



Intervention for Right Coronary Artery Chronic Total Occlusion with Moderately- diseased Left Main Coronary Artery

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Brief history

- 66 year-old male
- Admitted to our hospital for unstable angina around 1 month prior to this admission
- Risk factor: hyperlipidemia.
- Serum creatinine: 0.9 mg/dl



Patient ID: B694954

2018/04/07 11:23:25

Sinus rhythm

Order Number: 201804070564

Reviewed By : 9420劉怡凡(中心專醫字S1365號), Date : 2018/04/16 15:14:01

Age: 65 Years

Vent rate: 71 BPM

Sex: M

PR int: 152 ms

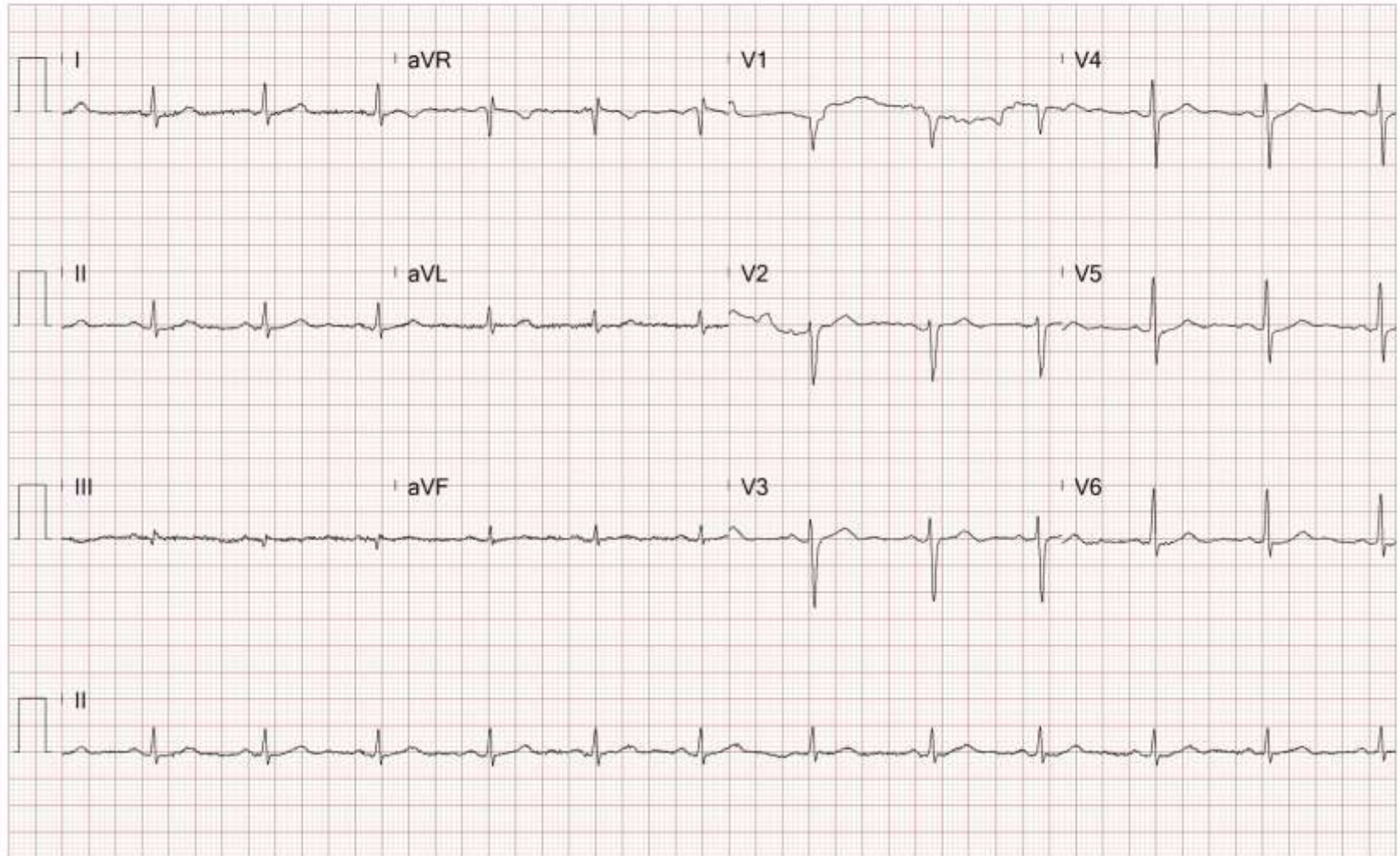
Name: 林揚龍

QRS dur: 86 ms

Comment: 1191

QT/QTc: 384 / 407 ms

