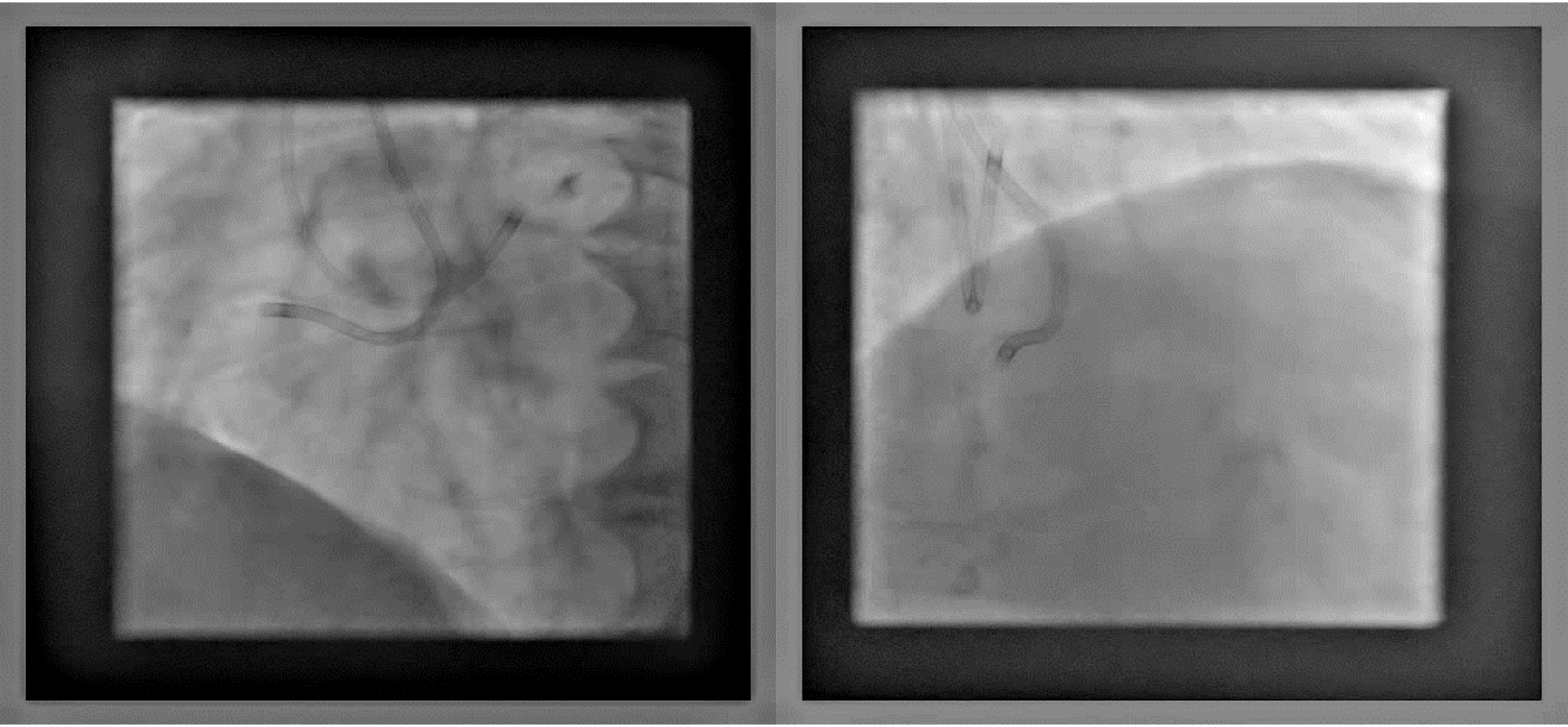
Intra-coronary Rendezvous Technique with RG3 for a RCA-PDA CTO with Un-crossable Retrograde Micro-catheter

