

# One of My Most Memorable PCI CTO

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75 yr old man

1. Coronary artery disease

CABG in 1997

Recurrence of angina – 4 yrs in CCS III

CTA Coronaries

LIMA to LAD, SVG to D1 – patent with no obstruction

SVG to PD and OM – occluded

LMS – occluded, RCA - CTO

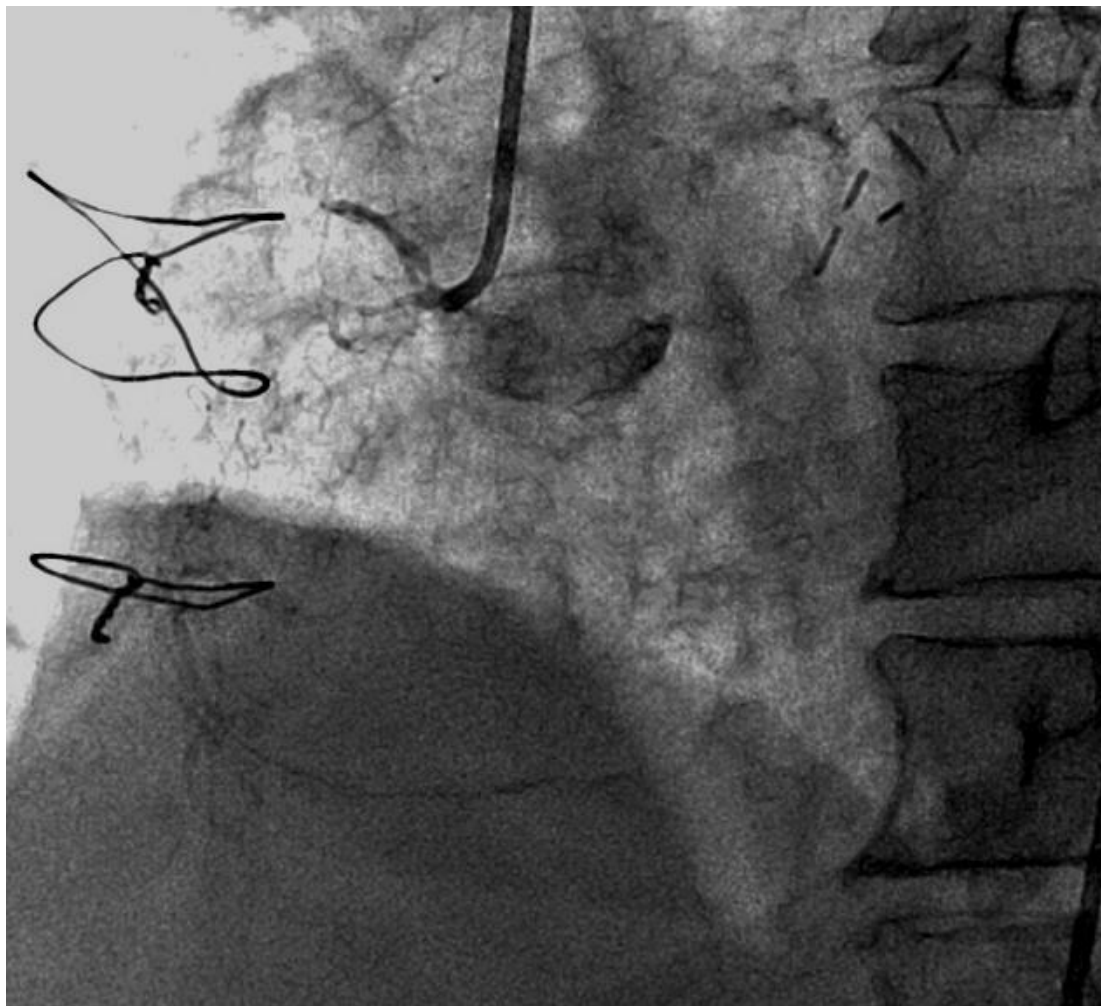
2. Hypertension – 1996

3. Dyslipidaemia – 1996

4. Smoker

5. Peptic Ulcer Disease

6. Spinal stenosis



CTA 9/12/2019



# Strategy

After reviewing CTA Coronaries & Coronary Angiogram

LCx – smallish

RCA – large vessel

## Plan

1. Antegrade wiring  
Knuckle technique
2. PCI SVG to PD Br. Retrograde to CTO RCA  
(CART or Reverse CART)

Rt TRI (6Fr.) & Rt FA (7 Fr)

7 Fr. Guide Cath could not engage  
SAL 1, SAL 1.5, SAL 2, AL 0.75, JR 3.5  
AL 1 - closest

Guide Cath AL 1, 6 Fr  
(MP, JR 3.5 could not engage)

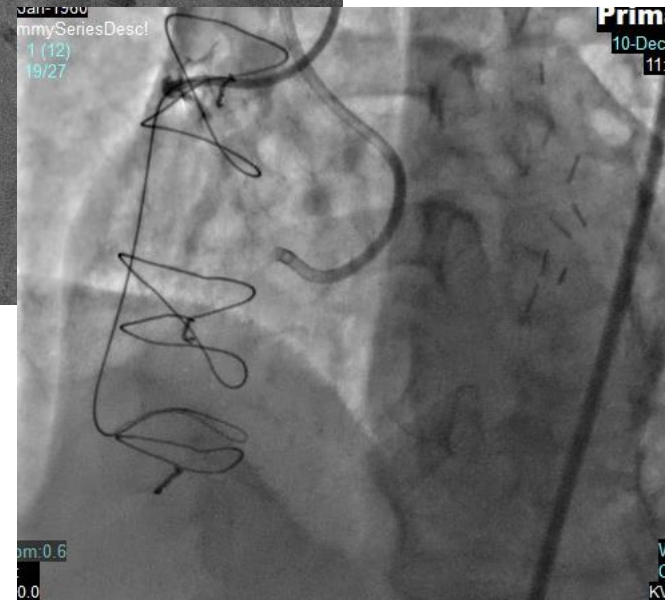
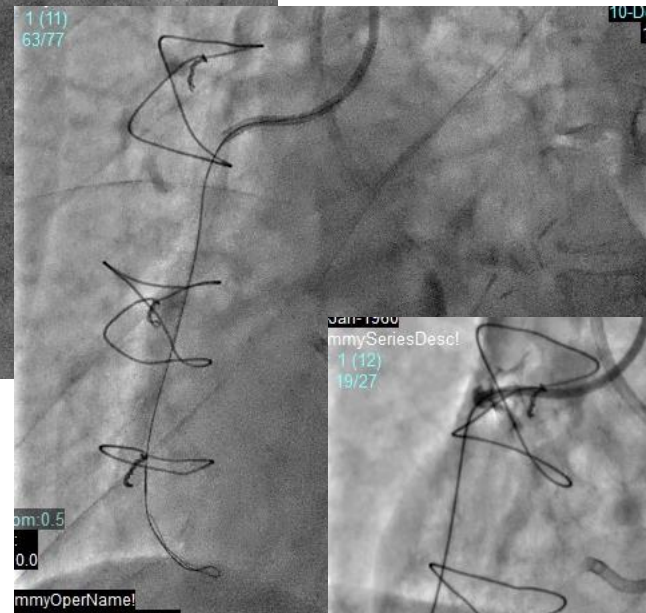
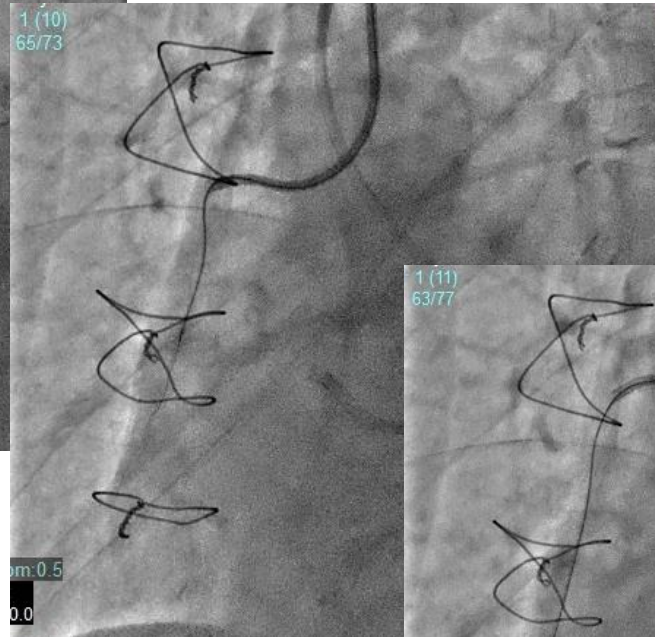
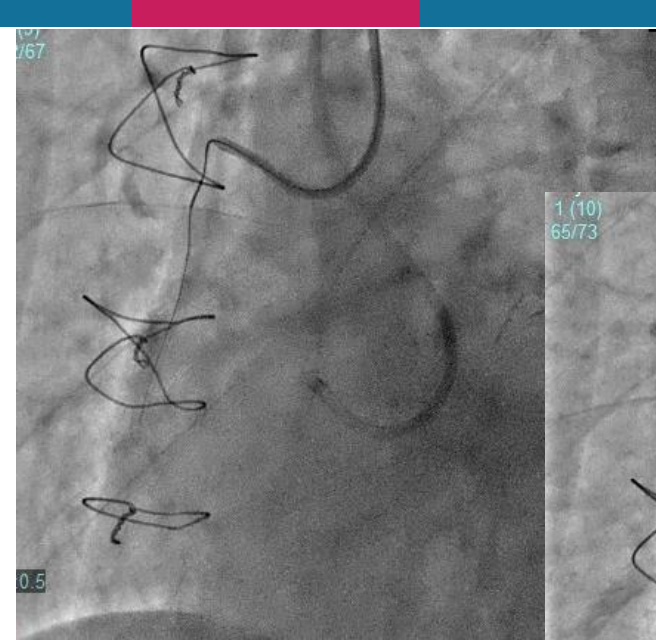




