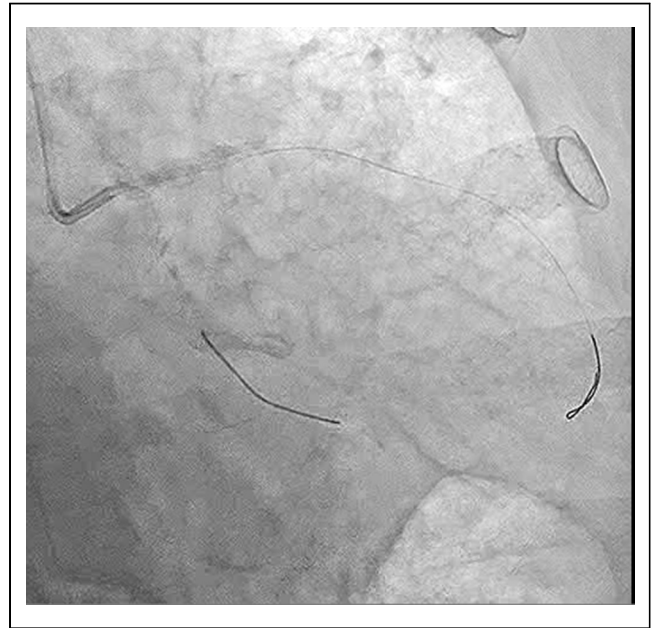
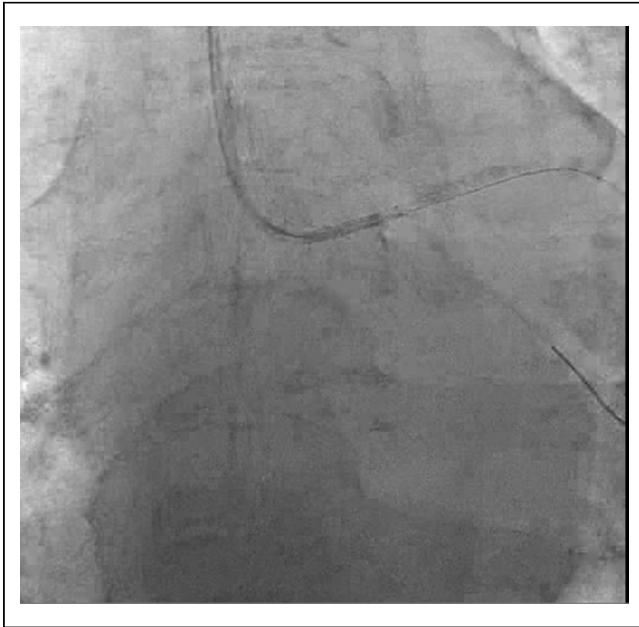


intra-aortic balloon pumping (IABP) catheter. Subsequently, a 6-French IABP catheter (Zeon Medical Corp., Tokyo, Japan) was advanced into the descending aorta. The distal tip of the IABP catheter was located above the abdominal aortic aneurysm.

A 3.5 / 14 mm drug-eluting stent was successfully deployed, and optimal expansion of the lesion was obtained. The patient's clinical condition stabilized and the IABP catheter was removed in the cath laboratory after the PCI procedure with no hemorrhagic complication.



Case Summary. Six-French IABP supported PCI using 6-French slender sheath through the brachial artery is considered to be feasible in patients with contraindication of femoral artery approach.

