

Non-LM Bifurcation (1,1,1) Mini-Crush Technique

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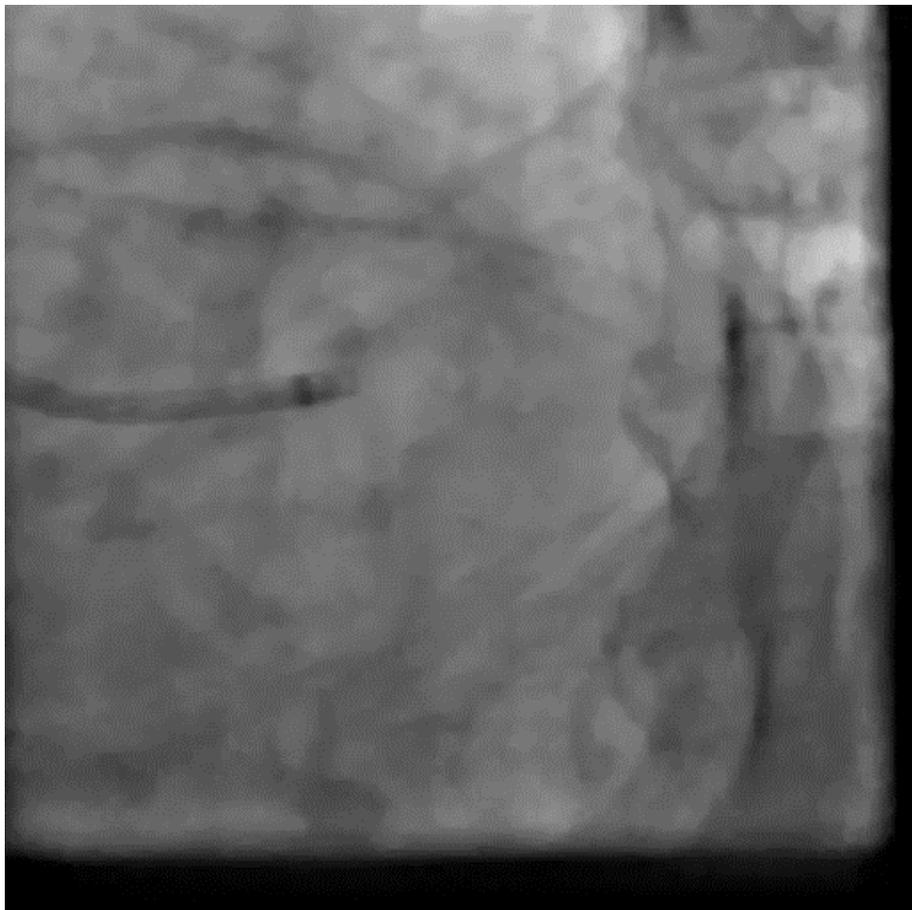
HOD – Cardiology & Cardiothoracic Surgery

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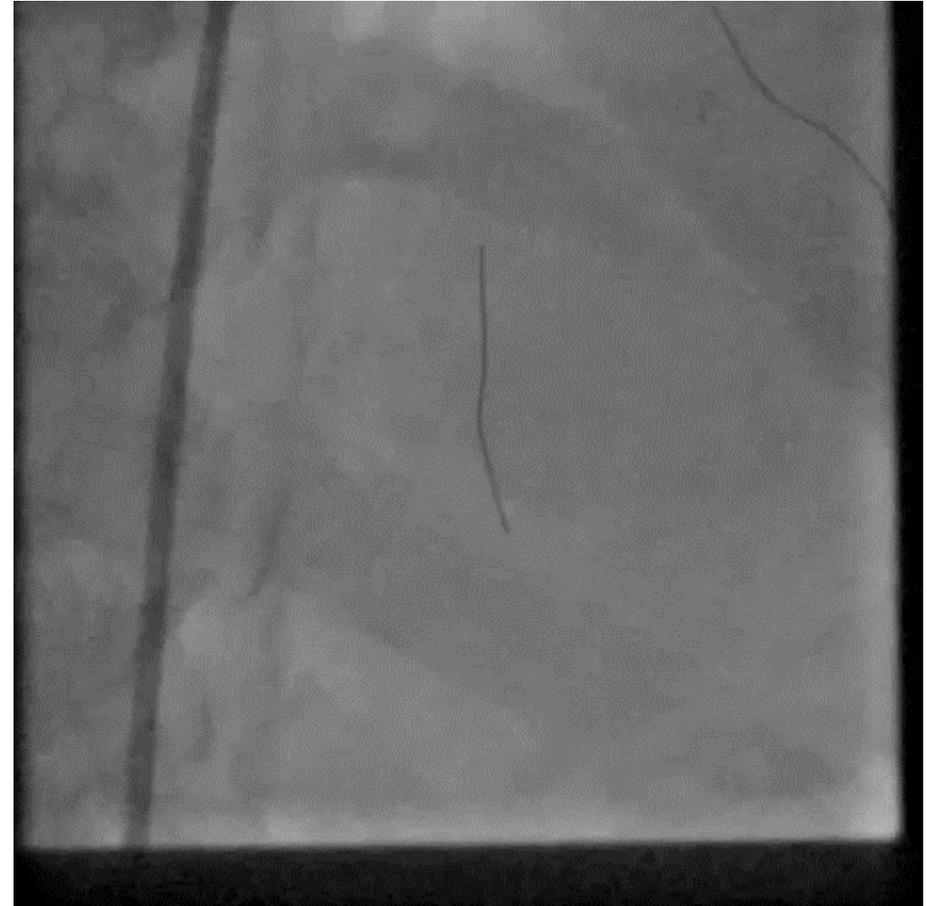
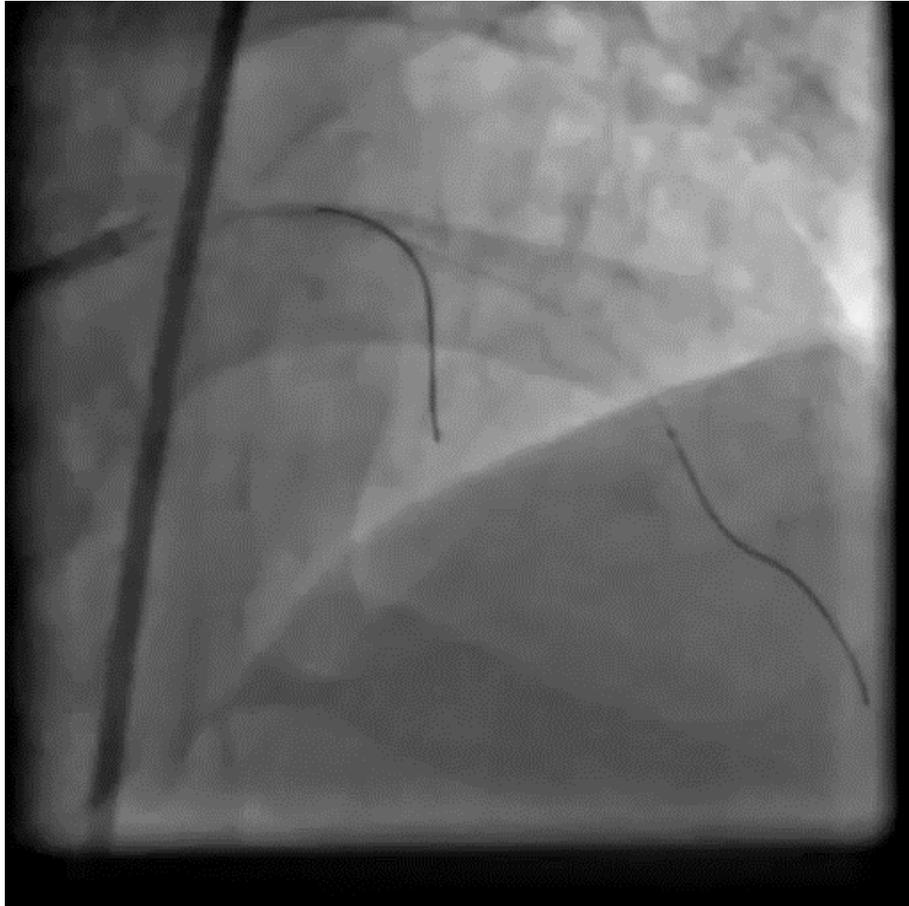
Telangana, India

- 60 years old male diabetic, Hypertensive with diabetic foot left 2nd toe gangrene came for cardiac management.
- ECG showed QS in V1 to V3 - T inversions in AVL
- 2D ECHO - RWMA in LAD territory and moderate LV dysfunction (EF-39%)
- Investigations: Hb-13.7 g/dl, Sr creatinine-1.17 mg/dl,

