

angiolite

in daily clinical practise



TREATMENT OF COMPLEX CORONARY DISEASE

- Patient: Male, 77 years old
- Diagnostic: Complex lesion
- Doctor: Aimee Flores, Dominican Institute Association of Cardiology (Dominican Republic)

Patient profile

The patient presents positive cardiovascular risk factors as arterial hypertension, age and sedentary lifestyle. He enters symptomatic for oppressive precordial pain 7/10 irradiated to jaw. After three hours of evolution the patient had electrocardiographic data of subepicardial ischemia in inferior face. No other particularities to comment.

Problem detected

Significant lesion in the distal third of the right coronary artery obstructing the lumen by 90%.

Lesion assessment in diastole and systole



Procedure

A percutaneous coronary angioplasty was performed with **DES angiolite** implant due to its chromium cobalt platform making it more bioadaptive, with an endothelialization process at 3 months of 86% and a binary restenosis rate of 0%. A direct stenting of **angiolite 4.0x29 mm** was implanted in the right coronary artery at nominal value and achieved an inflation of 14 atm.

Direct stenting angiolite



Results

Angiographic control was performed, not showing residual lesion and presenting a good distal flow.

Result after procedure



Conclusions

This case illustrates the **push capacity, trackability, flexibility and radial force of angiolite in the treatment of complex coronary lesions**, making it an attractive tool when treating this disease.

TREATMENT OF A CORONARY DISEASE OF A HIGH RISK PATIENT

- Patient: Female, 62 years old
- Diagnostic: NSTEMI
- Doctor: Ahmed El Eissawy, El Shaikh Zayed Specialized Hospital (Egypt)

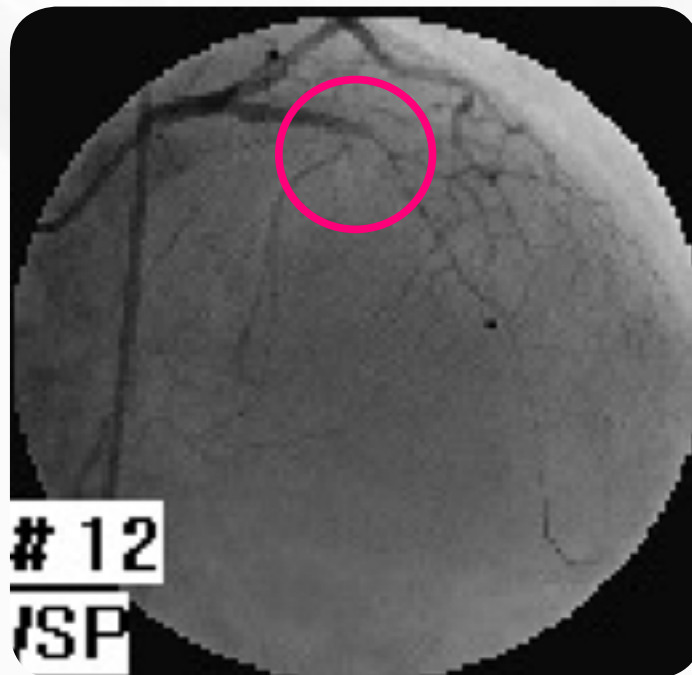
Patient profile

The patient was diabetic on insulin, hypertensive and dyslipidemic.

Problem detected

The patient presented NSTEMI 1 week before procedure.

Lesion assessment at Dec. 2016

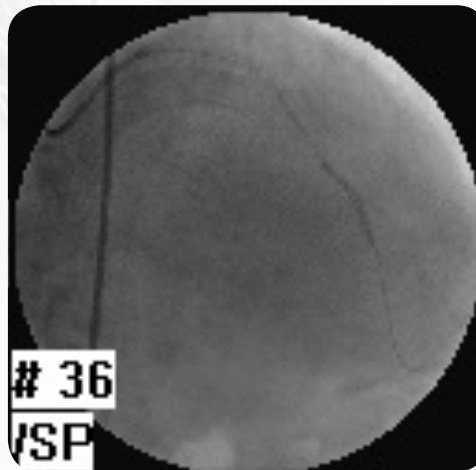


Procedure

She presented a CTO RCA for medical treatment and a PCI to LAD with 2 DES was performed. Lesion was dilated using 2 PTCA balloons and 1 NC PTCA balloon which were introduced along the guidewire and properly positioned across the lesion and inflated several times at pressure of 20 atm.

