

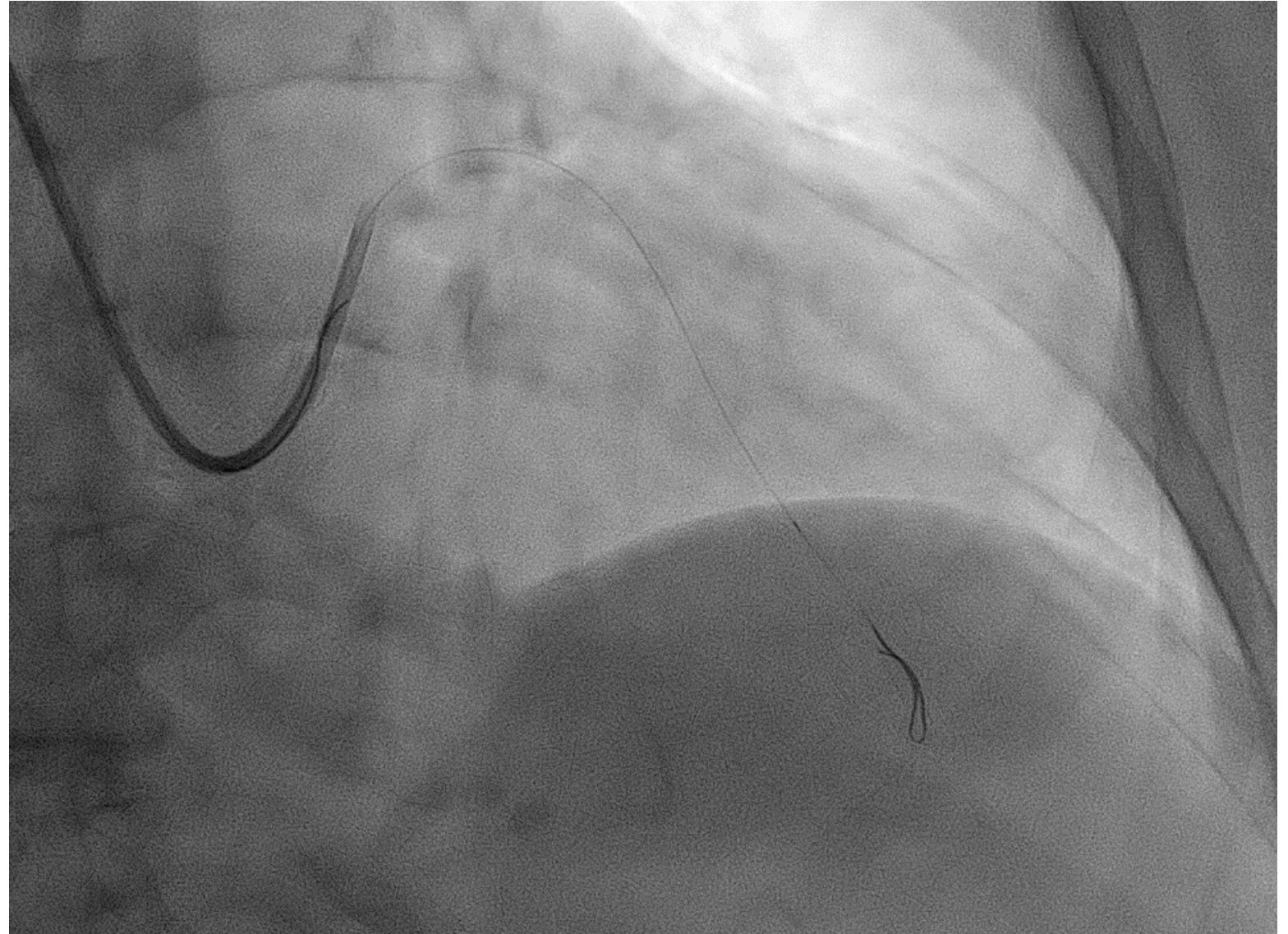
**Dream to Nightmare:  
A stentless LAD-Diag bifurcation  
procedure turned bailout TAP**

## History

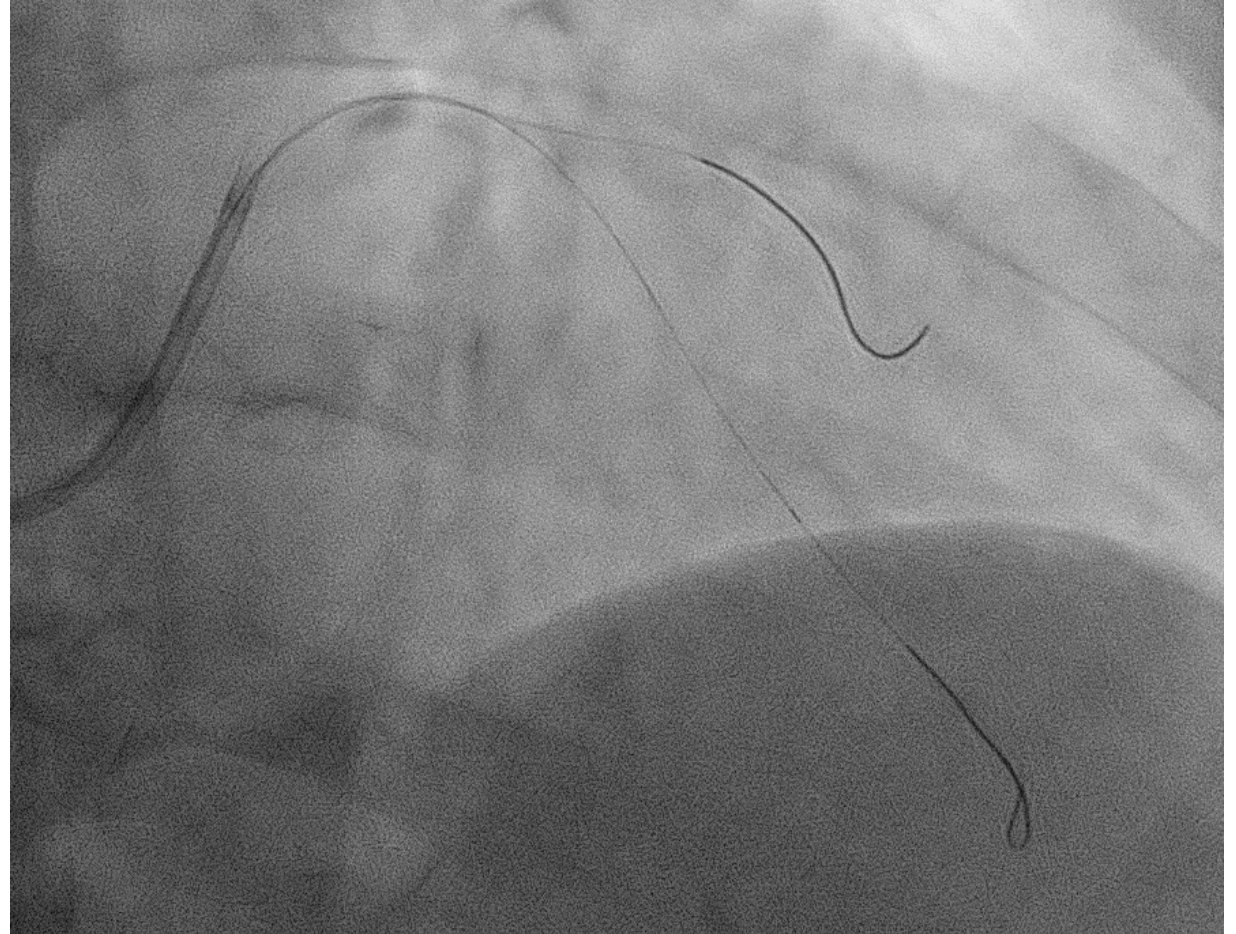
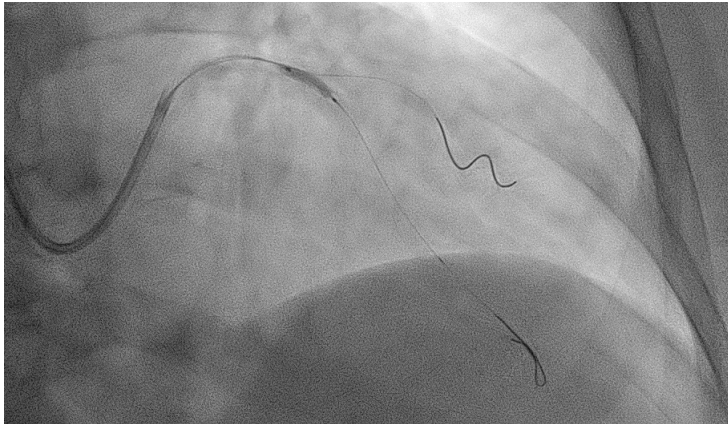
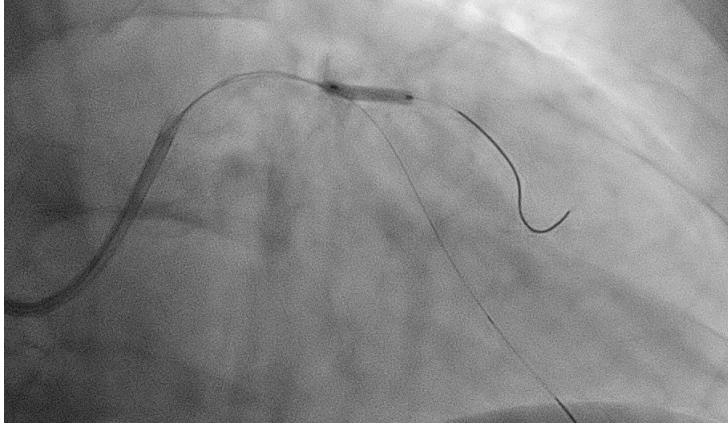
- F, 77 yo
- Hypertension, Type II DM, Obesity,
- Autoimmune hemolytic anemia (Hb 9 g/dl)
- Elective hospitalization for chest pain on exertion (CCS 2)
- normal baseline EKG
- Echocardiogram: LVEF 55%, no wall motion abnormalities

