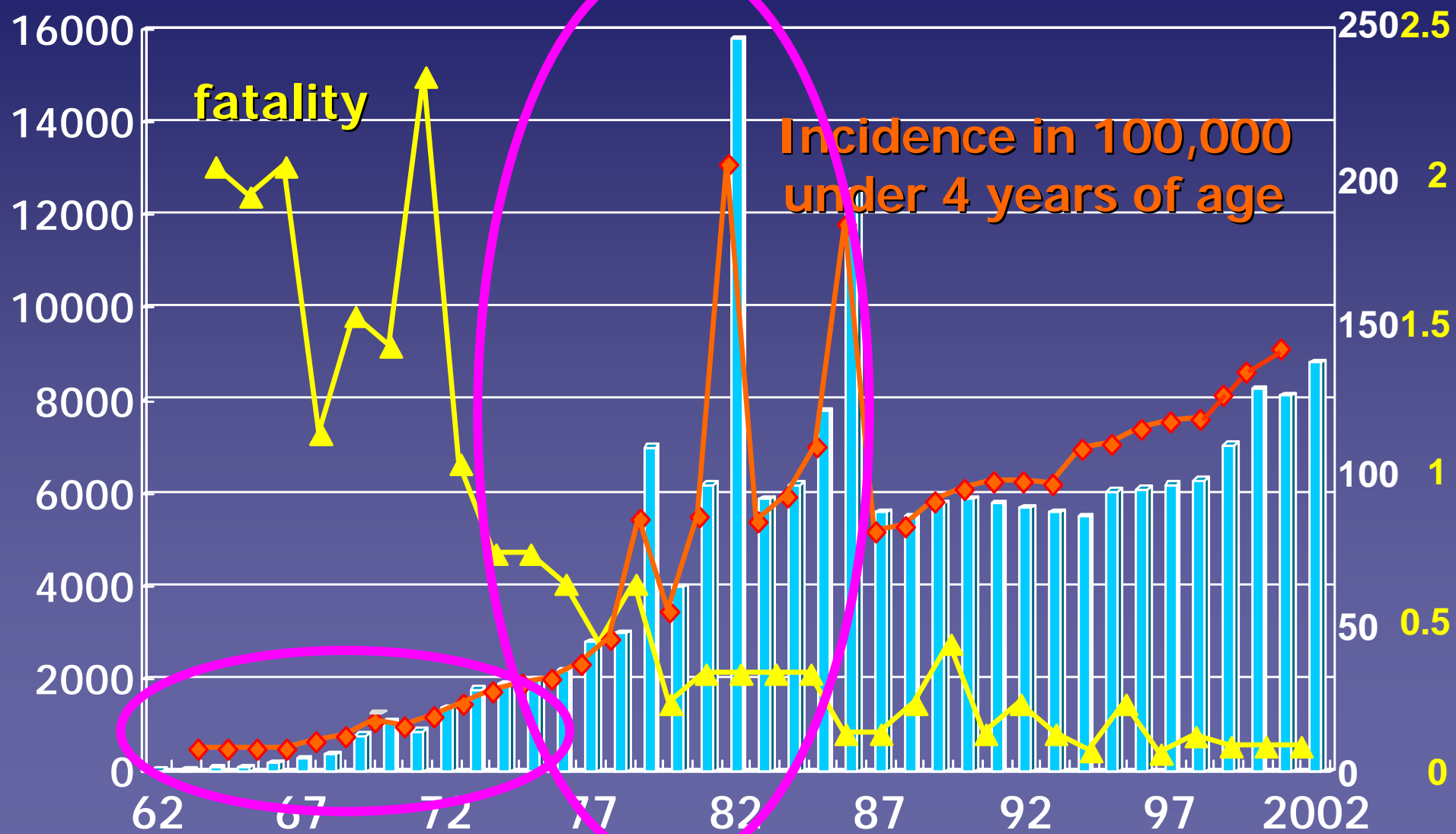


Catheter Intervention in Kawasaki Disease

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Cardiac Care Unit,
Okayama University,
Okayama, Japan

Nationwide Survey in Japan



RCA



LCA

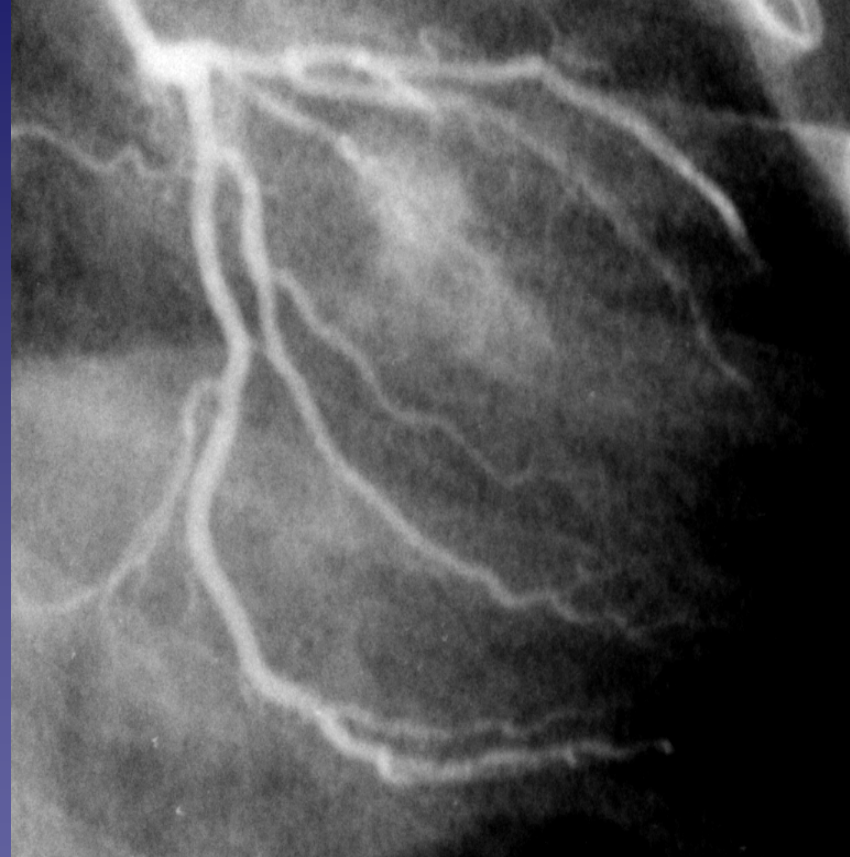


1st Angiography (40 days after the onset)

