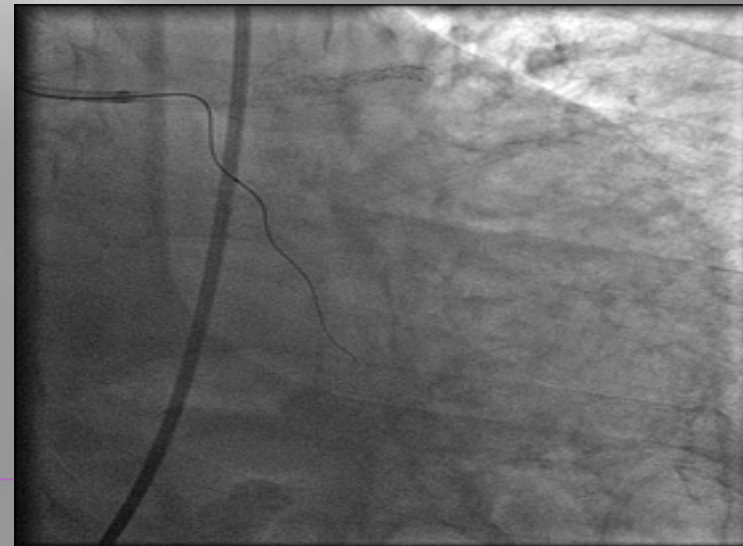
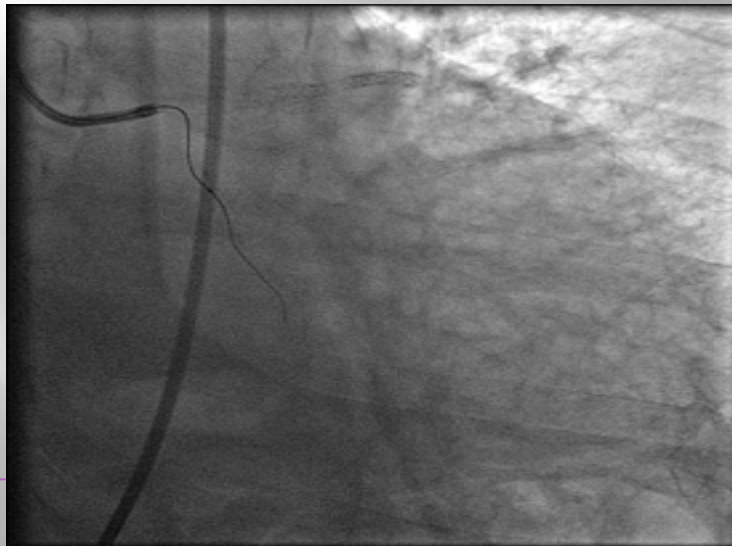
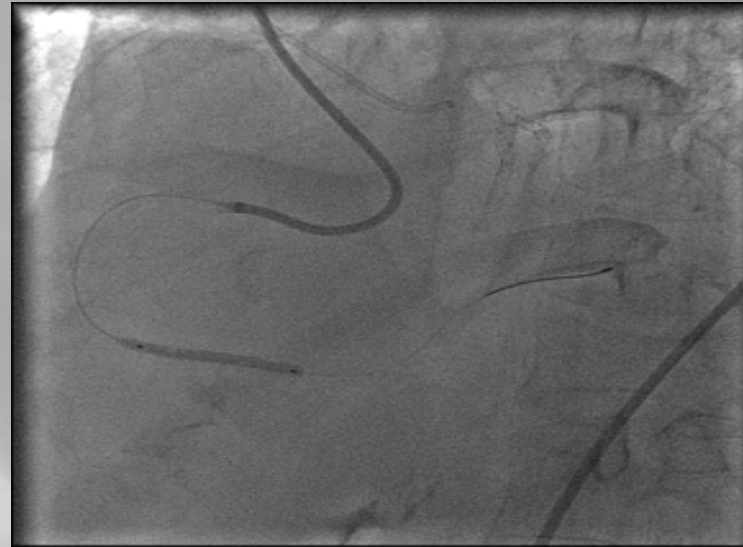
