

My challenging case

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TCTAP2020

Case: 70's male

Diagnosis: angina pectoris (CCS II)

Prior intervention

2008. CABG (LITA-LAD, Ao-SVG-RCA distal)

2016. Aug. Failure of RCA CTO PCI with graft failure

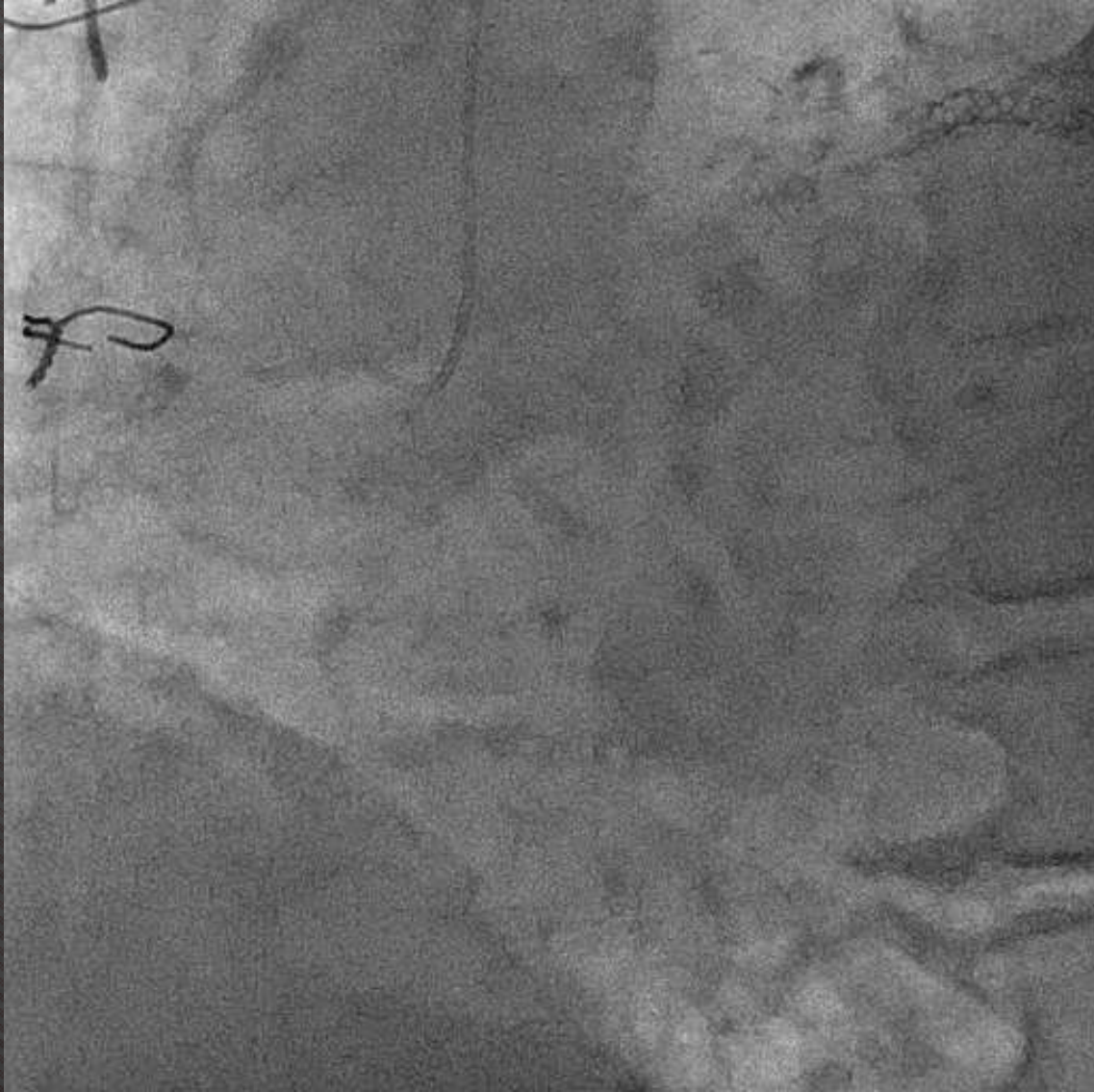
2017. July Failure of RCA CTO PCI with graft failure

eGFR: 47.7

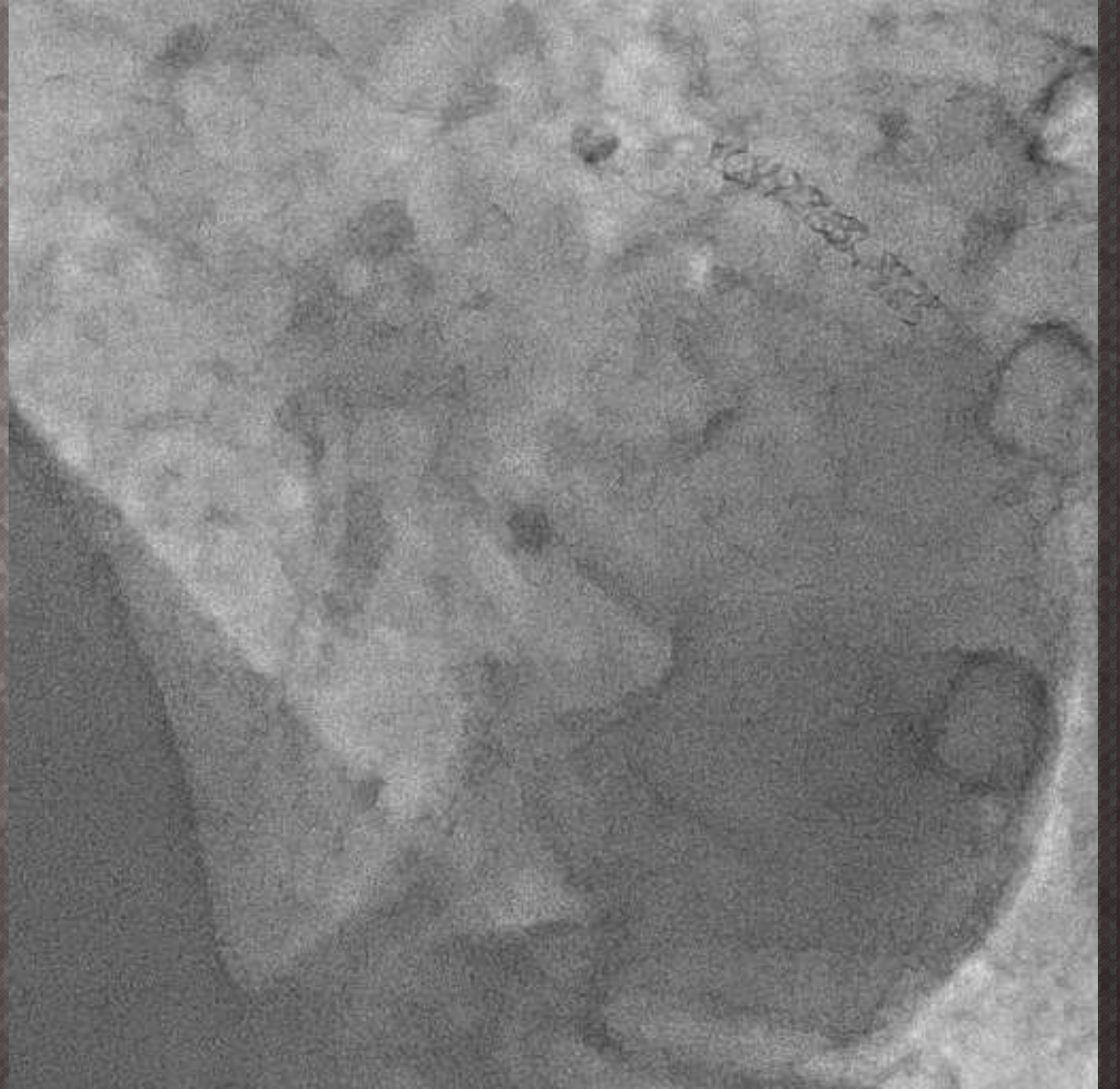
LVEF: 60.2

Coronary risk factor: DM, Dyslipidemia, and Hypertension

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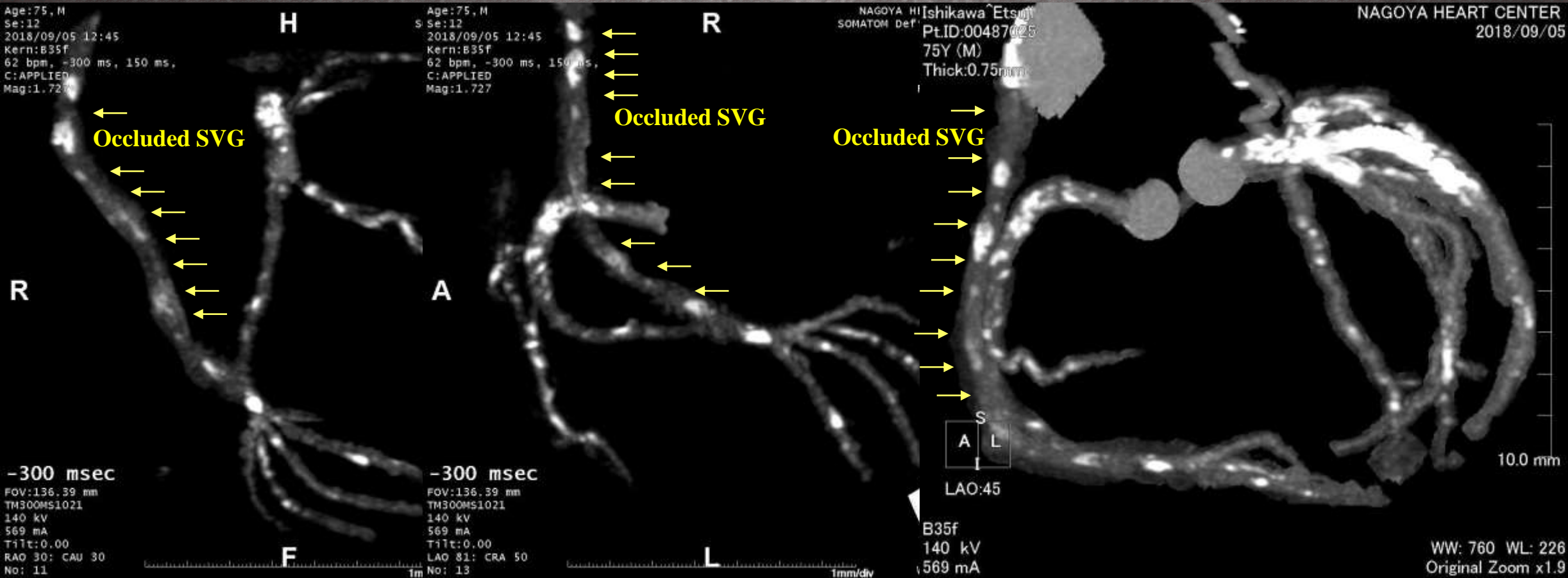
RCA



