

FEATURED CASE



The Tryton Side Branch stent treats a wide spectrum of high risk bifurcation lesions – turning the complex into straight forward cases.

PROTECTING A LARGE DIAGONAL BRANCH AND TREATING > 90% OCCLUDED LAD

Dr. Michael A. Kutcher and Dr. James Holland of Wake Forest Baptist Medical Center in Winston-Salem, N.C. Lead-in patient enrolled in Tryton Pivotal IDE Study.

Baseline



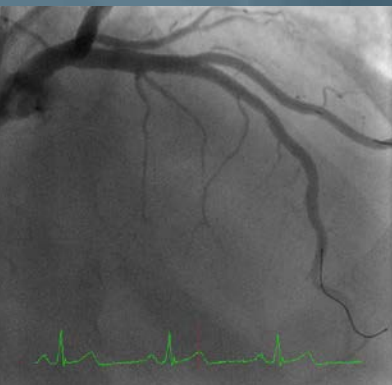
- 57yr old male, diabetes mellitus, hypertension and hypercholesterolemia
- Baseline angiography in anterior-posterior cranial projection
- LAD-Diagonal lesion (Medina 1.1.1)
- Case concerns:
 - Large diagonal protection
 - Treating nearly occluded LAD

Tryton Deployed



- LAD (main branch) and diagonal (side branch) pre-dilated
- Tryton stent (SB 2.5mm - MB 3.5mm) positioned in LAD and diagonal branch and deployed
- Angiogram shows secured side branch with main branch ready for workhorse DES

Final Results



- DES (3.5mm x 23mm) positioned and deployed
- With side branch secured at onset of case, the risk of jeopardizing the diagonal branch with a 'main branch first' provisional approach was reduced
- Final simultaneous kissing of the LAD and diagonal branch maximizes ostial scaffolding by the Tryton stent

“Bifurcation lesions are always complex and even more so when they are diffuse. Treatment of these lesions in a provisional treatment strategy is unpredictable and in most cases incomplete. The use of the Tryton Side Branch stent definitively treats the entire bifurcation with a few controlled steps changing the complex into a straight forward case.”

— Dr. Michael A. Kutcher
Wake Forest Baptist Medical Center
Winston-Salem, NC

KEY TAKEAWAY:

The Tryton Side Branch Stent enables physicians to treat complex bifurcated coronary disease in a straight-forward manner.



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Investigational in the US and not approved in Japan. The Tryton Side Branch Stent System is for sale in Europe.

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