

TRYTON Side Branch Stent Built For Bifurcation

- FEATURED CASE -
LAD - First Diagonal: Medina 1,1,0

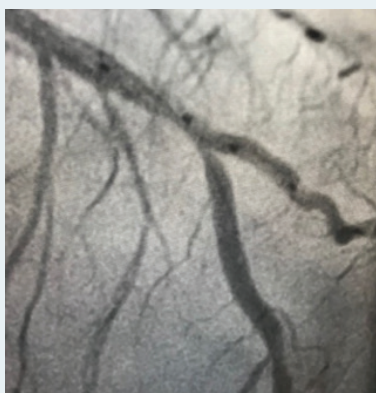
Baseline



LAD (MB) – D1 (SB) bifurcation lesion, Medina 1,1,0.

To anticipate ostial shift from MB to SB, the strategy securing the side branch first with Tryton was preferred.

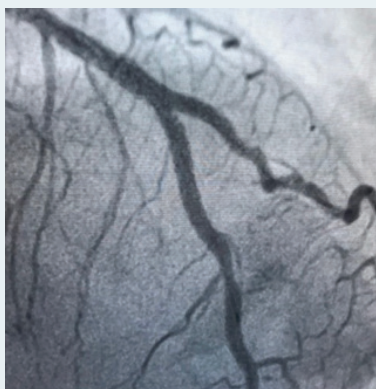
Tryton Deployed



After pre-dilatation of SB with 2,5/12 mm NC balloon, Tryton stent 2.5/3.0 was deployed.

Post dilatation with compliant 2.5/10mm balloon at 8 atm.

Final Results



POT with compliant 2.5/10mm balloon before rewiring the MB. Predilatation of main branch with same POT balloon. Deployment of MB DES 2.5mm/18.

POT of ostium DES and Tryton with compliant 2.5/10mm balloon. Finished with kiss procedure with NC balloons in MB 3.0/10mm and SB 2.5/10mm at 12 atm for 30s.

Second kiss with same balloons for full apposition.

Key Takeaway

When rewiring the side branch is challenging preparing for the final kiss, performing a POT at level of ostium where DES and Tryton overlap, facilitates optimal apposition of both stents. This 'optimization' promotes easier wire entry towards side branch.

The Tryton stent protects the side branch for ostial shift from main vessel.

