

essential

in daily clinical practise



IN-STENT RESTENOSIS

- Patient: Male, 57 years old
- Diagnostic: ISR DES
- Doctor: Aimee Flores, Dominican Institute Association of Cardiology (Dominican Republic)

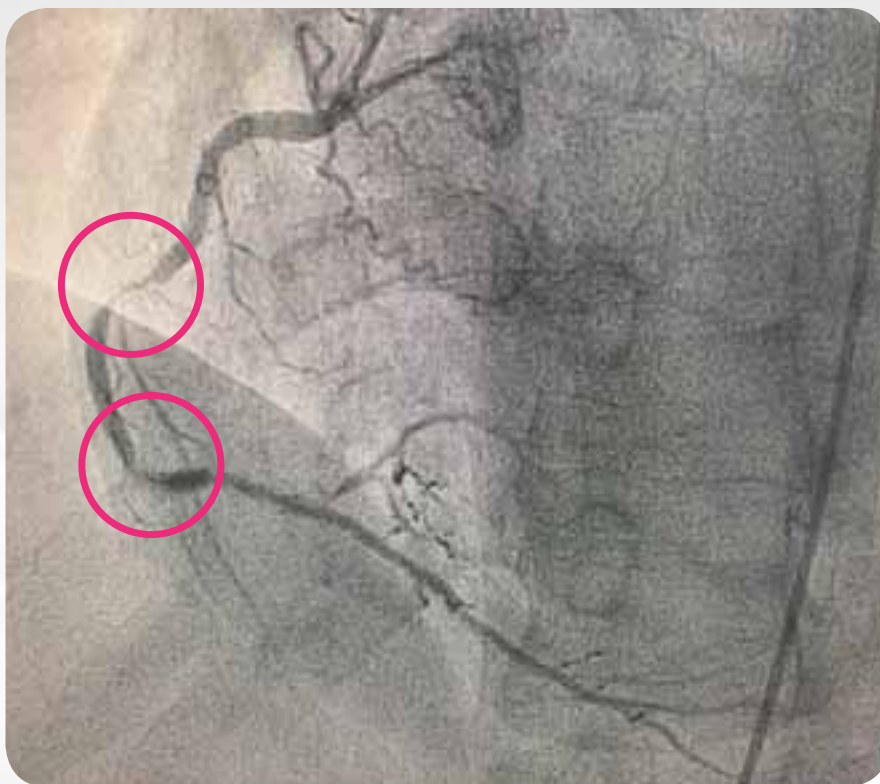
Patient profile

The patient presents cardiovascular risk factors as arterial hypertension, sedentary lifestyle and cardiovascular history of coronary disease with implantation of two DES in the right coronary artery, evolving with restenosis intra stents.

Problem detected

Permeable DES were observed in the proximal, middle and distal third, presenting signs of intimal hyperplasia conforming intra-stent restenosis that obstructs the lumen in the middle third in 99% and in the distal middle third in 90%.

Lesion assessment



Procedure

It was performed a percutaneous coronary angioplasty with **DCB essential balloon** since there is recent evidence showing its good results when compared with conventional semi-compliant balloon and DES in the treatment of recurrent intra-stent restenosis. Both significant lesions were dilated with **xperience 2.75 x 10mm** PTCA balloon insufflating at nominal value. We proceed to inflate **essential 2.75 x 10mm** balloon in the restenosis of the distal middle third at nominal value and then at 12 atm for 60 seconds. Next, the lesion of the middle third was dilated with **essential 2.75 x 15 mm** balloon at nominal value and then at 12 atm for 60 seconds.

Pre-dilatation
with xperience 2.75x10mm



Dilatation
with essential 2.75x10mm



Results

Angiographic control was performed, residual lesion in both restenosis treated were not shown and with good distal flow.

Result after procedure



Conclusions

In-stent restenosis has decreased significantly in recent years thanks to the implantation of second generation DES, but this is still present and is more recent when treating recurrent restenosis.

