

Retrograde recanalization of ACD using tip-in technique

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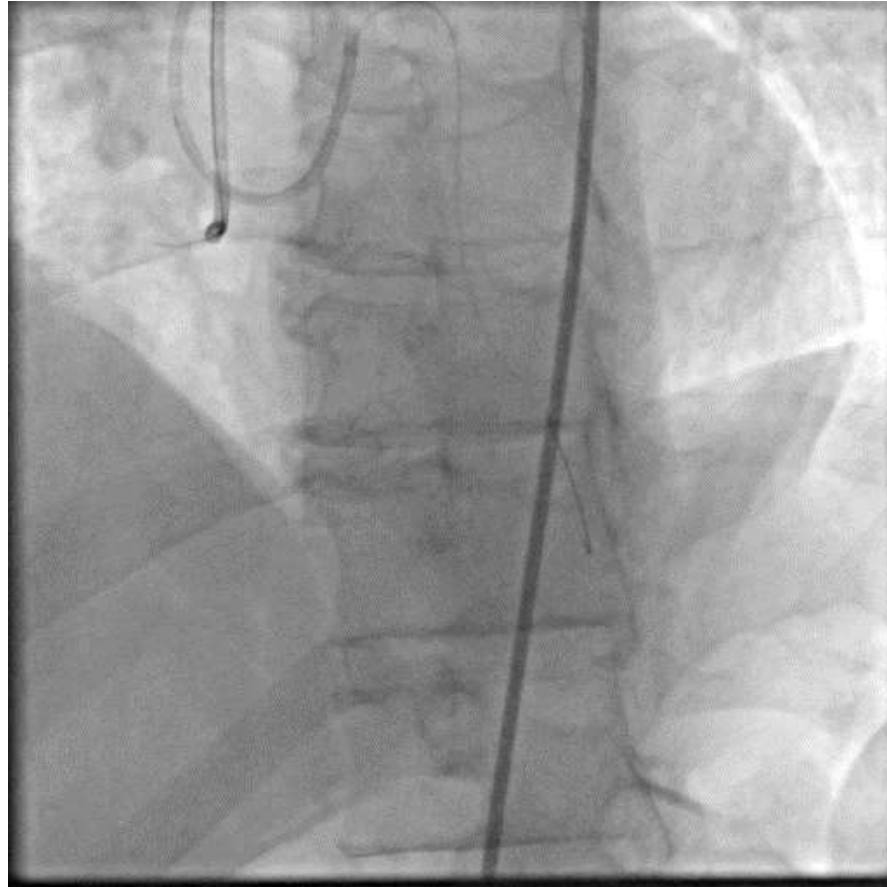
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Hradec Králové



