

1051 Silent Complication in CTO PCI

M/57

History of hypertension and OSA

CTCA showed ostial LAD CTO with calcium score 1422

Coronary angiogram confirmed ostial LAD CTO with J-CTO score 4 (blunt stump with SB, calcified, angulated, CTO body >20mm)

CTO proximal cap punctured by using 1.5mm balloon to occlude side branch

Corsair locked in and stepped up wire

Finally crossed distal cap

However failed to cross with Corsair, Sapphire 1.0

Planned to rupture Sapphire 1.5 balloon but did not rupture at 20 atm

Instead resulted in balloon-wire fusion

Slowly removed Sapphire 1.5 balloon while cautiously re-inserting wire in

Finally Sapphire 1.0 balloon crossed lesion

NC 2.0 at 26 atm failed to dilate lesion, then ruptured at 30 atm to cause dissection

Followed by OPN balloon at 35 atm after dissection

Stenting then performed with good angiographic result

Take home message:

- be careful of balloon wire fusion

- make use of dissection for non-dilatation lesion