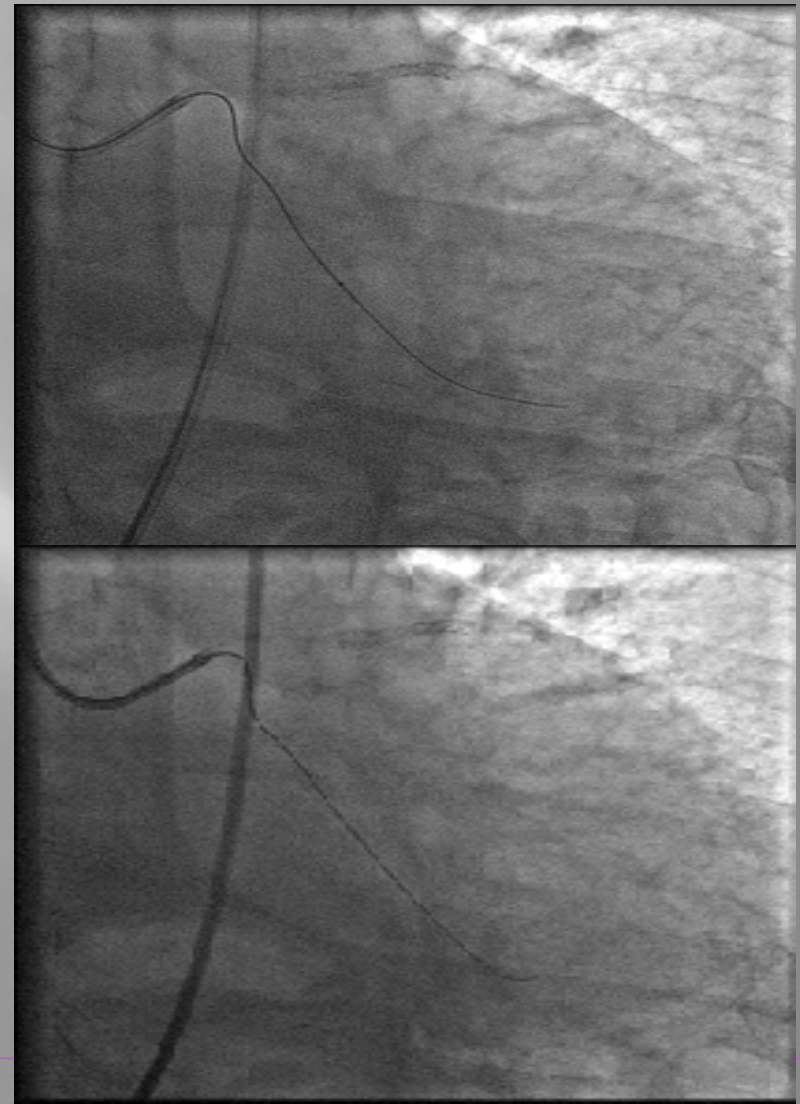
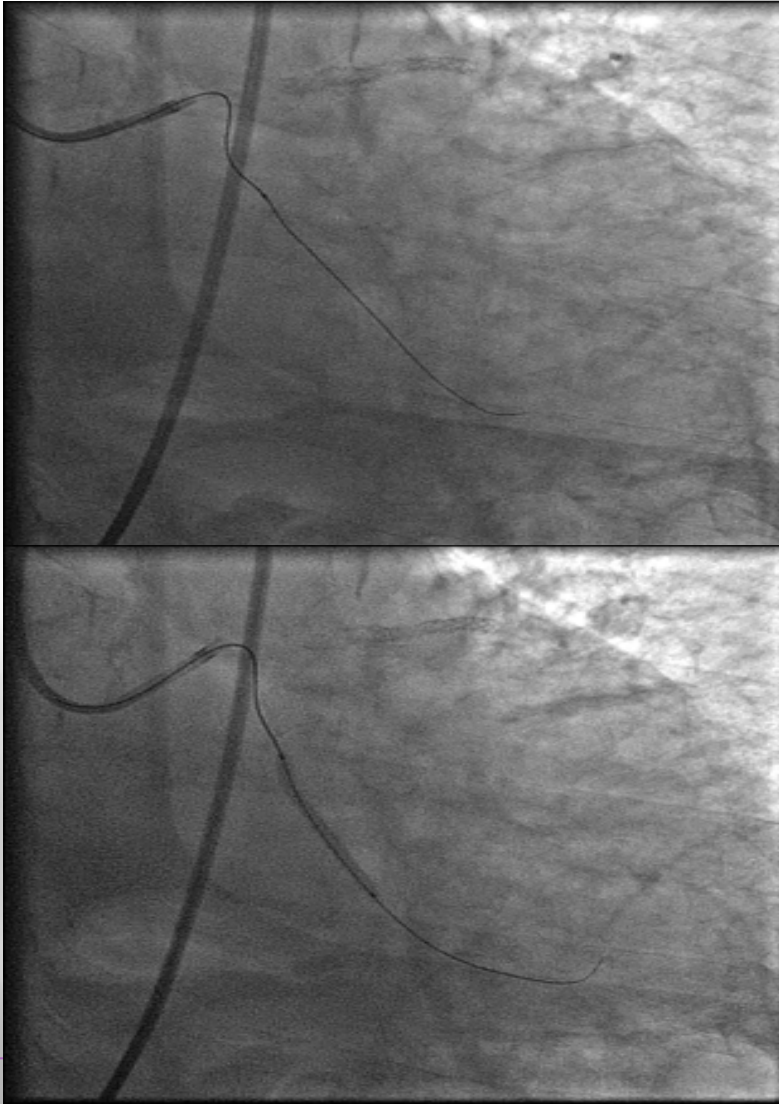


