

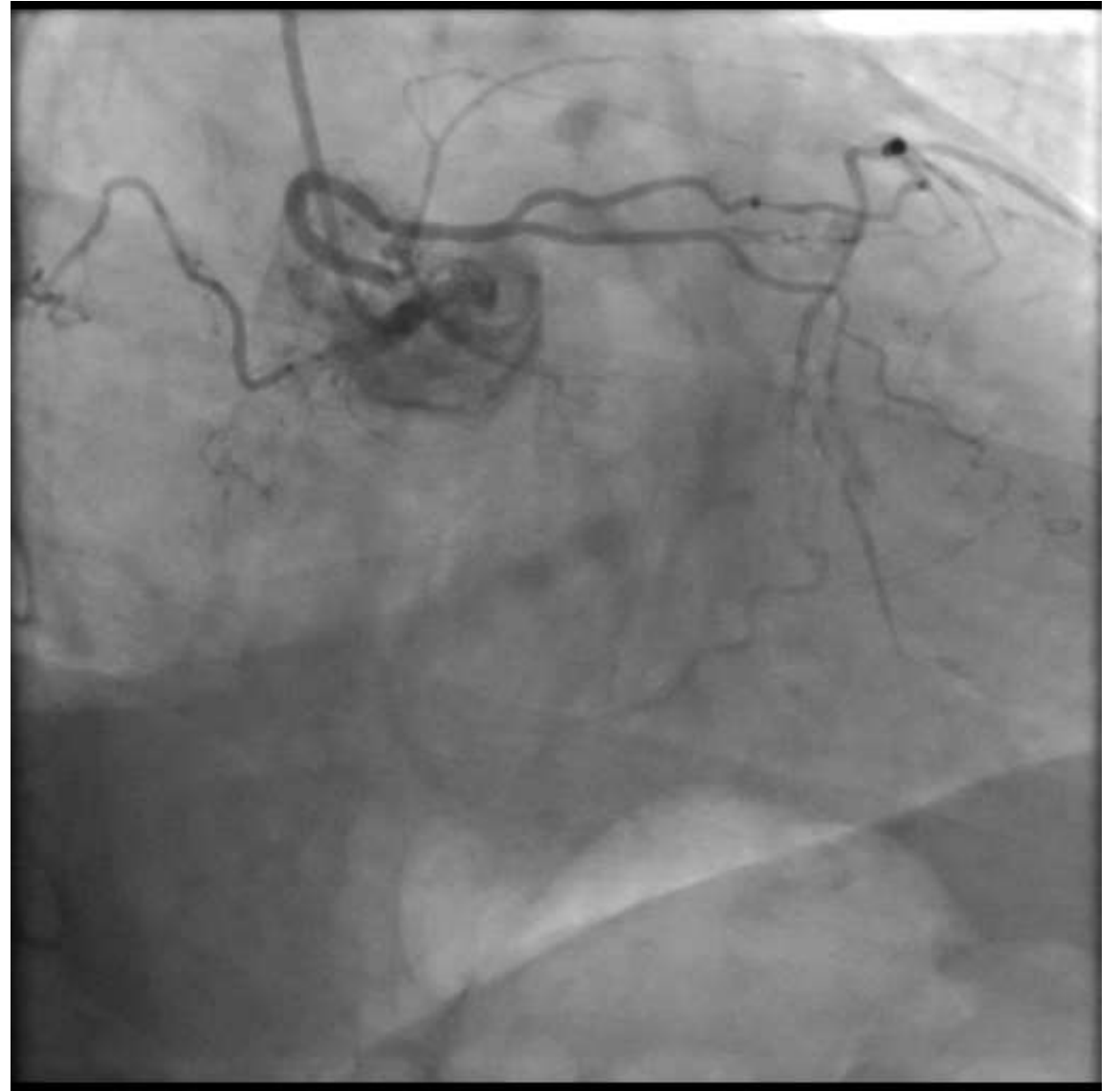
LAD and RCA  
CTO Lesions in  
highly  
symptomatic  
patient:  
Decision  
making and PCI