TCTAP C-130

Interventional Treatment of Two Ostial Lesions for a 17-Year-Old Girl

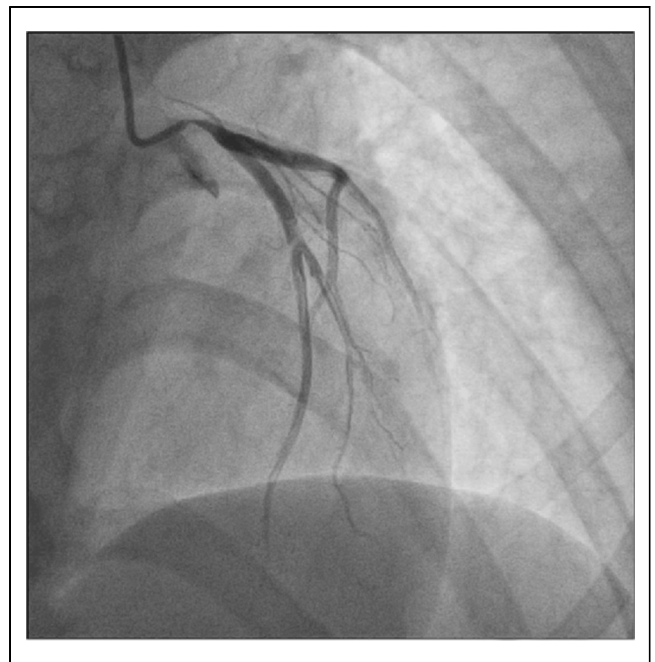
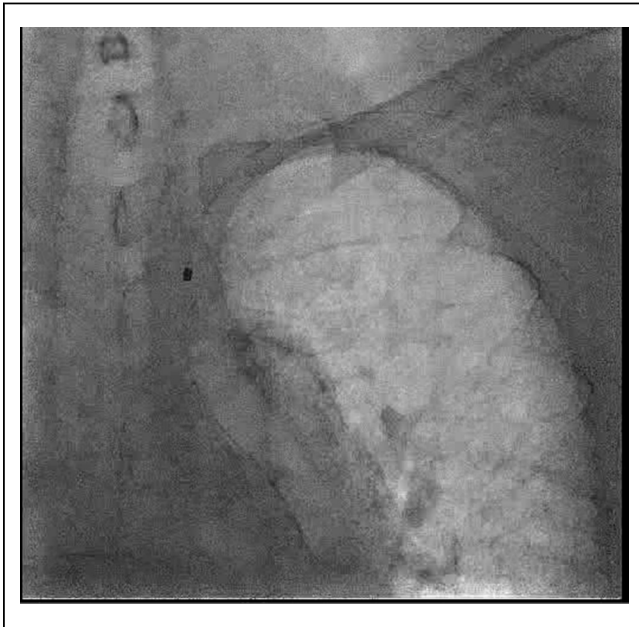
Xue Yu,¹ Wenduo Zhang,² Fusui Ji¹

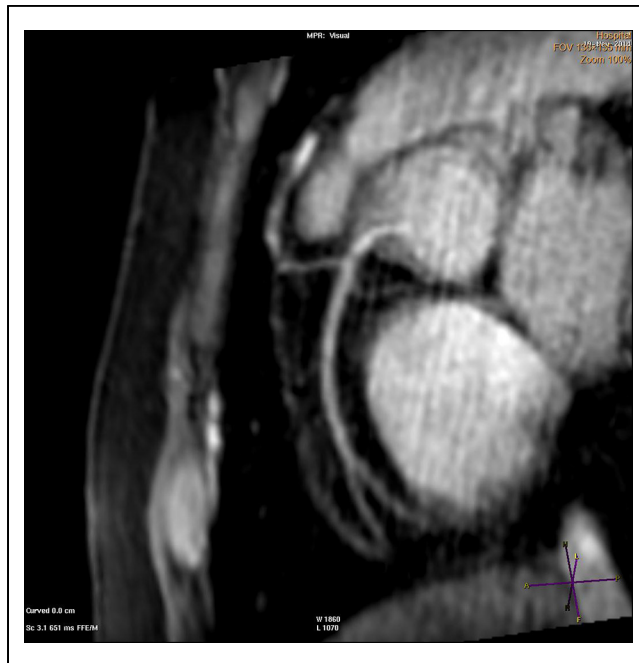
¹Beijing Hospital of the Ministry of Health, China; ²Beijing Hospital, China

[CLINICAL INFORMATION]

