

# IVUS Guided CTO Intervention

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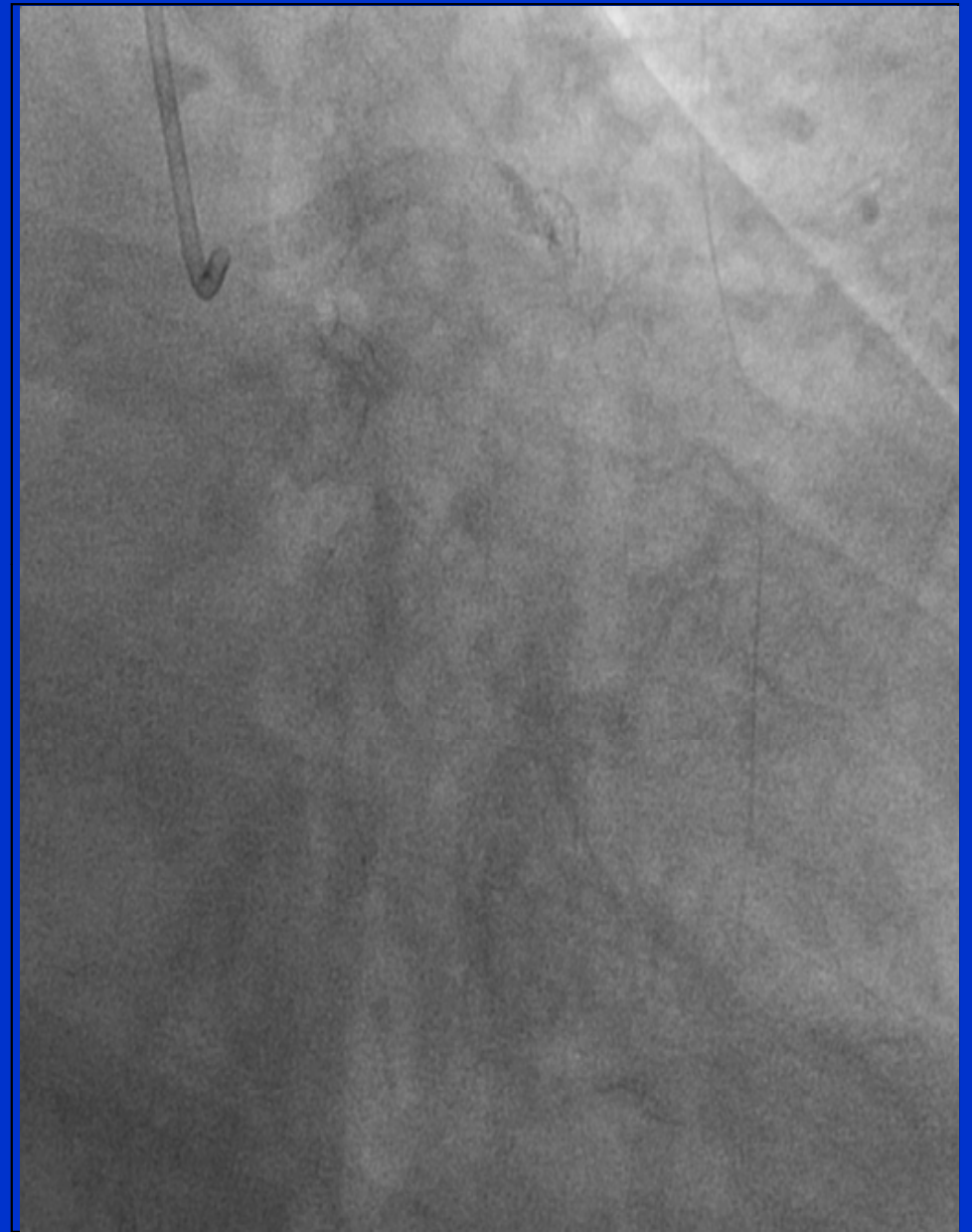
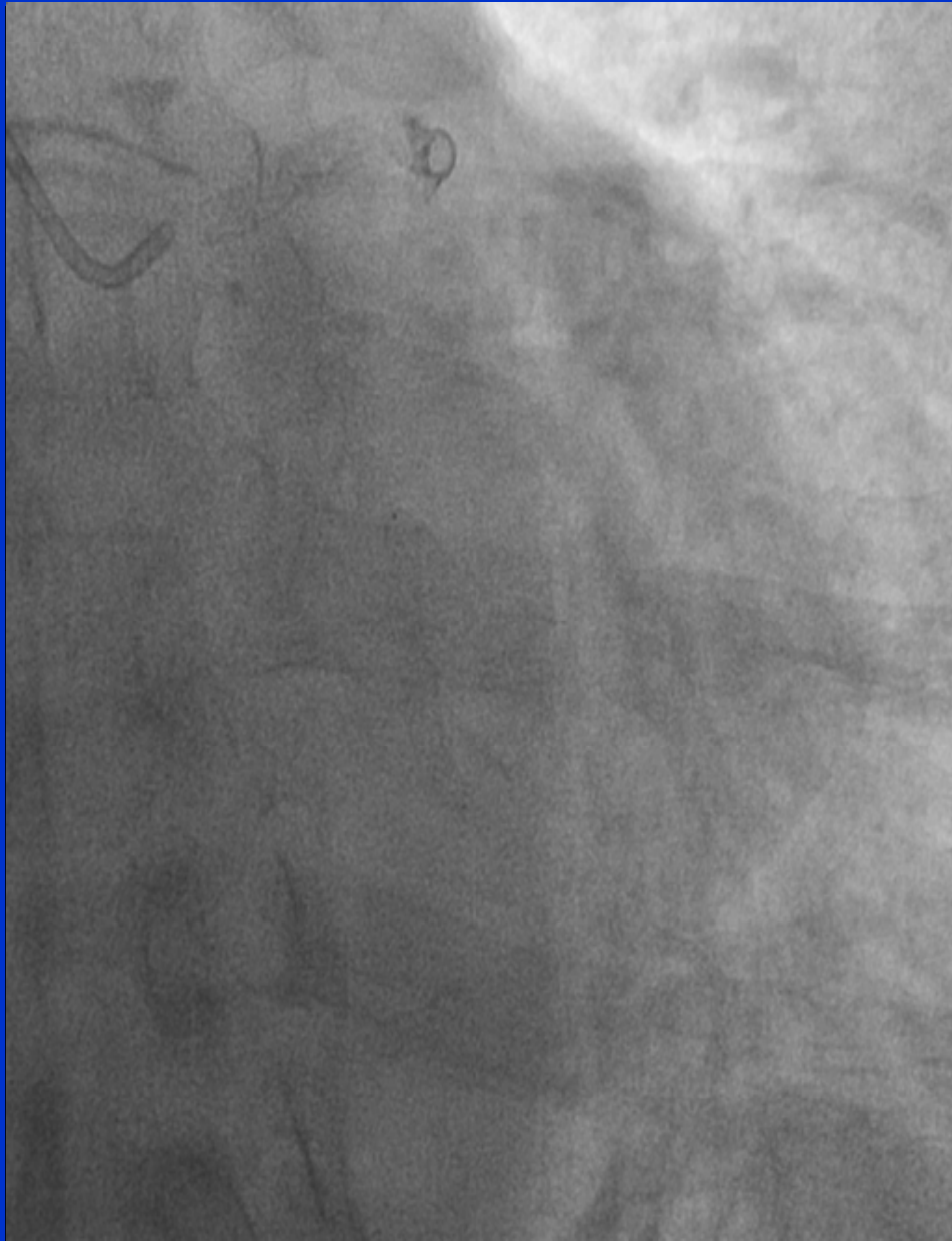


