

Complication unique to retrograde approach

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Disclosure

Financial relationship to disclose

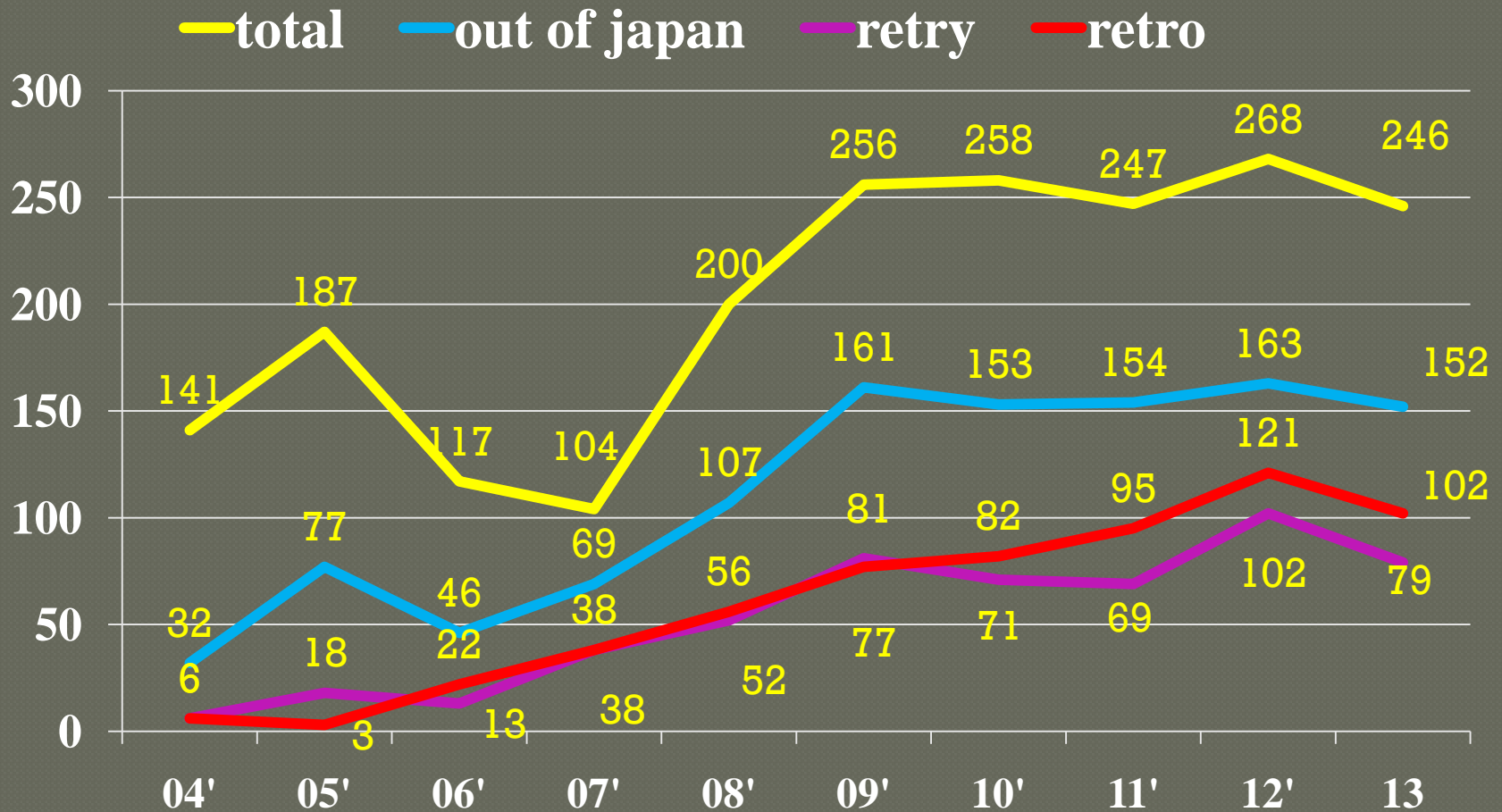
