

# **Clinical Case #1**

## **The Limitless Potential of PCI**

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# Disclosure Statement of Financial Interest

**I, Claudio Cigalini 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.**

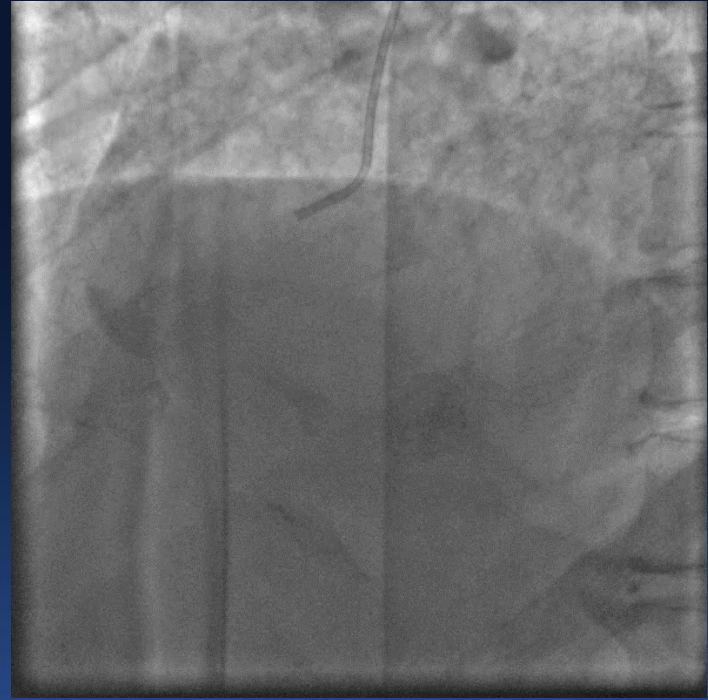
# Clinical History

- 61 y/o man
- Hypertension, Dyslipidemia, Current smoker
- Family history of CHD
- No past history of CV disease
- **NSTE ACS**
- **Transitory ST depression**
- **T Troponin: 0.059 ng/ml (< 0.014)**
- **2D-Echo: septum and anterior wall hypokinesia – EF 60%**
- **Cr: 0.98 g/dl – Cr/Cl 98 ml / min**



- Aspirin, LMWH, Ticagrelor, Atenolol, Rosuvastatin
- **Invasive stratification during first 24 hrs**

## 6F - Radial access







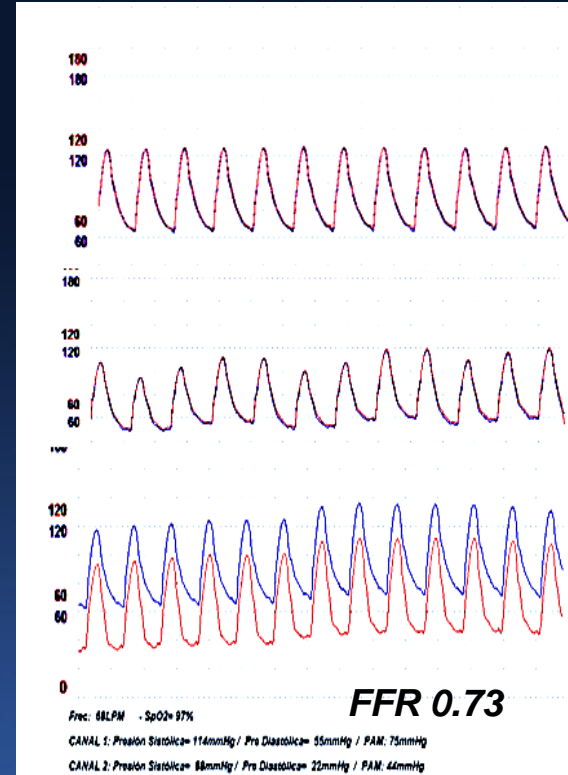
- **STS Score (mortality): 0.3%**
- **Euroscore II: 0.64%**
- **SYNTAX Score I: 19**
- **SYNTAX Score II:**
  - **PCI 19.7 - 4y/M 2.9%**
  - **CABG 25.8 - 4y/M 4.8%**
- **Neuro-Cognitive state: normal**
- **Life style: active**

