



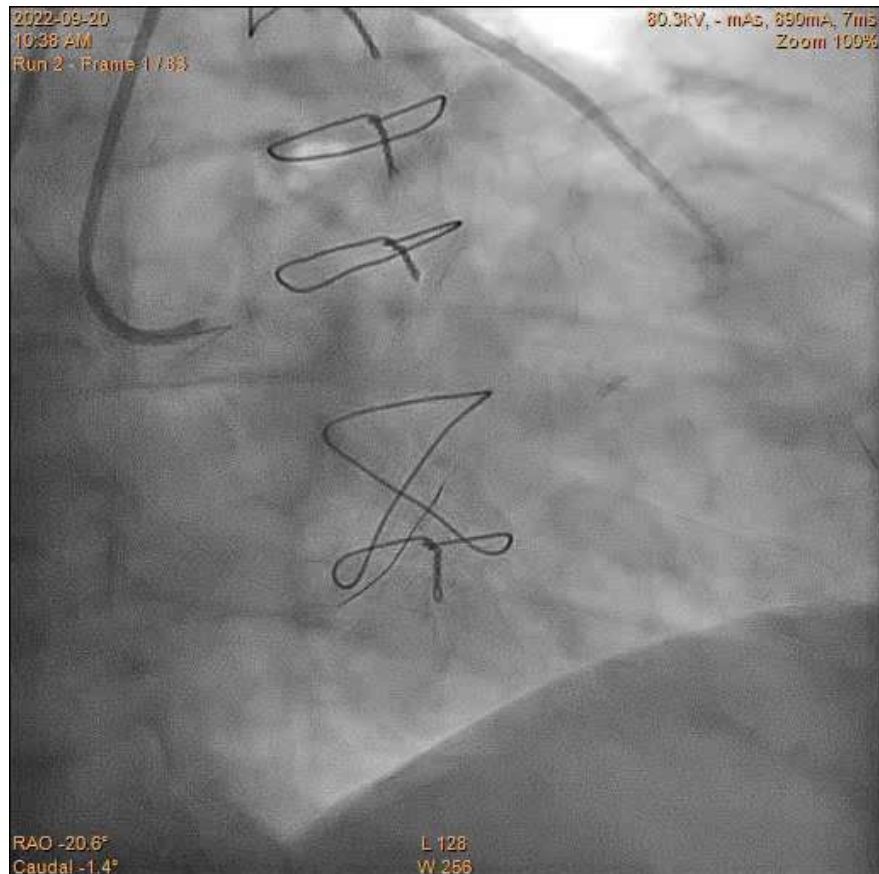
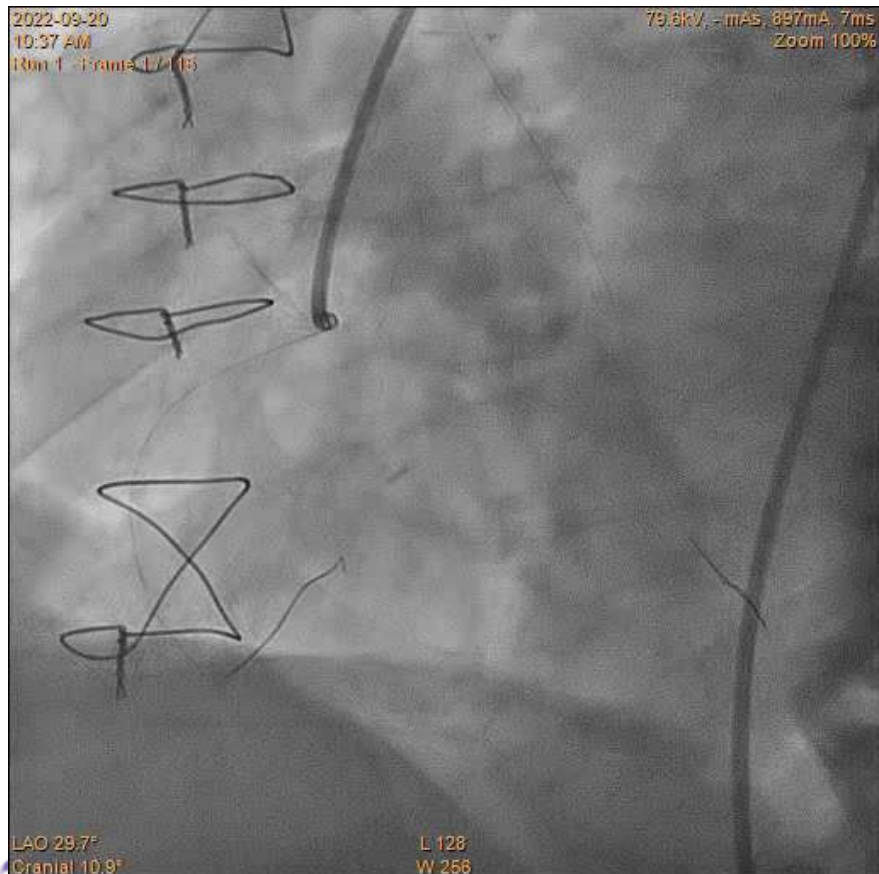
*1st Military Hospital in Lublin
Cardiology Department*

