Handling Complications When the Guide Catheter Dissects During PTCA
Sanjay C. Porwal
1K.L.E.S. Prabhakar Kore Hospital & Research Center, India

[CLINICAL INFORMATION]
Patient initials or identifier number. 585872 26/03/14
Relevant clinical history and physical exam. Patient admitted for elective PTCA from diagnosis of prior angiography
- Primary Hypertension & Non-Diabetic
- Known and Evaluated case of CAD and advised PTCA with stenting to LAD (2 stents).
- HR: 80/min; BP: 130/80mmHg; CVS: S1,S2+, RS: Clear
- ECG: Non Q MI
- Chest X-Ray: No Cardiomegaly, Normal Pulmonary vasculature
- Echo: Normal resting LV systolic function, no regional wall motion abnormality, normal PA pressure, Type I diastolic dysfunction
- LVEDD- 4.0cm, LVESD- 2.9cm, LVEF- 60%

Relevant catheterization findings.
- IHD Old Non Q MI (05/12/13)
- RTA with multiple abrasions on 02/03/14
- CAD- Single Vessel Disease
- Primary Hypertension
- PTCA required from Left Main to LAD using 2 stents.

[Interventional Management]
Procedural step. Left Coronary ostia was selectively engaged by using EBU 3.5 6F Lancer Guiding Catheter from Right Transfemoral approach. Check angio showed mif LAD total occlusion. Crossed Fielder XT guidewire with support of microcatheter. BMW was exchanged. Predilatation of the lesion was done by using 2.0x12mm Medtronic Sprinter balloon at 14atm for 30 secs. Post balloon chack angio showed 30-40% residual lesion. Inj. NTG 100mmg was given intracoronary. Post NTG check angio showed induced guiding dissection from Left Main to LAD and LCX. Quickly, BMW wire crossed LCs to protect the vessel. 2.75x28mm Promus Element stent was deployed proximal to mid LAD at 12atm for 30 sec. another Promus Element stent 3.50x32 was deployed from osital left main to ostio proximal LAD and mid LAD at 12atm for 30sec overlapping the proximal end of the previous stent. Using BMW wire was crossed across the stent struts to LCx and the stuck wire was removed. Using 2.00x10mm Sprinter balloon, stent struts dilated at 10atm for 30secs. Using balloon mounted 3.00x24mm Promus Element stent was placed in Ostio proximal LC with slight protrusion in LMCA. Stent was deployed at 12atm pressure using TAP technique. Then kissing balloon were inflated in LAD 3.50x15mm NC Sprinter and 2.00x10mm Sprinter balloon post stenting check angio showed no residual stenosis, no thrombus with TIMI III flow in LAD & LCx.
Case Summary. CTO converted to perforation induced by a guiding catheter was managed by immediately protecting the vessels and stenting was done using the TAP technique. The patient has been totally asymptomatic post procedure was successfully done with TIMI III flow in LAD and LCx. No thrombus or restenosis has been observed in the follow ups as well.

TCTAP C-062
Guide Wire Fracture in the Coronary Artery and Aorta During Percutaneous Coronary Intervention
Takayuki Shimazu,1 Masumi Shimizu1
1Kyoto Kujo Hospital, Japan

[CLINICAL INFORMATION]
Patient initials or identifier number. S.N.
Relevant clinical history and physical exam. A 73 year-old woman was admitted with effort related chest pain for one month. Her coronary risk factors were hypertension, dyslipidemia and chronic obstructive pulmonary disease. The physical examination was normal.
Relevant test results prior to catheterization. Baseline ECG showed nonspecific ST-T changes. The cardiac enzyme was normal and the echocardiography showed normal LV systolic function (EF=74%) without regional wall motion abnormality.
Relevant catheterization findings.
1. Left coronary angiogram showed focal 75% narrowing of mid LAD.(-movie 1)
2. Right coronary angiogram showed normal.(movie 2)

We checked LAD FFR, which was 0.75. Therefore we performed PCI to LAD.

[INTERVENTIONAL MANAGEMENT]
Procedural step. An 6 Fr EBU 3.5(Medtronic) guiding catheter was engaged at the left coronary ostium via right femoral artery. And then, we inserted 0.014 inch Sion blue (Asahi Intech) wires into LAD and 0.014inch Etna (Volcano) wire into first diagonal branch. An IVUS (Volcano) revealed. We examined lesions with IVUS to make a decision. IVUS examination revealed relatively normal diagonal ostium. So, we implanted Promus Element® 2.5mm×20mm at the middle LAD. When we exchanged the guide wires to perform kissing balloon angioplasty, Etna guide wire was stuck in stent. (Movie3) When we pushed the microcatheter Fine Cross MG(Terumo) to