## EES 3.0 x 18 mm to prox. LAD



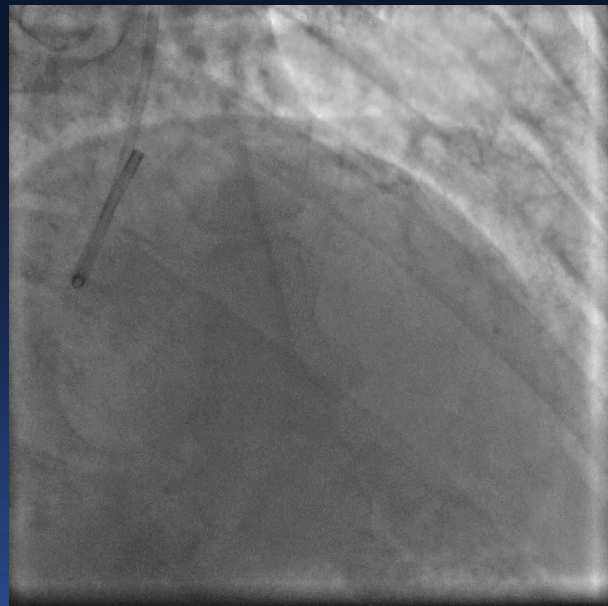
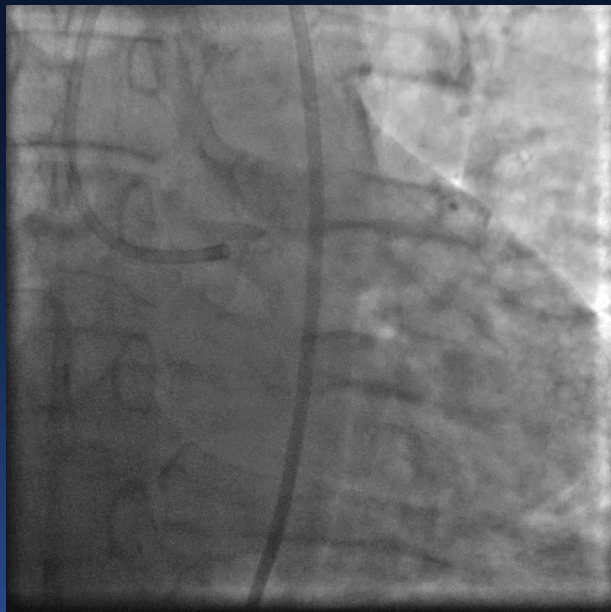