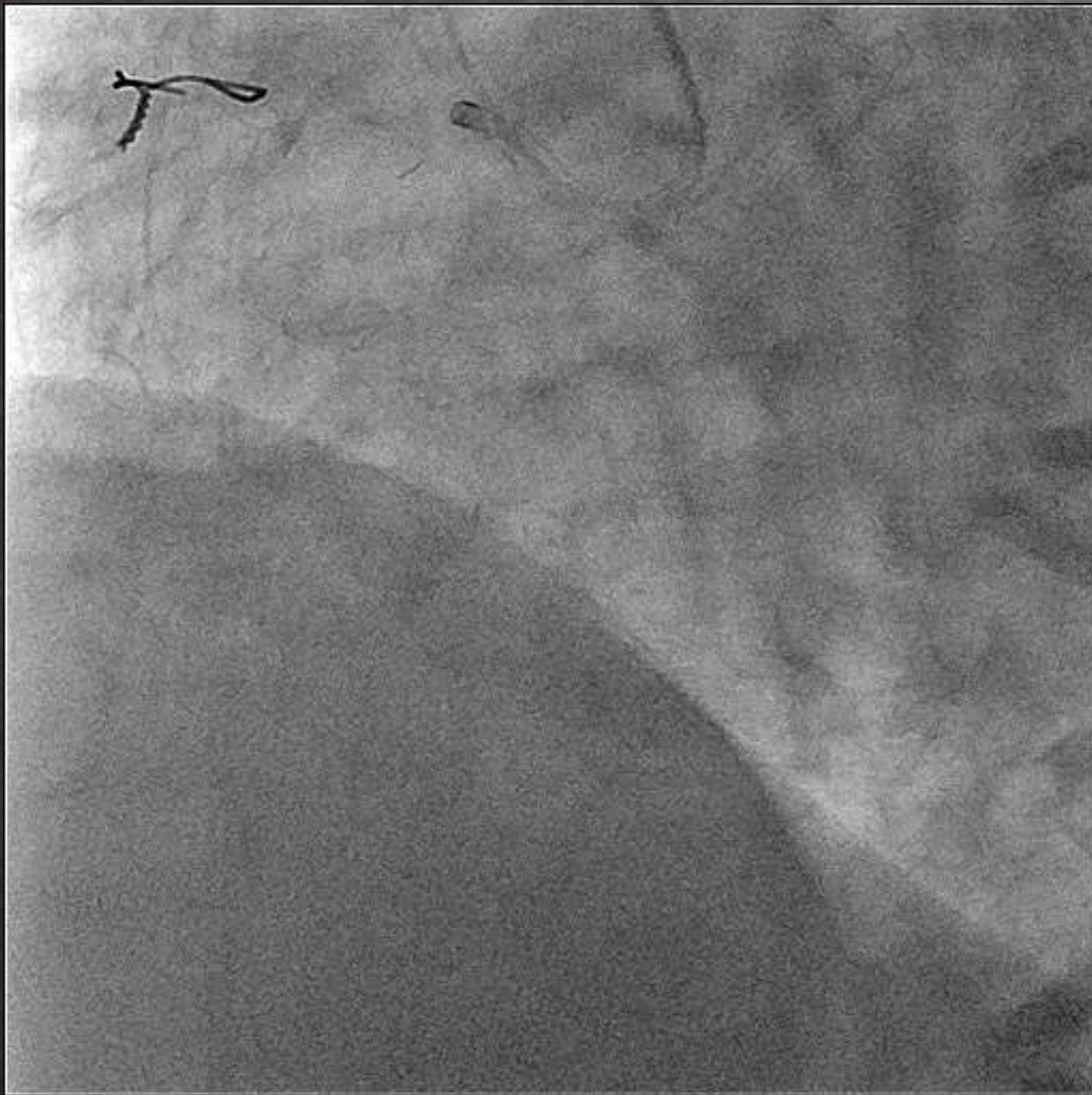
LCA



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LITA

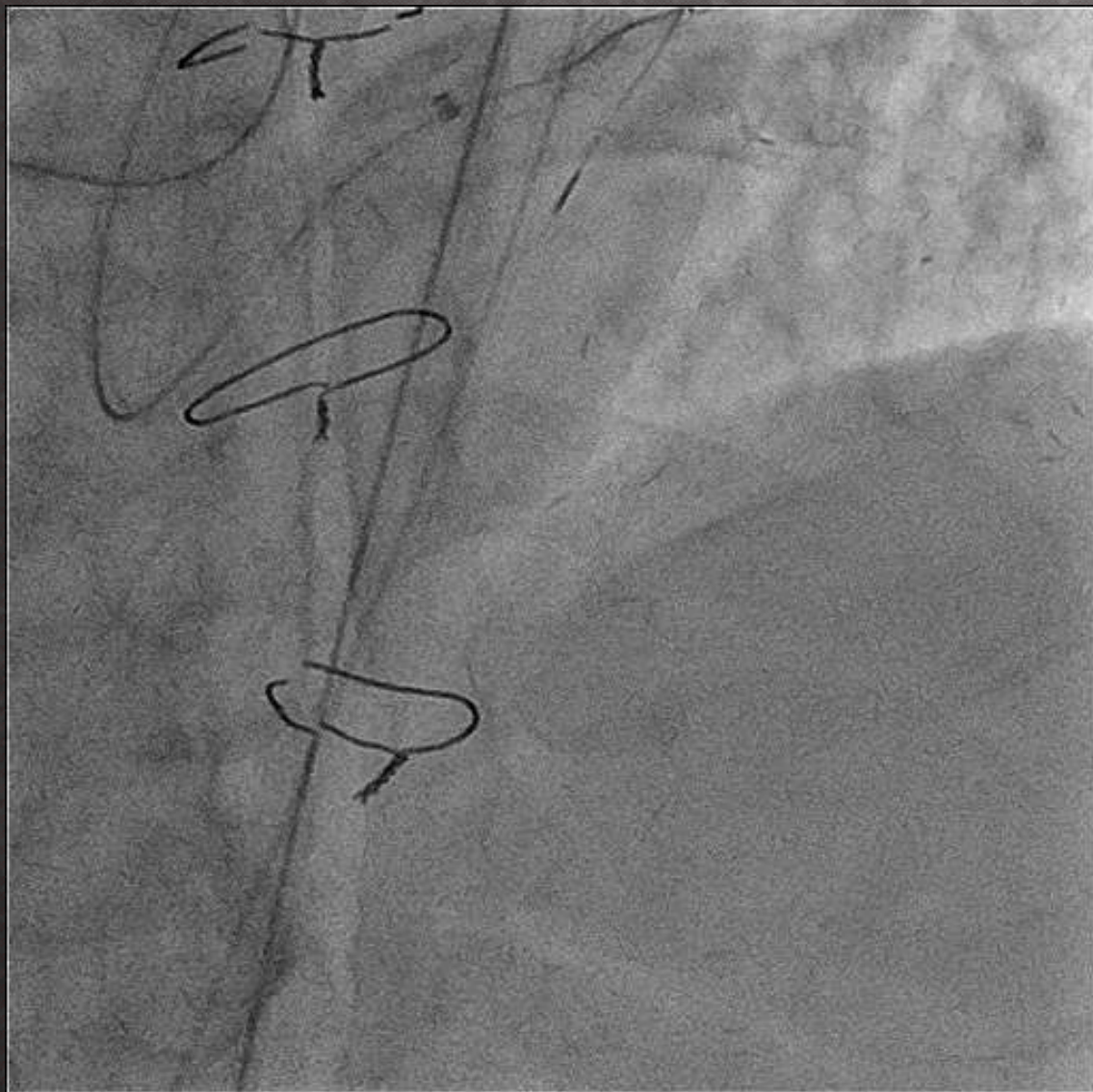


Plane MSCT
 TCIPAR2020



Simultaneous angiography

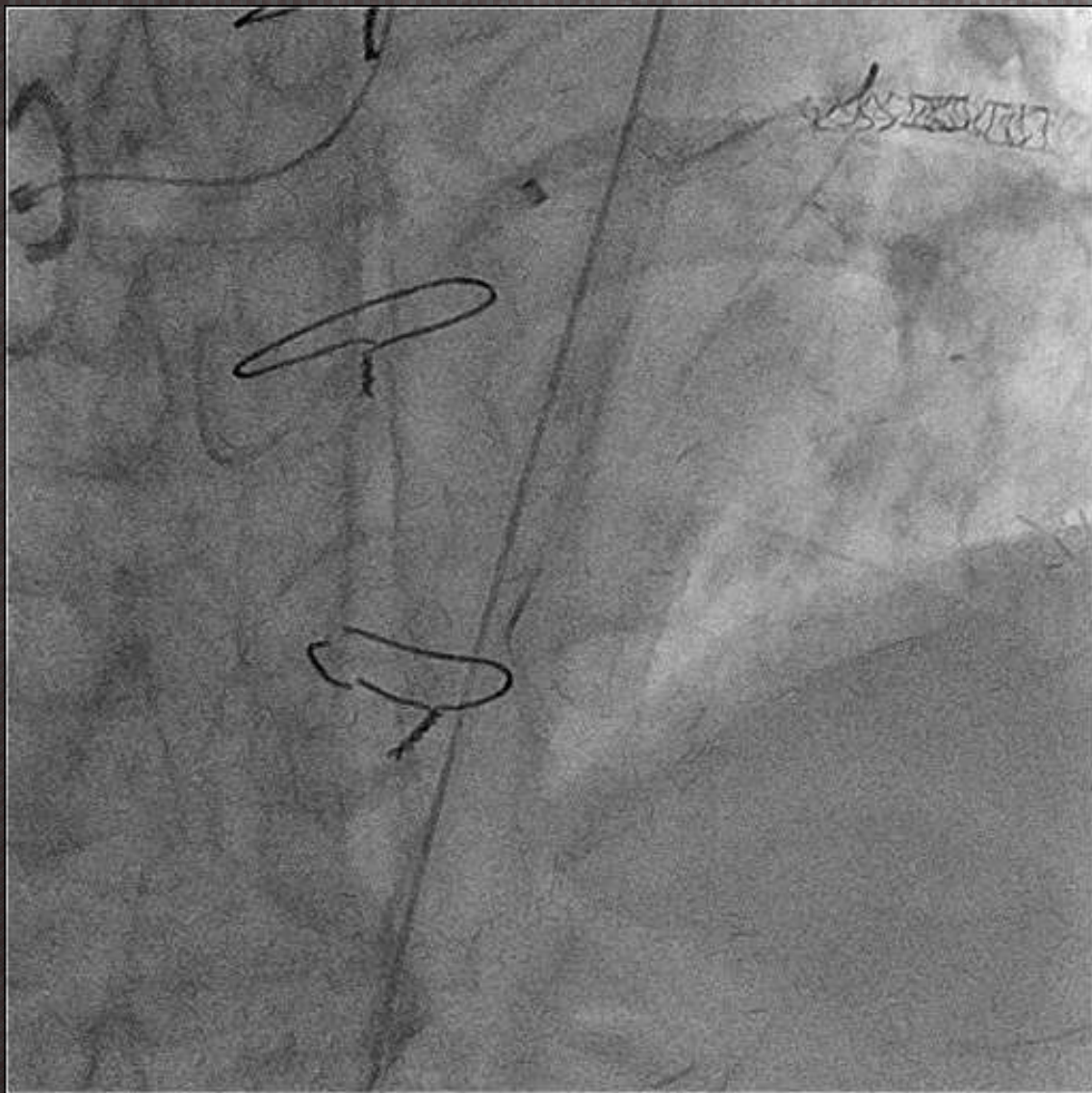
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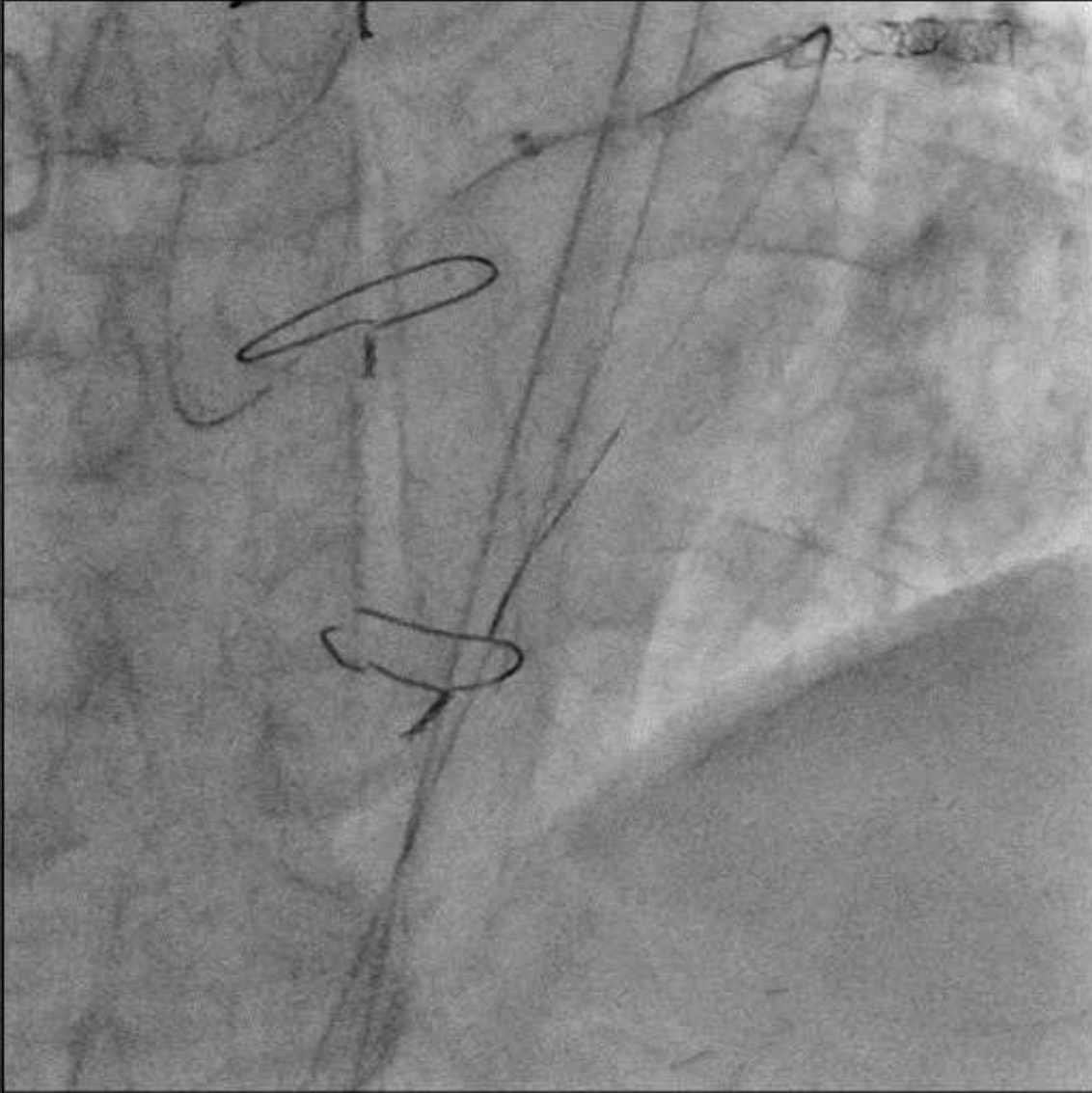
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Tip injection



