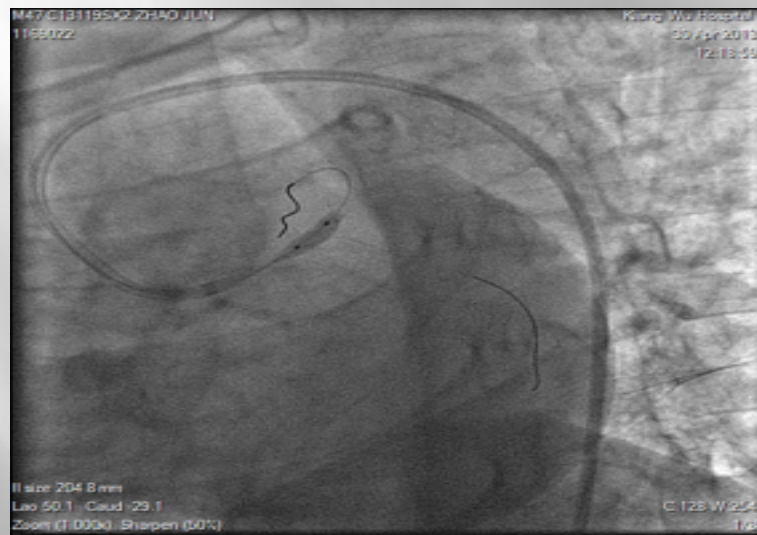
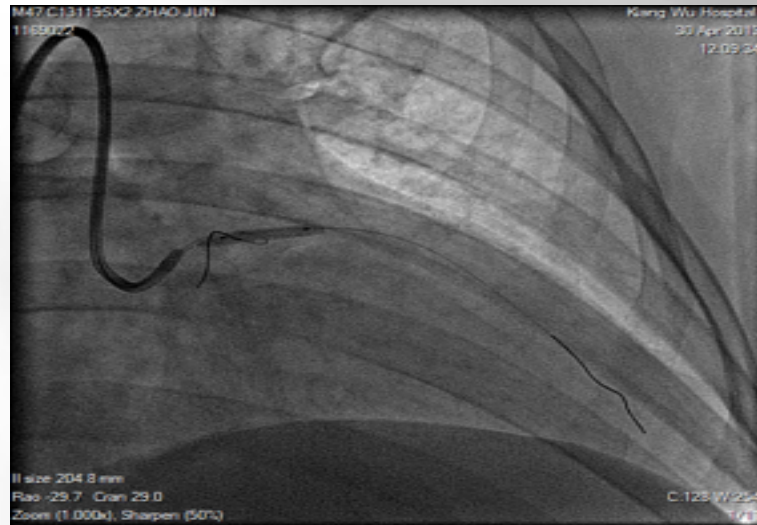
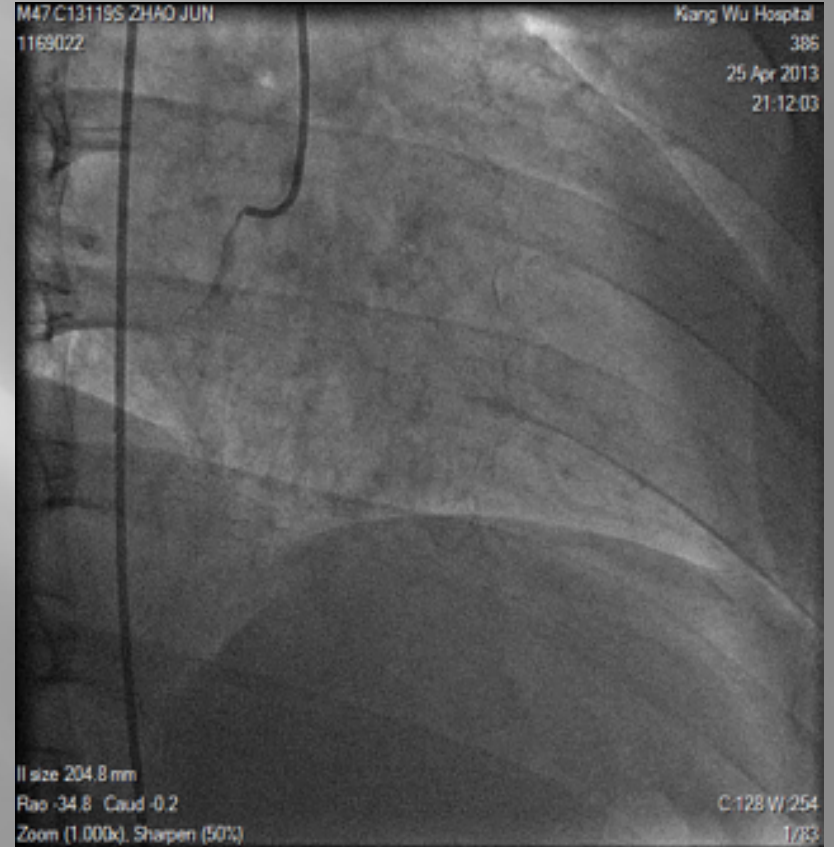
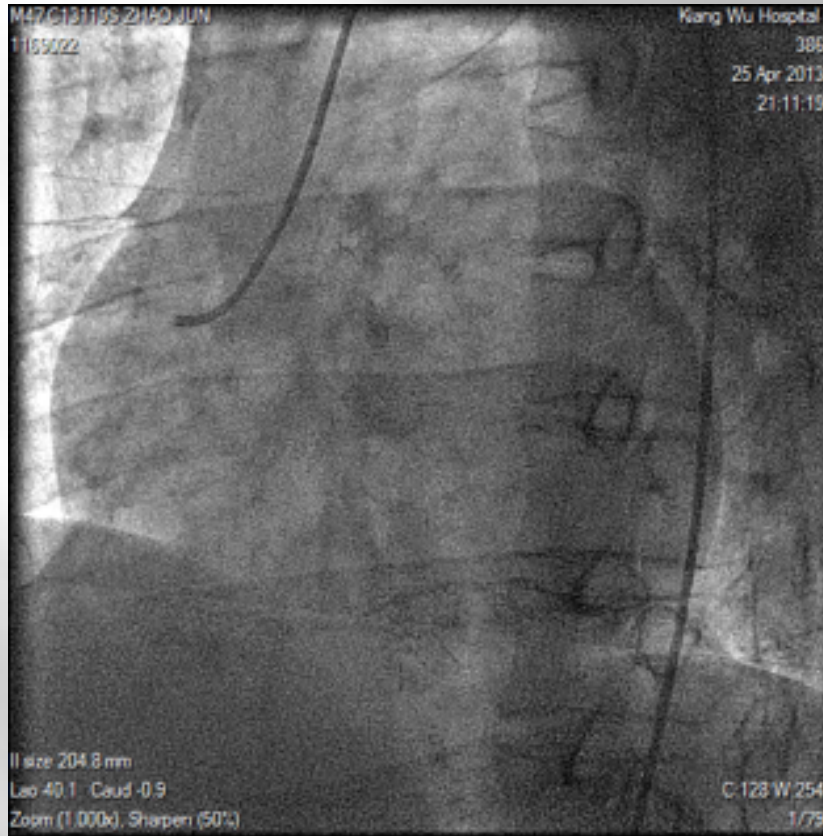


