

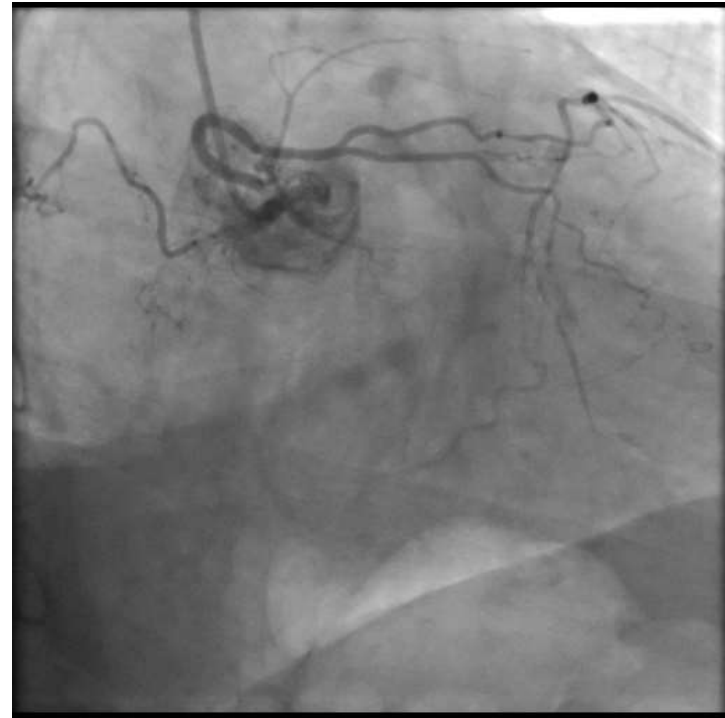
LAD and RCA CTO Lesions in highly symptomatic patient: Decision making and PCI

- **72-year-old patient with low threshold exertional angina**
- **Moderately impaired LV systolic function**
- **Proximal to mid LAD CTO**
- **Long RCA CTO from proximal part to the distal bifurcation**
- **Moderate degree distal LM disease**
- **Collaterals to LAD: ipsilateral big epicardial from OM branch, contralateral epicardials from conus branch**
- **Collaterals to distal RCA: from 1st septal, epicardials from distal LCX**

Moderate degree distal LM disease, LAD CTO, epicardial to distal LAD



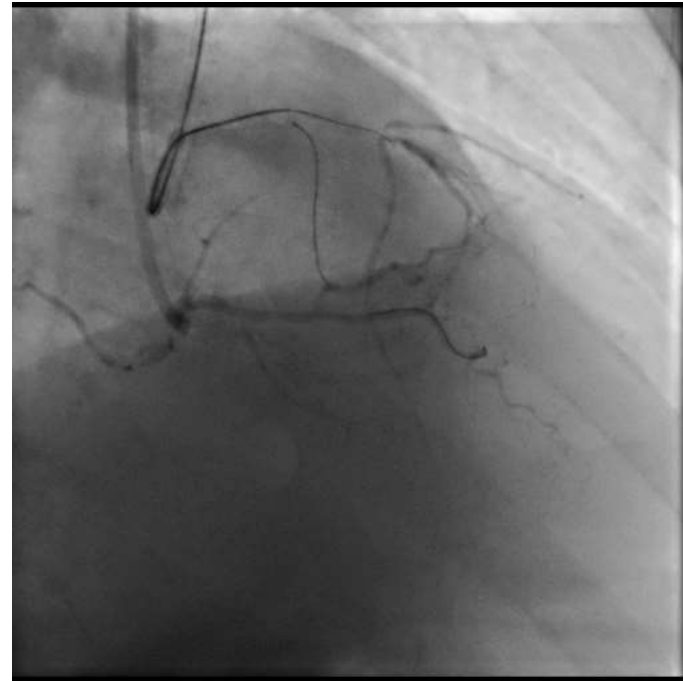
Prox RCA CTO, Epicardials from Conus Branch to Mid LAD



