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Chronic total occlusion (CTO) is one of the difficult situations for coronary intervention. However guide wire can cross the CTO lesion, sometimes balloon catheter cannot pass. In these situations, microcatheter such as Corsair (ASAHI INTECC) is useful for penetrating lesions. On the other hand, over-the-wire balloon catheter (OTW) such as Threader OTW (Boston Scientific) has longer wire lumen than monorail catheter, so OTW may be useful for these situations. We experienced 2 CTO cases by using both Corsair and Threader OTW. Case 1 was 65 years old male who had CTO lesion of proximal LAD with calcification. However Gaia 3rd could penetrate CTO lesion by using parallel wire technique, Corsair could not cross the lesion at the site of calcification. We exchange Corsair for Threader OTW. it could cross the lesion easily. Then we performed balloon dilatation and stent implantation. Case 2 was 86 years old male who had bent CTO lesion of mid LCX without calcification. XT-R could cross the lesion. In this case, we selected Threader OTW at first. However Threader OTW could not cross, Corsair could penetrate easily. After Corsair crossing, Threader OTW could pass the lesion, and then we performed balloon dilatation and stent implantation. Corsair may be suitable for tortuous lesion without calcification. In contrast, Threader OTW may be useful for calcified lesion without tortuousness.