

# Retrograde CTO-PCI: Tips and Tricks and Troubleshooting

## **Case 2**

*Sandeep Basavarajaiah MBBS, MD, MRCP, FESC*

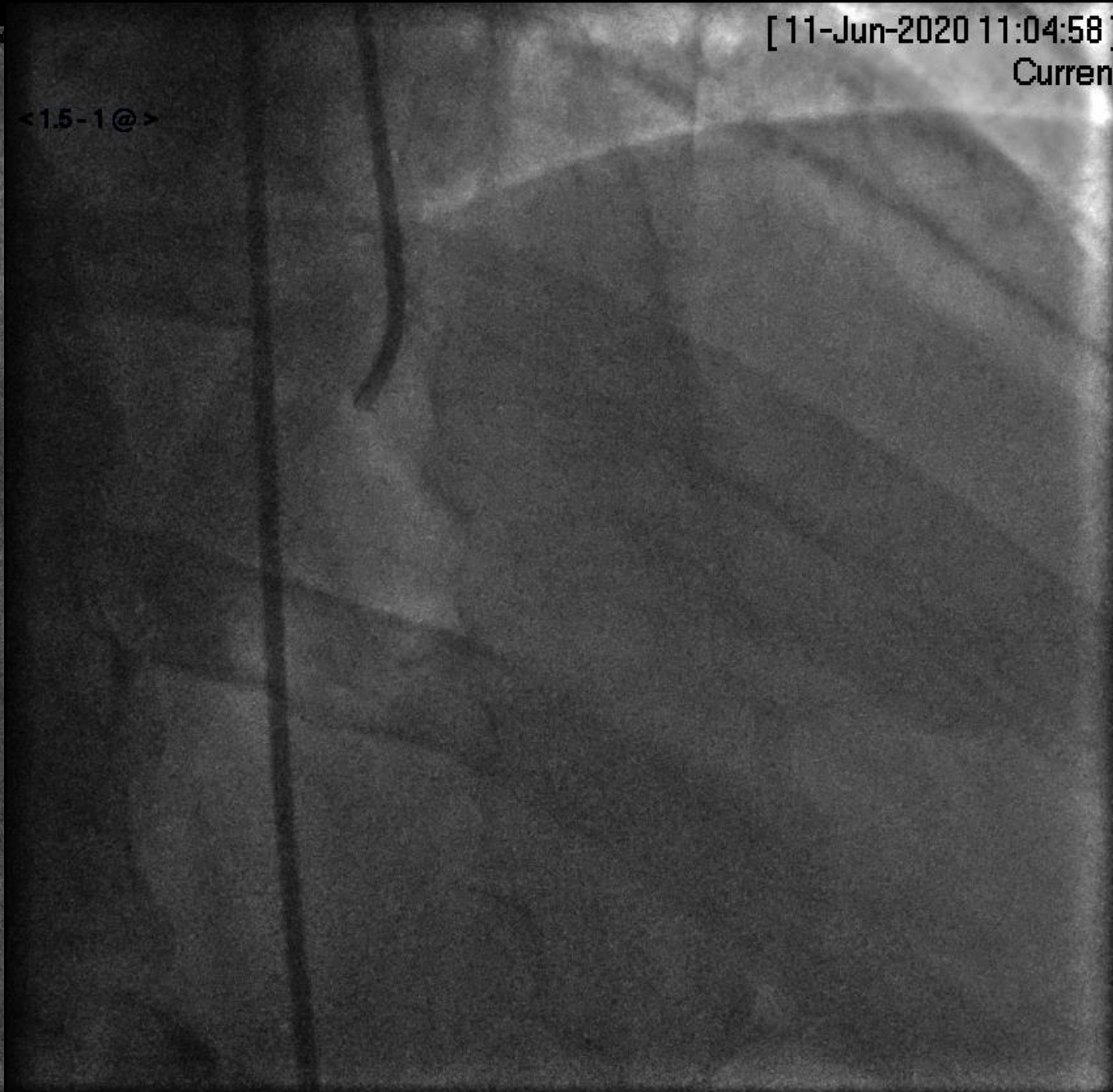
*Heartlands Hospital, University Hospital Birmingham*

# Disclosure

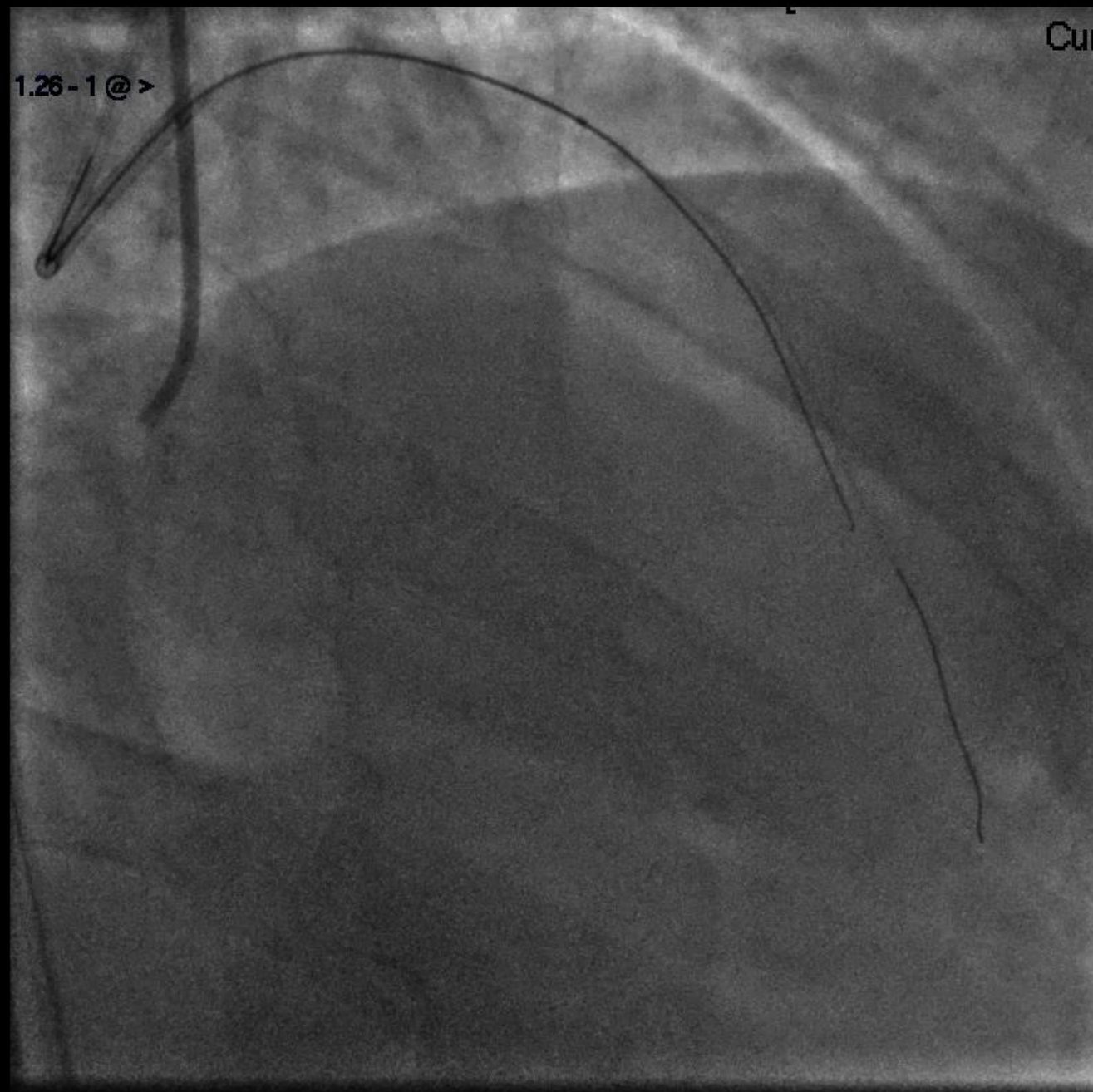
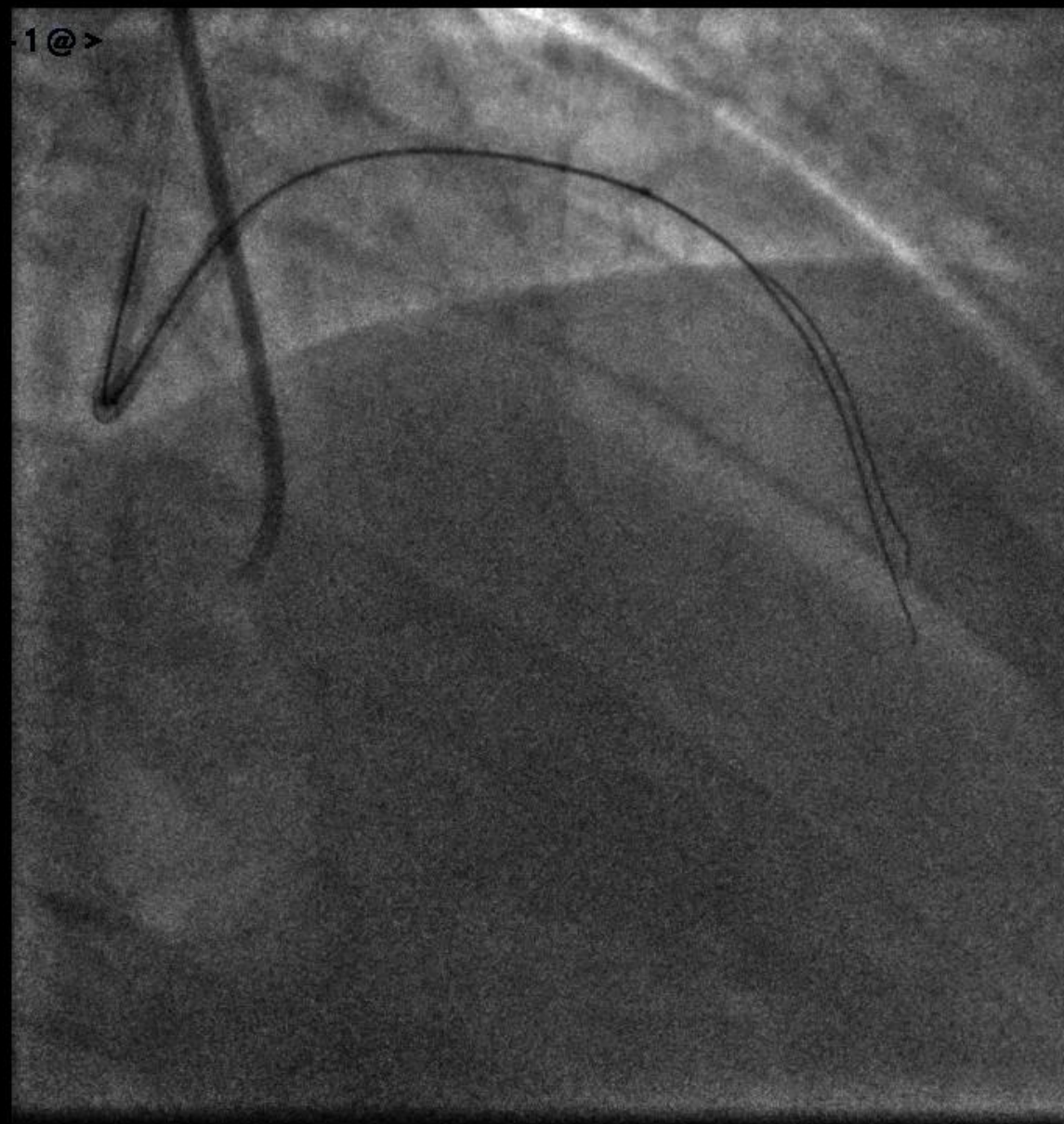
- I have no conflicts of interest to declare for this presentation

# Background

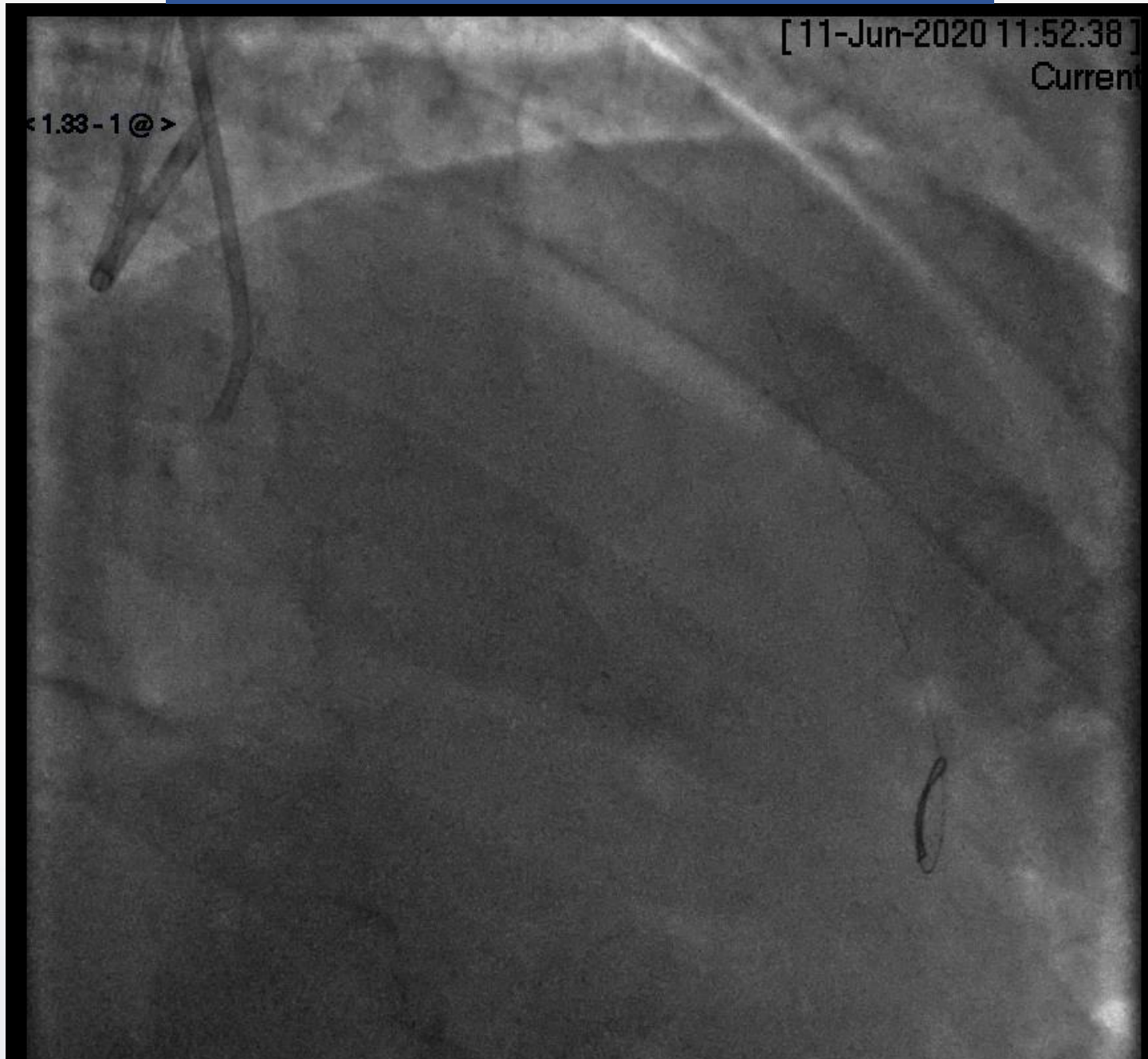
- 58 year old man with crescendo angina (2020)
- Risk factors; Smoker, DM, hypercholesterolaemia
- Echo: Good LV, valves are ok
- Angiogram in 2020 showed.....







