

# **A backwards kick to RCA CTO**

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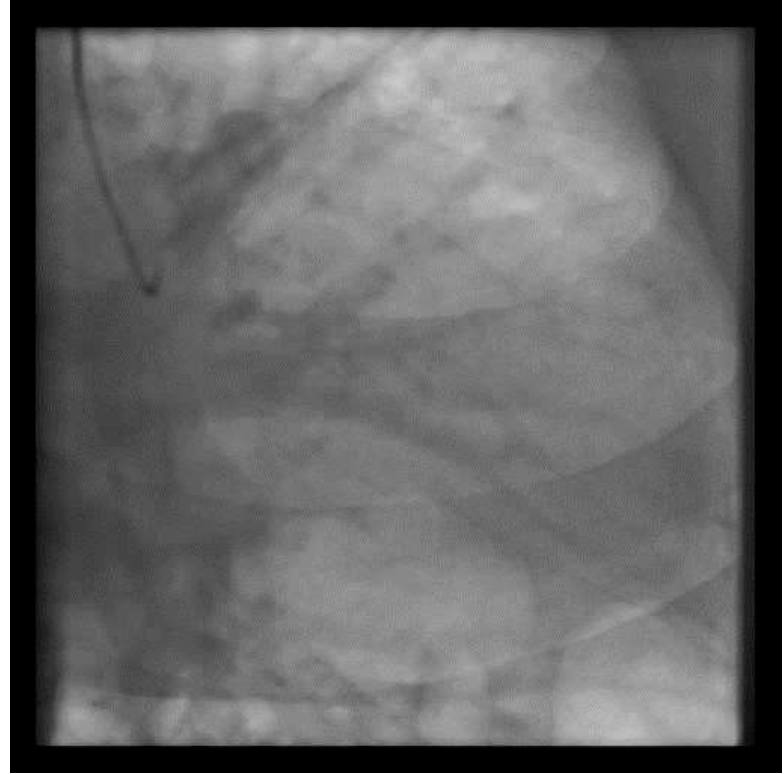
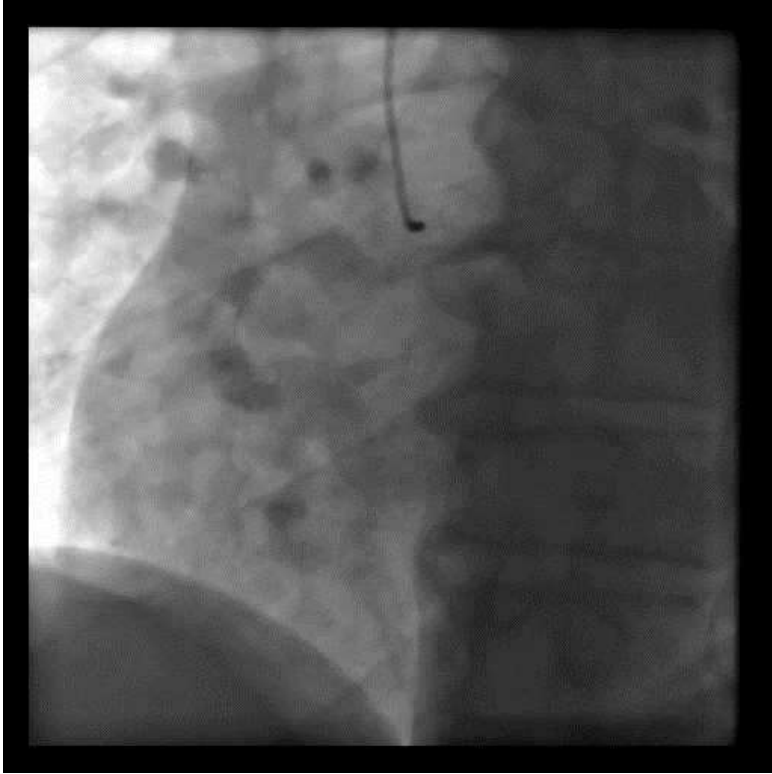
# Case Presentation

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- 69 Year old, gentleman, DM, HTN, angina, CCS class III.
- CA showed MVD, proximal LAD long severe stenosis
- RCA CTO (anomalous origin from LCC) – engaged with JL 4 catheter

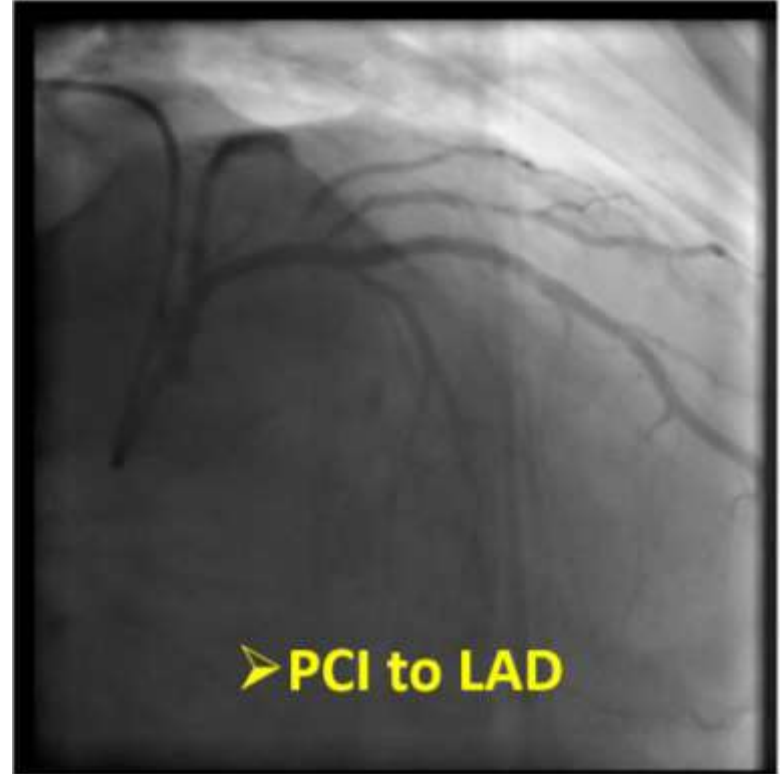
# Coronary angiography

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# Clinical Challenge

- Heart team decision : PCI due to frailty
- PCI to LAD was done
- What is the best setup in RCA CTO?



