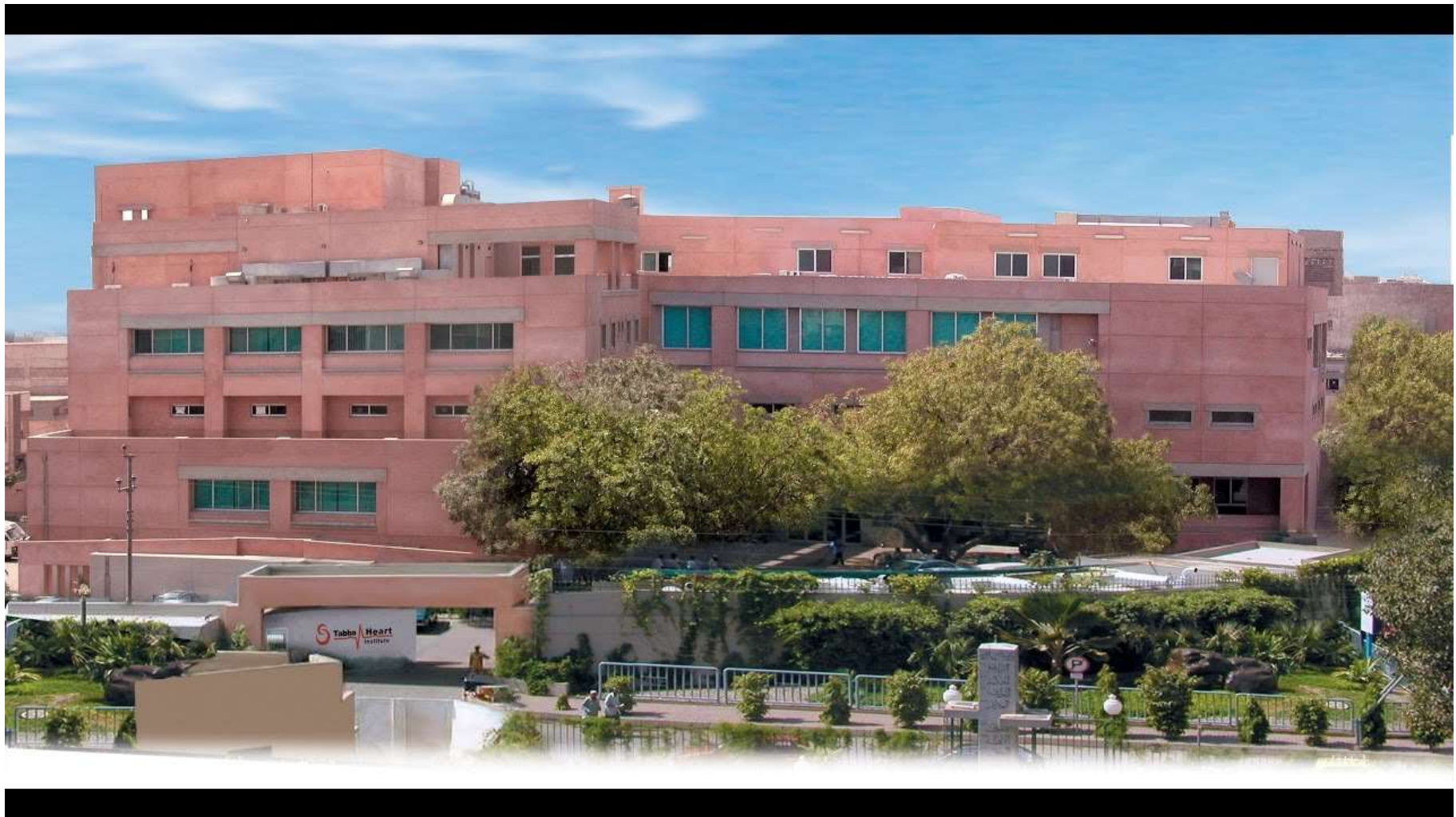


Complex PCI 2017
Retrograde CTO intervention of
distal RCA in a country with limited
resources

G.Hussain Soomro, MBBS, FCPS (Card)
Interventional Cardiology Fellow
Tabba Heart Institute, Karachi, Pakistan

Tabba Heart Institute, Karachi, Pakistan

State- of-the- art cardiac hospital



Asad Pathan, MD, FACC, FSCAI

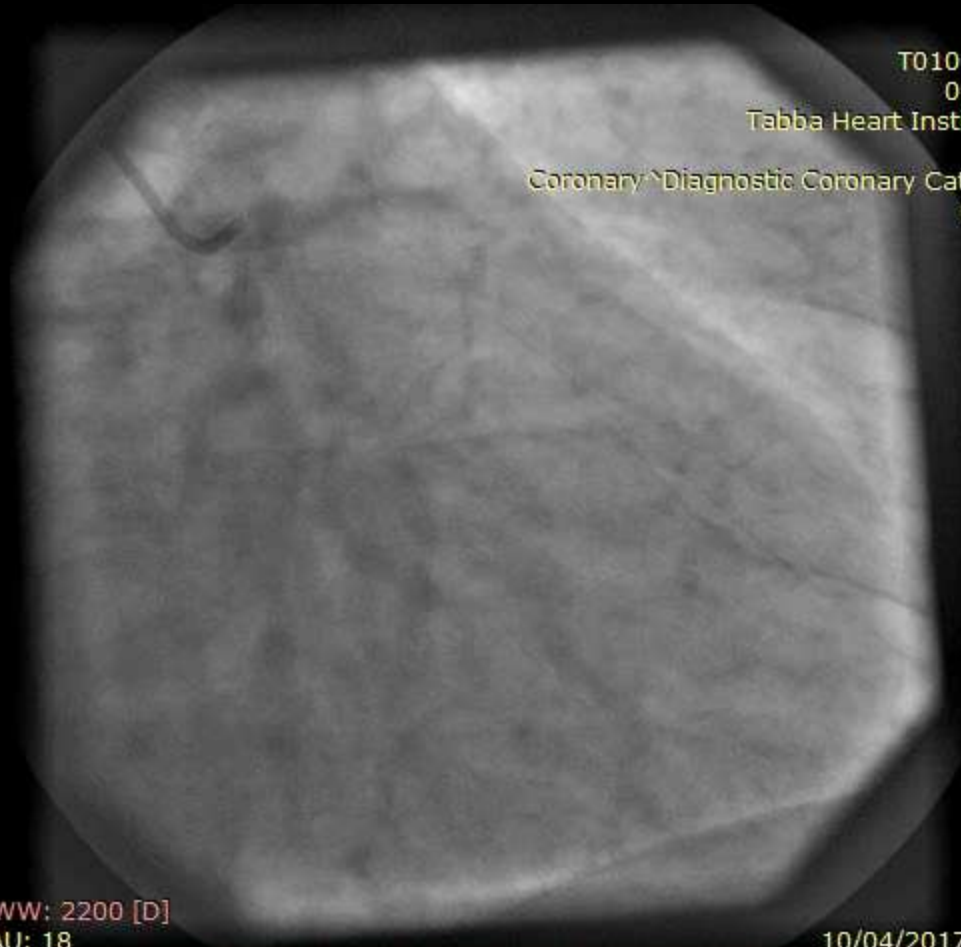


Case

- 61 year-old-man, cigg smoker
- Inferior wall MI in 2007, received thrombolytic, successfully reperfused
- LHC -non obstructive coronaries
- Now with CCS II angina- 6 months
- Clinical examination - Unremarkable

- MPI - medium size, moderate intensity inducible ischemia in LAD & RCA territories with transient ischemic dilation
- Echo - EF 55% , Grade II left ventricular diastolic dysfunction

Im: 1/73
Se: 1



M Ashraf
T0100000297100
09/29/1956 M
Tabba Heart Institute-Karachi
1
Coronary^Diagnostic Coronary Catheterization
Coro ND 512

WL: 2000 WW: 2200 [D]
RAO: 18 CAU: 18

10/04/2017 2:45:02 PM

Im: 1/73
Se: 2



M Ashraf
T0100000297100
09/29/1956 M
Tabba Heart Institute-Karachi
1
Coronary^Diagnostic Coronary Catheterization
Coro ND 512

WL: 2000 WW: 2200 [D]
LAO: 29 CAU: 29

10/04/2017 2:45:25 PM

Im: 1/98
Se: 3



M Ashraf
T0100000297100
09/29/1956 M
Tabba Heart Institute-Karachi
1
Coronary^Diagnostic Coronary Catheterization
Coro ND 512

