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# Successful Septal Tracking, Real Problem Now Started

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# Patient Profile

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- 78YO / Male
- C/C: Chest pain & DOE
- Risk factors: smoking (30PY)
- P/Hx: Pulmonary Tbc, COPD (7Y)
- P/I: Effort induced Chest Pain, DOE for 2 months
- V/S: 130/80mmHg-72/min-16/min-36.7°c
- P/Ex: Unremarkable

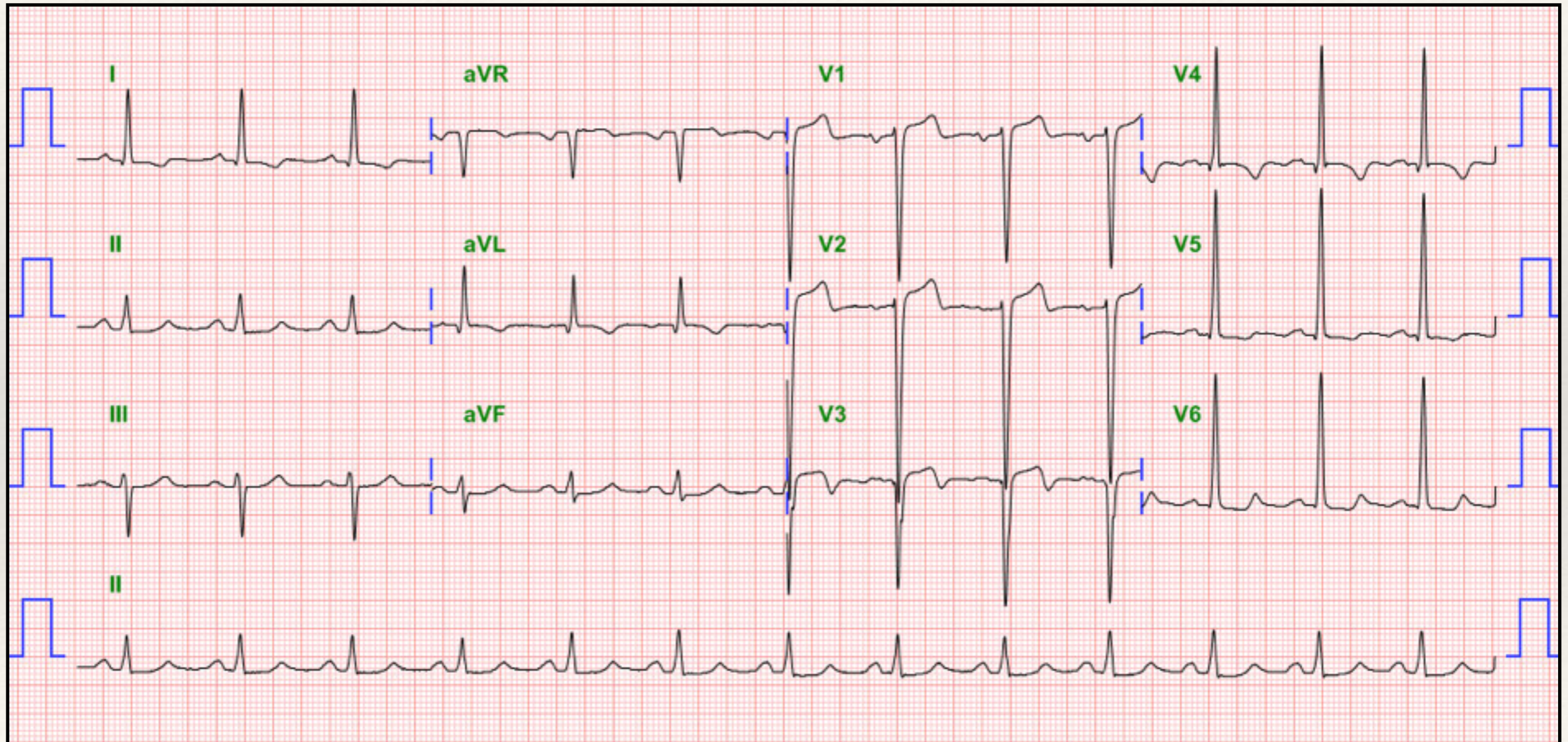
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# Chest PA

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# EKG



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# Patient Profile

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✓ CKMB / cTnI: 1.4 / 1.21

✓ NT proBNP: 450 ng / mL

✓ TTE: EF 26%, LVDd / s 6.62 / 6.04, LAD 4.86

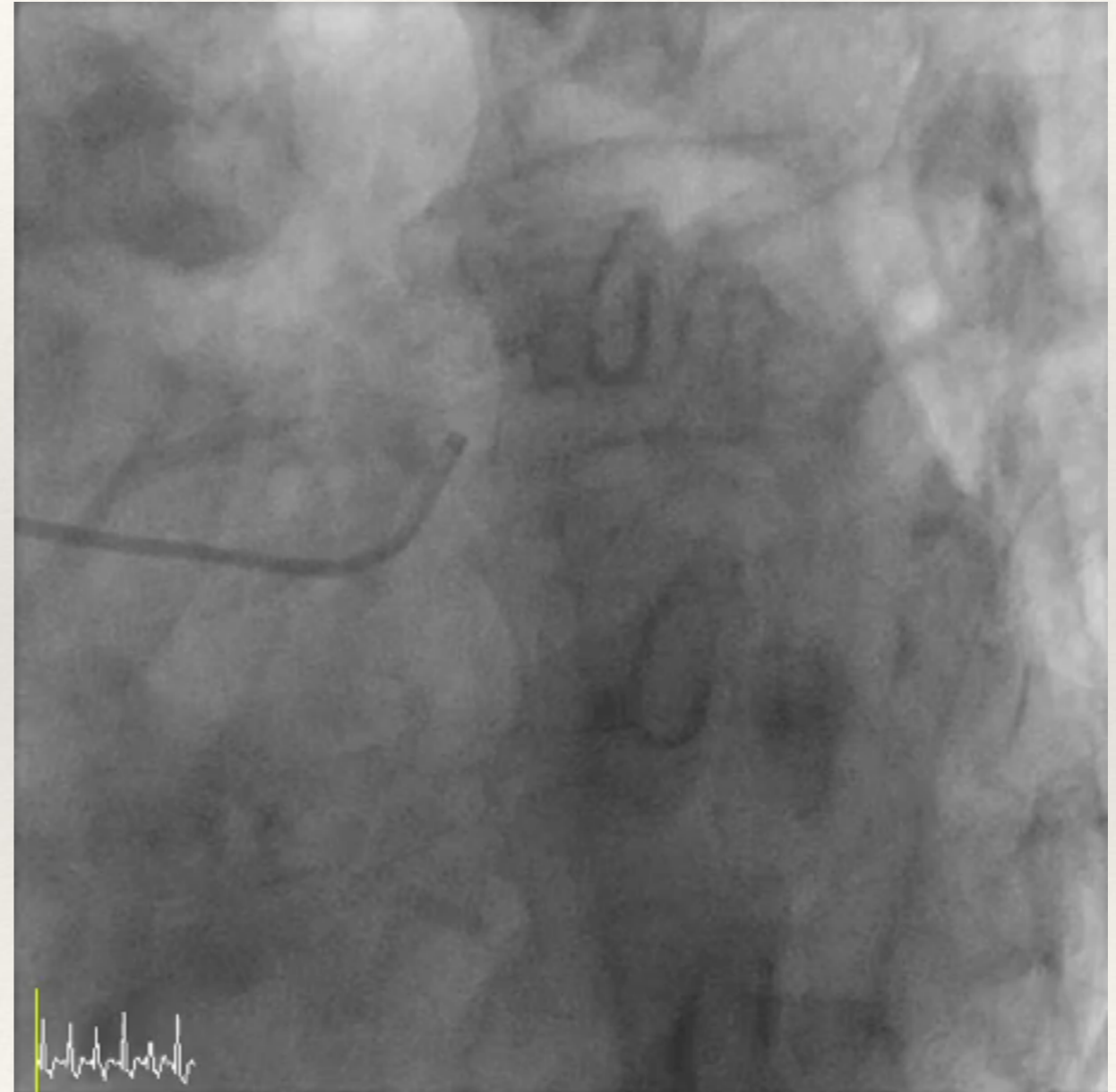
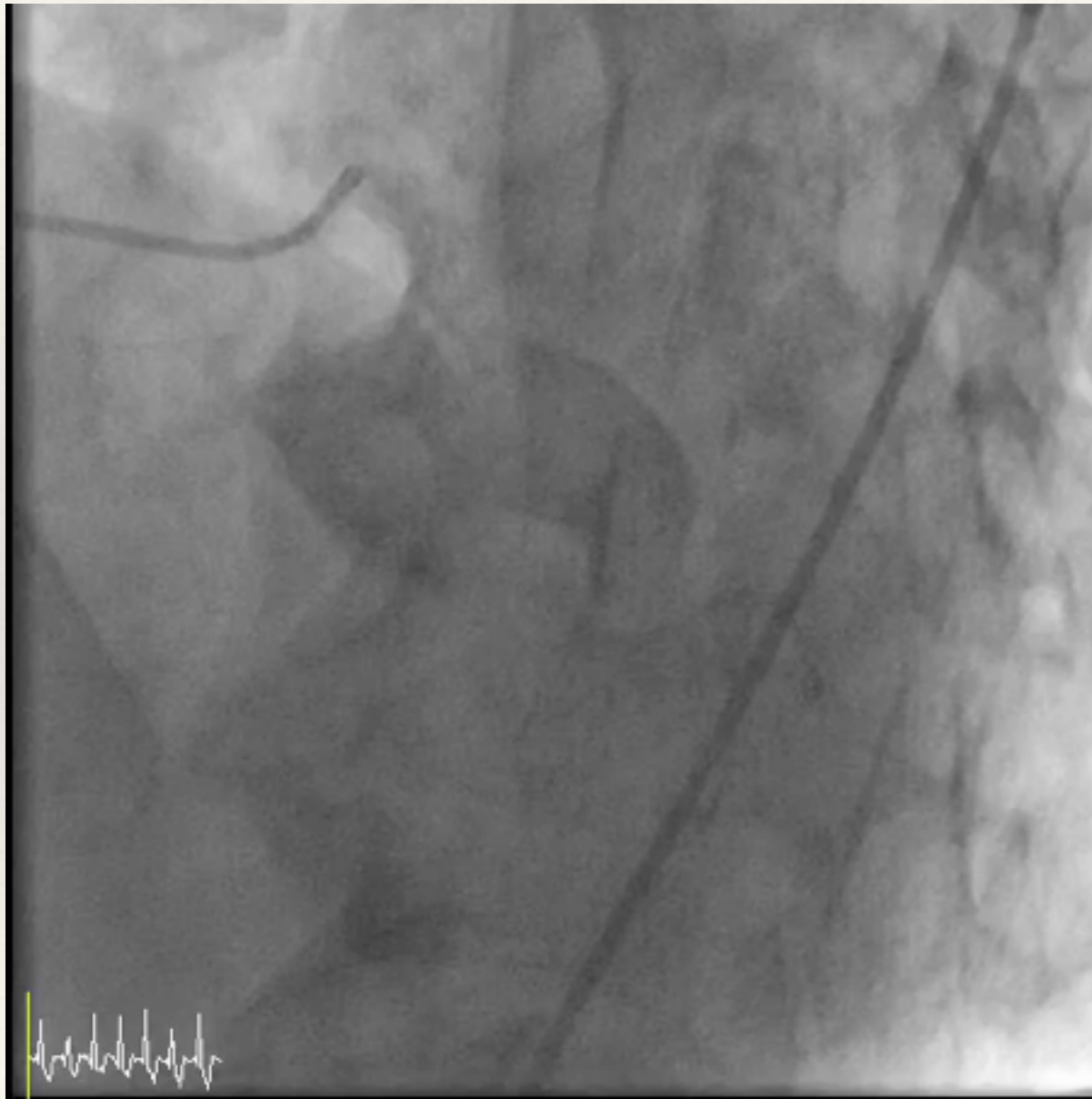
# SA (CCS III)

# Ischemic DCM

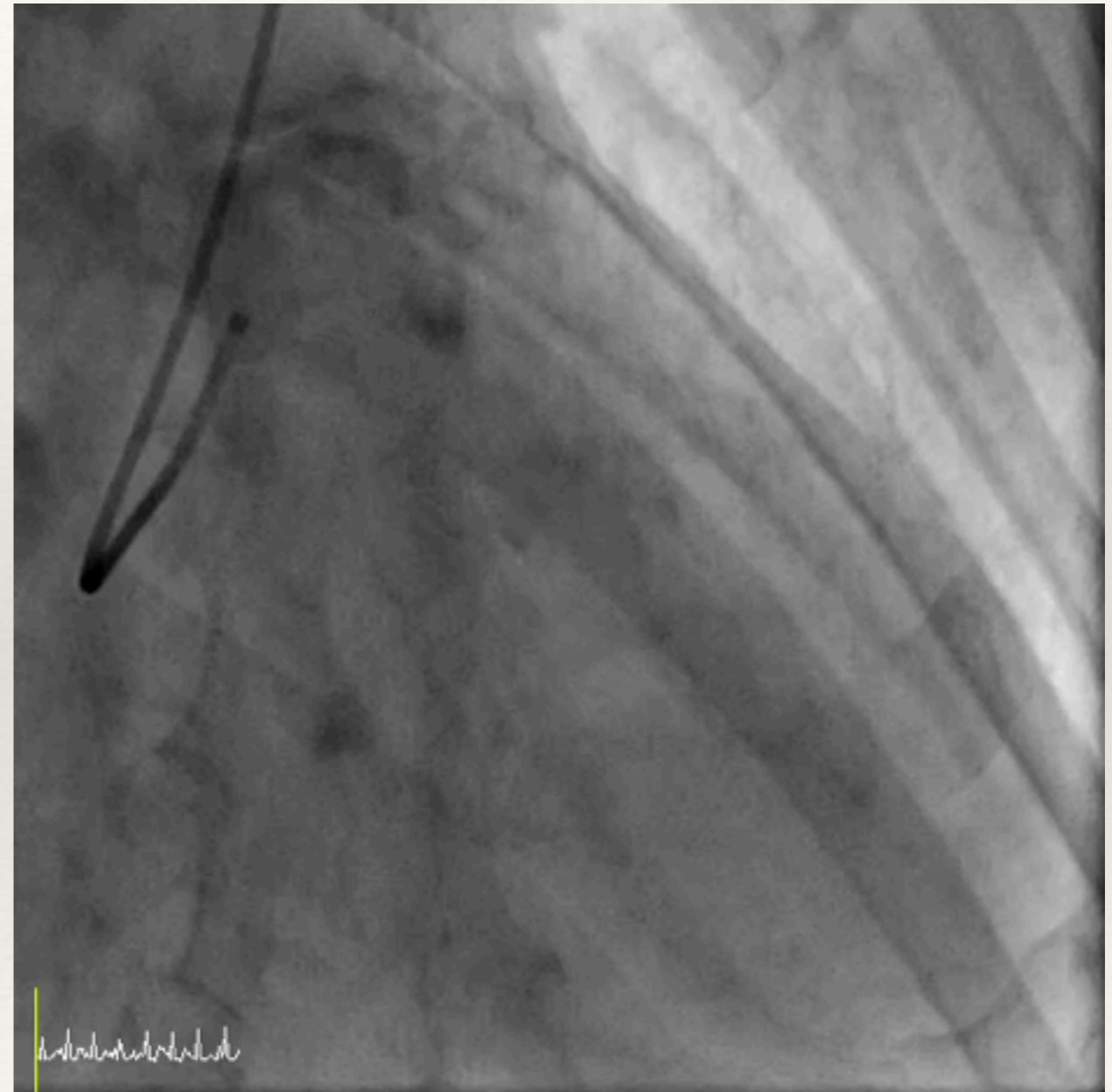
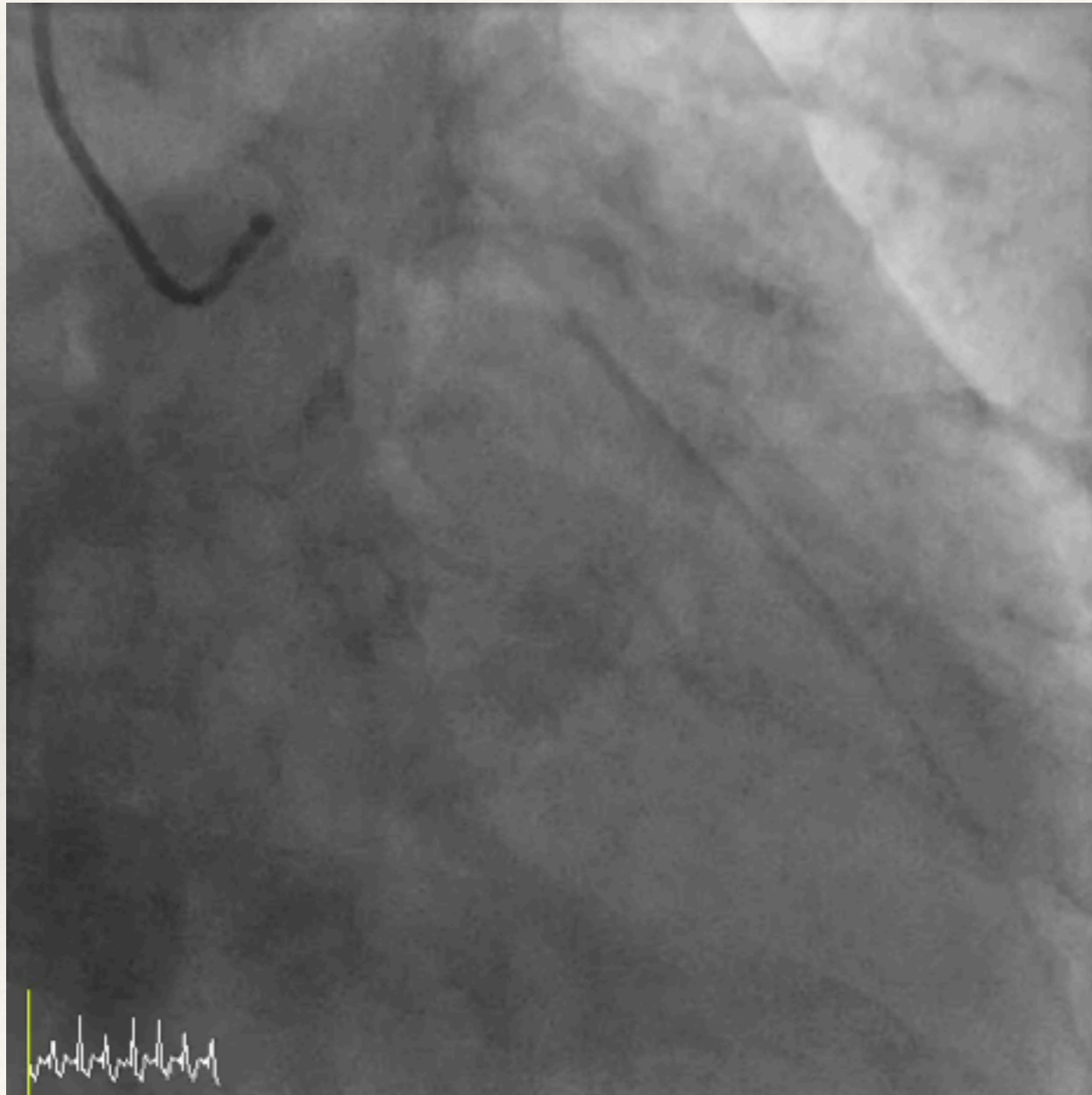
# Congestive HF

