

Retrograde Left Main Dissection developed during Retrograde Intervention for a Stumpless Ostial LAD CTO Lesion

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Clinical information

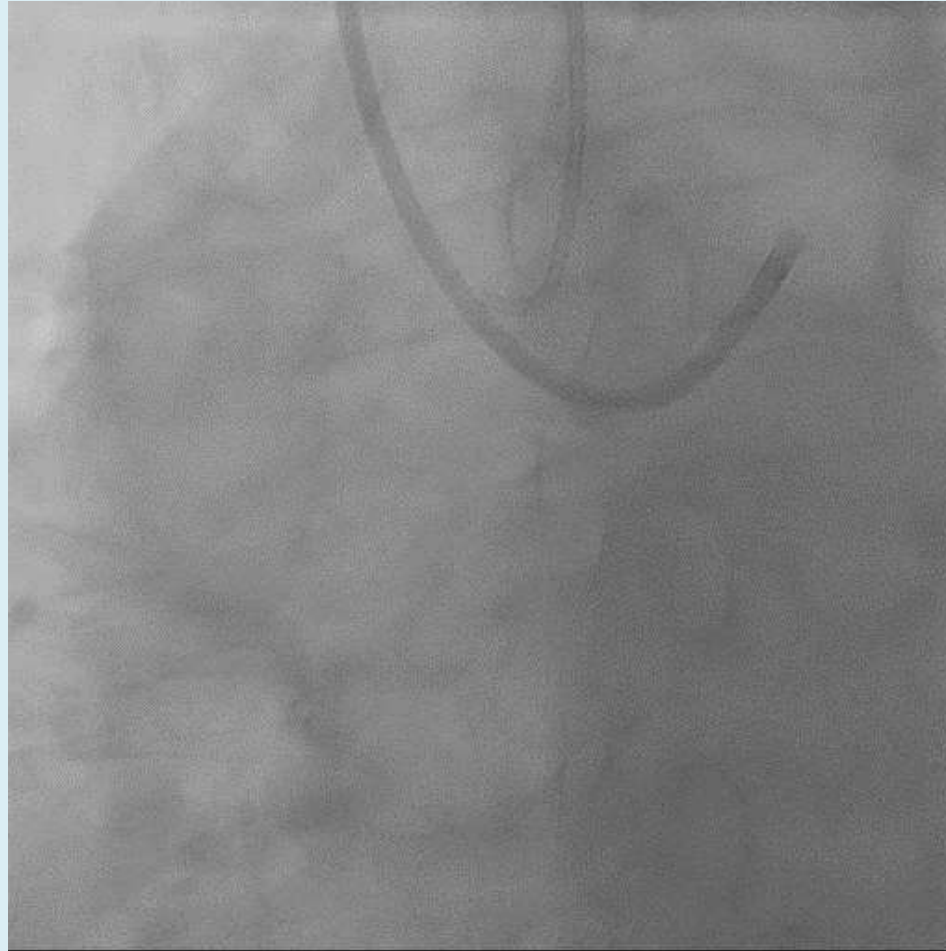
1. Clinical information

- 1) 64-year-old male
- 2) Chief complaint : Exertional chest discomfort
- 3) Past medical Hx: HTN
- 4) Social Hx; Smoking (50 pack – years)
- 5) Previous LAD CTO PCI-failed, 3 months ago

2. Laboratory Findings

- 1) EKG : NSR
- 2) Cardiac enzyme; normal
- 3) Echo: mild LV dysfunction (EF 45%)