# Case 4 : Multi-vessels (PCI)

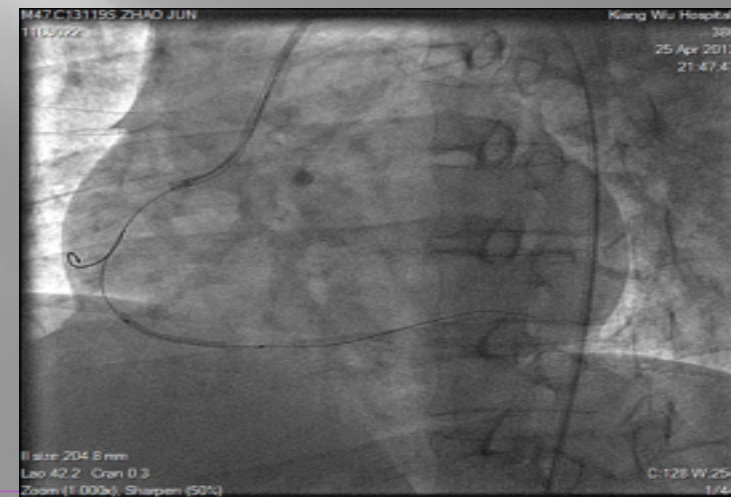
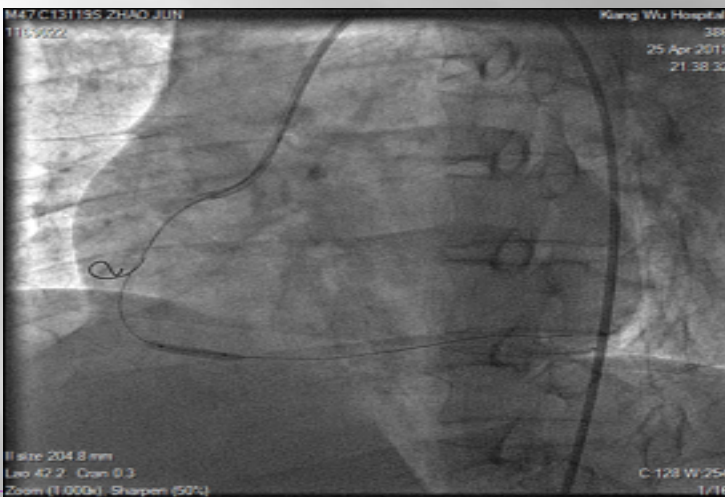
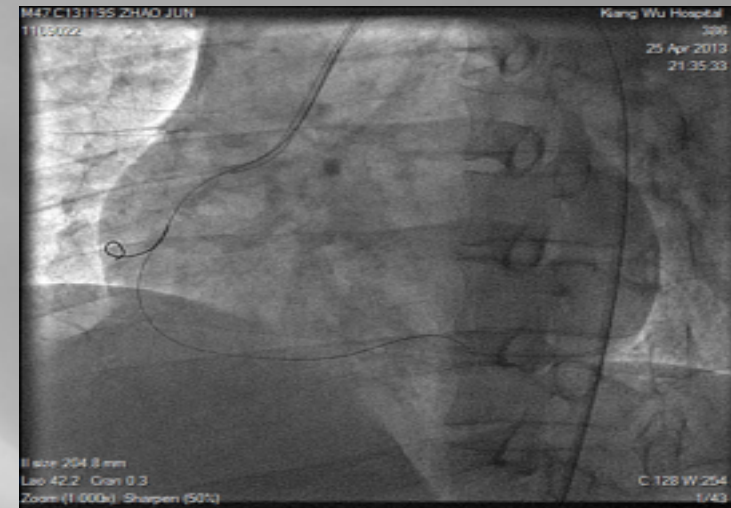


7Fr JL3.5, Two Runthrough NS GW, pre-dilation with balloon (2.5\*10mm), Absorb stents (2.5\*18mm, 3.0\*28mm, 3.5\*18mm), Post-dilation with balloons (3.0\*15mm, 3.5\*10mm)

