

How do you treat a DES restenosis of an unusual surgically created bifurcation ?

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CLINIQUE SAINT HILAIRE
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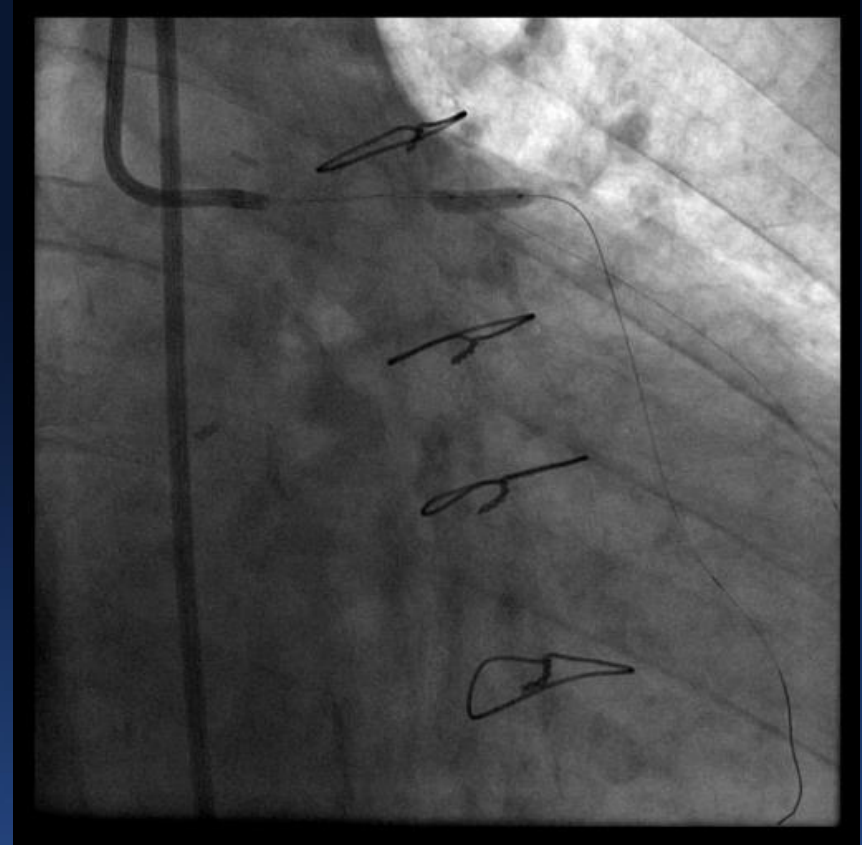
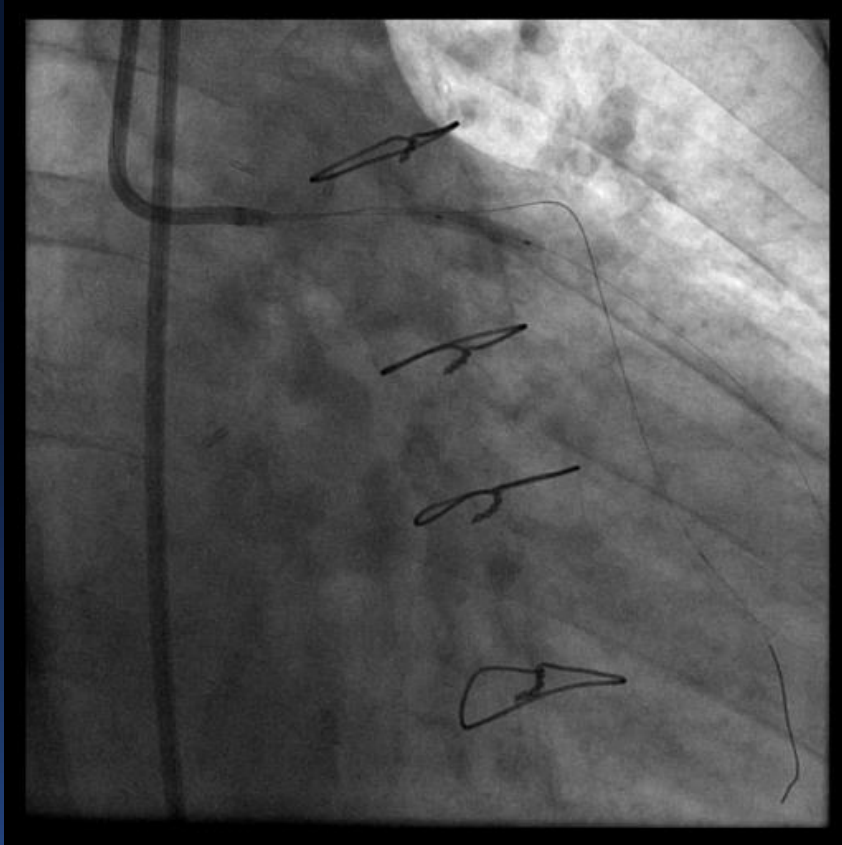
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- Mr LJF 67 years
- RISK FACTORS: Insulin treated Diabètes
- Coronary disease story: 1983 first double vessel bypass
1993, 3 saphenous bypass
Y montage on LAD and marginal branches
(internal mamerial arteries non patent).
- 2010 Troponin positive ST – Acute coronary Syndrome.
- Angiography: LAD , CX and Righth coronary occlusions
 - Patent saphenous right bypass
 - 1.1.1 severe lesion of the bifurcated saphenous grafts