RCA

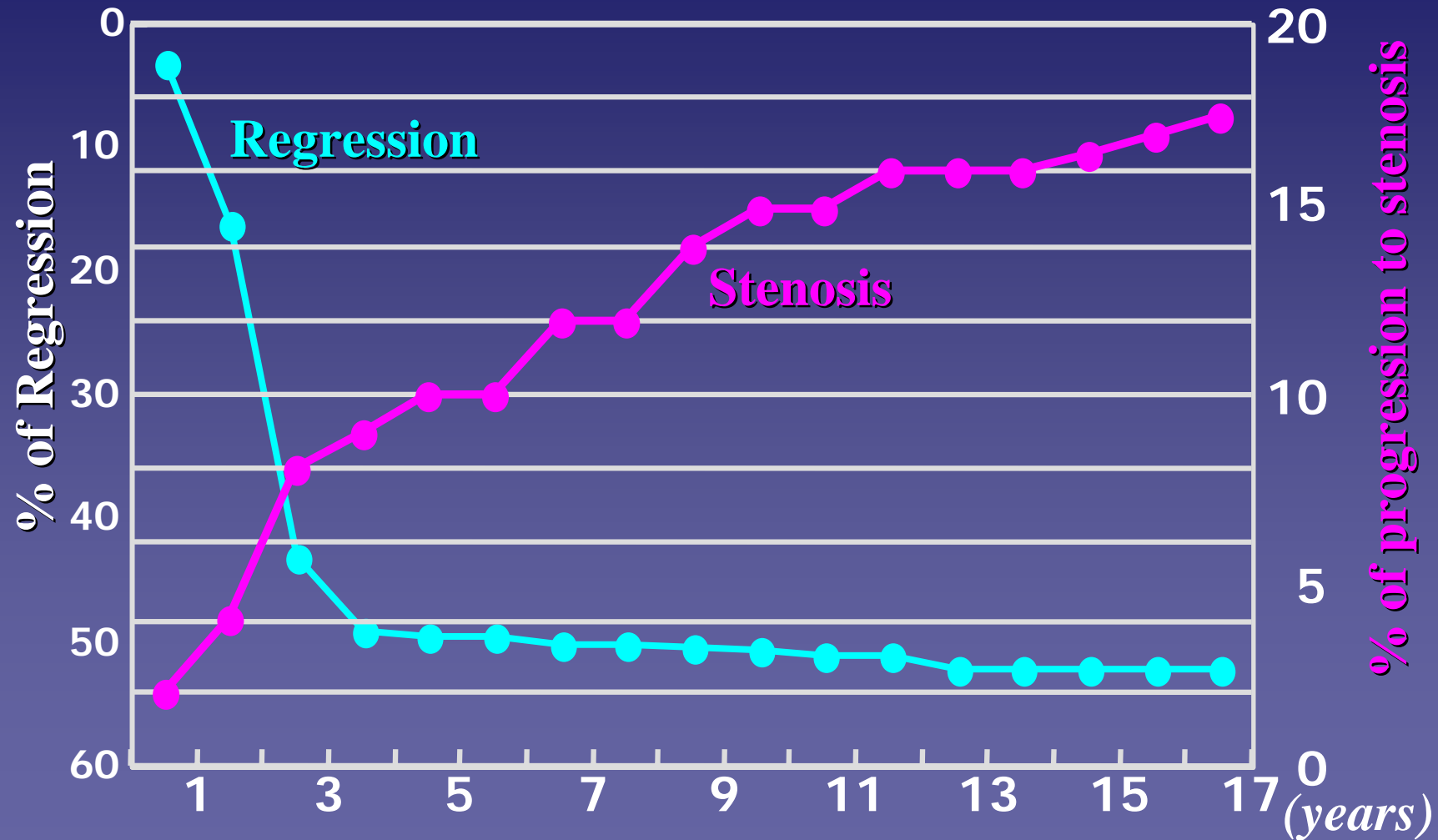


LCA



2nd Angiography (6 months after the onset)

Fate of Coronary Aneurysm in KD



Kato H, Akagi T, et al. *Circulation* 1996; 94: 1379

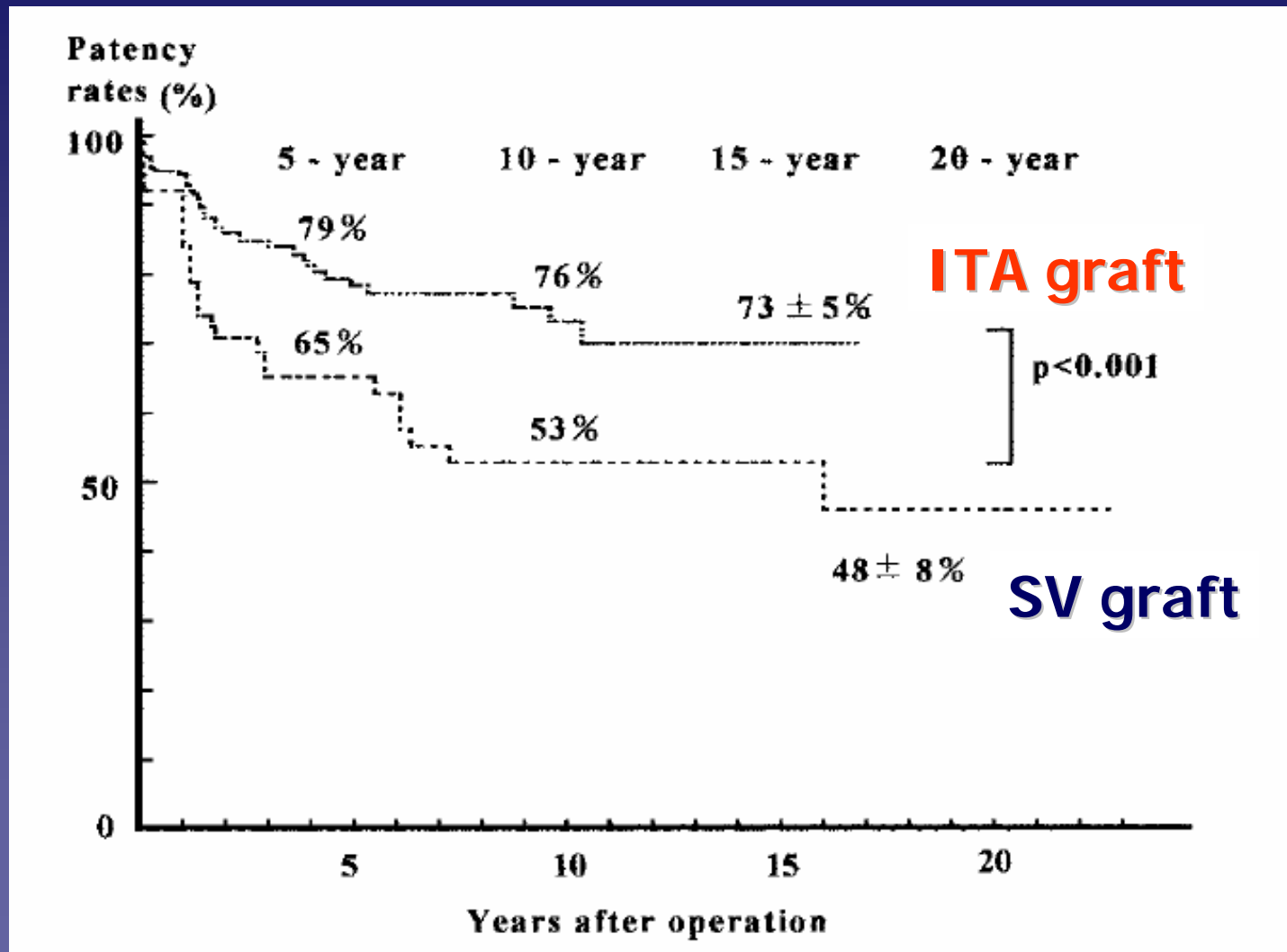
Optimal therapeutic strategy

Coronary Bypass ?

