

# Case based debate session: How did I treat?

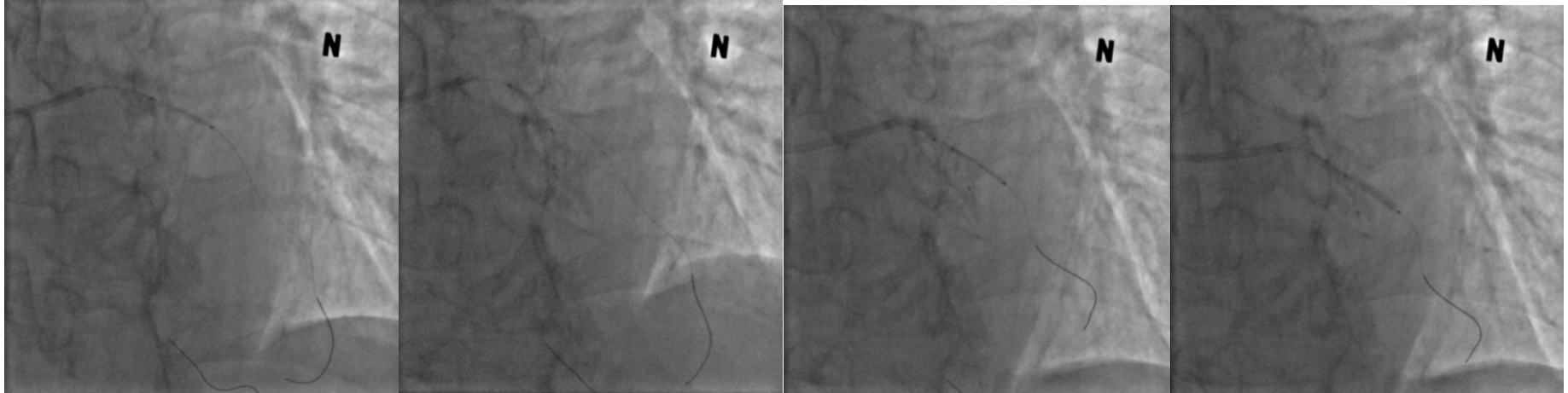
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# Case Summary

- LAD bifurcation stenosis
  - Anatomical 1,1,1
  - Functionally 0.0.1
  - Non-invasive CTA: significant amount of myocardium in D1 territory
  - pLAD plaque characteristics: VP+
  - Intravascular imaging: significant stenosis with large plaque burden and LRP(+)
- RCA:
  - CTA soft plaque, functionally (-), invasive imaging large amount plaque burden, LRP(-)

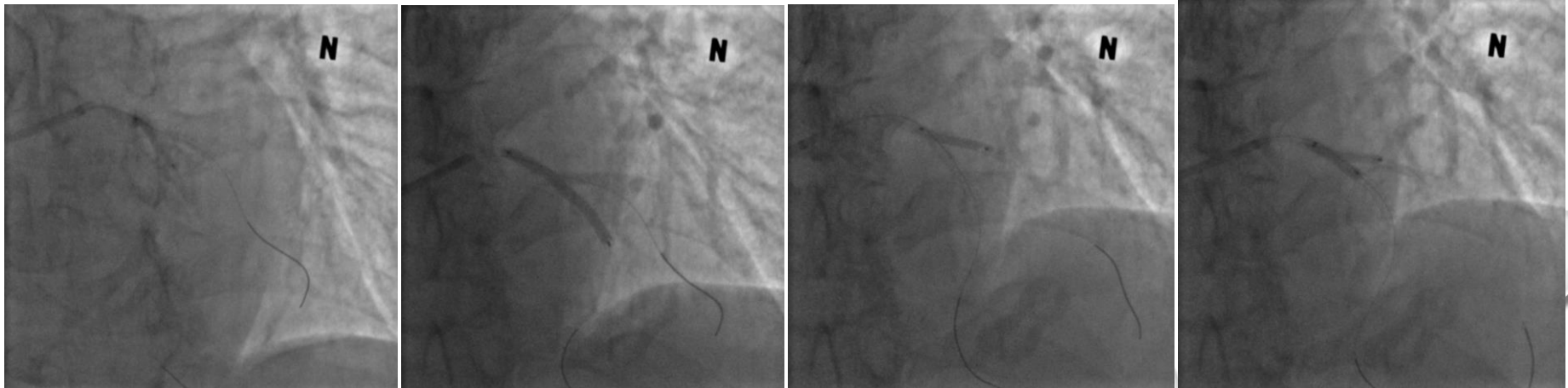
What is your treatment strategy?  
How did I treat?

