Mistakes we have to avoid

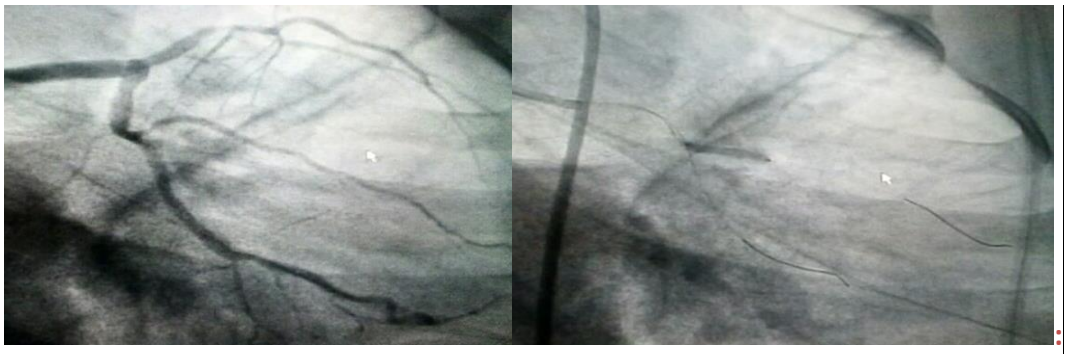
in mini crush technique

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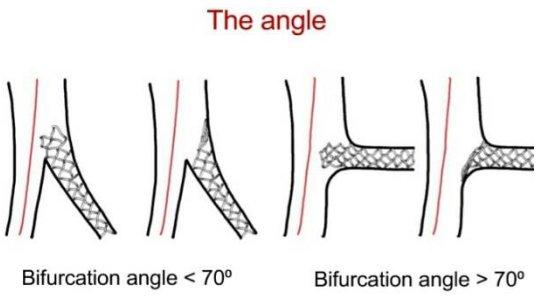
History: **female pt 57 y, from Nigeria , hypertensive not diabetic, with recurrent TCP, normal ECG with good systolic function in echo cardiography and came for elective coronary angio.**

Coronary angio result: **LM: normal, LAD: proximal 85% lesion, LCX: mid 80% lesion bifurcating with OM1 branch which showed osteal 90% lesion and RCA: dominant with distal 50% lesion.**

Plan: **stenting of LAD and bifurcation stenting of LCX_OM1 with mini crush technique but many mistakes in the technique and complications occurred as 2 dissections , this made the PCI time about 150minutes.**







Mistakes occurred: **1. The use of mini crush technique in angel more than 70 degree delayed the SB recross time.**

2. More protrusion of SB (OM1) stent in main artery (LCX) lumen leaded to the recurrent cross of LCX wire through the OM stent struts.

3. The postpone of the cross of the LCX NC ballon (or stent) needed for crushing OM1 stent after the inflation of OM1 stent leaded to difficulties in its cross later .

4. Over sizing of distal LAD stent leaded to significant edge dissection leaded to the use of another DES to cover it.

Take home message: **provisional stenting is recommended for the majority of bifurcation lesion but if you decide to use two stent technique, you should assess the bifurcation angel carefully before the choice of the technique and be accurate in SB stent protrusion in main artery lumen.**