accessful PCI for bifurcation lesic involving Abrupt Type CTO

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Albuild ob, Mail

tient History

MI with 3-vessel disease occurred.

itial PCI for HLB.

sub-acute phase, PCI for RCA.

ter three months, PCI for diagonal branch(unsuccessfu

ter six month, proximal LAD was 75% enosis(progression) and diagonal branch of ostium was

tal occlusion.

e tried to perform PCI to LAD and diagonal branch of Cī sion. onary risk factor

POST Pre could not pass the GW.





otal Occlusion of DB



TO lesion was abrupt type.

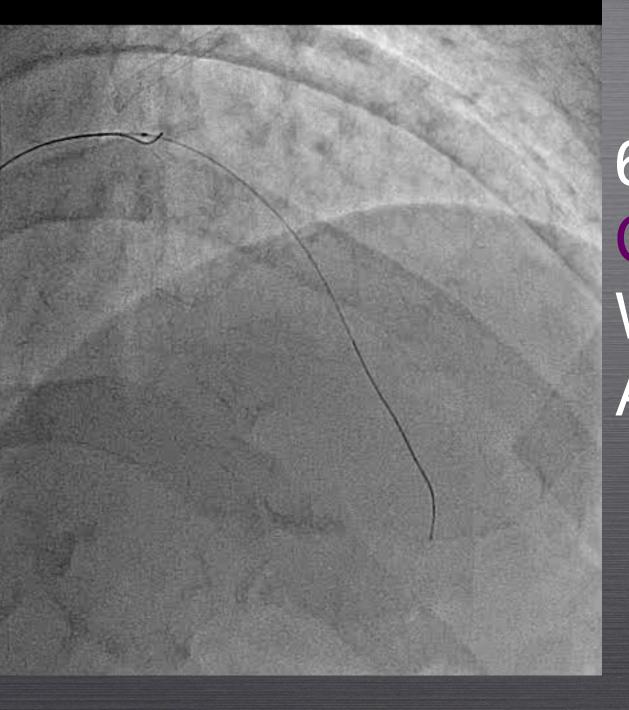
x vviiat do you do with the next step

using more strong support

select up-grade wire

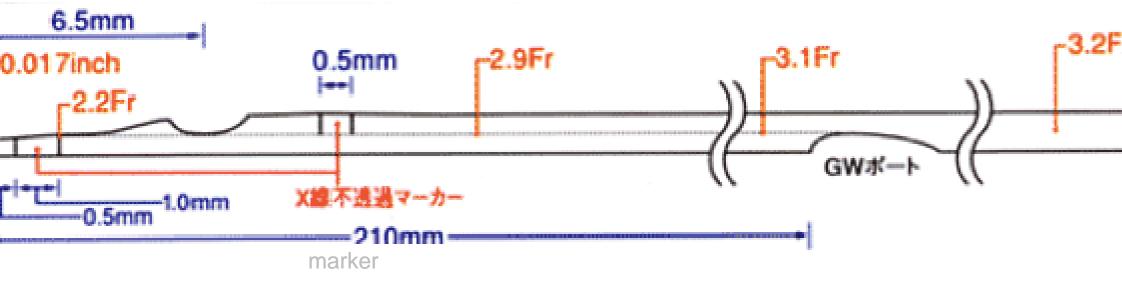
#other plan

We selected multifunction catheter



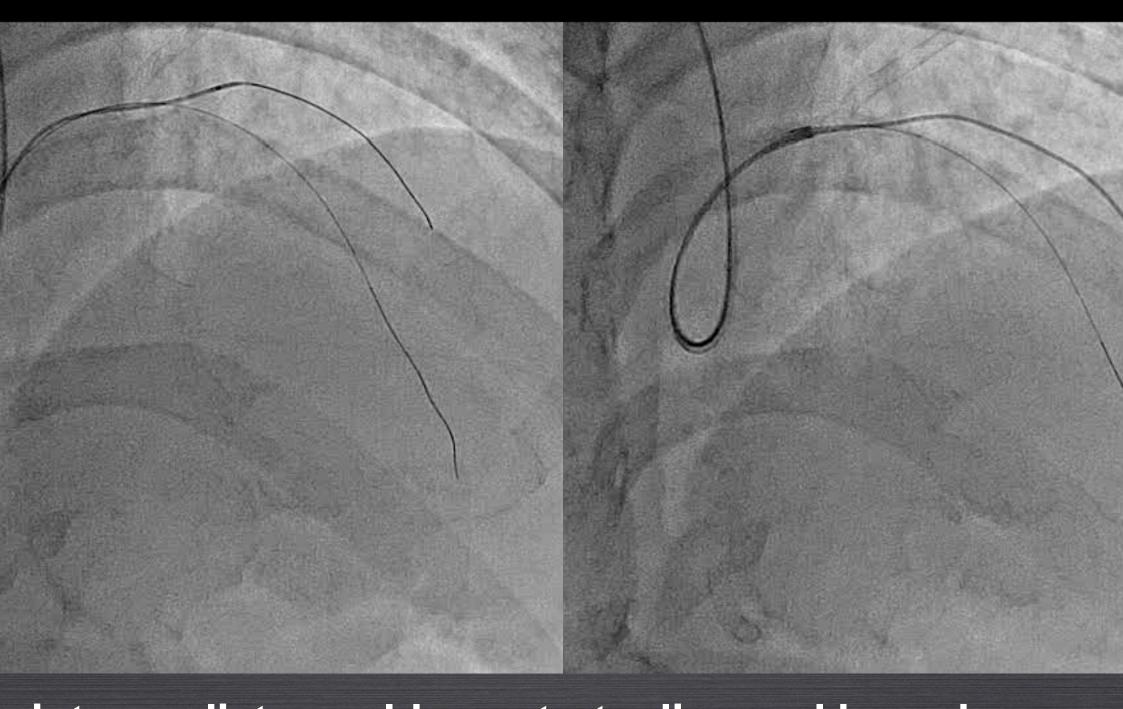
6.5F radial approa Crusade Wizard 78 ABYSS intermedia

