

# Challenging Case



**Saroj Neupane MD**

**Director, Complex Coronary Intervention, Banner University  
Medical Center, Phoenix, Arizona**

# Case Summary

## Demographics

79yr/M

## PMH

CABG (LIMA to diagonal, SVG to OM)

PCI of LAD 2022 for NSTEMI

Ischemic CMP EF 45%

HTN

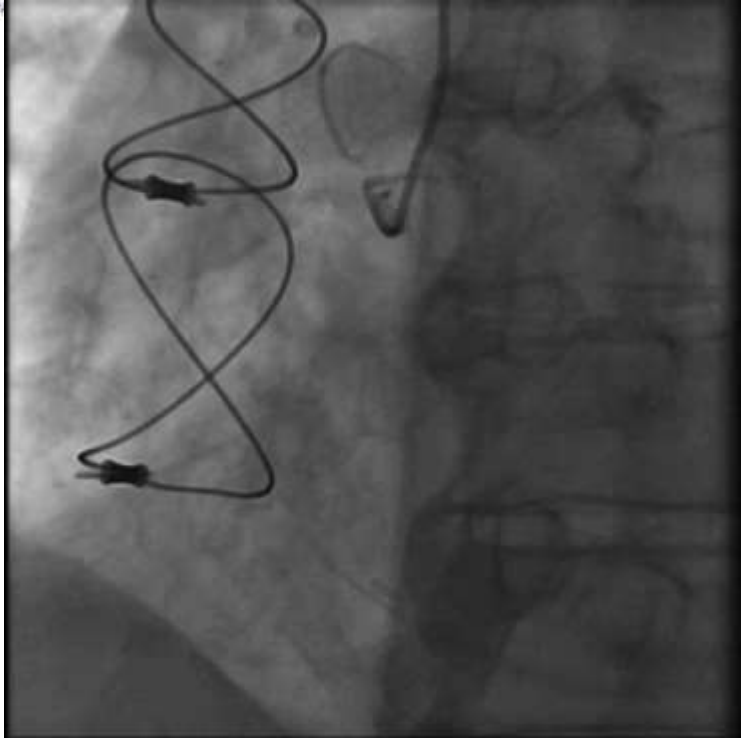
