CIAT @ TCTAP2016

“Don’t Give Up, Just a CTO”

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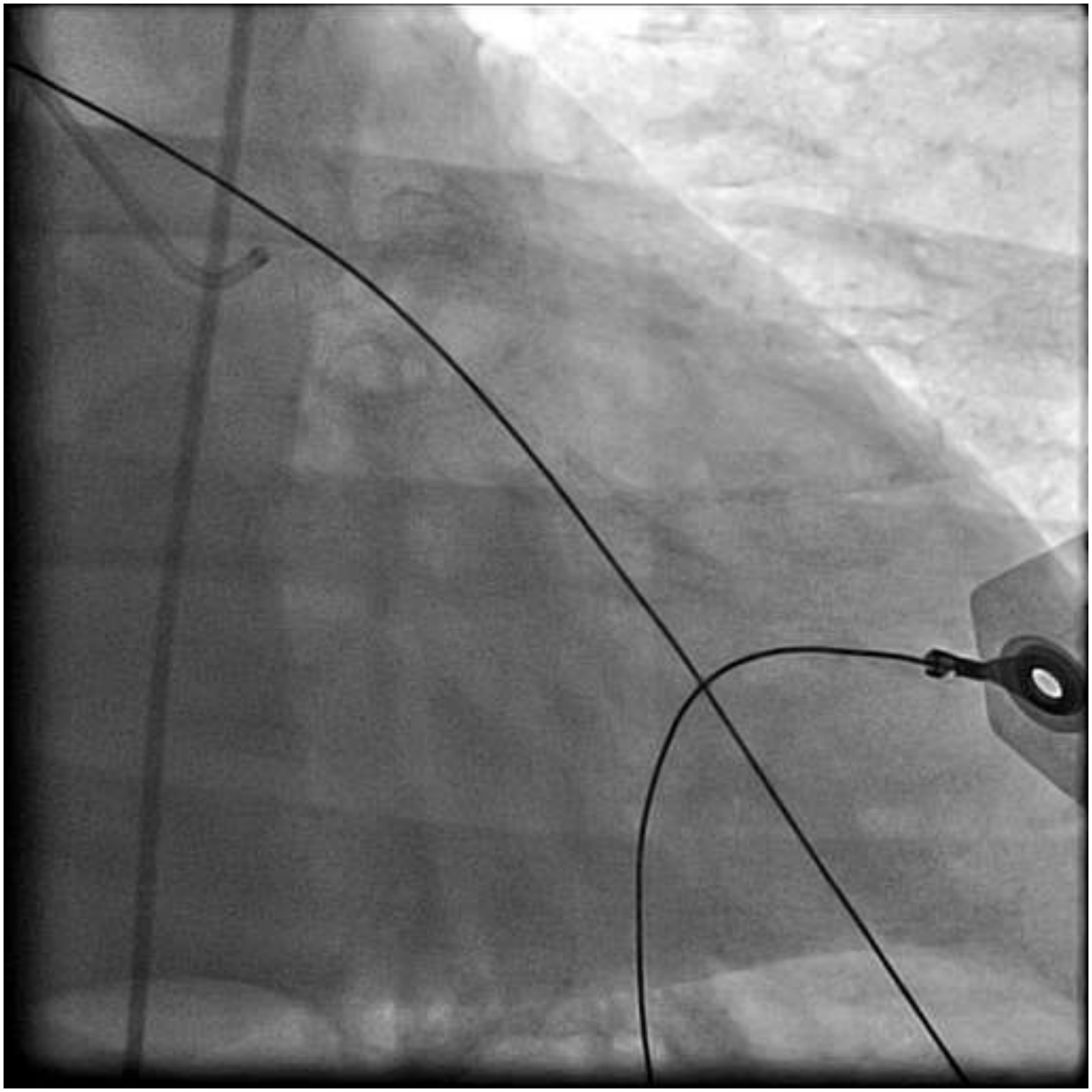
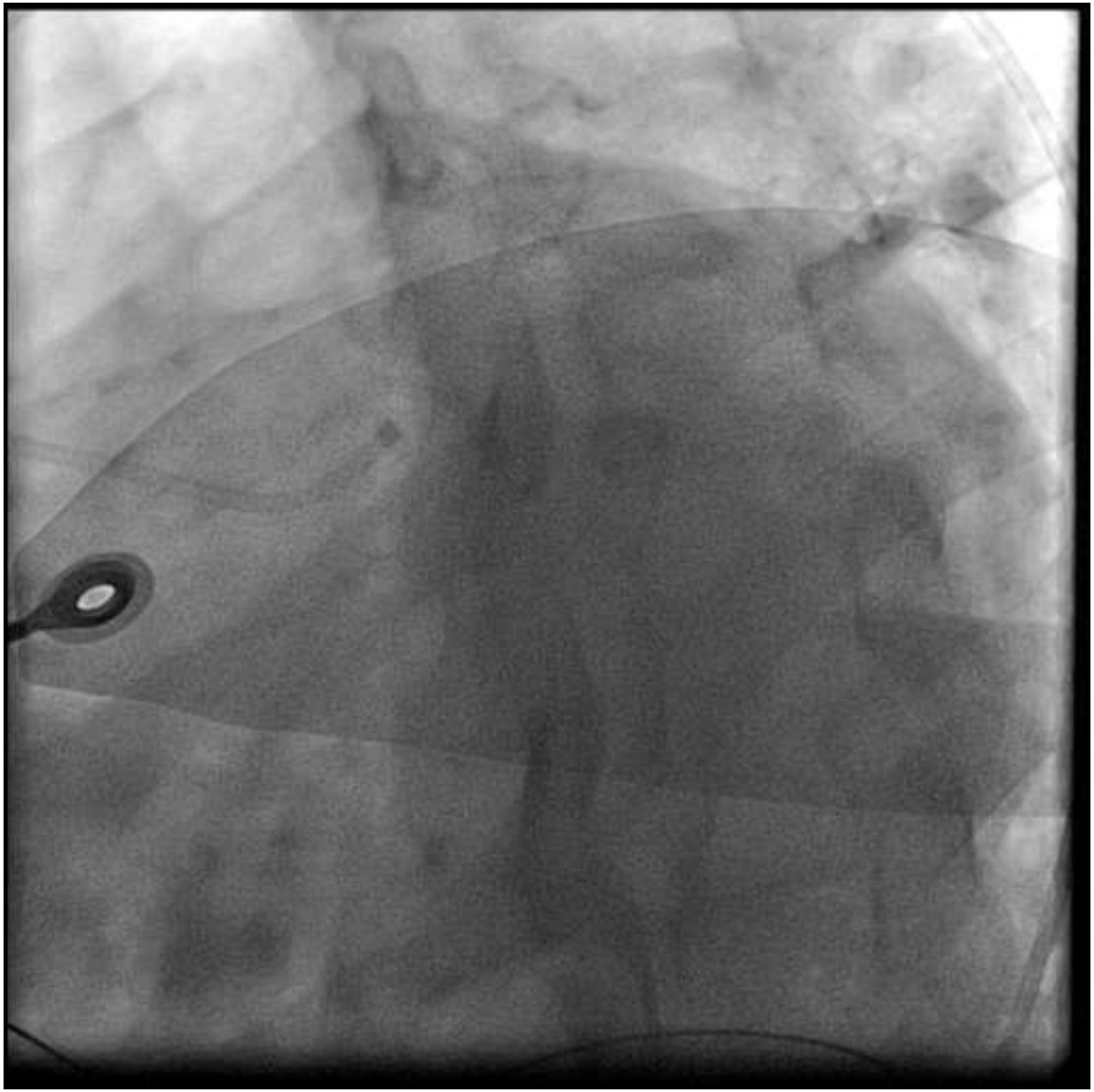
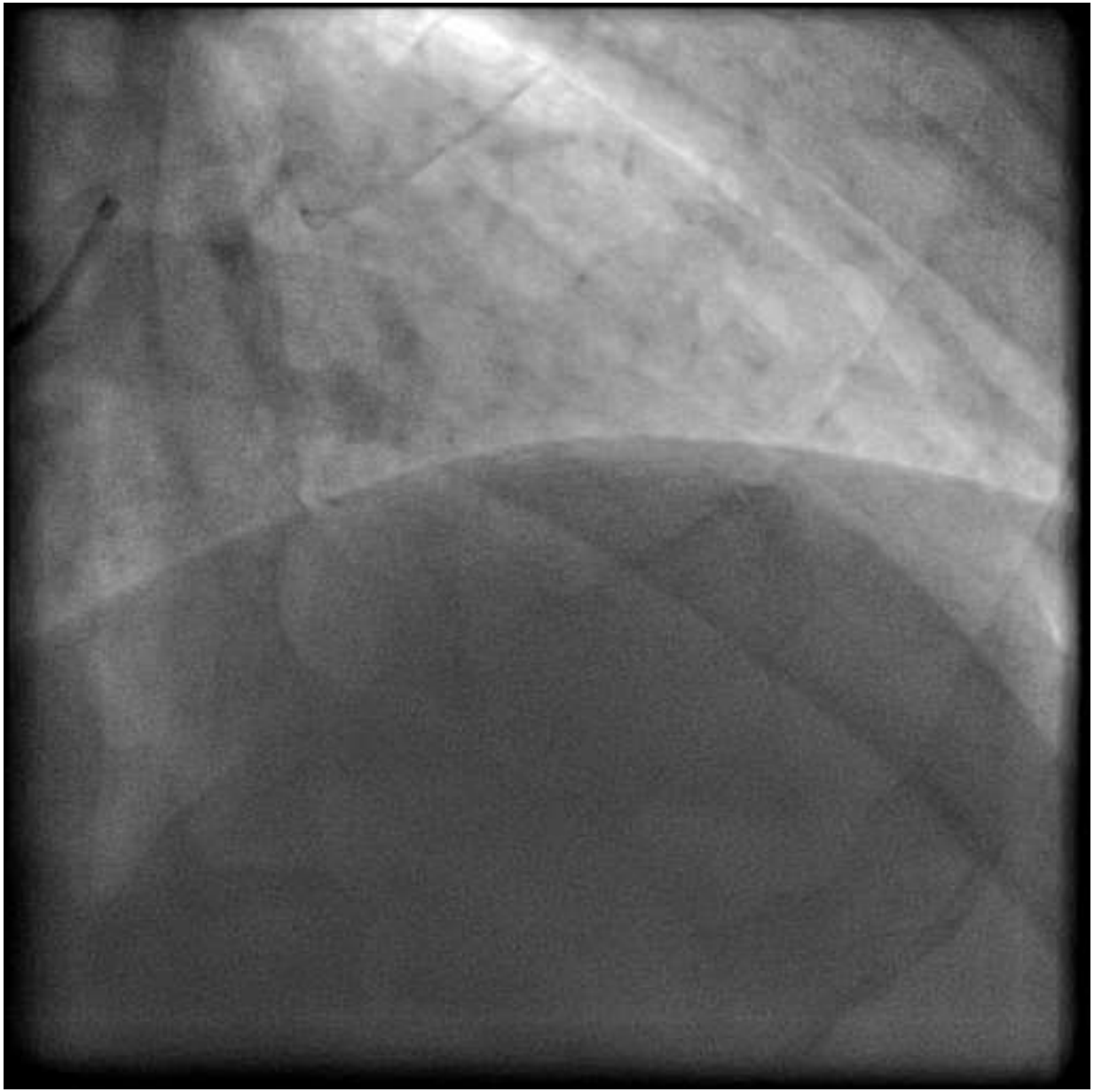
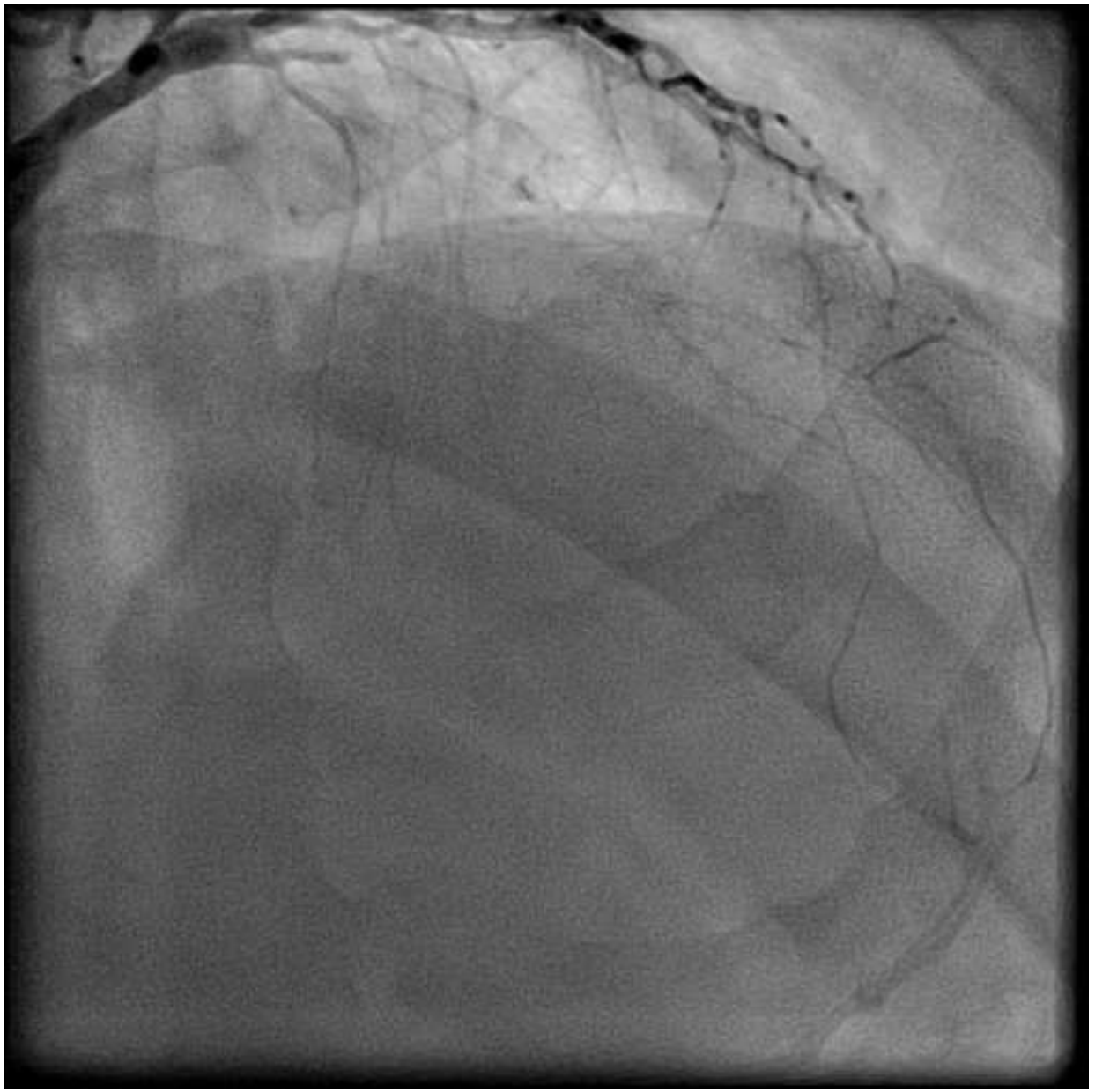
Case presentation

