

¹Nagoya Daini Red Cross Hospital

Kenji Furusawa¹, Syunsuke Eguchi¹, Monami Andou¹, Masaki Takenaka¹, Masato Ishikawa¹, Mayuho Maeda¹, Takamitsu Nin¹, Ruka Yoshida¹, Akinori Sairaku¹, Hiroki Kamiya¹, Mamoru Nanasato¹, Yukihiro Yoshida¹, Haruo Hirayama¹

This case report describes a 51 years-old male patient with effort angina pectoris. Angiography revealed his chronic total occlusion (CTO) lesion on right coronary artery (RCA). There was no collateral flow from RCA and left coronary artery to CTO lesion. Left ventriculography showed normal ventricular wall motions on any segment. On computed tomography coronary angiography, the length of occlusion was short and collateral flow from extracardiac artery was suspected. We planned to treat this lesion with use of this artery but we could not identify extracardiac collateral artery on angiography. He was treated with percutaneous coronary intervention (PCI) for CTO lesion by antegrade approach. Fortunately, we could penetrate CTO channel by IVUS guided method. We could get successful PCI. After our procedure, RCA angiography revealed retrograde flow from RCA to bronchial artery. In conclusion, although we could not use it, it is important to consider existence of extracardiac collateral artery which may provide useful information and strategy, if invisible collateral flow was not able to be identified.