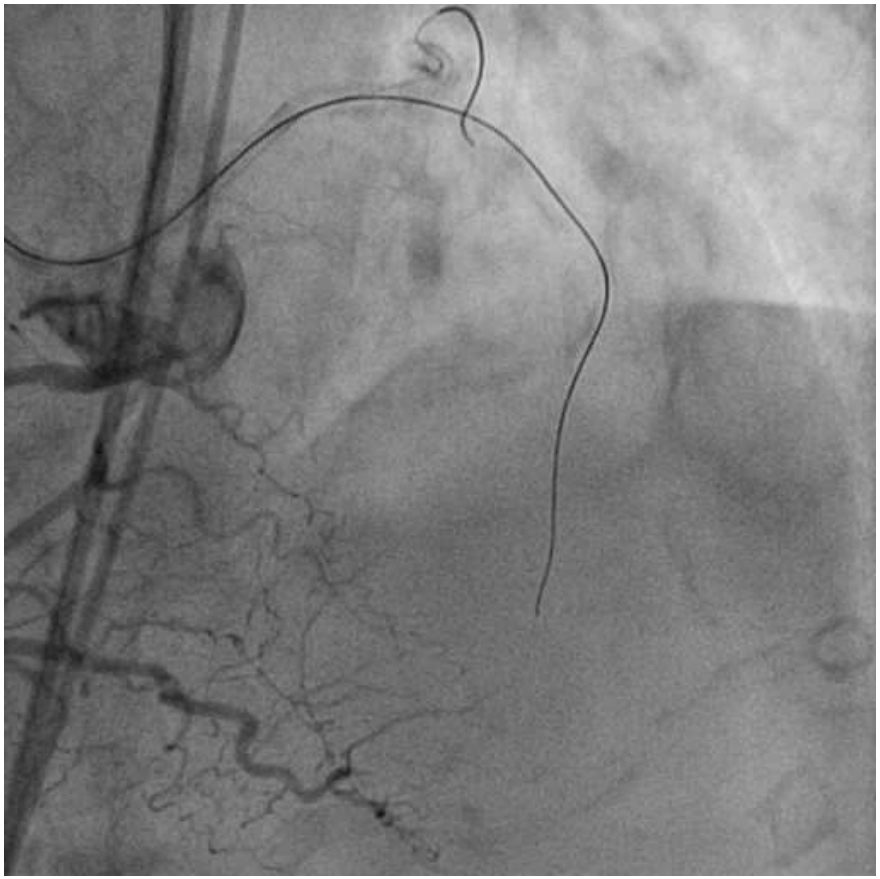
Stent implantation

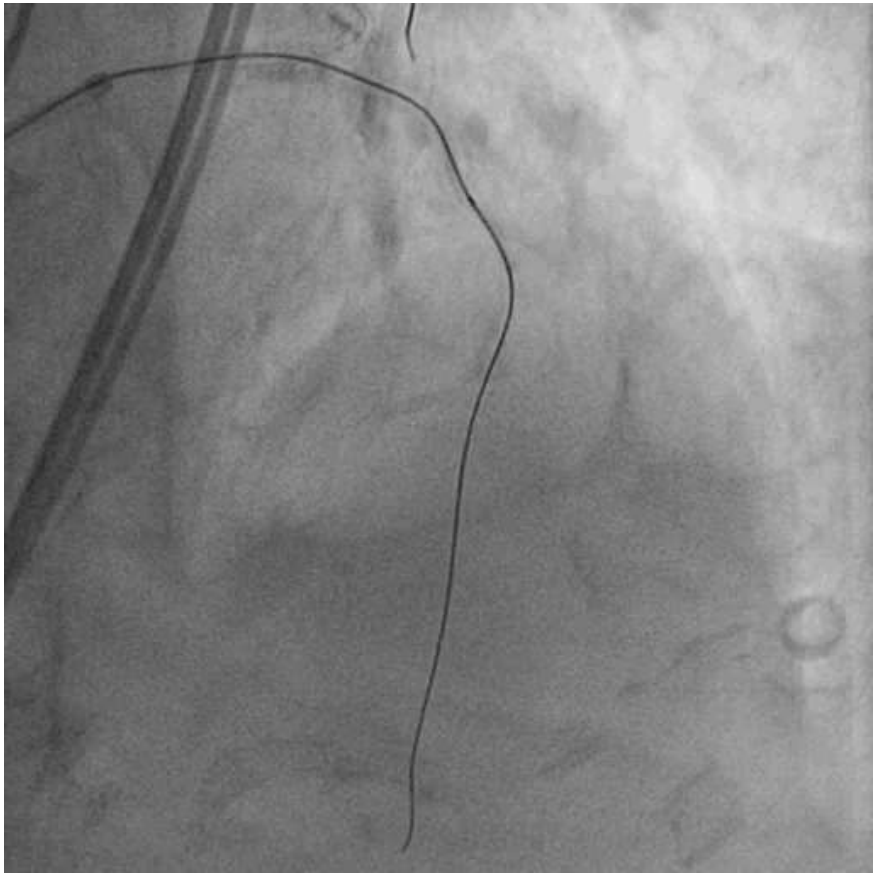
3.0*15 mm NC balloon

Synergy™ 3.0*32 mm