WL: 2000 WW: 2200 [D]
RAO: 9 CRA: 37

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Im: 1/109
Se: 4

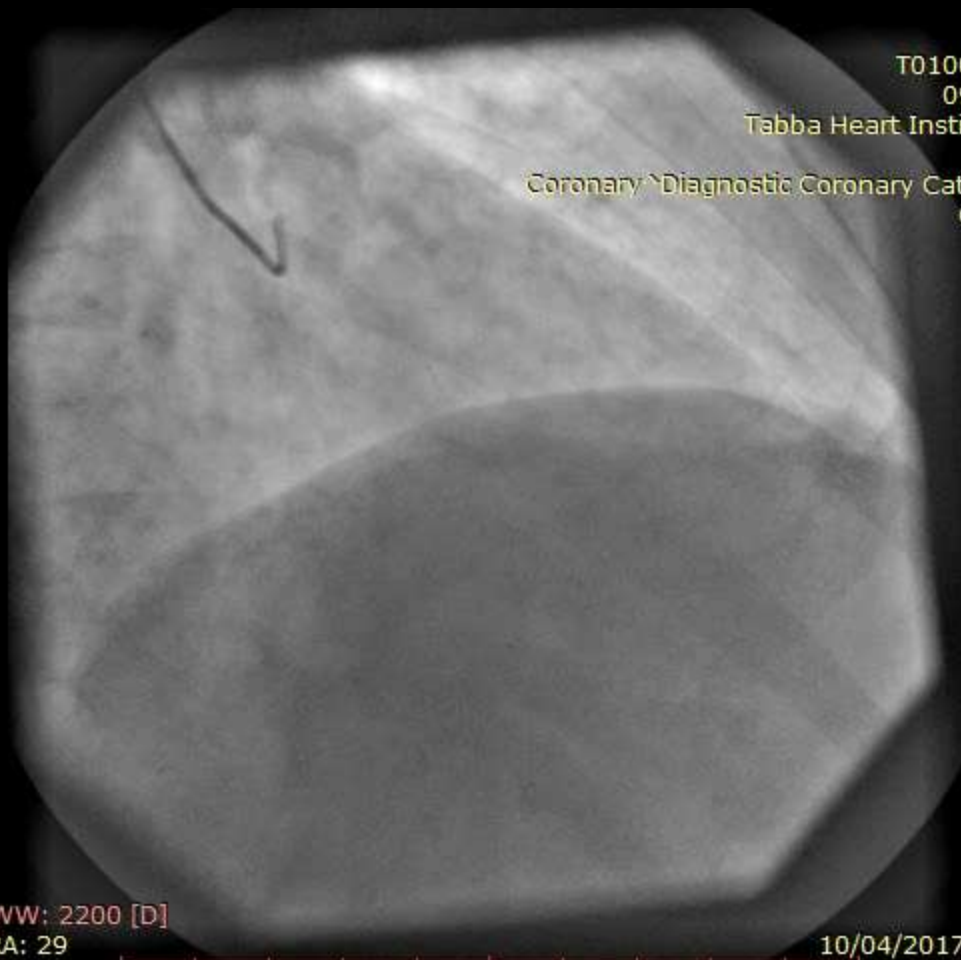


M Ashraf
T0100000297100
09/29/1956 M
Tabba Heart Institute-Karachi
1
Coronary^Diagnostic Coronary Catheterization
Coro ND 512

WL: 2000 WW: 2200 [D]
LAO: 41 CRA: 30

10/04/2017 2:46:58 PM

Im: 1/95
Se: 5



M Ashraf
T0100000297100
09/29/1956 M
Tabba Heart Institute-Karachi
1
Coronary ^Diagnostic Coronary Catheterization
Coro ND 512

WL: 2000 WW: 2200 [D]
RAO: 30 CRA: 29

10/04/2017 2:47:59 PM

Im: 1/112
Se: 6



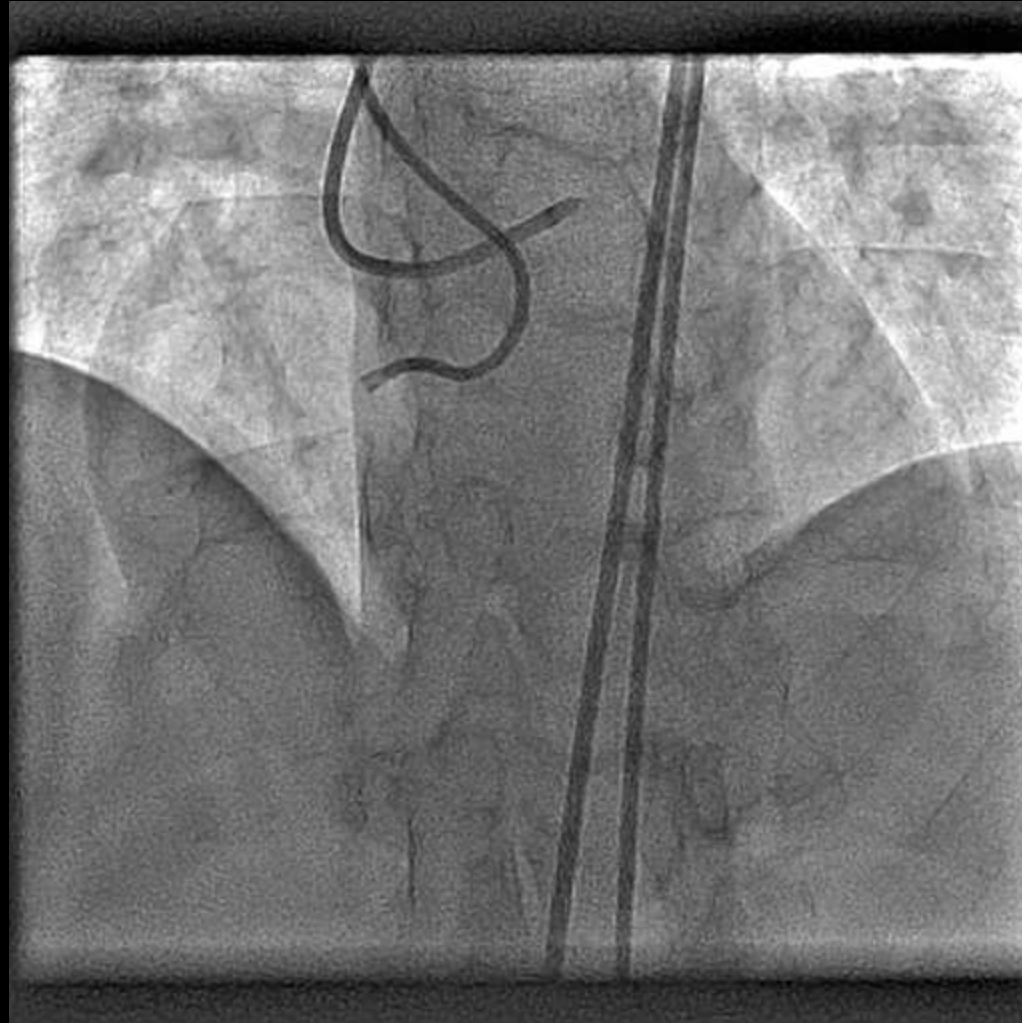
M Ashraf
T0100000297100
09/29/1956 M
Tabba Heart Institute-Karachi
1
Coronary^Diagnostic Coronary Catheterization
Coro ND 512

