



Retrograde CTO PCI Rendezvous technique

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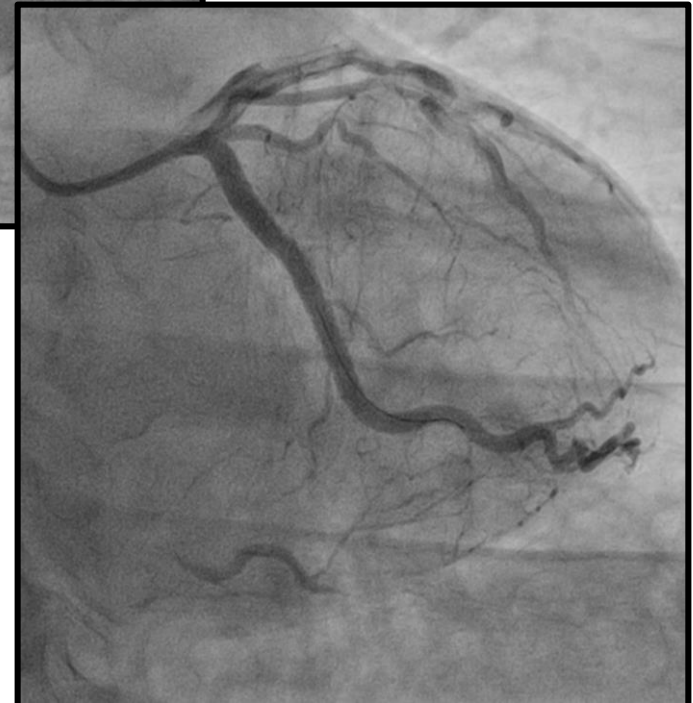
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Clinical case

- 50-year-old. Male
- Patient was admitted NSTEMI
- Past medical history: obesity
- TTE: LVEF: 60 %.

