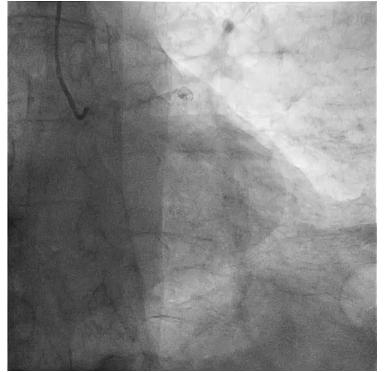
# CRACK IT UP: CURRENT MANAGEMENT OF COMPLEX CORONARY DISEASE

#### Male, 78 years old

- Notable comorbidities:
- \* bilateral carotid atheromasia with bilateral 50% stenosis
- COPD
- right hemicolectomy for adenocarcinoma of the colon.
- Known post- myocardial infarction ischemic heart disease
- \* 1990, inferolateral acute ST-elevation myocardial infarction (STEMI) treated with thrombolysis
- \* 2022, detection of inducible ischemia during treadmil test → PTCA+DES of RCA e LAD.
- June 2022, onset of worsening dyspnea
- → treadmil test: inducible ischemia for low workloads
- → coronary angiography

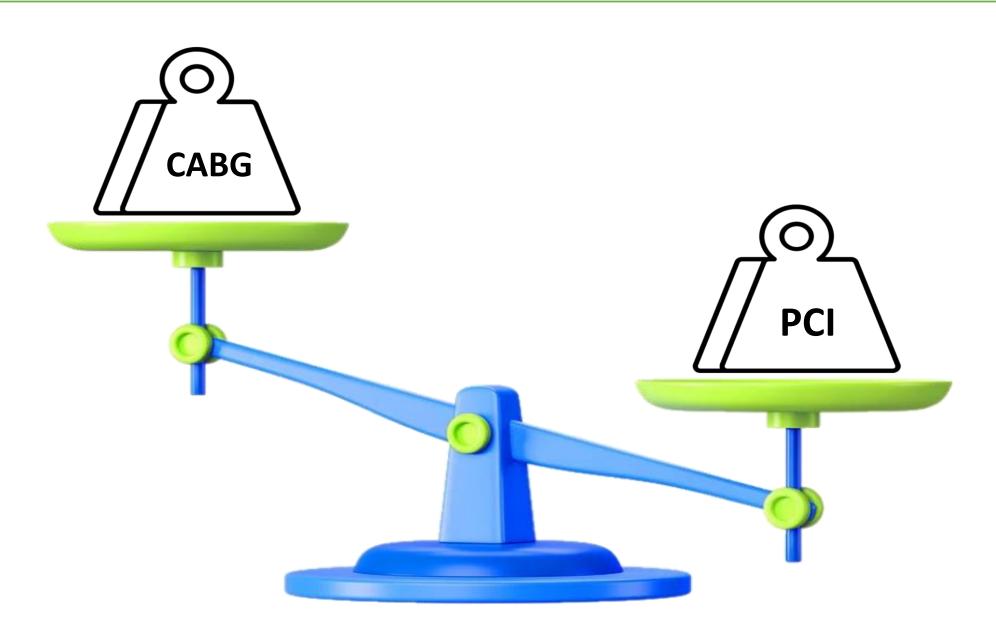




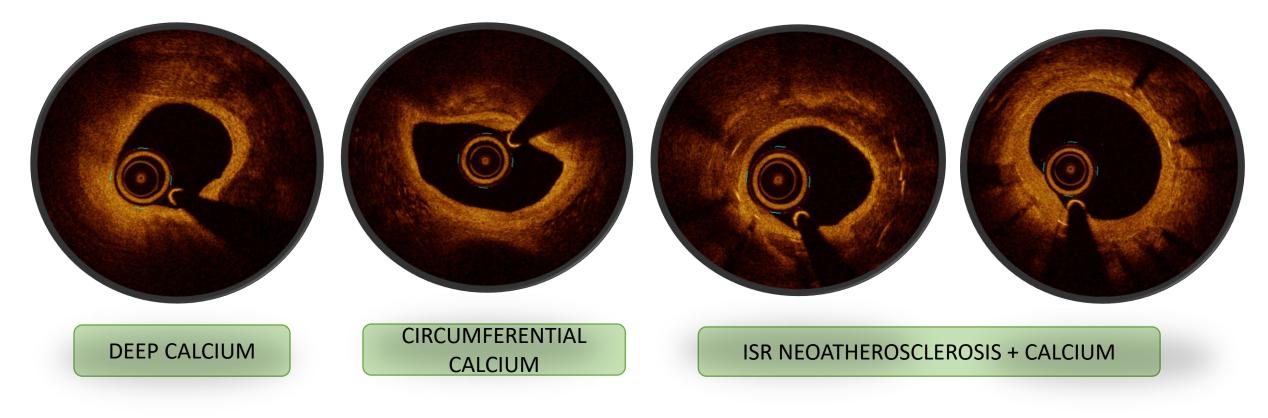


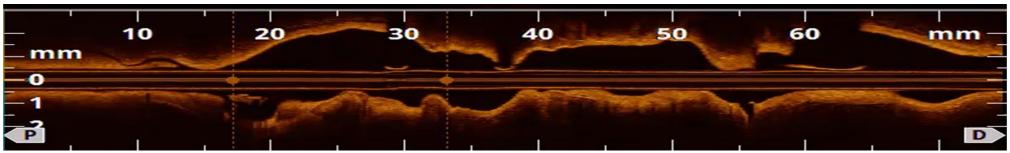


**Heart Team:** Syntax score 27, STS score 1,7%, Euroscore II 2,27%, RCA's distal segment disease, COPD with moderate ventilatory deficit

