How to treat this case?

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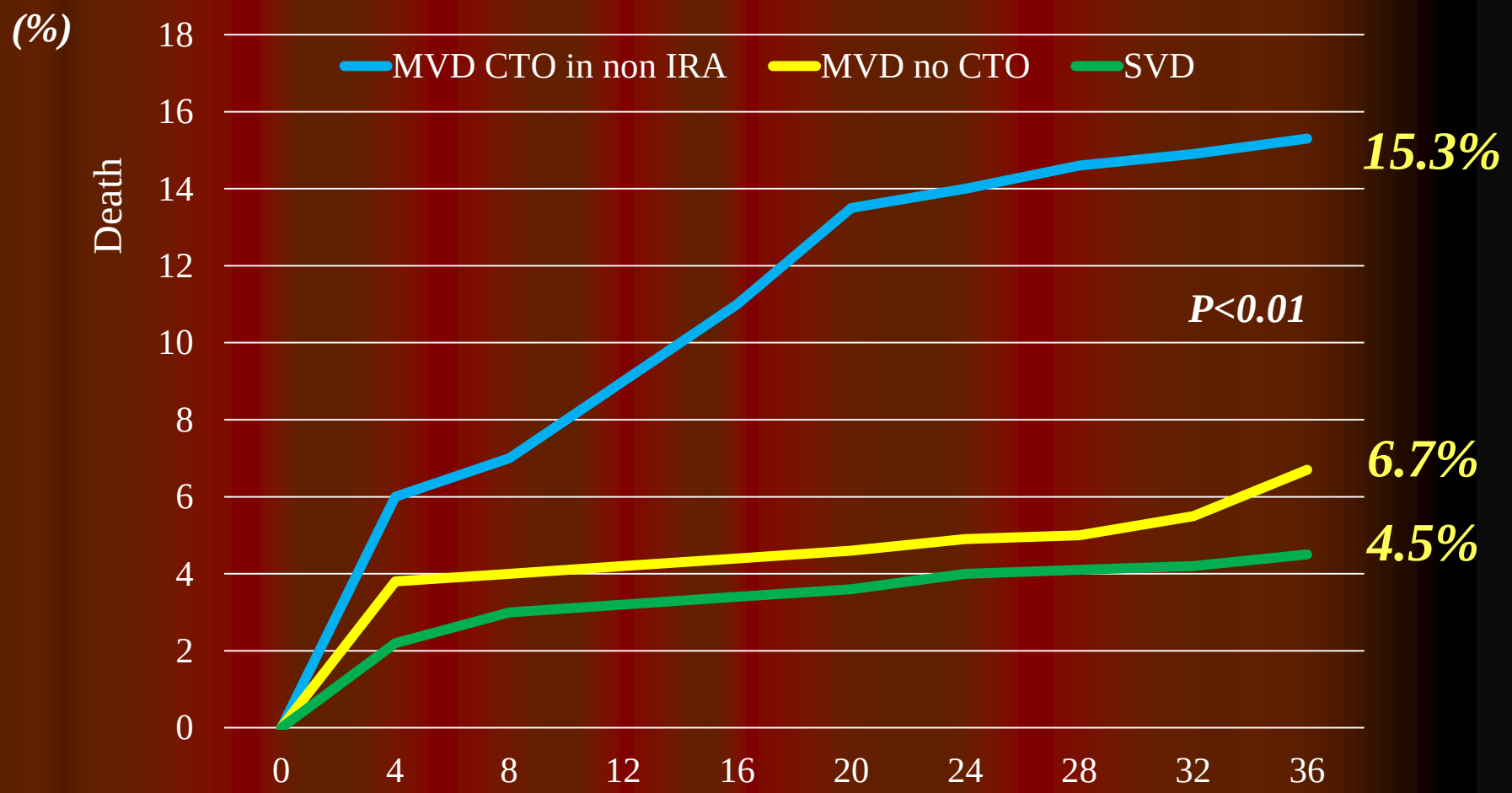