## Cath Lab

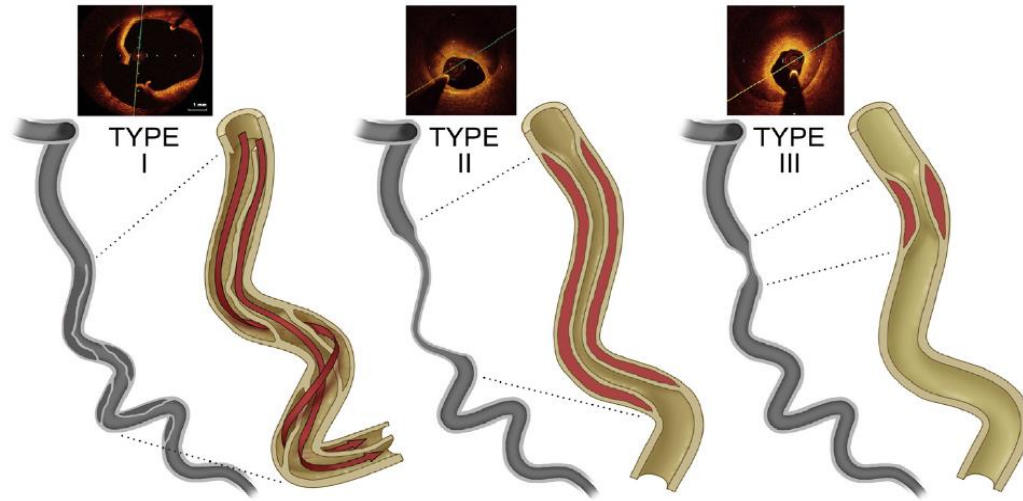
Mid LAD – diagonal  
bifurcation lesion  
Medina 1,1,1



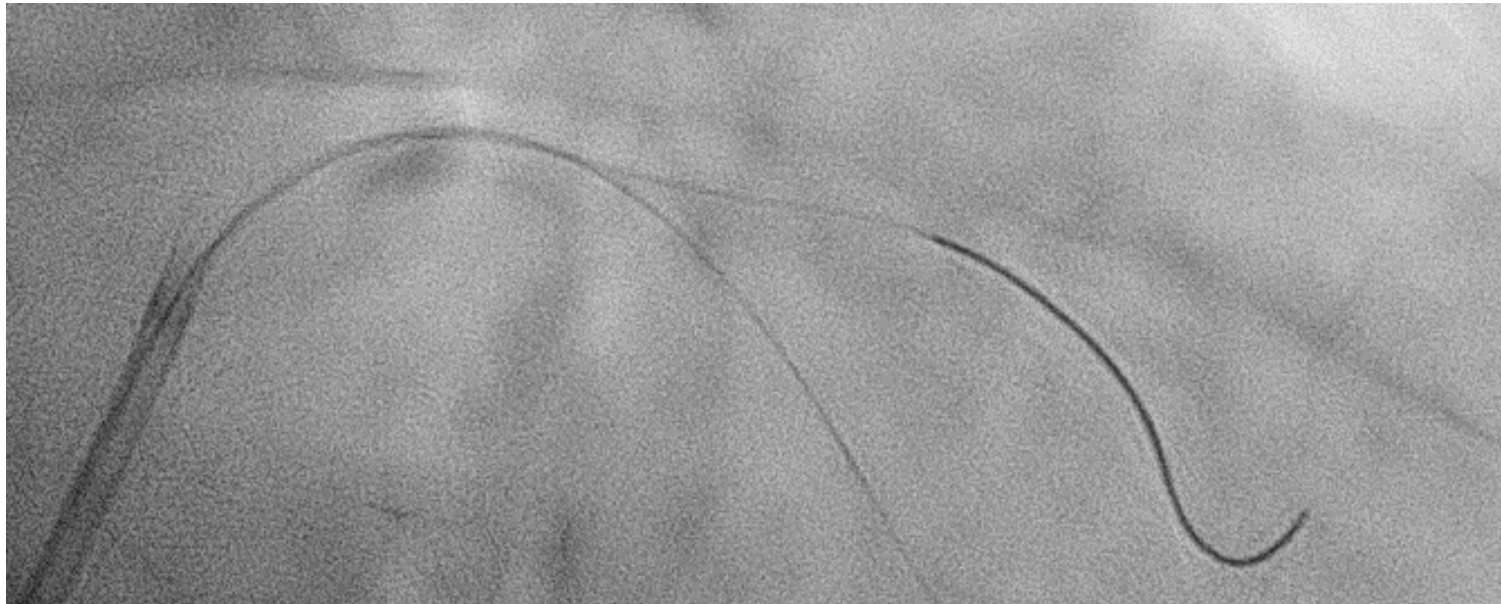
## Cath Lab



# Yip-Saw Classification



Hayes, S.N. et al. J Am Coll Cardiol. 2020;76(8):961-84.



