

Bifurcations Bad Krozingen – BBK II trial
(ClinicalTrials.gov Identifier: NCT01267838)



Culotte versus T-stenting for treatment of coronary bifurcation lesions

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Professor Kristensen, Professor Baumbach, Ladies and Gentlemen,

On behalf of the BBK Investigators, it is my pleasure to present the data of the BBK II trial on culotte versus T stenting for treatment of coronary bifurcation lesions.

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ROME 2016

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Declaration of Interest

- Others (Speaker honoraria: Abbott vascular
- Medtronic
- Biotronik
- Biosensors
- Boston scientific)

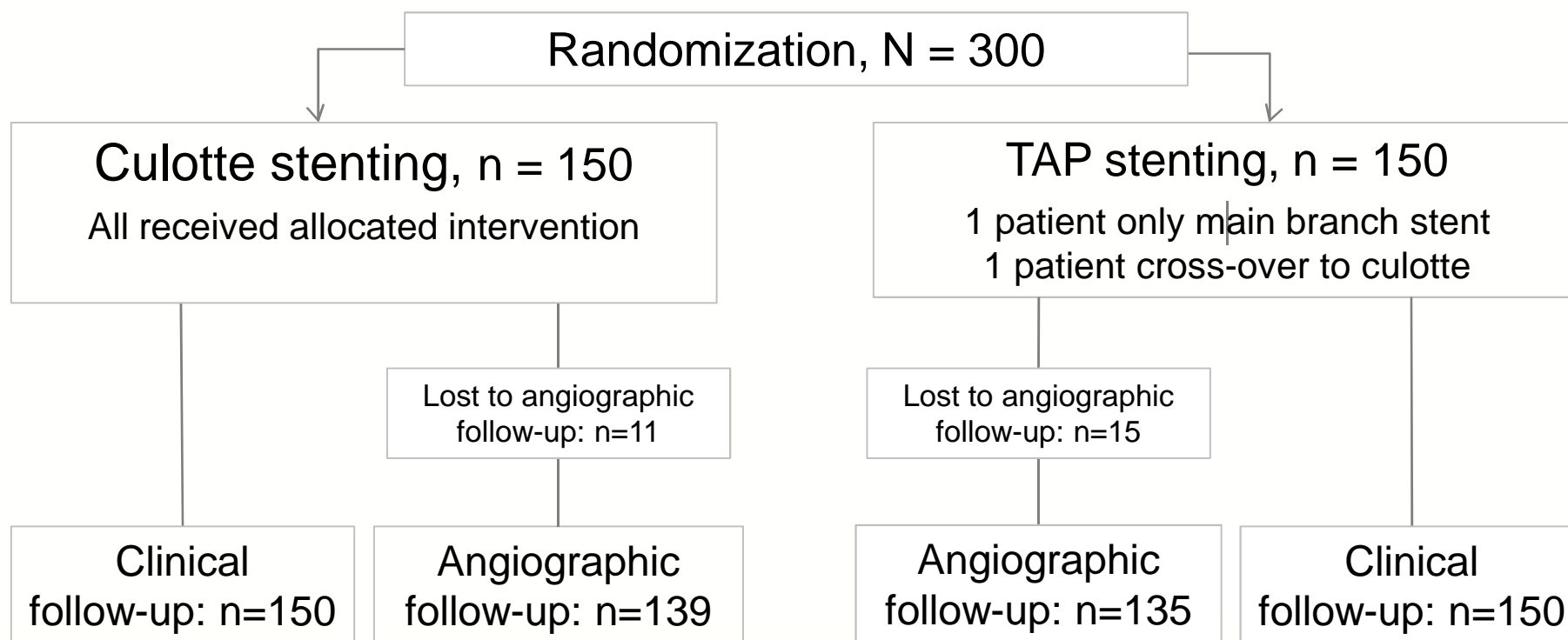


Background

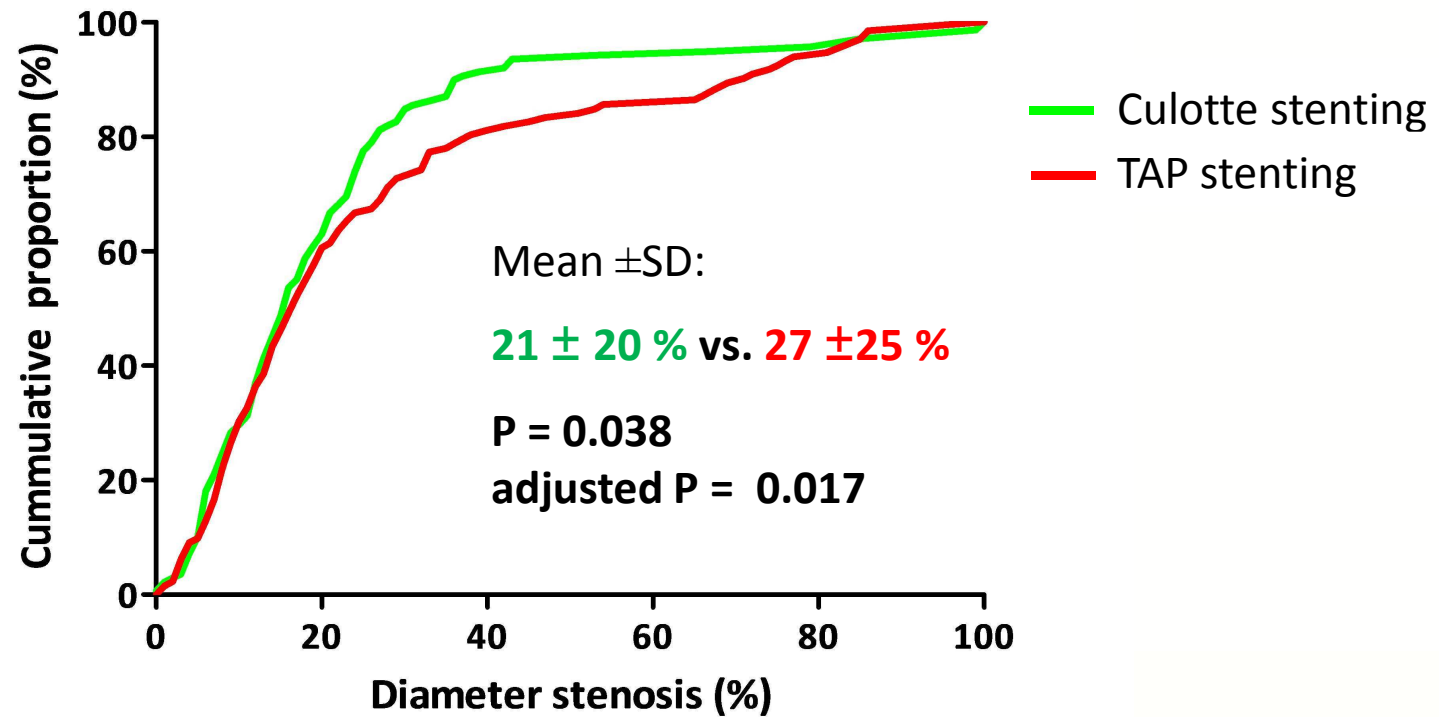
- In coronary bifurcation lesions side branch stenting is needed in 5 - 36 % to achieve an optimal result.
- Frequently used techniques for side branch stenting are T-and-protrusion (TAP) stenting and culotte stenting.
- There are no randomized trials comparing both techniques.



