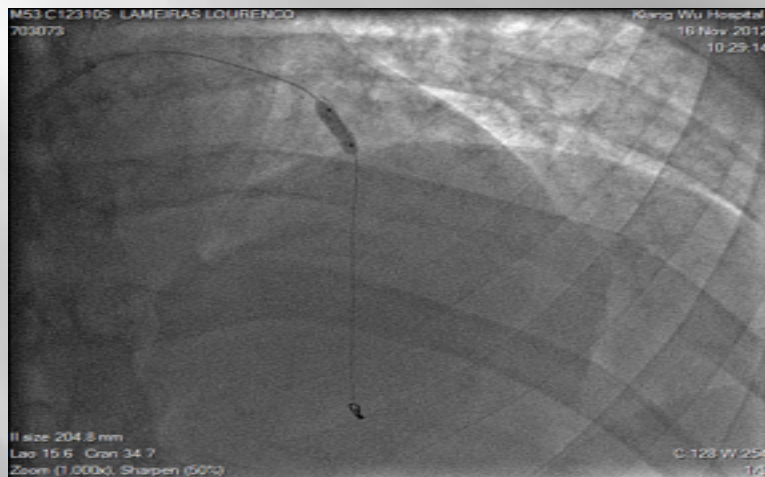
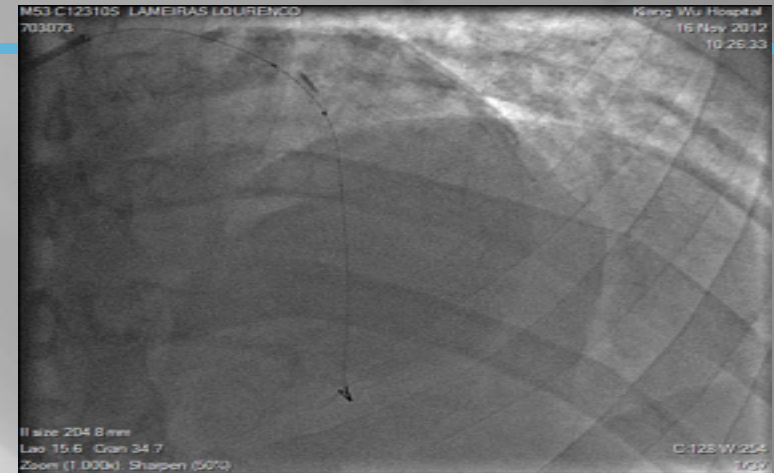