After stent implantation

Wire passage for LAD CTO lesion

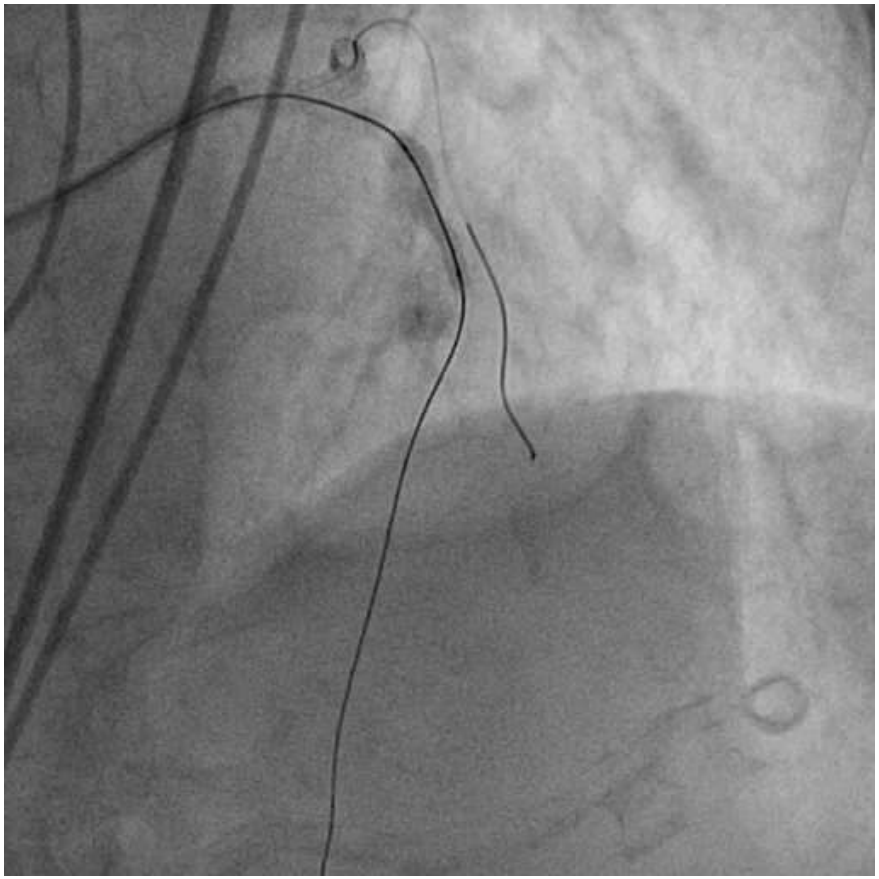


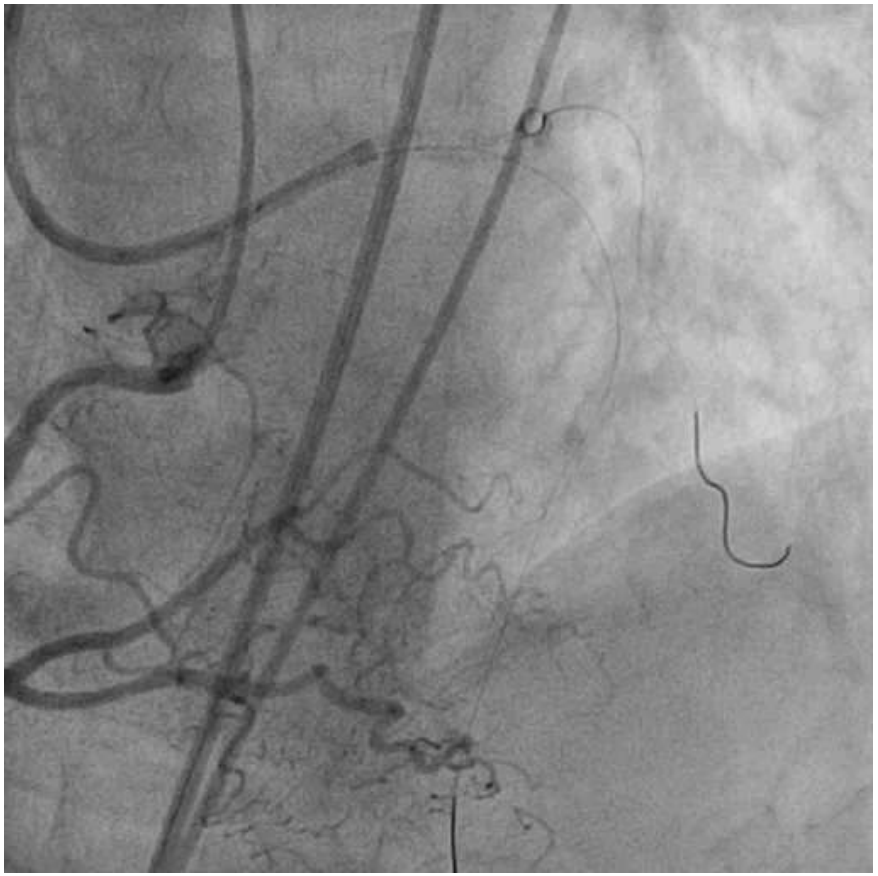