# CIRCUNFLEX OSTIAL FFR

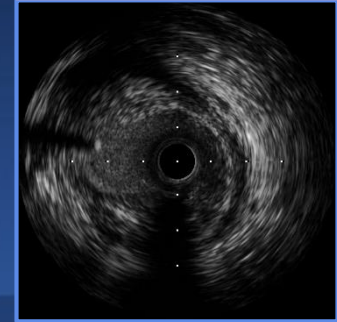
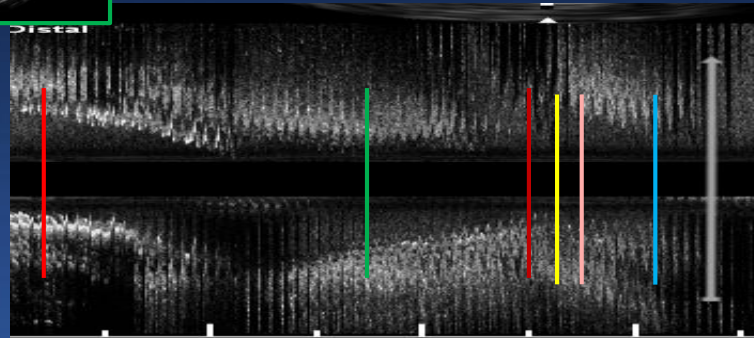
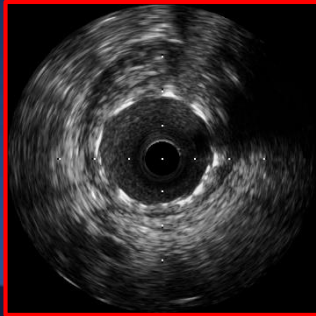
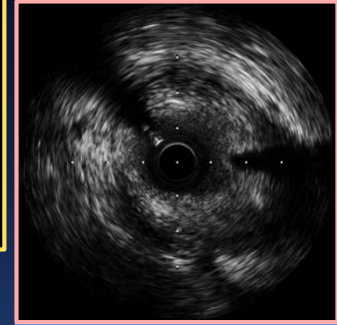
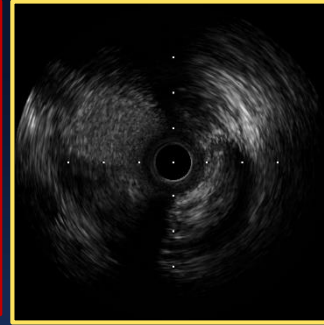
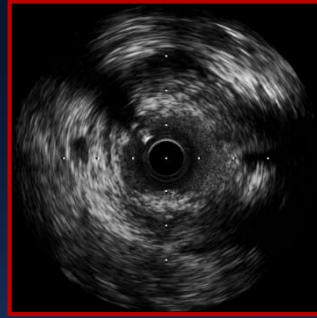
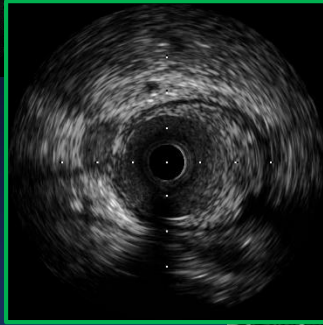
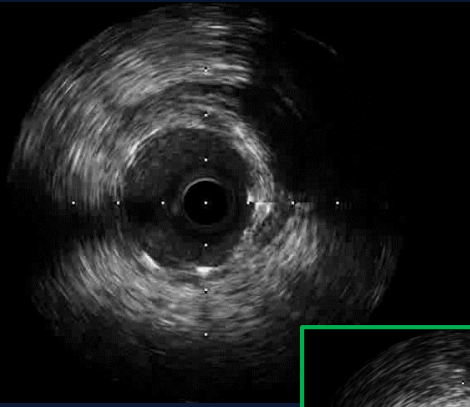


# Staged PCI – 7 F femoral Access (30 days later)

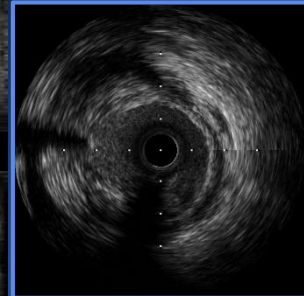
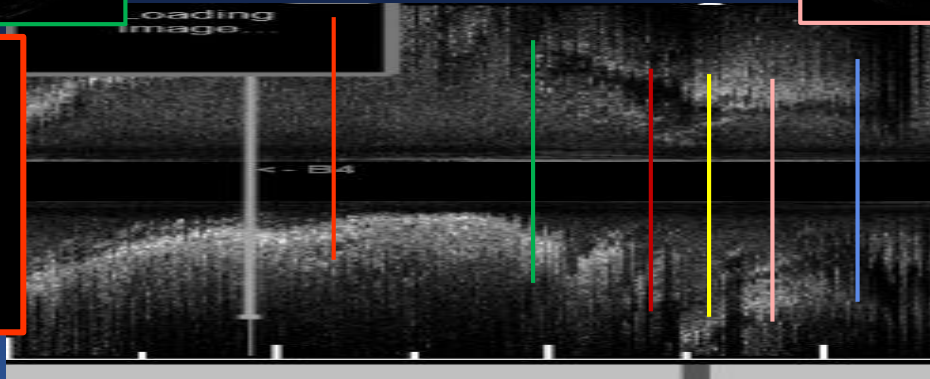
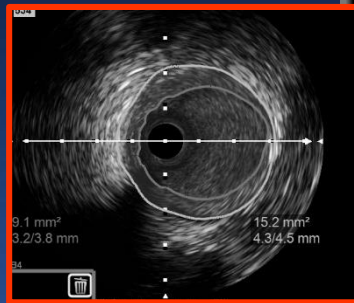
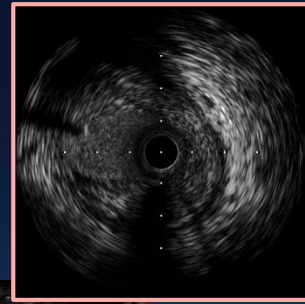
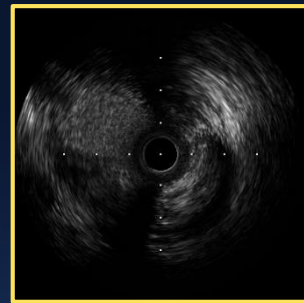
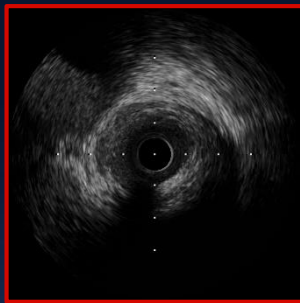
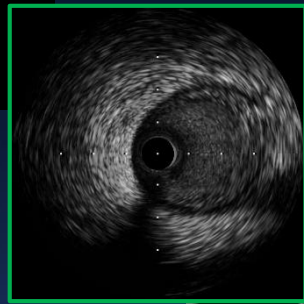
- Asymptomatic
- Aspirin
- Ticagrelor
- Rosuvastatin 40 mgr
- Bisoprolol 10 mgr
- Losartan 100 mgr
- Smoke cessation
- Stress Echo: lateral Ischemia

