

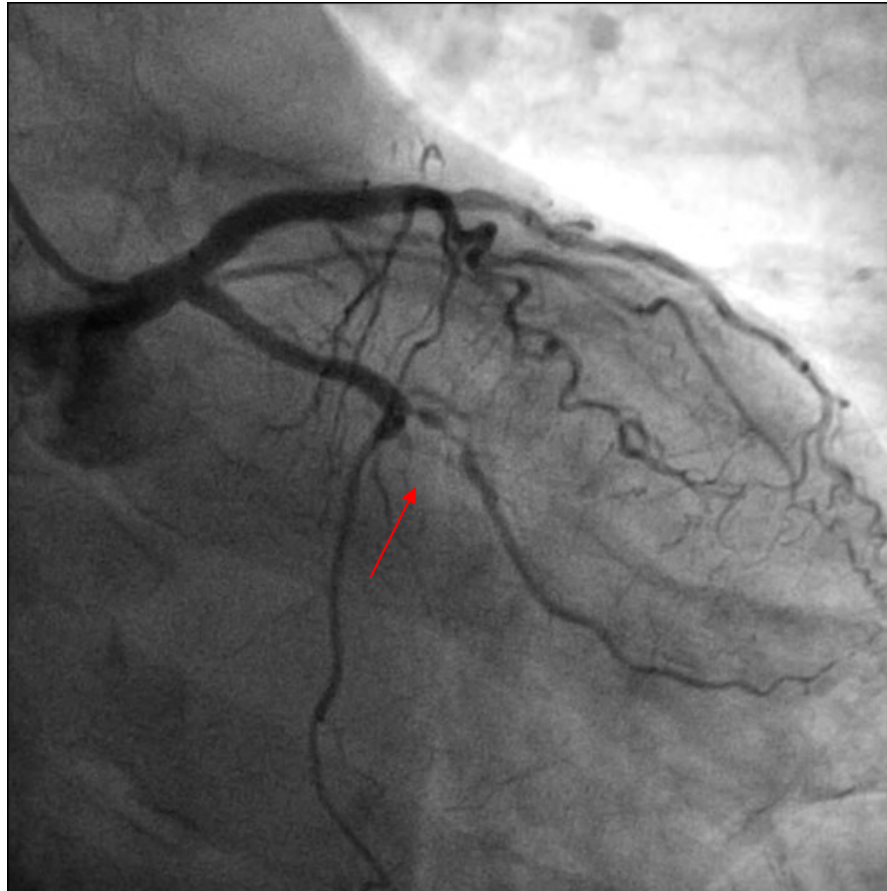
DEB as alternative therapy in small “de novo” coronary lesions

Pantera Lux
Case report

- Male 67 years old. History of hypertension and diabetes mellitus. Prior ischemic heart disease. DES in diagonal and LAD 2009. Angiography performed in 2010 showed total occlusion of diagonal STENT. Medical treatment was suggested.
- Patient is admitted for rest acute chest pain (2011).
- ECG: Dynamic ST-segment depression 1 mm V5-V6.
- HsTnl: 112 pg/ml.

- Patient is admitted with a diagnosis of high-risk NSTEMI and an invasive approach was indicated.

Coronariography



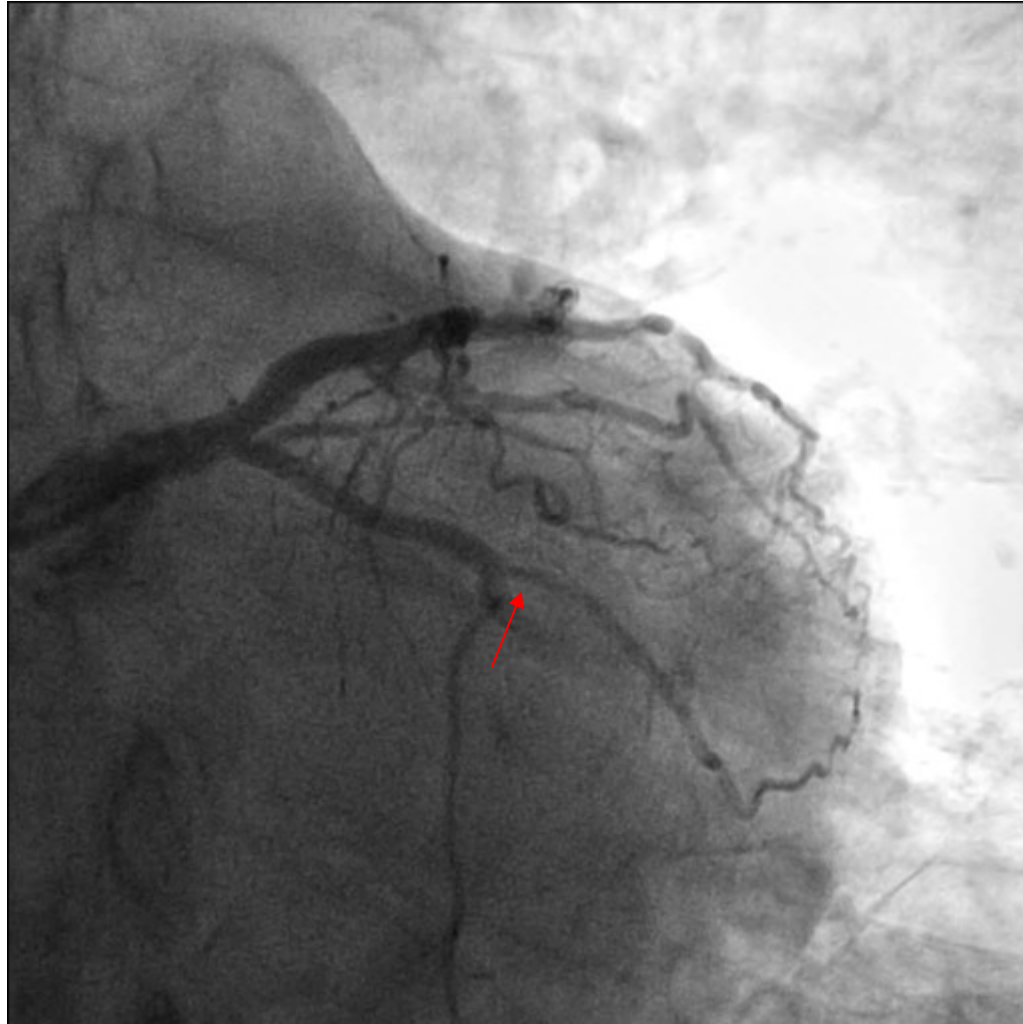
Severe lesion in marginal branch (small vessel)