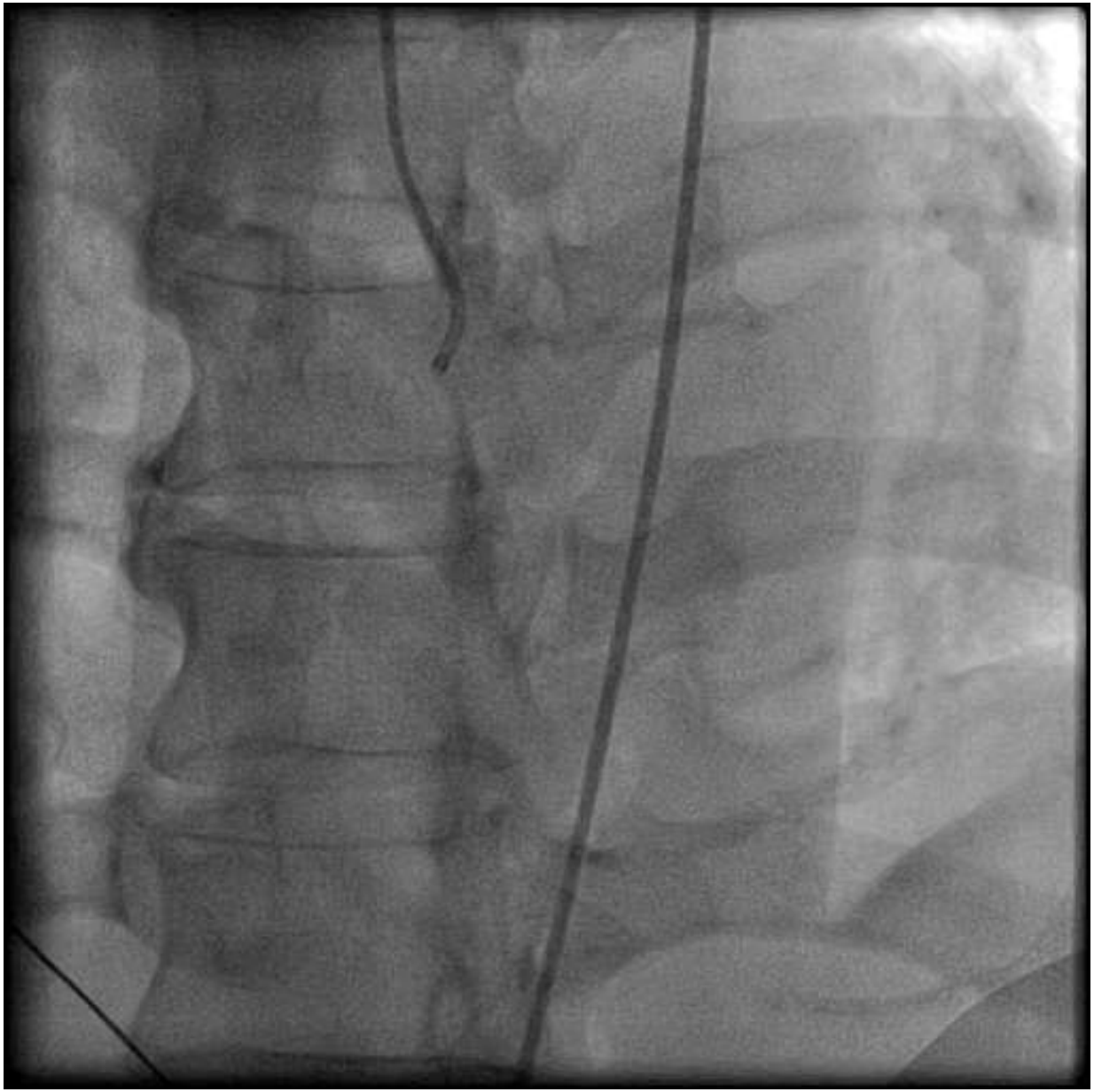
- 58 year old man, NIDDM for 10 years
- Presented with Chest pain (CCSC-3) for 1 year.
- EST positive at low workload.
- Echo: LVEF 66%, no WMA
- CAG showed CTO mid LAD. Failed PCI 8/2014
- Admitted for repeat CAG/PCI in 10/2014