# NHLBI Classification

A



B



C



D



E

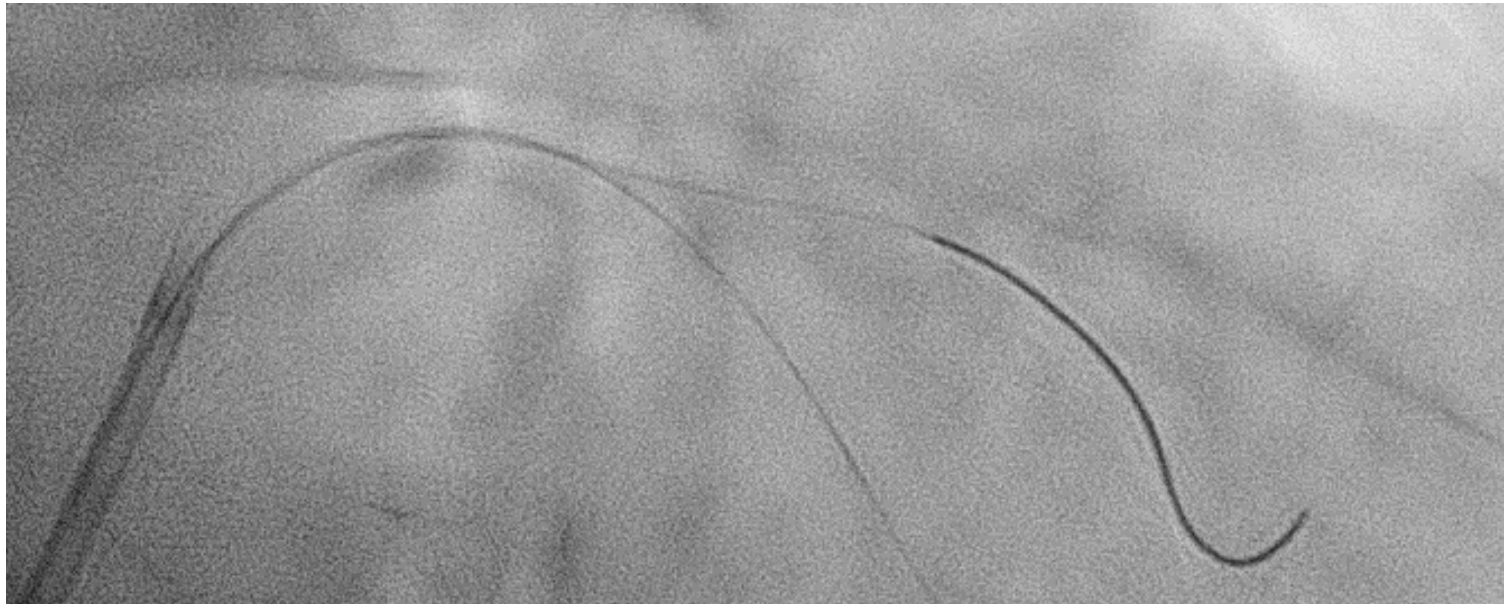


F



(Cardiovasc. j. 2011; 3(2): 239-247)

LAD: Type A dissection  
Diag: Type B dissection



## NHLBI Classification

A



B



C



D



E

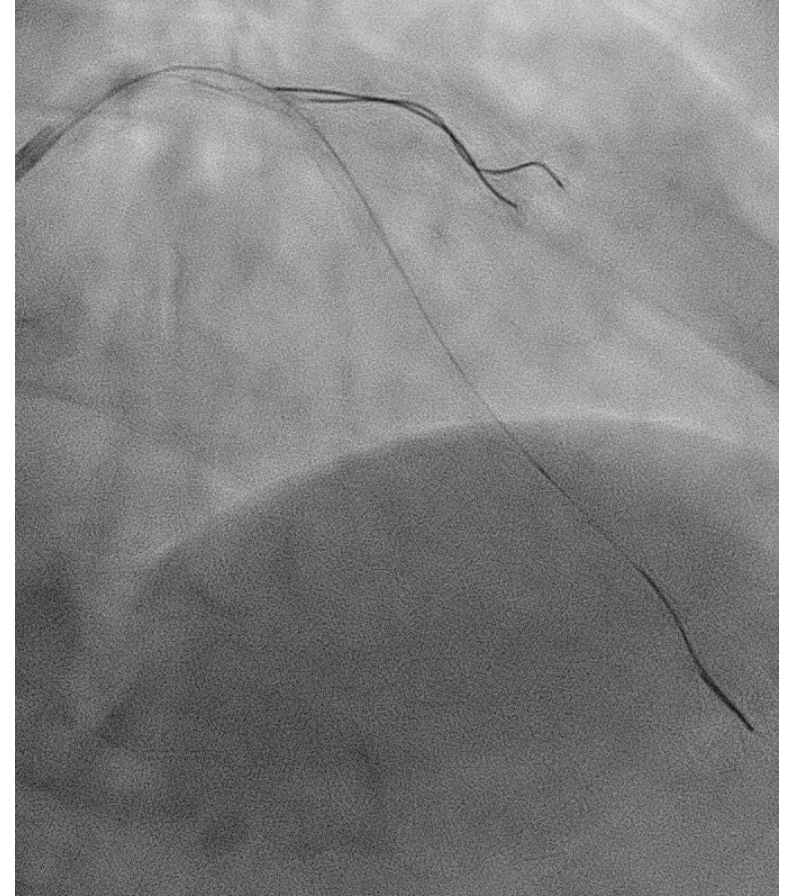
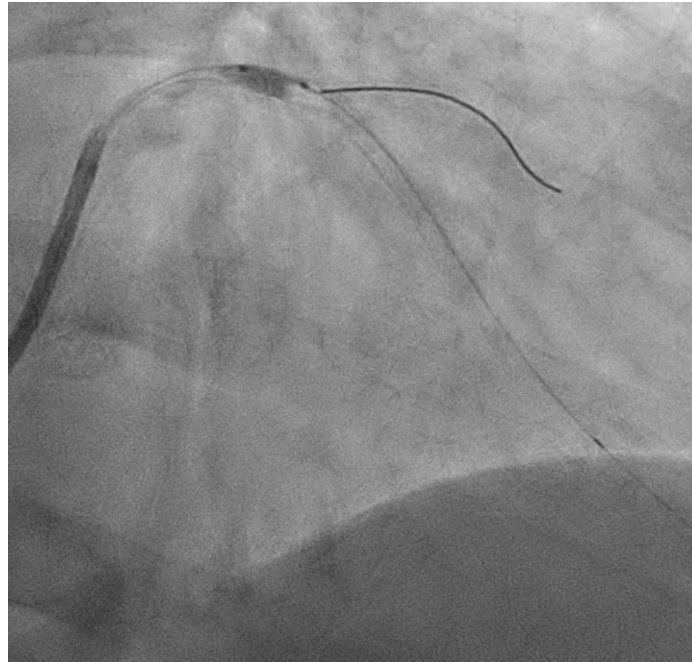
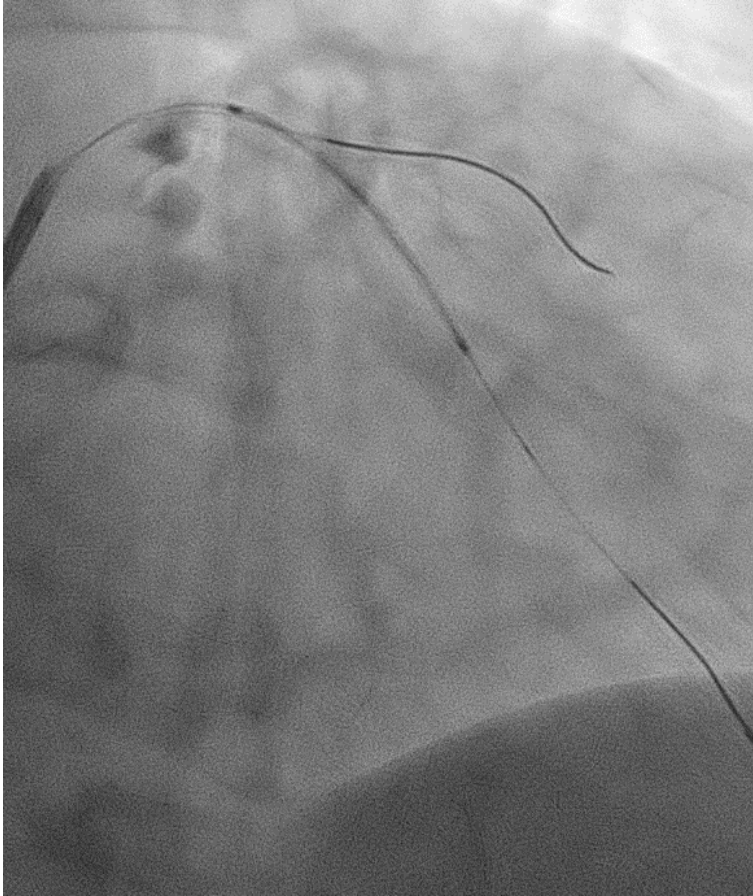