# History

- 59 y/o man, 11019977
- HCVD , DM, hyperlipidemia, 3-V CAD
- Exertional chest tightness and dyspnea for several months
- TI-201 scan: moderate reversible ischemia over anteroseptal, and inferolateral wall



# Cath



**ISR of Lcx-OM, CTO of distal Lcx**

CMUH

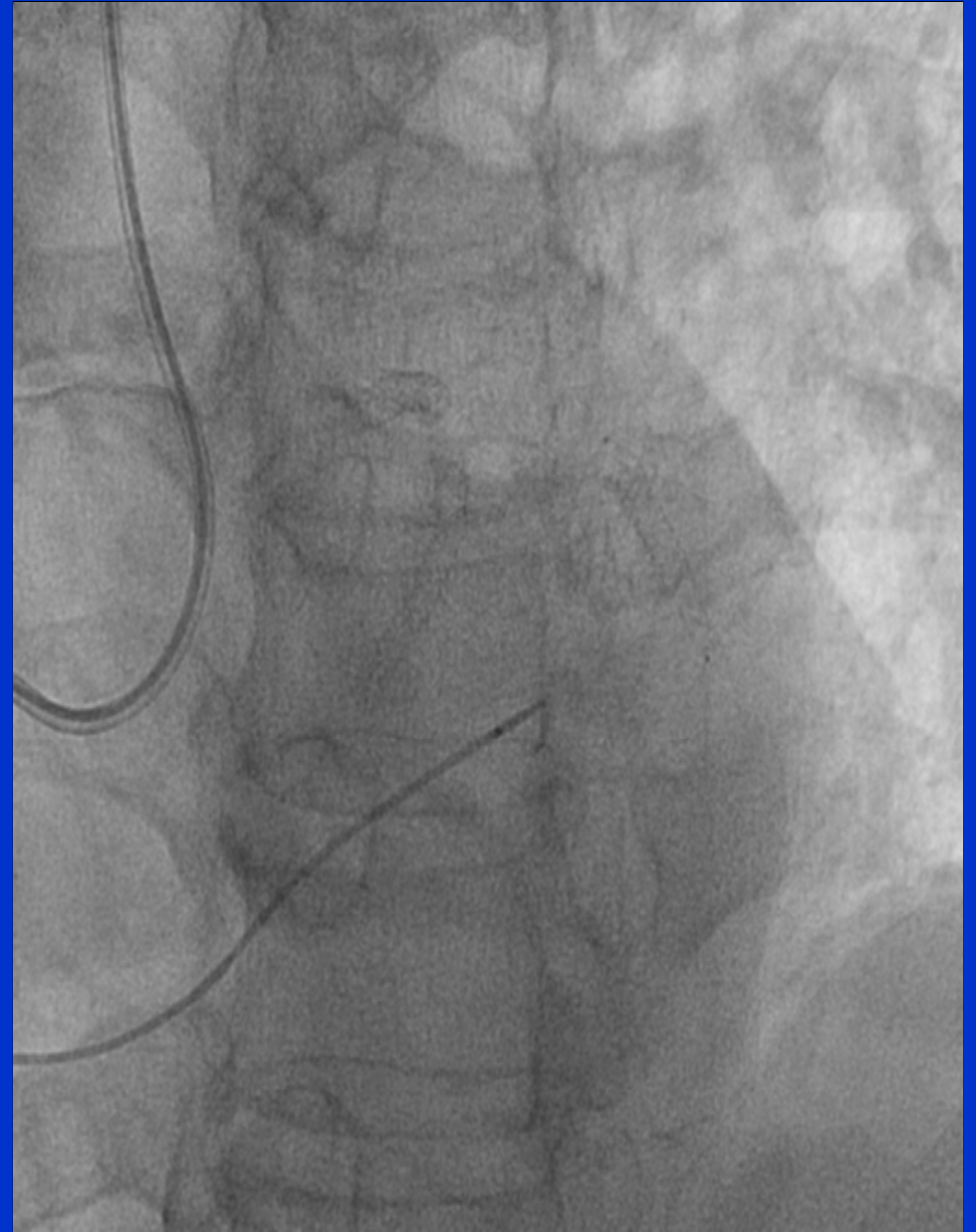
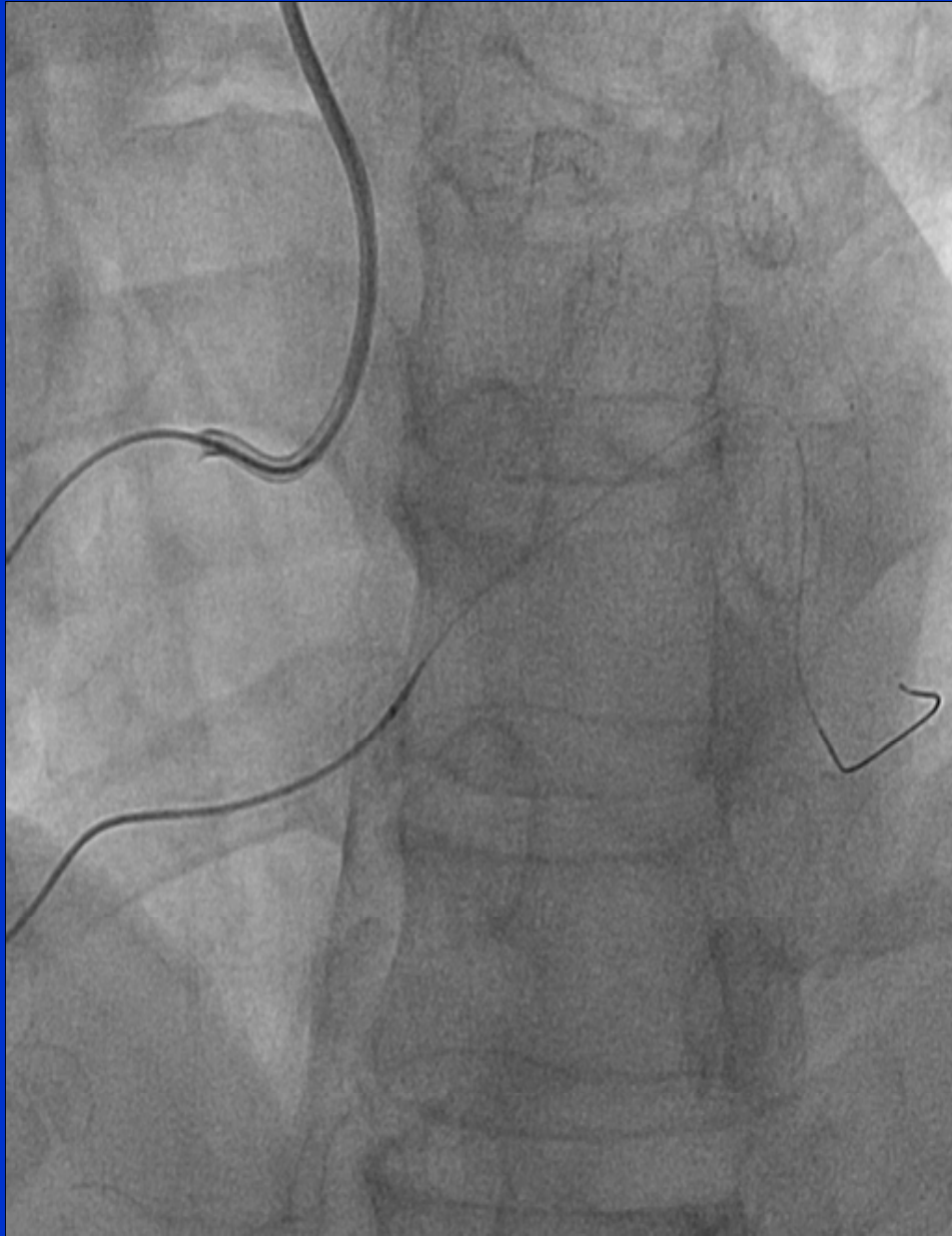




