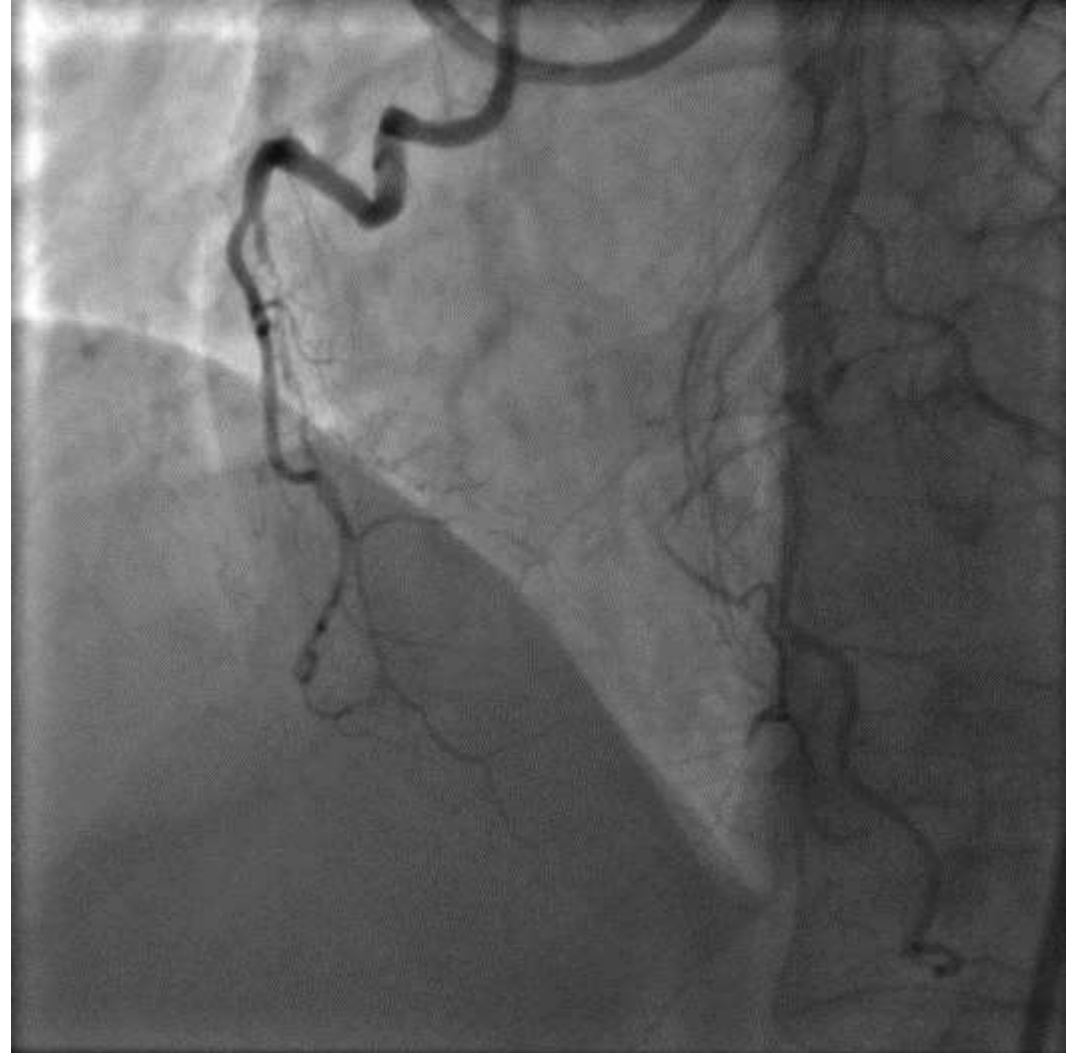


# My CTO PCI case in CCT2015

**Yasumi Igarashi, M.D., Ph.D.**  
**Tokeidai Memorial Hospital**

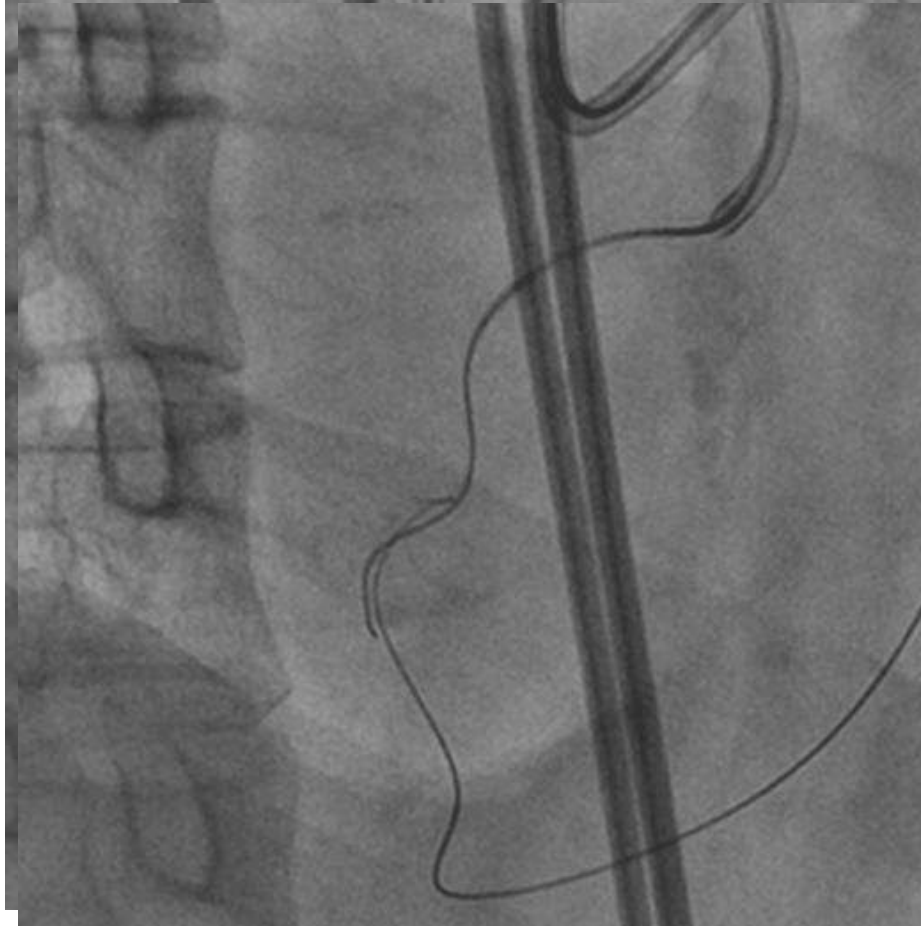
## RCA mid-distal CTO with proximal strong tortuosity in CCT2015

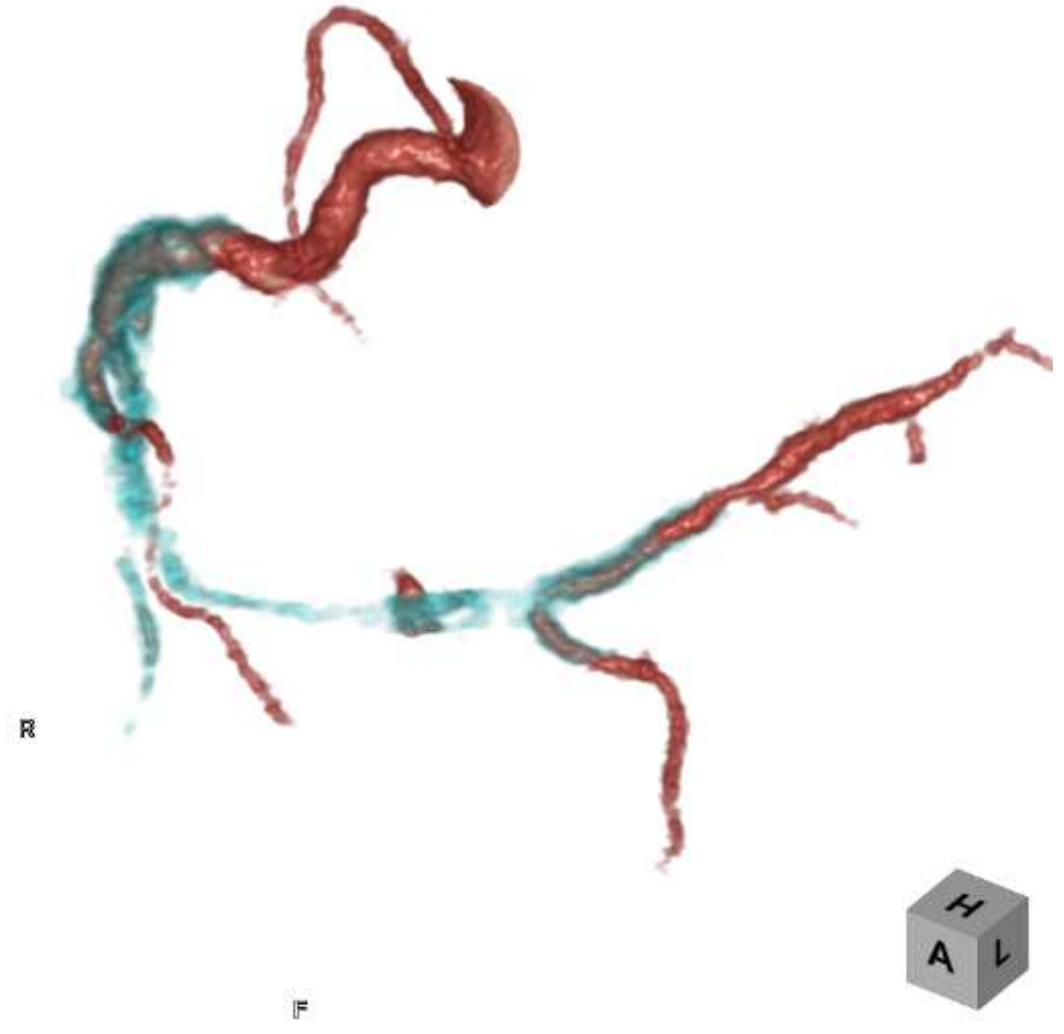
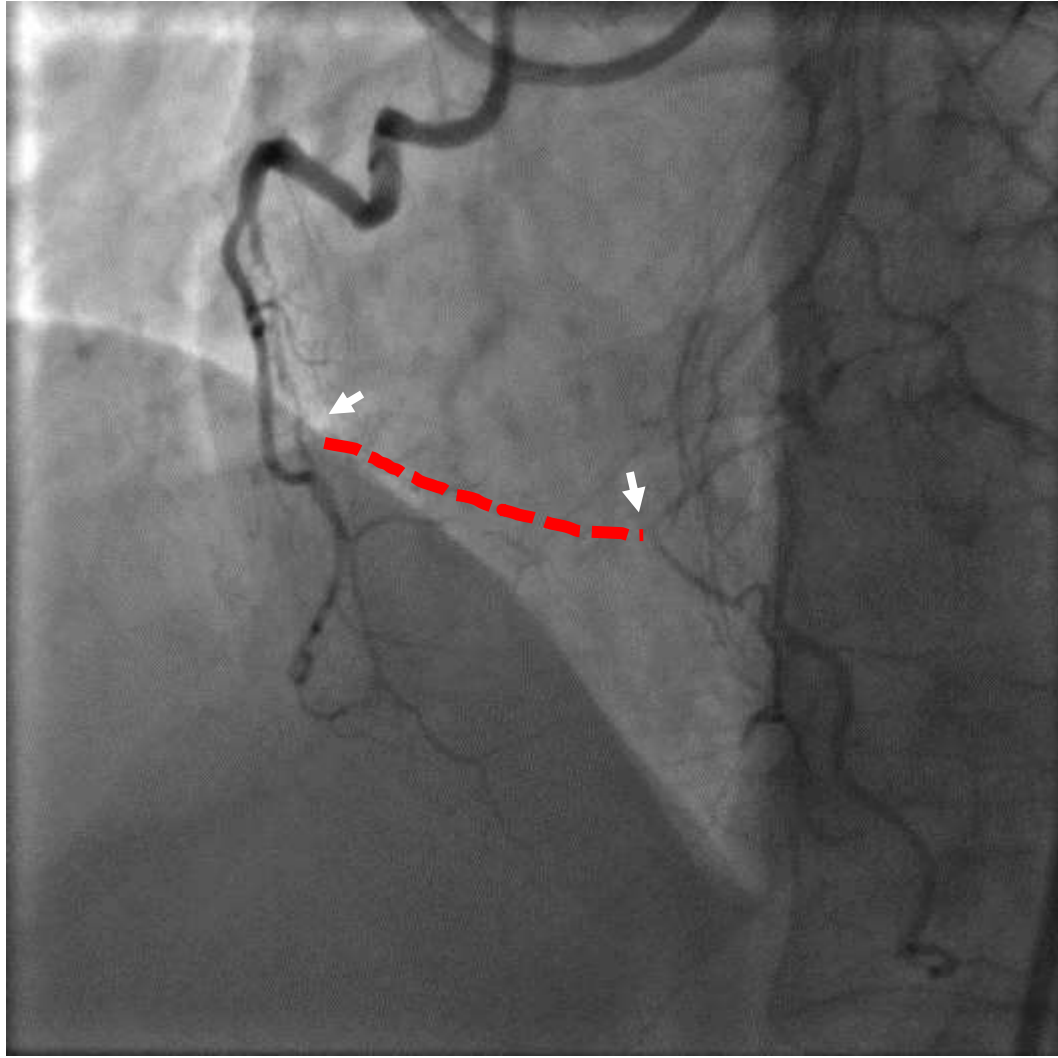
- 50 y/o gentleman
- CHF
- Inferior OMI
- Sinus tachycardia
- EF 27%
- eGFR 61.2
- Ex smoker
- Dyslipidemia