PPM for CHB

CKD Cr 1.4

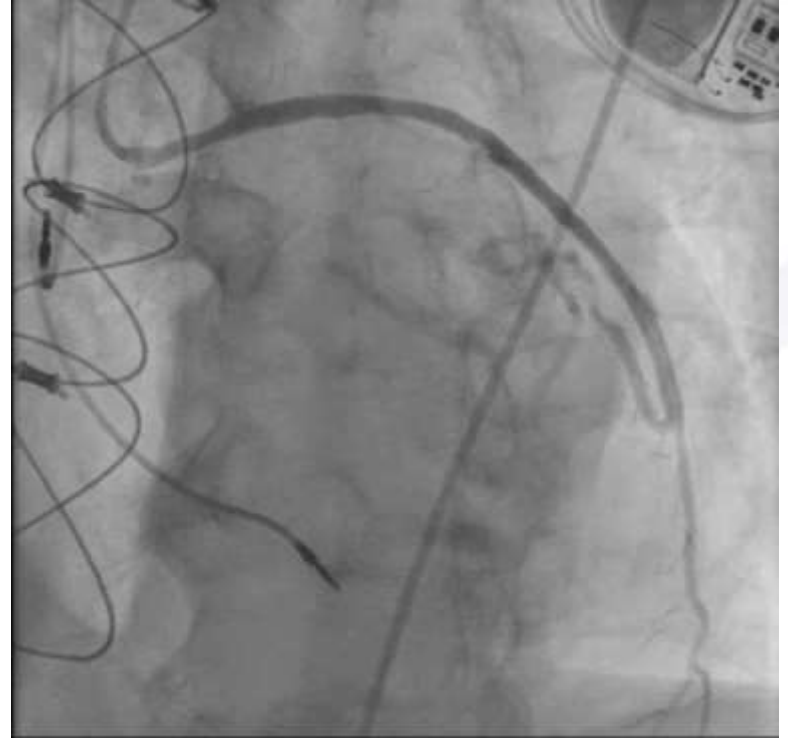
## Presentation

Angina on 2 antianginals

# Coronary Angiogram



Ostial RCA CTO



SVG to OM, epicardial collaterals from OM

# Coronary Angiogram



## RCA CTO

J CTO – 4

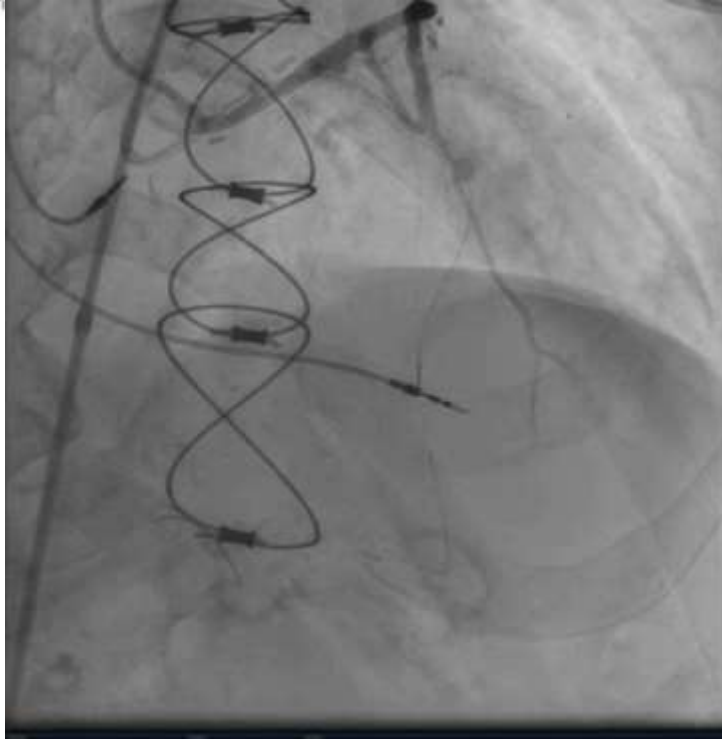
Ambiguous cap, distal cap at bifurcation