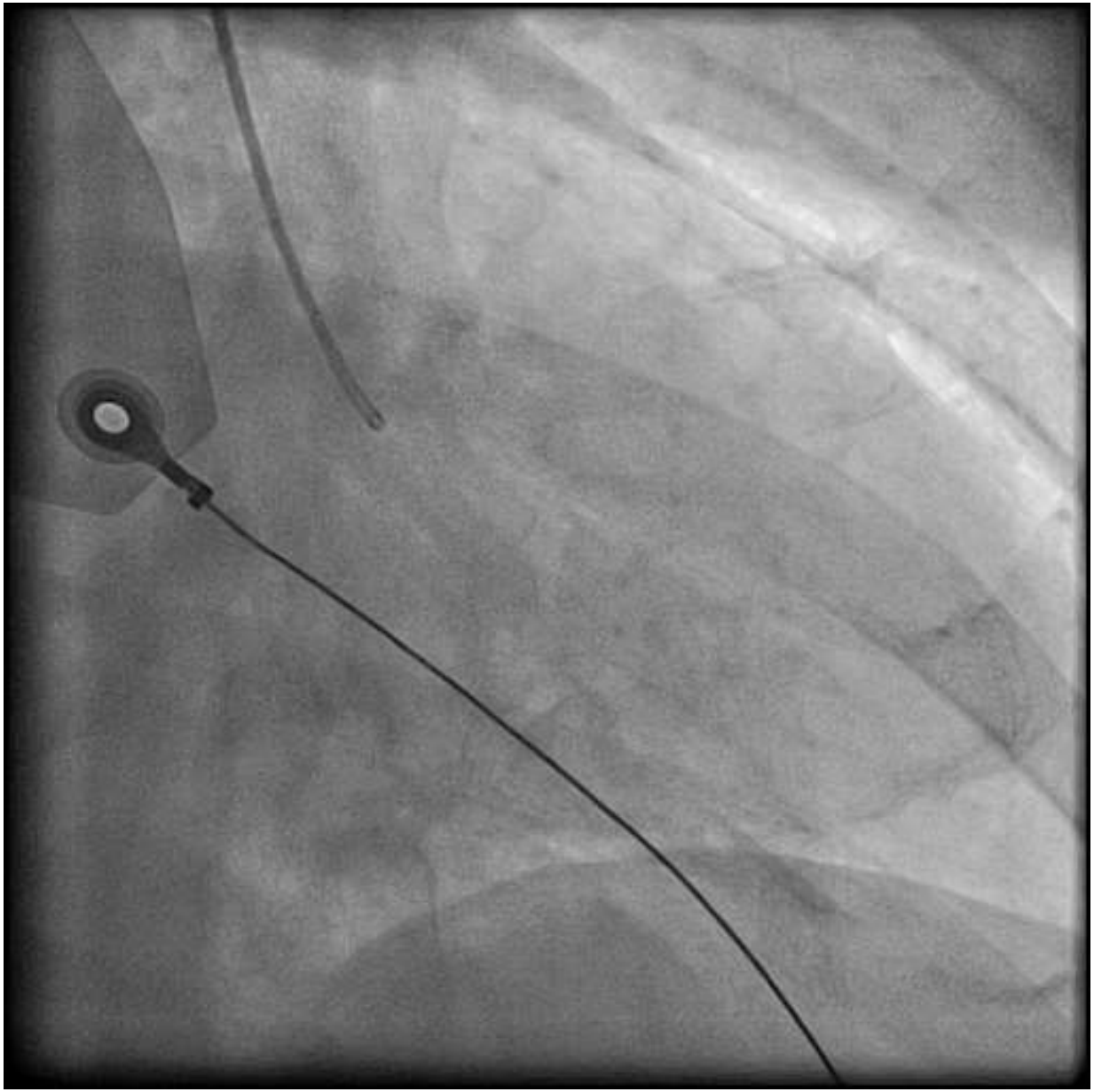


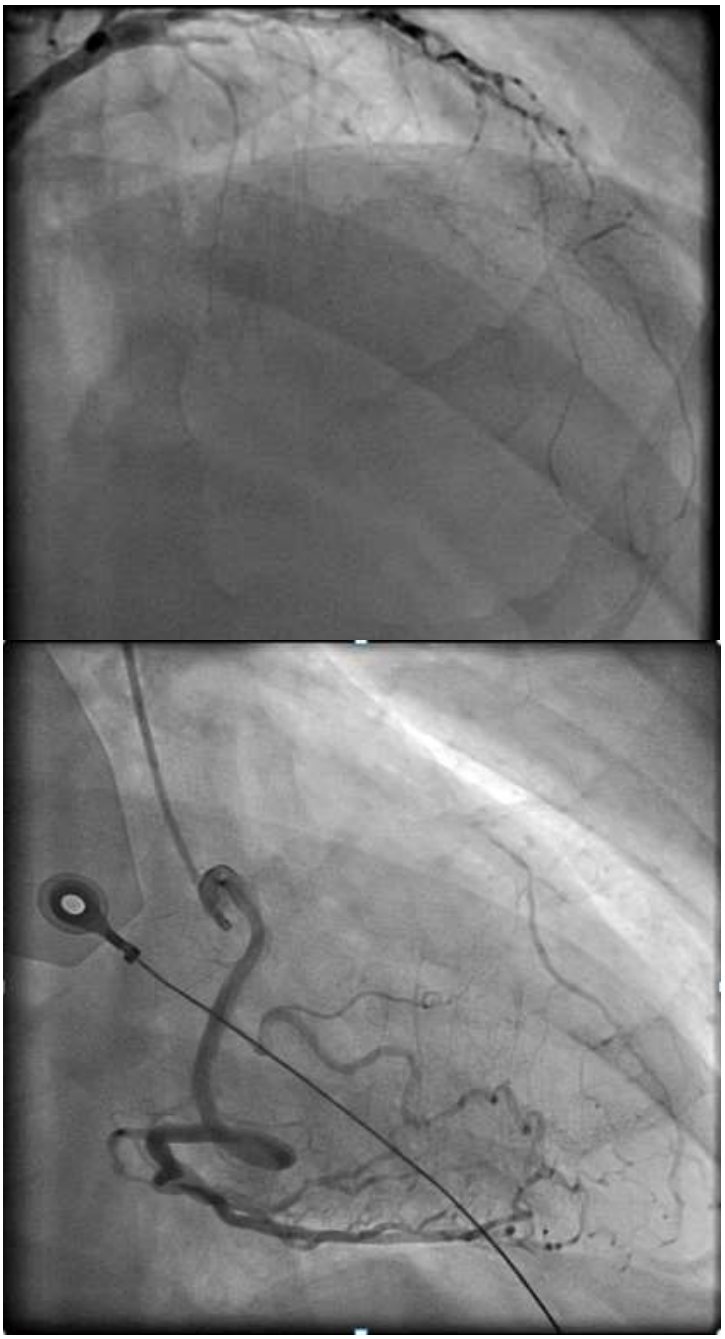












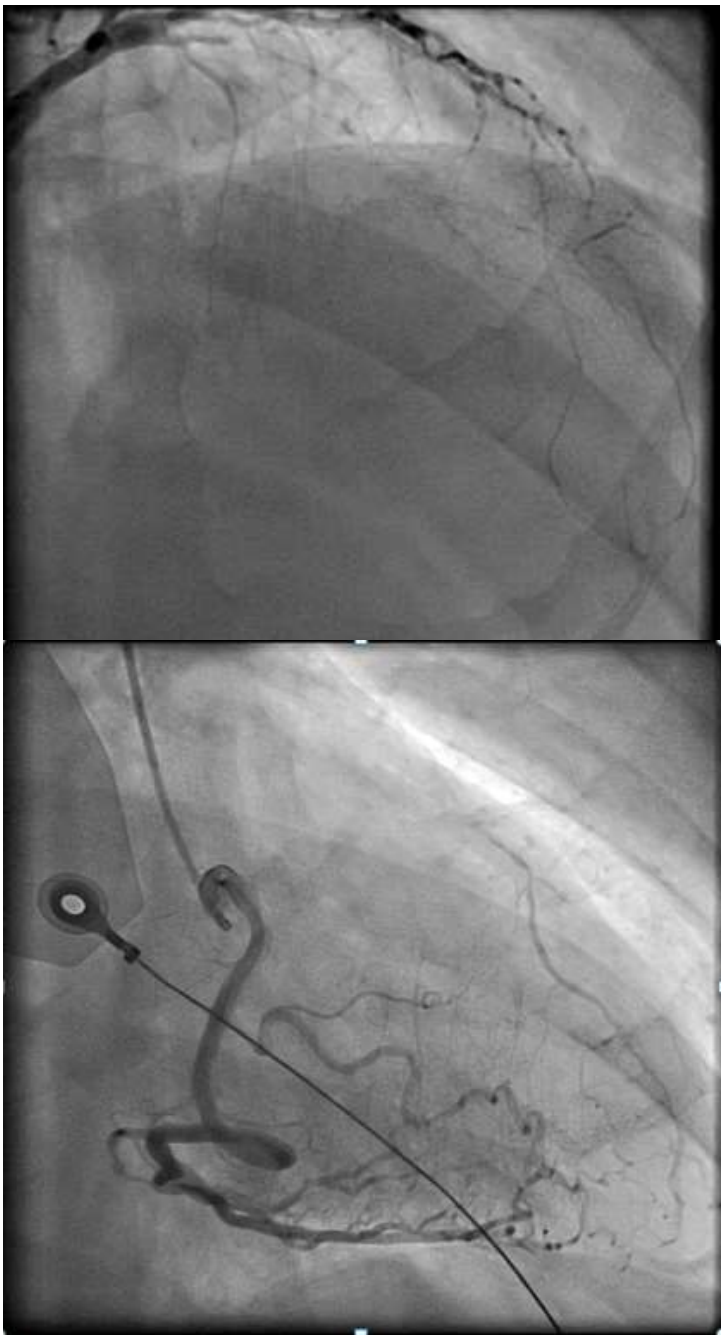
-NIDDM, Normal renal function

-Symptomatic SVD

-Normal LVEF

Treatment PLAN

- PCI to CTO mid LAD

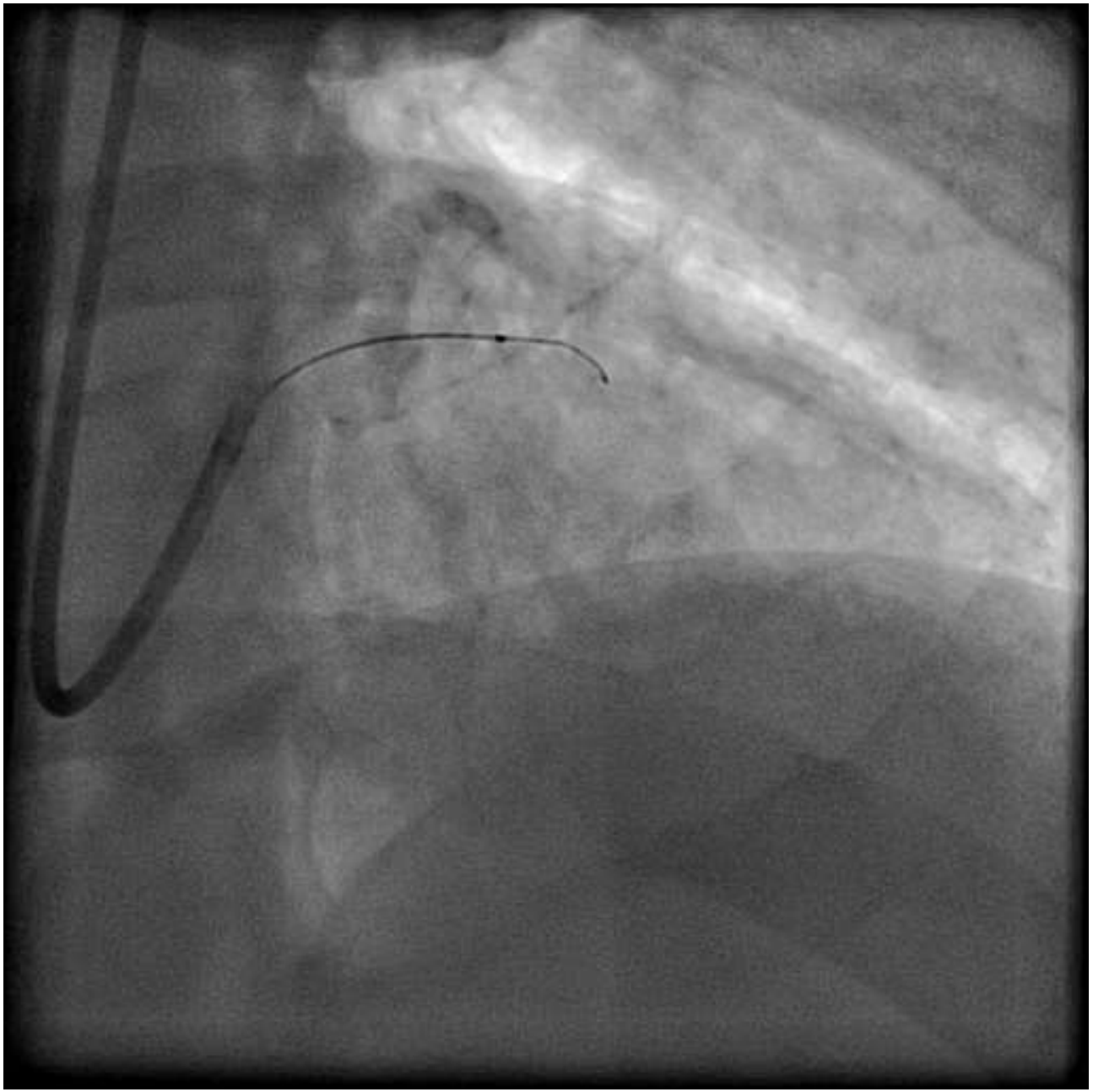


Strategic Plan

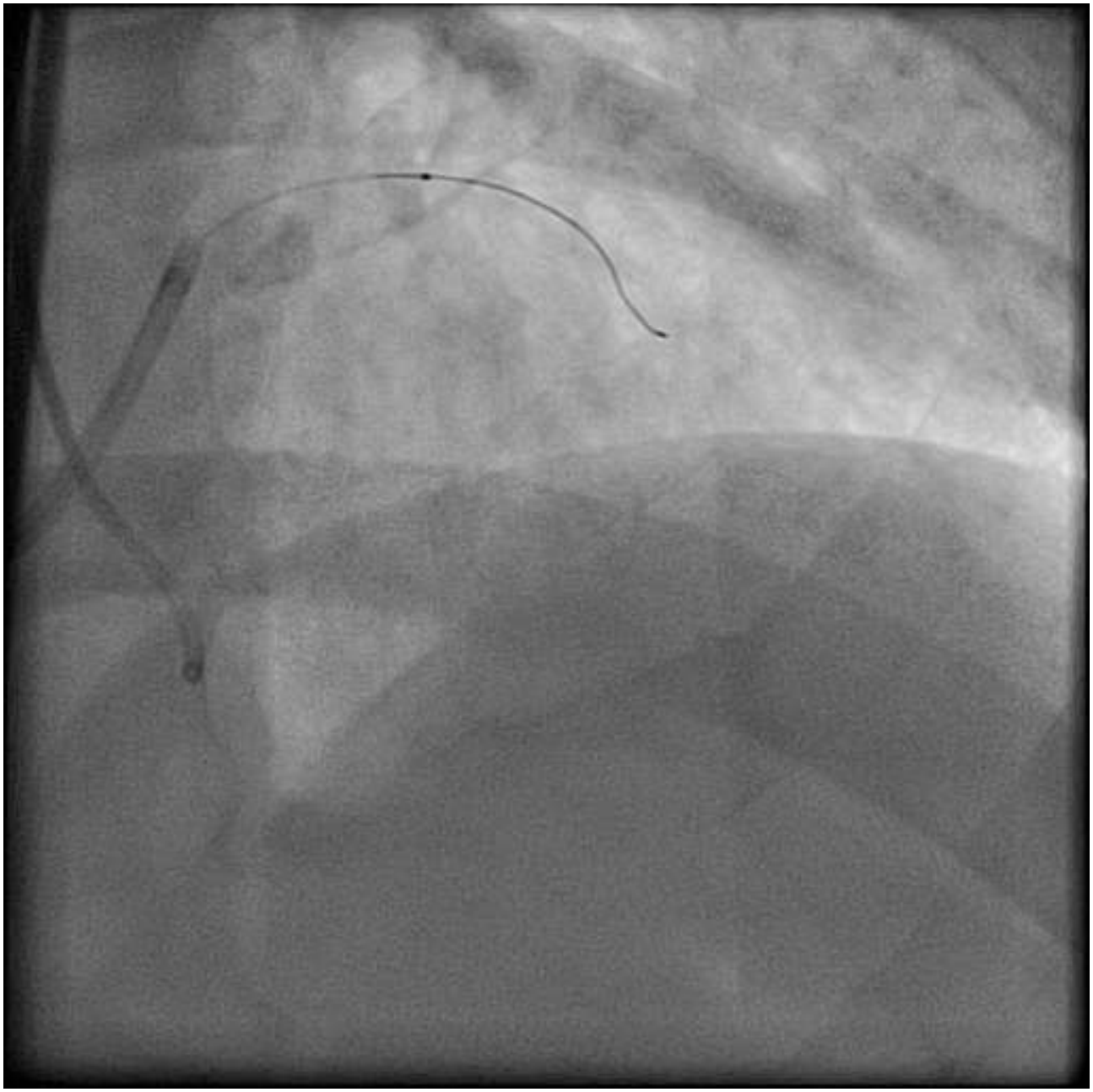
1) Repeat Ante grade PCI first
2) Retrograde approach if failed Ante grade

