



## Ultra short LM

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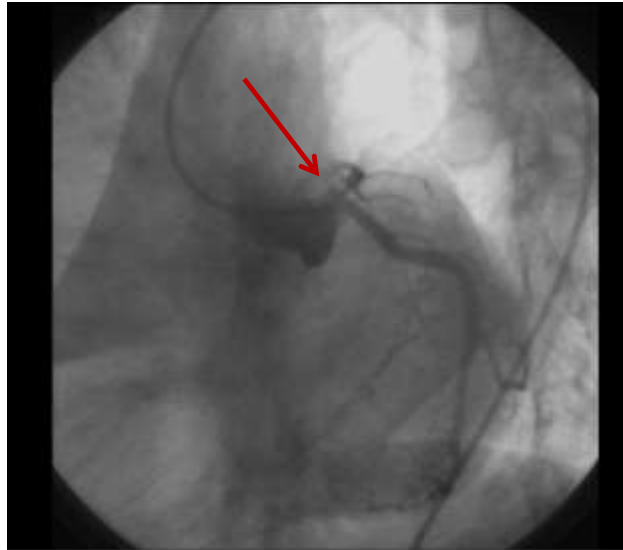
**CardioMilitary 2018**



## Patient Profile

- Male Pt 62 yrs old diabetic ,hypertensive ,dyslipidaemic and smoker ...
- Angina class III
- ECG : ST depression V1 to V5
- Echo .: HK apical ,mid and basal segments of anterior wall...
- C.angio : Osteal LAD 95% lesion for CABG





What should be the evidence based decision ?



Recommendation for the type of revascularization (CABG or PCI) in patients with SCAD with suitable coronary anatomy for both procedures and low predicted surgical mortality

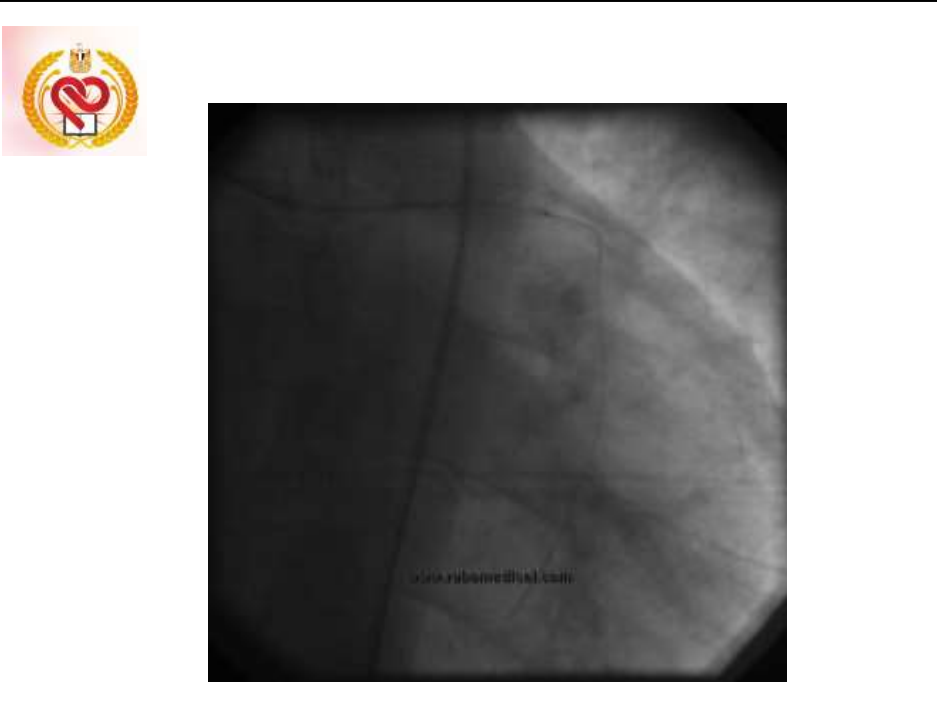
Recommendations according to extent of CAD	CABG		PCI		Ref <sup>4</sup>
	Class <sup>a</sup>	Level <sup>b</sup>	Class <sup>a</sup>	Level <sup>b</sup>	
One or two-vessel disease without proximal LAD stenosis	III <sub>b</sub>	C	I	C	
One-vessel disease with proximal LAD stenosis	I	A	I	A	107,108,140,141,170,179
Two-vessel disease with proximal LAD stenosis	I	II	I	C	108,135,137
Left main disease with a SYNTAX score ≤ 22	I	B	I	B	17,134,170
Left main disease with a SYNTAX score 23–32	I	B	IIa	B	17
Left main disease with a SYNTAX score >32	I	II	III	B	17
Three-vessel disease with a SYNTAX score ≤ 22	I	A	I	B	17,157,175,176
Three-vessel disease with a SYNTAX score 23–32	I	A	III	B	17,157,175,176
Three-vessel disease with a SYNTAX score >32	I	A	III	B	17,157,175,176

