



# 31 GIORNATE CARDIOLOGICHE TORINESI

TURIN  
October  
24<sup>th</sup>-26<sup>th</sup>  
2019

## Left main «true bifurcation» treatment



### *The challenge*

Dr. Sebastiano Gili  
Centro Cardiologico Monzino, IRCCS, Milano



## Clinical case

L.P., 76 years old gentleman with stable angina (CCS II) refractory to beta-blocker therapy

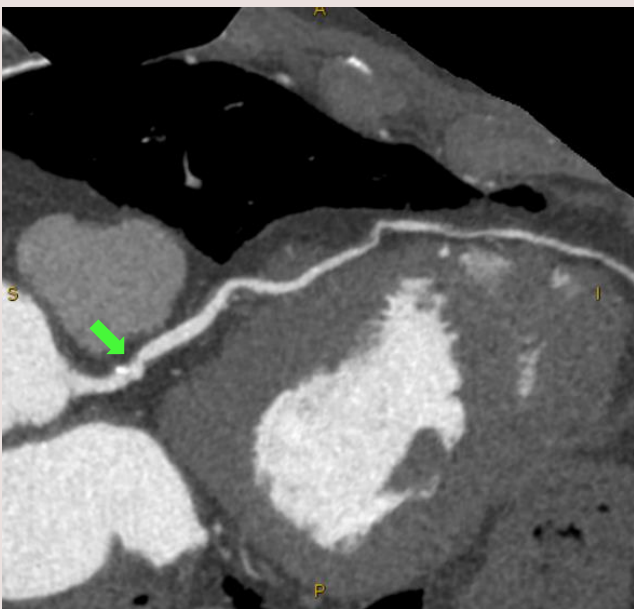
- Hypertension
- Family history of CAD
- Chronic obstructive pulmonary disease
- No previous known heart disease



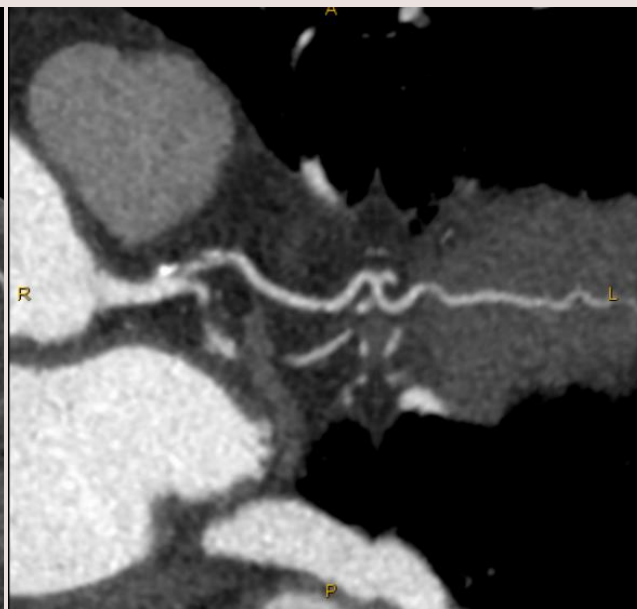
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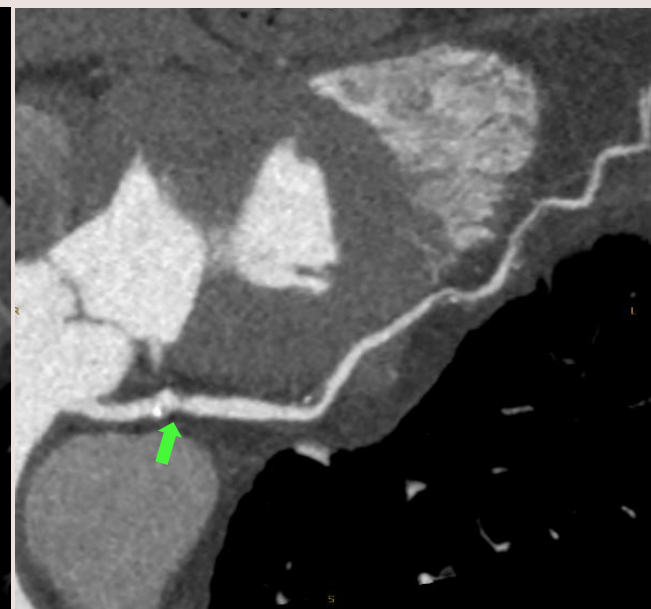
## Coronary computed tomography



