

Physiology Case Review

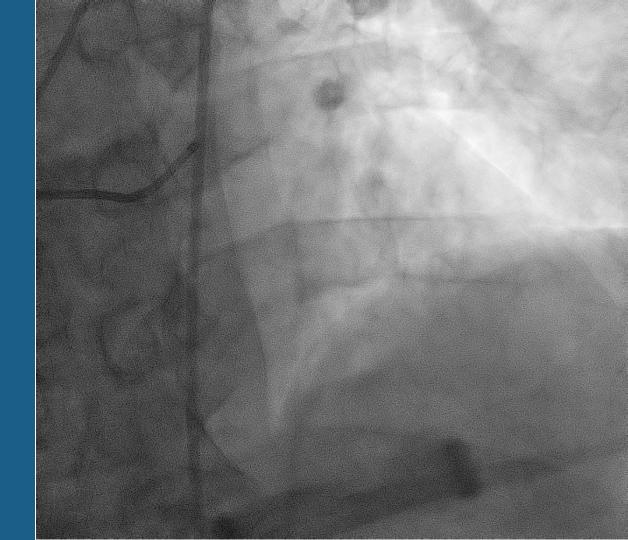
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innovation #you

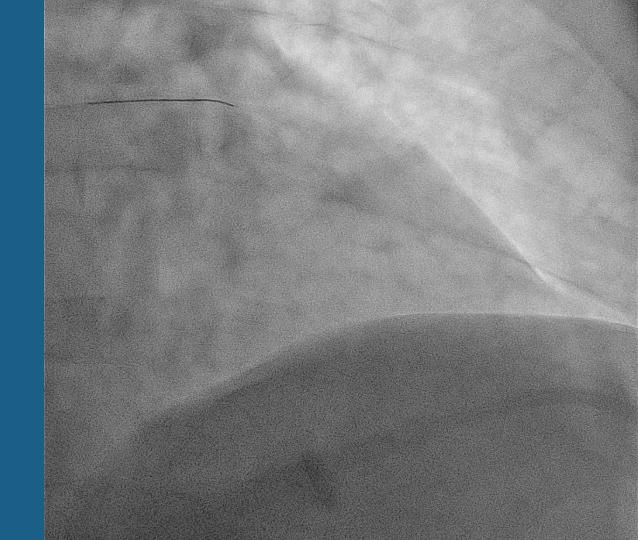


80 year old man with chest pain.

