# Retrograde Sub-algorithm
## -- APCTO Club Style --

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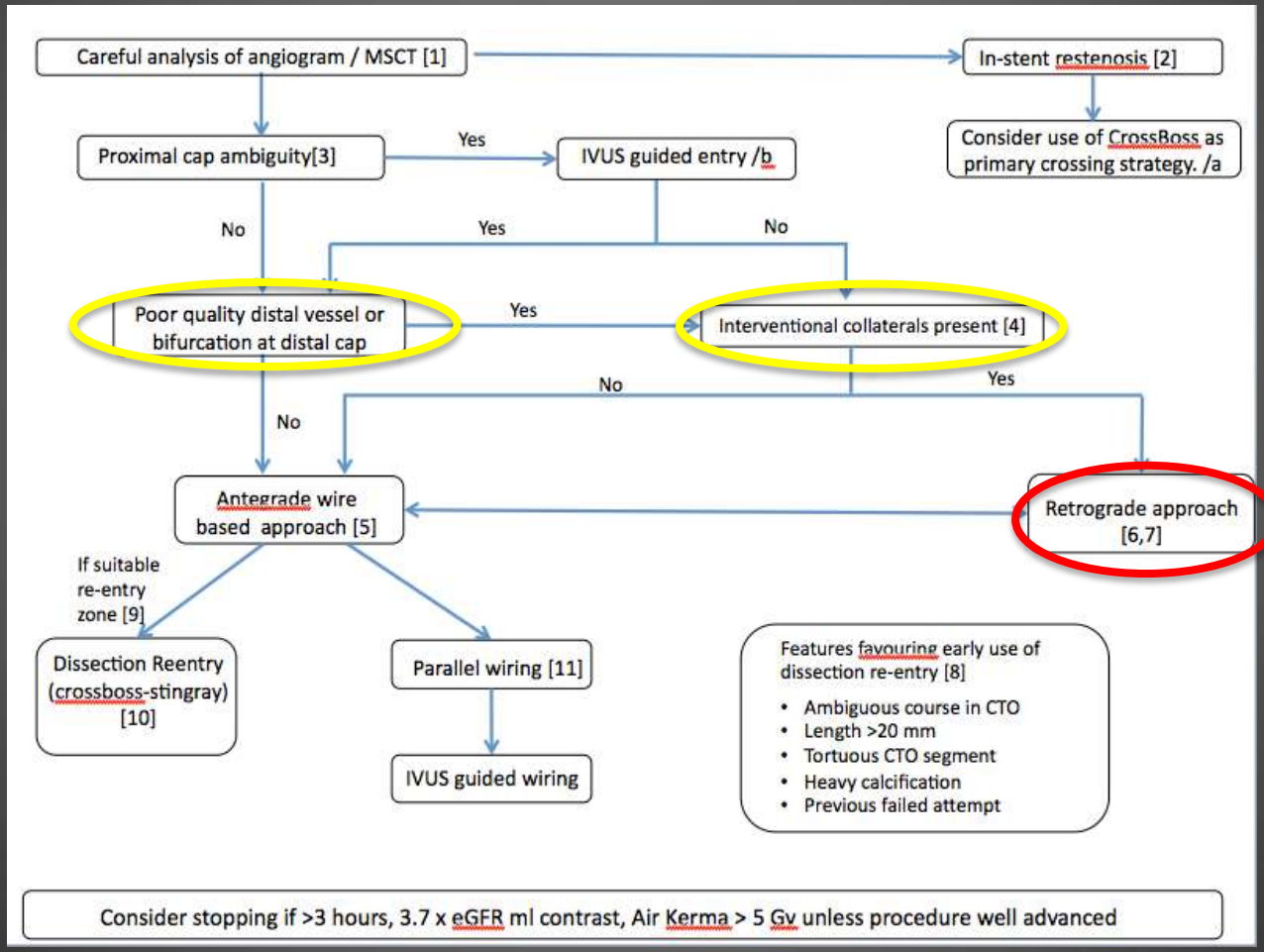
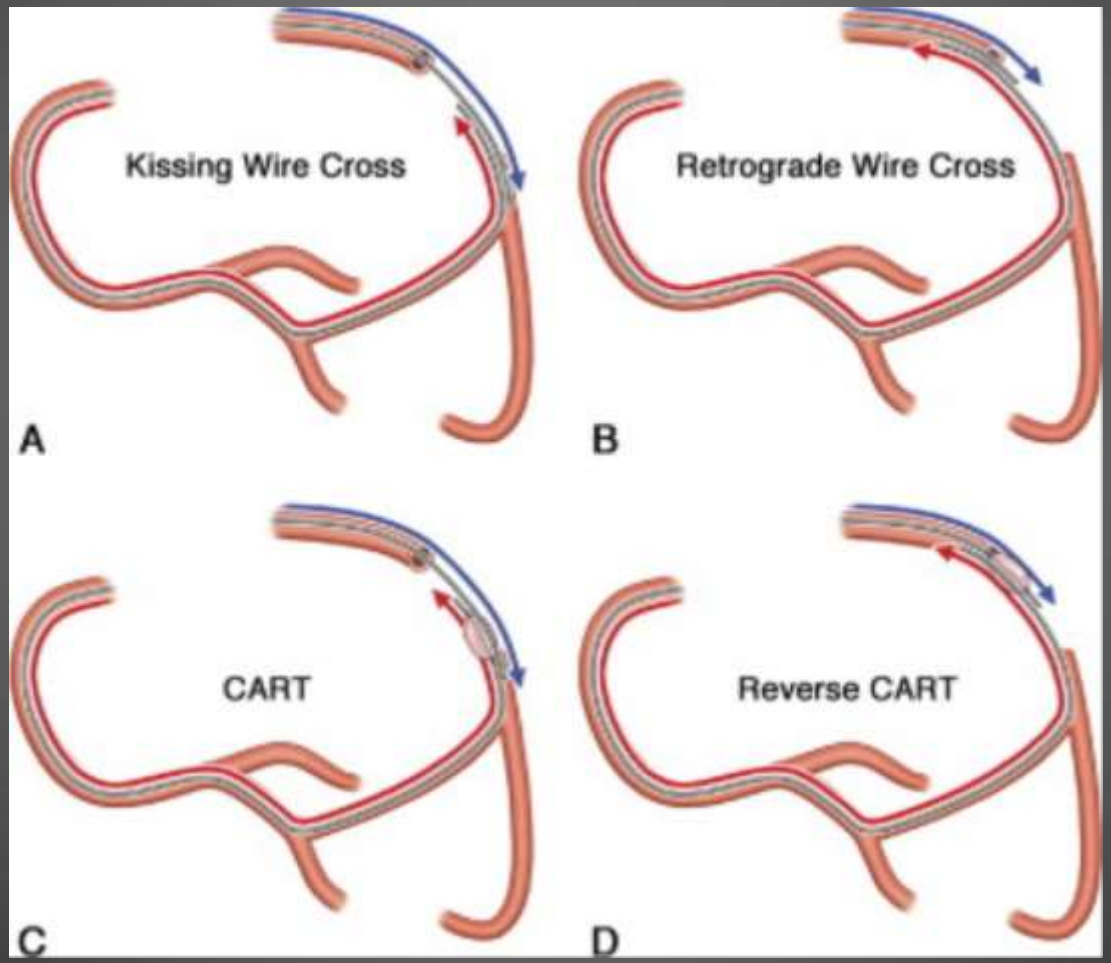
# APCTO Club main algorithm



