

A Case of Left Anterior Descending Artery Stenosis with Severe Calcification
Successfully Treated with "Triple Prep"

Hiromu Tanaka, Yasuaki Koga

Department of Cardiology, Oita Prefectural Hospital, Oita, Japan

The patient was a 78-year-old male referred to our department after cardiomegaly was noted during a health checkup. He presented with compensated heart failure and CAG was performed to investigate the etiology. CAG revealed significant calcified stenosis in the proximal and mid-segments of the LAD. Treatment of the lesions was subsequently initiated. As an OFDI catheter could not pass through the lesion, Rotational atherectomy was performed using a 1.5 mm burr. OFDI imaging revealed residual thick, circumferential calcification, so the burr size was increased to 2.0 mm, and Rotational atherectomy was repeated. While the calcification in the mid-segment allowed for balloon dilation and subsequent stent implantation, thick calcification persisted in the proximal lesion; therefore, it was decided to perform additional calcification treatment in a subsequent session. A second session was conducted four weeks after the initial one. IVL was used to fracture the residual severe calcification in the proximal LAD, successfully creating cracks; subsequent balloon dilation and stent implantation achieved adequate lumen expansion. We report this case to demonstrate the efficacy of the "triple prep" strategy in treating severely calcified lesions.