



36th World Congress on Heart Diseases

Left main disease PCI- Appraisal of different techniques and use of imaging and physiology

Rohit Mody

Max Super Speciality Hospital, India

For many years, CABG has been the gold standard treatment for unprotected Left Main (LM) coronary artery lesions. Because of its high artery size and anatomical accessibility, the LM lesion makes a good PCI candidate. Subset PCI has been broadened by the development of Drug-Eluting Stent (DES) as well as fast advances in procedures, devices and adjunct pharmacotherapies. PCI and CABG had equivalent results in patients with low or moderate coronary complexity for up to five years, according to current research. Most LM bifurcation lesions may be treated successfully with a single provisional stent rather than the more complex two-stent treatment. The unusual instance of a bifurcation lesion, which requires the use of not one, but two stents from the start, is an exception to the norm. Controlling this unusual species and improving treatment outcomes need an integrated strategy involving specialised procedures, additional physiological and morphologic assessment and hemodynamic devices. It is estimated that 5–7 percent of individuals who undergo CAG have significant unprotected (LMCAD), with more than 80 percent of these patients suffering from bifurcation¹⁻³. LM is a common candidate for percutaneous coronary intervention (PCI) because of its anatomic accessibility and relatively big artery size.⁴ Interventional cardiologists have been inspired to pursue PCI because of major technological advancements in PCI, as well as more recent drug-eluting stents (DESs).

Received: 31, January 2022 | Accepted: 03, February 2022 | Published: 01, March 2022