

Efficacy of a combined use of Lacrosse NSE and GuideLiner for severe calcified lesions

Yokohama Shintoshi Neurosurgical Hospital, Japan
Keisuke Nakashima

GuideLiner (JLL) is a monorail “mother in child” guiding catheter extension that facilitate stent delivery, providing extra support and coaxial guide engagement. In some cases, the difficulty with advancing GuideLiner through calcified and tortuous vessels are reported. We hereby report a case of angioplasty performed in a severely calcified vessel using Lacrosse NSE (Goodman) and GuideLiner to facilitate its advancement. A 94-year-old woman presented with chest pain, and ECG evidence of cardiac ischemia. Findings of the CAG included 90% stenosis in the ostium of RCA and 90% stenosis in LCX #14. After the PCI for RCA was successfully performed, we approached the LCX. A 6Fr Heartrail II IL 3.5 (Terumo) guiding catheter was used to engage the LCA via the right radial artery. A Sion blue (Asahi) guidewire was used to cross the lesion, a Runthrough extrafloppy (Terumo) guidewire to protect the side branch. Angioplasty was performed with a 2.0 mm MiniTrek (Abbott) balloon. After predilatation, we experienced difficulty with advancing scoring balloons through the calcified proximal vessel. At this point we decided to place a GuideLiner catheter into proximal LCX with 2.0 mm balloon anchoring. GuideLiner allowed angioplasty with 2.5 mm Lacrosse NSE, and further advancement of GuideLiner was achieved with its distal anchoring. This permitted placement of a Xience Prime (Abbott) 2.25 mm x 28 mm DES with relative ease. No postoperative complications occurred. In conclusion, combined use of Lacrosse NSE and GuideLiner seems to be an effective solution for severe calcified lesions.