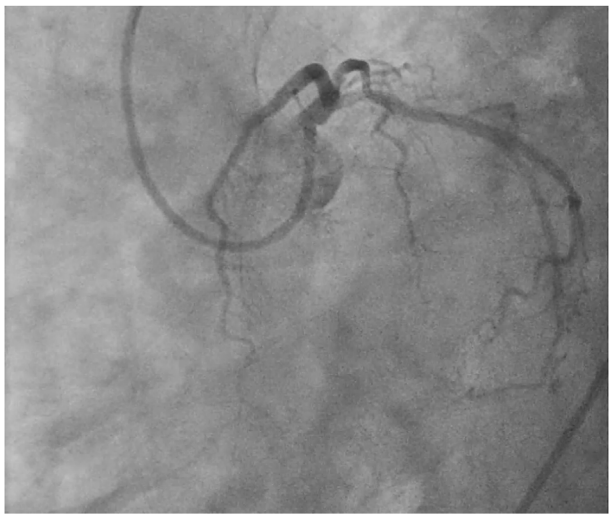

Conclusions. Good results were seen on final angiography. Procedure ended with successful PCI to LAD & Dg1 using DK Crush method with patient being discharged from hospital the following day and remaining well on clinic follow up.

TCTAP C-032

Biplane Angiographic Visualization System Helps in PCI Procedure

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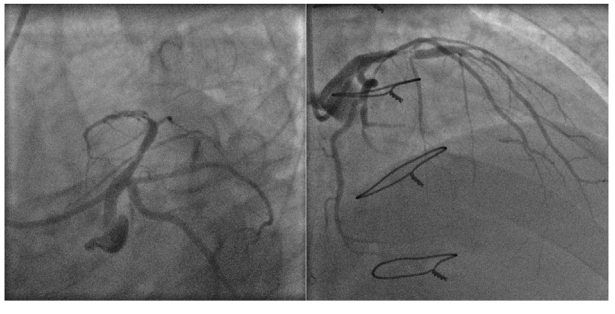
CLINICAL INFORMATION

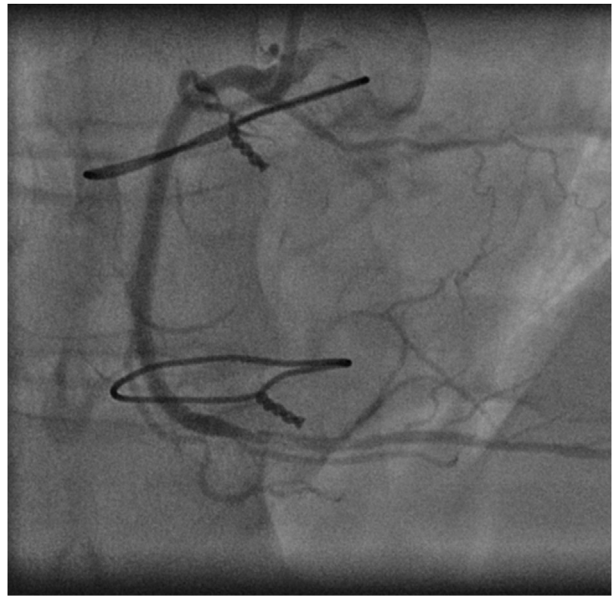
Patient Initials or Identifier Number. H27985/21

Relevant Clinical History and Physical Exam. Patient H, 62 years old, entered the Cardiology department of the BGMU clinic on October 22, 2021, with complaints of interruptions in the work of the heart, shortness of breath, intolerance physical activity. Ischemic heart disease since 2004. In 2004, CABG. RCA stenting (2011, 2018, 2019, 2021). Medication therapy: Valsartan, Warfarin, Brilinta. In October 2021 he was admitted to the BSMU clinic with stable angina 3 class. Stenosis of the internal carotid arteries on both sides is 20-25%.

Relevant Test Results Prior to Catheterization. Creatinine before catheterization 109,1 mmol/l

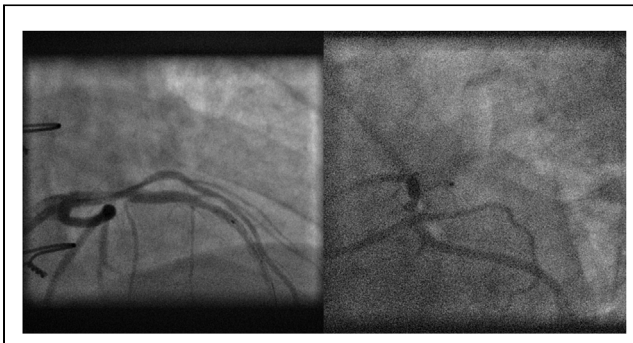
Relevant Catheterization Findings. Right dominance. LCA, LCX and its branches without indications to revascularization. Left artery descending has 90% stenosis in 6 segment, in the 7 segment 95%, LAD distally without signs of meaningful narrowing (Fig. 1). The stents in the right coronary artery in 1, 2 segments without restenosis, the restenosis of the stent in the 3 segment is 70% (Fig. 2). The occlusion of the posterior ventricular artery from the ostium. Aorto-coronary bypass graft to the right coronary artery is occluded.

