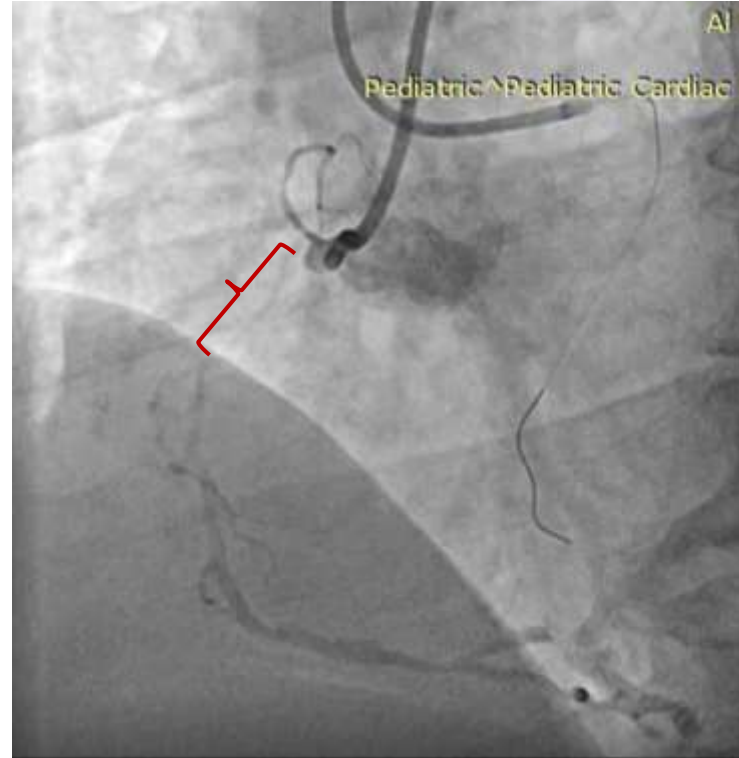


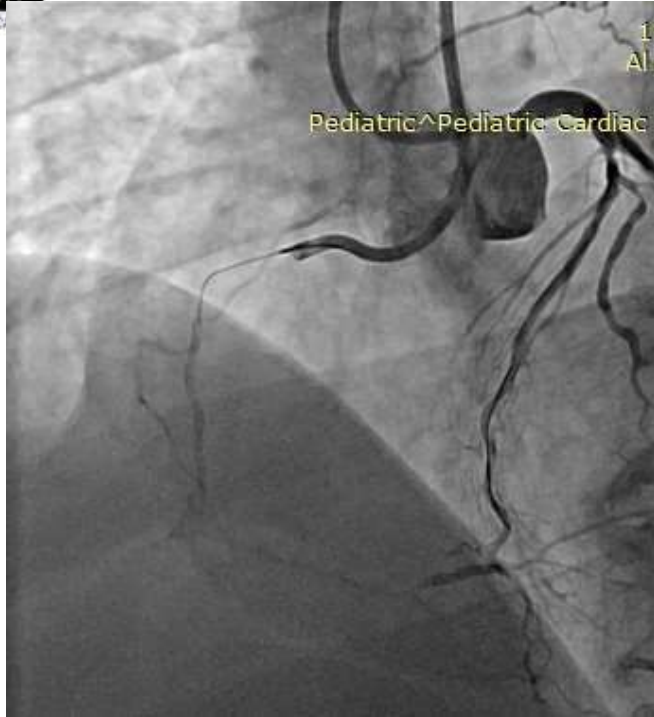
A Marker Amidst The Mess



RCA CTO, blunt proximal cap, CTO segment length is about 20 mm, no calcifications or extreme bends.

RCA fills retrogradely mainly by an epicardial collateral from LCX, and from septal branches from LAD.