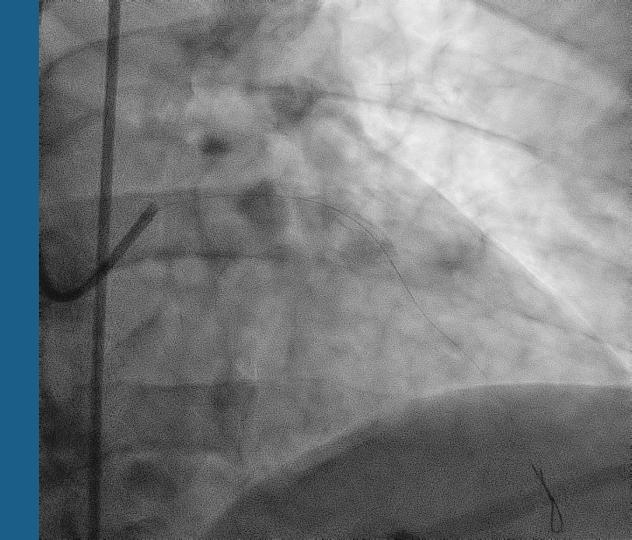
Part of LMR for Omniwire



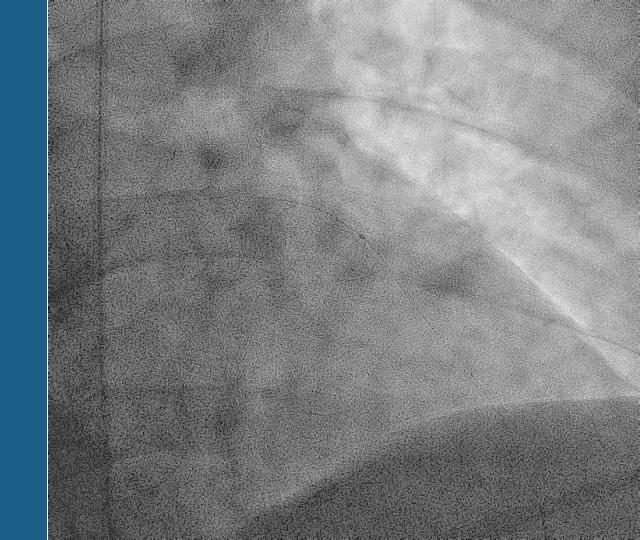
Easy torquability of the Omniwire.



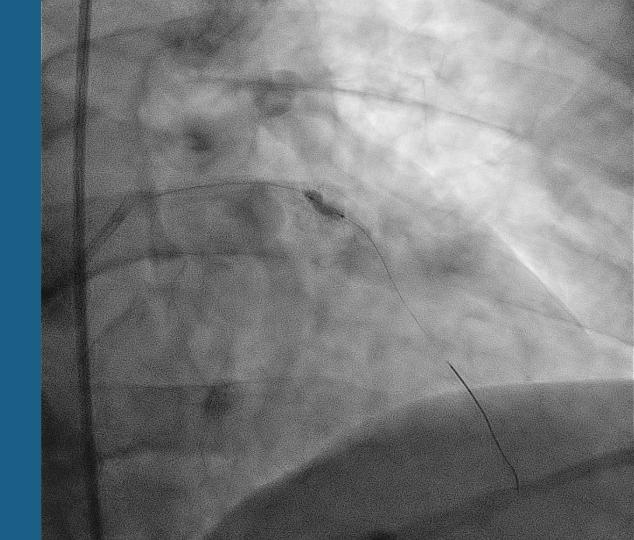
iFR was 0.52 which is highly significant as expected.



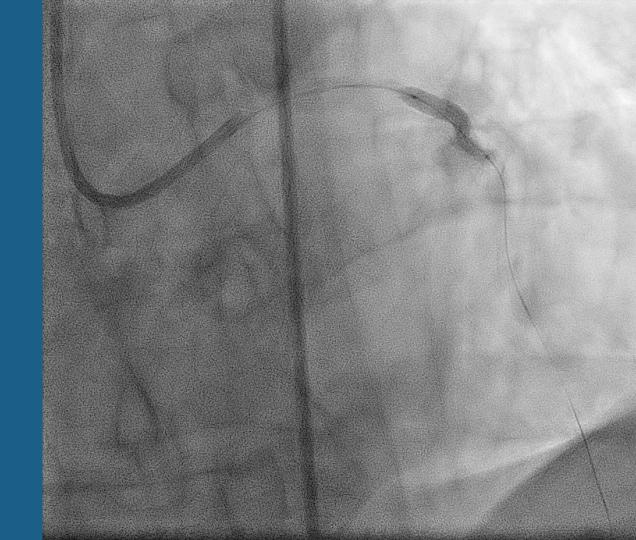
0.9 ELCA 60/60, 60/80, 80/80 due to calcium by IVUS



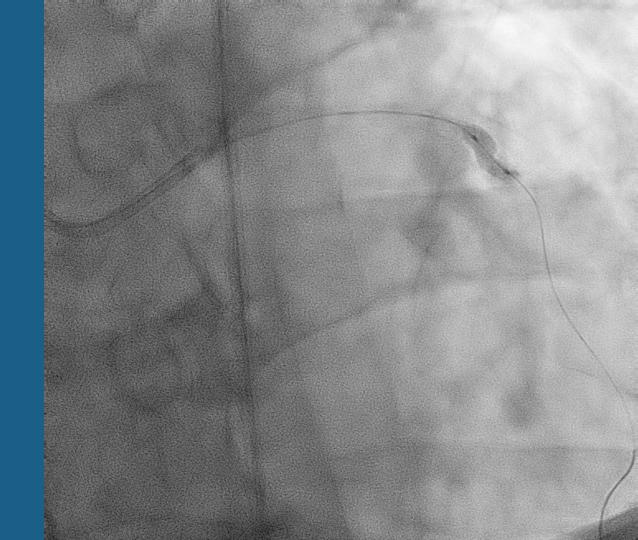
Multiple NC inflations and also Wolverine cutting balloon



