

2019 | euro
PCR

*Argentina and the Netherlands share their most educational cases:
focus on challenges and complications of left main PCI* With the
*collaboration of the Argentinian College of Interventional Cardioangiologists (CACI)
and the Working Group of Interventional Cardiology of the Netherlands (WIC)*

Stent displacement during the treatment of an ostial and ulcerated lesion in a short Left Main Coronary Artery

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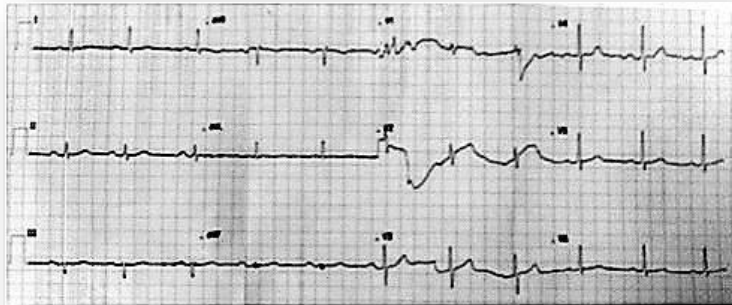
Artery Group

Speaker's name : Alejandro Abel Fernandez

I do not have any potential conflict of interest to declare

The Case

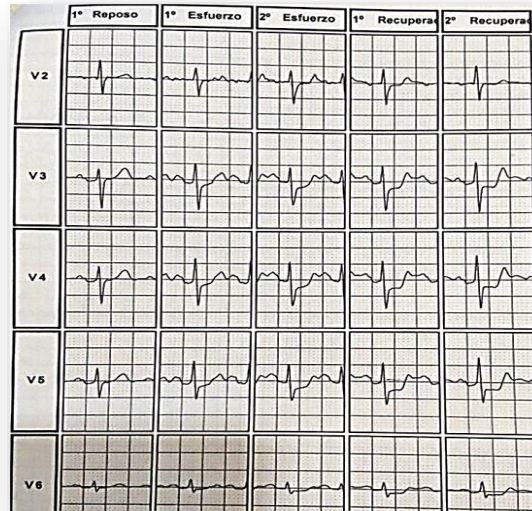
- Male patient. 70 years old. Golf player twice a week. T2DM, HT, smoking. Usually asymptomatic.
- Refers dyspnea NYHA Class III in the previous months.
- ASA, enalapril, statins.
- Normal spirometry.
- 2 D Echo: EF 65%, normal left ventricular diameters. Mild inferior hypokinesis.



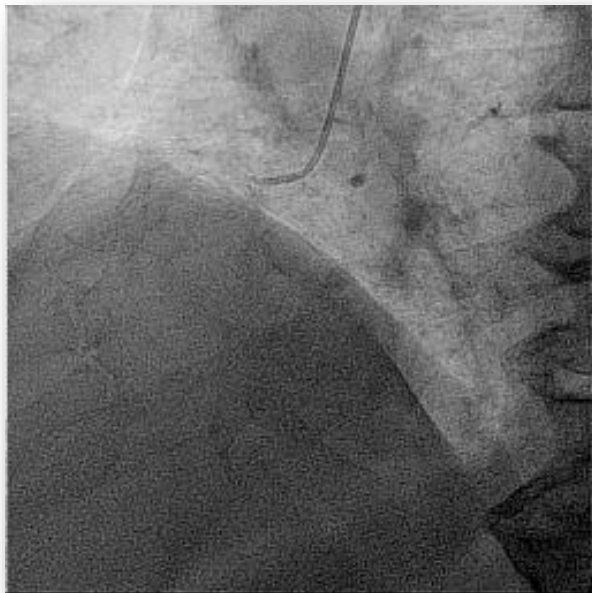
- SPECT scan:

EF 62%. No significant differences in regional perfusion.

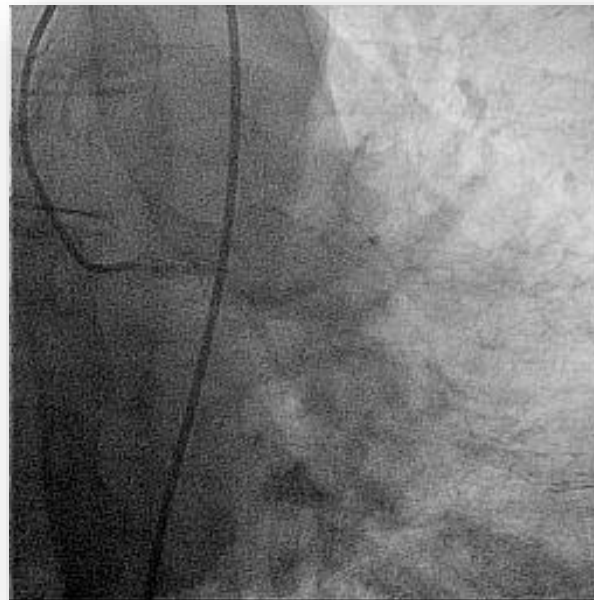
300 kgm. Significant ST segment depression (V2-V6) + Dyspnea.