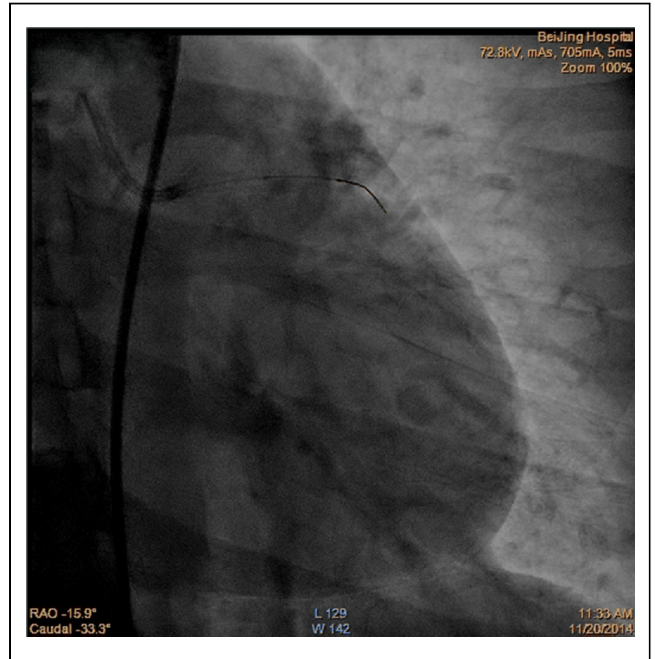
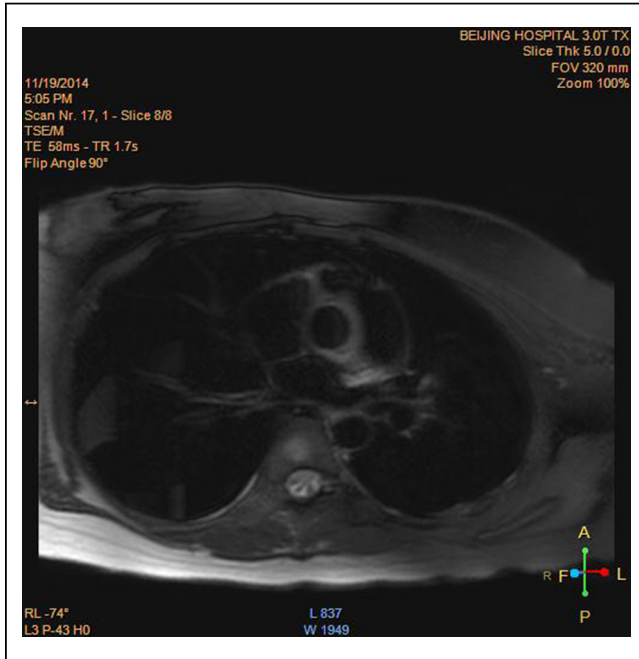
Patient initials or identifier number. LZ

Relevant clinical history and physical exam. A 17-year-old girl was admitted for an exertional chest pain for 20 days. She has none of a risk factor for atherosclerosis. There was no history of long term unknown fever or joint swell and pain during her grow-up. Her parents and the sibling were rather healthy. She has a conspicuous height of 5 feet and 11 inches and the body weight was 80kg. Otherwise the physical examination was normal. A CAG was performed at local hospital and showed critical stenosis involved both LM and RCA ostiums.