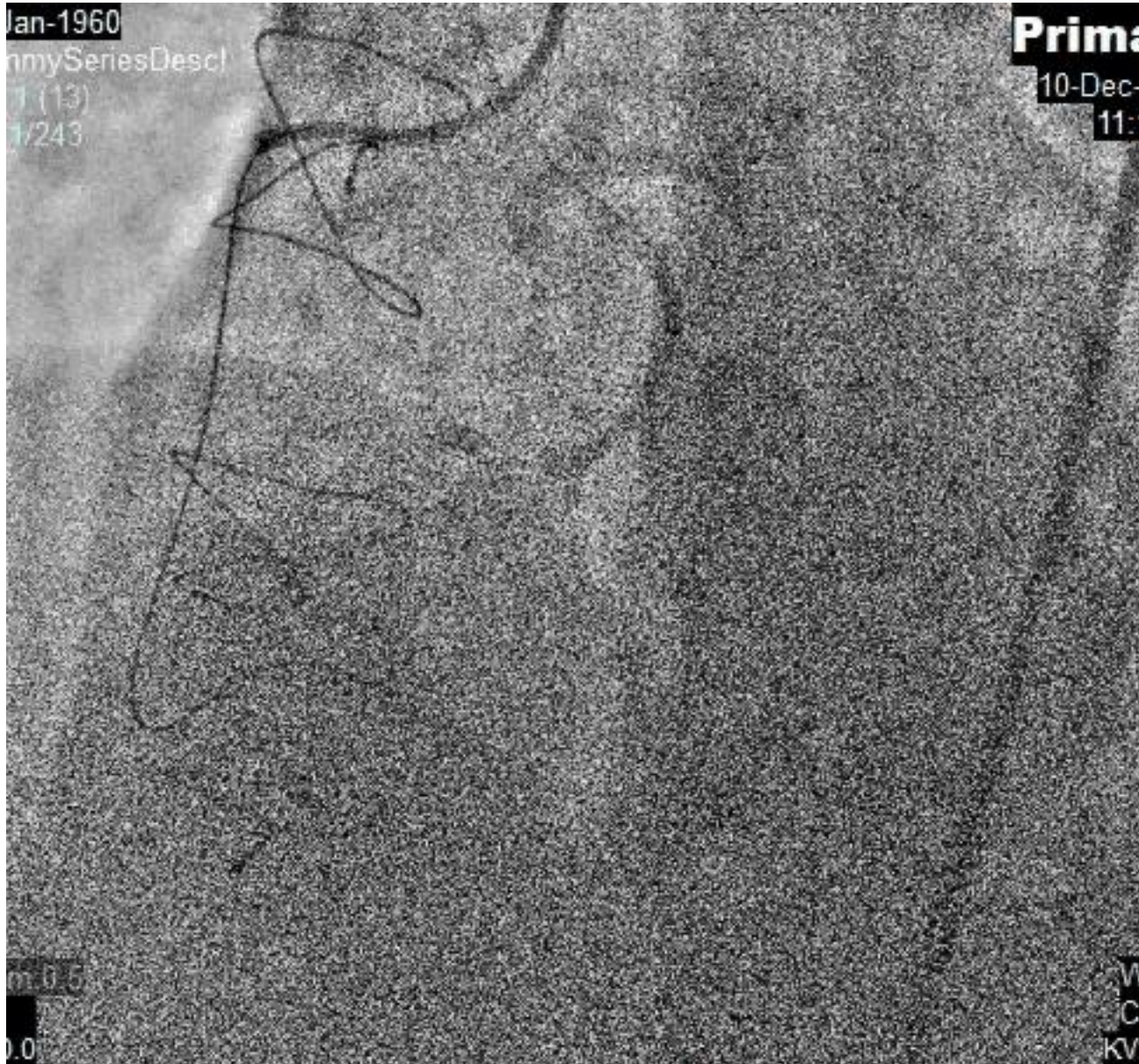
## Retrograde fr. SVG PD Br.

Knuckled wire

Fielder XT in Caravel Microcatheter

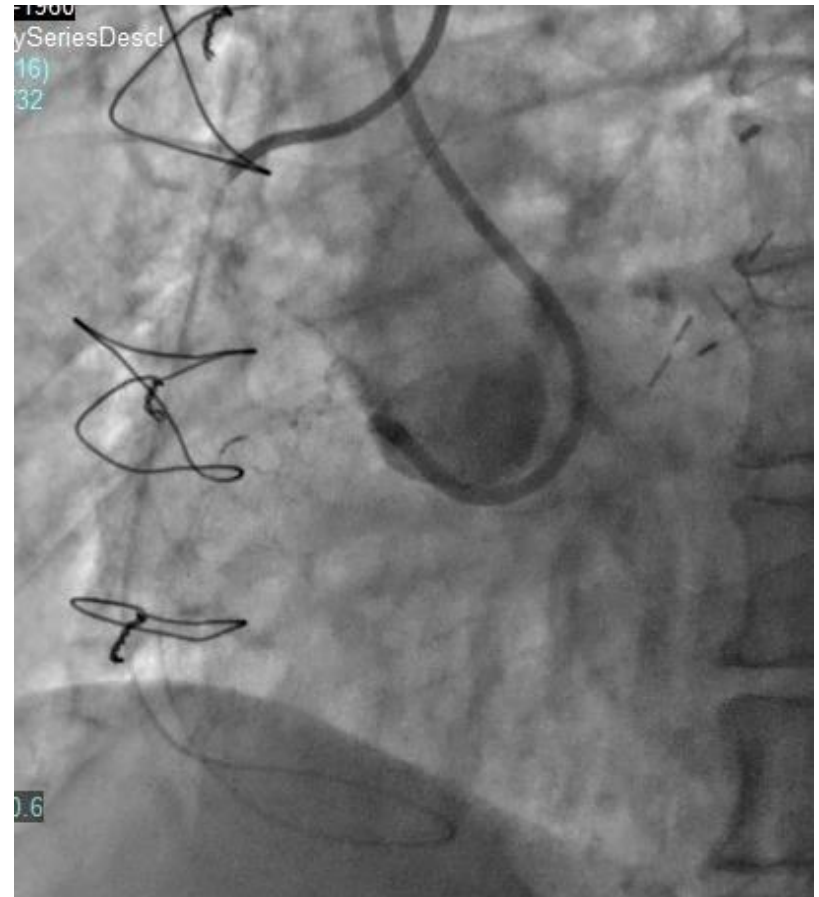
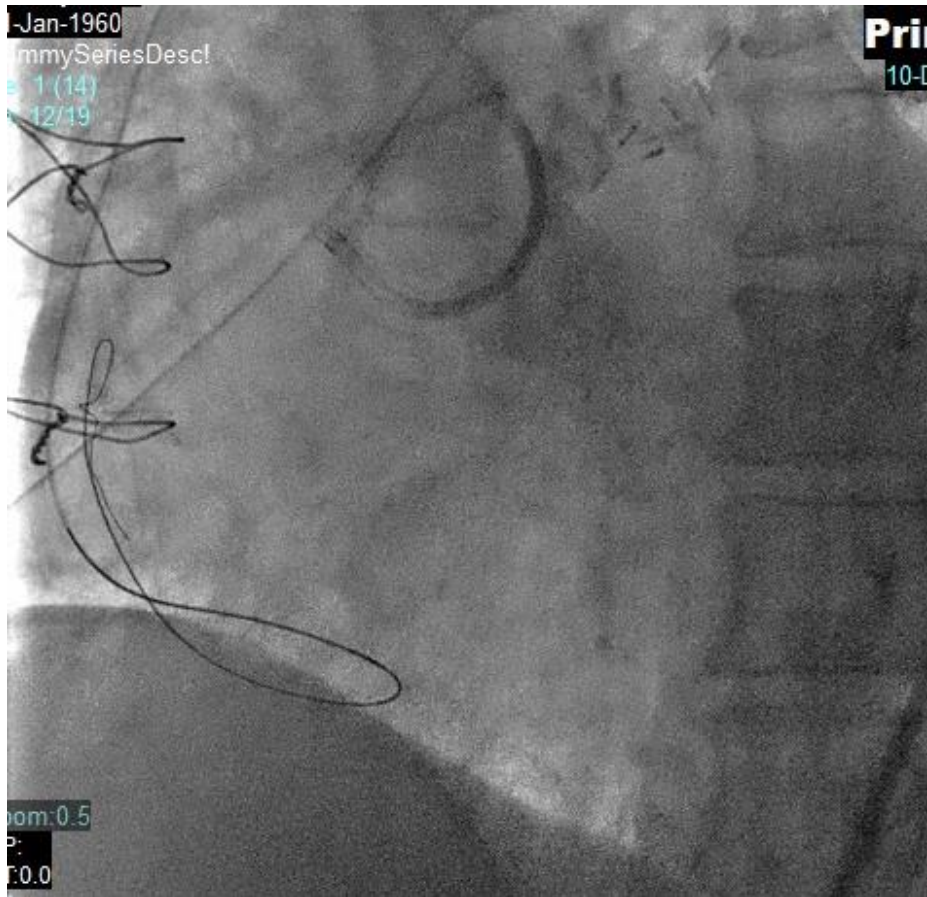


