复里大学附属中山医院心内科上海市心血管病研究所



# How to perform Culotte? (With Case Example)

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# Factors Influencing 2-Stent Approaches

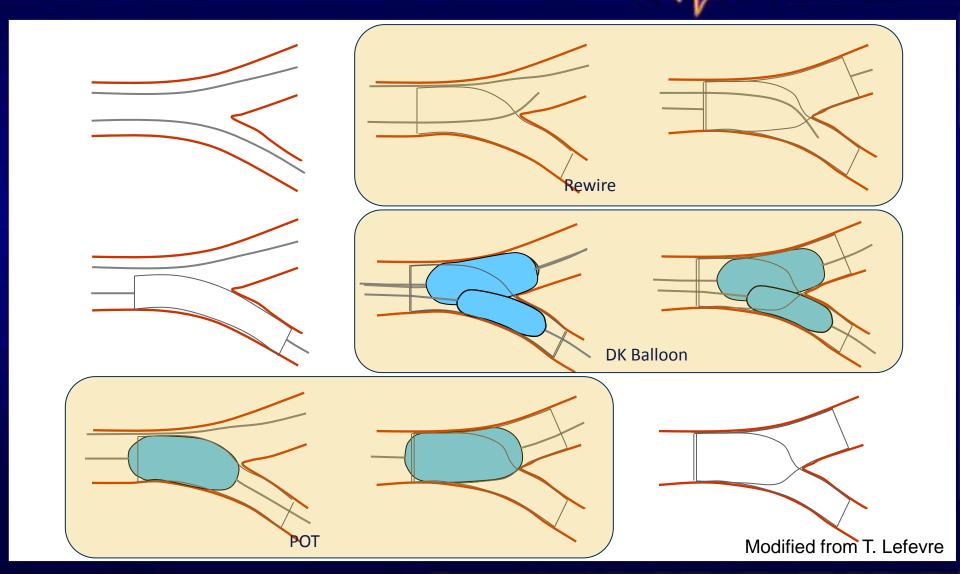
- Size of SB @ to MB
  - Important discrepancy (≥1.5 mm): Avoid Culotte
    - T-Stenting
    - Crush/DK-Crush
- Bifurcation Angle
  - >70°: T-stent, or T and Protrusion (TAP)
  - <70°: Culotte, Crush, DK Crush</p>



# Culotte Technique: Step-by-Step

- Wiring of both MV and SB.
- Predilatation of MV and/or SB
- Stenting of the MV or SB (IF MV or SB has a risk of Typically, the first stent should be placed in the branch with the most angulated entry, whether the MB or SB
- Dilatation one of branch (IVIV or SB) through stent.
- Stenting in MV or SB through stent strut.
- Rewiring MV or SB through the second stent.
- Final kissing balloon inflation.

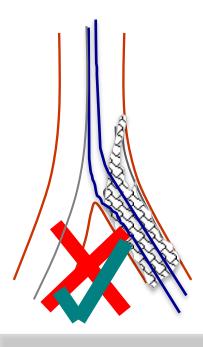






### Position of rewiring

**DK-Crush** 

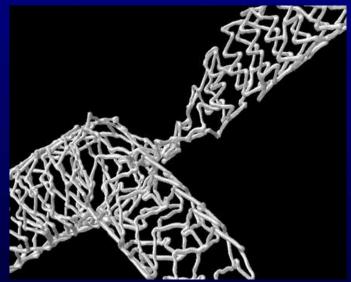


**Rewire Concentrically** 



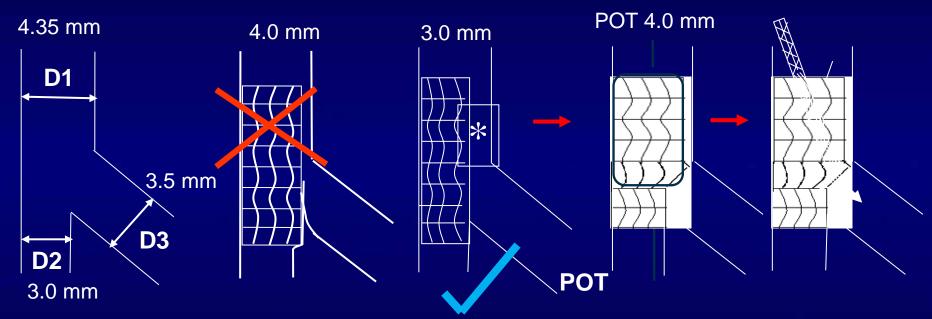
- A wire followed by a balloon passed through the side of the MB stent and re-entered
- Distortion with balloon inflation







