

Septal troubles x 2

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Septal trouble 1

82m

NSTEMI

TnT 3600

Crea 1.47, eGFR 49

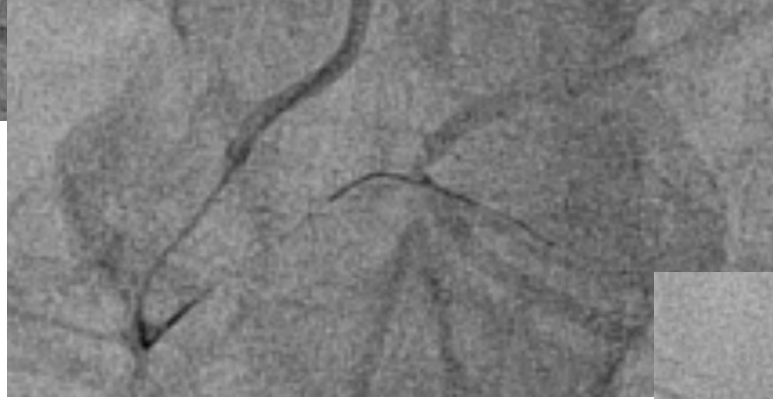
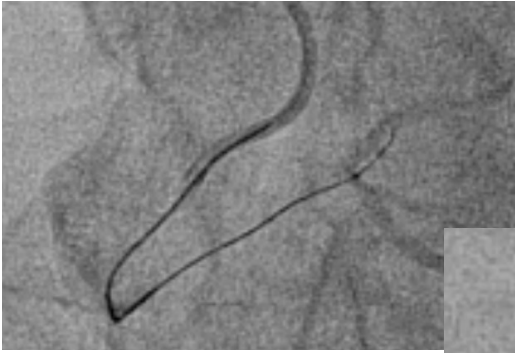
EF45%, hypokinesia inf

130kg

CABG vs PCI



- > PCI RCA CTO and LAD

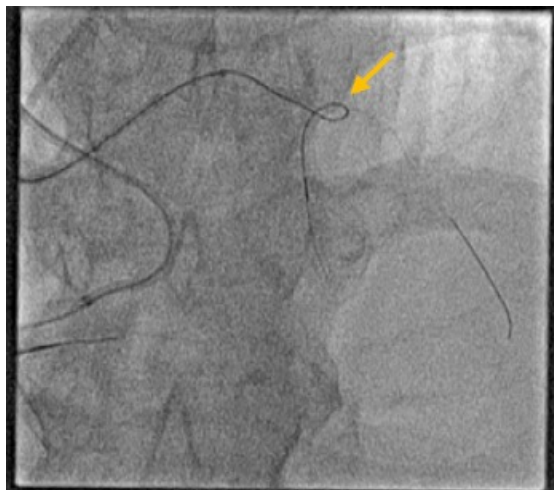


Antegrade subintimal...

