# What is the Next Weapon for CTO-PCI

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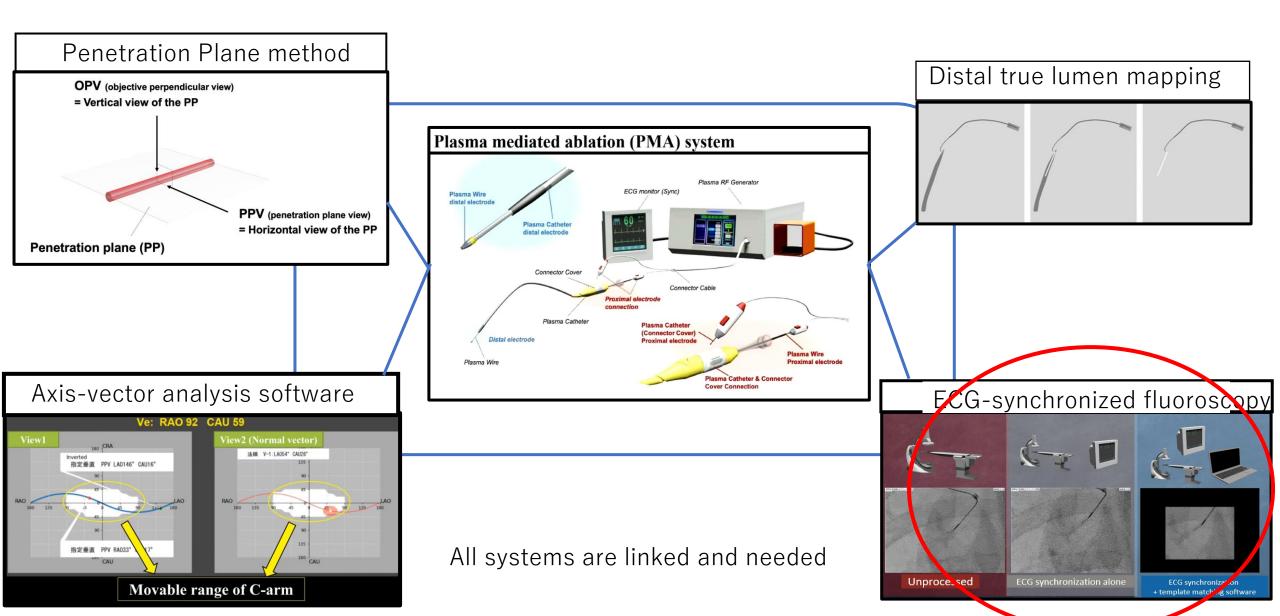
# Disclosure

• Disclose potential conflicts of interest

①Consultation fees: none
②stock ownership/profit: none
③patent fees: none
④remuneration for lecture: Asahi intecc.
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⑥trust research/joint research funds: none
⑦scholarship fund: none
⑧Affiliation with Endowed Department: none
⑨Other remuneration such as gifts: none

This presentation includes content on unapproved pharmaceutical products

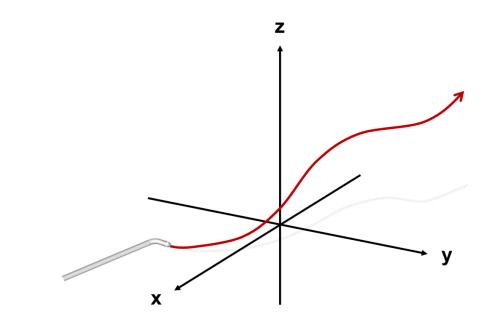
# These will appear in the CTO PCI area in the near future



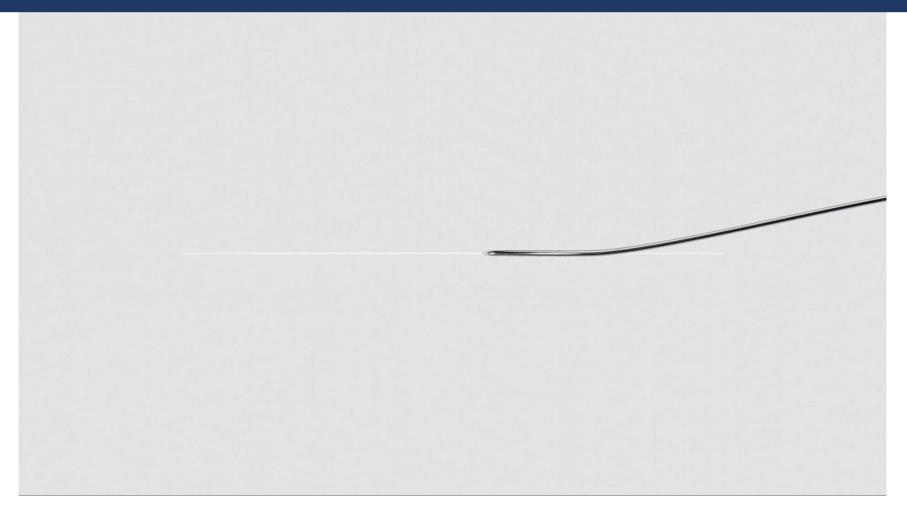
# Why wire crossing is still challenging in CTO PCI?

