

Retrograde Coronary Artery Dissection to LM during PCI for CTO lesion

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Case Review

- **Patient Demographics**

Age: 75

Gender: male

Risk factors: Current smoking, Hypertension,
Total occlusion of Rt. internal carotid artery with
Multiple cerebral infarctions

Lipid: TC 192 mg/dl

HDL 47 mg/dl

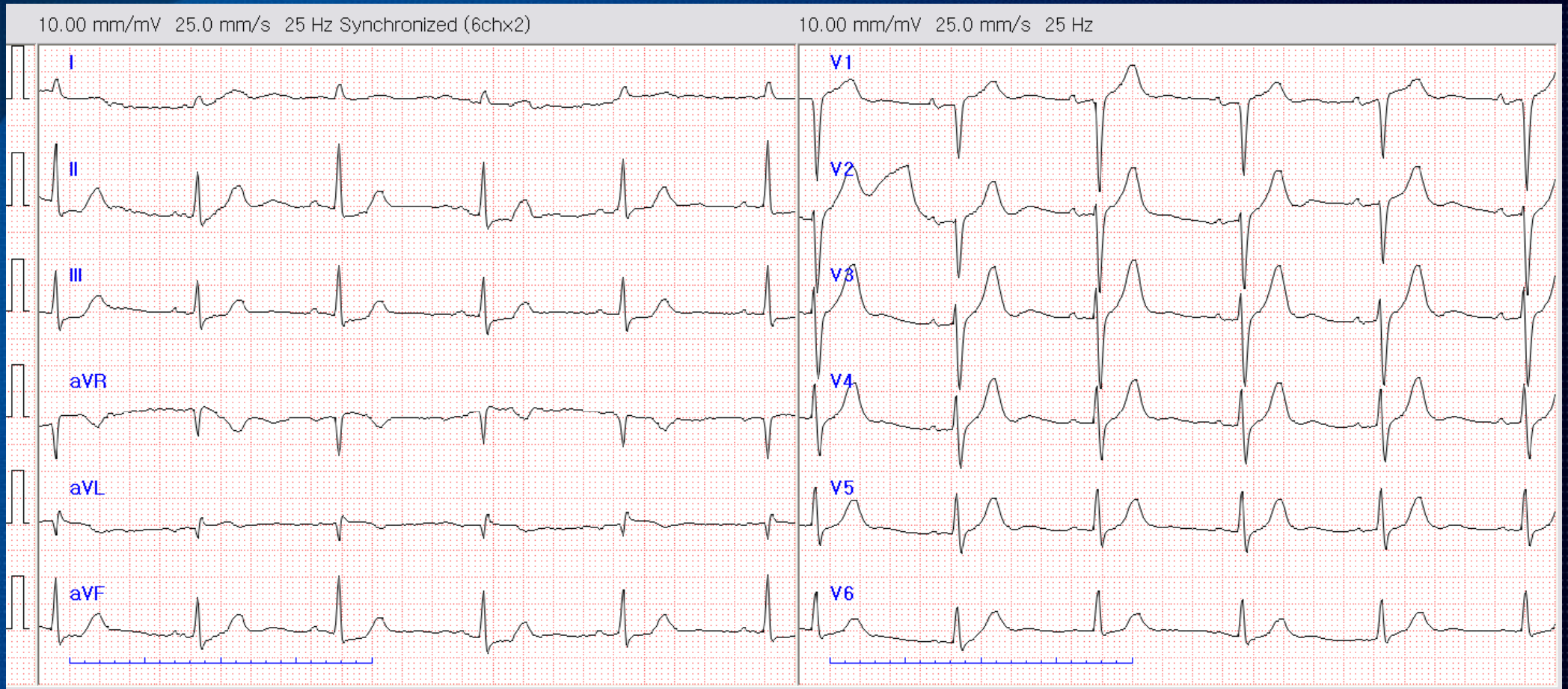
TG 80 mg/d

LDL 146 mg/dl

- **C.C:** Dyspnea on exertion CCS II for several years

Initial ECG