Cheng-Chun Wei, MD

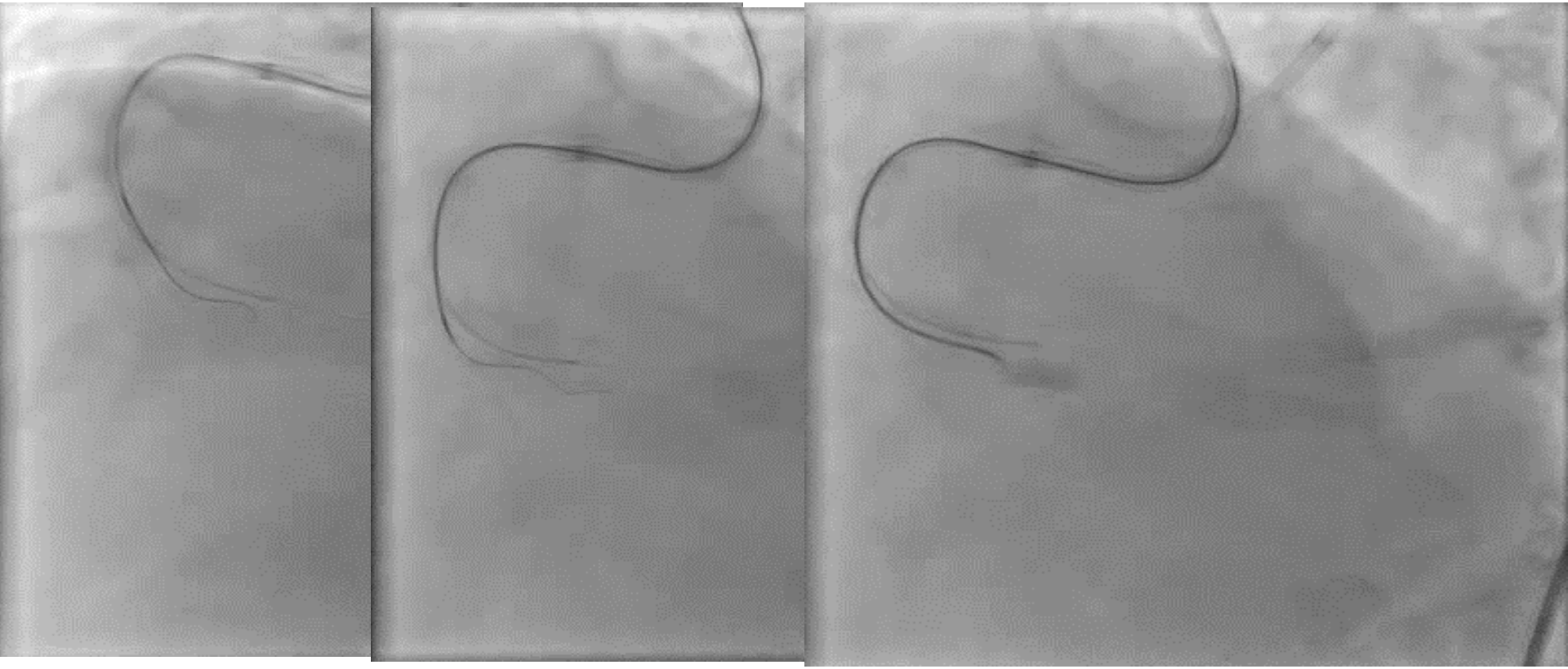
Patient Profile

- 65 y/o man
- Hypertension
- Diabetes mellitus
- Dyslipidemia
- Smoking (+)
- Chief Complaint: Stable angina for 1 year (CCS II)
- Thallium scan showed inferior wall ischemia
- UCG: EF 60%, inferior wall hypokinesis
- SCr:1.2 mg/dl