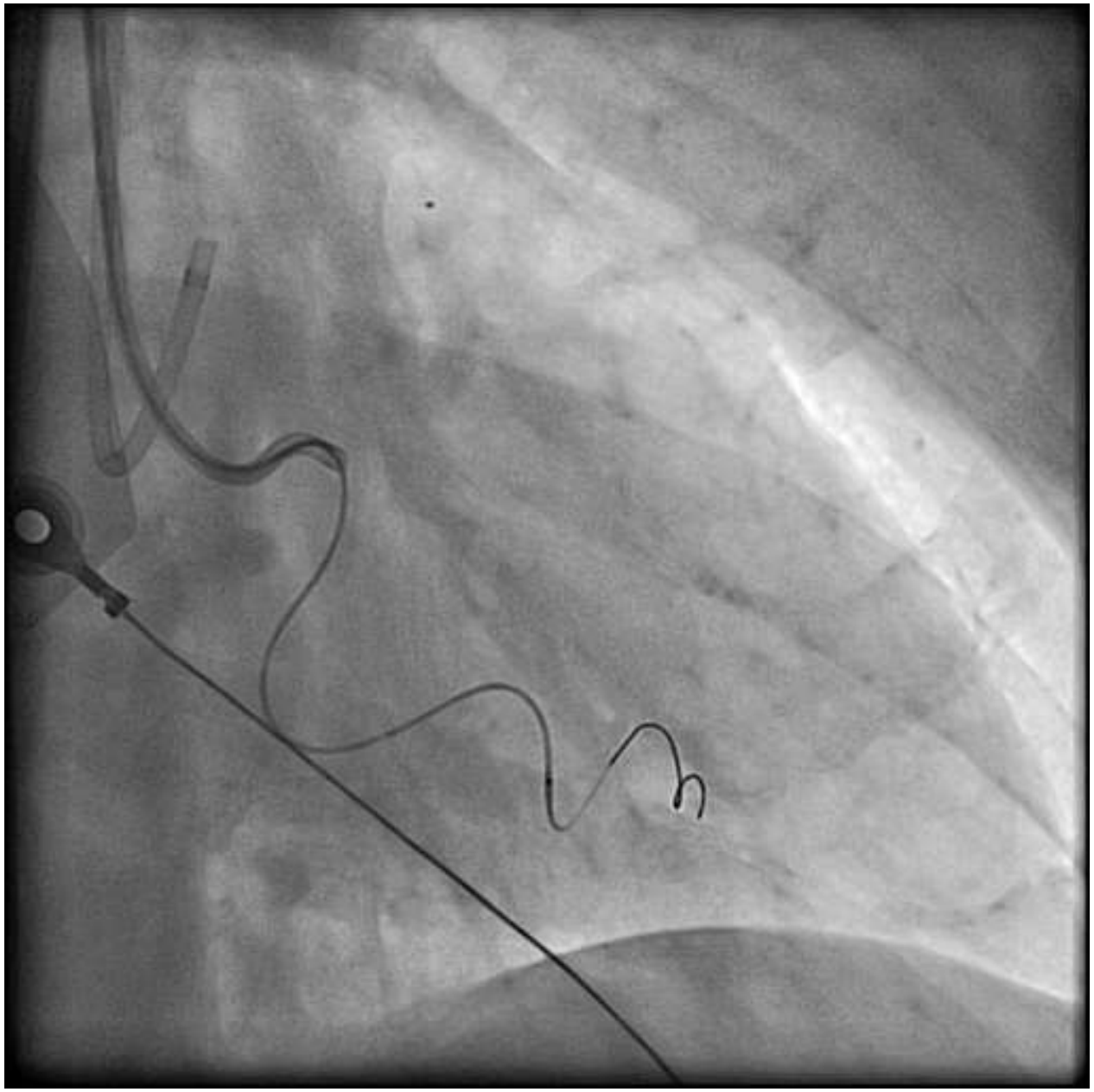
Equipment

- 7 Fr EBU 3.0: 100-cm-long
- Right femoral approach
- Wire: Soft tip, polymer-coated wire -> Fielder XT, Fielder FC, Whisper
- Finecross support