BP 120/60mmhg HR 60bpm



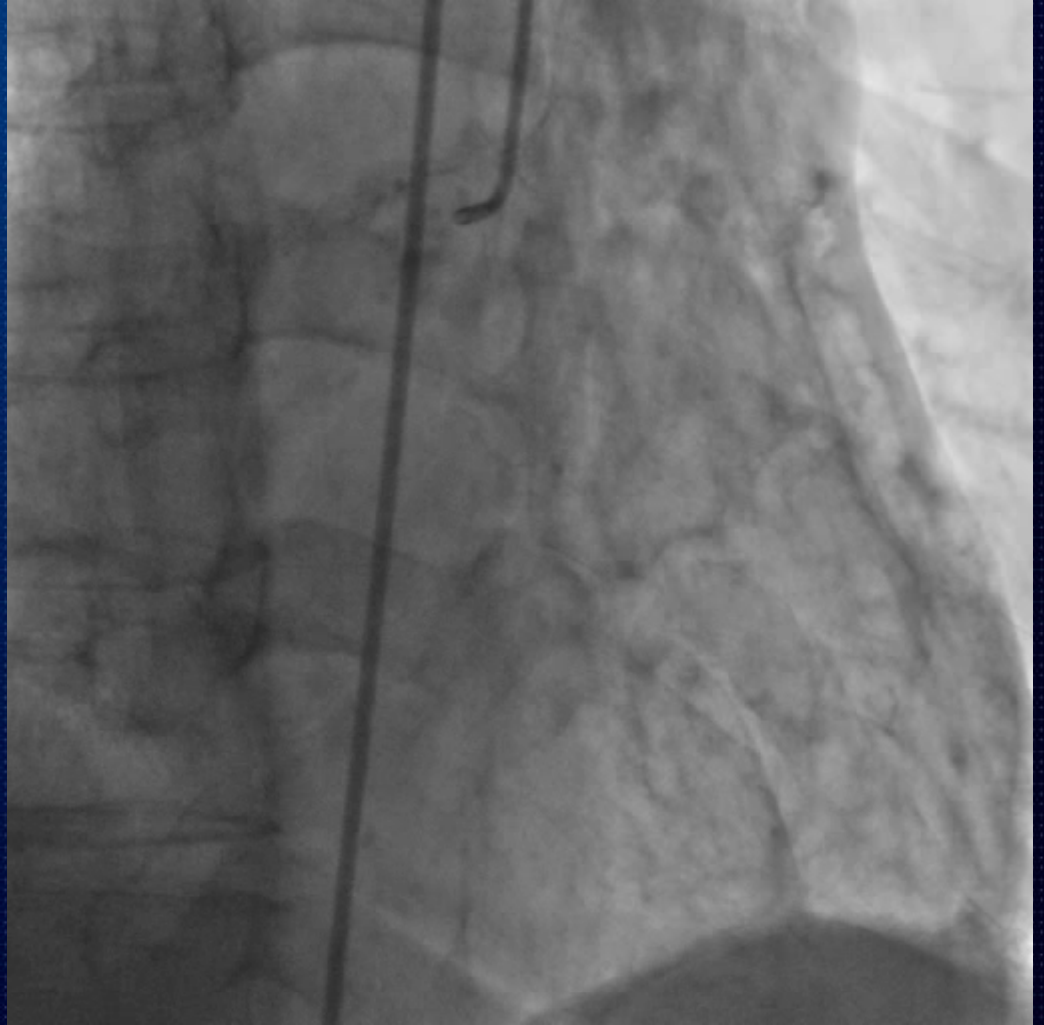
EchoCG: EF=70%, No RWMA

Cardiac Catheterization Findings

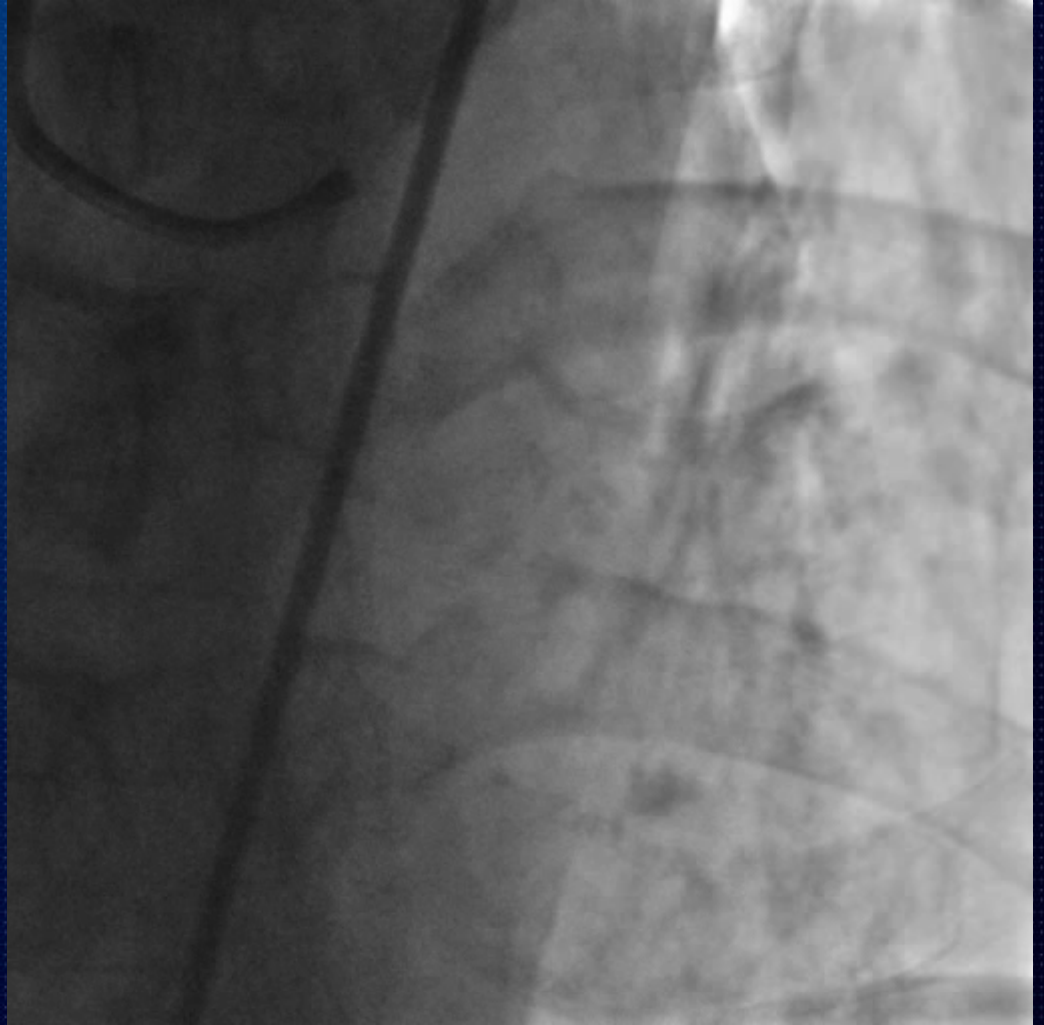
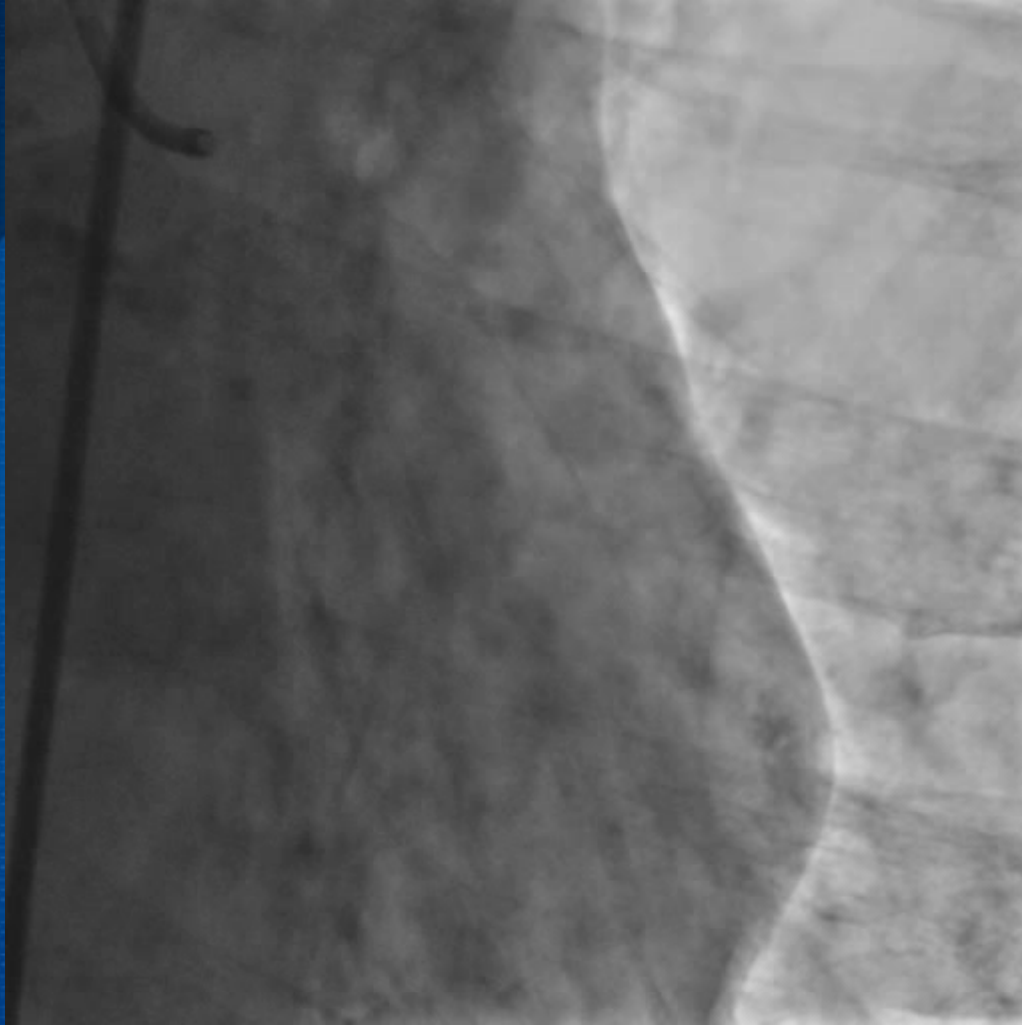
- LM : Normal
- LAD: CTO at mid-LAD with good collateral from RCA
- LCX: CTO of RI with good collateral from diagonal
- RCA: 30% diffuse stenosis with ruptured plaque

- Target Lesion: LAD CTO lesion
- PCI strategy: Antegrade step-up approach with
micro- guide catheter supported PCI