Honararium : Abott vascular

Terumo co

Boston scientific co

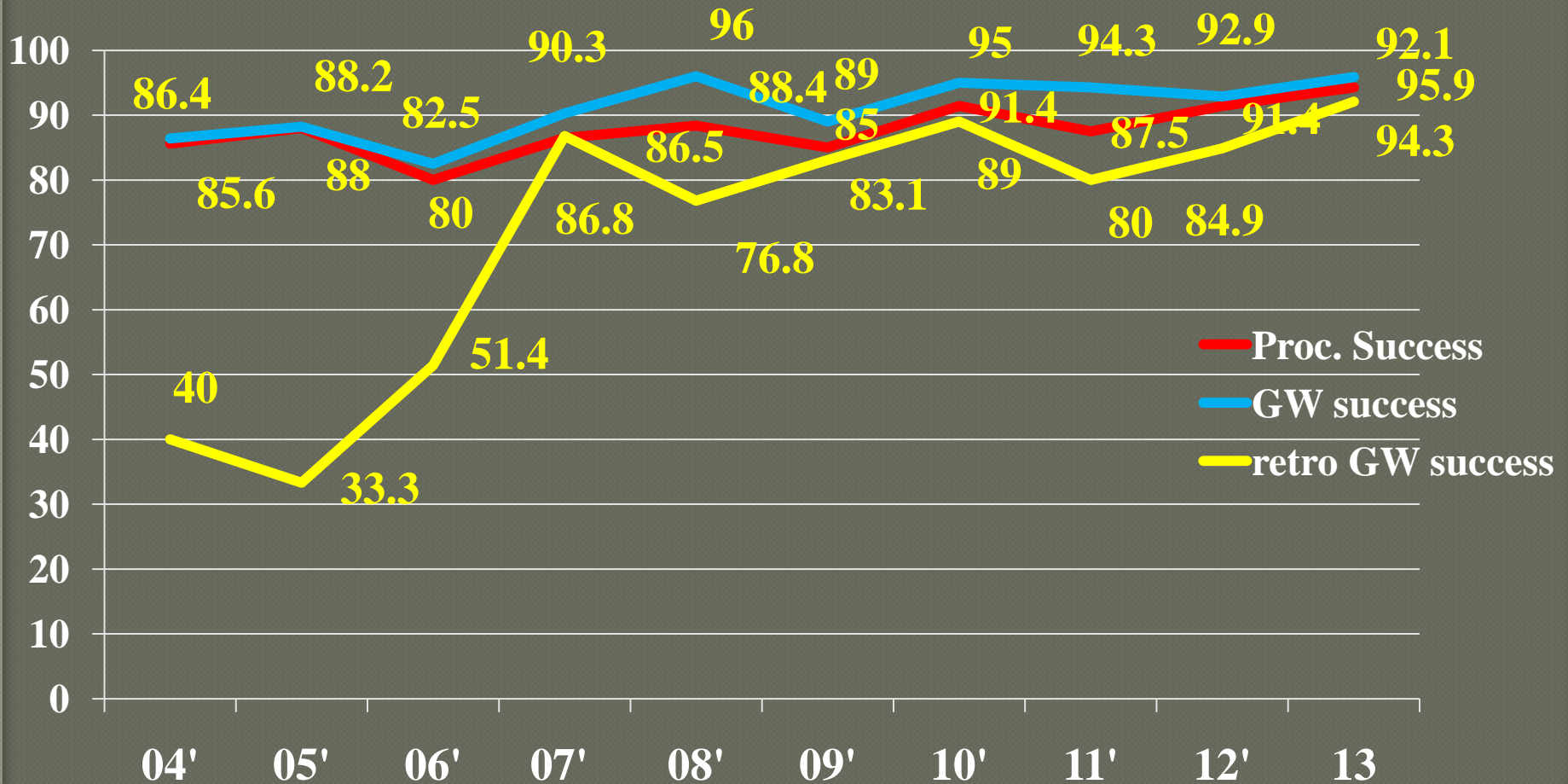
Medotronic co

Number of CTO lesion

