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A successful case of PCI for high lateral branch with an anomalous origin of LMT using 5F guiding catheter.

A 72-years-old female with diabetes mellitus and dyslipidemia came to our hospital because of effort angina. The patient had been diagnosed to the single coronary. The left main trunk originated from RCA. She had undergone CABG and PCI to multi vessel disease. (LITA-high lateral branch (HLB)-LCx, RITA-LAD and PCI to PL branch in RCA). The Multi-detector CT showed graft occlusion of LITA-HLB and ischemic sign was found in lateral wall by nuclear medicine scan. We performed coronary angiogram by right trans-radial approach. Angiogram showed that RITA-HLB graft was occluded but the graft from HLB to LCx was patent. We detected severe stenosis at proximal portion in HLB and total occlusion at proximal position in LCx. We performed PCI to severe stenosis at proximal lesion in HLB. We selected 5F guiding catheter to perform PCI expecting for avoiding coronary artery injury in LMT and flexibility to engage. The IL3.5-5F guiding catheter could be engaged to LMT and stents could be implanted to target lesion in HLB smoothly. We experienced a successful case of PCI for HLB with an anomalous origin of left main trunk using 5F guiding catheter.