Left main - LAD



Left main bifurcation



Left main - LCx

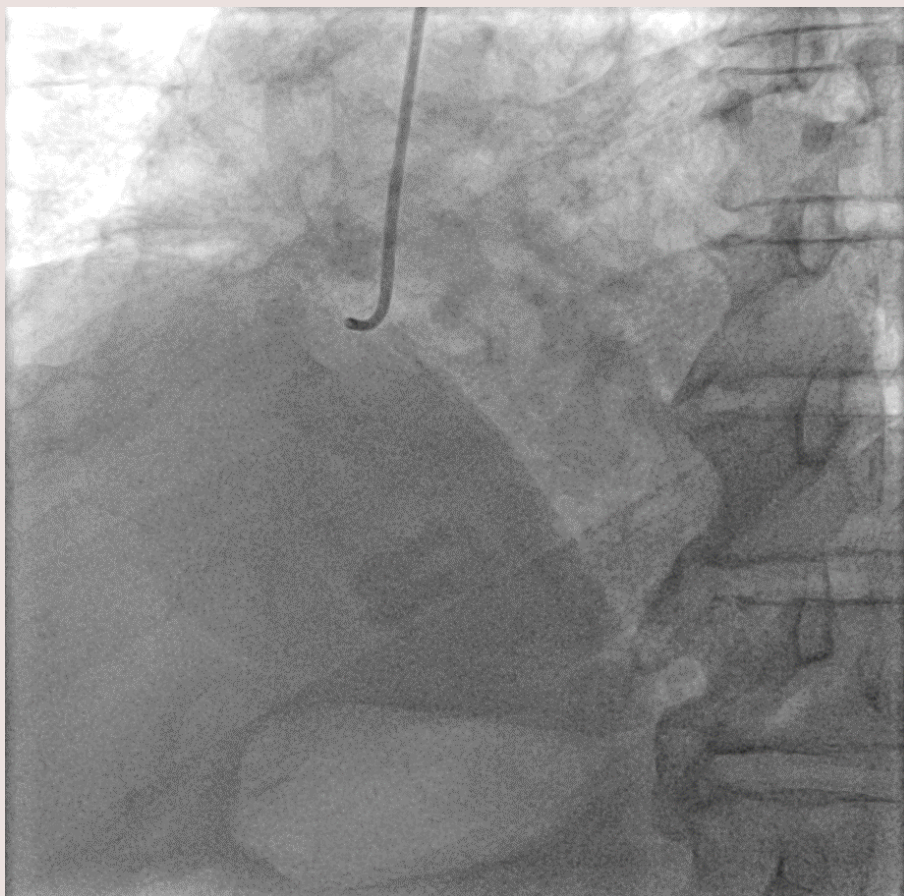




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## Coronary angiography - RCA

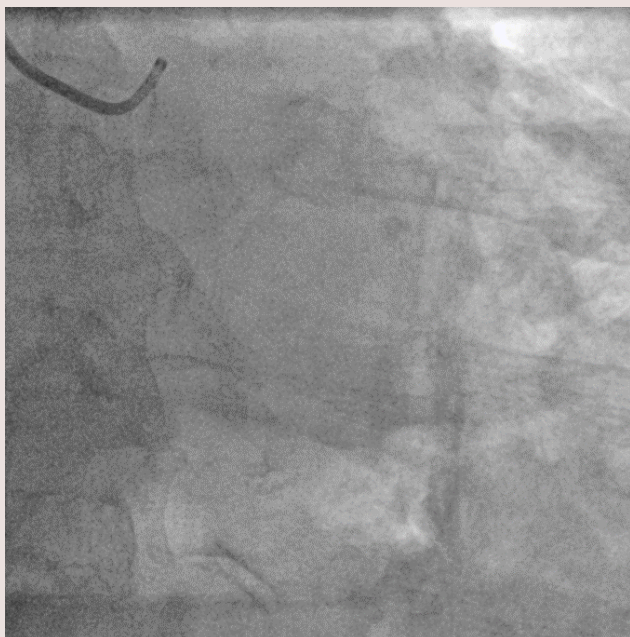




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## Coronary angiography - LCA