#### **Proximal Optimisation Technique (POT)**



Murray's law:  $D_{\text{mother}} = 0.67 * (D_{\text{daughter 1}} + D_{\text{daughter 2}})$ 

- The primary stent should be sized according to the distal vessel diameter (D2)
- Postdilatation (POT) is required to optimise the proximal MV stent diameter



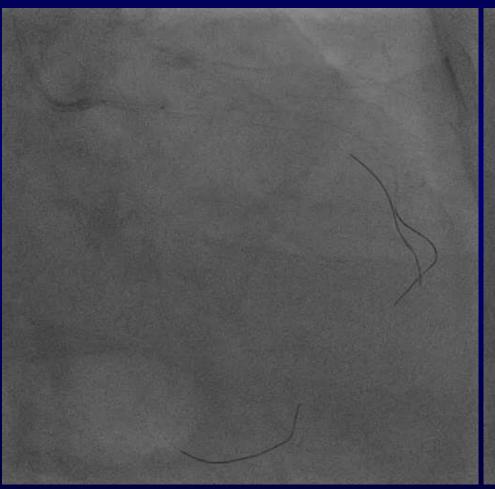
Male, 69 yrs

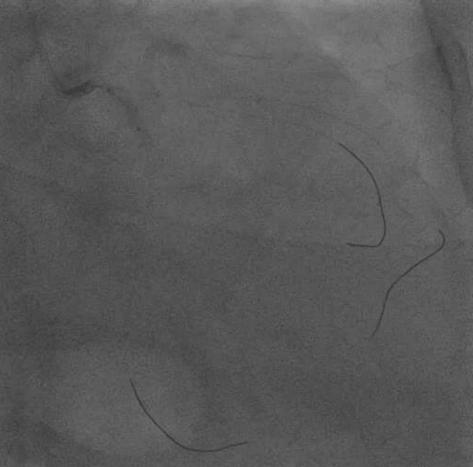


