CASE DETAILS:
The patient is a 67 year old male smoker. He was admitted to the hospital with unstable angina. The patient suffered from severe chest pain, beta blockers, and nitrates could not relieve the symptoms. An angiogram reveals a 75% stenosed lesion at the left main, an 80% stenosed lesion at the proximal LAD, and an 85% stenosed lesion at the ostium of D1.

A 3.5 guiding catheter was used. Two guidewires were advanced into the LAD and D1. A SafeCut Dual Wire PTCA Dilatation Catheter 3.0mm x 15mm was used to predilate both the left main and the ostium LAD lesion (Figures 2 and 3). The same SafeCut was used to treat the Diagonal 1 lesion. A drug eluting stent (DES) 3.5mm x 33mm was deployed at the ostial LAD lesion. "SafeCut predilated the lesion nicely, it created a lumen for smooth delivery of the DES which would otherwise be impossible due to the tight eccentric calcified lesion at the left main," said Prof Gai. The final angiographic result was satisfactory without aggravated stenosis at the ostium of D1 (Figure 5).

Professor Gai concluded that SafeCut is a safe and effective option for the treatment of left main lesions. The focused force allows for luminal enlargement, enabling smooth stent implantation.

"SafeCut is a safe and effective option for the treatment of calcified plaques," says Professor Gai.

Treatment of a Left Main Calcified Lesion with the SafeCut Dual Wire PTCA Catheter