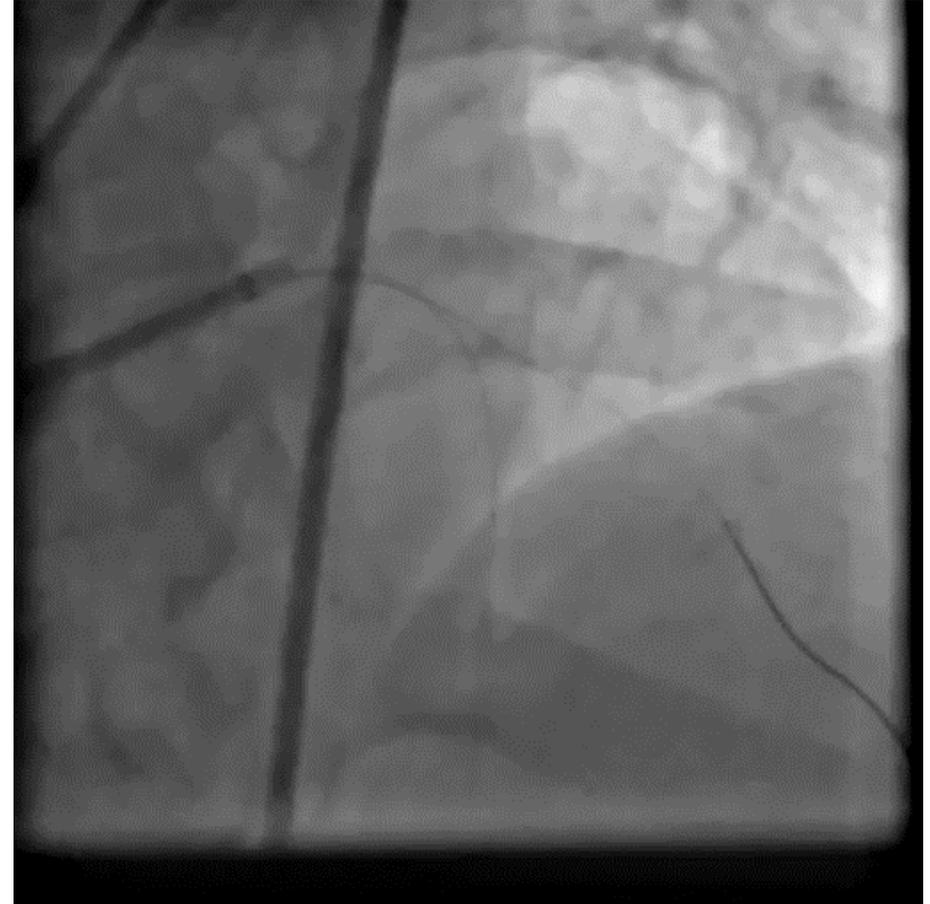
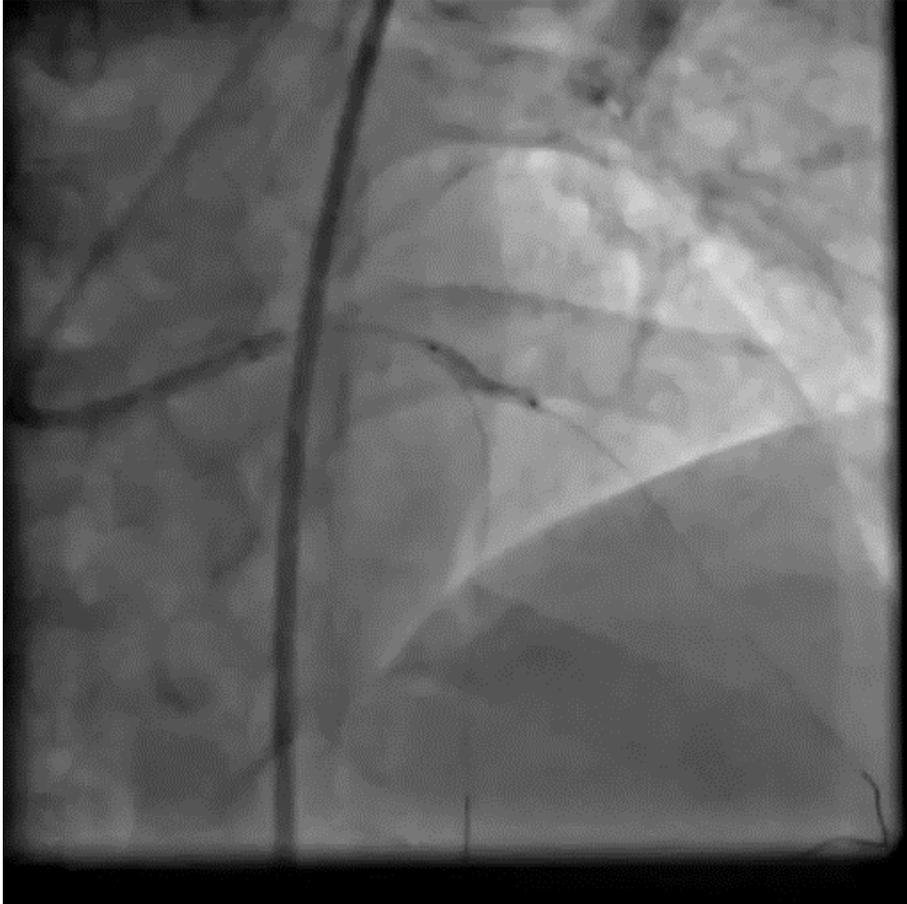
CAG-SVD: LAD 80% bifurcation lesion, D1-
ostial 90% (1,1,1)



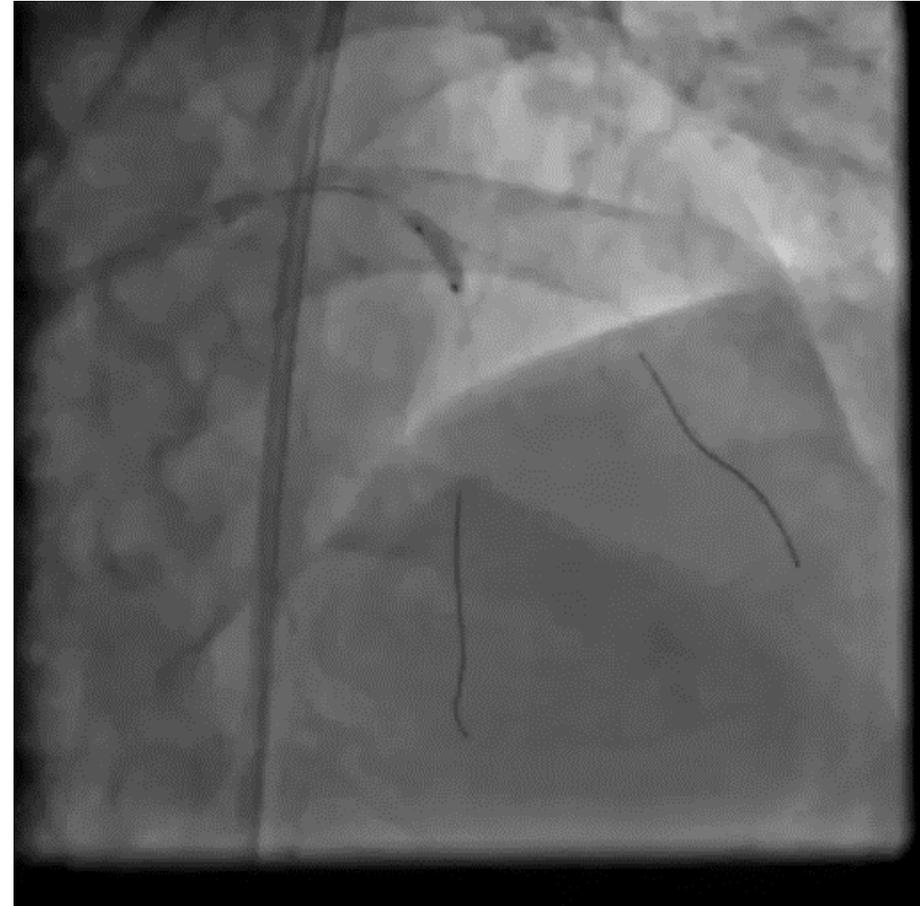
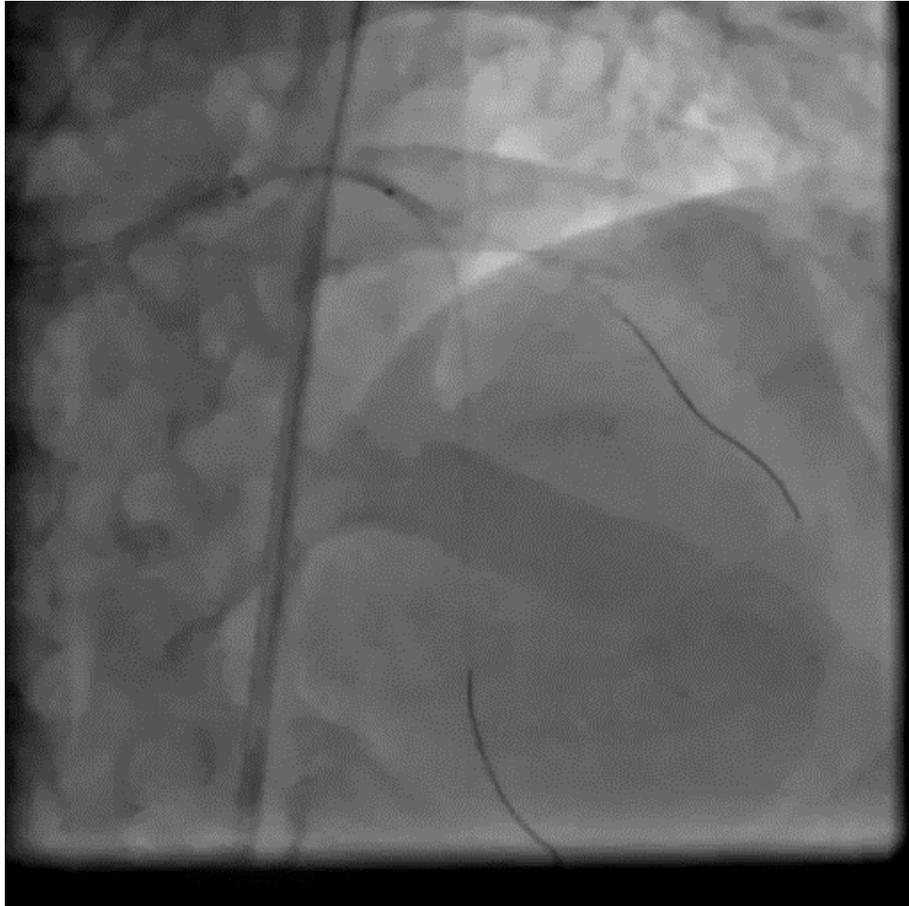
LAD Lesion crossed with 0.014" Run through wire. D1 crossed with 0.014" BMW wire