□ 3-dminetional wire manipulation is needed to achieve wire crossing in the CTO lesion

- When we advance a guidewire while changing the tip direction, the guidewire track curve becomes a complicated 3-dimensional curve with torsion, which makes guidewire behavior unpredictable and uncontrollable.
- □ There is a need for a novel wire-manipulating method to overcome this difficulty.

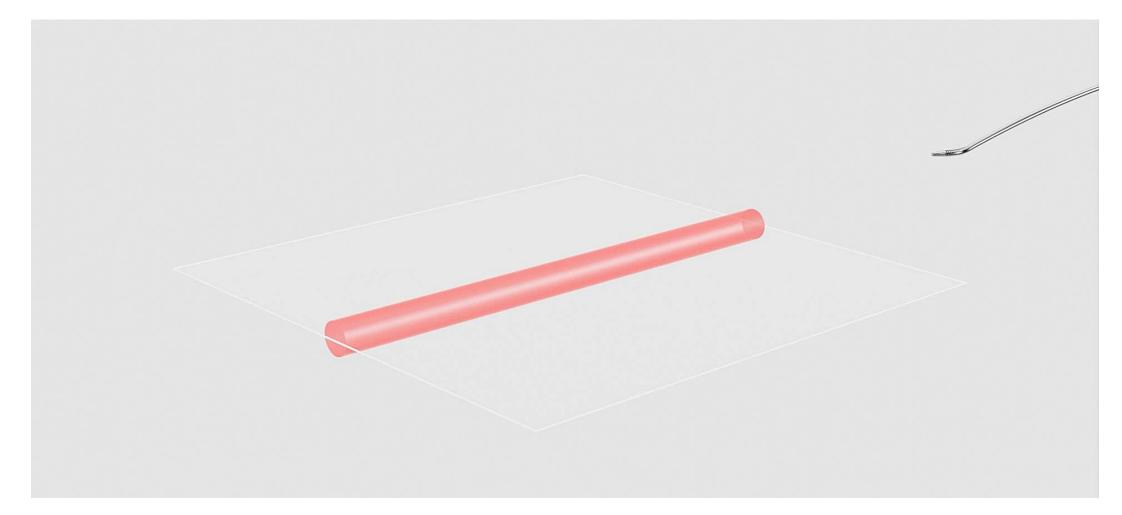


## How does the wire advance by tip deflection?



The principle of the PP method is shown in this video, where the guidewire is manipulated on a single plane. Deflection occurs when the guidewire is advanced in the CTO without rotation. Unless the direction of the tip curve is deviated by torque, the wire orbit is always on the same plane (the plane formed by the tip and shaft). The plane is a penetration plane

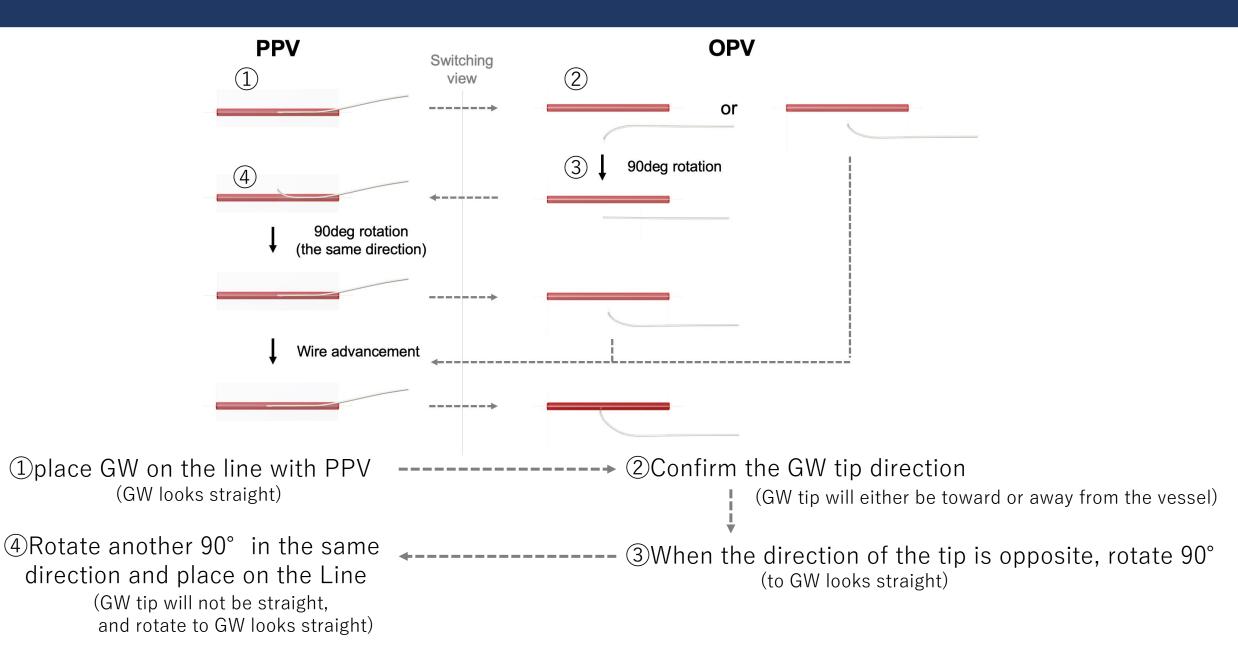
### Rationale of Penetration Plane method wiring