# Procedure: mini/balloon crush → kissing balloon → POT



POBA Sleek 2.0\*20mm D1/LAD

Xience Alpine 2.5\*18mm

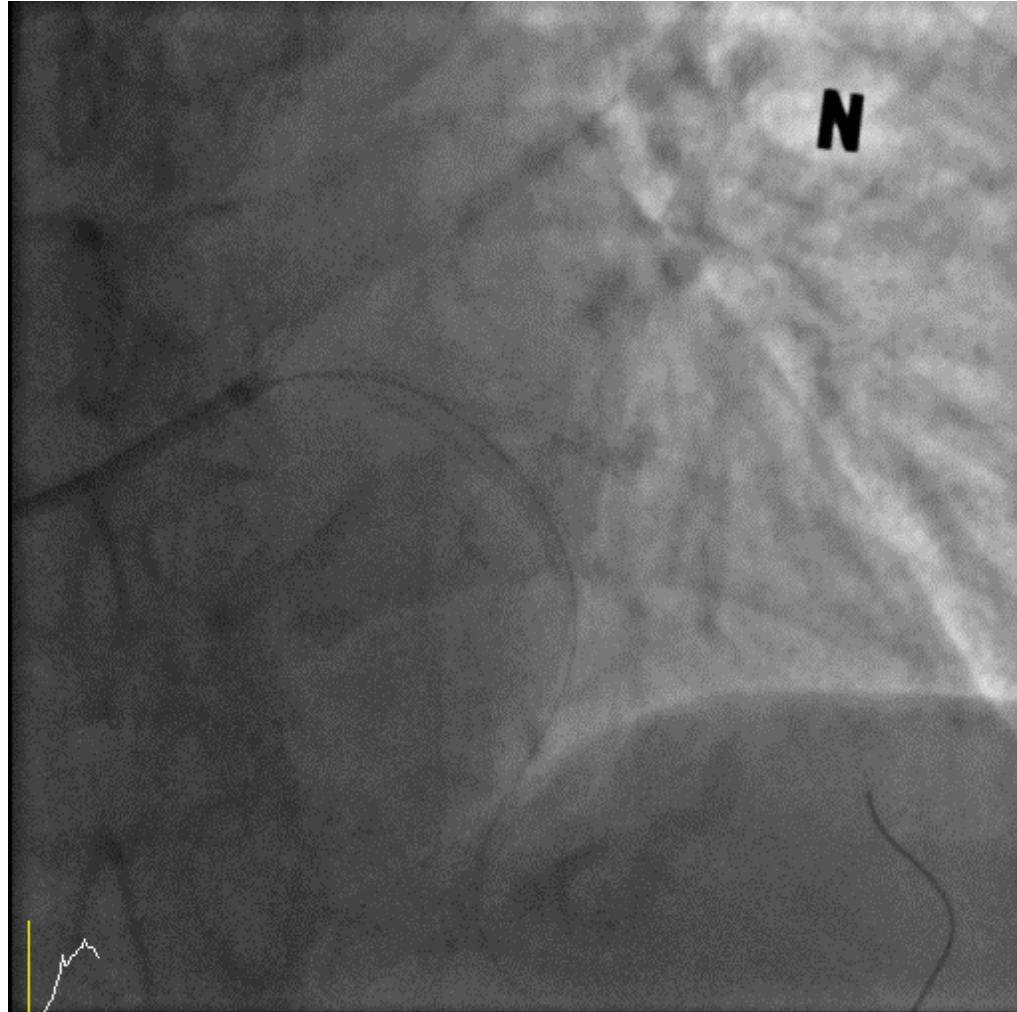
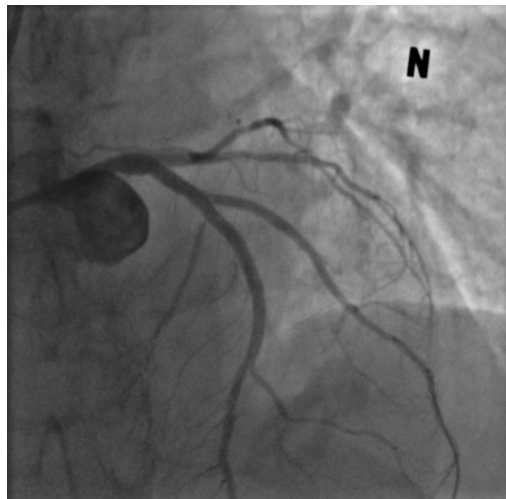
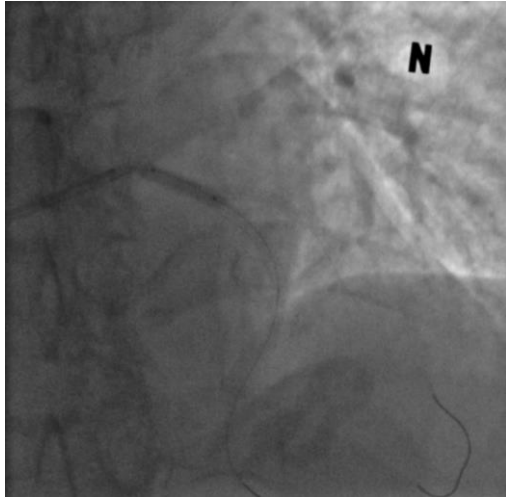