WL: 2000 WW: 2200 [D]
LAO: 32 CAU: 1

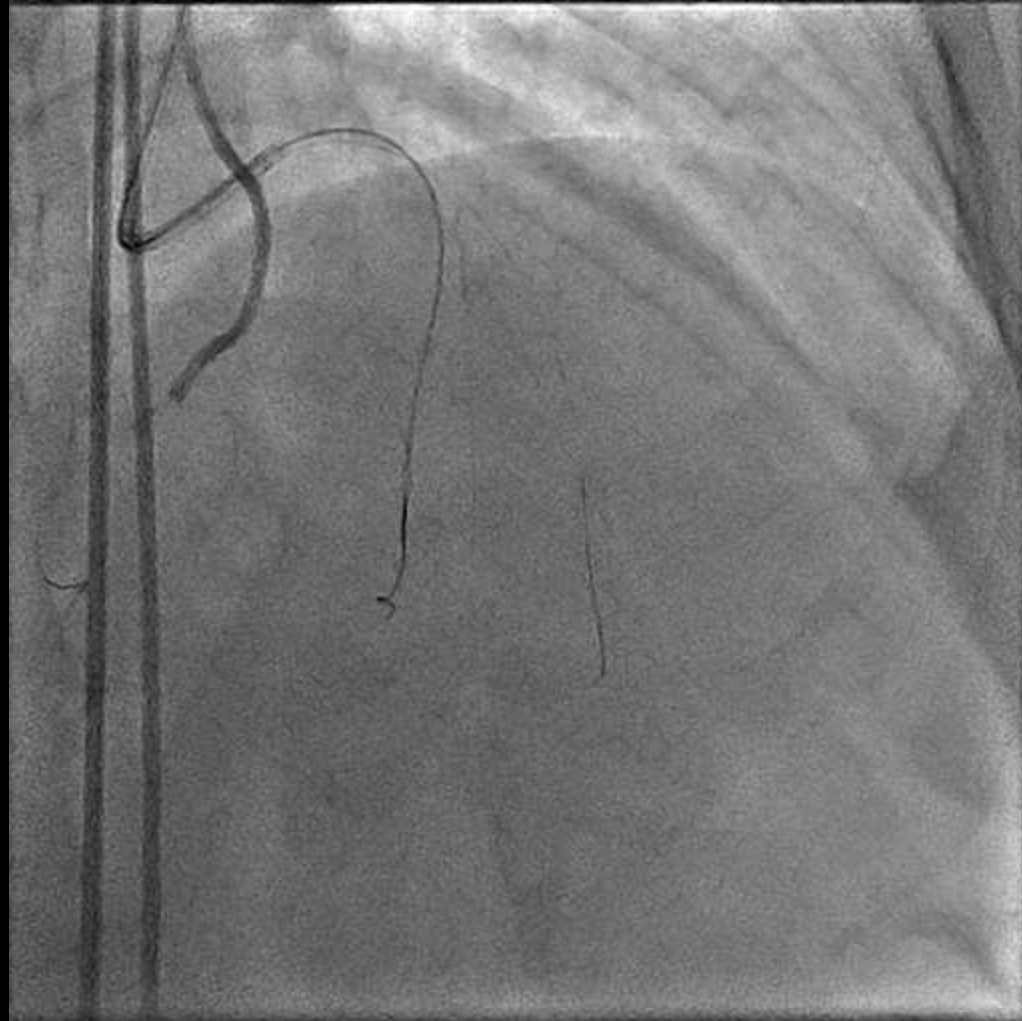
10/04/2017 2:49:03 PM

- Options of revascularization discussed with patient and family at stretch.
- Patient opted for PCI