ss intermediate could catch the diagonal branch



Keep the coaxiality good support easy manipulation



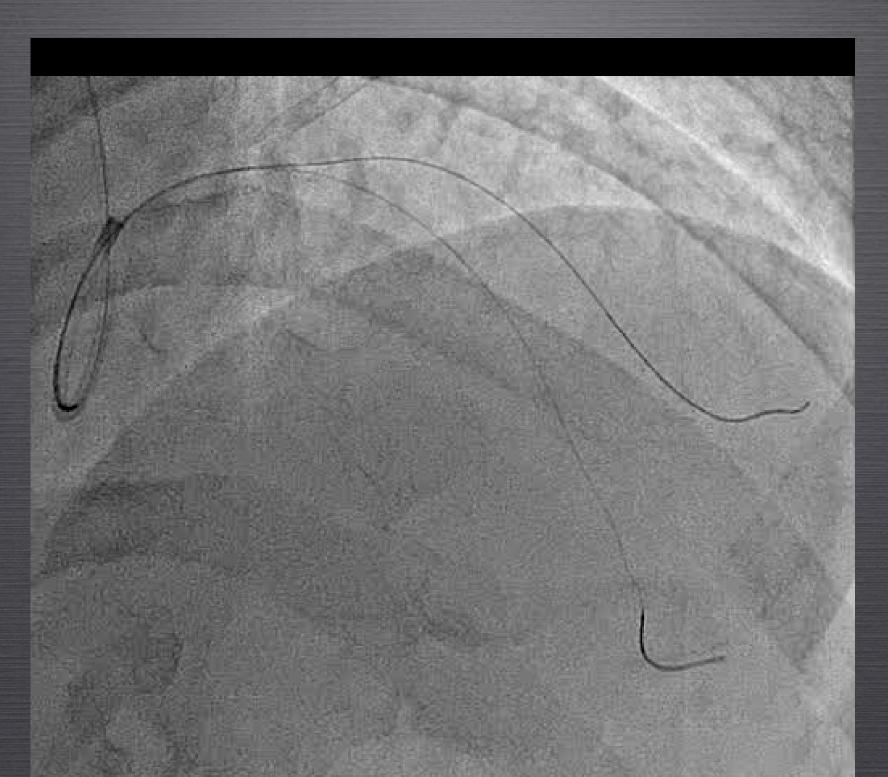


s intermediate could penetrate diagonal branch



yss intermediate wire put on pseudo rumen. selected step down wire(Wizard78).

