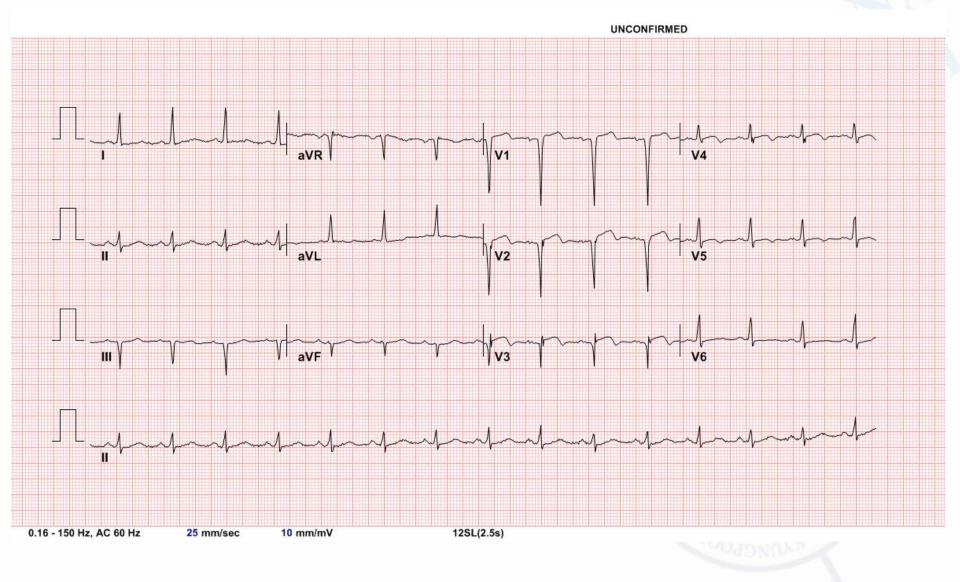
# Identification of True lumen by Physiologic Wave Form using Pressure Wire in CTO intervention

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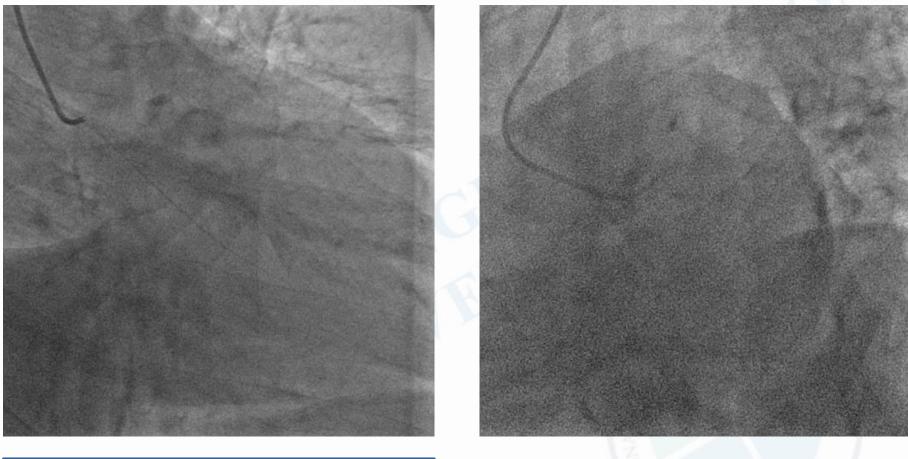
# Brief history

- 45/M
- Transferred from local medical center for ECG abnormality and mild cardiac enzyme elevation
- Risk factor
  - DM
  - Hypertension
  - Smoking
- Echocardiography
  - LVEF 33%
  - Wall motion abnormality in LAD territory