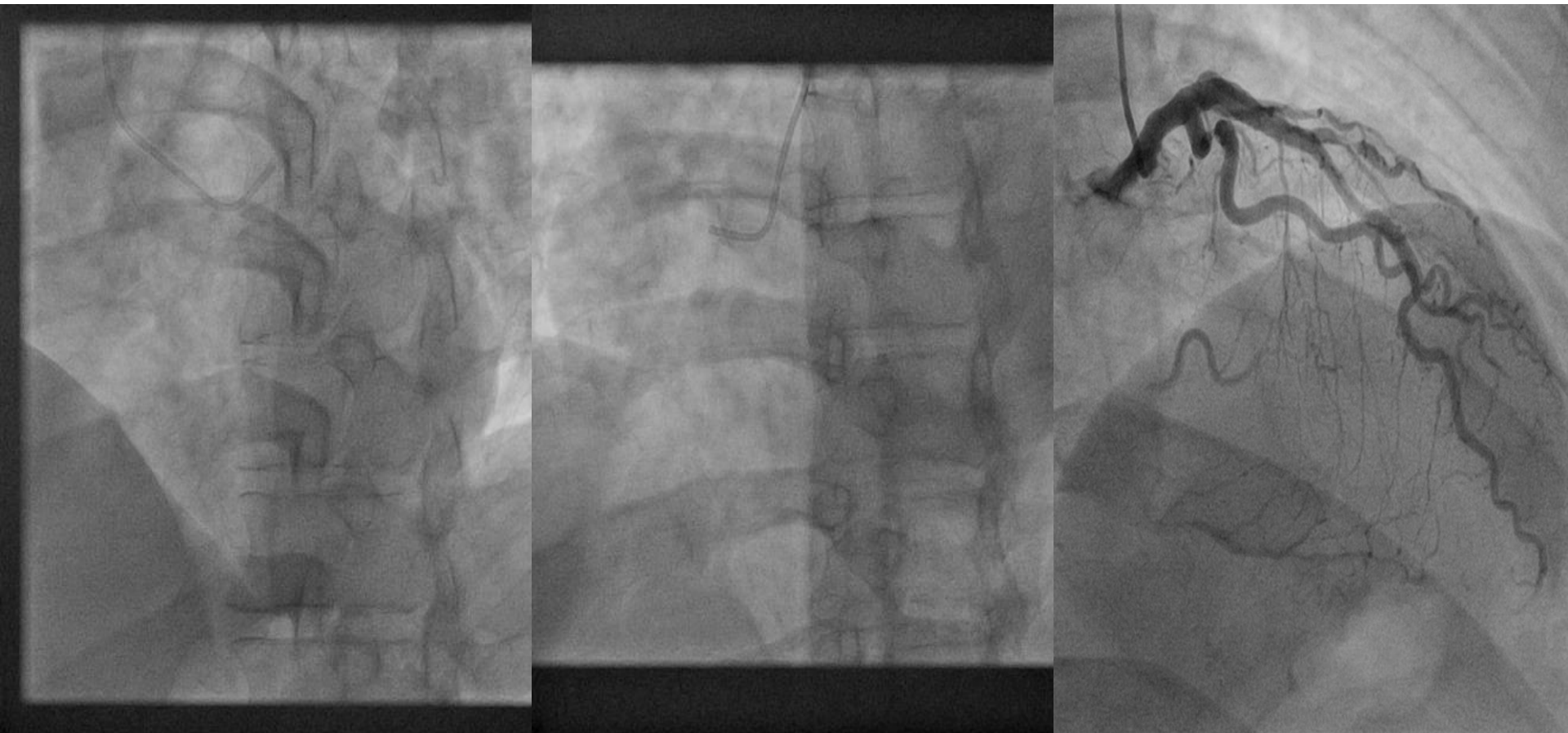


Stent synergy
3.5x32mm 18 atm



J CTO SCORE 2 (bending >45 degrees, Occlusion length >20 mm)

The Distal cap of the CTO is at a bifurcation



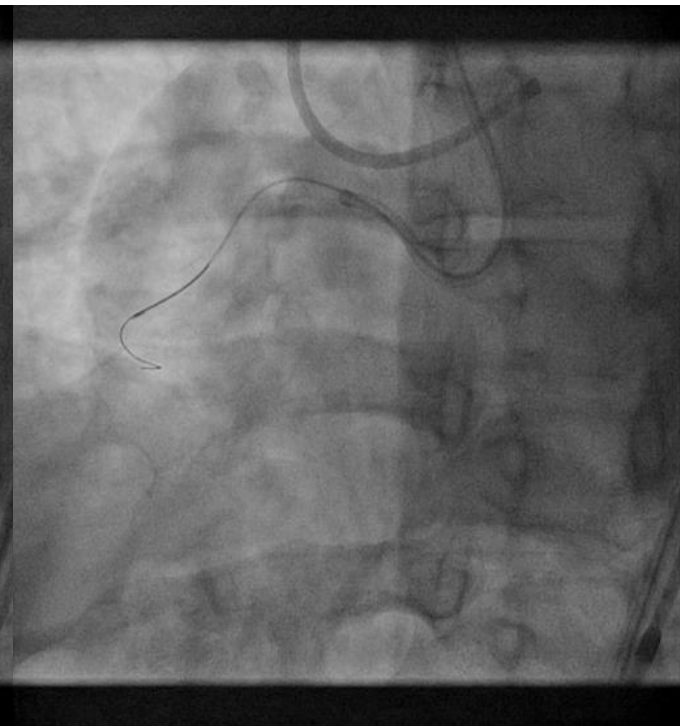
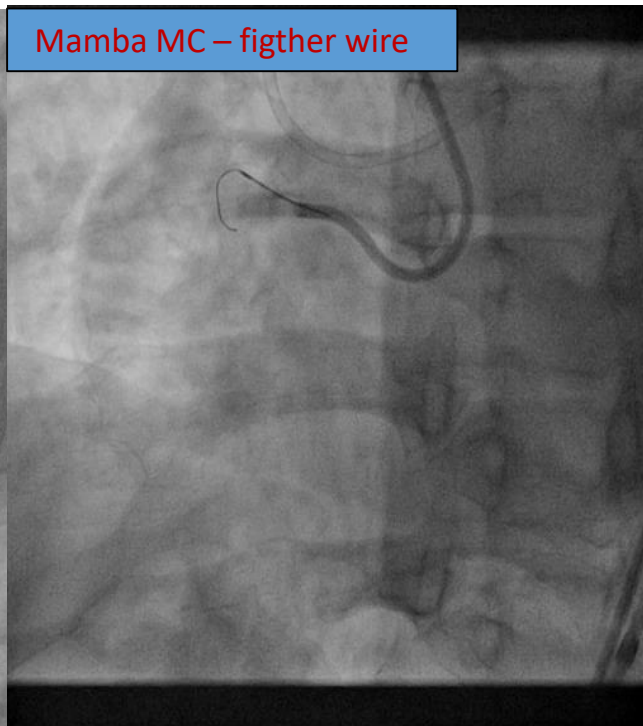
Hybrid approach Antegrade approach

