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Use of a Mizuki microcatheter as a bougie for treating ACS

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THEME: Coronary Interventions

TOPIC(S): STEMI, NSTEMI

AIMS

In our hospital, after advancing a guidewire in the treatment of acute coronary syndrome, we use a Mizuki microcatheter as a bougie to acquire reperfusion and information on the target lesion as soon as possible. Our aim was to assess the efficacy and safety of this bougie technique for treating acute coronary syndrome.

METHODS AND RESULTS

We retrospectively assessed 85 acute coronary syndrome patients with total occlusion lesions undergoing percutaneous coronary intervention with this bougie technique in our hospital between 2016 May and 2018 December. We classified them into two groups on the basis of the presence or absence of reperfusion and information on the target lesion after using this bougie technique: 63 patients with reperfusion and information on the target lesion and 22 patients without them. We compared patient background and onset-to-reflow-time between the two groups. In a univariate analysis, the rate of hypertension was higher in patients with reperfusion and information on the target lesion than in those without them (51.8% vs. 22.4%, $p = 0.0408$), but no significant differences in diabetes mellitus, dyslipidemia, smoking history, and onset-to-reflow-time were observed between the two groups. No patients developed distal embolism due to this bougie technique.

CONCLUSIONS

The use of a Mizuki microcatheter as a bougie led to acquisition of reperfusion and information on the target lesion in 74% of acute coronary syndrome patients treated by percutaneous coronary intervention, irrespective of onset-to-reflow-time.