- 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 1<sup>st</sup> septal, epicardials from distal LCX

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



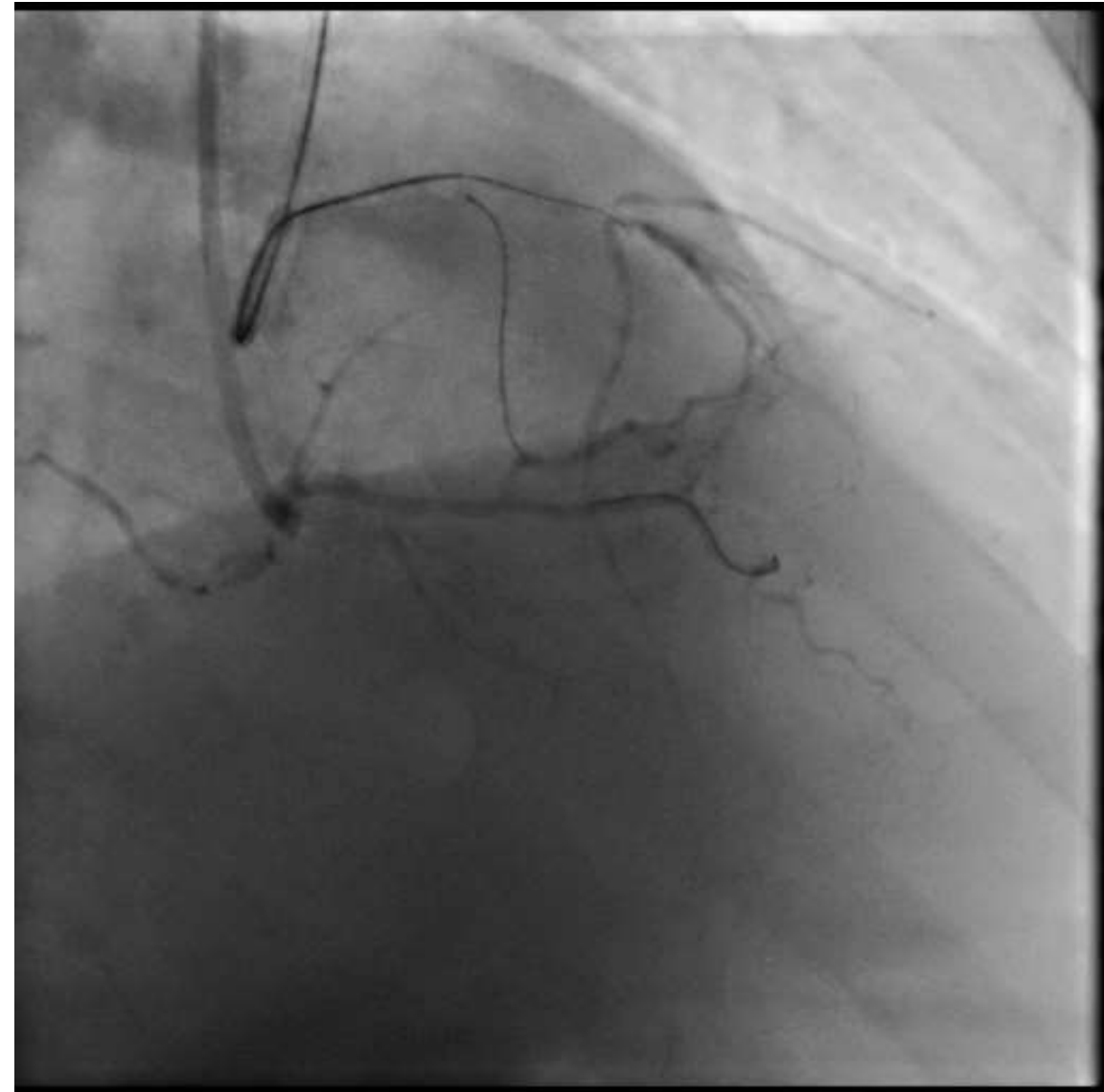
Prox RCA CTO, Epicardials from Conus Branch to  
Mid LAD



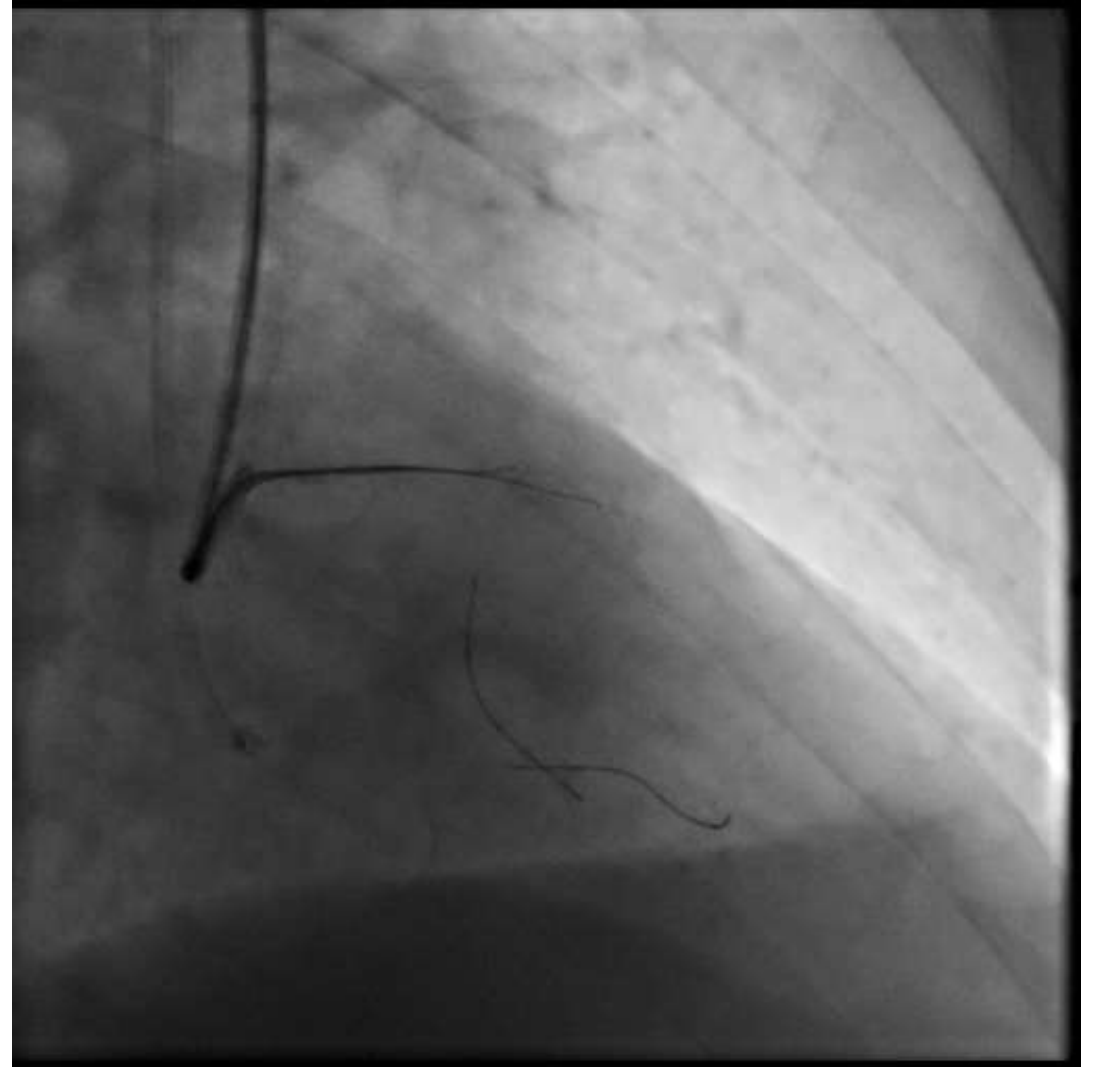
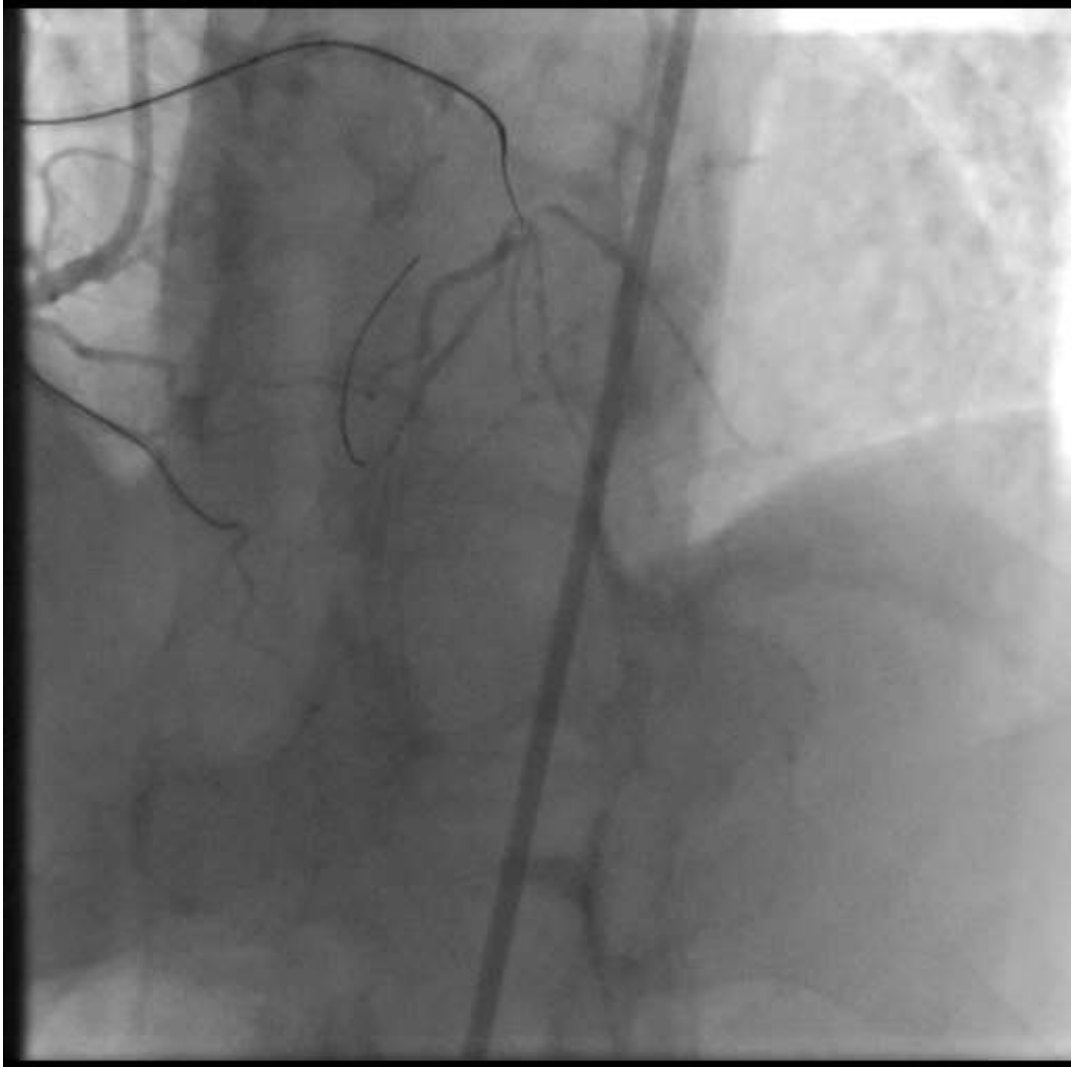