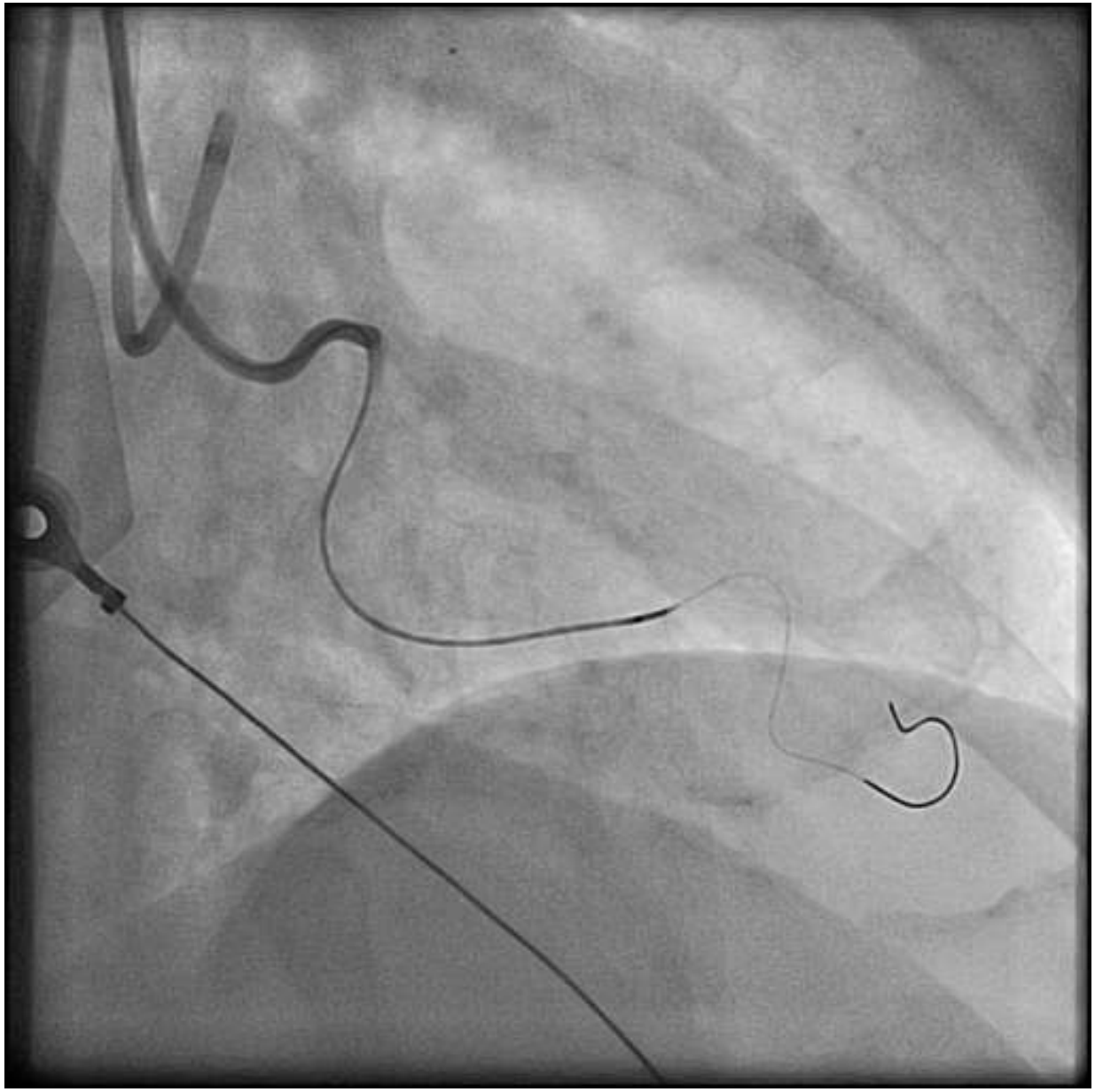
Whisper
Finecross

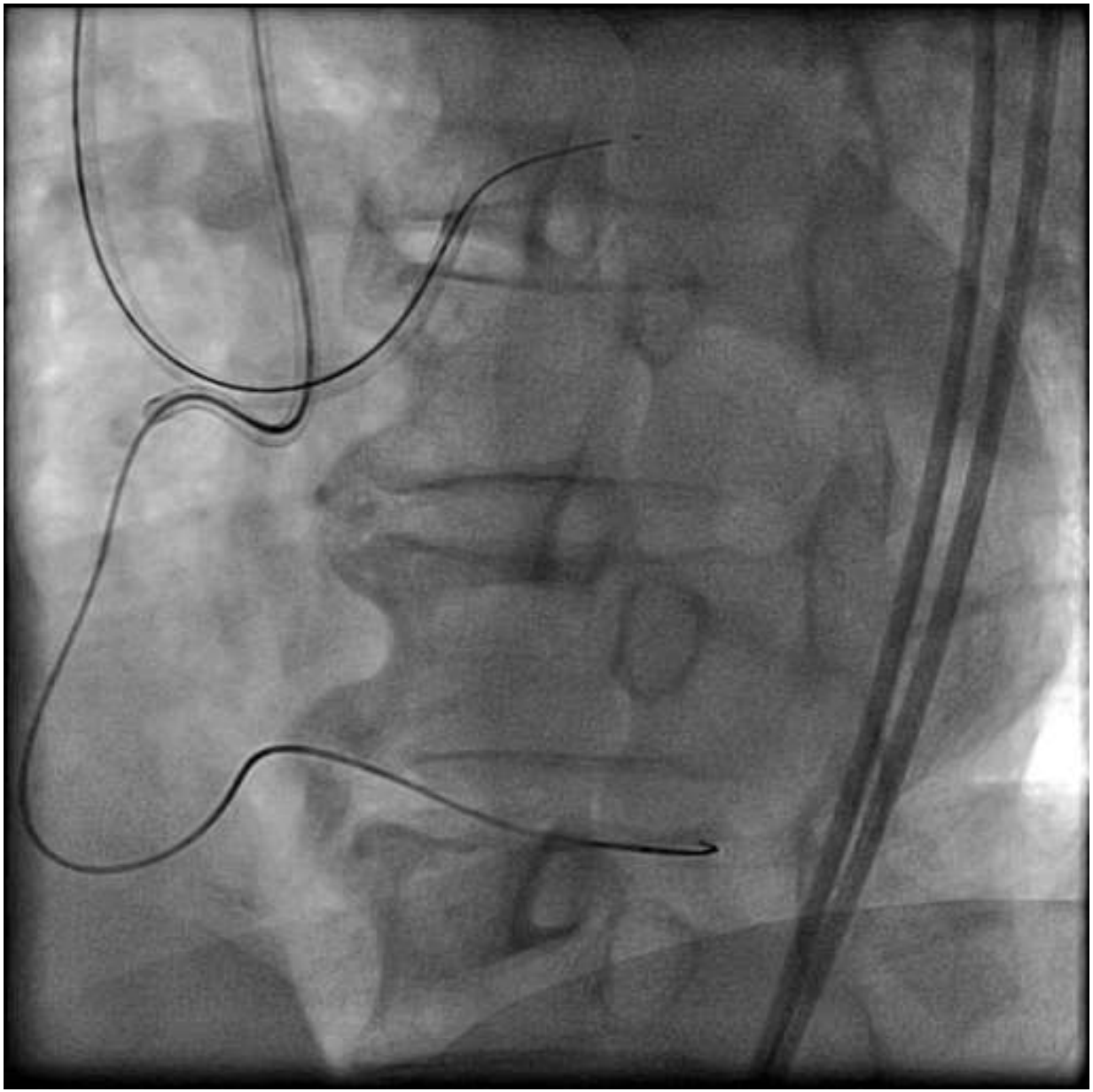




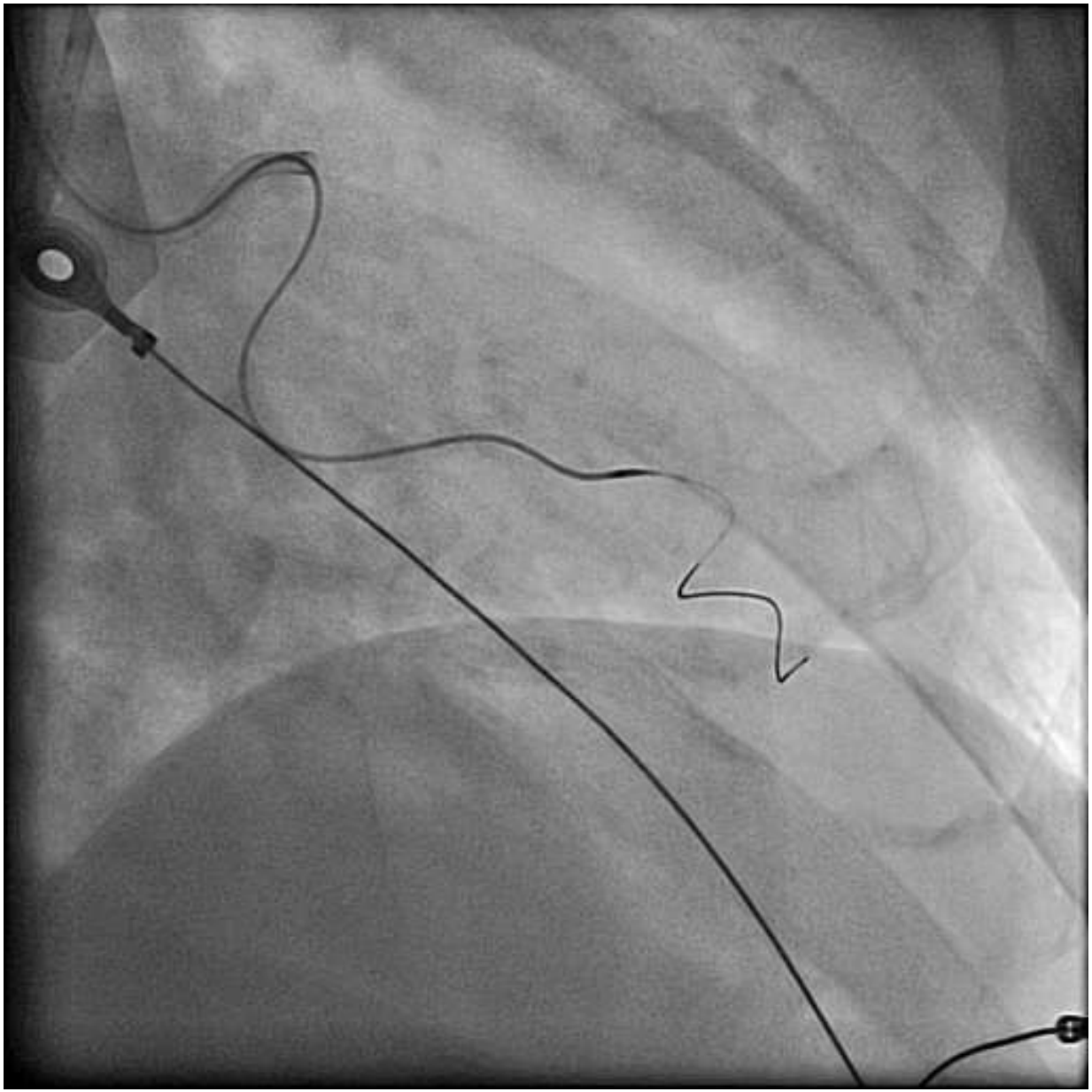
Retrograde PCI via RV branch

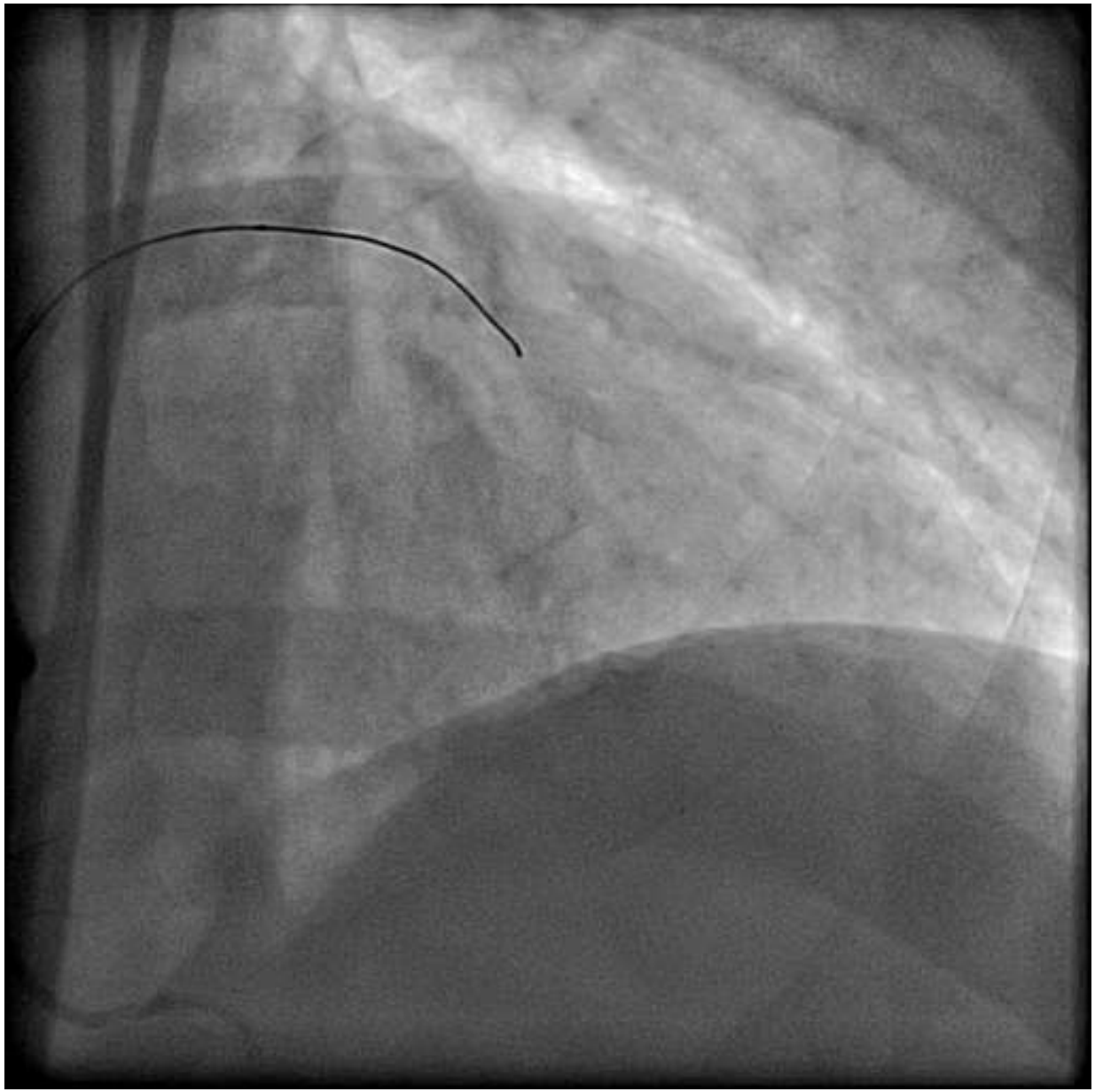
- AL-1 Guide