# CASE 5: Complicated AMI



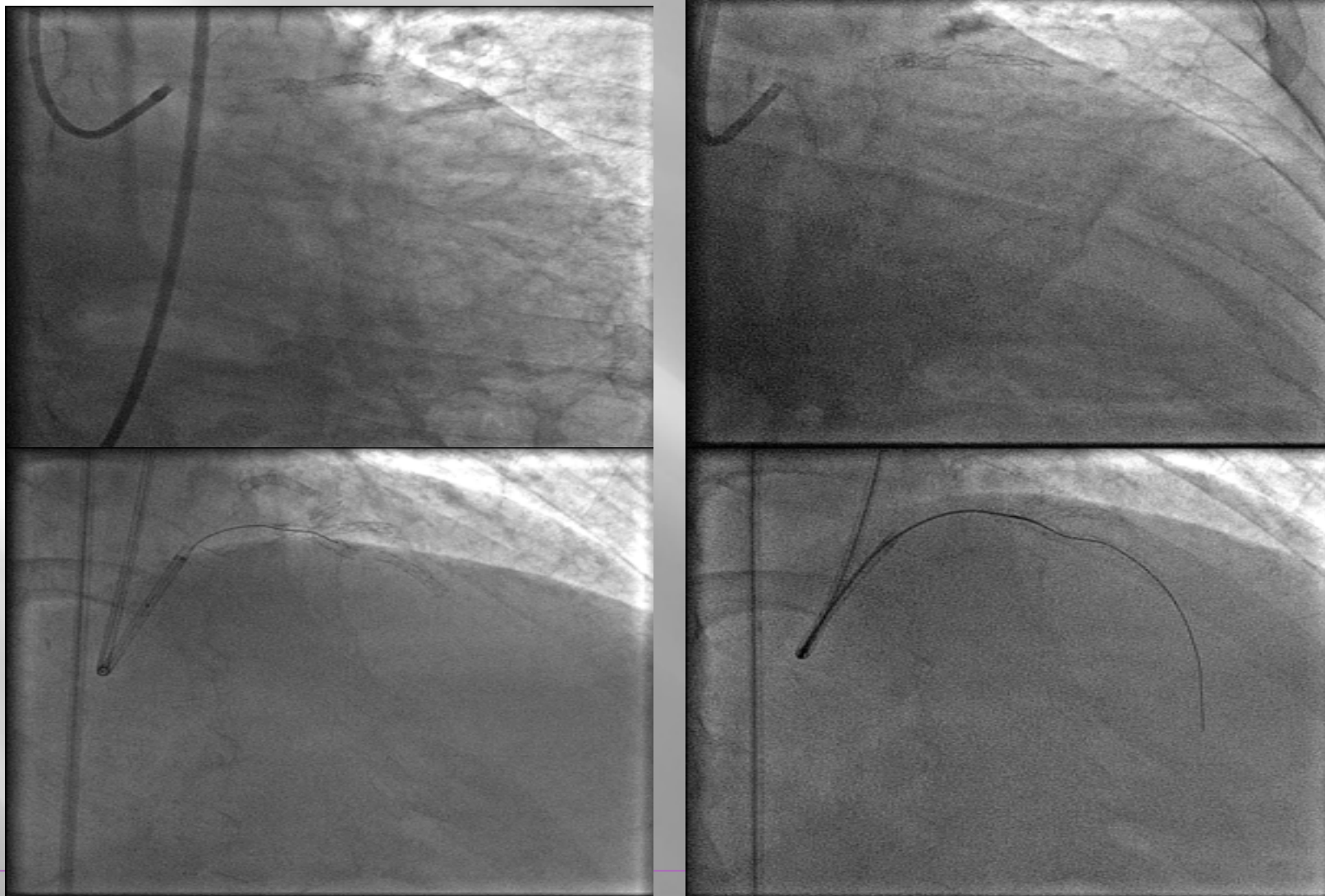
7F EBU 3.75 guiding catheter , OTW balloon 1.25mm x10mm supported,  
Runthrough NS GW failed , FielderXT GW passed the lesion of the OM1.