# Post-pre-dilatation

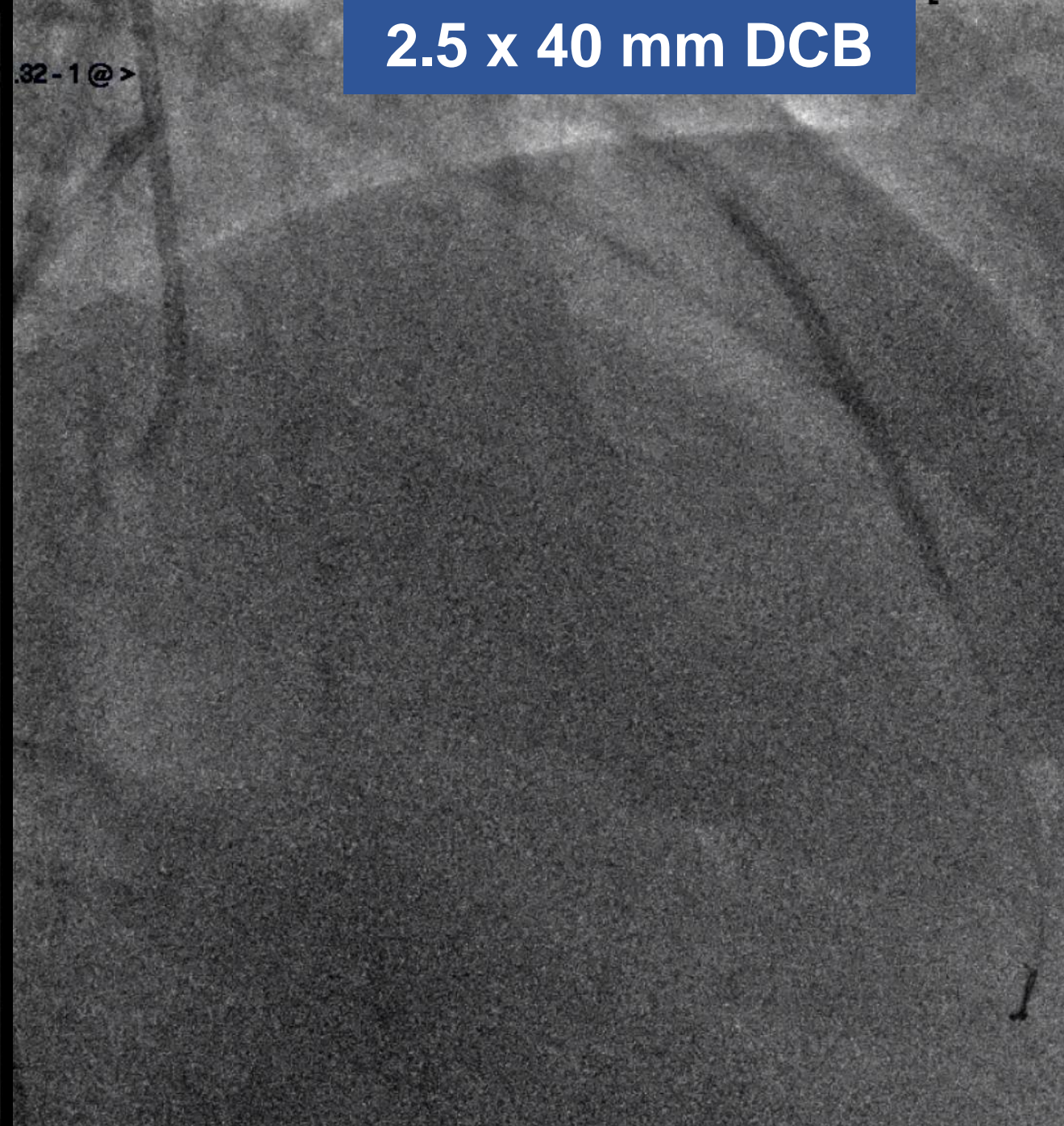




2.5 x 35 mm DCB

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Current .32-1@>

2.5 x 40 mm DCB





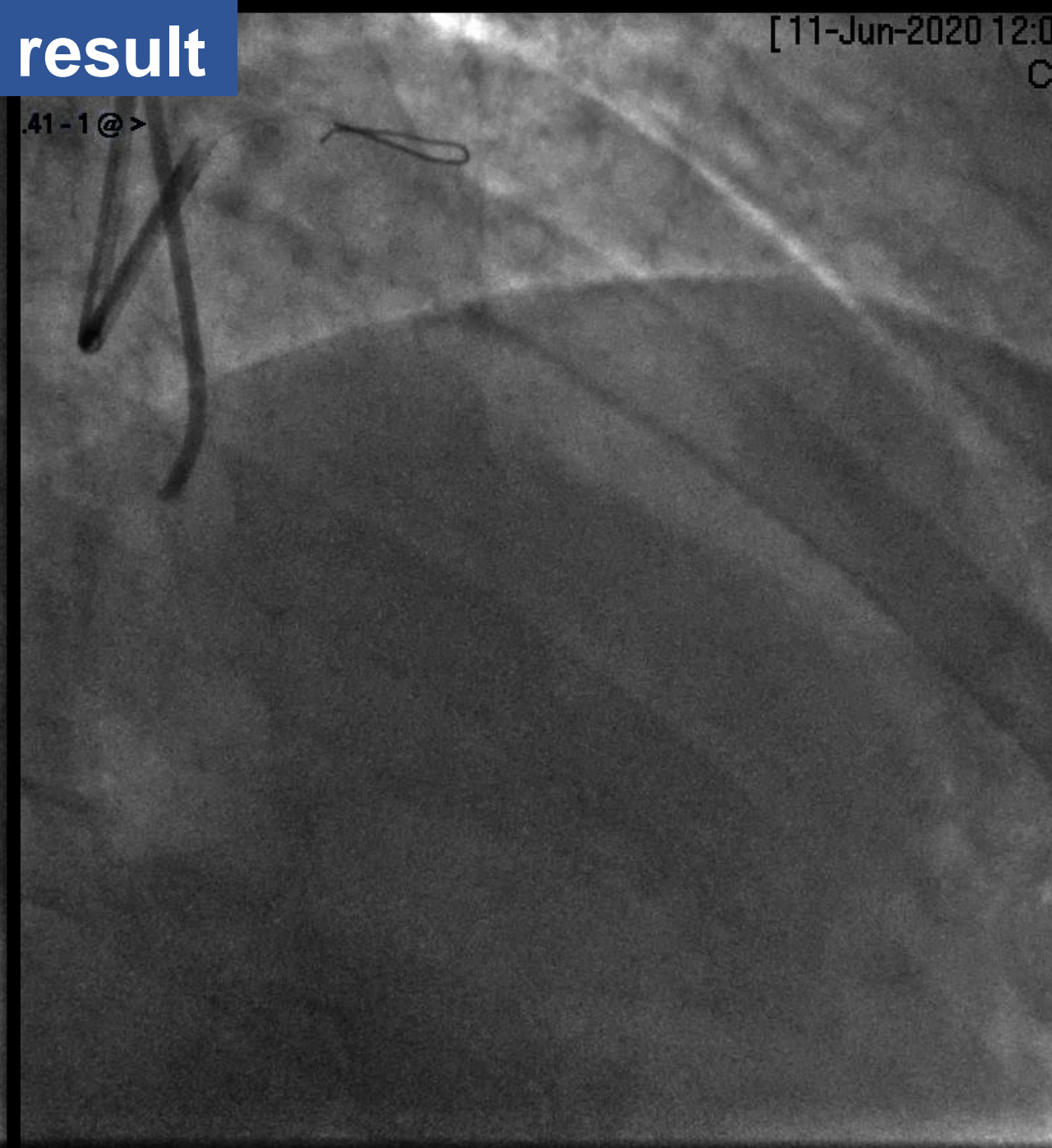
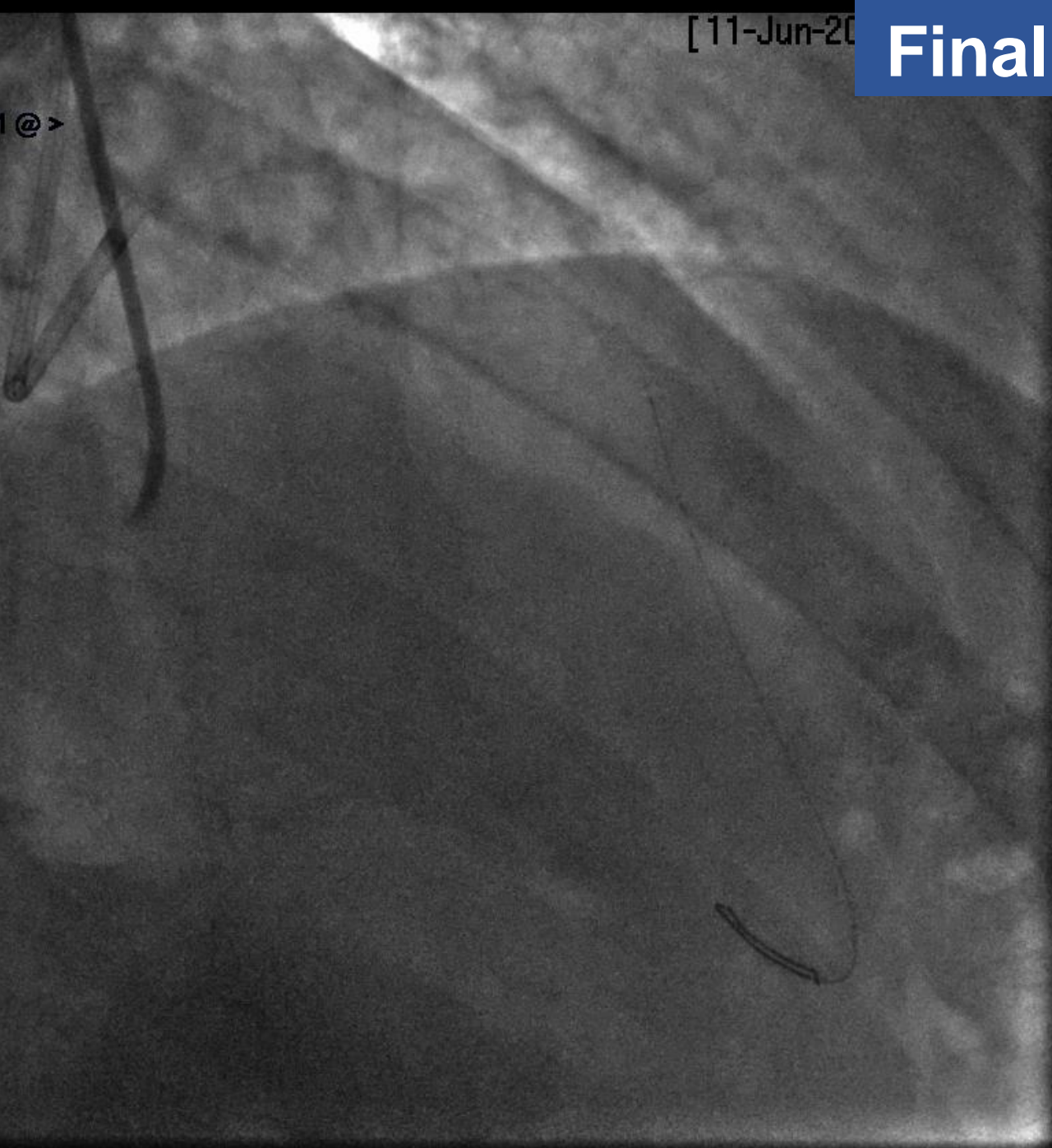
[11-Jun-20

# Final result

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**Check angiogram @ 2 months**