• DSE - reversibility on LAD territory

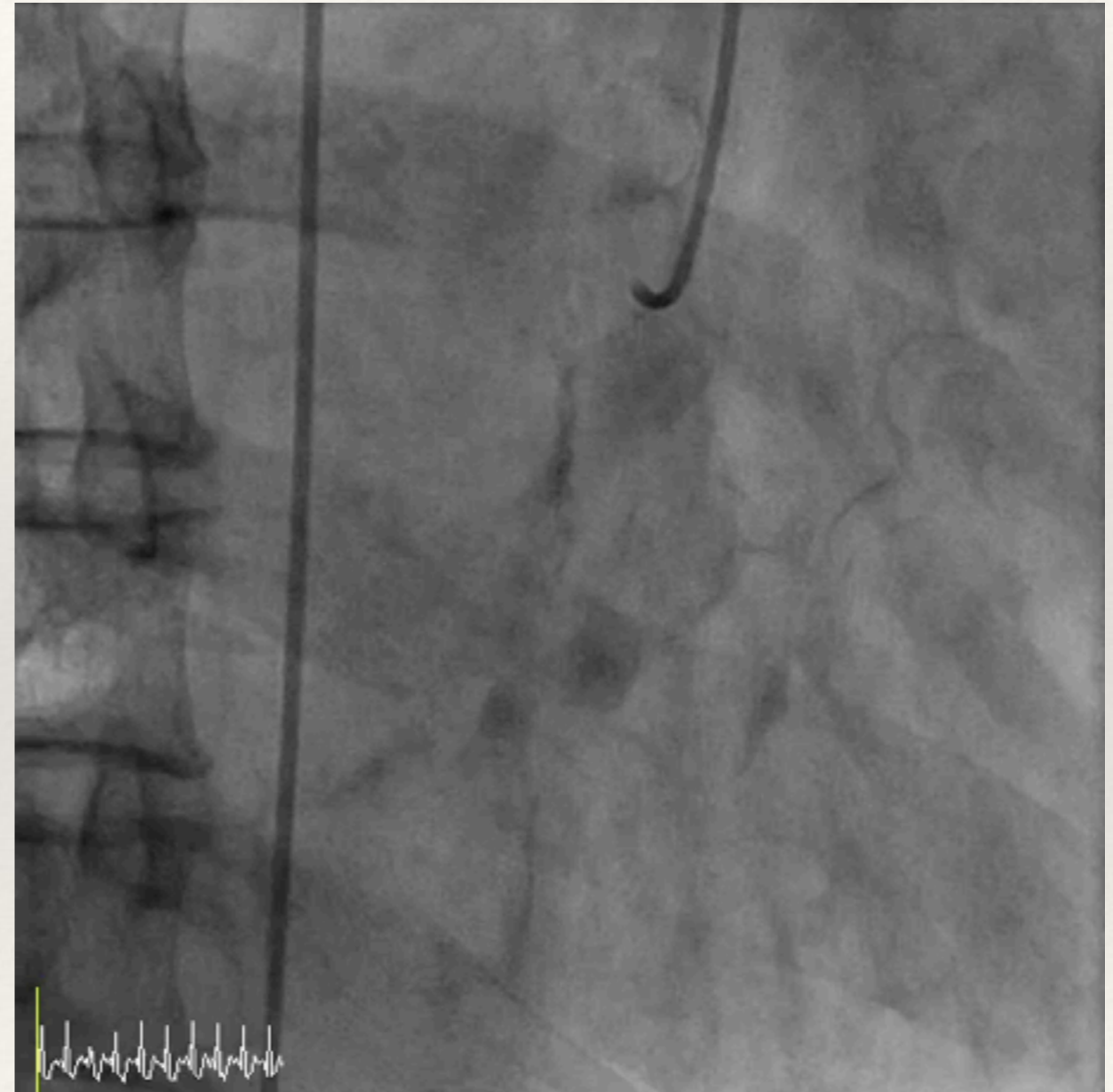
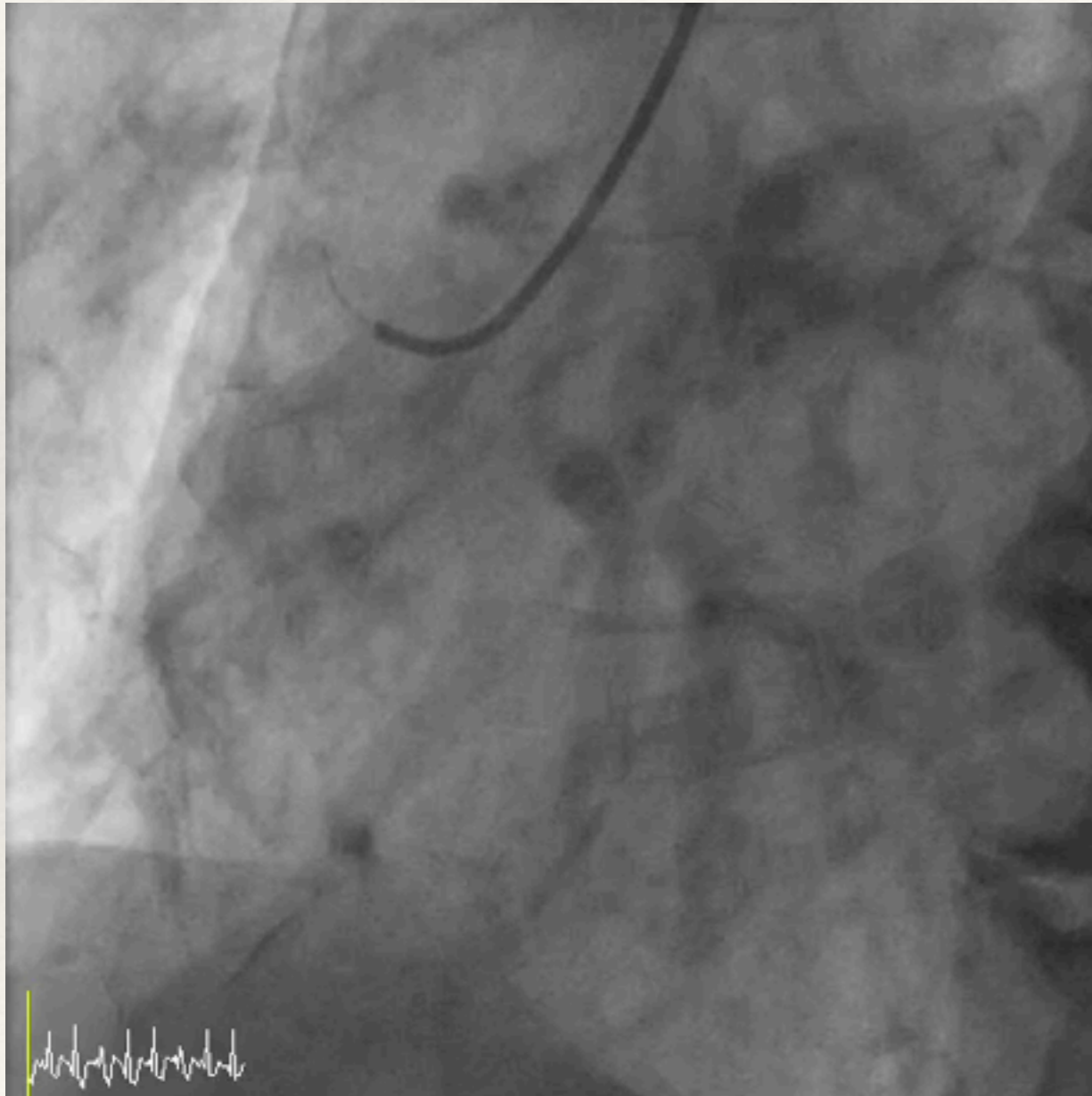
# Baseline CAG



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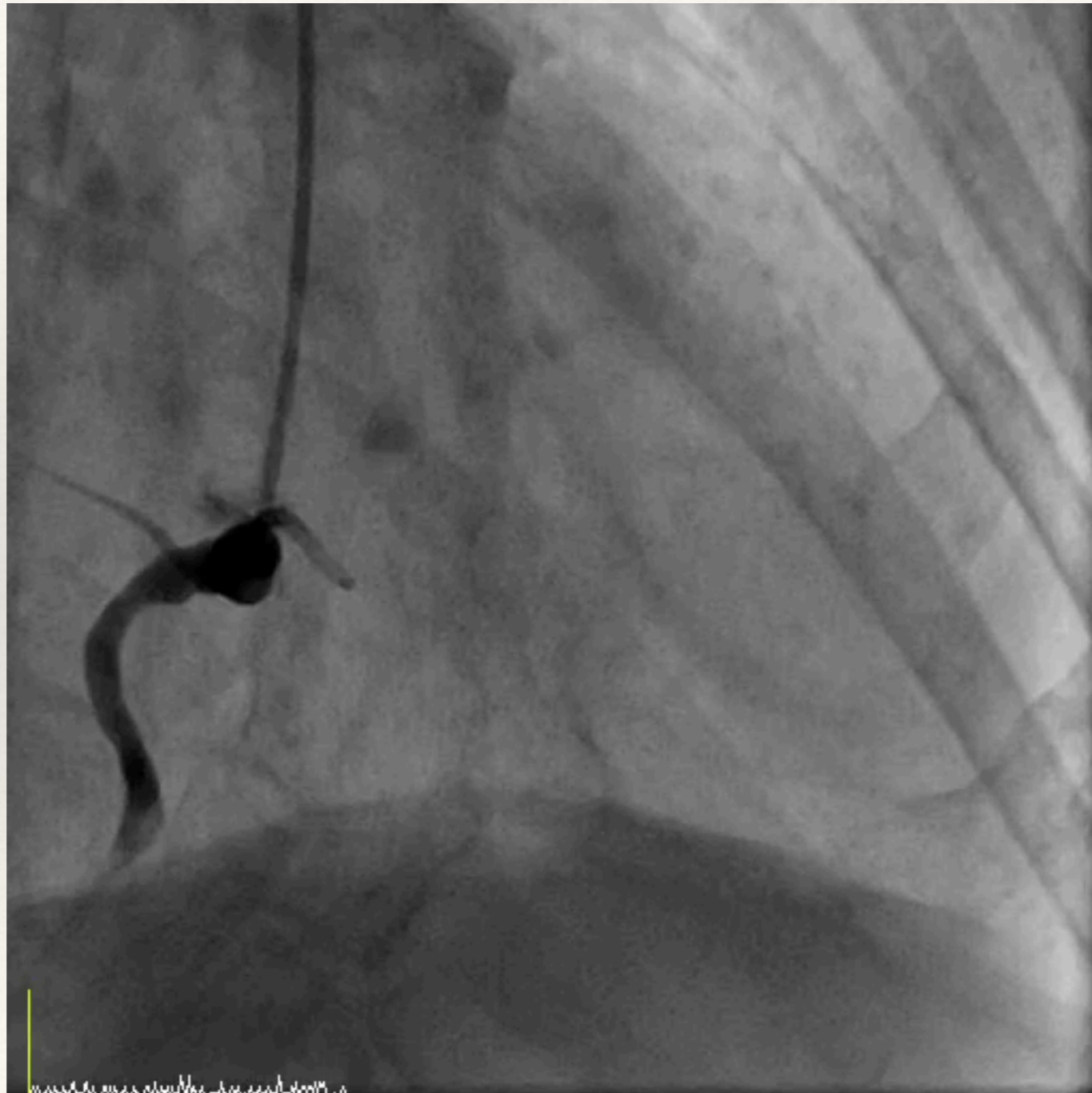




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# Collateral Flow

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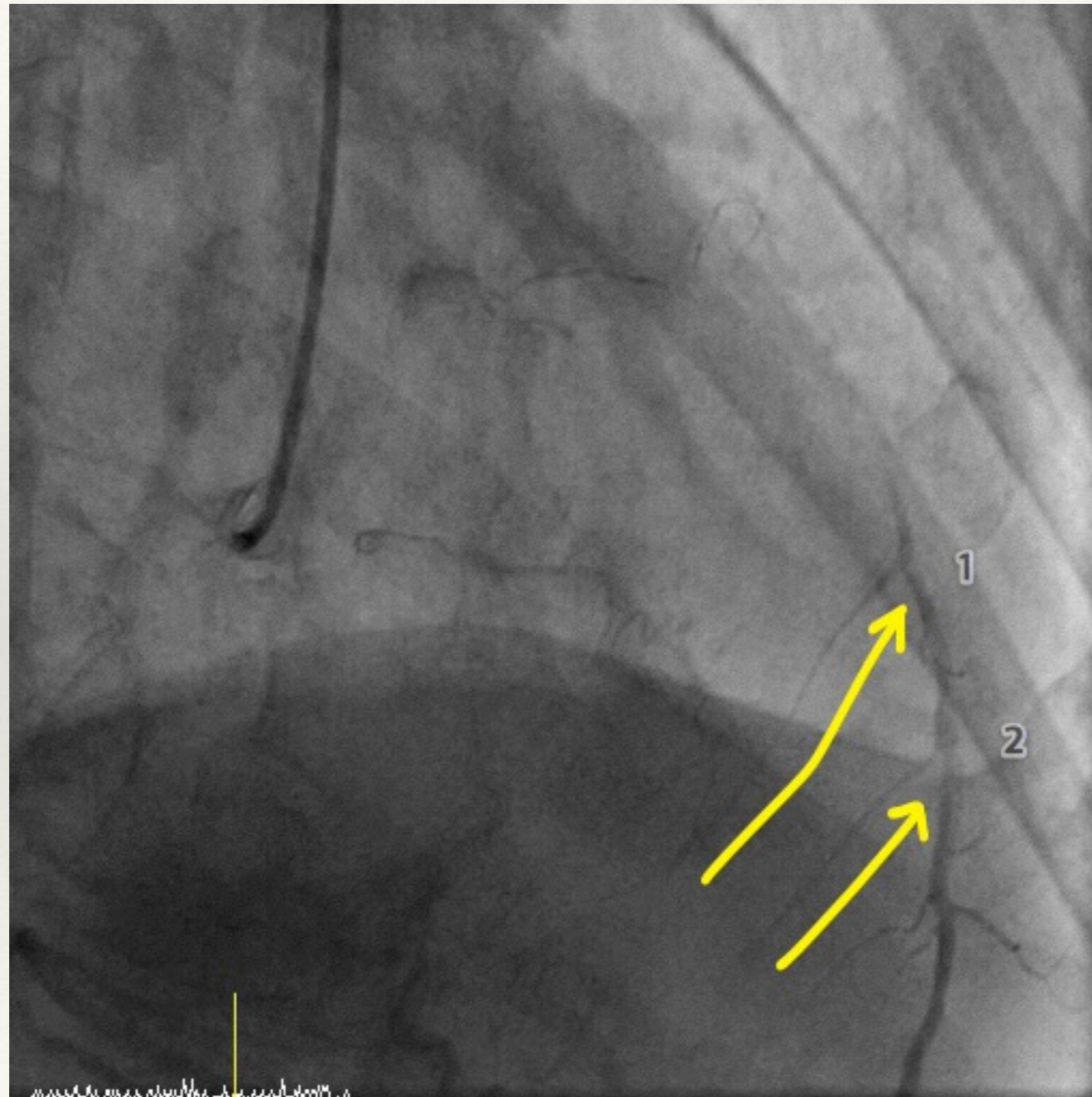
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# Retrograde Approach

