

Successful Recanalization of Chronic Total Occluded Right Coronary Artery Supported by CT Coronary Angiography



**Saiseikai Yokohama city Eastern Hospital
Yokohama JAPAN**

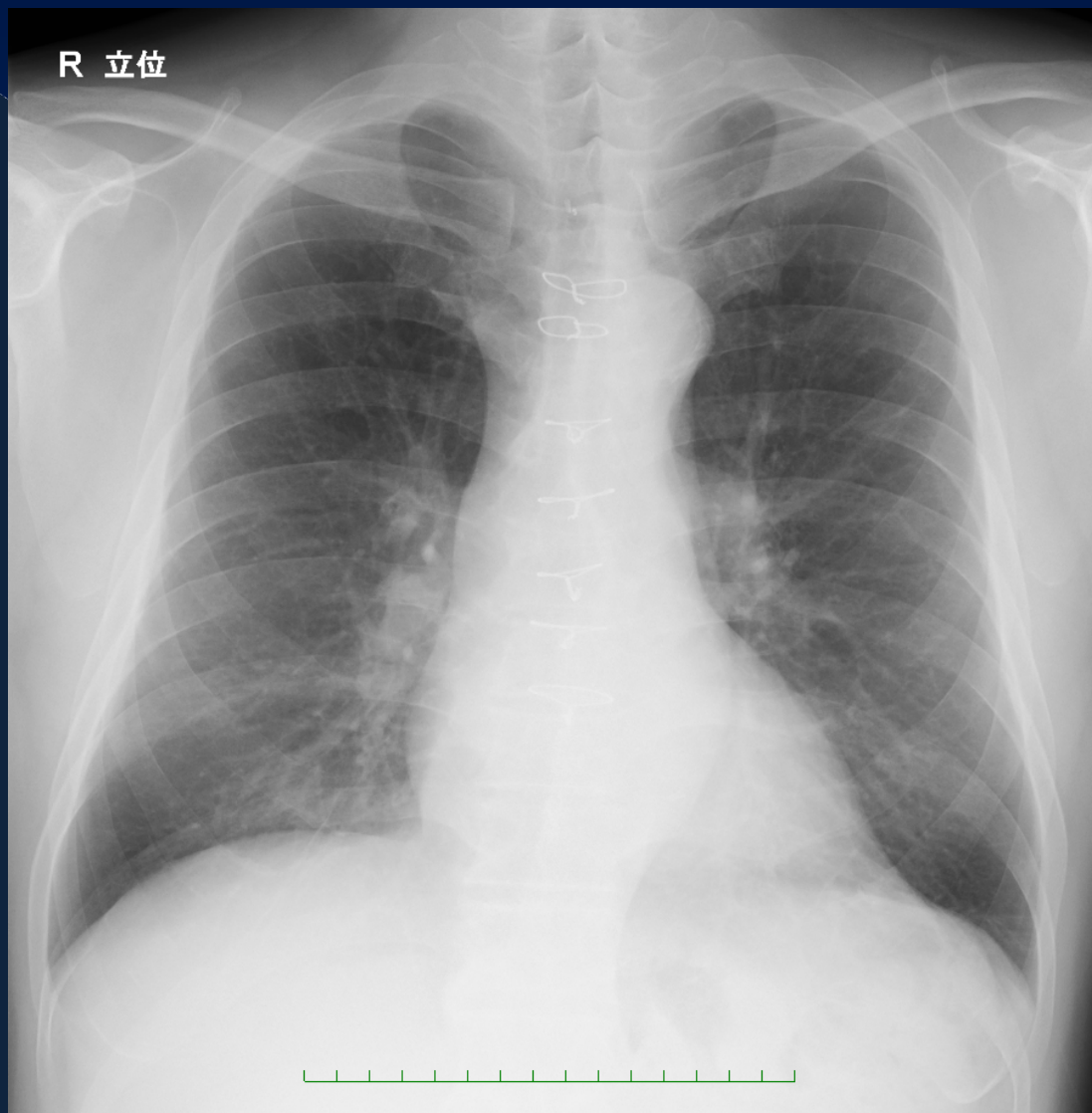
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Keisuke Hirano, Masatsugu Nakano, Masahiro Yamawaki,
Akiyoshi Moriyama, Shinya Sasaki, Yasunari Sakamoto,
Hideyuki Takimura, Ikki Komatsu

Relevant clinical history and physical exam

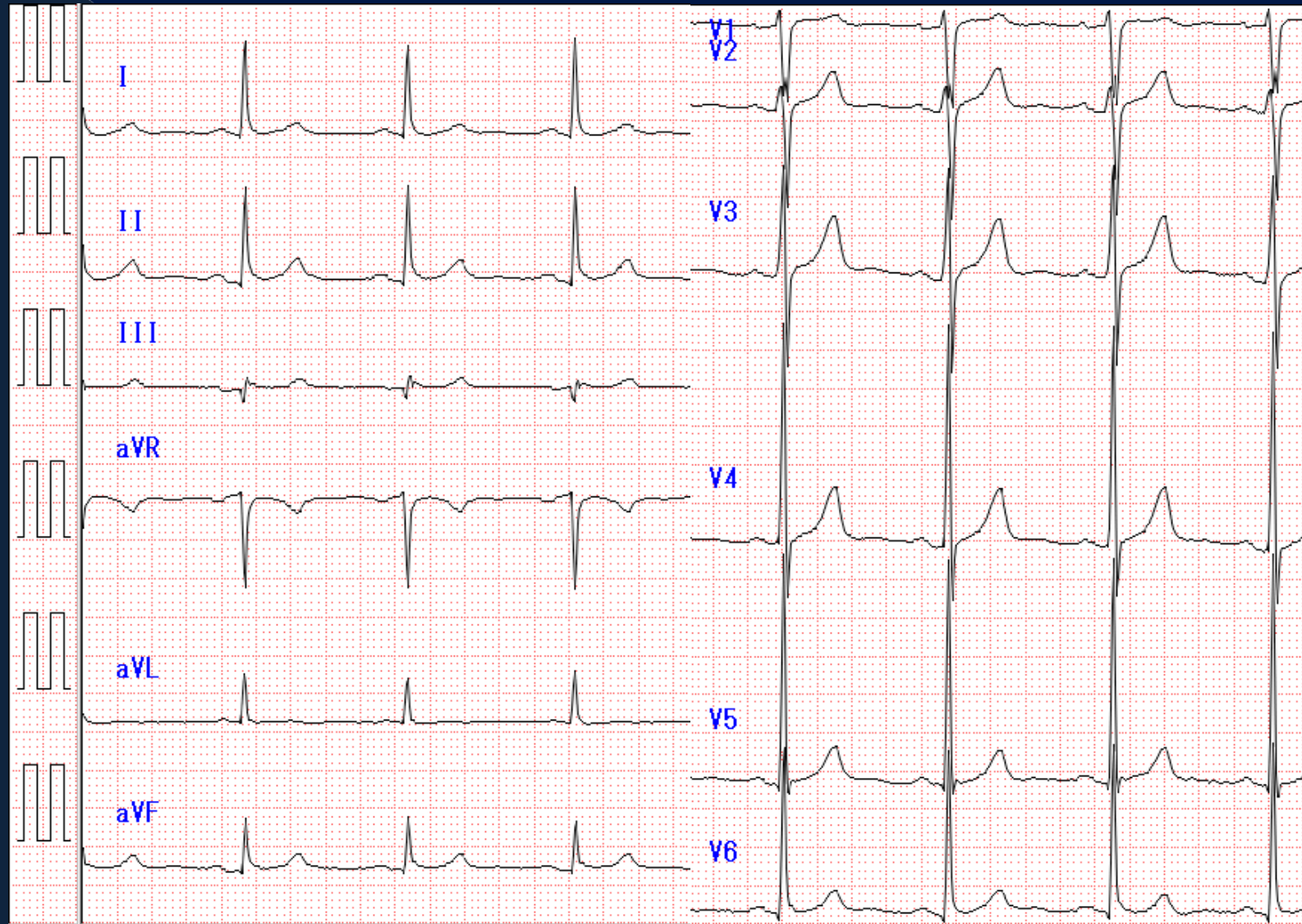
55 year old gentleman who is a long standing diabetes and hypertension, underwent CABG (LIMA to OM) and PCI (RCA #1) in 1998 at the other hospital. He presented with new onset angina on effort (class II) with a treadmill test that was positive for inducible ischemia.



