1095 **Successful Bailout of Severe Dissection in a Sub-total RCA Lesion Using the Straw Technique and Tip Detection Method**

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[Target Lesion]
RCA #1-3:90-99%

[Strategy]
A 71-year-old male was referred to our department for cardiac function evaluation prior to chemotherapy for lymphoma. Coronary CT raised suspicion of severe stenosis in the RCA, leading to hospitalization for further examination. Coronary angiography (CAG) revealed a sub-total occlusion in RCA #1, and percutaneous coronary intervention (PCI) was subsequently performed.
The procedure was initiated via the Rt. TRI approach, and a 7Fr AL1.0 guide catheter was engaged in the RCA. Attempts were made to cross the lesion with a Zizai 135cm microcatheter and a SION blue guidewire, but this was difficult. The guidewire was then switched to an XT-R, which aberrantly entered the false lumen. We managed to advance a Gladius guidewire towards the RV branch, confirming its true lumen position with IVUS. However, due to an expanding hematoma, the main vessel direction could not be visualized. Therefore, the Zizai microcatheter was advanced into the false lumen, and the hematoma was aspirated using the straw technique, which allowed visualization of the main vessel. Under IVUS guidance, we successfully advanced the guidewire. However, it re-entered the false lumen within segment #3. The hematoma had also extended to this area, and attempts to pass into the true lumen under IVUS guidance were difficult. Nevertheless, we eventually succeeded in capturing the true lumen with a Conquest pro 12 guidewire. After IVUS confirmation, the lesion was dilated with a Ryurei 2.0/20mm balloon catheter and a Wolverine 3.0/15mm balloon catheter. XIENCE Skypoint stents of 2.5/28mm, 3.0/48mm, and 3.5/33mm were sequentially deployed from distal to proximal. The proximal segment was further dilated with an NC Kamui 3.5/12mm non-compliant balloon catheter.

[Final Result]
Although the distal stent was deployed towards the #4 PD side branch, re-positioning was deemed difficult, and collateral circulation was confirmed, so the procedure was concluded. Follow-up angiography one month later confirmed re-perfusion of the vessel.