## Initial ECG



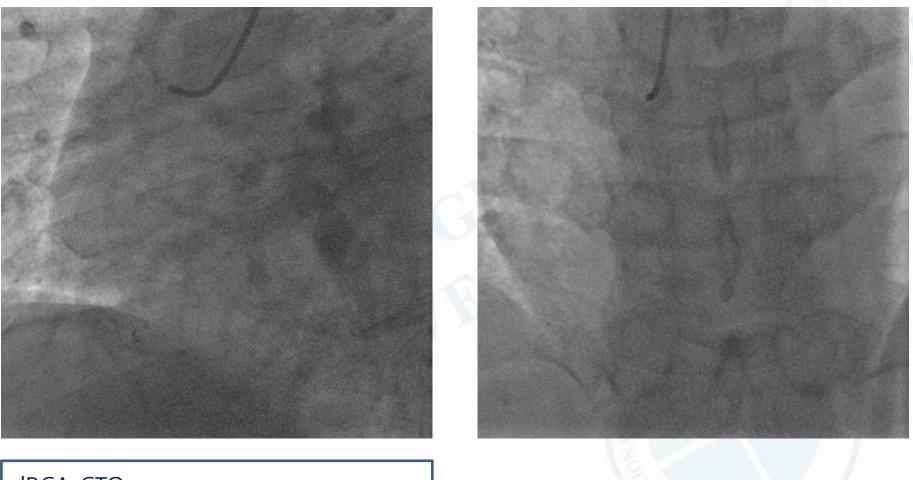




#### Stumpless CTO in LAD







#### dRCA CTO

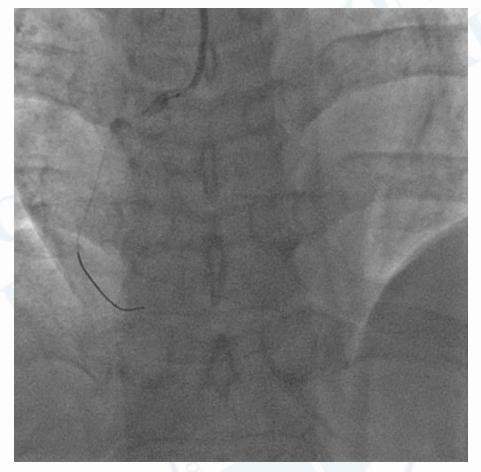


PCI

RCA PCI try Guiding cath: AL1

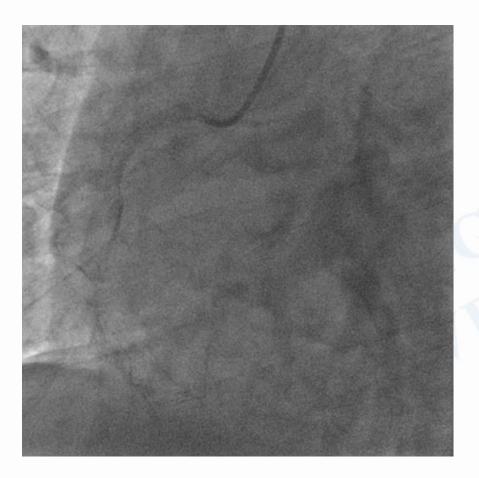
pRCA **dissection** with flow limitation

