Retrograde balloon crossing overcome antegrade delivery failure for a heavily calcified chronic total occlusion.

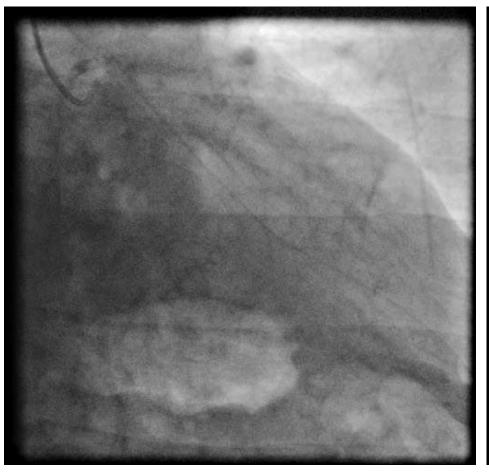
St.Mary's Hospital Kensuke Oe, Kenji Sadamatsu Speaker's name: Kensuke Oe

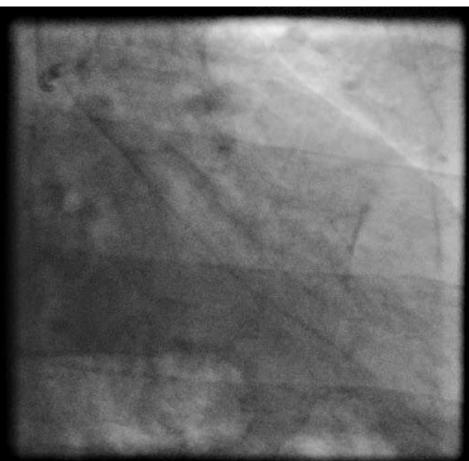
✓I do not have any potential conflict of interest.

Case Presentation

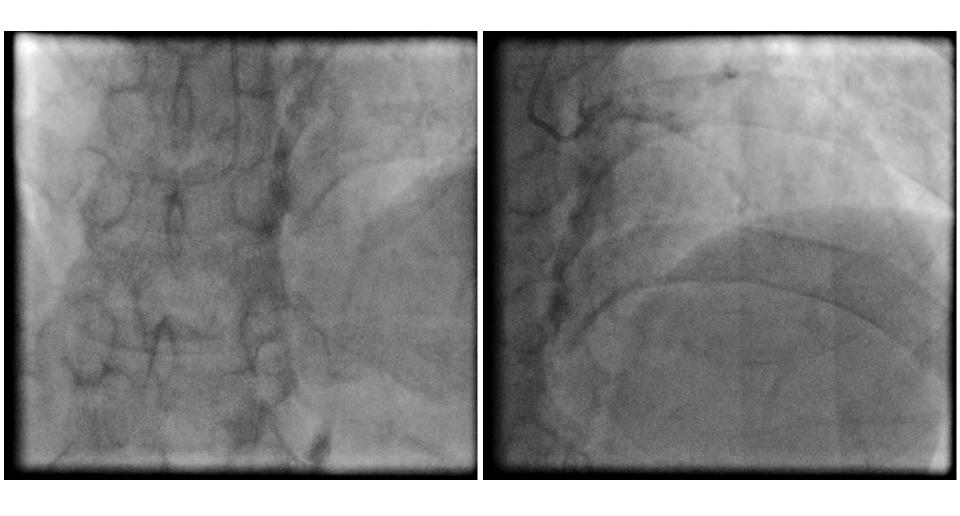
- A 68-year-old man.
- He was admitted to our hospital because of effort angina.
- He was previously undergone coronary intervention for chronic total occlusion in the left anterior descending artery and failed.
- Coronary risk factors
- ✓ Hypertension ✓ Diabetes mellitus
- ✓ Dyslipidemia