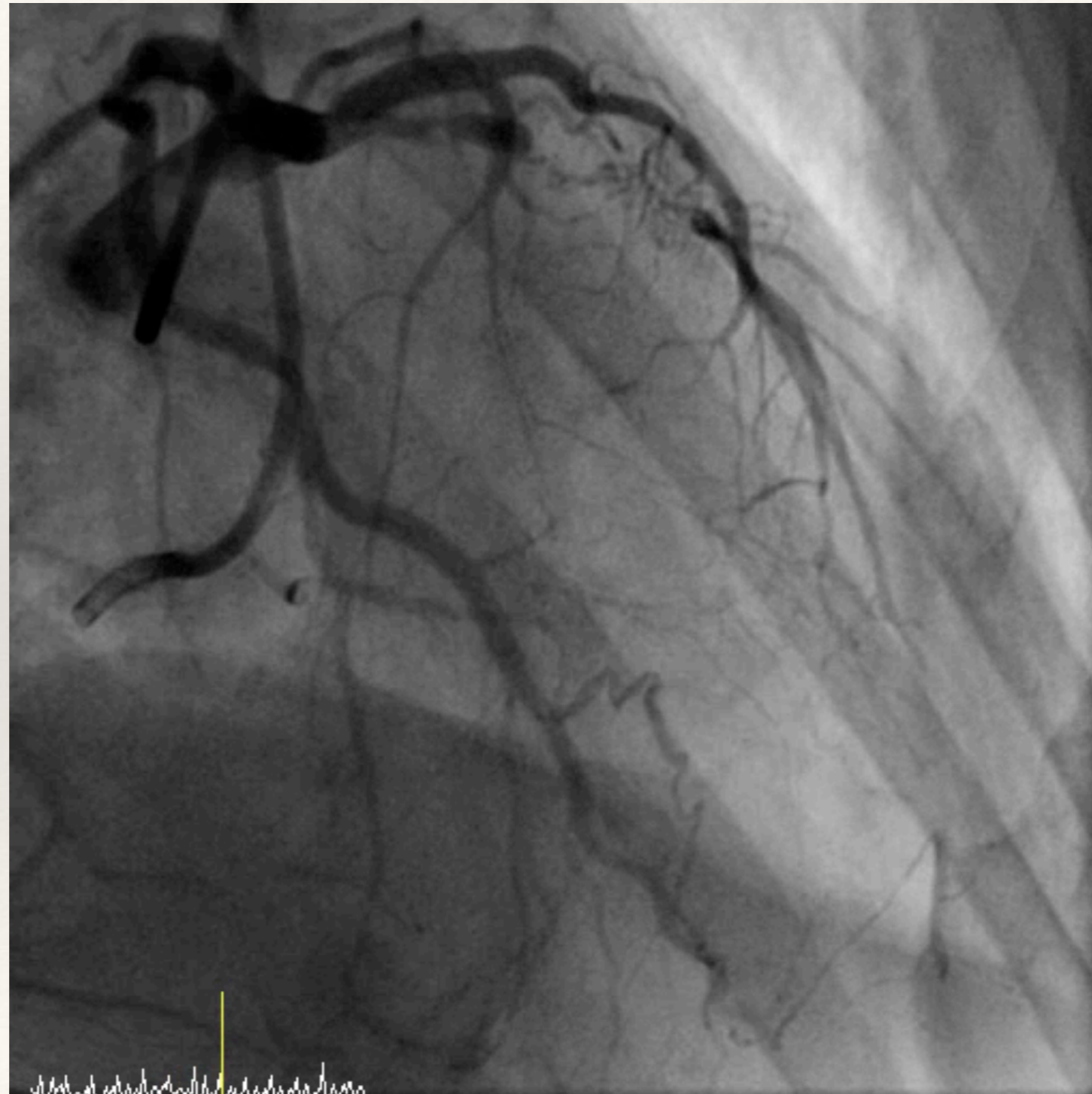
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- ✓ Many Bridge Collateral - Antegrade X
- ✓ Enough Septal Collateral Channel

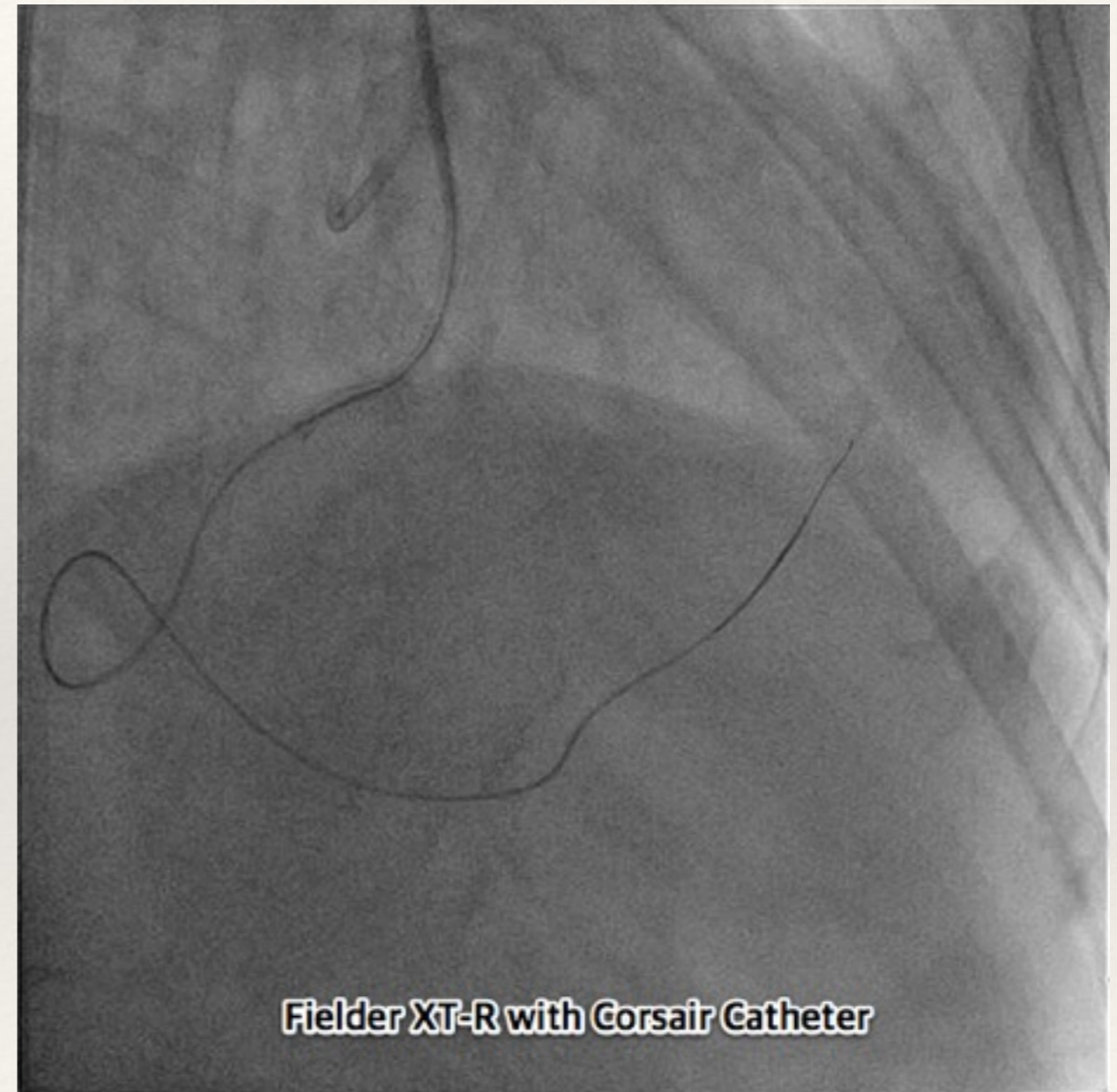
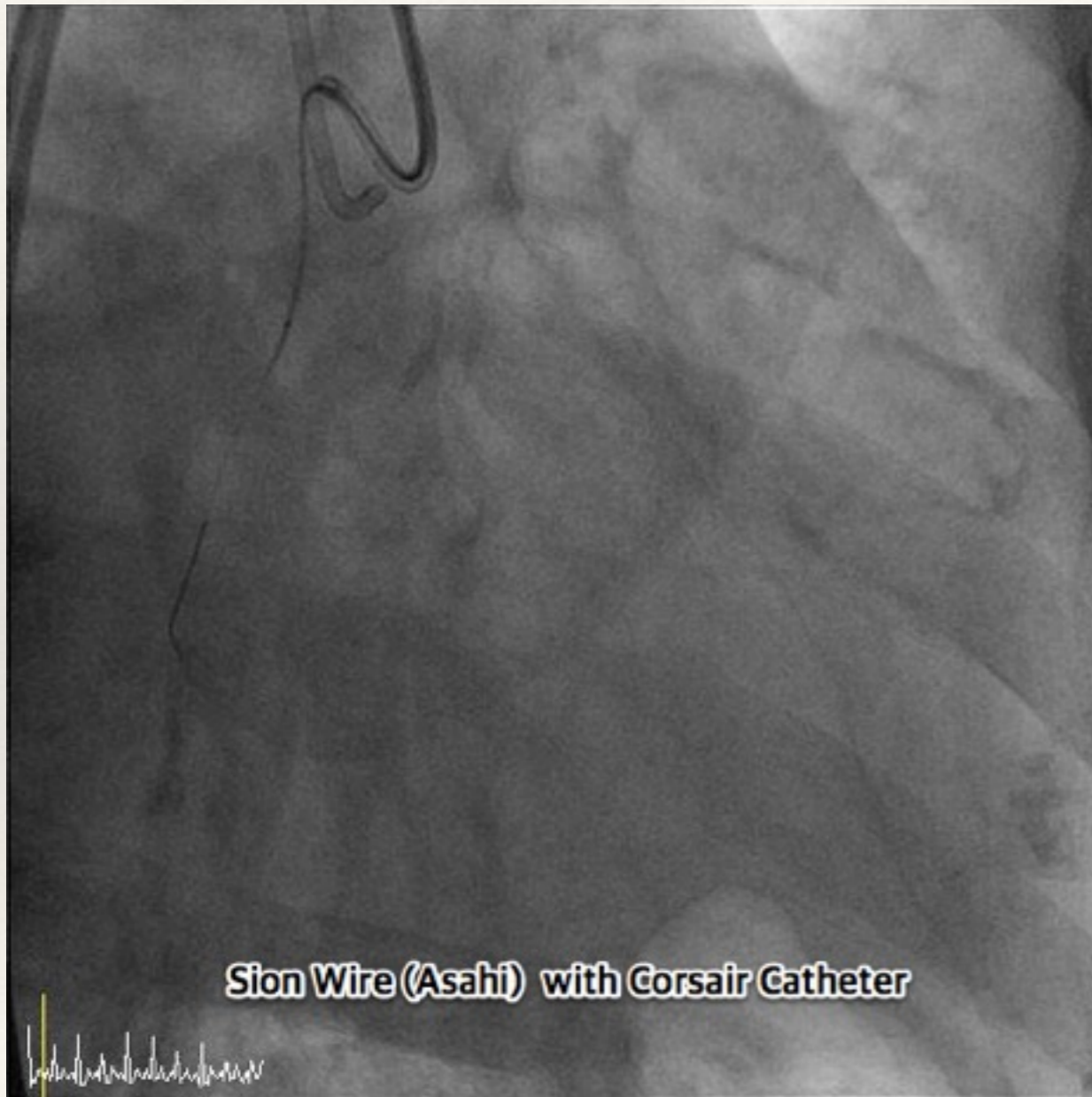
# Collateral Channel



