

Extra-stent wire path through in ISR CTO Intervention

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- 80-year-old female
- Effort induced chest pain and DOE(NYHA class II)
- CV risk factor None
- SLE, Raynaud's s Syndrome

 3 DES were deployed in the LM to LAD (LM to LAD: 3.5×33 Cypher, proximal LAD:3.5×16, mid LAD: 2.75×24 Taxus) and 2 DES were deployed in the RCA (proximal RCA:3.5×28, mid RCA 3.5×28) at Feb. 2006.

 Electrocardiography - T wave inversion in the V2-V5 cardiac markers (Initial) - CK-MB : 2.1 ng/ml - cTn-I: 0.1 ng/ml Echocardiography - no regional wall motion abnormality - LVEF : 63%

Feb. 2006 Left coronary angiography

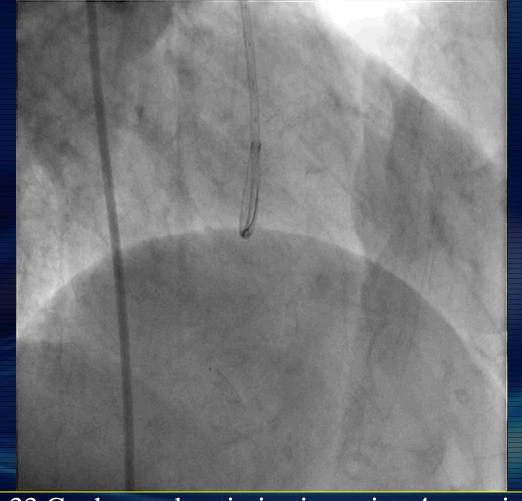


Feb. 2006 Right coronary angiography



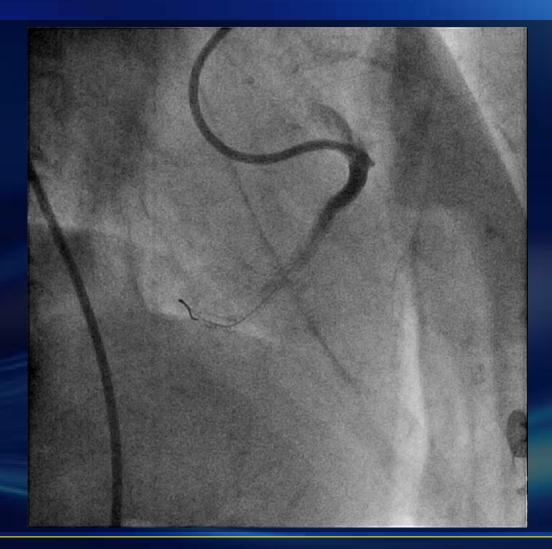
Feb. 2006

PCI of left coronary artery



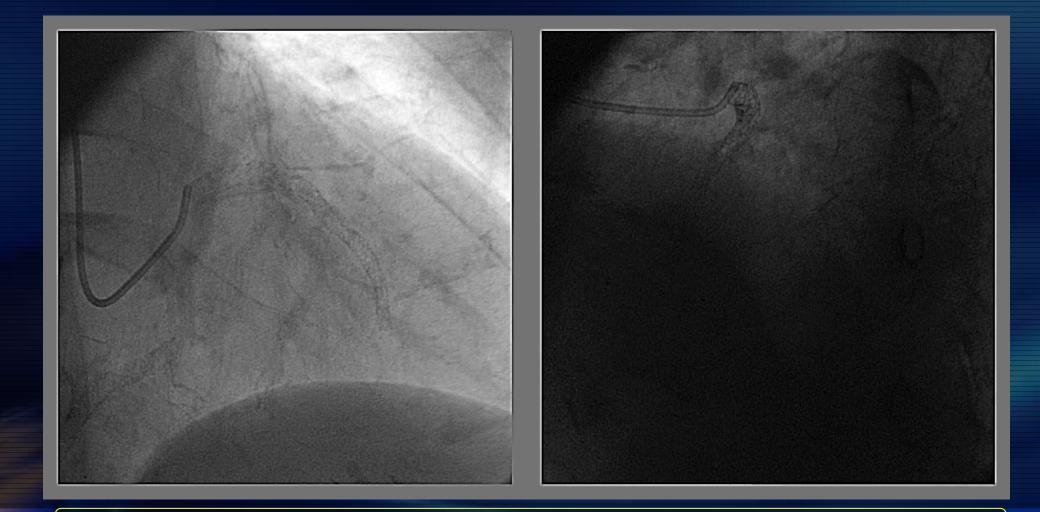
LM to LAD: 3.5×33 Cypher and optimization using 4 mm sized balloon, proximal LAD: 3.5×16 , mid LAD: 2.75×24 Taxus

Feb. 2006 PCI of right coronary artery



proximal RCA:3.5×28 Taxus, mid RCA 3.5×28 Taxus

Left coronary angiography



Total occlusion in the mid LAD (in-stent)