F



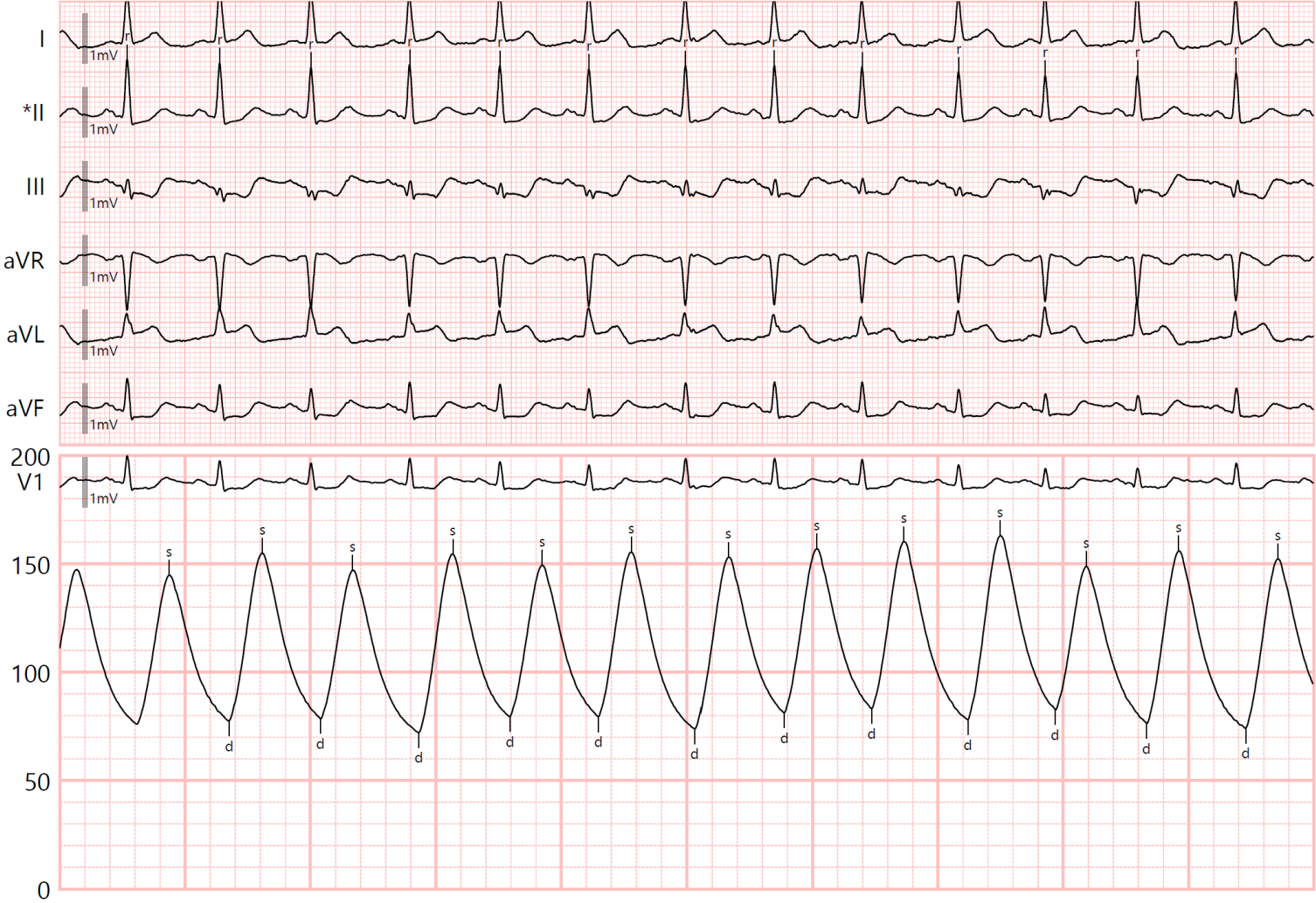
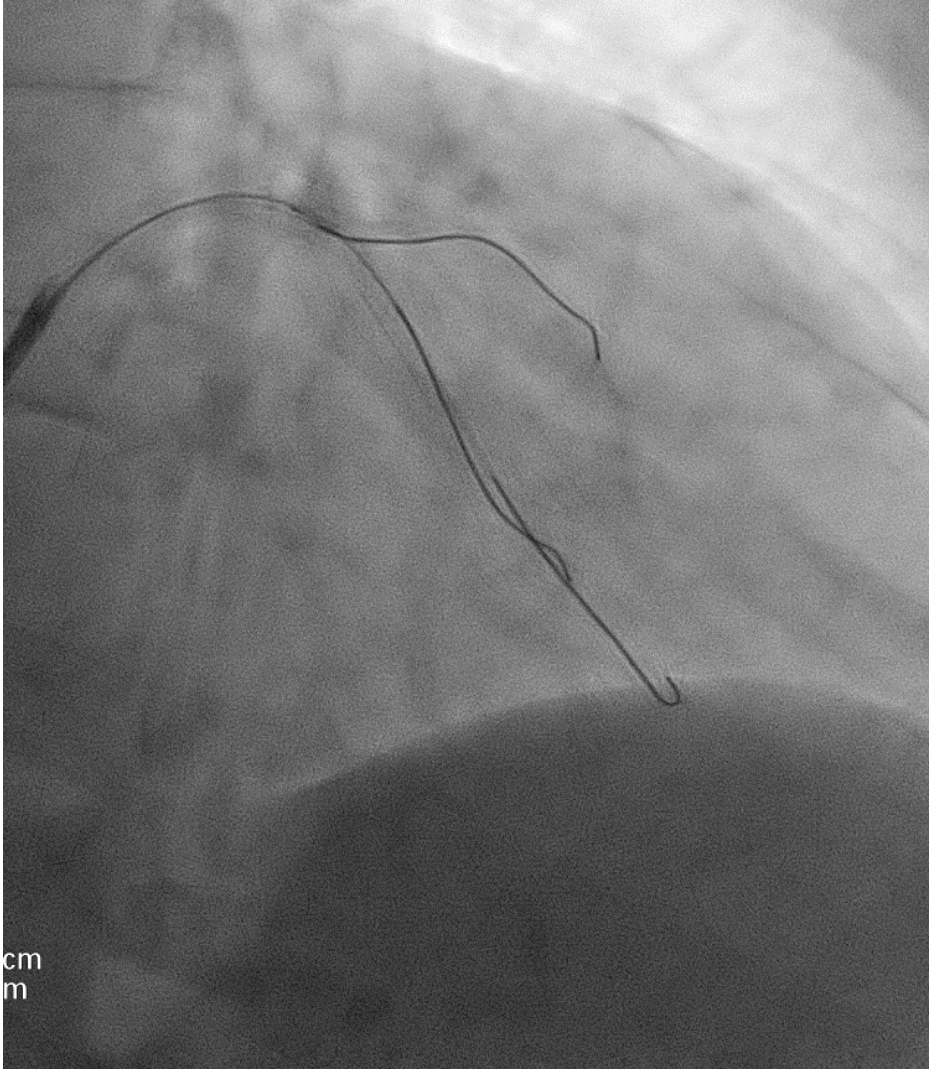
*(Cardiovasc. j. 2011; 3(2): 239-247)*