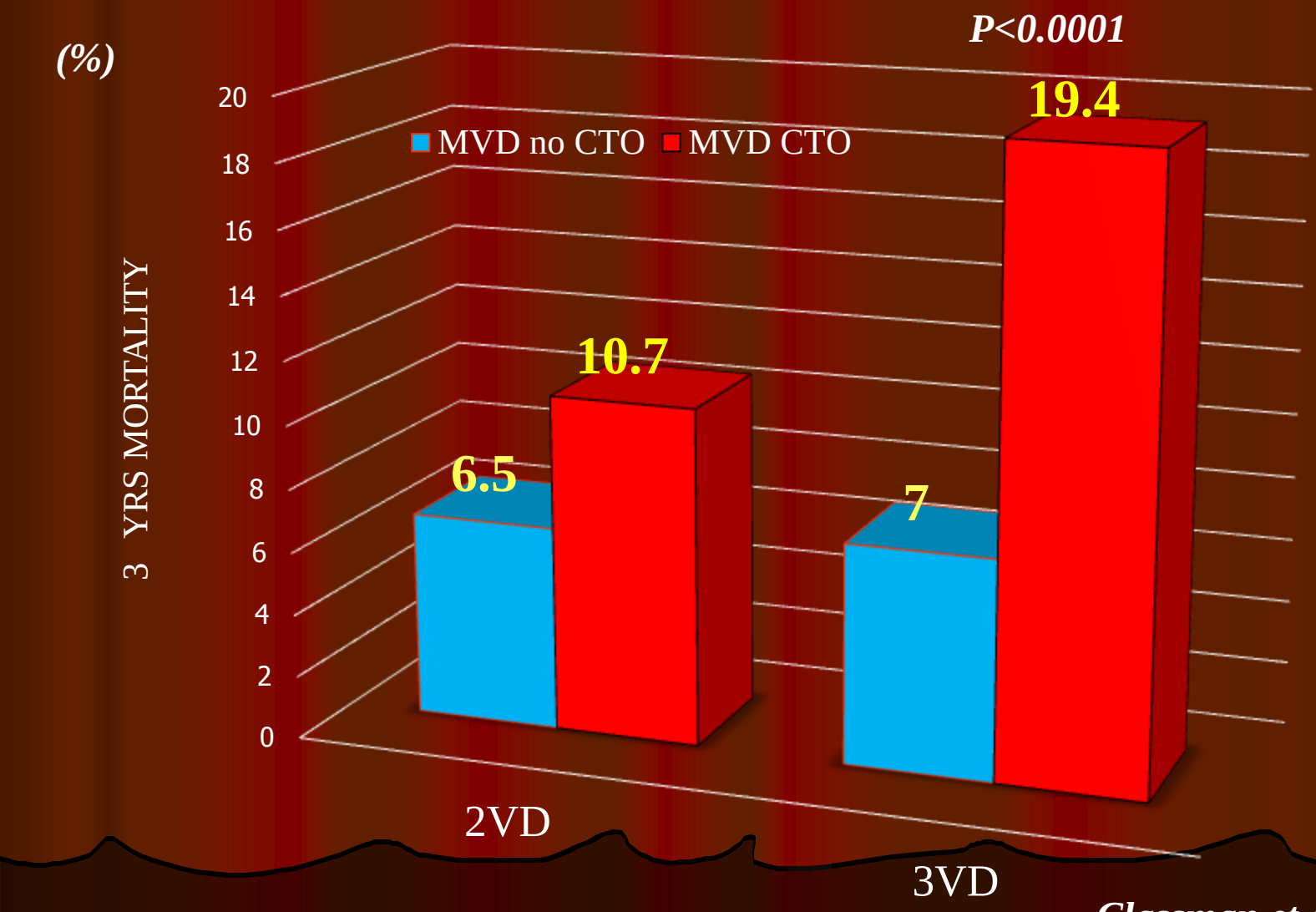
3 years Mortality from HORIZONS trial