# Case 4 : Multi-vessels (Pre)

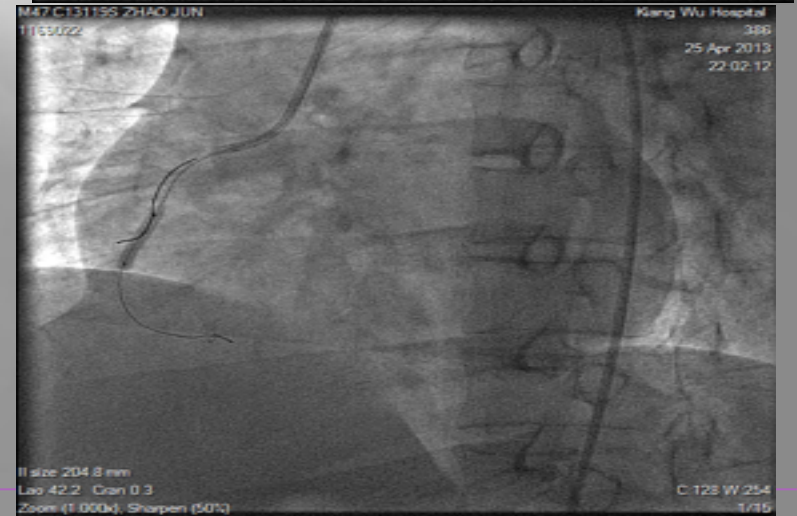
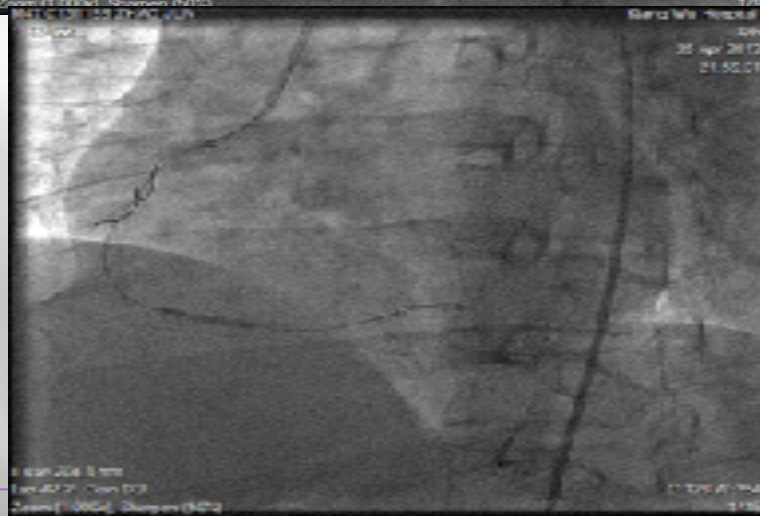
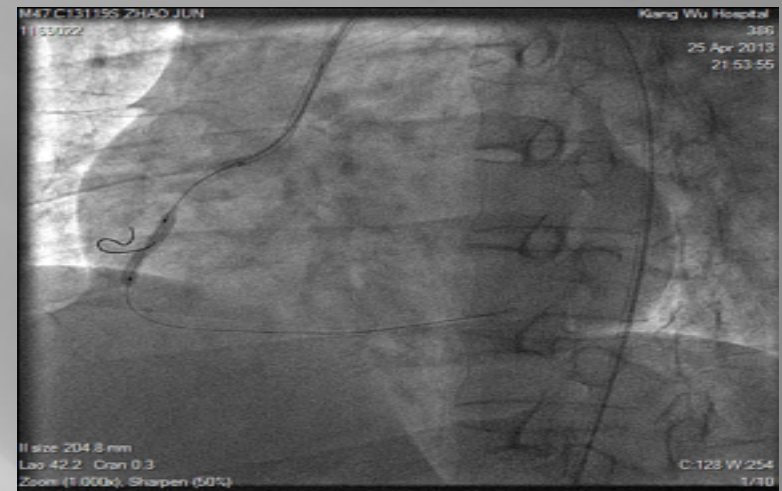


# Case 4 : Multi-vessels (PCI)



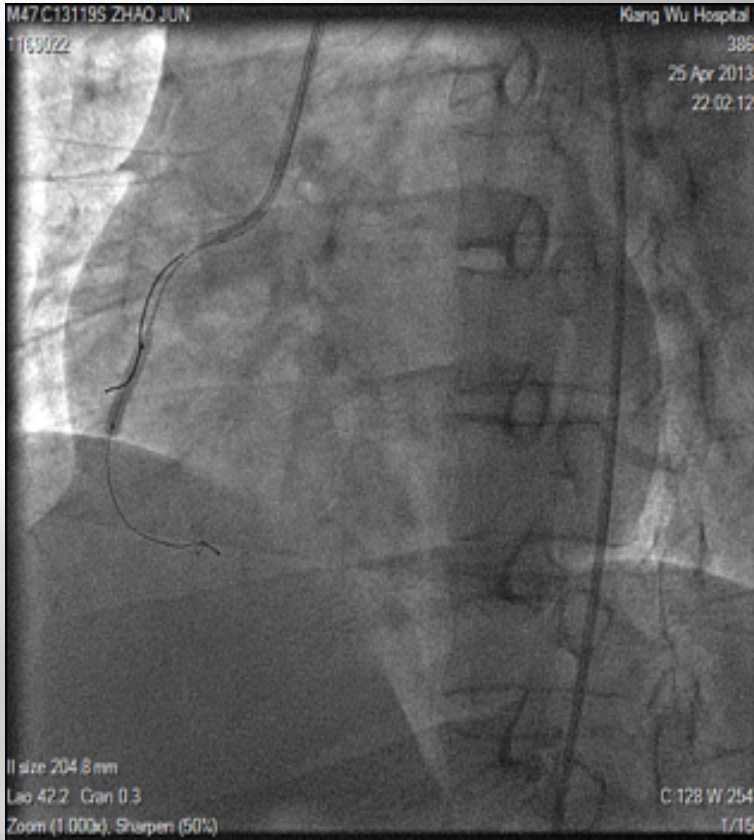
6Fr JR3.5 , Runthrought NS, predilation with balloon (2.0\*10mm, 2.5\*15mm), Absorb stents (2.5\*28mm, 3.0\*18mm), post-dilation with balloons (2.0\*15mm, 3.0\*15mm)

