MalaysiaLive @ TCTAP 2015 CTO Lesion

DR AL FAZIR OMAR

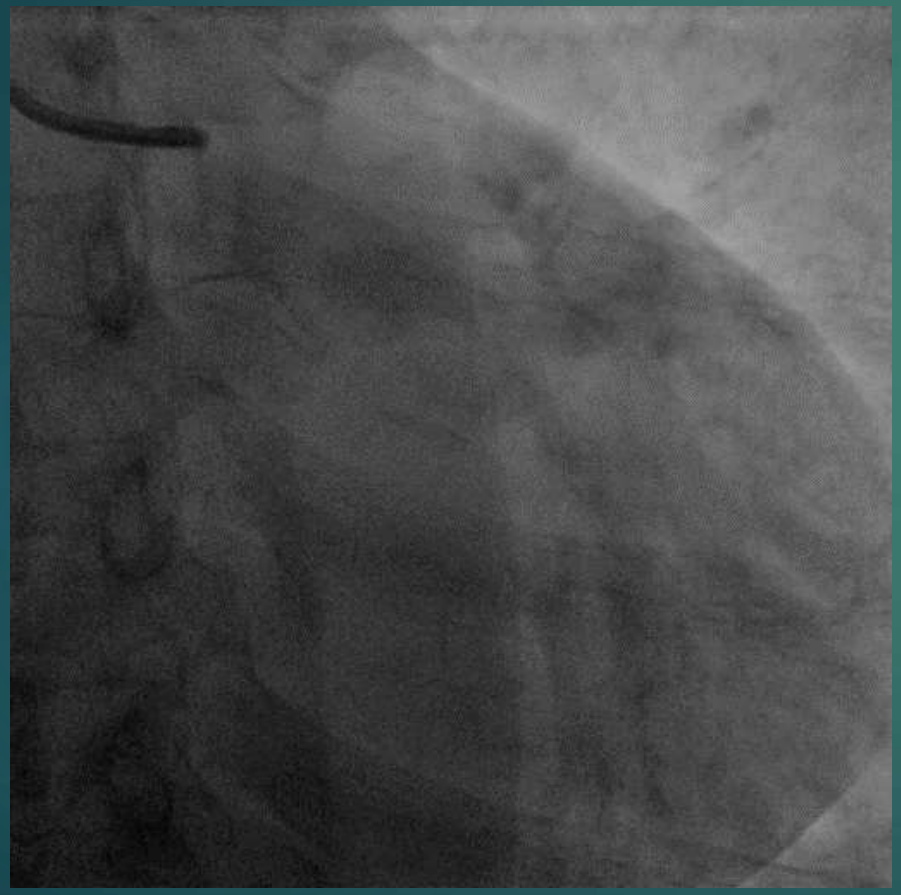
PROF WAN AZMAN

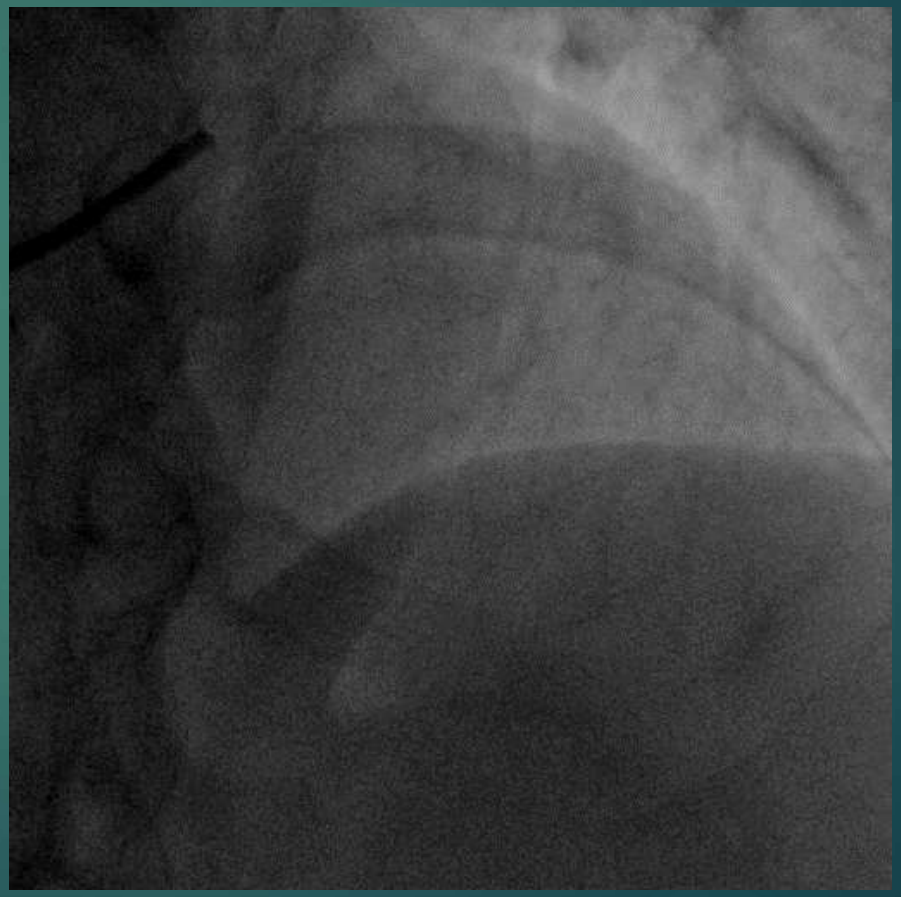
Background

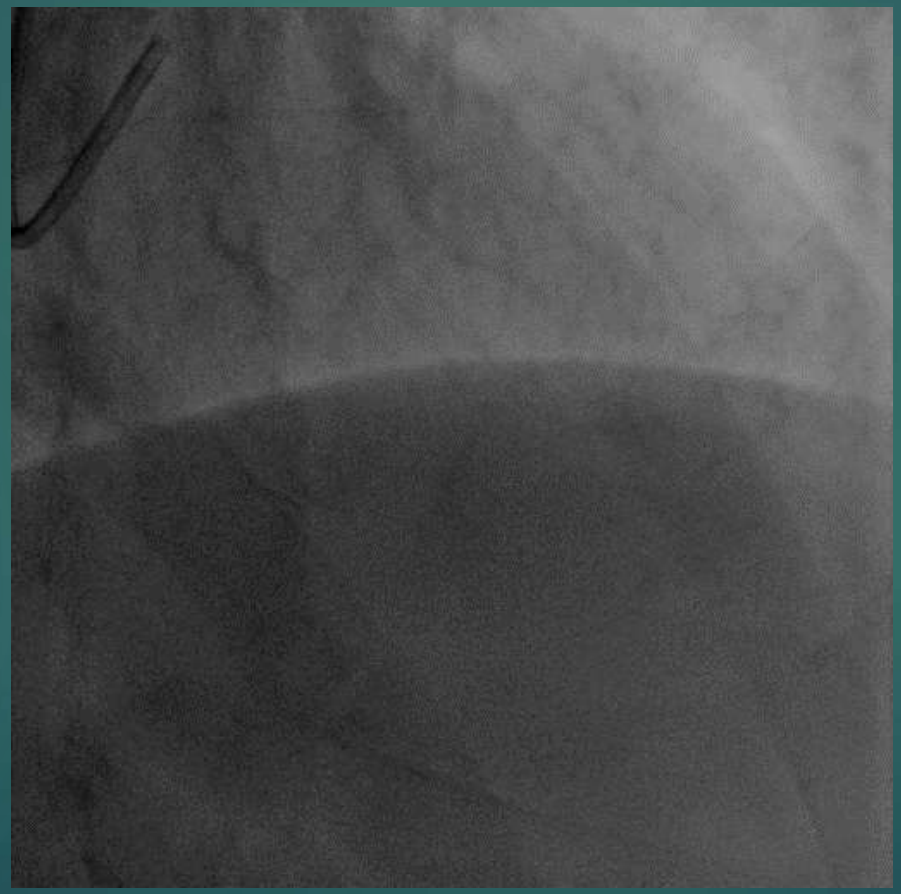
- 44 years old gentleman
- Presented to peripheral hospital (Batu Pahat, Pantai Hospital)
- CCS class III with NYHA class II
- History of hypertension and ex smoker
- ECG : Normal sinus rhythm

- Medications
- Cardiprin, Ticagrelor, Imdex SR 60mg od, Vasteral MR 35mg bd, Simvastatin 40mg ON, Bisoprolol 2.5mg od and controloc 20mg od,

