



PCR Webinars On The Road: a Cathflix Series

*A patient with ACS – how should I treat
the left main?*

Question 1: Hello from Greece! A comment about the significance of the recross cell (proximal or distal) for provisional stenting!

For Provisional stenting, it is ideal to cross from the distal strut to achieve better and complete coverage of the carina

Question 2: When do you prefer aorta OSTIAL wire ?

Aorta Ostial wire is generally not required. I use it occasionally to position a stent when there are lots of movement.

Question 3: Is there any role of thrombus aspiration in such cases, especially when the thrombus was seen during IVUS?

No. Generally intracoronary imaging is more sensitive to identify thrombus than angiography. In current practice thrombus aspiration is not routinely done. However in cases of huge thrombus burden we do use it occasionally.

Question 4: How to choose the FKB size of NCB & inflation ATMP. ? example - (LM 5 mm : LAD 3.5 : LCX 3)

The kissing balloons are sized according to distal branch diameters

Question 5: What parameter do you use to know you have the maximum hyperemia?

If you use the correct dosage of adenosine, you can trust that you have maximum hyperemia in 99% of all patients. Might you have any doubt, you can either increase the dosage of IC adenosine and see what happens. And in case of IV adenosine, you can easily give additional IC adenosine on top of the IV to see what happens. The ultimate proof of the presence of maximum hyperemia is given by the fact that you see no further increase of hyperemia (i.e. further decrease of distal pressure) by such additional drug administration.

Question 6: I'm wondering if you found this ACS case in the middle of the night, would you still use the IVUS?

IVUS is not mandatory in all left main and ACS. However if available it can aid in optimization in stable patients.

Question 7: Why heart team did not decide CABG?

- 1. In view of Distal disease not suitable for grafting*
- 2. ACS Scenario*
- 3. Young Patient with acceptable syntax score for PCI*

Question 8 & 9: Is that with the Hemodynamic support would have done the distal LCX PCI Too? RCA lesion ?

RCA Lesion was too distal and supplied a very small territory. All the lesions in LAD, OM2 & left main were treated. OM 1 was a CTO and is prudent to stage during ACS scenario to reduce the time and safety

Question 10: Is Culotte preferred over TAP if the bifurcation angle is narrow?

Yes, if the bifurcation angle is narrow, culotte could be considered

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