Case of Retrograde approach

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Retrograde Wire Technique

Guidewire cross from CTO distal site through collaterals channels supplied from contrallateral vessel.

Basic concept for retrograde approach

1st step

GW channel crossing

proper choice of channel

correct reading angiogram

Fielder FC, Sion blue GW

off course, learning curve

2nd step

CTO crossing after channel pass through

Fielder XT→ultimate →conquest

retrograde GW crossing, KWT

r-CART

IVUS guide

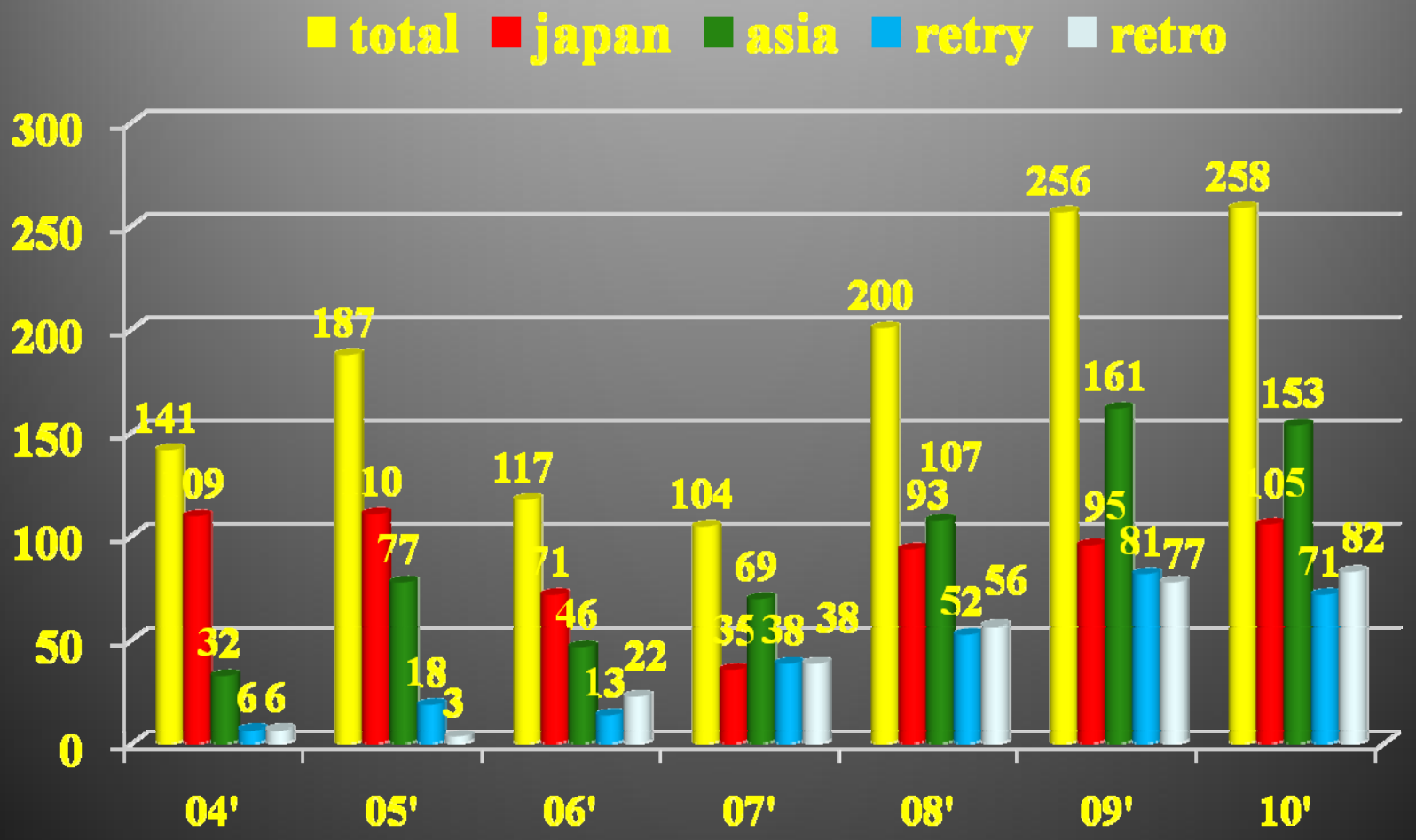
Indication of Retrograde Approach

- Failed Antegrade Approach
- Hopeless Antegrade Approach
  - Unknown Entry Point
  - Long CTO(>40mm)
  - Heavy Calcium
  - RCA Bent Point CTO
  - Ante GW into Subintimal Space
- Good Collaterals
  - Straight, Big, Visible

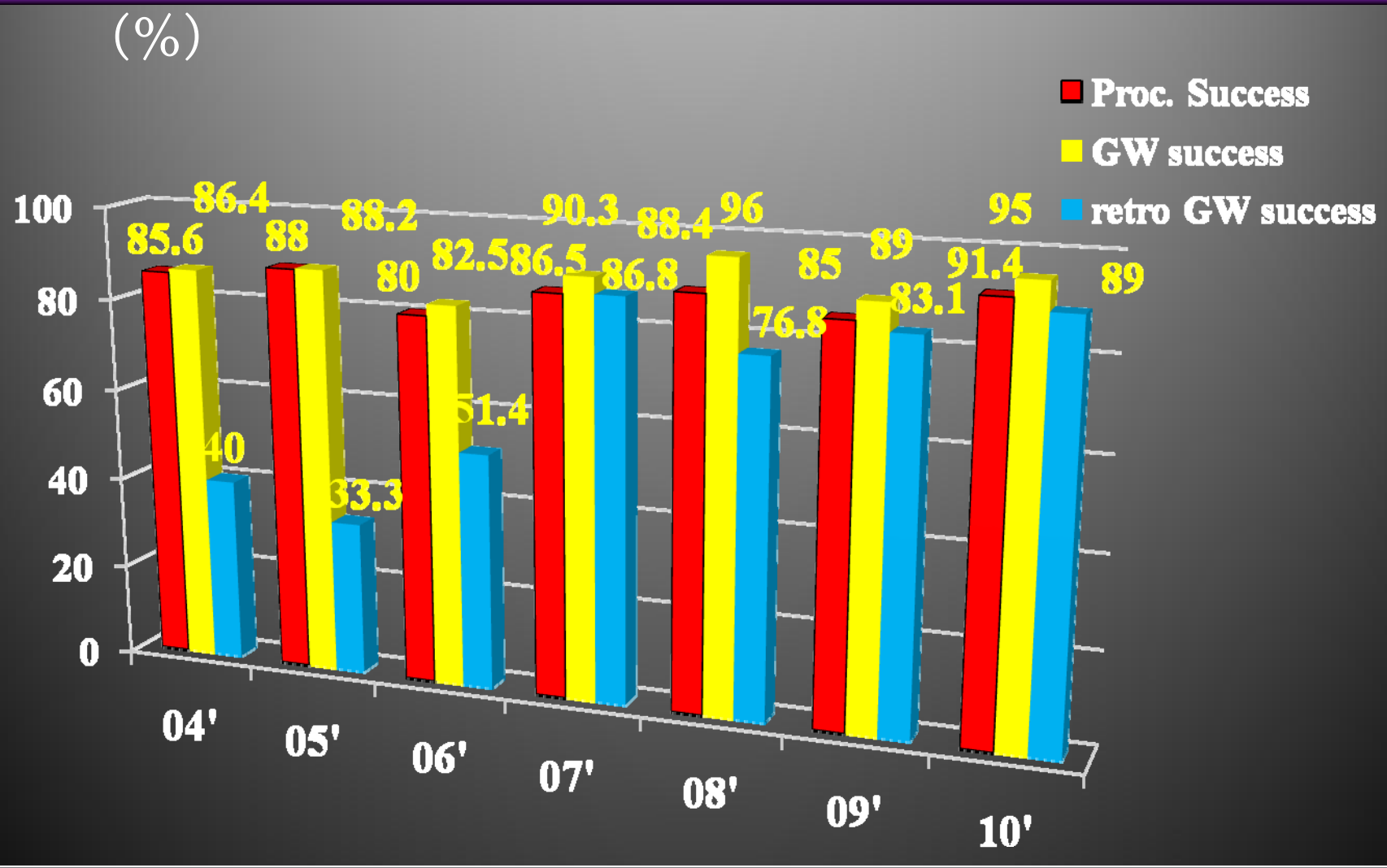
Backgroud of retrograde approach

N	281
Re-try	191
Unknown entry	74
Abrupt	9
Diffuse	7
Septal channel	224
Epicardial channel	57

