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Usefulness of IVUS for detection of true lumen in a patient with chronic total occlusion

A 79 year-old male patient had medical therapy for effort angina pectoris. Previous coronary angiography (CAG) revealed chronic total occlusion (CTO) of distal LCX (#13). In March 2013, his chest pain was worsening and scintigraphy showed induced ischemia in lateral wall. Total occlusion of proximal LCX (#11) was newly observed by CAG. Therefor he underwent percutaneous coronary intervention (PCI) for #11. First, we crossed XT-R through #11 with support of Corsair, and then performed balloon dilatation in this site. The balloon dilatation brought to forward flow of OM-2, however total occlusion at the ostium of OM-1 was observed. The next, we performed PCI for OM-1. However it was difficult to cross Wizard 78 for OM-1. So we passed the Wizard 78 to the sub-intima of OM-1. We used this wire as the landmark and crossed Wizard 3 to true lumen of OM-1 detected by the images of intravascular ultrasound (IVUS: Eagle Eye Platinum Catheter). Then we performed pre-dilatation and implanted Xience PRIME for OM-1 and #11. Finally, TIMI 3 flow was obtained. In this case, IVUS was useful for detecting the entrance of CTO and crossing guide wire to true lumen.