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Successful transradial coronary intervention (TRI) for LCX chronic total occlusion (CTO) lesion using 5 Fr sheathless guiding catheter.

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A 86-year-old woman presented with angina in November 2008. Her coronary risk factor included hypertension, hyperlipidemia. Her angiography revealed CTO lesion in LCX. In November 2008, she underwent her first stent procedure to the LCX lesion. 5 Fr sheathless guiding catheter AL1.0 (Medikit) was used to intubate the LAD. A Athlete eal intermeditate (Asahi) Guide wire was passed across the lesion, and the lesion was pre dilated with a Ryujin 2.0-15mm (Terumo) balloon. We could success stent TAXUS Liberté 2.5-16mm (Boston Scientific) delivering. And was post dilated with a Hiryu 2.75-10mm (Terumo) balloon. In this case, 5-Fr sheathless guiding catheter was an effective to deliver PES.