

1050 A case of RCA CTO, struggled with corsair stuck, bending AC channel and coronary perforation.

A 80 year old male, HF case with 3-vessel disease including RCA CTO. J-CTO score was 2. We suggested him to have CABG, but he denied. So, we decided to treat him by PCI. At first, we treated his LCx with DES. And septal channel tip injection revealed no septal collateral channel for RCA. Then we treated LAD lesion with rotablator and DES. Finally, we started RCA CTO PCI with bidirectional approach with bilateral femoral access. Retrograde channel was tortuous AC channel. Antegrade Corsair- Miracle neo3 could not penetrate CTO entry, we succeeded to penetrate CTO entry by Conquest pro 12g. Then step down to Gaia next 2 and proceed into CTO site. Then we tried to proceed corsair pro into CTO entry. CTO entry was hard and tip of corsair pro was broken and twisted. Corsair stucked to GW and could not pull out. So we proceeded conquest pro to CTO entry and try to penetrate CTO distal, but failed. PWT with Gaia next3 proceeded to CTO distal end, but we could not get distal true lumen. We started retrograde approach from tortuous AC br. Sion and SUOH03 passed tortuous AC br. But could not reach CTO distal end. Gladius was useful to deliver the micro catheter through bending AC channel to the CTO distal end. After externalization by R-CART technique and stenting to CTO lesion, coronary rupture happened in CTO lesion. We tried to deliver graft master, but it was very difficult by stent and calcification. Finally we succeeded to deliver graft master by using Dio and succeeded to stop bleeding.