Chest X-ray on admission

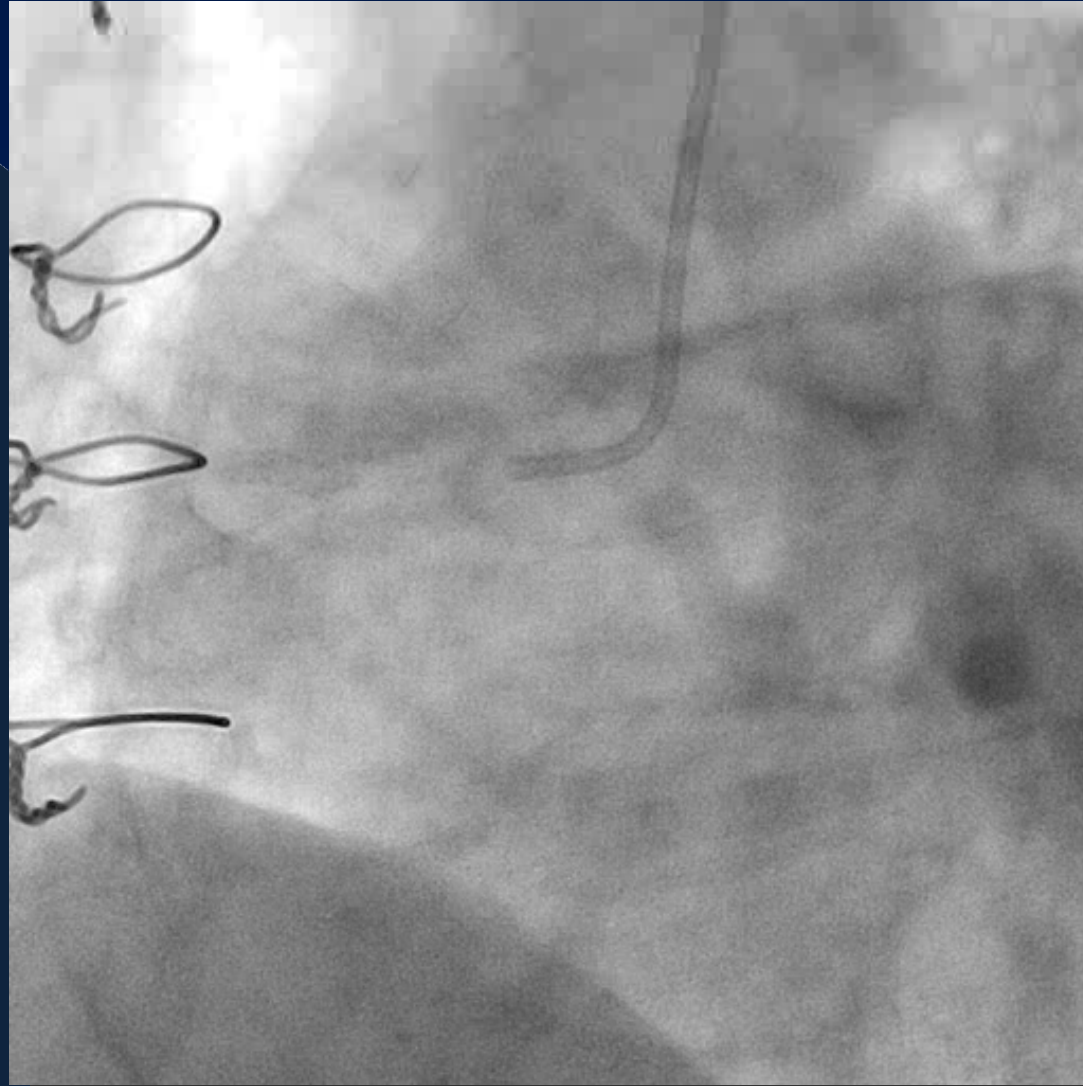


ECG on admission



CAG

RCA

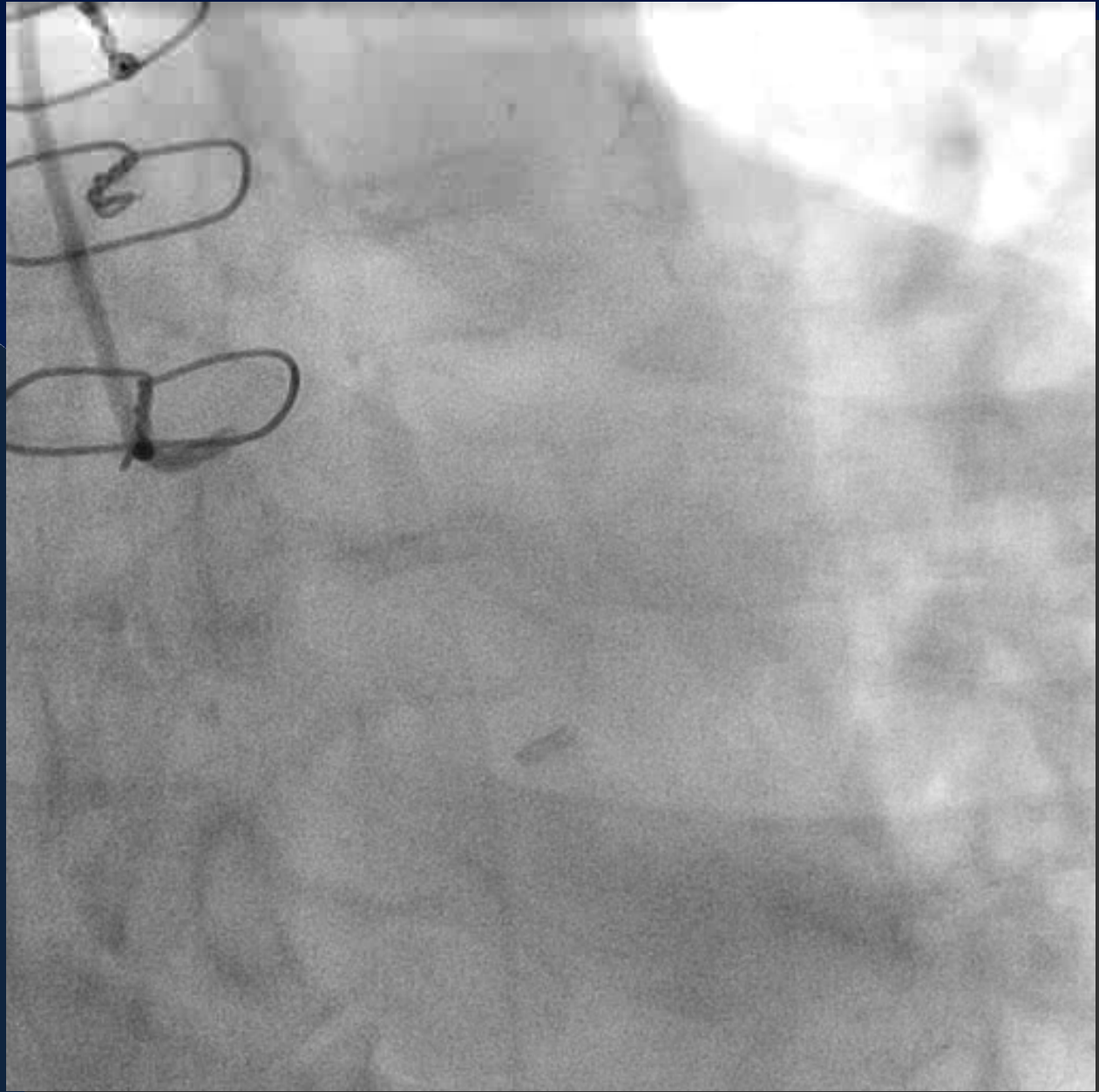


#1 CTO

CAG

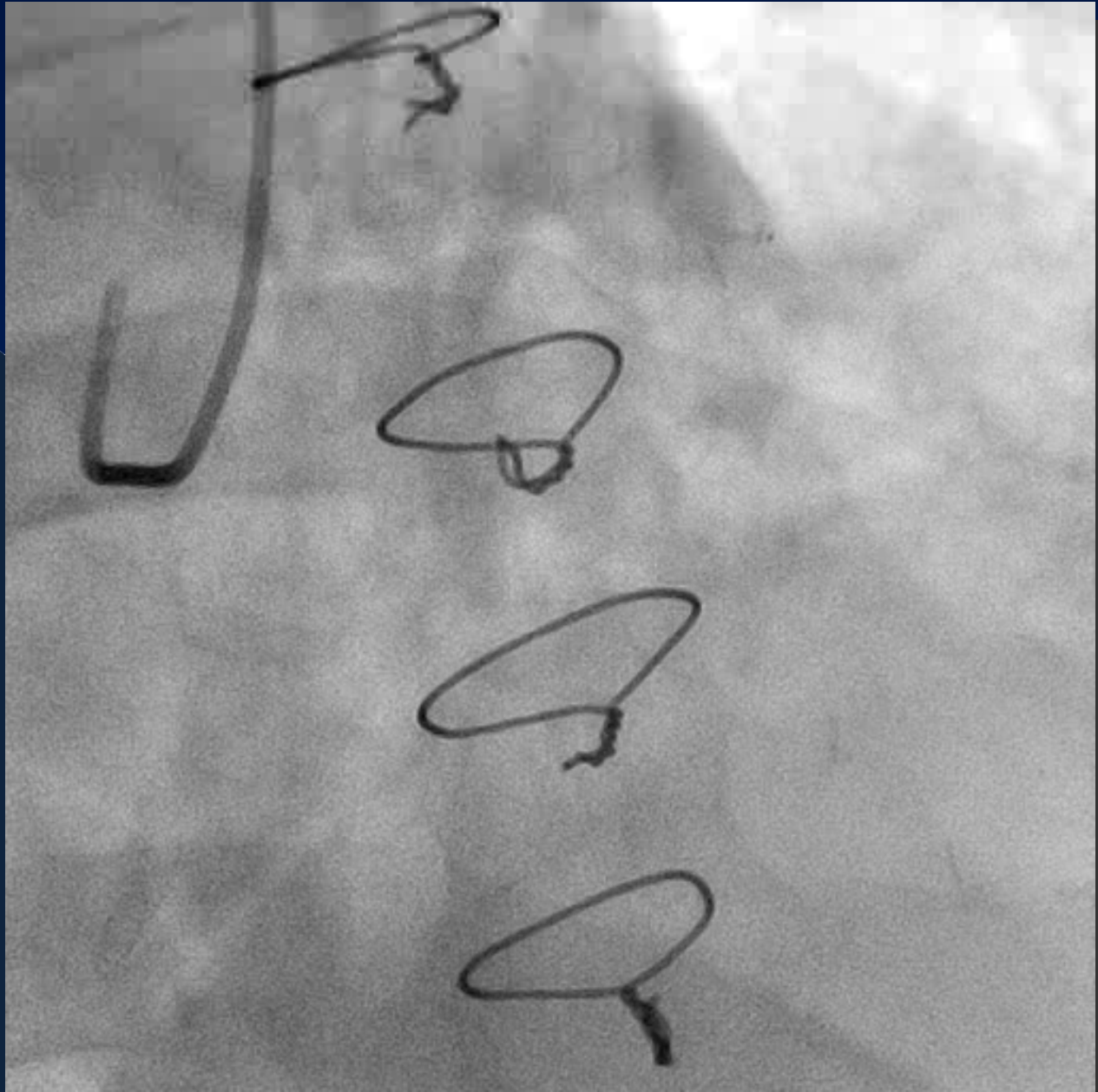
LCA

#12 90%



CAG

LCA



CTCA

RCA
MIP



CTCA

RCA
axial

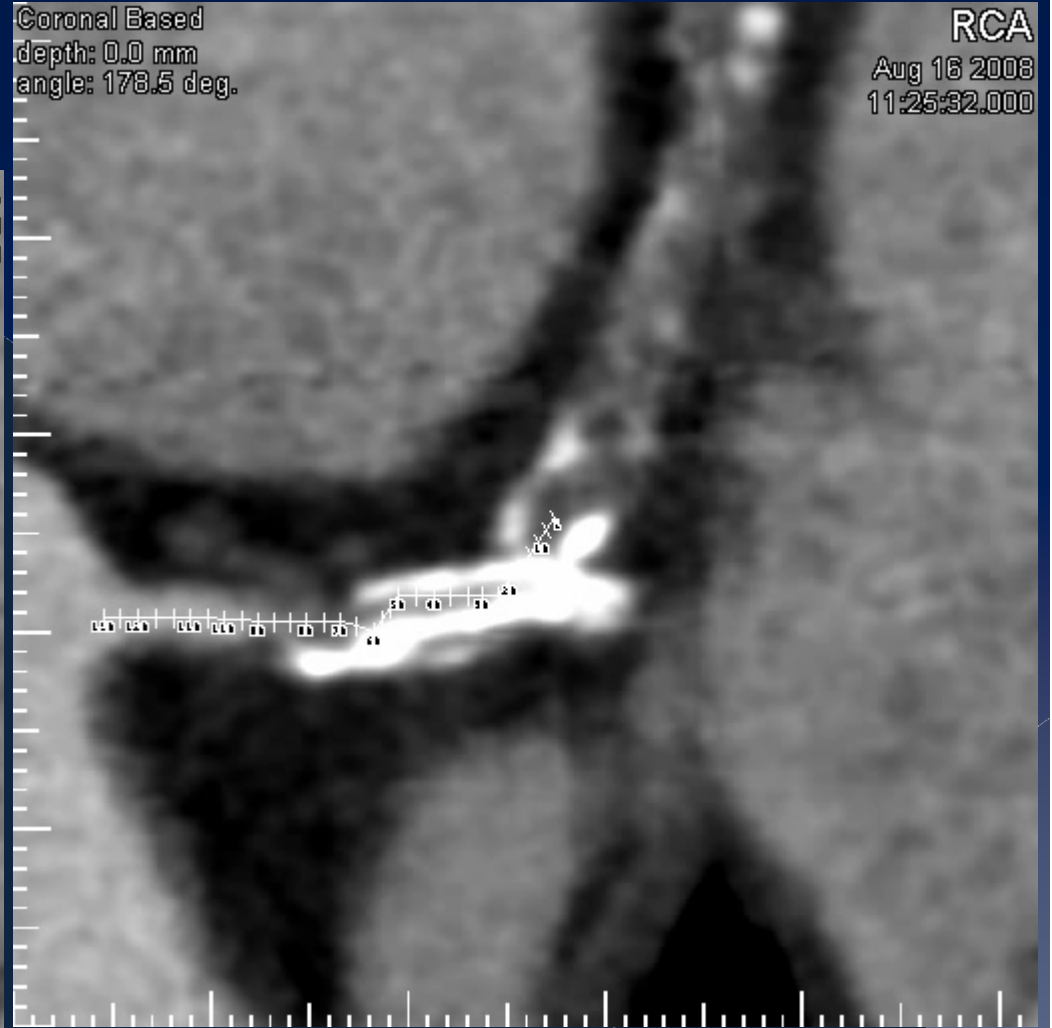
Coronal Based
depth: 0.0 mm