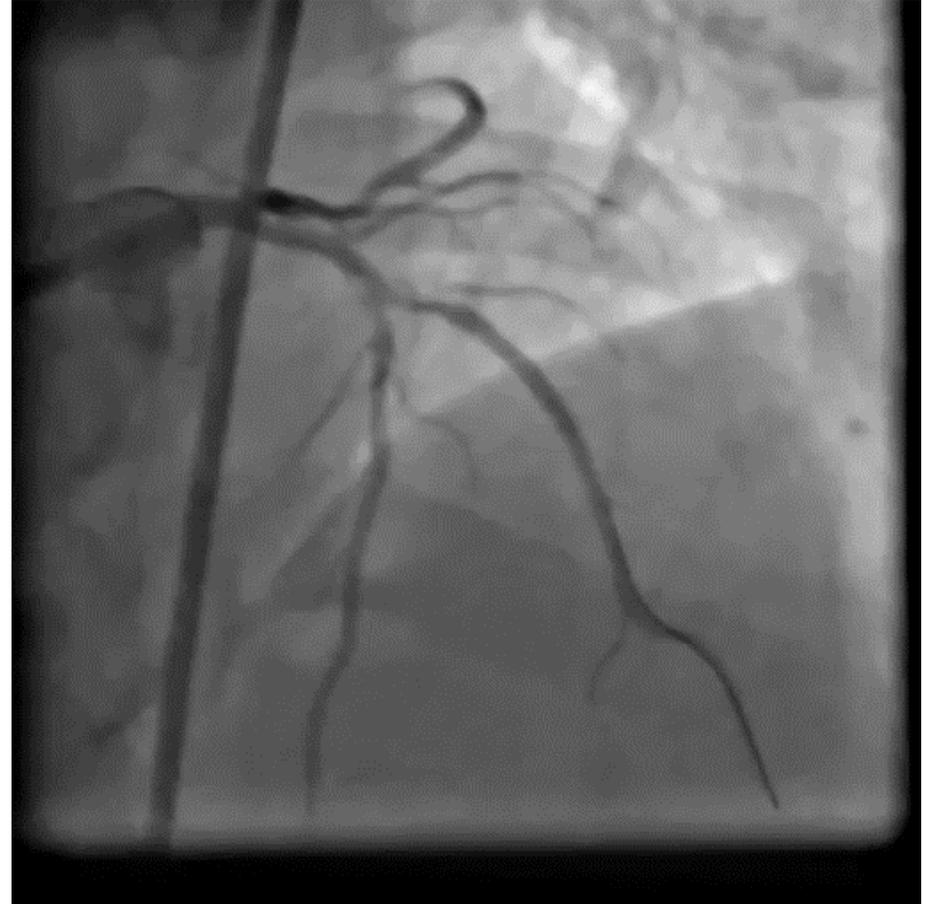
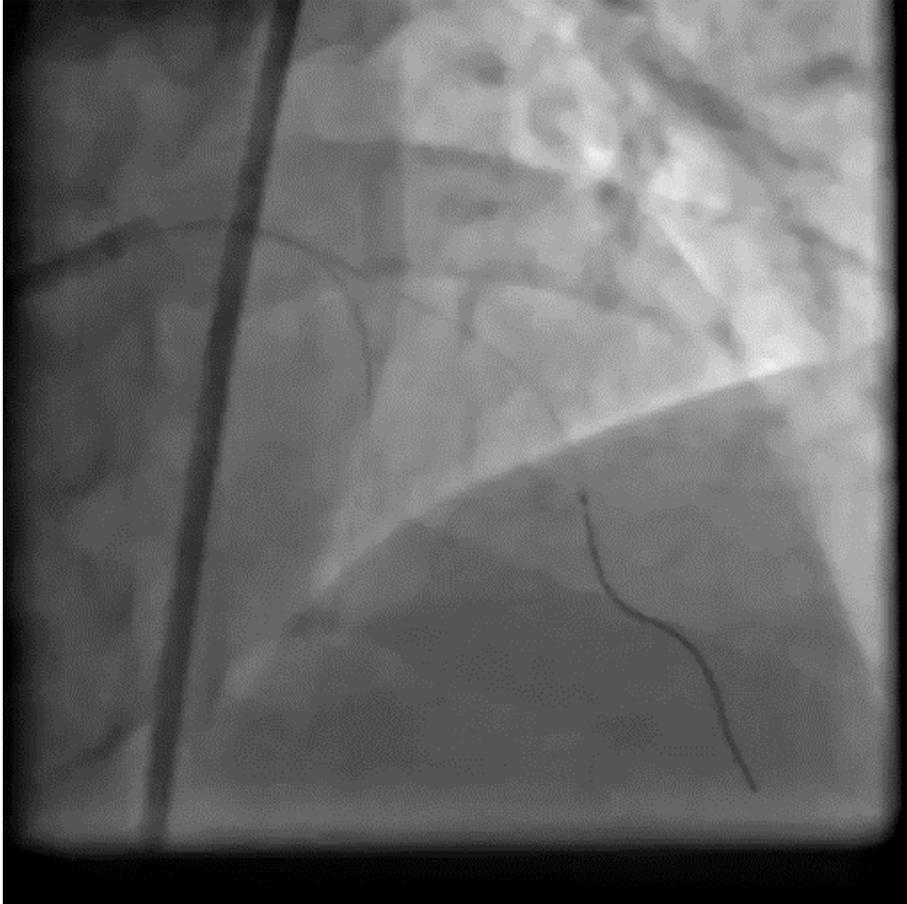
D1 pre dilatation with 2.0x15mm Tazuna Balloon