Gaia 2nd wire with Finecross microcatheter

1.5*20 mm balloon

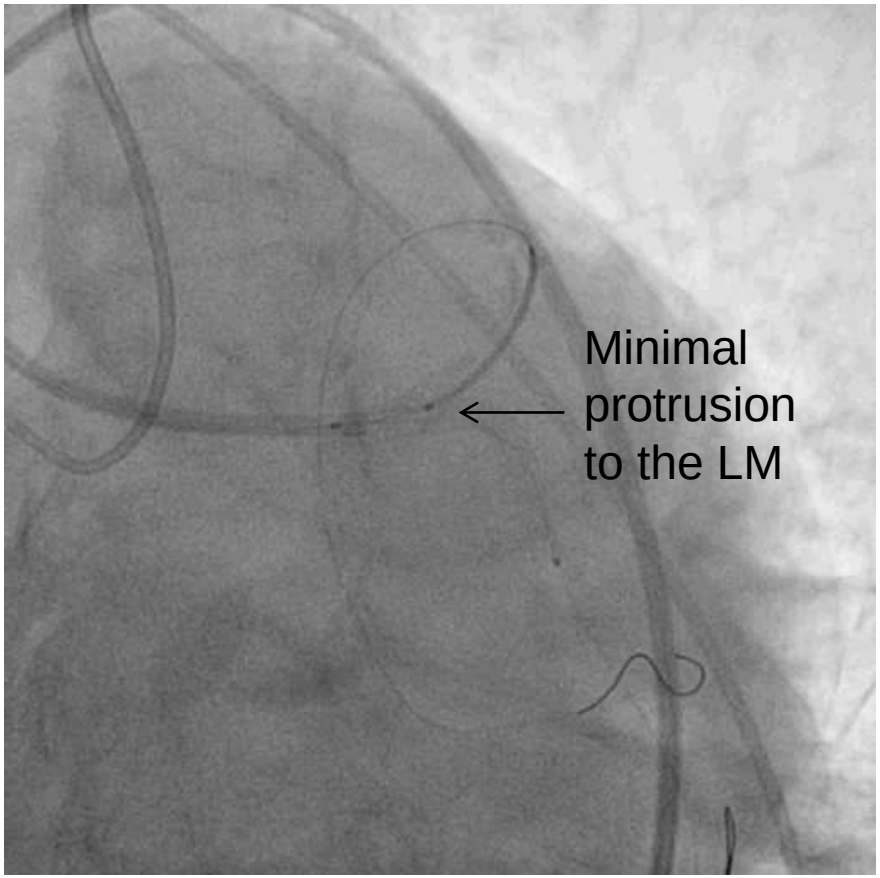
Ballooning for LAD CTO lesion





2.5*20 mm balloon