Coronary Angiography

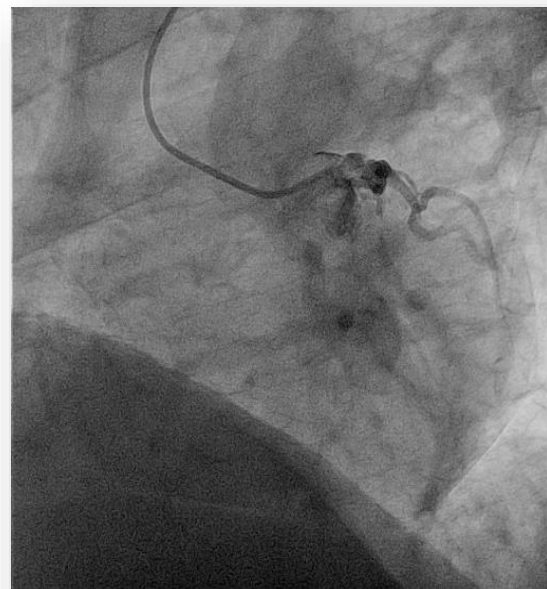
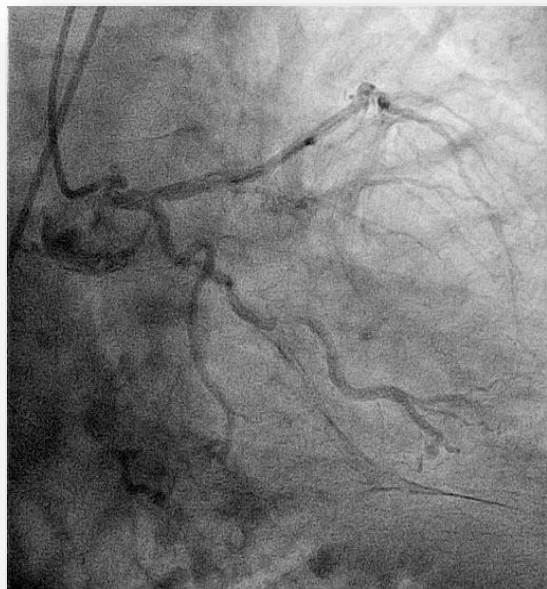


RCA : CTO.



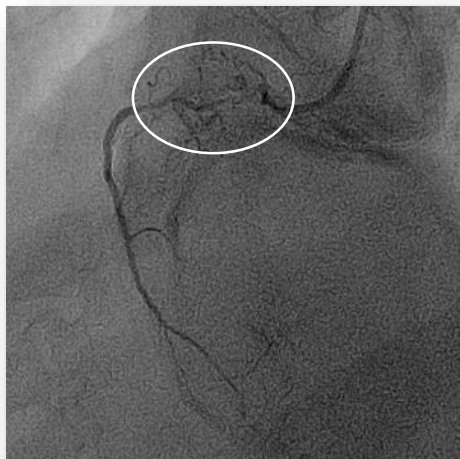
Severe stenosis in lateral branch of LCX.

Coronary Angiography

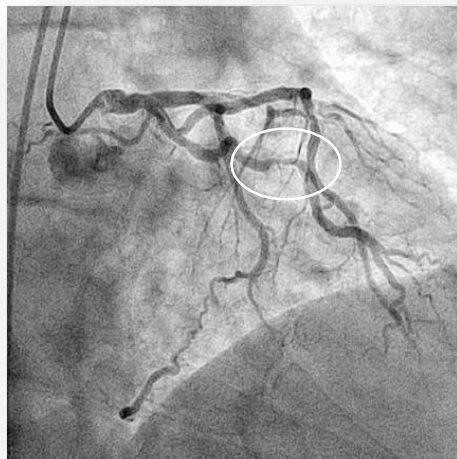


The LMCA was short and presented a moderate ostial stenosis with a proximal ulcerated image (iatrogenic?)

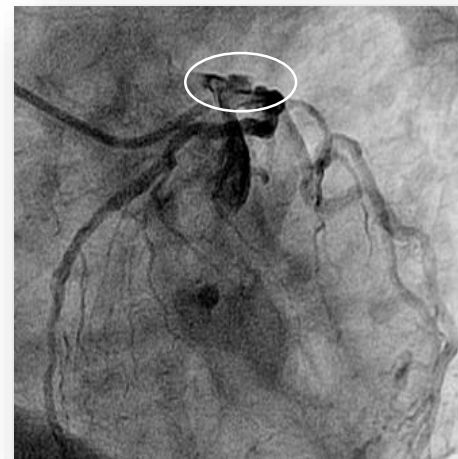
Strategy



CABG?

