

1116 How to Overcome Tortuous and Angulated Lesion at RCA STEMI

A 57-year-old man was admitted to our emergency department due to persisting angina for 2 hour. His ECG showed sinus bradycardia with ST segment elevation in leads II, III and aVF.

His coronary risk factors was smoking. The echocardiography showed RCA territory RWMA with LV systolic function (LVEF=50%).

Baseline coronary angiogram showed total occlusion of distal RCA and intermediate lesion at m-LAD.

We selected 7 Fr AL1 guiding catheter and the right coronary artery was engaged with a 7 Fr AL1 guiding catheter.

Initially, RCA was predilated with 2.5 X 15 mm IKAZUCHI balloon.

But We could not advanced distal RCA.

So We tried mother-child technique and then deep engagement of 5F child catheter at mid RCA.

Distal RCA was predilated with 2.5 X 15 mm IKAZUCHI balloon. (fig4)

Then We tried a 4.0 X 18 mm Biomatrix at distal RCA.

But the stent could not be advanced into more distal portion of RCA due to guiding catheter sortness because severe tortuous and angulated mid RCA.

We don't have any 90cm guiding catheter and Guideliner.

So We cut off the torque segment (about 10cm) of 7 Fr AL1 guiding catheter,
(Cut GC technique)

We deployed a Biomatrix stent 4.0 x 18mm at distal RCA.

After angioplasty, final angiogram showed that the procedure was successful.