# Case 4 : Multi-vessels (PCI)



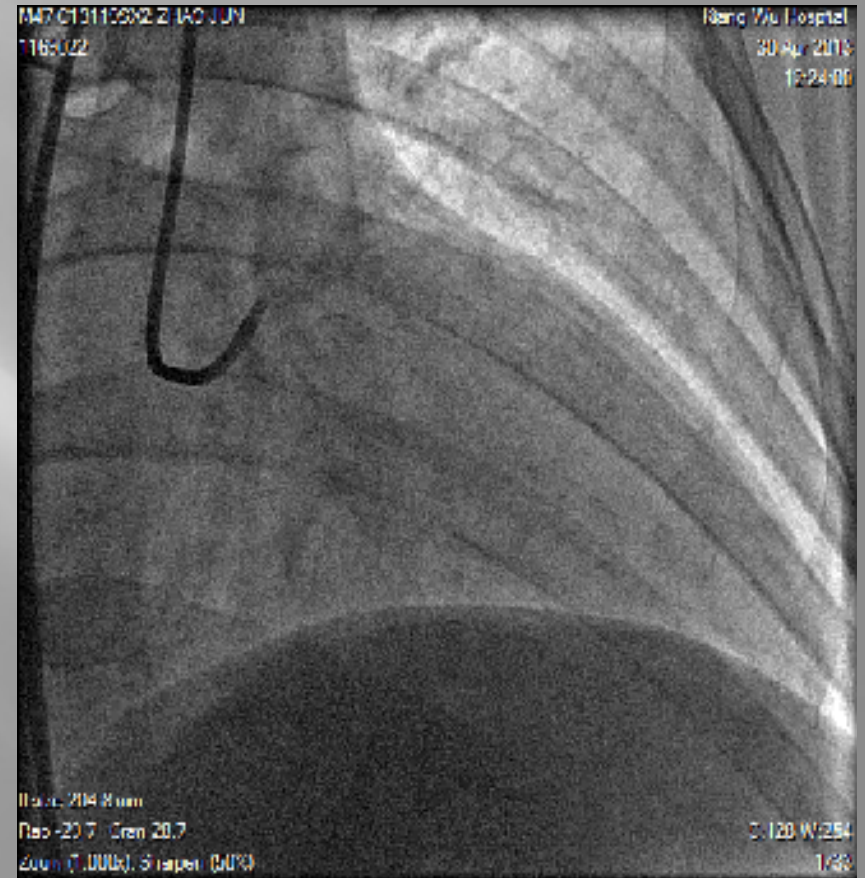
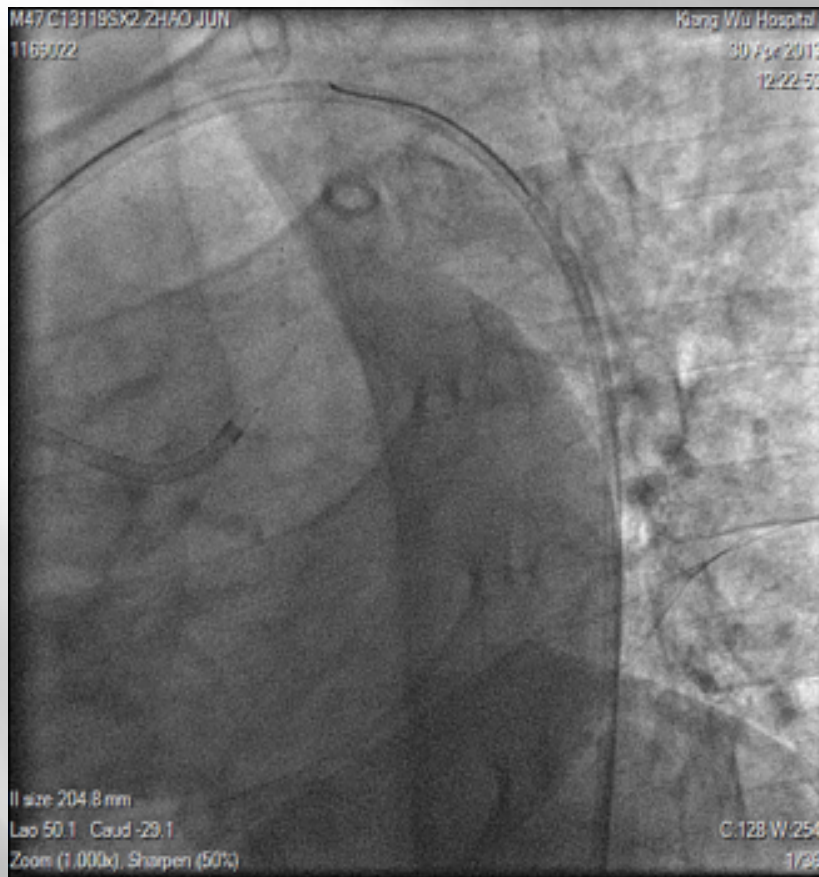
6Fr JR3.5 , Runthrough NS, predilation with balloon (2.0\*10mm, 2.5\*15mm), Absorb stents (2.5\*28mm, 3.0\*18mm), post-dilation with balloons (2.0\*15mm, 3.0\*15mm)