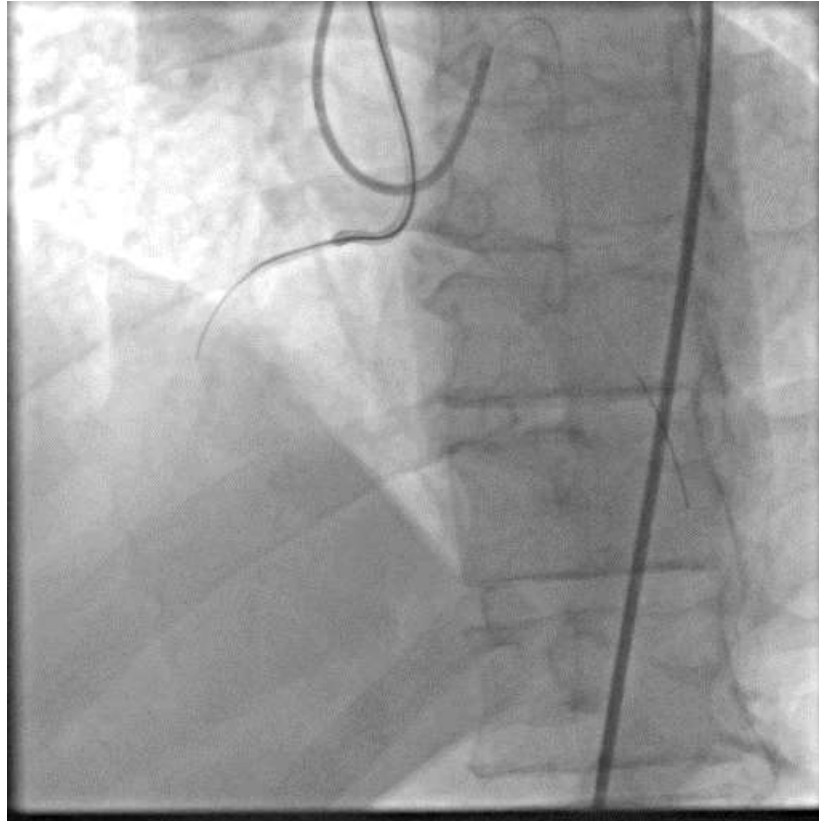
Patient´s history

- 50year old male
- ischaemic heart disease – nonSTEMI (12/2022), implantation of DES in RCX – marginal branch, CTO – ACD (failed attempt), stable AP CCS II, hypokinesia of the inferior wall, EF 45%
- peripheral artery disease - obliteration of the right AIE, significant stenosis of the right AII and the left AIE
- arterial hypertension, dyslipidemia
- type 2 diabetes (insulin)
- Th.: Agen, Godasal, Trombex, Tritace, Zenon, Concor, Apidra, Toujeo, Jardiance

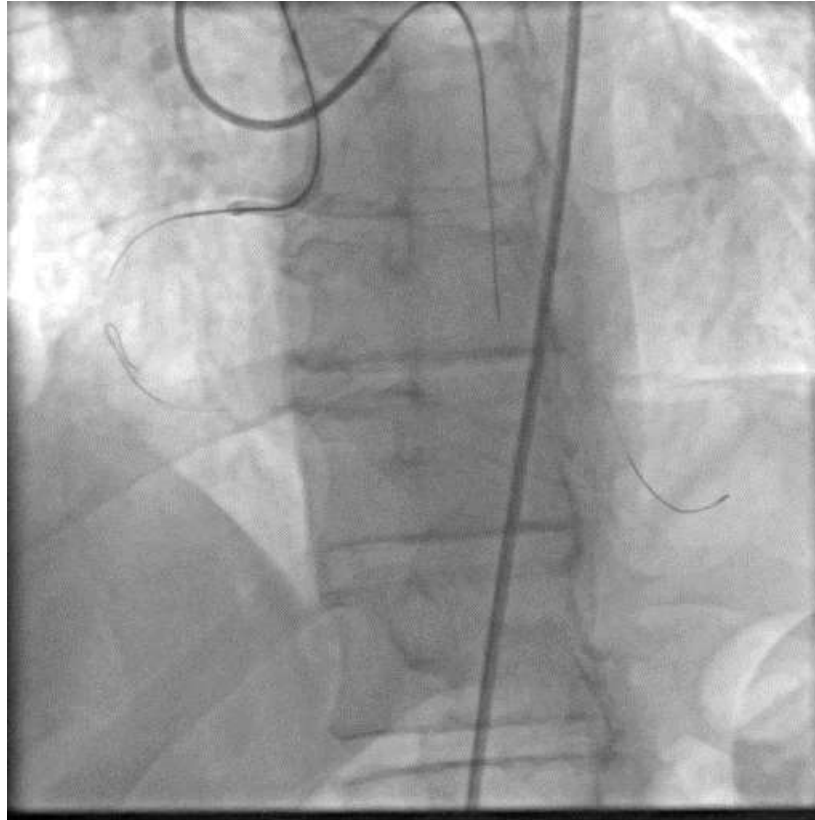
Bilateral angiography ACS, ACD – CTO – ACD, JCTO score 3