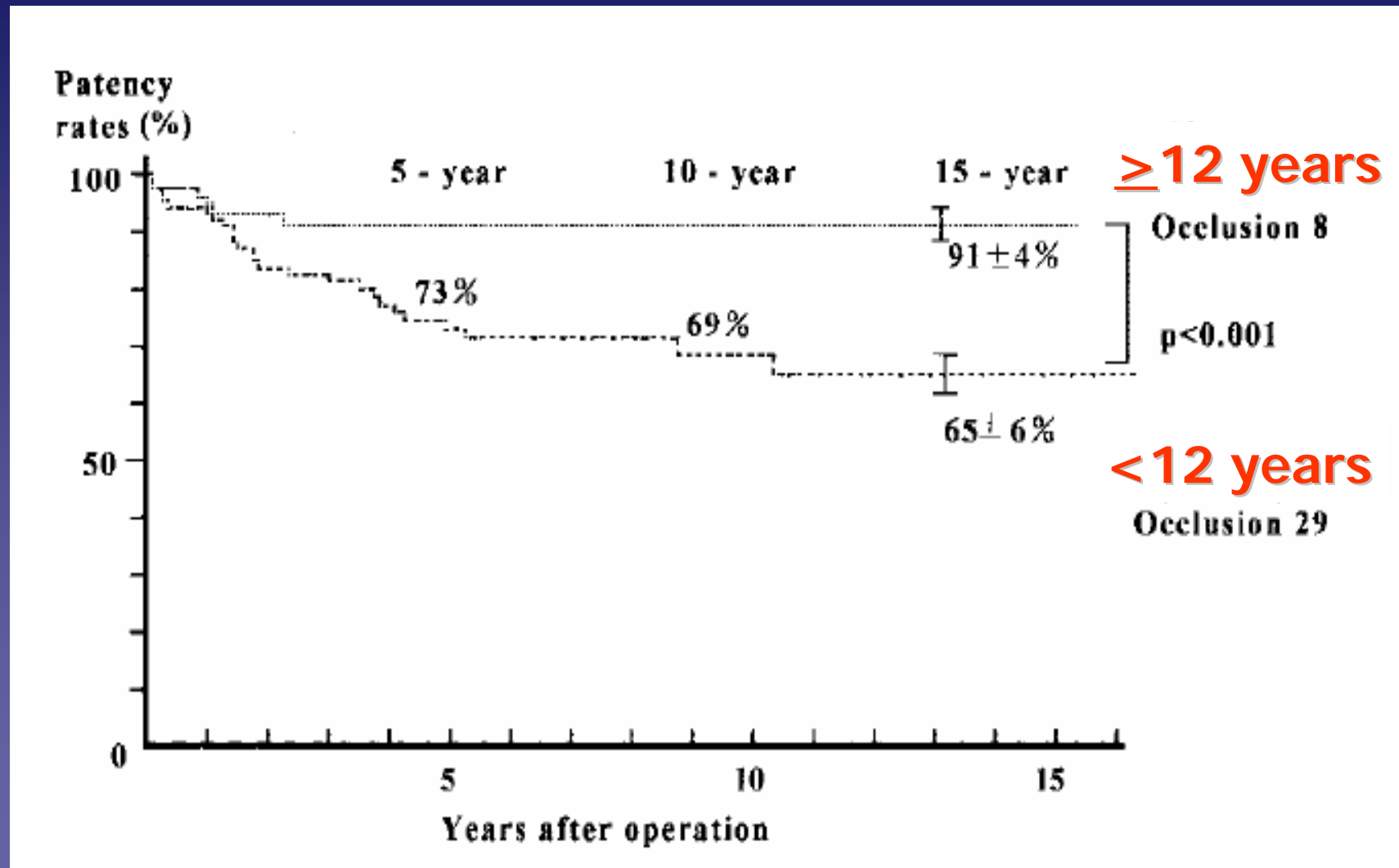
or

Catheter Intervention ?