Right coronary angiography



Right coronary angiography

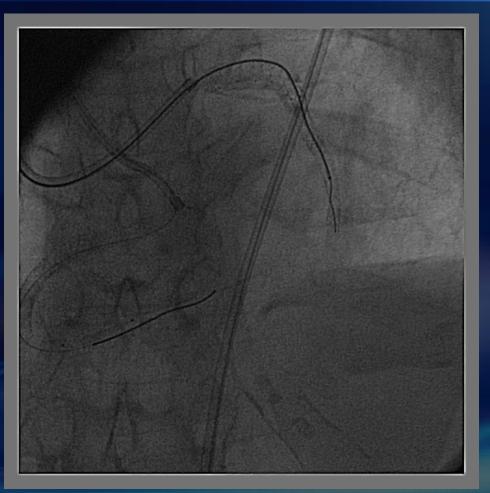


Collateral circulation to LAD



We decided to perform LADm CT0 PCI.

GW introduce



Filder FC with microcatheter was introduced to the LAD



GW introduce



Filder FC with microcatheter was introduced to the LAD

Balloon dilatation



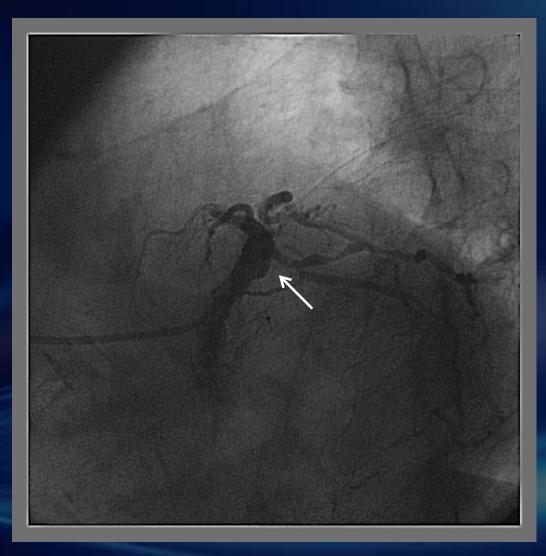
Dilatation with 1.25X10 sized Ryujin



We tried to introduce 3.0X12 sized Quantum balloon but there was strong resistance at the pLAD