INITIALLY TREATED LESIONS

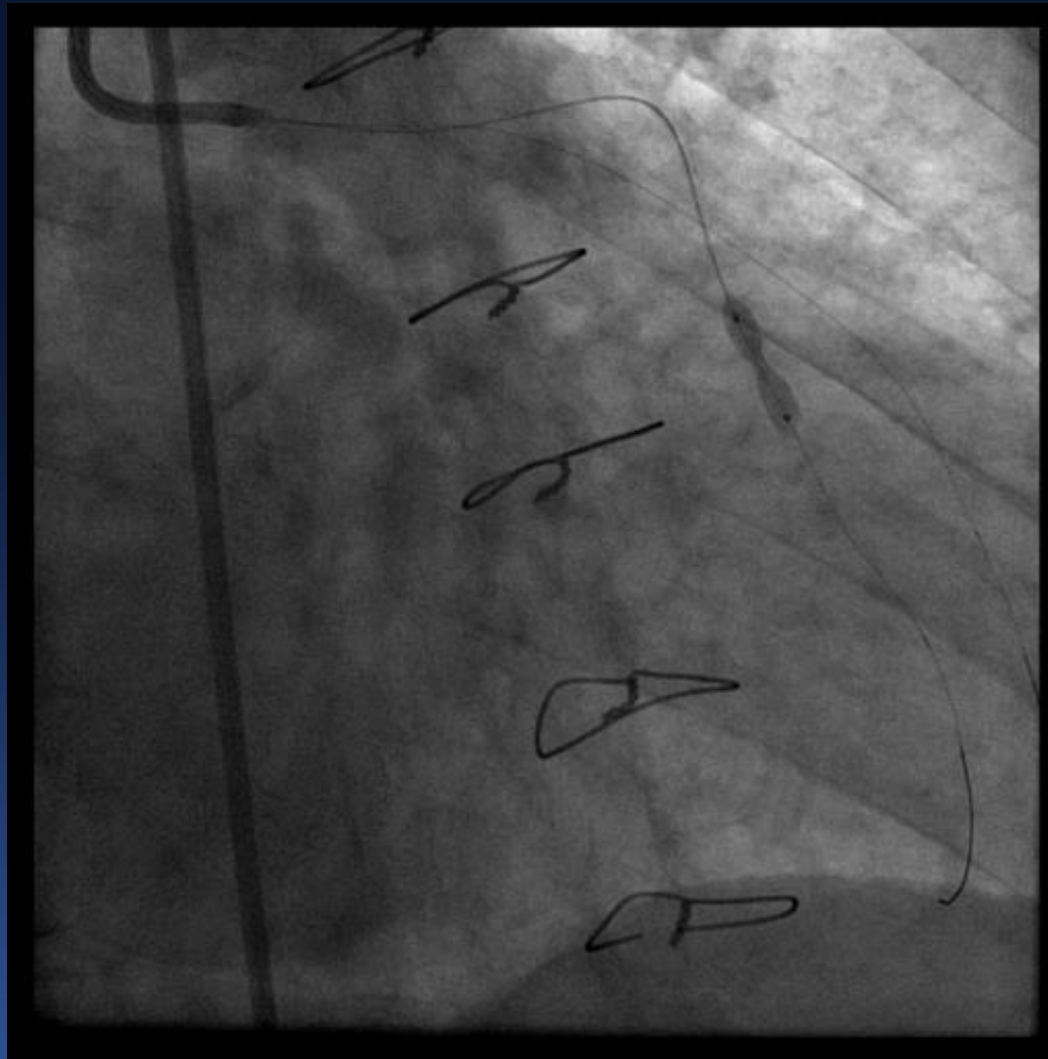


INITIAL STRATEGY: PROVISIONAL T STENTING