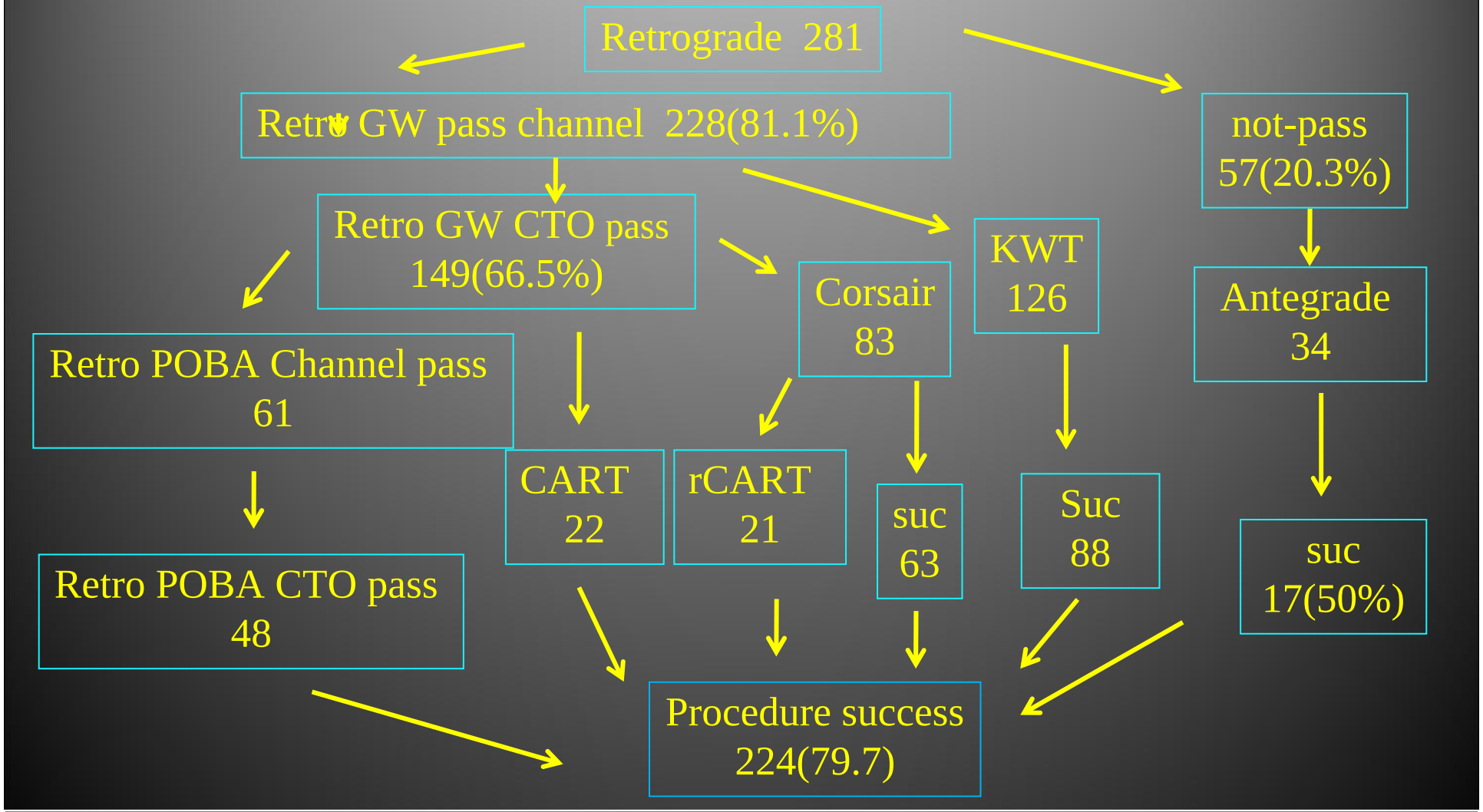
Number of CTO lesion



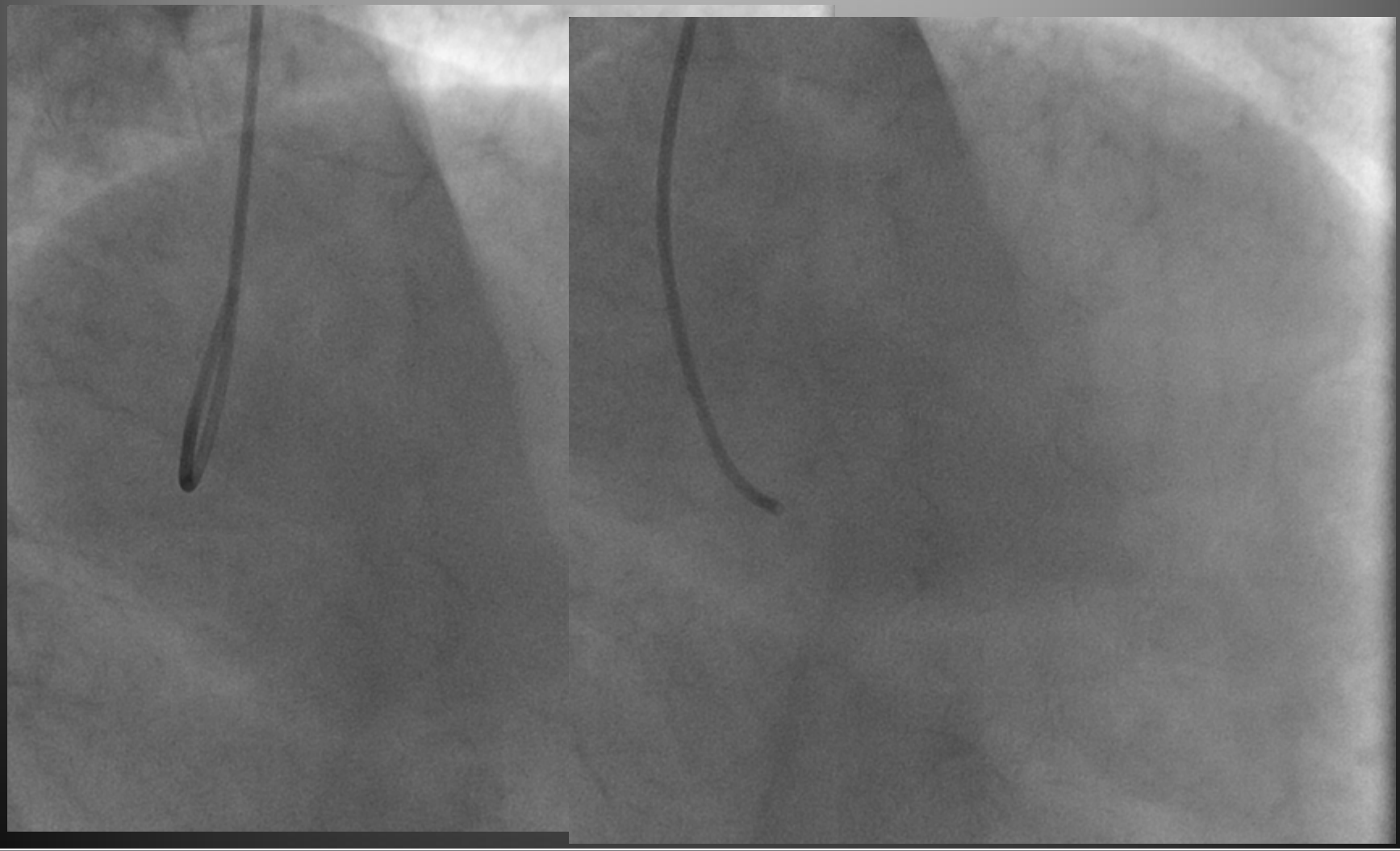
Success rate and retrograde approach for CTO