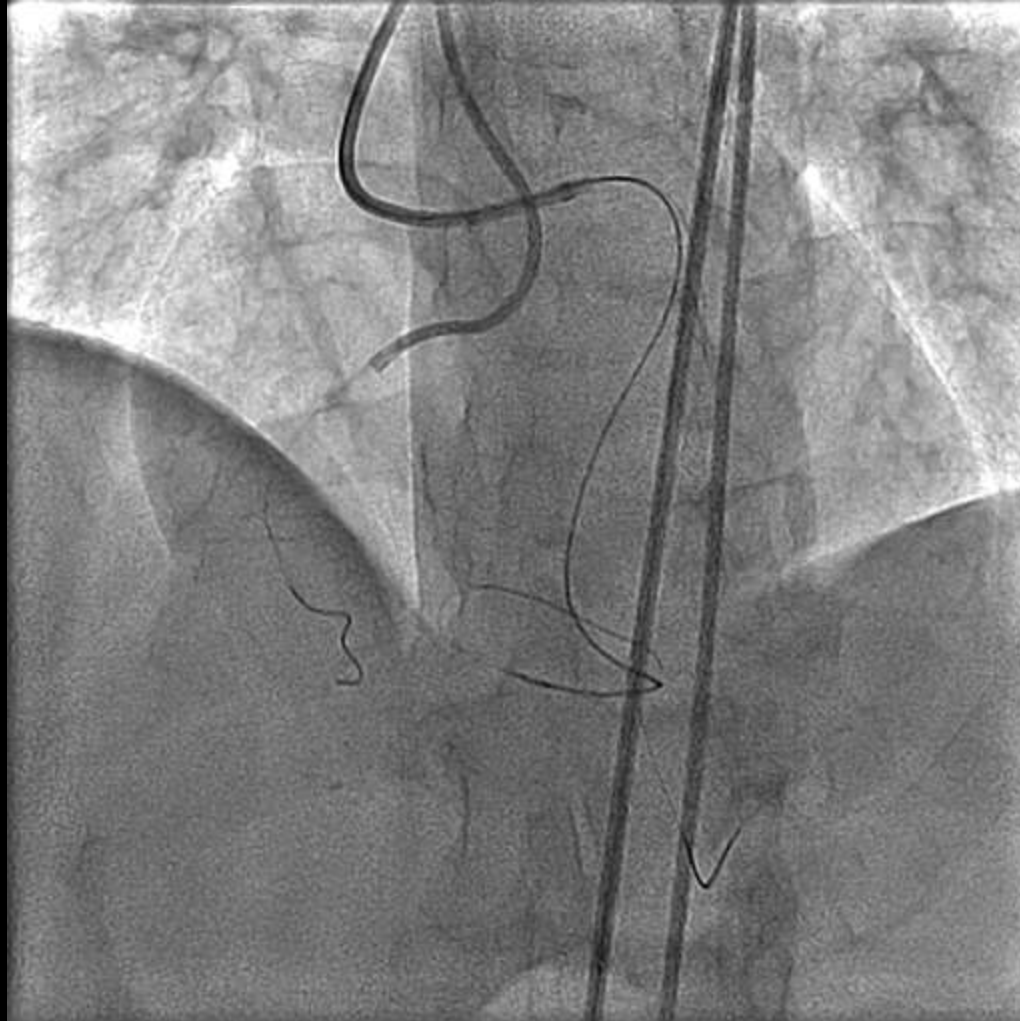
AL1 guide in RCA, EBU 3.5 in LM

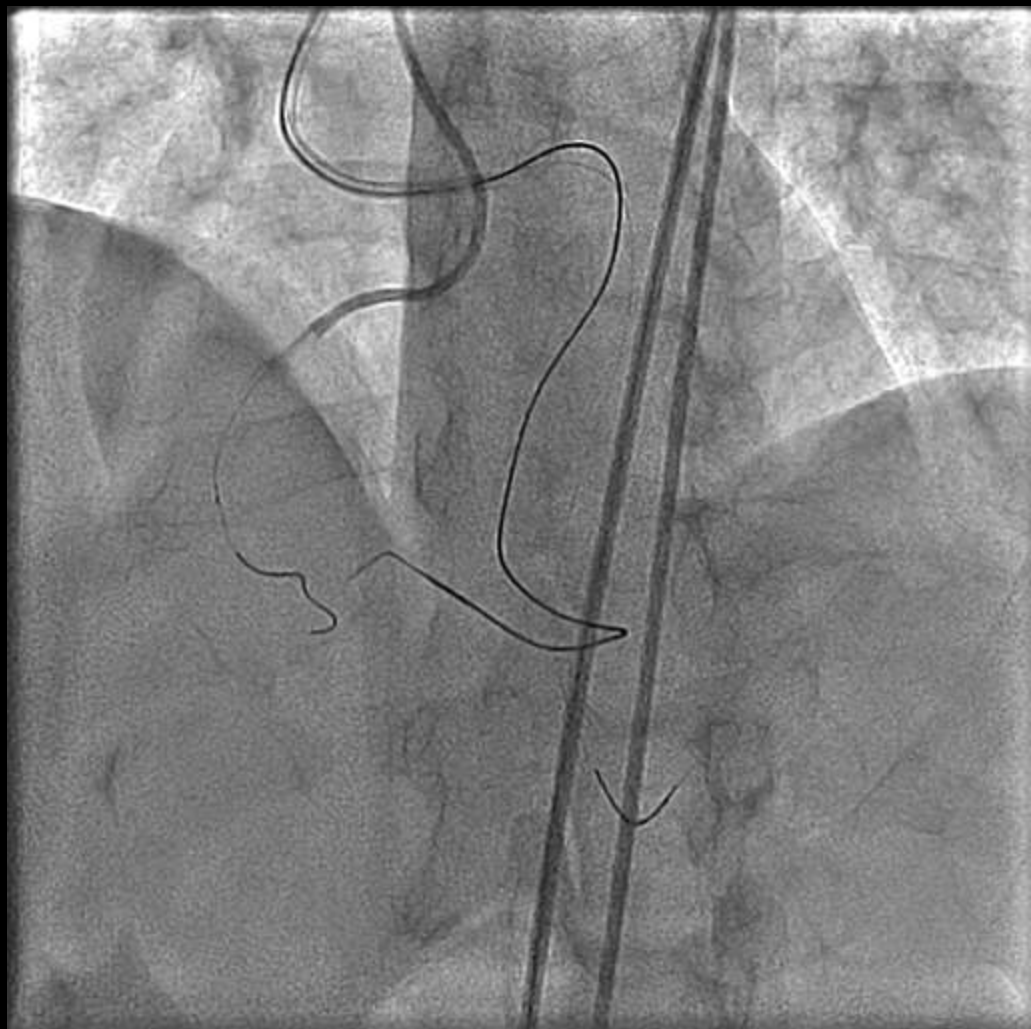


BMW to LAD, BMW to RCA, Sion via
Corsair catheter till the distal cap

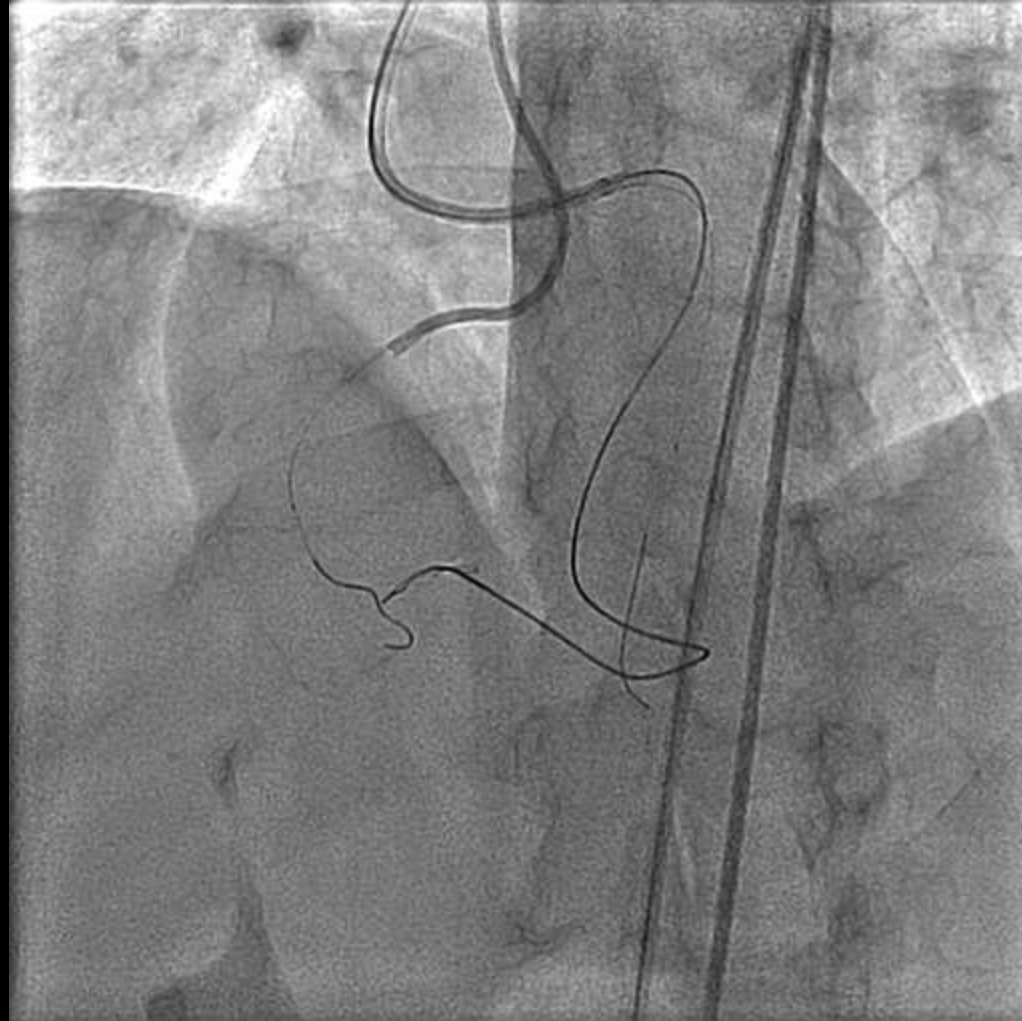


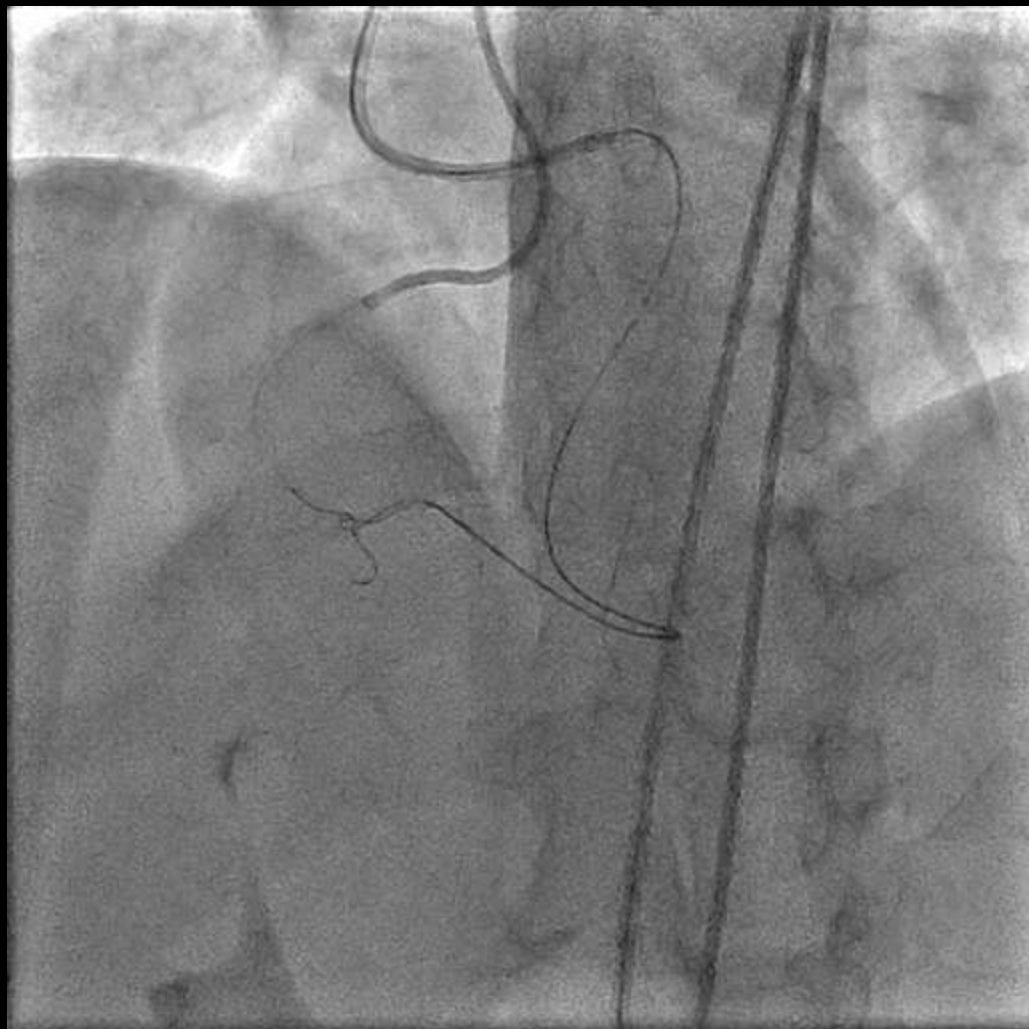
Distal cap penetrated by Confianza P12