When approaching a vessel, the penetration plane is the plane in which the vessel appears straight; the penetration plane view is from a direction that makes the plane appear flat, so the guidewire will always appear straight.

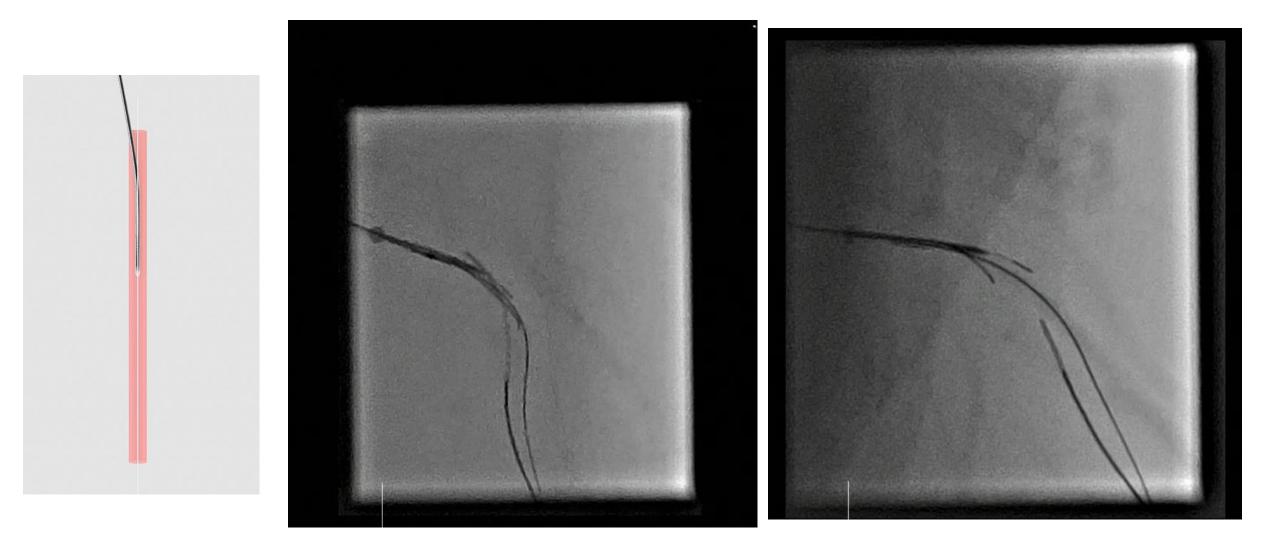
The view perpendicular to this plane is called the objective perpendicular view (OPV), and manipulating the wire in these two planes is the basis of the PP method.