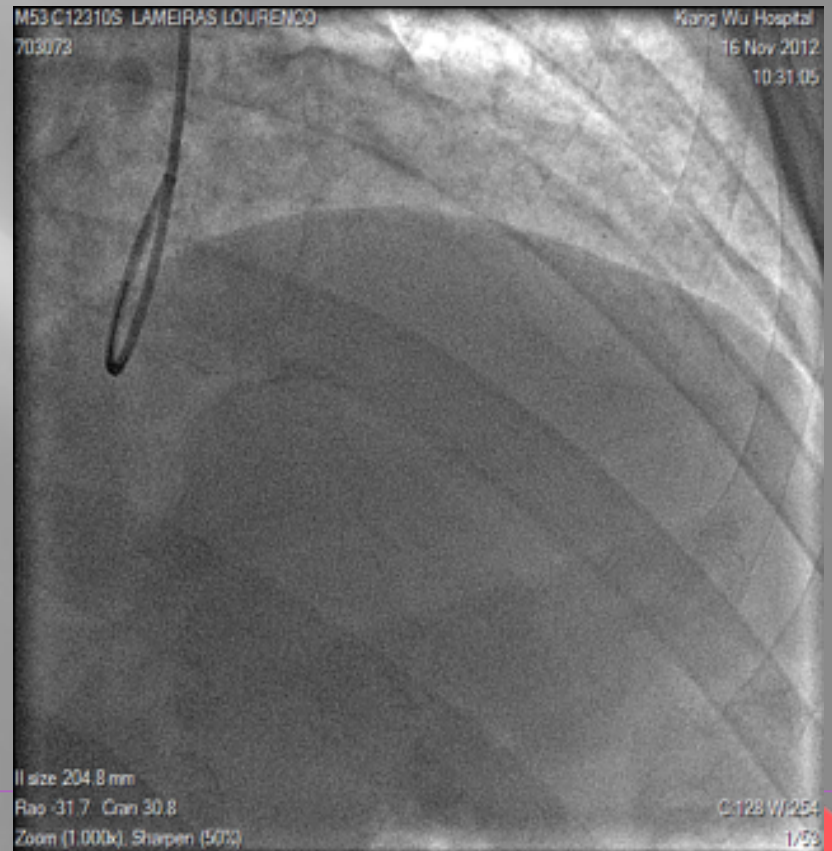
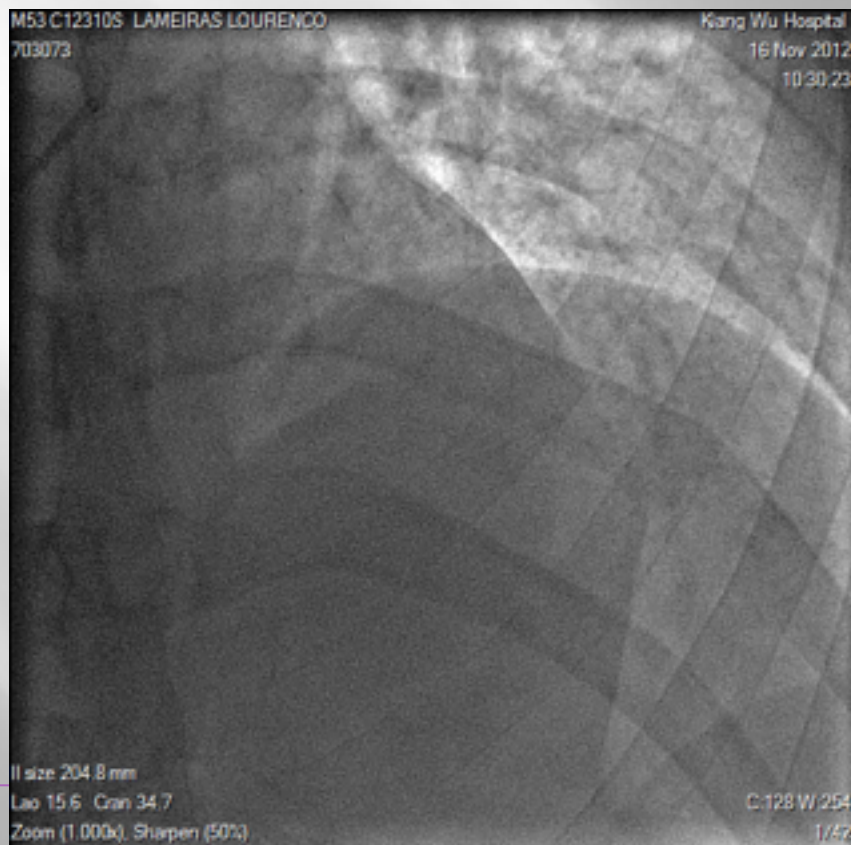
CASE 2: Bifurcation (PCI)



Two Absorb stents(3.0*18mm and 3.0*18mm);post-dilated with balloon3.25*12mm



CASE 2: Bifurcation (Post)



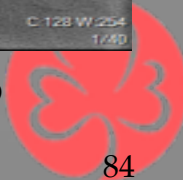
CASE 2: Bifurcation (Pre)



CASE 2: Bifurcation (PCI)



6Fr.IR 1.0;Runthrough NS wire; Pre-dilated with balloon 2.0*15mm;A Absorb
Stent(2.5*28mm); Post-dilated balloon with 2.5*15mm



CASE 2: Bifurcation (Post)



CASE 3: Heavy Calcification

Male 79yrs., Recurrent chest uncomfotable for 1 month.

