Successful Antegrade Percutaneous Coronary Intervention to Right Coronary Artery Instent Restenosis Chronic Total Occlusion Complicated with Partial Stent Dislodgement

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Disclosures

No conflict of interest



Introduction

- A 75-year-old man with underlying hypertension, dyslipidaemia and coronary artery disease was admitted electively for percutaneous coronary intervention (PCI) to right coronary artery (RCA) instent restenosis chronic total occlusion (CTO).
- Patient underwent primary PCI to RCA 16 years ago and underwent PCI to left circumflex (LCx) artery 1 month ago.



Introduction

 Echocardiography 6 weeks prior revealed left ventricular ejection fraction of 43% with multiple areas of left ventricular wall hypokinesia. There were otherwise no significant valvular abnormalities.

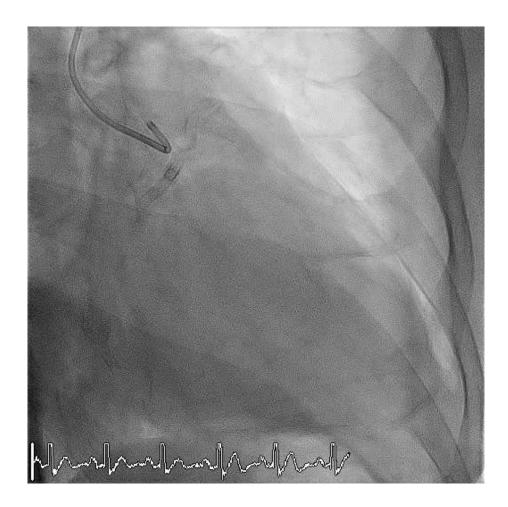


PCI

- Both the right radial and right femoral access were used to facilitate dual injection.
- The RCA was engaged with a 6 French AL 0.75 guiding catheter with side holes whilst the left main coronary artery (LMCA) was engaged with a 5 French JL 3.5 diagnostic catheter.

