SUPPORT C™

Paclitaxel Coated PTCA Catheter

Design for
Optimized Drug Transfer

- Available in diameter 2.0 to 4.0 mm, including 3.25 mm for a 1:1 (artery: DCB) ratio for optimal drug effect.
- A highly lipophilic BTHC–Paclitaxel (1:9 ratio) forms a micro-crystalline structure for better drug absorption into the vessel wall.

OrbusNeich®
Pioneers in life-changing technologies

Case **Spotlight**

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PATIENT HISTORY

- 52 Male smoker with Diabetic Mellitus and Dyslipidemia
- Presented to ER with NSTEMI
- Angiogram showed double vessel disease with CTO of mid-LAD and severe mid-LCX.
- However, the patient refused to go for CABG.

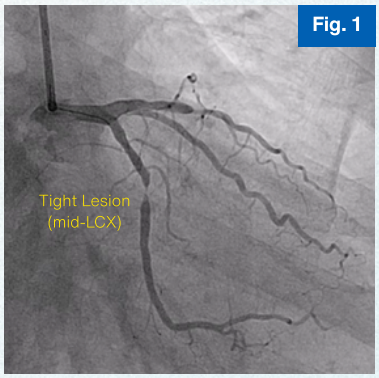
Dr. Khalid Aljohani
Cardiac Science Department
King Saud University

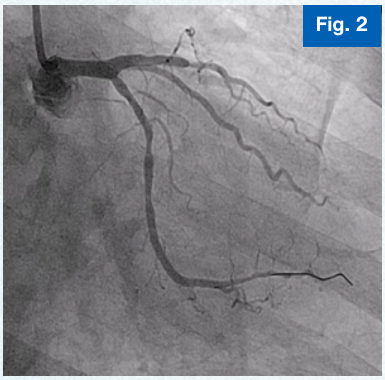
PROCEDURE

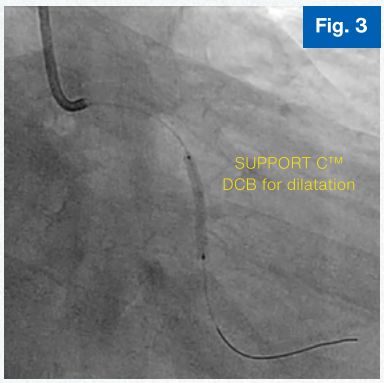
LCX Intervention
A tight lesion was identified in the mid-LCX (Fig. 1). Following successful wiring, lesion preparation was performed using a semi-compliant balloon (Fig. 2). This was followed by dilatation with the SUPPORT C™ DCB (Fig. 3). Final angiography demonstrated a satisfactory result (Fig. 4).

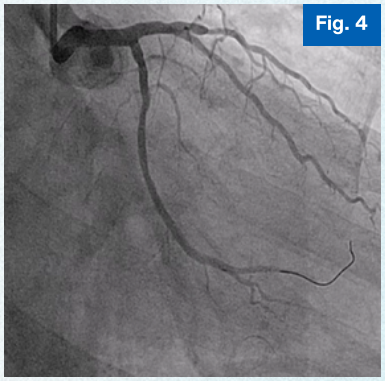
After a 15-minute observation period with the guidewire removed, there was no evidence of vessel recoil (Fig. 5). Residual stenosis was <20%, which was considered acceptable for a DCB-only strategy, and no bailout stenting was required.

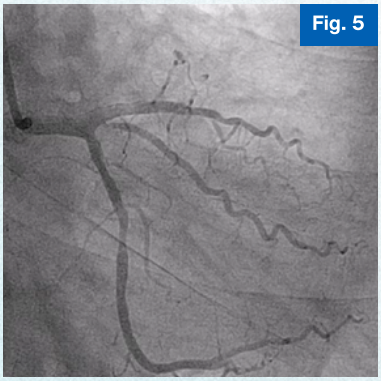
Follow-Up
At 6-week follow-up, the patient returned for planned CTO intervention of the mid-LAD. Repeat angiography confirmed that the mid-LCX remained patent with preserved TIMI 3 flow (Fig. 6).