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SUOH03 not crossed

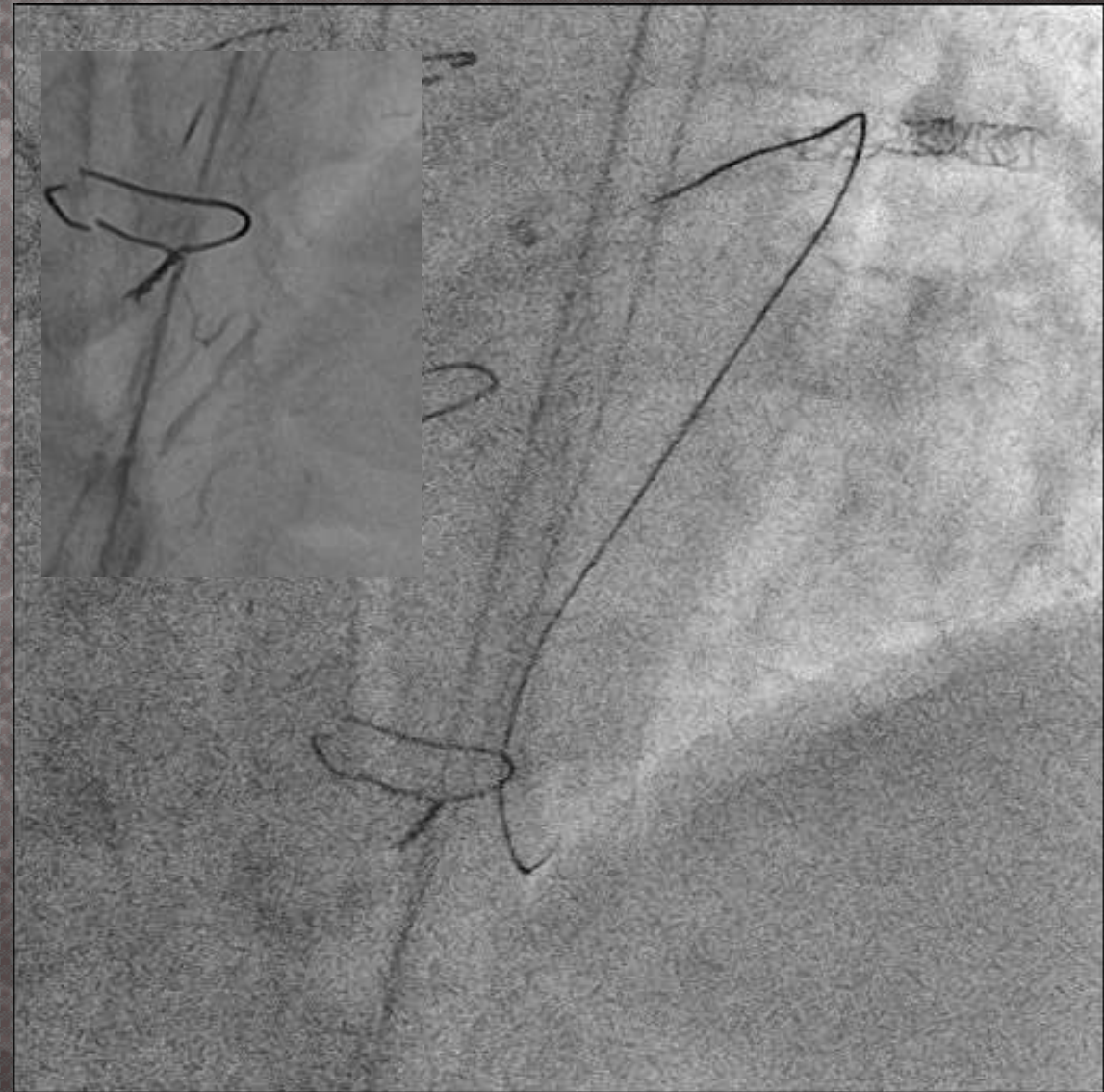
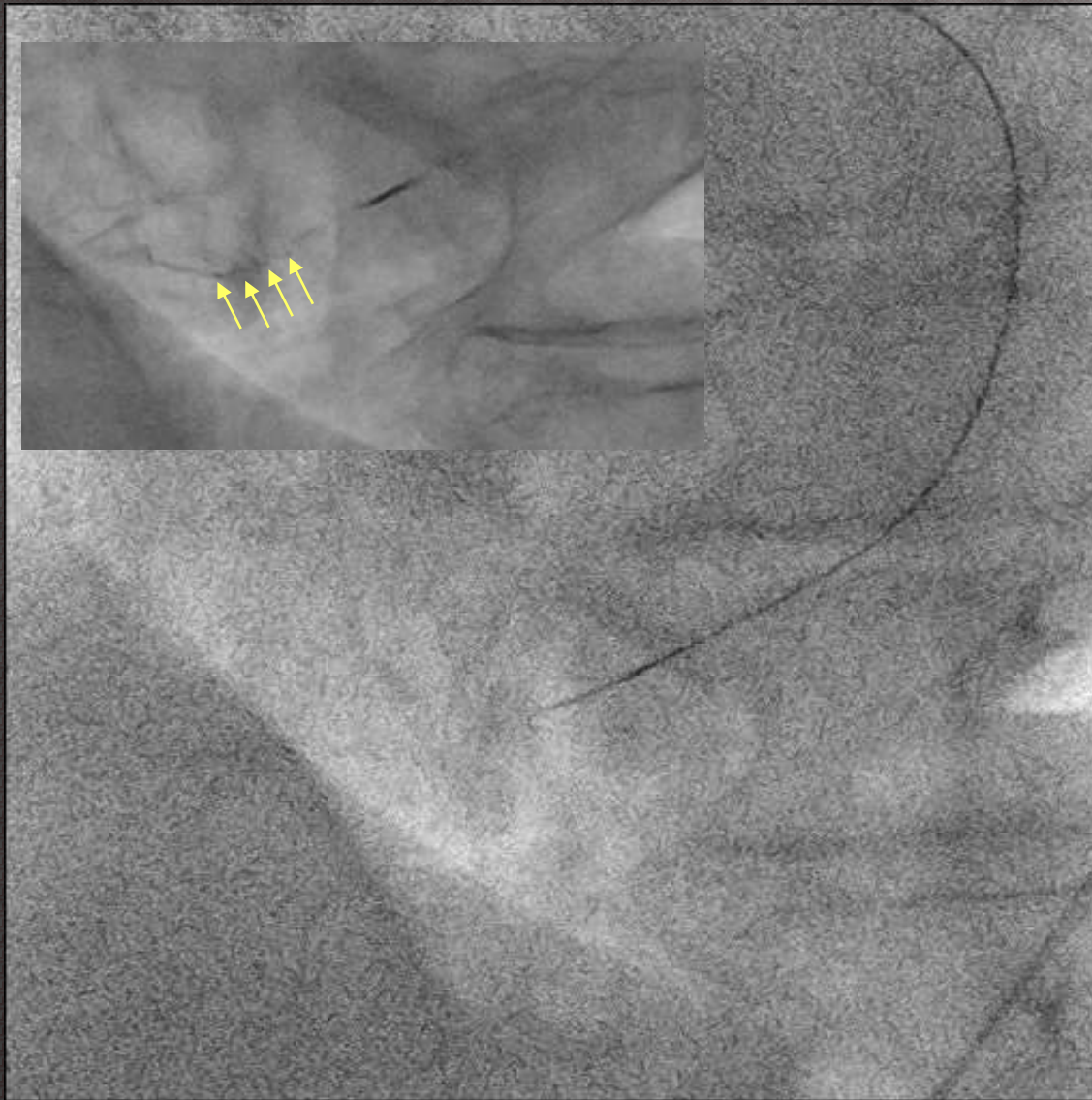


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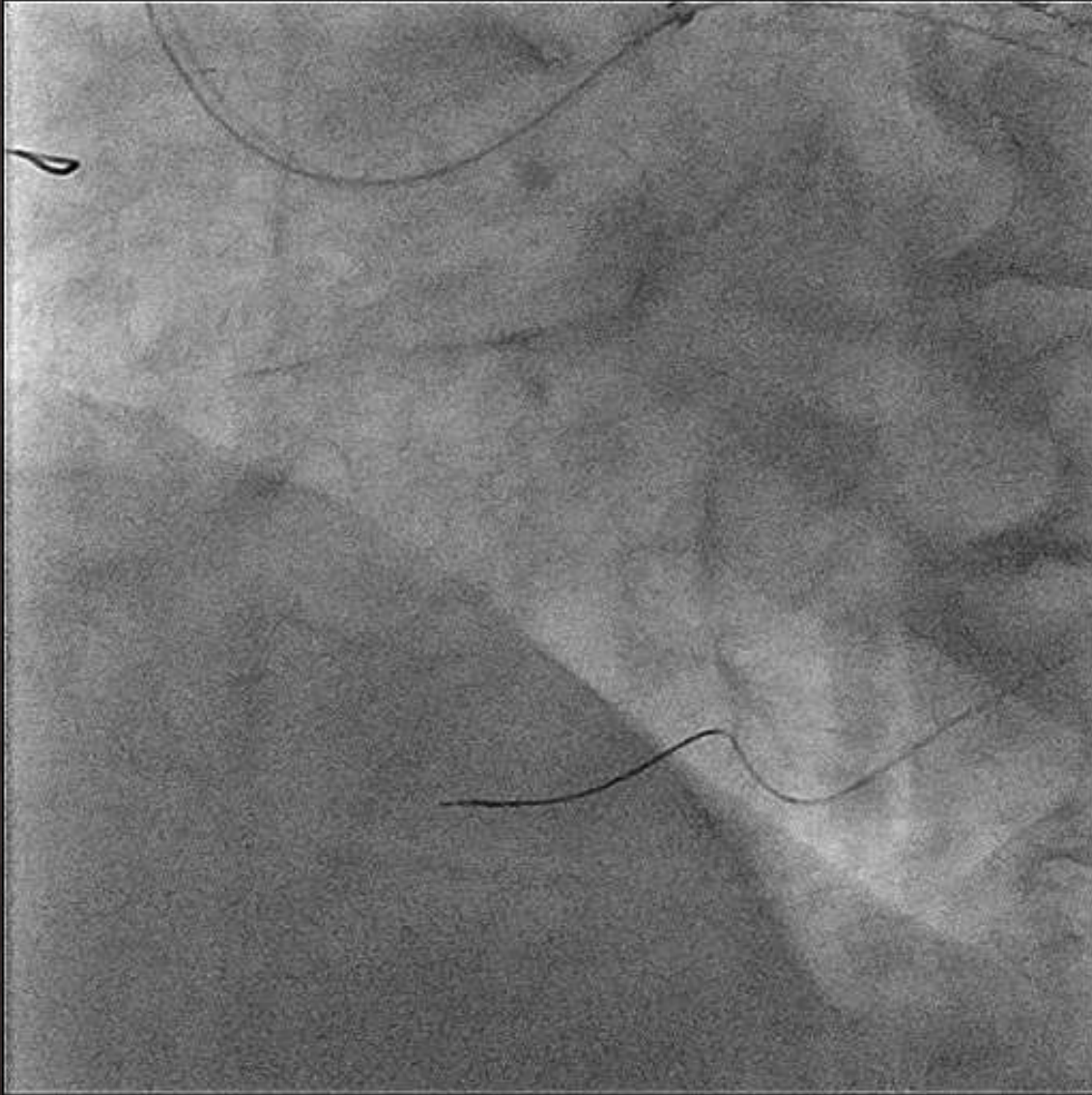
SUOH03 not crossed