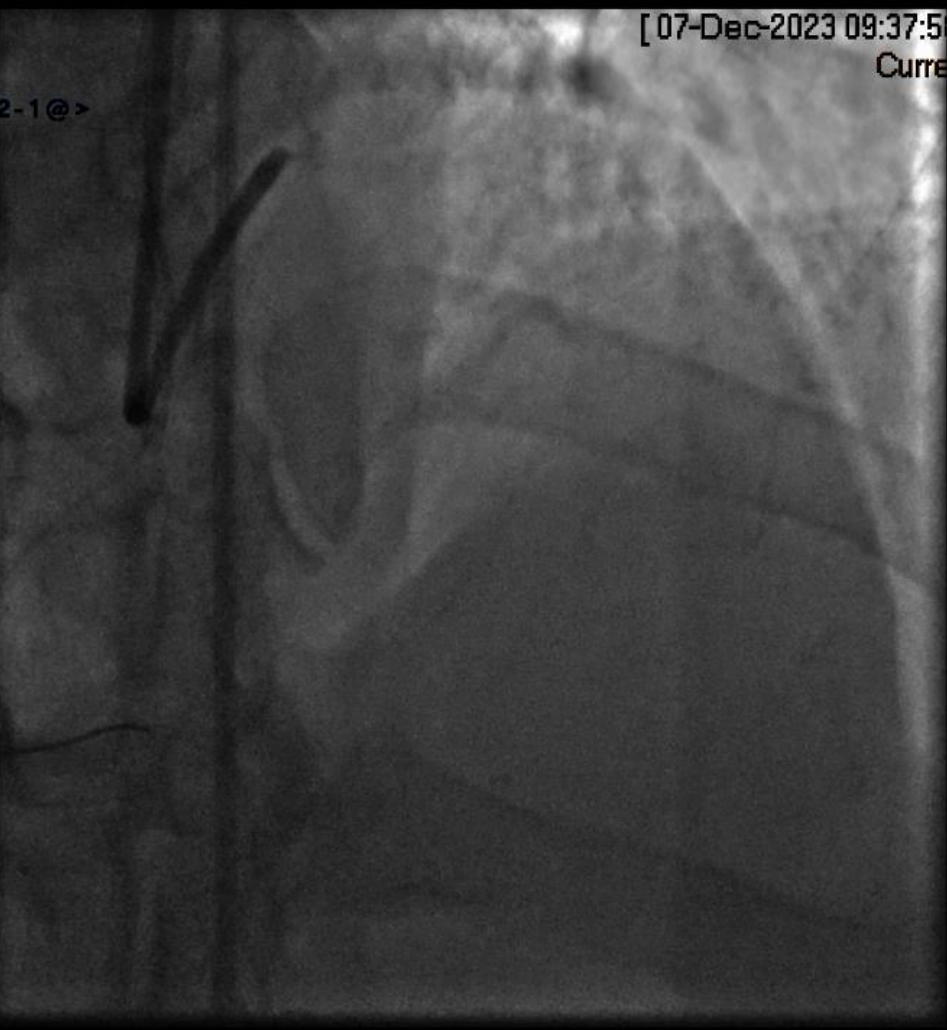


**Re-presented in 2023 with recurrence of angina**

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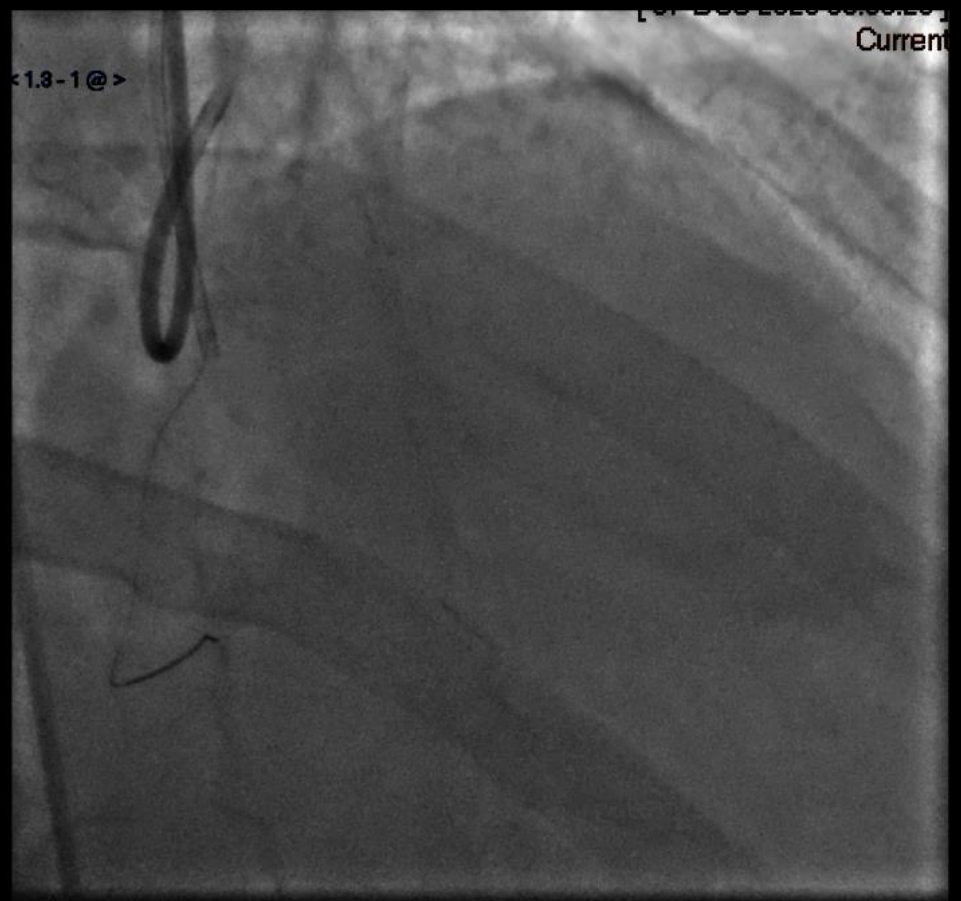
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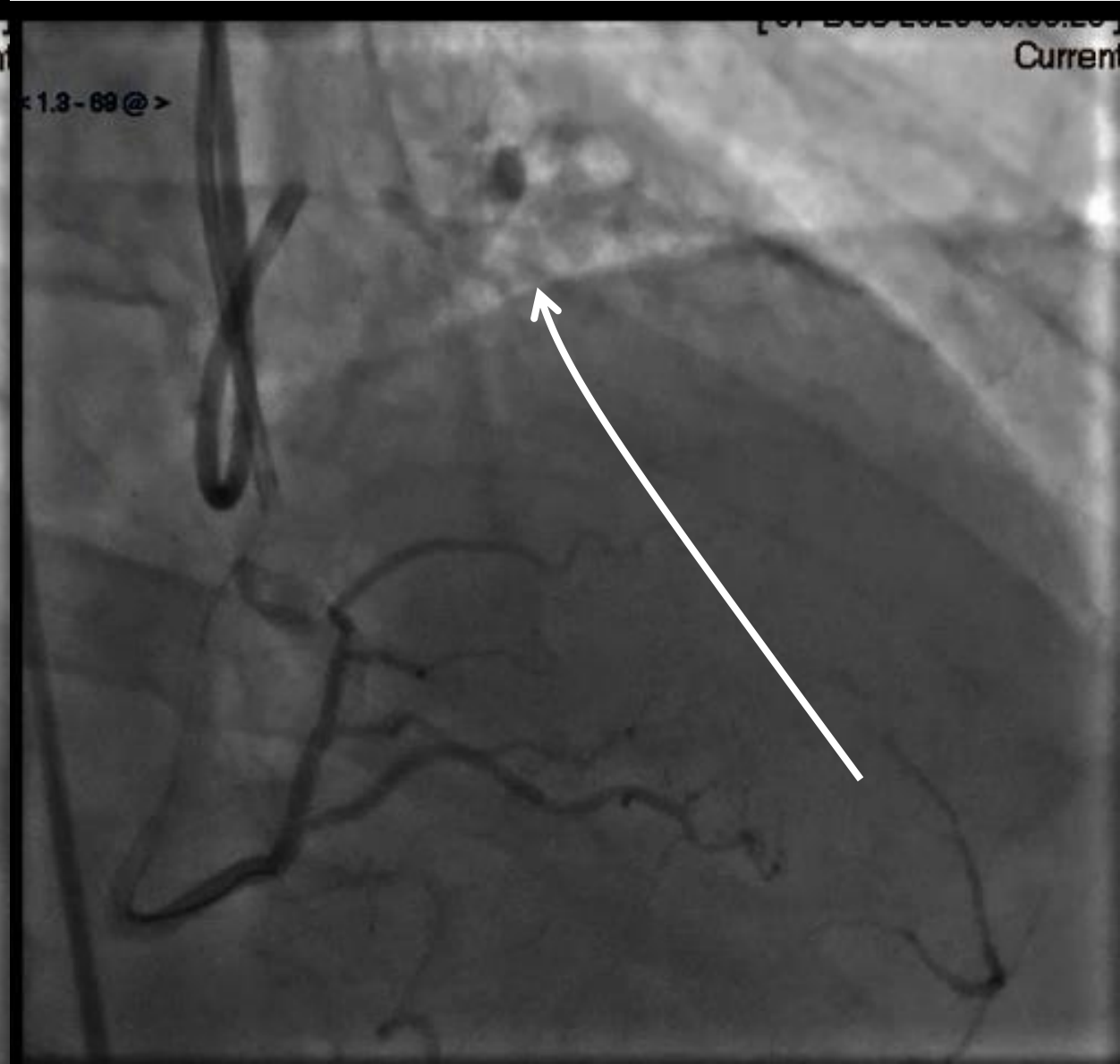
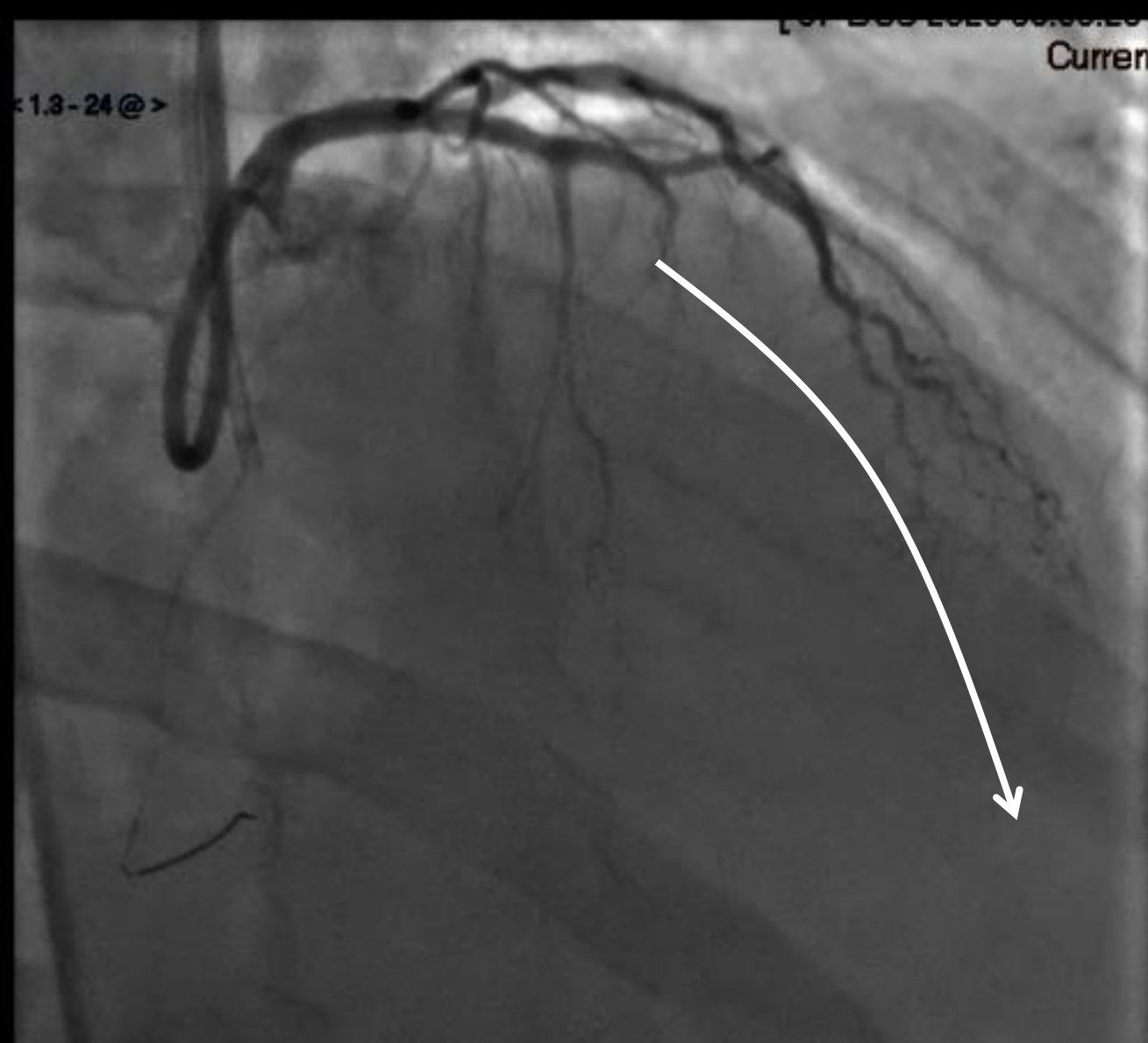
Current

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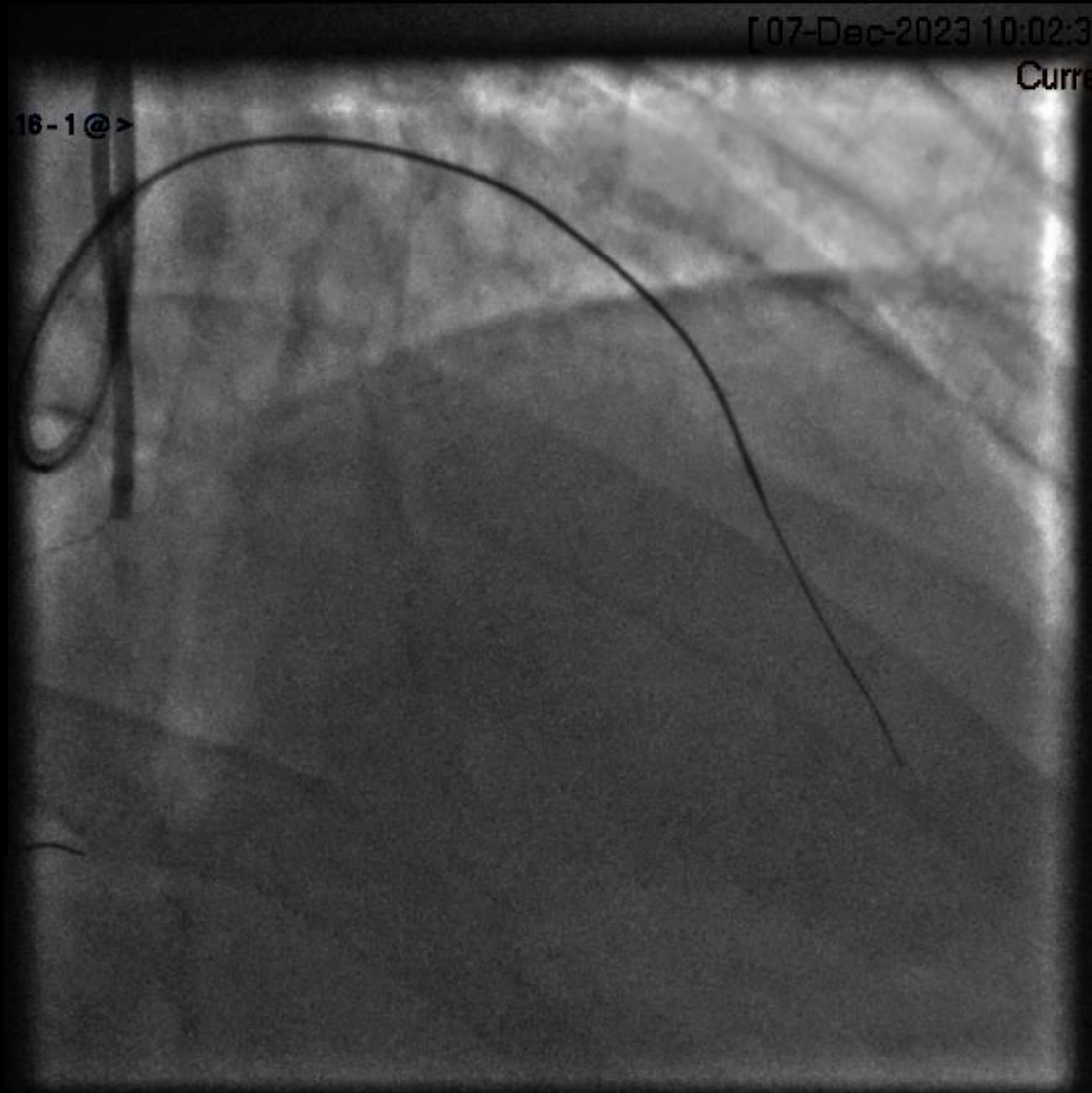


I was sceptical about antegrade approach....nevertheless tried initially



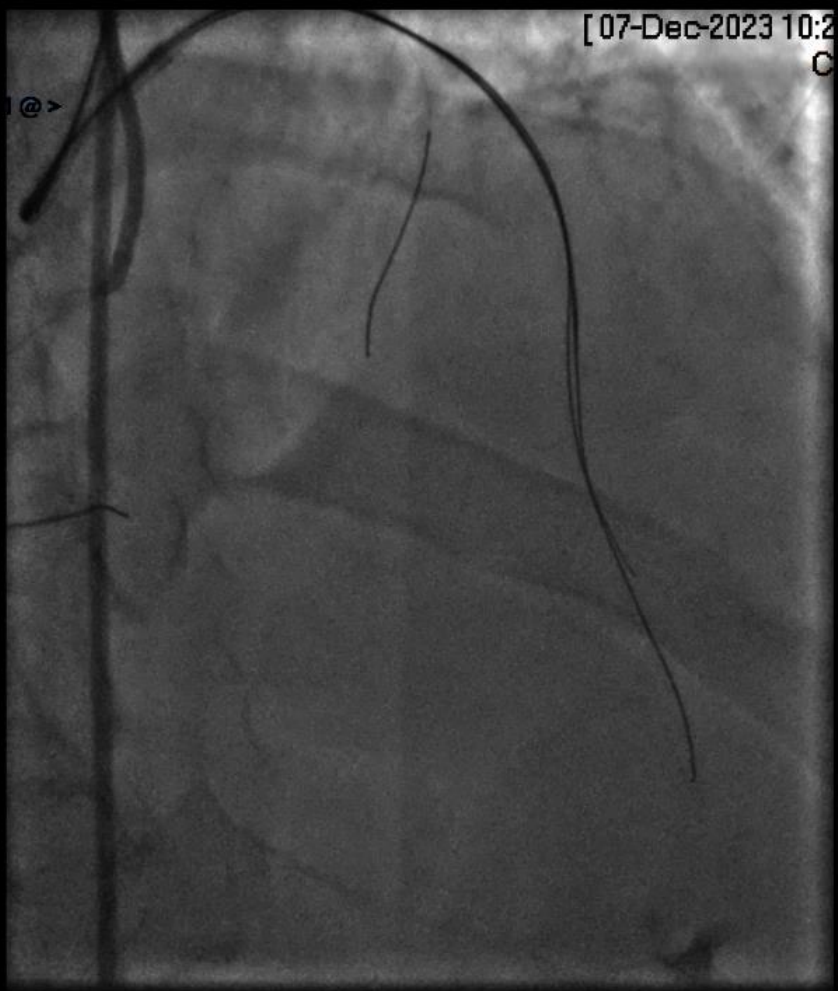


# Wire direction





# Parallel wiring

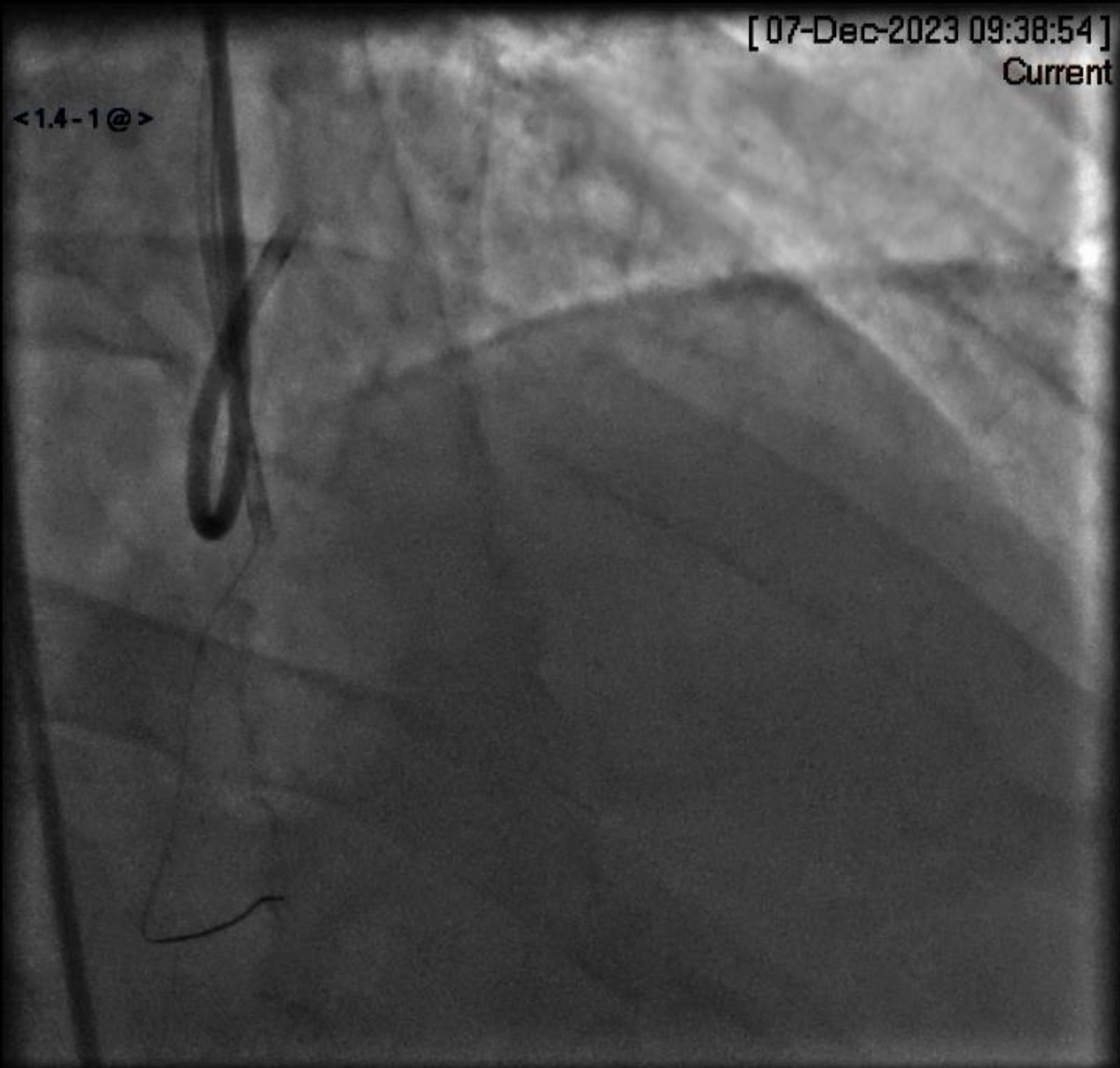


**What next????**

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Current

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**I don't jump onto epicardials, but will not shy away if I don't have a choice**