**Collateral from RCA to mid-Lcx**

CMUH

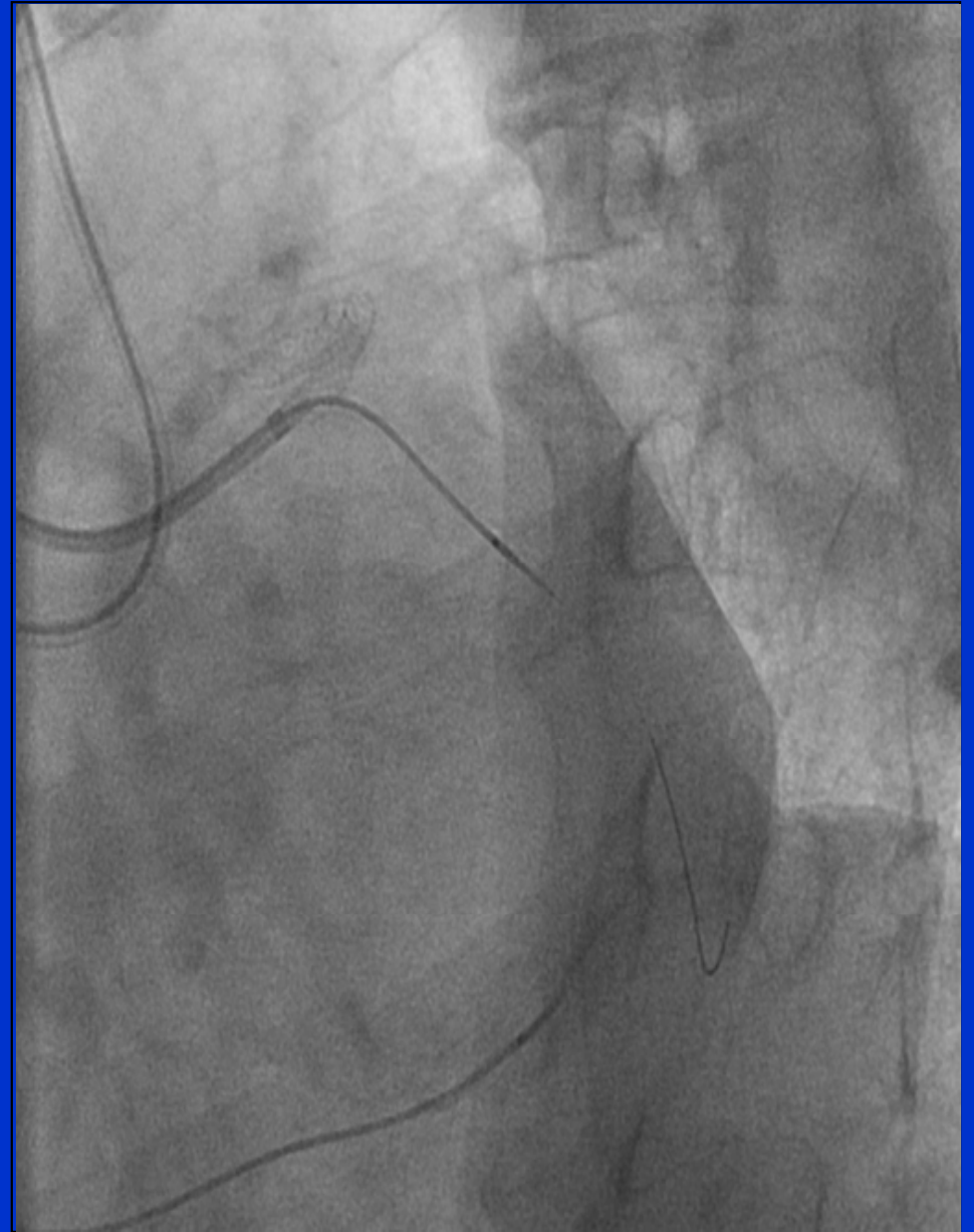
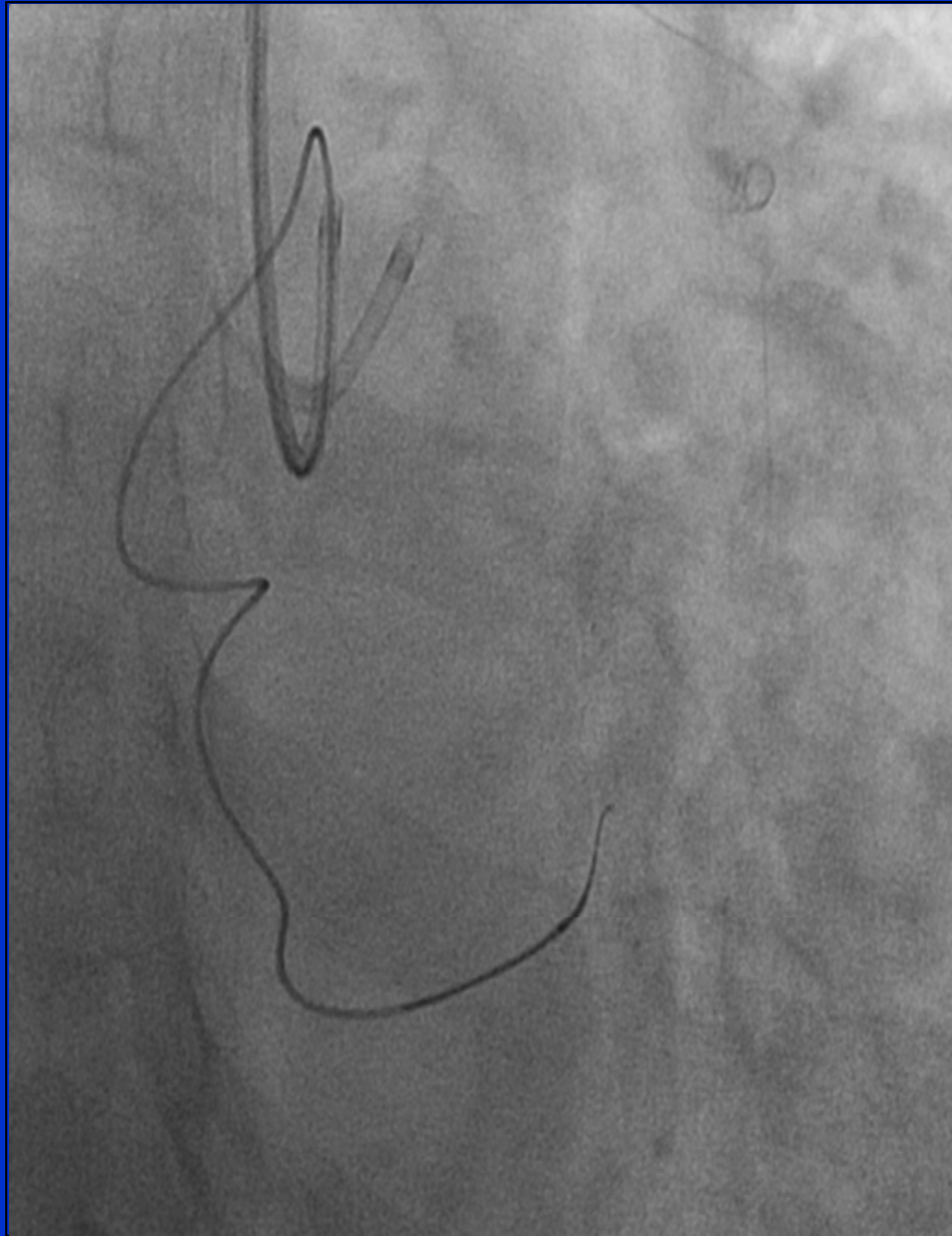




