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Filter wire (FILTRAP) is useful device for prevention no re-flow after PCI. However if there is large side branch just after target lesion, it is difficult to prevent side branch occlusion. We preformed PCI for LMT-LAD lesion by using 2 filter wires to protect LAD and LCX. 65 years old man admitted with effort angina. Coronary risk factors were hyperlipidemia and smoking. Previous MDCT showed soft plaque in LMT-LAD and severe stenosis of LAD ostium. We performed CAG by transradial approach, CAG showed severe stenosis of LAD ostium. We used 6 French guiding catheter. We crossed 2 filter wires to LAD and LCX, and performed POBA for LMT-LAD by using 3.5mm balloon catheter. No re-flow of LAD occurred at the site of filter, so we performed thrombectomy. Then we exchange filter wire in LCX to conventional wire, and performed implanting TAXUS Liberte 3.5*28mm for LMT-LAD. And KBT was performed by using two 3.5mm balloon catheters. Final CAG showed good dilatation. Distal protection by 2 filter wires is useful for these bifurcation cases.