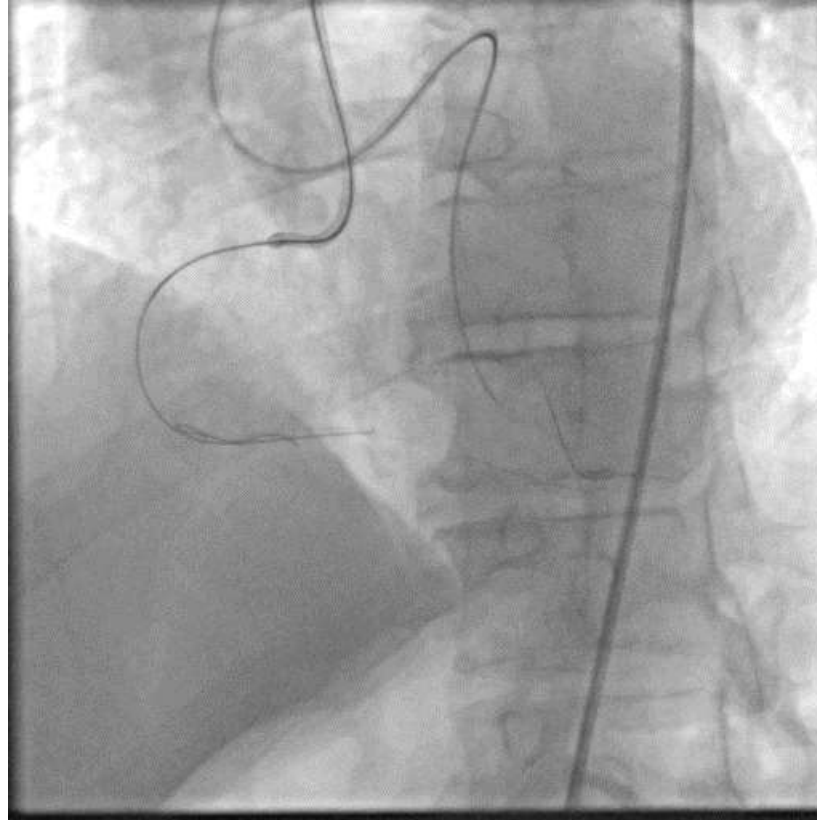
Antegrade approach – Hyperion SAL, 7F, 0,75, SH, MC Corsair Pro, Fielder XTA,
Gaia second - subintimally



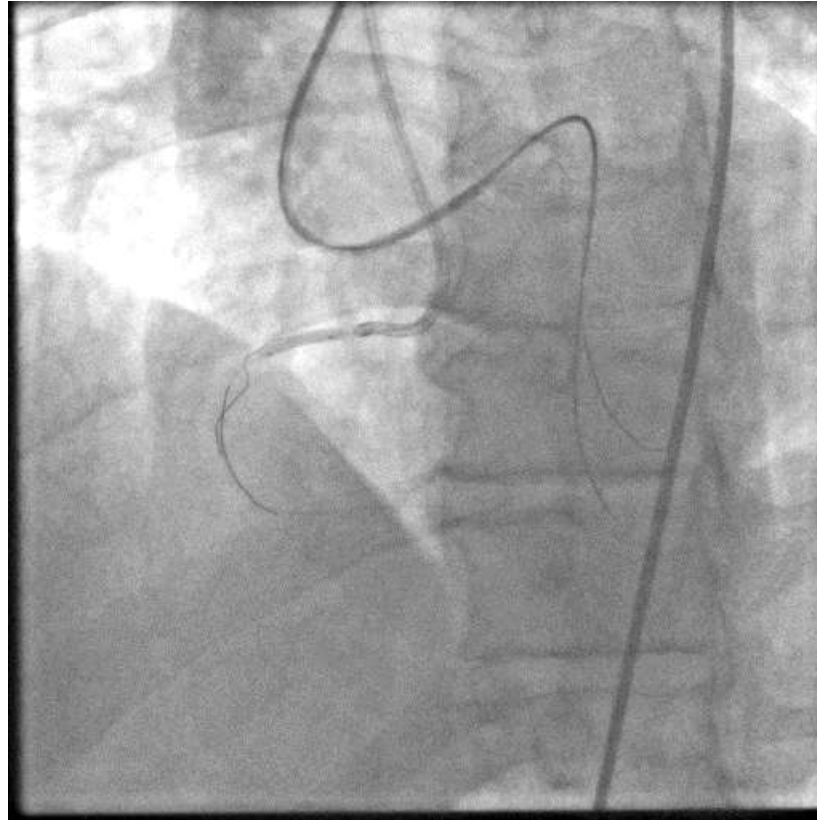
Retrograde approach – Launcher, 6F, EBU, 3,75, Sion Blue, MC Corsair Pro, Sion Black
– surfing 1st, 2nd, 3rd septal artery, Sion Black retrogradely into ACD2, impossible to
insert MC because of tortuosity of the septal artery