Xience Alpine 3.0\*38mm

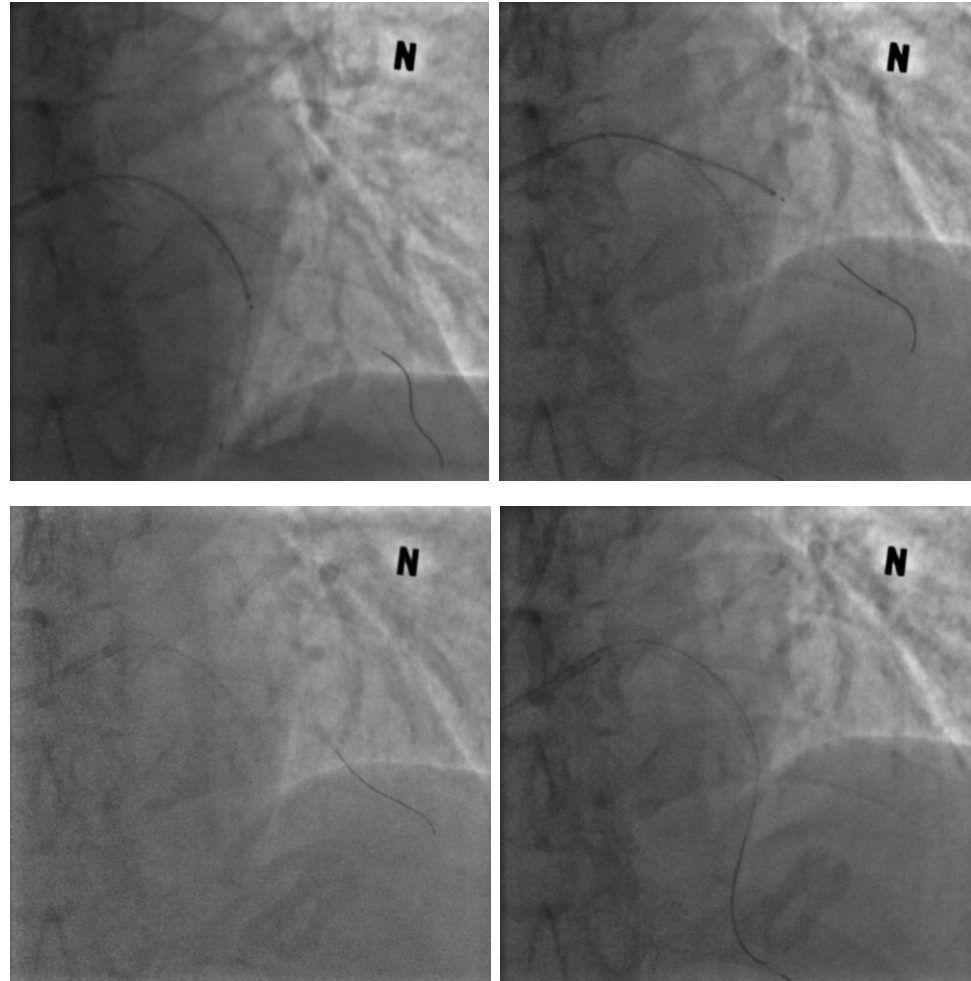
Kissing balloon 2.5\*18mm/NC 3.0\*15mm

# Procedure

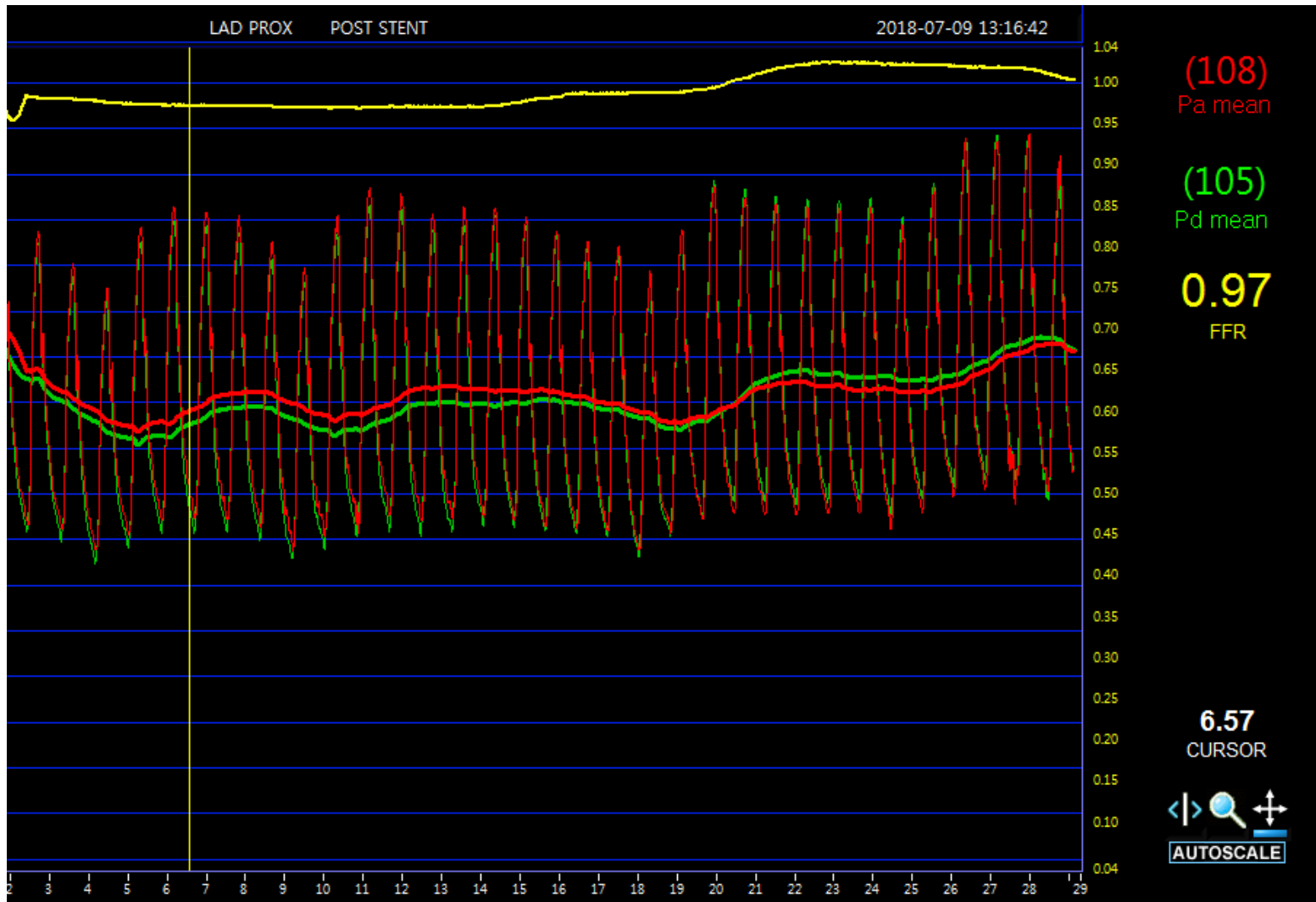
POT NC RoVL 3.0\*15mm



