

"IMAGING & PHYSIOLOGY Summit 2009

IVUS-Guided CTO intervention via TRI Escape from 'False lumen'

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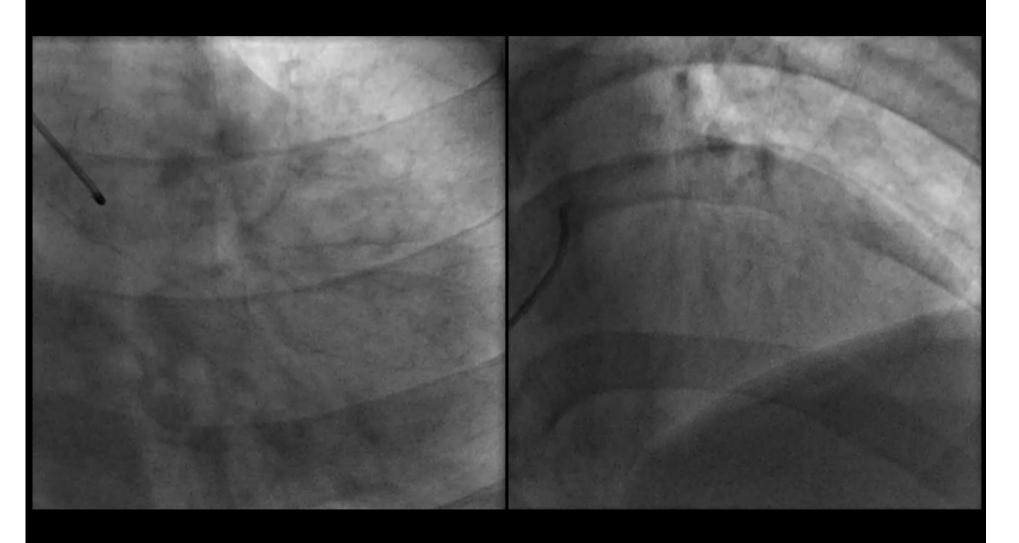


Introduction

- ◆55yr male with accelerating Chest pain (CCS III)
- ◆Risk factor: Hypertension, Smoking
- ◆ECG: sinus rhythm, LVH with strain
- ◆Echo: EF 50%, basal inf. Wall hypokinesia
- ◆Unstable angina