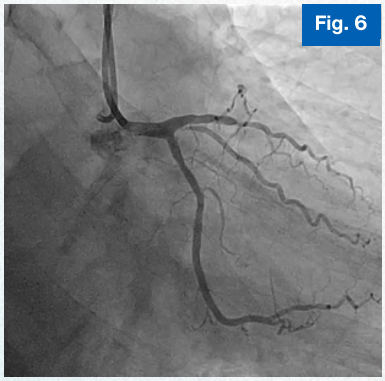












Case **Spotlight**

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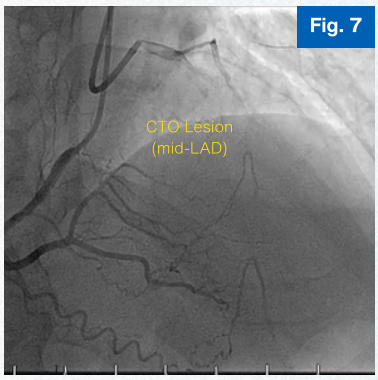
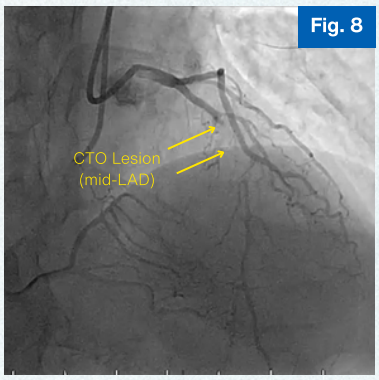
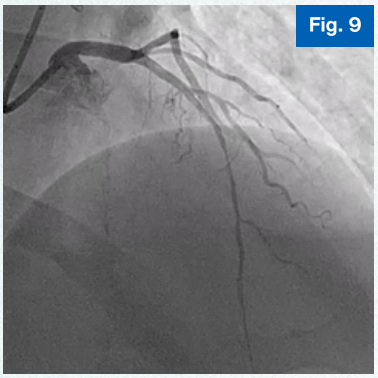
LAD CTO Intervention

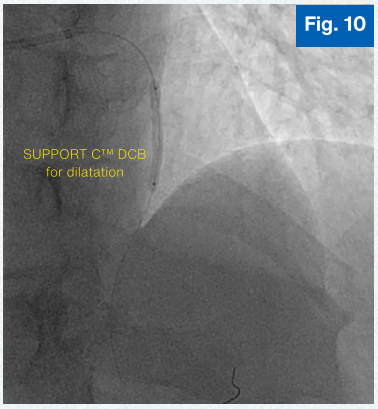
Dual injection demonstrated collateral flow from the right coronary artery (RCA) to the LAD, with a short CTO segment in the mid-LAD (Fig. 7 & 8).

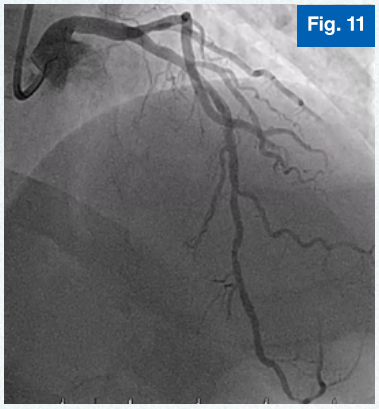
An antegrade approach was performed using a Gladius wire supported by a microcatheter to successfully cross the lesion. After pre-dilatation with small balloons, stenting was initially planned. However, the patient strongly preferred a DCB-only approach (Fig. 9).





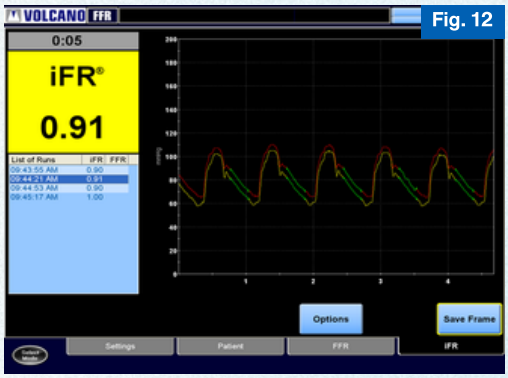


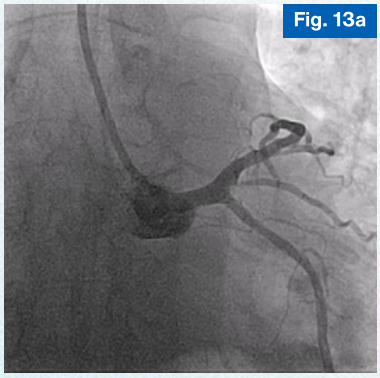


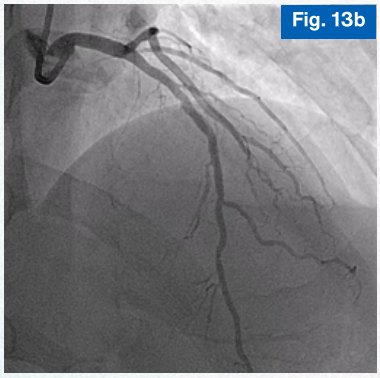


DCB dilatation was performed for the de novo LAD lesion (Fig. 10). Post-procedure angiography after 10 minutes revealed a type A dissection. After an additional 15-minute observation period, the dissection remained stable, with no vessel recoil or flow limitation (Fig. 11).

Physiological assessment using iFR showed a value of 0.91, indicating no hemodynamically significant stenosis (Fig. 12). Final angiography in two views confirmed TIMI 3 flow (Fig. 13a & b).







Corporate Headquarters
Units 303 & 305, 3/F, Building 20E
Hong Kong Science Park,
Shatin, N.T., Hong Kong, China

Phone: +852.2802.2288
Fax: +852.2507.3532
https://orbusneich.com

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