Plan: 1) Antegrade wiring 2) Retrograde via septal collaterals 3) ADR 4) Retrograde via the epicardial collateral



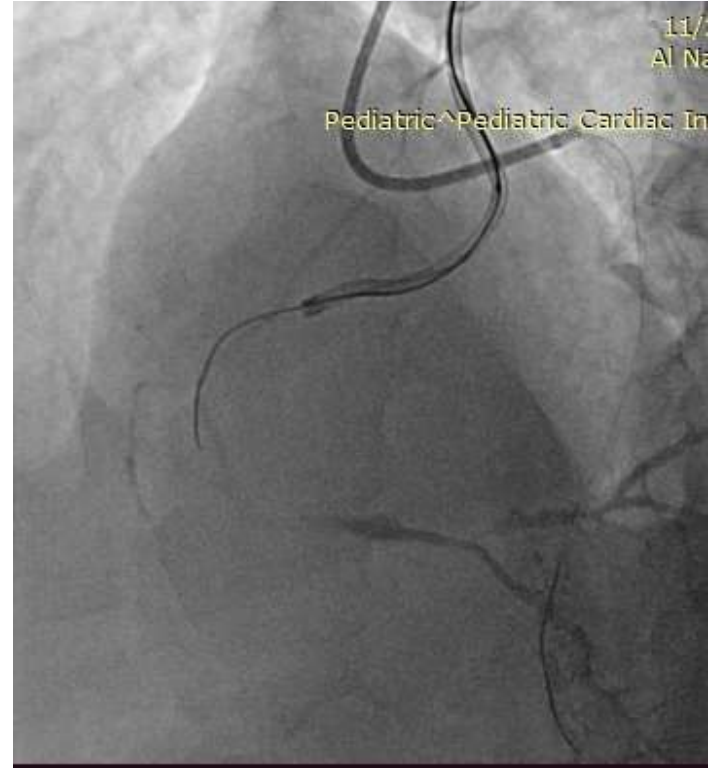
Trial of antegrade wiring using Fielder FC



The wire appeared extra-plaque on
contralateral injection



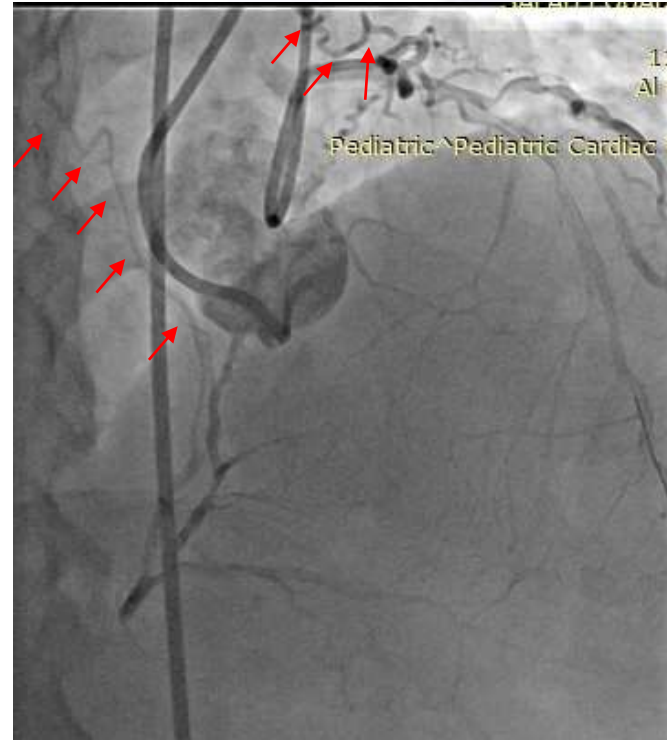
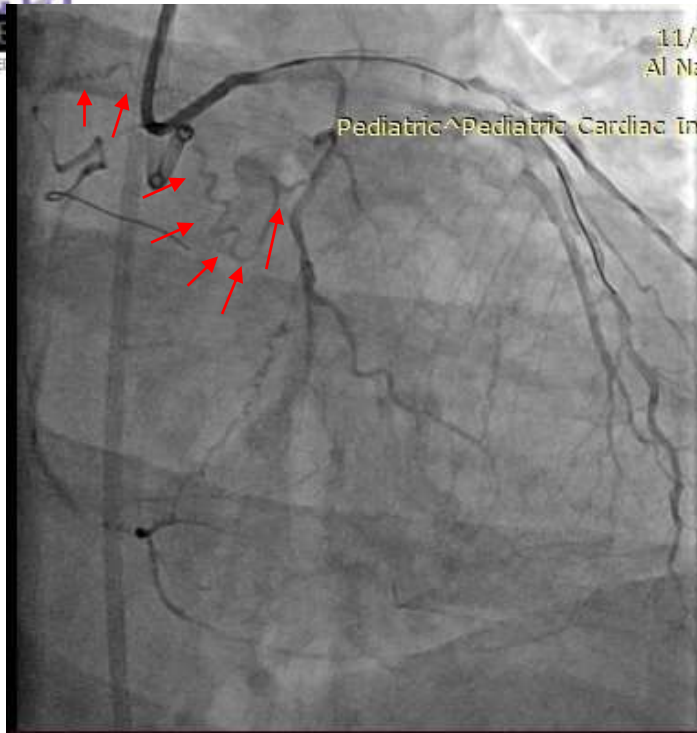
Parallel wiring was then tried using GAIA II



