



When extreme support is needed think
outside of the box

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- I do not have any potential conflict of interest.

- 60 years old male
- RCA CTO from proximal with 2 previous failed attempts (one failed retrograde approach due to inability of retrograde wire crossing)
- referred to our center for retry
- J CTO Score 4



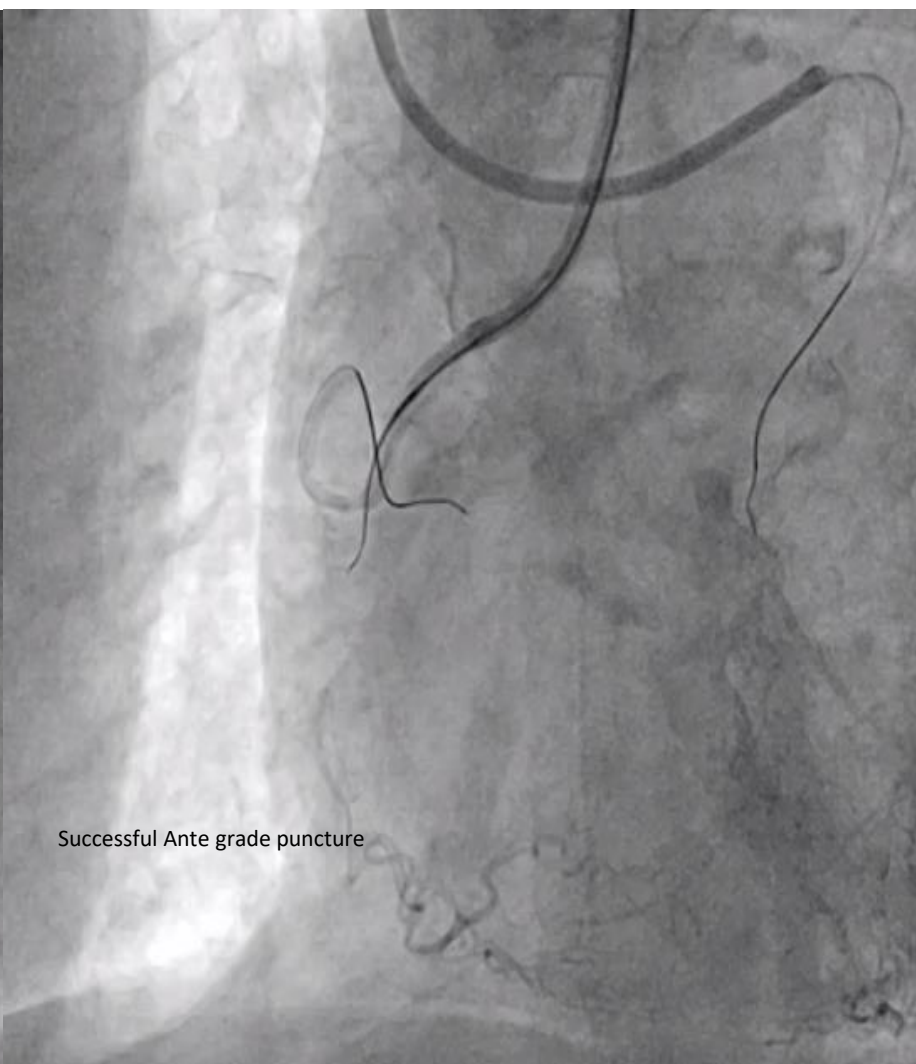
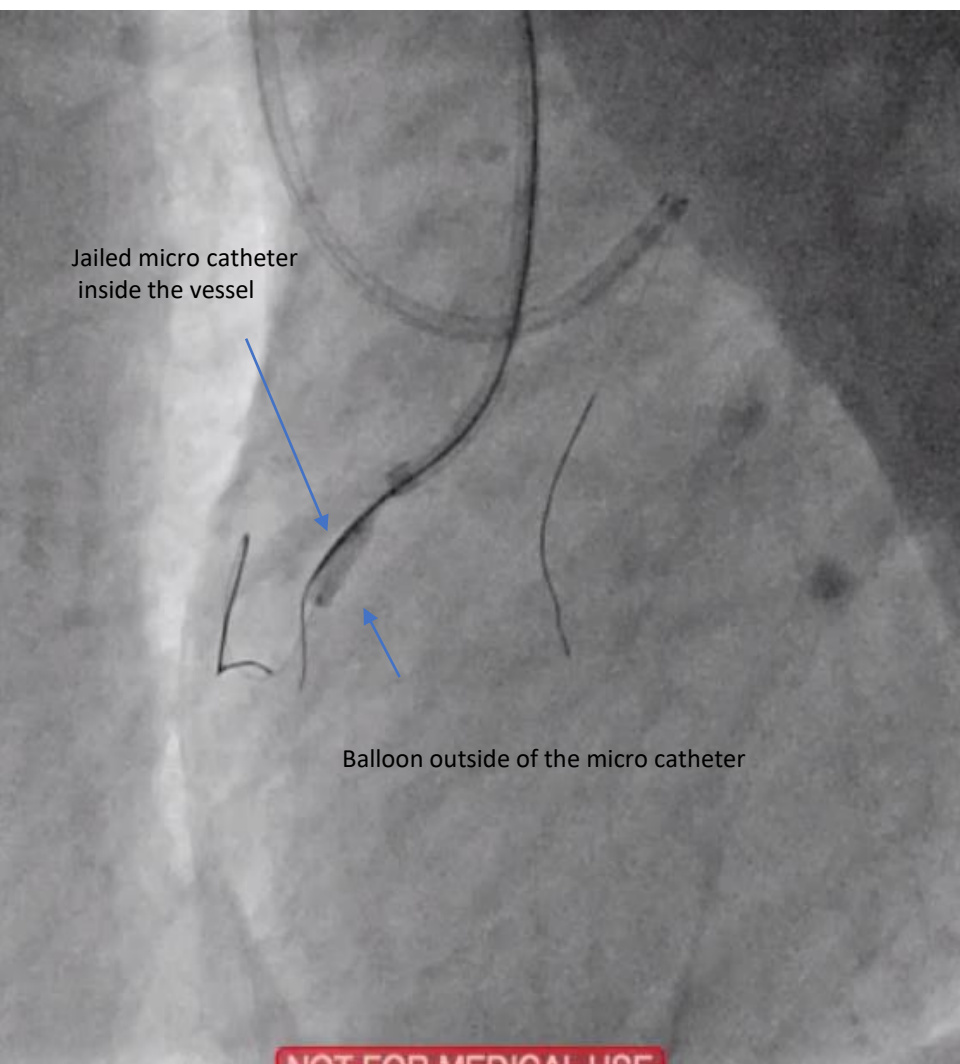
NOT FOR MEDICAL USE