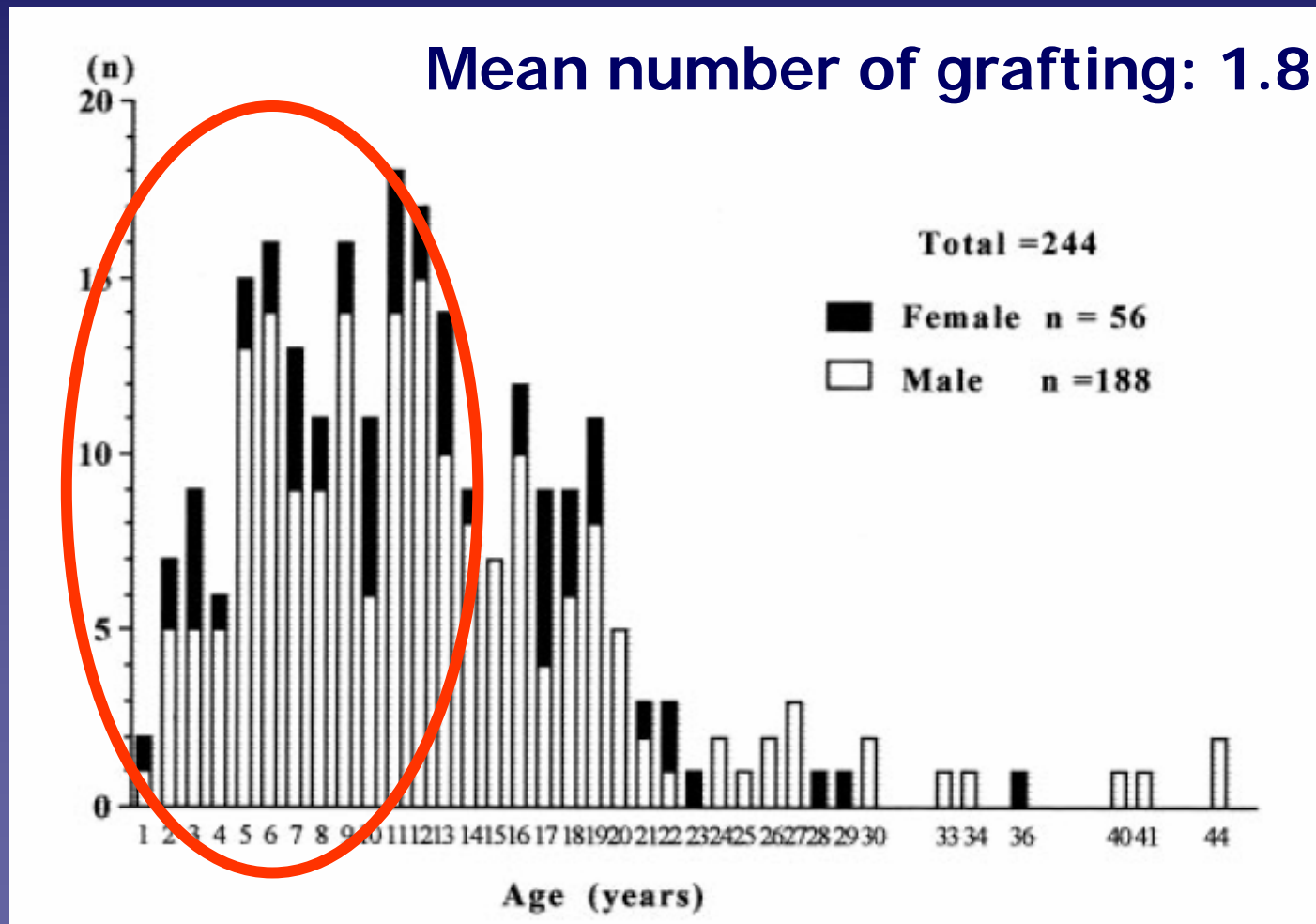
Coronary Artery Bypass Grafting in KD



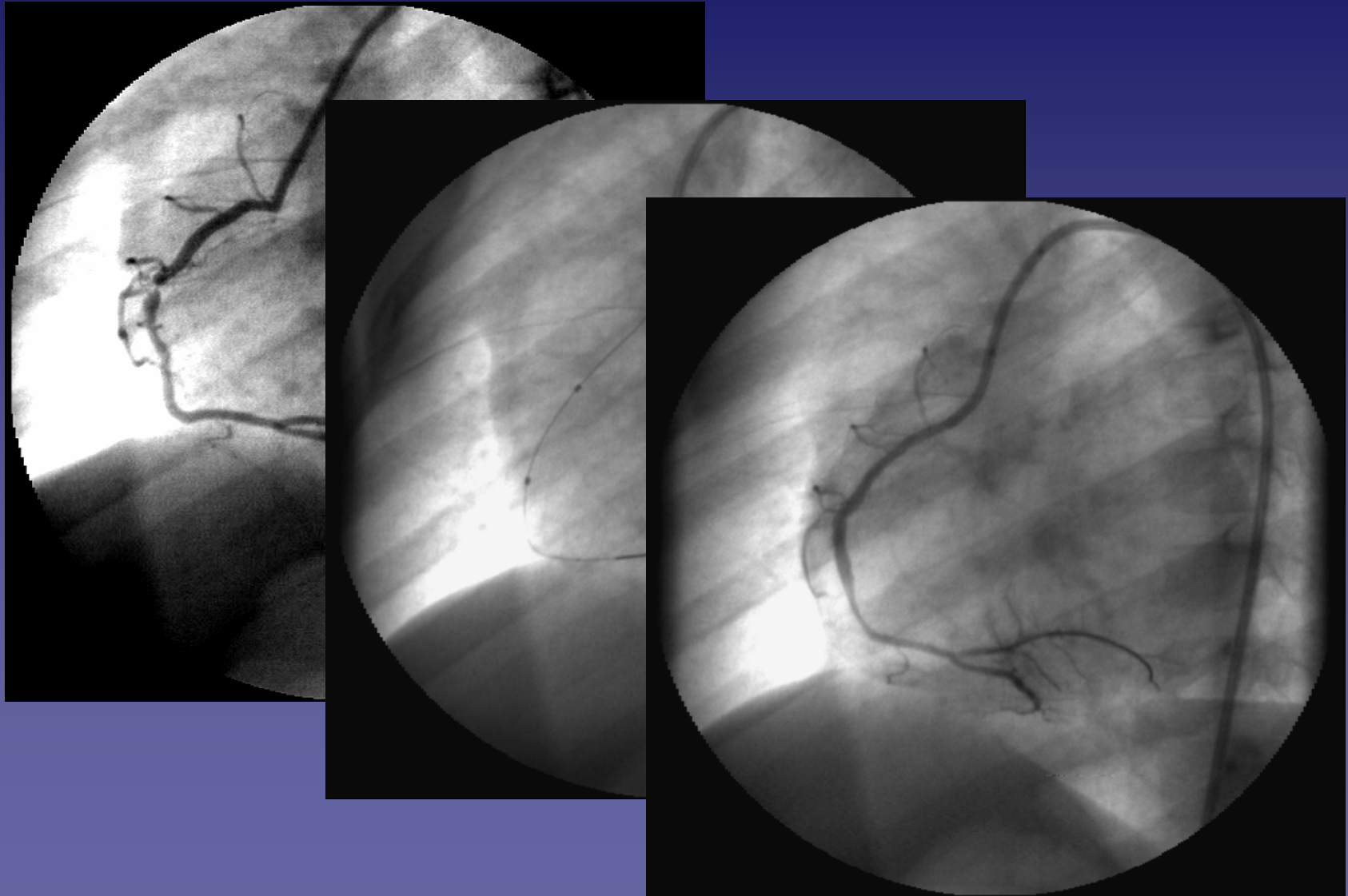
Patency rates of ITA Bypass Grafting



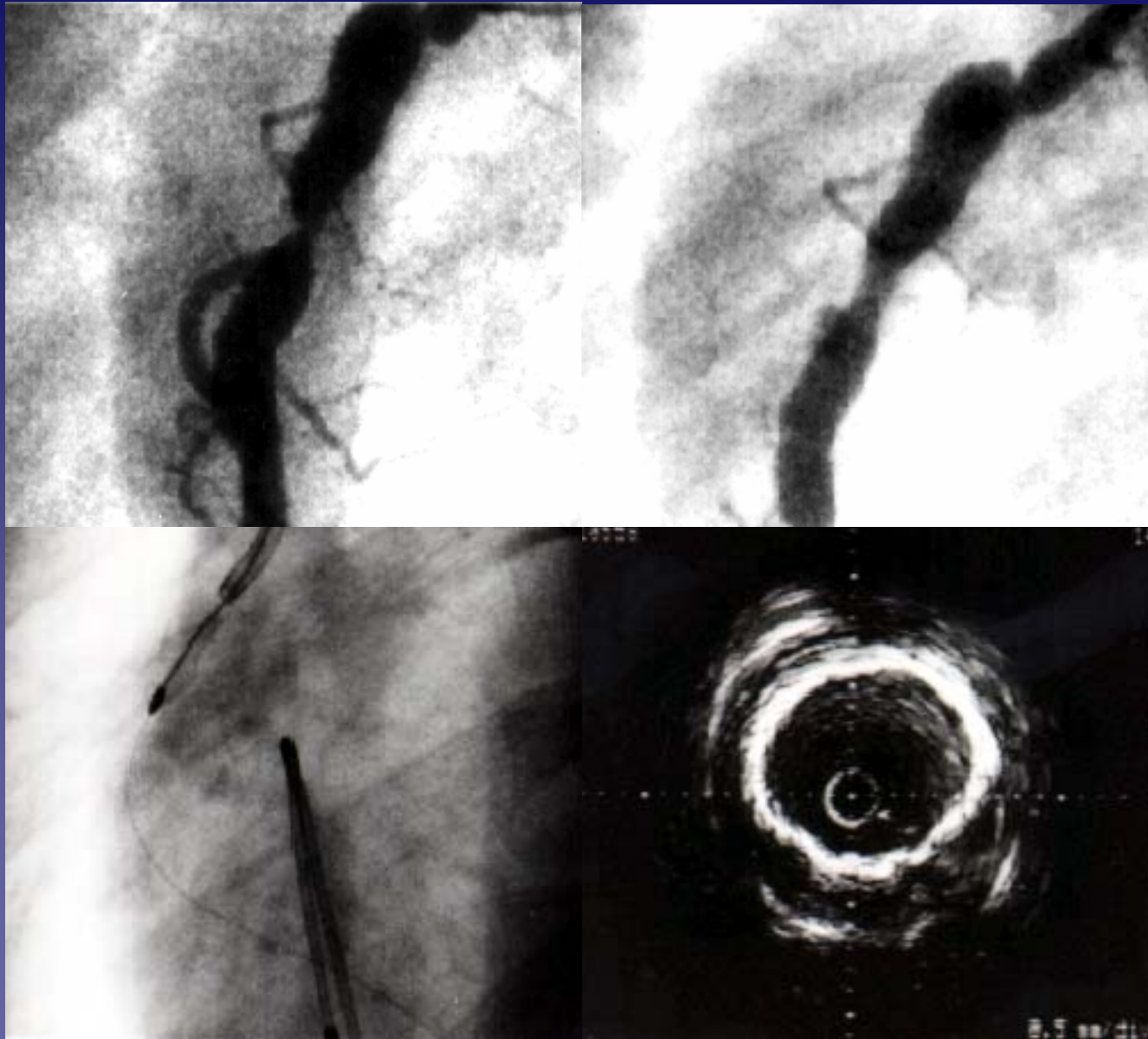