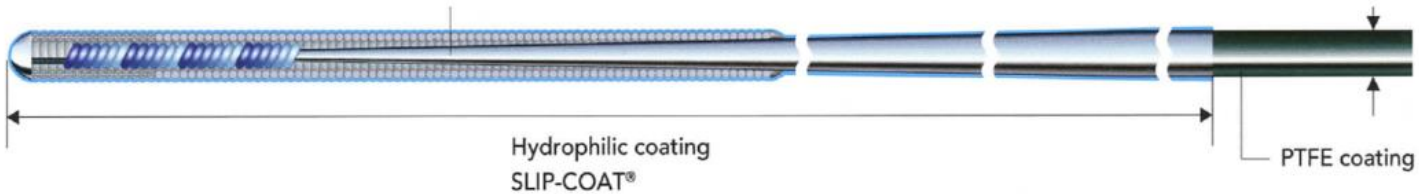
# ASAHI SUOH03

PTCA GUIDE WIRE

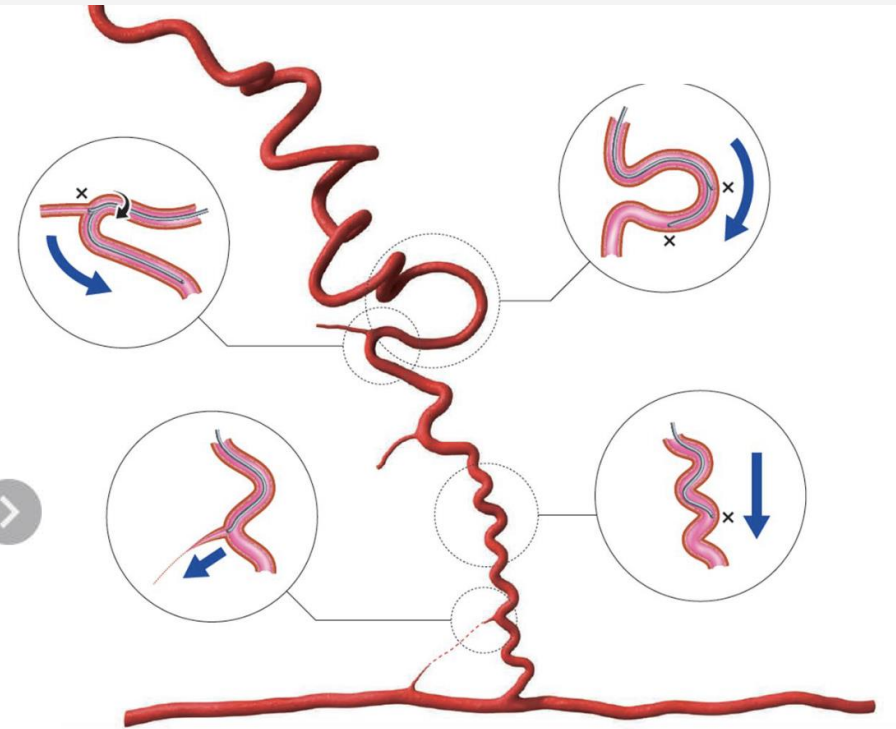


For severely tortuous lesions  
Softest available tip load of 0,3 gf

Our new "soft as silk" guide wire provides new opportunities to treat complex PCI cases



- Tip load: 0,3 gf
- Coating: 52 cm Hydrophilic
- Core: ACT ONE
- Ball tip: Rounded
- Ball tip coating: Hydrophilic
- Diameter: 0.014
- Radiopaque tip: 3 cm
- Jacket: NO
- Pre-shaped tip: 1mm



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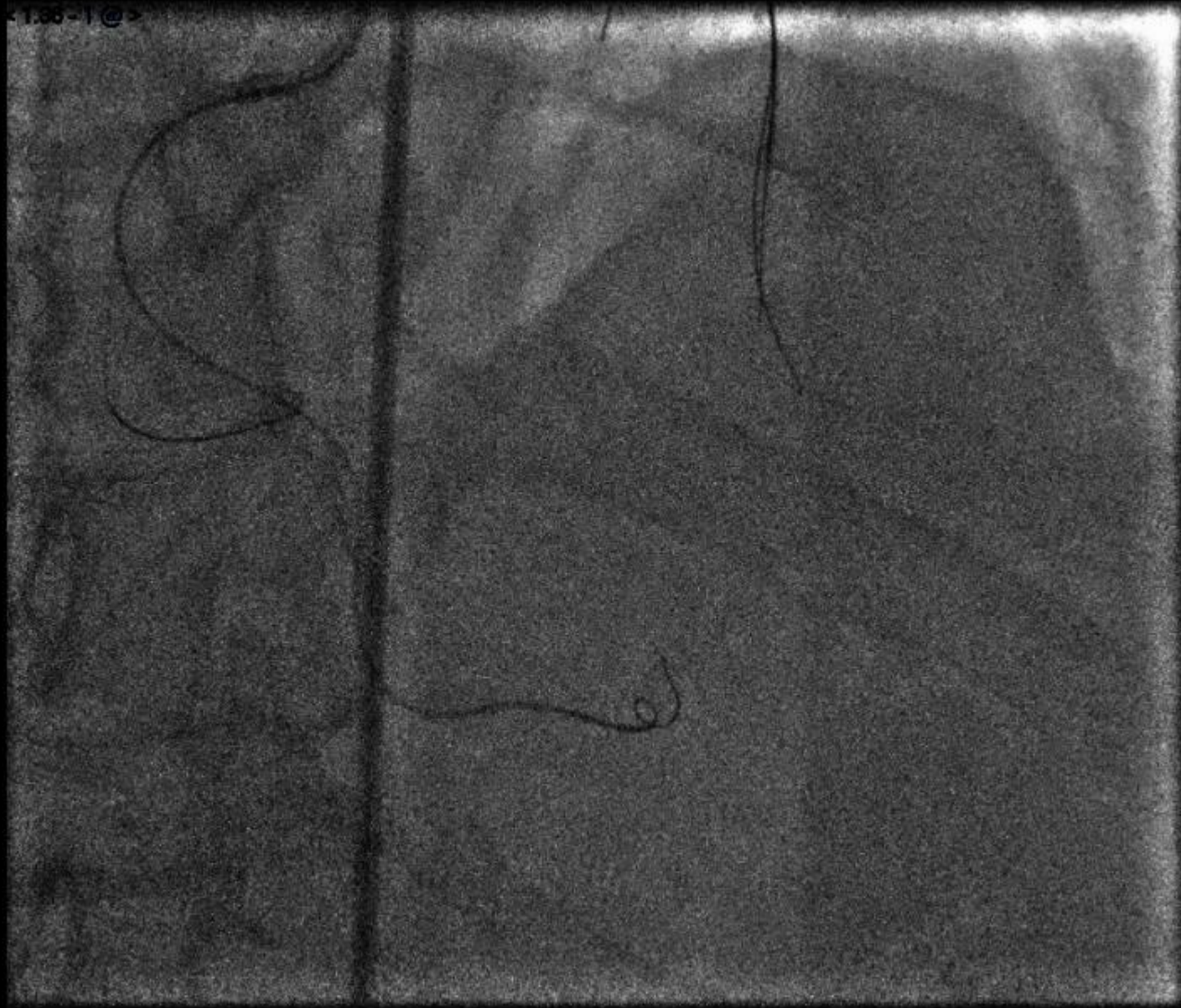




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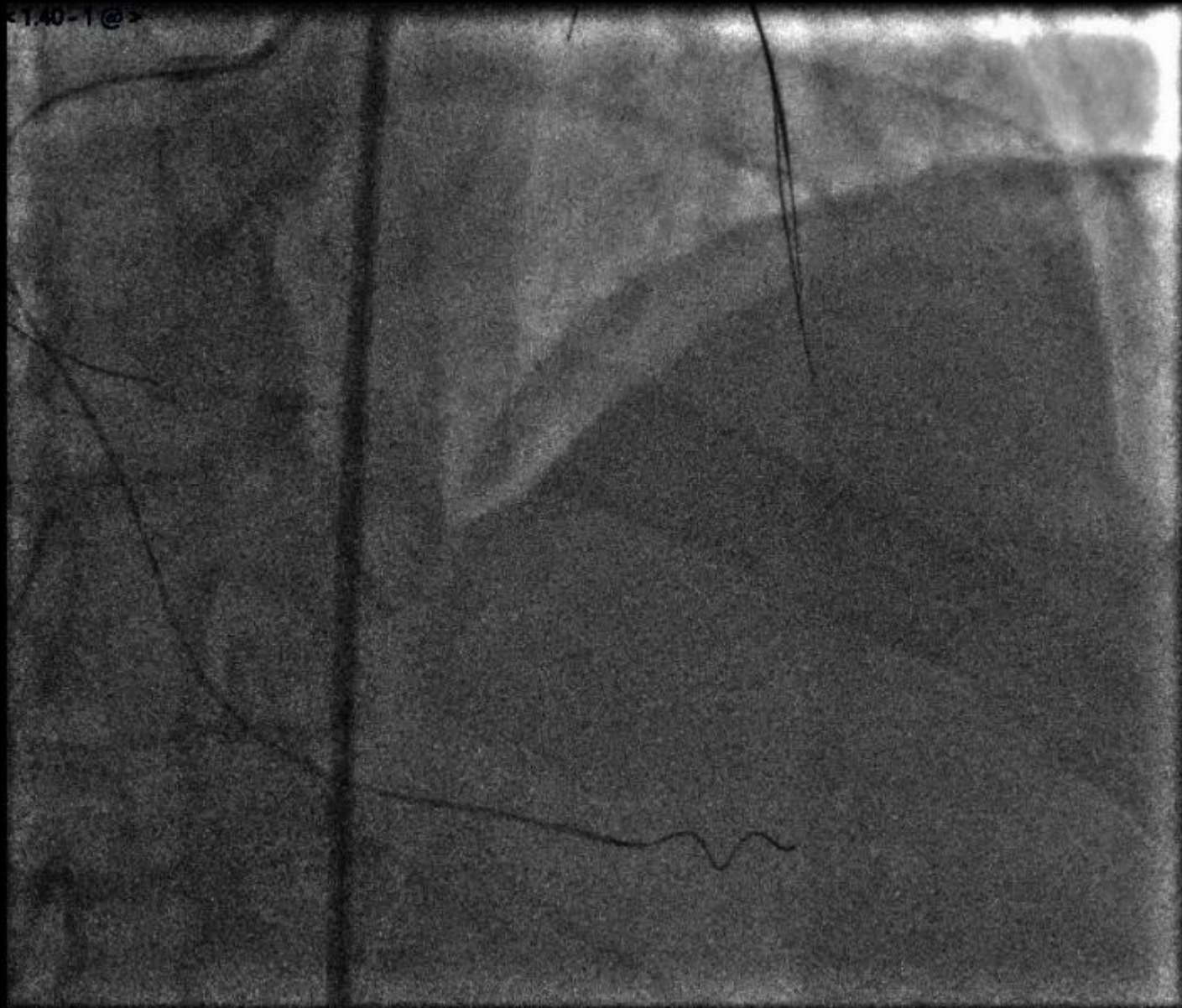


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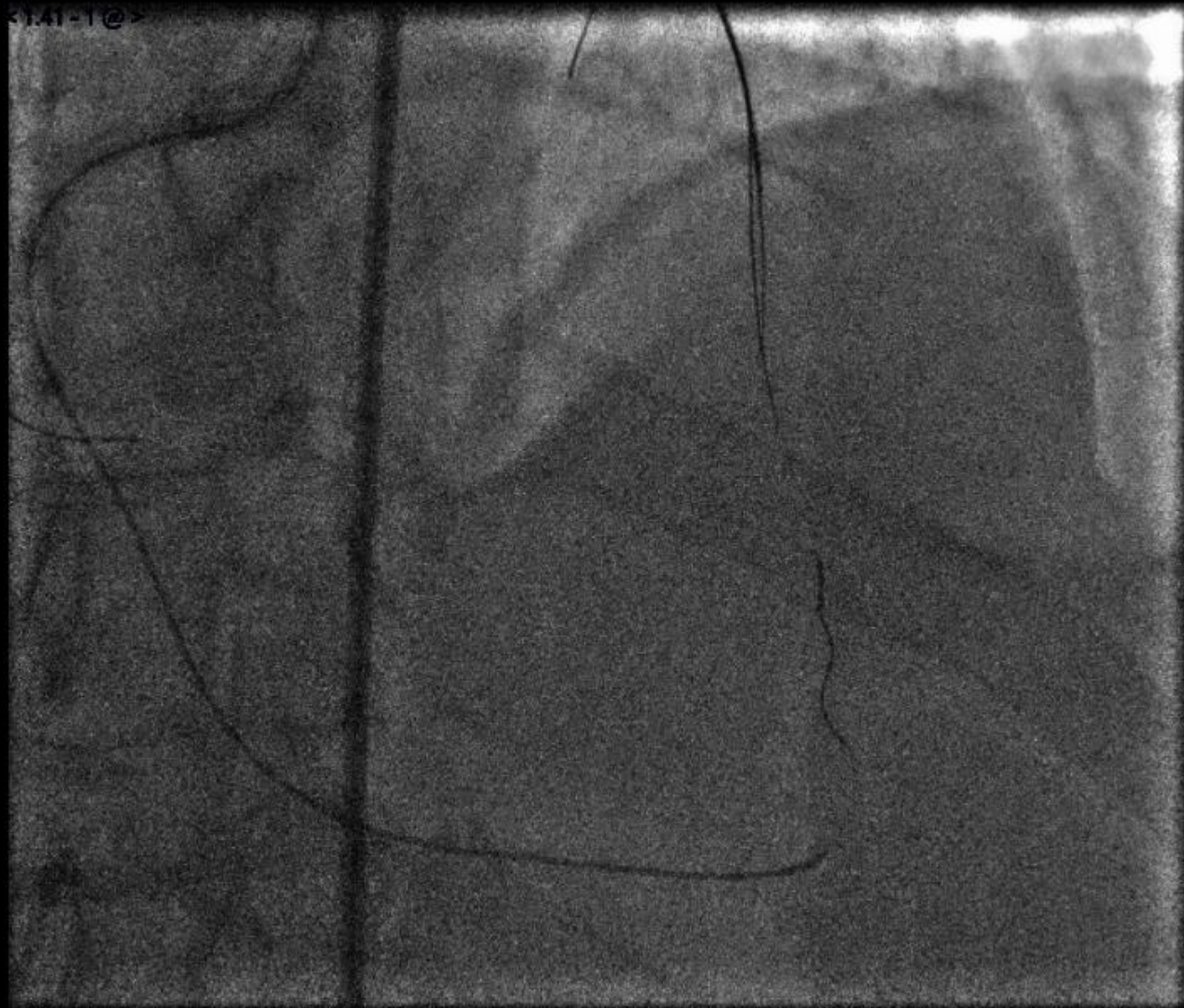