Primary retrograde approach

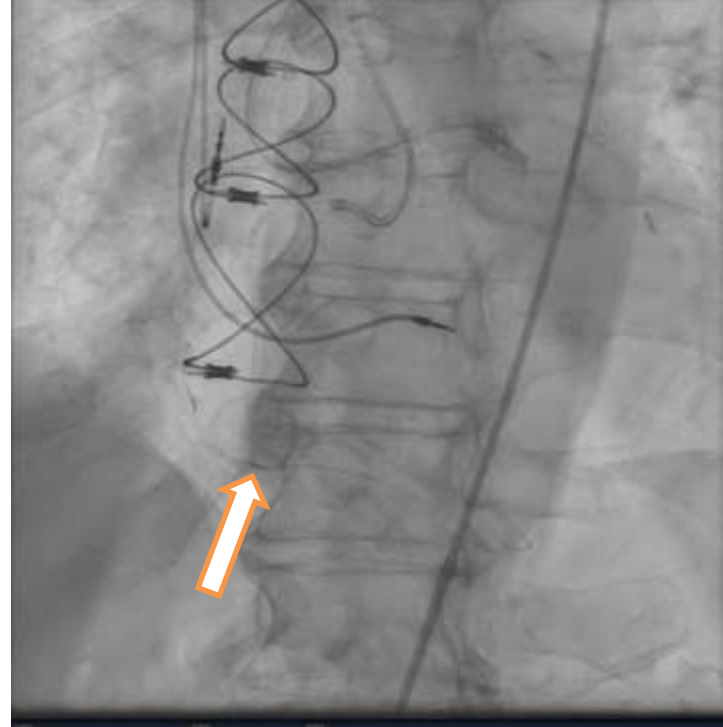
Progress CTO MACE 6.3%

Patent Previous stents in LM/LAD, ?  
Septal collaterals to RCA

# RCA CTO PCI

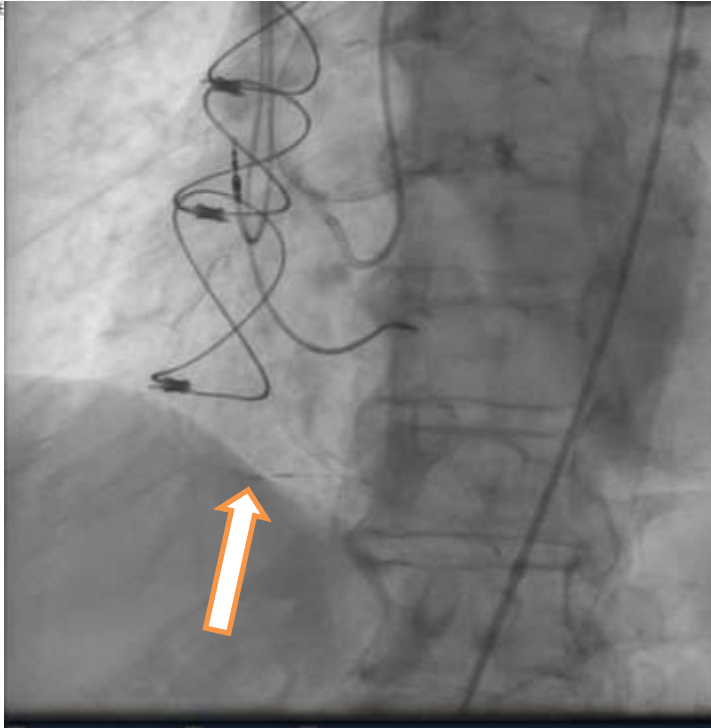


Septal collateral crossing with Suoh03 wire  
Confirmation of wire in dRCA

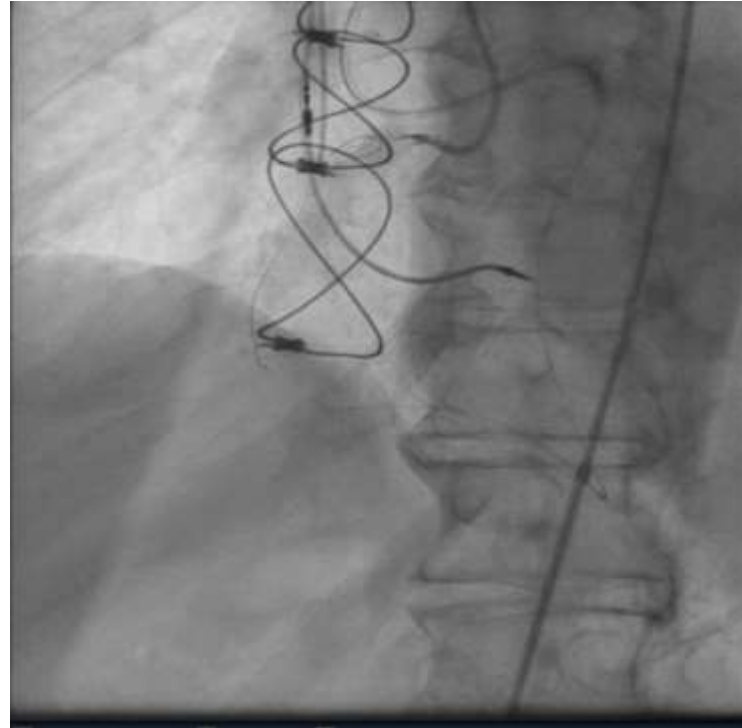


