

Antegrade RCA CTO & Bifurcation case

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Civil Hospital "Holy Spirit"
Pescara**



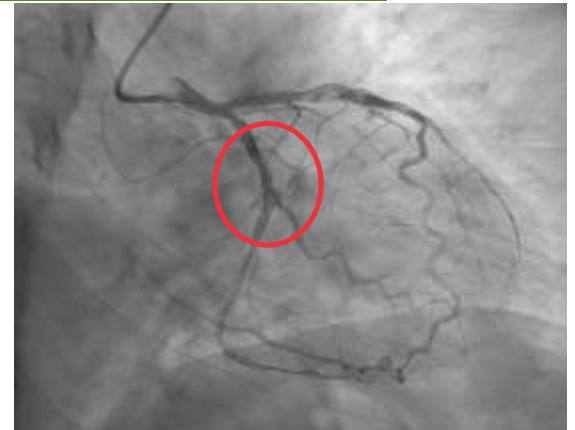
Demographics and risk factors

Male 51 years old BMI 31 Hypertension Current smoker

Acute coronary syndrome NSTEMI March 2022

Angiography → Acute sub-occlusion of *proximal circumflex*, and *critical stenosis of diagonal and occlusion of RCA*

PTCA on Circumflex



Staged procedure in the same recovery on 1° diagonal

Effort angina in the next months

Eco cardio:

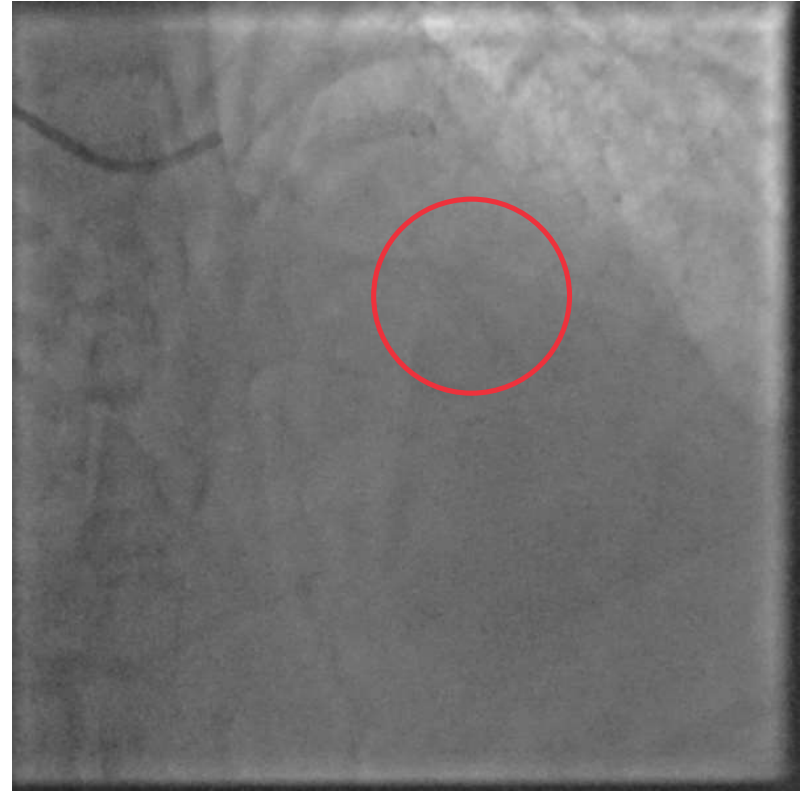
Normal dimension of left ventricle with
normal ejection fraction (FE60%)

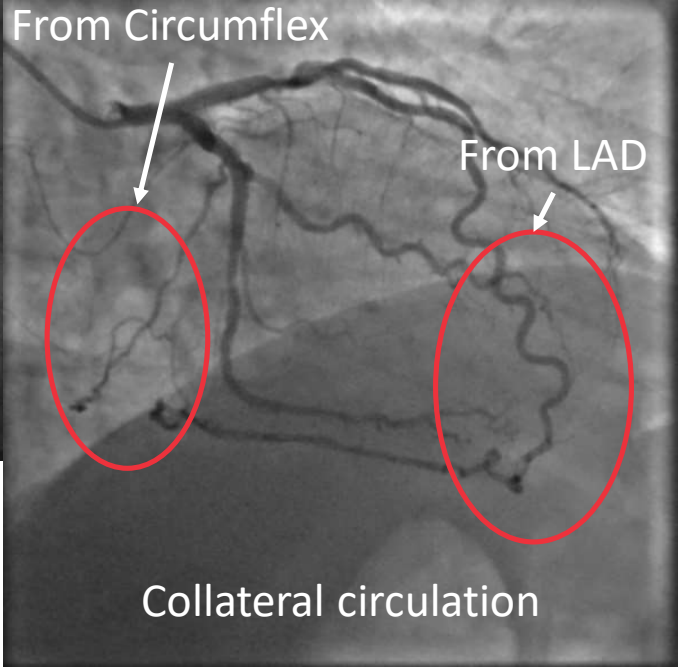
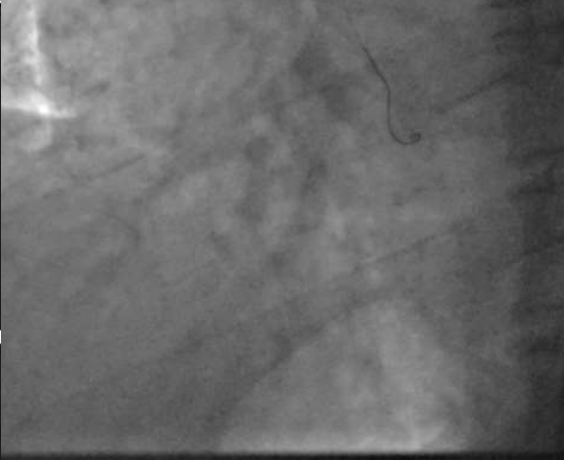
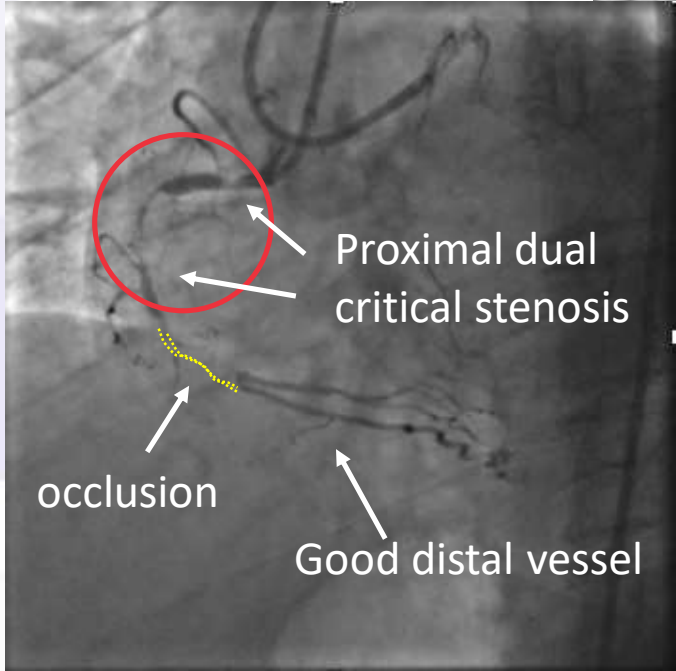
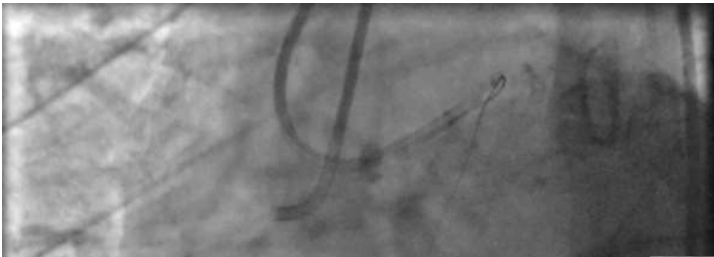