# CAG - bilateral



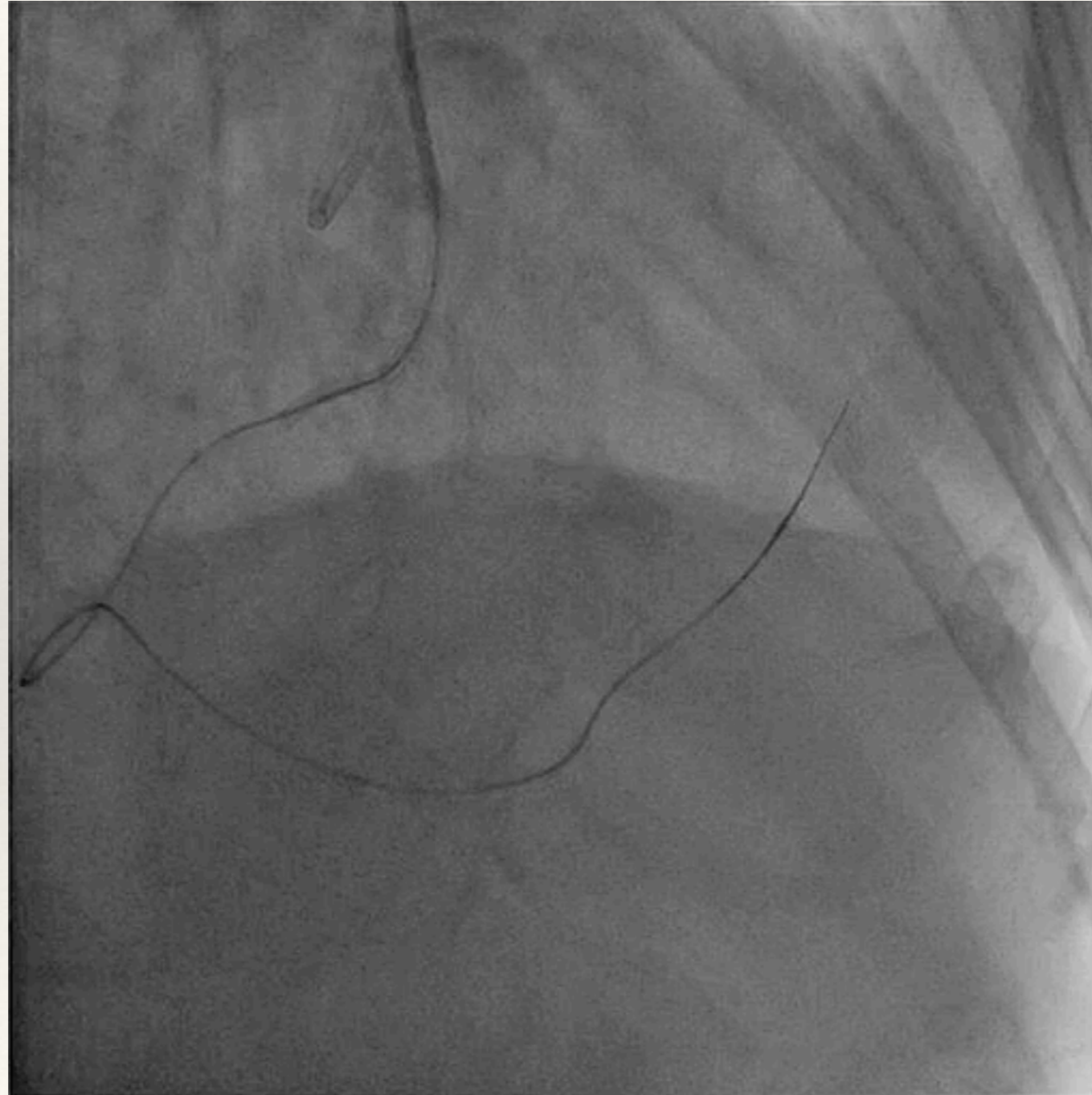
# Septal Channel Crossing



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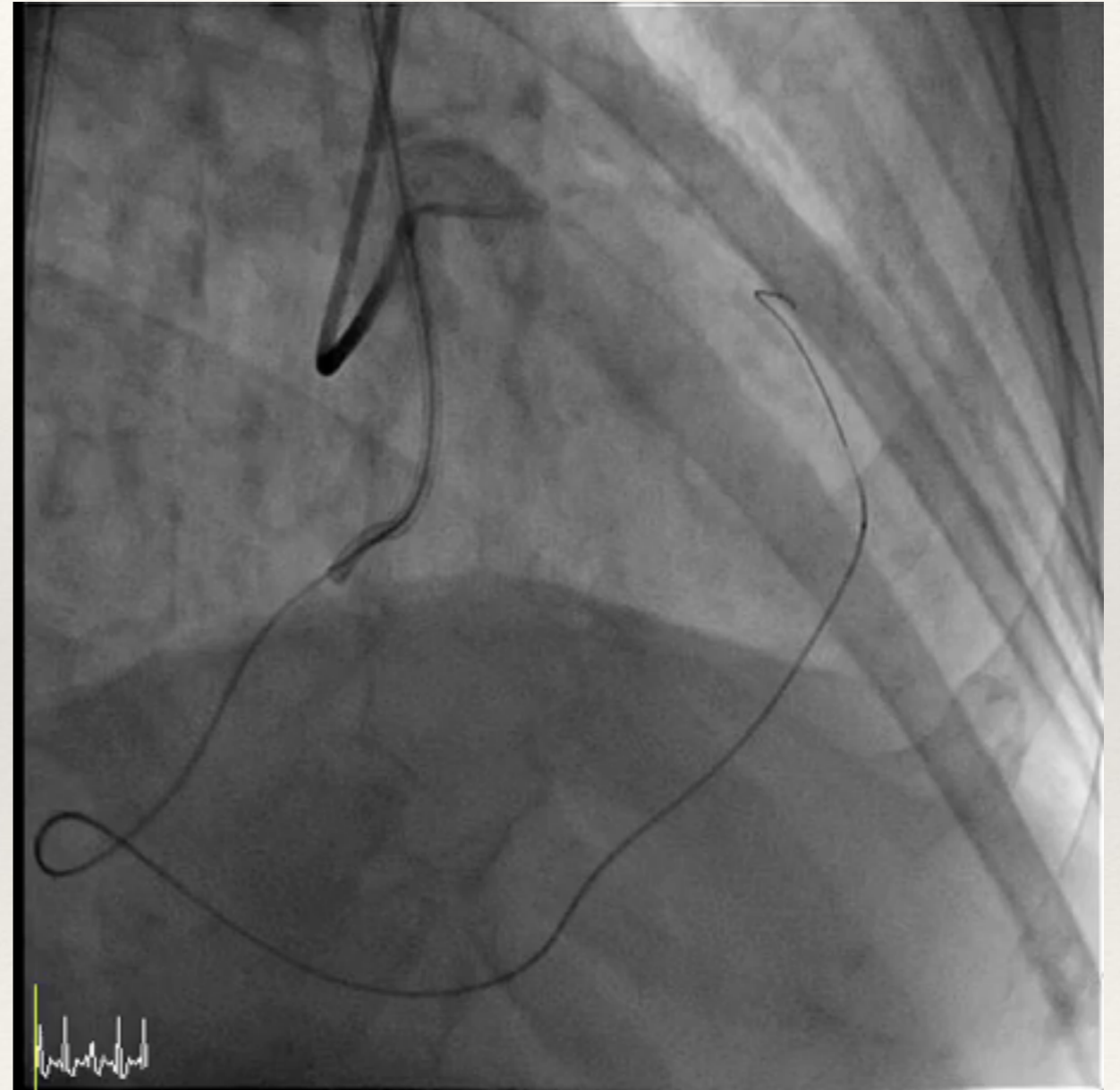
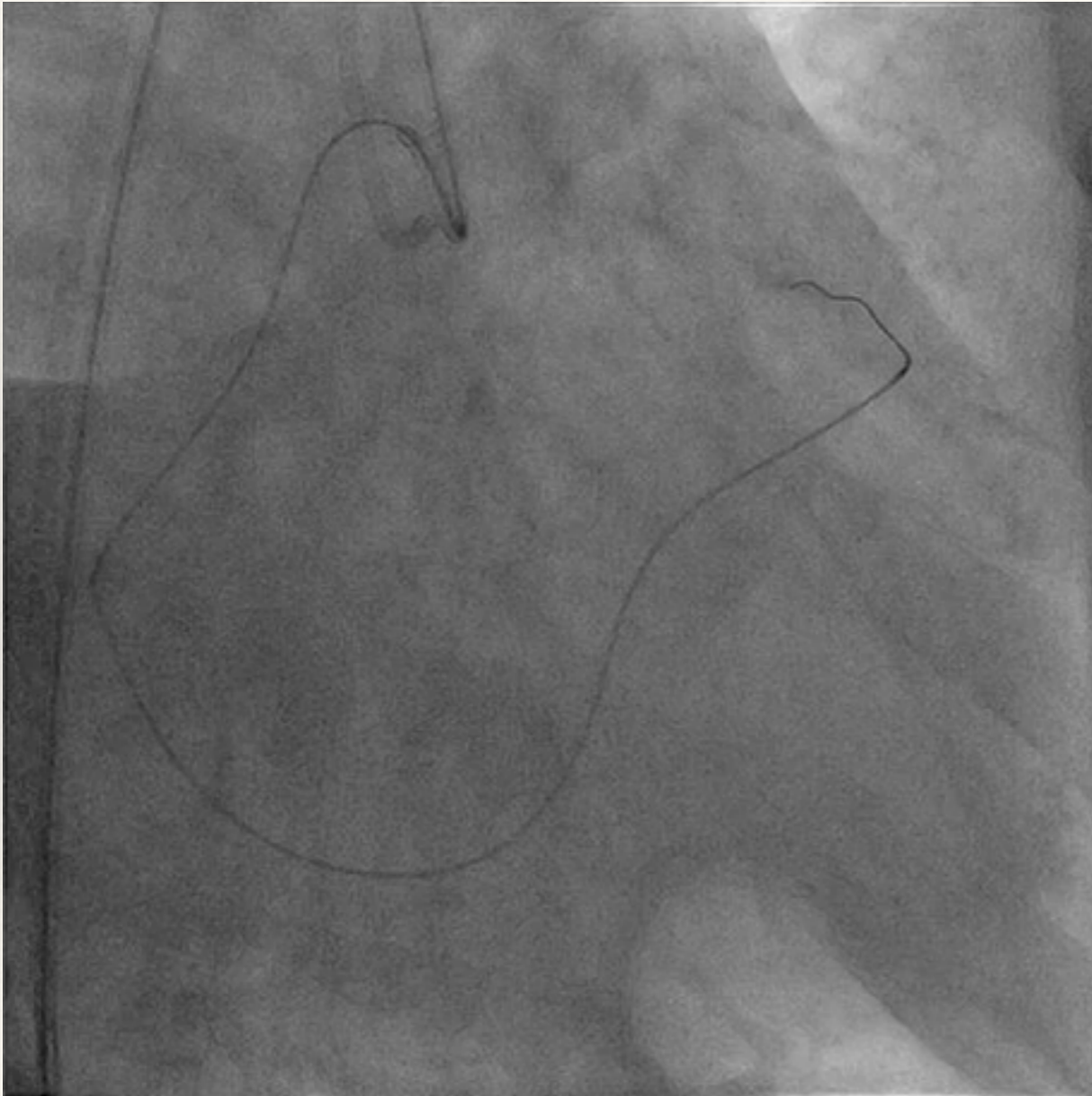
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# Retrograde Approach

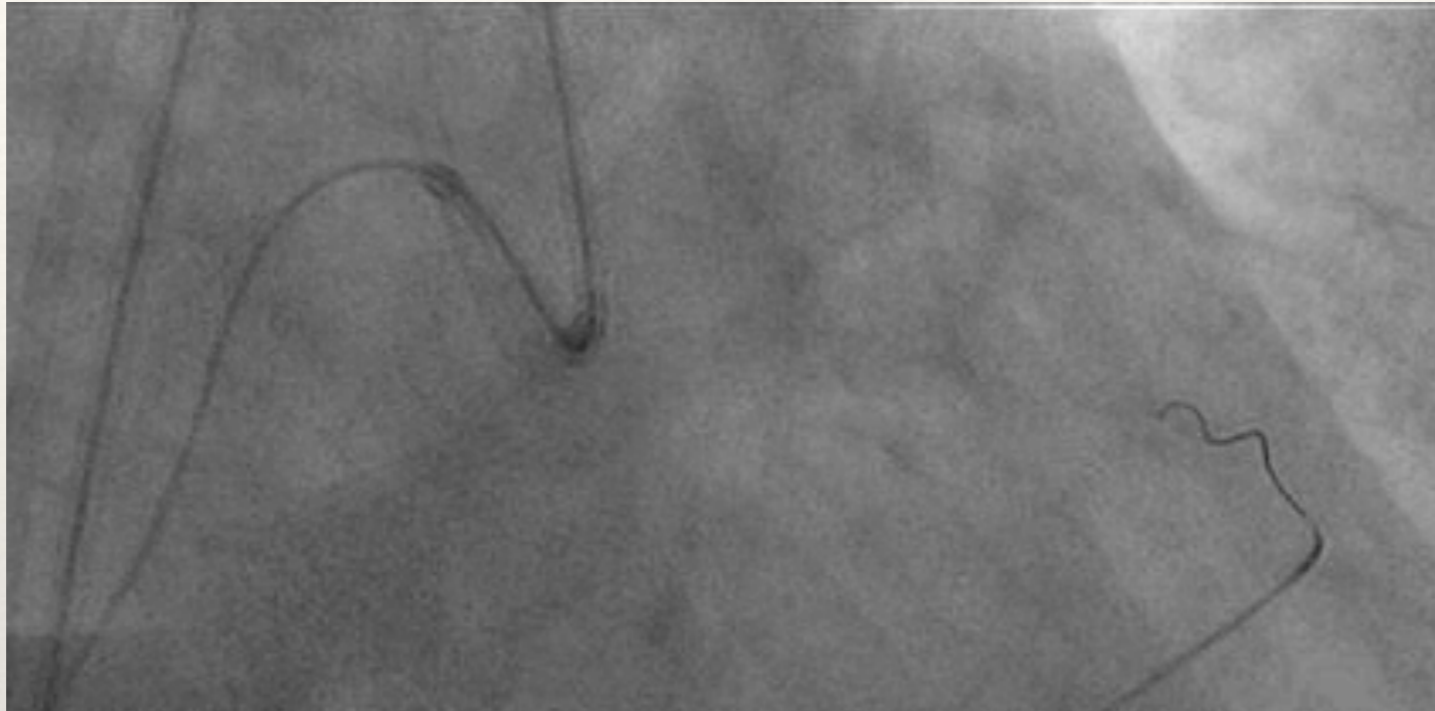
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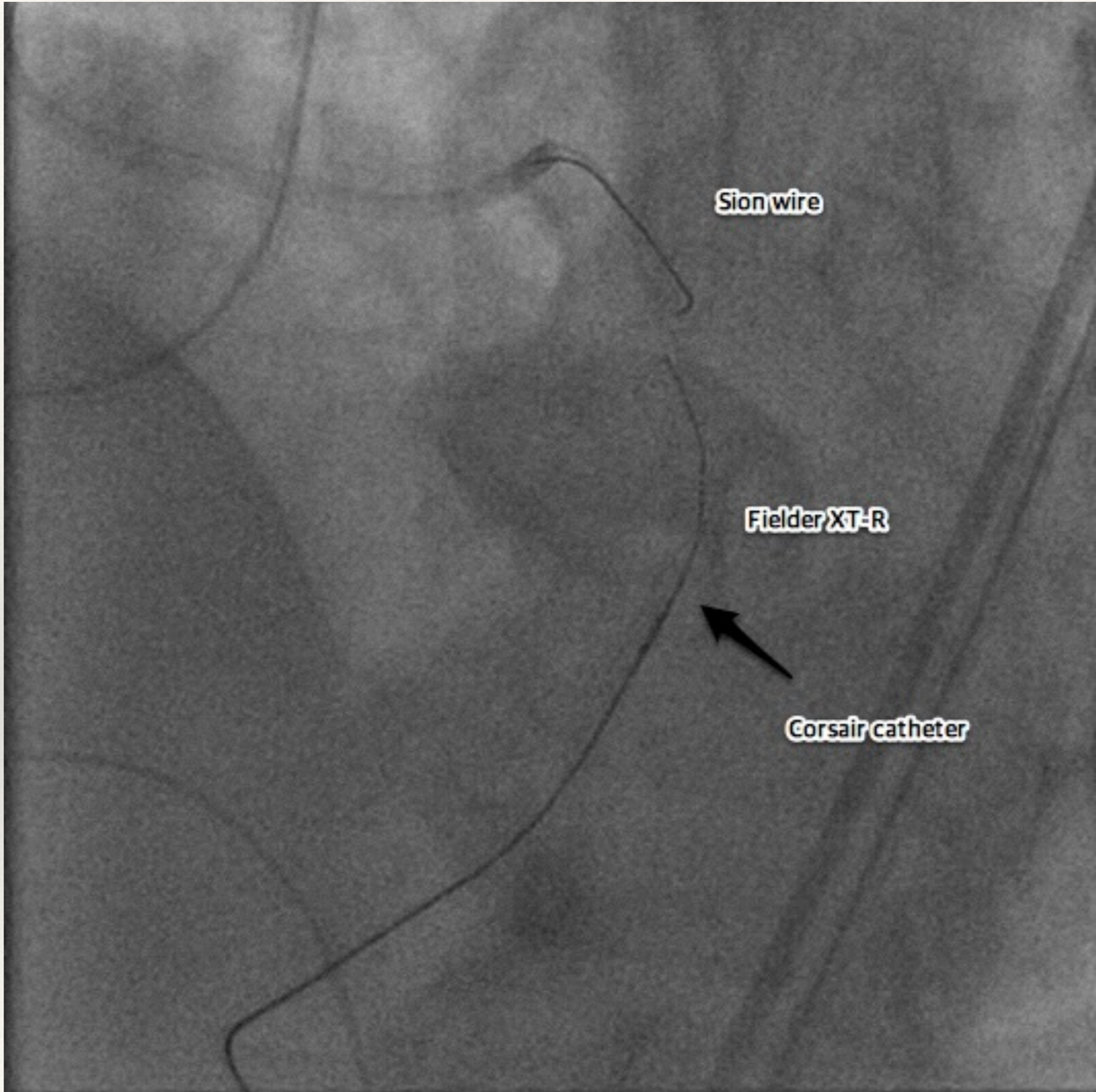
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# 1st Obstacle