Unable to advance MC across the distal Cap

# RCA CTO PCI

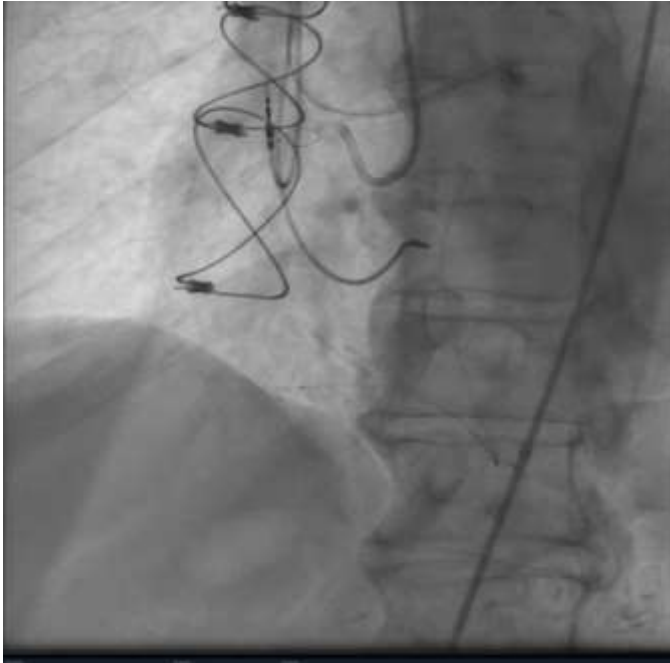


Fatigue of Retrograde MC, switched out for second MC noted broken tip of first MC

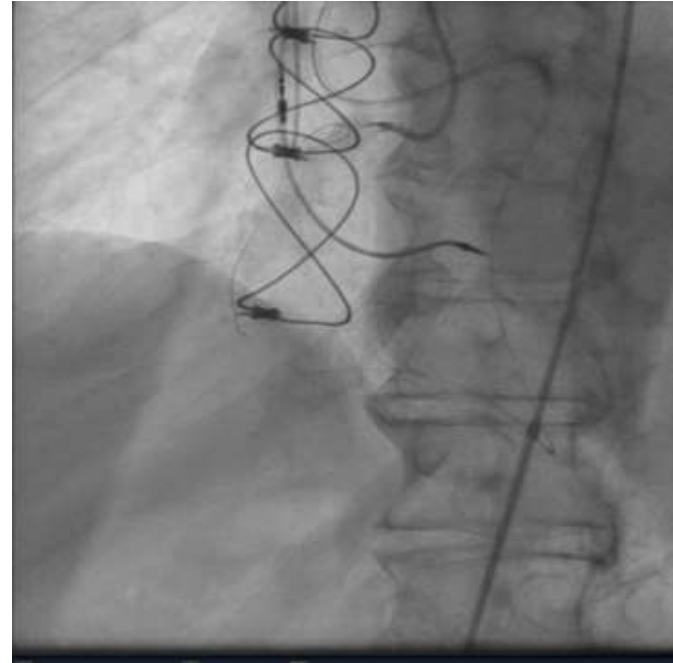


Retrograde wire removed, broken tip of MC migrates into a branch, knuckle again with retrograde wire