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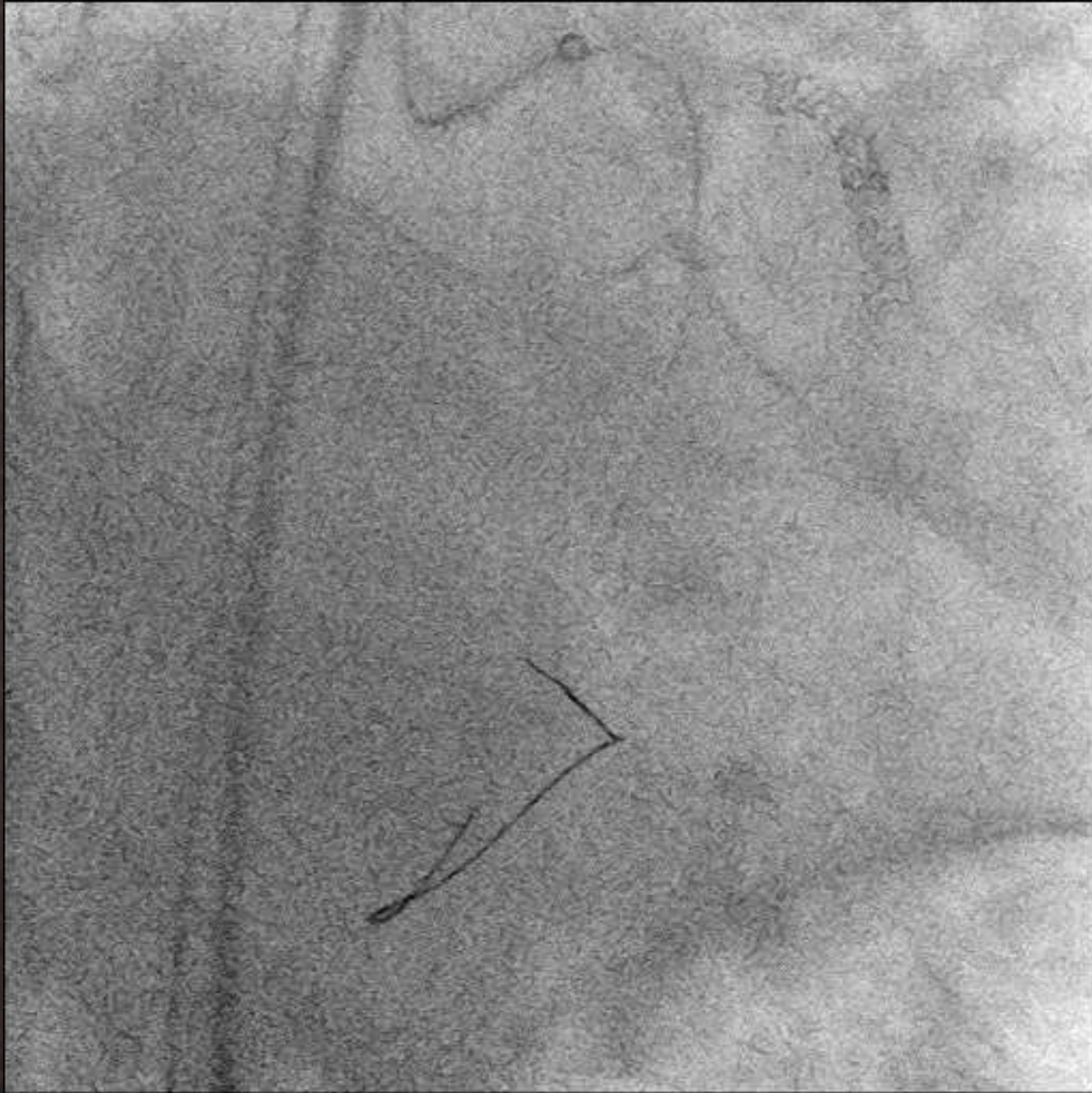
XT-R with small knuckle

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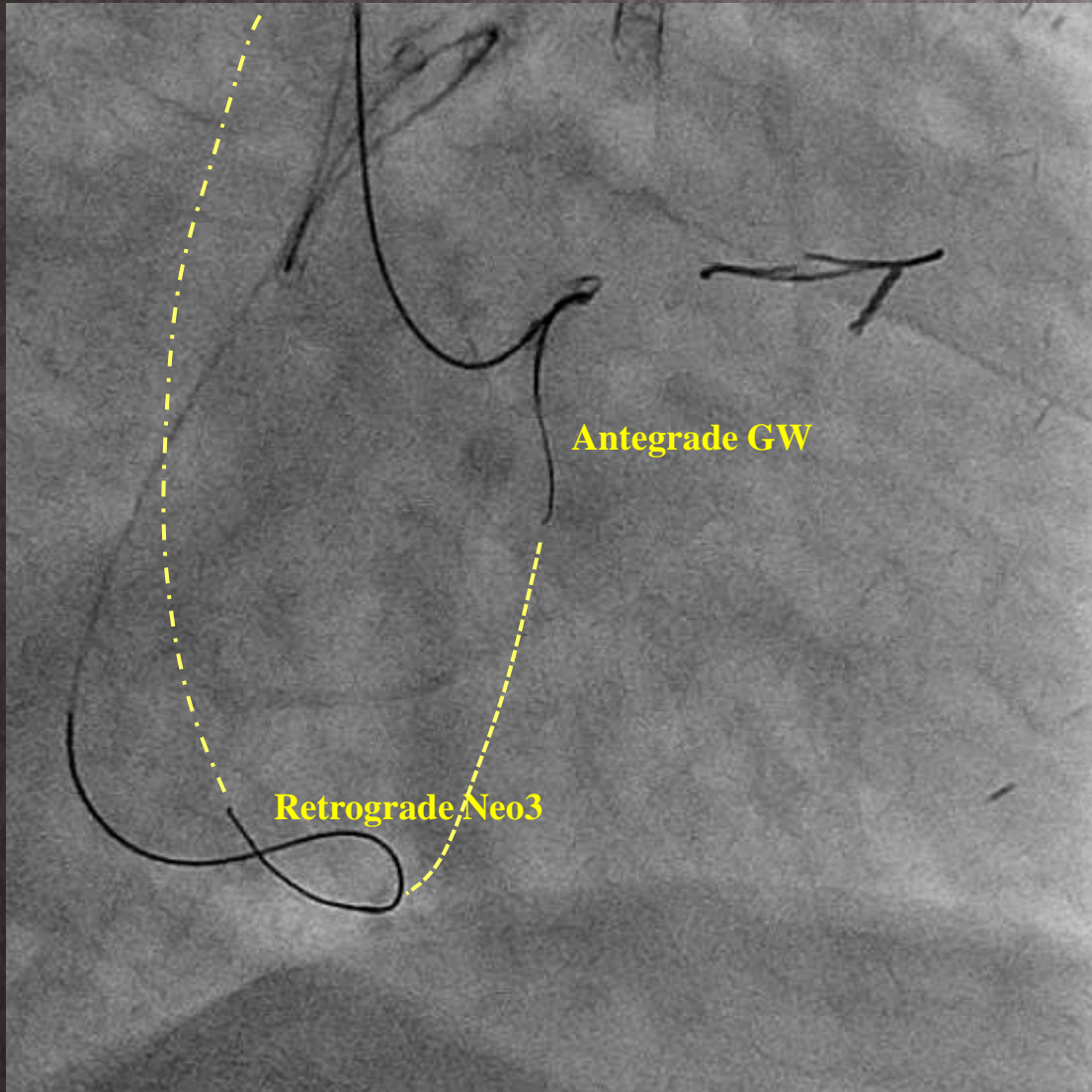


➤ **Where is the anastomosis of SVG?**

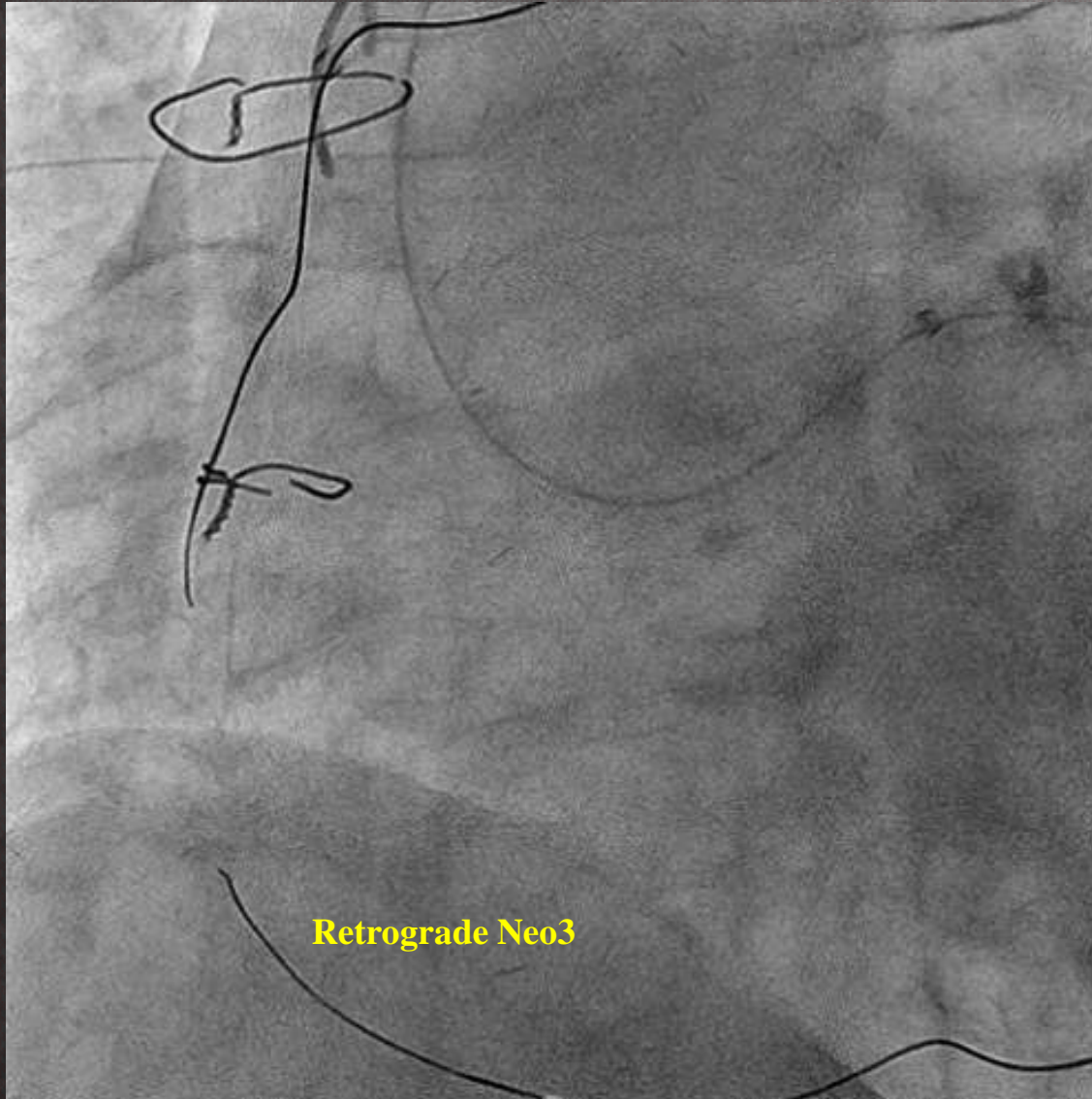
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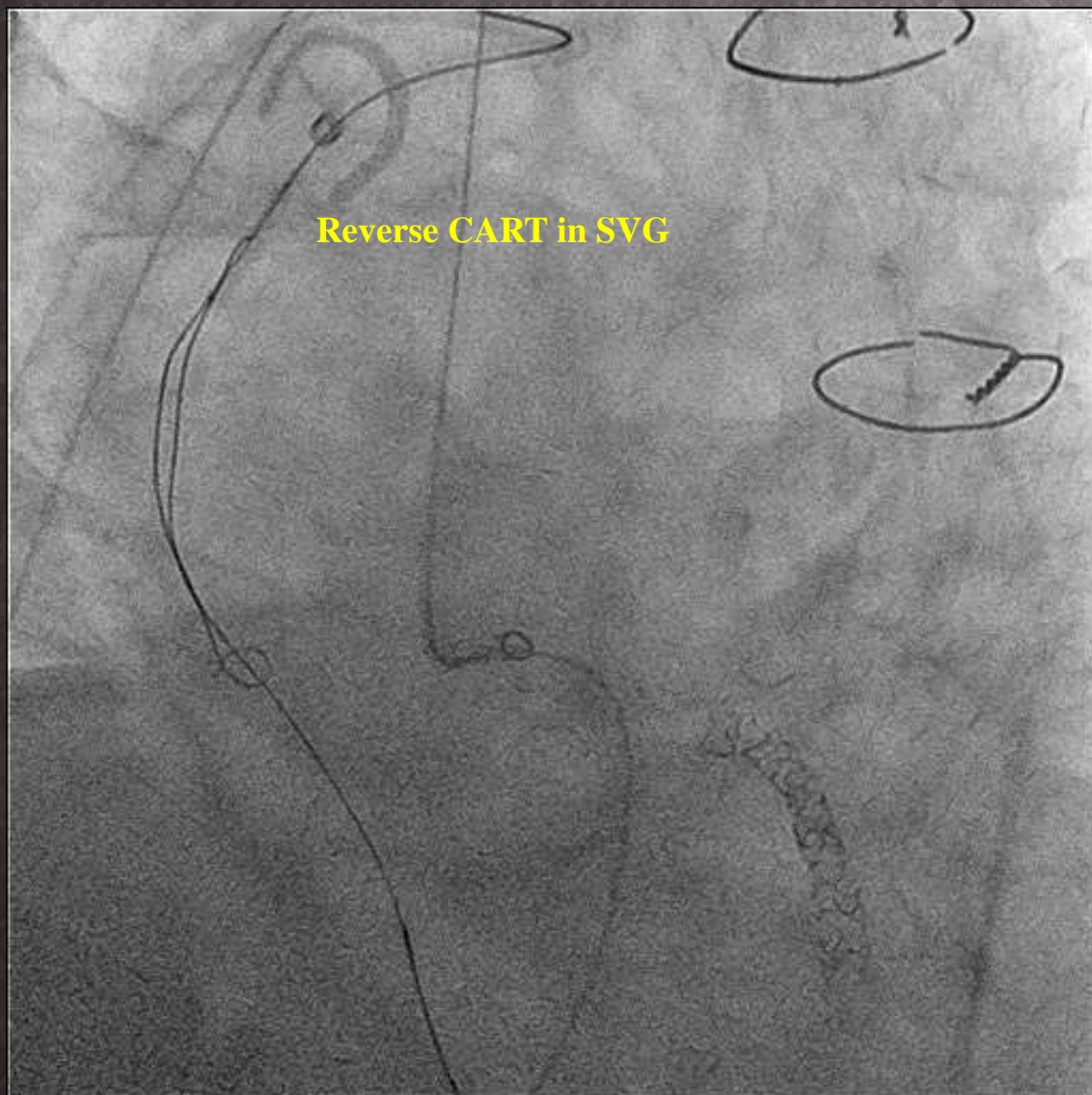
- **Where is the anastomosis of SVG?**
- **Miracle Neo3 from retrograde**