Coronary Artery Bypass Grafting in KD



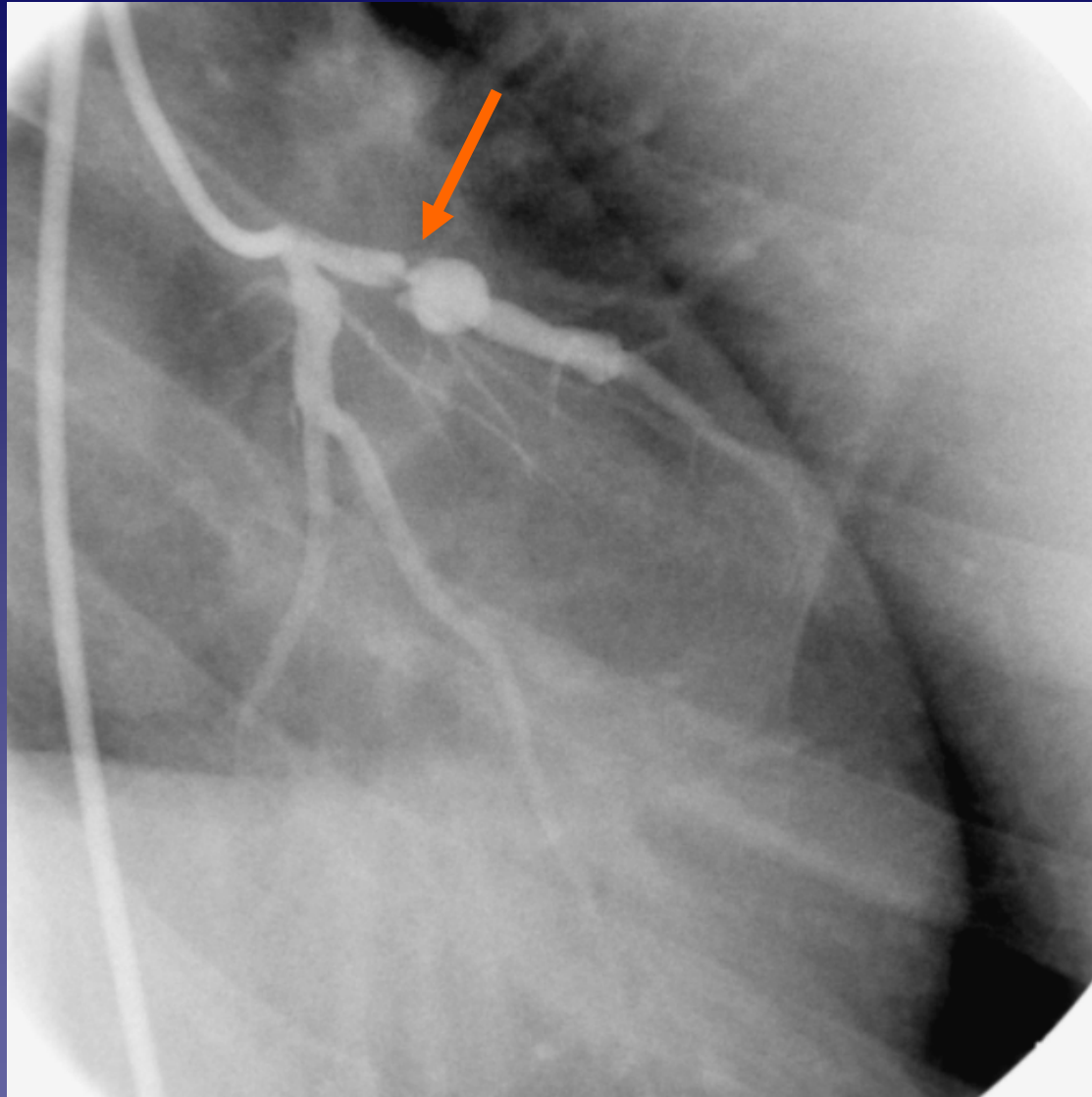
Coronary Balloon Angioplasty in KD



Rotational Ablation in Kawasaki disease

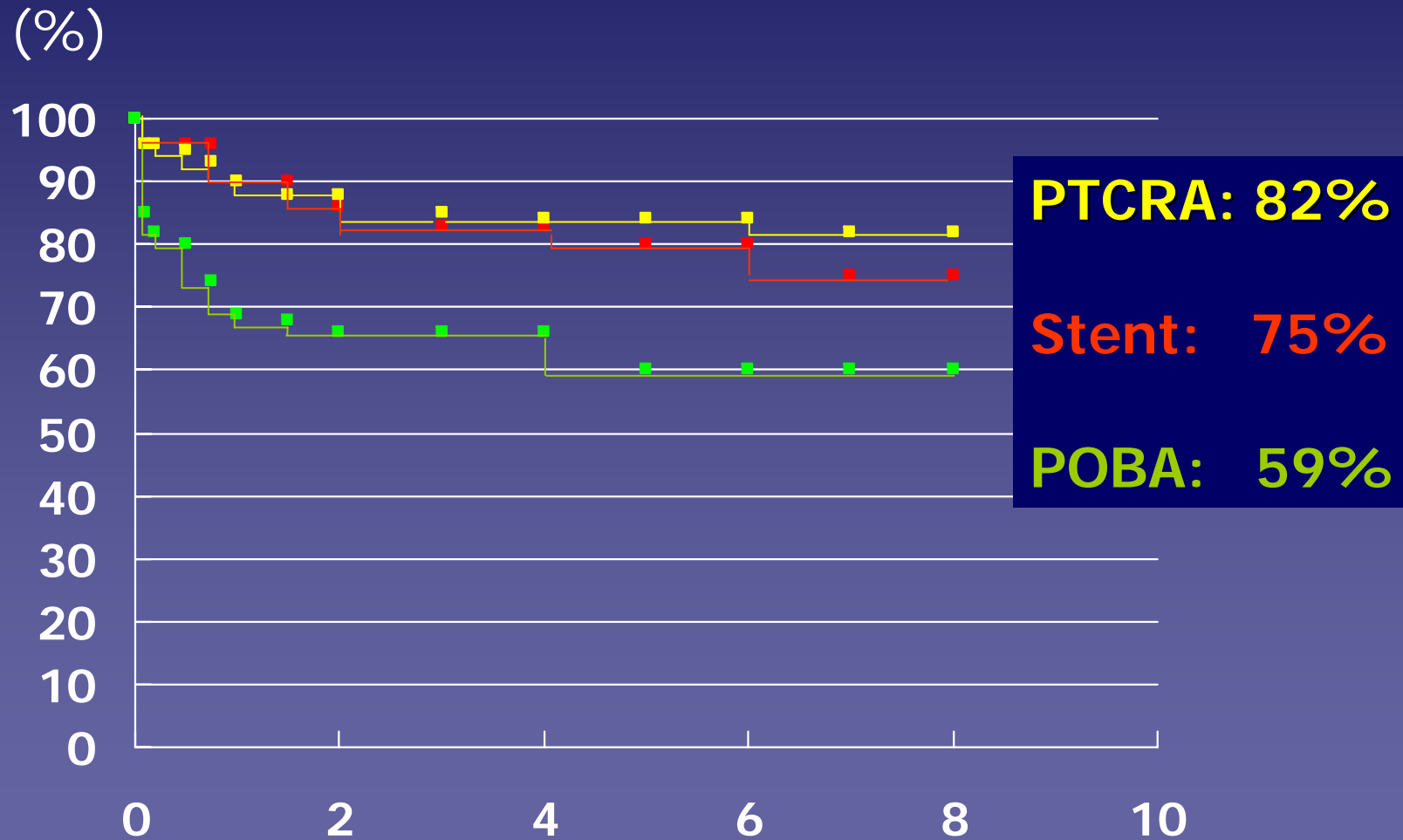


Sugimura T, Akagi T, et al. *Circulation* 1997