Dual Injection Angiogram



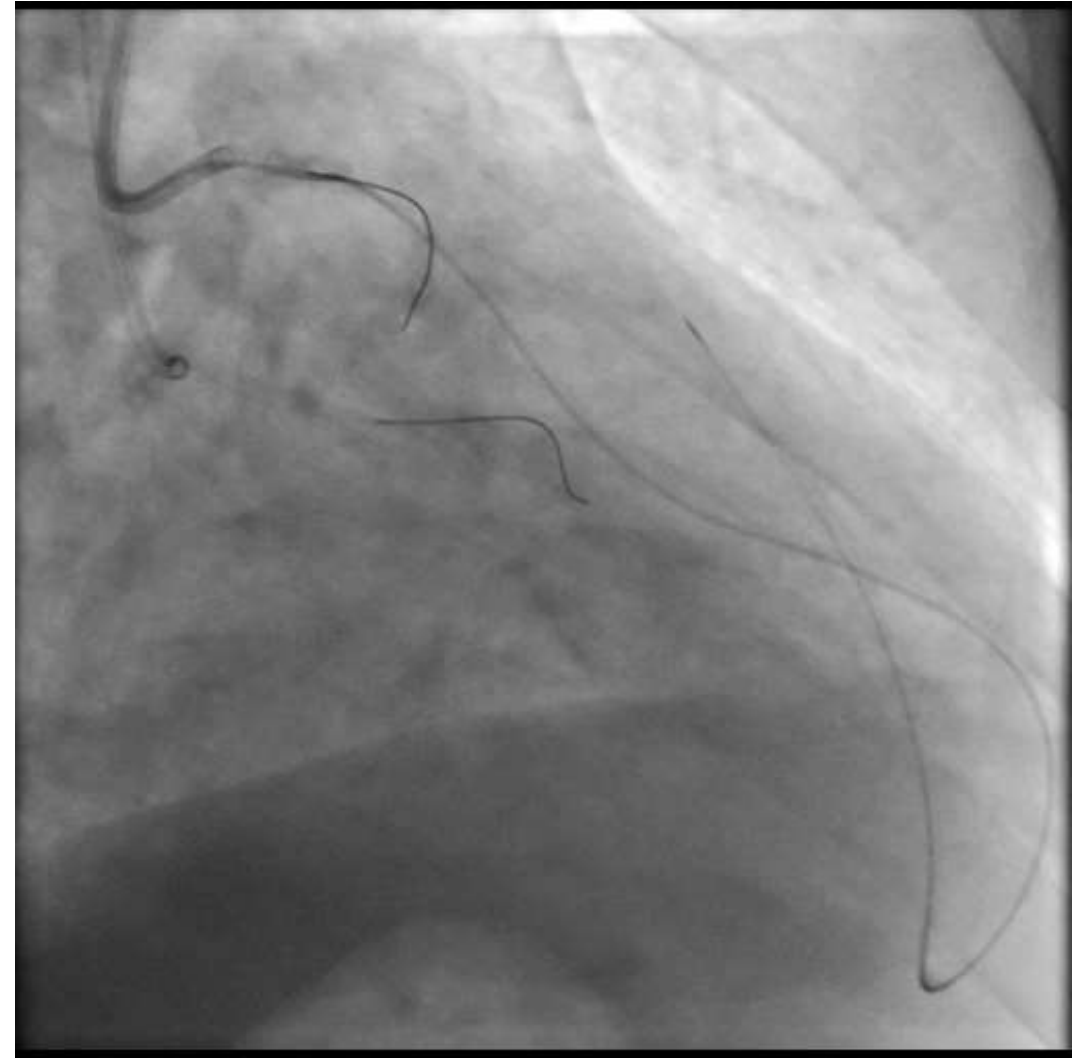
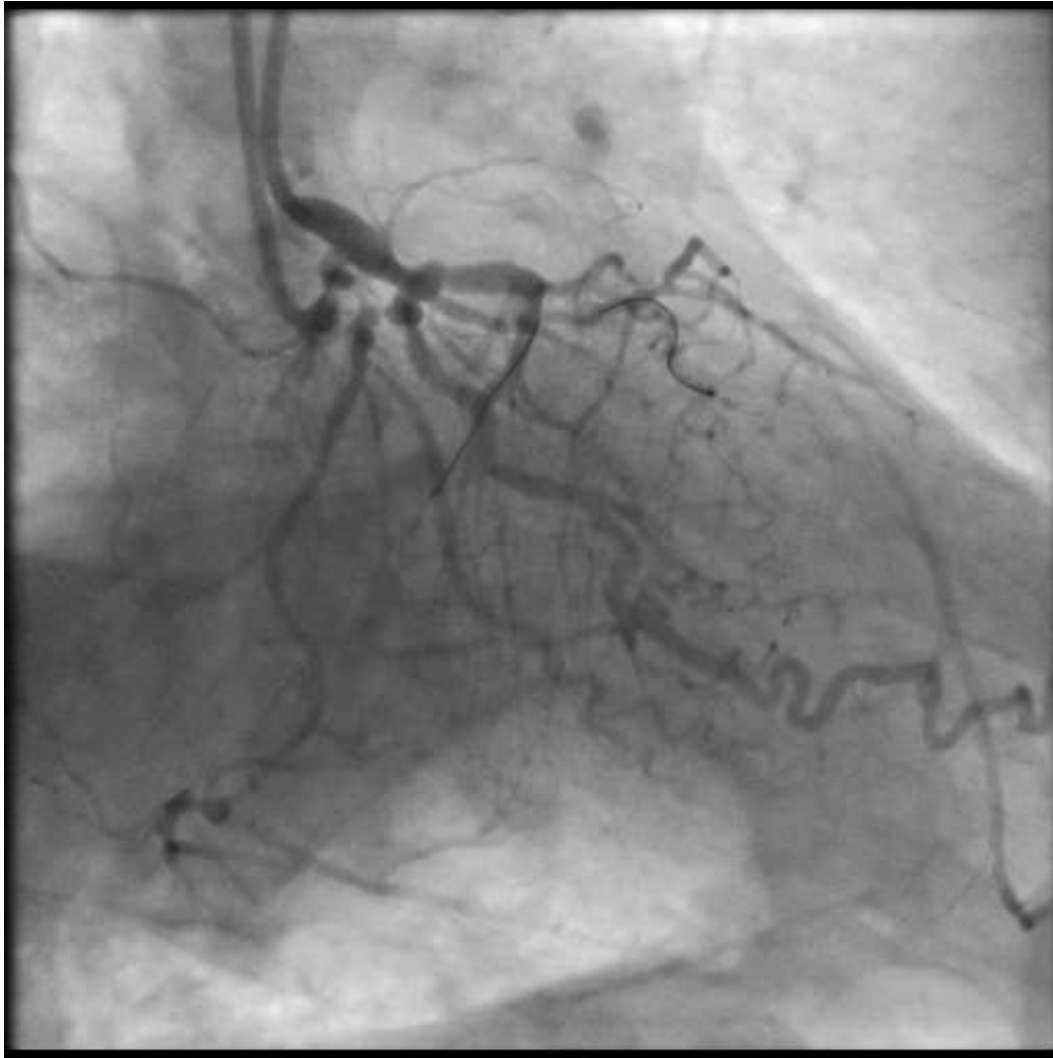
Antegrade wiring, Corsair Pro + GAIA II,  