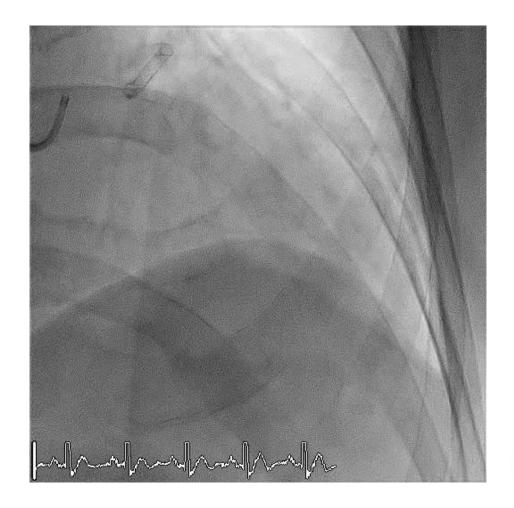


Coronary angiography



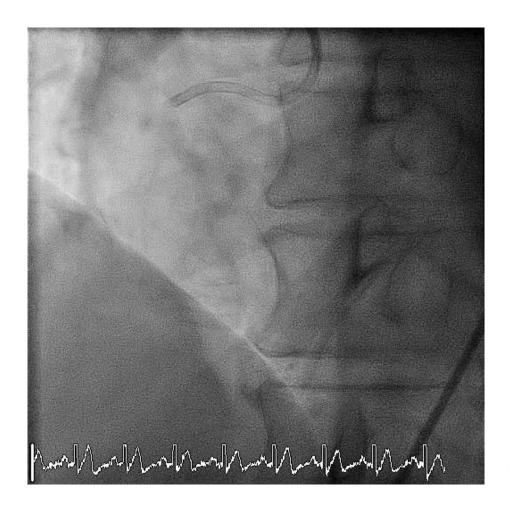


Coronary angiography

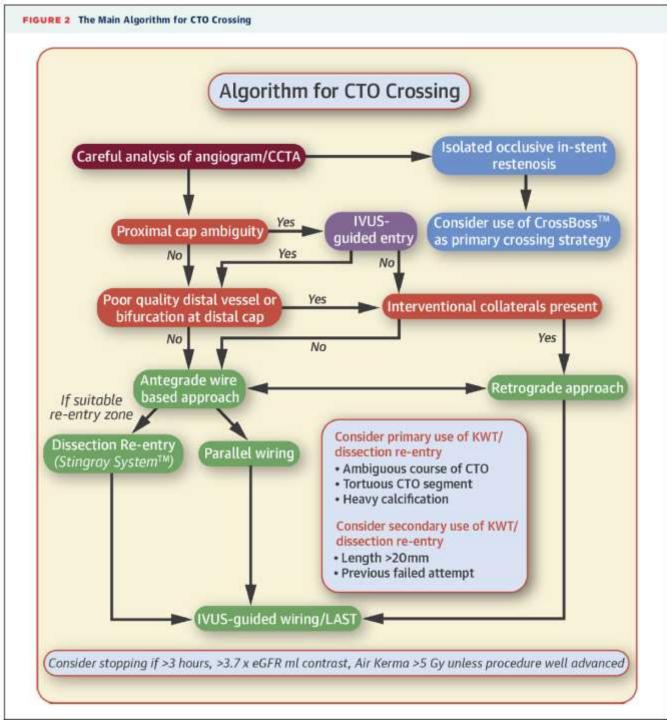




Coronary angiography

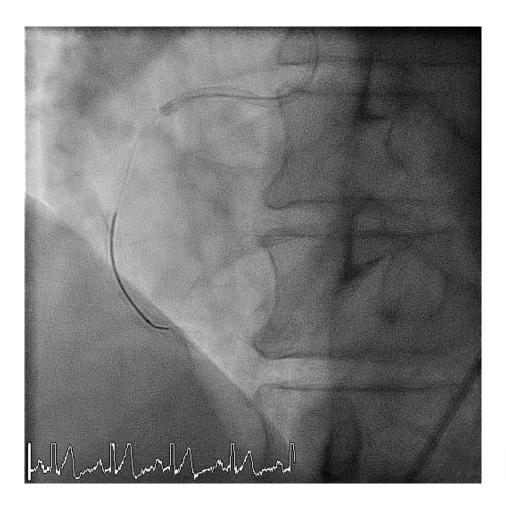




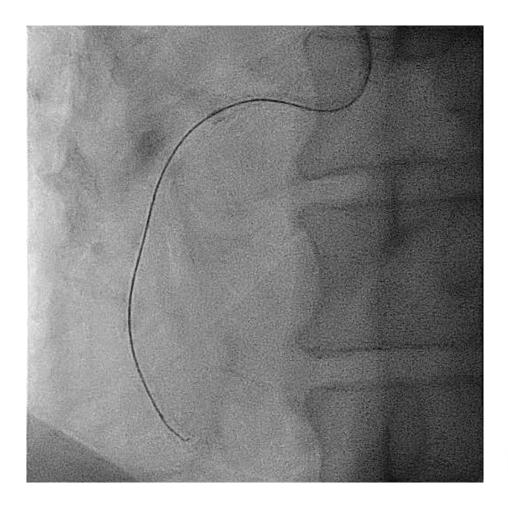


Harding SA, Wu EB, Lo S, et al. A new algorithm for crossing chronic total occlusions from the Asia Pacific Chronic Total Occlusion Club. J Am Coll Cardiol Intv 2017;10:2135–43.

