After crossing the CTO No pressure in the Guide?

- How to solve it withoul loosing the guidewire position ?

Case presentation

62 year old male. Active smoker.

History of angina CCS 3

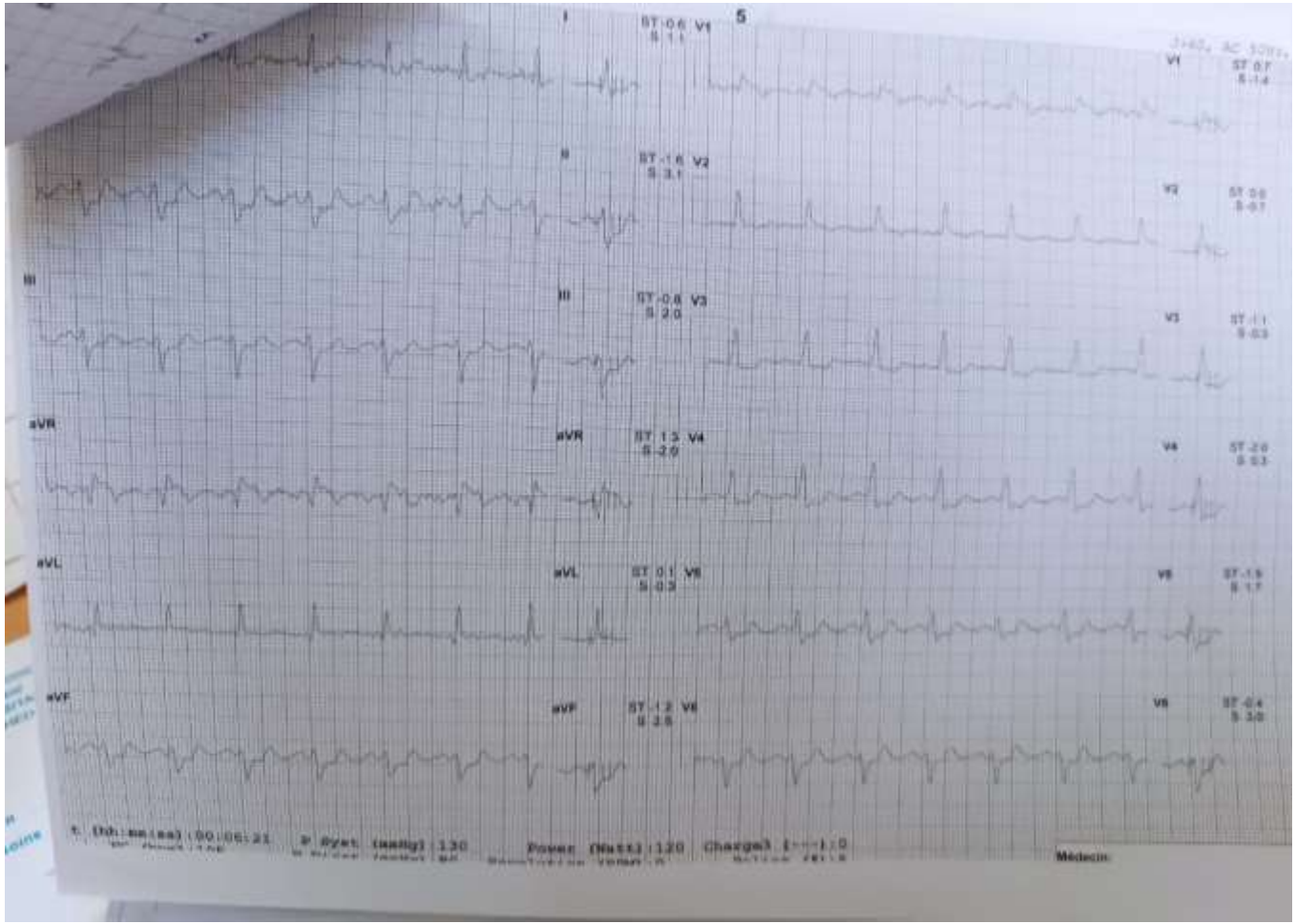
Presented with an unstable angina

Exercise testing positive at 60% of the Maximal estimated HR

Ejection fraction was normal

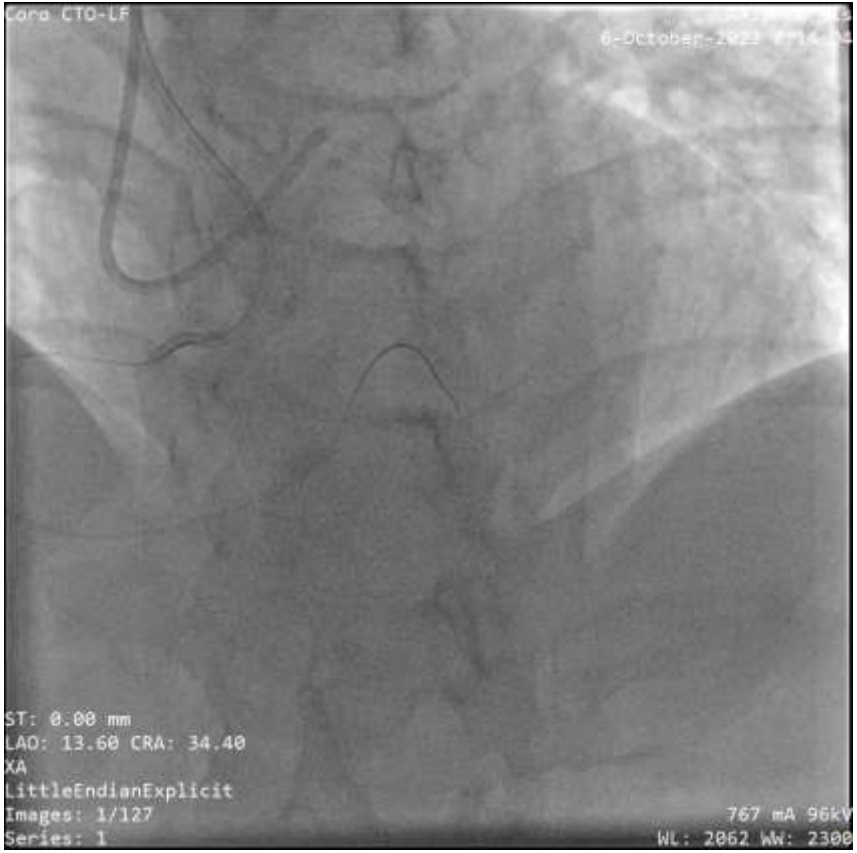