# CASE 5: Complicated AMI



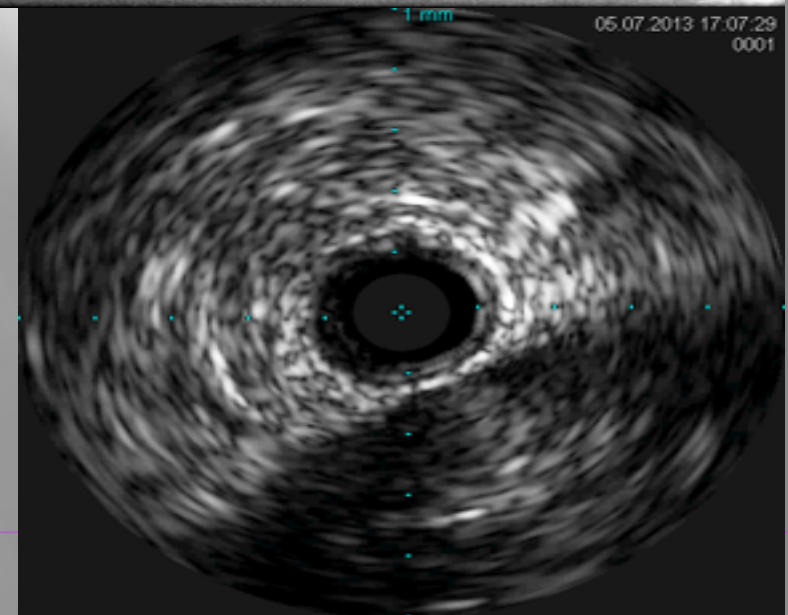
Pre-Dilatation with balloons (1.25mm x10mm, 2.0mm x15mm, 2.5mm x15mm) at OM1. Resolute Integrity DES stent (2.25\*30mm) was deployed.

# CASE 5: Complicated AMI



7Fr EBU 3.75 guiding catheter supported with microcatheter ASAHI Corsair.  
PILOT50 GW failed , Fielder XT was passed the ISR lesion.