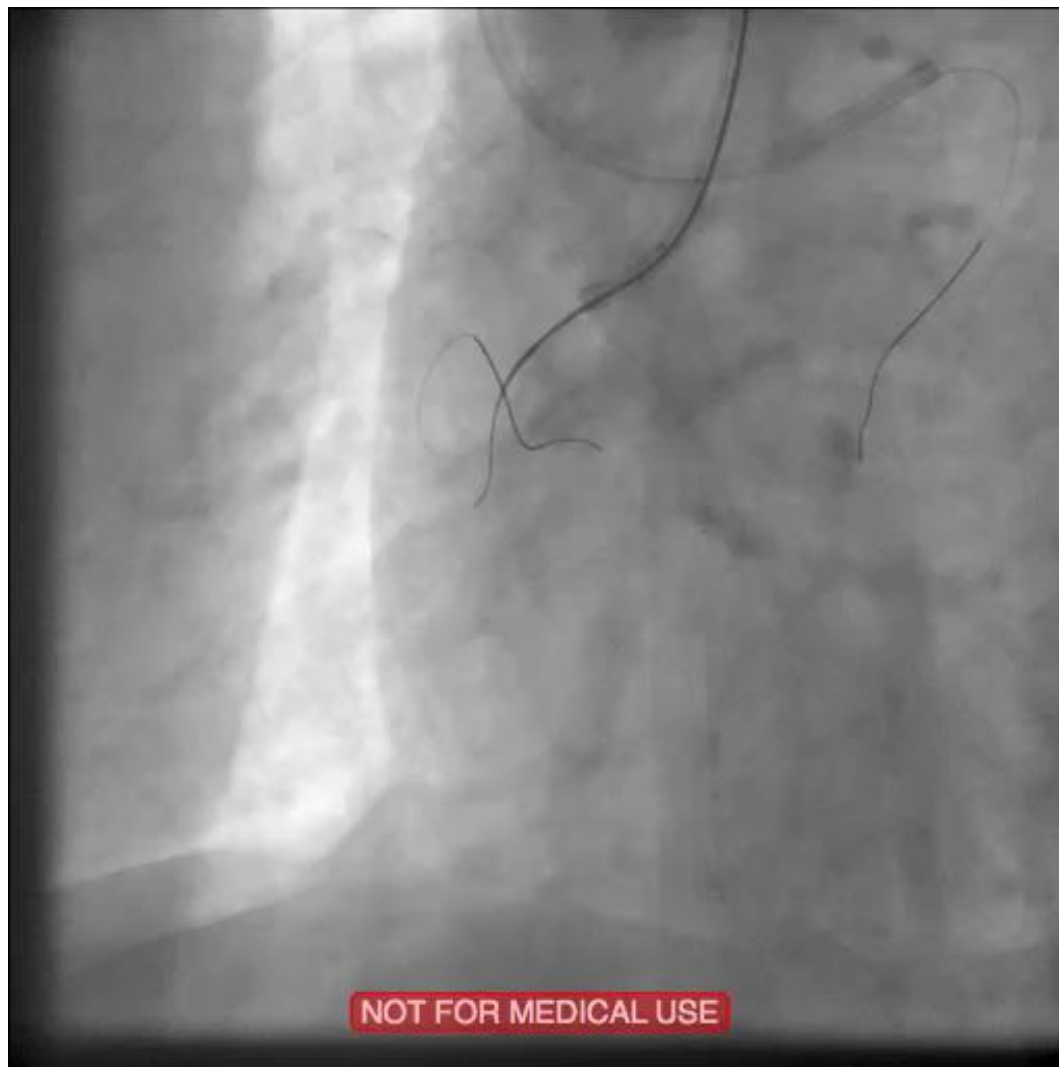
- our problem was lack of support for penetration and the guiding backed up
- Step wise problem solving:
- 1-increase in support with
- longer sheath
- amplatz left and guide extension
- 2-anchor balloon in side branch
- They all failed and lack of support made penetration impossible
- What is the best next step?



At this point there are two more options for extreme Support :

- 1- super anchor system using two separate guiding's
- 2-external anchoring of the micro catheter with a large size balloon inside the proximal RCA











- Hybrid approach to CTO should be chosen based on individual patients characteristics
- In CTO we need a good back up support which should be achieved in a step wise manner by using longer sheaths , guiding with active and passive support, guide extension techniques and anchor balloon techniques
- In cases which need extreme high support super anchor system or external jailing anchor systems are useful
- IVUS guide for optimization of the procedure is almost always helpful