

# TRYTON Side Branch Stent Built For Bifurcation

**- FEATURED CASE -**  
"Reversed" Approach with Tryton in  
Main Vessel

Baseline



Presented patient had a tight Medina 1.1.1 RPL/PDA bifurcation lesion. Femoral access was obtained.

Predilatation was performed with a 2.0/16mm NC balloon. A 2.5/3.0mm Tryton Side Branch Stent was chosen.

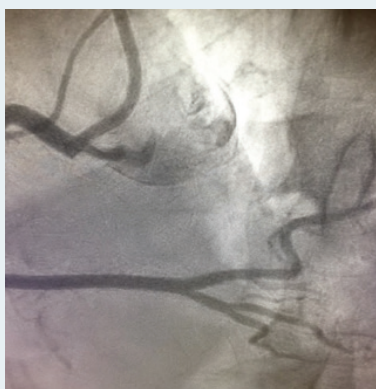
Tryton Deployed



Optimal positioning using the 4 radiopaque markers on the delivery system. After Tryton deployment in the PDA, the POT was performed with a semi-compliant 3.0/10mm balloon.

A 3.0/18mm DES was placed in the RPL.

Final Results



Procedure was finalized with a kissing balloon technique using two NC balloons - 2.5/15mm in the PDA and 3.0/15mm in the RPL leading to great results.

Key Takeaway

"Both branches were post dilated to high pressure with appropriately sized balloons. Tryton can be placed in either vessel of the bifurcation depending on vessel diameter. In this case the PDA was chosen to be the Side Branch and RPL the Main Vessel" says Dr. Mannino, Director CCL.