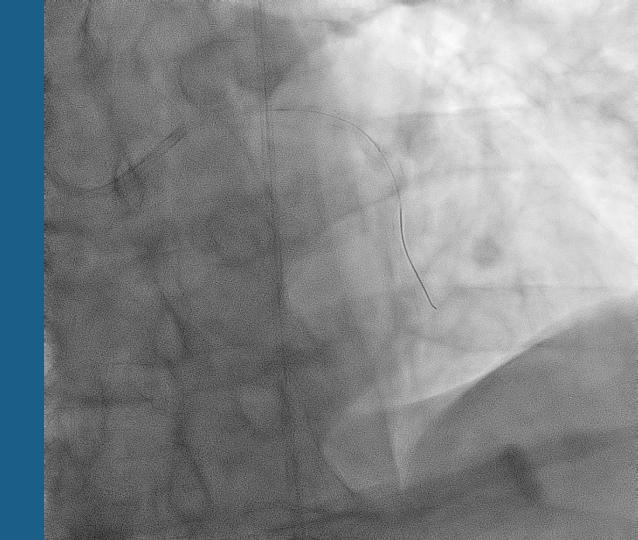
3.0 x 18 mm Xience DES



Post-dilated NC after IVUS

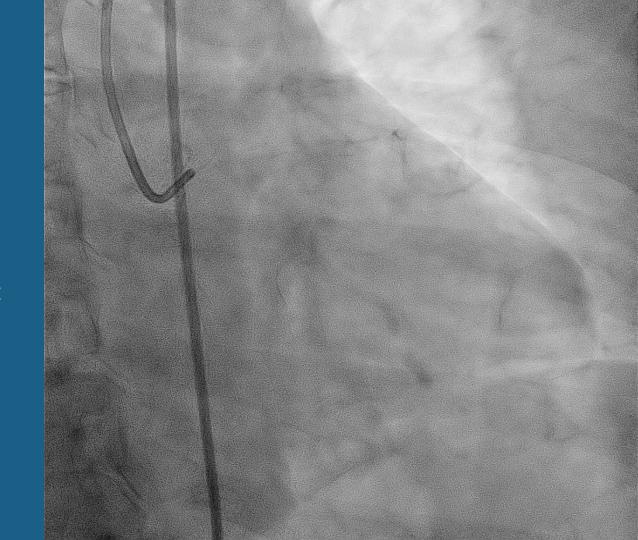


Final Angio: iFR post 0.91 distally and 0.94 at stent edge



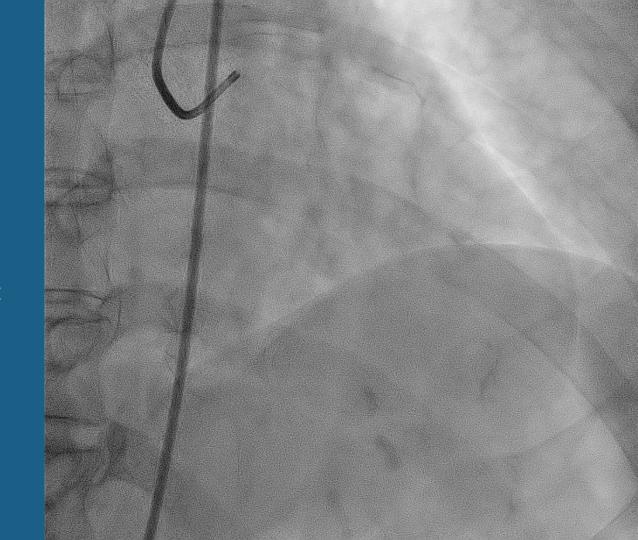
78 year old woman with abnormal CT-FFR and chest pain.