Patient complained of **chest pain** 





### Recover

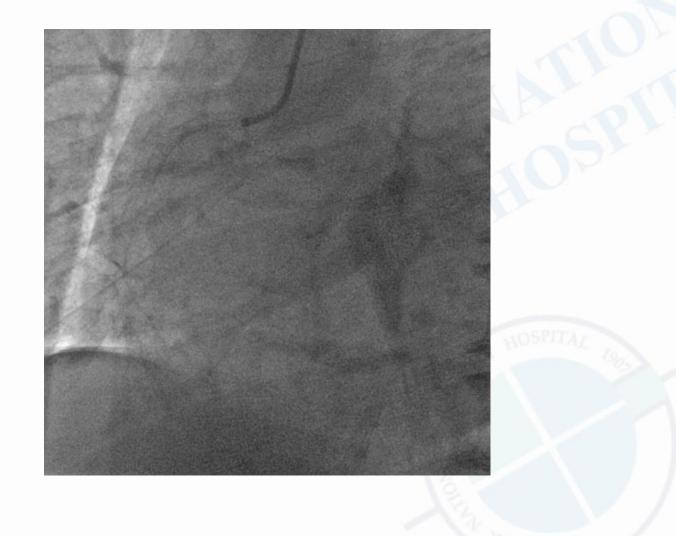


Stent insertion in pRCA -> seal the proximal tear site

Dissection was stationary for a while

Finished the precedure

# Staged PCI - RCA

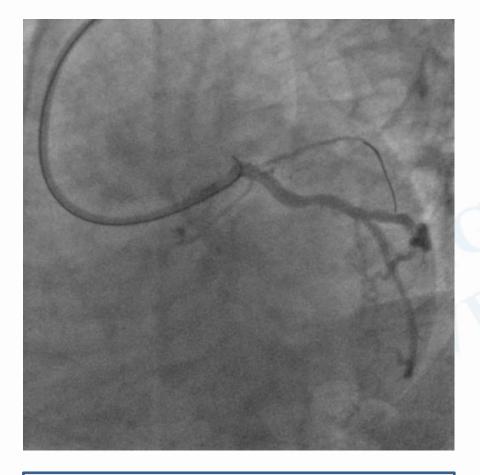




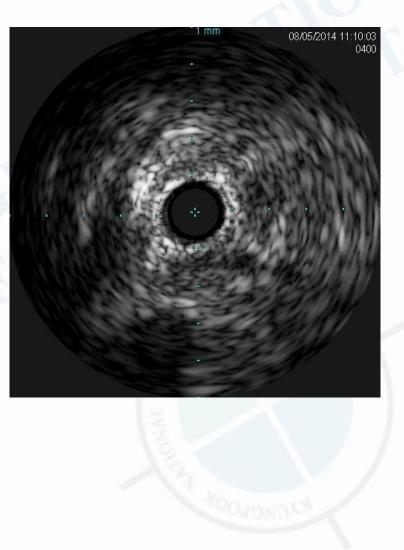




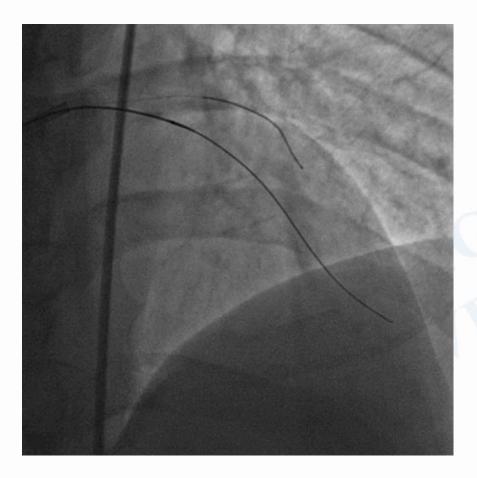
# IVUS guided entry



#### Guiding JL4 IVUS guided ostium check



## Lesion pass



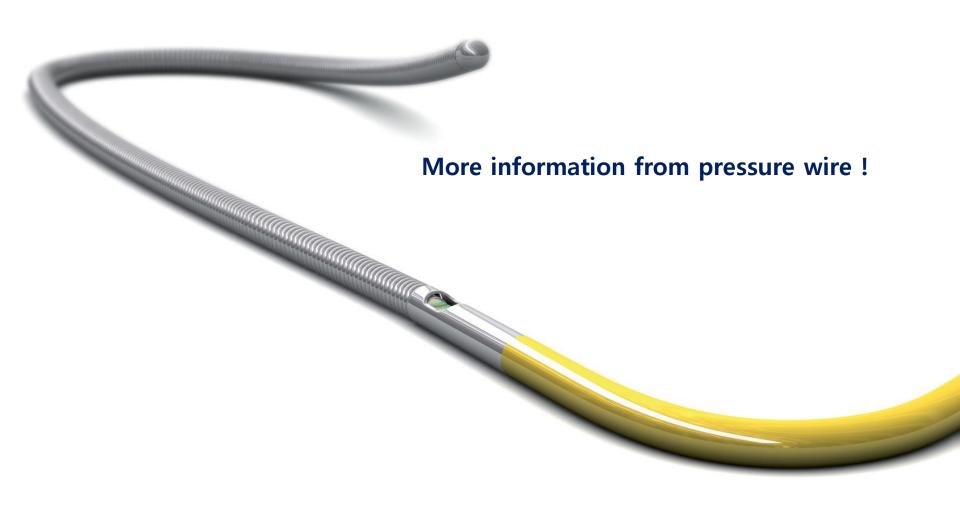
Ipsilateral collaterals diminished

Not typical LAD course in cranial view ->Maybe diagonal branch???