Dual injection

XB 3.5 / AL 1 Catheter

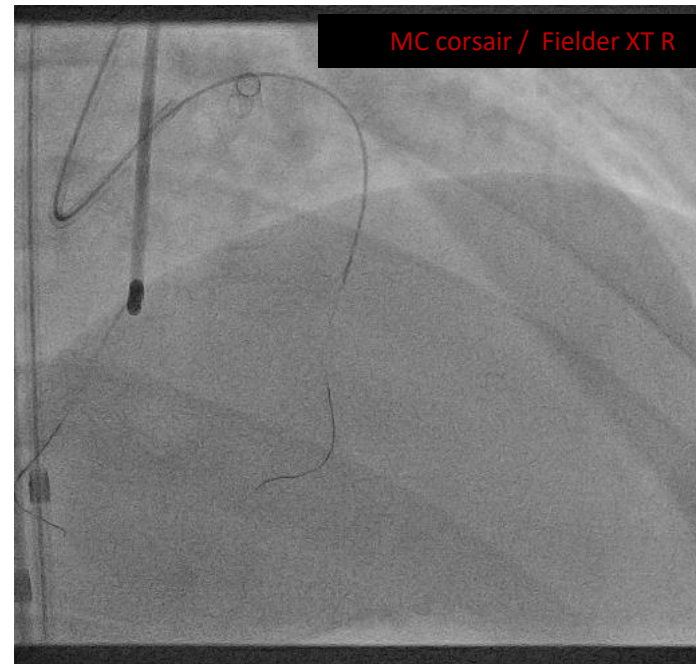
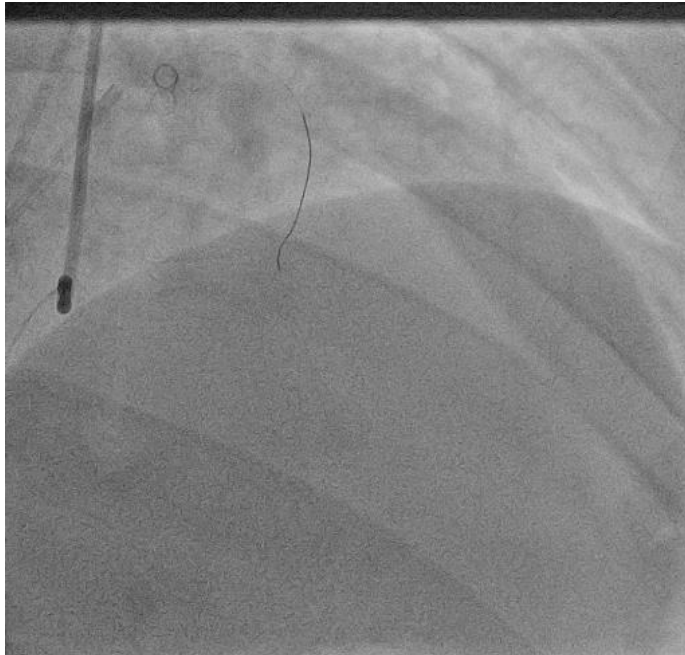