P-R-T axes: 43 33 25

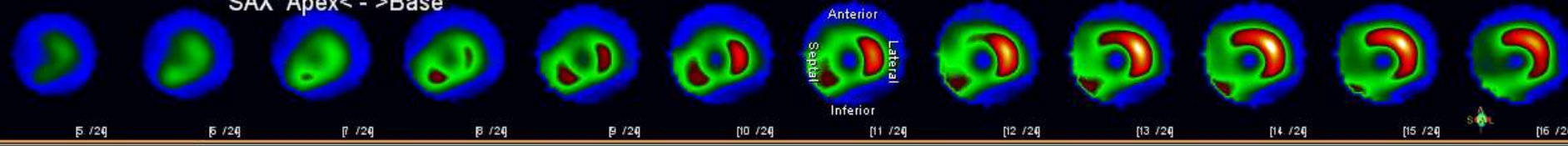


O

25mm/s 10mm/mV 0.05-40Hz

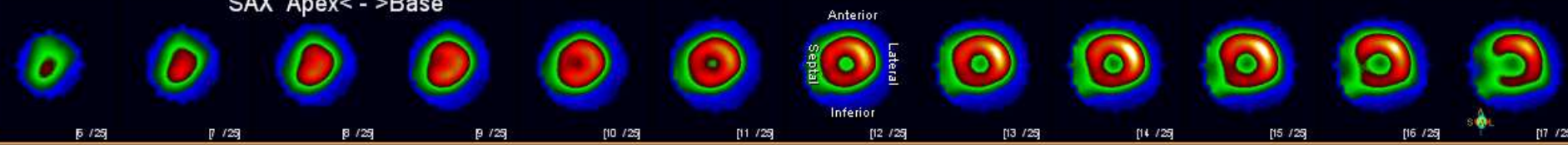
SAX-AST-STR-MA

SAX Apex <-> Base



SAX-AST-RST-MA

SAX Apex <-> Base



SAX-AST-STR-MA

VLA Septal <-> Lateral



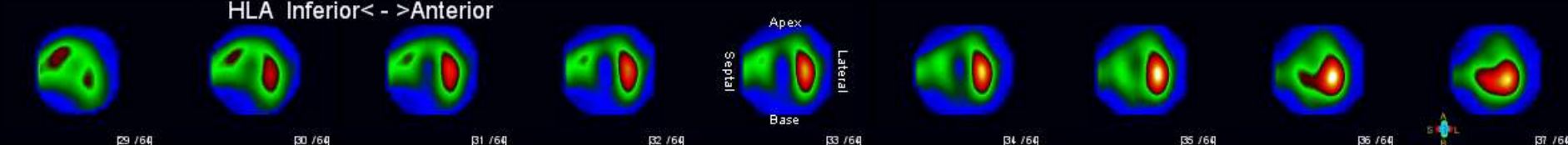
SAX-AST-RST-MA

VLA Septal <-> Lateral



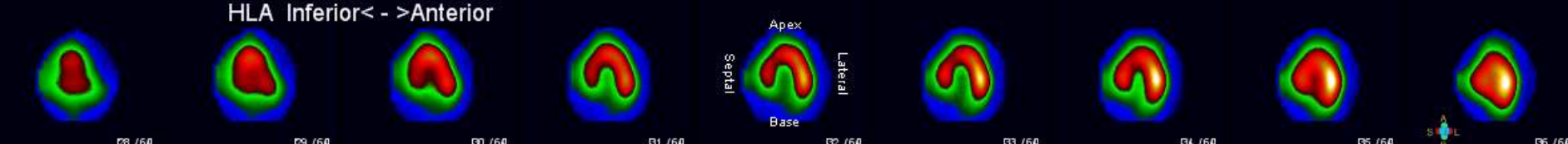
SAX-AST-STR-MA

HLA Inferior <-> Anterior

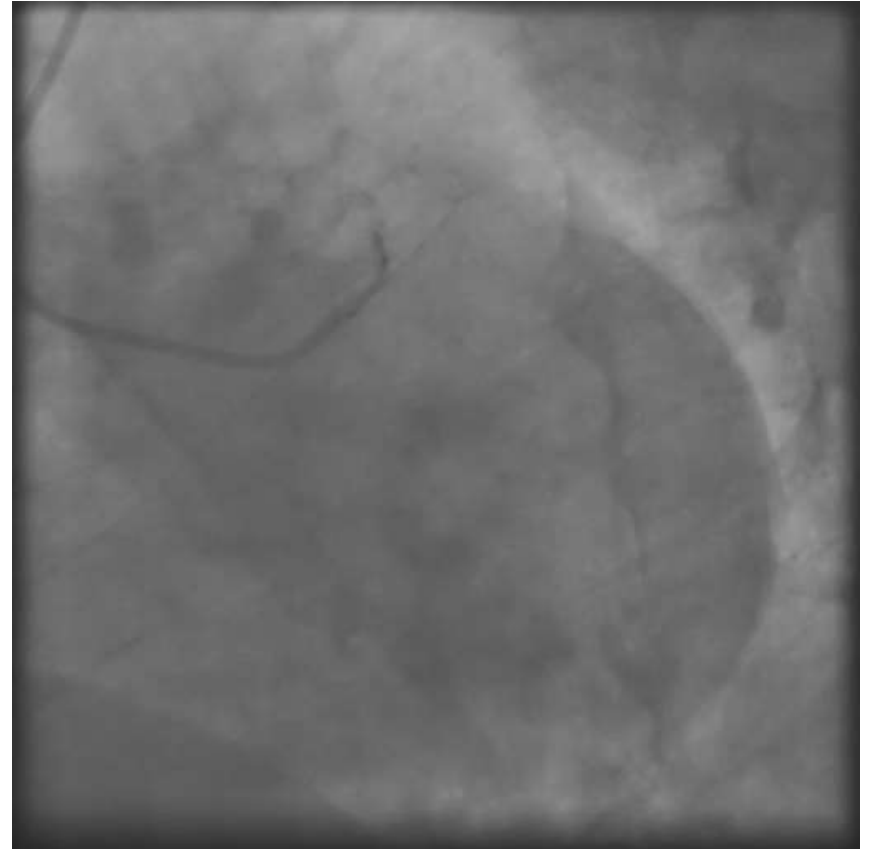
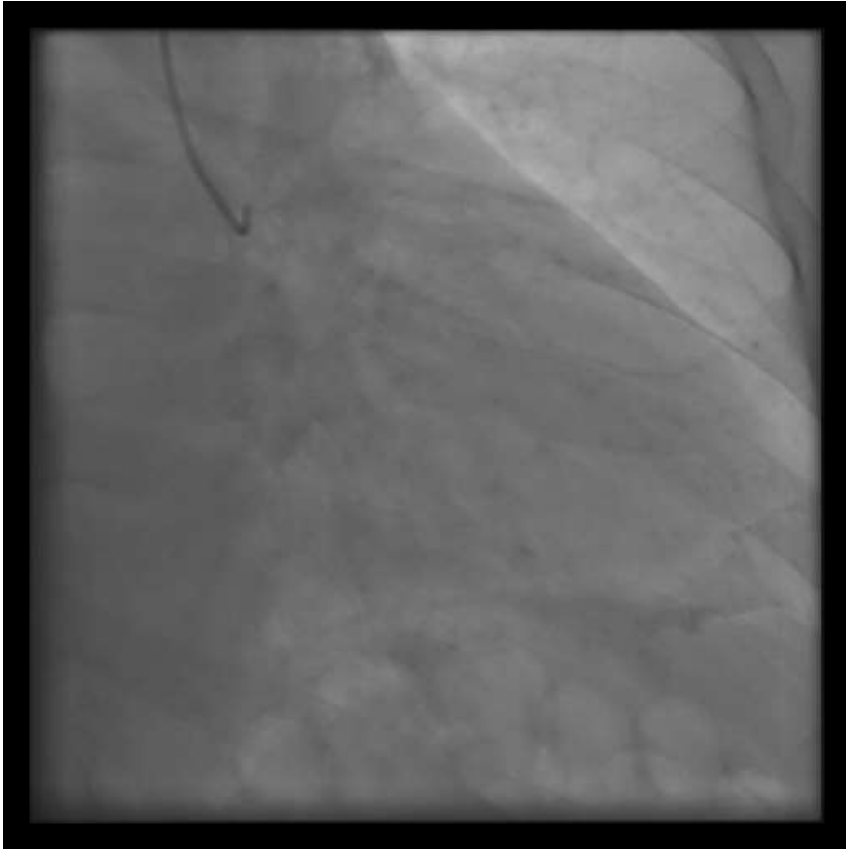


SAX-AST-RST-MA

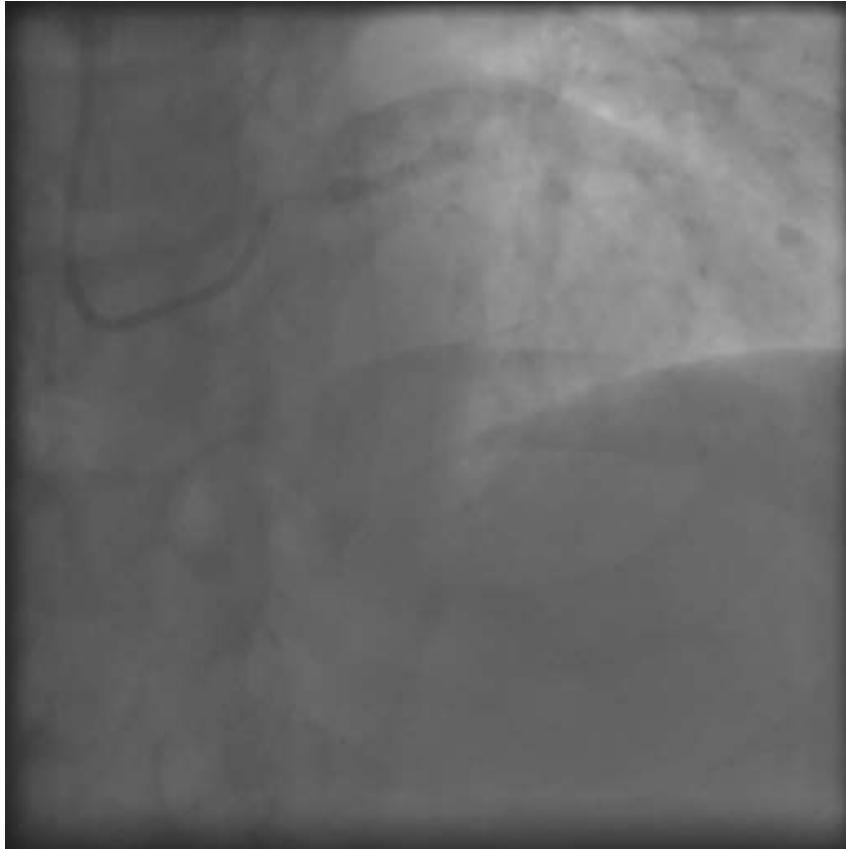
HLA Inferior <-> Anterior



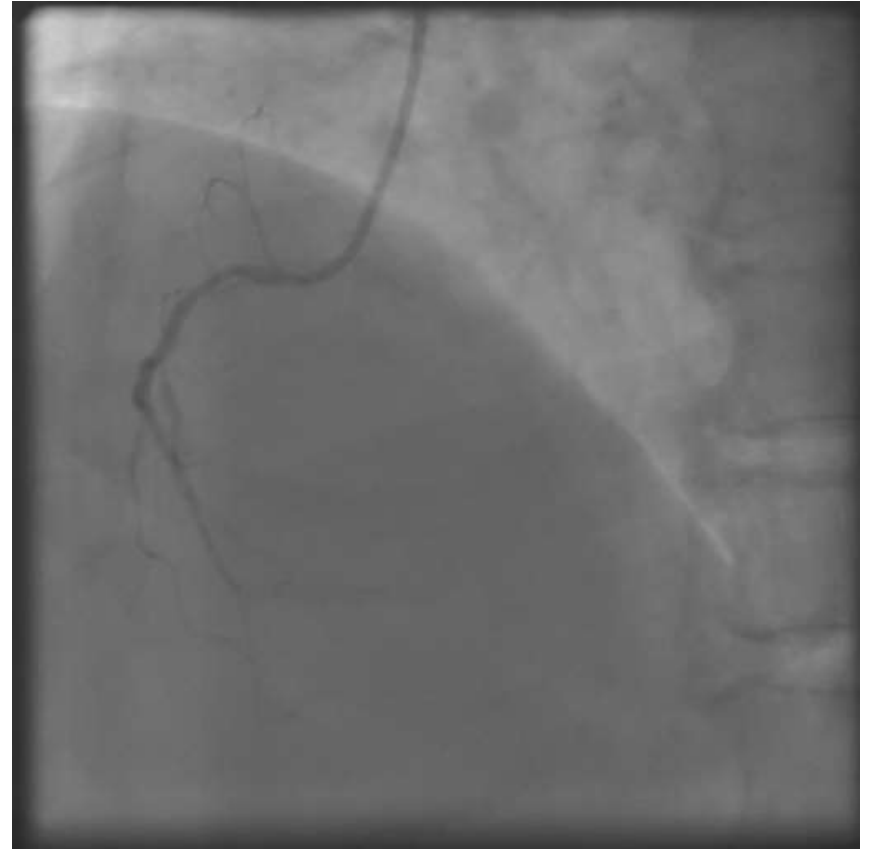
Coronary angiogram (I)



Coronary angiogram (II)



