

37 [10018]

Reverse bent wiring with Crusade catheter can be useful for penetrating an abrupt-type entry of coronary occlusion at branching ostium

We encountered a 56-year-old male case of chronic total in-stent occlusion which involving an abrupt-type entry at an obtuse marginal branching ostium. It is usually difficult to antegradely penetrate this kind of proximal fibrous cap. Therefore, we adopted a reverse bent wiring technique with a Crusade catheter. The first curve is an ordinary small tip curve with an angle of about 45 degrees. The second curve is relatively large according to the vessel diameter to gain back-up force from the opposite side of the vessel wall. The third curve is shaped in a reverse direction against the first and second curves. By adjusting the position of Crusade catheter back and forth in order for the just proximal part of the third curve to be located around the over-the-wire exit port of the Crusade catheter, maximum back-up force from the Crusade catheter is achieved for manipulating the guidewire. We successfully penetrated the proximal fibrous cap of the abrupt-type entry with this guidewire manipulation technique and successfully completed all procedures.

