

The banner features a blue and white background with a stylized heart and catheter illustration. It includes logos for the Society of Interventional Cardiology, the Annual International Congress of Cardiology, and the Egyptian Society of Cardiology. The text reads: "CardioMilitary 2017", "18-19 JANUARY 2017", and "RENAISSANCE HOTEL".

# PCI in Ostial LAD

Dr; Alaa Ghaleb ,MD  
Cath Lab Unite,Sohag University

Mrs. EM 75 years old ,HTN, dyslipidemic She admitted at CCU with post date AMI and cardiac enzymes was elevated, troponin I 19ng ml. She received full anti ischemic management and advised for coronary Angiography. Two months later she had acoronary angiography

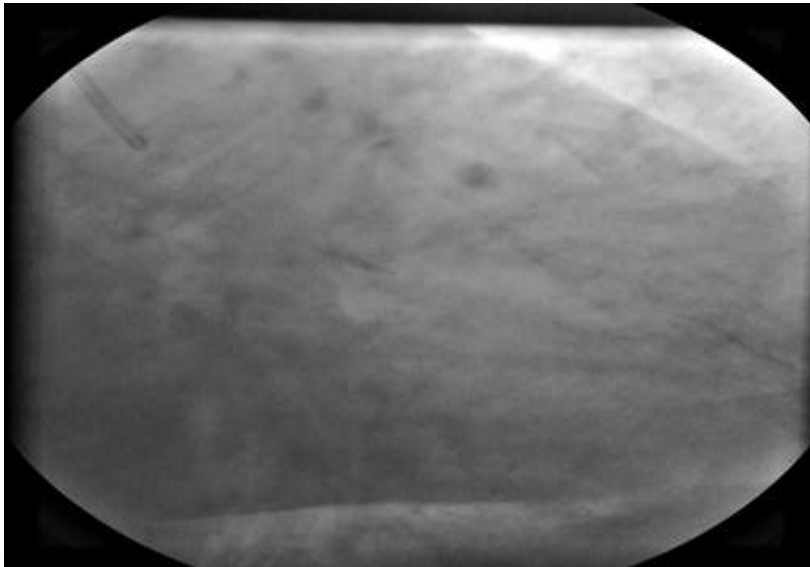


CardioMilitary 2017

- On Examination;
- Pulse 92 | b m Regular.
- Blood pressure 150 | 90mmHg.
- Angina class three.
- ECG showing path.Q and ST segment changes.
- ECHO showing fair systolic function with mild hypokinesia at ant.wall



CardioMilitary 2017



CardioMilitary 2017



- Ostial lesions means that a lesion which arise within 3mm of vessel origin.
- Ostial lesions carry more complications such as dissections, plaque shift and long term complications than non ostial lesions.
- Respecting anatomy, angle of bifurcation and complexity of the lesion is the guide for success in PCI of ostial lesions, I mean the lesion is favorable for PCI vs CABG.



CardioMilitary 2017

- Especial considerations when we deal with ostial lesions .
- The balloon or stent can impinge on the origin of the non-target artery and obstruct its flow.
- Vessel size discrepancy between the left main (LM) to the LAD or LCX can cause difficulty in selecting precise size of the stent.
- Antegrade and retrograde embolization into the other artery (from LAD to LCX or vice versa, from LAD to LM and systemic embolization).



CardioMilitary 2017

- The angle of the bifurcation with the LCX – angles  $<75^\circ$  are associated with greater difficulty in stent positioning and increased risk of plaque shift.
- Dissection at the proximal LAD and LCX could extend in a retrograde fashion into the LM segment.
- Predilation ensures, relief of ischemia and makes subsequent manipulations comfortable both to the patient and the operator.



CardioMilitary 2017



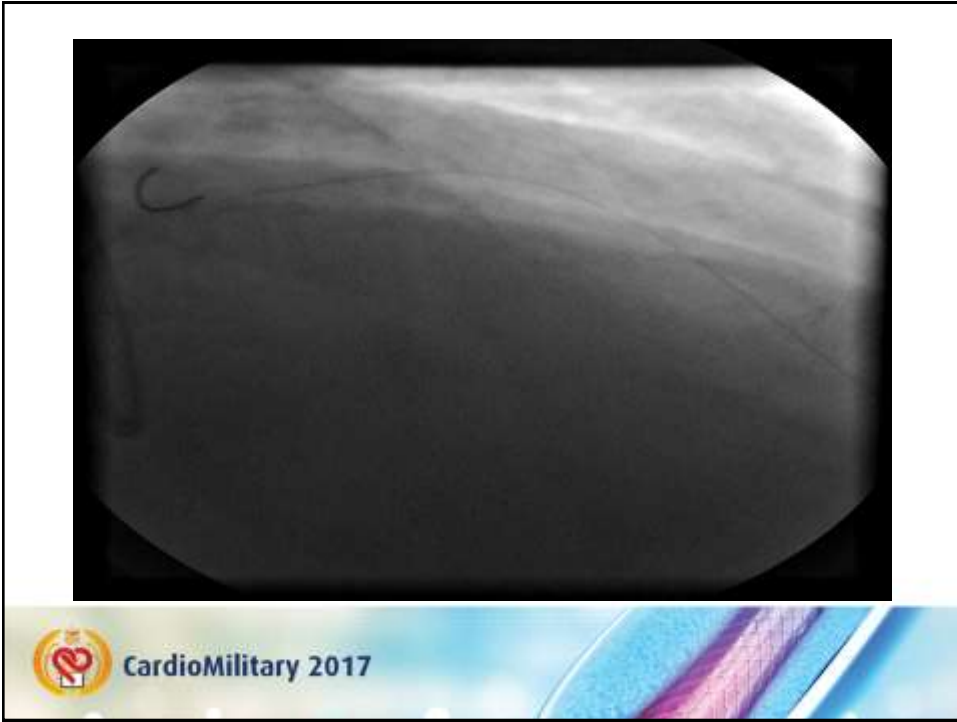
CardioMilitary 2017











- On follow up;
- Chest pain improved and patient had good functional capacity and going very well.



CardioMilitary 2017

## Take home messages

- For favorable outcomes, we must first decide whether ostial PCI or CABG is appropriate.
- Use of optimal, non-overlapped, non-foreshortened angiographic imaging is needed to define ostial segments accurately.
- Optimal stent position is the most Important step in ostial LAD PCI with proximal stent marker proximal to lesion.
- Appropriately sized (1:1 ratio) stents and should be deployed at appropriately high pressures to ensure optimal apposition.



CardioMilitary 2017

***THANK YOU***



**CardioMilitary 2017**