WIRE BASED ADR

Grzegorz Sobieszek MD, PhD

Assoc. Prof.

Angiography



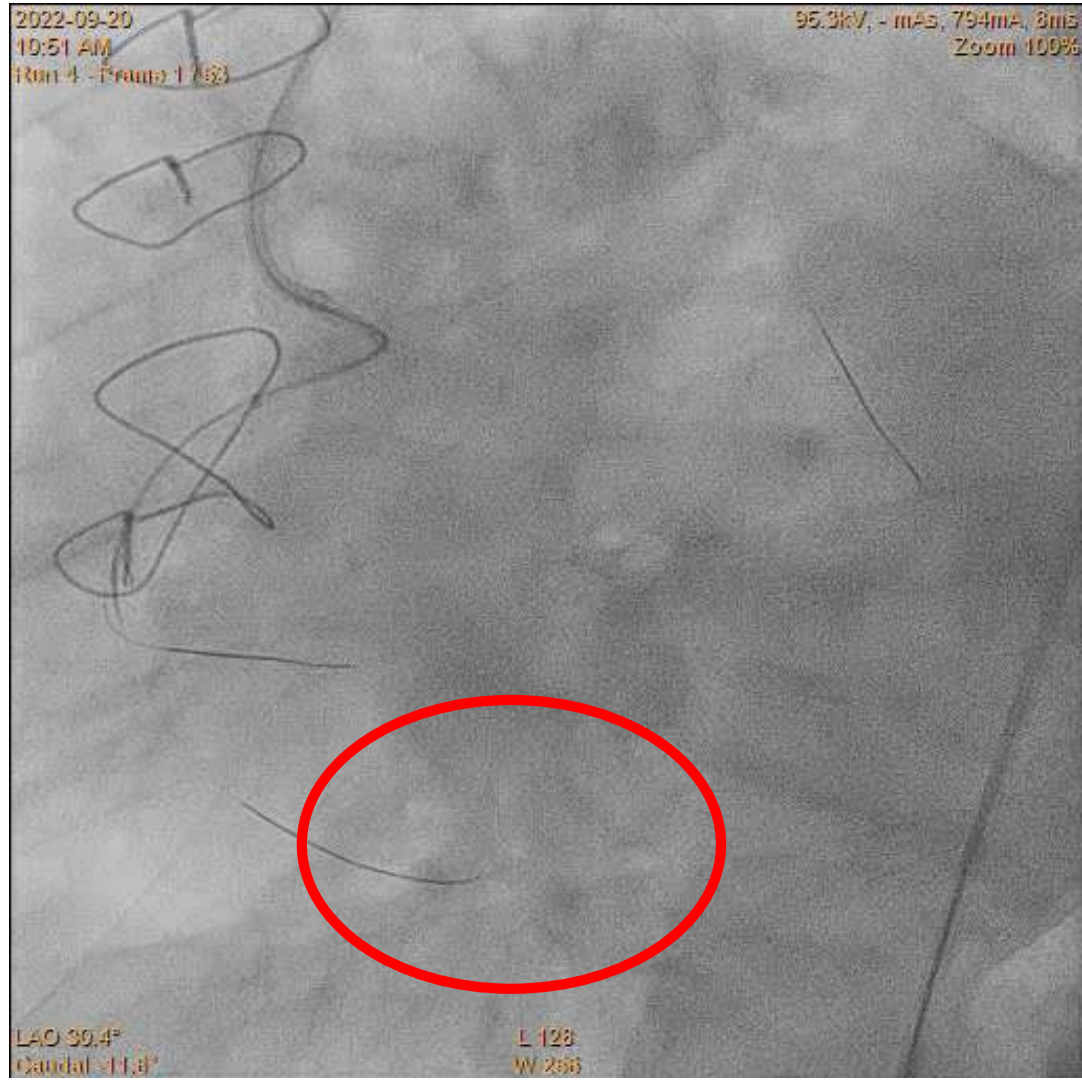
J-CTO SCORING SYSTEMS (probability of procedural success)		
<i>previously failed attempt</i>	1point	0 pkt easy
<i>blunt proximal cap</i>	1point	<2 pkt intermediate
<i>bending >45° in the CTO segment</i>	1point	3 pkt difficult
<i>calcification</i>	1point	
<i>length of the occluded segment is >20 mm</i>	1point	≥3 pkt very difficult
Total points: 2		