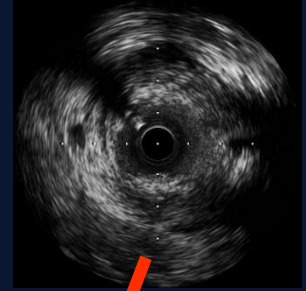
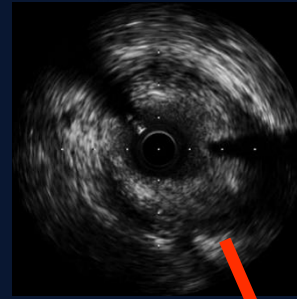


# LAD IVUS

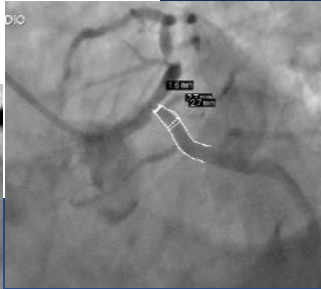
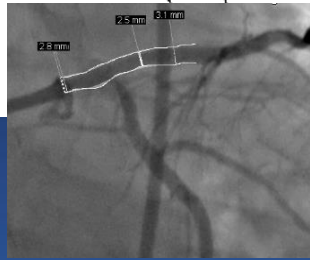
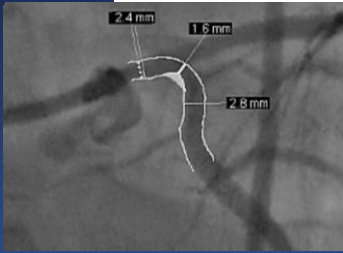


# Left Circunflex IVUS

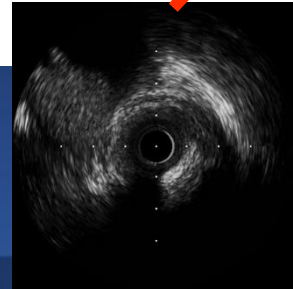
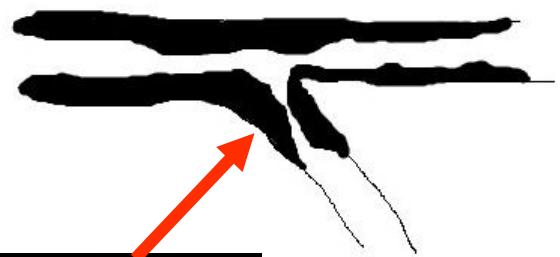




