

A Case of successful PCI in LAD-CTO with large severe calcified aneurysm in young adult with history of Kawasaki disease.

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A case was 35-year-old man with a history of Kawasaki disease at the age of 24 months. He presented with deteriorated exercising capacity because of increased dyspnea. His echocardiography showed hypokinesis at anterior wall. His coronary angiogram showed total occlusion in the just proximal LAD with no stamp. Coronary CT findings revealed that the CTO site was severe calcified coronary aneurysm as 10mm diameter. Although introducing optimal medical treatment, his symptom was not improved. Therefore, we decided to PCI to LAD-CTO lesion. At first, IVUS examination was performed from the HL branch. However, entry of CTO could not see by IVUS. Then, we tried to penetrate using SASUKE supporting, we exchanged the GW with step-up method. Fortunately, Conquest pro 12g could penetrate the proximal cap and we retrieved SASUKE. After that, Corsair was advanced to aneurysmal vessel of the LAD. However, distal part of CTO was not clearly seen. Then, we changed the strategy to retrograde. Next, we tried tip injection from the marginal branch. Fortunately, there is one visible connection from septal perforator. Then, we crossed this channel using SION blue and SUOH 03. After advancing Corsair, we exchanged the GW with step up method. Fortunately, Conquest pro 12g could advanced to near the proximal wire. Finally, we completed the reverse CART technique and one stent deployment to proximal LAD. He was discharged our hospital with relief of symptom. The reverse CART technique in CTO with calcified aneurysm were effective to patient with Kawasaki disease.