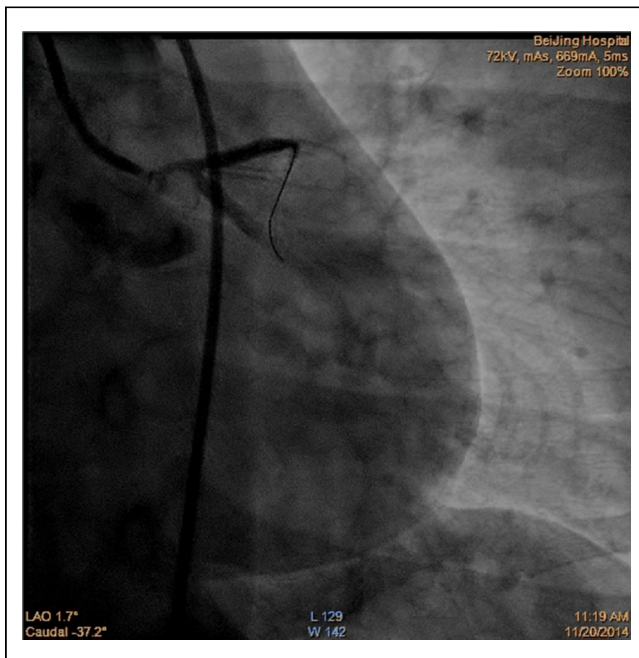
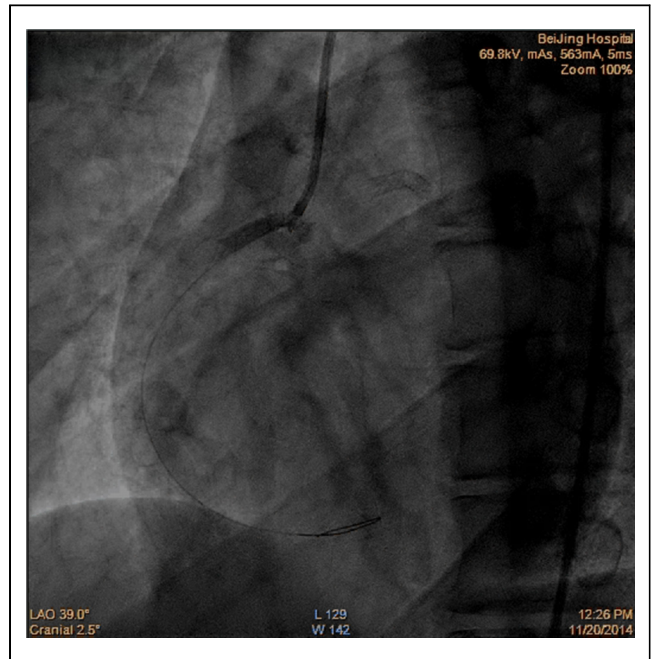
Relevant test results prior to catheterization. The resting EKG was normal but appeared remarkable ST segment depression and T wave inversion in lead II,III,avF and V2-V6 during the onset of chest pain. Cardiac enzymes were negative. Echo showed normal LVEF(65%) without regional wall motion abnormality. There were several abnormal findings of her blood tests. The ESR was 45mm/hour. The concentrations of IgA, IgG and IgE were slightly higher than normal ranges. Cardiac MRI showed an enhancement at the root of aorta in the black blood series.



Relevant catheterization findings. The coronary angiogram showed tight ostium lesions about 90% involved both LM and RCA. The other part of coronary vessels was completely normal. We suggest CABG to the patient and her parents but were refused sternly.

[INTERVENTIONAL MANAGEMENT]

Procedural step. A 6Fr sheath was inserted through right femoral artery, and the left coronary ostium was engaged with a 6Fr JL 4.0 catheter with side hole. A Whisper 0.014-inch guidewire were inserted at LAD. An immediate predilatation was performed with a 2.5X15mm balloon at ostial LM. Then we put another Whisper GW into LCX for protection. A Resolute 3.5X18mm stent was released at ostial LM followed by a post dilation with 3.5X10mm NC balloon. The left angiography showed a favorable result. Then we engaged a 6Fr JR 4.0 short-tip guiding catheter with self made side hole at oriface of right coronary. The Whisper 0.014-inch guidewire were inserted to PL. Predilatation was performed with a 2.5X15mm balloon at ostial RCA. A Resolute 3.5X15mm stent was released at ostial RCA. The angiography show the procedure was successful.



Case Summary. The chest pain released right after the procedure and the patients was dismissed three days later with dual antiplatelet therapy. We suggest her consult immune rheumatic doctor for the possible Kawasaki disease. The detailed information was not received yet.

CONGENITAL HEART DISEASE (TCTAP C-131, TCTAP C-232, TCTAP C-132 TO TCTAP C-134)

**TCTAP C-131
Acute Cardiac Tamponade Caused by Patent Ductus Arteriosus Occlusion**

Jiangchun He¹
¹The PLA Navy General Hospital, Beijing, China

[CLINICAL INFORMATION]

Patient initials or identifier number. Ms.C