

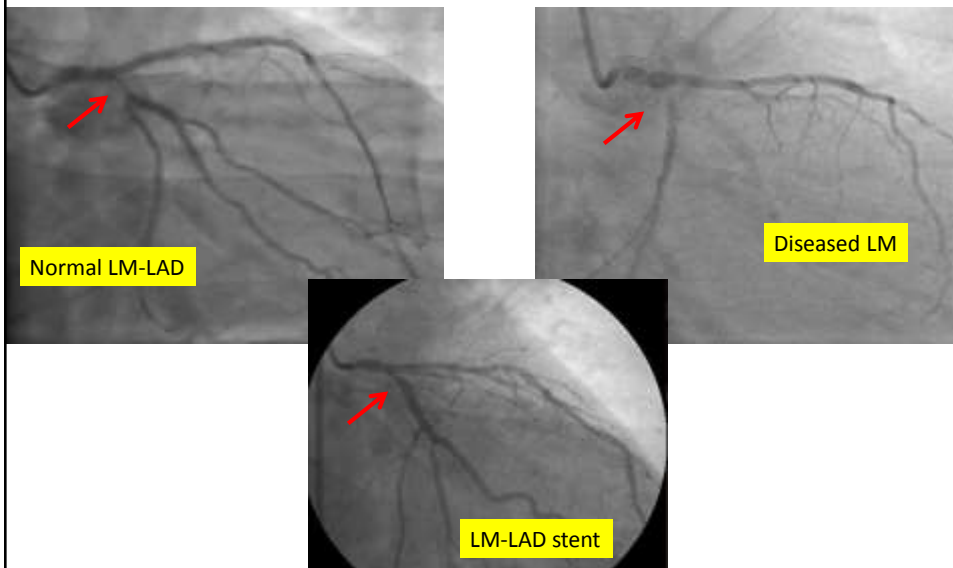


Treating Osteal Circumflex

Sameh Emil M.D., FSCAI

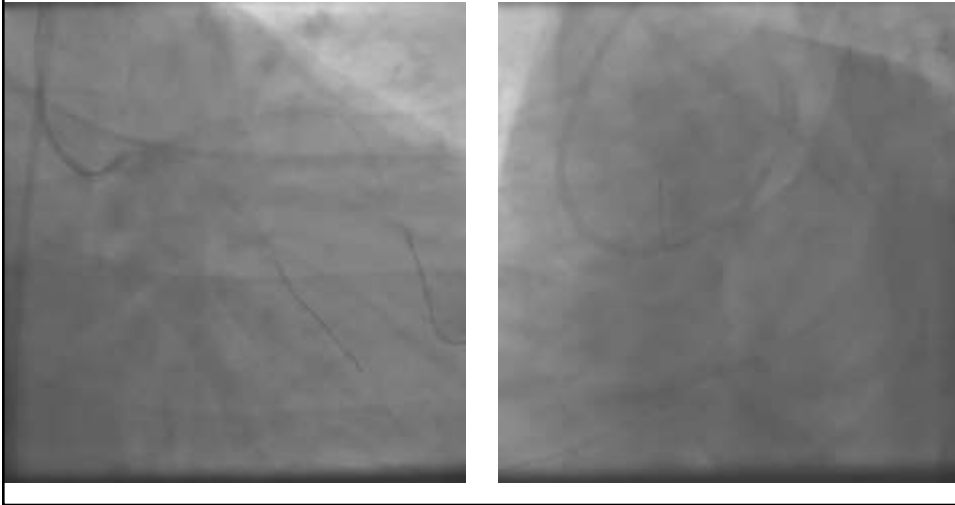


Three Different Scenarios

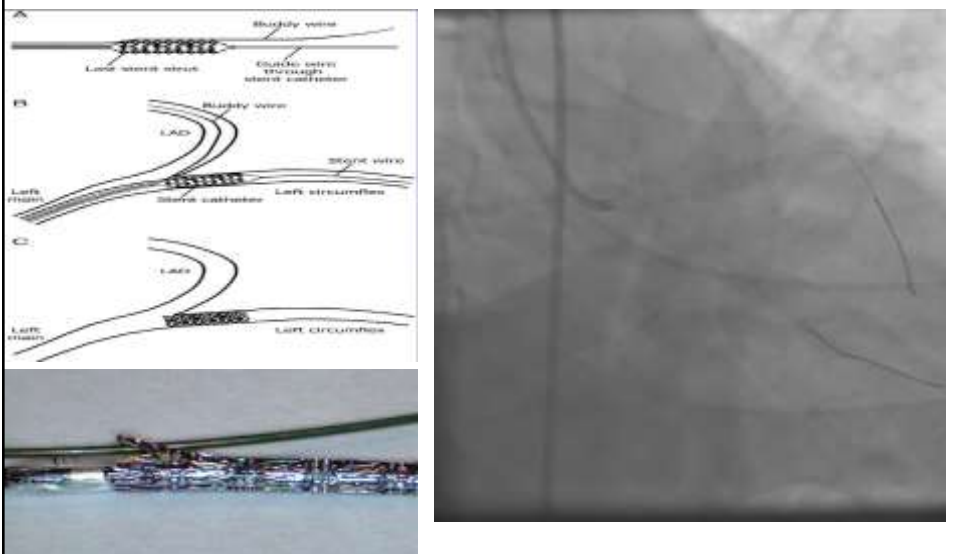


Case 1 Normal LM-LAD

