## Stumbles PCI CTO LAD (Retrograde Approach)

Arwin Saleh Mangkuanom, MD

National Cardiovascular Center Harapan Kita Hospital

Jakarta, Indonesia

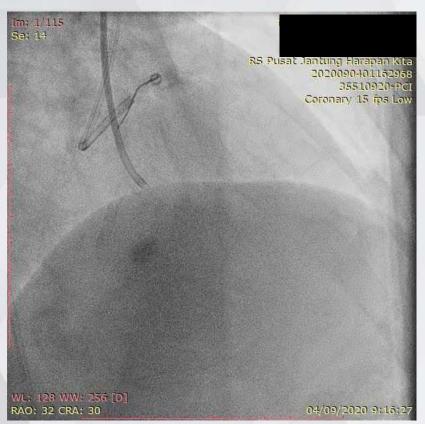
#### **Disclosure**

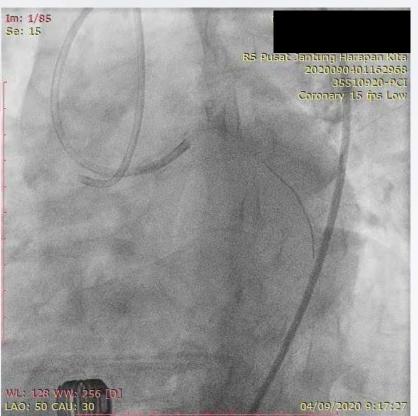
I don't have any conflicts of interest

#### **Case Illustration**

- 66-year-old woman with CCS class II angina
- Risk factors: hypertension, family history
- ECG: Sinus Rhythm
- Patient had history of prior PCI with 3 DES in LAD (April 2017), LCx (December 2017), and RCA (March 2017)

### **Diagnostic Coronary Angiography**







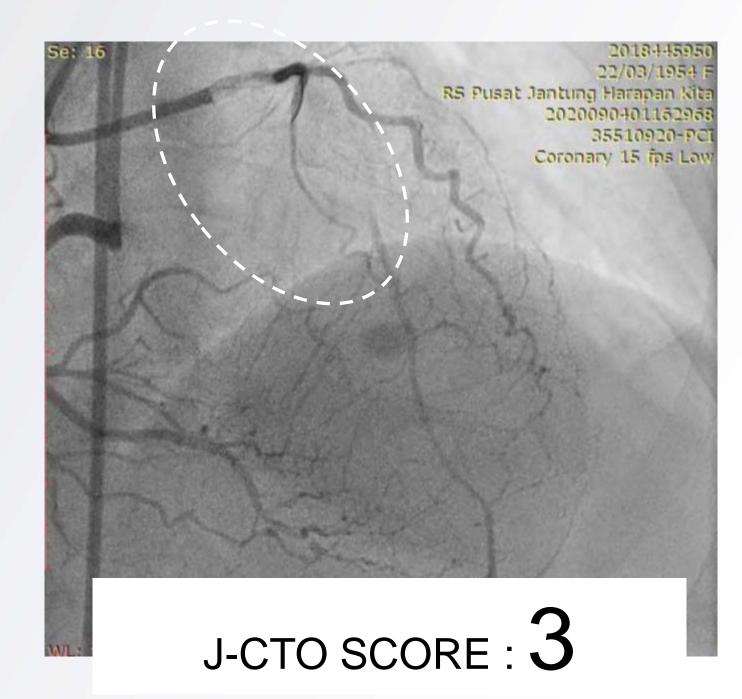
#### **PCI Strategy**

- Dual angiography
- Vascular access:
  - Right radial artery to RCA: 6F sheath with GC JR 3.5 mm / 6F
  - Right femoral artery to LCA : 8F sheath with GC BL 3.5 mm / 7F
- Antegrade wire escalation
- Microcatheter
- Retrograde wire escalation

