

<sup>1</sup>Shizuoka city Shizuoka Hospital

Gaku Matsukura<sup>1</sup>, Satoshi Yamashita<sup>1</sup>, Tamotsu Takagi<sup>1</sup>, Natsuko Hosoya<sup>1</sup>, Shigetaka Kageyama<sup>1</sup>, Tohru Yoshizaki<sup>1</sup>, Atsushi Sakamoto<sup>1</sup>, Ryosuke Takeuchi<sup>1</sup>, Koichiro Murata<sup>1</sup>, Ryuzo Nawada<sup>1</sup>, Tomoya Onodera<sup>1</sup>, Akinori Takizawa<sup>1</sup>

A 80-year-old man with a history of inferior old myocardial infarction was admitted to our hospital because of myocardial ischemia in antero-septal wall by myocardial perfusion scintigraphy. Coronary angiography revealed severe stenosis in middle left anterior descending artery (LAD) with severe calcification and angulation. Percutaneous coronary intervention was performed to this lesion. Intravascular ultrasound performed after pre-dilatation of this lesion showed diffuse calcified plaque. We decided to deploy two stents because the lesion length was about 33mm long. First, 2.5x16mm Everolimus eluting stent (PROMUS Element®) was deployed to distal site of the lesion. Second stent, 2.5x24mm Everolimus eluting stent, couldn't be delivered to proximal site because the stent balloon tip bumped against the proximal strut of the first delivered stent. Buddy wire technique with stiff support wire (IRON MAN®) and bended support wire (WIGLE®) failed to deliver the stent. Frequent ballooning of distal instent site and stent proximal lesion was performed but second stent did not cross through. Child in mother technique was not suitable for this case because of the moderate stenosis with diffuse plaque of LAD proximal site. Then we placed a balloon in parallel with the second stent and inflated nearby its tip, deflating of the balloon pushing the second stent simultaneously, and then the stent crossed through the lesion. This technique was previously reported as "Slip through technique". Finally, we succeeded to deploy the second stent in target lesion. Slip through technique is an effective method to make successful stent delivery in severe calcified and angulated lesions.