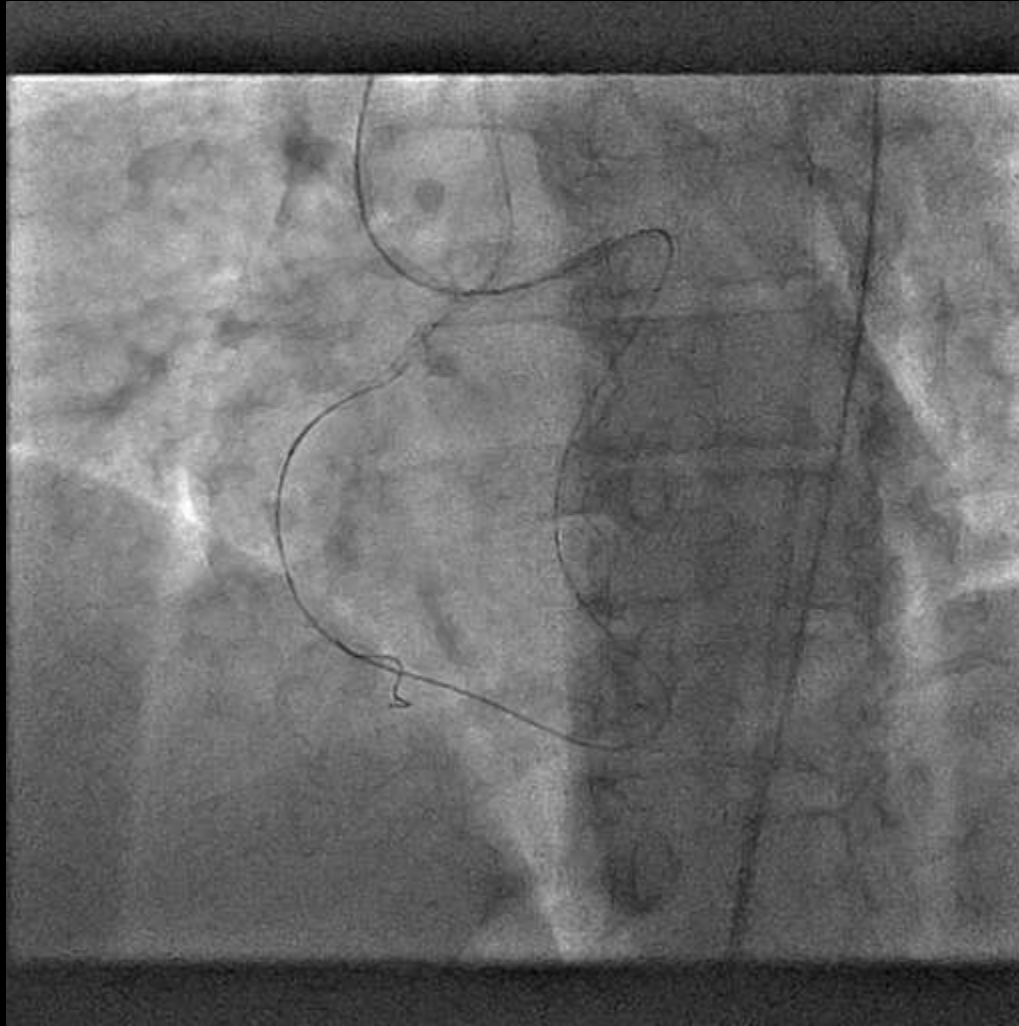


Proximal cap “retrogradely”
penetrated by Fielder XT wire

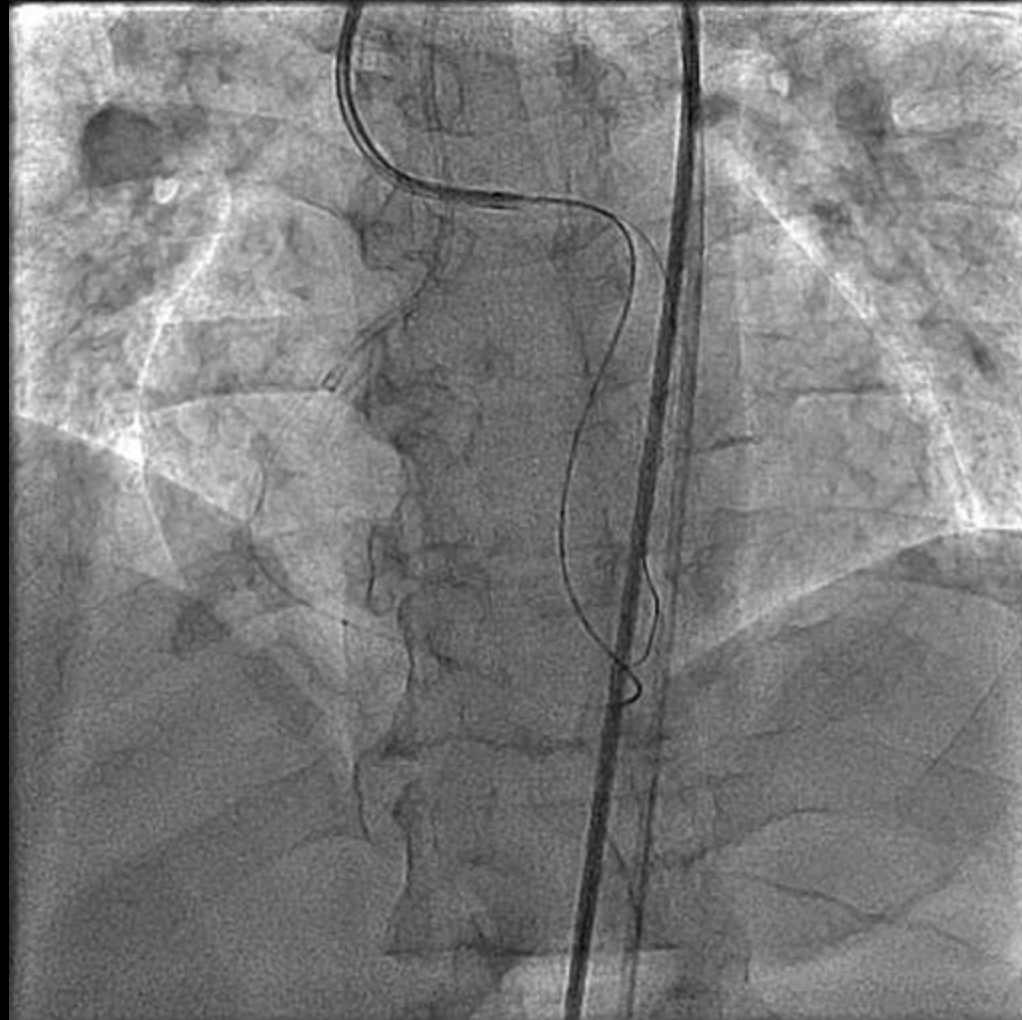




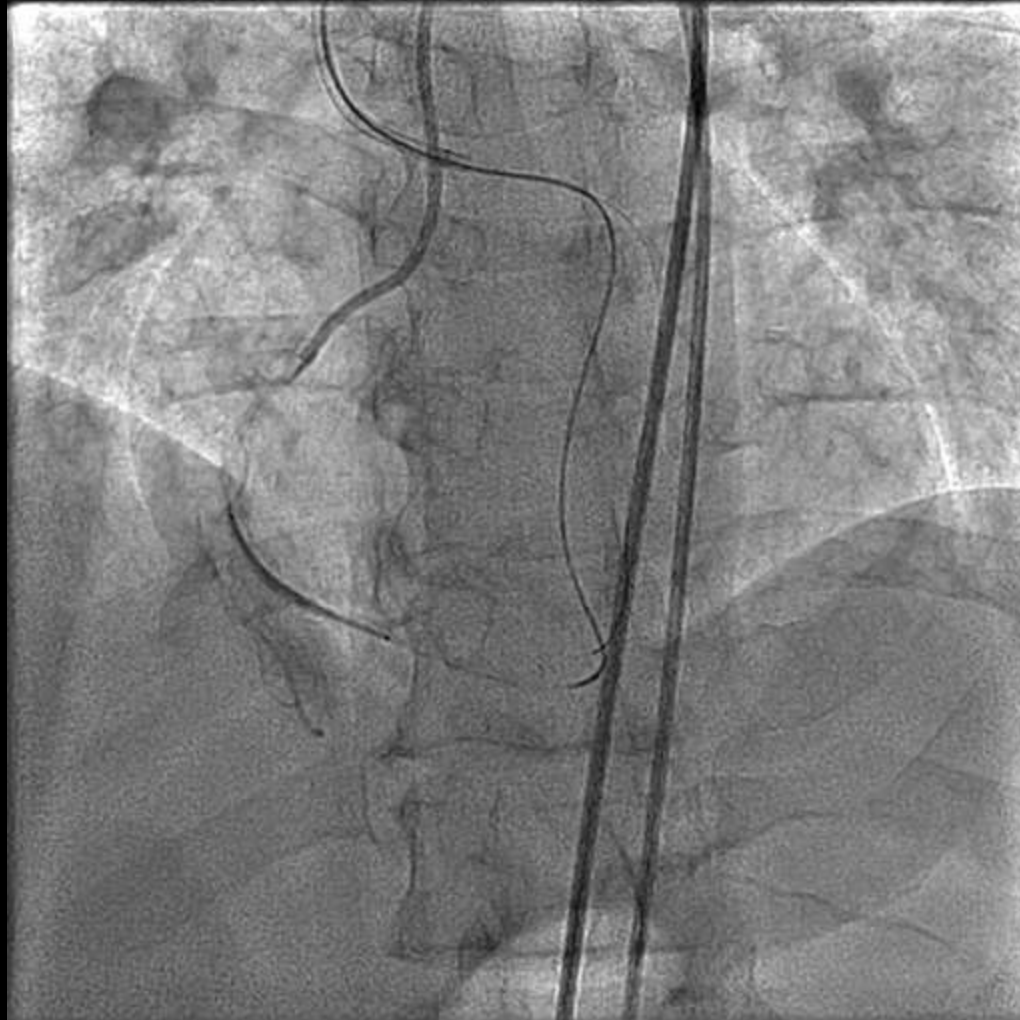
RG wire floated from the retrograde
guide via collaterals into the antegrade
guide



