

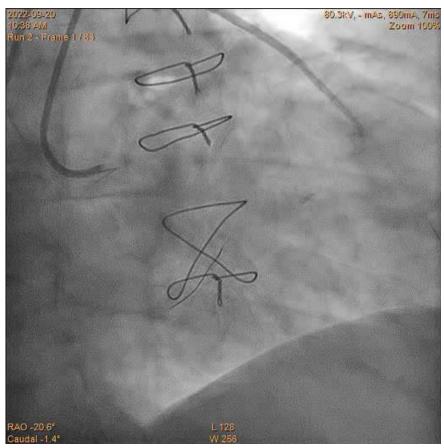


### WIRE BASED ADR

Grzegorz Sobieszek MD, PhD Assocc. Prof.

#### **Angiography**





J-CTO SCORING SYSTEMS (probability of procedural success )			PROGRES CTO score (likelihood of technical success )					
previously failed attempt	1point	0 pkt easy	proximal cap ambigi	ıity	1 poir	0 point 98,2%		
		<2 pkt	Absencje of "interventional" colater	terventional" colaterals 1				
blunt proximal cap	1point	intermediate	Madanata/amana tantus		1	1 point 97,2%		
bending >45° in the CTO segment	1point	3 pkt	Moderate/severe tortuosit					
calcification	1point	difficult				2 points 91,6%		
length of the occluded segment is >20 mm	1point	≥3 pkt	CX C	TO	1 poir	$\geq$ 3 points		
Total points: 2		very difficult	Total points: 0	·		76,7%		
EuroCTO (CASTLE) score (probabilities of failure of PCI)			PROGRES CTO (Risc of complications)					
CABG previous	1 point	0-1 point probabilities of	age > 65y.o	3 noints		0-2 points Risc of complications 0,2%		
age ≥70	1 point	failure 8%	uge > 03y.0		OHILS			
severe tortuosity	1 point	2-3 points probabilities of	length of the occluded $\geq 23mn$	2 point		3-4 points Risc of complications 2%		
Bunt or none cap	1point	failure 8-35%	tengin of the occuraca - 25min		Onts			
length of the occluded $\geq 20$ mm	1point							
calcification	1 point	≥ 4 points probabilities of	Retrograde approach	1 ]	point	>4 points Risc of		
Total points: 4		failure≥35%	Total points:					

#### **Ineffective AWE**

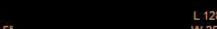




2022-09-20 11:15 AM Run 8 - Frame 21 / 123 111.3kV, - mAs, 14mA, - ms Zoom 100% Knucle

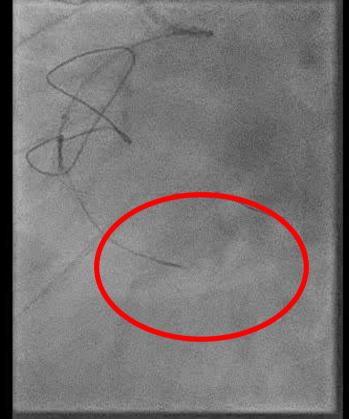






L 128 W 256

2022-09-20 11:26 AM Run 14 - Frame 1 / 150



116.4kV, - mAs, 14mA, - ms Zoom 100%

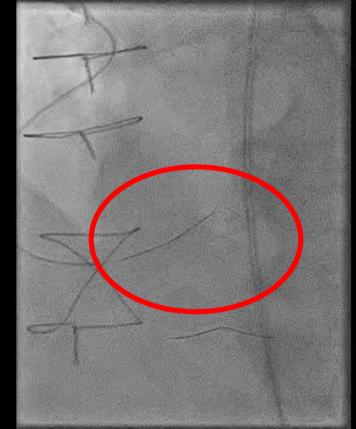
wire BASE (Gladius MG)