No comorbidities

Stress TEST : clearly positive



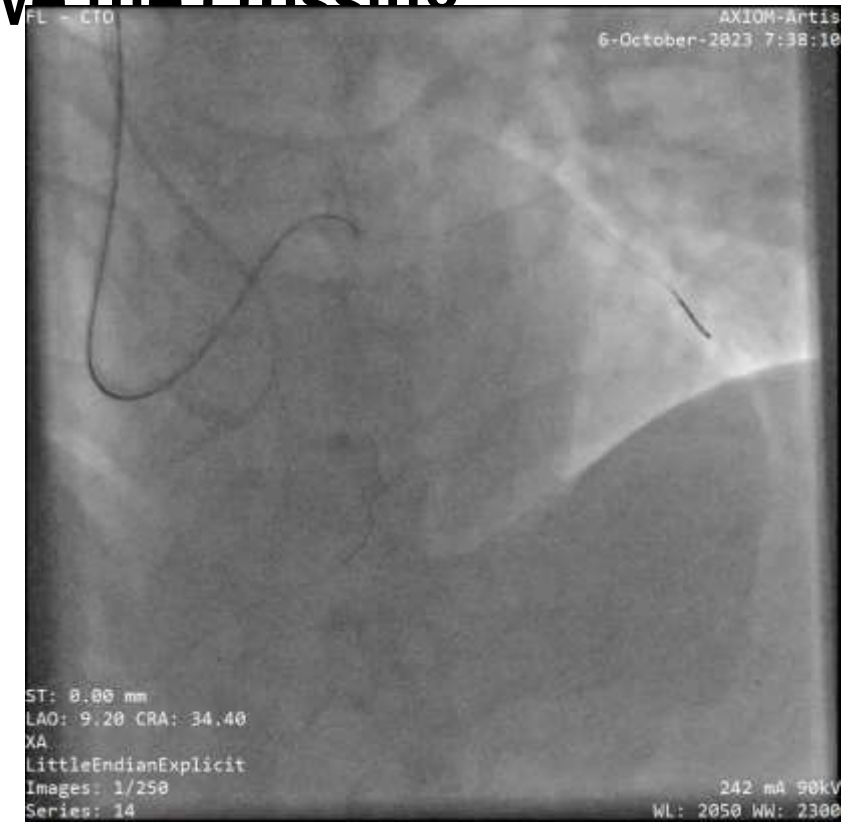
Coronary angiography July 2023 LAD CTO

- Symptoms remained on medical treatment
- Scheduled for LAD CTO PCI October 6th.
- Calcified + Blunt proximal cap
- Antegrade Strategy →Retrograde→ ADR if failed
- Biradial 7FR right radial to left and 6fr Left Radial to RCA



