



A case of Bifurcation stenting with 3D OCT guide

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For bifurcation lesion, single stenting with KBT is the first choice.

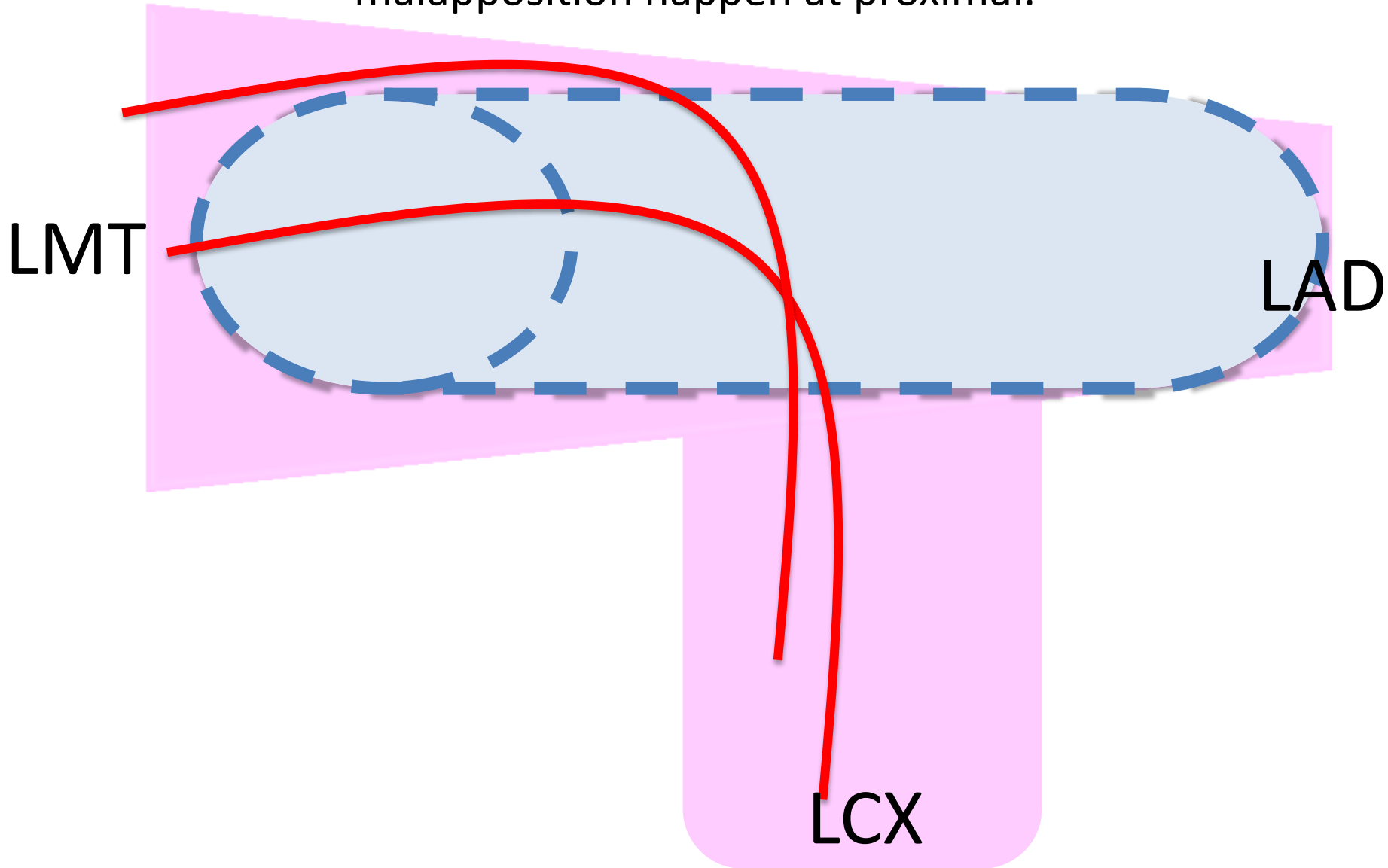
Stent good apposition

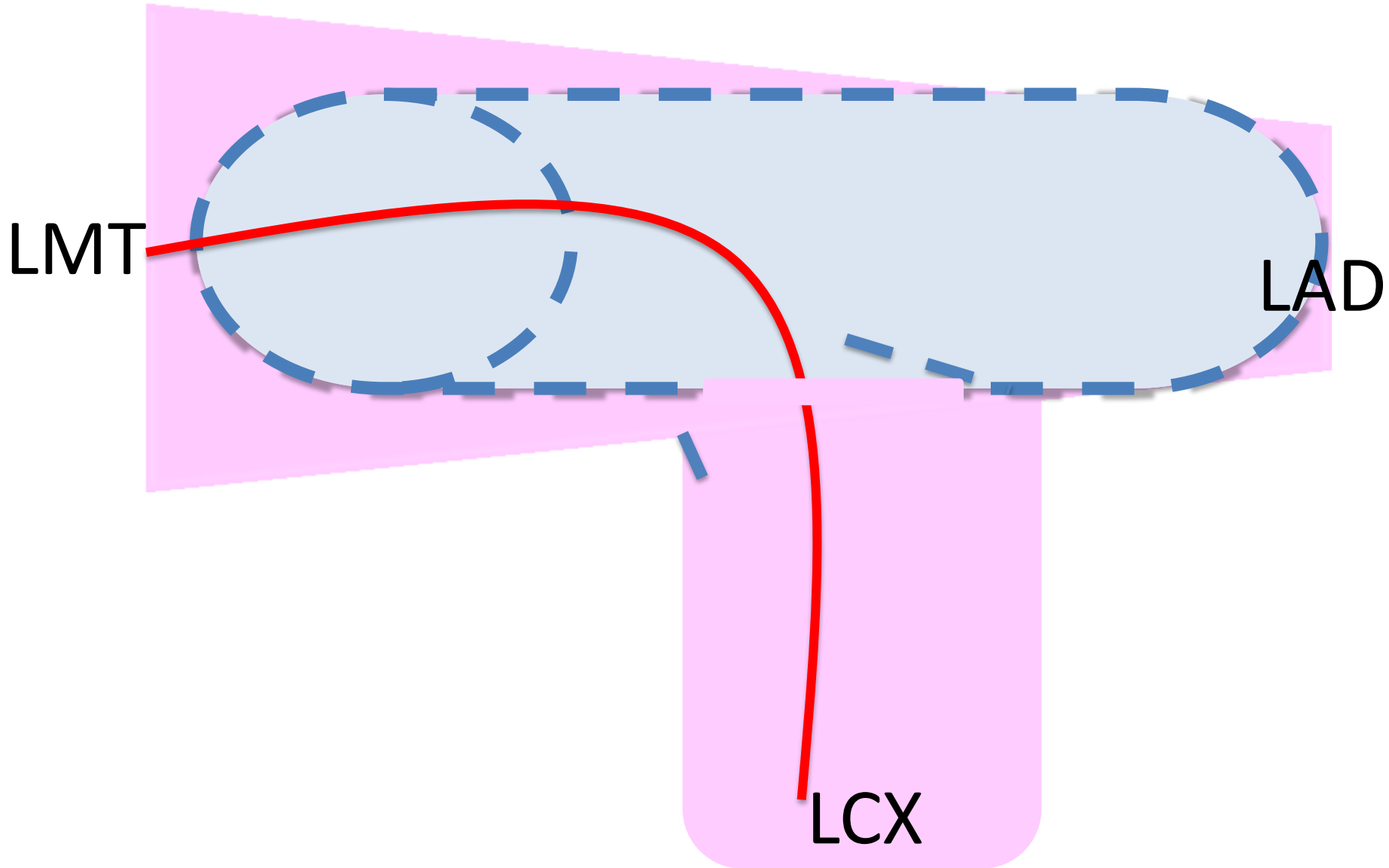
Less jailed strut at side branch orifice