# Knuckled wire

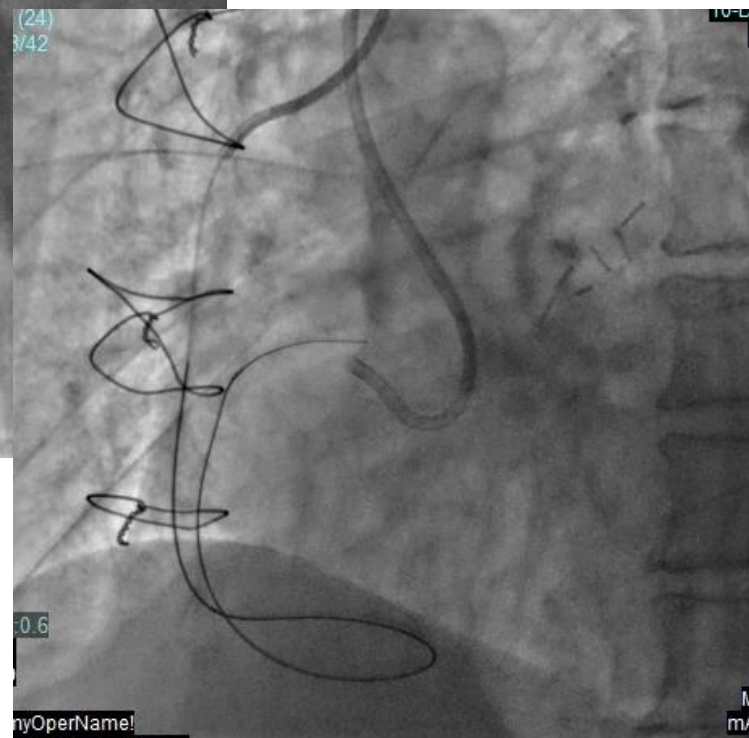
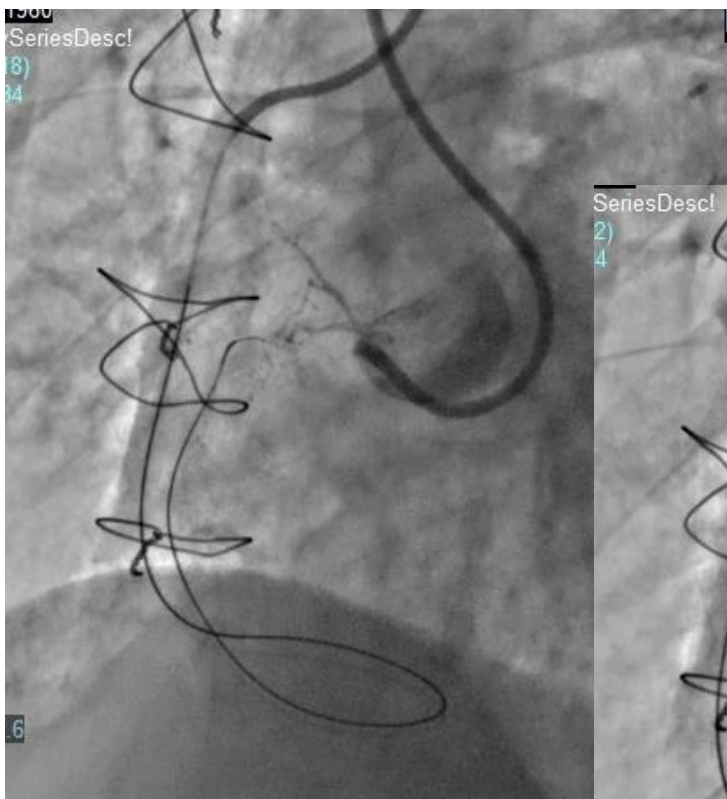




