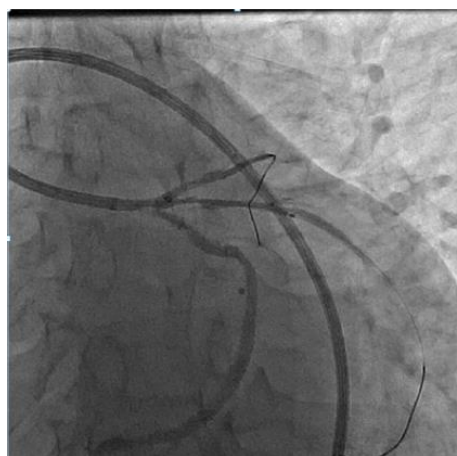
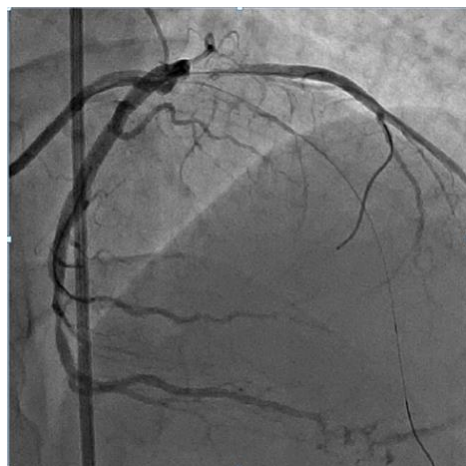
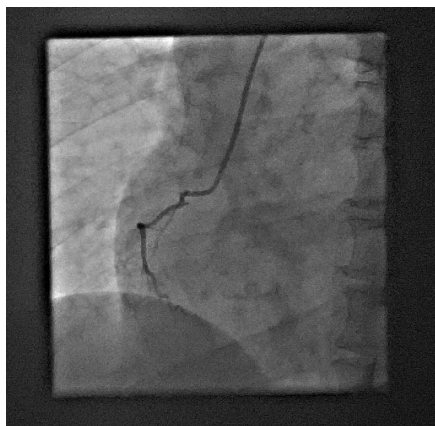
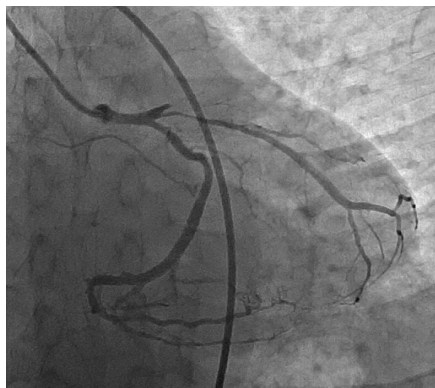


WCC 2017-C-110: CTO & BIFURCATION STENTING

A.Sivaramakrishna

Adinarayana 47 M of age , HTN, diagnosed as CAD with Chronic stable angina ECG shows ST depressions anterior leads 2d echo shows hypokinesia in LAD territory & Mild LV systolic dysfunction CAG shown LAD Proximal total occlusion RAMUS Proximal 90% LCX dominant distal 90% , RCA Non dominant LMCA was engaged with 7F EBU3.0, LAD lesion was crossed with PILOT 50, 0.014*190CM ramus was crossed with BMW 0.014*190cm LAS was Predilated 1.5* 8 & 2.0*8mm, RAMUS was dilated with 2.0*8 simultaneous 2 stents in LAD RAMUS in V Stenting statategy with supraflex 2.75*40, RAMUS indolimus 2.75*24mm respectively, Post dilatation in LAD 3.0*12, Ramus 2.75*8, final kissing was done. Post stent TIMI III flow achieved.

CAG :



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