EuroCTO (CASTLE) score (probabilities of failure of PCI)		
<i>CABG previous</i>	1 point	0-1 point probabilities of failure 8%
<i>age ≥70</i>	1 point	
<i>severe tortuosity</i>	1 point	2-3 points probabilities of failure 8-35%
<i>Bunt or none cap</i>	1point	
<i>length of the occluded ≥ 20mm</i>	1point	
<i>calcification</i>	1 point	≥ 4 points probabilities of failure ≥35%
Total points: 4		

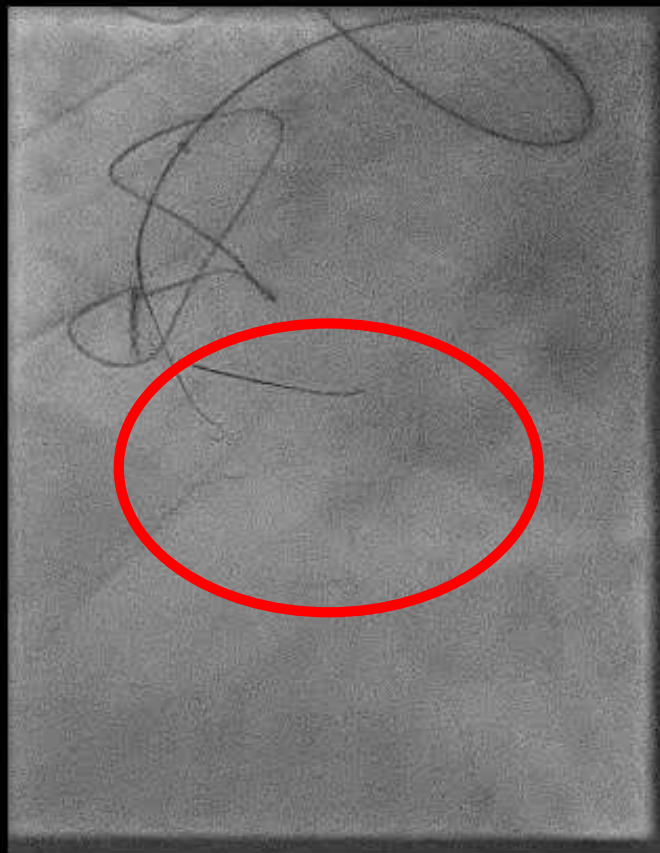
PROGRES CTO score (likelihood of technical success)		
<i>proximal cap ambiguity</i>	1 point	0 point 98,2%
<i>Absencje of „interventional” colaterals</i>	1 point	1 point 97,2%
<i>Moderate/severe tortuosity</i>	1 point	
<i>CX CTO</i>	1 point	2 points 91,6%
Total points: 0		≥ 3 points 76,7%