CABG = coronary artery bypass grafting; LAD = left anterior descending coronary artery; PCI = percutaneous coronary intervention; SCAD = stable coronary artery disease

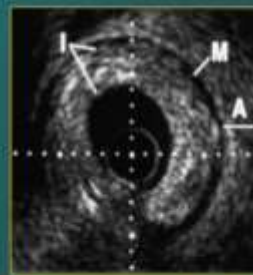
<sup>a</sup>Class of recommendation.

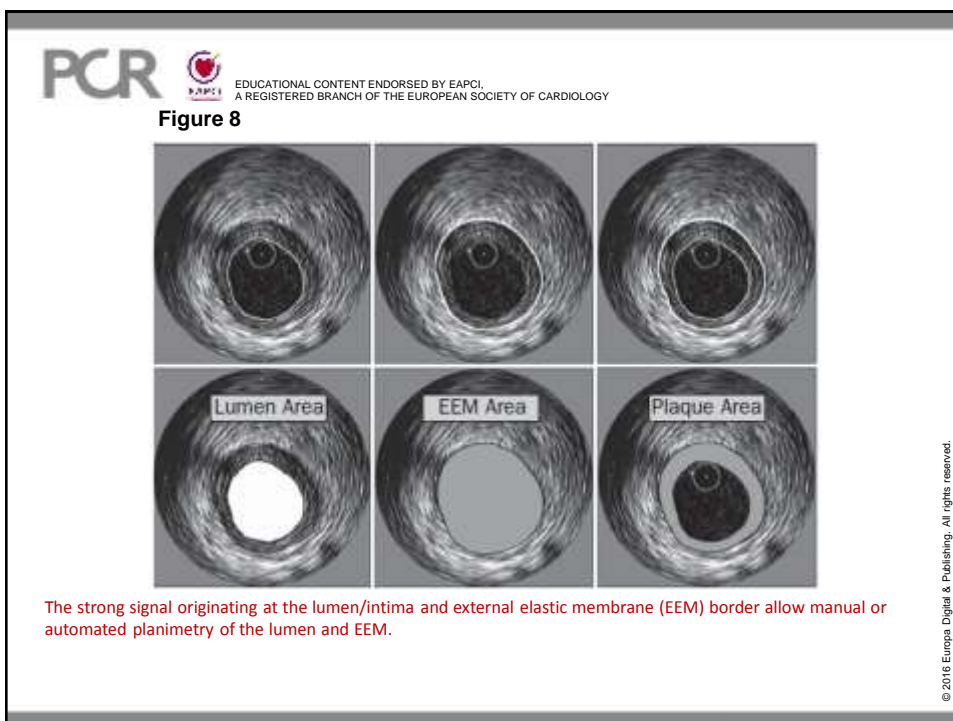
<sup>b</sup>Level of evidence.

<sup>4</sup>References.



- **Intimal disease** (plaque) is dense and will appear 'white'
- **Media** is made of homogeneous smooth muscle cells and does not reflect ultrasound (appears dark)
- **Adventitia** has 'sheets' of collagen that reflect a lot of ultrasound (appears white)