# Case 4 : Multi-vessels (PCI)

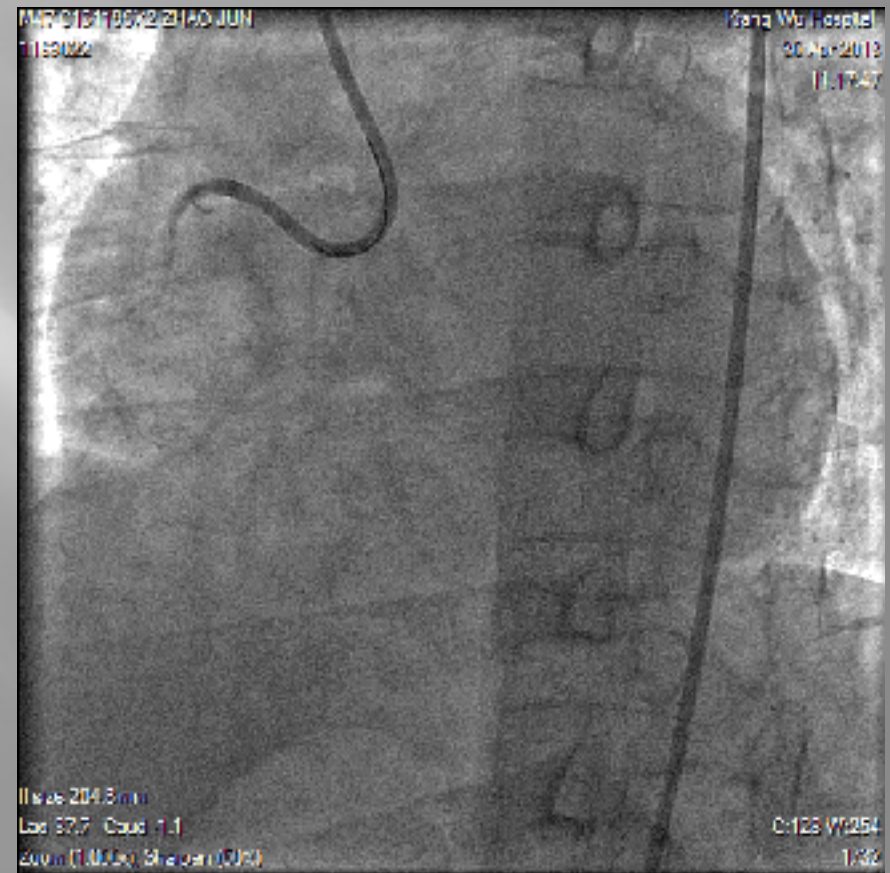
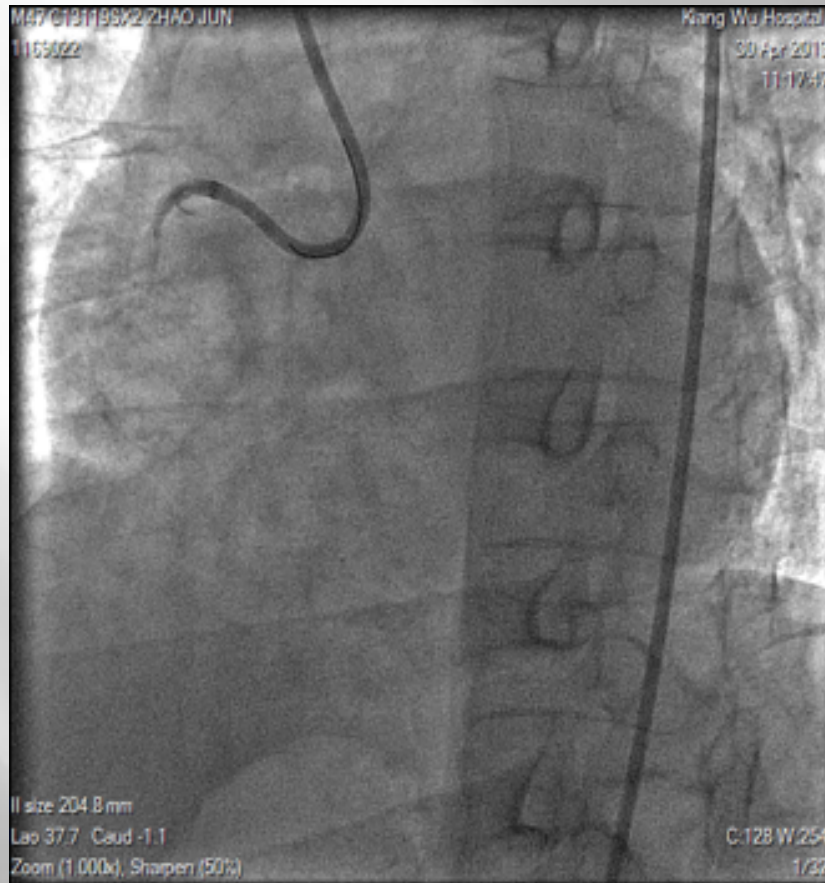


7Fr AL 0.75, Absorb stent  
(2.5\*18mm), post-dilation with  
balloon (2.5\*10mm)

# Case 4 : Multi-vessels (Post)



# Case 4 : Multi-vessels (Post)



# CASE 5: Complicated AMI

68yrs, Male, chest pain  
3hrs.

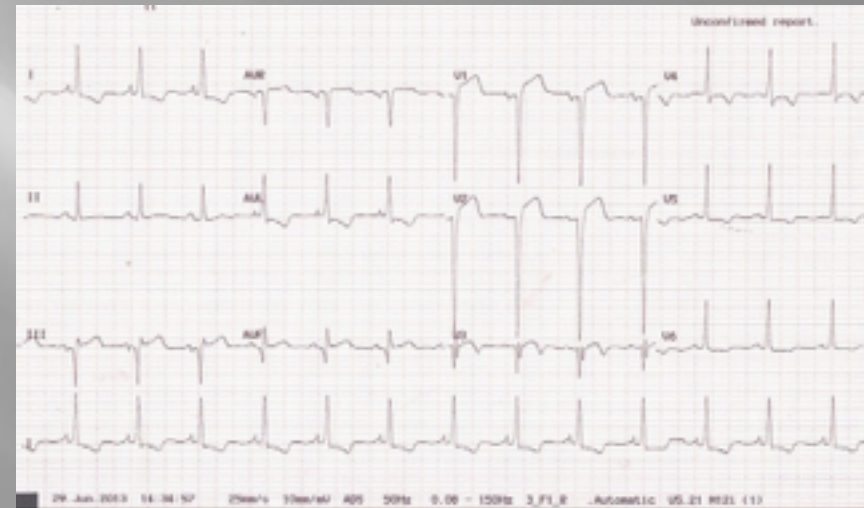
High risk: DM,CRF, Post-  
PCI,

Hyperlipidemia.