# Post PCI IVUS & FFR evaluation

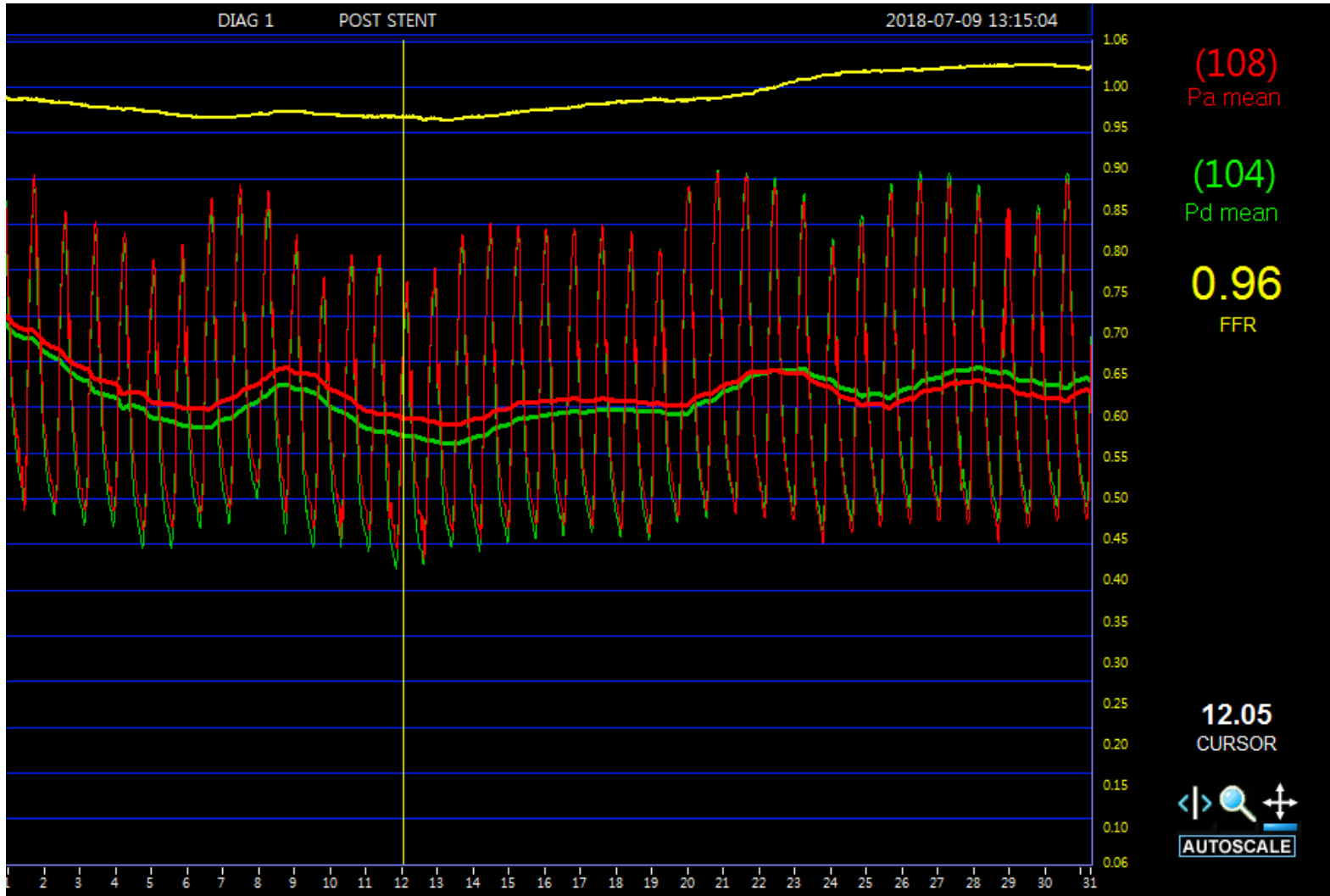


# Post PCI FFR LAD





# Post PCI FFR D1

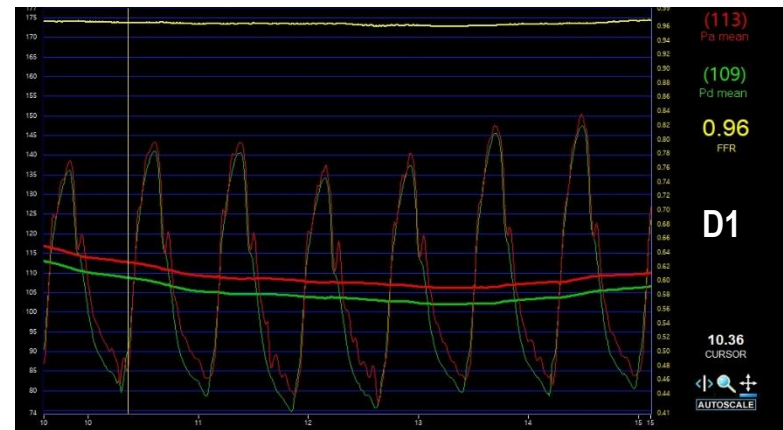
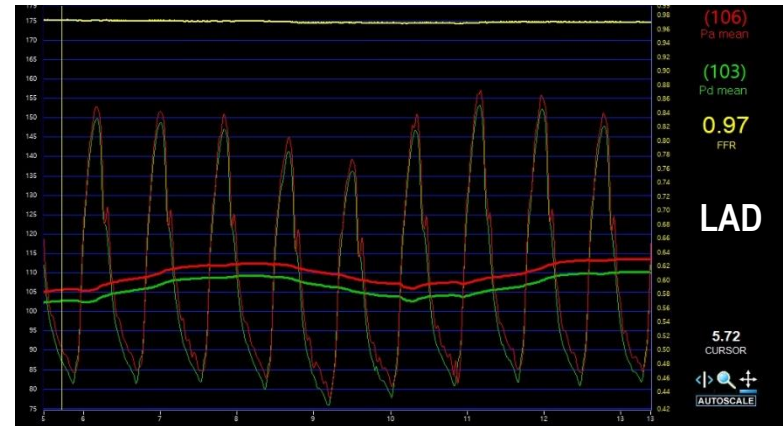