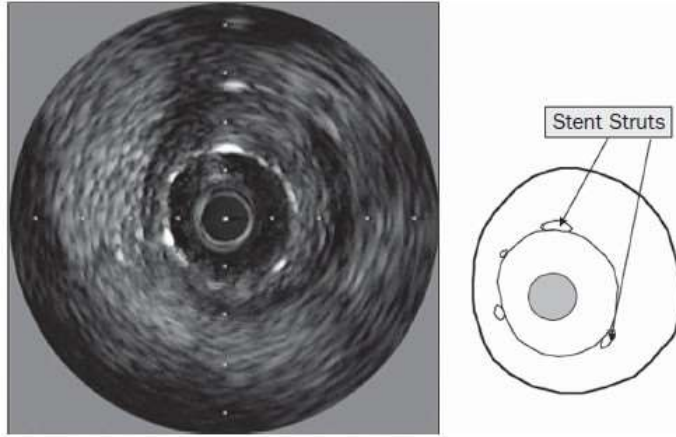






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**Figure 11**

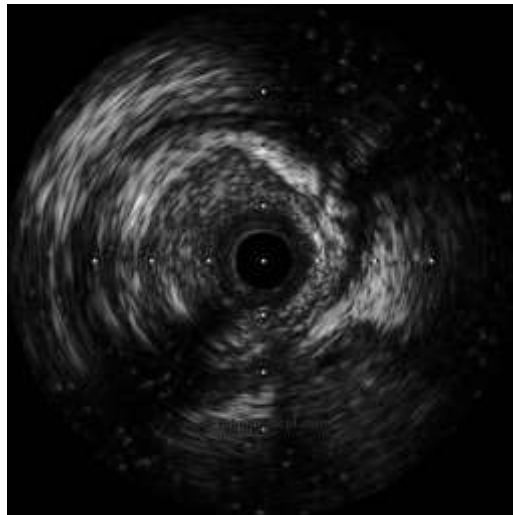


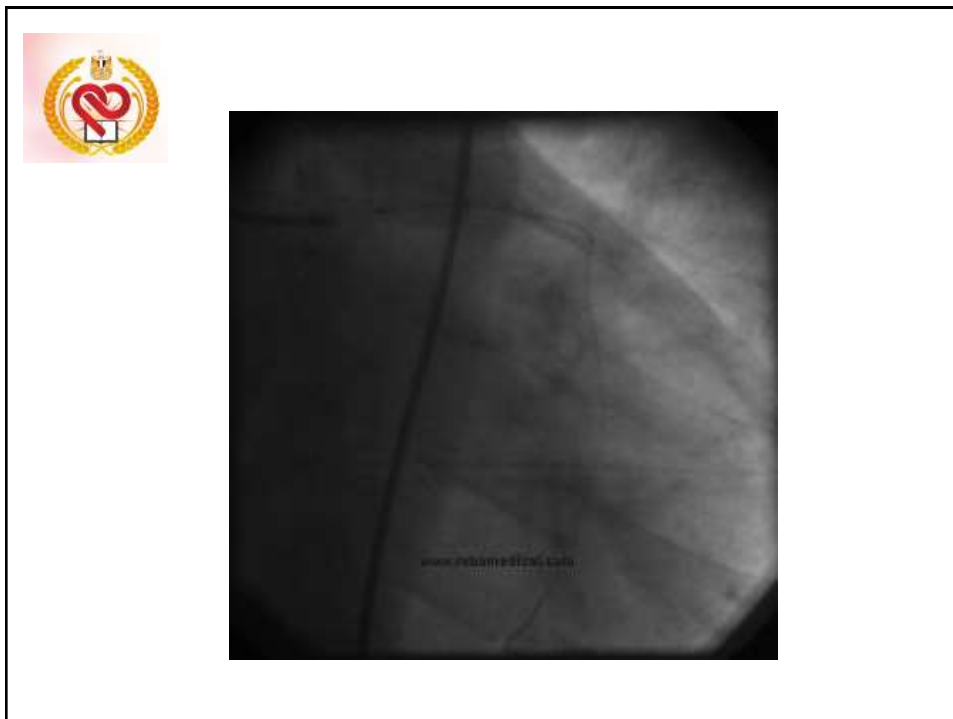
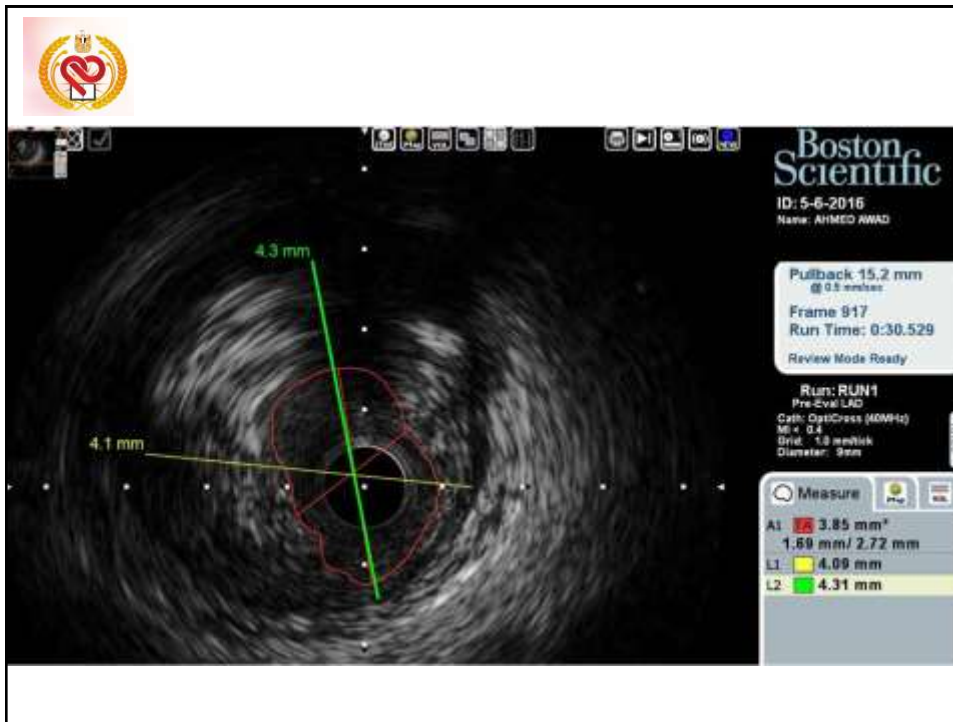
Percutaneous Cardiac Interventions – Tips and tricks of new techniques beyond stenting

