

1073 Management of DES fracture LAD CTO: what we learn from IVUS and OCT finding.

[LAD DES fracture CTO] [Antegrade approach, IVUS, CTO] [TIMI III flow]

The patient is a 67 y/o male who had coronary artery disease status post PTCA with DES over LAD at other hospital. One year ago, he was sent to our hospital due to VT and NSTEMI were impressed. Emergent coronary angiogram revealed fractured stent over LAD with in-stent total occlusion. We used femoral approach and 3.5x7 Fr EBU guiding catheter. Antegrade approach with Field FC guidewire and Finecross microcatheter failed to puncture through the microchannel.

Later, we used Gaia 3rd guidewire to puncture the CTO, and successfully passed to LAD-D. Coronary perforation occurred after 1.0 balloon dilatation and persisted even after protamine reversal and prolong balloon dilatation. Later, we used crusade microcatheter, UB3 wire to find the true lumen and successfully sealed the perforation. IVUS showed that subintimal tracking. TIMI III flow regained.

Coronary angiogram was arranged one year after due to the Myocardial perfusion scan showed LAD territory ischemia again. Then we arranged angiogram for suspected LAD in-stent restenosis. Then we check OCT. According to the image of OCT, we could find out there had two layers of stent over the old fractured stent site. This probably due to pervious false lumen tracking, thus, lead to this interesting OCT finding. After DEB, TIMI II flow regained.