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Tortuous RCA-STEMI case: successful delivery of Guideliner using distal anchoring technique with micro catheter and support wire instead of balloon.

A 36-year-old man with hemodialysis was admitted for an inferior ST-segment elevation acute myocardial infarction. Emergent coronary angiography showed thrombotic occlusion at the distal RCA. We performed PCI to RCA via femoral approach. Before the procedure, we expected this PCI would require powerful backup force because of severe tortuosity. We selected Hyperion 7Fr SAL1.0 (ASAHI) and Hyperion 8Fr AL1.0 SH, but the backup force was insufficient. Finally, we selected Hyperion 7Fr AL1.5 SH. Runthrough Floppy wire (TERUMO) couldn't cross the lesion with the help of Corsair micro catheter. At last Fielder FC wire (ASAHI) could cross the lesion. We have difficulty advancing aspiration catheter and balloon in the distal vessel due to tortuosity with poor guide support. A 4.5Fr Cokatte catheter didn't reach to the distal RCA without enough length. Next we tried to bring a 6Fr Guideliner to the distal RCA using distal balloon anchoring. But we couldn't advance a balloon, and we couldn't use distal balloon anchoring technique. After that, we exchange a guidewire for Grandslam support wire (ASAHI) using Corsair. Next we advanced Guideliner using distal anchoring technique with Corsair and Grandslam instead of balloon. At last we advanced Guideliner to the distal RCA. After that we could get enough back up force to deliver the stent to the distal RCA. We could deliver Promus Premier 4.0x16mm, 3.5 x32mm. Distal anchoring requires delivery of a balloon to the lesion, but may occasionally be difficult. In this case, we used micro catheter and support wire instead of balloon.