Case Summary. [PCI result]
CAD/LM+3-V-D s/p successful PCI with stenting for
LM with Cullotte technique (DES*2)
LAD (DES*1)
LCX (BMS*1)
RCA (BMS*1)
Procedure time: 5 hours, Total contrast: 200ml
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Patient recovered well after procedure
[Conclusion]
Homemade snare composed of Crusade microcatheter, 0.014 wire,
and guiding catheter can be considered in stent dislodged situation,
especially in our case, which need bigger loop size for stent dislodged
in aortic root.
And IVUS guided PCI for LM lesion is essential.

TCTAP C-034
How to Manage Massive Thrombus in a RCA Long Stent In-Stent Restenosis
Lesion via Trans-Radial Approach
Wei-Chun Huang1, Cheng Chung Hung2
1Kaohsiung Veterans General Hospital, Taiwan; 2Kaohsiung Veteran General Hospital, Pingtung Branch, Taiwan

[CLINICAL INFORMATION]
Patient initials or identifier number. Mr. W
Relevant clinical history and physical exam. A 55-year-old man had received PTCA and stenting over RCA CTO lesion three years ago. This time he received CAG due to chest tightness, and RCA ISR lesion with massive thrombus was noted. We tried to remove all the thrombus
Case Summary.
1. Long time patency after CTO intervention should be accessed regularly.
3. Adequate thrombus aspiration is important to remove thrombus.
4. Urokinase and IIb-IIIa inhibitor may provide resolution of thrombus.
5. Clopidogrel resistance should be considered.
6. Follow up angiography after adequate IIb-IIIa inhibitor used may be a good choice.
7. Distal protection device should be considered.
8. BVS may be another choice.

TCTAP C-035
Successful Retrieval of the Atherosclerotic Plaque in the Left Main Trunk Using a Balloon Catheter
Masahiko Noguchi, Kotaro Obunai, Hiroshi Okumura
Tokyo Bay Medical Center, Japan

[CLINICAL INFORMATION]
Patient initials or identifier number. I.S.
Relevant clinical history and physical exam. A 73-year-old man was referred to our hospital with the expansion of thoracic aortic aneurysm in April 2014. He underwent ascending and total arch replacement. After surgery, he complained of intermittent chest pain and there were transient bradycardia and decreased blood pressure with electrocardiogram (ECG) changes.

Relevant test results prior to catheterization. ECG showed right bundle branch block with transient ST elevation in leads aVR, and ST depression in leads II, III, aVF and V1-4. Echocardiogram revealed left ventricular ejection fraction of 61% and there was no regional wall motion abnormality. Coronary computed Tomography (CT) showed the atherosclerotic plaque in the left main trunk (LMT). He was subsequently taken to the Cath lab for coronary angiography.