Retrograde via septal

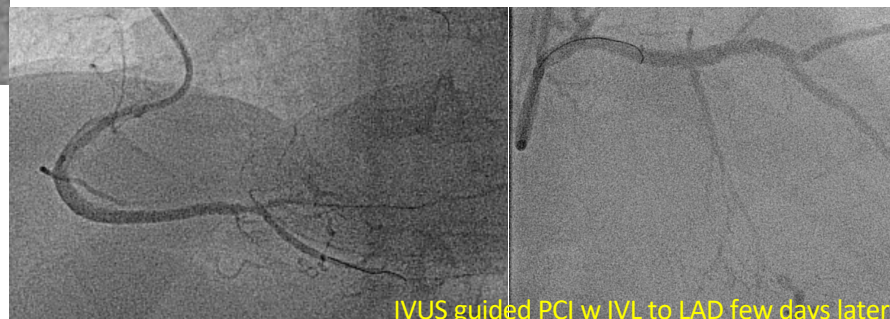
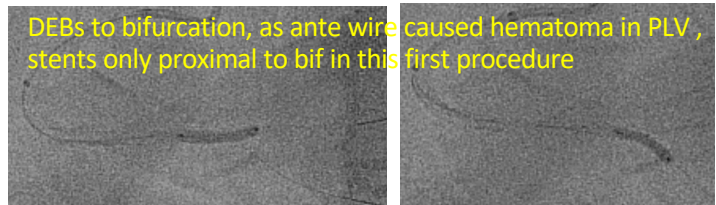
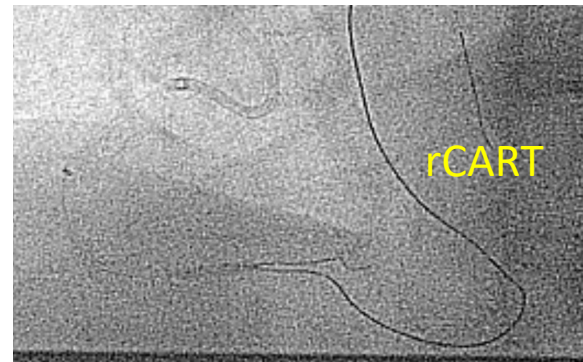
(after GE assisted predilation of two very tight mLAD lesions inbetween aneurysmatic segments)

reverse wiring via dual lumen mc, exchange to caravelle (soft as “ectatic distal septals”)



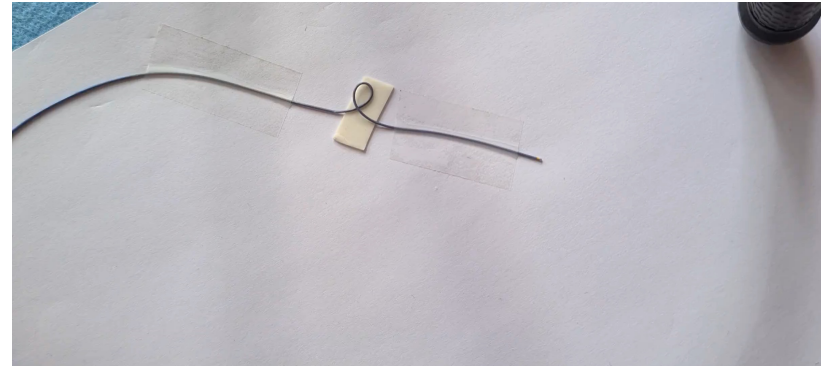
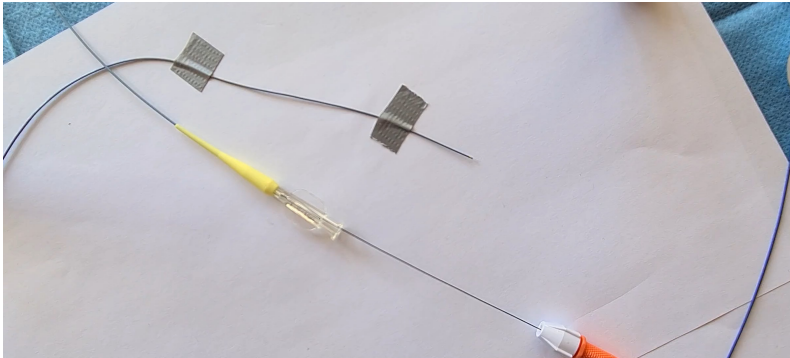
.... sion black, suoh03, sion, FXTR...several, not able to navigate inside septals, each time removed and destroyed...

... GCE assisted exchange over sion from caravelle to corsair pro XS and pulling out the loop...