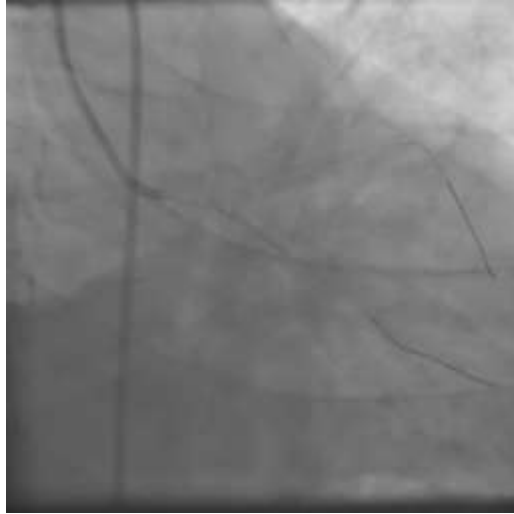
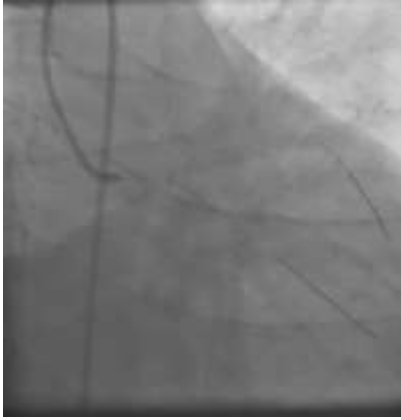
Male, 63 years, Multiple previous coronary interventions, last was 3 years ago.
Recent chest pain, CABG was decided after recent CA.