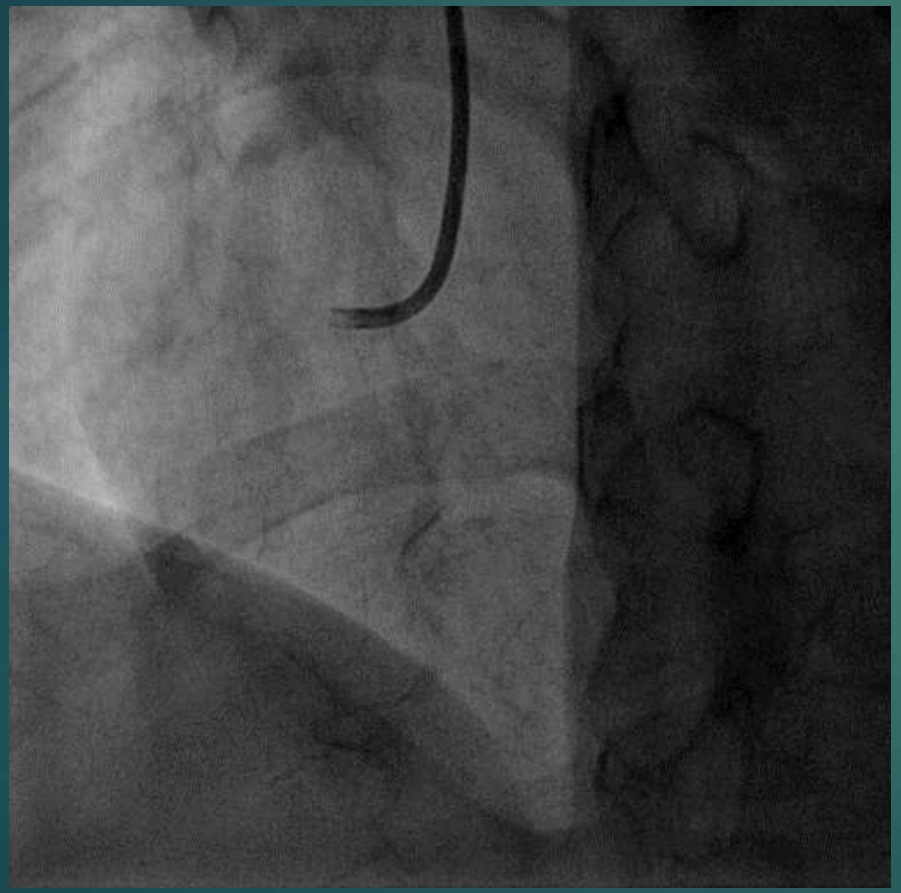
Coronary Angiogram

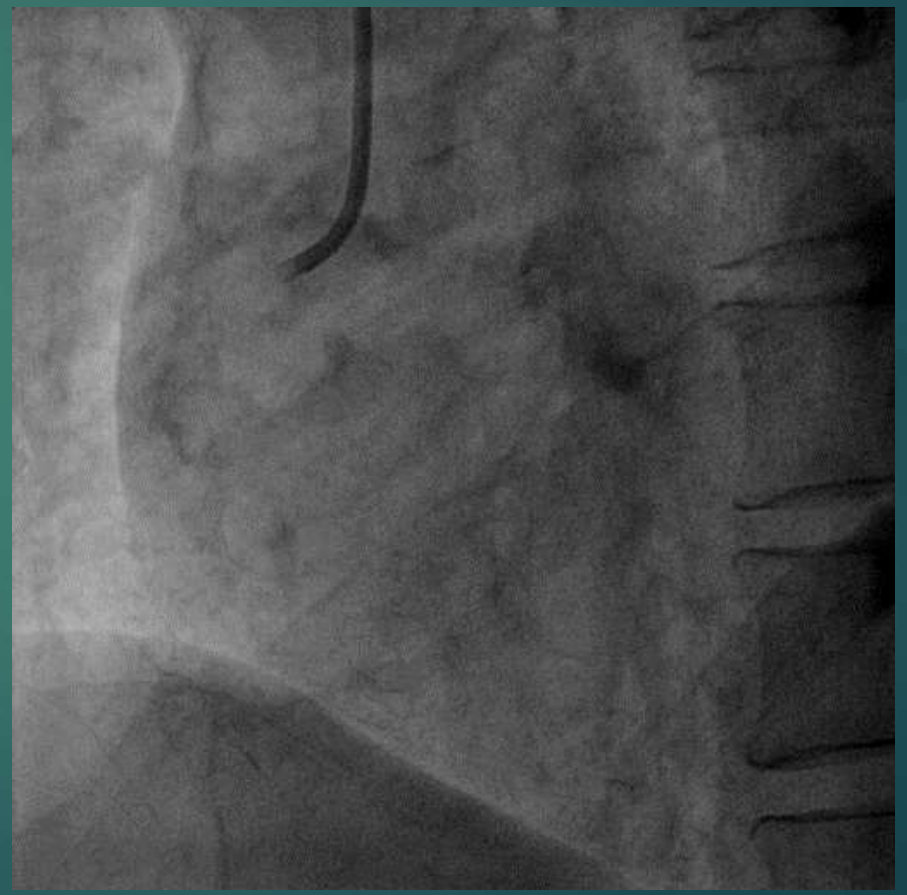


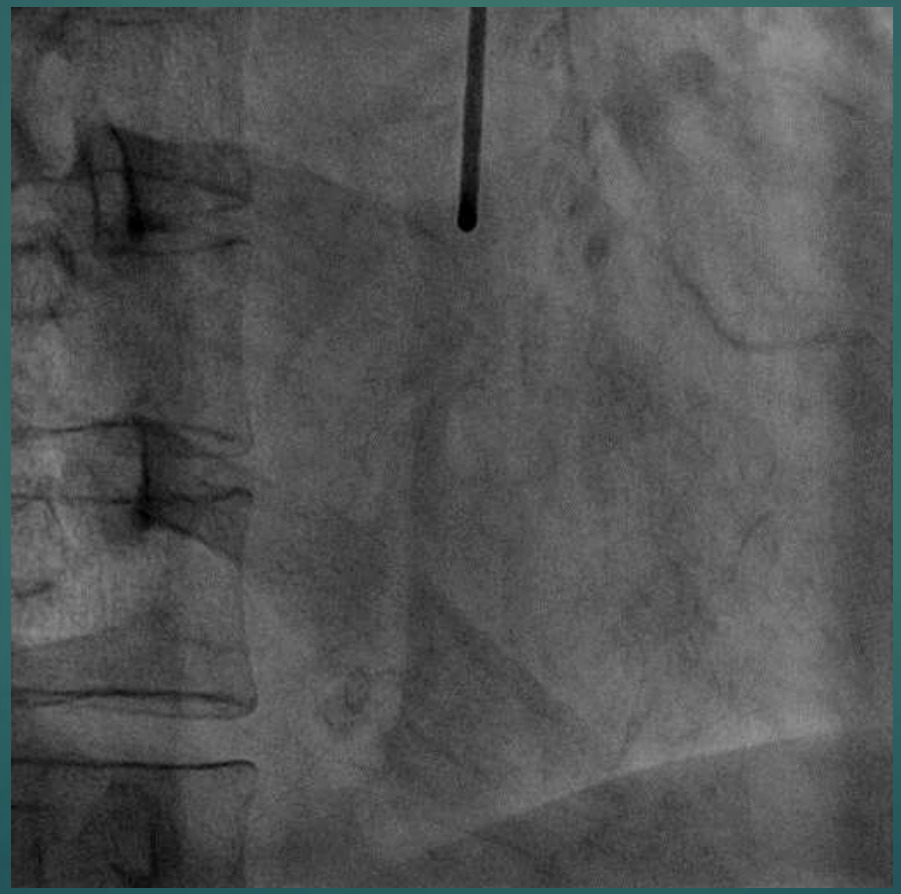




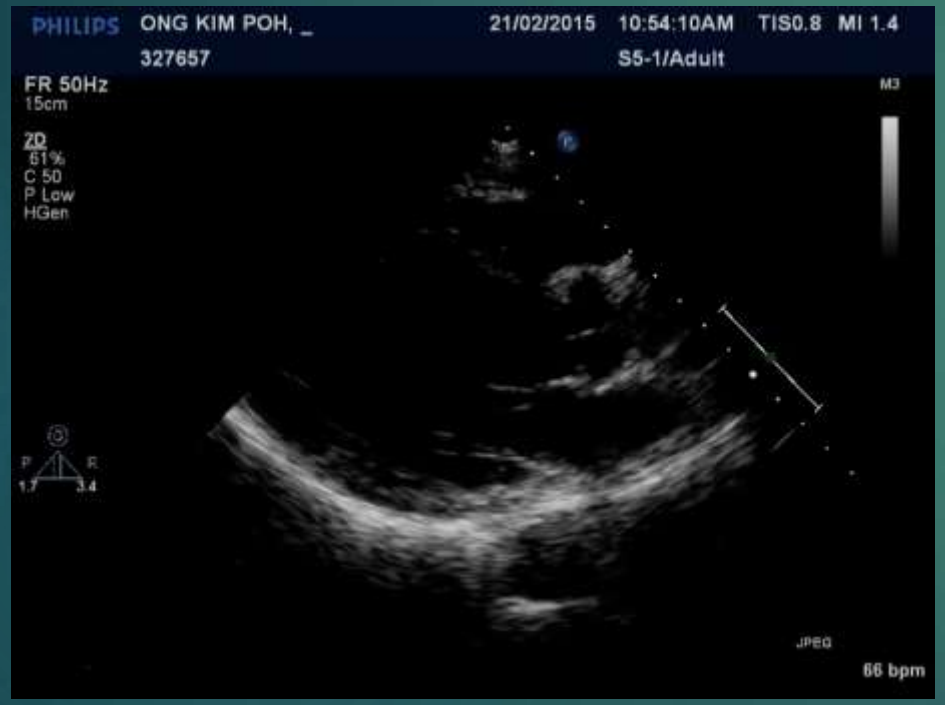
RCA

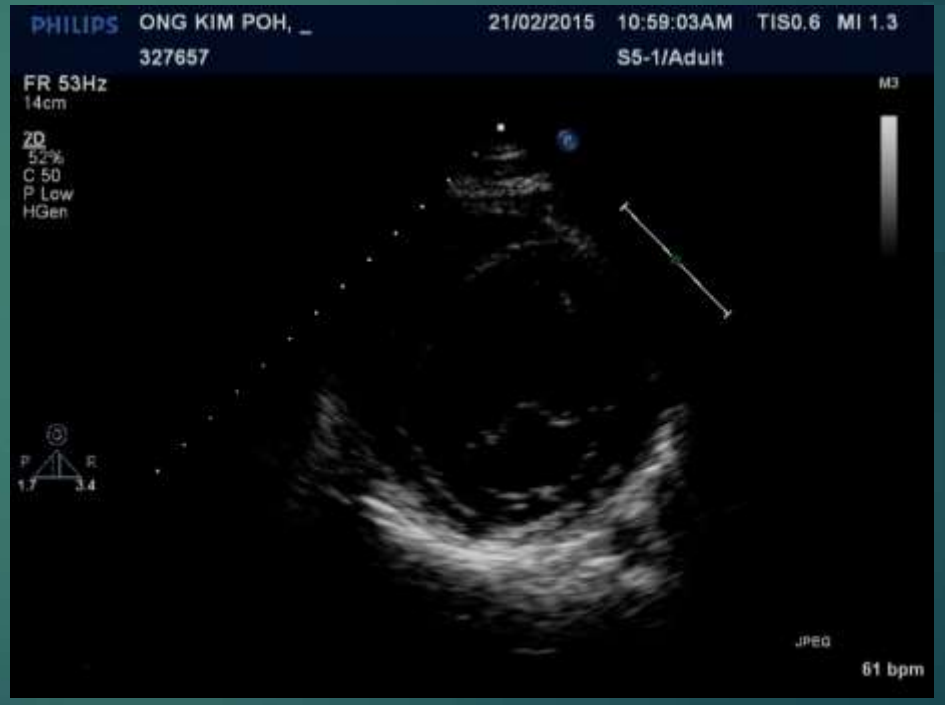






Echocardiogram



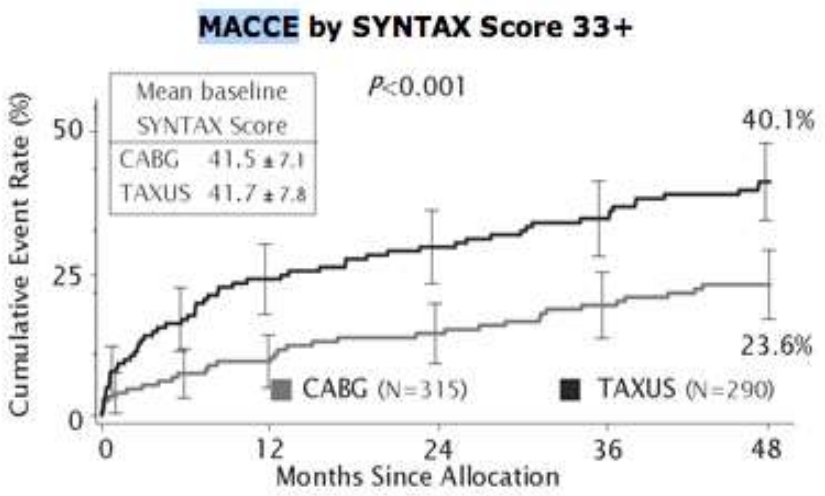


- Declined CABG
- Self-referred to our centre for coronary angioplasty

Plan?

Syntax and STS Score

- Syntax score



The cumulative MACCE rate is displayed for the SYNTAX Trial group this score corresponds to.

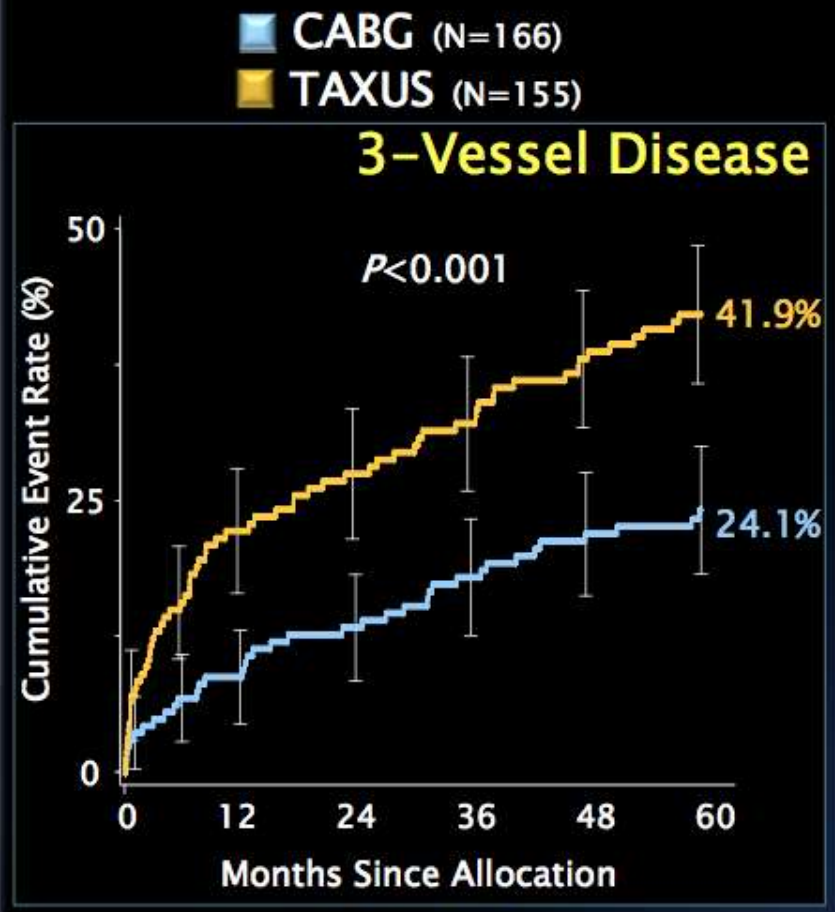
- STS Score

- Risk of Mortality 0.64%
- Risk of Morbidity / Mortality 10.8%

MACCE to 5 Years by SYNTAX Score Tercile

3VD Subset High Scores ≥33

SYNTAX



	CABG	PCI	*P* value
Death	8.8%	17.8%	0.02
CVA	2.6%	5.1%	0.31
MI	1.9%	8.7%	0.008
Death, CVA or MI	12.5%	26.2%	0.002
Revasc.	12.6%	28.2%	<0.001

Advised for CABG again…

Declined again..

Myocardial Perfusion Study
Viability Study

- Viable Myocardium

In view of 3VD, which to do first?

