Case presentation

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Patient data

• Male patient 58 years old

• Hypertensive

• IHD as chronic stable angina since 2 years with recent admission with acute coronary syndrome one week ago.

• RCA angiogram: Small normal artery
Stenting Strategy

• Provisional SB stenting strategy
• Two stent strategy

• KISSS principle
  *Keep It Simple...* 
  *Swift ..... & Safe.......*

<table>
<thead>
<tr>
<th>Favouring provisional</th>
<th>Favouring two stents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No SB lesion</td>
<td>1,1,1 medina</td>
</tr>
<tr>
<td>SB diameter &lt; 2.0 mm</td>
<td>SB diameter &gt; 2.0mm</td>
</tr>
<tr>
<td>SB lesion length &lt; 5.0mm</td>
<td>SB lesion length &gt; 5.0mm</td>
</tr>
<tr>
<td>Easy SB access</td>
<td>Difficult SB access</td>
</tr>
<tr>
<td>SB supplying a small burden of the myocardium</td>
<td>SB supplying a large burden of the myocardium</td>
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Which technique?

*We decided to go for DK-CRUSH*

*Why?*
Study flowchart of the DKCRUSH-II study (Randomized Study on Double Kissing Crush Technique Versus Provisional Stenting Technique for Coronary Artery Bifurcation Lesions).

370 patients

- DK crush stenting (N=185)
  - 1-year follow-up (N=185)
    - 2 patients lost
  - 5-year follow-up (N=183)
- Provisional stenting (N=185)
  - 1-year follow-up (N=185)
    - 2 patients lost
  - 5-year follow-up (N=183)


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“Modern” way to perform crush

- limiting the length of the crushed stent segment (mini-crush) during stent implantation in the SB

- the use of an MV balloon (instead of directly implanting the MV stent) to crush the SB stent (step-crush)

- the performance of a first kissing balloon inflation after stent crush in order to push away the first layer of stent struts from the SB orifice and fully appose the struts on the carina side
PCI procedure

- XB 3.5 (7 F) was used as the guiding catheter
- Two Asahi soft wires were used.
- Balloons:
  - Two Maverick 2.0 x 20mm & 2.5 x 20mm
  - Two Maverick NC 2.75 x 15 mm balloons
**Take Home Message**

- Provisional side branch stenting is effective for the majority of coronary artery bifurcation lesions.

- For bifurcation lesions with small SB (usually <2.0 mm in diameter), keep it open is recommended.

- It is important to address the value of the proximal optimization technique after FKBI to improve immediate and 1-year results so, the routine use of the proximal optimization technique should be recommend.

- The benefits of double kissing crush stenting for true coronary bifurcation lesions were sustained through 5-year follow-up.

- Patients receiving the second stent as a bailout had worse survival free from MACE than those who received it as a planned technique.
Thank you