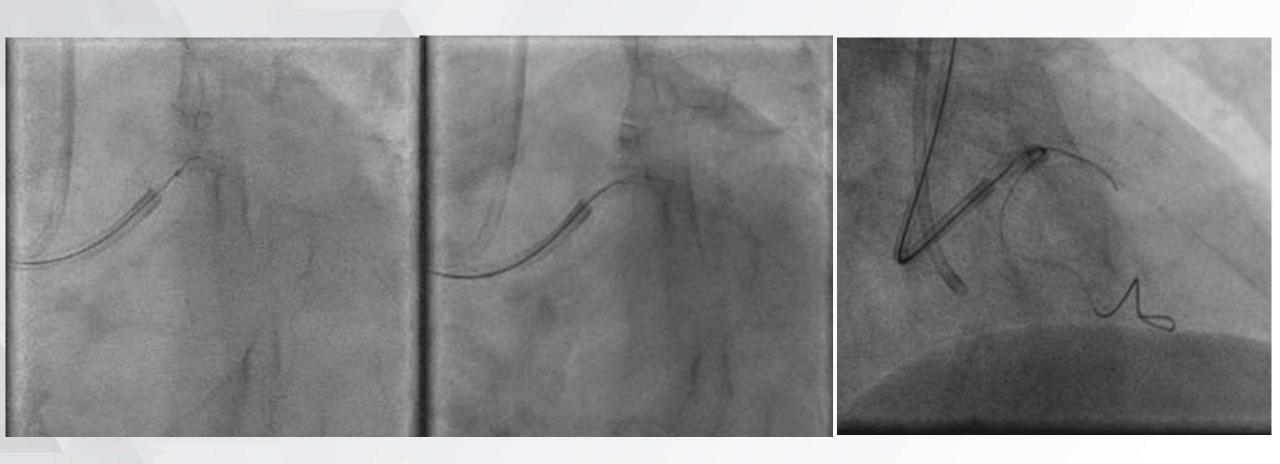
### Target Vessel: Proximal LCx

#### JCTO Score ASSESSMENT

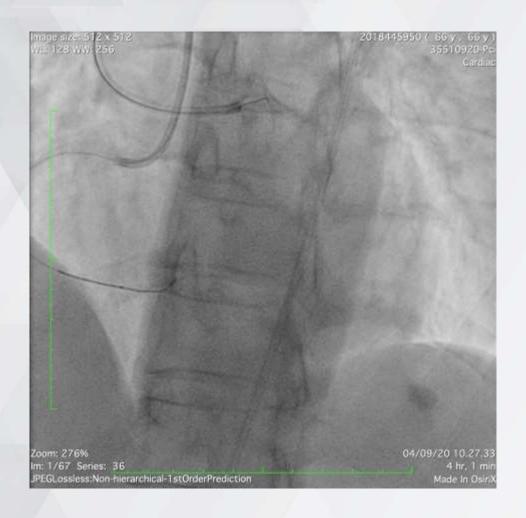
<b>Proximal Cap</b>	Blunt
Length	> 20 mm
Calcification	Absence
Bending > 45°	No
Re-Try Lesion	Yes