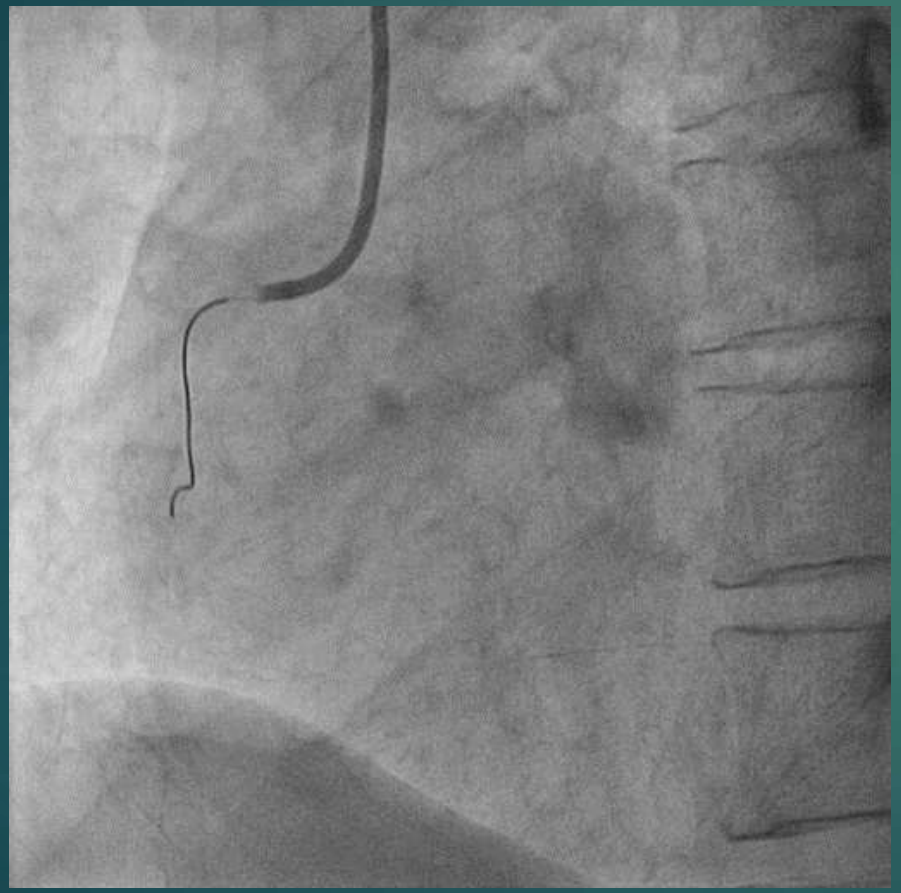
Opted to do RCA first for

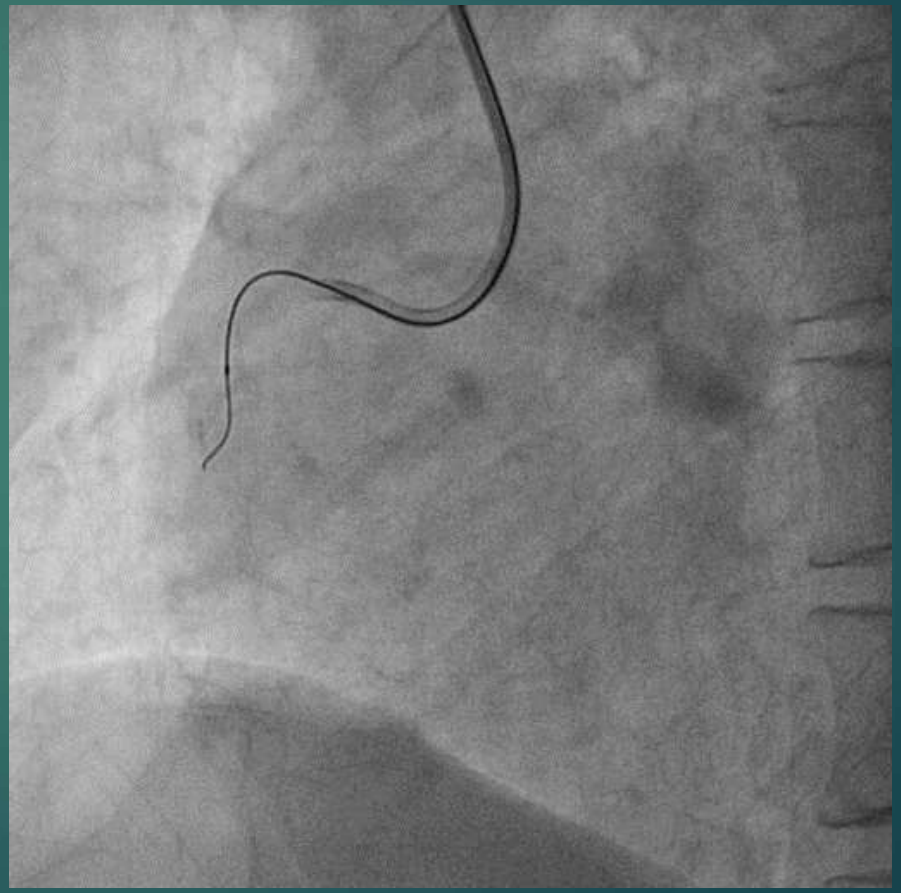
i) support

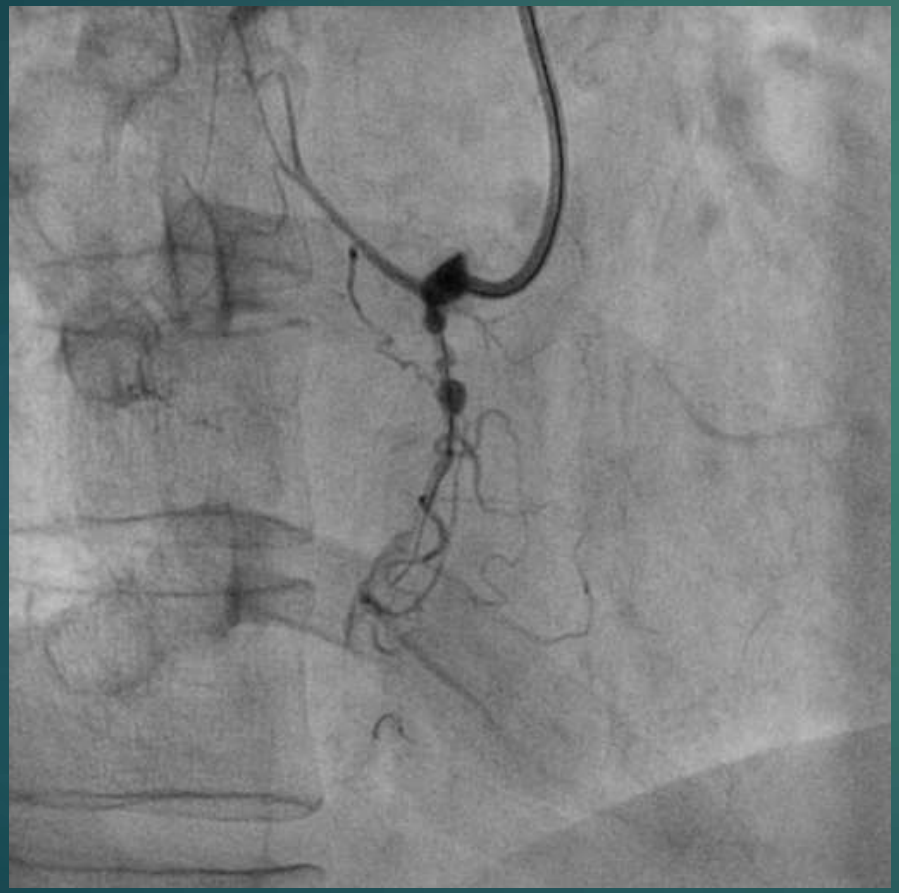
ii) demonstrate better contralateral

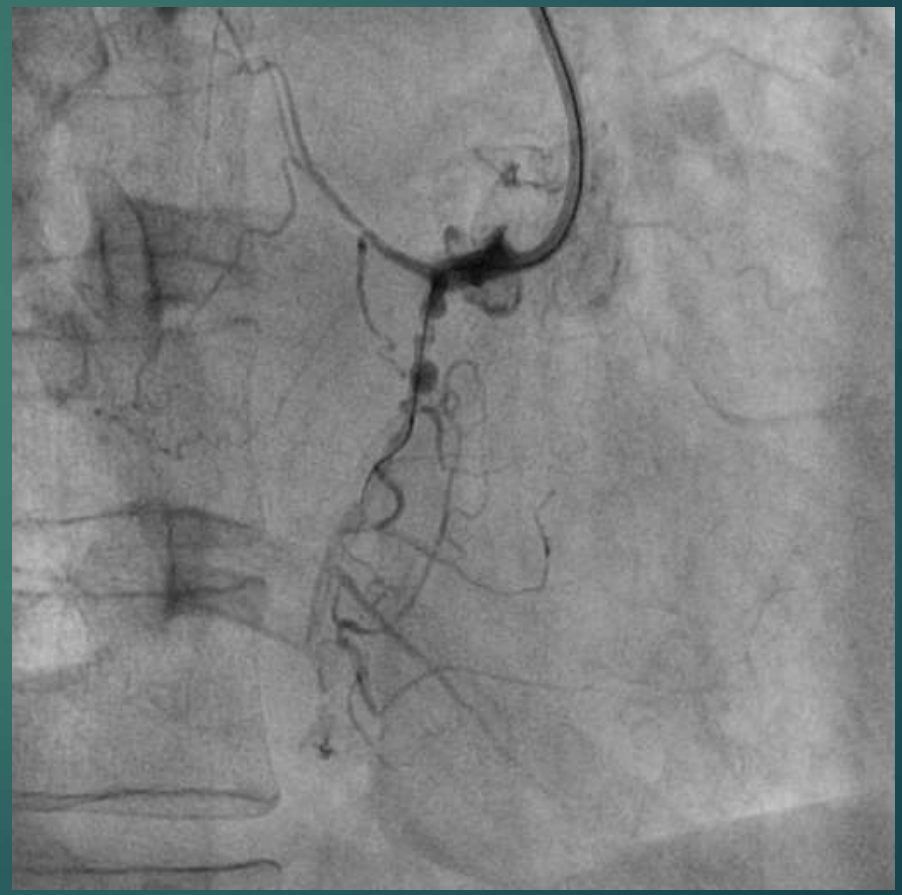
iii) option for retrograde approach

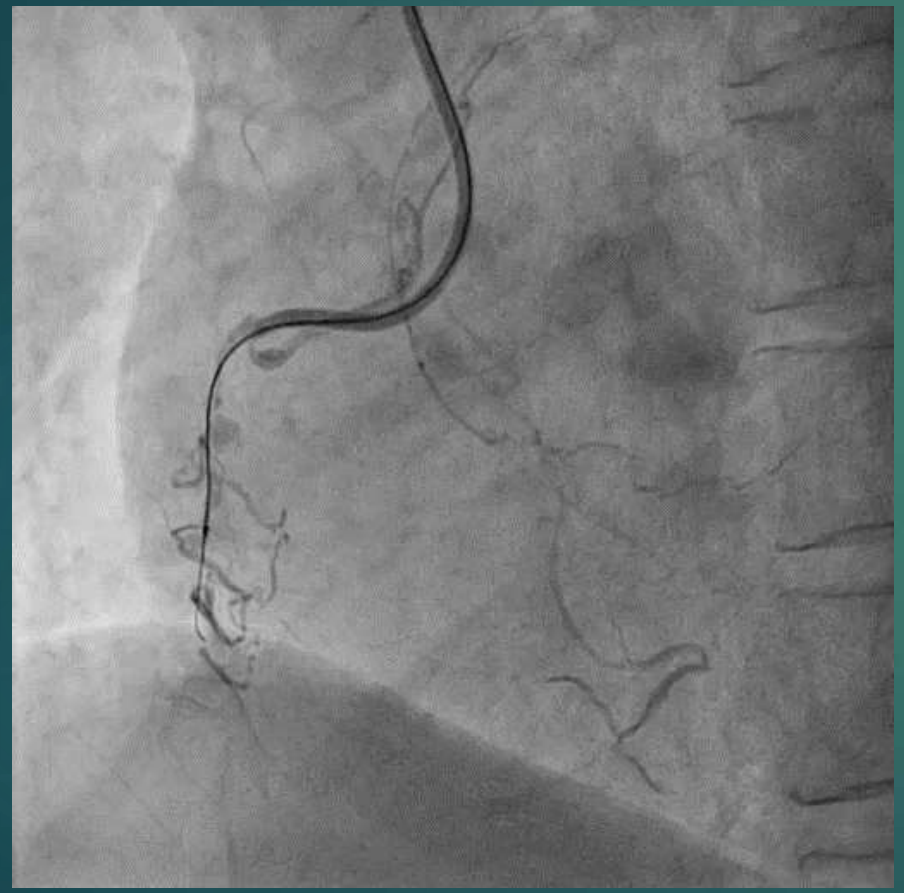
Coronary Angioplasty to RCA