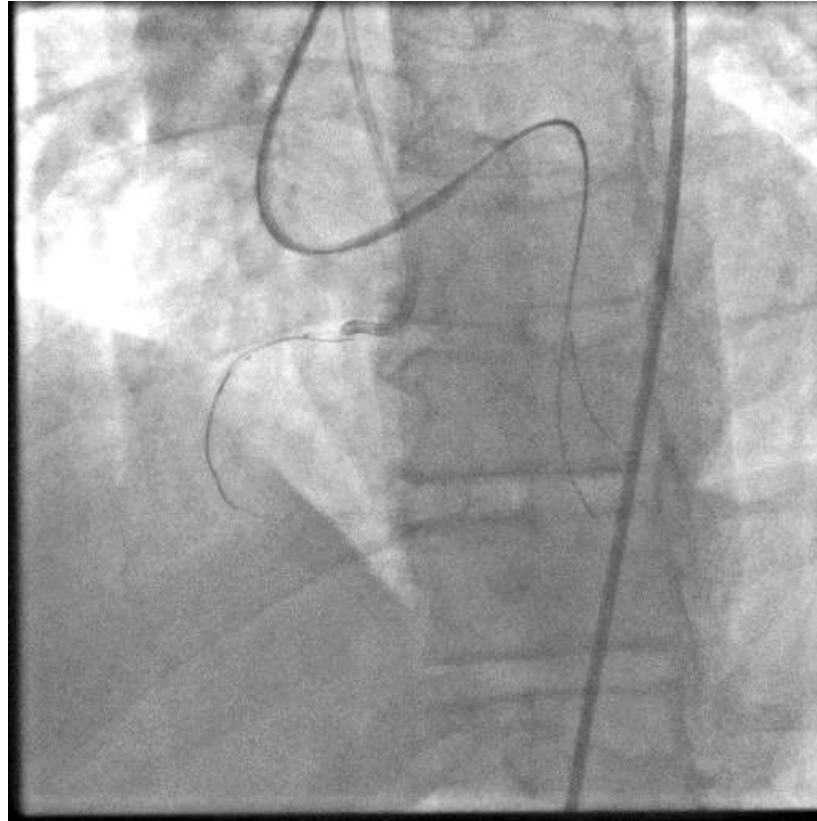
Repeated antegrade approach – Gaia second still subintimally