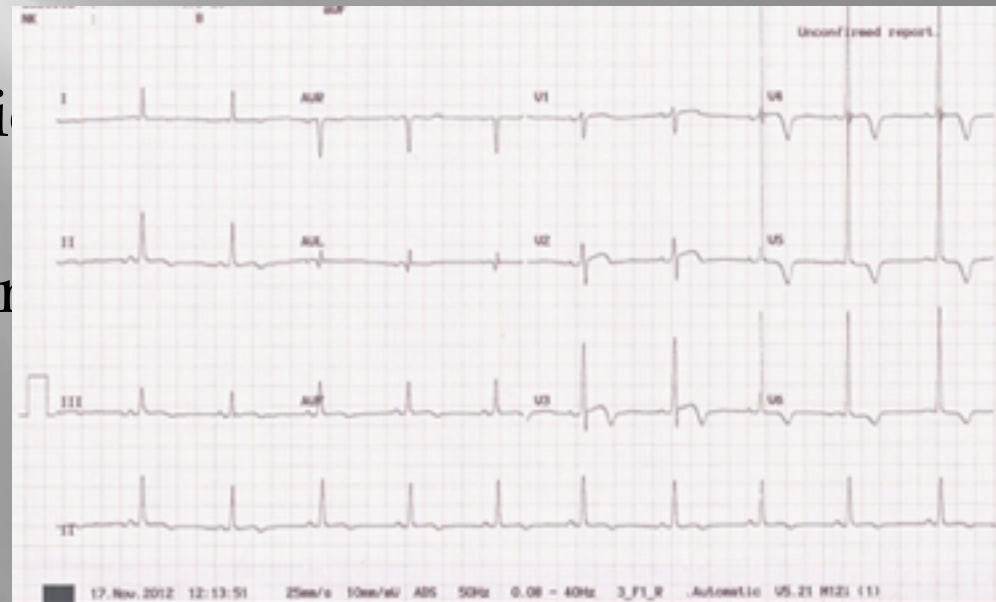
High risk:

Hyperlipidemia, Chronic renal dysfunction.

