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A 57-year-old man with maintenance dialysis for diabetic nephropathy was referred to our hospital due to hypotension during a dialysis, ischemic change in an electrocardiogram, and severe diffuse hypokinesis in an echocardiogram. We suspected of an ischemic heart disease and performed CAG. It showed wavy lines in RCA and LAD, which are bifurcated lesions, and an OFDI revealed a lotus root appearance with multiple intraluminal channels. First, we performed PCI for RCA. We inserted two guide wires in AV and PD and, by using an OFDI, we found that two wires were in two different partitions. We selected one partition of the two in mid-RCA, moved one wire to the selected partition and, with a hard wire, punctured the partition wall into AV. Then, we performed POBA and stent implantation. Two days later, we evaluated wavy lines in mid-LAD. CAG showed the bifurcation lesion in mid-LAD, which branched out into a large first diagonal branch. We assessed the severity of LAD coronary flow by iFR, and the rate was 0.57. Therefore, we decided to perform PCI. Similar to PCI for RCA, we selected two guide wires in LAD and the first diagonal branch in the same partition by using an OFDI and tried to puncture the partition wall with a hard wire into ostial lesion as close as possible. Then, we performed POBA and stent implantation. This is a rare case that PCI was performed for a lotus root appearance in bifurcated coronary arteries.