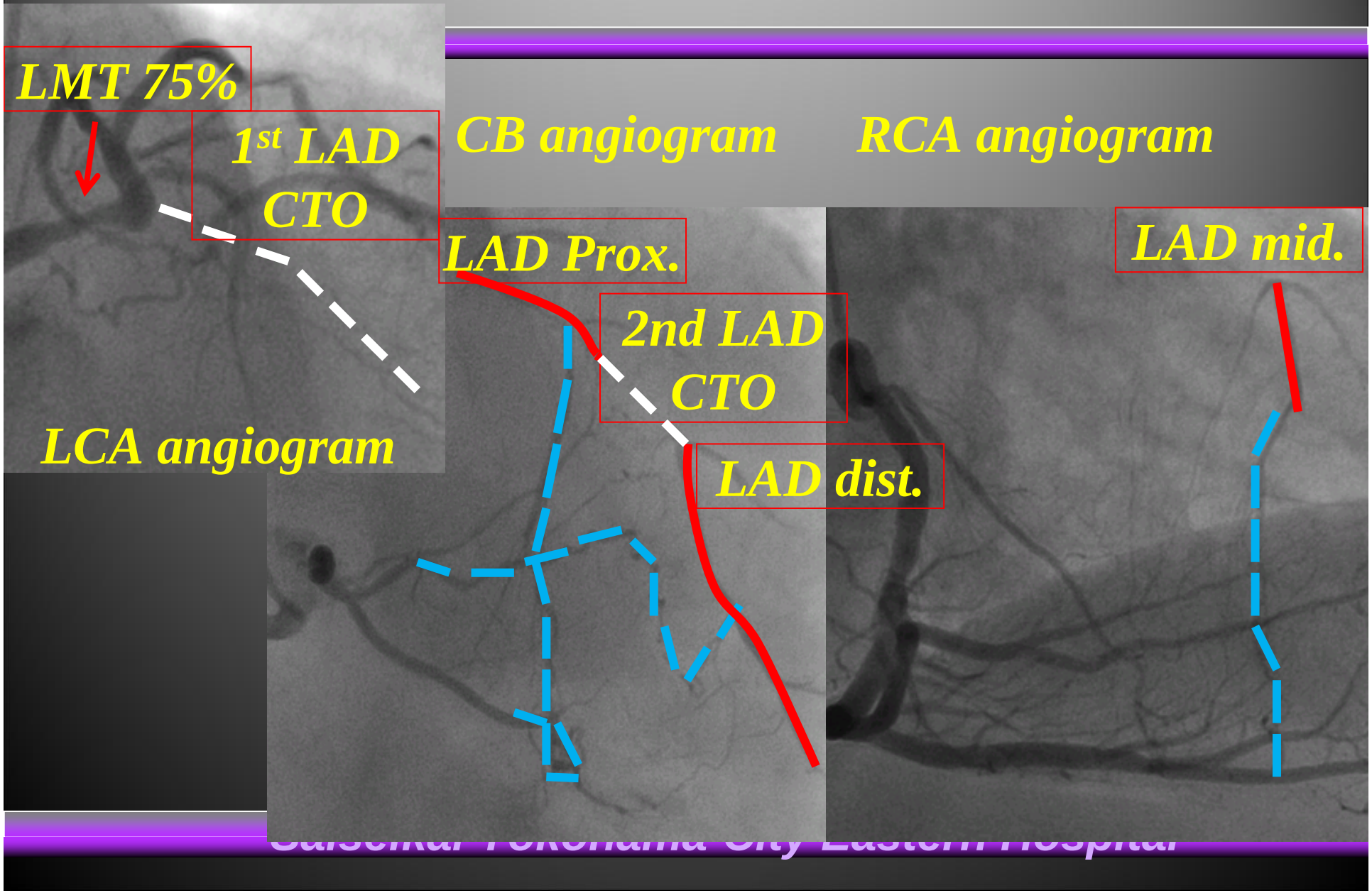
Flow chart of retrograde approach for CTO



Case 1;Double routes of collaterals for LAD CTO

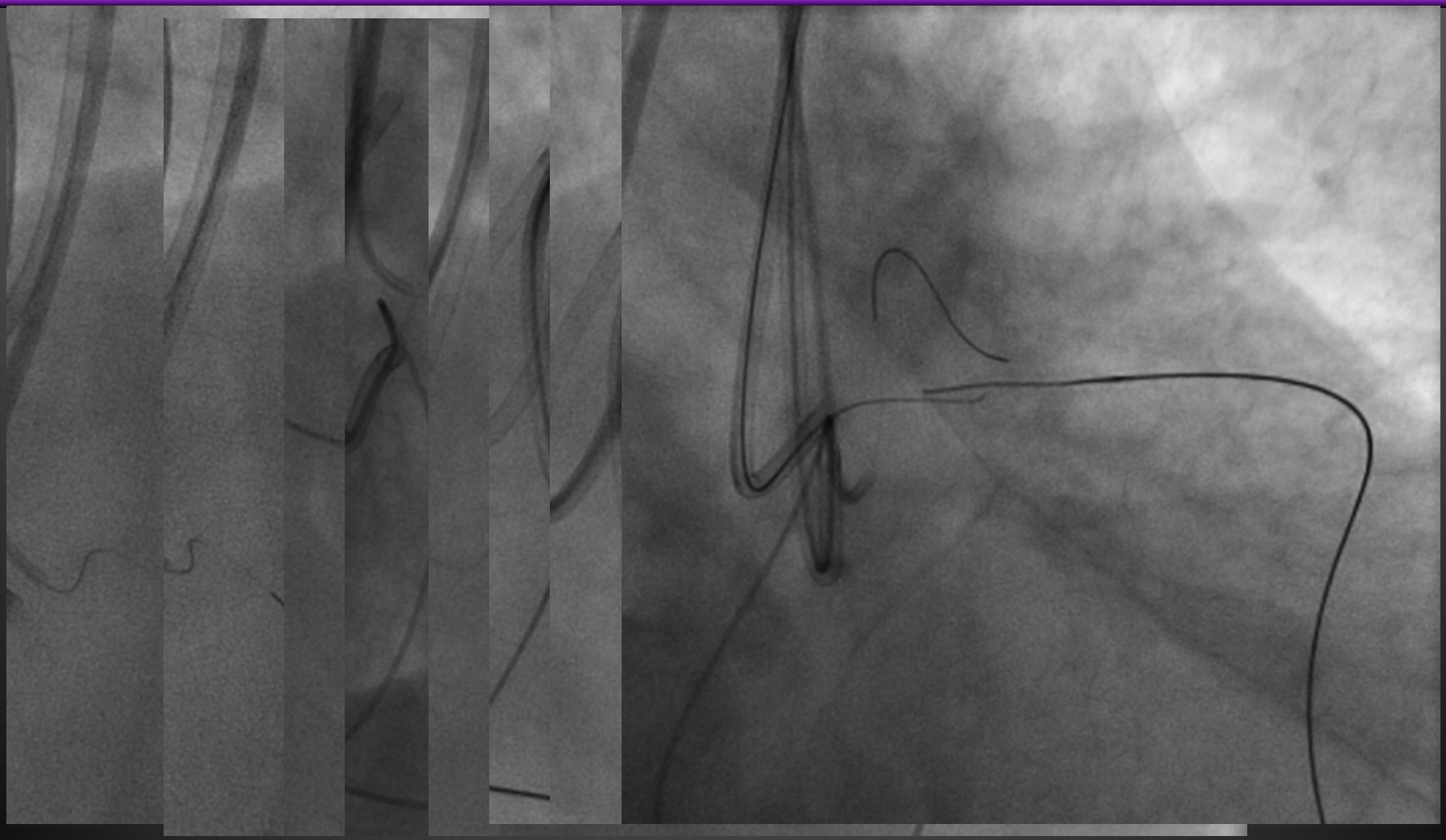


LMT+Double LAD CTO retry case



Planned PCI for LAD CTO

20th,Aug,10'