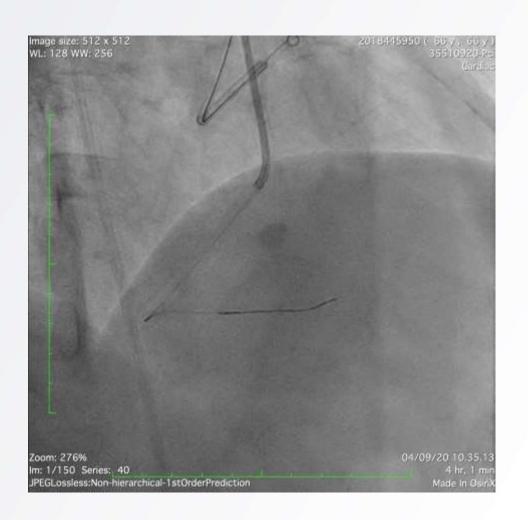


# Antegrade Wire Escalation Fielder XTA – GAIA 3<sup>rd</sup> – Conquest Pro 8 – 20 with Microcatheter Crusade to LAD

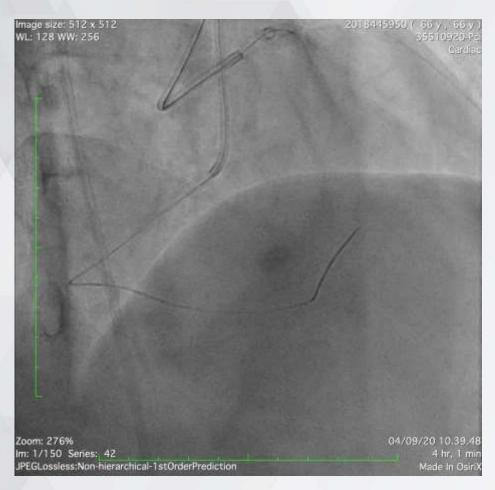


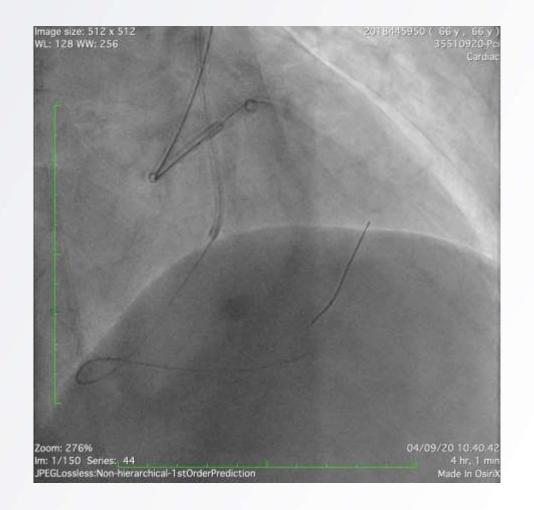
### Retrograde Approach – Wire SION with Microcatheter Finecross to distal RCA





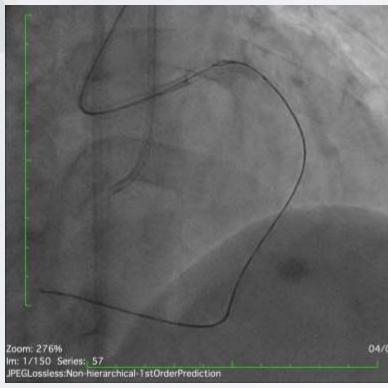
# Retrograde Approach – Wire SION with Microcatheter Finecross from distal RCA – septal brach – proximal LAD

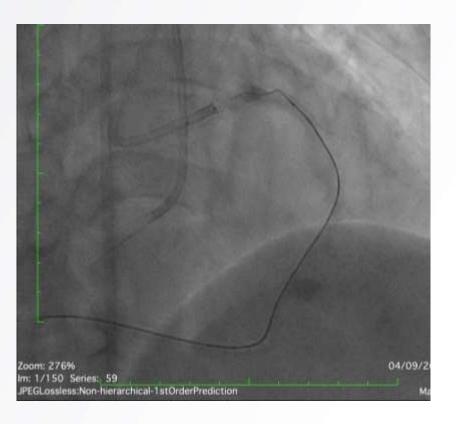




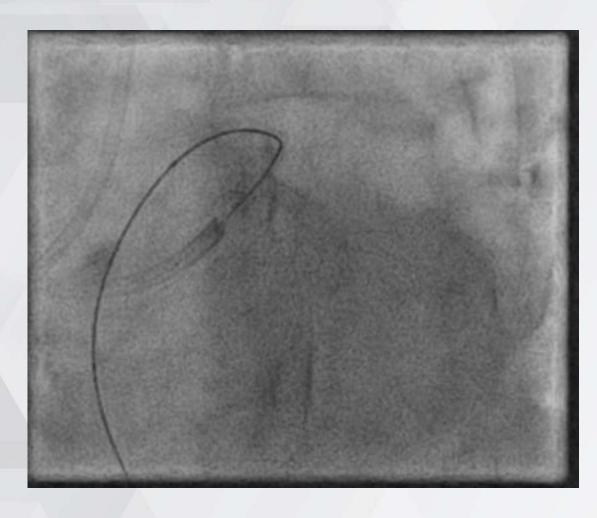
### Wire Escalation from SION BLUE - GAIA 3<sup>rd</sup> to osteal LAD

