

C070

Successful case for LCX CTO by parallel wire technique with IVUS and single frame guide

The patient is a 70 year old man. He had cardiac valve replacement in past.

This time, we conducted coronary angiography and recognised his LCX CTO lesion.

And he had PAOD, his bilateral CFA has very calcification, and left CFA lesion was CTO.

We performed cardiac CT. The caps of CTO lesion was very calcification, so we thought that the guidewire was easy to pass the false lumen.

We considered to PCI by contralateral imaging. We inserted 7Fr sheath from Right CFA and 6Fr sheath from left brachial artery. We engaged left coronary artery by 7Fr 3.5 SPB catheter, and 0.014 ultimate brose 3g with SASUKE. We choiced second wire (gaia second and thied). We succeeded to pass brose 3g into LCX distal vessel. We observed by IVUS, but the wire passed into false lumen.

We used IVUS and frame angle guide technique, and gaia second passed to true lumen.

But tany sized ballon and SASUKE couldn't pass the CTO lesion, so we dilated false lumen and stent dyployed. However, we made severe disecction and huge hematoma, and OM subtotal.

We tried recross gaia third with IVUS and frame angle technique and succeeded.

We tried to pass CTO lesion by balloon, and succeeded.

We deployed XienceAlpine 3.0*33mm, and lateral branches flow recover.

We reported the case.