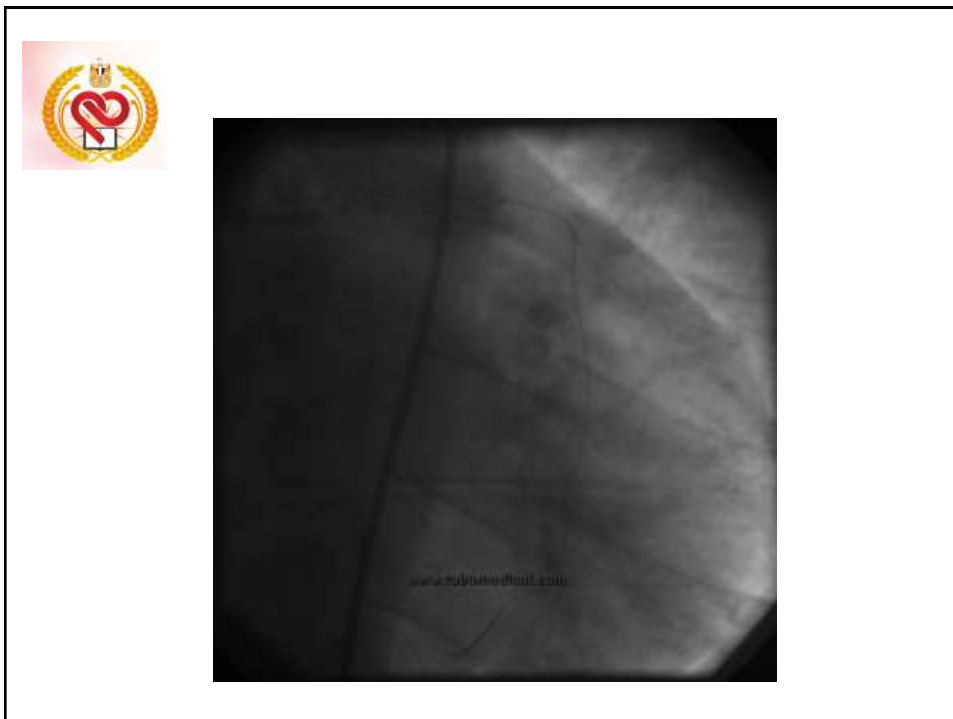
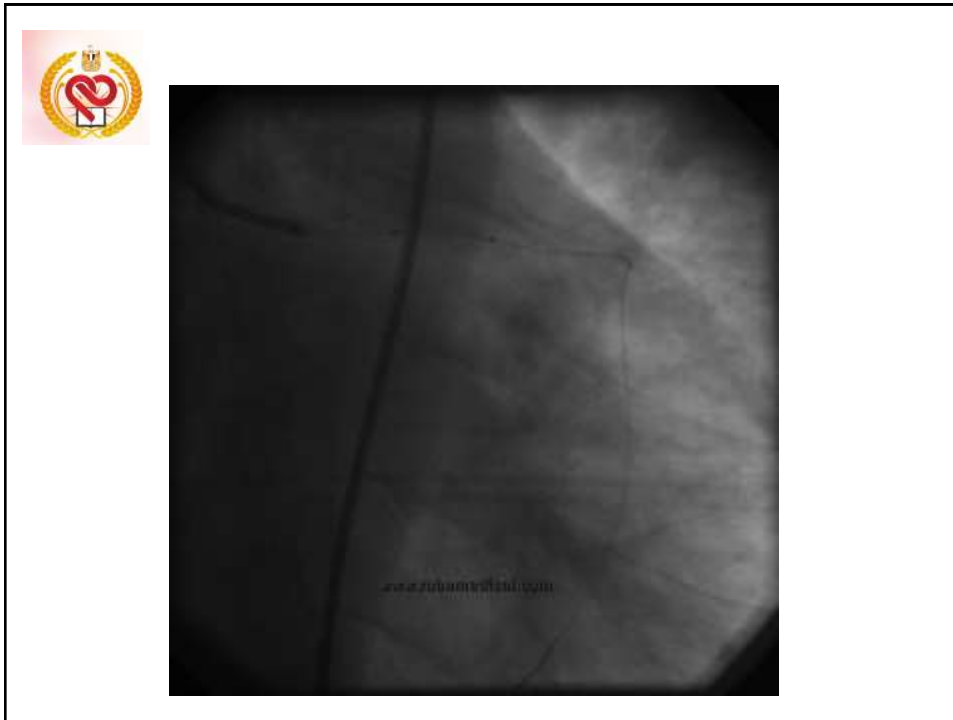
**Tips & tricks of intravascular ultrasound**

