



Video Live Case Presentation "RCA-CTO Involving Distal Bifurcation"

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Disclosure

Within the past 12 months, the presenter or their spouse/partner have had a financial interest/arrangement or affiliation with the organizations listed below.

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Company/Relationship

Boston Scientific, JapanConsultantAsahi Intecc, JapanConsultant







Case: 65 years old male Diagnosis: AP, OMI (inferior)

History: Chest pain 3 years before the 1st CAG. CAG showed a distal RCA-CTO (3 years old). Antegrade approach was failed.

Risk factors: DM, HL, smoking, obesity





CTO

1st CAG

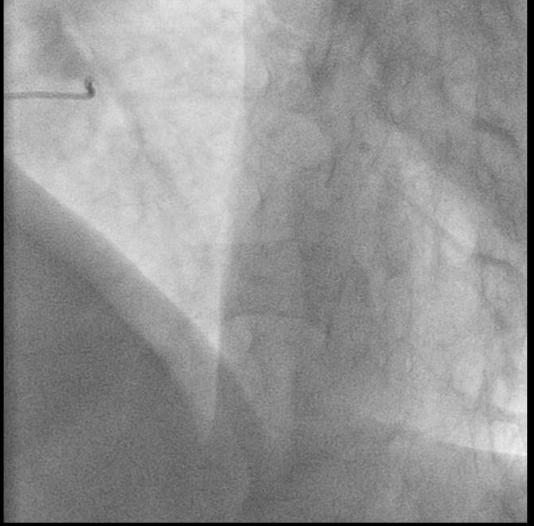


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1st CAG

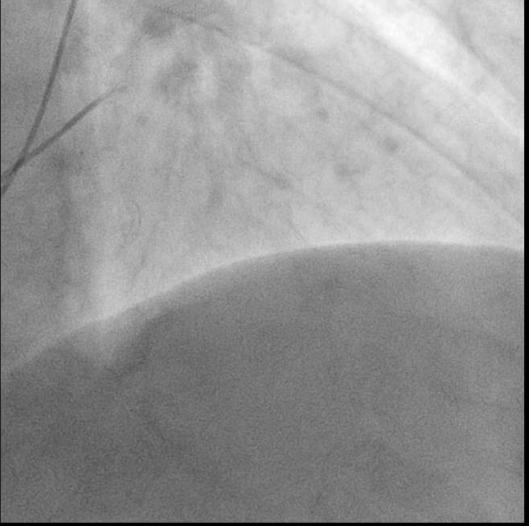








1st CAG

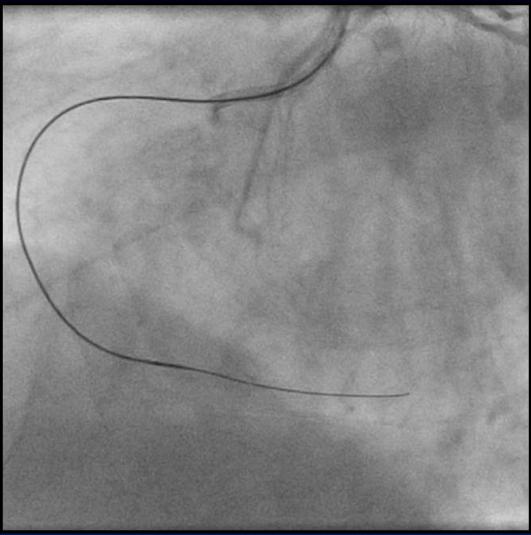








1st PCI









Problem List

- ✓ Reattempt (previous antegrade failure)
- ✓ CTO involving distal bifurcation
- ✓ No promising retrograde channel
- ✓ Mild lesion in donor artery (LAD)







My Strategy

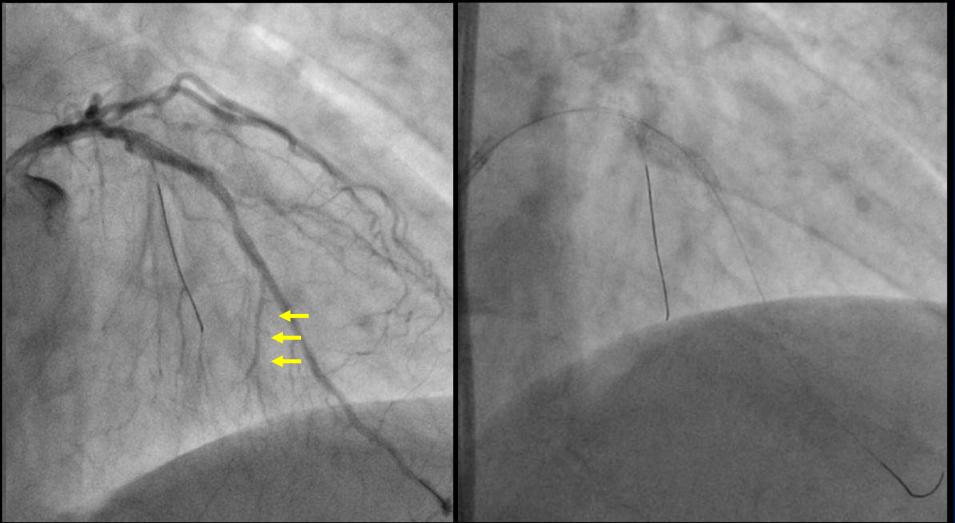
- **1.** Primary retrograde approach because of reattempt and the distal bifurcation
- 2. Prophylactic treatment of mid LAD lesion based on IVUS finding
- **3.** Exploration of septal channel
- 4. A-C channel surfing as a last resort as retrograde channel
- 5. If no retrograde channel, the antegrade IVUS guided penetration







2nd PCI



After IVUS examin DEShimplantation

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Summary

- Procedure time: 120 min
- Fluoroscopy time: 55 min
- Contrast dose: 160ml
- IVUS examination of donor artery stenosis followed by stent implantation
- > Tiny curved septal channel tracking by using XT-R
- **Contemporary reverse CART with Gaia 2nd**
- > Side branch protection with retrograde wire

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