then GAIA III



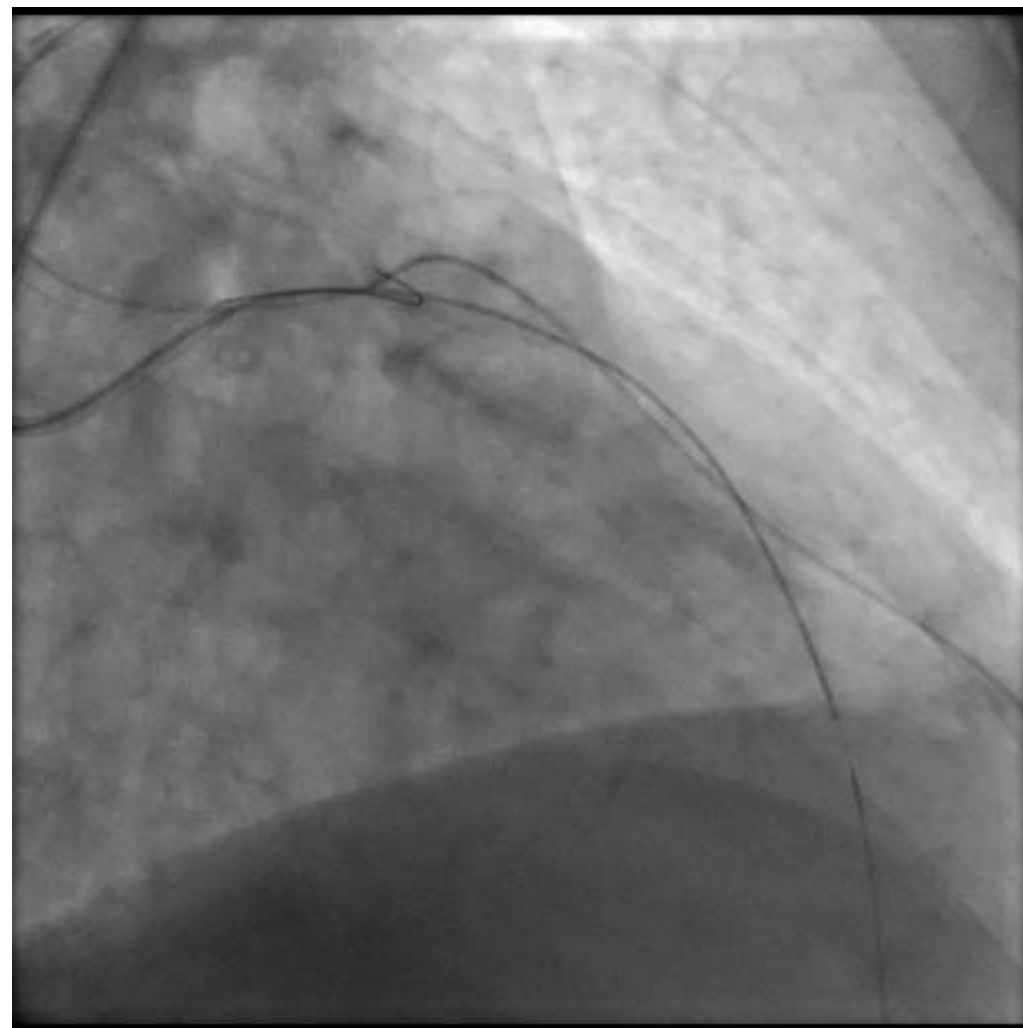
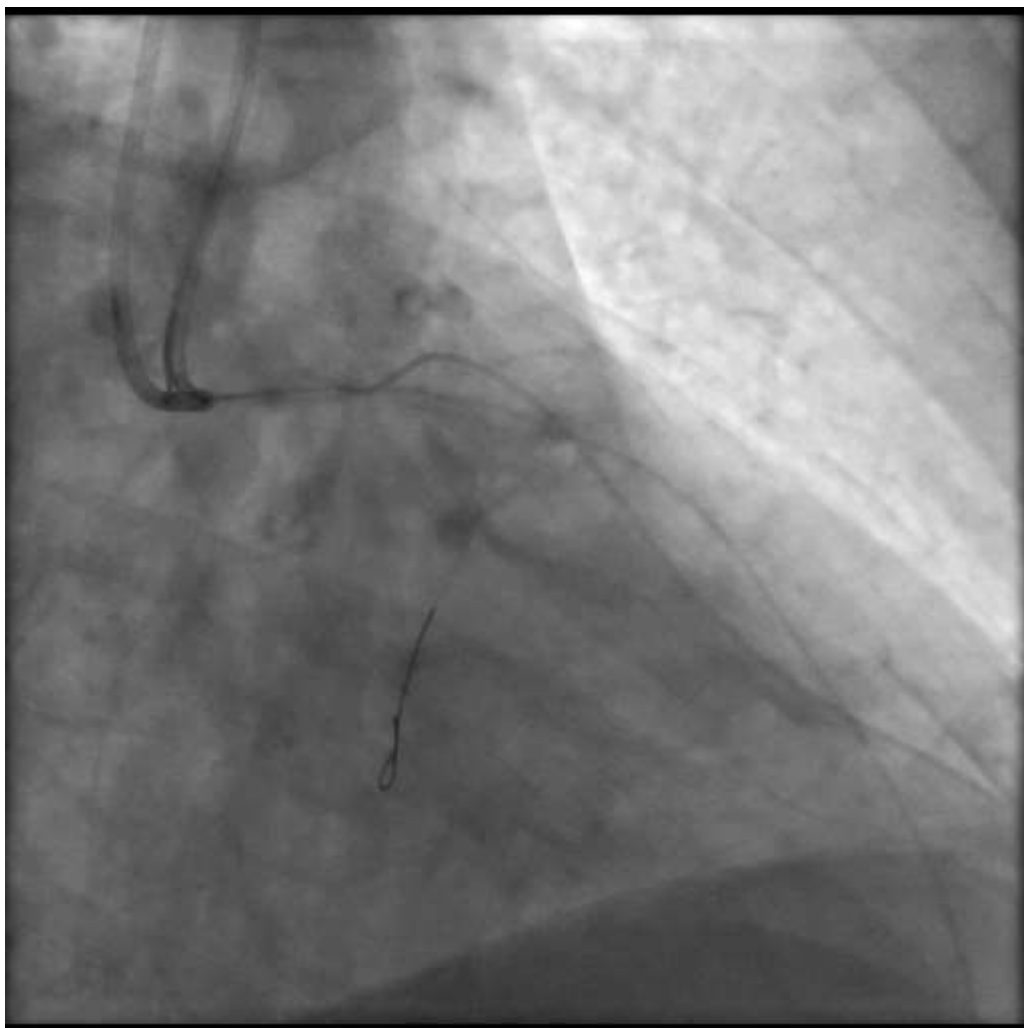
AWE and Parallel wiring unsuccessful, The