### How to advance the wire on the penetration plane

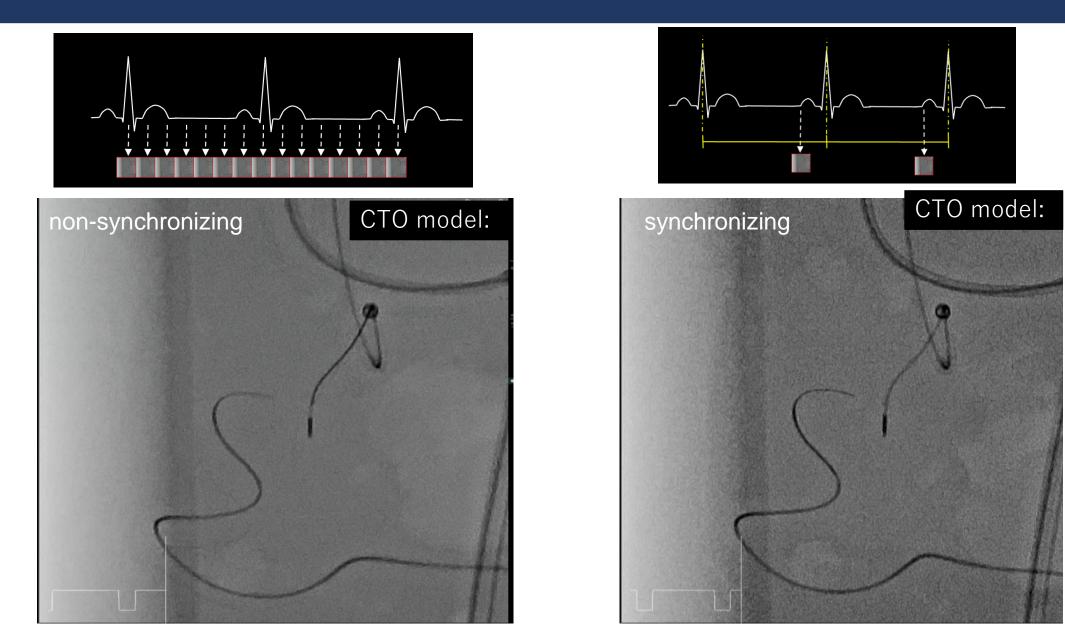


## To ensure the success of Penetration Plane method

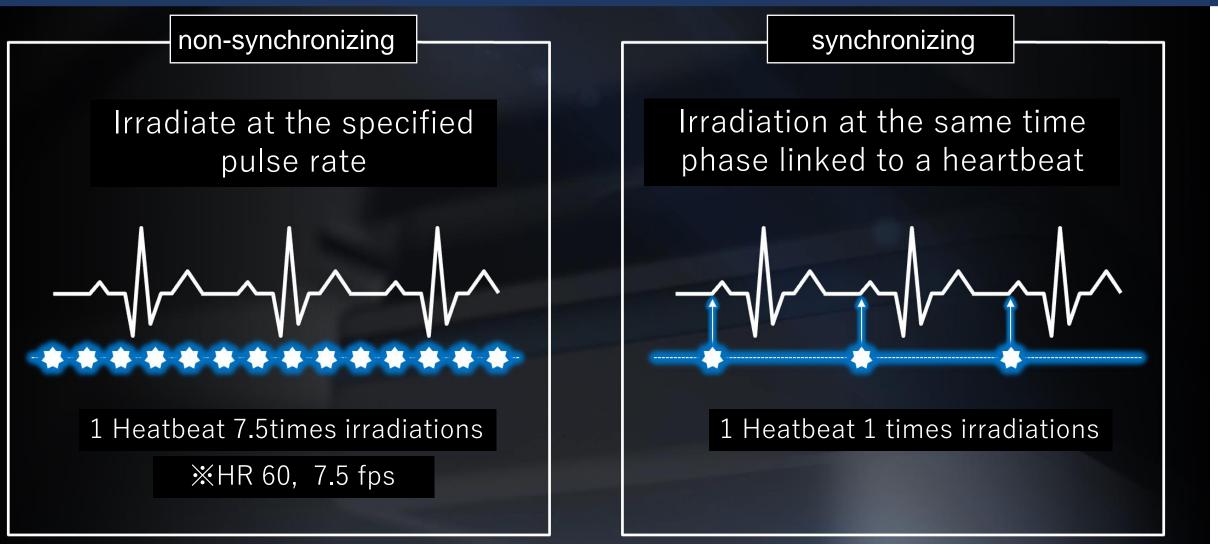
It is impossible to perform such a delicate manipulation in a beating heart. Therefore, a new ECG-synchronized fluoroscopy that can stop heartbeats as much as possible was required