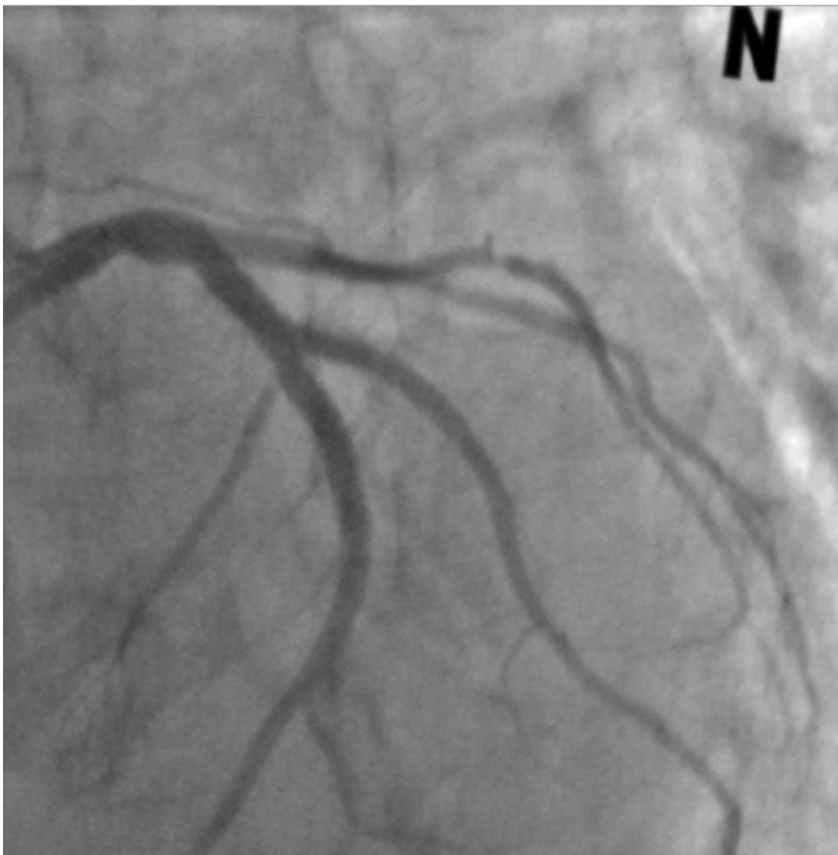




**Residual SYNTAX Score : 2**

**Residual Functional SYNTAX Score : 0**

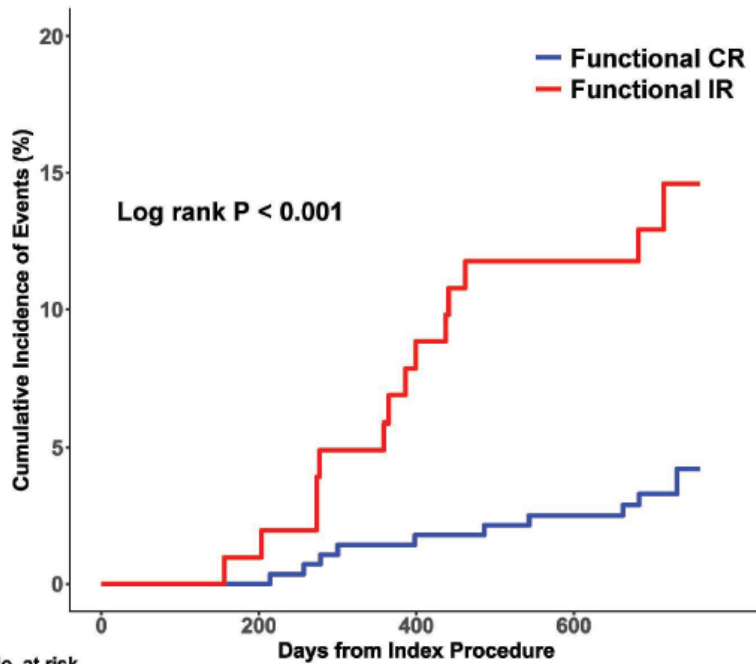
**Functionally Complete Revascularization**



