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The patient was a 83 year-old-man who had a past history of coronary artery bypass graft and several times of PCI. He became aware of exertional chest pain and coronary angiogram showed that the stenosis of left anterior descending coronary artery (LAD) was developed and fractional flow reserve (FFR) in the distal LAD was 0.77. We performed PCI for the stenosis of LAD and IVUS revealed that the stenosis was developed between the previous stents in distal and proximal portion of LAD. After we advanced the scoring balloon using buddy wire technique and dilated the balloon adequately, IVUS revealed that the main guidewire slid into the subintimal lumen. As the buddy wire was remained in the true lumen, we perform PCI in the true lumen guided with IVUS from the subintimal lumen. Sliding the guidewire into the subintimal lumen was possible even if the guided wire was not pulled out. IVUS was useful for detecting the coronary dissection and make it possible to perform PCI in safety.