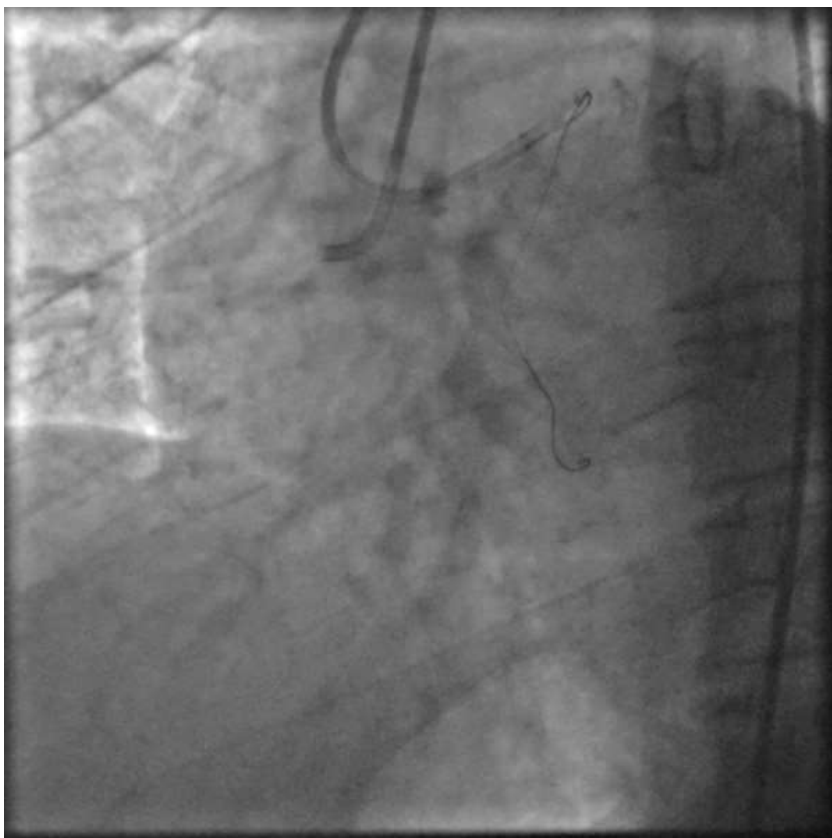
Planning procedure for RCA recanalization



June 2022



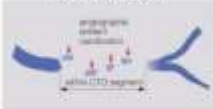








J-CTO SCORE SHEET

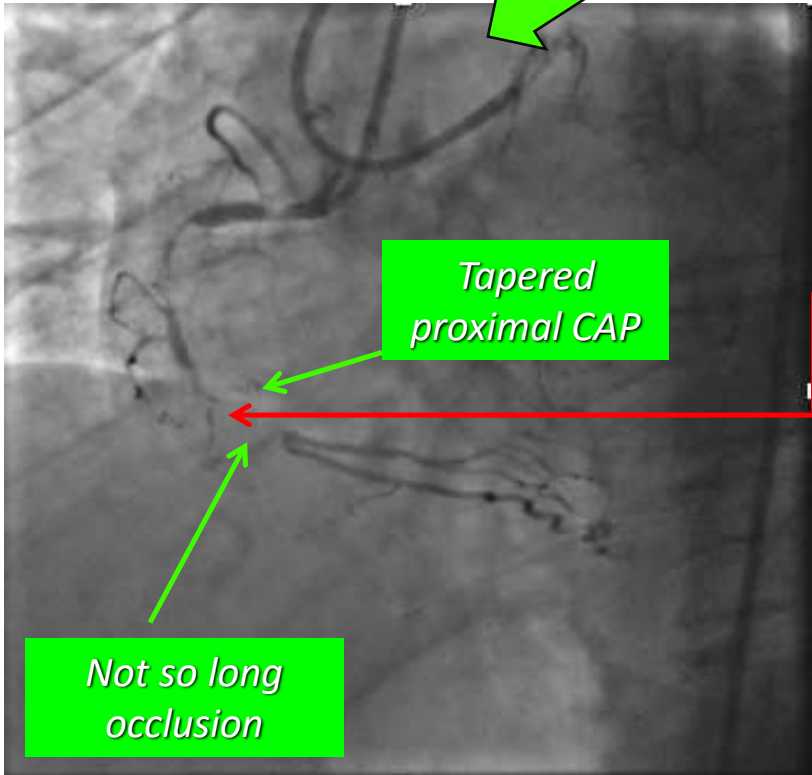
Version 1.0

Variables and definitions		
Tapered 	Blunt 	Entry shape <input checked="" type="checkbox"/> Tapered (0) <input type="checkbox"/> Blunt (1) point
Calcification 	Regardless of severity, 1 point is assigned if any evident calcification is detected within the CTO segment.	Calcification <input type="checkbox"/> Absence (0) <input checked="" type="checkbox"/> Presence (1) point
Bending > 45degrees 	One point is assigned if bending > 45 degrees is detected within the CTO segment. Any tortuosity separated from the CTO segment is excluded from this assessment.	Bending > 45° <input checked="" type="checkbox"/> Absence (0) <input type="checkbox"/> Presence (1) point
Occlusion length 	Using good collateral images, try to measure "true" distance of occlusion, which tends to be shorter than the first impression.	Occl.Length <input checked="" type="checkbox"/> <20mm (0) <input type="checkbox"/> ≥20mm (1) point
Re-try lesion Is this Re-try (2 nd attempt) lesion? (previously attempted but failed)		Re-try lesion <input checked="" type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) point
Category of difficulty (total point) <input type="checkbox"/> easy (0) <input checked="" type="checkbox"/> Intermediate (1) <input type="checkbox"/> difficult (2) <input type="checkbox"/> very difficult (≥3)		Total <div style="border: 2px solid black; padding: 5px; display: inline-block; font-size: 2em; font-weight: bold;">1</div> points