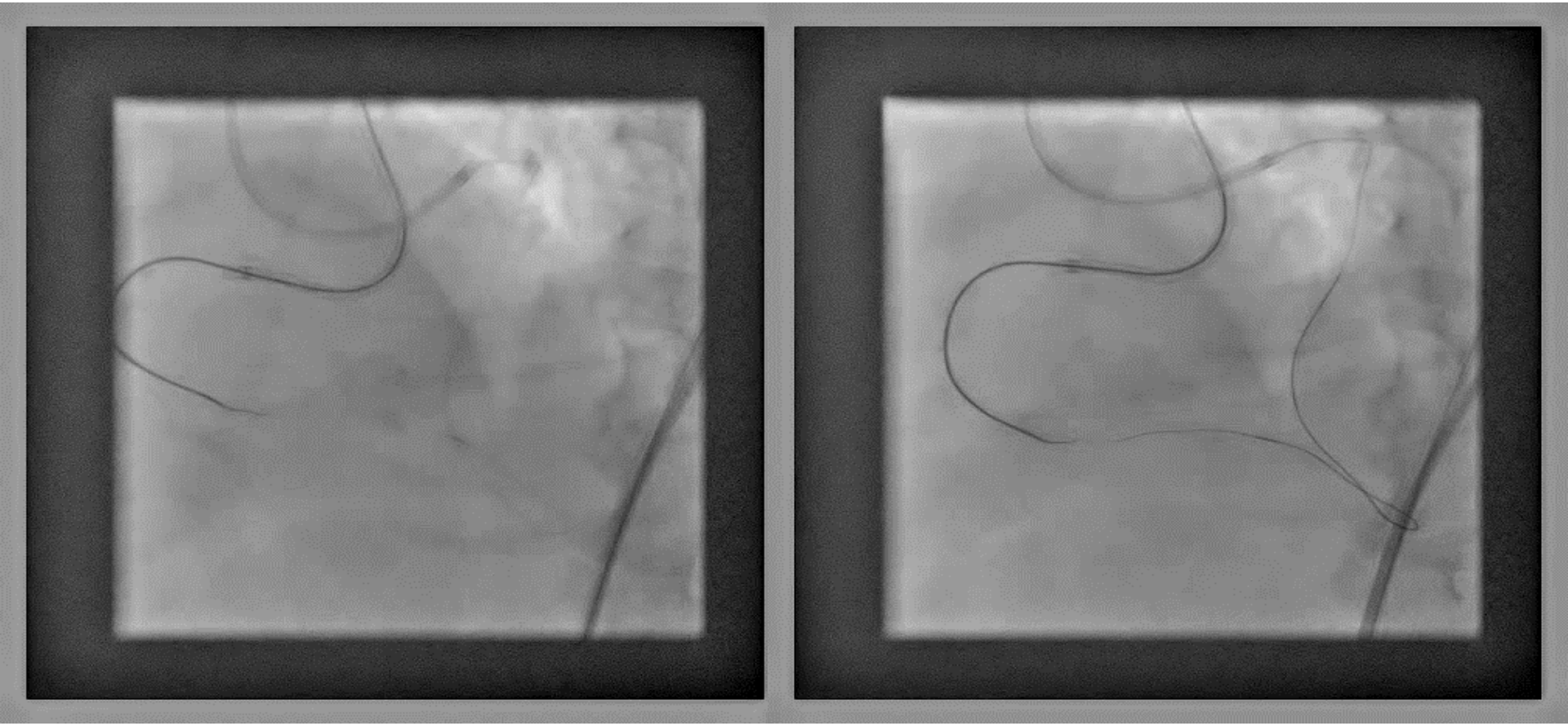
Simultaneous Angiography



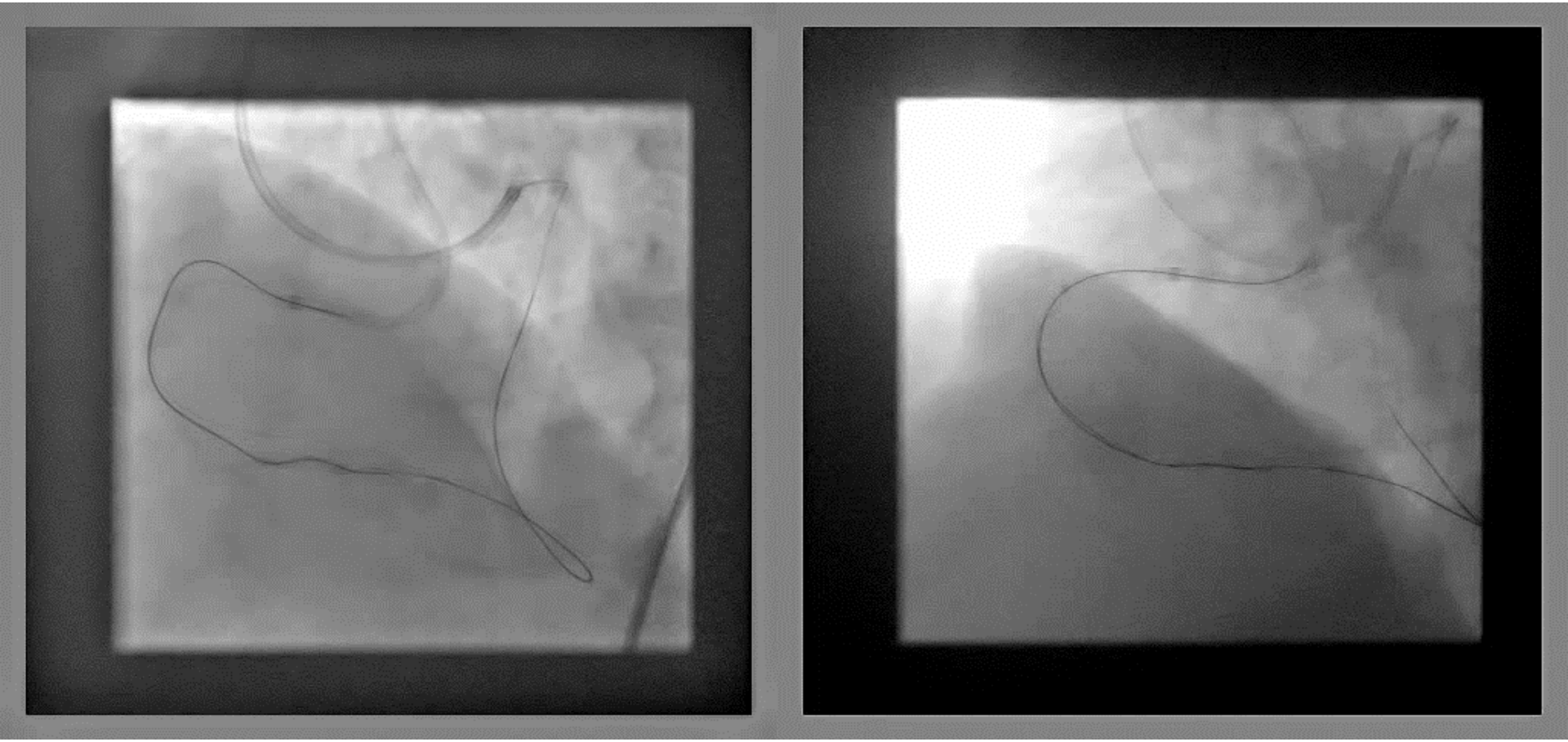