# What next?

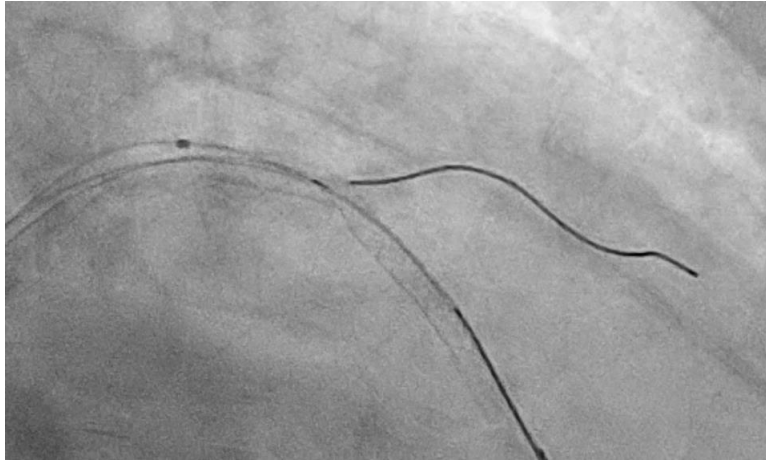


2.5 x 33 mm DES in MB, POT (NC 3 x 8 mm) and SB true lumen rewiring

# SB occlusion after removal of jailed wire