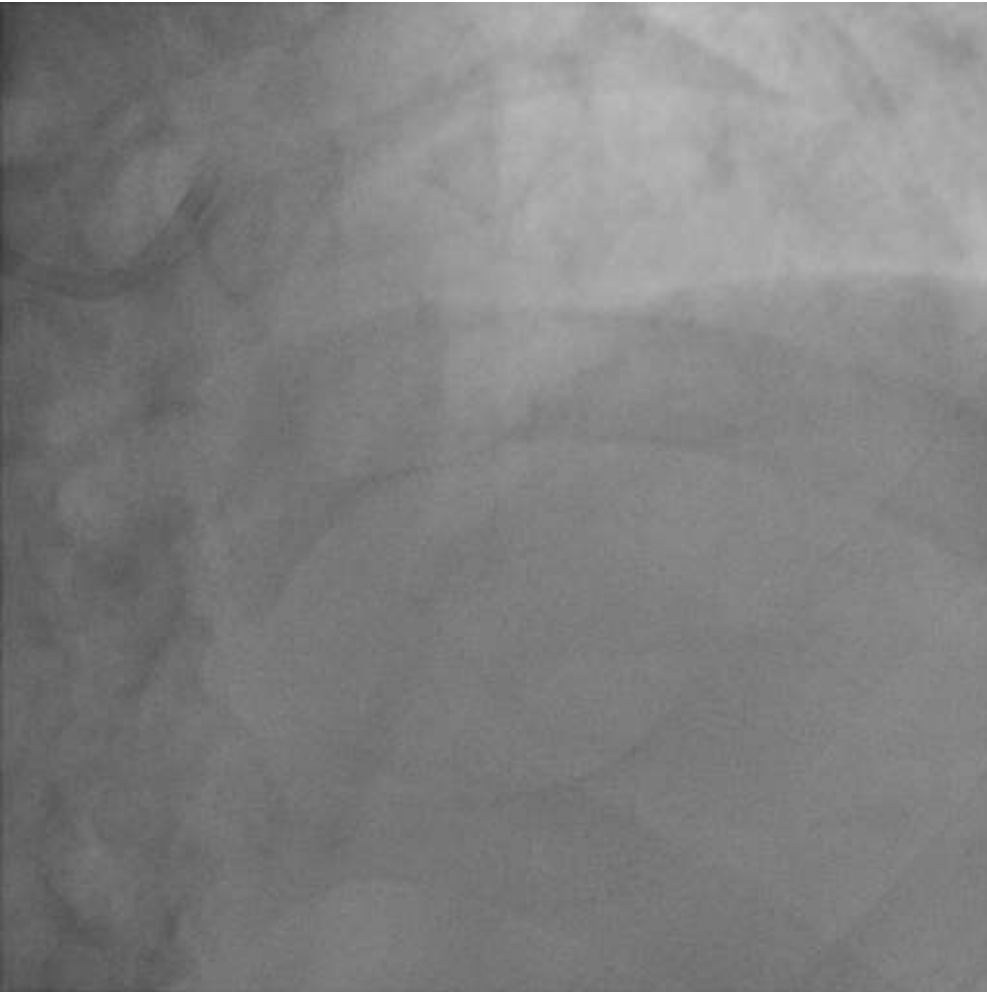
Coronary angiogram (III)



Revascularization options

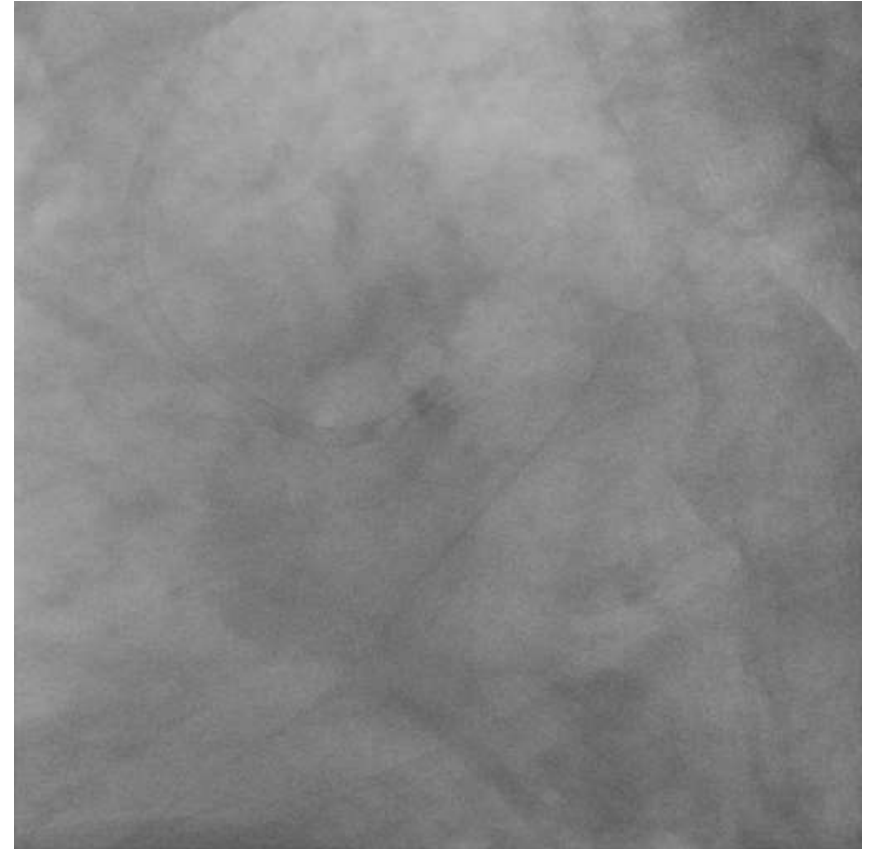
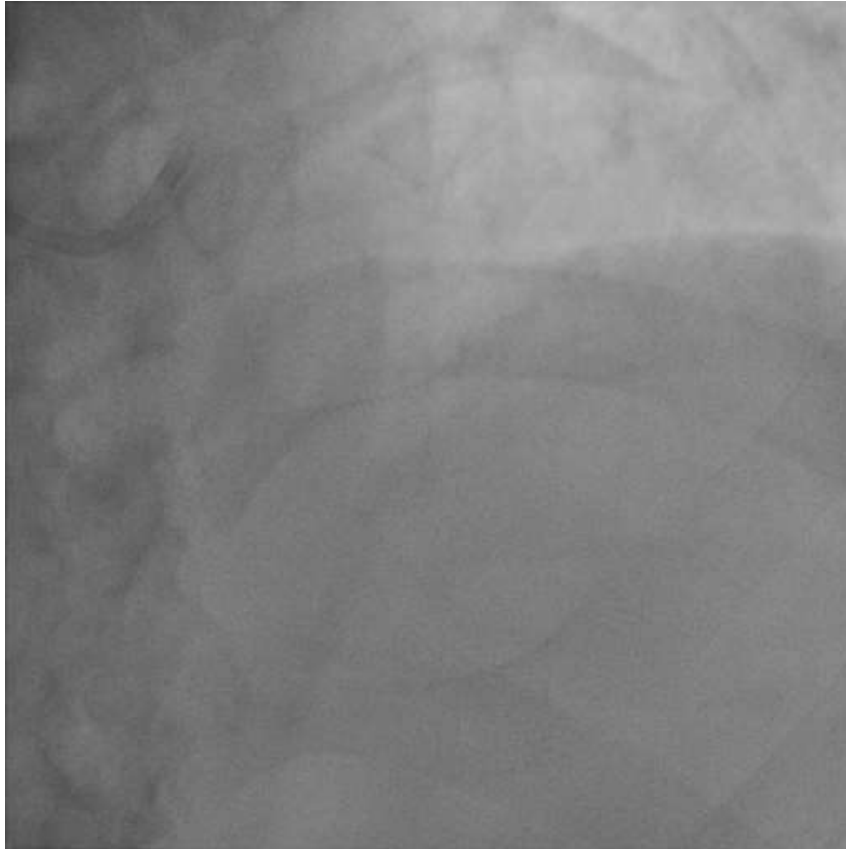
- Consulted cardiac surgeon, and the patient refused CABG
- Staged PCI
LAD first, then RCA CTO, maybe LMCA

PCI for LAD



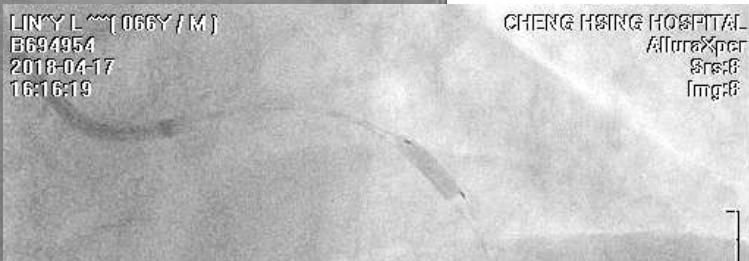
- Transradial, 6F sheath
- 6F JL3.0 with side holes
- Pilot 50 wire

