



Bifurcation Lesion Treated with COMBO Stents

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The patient is a 63 year old man with previous myocardial infarction. He was referred for treatment of a bifurcation lesion (0,1,1 Medina classification) at a large Obtuse Marginal (OM) dominant AVCx bifurcation (*Figure 1*). The patient has a history of hyperlipidemia and hypertension with a left ventricular ejection fraction of 60%.

Upon good anchorage of a 6F radial guiding catheter at the left ostium, two guidewires were positioned at the distal OMCx and at the distal dominant AVCx branches, followed by pre-dilatation of both arteries sequentially using a 3.0 x 15 mm balloon prior to stenting.

A **3.5 x 18 mm COMBO Stent** was first deployed from the mid LCX into the OMCx branch (*Figure 2*), followed by the deployment of a second **3.5 x 18 mm COMBO Stent** from the mid LCX to the AVCx using the Culotte stenting technique (*Figure 3*). The guidewires were repositioned into both stents, followed by post dilatation of the stents, by a kissing balloon technique using two 3.5 x 15 mm non-compliant balloons (*Figure 4*). An excellent angiographic result was obtained (*Figure 5*) and the patient remained symptom free on follow up.



Figure 1: Pre-procedure

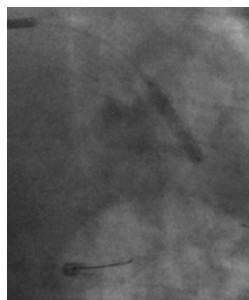


Figure 2:
COMBO Stent 1

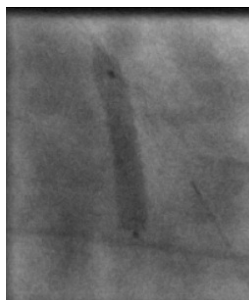


Figure 3:
COMBO Stent 2



Figure 4:
Kissing Balloons



Figure 5: Post procedure