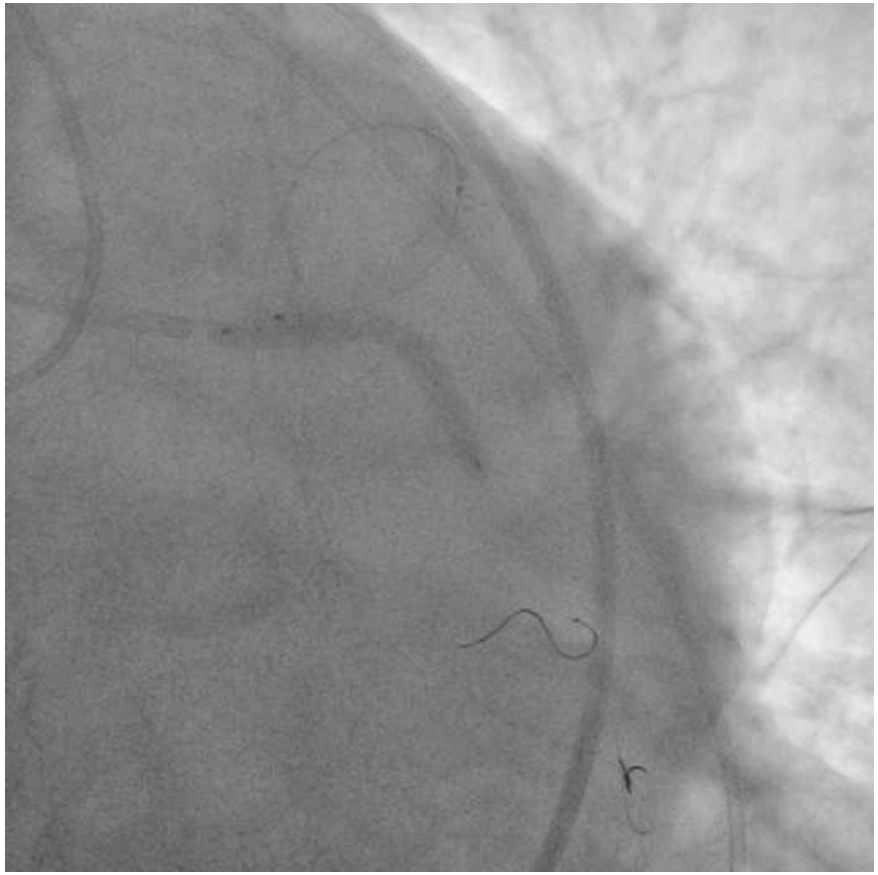
Stent implantation with T-stenting and small protrusion (TAP) technique



Synergy™ 3.0*32 mm (11 atm)

LM-LAD ballooning (16 atm)