Medina 0.0.1

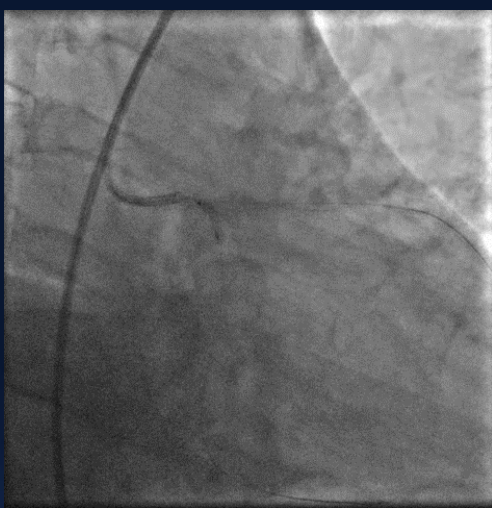


Medina 1.1.1

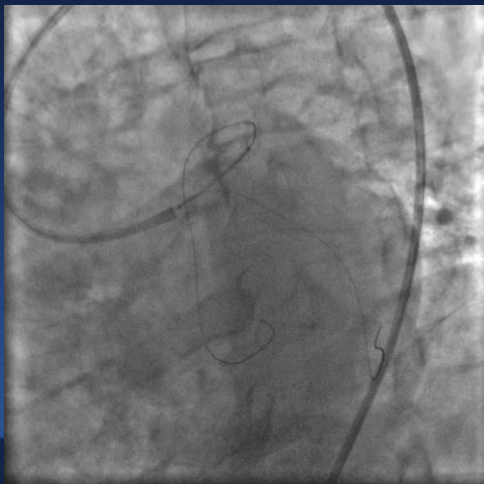


***DK CRUSH  
TECHNIQUE***

**EES 3.0x 23 mm**

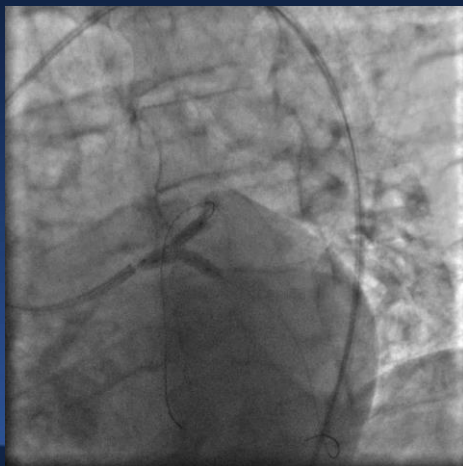


**DK CRUSH  
TECHNIQUE**



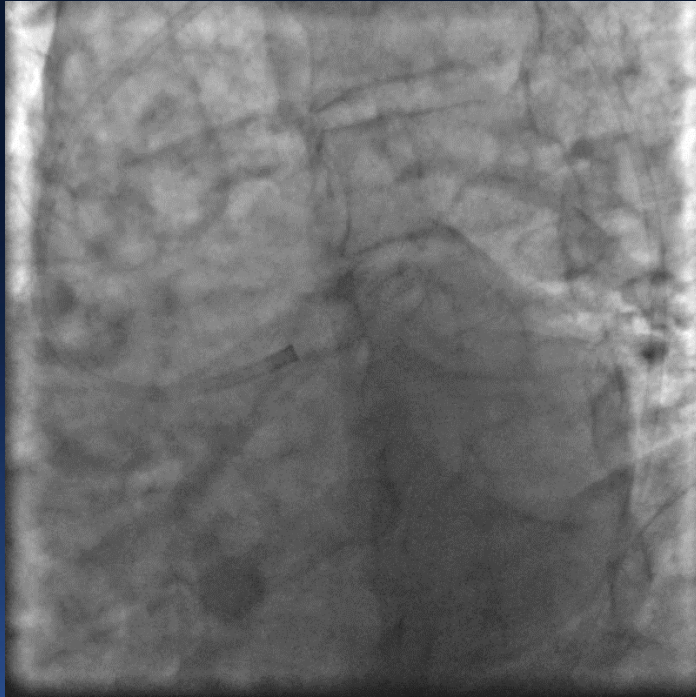
***DK CRUSH  
TECHNIQUE***