An **angiolite of 2.25x24mm** was introduced and deployed at an increasing pressure at 14 atm. Post stent dilatation was done with a NC balloon. Another **angiolite of 2.75x39mm** was deployed over the lesion overlapping the previous one by increasing pressure 0-14 atm. Post stent dilatation was done using another NC balloon inflated at 14 atm.

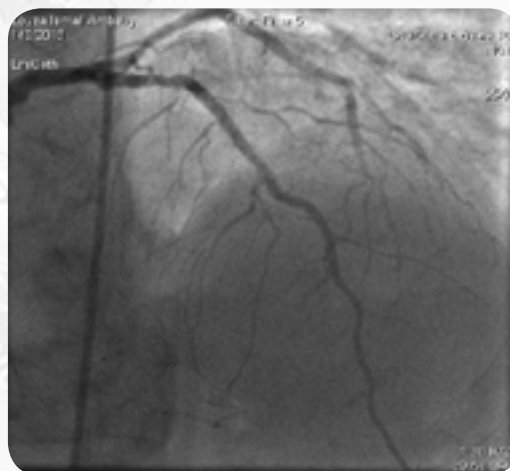
Procedure at Dec. 2016



Results

Coronary angiography revealed an excellent end results with TIMI-III flow with a successful PCI to LAD by 2 Angiolite when it was implanted in 1st December 2016. At the follow up in 19th March 2019 was continuing having successful outcomes.

Result at 3 years (at March 2019)



Conclusions

Successful PCI to LAD with 2 Angiolite stents and later diagnostic coronary angiography **revealed a total patency of the 2 Angiolite even after 28 months in this LAD with a diabetic patient.**

TREATMENT OF ACUTE CORONARY SYNDROME

- Patient: Male, 59 years old
- Diagnostic: NSTEMI
- Doctor: Álvaro Campos, Clínica Indisa (Chile)

Patient profile

The patient underwent to a myocardial revascularization two years ago. He arrived for chest pain at dawn but the initial ECG showed no significant alterations. The initial troponin levels were normal and he had no discomfort during the following hours. In the second troponin test the levels increased, so coronary angiography and bypass study was decided.

Problem detected

The patient enter for acute myocardial infarction without ST elevation.

Lesion assessment



Procedure

A recently occluded venous bypass solution was proposed, but the attempt to de-occlude chronically occluded circumflex in the middle of an acute coronary syndrome was rejected. Finally, a treatment with **angiolite DES** was decided. First, it was decided to aspirate thrombotic material. After, it was dilated with PTCA balloon of 2.5x15 mm. Then **angiolite active drug stent 4.0x29 mm** at 12 atm was implanted.

During the procedure



Results

Good final angiographic result, without residual lesion of treated segment and normal distal flow.

Result after the procedure



Conclusions

This case shows the efficacy of angiolute for patients with acute coronary syndrome reaching distal lesions thanks to its pushability and trackability. We can conclude that **angiolite is a good DES to be used regularly in IC for complex coronary lesions**, making it an attractive tool when treating this disease.