UCG:EF32%, Sever  
hypokinetic of anterior and  
apical of left ventricular

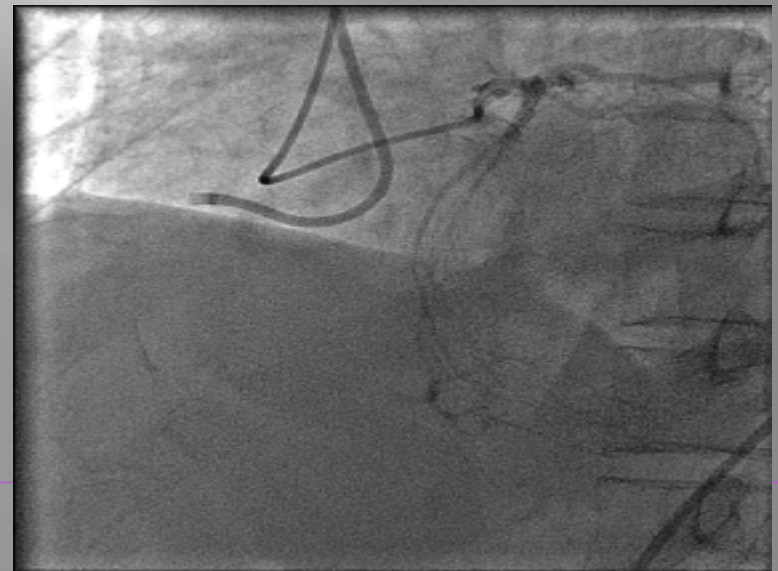
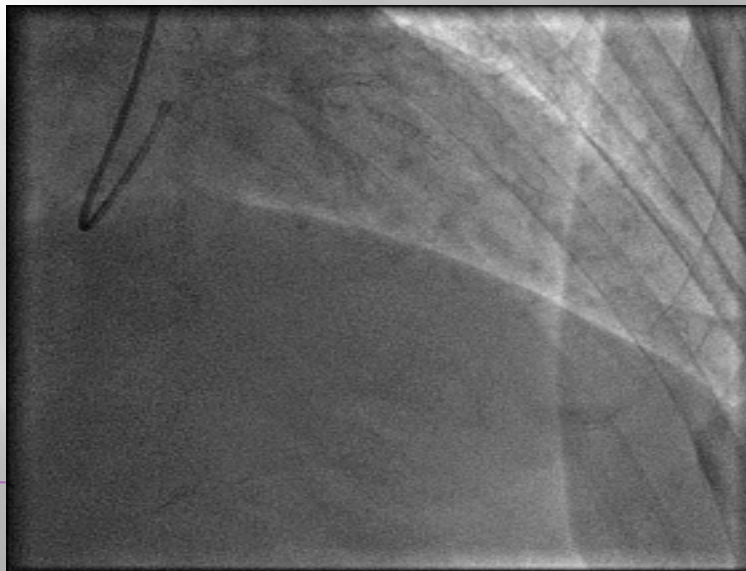
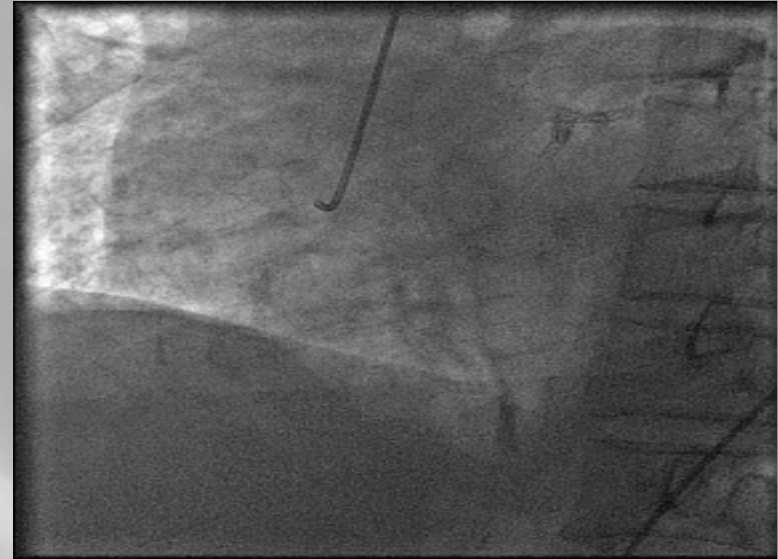
CKMB (-) and TnT  
0.904ng/ml

Diagnosis: STEMI

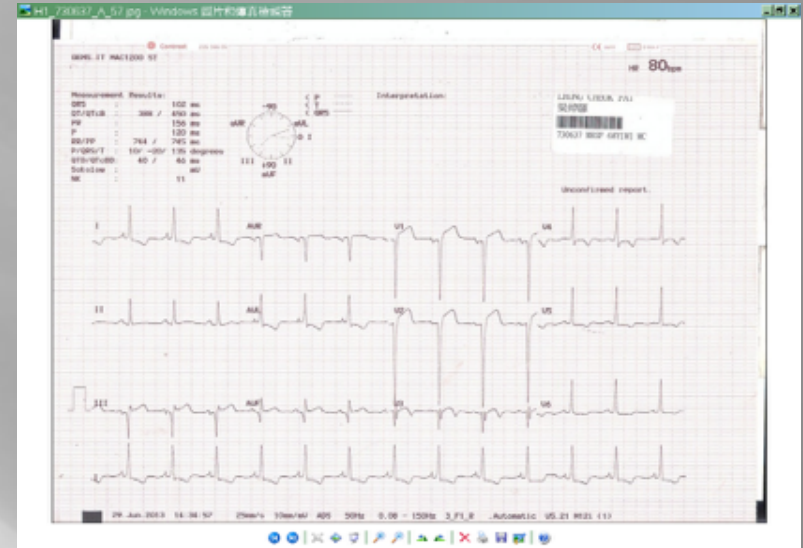
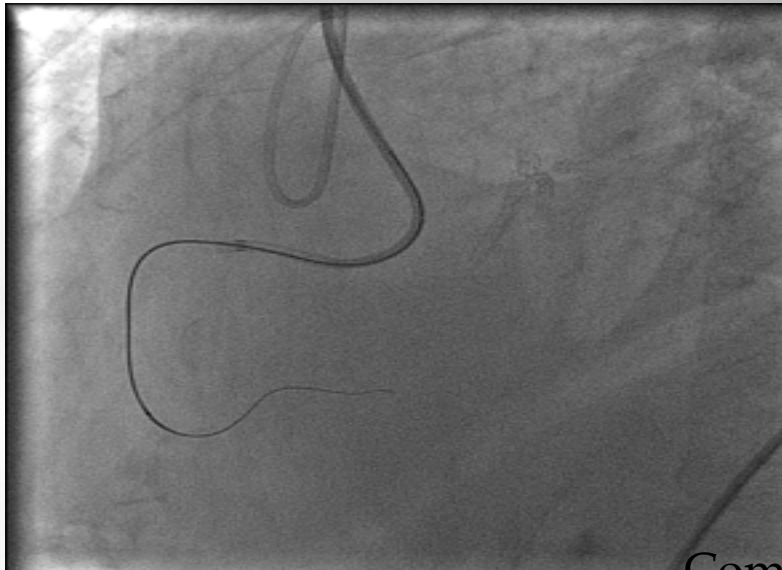