angle: 178.5 deg.

RCA
Aug 16 2008
11:25:32.000

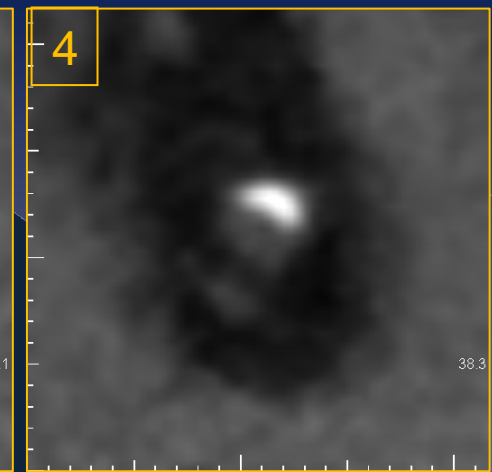
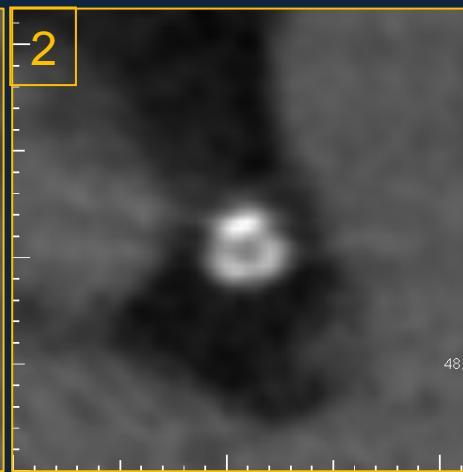
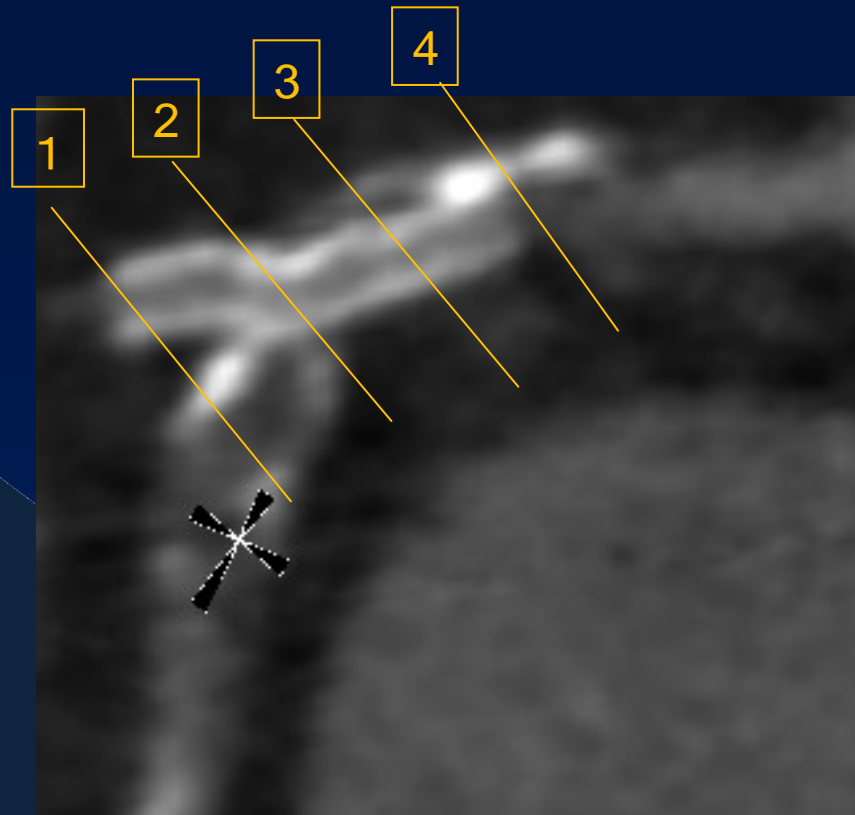


Coronal Based
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RCA
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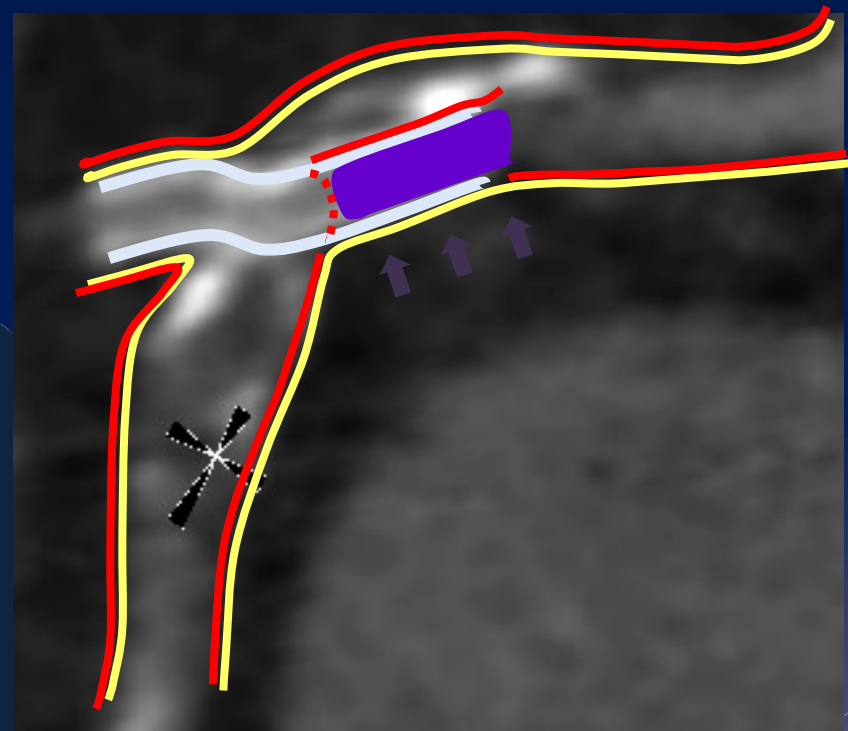


