1025 The case of DCA in LAD os-CTO.

[Target Lesion] LADos-CTO

[Strategy]

1.retrograde set up via septal channel

2.antegrade wiring with IVUS + Sasuke

3.AWE including parallel wire technique

4.RWE

5.rCART

6.stenting

[Final Result]

Primary retrograde wiring from #4PD-septal channel to LAD CTO lesion was successful with Caravel+SION blue and Suoh03 ,then retrograde system was stabilized with Corsair.

Antegrade wire was succeeded to entry into CTO lesion with IVUS guidance from ramus branch, and to be navigated into true intima with from OM1.

Antegrade Gaia Next 3 wiring made successful to pass CTO lesion to antegrade with kissing wire technique.

POBA with Ryurei 1.0*5mm, then Tazuna 2.0*15mm was performed.

IVUS showed LAD os had large amount of eccentric plaque with no landing zone for stenting.

So we performed DCA for preparing stent landing.

Debulking by Atherocut (M) was successful under IVUS orientating with wire bias technique, and make plaque % area achieved 45%.

POBA throughout CTO lesion with Wolverine Coronary cutting balloon 2.5*10mm and Stenting with SYNERGY 2.5*38mm/3.5*20mm was successfully done.

LAD os was dilated by SeQuent please 4.0*15mm.