

## Double bifurcation stenting in acute coronary syndrome

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### ABSTRACT

A 80-year-old former smoker male presented with complaints of acute onset chest pain of 5 hours duration. His past history included that of an acute anterior wall Myocardial Infarction 8 month back and had been on optimal medical therapy. His current ECG reflected ST segment depression in leads II, III and aVF. Cardiac troponins were raised while 2D echocardiography was suggestive of hypokinetic anterior territory with mild mitral regurgitation and an ejection fraction of 20-25%. A diagnosis of acute coronary syndrome (non-ST elevated Myocardial Infarction) with mild mitral regurgitation was made. Coronary angiogram was suggestive of a bifurcation lesion in LAD and 1st diagonal as well as LAD and left circumflex. A double bifurcation strategy was planned. First POBA was done in LAD and D1 followed by DES in LCX and LAD further followed by final kissing balloon dilatation. TIMI III flow was achieved.

### BIOGRAPHY

Balbir Pachar has completed his DM in Cardiology in the year 2014 from PBM Medical College Bikaner, Rajasthan. He is an Assistant Professor in the Department of Cardiology SMS Medical College, Jaipur, India. He is actively involved in doing complex cardiac interventions and research including training of DM students.



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