Mamba MC – figther wire



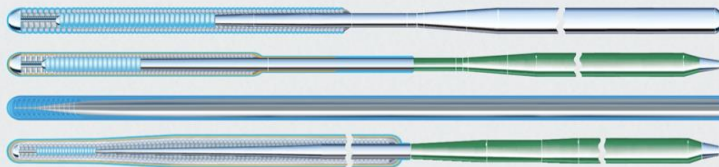
Retrograde approach - Surfing septals

Collateral visible and non visible



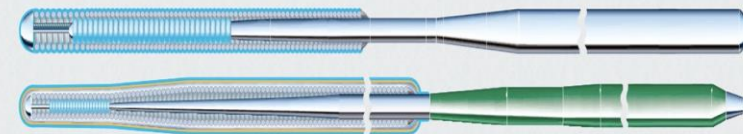
Visible

SION
SION black
Whisper
Fielder XT-R

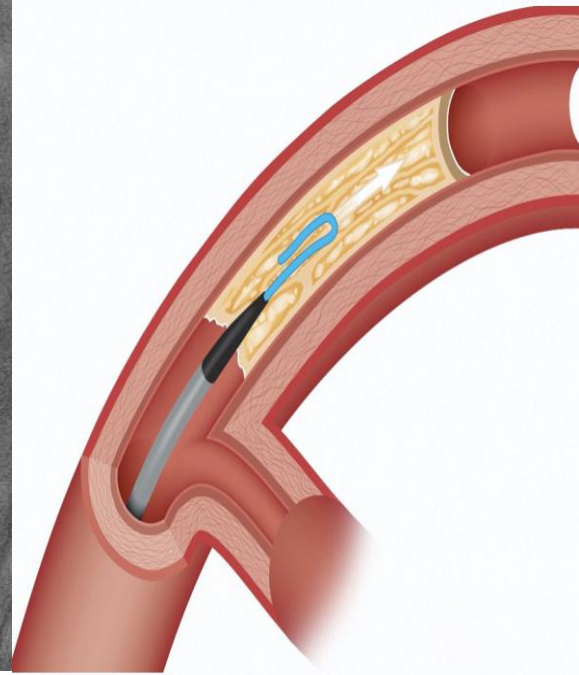
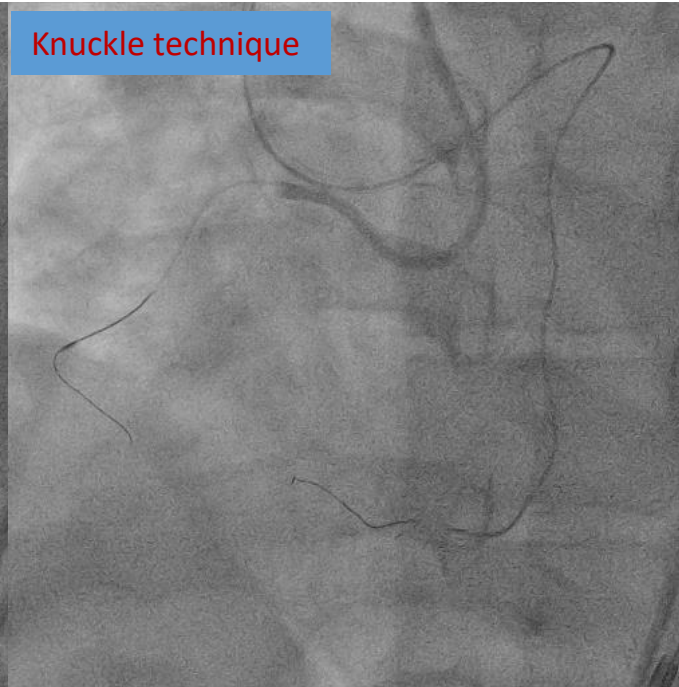
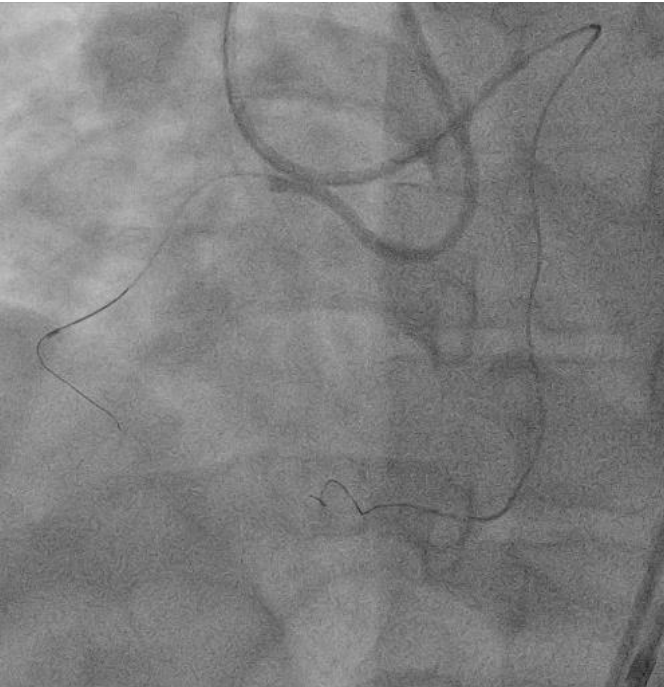


