We experienced representative 2 cases that we success to pass the micro channels by switching to Wizard 78 wire from other tapering wires in coronary chronic total occlusion (CTO) or sub-total occlusion lesions.

Case1. 67 years old, male, hemodialysis patient. Target lesion was CTO in RCA, which was pointed out for two years. There was slightly ante-grade flow and occlusion partly. Although we tried to cross the lesion by using XT-R wire with Corsair micro catheter, we failed to cross because of the occluded or very narrow part. We switched to wizard 78 wire and then we could easily pass the lesion.

Case2. 81 years old, male, old myocardial infarction patient. Target lesion was CTO in RCA. There was slightly ante-grade flow. Although we tried to cross the lesion by using XT-R wire with Caravel micro catheter, we failed to cross. We switched to wizard 78 wire and crusade micro catheter, and then we could easily pass the lesion.

In the cases in which there might be the micro channels and ante-grade flow slightly, it is very important not to lose micro channels. The tip of Wizard 78 wire (Japan Lifeline, Tokyo, Japan) is tapered for 0.0078 inch and the tip load is 0.6g. The tip is sharpest in 0.014 inch wires and very soft not to lose micro channels. Wizard 78 is an effective option in these cases which other traditional tapered wire failed to pass the micro channels.