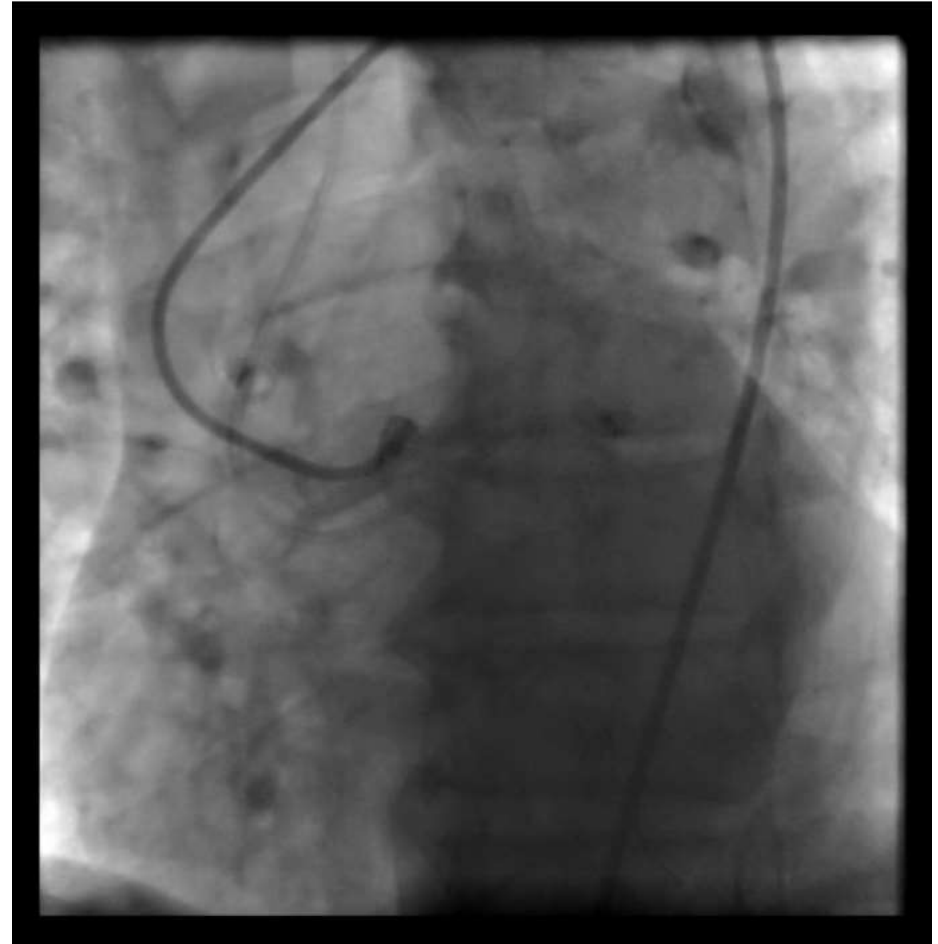
# Resolution of the Challenge



- Many guiding catheters (AL1, AR2, XB 3.5 & XB 4) all failed to engage the RCA

# Resolution of the Challenge

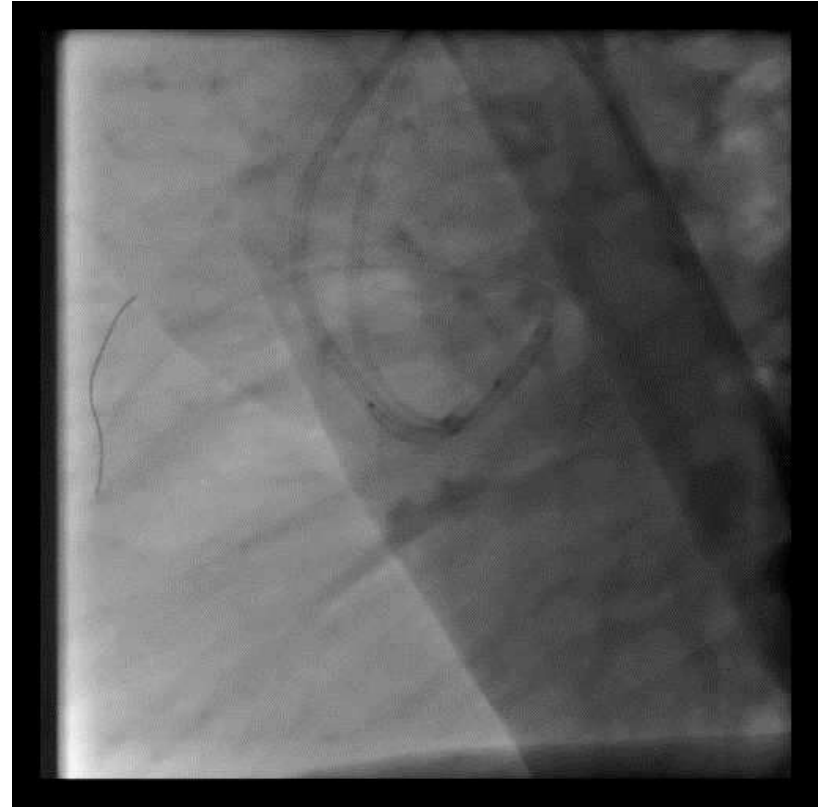
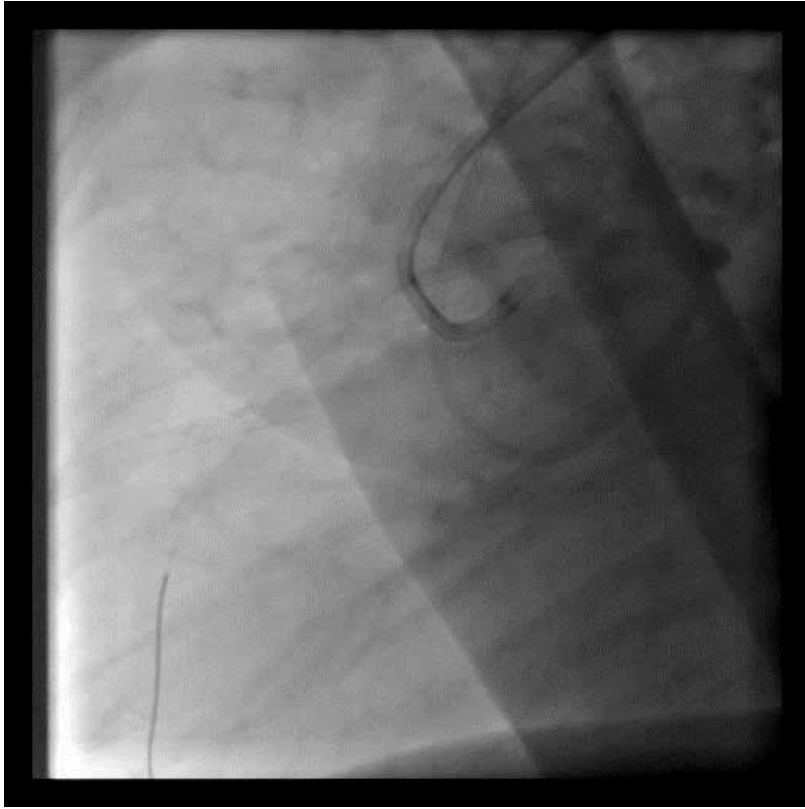
- The only setup that worked
  - (JL for RCA )
  - (XB) for contralateral injection