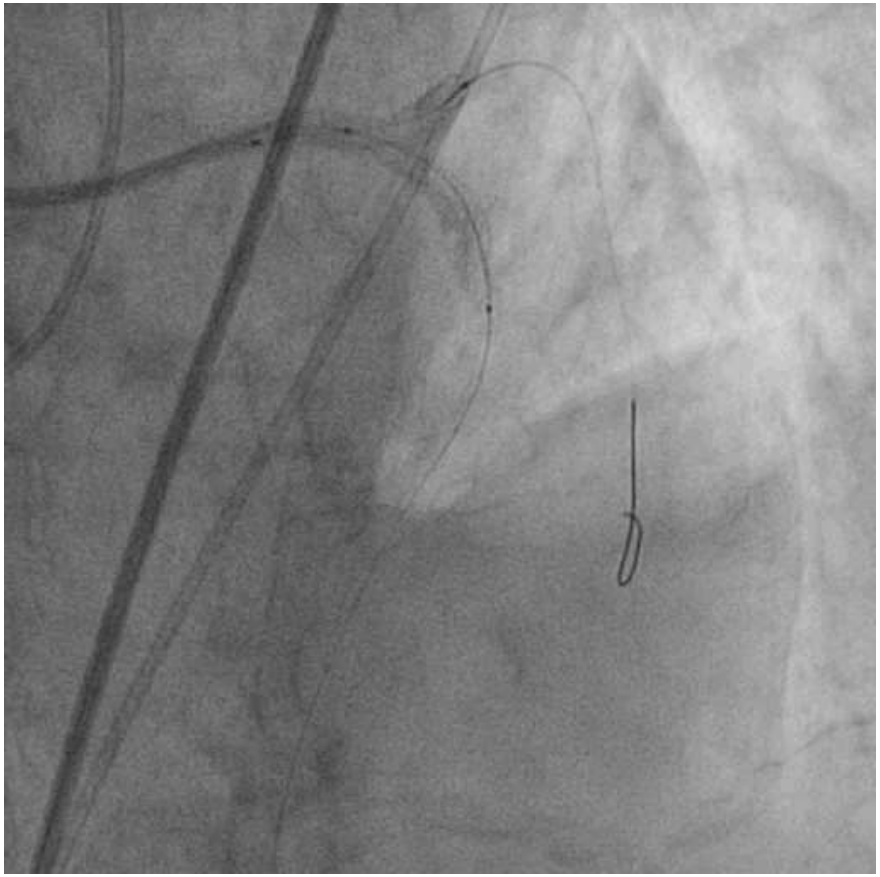
Kissing ballooning



LM-LCx ballooning (16 atm)

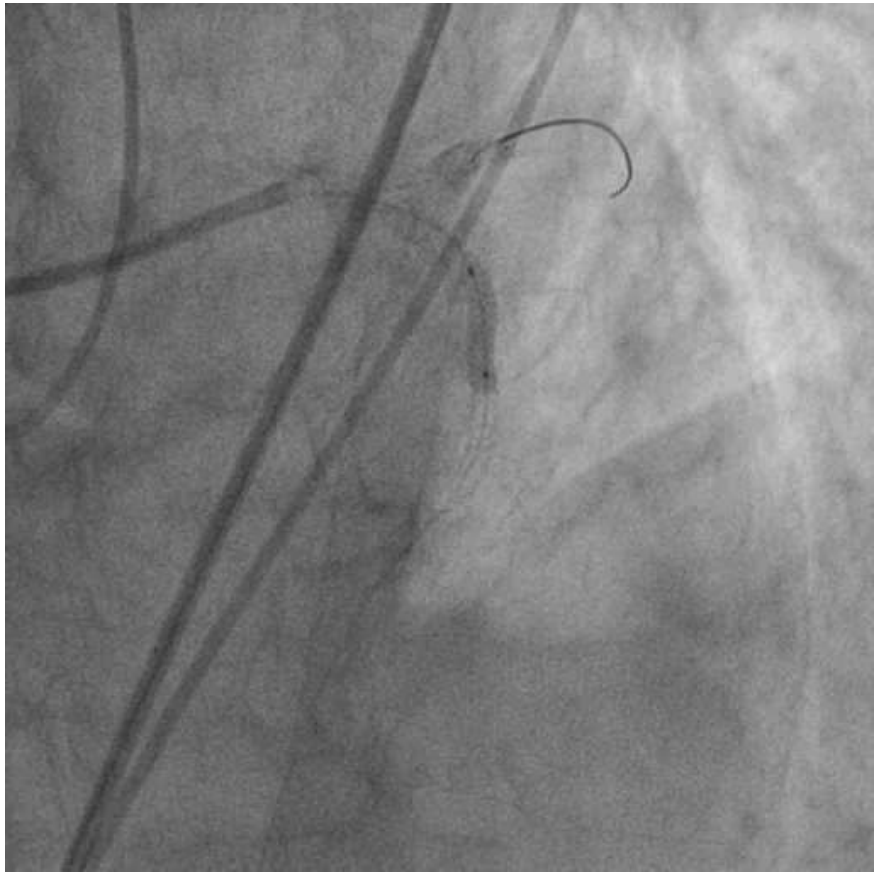
Kissing ballooning (11 atm each)

