

1120 The jailed obtuse marginal branch. Let's reverse the condition!

Diagnosis: Coronary artery disease/ triple vessel disease status post PCI for LAD and RCA

[Target Lesion]

Left circumflex artery, chronic total occlusion proximal to the bifurcation of LCX and OM branch

[Strategy]

1. Vascular approach: right femoral artery and right radial artery
2. We used an EBU4 (SH) (7 Fr.) guiding catheter to engage LCA.
3. Antegrade approach: A XT-R wire with the support of an Excelsior microcatheter. The selective contrast injection confirmed faint antegrade flow. We escalated the antegrade wire to Gaia 1st but it went to the false lumen.
4. Retrograde approach: We chose the apical collateral vessel from first diagonal branch. The Sion wire via the Finecross microcatheter reached the OM branch but the Finecross could not reach the OM; we changed to the Corsair microcatheter and it could advance to OM. We escalated the retrograde wire to Gaia 1st and UB3, but both of the wires could not pass the occlusion due to the wide angle between of LCX and OM.
5. Antegrade again: The retrograde wire as a guide and we tried to advance the antegrade wire again. The Gaia 2nd wire passed the occlusion and reached distal part of LCX.
6. Pre-dilatation and the jailed OM: A Sprinter Legend balloon (1.5/20mm) and an Emerge balloon (2.5/20mm) with nominal pressure dilated p-dLCX. The antegrade flow of LCX was TIMI 3, but the OM flow was compromised.
7. Rescue: For the jailed OM branch, we used the reverse wire technique with another Fielder FC wire and the Crusade microcatheter to rescue it. The wire passed successfully to the distal OM. The Sprinter Legend balloon (1.5/20mm) and an Ikazuchi balloon (2.0/20mm) to dilate OM with 6-10 atms. The OM flow was restored.
8. Stent: A BioFreedom stent (2.5/33mm) was deployed at p-dLCX, followed by post-dilatation with an emerge balloon (2.5/20mm) with 16 atms.

[Final Result]

The final angiography showed good results and flow of LCX and OM.