

A Case with difficulty of Balloon Advancement after Guidewire Crossing for the Chronic Total Occlusion of Distal Right Coronary Artery

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The patient was a 74-year-old man with effort angina, whose coronary risk factors were hypertension and smoking history. The coronary angiography showed a total occlusion of distal right coronary artery (RCA) with collateral vessels from left circumflex artery. Target lesion: CTO lesion in the RCA. Strategy: A 7Fr AL1 guiding catheter was engaged to the RCA via radial artery with the contralateral injection system via femoral artery. We searched a micro channel using a XTR combined with a Corsair catheter, and it was easily advanced through the distal RCA. However, either a 1.25mm or 1.0mm balloon could not pass the lesion due to heavily calcification of the occluded lesion. Even after changing the guiding catheter to a Hyperion AL1.5 and the insertion of the guideliner, any kind of balloons did not pass the lesion. A Tornus-pro catheter was barely passed through the lesion and the guidewire was changed to Rota floppy wire. Rotablation was successfully performed with step down of the burr size from 1.5mm to 1.25mm and the lesion was finally ablated with a 1.5mm burr followed by predilatation with a 3.5mm balloon. Three drug-eluting stents were implanted from distal RCA from proximal RCA. Good apposition and adequate expansion of each stent were confirmed in the intravascular sound. Conclusion: In such case with difficulty of balloon advancement in the antegrade approach, preparation with the Tornus catheter with insertion of the guideliner is effective for the completion of rotablation.