6F EBU 3.5 Sion, Sion Blue, Runthrough

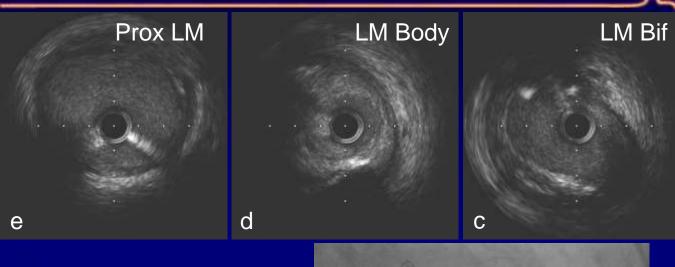


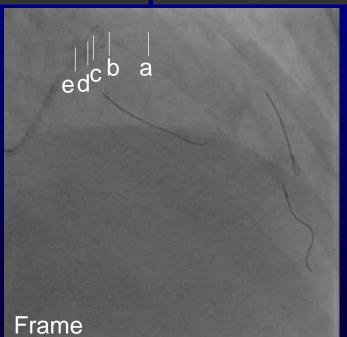
#### 2.5mm Balloon

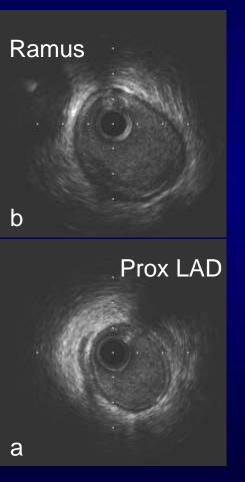




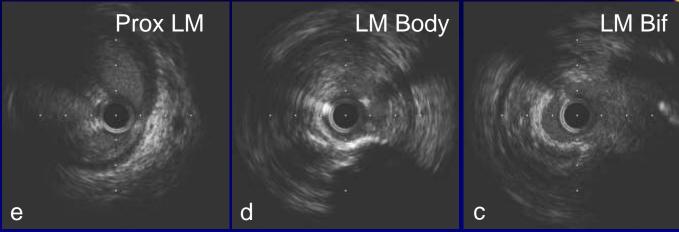




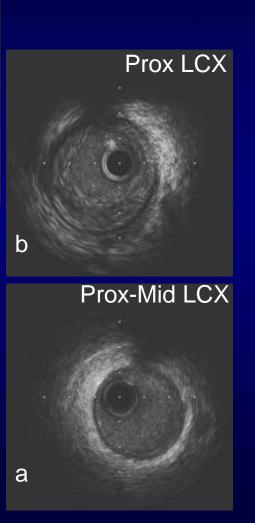








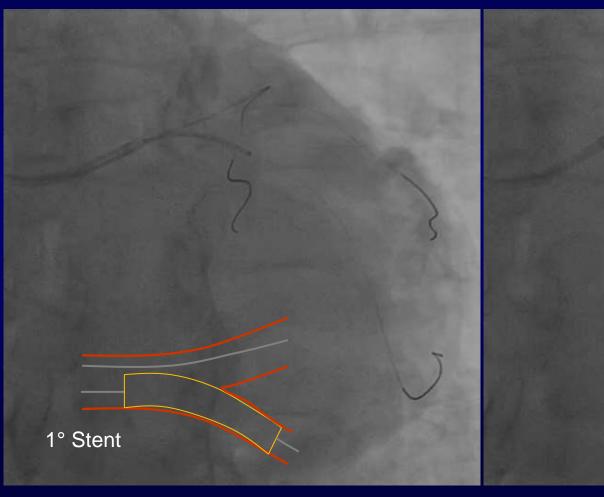




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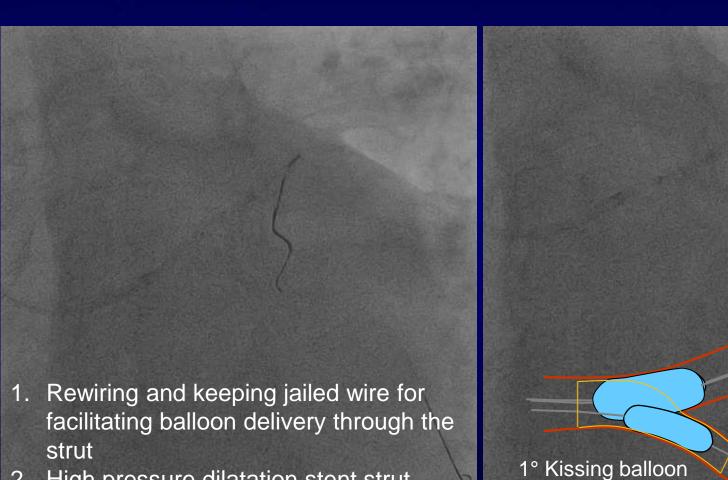