patient had chest pain and hypotensive



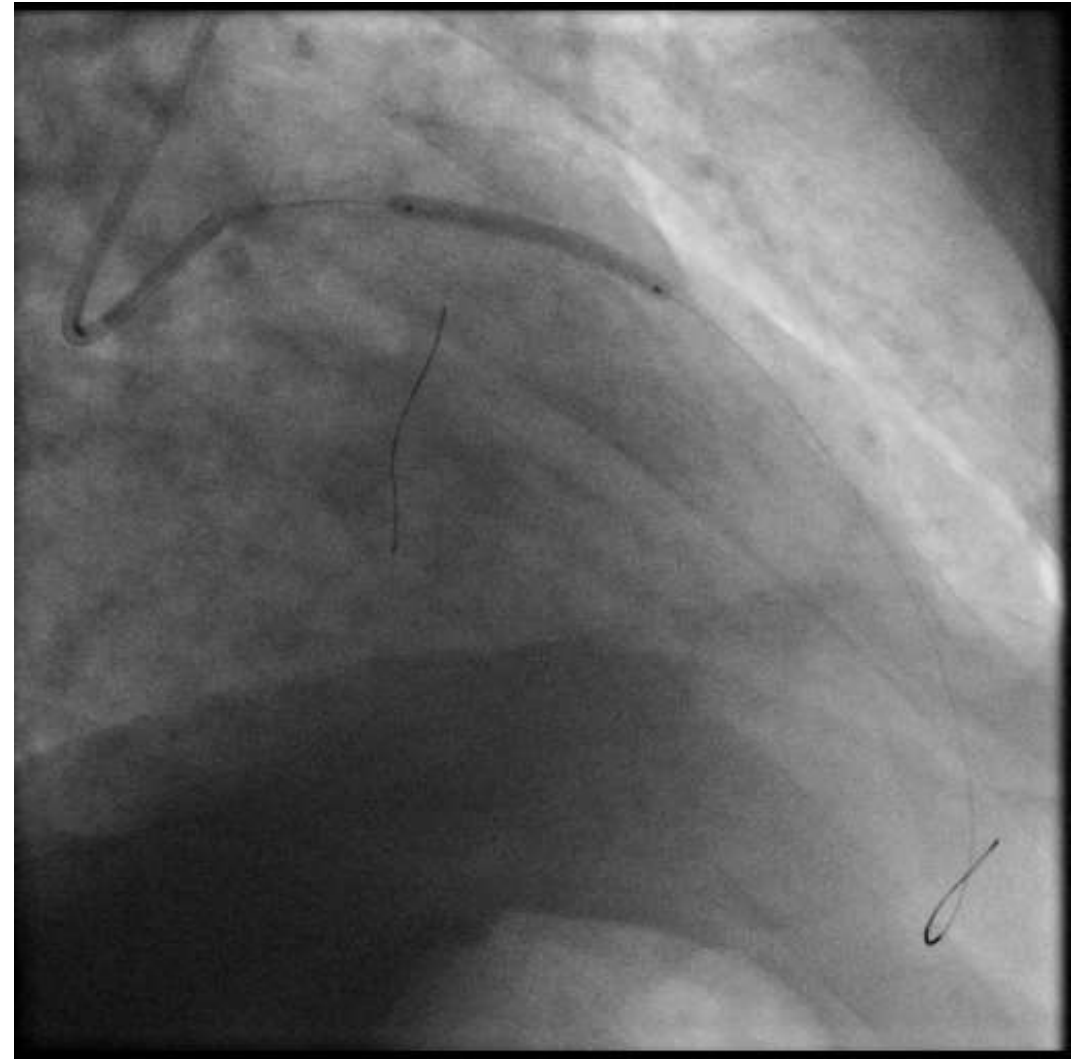
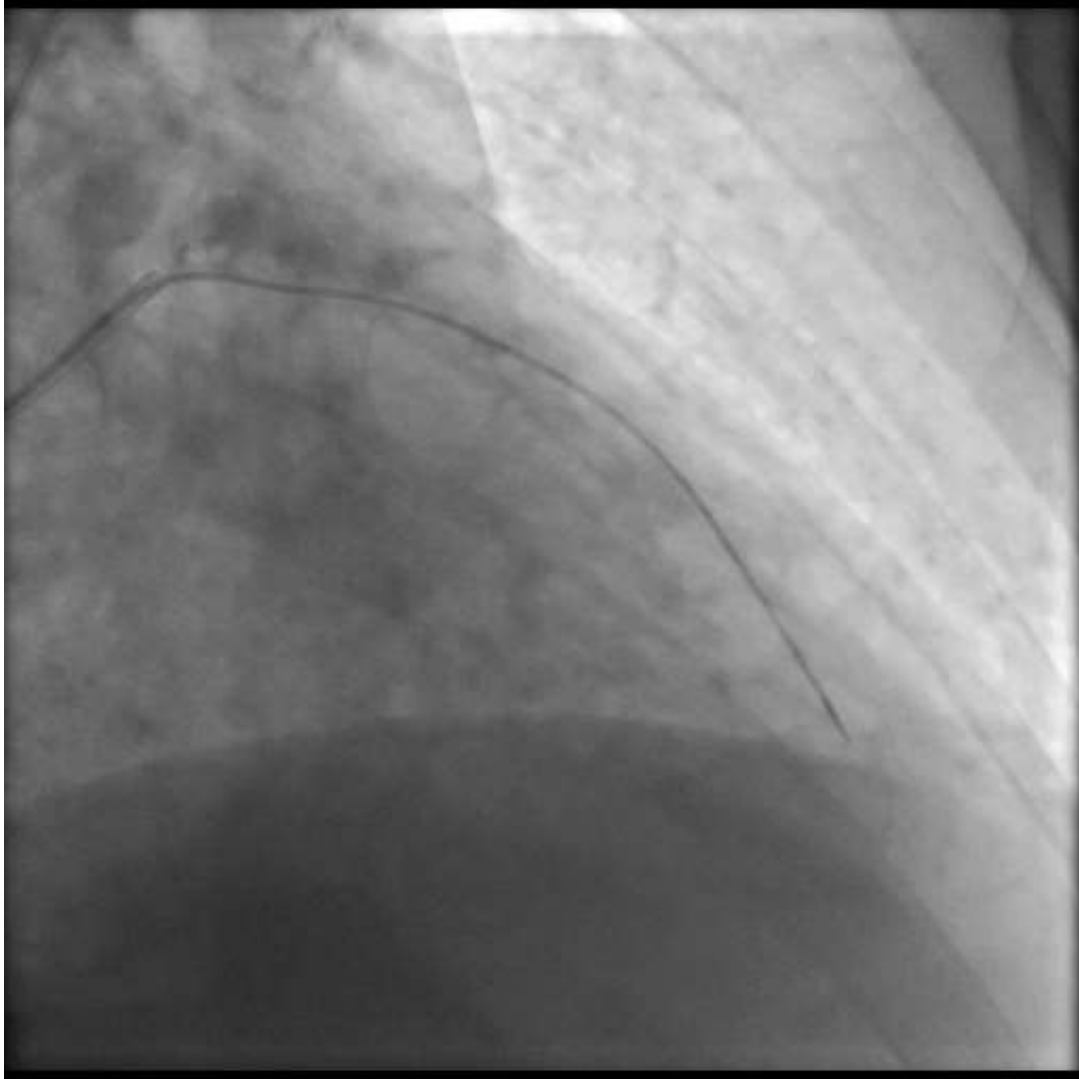
Removing devices, starting