

A successful stent delivery with the 4 Fr guide catheter instead of 5 Fr guide catheter at Mother-Child technique

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We sometimes must perform Mother-Child technique when a strong backup support is necessary. We can select 4 or 5Fr guide catheter(GC) for the child catheter. We report a successful stent delivery case with 4Fr guide catheter when 5Fr GC was not effective for the child catheter. A seventy seven year-old female complained of chest oppression at effort. CAG revealed severe stenotic lesions at mid and proximal LAD. We performed PCI with 6Fr GC via her right radial artery. The guide wire easily crossed the mid LAD, but IVUS did not cross. We passed another guide wire for buddy wire, but IVUS also did not cross. We performed predilatation with 2.5mm balloon and stent implantation(Xience X 3.0-15) at mid LAD successfully. Then We tried stent implantation from LMT to proximal LAD. We passed the guide wire to the LCX and performed predilatation with 2.5mm balloon. Then we tried stent implantation, but Nobori stent (3.5-15mm) did not cross the proximal LAD. Buddy wire was not also effective. Therefore we inserted 5Fr Heartrail ST01 into the 6Fr GC for the child catheter with anchor balloon technique, but GC did not cross the proximal LAD. Then we changed to the 4Fr Kiwami ST01 and inserted with anchor balloon technique, The GC successfully crossed the lesion and Nobori stent(3.0-18mm) was implanted from LMT to proximal LAD. Final angiography revealed optimal results. No plaque shift occurred so we did not perform KBT. The 4Fr GC is superior trackability than the 5Fr GC at Mother-Child technique.