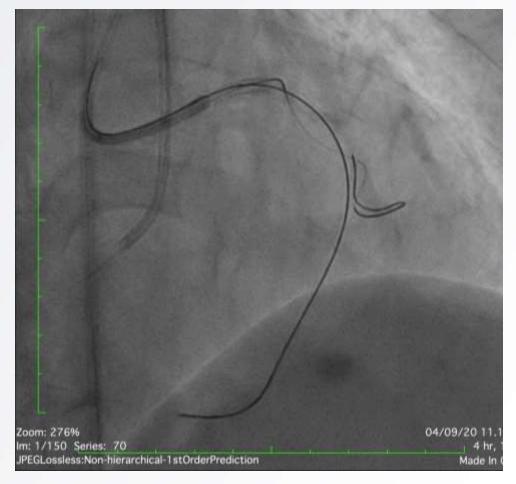






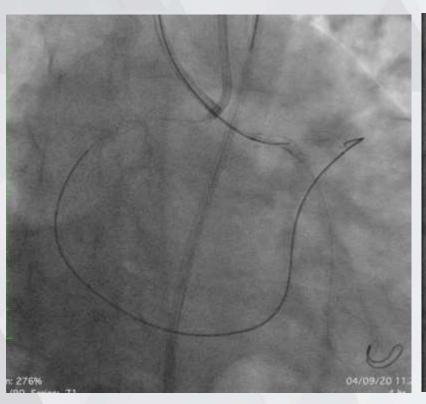
### Wire Escalation from GAIA 3<sup>rd</sup> – Conquest Pro 8-20 to osteal LAD and GC BL 3.5/7F

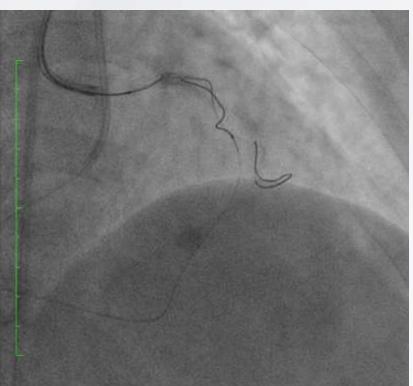


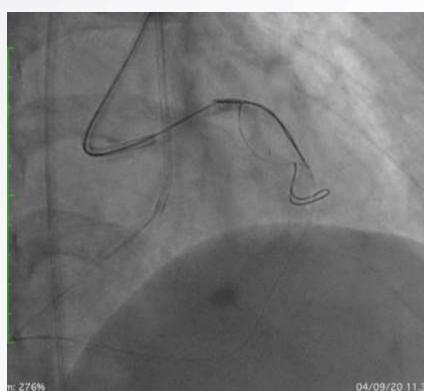


**Balloon Trapping Technique** 

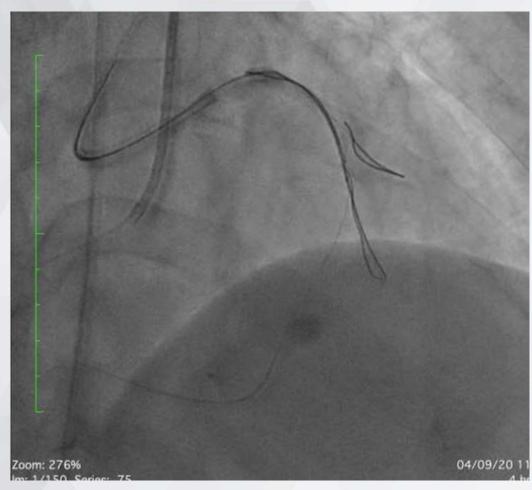
### Antegrade Approach – Wire Fielder XTA with Microcatheter Finecross to distal LAD