TREATMENT OF STEMI AND CARADIOGENIC SHOCK

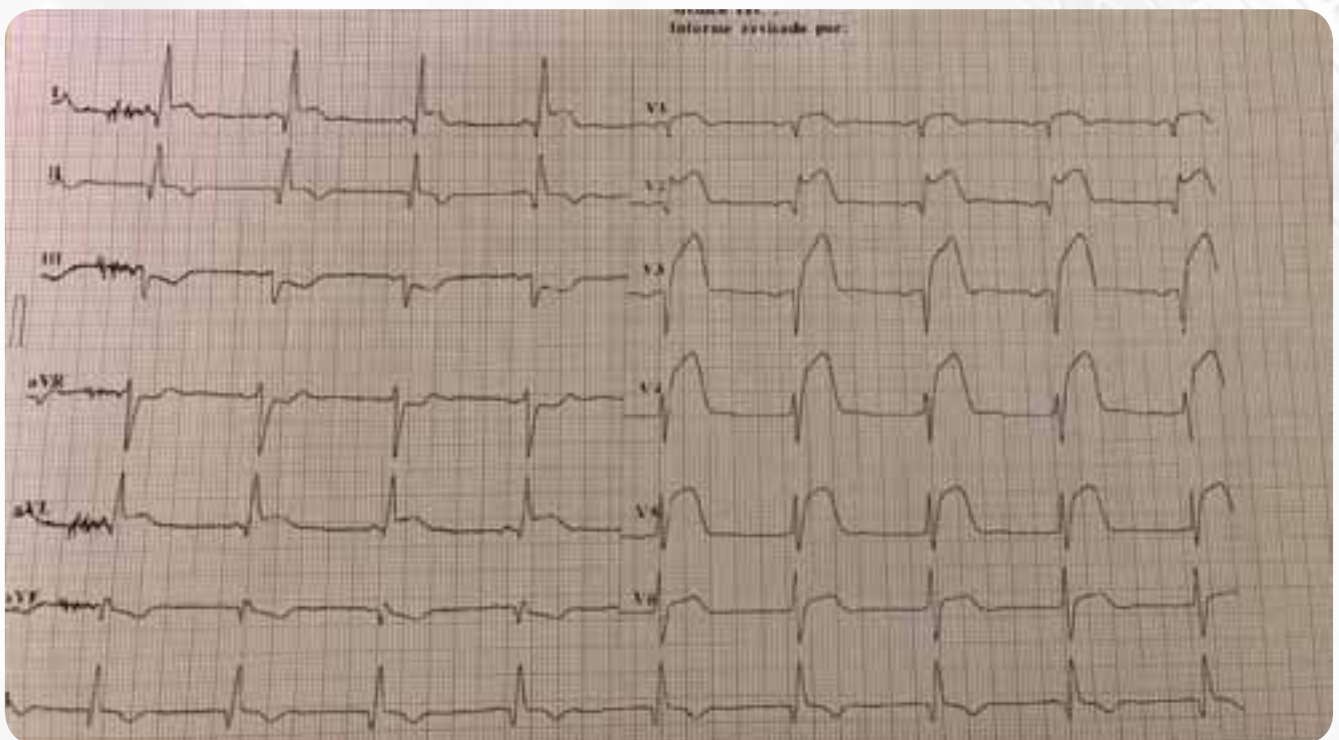
- Patient: Male, 68 years old
- Diagnostic: STEMI
- Doctor: Licurgo Cruz, Metropolitan Hospital of Santiago, Dominican Republic

Patient profile

The patient presented a history of high blood pressure and diabetes. 40 minutes before arriving at the hospital emergency room he presented thoracic pain, diaphoresis, cyanosis and syncope.

Problem detected

The ECG performed to the patient showed a Myocardial Infarction with ST elevation.



Procedure

A coronary angiography was performed , using the right radial access. The lesion was predilated with a **2.0x15mm xperience balloon**, the obstruction was crossed and an **angiolite stent 2.75x29mm** was implanted, inflated to 12 atm for 20 sec.



Results

The result of the procedure were very satisfactory with a TIMI III Flow.



Conclusions

This case shows a successful procedure treated with Angiolite in patients with STEMI. During this case, **Angiolite demonstrated a good trackability and crossability.**