CT-FFR Abnormal in LAD and LCx

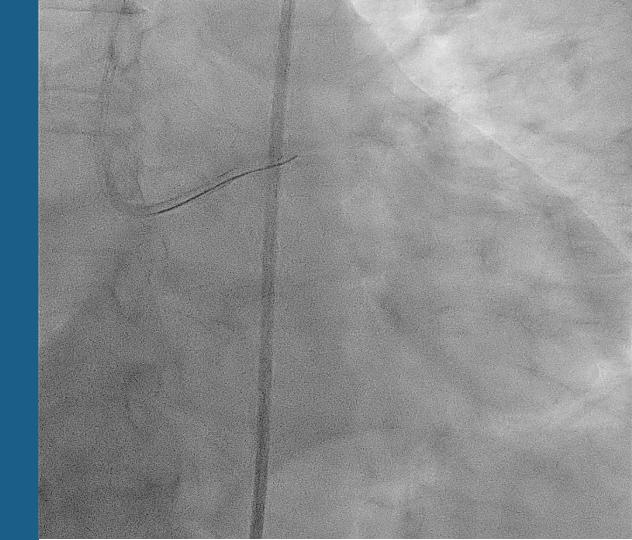


78 year old woman with abnormal CT-FFR and chest pain.

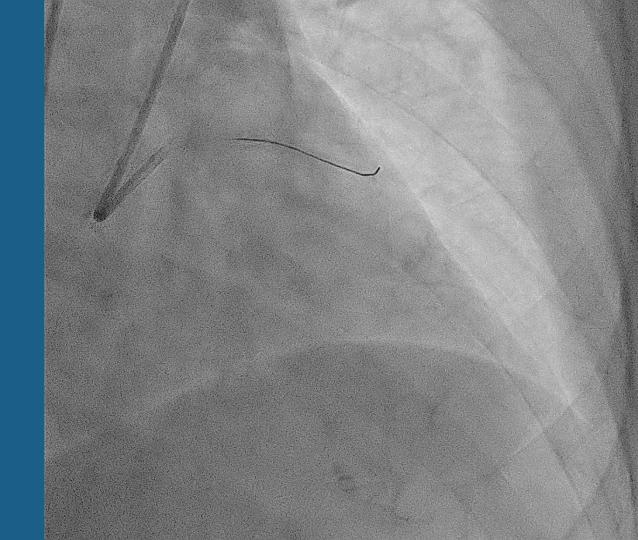
CT-FFR Abnormal in LAD and LCx



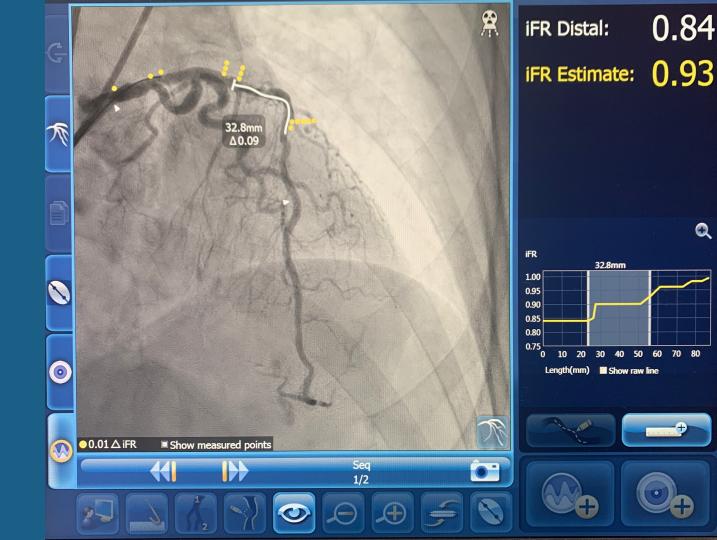
Easy torquability of the wire.