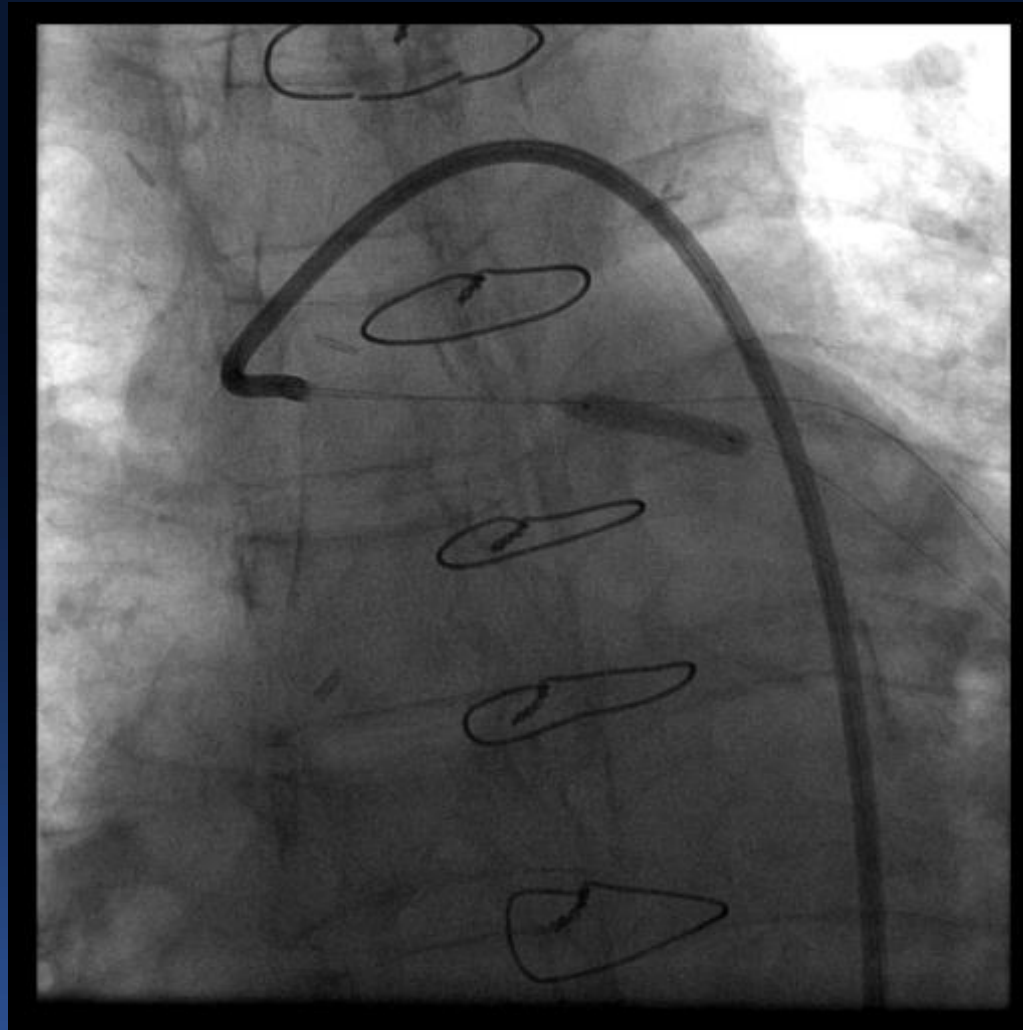


Predilatation of each branch

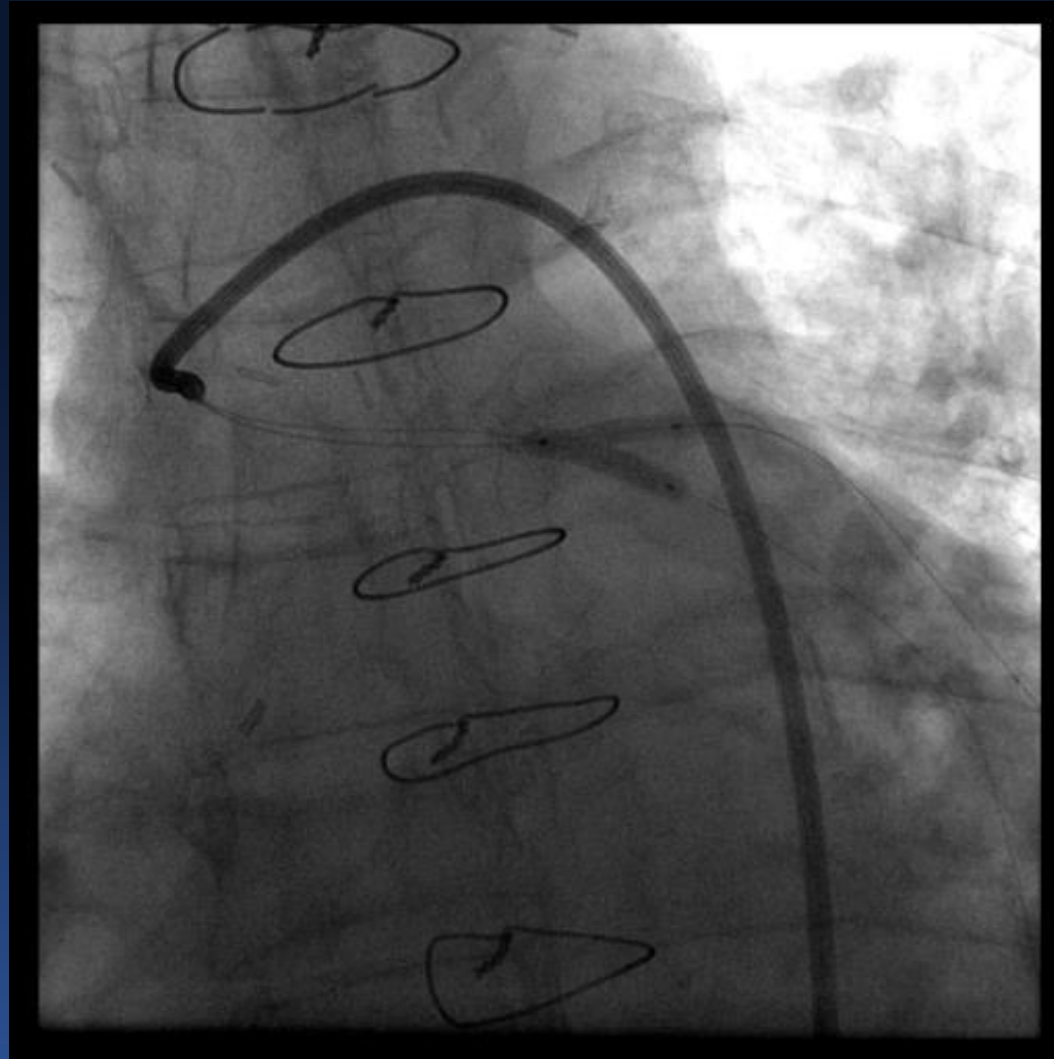
Direct Stenting of the saphenous marginal graft distal lesion with a Xience V 3.5 x 18 mm Stent