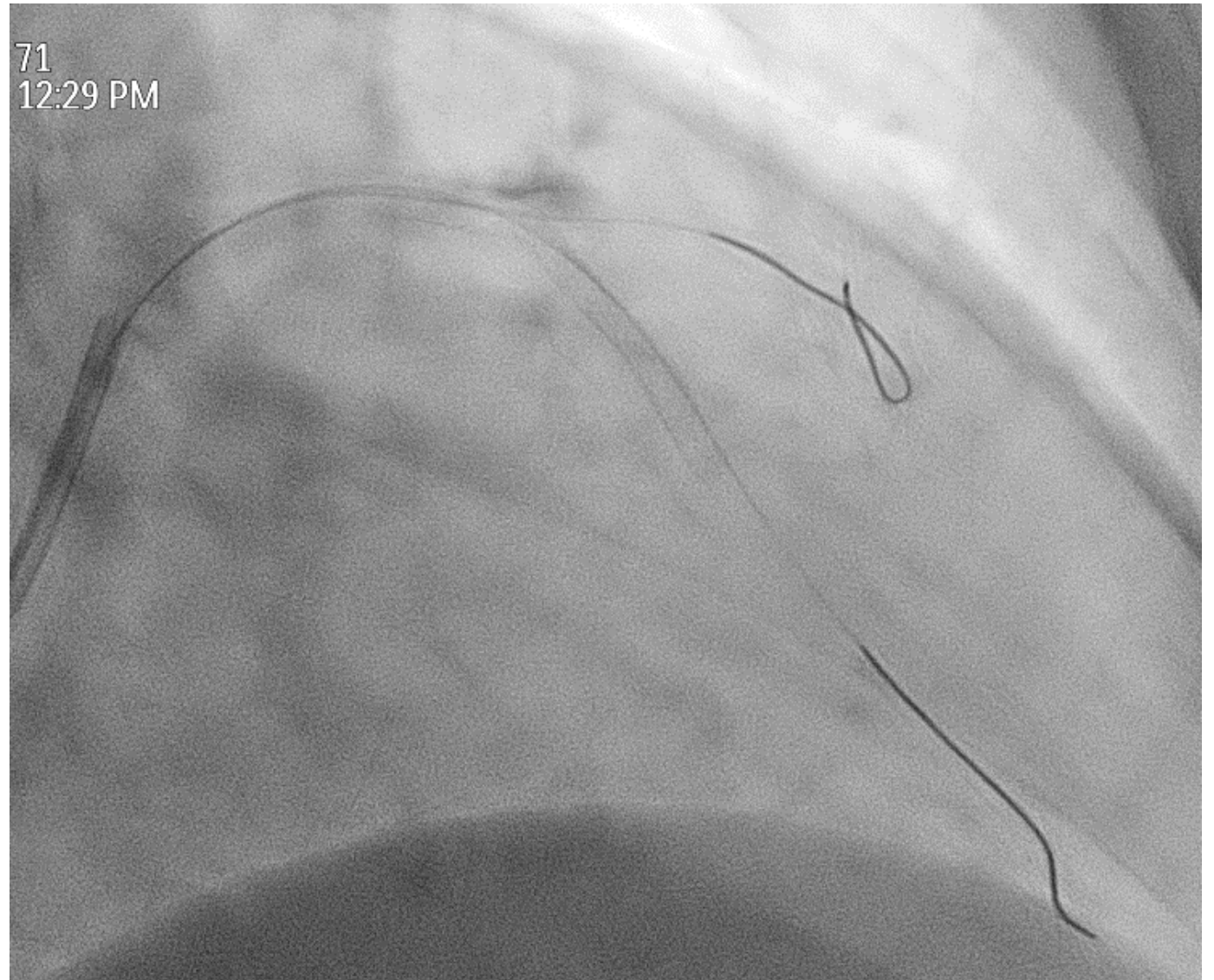




SB ostium uncrossable to 1 mm balloon

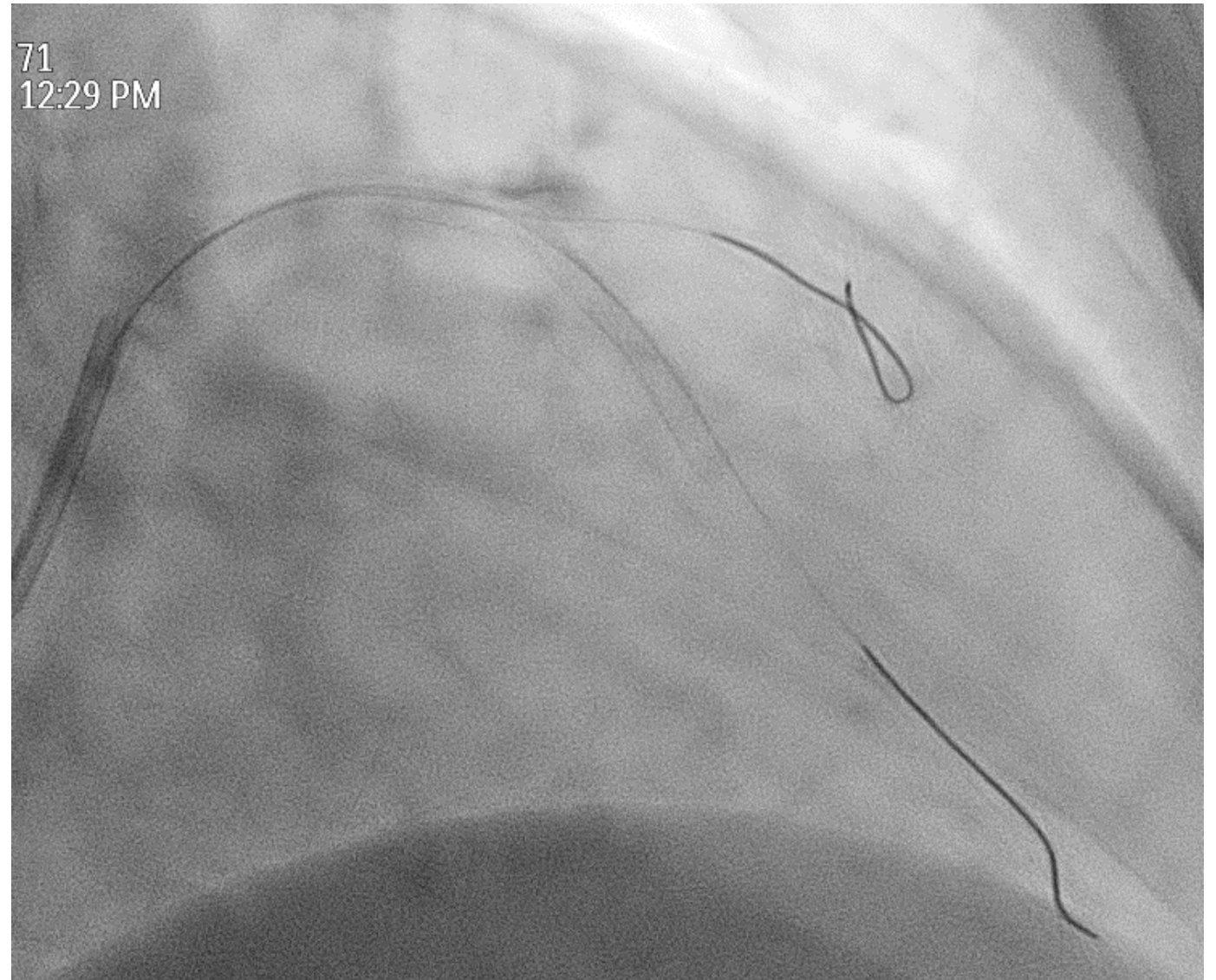
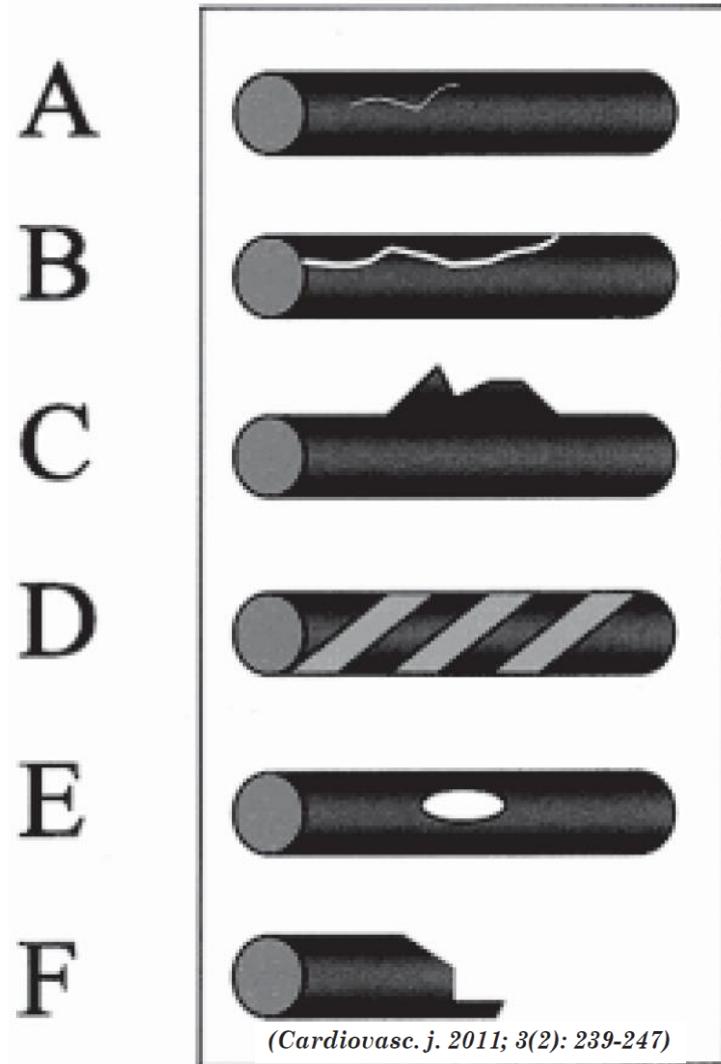