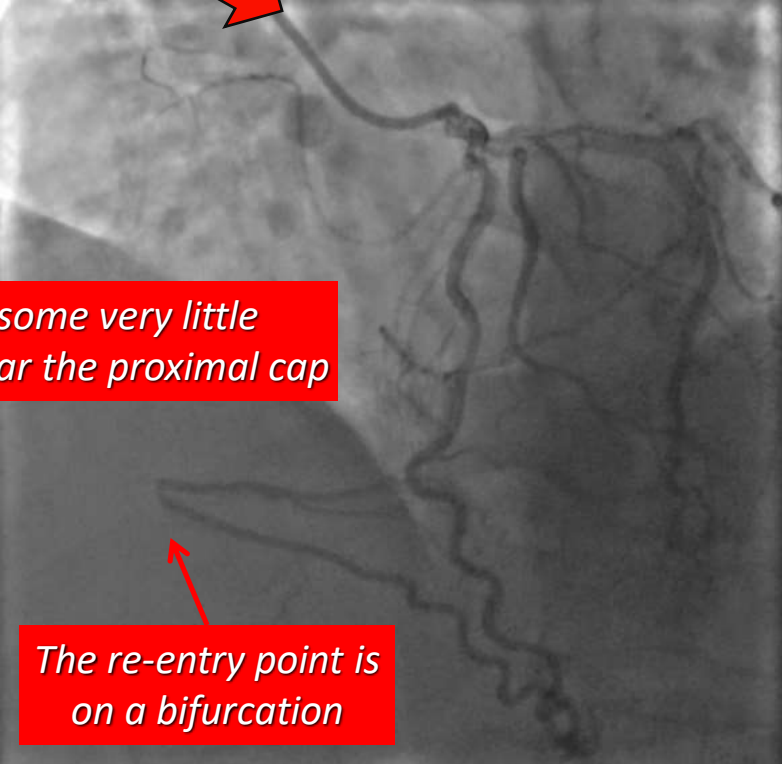
ANTEROGRADE



Tapered proximal CAP

Not so long occlusion

There is some very little collateral near the proximal cap



The re-entry point is on a bifurcation





RETROGRADE



Very small and tortuouse Epicardial collateral from circumflex

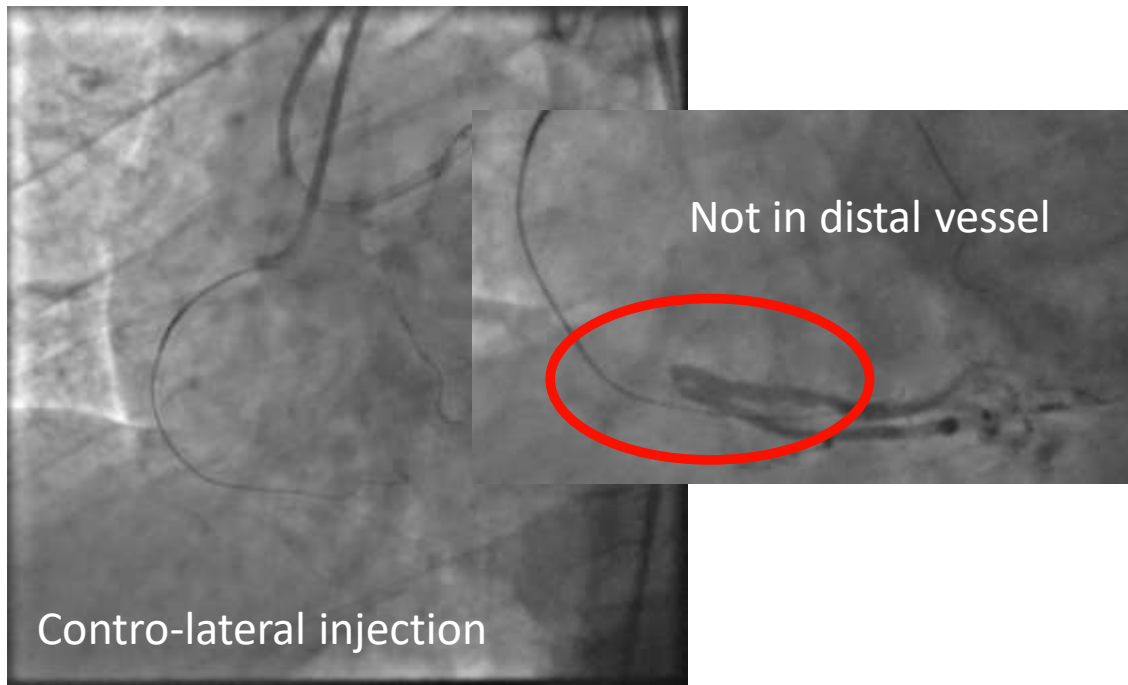
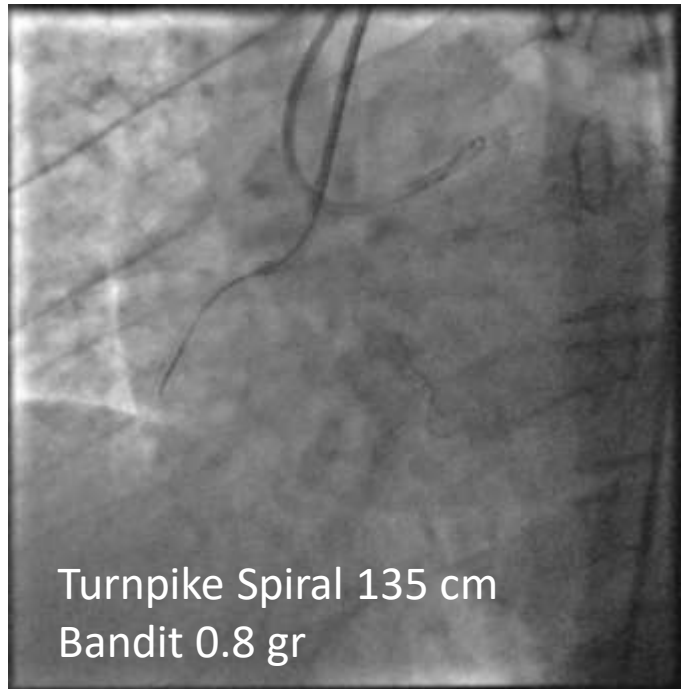
More possibiity to safe the bifurcation

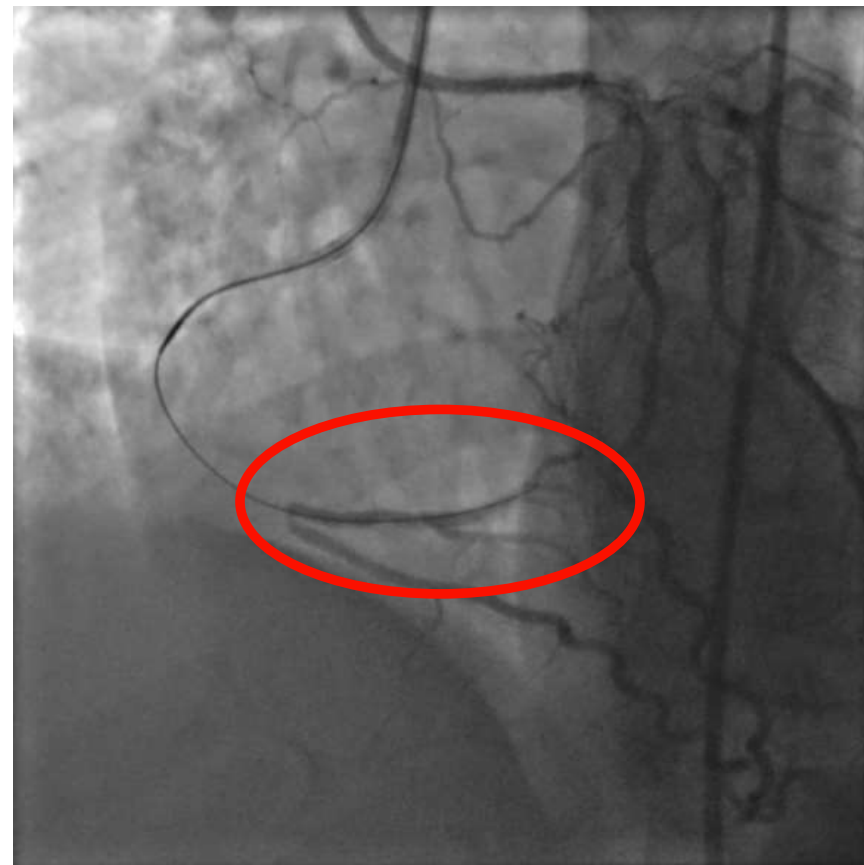
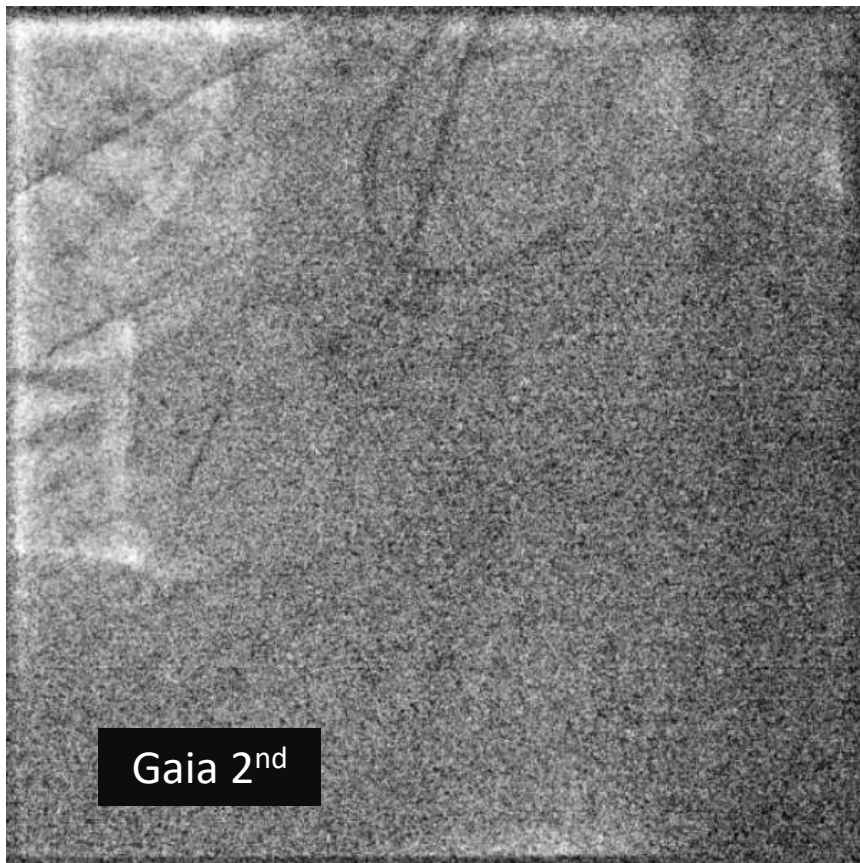
Epicardial collateral from LAD

