How to Improve Outcomes in Distal LMCA Interventions

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Understanding the Complexity of Distal LMCA Disease

Characteristic	Primary Function	Key Feature	Significance
Anatomy & Hemodynamics	Supplies 75% LV myocardium	Bifurcation into LAD & LCx	Sudden occlusion = catastrophic
Key Challenges in PCI	Influenced by bifurcation angle	Plaque shift & carina dynamics	Calcification & ostial involvement complicate PCI
Imaging-Based Assessment	Plaque burden, reference sizing, optimization	Stent expansion, apposition, and edge dissection	Class I A
Decision-Making: PCI vs. CABG	Patient selection based on Syntax Score, co-morbidities	EXCEL & NOBLE trials: Controversies & takeaways	

Indications for PCI vs. CABG

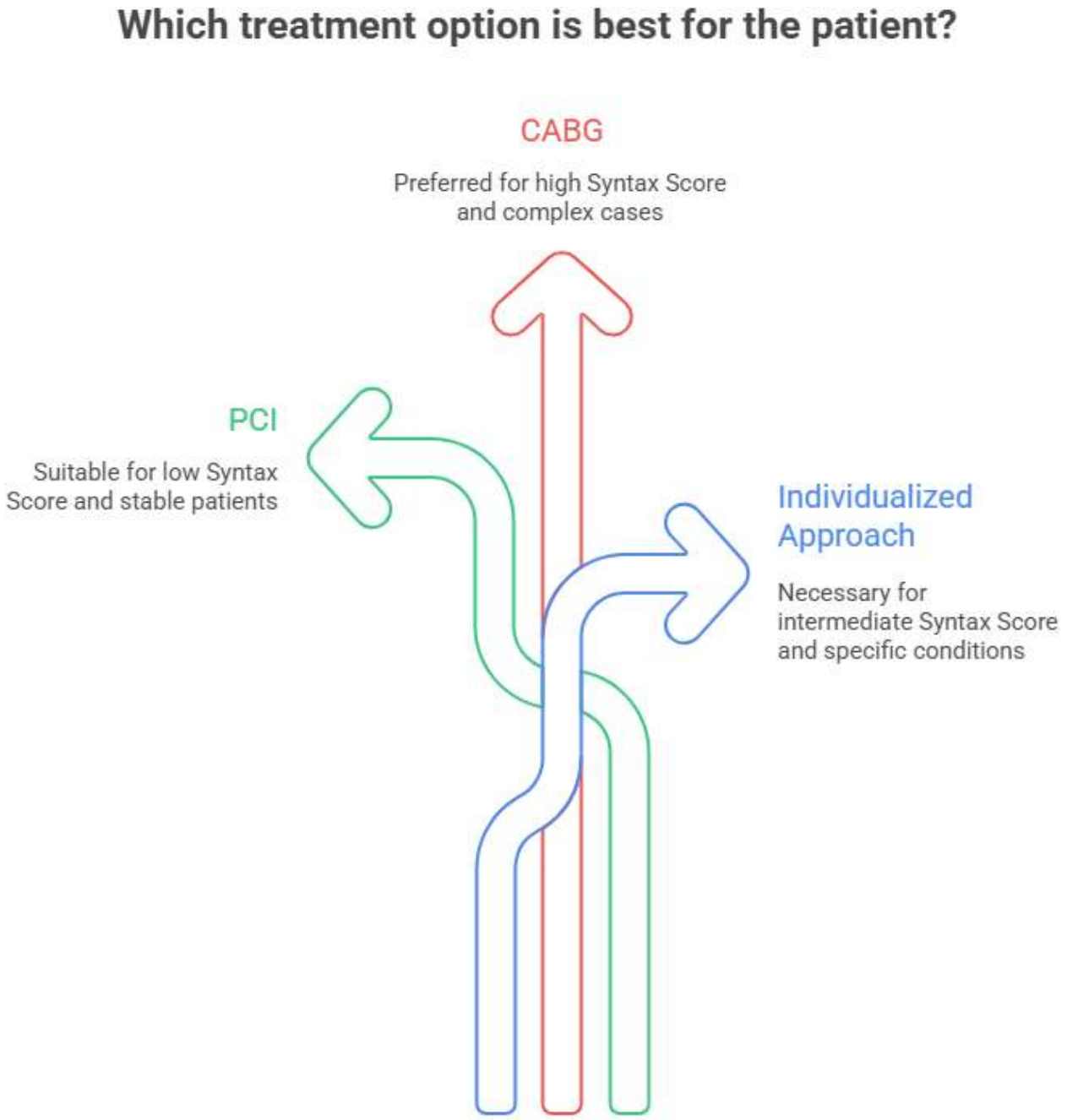
•**Heart Team Approach**: Multidisciplinary decision-making

•**Syntax Score:**

- **Low (<22):** PCI is a reasonable option
- **Intermediate (22-32):** Individualized approach
- **High (>32):** CABG preferred

•**Other considerations:**

Diabetes, LVEF, prior CABG



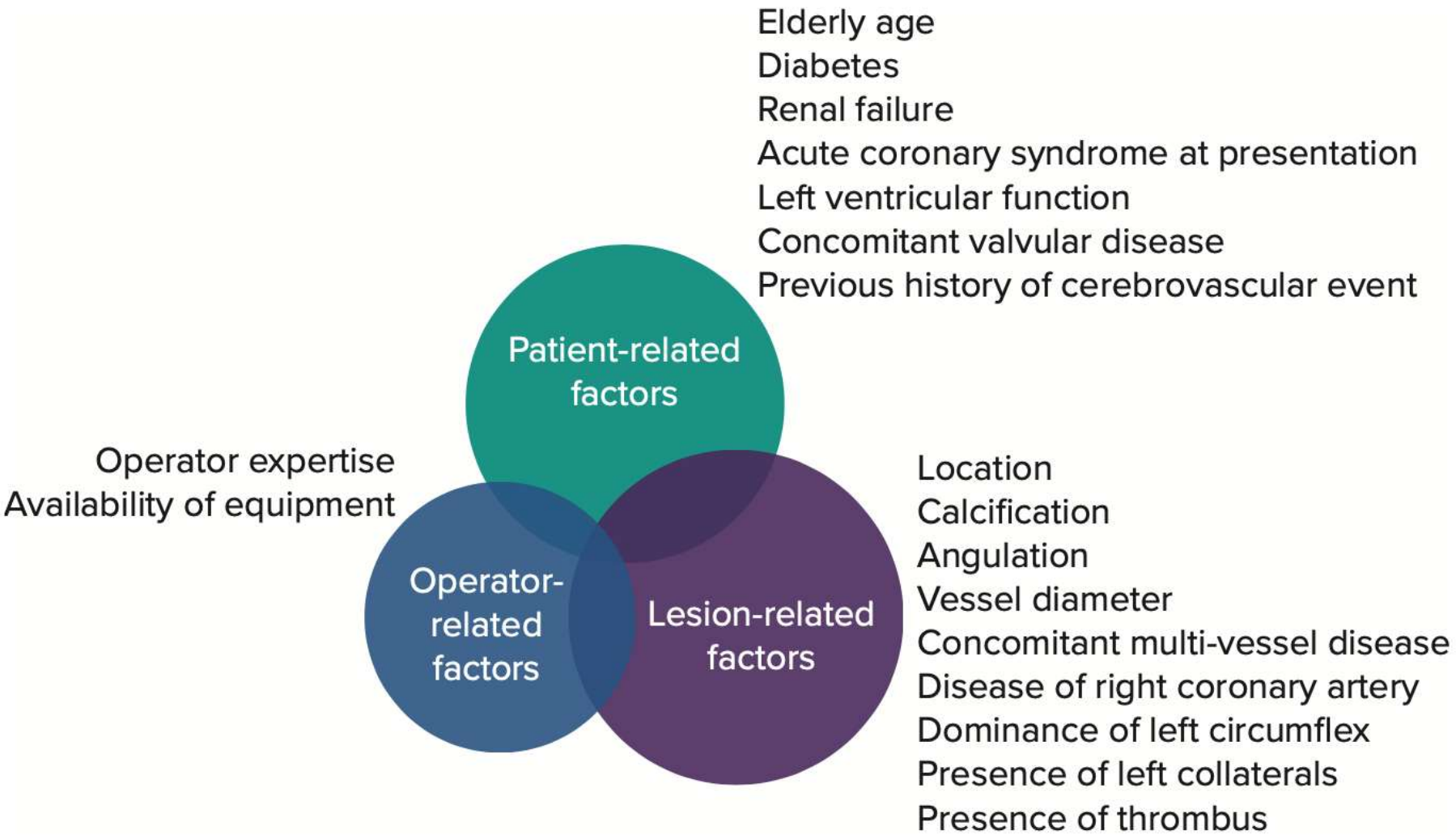
Clinical Risk Stratification

•**EuroSCORE / STS Risk Calculator**

•**Hemodynamic stability:** Shock vs. stable presentation

•**LV Function:** LVEF <35% increases PCI risk

Factors Involved in Decision Making in Left Main Coronary Artery Management



Heart Team Approach to LMCA Revascularization

- Possibility to achieve complete revascularization
- Surgical risk
- Resource availability and operator expertise
- Patient preferences

Favors CABG

Clinical characteristics

-Low LVEF
-Concomitant cardiac surgery
-Doubtful DAPT adherence including high bleeding risk
-Diabetes with multivessel disease

Anatomical aspects

-Left main plus 3-vessel disease
-Combined complex anatomy not suitable for PCI

Heart Team Approach

Favors PCI

Clinical characteristics

-Urgent revascularization
-Serious comorbidity, high surgical risk, and frailty
-Reduced life expectancy

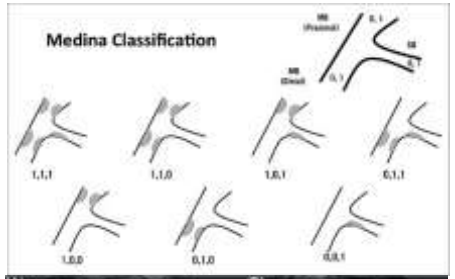
Anatomical aspects

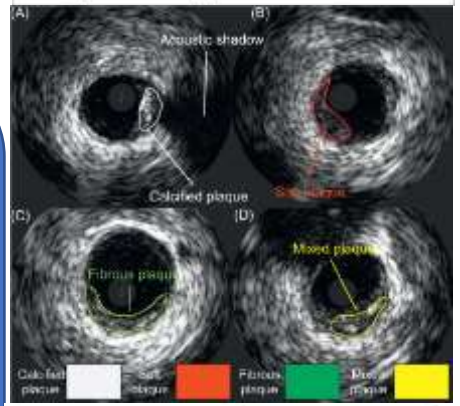
-Ostial or shaft LMCA disease
-Left main plus 1-vessel disease

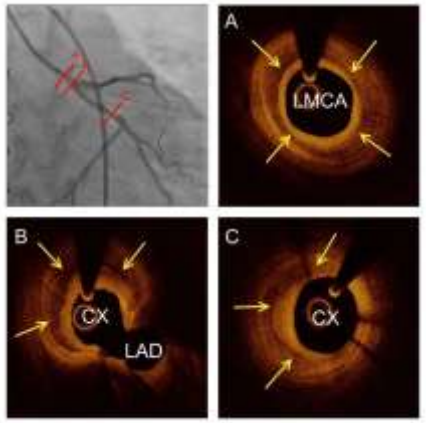
Patient and Lesion Assessment: Who is the Right Candidate for PCI?

Anatomic Complexity

- **Medina Classification:** Identifying true vs. false bifurcation
- **Plaque burden & distribution:**
  - **Ostial LAD vs. LCx involvement**
  - **Calcification & lesion length**
- **IVUS/OCT for precise lesion assessment**

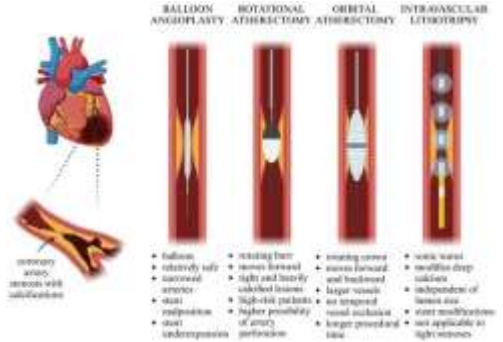


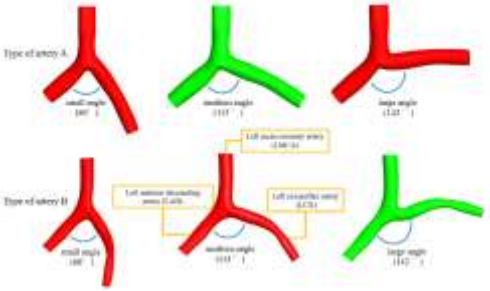


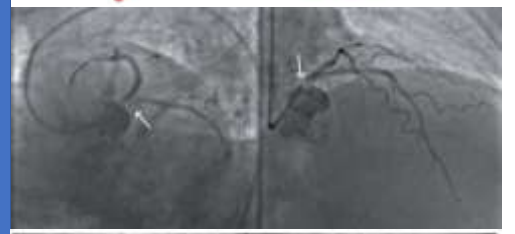


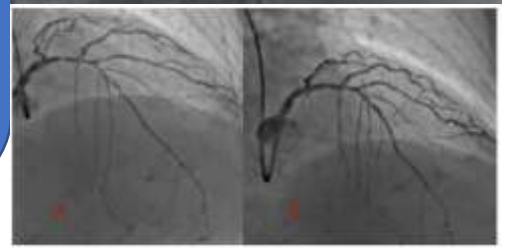
Lesion-Specific Challenges

- **Calcified lesions → Need for IVL, Rotablation, or cutting balloons**
- **Bifurcation angle:** Wide angles increase side branch compromise
- **Presence of thrombus or diffuse disease**









IVUS and FFR Roles in Left Main PCI

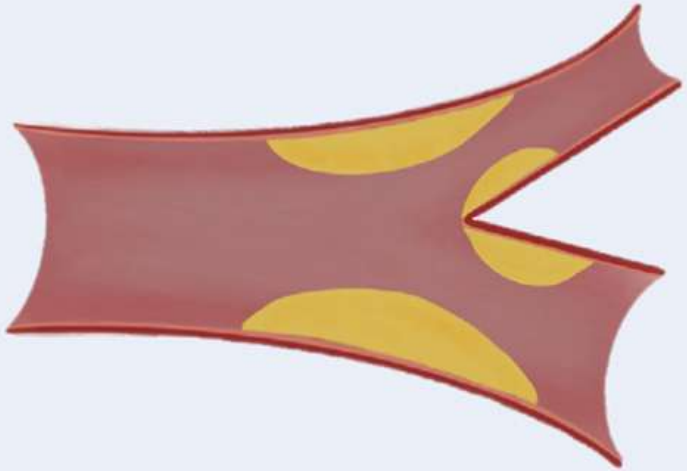
Role of IVUS

Pre-PCI

- Can provide additional information on the ischemic burden of LMCA lesion
- Provide more reliable information on lesion characteristics than angiography
- Helpful in planning PCI strategy (especially for distal LMCA bifurcation lesion)

Post-PCI

- Ensure stent optimization with subsequent postdilatation
- Identify procedural complications



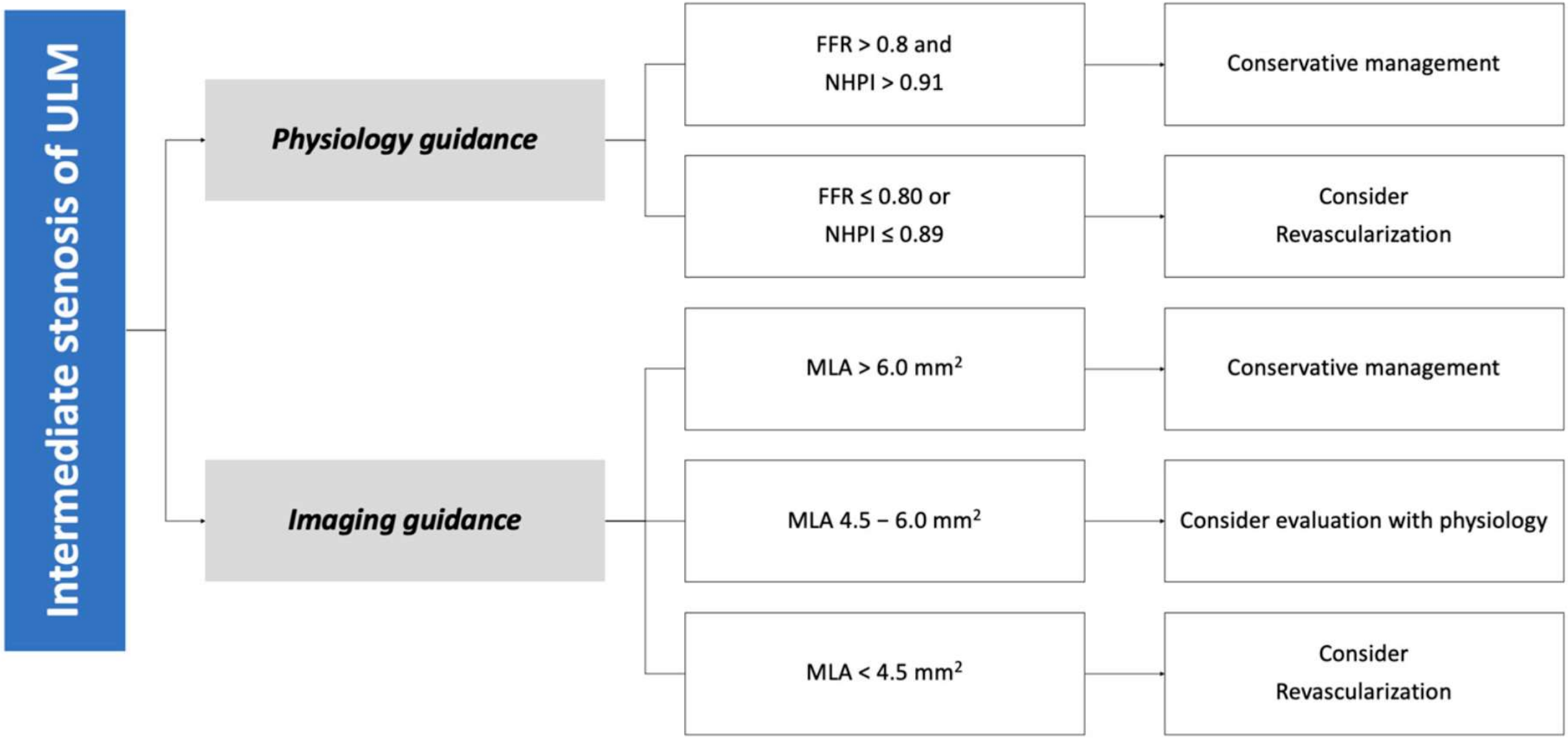
Role of FFR

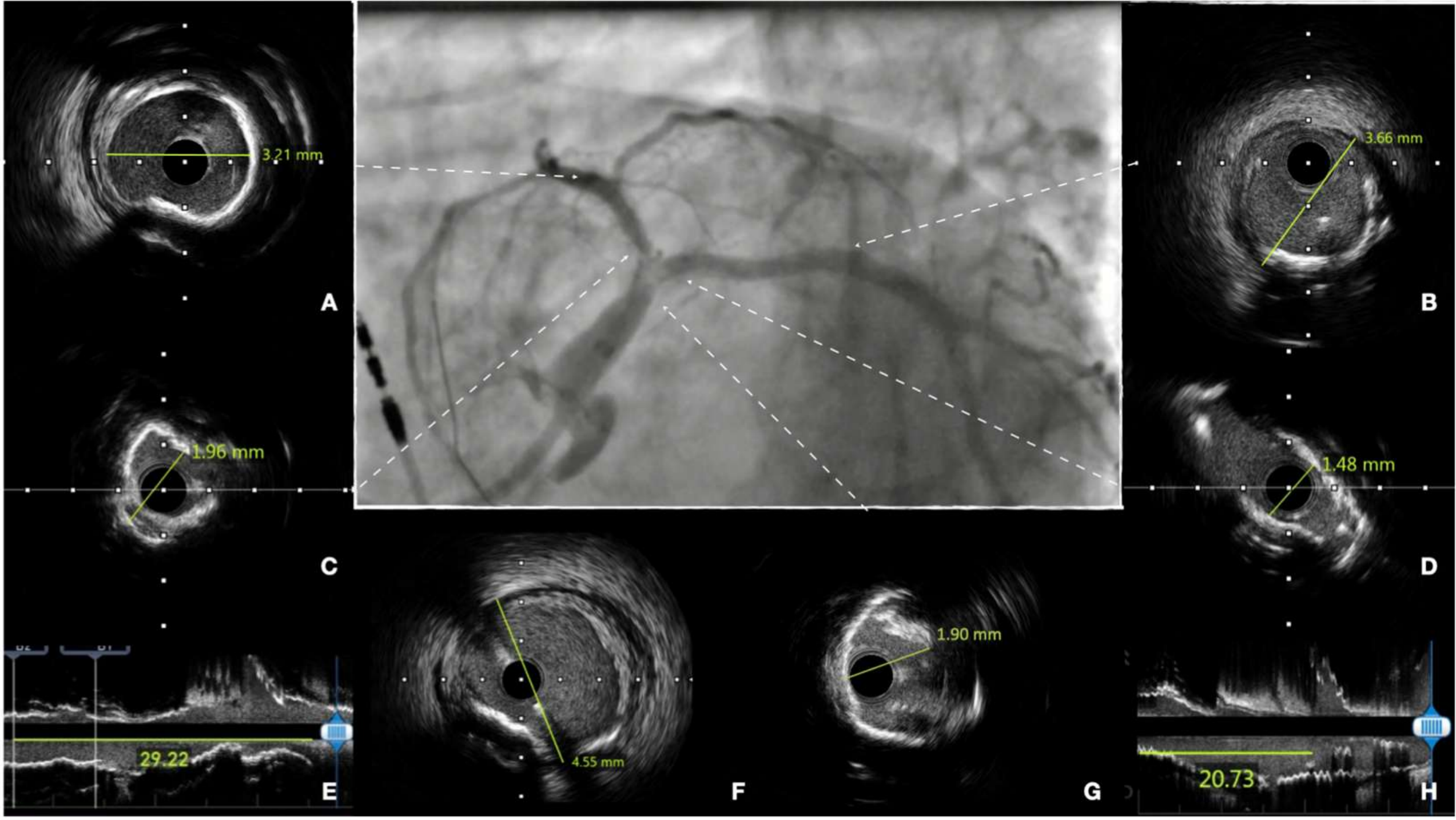
Pre-PCI

- Provide accurate information on the functional status of angiographic intermediate or ambiguous LMCA lesion

Post-PCI

- Assessment for jailed branches after left main PCI


Intermediate stenosis of ULM
Physiology guidance
Imaging guidance
FFR > 0.8 and
NHPI > 0.91
Conservative management
FFR ≤ 0.80 or
NHPI ≤ 0.89
Consider
Revascularization
MLA > 6.0 mm²
Conservative management
MLA 4.5 – 6.0 mm²
Consider evaluation with physiology
MLA < 4.5 mm²
Consider
Revascularization


3.21 mm
A
3.66 mm
B
1.96 mm
C
1.48 mm
D
29.22
E
4.55 mm
F
1.90 mm
G
20.73
H

Stent Strategy: Provisional or Two-Stent Approach?

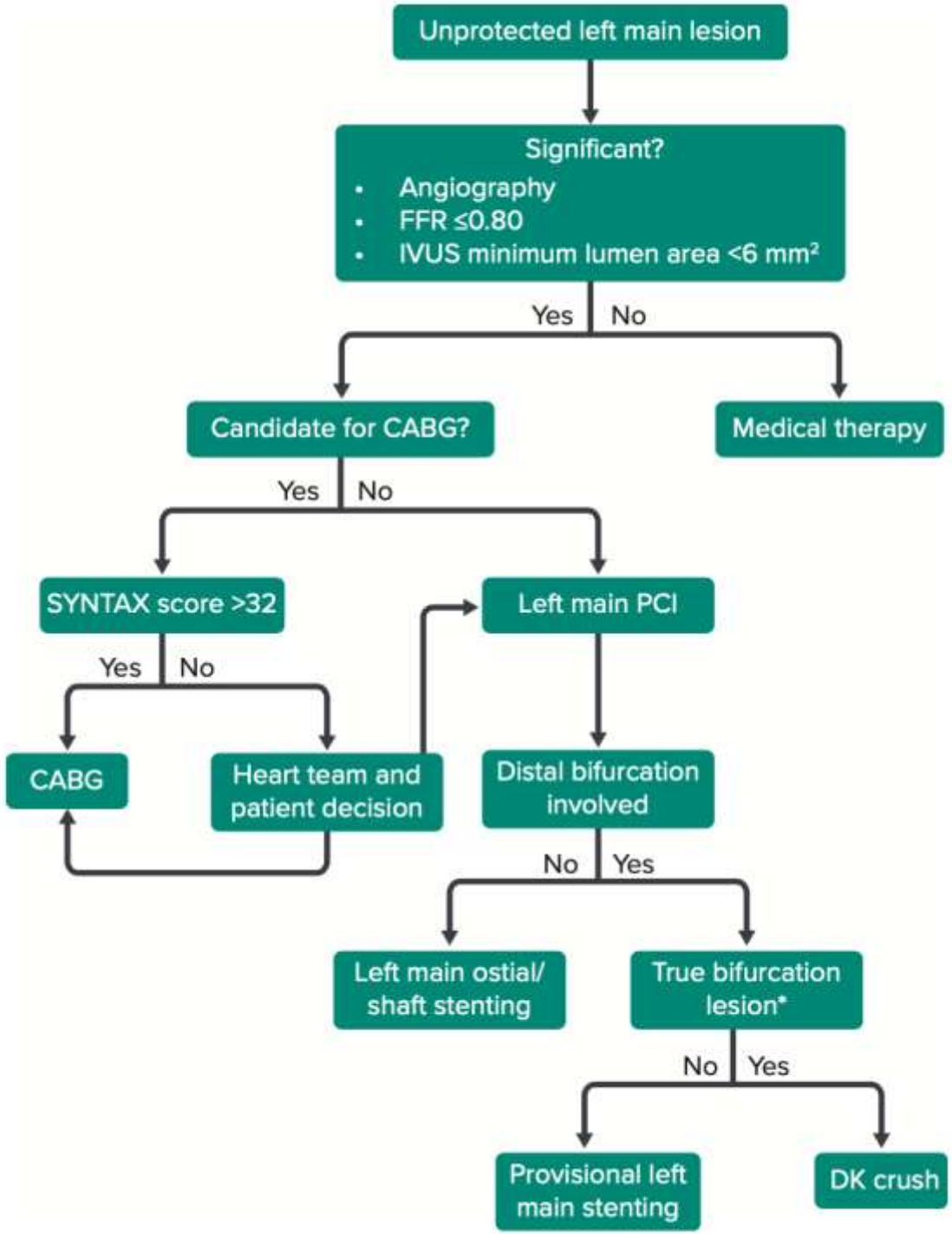
✅ Choosing the Right Approach

- **Provisional Stenting (Preferred Approach)**
  - Single stent in the **main vessel (LAD or LCx)**
  - **Side branch intervention only if needed** (based on flow, ostial disease, or ischemia)
  - **Advantages:** Simpler, lower risk of stent deformation
- **Two-Stent Approach (When Required)**
  - **Indications:**
    - **True bifurcation (1,1,1 Medina) with significant side branch involvement**
    - **Large side branch (>2.5 mm) with ostial disease**
    - **Complex plaque burden, high risk of compromise**
  - **Techniques:**
    - **DK-Crush:** Best long-term outcomes (DKCRUSH-V trial)
    - **Culotte:** Good for wide bifurcation angles
    - **TAP (T-and-Protrusion):** Simplest two-stent strategy

Summary of Major Left Main Coronary Artery Trials

Study	Patients (n)	Mean SYNTAX Score	Follow Up (Years)	Stent Used	Distal LMCA Lesion	Main Outcome
LE MANS 2008[11]	105	NA	2	BMS (65%), DES (35%)	58%	PCI group had improved LVEF
SYNTAX-LM 2010[3]	705	30	1	PES	61%	MACCE 13.7%, similar to CABG patients
Boudriot et al. 2011[12]	201	23	1	SES	72%	MACCE 19%, non-inferior to CABG
PRECOMBAT 2011[4]	600	25	2	SES	64%	MACCE 8.7%, non-inferior to CABG
EXCEL 2017[5]	1,905	21	3	EES	81%	Primary outcome 15.4%, non-inferior to CABG in terms of rate of composite outcome of death, stroke or MI at 3 years
NOBLE 2017[6]	1,201	22	5	SES (18%), BES (88%)	81%	MACCE 28% for PCI, CABG is superior

Management Flow Chart of Patients with Unprotected Left Main Coronary Artery Lesions



Brilakis et al. 2017.

Stent Strategy Selection for Distal LMCA PCI

✅ Key Steps for Both Strategies

- **Provisional Stenting:**
  - **Main vessel stenting → Proximal Optimization (POT) → Evaluate side branch**
  - If needed → **Side branch dilation (Kissing Balloon) or bailout second stent**
- **Two-Stent Techniques:**
  - **First stent in a side branch (if needed) → Main vessel stenting**
  - **Final Kissing Balloon + Proximal Optimization Technique (POT)**

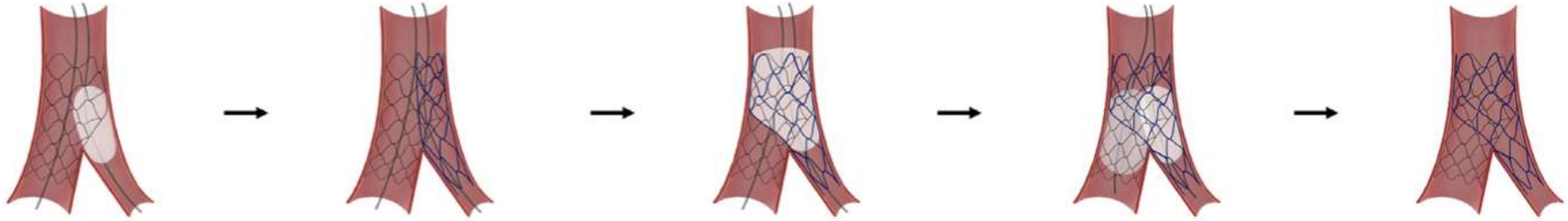
✅ Evidence-Based Approach

- **DKCRUSH-V Trial:** DK-Crush superior to provisional in complex lesions
- **EBC Main Trial:** Supports Provisional Stenting as default strategy
- **Real-world practice:** Tailor approach based on anatomy & patient factors

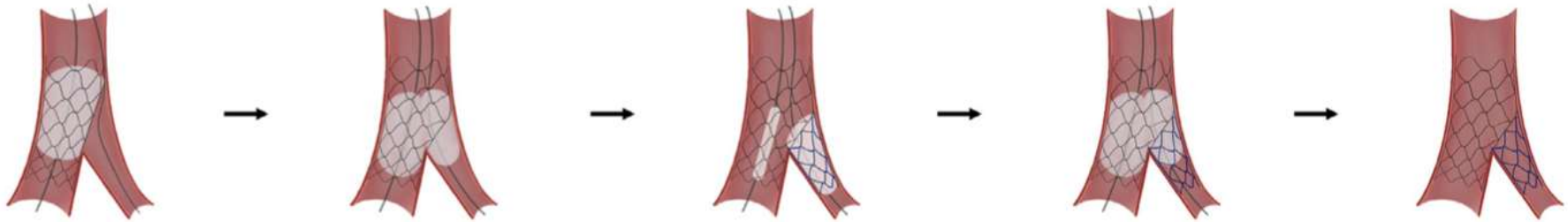
Contemporary Complex Bifurcation Stenting Techniques for Left Main Bifurcation Lesions

DK Crush

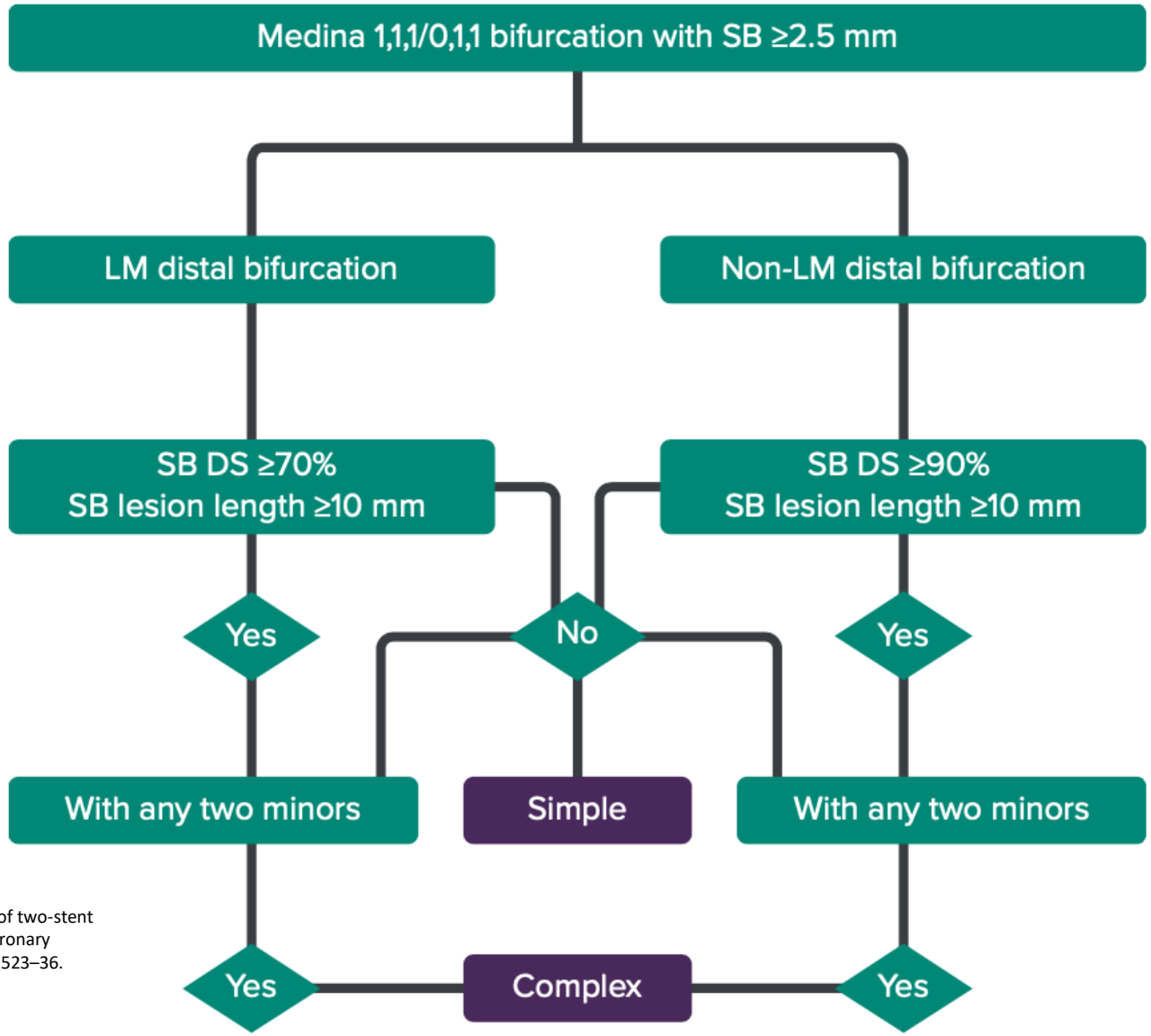
Culotte



TAP (T and Protrusion)



DEFINITION Criteria for Differentiating Simple and Complex Bifurcation



Zhang JJ, Ye F, Xu K, et al. Multicenter, randomized comparison of two-stent and provisional stenting techniques in patients with complex coronary bifurcation lesions: the DEFINITION II trial. *Eur Heart J* 2020;41:2523–36. https://doi. org/10.1093/eurheartj/ehaa543; PMID: 32588060.

Mastering Complex Distal LMCA PCI: Techniques for Optimal Outcomes

✅ Bailout Strategies for Complications

- **Plaque shift & side branch occlusion:**
  - **Solution:** Kissing balloon inflation, side branch stenting if necessary
- **Stent under-expansion:**
  - **Solution:** Intravascular lithotripsy (IVL), high-pressure NC balloon dilation
- **Carina shift leading to malapposition:**
  - **Solution:** Proximal Optimization Technique (POT)

✅ Calcium Modification Strategies

- **IVUS/OCT to assess calcium depth & distribution**
- **Techniques to optimize stent expansion:**
  - **Rotational Atherectomy** – For superficial calcium
  - **Intravascular Lithotripsy (IVL)** – For deep calcium
  - **Cutting/Scoring Balloons** – Controlled plaque modification

Mastering Complex Distal LMCA PCI: Techniques for Optimal Outcomes

✅ Guide Support & Access Considerations

- **Radial vs. Femoral Access:**
  - **Radial:** Reduced bleeding risk, but limited guiding catheter support
  - **Femoral:** Preferred for complex cases requiring **7F or 8F guide catheters**
- **Guide Catheter Selection:**
  - **Extra support catheters (EBU, XB, AL 0.75-1.0) for better stability**

✅ Hemodynamic Support: When to Use It?