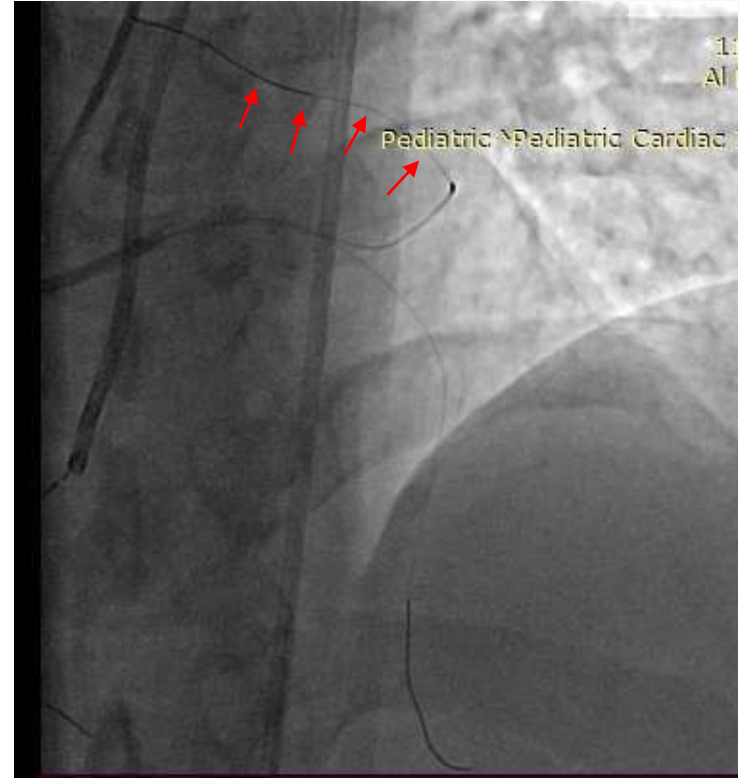
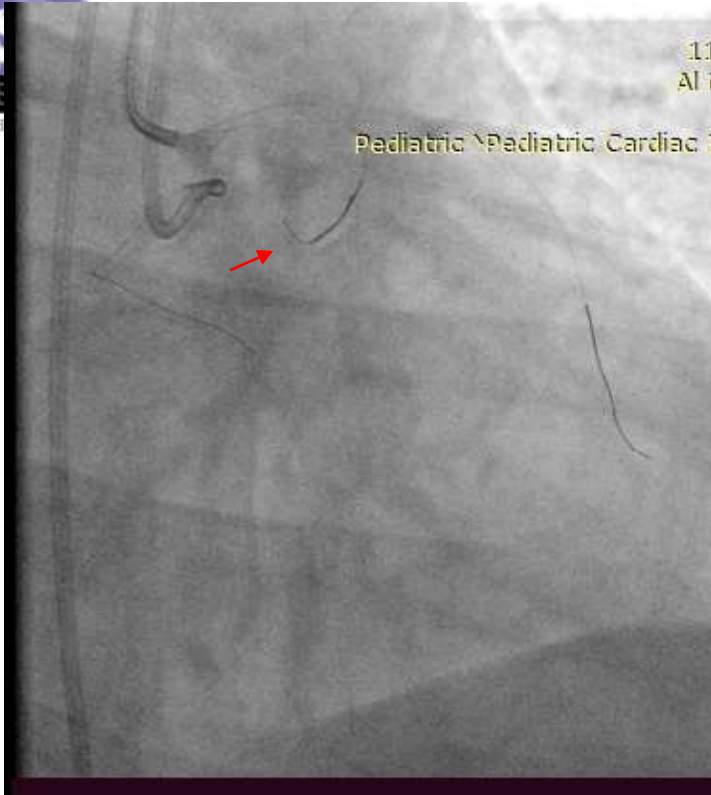
After repeated attempts, the wire again appeared extra-plaque on contralateral injection



