

# TAP stenting of LM disease in high risk NSTEMI-ACS

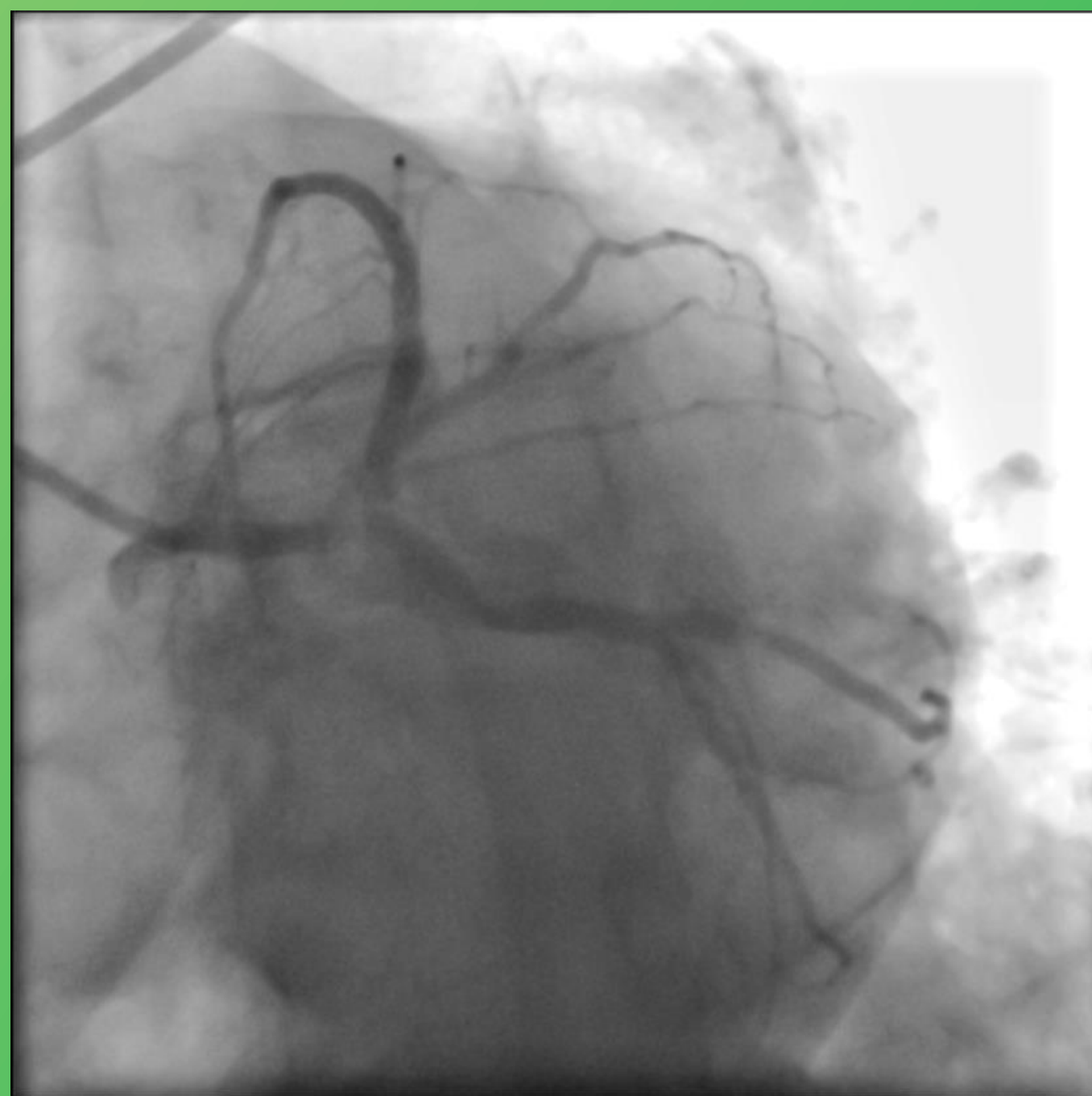
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83 years old, CCS with prior revascularization on distal LAD and RCA; Atrial Fibrillation; Hypertension

Access to the ER for anginal symptoms, respiratory distress and hypotension.

EKG: diffuse repolarization anomalies, ST superelevation in aVR

## Angiographic findings



7.5F Sheathless guiding catheter in LM.

Sion Blue guide in distal LAD, Sion Black guide in distal Cfx.

Sequential dilatation of TC-IVA and TC-Cx with semi and non-compliant balloons of increasing caliber.

Kissing Balloon with NC 3.0x12mm balls in TC-IVA-Cx.

Stenting of LM-LAD with Onyx 3.5x22 mm released at 14 atm for 30sec.

POT with NC 4.0x8mm at 18 atm



Rewiring of Cfx and side with NC flasks of increasing caliber up to 3.5

Pot with flask 4.5x8 mm at 16 atm.

Distal stenting of LAD with Onyx 3.0x12 at 16 atm for 30" in overlap with the previous one

Stenting of Cx in TAP with Onyx 3.5x12mm released at 16 atm for 30 sec.

Kissing balloon with two 3.5x12mm balloons at high atm.

Excellent angiographic result with TIMI III flow on both vessels.