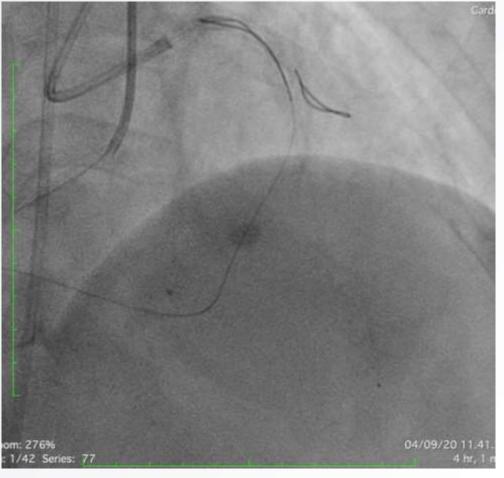






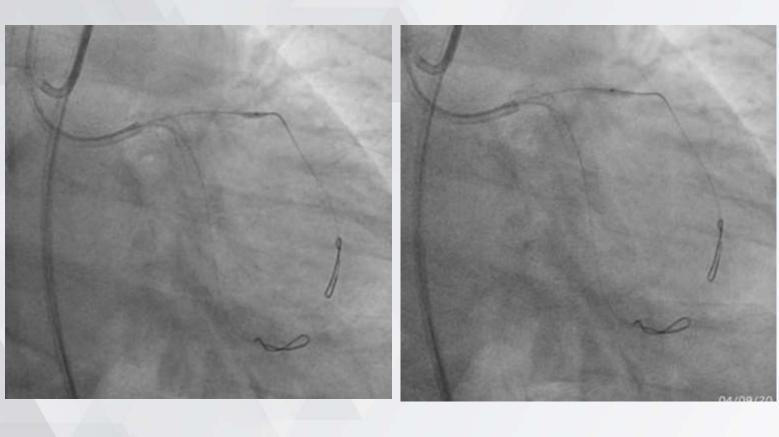
### Antegrade Approach – Wire Fielder XTA with Microcatheter Finecross to distal LAD

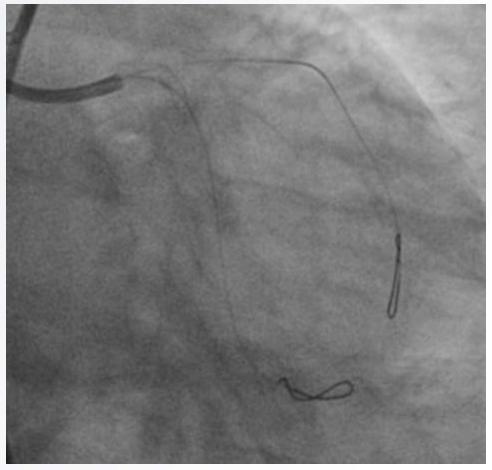




Contrast Injection Showed True Lumen of LAD

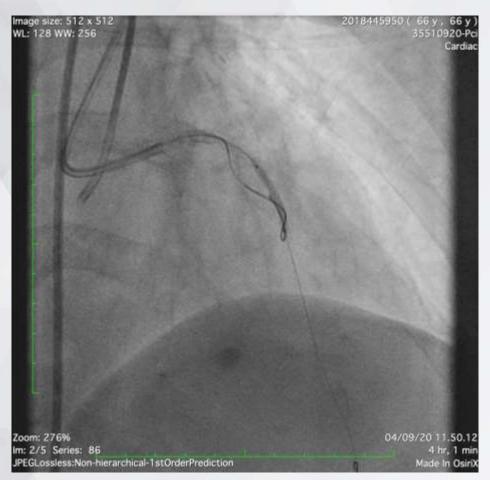
### Lesion Preparation: Pre-Dilatation mid to osteal LAD