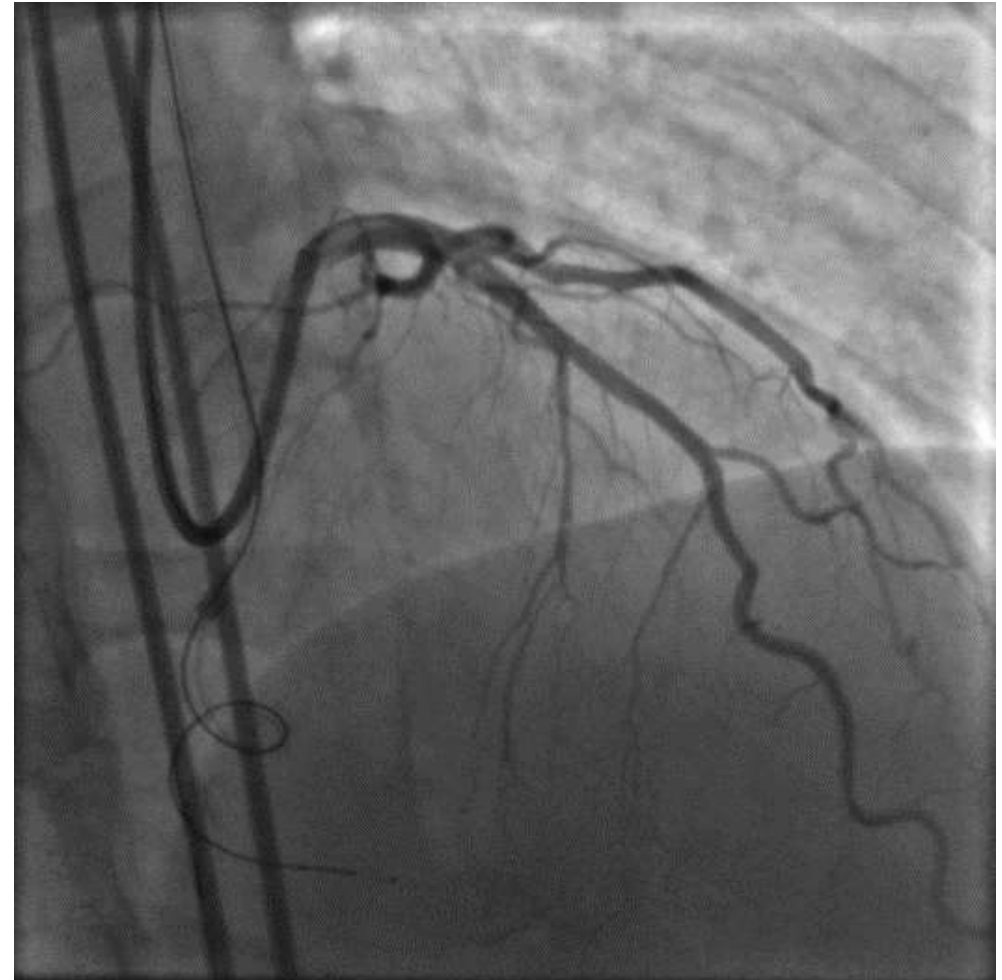
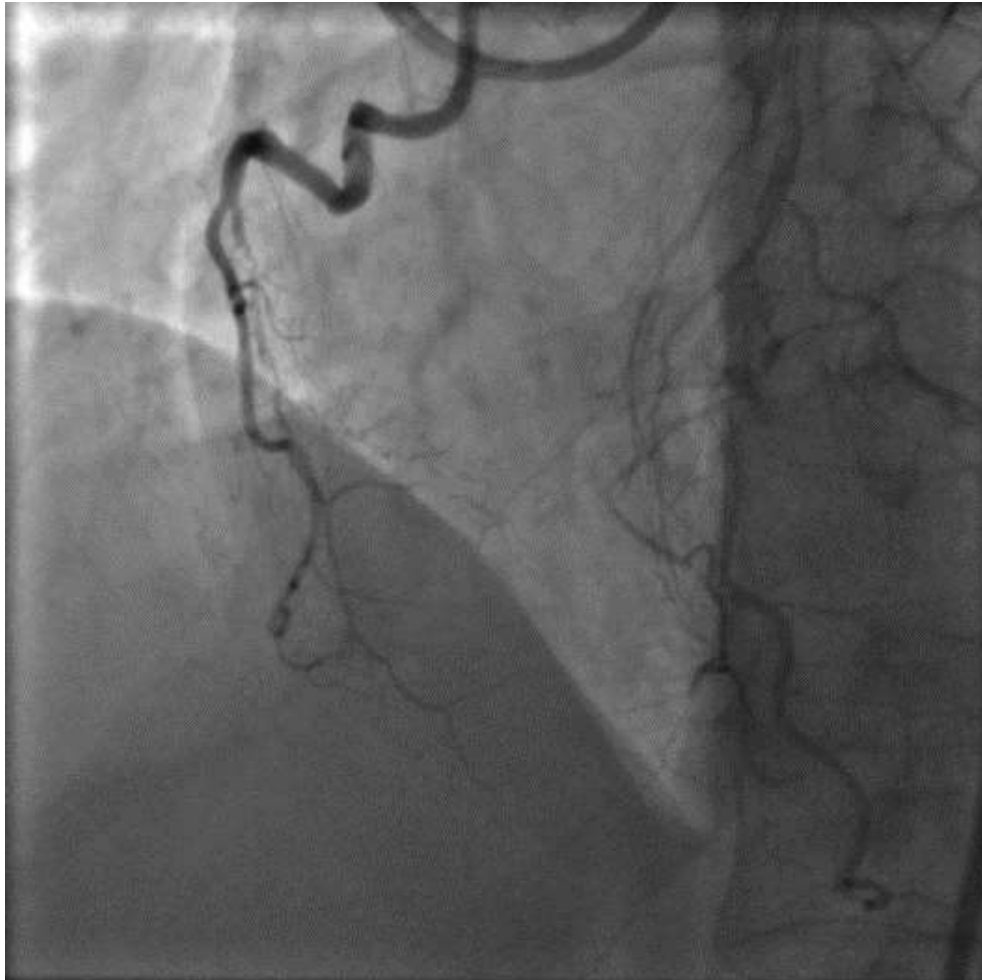
# Vessel shape

