

TRYTON Side Branch Stent Built For Bifurcation

- FEATURED CASE -
Excellent Deliverability in Tortuous Vasculature

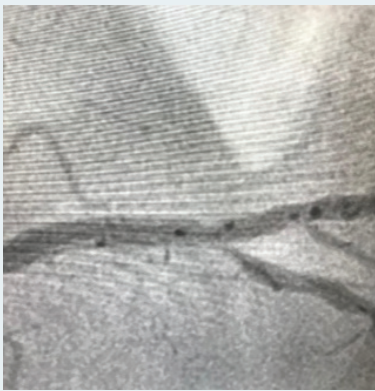
Baseline



Medina 1.0.1 bifurcation lesion in the PDA/RPL.

Patient had femoral access. After aggressive pre-dilatation of the PDA and vigilant preparation of the RPL with a 2.0/12mm NC balloon.

Tryton Deployed



Great visibility of the 4 markers. Two middle markers were used for optimal positioning the 2.5/3.0mm Tryton.

POT was performed with a 3.5/8mm NC balloon.

A 2.5/18mm DES was then chosen to “marry” the Tryton with great results.

Although recommended to perform a kissing balloon technique (see IFU), this specific case the physician chose not to perform the kissing balloon technique.

Final Results



All views showed fully secured ostium, great perfusion of the RCA-PDA-RPL. No residual stenosis.

Key Takeaway

“Tryton Side Branch Stent is most definitely a great alternative to two-stent treatments. As long as you follow the “recipe” it really simplifies the treatment of the bifurcation. The device has good deliverability” says Dr. Kok

