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Successful device delivery through the heavy calcified lesions using Guide-extension Catheter Locking Technique with double guiding catheter system

60's man admitted with silent myocardial ischemia. coronary angiography revealed tri-vessel disease including RCA CTO. First, we treated for left circumflex artery. The guidewire was passed through the lesions easily, but device delivery and lesion dilation were difficult due to calcification. Finally, we treated that lesions with two drug-coated-balloons. Next, we treated for RCA. RCA was occluded at mid portion and severe stenosis with heavy calcification and right ventricular branch were in front of occlusion. We selected this branch by first wire. Microcatheter or 1.0mm balloon could not passed this stenosis. After putting the anchor balloon into conus branch, 1.0mm balloon could be inserted the lesion, but it burst. We abandoned balloon dilation before wire penetration. We started to penetrate the lesions with GAIA next2, and fortunatery GAIA next3 could get distal true lumen. We tried to pass the lesion with several devices (small diameter balloons and microcatheters including TORNUS), but that did not achieved. Then, we inserted second guiding catheter for RCA. 2.0mm balloon deliverling from second guiding catheter inflated at the proximal RCA for trapping the wire. Anchor balloon was retrieved, and guide-extension catheter was delivered from first guiding catheter. 2.0mm balloon deflated and guide-extension catheter advanced more deeply, and 2.0mm balloon inflated again for guide-extension catheter trapping. Then we got much more backup force. And we got achieved 1.5mm and 2.0mm non-compliant balloon deliverly, and lesion dilation. We selected NSE balloon for more dilation. Finally, we put three Xience stent and got successful recanalize.