Transradial approach IVUS-guided

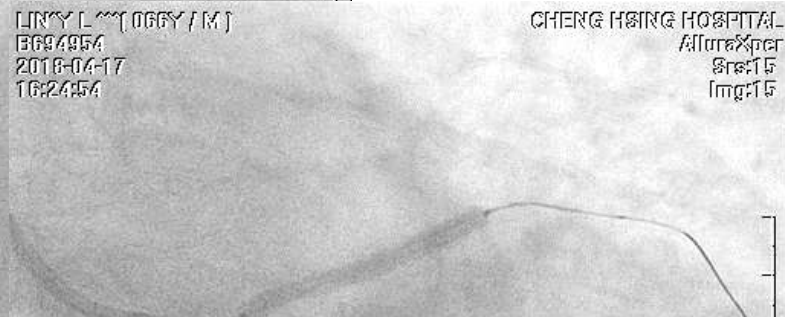




1.5 and 2.0x12mm balloon then IVUS



2.5x10mm Scoreflex



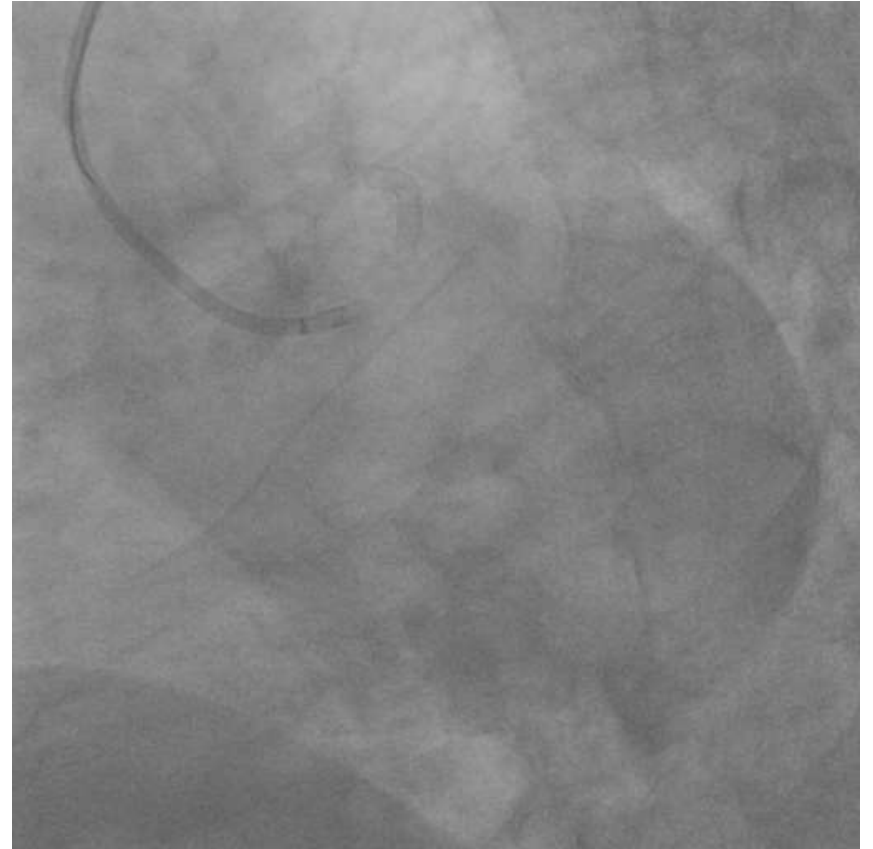
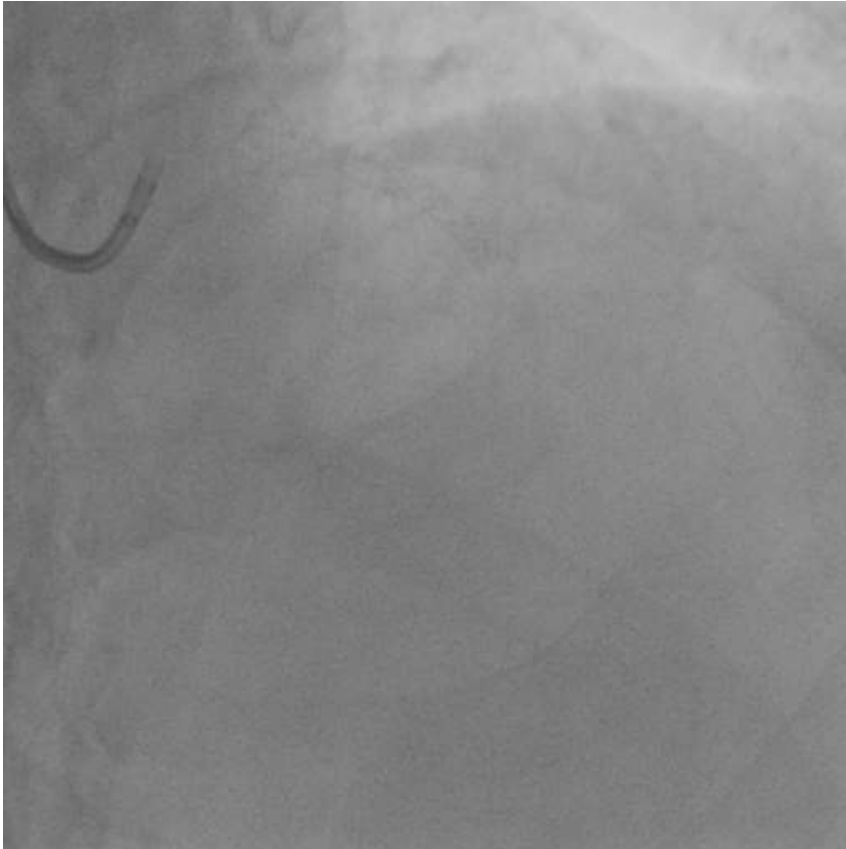
2.5x30mm DES

0:00
16:17:29



2.75mm NC balloon

Final angiogram



2nd PCI

- For RCA CTO
- Bilateral radial artery
- 6F JR4 guiding catheter
- 5F JL3.0 diagnostic catheter
- Antegrade+-retrograde approach

Coronary angiogram



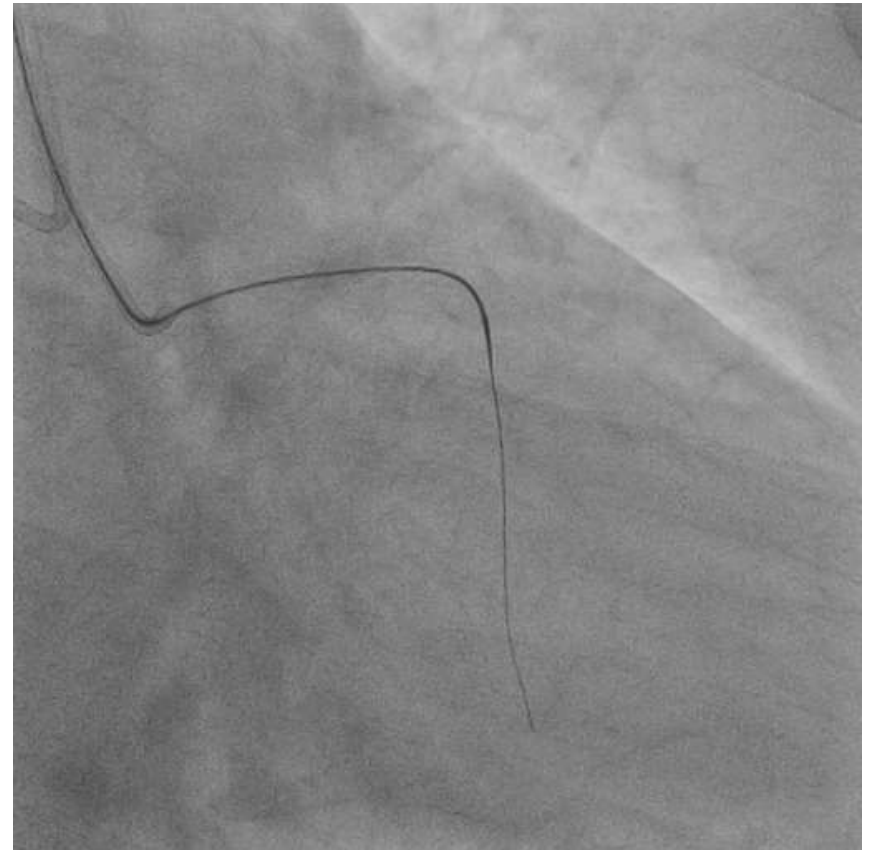
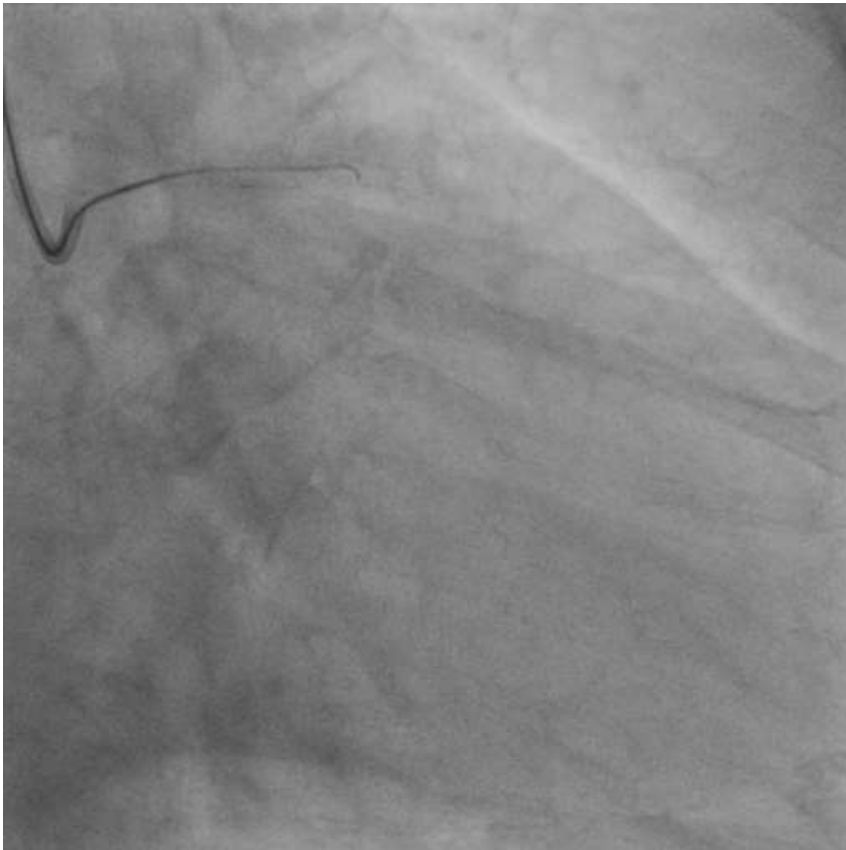
Antegrade approach



