Case Spotlight

SAPPHIRE II
Coronary Dilatation Catheter

Coronary Balloon

Sapphire II experience in CTO lesion: A case study

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Background

A 65 year old male patient was originally admitted with effort angina and a Cordis Cypher drug eluting stent was implanted in the distal right coronary artery (RCA). The patient experienced recurrent chest pain four years later and CAG revealed total in-stent occlusion. [Fig.1]. Repeat PCI failed because no balloon had a small enough profile to cross the lesion.

PCI Procedure

A second PCI attempt on the in-stent occlusion was performed on April 16, 2012. An AL 0.75 guiding catheter was used for strong back-up support. The lesion was crossed successfully with an Asahi Intec Conquest Pro guidewire supported by an Asahi Intec Corsair micro-catheter, but neither the Corsair nor any 1.25mm balloon catheter was able to cross the CTO lesion. A 1.0x5mm Sapphire II balloon catheter was used and it successfully advanced through the CTO lesion [Fig.2].

Upon successful balloon crossing and pre-dilatation, two Terumo Nobori stents were deployed [Fig.3].

Discussion

Sapphire II has excellent pushability and flexibility. Recently, it is being regarded as one of the most reliable balloon catheters for CTO lesions and in my strategy the "go-to" balloon for complex and CTO lesions.

Figure 1
In-stent occlusion at distal RCA

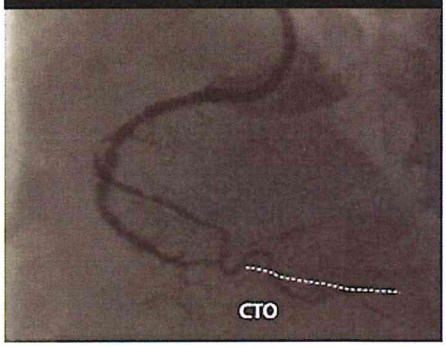


Figure 2
Advancement of Sapphire II

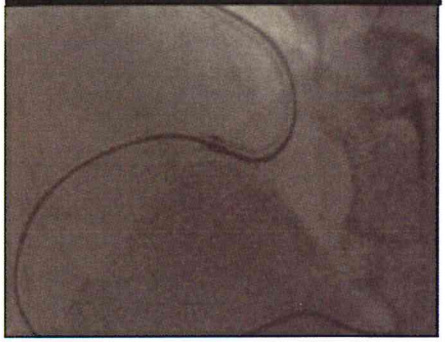
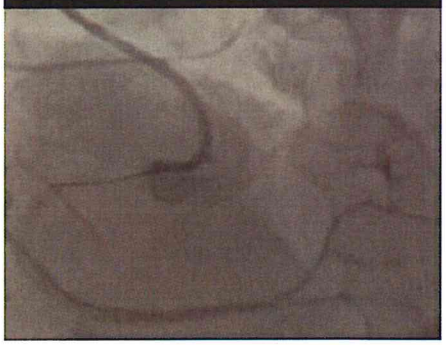


Figure 3
Final angiogram



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