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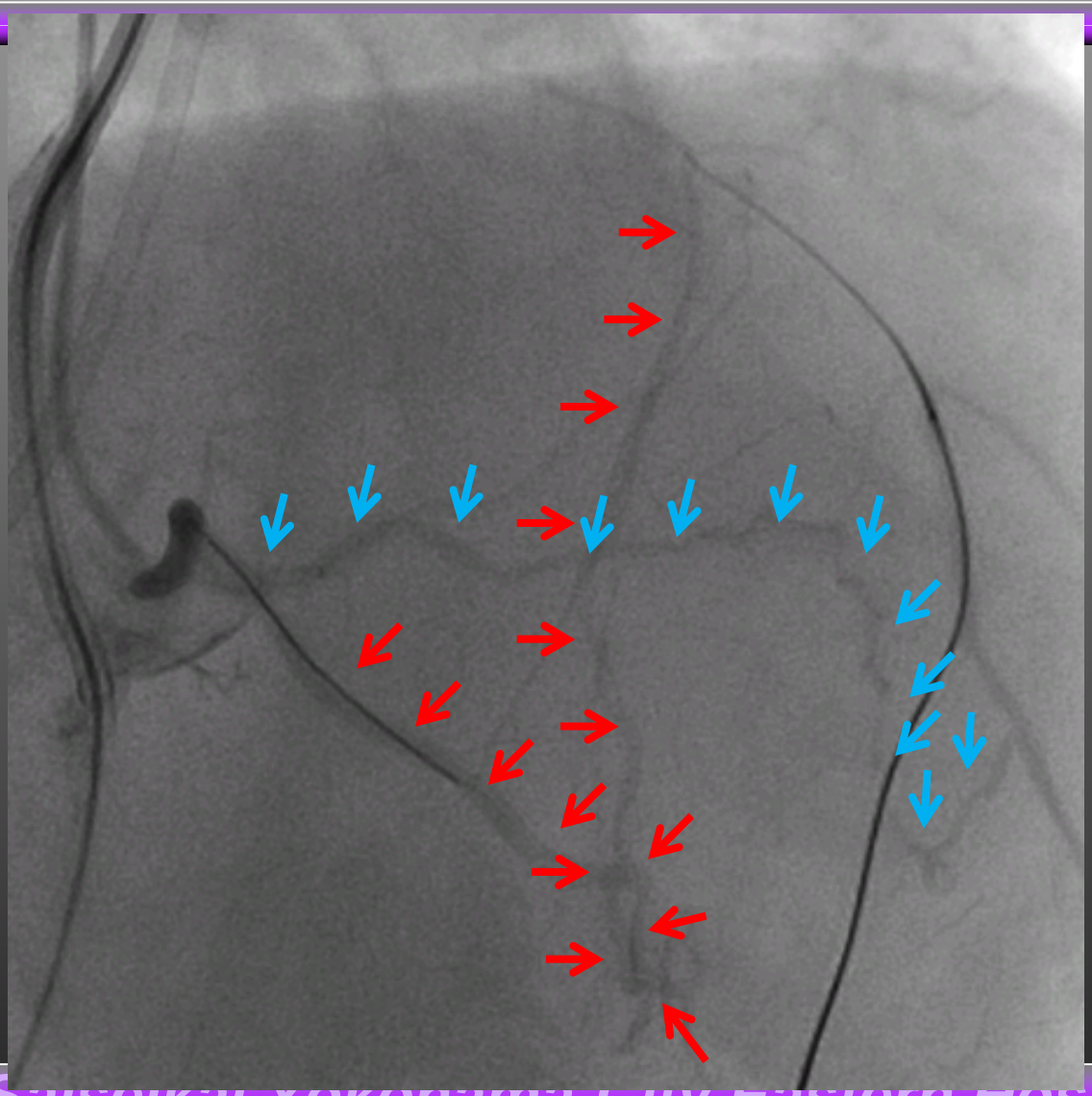
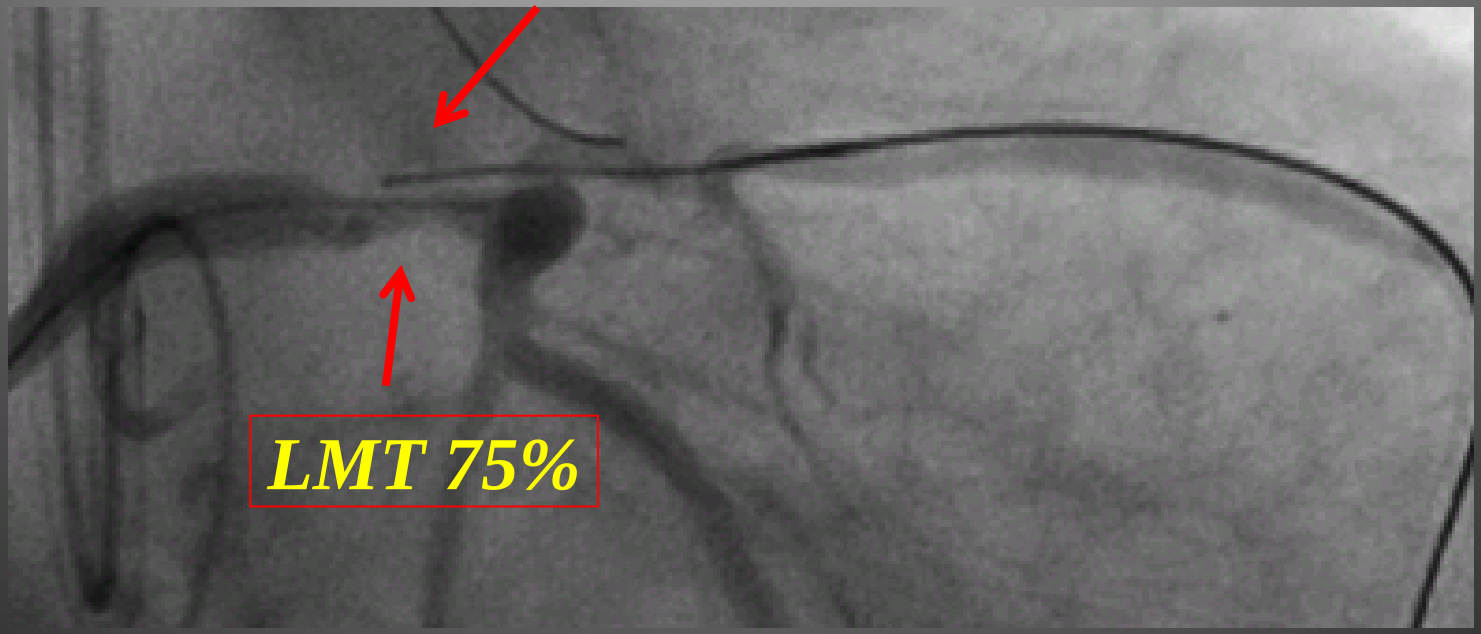
Selective injection from CB to mid LAD CTO