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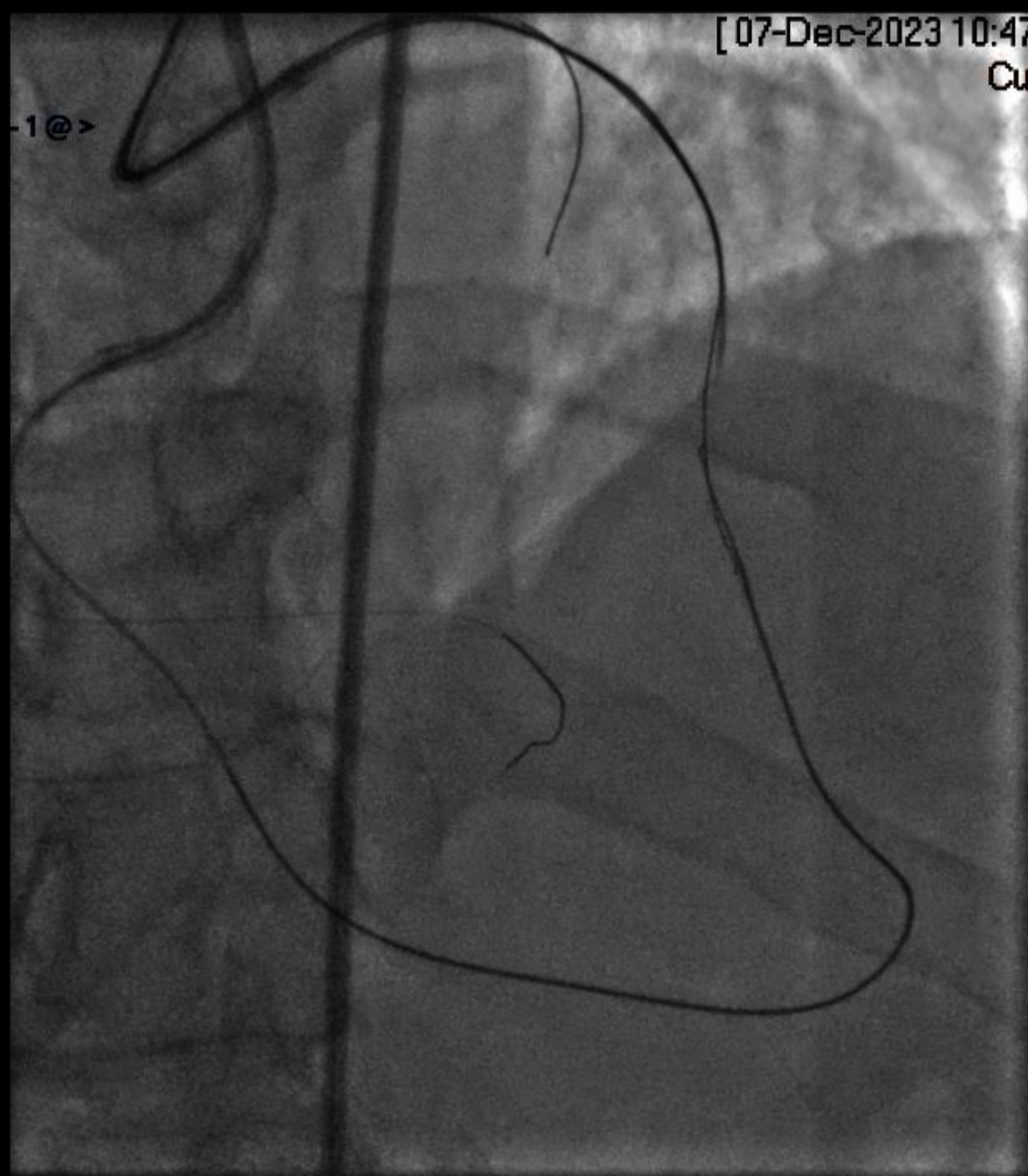
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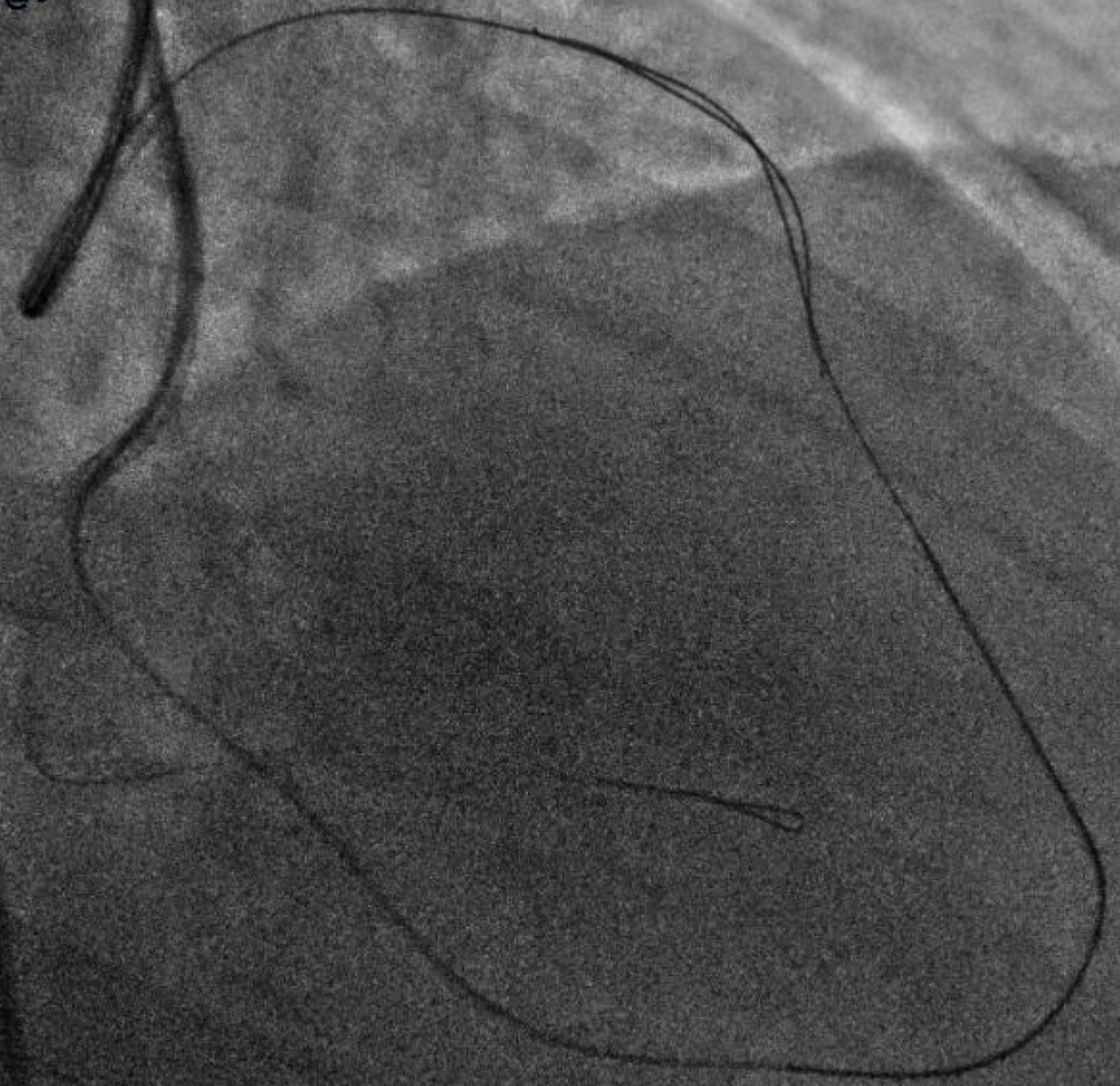


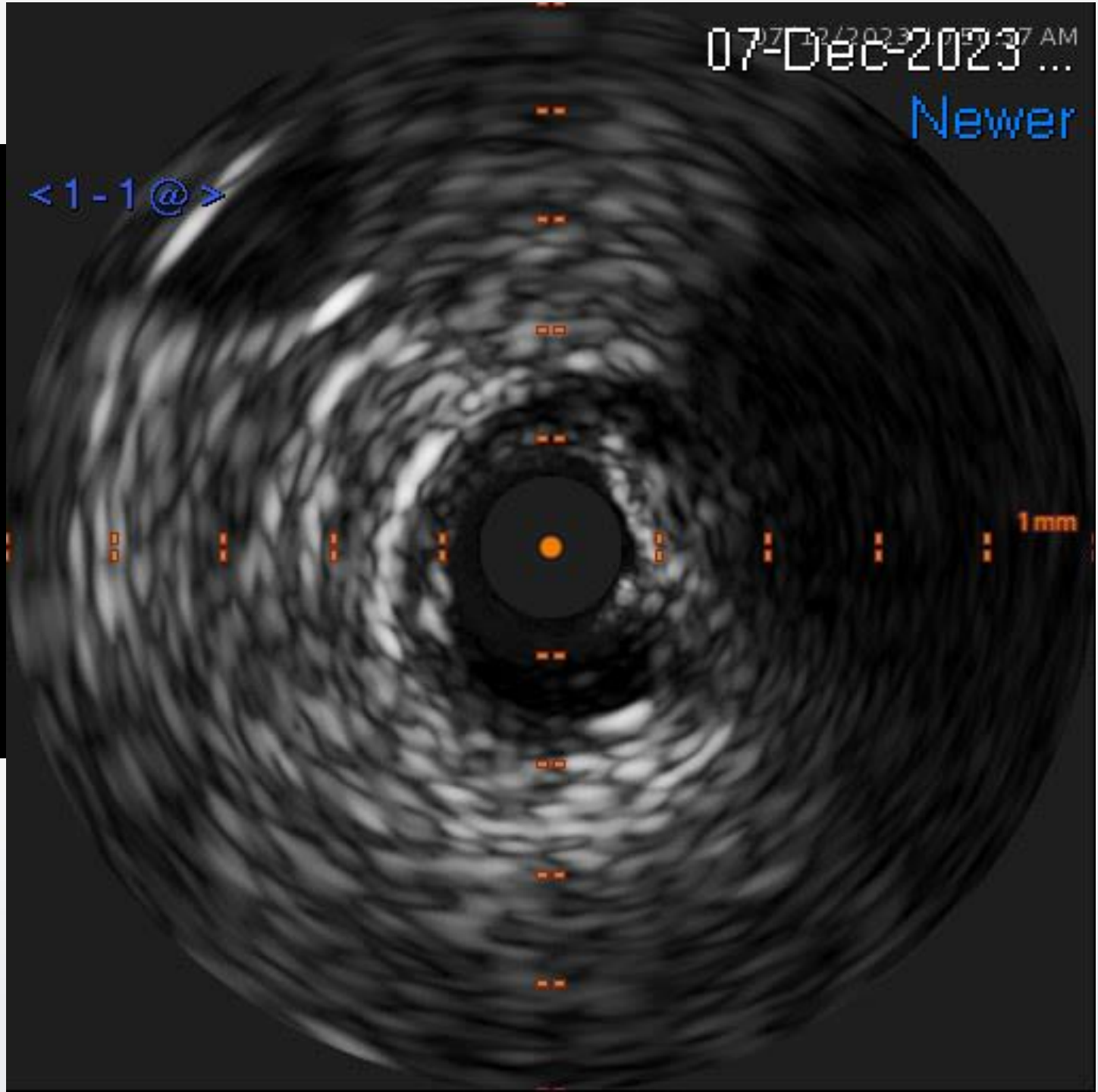
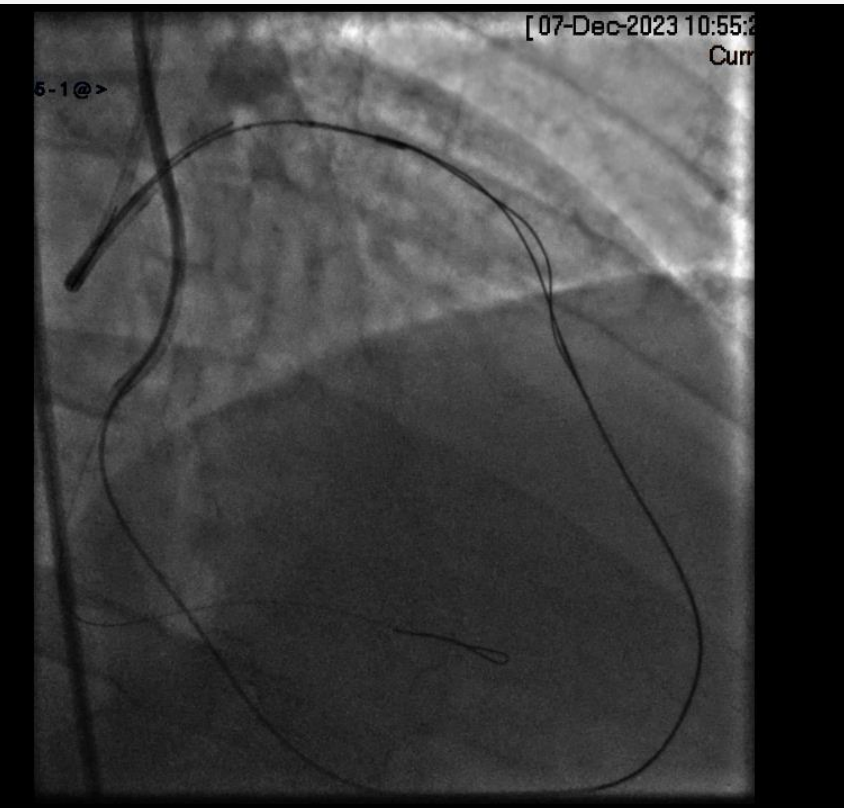


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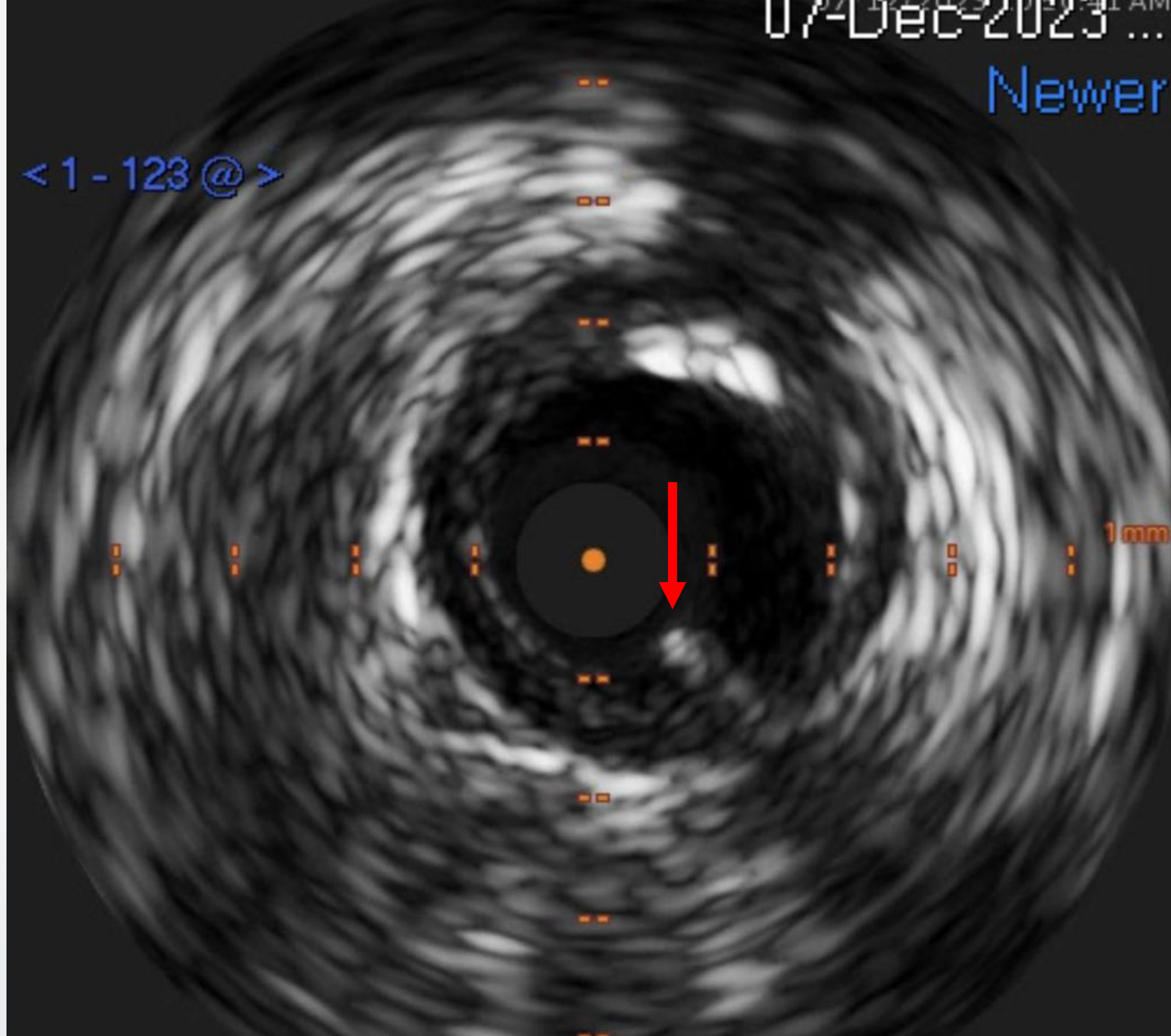




07-Dec-2023 ...