### ECG-synchronized fluoroscopy



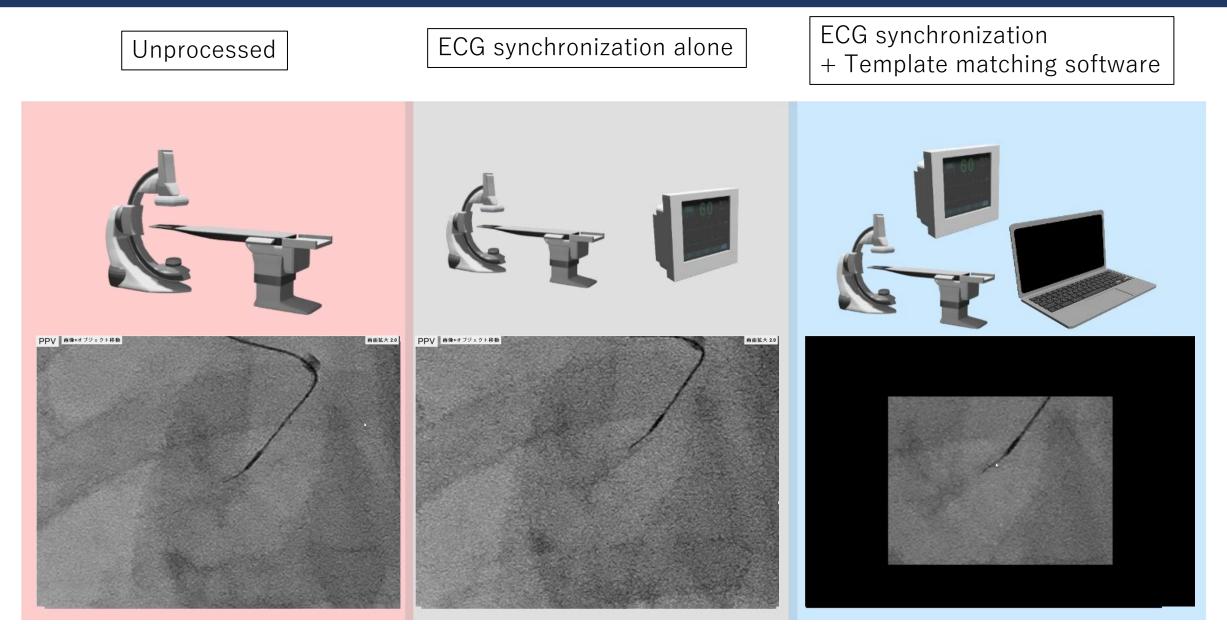
# ECG-synchronized fluoroscopy



For a normal fluoroscopy system, 7.5 emissions are given per heartbeat.

With an ECG-synchronized system, on the other hand, a single radiation pulse is emitted at the end-diastole of the ECG to present an image that appears as if the cardiac movement was stopped.

