

CTO PCI with Retrograde Approach



Disclosure

I do not have any potential disclosure







- 66-year-old woman with CCS class II angina
- Risk factors: hypertension, family history
- ECG: Sinus Rhythm
- 2D Echo: LVEF 42%, Posterior LV Hypokinetic

Patient had history of prior PCI with 3 DES in LAD (April 2017), LCx (December 2017), and RCA (March 2017)



Diagnostic Coronary Angiography

CAD 3 VD with grade IV ISR at the LAD



Target Vessel: Proximal LAD

ASSESSMENT	
Proximal Cap	Blunt
Length	> 20 mm
Calcification	Absence
Bending > 45°	No
Re-Try Lesion	Yes

J-CTO Score: 3





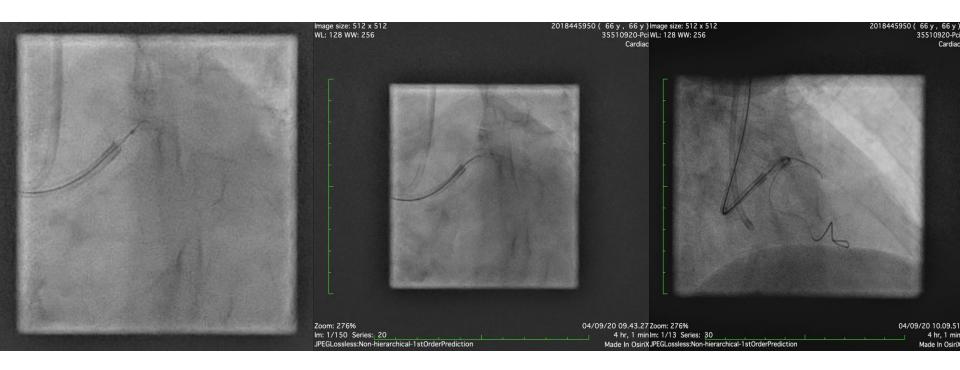
- Dual angiography
- Vascular access :

• Right radial artery to RCA : 6F sheath with GC JR 3.5 mm / 6F

Right femoral artery to LCA : 8F sheath with GC BL 3.5 mm / 7F

- Antegrade wire escalation
- Microcatheter
- Retrograde wire escalation

Antegrade Wire Escalation Fielder XTA – GAIA 3rd – Conquest Pro 8 – 20 with Microcatheter Crusade to LAD

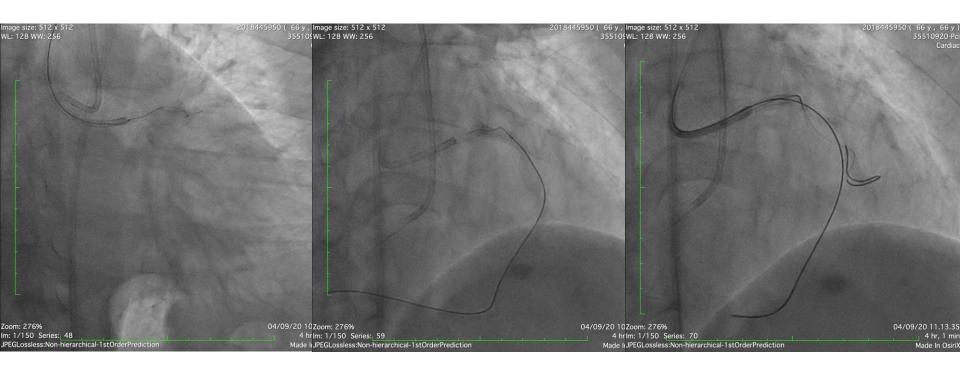


Retrograde Approach – Wire SION with Microcatheter Finecross from distal RCA – septal brach – proximal LAD