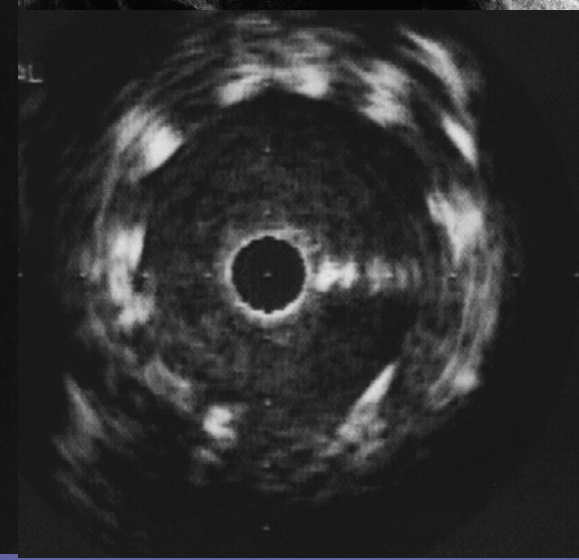
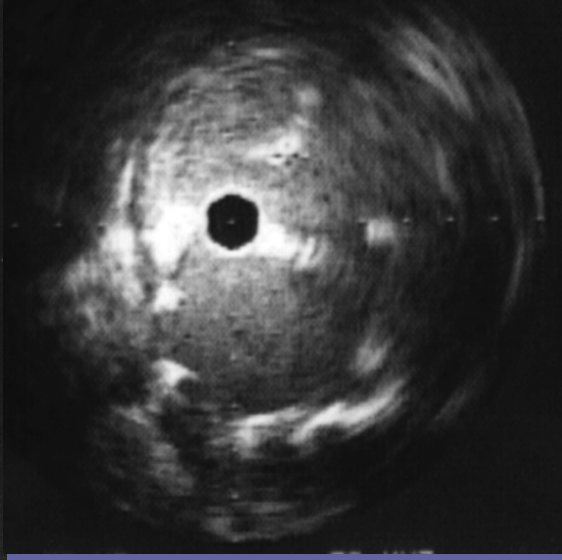
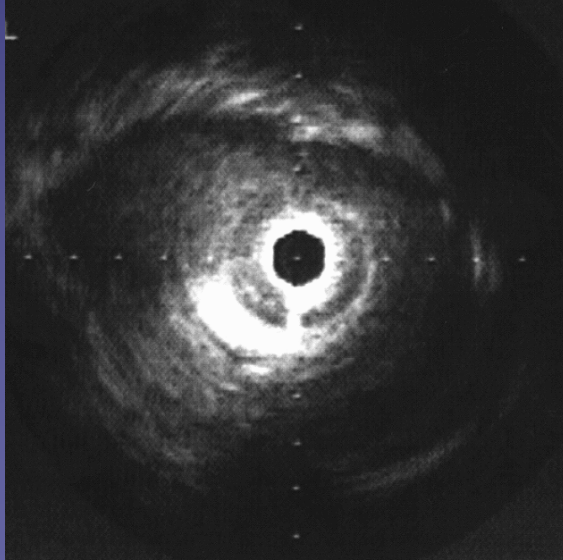
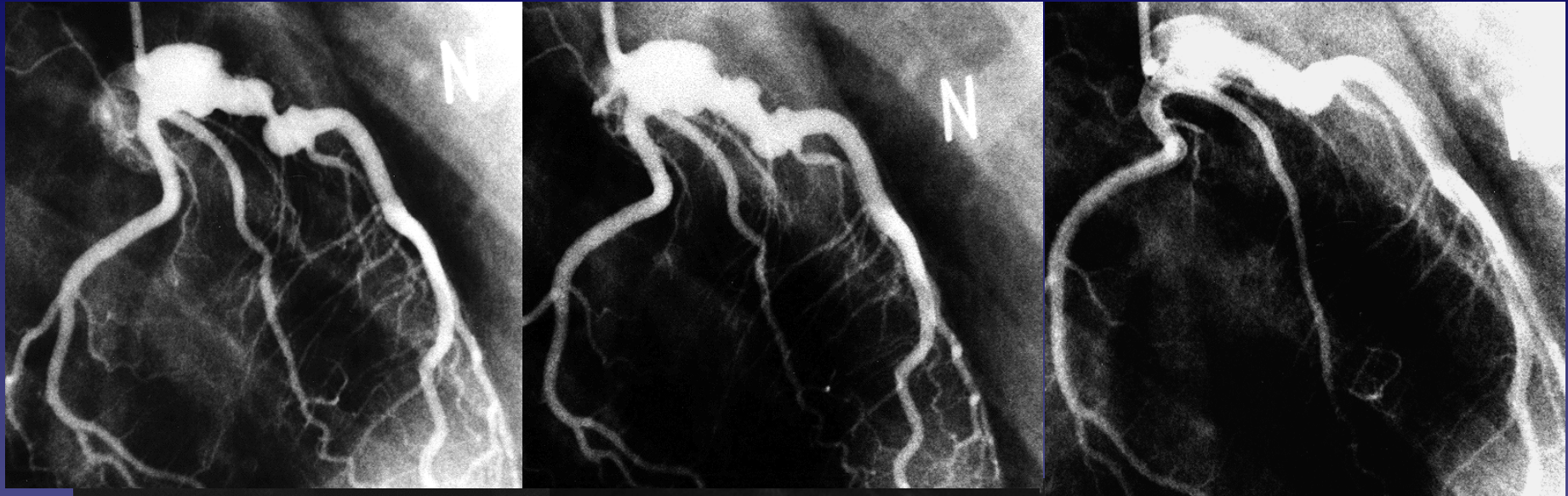
17 years male, (15 years after the onset)