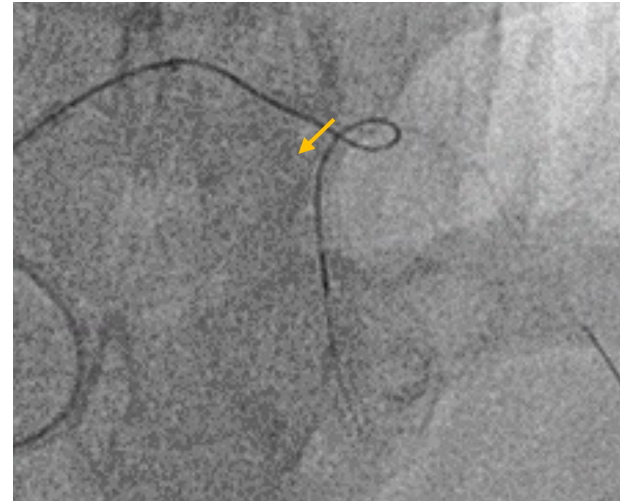
IVUS guided PCI w IVL to LAD few days later

360° mc loop – a challenge to wiring



Trouble 1

1. Beware 360° tight loops in microcatheters!
2. Wire shaft damage
3. Early mc straightening if possible



Septal trouble 2

53m

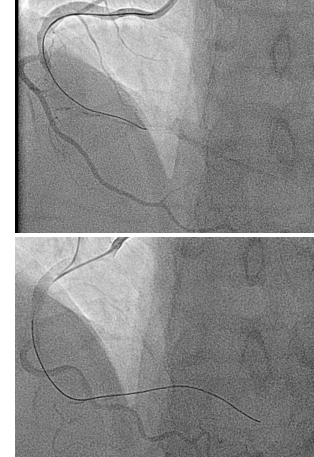
Ant STEMI – PPCI to LAD

Returns for complete revasc of RCA « CTO »

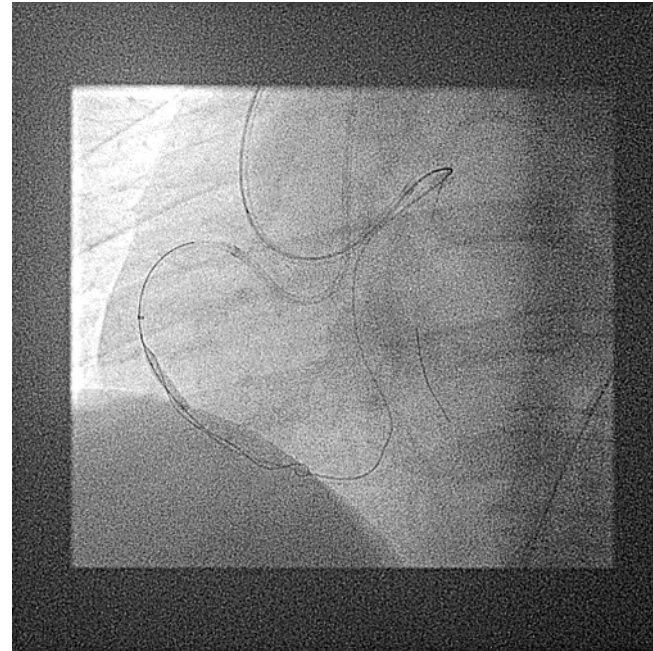
Looks simple ante channel?