## ECG synchronization with dedicated software



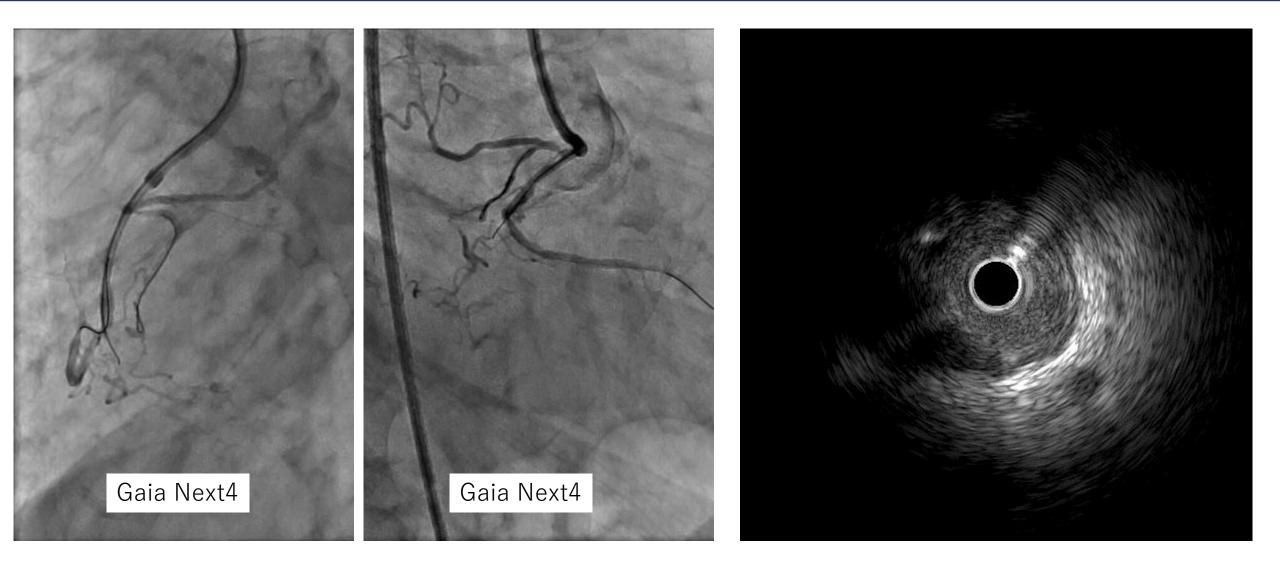
# RCA CTO case





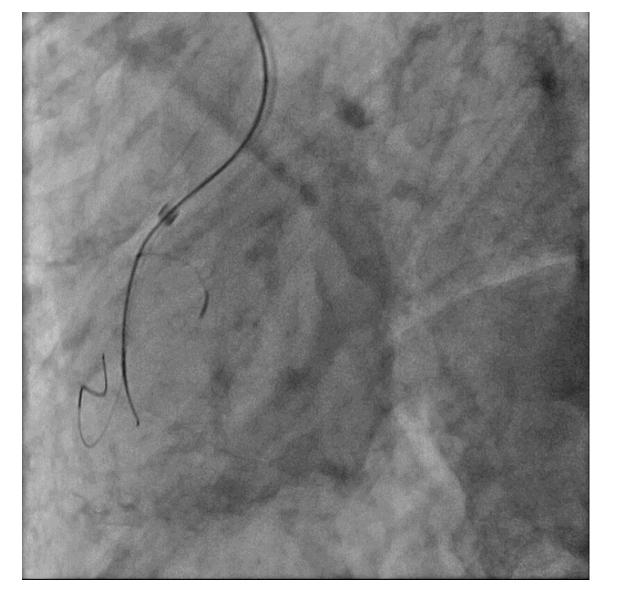
RAO28 CAU29

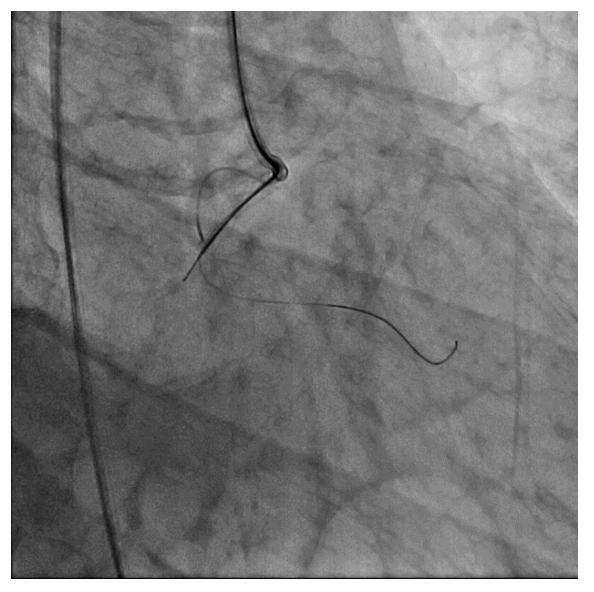
## Proximal IVUS guided puncture



#### LAO37 CAU18

#### RAO40 CRA29



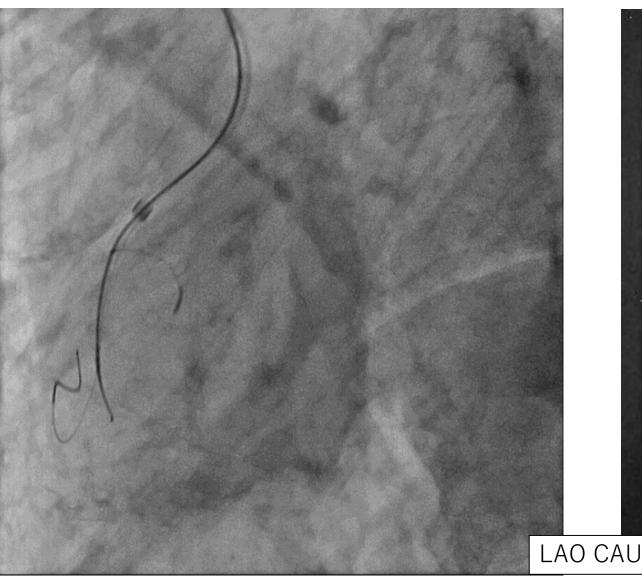


#### LAO61 CAU28

RAO41 CAU20