PROGRES CTO (Risc of complications)		
<i>age > 65y.o</i>	3 points	0-2 points Risc of complications 0,2%
<i>length of the occluded ≥ 23mm</i>	2 points	3-4 points Risc of complications 2%
<i>Retrograde approach</i>	1 point	
Total points: 1		>4 points Risc of complications 6,6%

Ineffective AWE



Knucle



wire BASE (Gladius MG)

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

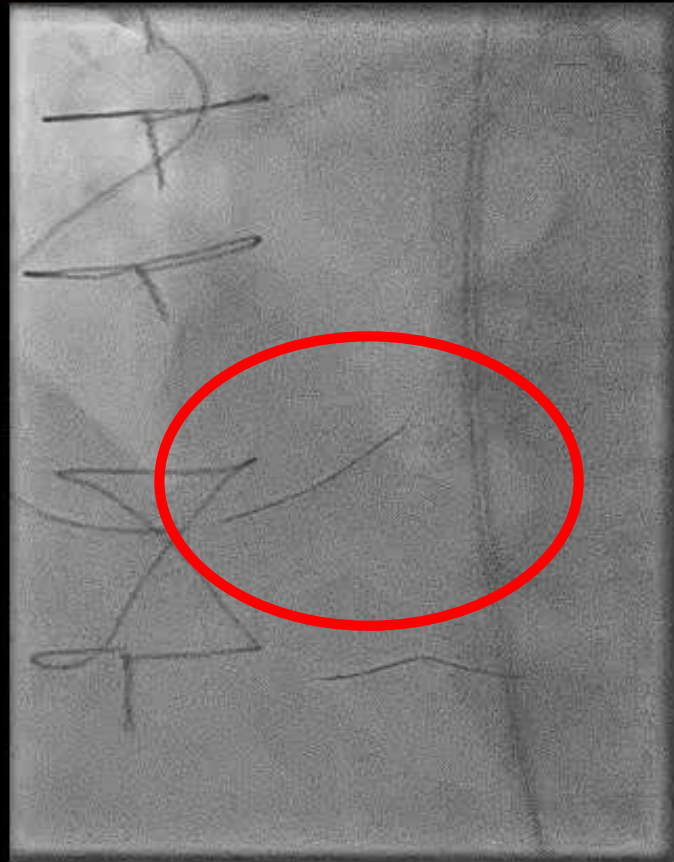
116.4kV, - mAs, 14mA, - ms
Zoom 100%



LAO 30.4°
Caudal -11.5°

L 128
W 256

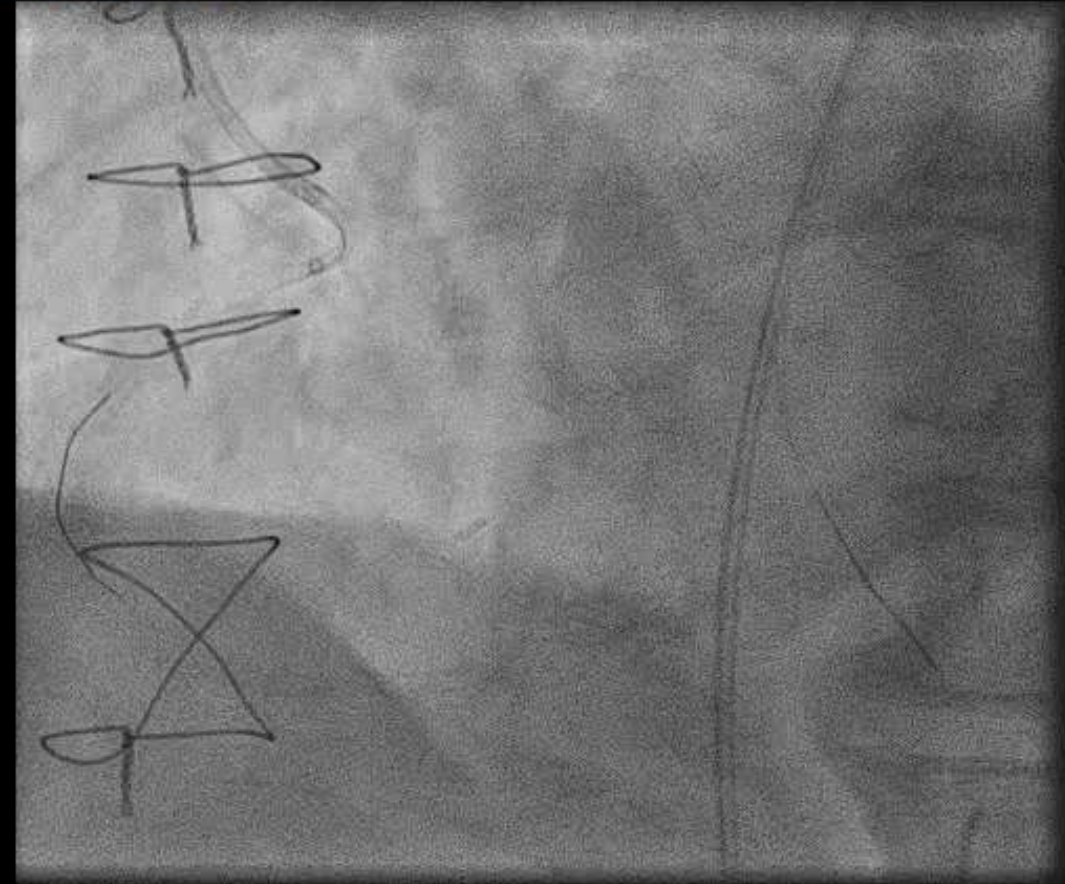
CONTRALATERAL INJECTION



The final result

2022-09-20
12:05 PM
Run 48 - Frame 1 / 96

96.6kV, - mAs, 740mA, 8ms
Zoom 100%



LAO 24.4°
Cranial 14.3°

