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Percutaneous intervention for ostial lesions including lesions involving a bifurcation presents unique problems. Because of lesion rigidity, calcification, and recoil due to aortoostial muscular and fibrous bands, treatment of aortoostial lesions has been associated with higher restenosis rates than observed with other lesions, even in the drug-eluting-stent (DES) era. Similarly, treatment of lesions involving a coronary bifurcation has been challenging because of potential plaque shifting into the nonstented vessel and because of geographic miss of the ostium of the stented vessel. Several techniques have been proposed to optimize placement of a stent to completely cover the ostium of the stented vessel including the use of a second wire in the nonstented vessel to act as a marker, and placement of a second wire through a trailing strut of the stent, or the Szabo technique to optimally cover the ostium of the stented vessel. We treated ostial lesion of 15 cases using Szabo technique. On the basis of experience of Szabo technique, we discuss technical issues and potential advantages and disadvantages of this technique including a finding from literatures.