# Crossing mode in retro approach

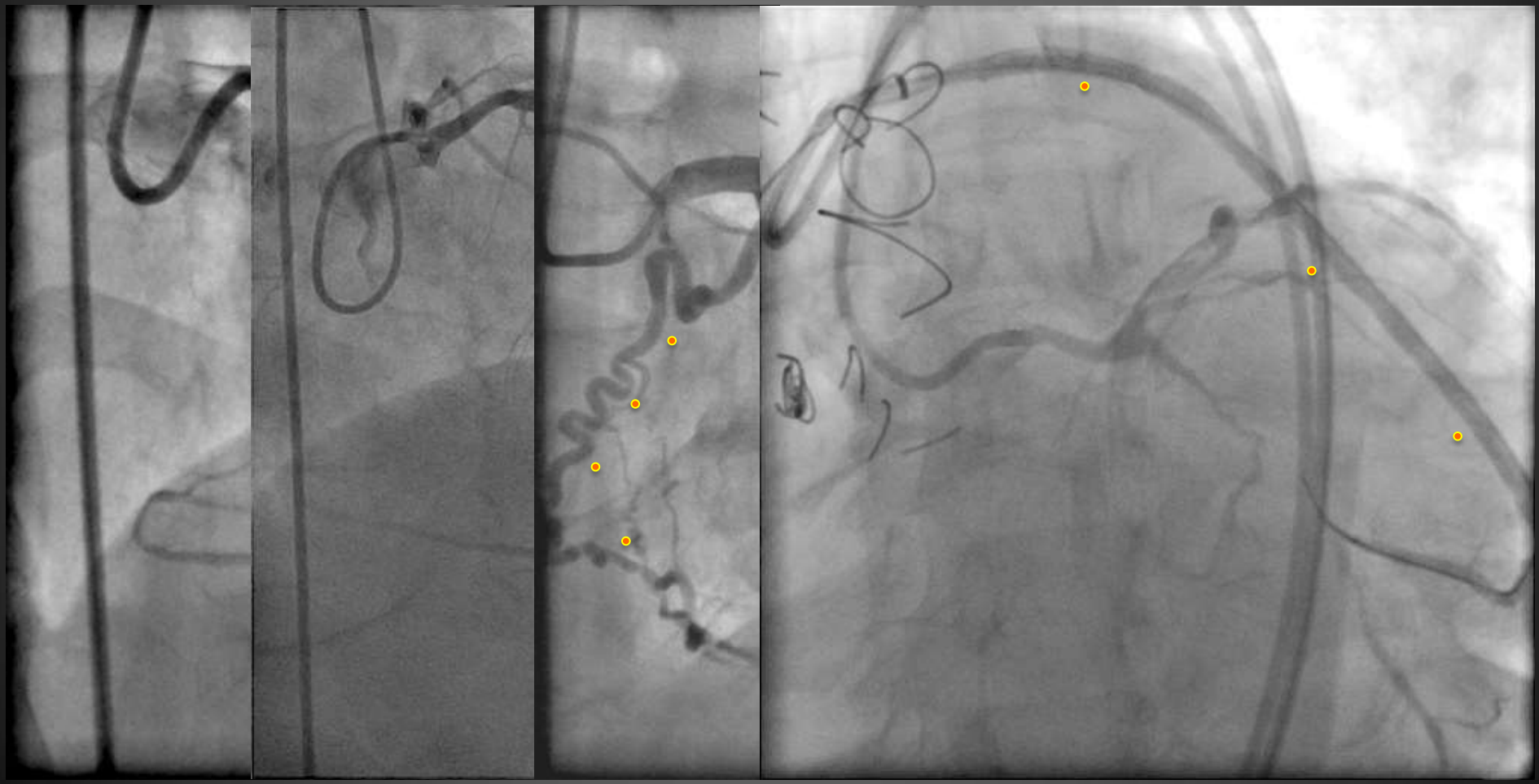



J Am Coll Cardiol Intv. 2011;4(9):941-951. doi:10.1016/j.jcin.2011.06.011

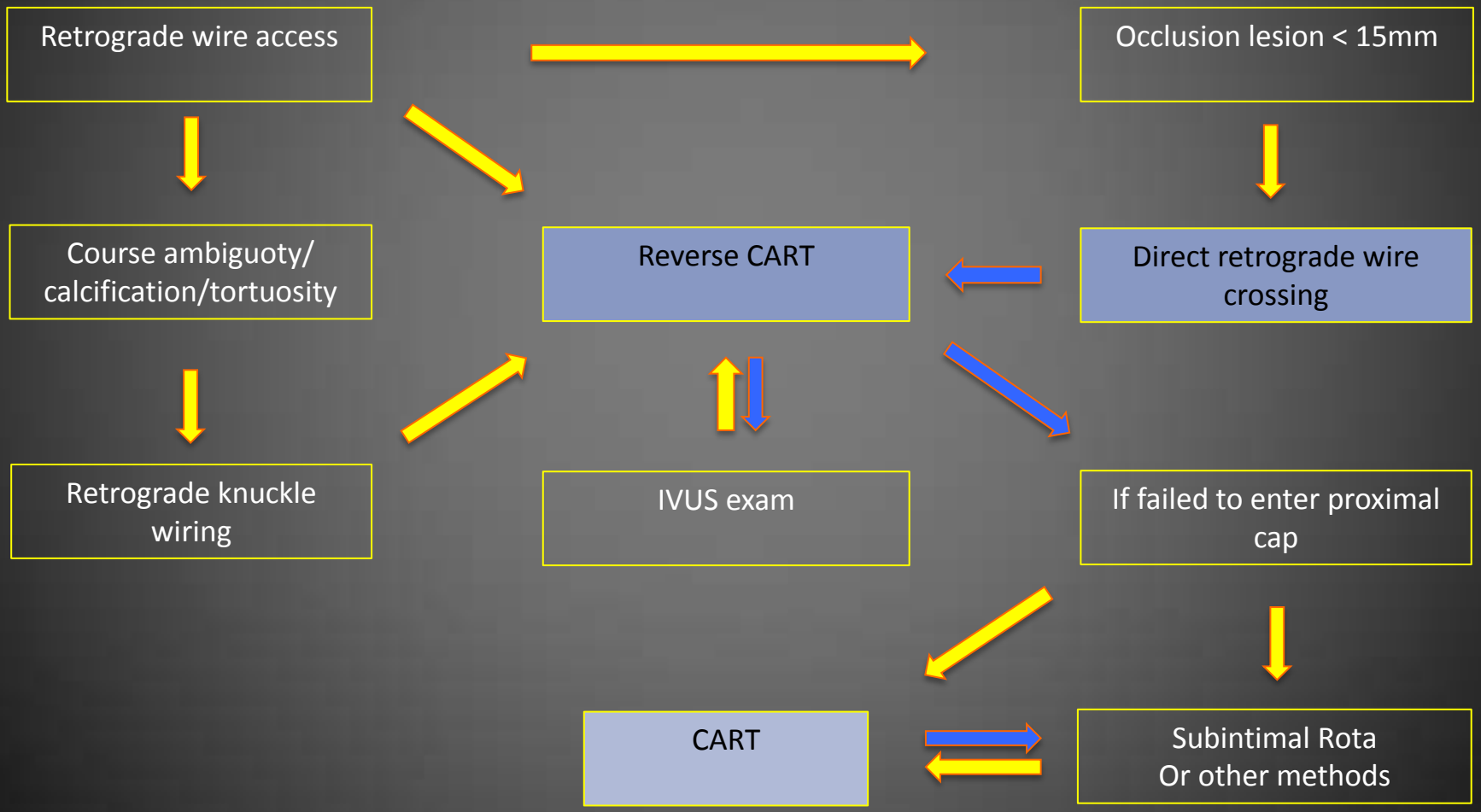
# Interventional channel

- Existence of “interventional channel” is dependent on operator experience and device availability
- Low-magnification contralateral injection with delayed exposure is mandatory to appreciate all possible channels
- Tip injection to confirm connection and route