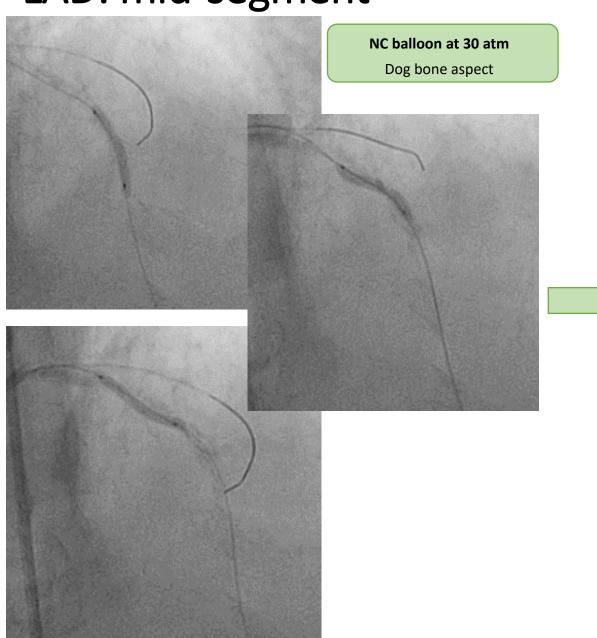


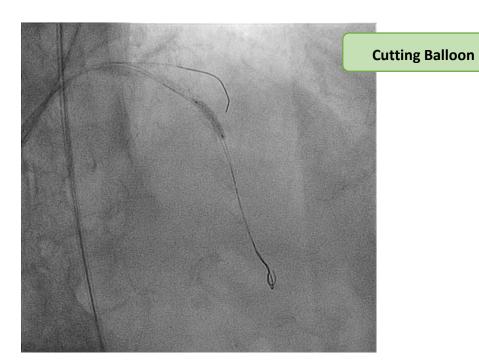
#### **OCT-GUIDED PROCEDURE**

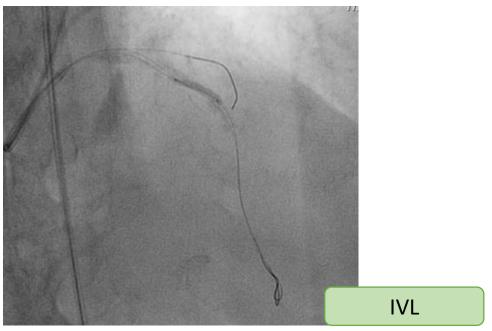




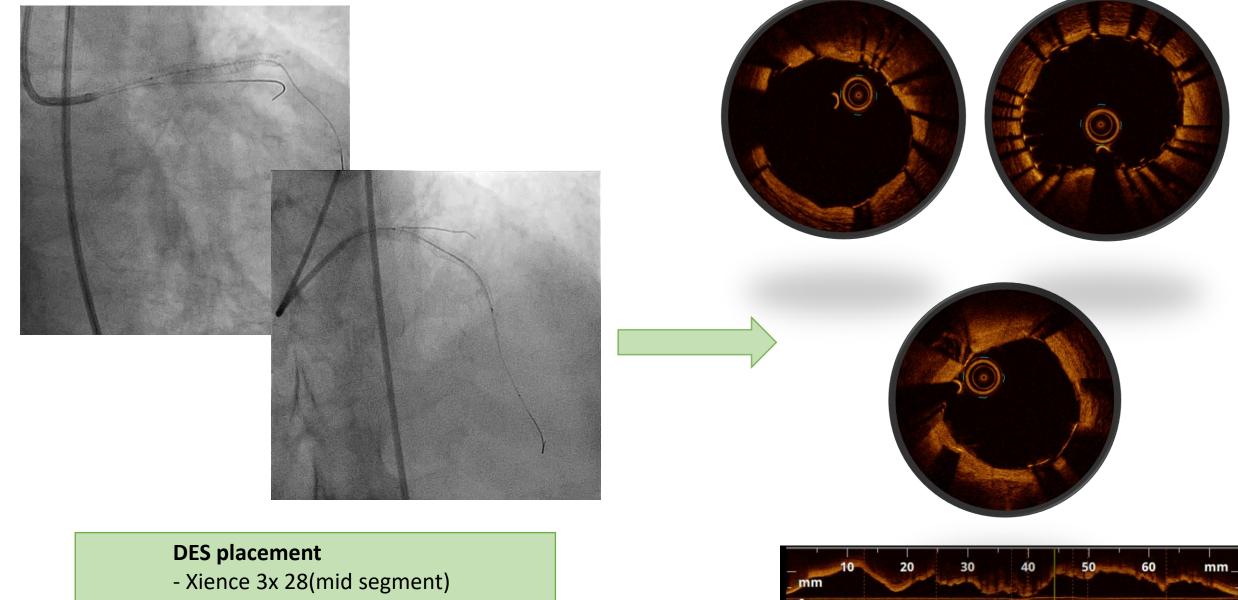
## LAD: mid-segment









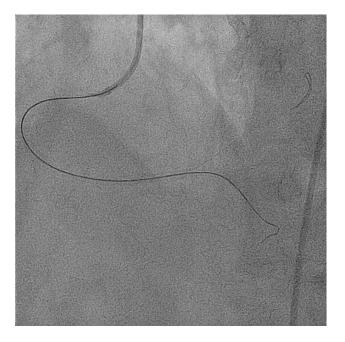