**EES 3.5 x 28 mm**

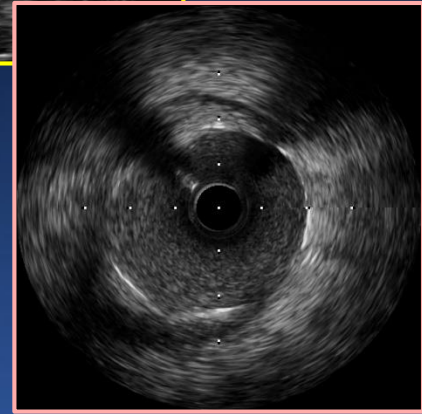
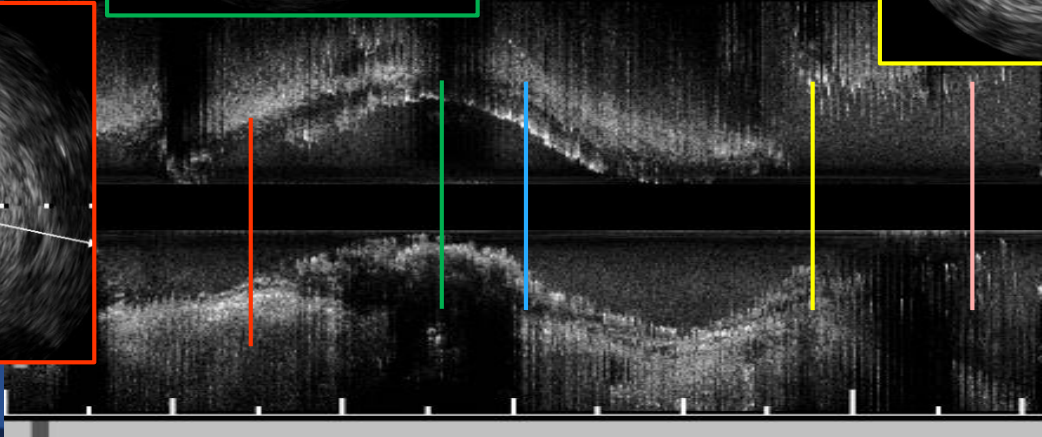
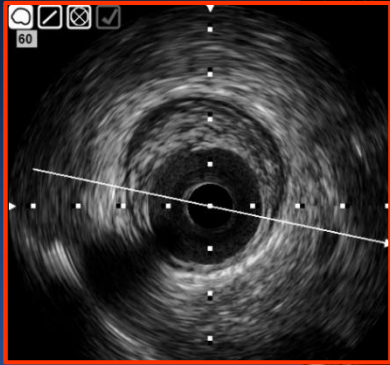
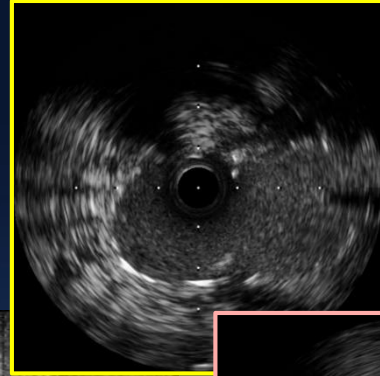
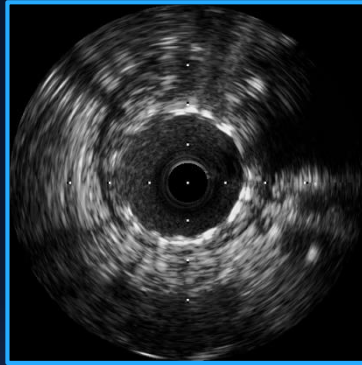
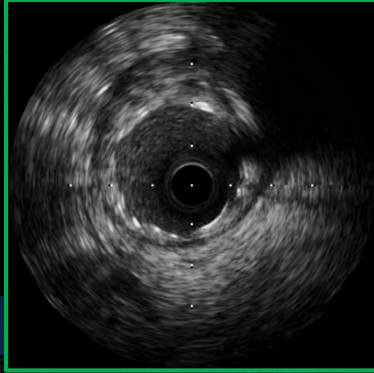
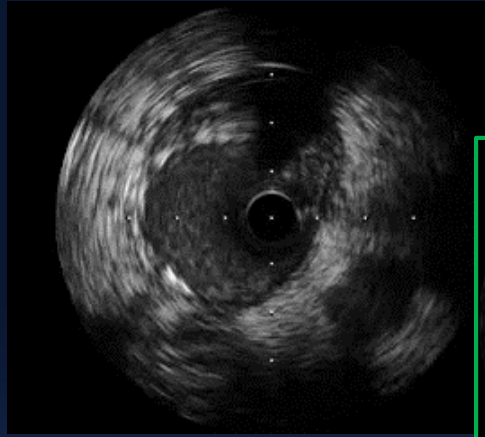




