

C043

Successful OCT guided ELCA for left circumflex ostium jailed stent struts

Case is 80 years old male with past history of unstable angina. Risk factor is hypertension and diabetes mellitus. In the prior intervention, Xience Alpine 3.0*33mm (Abbott Vascular) was deployed at left main (LM) to left anterior descending (LAD) jailed left circumflex (LCx) without kissing balloon inflation (KBI). One year follow up CAG revealed LCx ostial stenosis and FFR was 0.62. We performed elective PCI with Excimer Laser Coronary Atherectomy (ELCA) under Optimal Coherence Tomography (OCT) guidance. 3D-OCT findings of DES showed the same cell coverage with no jailed link of LCx ostium and partially malapposed strut of LM. After proximal optimization technique (POT) and optimal guidewire recrossing, we ablated with 0.9mm ELCA catheter (Vitesse OS, 0.9mm, Spectranetics). In pushing ELCA catheter to stent strut gently several times, surprisingly, catheter crossed strut, and ostial haziness was disappeared after ablation (80mJ/mm², 80pulse/sec). However, further ablation with 1.4mm ELCA catheter made dissection, that is intima was turned up in OCT finding. Dilatation with Lacrosse NSE 2.75*13mm (GOODMEN) restored angiographic finding and got enough acute gain. Finally, we finished the procedure after KBI with drug-coated balloon (SeQuent Please 3.5*15mm, 3.0*15mm, ; Nipro) . We report a case of successful OCT guided ELCA for left circumflex ostium jailed stent struts