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Sion wire

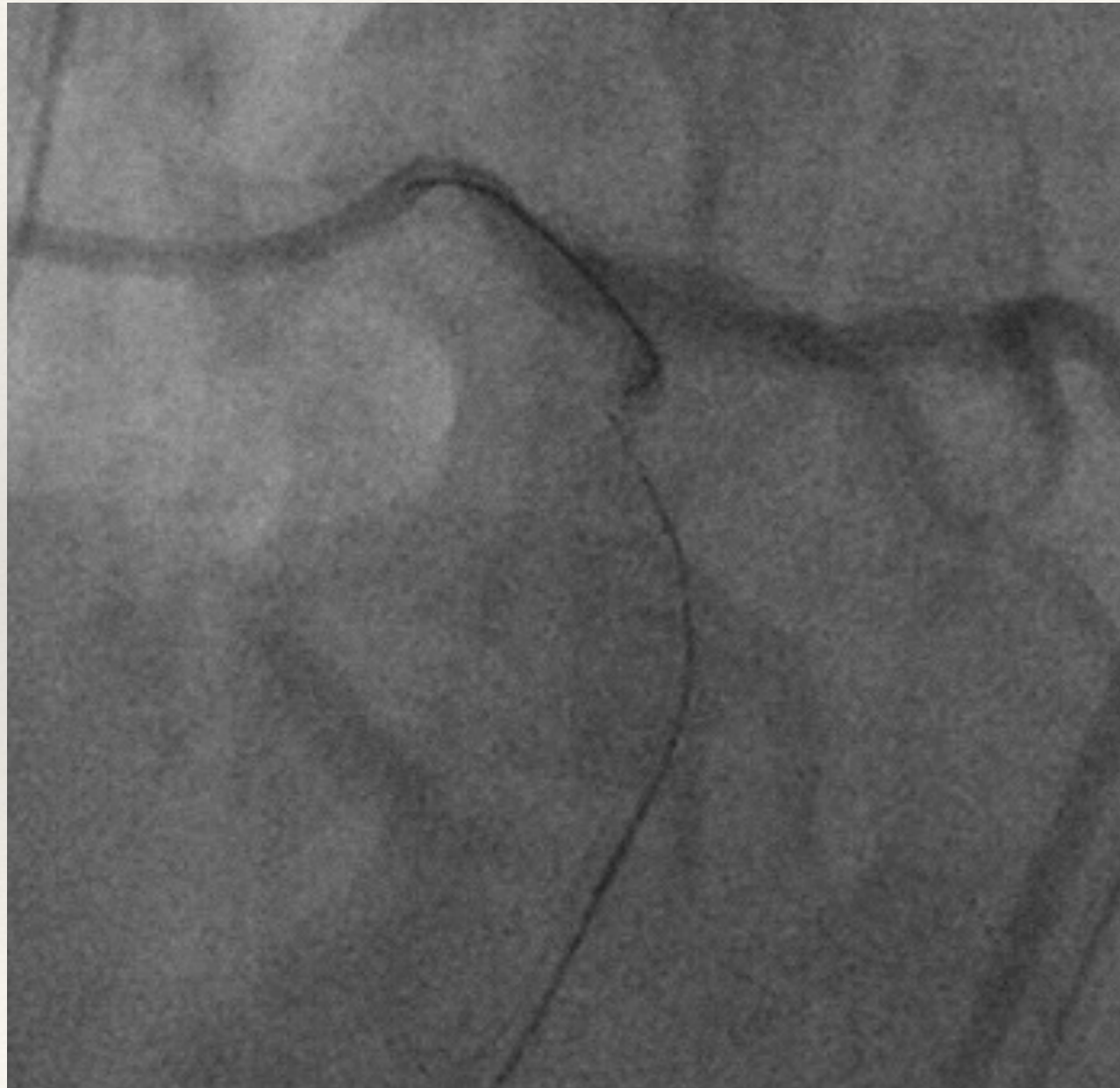
Fielder XT-R

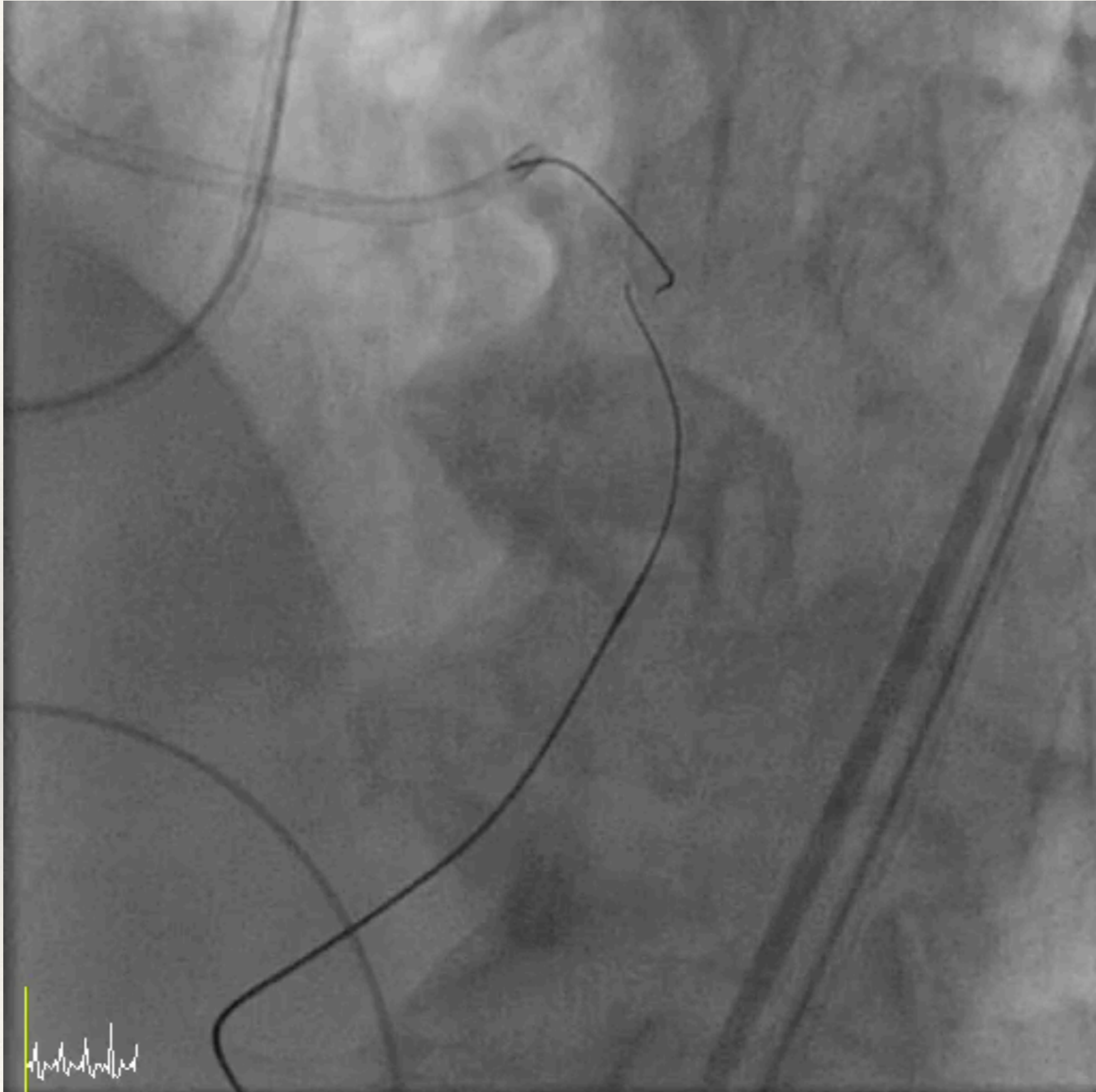
Corsair catheter

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# Retrograde Approach

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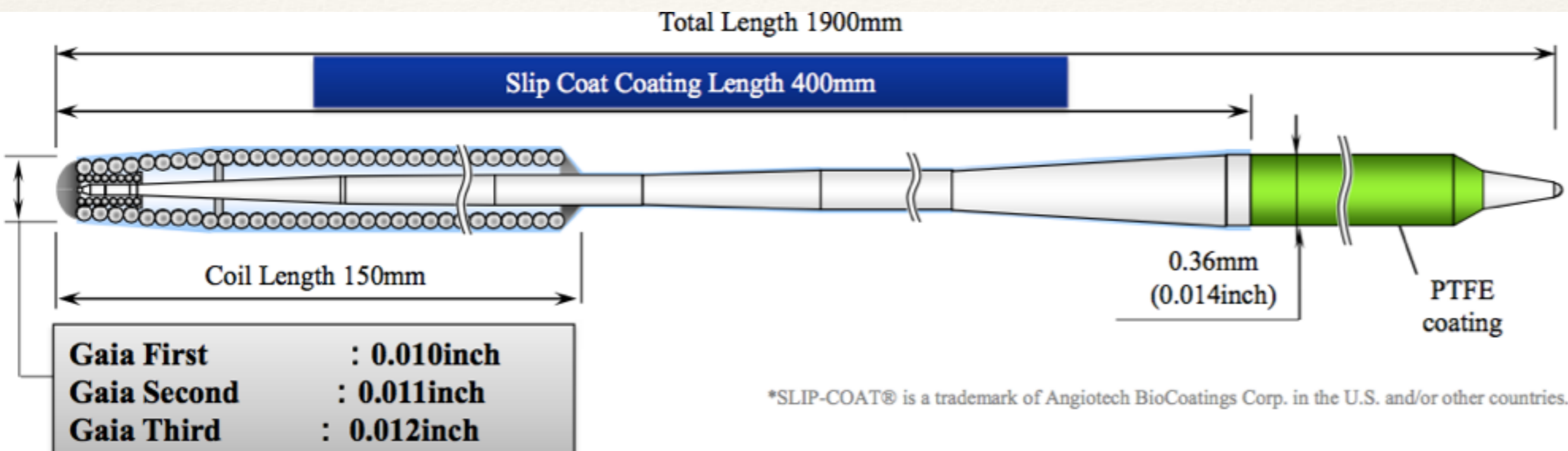




# Next Strategy?

- ❖ Repetitive Trial using Fielder Wire
- ❖ Another Wire?? Which Wire??

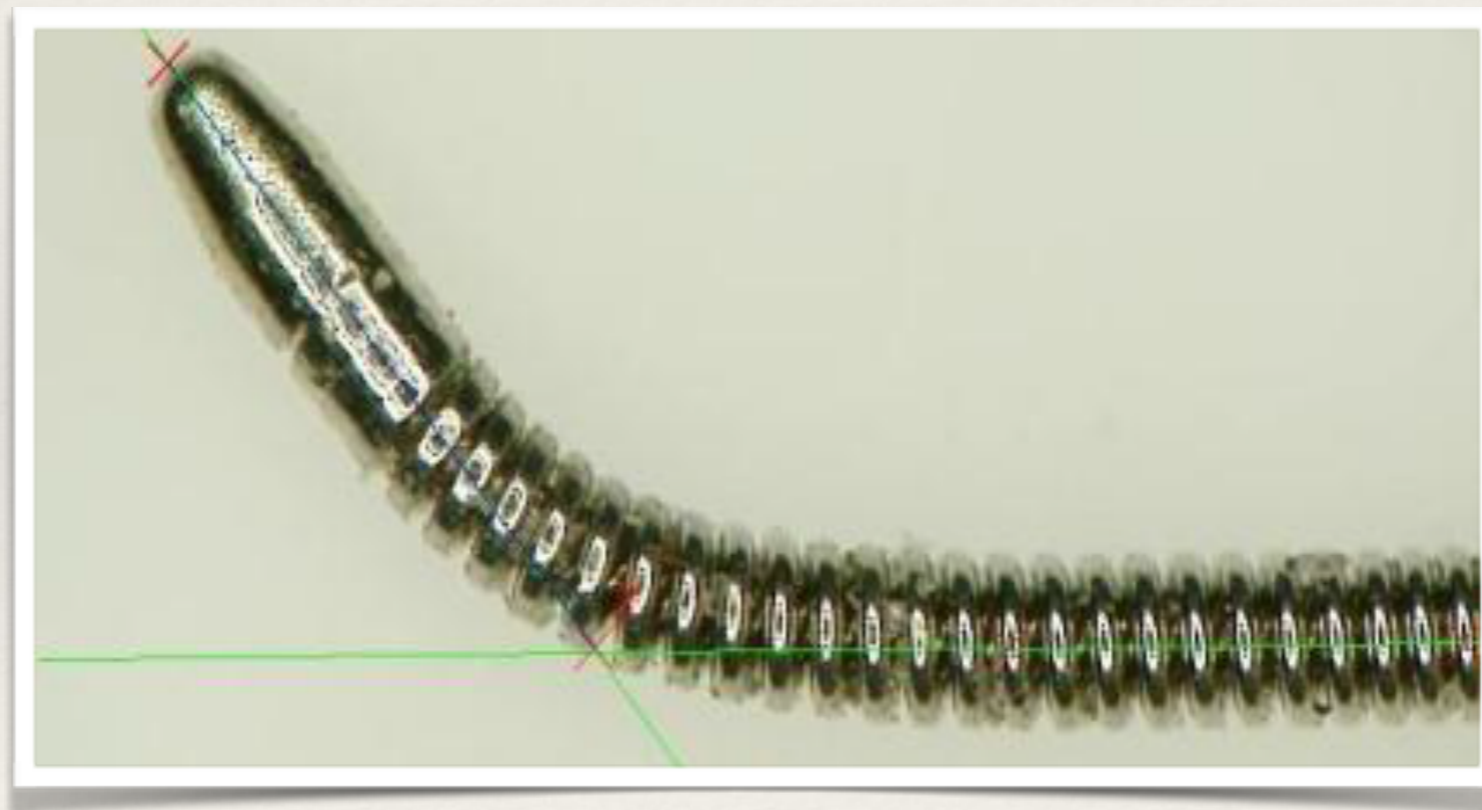
Gaia wires are very effective for retrograde wire crossing due to their excellent torque transmission.



\*SLIP-COAT® is a trademark of Angiotech BioCoatings Corp. in the U.S. and/or other countries.

<b>ASAHI Gaia First</b>	Diameter : 0.010 - 0.014"	Tip load : 1.7gf
<b>ASAHI Gaia Second</b>	Diameter : 0.011 - 0.014"	Tip load : 3.5gf
<b>ASAHI Gaia Third</b>	Diameter : 0.012 - 0.014"	Tip load : 4.5gf

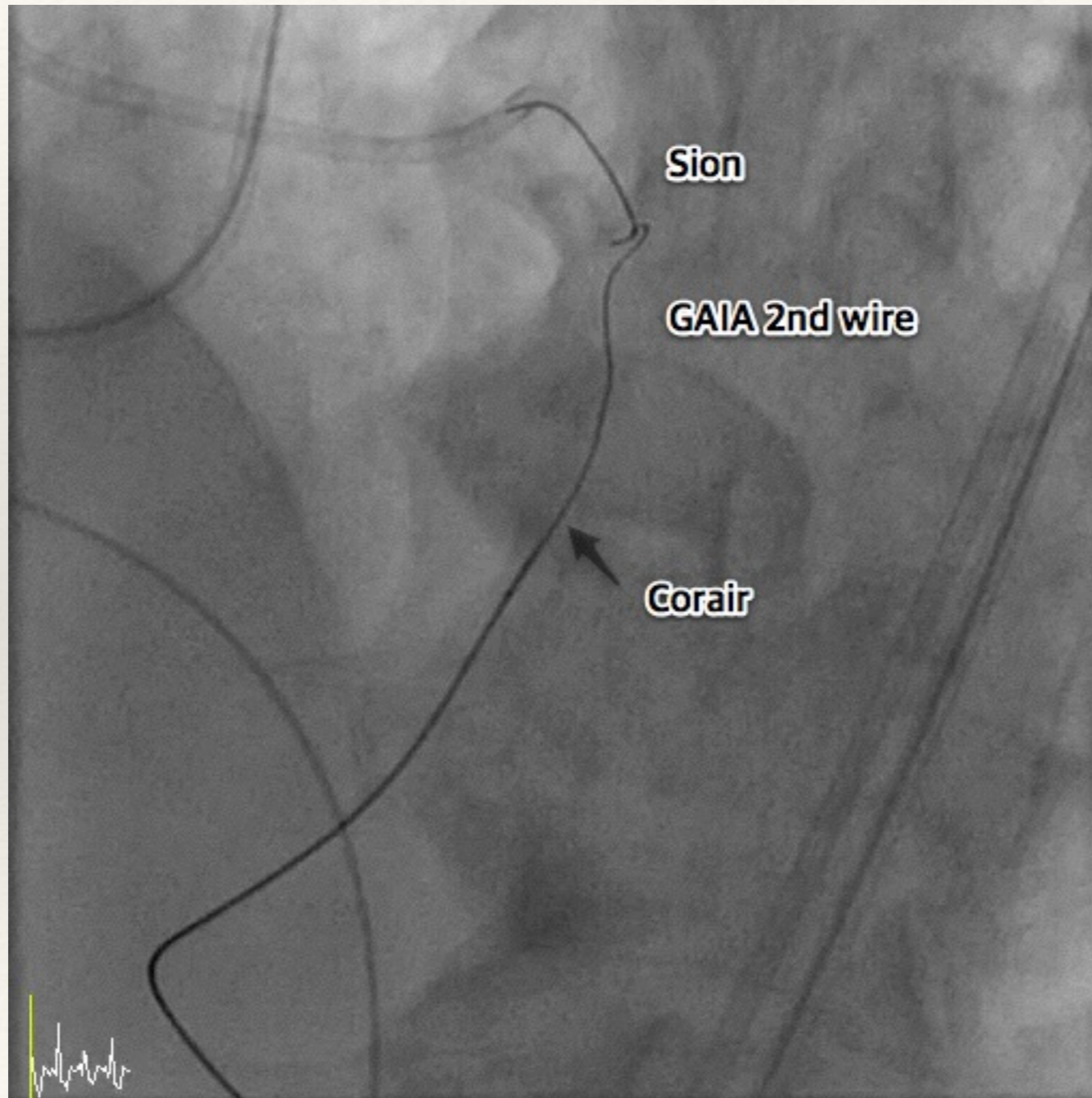
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# Retrograde Approach