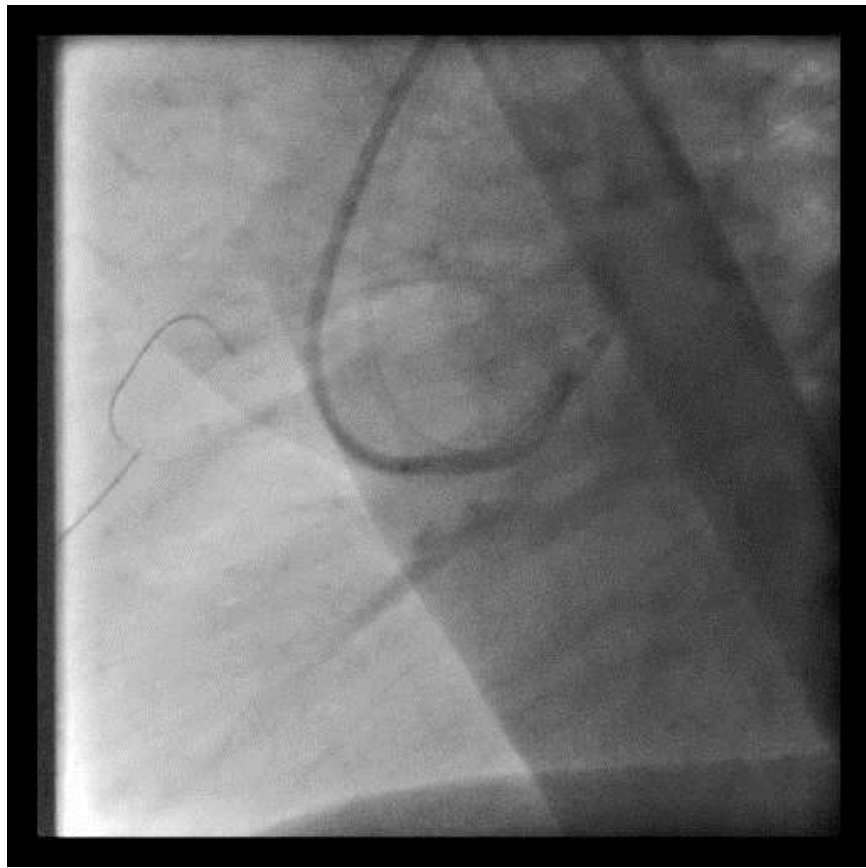


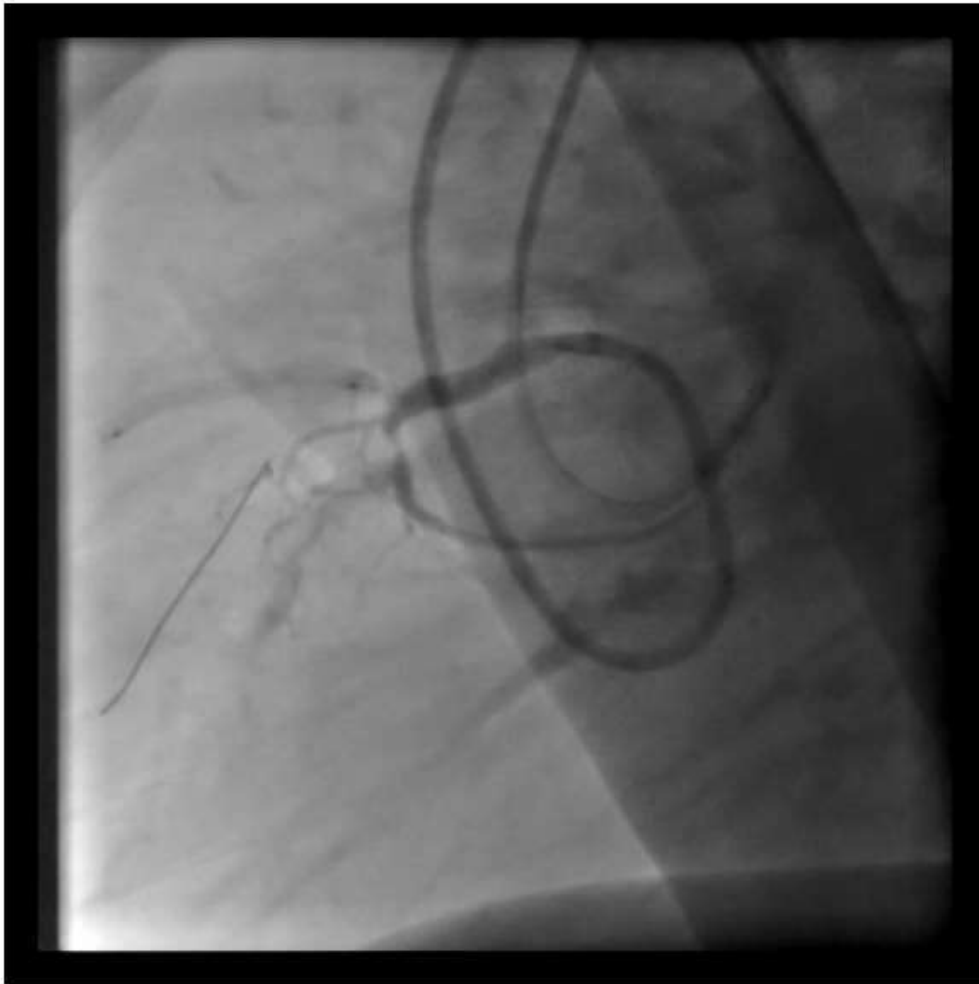
1ry cath. Position Engagement  
with zero support



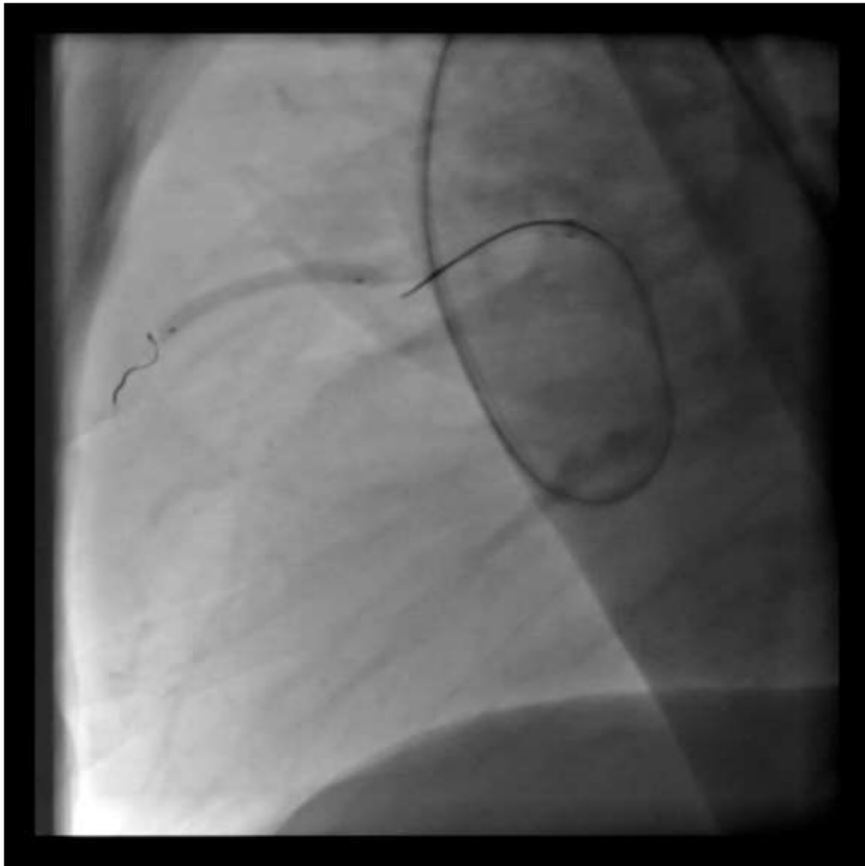


- Sion black wire was steered into RV branch, Anchoring balloon compliant 3.25x30 mm at RV branch