Less vessel injury

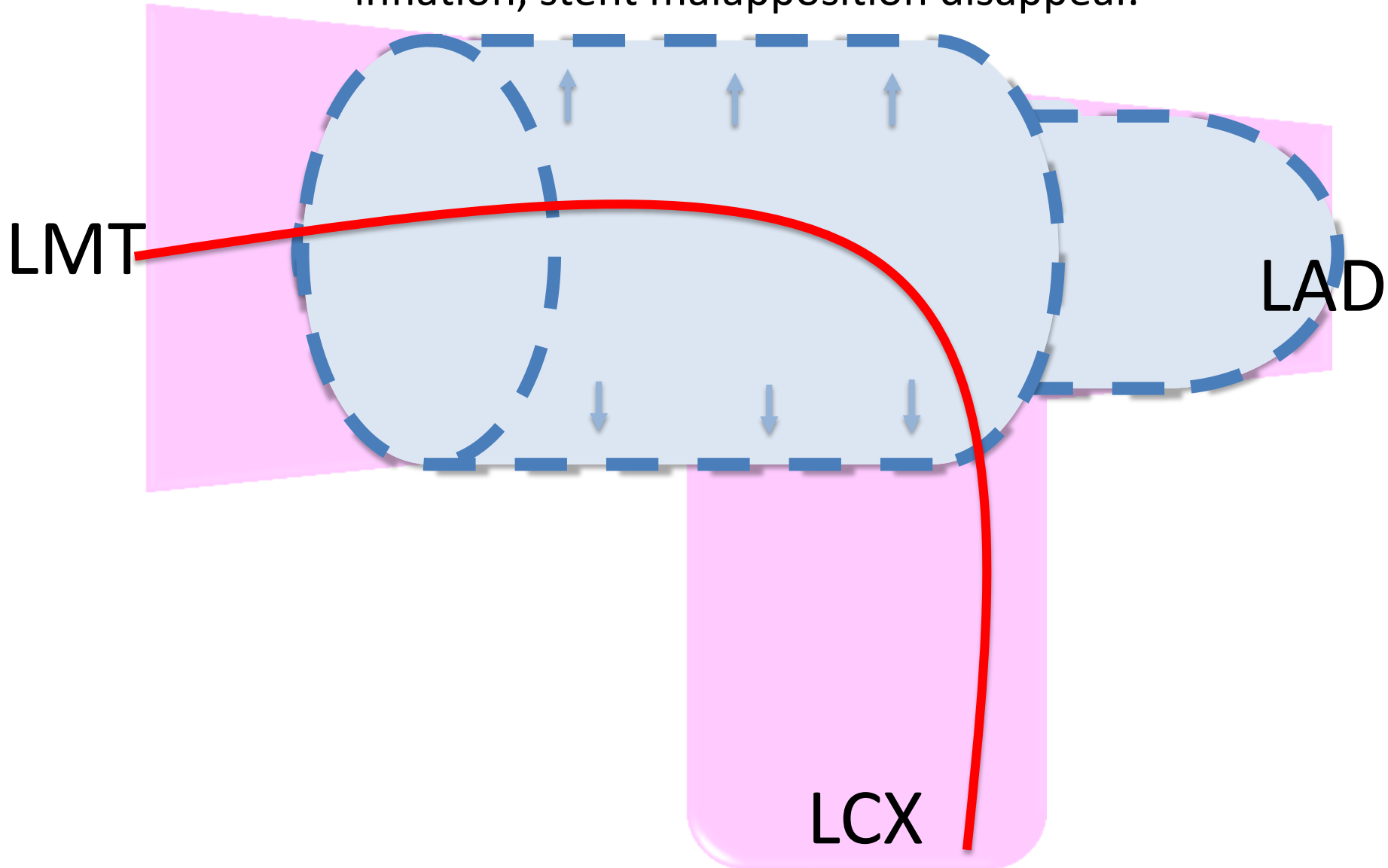
should be obtained.

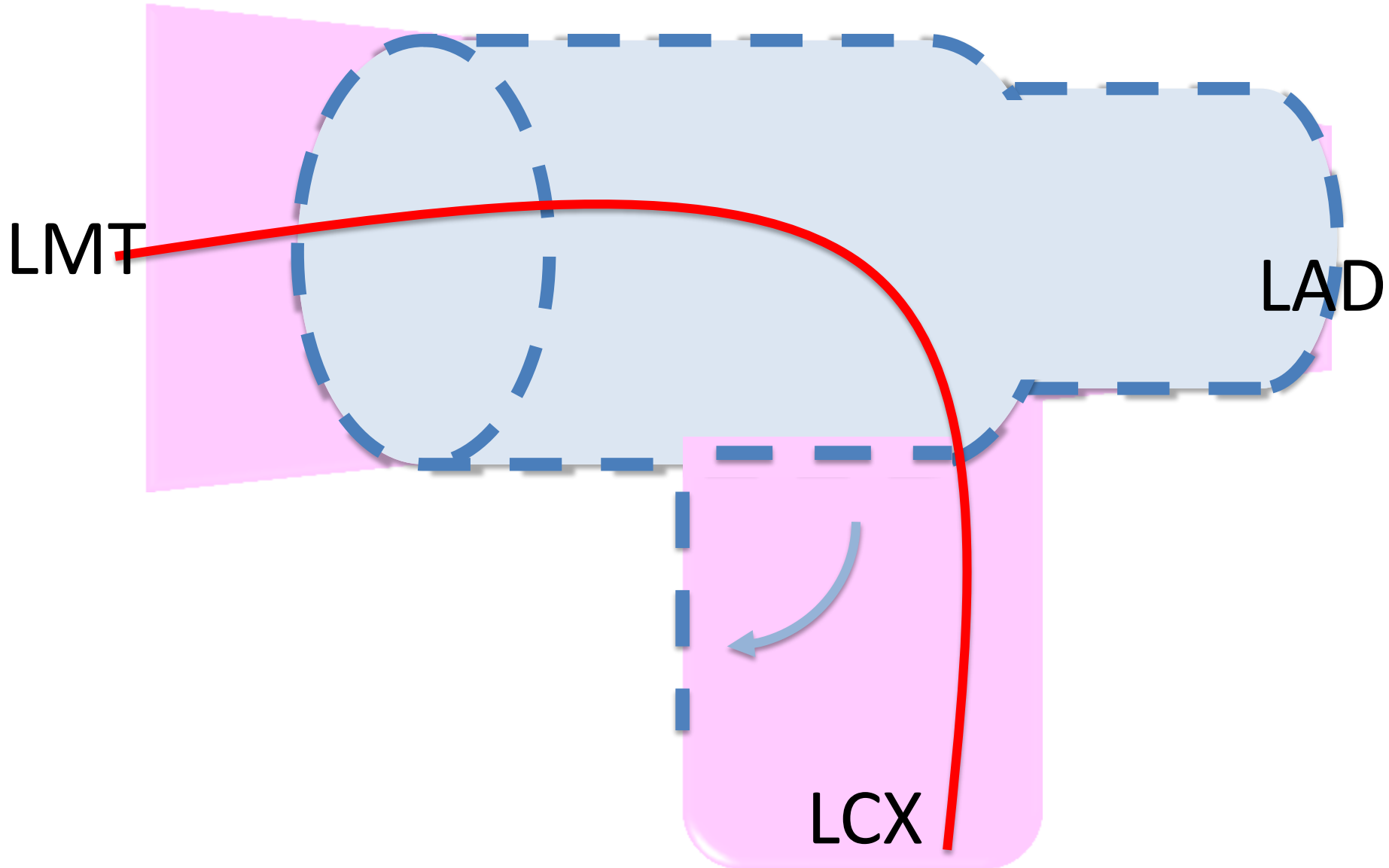
If we implant the stent just size for distal vessel diameter, remarkable malapposition happen at proximal.