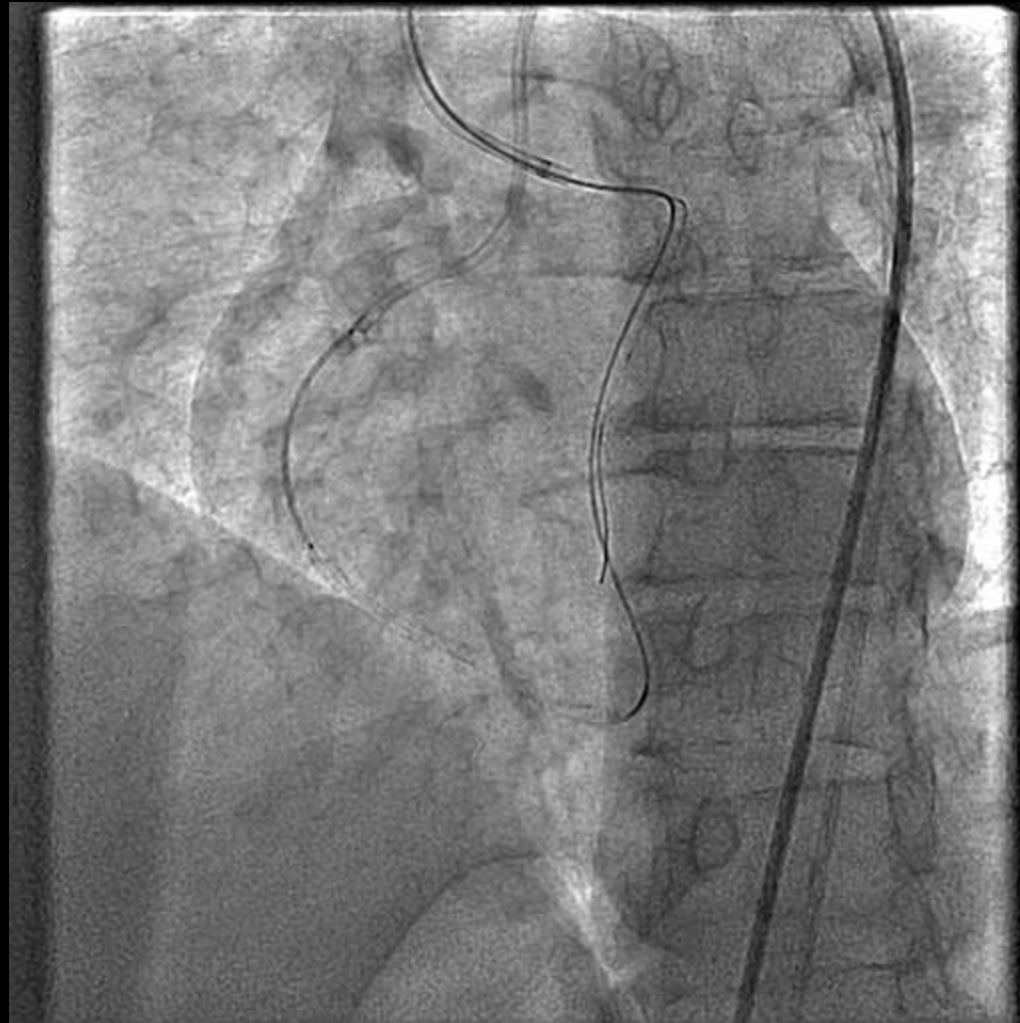
CTO segment predilated with 2.5x20 balloon