LAO 30.4° Caudal -11.5° L 128 W 256

Run 17 - Frame 1 / 150

2022-09-20 11:28 AM



120kV, - mAs, 14mA, - ms Zoom 100%





LAO 12.7° Cranial 23.5° L 128 W 256

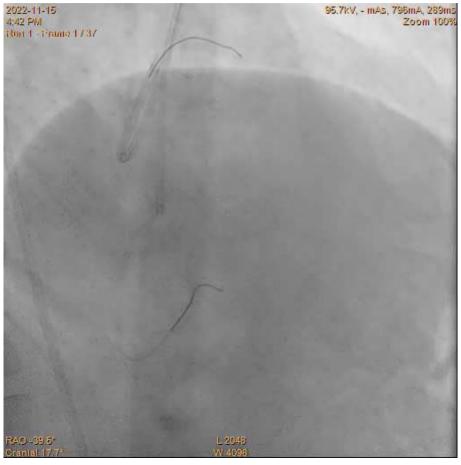
## The final result





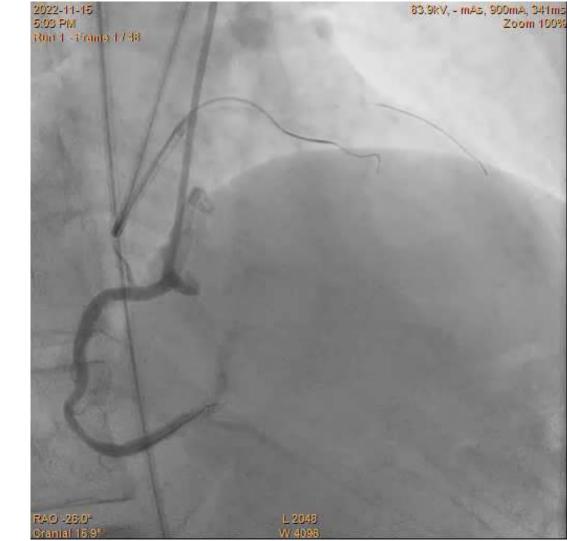
## **Angiography**





J-CTO SCORING SYSTEMS (probability of procedural success )				PROGRES CTO score (likelihood of technical success )				
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		<2 pkt		Absencje of "interventional" colate	terventional" colaterals 1 ]		nt 1 point 97,2%	
blunt proximal cap	1point	intermediate		Madayata/aquaya taytua		1		
bending >45° in the CTO segment	1point	3 pkt		Moderate/severe tortuosity		т роп	2 points 91,6%	
calcification	1point	difficult		CX CT				
length of the occluded segment is >20 mm	1point	≥3 pkt				1 poir	≥ 3 points 76,7%	
Total points: 4		very difficult		Total points: 1	tal points: 1			
EuroCTO (CASTLE) score (probabilities of failure of PCI)				PROGRES CTO (Risc of complications)				
CABG previous	1 point	0-1 point probabilities of		age > 65y.o	3 n		0-2 points Risc of complications 0,2%	
age ≥70	1 point	failure 8%				70IIIIS		
severe tortuosity	1 point	2-3 points probabilities of		length of the occluded $\geq 23$ mm	2 points		3-4 points Risc of	
Bunt or none cap	1point	failure 8-35%		tengin of the occurred _ 23mm		Onto	complications 2%	
length of the occluded $\geq 20$ mm	1point							
calcification	1 point	≥ 4 points probabilities of		Retrograde approach	1 p	point	>4 points Risc of	
Total points: 3		failure≥35%		Total points: 2			complications 6,6%	

#### **Ineffective AWE**



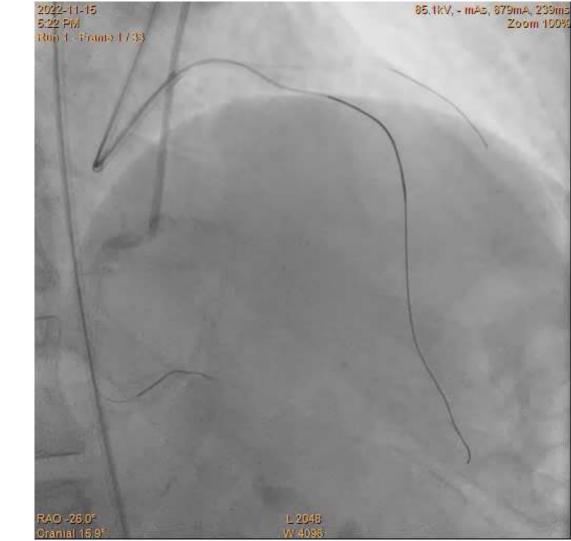








wire BASE (UB3)





# The final result







### **Conclusions:**

- WIRE BASED reentry first step in ADR PCI?
- Device BASED reentry (ReCross, Stingray) next step ADR PCI

Thank you for your attention!

