

**Симпозиум со меѓународно учество  
„НОВИНИ ВО КАРДИОЛОГИЈАТА“**

# **КНИГА НА АПСТРАКТИ**



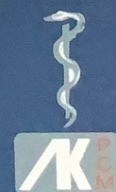
## **ABSTRACT BOOK**

**Symposium with international participation  
“HIGHLIGHTS IN CARDIOVASCULAR  
DISEASES”**



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**Online**



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Transthoracic echocardiography is very useful tool usually sufficient to make a diagnosis of LV pseudoaneurysm. Urgent surgery is lifesaving procedure in these patients.

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## ROLE OF OPTICAL COHERENCE TOMOGRAPHY IN COMPLEX PERCUTANEOUS CORONARY INTERVENTIONS (CASE REPORT)

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**Introduction:** Coronary angiography (CA) has well-known limitations for assessment of the coronary diameter, percent of coronary stenosis and plaque distribution. CA often can "miss-judge" the outcome of percutaneous coronary intervention (PCI) with stenting, which is important for post-procedure stent thrombosis and in-stent restenosis. Optical Coherence Tomography (OCT) as intracoronary imaging method can guide the PCI, like choice of stent length and diameter (50% of cases when using OCT), and post-stenting balloon dilatation (27% of cases) to reduce under-expansion and malposition.

**Case presentation:** We present a case of a 65 year old male, with angina pectoris. Coronarography revealed significant stenosis on Left Anterior Descending (LAD) artery at the bifurcation with the diagonal branch (Medina 1-1-0) (picture 1). The LAD and Diagonal branch were wired, and provisional stenting of the LAD was performed (DES 3.0/26 mm). Angiographic result after stenting was assessed as optimal, with stent under-expansion in the middle segment (picture 2). Post-dilatation was intended, but the balloon catheter couldn't pass the proximal part of the stent. OCT revealed significant stent under-expansion in the proximal part (picture 3), stent malposition (picture 4) in the middle segment and distal stent edge dissection (picture 5). Therefore, a second stent (DES 3.0/16 mm) was implanted distally, and several balloon post-dilatations (non-compliant balloon 3.5/10 mm) were performed. Finally, an optimal angiographic result was achieved (picture 6). We performed another OCT, which showed optimal stent expansion, no stent strut malposition and covered coronary dissection.

**Conclusion:** In our case, in just a single lesion procedure, OCT showed disorder of several stent expansion parameters, that were not seen with CA, including: stent expansion, stent malposition and unnoticed distal stent dissection.

ABSTRACT  
AWARD SESSION

Symposium with international participation "HIGHLIGHTS IN CARDIOVASCULAR DISEASES"

OCT guided complex PCI can improve the final result and procedure related major adverse events.

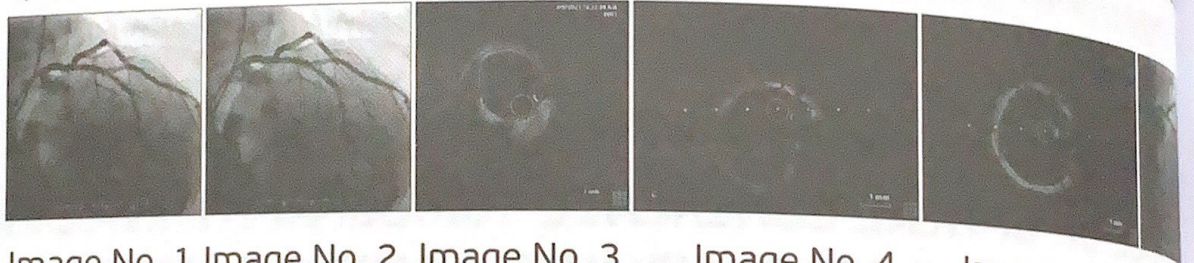


Image No. 1 Image No. 2 Image No. 3 Image No. 4 Image No. 5 Image No. 6

Keywords: optical coherence tomography, coronary angiography, percutaneous coronary intervention