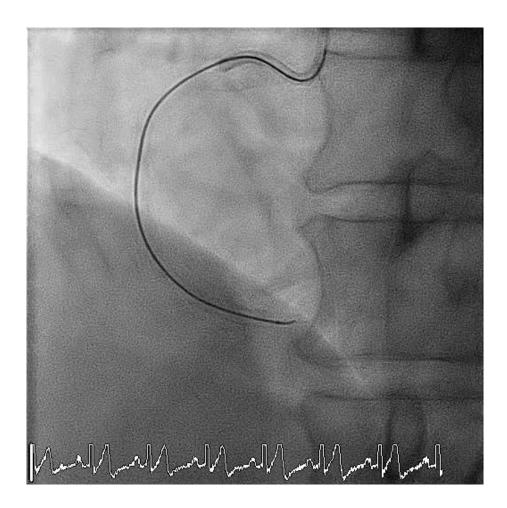




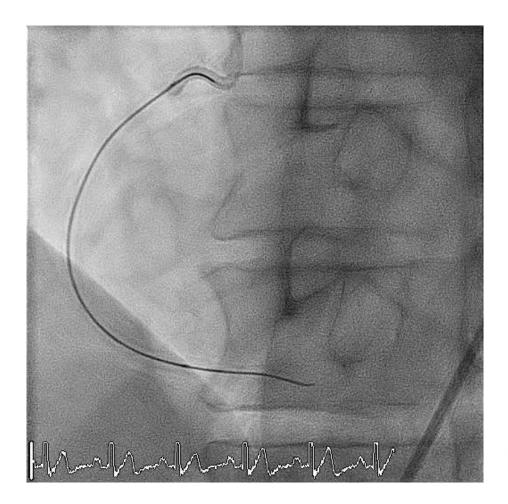






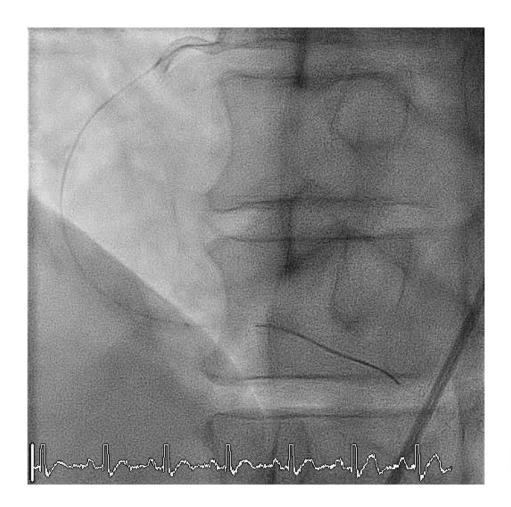






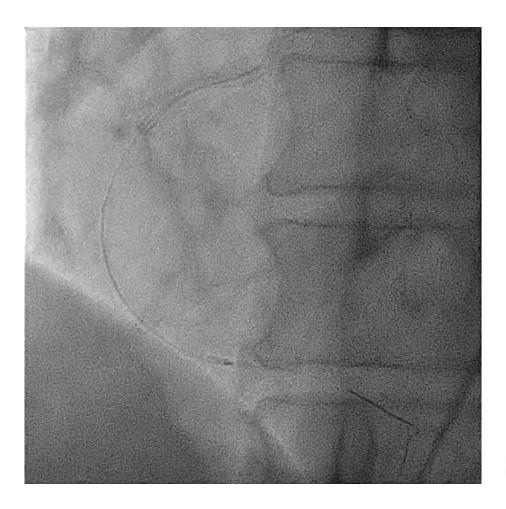


Guidewire exchange



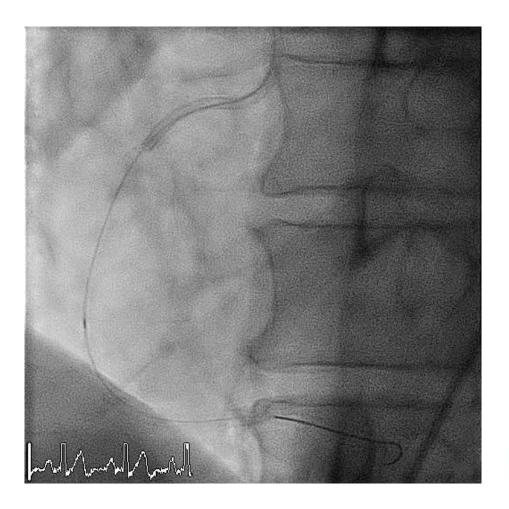