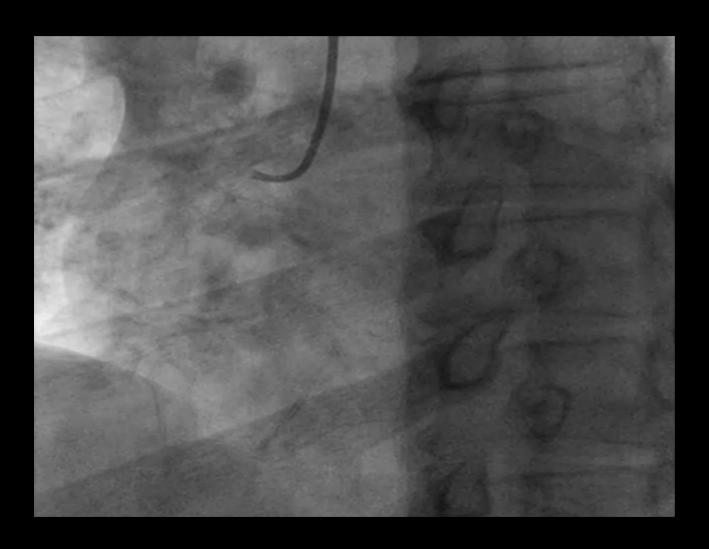


Left coronary angiogram





Right coronary angiogram



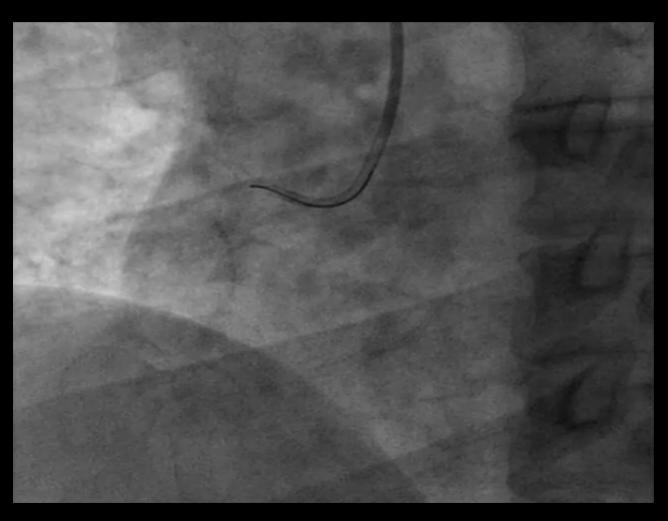


Strategy

- ◆OTW balloon + CTO-dedicated wire
- ◆Parallel or seesaw wire technique whenever indicated
- ◆IVUS-guided whenever indicated



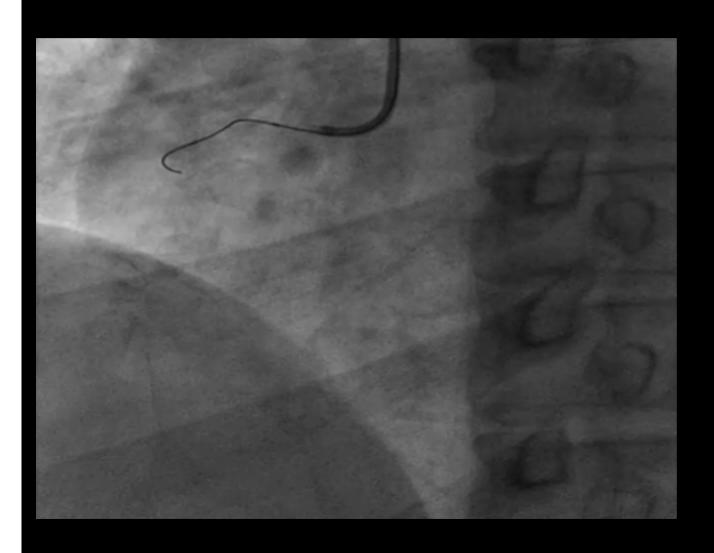
PCI at RCA



- ◆ TRI: right radial approach
- ◆ 6Fr. JR 4 Guiding catheter
- Runthrough G/W(0.014 inch)with 1.5 x 6 mmOTW balloon

