

Tryton treats a wide spectrum of high risk diseased bifurcation lesions. Change the complex into a straight forward case and keep control.

IUVANT STUDY PATIENT WITH 56 MONTH ANGIOGRAPHIC FOLLOW UP

Baseline

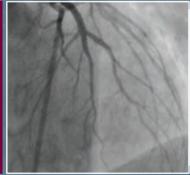


MEDINA 1,1,1 WITH LARGE PLAQUE BURDEN AND LONG SIDE-BRANCH LESION

- 45-year-old male with hypercholesterolemia
- Recent onset of rest angina, severe LAD lesion at MSCT coronary angiography
- Invasive coronary angiography: Proximal LAD lesion and LAD-DI bifurcation lesion (Medina 1,1,1) with disease extending >3mm distal to the DI ostium

CASE CONCERNS: Preserve large DI and fully cover long branch disease, durability of the acute result in a young patient

Final Results



COMPLETE TREATMENT OF MAIN-VESSEL AND LONG SIDE-BRANCH LESION

- Side branch secured with a Tryton stent $(3.5/2.5 \times 19 \text{ mm})$
- Side branch lesion fully covered with a 2.5 x 8 mm Xience V stent
- Deployment of main branch DES 3.0 x 28 mm Xience V
- Sequential post-dilation of LAD and D1 and FKB with NC balloons
- Proximal LAD lesion treated with 3.5 x 12 mm Promus stent

Follow-Up - 9 Months

Key Takeaway



EXCELLENT ANGIOGRAPHIC RESULT

- AT 9-MONTH FOLLOW-UP: no mainvessel or side-branch restenosis
- 56 MONTHS FOLLOW-UP performed because atypical chest pain and equivocal ECG stress test: unchanged results from 9 to 56 months

 56 Months Follow-Up



"I am very satisfied with the performance of the Tryton Side-Branch stent for several

- 1. Provides a safe, effective and predictable treatment of complex bifurcations lesions
- 2. Not contingent on anatomic variations and lesion complexity
- 3. Allows easy treatment of long side-branch lesions with additional stent implantation
- 4. Grants long-term durability of angiographic results like in this case.

These are the main reasons why the Tryton Side Branch stent is my default strategy since several years ago for complex bifurcation lesions"



Investigational in the US and not approved in Japan. The Tryton Side Branch Stent System is for sale in Europe.

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— Antonio L. Bartorelli, MD, FESC, FACC Centro Cardiologico Monzino - University of Milan, Milan, Italy

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