C018

A pitfall of guide extension catheter – A case of coronary dissection occurred by guide extension catheter

A 75-year-old male with chronic hemodialysis came to our hospital with a complaint of chest discomfort. He had prior histories of PCI procedures (RCA #1 BMX 3.5mm-8mm#2 Promus element 2.5mm-24mm, #3 Promus element 2.5mm-20mm, LMT #5 Cypher 3.0mm-13mm,LAD #6 Cypher 3.0mm-23mm, #7 Cypher 3.0mm-33mm,Promus element 3.0mm-12mm,LCX#13 Promus element 3.0-32mm). On admission, coronary angiogram (CAG) was performed. CAG revealed triple-vessel disease (RCA #2 75% ISR, #3 75% ISR, LAD #6 75% ISR, #7 75% ISR, LCX #13 90% ISR). CABG could be better than PCI due to his histories of ISR and lesion severity, however, we decided to perform PCI because of severe stenosis existing in bilateral intracranial ICA. We tried to cross OCT for assessing the lesion morphology of LCX. It was difficult to cross OCT due to the coronary tortuousness. We used Guide extension catheter (6Fr Guidezilla) with anchor balloon technique. After crossing guide extension catheter, we performed manual contrast injection with guide extension catheter inserted into coronary artery. At that time electrocardiogram showed ST elevation in Ⅱ,Ⅲ,aVF and V5-6. CAG was performed after guide extension catheter was pulled back to LMT. CAG revealed severe stenosis from proximal to mid of LCX in a shaggy shape and occlusion of distal target lesion. We suspected the coronary dissection and checked IVUS immediately. IVUS showed the spiral false lumen. Two DESs (Synergy 3.0mm-38mm,Synergy 2.5-16mm) were deployed to the dissection lesion and target lesion for bailout. We thought that strong coronary injection with guide extension catheter wedged to the mid-LCX with moderate stenosis caused coronary dissection. Guide extension catheter has been widely used for complex case, however, it should be taken into consideration that coronary dissection could occur due to CAG with a guide extension catheter inserted into coronary artery.