

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 3hours, 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

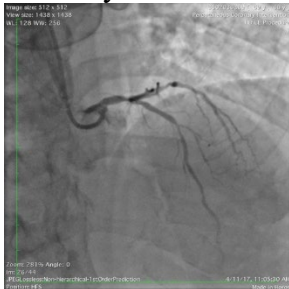
Coronary angiography revealed distal left main 50% with subtotal ostial LAD and proximal LAD 70% lesion with intermediate Syntax score.,

Patient refused CABG.

Challenges:

Radial approach with 6 F guiding (sheathless guide is not available)

Left main in ACS setting with thrombotic tendency

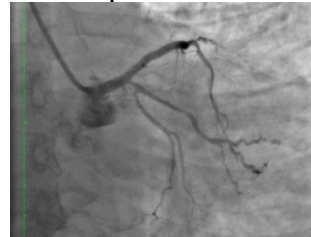


Strategy:

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