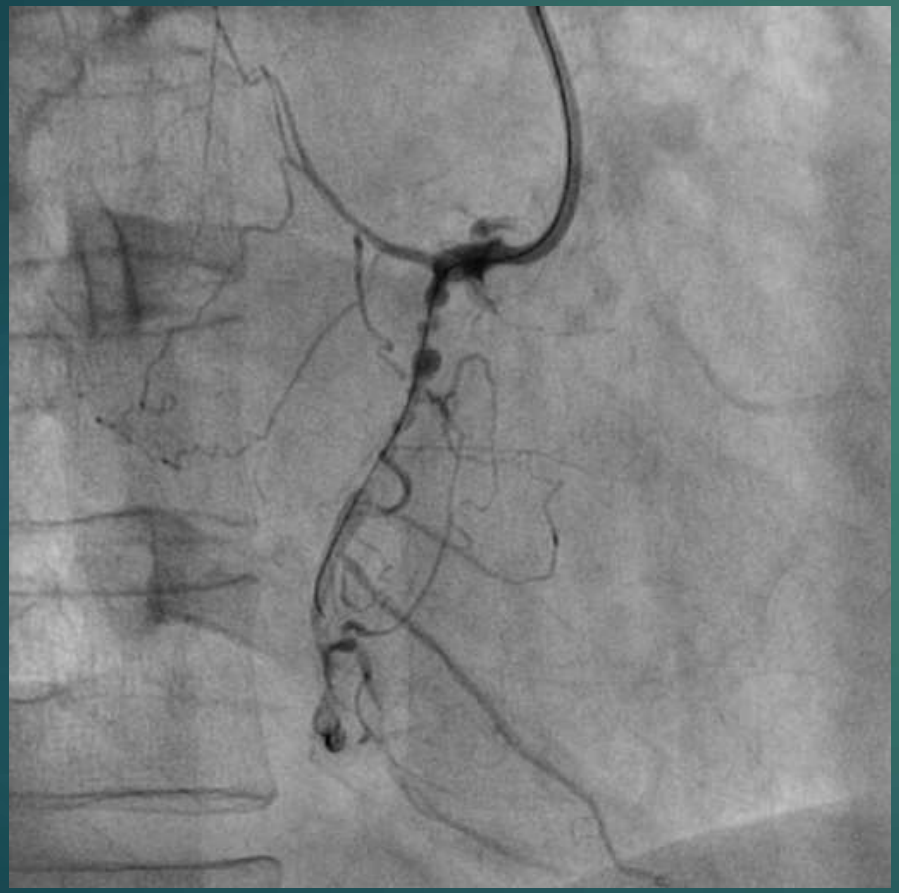


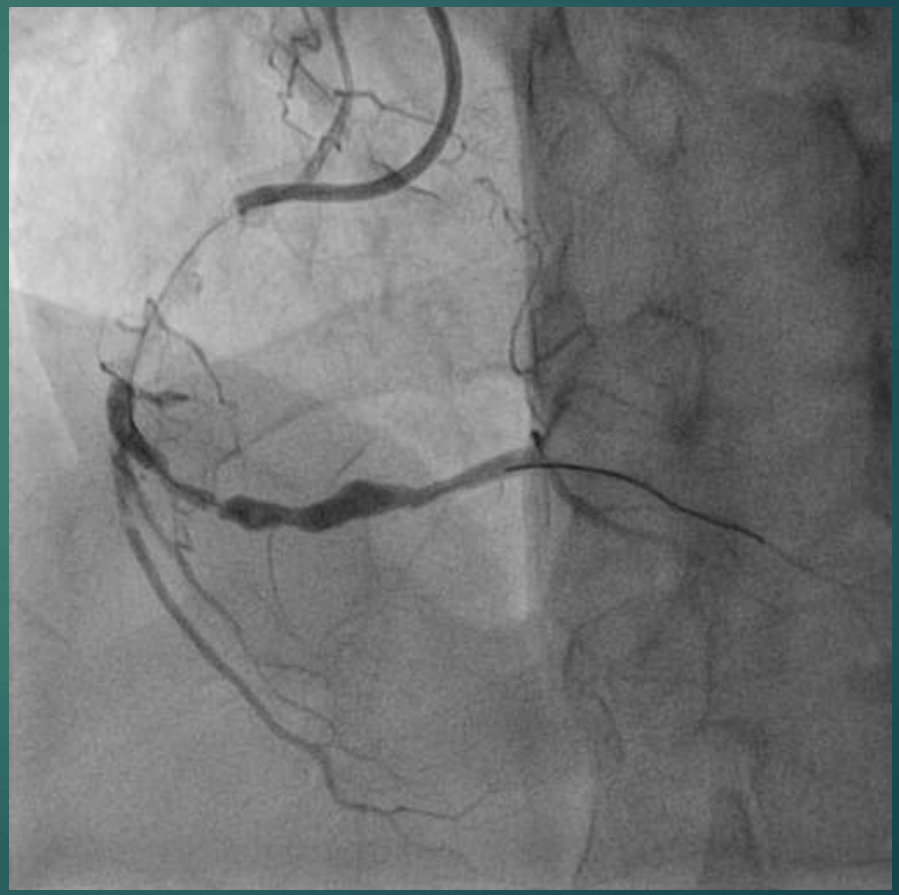


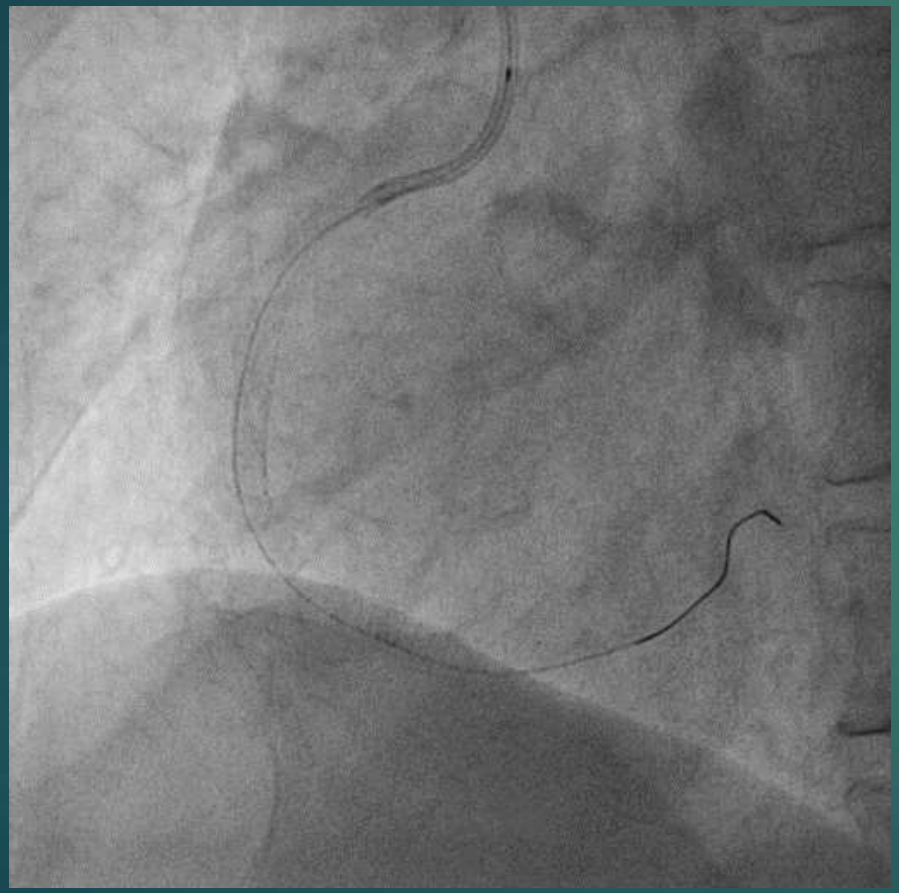


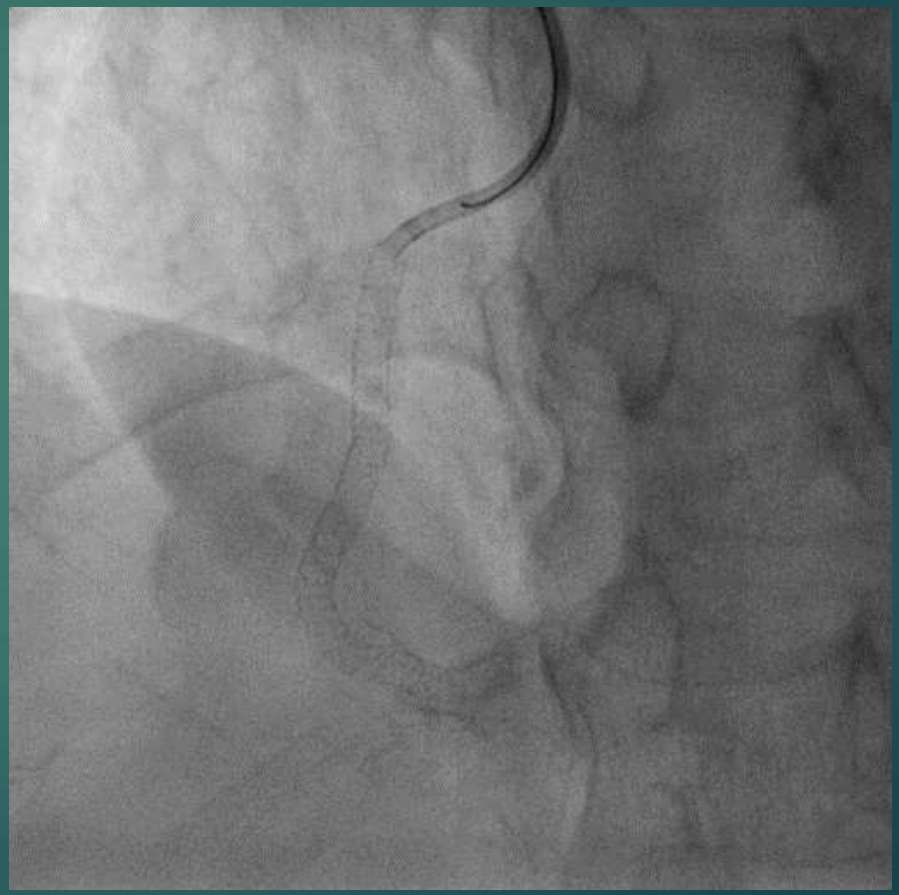


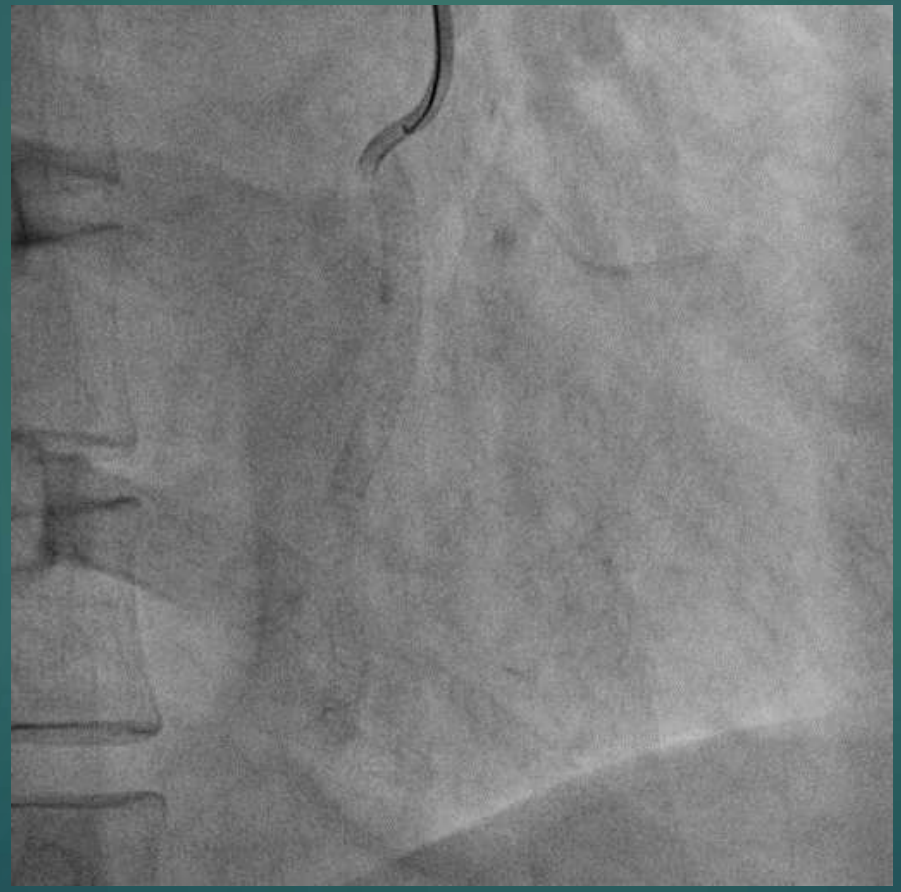
- Severe tortuosity
- Used multiple wires
- Fielder XTA, Gaia II, Conquest PRO
- False lumen
- Crossed with Fielder XTA again



