Radial Approach in The Setting of Left Main Stenting

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Presentation:
A 66-year-old male, hypertensive, dyslipidemic, Admitted with acute coronary syndrome. Retrosternal chest pain at rest for 3 hours, stable hemodynamics. ECG: Deep T wave inversion in chest leads (V2-4). Echo: LVEF 45%, RWMA in LAD territory. Troponin: 0.04 ng/ml, Creatinine: 1.1 mg/dl. Coronary angiography revealed distal left main 50% with subtotal ostial LAD and proximal LAD 70% lesion with intermediate Syntax score. Patient refused CABG.

Challenges:
Radial approach with 6 F guiding (sheathless guide is not available) Left main in ACS setting with thrombotic tendency

Strategy:
A provisional stenting strategy according to DEFINITION trial recommendations. In the setting of radial approach, use strategy compatible with a 6 French (Stepped mini-crush, DK crush, TAP…) esp. if Slender sheath, or sheathless guiding catheters are not available. Final POT is mandatory for optimization of stent expansion.

IVUS guided LM intervention is mandatory.