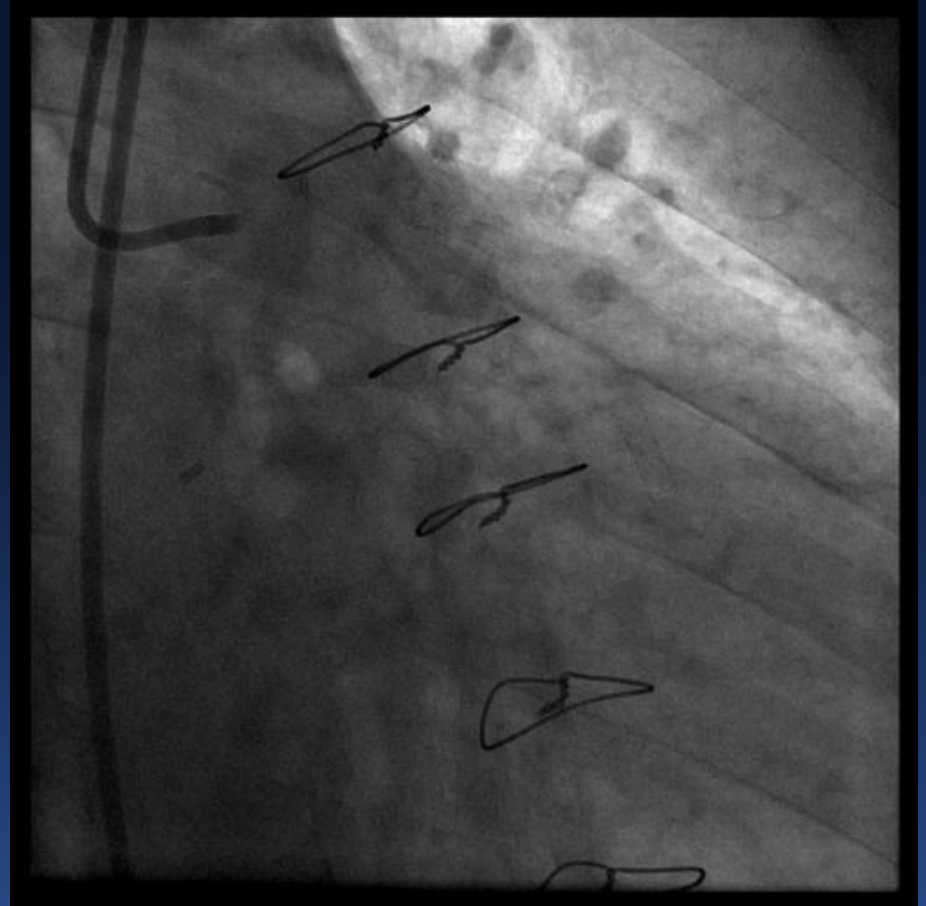
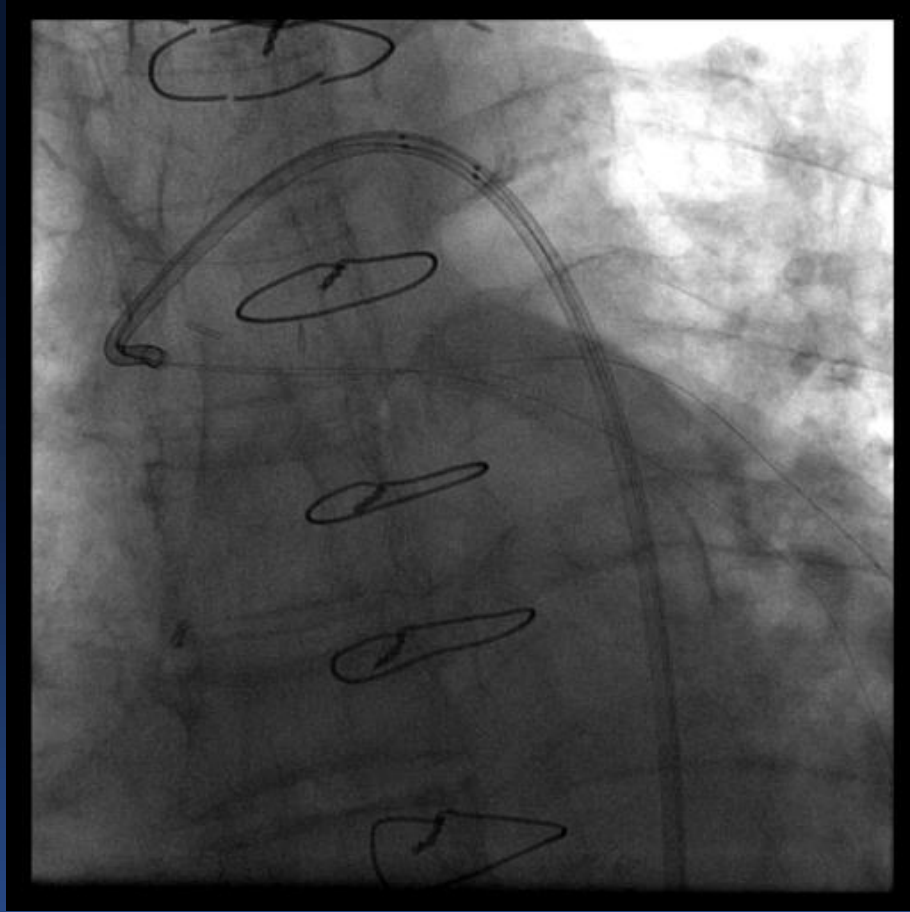
Xience V 3.5 x 18 mm stenting of the venous graft to LAD artery