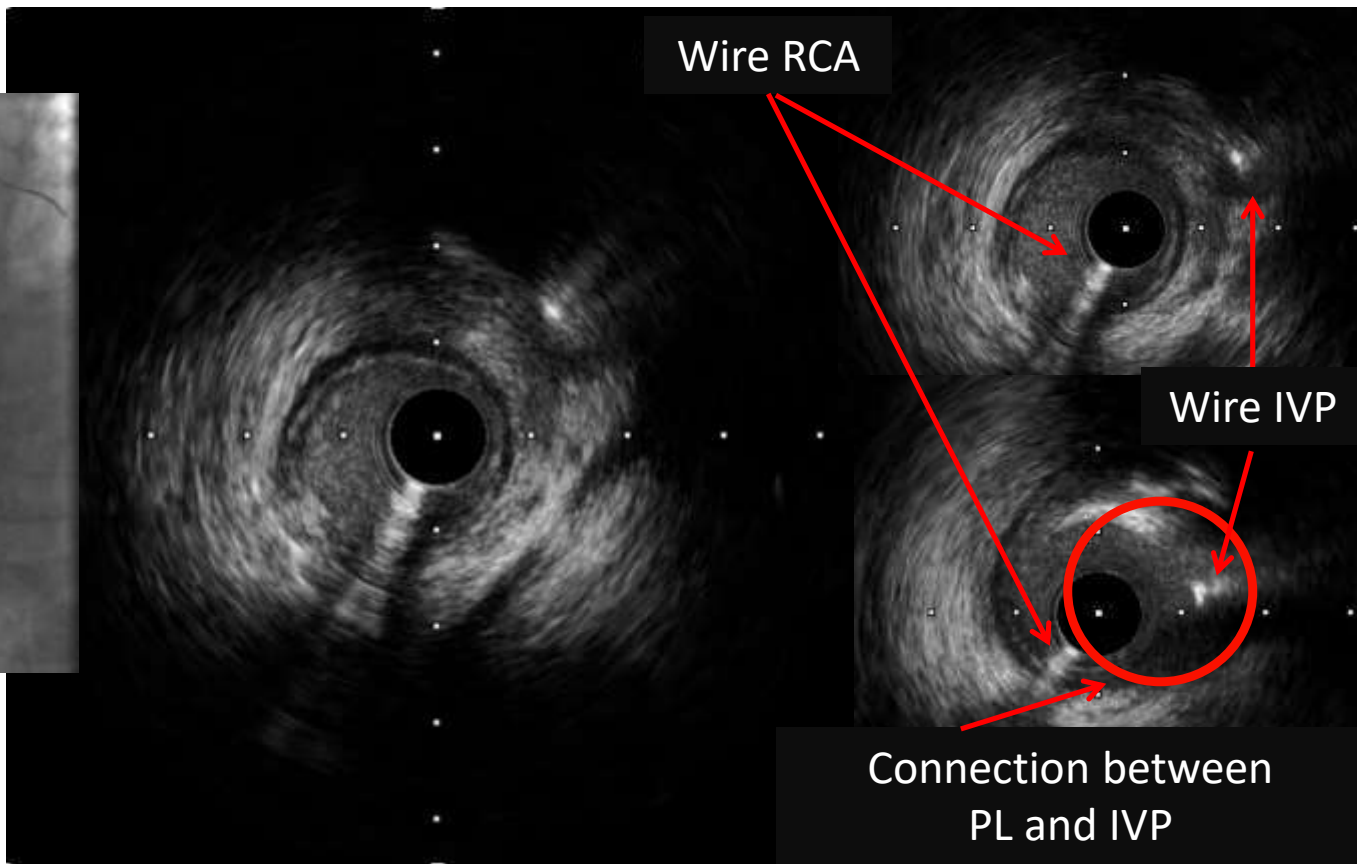
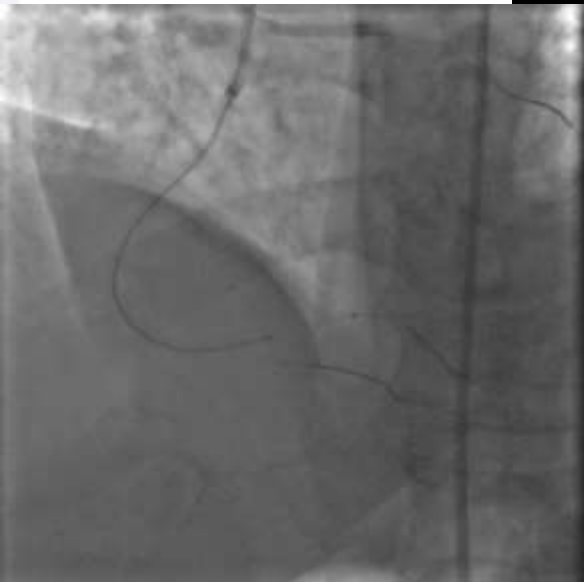