If we do proximal optimisation treatment (POT) with bigger balloon inflation, stent malapposition disappear.

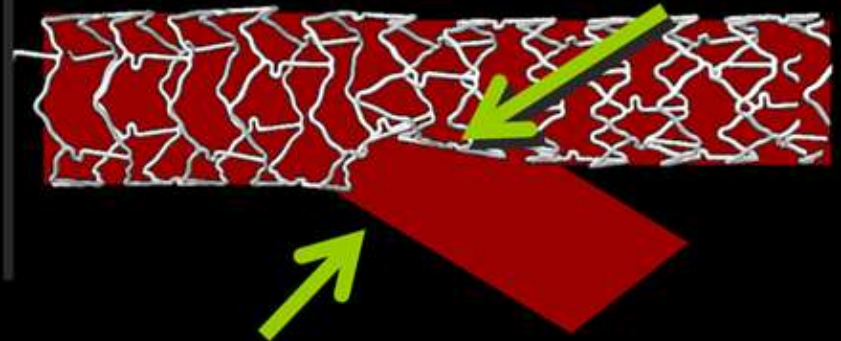
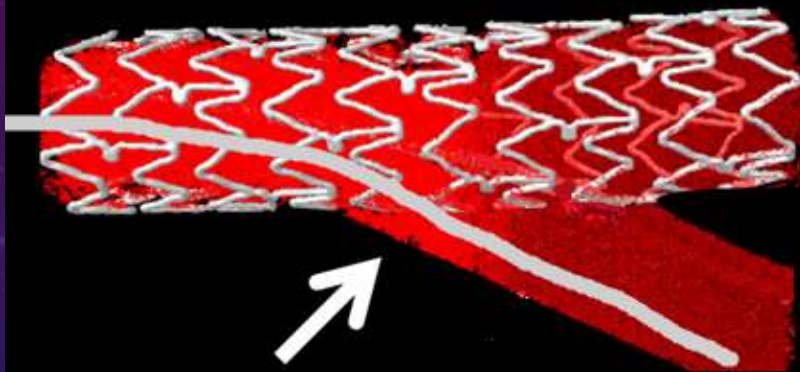