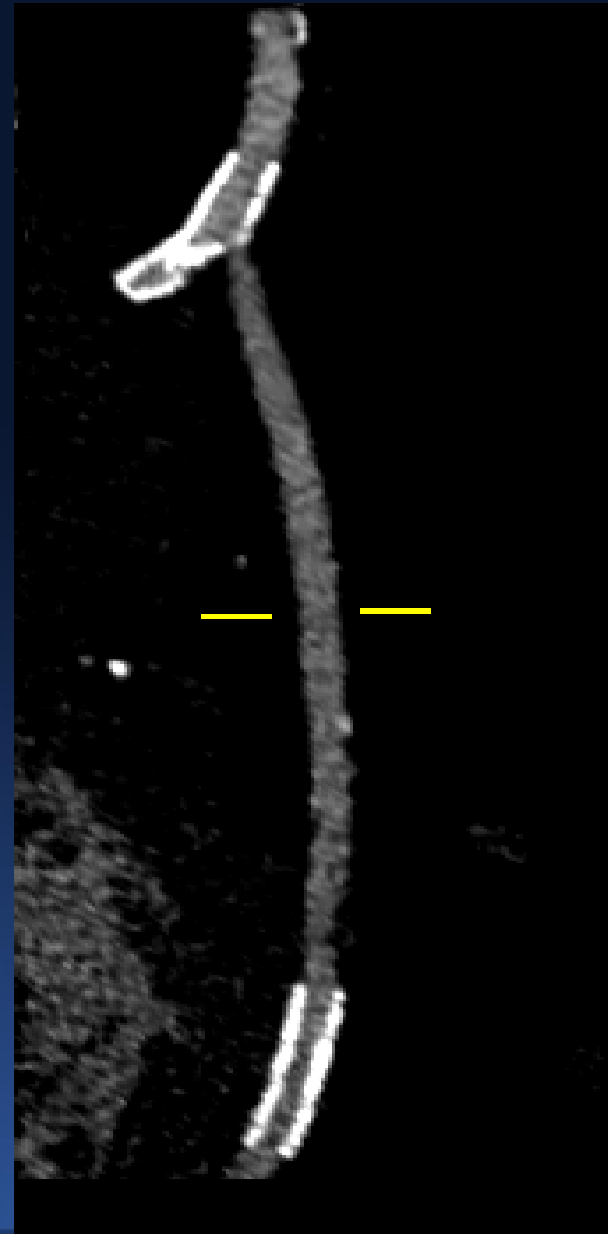
Final Kissing inflation 3 x 15 mm balloons