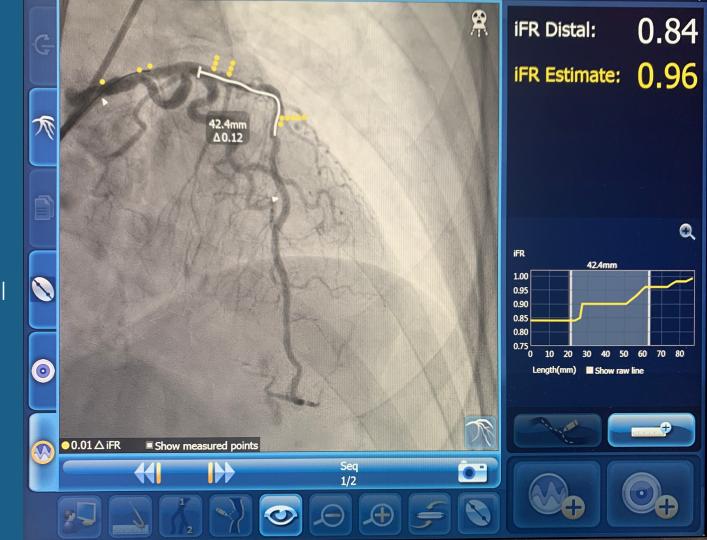
Easy torquability of the wire.



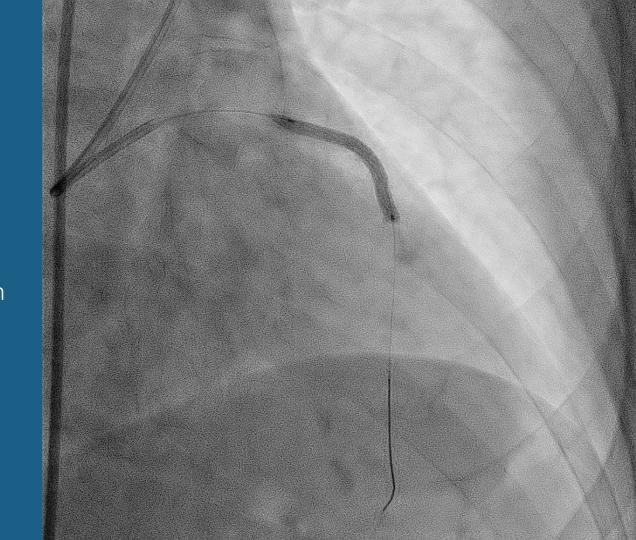
iFR 0.84 distally



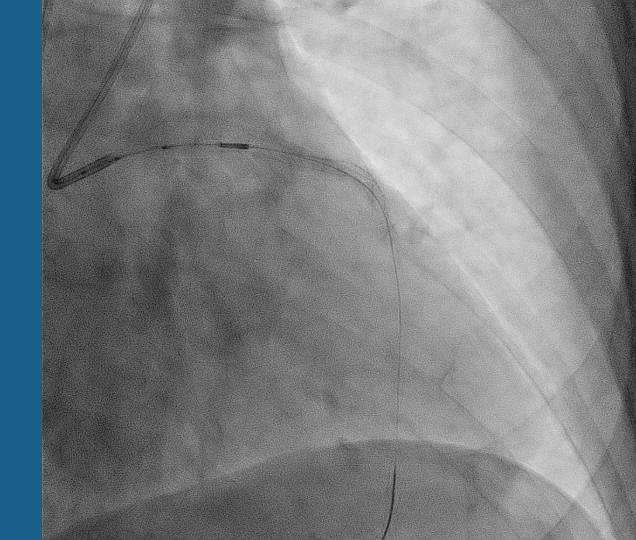
Pullback shows two areas of step-up. Will try a single stent strategy