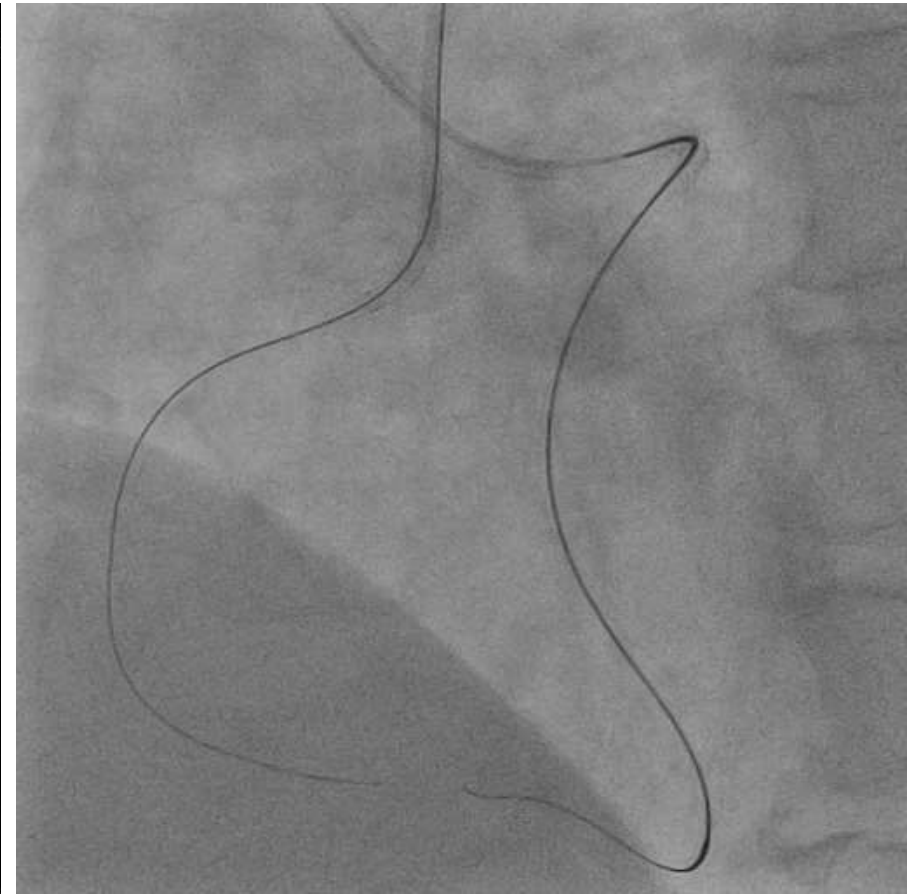
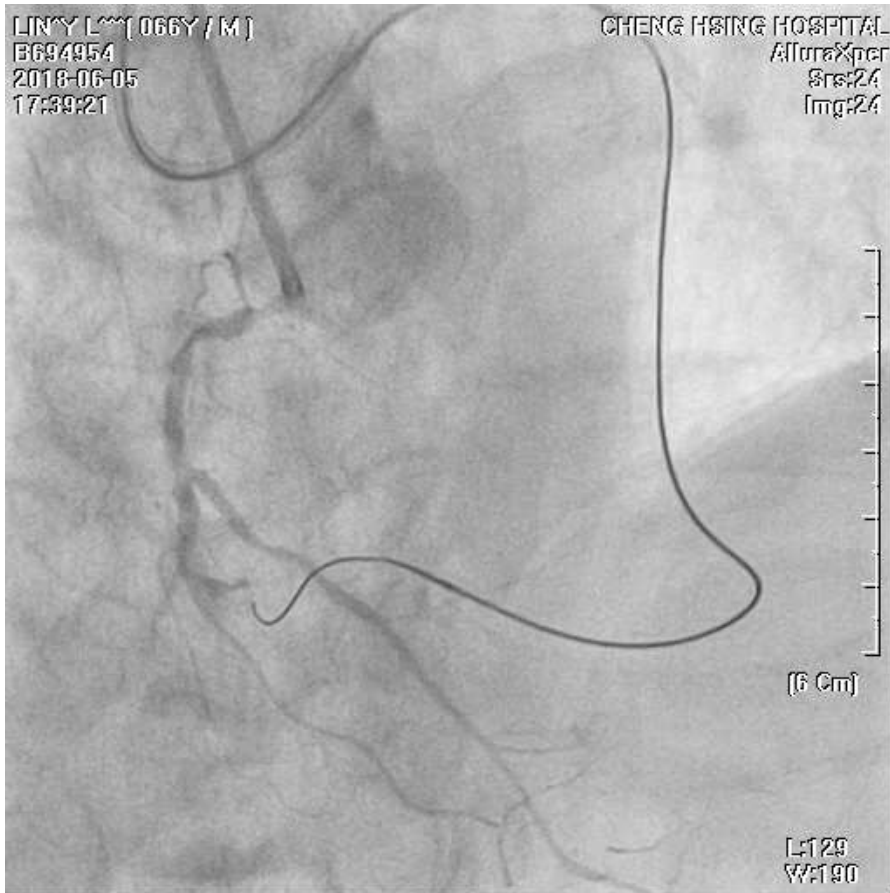
- 1.25x6mm OTW
- Gaia first → Gaia third → Ultimatebro 3

Retrograde approach

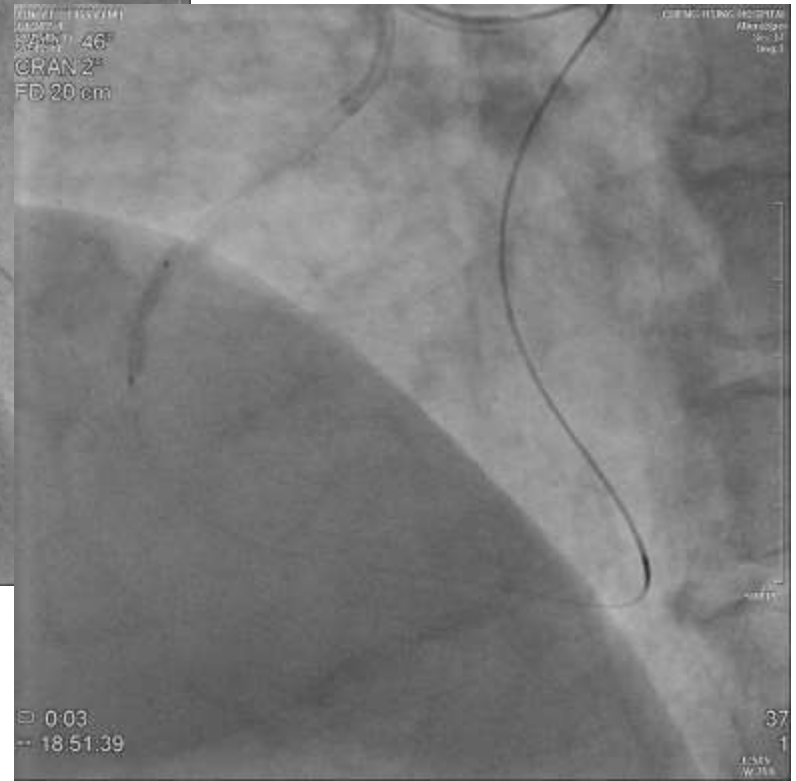
6F JL3.0 150cm Corsair,
Sion → Field XTR