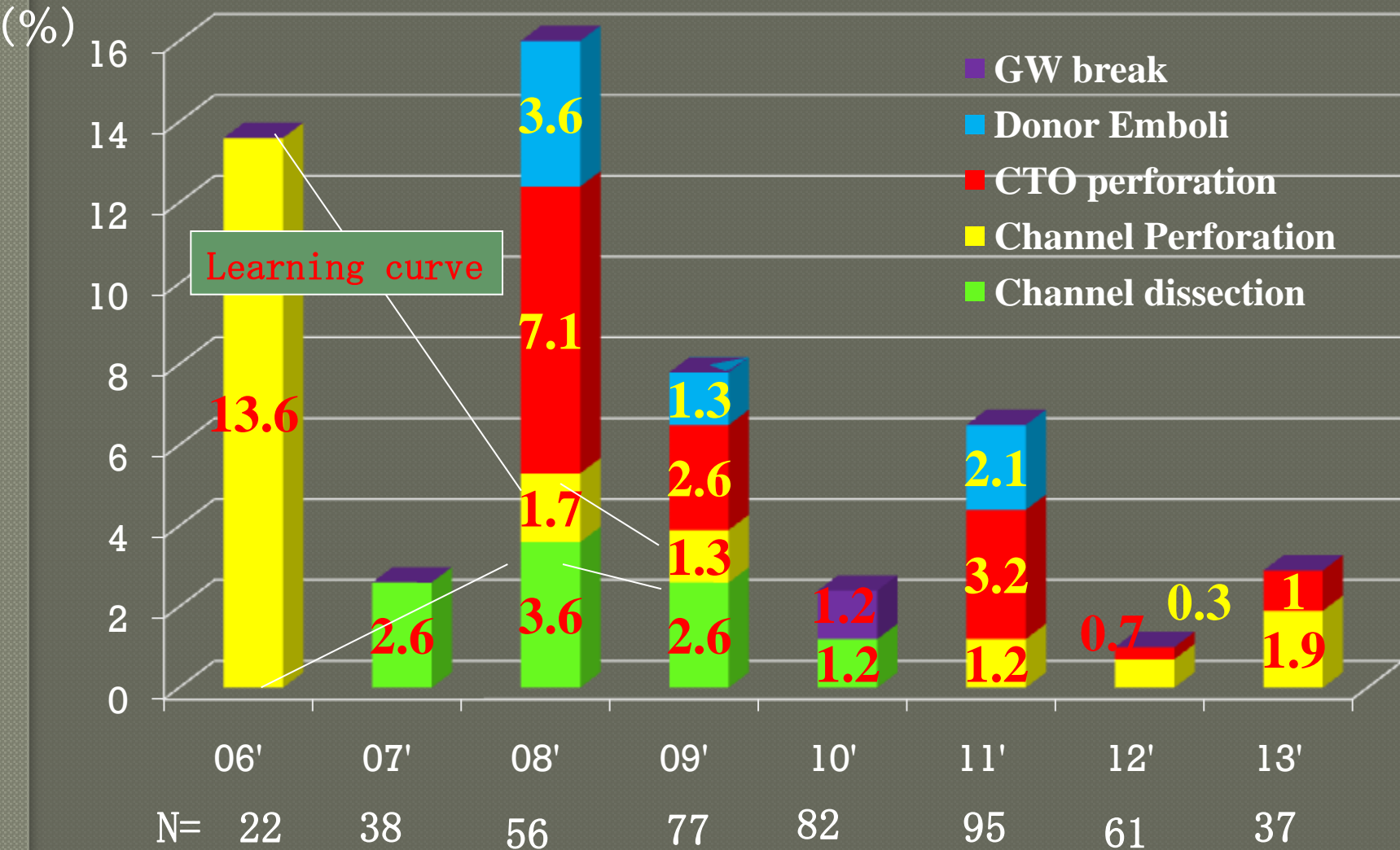


Success rate and retrograde approach for CTO

(%)



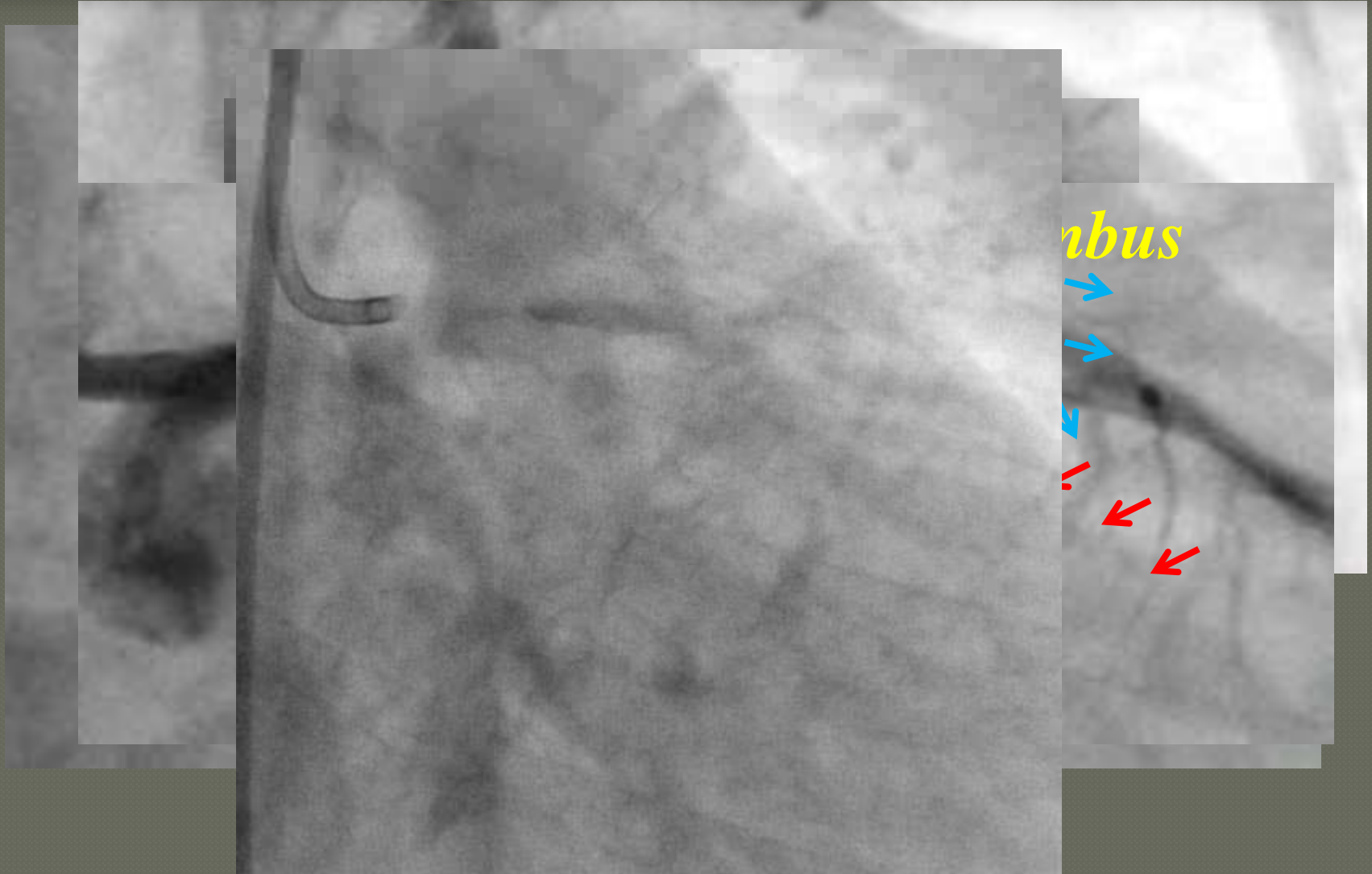
Complication of retrograde approach for CTO