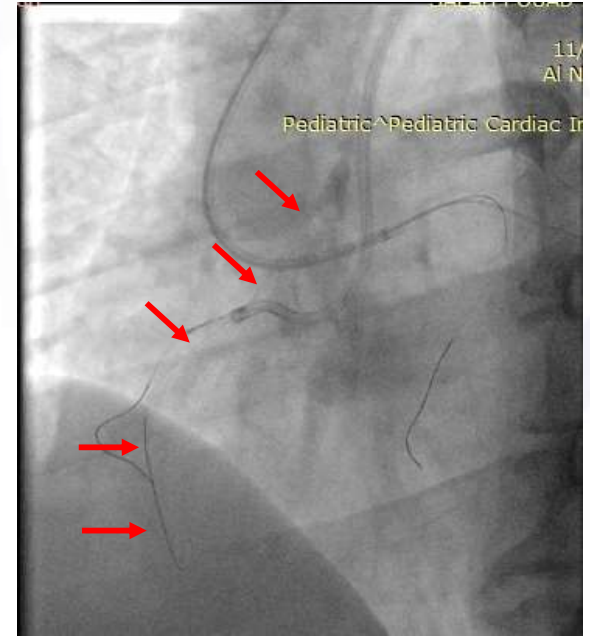
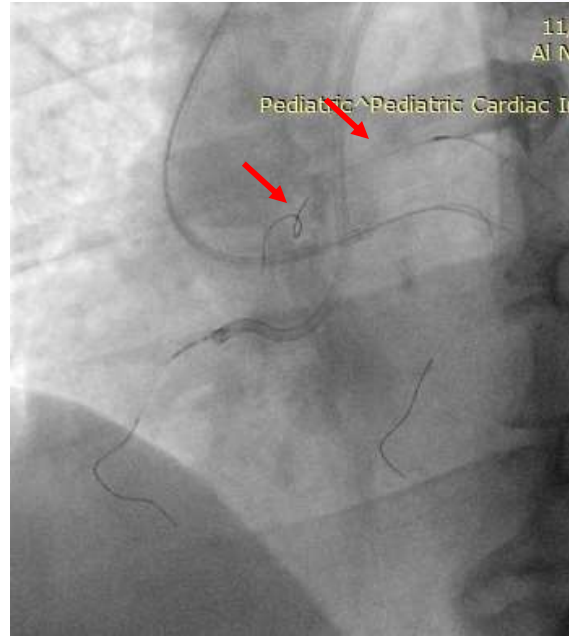
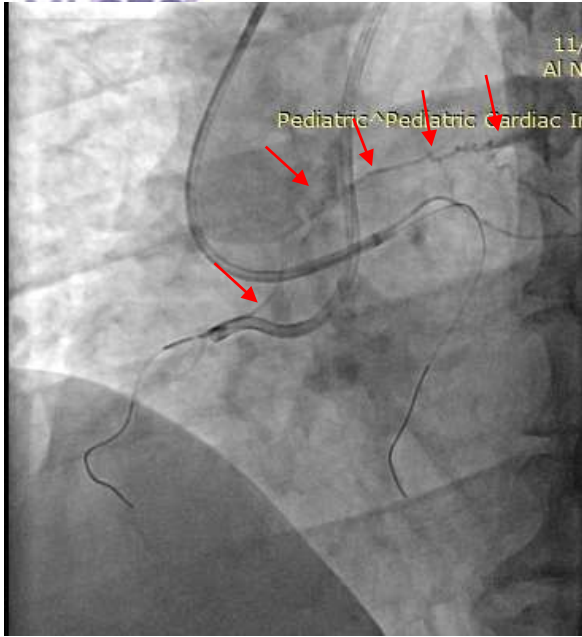
The next plan was to go retrogradely via septal collaterals
 Several trails for septal surfing were unsuccessful and septals appeared to be non connecting



- Next plan should have been ADR, but as we did not have dedicated devices for re-entry, we started to consider using the epicardial collateral
- The collateral is coming from LCX, tortuous one with a long course