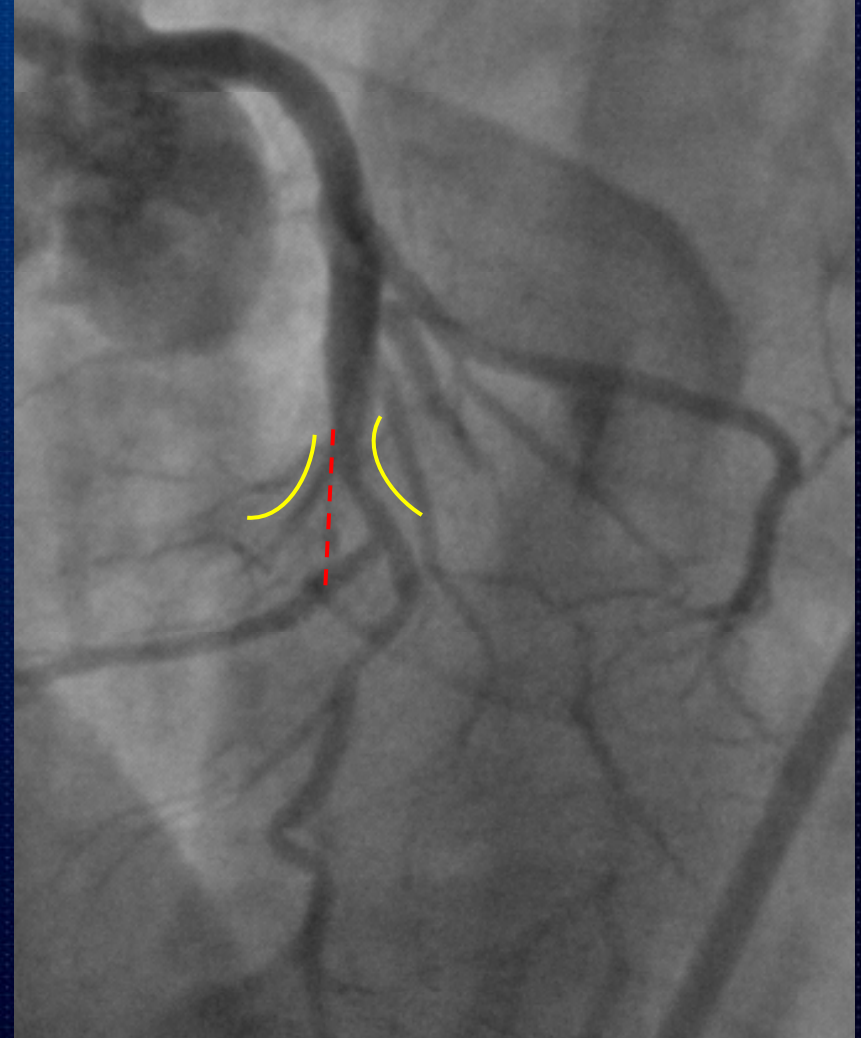
Baseline Angiogram



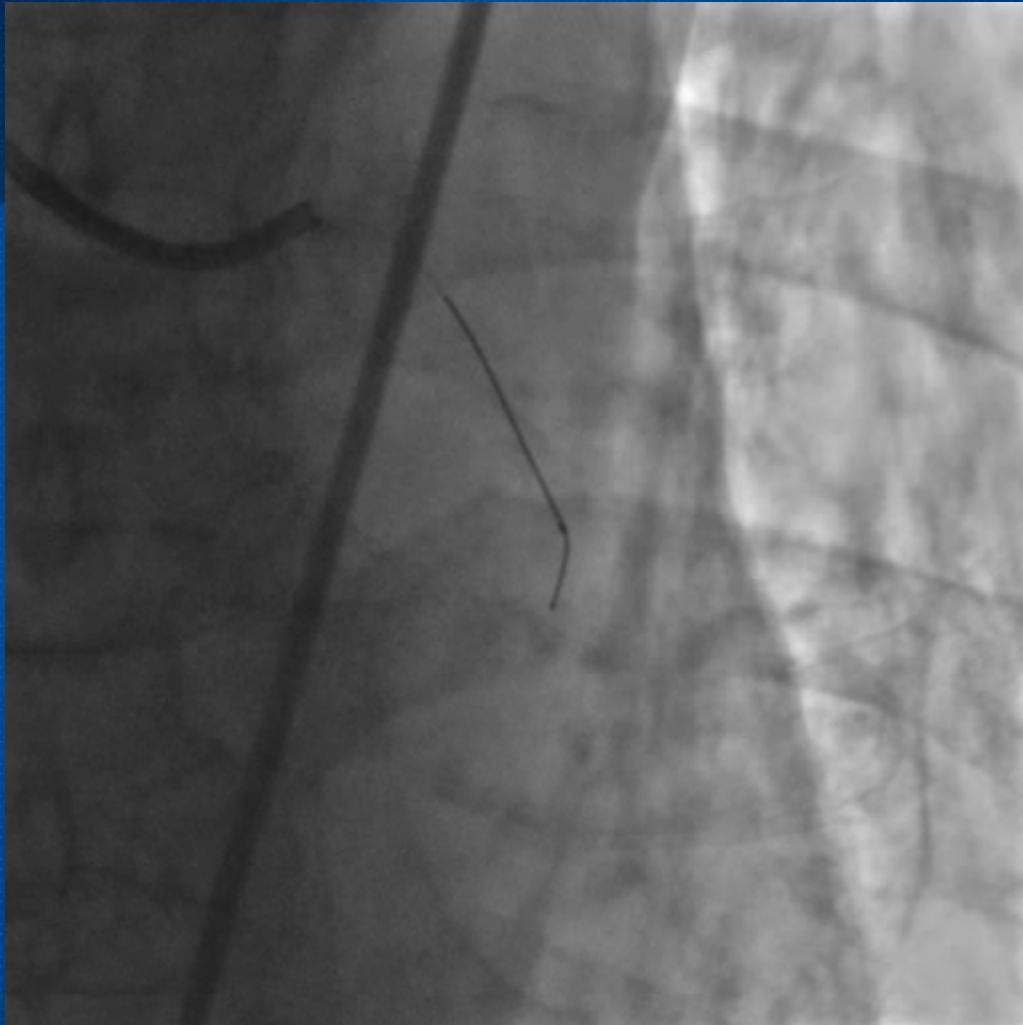
Baseline Angiogram



Baseline Angiogram



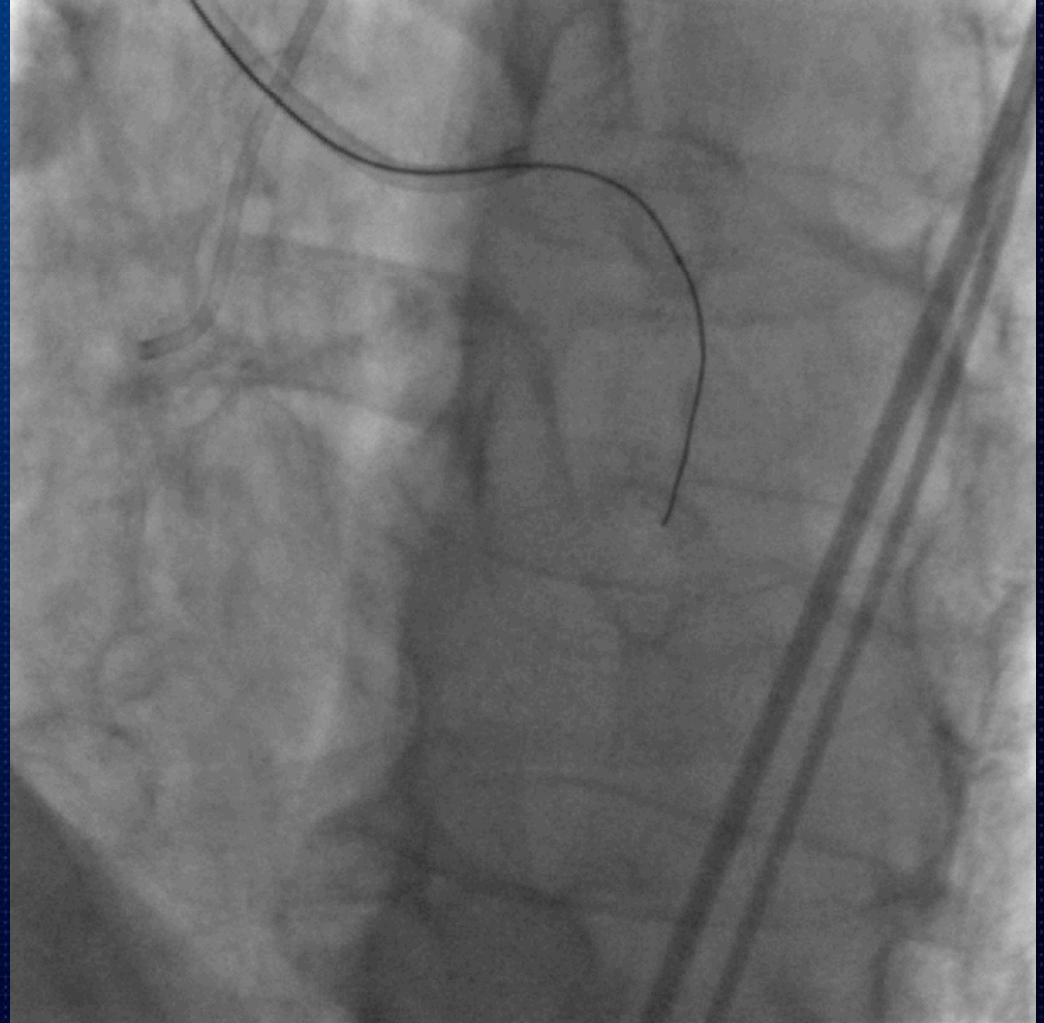
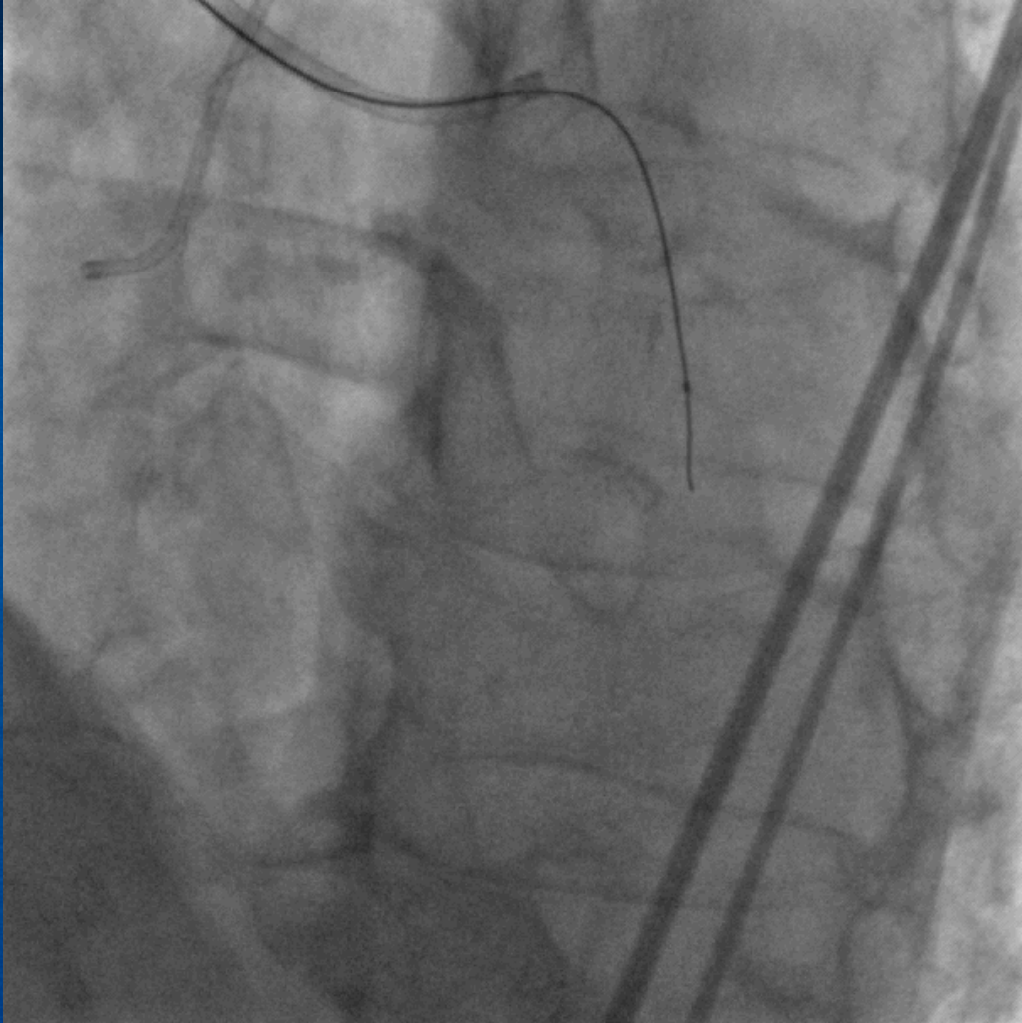
PCI