by non-contrast CT

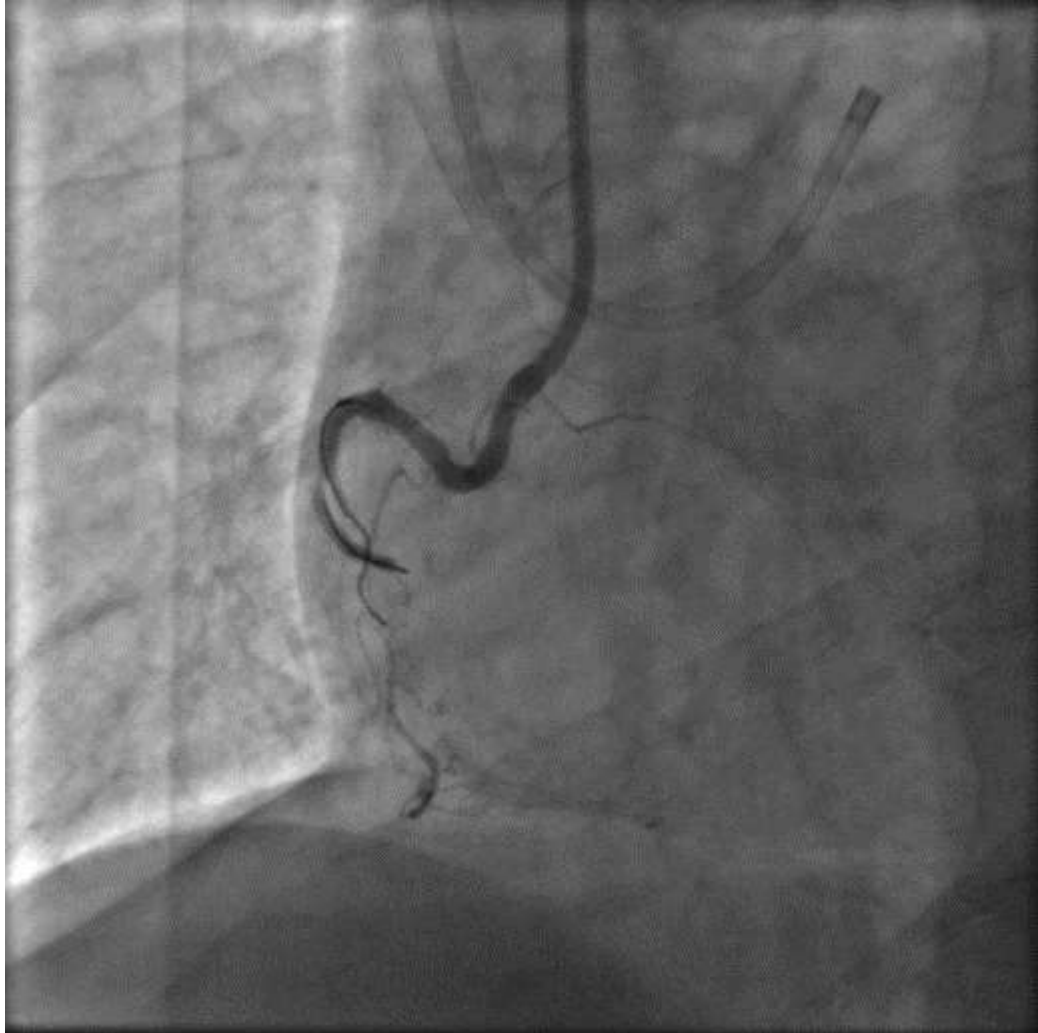




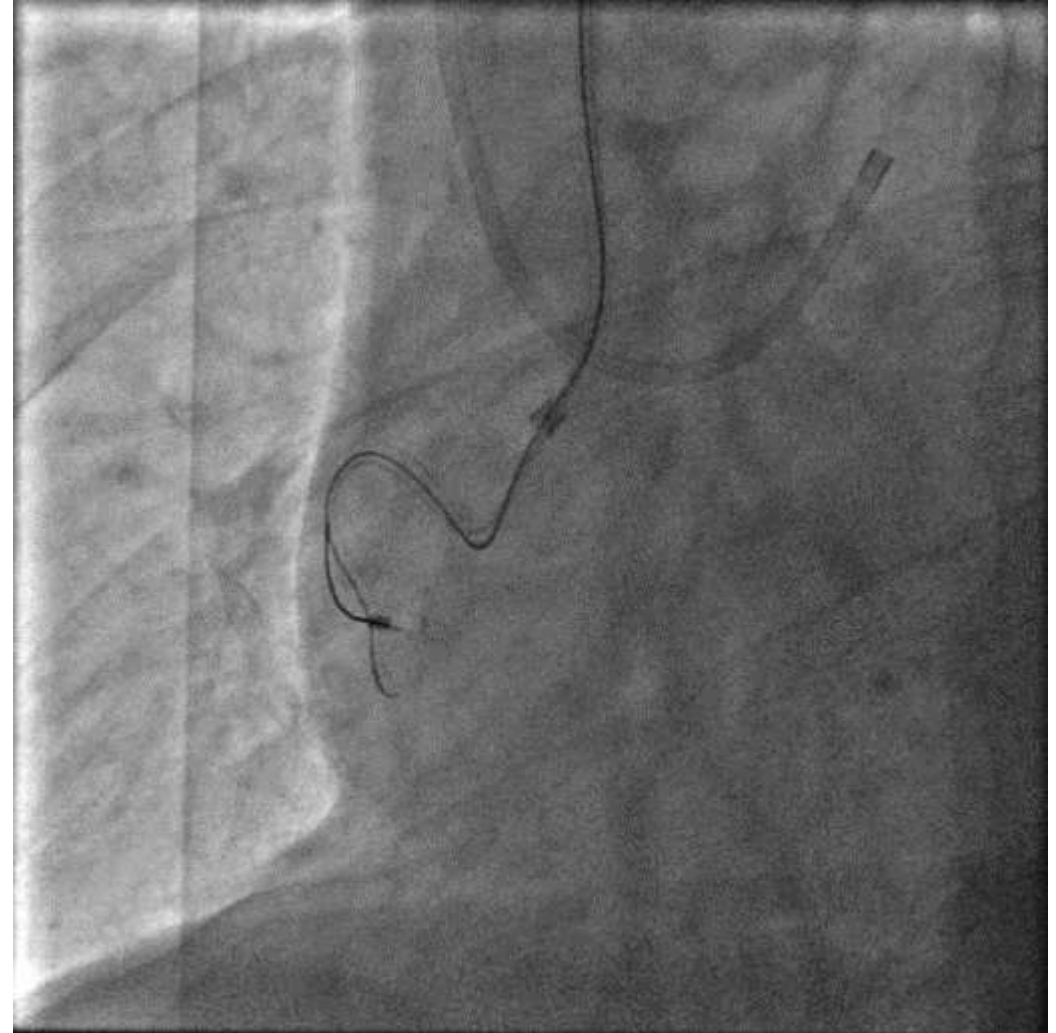
RCA mid-distal CTO with proximal strong tortuosity in CCT2015



# Antegrade wiring

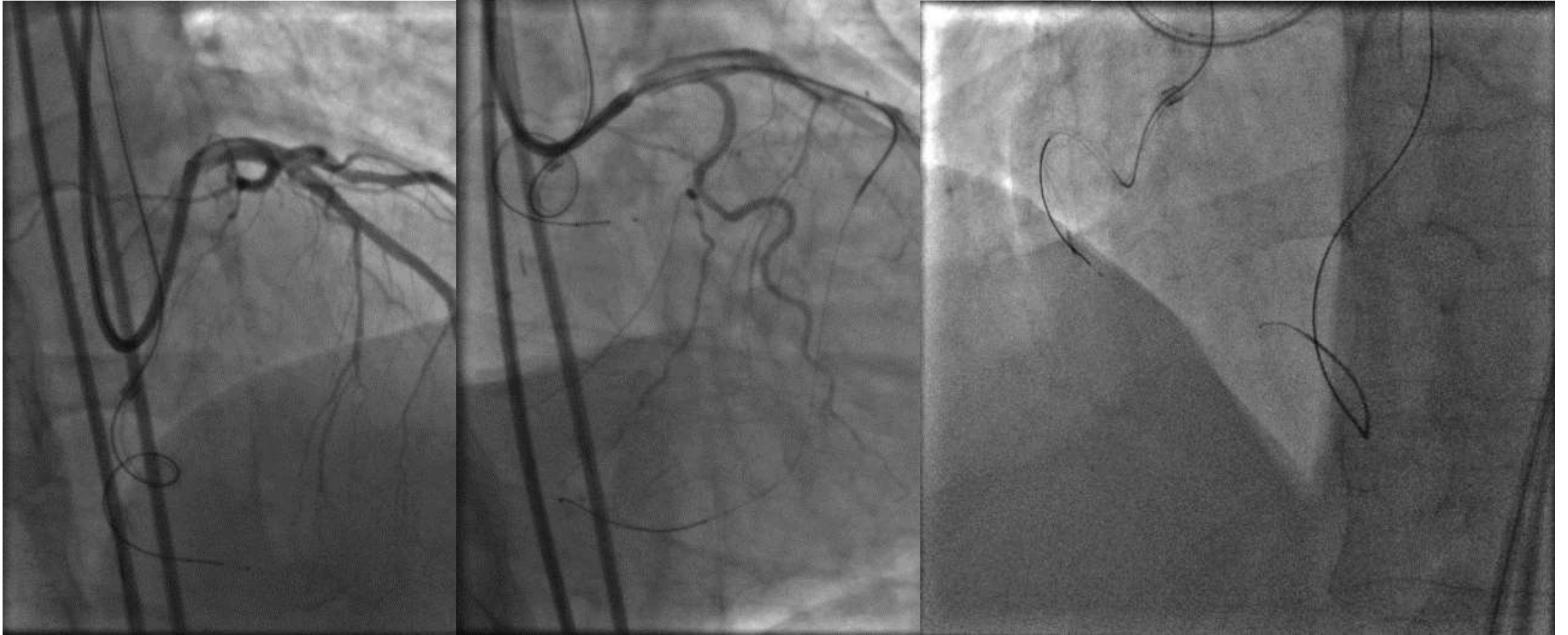


Caravel+floppy wire+side branch anchor



Fielder XT-A → Gaia 2<sup>nd</sup>

# Retrograde wiring

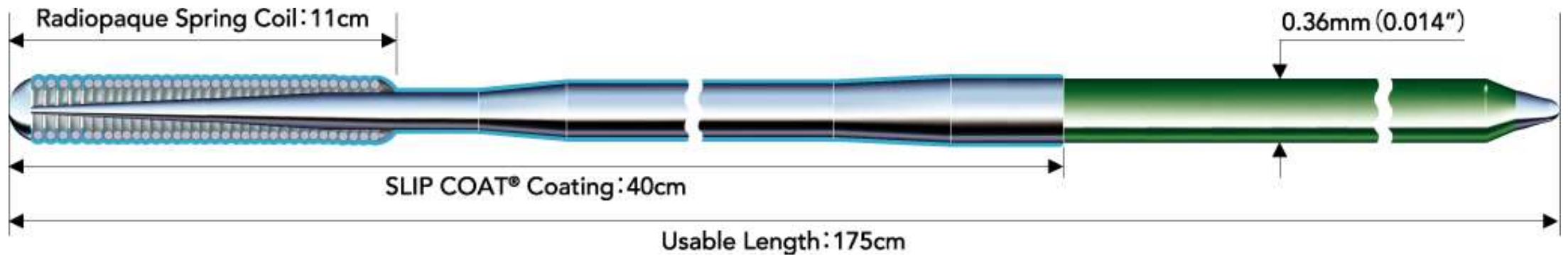


Corsair + SION



# ASAHI ULTIMATEbros 3

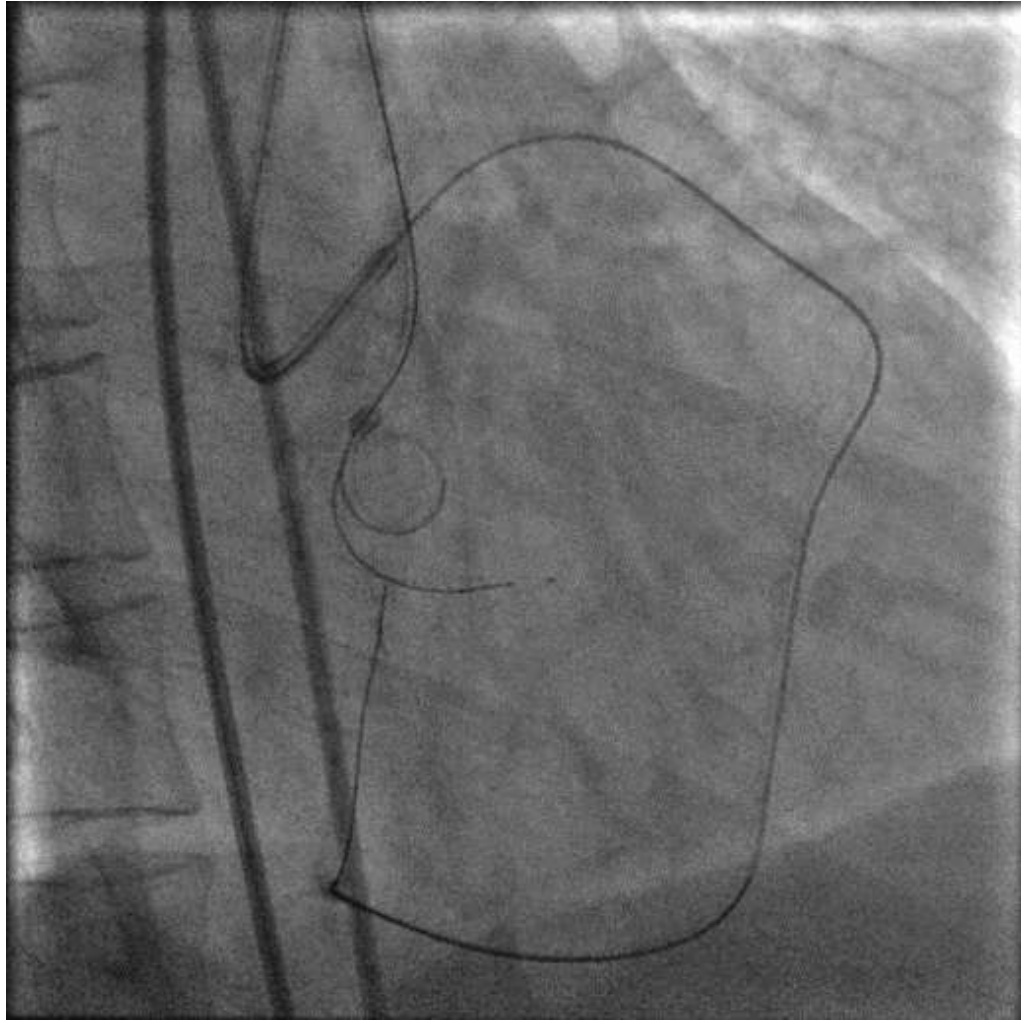
PTCA GUIDE WIRE



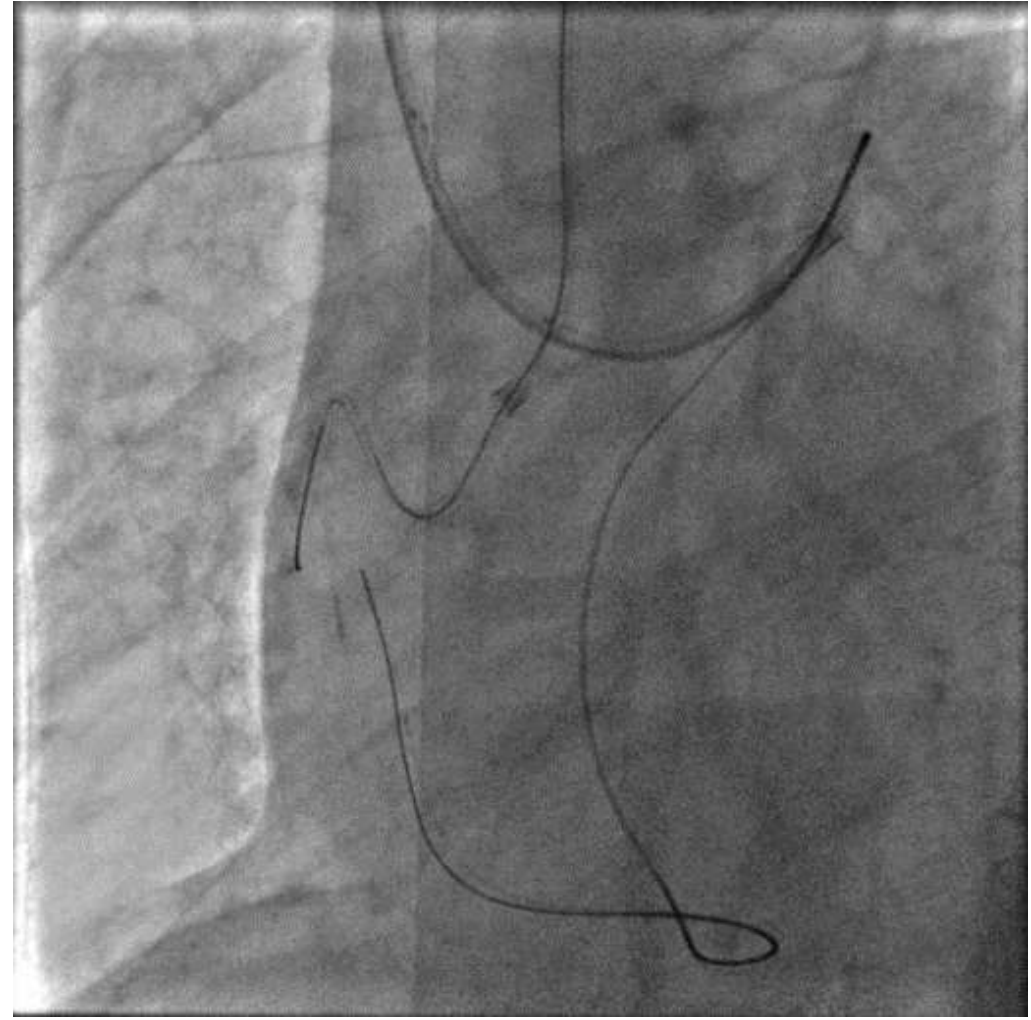
- Tip Load 3g
- Radiopacity 11cm
- Coil 11cm
- Diameter 0.014inch
- Length 175cm



