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A case of interventional therapy for totally occluded SVC-syndrome

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I will present an advanced left lung cancer with SVC syndrome patient who was treated with palliative but successful PPI. Against pneumonectomy and post operative radiation, his lung cancer invades to the thoracic vertebra and leads to metastasis into SVC. As a result of conventional angiogram, It reveals CTO in SVC upper end trifurcation (99%, 90% and 99%) After the initial kissing balloon for his true trifurcation lesion, I deployed Boston Scientific (BSX) EXPRESS LD 9.0*57mm over SVC to Rt. INV. Then, I advanced ASAHI INTECC Cruise from the sheeth of the left arms and I performed additional ballooning to open-up stent jail of Lt. INV. Next, I deployed BSX EXPRESS LD 8.0*27mm in INV with T-stenting method. Finally I passed both BSX Sterling ES 9.0*40mm and BSX Sterling ES 10*40mm, into Lt. INV - SVC and into SVC - Rt. INV and went on Final KBT. As a result, the CTO lesion was expanded very well. The INV pressure (mean) decreased significantly 25mmHg to 4mmHg.



