CASE SPOTLIGHT

TORTUOUS CIRCUMFLEX ARTERY

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R STENT™

Good Pushability and Trackability of the R stent for Complex Coronary Lesions

CASE DETAILS:

The patient is a 68 year old male presented with chest pain upon effort for two years. He had hypertension as a coronary risk factor. The echocardiography showed a normal LV ejection fraction of 58% without wall motion abnormality. Left coronary angiogram showed a diffuse stenosis at the first obtuse marginal (OM) branch with a diffuse LAD stenosis *(Figure 1)*. Right coronary angiogram showed a mild narrowing at the distal RCA.

The diffuse LAD lesion was treated well with drug eluting stents *(Figure 2)*. For the diffuse OM lesion, predilation was performed *(Figure 3, 4)*. Then, a 3.0 x 28 mm **R stent Evolution 2** was inserted into the OM lesion without difficulty and deployed successfully *(Figure 5, 6)*.

"Because the left circumflex coronary artery is often very tortuous and not aligned well with the guiding catheter, we used to have difficulty in implanting a stent. From the case, we realized that the R stent Evolution 2 has very good trackability and pushability for complex coronary lesions," said Professor Park.

Figure 1

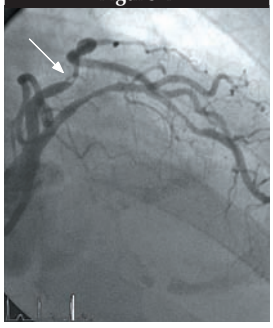

Figure 2

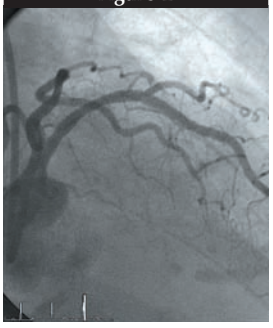

Figure 3

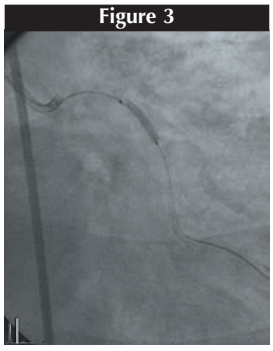

Figure 4

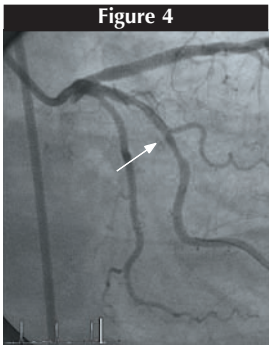

Figure 5

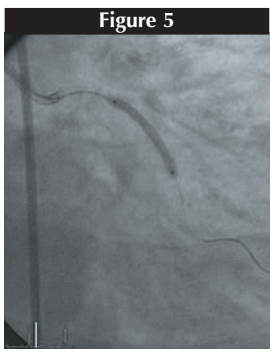

Figure 6