%Freedom from re-intervention



PTCRA -restenosis-

	Restenosis (+) (12)	Restenosis (-) (56)	<i>p value</i>
Age at Intv. (yrs)	13.3±1.9	14.8±3.4	NS
Degree of stenosis (%)	89±6	88±9	NS
Burr size (mm)	2.05±0.18	2.22±0.27	0.043



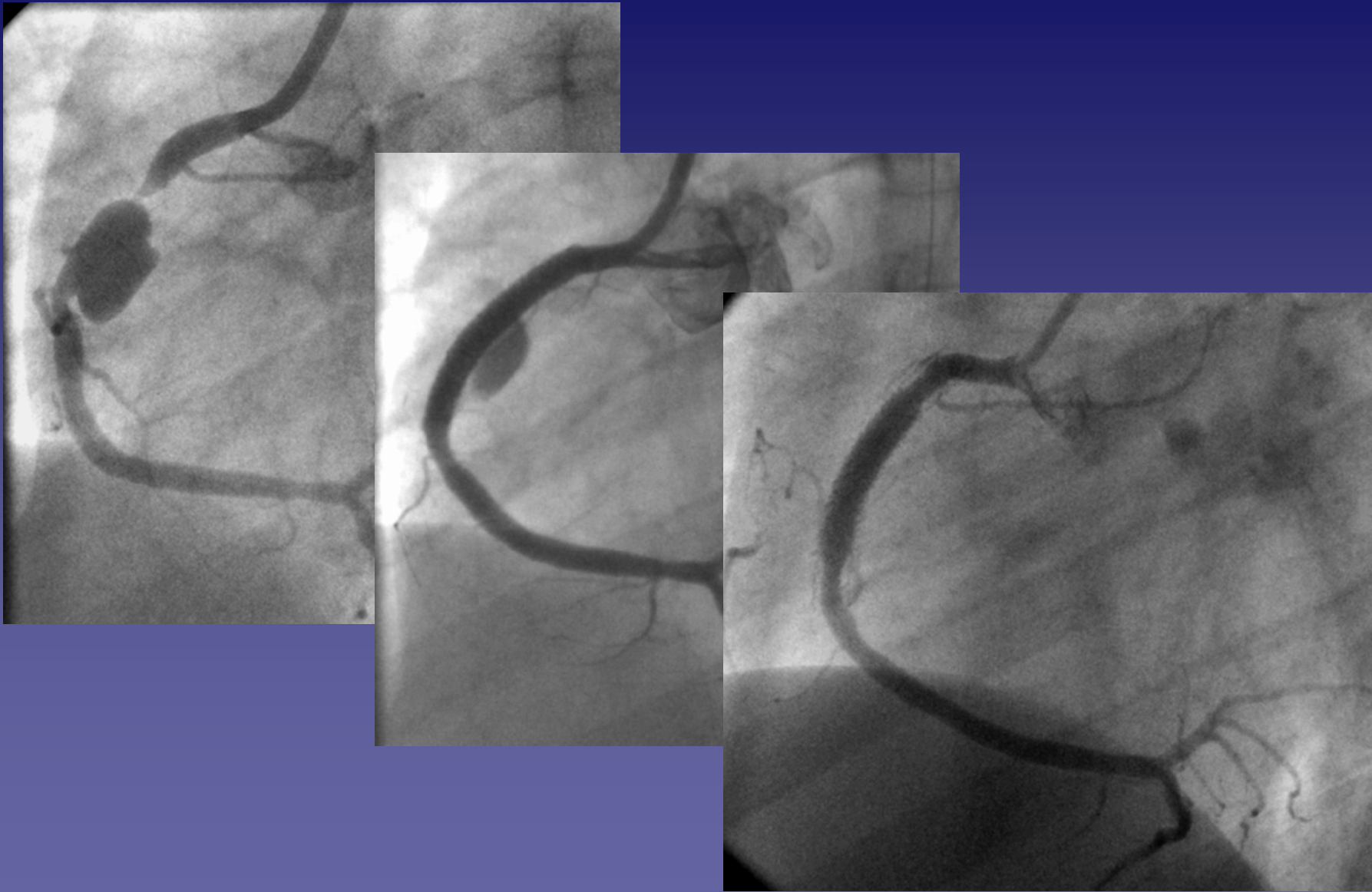
Before

Stent implantation

Follow-up

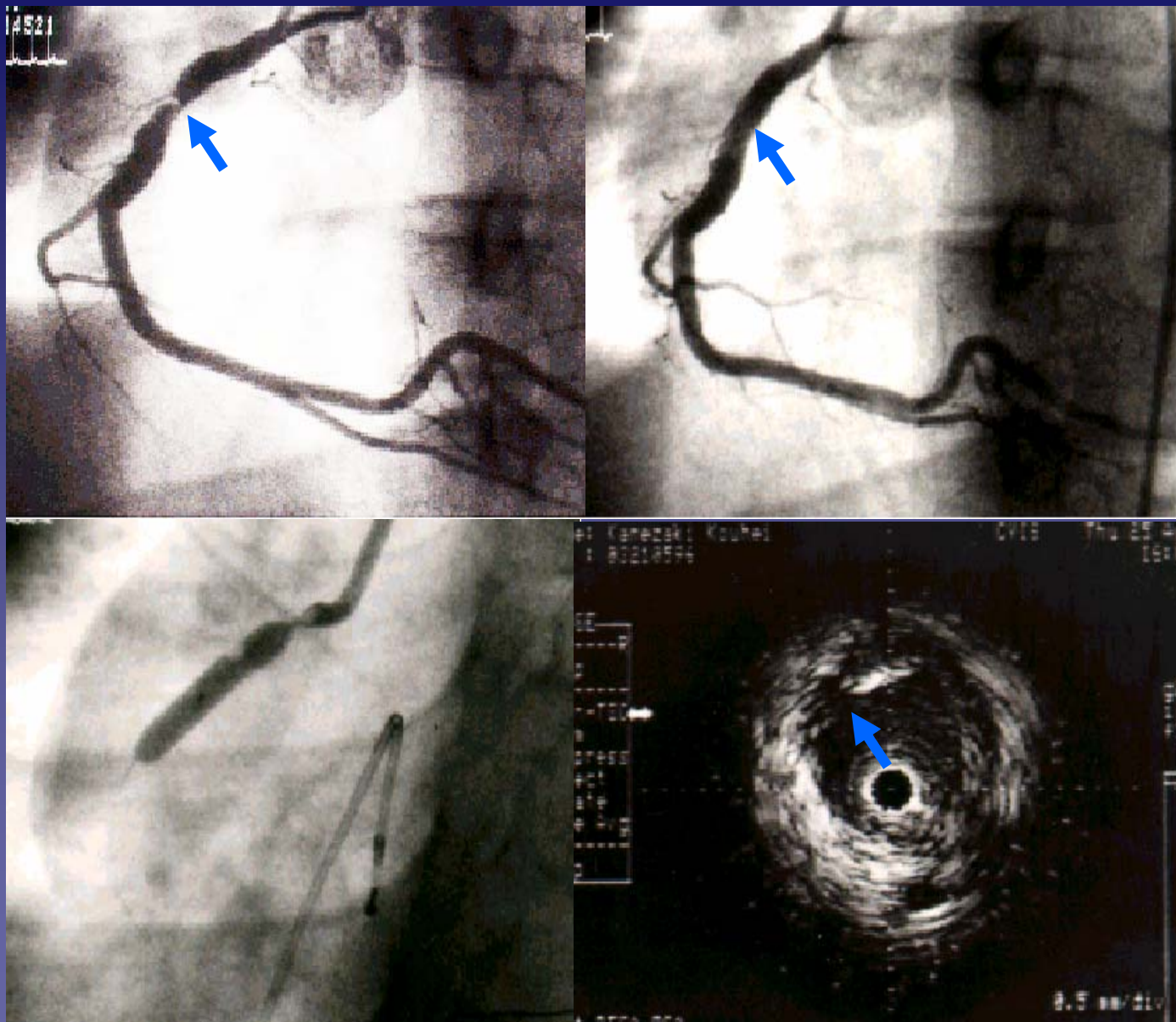
Ishii M, Akagi T, et al. *Circulation* 2002

Covered Stent for Complex Coronary Lesions

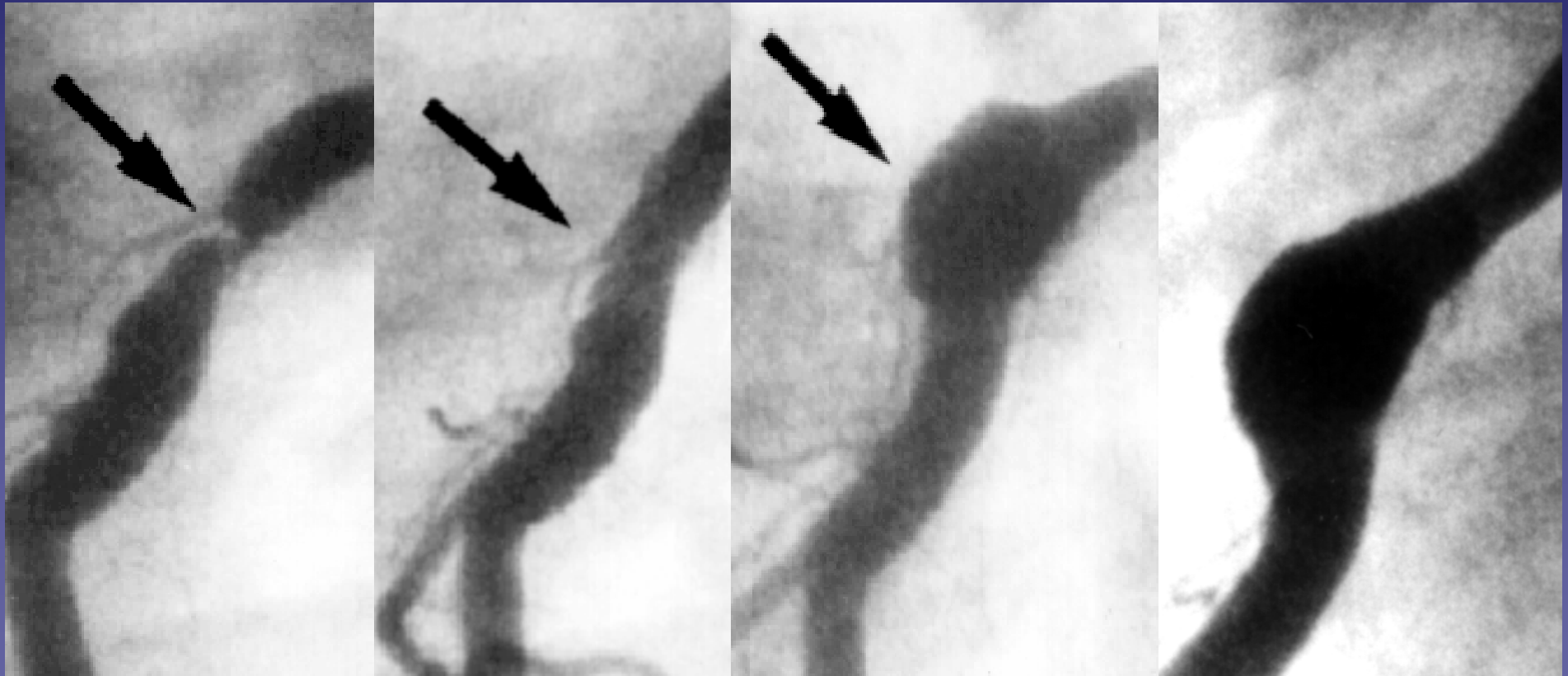


Waki K, et al. Cathet Cardiovasc Interv 2006

High Pressure POBA in KD (K.K. 13yrs)



Neoaneurysm formation after PTCA



Pre PTCA

Post PTCA

4 months after

3 years after

Evaluation of Stenotic Lesion in KD

- Combination of new technique
 - **MSCT, MRA & Coronary angiography**
- Mixed Lesion with stenosis and dilatation
 - **Thrombus formation**
- Most stenosis is progressive without symptoms
 - **Repeat evaluation is important**

Device Selection

- **Stiff & calcified lesion**
Rotational Ablation
- **Prevention of neoaneurysm formation**
Low-Pressure PTCA
Stent Implantation
- **Most coronary stenosis is progressive**
Preventive Indication