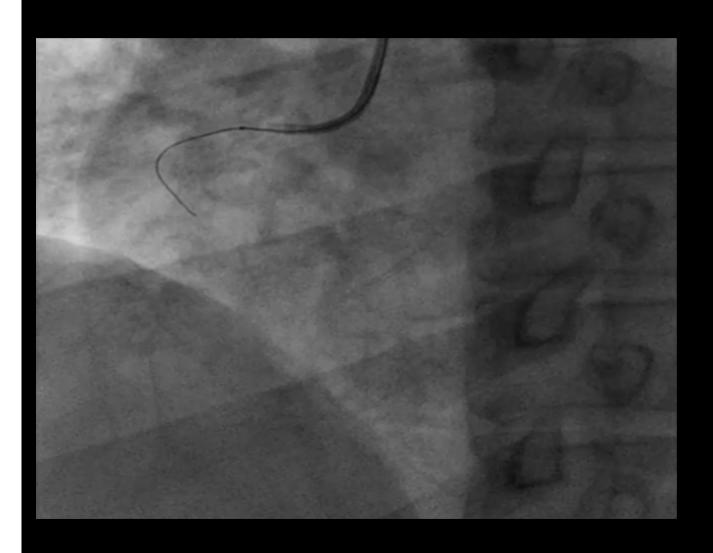


PCI at RCA with Miracle 3.0g



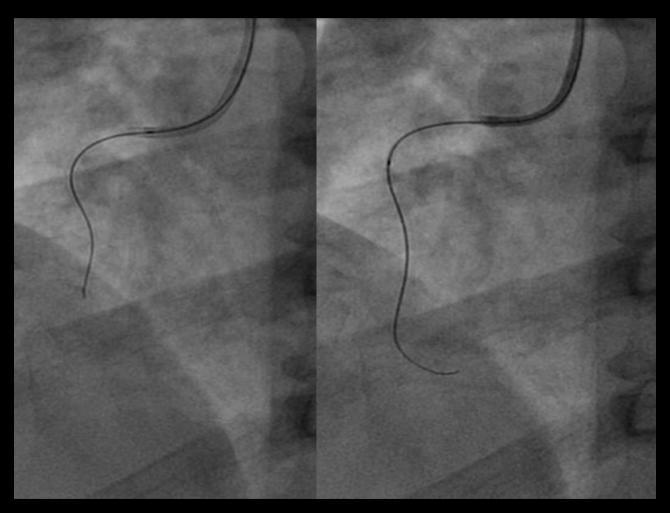


PCI at RCA with ConquestPro 12g





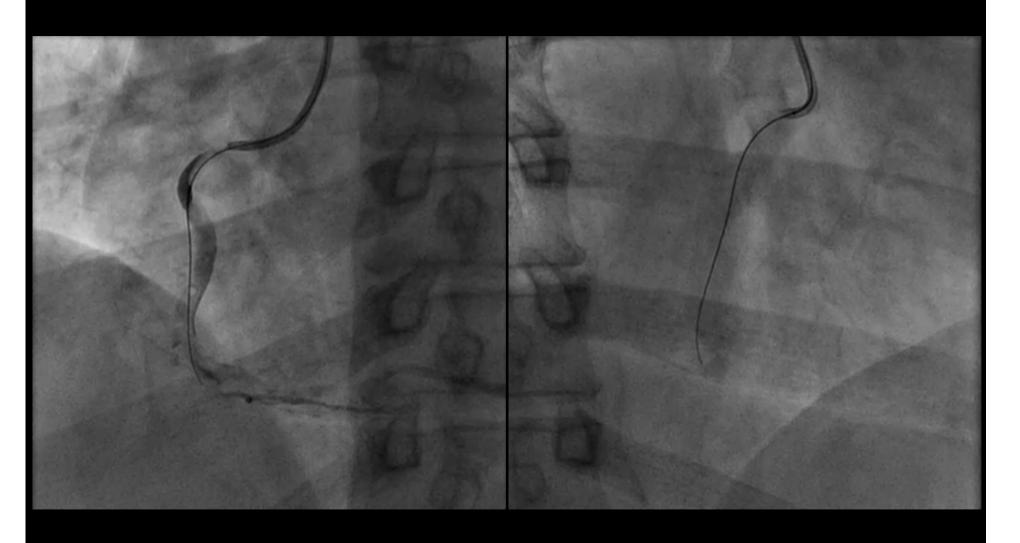
PCI at RCA



ConquestPro with OTW balloon (1.5 x 6 mm)