Single guide

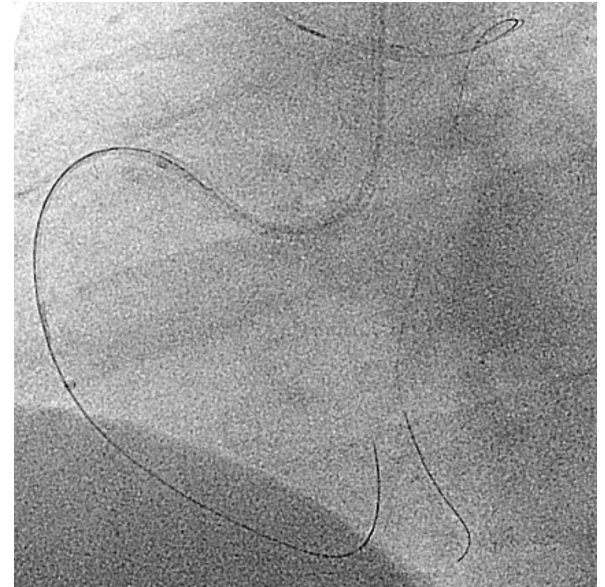
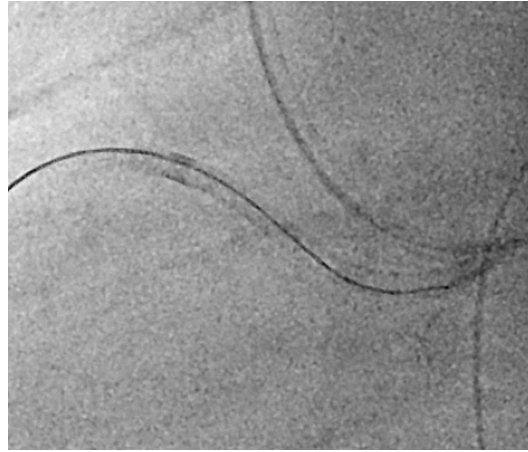
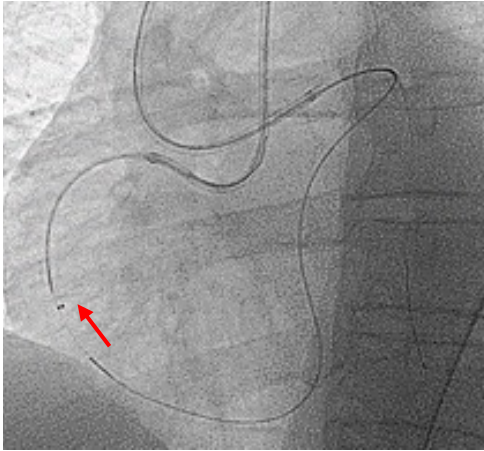
...but soon clear fibrotic honeycomb like no channel, all ante wires distally subintimal in FL



- Retro not easy, multiple septals, multile wires, finally suoh03 success
- Difficult distal septal crossing with mc
- rCART with gaia3