7Fr JL4 guiding catheter &
FineCross™ micro-guide catheter

Runthrough

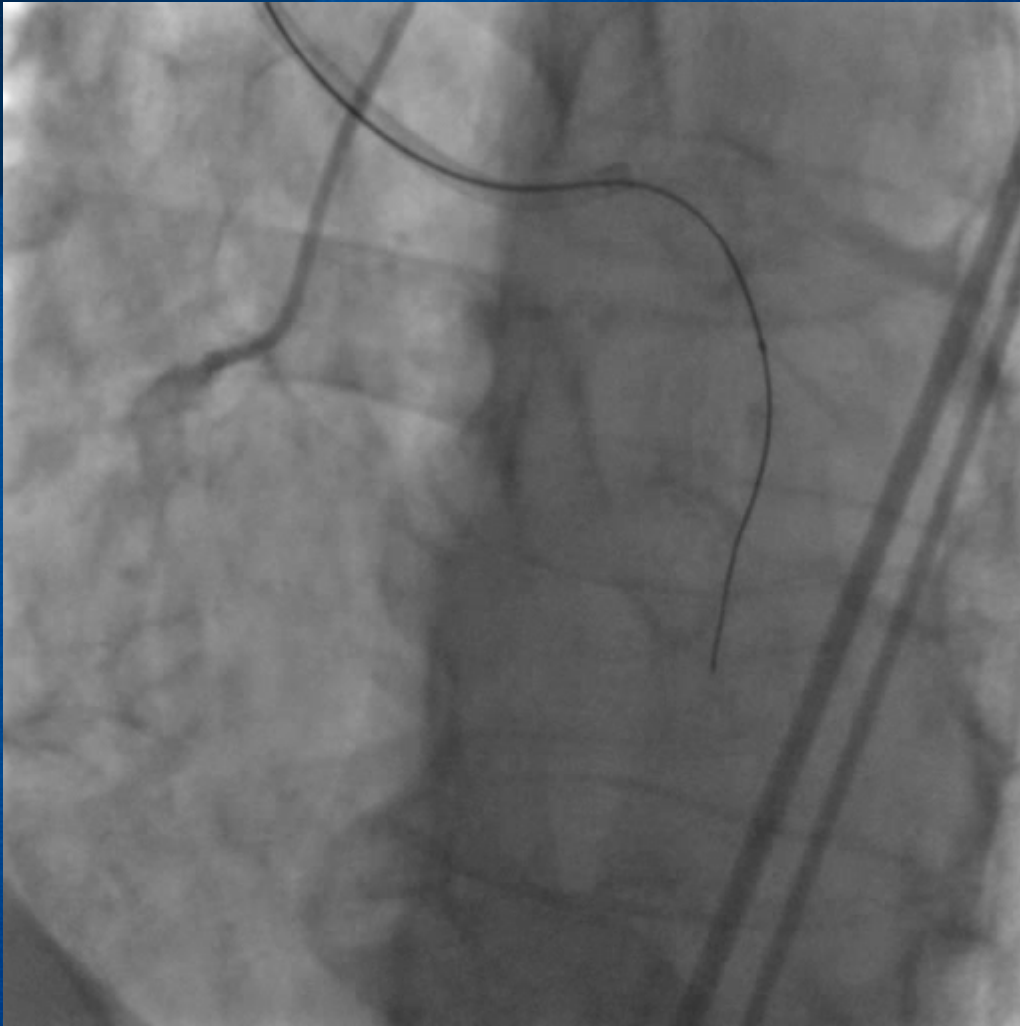
PCI



Miracle 6g

PCI

Contrast Injection through FineCross™



Miracle 6g



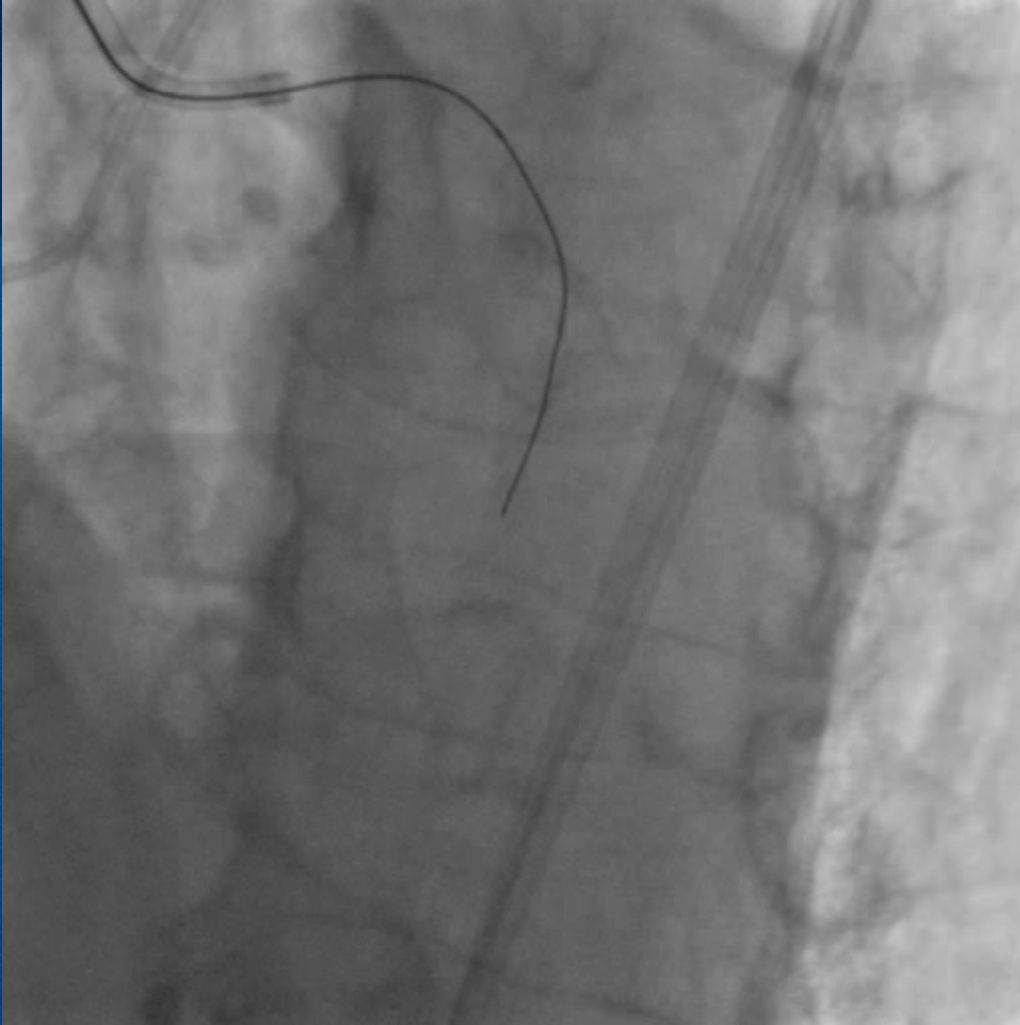
Compromized LM d/t retrograde dissection



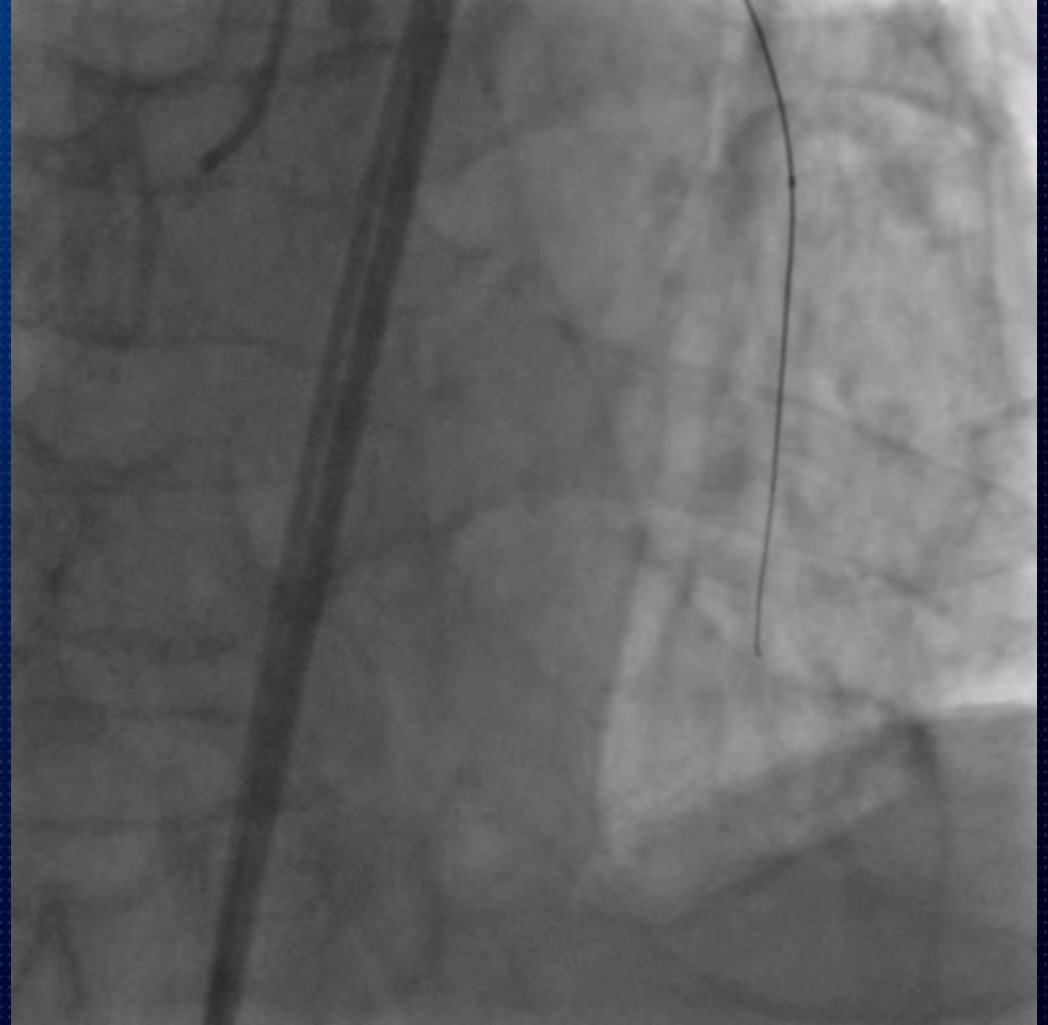
What should we do?