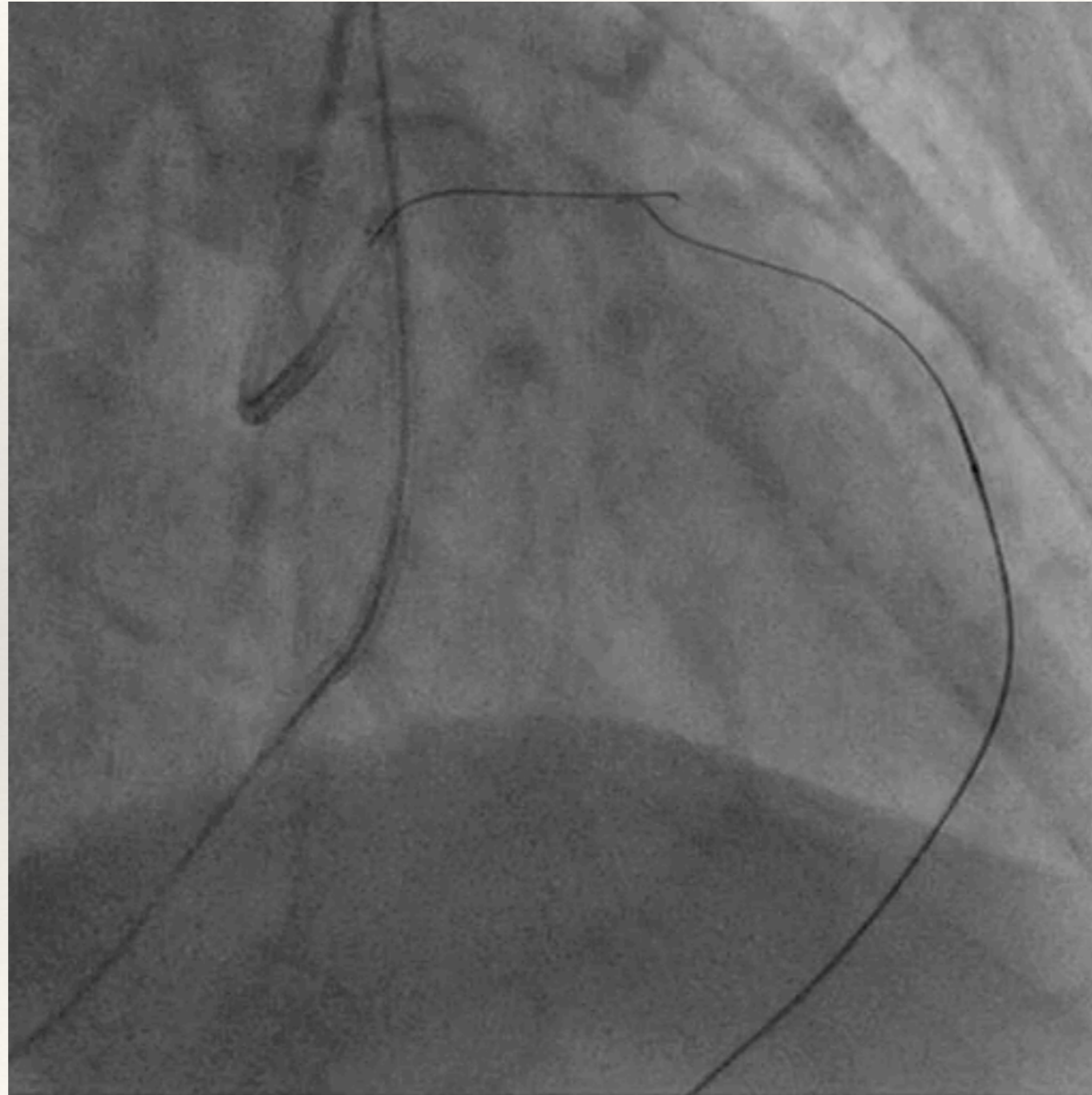
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# Retrograde Approach

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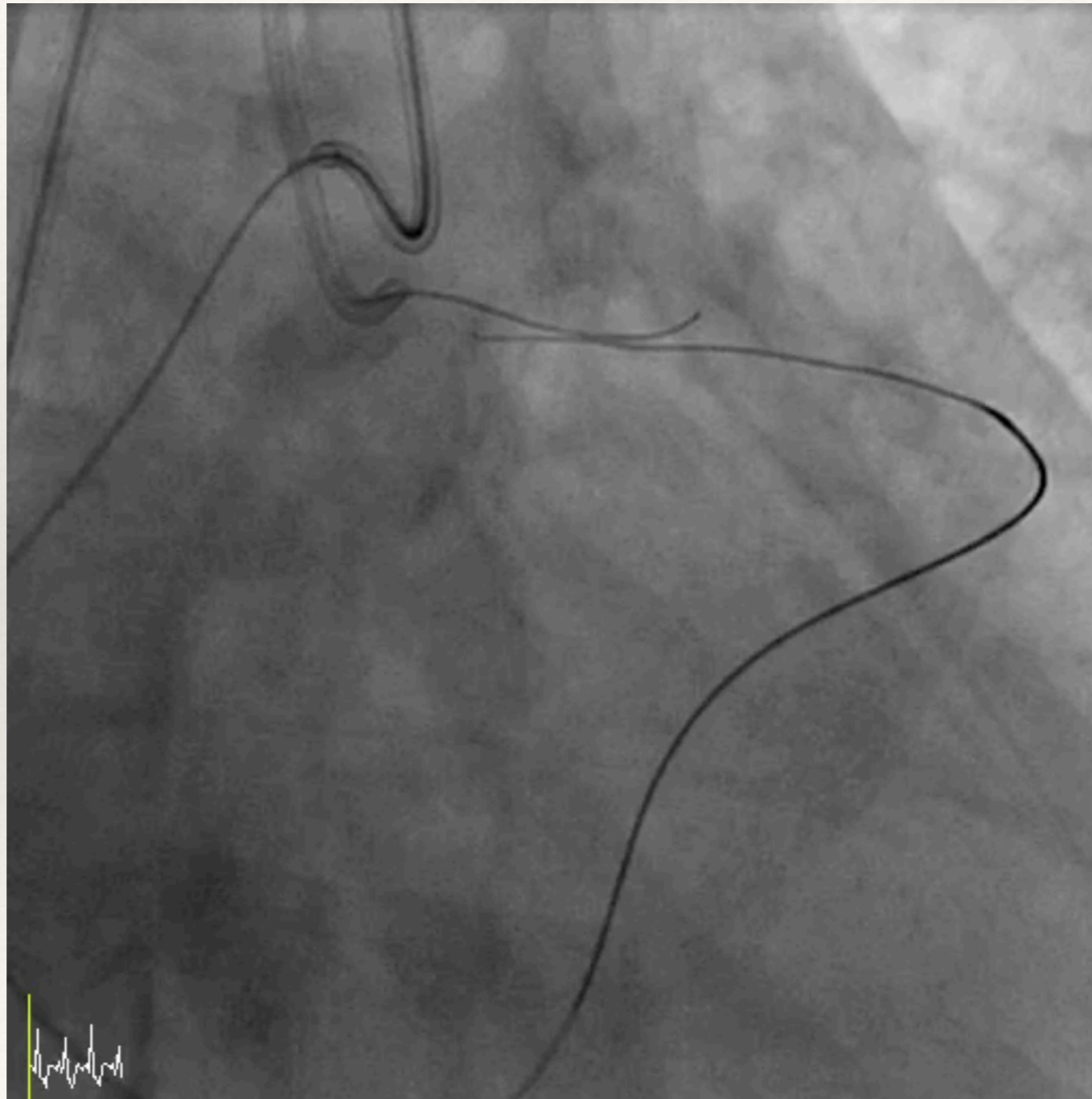




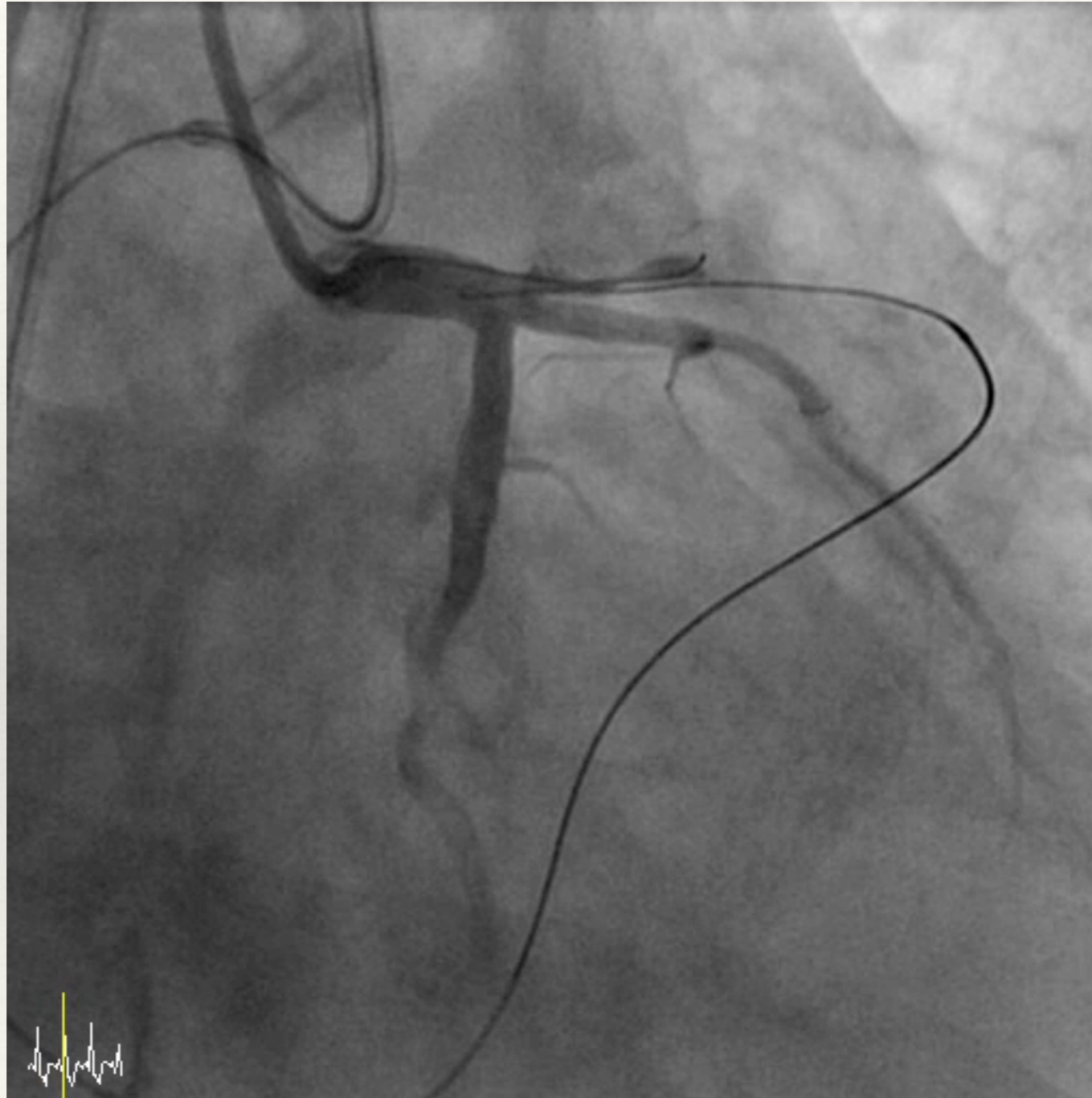
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# Retrograde Approach

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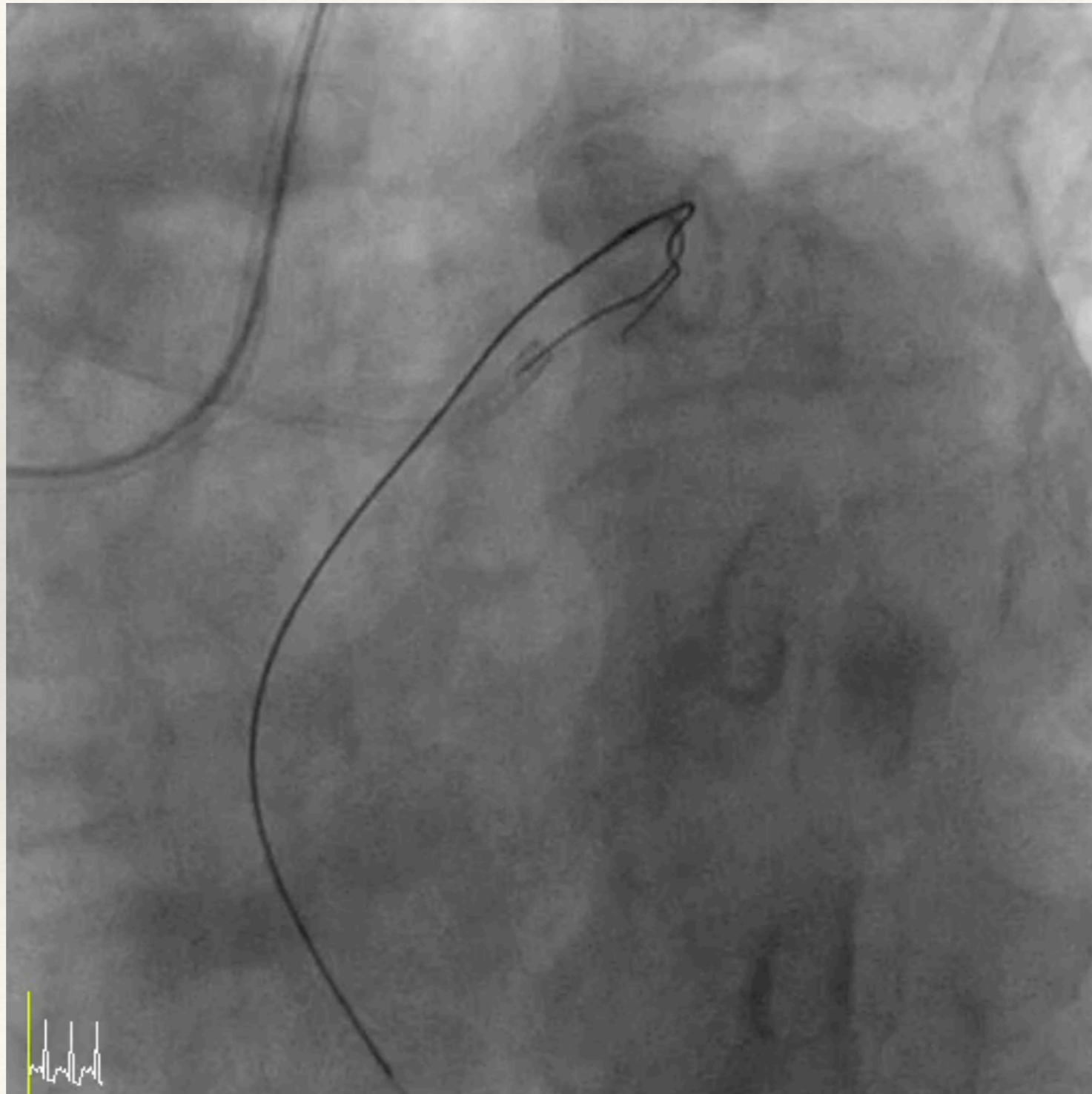
# Successful Crossing, However...

