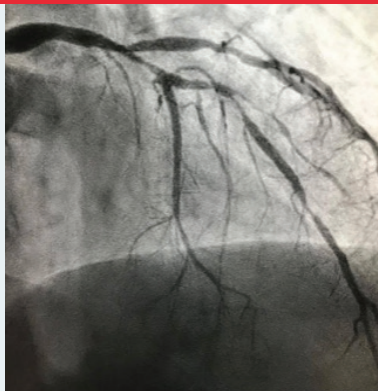


TRYTON Side Branch Stent Built For Bifurcation

- FEATURED CASE -

LAD and 1st diagonal branch bifurcation with additional disease in distal in LAD

Baseline

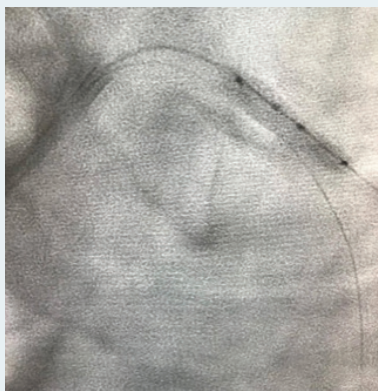


Moderate diffuse coronary disease LAD and side branches.

Medina 1,1,1 lesion LAD and 1st diagonal branch.

Distal LAD lesion planned to be treated after Tryton and proximal main branch DES deployment.

Tryton Deployed

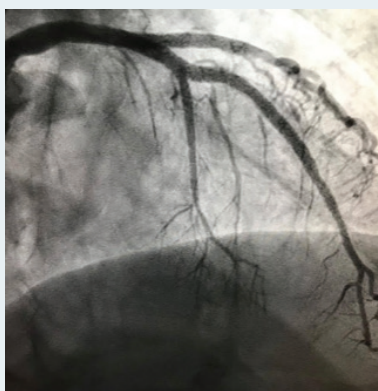


Radial approach.

Predilatation of side branch with 2.5/15mm non compliant balloon.

Tryton 3.0/3.5mm deployed followed by POT of side branch ostium with 3.5mm NC balloon.

Final Results



Deployment in prox. LAD of 3.0/32mm DES followed by KISS with 2 NC balloons of 12mm and MB 3.0mm and SB 2.5mm diameter.

Mid (2.5/28mm DES) and Distal (2.5/16mm) LAD lesion treated through stented bifurcation with some resistance maneuvering wires, balloons and DES.

Key Takeaway

Overall, great results!

Consider treating lesions distal to the bifurcation before treating proximal lesions to avoid peri-procedural resistance.

The Tryton in the 1st diagonal branch shows an excellent angiographic result and nice diameter step up from the 1st diagonal to LAD.

- Dr. A. Kakkar -