Dual Injection Angiogram



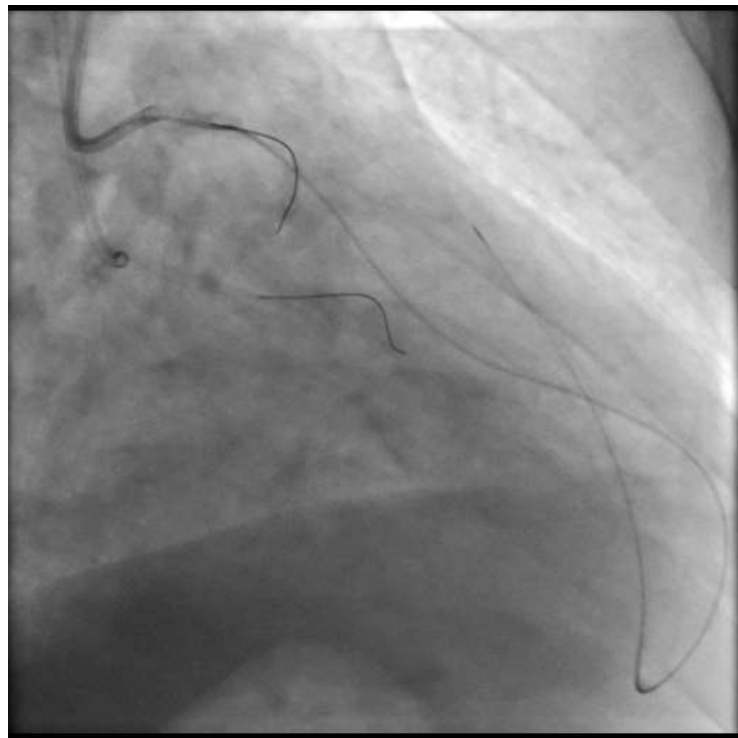
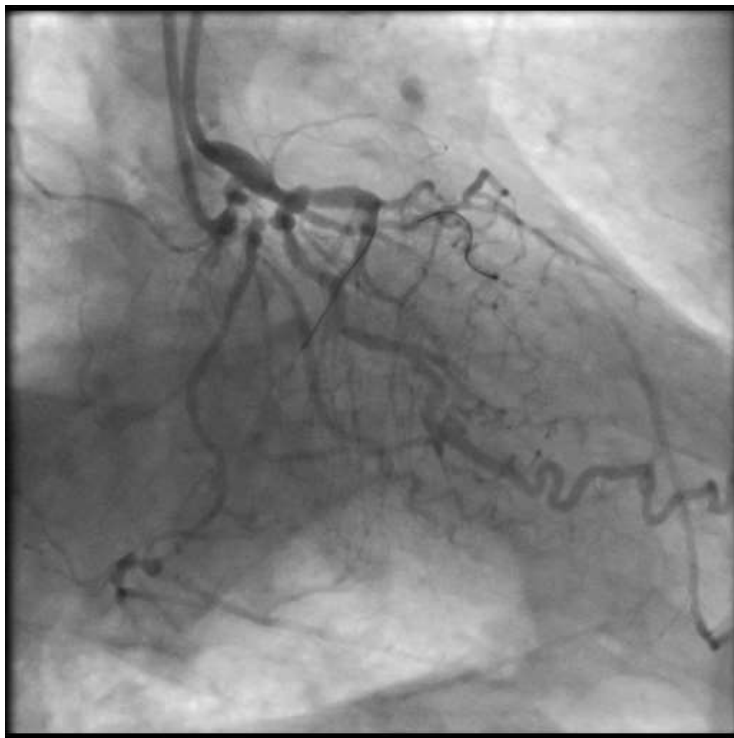
Antegrade wiring, Corsair Pro + GAIA II, then GAIA III