The case presented shows the immediate result of coronary angioplasty with **essential as an attractive strategy to follow in the treatment of recurrent intra-stent restenosis.**

RESTENOSIS OF THE LAD

- Patient: Male, 65 years old
- Diagnostic: Restenosis intra stent
- Doctor: Facundo Peñaloza, Suizo Clinic, Argentina

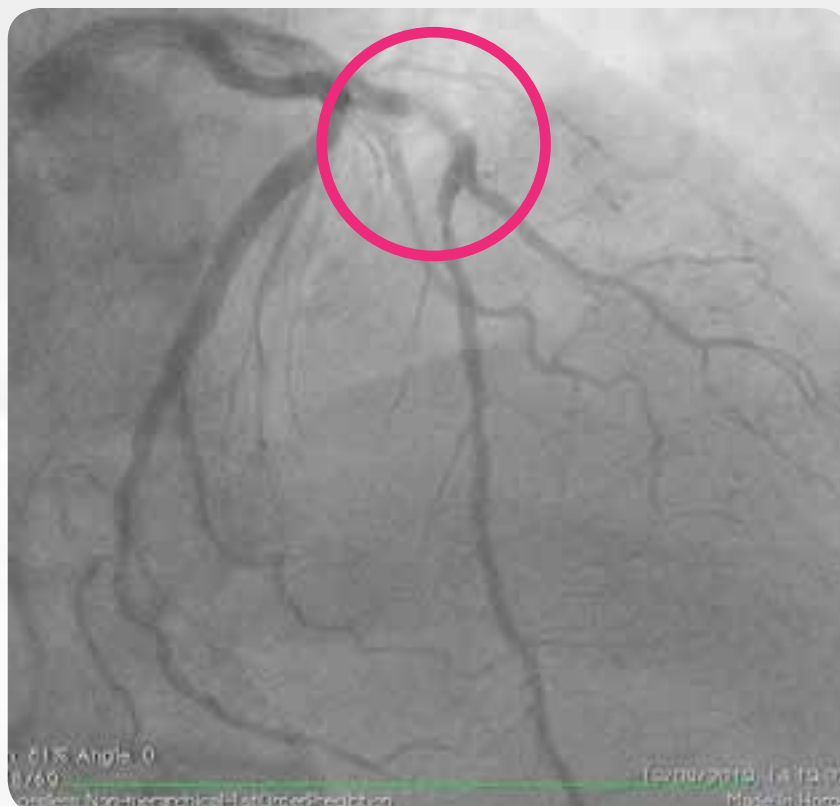
Patient profile

The patient presented a metabolic syndrome characterized by obesity, diabetes, hypertension and dyslipidemia. On 29/03/2019, he was diagnosed with severe obstructive disease of the distal Left Main (LM) and middle Left Anterior Descendant (LAD) Coronary Artery. Coronary angioplasty using DES was performed to the middle LAD and the LM treated with two stents 6 months ago.

Problem detected

Patient was asymptomatic 6 months after the first PCI, but with positive myocardial stress test. Coronary angiography showed restenosis of the DES of the middle segment of the LAD.

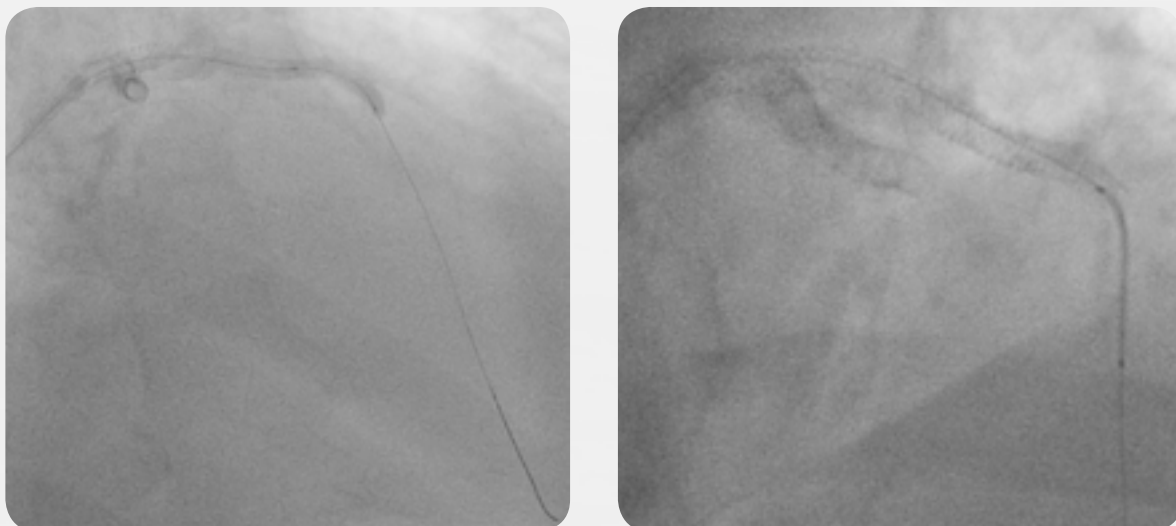
Lesion assessment



Procedure

The treatment of restenosis DES was done with a drug coated balloon **essential of 3x20mm** that was inflated during 45 seconds. This treatment was chosen to avoid leaving behind another scaffold in a young diabetic patient with high probability of recurrent obstructive atherosclerotic disease. The lesion was evaluated with IVUS prior and after the treatment to assess the diagnosis and results.