Complication related retrograde approach

- **Donor artery ischemia, spasm or thrombosis**
- **Channel dissection**
- **Channel rupture**
- **Entrapment of retrograde guidewire**
- **Guidewire, balloon kink through collateral channel**

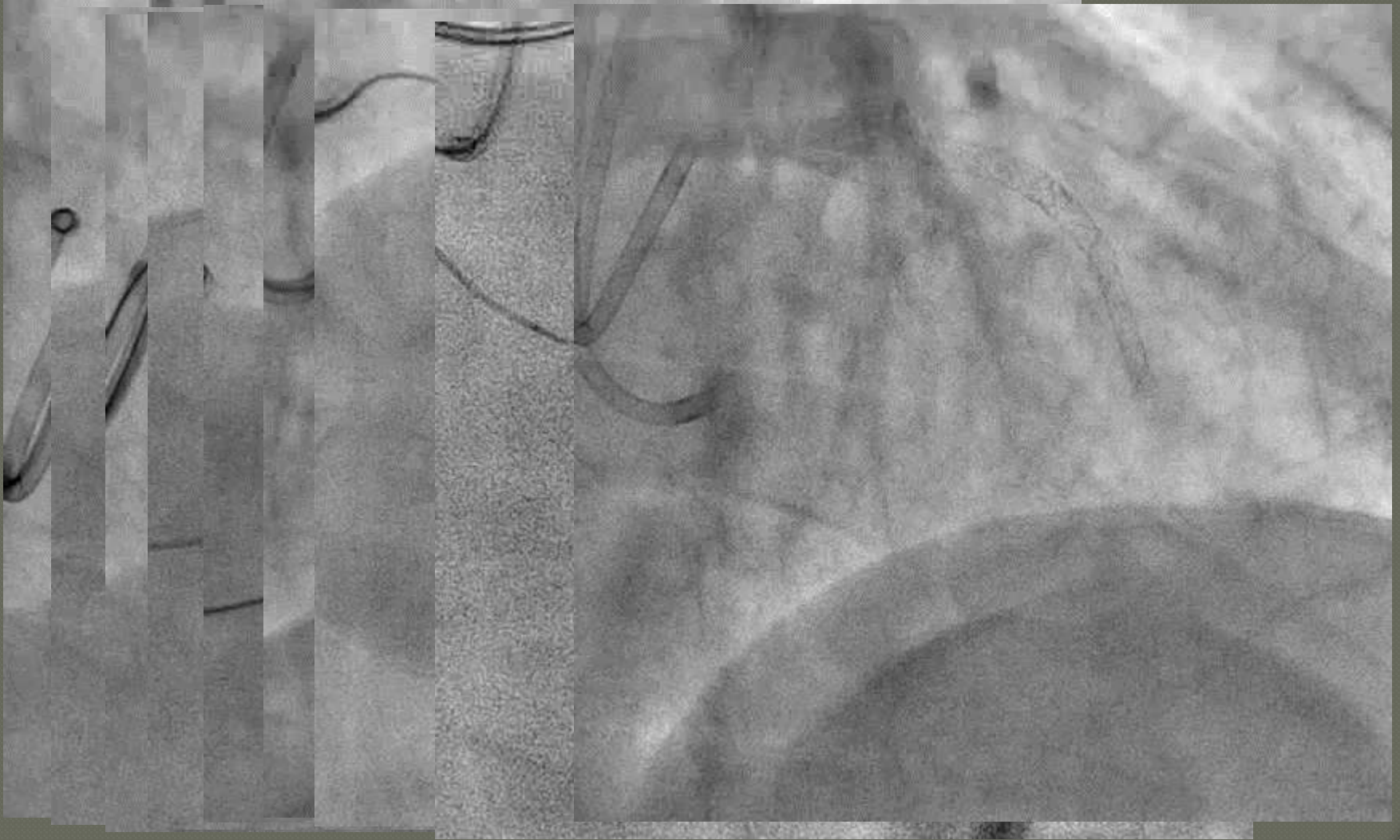
LMT thrombus during Retro



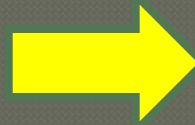
Dissection by Tortuous channel



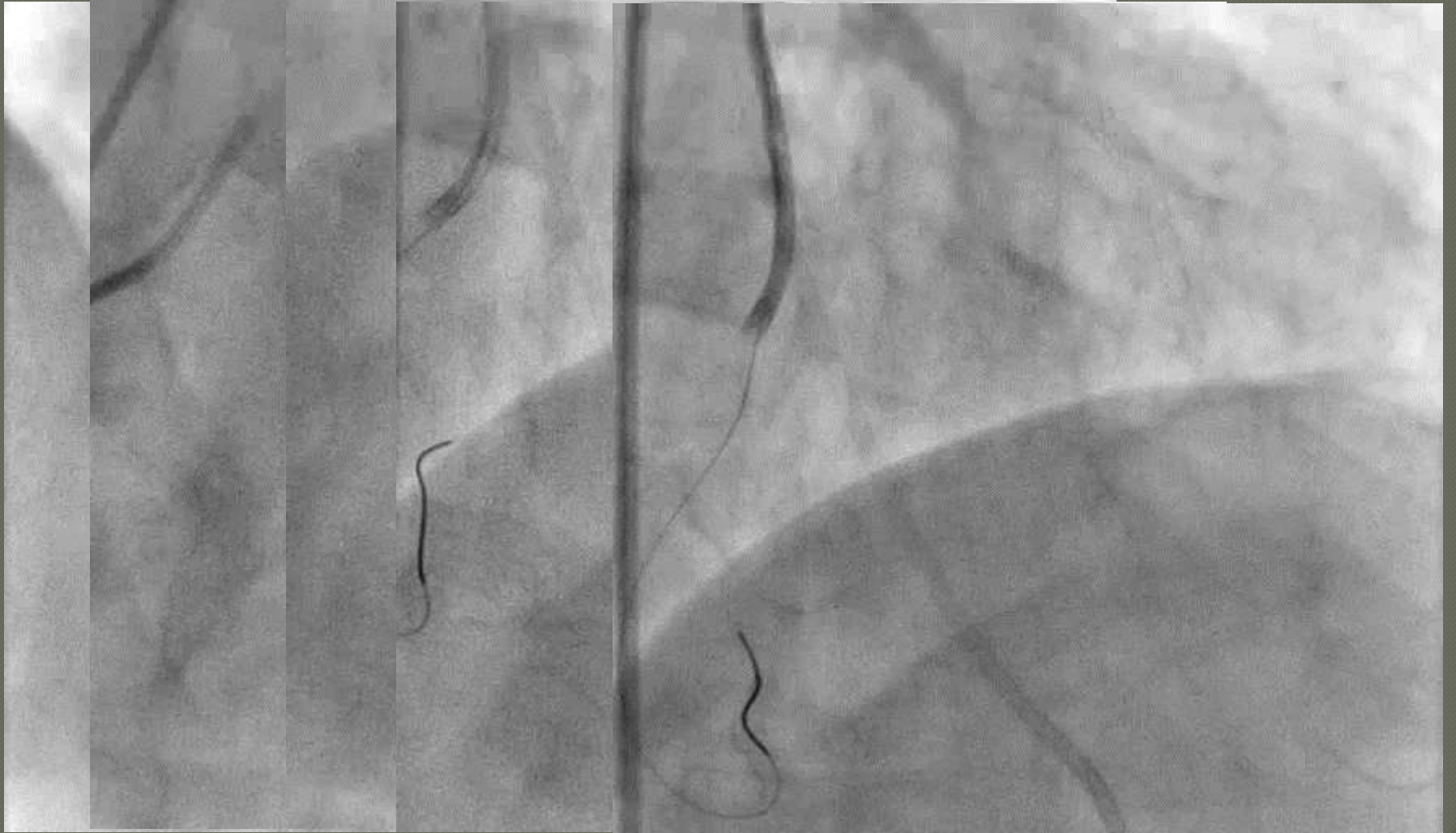
Delayed epicardial channel perforation