# Knuckled wire



## Wired retrogradely with Conquest Pro

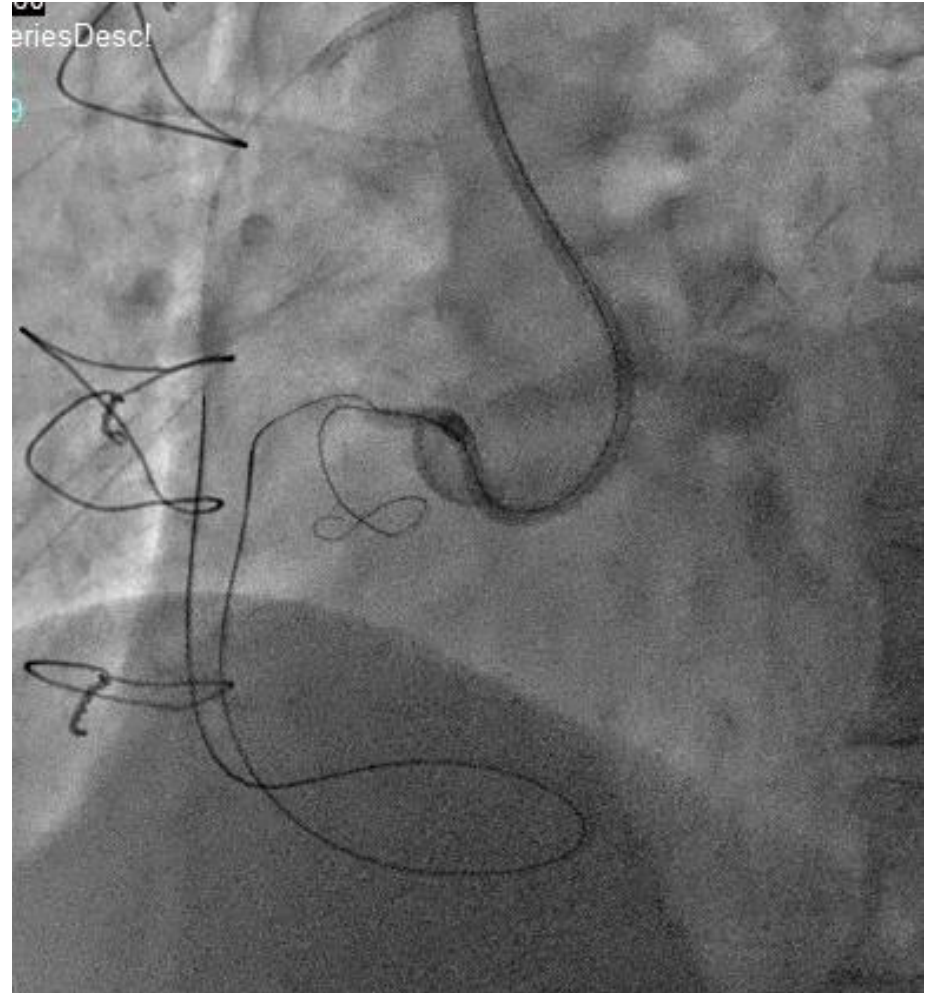


**Changed Guide Cath to AL 1.5, 7Fr**  
Wire subintimal &  
Cannot enter into guide cath



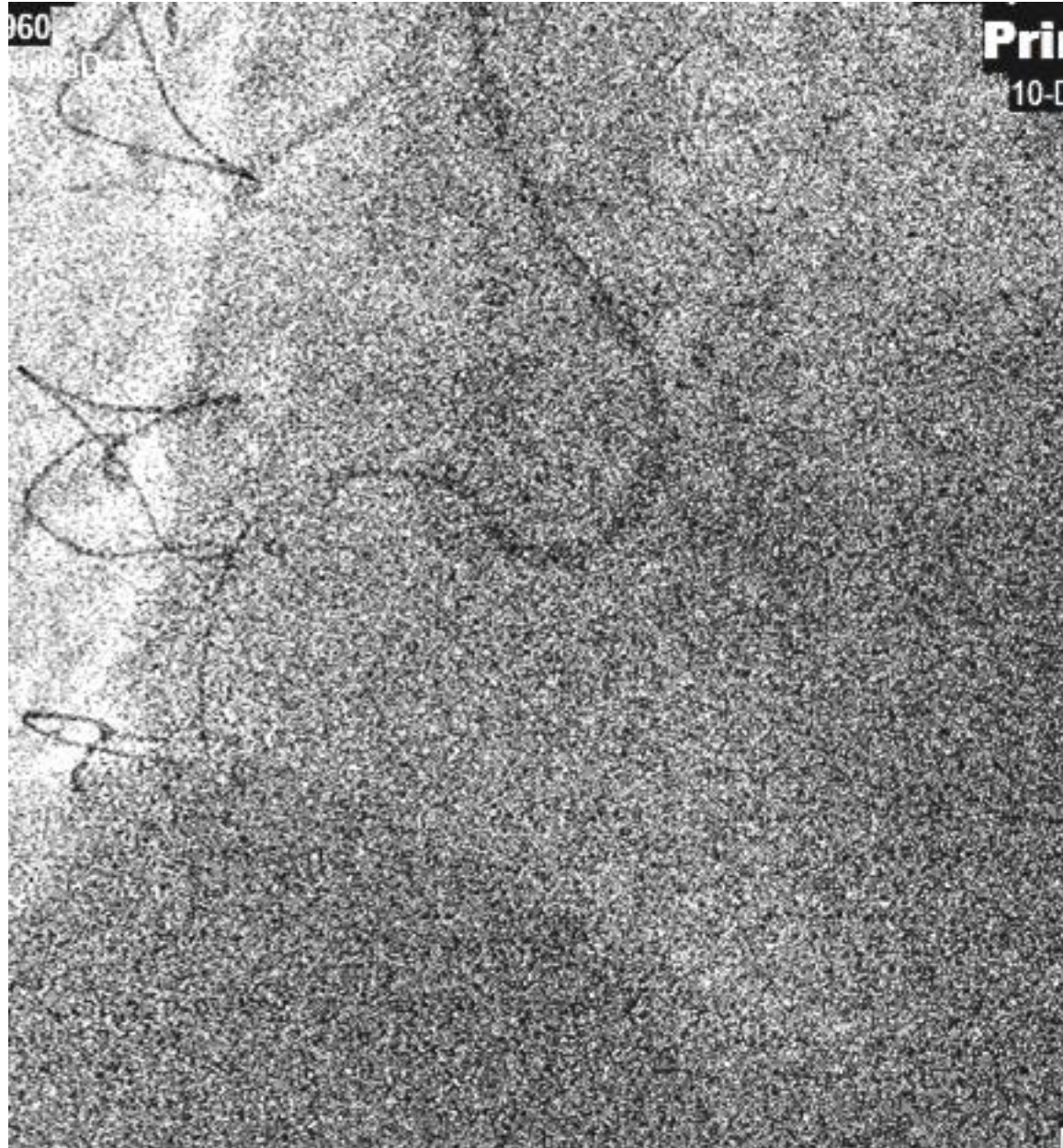
## Reverse CART

Wired into small branch  
POBA with 1.0, 1.5, 2.0 & 2.5 mm balloon





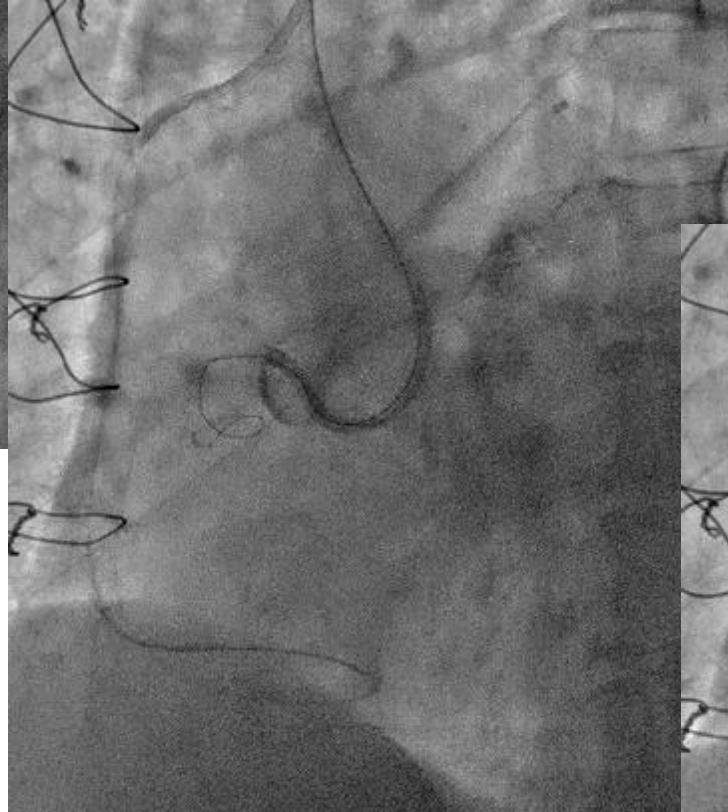
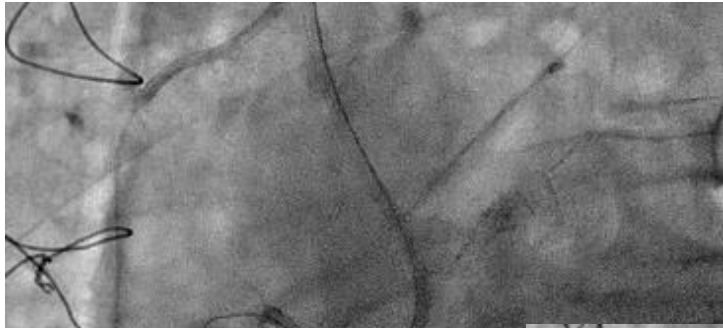
Conquest Pro  
Entered into  
Guide Cath.