# Channel groups

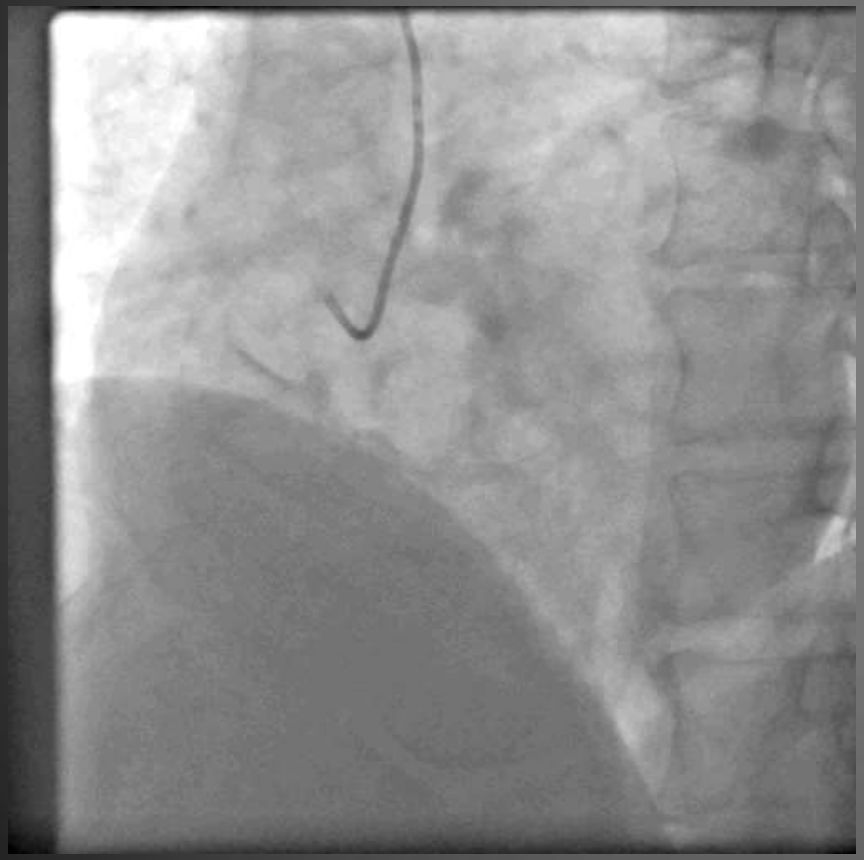


# AP Club retro algorithm



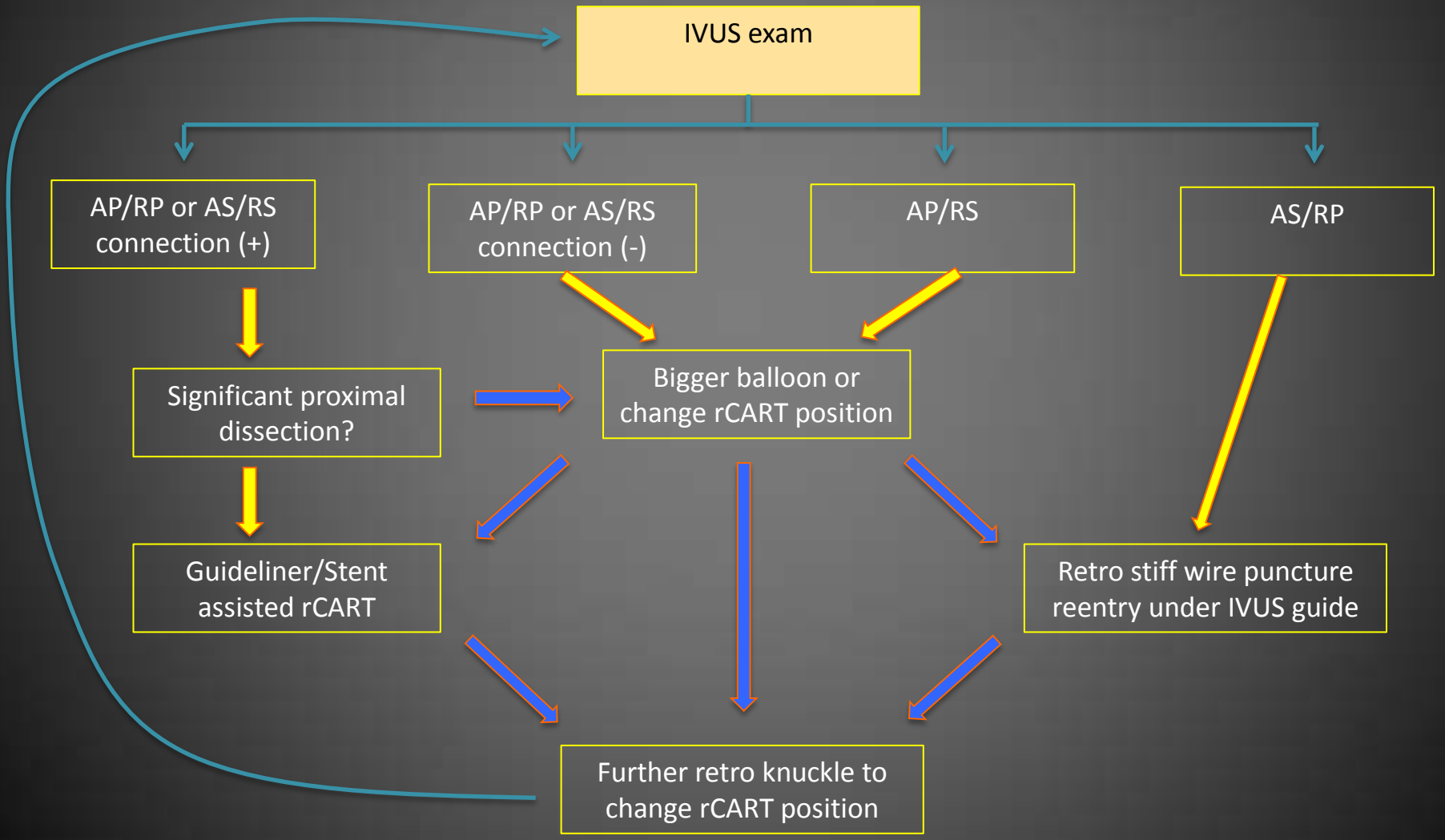
# Ub3 retro crossing

# Ambiguous CTO course



# Retro knuckle followed by rCART

# Algorithm when rCART failed

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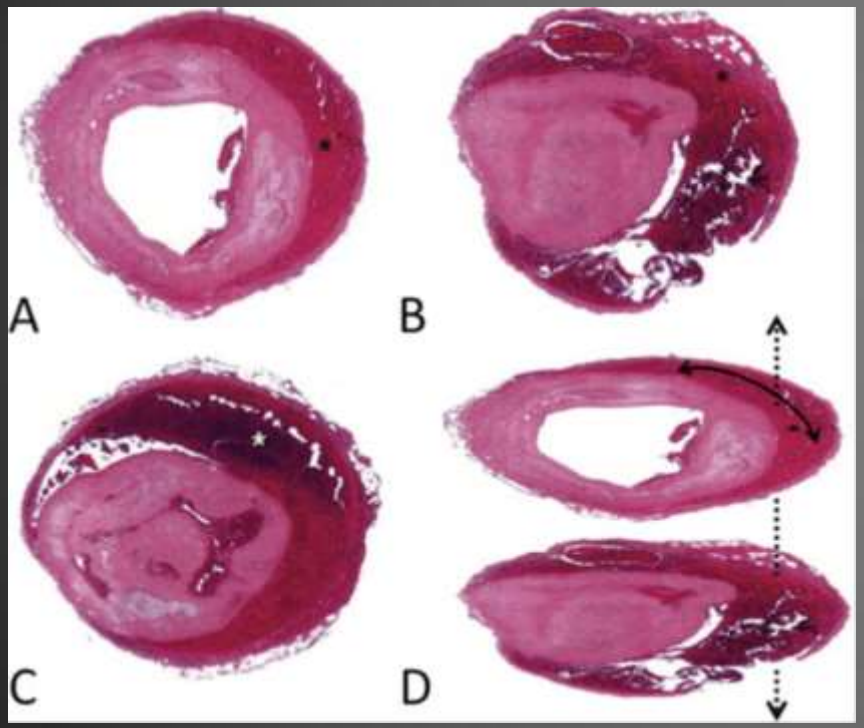
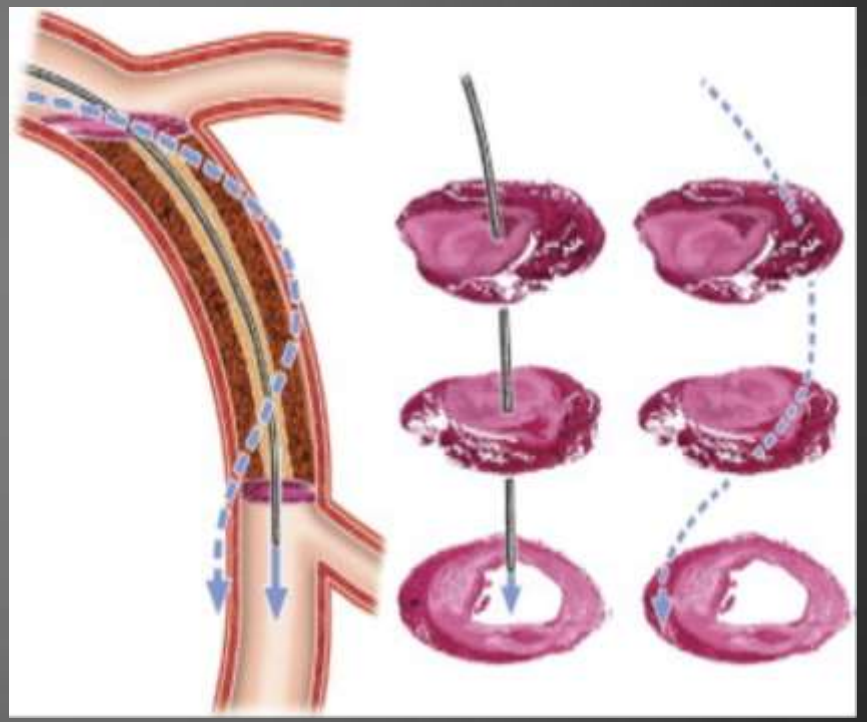
# Retro and ante wire positions