POT with 3.25 mm NC balloon

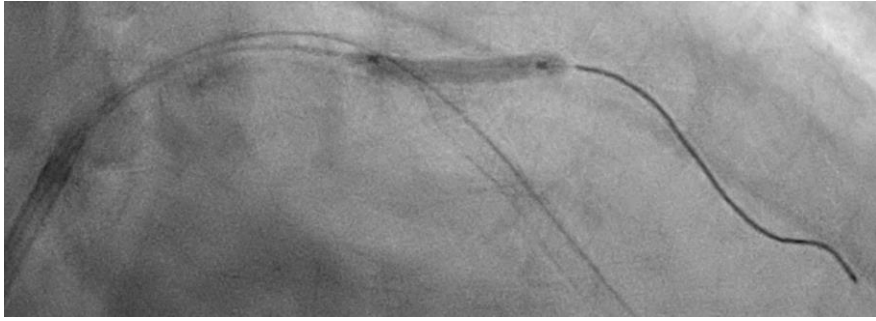


After dilation with a 1 mm balloon

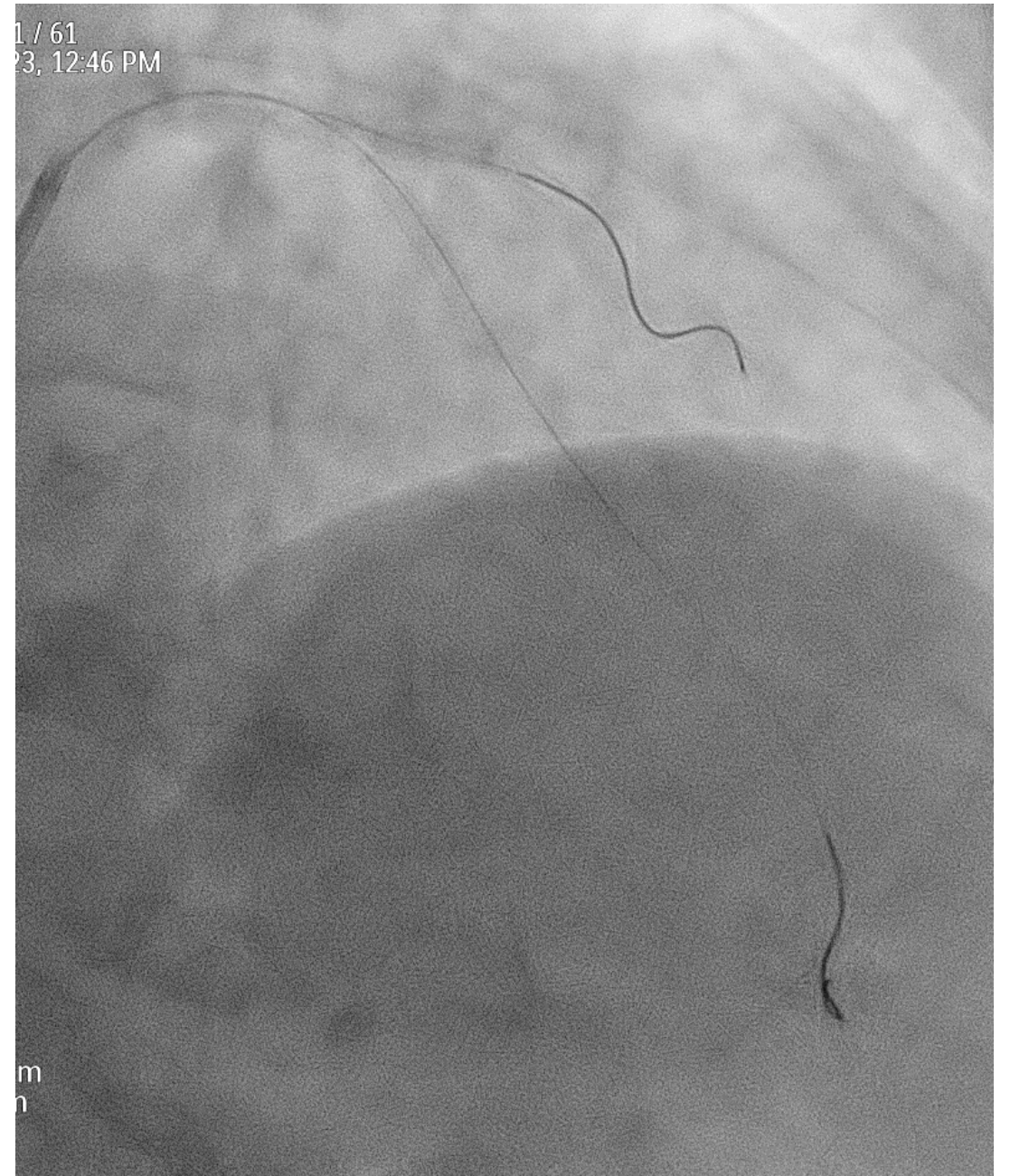
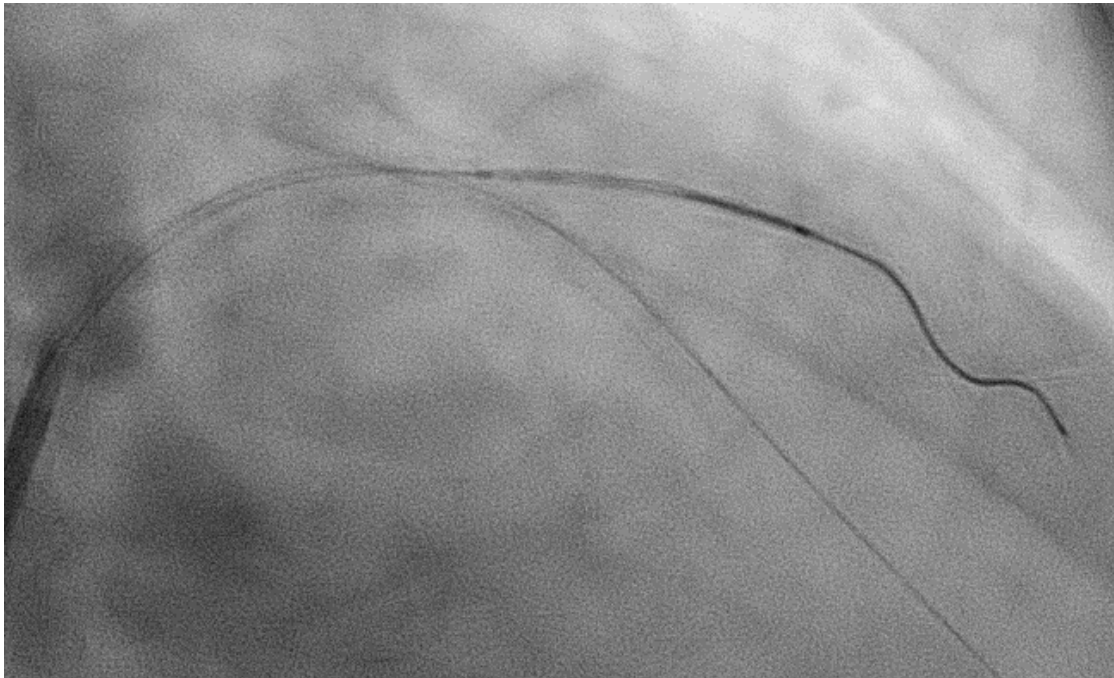
# NHLBI Classification



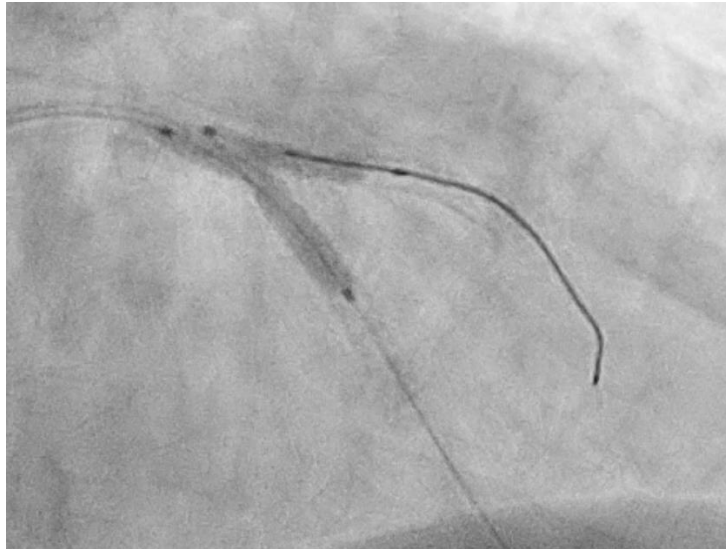
Type C/D dissection and partial distal flow recovery



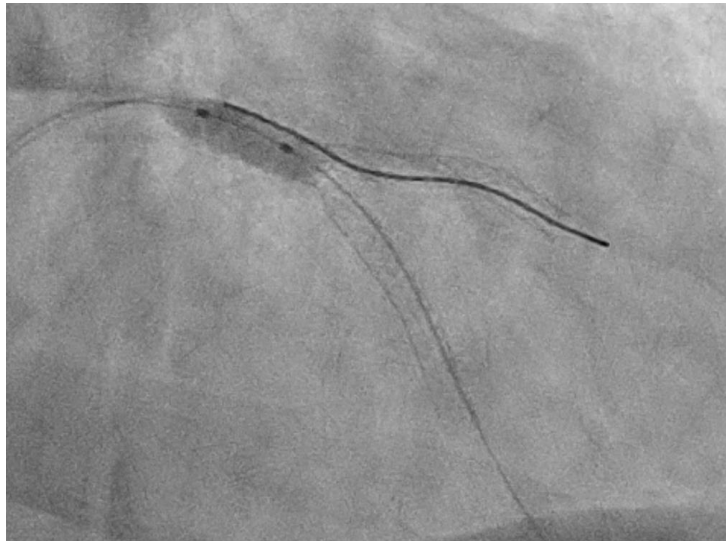
SB ostium dilation up to 2 mm balloon  
and 2.5 x 18 mm DES implantation in SB  
with minimal protrusion in MB