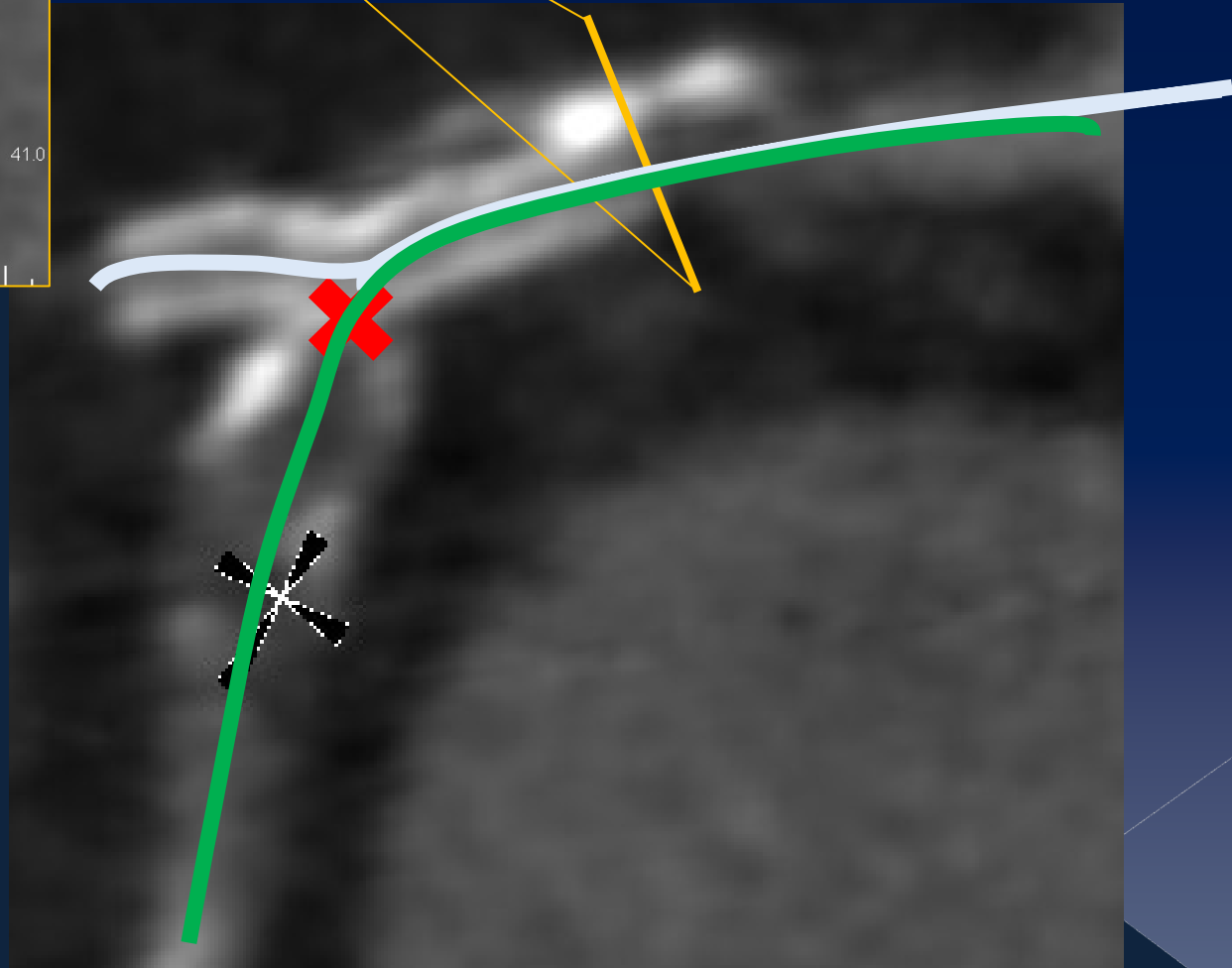
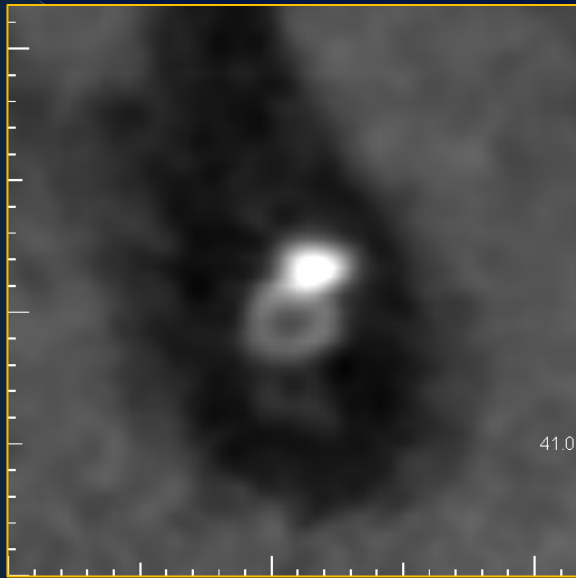
RCA axial



RCA axial

Stent deployed at pseudo lumen.