# Retrograde wiring by ultimate bros 3G

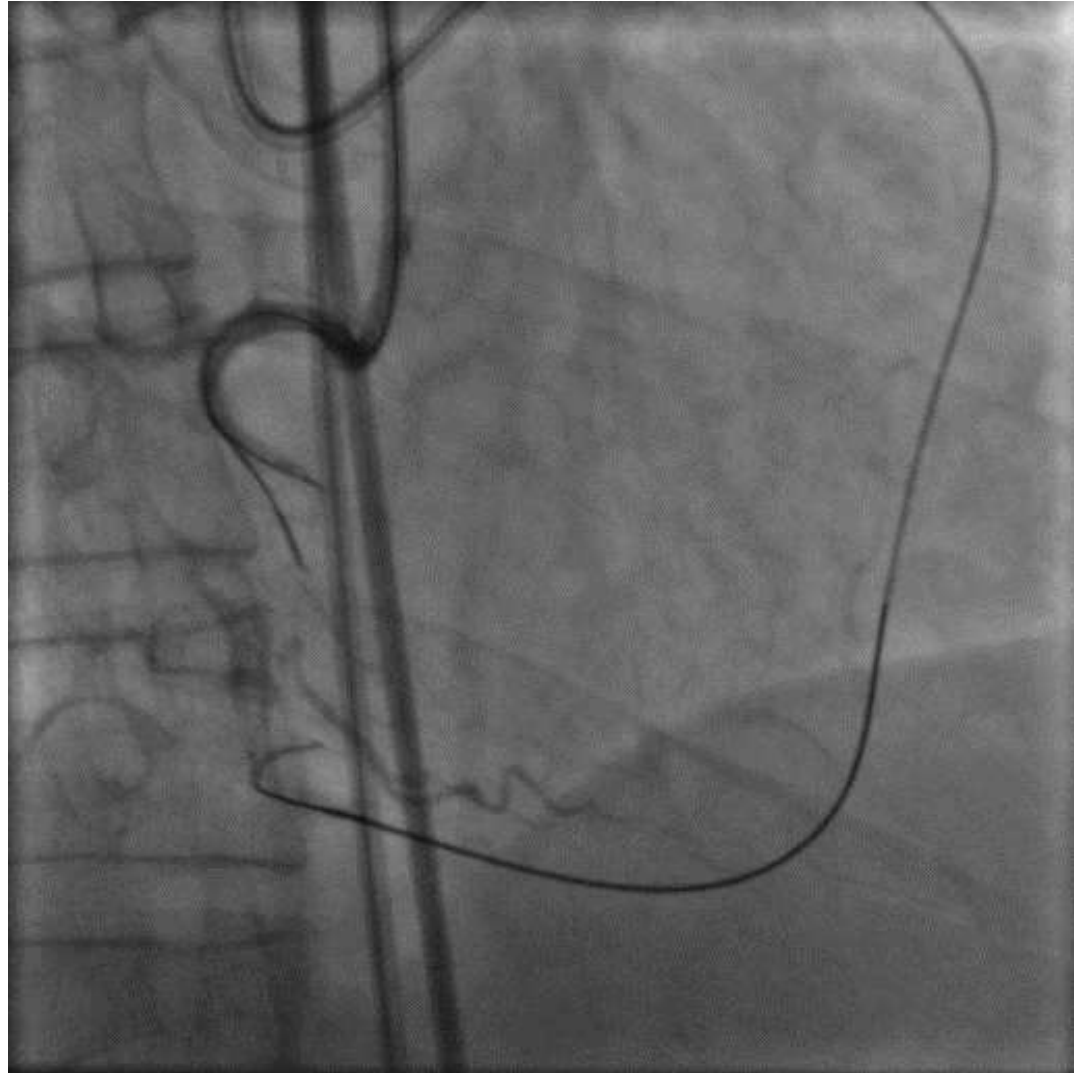


RAO

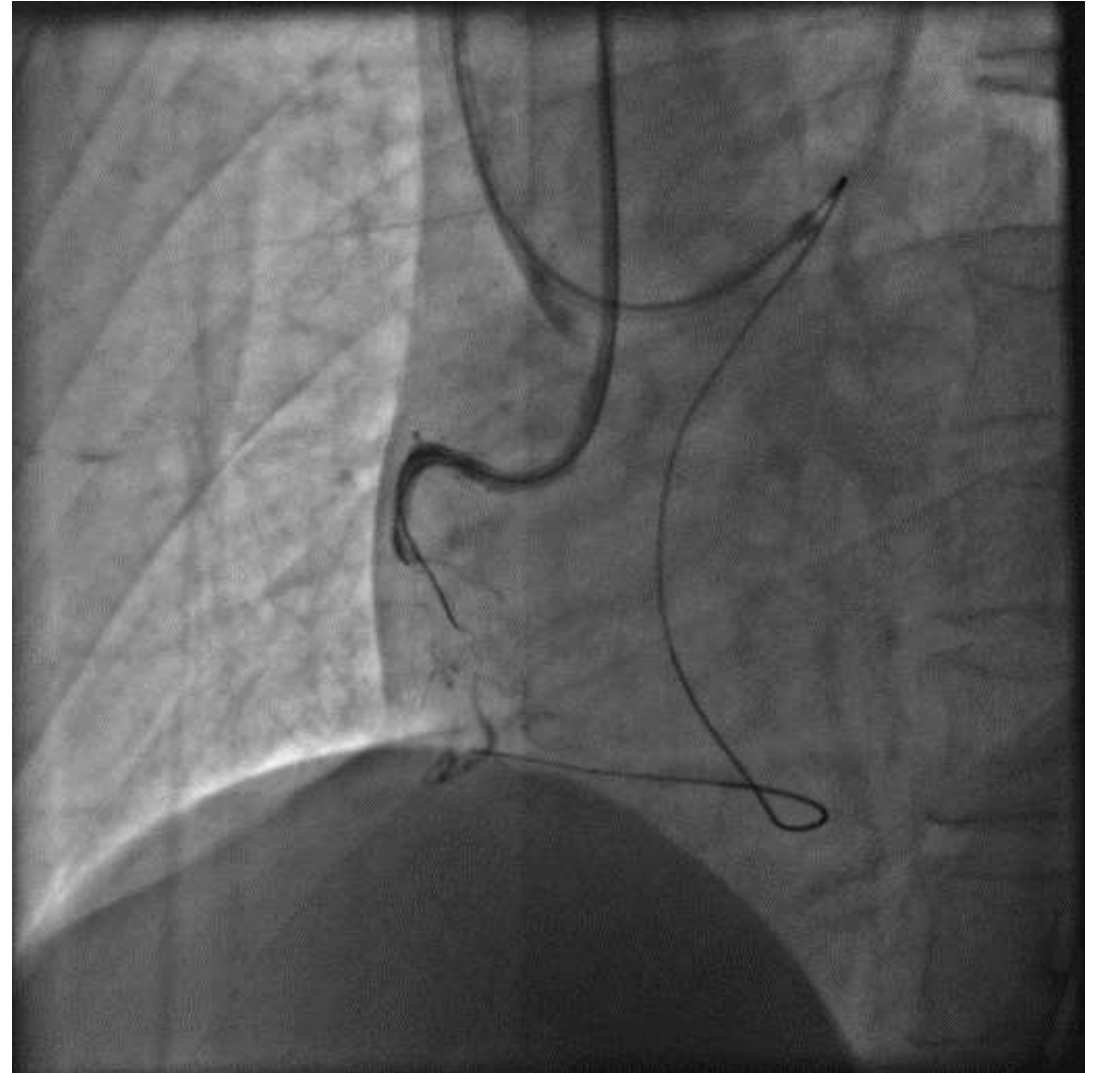


LAO CRA

# Retrograde wiring by ultimate bros 3G

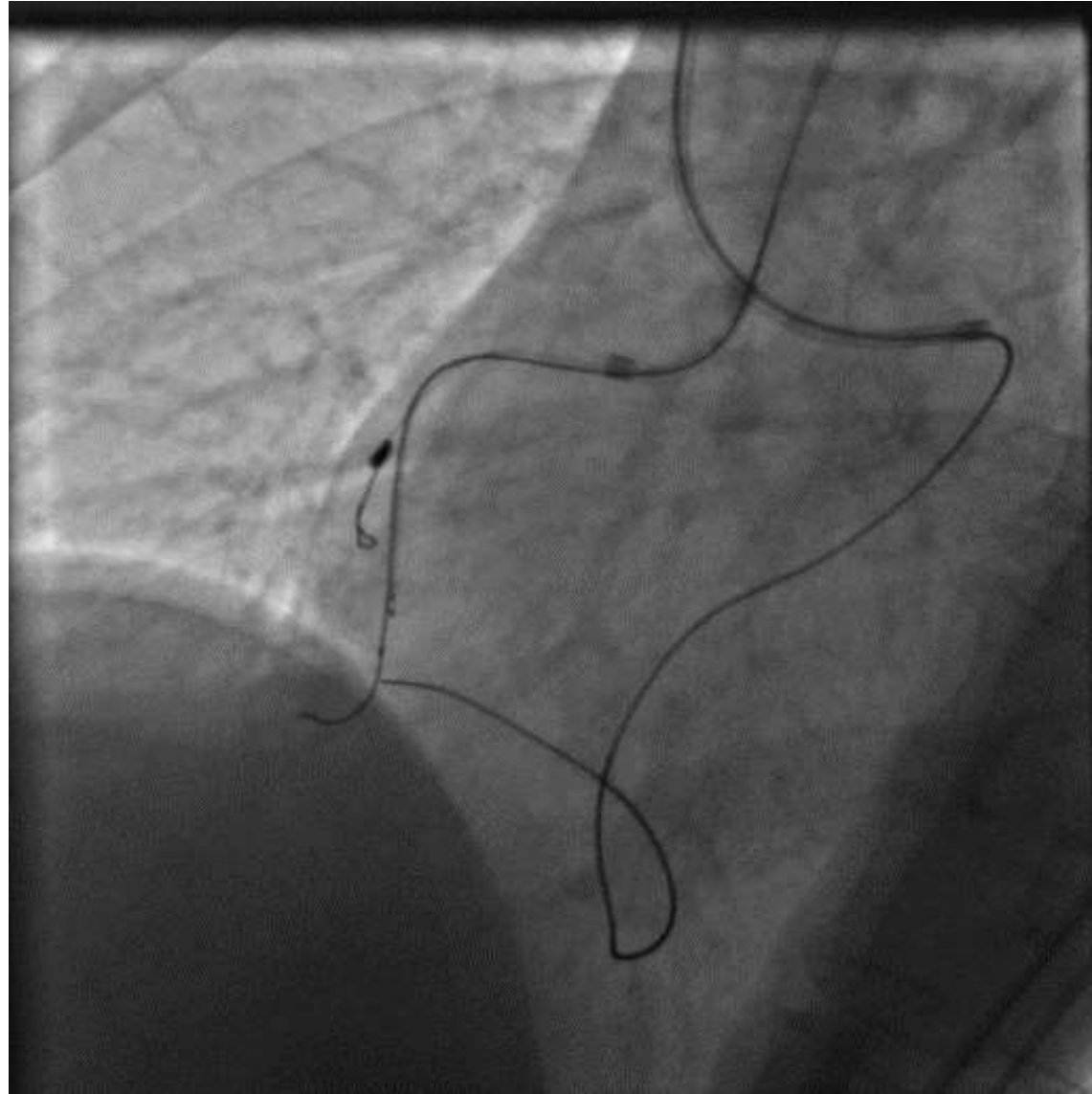


RAO

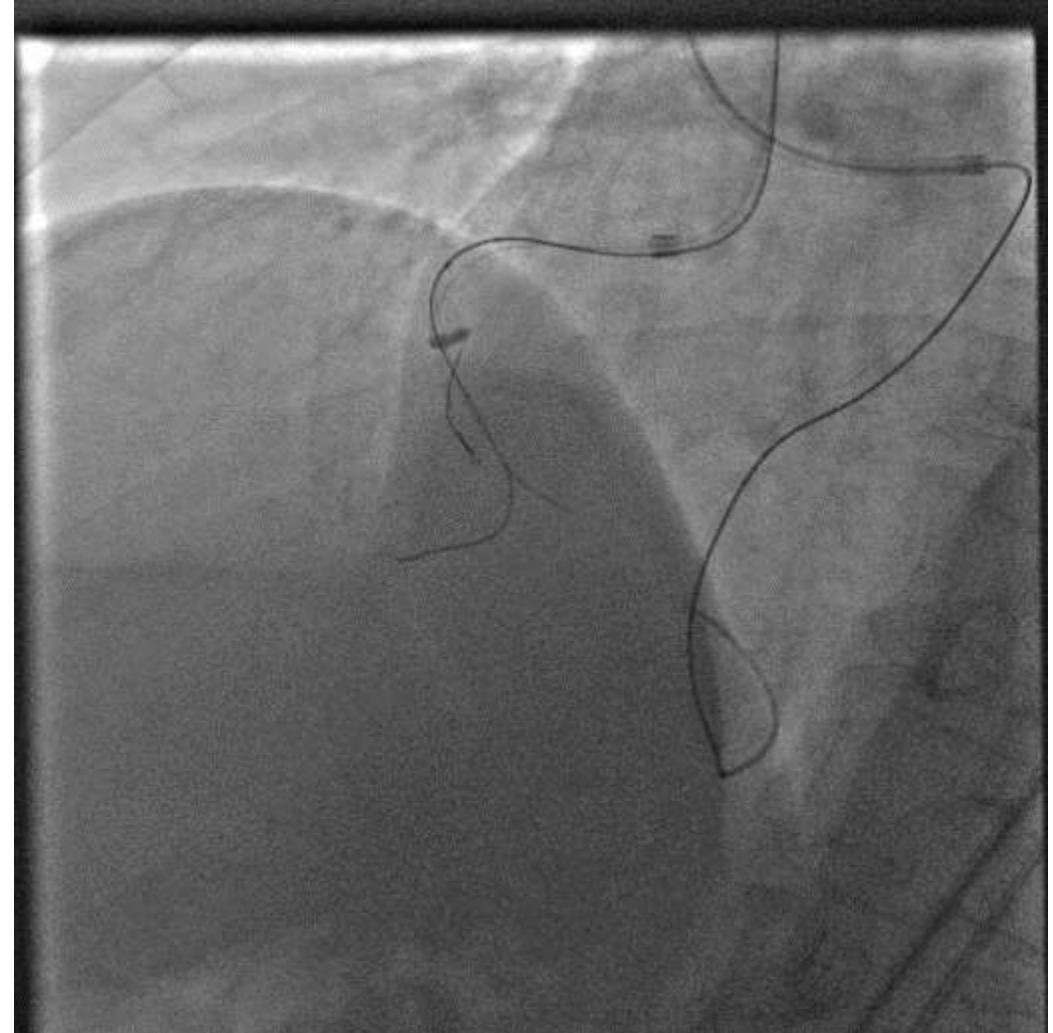
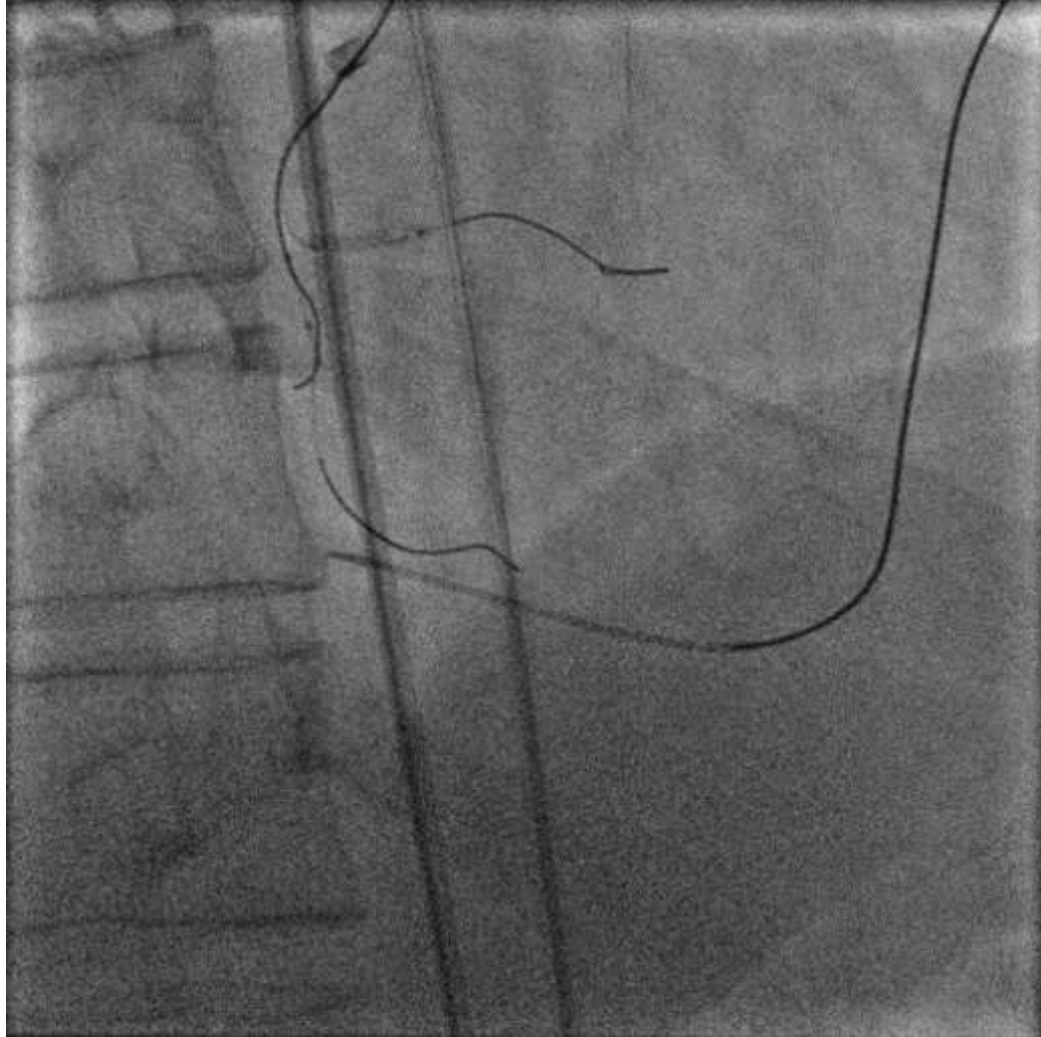