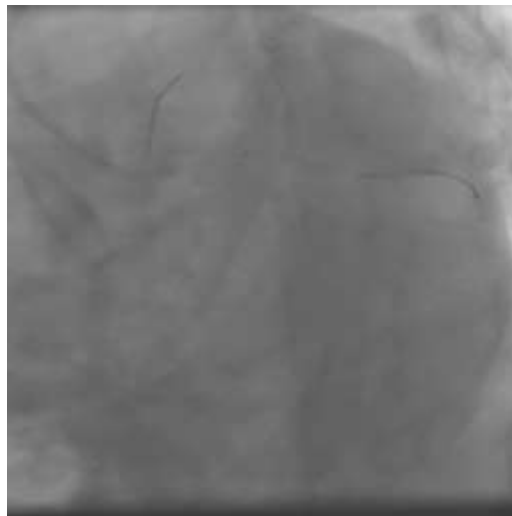
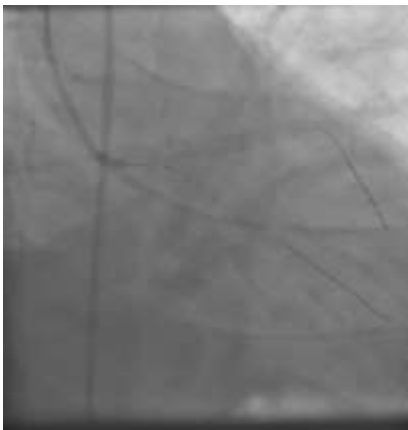
Szabo Technique



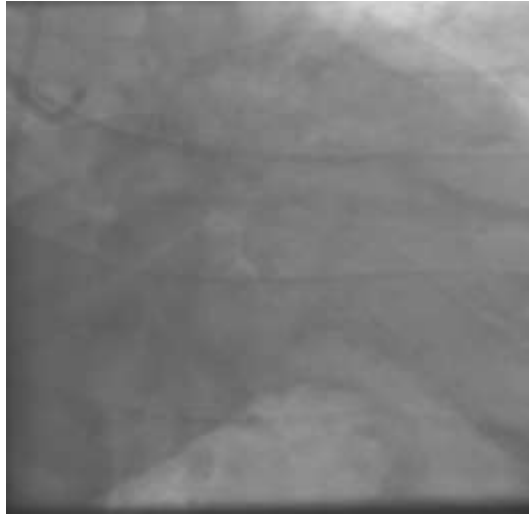
Positioning the Stent



Stent Deployment

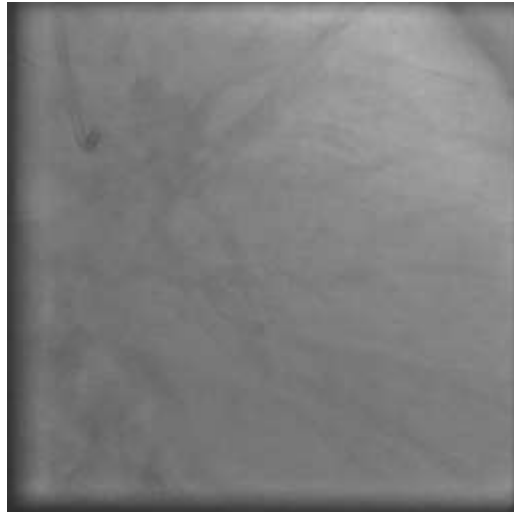
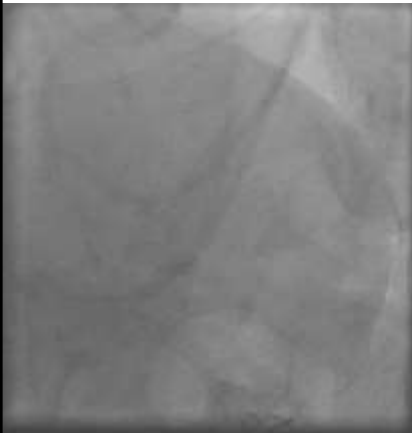