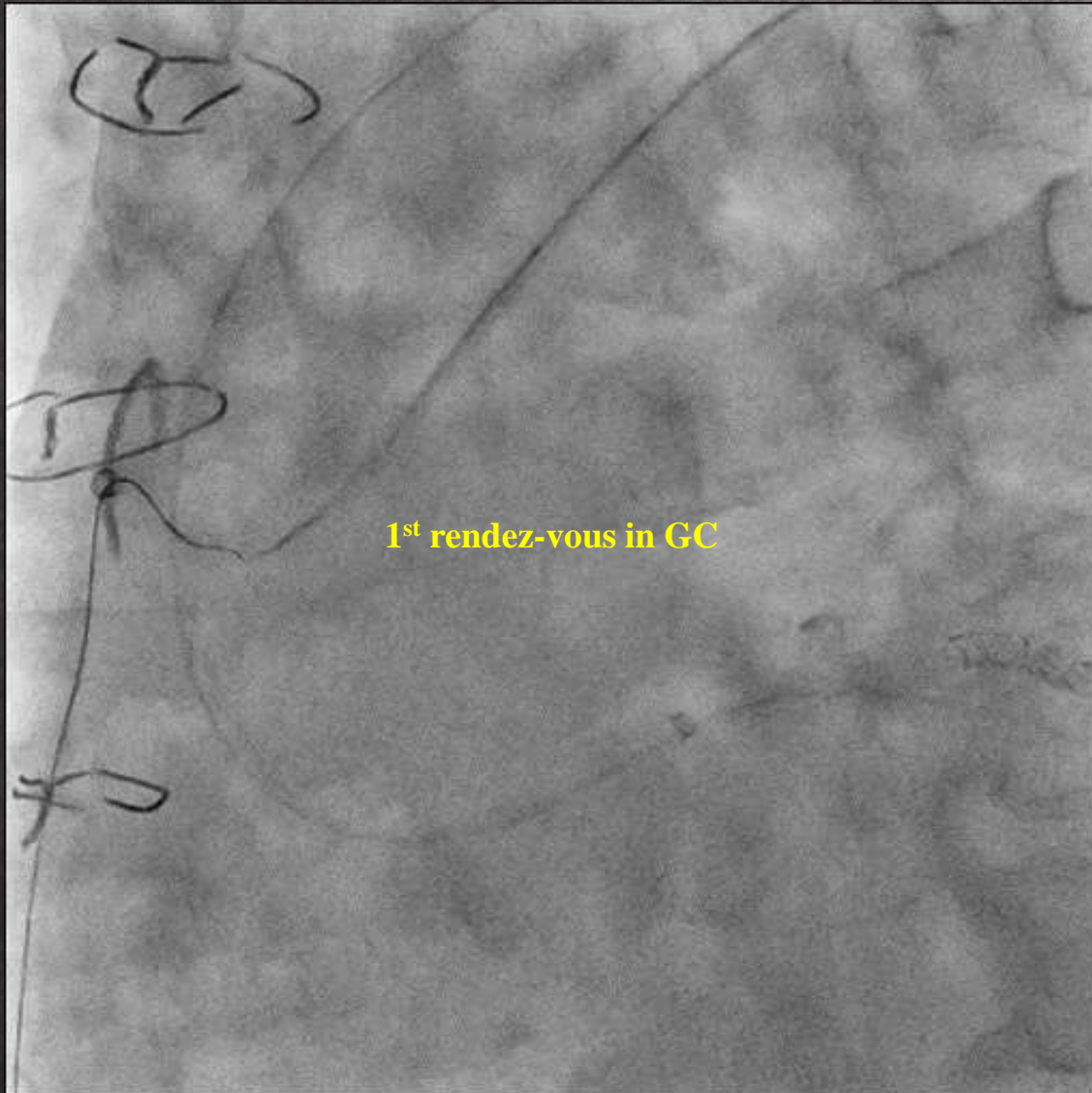
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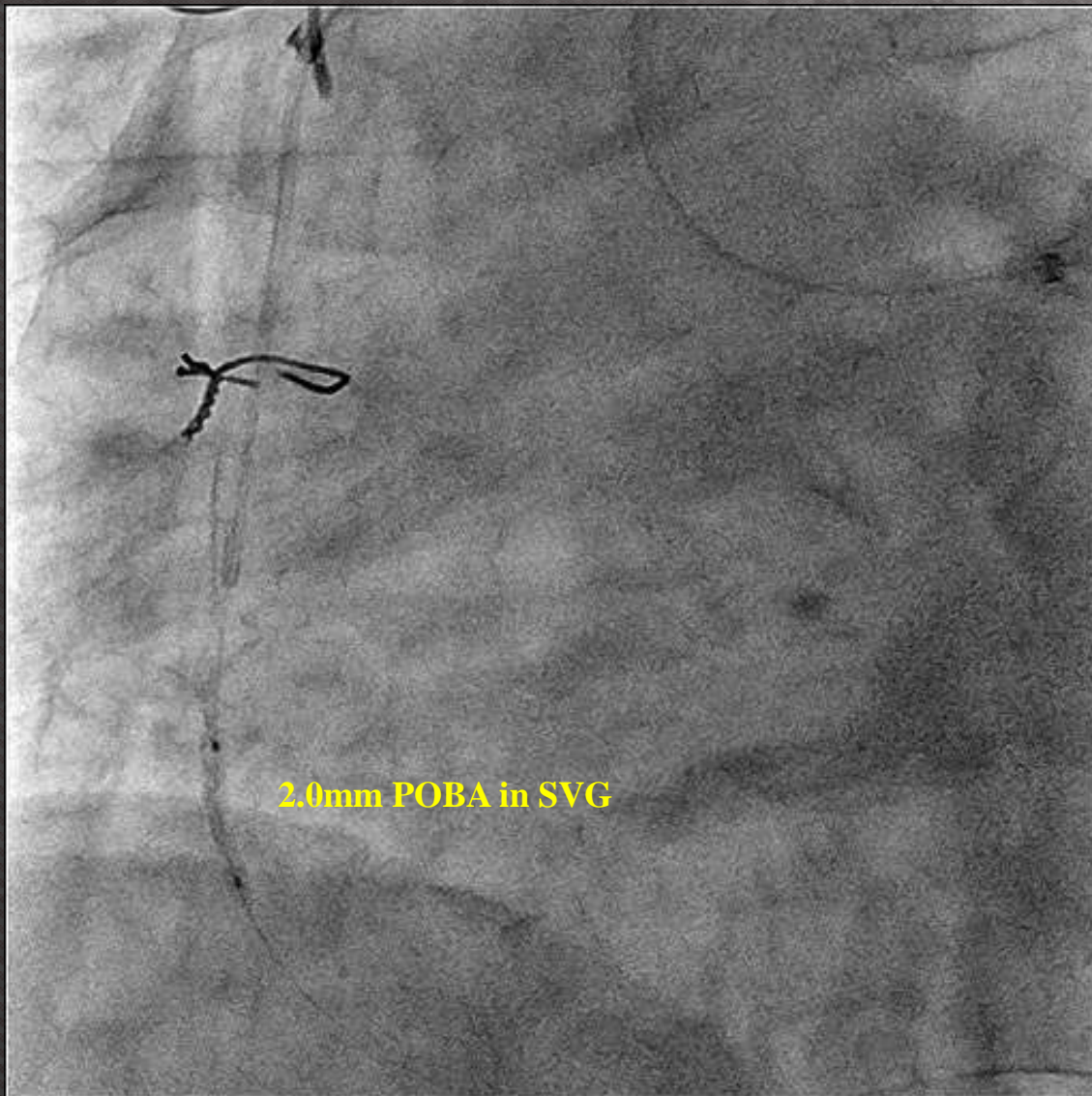
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 - **Recanalization of SVG**
- **Retrograde wiring with IVUS guidance to find native RCA.**