LAO CRA

IVUS examination to confirm correct CTO entry point

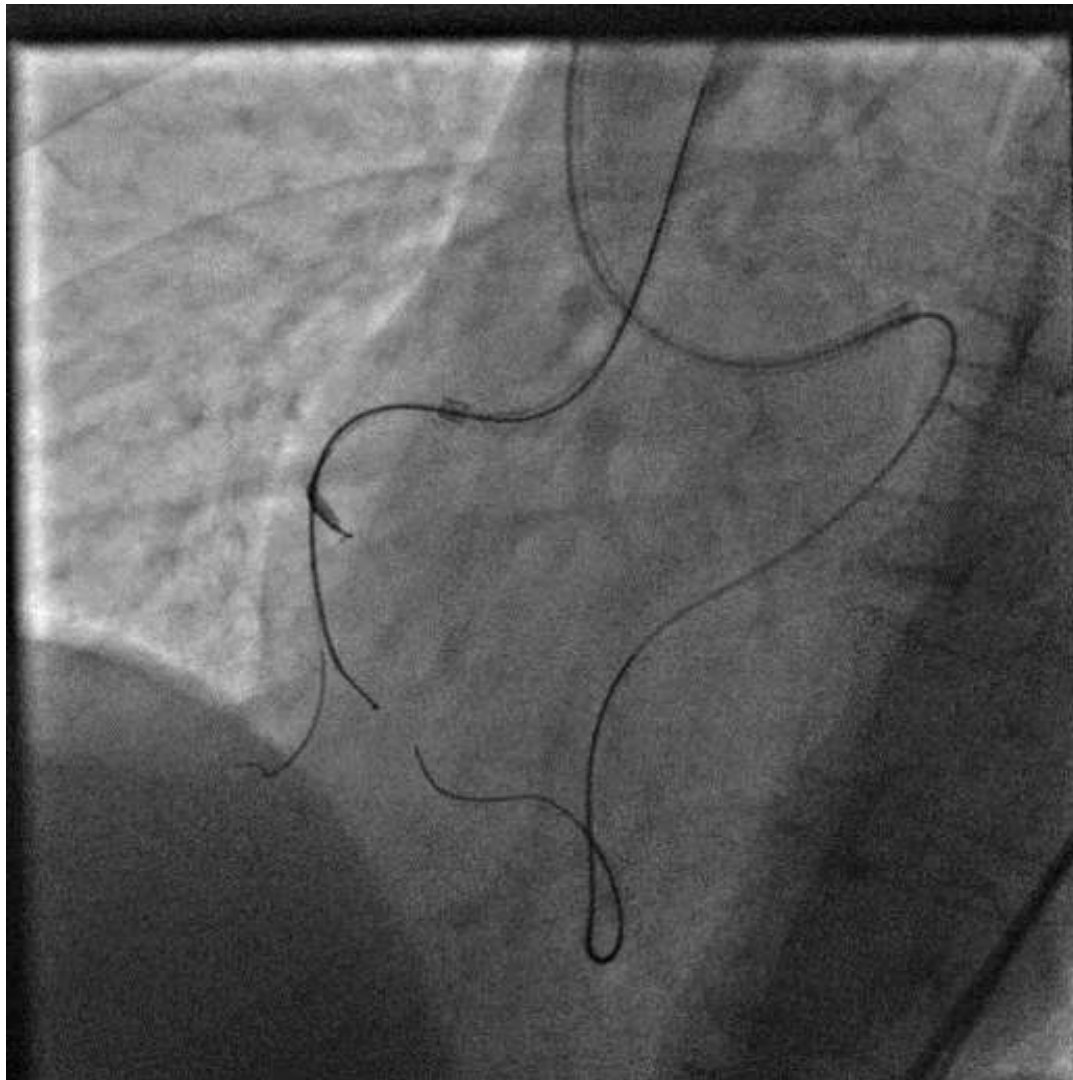


# Antegrade penetration of CTO entry

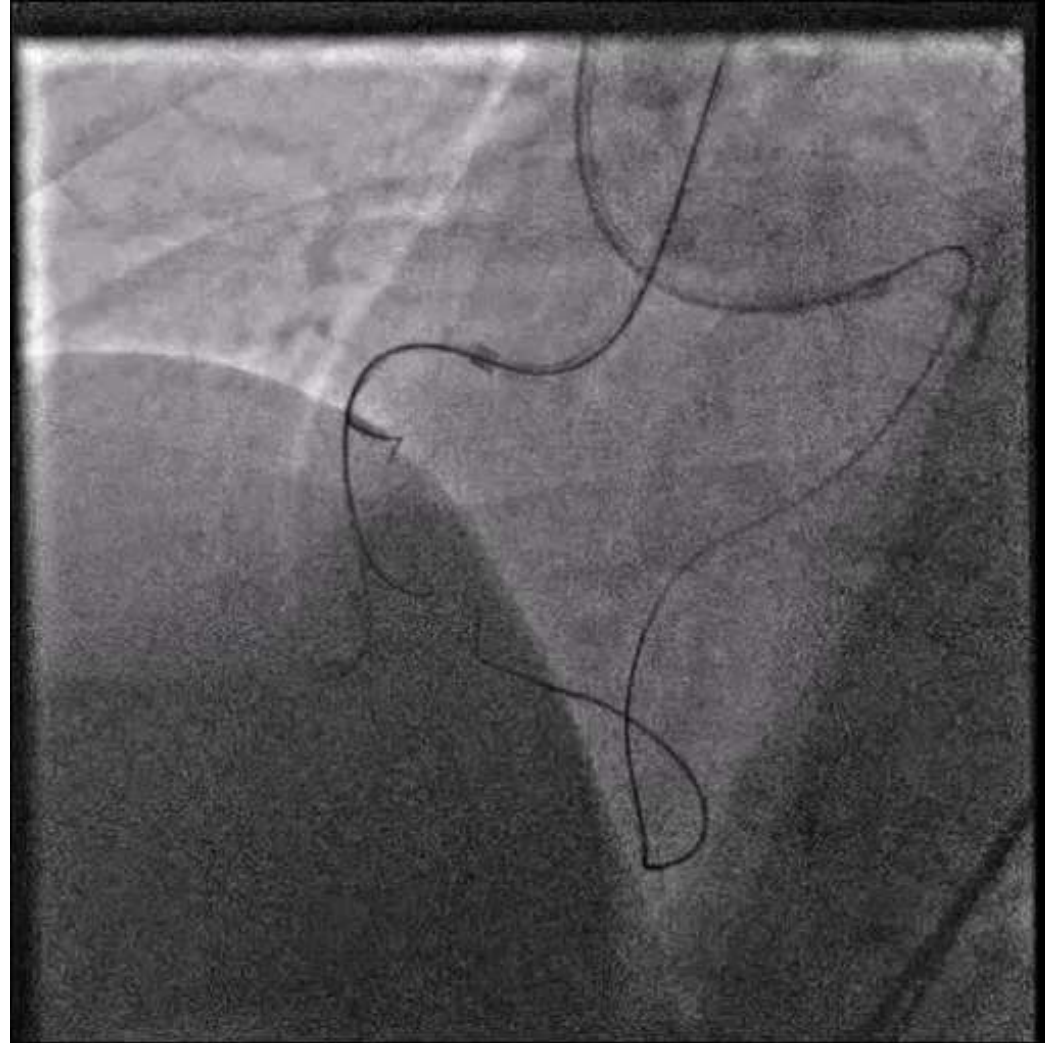


Gaia 2<sup>nd</sup> combination with Crusade catheter support