Paul Schoenhagen, MD

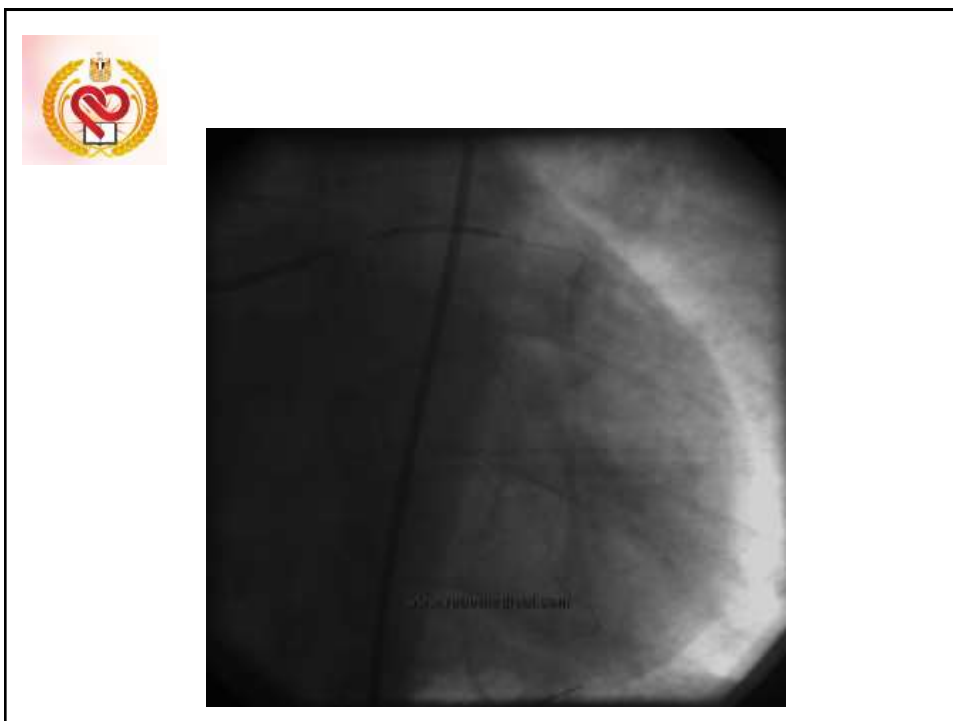
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