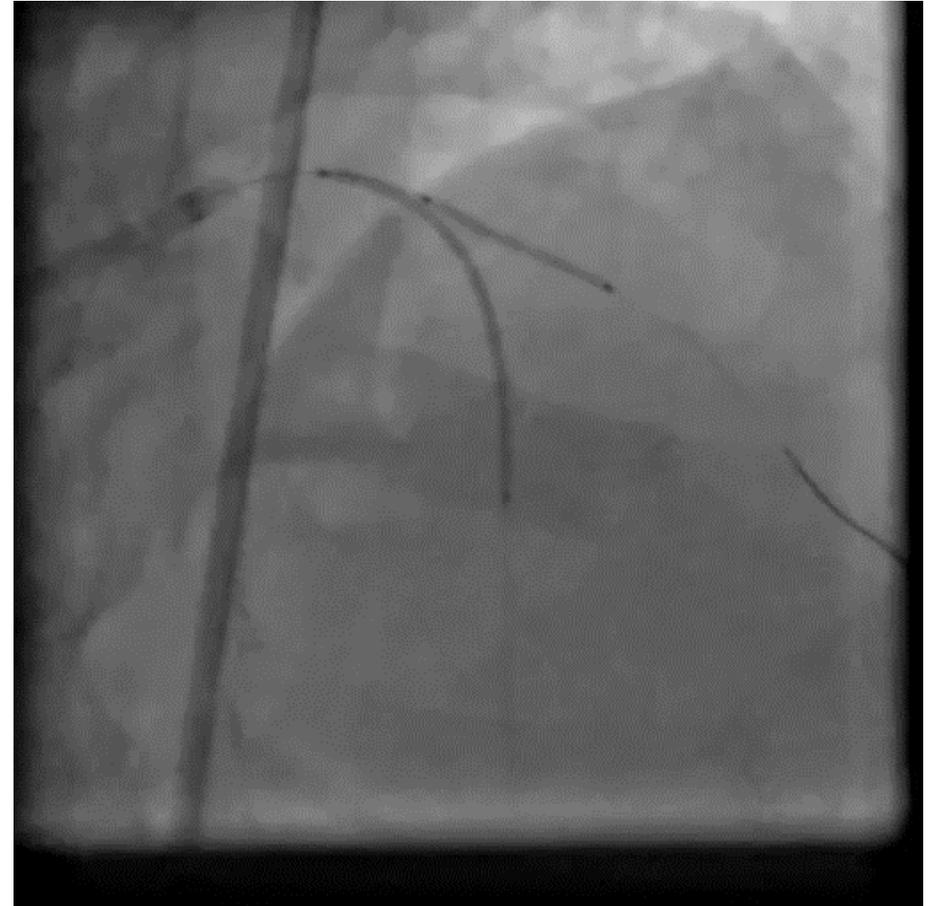
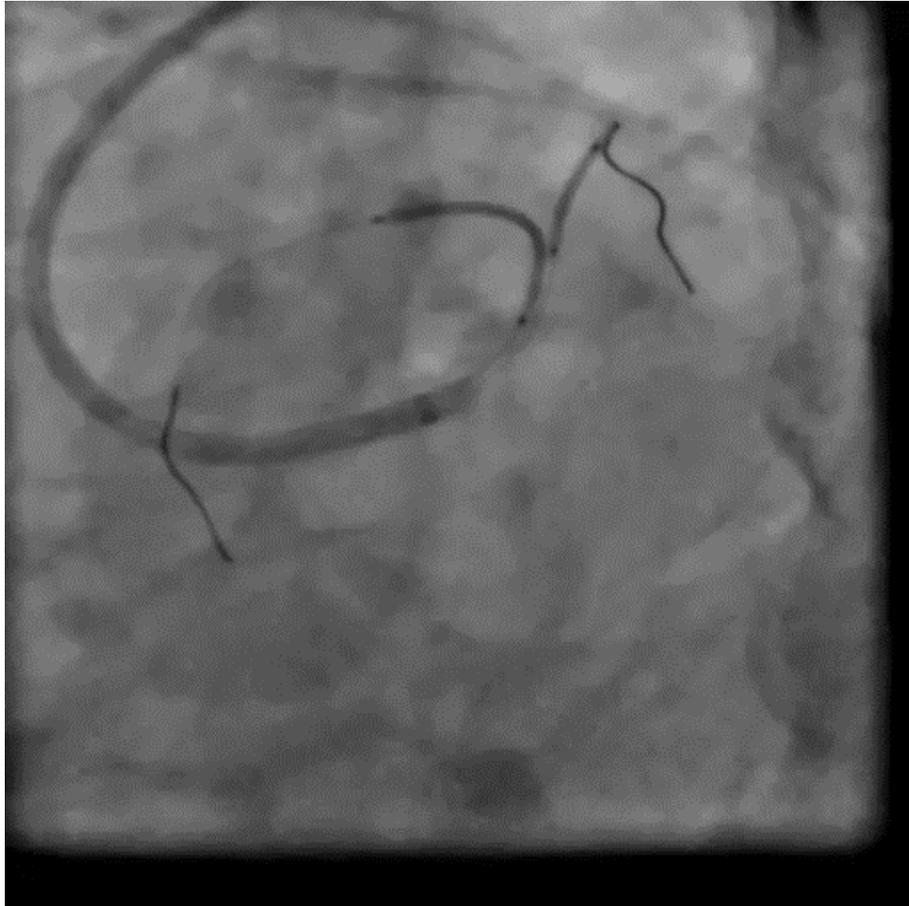
LAD pre dilatation done with 2.0x15mm & 2.5x10mm Tazuna Balloons



