# New Concept for CTO guidewire manipulation Importance of Penetration Plane View (PPV) 

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In this presentation, all new medical devices and software are unapproved all over the world. All theories are based on mathematical standpoint.

## Necessity and importance guidewire navigation in CTO

$>$ In CTO PCI, guidewire crossing to the distal true lumen is the most important part.
> However, guidewire advances in 3D blinded space to the distal target under 2D angiographic guidance.
$\Rightarrow$ Therefore, CTO guidewiring is difficult.
$>$ If we have guidewire navigation...
$\Longrightarrow$ CTO segment can be visualized.
든 Guidewiring eventually simplifies and gets easier.
EStandardization of CTO guidewiring
(No need to rely on personal experience!)

How can we figure out the morphology of CTO segment?

## Is bilateral angiography effective?


$>$ Even in bilateral angiography, appropriate wire direction to get distal true lumen is often unidentified in daily practice.

## Is bilateral angiography effective?


> Calculated perpendicular projection of RAO15/CRA43 is RAO29/CAU18

## Is bilateral angiography effective?


$>$ Calculated perpendicular projection of LAO52/CRA26 is RAO43/CAU43

## Is bilateral angiography effective?


> In this case, both bilateral angiography viewed from similar direction of distal true lumen.

## If perpendicular views are detected...



Conversion from 3D image to 2D image for making GW control simple

Next step:

1. Detection of vessel vector (CTO segment or distal true lumen)
2. Searching of perpendicular projections.

## Vector of vessel detection by vector projection

- Coronary angiography is a projection image of real coronary artery (3D).
$>$ Conversely, 3D vessel vector (only short straight part) can be detected from random two angiographic images.



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## Vector of vessel detection by vector projection

1. Input angle information of two random angiographic projections 2. Input angles between vertical and

> Calculation of feasible two perpendicular projections vessel axes


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3
$$

## Vector of vessel detection by vector projection

>Detection of perpendicular views on the orbit map


Tips and tricks of guidewire manipulation in perpendicular views


## What is the penetration plane?


$>$ If you can insert a "thin plane" to the CTO segment, all you have to do is manipulate wire on this plane.

- GW control is simplified.
$\Rightarrow$ GW can be controlled from perpendicular projection (OPV).


1. Keeping straight line on the penetration plane view (PPV) when guidewire is advanced.
2. Check the direction of guidewire on objective plane view (OPV).

Basic requirements and procedures for setting penetration plane

1. Select straight segment to calculate vector of vessel
2. Select short segment ( $<\mathbf{1 0} \mathbf{m m}$ ) to detect straight part of the vessel.
3. Vector of vessel detection by vector projection method
4. Setting projection for Penetration Plane View (PPV) and Objective Perpendicular View (OPV)
5. Manipulation of guidewire keeping on the penetration view

Basic requirements and procedures for setting penetration plane

1. Select straight segment to calculate vector of vessel

A current serious limitation of this theory
> Mechanical guidewires are unable to be changed their direction and course intentionally.
$\Rightarrow$ Even if we can understand the right way to proceed using by this navigation system, mechanical GW can't advance in hard lesion such as calcified CTO.

We need the game changer! The time has come!

## Plasma mediated ablation (PMA) system



## Plasma mediated ablation system



Plasma wire (designed resembling GAIA Tip load $3.5 \mathrm{~g} / 5 \mathrm{~g}$.

Plasma catheter (designed resembling Corsair pro)

## Summary

$>$ We need real useful GW navigation system in clinical setting.
$>$ In straight and short segment, PPV and OPV can be selected by calculation of vessel vector.
$>$ This strategy can simplify the concept of guidewiring in CTO lesion
$>$ However, the conventional mechanical GWs can not advance in hard lesion such as calcified CTOs.