**Dissection in  
Aortic Cusp**



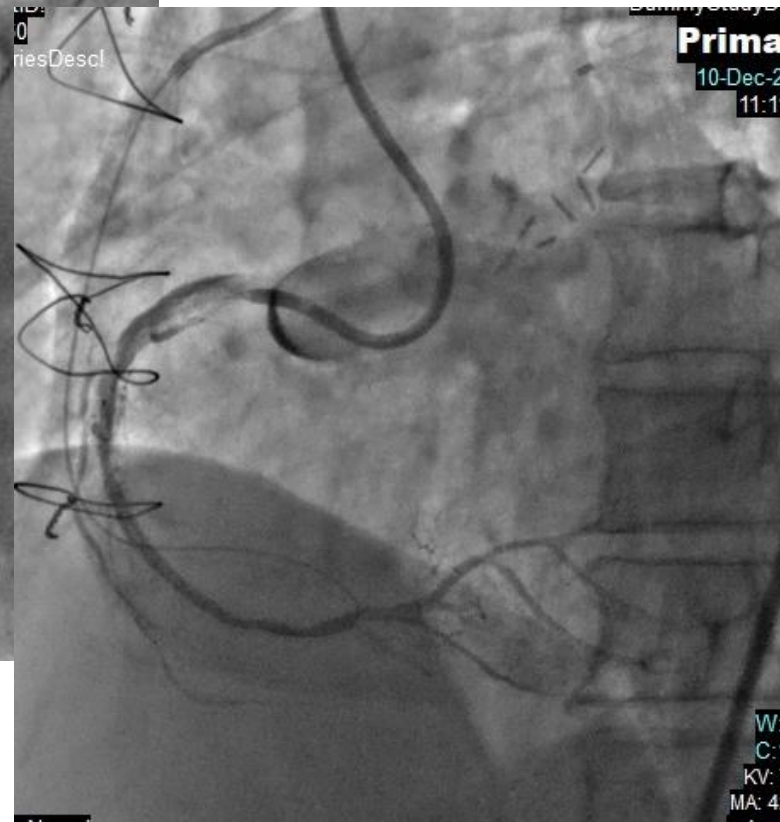
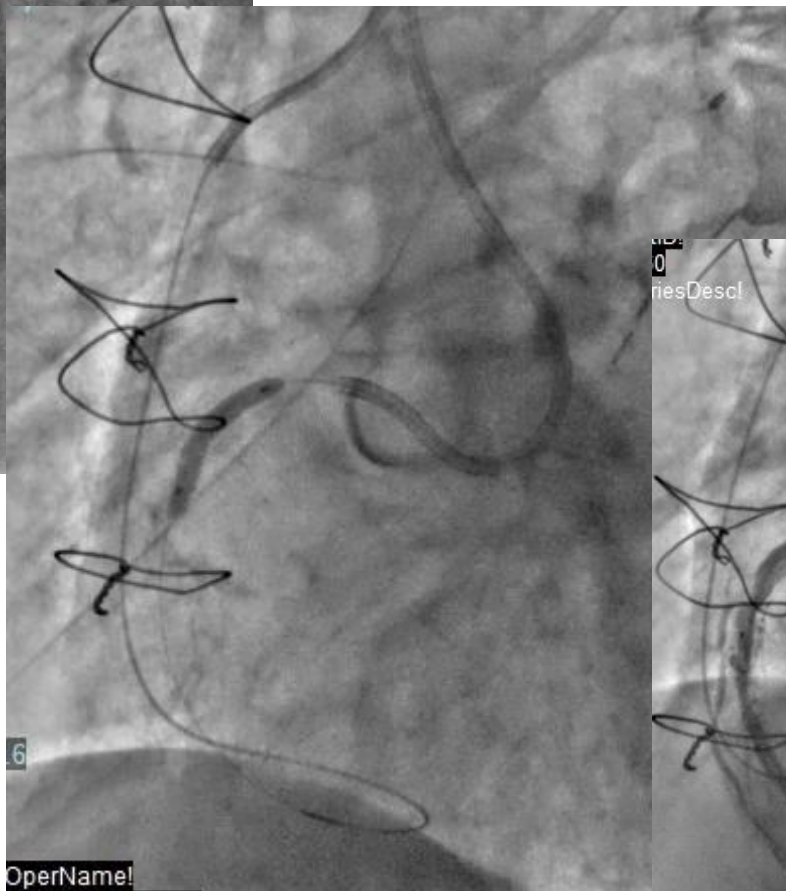
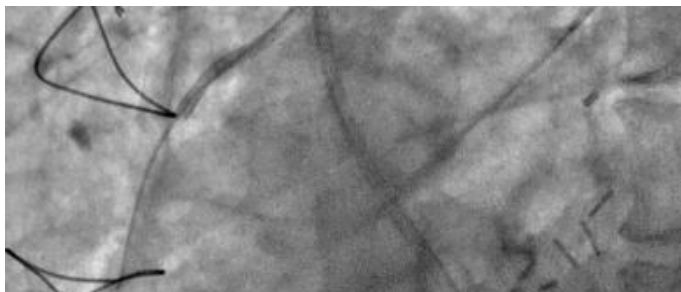
Conquest Pro wire taken out  
Exchanged with RG3 wire  
- Externalised it



## POBA 2.5 mm & 3.25 mm NC balloons - Burst

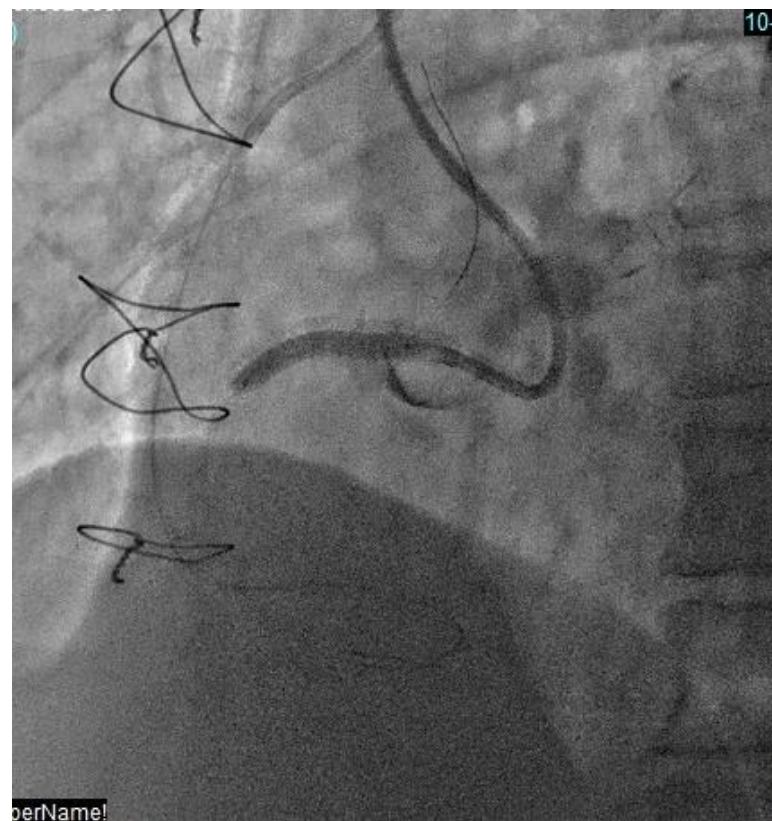
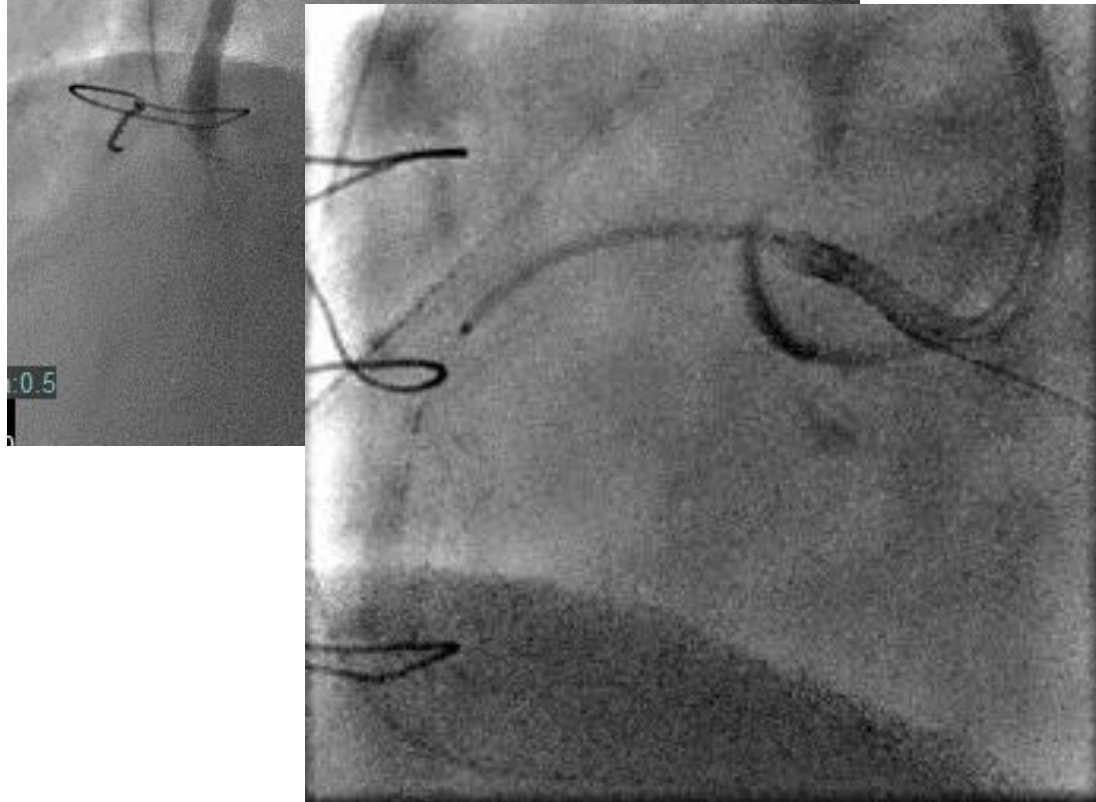
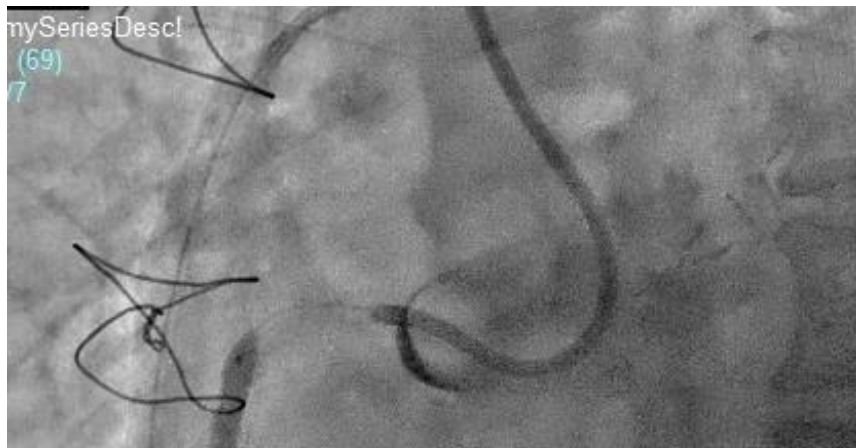
3.5 mm NC balloon