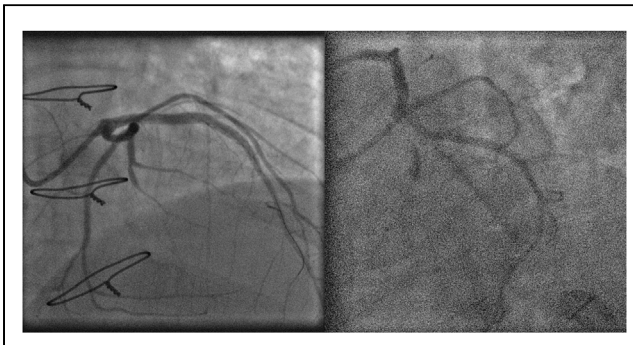




INTERVENTIONAL MANAGEMENT

Procedural Step. After coronarography we used guiding catheter XB 4.0 6F to left coronary artery. Coronary wire Whisper MS 0,014 "190 cm, placed in LAD, further to the distal departments. Over the coronary wire under the control of the BIPLANE visualization system, CID CRE8 2,5*20, Medtronic Resolute Integrity 3,5*38 - are implanted in the zone of left artery descending in 6-7 segments stenosis (Fig. 3). Bipane angiography helped to place the wire and position the stent precise proximally and distally without need to change the C-arch position and twice decreasing the contrast injections. Control coronarography - blood flow TIMI3 in the stenting zone, no signs of dissection, no dislocation stents (Fig. 4). Coronary wire, guiding catheter, introducer removed. Hemostasis. The patient is discharged for 3 days after the intervention. Operation duration (min): 62, Contrast (ml): 93 ml, Creatinine 3 days after operation 130 mmol/l





Conclusions. 1. The Biplane angiography allows you to position the stent in coronary arteries simultaneously in two projections: along the distal and proximal mark of the stent.

2. Biplane does the one-time visualization of coronary arteries in two projections. But "does BIPLANE significantly decrease of contrast amount?" or "is there any difference in procedure times?" is subject to a further randomized trial.

3. BIPLANE coronary angiography and PCI are useful for simple or complicated cases. It is an important step in training specialists on simple cases first to be ready for more complicated situations.

TCTAP C-033

CHIP - Choice OR Only Option..!! For Complicated Post Covid Case With Severely Calcified LM Trifurcation Lesion

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CLINICAL INFORMATION

Patient Initials or Identifier Number. 2751019

Relevant Clinical History and Physical Exam. A 79-year-old-male was admitted with fever and cough in desaturated state. He was diagnosed with COVID-19 (RT-PCR +), and was managed conservatively as per standard protocol. He developed acute pulmonary edema after 14 days of his illness. Developed hypotension and was started on inotropes. Diagnosed with evolved AWMI (KILIPS class III on mechanical ventilator). Repeat COVID-19 test was negative.

Known- DM II, Hypertension, AKI
BP- 100/70 mmHg (on support) HR-100/Minute
CVS- S1S2S3+
RS- B/L crepitation +

Relevant Test Results Prior to Catheterization. ECG- Q wave in V2-V5 with ST Elevation

2D TTE- Severe LV dysfunction (EF-30%) with grade I diastolic dysfunction. Severely hypokinetic LAD territory.

Trop I- 8.9 ng/ml
NTproBNP- 8110 pg/ml
Hb - 10.8 gm/dl
TC- 11200 cells/mcL
Platelets- 2.5 lakhs
BUN- 64 mg/dl
Creatinine- 1.3 mg/dl

CT Thorax- B/L moderate pleural effusion (right>left) with minimal consolidation on right side.

Relevant Catheterization Findings. Coronary Angiogram - Densely calcified - Distal LM had 50-60% stenosis. LAD had long segment lesion extending from ostial to mid segment with maximum severity of 90-95%. Ramus intermedius has ostial 90% lesion. LCX was a dominant vessel with 80-90% ostial lesion. RCA has 70-80% ostio-proximal lesion.