Newer

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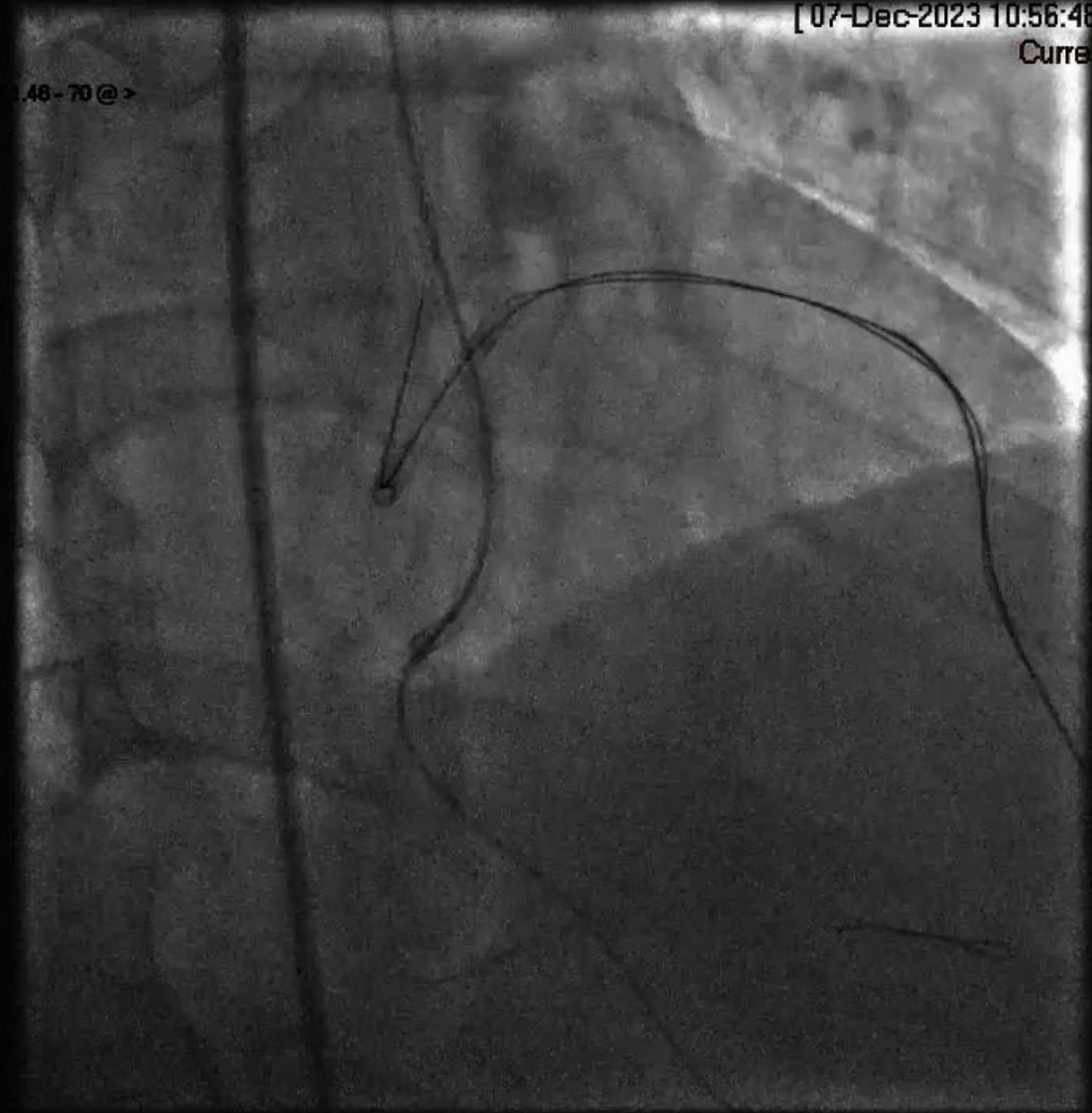
1 mm



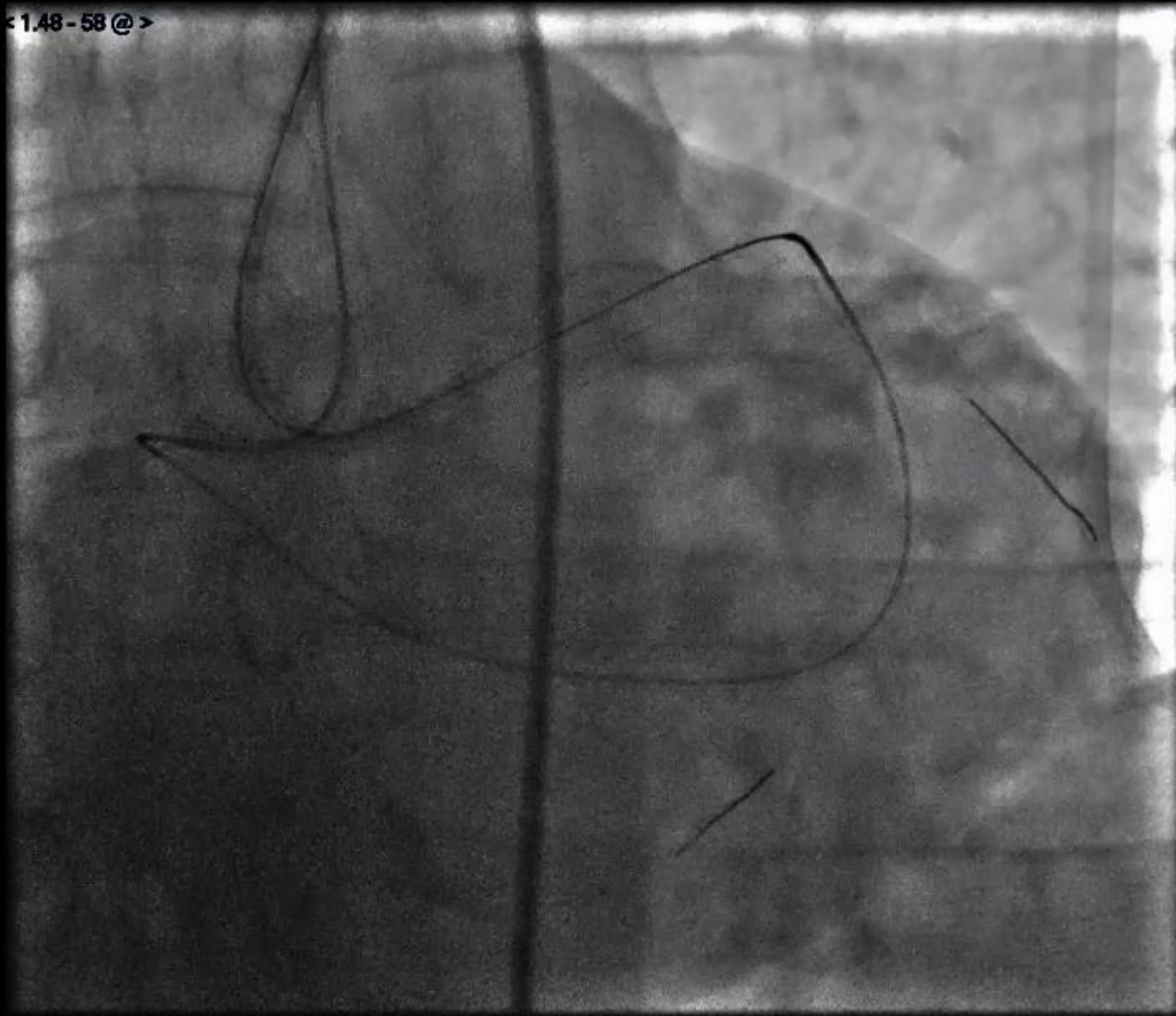
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**If it's a calcified lesions and/or a septal collaterals, I normal exchange this to a RG3 wire**

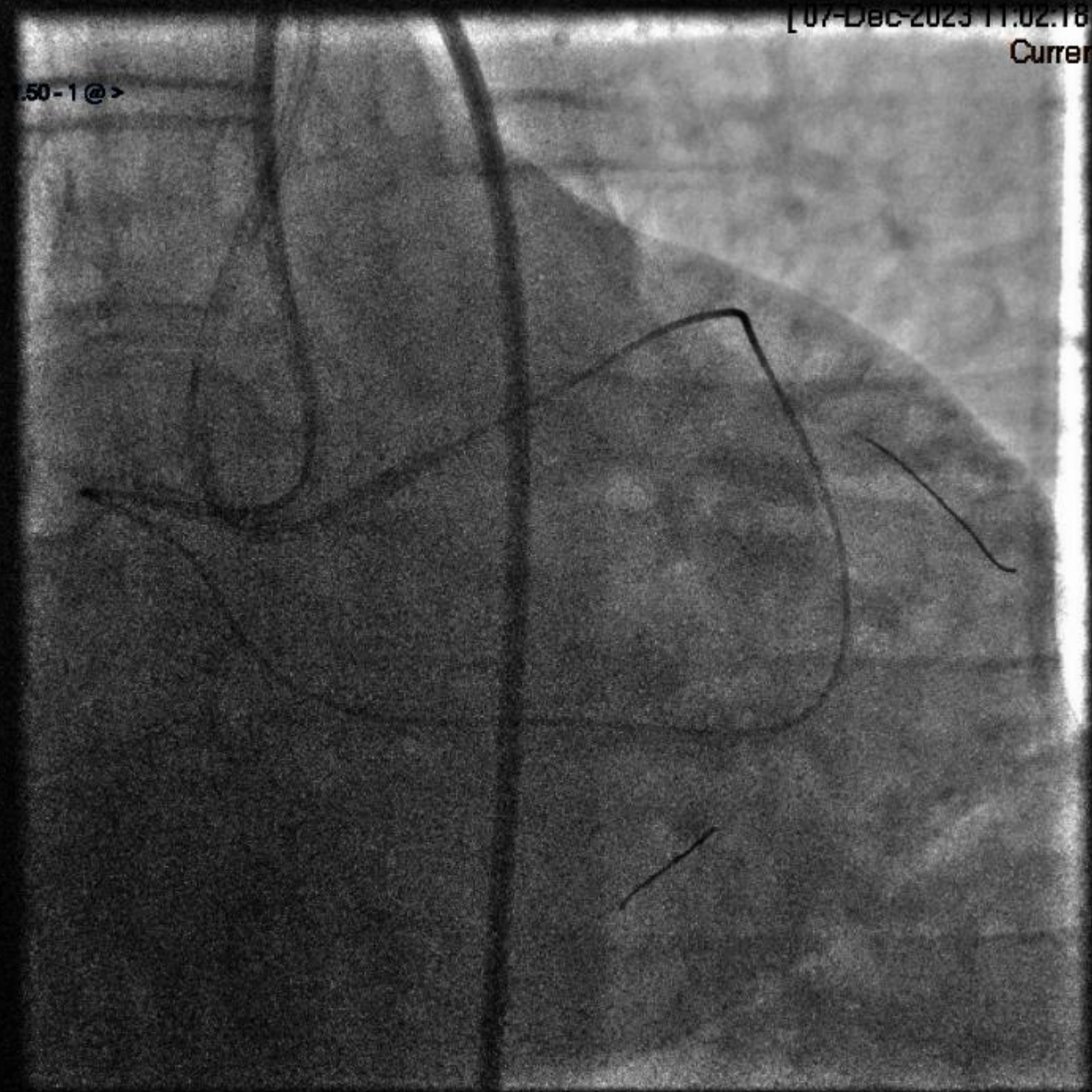
**If not, I try to do Rendezvous technique**