# RCA CTO PCI

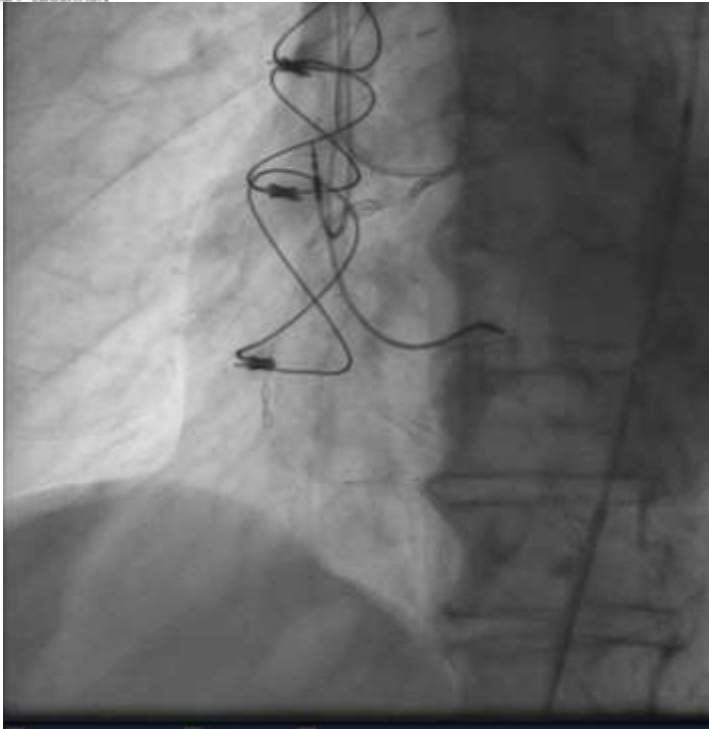


Retrograde knuckle in proximal RCA

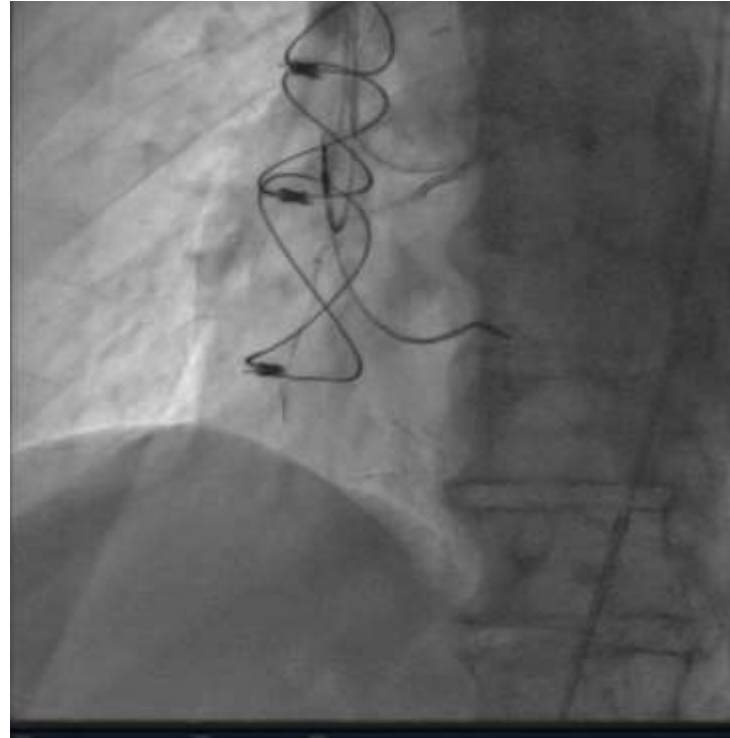


Proximal Cap puncture with Atrato 20 using retro Knuckle as a marker

# RCA CTO PCI



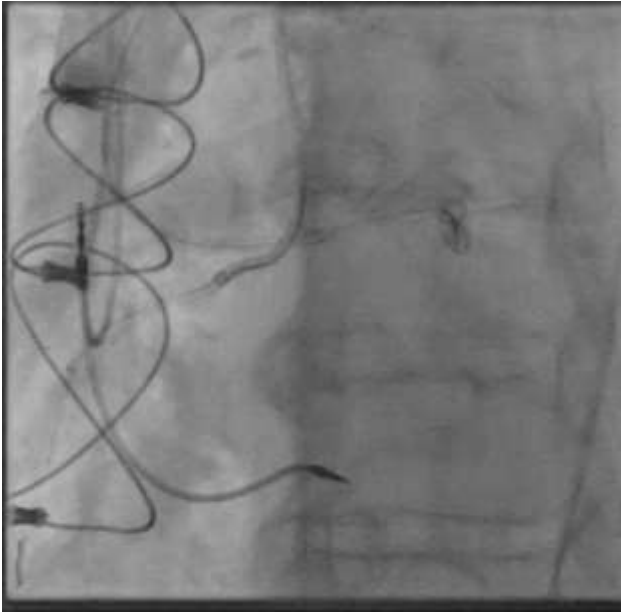
Antegrade and Retrograde knuckle overlap