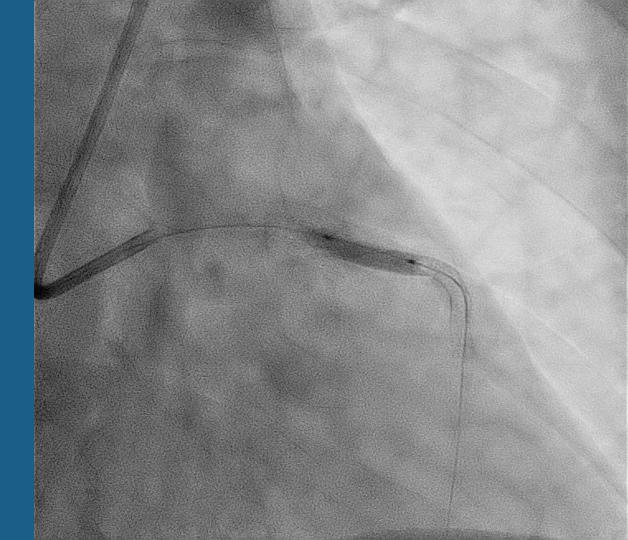
Predilation and then stenting with a 3.0 x 38 mm Xience DES



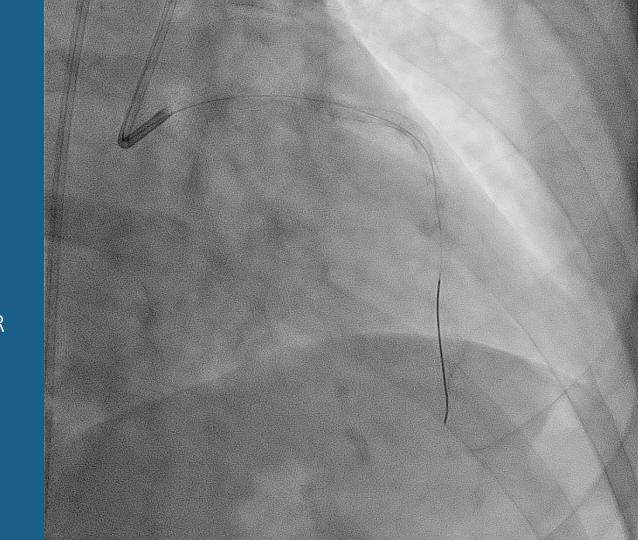
iFR post stenting still 0.89. Pullback shows the proximal gradient. IVUS done which confirms residual moderate plaque hemodynamically significant.



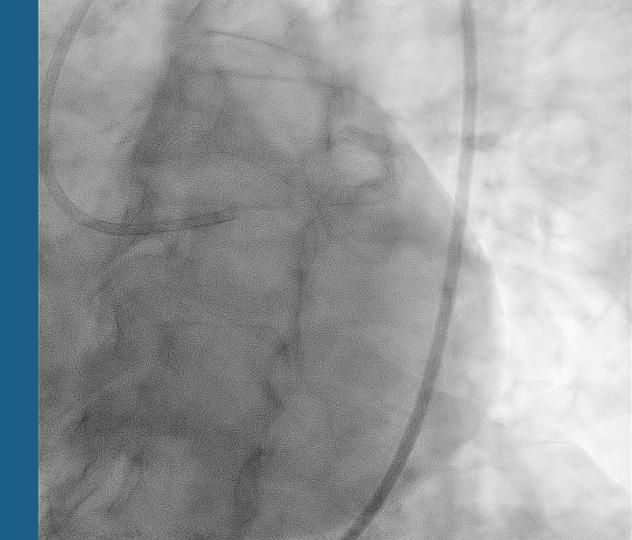
Proximal LAD stented 3.5 x 15 mm Xience and post-dilated.



Moderate distal edge stenosis. IVUS shows only plaque in one quadrant. iFR 0.97.