CAG RAO/CAU

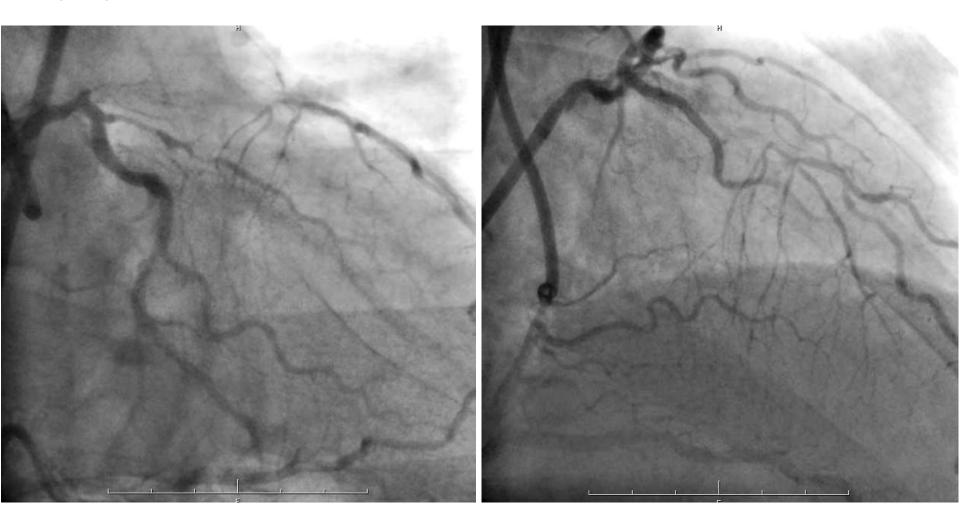




CAG AP/CRA

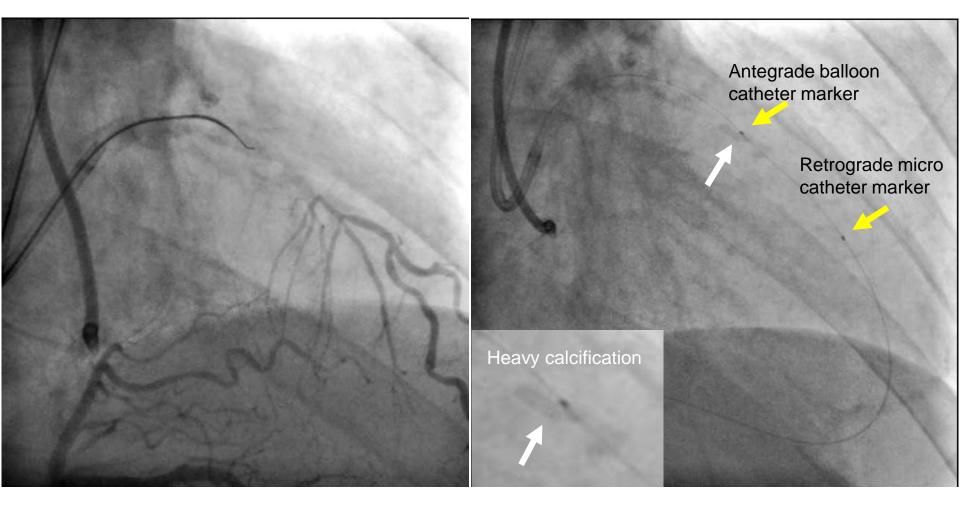


CAG bidirectional



<LCA>G.C.:8-french EBU3.5, M.C.:Corsair Pro G.W.:XTR, Gaia Second, Conquest Pro

<RCA>G.C.:7-french AL1.0, M.C.:Finecross GT G.W.:SUOH03, Gaia Second, RG3



Failed antegrade guidewire crossing.

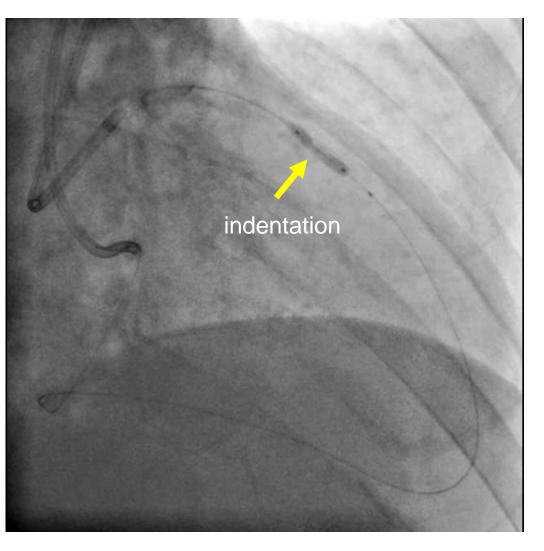
Heavy calcification prevent the antegrade balloon catheter crossing, in spite of wire externalization.

Retrograde balloon catheter crossing.