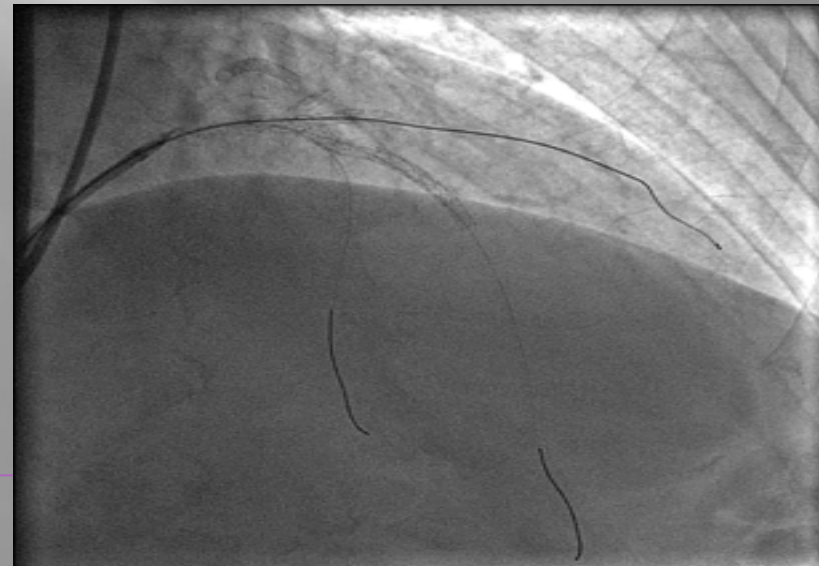
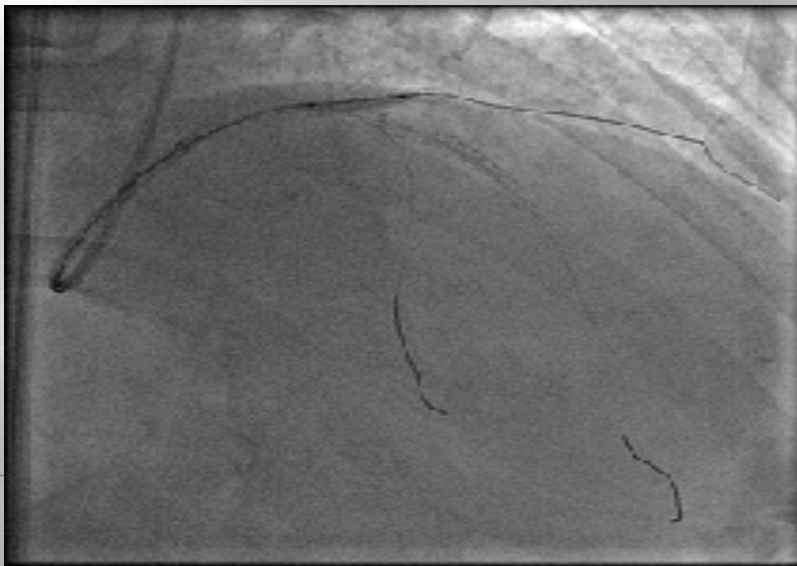
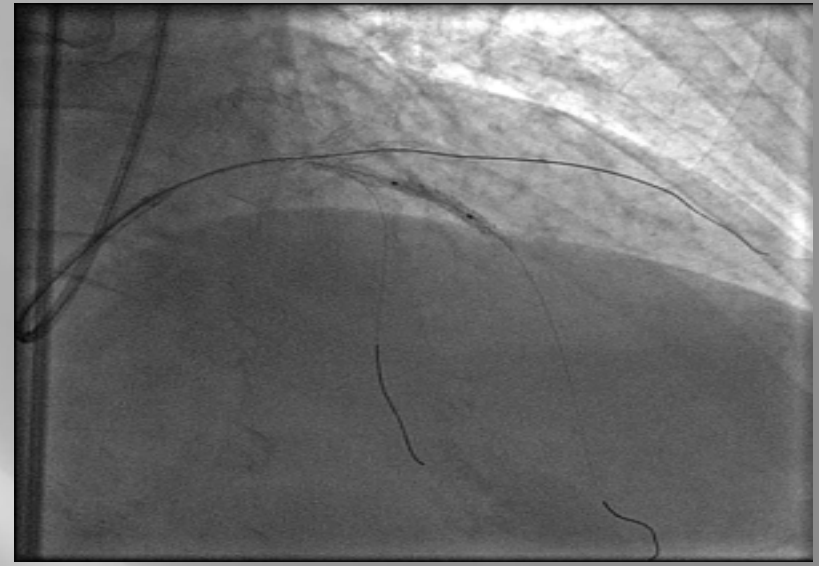
# CASE 5: Complicated AMI