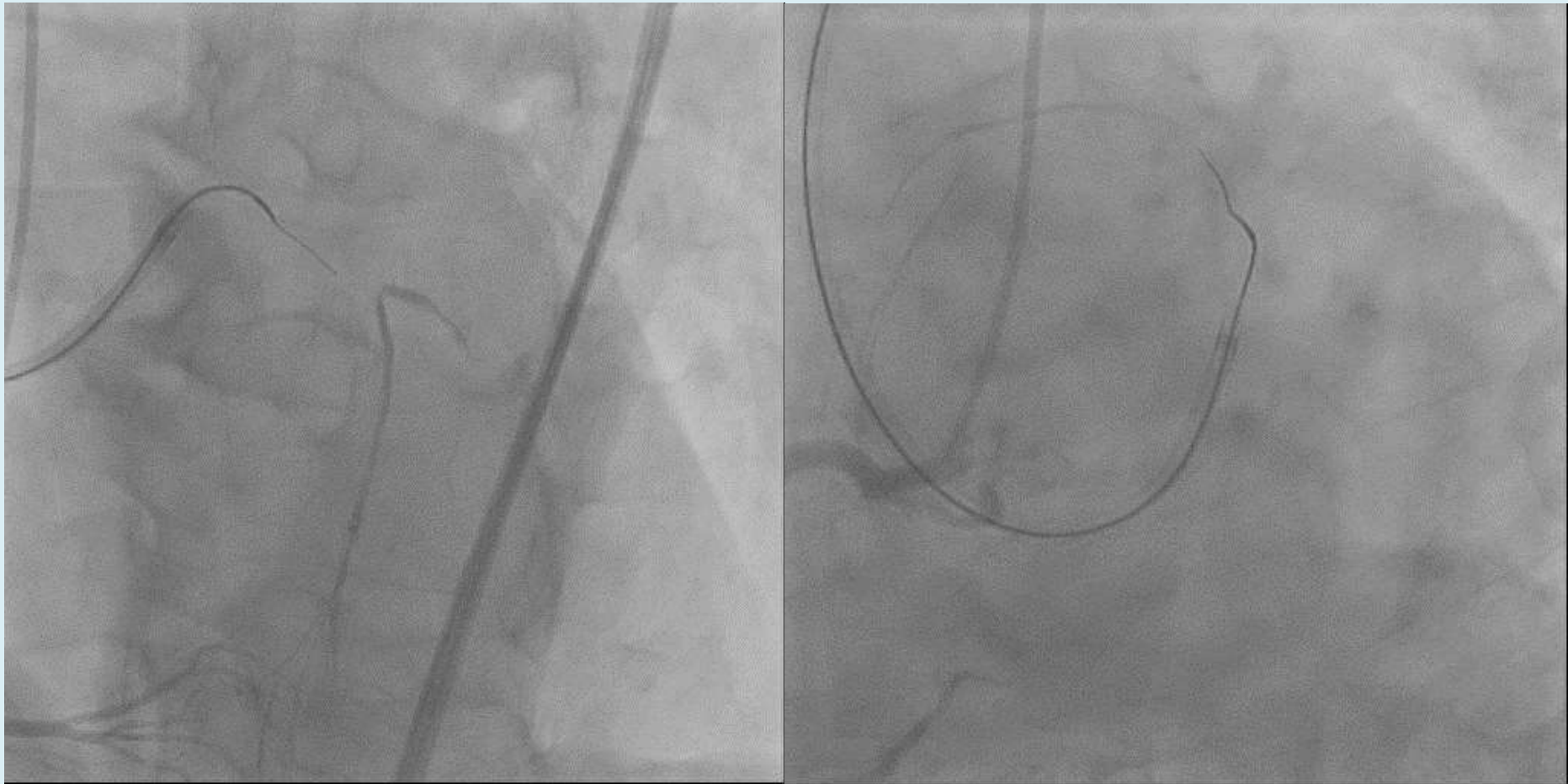
Baseline Angiography



Bilateral Femoral; 7F EBU 3.5, 5F JR4

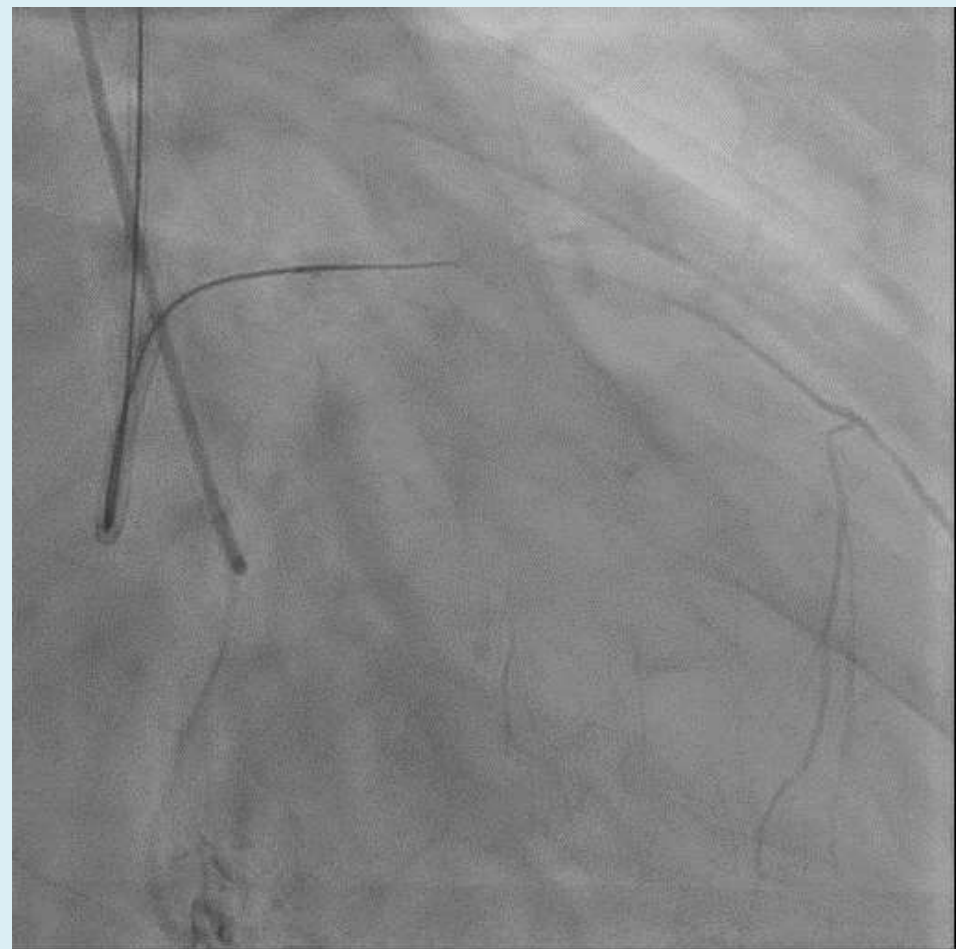
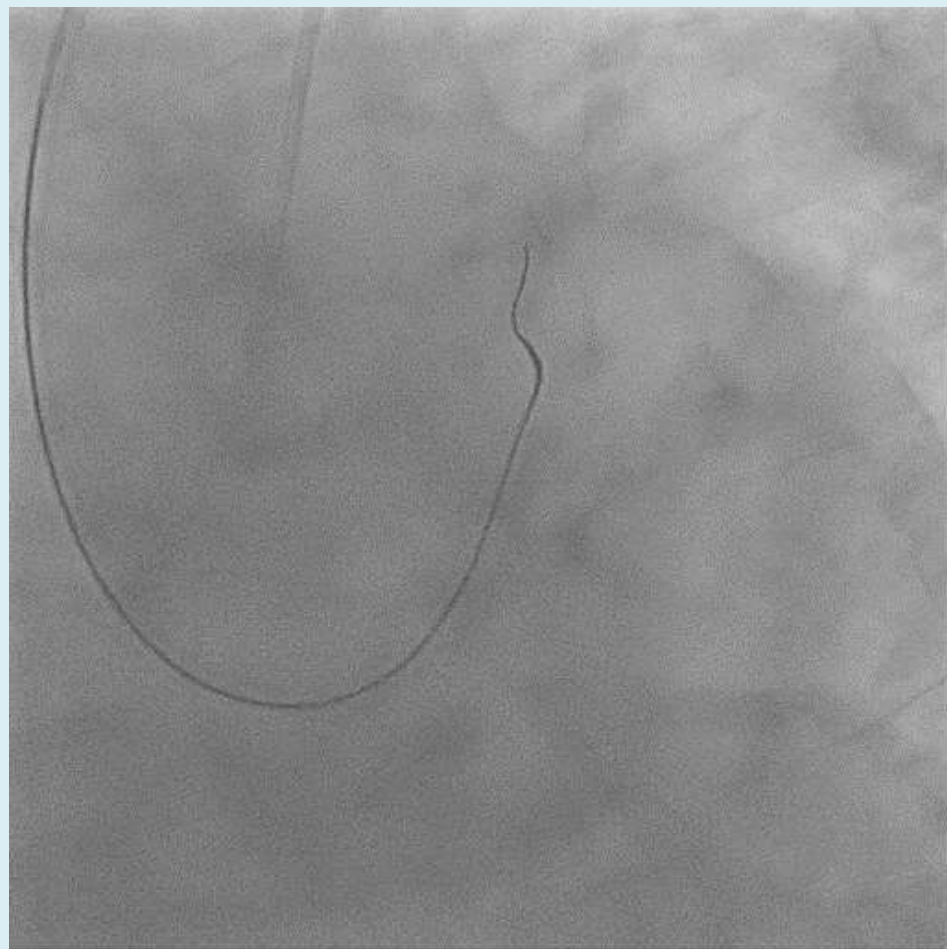
CCI Guro Live 2016