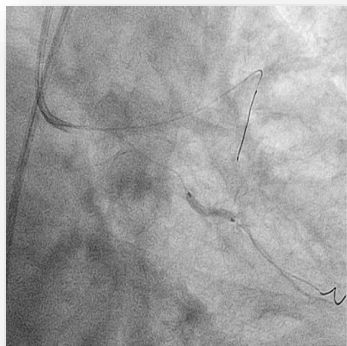


LCX PCI?

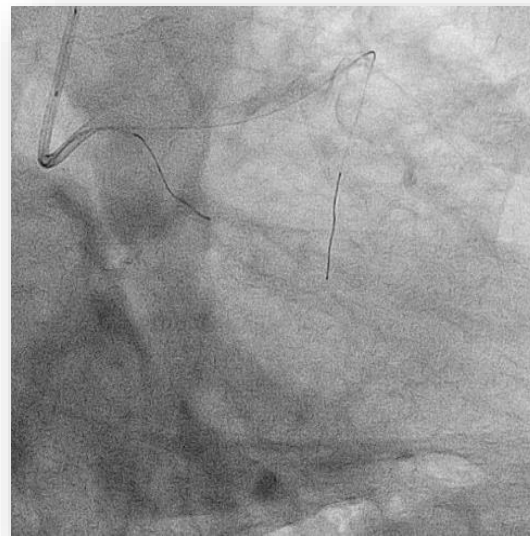


Left Main/LCX PCI?

1. PCI of LV of LCX

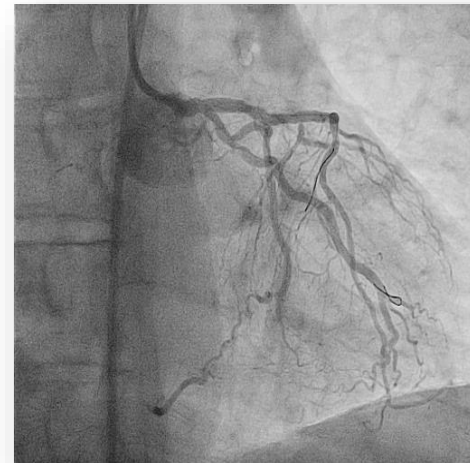


Stent Boost



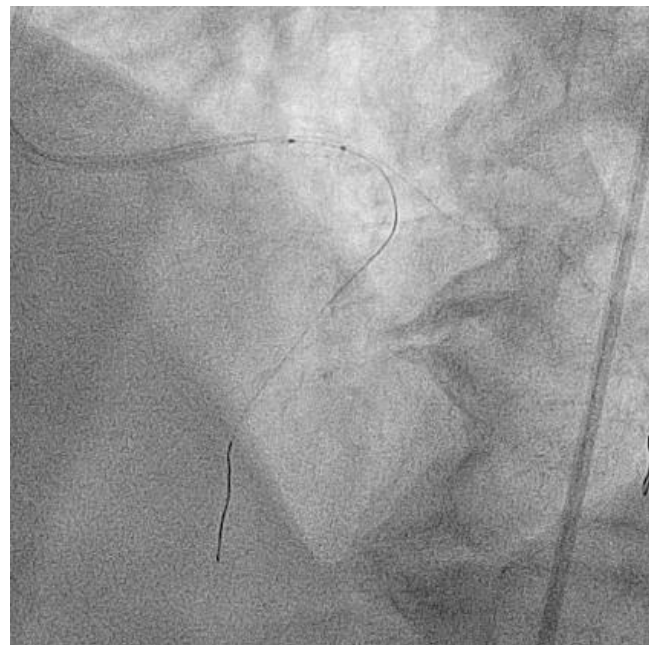
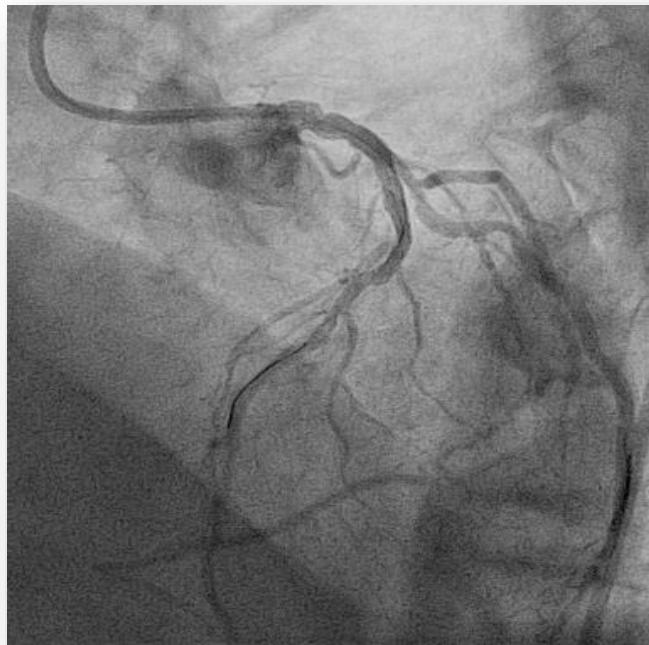
DES (everolimus) 2.5 x
15 mm