- **Impella or IABP in cases of:**
  - **Severely reduced LVEF (<35%)**
  - **Unprotected LMCA with hemodynamic instability**
  - **Multivessel disease requiring prolonged PCI time**

Ensuring Long-Term Success: Post-PCI Optimization Strategies

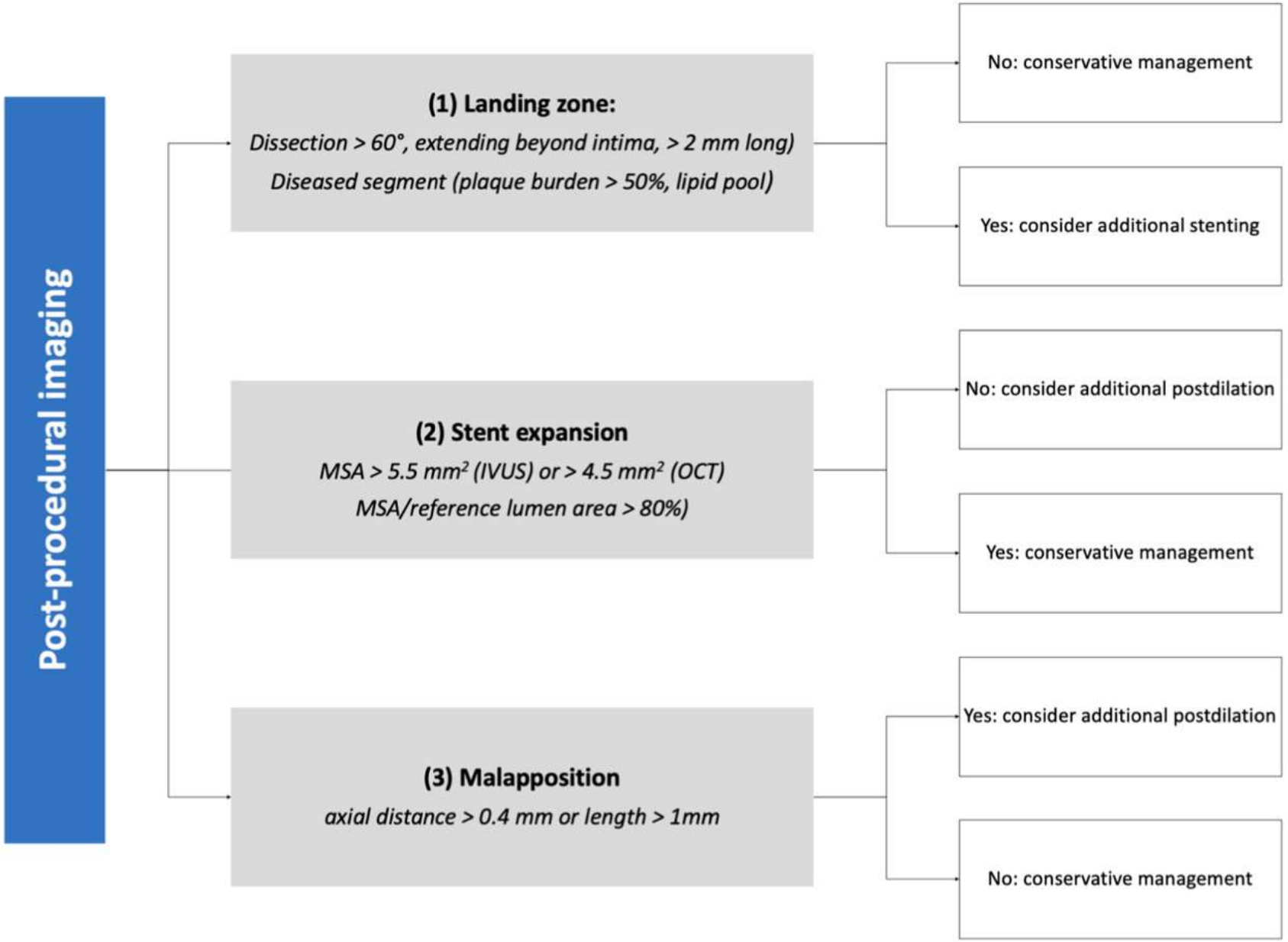
✅ Intravascular Imaging for Stent Optimization

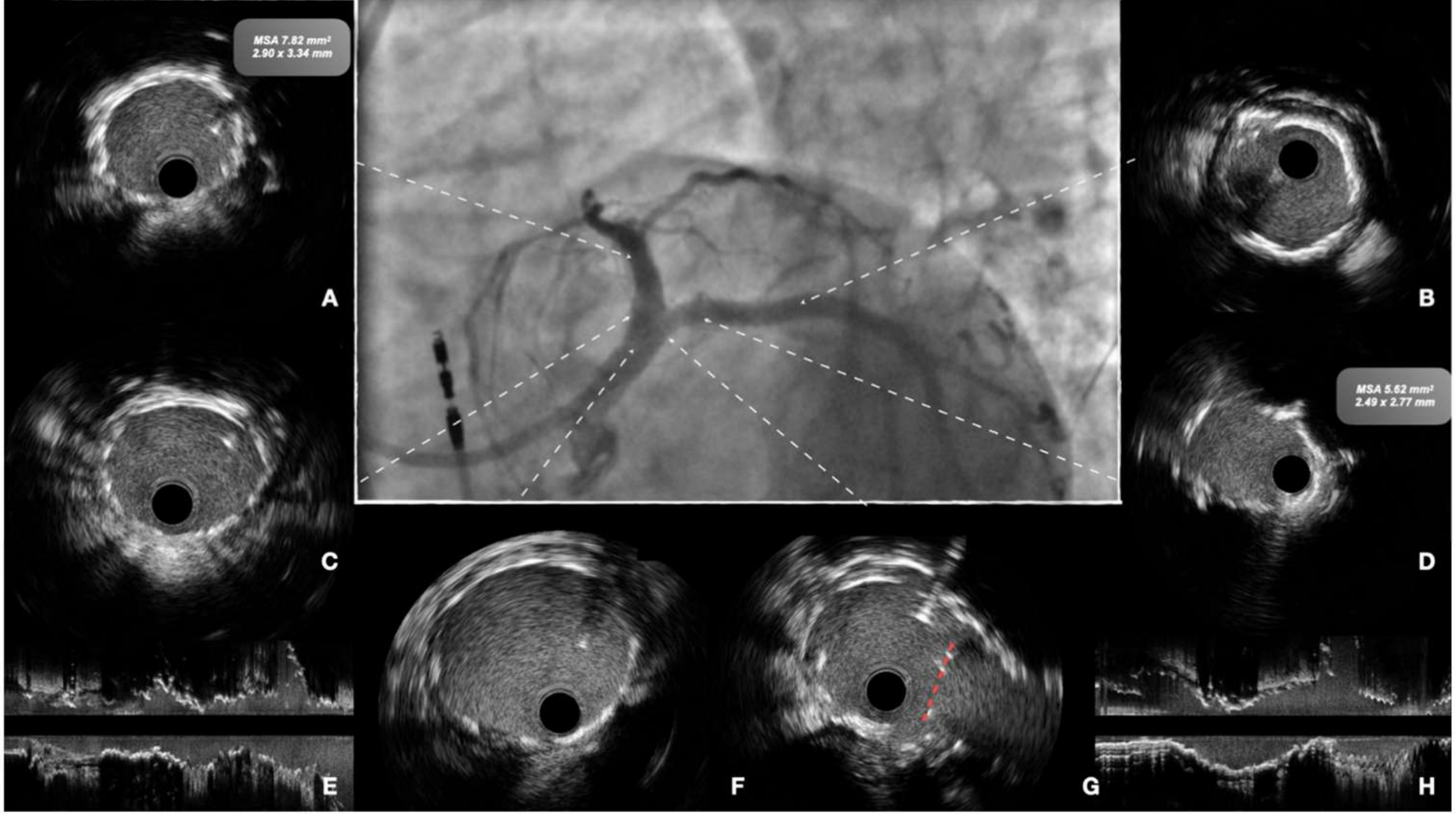
- **Why it's crucial:** Angiography alone may miss malapposition or under-expansion.
- **IVUS Optimization Criteria:**
  - **Minimal Stent Area (MSA) ≥8-10 mm²** for LMCA
  - **No significant edge dissection or malapposition**
  - **Adequate stent expansion (>90% of reference vessel diameter)**
- **OCT for fine-tuning:** Detecting thrombus, tissue prolapse, and under-expansion.

✅ Final Kissing Balloon and Proximal Optimization (POT)

- **Ensures optimal carina reconstruction and side branch flow**
- **Reduces risk of late malapposition and restenosis**
- **Final IVUS/OCT check post-POT recommended**

Algorithm for stent optimization based on post-procedural imaging





Intravascular ultrasound shows good expansion and apposition of the lithotripsy and implantation of two stents, with a T-and protrusion (TAP) technique

Post-PCI Optimization for Distal LMCA Interventions

✅ Dual Antiplatelet Therapy (DAPT) Strategy

- **Standard LMCA PCI (Low Bleeding Risk):**
  - Aspirin + Ticagrelor (or Prasugrel) for 12 months
- **High Bleeding Risk (HBR) Patients:**
  - Shortened DAPT (3-6 months) + lifelong aspirin or clopidogrel
- **Tailoring therapy based on:**
  - DAPT Score, patient ischemic vs. bleeding risk

✅ Long-Term Follow-Up and Restenosis Management

- Clinical monitoring at 1, 6, and 12 months post-PCI
- Stress testing or FFR-CT for symptoms recurrence
- IVUS-guided re-intervention for in-stent restenosis (ISR)

64-YEAR-OLD MALE

MEDICAL HISTORY

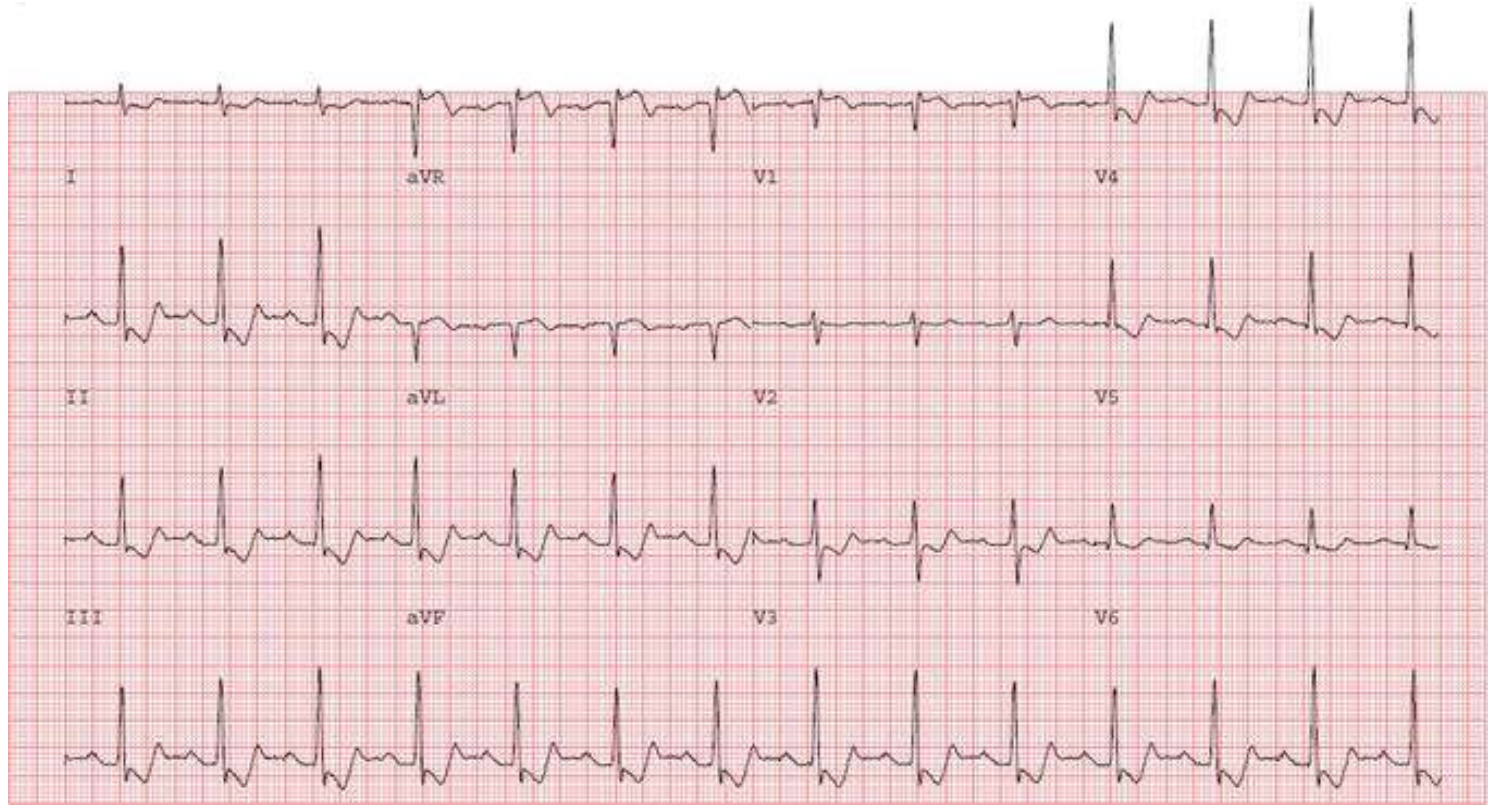
- Hypertension
- Type 2 diabetes
- Hyperlipidemia

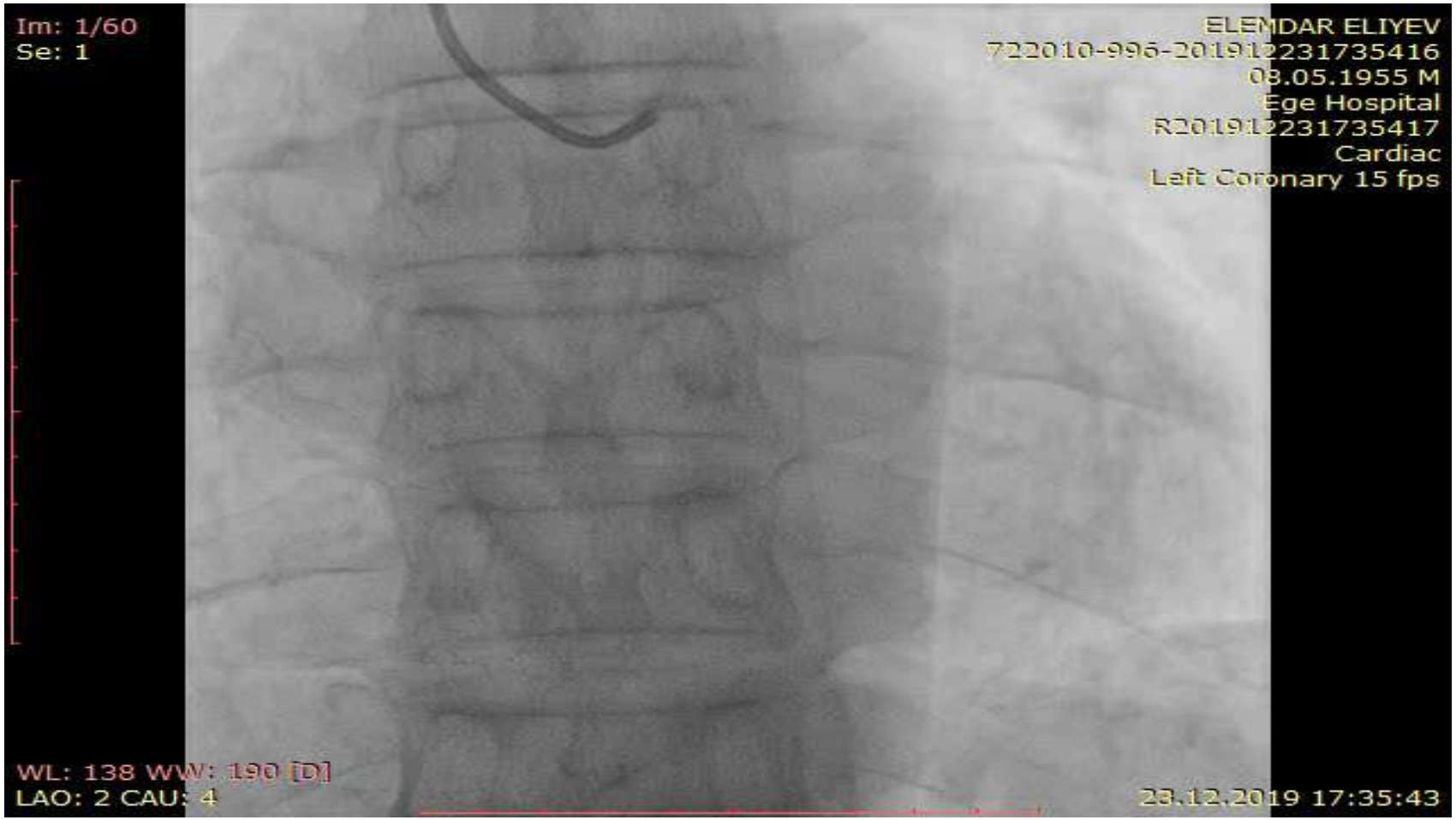
CURRENT PRESENTATION

- Unstable angina (UAP)

CHALLENGES

- COPD
- Poor medication adherence

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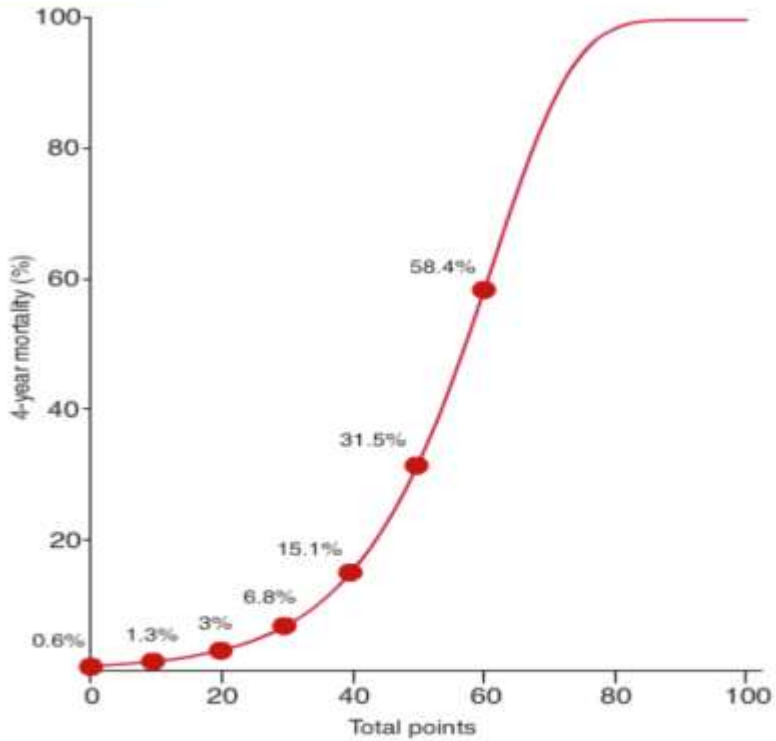


Nomogram depicting predicted 4-year mortality as a function of the SYNTAX II Score for patients proposed to undergo myocardial revascularization (CABG or PCI).

Adapted from Farooq et al., The Lancet. 2013 Feb 23;381(9867):639-50

SYNTAX Score I 27

Age (years)

CrCl mL/min

LVEF (%)

Left Main ○ no ◉ yes

Gender ○ male ○ female

COPD ○ no ○ yes

PVD ○ no ○ yes

SYNTAX Score II Calculate

SYNTAX Score II

Decision making -between CABG and PCI- guided by the SYNTAX Score II to be endorsed by the Heart Team.

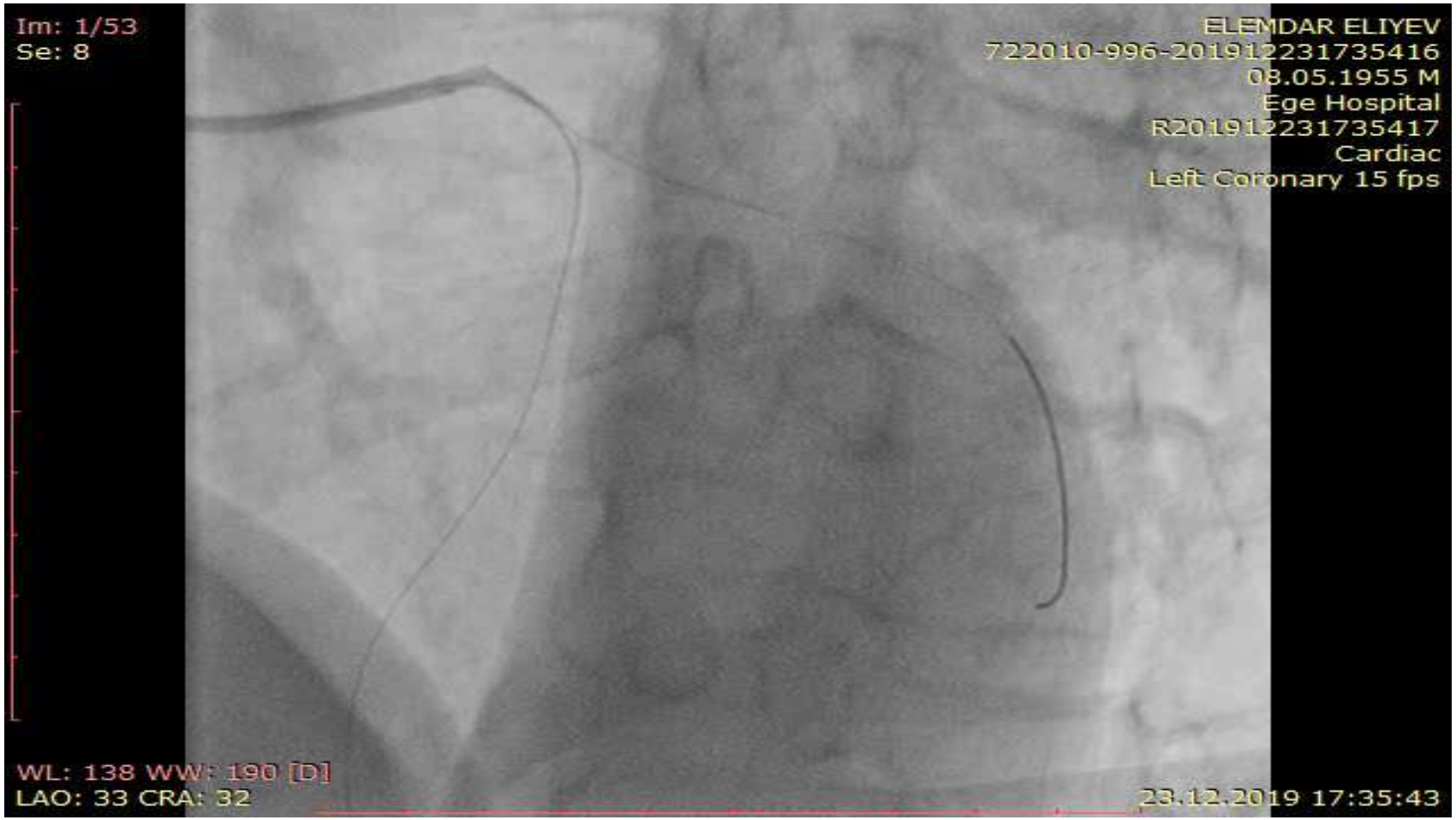
PCI

SYNTAX Score II:	32.6
PCI 4 Year Mortality:	8.4 %

CABG

SYNTAX Score II:	42.8
CABG 4 Year Mortality:	18.7 %

Treatment recommendation : *PCI*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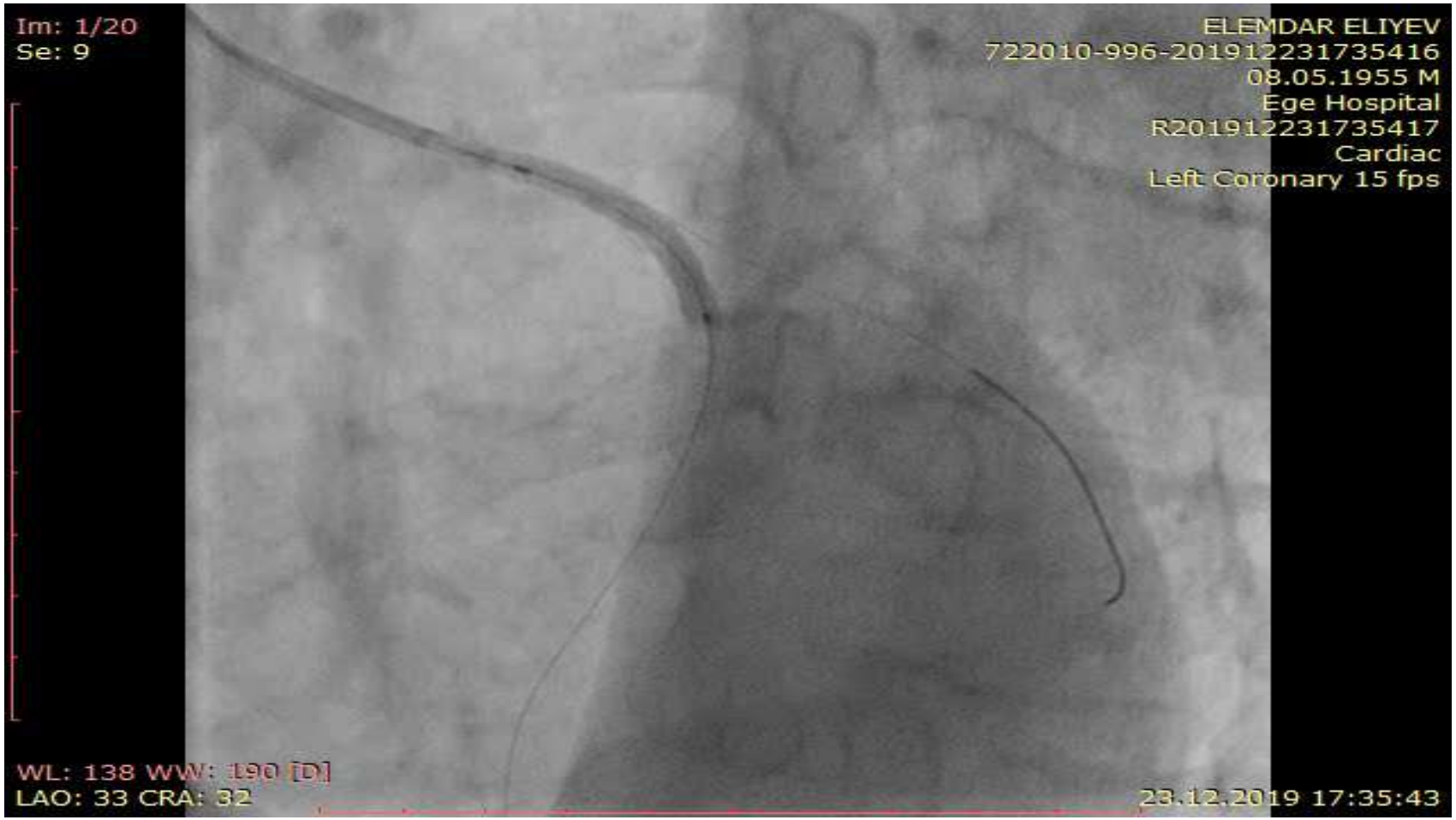
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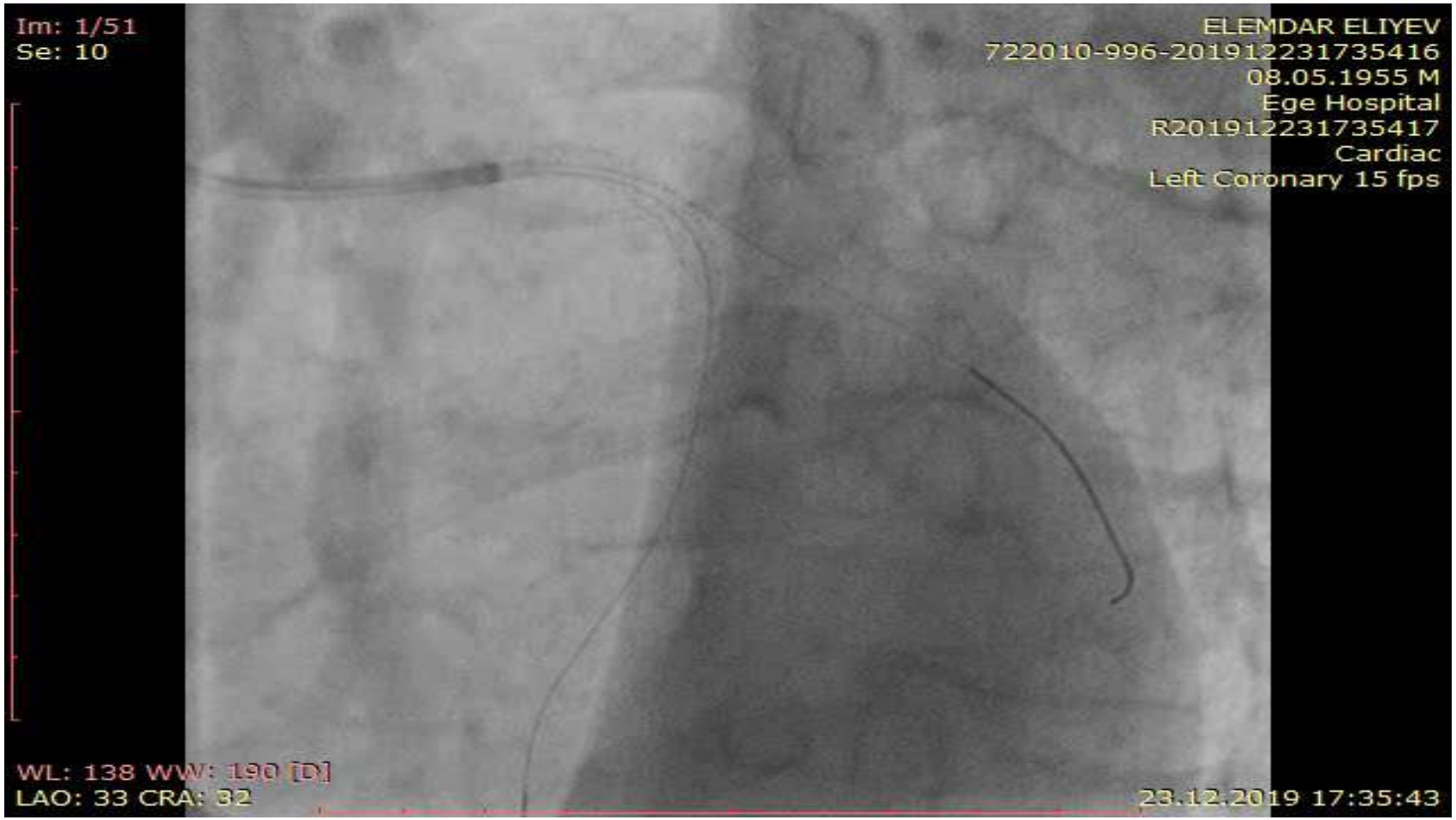
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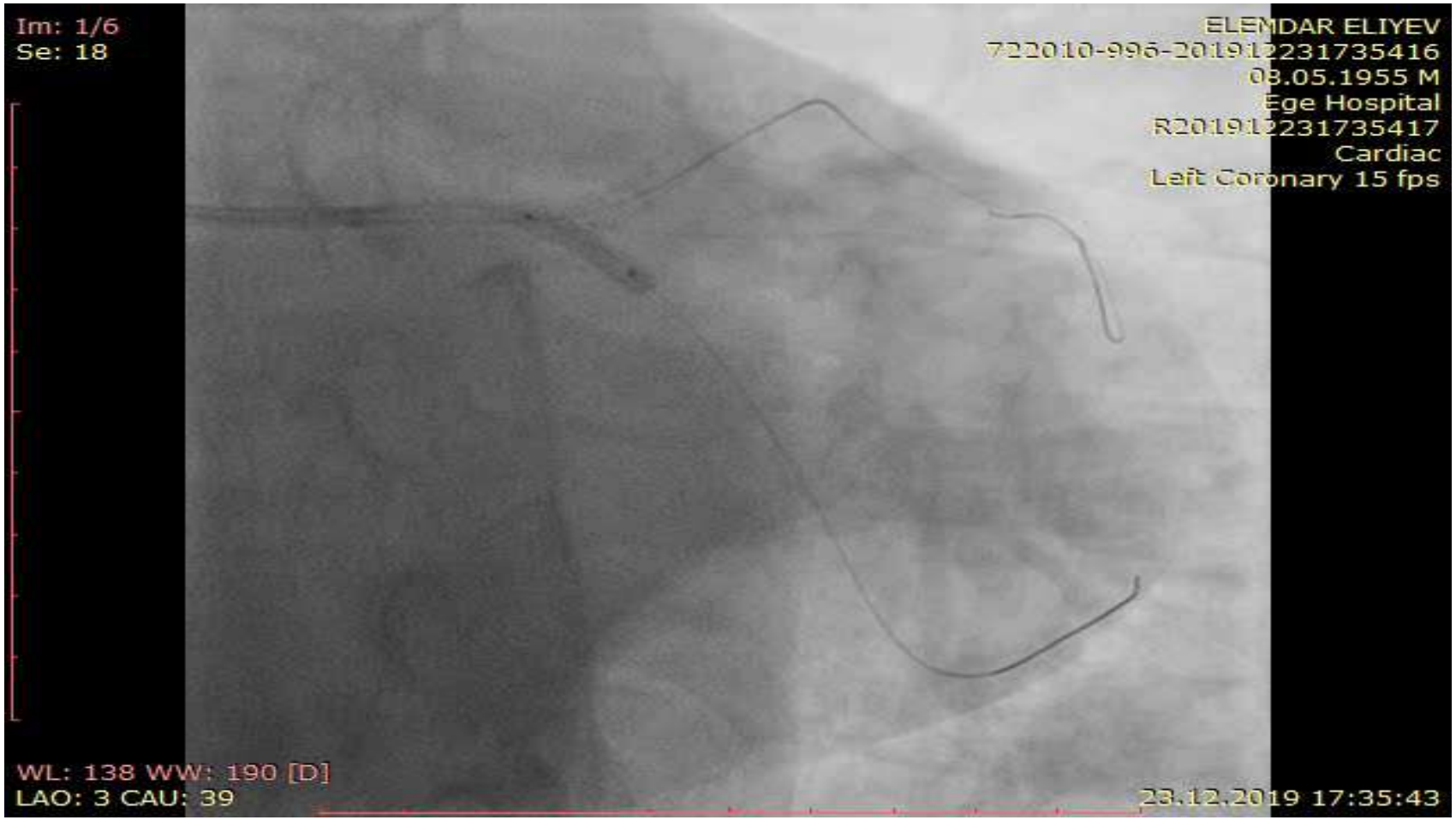
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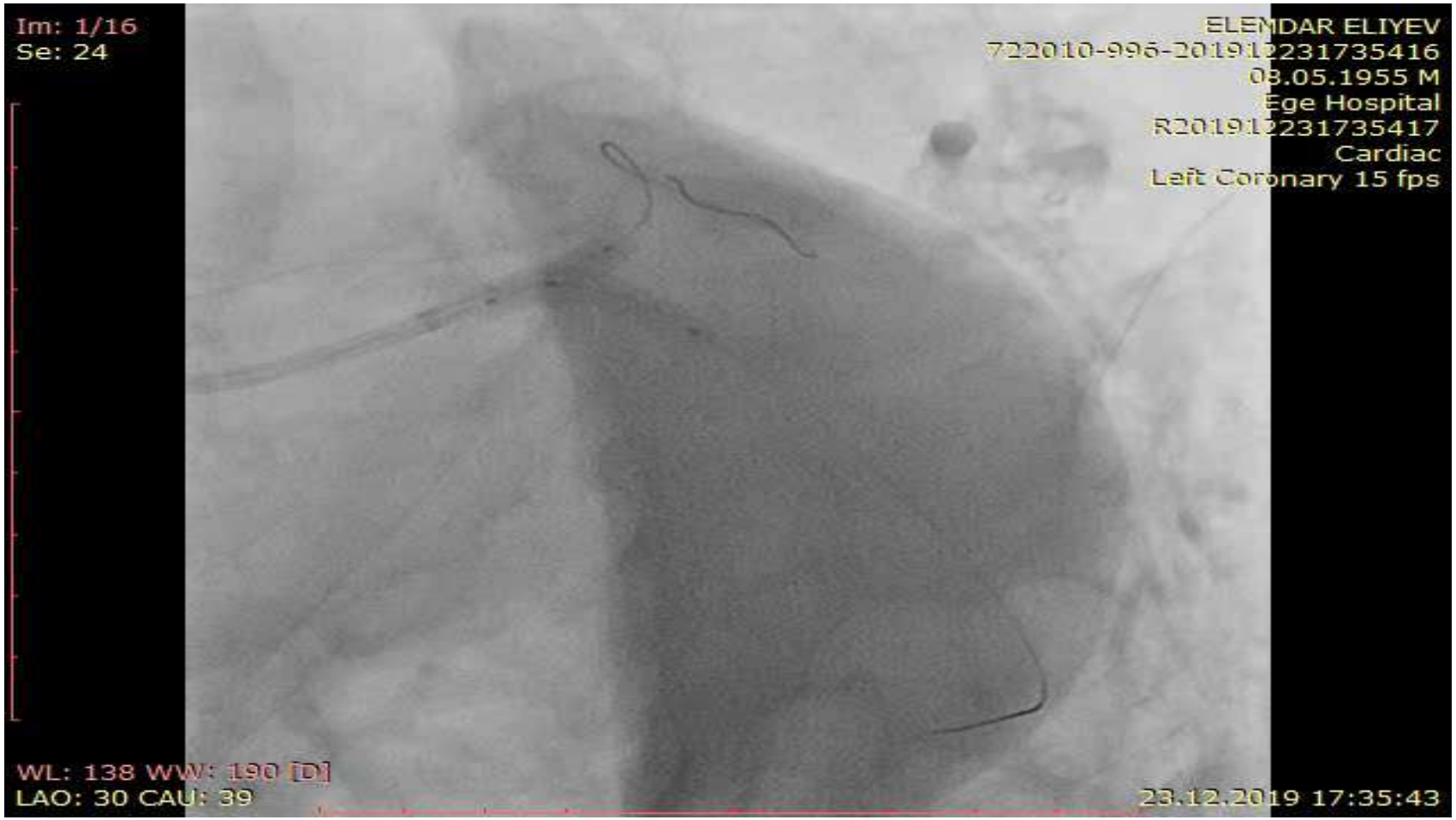
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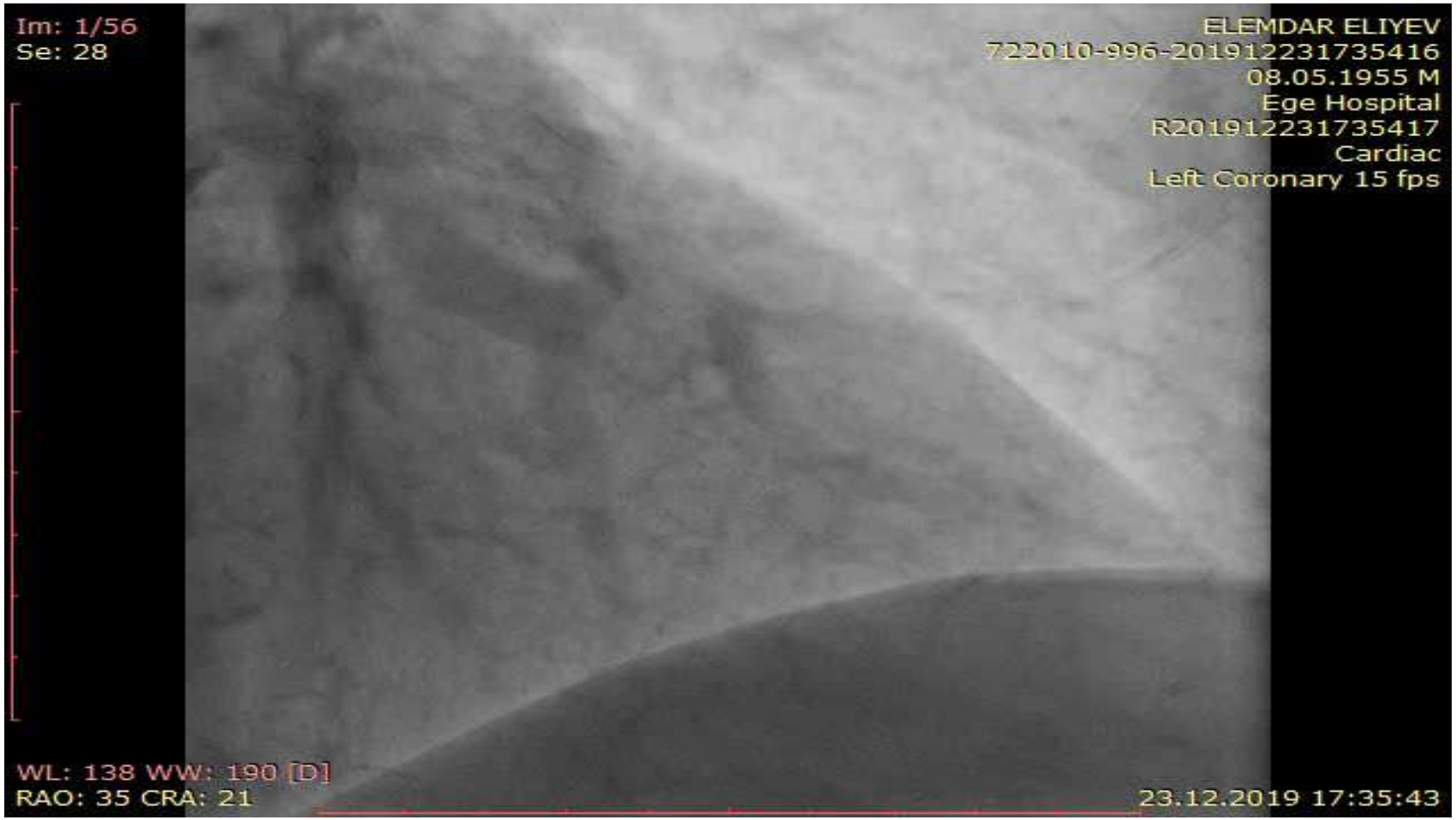
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RAO: 35 CRA: 21
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77-YEAR-OLD MALE

