10066

A case of successful PCI for double CTO lesions

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The case is 75 y/o male. Coronary risk factors include hypertension, hyperlipidemia, and history of smoking. The patient received CABG (LITA-LAD) for angina pectoris 7 years ago. He had been free from symptoms there after, but coronary CT performed for follow-up revealed CTO of the proximal and distal right coronary artery. He was admitted for evaluation. Coronary angiography confirmed the CTO of the proximal and distal right coronary artery. Proximal LAD was occluded, and LCx had moderate stenosis. LITA-LAD graft provided good collateral flow to the RCA. Dobutamine stress echocardiography showed induced ischemia of the inferior wall, and PCI for the double CTA of the RCA was performed. Right femoral artery was approached with the 7Fr system. AL1STSH was chosen as the G.C. Guide wire Miracle 3g and 12g with backup of the microcatheter Finecross were advanced with the parallel wire technique, and the proximal CTO was crossed. The distal lesion was tried with visualization of the collateral flow. The lesion was stiff and Miracle 12g could not pass. Anchor balloon technique with 1.5mm balloon at the proximal lesion was tried, and succeeded in passing the distal lesion. Balloon size was enlarged starting from 1.25mm, and four Cypher stents (2.5X28mm, 3.0X33mm, 3.5X28mm, 3.5X18mm) was implanted form the #4AV to the proximal lesion. The PCI successfully finished without complications. We report a case of successful PCI for the double CTO lesion.