Non Visible

SION
Fielder XT-R



Fielder XT R wire - Knuckle technique

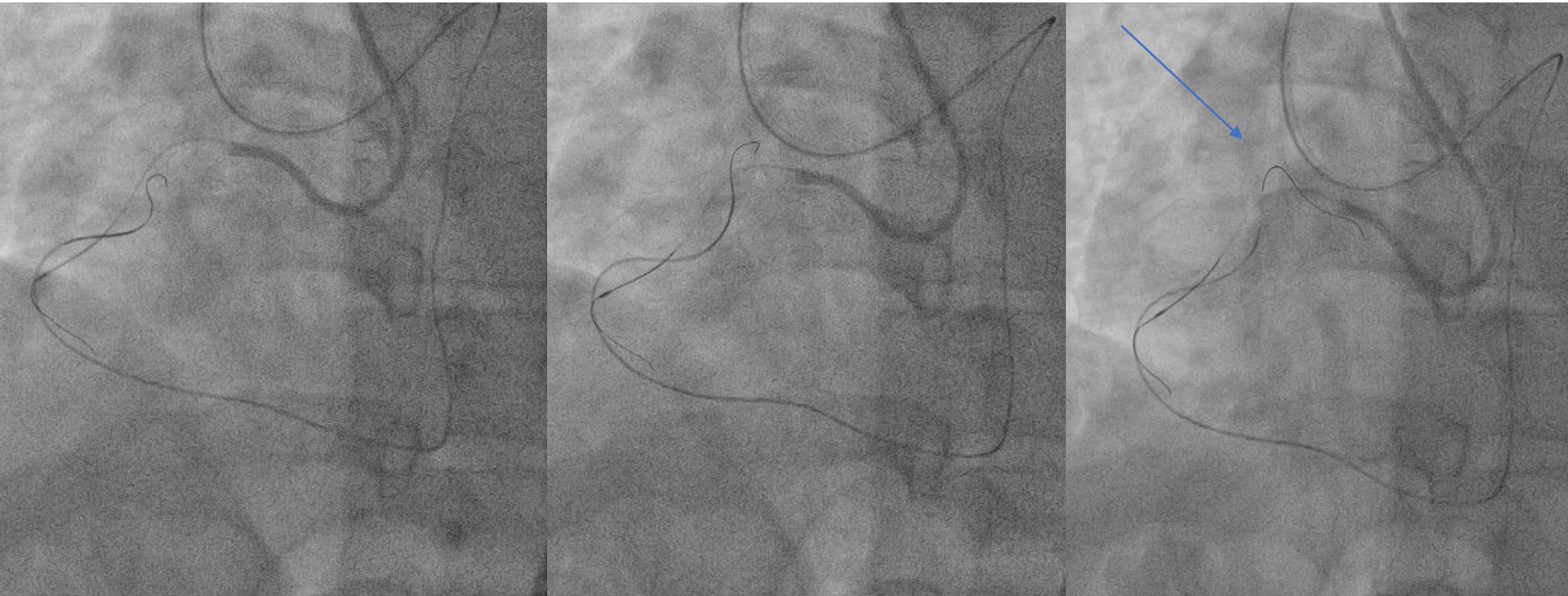


Fielder XT is looped at the level of the distal CTO cap and advanced defining the vessel safely and making rapid progress.

Antegrade Marker wire technique

RWE Pilot 200 wire

Introduced the wire into antegrade catheter



Then withdrawn the knuckle in MC, and re advanced.