**6Fr SAL2 guiding catheter, Cosair catheter, Sion wire**

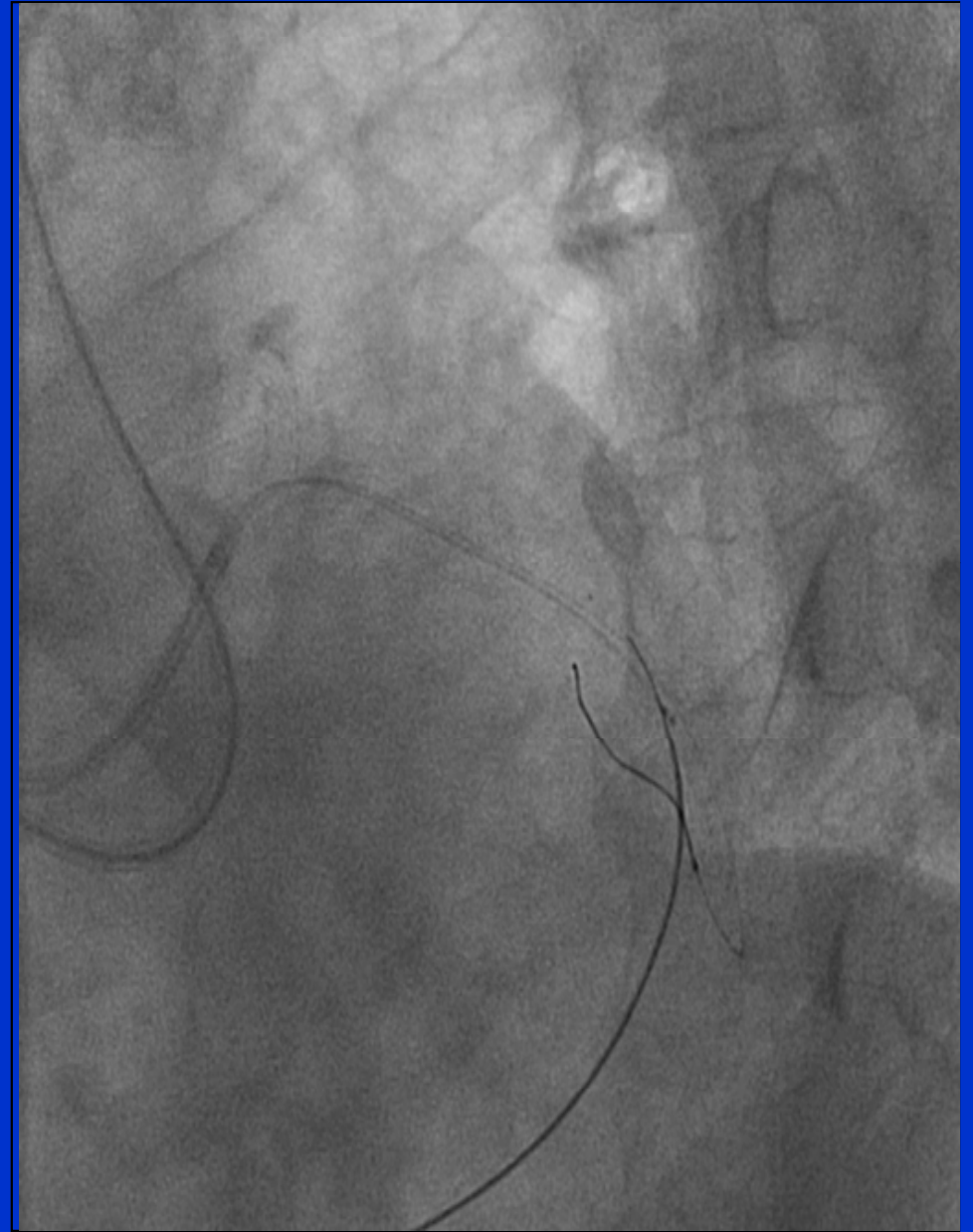
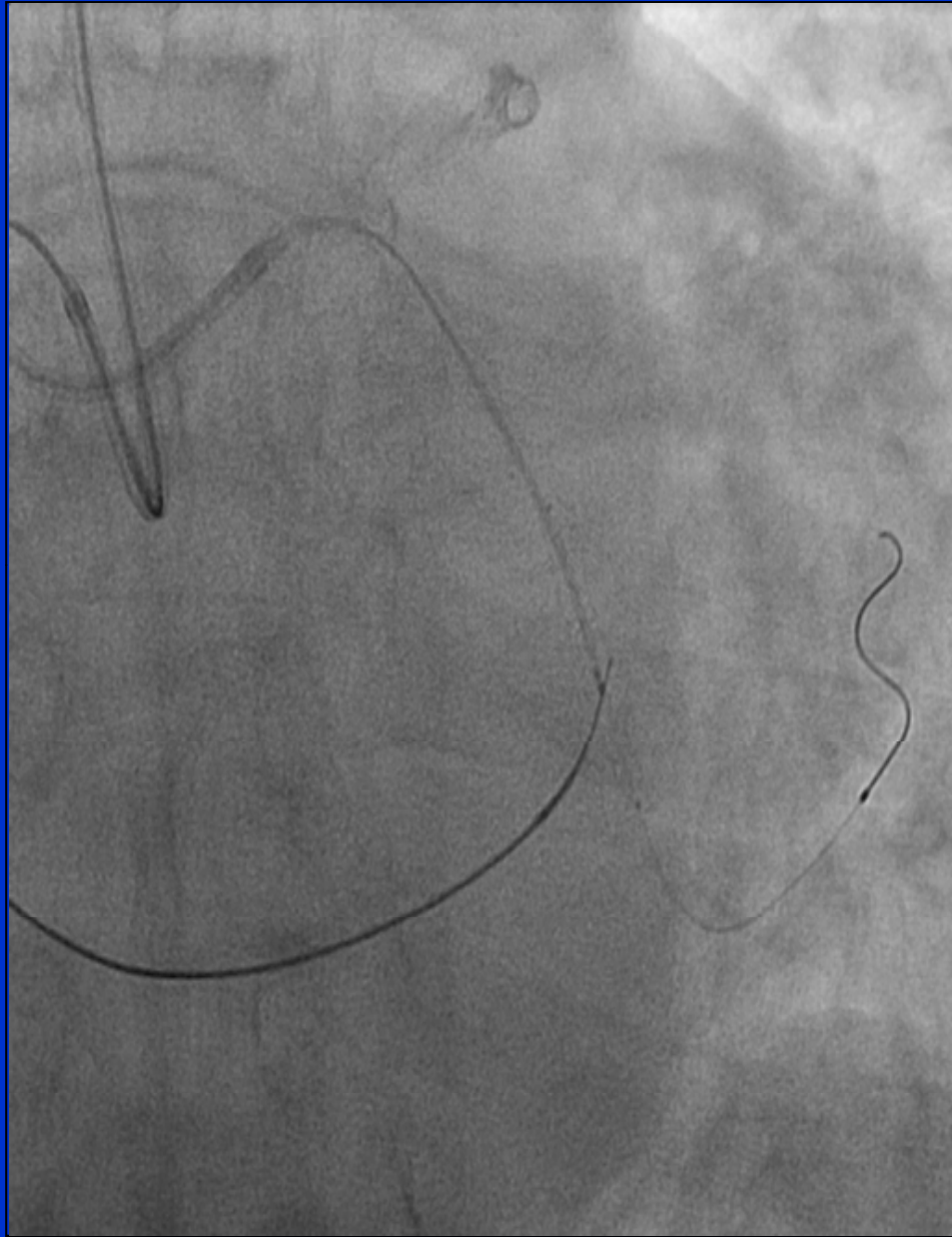
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**Failed Fielder FC, Miracle 6 g, Conquest pro and pro 12**





