A case of effective treatment for calcified leasion using DCA

C-26

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The patient was a 74-year-old man who underwent coronary angiography two months prior for chest pain on exertion. We revealed RCA#1 75%, LAD#6 75%, #7 90%, #9 90%, LCX#13 90%, and #15 99% delay. At first, we performed PCI on the LCX#13-#15 segments with DCB. Next, we performed PCI on the LAD lesions. IVUS revealed nearly circumferential calcified lesions in the LAD#6 mid-#7/#9 segments. We performed using OAS, followed by finishing with a scoring balloon and DCB. LAD #6 ostium showed focal calcification lesion, but due to poor wire bias, Rotablator or OAS were deemed unsuitable. We planned plaque removal using DCA. We gradually advanced the cutter at 2 to 3 atmospheres over time, confirmed adequate plaque removal via IVUS, and completed the procedure with a scoring balloon and DCB.