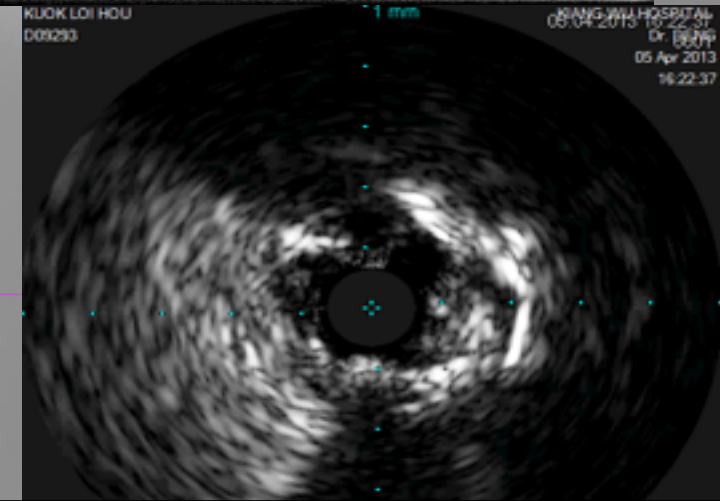
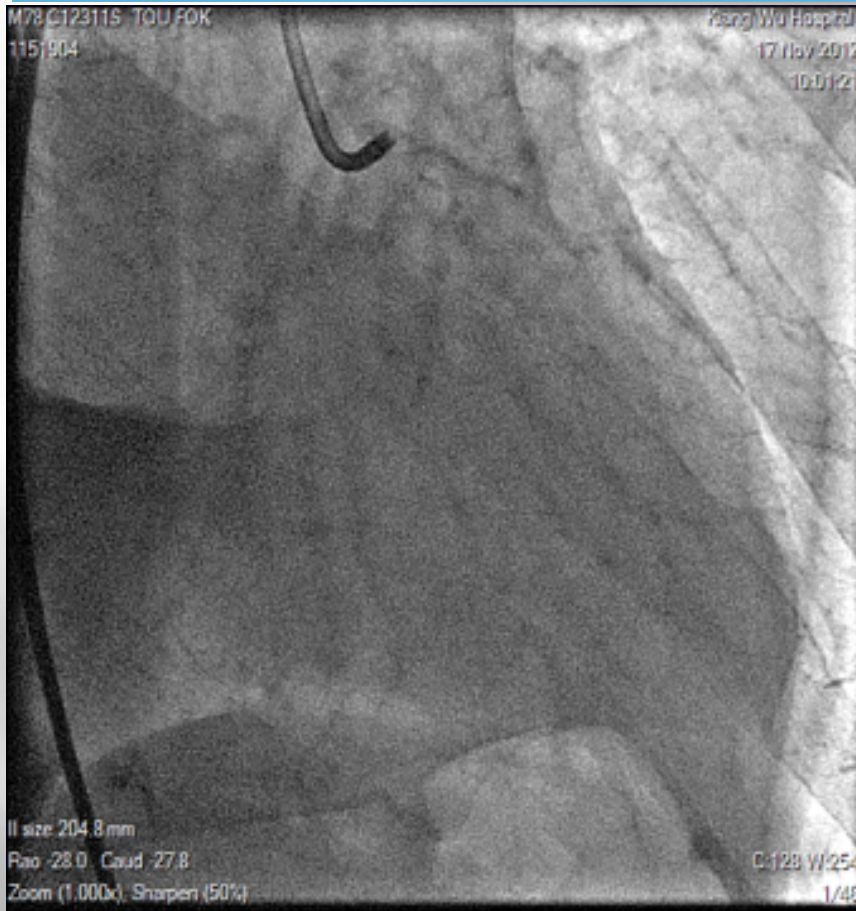
UCG: EF66%, Ventricular wall hypokinetic

