

How is the mechanism of developing branches from false lumen ?

¹ Nishinokyo Hospital

Tokuki Yasuda¹, Masumi Shimizu¹, Hiroto Fukui¹, Shouji Nakai¹, Kiyohisa Saito¹

A 74-year-old female was admitted with palpitation on effort. ECG showed ST depression in I, aVL, V4-6 lead and Sick Sinus Syndrom (SSS). Coronary angiography (CAG) revealed chronic total occlusion (CTO) in right coronary artery (RCA), 90% diffuse stenosis in left circumflex artery (LCX). After implanting DDD pacemaker for SSS, her complaint persisted, we performed PCI in RCA, however, we unsuccessed to cross the CTO. So, we treated administrated medication. But, her complaint persisted, 8 months later, once again we tried to perform PCI in RCA. Guidewire was inserted in false lumen from distal segment (seg.) 2, and returned to true lumen at seg. 4PD. Drug Eluting Stents (DES) were implanted from seg. 1 to seg. 4PD. Unfortunately, blood flow of the branches from seg. 1 to seg. 3 disappeared, and flow delay of seg. 4AV appeared. 10 days later, when we performed PCI in LCX, CAG of RCA revealed good blood flow of the branches of from seg. 1 to seg. 4AV. At PCI for CTO, we often experienced some cases for inserting guidewire into false lumen and putting stents into false lumen, most of all these branches always remained to be disappeared. This time, although the length of false channel was long, the branches came to appear again, however, these mechanism were not clear yet that. When it will come to be clear, the strategy to PCI for CTO will change.