Pre-Dilatation with balloons (2.0mm x15mm, 2.5mm x15mm )

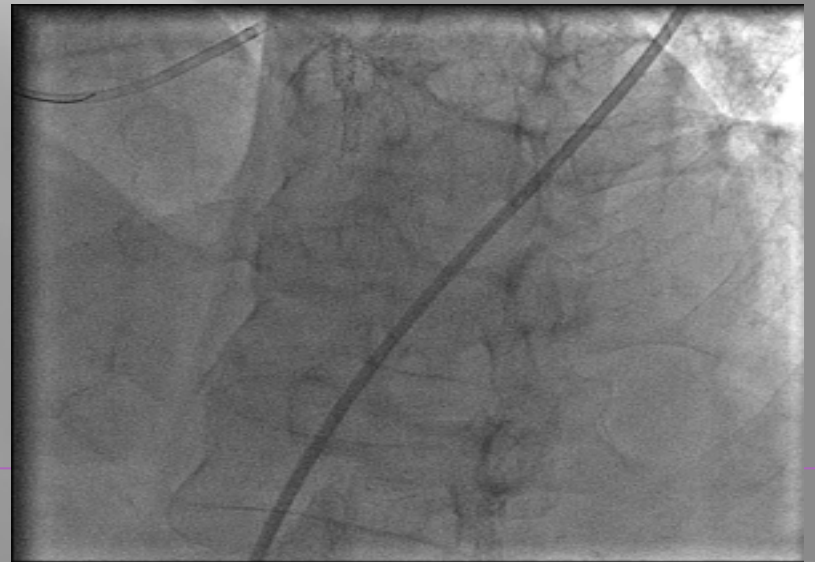
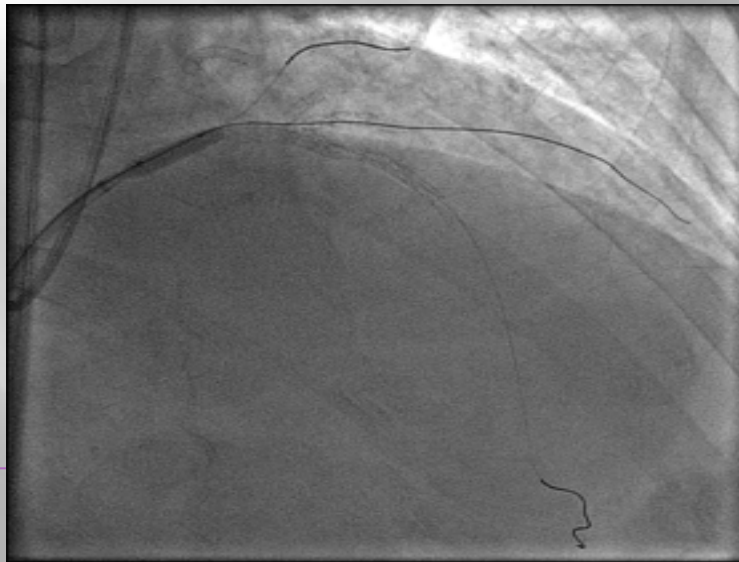
