

10068

Successful result after OCT-guided PCI using kissing balloon technique with drug-coating balloons for in-stent restenosis lesions at left main bifurcation.

<sup>1</sup>Shizuoka General Hospital

Kana Harada<sup>1</sup>

In October 20xx, a 74 years old woman, who had a history of CABG (LITA - LAD, SVG - LCX#14) and AVR, presented a symptom of effort angina. Cardiac catheterization revealed total occlusion of SVG to LCX, 1:1:1 true bifurcation lesion in distal LMT with a total occlusion of proximal LCX, and severe stenosis in first diagonal branch. Those lesions were treated successfully with culoutte stenting technique of drug-eluting stents. After 6 months, she felt a symptom of angina again and admitted to our hospital. Cardiac catheterization revealed in-stent restenosis in bifurcation of LMT (99 % stenosis in distal LMT and proximal LAD, and total occlusion in ostial LCX) After ballooning for those lesions with 2.0 mm balloon, we performed intracoronary imaging with OCT. Severe neointimal hyperplasia with relatively homogeneous neointima in bifurcation lesion, underexpansion of stent in ostial LCX, and massive malapposition of the stent in LM body were clearly shown with OCT. We treated these lesions with high pressure balloon and non-slipping balloon using kissing-balloon technique (KBT) and OCT revealed favorable luminal gain. Finally, we performed KBT with two drug-coating balloons. Follow-up angiography at 3 months and 9 months showed no evidence of luminal narrowing in those lesions.