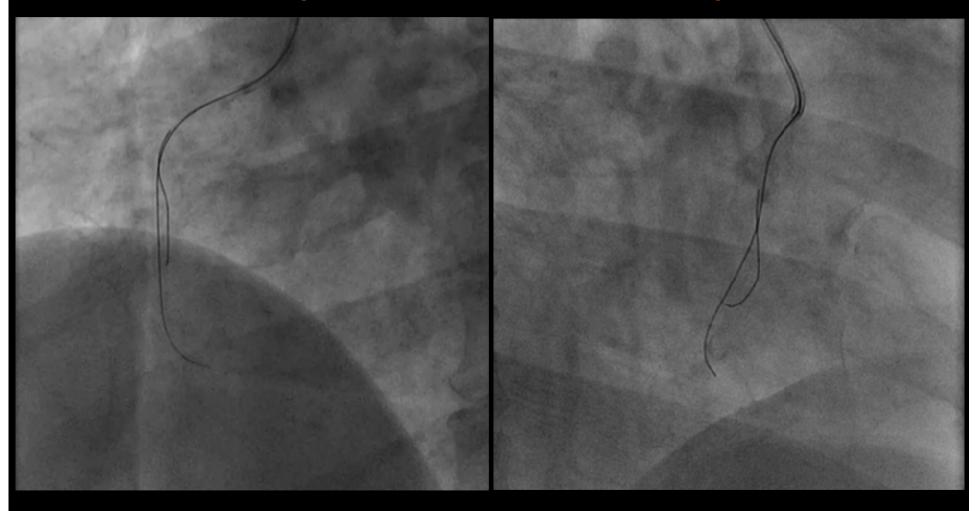


RCA F/U CAG





RCA PCI with parallel wire technique





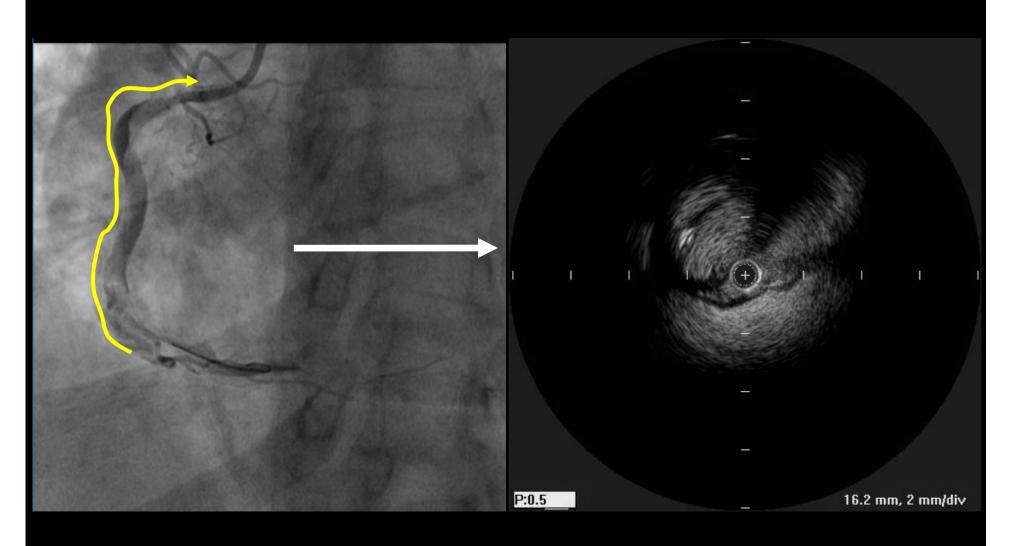
RCA PCI



Ballooning with 2.5 x 20 mm (ryujin) at p-RCA

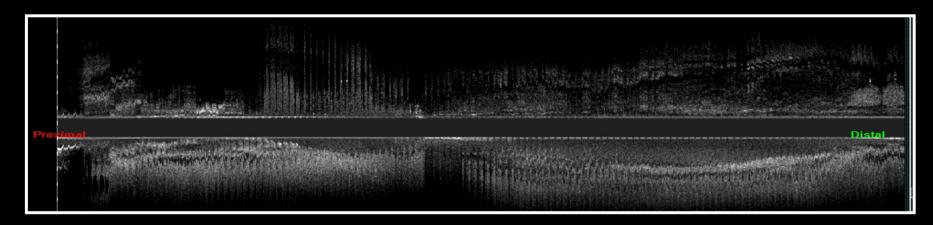


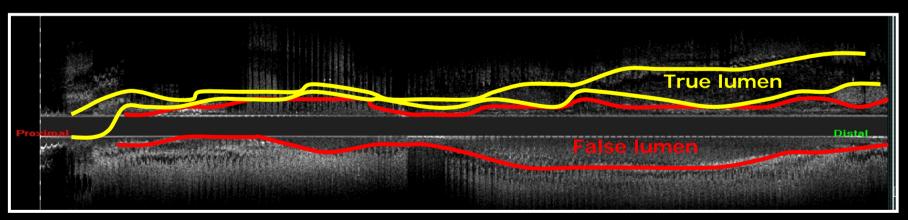