Tiny angulation of channel



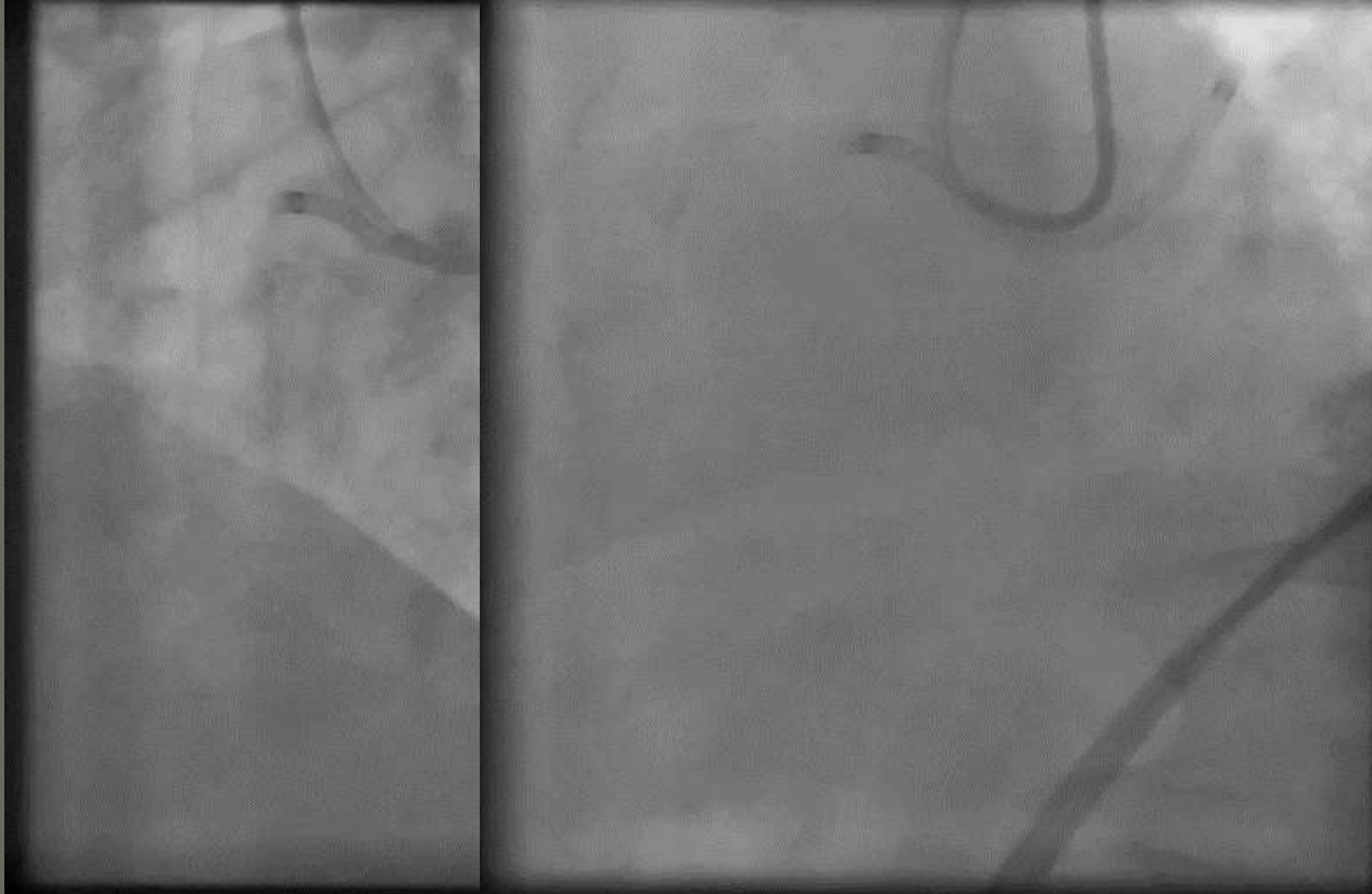
5 hours later



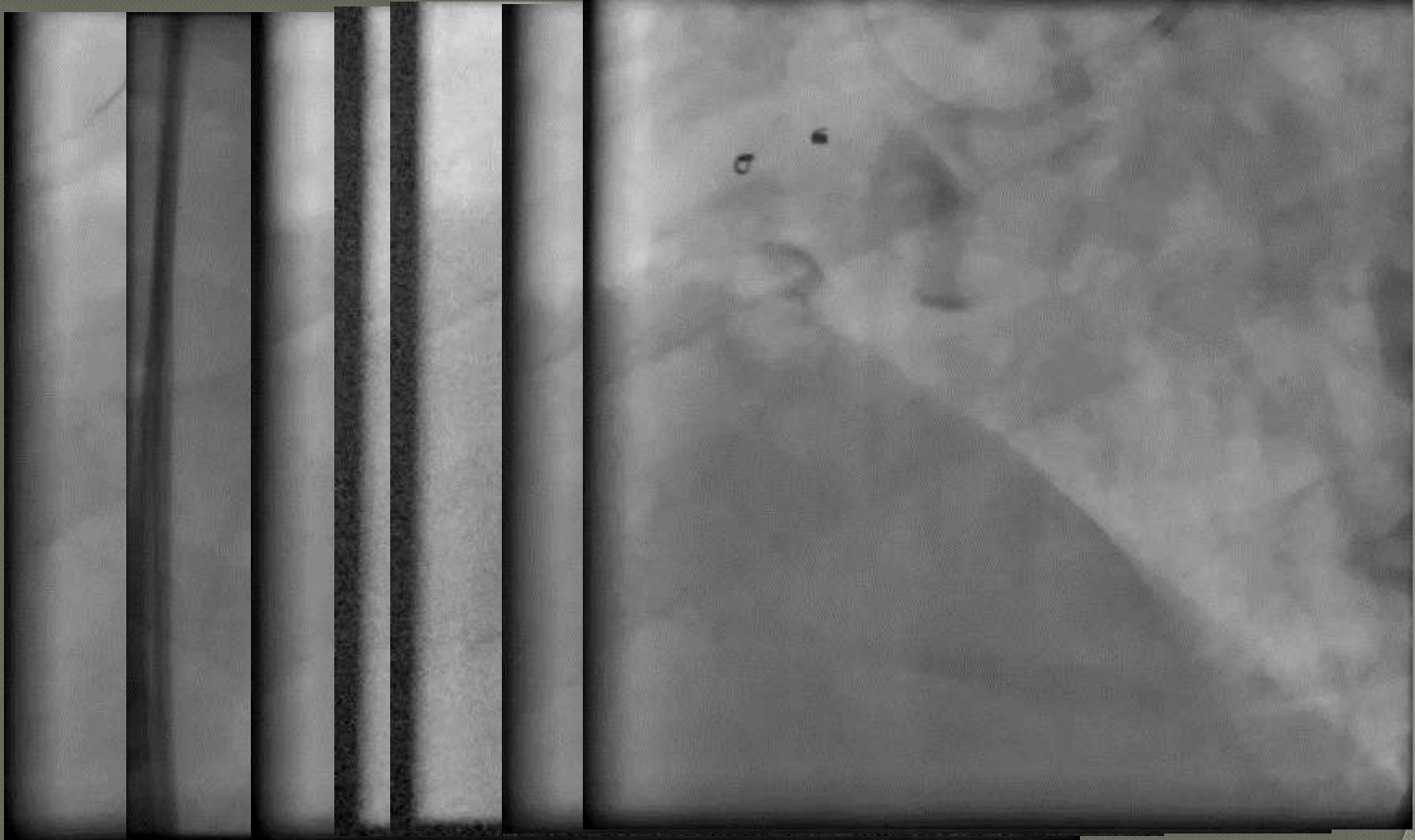
12 hours later



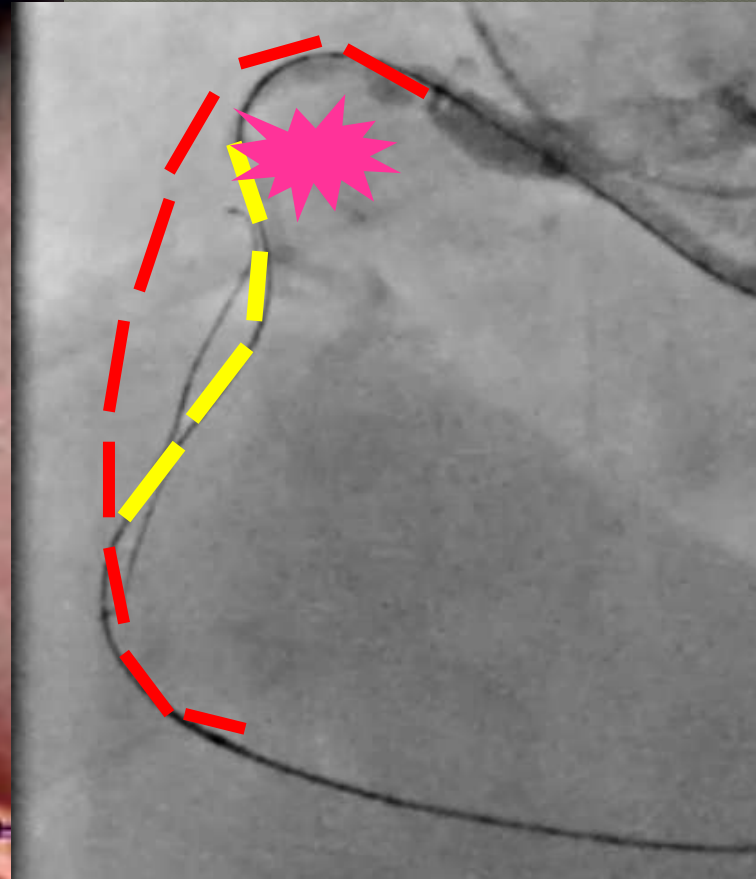
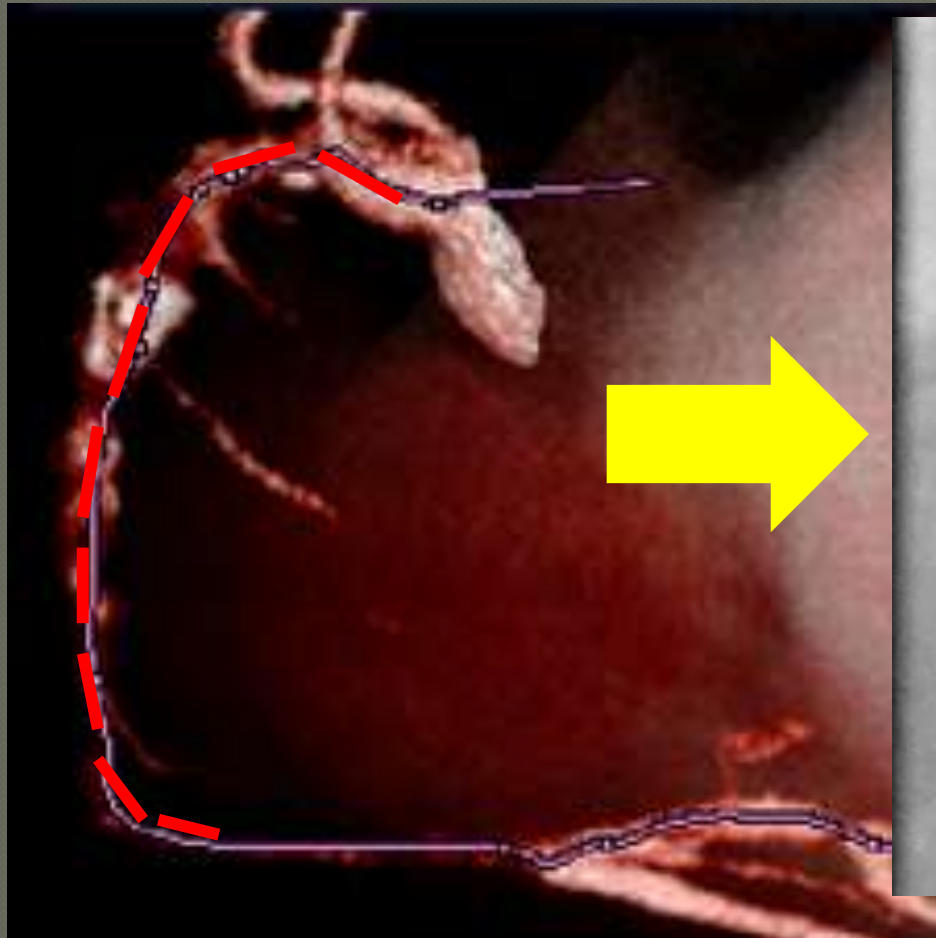
r-CART doing outside vessel



Difficult to do r-CART



Compare to MSCT



Conclusion

- *Channel dissection and perforation are common complication for retrograde approach, but reduced by experiences.*
- *Donor artery ischemia makes serious complications for retrograde approach.*
- *Delayed perforation sometimes occurred.*
- *R-CART is not always safe.*
- *Carefully general management will be needed for retrograde approach.*

Remember failure and humiliation!

