



**Dr. Jacques Lalmand**  
Interventional Cardiologist

## The effective use of Scoreflex for lesion preparation before BVS placement

Doctor Jacques Lalmand is head of the Invasive Cardiology Department, Civil Hospital Marie Curie, Charleroi, Belgium

A 56 year old male patient, previously a smoker with risk factors of hyperlipidemia, overweight and hypertension was admitted to the hospital with unstable angina. Coronary angiography showed a non-significant lesion of the marginal and a dominant right coronary artery (RCA). The mid left anterior descending artery (LAD) had atheromatosis and a sub occlusive stenosis.

The patient underwent a percutaneous coronary intervention (PCI) using a 6Fr, Voda left 3,5 guiding catheter. A BMW guidewire was used to cross the lesion. Based on the reference vessel diameter (RVD) and the lesion characteristics the LAD was prepared for scaffolding with a 3.0 x 15 mm **Scoreflex Dual Wire Balloon** (Figures II and III). The **Scoreflex Balloon** was gradually inflated to a maximum of 10 ATM for 15 seconds.

The combination of the integrated Nitinol wire and a 0.014 guidewire, both positioned outside of the balloon, allows for more effective dilatation over a conventional balloon.

Post balloon angiography images convinced the operator to implant a 3,0 x 23 mm bioabsorbable vascular scaffold (BVS) (Figure IV). A maximum of 10 ATM was applied for 16 seconds. To finalize the procedure, a 3.0 x 15 mm **Sapphire II NC non-compliant Coronary Dilatation Balloon** was used for post dilatation (Figure V). It was inflated for 15 seconds at 20 ATM.

The final angiography showed an excellent result with good scaffold apposition (Figure VI) and there was no need to post dilate with a bigger diameter non-compliant balloon.

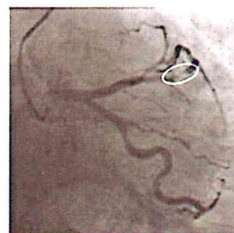


Fig. I: Baseline angiography



Fig. II: Scoreflex lesion preparation

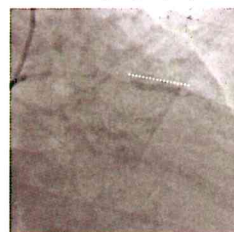


Fig. III: Scoreflex lesion preparation

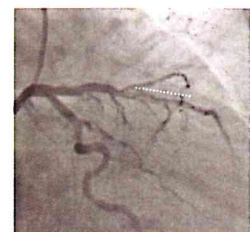


Fig. IV: BVS placement



Fig. V: Post dilatation with Sapphire II non-compliant balloon

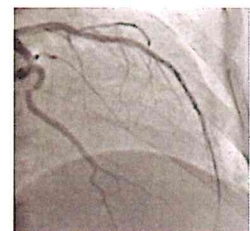


Fig. VI: Post procedure

**"Lesion preparation is a fundamental step for successful BVS deployment. Thanks to the effectiveness of both wires, the Scoreflex can be a valuable option in this setting," said Dr. Lalmand.**