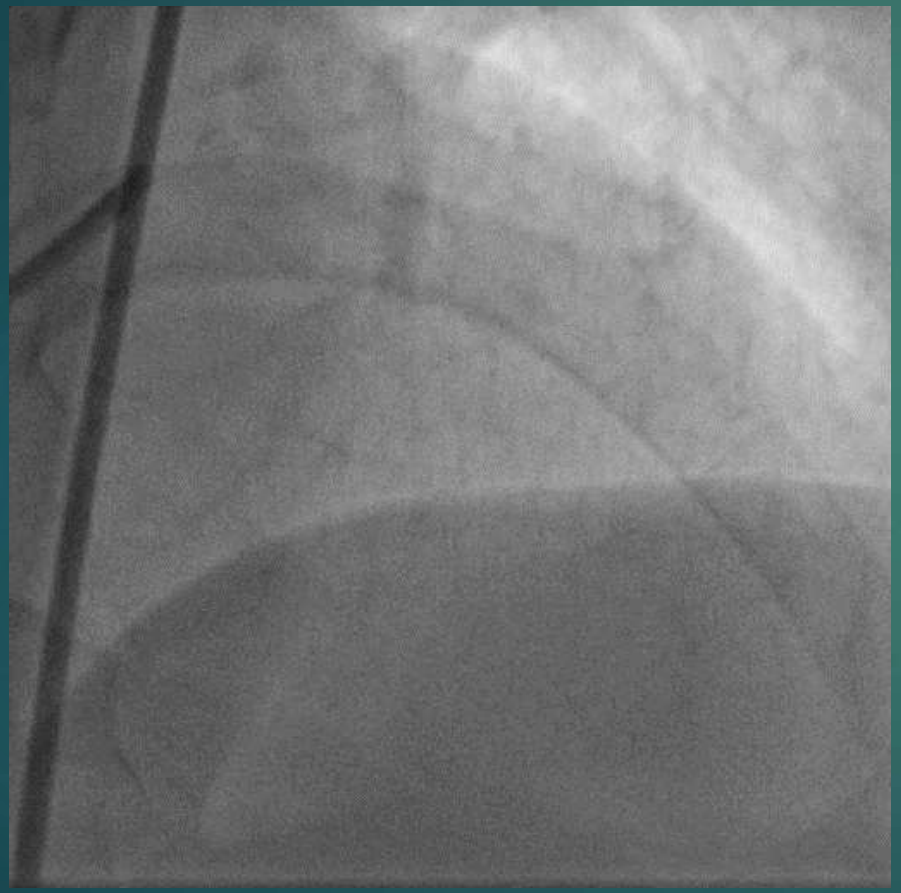


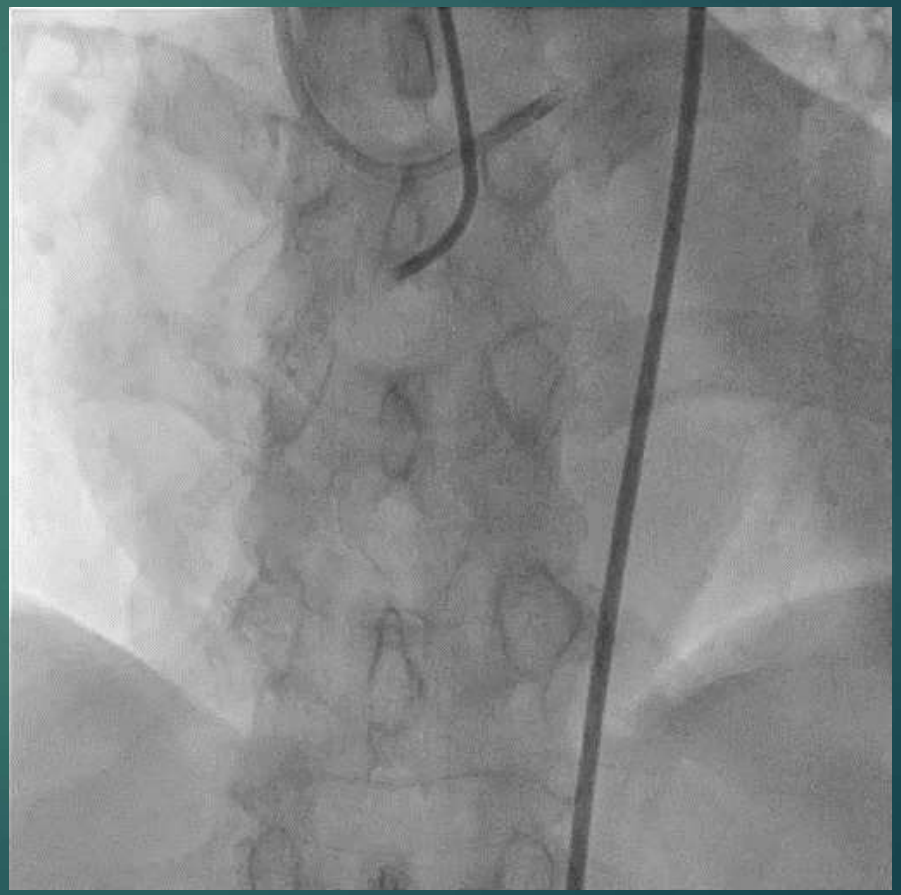


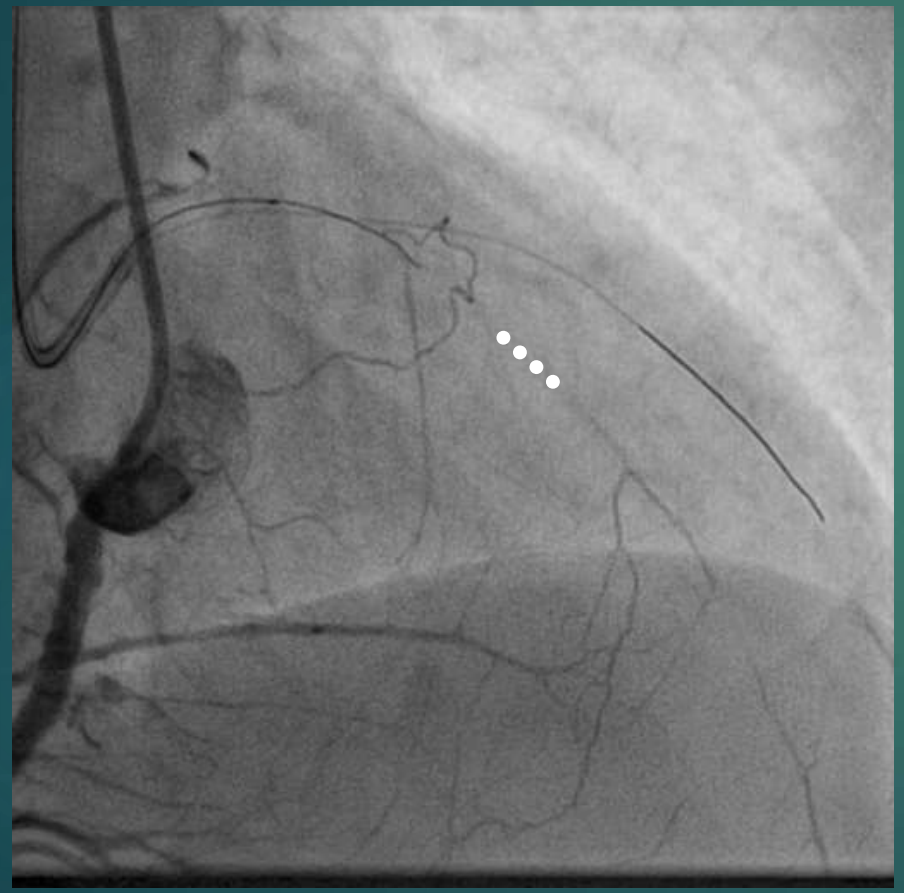


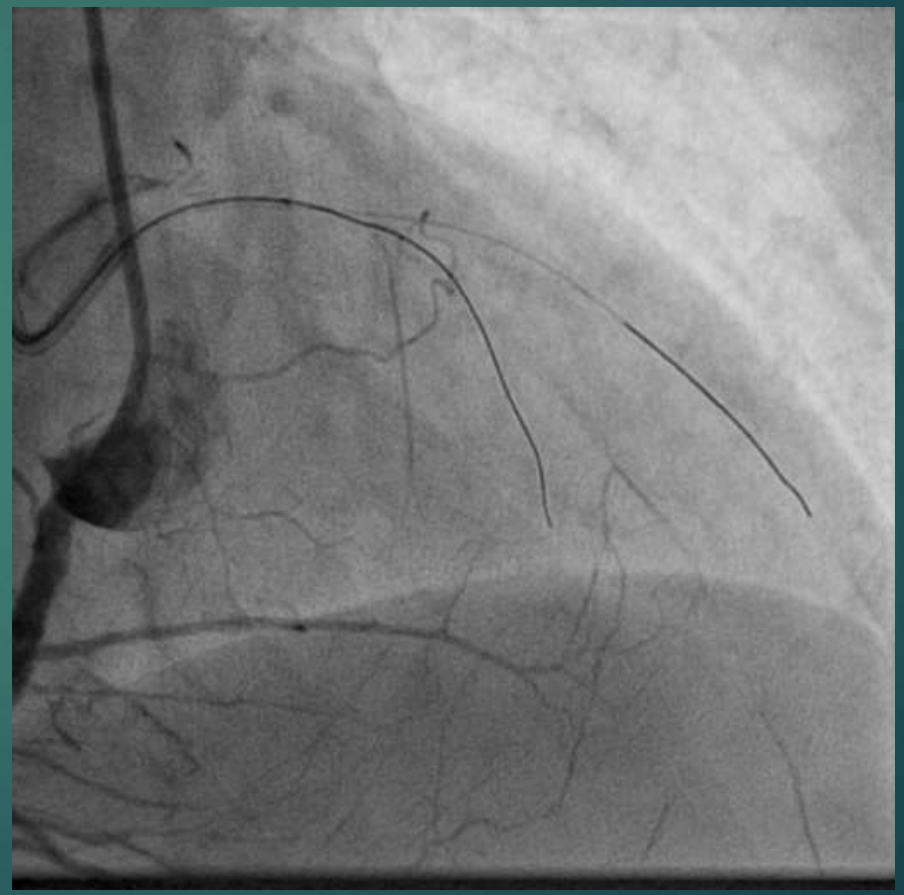


Stage approach for the LCA







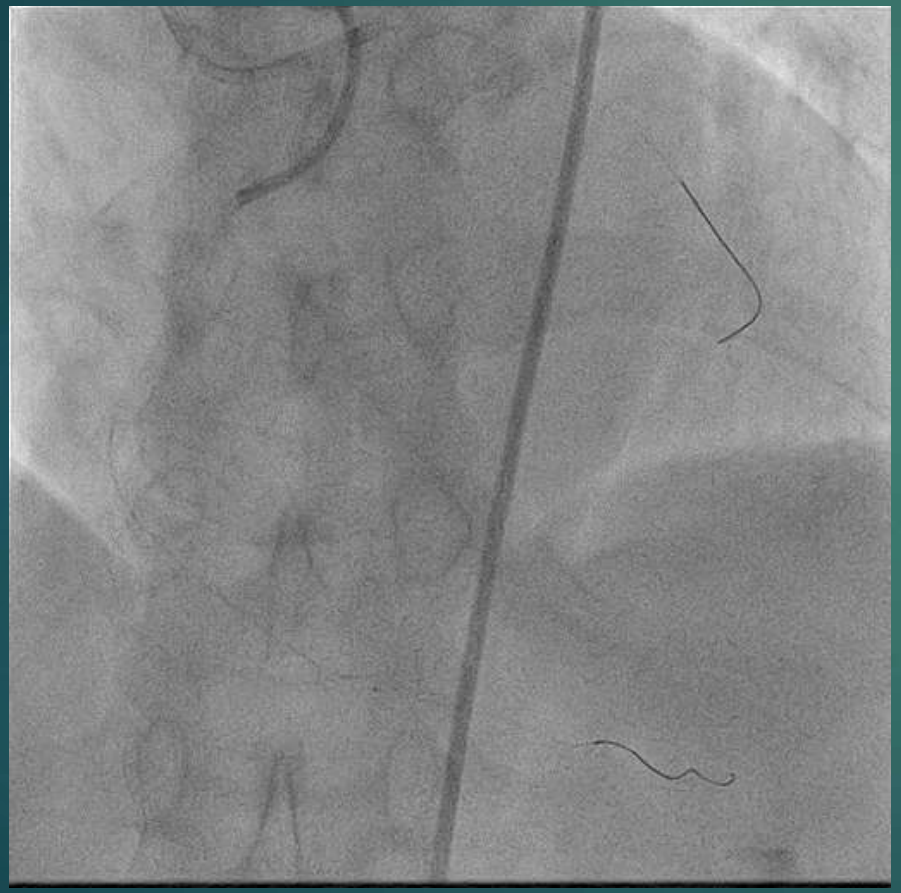


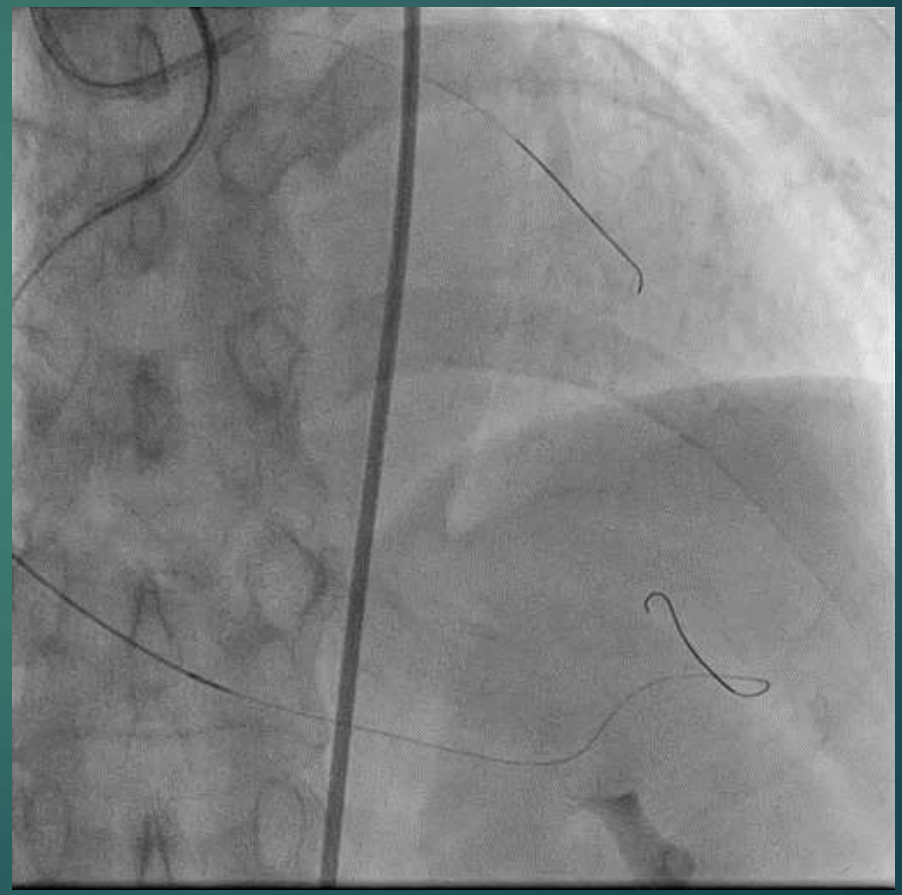
Unable to view entry point

Some small collaterals

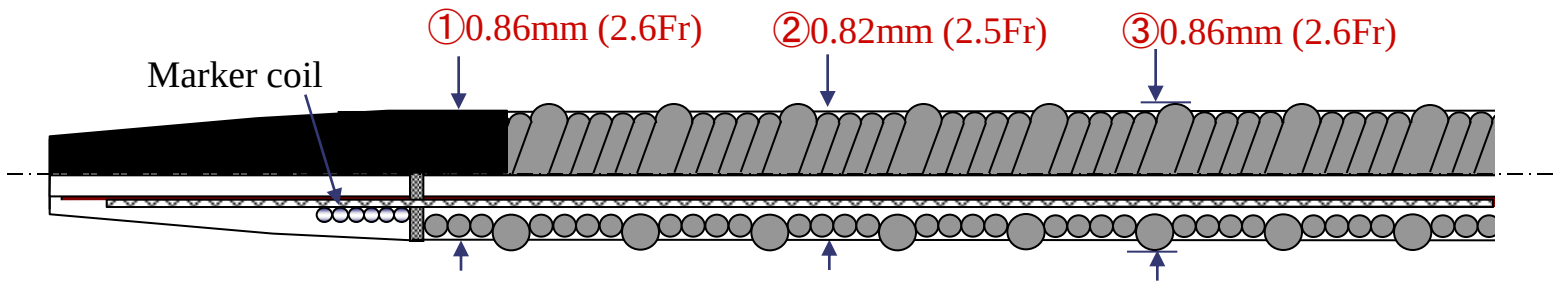
Tried anterograde approach - failed

Changed to retrograde approach





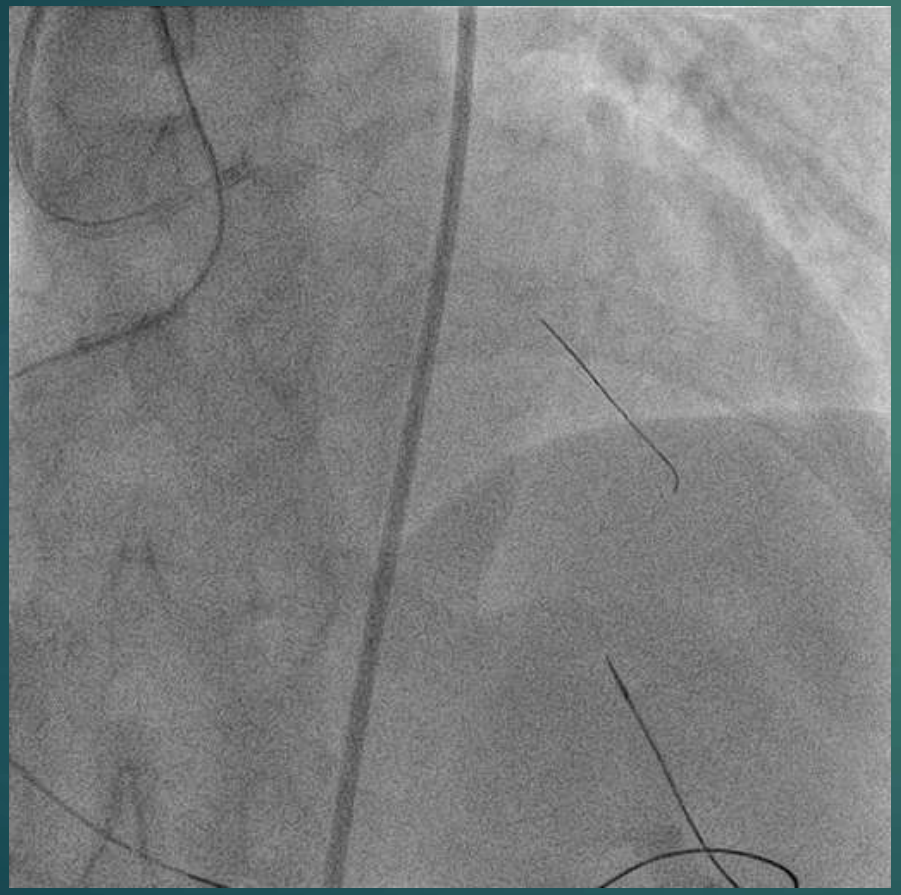
CORSAIR CHANNEL DILATOR

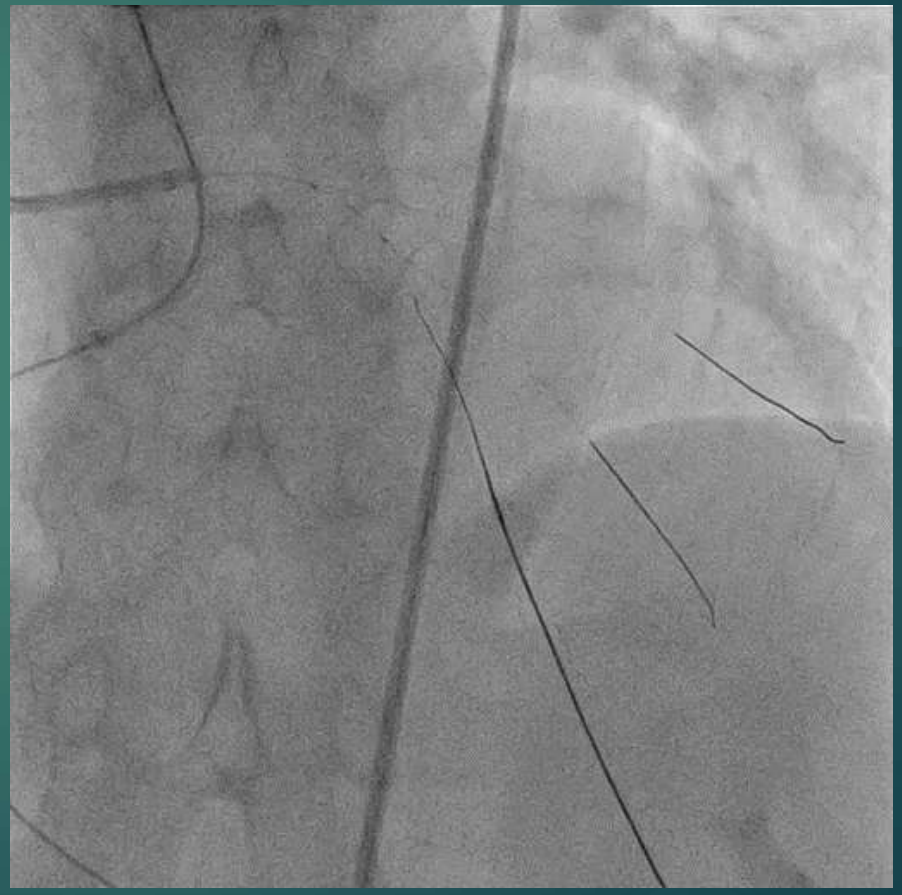


- Tapered Soft Tip
- 20cm Screw Head Structure
- Hydrophilic Polymer Coating
- PTFE Inner Layer

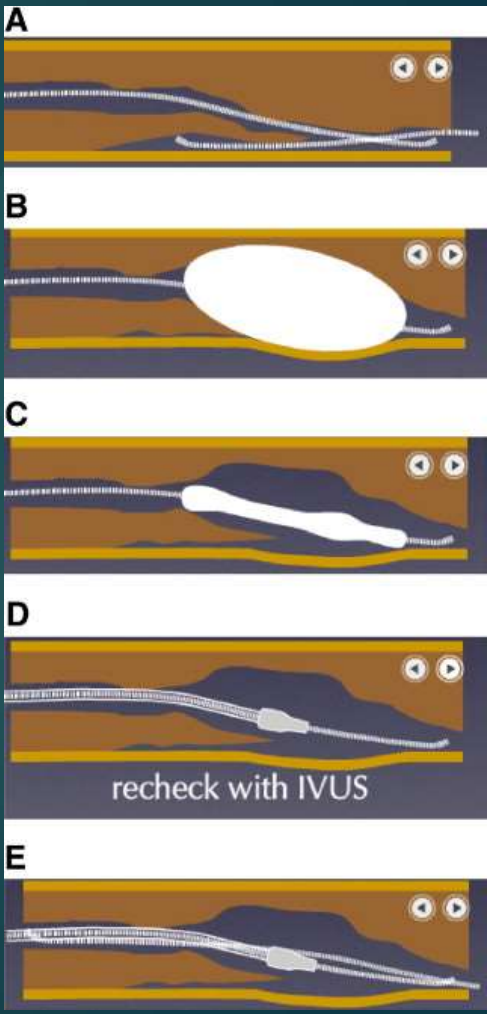
Should not be over-rotated (>10 consecutive turns without releasing)