TYPE 2 DM, HT

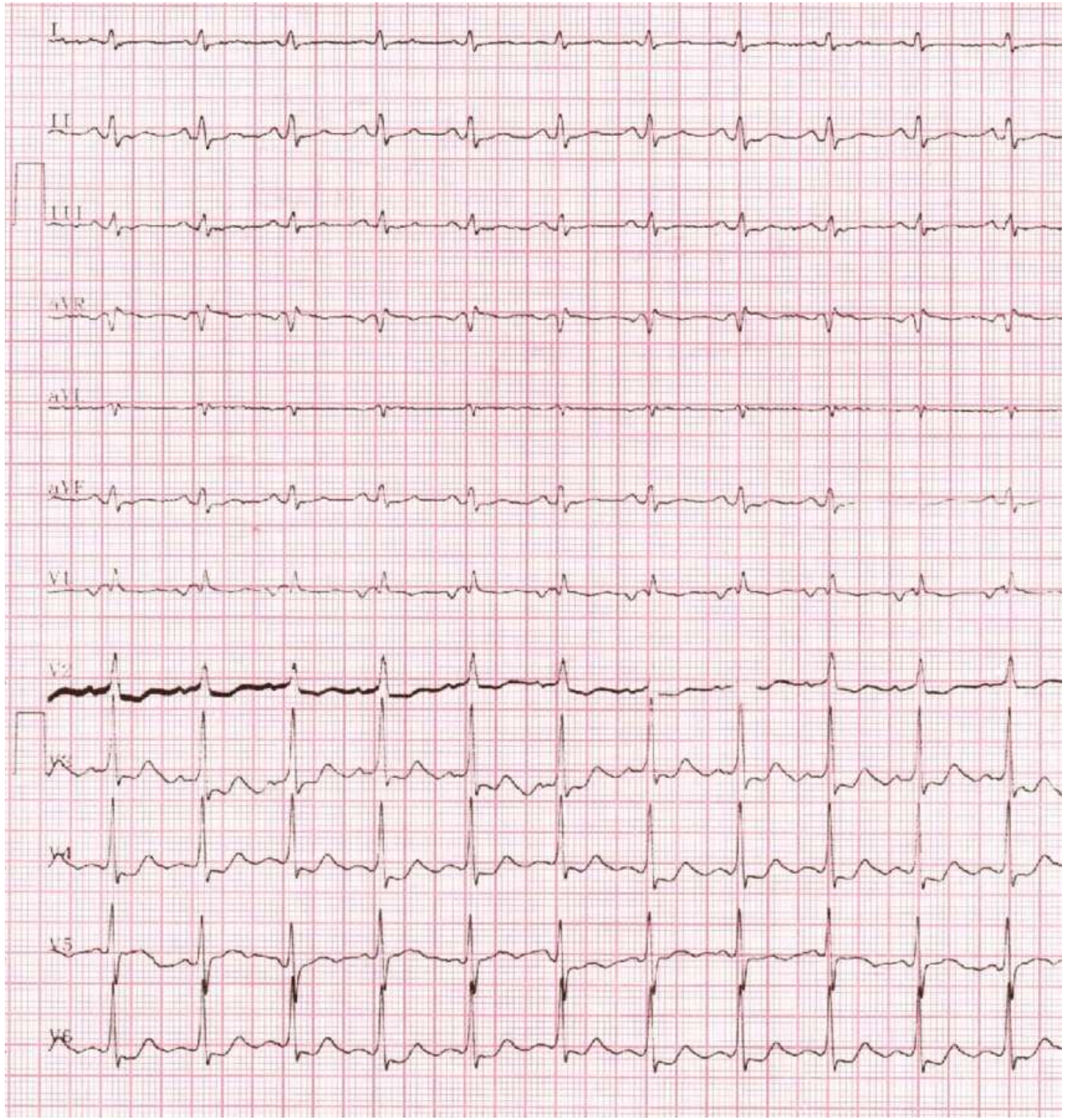
- Type 2 diabetes
- Hypertension

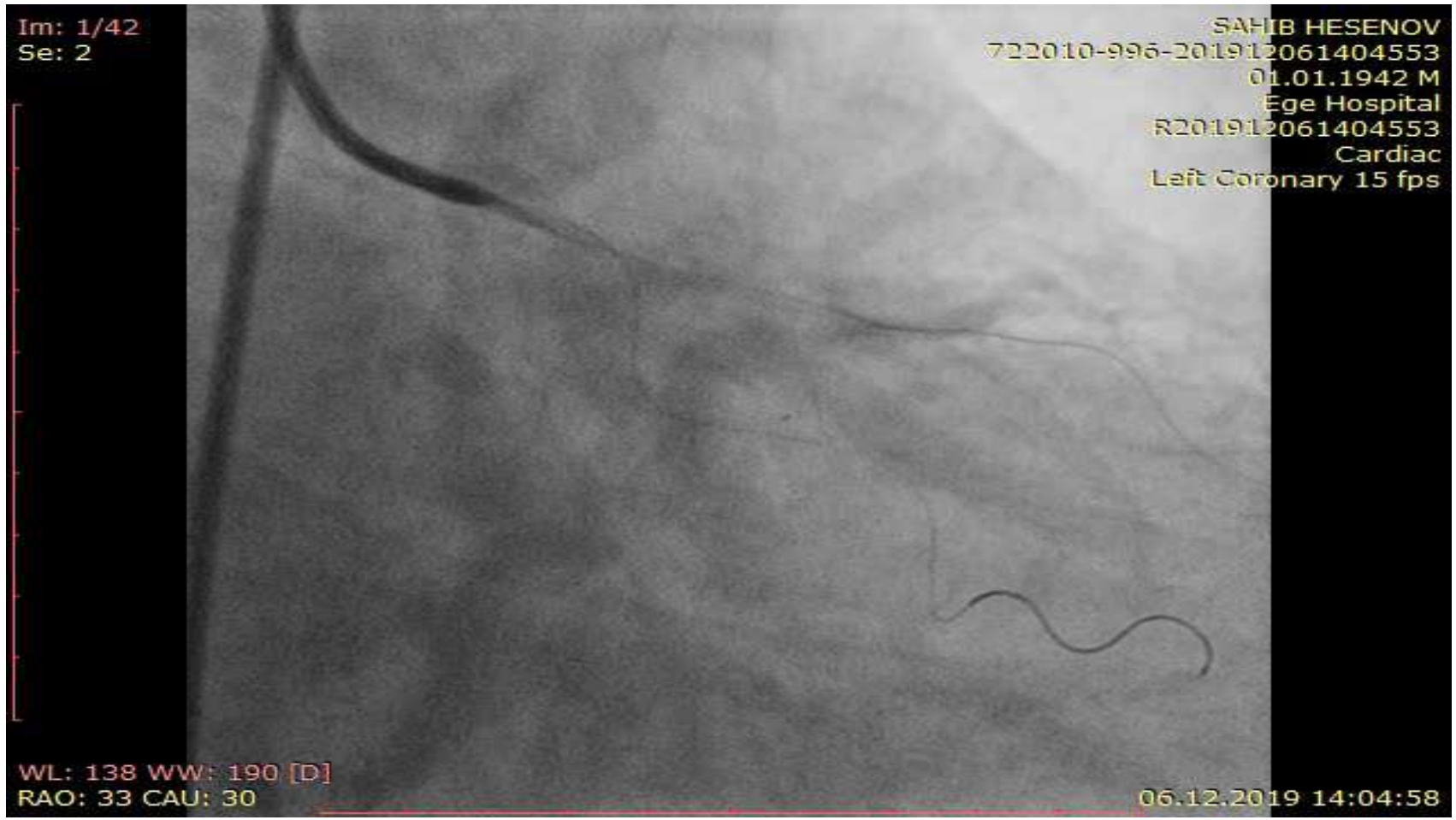
NSTEMI

- NSTEMI

PREVIOUS CVA

- Previous CVA

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WL: 138 WW: 190 [D]
RAO: 33 CAU: 30
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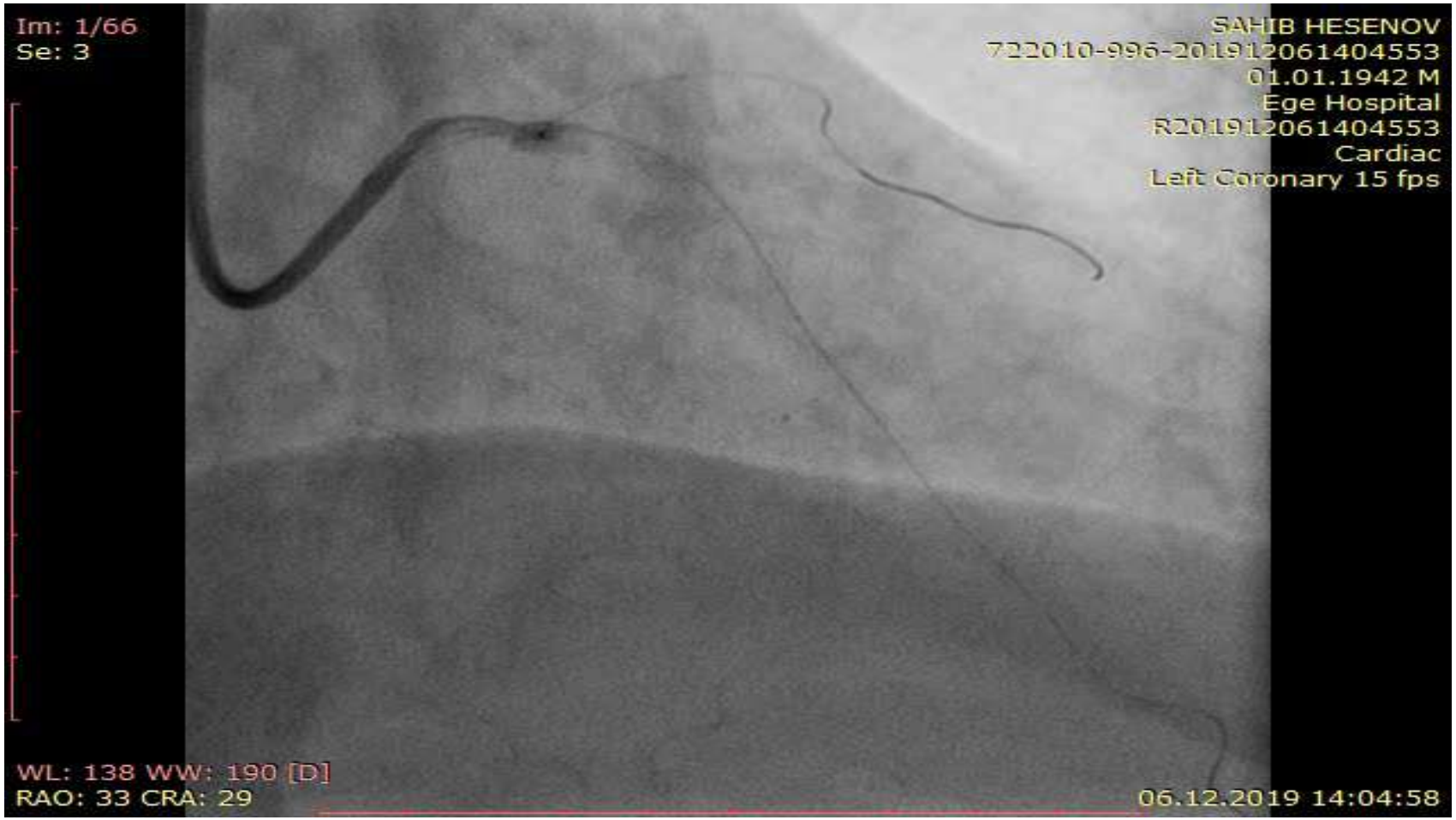
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WL: 138 WW: 190 [D]
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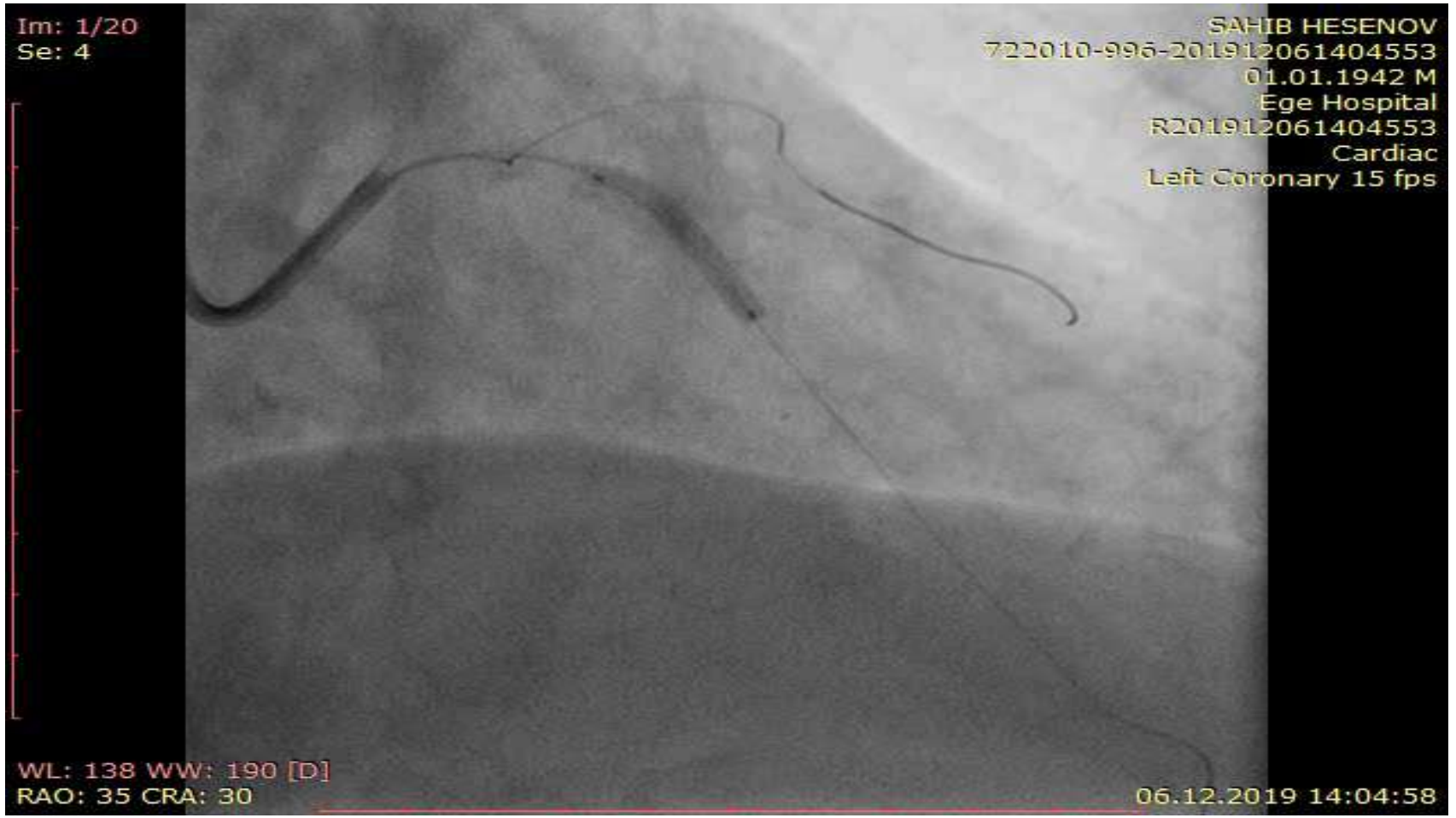
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WL: 138 WW: 190 [D]
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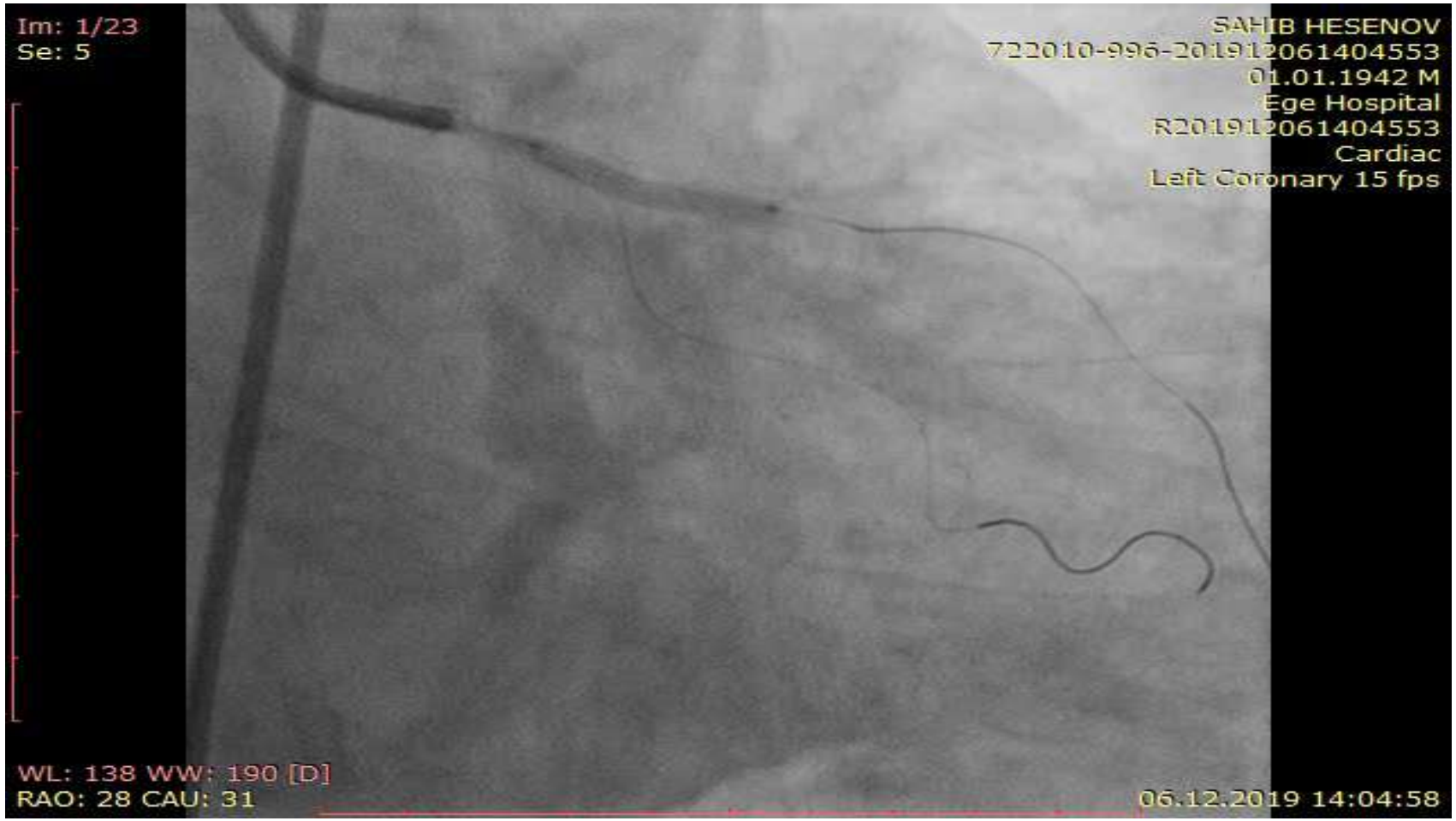
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WL: 138 WW: 190 [D]
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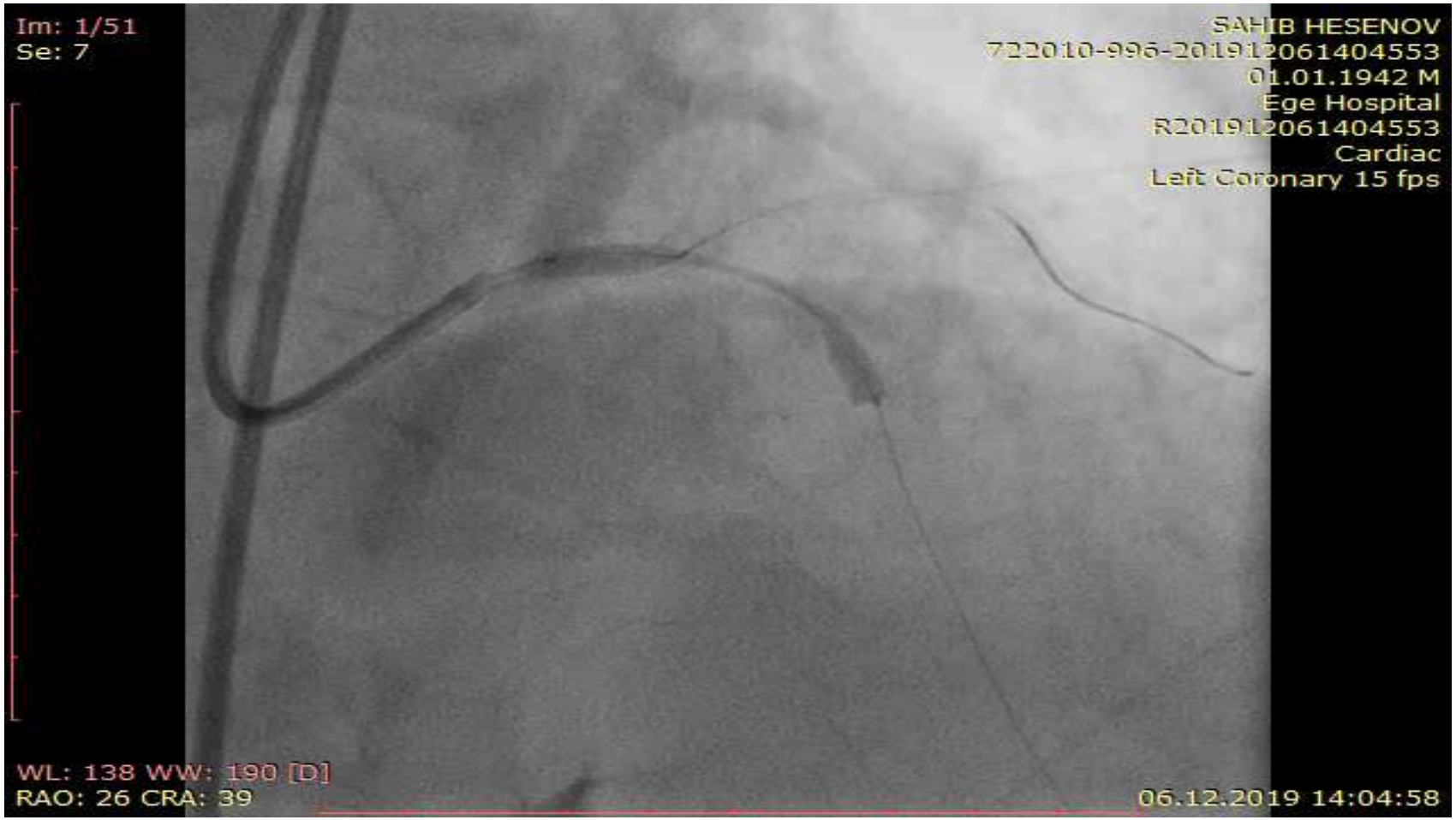
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Left Coronary 15 fps
WL: 138 WW: 190 [D]
RAO: 26 CRA: 39
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WL: 138 WW: 190 [D]
RAO: 37 CAU: 28
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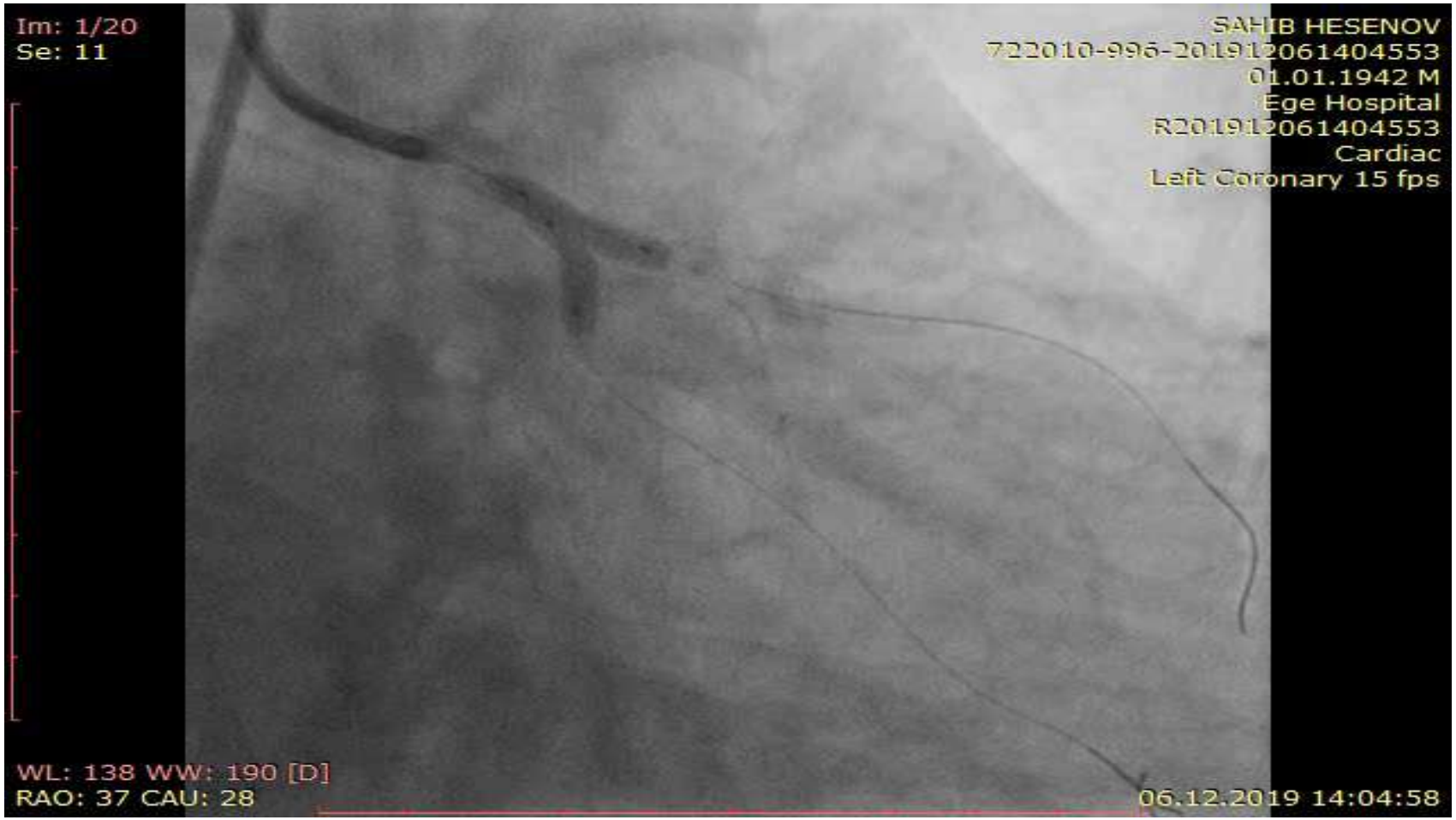
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WL: 138 WW: 190 [D]
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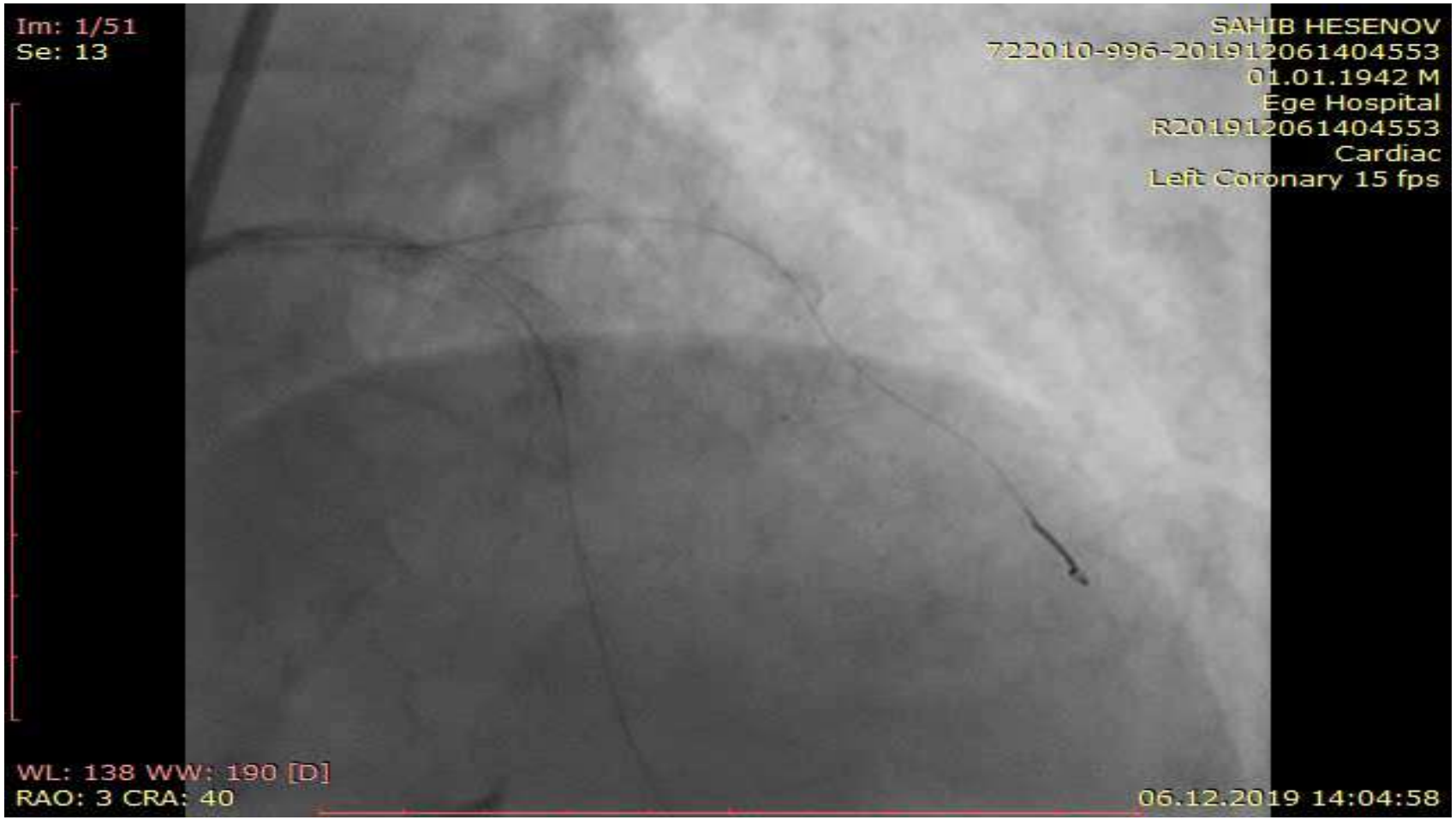
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Cardiac
Left Coronary 15 fps
WL: 138 WW: 190 [D]
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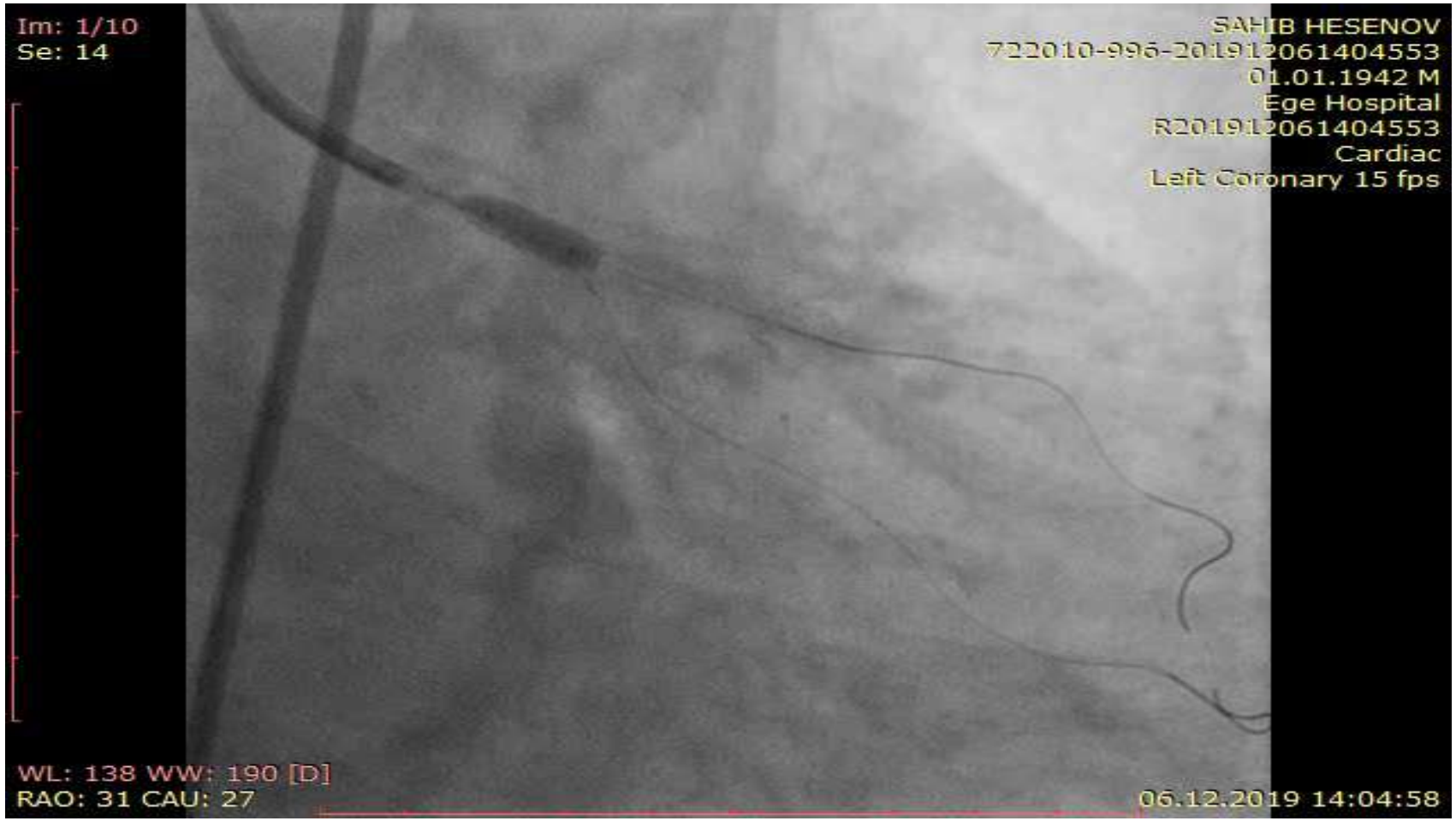
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Left Coronary 15 fps
WL: 138 WW: 190 [D]
RAO: 31 CAU: 27
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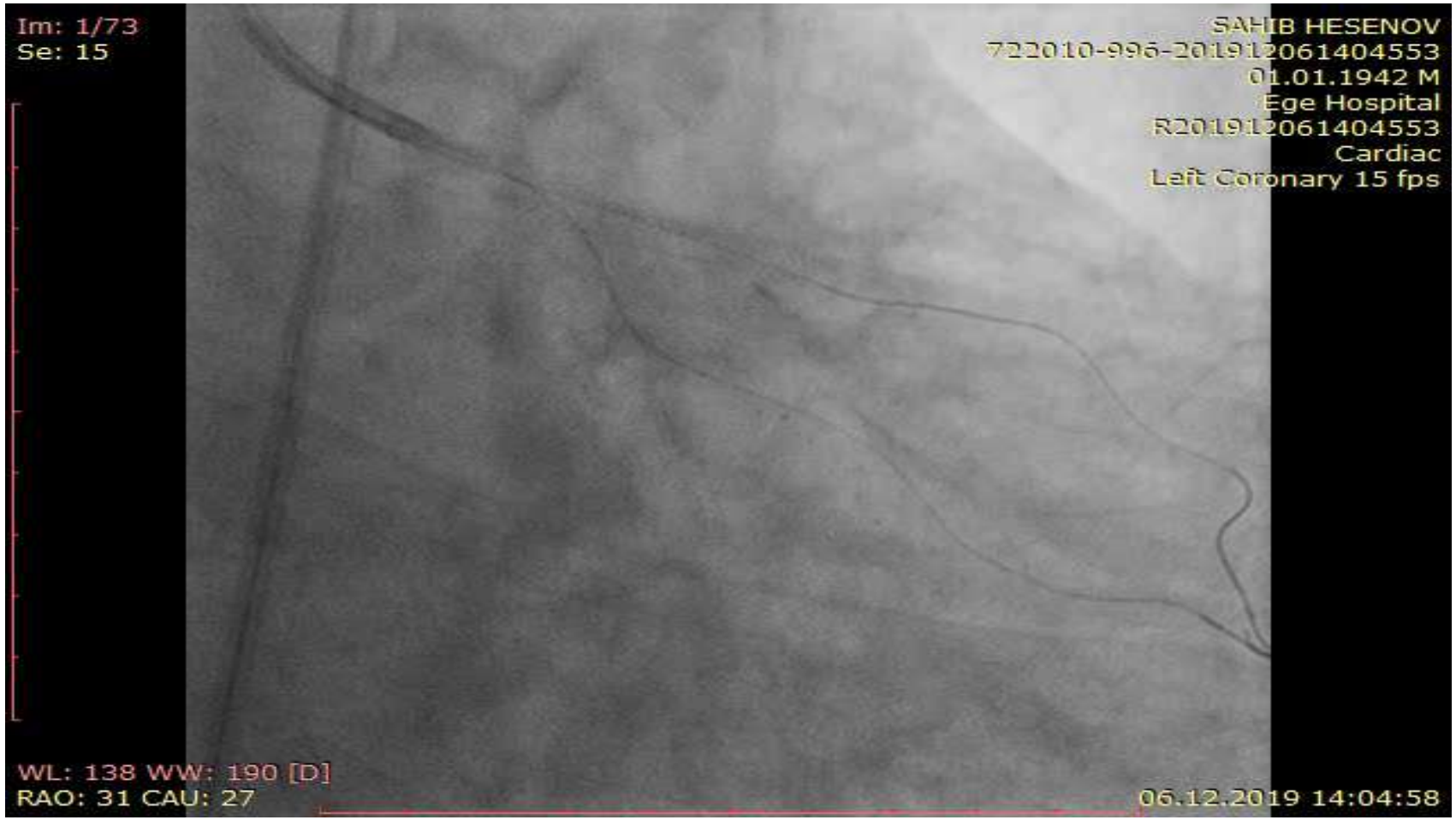
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WL: 138 WW: 190 [D]
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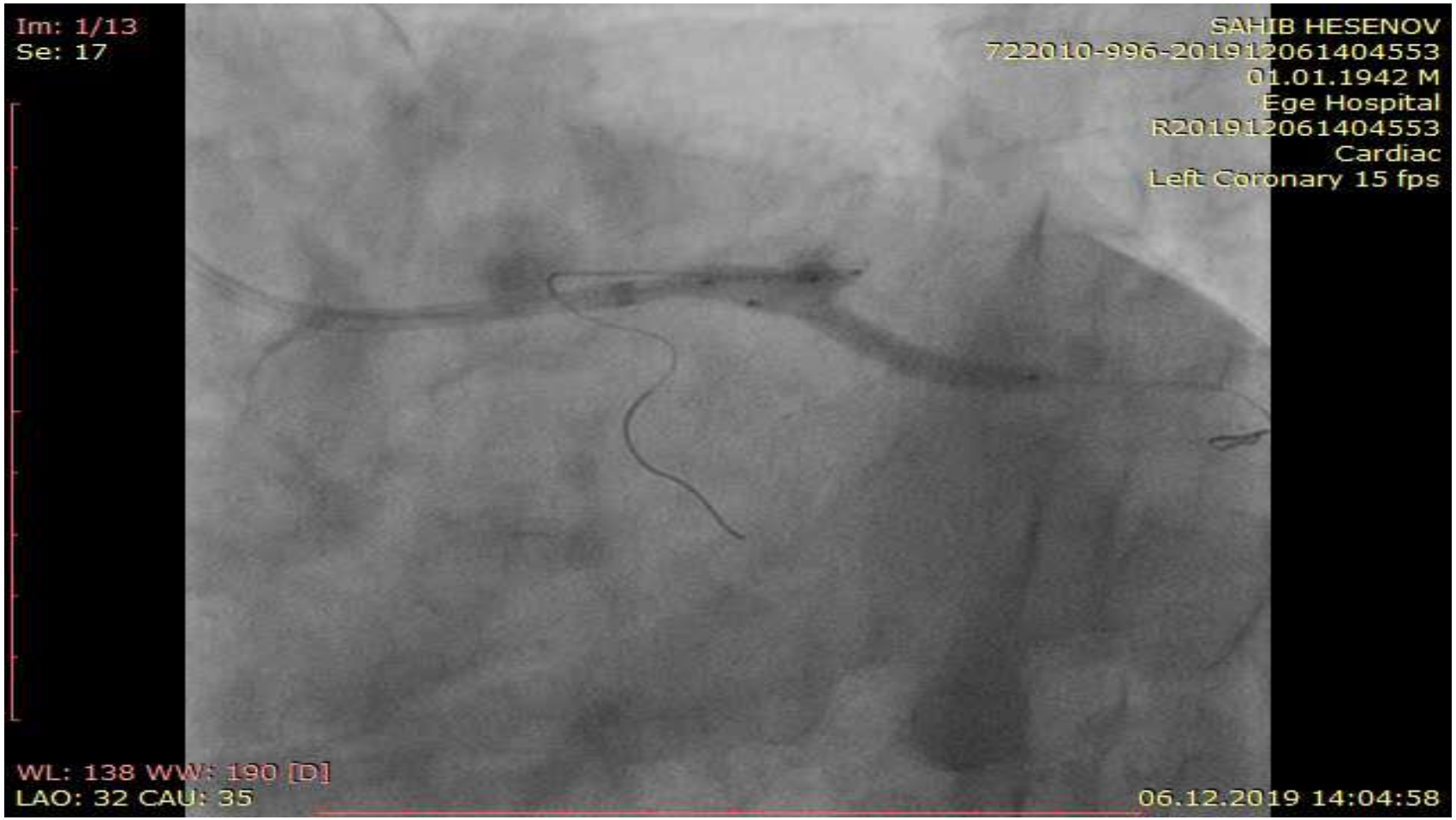
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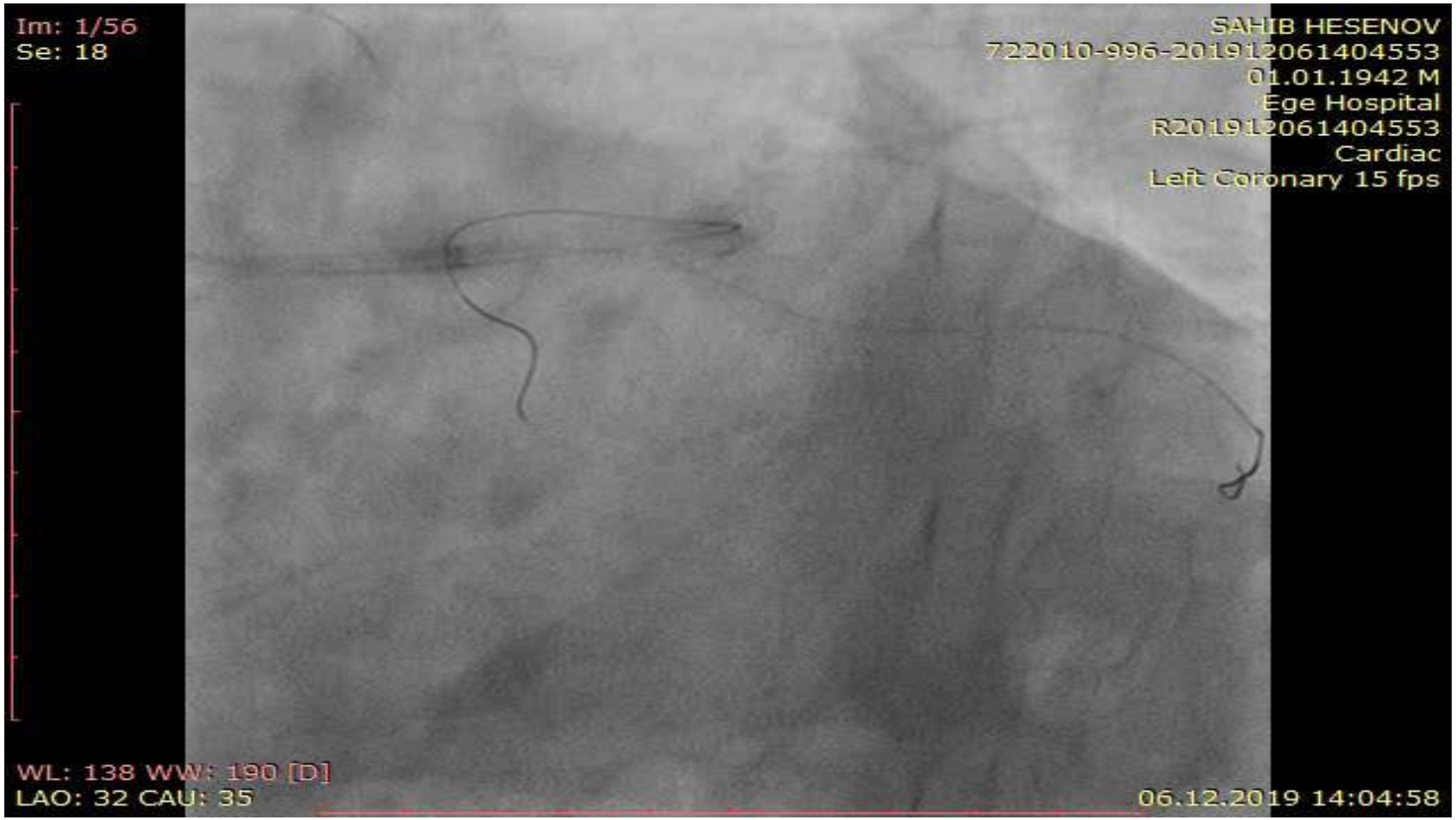
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WL: 138 WW: 190 [D]
LAO: 32 CAU: 35
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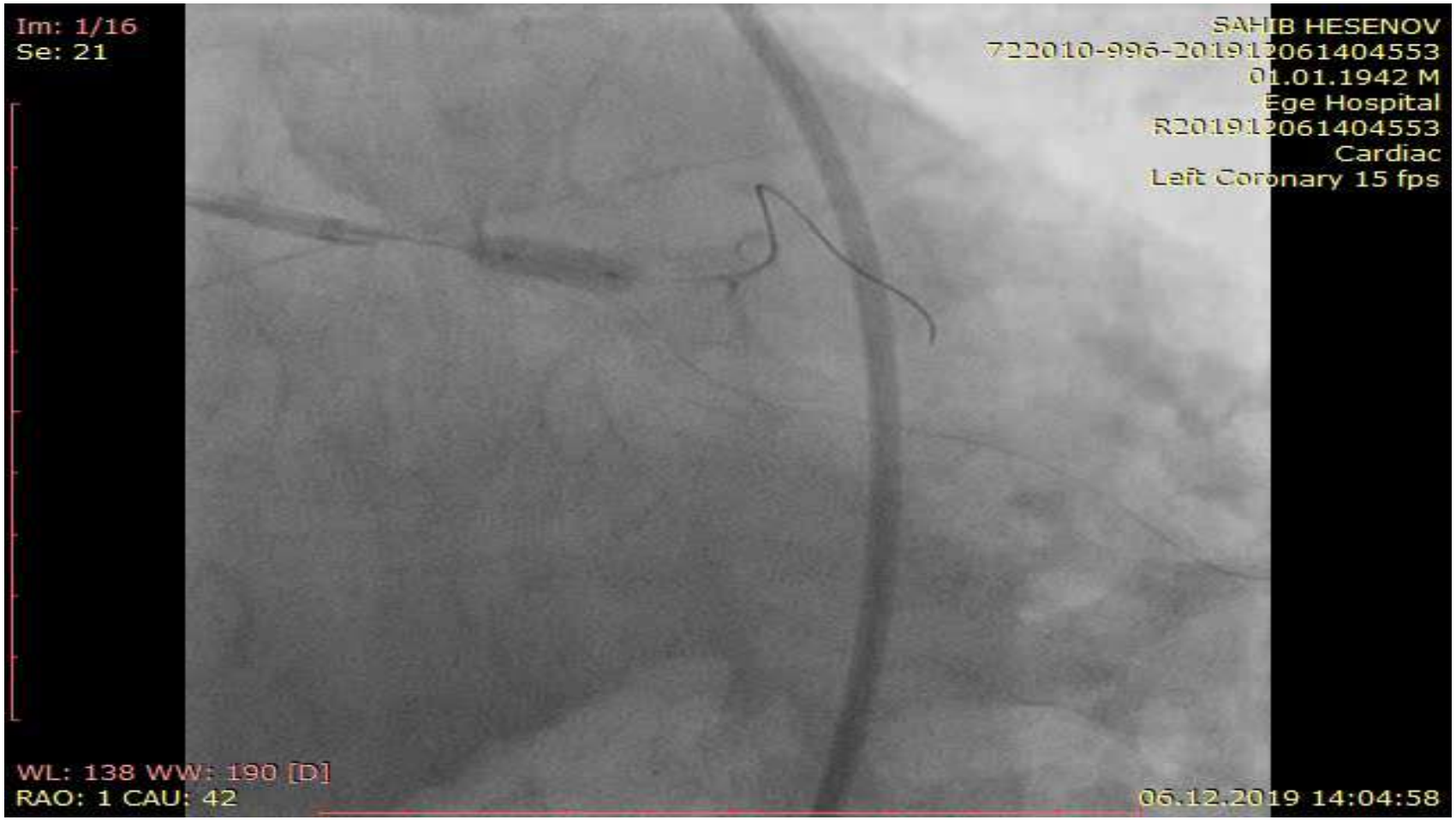
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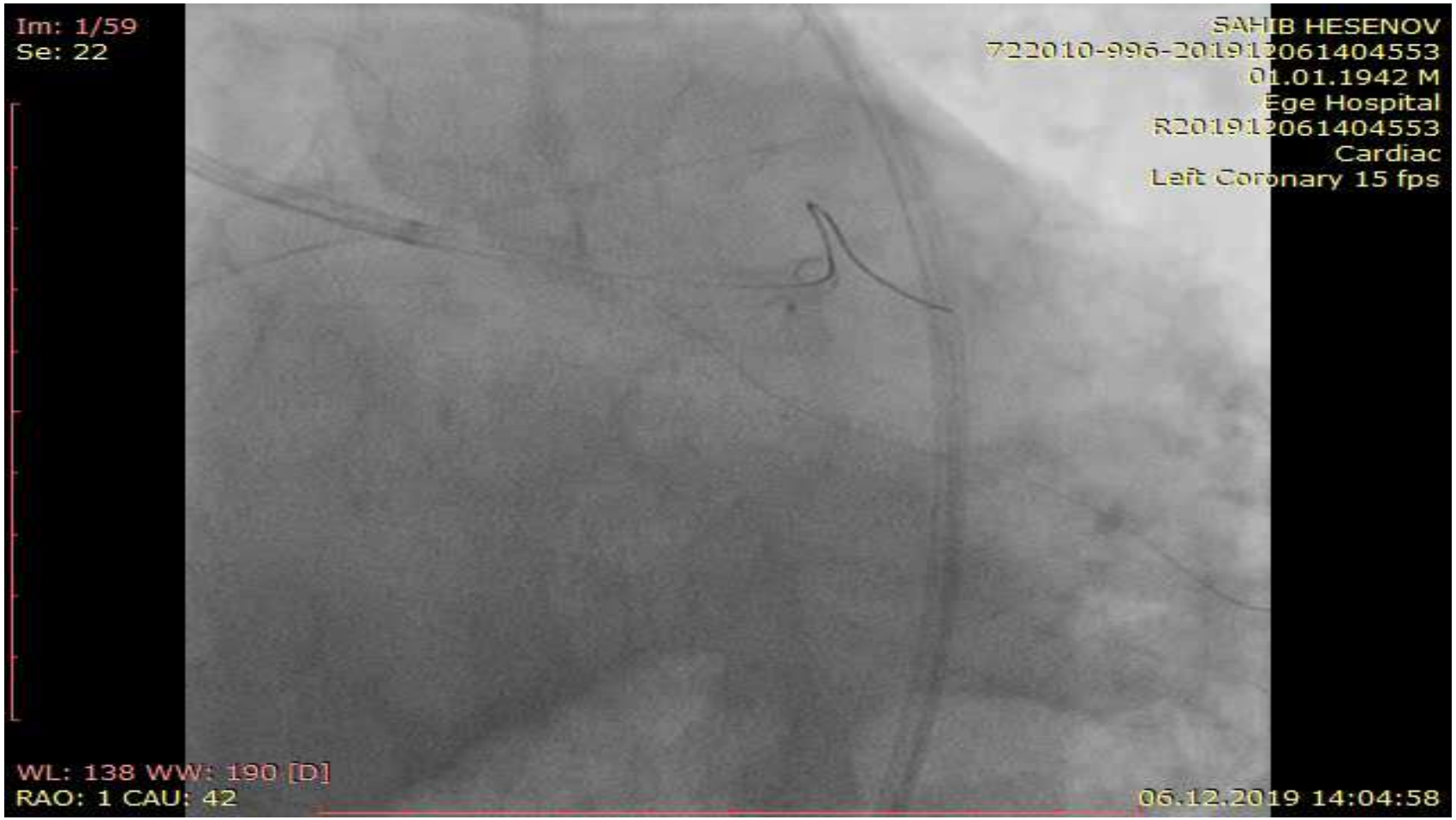
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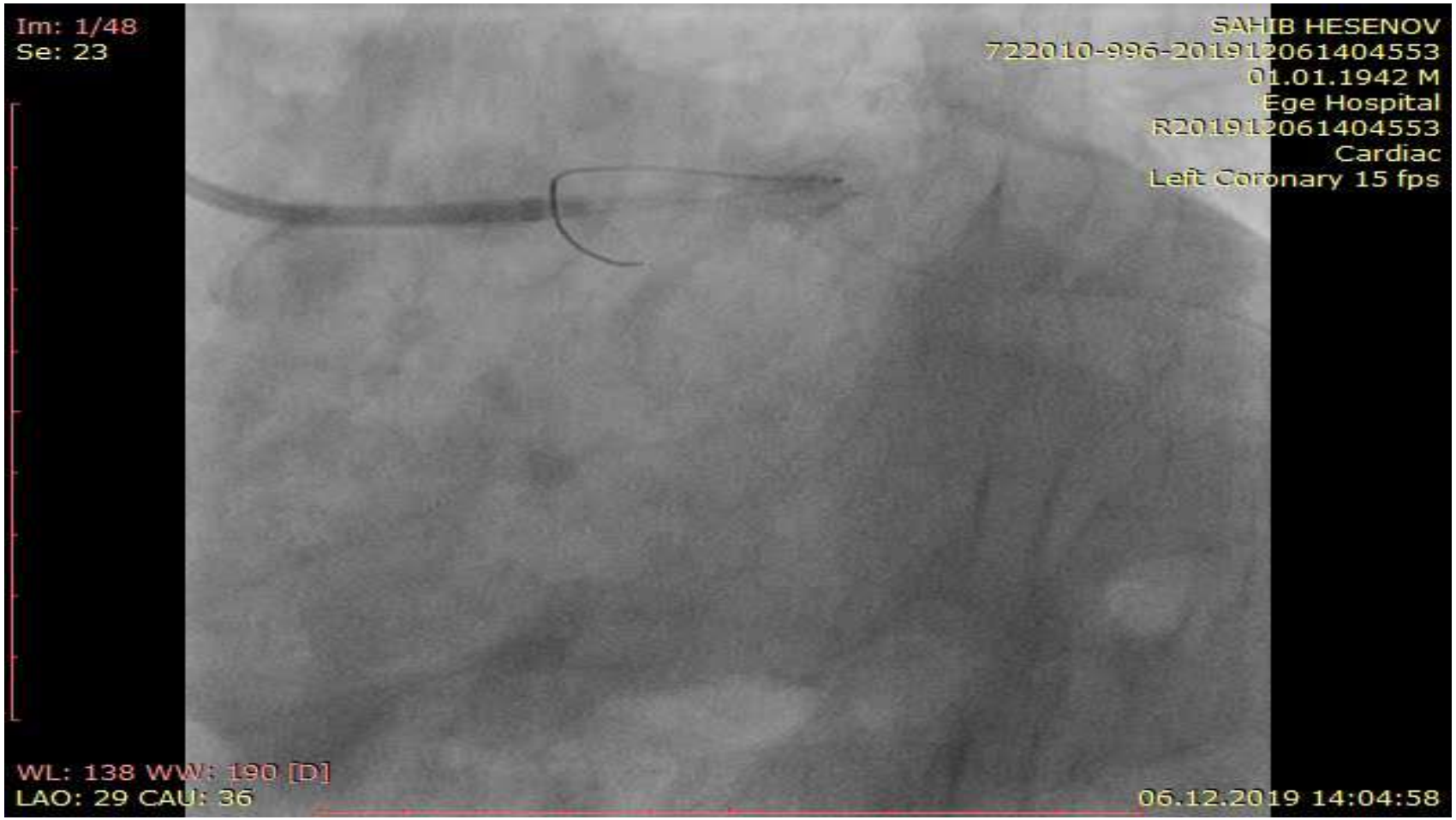
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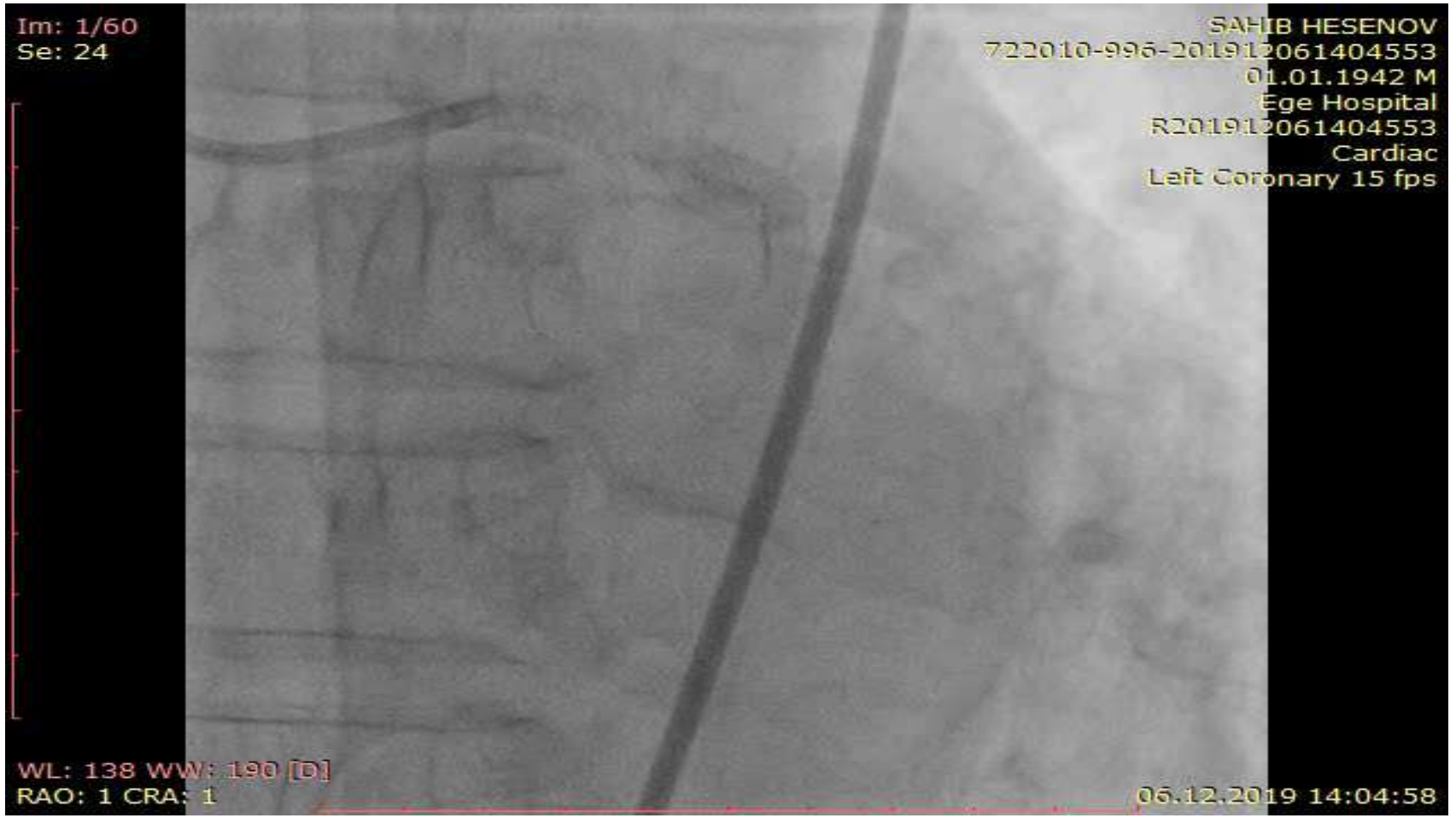
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R20191206140455 3
Cardiac
Left Coronary 15 fps
WL: 138 WW: 190 [D]
RAO: 1 CRA: 1
06.12.2019 14:04:58