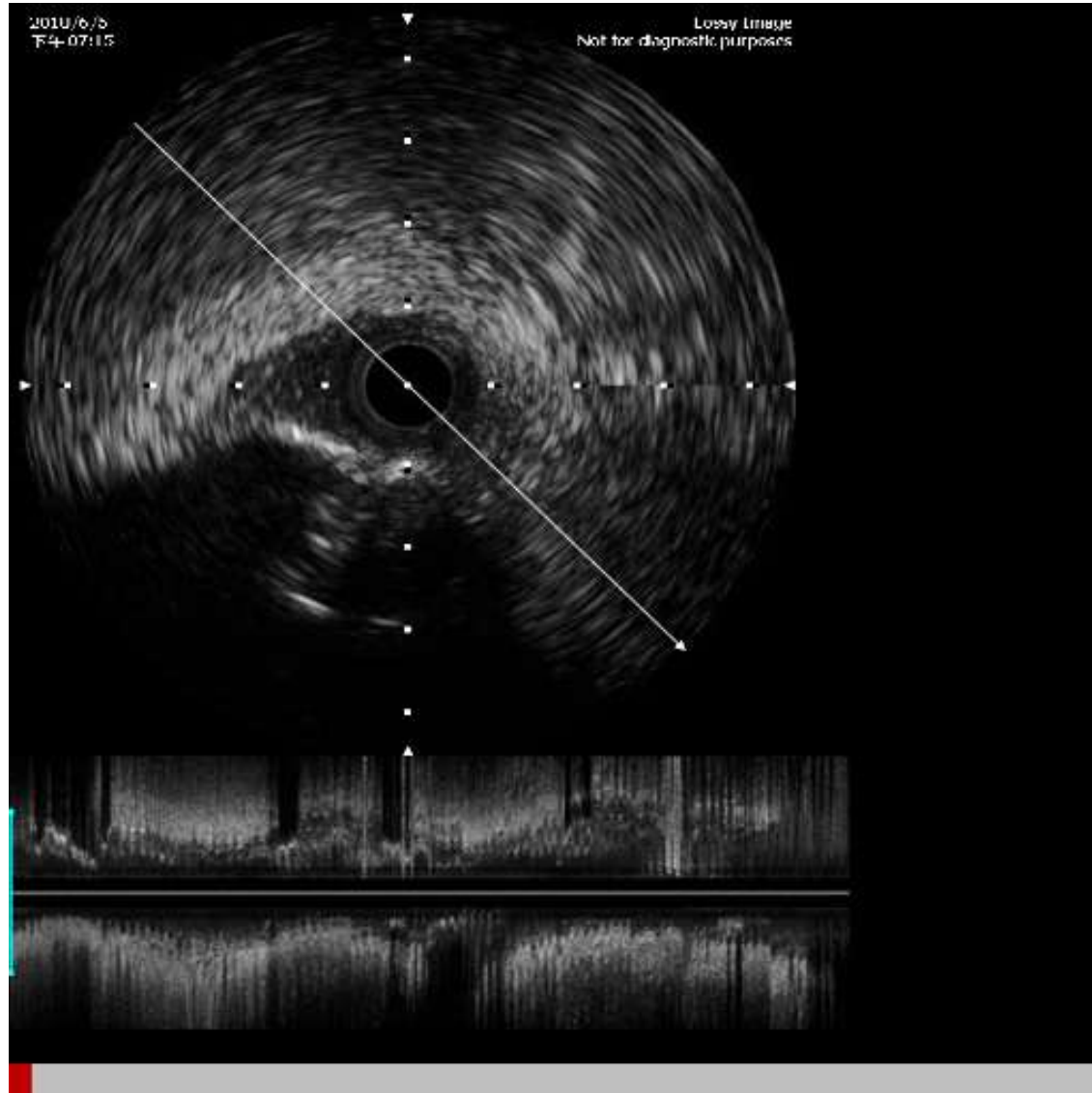
Retrograde wiring



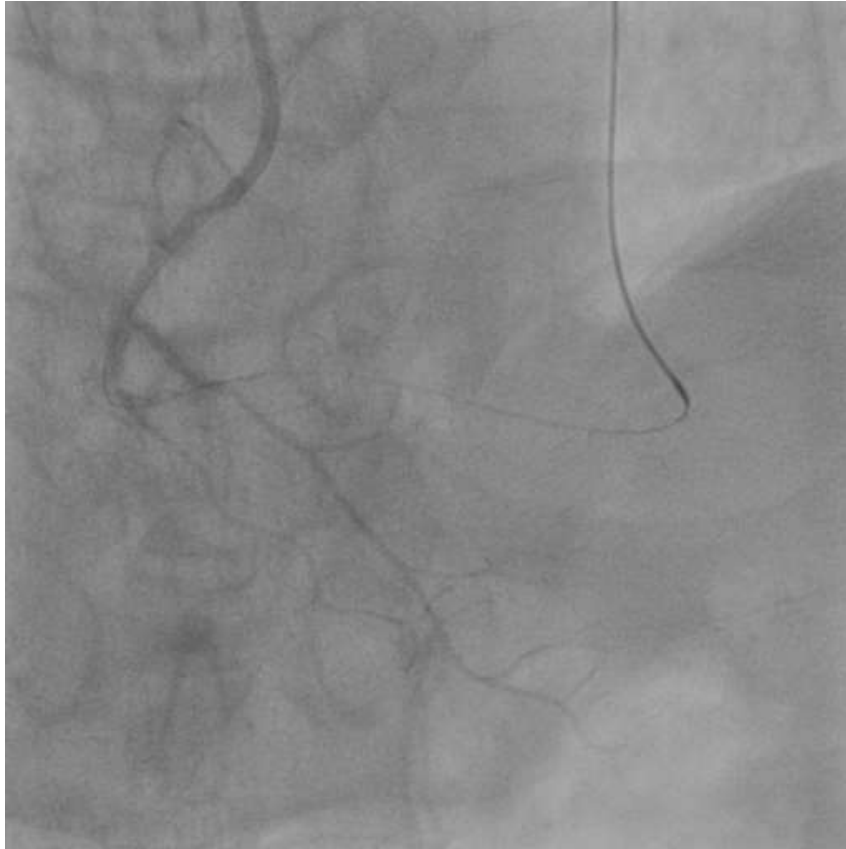
1.5 and 2.5 mm balloon

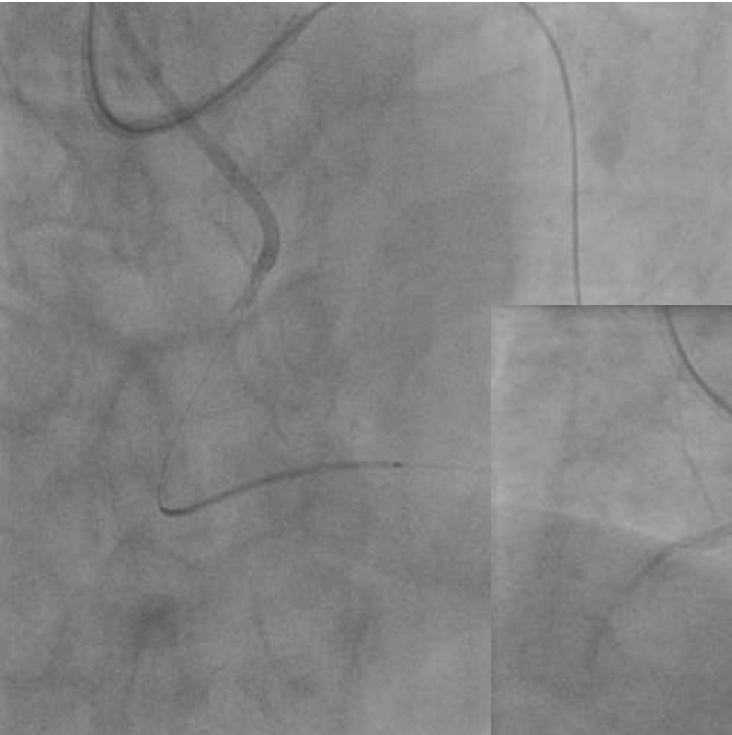


IVUS

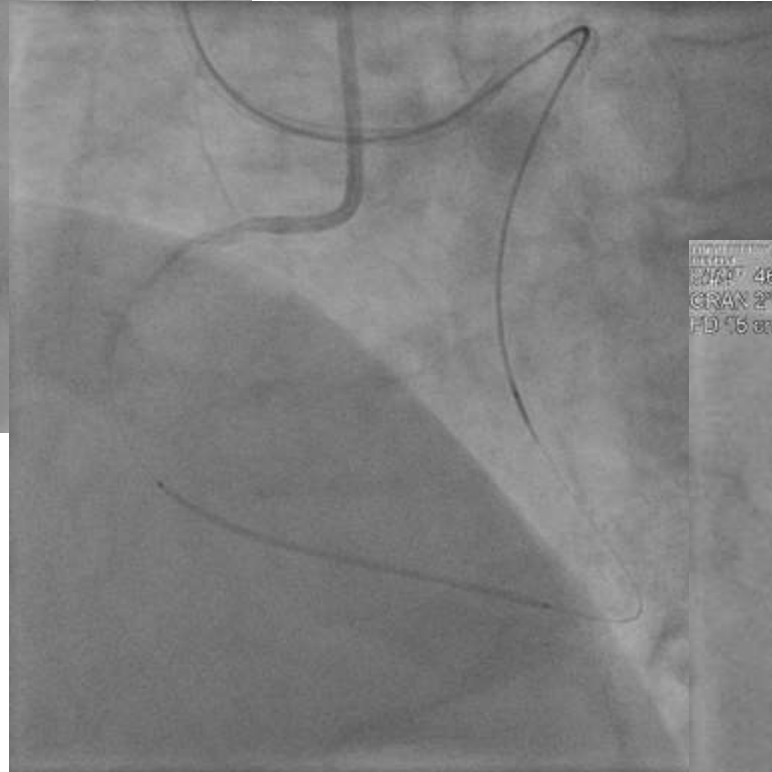


Wire to PL attempt





2.5x48mm DES



3.0x48mm DES



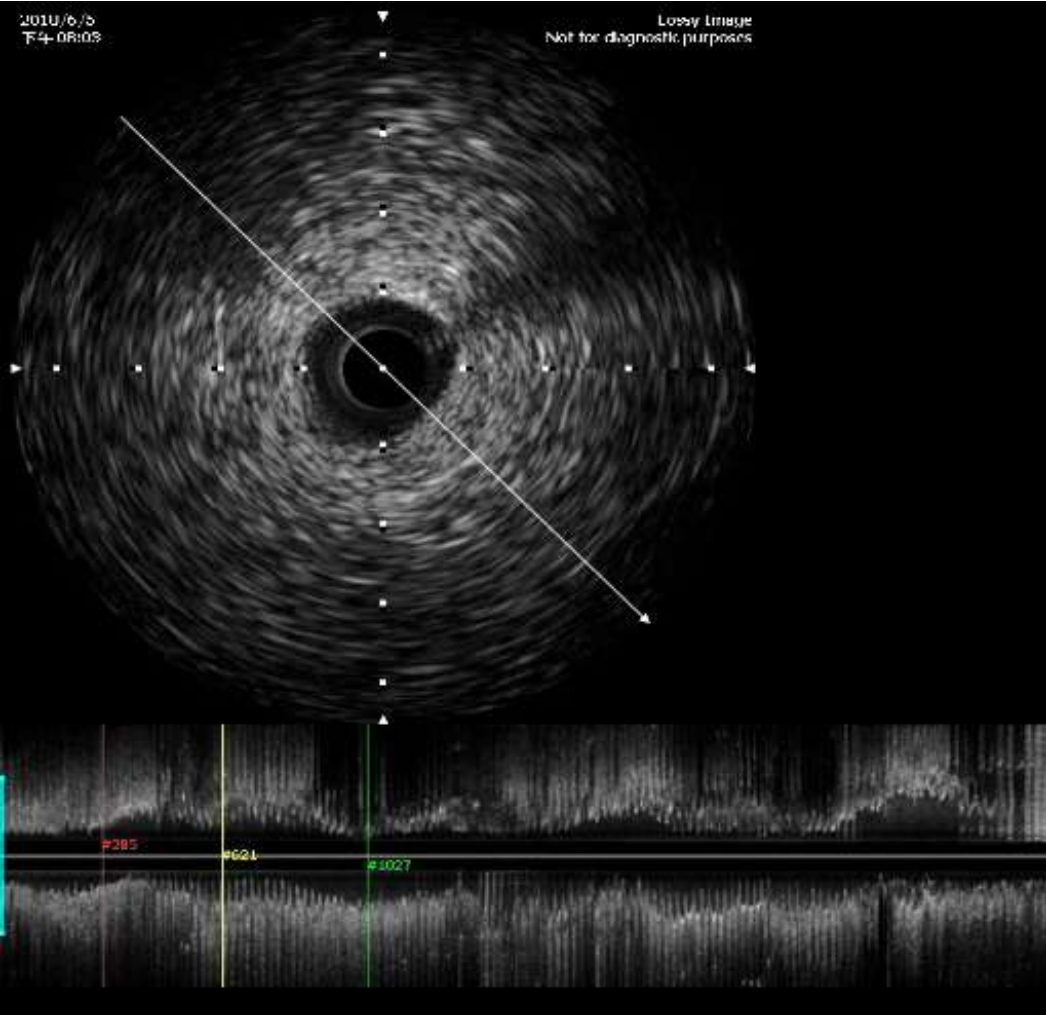