Turn to CABG
Or
Keep going PCI

PCI



Miracle 6g

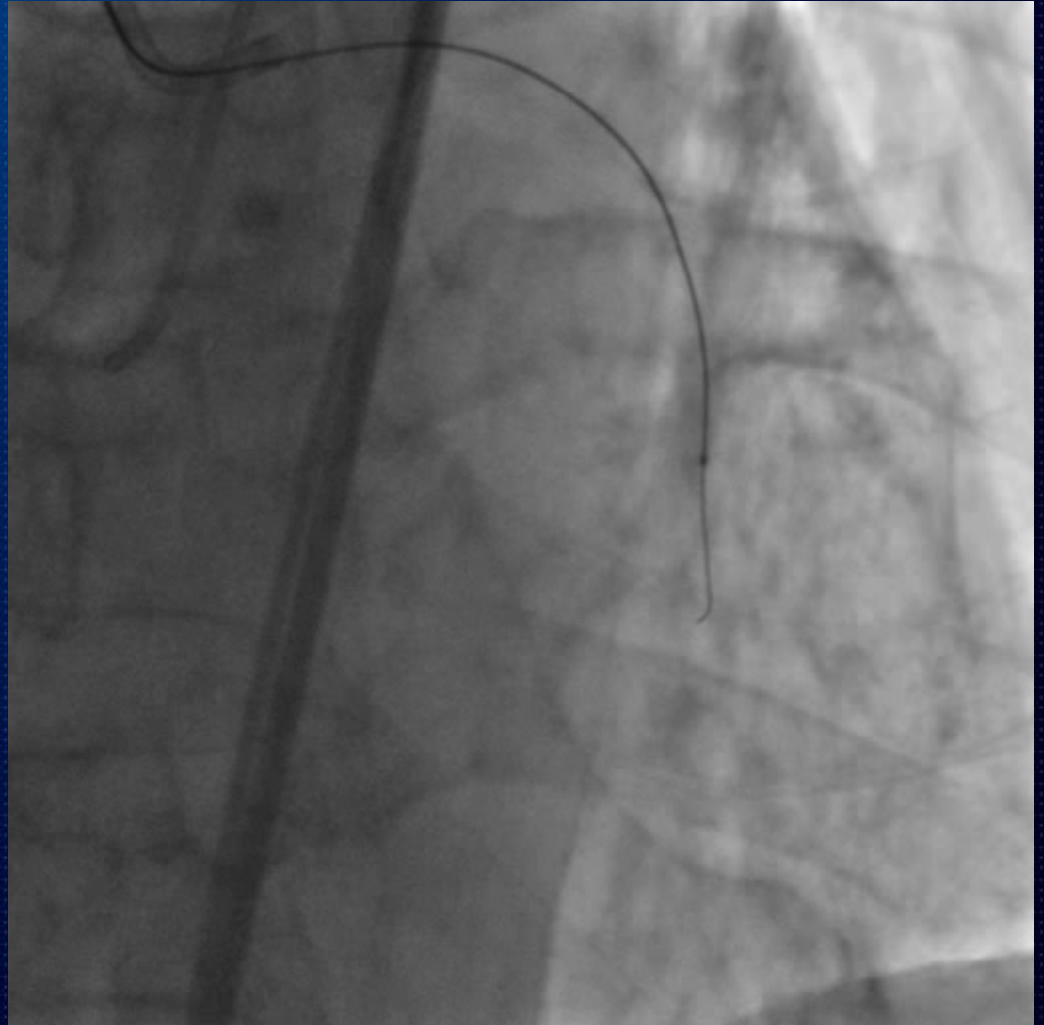


Conquest pro 9g

PCI



Runthrough



Conquest pro 9g

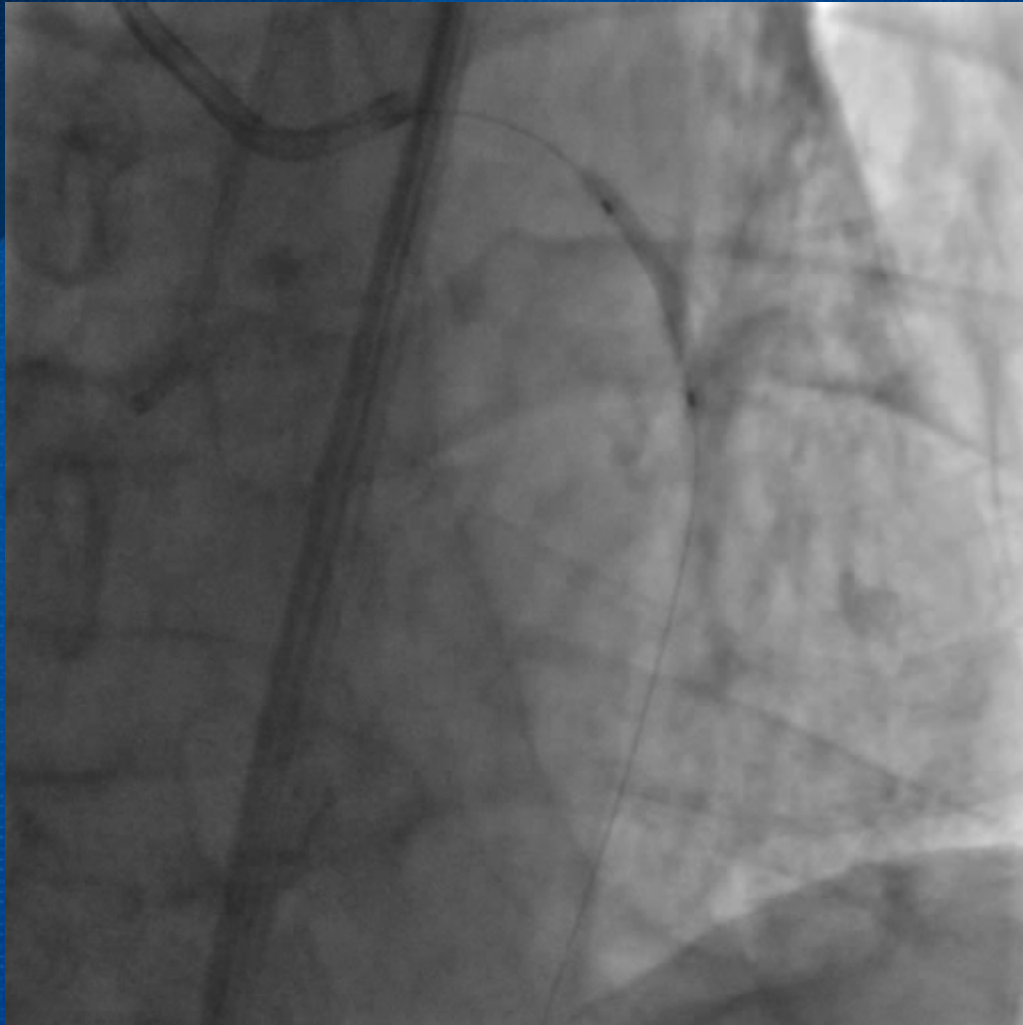


PCI

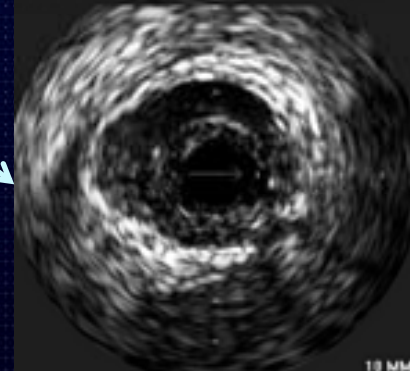
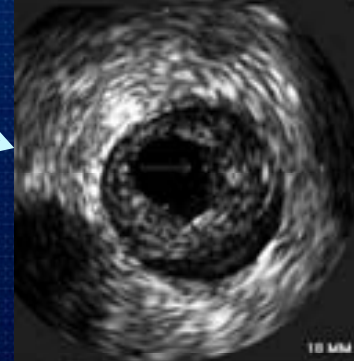
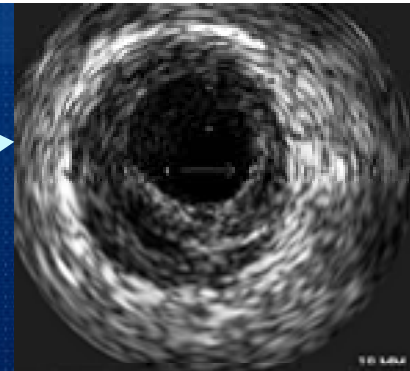
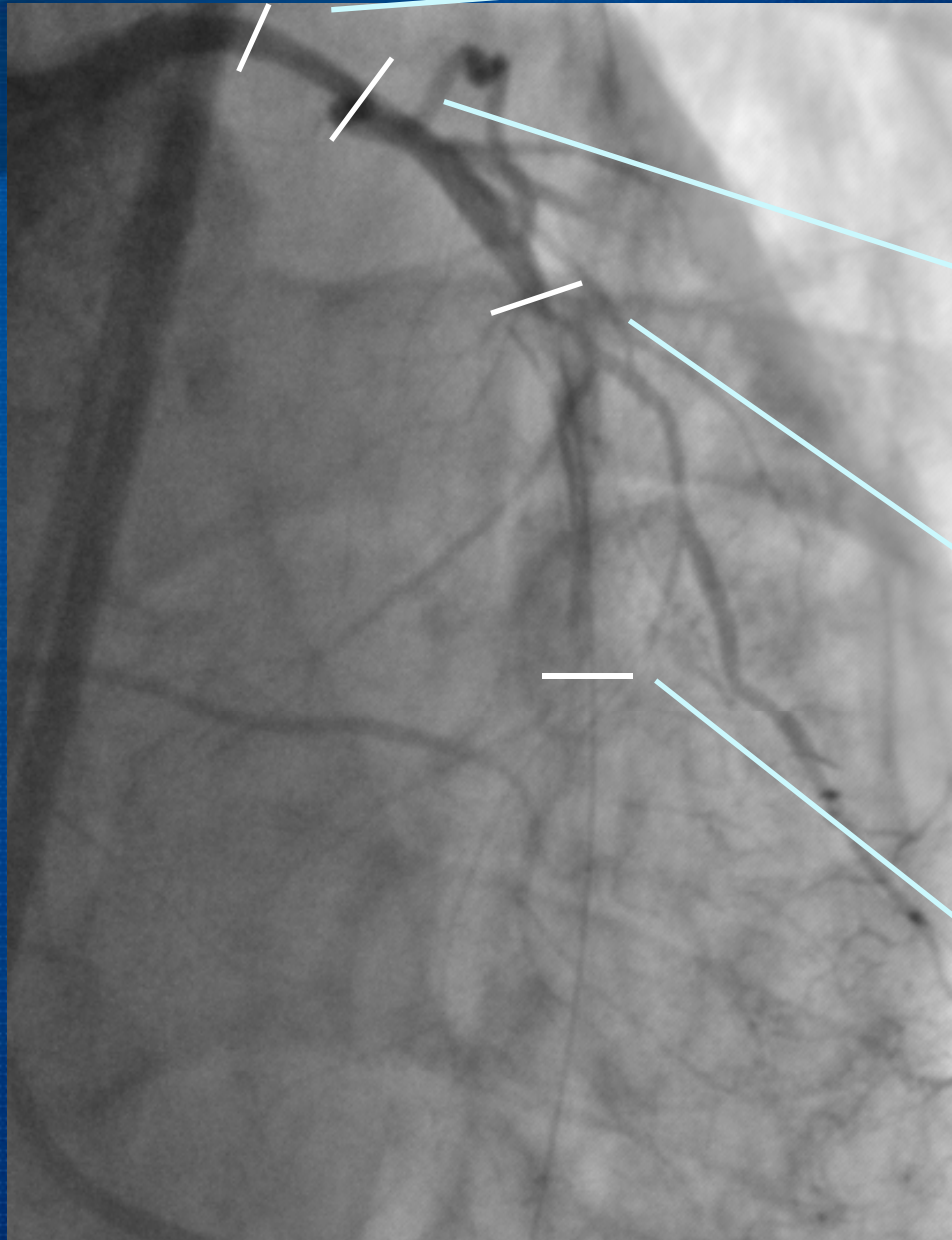


Maverick 2.0 x 20mm
up to 2.0 (6atm)