67-Year-Old Male

MEDICAL HISTORY

- Hypertension
- Type 2 Diabetes Mellitus

CURRENT PRESENTATION

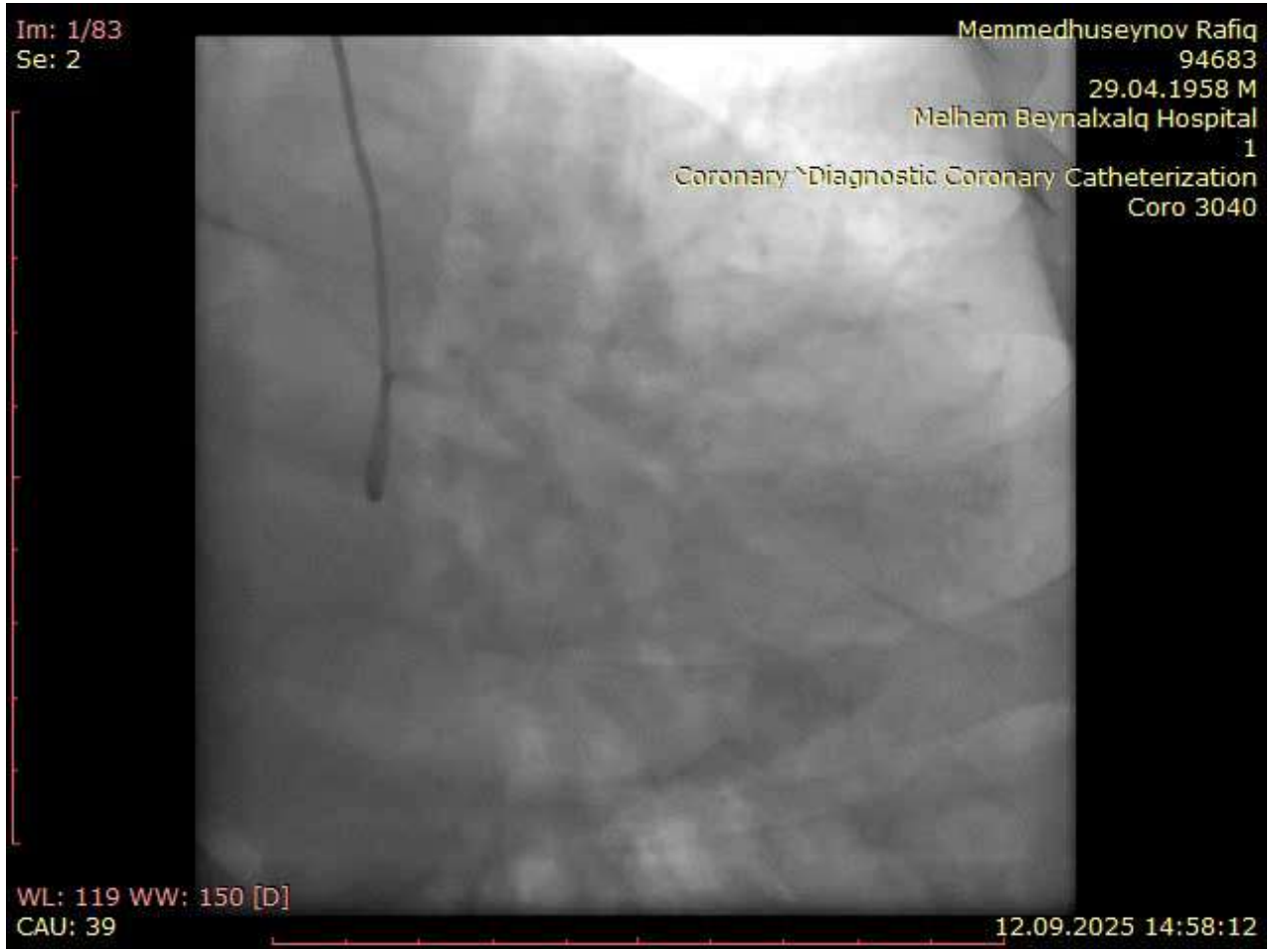
- NST-ACS
- Unstable Angina

CHALLENGES

- Surgical turndown (not suitable for CABG)
- Increased procedural risk due to comorbidities

DECISION & PLAN

- Focus on percutaneous revascularization strategy
- Optimize medical therapy and hemodynamic support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94683
29.04.1958 M
Melhem Beynalxalq Hospital
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Coronary `Diagnostic Coronary Catheterization
Coro 3040
WL: 119 WW: 150 [D]
CAU: 39
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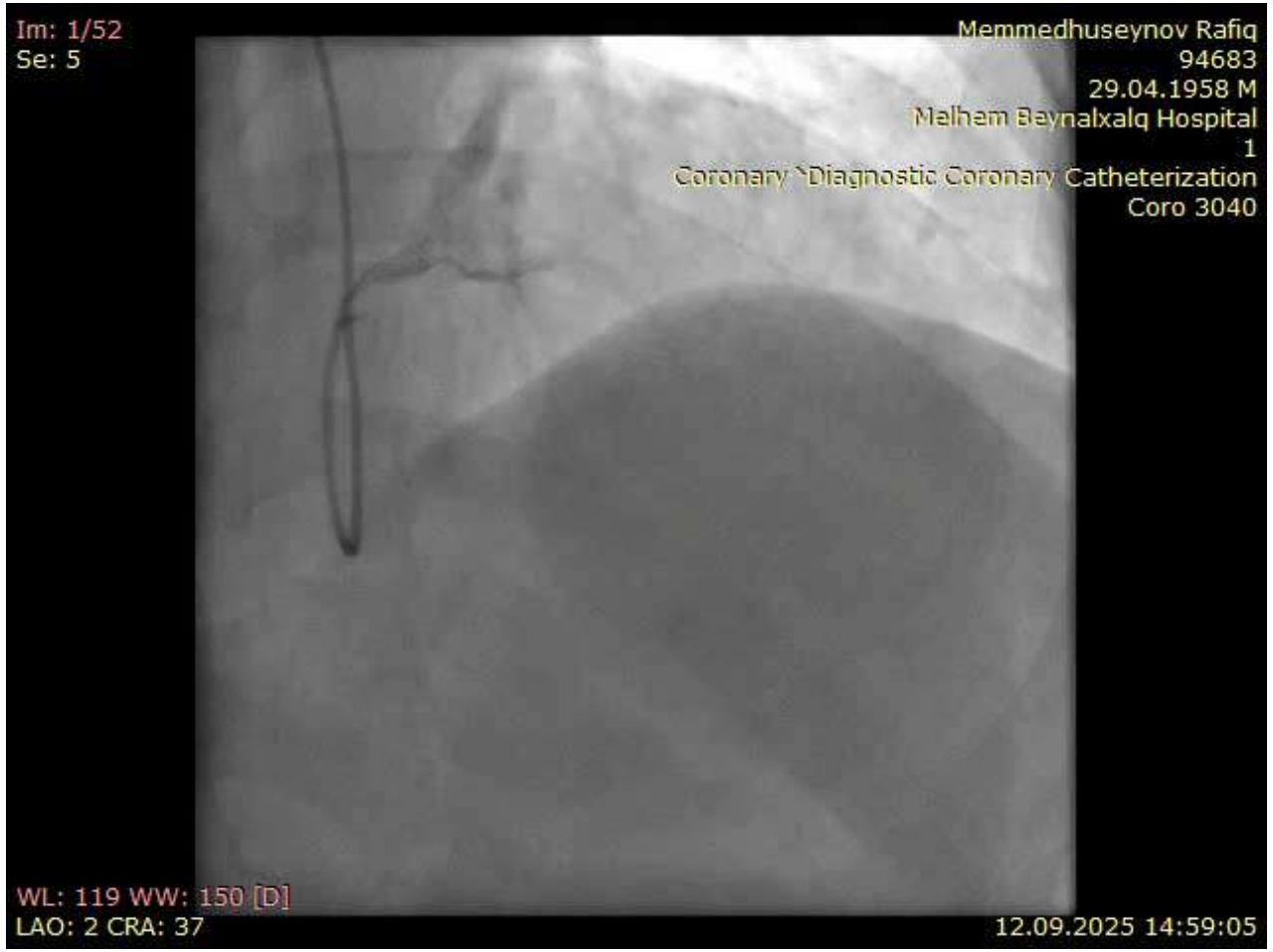
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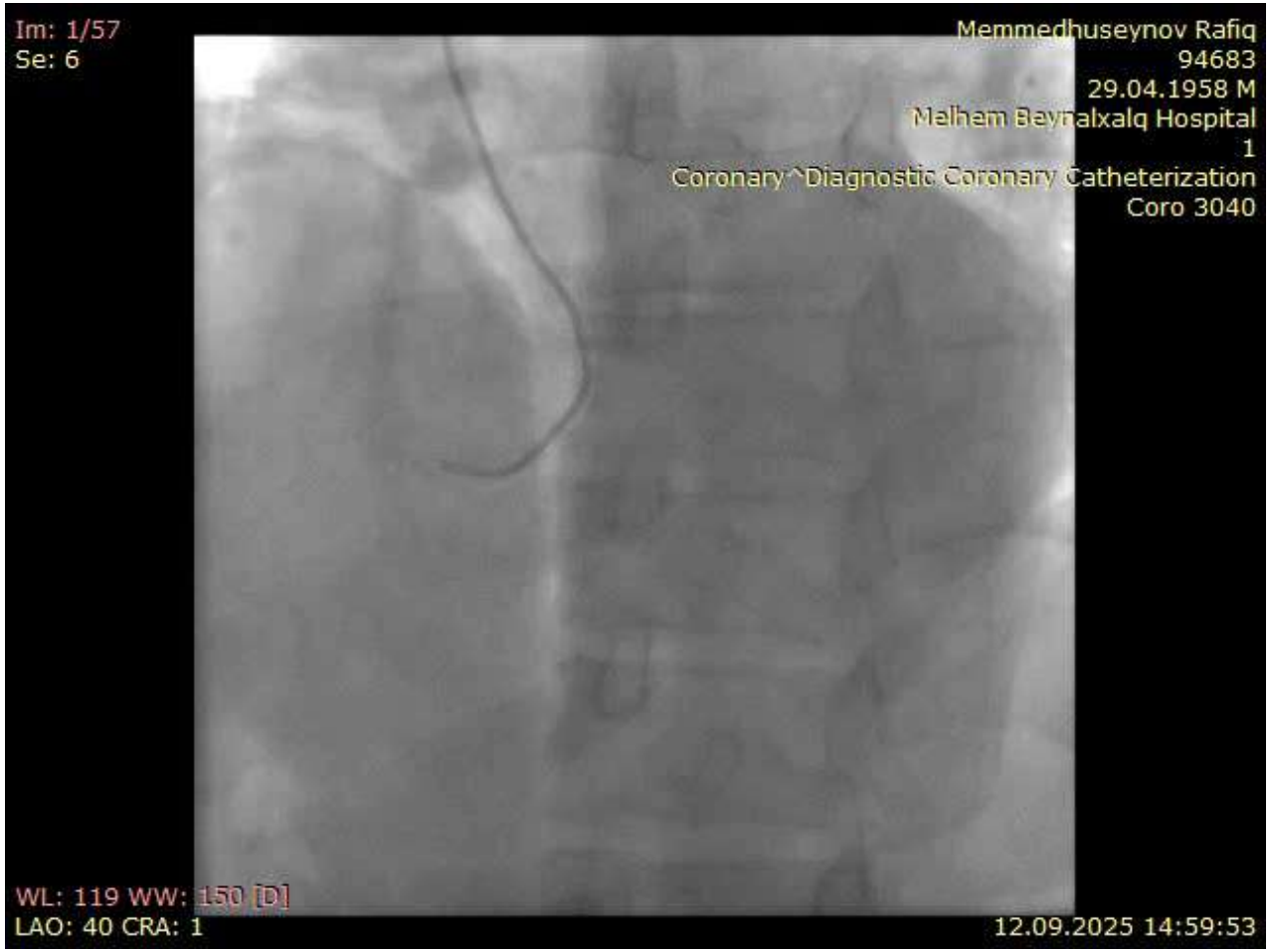
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94683
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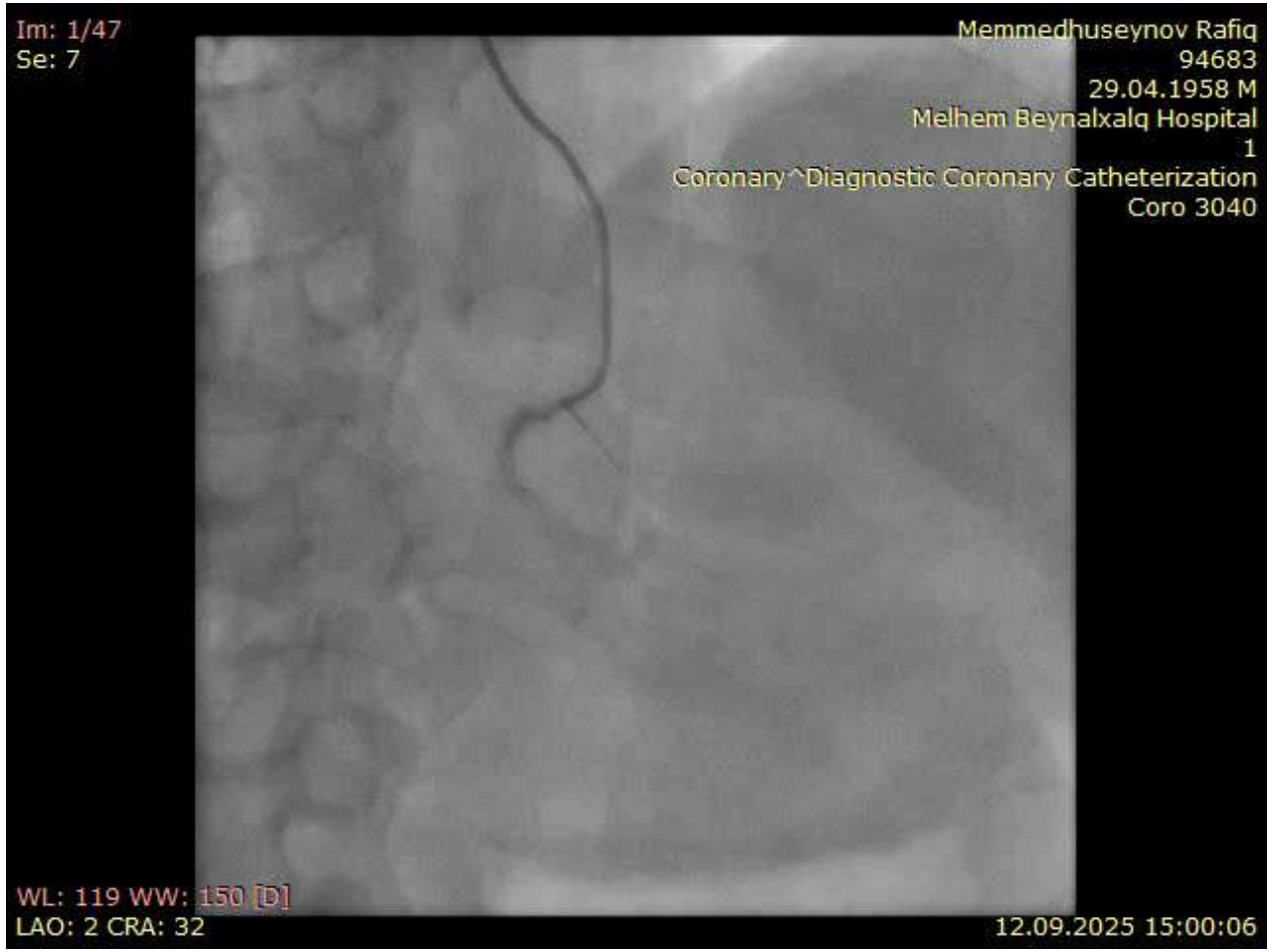
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94683
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Coro 3040
WL: 119 WW: 150 [D]
LAO: 2 CRA: 32
12.09.2025 15:00:06