IVUS-Guided Puncture



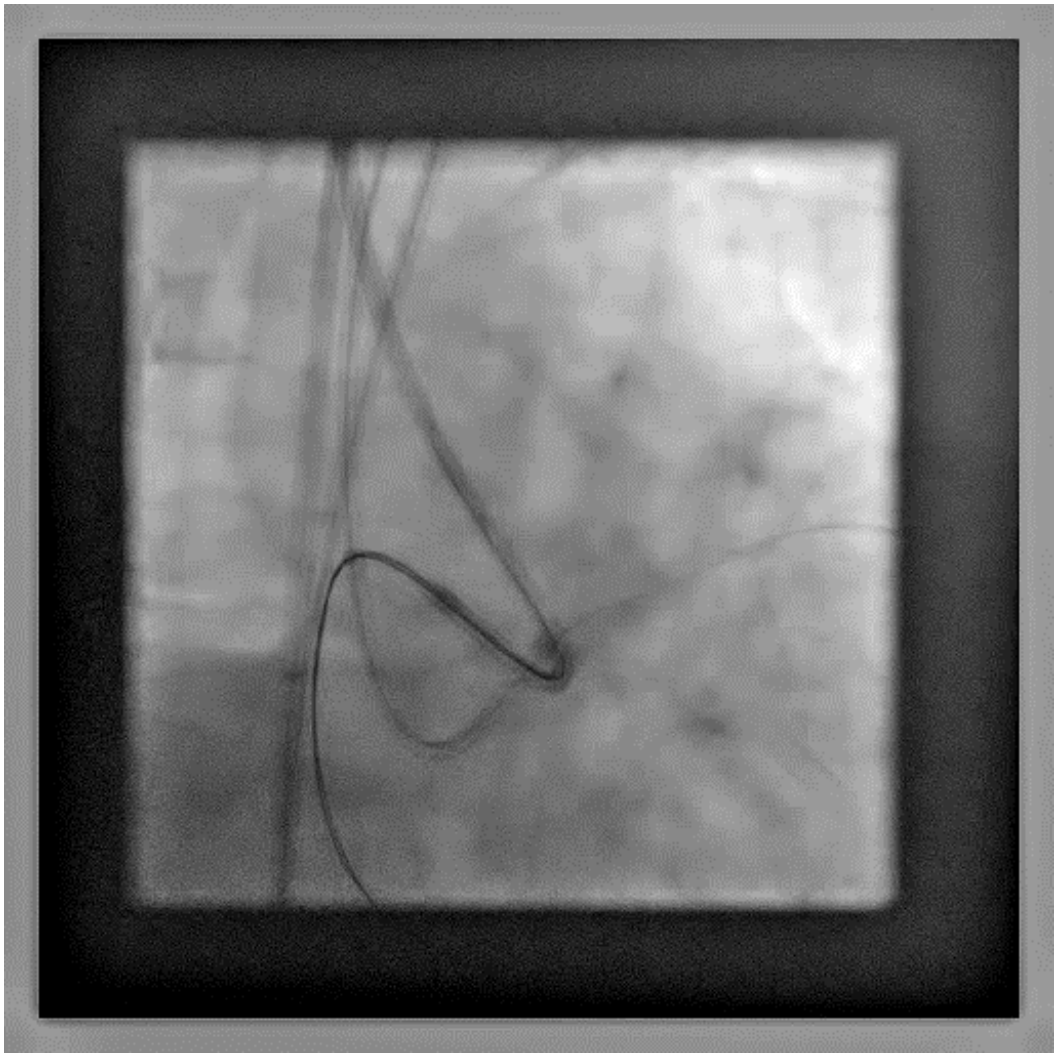
HARD EXIT→Gaia II,III,CP12 Advancement into CTO Body