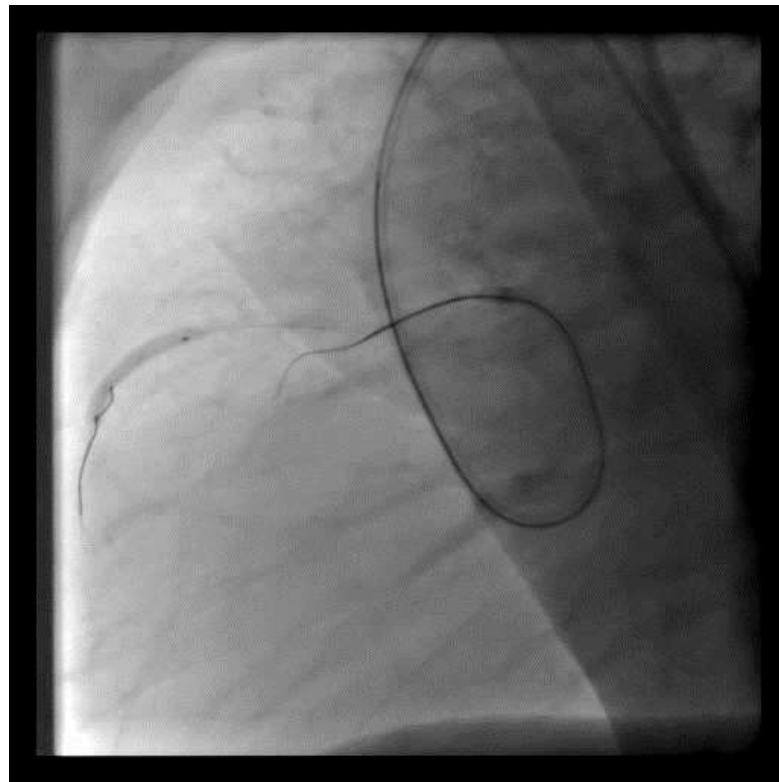
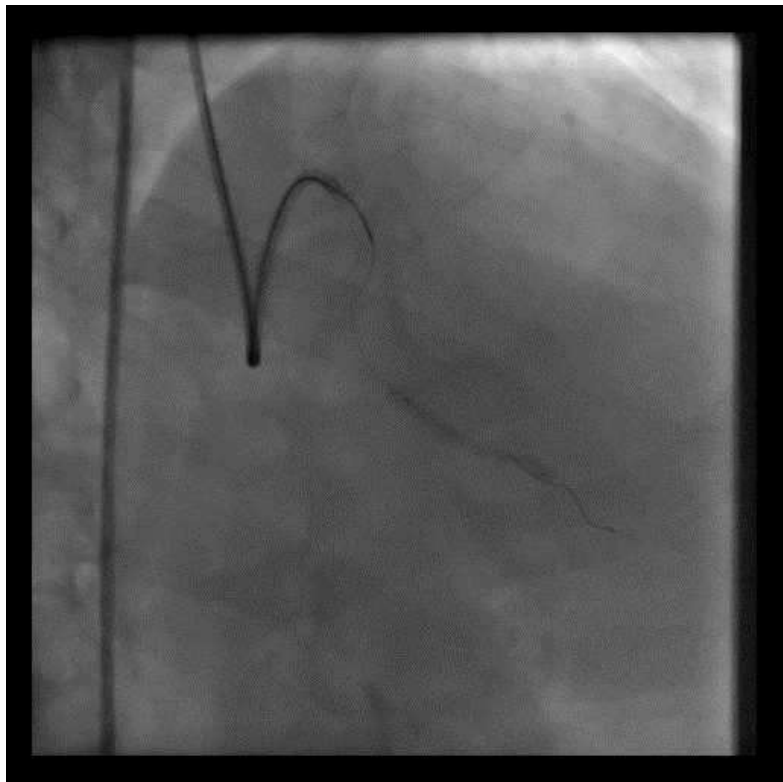




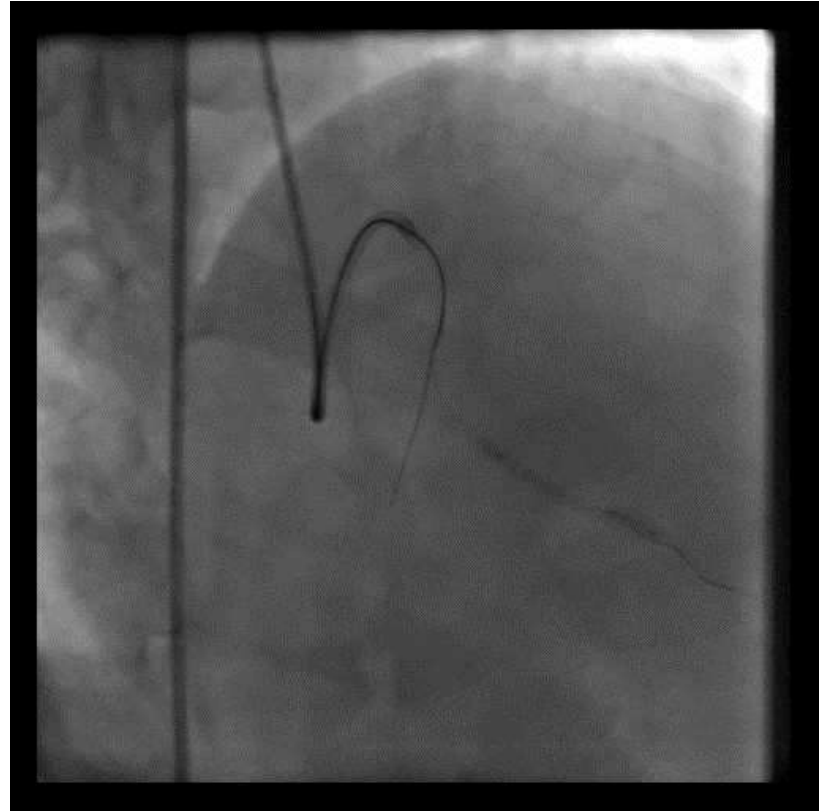
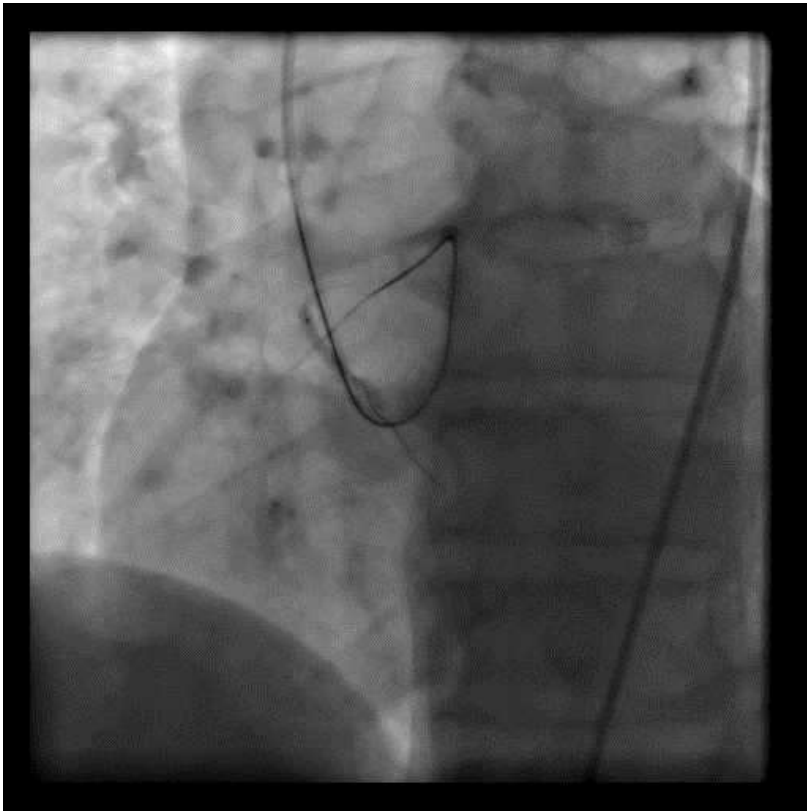
- Fortunately, the wide AO. Root accommodated that deep JL position
- Sion black wire was steered into RV branch, Anchoring balloon compliant 3.25x30 mm at RV branch