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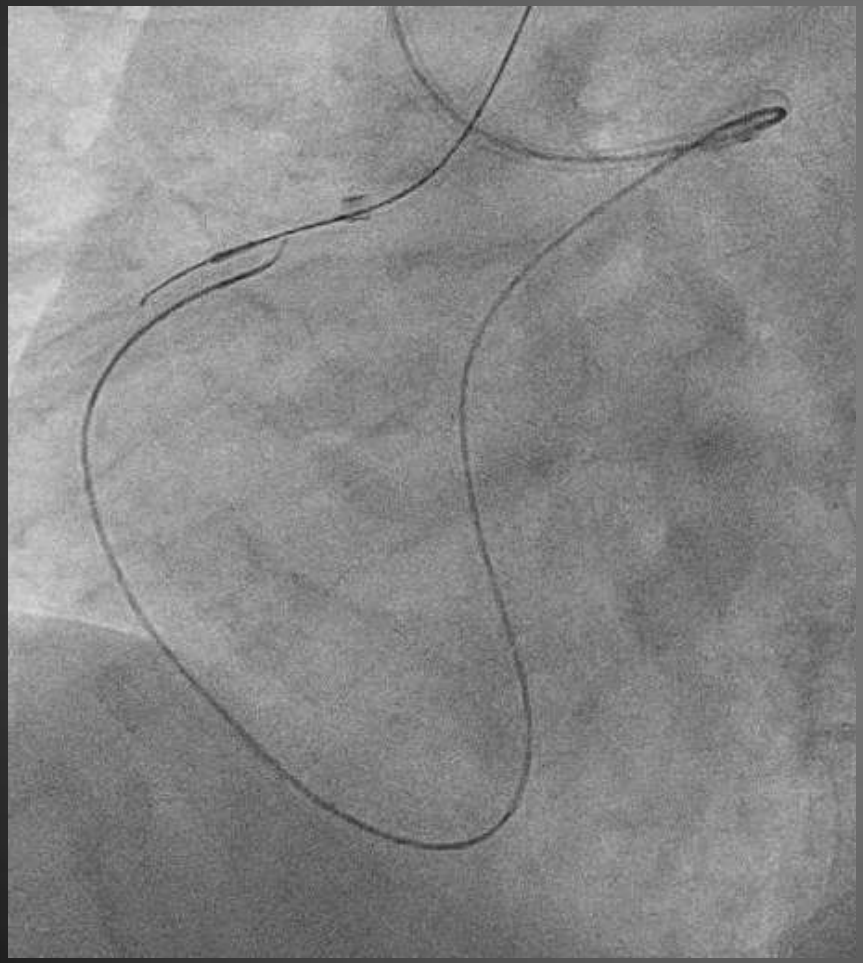
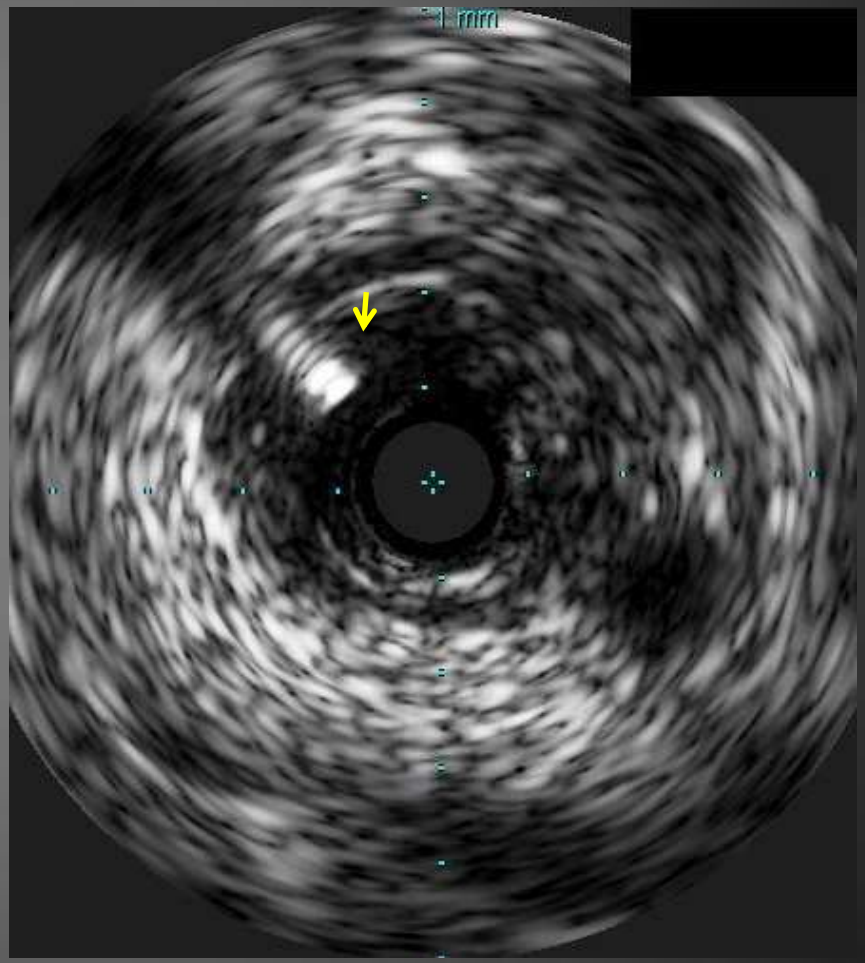