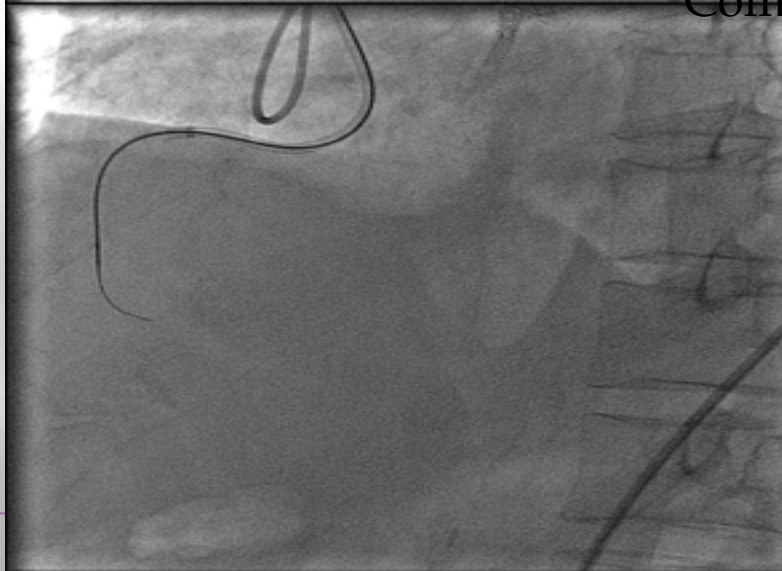
# CASE 5: Complicated AMI



# CASE 5: Complicated AMI

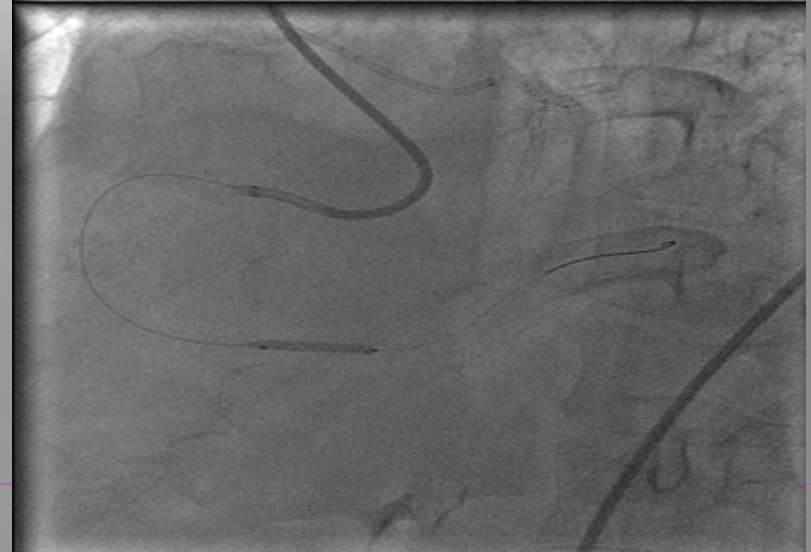
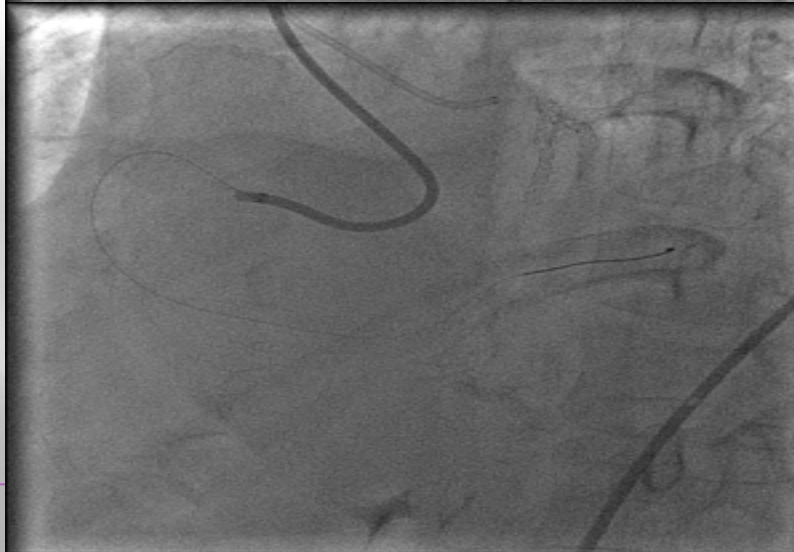
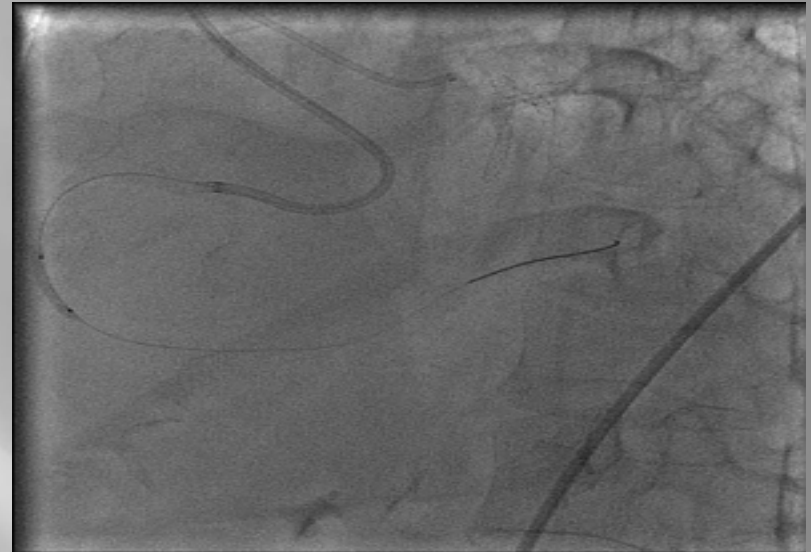
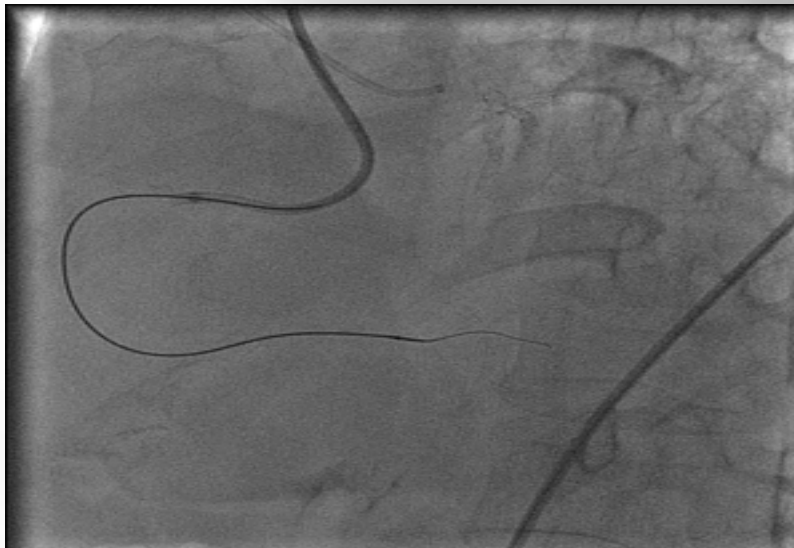