➤ **Backward engagement of RCA**

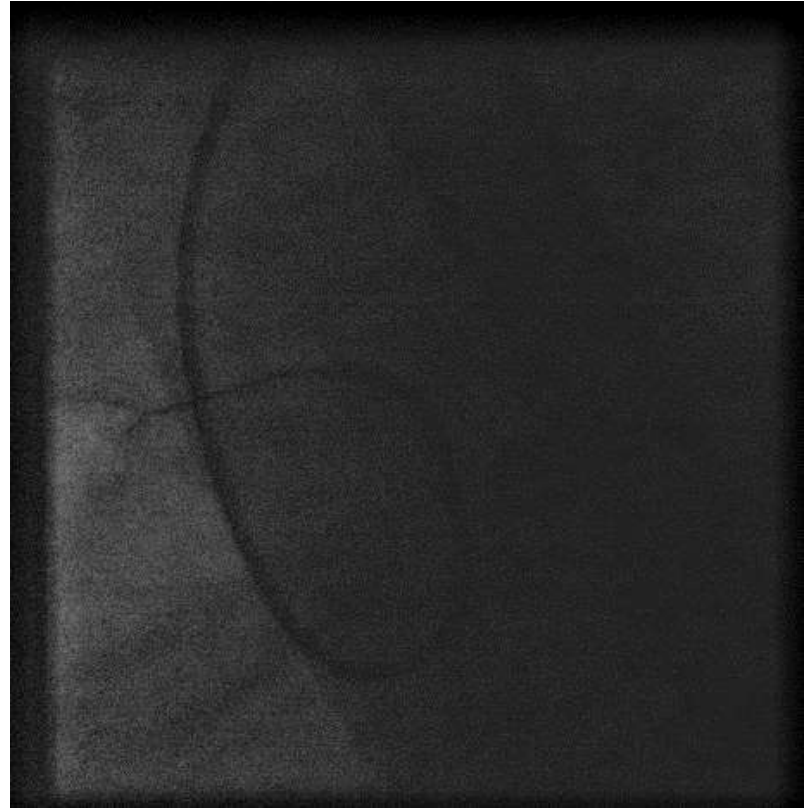
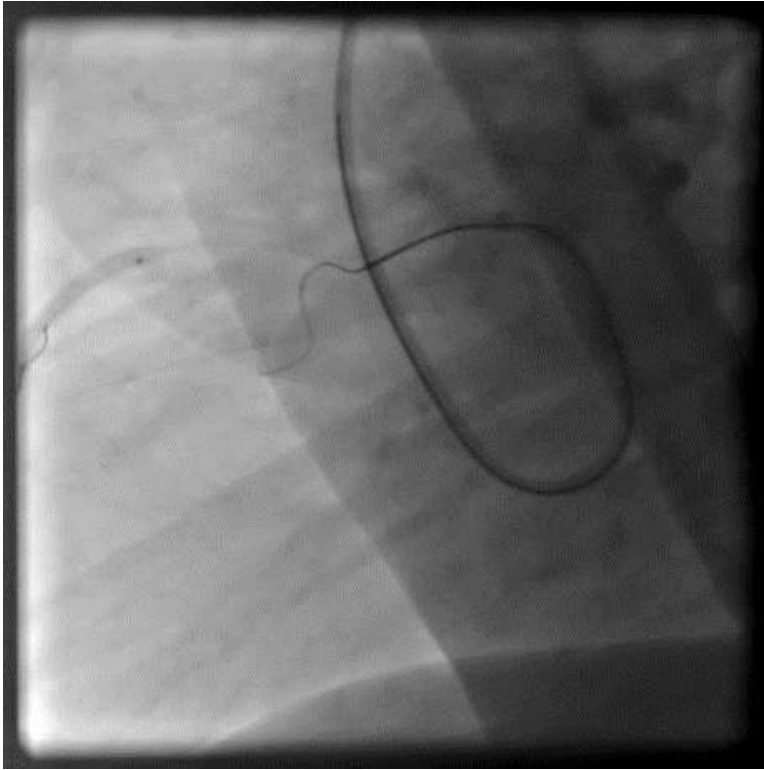


- Escalated to Gaia II that went in the extra plaque space and failed to re-enter distally.

