

1131 A case with difficulty in the treatment of a steeply diverging diagonal branch

Case was 78 years old male. Chief complaint was effort angina.

Bare-metal stent was implanted for proximal left anterior descending artery (LAD).

Coronary angiography showed moderate to severe stenosis at LAD mid portion and severe stenosis at second diagonal branch (Dx) ostium.

Resting full-cycle ratio (RFR) was 0.85, therefore we consider LAD lesion is culprit of effort angina.

Two weeks later, we performed percutaneous coronary intervention for LAD.

Sion wire passed easily LAD lesion, however branch angle of Dx was very sharp, and the wire couldn't pass Dx branch.

Therefore, We tried to protect the diagonal branch with reverse wire technique.

At first, XTR with Sasuke support couldn't pass the lesion because of lack of support ability.

Next, we tried passing the diagonal branch several times with sion black wire, and finally could pass the Dx branch.

We tried to deliver micro catheter (caravel MC) to exchange the wire, however Caravel MC couldn't advanced before Dx branch due to strong resistance.

When we gazed at the perspective screen again, sion black wire formed a loop before Dx branched.

We pulled the wire forward to release the loop after anchoring the wire by the balloon inflation.

We confirmed that the wire was fixed, and when pulled it, the wire loop was released.

After that, We could bring in a caravel catheter and exchanged the wire for sion.

After ballooning for Dx, Drug eluting stent (Xience Siera 2.5×15mm) were deployed for LAD.

Final angiography showed good expansion and no flow limitation with Dx.

We experienced the case formed loop wire after reverse-wire technique and could release the loop wire by anchor balloon. We report here with a discussion of the mechanism that formed the loop wire.