Balloon-dottering



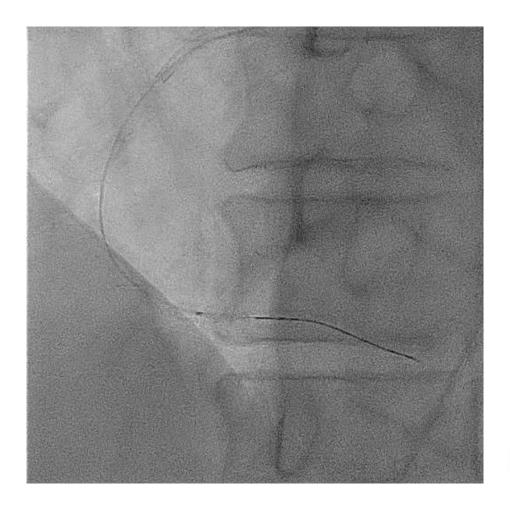


Balloon-dottering

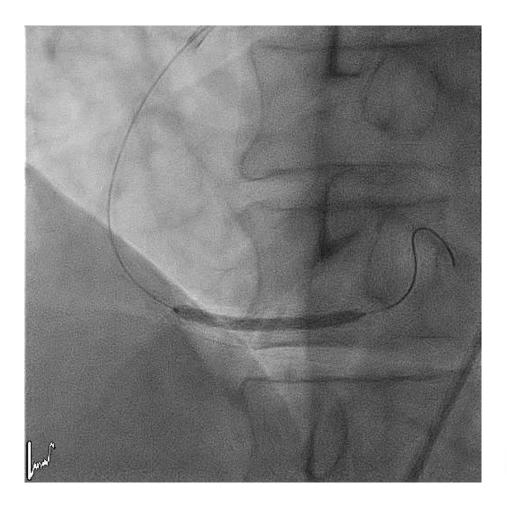




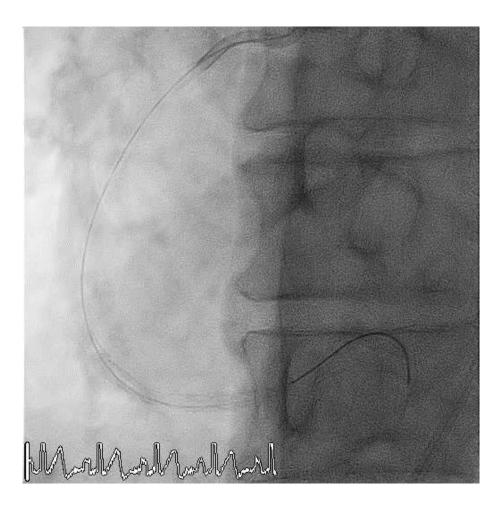
Pre-dilatation



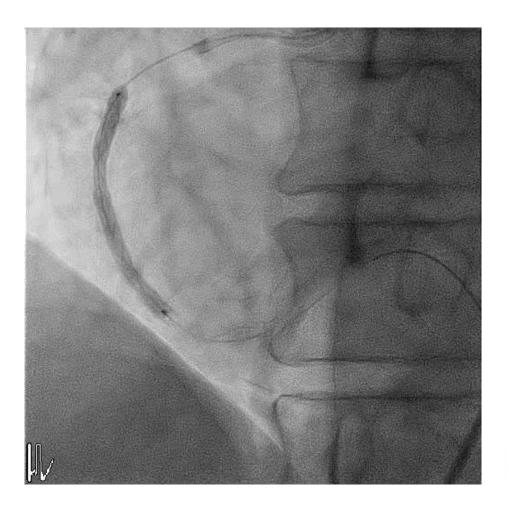