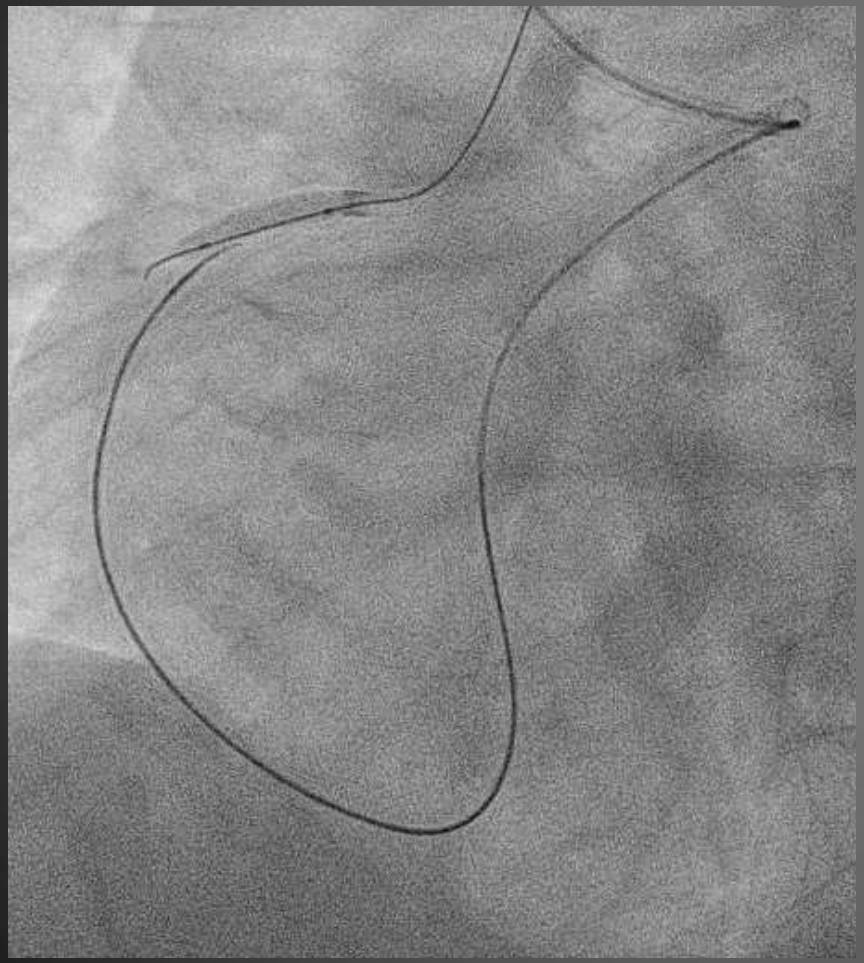
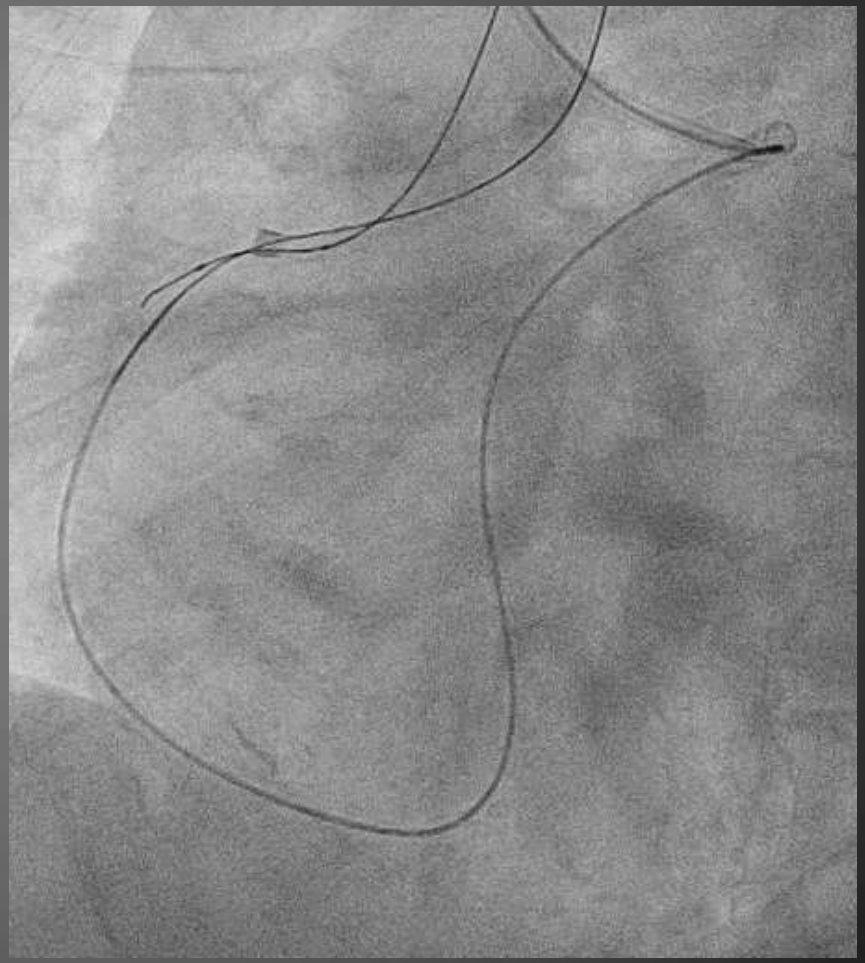
# AP/RP in prox. RCA