Procedure



Results

An optimal result without residual restenosis left was obtained.



Conclusions

The procedure was feasible and safe, with well tolerated prolong insufflation of the middle segment of the LAD. This case shows a **treatment of DES restenosis with essential DCB obtaining an excellent acute result.**

DES RESTENOSIS INTRA STENT OF THE LAD ARTERY

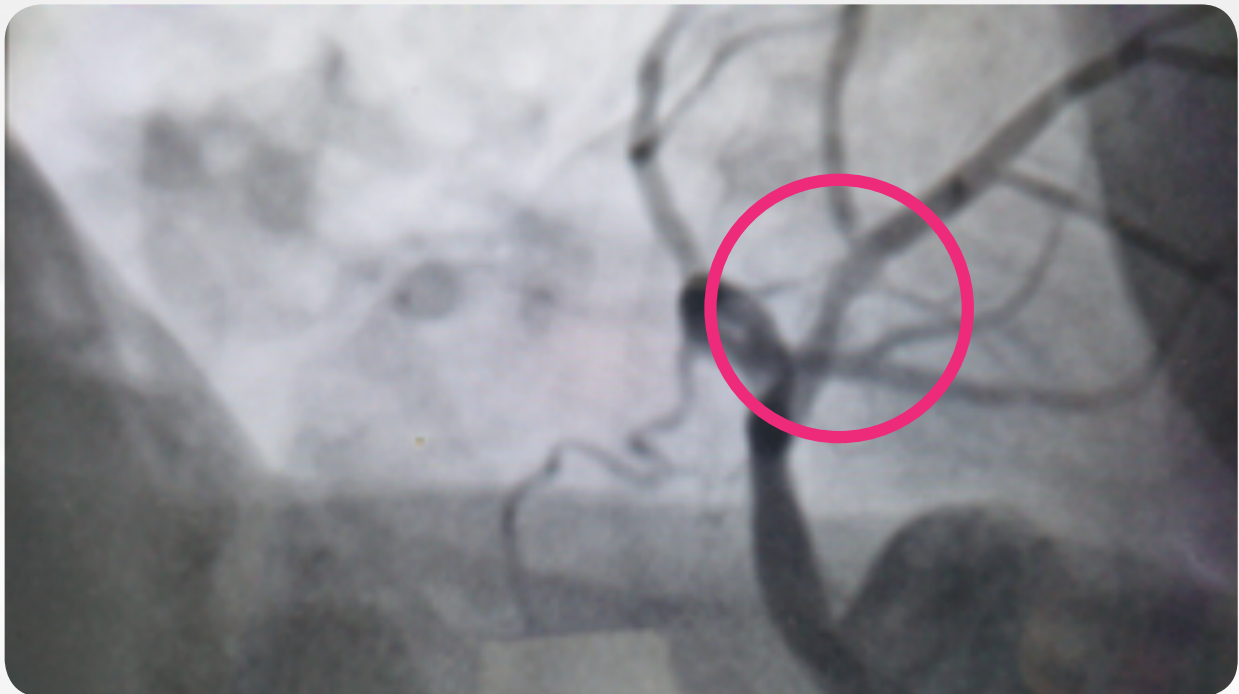
- Patient: Male, 61 years old
- Diagnostic: Restenosis intra stent
- Doctor: Robert Romanek, 10th Military Research Hospital and Polyclinic IPHC in Bydgoszcz, Poland

Patient profile

This patient was scheduled to visit the Cardiology Clinic to perform PTCA LAD due to DES restenosis. On admission, the patient was in a good general condition, efficiently circulatory and respiratory and auscultately without signs of obstruction and stagnation in the pulmonary circulation. In laboratory fasting hyperglycaemia, slightly increased transaminases and hypertriglyceridemia were found.