Complicated



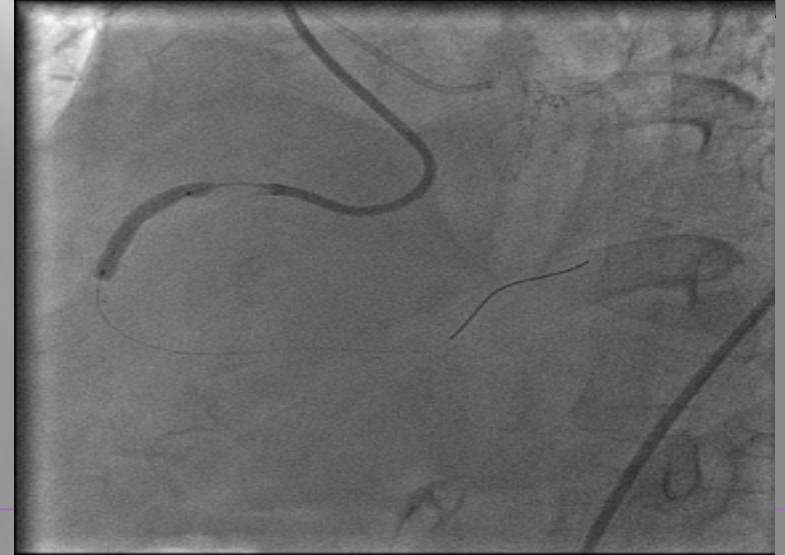
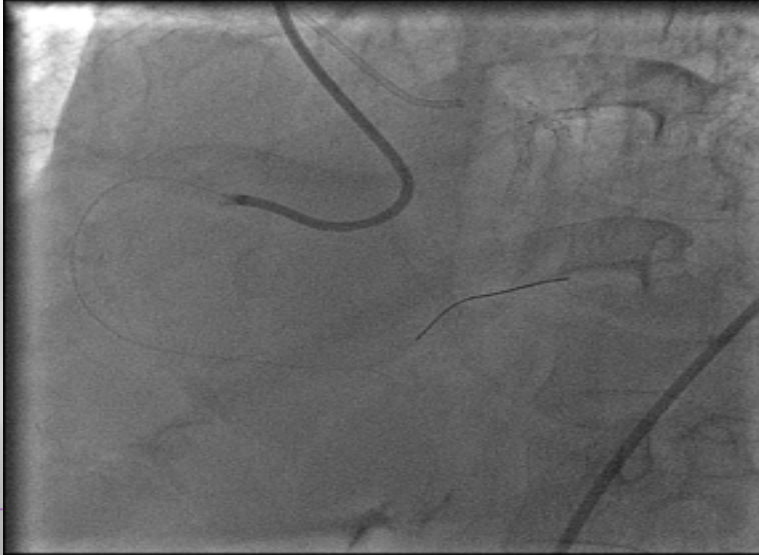
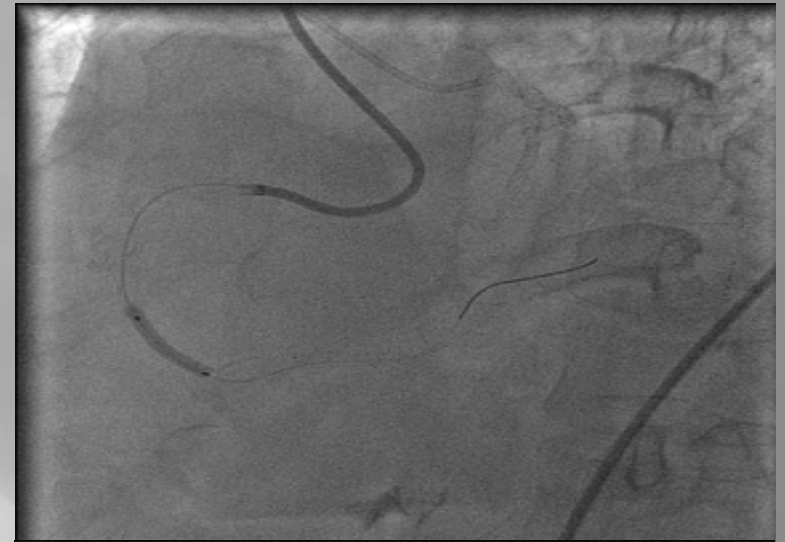
7Fr. AL0.75, ASAHI corsai micro-catheter supported, Congress pro wire failed, Filder XT GW passed CTO lesion, pre-dilated with balloon(2.0\*15mm)

# CASE 5: Complicated AMI



Pre-dilation with balloons (2.0\*15mm, 2.5\*15mm)

# CASE 5: Complicated AMI



Absorb stents (2.5mm x18mm ; 2.5mm x28mm ; 3.0mm x18mm ; 3.5mm x28mm), post-dilation with balloon (2.75x15mm)