PCI

RCA

Approch
femoral

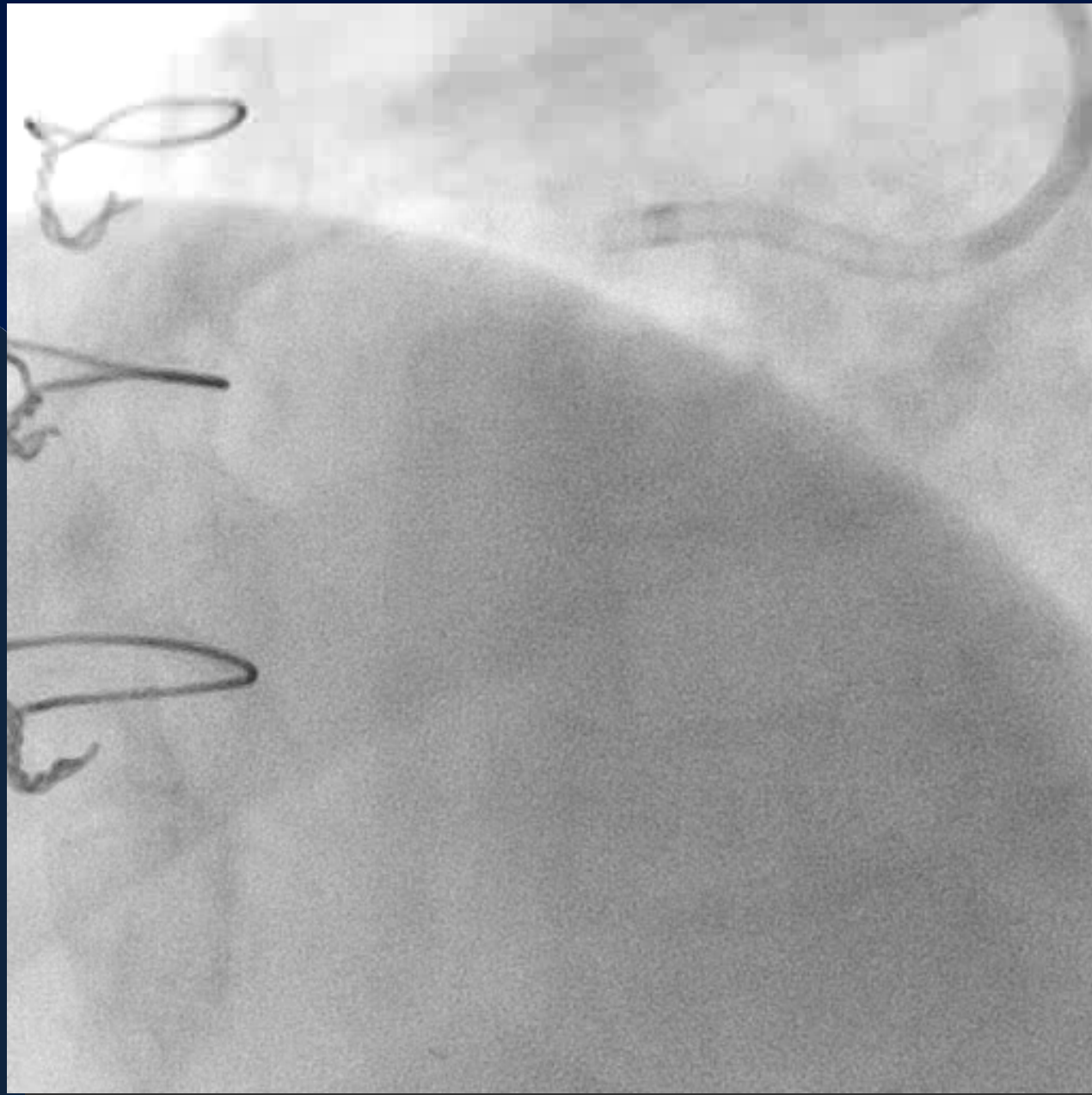
System
Guiding
catheter

RCA

7Fr. AL1.0

LCA

7Fr. EBU 3.5



PCI

Approch
femoral

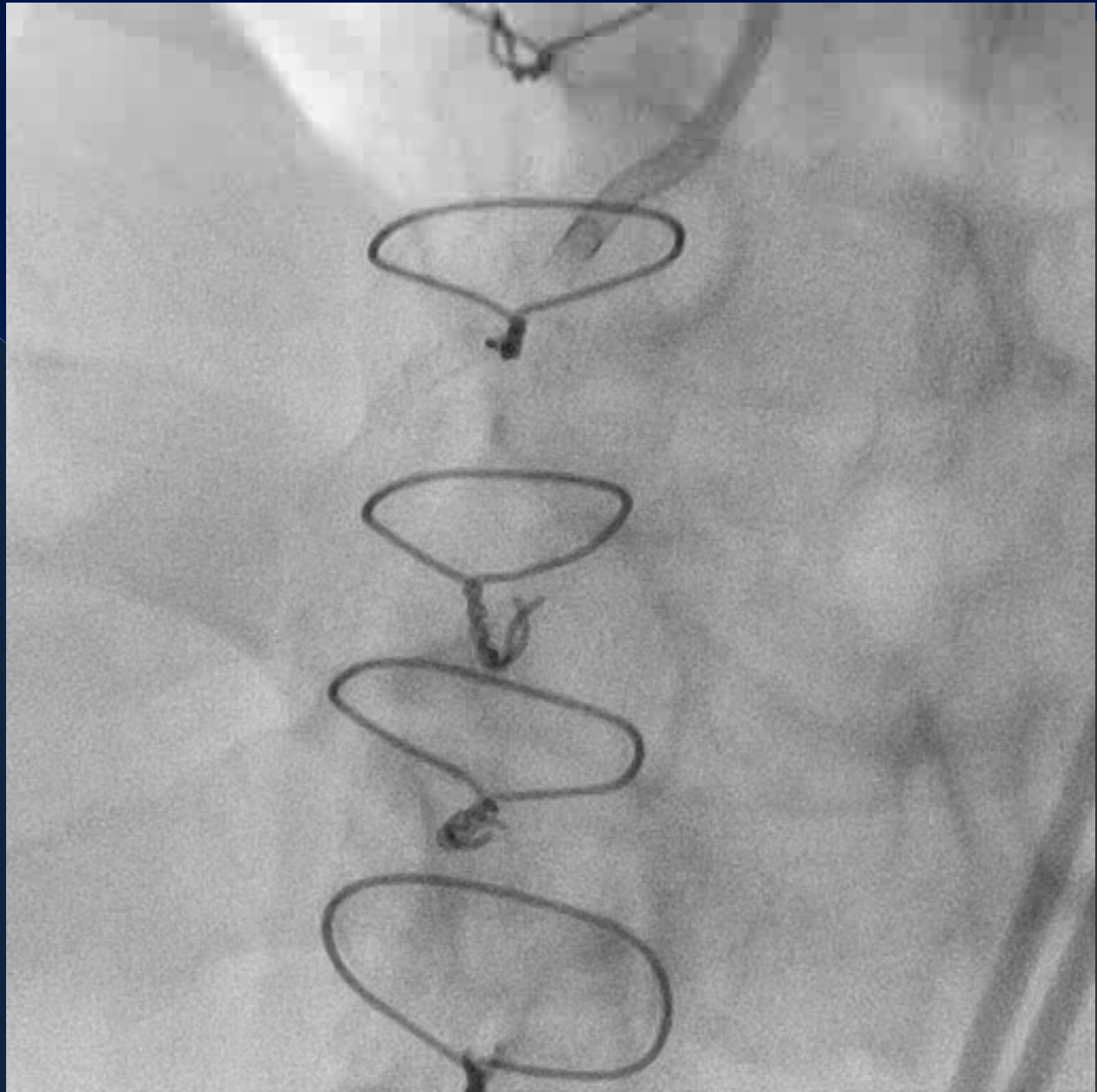
System
Guiding
catheter

RCA

7Fr. AL1.0

LCA

7Fr. EBU 3.5

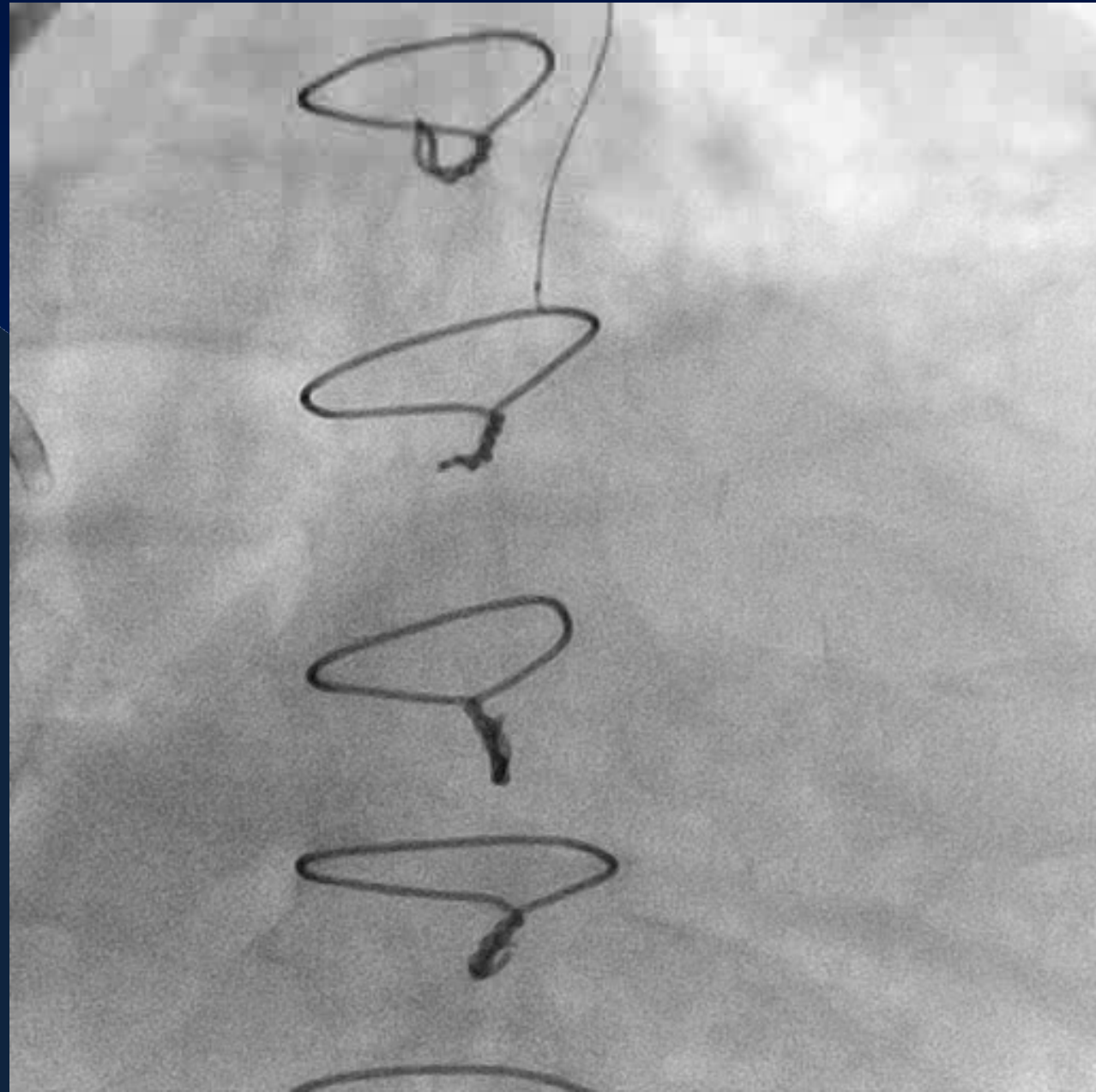