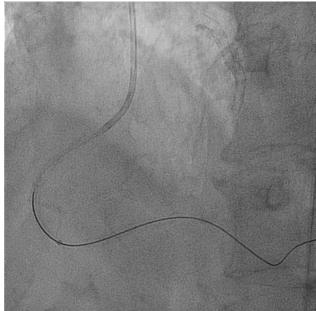
- Xience 4x8 mm (prox segment)
- + Post-dilatation with NC balloon

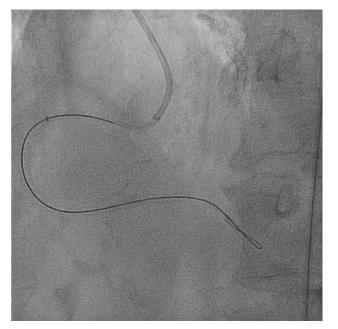
#### **RCA**

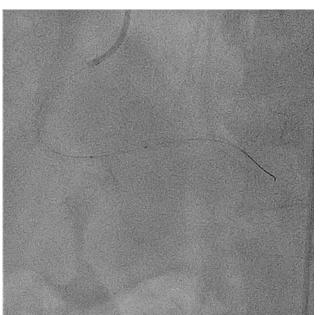
Uncrossable
DP stenosis
with
workhorse
wire ->
Fielder XT-A