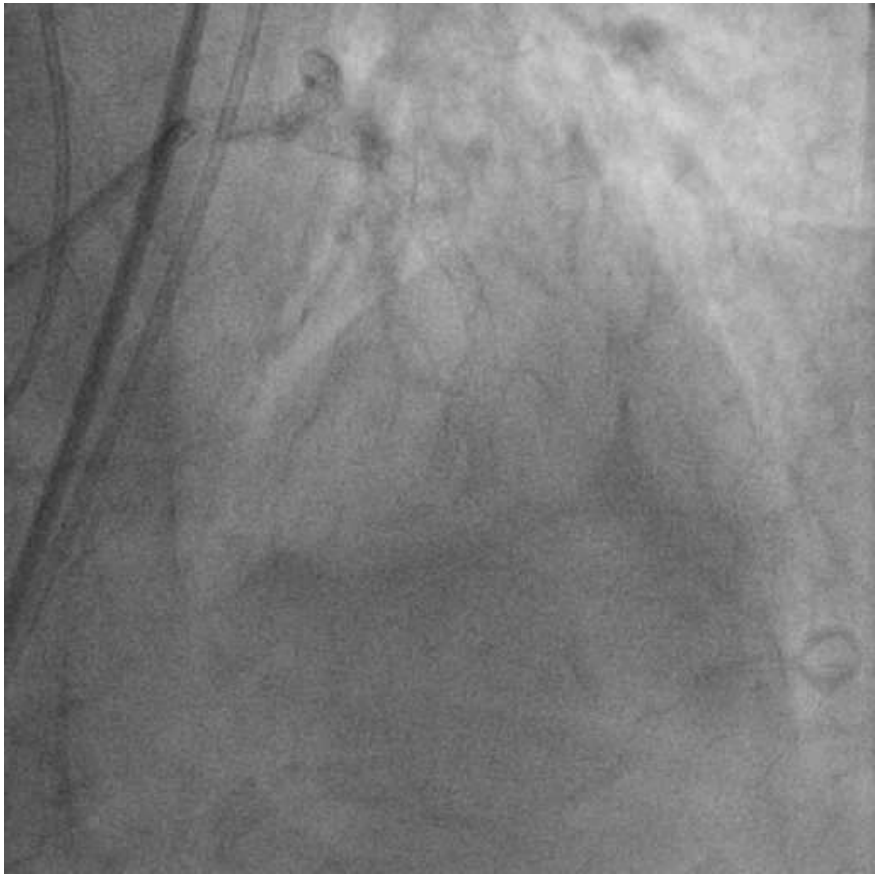
Stent implantation due to distal edge dissection



