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A case of stentless PCI with DCA+DCB for the proximal LAD eccentric stenotic lesion

60's man consulted our hospital for the exertional chest pain. He was diagnosed with ACS from ECG and echocardiography findings, and emergent coronary angiography showed 75-90% stenosis in LAD#6 just proximal,99% stenosis in LAD#7. We performed PCI for LAD#7 as the culprit lesion. IVUS showed mixed plaque lesions formed mainly of soft plaque. Resolute Onyx 3.5mm,18mm was placed into the culprit lesion after pre dilatation. The good expansion was obtained without distal embolism. LAD#6 just proximal lesion showed 180°-270° mixed plaque lesions formed mainly fibrous plaque on the other side of LCx in IVUS. Judging that it was an indication for directional coronary atherectomy(DCA), staged PCI was performed. We approached from the right common femoral artery and used Mach1 8Fr, Q3.5SH. We performed DCA with using the ATHEROCUT L 4.0-4.4mm(3 sessions,26 cuts). IVUS showed that there were no tears on the atherectomy areas and the residual percent plaque area was 44-47% and MLD was about 3.5mm. LMT's lumen diameter was about 5.5mm and the vascular diameter difference between LMT and LAD#6 was large. So we used DCB, SeQuent Please 3.5mm, 20mm without stent placement. The final IVUS showed that enough MLA was obtained without dissection. After treatment, we performed coronary CT twice in half a year and confirmed the patency of DCA+DCB site(LAD#6) and stent site(LAD#7). We report this case with some literature review as one patient who can maintain the good coronary patency after DCA+DCB without stent placement for the chronic stage.