Classman et al EHJ 2012

3 years Mortality from HORIZONS trial

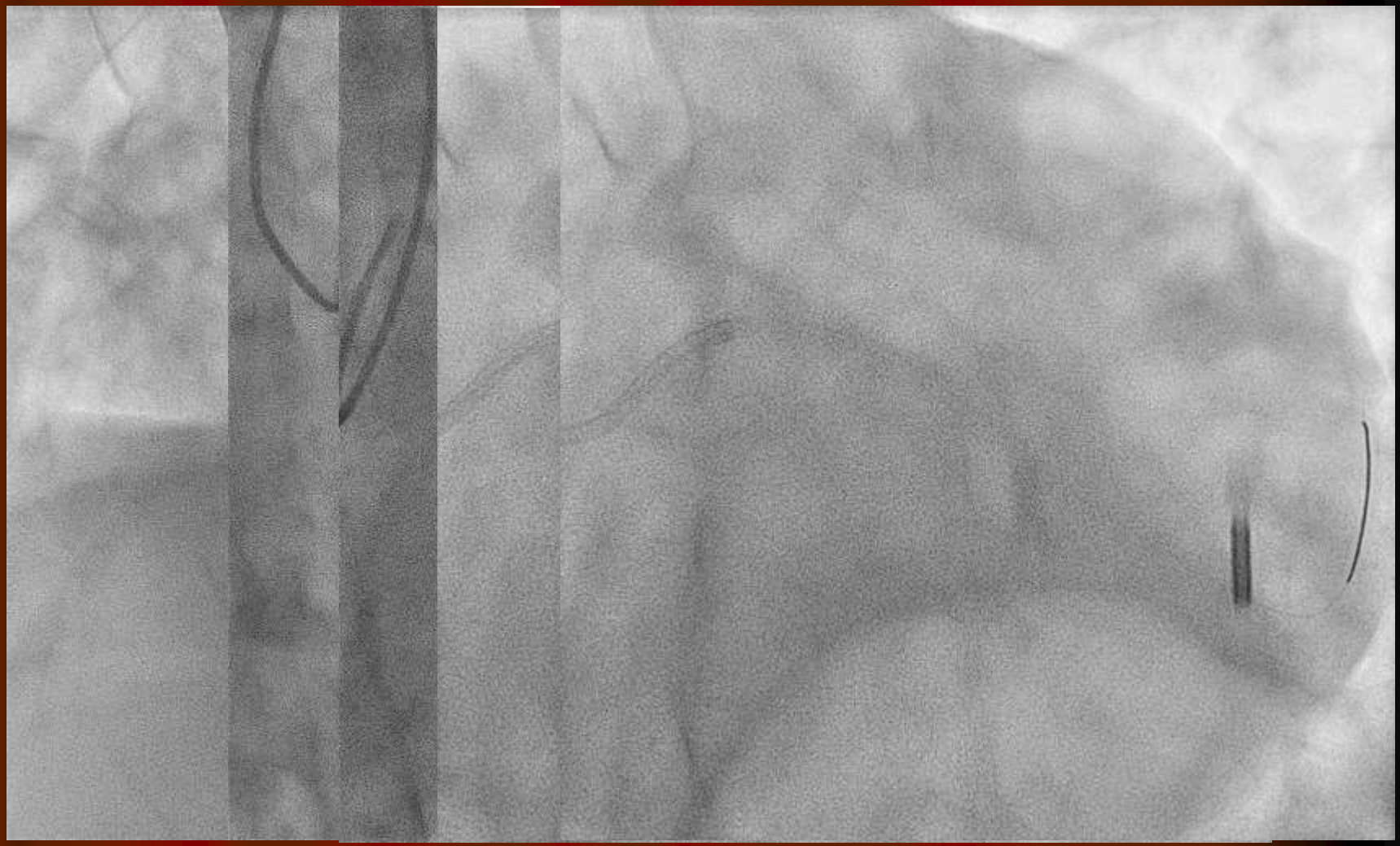


Classman et al EHJ 2012

91y M
HT, HL
AMI onset 18th, June, 2017.
CAG showed 3VD including RCA, LAD CTO
Primary PCI for CX Proximal 99% →0%
Killip Ⅲ
Cardiac failure occurred, IABP on.

LVEF=56%
Cr 0.88
Eur Score 4.99

Primary PCI for CX



How to treat next step?