L 128
W 256

Angiography



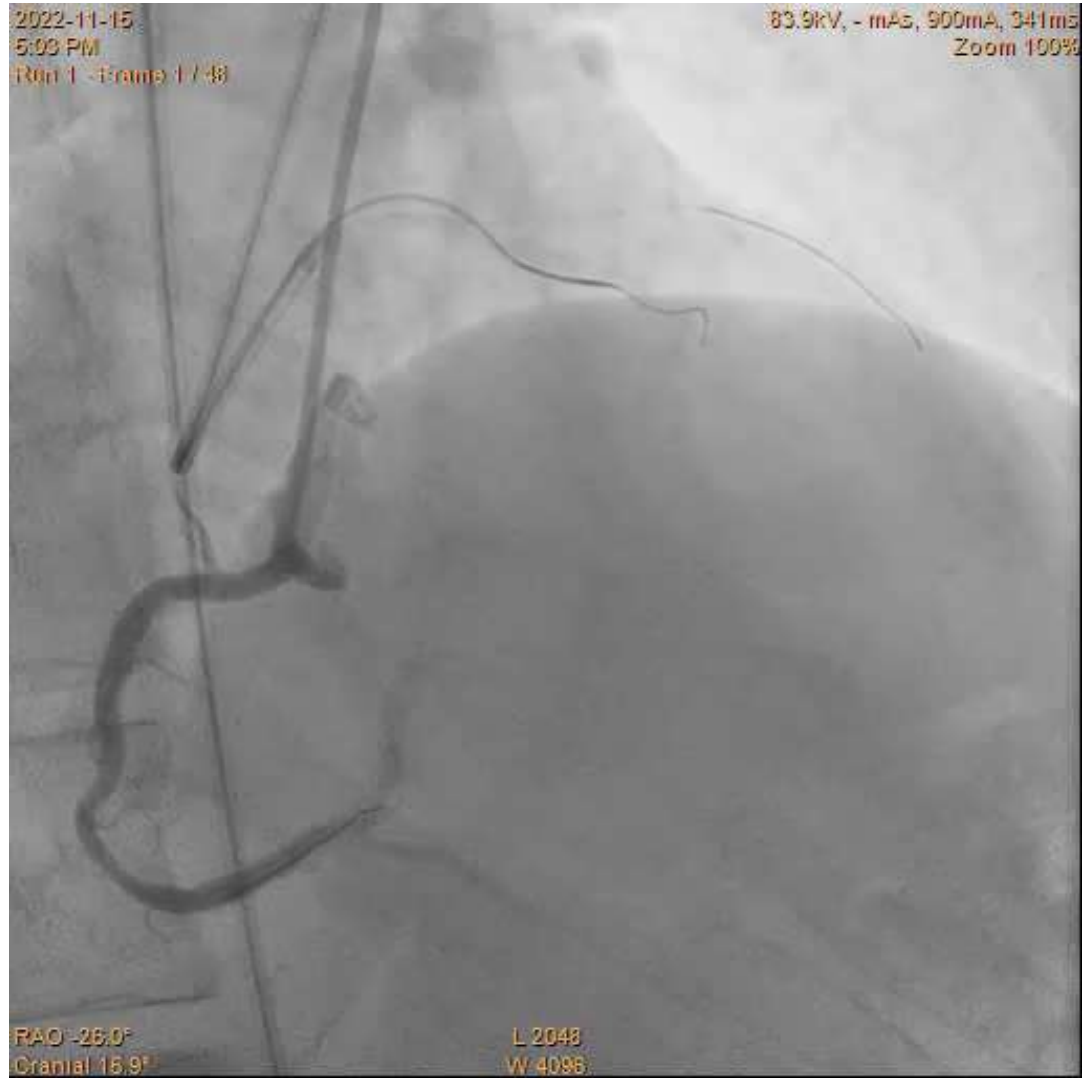
J-CTO SCORING SYSTEMS (probability of procedural success)		
<i>previously failed attempt</i>	1point	0 pkt easy
<i>blunt proximal cap</i>	1point	<2 pkt intermediate
<i>bending >45° in the CTO segment</i>	1point	3 pkt difficult
<i>calcification</i>	1point	
<i>length of the occluded segment is >20 mm</i>	1point	≥3 pkt very difficult
Total points: 4		

EuroCTO (CASTLE) score (probabilities of failure of PCI)		
<i>CABG previous</i>	1 point	0-1 point probabilities of failure 8%
<i>age ≥70</i>	1 point	
<i>severe tortuosity</i>	1 point	2-3 points probabilities of failure 8-35%
<i>Bunt or none cap</i>	1point	
<i>length of the occluded ≥ 20mm</i>	1point	
<i>calcification</i>	1 point	≥ 4 points probabilities of failure ≥35%
Total points: 3		

PROGRES CTO score (likelihood of technical success)		
<i>proximal cap ambiguity</i>	1 point	0 point 98,2%
<i>Absencje of „interventional” colaterals</i>	1 point	1 point 97,2%
<i>Moderate/severe tortuosity</i>	1 point	
<i>CX CTO</i>	1 point	2 points 91,6%
Total points: 1		≥ 3 points 76,7%

PROGRES CTO (Risc of complications)		
<i>age > 65y.o</i>	3 points	0-2 points Risc of complications 0,2%
<i>length of the occluded ≥ 23mm</i>	2 points	3-4 points Risc of complications 2%
<i>Retrograde approach</i>	1 point	
Total points: 2		>4 points Risc of complications 6,6%