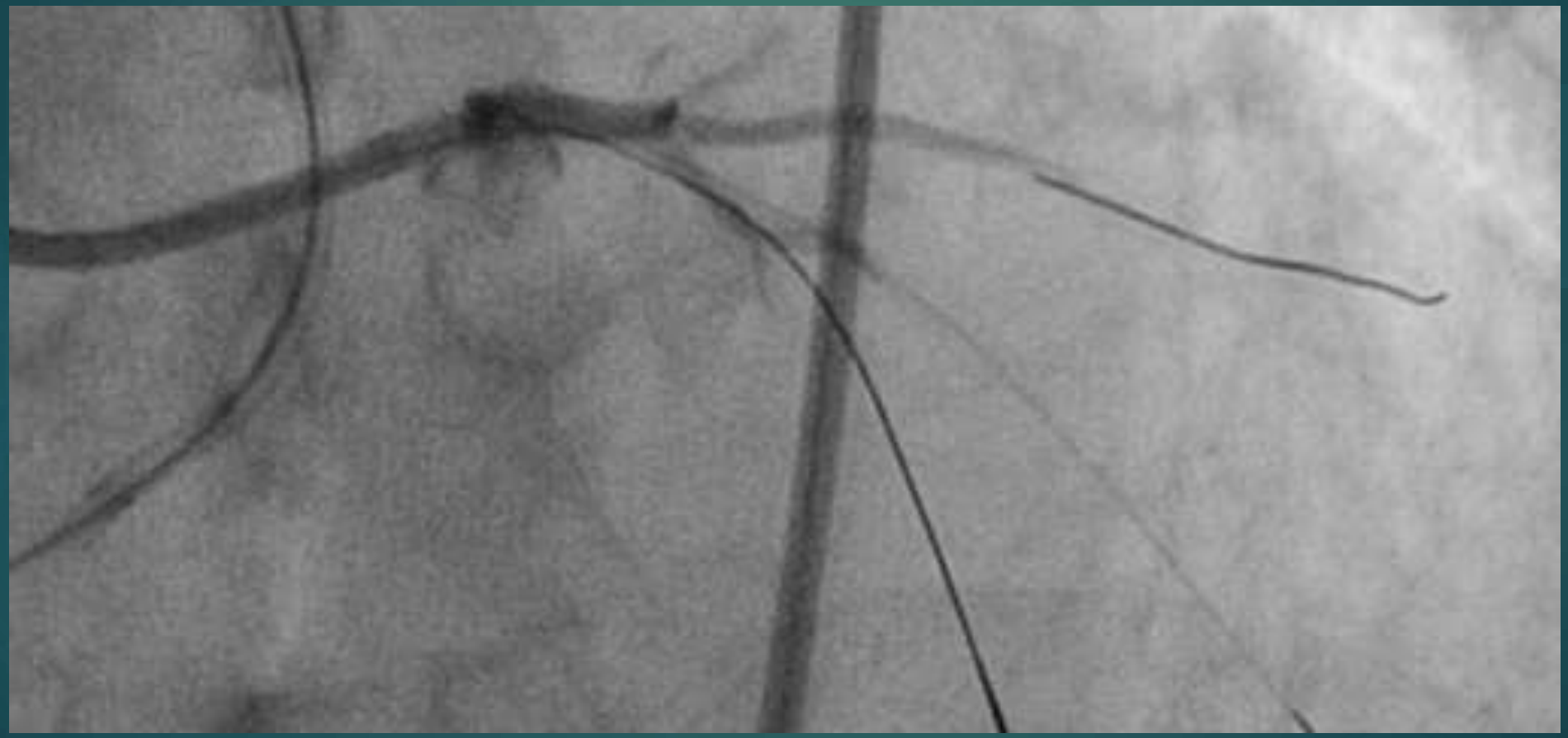
Unable to do simple Kissing wire technique – changed to R-CART



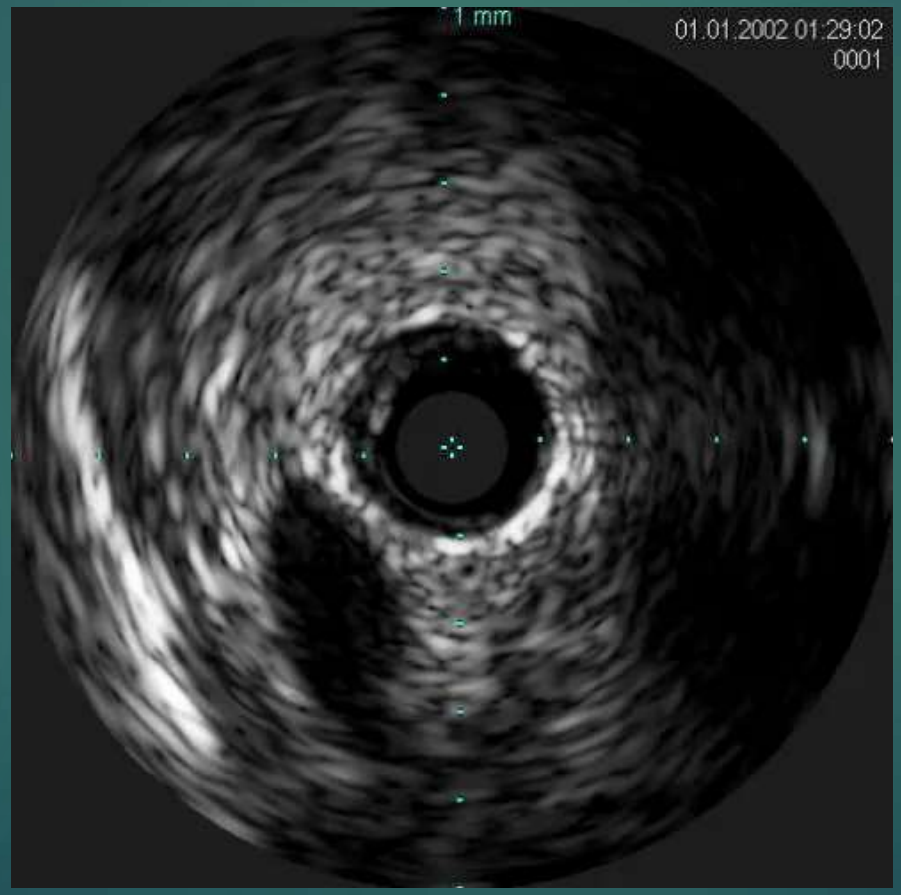


Reverse CART Technique ?

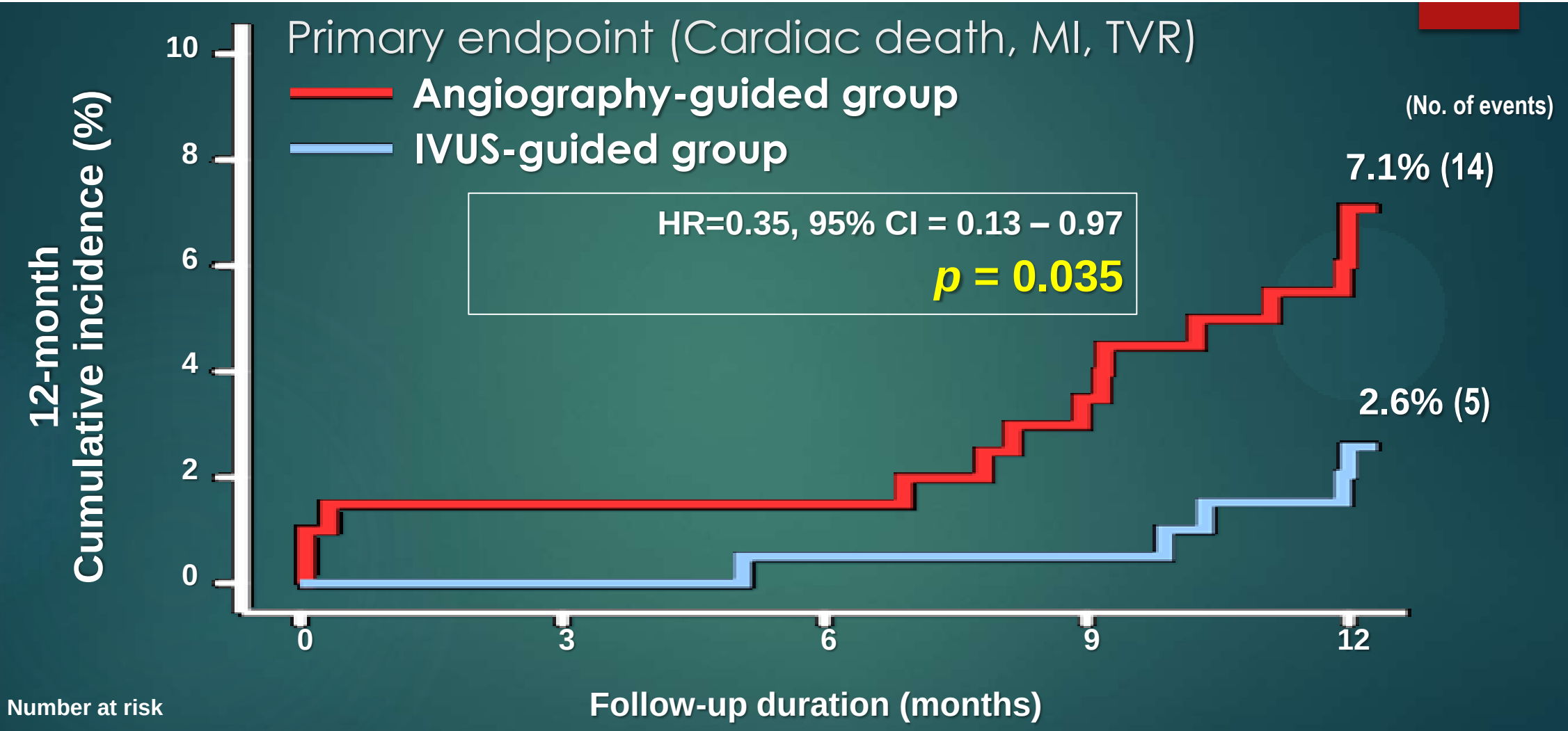




IVUS guided CTO PCI



Clinical Impact of IVUS-GUIDED CTO Intervention on the Clinical Outcomes



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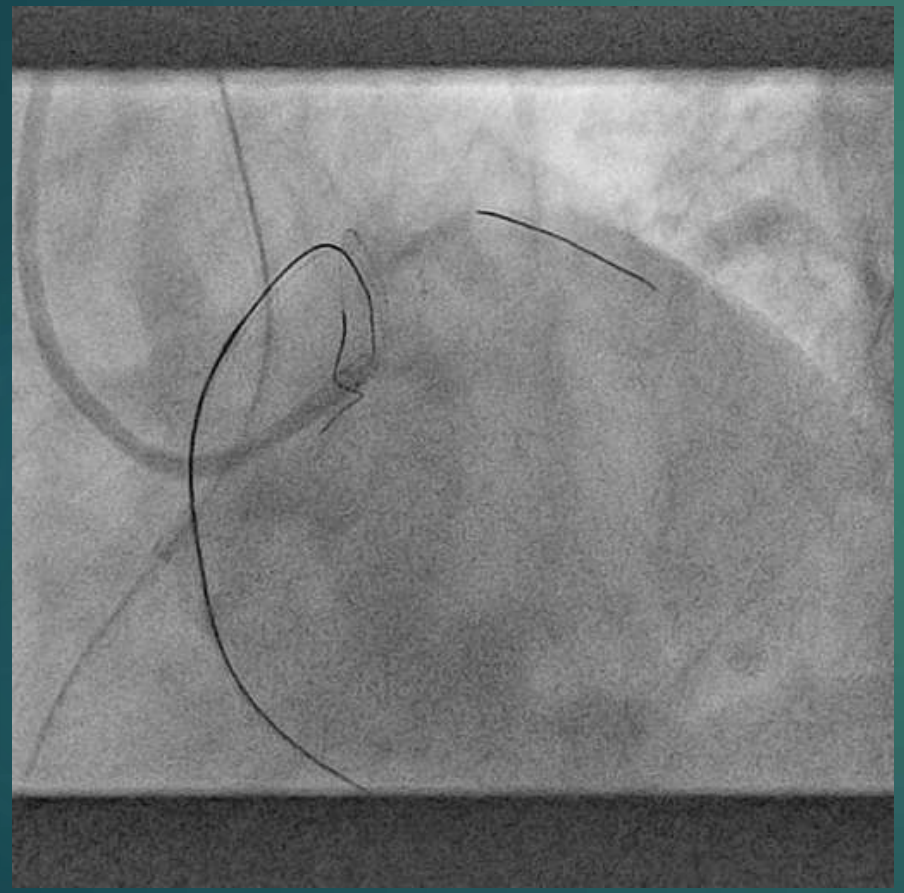
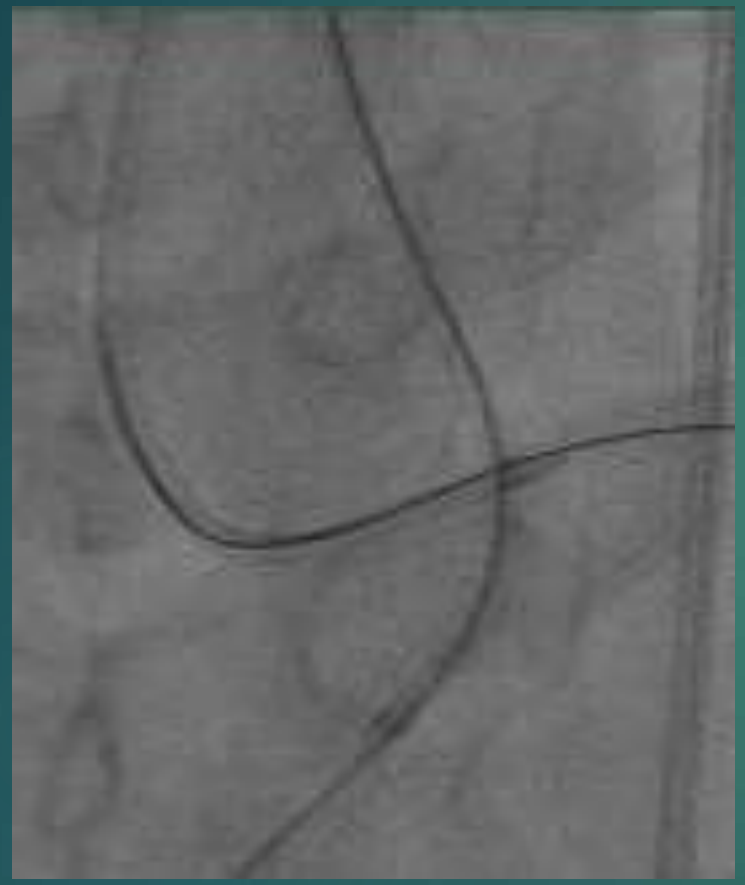
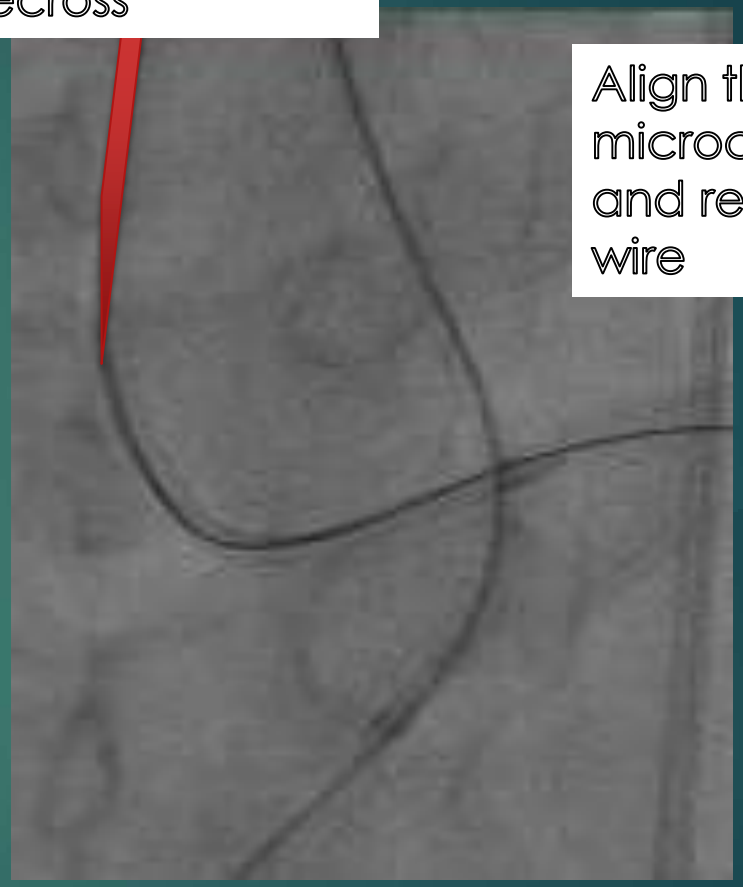