Proximal cross



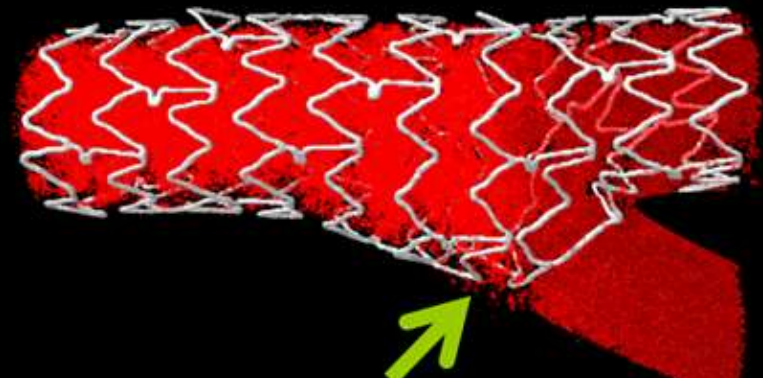
Poor SB scaffolding after kissing



Distal cross

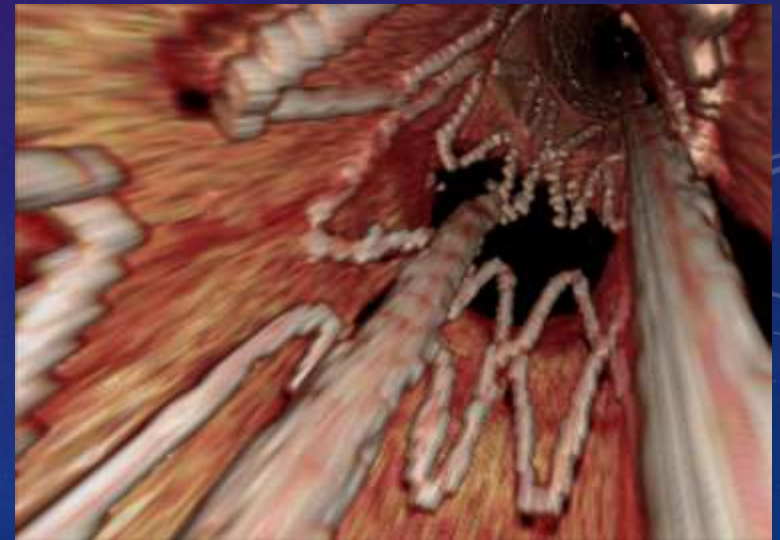
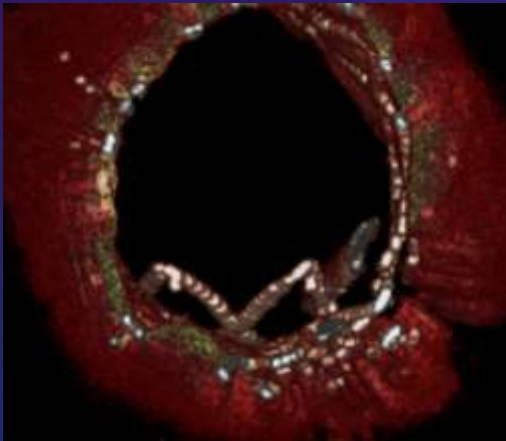
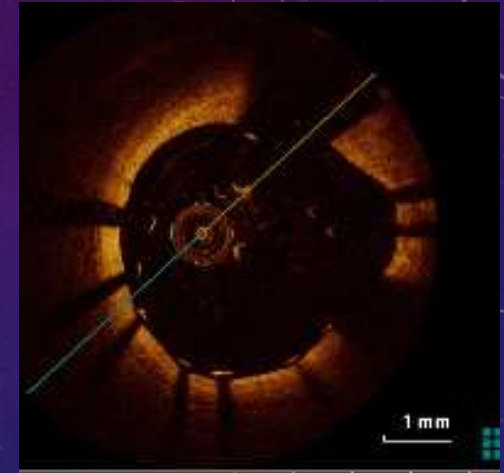


Good SB scaffolding after kissing



For stenting, OCT gives image information

- Stent apposition (2D)
- Stent cell figure (3D)
- Location of link (3D)
- GW position (3D)
- Stent deformation (3D)



3D OCT image reconstructed with specific soft ware provided by Dr. Okamura (Yamaguchi Univ)



60y.o. Female

Target Lesion: LMT

Strategy: PCI to LMT guided by 3D-OCT

Coronary Risk Factor:

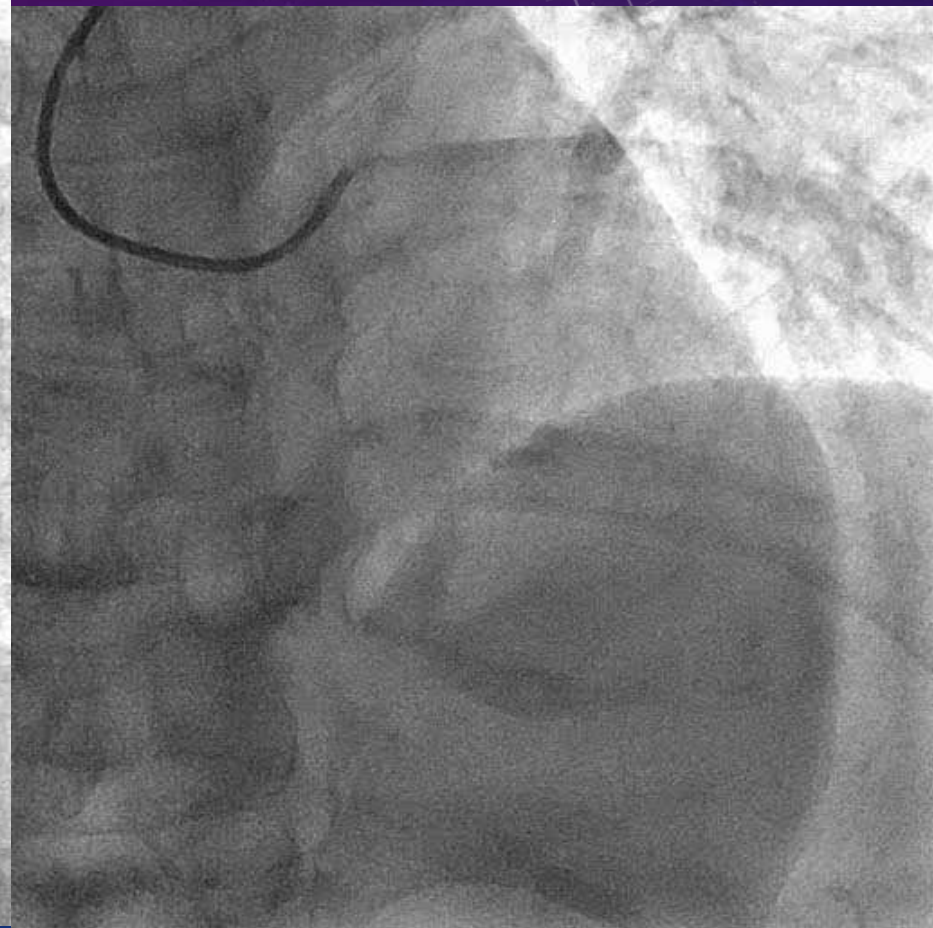
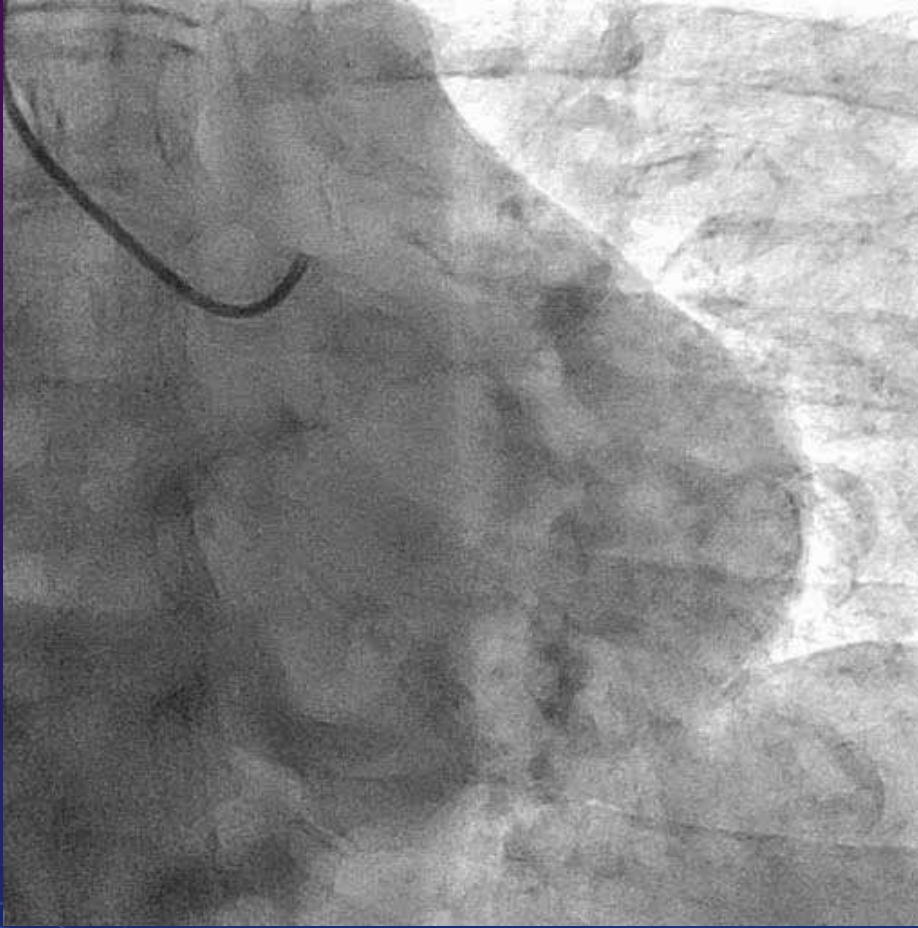
DM(HbA1c:7.0), DL