- Corsair
- Sion wire

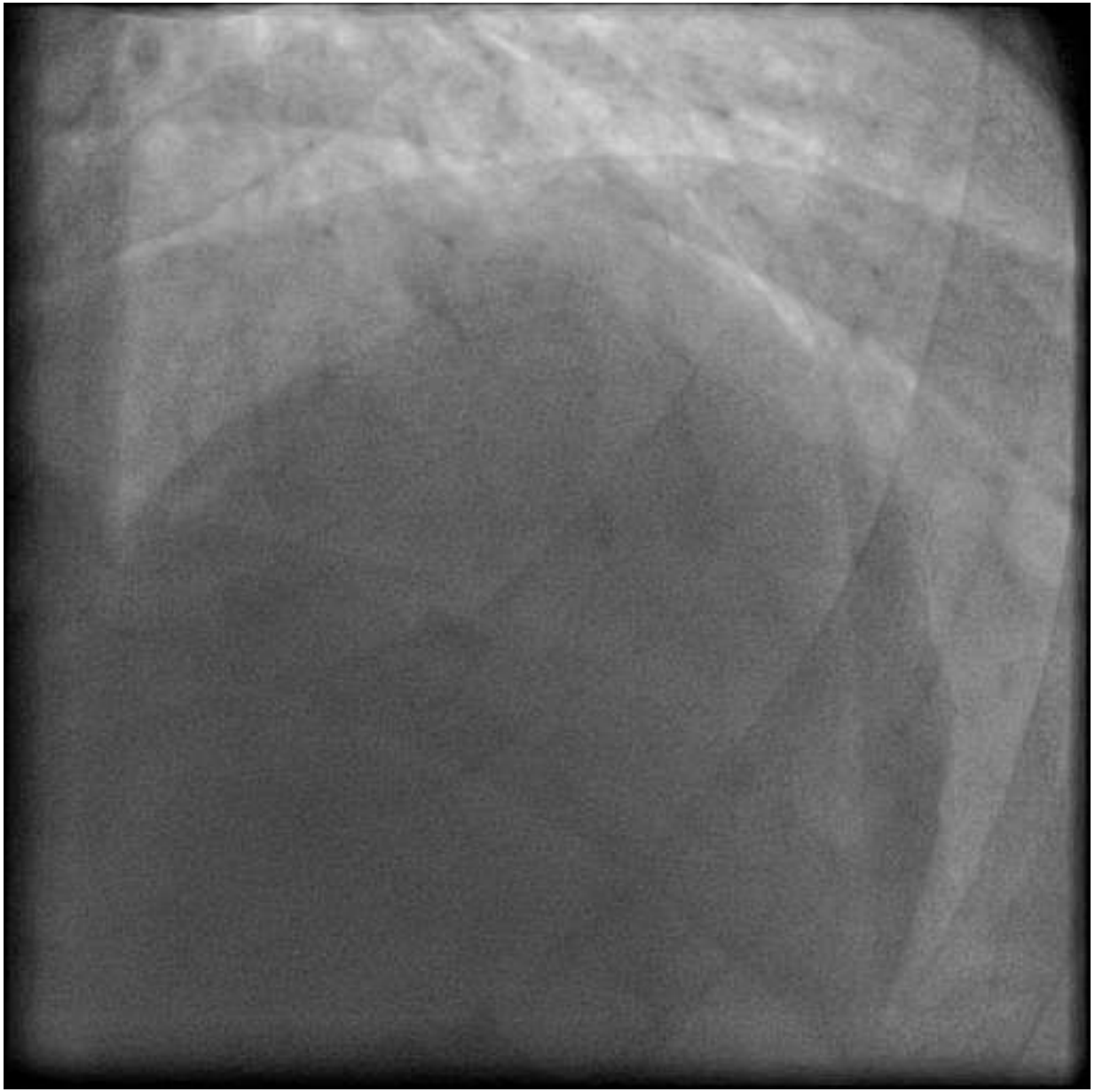


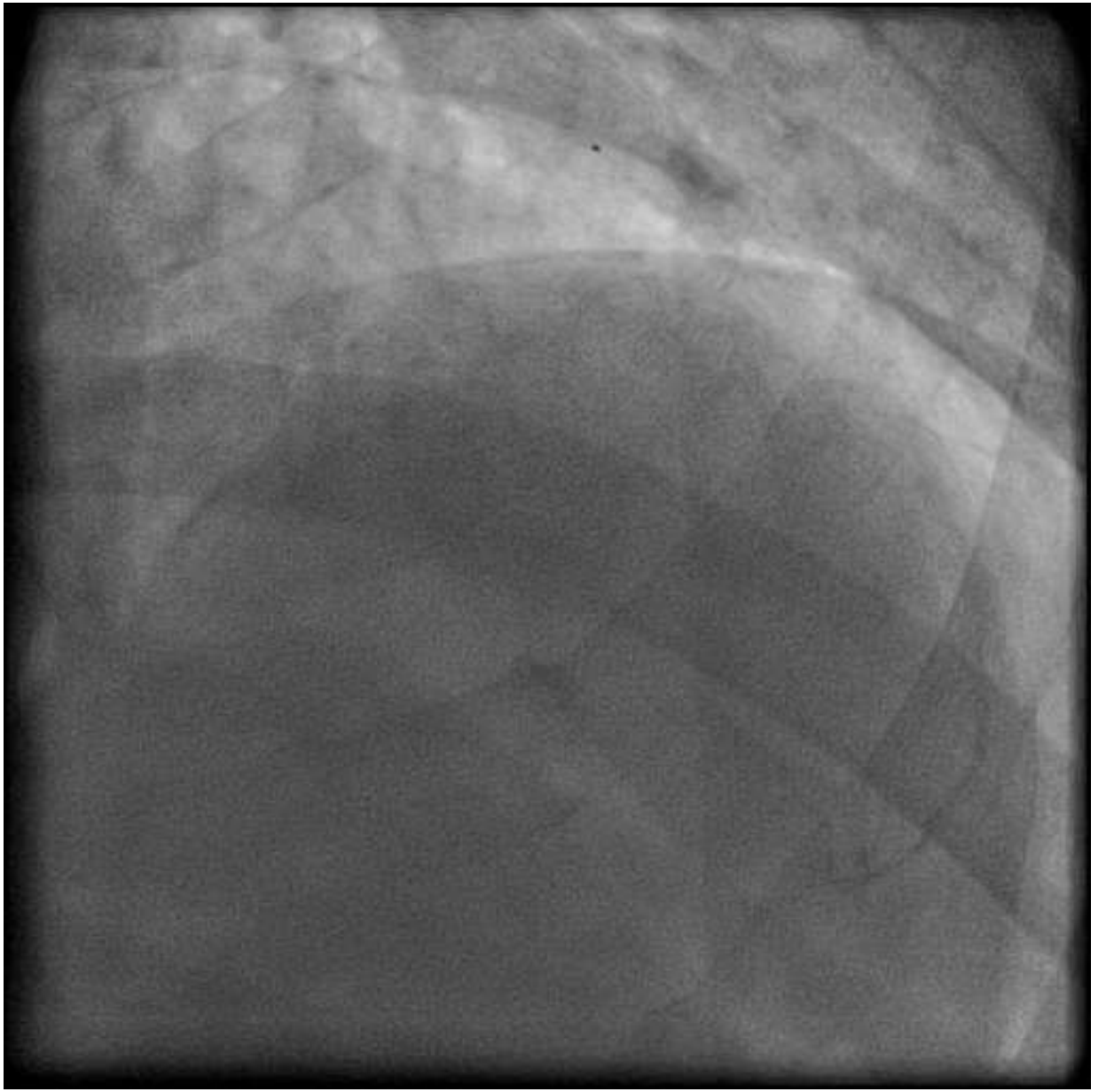


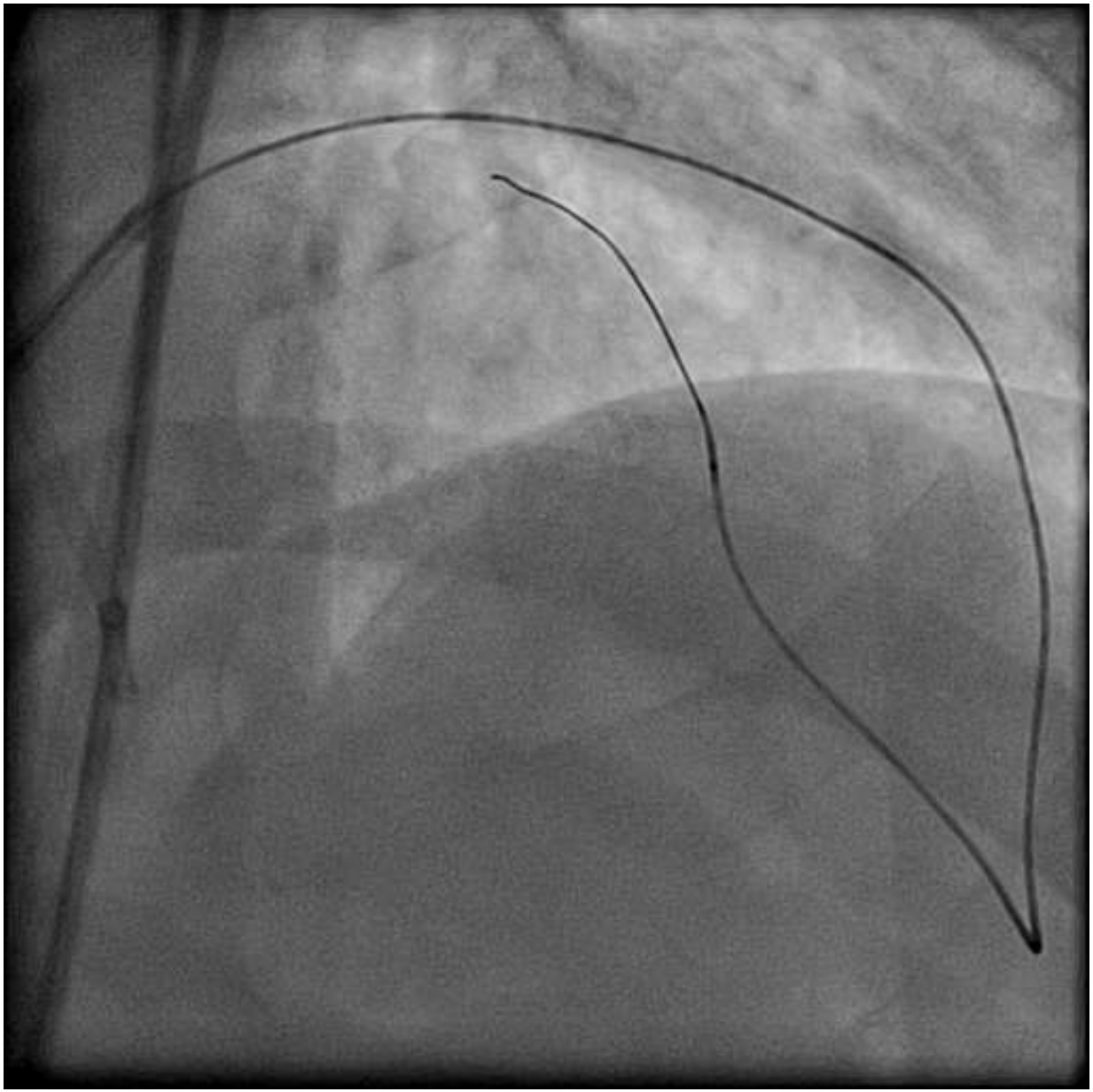
Repeat antegrade Finecross+ Ultimate Bros 3 and try to find septal branch with Sion