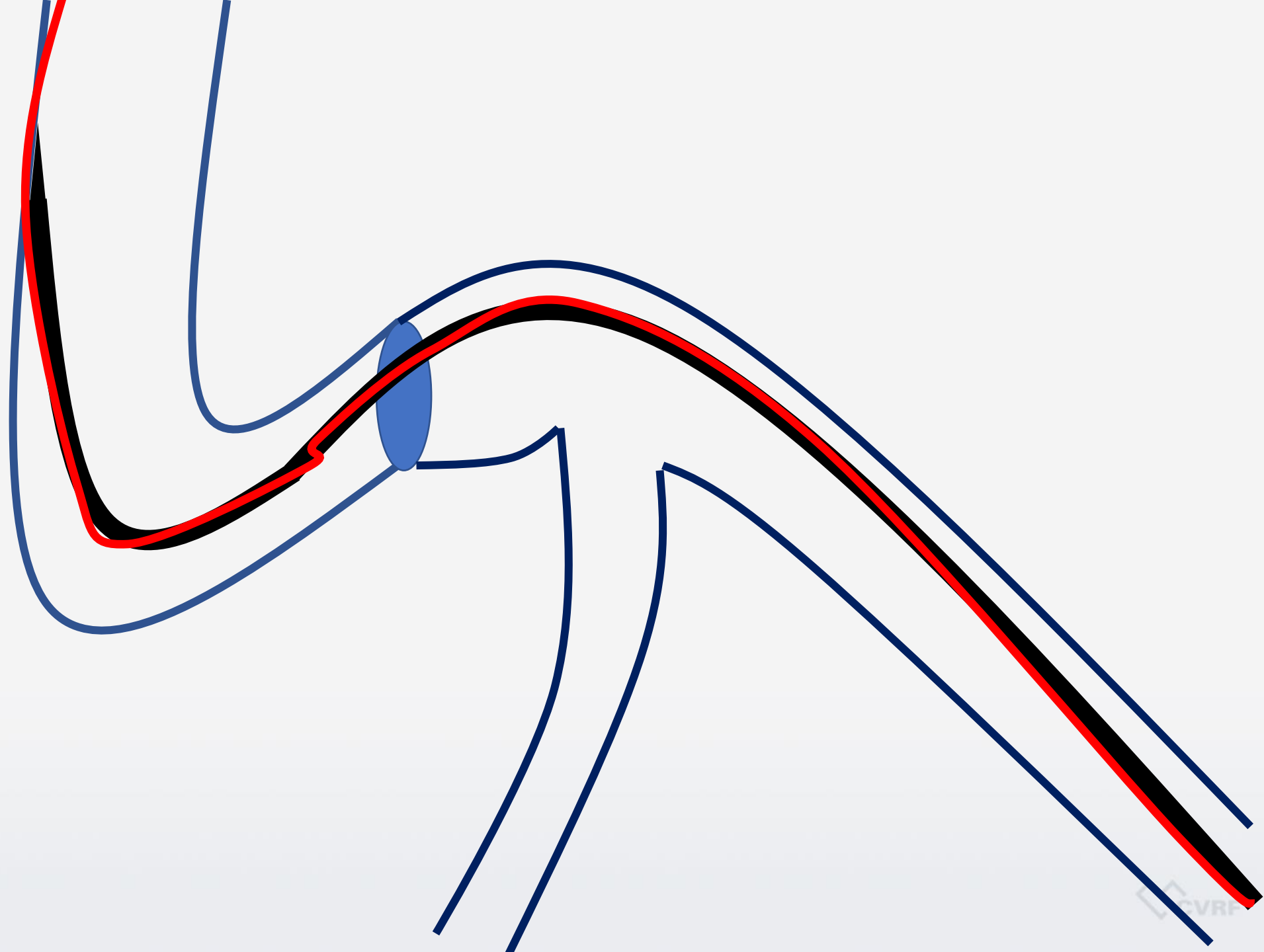


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Current

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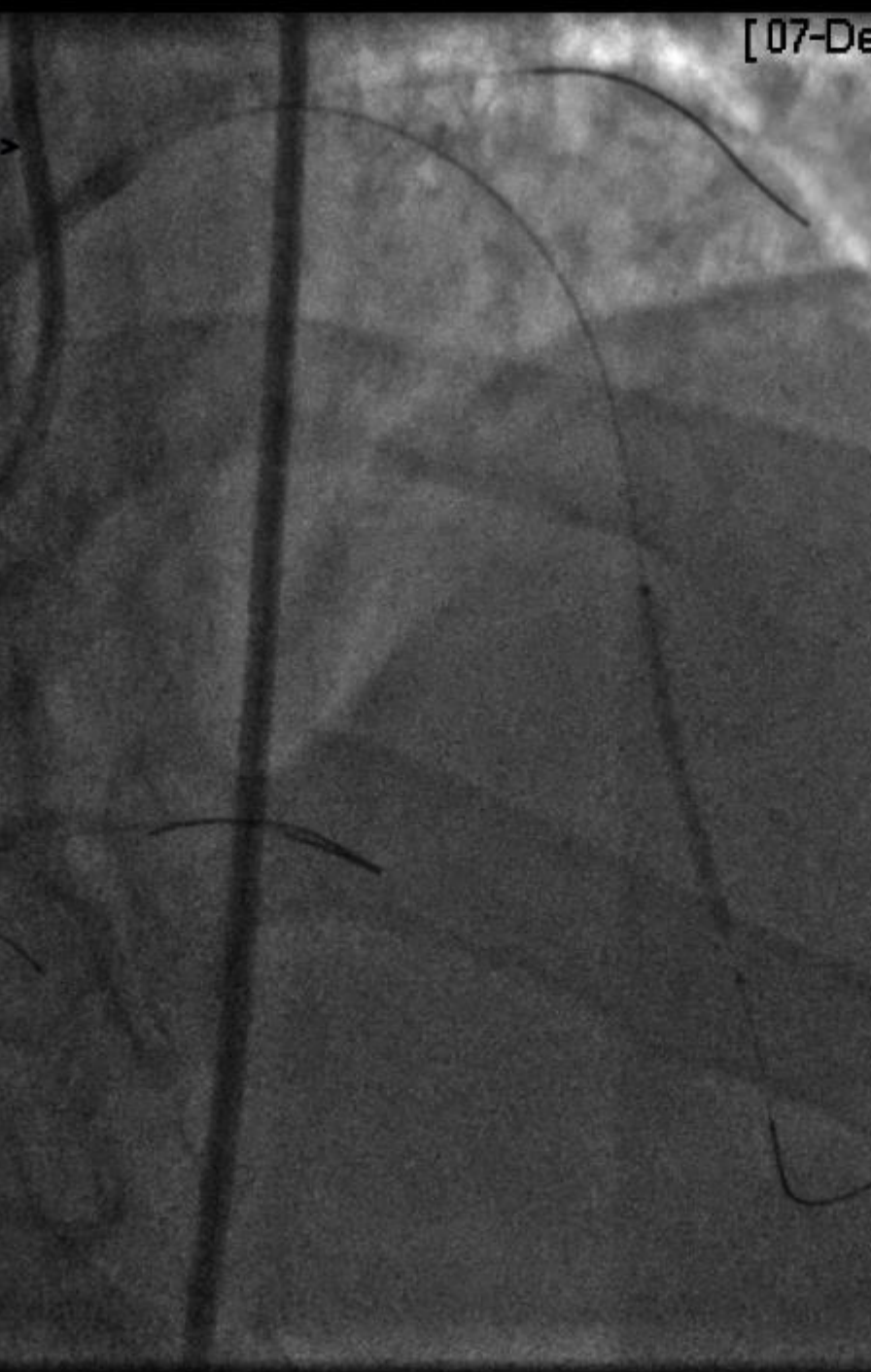
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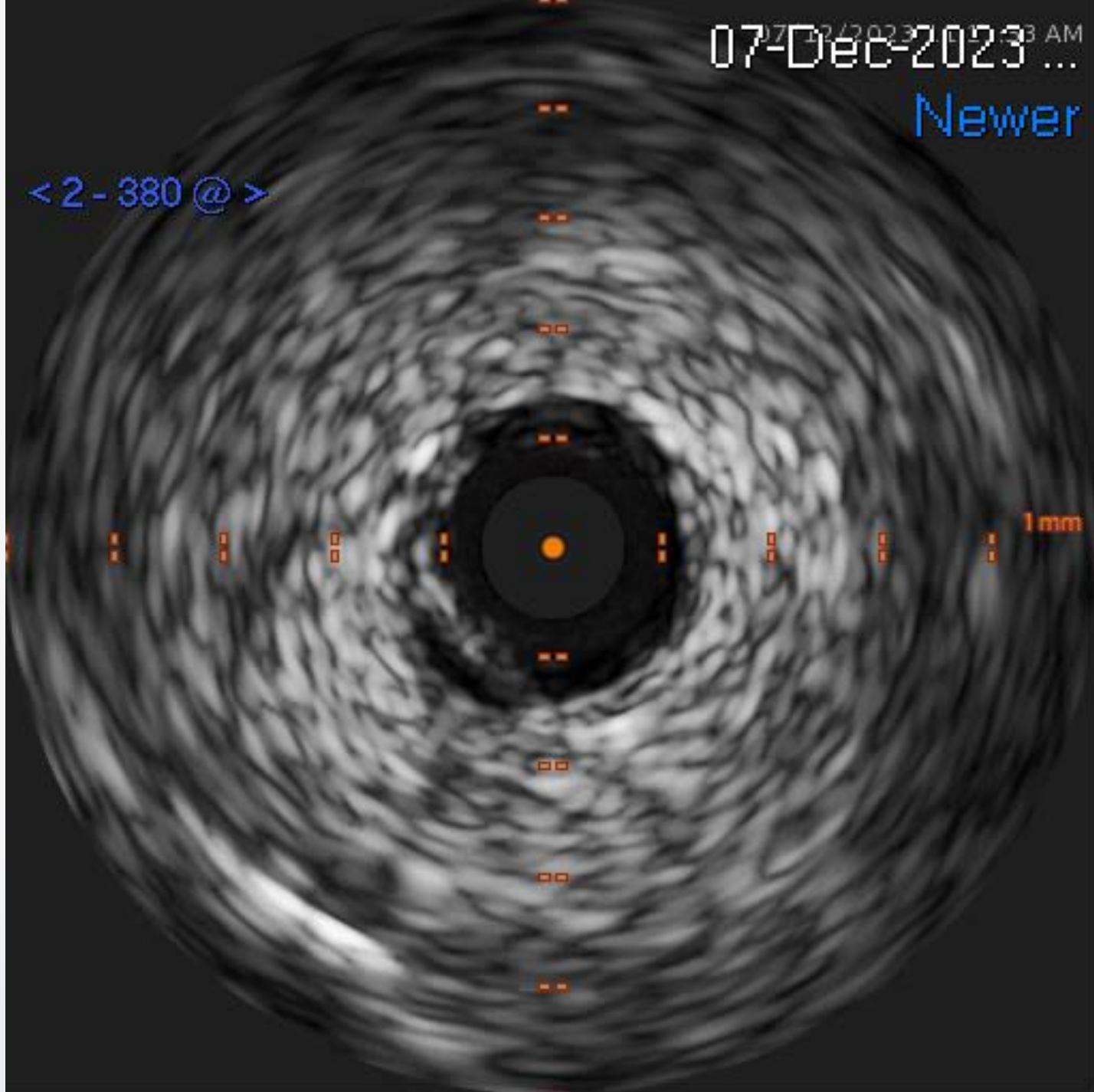
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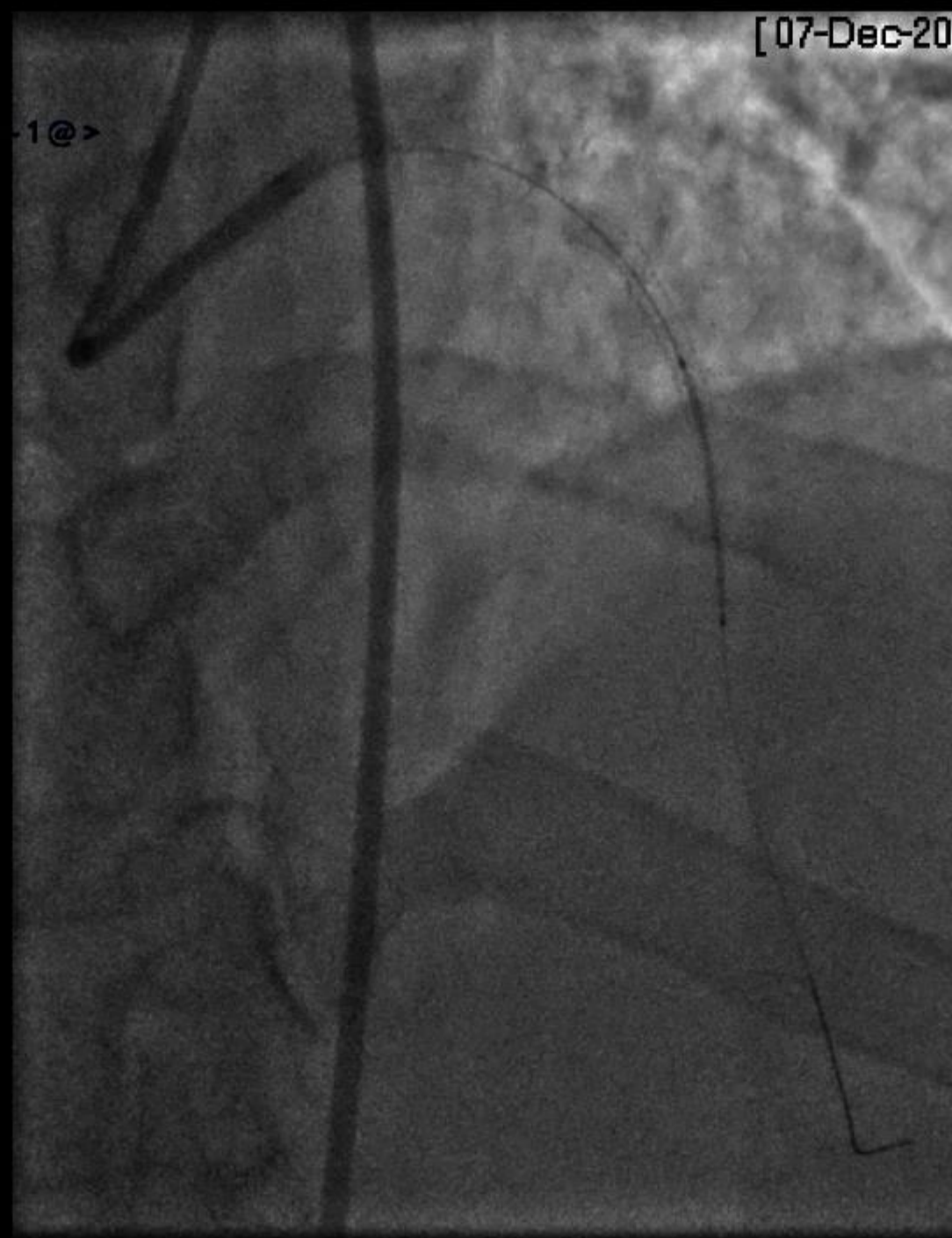
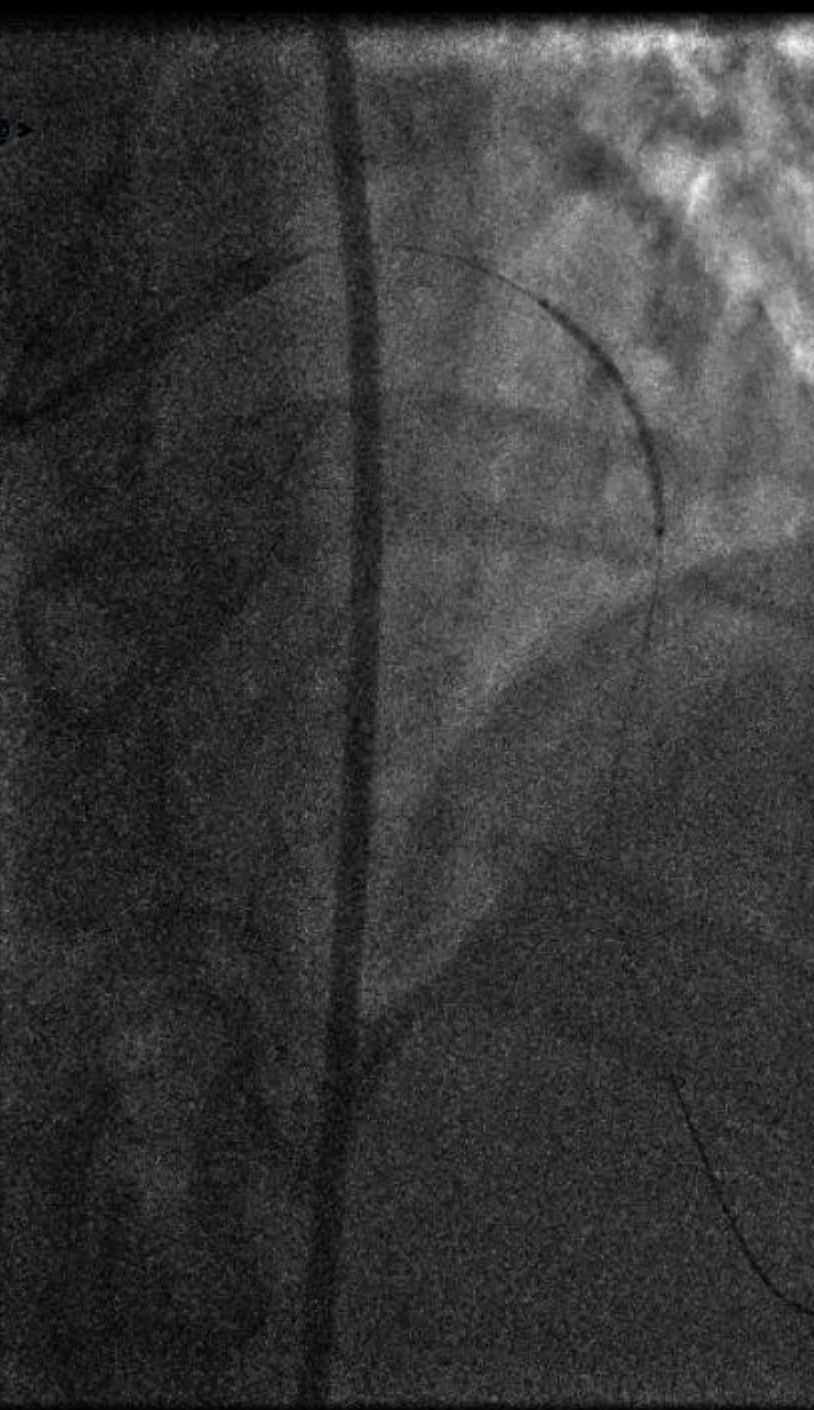
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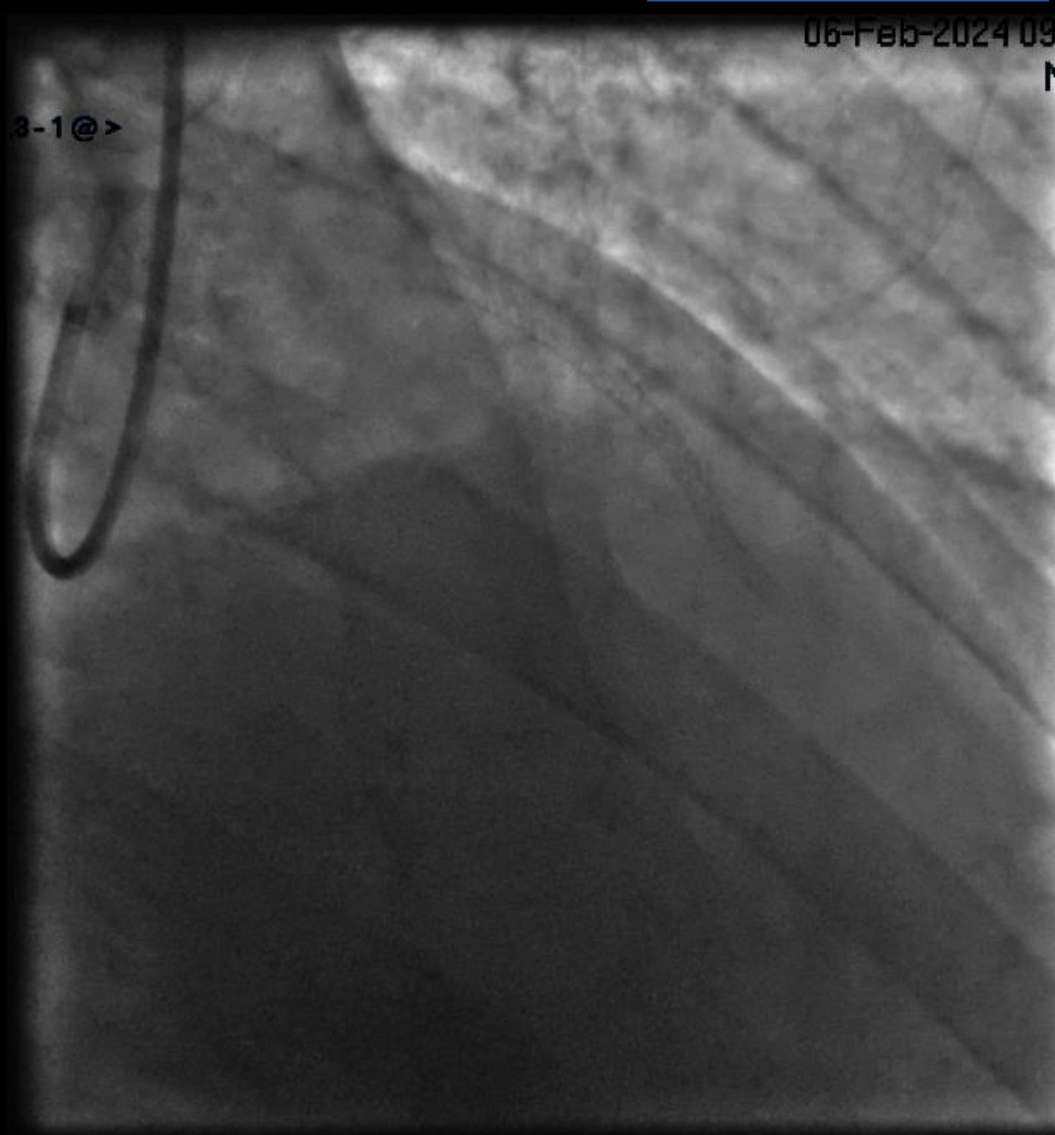