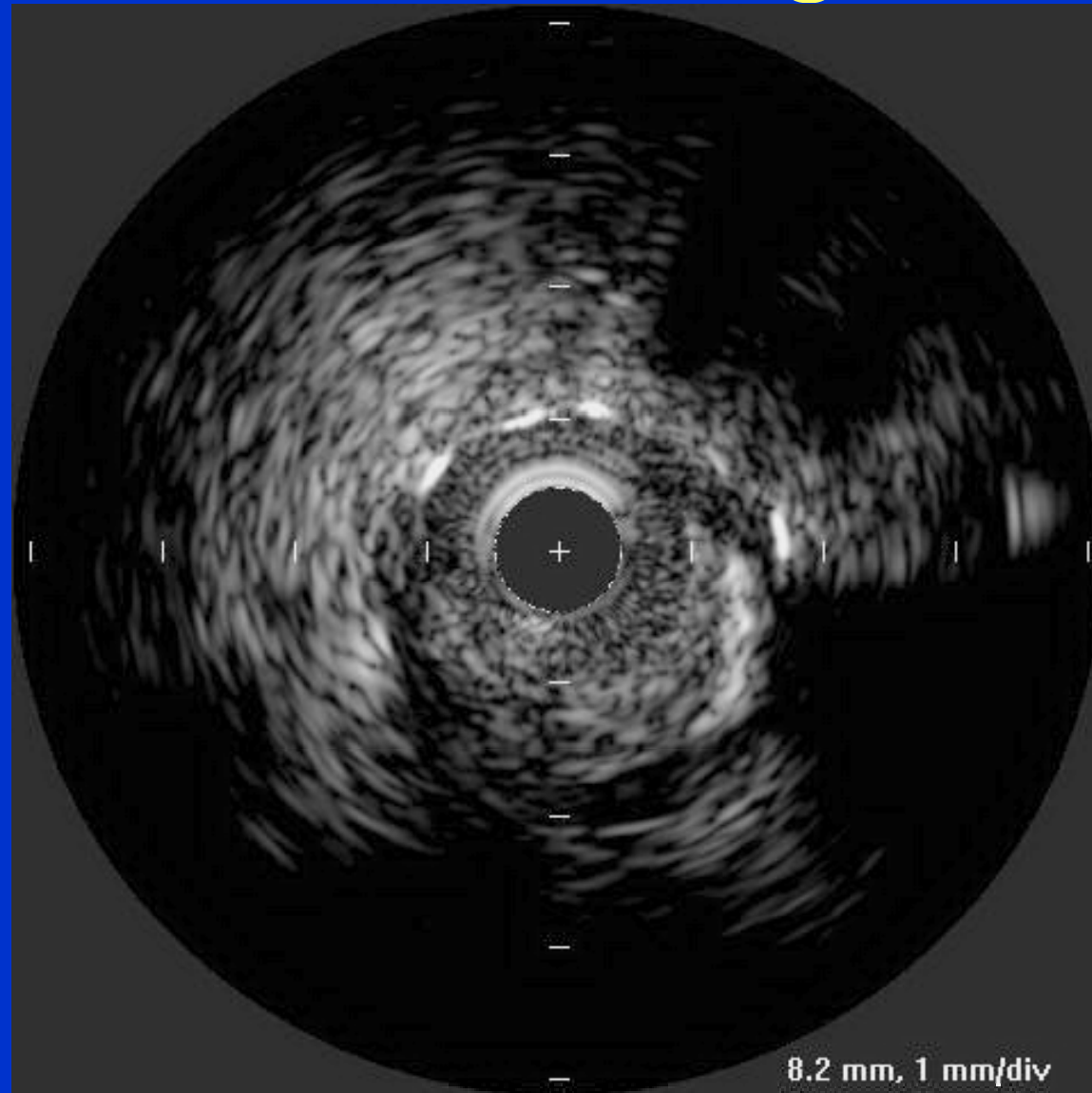
**IVUS in Lcx to guide Conquest Pro 820 to cross lesion**

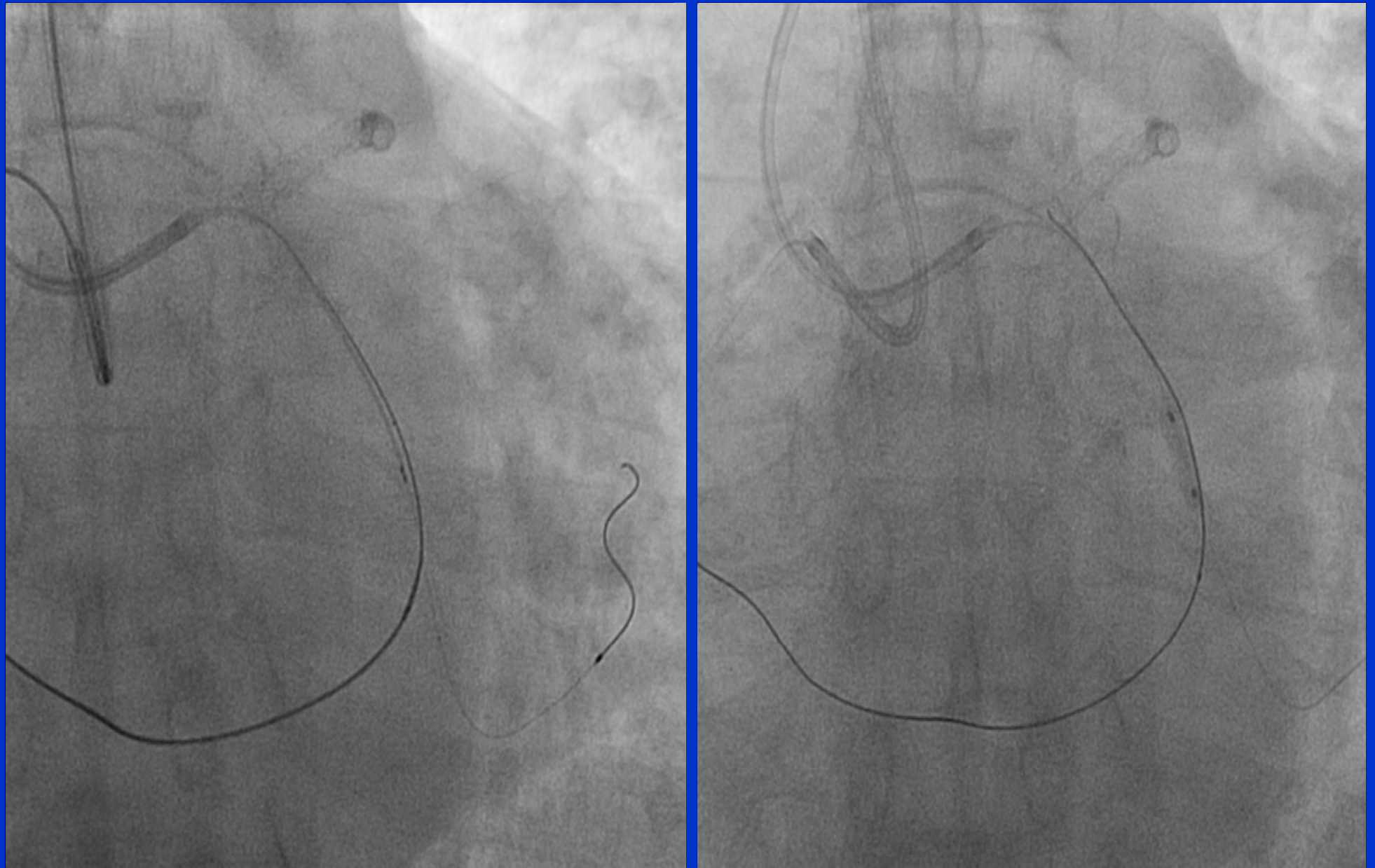
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# IVUS Image

