

IVUS Guide Wiring for Acute Myocardial Infarction

Department of Cardiology

Saiseikai Yokohama-City Eastern Hospital

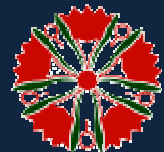
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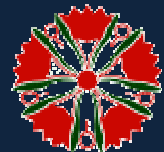
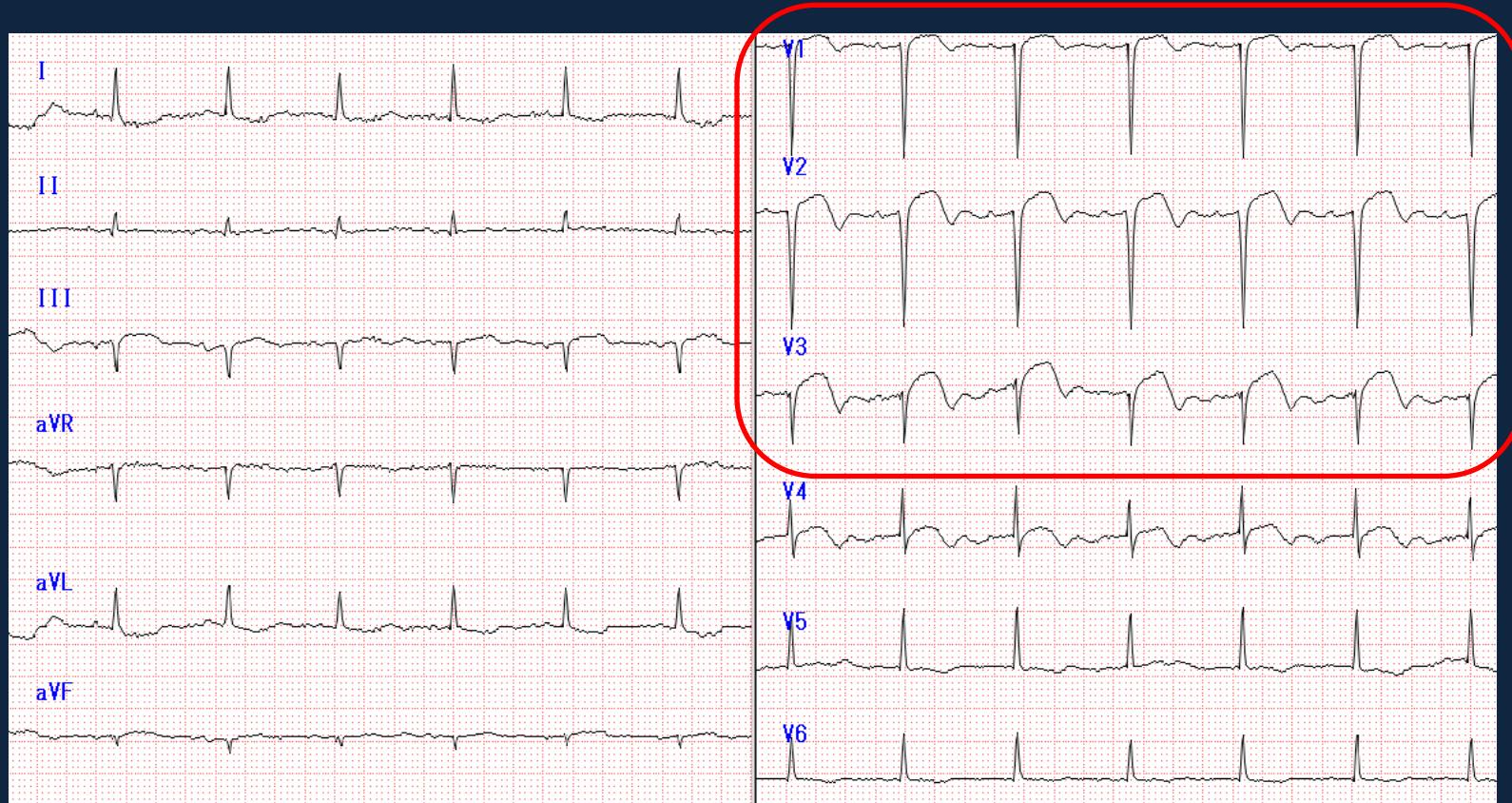