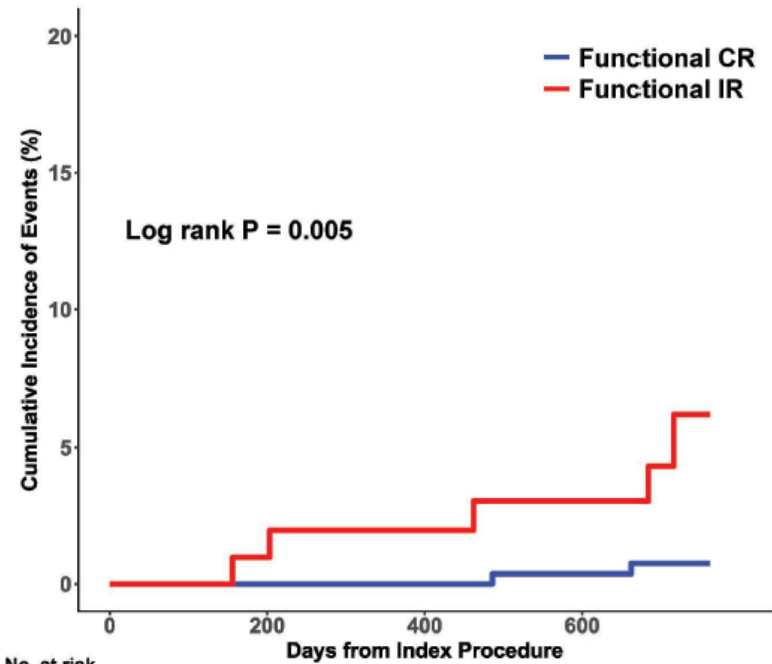
Courtesy from KH Choi

# Functional complete revascularization by physiologic FFR confirmation

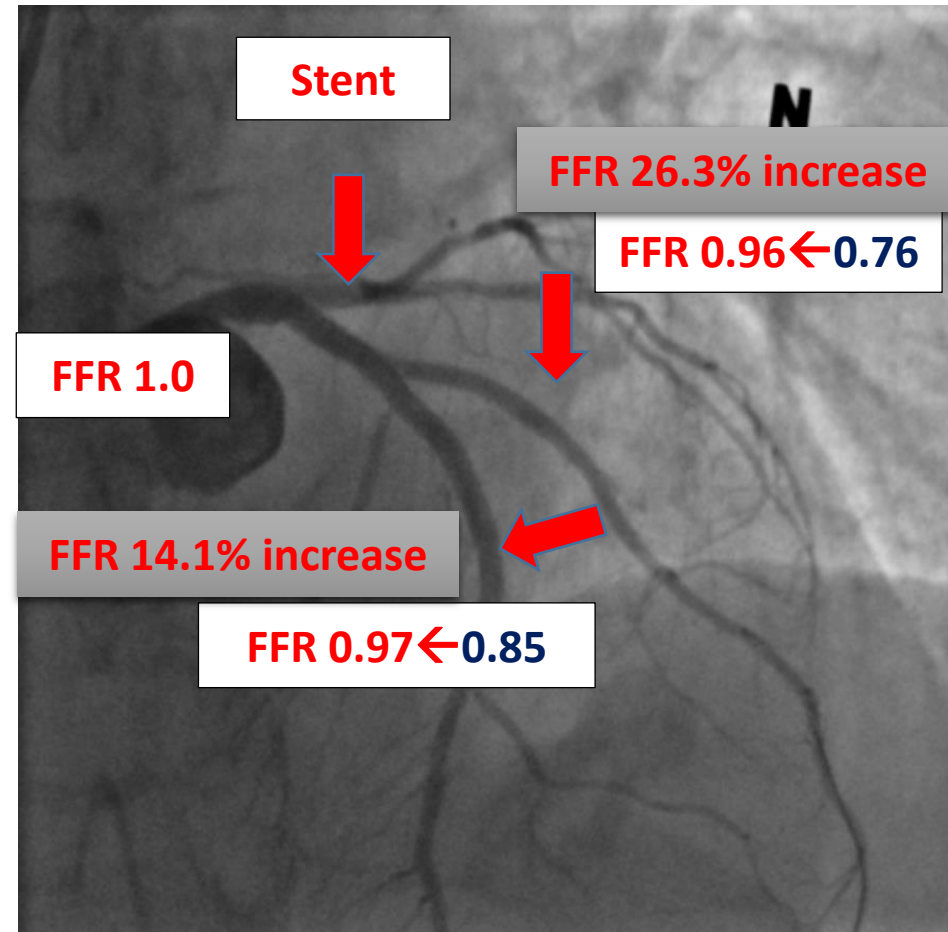
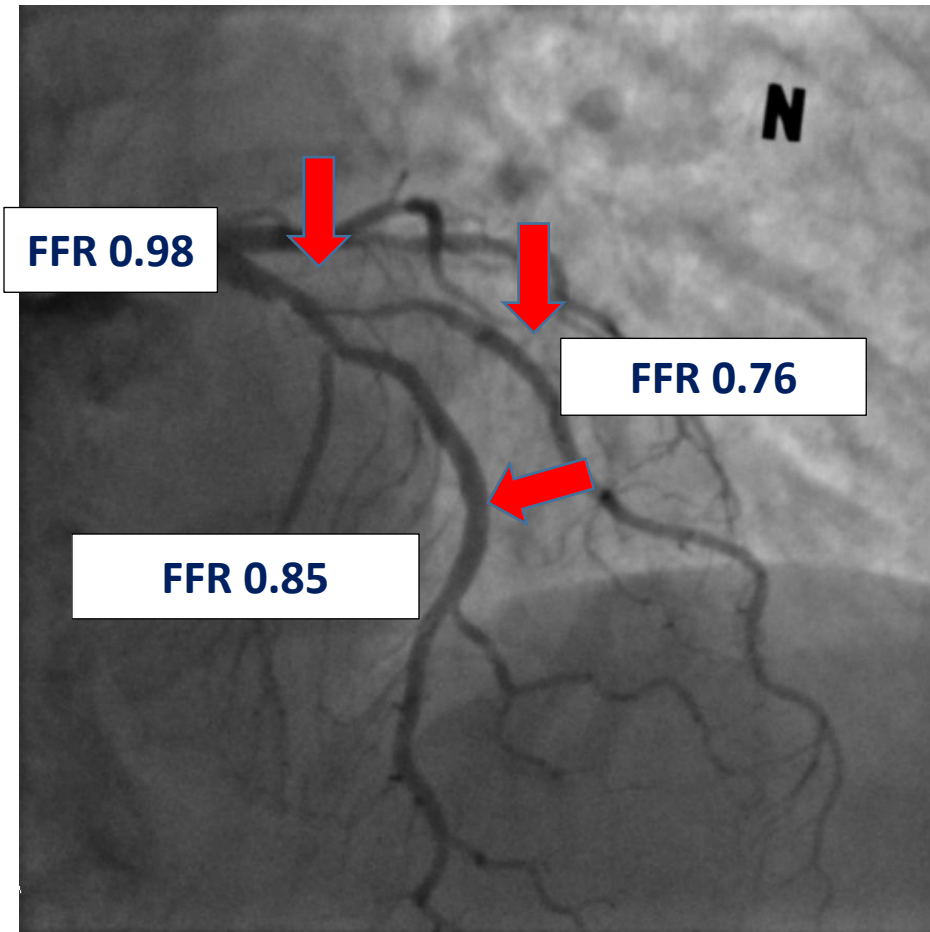
**A. MACE**



