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Small OTW balloon will be helpful at failure to pass through a retrograde channel by Corsair

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Case LAD CTO, Procedure, I choose bilateral femoral approach, using 8Fr system. At first, I had done antegrade wiring for the preparation. But, I could not stick wires (Fielder XT, Fielder FC, Progress 40) into CTO. So, I switched to retrograde wiring. I took a super selective angiogram using Corsair via some septal branch. I tried to cross one channel by Fielder FC and by XT-R wire. Finally, XT-R wire could cross the channel, then, I tried to advance Corsair through the channel. Nevertheless, Corsair could not pass the channel. I exchanged Corsair twice. But, they did not work. Next, I choose over the wire balloon (Ryujin 1.25 OTW). This OTW balloon stuck at same portion. Then, I inflated the balloon in low pressure, and had repeated slip method, that was advancing and deflating the balloon simultaneously. Fortunately, OTW balloon crossed the channel. After that, I tried to do retrograde wire crossing. Progress 40 wire passed through the CTO with IVUS guidance eventually. After ballooning, DES were deployed. In final angiogram of RCA and LAD, there was no sign of channel injury. Take home message, In this case, I could cross the channel in switching a Corsair to a small OTW balloon. In my interpretation, balloon inflation might make a small dissection in the channel. The dissection formed loose portion.