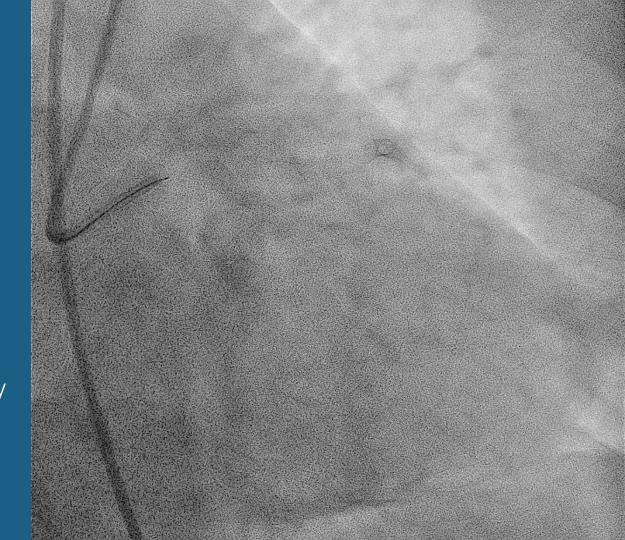


Angiographically hazy and severe LCx lesion

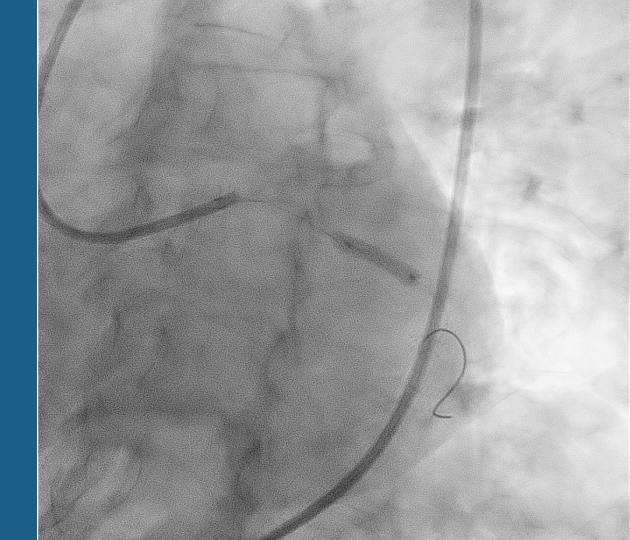


Omniwire easily wired into the tortuous LCx

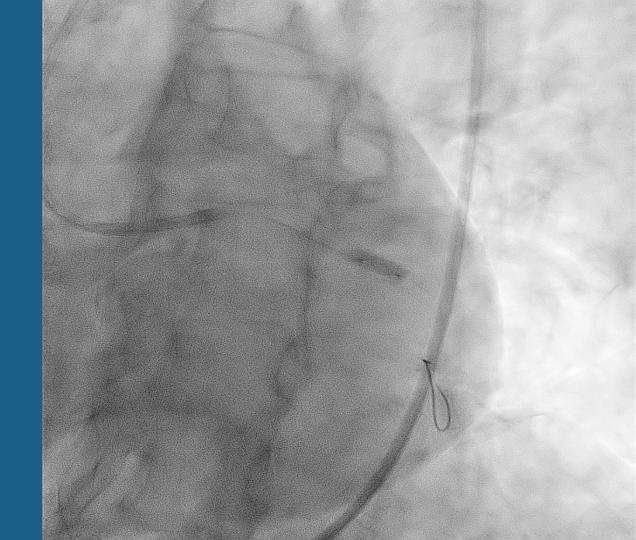
iFR initially 0.89 but repeat after waiting for nitro to fully kick in was 0.92. IVUS also suggested moderate eccentric ostial stenosis and 62% mid stenosis



Stented with a 3.0 x 15 mm Xience



IVUS guided post-dilation



Final angio. iFR unchanged at 0.92. May not have changed outcome of the patient with intervention of the LCx.

Perhaps treated the interventionalist.