ANTEROGRADE

- EBU 3.5 7F Femoral Right
- JR 4 7 F sh Radial Left with a Slender 7→6







Wire RCA

Wire IVP

Connection between
PL and IVP



First Dual Drug Polymer Free Coronary Stent

Cobalt Chromium **platform**

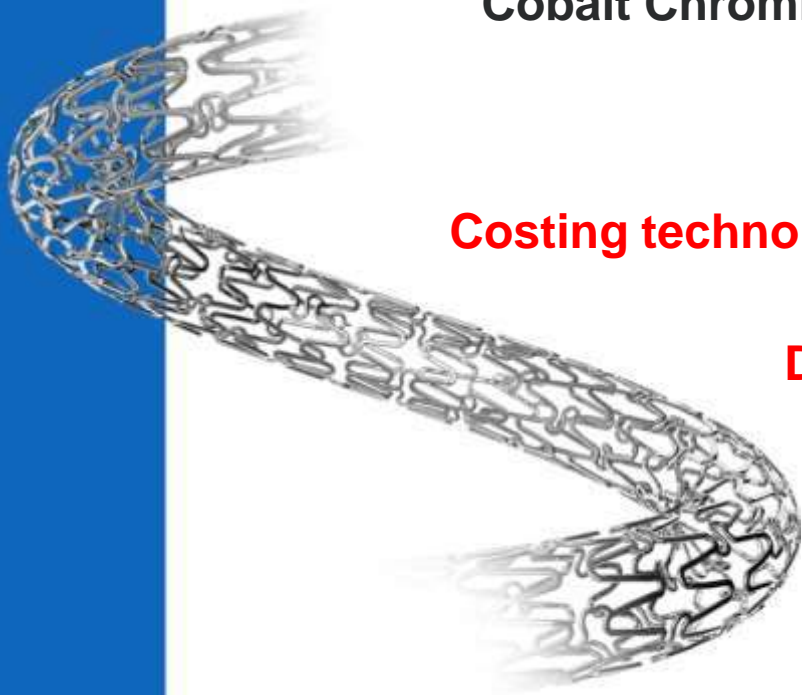
The lower **Crossing profile** 0.89

Coating technology with Micro-porus surface

Dual Drug Sirolimus and Probuocol

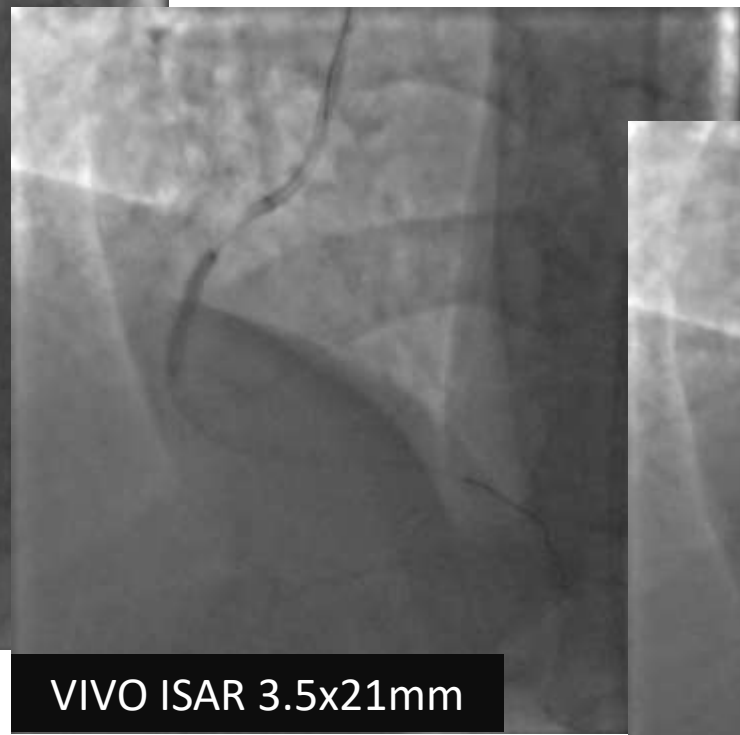
Shellac for better navigation and also to preserve the drugs during dilatation

Vivo Isar





VIVO ISAR 2.75x36mm

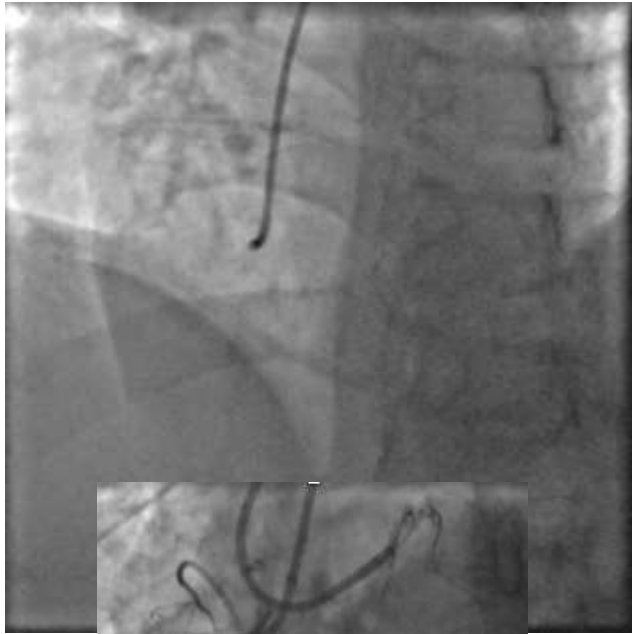


VIVO ISAR 3.5x21mm

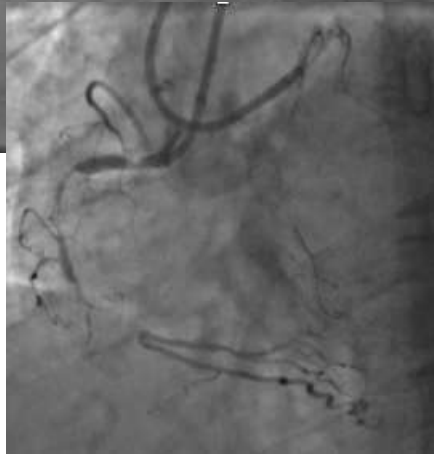
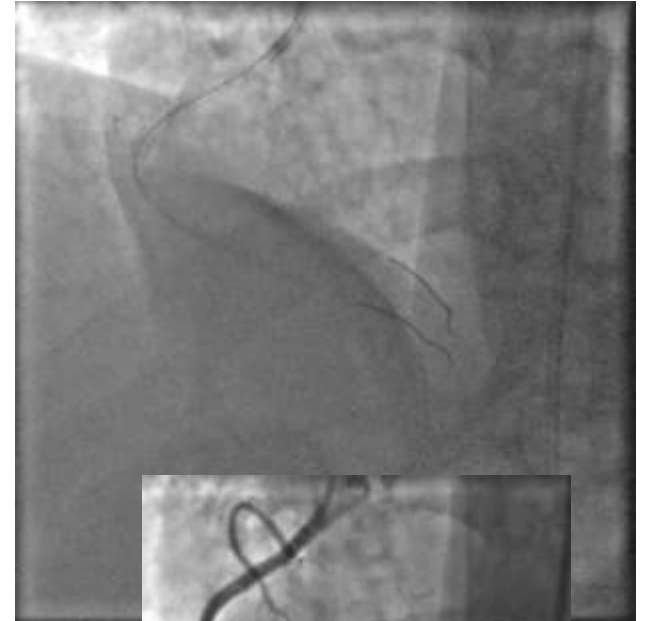