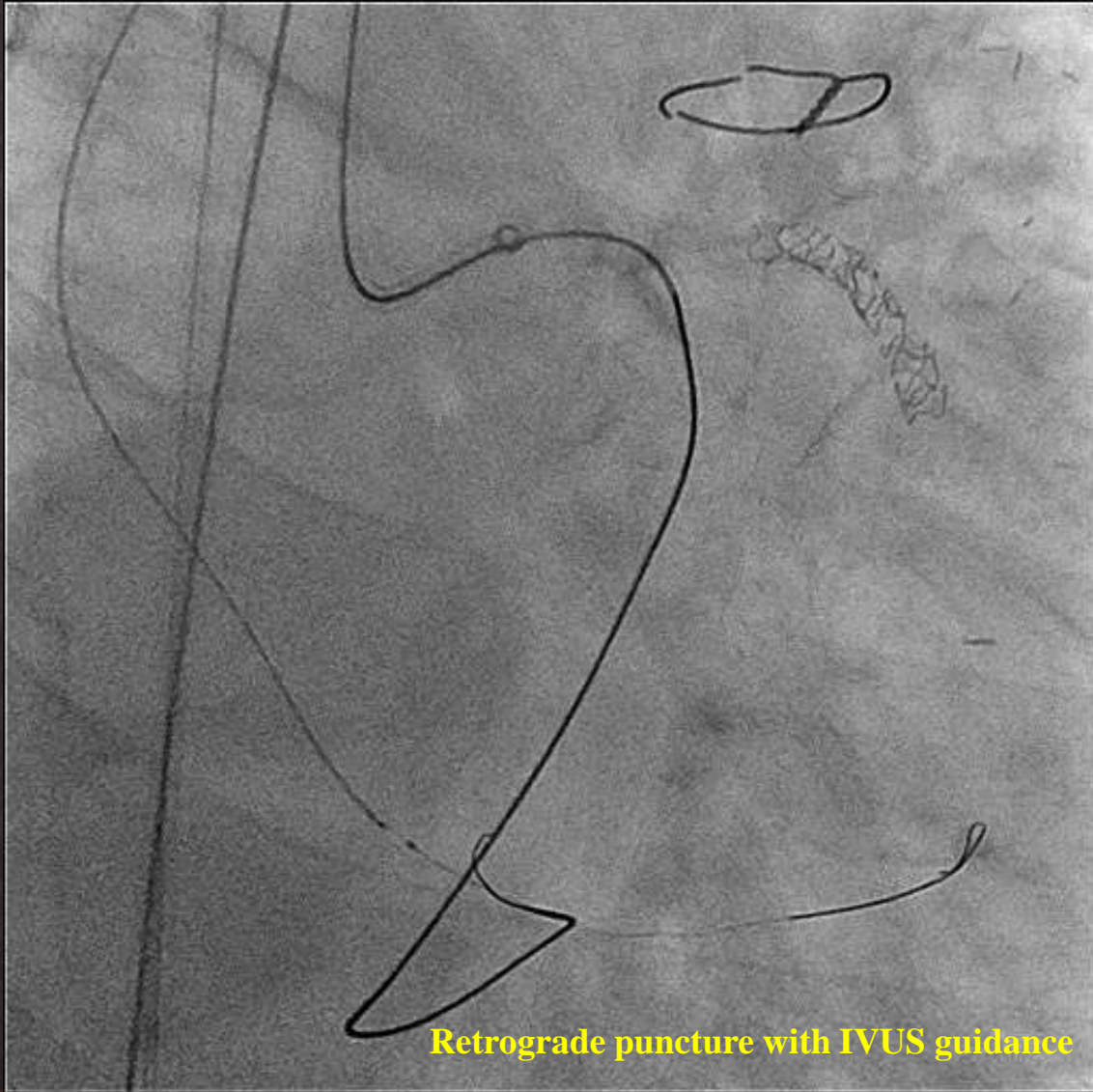
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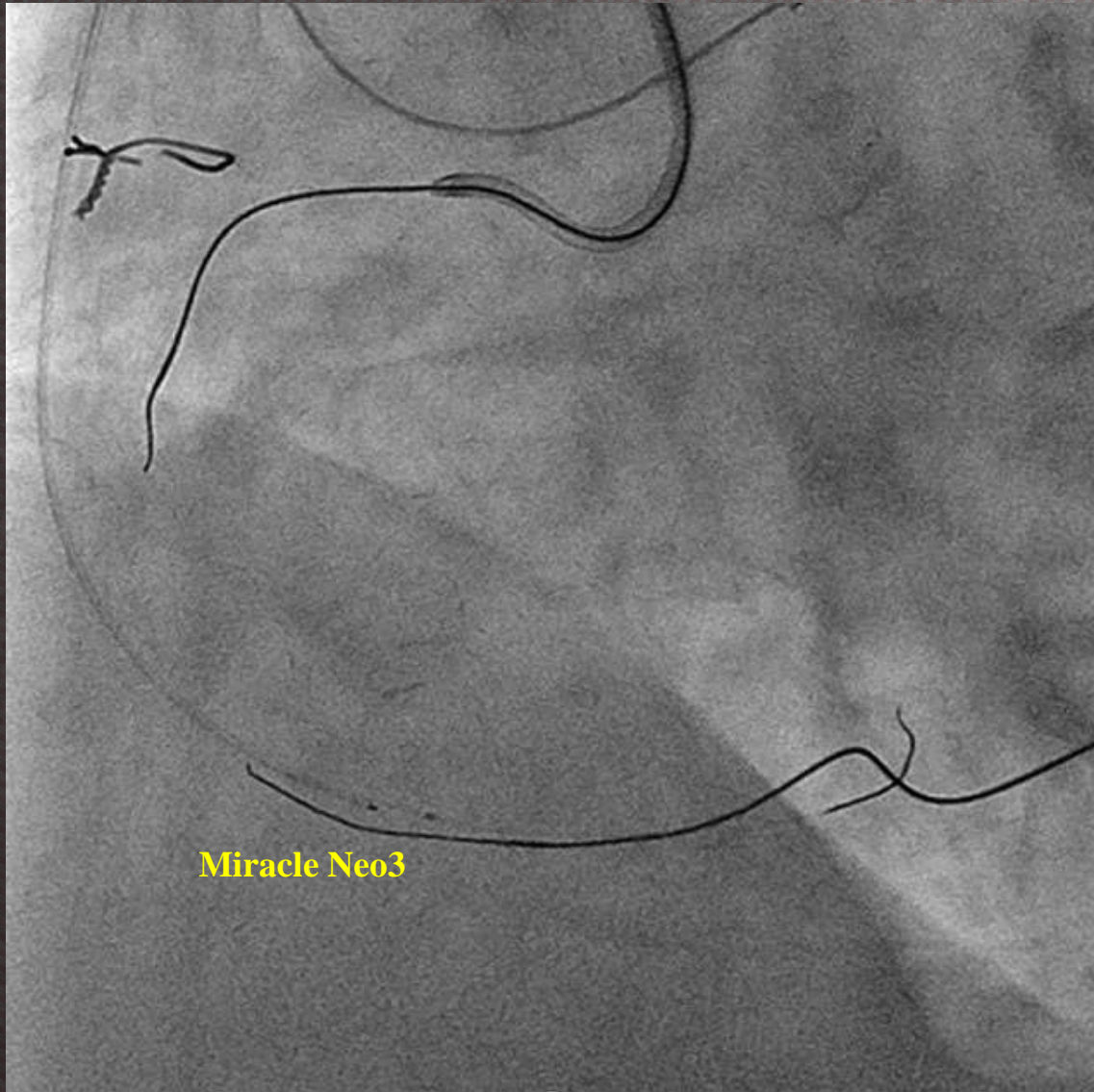
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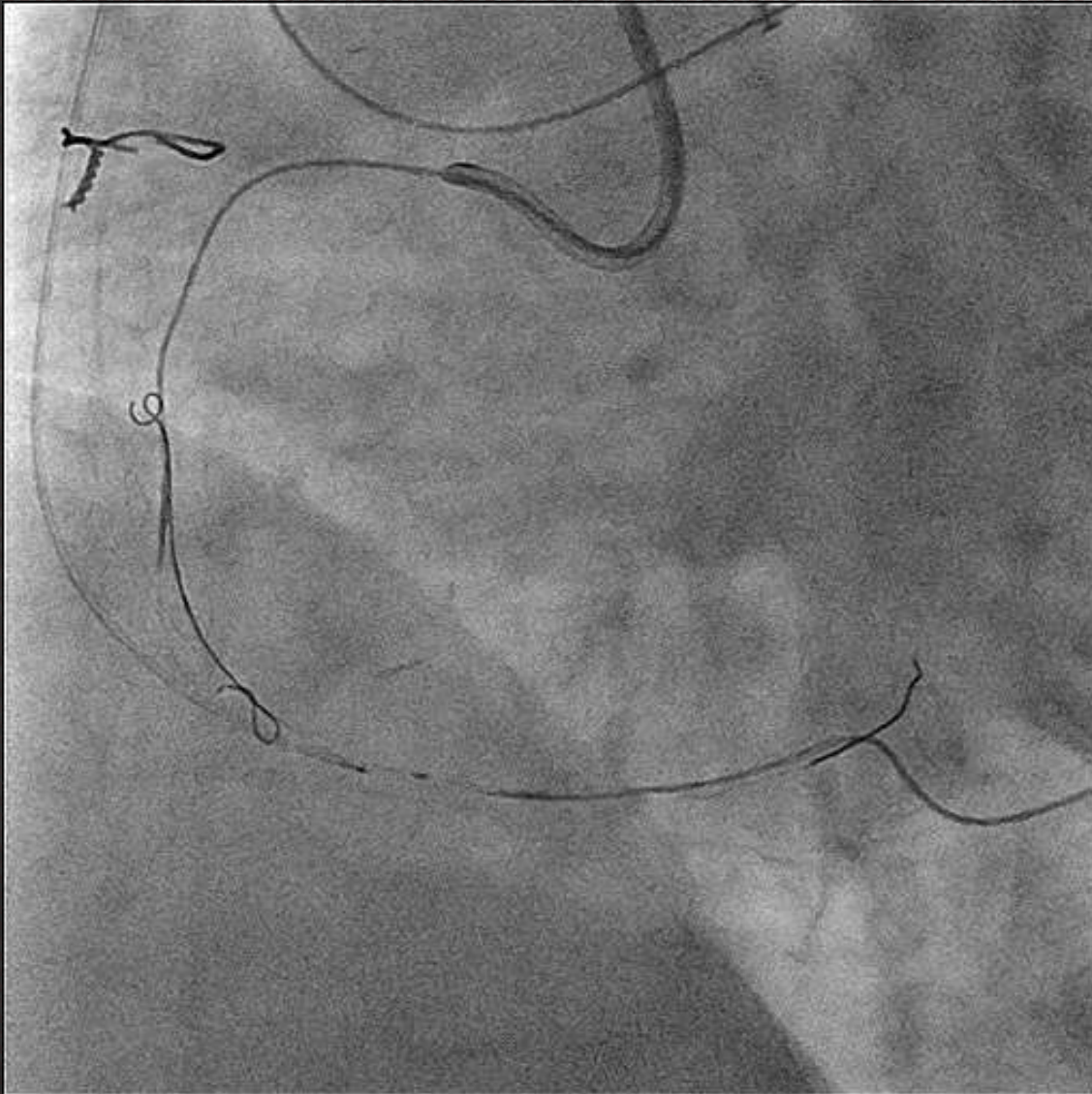
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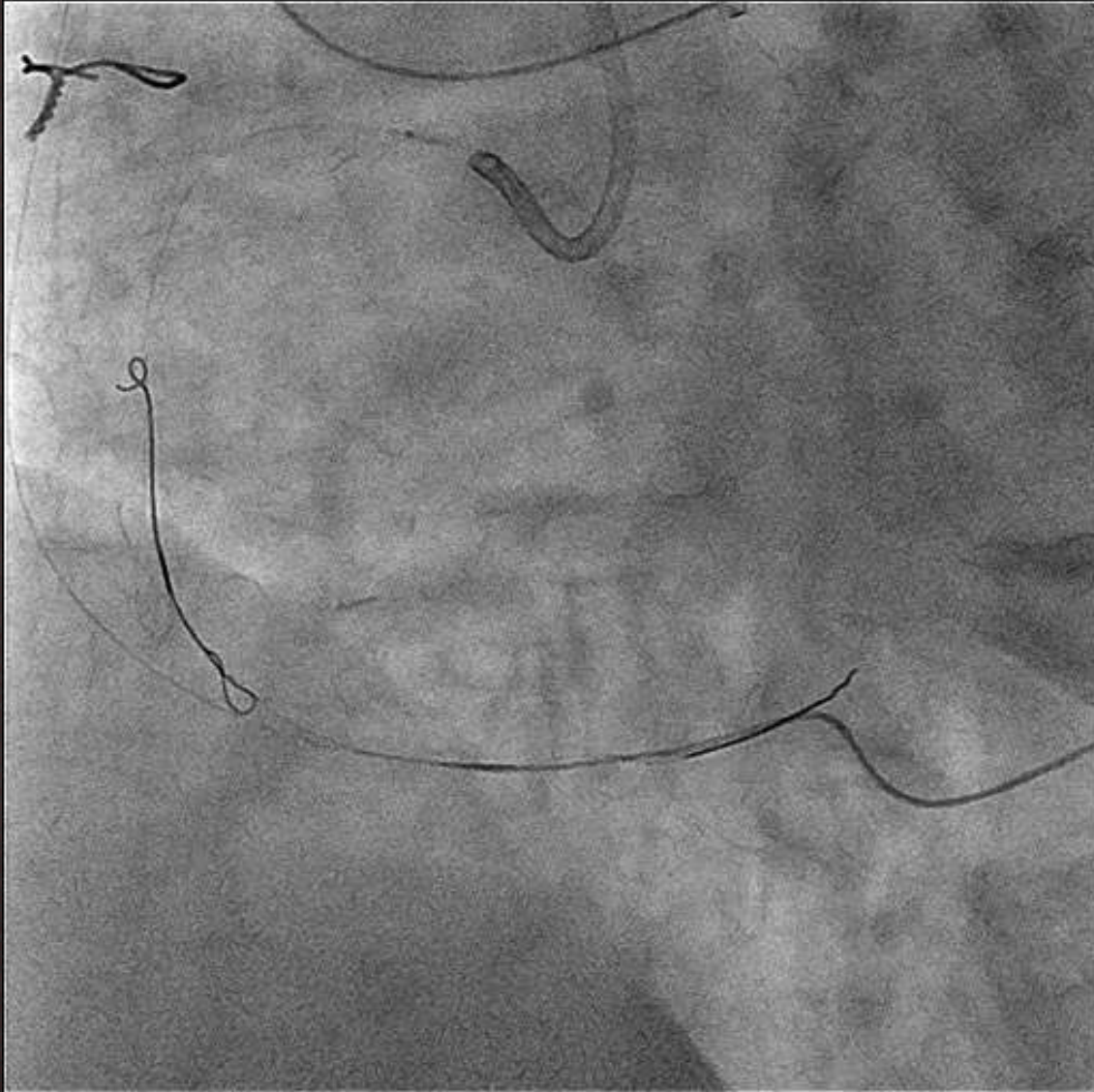
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- **Retrograde puncture with Conq12g**



