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Complex coronary artery stenting- Double bifurcation lesion intervention

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Coronary intervention in case of acute coronary syndrome is best, easy and promt approach for revascularization. It maintains the perfusion of myofibrils and thereby reverses all electrical and mechanical sequel of ischemia. There are different types of stentotic lesion which are revealed only after coronary angiography. These lesions range from simple to complex and the patient of course maybe stable or hemodynamically unstable, imparting challenge in either way. In this case the patient in his 80's, established case of CAD, presented with acute coronary syndrome, hemodynamically unstable, systolic blood pressure is 90 mmhg, on inotropic support, LVF 20-25%, immediately shifted in cath lab for catheterization. Angiography reveals left main + DVD. Calcified distal left main 60%, osteal LAD 90% and osteal LCx 80% stenosed. Immediately decided for interventions. LMCA hooked and both vessels were wired, ballooned. When Proximal LAD opened, there is another bifurcation lesion noted (main branch 80%, and osteal large D1 80%). So first distal bifurcation was tackled and then the left main bifurcation was tackled successfully with TIMI 3 flow in both major arteries. Subsequently patient improved and discharged on 5th day. There is a situation during cardiac catheterization when interventional cardiologist has to weigh the favorable outcome of procedure against the patient's factor I.e. age, low EF and high risk for cardiac surgeries. In this case, interventional outcome seems to be better against patients' factor.

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