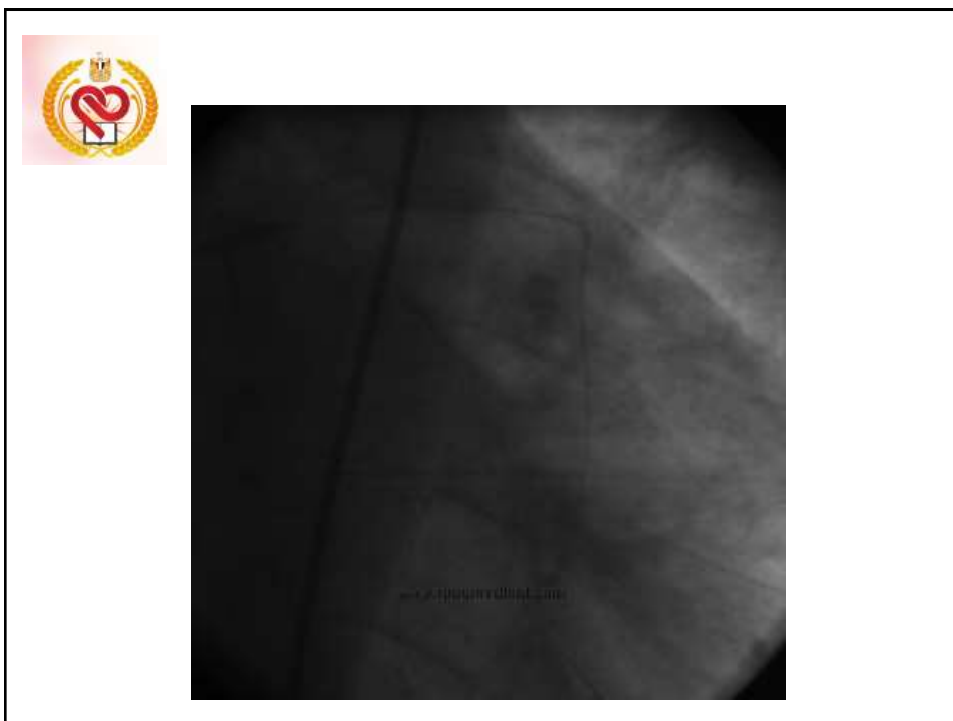
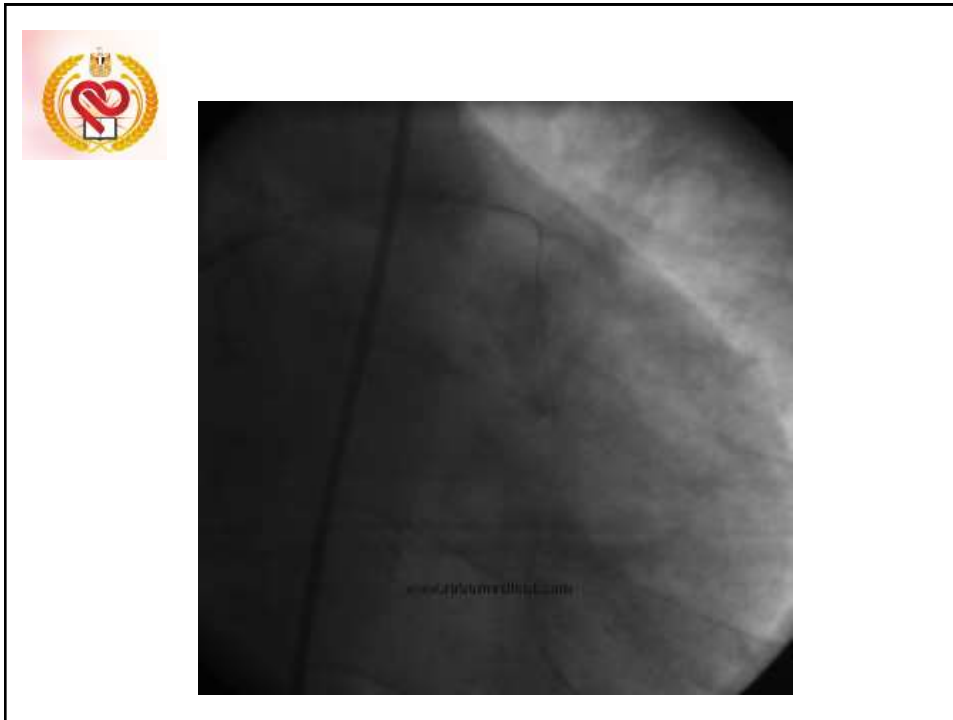