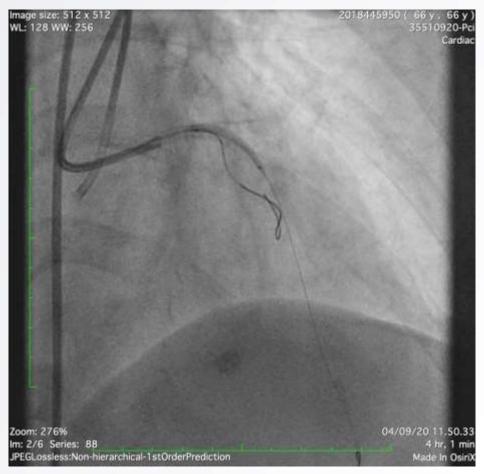




Ikazuchi 1.5 x 15 mm

#### 2<sup>nd</sup> Lesion Preparation: Pre-Dilatation proximal LAD - LM





Ryujin 2.0 x 20 mm

#### **Kissing Balloon**

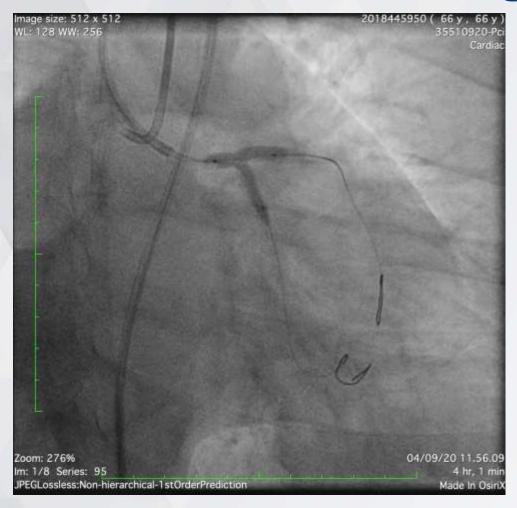
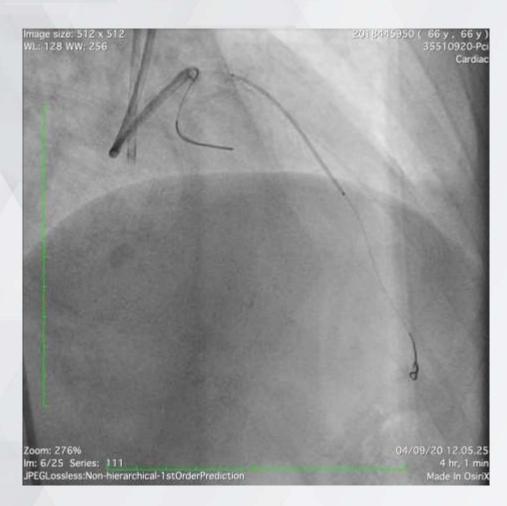


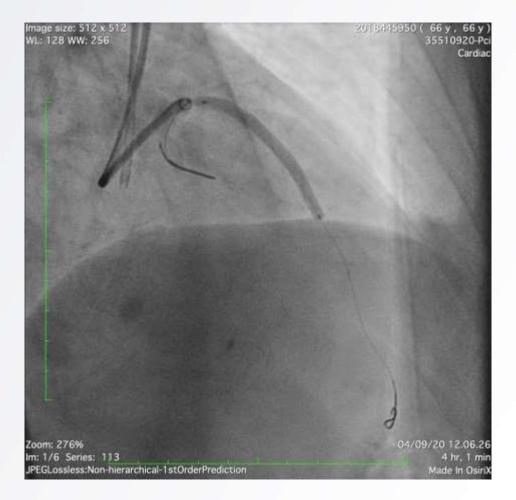
Image size; 512 x 512 WL: 128 WW: 256 Zoom: 276% lm: 1/23 Series: 108 JPEGLossless:Non-hierarchical-1stOrderPrediction

LAD: Ryujin 3.5 x 15 mm

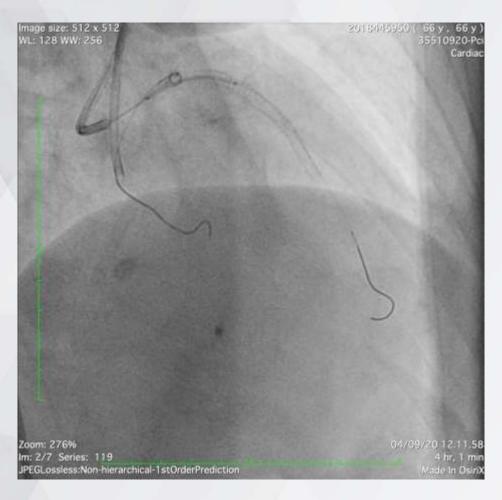
LCx: Ryujin 3.0 x 20 mm

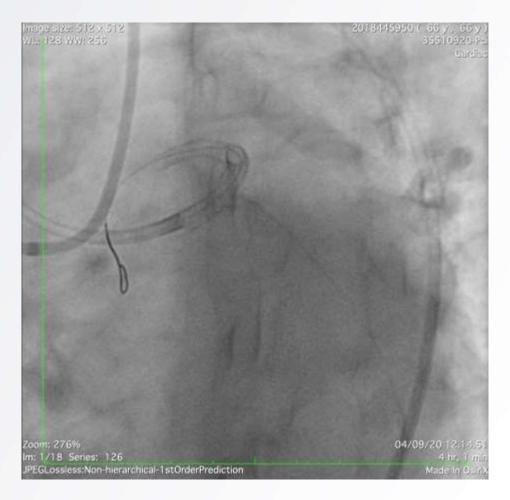
#### 1st Stent Deployment at proximal - mid LAD