Im: 1/56
Se: 9
Mammadhuseynov Rafiq
94683
29.04.1958 M
Melhem Beynalxalq Hospital
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Coro 3040
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LAO: 1 CAU: 36
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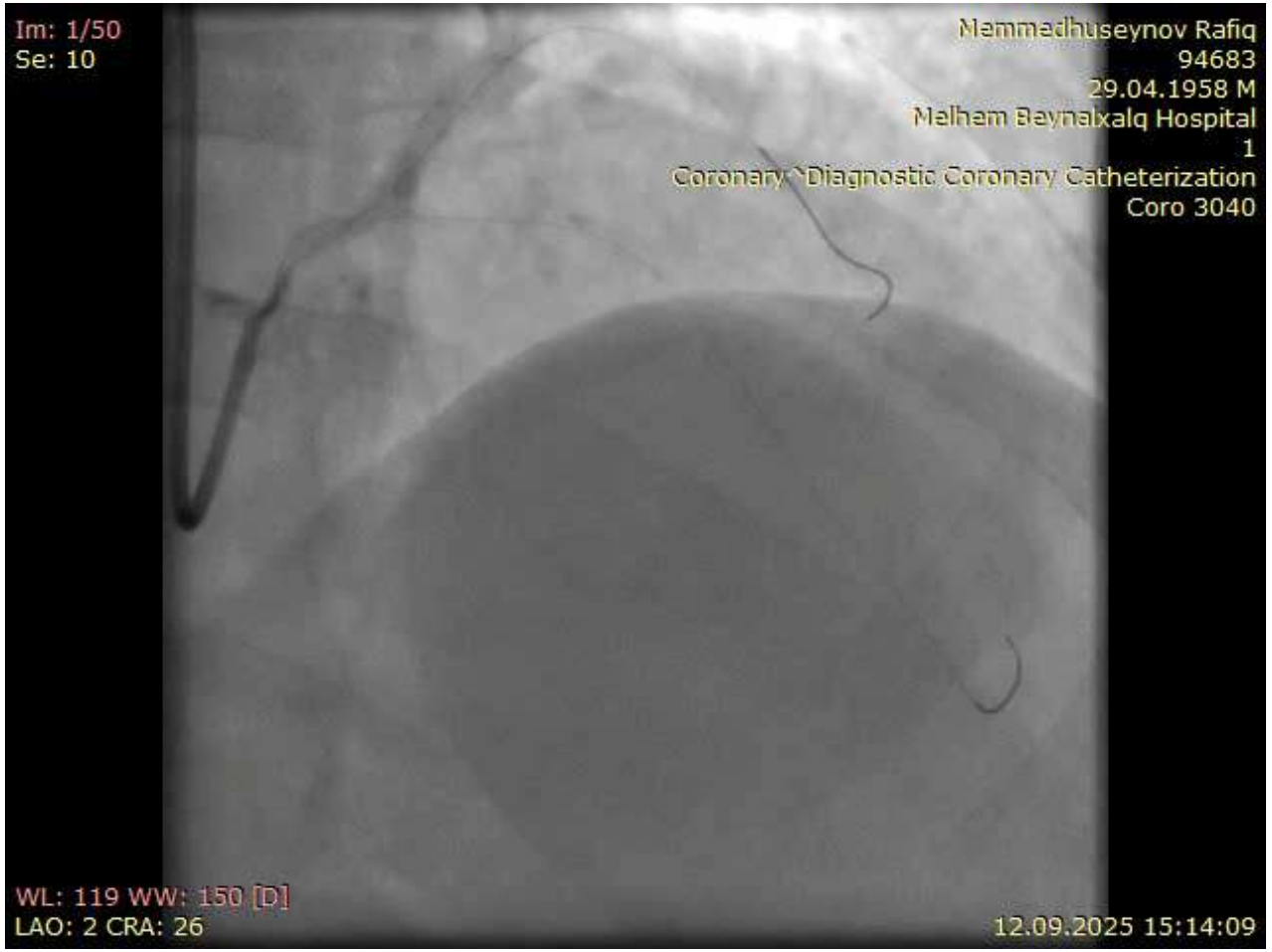
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Melhem Beynalxalq Hospital
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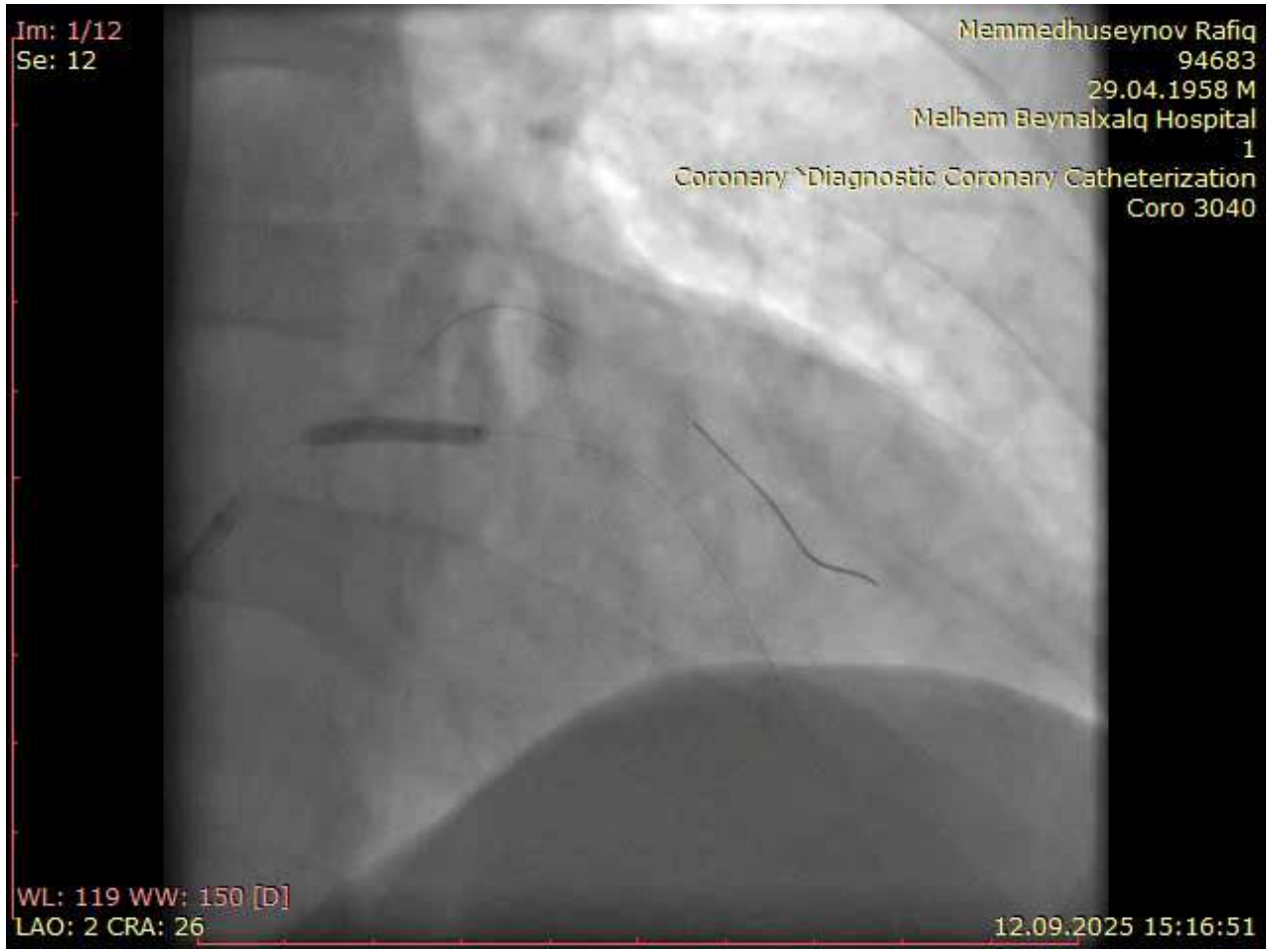
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29.04.1958 M
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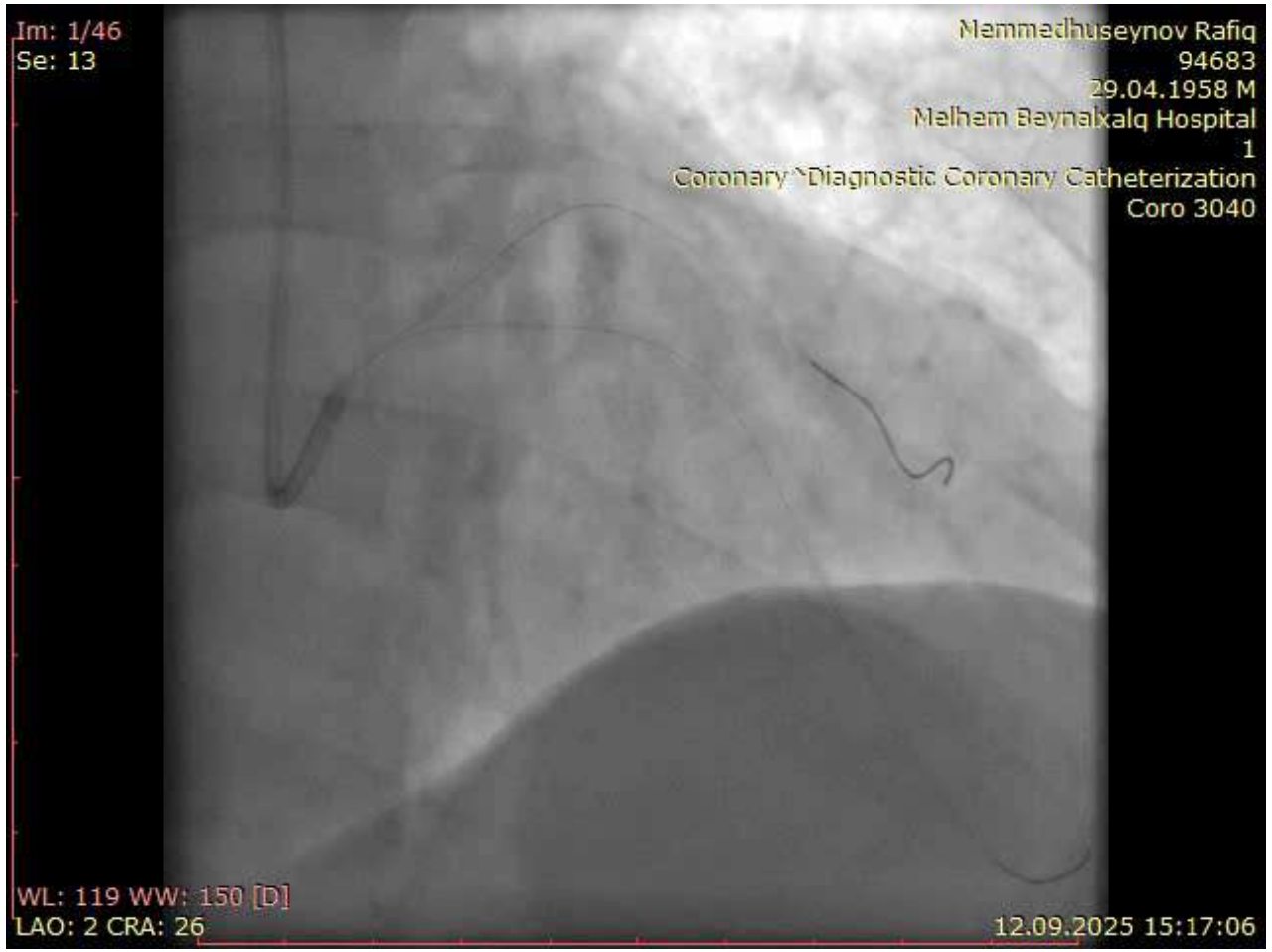
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94683
29.04.1958 M
Melhem Beynalxalq Hospital
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Coro 3040
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LAO: 2 CRA: 26
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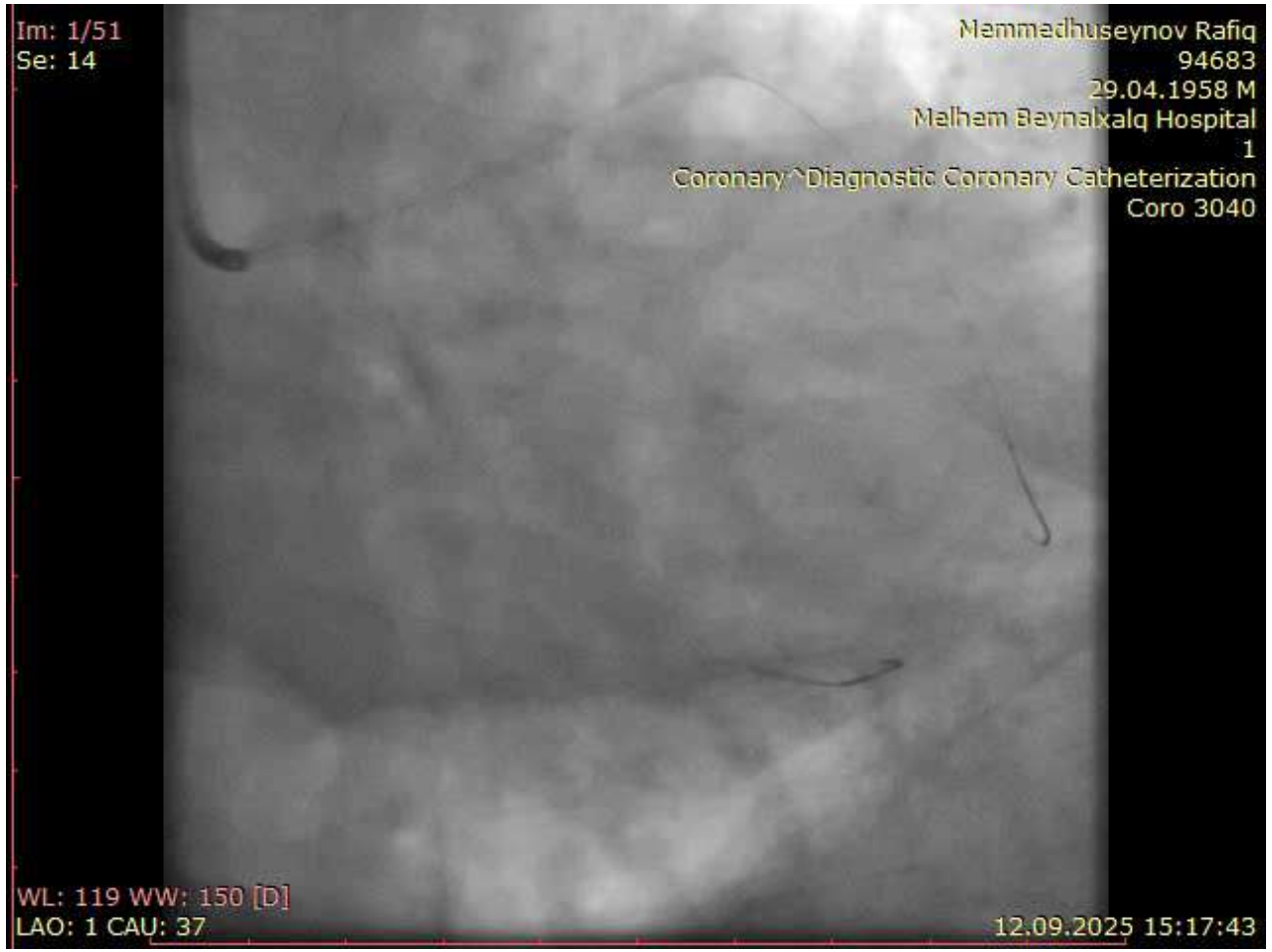
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Coro 3040
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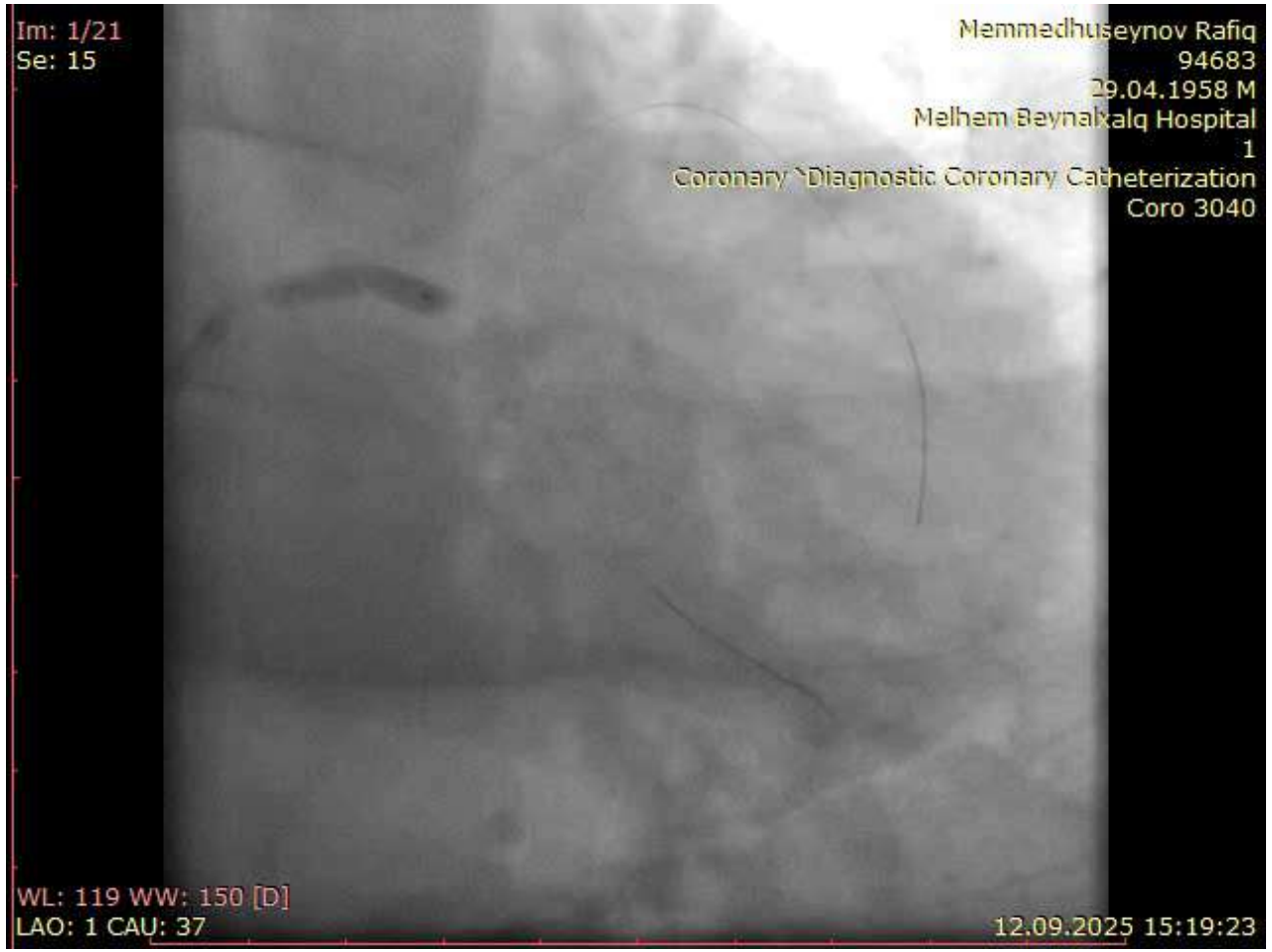
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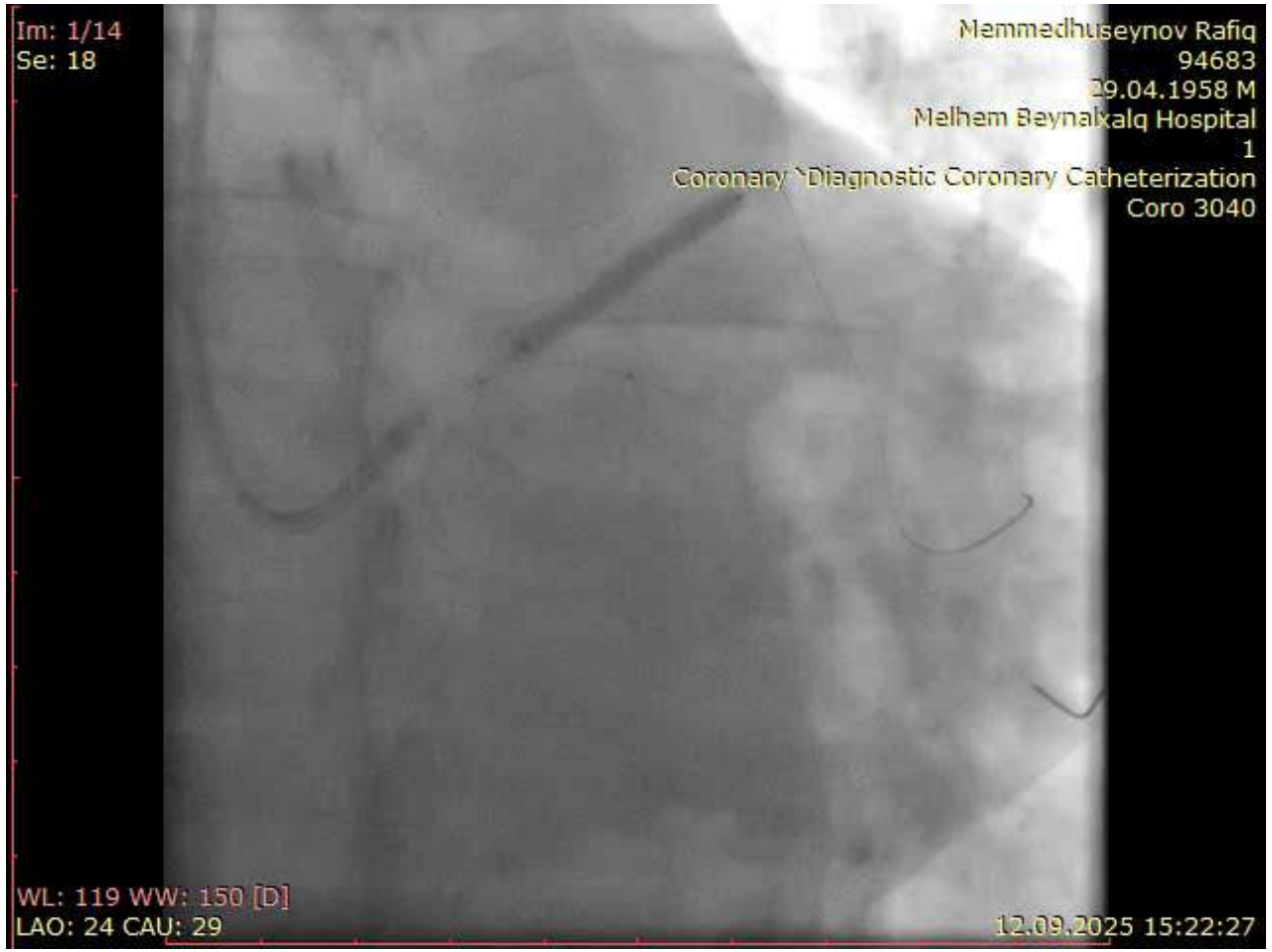
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94683
29.04.1958 M
Melhem Beynalxalq Hospital
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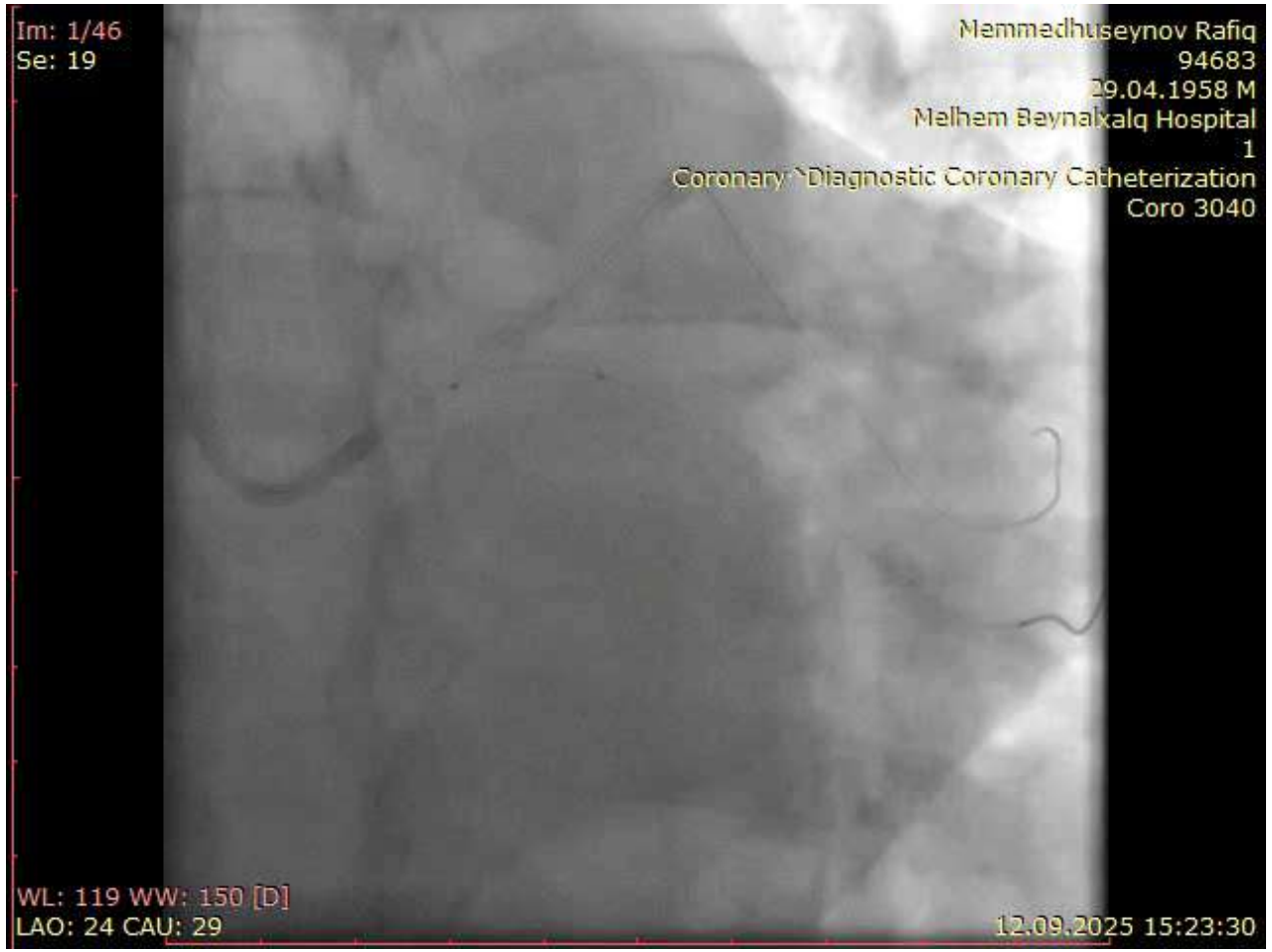
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94683
29.04.1958 M
Melhem Beynalxalq Hospital
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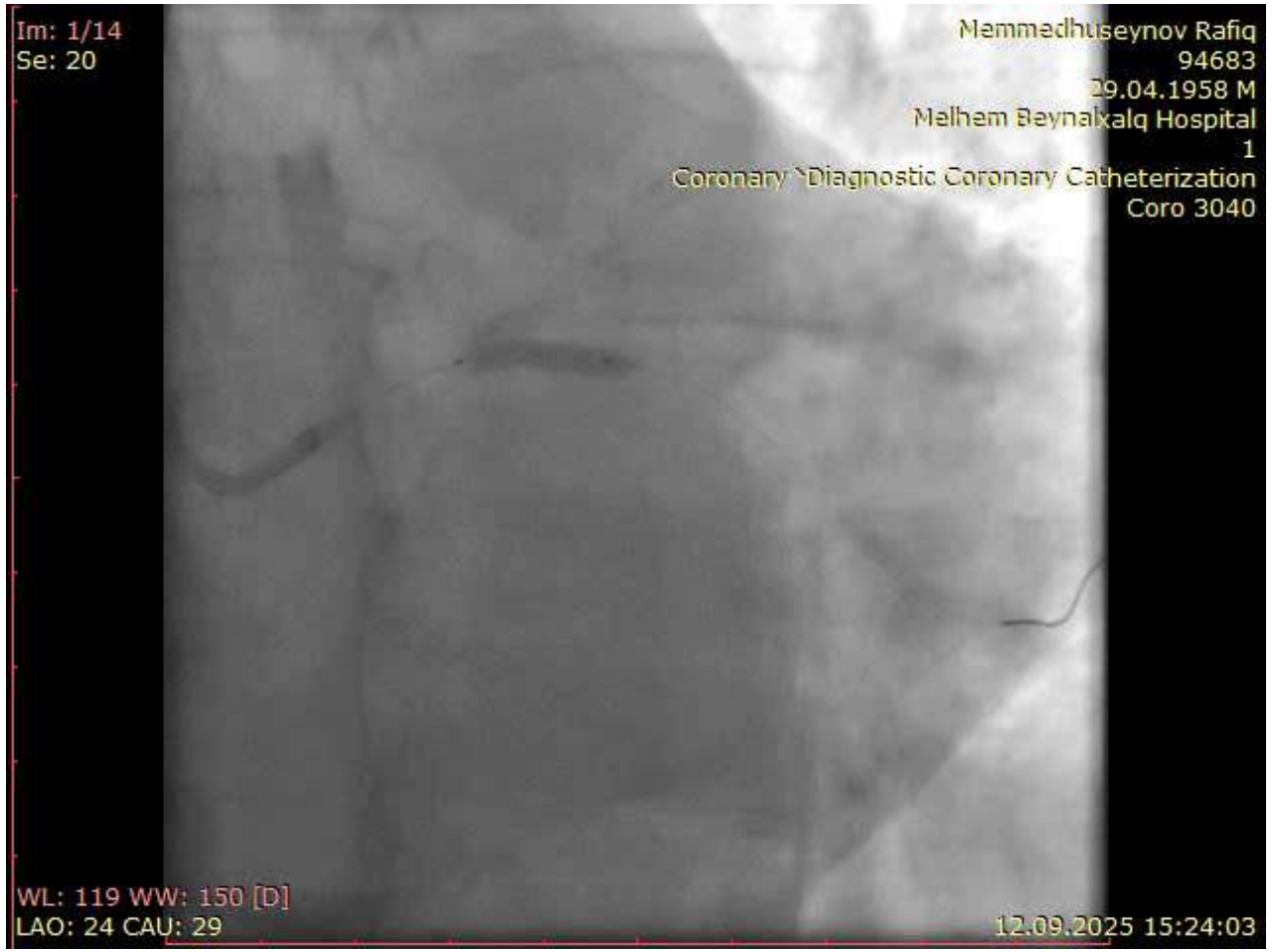
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94683
29.04.1958 M
Melhem Beynalxalq Hospital
1
Coronary `Diagnostic Coronary Catheterization
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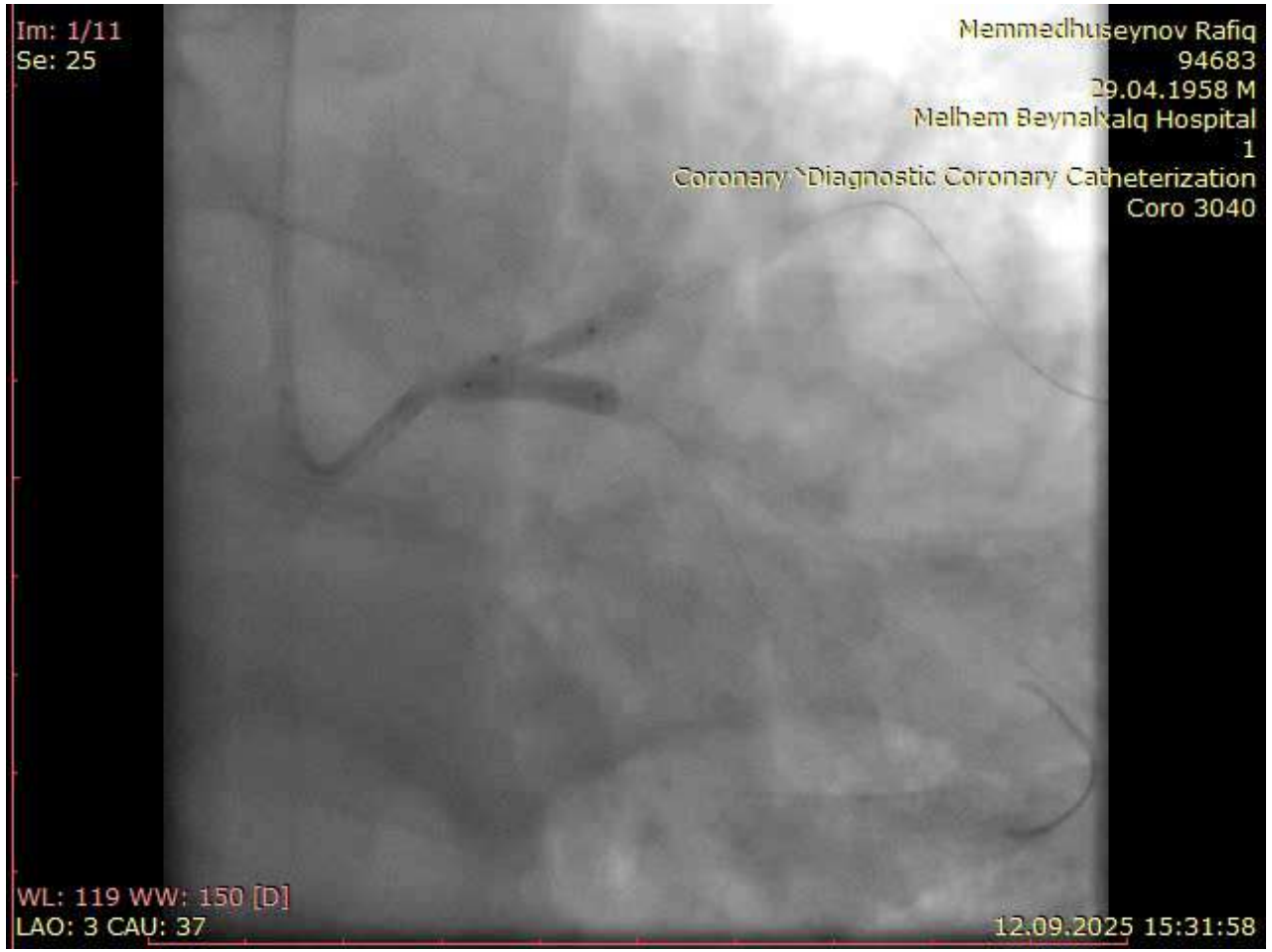
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94683
29.04.1958 M
Melhem Beynalxalq Hospital
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Coro 3040