# Non-Synchronizing vs ECG-Synchronizing

#### Non-Synchronizing

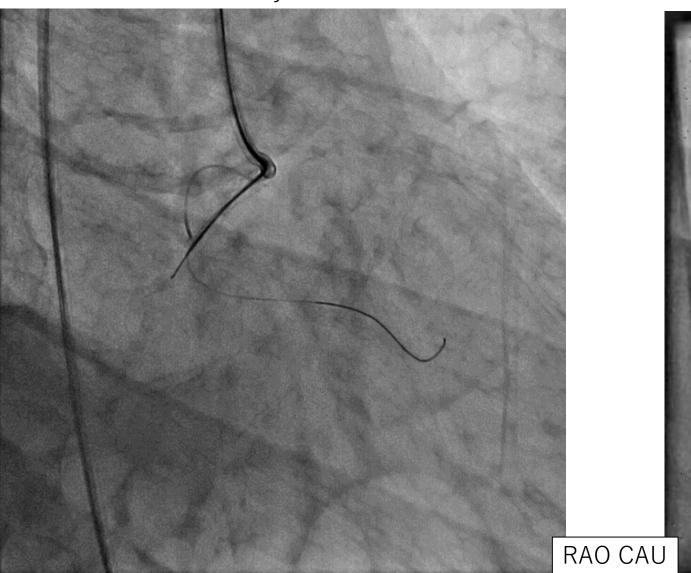


#### ECG-Synchronizing

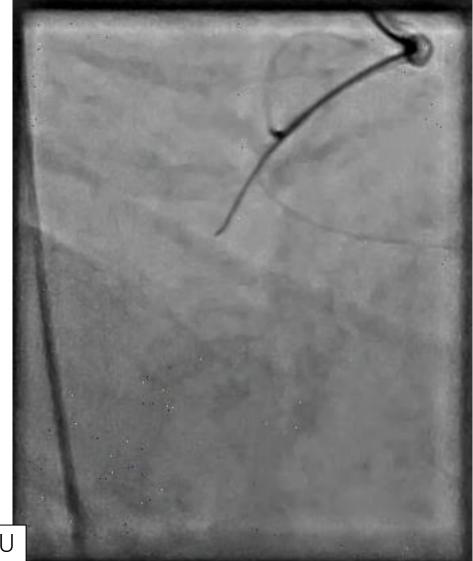


# Non-Synchronizing vs ECG-Synchronizing

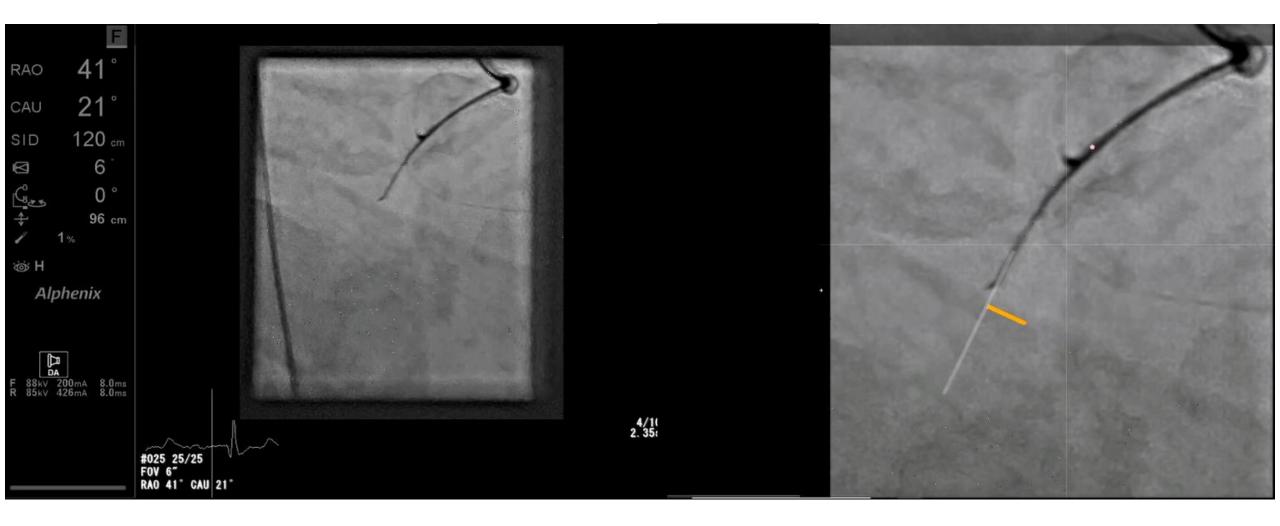
#### Non-Synchronized



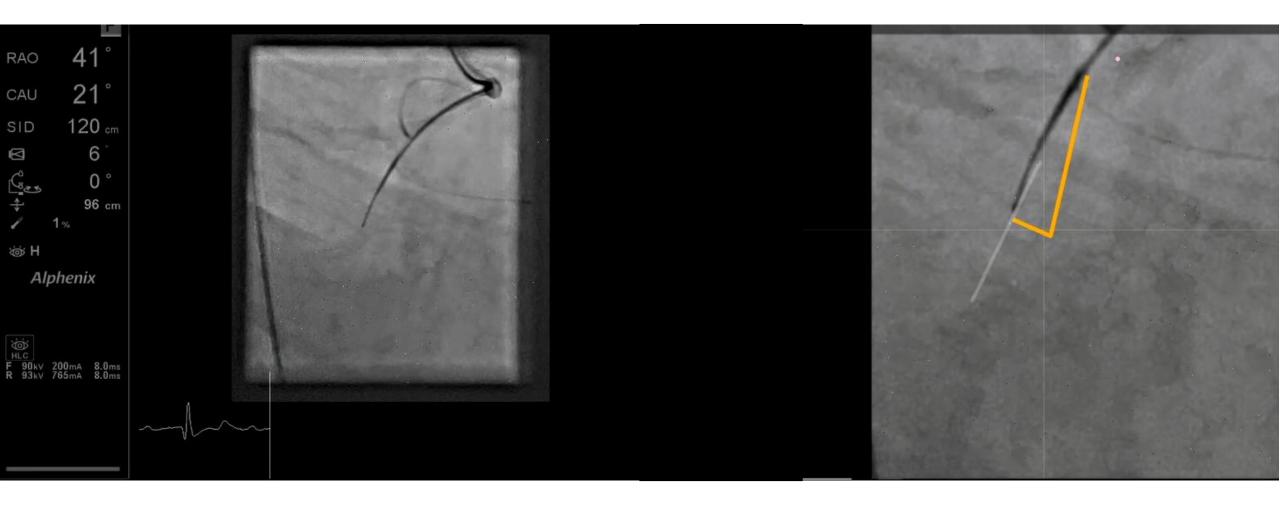
#### ECG-Synchronized

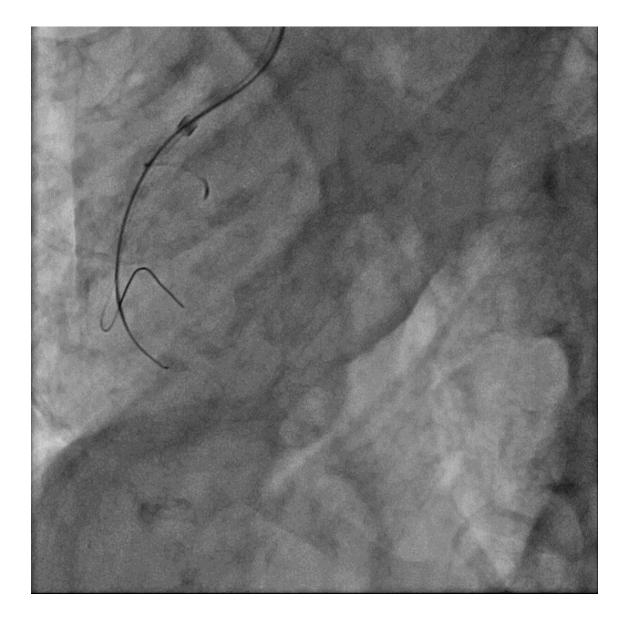