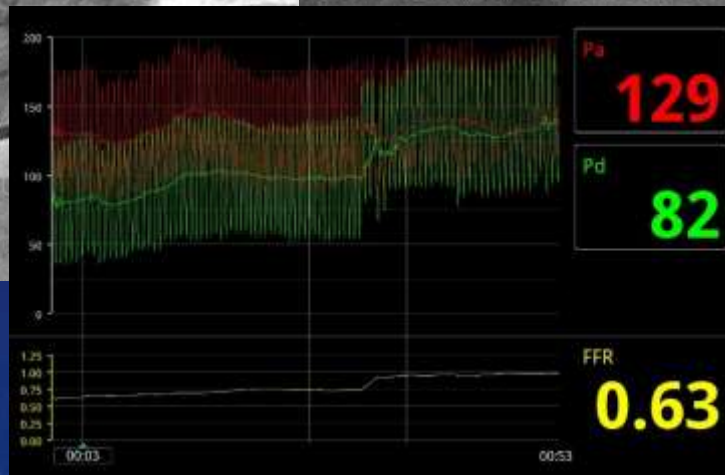
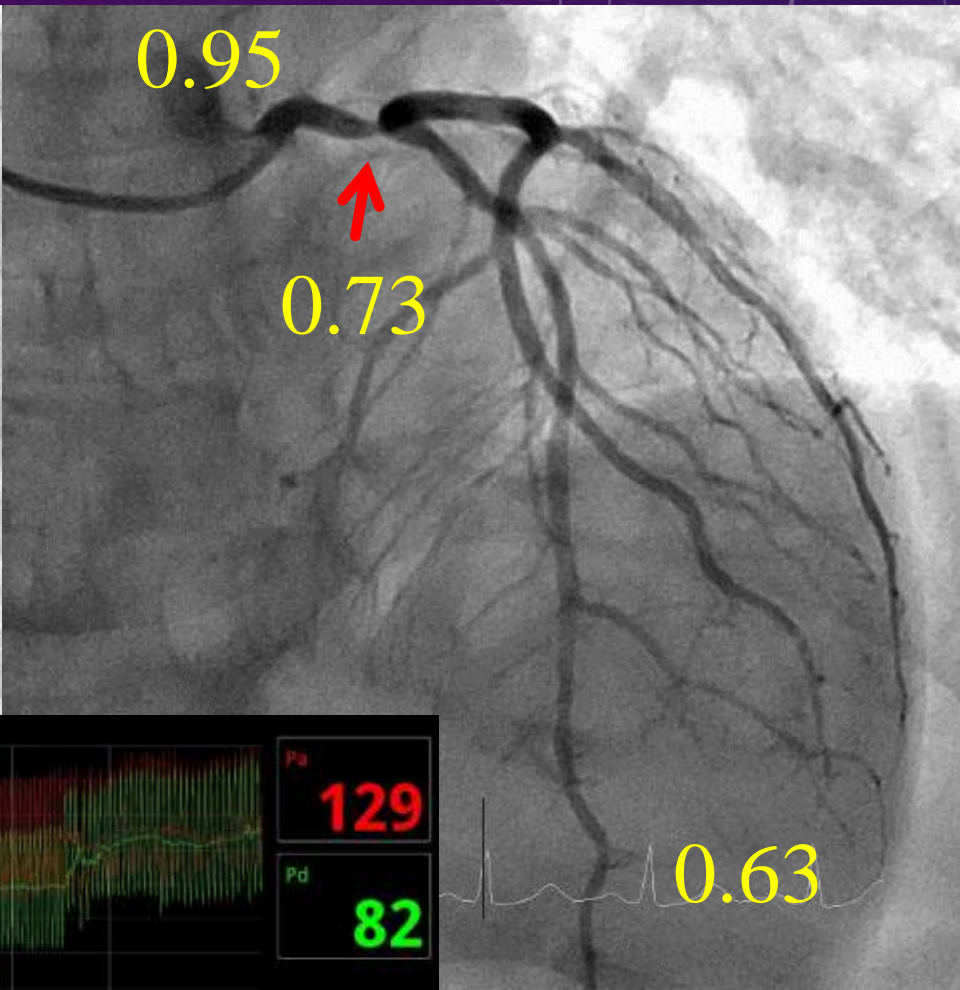
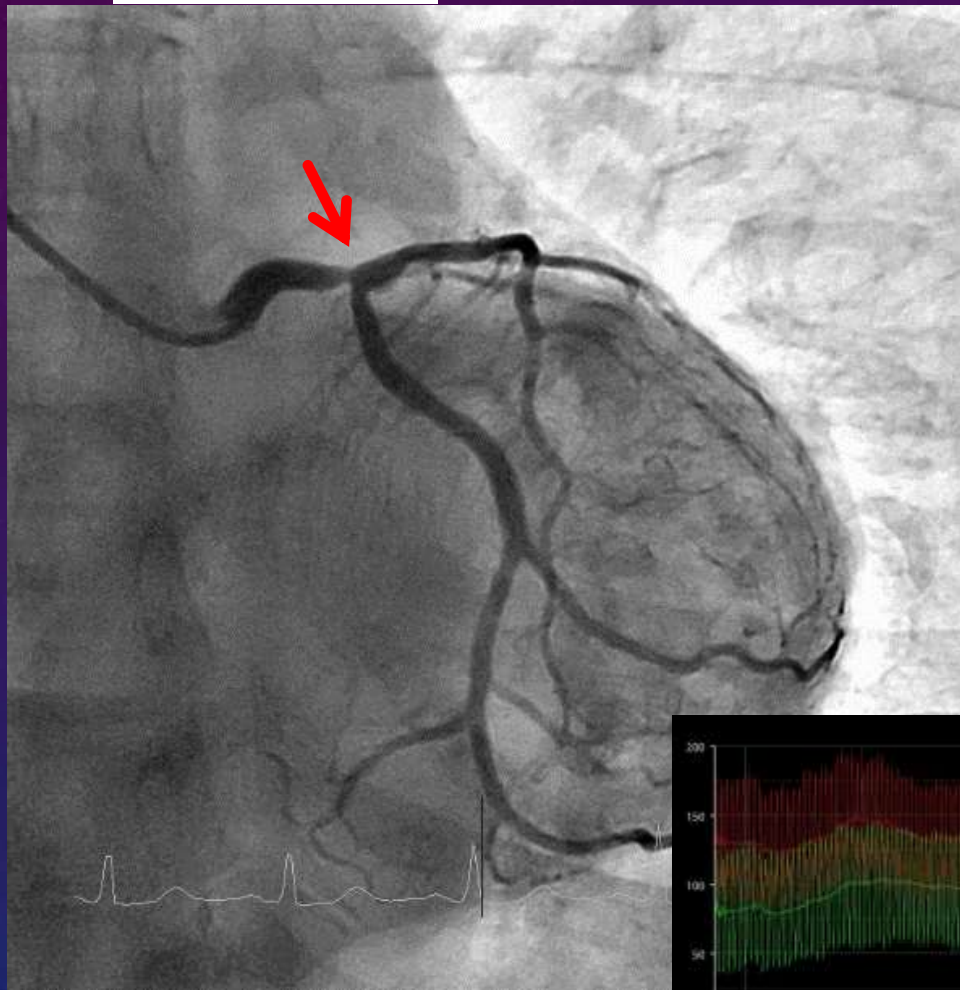
Renal function: Cr 0.54mg/dl