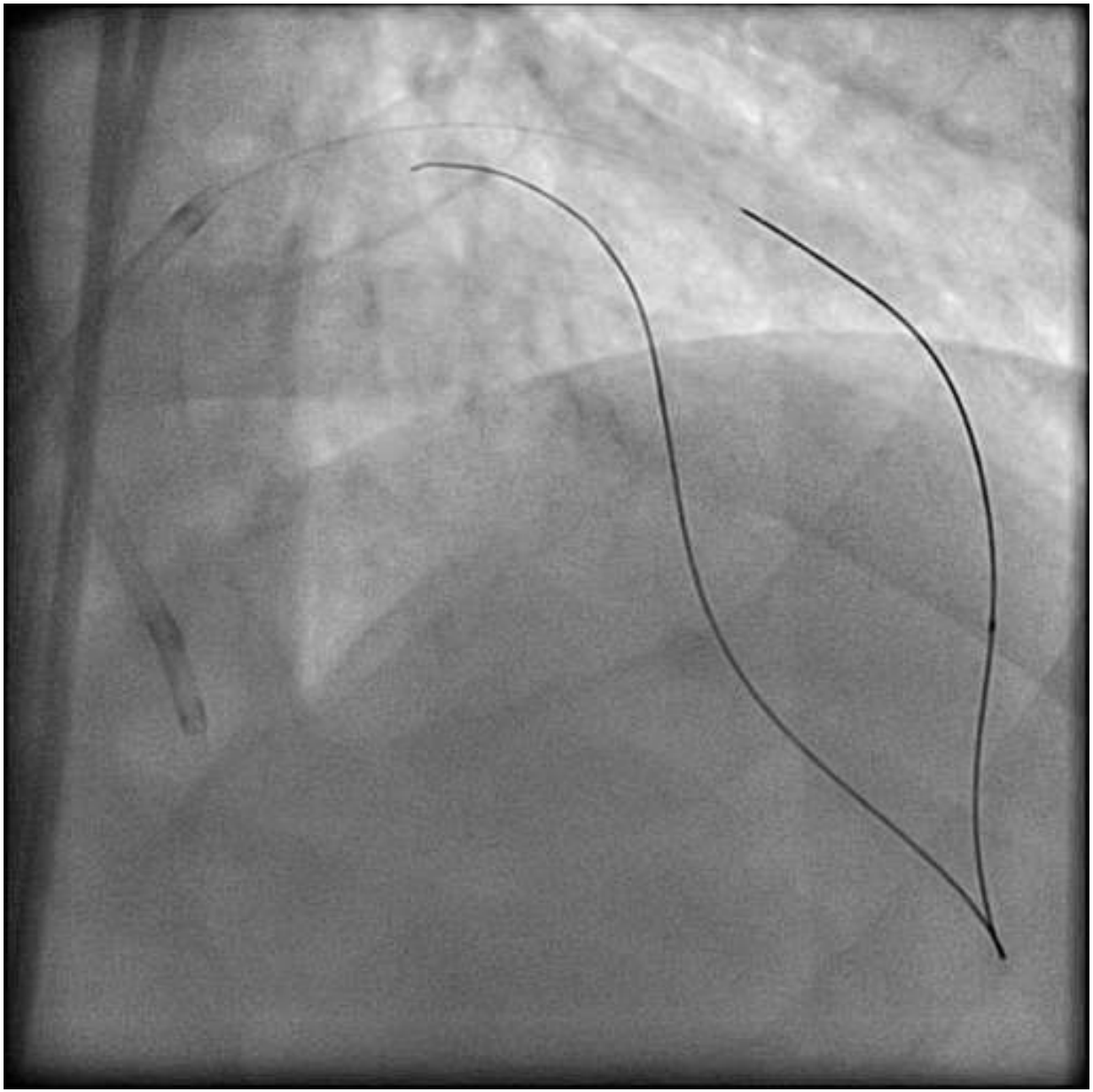


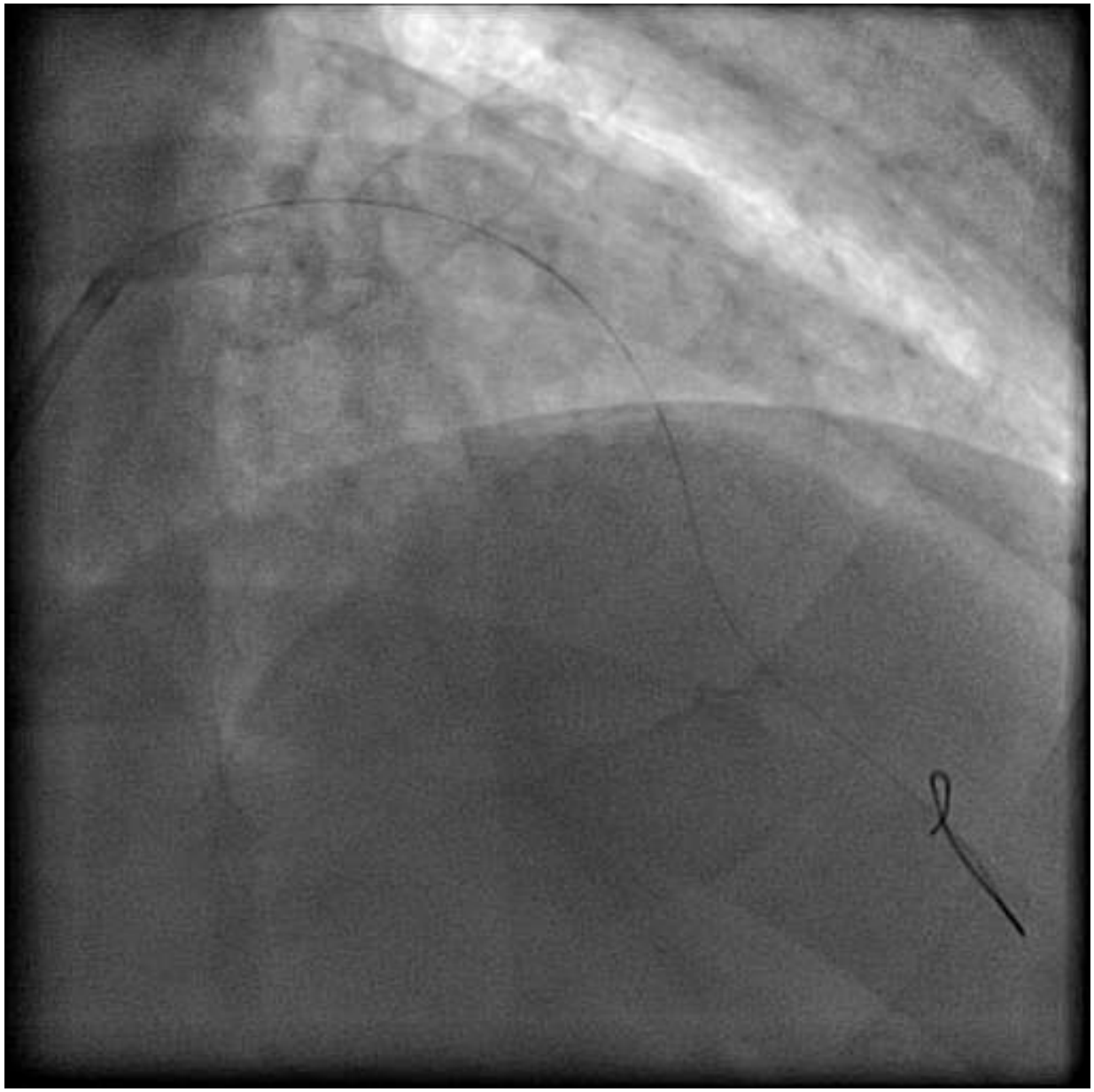




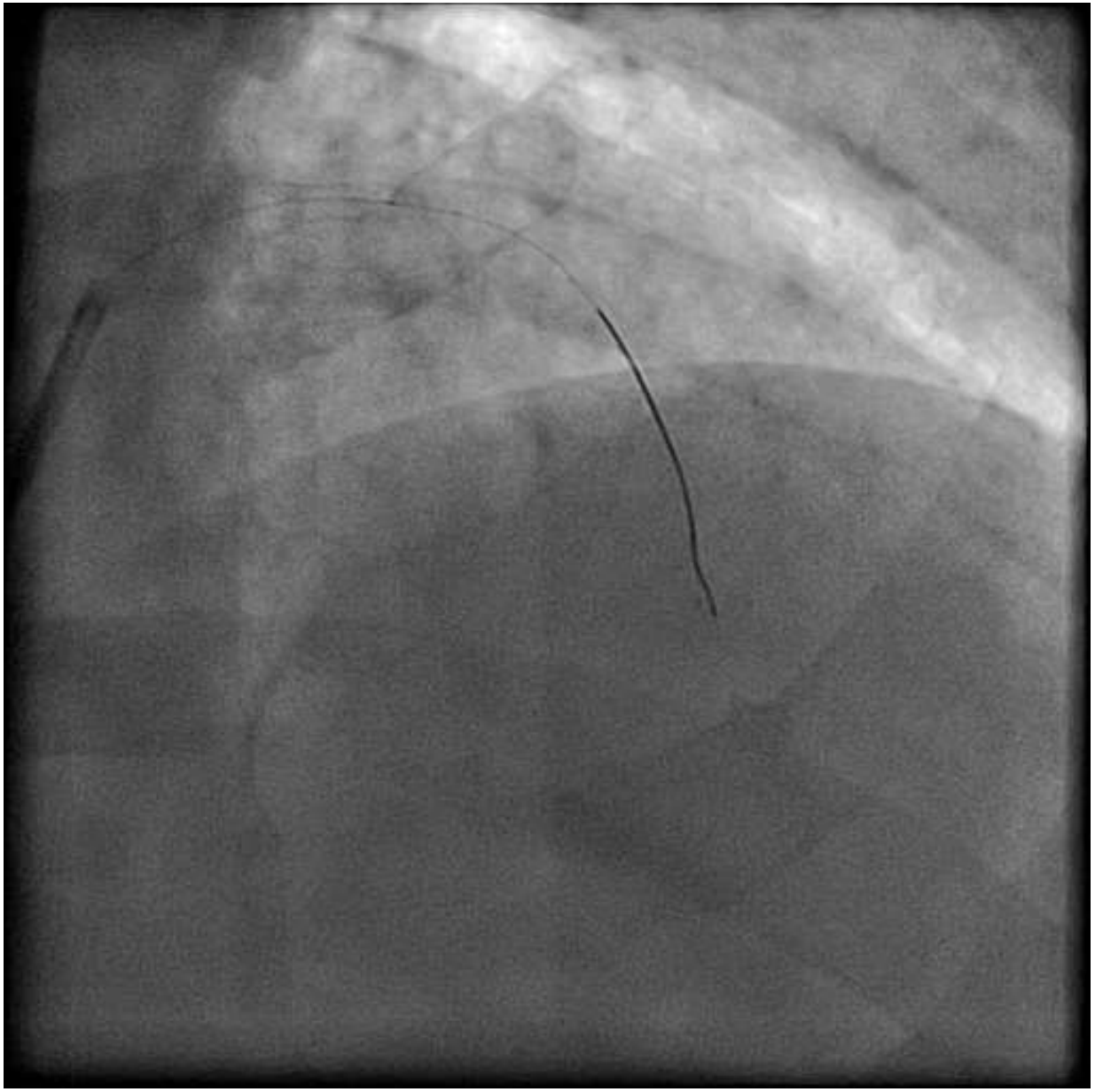
Sion
Corsair
(+ Tip injection)