Post-POBA



Synergy 3.5 x 28 mm – 16-18 Atm

Synergy 3.5 x 24 mm  
Szabo technique  
20 Atm





## Stent Boost & Angiogram Showed A Gap



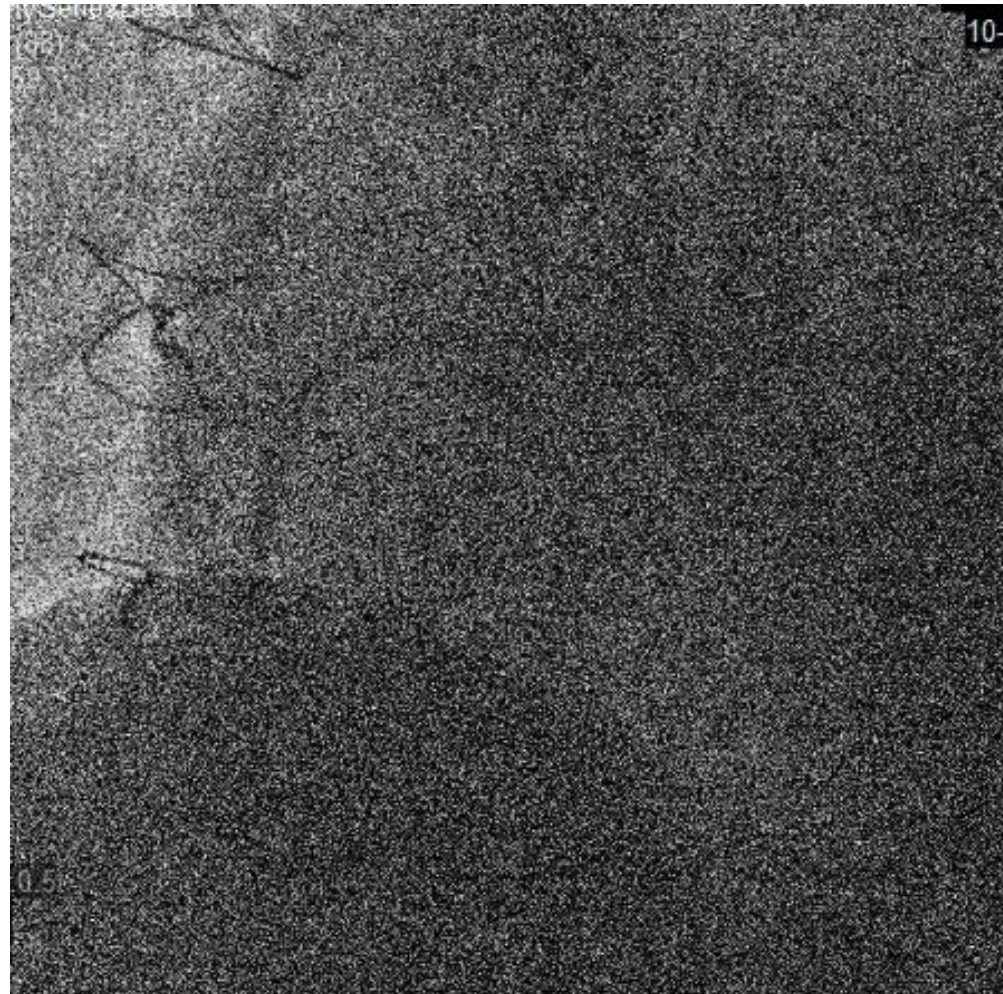
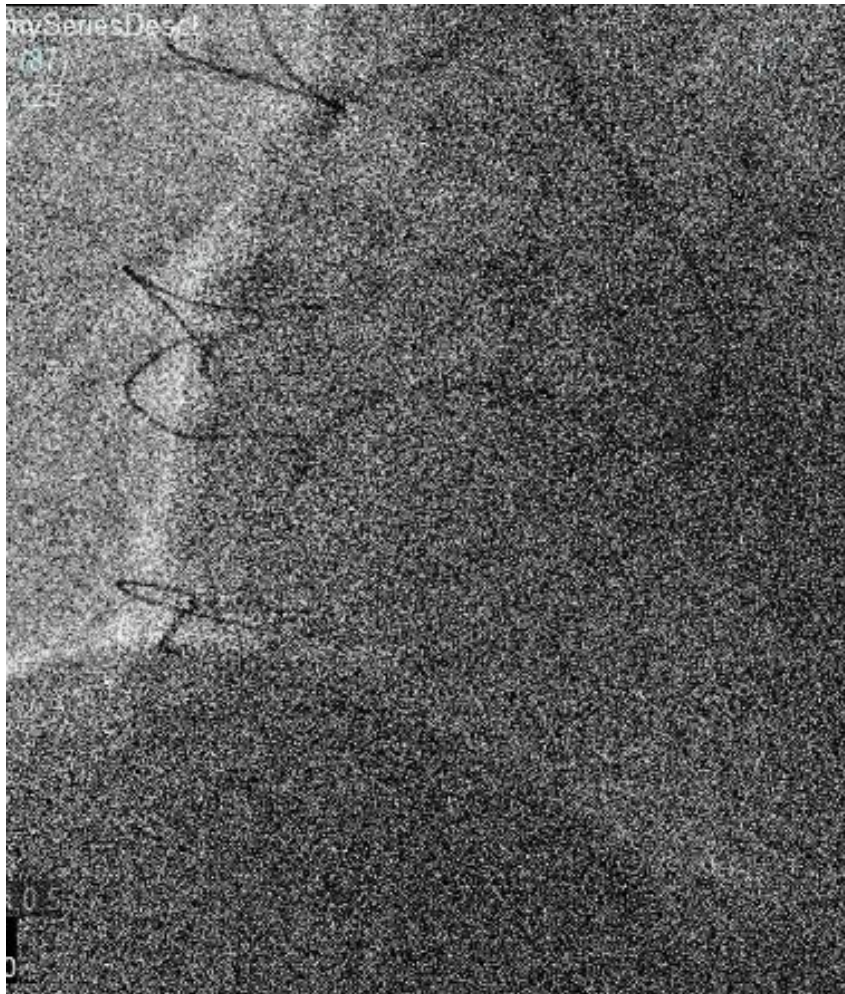
Post-stenting  
Gap between both stents