**B. Cardiac Death or MI**



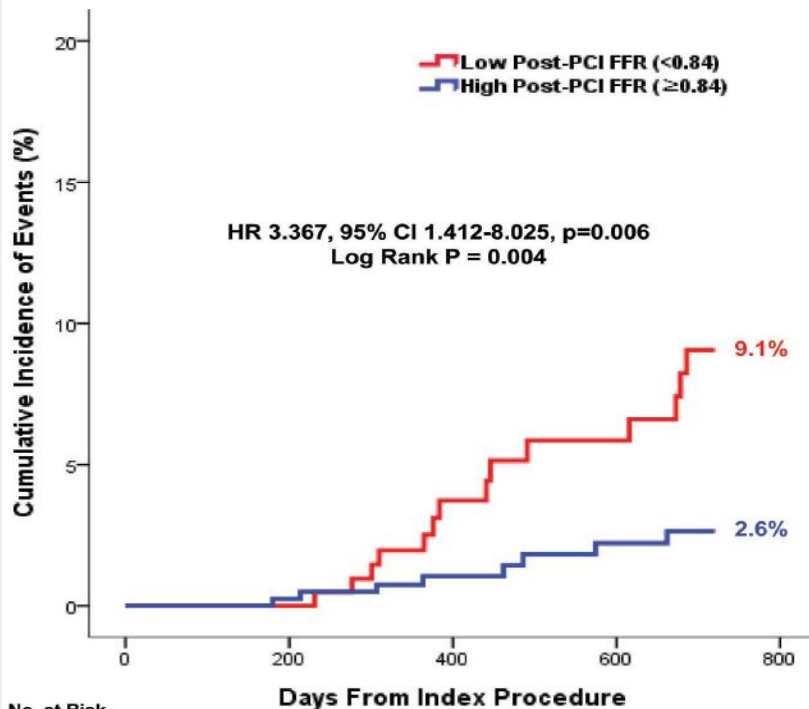
# Before and after PCI



# % increase of FFR after PCI could offer additional prognostic value

Results from COE-PERSPECTIVE international multicenter post PCI FFR registry

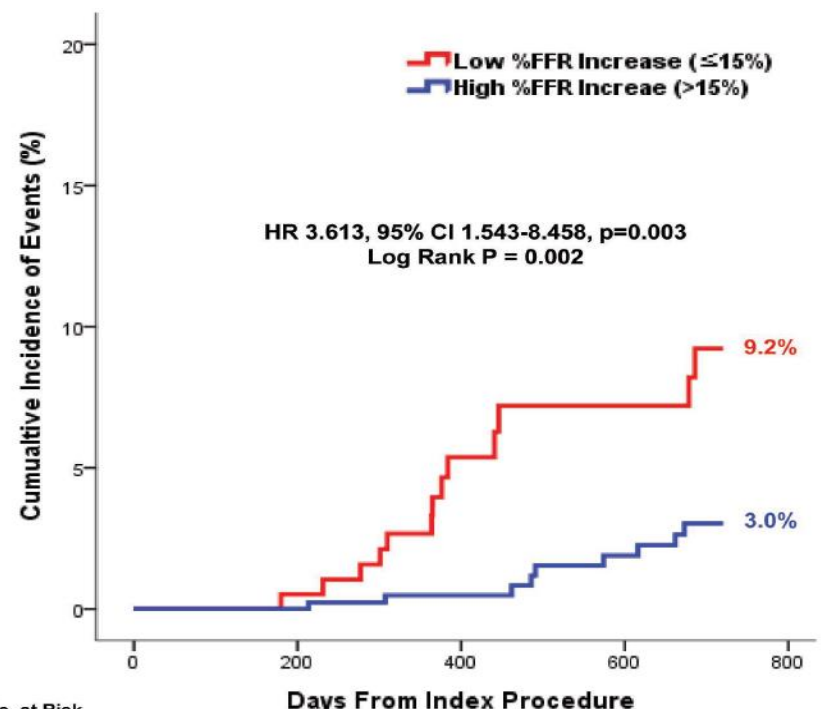
A. Post-PCI FFR



No. at Risk

Low Post-PCI FFR (<0.84)	211	208	146	127	123
High Post-PCI FFR (≥0.84)	410	404	277	246	245