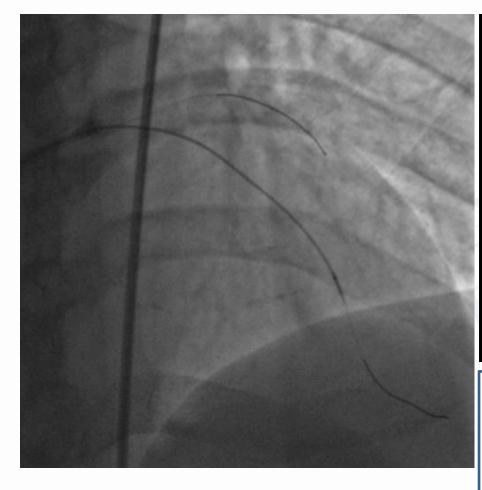
How to confirm distal true lumen??

<u>Contralateral injection with another</u> <u>puncture??</u> ->RCA was CTO

<u>Tip injection??</u> ->One option, however the wire did not seemed to be in a typical LAD course



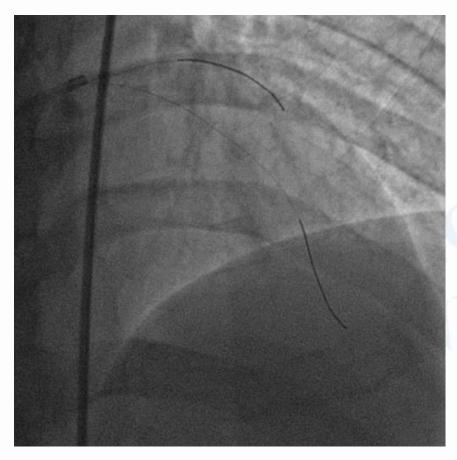
### Pressure wire





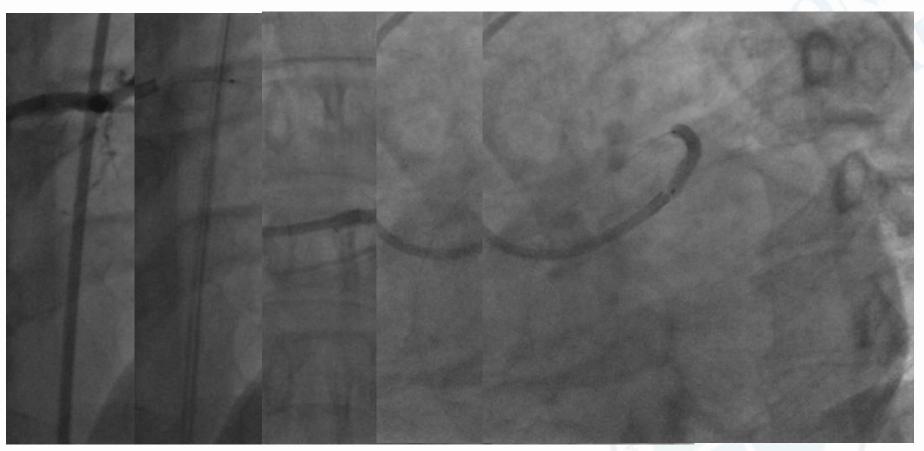
- Pressure wire was showing normal physiologic wave form in distal portion
  - Can help to identify distal true lumen

# **Balloon dilation**



After dilating the CTO segment, the wire was in the diagonal branch, as expected













## Discussion

- Normal physiologic pressure wave form by pressure wire provide us a clue in identifying the distal true lumen of the CTO in this case
- <u>True lumen identification using pressure wire by confirming</u> <u>normal physiologic wave form.</u>
  - Useful enough to be applied to the daily practice?
  - Cost effectiveness?