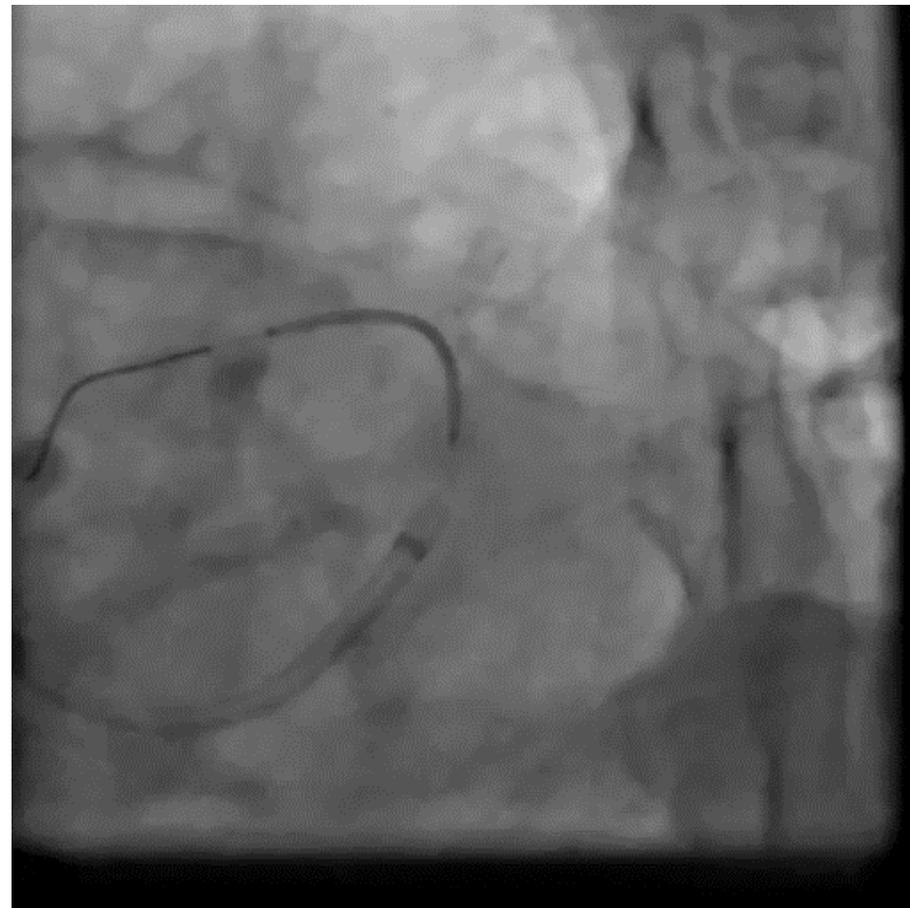
Check angio



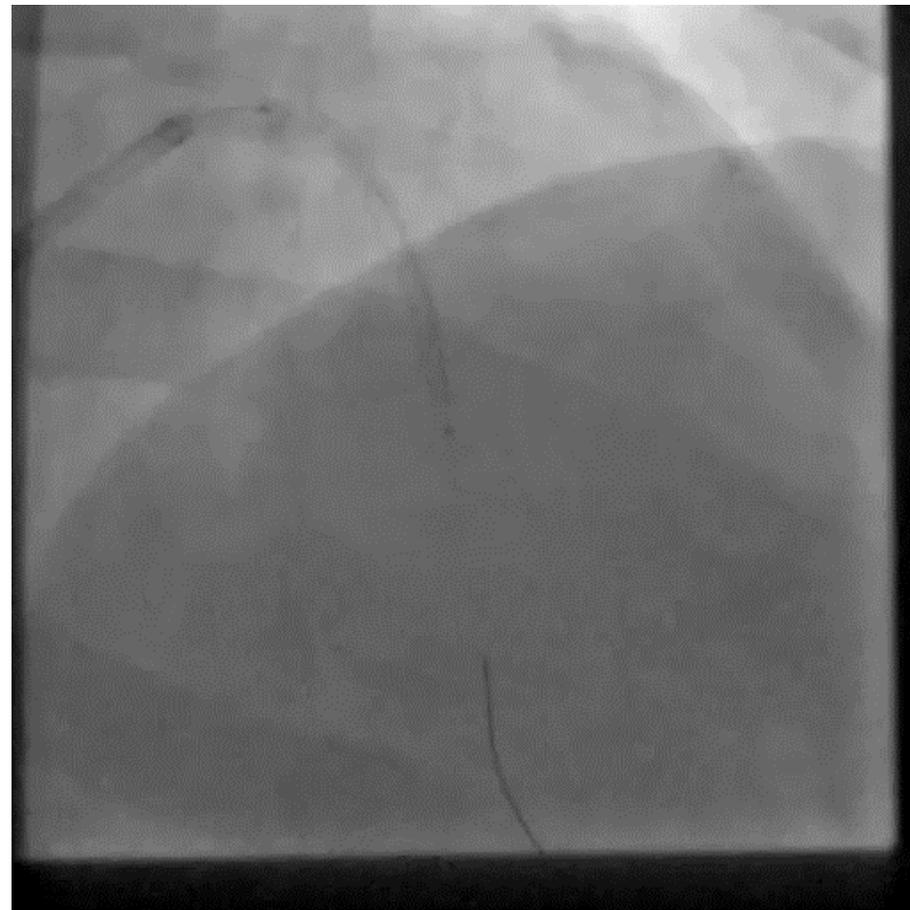
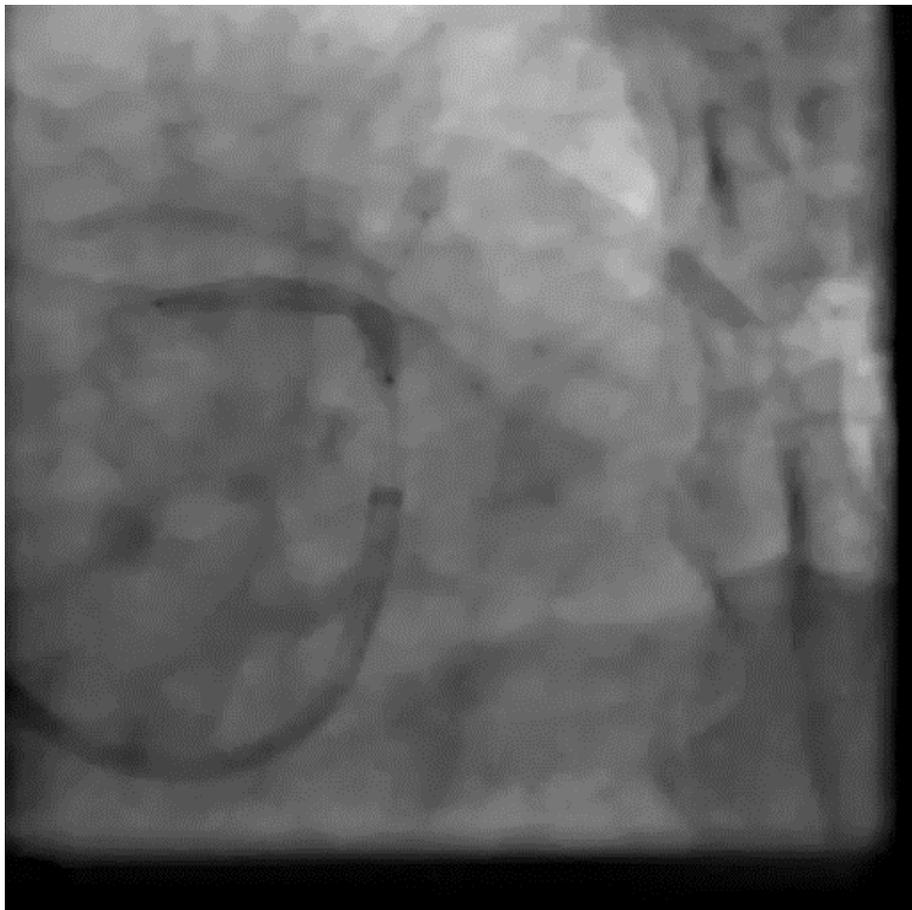
Plan mini crush technique – 2.75X16mm
Everoshine stent in D1, 3.0X38mm Everoshine stent
in LAD



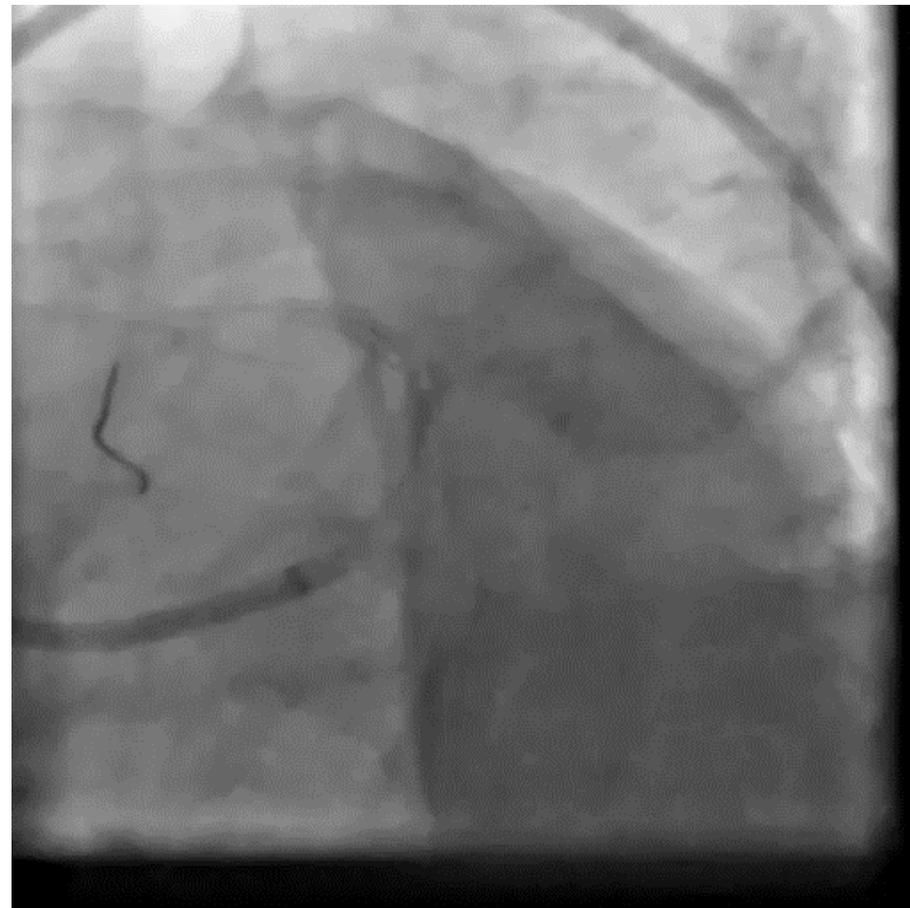
D1 stenting with 2.75x16mm Everoshine Stent



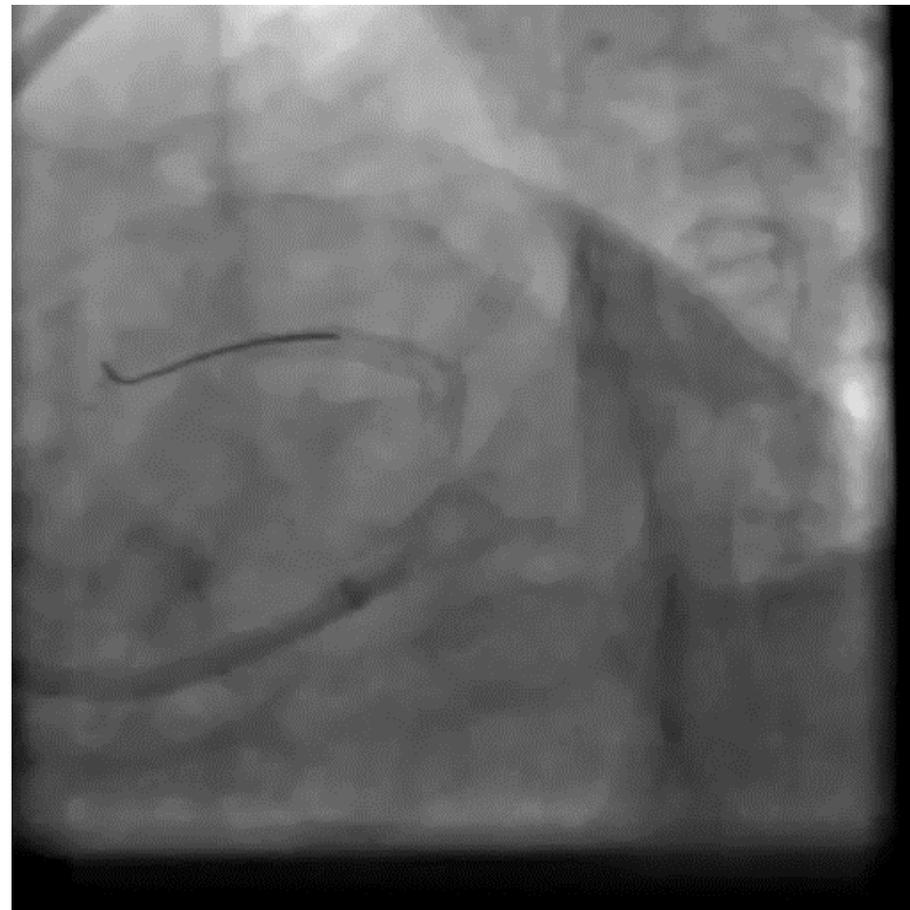
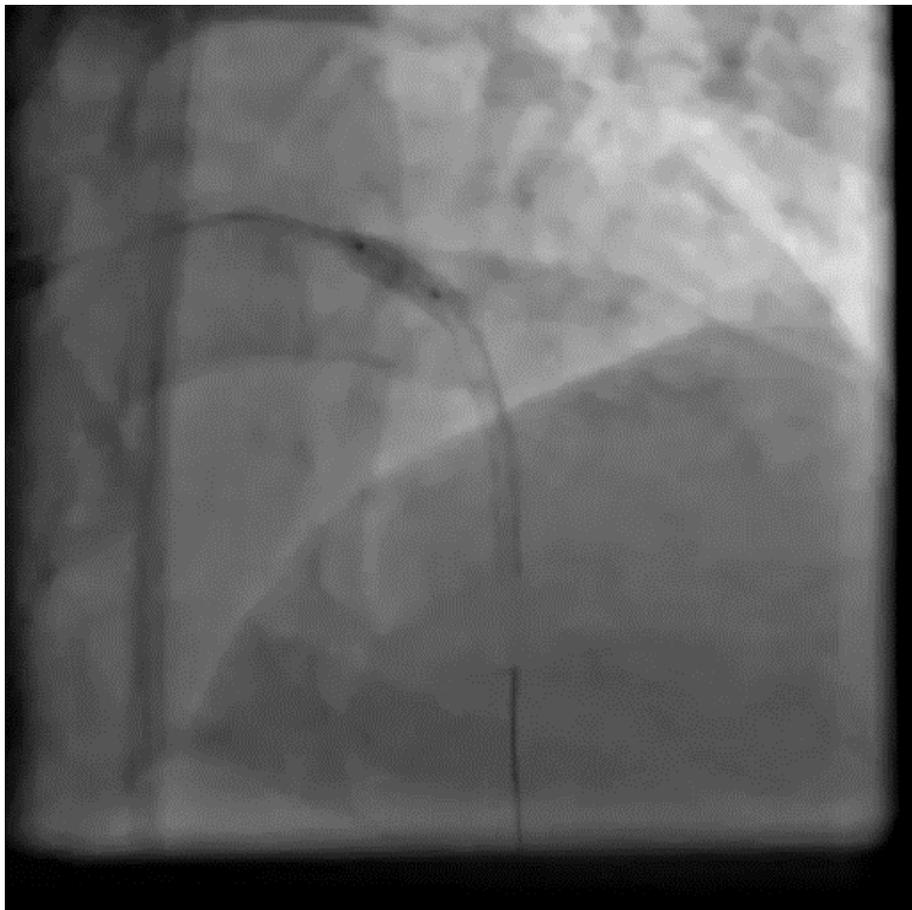
LAD stenting with 3.0x38mmEvero Shine Stent