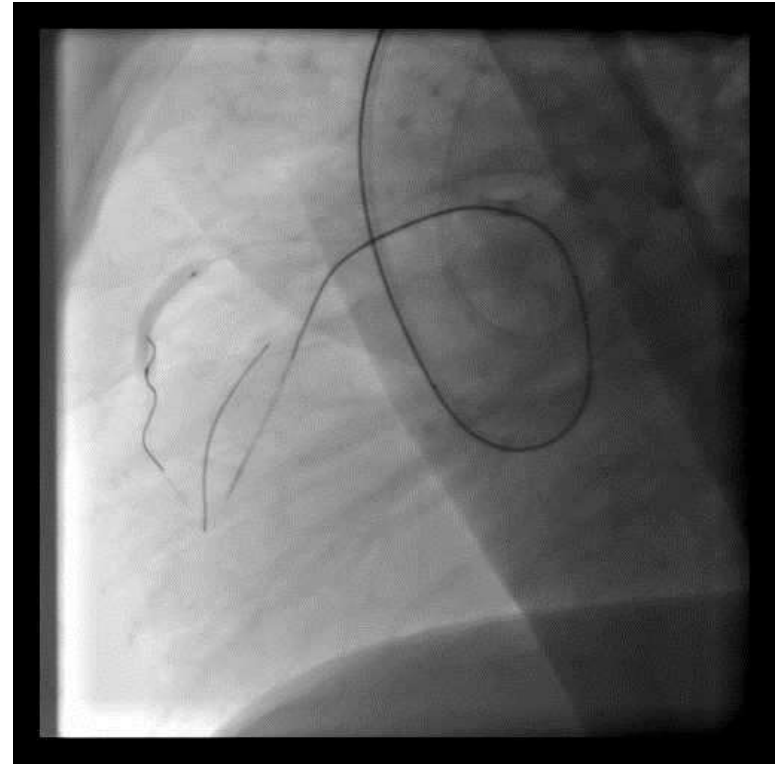
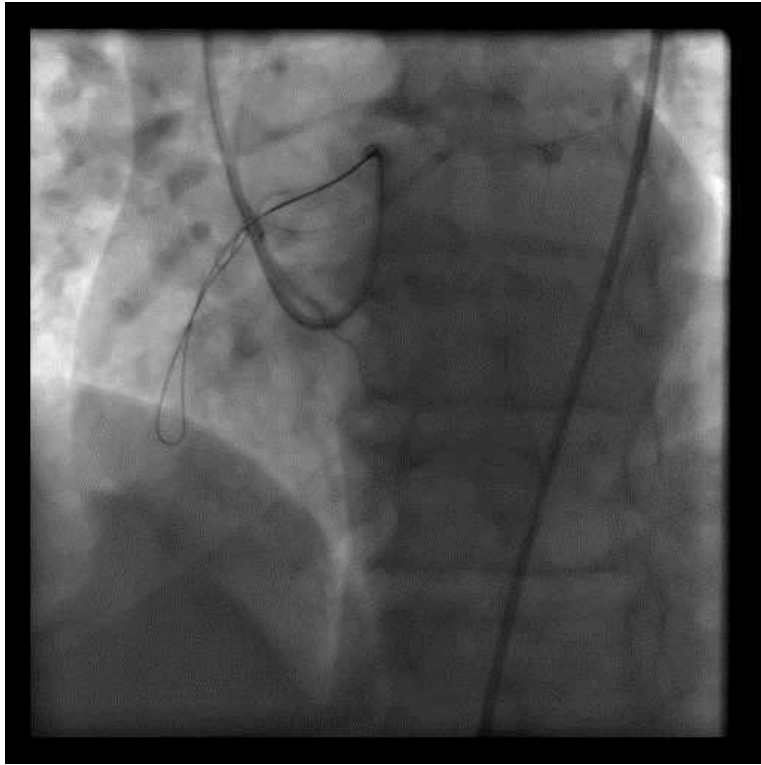


- Corsair Pro135 microcatheter (MC)
- Fielder XT-R that failed to cross the proximal cap

# Algorithm to overcome difficulty

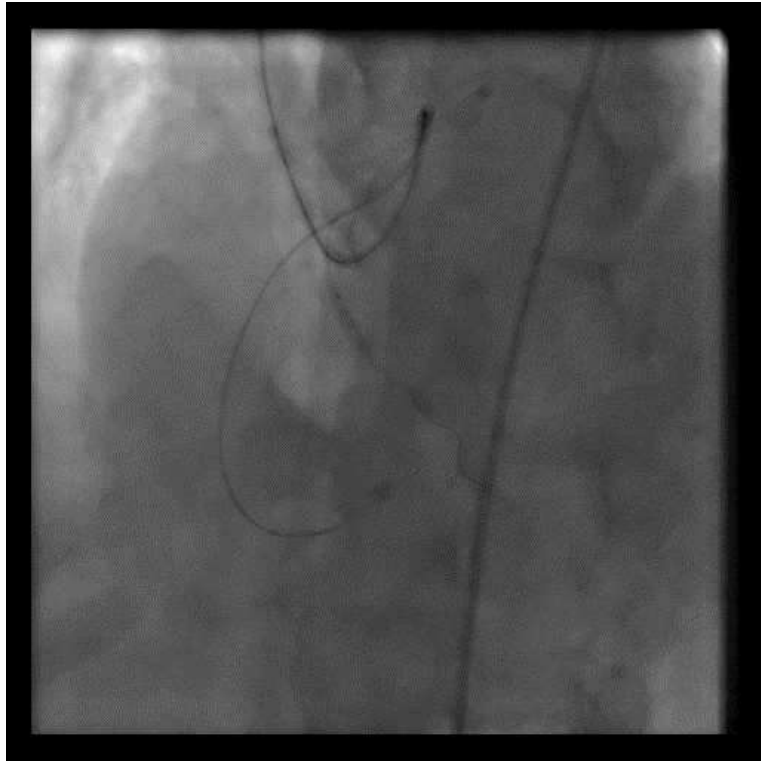


- Shifted to ADR. Knuckled XT-R,

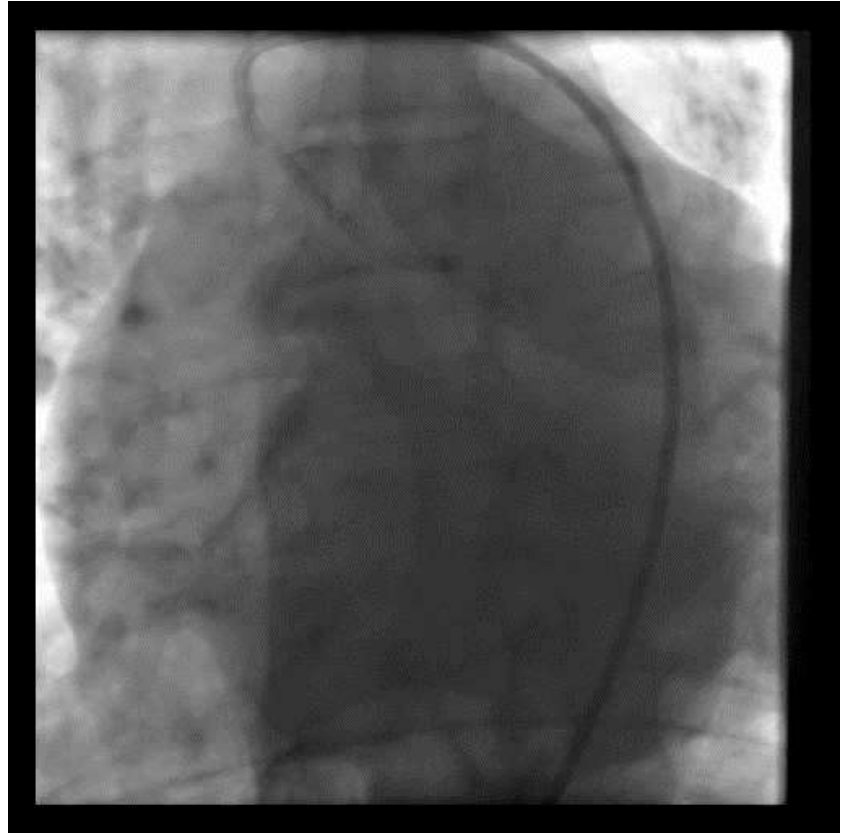
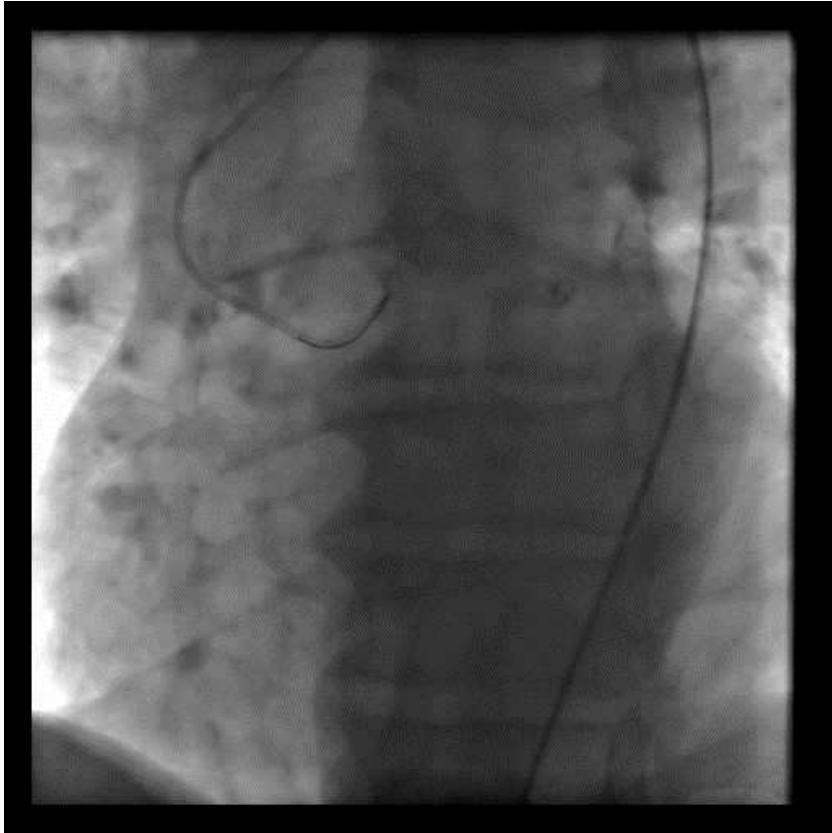