Xience Alpine™ 2.5*28 mm

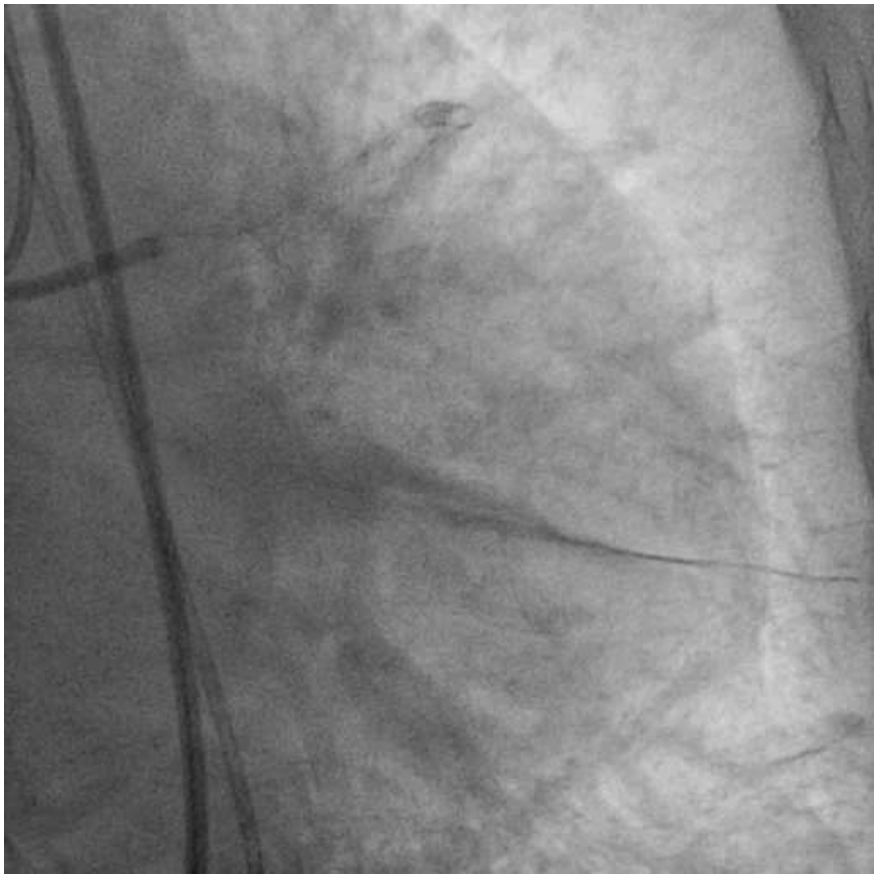
Postdilation for mLAD stent

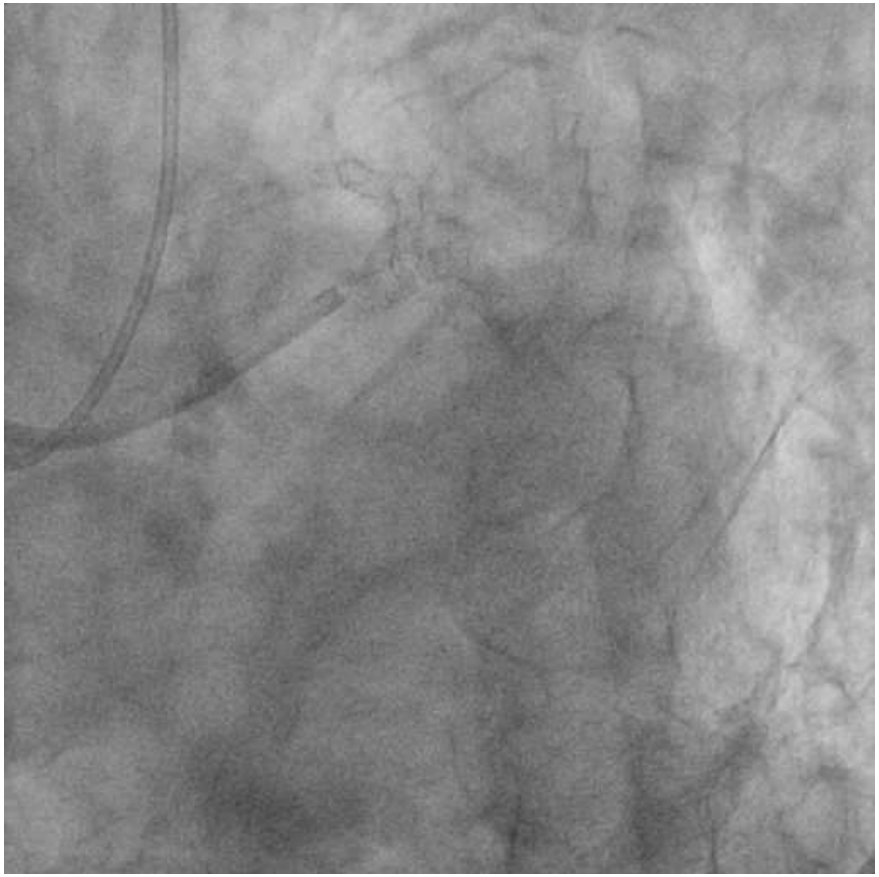




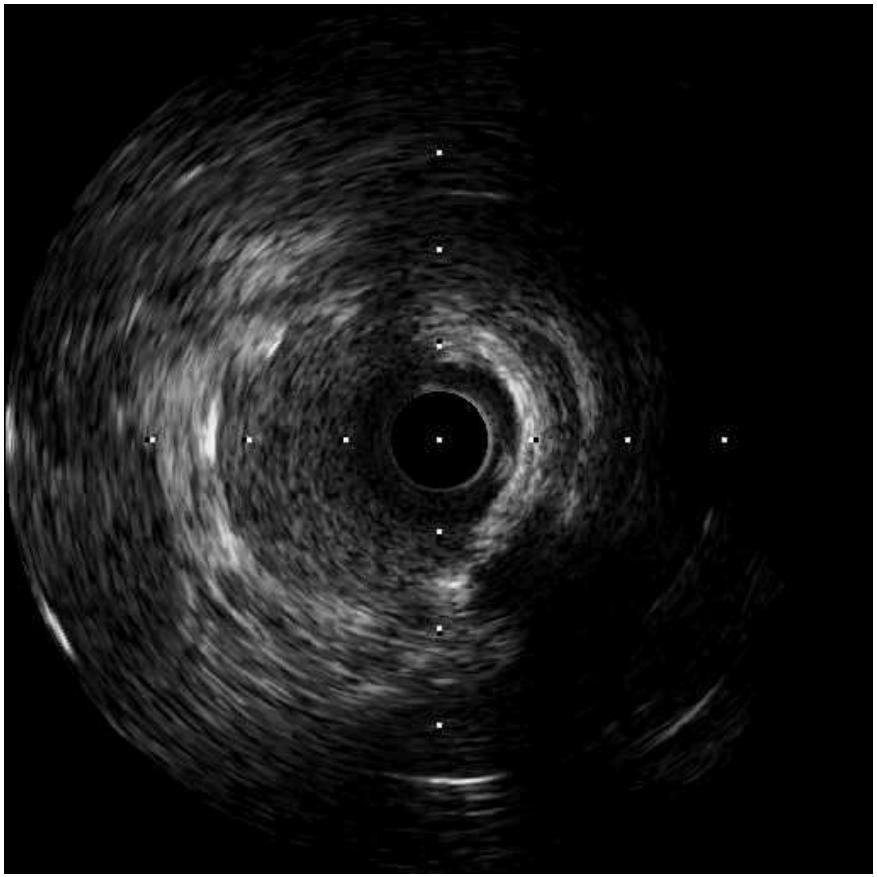
NC balloon 3.0*15 mm

Final angiography

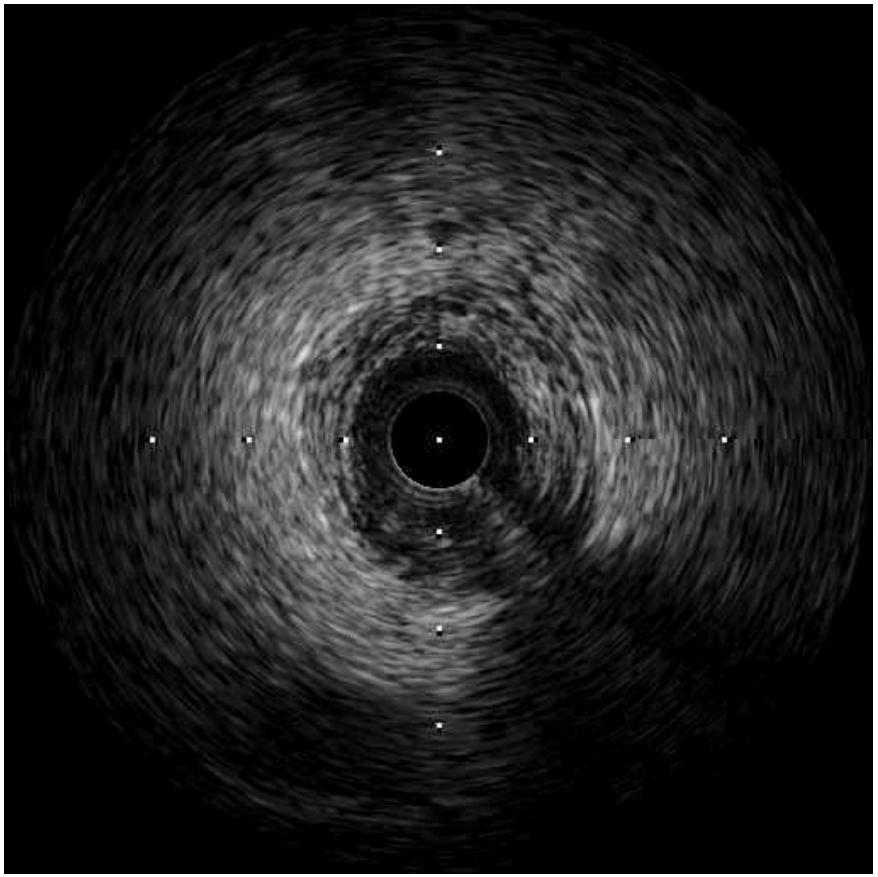




Postprocedural IVUS



LCx-LM



LAD-LM

Summary

- When predilation is inadequate, lesion modification using rotablation is necessary.
- The TAP technique is appropriate and convinient for provisional approach.
- IVUS is helpful to optimize PCI for complex lesions such as bifurcation, left main, or CTO lesions.


감사합니다.
Thank you for your attention.
삼성서울병원