

Case 1 : DES restenosis of an unusual surgically created bifurcation

Consensus and take-home message

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I, Hervé Le Breton DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation

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Consensus and take-home message (1)

- Systematic culotte or T stenting of the SVG bifurcation lesion during the initial procedure ?
- No other choice than a new angioplasty to treat this restenotic lesion
(ACS, non patent internal mammary arteries)

Consensus and take-home message (2)

- Before treating this complex SVG restenosis lesion, its mechanism should be assessed before treatment
 - Intimal hyperplasia
 - Intimal fibrosis
 - Atherosclerosis
 - stent undersizing, stent recoil,
 - stent malapposition or underexpansion?
- Stent boost, IVUS or OCT ?

Consensus and take-home message (3)

- Dual antiplatelet therapy with a new antiplatelet agent (prasugrel or ticagrelor)
- No systematic antiGPIIb/IIIa administration
- No systematic use of embolic protection devices (focal restenotic lesion, no diffuse SVG disease)

Consensus and take-home message (4)

- Predilatation of the ostial side branch lesion to the CX
- Stenting of the ostial side branch lesion to the CX with a drug eluting stent
- « Culotte technique » to avoid geographical miss
- SVG to LAD in-DES restenosis: high pressure non compliant balloon
- Systematic final kissing balloon (drug eluting balloon in the SVG to LAD in-des restenosis ??)