

A 57-year-old woman on dialysis was transferred to our hospital due to chest pain.

ECG showed ST elevation in the inferior leads, and emergency coronary angiography was performed.

She had a history of multiple PCIs at another hospital, but details were unknown.

Coronary angiography revealed an anomalous origin of the RCA.

A 4Fr AL1.0 diagnostic catheter finally engaged the RCA and showed a thrombotic total occlusion in the mid-RCA.

A 6Fr Launcher AL1.0 guiding catheter could not engage the RCA.

Since her chest pain continued, we re-engaged the 4Fr diagnostic catheter and passed a workhorse wire.

Therefore, we decided to exchange the diagnostic catheter for a 6Fr guiding catheter using a wire extension.

As we had previously experienced system collapse during such exchanges, we used a Corsair microcatheter to enhance support.

However, advancing the guiding catheter remained difficult.

We removed the Corsair and inserted a guide extension catheter.

Using it, we delivered a balloon into the coronary artery.

A balloon anchor technique was then used, which allowed successful engagement of the guiding catheter. After that, the lesion was successfully dilated, and a stent was deployed without complications.

PCI for anomalous RCA origin can be difficult due to engagement failure.

Exchanging a diagnostic catheter for a guiding catheter with a wire extension is useful, but can sometimes be technically challenging. If the system collapses, it may lead to a significant delay in setup. Here, we report a case in which various devices were combined to facilitate a smooth exchange to a guiding catheter and successfully complete PCI.