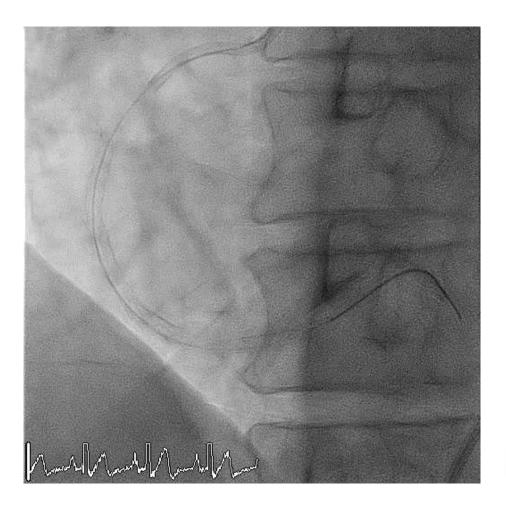






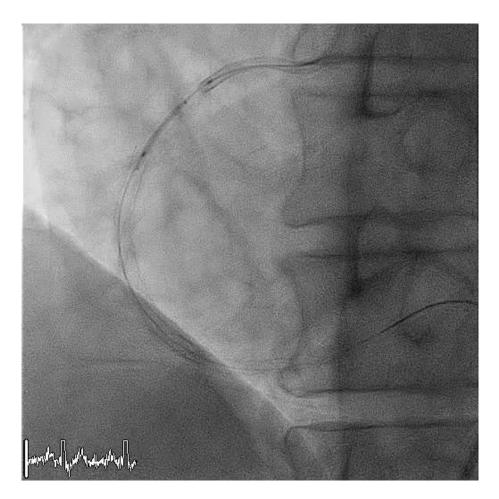




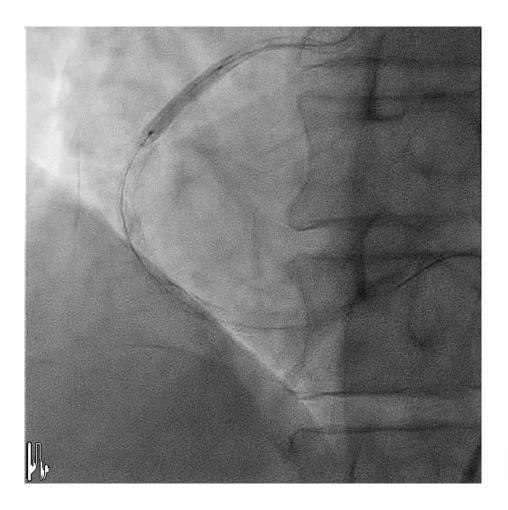




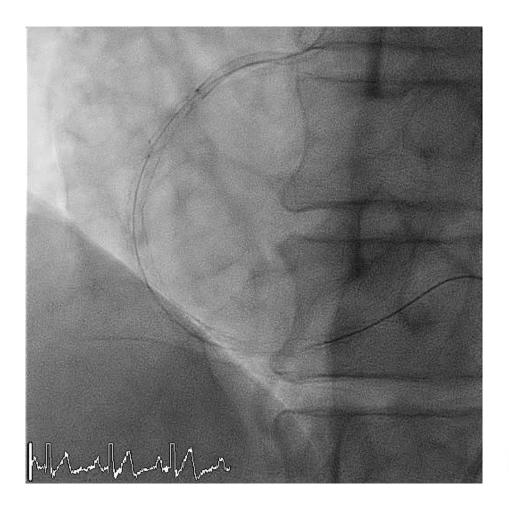
Coronary stenting (partial stent dislodgement)



