

MULTI LEVEL CTO ANNUAL COURSE

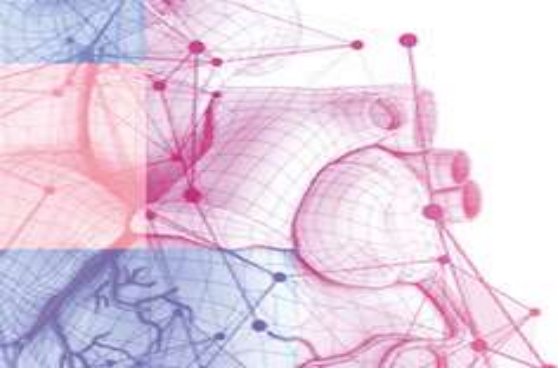
JUNE 29TH - 30TH & JULY 1ST 2023

PALAIS DE LA MÉDITERRANÉE - NICE, FRANCE

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PCI to Heavily Calcified ISR IV at proximal RCA CTO with RA+IVL

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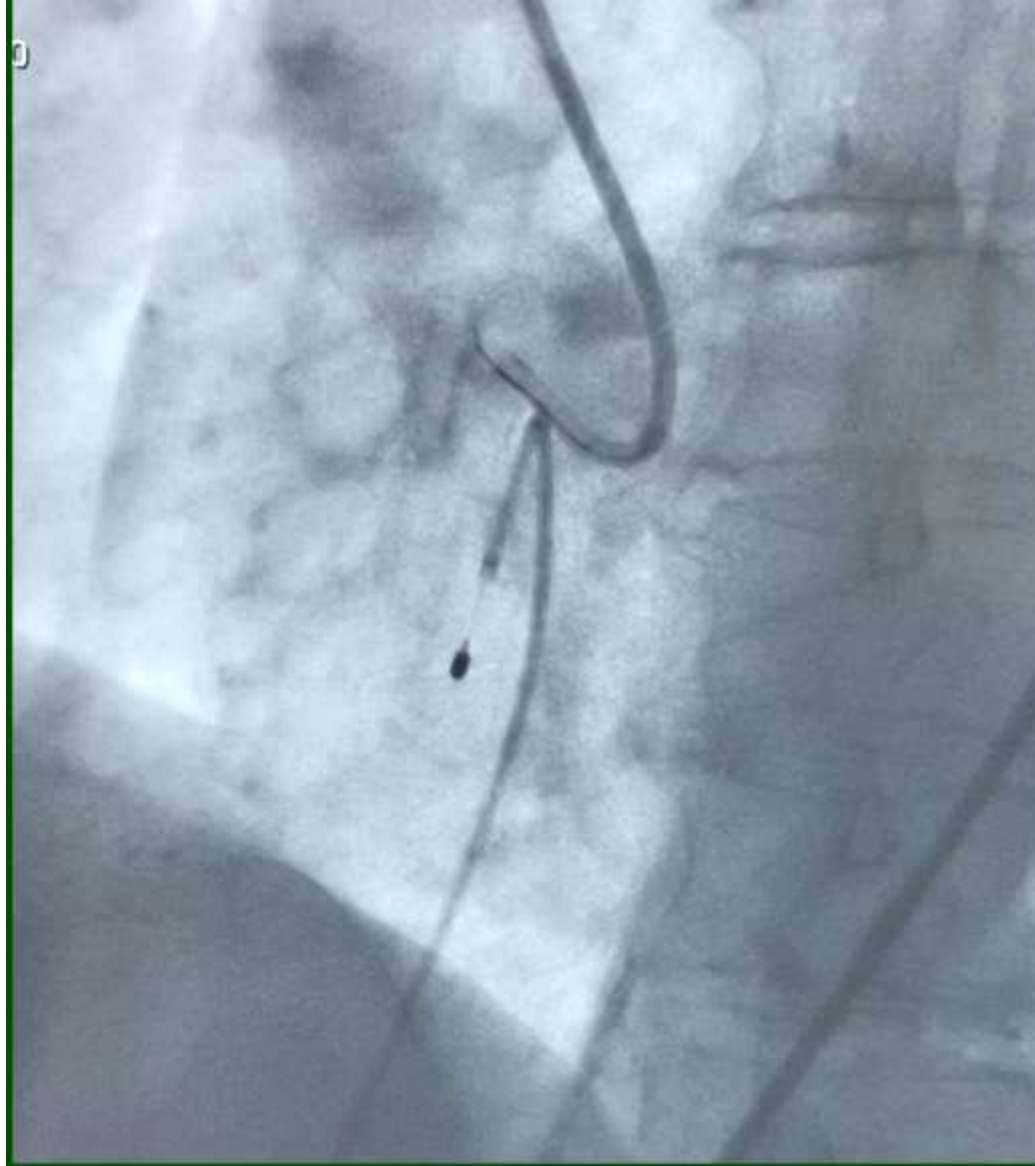
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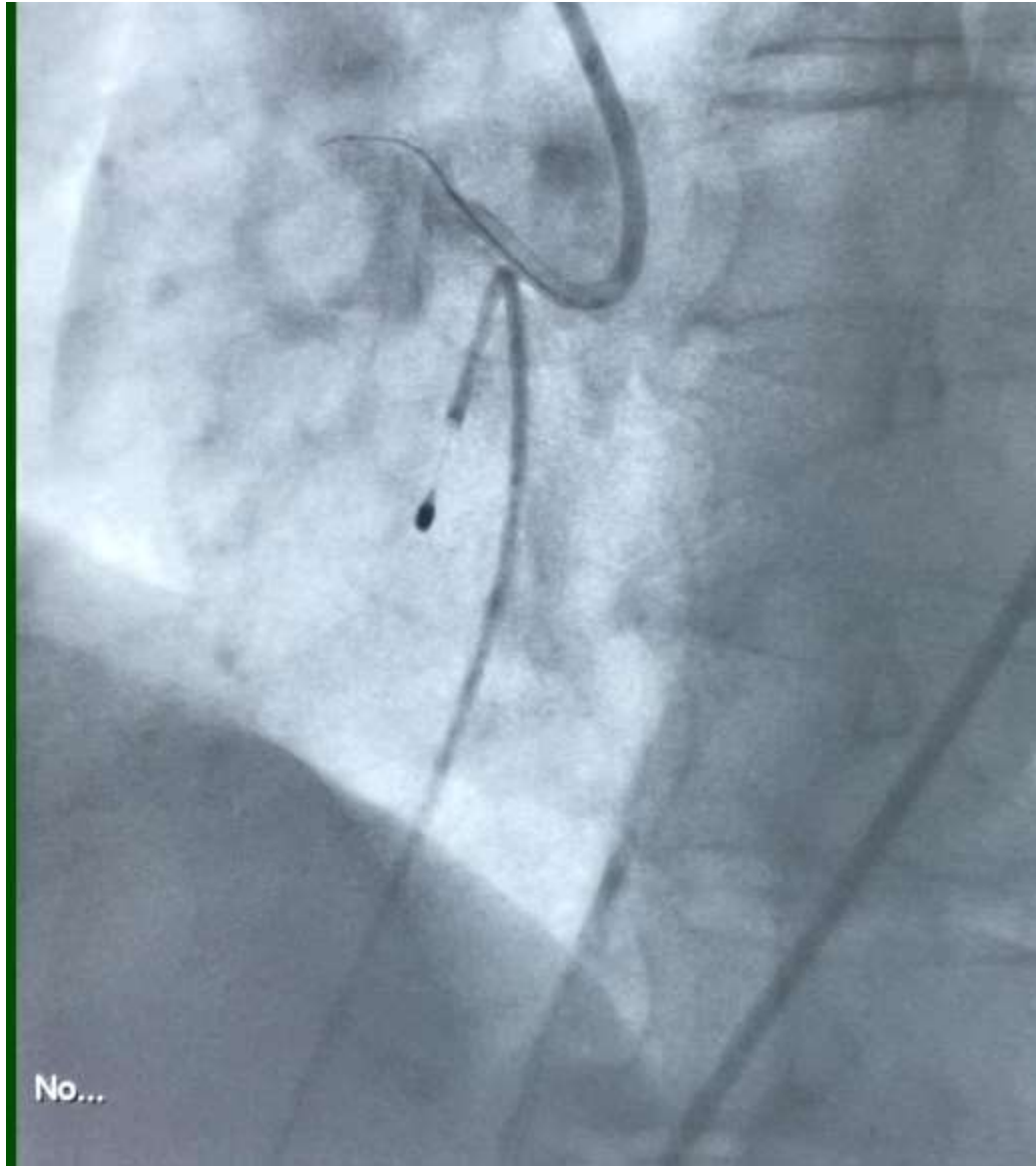
PATIENT'S PRESENTATION

- 85-year-old female patient
- Cardiovascular risk factors: Diabetes, Hypertension & Obesity
- Prior inferior STEMI (2013) with PCI to RCA (we don't know more details)
- Presents with progressive Angina despite GMT
- Stress Echo:
 1. LVEF 28%
 2. Anterior and inferior ischemia
 3. Extensive Inferior viability
- PCI to LAD w/2 stents (09-12-22)
- Now PCI to RCA CTO (ISR IV) (06-02-23) J-CTO 3 pts PROGRESS-CTO 2 pts CASTLE 4 pts