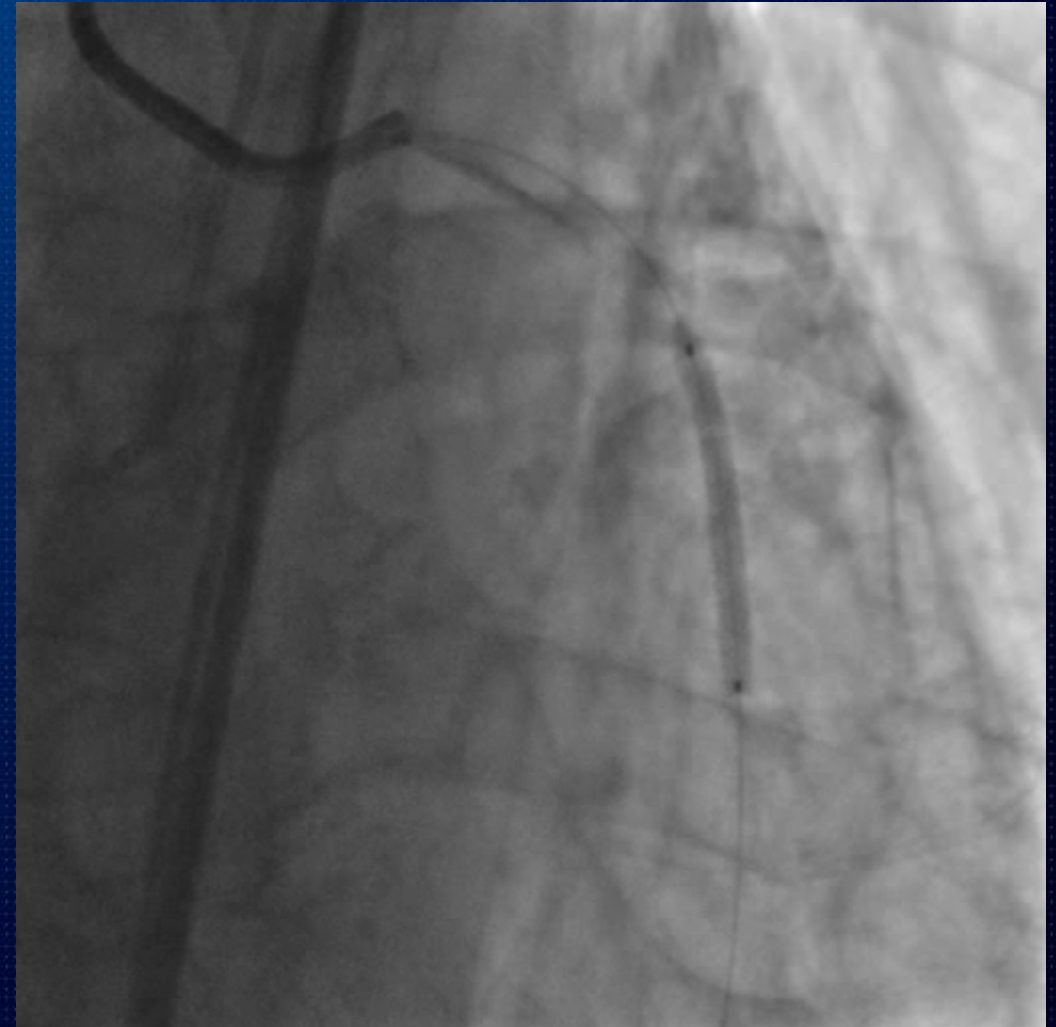
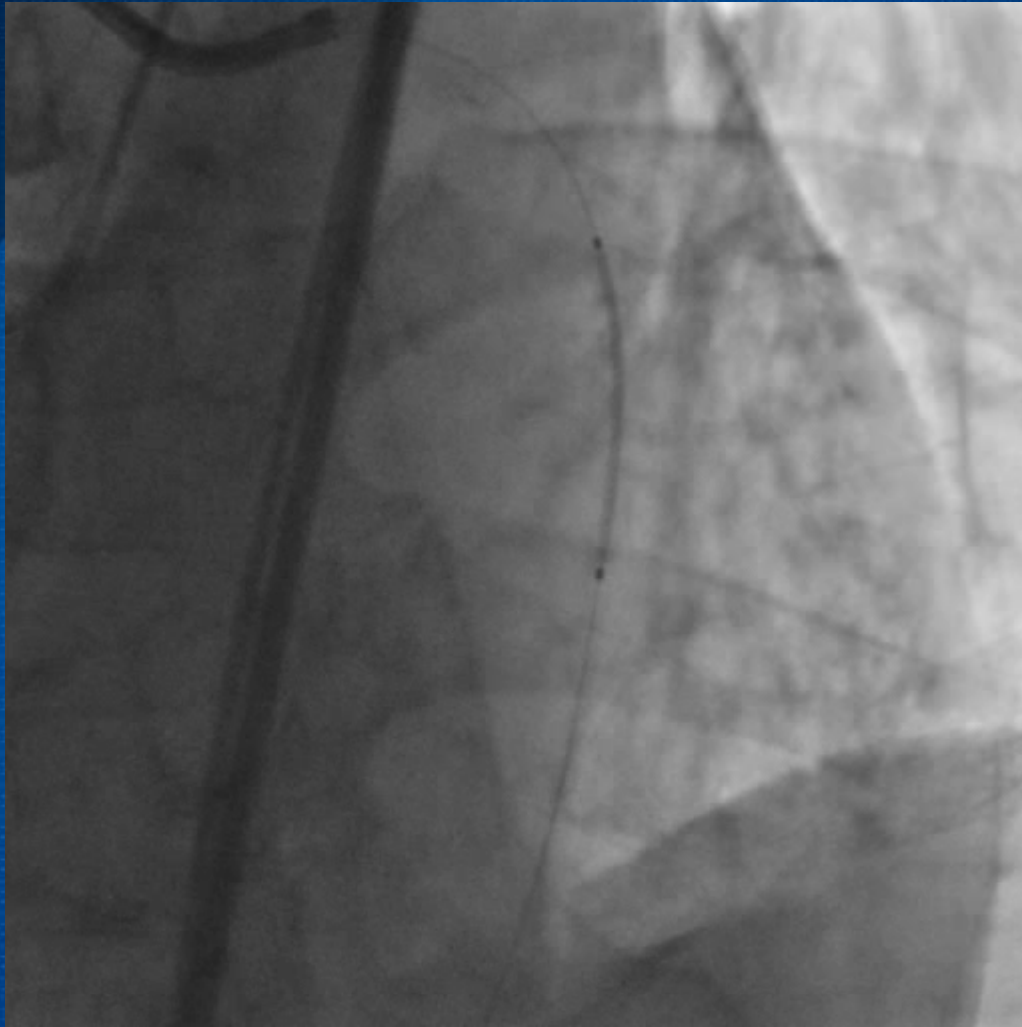
PCI



IVUS

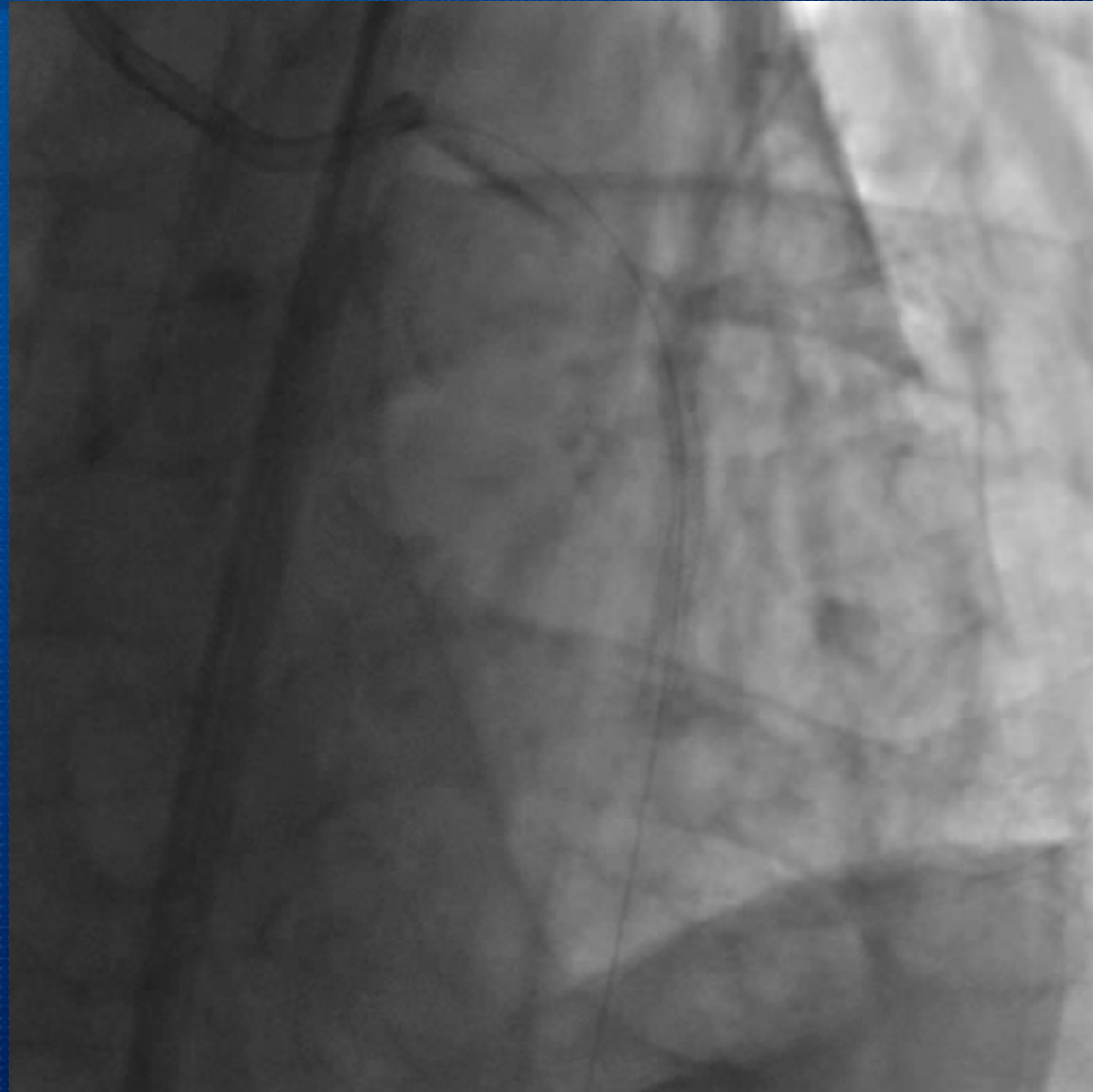


PCI



Promus element 2.75 x 28 mm
up to 2.75(12atm)