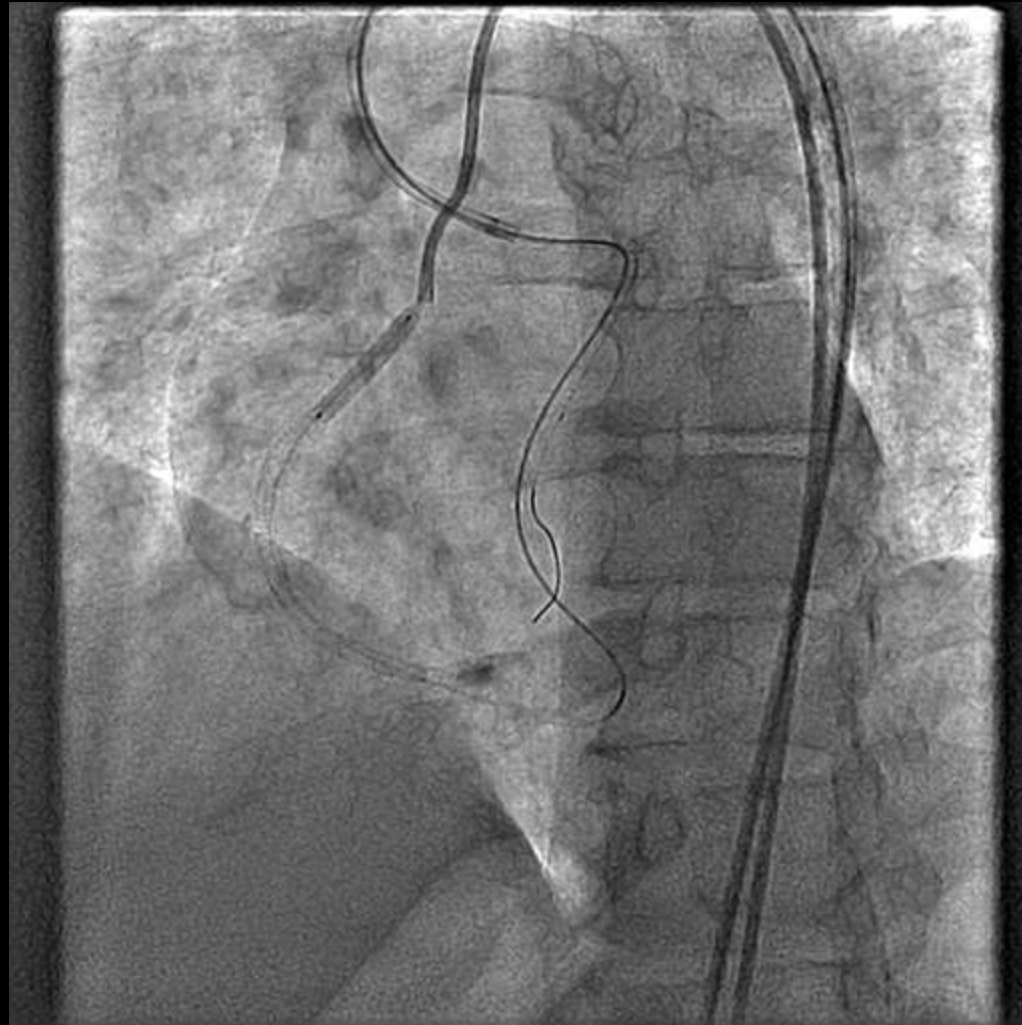
3.0x38 PP-EES deployed at 10 ATM

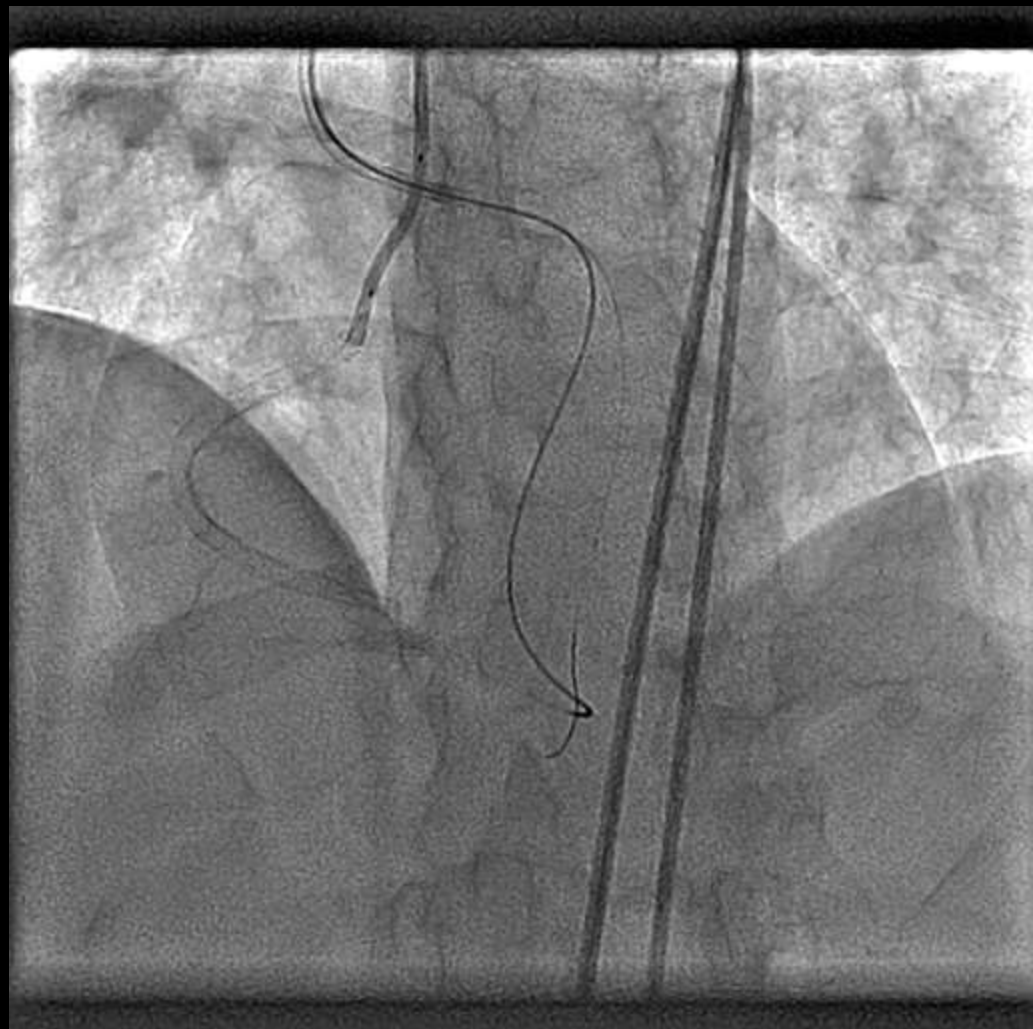


3.0x38 PP-EES deployed at 10 ATM
prox to mid RCA



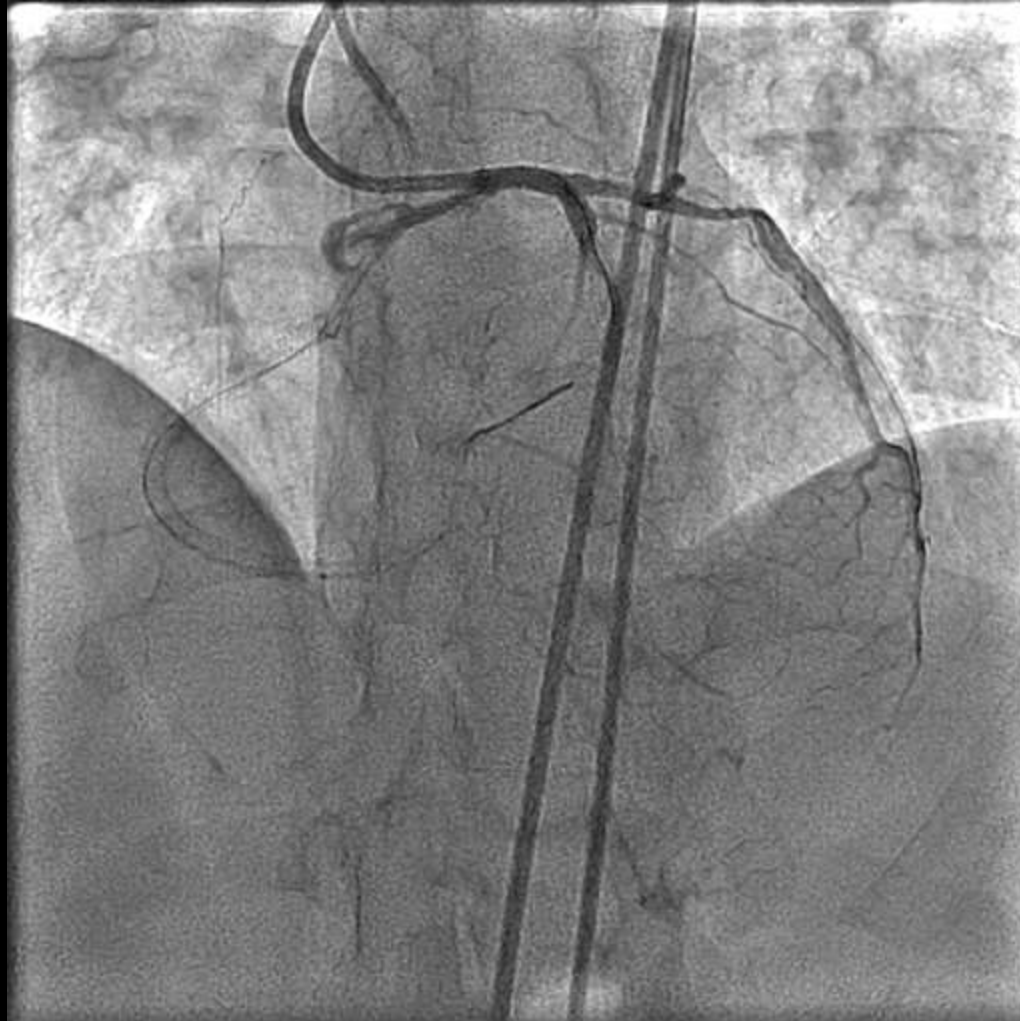
3.5x20 PP-EES deployed at 10 ATM Prox RCA