DEB inflation



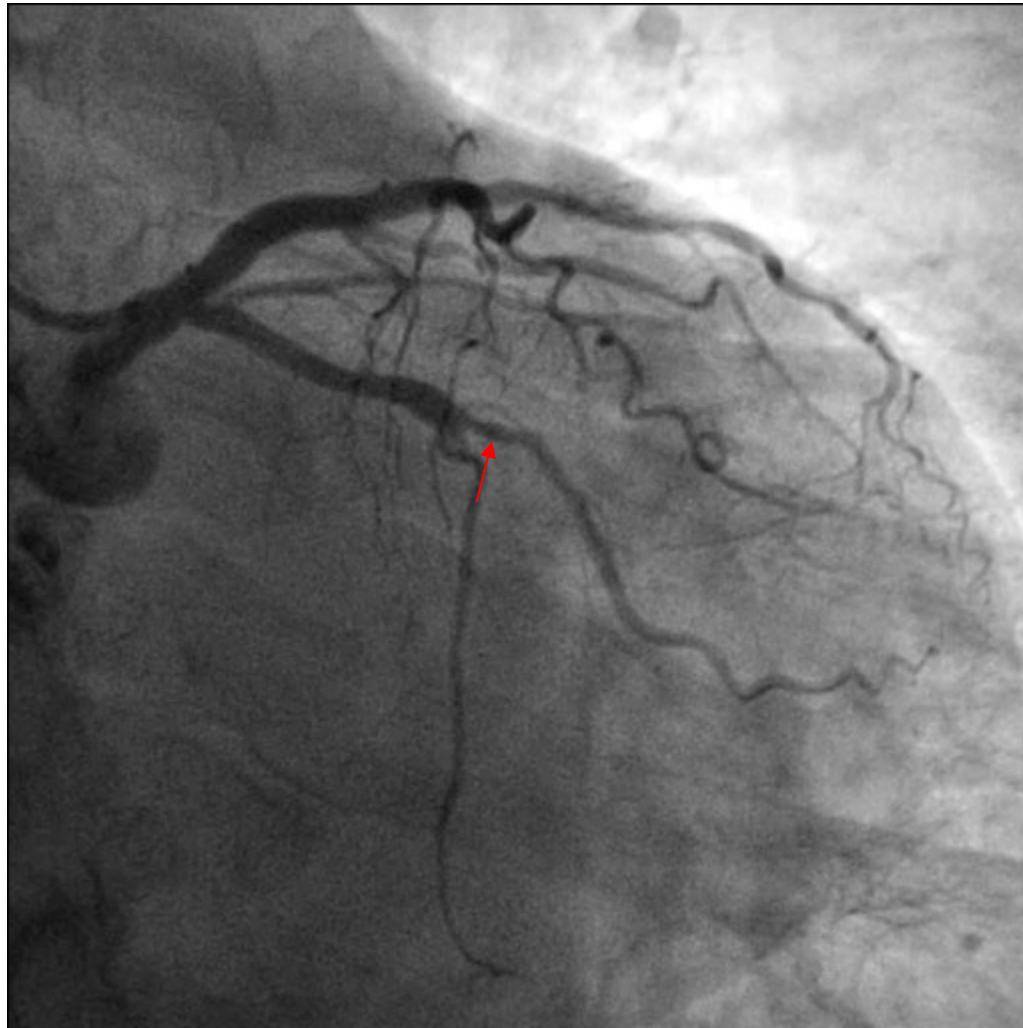
PCI using a DEB approach was chosen
Predilation with 1.5 x 15 mms balloon
Dilation with Pantera Lux 2 x 20 mms at 8 atm

Post DEB



Immediate angiographic result

6 month-angiography



Conclusion

- DEB appears a feasible revascularization technique for small vessel lesions