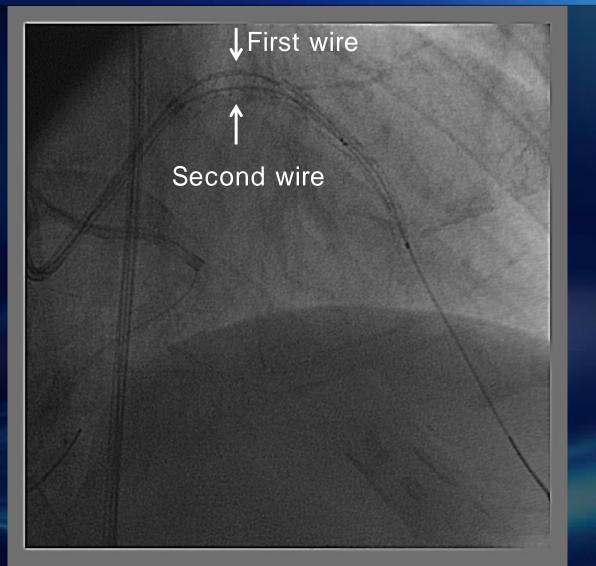


Spider view



Aneurysmal change in the LM to pLAD

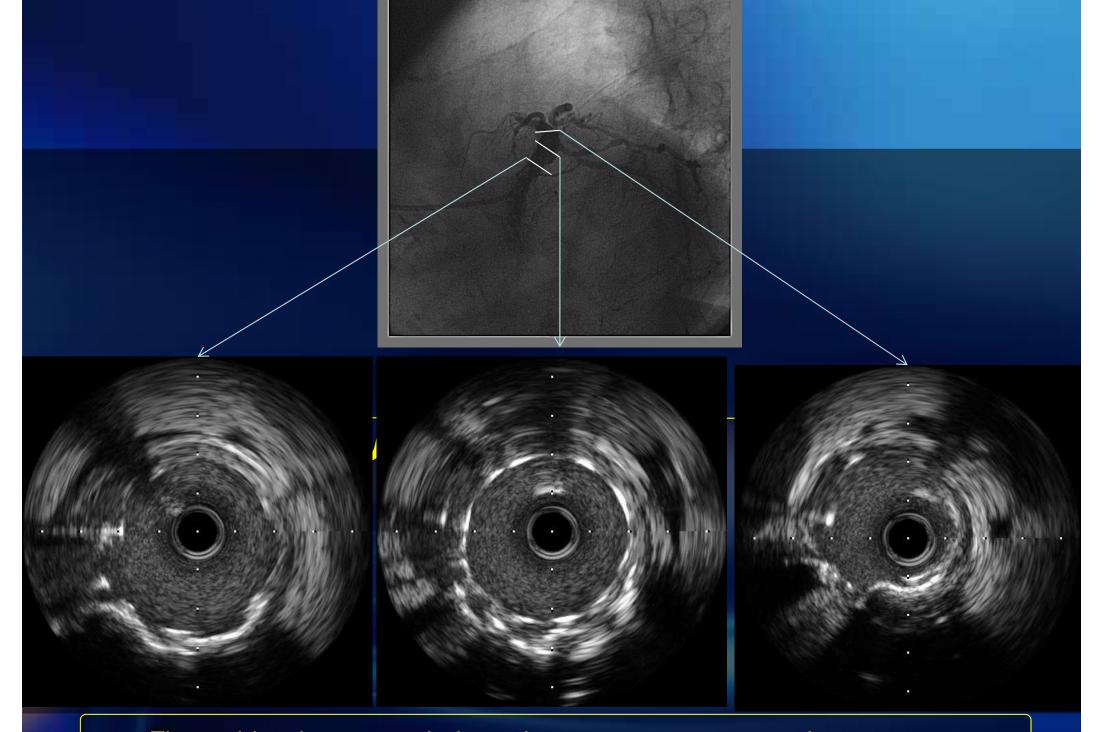
IVUS using second wire



We introduced another wire in the LAD and performed IVIS



First guide wire was path through extra stent aneurysmal space



First guide wire was path through extra stent aneurysmal space

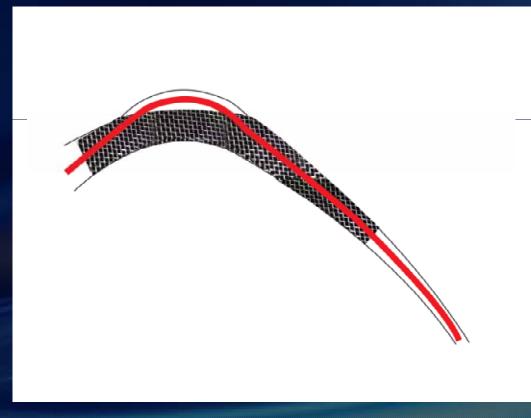
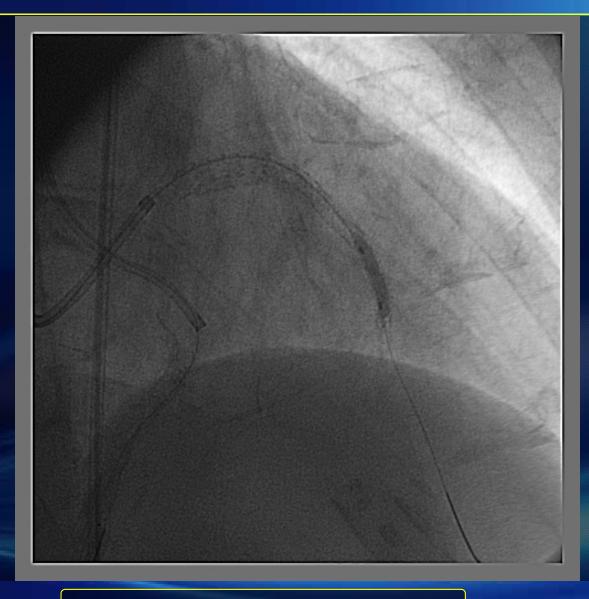
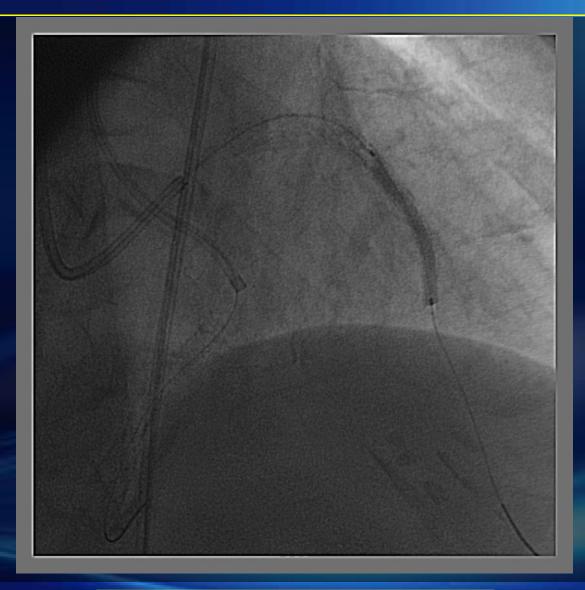


Diagram of first guide wire



Quantum 3.0 X 12mm, 18 atm



DEB 3.0 X 30mm, 12 atm

Final Aniography

Jan. 2012





- The guide wire was introduced into the LAD in-stent CTO lesion.

After 1.25 mm sized balloon dilatation,
 we tried to introduce 3.0X12 sized Quantum balloon
 but there was strong resistance at the distal LM.

 Another guide wire was introduced into different pathway

- By IVUS examination, we confirm the first guide wire was path through extra stent space

- We could perform DEB angioplasy safely via another intra stent guide wire.

Thank You for Your Attention



IVUS after DEB angioplasty







Nobori 3.5 X 14mm