Antegrade Wiring

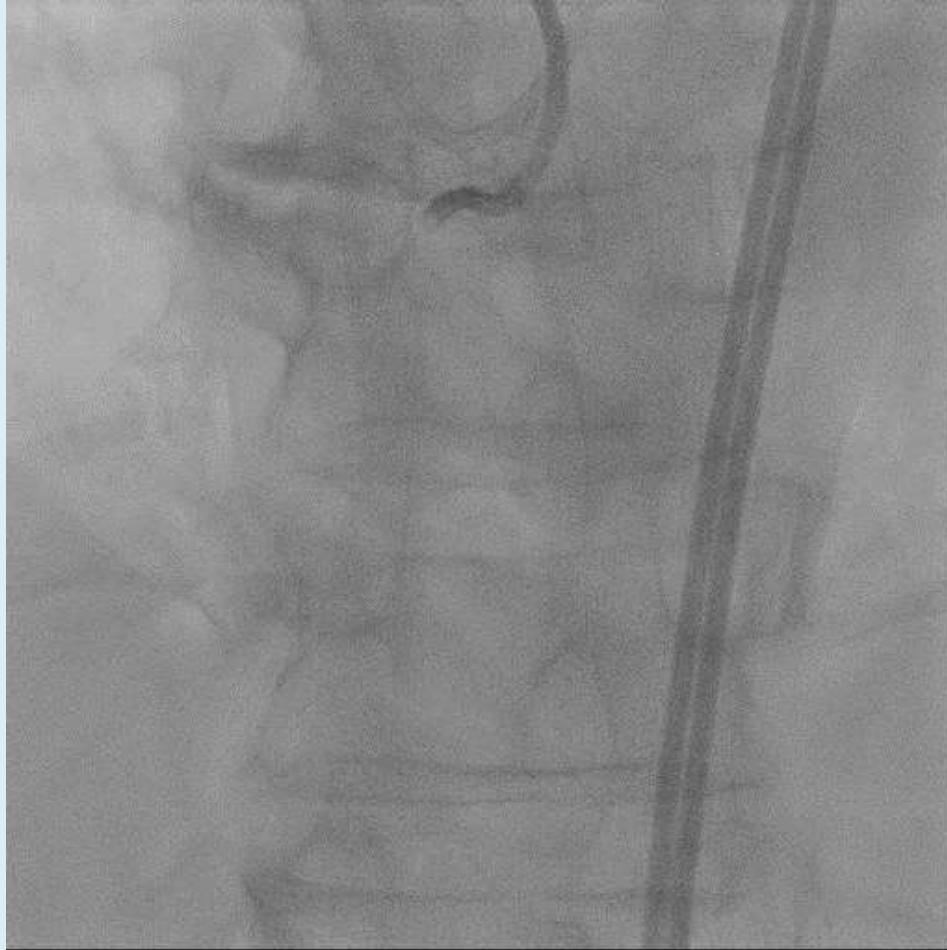


Corair 150cm, XT-A, Gaia 1, 2

Antegrade Wiring



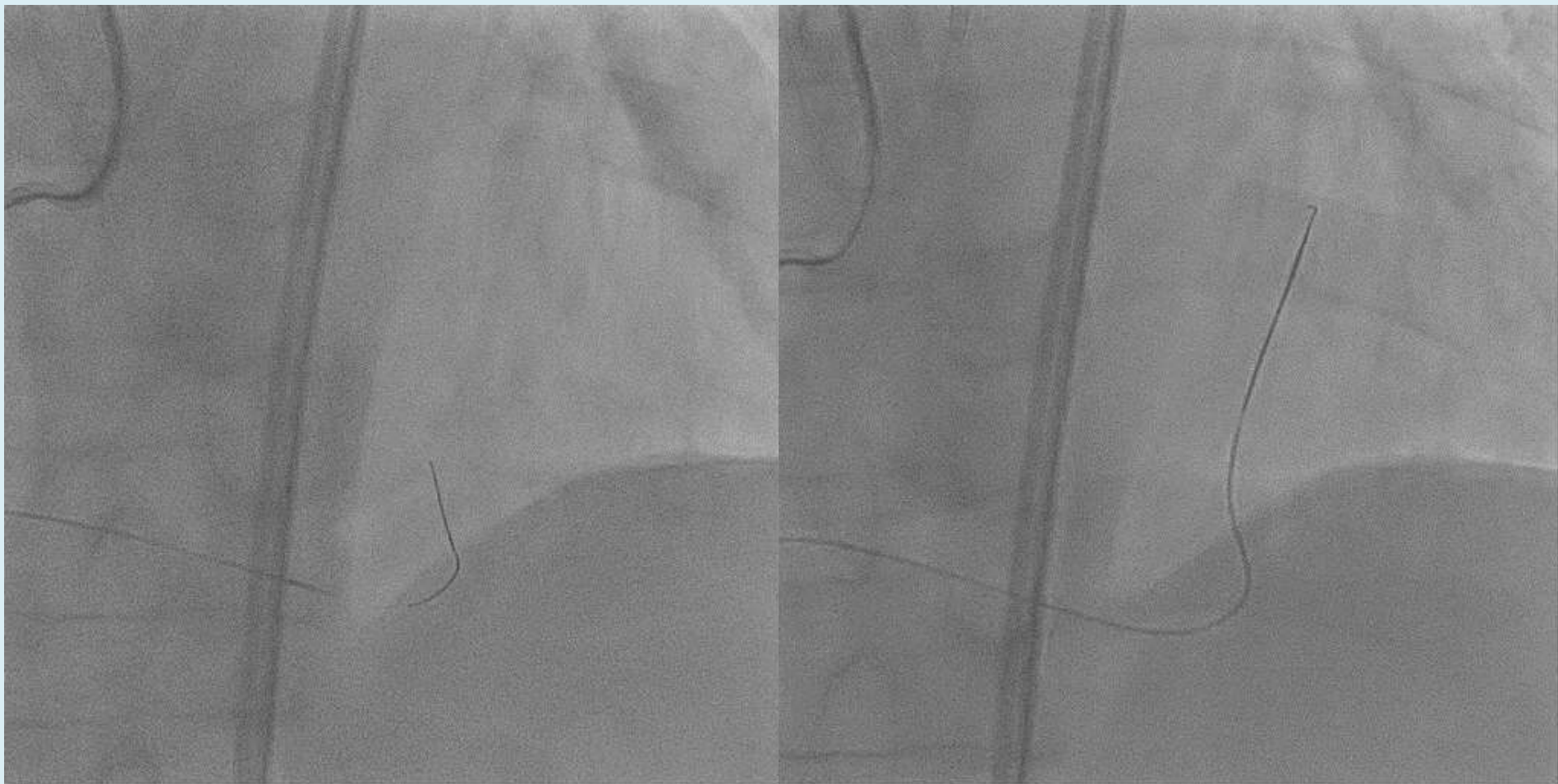
Retrograde Baseline



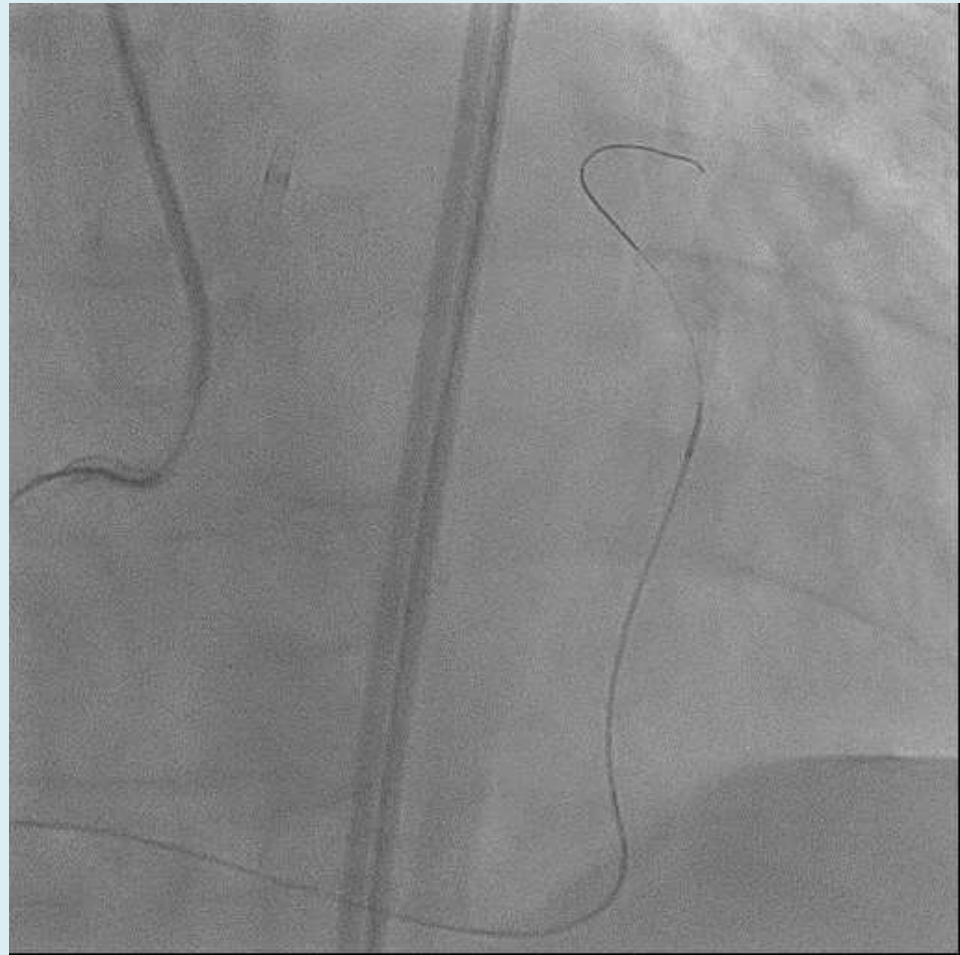
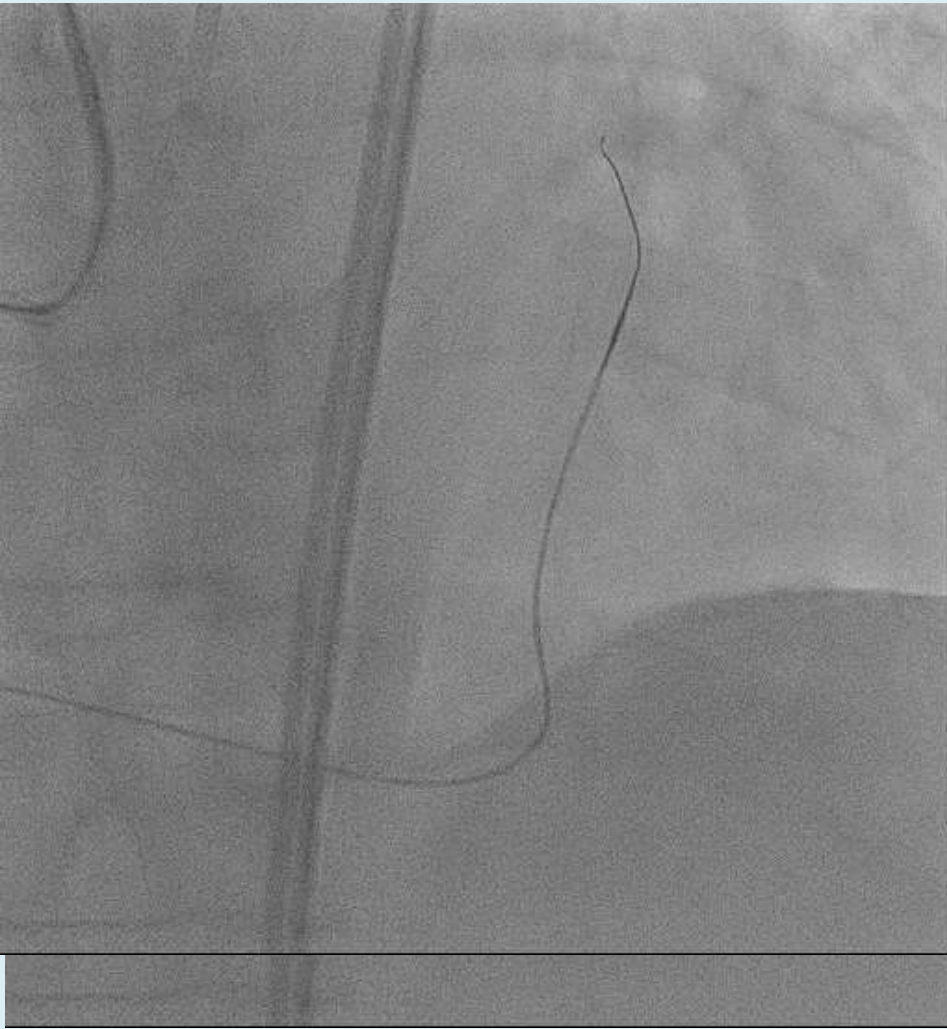
Retrograde Wiring



