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[Background] A 77 year old woman was admitted because of serious heart failure which was caused by ischemic cardiomyopathy. After the treatment of heart failure and administration of dual antiplatelet therapy, we performed CAG. CAG showed severe stenosis in proximal RCA and LCX and moderate stenosis in mid LAD. Three vessel diseases were revealed, but each lesion was of type A or B1. Since she refused CABG, PCI was performed consecutively. [Method] 5Fr Ikari left (IL) 3.5 guiding catheter was engaged into LCA, and Neos Route guidewire was advanced into the distal LAD. After the dilatation with Tazuna 2.5-15mm balloon and IVUS examination, PROMUS 3.0-18mm and 2.75-18mm stents were deployed at the LAD lesion. Using by the same system, after dilatation with the 2.5mm balloon and IVUS examination, PROMUS 3.0-23mm stent was deployed at the LCX lesion. The same IL3.5 was engaged into the RCA, and Neos Route was advanced into the distal RCA. After dilatation with Tazuna 2.5-15mm balloon and IVUS examination, PROMUS 3.0-15mm and 3.0-18mm stent was deployed at the RCA lesion. [Result] The total contrast consumed was 160ml in this CAG and PCI, and the total radiation time was just 21 minutes. No complication was occurred. We succeeded PCI of three vessel disease using 5Fr system. [Conclusion] Minimal invasive procedure by 5Fr system may be useful in some cases of multi vessel disease.