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79 year-old woman was diagnosed with acute inferior myocardial infarction, and primary PCI was performed for RCA. This time, we performed PCI for LAD CTO. First, we started the procedure by antegrade approach. Even though we used CTO wire (XT-R, Gaia First, Gaia Second), we couldn't success in wire cross of CTO. Therefore we changed the approach to the retrograde. SION wire with Corsair microcatheter was reached the CTO lesion to retrograde in the collateral channel via the apex from RCA distal vessel. Although we tried Kissing wire technique, but didn't succeed. Next we attempted a Reverse CART. Retrograde wire couldn't capture the true lumen of LAD from the middle, and run into the pseudo lumen at the proximal LAD. Then we brought the GuideLiner until just before CTO lesion, we succeeded in induction of retrograde wire into the guiding catheter through the GuideLiner. And balloon inflation in the GuideLiner were effective for fixing the retrograde wire. If the retrograde wire is unable to induce into the guiding catheter because retrograde wire operation is difficult, it may be effective to go to pick with the retrograde wire using the Guideliner.