PCI



PCI

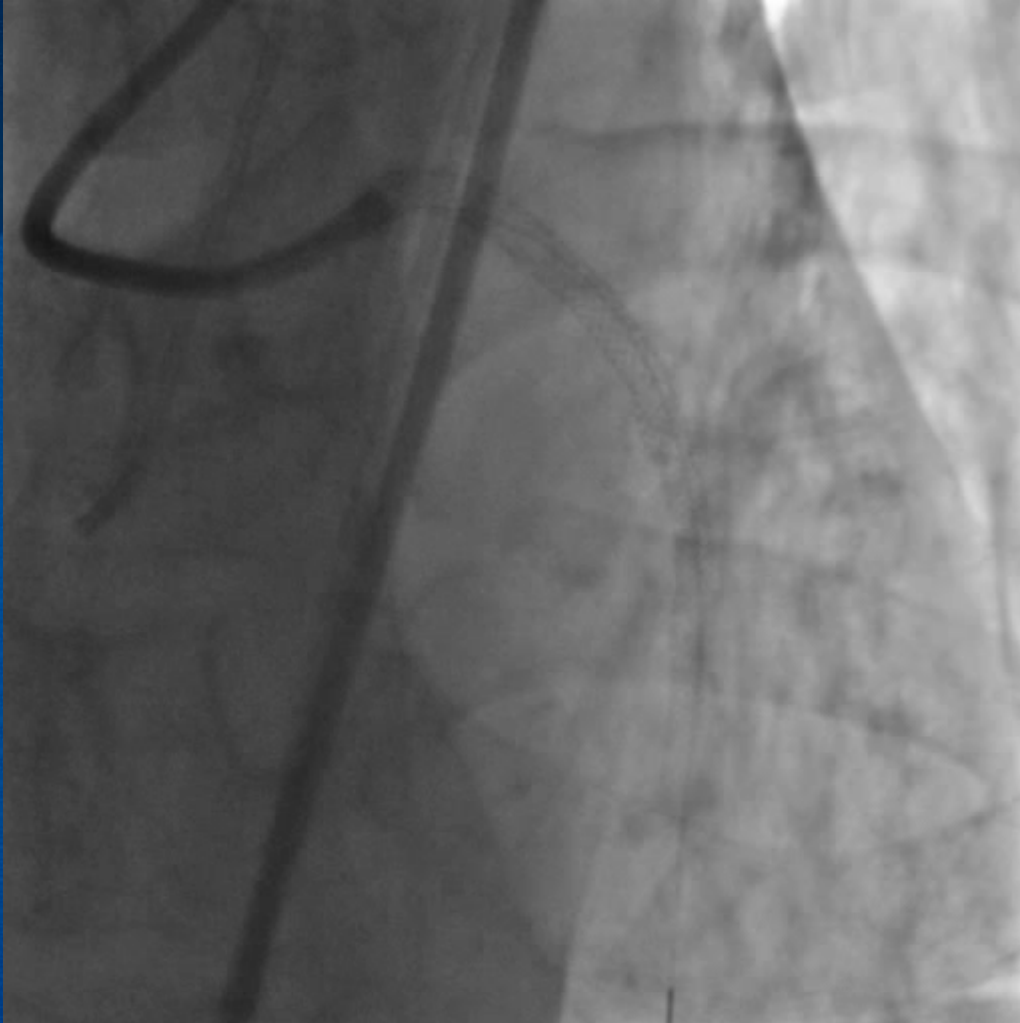


Promus element 3.5 x 20mm
up to 3.68 (14atm)

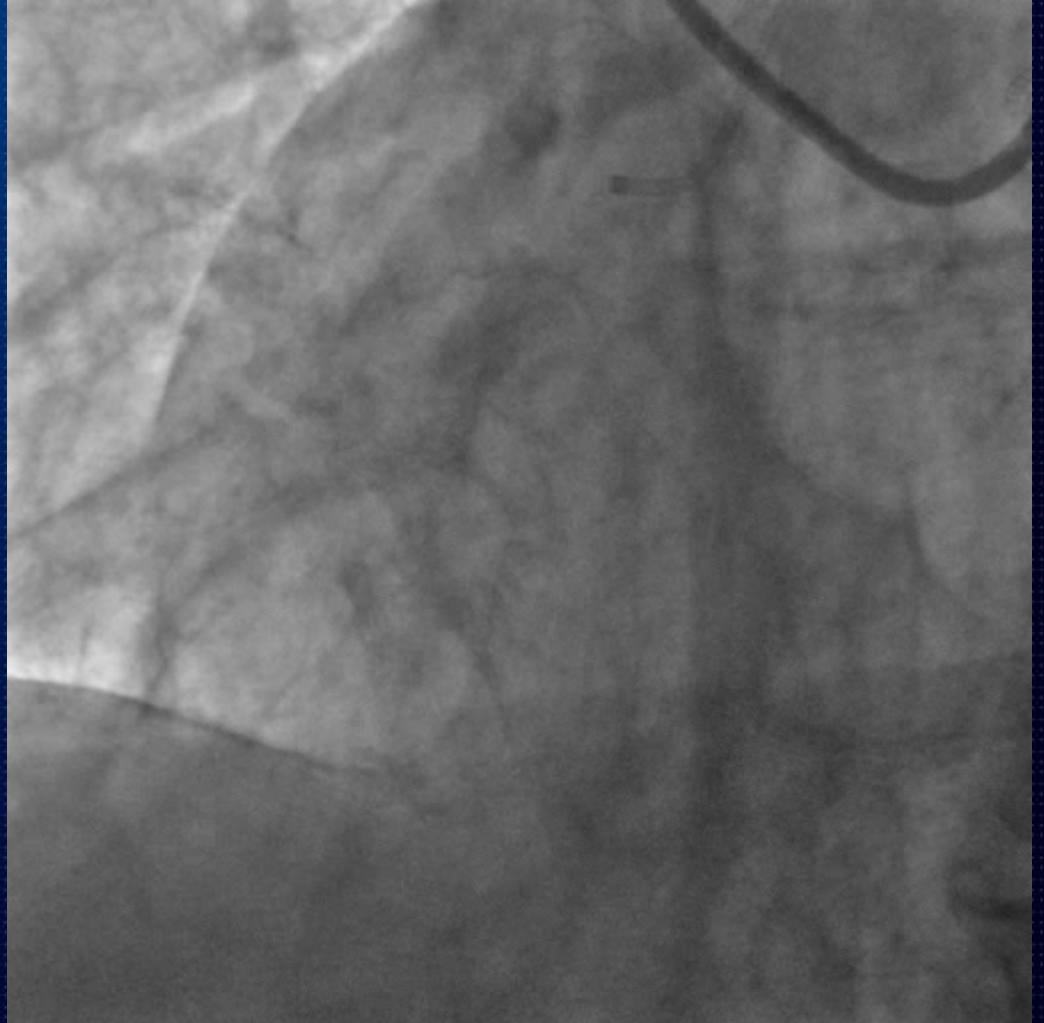


Promus element 4.0 x 20mm
up to 4.32 (16atm) 

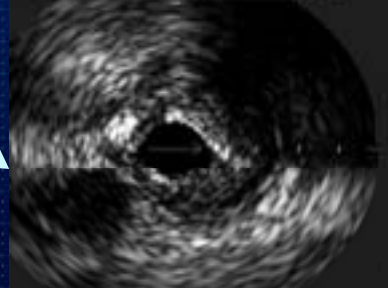
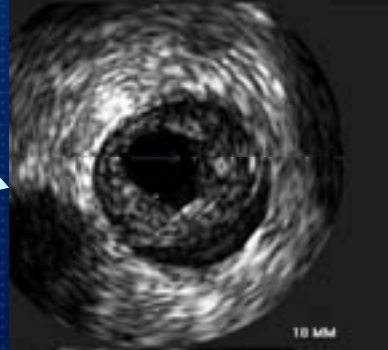
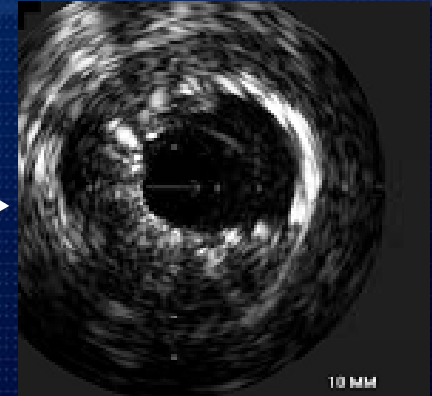
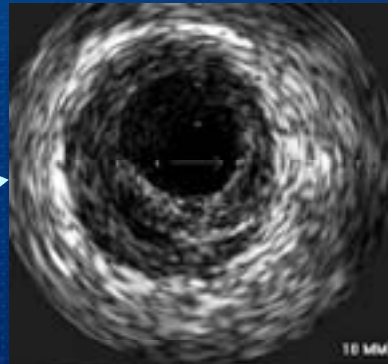
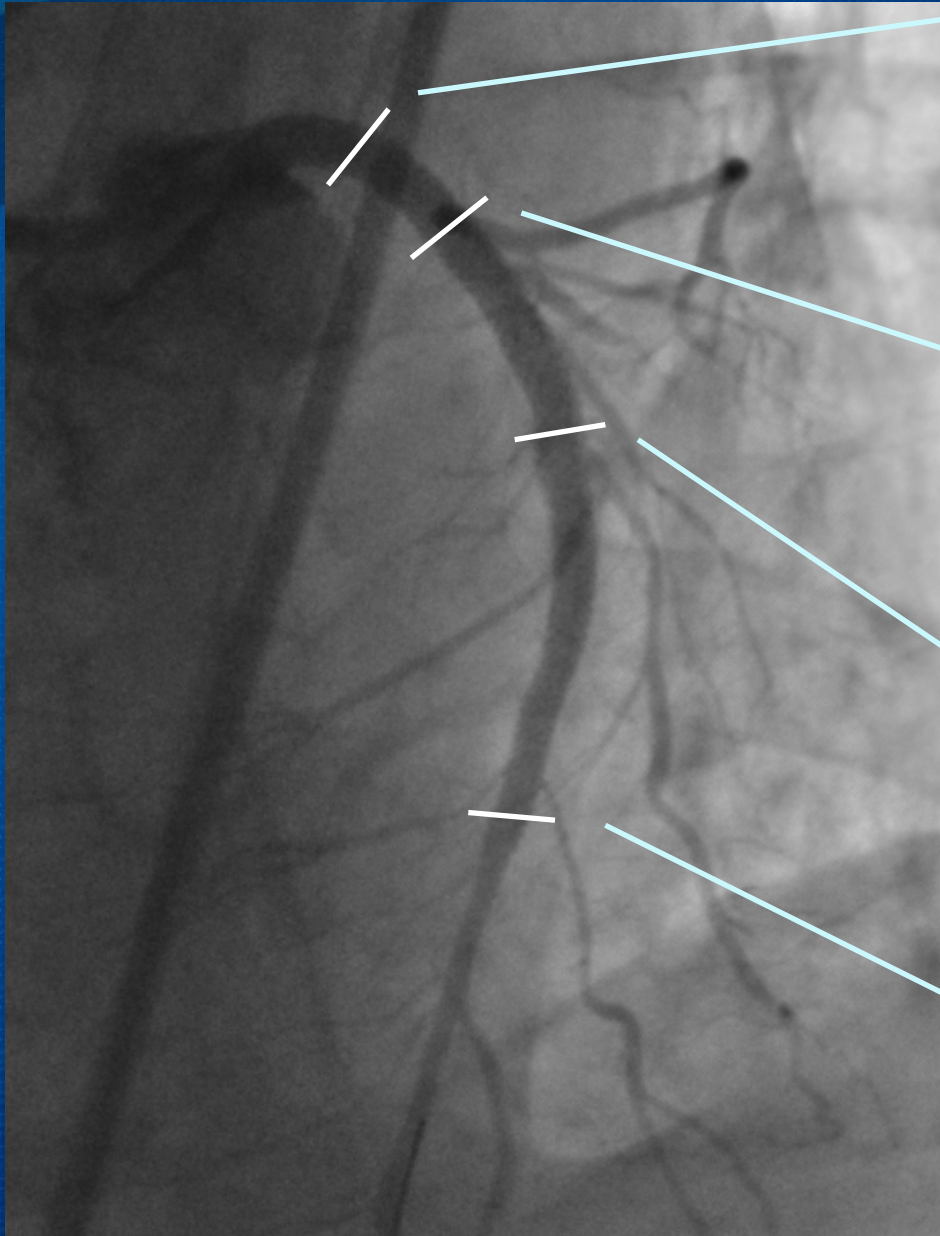
Final Angiogram