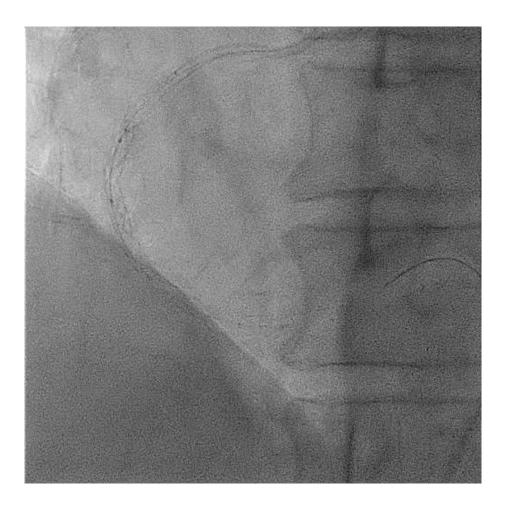




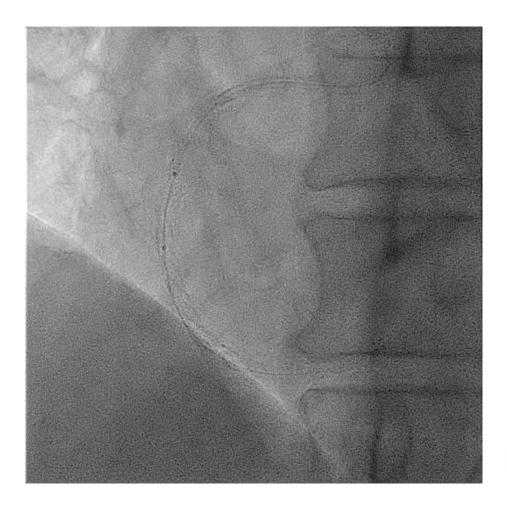




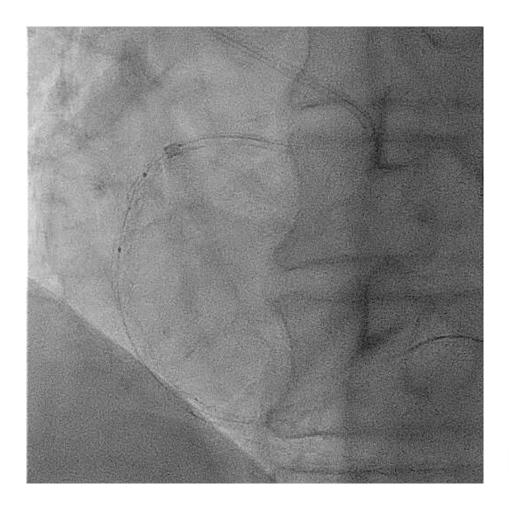










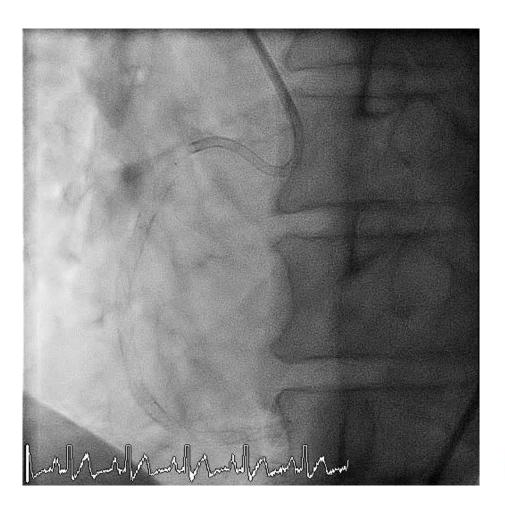






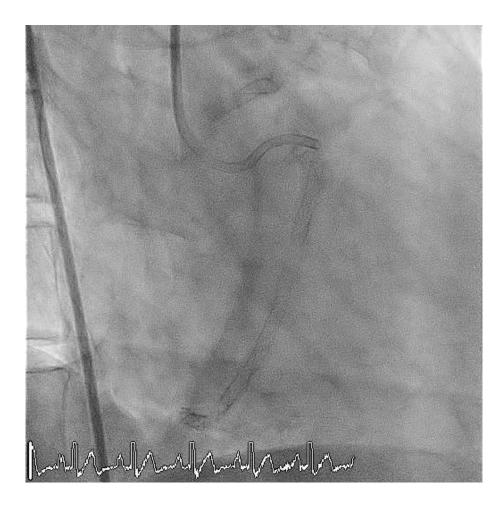


Final results





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