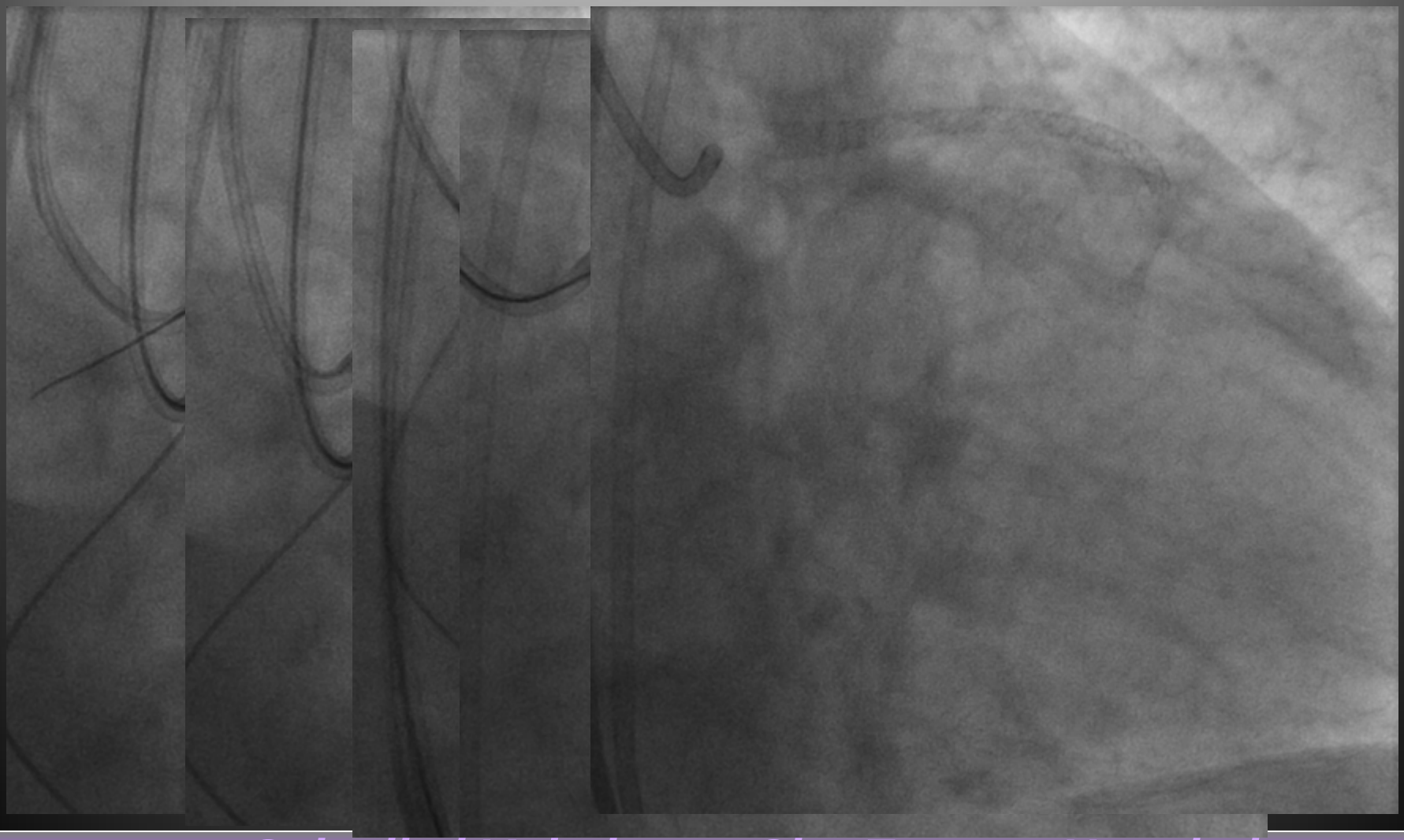


Ultimate go in subintima at LMT

GW into subintima

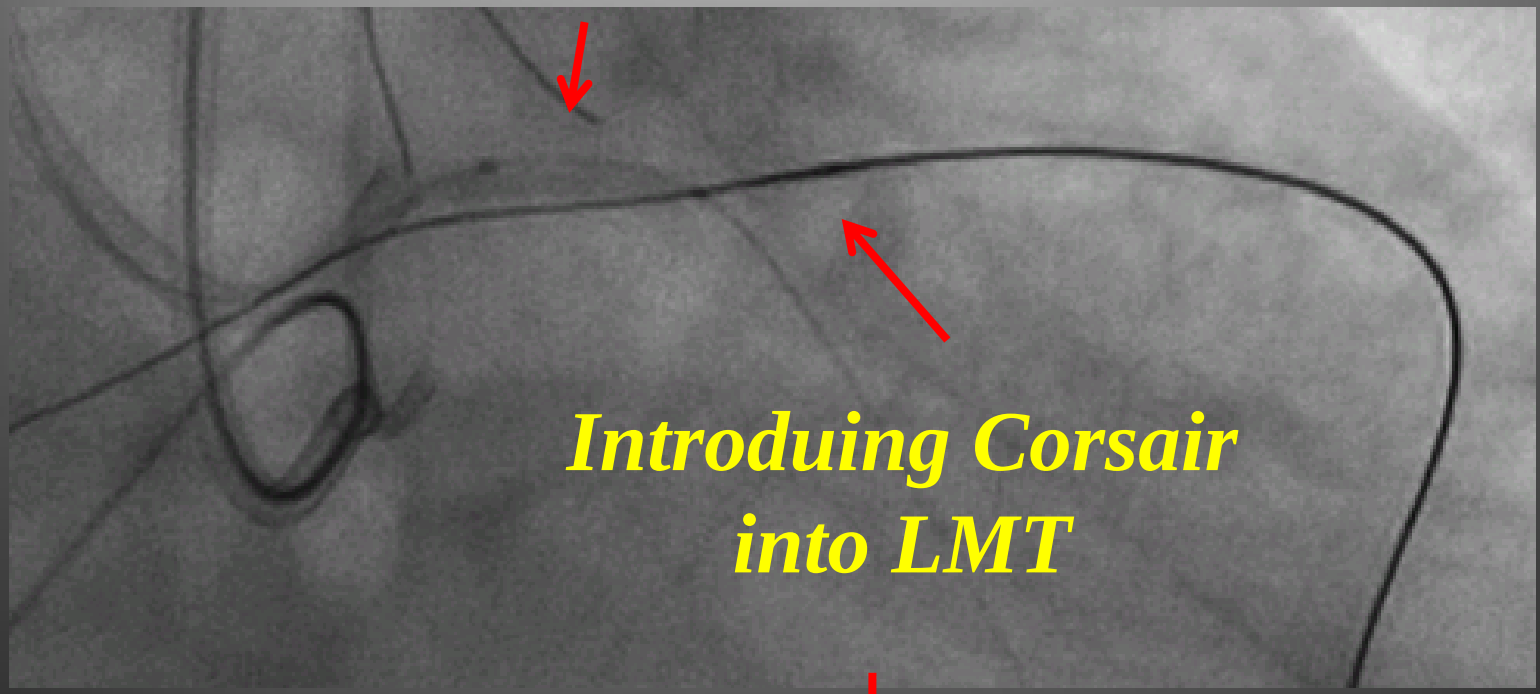


Planned PCI for LAD CTO



Anchoring in LMT makes introduing Corsair

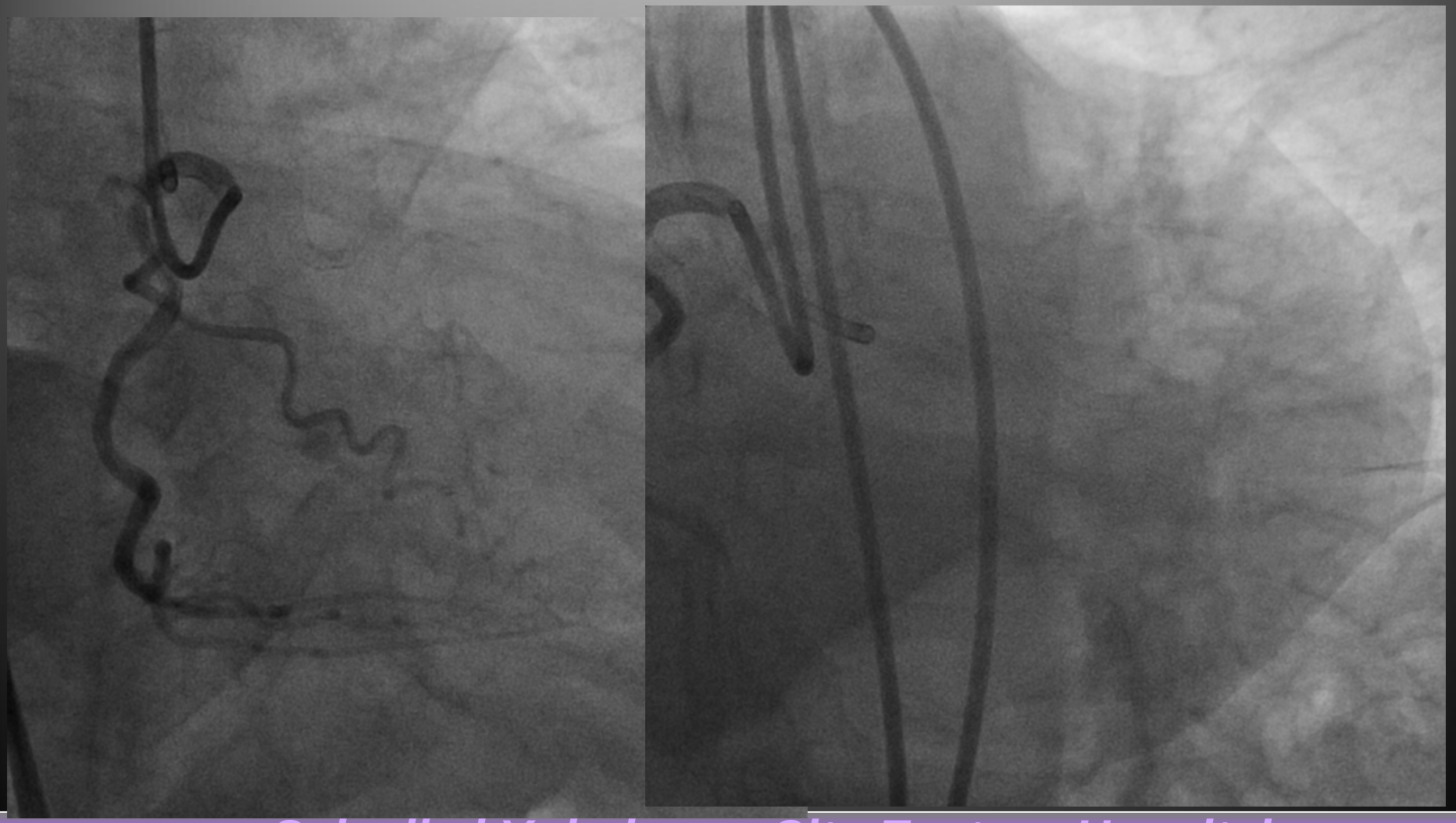
Anchor balloon



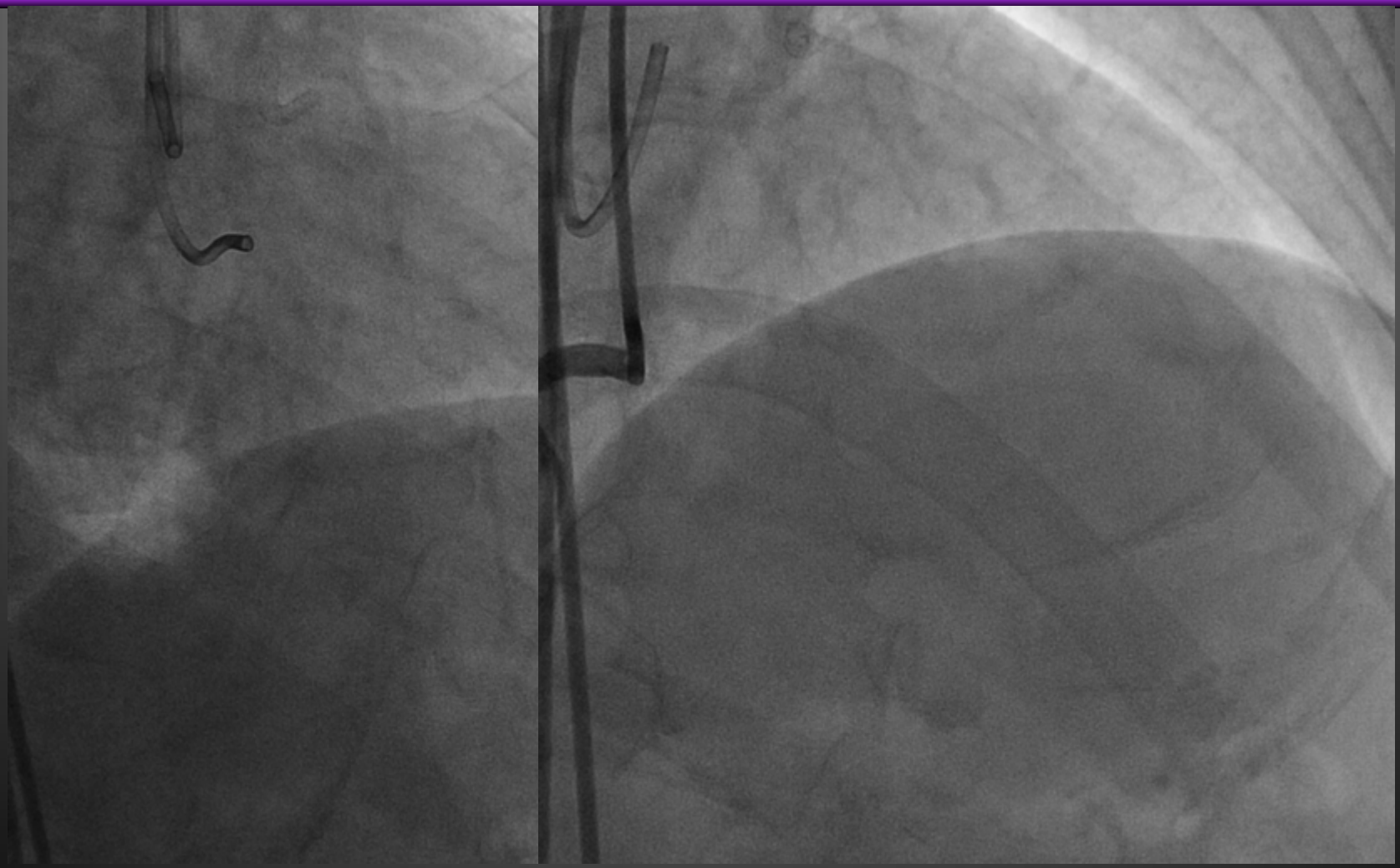
Introduing Corsair into LMT