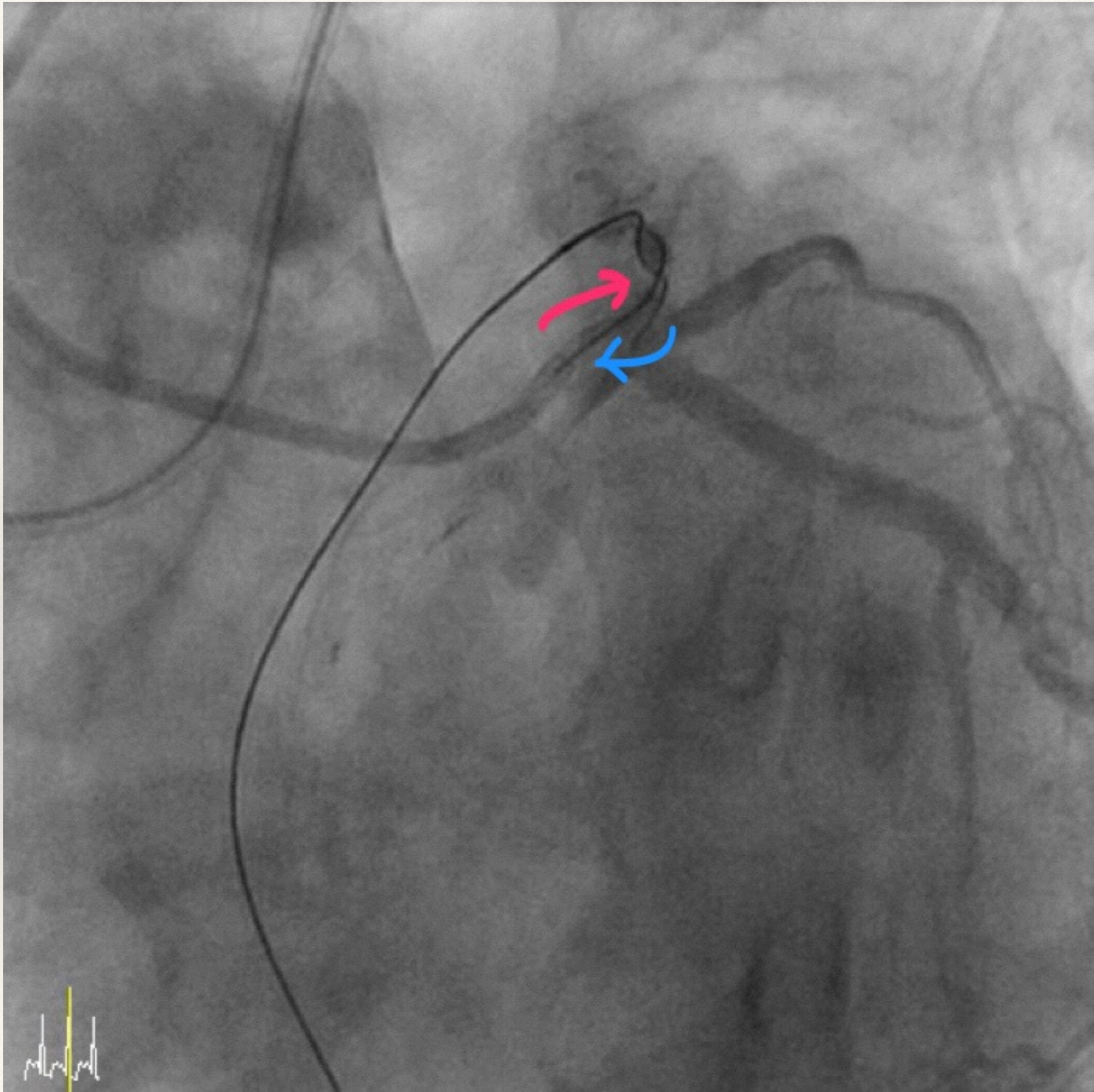


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# Wire Engagement

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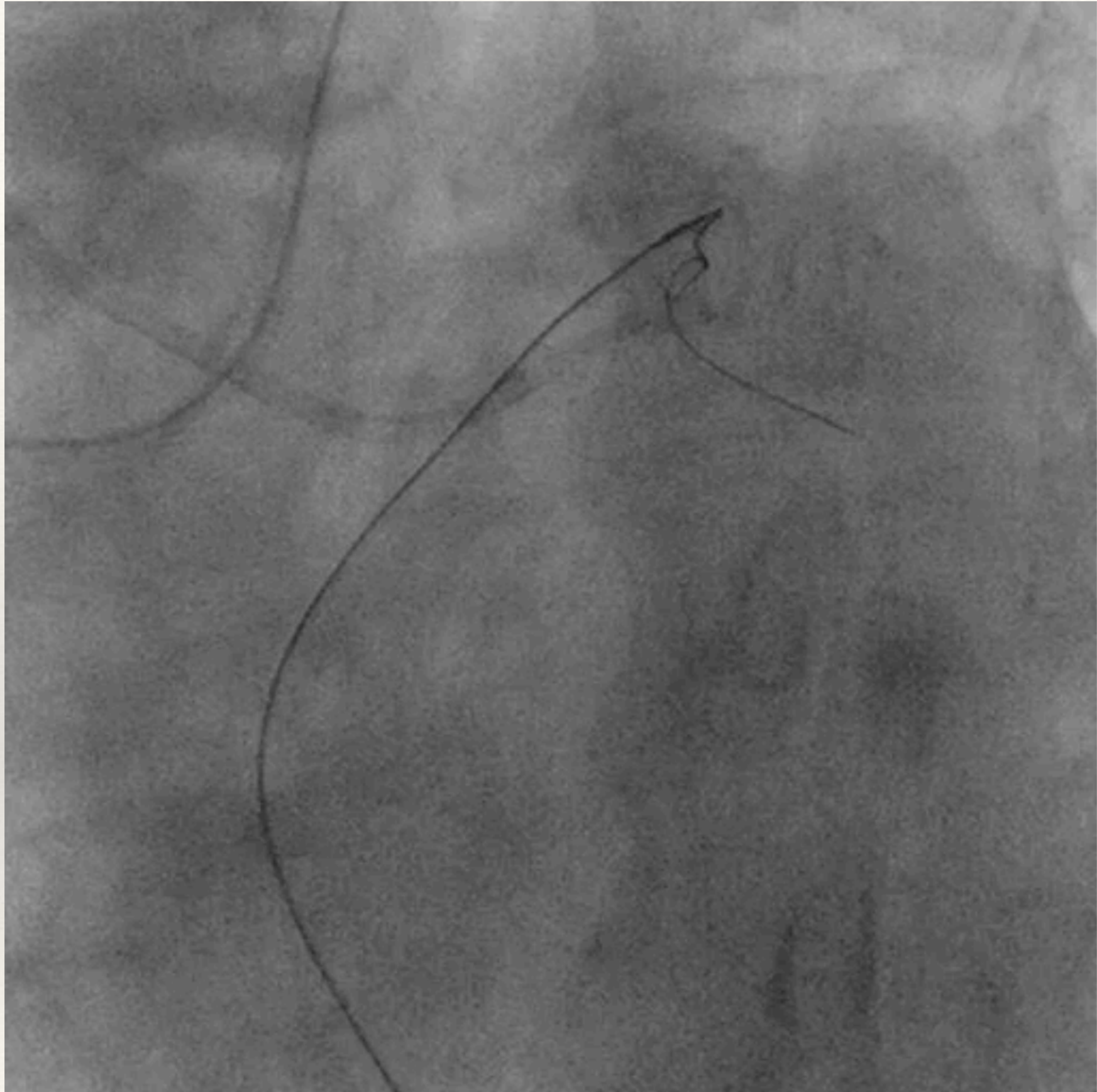


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# Difficult to externalize

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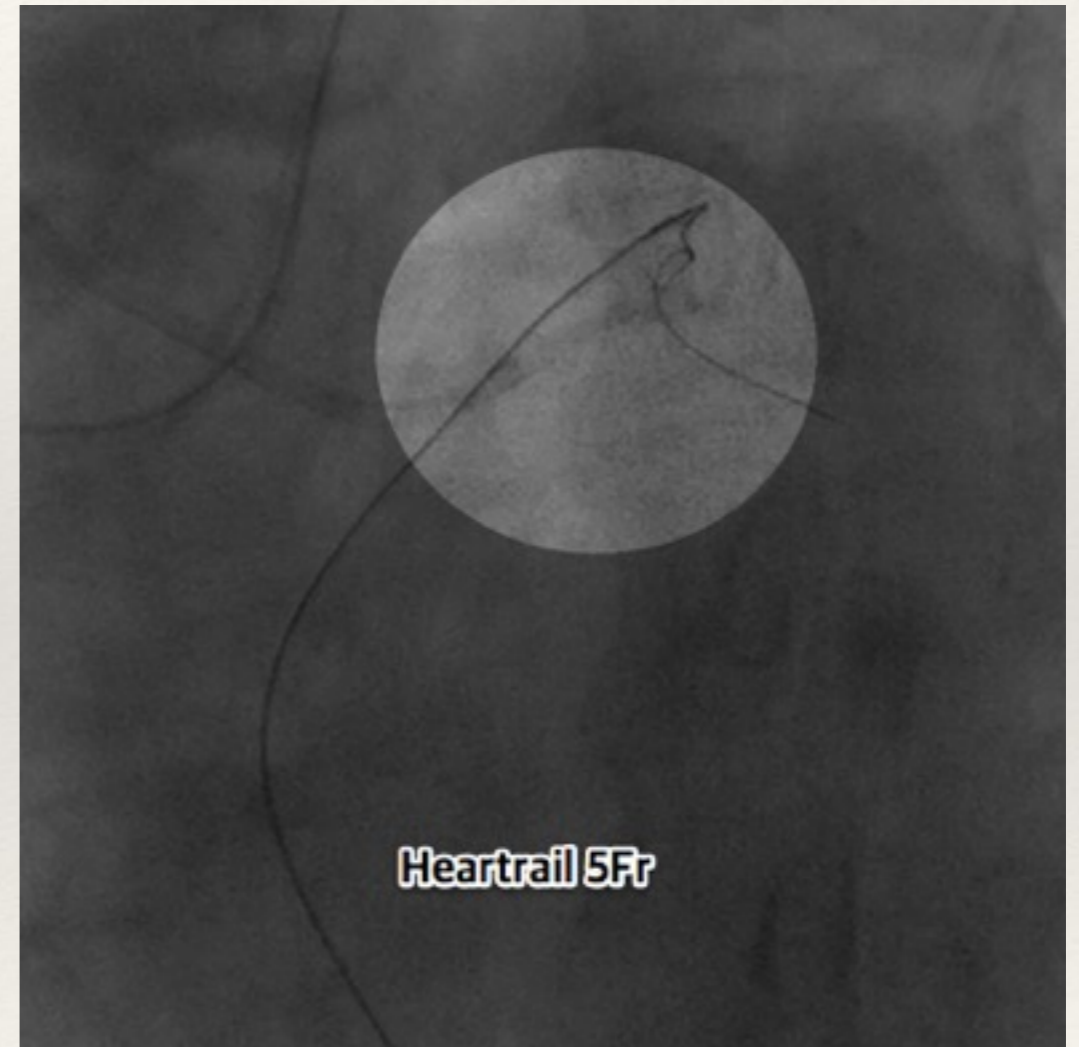
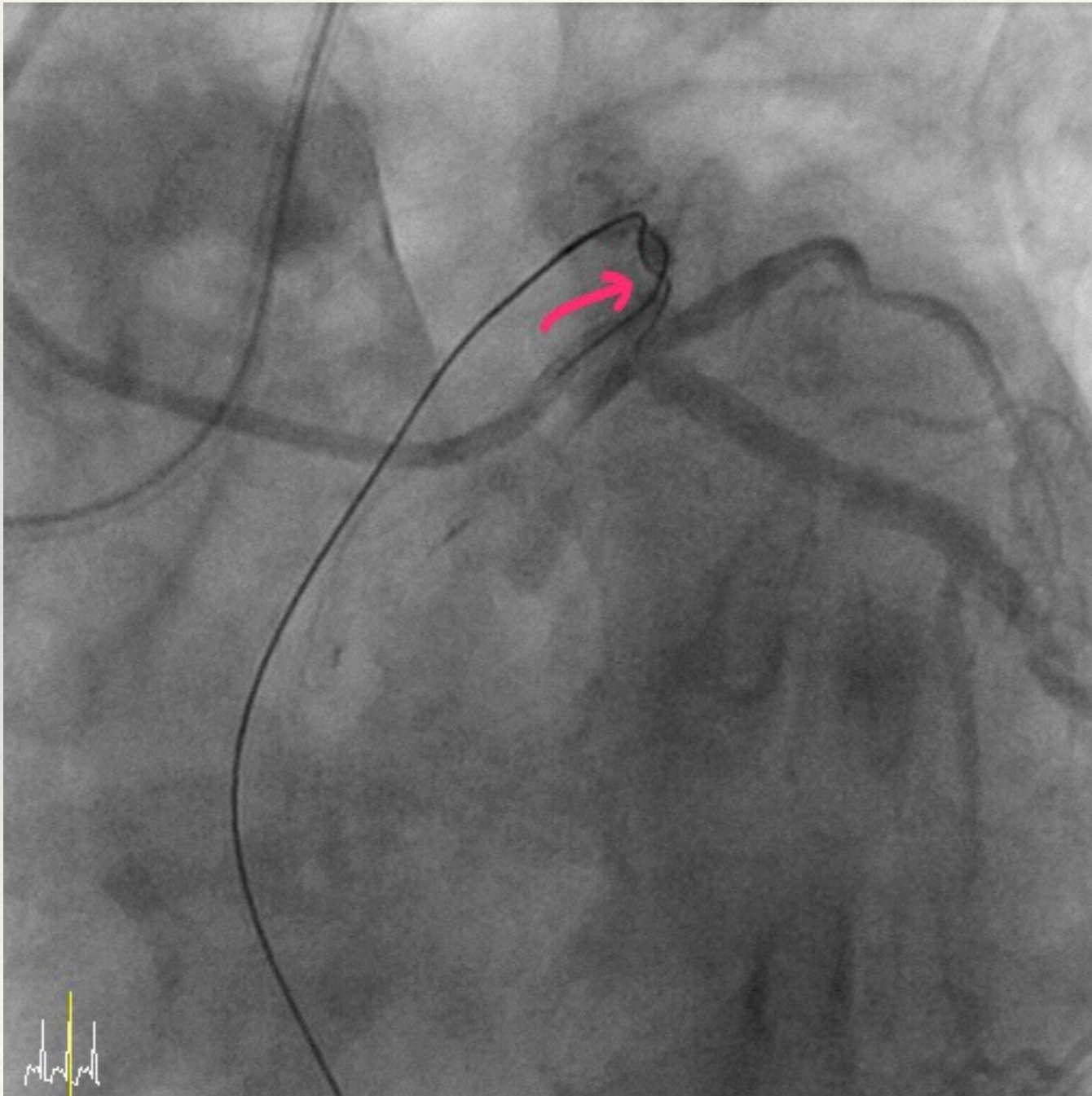
1. GAIA wire tip modification?
2. The Choice of Another Guiding Catheter?
3. Snaring? or Biosy Forcep ?

