IMAGES IN INTERVENTION

Optimization of Tryton Dedicated Coronary Bifurcation System With Coregistration of Optical Coherence Tomography and Fractional Flow Reserve

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The Tryton-Side Branch Stent (Tryton Medical, Newton, Massachusetts) is a dedicated bifurcation system, designed to be implanted in the side branch (SB) along with placement of a standard drug-eluting stent (DES) in the main vessel (1). The procedure is completed by a final kissing balloon dilation of both stents, which requires crossing of the Tryton-stented SB through the main branch stent struts (Fig. 1). Motorized fractional flow reserve (FFR) pullback (at 1 mm/s) during hyperemia was used to allocate intracoronary pressure gradient variations, allow coregistration with anatomical, optical coherence tomography (OCT)-derived imaging, and verify optimal morphological and morphometric parameters.

Figure 1. Coronary Angiography Pre- and Post-Stenting of the LAD–D1 Bifurcation Stenoses

(A) Pre-stenting and (B) post-stenting of the left anterior descending coronary artery (LAD)–diagonal (D1) bifurcation stenoses are shown.

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Manuscript received December 7, 2012; accepted January 3, 2013.
functional result of the dilation of the bifurcation stenoses (Fig. 2).

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Key Words: bifurcation stenting ▪ coregistration ▪ PCI optimization.