

Treatment of a true CxA-OM bifurcation lesion using a one stent drug-coated balloons provisional technique

 **Krešimir Gabaldo***,
 **Božo Vujeva,**
 **Katica Cvitkušić**
Lukenda,
 **Marijana Knežević**
Praveček,
Domagoj Vučić

General Hospital „Dr. Josip Benčević“ Slavonski Brod, Slavonski Brod, Croatia

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***ADDRESS FOR CORRESPONDENCE:** Krešimir Gabaldo, Opća bolnica Dr Josip Benčević, A. Štampara 42, HR-35000 Slavonski Brod, Croatia. / Phone: +385-98-1398-810 / E-mail: kresimir.gabaldo@gmail.com

ORCID: Krešimir Gabaldo, <https://orcid.org/0000-0002-0116-5929> • Božo Vujeva, <https://orcid.org/0000-0003-0490-3832>
Katica Cvitkušić Lukenda, <https://orcid.org/0000-0001-6188-0708>
Marijana Knežević Praveček, <https://orcid.org/0000-0002-8727-7357>

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Background: Provisional stenting is a favorable option for most bifurcation lesions, while two stent techniques show benefits in true bifurcation performed by experts. Using one stent and DCB in true bifurcation lesions still remains questionable.^{1,2}

Case report: 76-year-old male presented with persisting chest pain. ECG showed no specific ischemic changes, while hsTnI was highly elevated. He had gone PCI LAD 14 years ago. Diagnosis: right coronary angiography revealed occlusion of RCA, while left coronary angiography revealed LLS of 20% in proximal LAD stent, 70% stenosis of mid LAD, and acute occlusion of secondary OM branch on bifurcation level, while CxA was stenosed 70-80%. Management: PCI CxA-OM2 was performed with DES Xience expedition 2,75/33mm in CxA-OM2 with POT 3,25/12mm proximally, then after rewiring and adequate lesion preparation a DEB Sequent please 2,5/25mm in CxA distally was performed. After two months we performed an elective PCI LAD and checked out the result of CxA bifurcation which was optimal.

Conclusion: Using one stent and DCB in true bifurcation lesions still remains questionable. There are no data from a prospective study, while there are data from the observational study which enrolled 130 patients. DCB-only strategy was performed in 54% patients, 34.6% had at least one stent in the main branch, 8.5% had at least one stent in the side branch and 3.1% at least one stent in the main branch and side branch. Study follow up lasted for 9.8 months. The TLR rate was 4.5%, MACE was 6.1%, and no stent thrombosis was detected. This study suggested that the DCB+one stent, and DCB-only strategy was safe and effective in selected bifurcations, possibly allowing for an abbreviated antiplatelet regimen.

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LITERATURE |||||

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