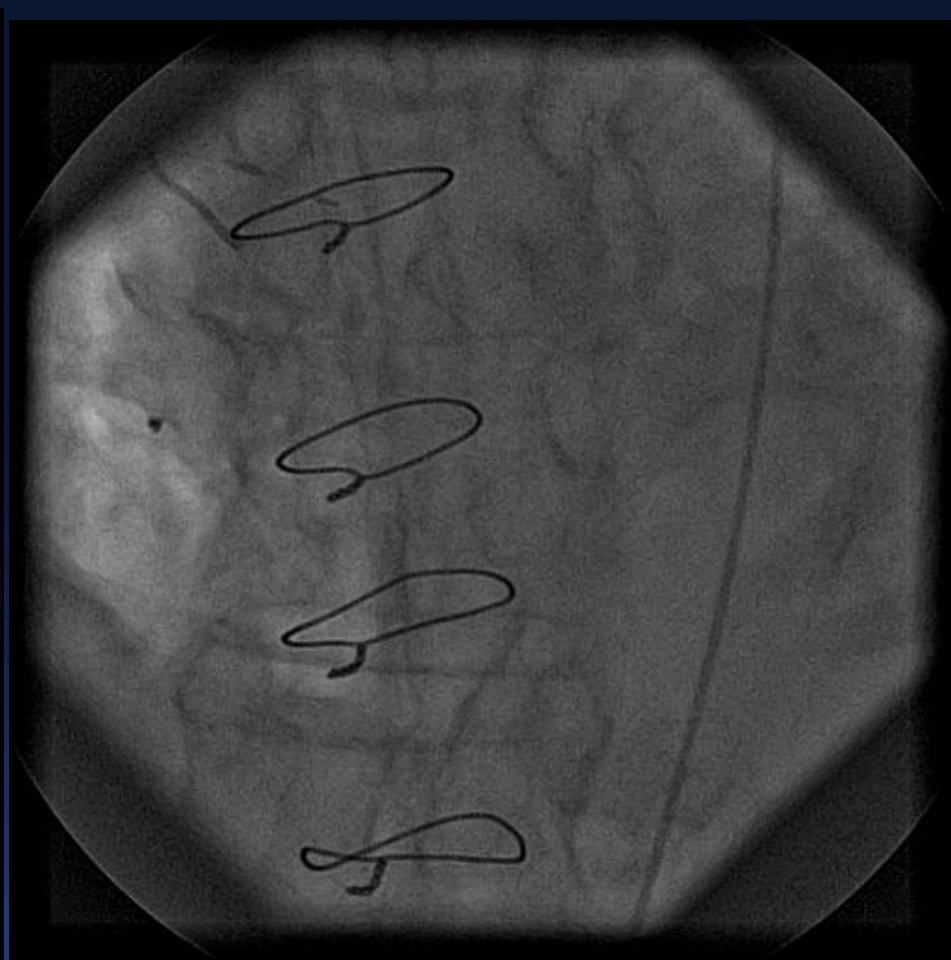
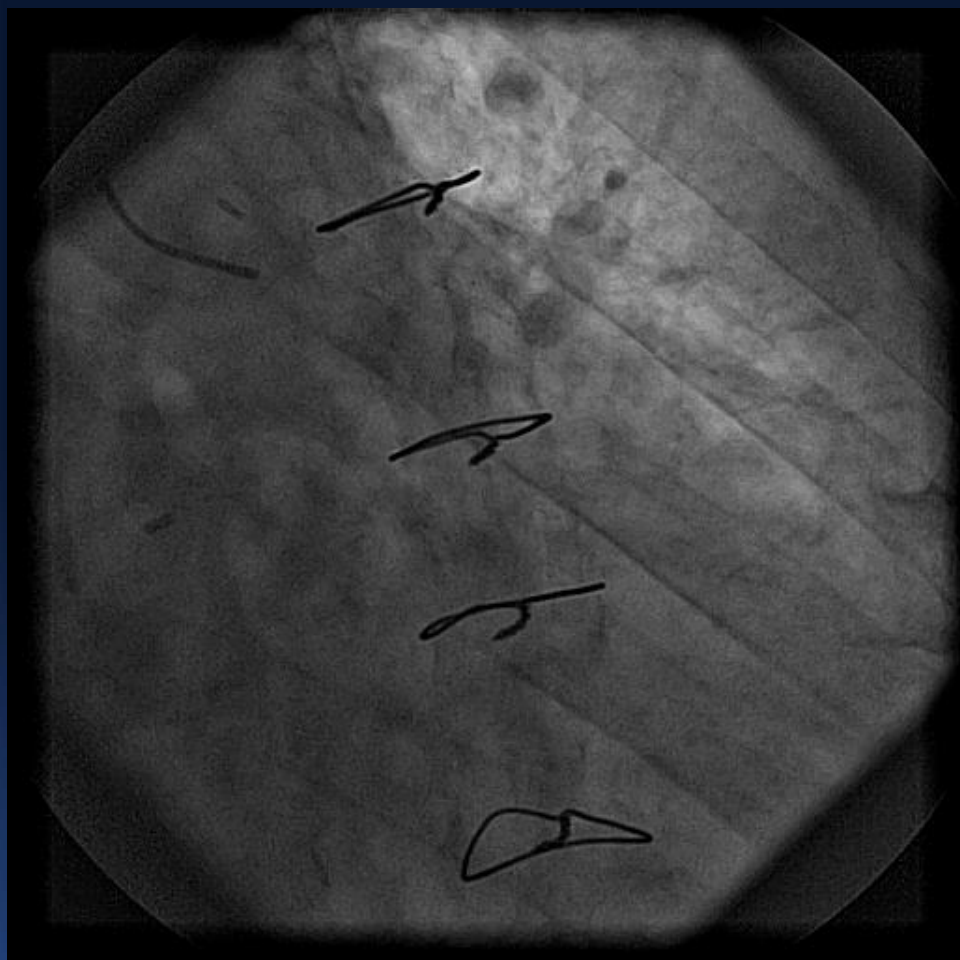
Final angiographic result



**6 MONTHS CT SCAN
ASSYMPTOMATIC
PATIENT**



- Myocardial perfusion imaging after CT scan: minimal lateral ischemia.
- 09/02/2010, 10 months after initial angioplasty patient readmitted for prolonged (90 min) Chest pain after an effort
- EKG apico lateral negative T waves
- with troponin T 20,7 ui



BYPASS ANGIOGRAM SEPT 2010.

How do you treat this restenosis
lesion

In a DES implanted in a bifurcated Y
saphenous bypass ?