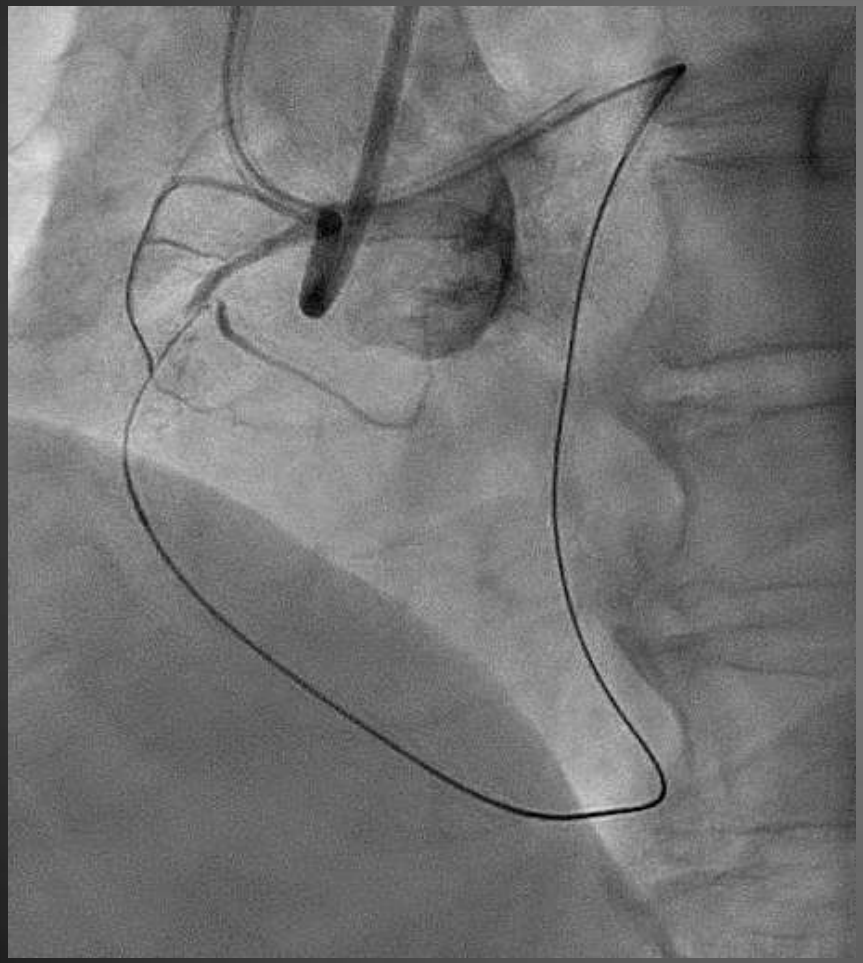


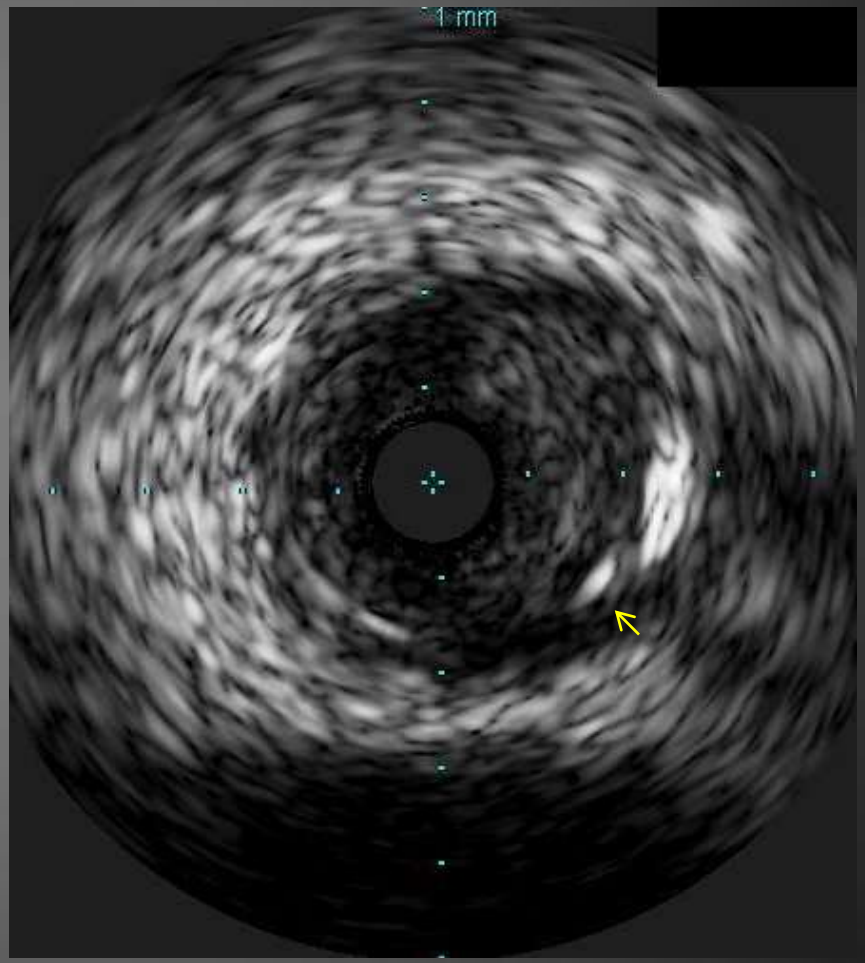
# Success after larger balloon rCART



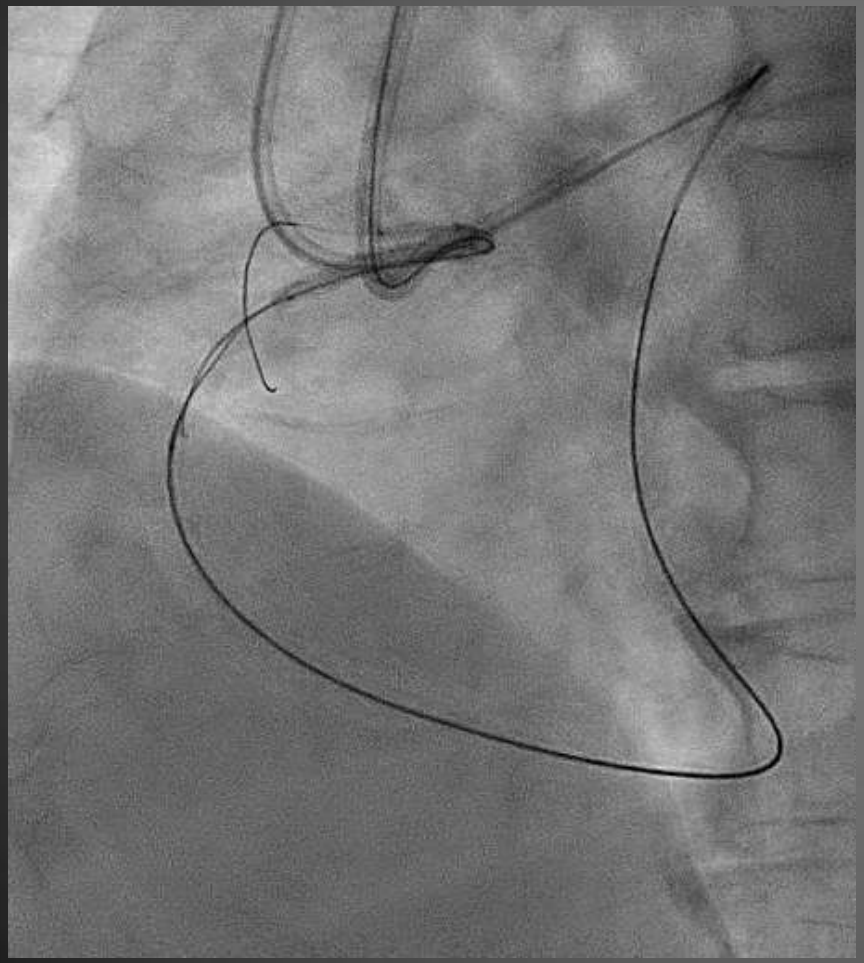


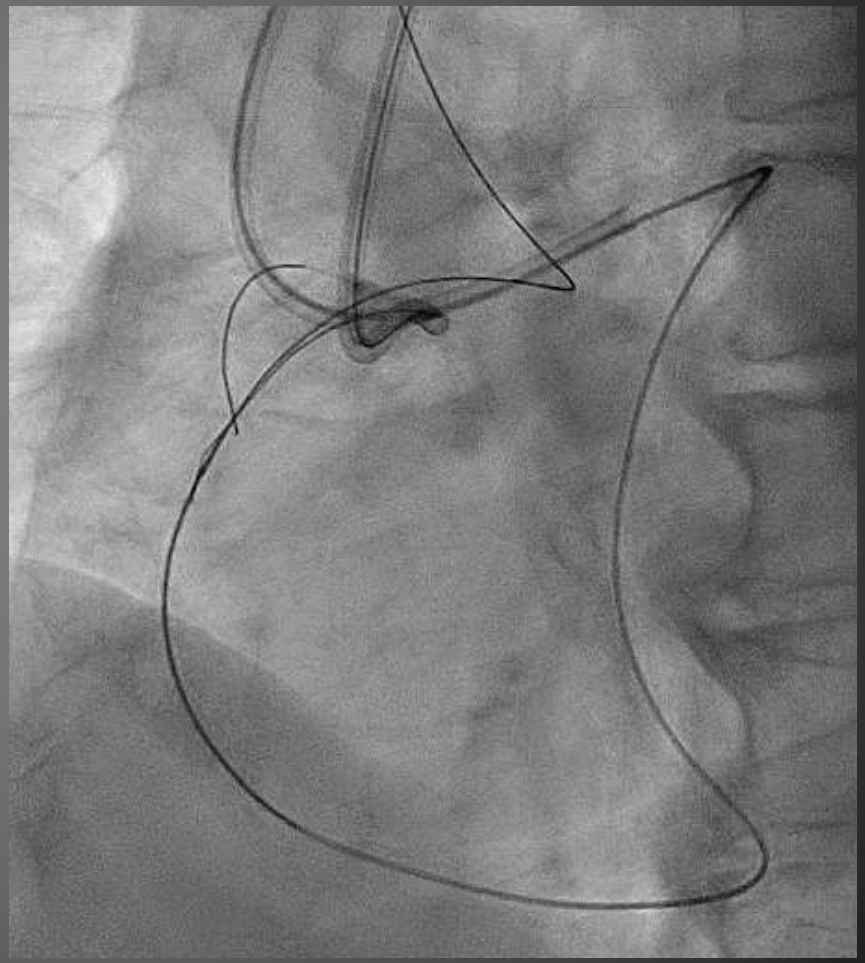
# AP/RS in prox. RCA



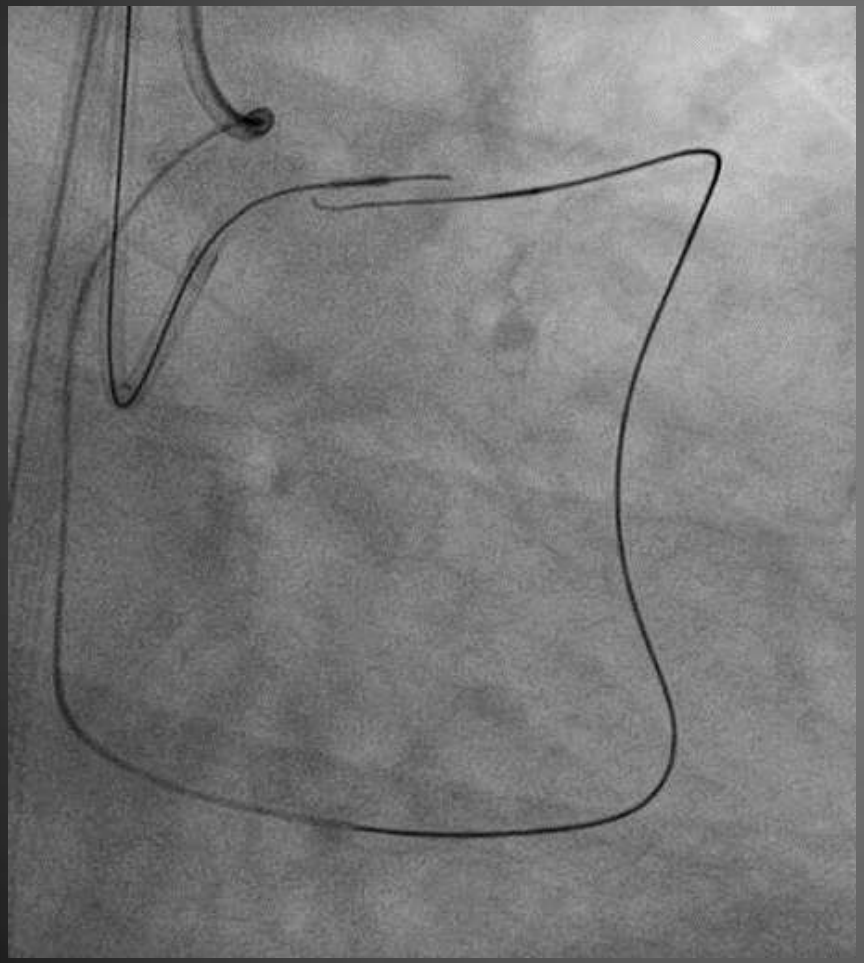