Synergy 3.5 x 8 mm got caught at  
distal stent struts  
(even after 3.5 mm OPN NC at 30 Atm)  
Guidezilla 2

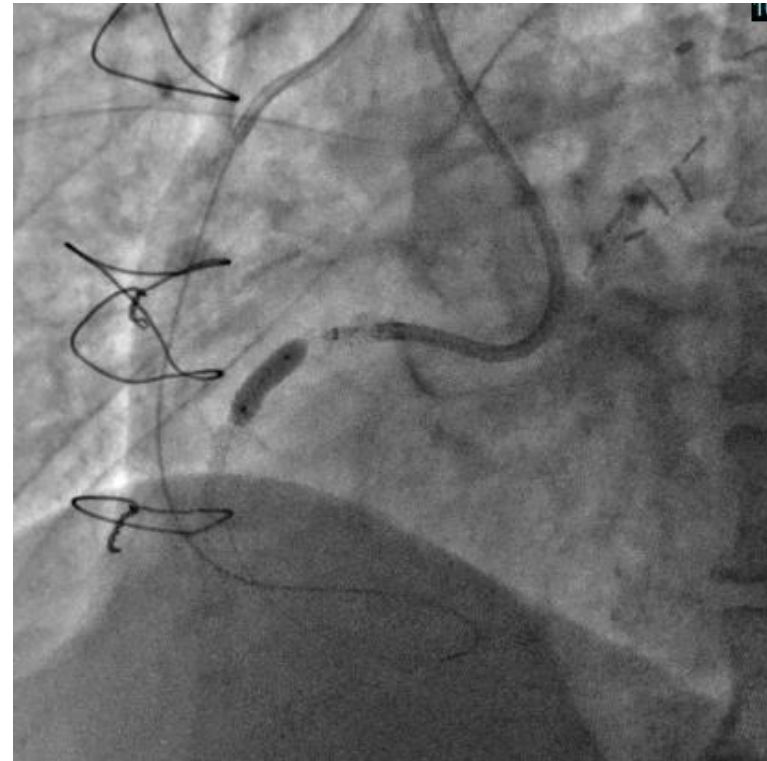
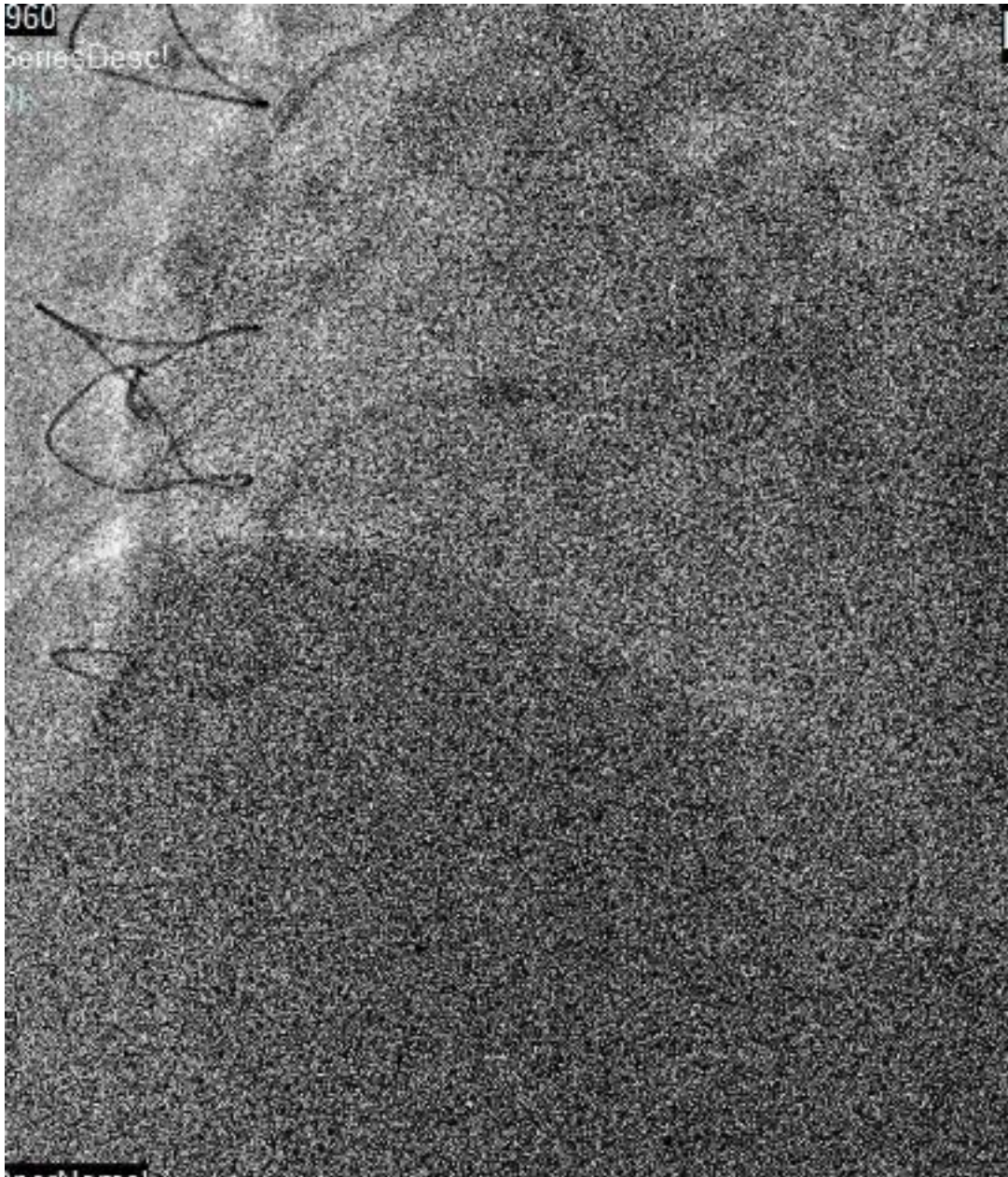
Active engagement of Guidezilla 2



