

1123 Successful reattempt PCI for RCA CTO by percutaneous coronary bypass using 4 Graftmaster stents

A 83-year-old male who received CABG(LITA to LAD, SVG to Dx) 20 years ago was admitted to our hospital with effort angina. CAG showed CTO at mid RCA. Both grafts were patent and distal RCA was filled through mainly AC channel and Dx via SVG. PCI using antegrade approach and retrograde approach was attempted but failed. Coronary perforation occurred by antegrade wiring and coil embolization was performed. Five month later, reattempt PCI was performed. An 8Fr sheath was placed in the right femoral artery and an 8Fr AL3 SH was engaged to the RCA. Retrograde approach was used as 1st strategy. Septal channels, channels of Dx and channel from OM to PL were used. It was very difficult to cross retrograde channel but finally SUOH03 could pass septal channel. And then, the micro catheter was delivered to the distal RCA via septal channel. It was also difficult to advance GW into CTO from retrograde side but Gaia Next 3 could penetrate the entry of the CTO. Reverse CART was performed and externalization succeeded. After dilatation by using 1.0mm and 1.5mm balloon, IVUS was performed. IVUS findings revealed the guide wire had passed through the outside of the vessel in almost all occluded site. Vital signs of the patient was stable. Four Graftmaster stents were deployed over the CTO lesion, and successful recanalization was achieved without any complications. In this case, GW pass through outside of vessel in almost all CTO site but this PCI could succeed by percutaneous coronary bypass using 4 Graftmaster stents.