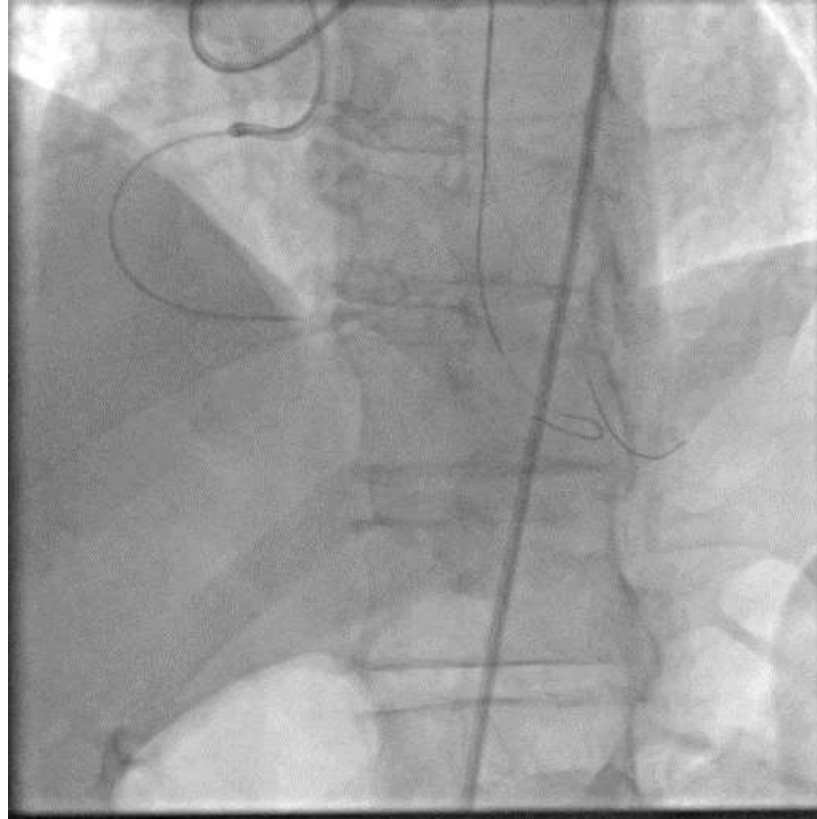
Continuation of the antegrade approach - exchange the wires – Sion Blue,
dilatation of ACD1 (Emerge 2,5/12 mm)



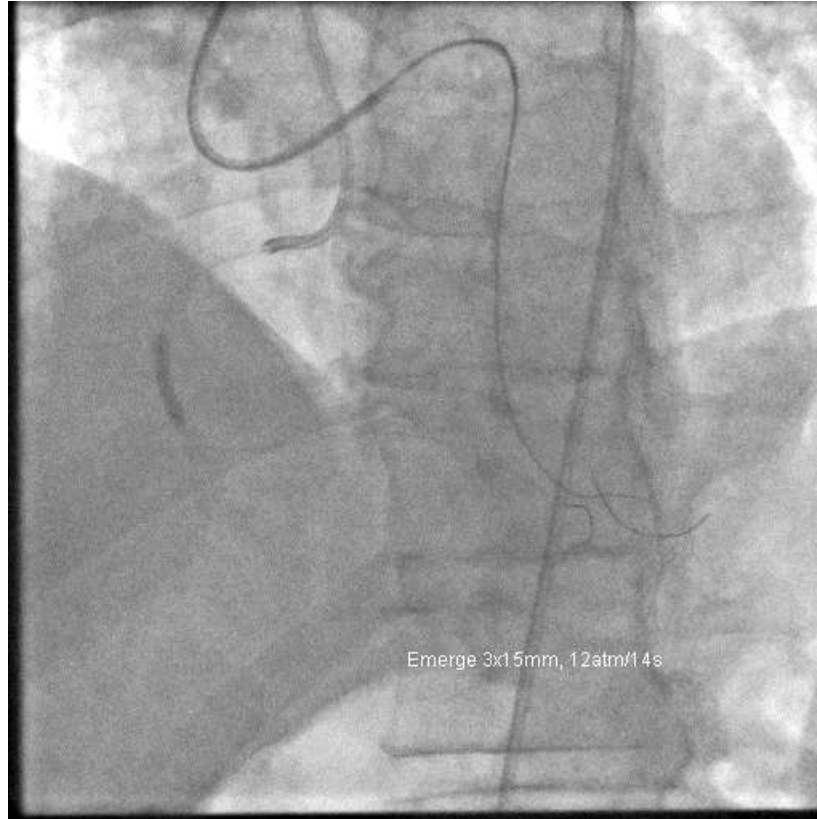
Insertion of Sion Black into the antegrade guiding



