1067 Successful PCI for a diffuse lesion with marked positive remodeling
A 43 year-old male was transferred to our emergency room due to inferior STEMI. Coronary angiography showed occlusion of proximal RCA and severe stenosis in mid to distal LCX. PCI for RCA was performed immediately, and staged PCI for LCX was planned one week later. For the PCI to LCX, an AL1.0 guiding catheter was introduced through left radial artery. After the guidewire passed the stenosis, IVUS was performed. IVUS revealed that the lesion accompanied with significant positive remodeling plaque which could not be evidenced by angiography. The maximum vessel diameter of culprit artery was nearly 8mm. Any stent couldn't suit the vessel size, since stenting would bring about the possibility of malaposition in the future. Therefore we decided not to use stent but DCB. DCB was dilated for the lesion following by pre-dilatation. After the procedure, IVUS showed the lesion got acceptable lumen area without marked dissection. 6 months later, follow up CAG was performed, and the lesion was patent without restenosis. We experienced the huge size vessel successfully treated with DCB.