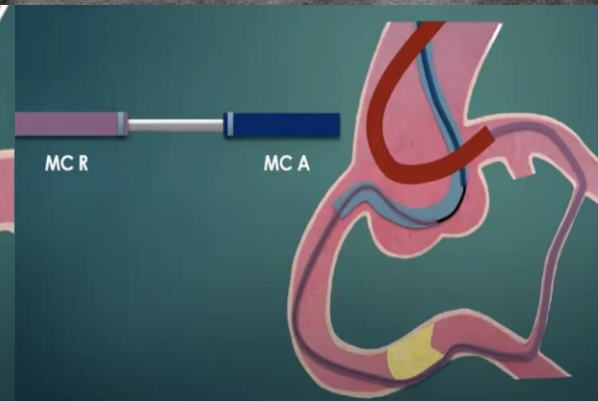
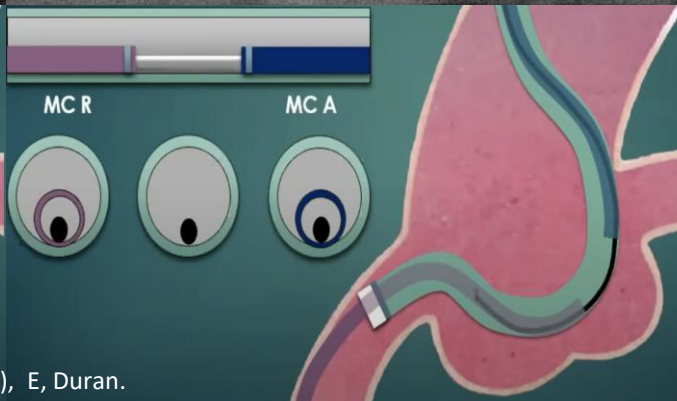
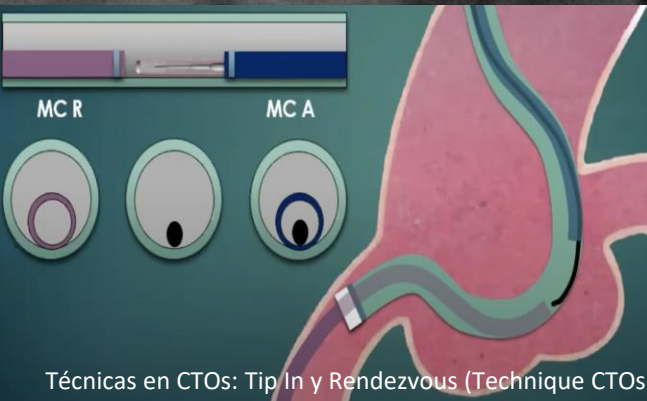
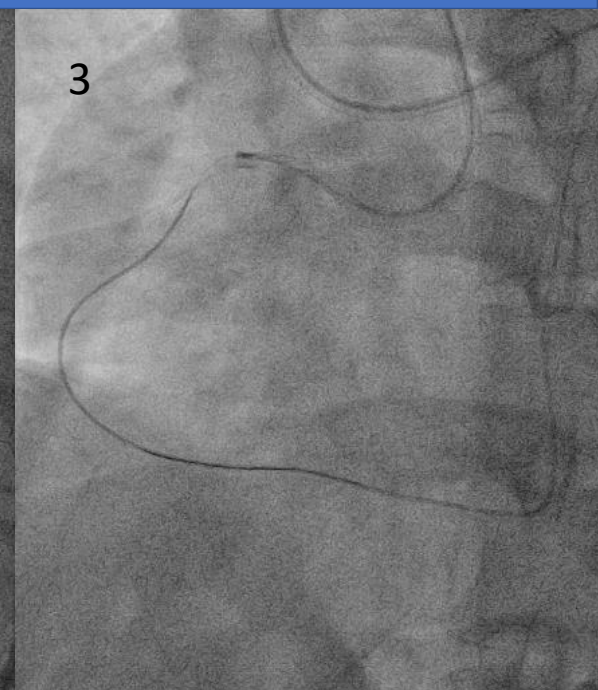
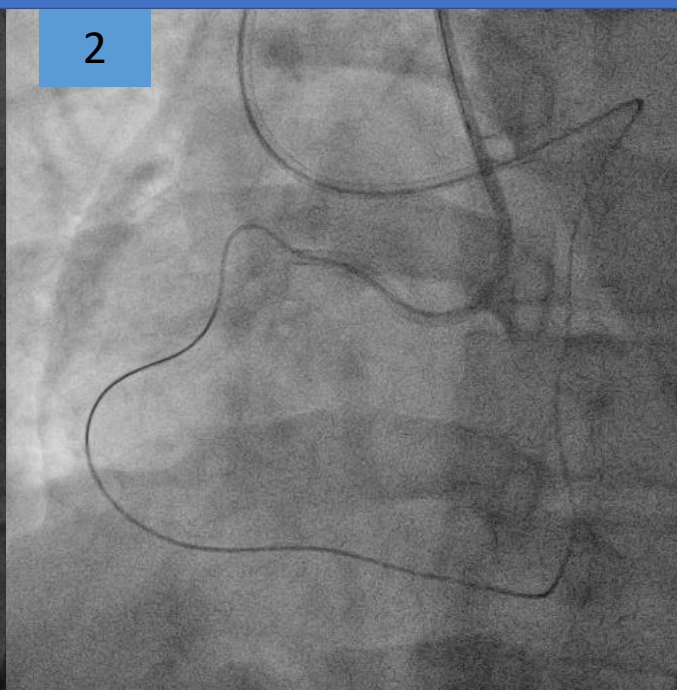
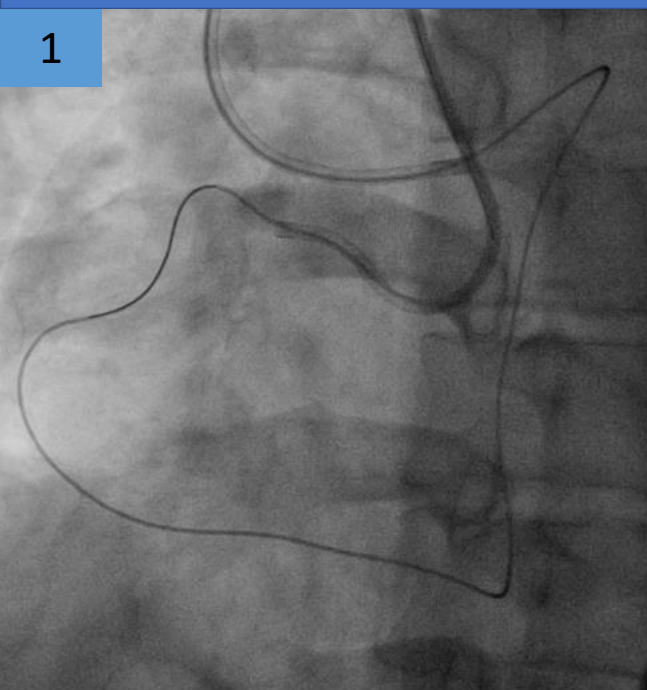
After that filder XT R wire was exchanged for a pilot 200