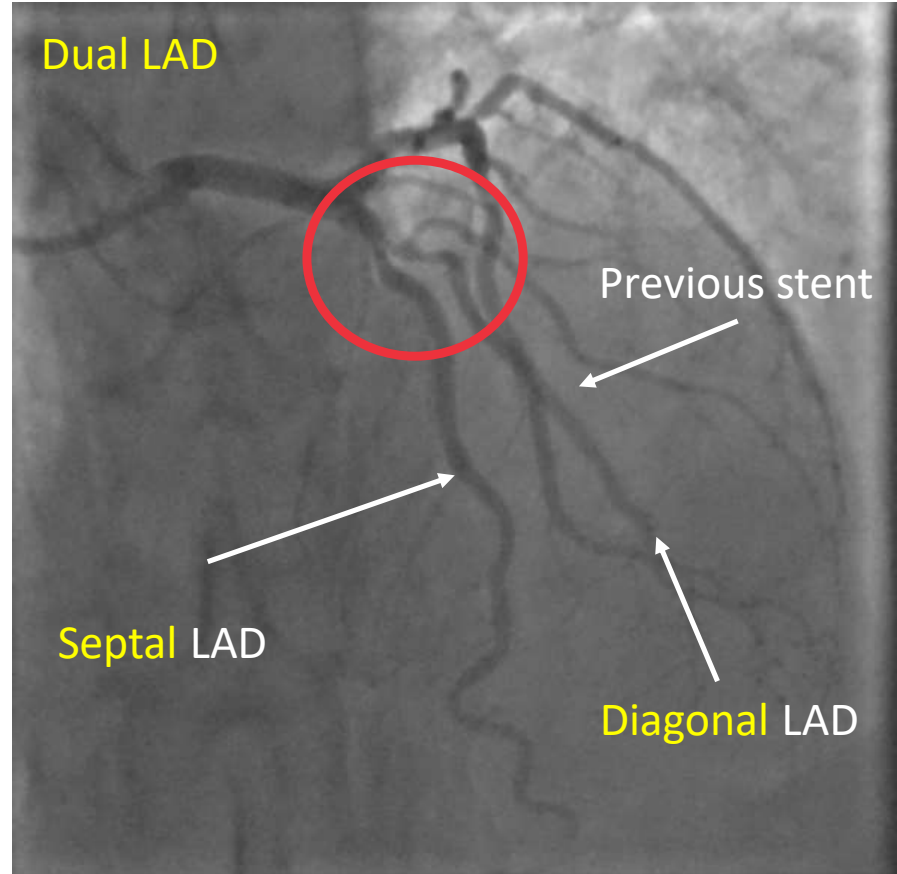
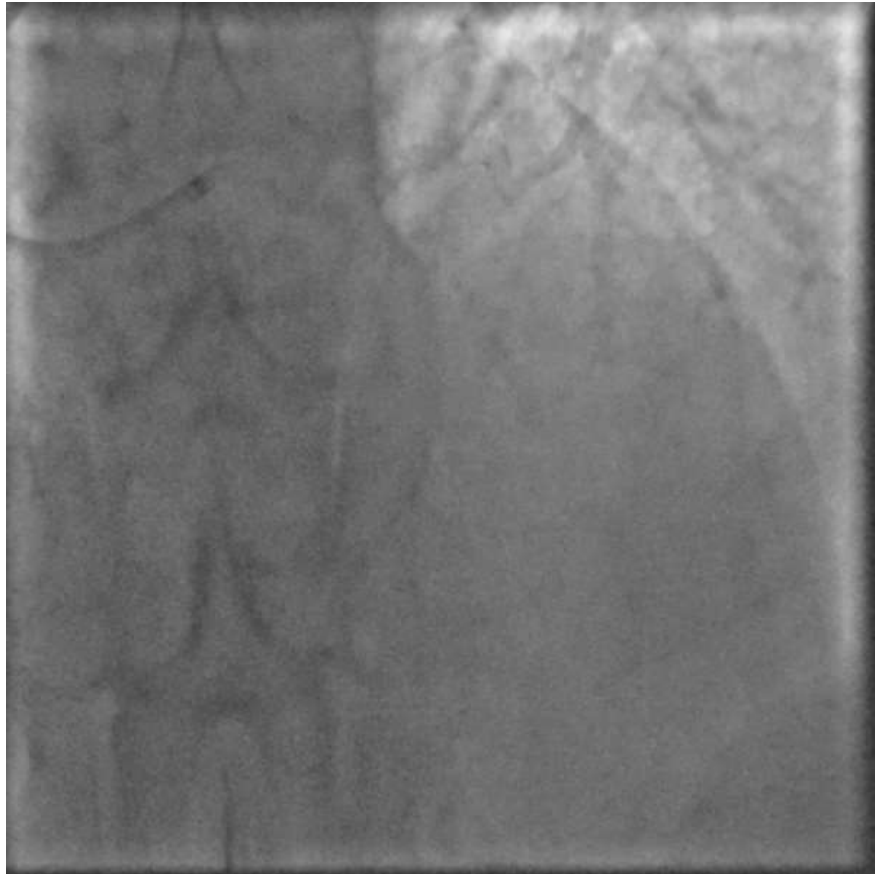
VIVO ISAR 4.0x28mm



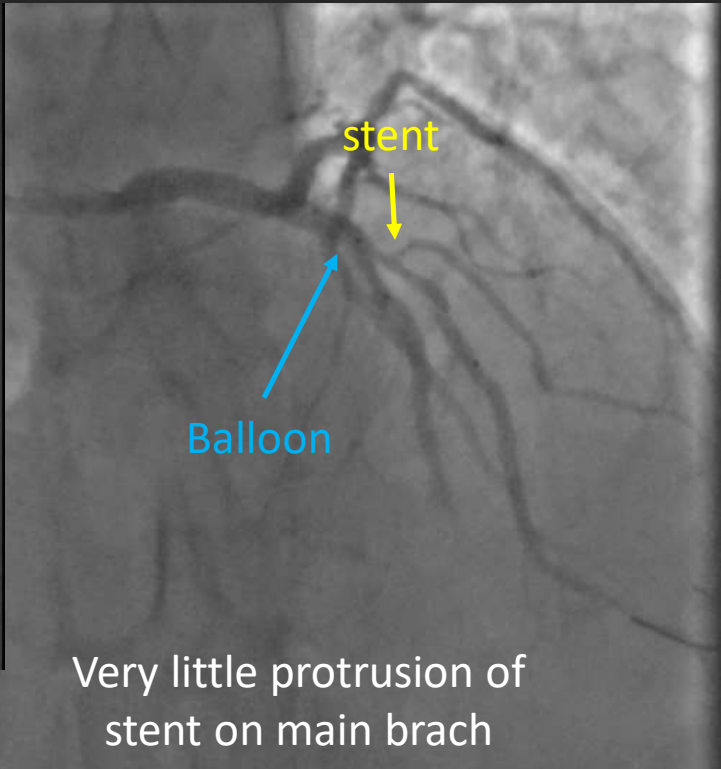
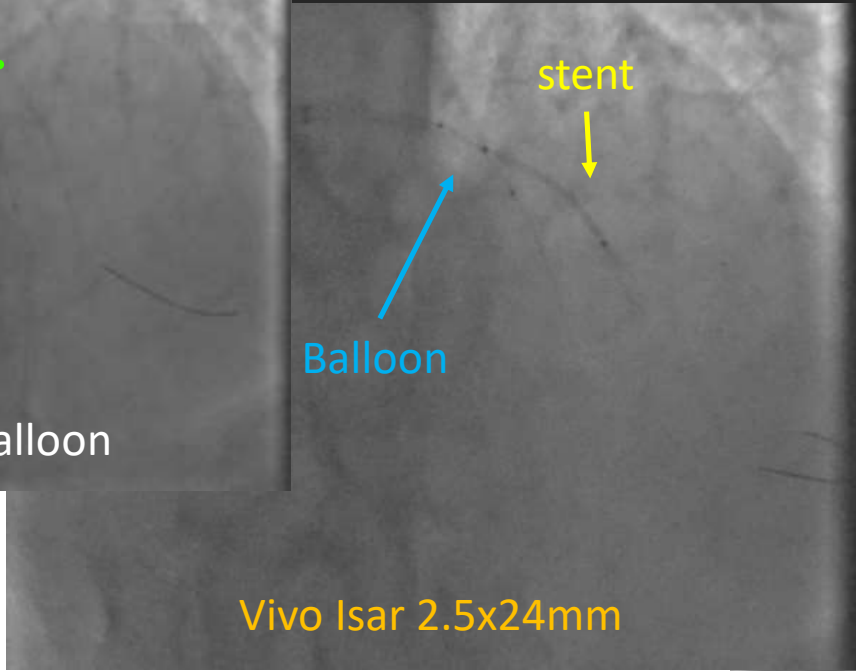
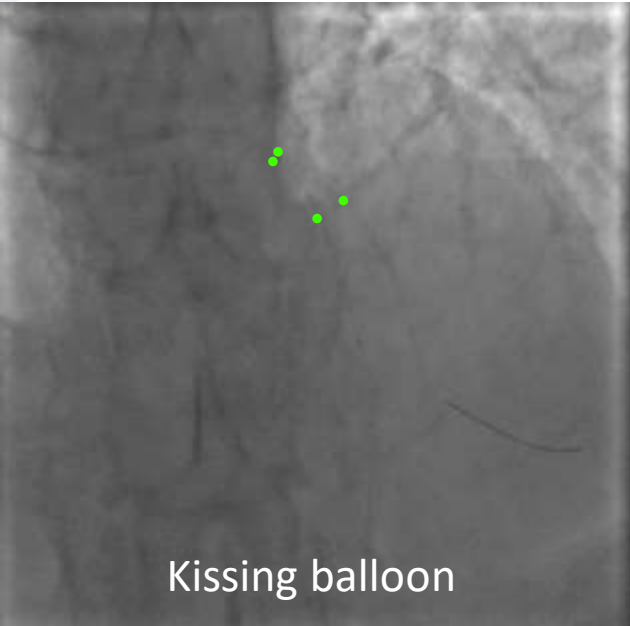