CKMB (-) and TnT (-)

Diagnosis: Stable AP

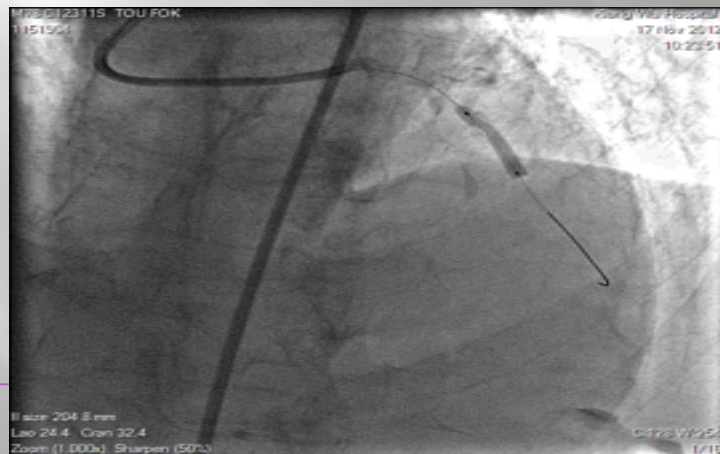
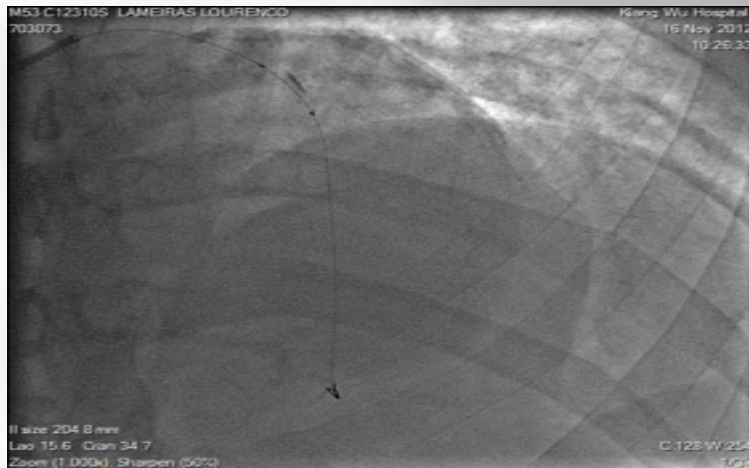