Final Result

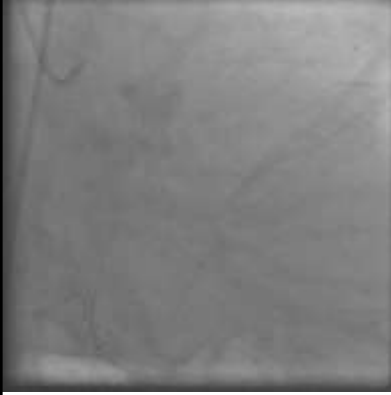


Case 2 Diseased LM

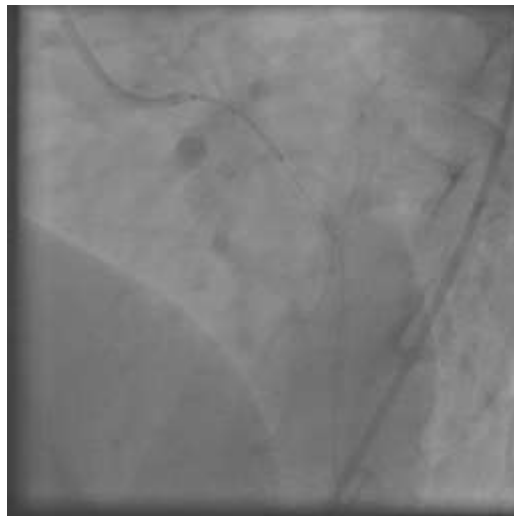
Male , 55 years , Previous PCI to LAD and CXA (BMS) 10 yrs ago.
Recent recurrent effort angina.



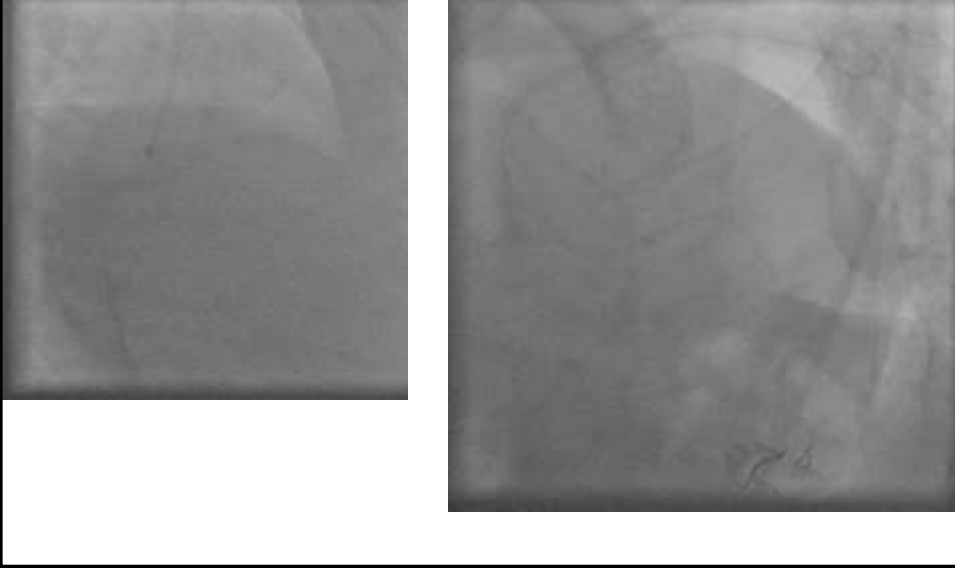
PTCA



Stent Positioning & Deployment

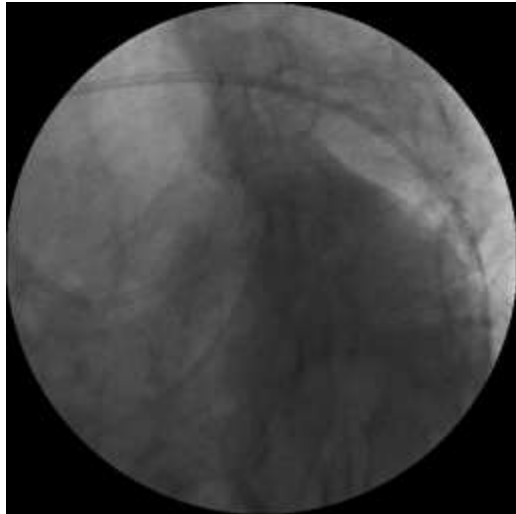


Final Result



Case 3 LM-LAD stent

Female , 59 years , diabetic.
? Osteal LAD stent 4 months ago.
Recurrent chest pain on effort.



