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A case of one-stage revascularization for acute left heart failure by ischemic MR with RCACTO and LCX entrance high stenosis

(Case) A 70-year-old man (Current illness history) He was referred to an ST-descending ACS from a local doctor. On the same day, he developed acute left heart failure with ischemic MR and started NIPPV treatment. CAG was performed on the third disease day. (Post-hospital course) CAG results were RCA # 2 99%, LCX # 11 to OM 99%, and # 13 99%, and PCI was started from RCA. As a result, RCA # 2 was CTO, but Gaia next2 could pass. However, the CTO lesion is a strong calcified lesion, which is difficult to dilate by POBA and the balloon rupture was repeated. Finally the balloon tip was torn. After removing the system itself including the sheath, I resumed PCI to RCA. After resumption, only Conquest Pro was able to pass through the CTO lesion, and passing through any other devices was difficult. However, because disassociation before the lesion due to over dilation with the scoring balloon and blood type after the lesion were confirmed, another Conquest Pro was inserted in the pericardial media before the lesion using Crusade. A pseudo-cavity was formed, and after the lesion was crossed, the operation was performed to return it to the true cavity, and after dilating the pseudo-cavity, DES was placed from RCA # 2 to # 3 and Flow to the periphery resumed. Subsequently, we started PCI to LCX. PCI to LCX was performed and good blood flow resumed. After that, his general condition improved dramatically and he could be discharged.