WL: 119 WW: 150 [D]
LAO: 3 CAU: 37
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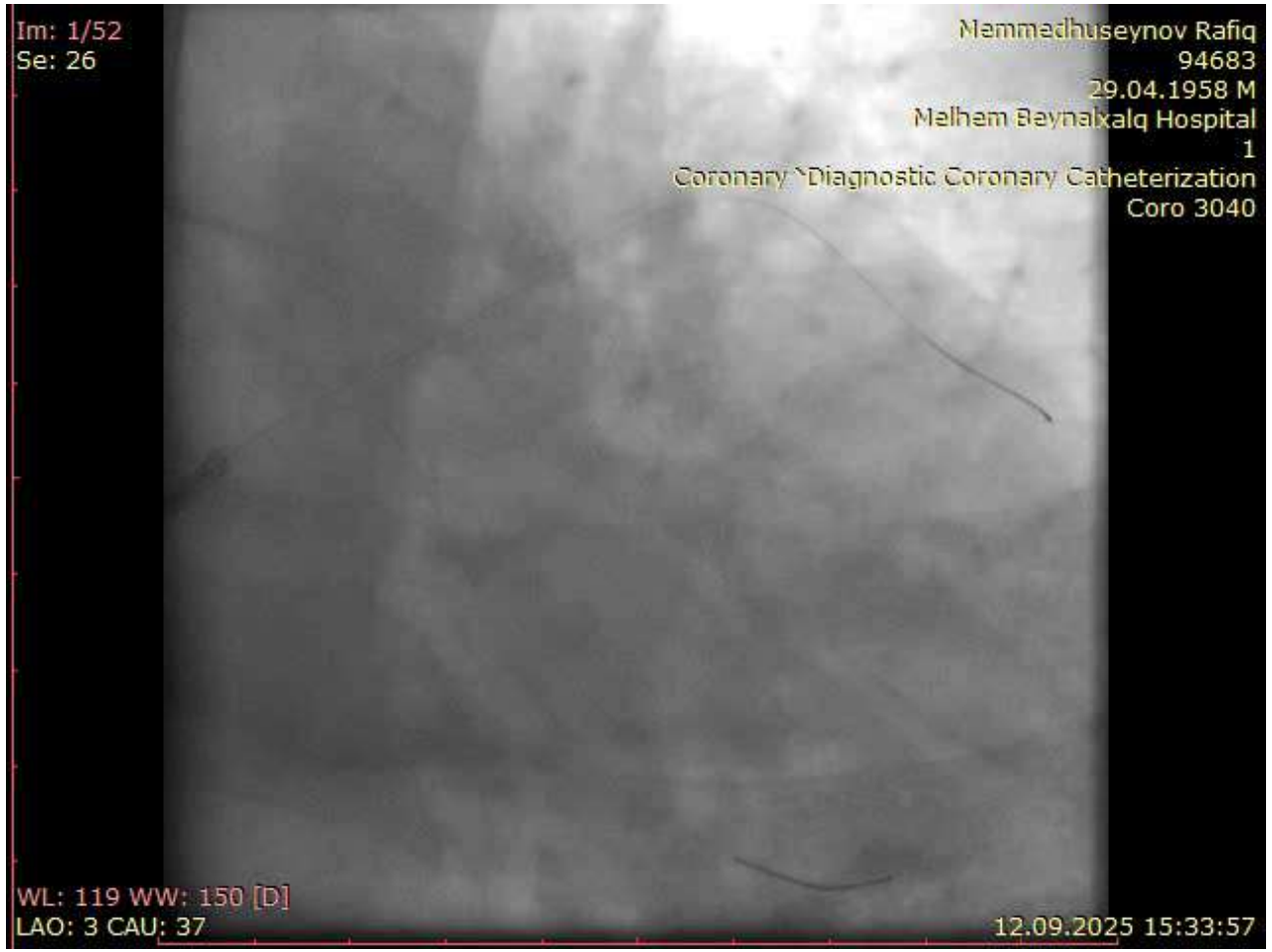
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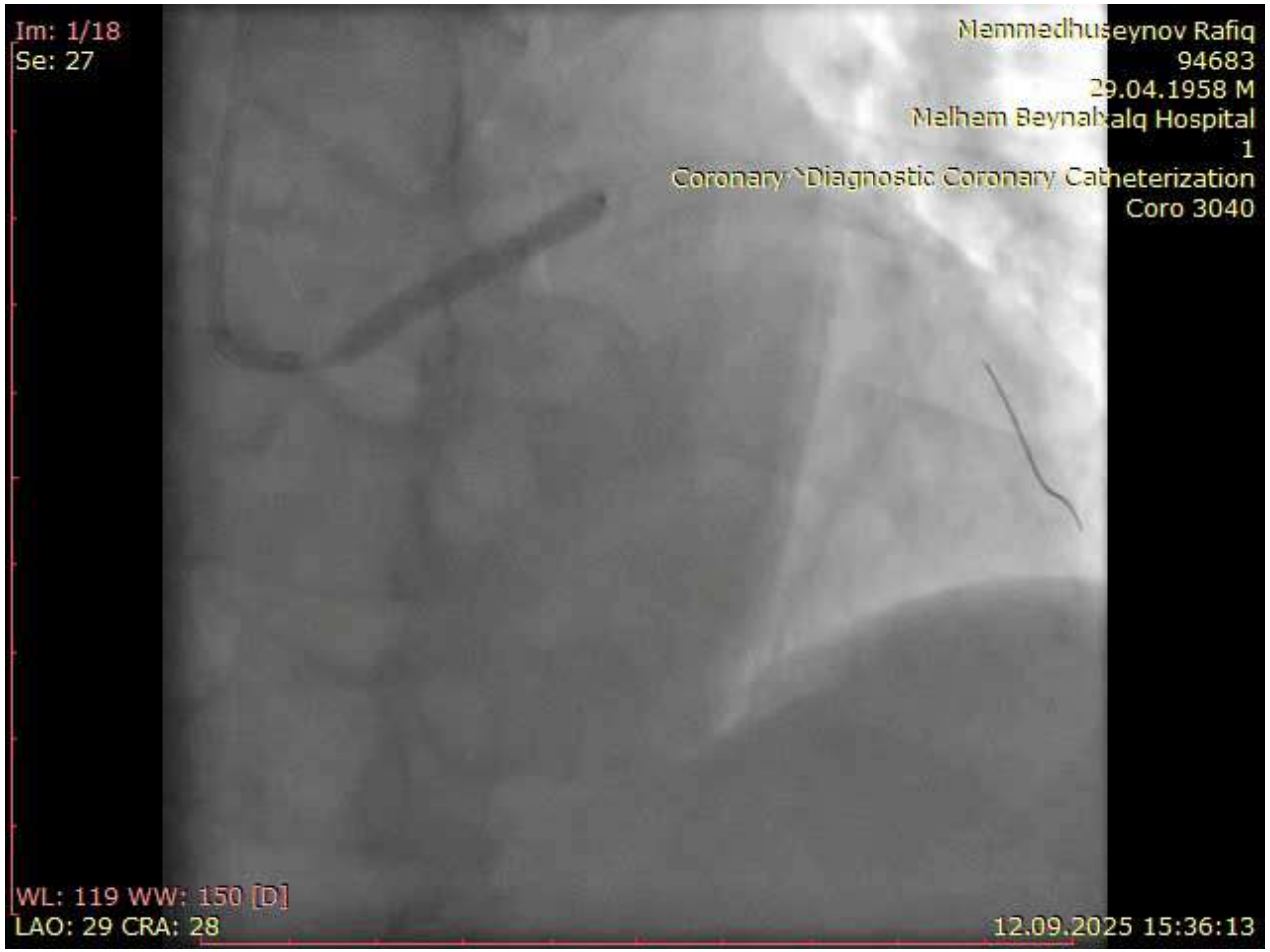
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Melham Beynalxalq Hospital
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Coro 3040
WL: 119 WW: 150 [D]
LAO: 29 CRA: 28
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94683
29.04.1958 M
Melhem Beynalxalq Hospital
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Coro 3040
WL: 119 WW: 150 [D]
LAO: 1 CAU: 39
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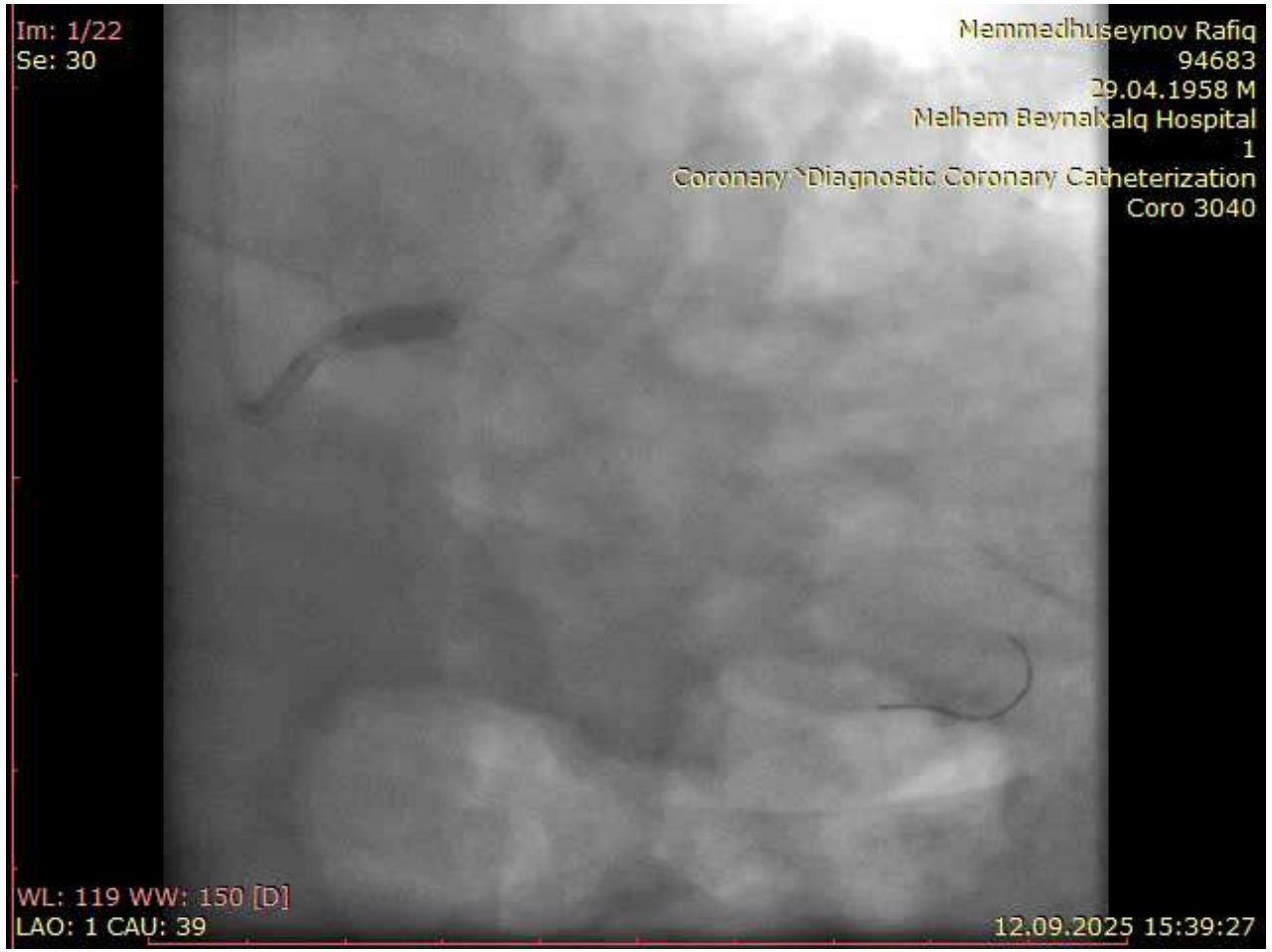
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LAO: 1 CAU: 39
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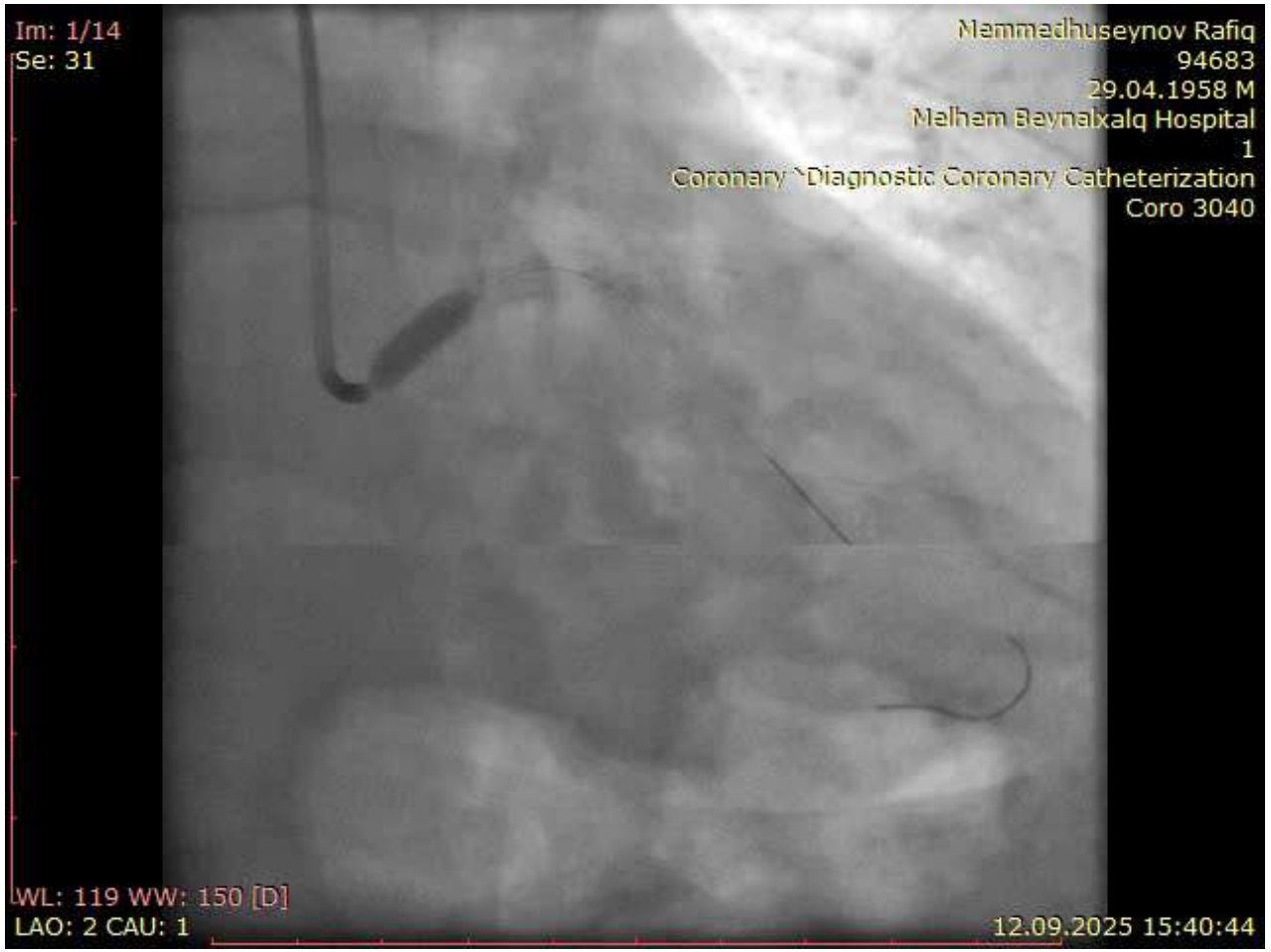
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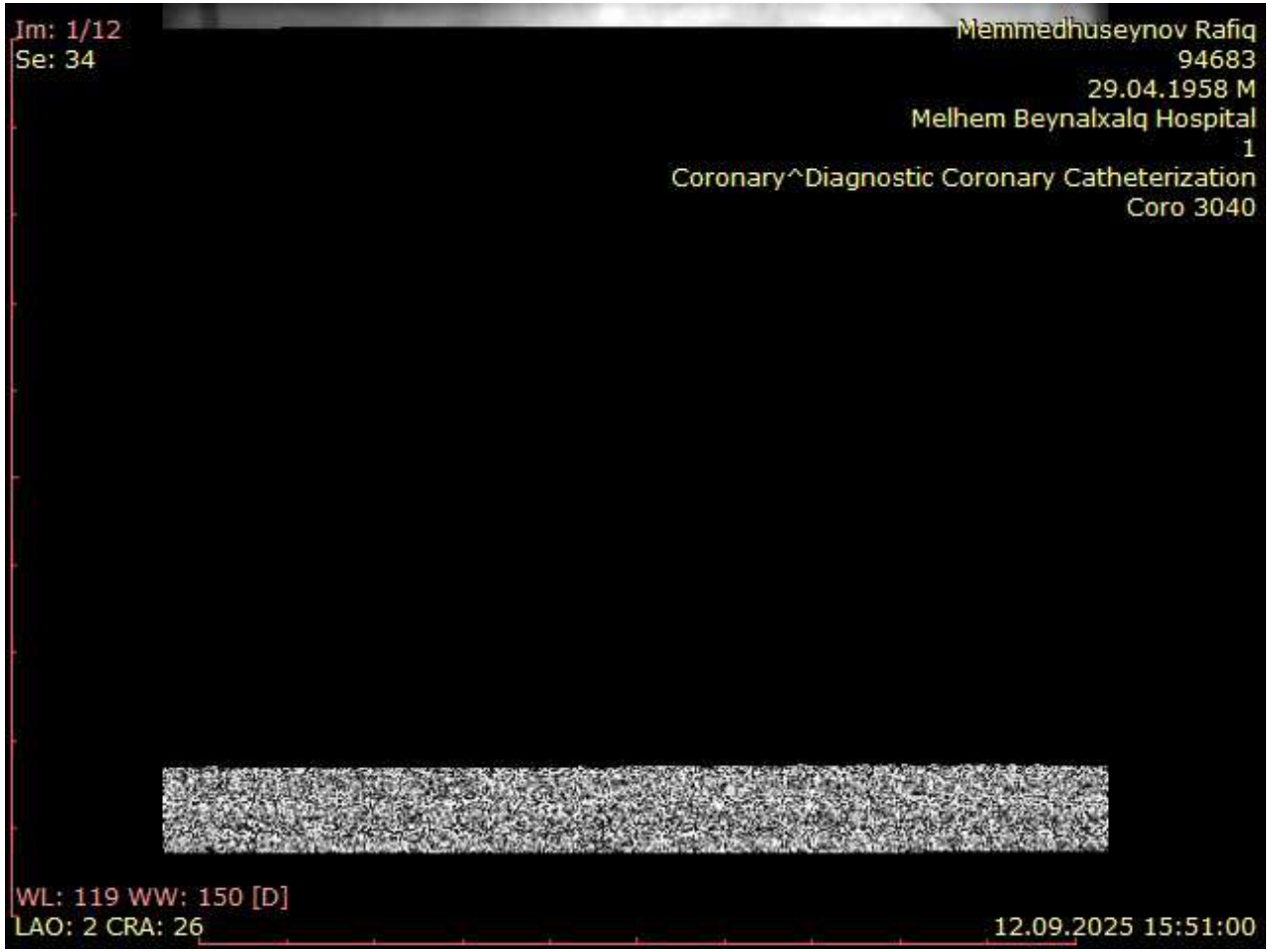
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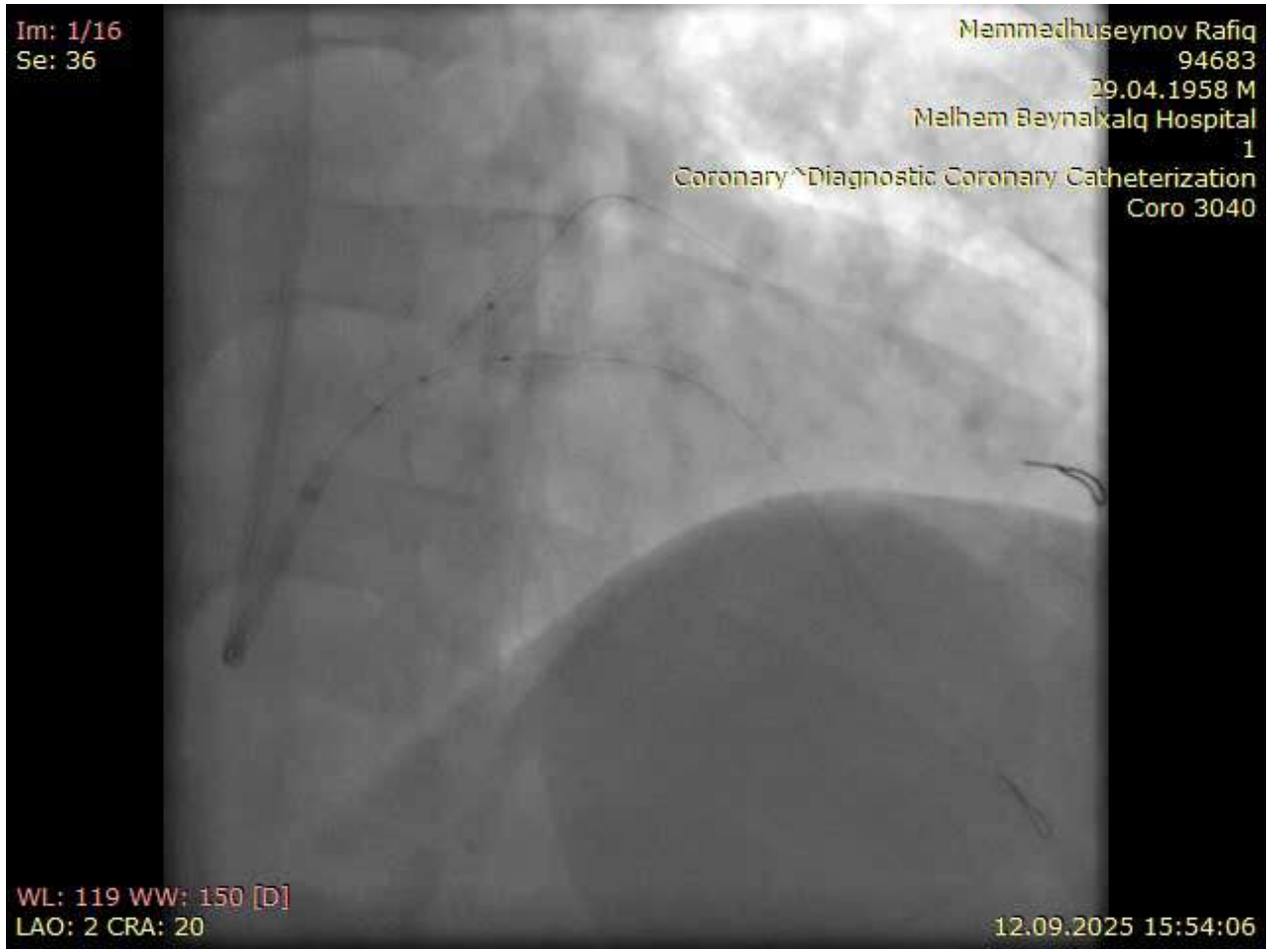
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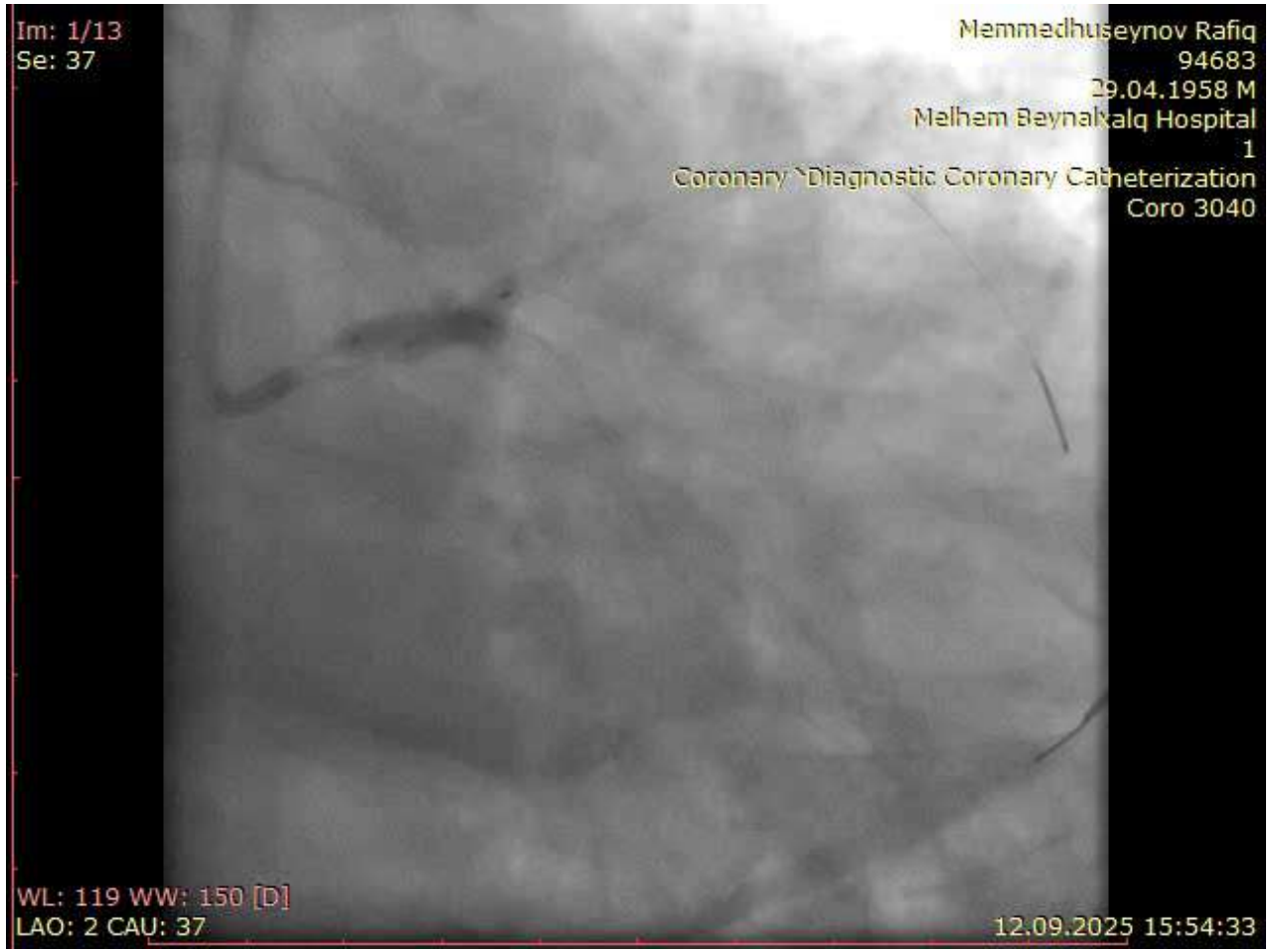
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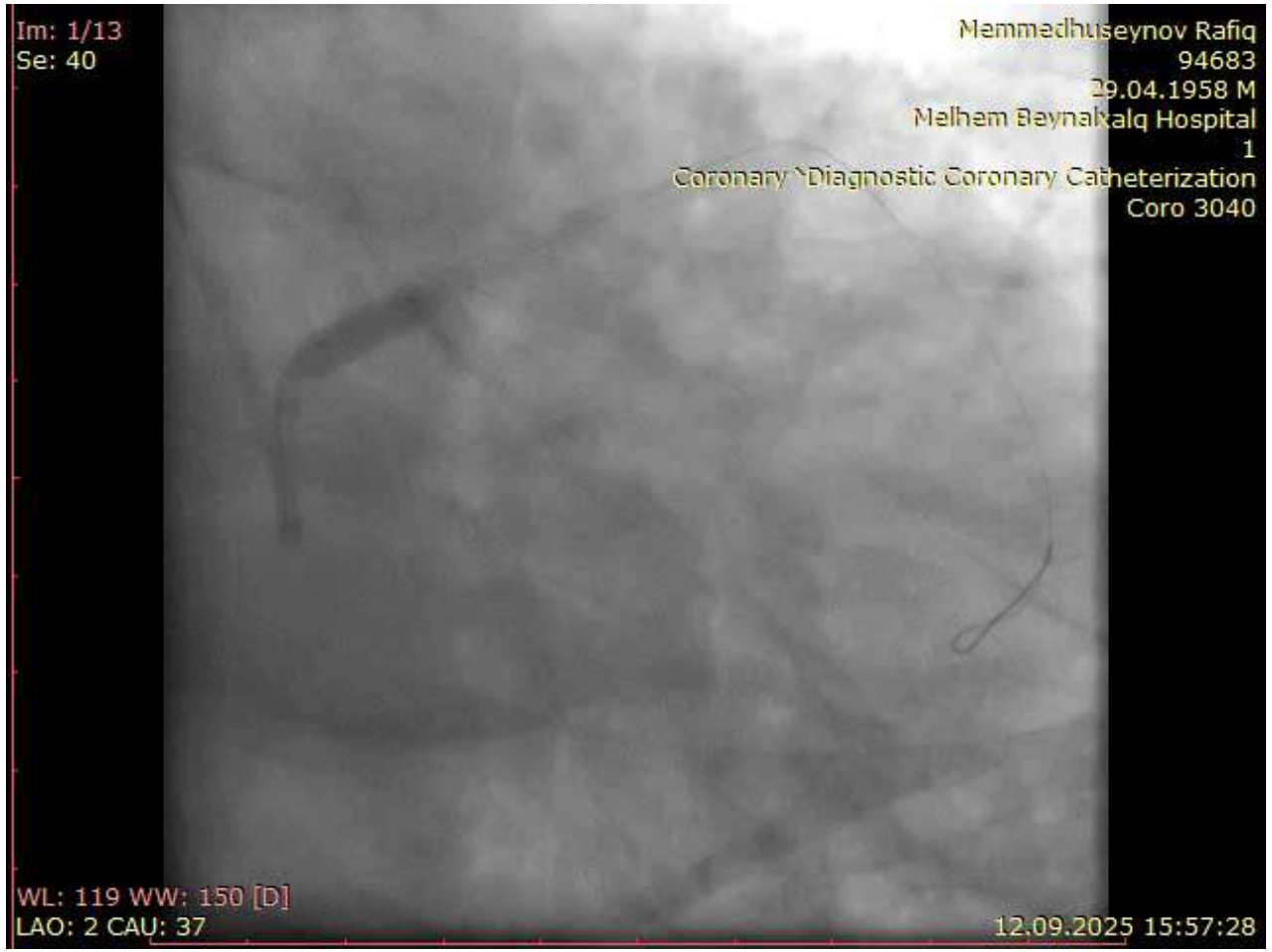
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Melhem Beynalxalq Hospital
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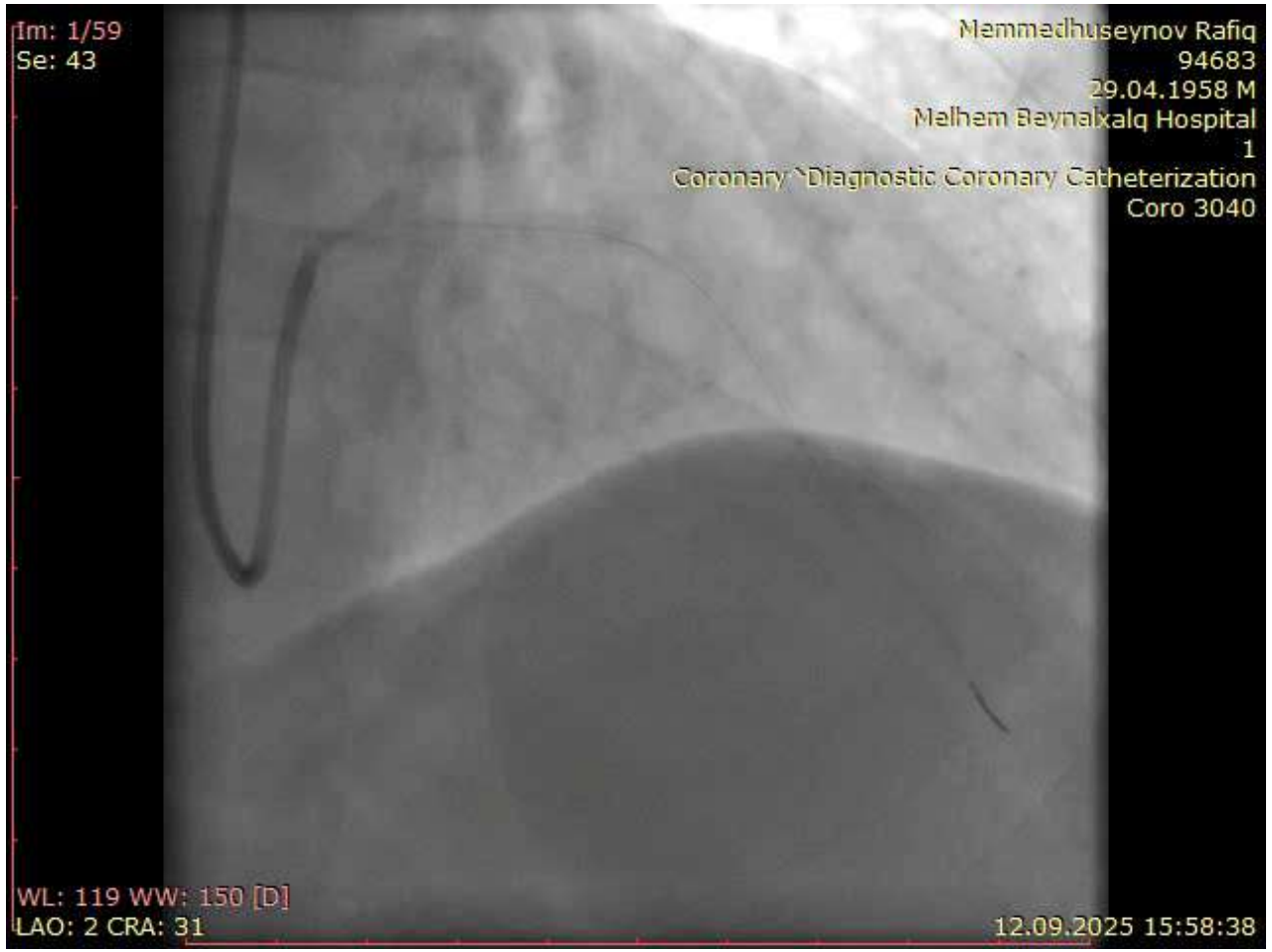
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29.04.1958 M
Melhem Beynalxalq Hospital
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WL: 119 WW: 150 [D]
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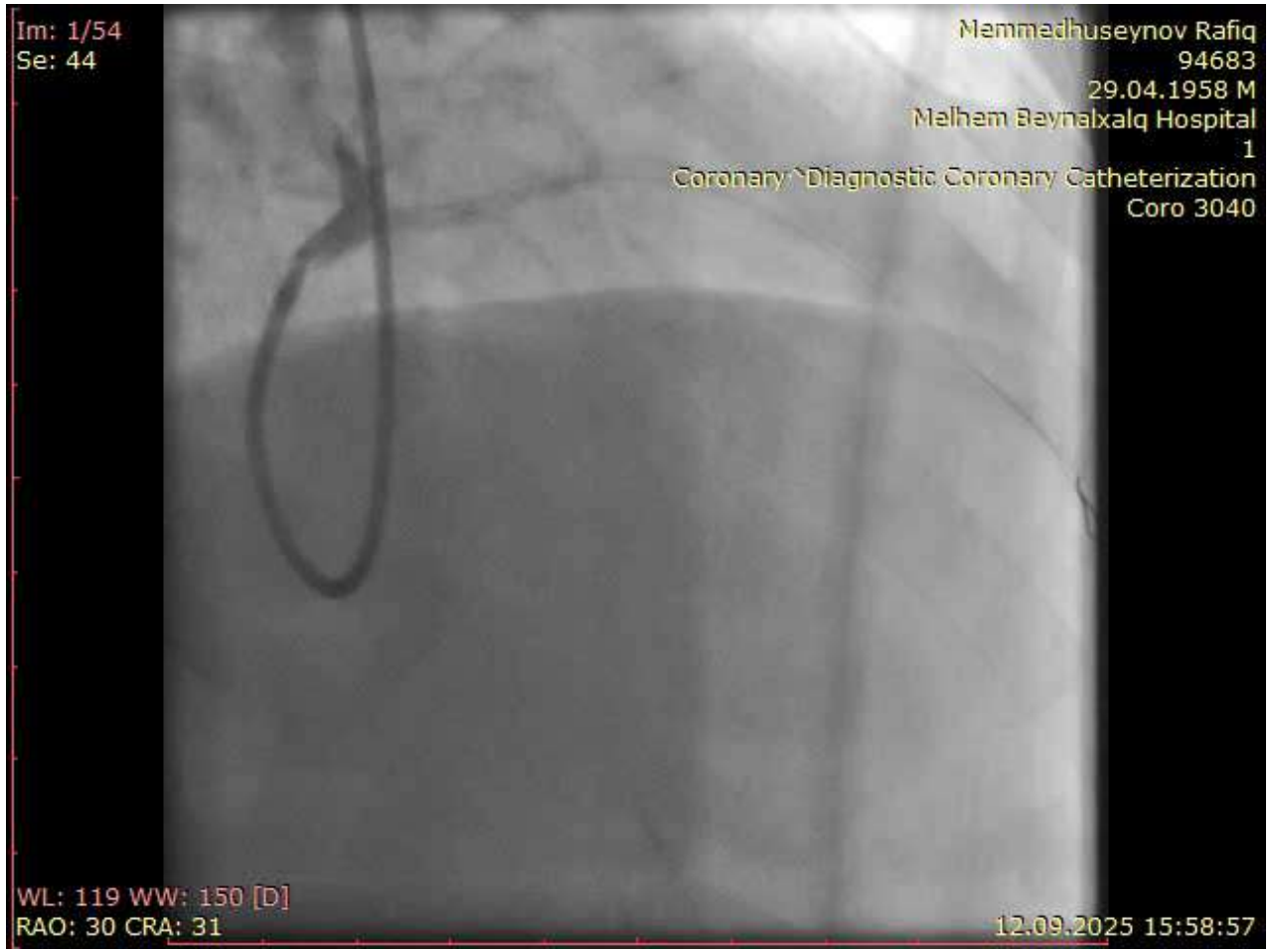
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29.04.1958 M
Melhem Beynalxalq Hospital
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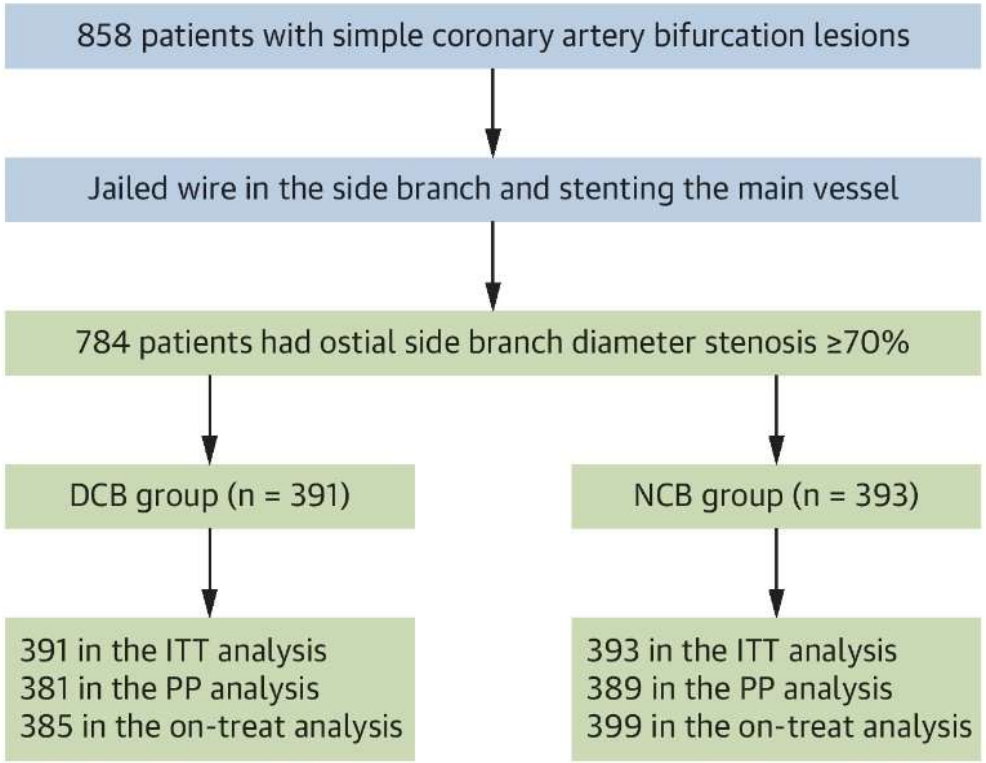
Coronary `Diagnostic Coronary Catheterization
Coro 3040
WL: 119 WW: 150 [D]
RAO: 30 CRA: 31
12.09.2025 15:58:57