Study flow of BBK II

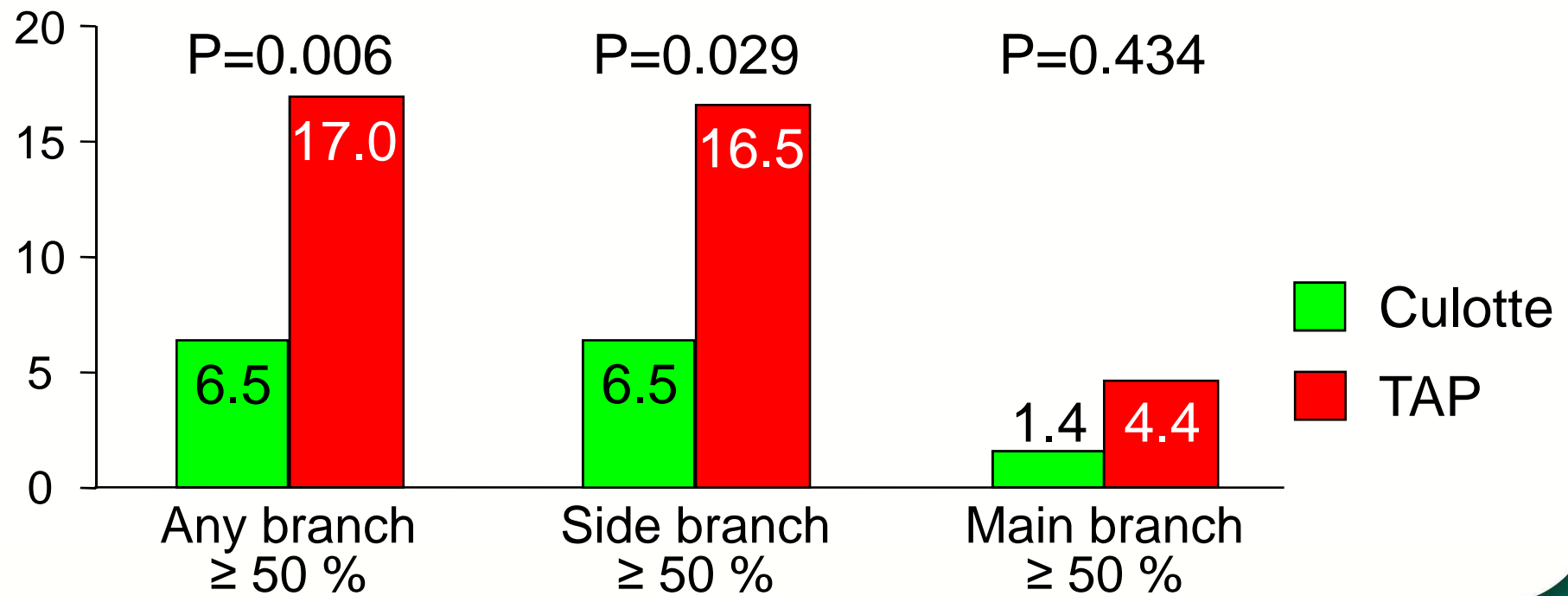


Primary endpoint: Maximal percent diameter stenosis

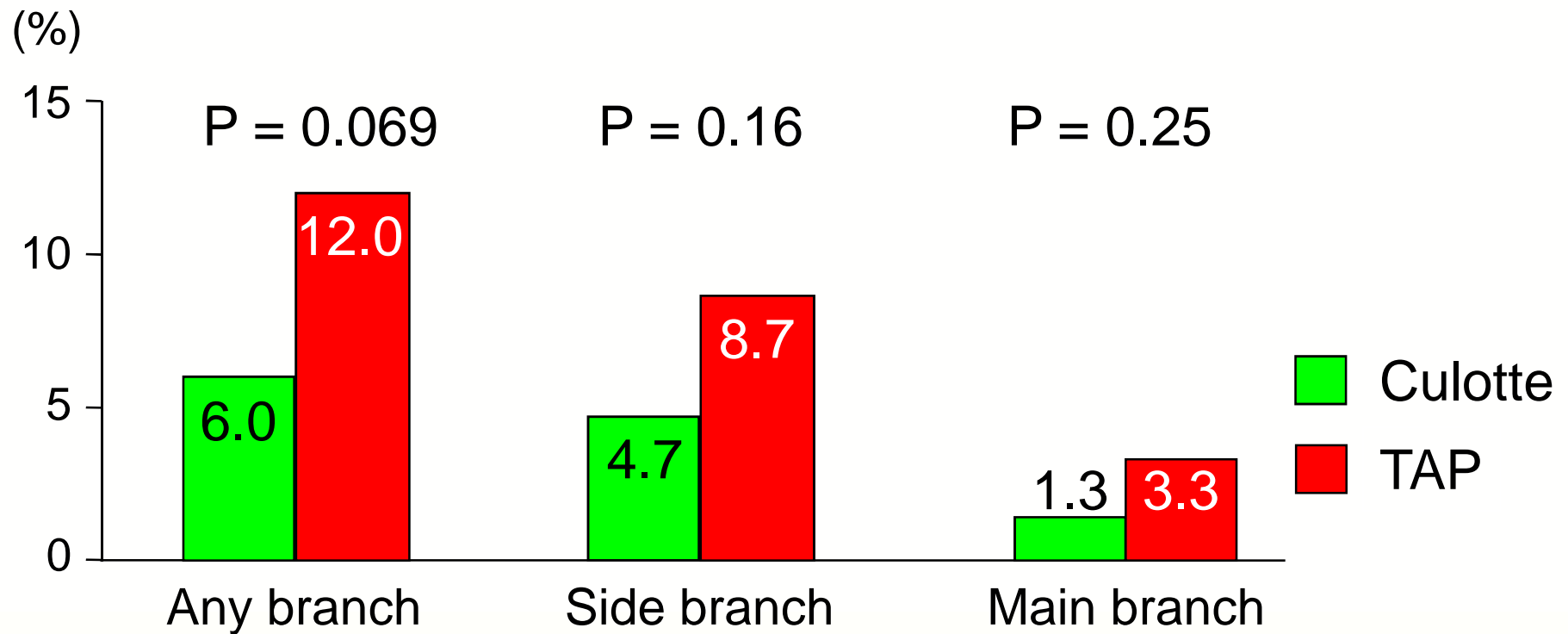


Binary in-stent restenosis

Restenosis (%)



TLR of the bifurcation lesion at 1 year



Conclusions

- Compared with TAP stenting, culotte stenting was associated with a significantly lower incidence of angiographic restenosis.
- There was a consistent trend towards fewer target lesion re-interventions after culotte stenting as compared with TAP stenting.
- The observed differences between the two stenting techniques were driven by differences in the side-branch result.