- Manage to advance retrograde wire to EBU3.5 7F with some difficulty
- Unable to advance corsair into the EBU guide for externalization
- Retrograde wire in anterograde guide but unable to externalize

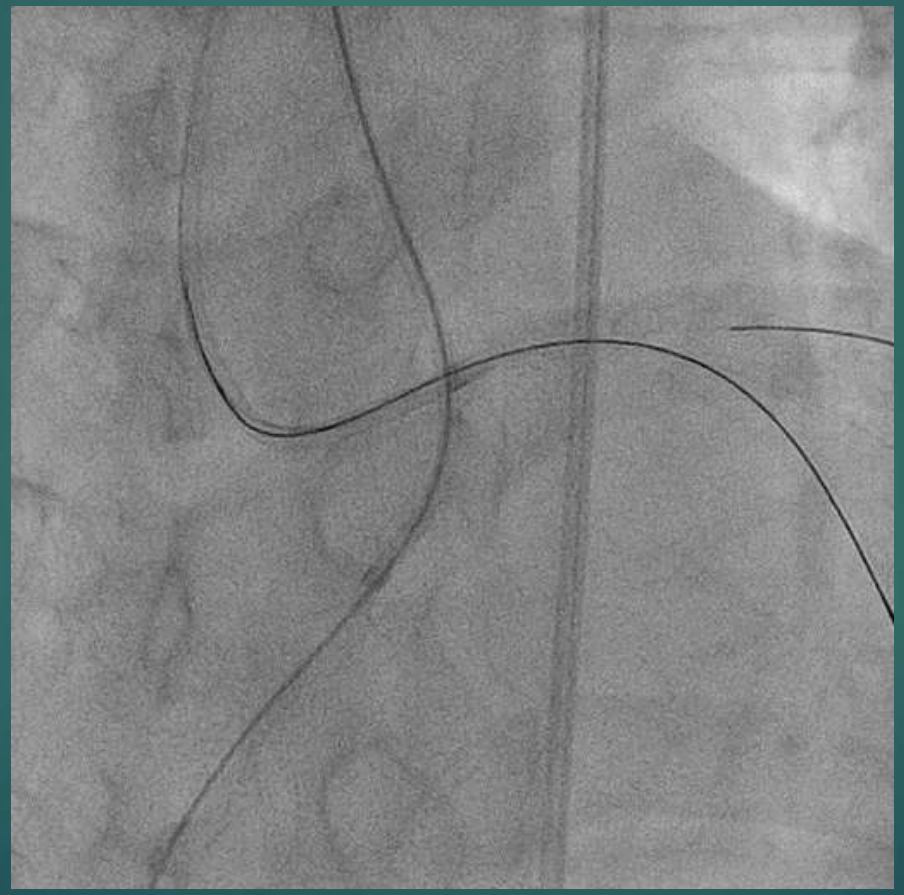
Tip-In Technique

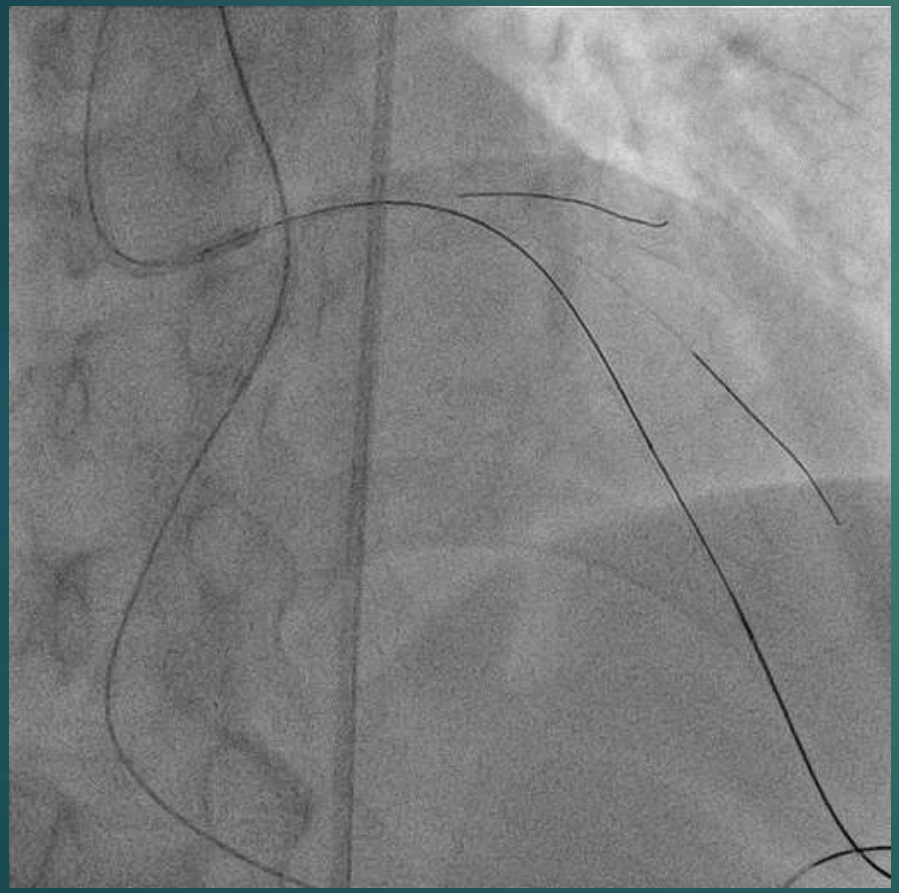


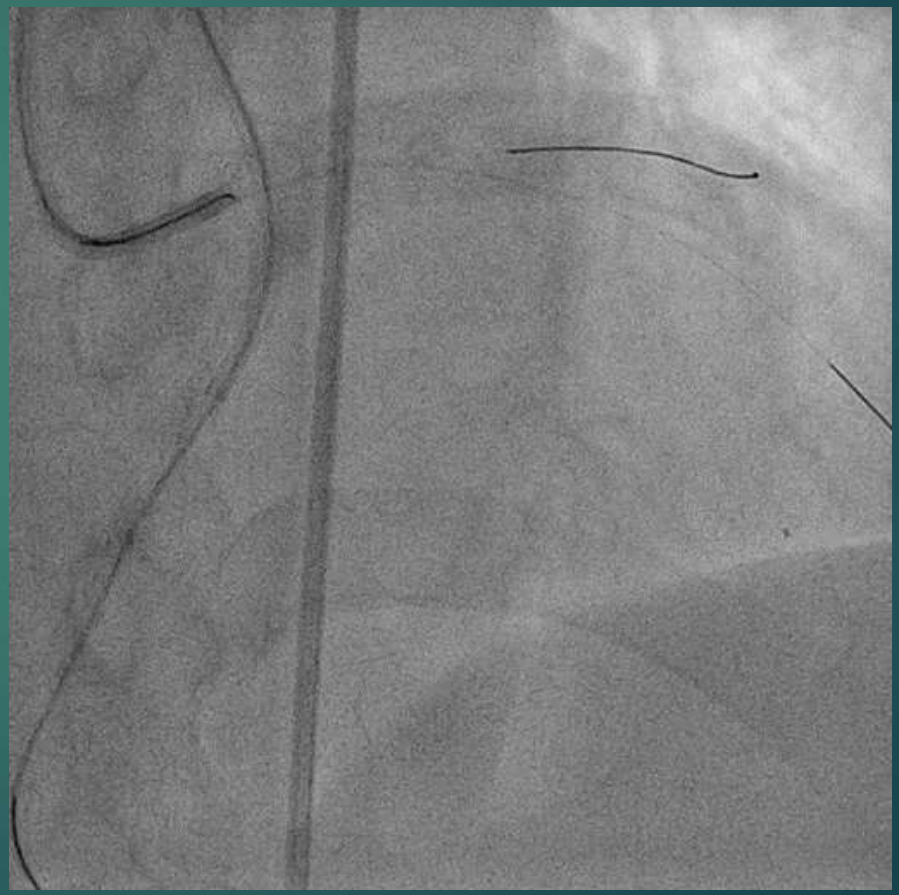
Advance the anterograde finecross

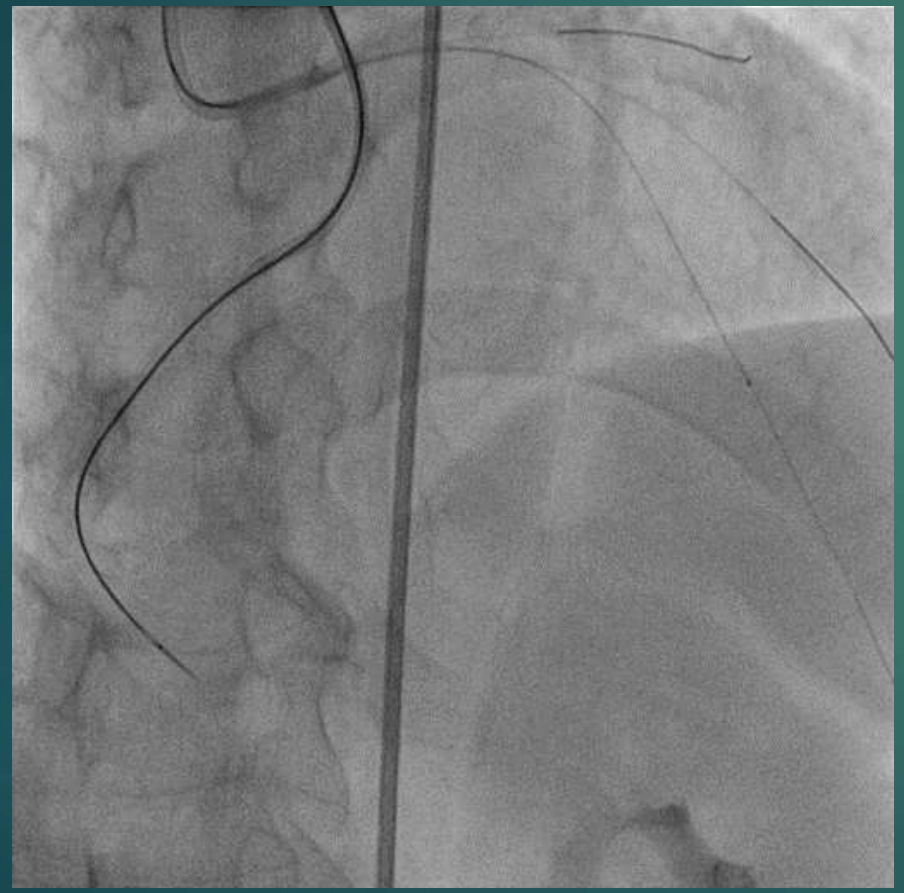


Align the microcatheter and retrograde wire