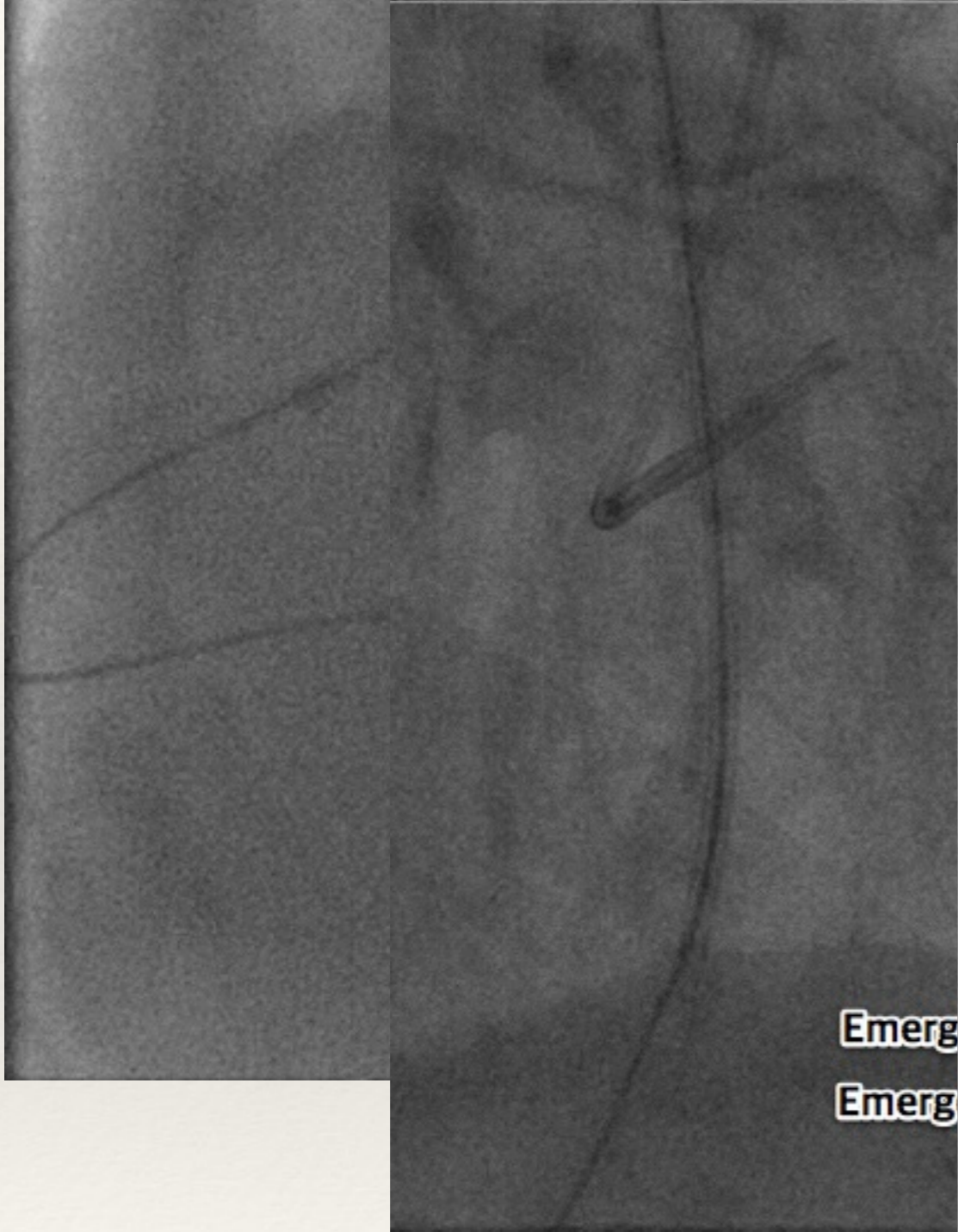


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# Guiding Modification

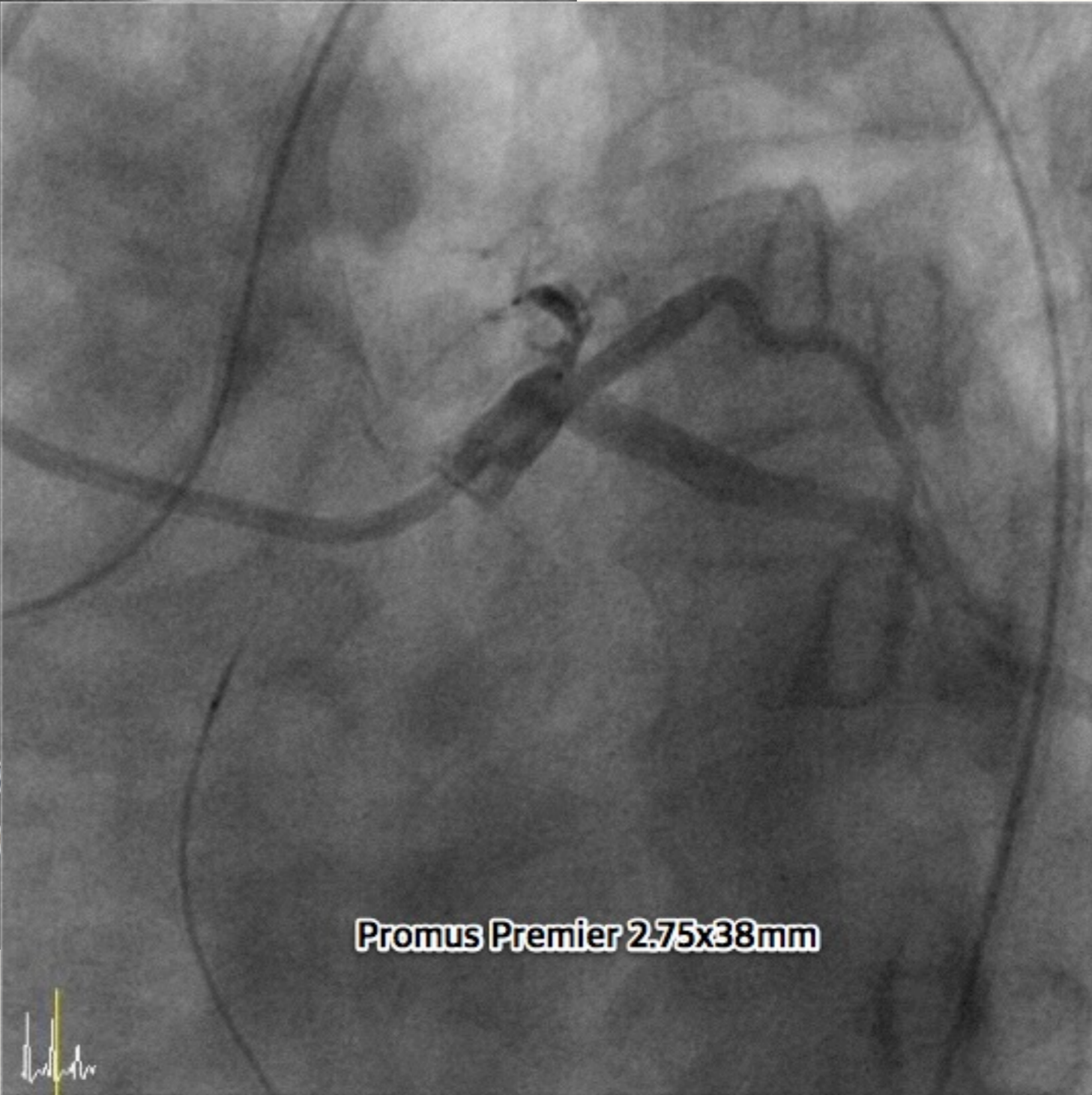
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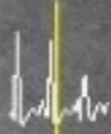


**Emerg**

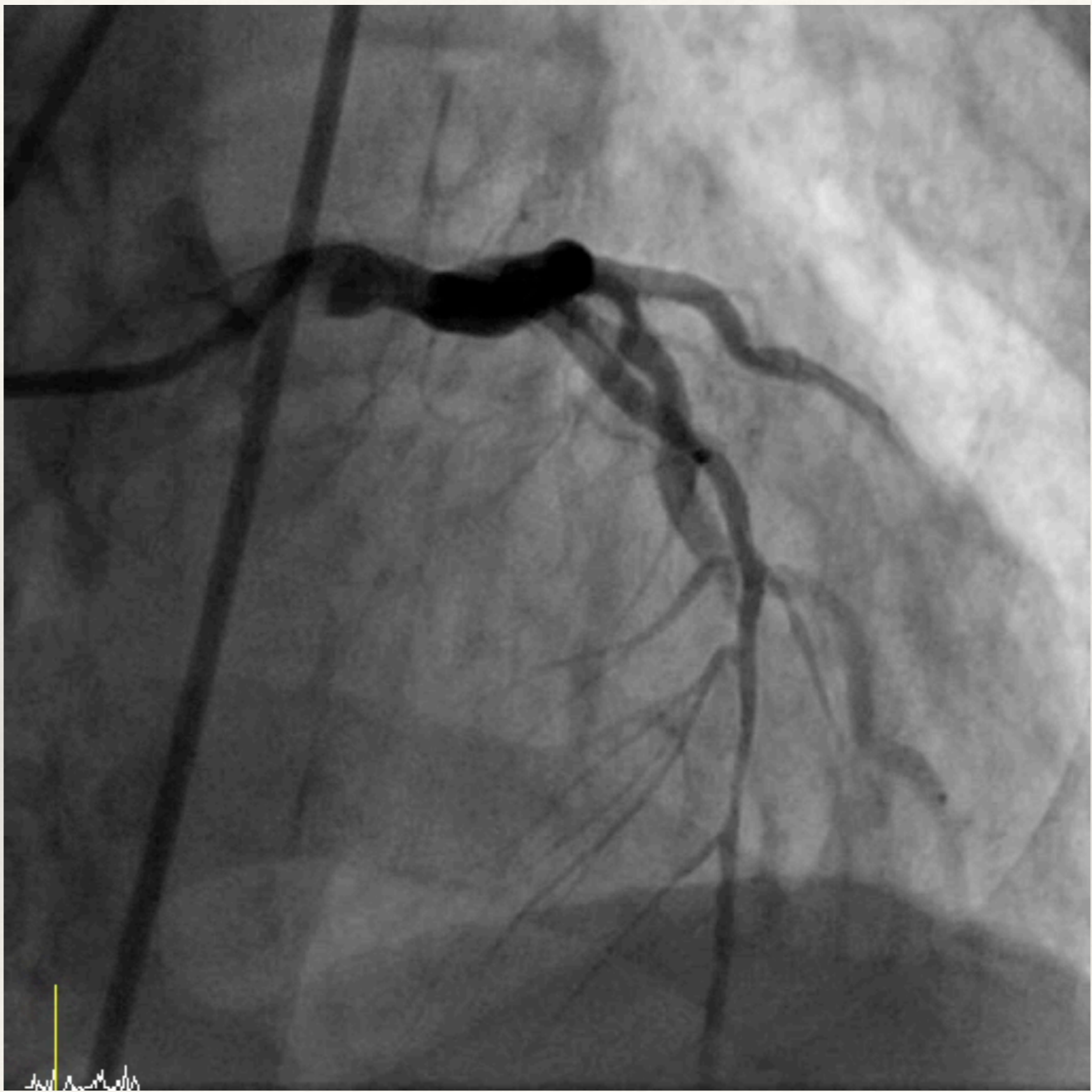
**Emerg**



**Promus Premier 2.75x38mm**

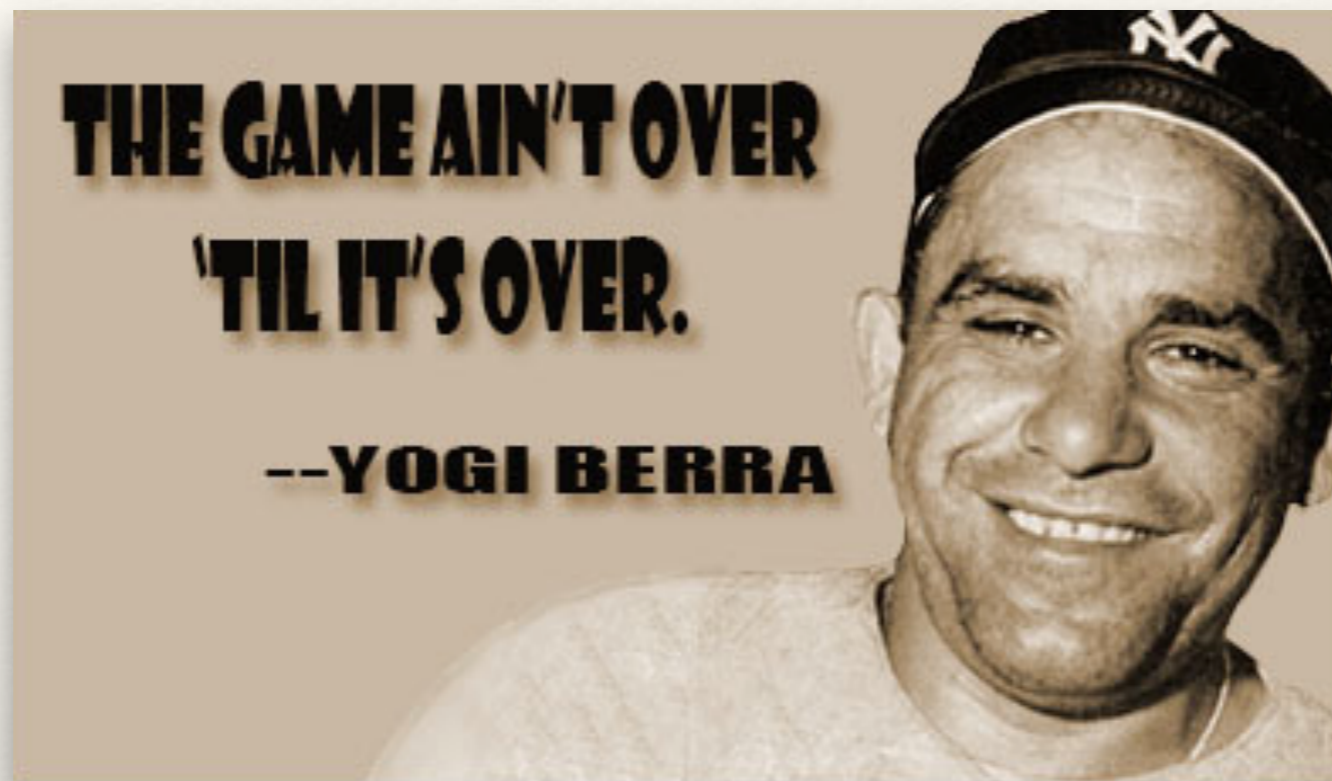






Even after successful septal tracking,  
another problems are waiting for us.

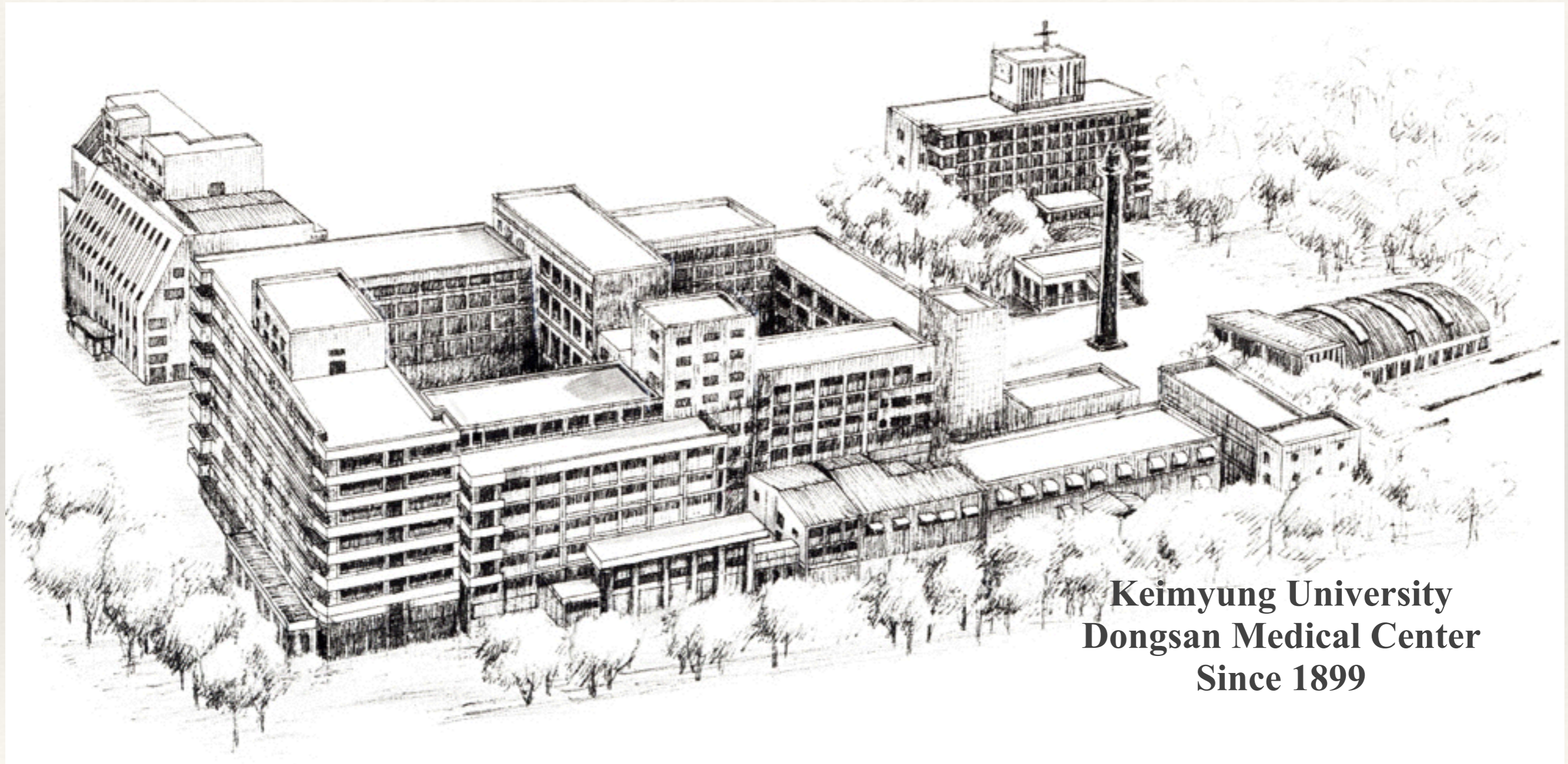
Child catheter can be useful tool to modify guiding  
curvature & to elongate guiding tip.



‘嶺踰越嶺 川涉越深.’

耳談續纂

Thank you for your attention.



**Keimyung University  
Dongsan Medical Center  
Since 1899**