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Usefulness of Excimer Laser to Acute Coronary Syndrome of Left Main Trunk

A 66 year-old man presented to our emergency department with sudden-onset chest pain. The electrocardiogram showed ST segment elevation in anterior leads including aVR and right branch bundle block suggesting the ischemia on the first septal branch. The emergent coronary angiography (CAG) was performed and revealed sub-total occlusion of left main trunk (LMT) with TIMI flow grade 1 in left anterior descending artery (LAD) and 0 in left circumflex artery (LCX). Consequently, transradial percutaneous coronary intervention was performed with IABP support.

7Fr Judkins left was engaged and SION blue wire was not advanced because of lesion complexity. After exchanged to XT-R-wire with micro-catheter, XT-R advanced toward LAD artery and XT-R-wire was exchanged to SION Blue-wire. Furthermore, Rinato-wire was easily crossing to LCx artery using double lumen catheter. After 0.9mm excimer laser ablation (ELCA) from LMT lesion to LAD was conducted, the flow of LAD artery got improved to TIMI 3. Then, everolimus eluting stent (3.5*23mm) was implanted to LMT toward LAD artery after kissing balloon technique. Finally, proximal optimal dilation technique in LMT was performed.

Acute coronary syndrome of LMT has high mortality and the strategy of intervention is still controversial. This case gives us the possibility of usefulness of ELCA for ACS including LMT segment, and we also report the analysis of our consecutive 12 LMT-ACS cases according to ELCA usage between 2014 and 2018.