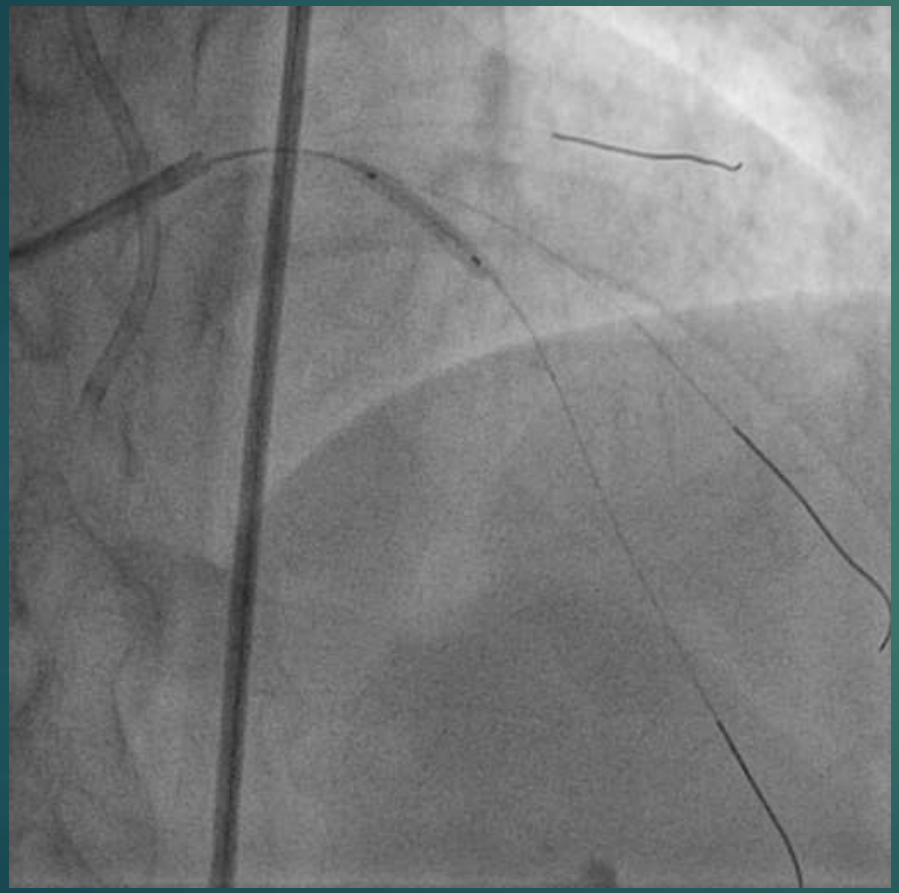


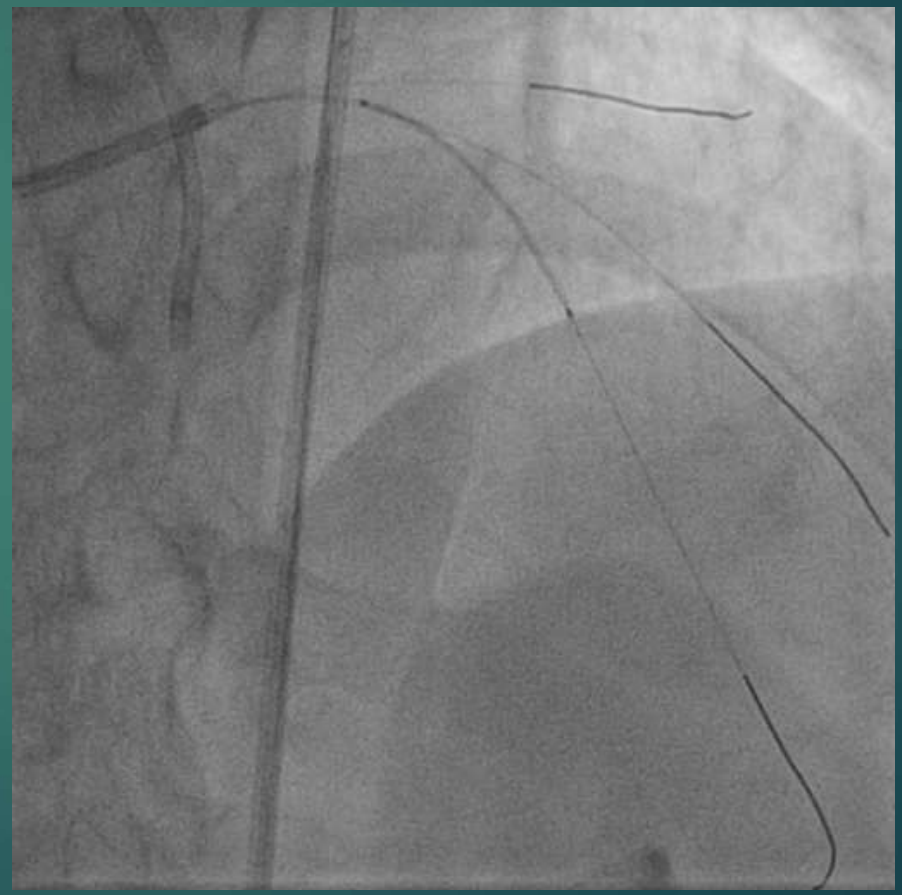


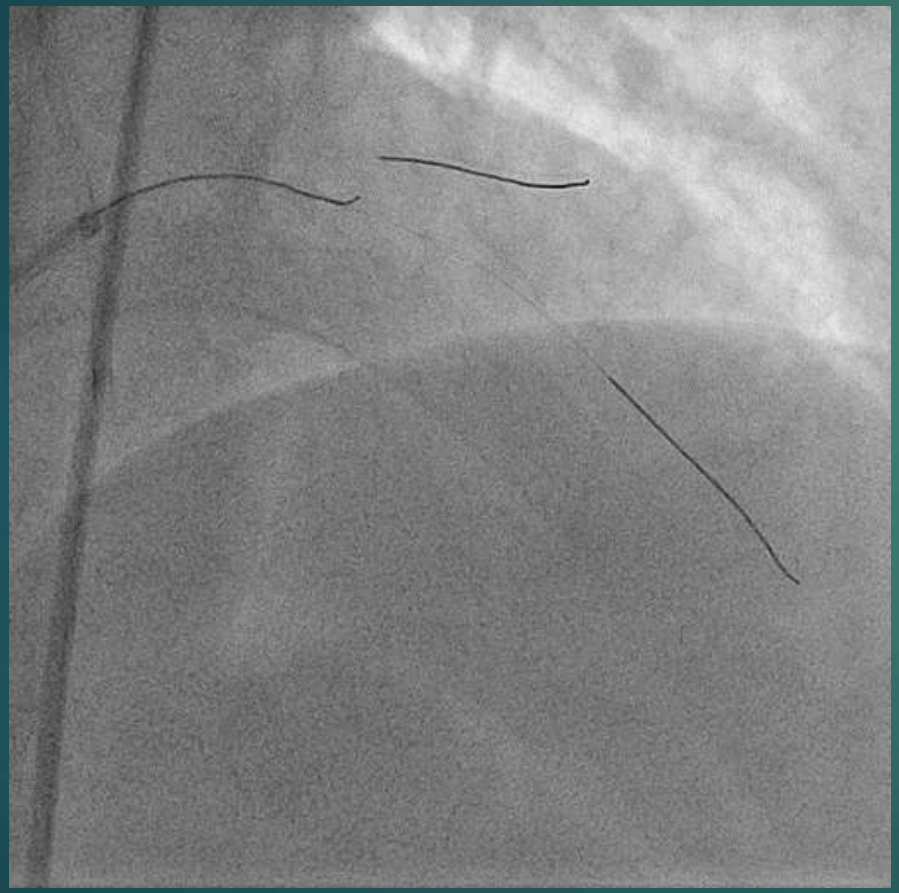


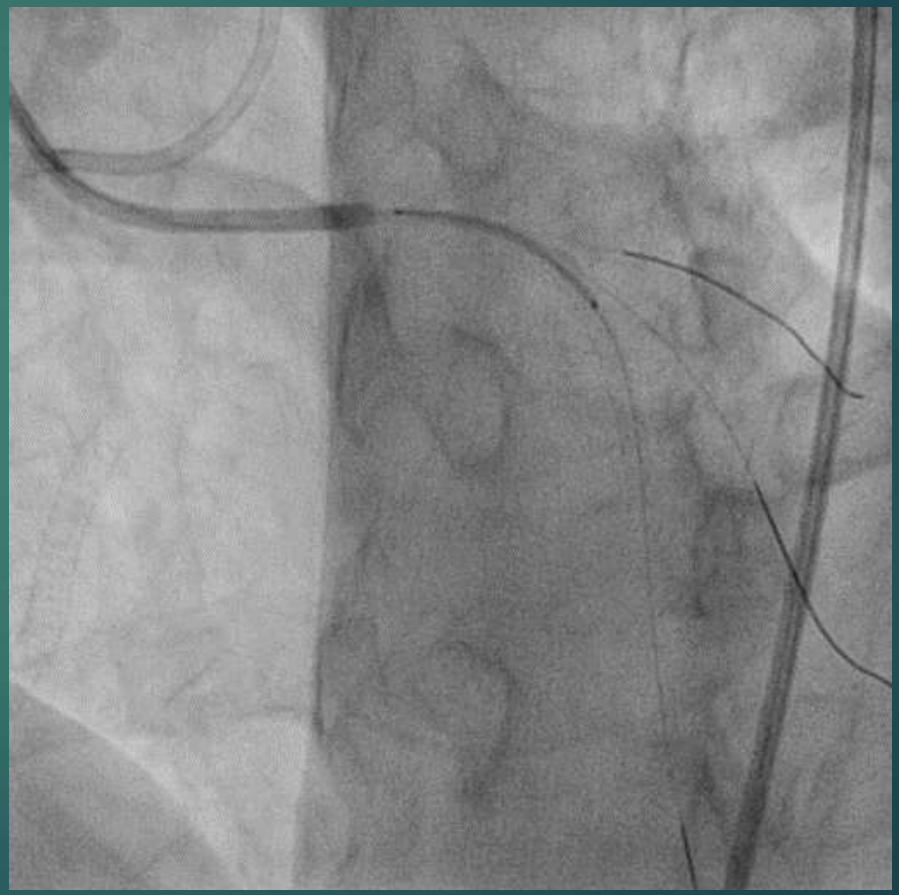


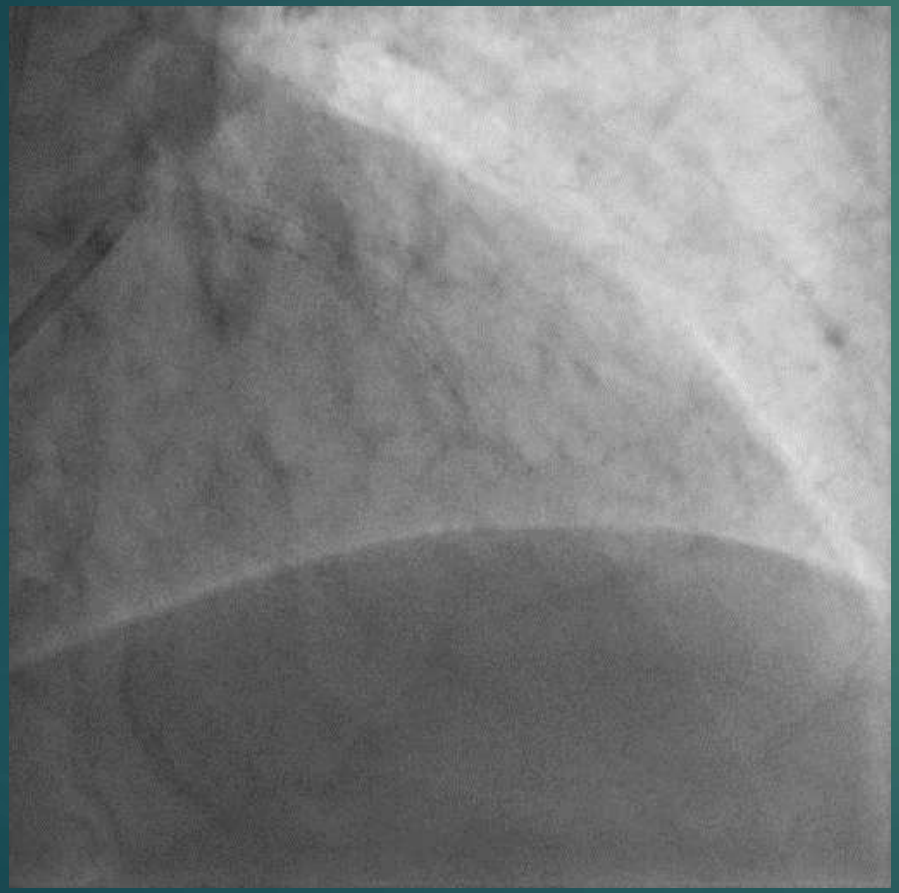
- Now, anterograde wire is in the LAD
- Prior to removal of corsair, take a cine to ensure no perforation/dissection of the donor septal branch

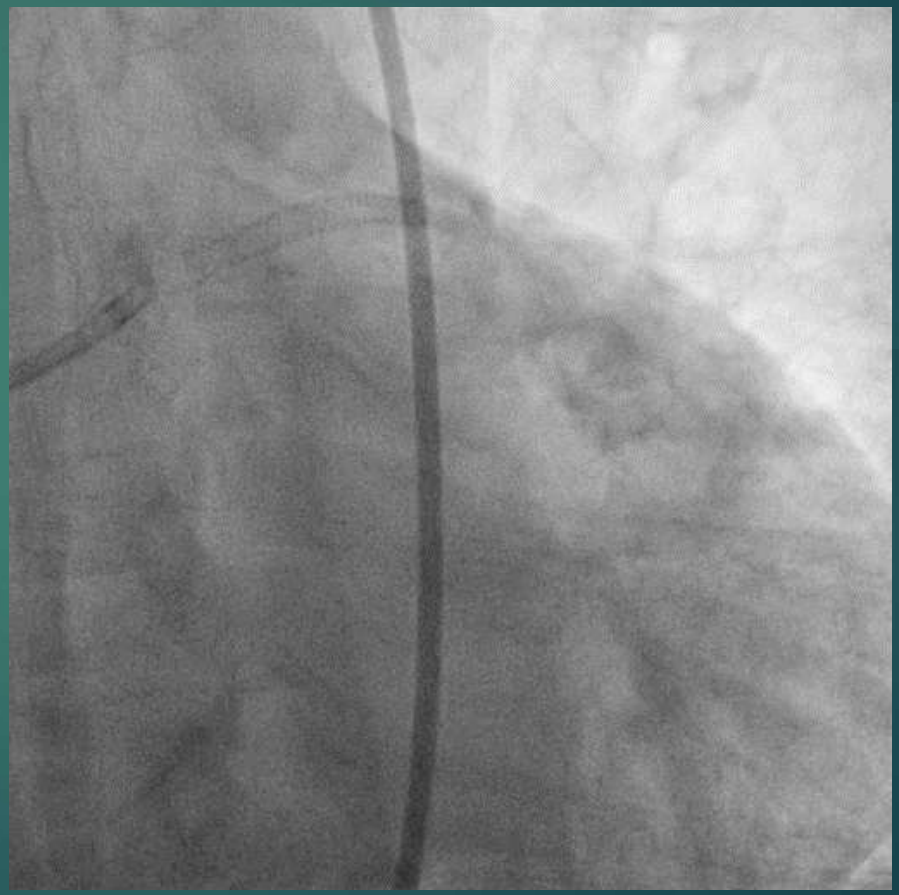


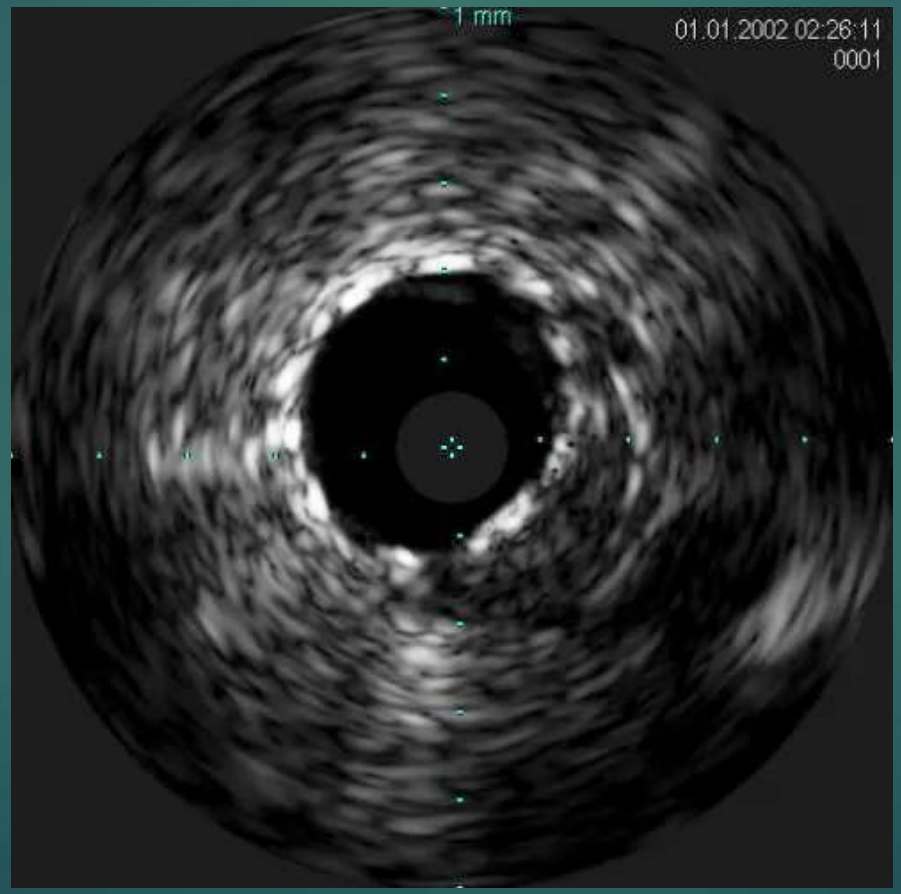








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