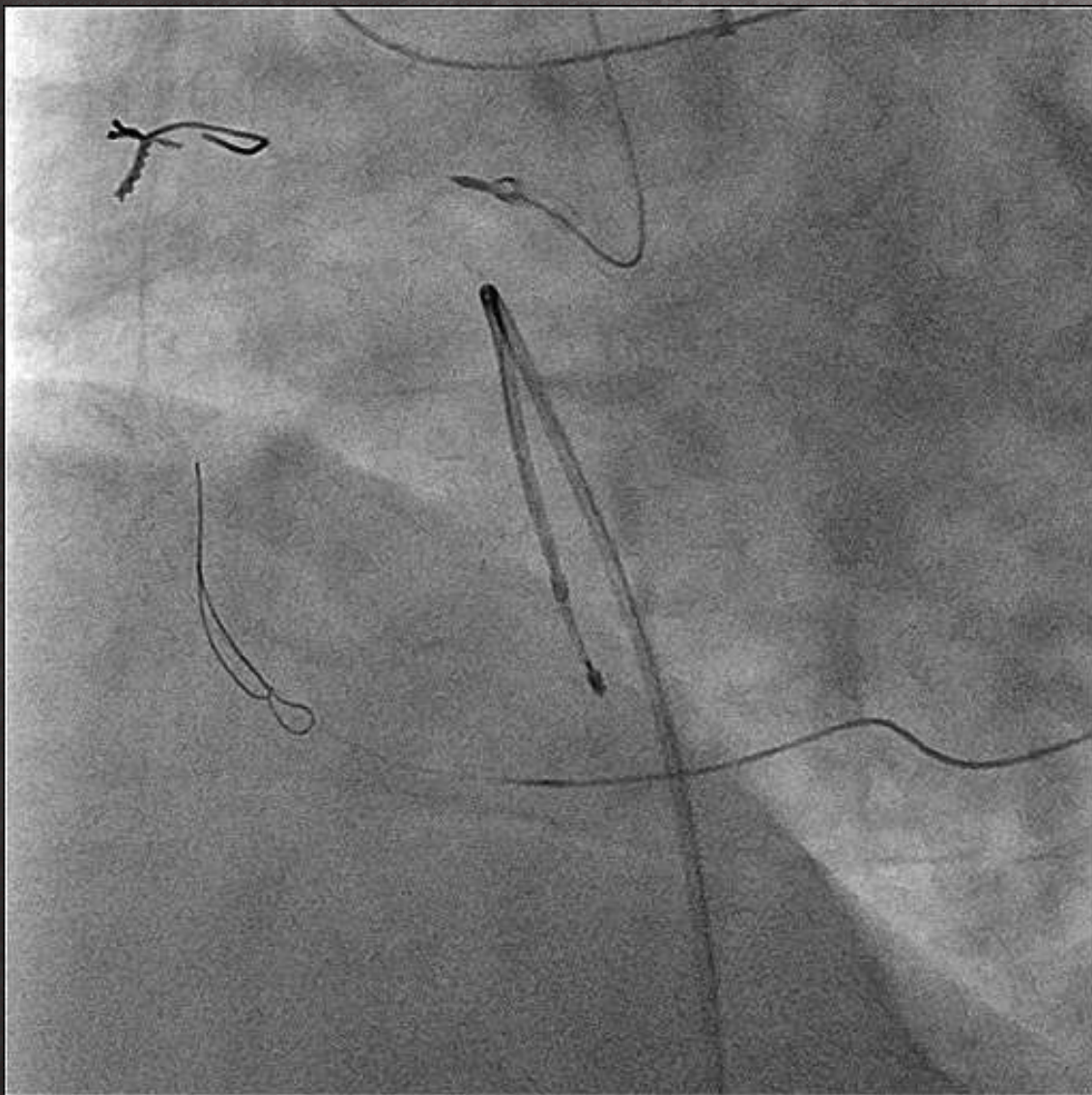
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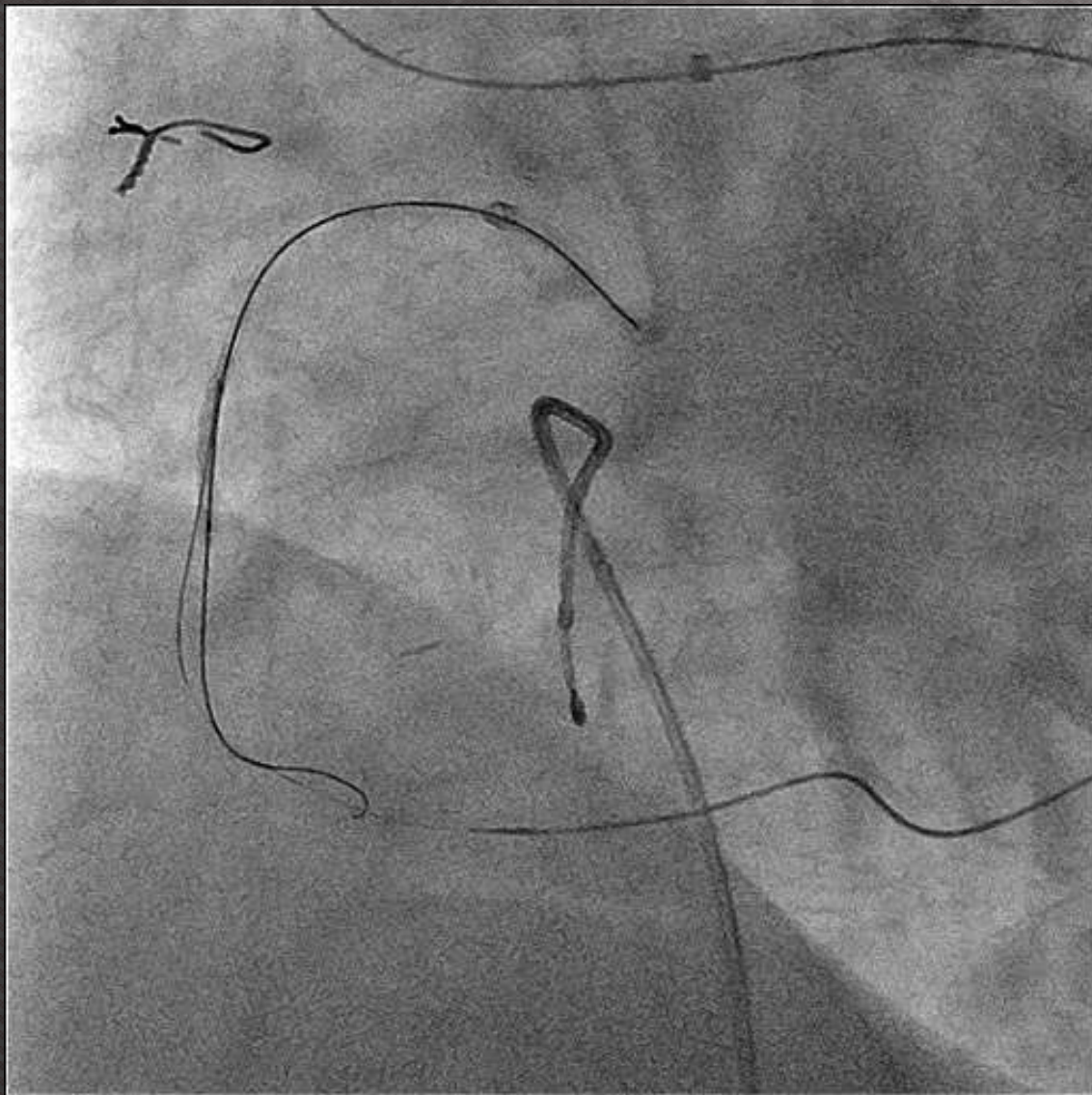
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- **Knuckle wiring from both sides with SION black**



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- **Anything could not be advanced at RCA ostial**

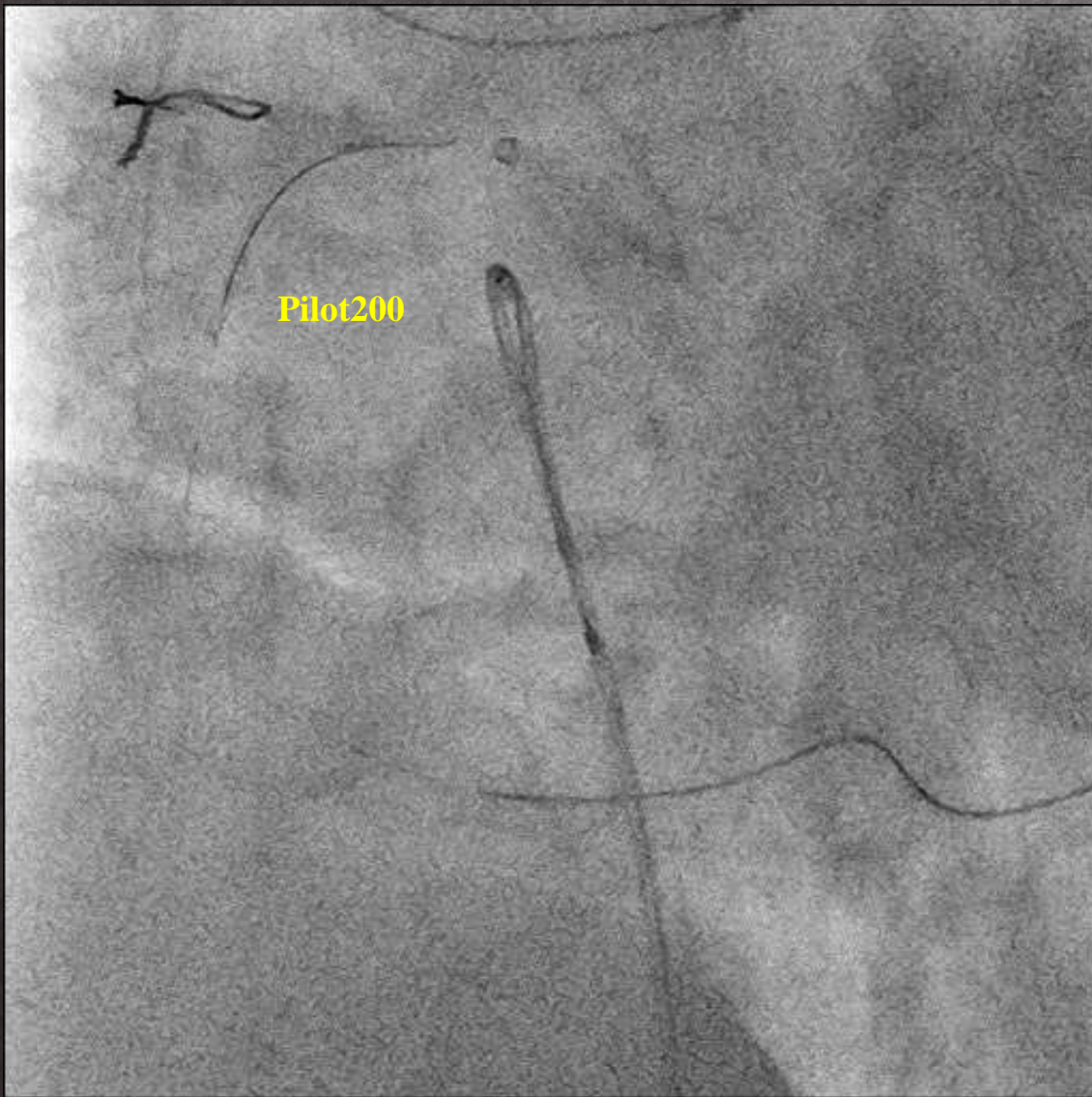


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- **Rotational atherectomy (1.25mm)**
- **Reverse CART with 2.0mm**

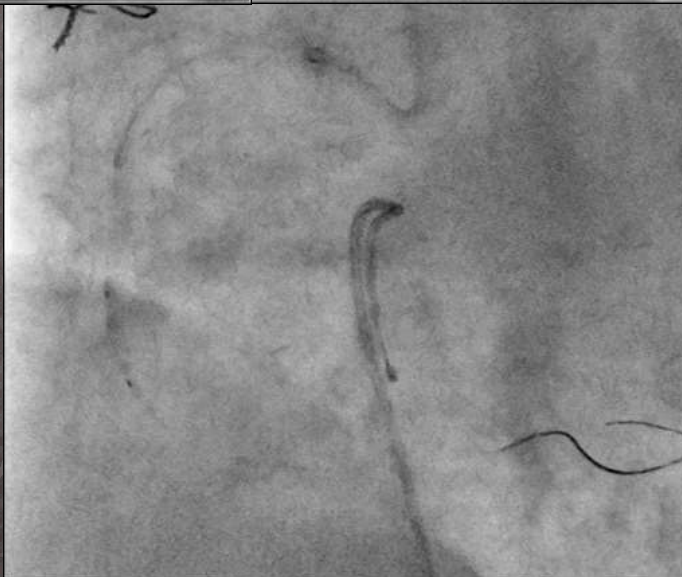
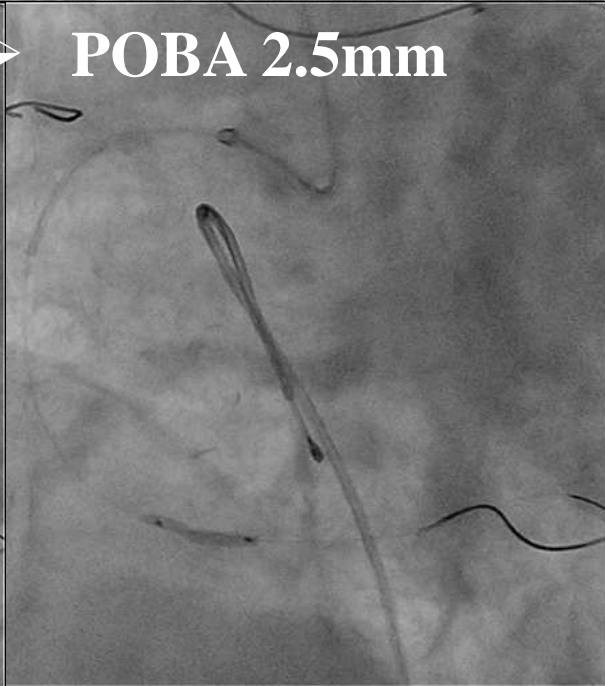
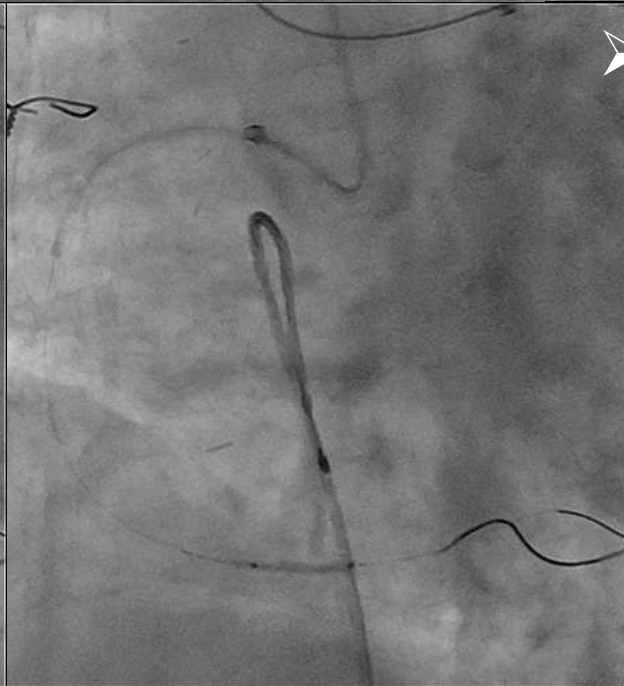
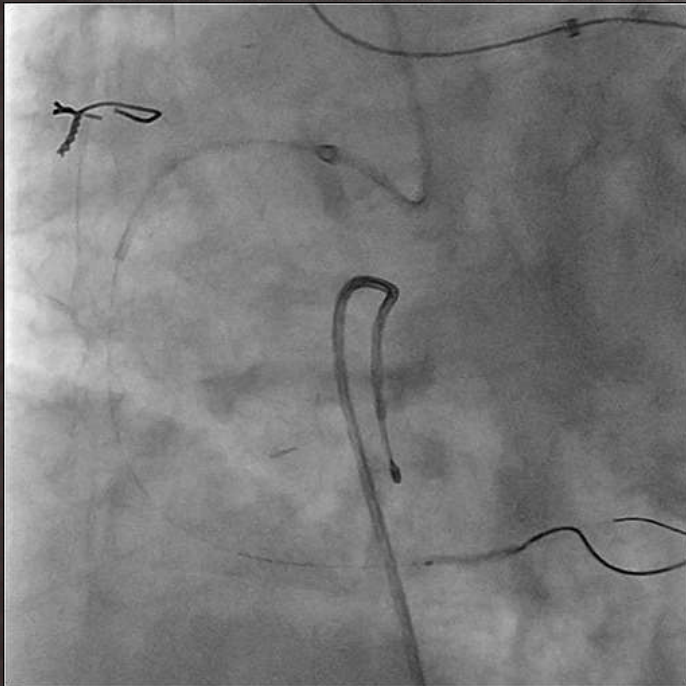
➤ 2nd rendez-vous in GC