1st IVUS



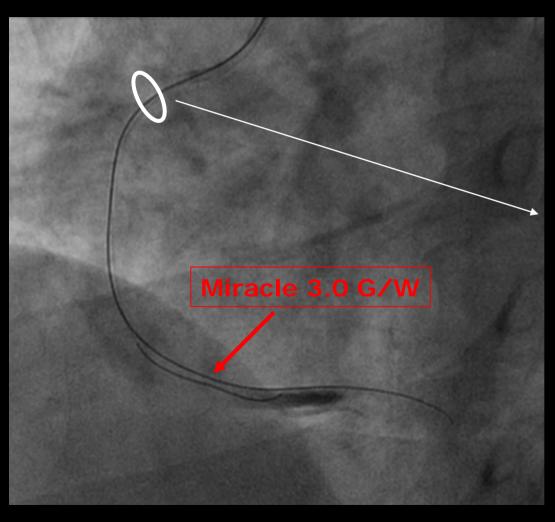


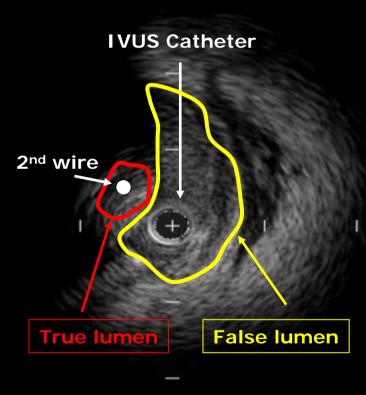
IVUS: False lumen





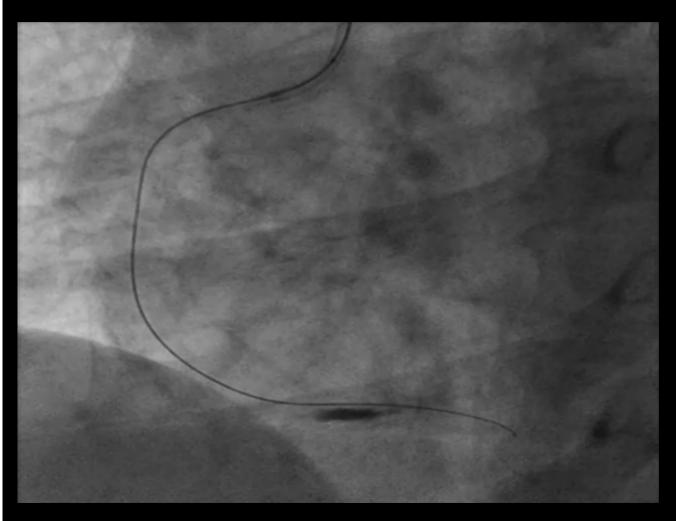
IVUS guide parallel wire technique







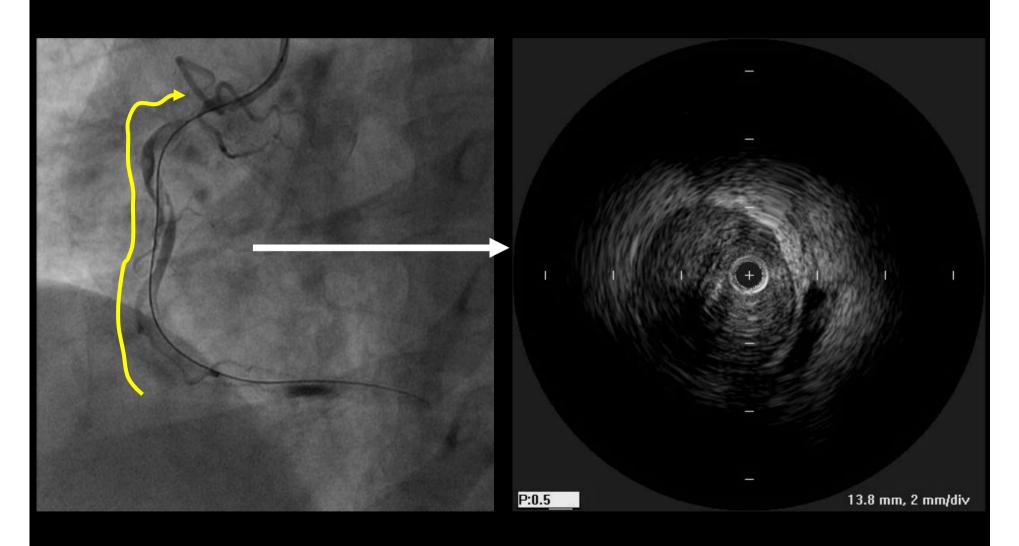
RCA F/U CAG



Still goining the wrong way?