Case 3 : Heavy Calcification (Pre)



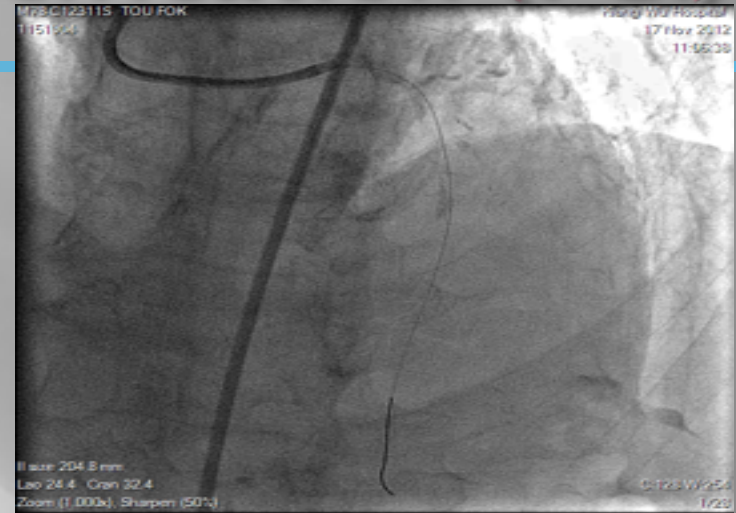
7Fr JL3.5 catheter, Runthrough NS, Extra Sport
GW,

Case 3 : Heavy Calcification (PCI)

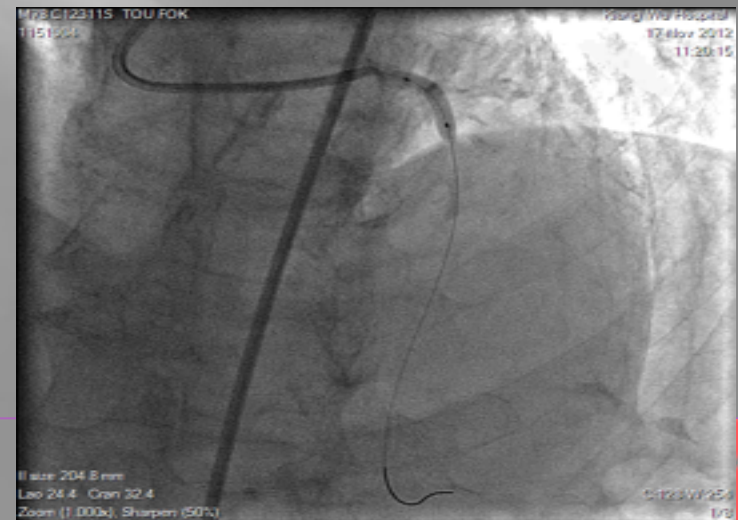
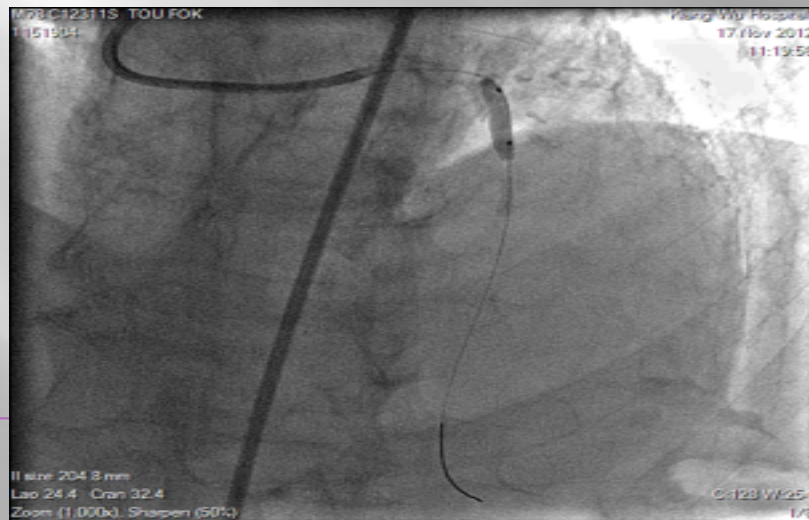