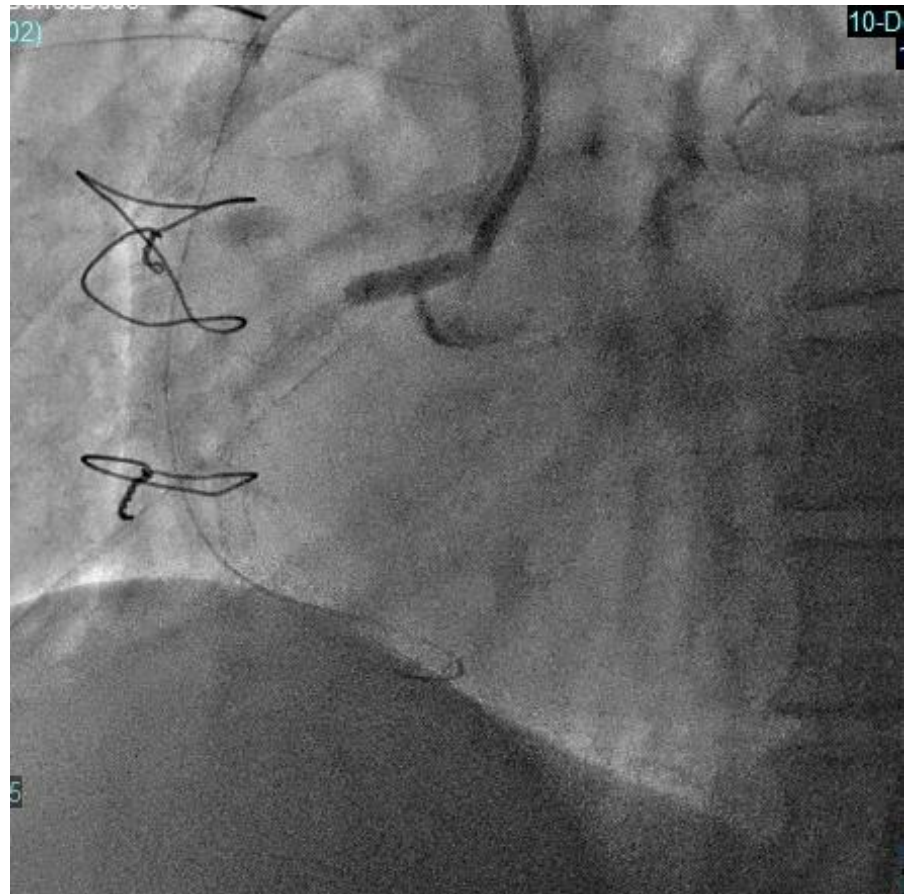
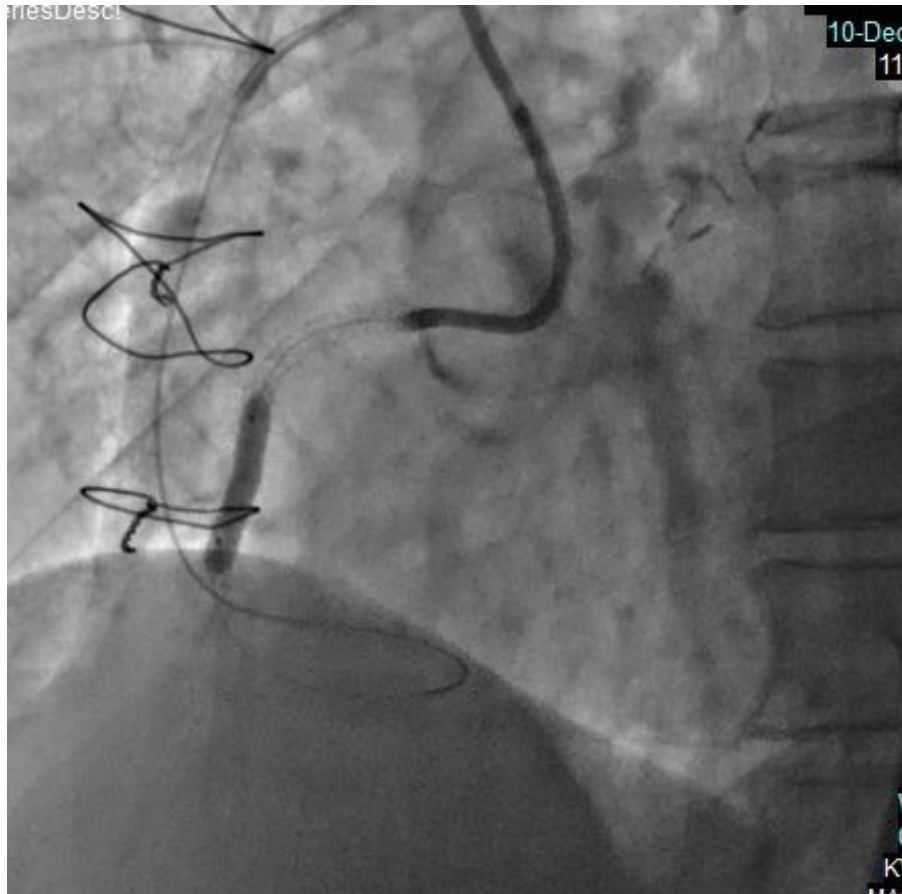


Stent Positioning &  
Guidezilla 2 pulled back

Stent deployed at 20 Atm



# Post-dilate OPN NC 3.5 mm at 36 Atm





## Final Shot

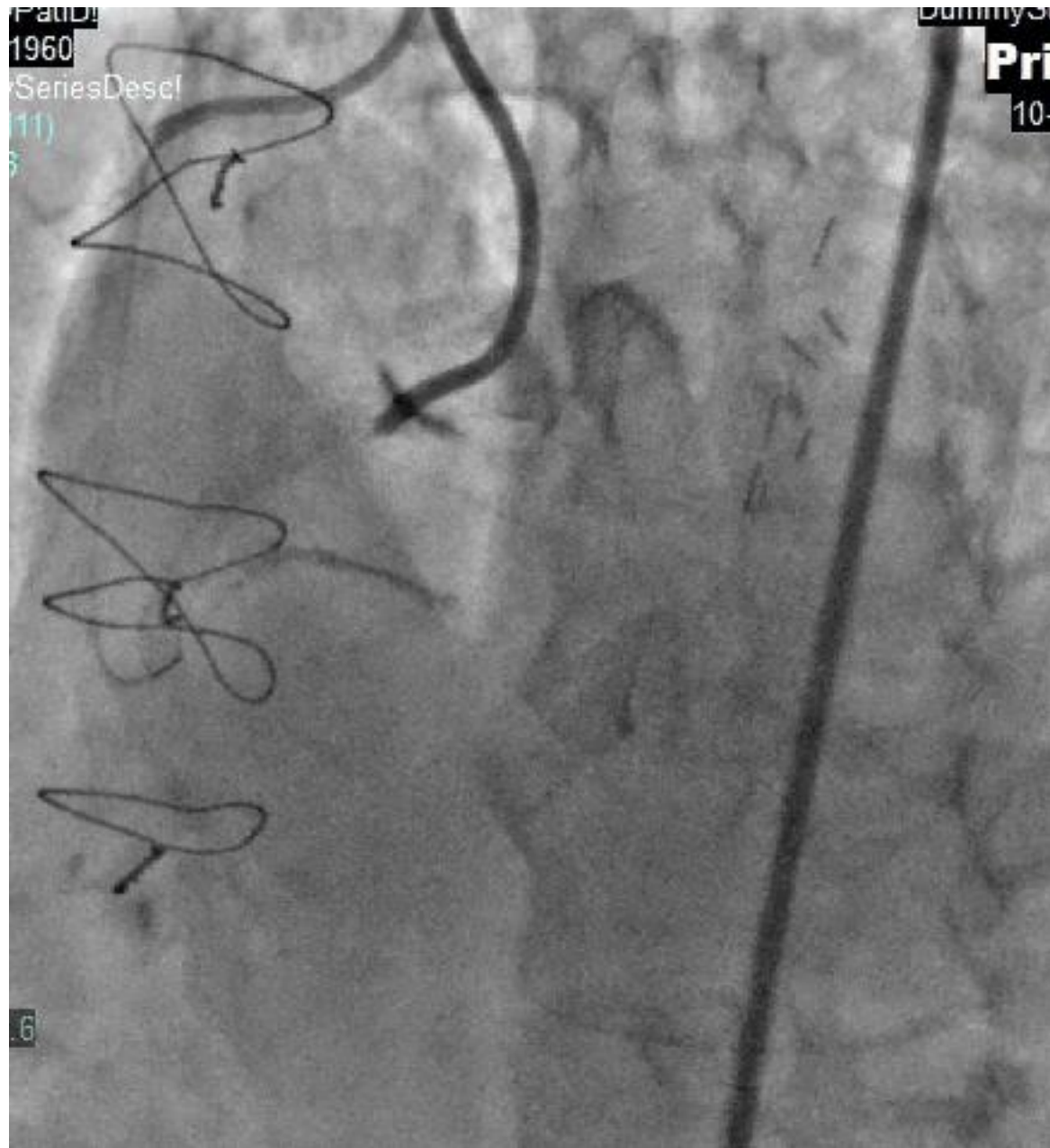


## Aortic Root Dissection





## Final Shot



## Post-PCI

Angina Score 5/10

ECG – Mild ST depression in inferior & anterolateral leads

ECG following day – no changes

CKMB – 31.1 ng./ml (normal <4.9)

Troponin T – 202 ng/L (normal <50)

PCI on 10/12/20129 afternoon

Discharged on 12/12/2019

Planned DAPT for 6 to 12 months depending if there is any bleed  
(? Peptic Ulcer)

Seen his cardiologist late Feb. 2022 – Asymptomatic & Well

# Interesting Aspects

1. Usefulness of CTA Coronary
2. Retrograde via SVG
3. Use a soft wire in micor catheter for knuckling
4. May dilate SVG to allow easier passage of devices
5. Reverse CART & working on the RG3 wire without wiring wire antegradely
6. Use of Szabo technique for positioning of stent at ostium
7. Active guide extension delivery (Guidezilla 2)
8. Aortic cusp dissection
  - care with antegrade injection