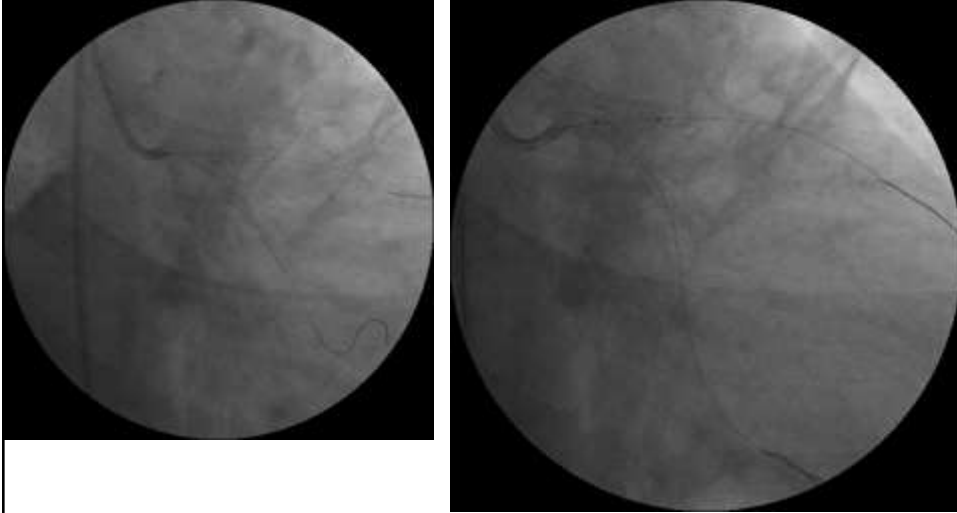
PTCA opening struts



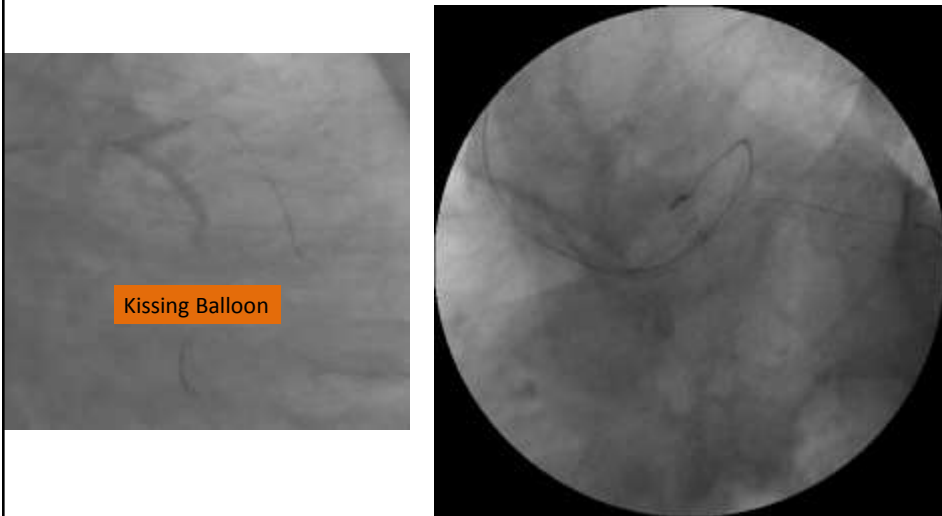
Stent Deployment



Recrossing



Final Result



Take Home Message

- Treating osteal Circumflex lesions is one of the most difficult challenges in the field of Interventional Cardiology.
- Each patient and each anatomical configuration is a special entity.
- Use all your skills , tools and available guidelines to afford the best results to your patient with the least possible risk of complications.

THANK YOU