AWE and Parallel wiring unsuccessful, The patient had chest pain and hypotensive

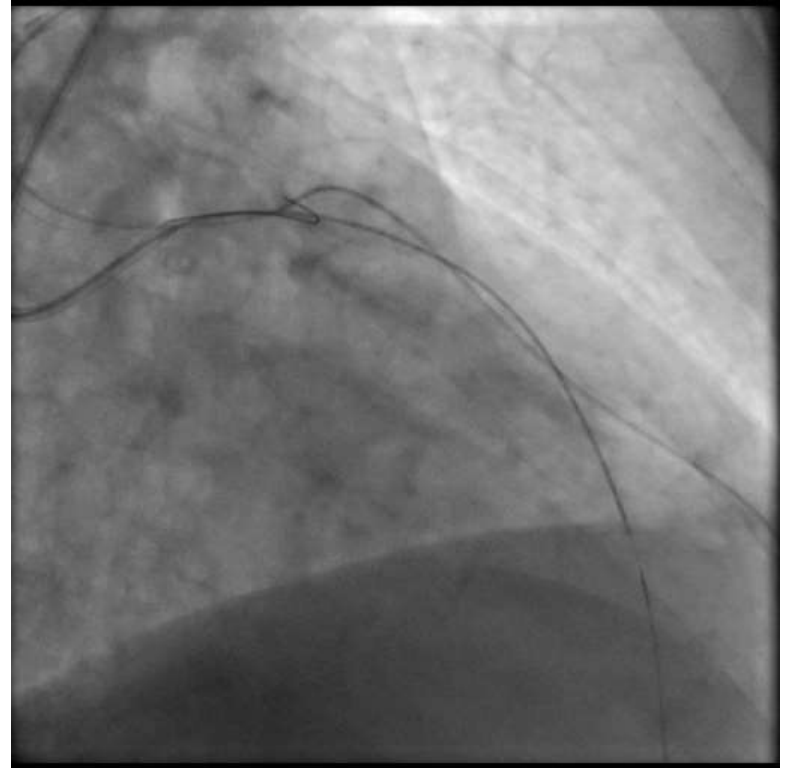


Removing devices, starting retrograde procedure using ipsilateral with Caravel MC and Sion Black

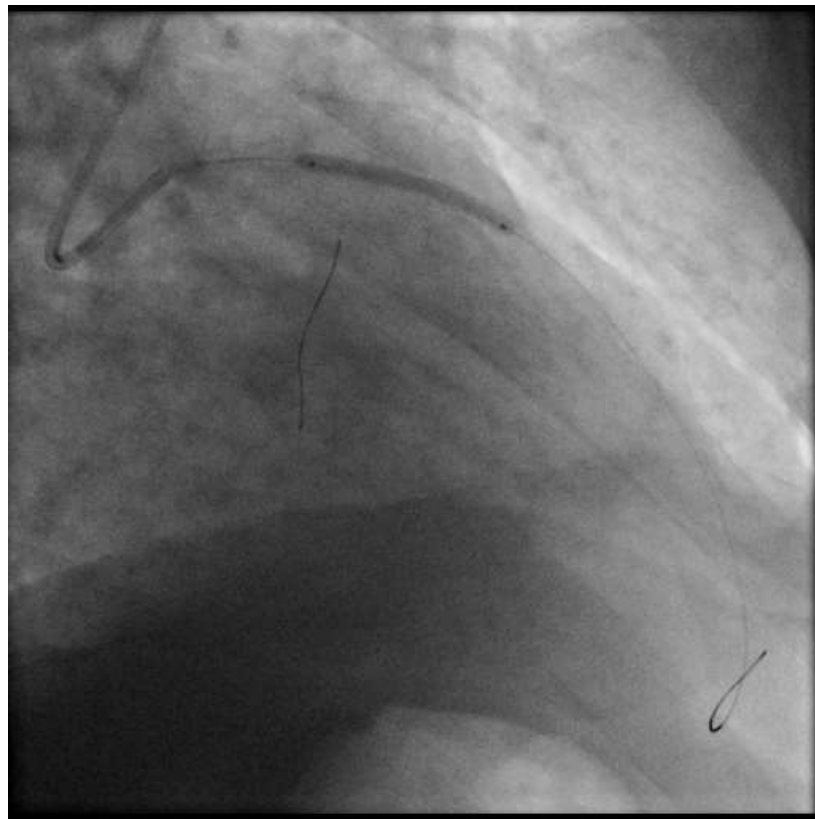
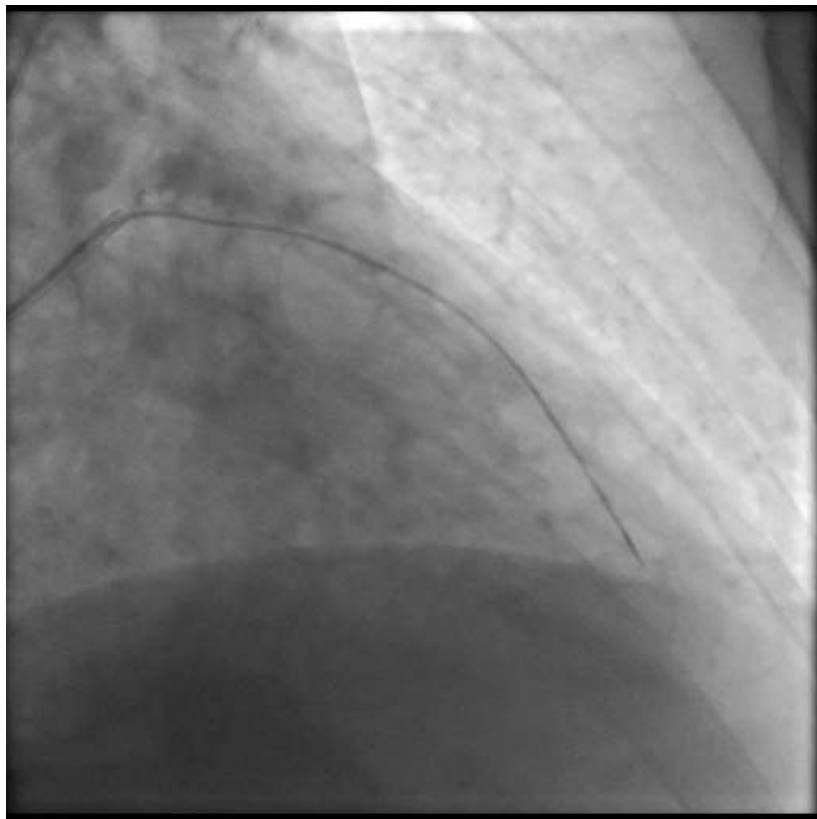