## Bilateral wiring by ultimate bros 3Gs



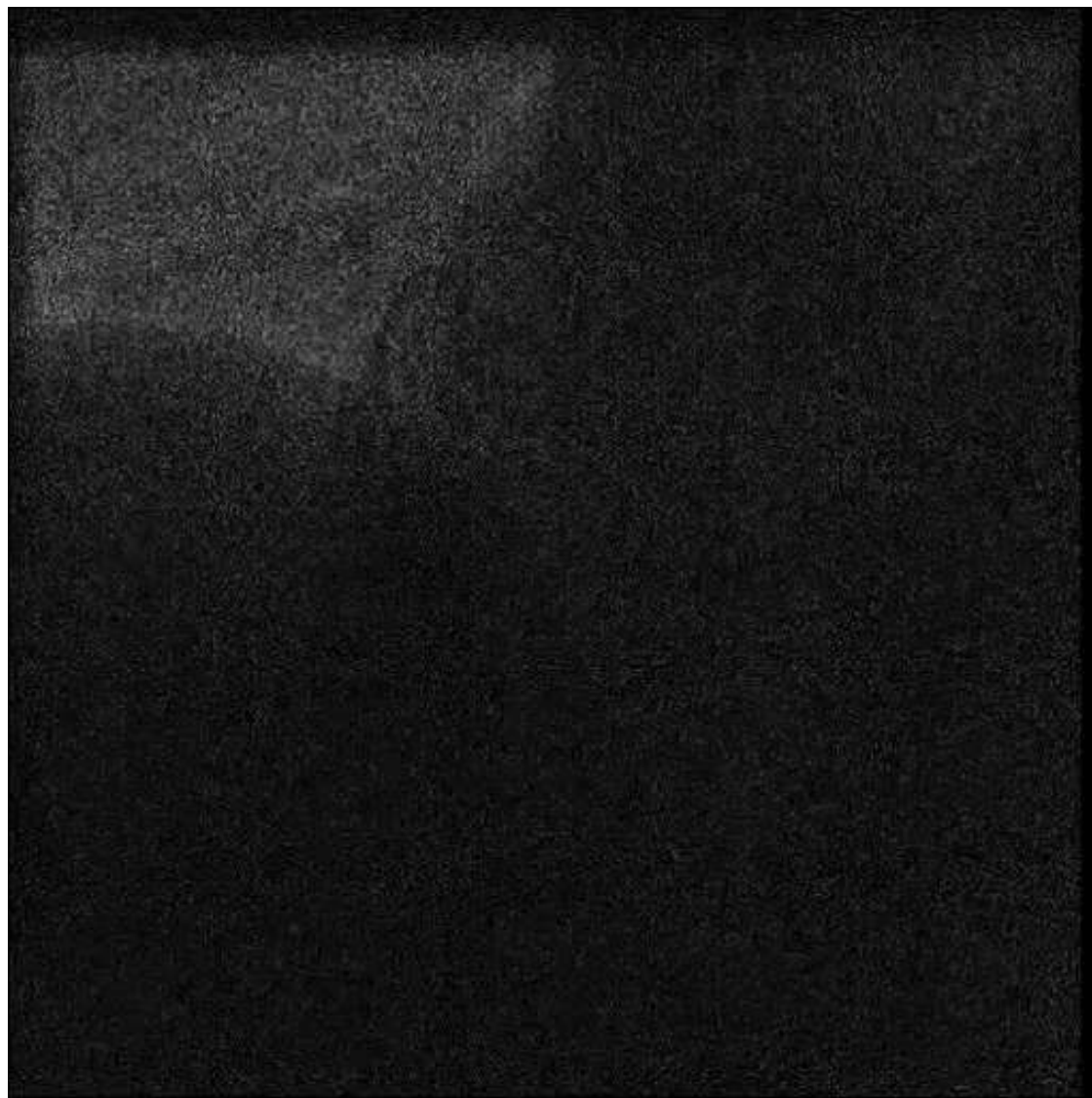
# Bilateral wiring by ultimate bros 3Gs



Rotational angiogram from LAO CRA to CAU

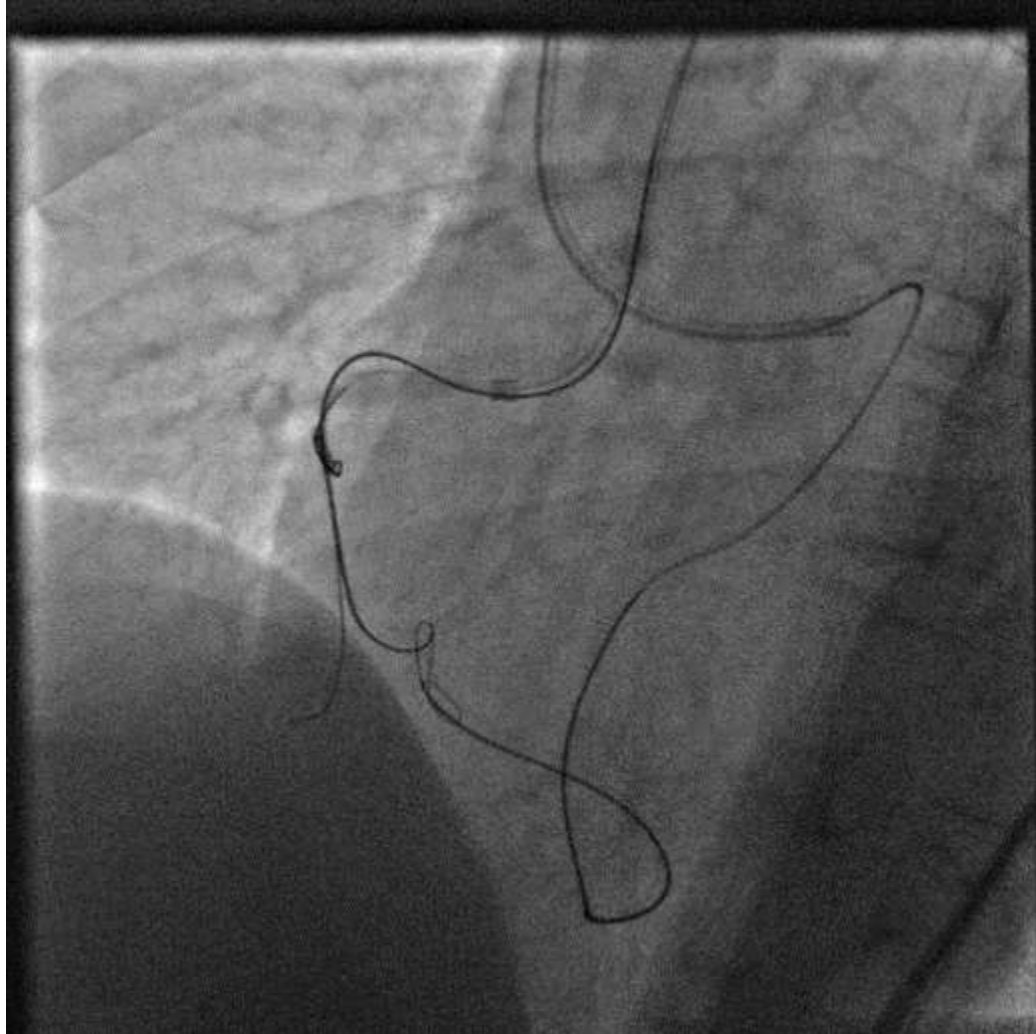


# Bilateral knuckle wire technique

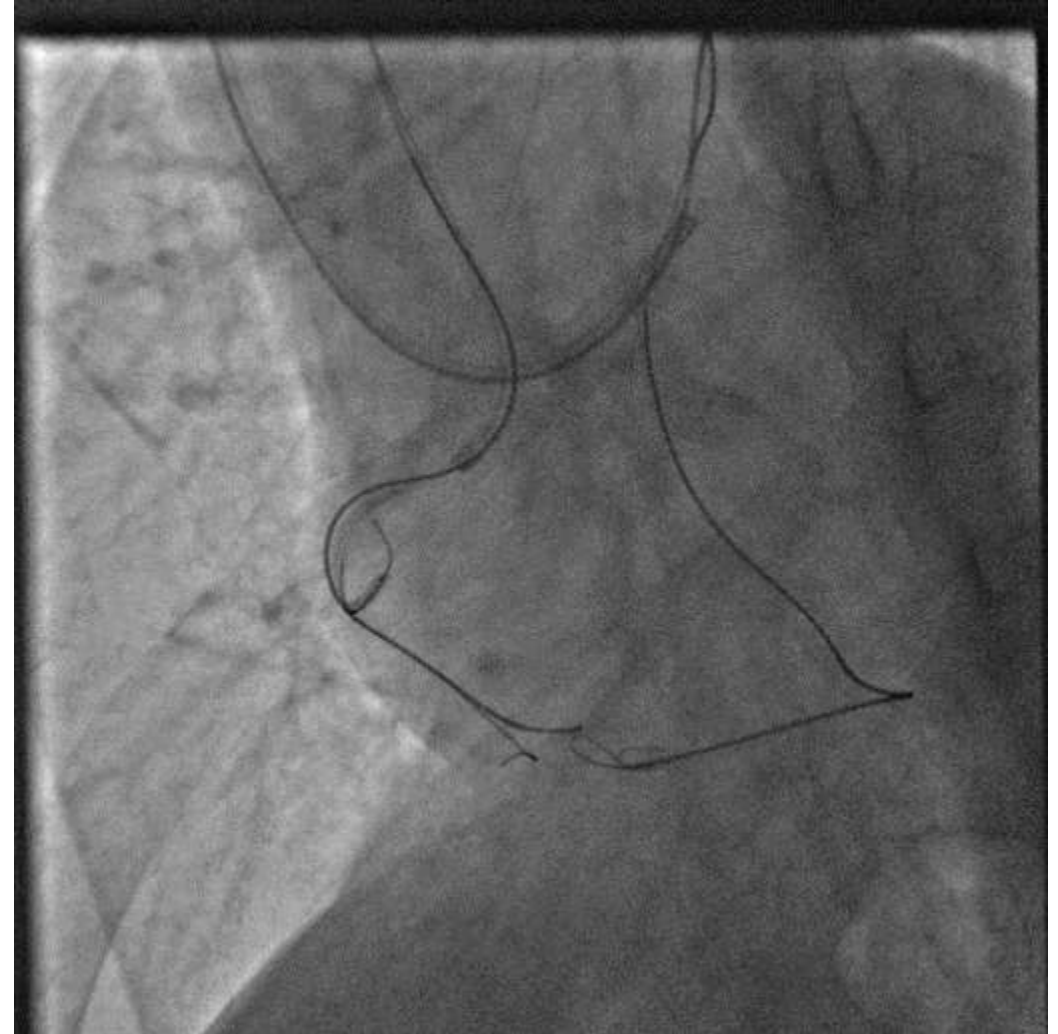