Traveller2.0x12mm

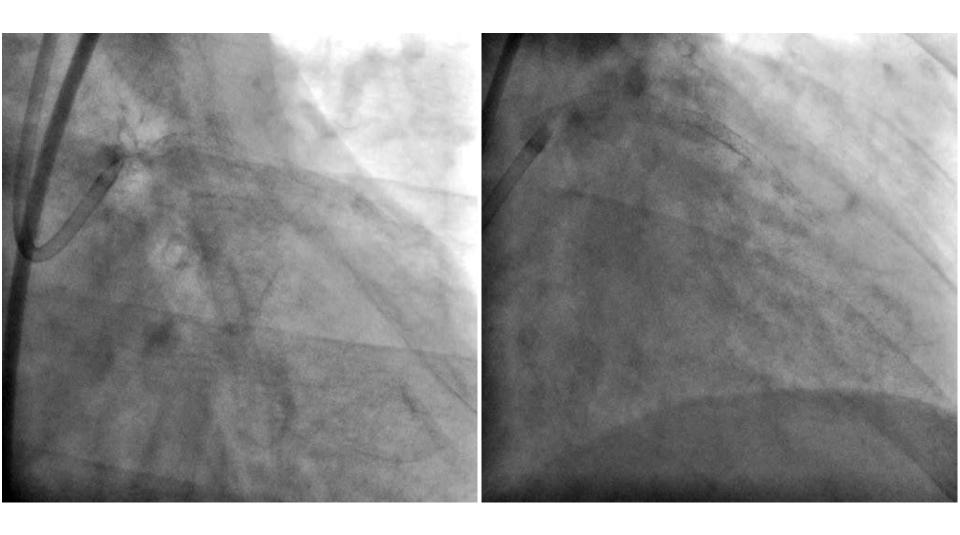
Antegrade balloon catheter crossing.

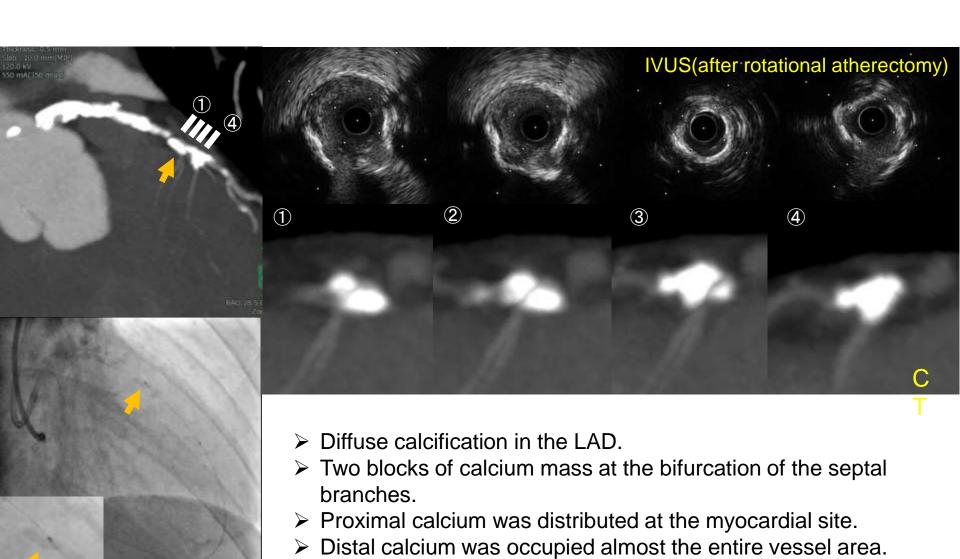


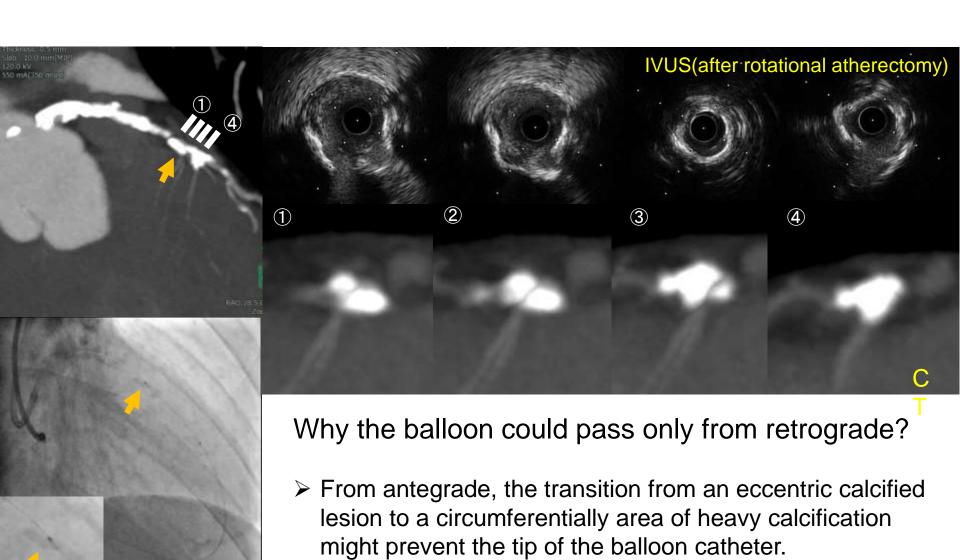
- Checked all intraplaque wire tracking by IVUS.
- Using rotational atherectomy device.
- Deployed 3 drugeluting stents.