(b) Pilot 200 / 4.7g / Polymer / Hydrophilic

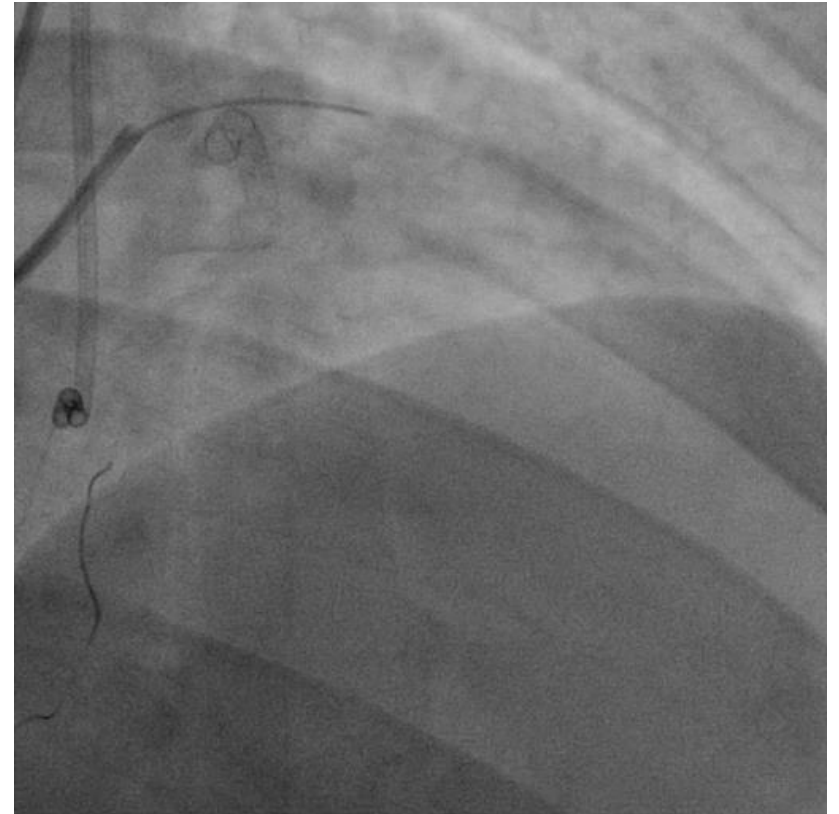
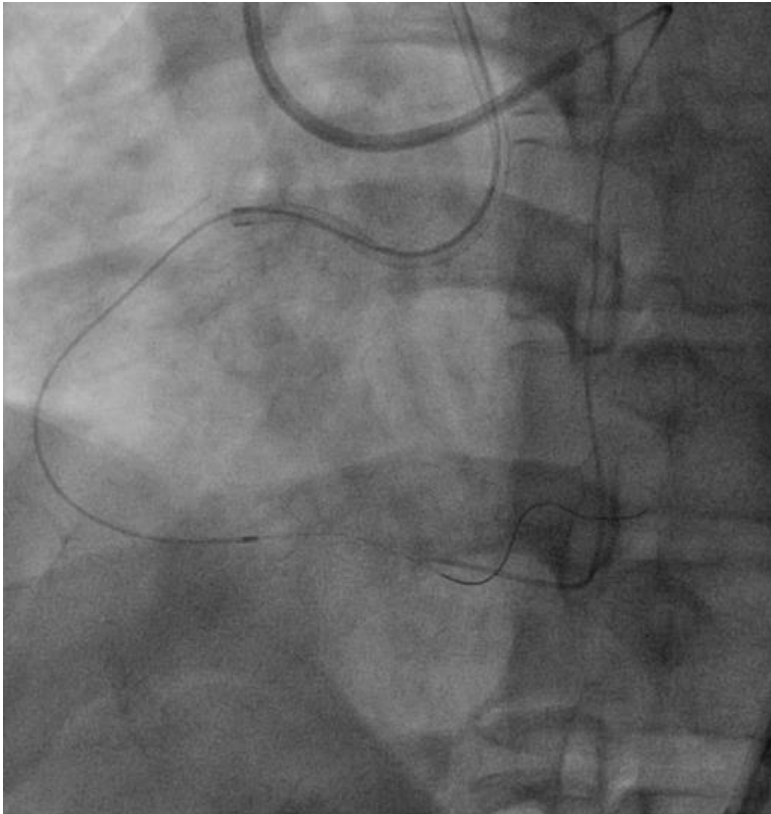