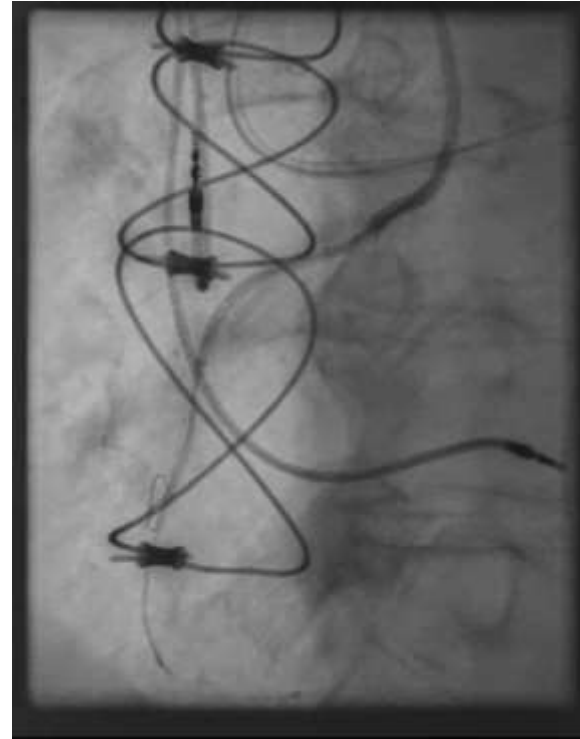
guide extension assisted rCART,  
unable to advance retrograde MC despite trapping  
wire in antegrade guide and external cap crush



# RCA CTO PCI

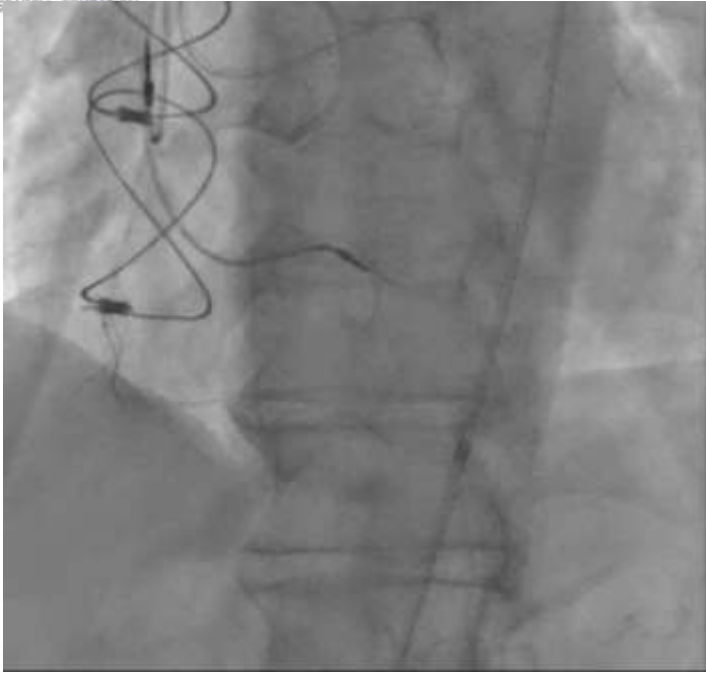


Tip in in antegrade guide

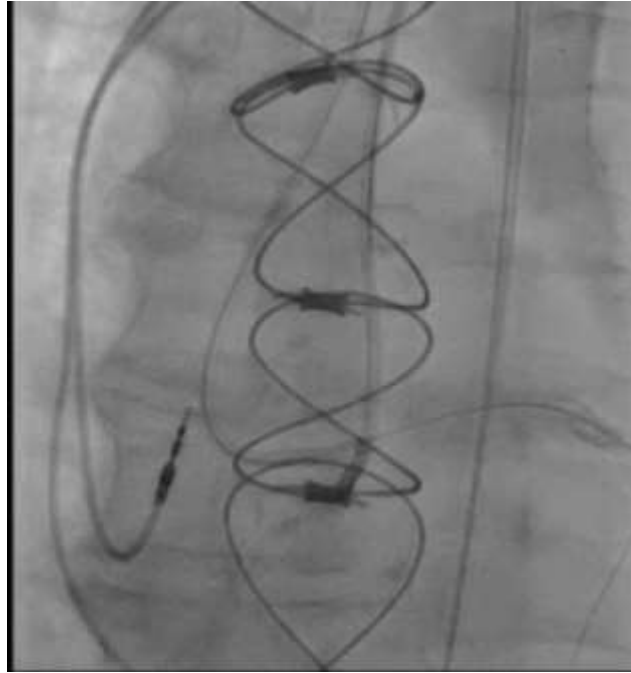


Unable to advance antegrade MC, stuck on retro wire

# RCA CTO PCI



Second r-CART



Unable to advance retroMC, Second tip In

# RCA CTO PCI