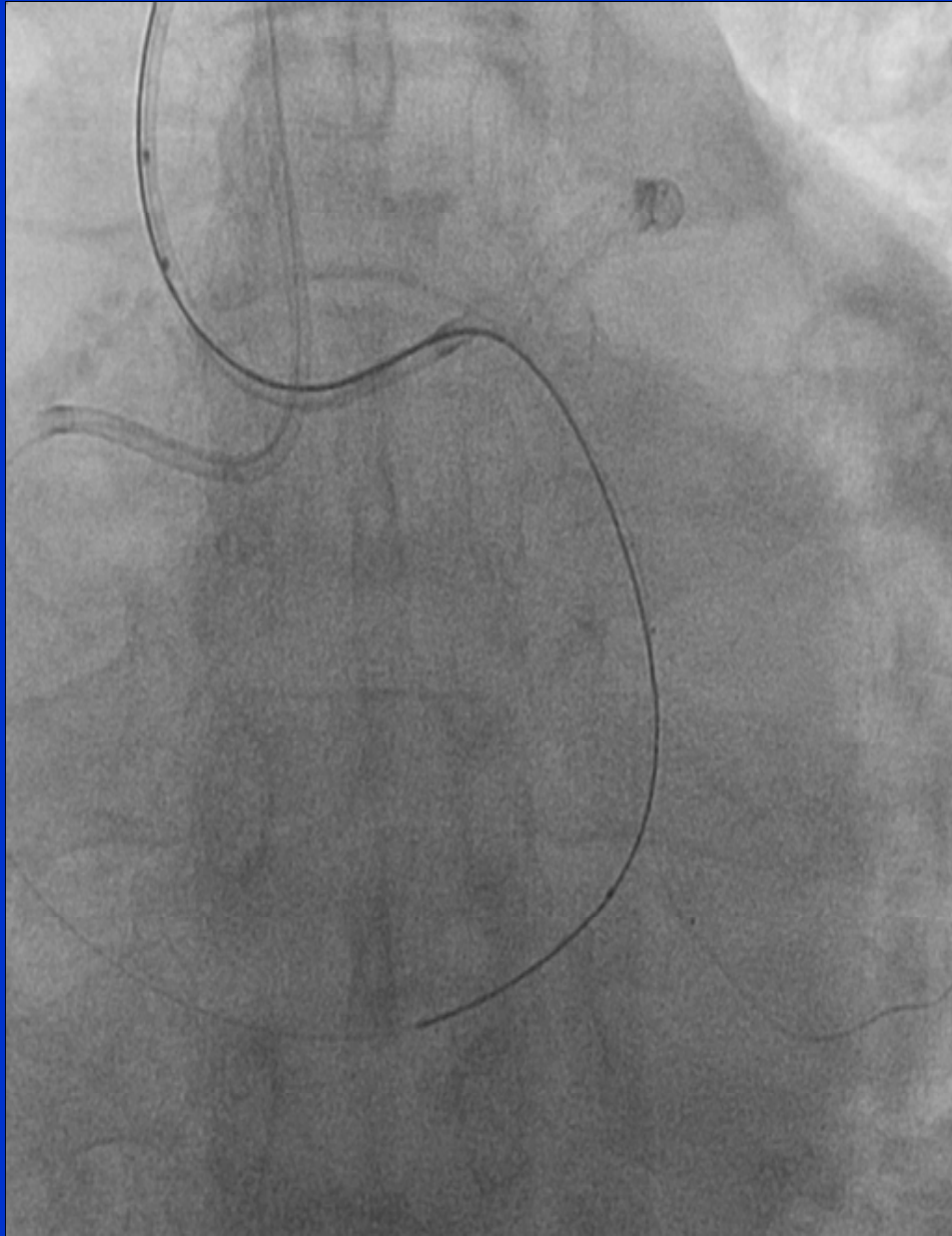




**Conquest Pro 820 into EBU, Rendezvous technique**

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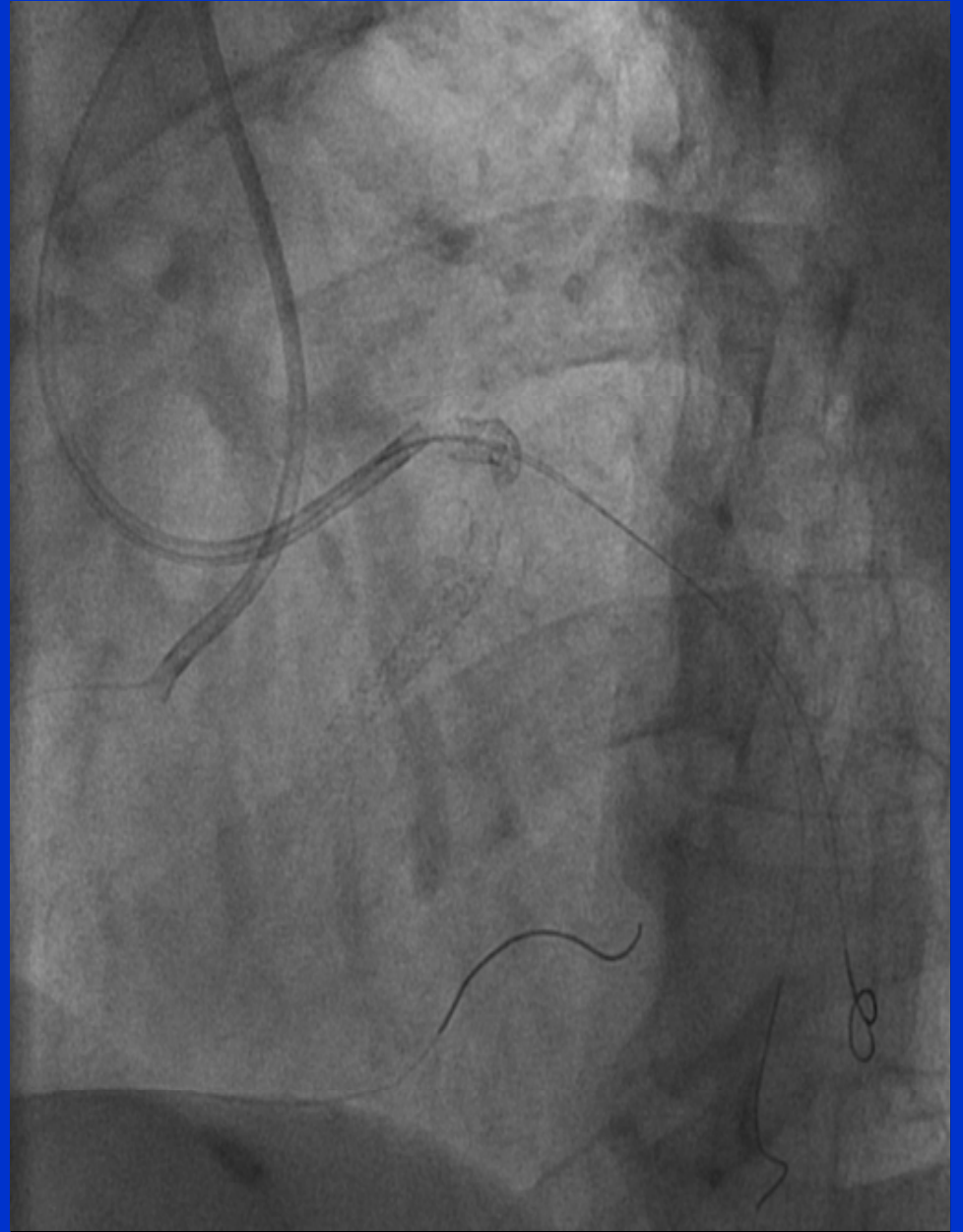
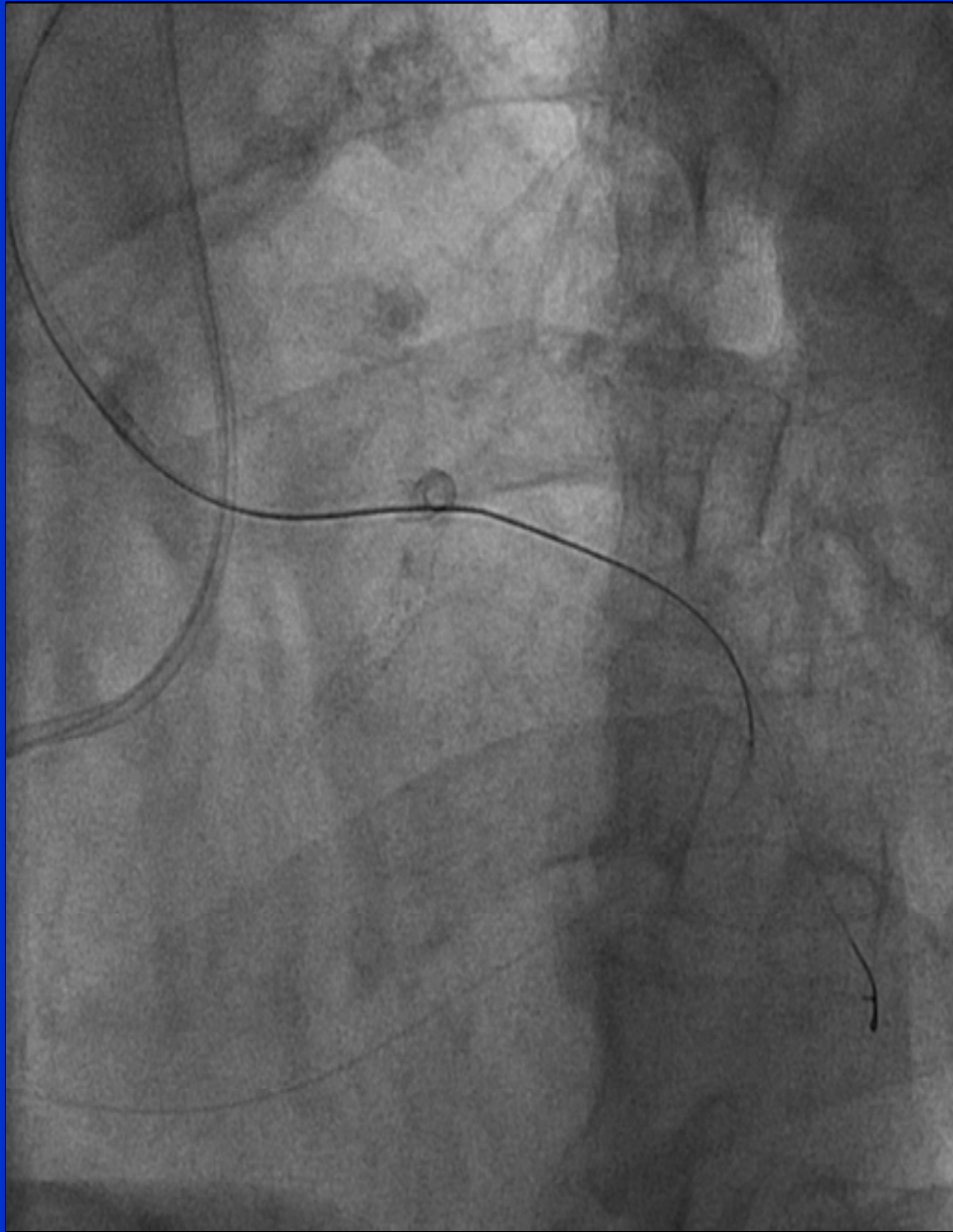