- Gaia II & CP 12 trials for wire-based reentry failed.
- The Guiding could not accommodate device for re-entry (Recross MC)
- Carlino technique for re-entry
- STAR into PDA & PL (bailout after reaching maximum contrast and radiation limit)



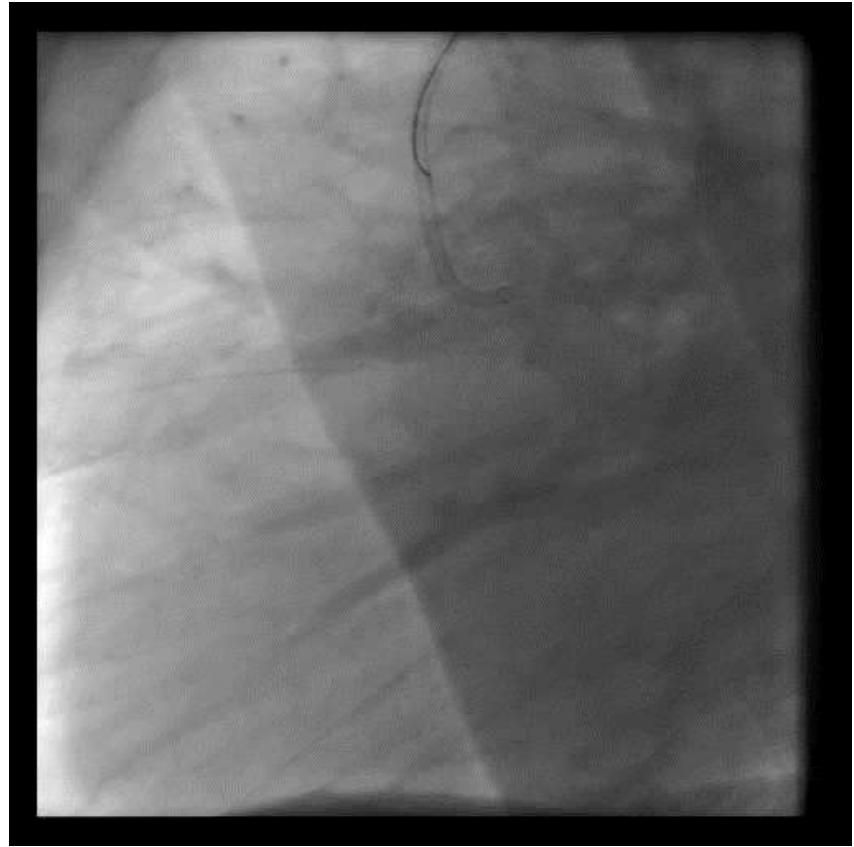


- STAR technique into PDA/ PL, staged predilatation
- TIMI grade III flow at PDA/PL
- Investment procedure
- Planned for second session after 8 weeks



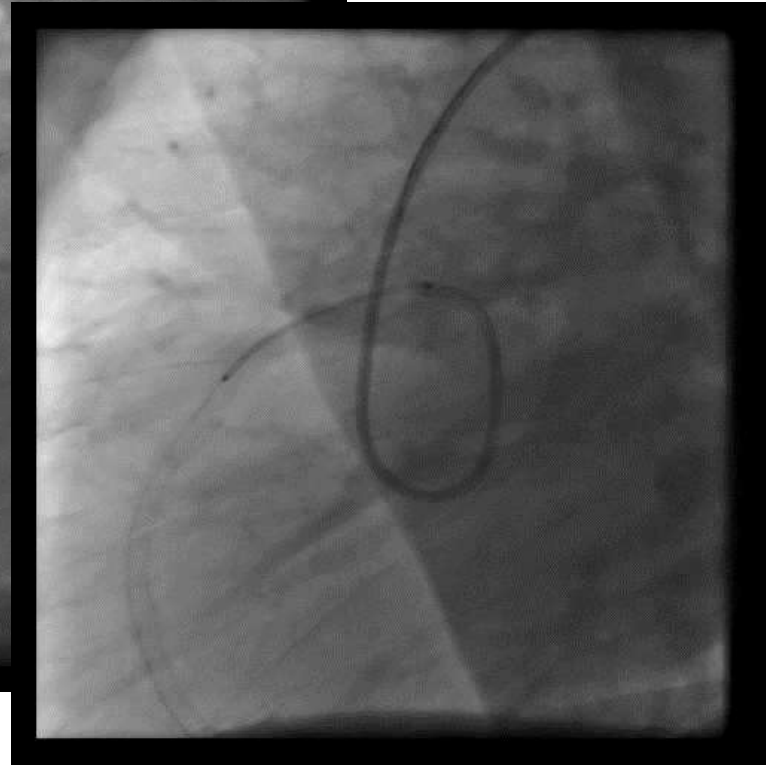
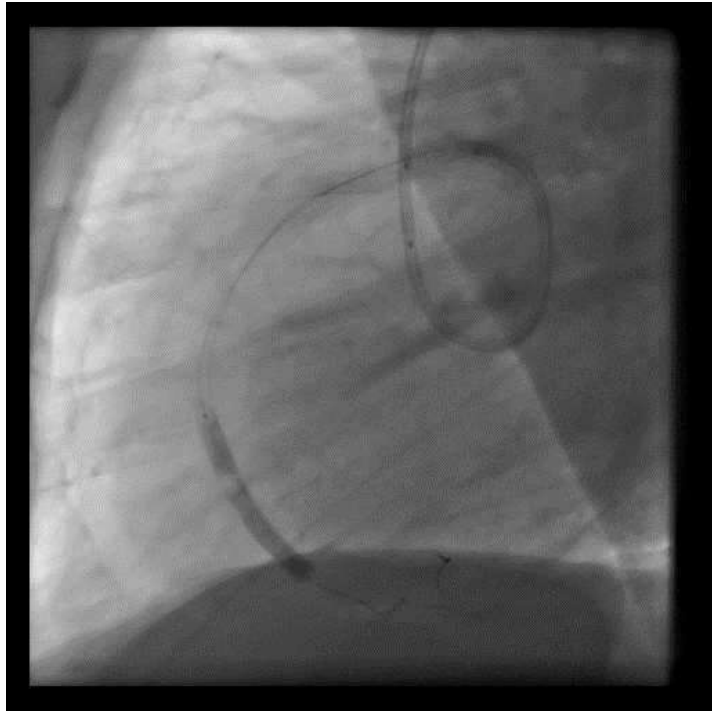
# 8 weeks later

