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

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Shunpei Yoshitake, Tomoki Ichikawa, Masahiro Kashiwai, Masako Manabe, and Satoshi Nakazawa ASAHI INTECC CO., LTD. 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.

→Therefore, CTO guidewiring is difficult.

> If we have guidewire navigation...

CTO segment can be visualized.
 Guidewiring eventually simplifies and gets easier.
 Standardization of CTO guidewiring

(No need to rely on personal experience!)

How can we figure out the morphology of CTO segment?



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

LAO52 CRA26

RAO15 CRA43

Calculated perpendicular projection of RAO15/CRA43 is RAO29/CAU18

RAO15 CRA43



LAO52 CRA26

LAOSS CRA26

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



LAO52 CRA26

11-FOSD CREAD

RAO15 CRA43

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.

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- Vessel vector is a line of intersection of two planes.

Put the planes to the screen

Vector of vessel

Behind of the screen

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- Conversely, 3D vessel vector (only short straight part) can be reconstructed from random two angiographic images.
- Vessel vector is a line of intersection of two planes.

 Input angle information of two random angiographic projections
 Input angles between vertical and vessel axes

Calculation of feasible two perpendicular projections







Vector of vessel detection by vector projection → Detection of perpendicular views on the orbit map

Ve: RAO 92 CAU 59



Tips and tricks of guidewire manipulation in perpendicular views

Definition of terminology

1. Penetration Plane

The plane for manipulation of GW

2. Penetration Plane View (PPV)

Keeping GW tip straight from this view

3. Objective Perpendicular View (OPV) Checking and changing GW tip direction

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.
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 (<10mm) 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.

➡ 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

Electrode

Plasma wire (designed resembling GAIA Tip load 3.5g/5g.

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.