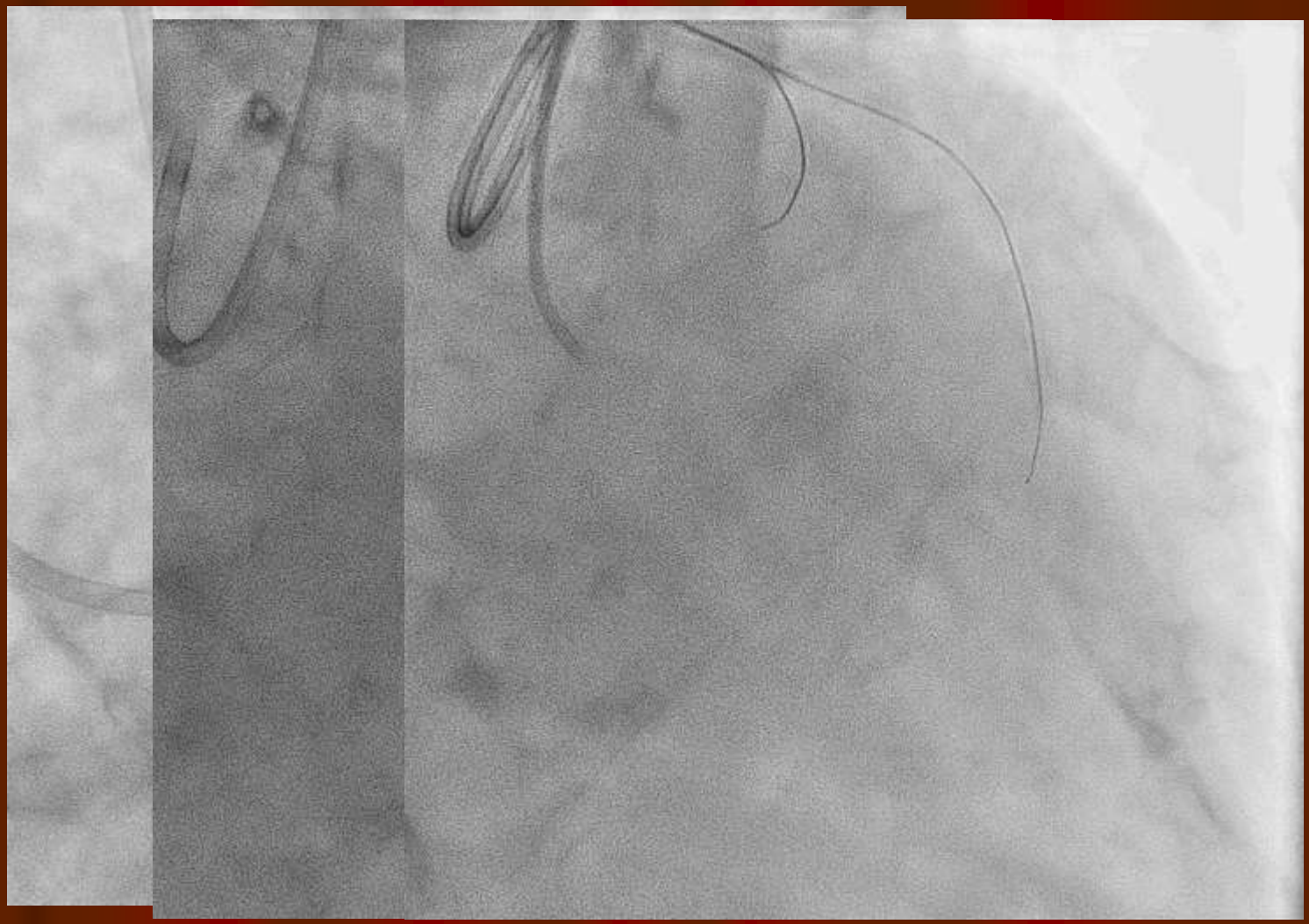
1.Continuous to treat cardiac failure

2.Send pt to Bypass surgery

3.PCI for RCA

4.PCI for LAD

PCI for LAD CTO on Day 2



How to treat next step?