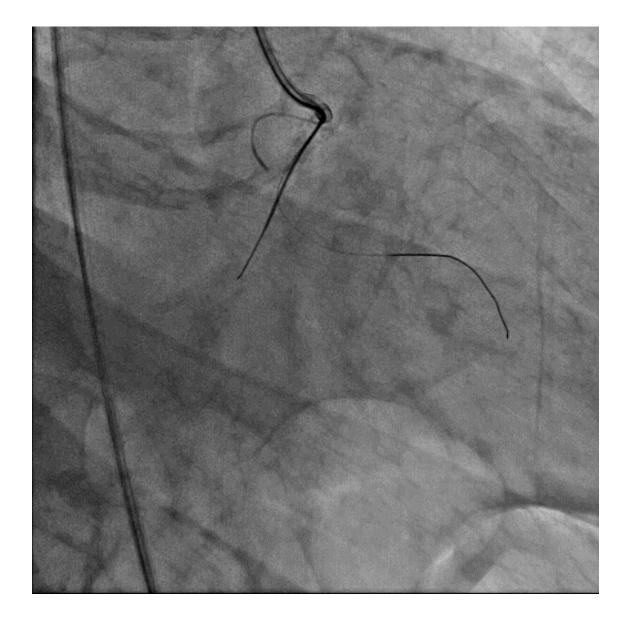
### Penetration Plane method in ECG synchronized system



### Penetration Plane method in ECG synchronized system







# Summary

With the advent of new devices such as the plasmamediated ablation system in the near future, new guidewire manipulation methodologies (Penetration plane method), and ECG synchronized systems have emerged.