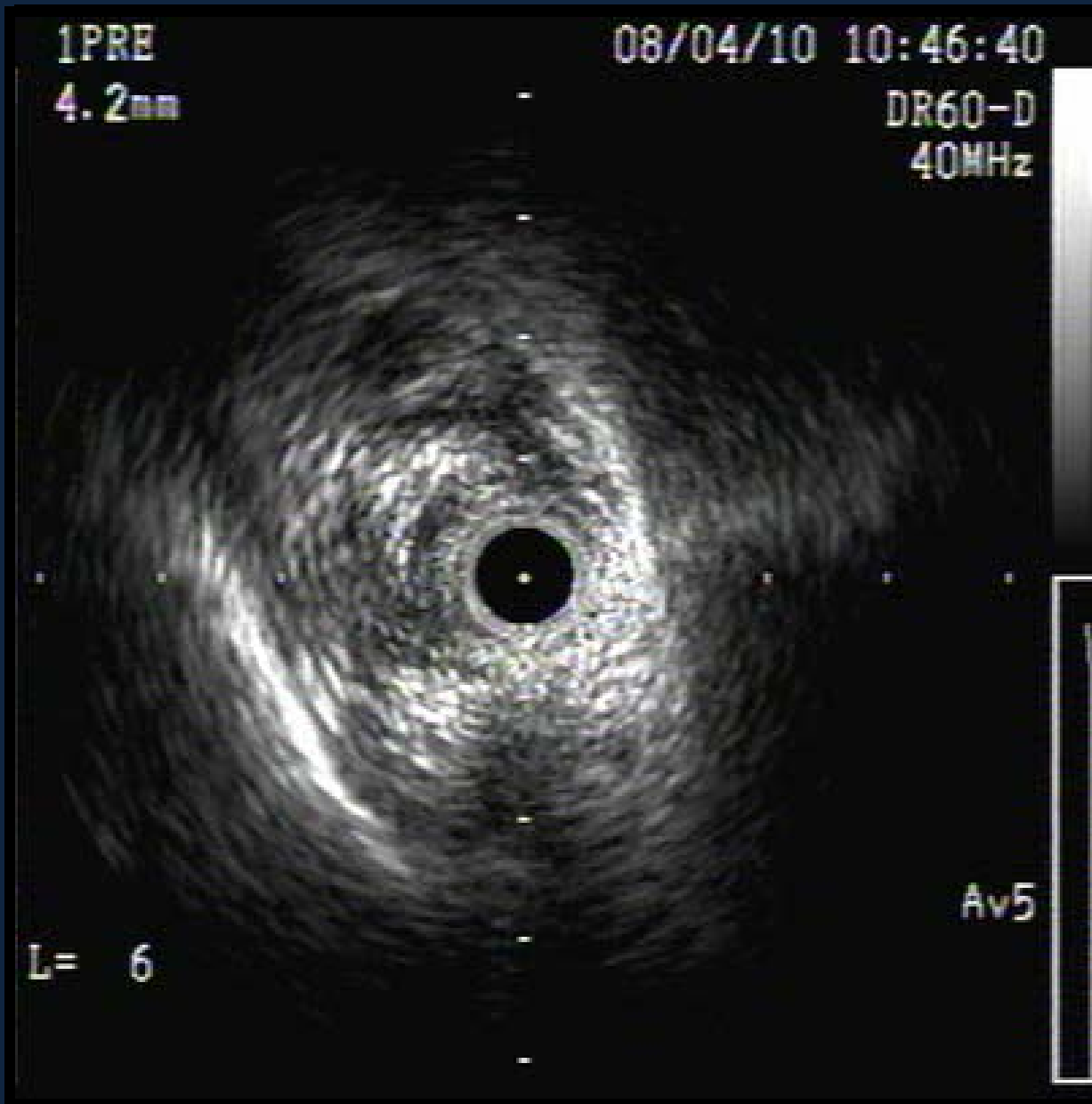
Case

- ◆ A 84 year-old women admitted our hospital with severe chest pain at rest after 3.5 hours from the onset.
- ◆ Her coronary risk factor was hypertension.
- ◆ Vital signs were stable but she still felt chest pain.



