

C073

A useful case of Tornus and Rotablator for severe calcified Right coronary ostial lesion.

The case is 76 year old woman. She was admitted to our hospital due to Unstable Angina Pectoris. Her coronary risk factor was Diabetes Mellitus, Hypertension, Dyslipidemia, and oral steroid consumption. Coronary angiography showed severe calcified lesion at right coronary artery ostium. We started PCI from right femoral artery with 6Fr guiding catheter system. Though, guide wire passed, any balloon/Micro catheter could not pass the lesion. We changed the guiding catheter type, JR4.0 to IM, but it was not effective. Then we changed Guiding Catheter 6Fr to 7Fr (SAL1.0). We tried Tornus. Though, it wedged to the lesion, could not pass. However, we thought Tornus could modified the lesion, so, we tried 1.0mm balloon catheter again. Exquisitely, it could pass. Then we stepped up the balloon size up to 1.5mm. After POBA by 1.5mm balloon catheter, IVUS observation was allowed. IVUS showed the heavy thick calcification. Then, we performed Rotablation with bur 1.25mm to 2.0mm. After rotablation, we added POBA using 3.5mm Non compliant balloon catheter. Finally we could deployed 3.5mm BMX-J. We will report this tough case of severe calcified Right coronary ostial lesion.