USI I UDA



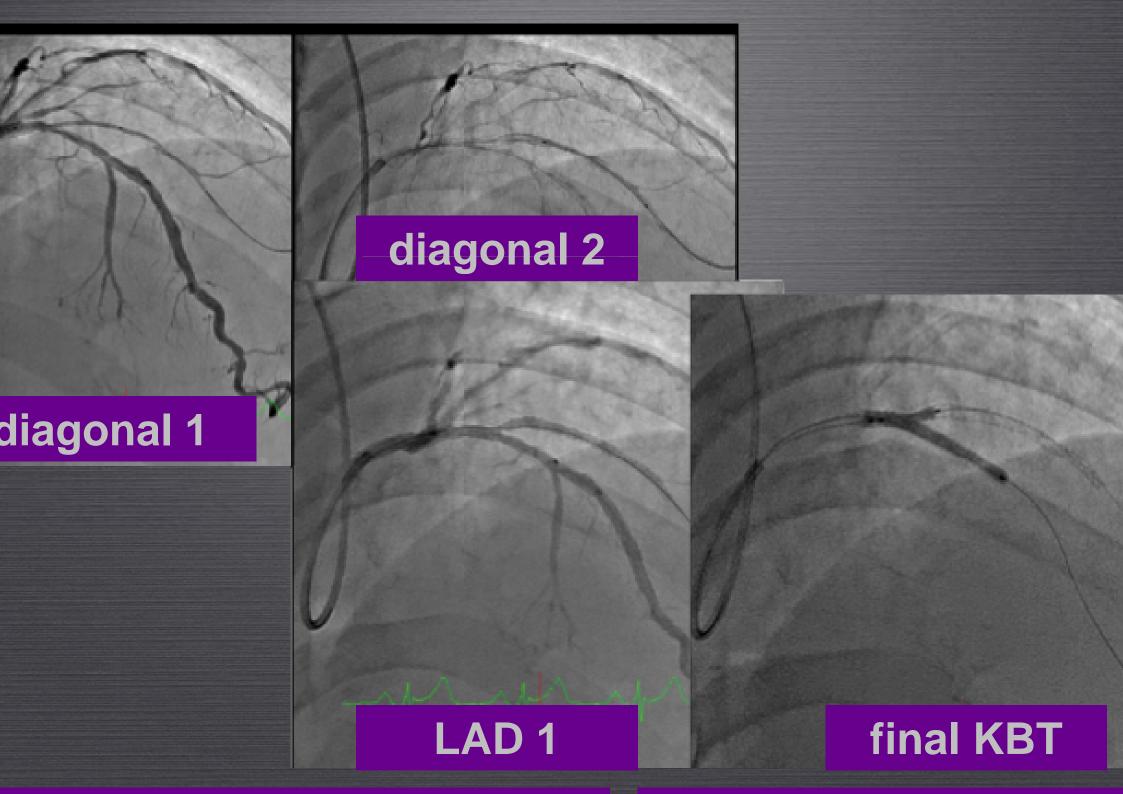
ingle stent with KBT

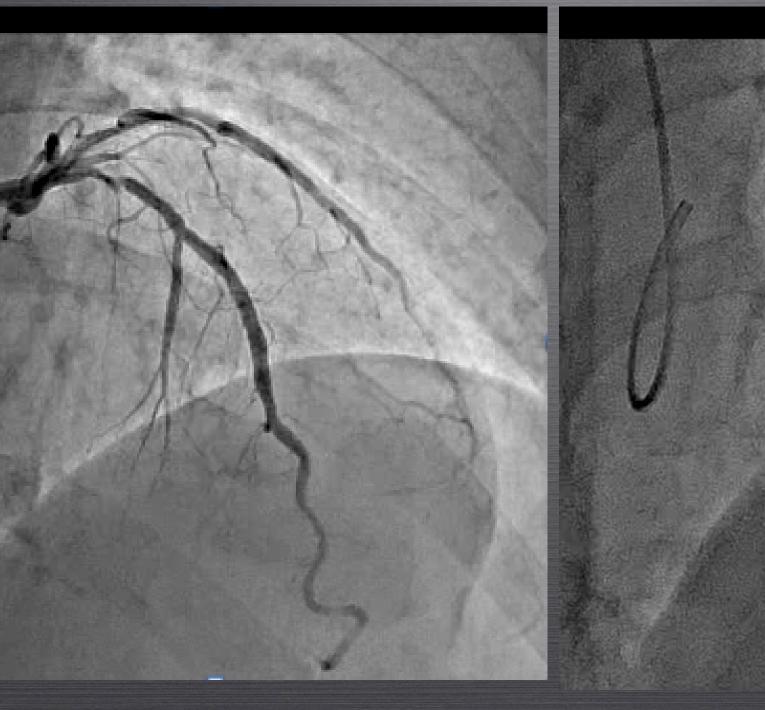
ulottes stent

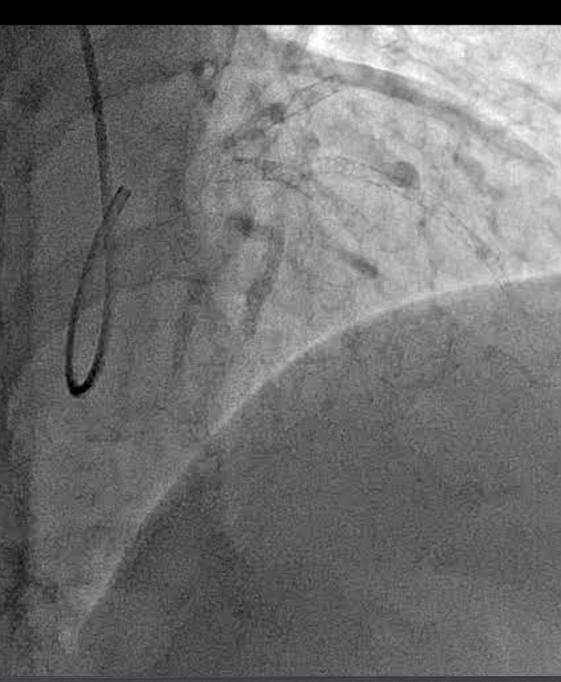
ini crash(modified T)

ther plan









Einal

ultifunction catheter is useful device upt type CTO with bifurcation lesion.

ep down parallel wire technique is til situation.

e selected culottes stent technique cause of low angle bifurcation and broad of diagonal branch.

lake nome message

n bifurcation lesion and abrupt type CTO, coaxiality and good support levice is nessasary. Multifunction catheter is suitable in the ituation.