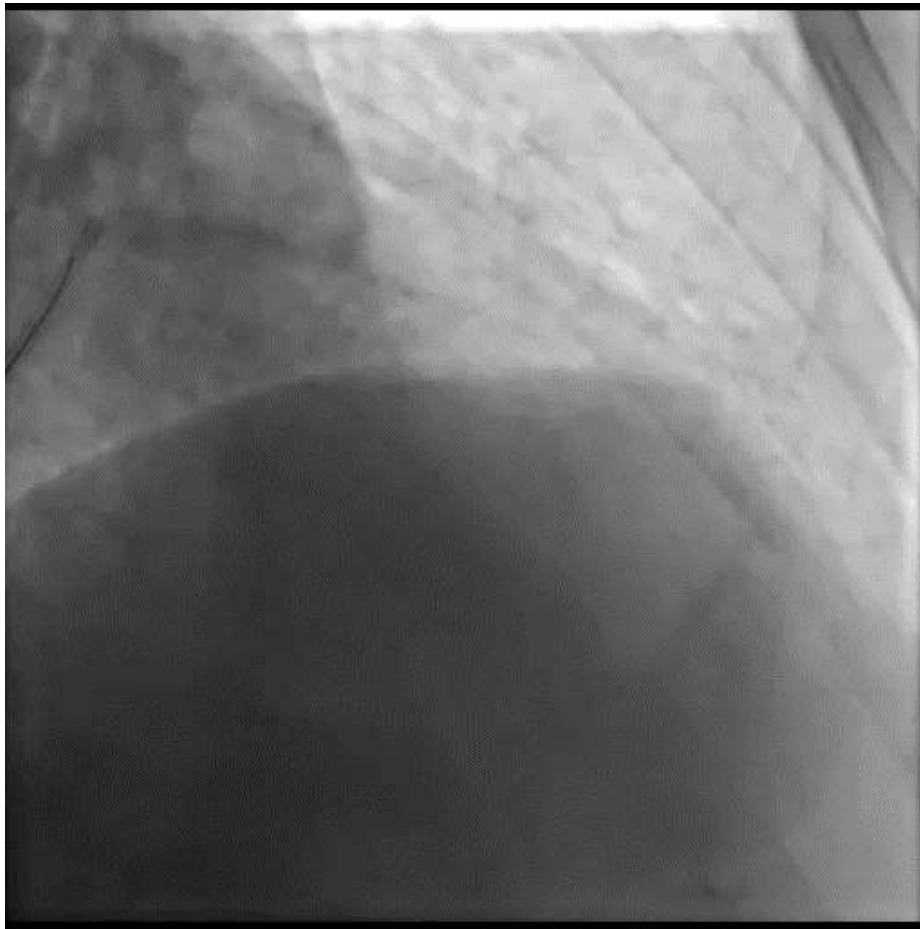
Externalization using “Ping Pong” approach, bringing antegrade Corsair over the externalized RG 3

Again, starts to be ischemic but more stable



Removing retrograde gear, performing regular PCI over the antegrade gear, regaining complete stability





Final result after DES implantation
from Mid LAD up to mid LM

P.S.
PPT for the presentation will include
all the video files