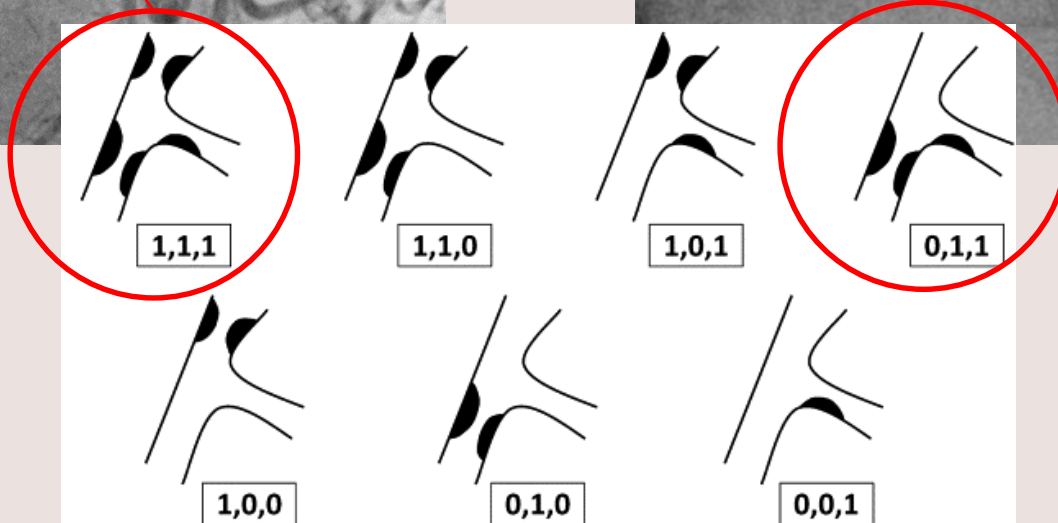
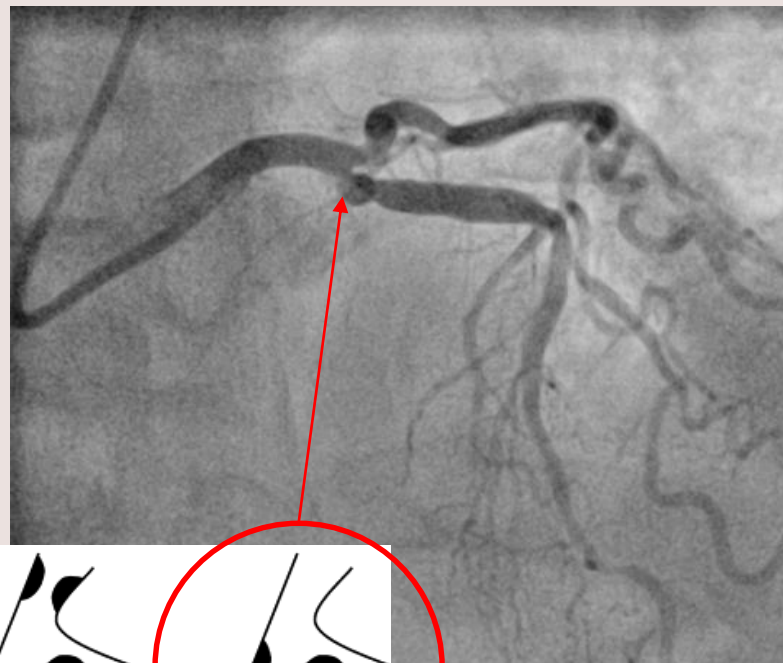
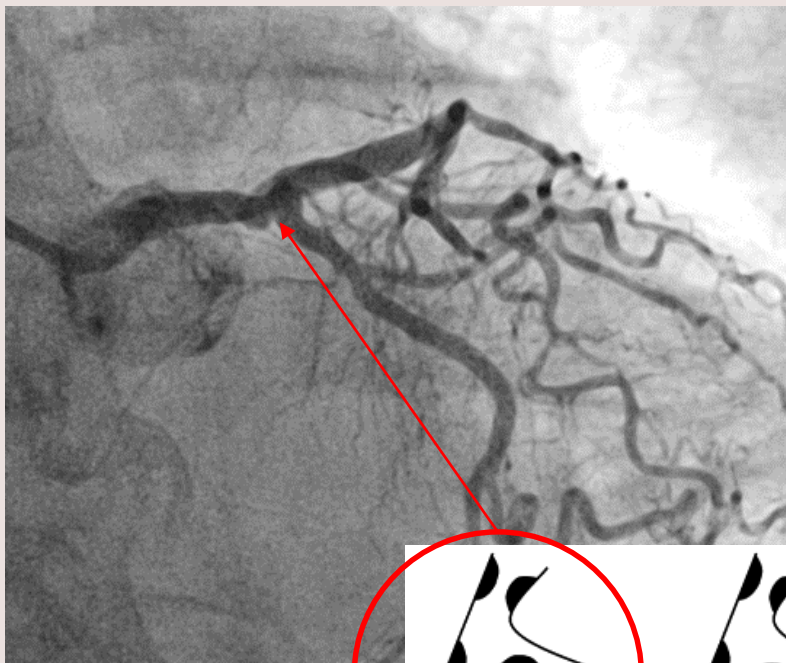