B. Percent FFR increase

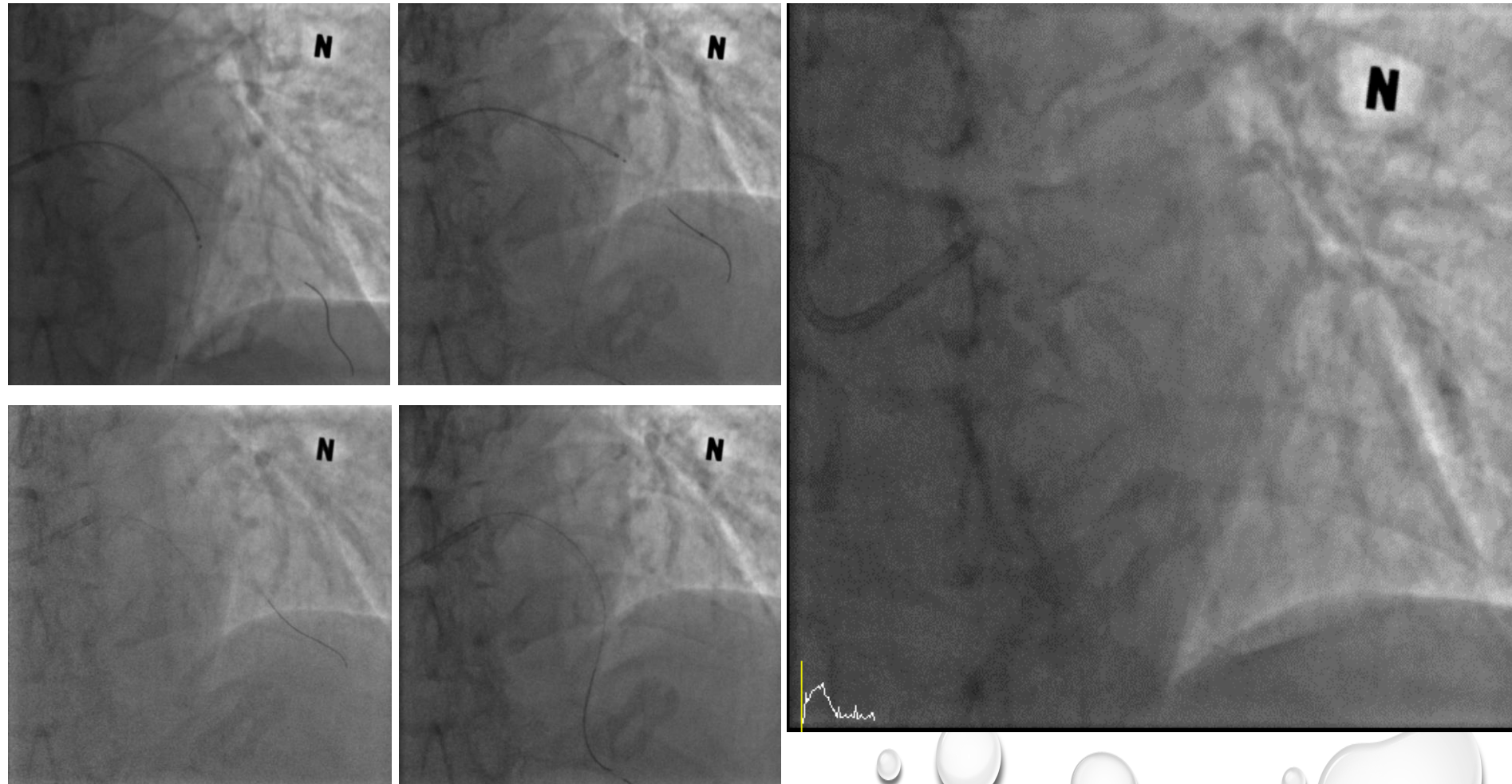


No. at Risk

Low %FFR Increase (≤15%)	191	190	117	99	97
High %FFR Increase (>15%)	430	422	306	274	271



# Post PCI IVUS & FFR evaluation



# Discussion

- Do you agree this strategy or propose different thought?
- How much impact non-invasive imaging and physiology on your strategy?
- Invasive imaging and physiology change your strategy?