And change Fielder XT from Confienza GW, and easy to insert into GC

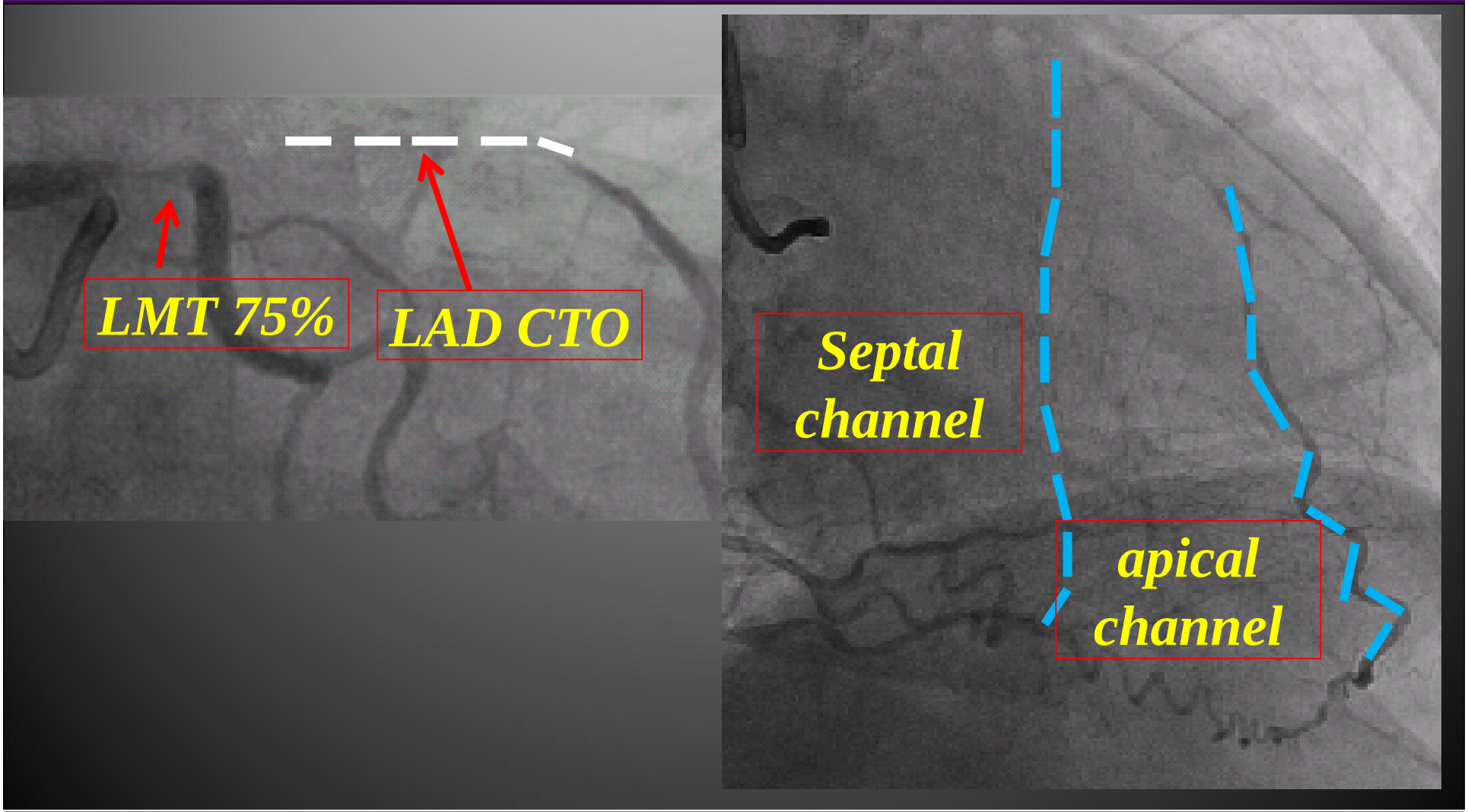
Case 2:Unknown entry LAD CTO with LMT



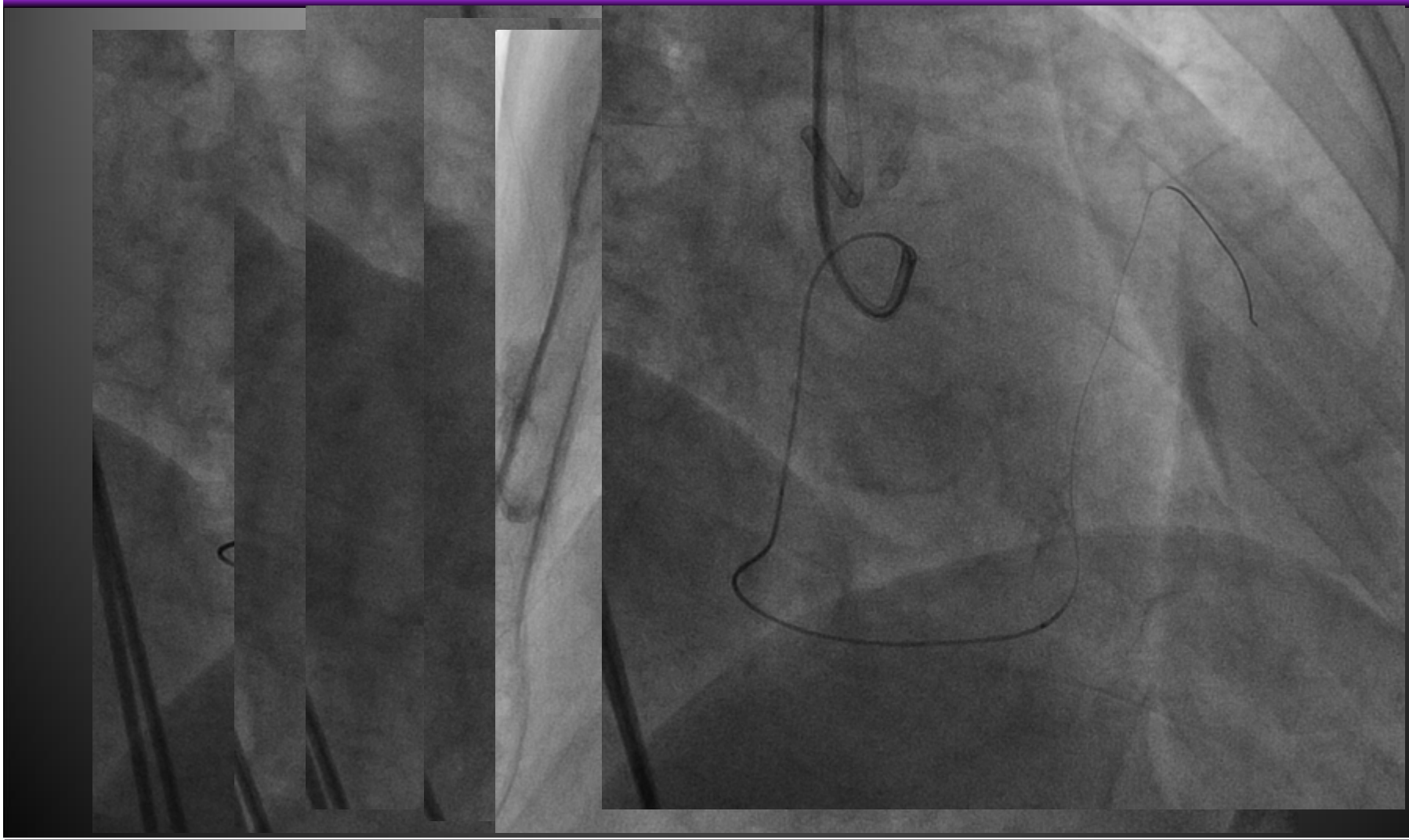
Collateral route for LAD CTO



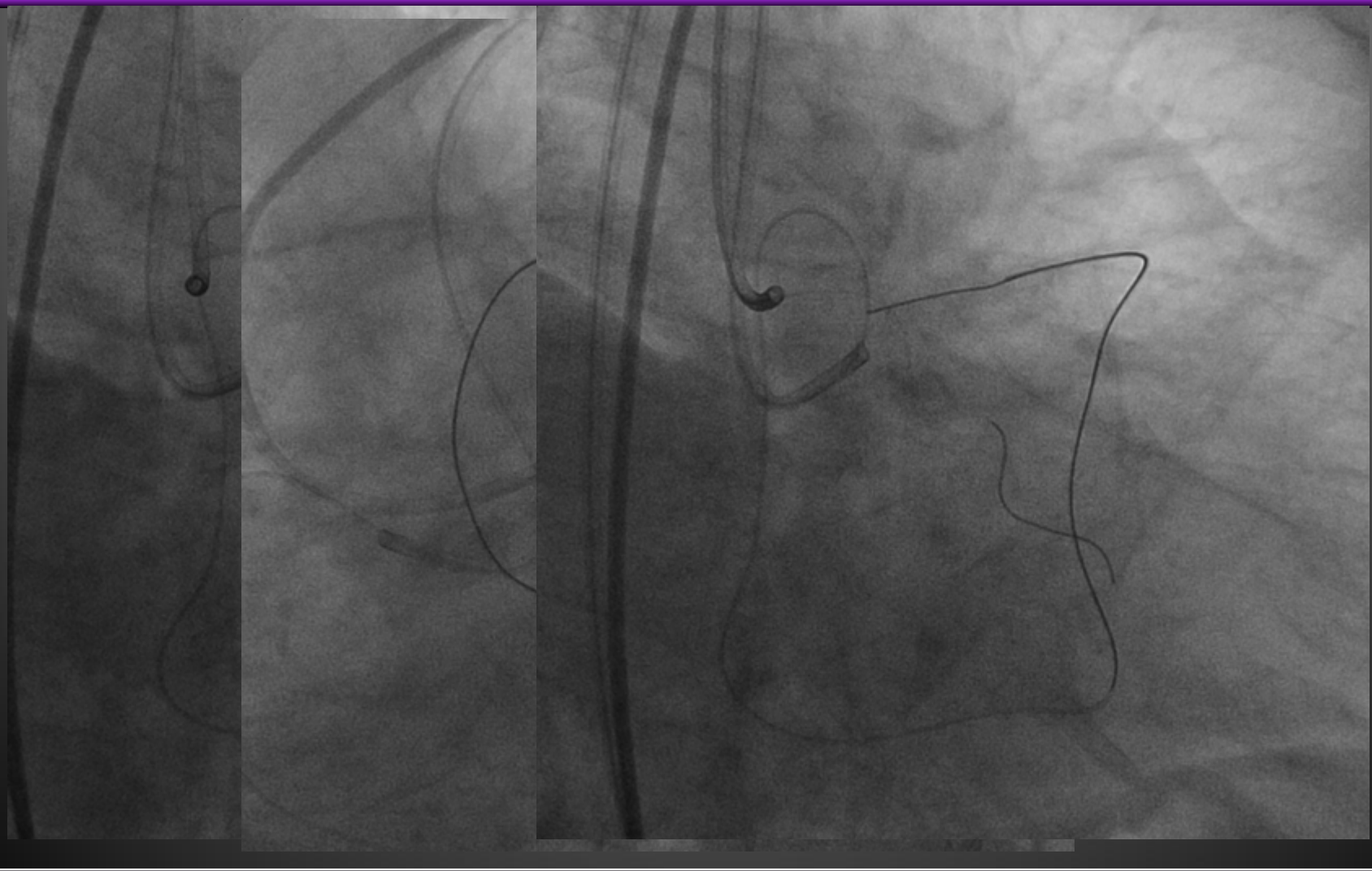
Unknown entry LAD CTO with LMT



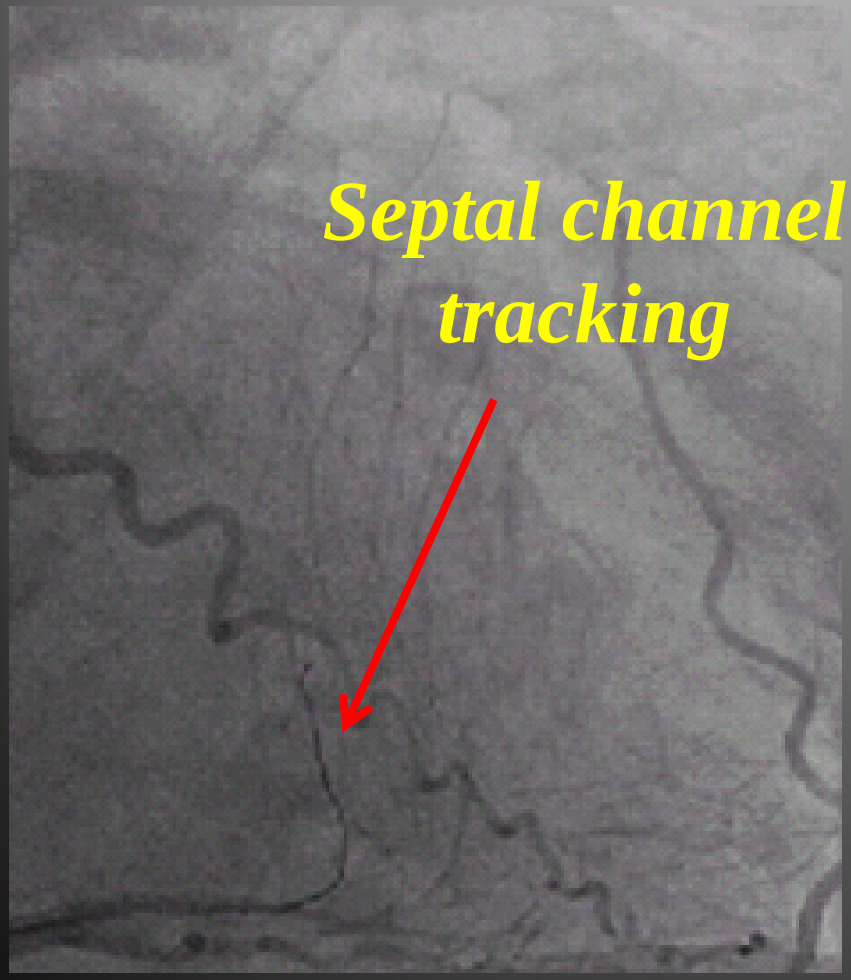
Septal channel tracking



Retrograde wiring to LAD CTO with LMT