2.0 balloon





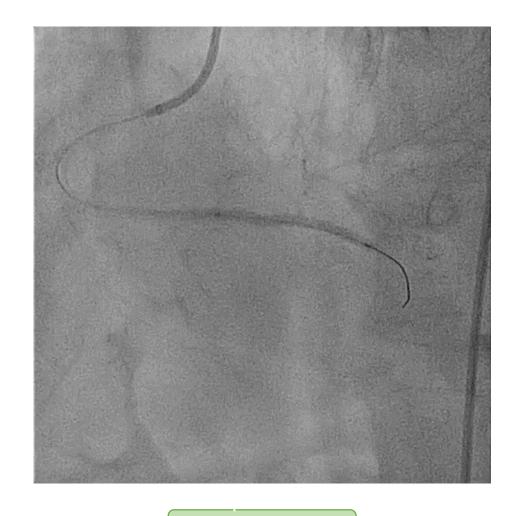




Uncrossable DP stenosis with microcatheter -> guideliner + 1,5 balloon also for distal anchoring for guideliner advancement

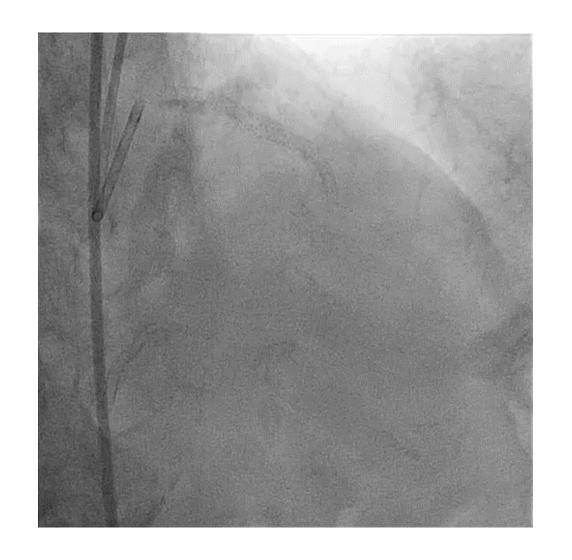
Finecross can cross the lesion and wire change with a workehorse wire

### RCA RESULTS





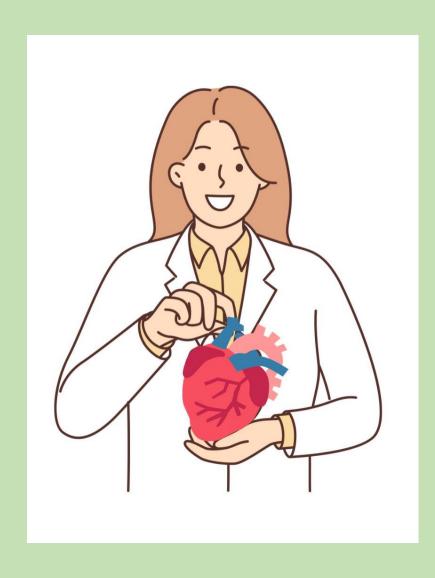
Xience 2,5x33





#### Algorithm with intravascular imaging guidance Moderate or severe calcification detected on angiography or CCTA Imaging cathether crossing Crossability of small balloon Predilatation Intracoronary imaging assessment\* Rotawire Crossing with Microcatheter OCT calcium score >3 IVUS calcium score ≥ 2 Circumferential Calcium 360° Calcium Arch > 180° (2 points) Calcium Length > 5 mm Calcium Thickness > 0.5 mm Calcium> 270° with length of ≥5mm Vessel diameter < 3,5mm Calcified nodule Yes Lithotripsy balloon Laser **Rotational Atherectomy** Non-Compliant Balloon **Rotational Atherectomy** Cutting/Scoring Balloon Orbital Atherectomy High pressure Balloon Calcium fracture or acceptable lumen gain on repeat IVUS/OCT? Yes Repeat rotational atherectomy with larger burr, repeat Lithotripsy or Superhigh-pressure balloon orbital atherectomy at higher speed or add lithotripsy Appropriate plaque modification by IVUS/OCT or optimal expansion of appropriately sized balloon Stenting & Stent Optimization

#### **CONCLUSION**



## THANK YOU FOR LISTENING