COMPLETE REVASCULARIZATION OF THE LEFT'S CORONARY ARTERIES IN ST ELEVATION MYOCARDIAL INFARCTION

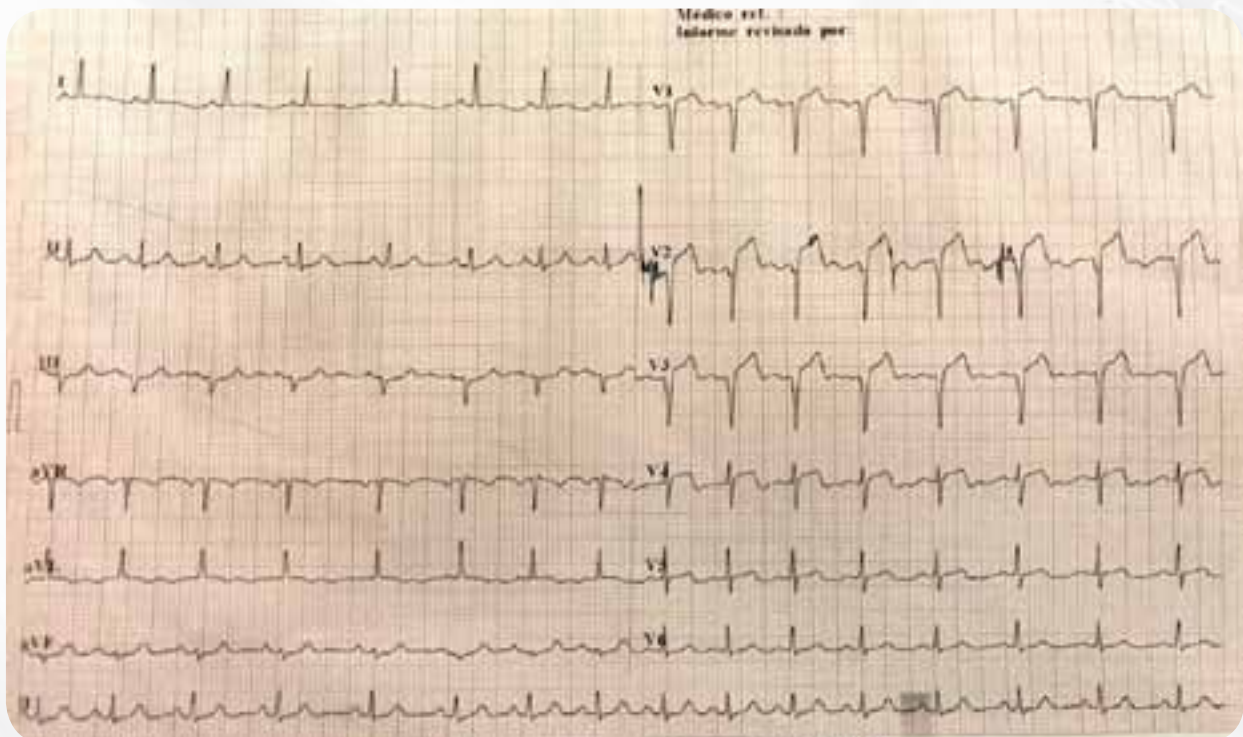
- Patient: Male, 72 years old
- Diagnostic: STEMI
- Doctor: Licurgo Cruz, Metropolitan Hospital of Santiago, Dominican Republic

Patient profile

The patient had a history of high blood pressure, high cholesterol and diabetes. He showed chest pain at work with diaphoresis.

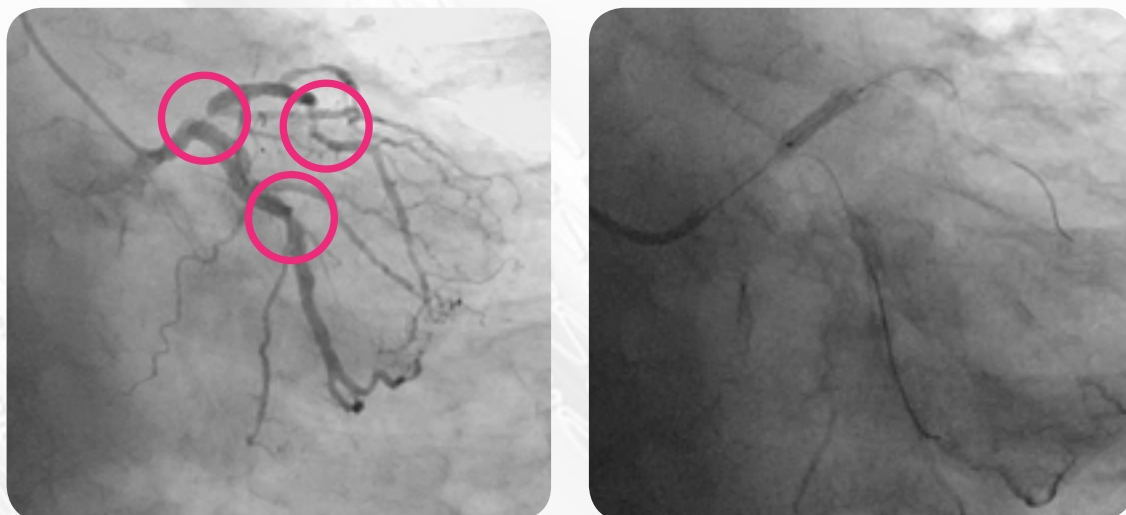
Problem detected

An ECG test was performed to the patients which evidenced a Myocardial Infarction with ST elevation.