Problem detected

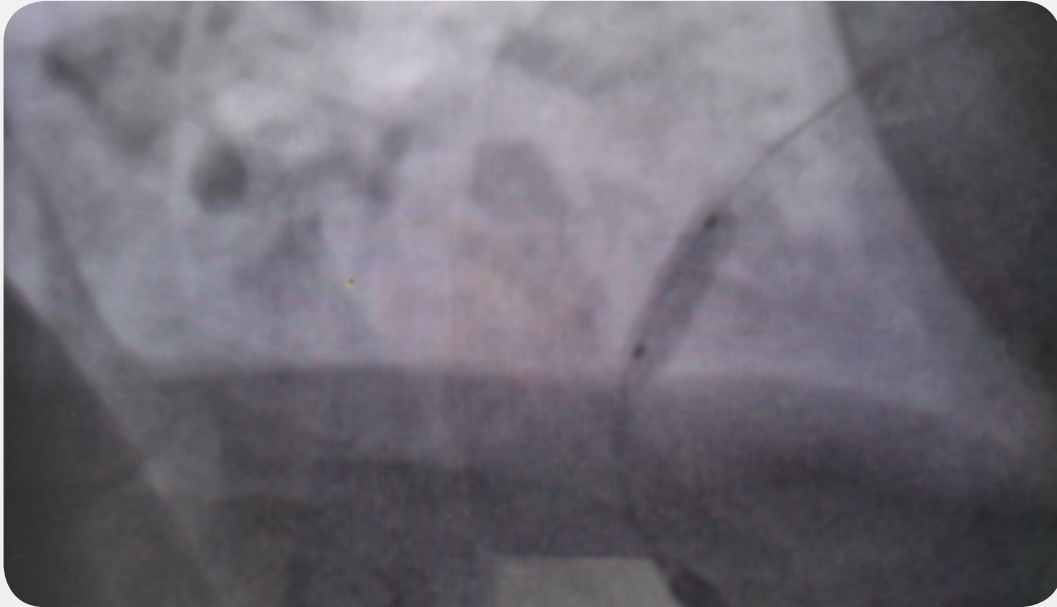
The problem detected was a symptomatic restenosis in LAD.



Procedure

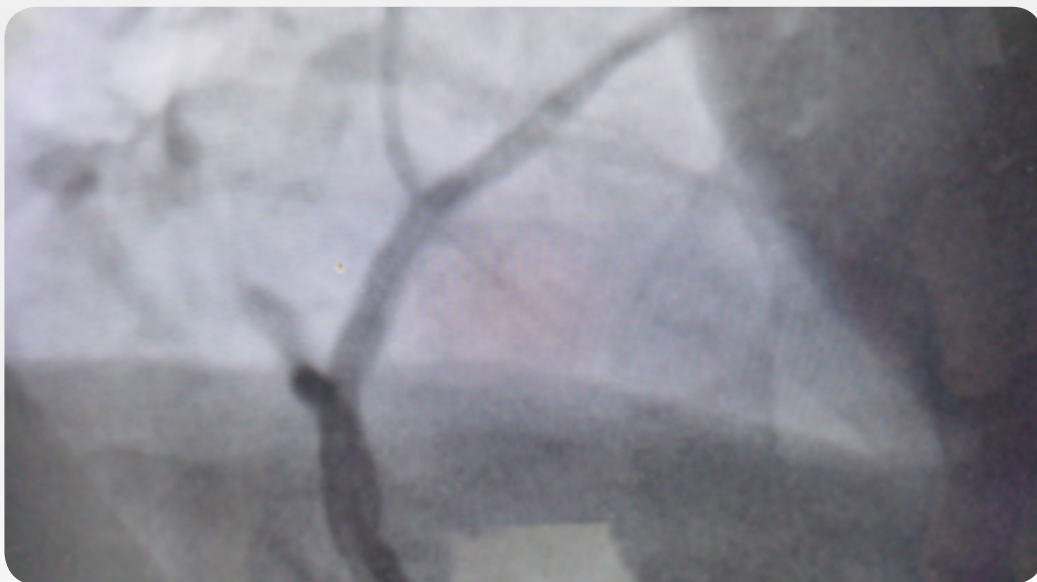
A PCI was performed to treat restenosis intra stent of LAD where a drug coated balloon **essential of 3x15mm** was selected. The DCB essential was inflated during 60 seconds.

Procedure



Results

An optimal result was obtained without recurrence after 6 months of follow up.



Conclusions

This case shows an **excellent outcome of essential for in stent restenosis** even after 6 months follow up. Essential demonstrates to be a good option for this kind of treatment.