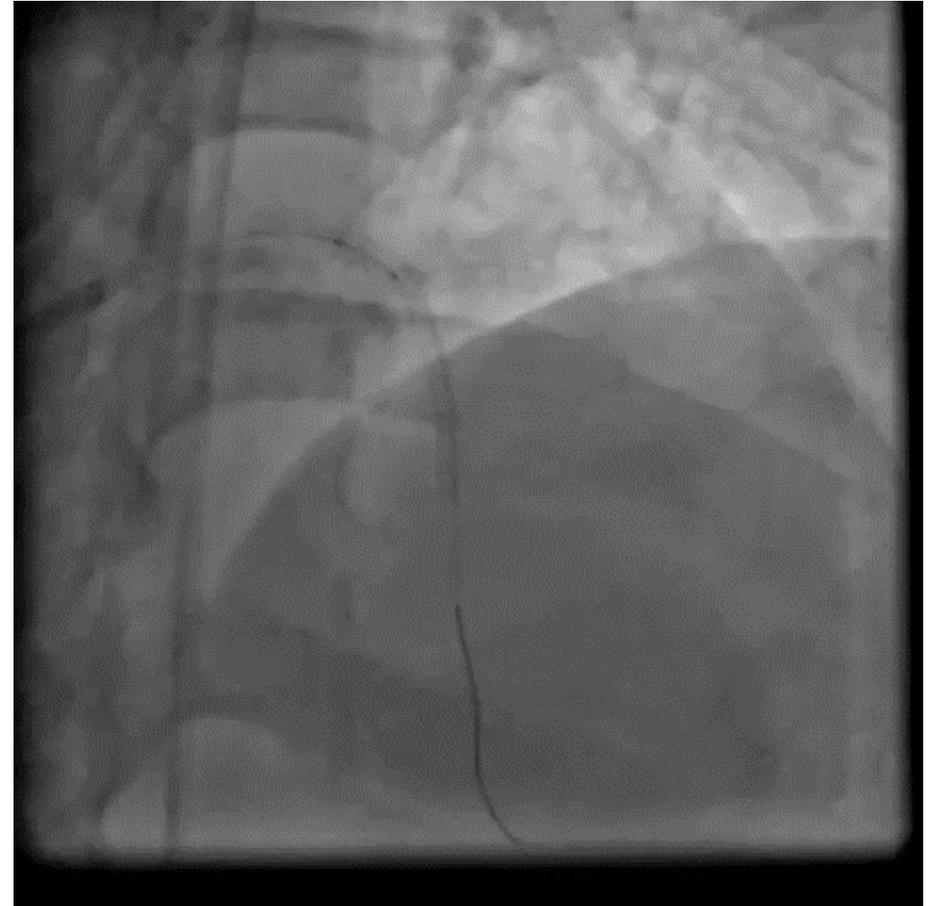
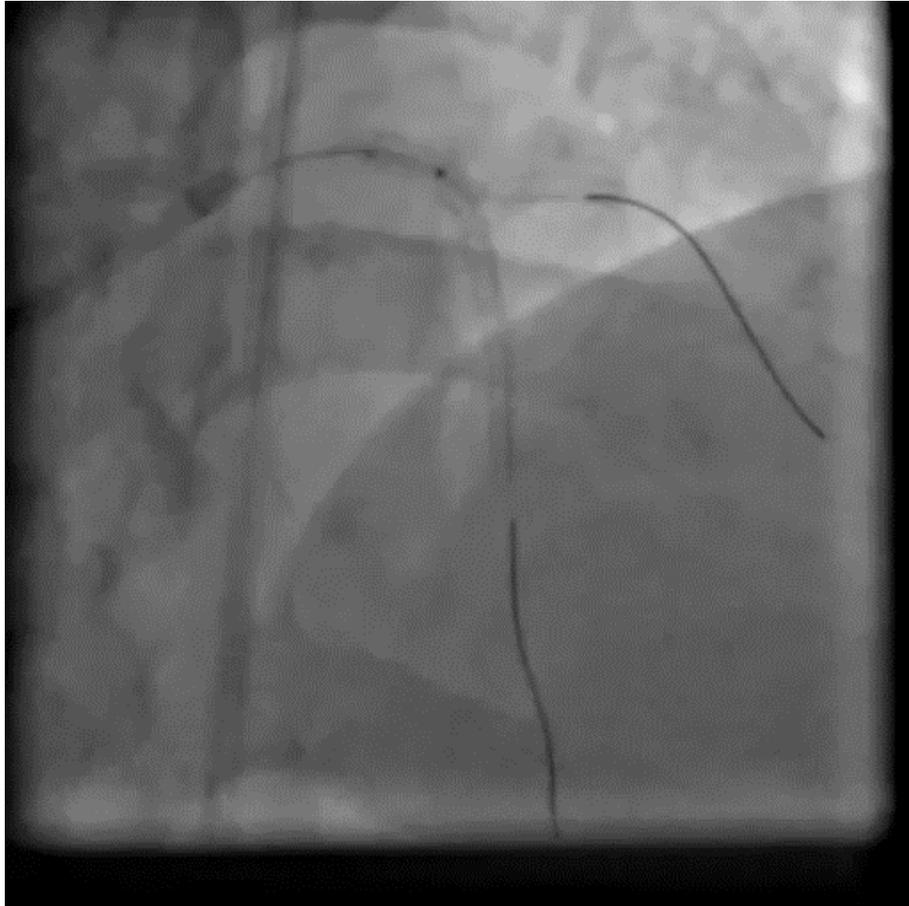
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LAD pot with 3.5x08mm NC Trek