Procedure

A coronary angiography with angiolute to achieve a complete revascularization was performed and a severe coronary artery disease of the circumflex artery and sub-occlusive lesion (99%) of the left descending artery was diagnosed. The left descending artery was predilated with a **xperience balloon 2.15x12mm** inflated to 12 atm for 16 sec and **two sequential angiolute stent's**: one **2.75x16mm** in the ostium to the proximal segment and one 2.5x29mm (direct stenting), both inflated to 10 atm for 16 sec. The circumflex artery was treated with a **direct angiolute stent 2.75x12mm**, inflated to 12 atm for 20 sec.



Results

Very satisfactory outcomes with a TIMI III flow in all lesions treated.



Conclusions

This case demonstrates a successful complete revascularization with angiolute stent in left coronary arteries in myocardial infarction with ST elevation. We can conclude that **angiolute shows a high efficacy in the daily clinical practise for complex cases.**

LEFT MAIN STENTING IN ST-ELEVATION ACUTE CORONARY SYNDROME

- Patient: Female, 55 years old
- Diagnostic: ACS
- Doctor: Radecki Pawel, Mazowiecki Szpital Specjalistyczny w Ostrołęce im. Dr Józefa Psarskiego, Poland

Patient profile

The patient was ex-smoker, with hypertension and hiperlipidemia. She was admitted to the department 1st of October 2019 because of anterior wall myocardial infarction with ST segment elevation, with hourly chest pain.

Problem detected

Coronary angiography revealed distal left main stenosis, true bifurcation with ostial LAD occlusion and significant lesion in ostium of circumflex artery.

RAO / CRA view before PCI



Spider view pre PCI



Procedure

A primary PTCA in STEMI with radial access was performed. A predilatation with a PTCA balloon of 2.5x15mm at 12 atm was performed of the occluded ostial LAD, and then a stenting procedure was done with **angiolite of 3.5x16mm** from left main directly to the LAD. It was inflated at 14 atm. Afterwards, it was proposed to do an IVUS control. So, if there was good flow in LAD and Cx and also good IVUS result in stent location, then no additional steps would be performed.

Opened LAD with significant
LM/Cx/LAD stenosis



angiolite implantation
during PCI



Results

The procedure was successful without dissections, no slow flow or reflow. The positioning of the stent was very convenient demonstrating very good expansion and stent apposition without NC balloon postdilatation.

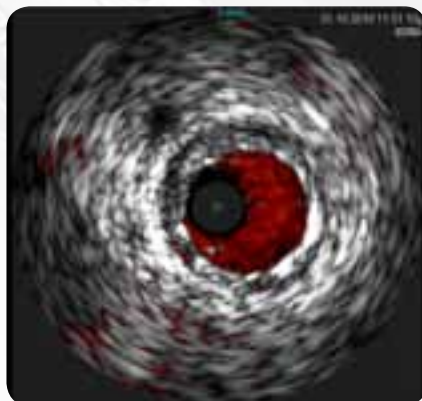
RAO / CRA view post PCI



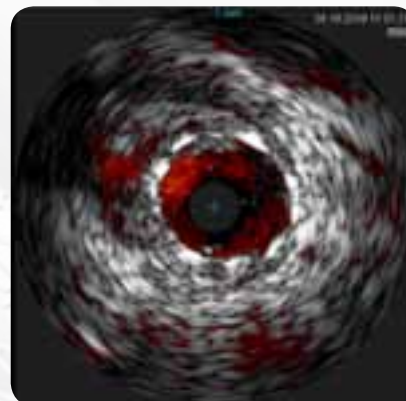
Spider view post PCI



IVUS post PCI – Prox LAD with well
expanded stent



IVUS post PCI - Distal LM – bifurcation with
LAD and Cx with well expanded stent



Conclusions

This case shows a **good efficacy of angiolite stent treating lesions in left main**. The patient remained in a good condition during the follow up one week after.

MULTIVESSEL DISEASE

- Patient: Male, 55 years old
- Diagnostic: Multivessel disease
- Doctor: Rafael Feldman, Sanatorium Sarmiento, Argentina

Patient profile

The patient had a history of hypertension, diabetes, ex-smoker and chronic obstructive pulmonary disease. He presented non-STEMI with heart failure during chest pain.

Problem detected

The patient presented a multivessel disease with severely calcified coronary stenosis and he could present a potential heart failure during the procedure.