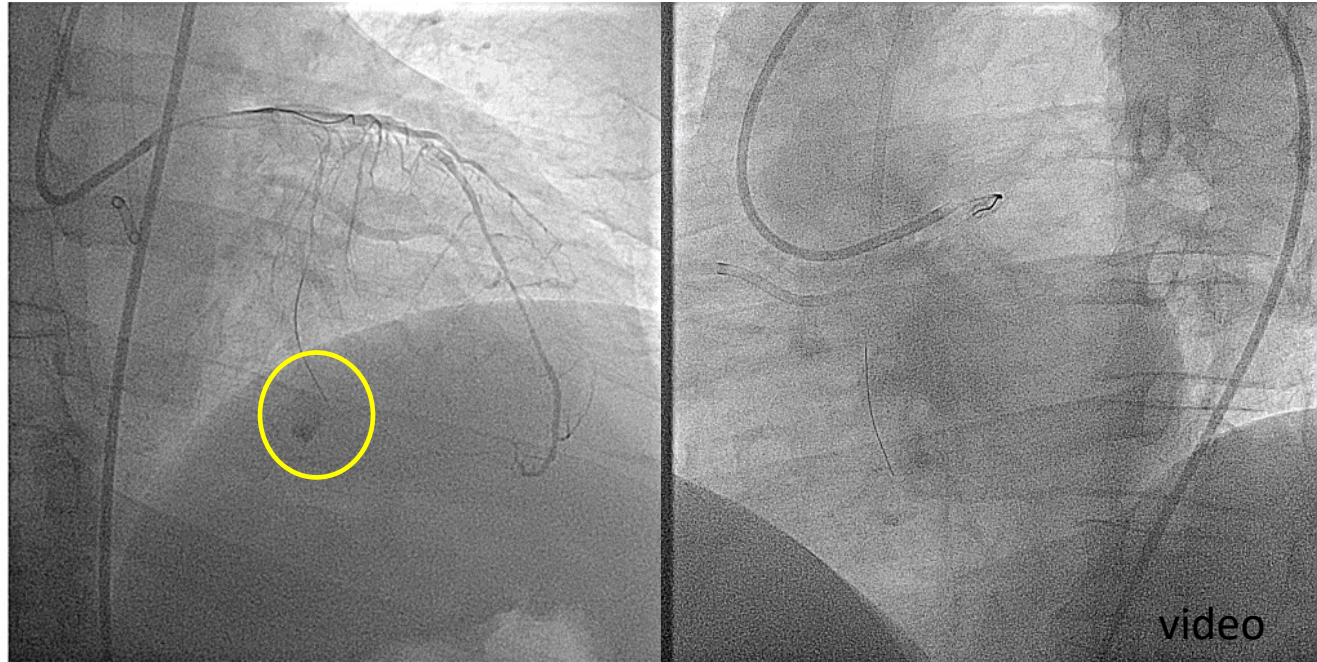


Despite trapping of retro wire in ante guide & good predil in vessel – very difficult to bring the tip of retro mc into ante GCE (no calcium but very fibrotic tissue?), few tip in tried – no success



Retro gaia 3 left in ante GEC (untrapped) and retro mc exchanged to turnpike LP

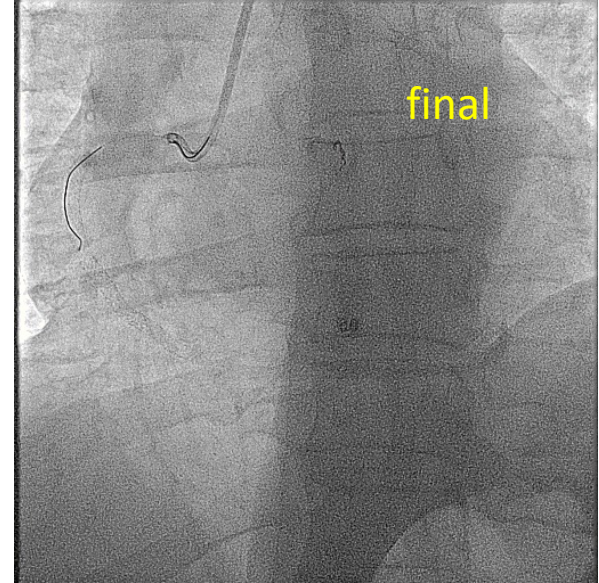
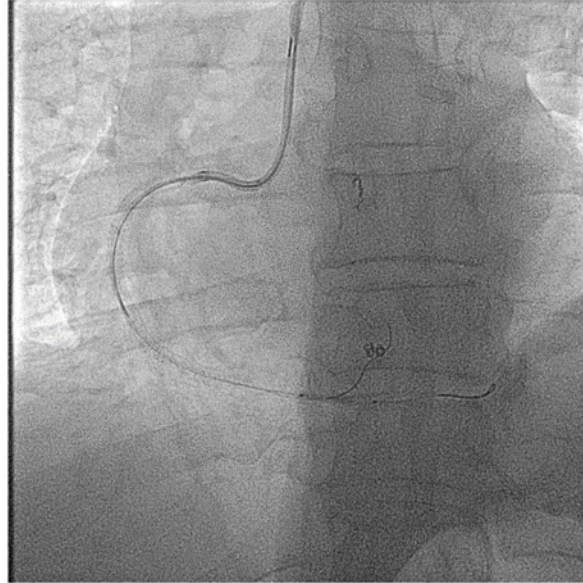
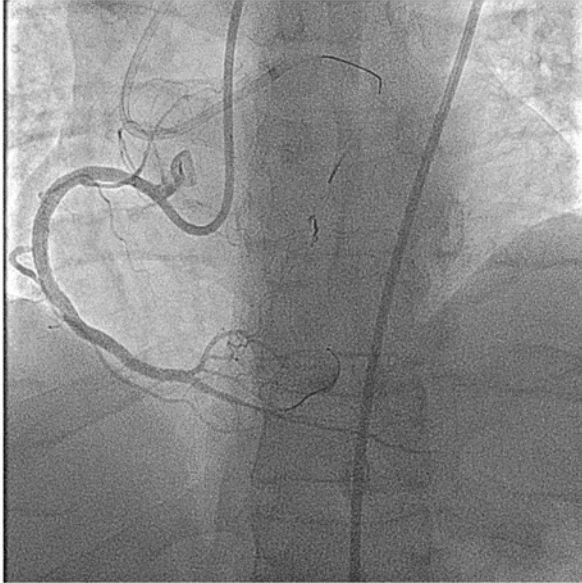
Turnpike LP success into ante GCE and externalisation on RG3 and routine PCI then...