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## Medina class

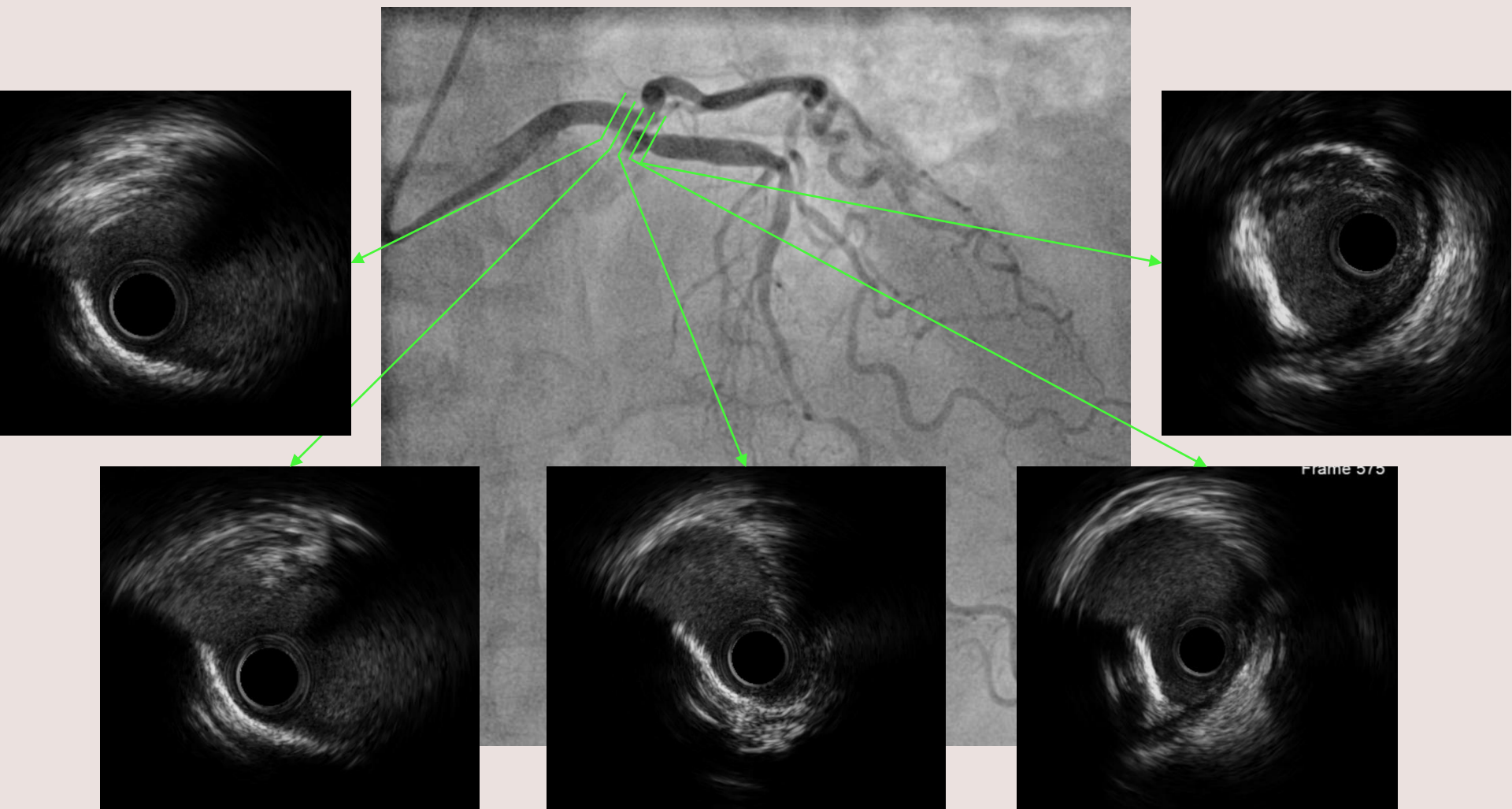




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## IVUS – Left main and LAD

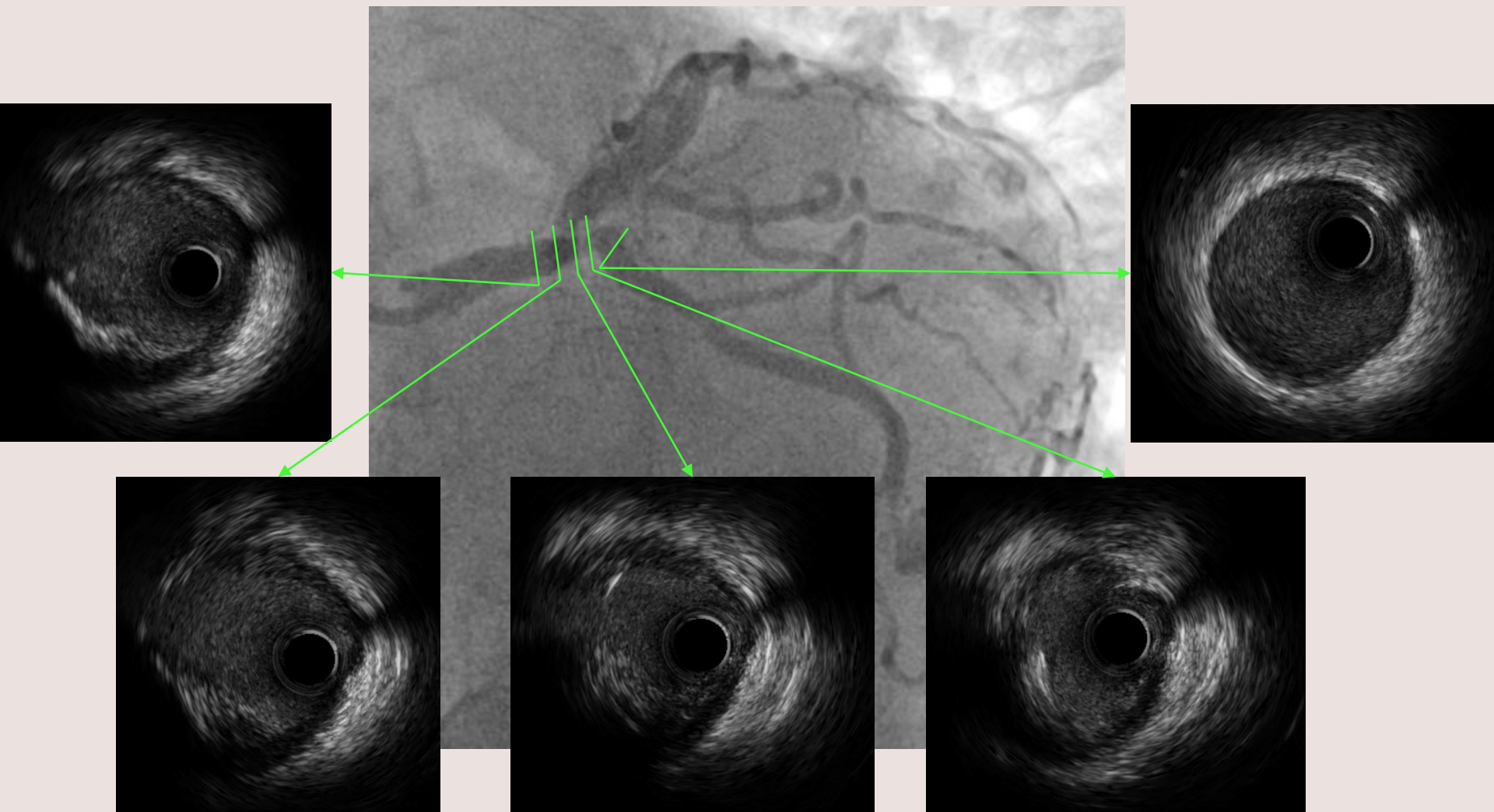




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## IVUS – Left main and LCx







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## Summing it all up...

- Fibrocalcific stenosis of distal left main with involvement of both ostial LAD and LCx (1.1.1)
- Syntax score 31
- Short lesion of ostial LCx
- Percutaneous approach (patient's preference)

Which option the best?



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