

TRYTON Side Branch Stent Built For Bifurcation

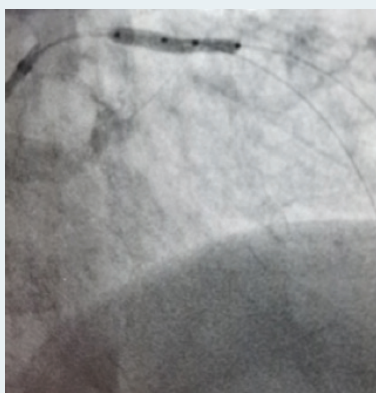
- FEATURED CASE -
Protect the Side Branch First Treating
Complex Bifurcations

Baseline



This large LAD/D1 Medina 1.1.1 bifurcation lesion with complex anatomy needed a different treatment strategy than the provisional method to ensure the D1 remained protected when treating the LAD lesion.

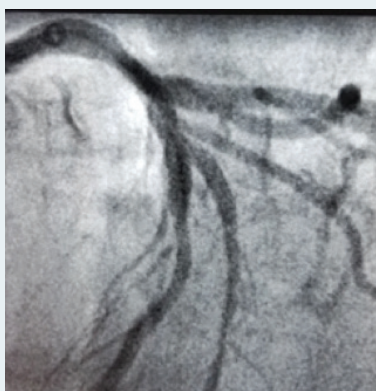
Tryton Deployed



Aggressive predilatation of the D1 was performed with a 2.5/12mm NC balloon. A Tryton 2.5/3.0mm was positioned using the two middle markers of the delivery system.

POT was performed with a 2.5/13mm NC balloon and a 3.0/18mm DES was used in the LAD.

Final Results



The kissing balloon technique was performed after successful re-wiring of the D1 leading to a good angiographic result.

Key Takeaway

“Tryton Side Branch Stent takes the treatment of bifurcations to a new level. Non-inferior compared to provisional and yet allows the operator to protect the side branch with minimal damage to the vessels” says Dr. Gangadharan.

*Non-inferiority determined in a post-hoc analysis of the randomized clinical trial data including only the intended population (patients with side branch diameter ≤ 2.25 mm by QCA, appropriate for a 2.5mm stent); in the full intent-to-treat population, non-inferiority was not met.