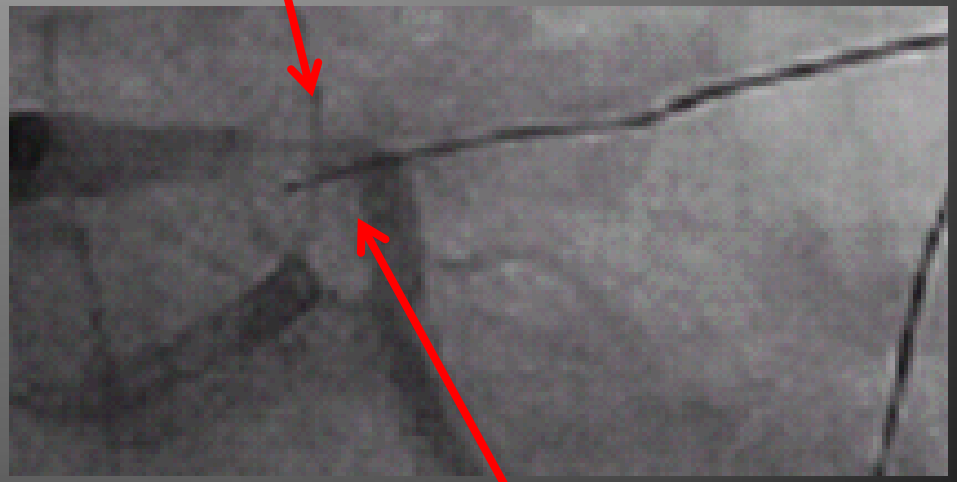


Retrograde GW into subintima at LMT



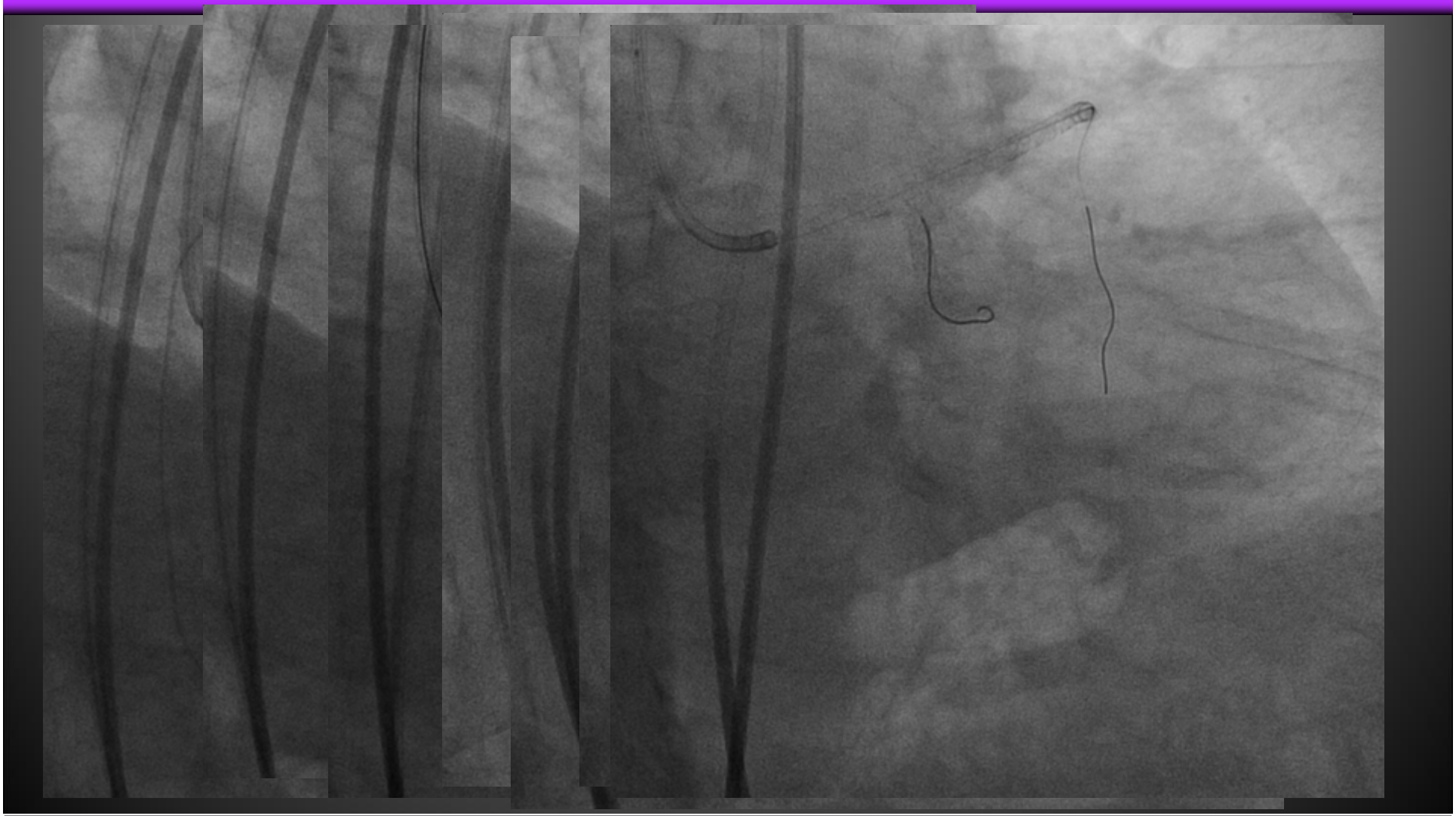
Septal channel tracking

LMT 75%



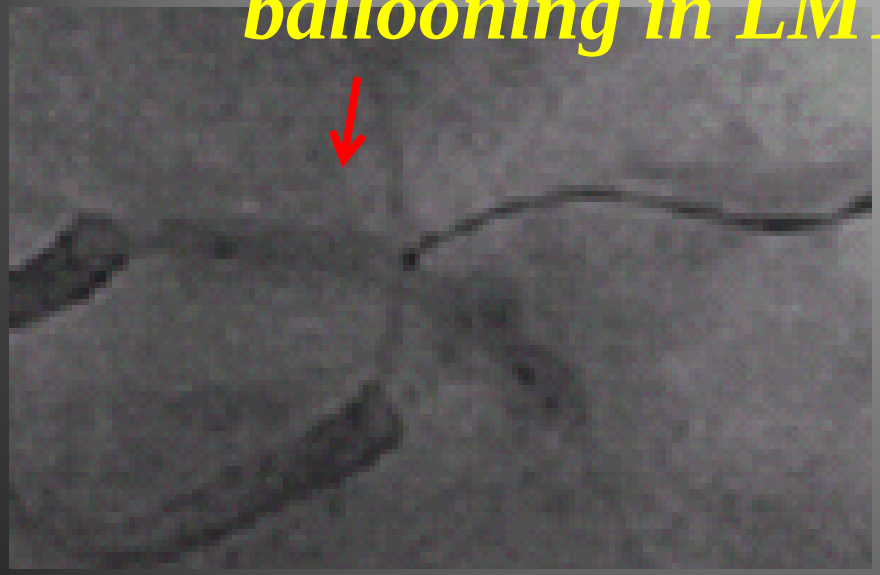
GW into subintima

Ballooning in LMT makes introduing GW

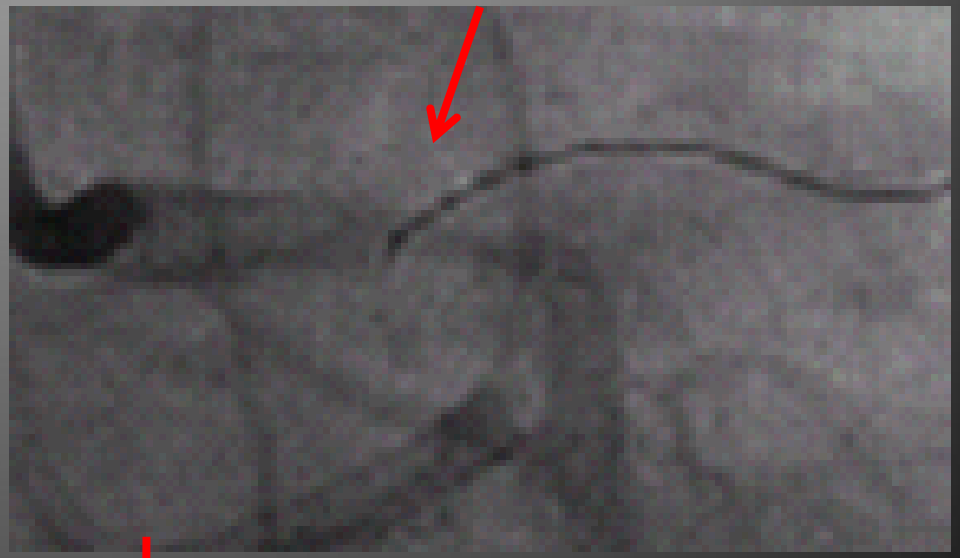


r-CART in LMT makes introduing GW

ballooning in LMT



Introduing GW into LMT true lumen



R-CART in LMT makes a retrograde GW introduing true lumen

Conclusion

1. PCI to CTO has progressed based on the advance treatment technology, devices and strategy.
2. Retrograde approach is one of epoic making new approach for tough CTO.
3. Retrograde approach is safer and reasonable for CTO combined with LMT disease.