retrograde procedure using ipsilateral with Caravel MC and Sion Black

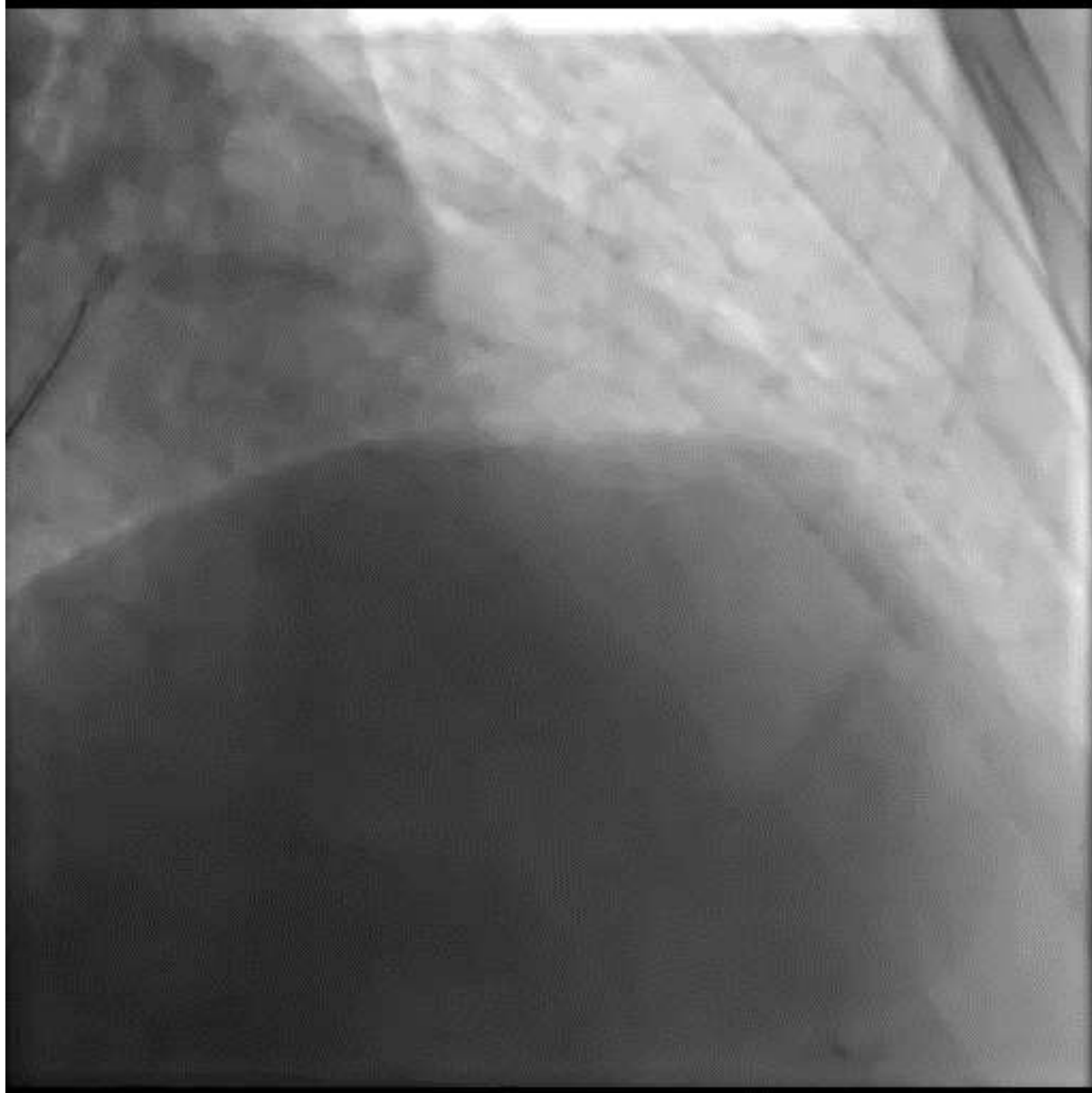


Externalization using “Ping Pong” approach, bringing antegrade Corsair over the externalized RG 3  
Again, starts to be ischemic but more stable



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