# Bilateral wiring by knuckle wire technique

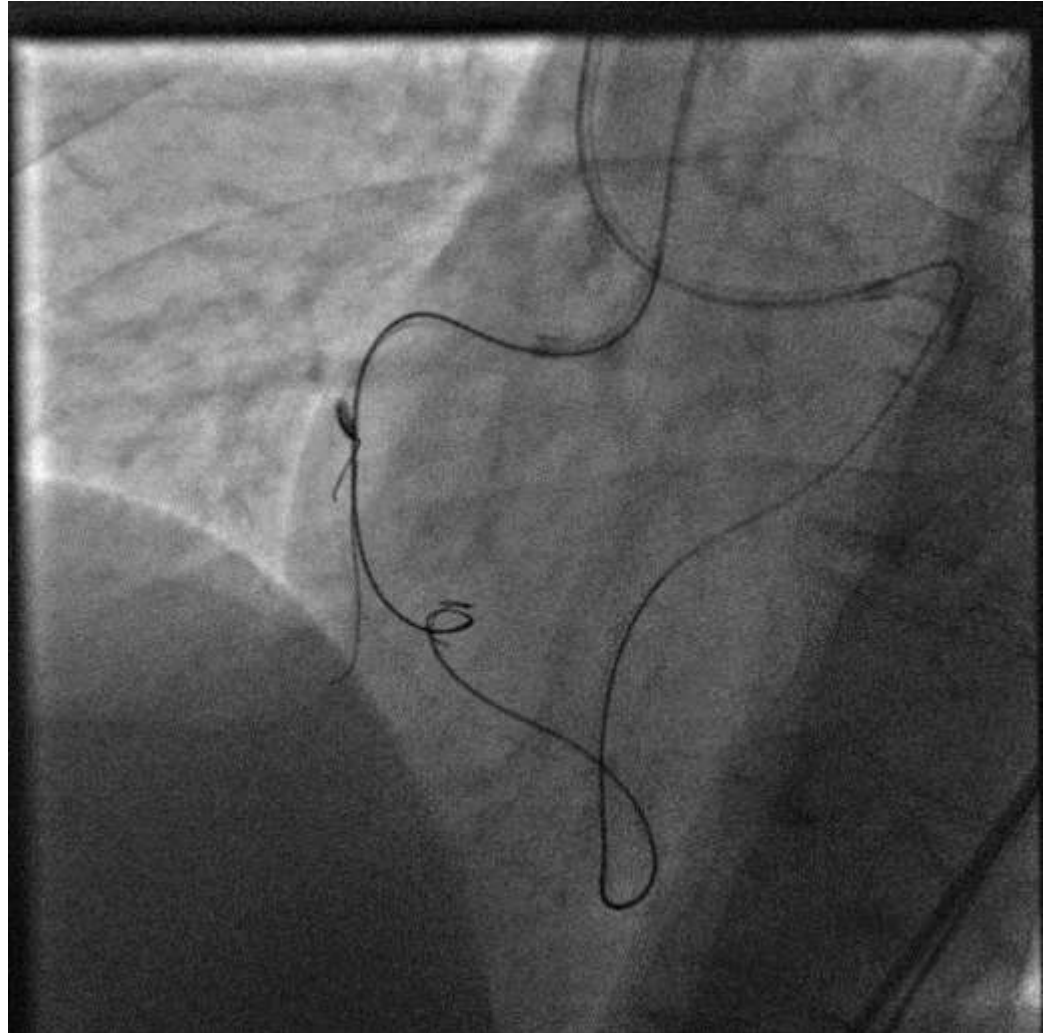
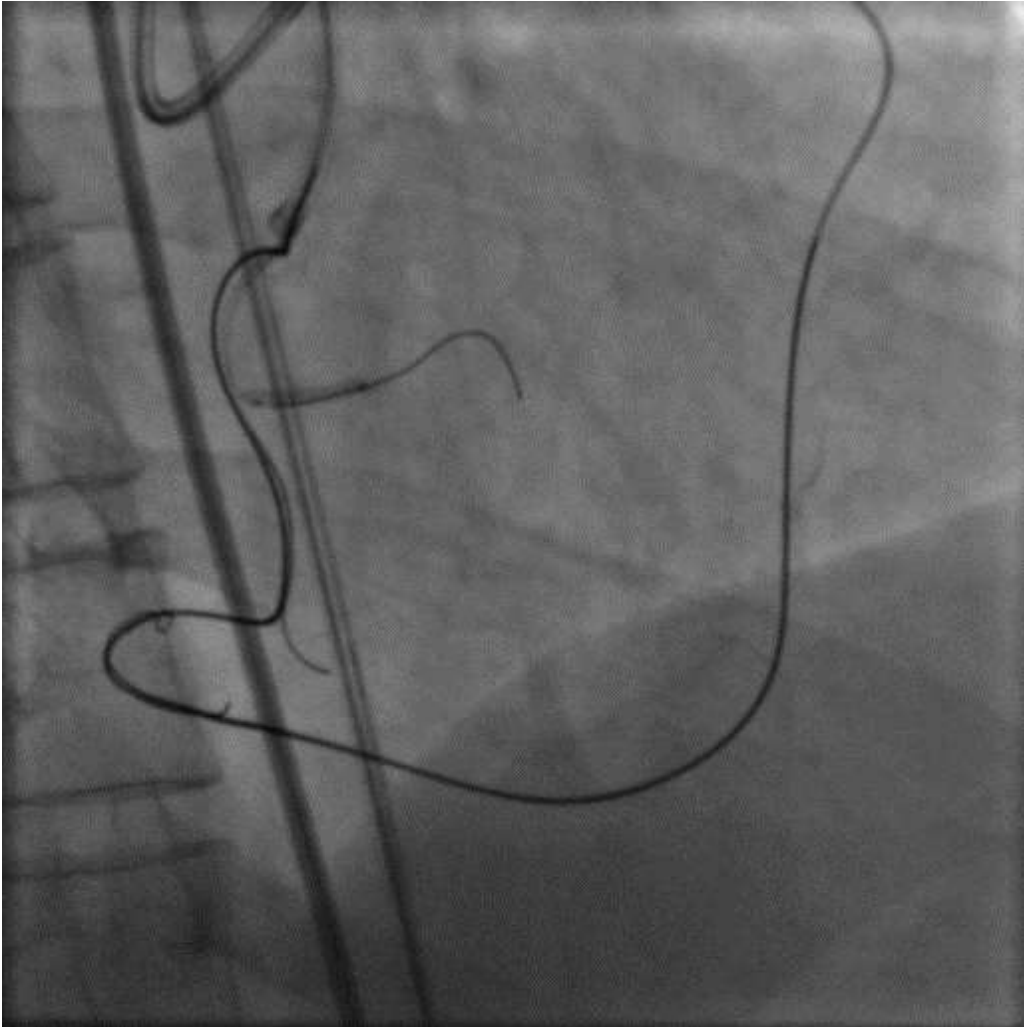


LAO CRA

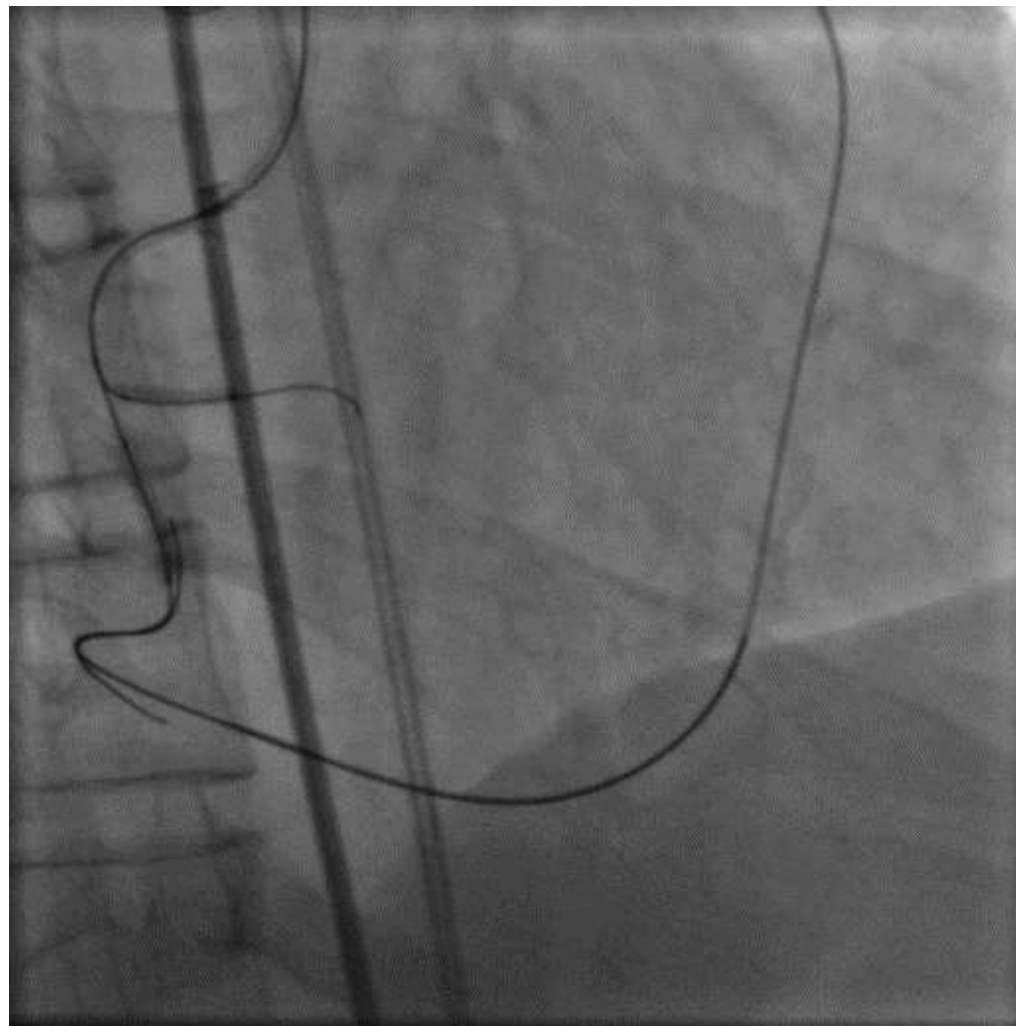
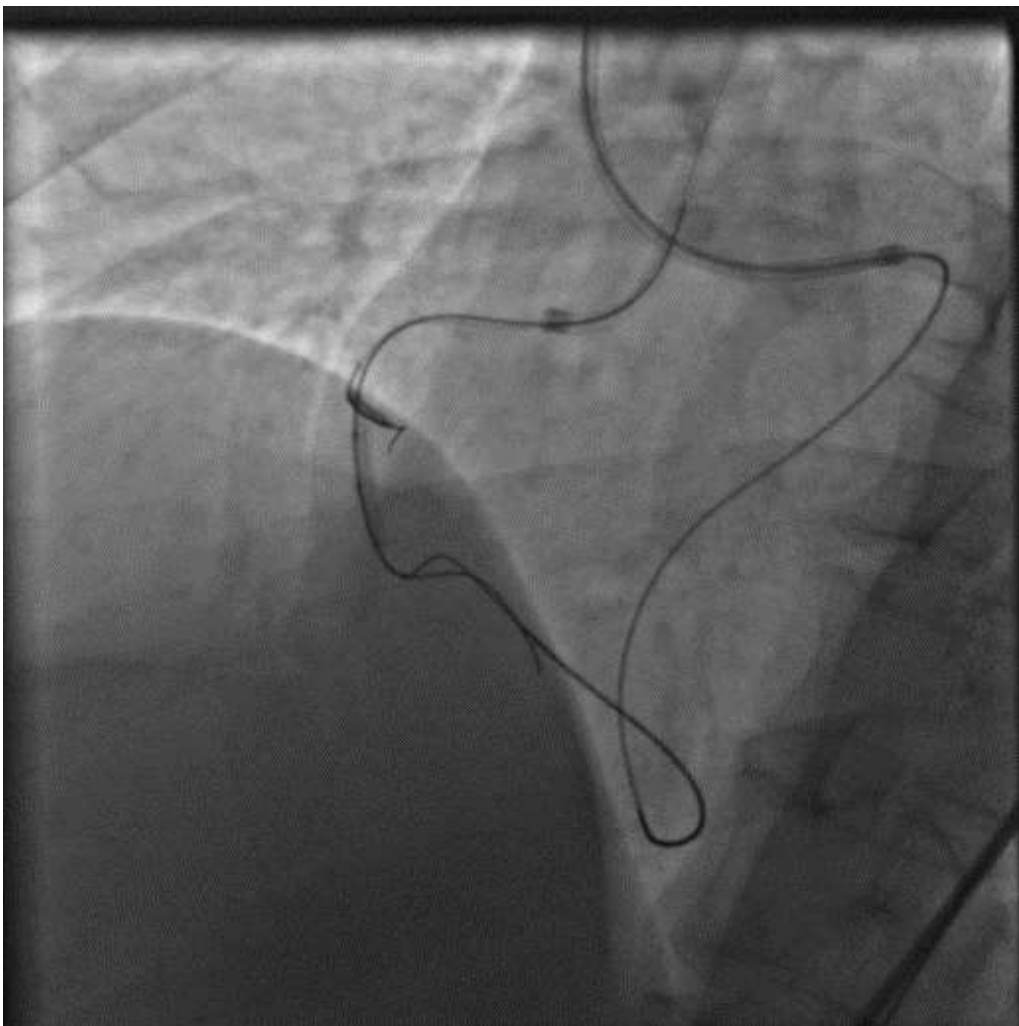