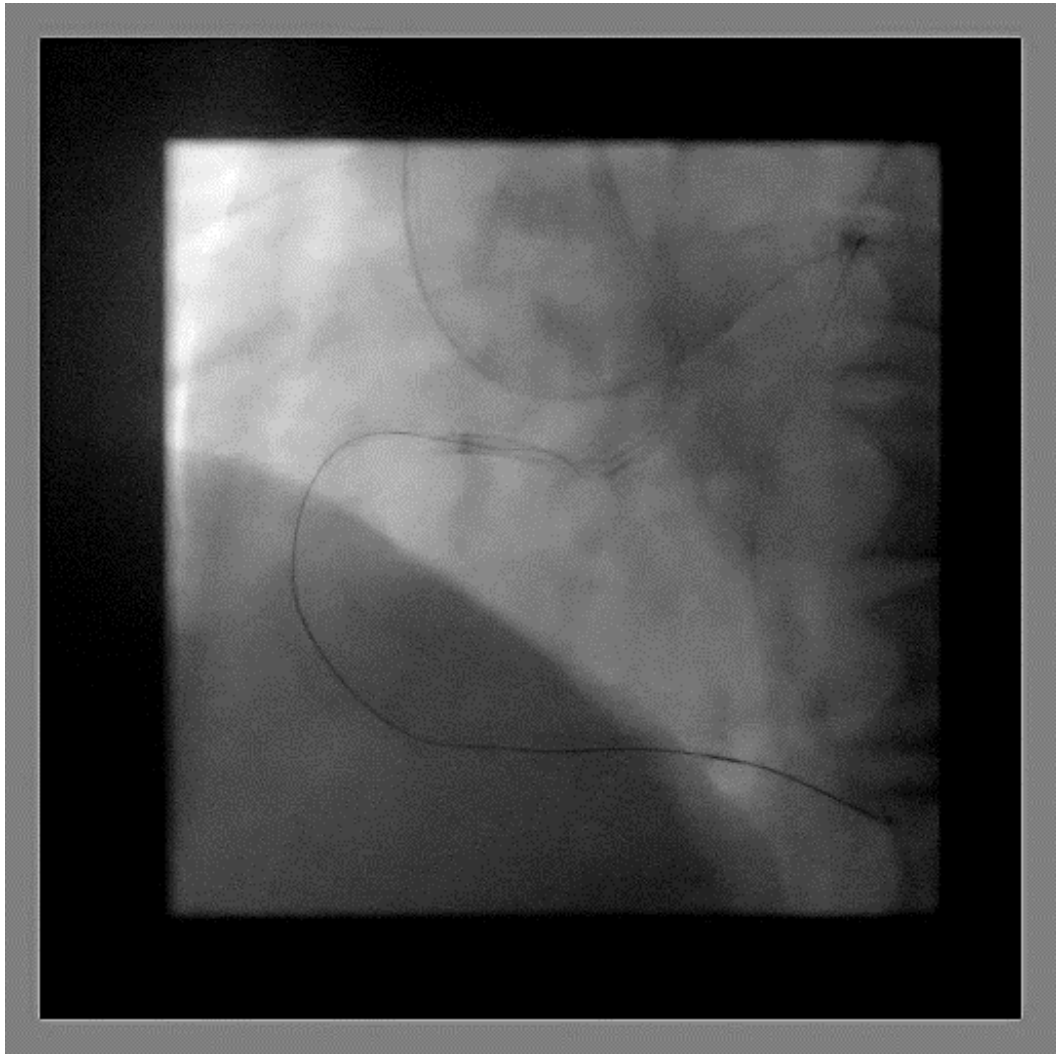
Guide-Extension Facilitated R-CART



Balloon trapping inside AGC and Pushing RMC

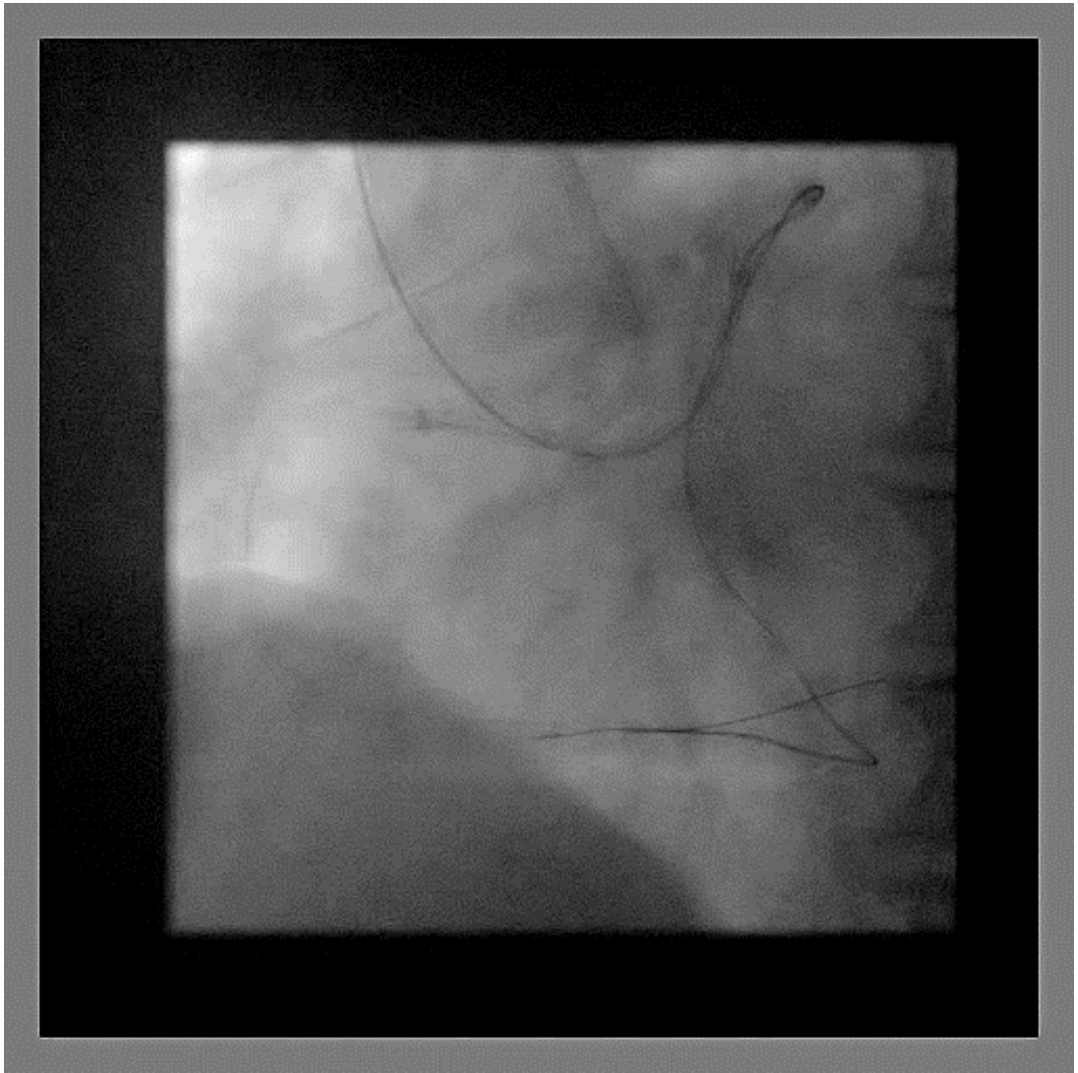


Rendezvous inside AGC but AMC Failing to Cross

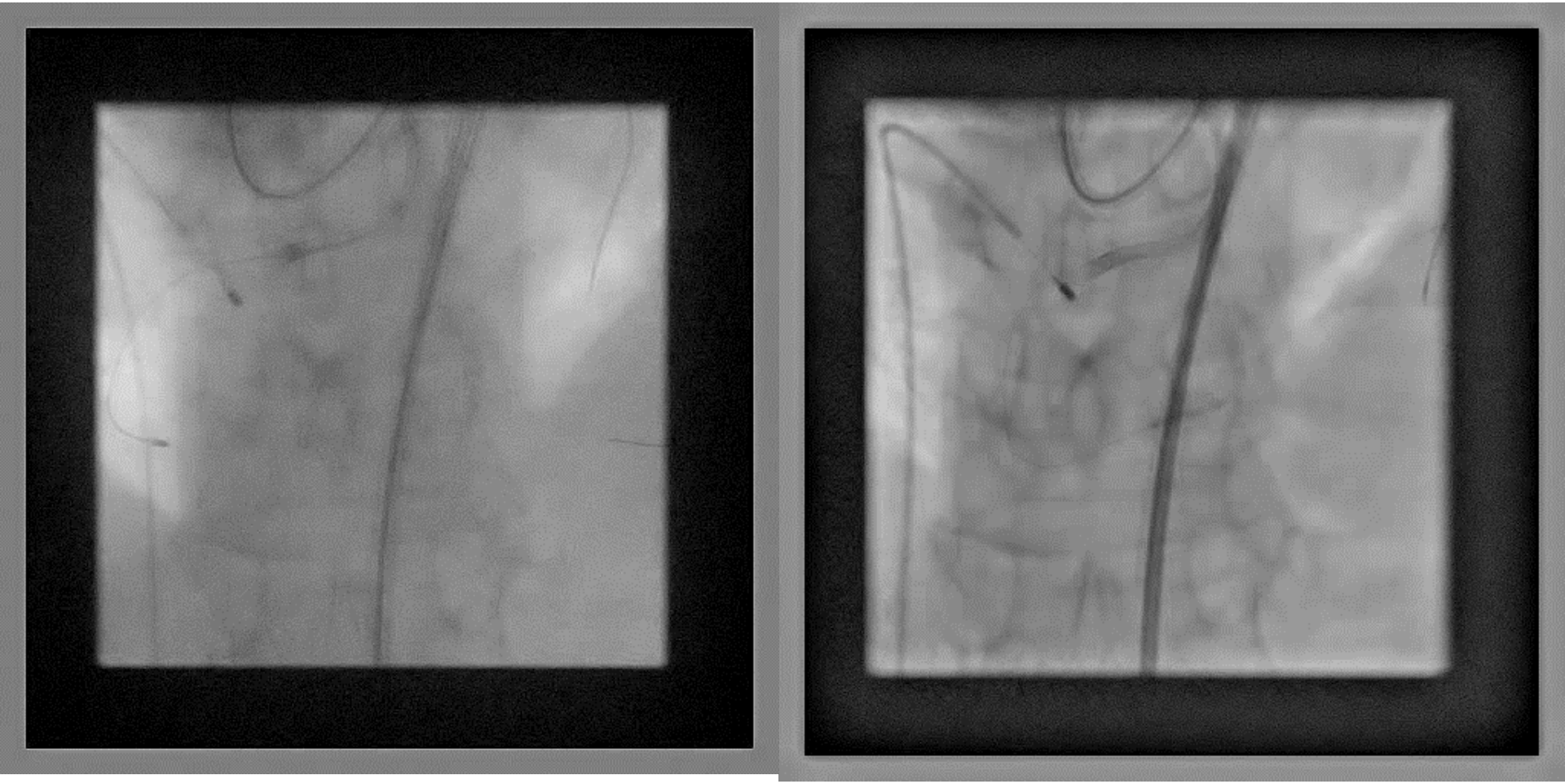