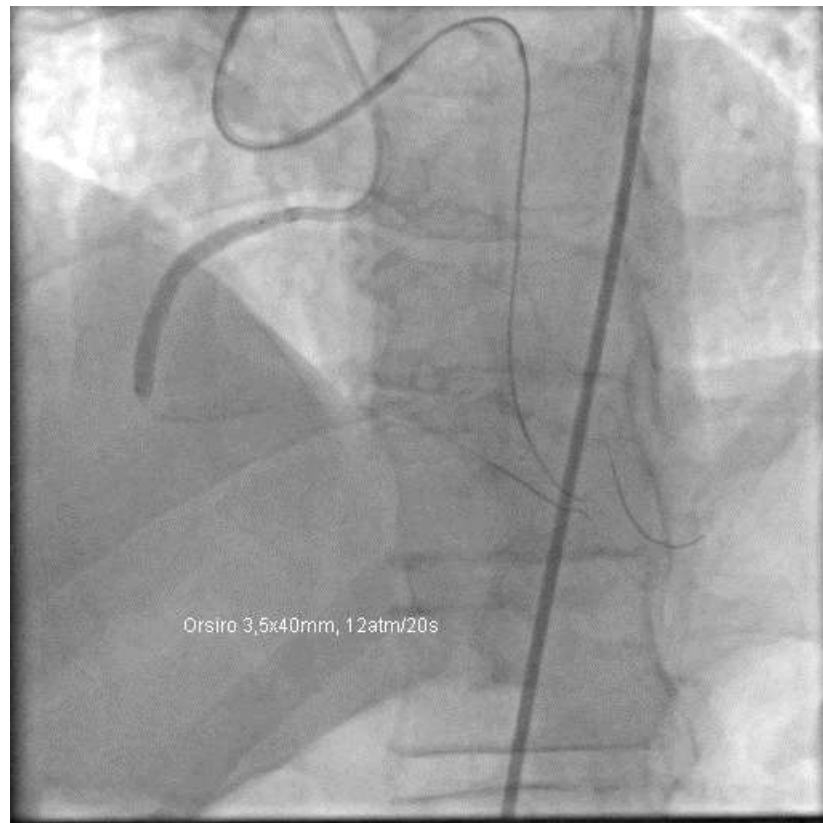
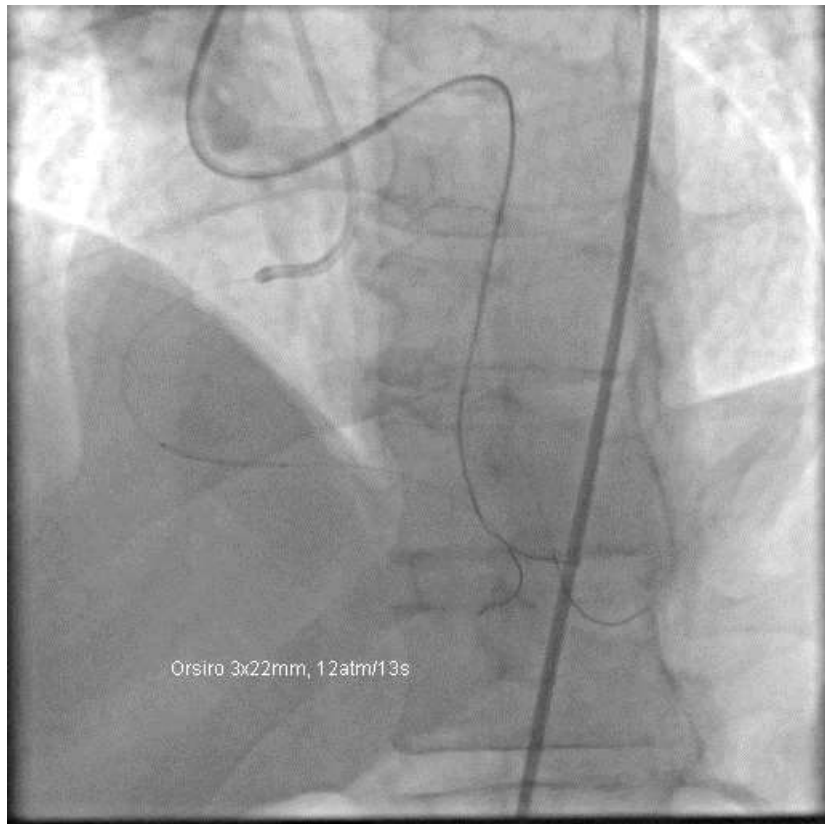
Trapping of the retrograde wire did not allow the insertion of retrograde MC, so tip-in of Sion Black into the antegrade MC Corsair Pro and insertion of antegrade MC into ACD3 – angiography through MC



