

# 對於**Guideliner**實用性及安全性的評估

## Assessment of Practicality and Safety in GuideLiner

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**Aims:** Stent delivery in challenging coronary anatomy with severe calcification and tortuosity remains a common problem during daily practice. When doing these complex percutaneous coronary interventions (PCI), good ostial seating and adequate back-up of guide catheters are the keys of successful intervention. The GuideLiner™ (GL) has been designed to provide deep seating, added back-up support and coaxial alignment by deep coronary engaging. We aimed to evaluate feasibility and safety of GL use in routine clinical practice. **Methods and results:** We recorded procedure details, technical success and in-hospital outcome of 44 patients who receive “5-in-6” Fr. GL-used PCI of 70 target vessels in prospective study.

Analysis of these data, all target lesions, 100% (70/70) were B2/C, according to American Heart Association/American College of Cardiology (AHA/ACC) lesion types classification. 25% (11/44) were vertical off, 65.9% (29/44) were distally located; and 88.6% (39/44) were severe calcification. Indications for improvement of back-up and facilitate stent delivery were 95.4% (42/44). Achievement of coaxial alignment of the guide catheter was 72.7% (32/44), and there were no selective contrast injections. Device success rate was 93% (41/44). There were one cardiogenic shock of major complications, 2% (1/44) and two minor complications managed without clinical sequela, coronary dissection.

**Conclusions:** For stent delivery in complex coronary anatomies with severe calcification, difficult tortuosity and distally located lesions, GL-use provides better back-up, ostial seating and guide catheter alignment. Procedural success rate was high and there were one major complication, cardiogenic shock, and two minor complications, coronary dissection.