A NOVEL RETROGRADE WIRING METHOD FOR CORONARY CTO

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Case

- 80 y.o, male, who had ESRD of DM nephropathy
- He felt chest tight on effort for several years. He was performed radioactive isotope test, but that showed negative.

- During observation His symptom was getting worth. At this time, he initiated hemodyalysis. We performed CAG.
Clinical course

- CAG revealed CTO of middle RCA and severe stenosis of just proximal LAD and LCX (Medina; 0,1,1). SYNTAX score was 35.

- These were complex lesions of DM patient. The first choice of his therapy was coronary bypass surgery. But we found multiple HCC-like lesion in his liver. We estimated his poor expectancy. After consultaion with him and his family, we decided to performed PCI for him.
PCI

LAD: Cypher 3.0/23
LCX: Xience 3.0/28
PCI

septal branch
PCI

X-treme + Enecross
PCI

Fielder FC x Finecross

Miracle3 + Corsair (15xcm)
PCI

Tazza 2.0ng

retro.B.M.W 300cm + Corsair 150cm
PCI

ante: Corlair 2.5mm
retro: Corlair 1.5mm + B.M.W. 3.0mm
Conclusion

- First, we planned to cross retrogradely through the septal branch, but could not. We chose apical artery for the retrograde access. Therefore, the 150cm long Corsair could not reach RCA guiding catheter.

- It was effective that the retrograde wire was tipped in the antegrade Corsair in the RCA guiding catheter. The angegrade Corsair could be pushed along the retrograde wire. We could switch to angegrade approach.

- We call that method as “tip-in method”. This method is useful when we have to use distal channel unexpectedly.