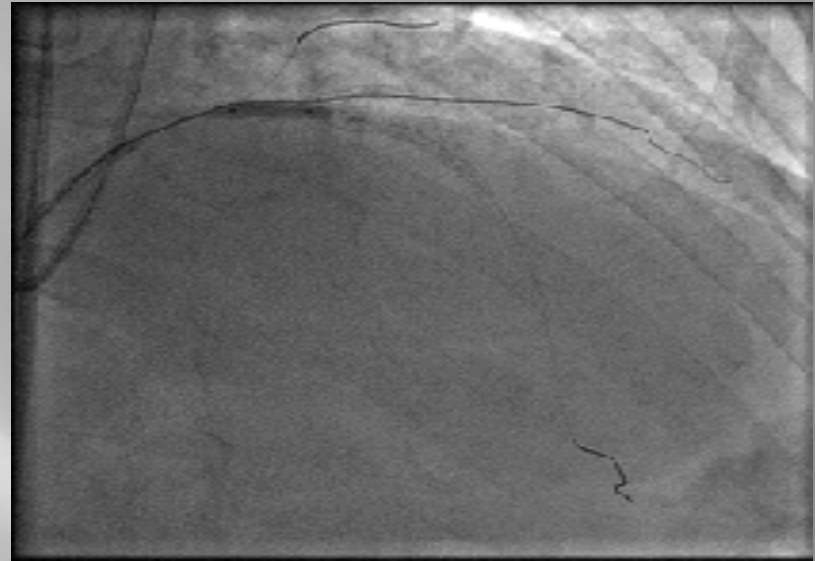
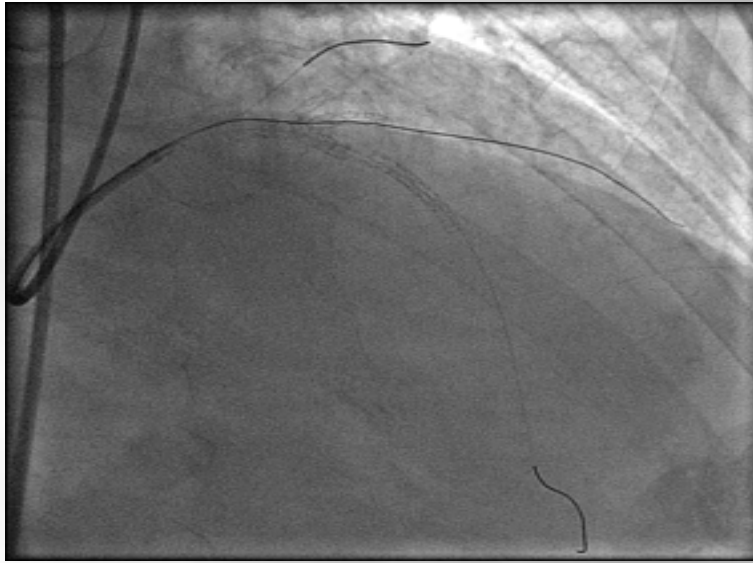
GW (PILOT50 , Fielder XT , Runthrough ) at d-LAD 、 d-S1 、 d-D2.