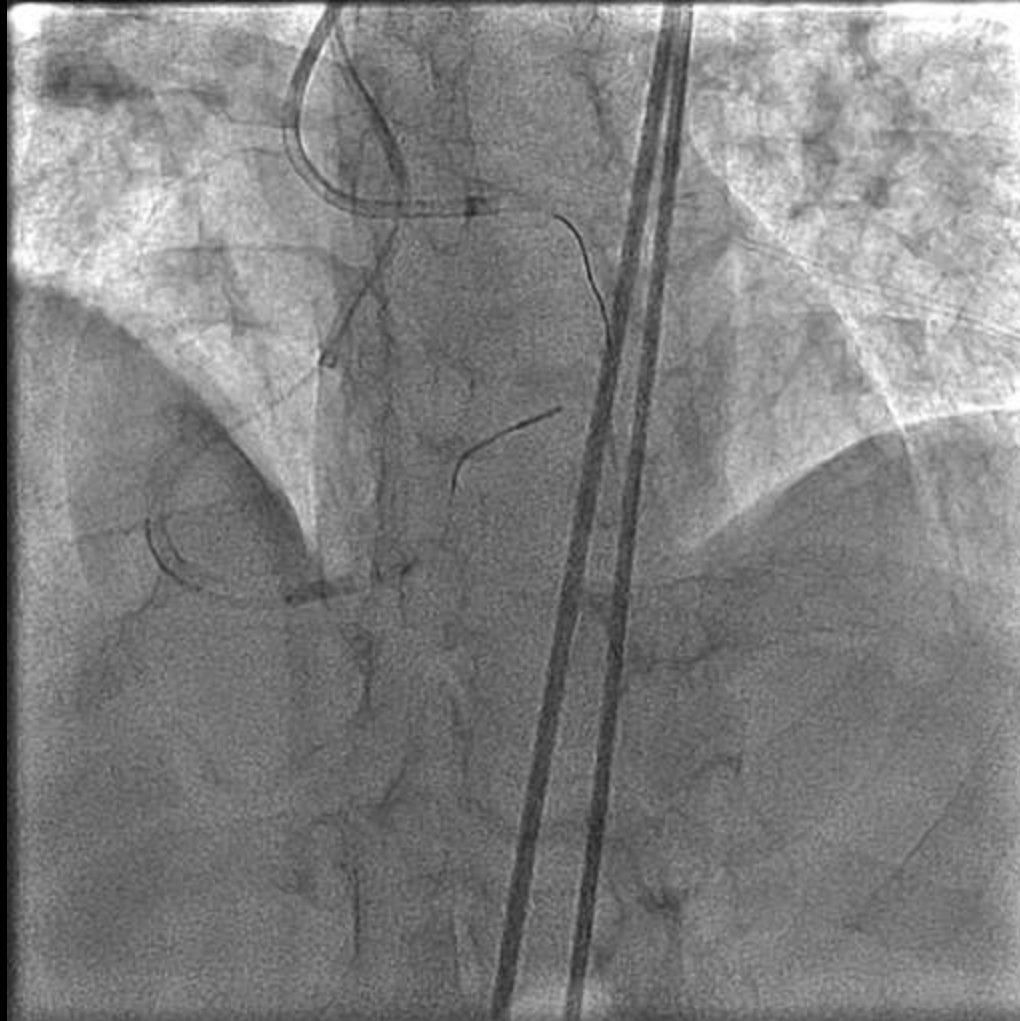




Antegrade wired with Pilot 200



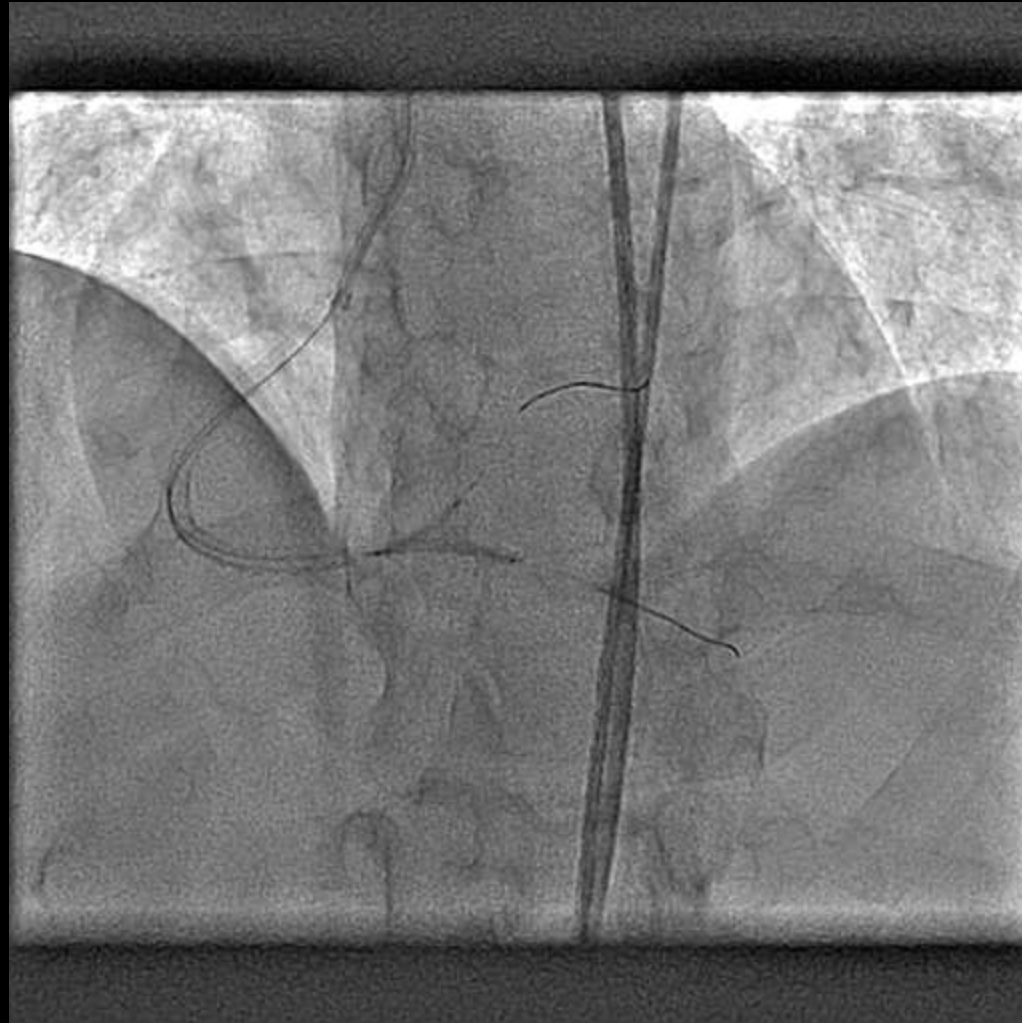
Ballooned with 2.0x15mm



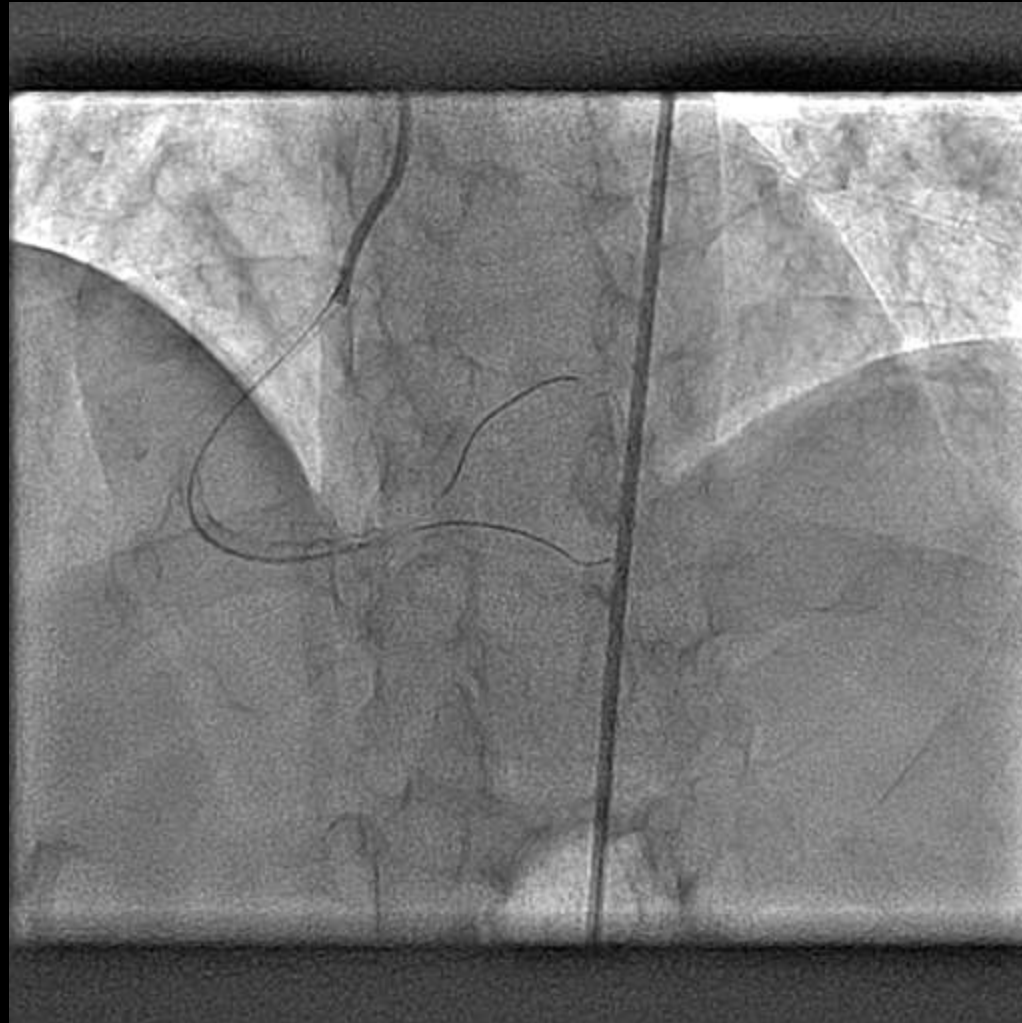
Another branch of RPLB wired with difficulty
using twin pass catheter, and ballooned with
2.0x15



Kissing 2.5x15 and 2.0x15 at 10 ATM
each



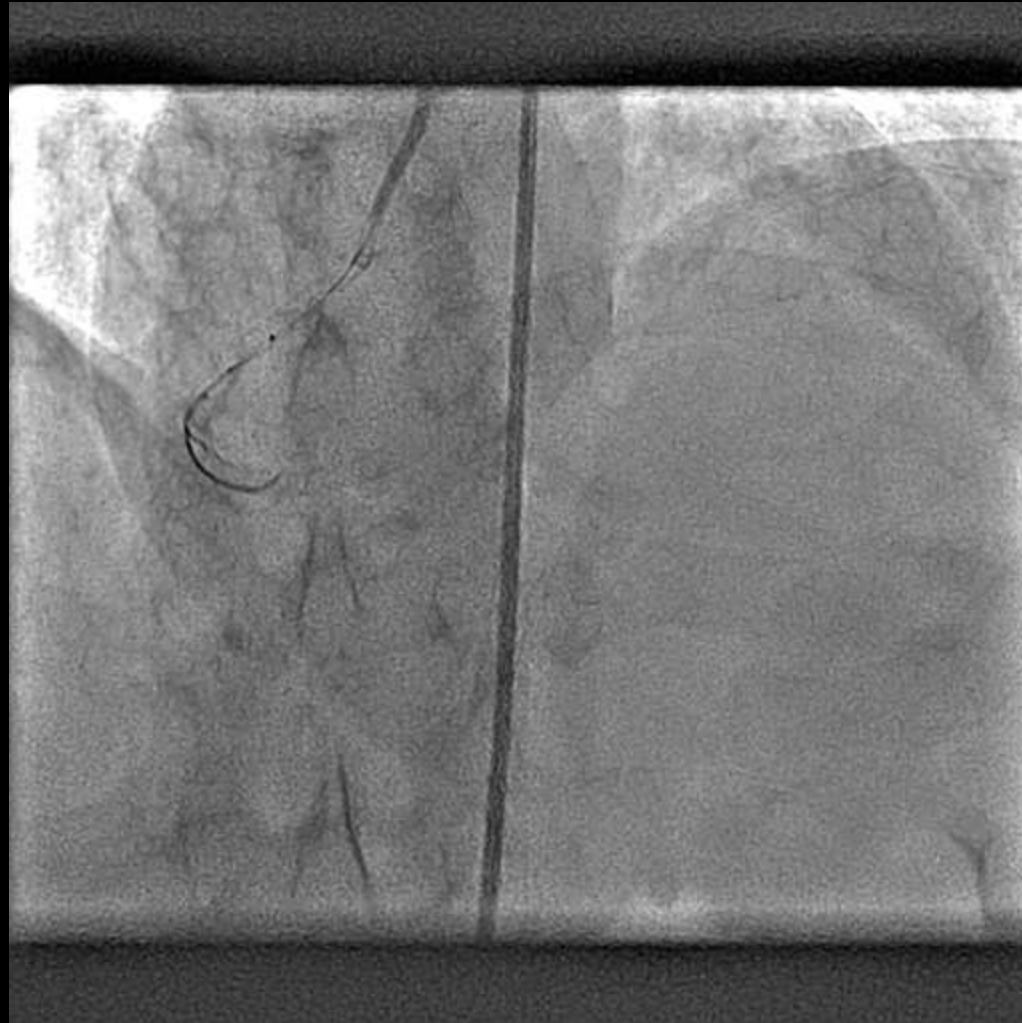
Flow after kissing



3.5x12mm SES at 14 ATM dist RCA



Final result



- Uneventful hospital course
- Doing well on clinic follow up at 4 and 8 weeks

- Thank you