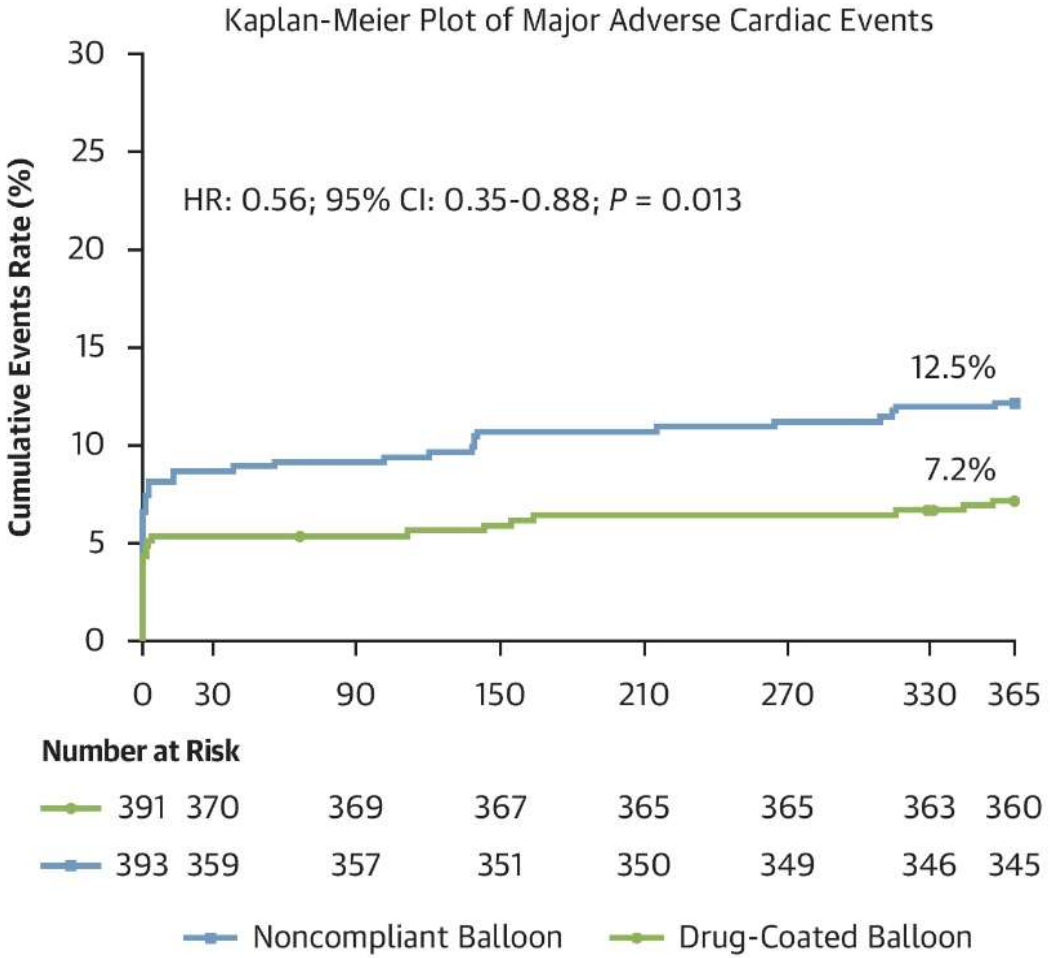
DEB as a SB Balloon

CENTRAL ILLUSTRATION: Key Results From the DCB-BIF Trial

Key question: A second side branch stent is commonly required during provisional stenting procedures, which leads to high rates of restenosis, stent thrombosis, and revascularization.

Key finding: Stenting the main vessel using a drug-eluting stent and side branch intervention using a drug-coated balloon is associated with a significant reduction in major adverse cardiac event.





Gao X, et al. JACC. 2025;85(1):1–15.

80 years
Male

MEDICAL HISTORY

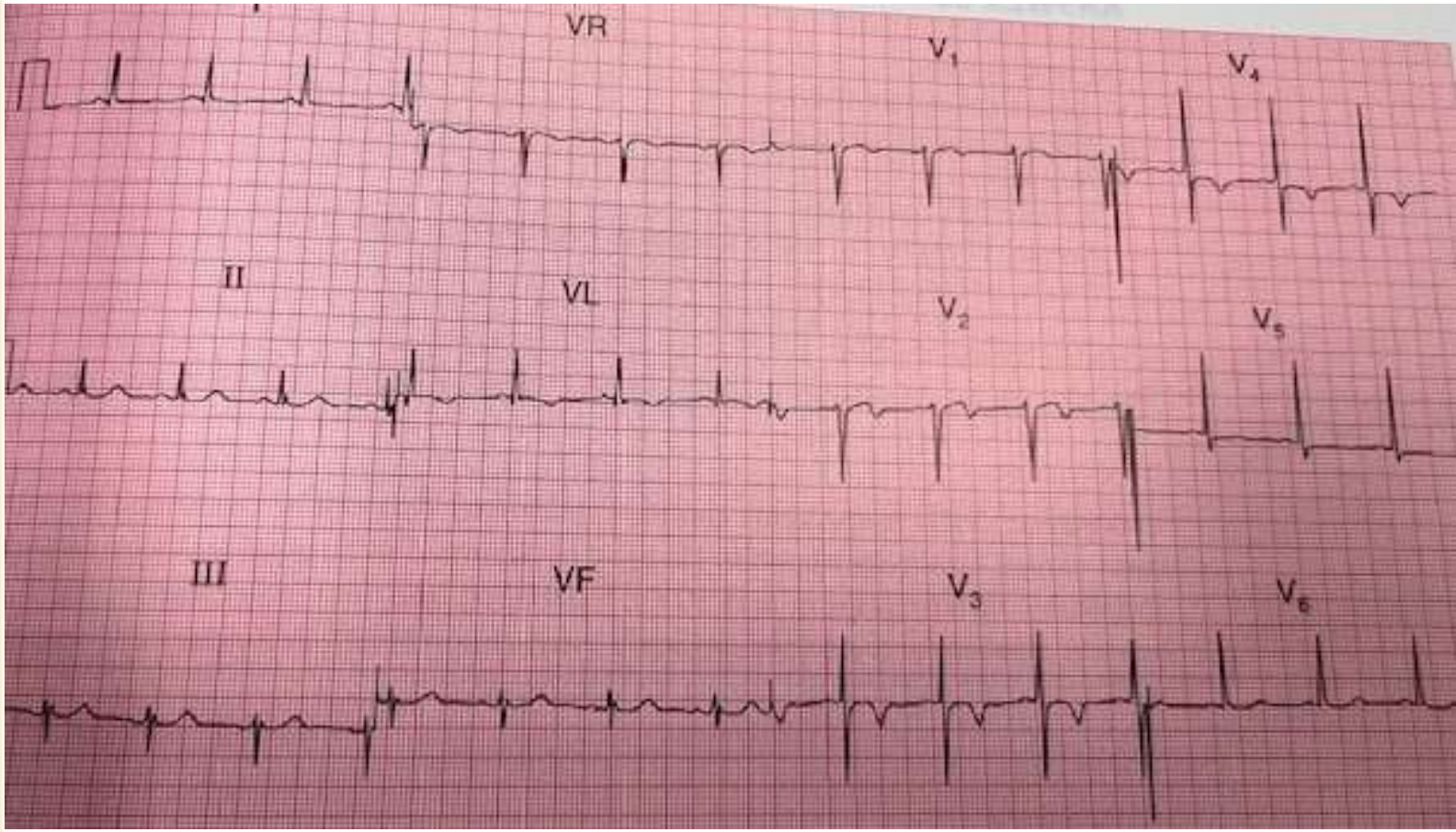
- Porcelain aorta
- eGFR 45 ml/min/1.73m²
- HFmrEF

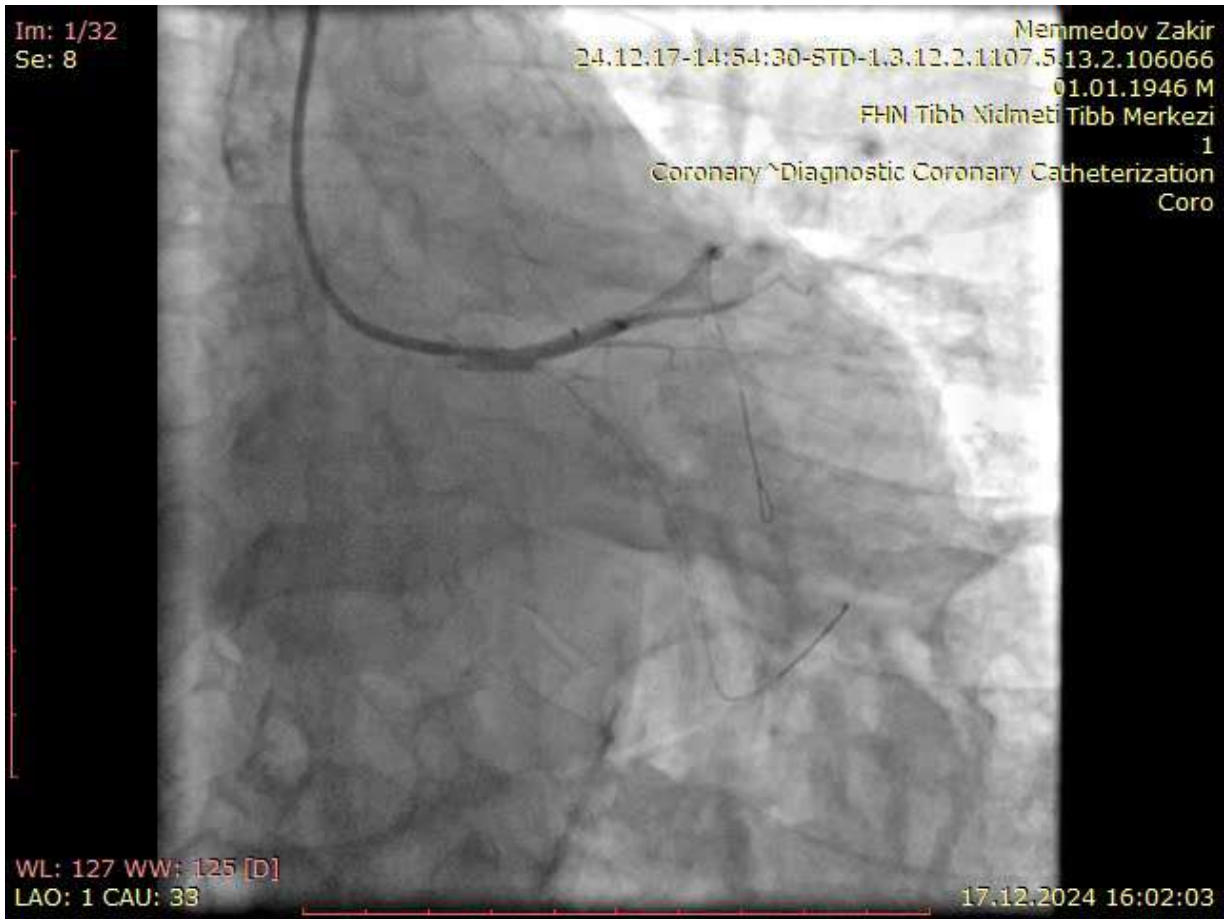
CURRENT PRESENTATION

- NSTE-ACS
- Cx osteal total occlusion

CHALLENGES

- Previous PCI to LMCA bif + Cx

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Coro
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LAO: 1 CAU: 38
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Coro
WL: 127 WW: 125 [D]
LAO: 1 CAU: 38
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Se: 10
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Coro
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LAO: 1 CAU: 33
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Im: 1/19
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Coro
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Coro
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LAO: 1 CRA: 1
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Im: 1/50
Se: 16
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Coro
WL: 127 WW: 125 [D]
LAO: 1 CRA: 1
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Im: 1/55
Se: 17
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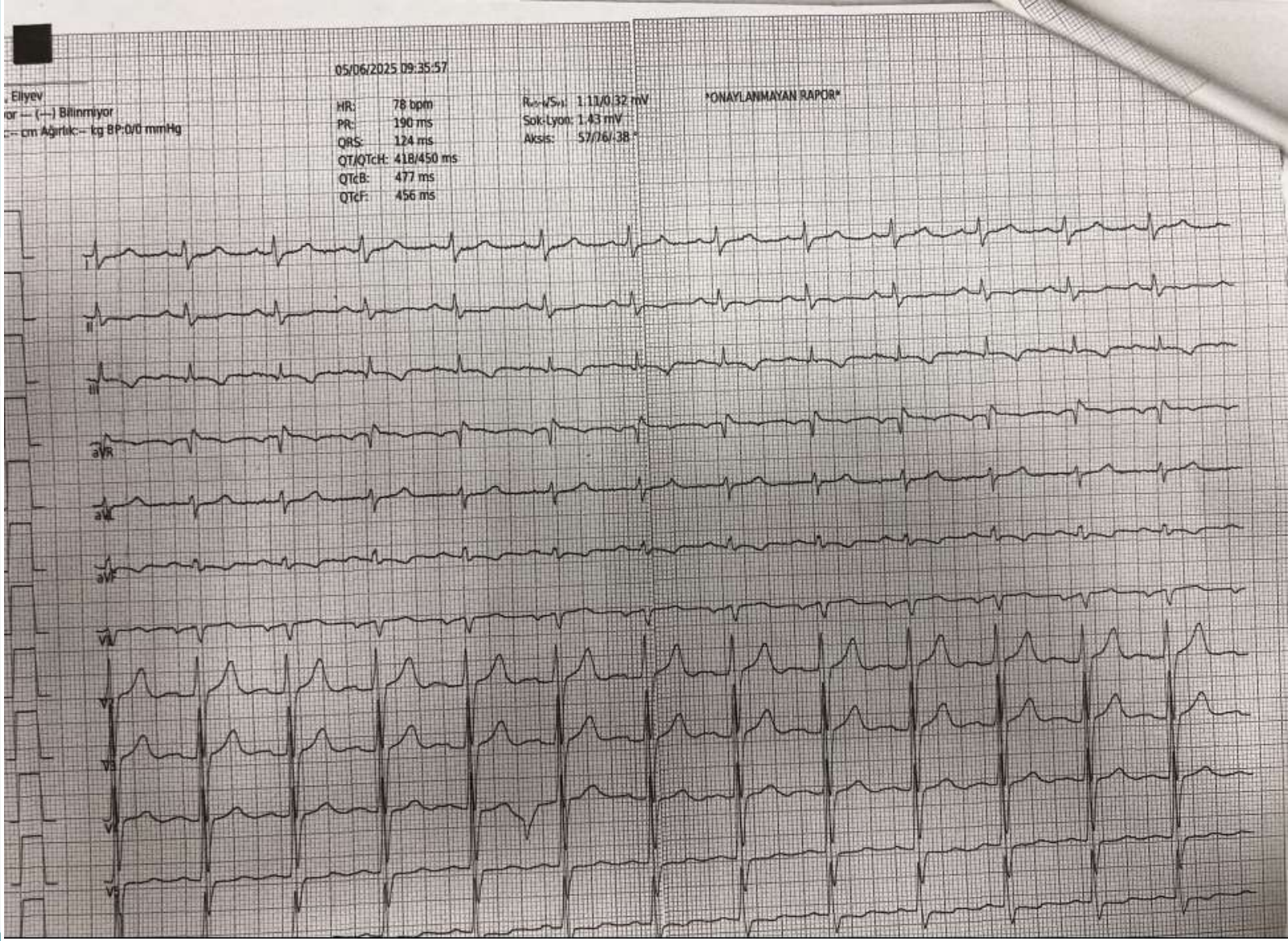
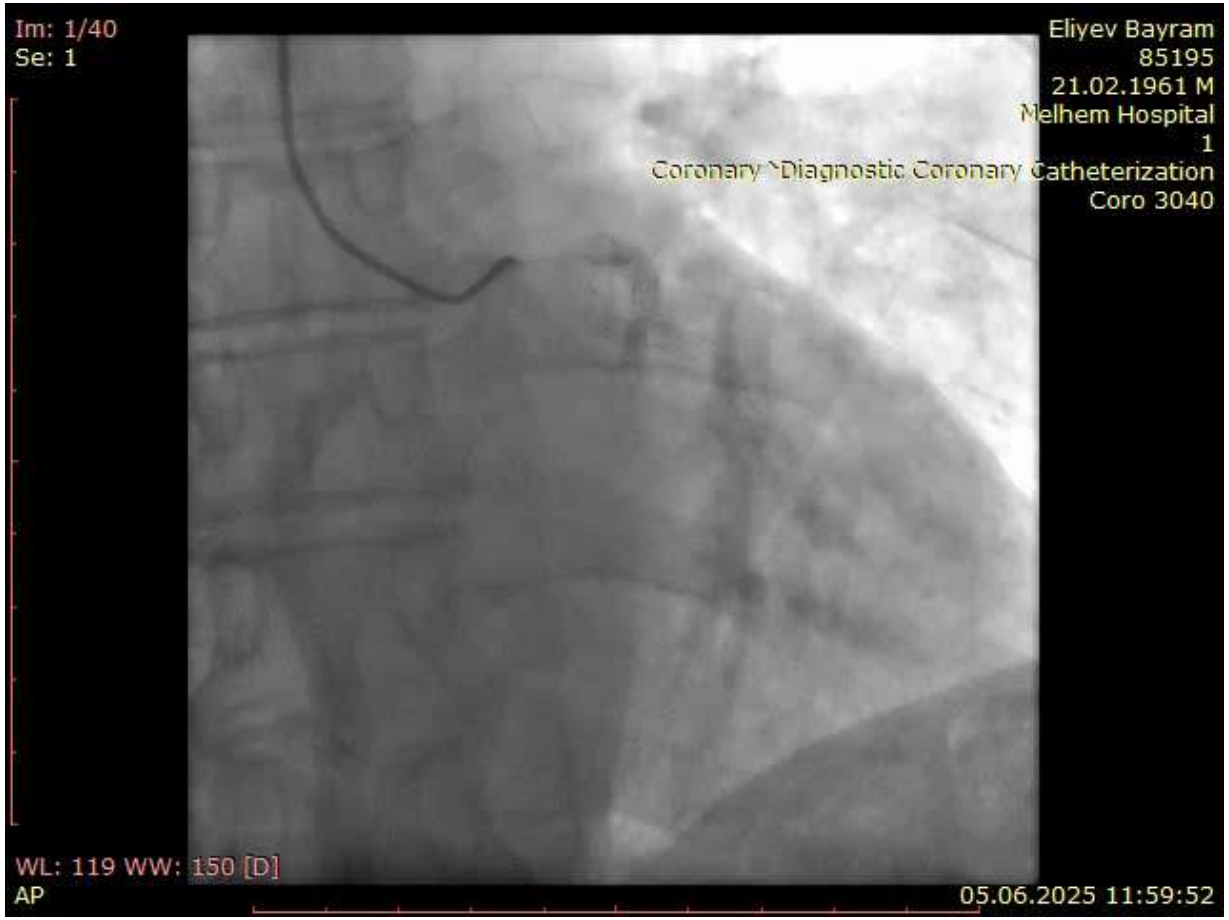
Coronary `Diagnostic Coronary Catheterization
Coro
WL: 127 WW: 125 [D]
LAO: 24 CAU: 21
17.12.2024 16:12:13

65-Year-Old Male

- Hypertension
- Type 2 diabetes
- Hyperlipidemia
- Post–myocardial infarction (MI) with moderate left ventricular dysfunction – EF 45%
- History of multiple percutaneous coronary intervention (PCI) episodes
- Poor medication adherence

PRESENTATION WITH UNSTABLE ANGINA (NSTE-ACS)

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Melhem Hospital
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Melhem Hospital
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Coro 3040
WL: 119 WW: 150 [D]
CAU: 34
05.06.2025 12:00:35


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Melhem Hospital
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Coro 3040
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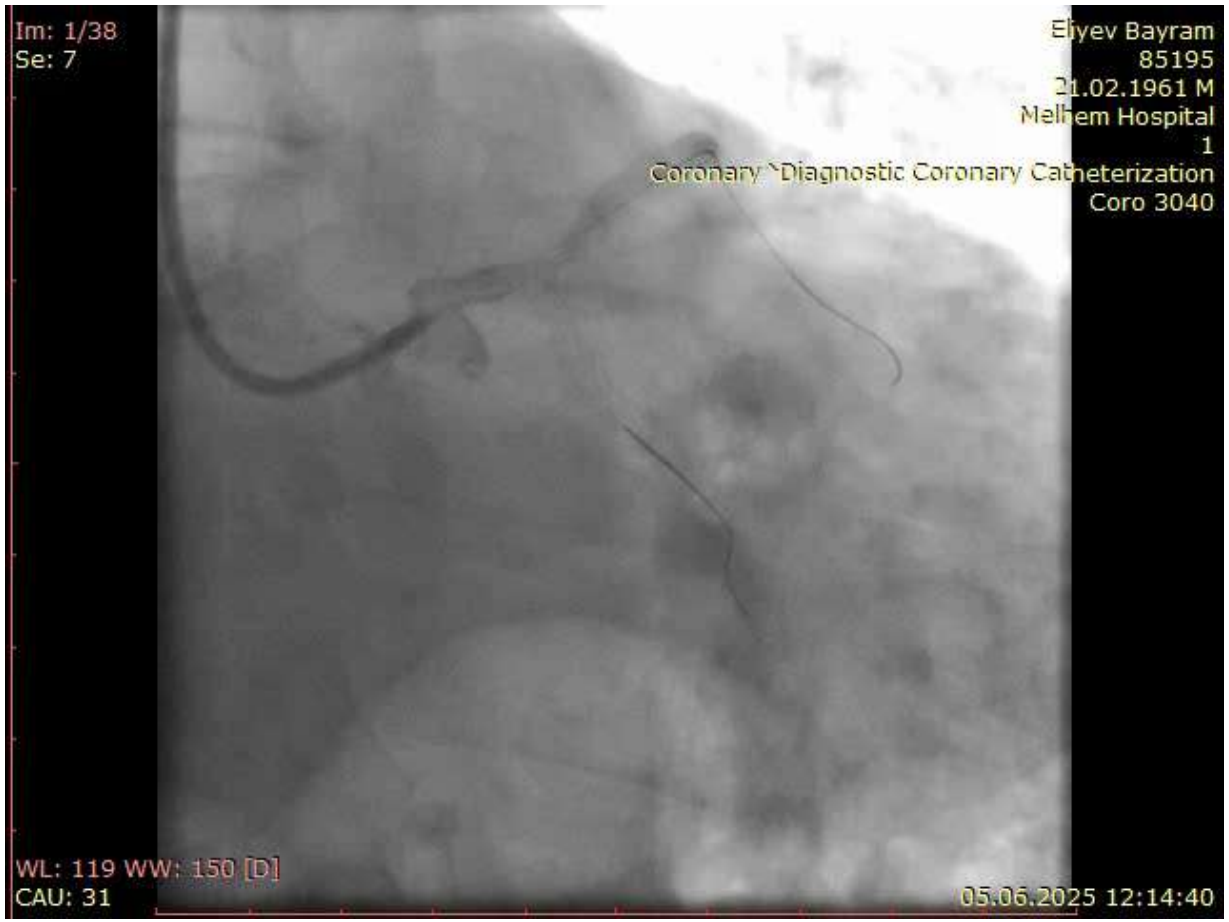
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WL: 119 WW: 150 [D]
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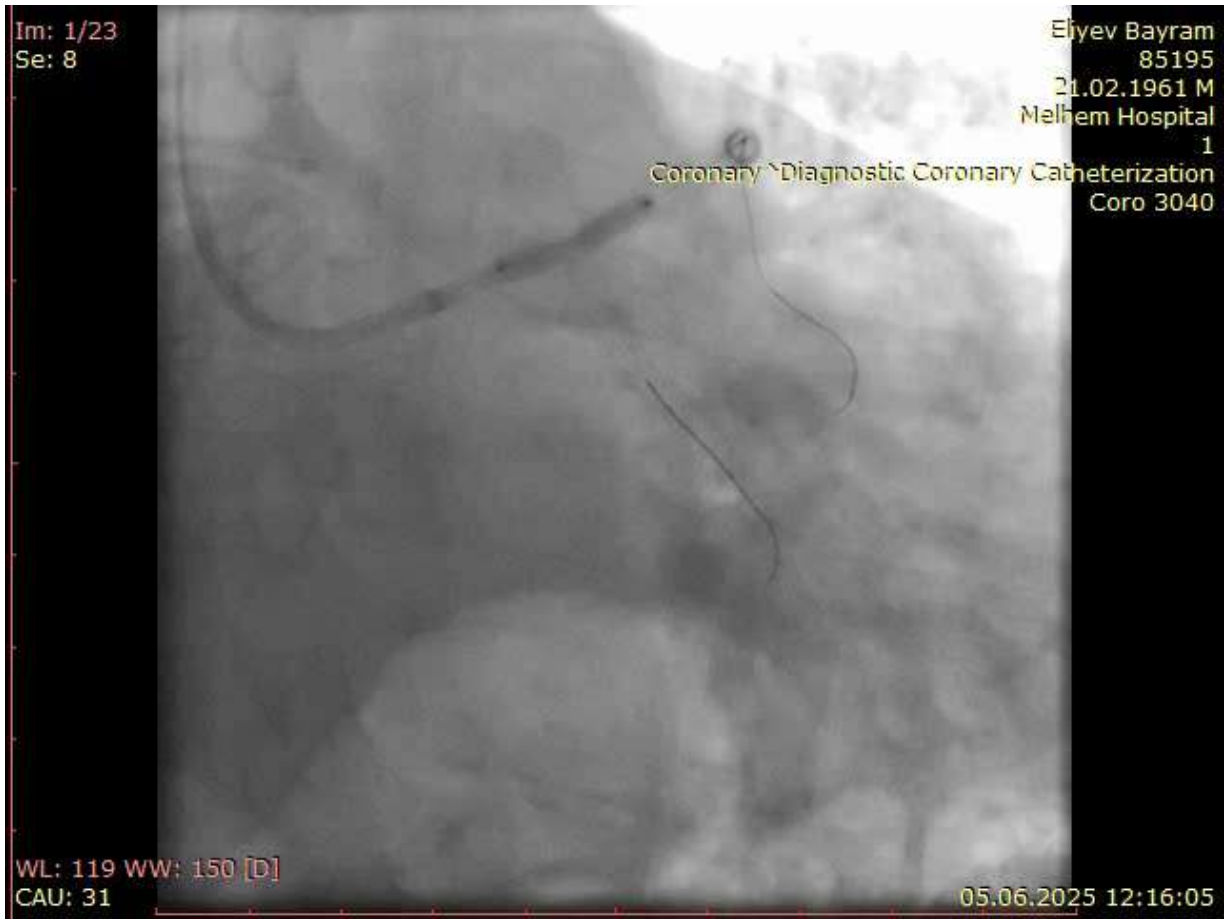
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Melhem Hospital
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WL: 119 WW: 150 [D]
CAU: 31
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85195
21.02.1961 M
Melhem Hospital
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Coro 3040
WL: 119 WW: 150 [D]
LAO: 3 CAU: 26
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Eliyev Bayram
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21.02.1961 M
Melhem Hospital
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Coro 3040
WL: 119 WW: 150 [D]
LAO: 3 CAU: 26
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Melhem Hospital
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WL: 119 WW: 150 [D]
LAO: 3 CAU: 26
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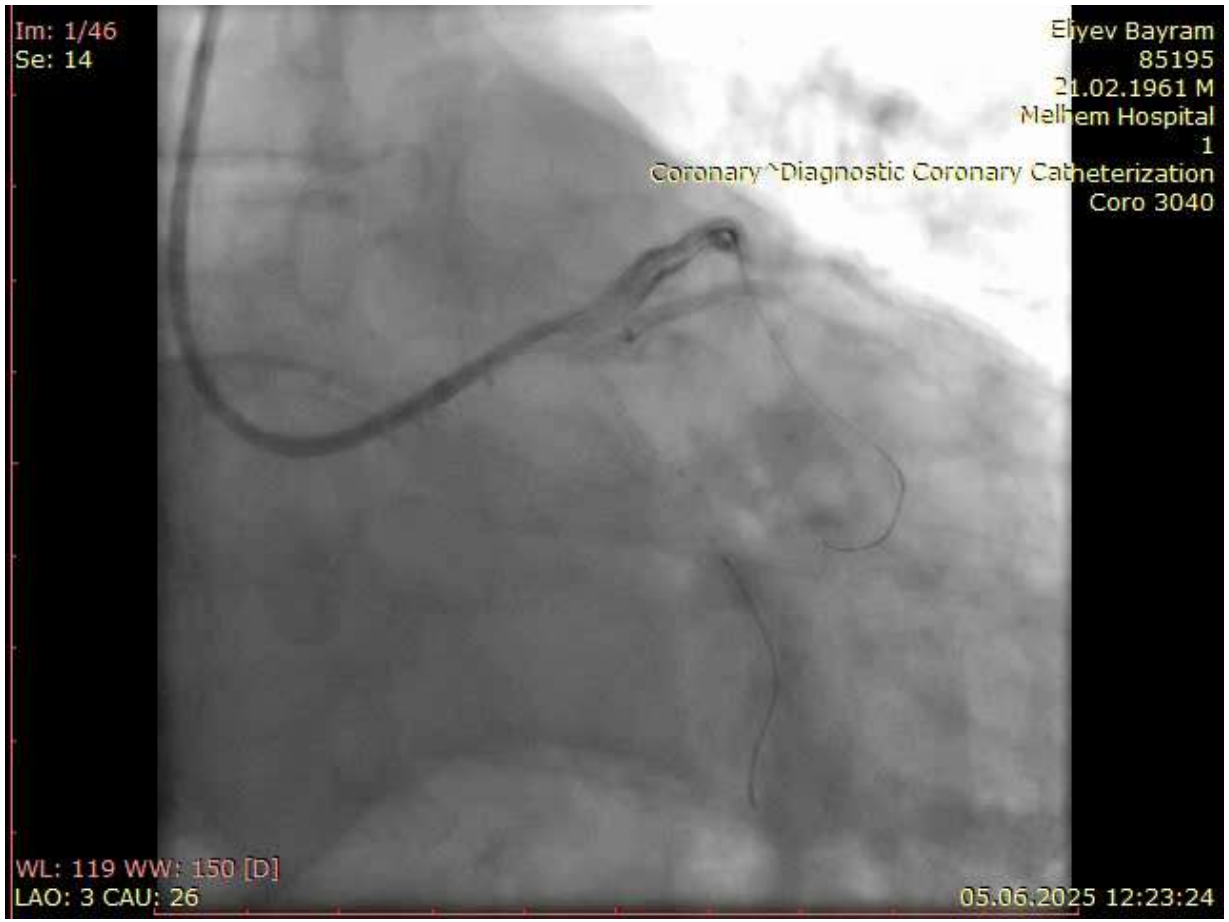
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WL: 119 WW: 150 [D]
LAO: 3 CAU: 26
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21.02.1961 M
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WL: 119 WW: 150 [D]
LAO: 34 CAU: 27
05.06.2025 12:23:44