Post-dilation

3.5mm NC balloon



2010/6/5
F4-08:03

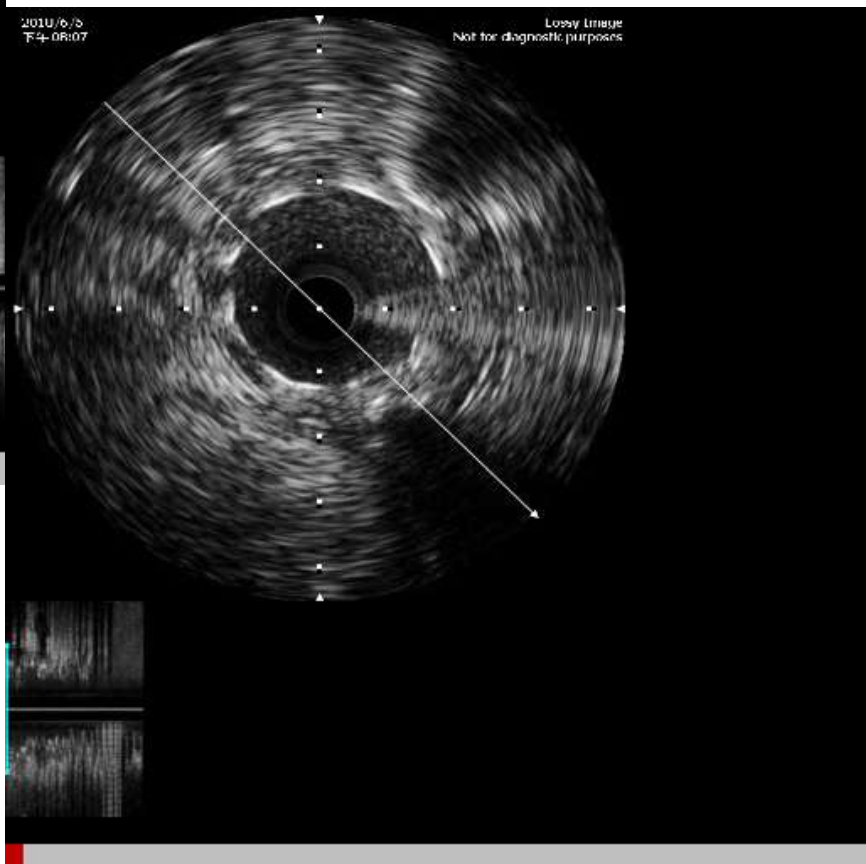
Lossy Image
Not for diagnostic purposes



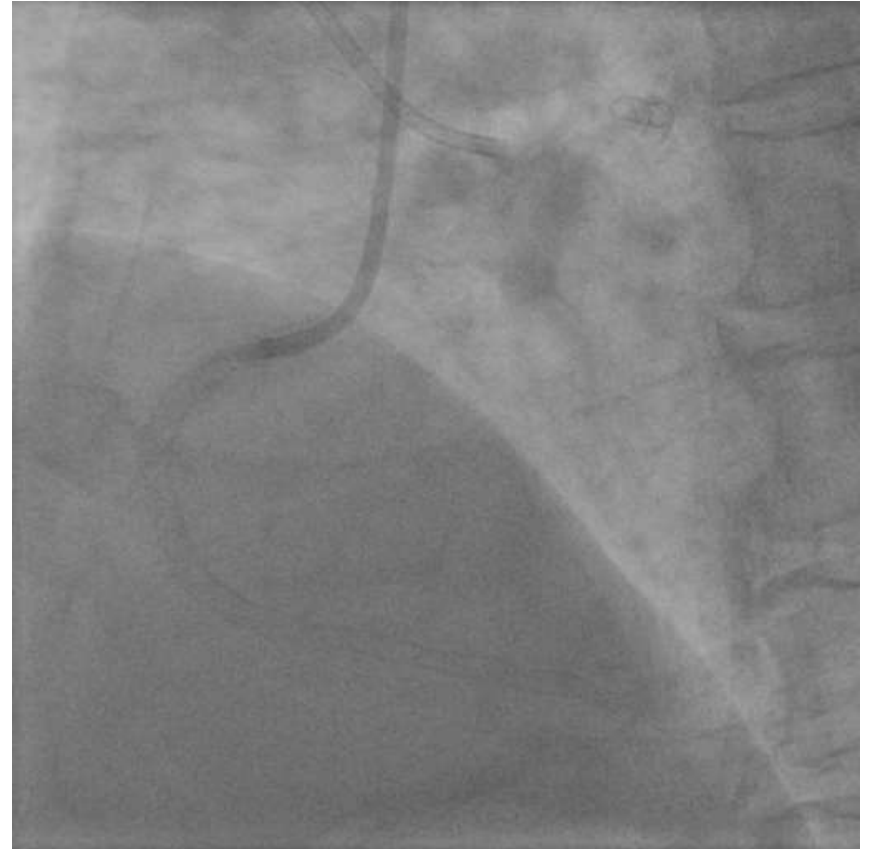
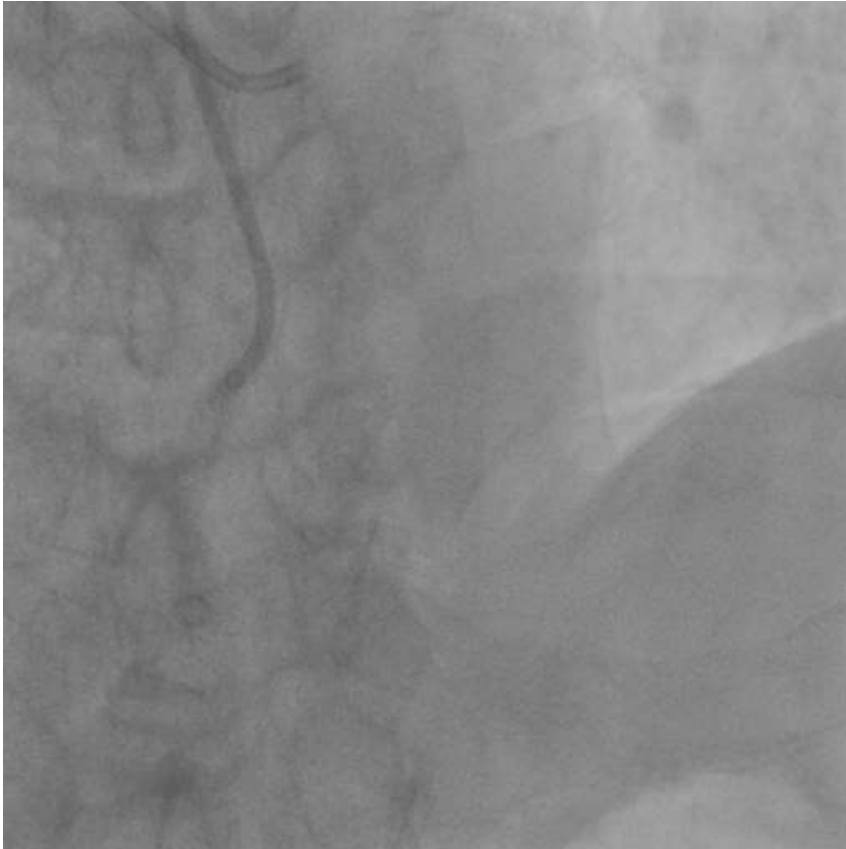
Final IVUS

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Lossy Image
Not for diagnostic purposes