LO CAU

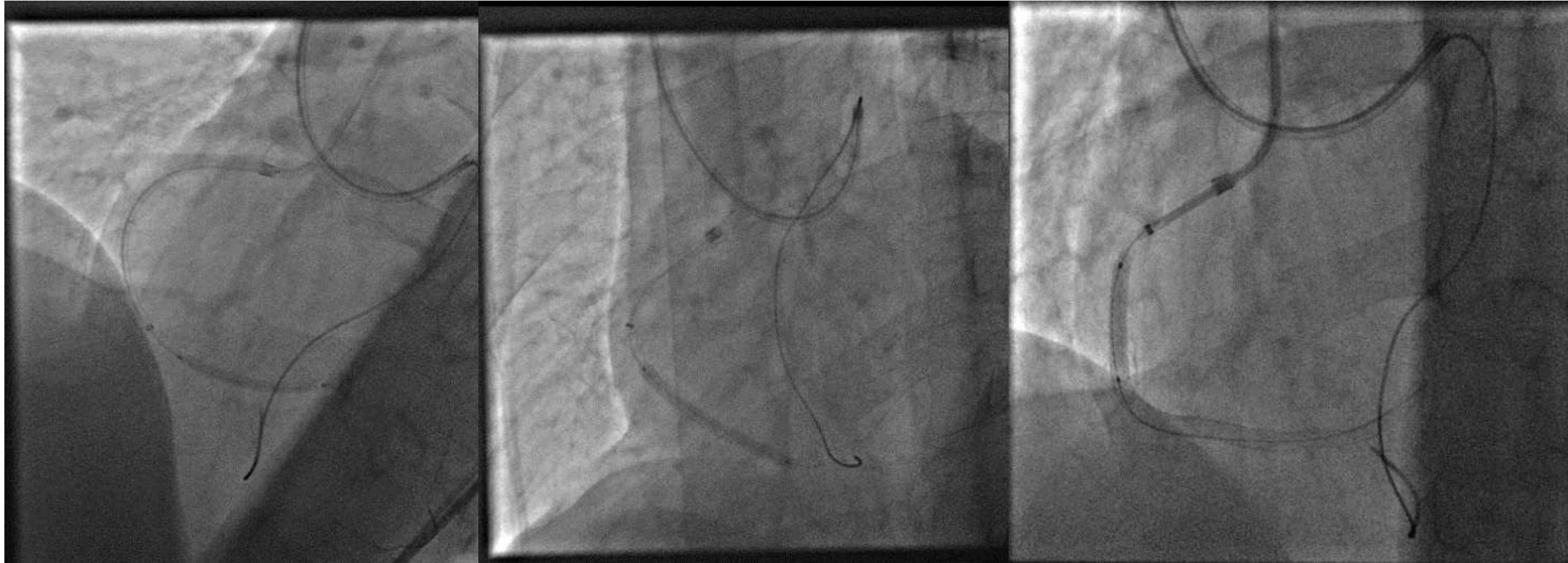
# Bilateral wiring by knuckle wire technique



## Reverse CART technique

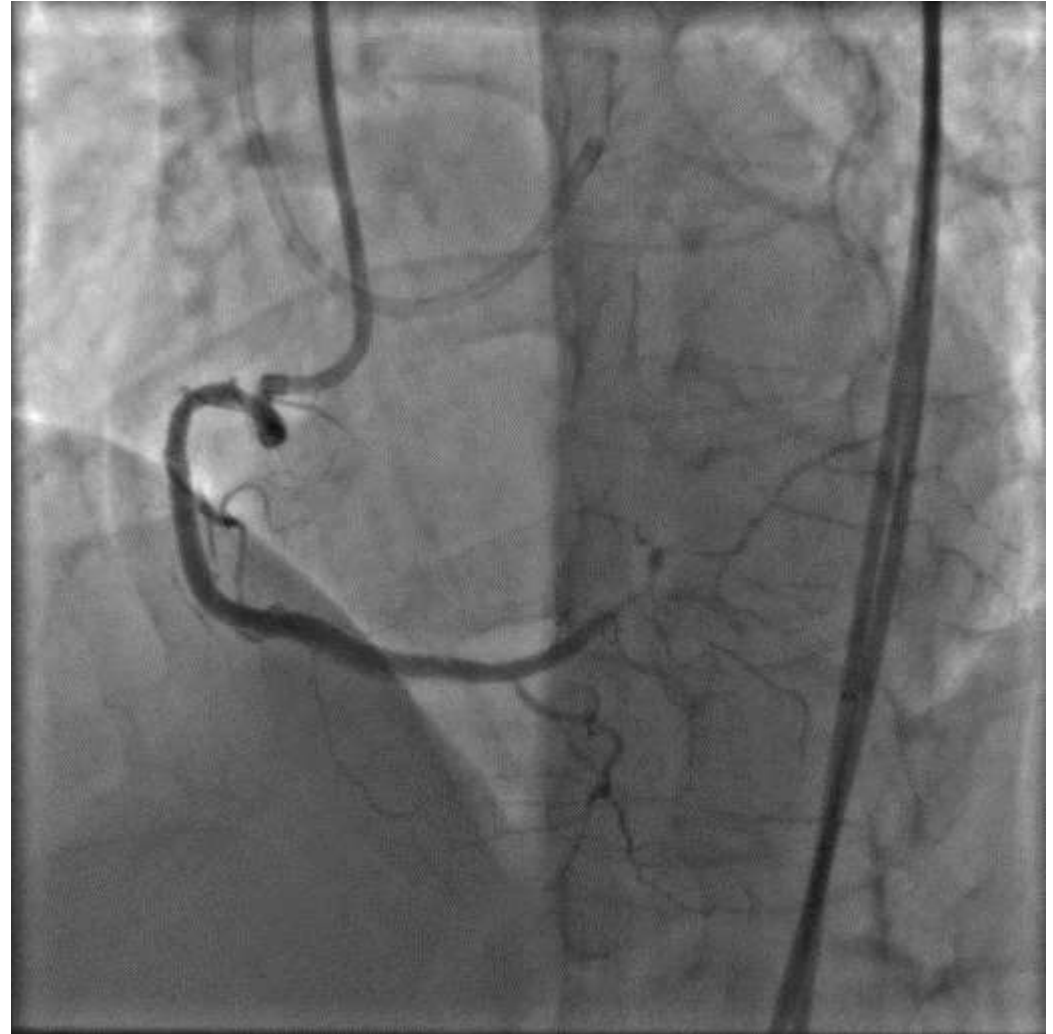
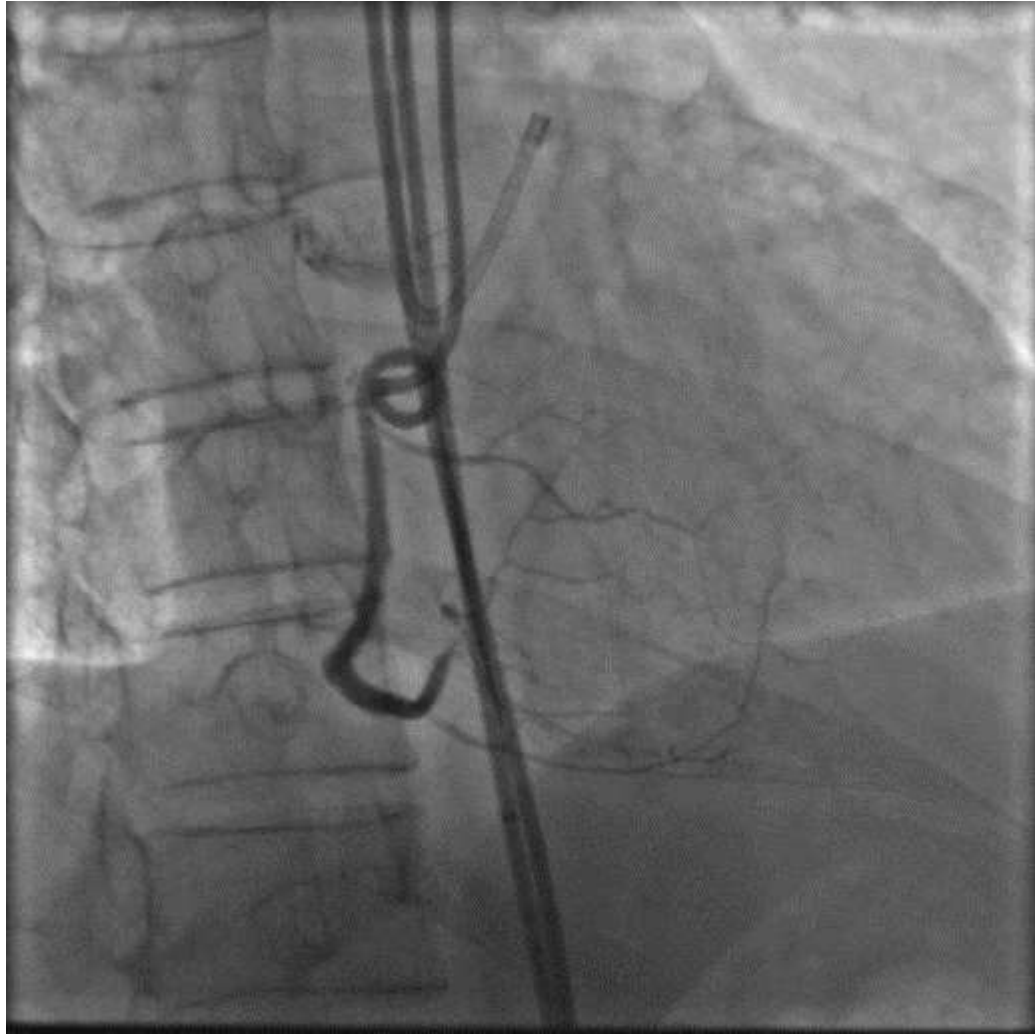


# DES implantation with extension catheter



Coil stent platform EES x3

# Final angiogram



# SUMMARY

- RCA CTO with proximal tortuosity was treated successfully by retrograde approach.
- Vessel course by coronary CT was misread probably because of cardiac functional improvement.
- Ultimate Bros CTO wire does not always stay inside of vessel.
- Knuckle wire technique is a useful option if vessel course is not detectable.
- Extension guiding catheter is useful for long DES delivery.

**THANK YOU FOR YOUR ATTENTION!**  
**SEE YOU IN SAPPORO AND KOBE SOON!**