

Patient with moderate calcification had a Medina 0.1.1 CX/OM1 bifurcation lesion. High grade stenosis ( $80 \%$ ) in the side branch and about $50 \%$ in the main branch.

Femoral access was obtained.
Physician performed pre-dilation with a semi-compliant $2.5 / 8 \mathrm{~mm}$ balloon.

A 2.5/3.0mm Tryton Side Branch Stent was chosen. After deployment, POT was performed using a $2.5 / 12 \mathrm{~mm}$ semi-compliant balloon.

A 3.0/30mm DES was used to cover the lesion and had sufficient proximal overlap of the Tryton "wedding band".

For the kissing balloon technique the physician chose two NC balloons $-2.5 / 15 \mathrm{~mm}$ and $3.0 / 20 \mathrm{~mm}$.
"My concern was potential plaque shift towards the OM by the long DES needed to cover the CX. The transition zone of the Tryton prevented this from happening providing the ostial scaffolding. 56-minute case. Textbook procedure" says Dr. Guerra.