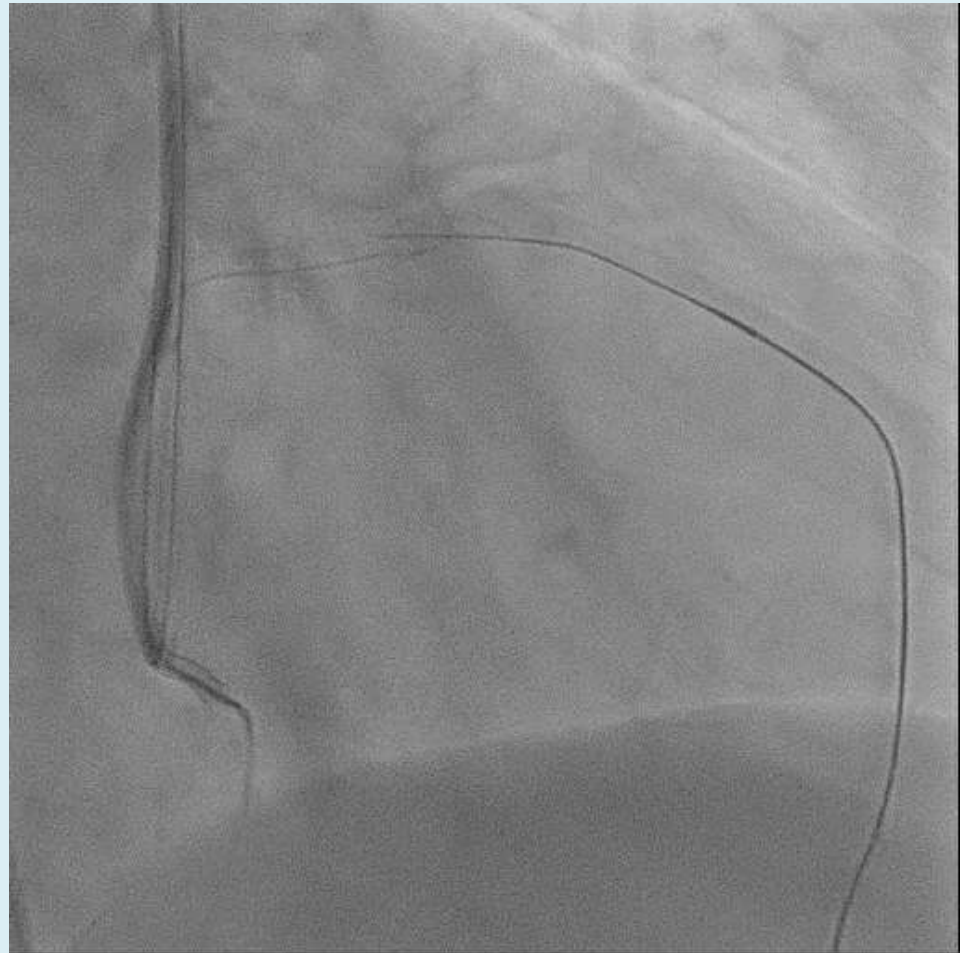
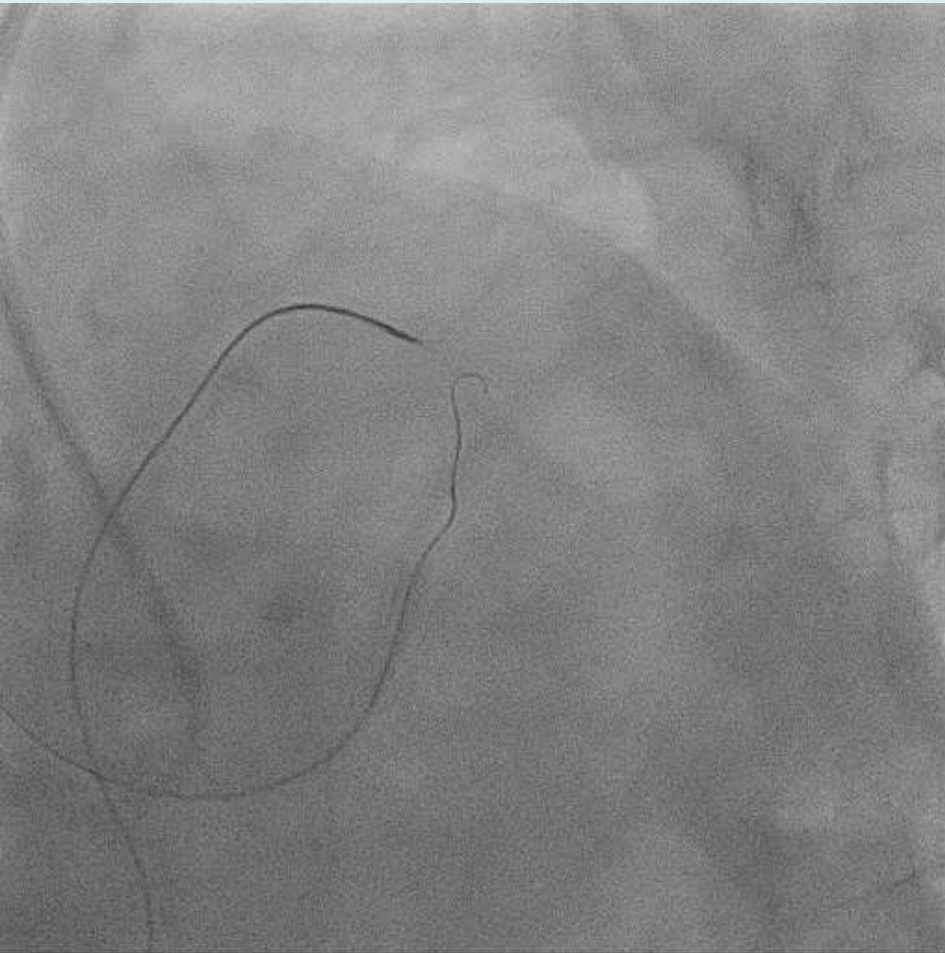
Retrograde Wiring



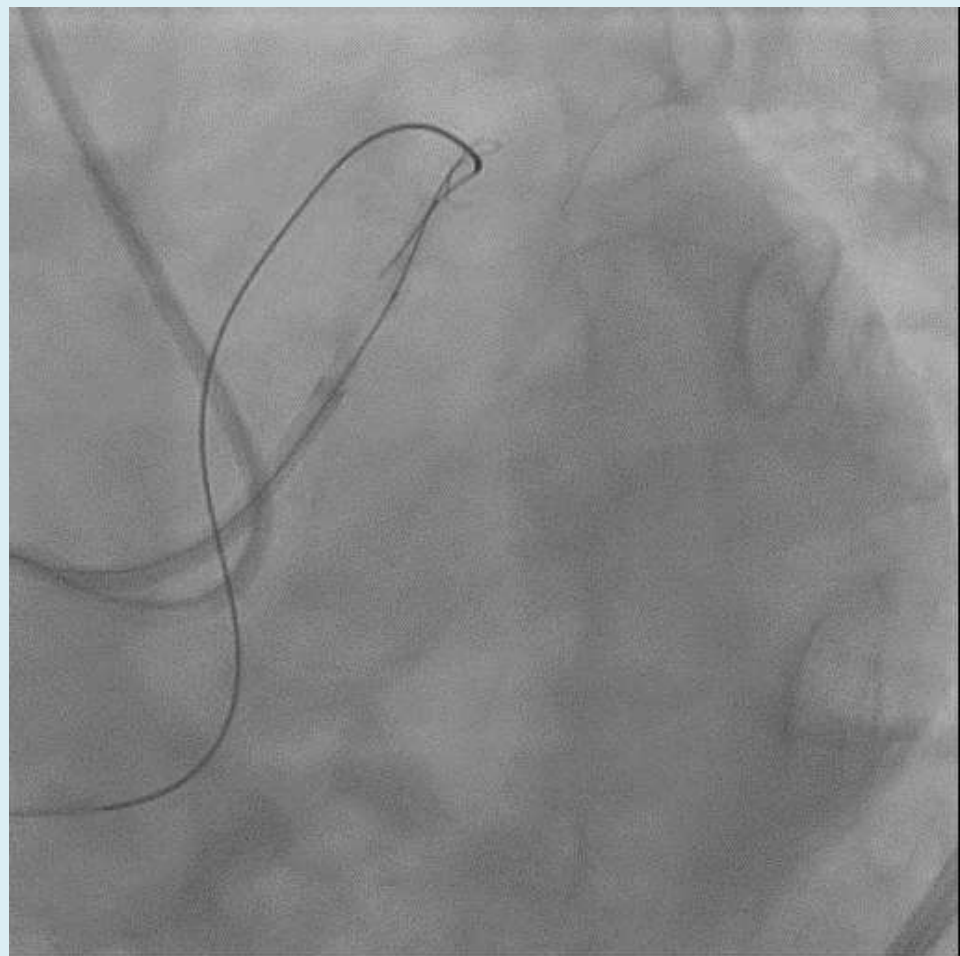
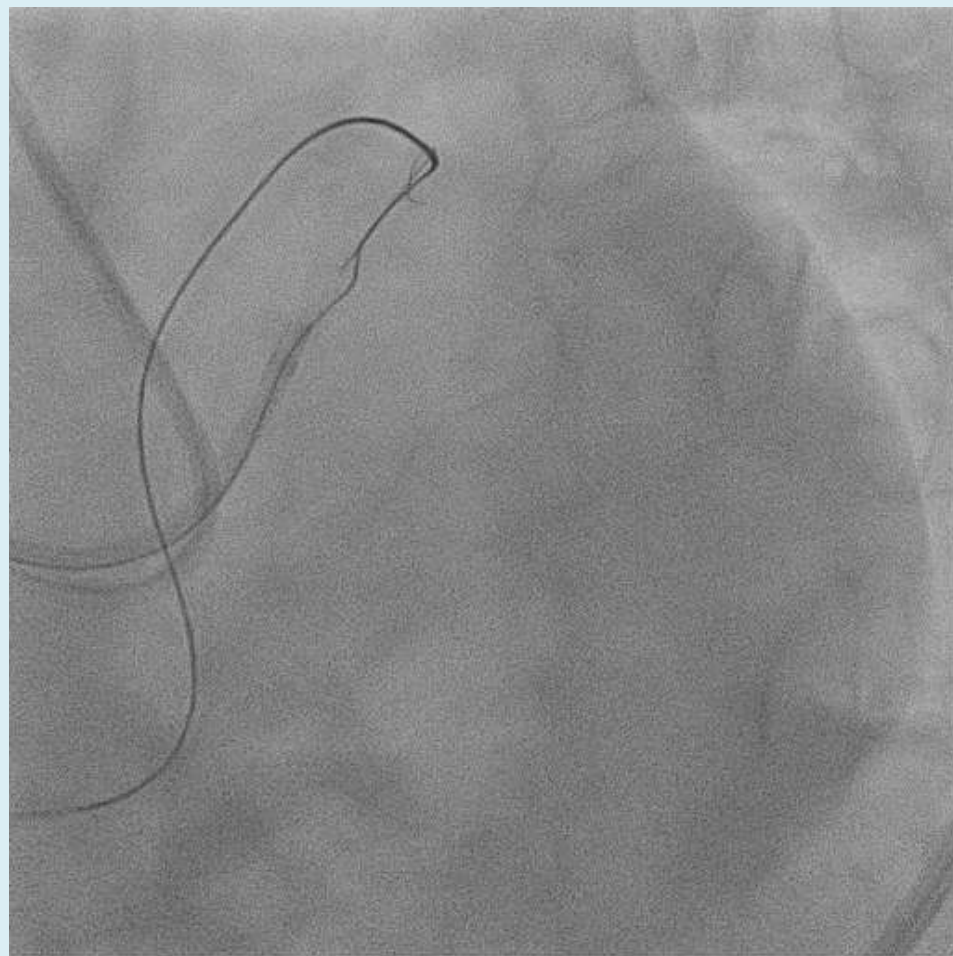
Retrograde Wiring and Corsair Advance