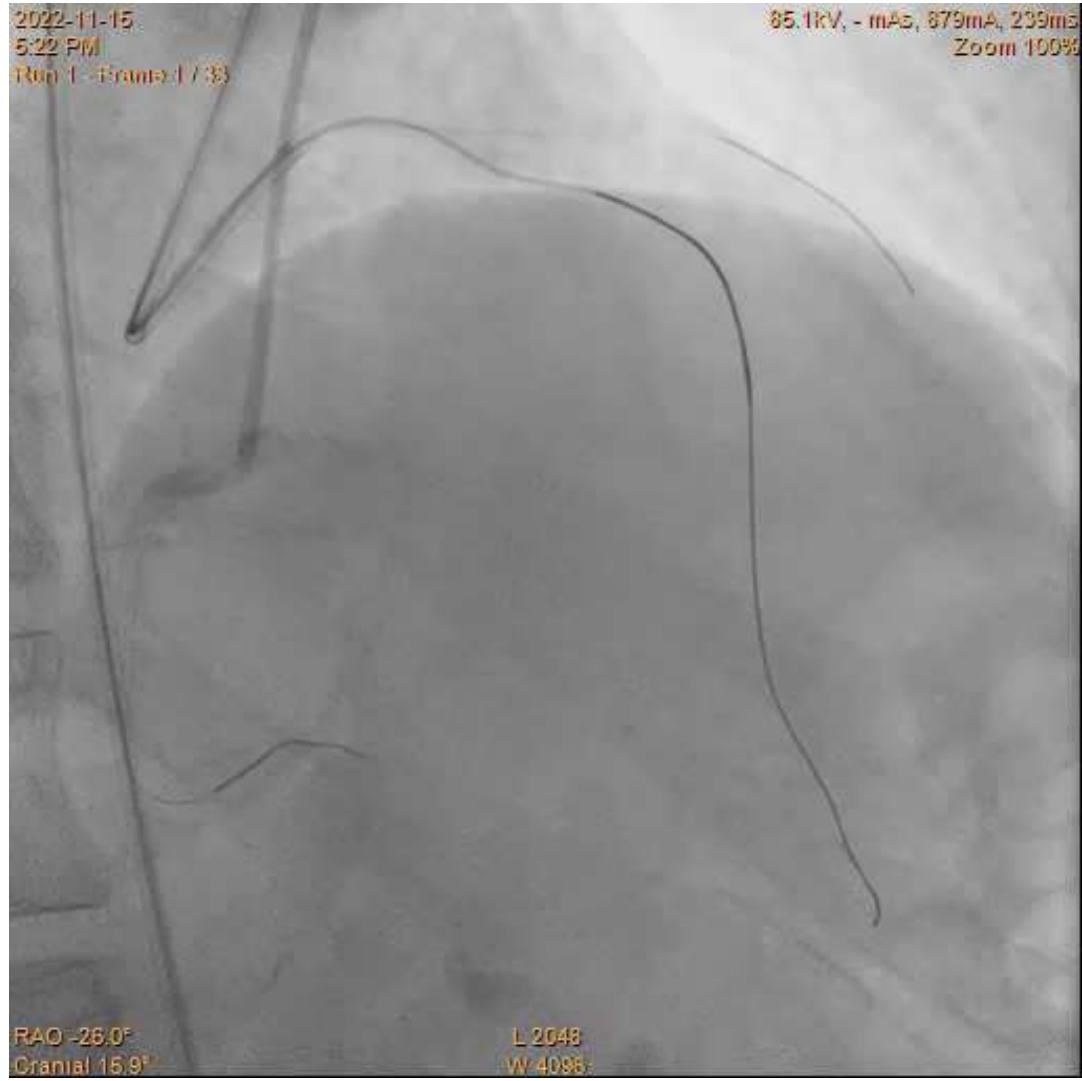
Ineffective AWE



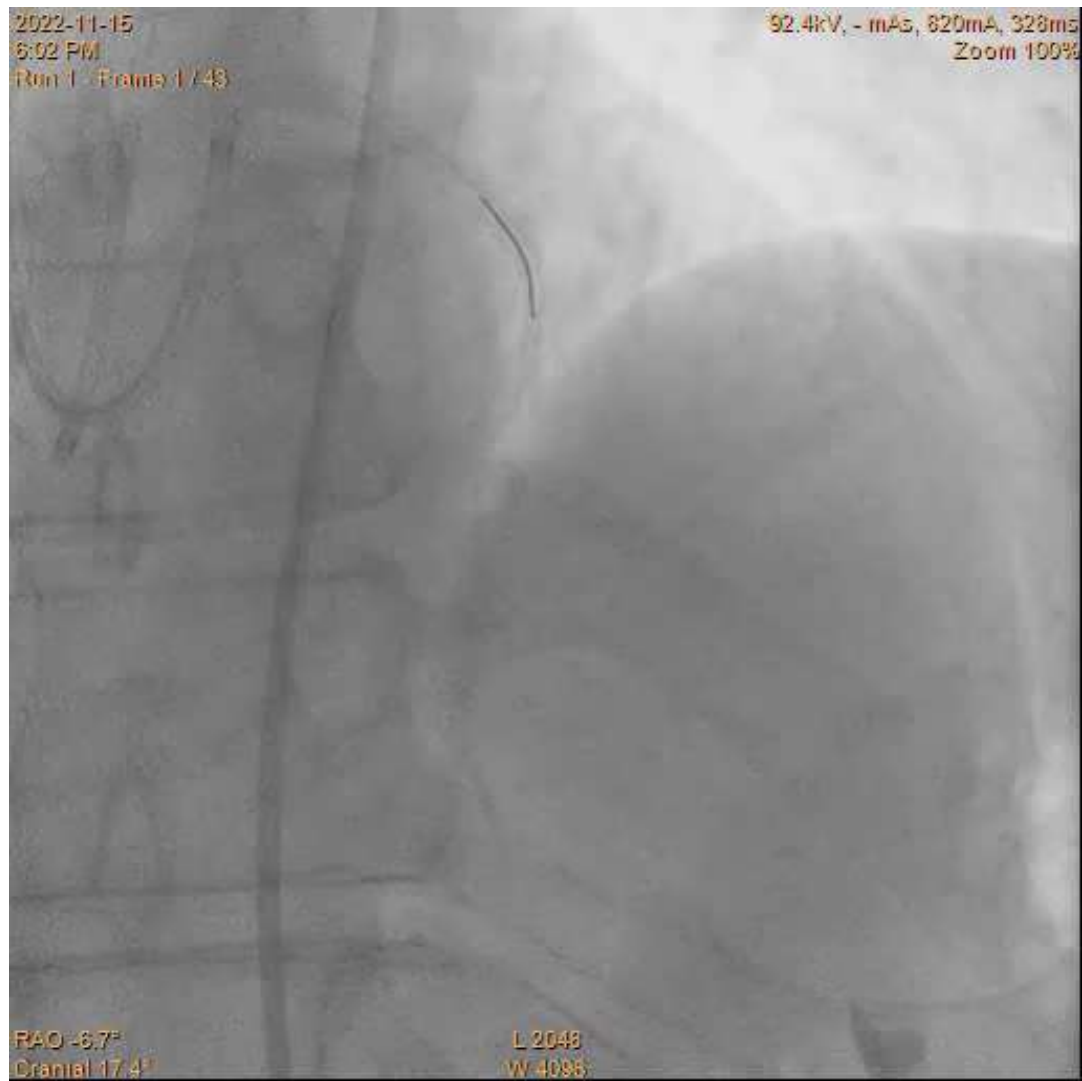
Knucle



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!