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Melhem Hospital
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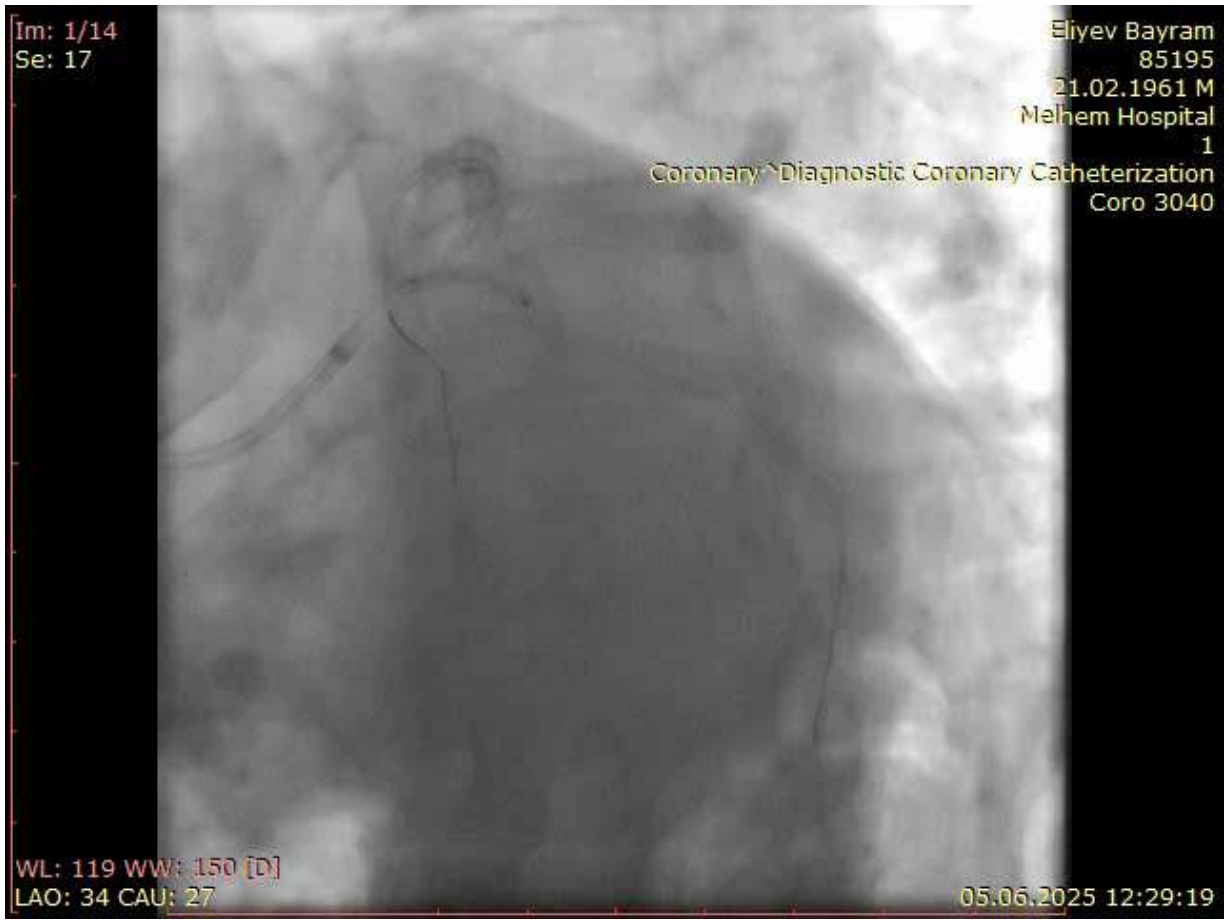
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Melhem Hospital
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WL: 119 WW: 150 [D]
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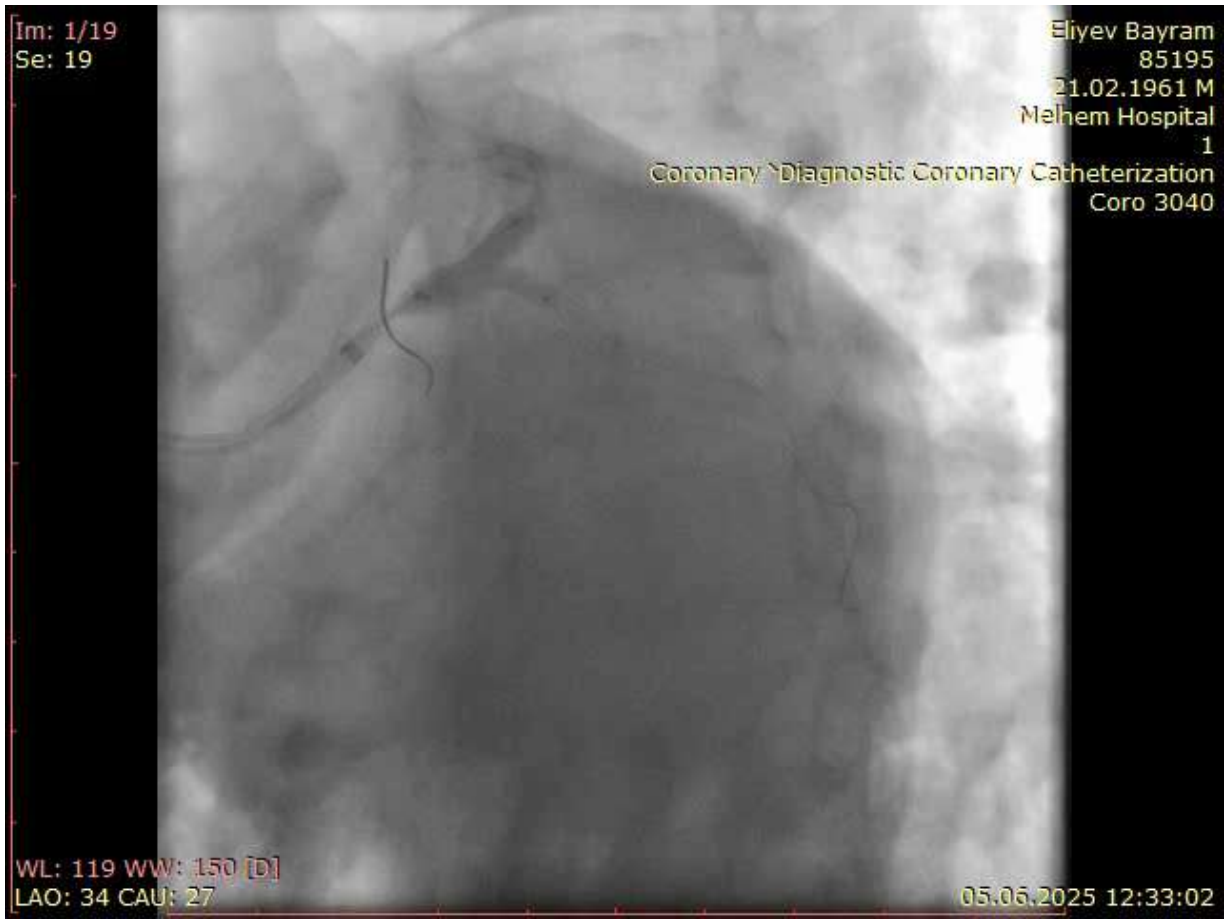
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Melhem Hospital
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Coro 3040
WL: 119 WW: 150 [D]
LAO: 34 CAU: 27
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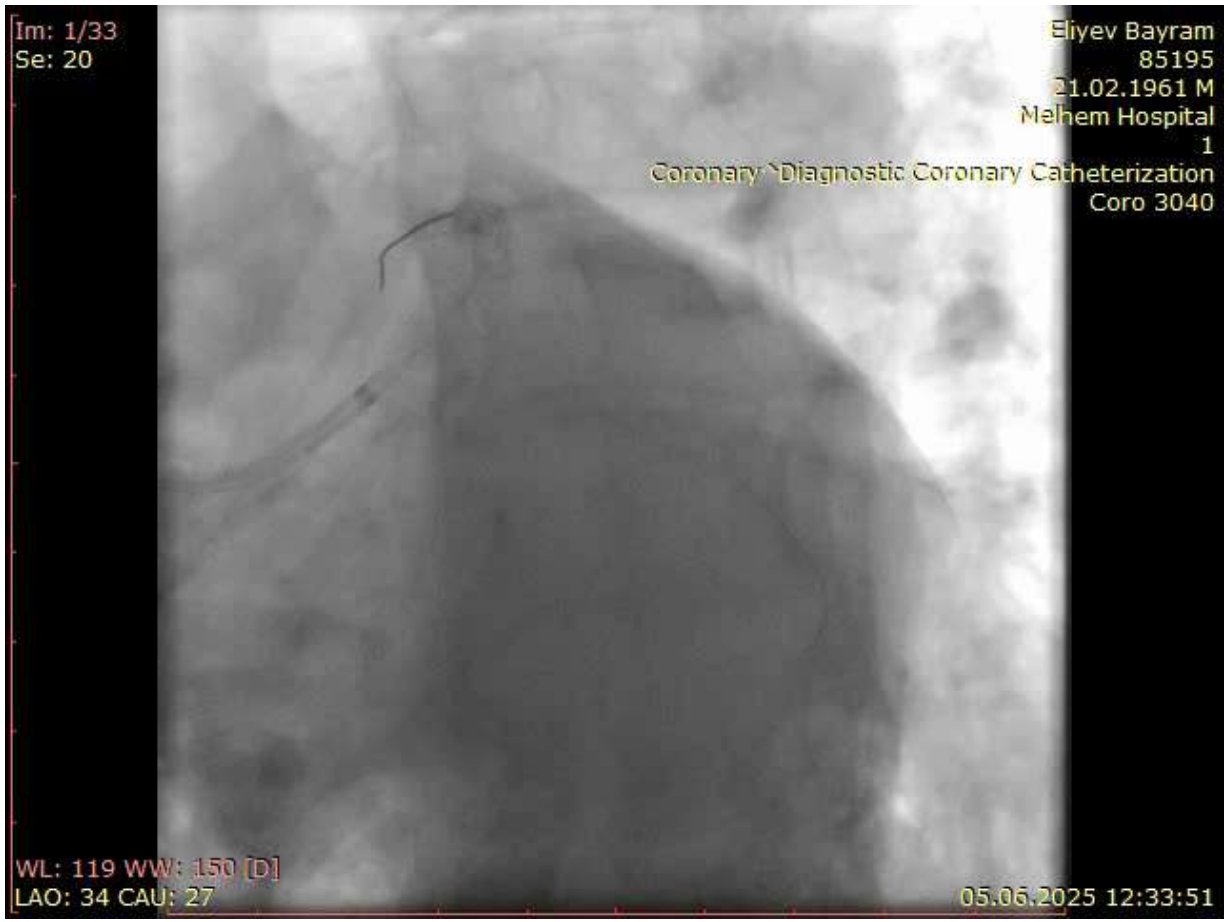
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Melhem Hospital
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Coro 3040
WL: 119 WW: 150 [D]
LAO: 34 CAU: 27
05.06.2025 12:33:51


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85195
21.02.1961 M
Melhem Hospital
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Coro 3040
WL: 119 WW: 150 [D]
LAO: 34 CAU: 27
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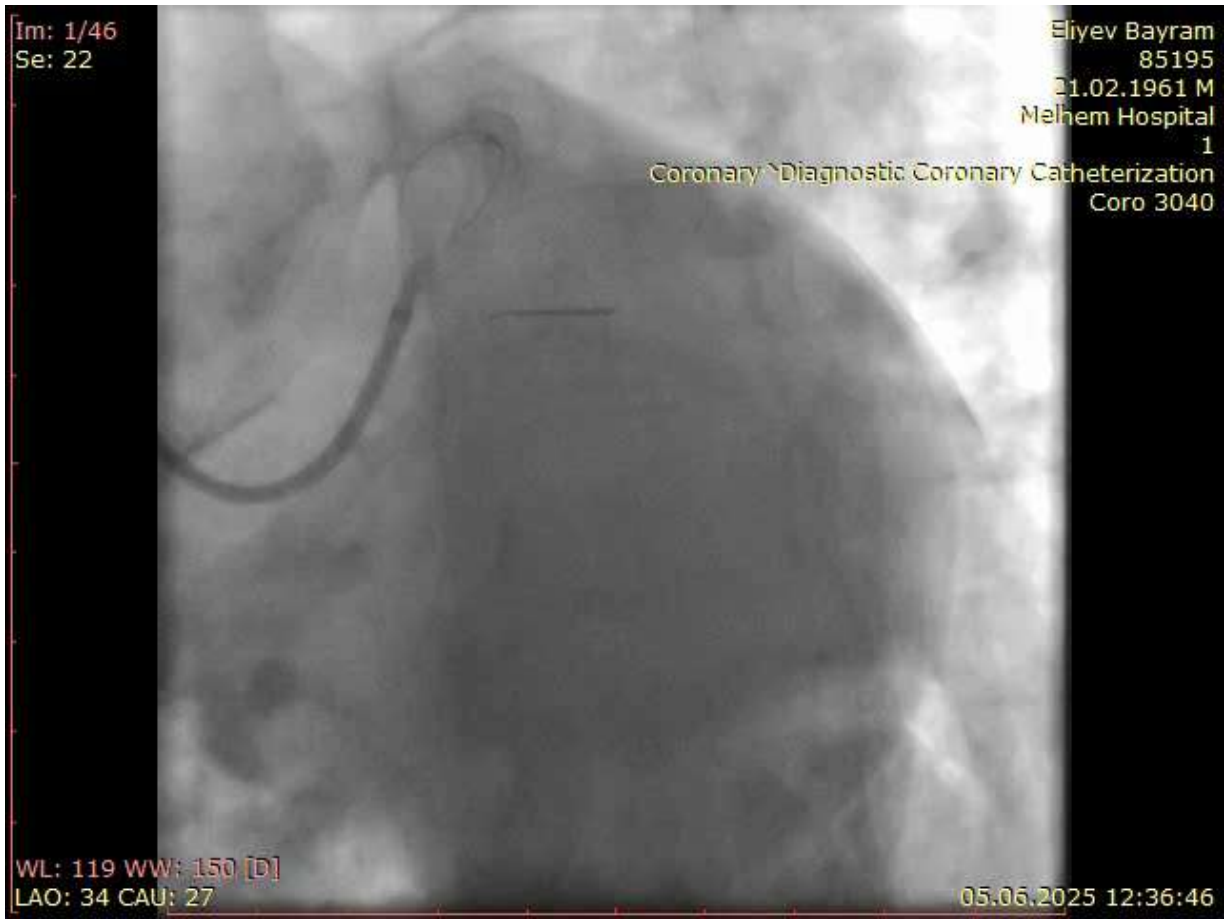
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Melhem Hospital
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WL: 119 WW: 150 [D]
LAO: 34 CAU: 27
05.06.2025 12:36:46


Im: 1/43
Se: 24
Eliyev Bayram
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21.02.1961 M
Melhem Hospital
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Coronary `Diagnostic Coronary Catheterization
Coro 3040
WL: 119 WW: 150 [D]
CRA: 34
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Im: 1/14
Se: 26
Eliyev Bayram
85195
21.02.1961 M
Melhem Hospital
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Coronary `Diagnostic Coronary Catheterization
Coro 3040
WL: 119 WW: 150 [D]
CRA: 34
05.06.2025 12:39:29


Im: 1/14
Se: 26
Eliyev Bayram
85195
21.02.1961 M
Melhem Hospital
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Coro 3040
WL: 119 WW: 150 [D]
CRA: 34
05.06.2025 12:39:29


Im: 1/54
Se: 27
Eliyev Bayram
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21.02.1961 M
Melhem Hospital
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Coro 3040
WL: 119 WW: 150 [D]
CRA: 34
05.06.2025 12:39:46


Im: 1/36
Se: 28
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21.02.1961 M
Melhem Hospital
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Coronary^Diagnostic Coronary Catheterization
Coro 3040
WL: 119 WW: 150 [D]
CRA: 34
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Im: 1/49
Se: 29
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85195
21.02.1961 M
Melhem Hospital
1
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Coro 3040
WL: 119 WW: 150 [D]
CRA: 34
05.06.2025 12:42:25


Im: 1/48
Se: 30
Eliyev Bayram
85195
21.02.1961 M
Melhem Hospital
1
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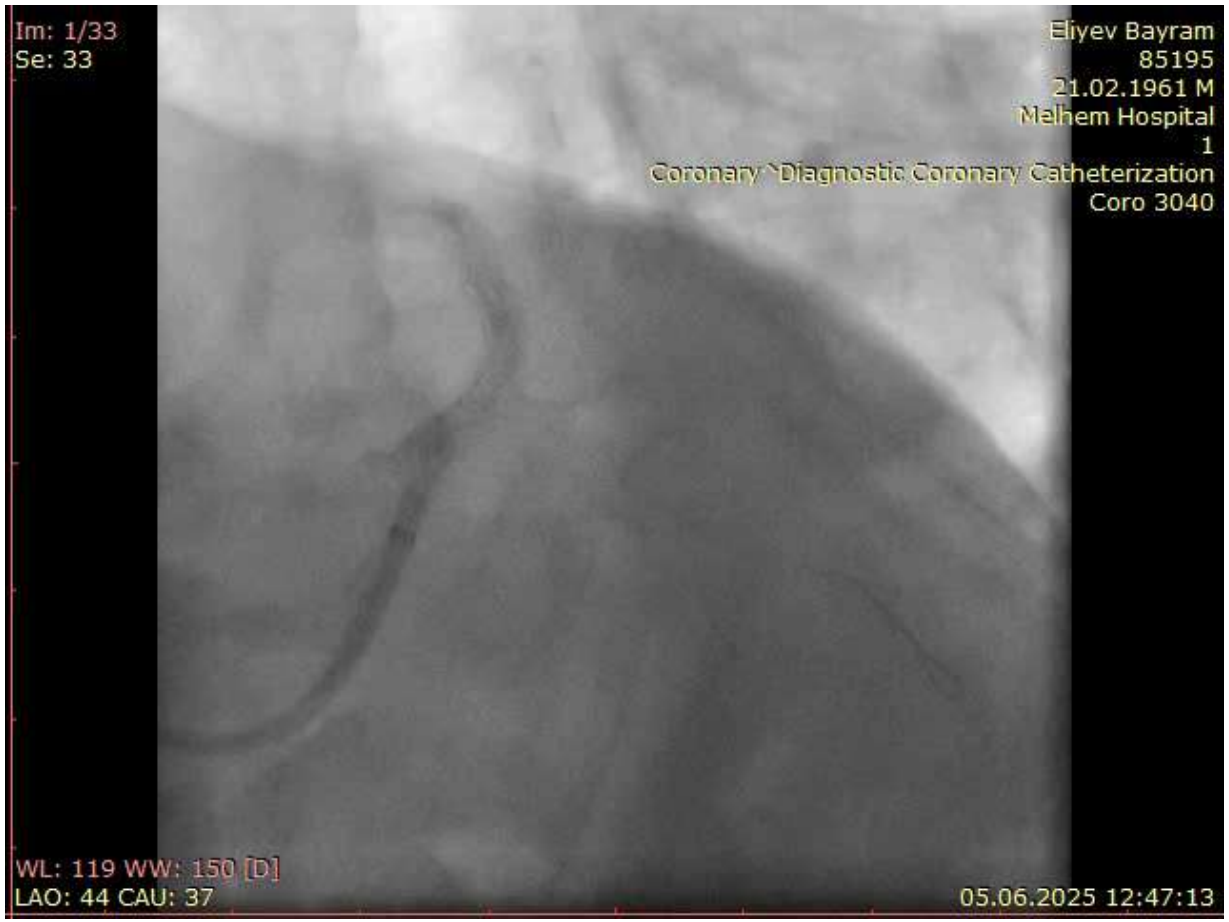
Coro 3040
WL: 119 WW: 150 [D]
CAU: 34
05.06.2025 12:42:39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Eliyev Bayram
85195
21.02.1961 M
Melhem Hospital
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Coro 3040
WL: 119 WW: 150 [D]
LAO: 44 CAU: 37
05.06.2025 12:47:13


Im: 1/30
Se: 34
Eliyev Bayram
85195
21.02.1961 M
Melhem Hospital
1
Coronary^Diagnostic Coronary Catheterization
Coro 3040
WL: 119 WW: 150 [D]
LAO: 44 CAU: 37
05.06.2025 12:48:53


Im: 1/41
Se: 35
Eliyev Bayram
85195
21.02.1961 M
Melhem Hospital
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Coronary `Diagnostic Coronary Catheterization
Coro 3040
WL: 119 WW: 150 [D]
LAO: 44 CAU: 37
05.06.2025 12:49:42


Im: 1/13
Se: 36
Eliyev Bayram
85195
21.02.1961 M
Melhem Hospital
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Coro 3040
WL: 119 WW: 150 [D]
LAO: 44 CAU: 37
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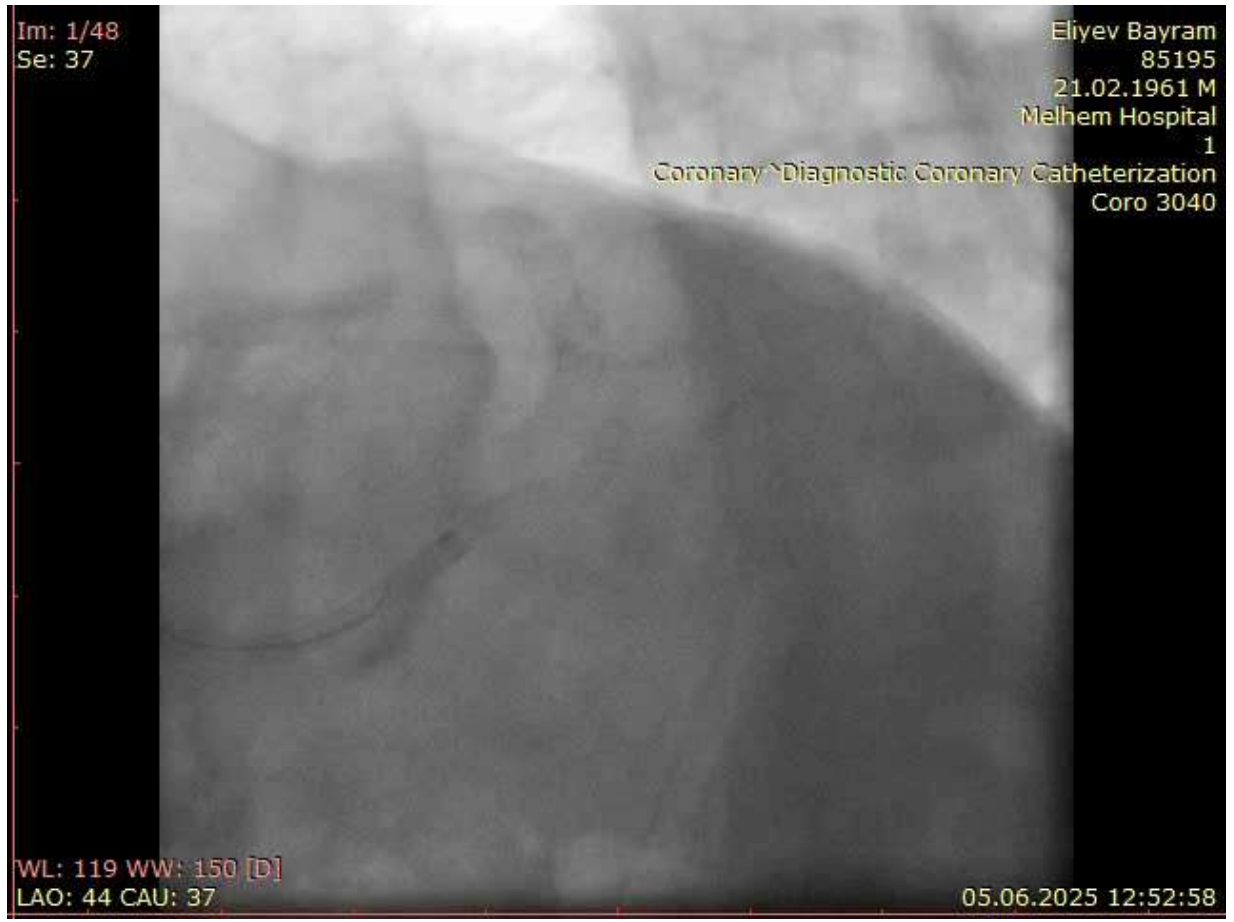
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Eliyev Bayram
85195
21.02.1961 M
Melhem Hospital
1
Coronary `Diagnostic Coronary Catheterization
Coro 3040
WL: 119 WW: 150 [D]
LAO: 44 CAU: 37
05.06.2025 12:52:58


Im: 1/52
Se: 38
Eliyev Bayram
85195
21.02.1961 M
Melhem Hospital
1
Coronary `Diagnostic Coronary Catheterization
Coro 3040
WL: 119 WW: 150 [D]
RAO: 4 CAU: 36
05.06.2025 12:53:22


Im: 1/51
Se: 39
Eliyev Bayram
85195
21.02.1961 M
Melhem Hospital
1
Coronary `Diagnostic Coronary Catheterization
Coro 3040
WL: 119 WW: 150 [D]
RAO: 3 CRA: 38
05.06.2025 12:53:42


Im: 1/61
Se: 40
Eliyev Bayram
85195
21.02.1961 M
Melhem Hospital
1
Coronary `Diagnostic Coronary Catheterization
Coro 3040
WL: 119 WW: 150 [D]
RAO: 30 CRA: 31
05.06.2025 12:54:01

49 years
Male

MEDICAL HISTORY

Previous PCI on prox Cx

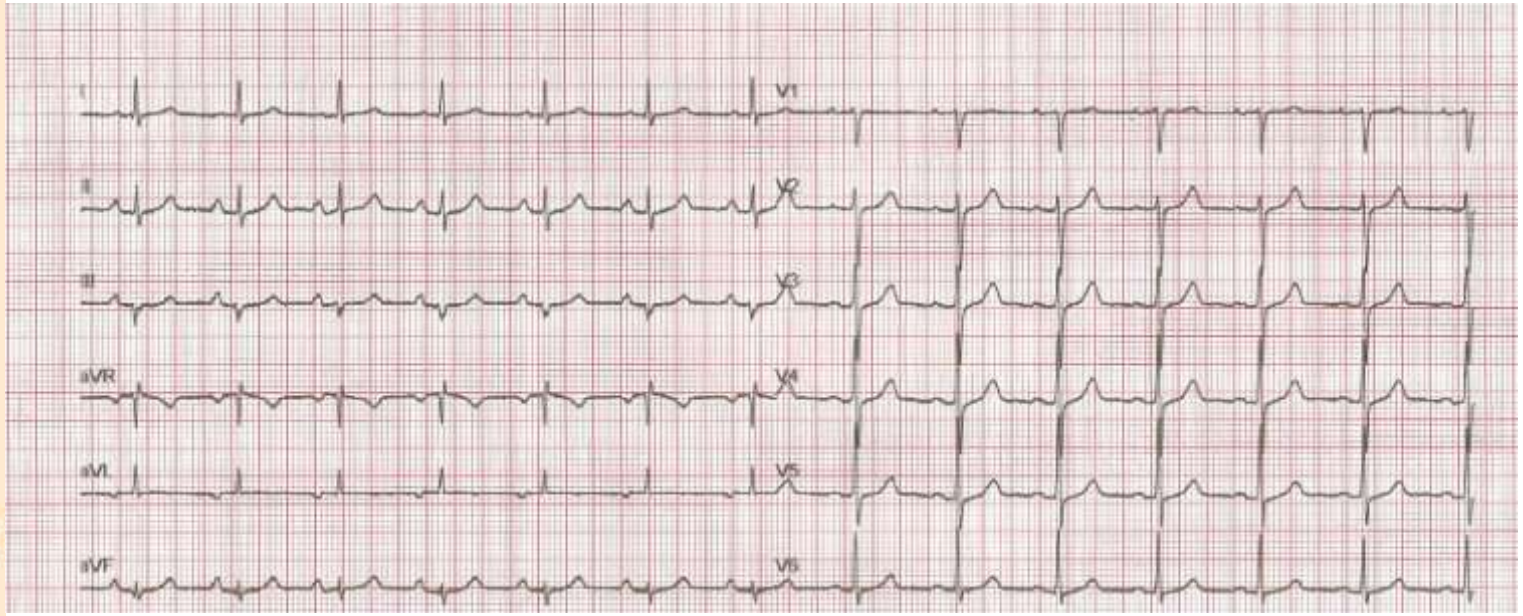
Growing LMCA plaque on FU

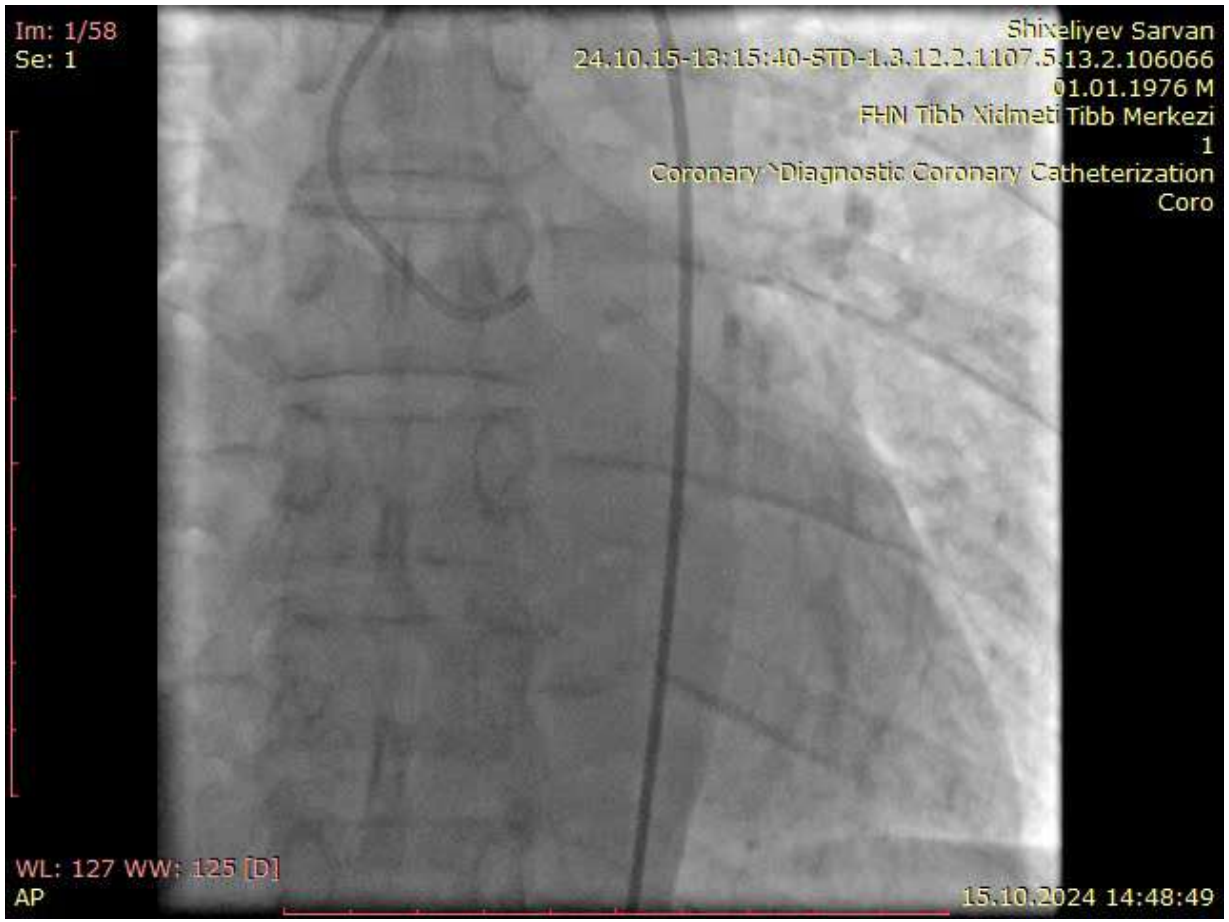
CURRENT PRESENTATION

CTCA performed- significant “vulnerable” plaque

DECISION

PCI

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01.01.1976 M
FHN Tibb Xidmeti Tibb Merkezi
1
Coronary `Diagnostic Coronary Catheterization
Coro
WL: 127 WW: 125 [D]
AP
15.10.2024 14:48:49


Im: 1/18
Se: 12
Shixeliyev Sarvan
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01.01.1976 M
FHN Tibb Xidmeti Tibb Merkezi
1
Coronary^Diagnostic Coronary Catheterization
Coro
WL: 127 WW: 125 [D]
LAO: 33 CRA: 29
15.10.2024 15:02:51


Im: 1/47
Se: 15
Shixeliyev Sarvan
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FHN Tibb Xidmeti Tibb Merkezi
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Coronary^Diagnostic Coronary Catheterization
Coro
WL: 127 WW: 125 [D]
RAO: 2 CAU: 41
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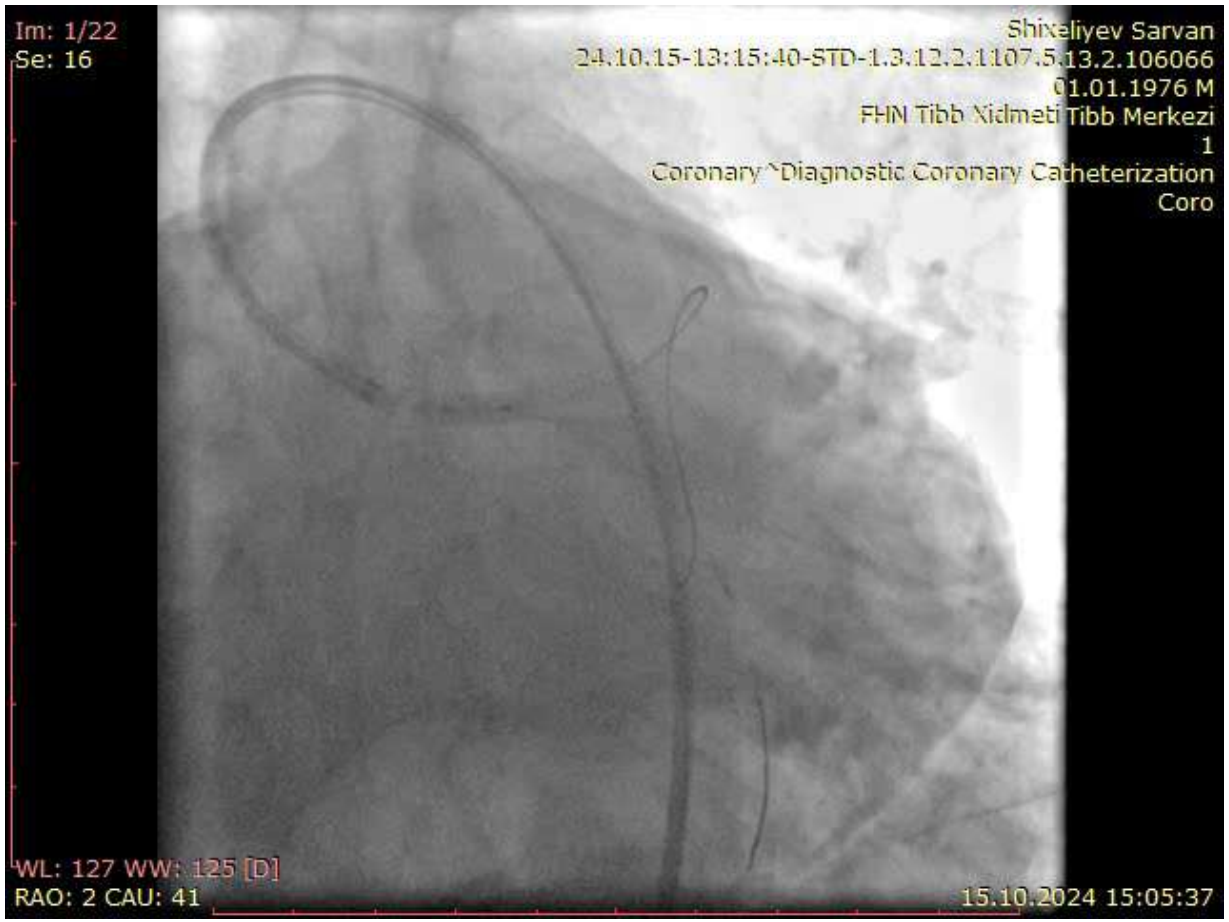
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Coro
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RAO: 2 CAU: 41
15.10.2024 15:05:37


Im: 1/49
Se: 19
Shixeliyev Sarvan
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01.01.1976 M
FHN Tibb Xidmeti Tibb Merkezi
1
Coronary `Diagnostic Coronary Catheterization
Coro
WL: 127 WW: 120 [D]
LAO: 35 CAU: 41
15.10.2024 15:06:47


Im: 1/20
Se: 21
Shixeliyev Sarvan
24.10.15-13:15:40-STD-1.3.12.2.1107.5.13.2.106066
01.01.1976 M
FHN Tibb Xidmeti Tibb Merkezi
1
Coronary `Diagnostic Coronary Catheterization
Coro
WL: 127 WW: 112 [D]
LAO: 35 CAU: 41
15.10.2024 15:10:02


Im: 1/11
Se: 24
Shixeliyev Sarvan
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01.01.1976 M
FHN Tibb Xidmeti Tibb Merkezi
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Coro
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LAO: 35 CAU: 41
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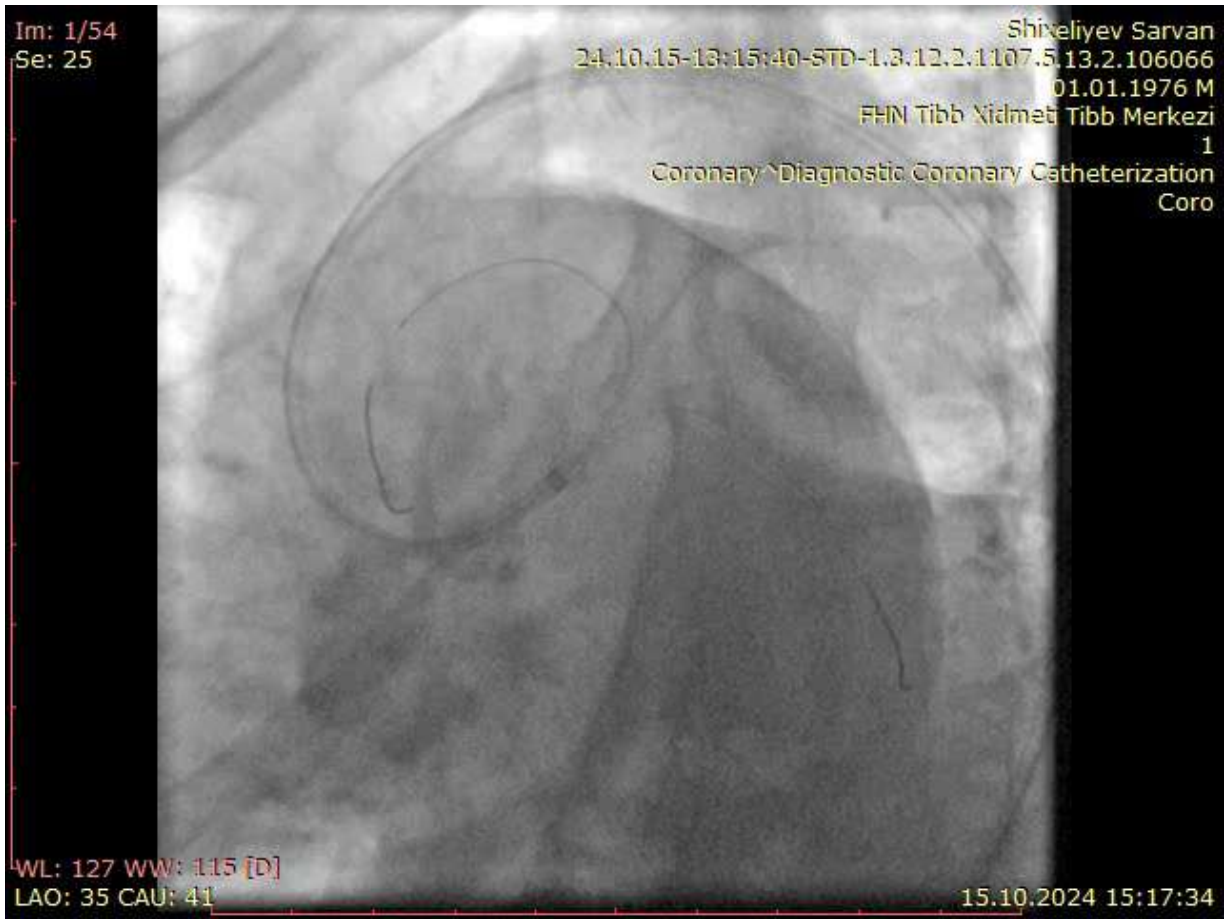
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01.01.1976 M
FHN Tibb Xidmeti Tibb Merkezi
1
Coronary ^Diagnostic Coronary Catheterization
Coro
WL: 127 WW: 115 [D]
LAO: 35 CAU: 41
15.10.2024 15:17:34


Im: 1/14
Se: 26
Shixeliyev Sarvan
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Coronary `Diagnostic Coronary Catheterization
Coro
WL: 127 WW: 115 [D]
LAO: 35 CAU: 41
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Im: 1/39
Se: 27
Shixeliyev Sarvan
24.10.15-13:15:40-STD-1.3.12.2.1107.5.13.2.106066
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FHN Tibb Xidmeti Tibb Merkezi
1
Coronary ^Diagnostic Coronary Catheterization
Coro
WL: 127 WW: 112 [D]
LAO: 35 CAU: 41
15.10.2024 15:21:03

HIGHLIGHTS

With advancements in PCI, clinical outcomes after left main PCI have progressively improved.

Unmet needs still exist between clinical practice and the current evidence for left main PCI.

Better decision making of revascularization choice and PCI optimization should be emphasized to improve outcomes of LMCA disease.

Further research will provide evidence to resolve conflicting issues on left main PCI