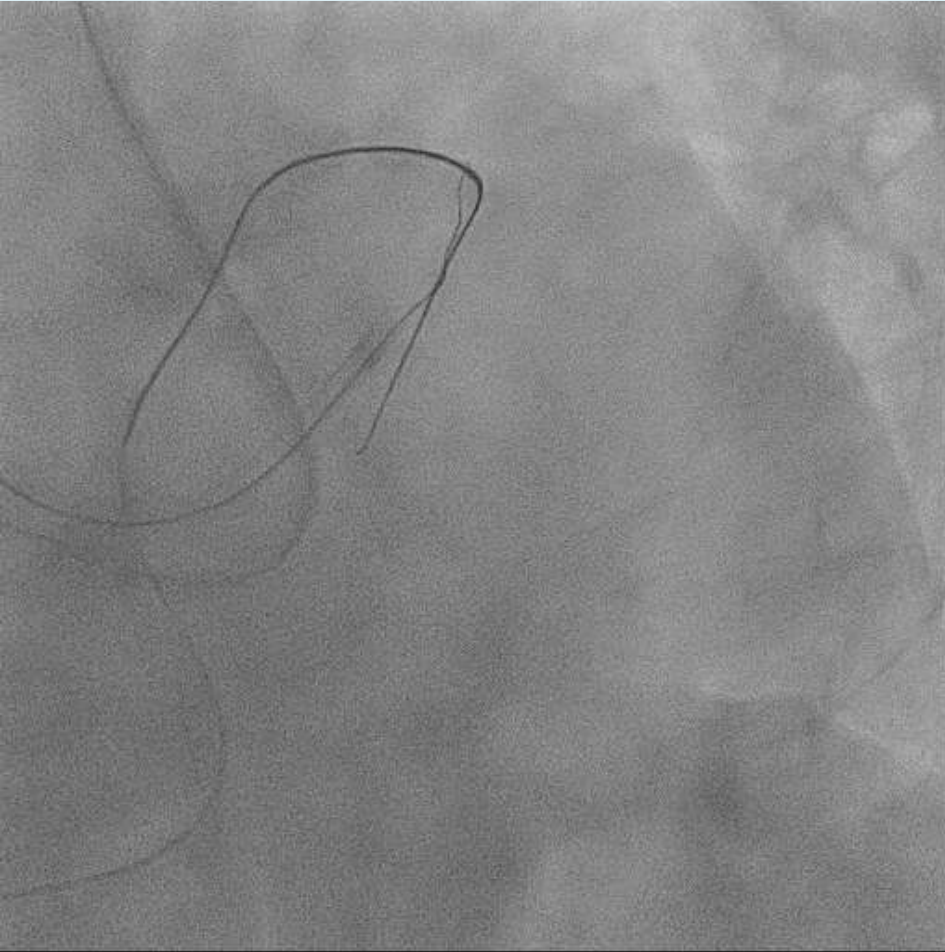
Bi-directional Wiring



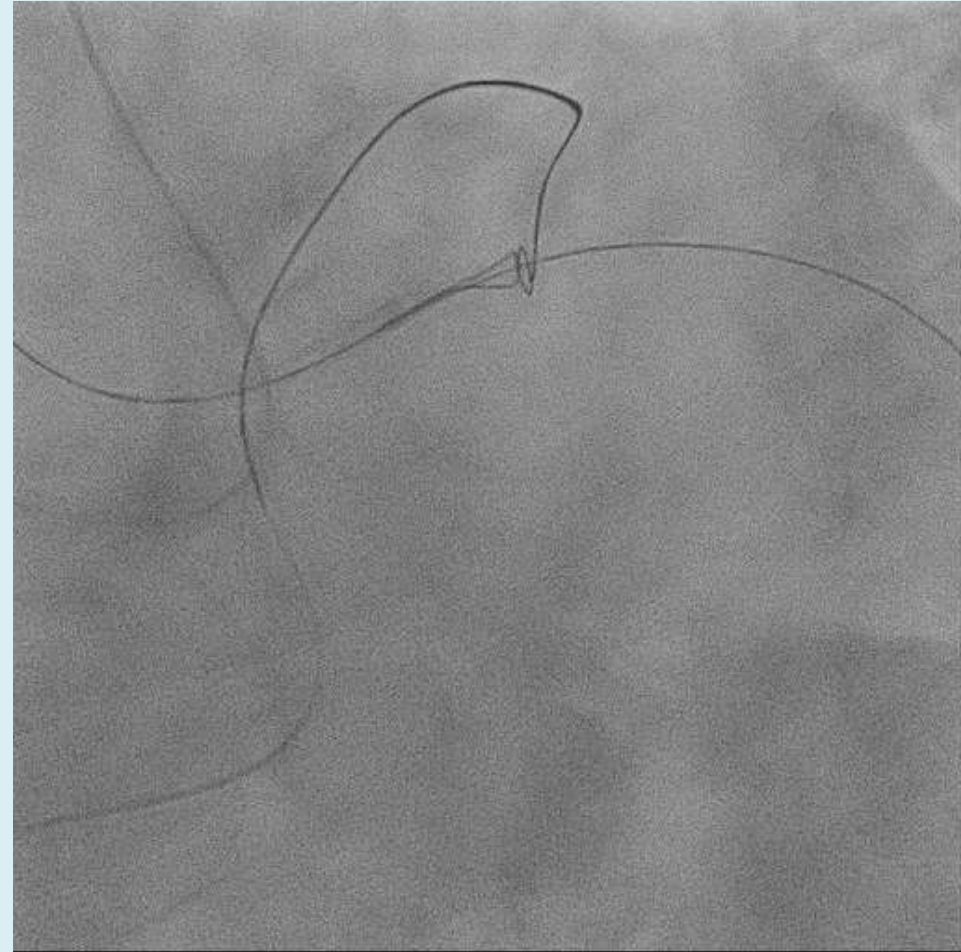
Reverse CART



Kissing Wiring or Externalization?