Guidewire
stickiness

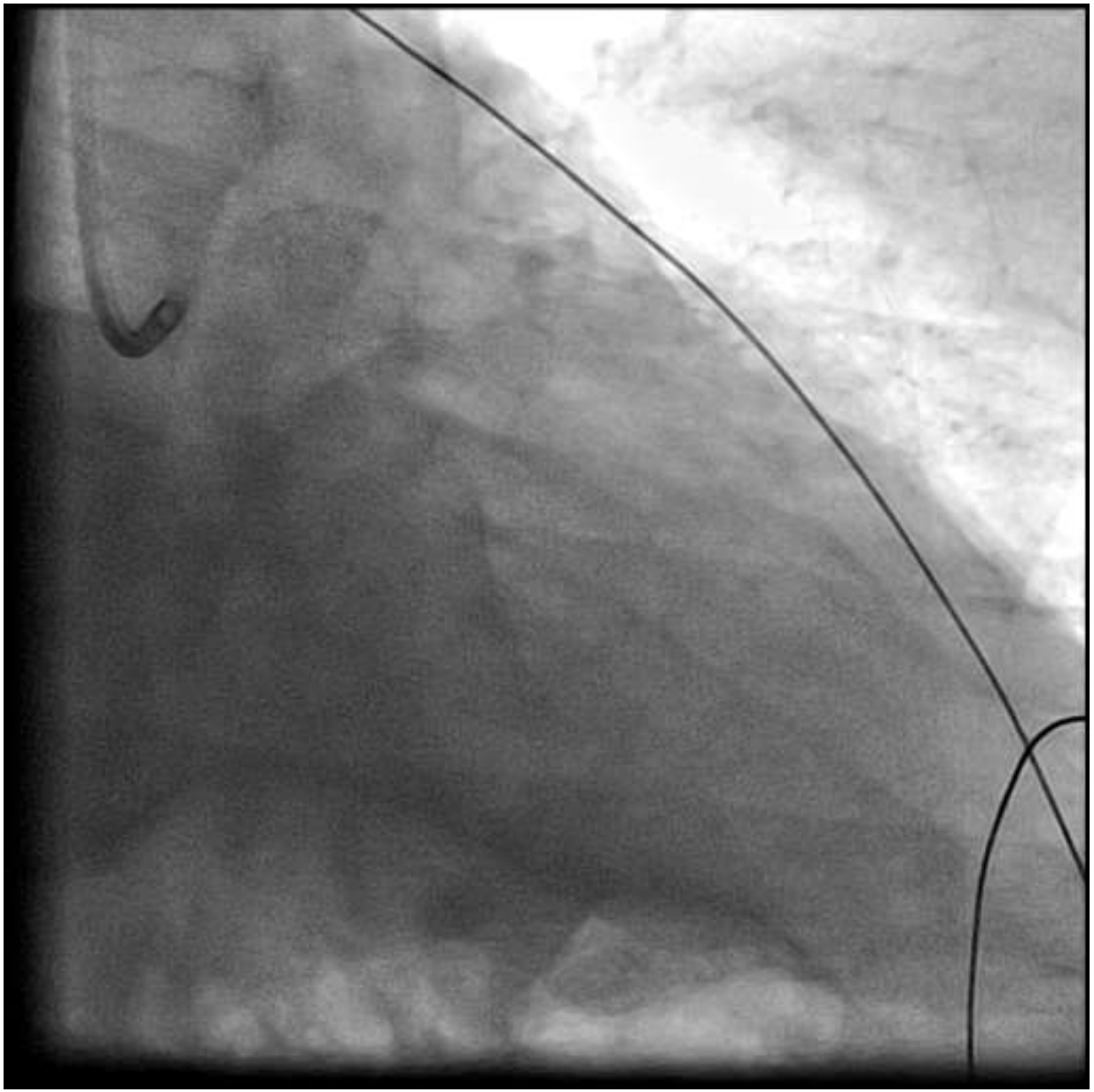




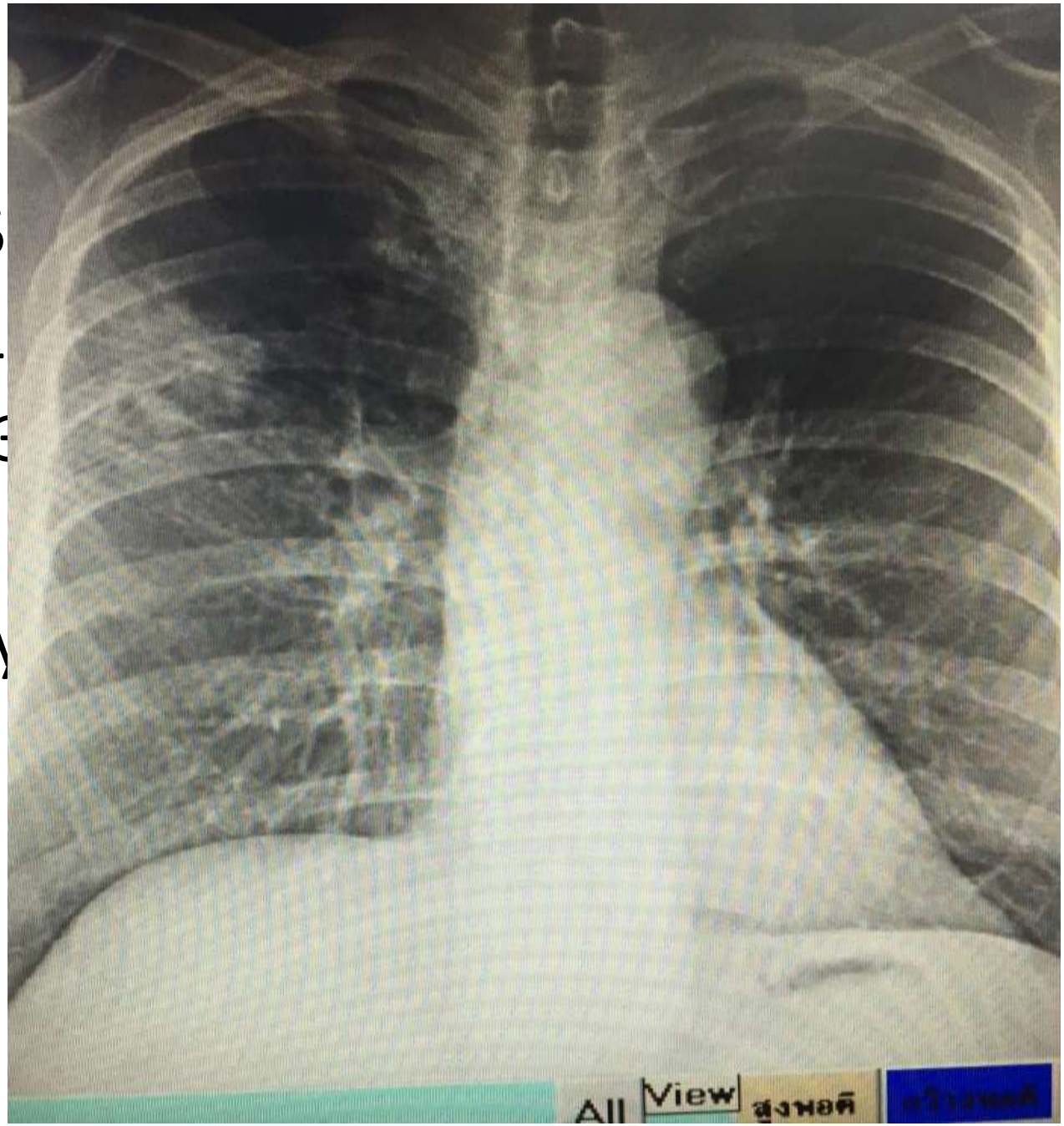
-Antegrade wire
-IVUS
-Balloon and stent



BVS 2.5x28 mm
BVS 3.0x28 mm
Xience V 3.0x12
Post dilated NC balloon 17 atm



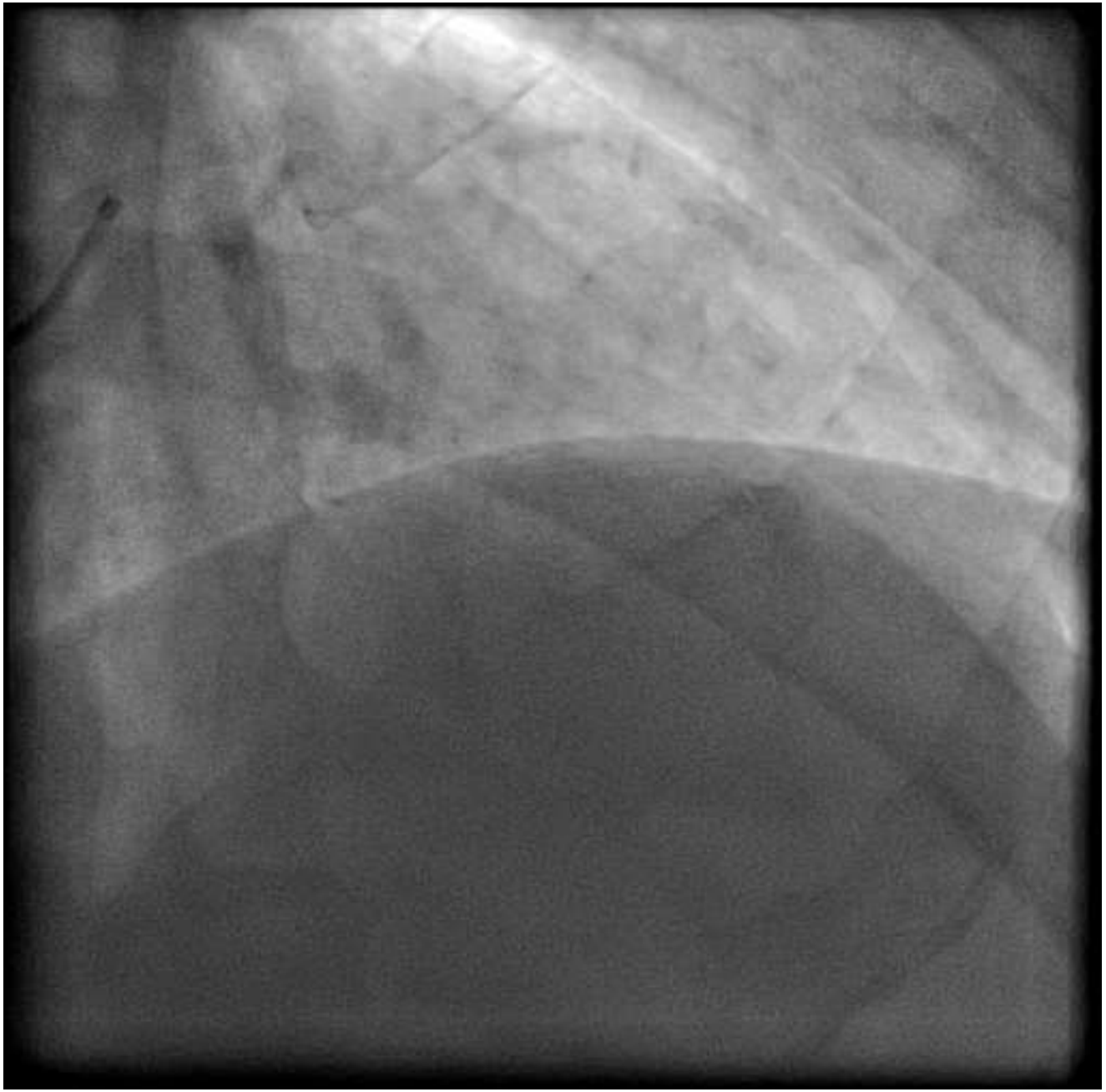
- Ultravist 370 = 5
- Fluoro time = 1
- Radiation: 6813
  The air kerma 7
- Follow up kidne
- No radiation ind

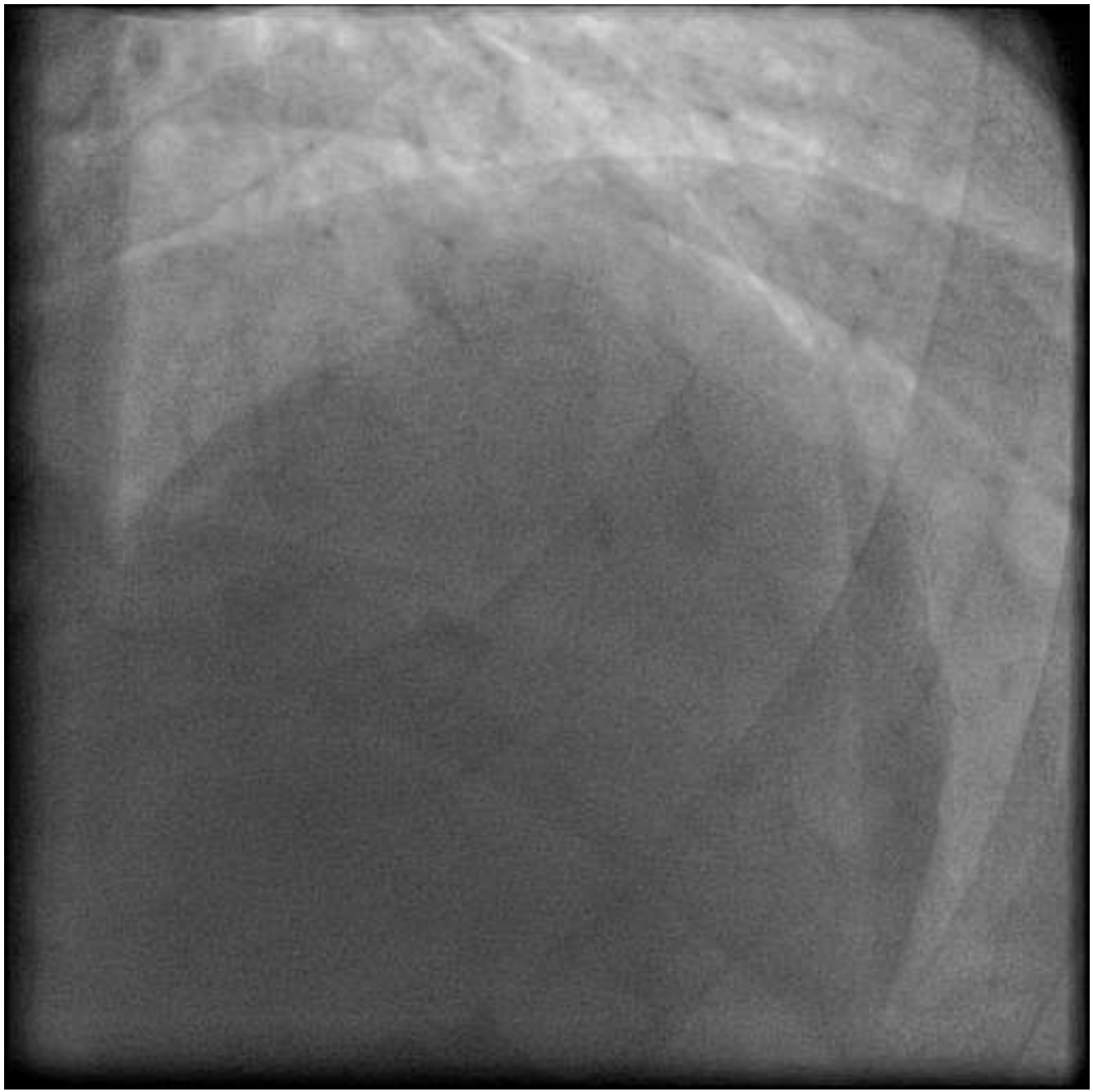


Learning points

1) Dual injection: even presence of visible channel
2) Spend enough time to evaluate the CTO lesion and collateral circulation.

2) For retrograde PCI: avoid choosing tortuous epicardial collateral -> time and contrast wasting, failed, rupture and tamponade.





Thank you