

10156

Successful coronary intervention for severe tortuous Left Anterior Descending Artery(LAD) lesion using 4 Fr guiding catheter .

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A 82-year-old male presented with angina in February 2009. His coronary risk factors included hypertension, hyperlipidemia, and remote tobacco use. His coronary angiography revealed severe stenosis from LAD and RCA lesion. In February 2009, we performed coronary intervention for LAD lesion. 7 Fr. EBU3.5 guiding catheter (Launcher; Medtronic) was used to intubate the LAD. A Runthrough hyper coat (Terumo) guide wire was passed across the D1 lesion, and Runthrough extrafloppy (Terumo) guide wire was passed across the LAD Lesion, and the lesion was pre dilated with a Lacross 2.5-20mm balloon and implanted Sirolimus eluting stent (SES) 2.75-8mm and the LAD lesion was pre dilated with a Lacross 2.5-20mm balloon. But we could not deploy SES because of severe stenosis of LAD. So we used anchor balloon technique, double wire technique, mother and child technique with 5Fr. guiding catheter (Heartrail2; Terumo) But we could not deploy SES because of severe stenosis of LAD. So we used anchor balloon technique and engaged a 4Fr. guiding catheter (Heartrail2; Terumo) deeply in LAD lesion, we could success stent delivering. And was post dilated with a Lacross 3.0-15mm balloon. In this case, anchor balloon technique and 4Fr. guiding catheter were an effective technique to deliver SES.