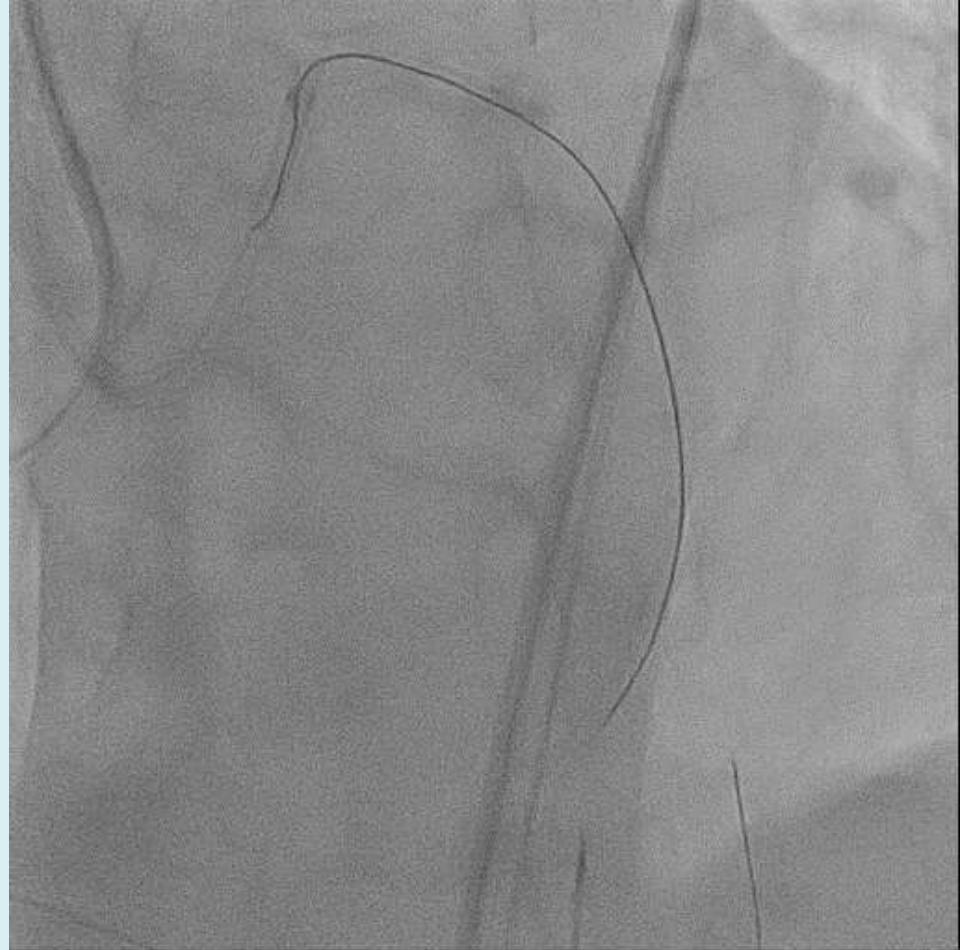
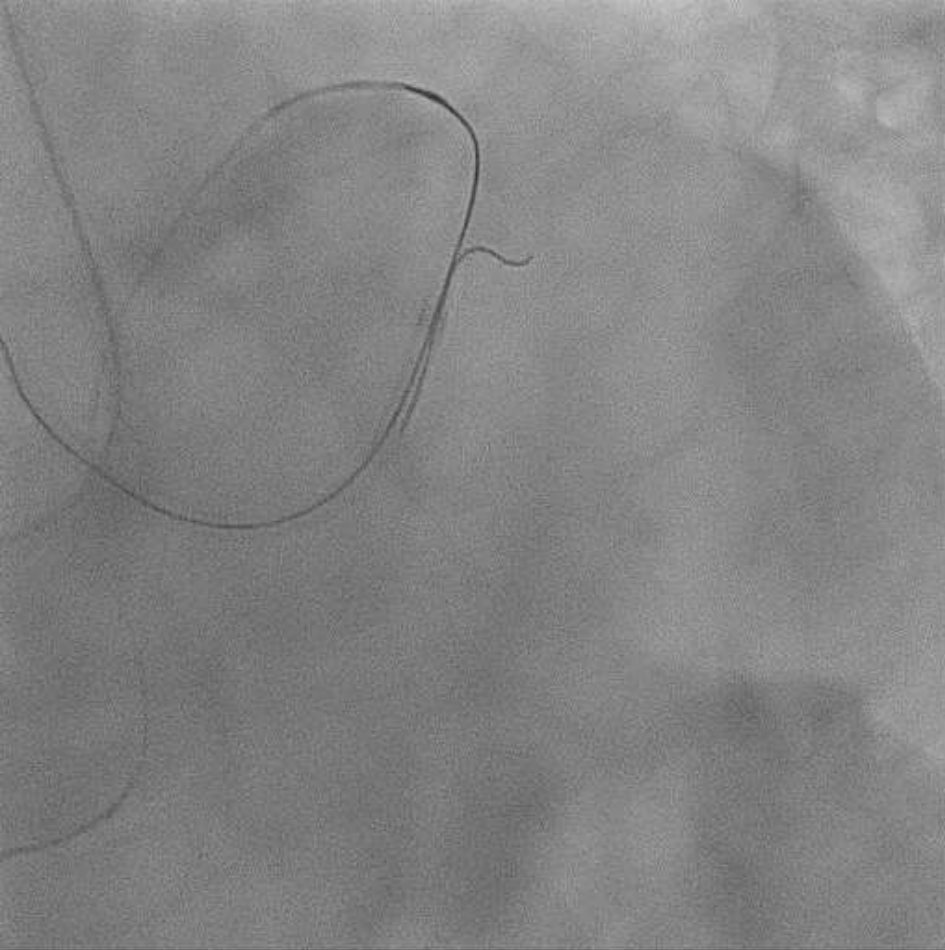


Retro wire cannot overcome the angle

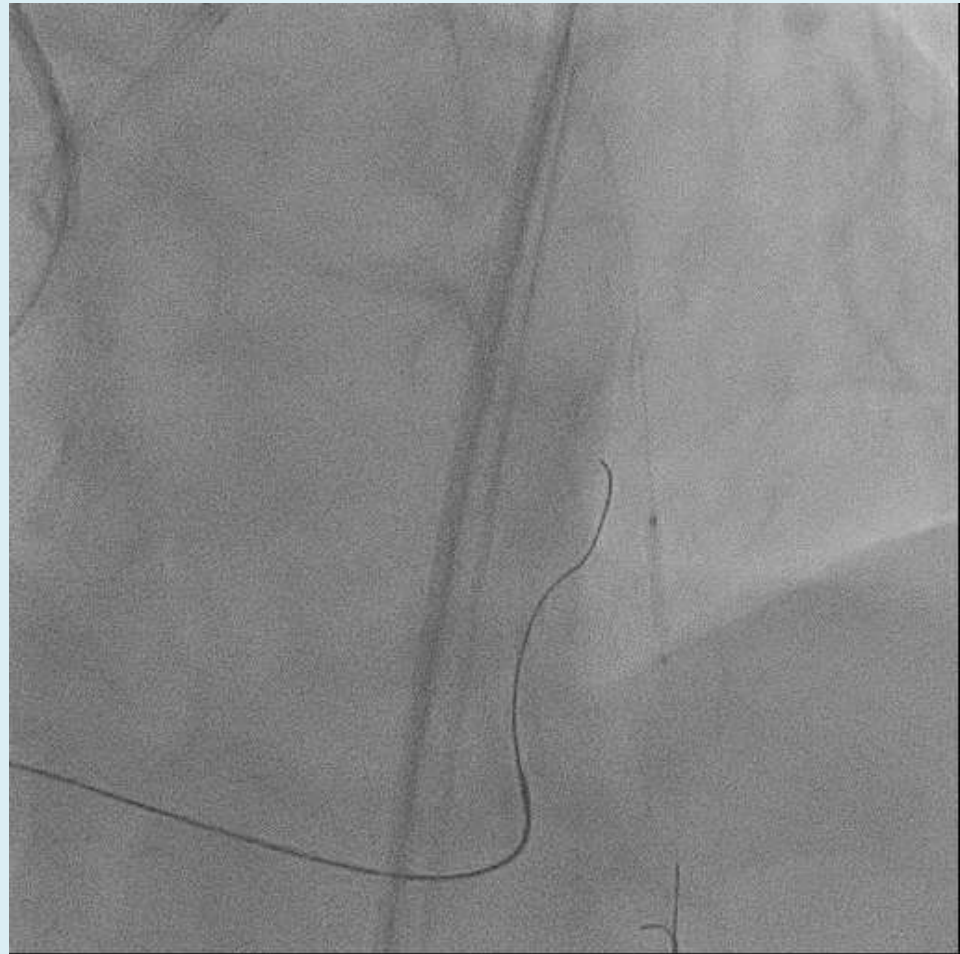
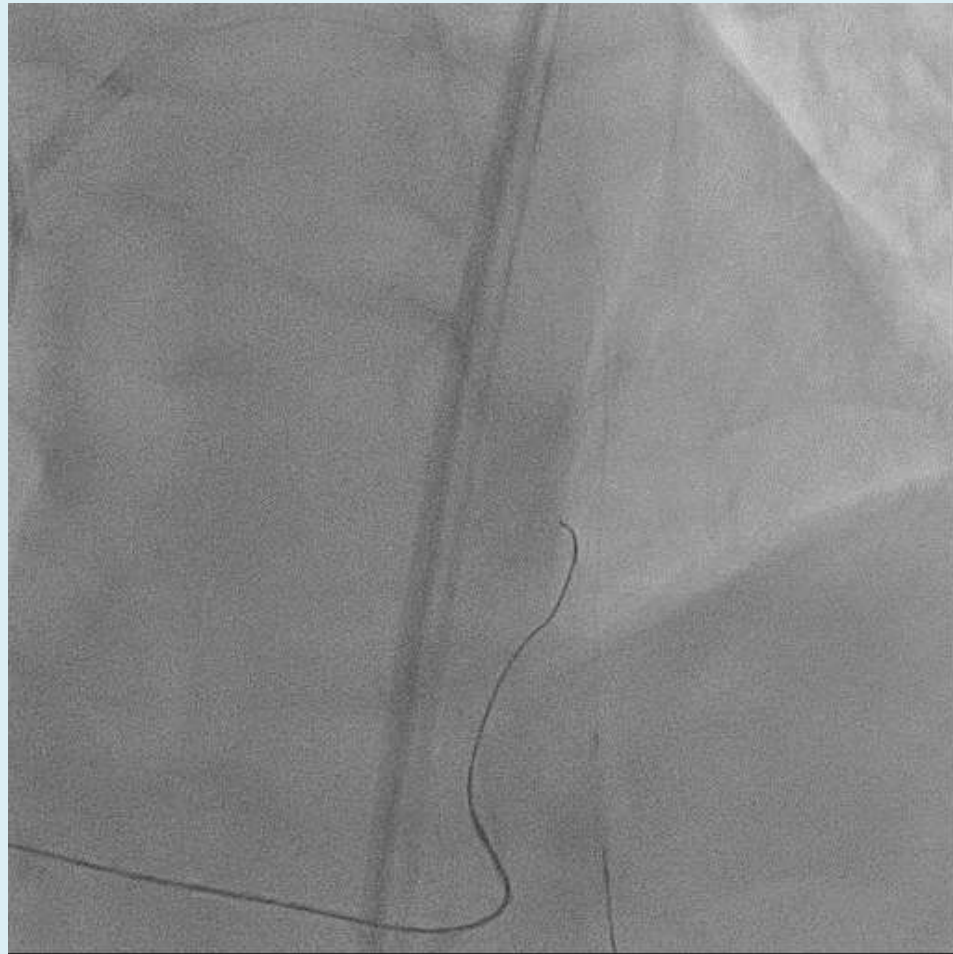


