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A case of observation of the organized thrombus with angioscopy that couldn't identify with IVUS.

A 78 years old man with hypertension, dislipidemia, and angina treated by PCI came to our hospital because of intermittent claudication. He underwent ankle brachial pressure index (ABI) that showed bilateral ASO (right; 0.69 left; 0.89). Then he underwent MR angiography that showed severe stenosis of left common iliac artery (CIA) and chronic total occlusion (CTO) of right superficial femoral artery (SFA). We performed stenting to left CIA. After that, we performed PTA to right SFA CTO. We punctured retrograde right common femoral artery, and passed through the guide wire supported micro-catheter by knuckle-wire technique. In IVUS observation, guide wire passed through the occlusion lesion by true-false-true lumen. The part of lesion, we couldn't identify a thrombus or the crushed true lumen. Then we observed this part by angioscopy. The angioscopy showed this part as the organized white thrombus. Thus, we put stents to this lesion without distal-protection device or aspiration device, and obtained excellent blood flow. The angioscopy brought us additional vascular information, and in the near future angioscopic "bird's eye view" may make easily wiring false-to-true lumen in CTO lesion.