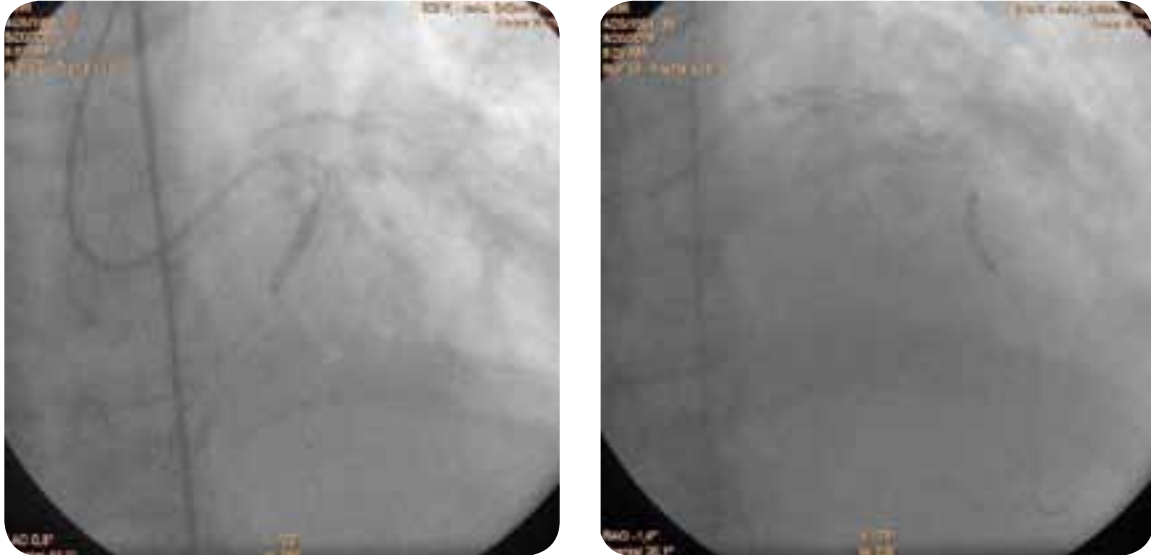


Coronary angiography shows severely calcified stenosis at Left Anterior Descendant (proximal-middle and distal), Circumflex artery (proximal and distal) in a left dominant coronary circulation. Right coronary artery was occluded.

Procedure

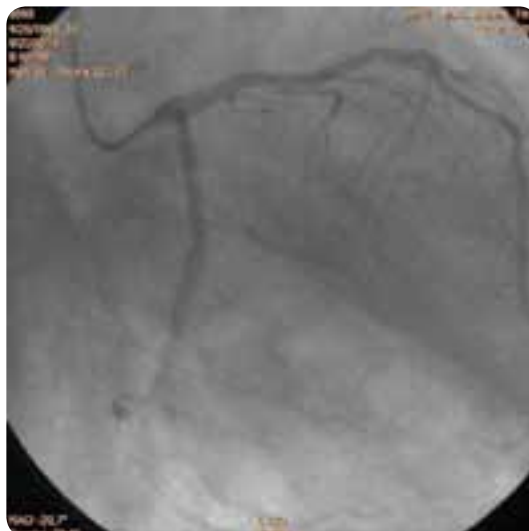
The patient was rejected for surgery for the Heart Team due to potential heart failure during procedure. So, a percutaneous intervention and multiple vessel angioplasty with angiolute was performed. The first artery treated was circumflex artery where a predilatation was made with **xperience balloon of 2.5x15 mm**, inflation time of 20 sec at 8 atm, at each stenosis. Then a **3x16mm and 3.5x24 mm angiolute stents** were implanted, distal and proximal respectively, at 12 atm. The implantation last for 40 sec each stent.

Then the left anterior descendant artery was treated where a predilatation was performed and a **2.75x24 mm and 3x29 mm angiolute stents** were implanted, distal and proximal respectively, at 12 atm.



Results

The patient presented symptoms and signs of heart failure during LAD angioplasty, with blood arterial hypotension. Likewise, the procedure could be completed and the patient responded favorably to the arterial opening. The result was excellent with a final TIMI frame count was 3.





Conclusions

This case demonstrates a complex scenario of multivessel disease where the **angioplasty with angiolute stent was safe and feasible**.



angiolite

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