Antegrade wiring took some time finally wire based re-entry succeeded to solve the crossing

- Proximal cap puncture with GAIA 3rd
- Hard Intraplaque progression multiple projections
- Then extra plaque position but very close to true lumen
- A short retrograde attempt but collaterals very tortuous
- Escalation to Confianza double bend and re-entry attempt failed.
- Then Gladius Ex slided to distal true lumen

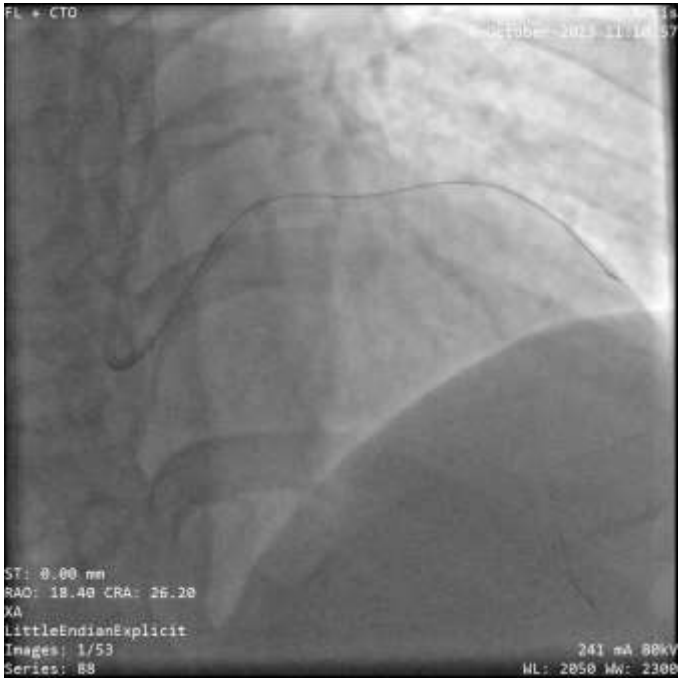


The nightmare begins

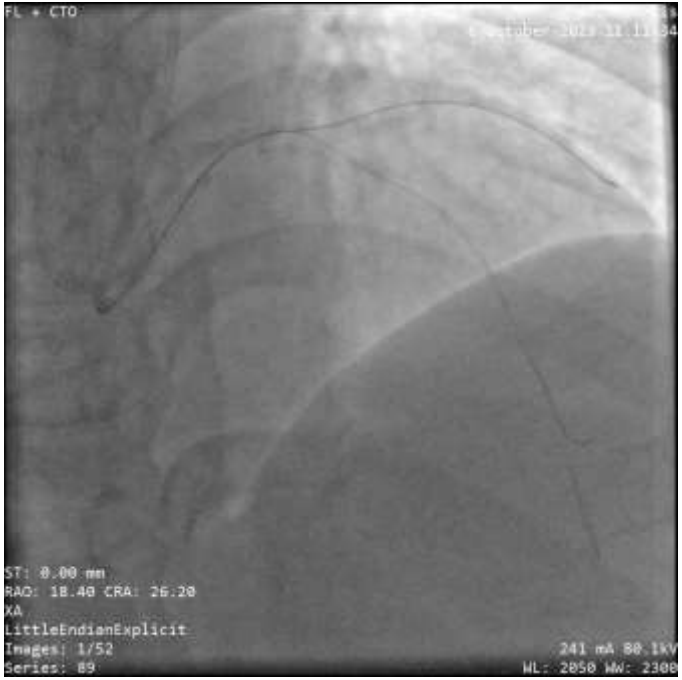
- Pressure wave not normal.
- No Backflow bleeding from the Y connector.
- And patient reports some pain in the venous line puncture site.
- → Last 2 heparin injections were subcutaneous
- What to do ??