Case





System

Approach:

6Fr femoral artery

Guide:

6Fr JL3.5

Wire:

CHOICE PT2 MS

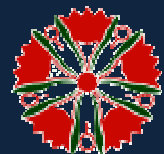
TGV3 intermediate

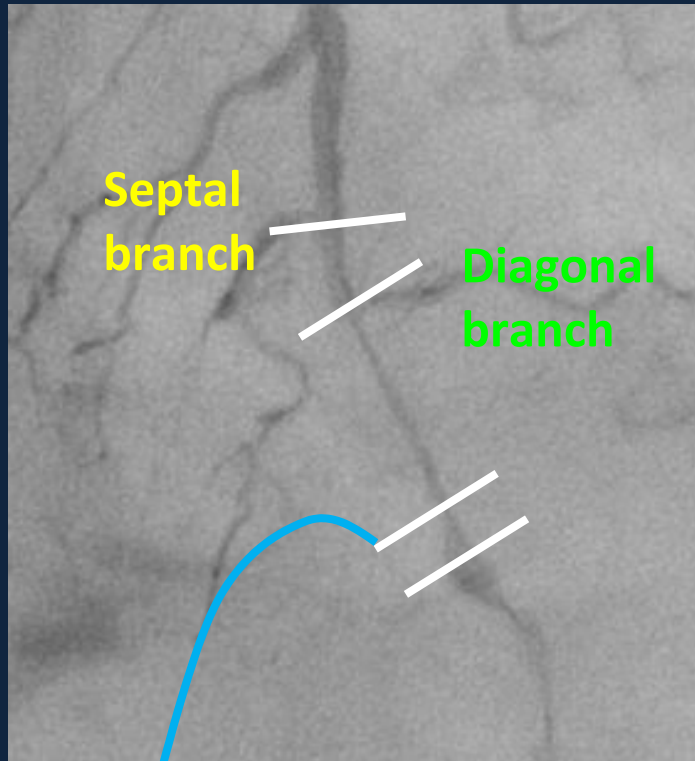
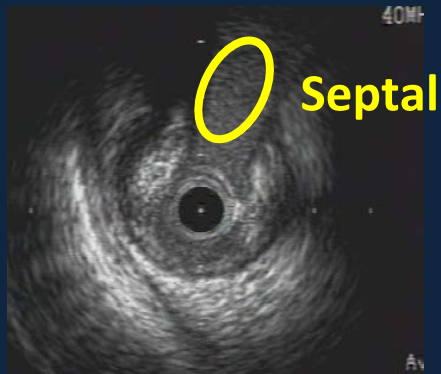
Micro catheter:

Finecross MG

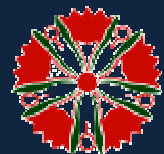
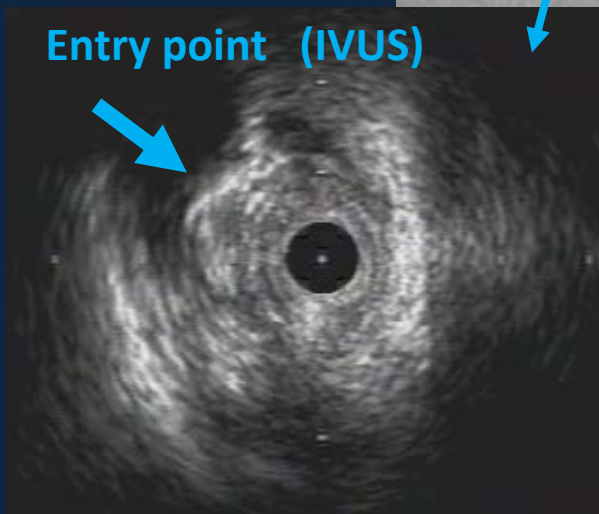
IVUS:

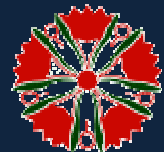
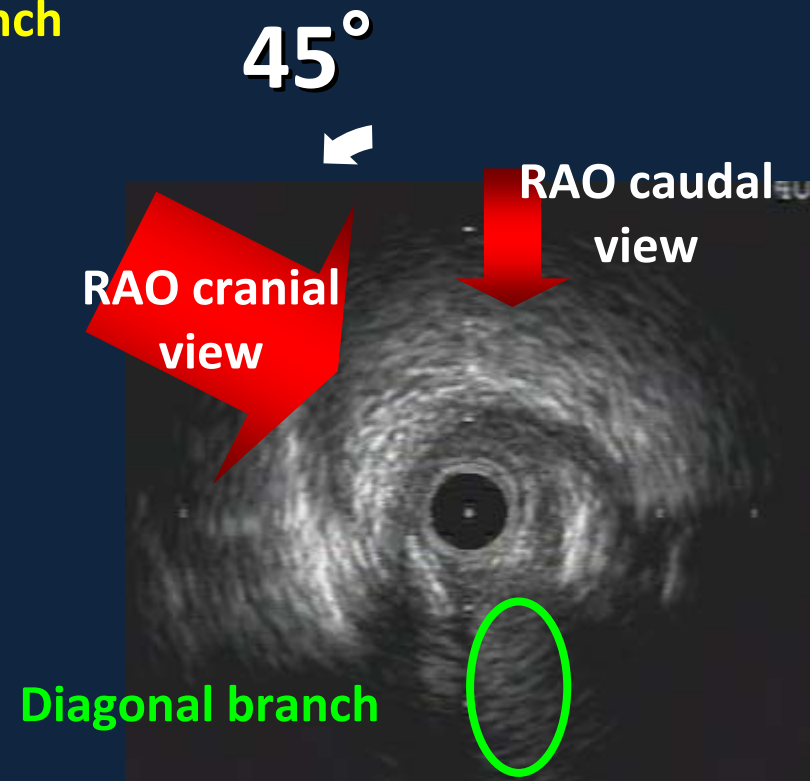
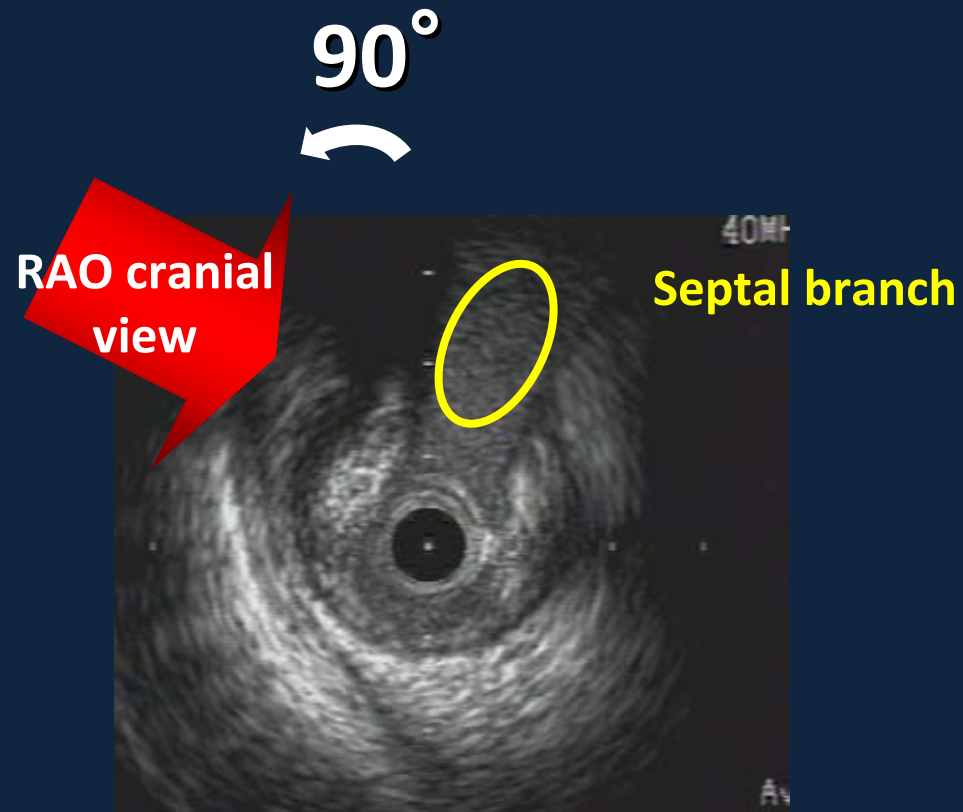
Termo ViewIT