Final Angiogram

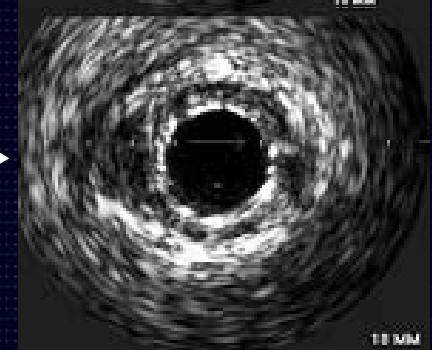
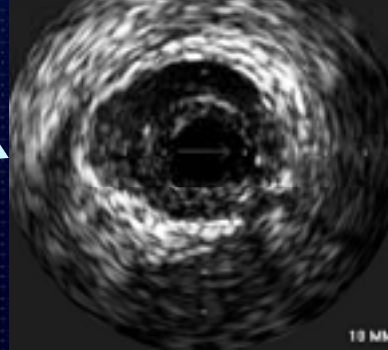


IVUS



MLA: 2.2 mm²

MLA: 6.4 mm²

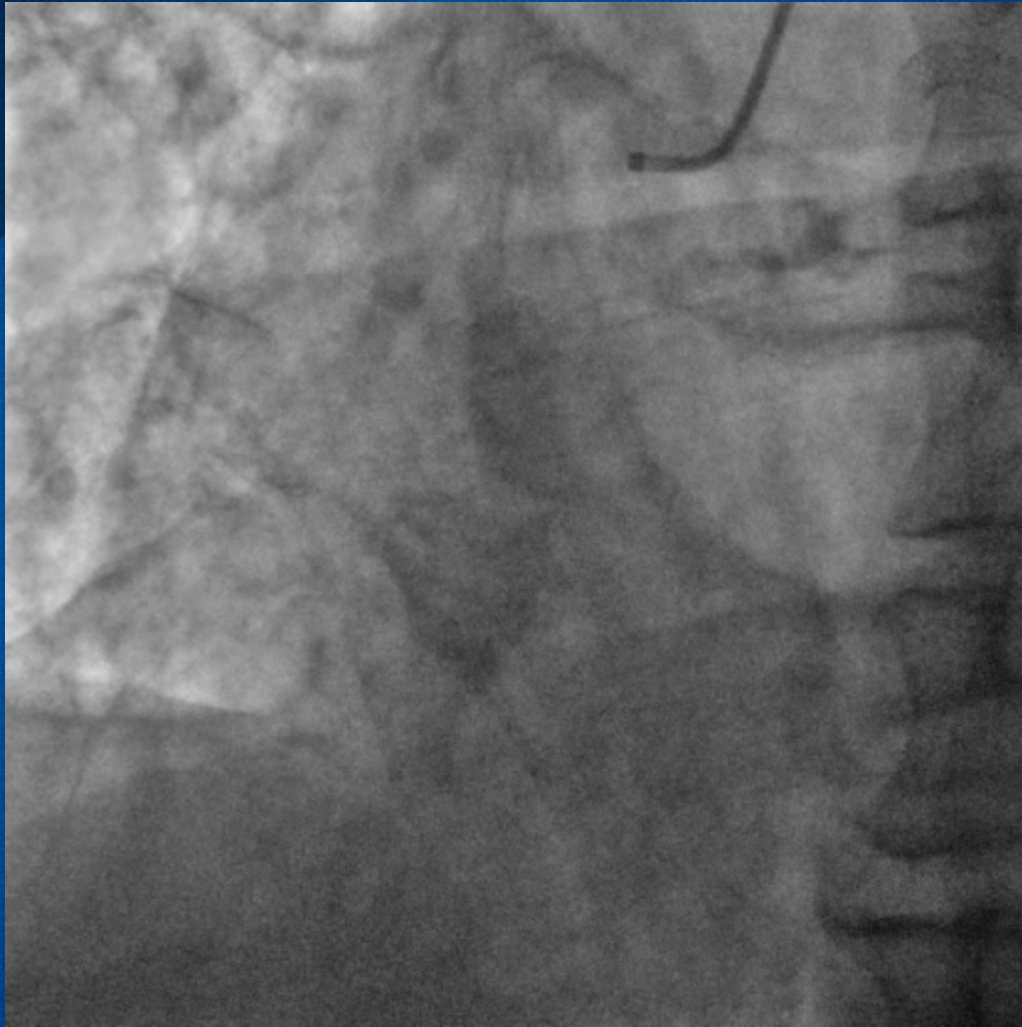


Discharge Medication

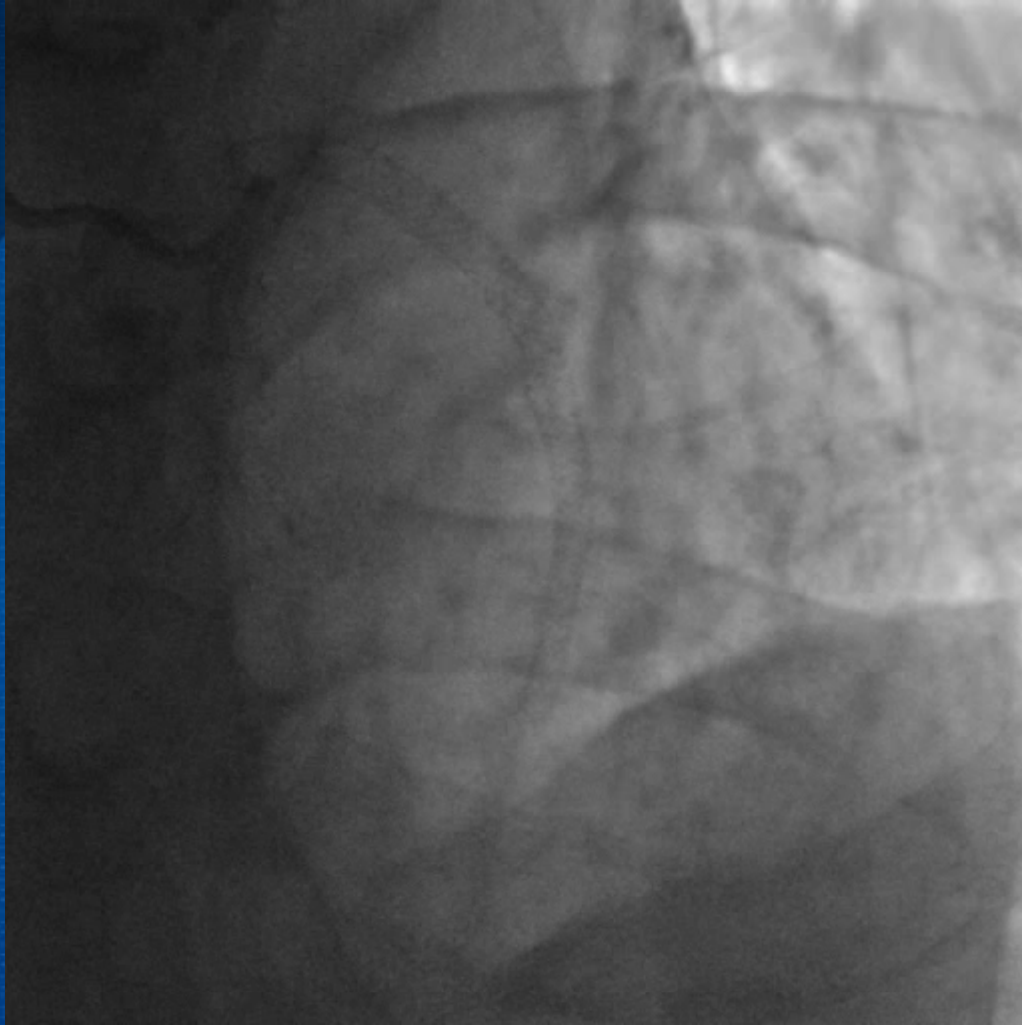
- Aspirin protect 100 mg qd
- Clopidogrel 150 mg qd
- Atorvastatin 10 mg qd
- Losartan 50mg qd
- Thiazide 12.5mg qd

→ No CV event

Follow up Angiogram after 1 year



Follow up Angiogram after 1 year



Brief Case Summary

- 75 yo male with chronic stable angina with lesion of CTO at mLAD
- Extensive retrograde coronary dissection occurred during PCI due to contrast injection with micro-guide catheter
- Successful recanalization to true lumen with Conquest pro & stenting using by IVUS
- No restenosis & No event for 1 year follow up