Snaring

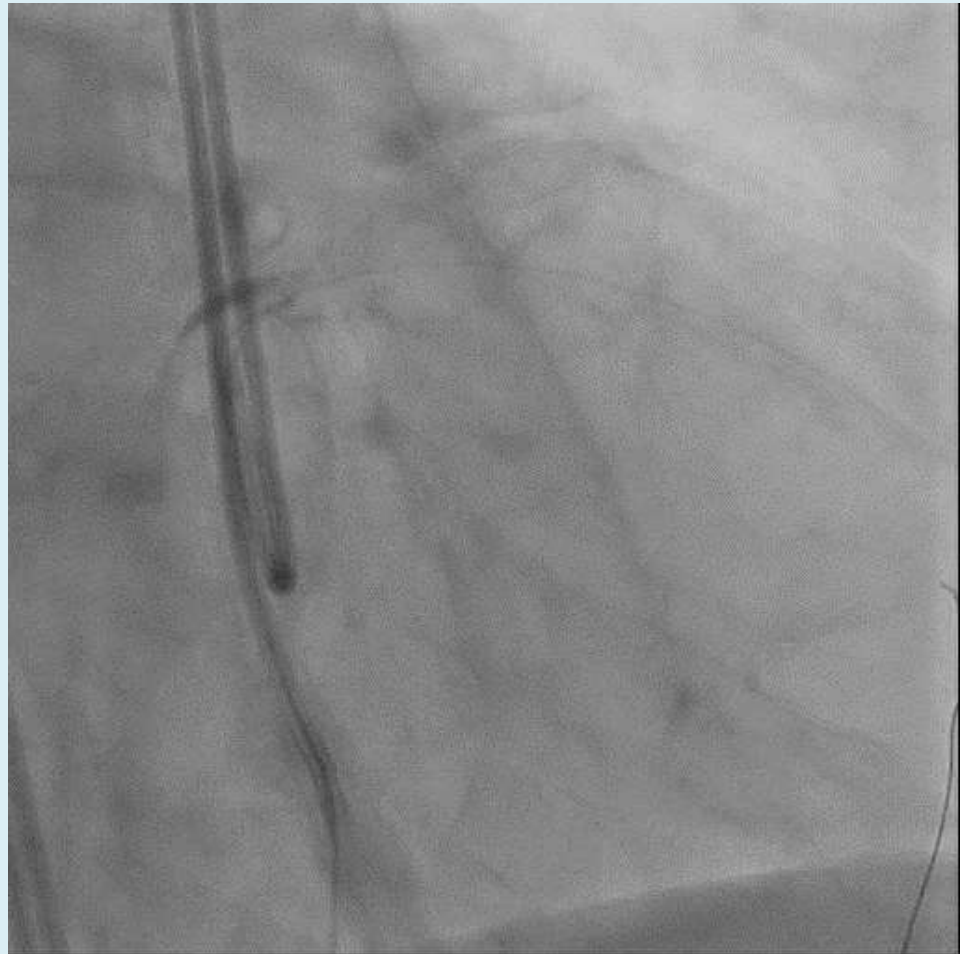
Antegrade Parallel Wiring



Predilatation



Post-predilatation; oops!!



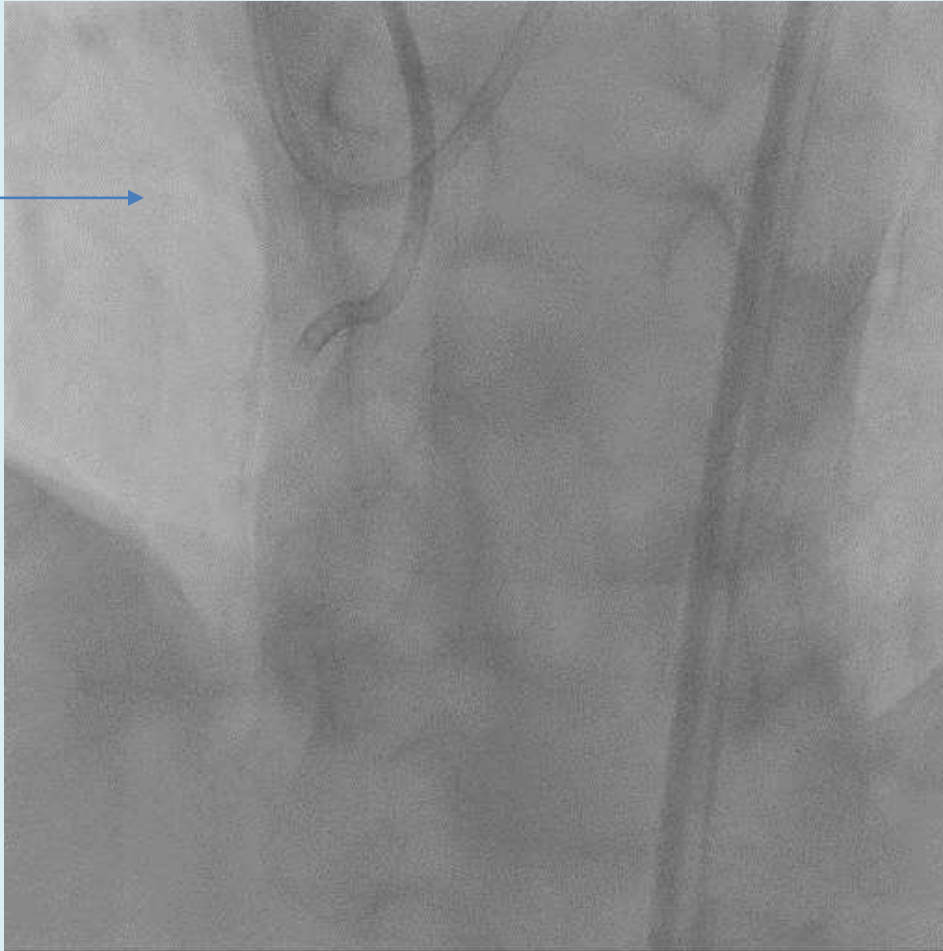
LM to LAD Stenting



Biomime 3.5X24mm

Where to stent? Guided by retrograde injection

RCA proximal
; what's this?



