

No-Reflow Complicating Chronic Total Occlusion Coronary Revascularization

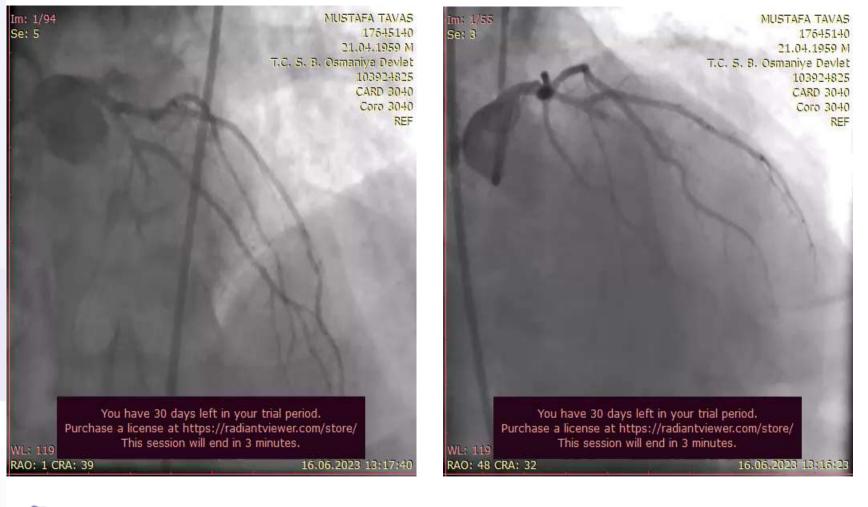
Case presentation:

No-reflow phenomenon can be a serious complication during PCI; it is difficult to predict and prevent, this phenomenon in CTO recanalization sesions is rare, but it is important to diagnose and identify usefull manegment strategies.

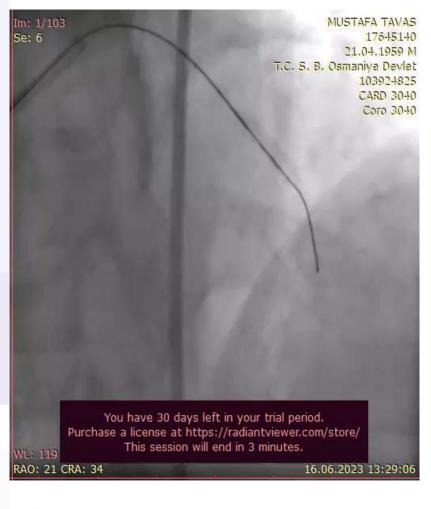
62 years old male patient complicating of effort angina despite full course of antianginal therapy. MPS reveled the viability of the anterior wall myocardium, the previous angiography revealed instent total occlusion of the proximal segment of the LAD, insignificant stenosis of both LCX and RCA. Antegrade approach of the LAD CTO segment and crossing with escalating wire technique, the tip injection reveled intraluminal cross but distal LAD vasculare bed was very abrasive. After Exchange with extra support wire and predilatation, unexpected no-reflow with TIMI 0 flow was observed, intracoronary Nitroglycerin, Adenosine and Diltiazem were useless. More aggresive balloon dilatation was also useless; so we decided to use guideliner through injection technique which we frequently use in the acute cases to diagnose what is the main cause. 5,5F guideliner introduced beyond the CTO segment and intraluminal flushing suggested that inflammation and endothelial trauma should be the main cause rather than mechanical causes. proximal stent deployment and optimization of it, just after 10 minute TIMI 3 flow maintained.

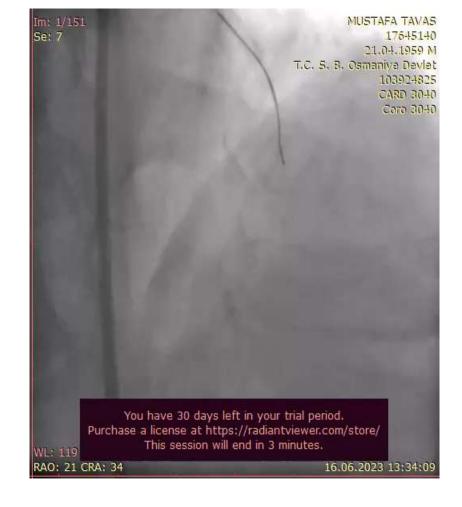
Functional de-recruitmant which is phenomenon describes no-reflow in the case of CTO procedures must be in mind, although the most important cause such as embolization of thrombus or plaque debris must be excluded.









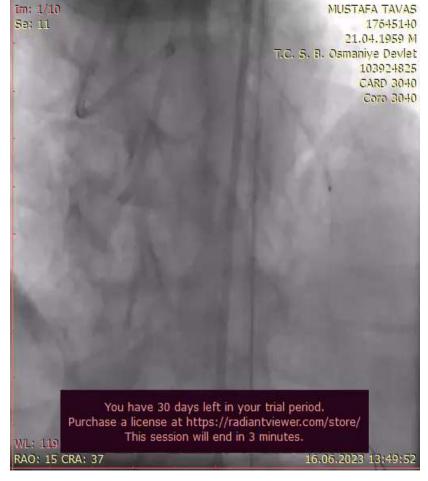




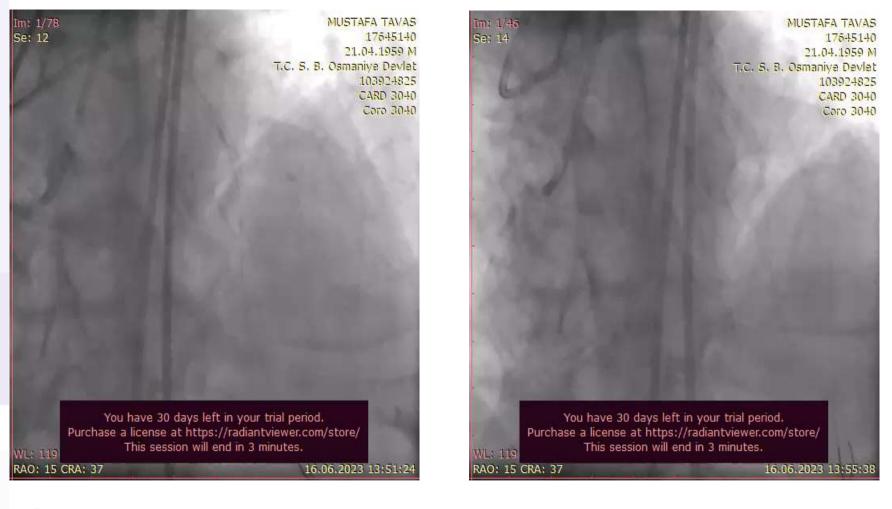
























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