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We got thinking about the proper use of stiff wire through the 2 CTO cases.

Case 1: A 78 years old man with mid RCA CTO lesion. At first attempt, we started with a Gaia 1st supported by Corsair, the guide wire migrated into subintimal space and then exchanged the guide wire to Confianza Pro 9g because of the lesion was comparatively straight. However we failed to get the true lumen. At second attempt, we used the Gaia 2nd from the beginning for antegrade approach and succeed to pass through the CTO lesion easily. Case2: A 70 years old man with distal RCA CTO with severe calcified lesion. There was only tinny contralateral collateral channel and antegrade flow was also visible scarcely. The cardiac scintigram showed a residual viable myocardium in inferior wall, so we attempted PCI to this lesion. We started with Gaia 2nd from the beginning and the wire probably in true lumen however the wire did not cross the lesion due to the calcification so we changed the guidewire to Confianza Pro 12g. We succeeded to cross the lesion. Discussion: From these 2 cases, we reconfirmed the high performance of Gaia 2nd to relatively hard plaque lesion and the limitation of it to the calcified lesion. We have to know more about the distinction of the guidewire performance for CTO PCI.