LAD Stenting

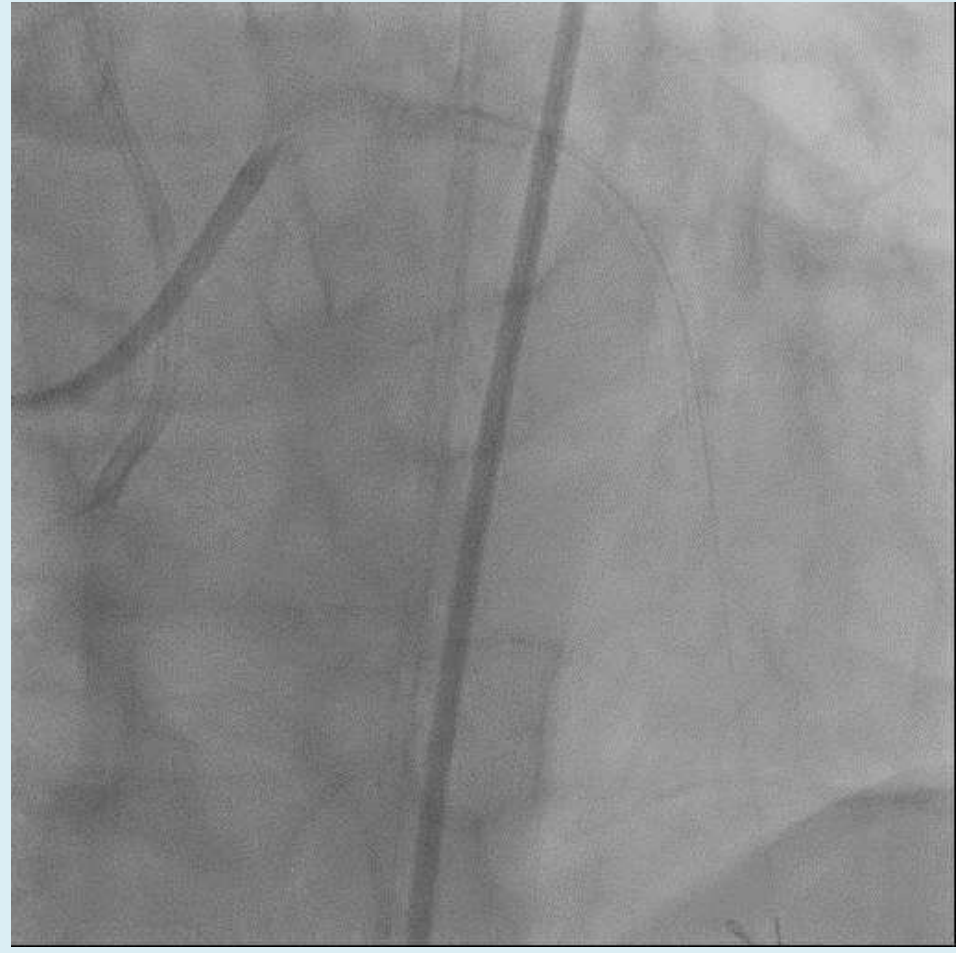


Biomime 2.5X40mm

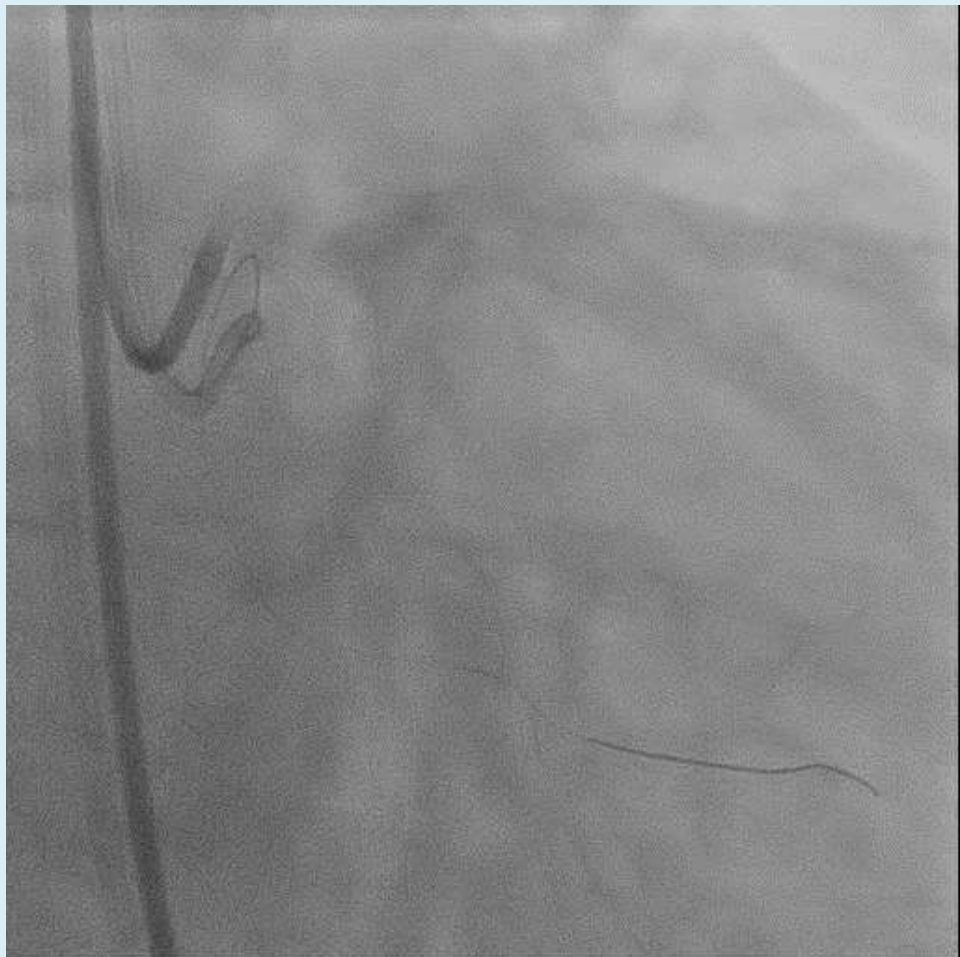
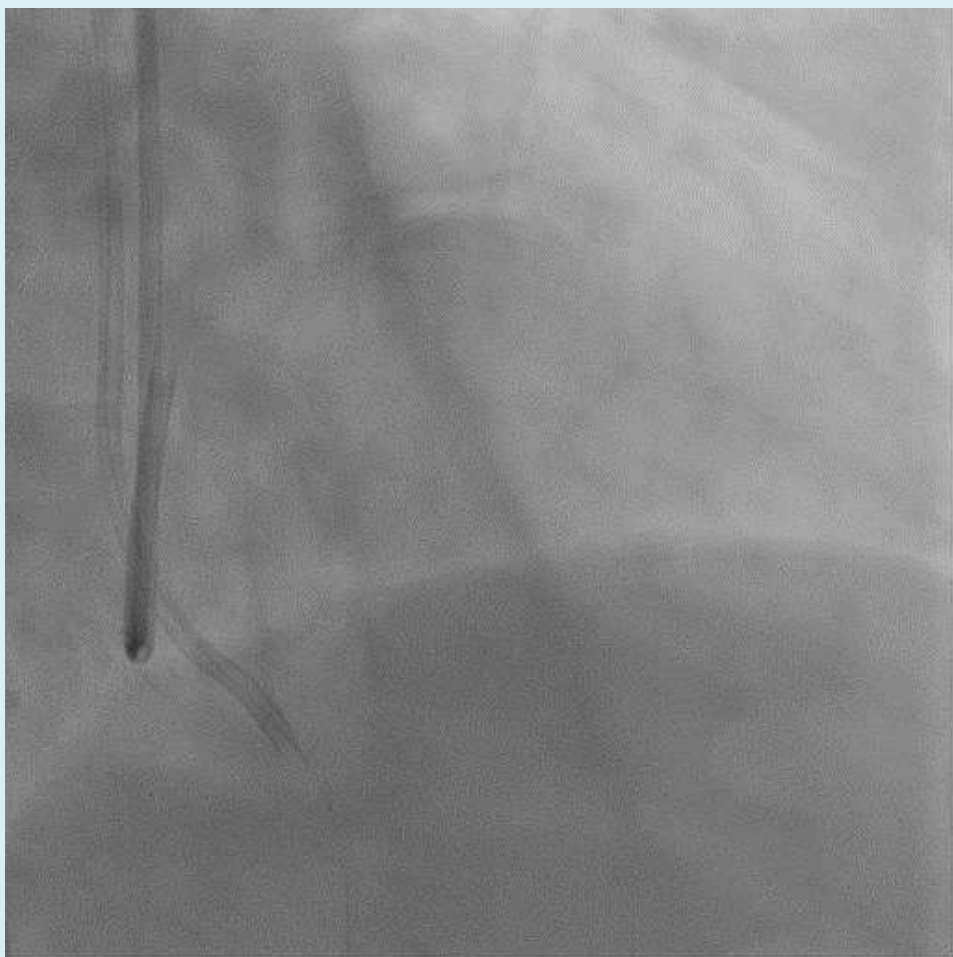


Biomime 2.75X16mm

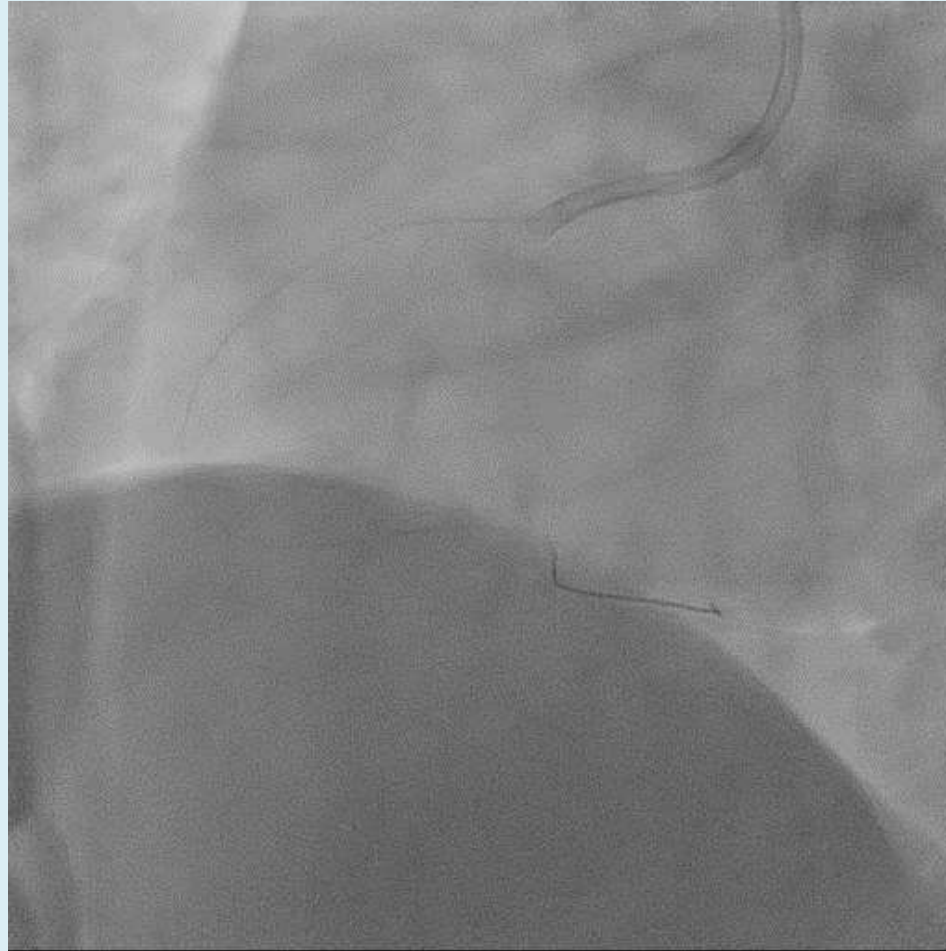
Post-stenting



Final Angiography



Retrograde Route Check-up



Lessons from this case

1. Causes of retrograde LM dissection

; Aggressive bi-directional CTO wiring, snaring and guiding catheter manipulation

2. Management of acute LM dissection

; Immediate stenting and adjuvant ballooning

3. Ambiguous stent-landing zone could be guided by retrograde angiography.