CORONARY ANGIOPLASTY FOR IN STENT RESTENOSIS IN LAD

- Patient: Male, 71 years old
- Diagnostic: Restenosis intra stent
- Doctor: Oward Enrique Belzarez Gutiérrez, Hospital Regional de Talca, Chile

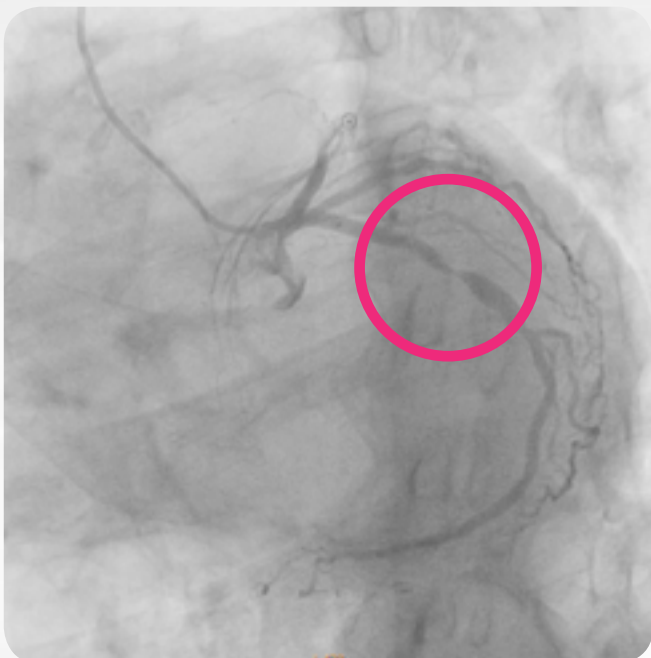
Patient profile

The patient was previously treated with a stent in RCA and LAD. After 10 years, the patient arrived at the hospital with unstable angina without ECG alterations derived from previously treated lesions.

Problem detected

The patient had 2 stents in the proximal and middle third of the LAD, with overlap between them, with 100% restenosis intra stent and with TIMI Flow 0.

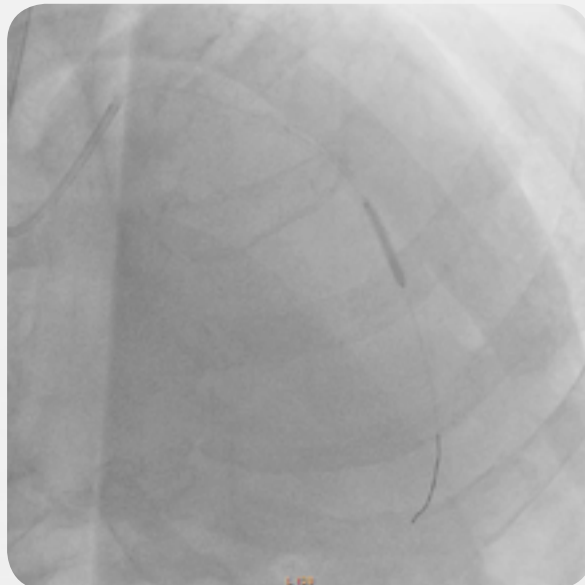
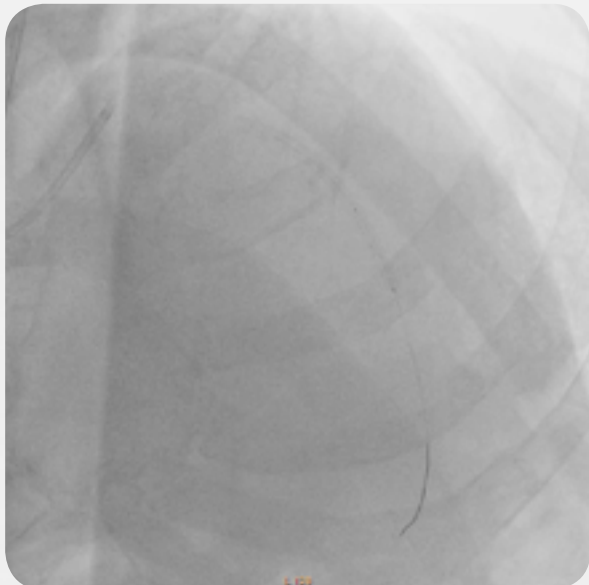
Lesion assessment



Procedure

Due to the restenosis intra stent found in LAD, a coronary angioplasty with **drug coated balloon essential** was performed. During the intervention, the lesion was crossed and predilated with a semi-compliant balloon. Afterwards, a balloon angioplasty with the drug coated balloon **essential 2.50x15mm** is used in the middle third.