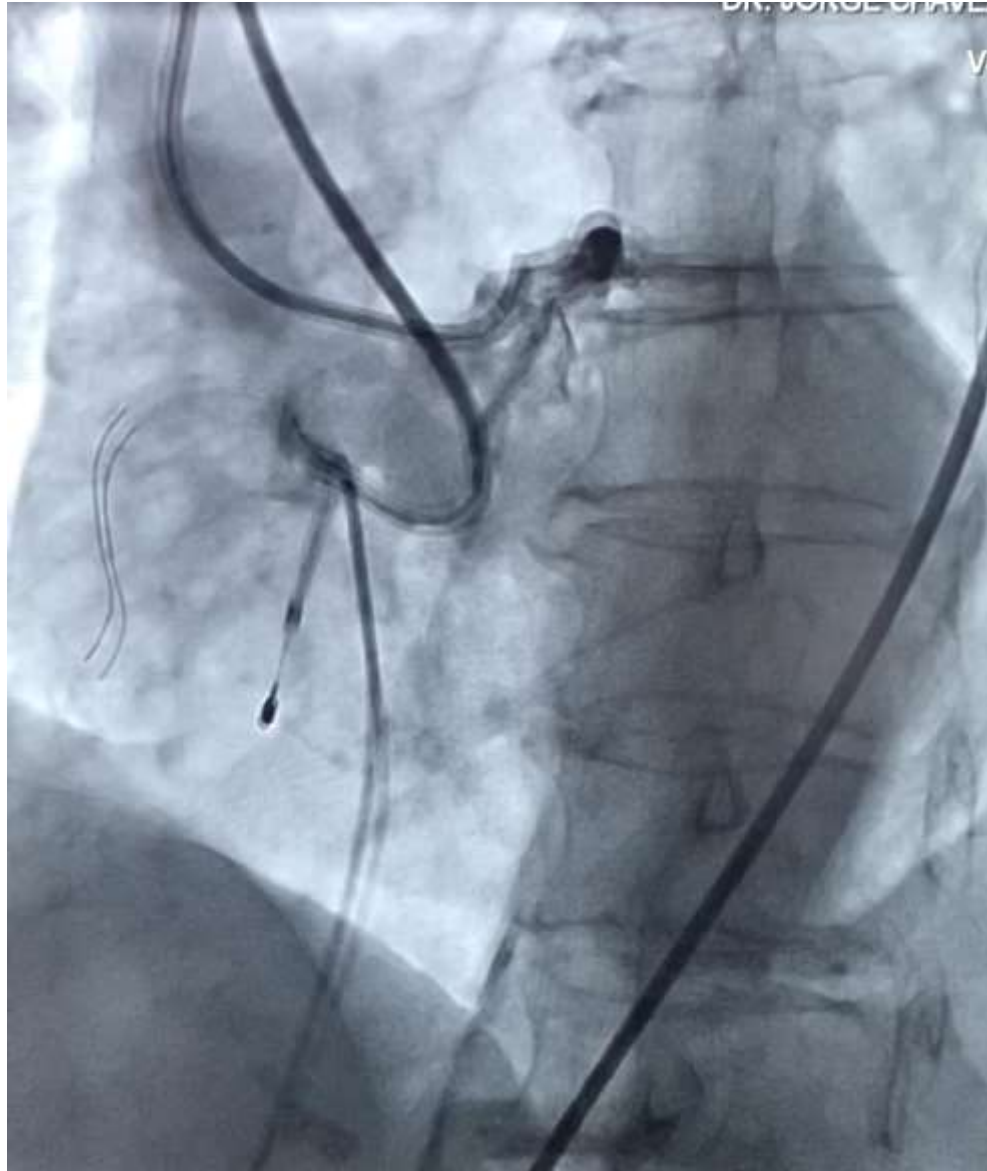
Procedure

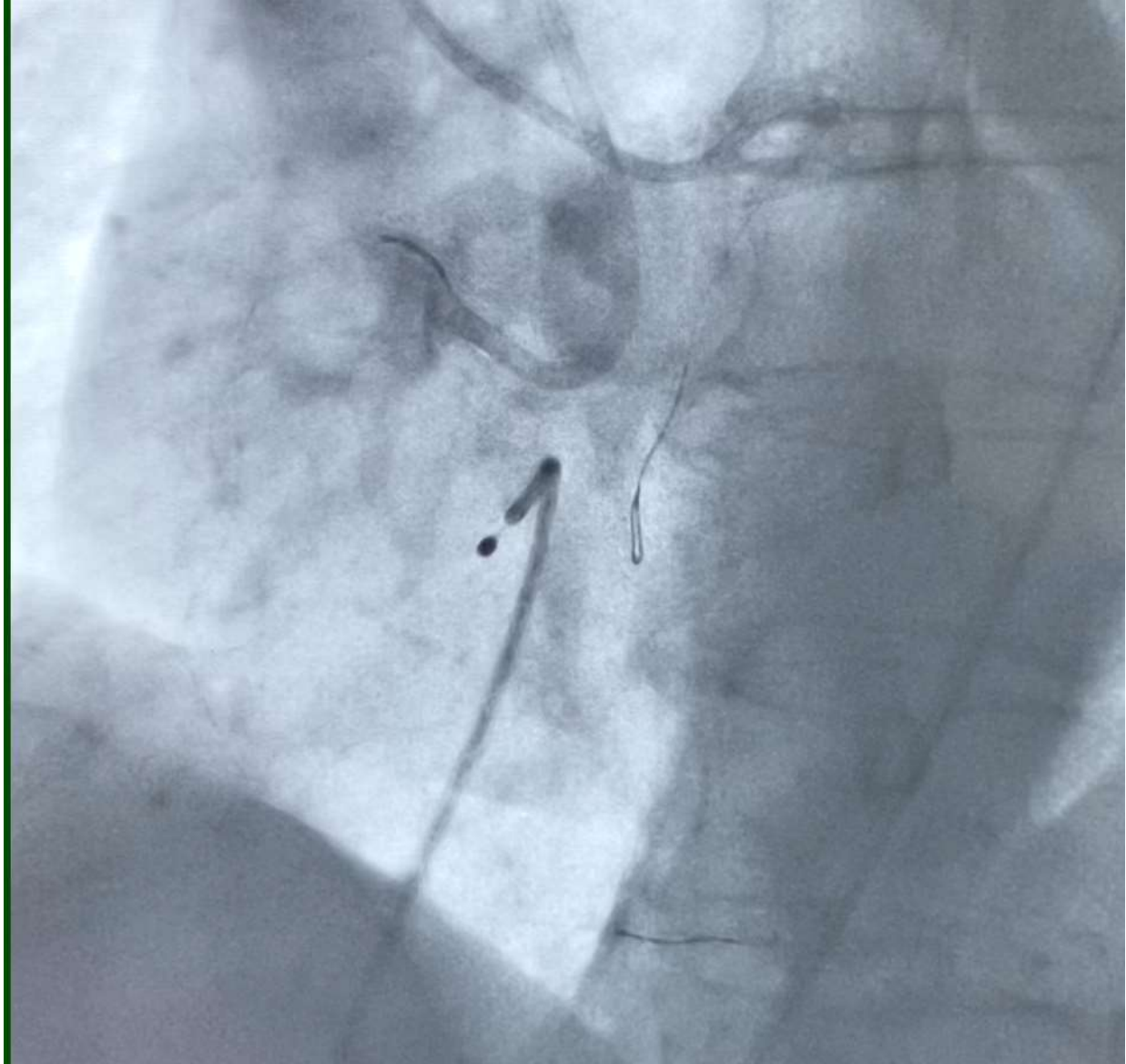
- angio with heavily calcified proximal RCA CTO, inability to cannulate the ostium, Fielder wire + Mamba Flex MC are advanced through the occlusion, but MC doesn't follow, we exchanged for a Turnpike LP MC that advance to mid segment but we can't advance through a calcium nodule, so wire is removed and rotawire is advanced to distal segment, RA is performed with a 1.25 mm burr, then it's predilated with a SC 2.0 balloon, IVUS shows abundant plaque load with deep calcium, IVL is performed with a 3.0 balloon for a total of 80 pulses, we predilated with a NC balloon the rest of lesions at mid & distal segment, 4 stents are advanced supported with guide extension up to the ostium, with a MSA greater than 6 mm², good Result