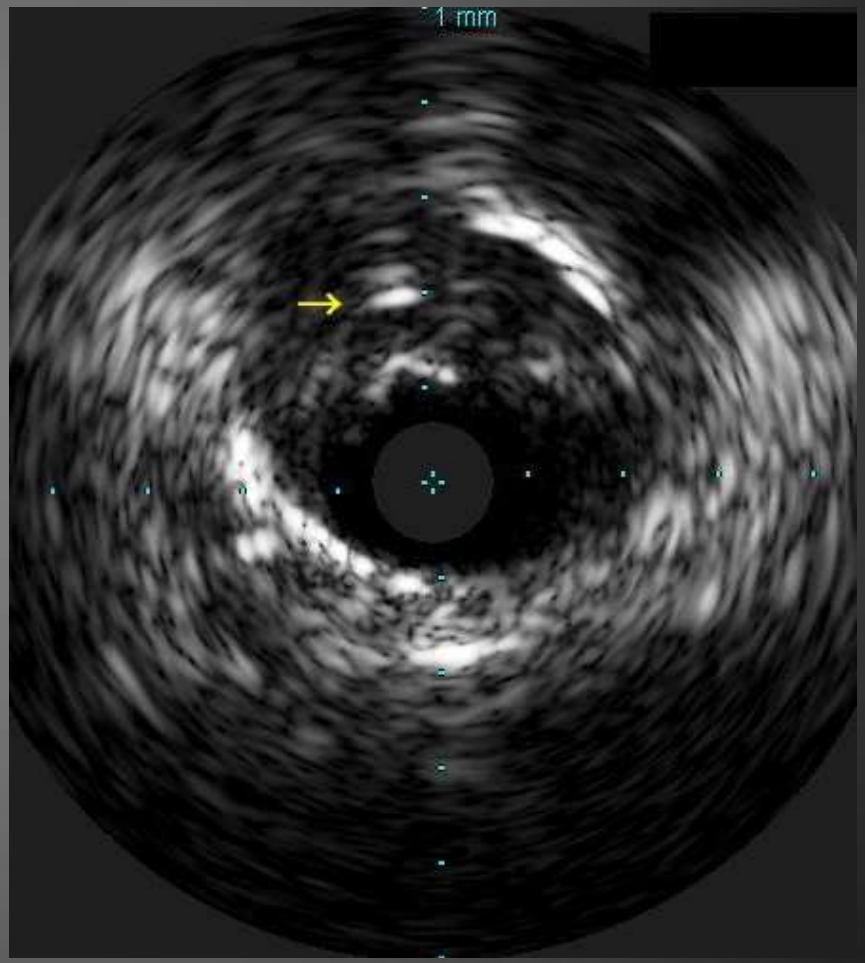
# Success after rCART



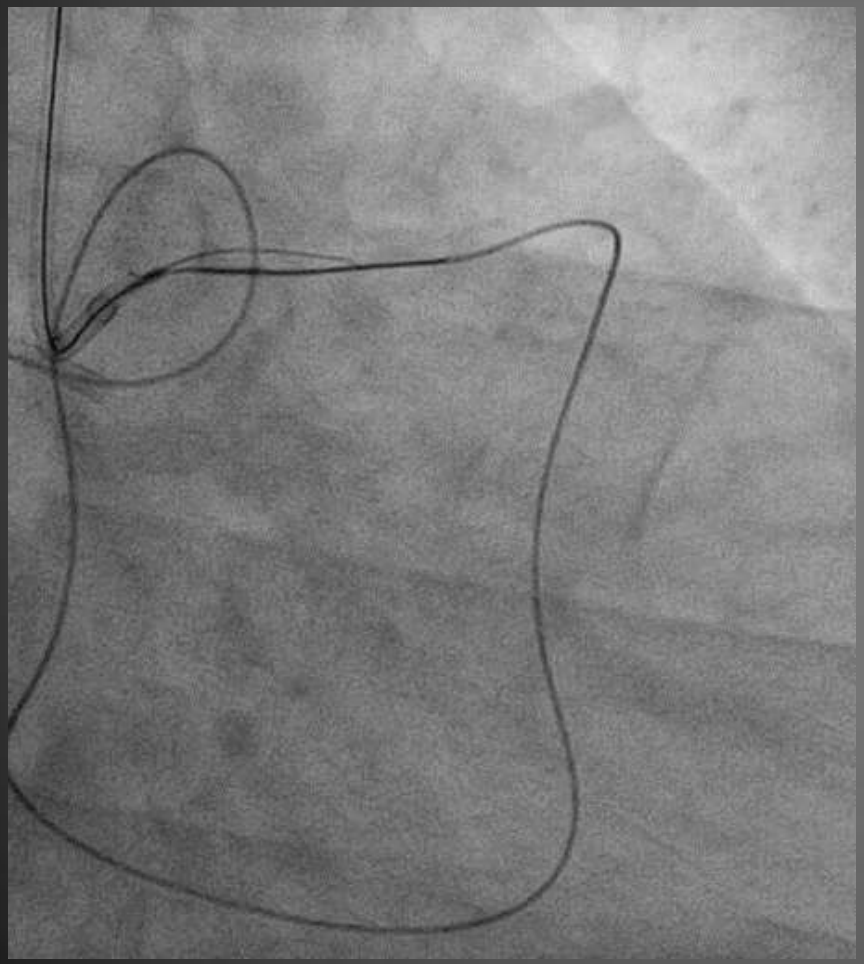


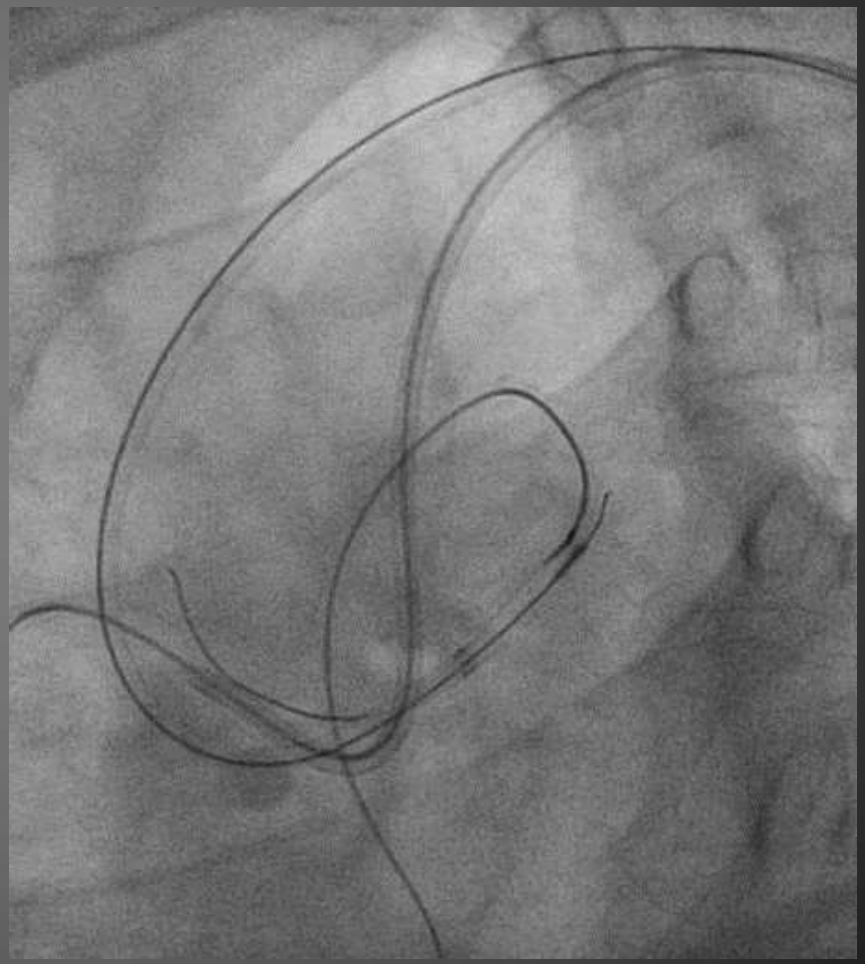
# AS/RP in prox. LAD





# Retro puncture under IVUS





# Conclusions

- In AP regions, CTO is dealt with in a structured way and liberal use of retrograde approach
- Contemporary rCART for the majority of cases, but consider direct retrograde wiring in short CTO
- Retrograde knuckle wire is used in CTO with long ambiguous course to facilitate rCART
- IVUS exam after initial rCART failure helps to clarify failure mode and choice of further action