Procedure



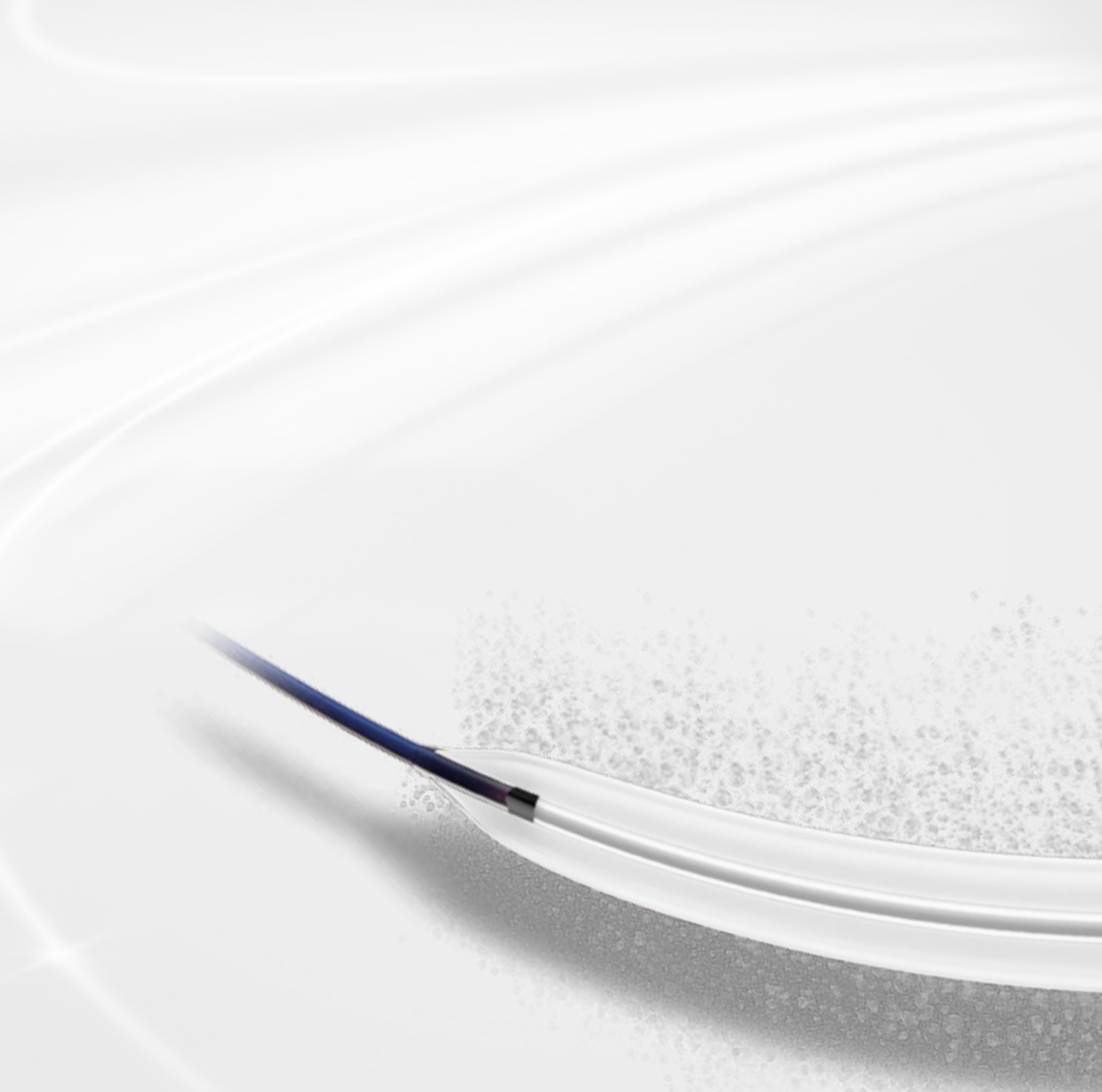
Results

The procedure was successful with and optimal result in the lesion treated.





Conclusions

This case shows the **good trackability and crossing ability of the drug coated balloon essential when treating lesions with 100% restenosis** and TIMI Flow 0. We can conclude that essential is a good option for these kind of lesions and it has been demonstrated in ESSENTIAL ISR study that the efficacy is maintained in long term.



essential

the option for ISR

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