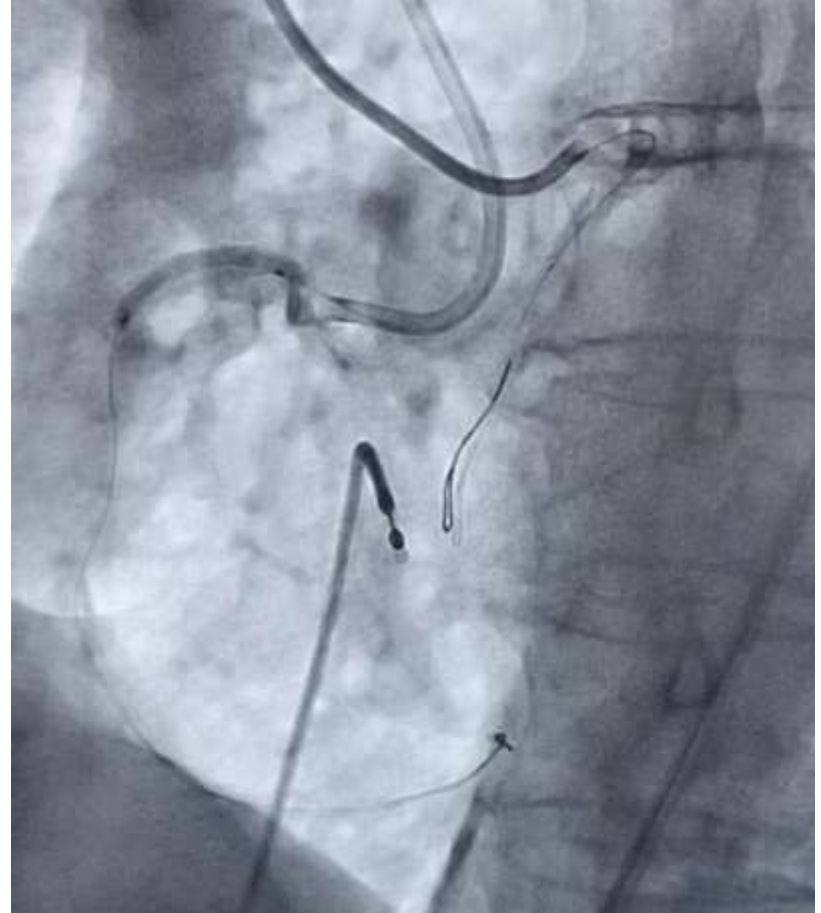
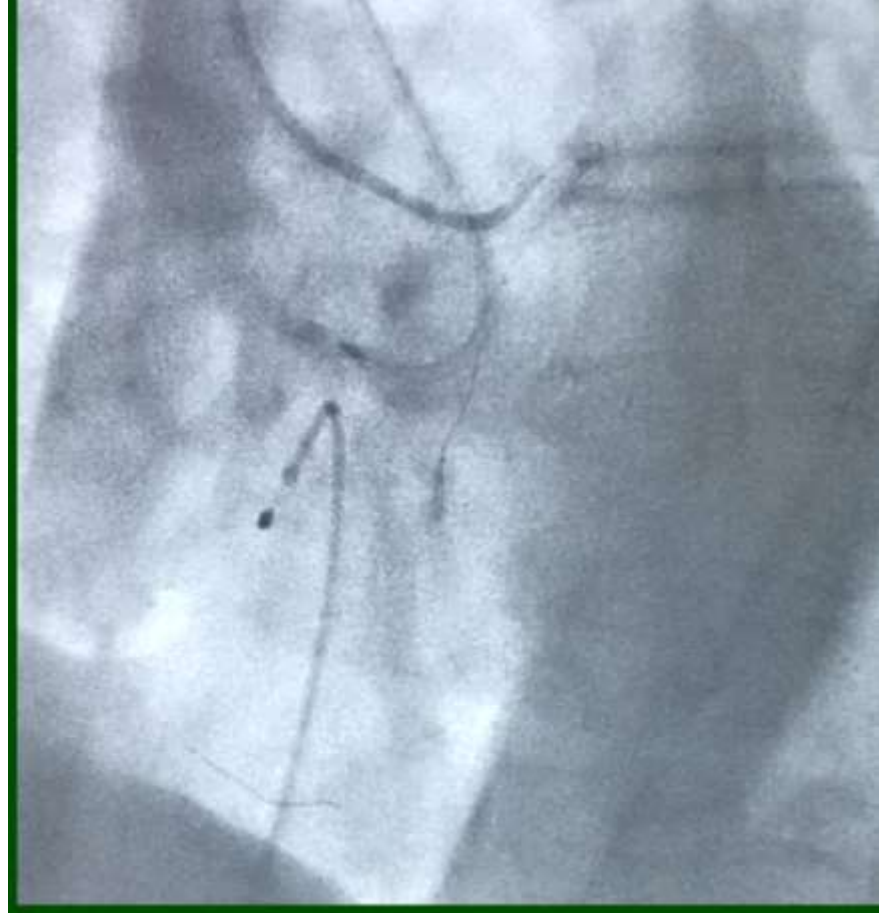




No...







IVUS PRE