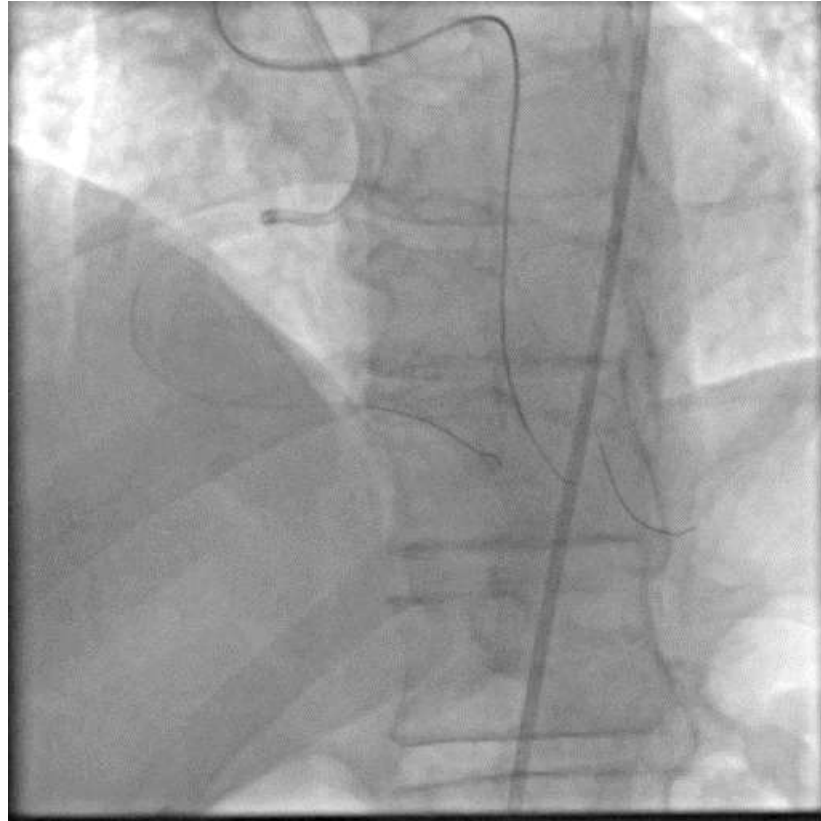
Dilatation of ACD (Emerge 3/15 mm)



Stenting ACD2, ACD1



Final result



Take-home message

- if the insertion of retrograde MC is not possible even with the support of trapping the wire into the antegrade guiding catheter, still there is an option
- tip-in retrograde wire into the antegrade MC