PCI

Retorograde
Approch

Guide wire
Fielder FC

Micro catheter
FINECROSS
MG

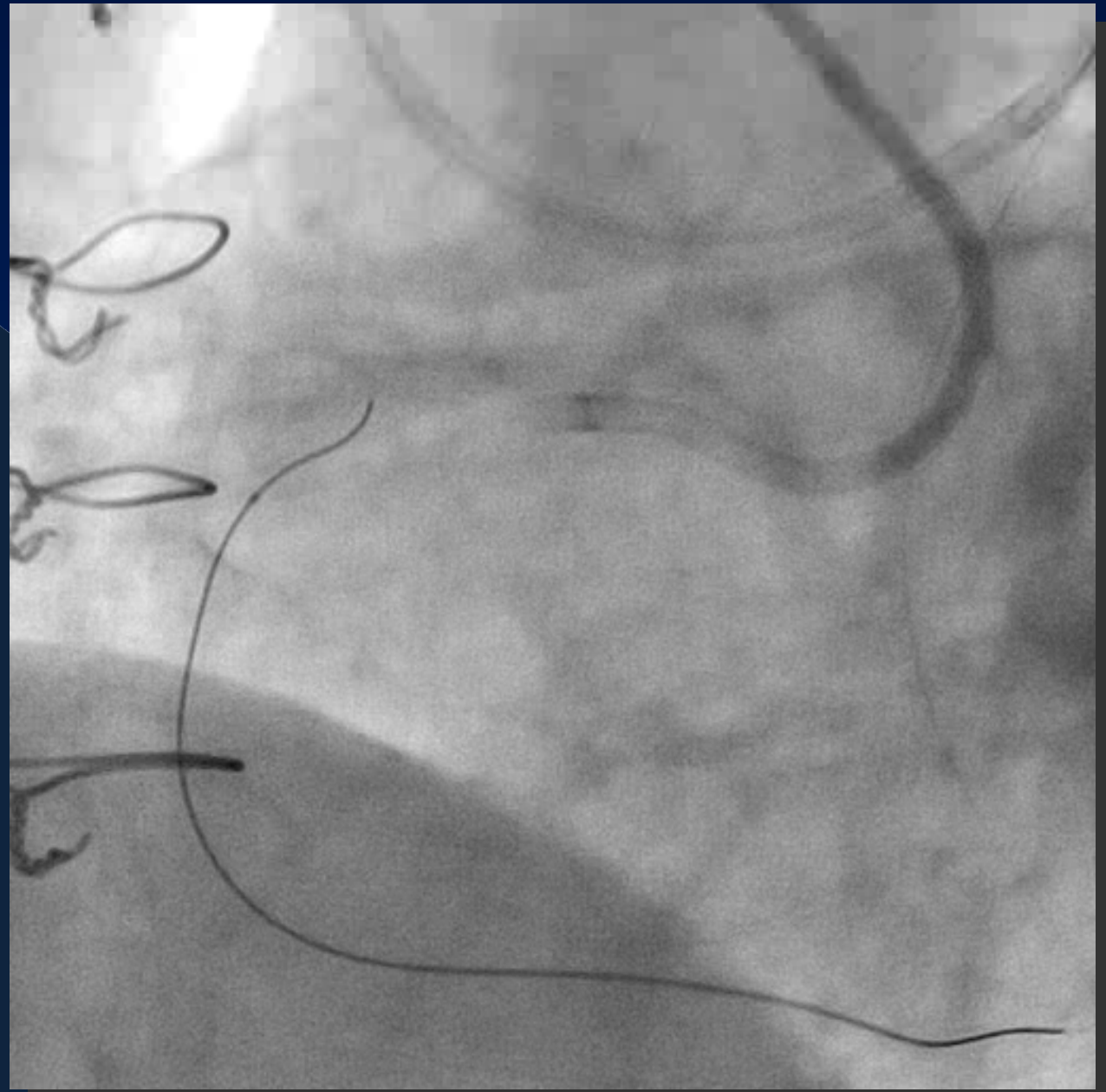


PCI

Retorograde
Approch

Guide wire
Miracle 6

Micro catheter
FINECROSS
MG



PCI

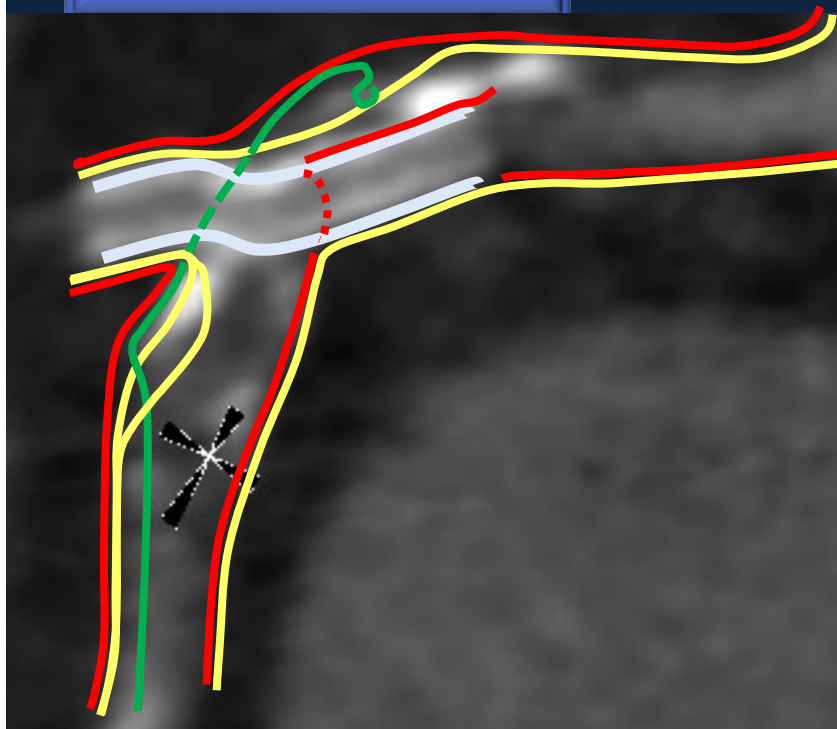
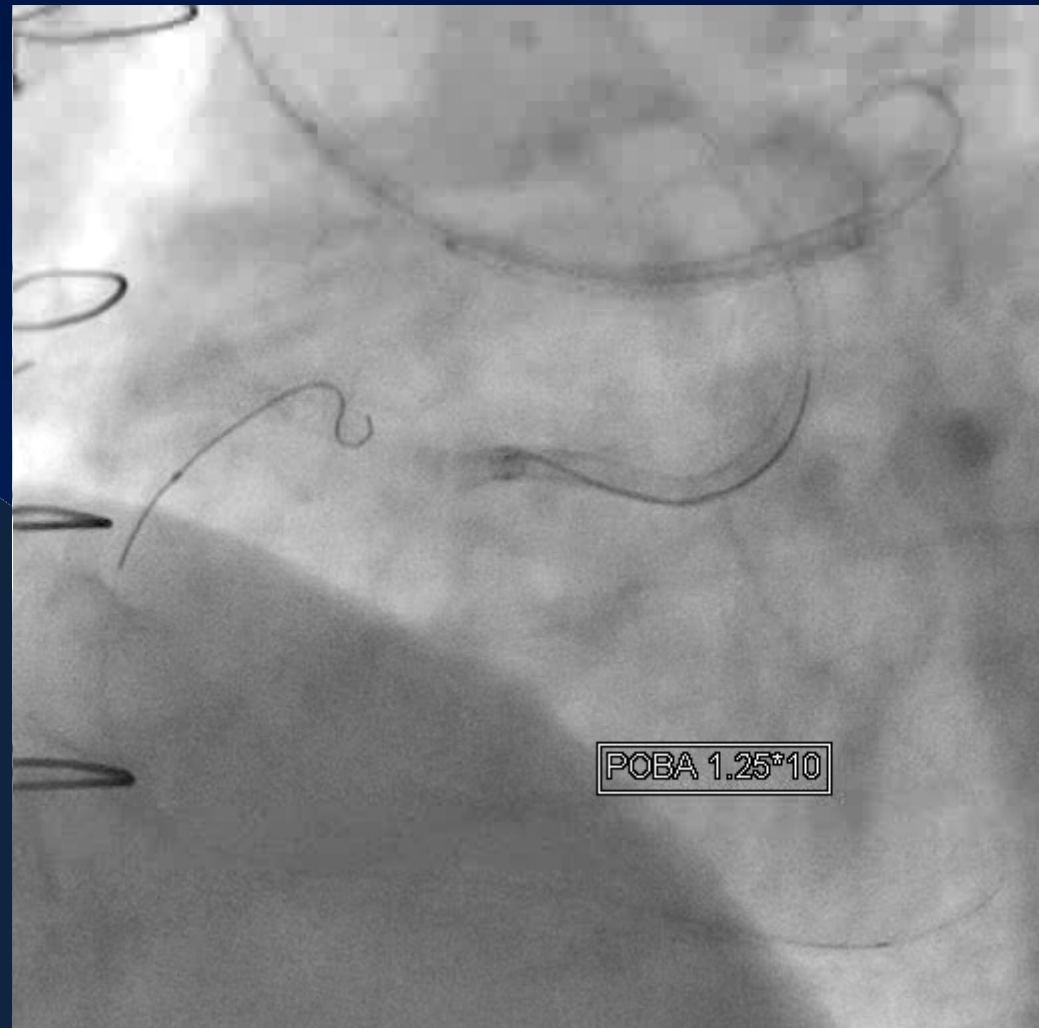
Guide wire