7Fr JL3.5 catheter, Runthrough NS,,pro-dilated balloon2.5*10mm, A Abosorb Stent 3.0*18mm in D1

Case 3 : Heavy Calcification (PCI)

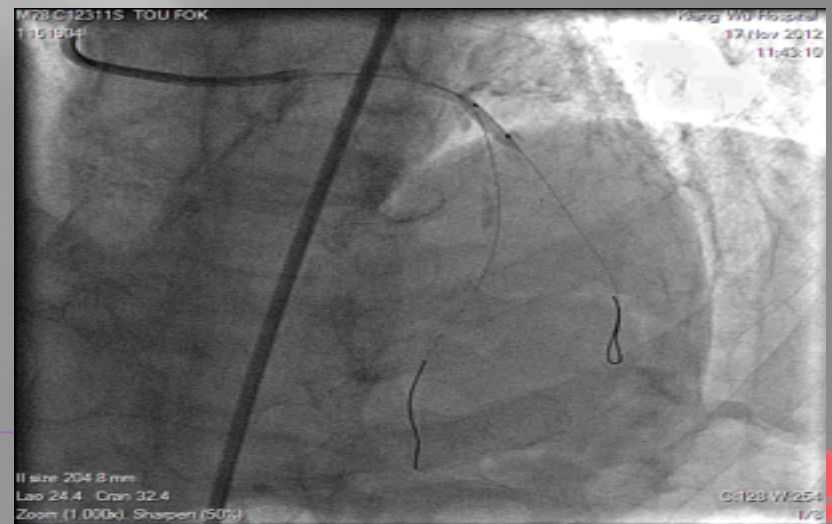
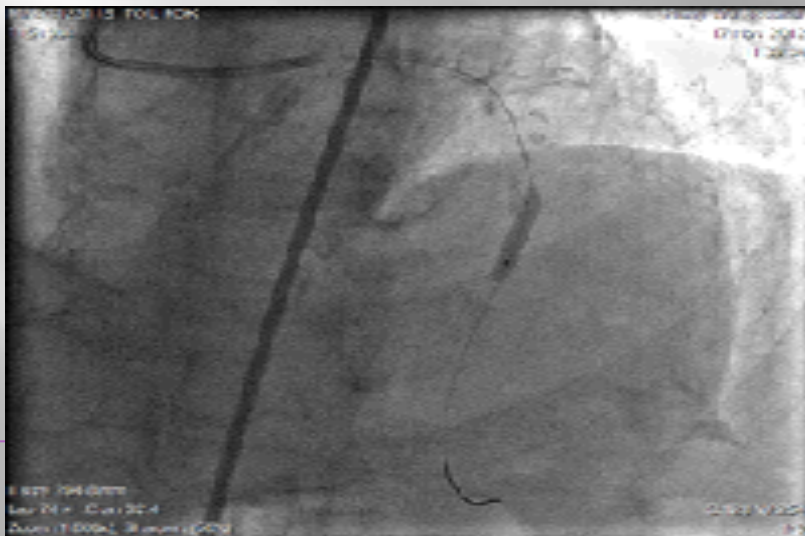
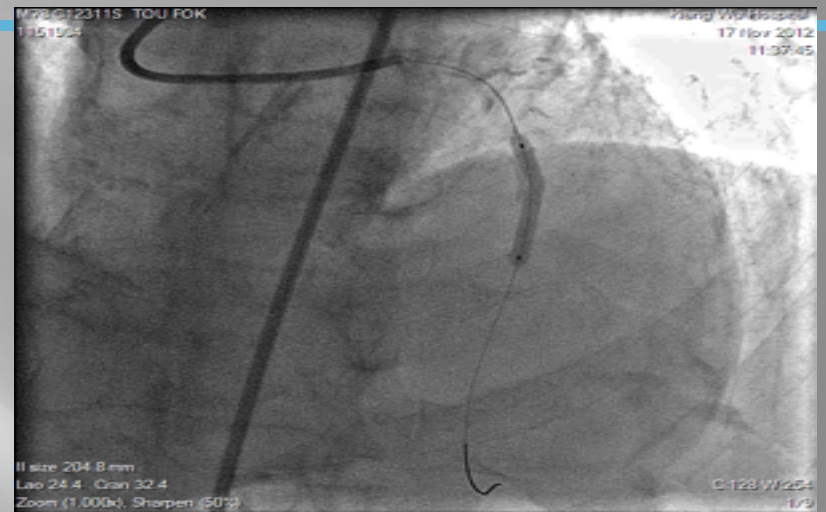
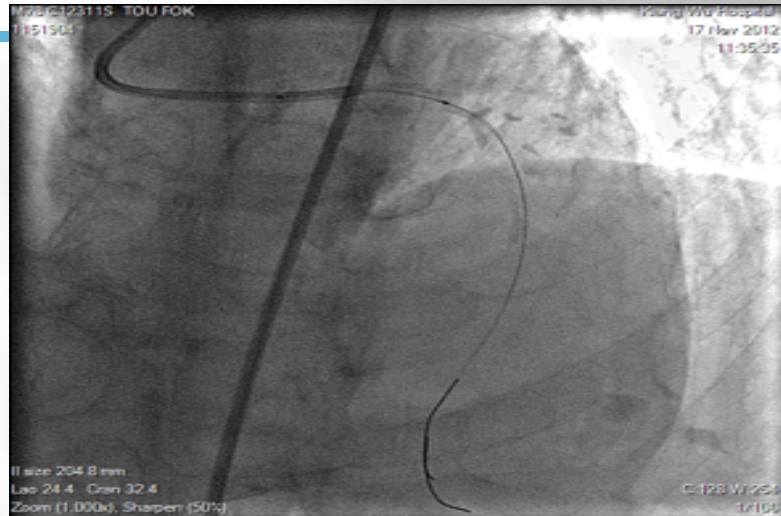