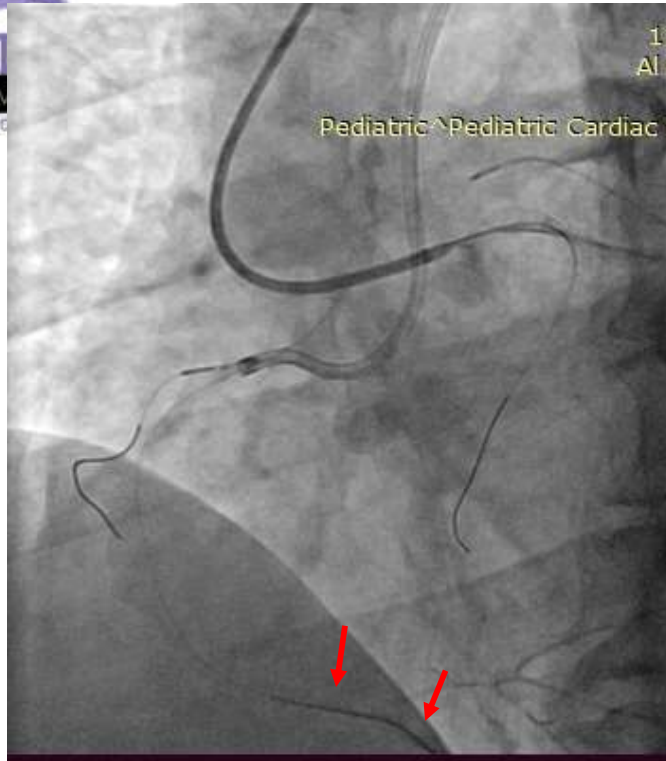


A **workhorse** wire was used to engage the epicardial collateral, a **caravel microcatheter** followed and the a **Sion black** wire was advanced cautiously

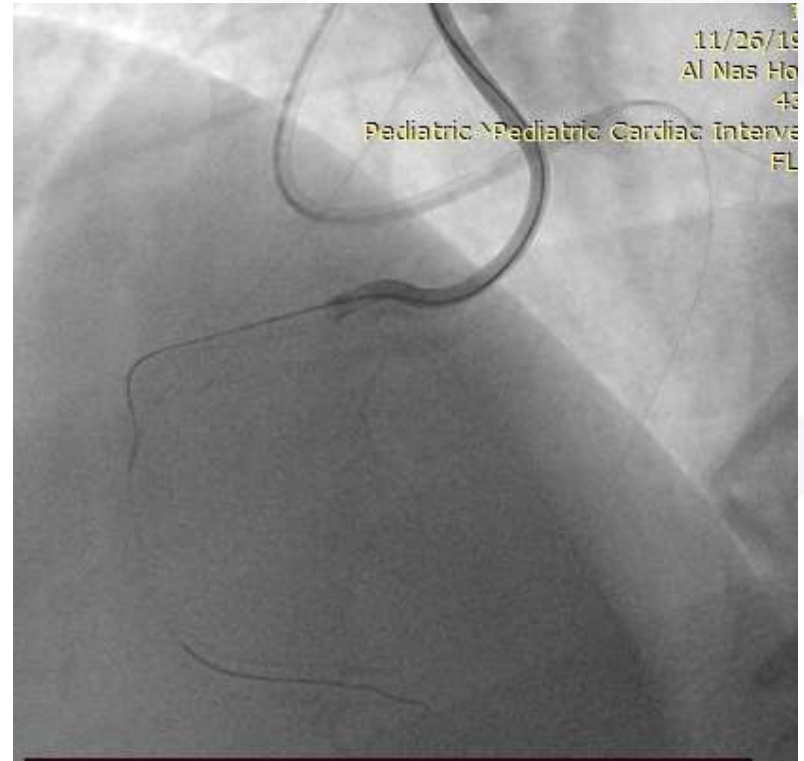


A selective injection through the microcatheter tip to delineate the course of the collateral