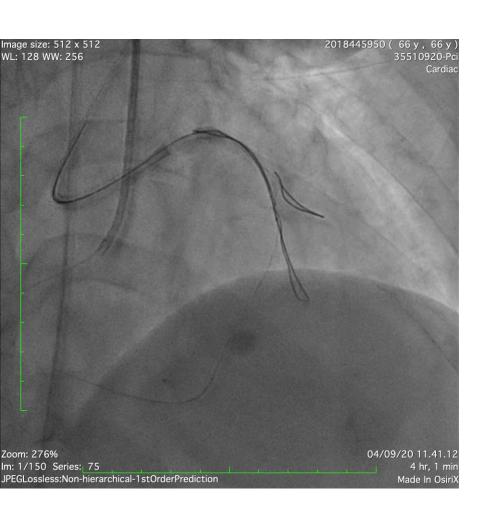


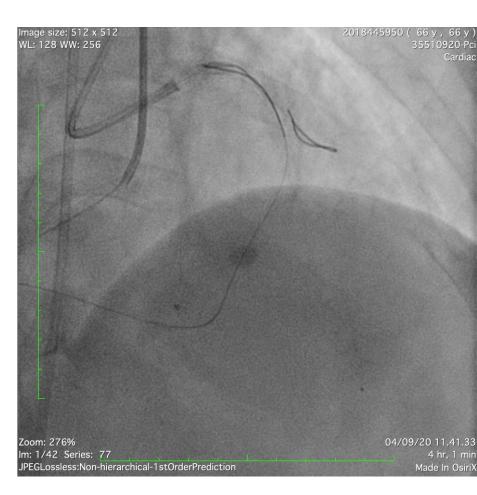


Wire Escalation from SION BLUE - — Conquest Pro 8-20 to osteal LAD and GC BL 3.5/7F





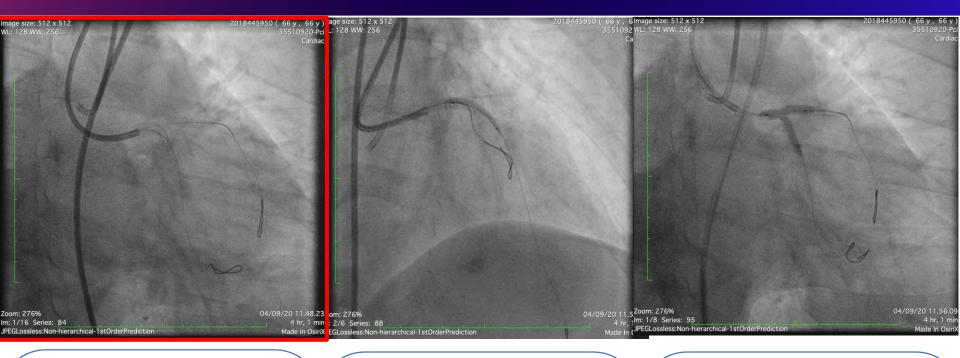




Contrast Injection Showed True Lumen of LAD



Lesion Preparation and Kissing Balloon



1st Lesion
Preparation:
Pre-Dilatation mid to
osteal LAD

Ikazuchi 1.5 x 15 mm

2nd Lesion Preparation :

Pre-Dilatation mid to osteal LAD

Ryujin 2.0 x 20 mm

Kissing Balloon

LAD : Ryujin 3.5 x 15

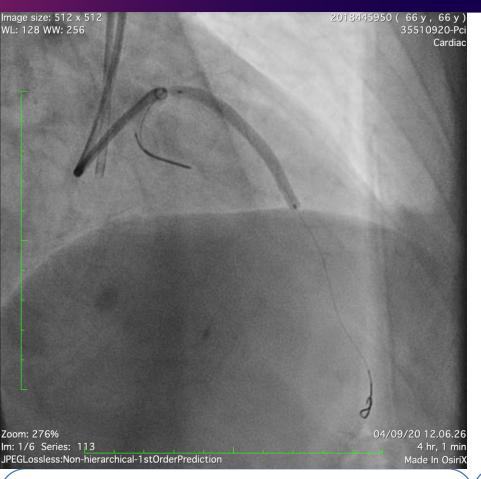
mm

LCx: Ryujin 3.0 x 20

mm



Stent Deployment



Zoom: 276% 04/09/20 12.14.51 lm: 1/18 Series: 126 JPEGLossless:Non-hierarchical-1stOrderPrediction

1st Stent Deployment at proximal - mid LAD

Promus Premier 3.0 x 38 mm

2nd Stent Deployment : Overlap with 1st stent in LM – proximal LAD

Promus Premier 3.5 x 20 mm



Final Kissing Balloon & Final Angiographic View