Fielder FC

Ballon

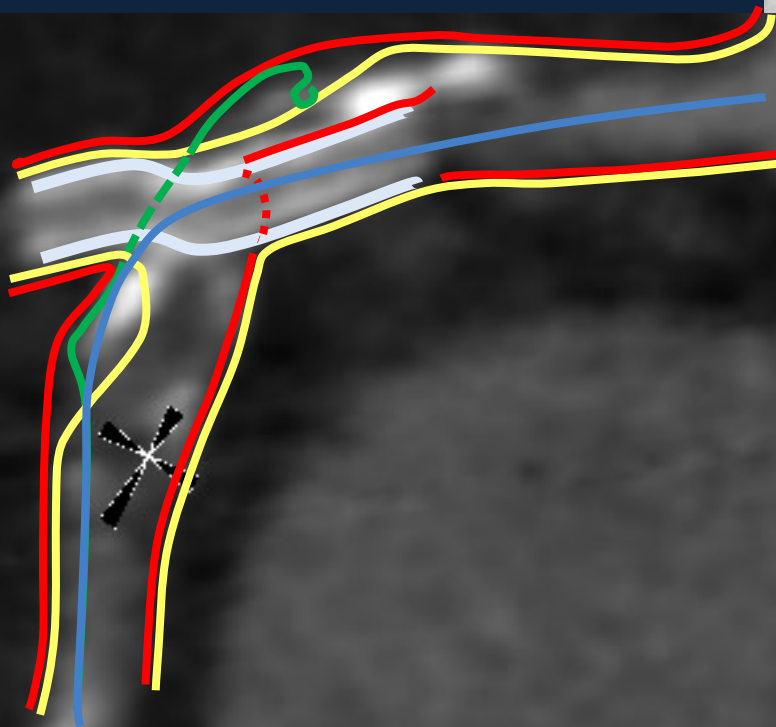
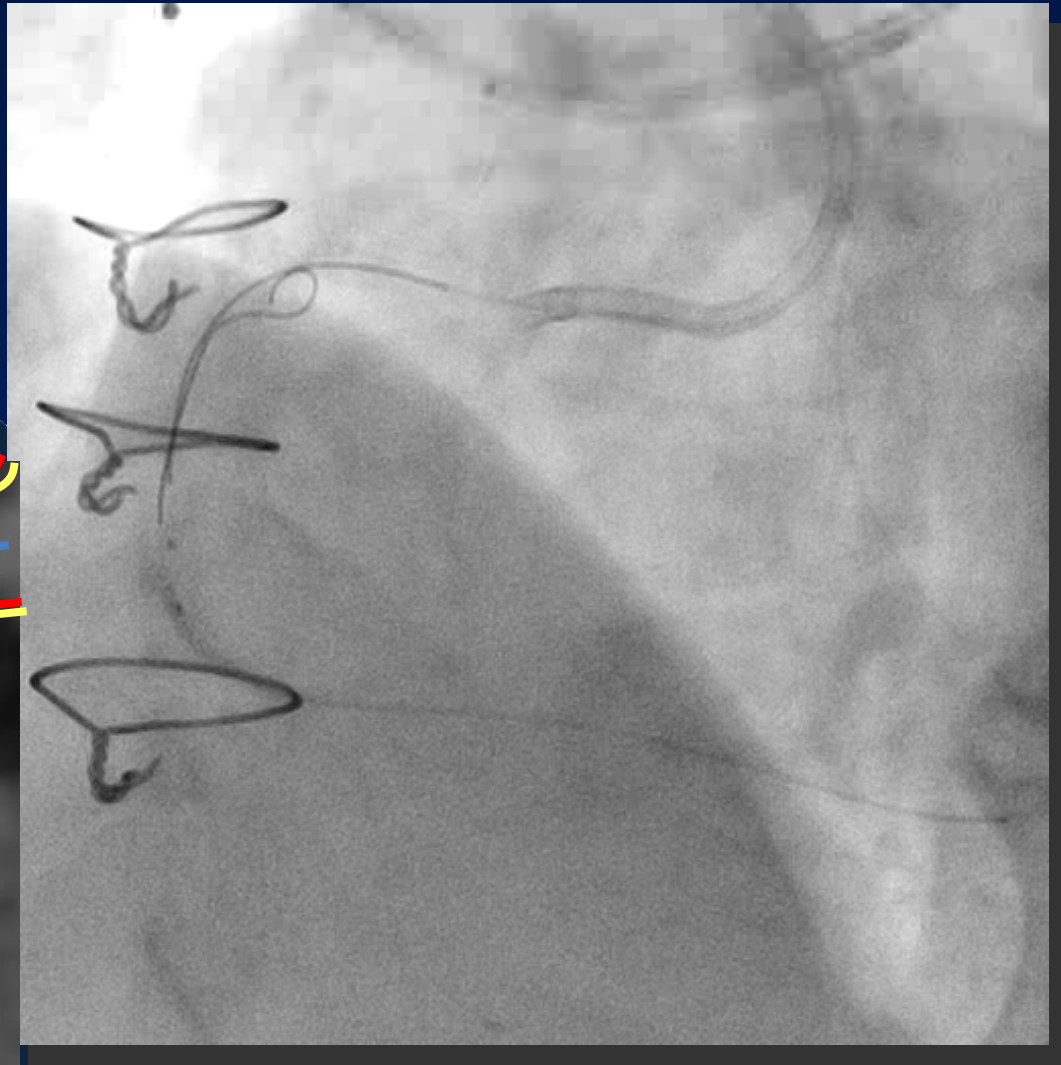
Ryujin Plus