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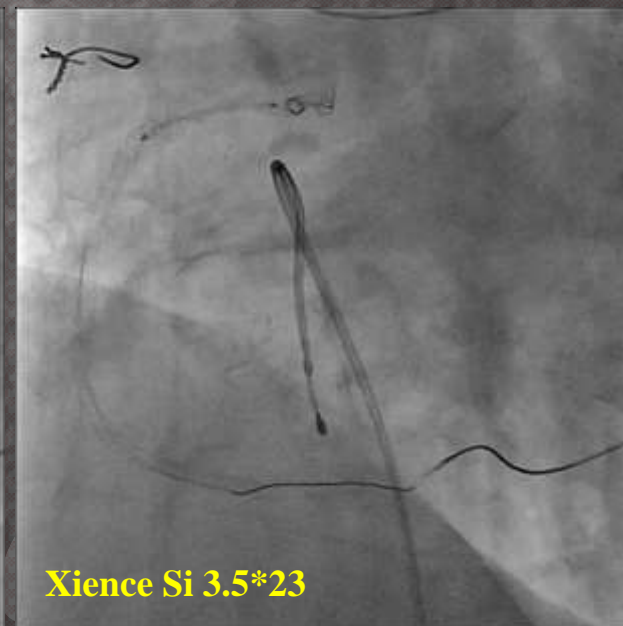
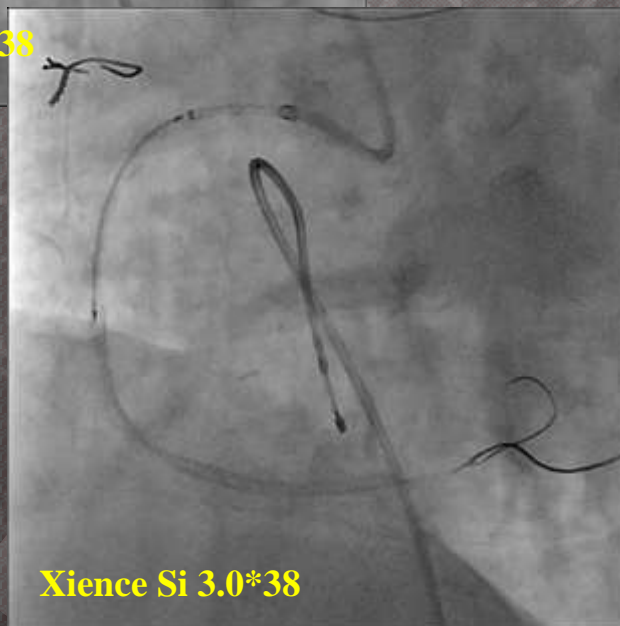
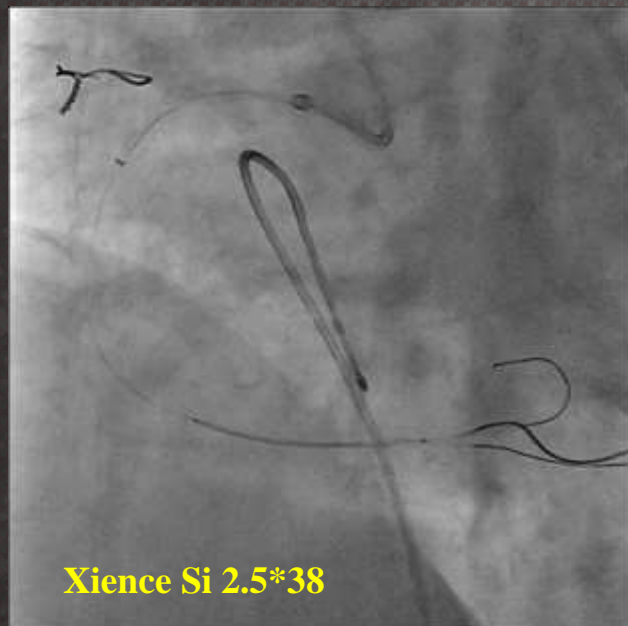
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➤ POBA 2.5mm

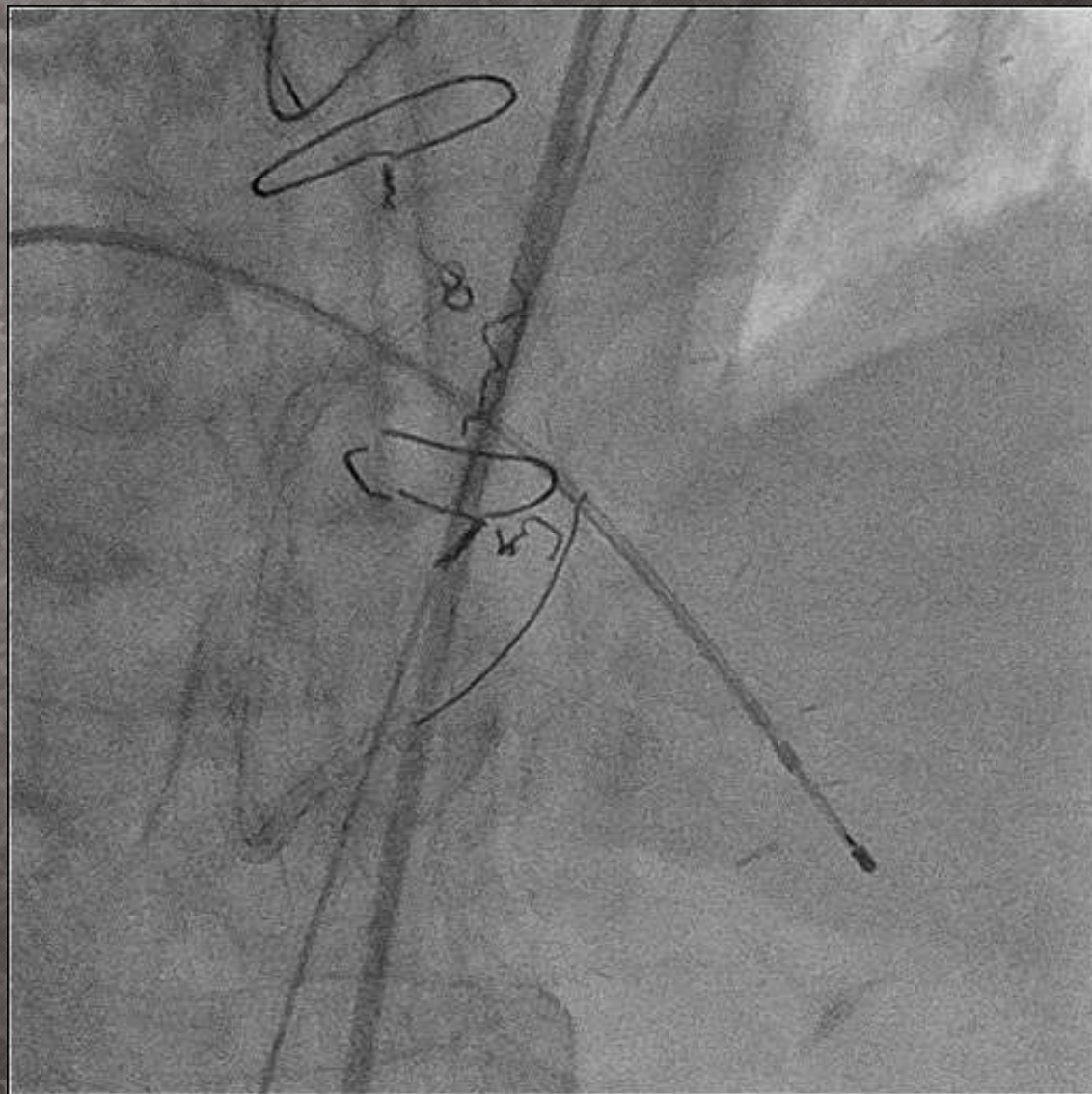
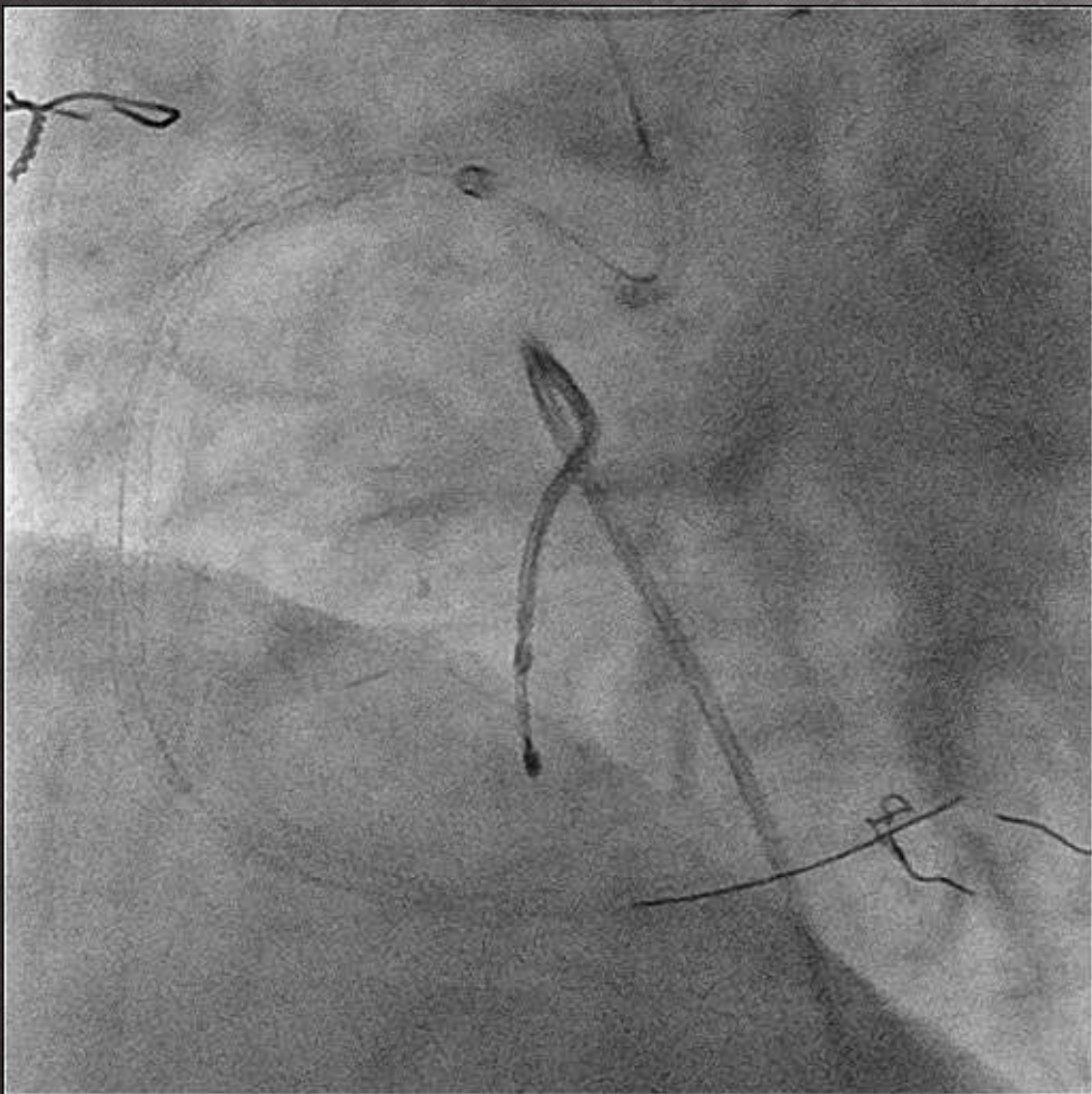


TC

- 2nd rendez-vous in GC
- POBA 2.5mm
- 4 EESs



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Final angiography

Summary

- For selection of epicardial course screw channel, XT-R with a very small knuckle curve worked well.
- To identify anastomosis site, IVUS guidance was needed after recanalization of occluded SVG.
- Knuckle wiring from both sides advanced CTO site smoothly.
- Small rotational atherectomy was needed to complete reverse CART.

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