On removal of retro gear:
septal branch perforation

Entirely asymptomatic, hemodynamically stable.

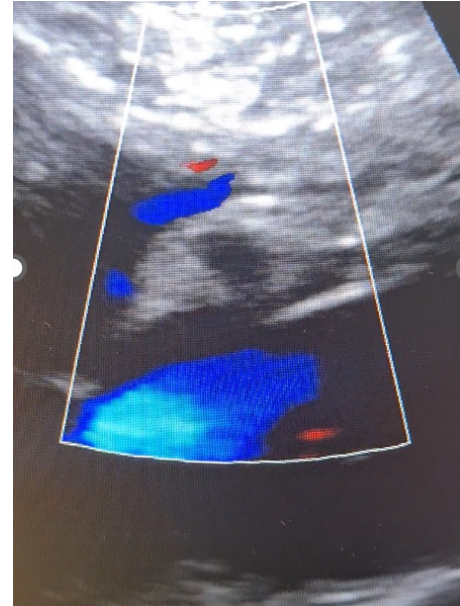
I did not like it... so coiled 2x from septal retro and from antegrade septal 2x



No more retro septal flow, but still ante septal flow...

...despite 10min PDA balloon tamponade ... left conserative (no pericardial effusion)

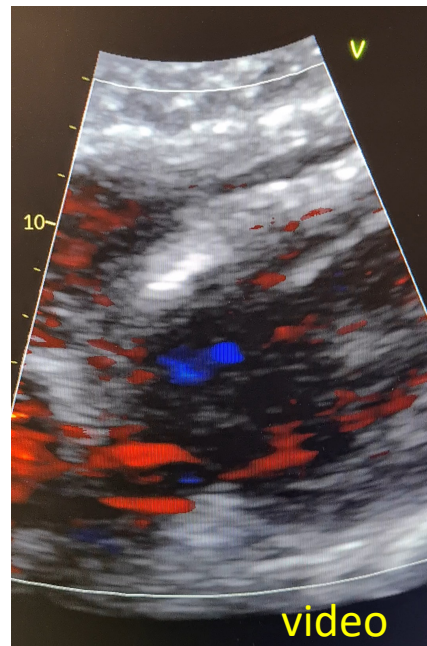
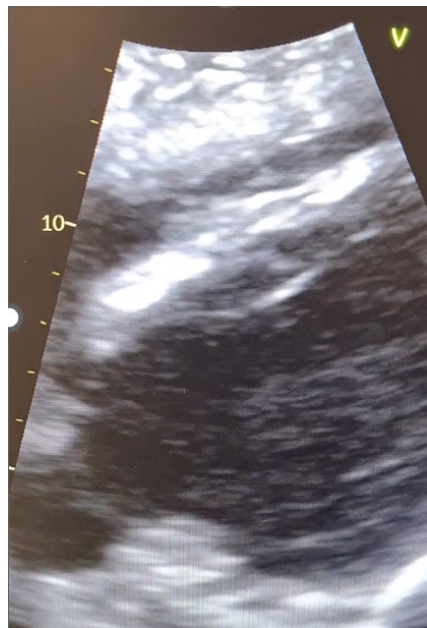
Basal septum: “punched out hole”



Overnight monitored, stable, discharged next day

Four weeks follow up:

“feels great, better than before, keen to start rehab soon”



Summary

1. Beware of tight loops in microcatheters



2. Beware of slicing septum while exchanging microcatheters on stiff shaft wires (not only during externalisation)