Rendezvous Technique

1. Alignment MCs in the outer curve of the catheter, facing each other
2. Advance antegrade wire into the retrograde MC
3. Then remove the retrograde wire and advance antegrade wire beyond CTO segment



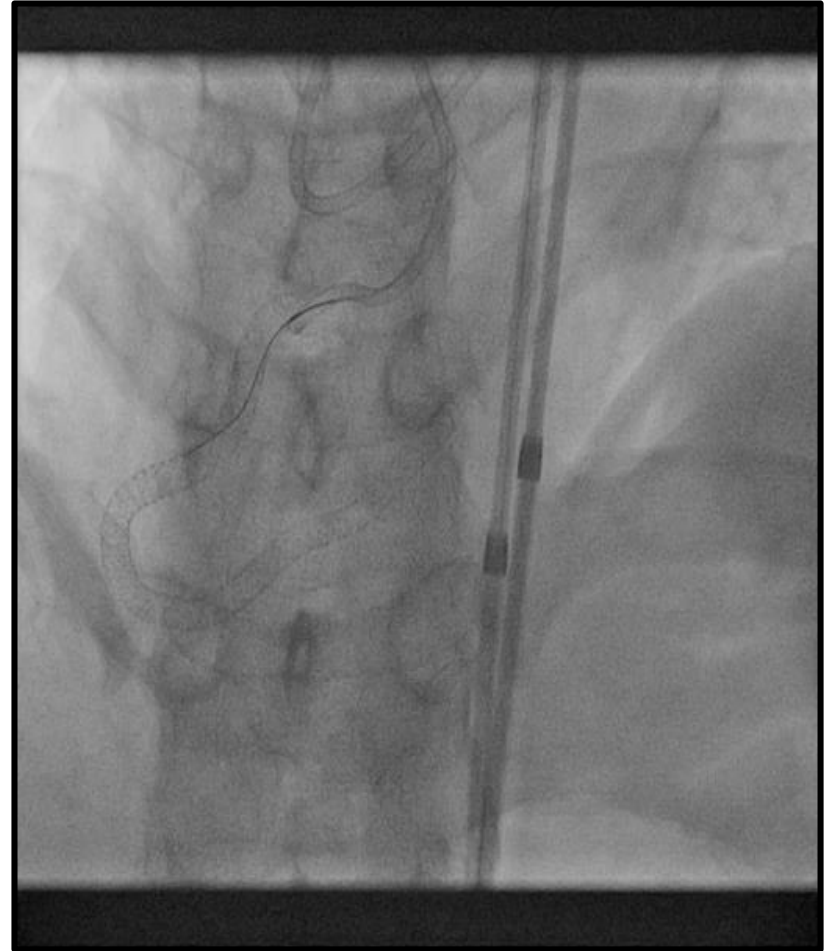
Check distal wire position



Angioplasty and stents implantation



Final result



Conclusion

- KNUCKLE is a good technique in long CTO segment, the wire advance safely and stay within the vessel architecture
- Rendezvous and tip-in technique can be successfully obtained as a first-line strategy in retrograde CTO, with lower cost and rate of possible complications of the procedure, as this technique doesn't require an externalization wire.