Final angiogram



Final angiogram, LCA

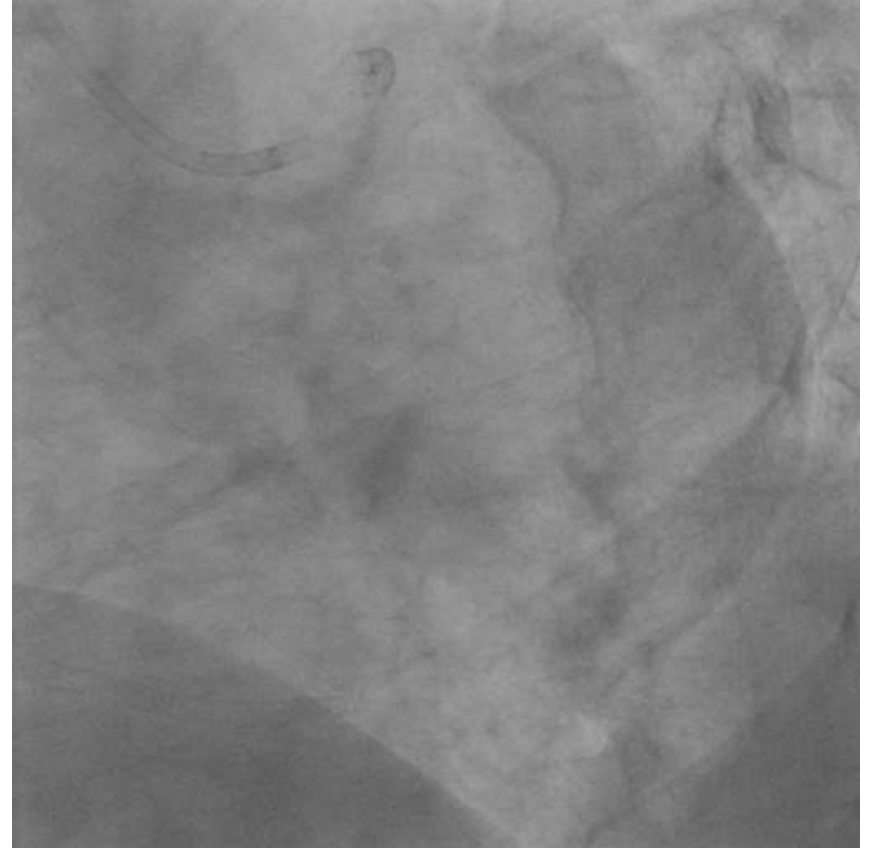
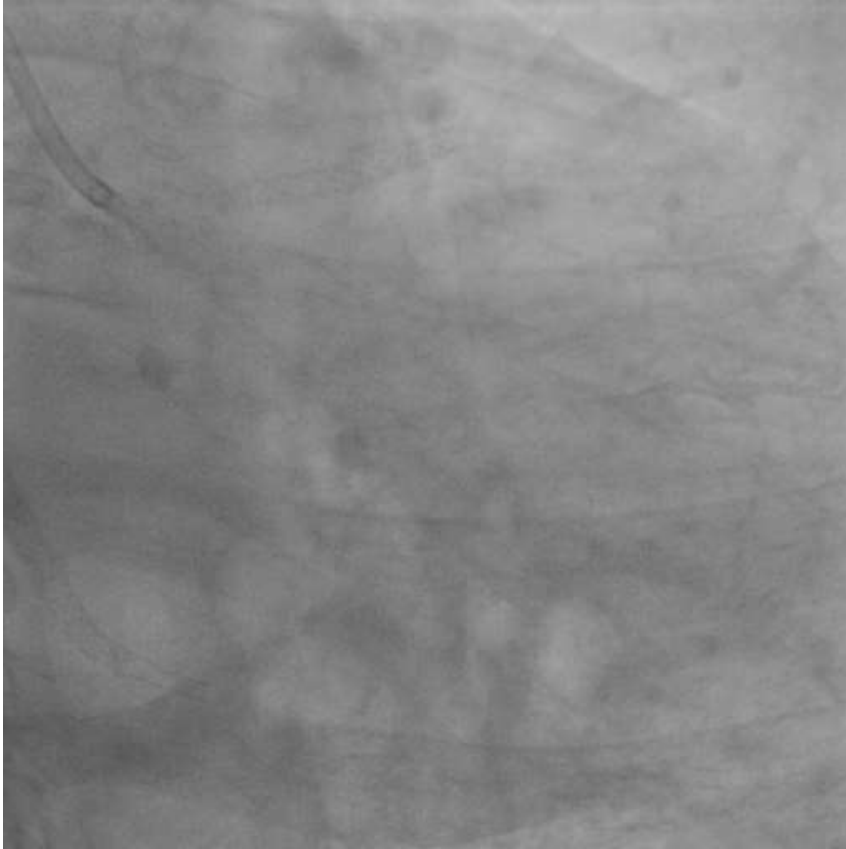


Follow-up

- Patient stated mild effort angina without progression
- Suggest LMCA follow-up

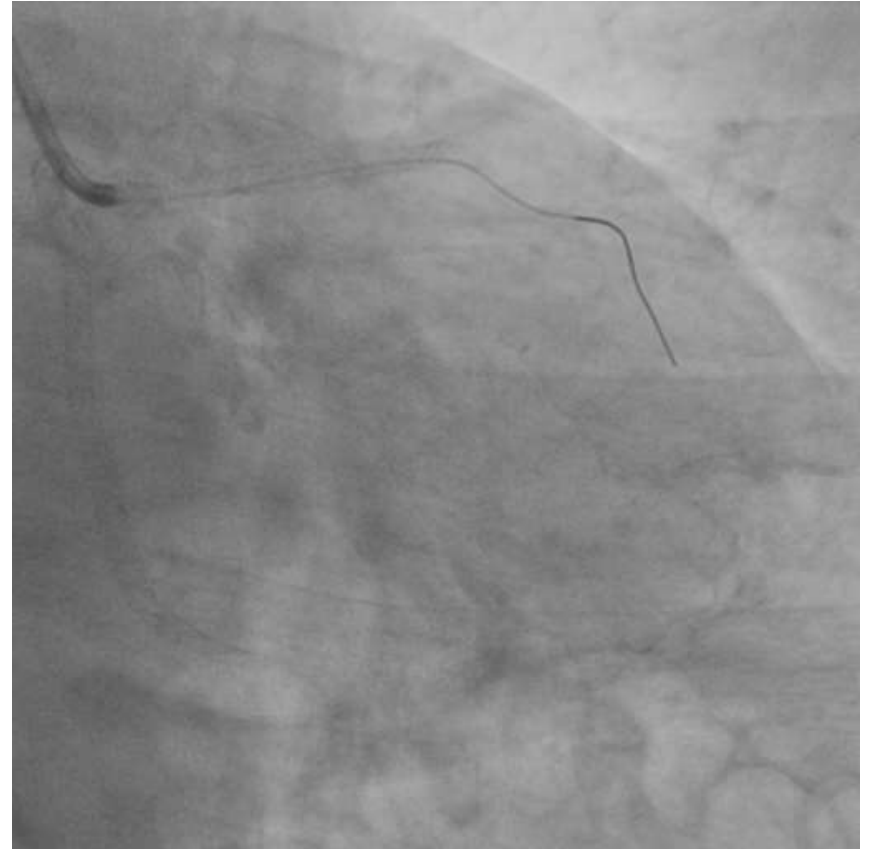
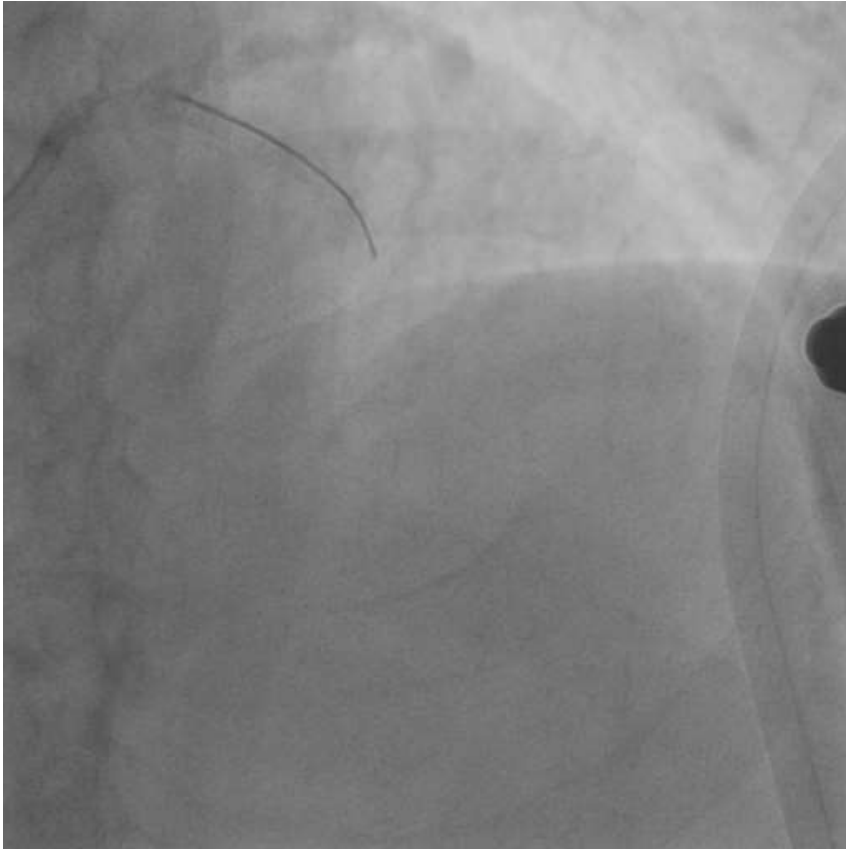
3rd procedure

Coronary angiogram



Final angiogram

3.5x18mm DES for LMCA



Conclusion

- Technical challenging to achieve complete revascularization for concomitant LMCA disease and RCA CTO.
- Intervention for RCA CTO via retrograde approach is feasible even if LMCA is moderately diseased



Thank you for your
attention