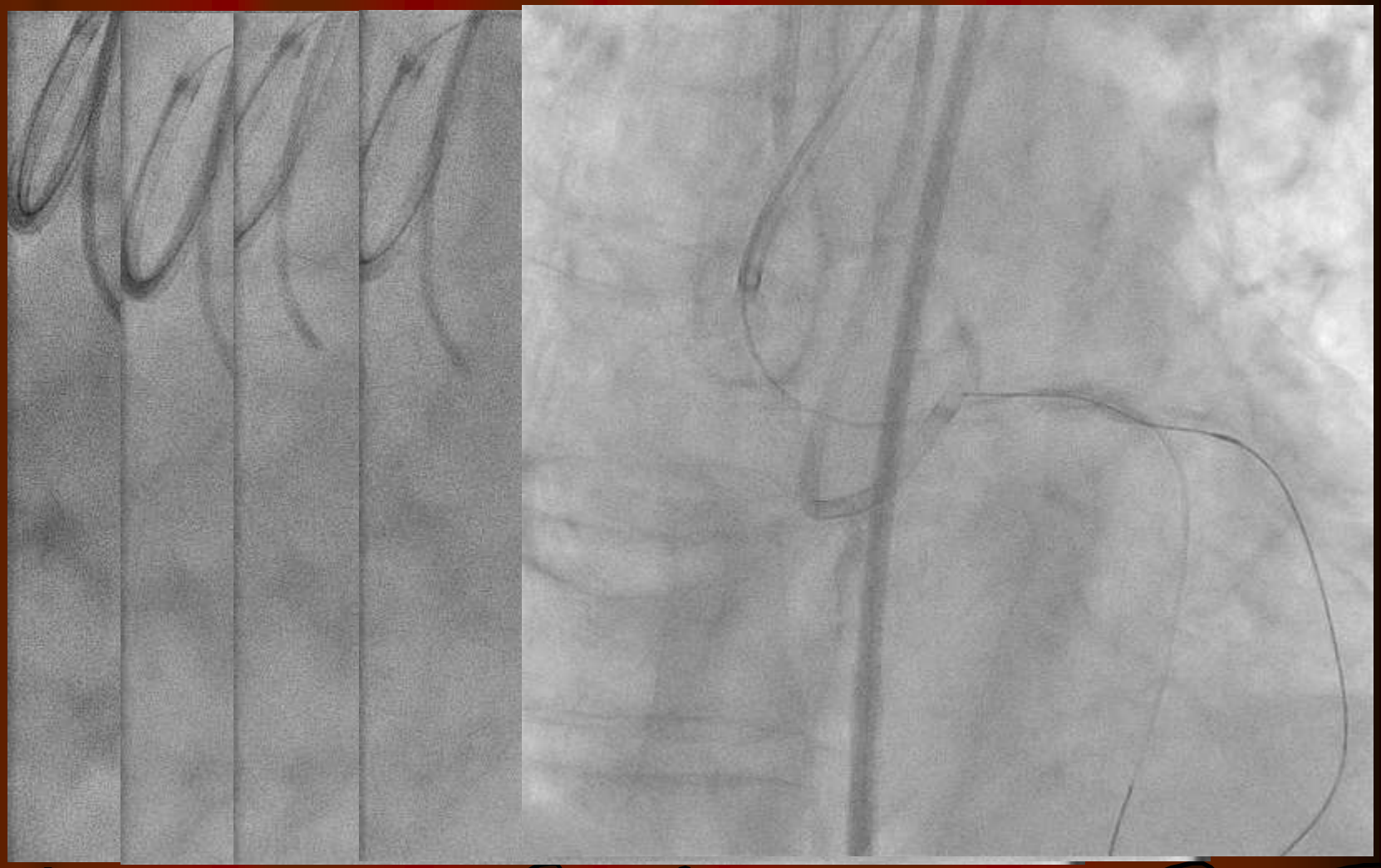
1.Change to pararell wire technique

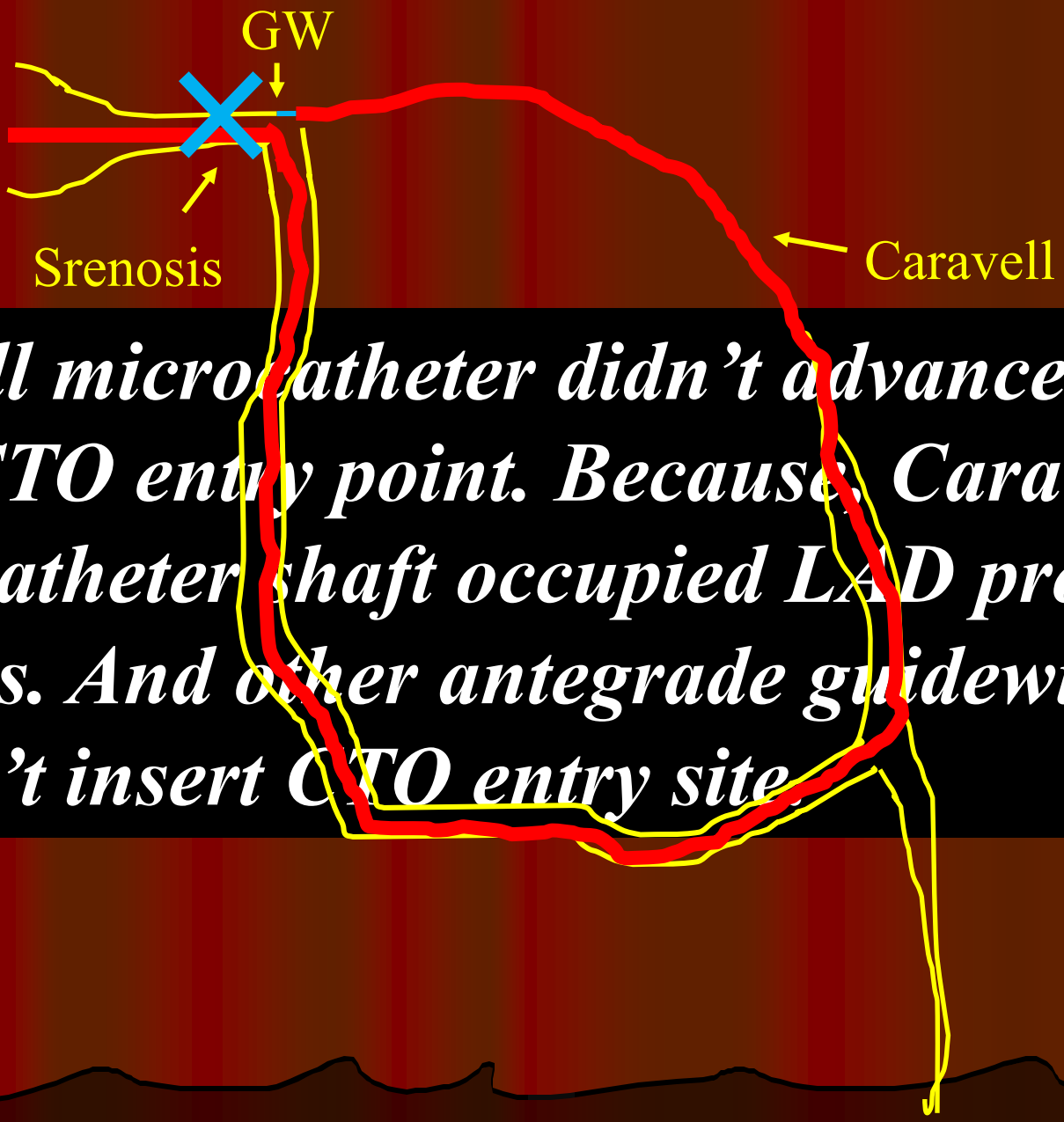
2.Retrograde approach

3.PCI for RCA

4.Em CABG

PCI for LAD CTO on Day 2



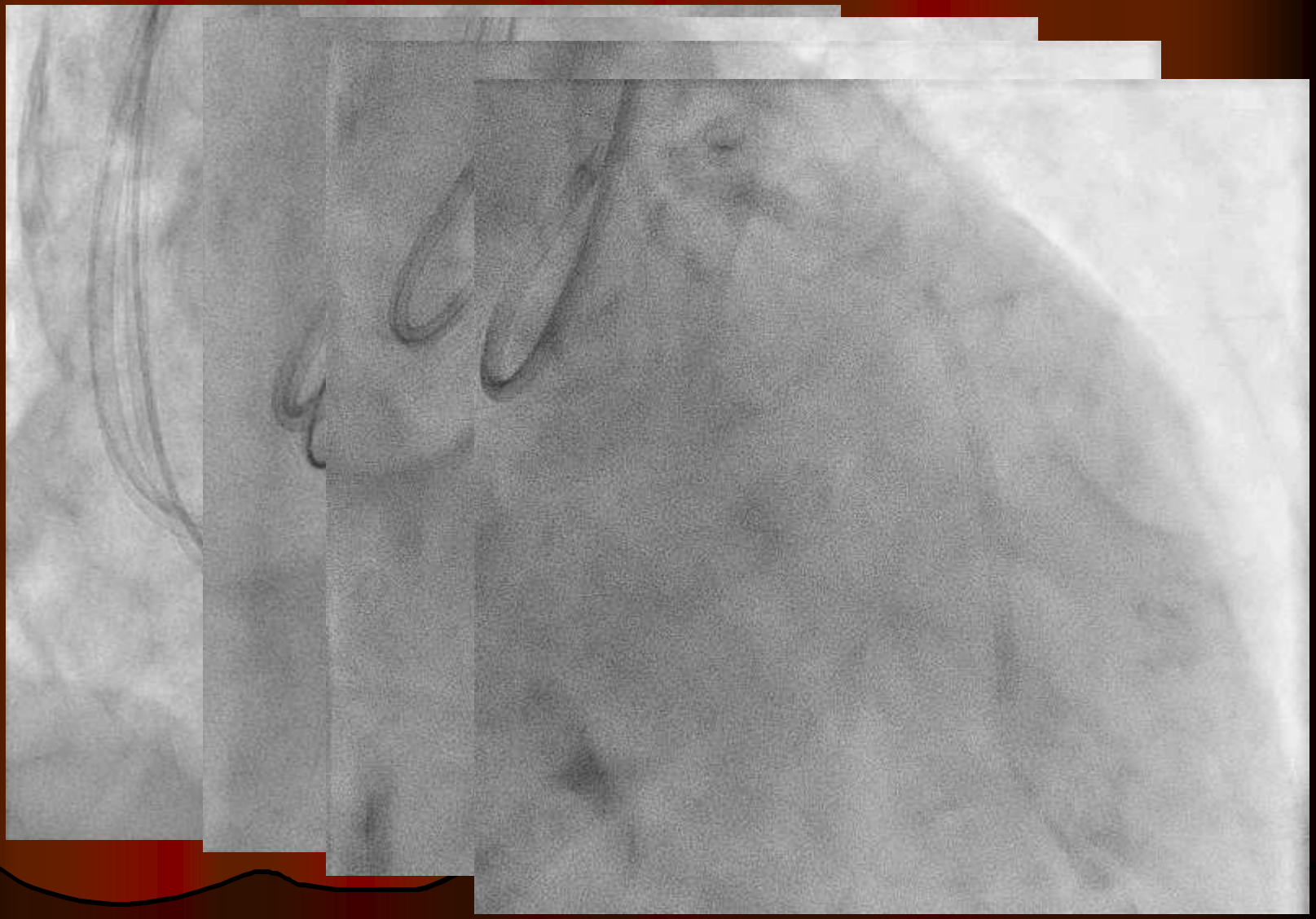


Caravell microcatheter didn't advance from CTO entry point. Because, Caravell microcatheter shaft occupied LAD proxiaml stenosis. And other antegrade guidewire couldn't insert CTO entry site.

How to treat next step?

Rendezvous technique

PCI for LAD CTO on Day 2



After LAD open, pt improved dramaically.
2W later, RCA CTO was treated antegradely.
Complete revascularization was perforamed,
pt discharged day 14.

Take home messege

- *LAD CTO which supplied by ipsilateral channel is relateviely safe, even though 2 vessel CTO.*
- *We have to find a chance to achive complete revascularization even though 2 vessel CTO pt*

who suffered cardiagenic shock at acute coronary syndrome.