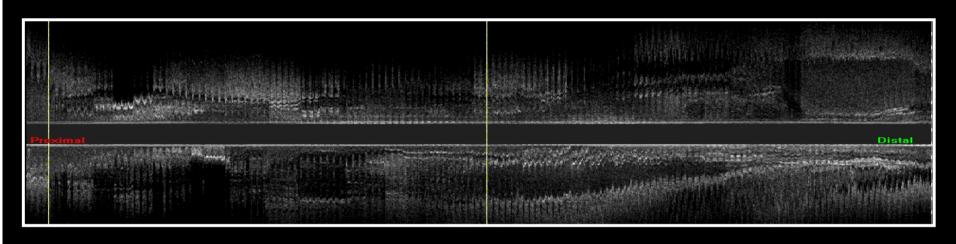


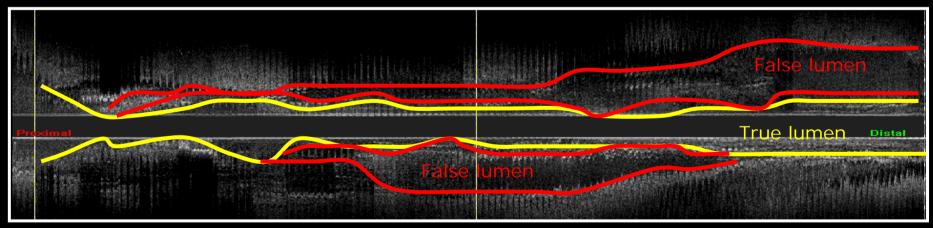
2nd IVUS





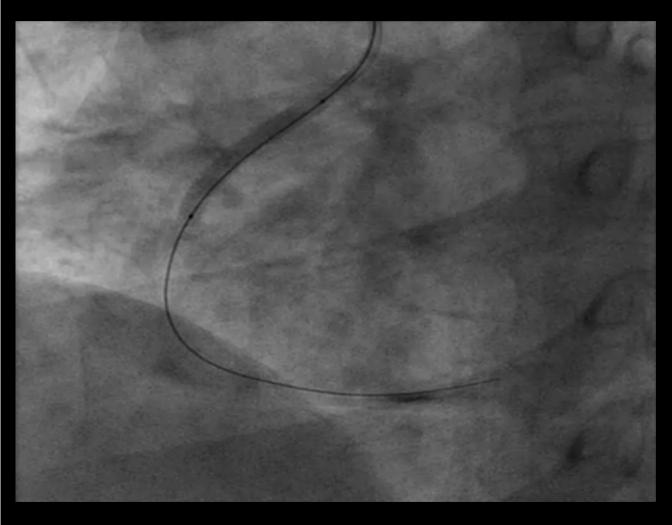
IVUS: true lumen







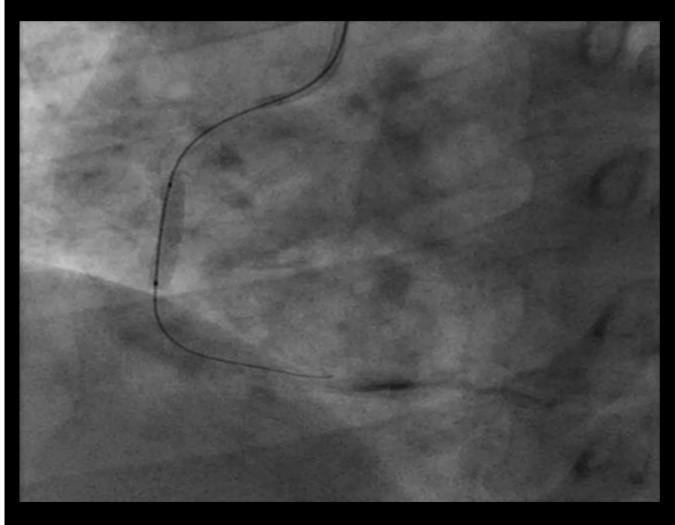
RCA PCI



RCA os ~ p-RCA: Driver 4.0x30mm upto 18atm



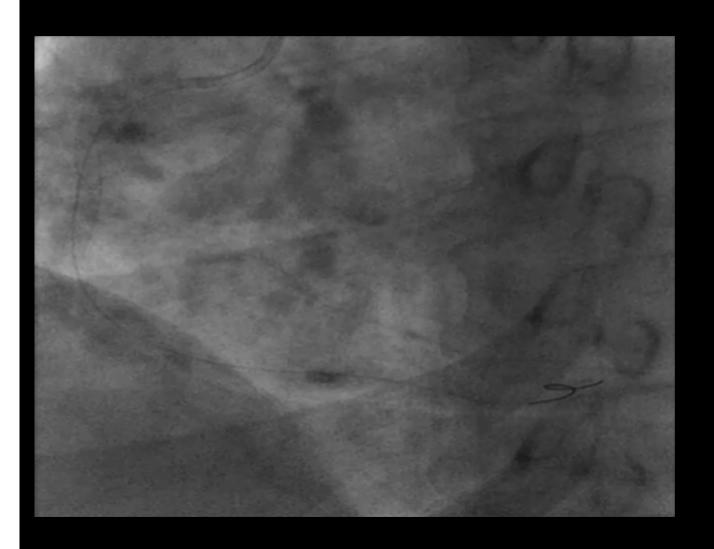