- Patent RCA after 8 weeks

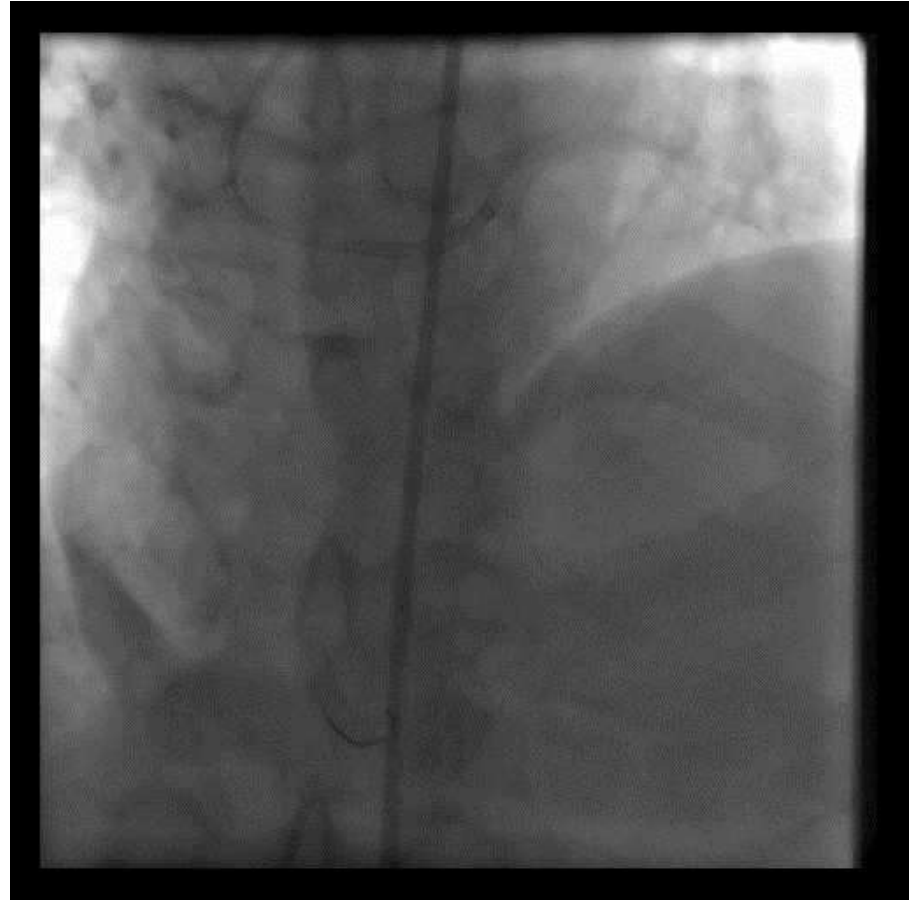
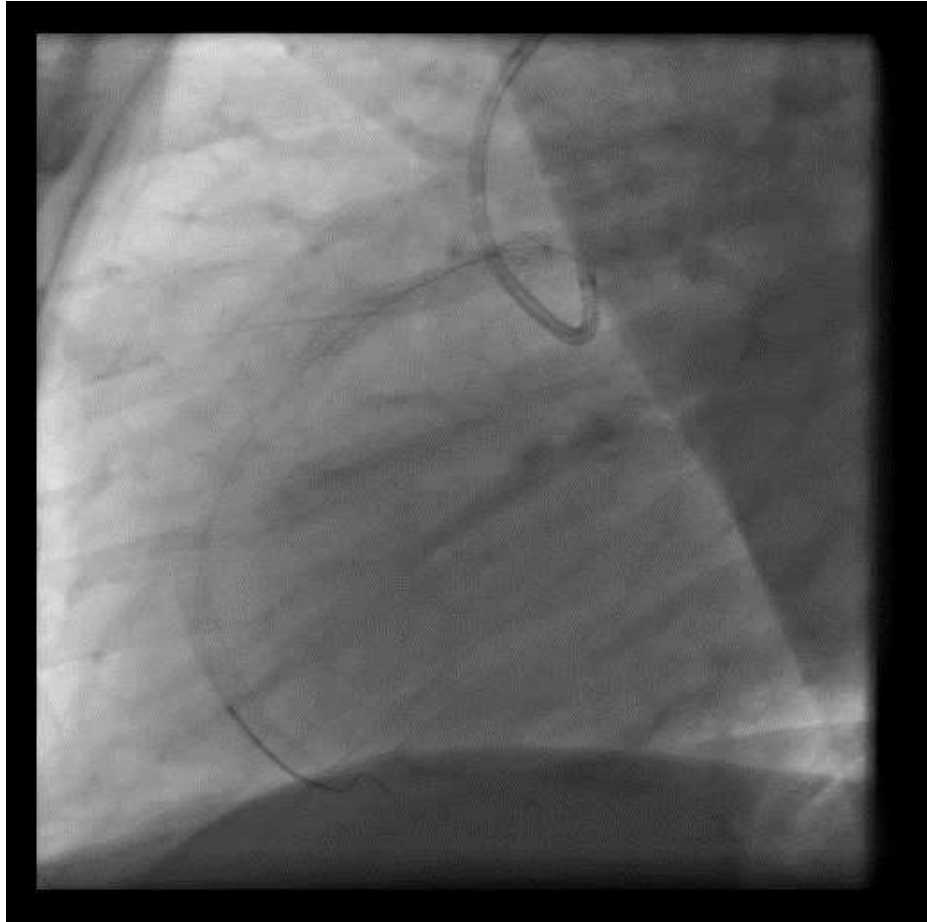




- Struggling with support, 1<sup>st</sup> stent delivered with distal anchoring technique & buddy wire



- 2<sup>nd</sup> stent deliver while jailing 1<sup>st</sup> buddy wire then removed



# Key Learnings for the Operator and Team

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- Difficulty in CTO PCI could be encountered at any step (engagement, wiring, Geer delivery).
- JL in this deep position offered the maximum support (think out of the box)
- Do not stuck in failure mode in CTO PCI
- STAR still works and investment procedure facilitates the subsequent procedure