

C059

Successful CTO PCI in proximal LAD by using CrusadeK frequently

Case: A 50-year-old man was admitted with congestive heart failure. CAG showed CTO in the proximal LAD. A few days later, PCI was performed. An 8Fr sheath was placed into the right femoral artery and an 8Fr VL3.5 SH was engaged to LCA. A 0.014-inch guidewire ULTIMATE bros 3 with a CorsairPro couldn't be advanced through the lesion. Because the guidewire was prolapse to LCx, the guiding catheter was exchanged to an 8Fr JL4.0 SH and the CorsairPro was replaced with a CrusadeK. The guidewire was passed through the diagonal branch. The CrusadeK was used again, guidewire was cross to second diagonal branch. IVUS findings showed the guidewire was in the true lumen of proximal LAD. Dilatation in proximal LAD was performed by 2.0/15mm balloon. Reverse wire technique by a SION black was performed, but the guidewire couldn't pass. Position of the CrusadeK was changed, The guidewire was crossed to septal branch. The CrusadeK was used again, the guidewire could pass through the CTO culprit lesion. Ultimaster stent (2.5 × 38mm) was deployed at proximal LAD, the final angiogram showed successful recanalization in the LAD CTO lesion. Conclusion: We experience a successful CTO PCI in the proximal LAD by using crusadeK frequently.