After reestablishing a new venous line and bolus heparin

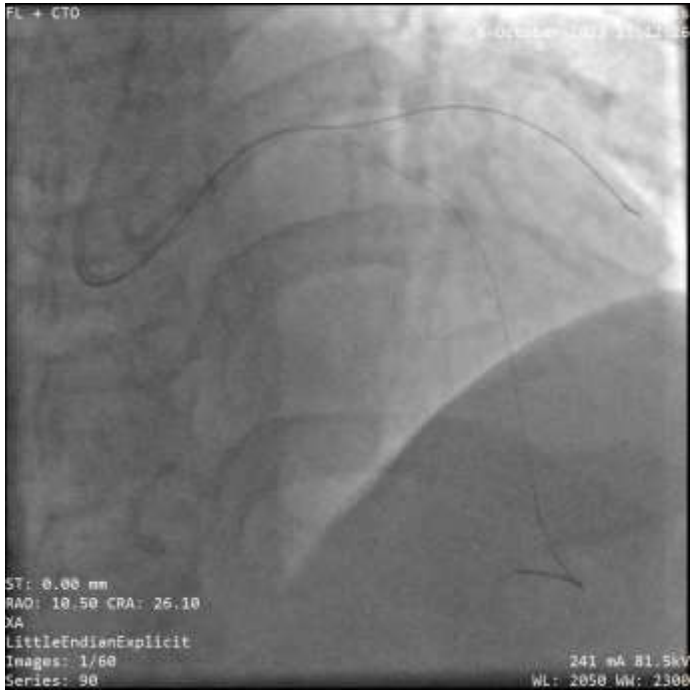
Ping Pong and rewiring using the wire that crossed as a marker



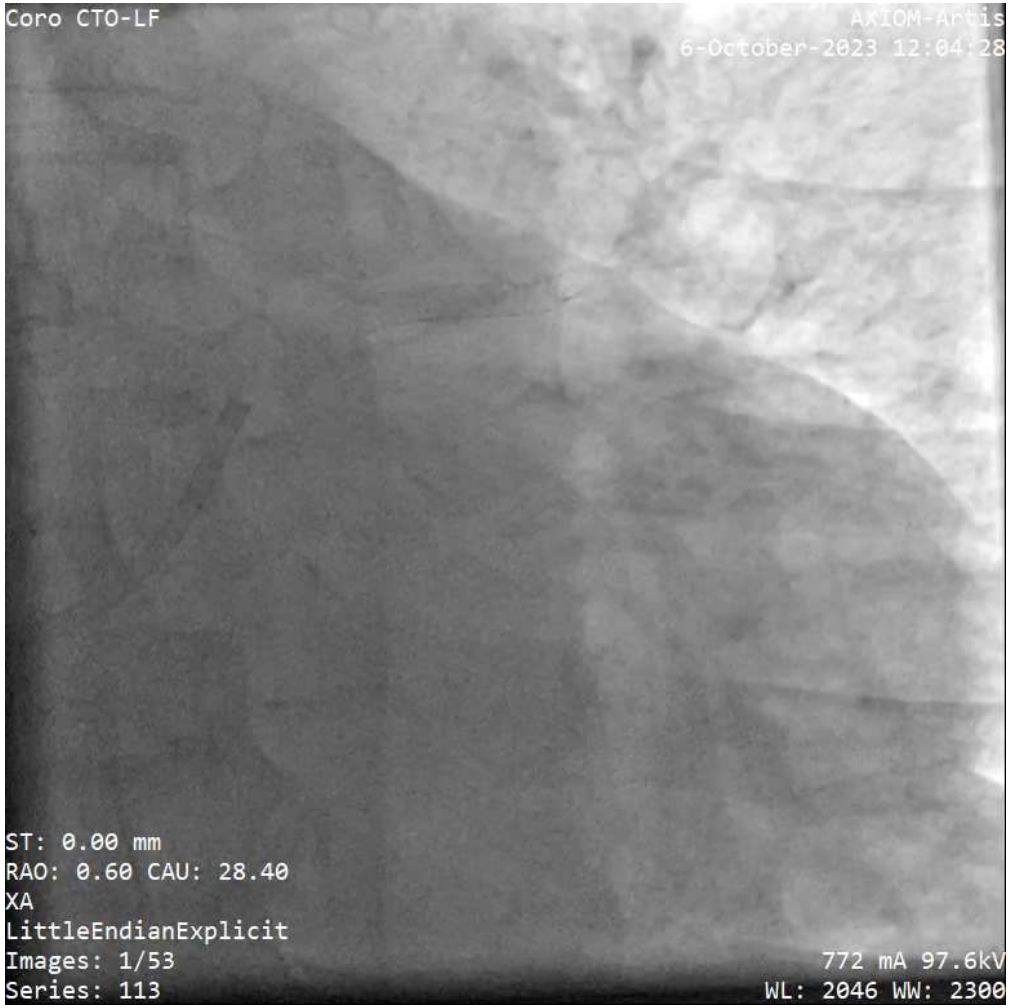
Rewiring successful



Withdrawal of the thrombosed guiding catheter and frightening thrombus !!



Final Result



Key Learning Messages

- Check the ACT !!!
- Check the ACT !!!
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- Rewiring the same vessel using ping pong technique may be a bailout solution to withdraw a thrombosed guiding catheter without losing position