2. PCI of LMCA



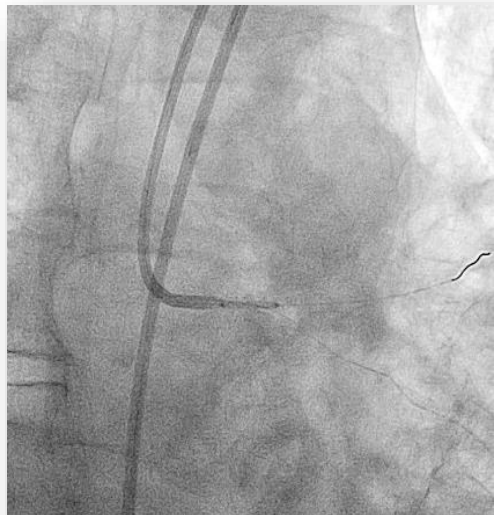
DES (everolimus) 3.5 x 8 mm

2. PCI of LMCA

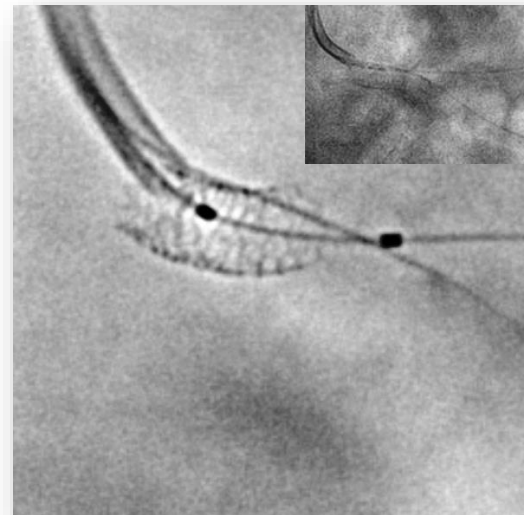
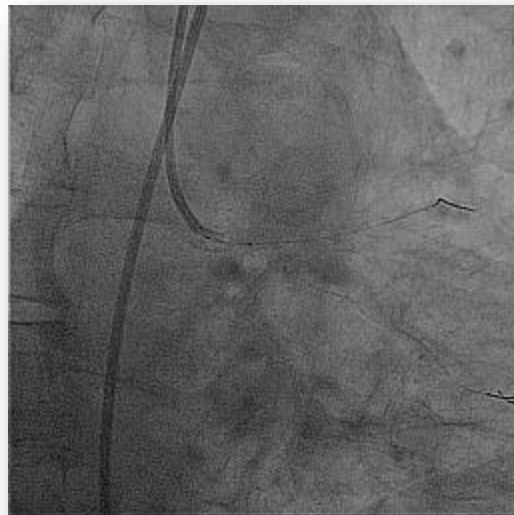


LAO view: suboptimal result

2. PCI of LMCA

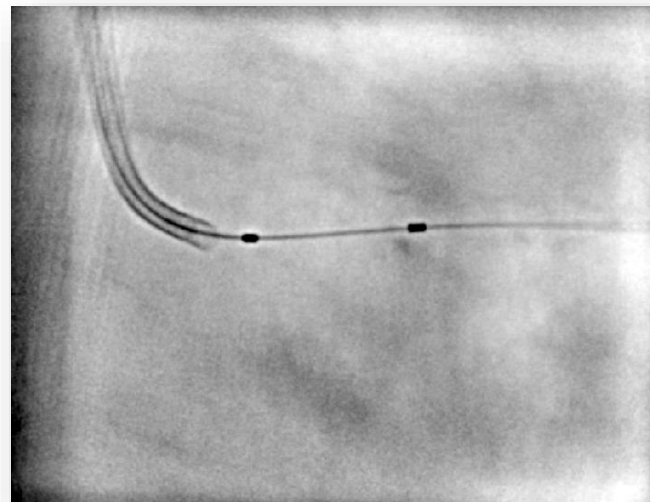


DES (everolimus) 4.0 x 12 mm



Stent Boost

THE COMPLICATION(S)



#1. Stent displacement

THE COMPLICATION(S)



#2. Right Common Femoral Artery