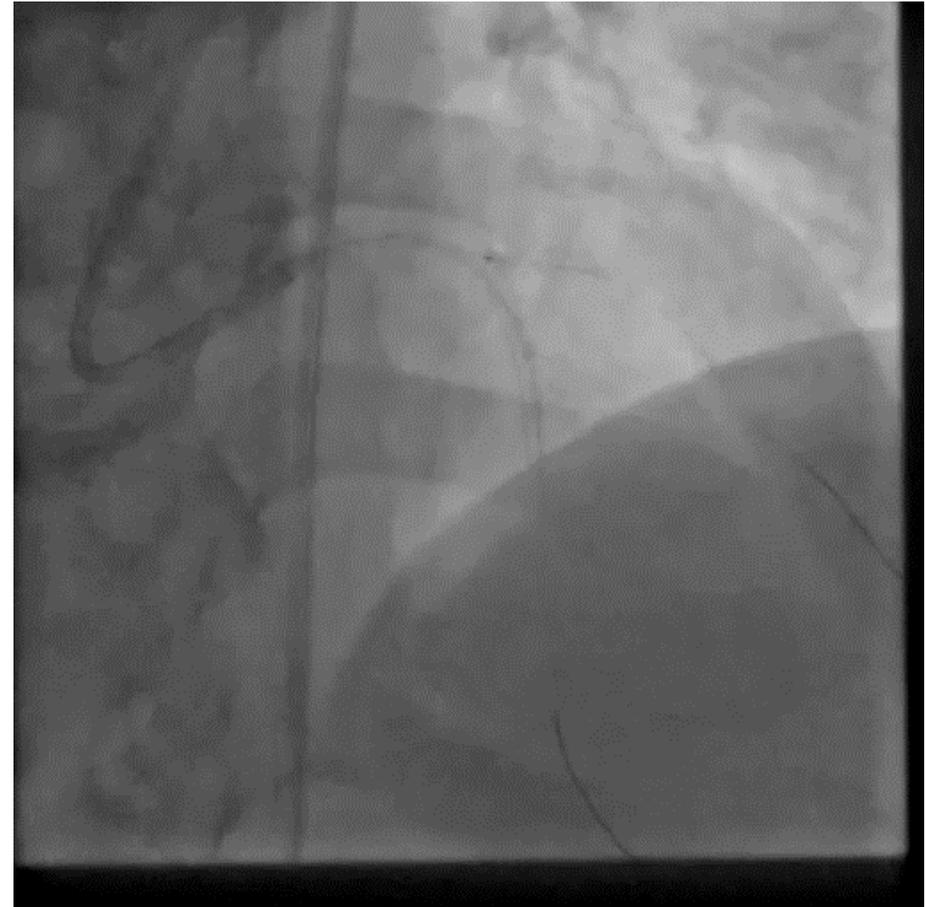
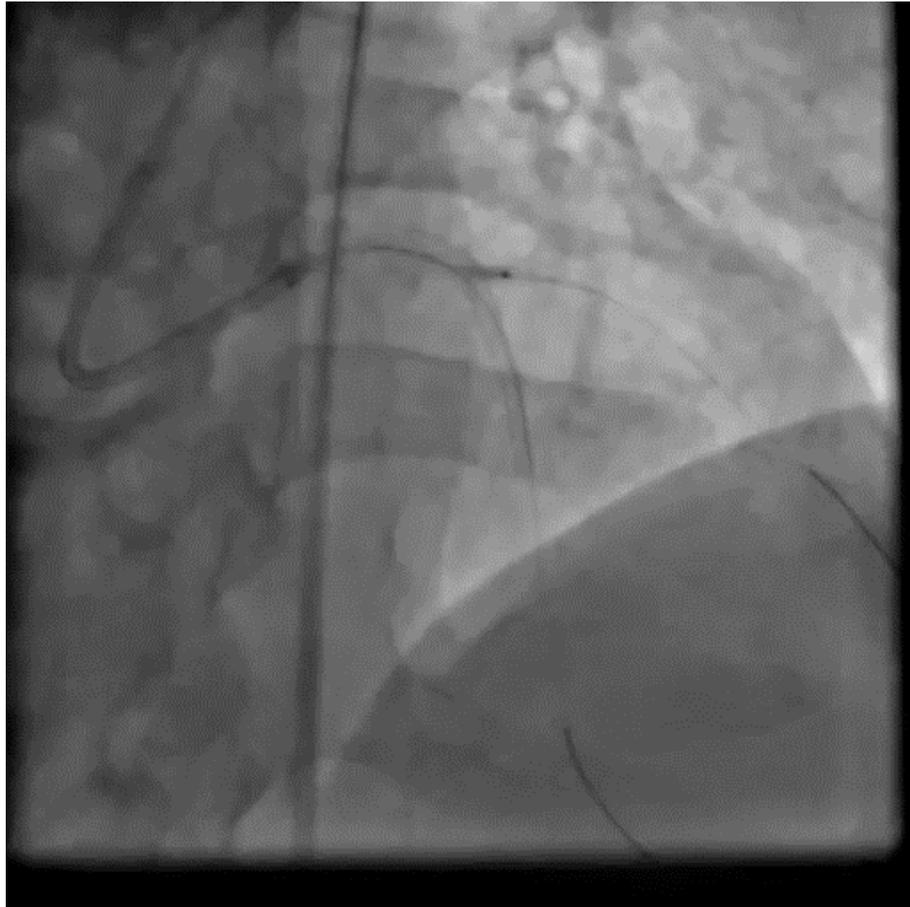


D1 struts crossed the lesion with balloon, but failed. Hence, re-POT of LAD with 3.5 NC balloon

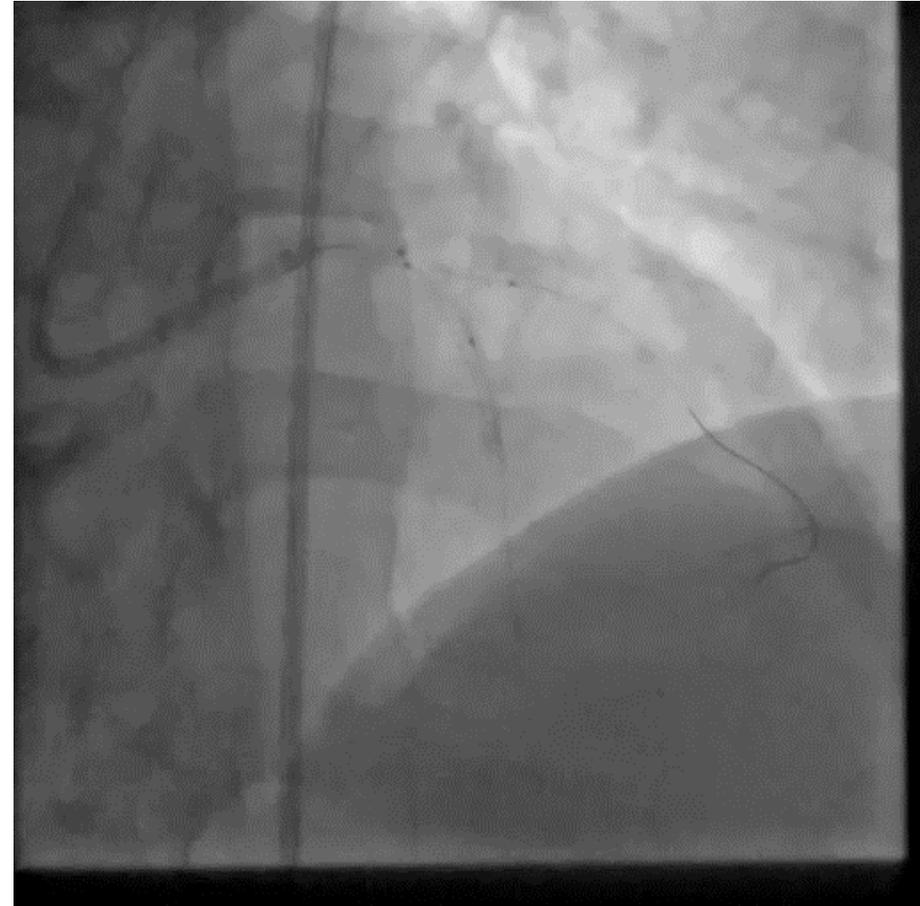
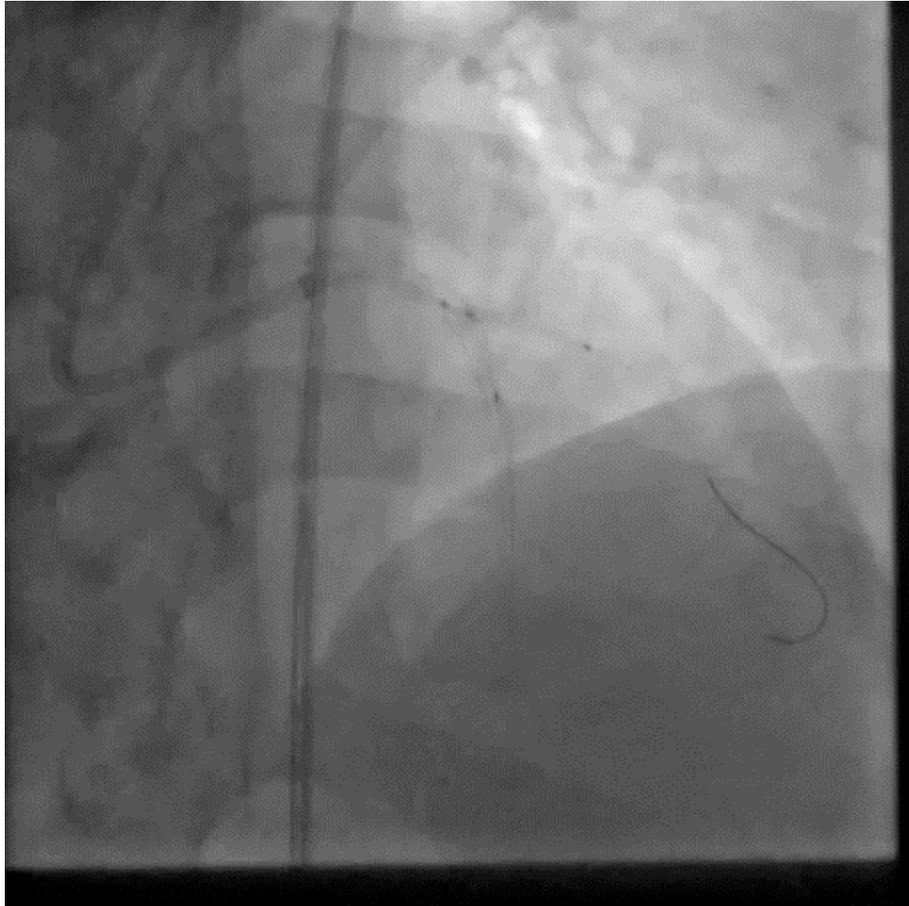


D1 wire re-crossed through stent struts with 0.014" BMW wire with the help of crusade micro catheter (Dual lumen catheter).