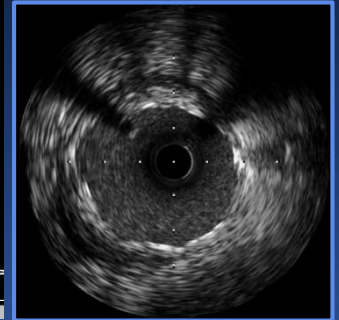
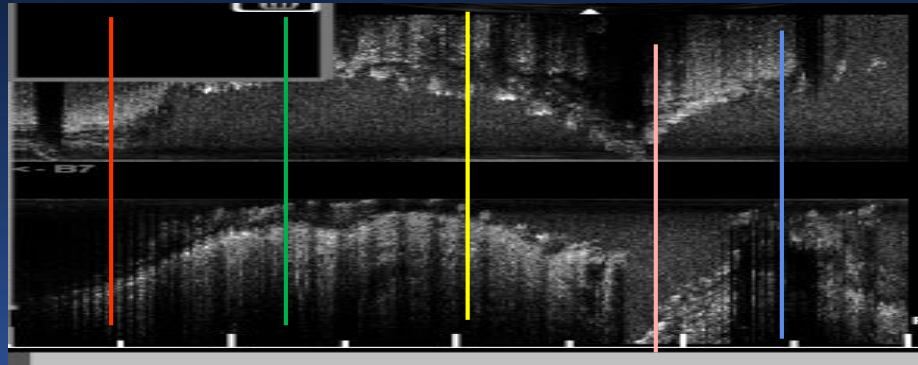
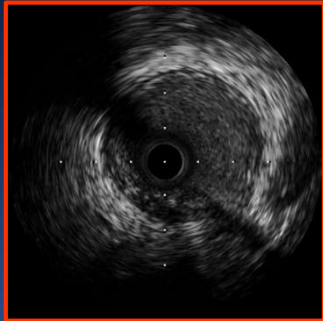
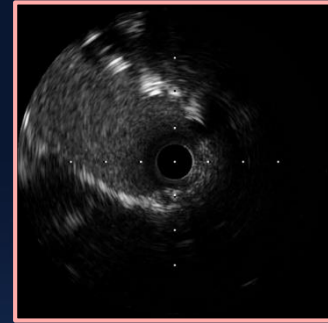
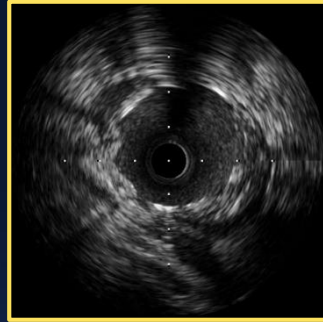
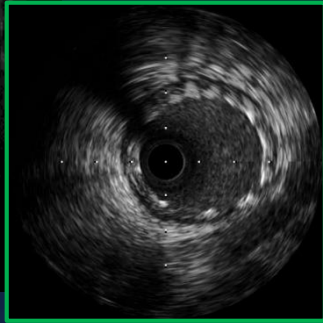
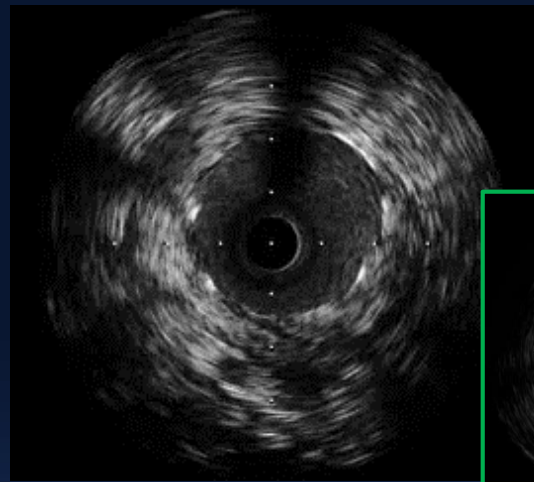
# Final angio



# LAD final IVUS



# Left Circunflex final IVUS



# Limitless potential of PCI

## Case Key points

- **Clinical:** Lack of information about the optimal strategy for patient with **NSTE ACS** and MVD.
- **Potential:** use of FFR/iFR for the evaluation of non-culprit lesion
- **Technical:** Which technique for LM bifurcation, is more predictable to achieve CABG-like long term results
- In my **personal opinion**, in LM PCI, IVUS / OTC guided procedure is mandatory