

شبكة المعلومات الجامعية







شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



شبكة المعلومات الجامعية

### جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

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# بالرسالة صفحات لم ترد بالإصل



# OF LEFT MAIN CORONARY ARTERY STENTING 6169 123

Submitted for Partial Fulfillment for M.D. Degree In Cardiovascular Medicine

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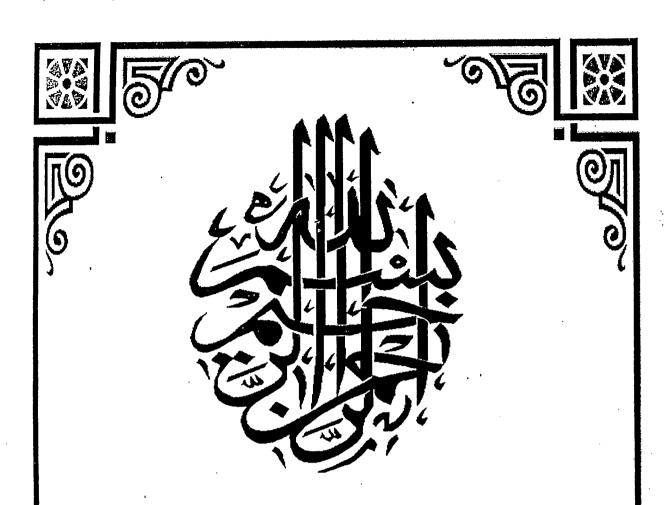
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### **ABBREVIATION**

AMI : Acute myocardial infarction

CASS : Coronary artery surgery study

D1 : First diagnosal artery

DCA : Directional coronary atherectomy

DES : Drug eluting stent

EF : Ejection fraction

IABP : Intra aortic balloon pump

IMA : Internal mammary artery

IVUS : Intravasculr ultrasound

LAD : Left anterior descending artery

LCX : Left circumflex artery

LM : Left main

LMCA : Left main coronary artery

LMCAD : Left main coronary artery disease

LMS : Left main stem

LMT : Left main trunk

LV : Left ventricle

MACE : Major adverse cardiac events

MI : Myocardial infarction

 $OM_1$ : Obtuse marginal

PCI : Percutaneous coronary intervention

PTCA: Percutaneous transluminal coronary angioplasty

QCA : Quantitative coronary angiography

RCA : Right coronary artery

TEE : Transesophageal echocardiography

TLR : Target lesions revascularization
TTE : Trans thoracic echocardiography

ULMT : Unproected left main trunk

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## Introduction

### INTRODUCTION

In the early days of percutaneous transluminal coronary angioplasty (PTCA), Anadreas Gruentzig used the procedure to treat unprotected left main caronary artery (LMCA) stenoses in a few patients (Gruentzig, 1978).

This practice was promptly stopped, however, because of its poor result and because of the publication of several surgical series demonstrating longer survival times after surgical revascularization compared with nonsurgical treatment in patients with LMCA disease (Caracciolo et al., 1995).

Subsequently, a number of interventional cardiology groups also reported disappointing outcomes after balloon angioplasty alone in LMCA stenosis: there was substantial perioperative mortality, restenosis rates were high, and long term survival rates were unsatisfactory (O'keefe et al., 1989).

However, the explosive growth of coronary stenting in the 1990s, fueled in part by the dramatic reduction in thrombotic complications provided by ticlopidine therapy (Barragan et al., 1994) and by evidence that stenting reduced postangioplasty restenosis rates, prompted, new attempts at LMCA dilation (Macaya et al., 1992).

Since 1993, angioplasty with stenting was offered to all patients with LMCA stenoses (Silvestri et al., 2000).