# CASE 5: Complicated AMI



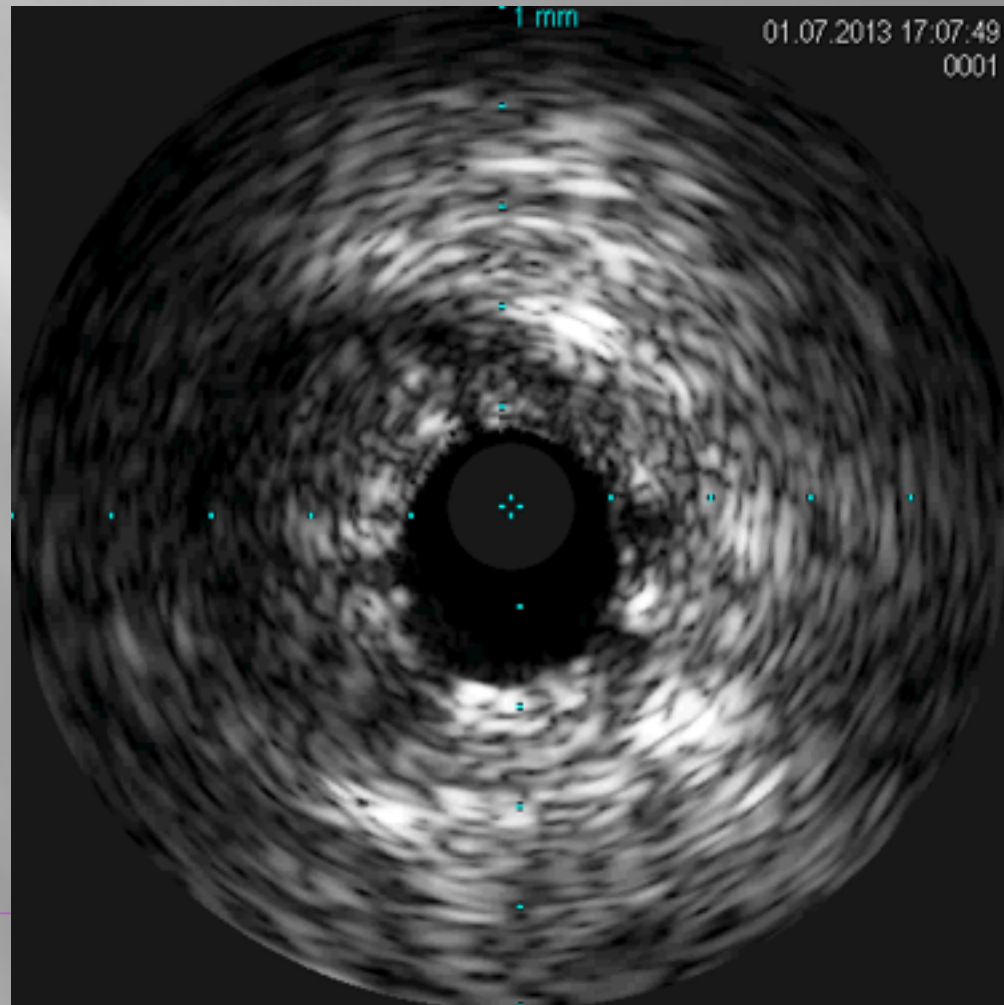
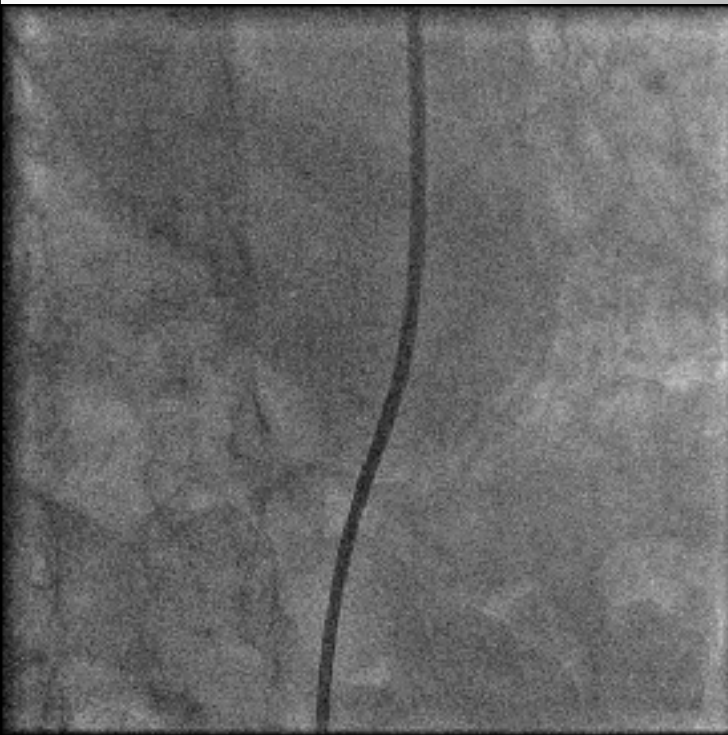
XIENCE PRIME LL ( 2.5mm x33mm , 14atm ) was deployed at the In-stent lesions and cover the stent of previously deployed totally.

# CASE 5: Complicated AMI



Absorb (3.5mm x28mm, 8atm) was placed at the LM to LAD

# CASE 5: Complicated AMI (POST)



# Where? “Where do I use Absorb?”

Physician experience worldwide is showing us that Absorb can be used broadly.

Let's start by building confidence in using Absorb in routine cases. As you gain experience, you will quickly see the mainstream applicability of this therapy.