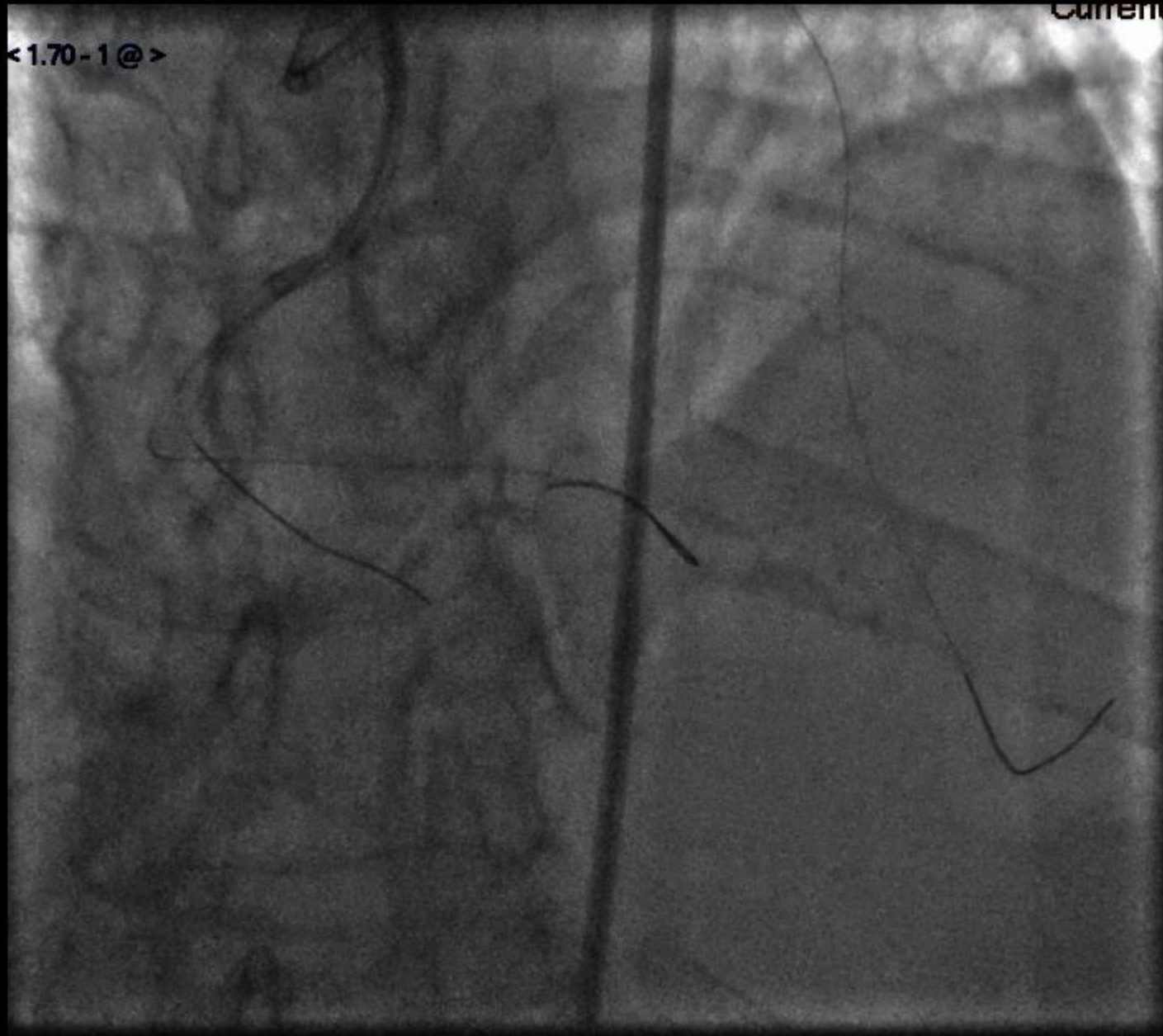
Final result



**Its very important to check on your collaterals**

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Current

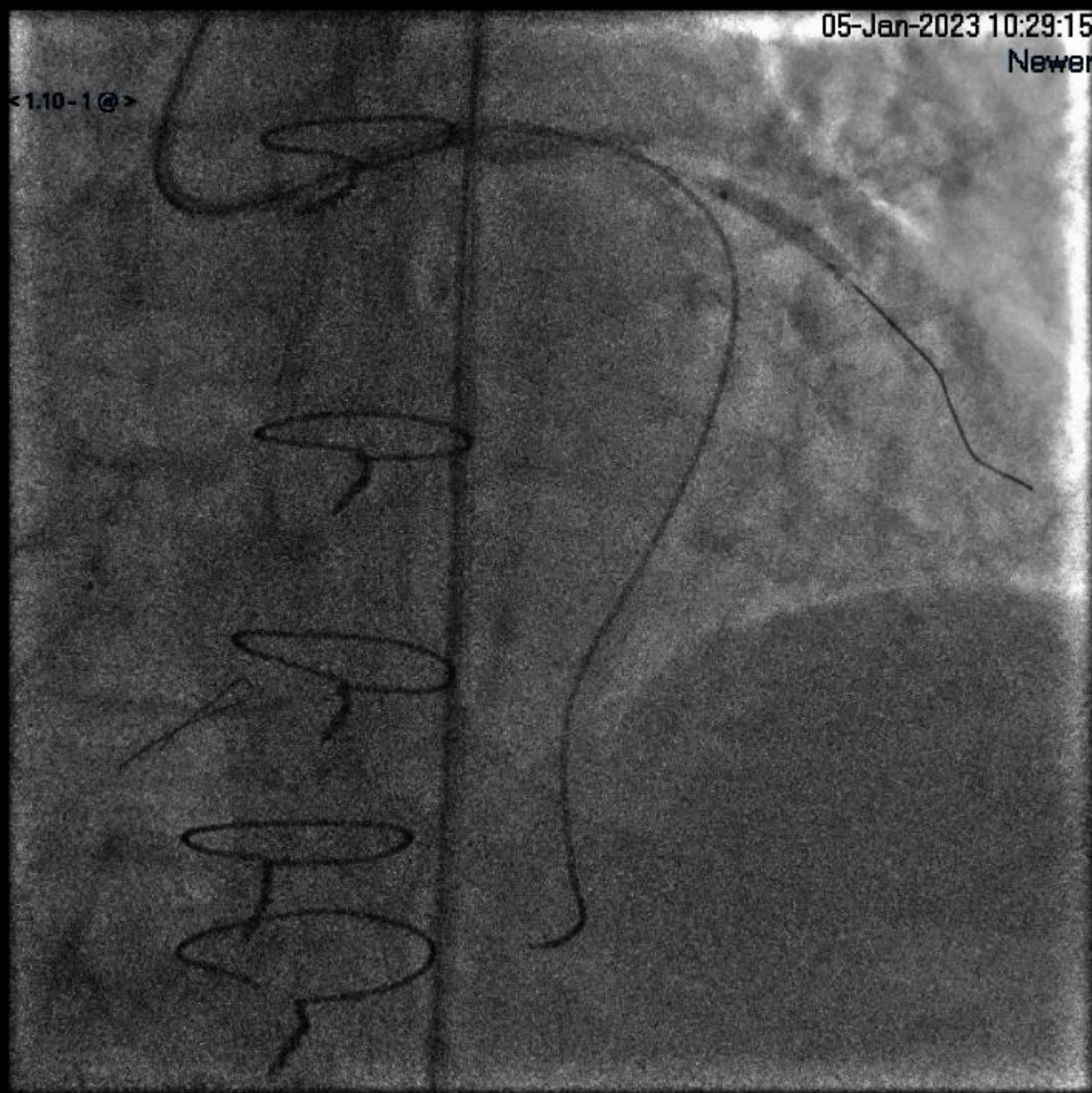


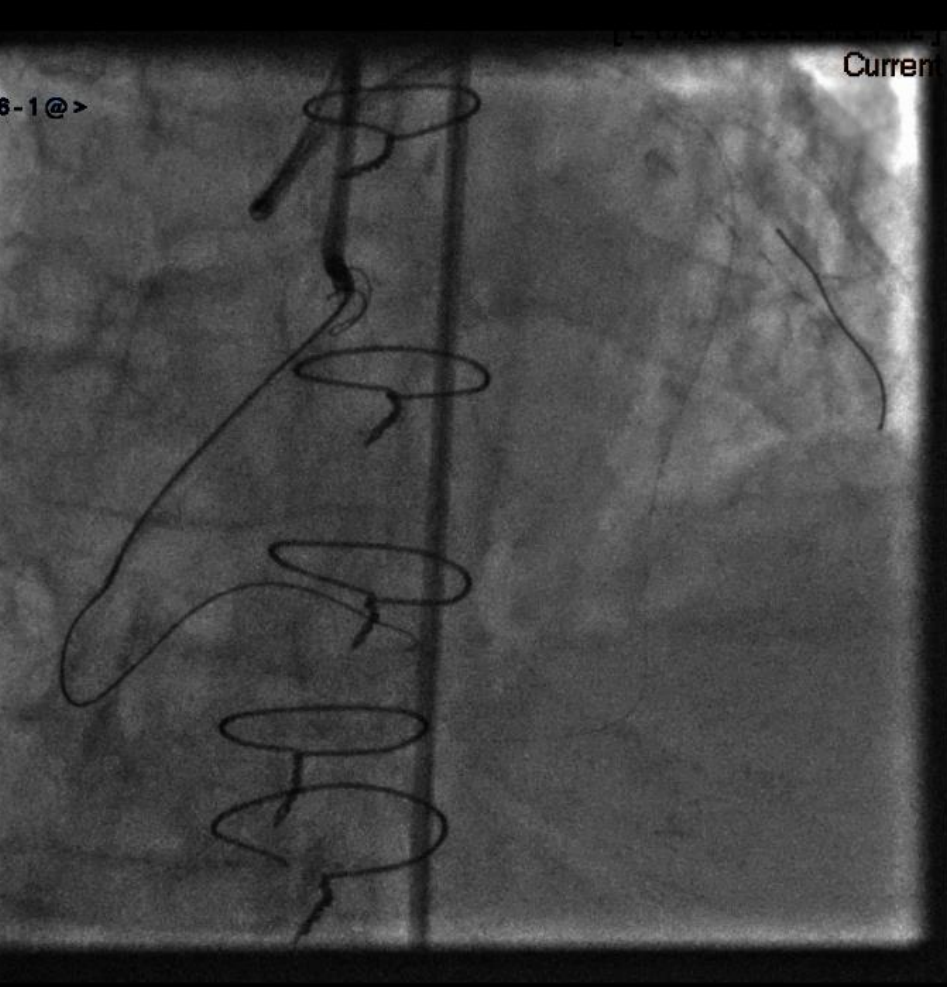




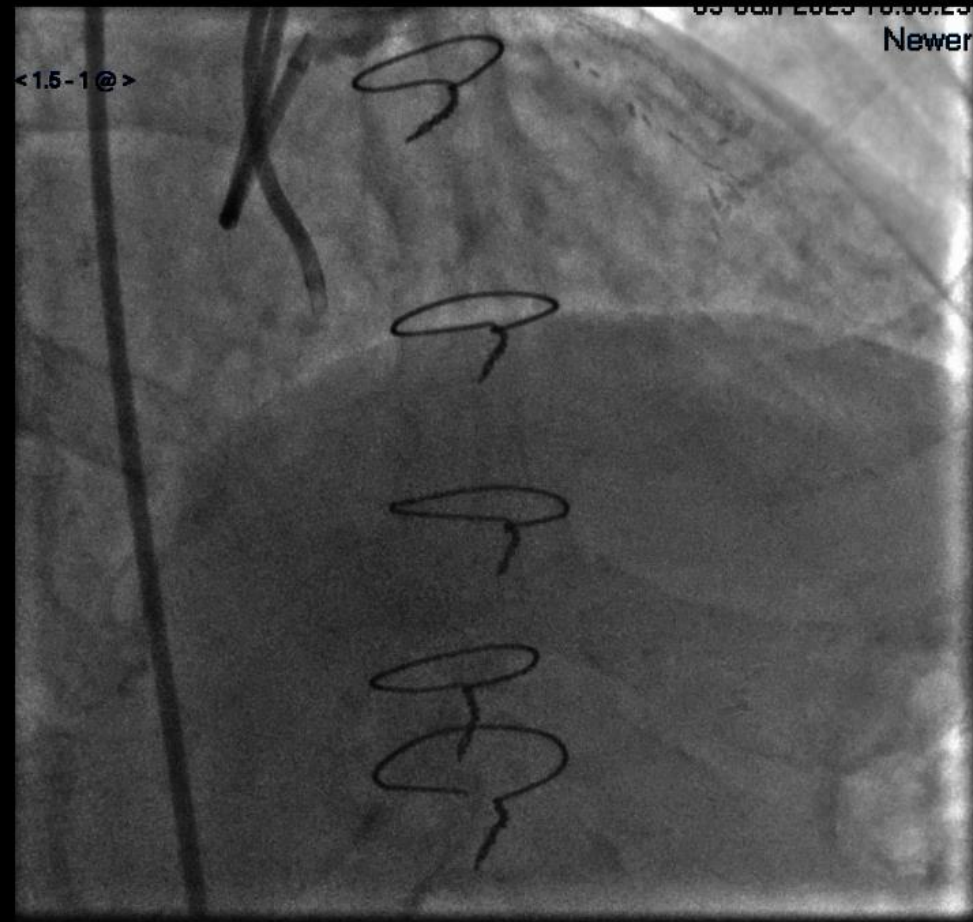
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Newer





2 months later



Pric

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# Tips and Tricks with retrograde CTO-PCI

- Always try antegrade first
- If not working.....go retrograde
- Retrograde PCI...always septal collaterals first, if not go for Epicardial (don't shy away from it)
- Suoh wire is the game changer

# Conclusion

- In epicardial collaterals....try to minimise the time duration. Handle with care
- Always ensure to check that there is no perforation