#### 3.5 mm SES









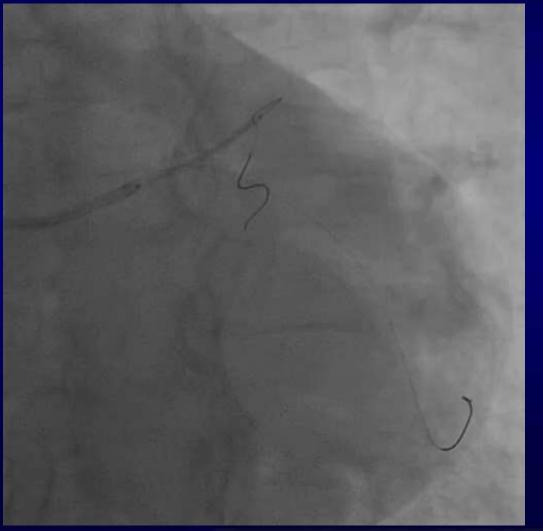
2. High pressure dilatation stent strut



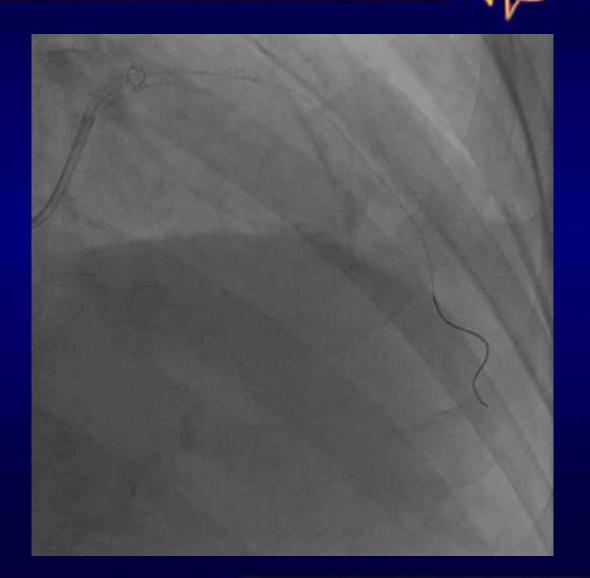




#### 4.0 mm SES









3.5mm NCB @ 18atm

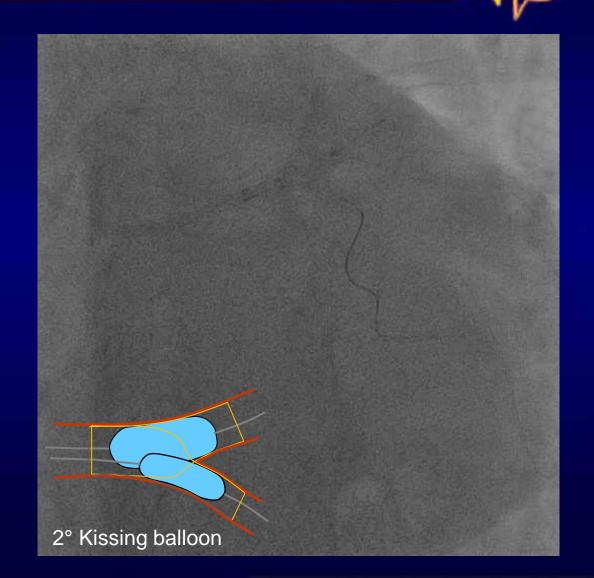
Rewiring and high pressure dilatation stent strut



#### 4.5mm NCB @ 20atm



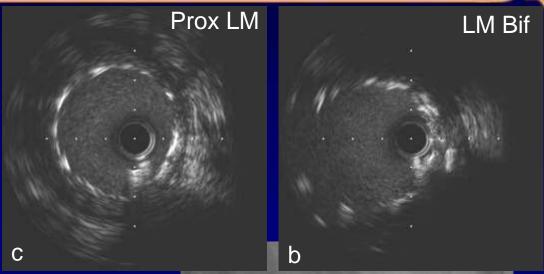


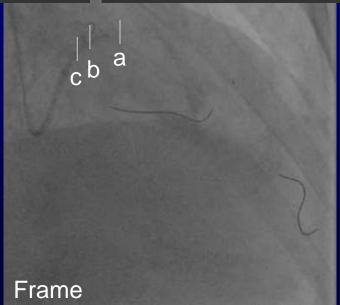


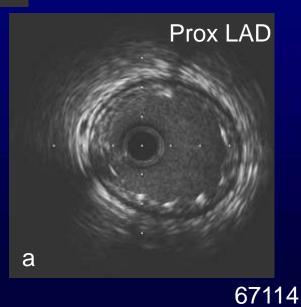




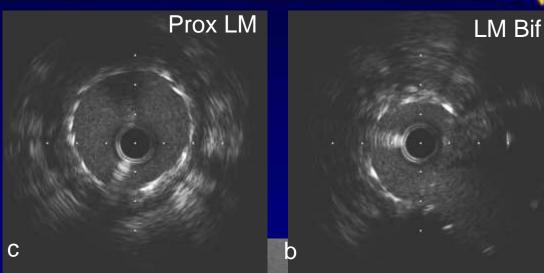


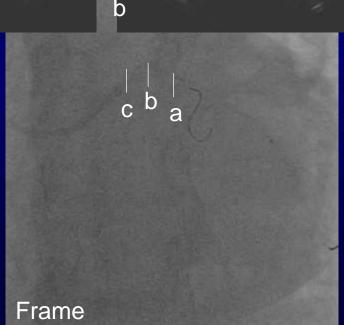


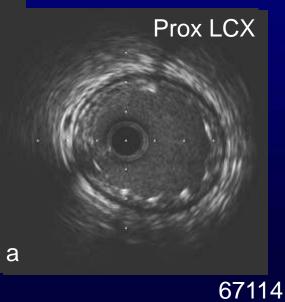














#### **Final Results**



