10068

Successful PCI for RCA two-stage CTO with IVUS guidance using only remaining bi-brachial artery.

[1]Tokyo-Kita Social Insurance Hospital

Yuya Nakagawa[1], Masahiko Iwaoka[1], Hiromasa Shimamura[1], Takuji Katayama[1], Takeshi Tsuji[1]

A 62 years old female with AP, renovascular hypertension due to bilateral RAS and Leriche syndrome was admitted for the PCI to RCA CTO. She received DES in the proximal LAD about 8 months ago and PTRA to bilateral renal artery was performed about 5 months ago. Her baseline ECG and echocardiogram showed normal findings. A 7Fr SAL0.75SH guiding catheter was engaged in the right and a 5Fr diagnostic catheter in the left coronary artery through the bi-brachial artery, respectively. We couldn't use bi-femoral artery due to Leriche syndrome, left radial artery due to occlusion after diagnostic catheter examination and right radial artery due to negative Allen's test. Simultaneous coronary angiogram showed two-stage CTOs in the mid and distal RCA. The distal RCA was filled through the rich collateral flow of the LCA. At first, the antegrade approach was attempted. A route was inserted into RV branch and IVUS was performed to check the entrance of the first CTO. Watching IVUS images, by using the combination of an ULTIMATEbros3g with a corsair, the guidewire was successfully passed into the first CTO space and then reach the distal true lumen. The guidewire was inserted into AM branch and was changed to route. IVUS was performed to check the entrance of the second CTO and a wizard3g was successfully passed into the second CTO space and then reach the distal true lumen. After predilation with 2.0mm balloon, three drug-eluting stents were deployed. The final angiogram showed successful revascularization at the RCA CTO.