Rota 1.75mm burr and 2.0mm burr



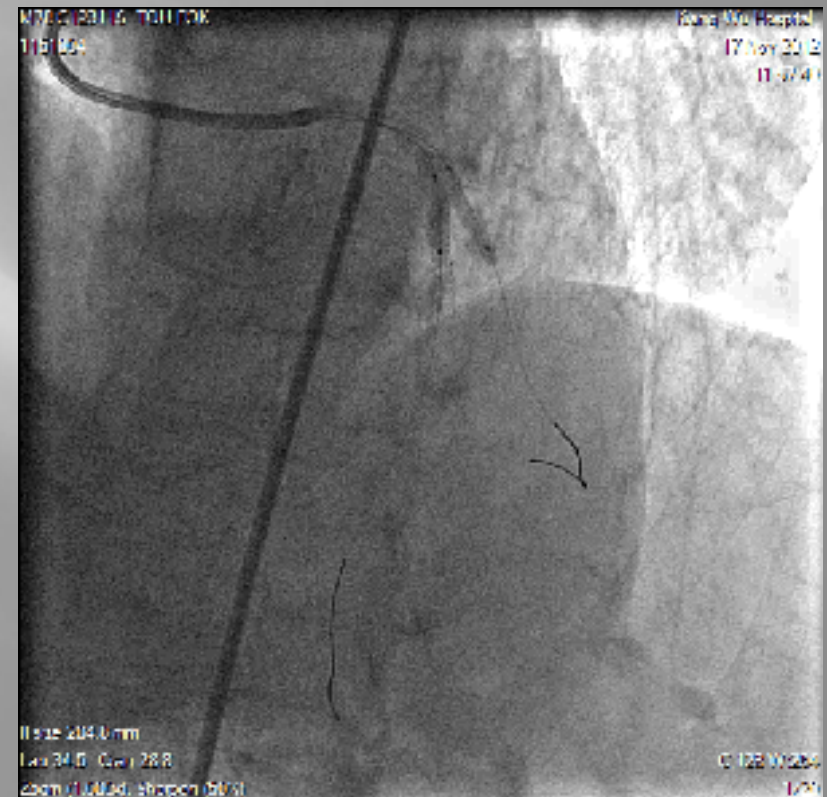
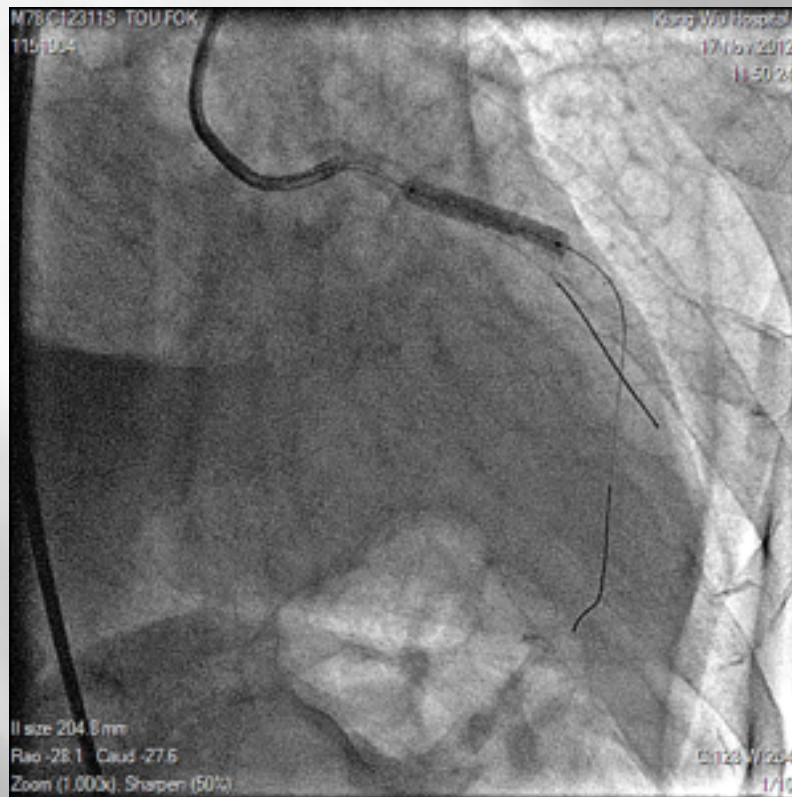
Absorb stent (3.5mm x28mm 3.5mm×12mm),

Case 3 : Heavy Calcification (PCI)



post-dilation with balloon (4.0mm x8mm)

Case 3 : Heave Calcification (PCI)



Kissing balloons at p-LAD (3.0*15mm) and LAD-D1(2.5*15mm),
XiencePrime (3.5mm x 28mm)



Case 3 : Heave Calcification (Post)