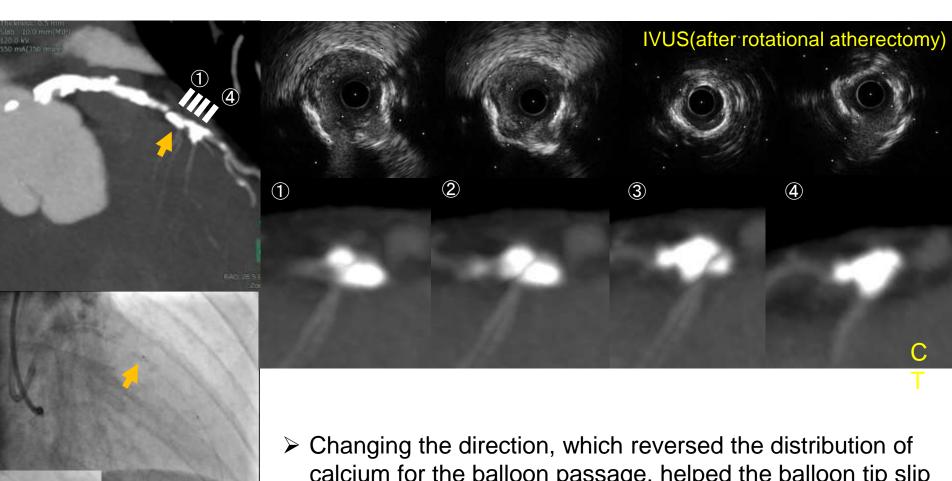
NC Traveller2.5x12mm, 30atm.

Final result

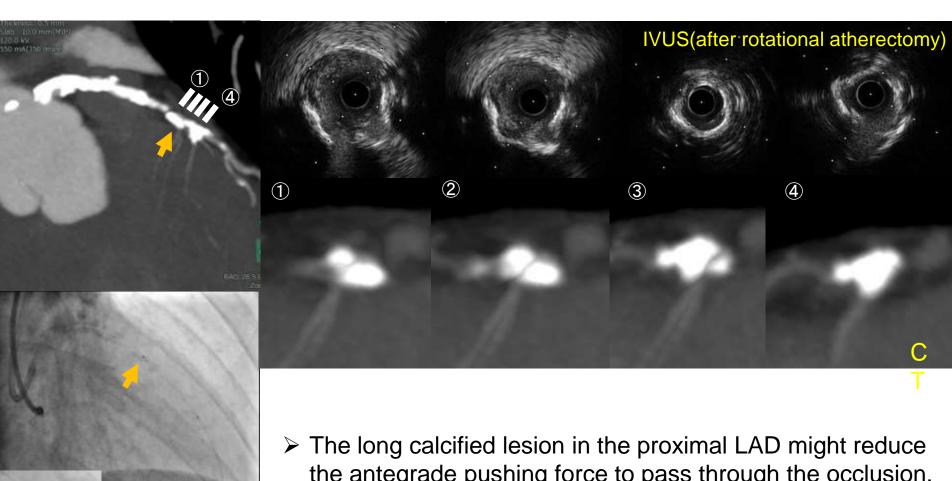








calcium for the balloon passage, helped the balloon tip slip through the calcium.



the antegrade pushing force to pass through the occlusion.

Conclusion

 Heavy calcification may prevent device delivery and result in technical failure in treatment of chronic total occlusions even after successful wire externalization.

 Retrograde delivery might enable successful balloon crossing through calcified lesions.