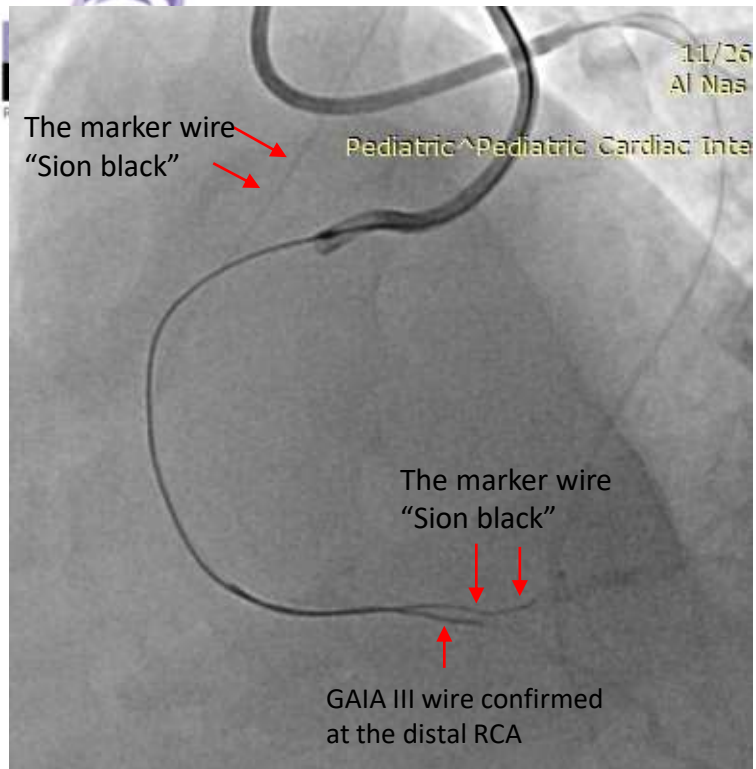
tion black wire was then advanced till It reached the RCA



The position of the retrograde wire in the distal RCA was confirmed by contralateral injection



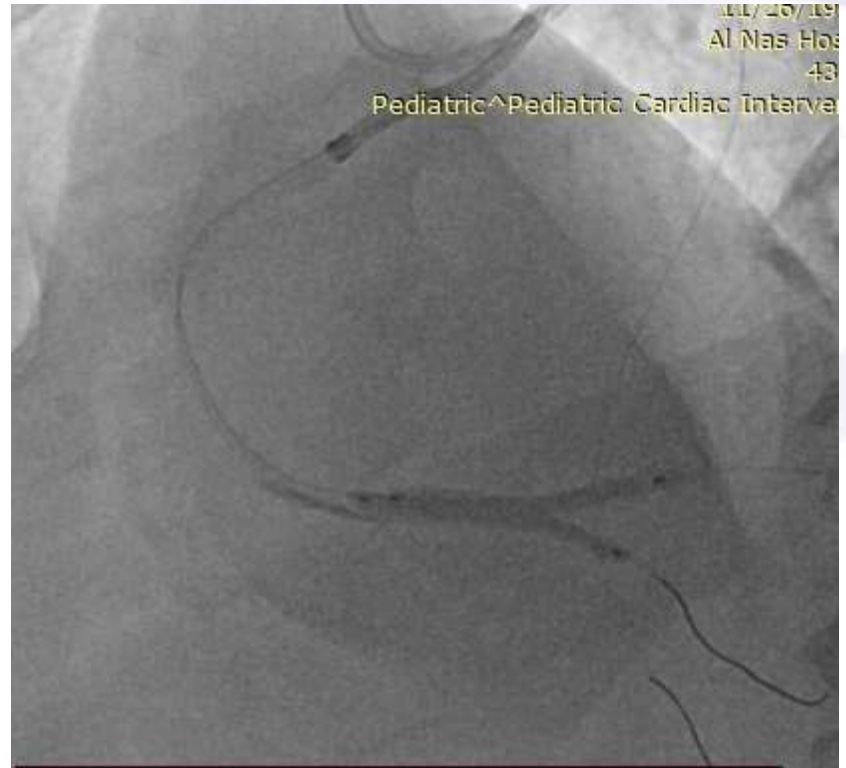
The retrograde wire was then used as a marker for antegrade wiring. GAIA III wire was successfully directed towards the distal true lumen



GAIA III wire was confirmed in the distal true lumen via contralateral injection



Pre-dilatation and lesion preparation



Pre-dilatation, and kissing balloon inflation at the distal bifurcation



Three drug eluting stents were then deployed with good final results

Main lessons learnt

- Good planning and being prepared with different strategies are the main keys for success
- Cautious use of epicardial collaterals may be the game changer in some cases