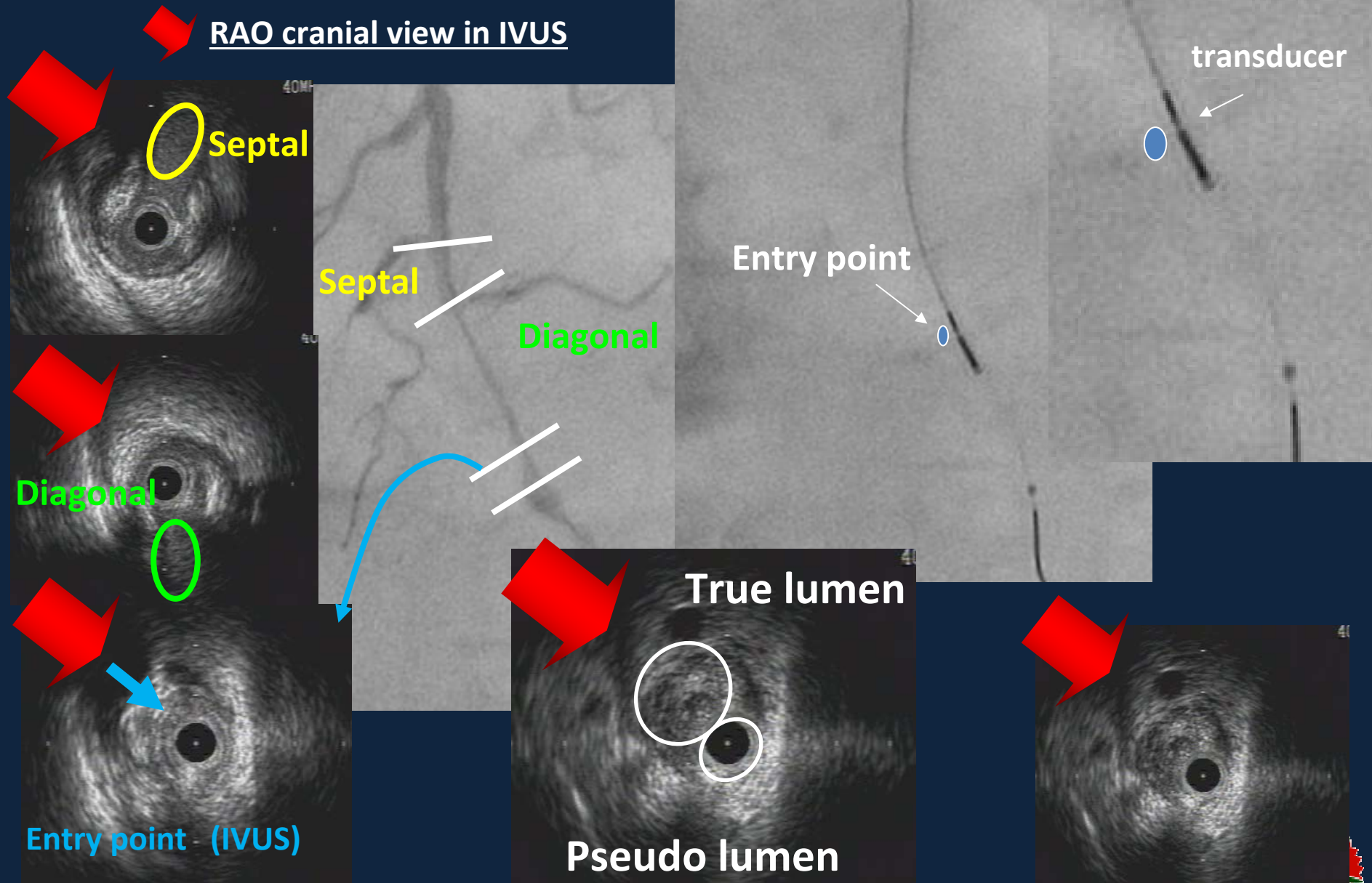


RAO cranial view





RAO cranial view in IVUS





Wire:

CHOICE PT2 MS

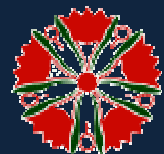
TGV3 intermediate

Balloon:

*Apex 2*20mm 10atm*

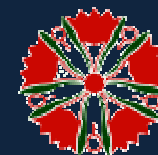
IVUS:

Termo ViewIT





Stent:
*Microdriver 2.25*20mm*
9atm, 16atm



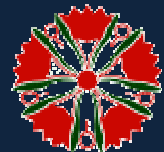
Instructions of IVUS guide wiring

- First, find out the boundary of true and pseudo lumen then position the transducer of IVUS.
- Image the direction of angiogram at IVUS from the position of side branch and pericardium.
- Next, image the position of true lumen in angiogram by using the information from the IVUS.



Instructions of IVUS guide wiring

- Guide catheter is larger than 6 fr is preferred, because microcatheter is frequently used.
- Second wire needs more torque transmission than first wire.
- Motion of guide wire must be fewest and delicately used, under the guide of angiogram.



We experienced a case of acute MI, IVUS guide wiring was useful in selecting the true lumen of coronary artery.

Using this technique, we can obtain unexpected success in PCI procedure.