AMC and RMC:
Caravel

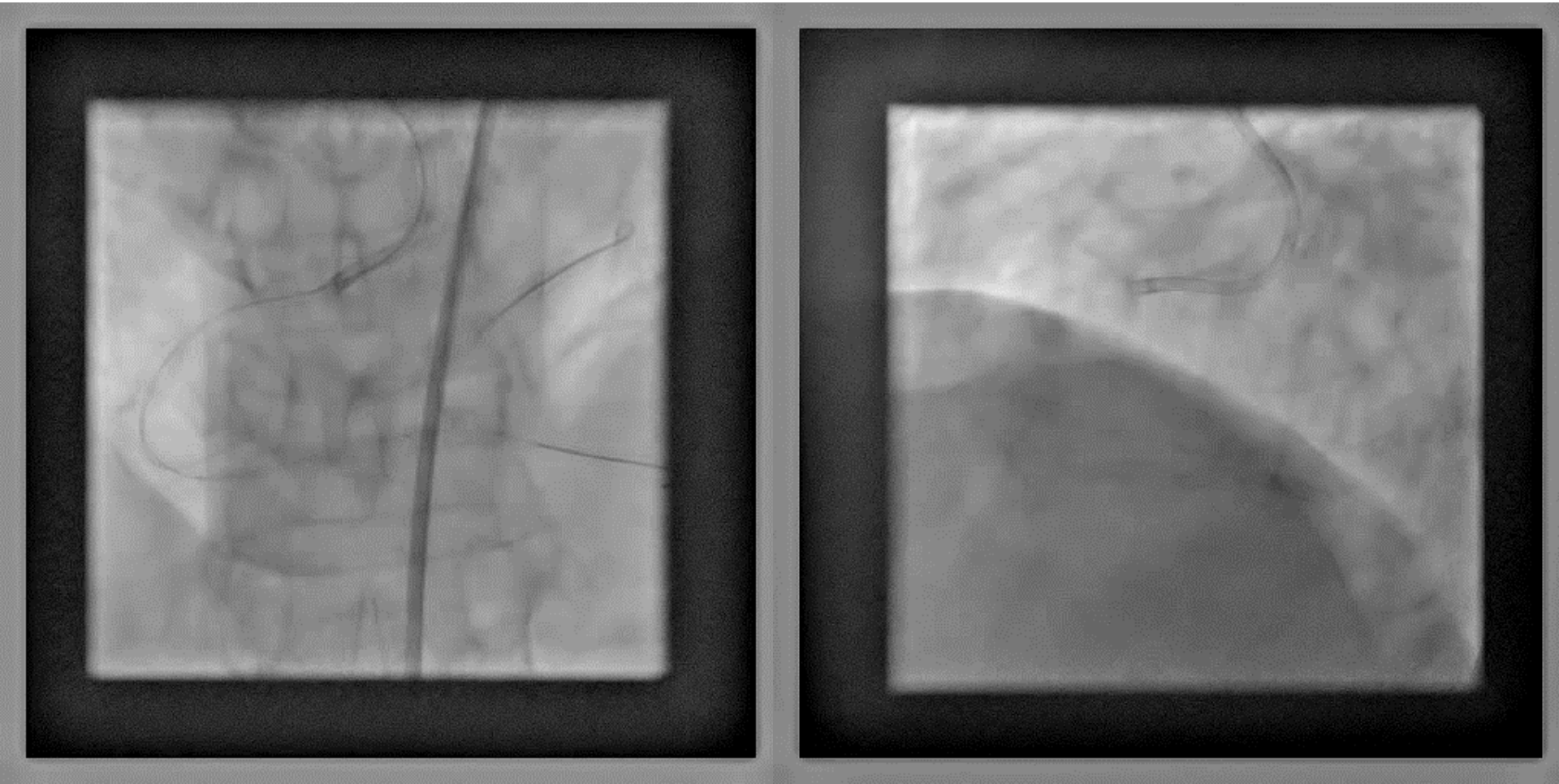
RG3 Intra-coronary Rendezvous



Rotablation with 1.25mm Burr



Stenting & final angiography



Discussion

- Several options to manage with un-crossable RMC after RGW passing CTO
  - Balloon trapping technique inside AGC
  - Changing RMC: Finecross for calcified lesion
  - Rendezvous technqiue: AMC picking up RGW
- However, if ALL THESE FAILED….
  - Stiff CTO wire cracking the calcium
  - Intentional sub-intimal tracking
  - Intracoronary RG3 Rendezvous

Conclusions

- We experienced a severe calcified RCA-PDA CTO case that stuck the RMC and we overcome the situation with intracoronary RG3 rendezvous

- Taking the risk of losing wire inside CTO