

C065

A case of RCA chronic total occlusion with important separated conus branch.

79-year-old man who underwent the endovascular aortic repair for abdominal aortic aneurysm had silent cardiac ischemia caused by right coronary artery (RCA) chronic total occlusion (CTO) lesion and left anterior descending artery (LAD) stenosis.

The coronary artery angiography showed RCA (segment 2) total occlusion, and there was no contrast enhanced portion at distal tip of CTO. Some collateral blood flow from LAD to RCA segment 4 through some major septal branches were shown, however, that was not enough to visualize the distal tip of CTO lesion.

Regarding the antegrade approach for CTO lesion, the information of distal tip of CTO is important to penetrate the distal cap. This case had lacked the information from the coronary angiography, therefore, it seemed to be better from retrograde approach. However, coronary CT angiography (CCTA) showed the separated conus branch feeds the distal portion of CTO directly. Therefore, we approached from antegrade with double guiding catheter strategy and we succeeded to penetrate the CTO lesion using tip contrast shot from separated conus branch. In conclusion, the precise information of CTO lesion is important and previous CCTA is effective for CTO treatment conus branch.