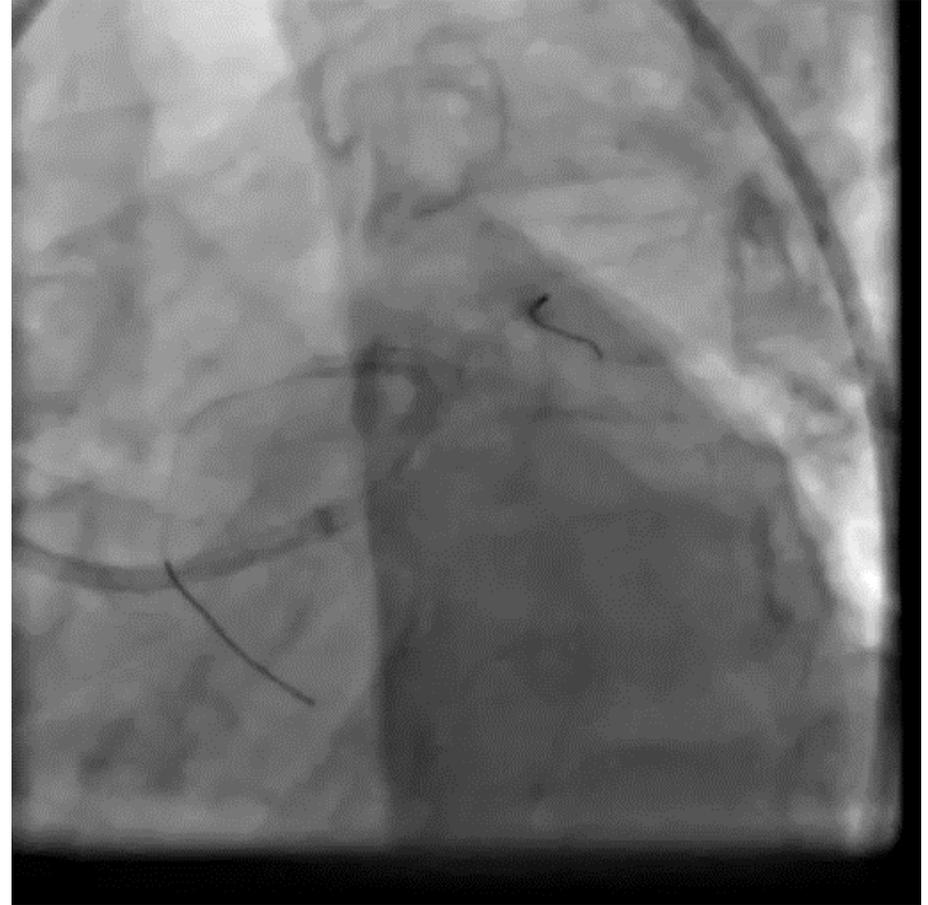
D1 stent struts dilated with 1.5x08mm Tazuna Balloon & 2.0x12mm Tazuna Balloon



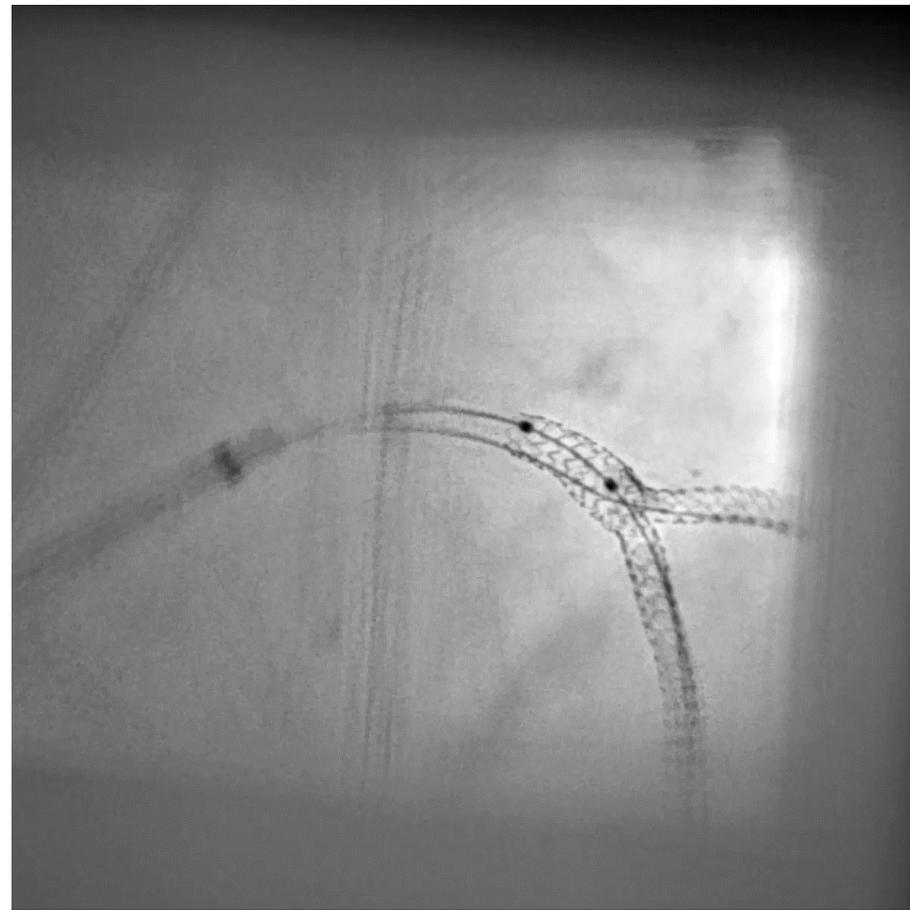
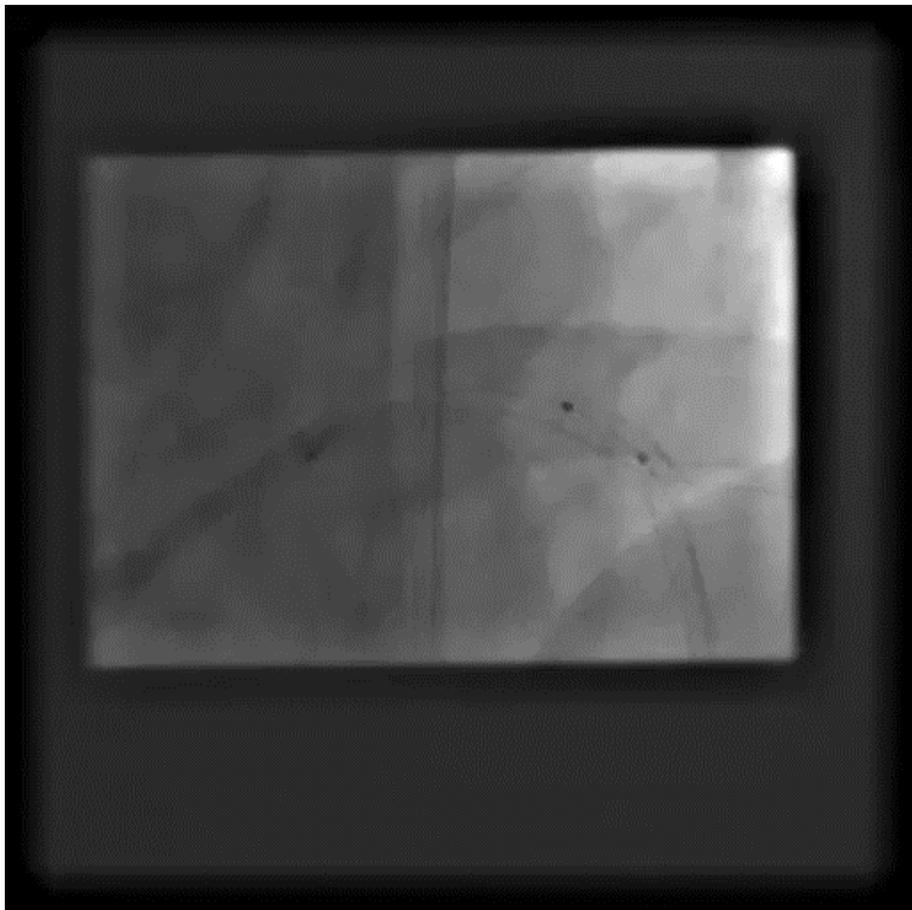
**KB - 3.0x15mm NC Trek in LAD and 2.5x15mm
NC Balloon in D1**



Check angio



Re-POT of LAD with 3.5 NC



Final result