RCA PCI



m-RCA: Endeavor 3.5x18mm upto 18atm

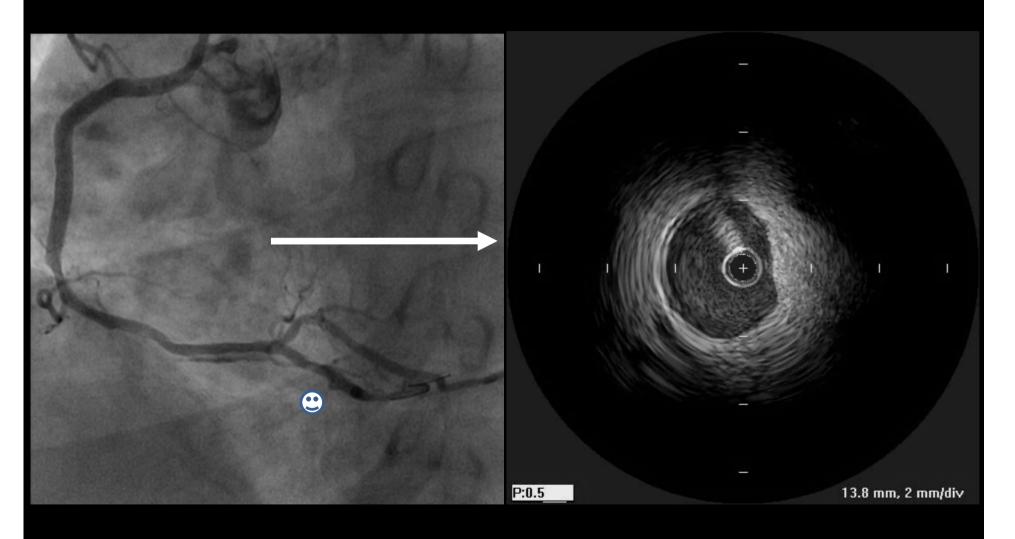


Final angiography



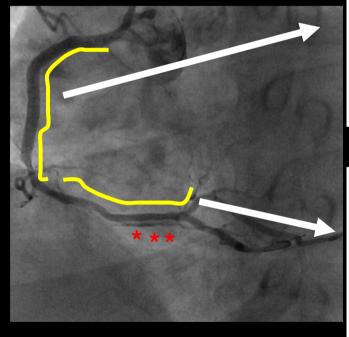


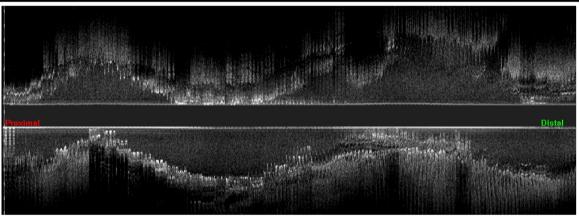
IVUS after PCI

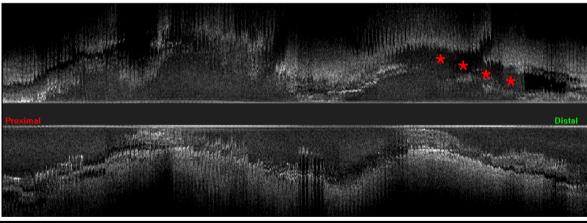




IVUS after PCI





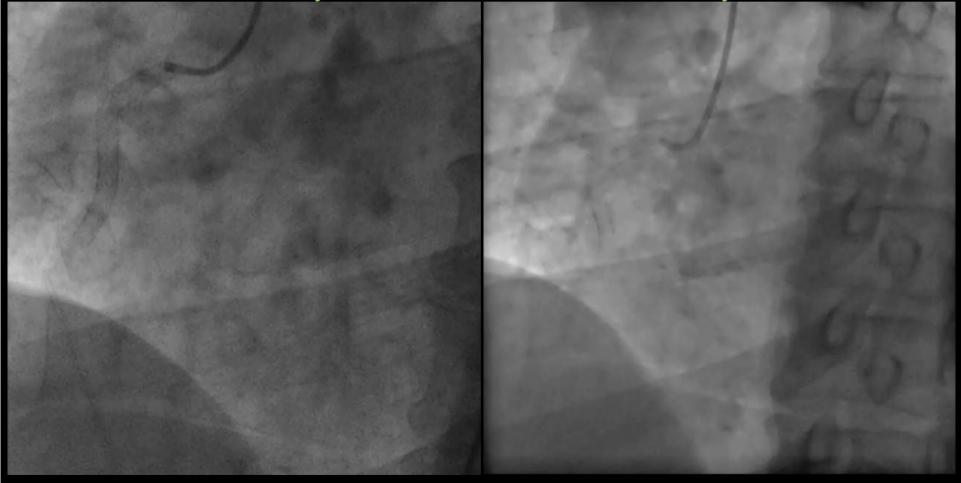




F/U CAG

After 7 days

After 1 year





Summary

- ◆This case demonstrates
 - Once a false lumen has been created, IVUS can guide the wire to reenter into the true lumen.
 - IVUS guided wiring technique is a safe and very helpful technique to advance in a true lumen during CTO intervention.