Cardiac function: EF 61%, No asynergy



CAG LCA







60y.o. Female

Treatment

Approach : Rt trans-radial

Guiding catheter : 6Fr JL3.5

GW : Sion blue x 2, Ruhthrough NS floppy

Stent : Resolute integrity 2.75x18mm

POT balloon : Hiryu 3.5x6mm, 4.0x6mm

KBT balloon : Hiryu 3.5 &

stent balloon 2.75





DA 15 E/s

F

0°

CRA 29°

SID 105 cm

7°

0°

96 cm

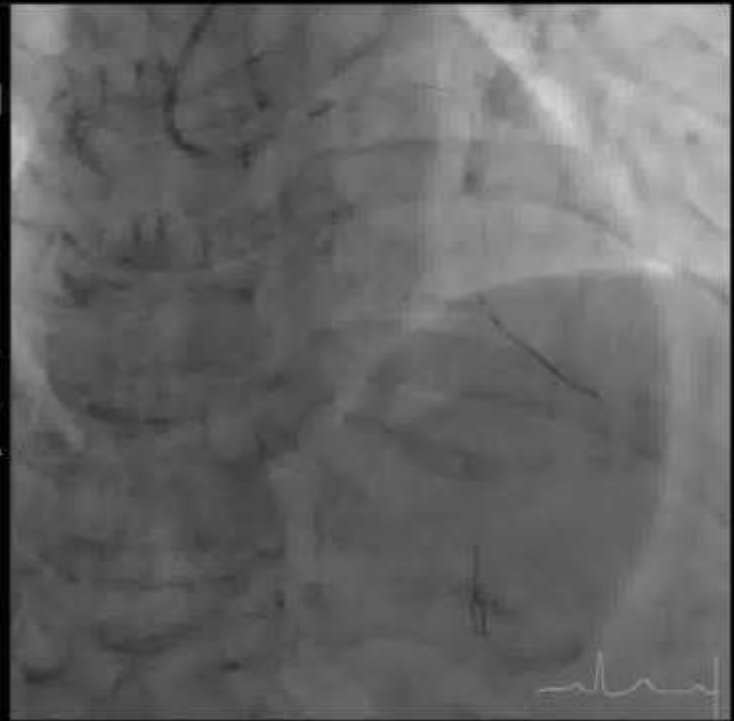
6%

M 6.9 min

0.32 mGy/s

2053.93 cGy/cm²

E





If you want to select another
stent cell crossing point,
Crusade is useful.