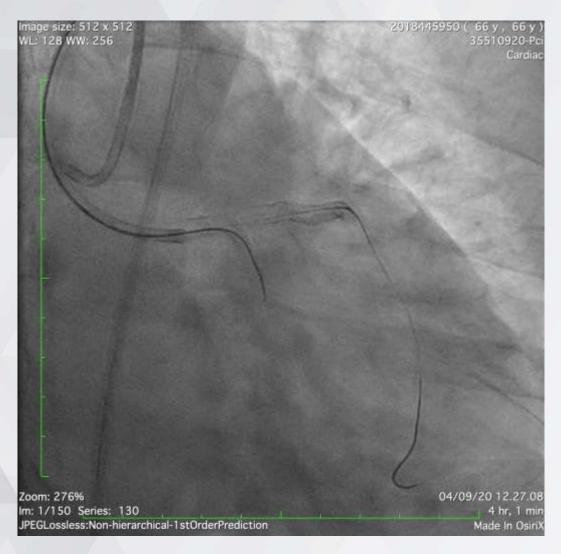


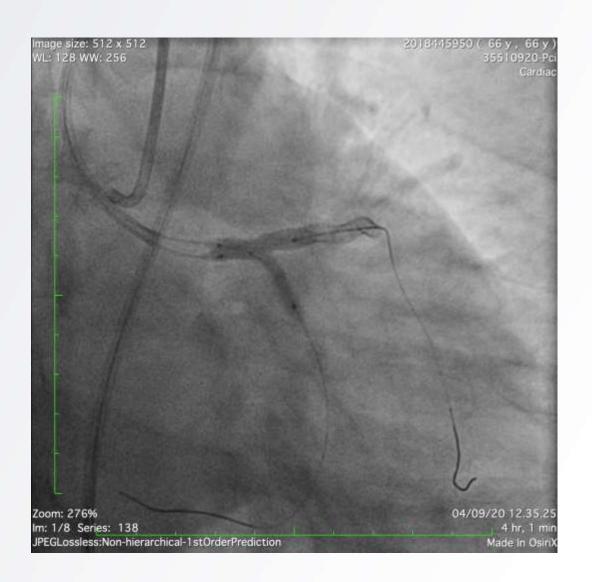
## 2<sup>nd</sup> Stent Deployment: Overlap with 1<sup>st</sup> stent in LM – proximal LAD



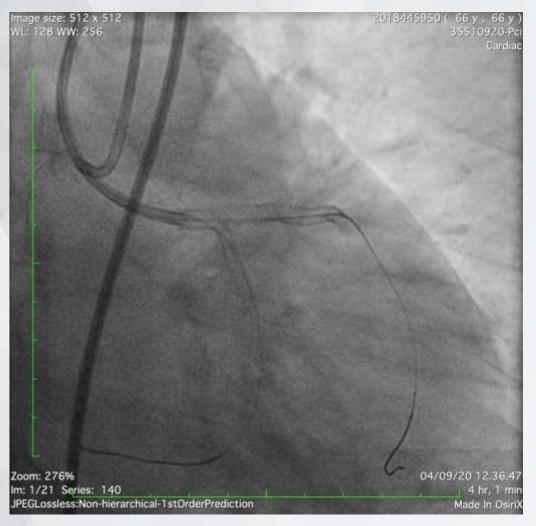


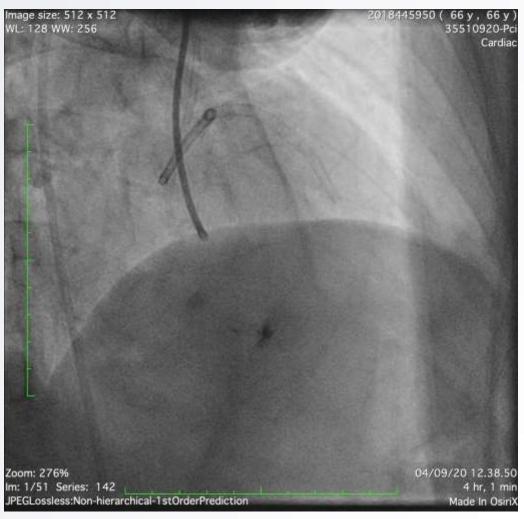
### **Exchange wire and kissing balloon**





### **Final Angiographic View**





### **Thank You**