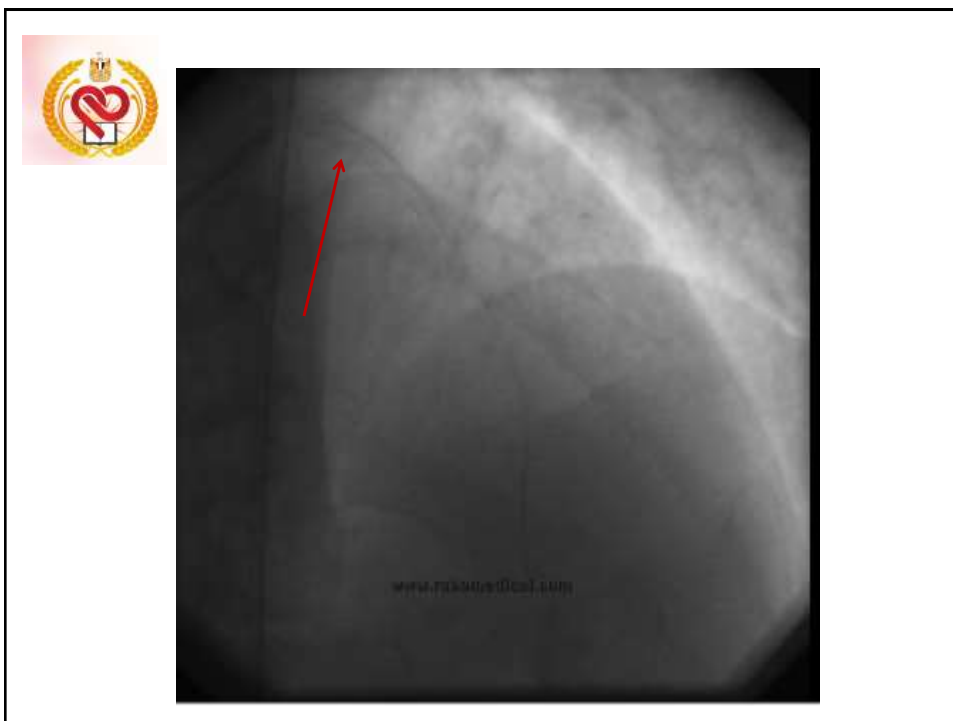


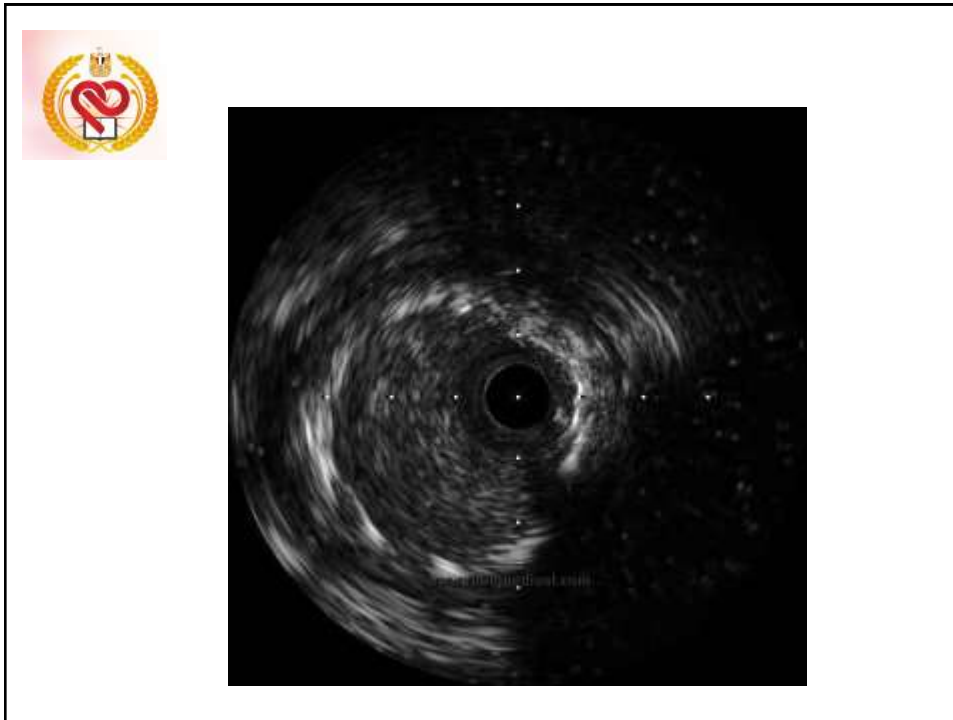




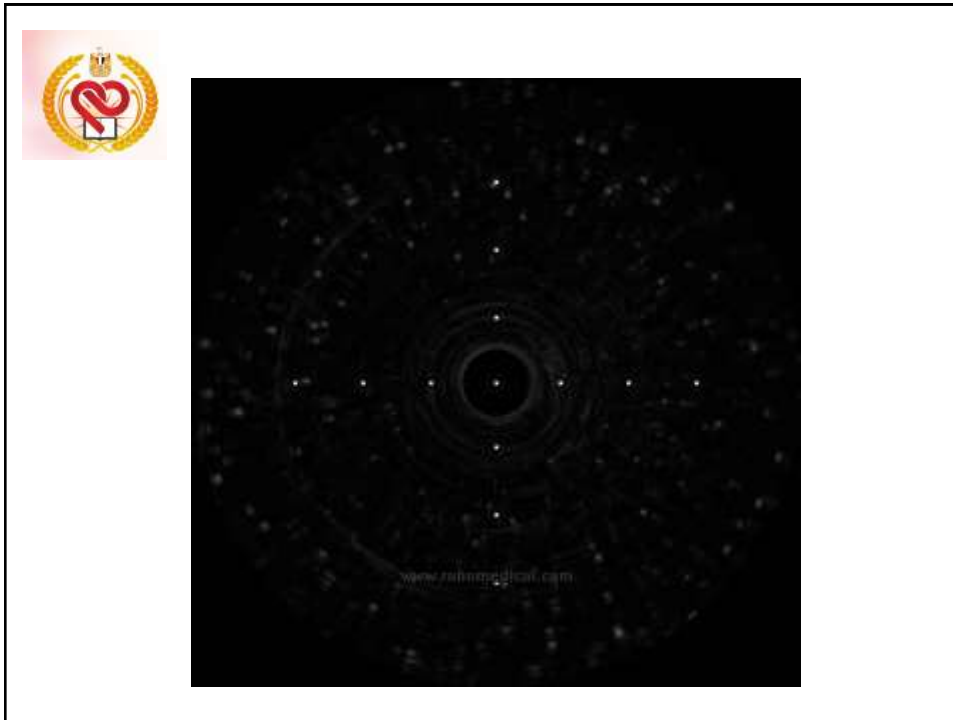


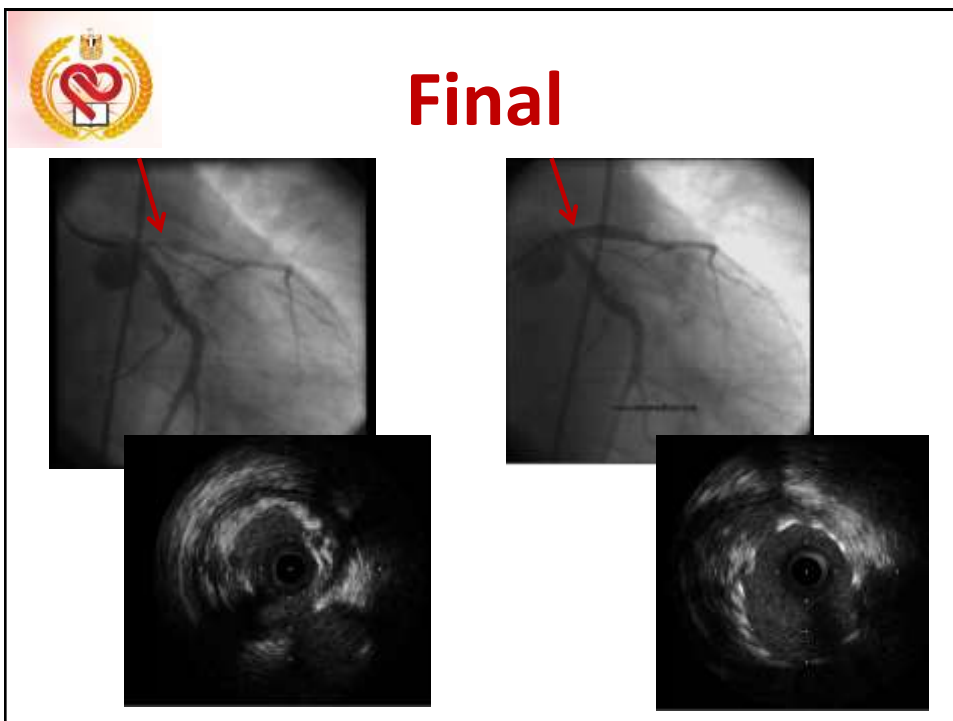
















## Why IVUS?

- LM, Bifurcation, Osteal...
- Sizing
- Landing
- Pre PCI lesion assessment (Calcifications, ...)
- Post PCI to optimize to detect complications (dissections, plaque shift,...)

**If I VUS I Trust**