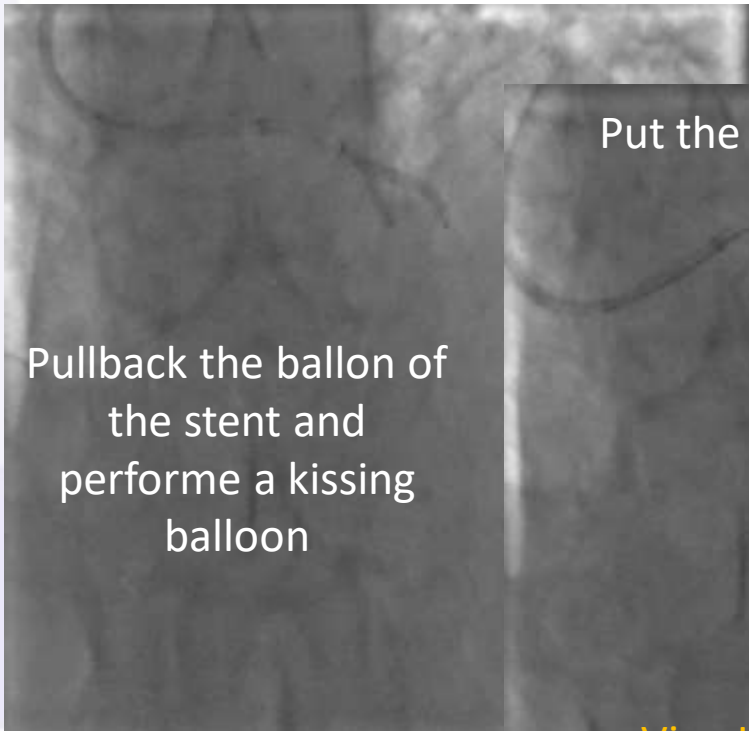
Final Result



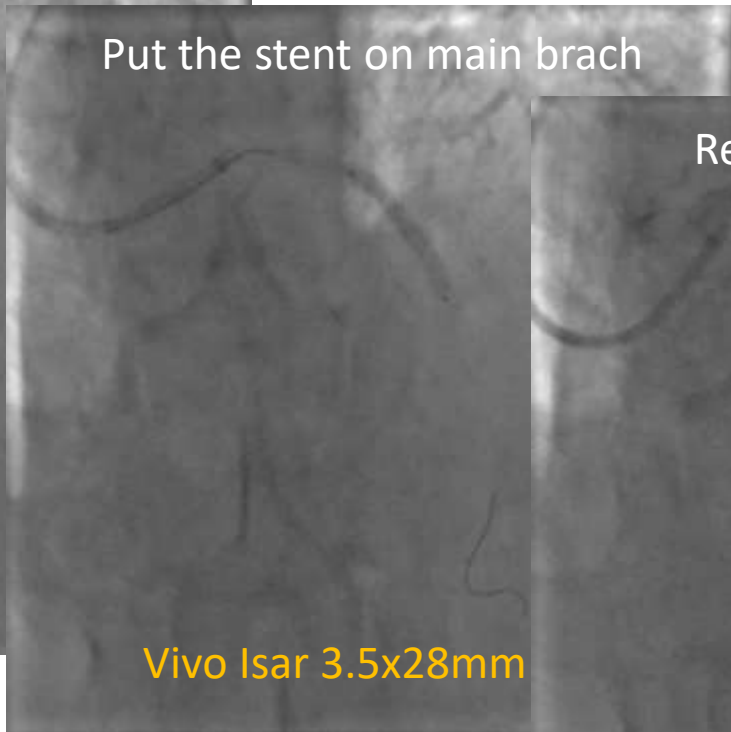


NANO Technique



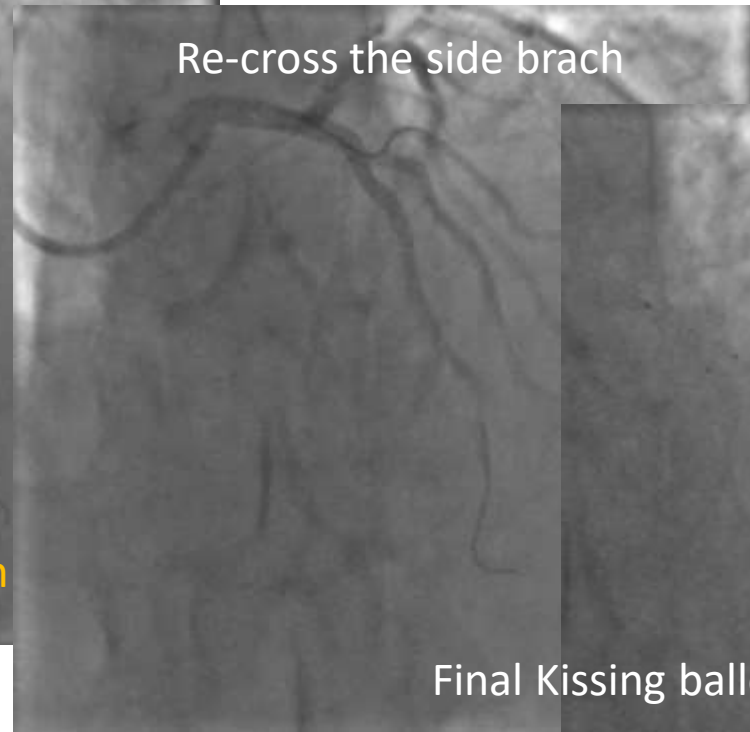


Pullback the ballon of the stent and performe a kissing balloon



Put the stent on main brach

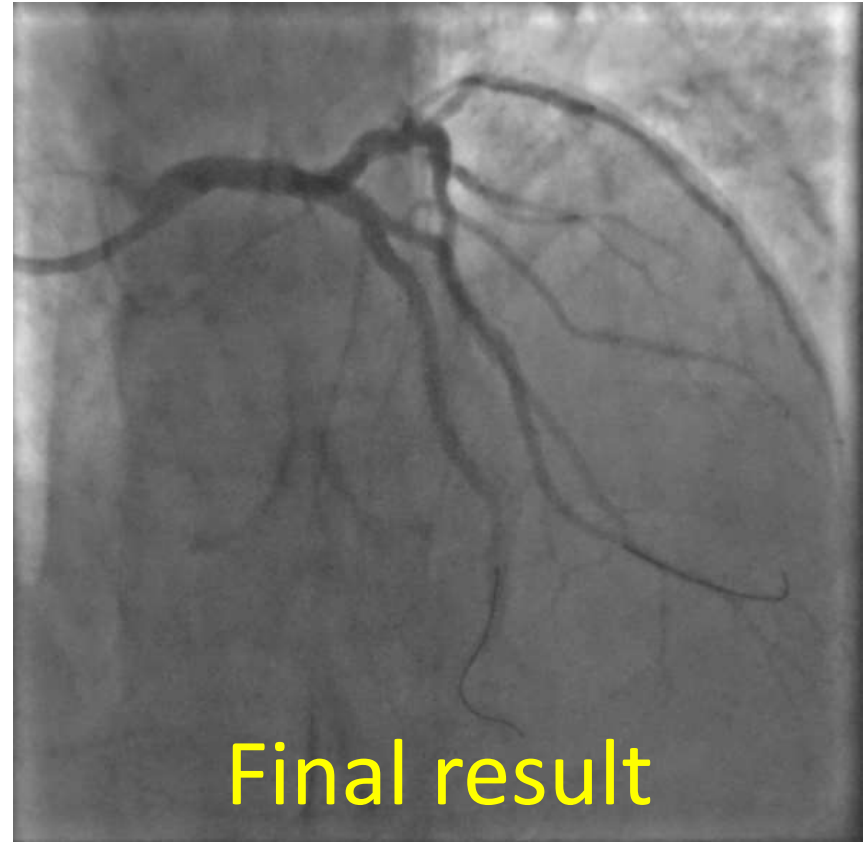
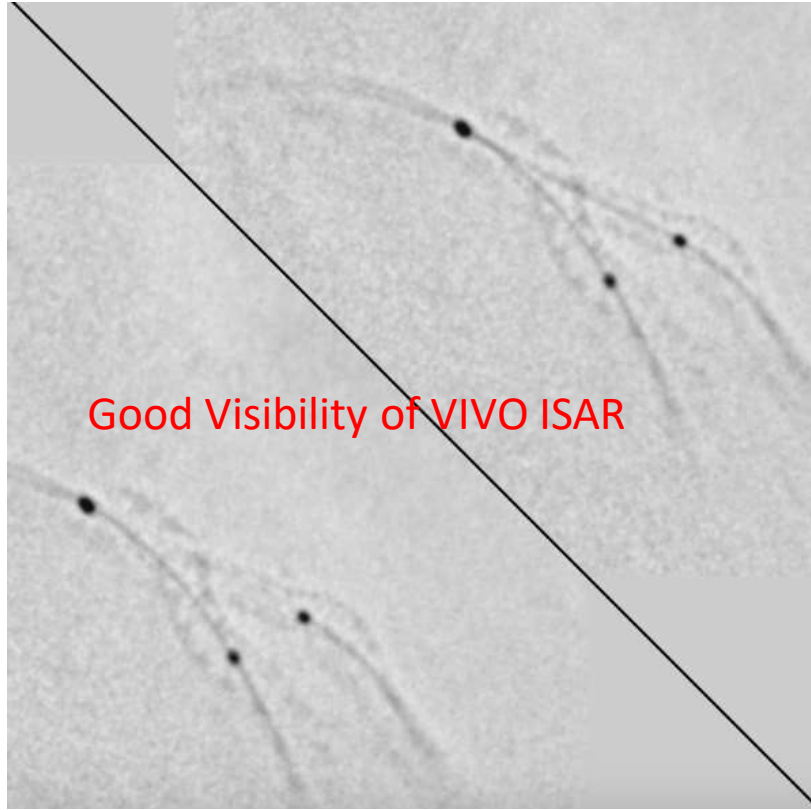
Vivo Isar 3.5x28mm



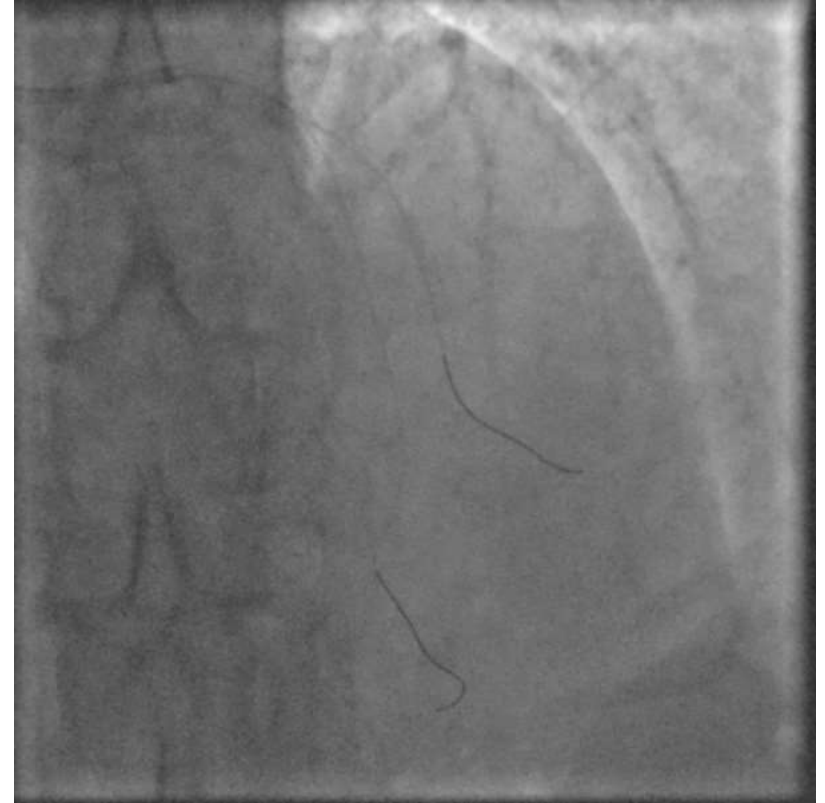
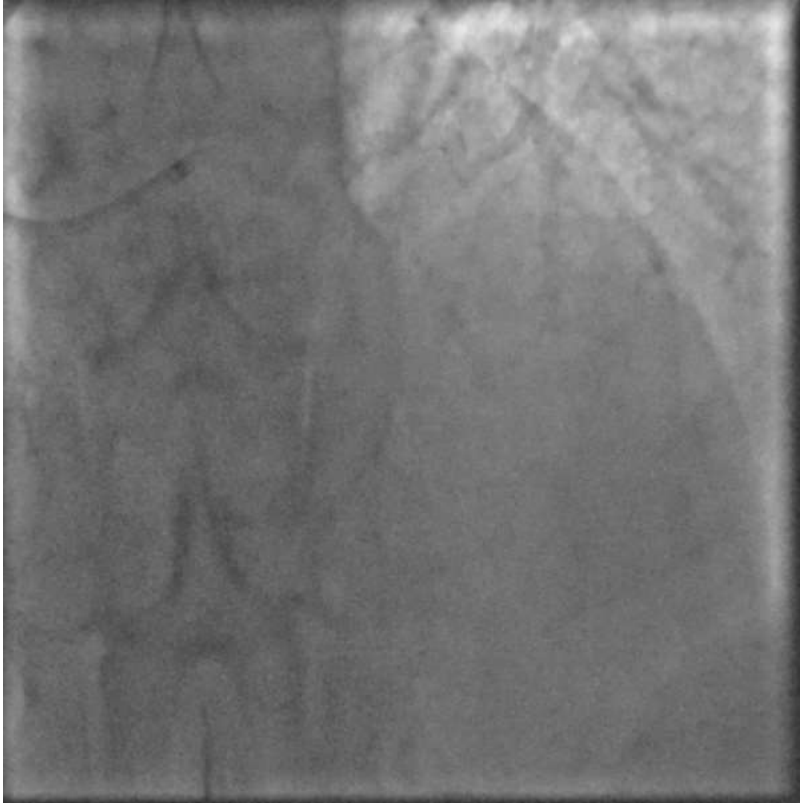
Re-cross the side brach



Final Kissing balloon



Final Result



Conclusions

- **Planning procedure** is very important to avoid complications .
- The use of **VIVO ISAR Stent** is very usefull with a good navigation even in the **WORSE** situation as a **CTO** or in a **bifurcation with dual stent technique**.
- The good Visibility of **VIVO ISAR Stent** make more simple the right positioning of the stent
- **IVUS** gave us many informations about the calcium, the real diameter of the vessel and at the end help us to optimize the stent apposition
- The **help** of all the figures in cath lab and his **harmony** can make the difference