1.25 × 10mm

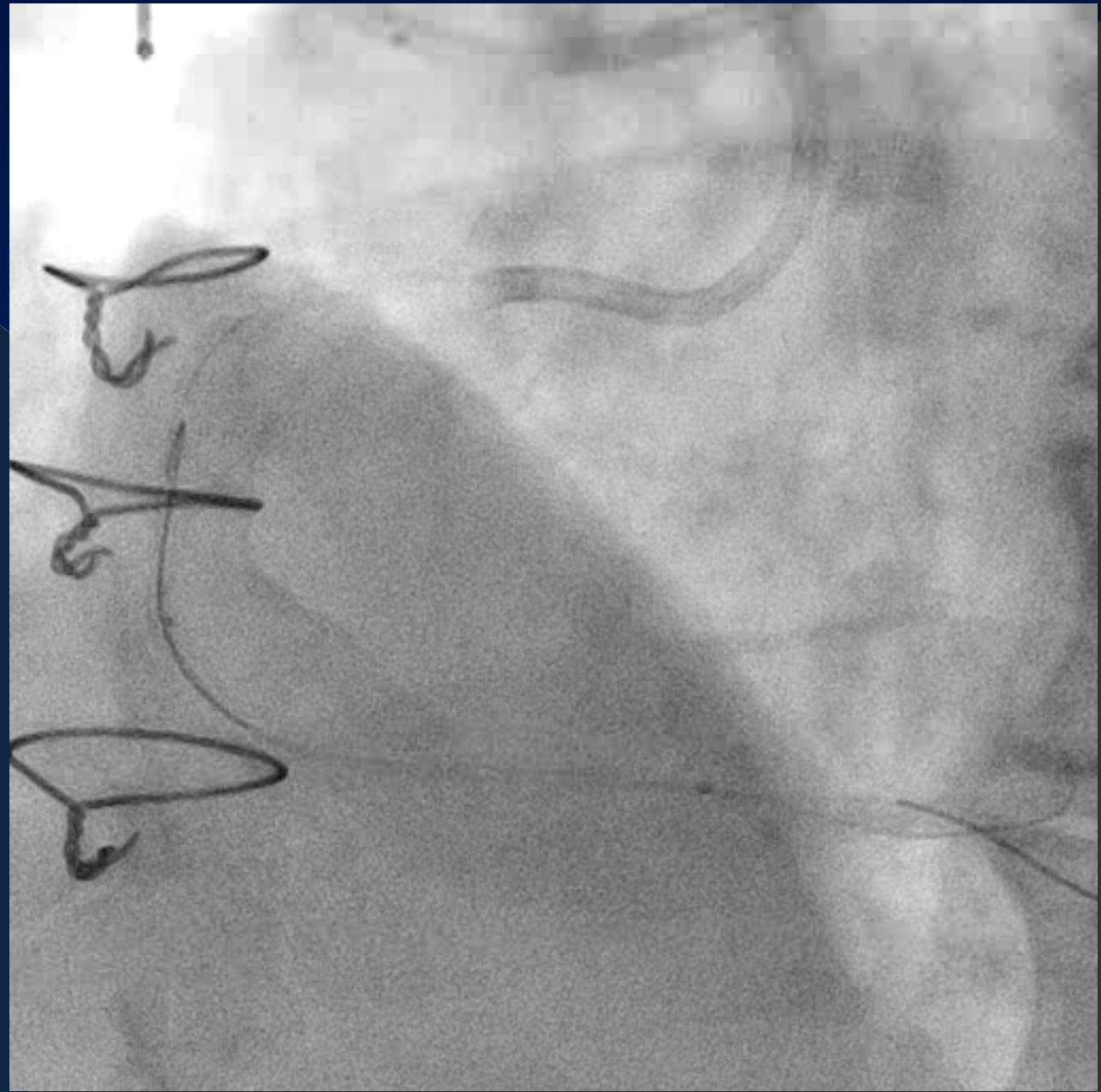


PCI

Guide wire
Conquest
Pro

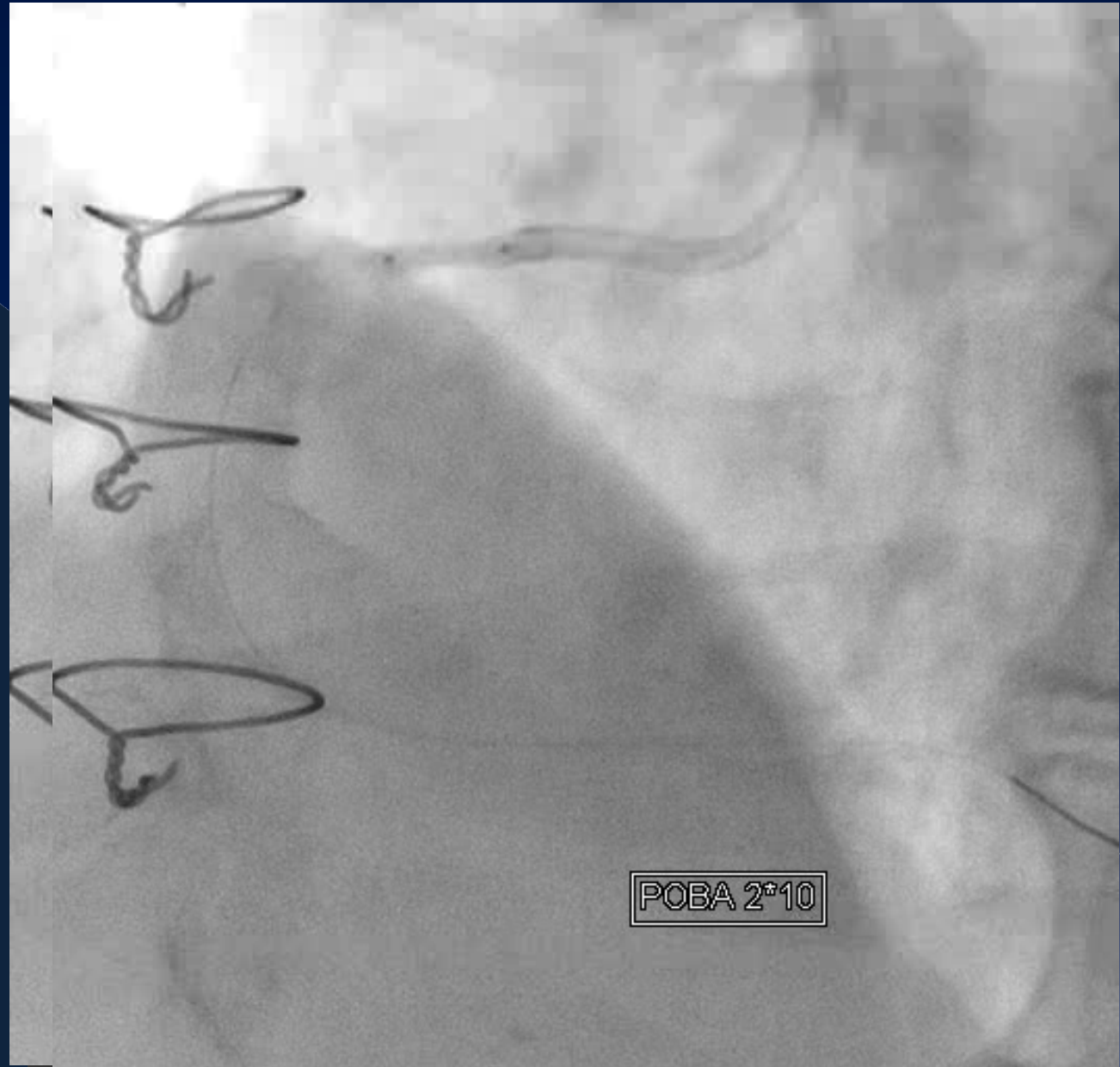


PCI



PCI

Ballon
SPRINTER
LEGEND
2.0 × 10mm



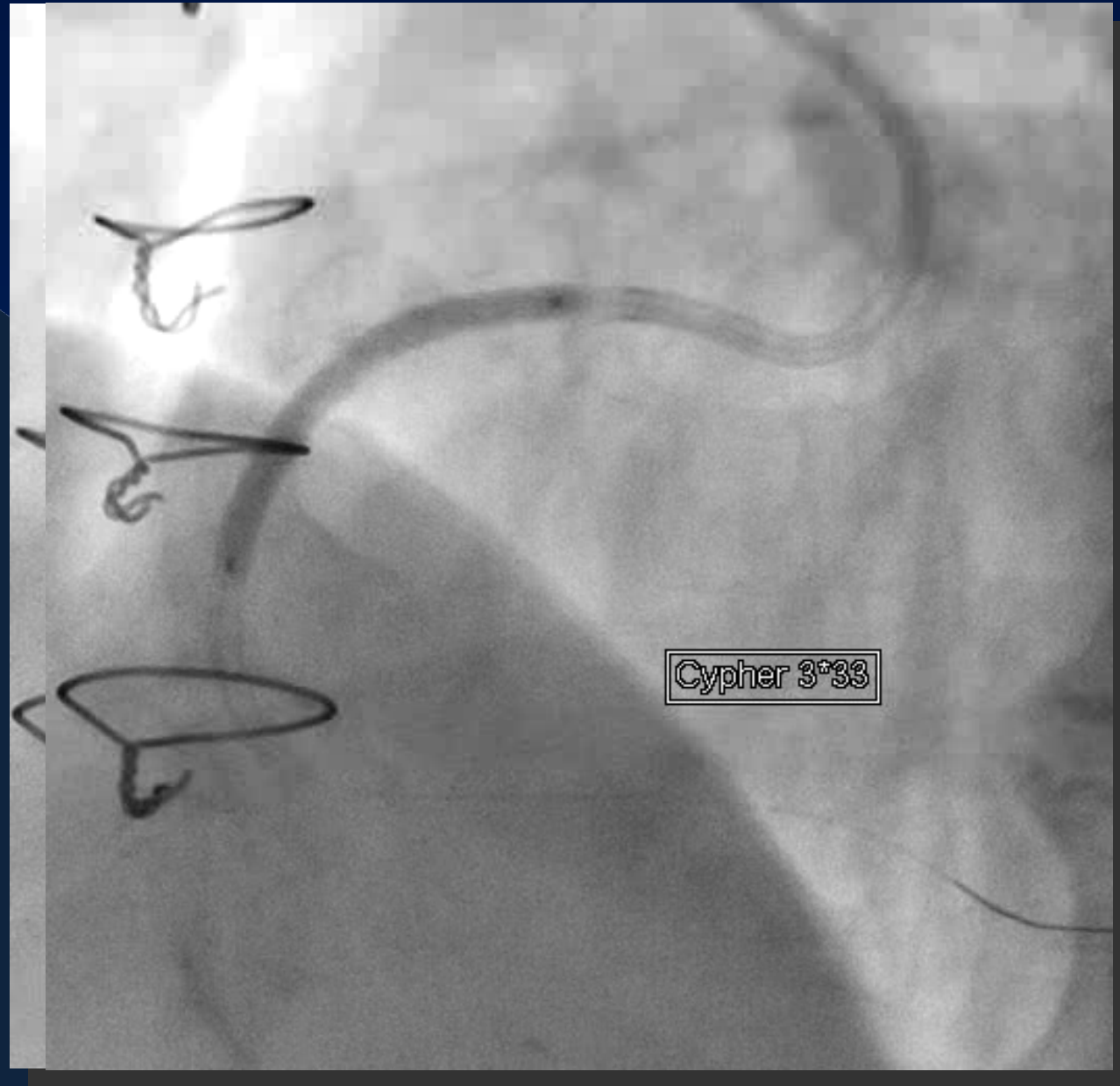
PCI

Stent

Cypher

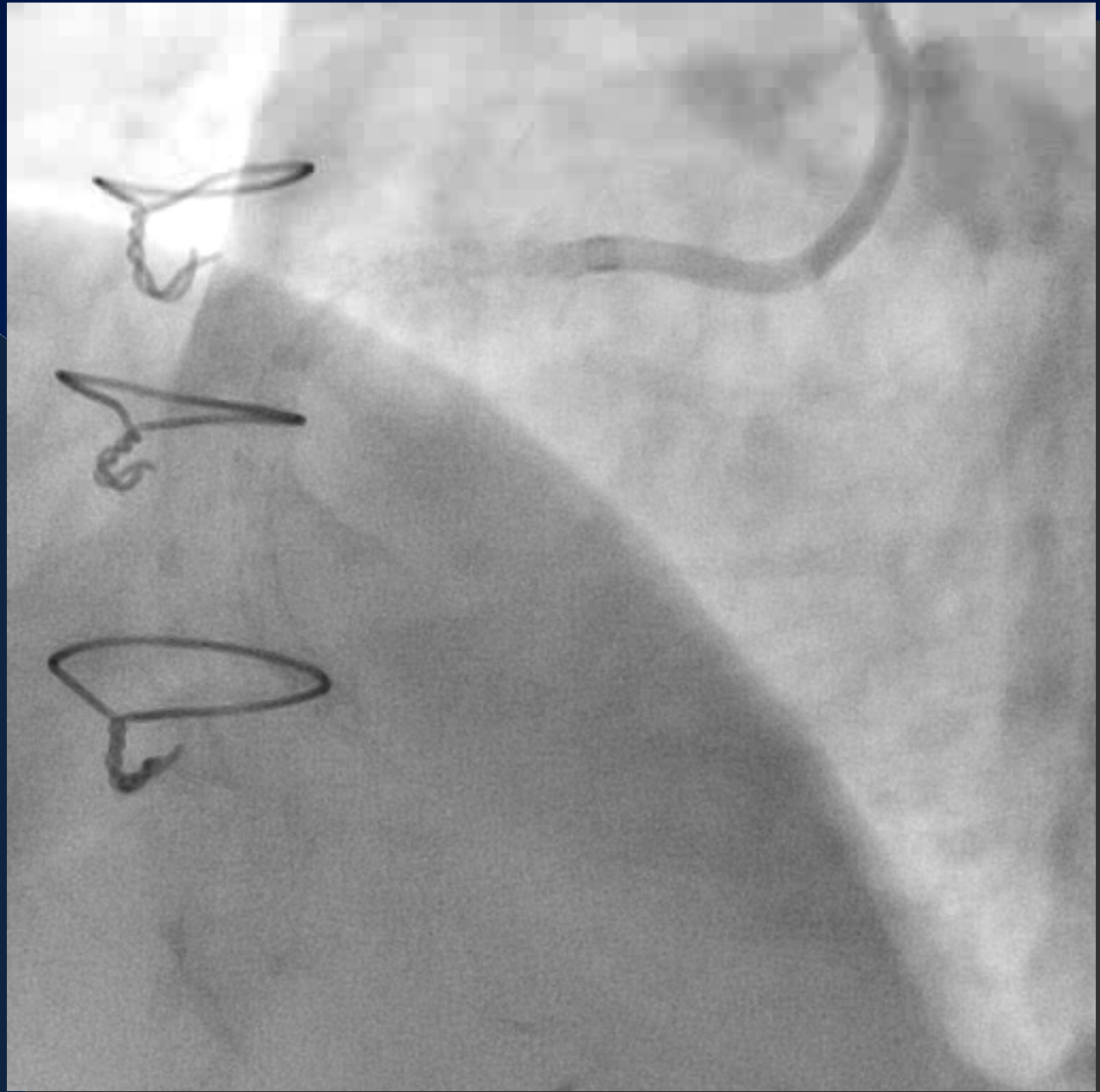
2.5 × 23mm

3.0 × 33mm



PCI

Final



The patient was symptom free after PCI and was discharged 2 days after PCI. The patient had no signs of heart failure. The patient was discharged with oral antiplatelets, betablockers, ACE inhibitors, and lipid lowering drugs with no nitrates. During follow up after 6 months, the patient was hemodynamically stable with no complaints.

Conclusion

CTCA is very useful for the CTO intervention to be able to get the information like IVUS.

In CTCA the difference with IVUS is not to need the guide wire.

Thank You.