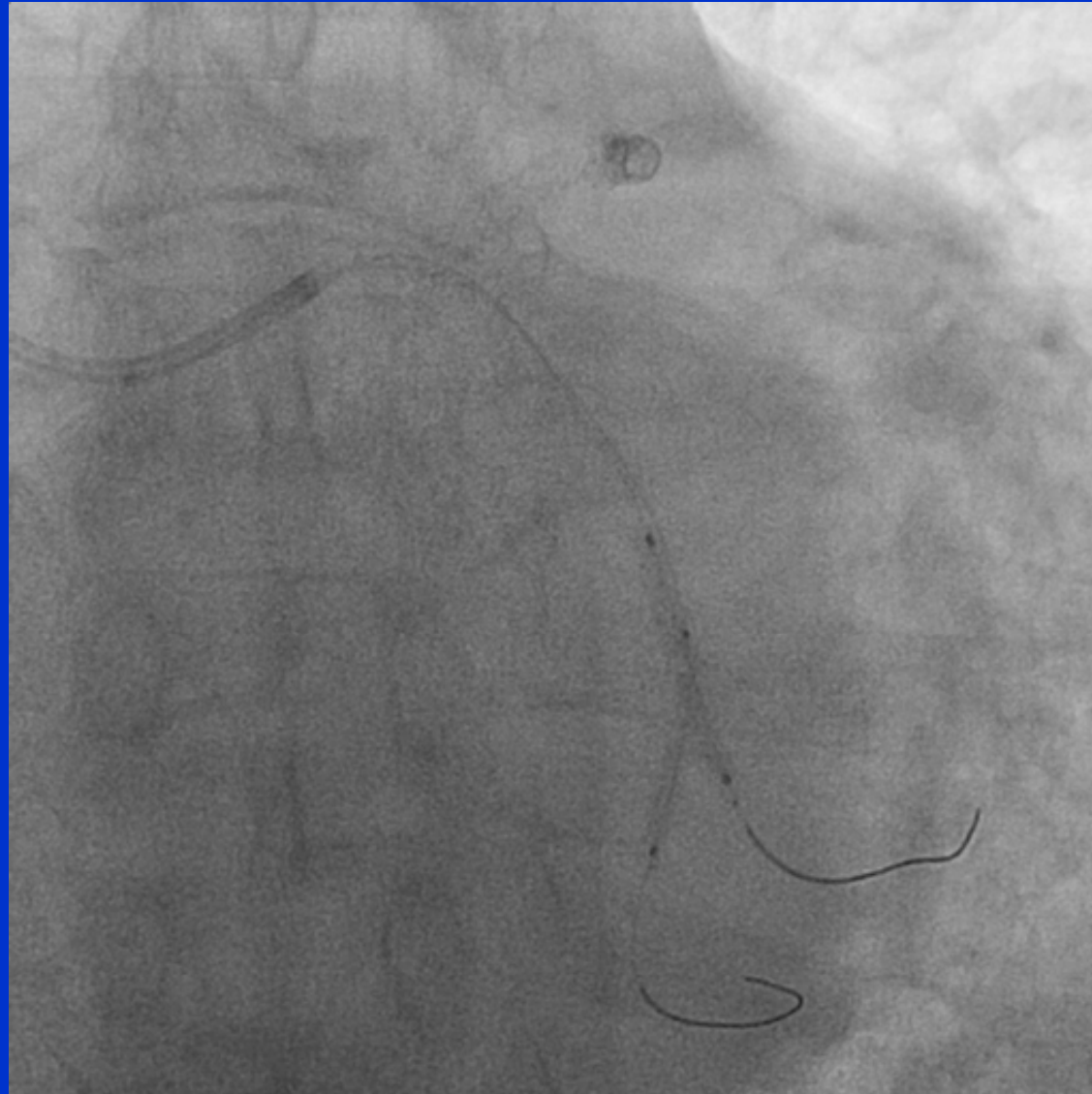


**Conquest Pro 820 into EBU, Rendezvous technique**

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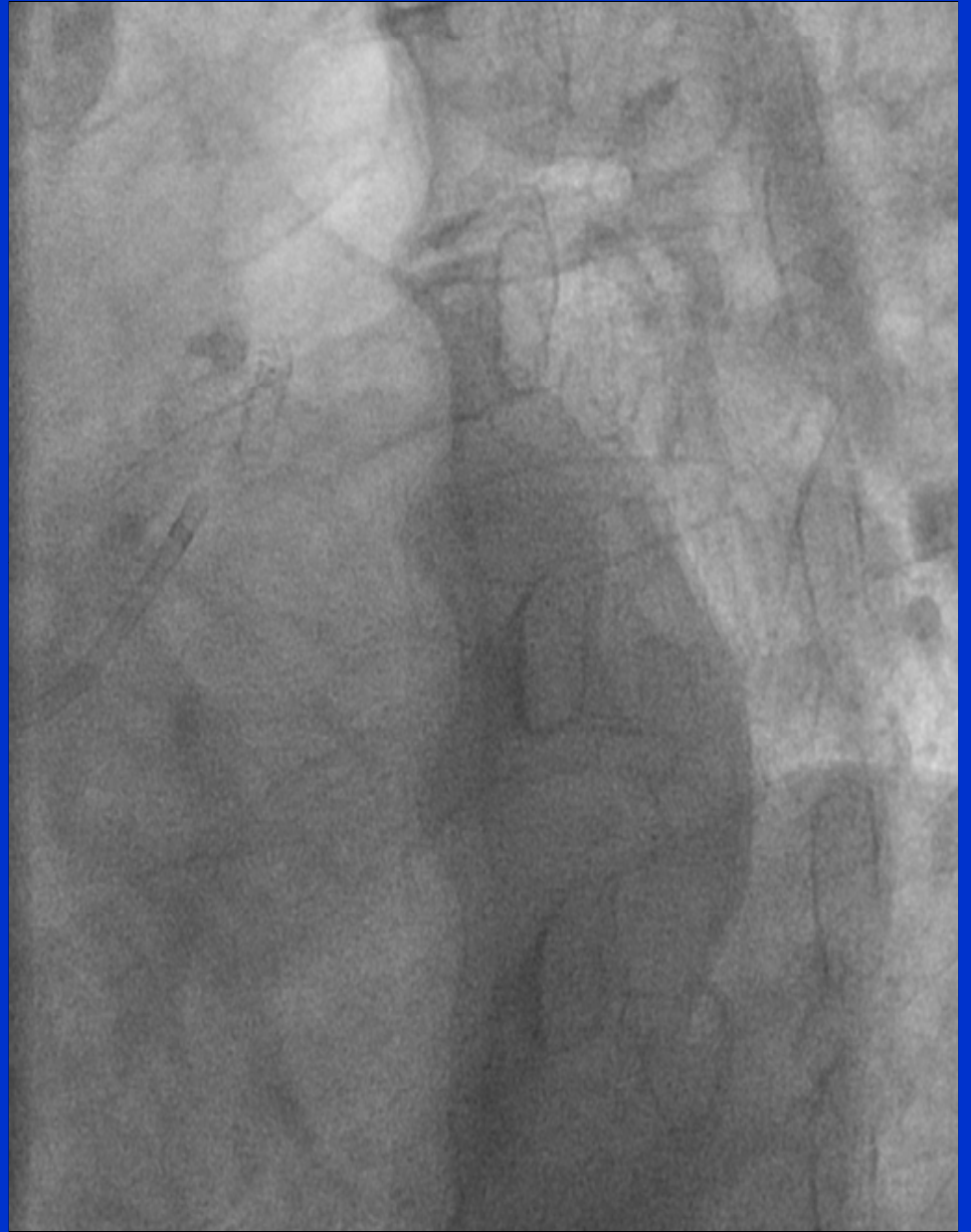
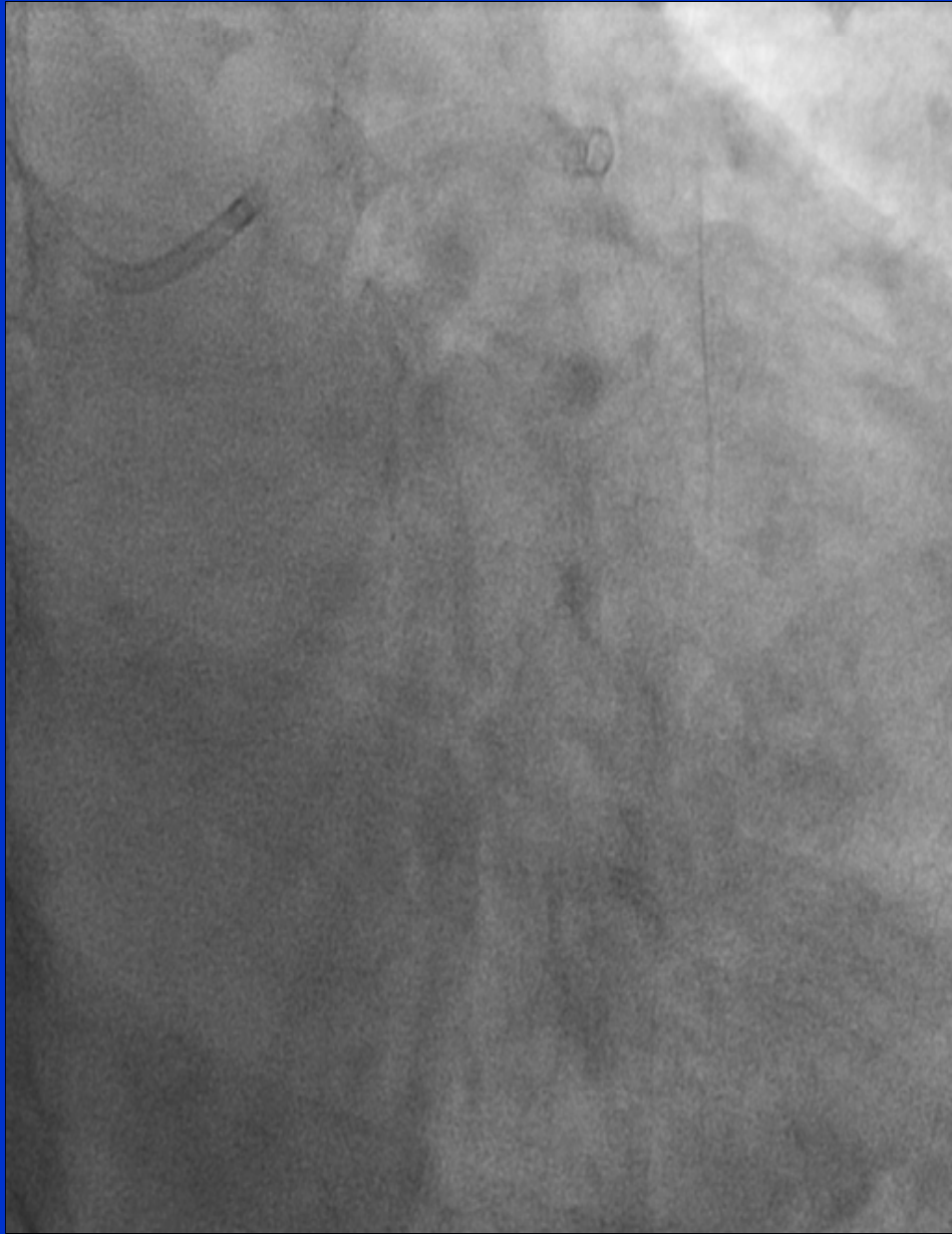




**Kissing balloon technique with 2.5 mm balloon at 12 atm**

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# Conclusion

- For coronary CTO intervention, IVUS can be useful to guide wire to puncture through lesion into true lumen



Thanks for your attention