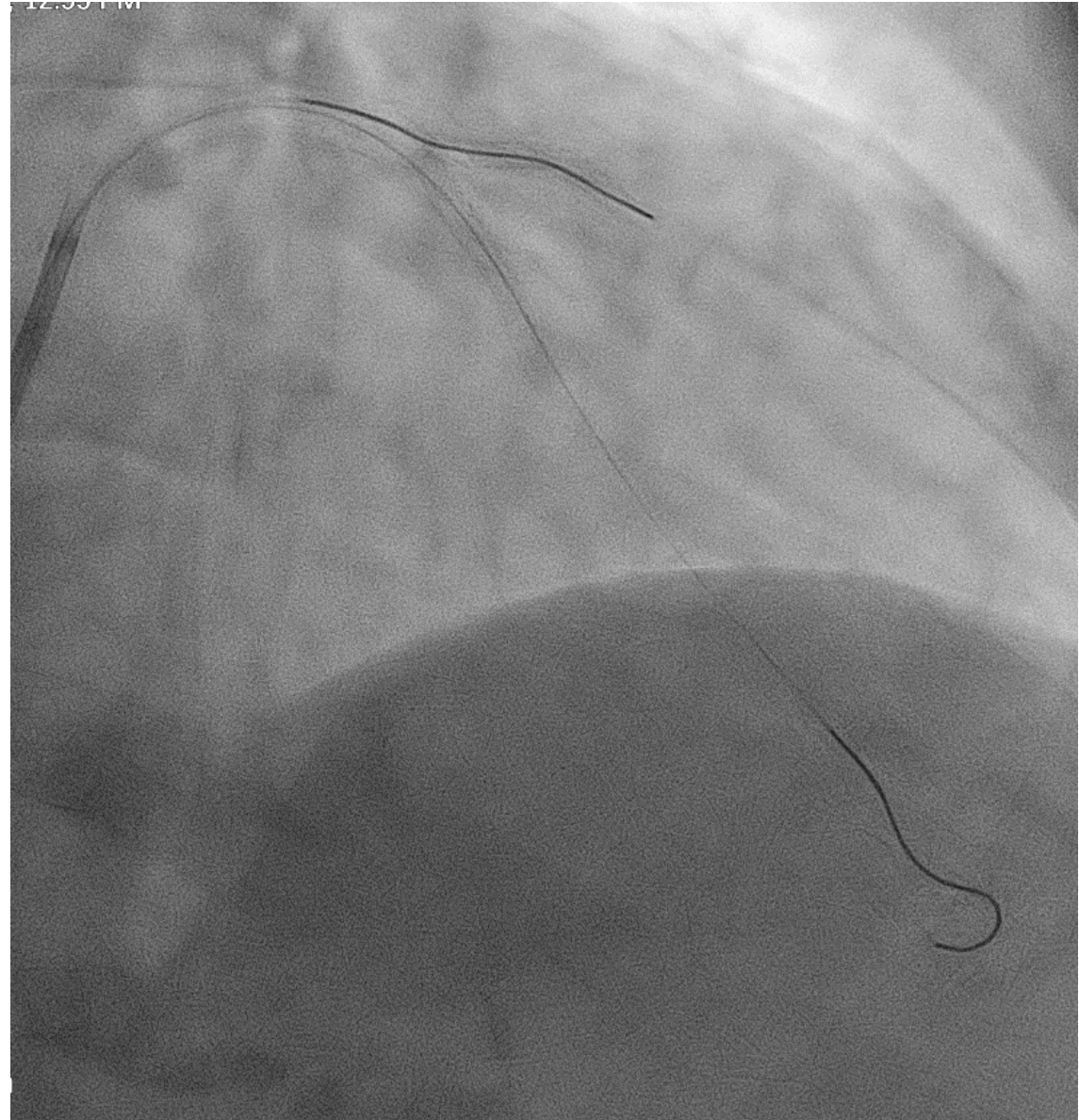
## Final Result



KB (2.5 mm and 2 mm)



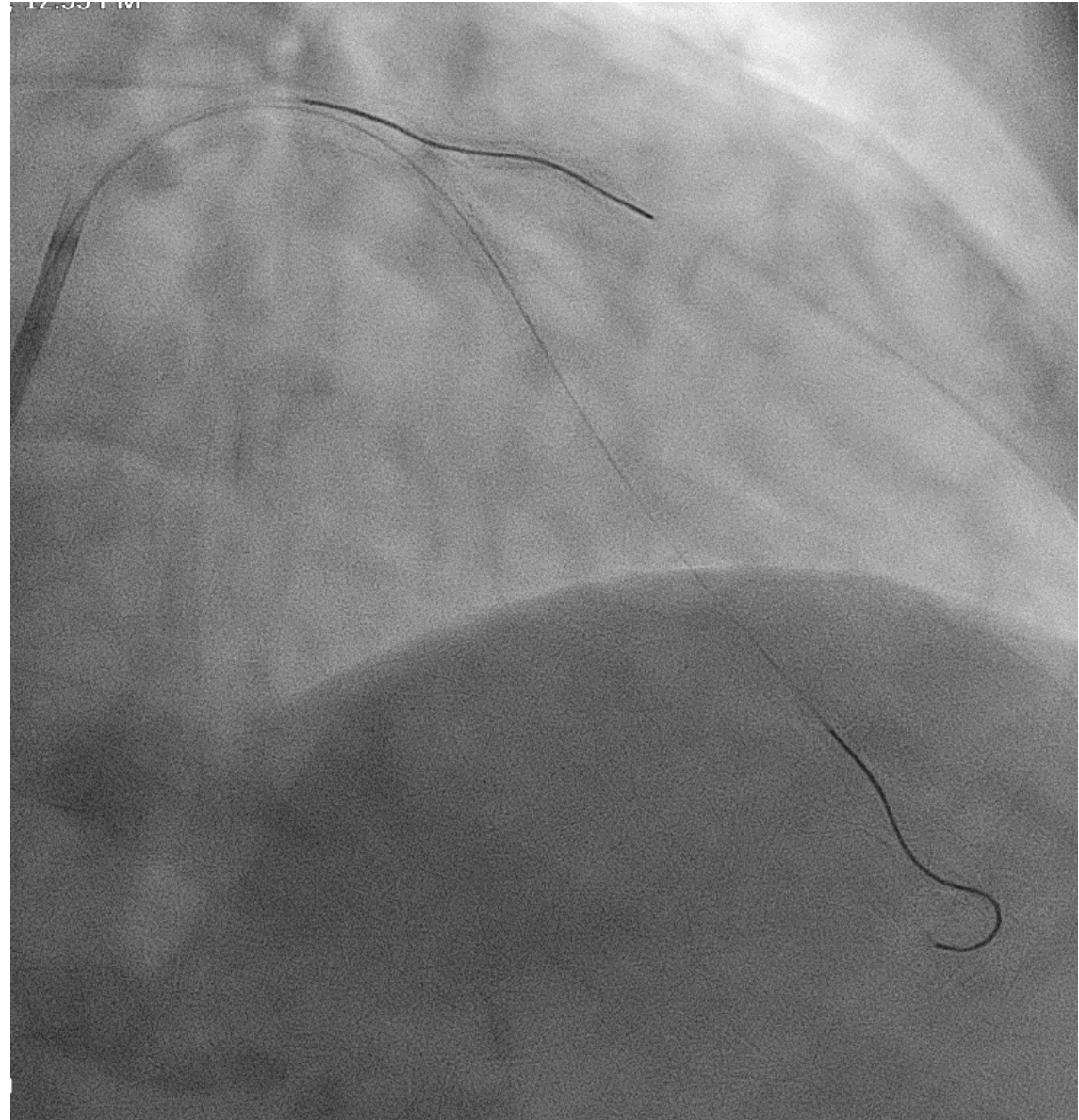
re-POT (3.5 mm)



## Final Result

Patient was discharged the day after  
in DAPT (ASA + Clop)

At 1mo FU: no symptoms, no wall  
motion anomalies at resting echo



**Dream to Nightmare:  
A stentless LAD-Diag bifurcation  
procedure turned bailout TAP**