Ostial LM CTO

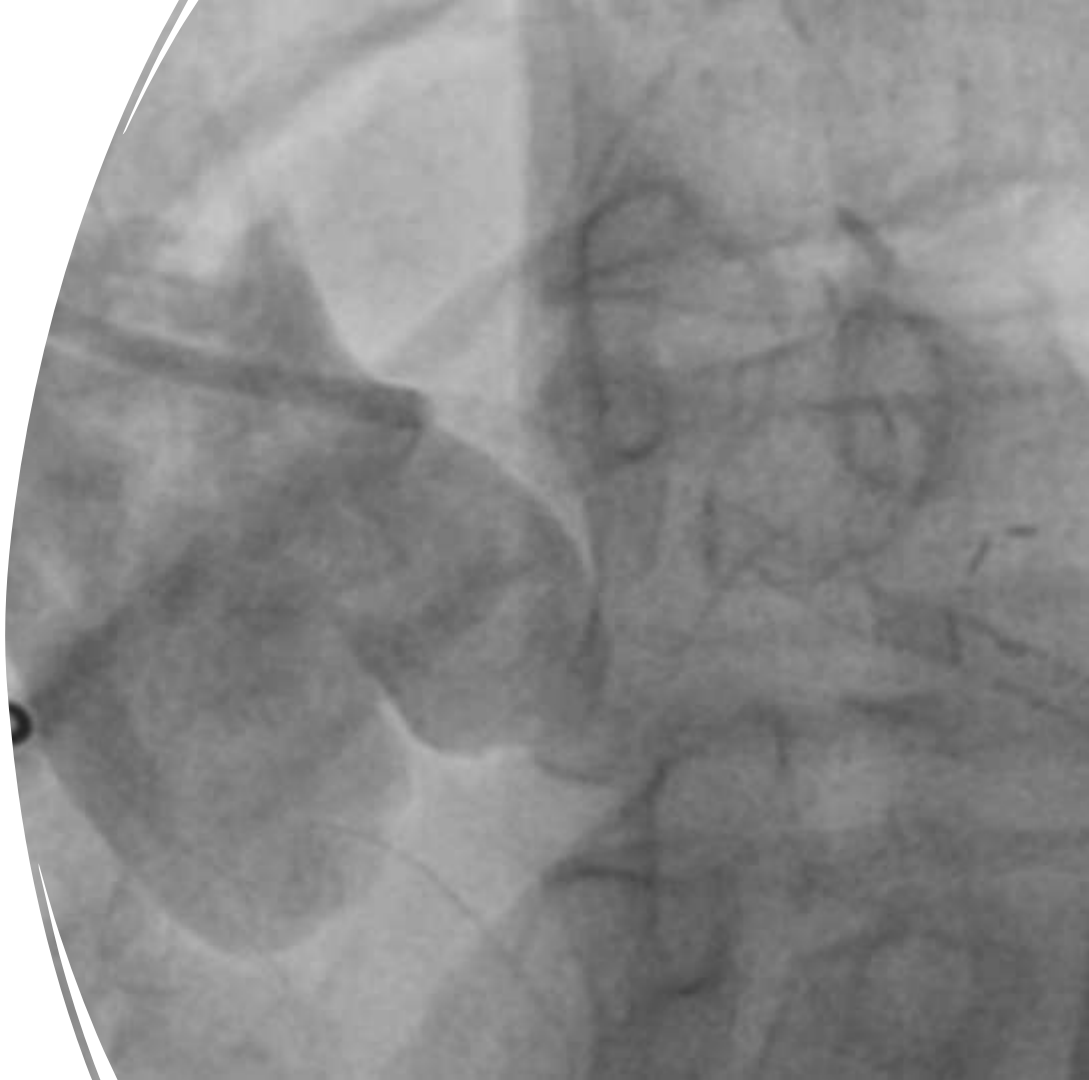
- Ajouter un sous-titre

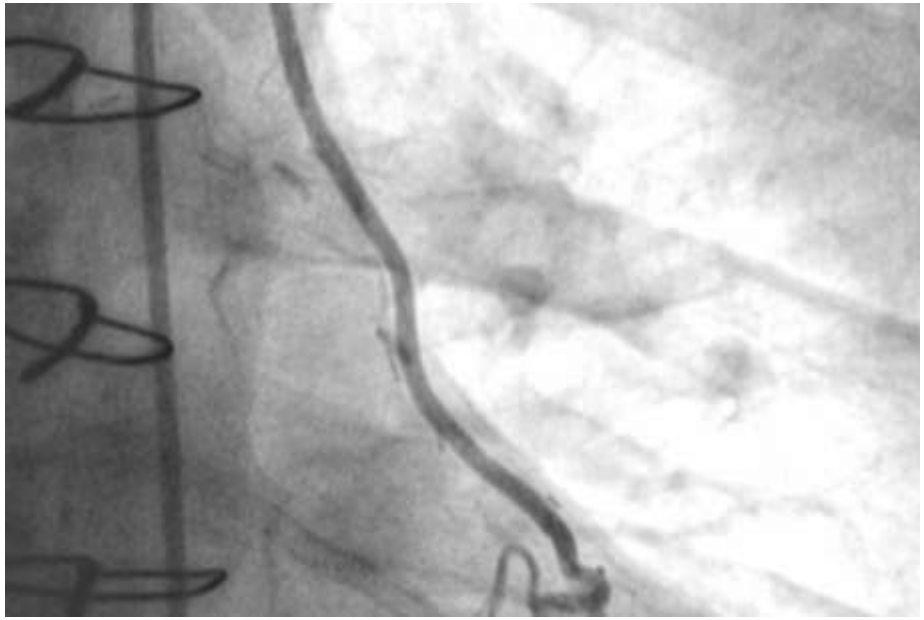
Potential conflicts of interest

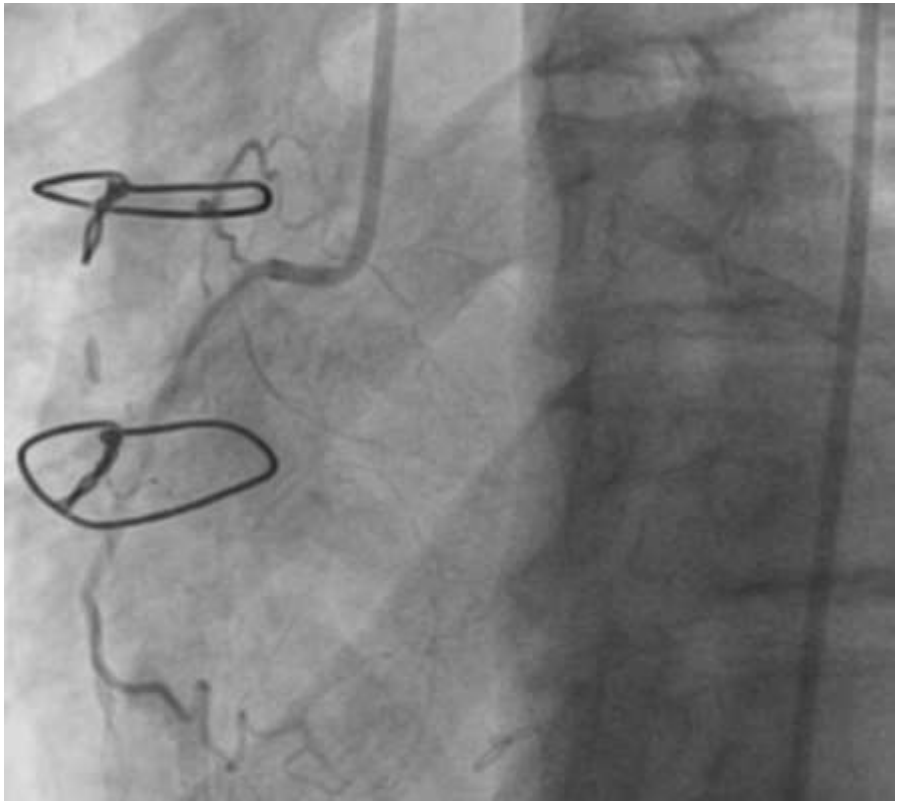
- I do not have any potential conflict of interest to report
- I have the following potential conflicts of interest to report:

- A 65 male patient presented to out patient clinic complaining of class 4 angina .
- The patient has history of CABG in 2016 .
- CT coronary angiography was done in 2020 which revealed no patent grafts except the LIMA –LAD graft .
- PCI of LM-LCX with DES was done in 2020.
- The patient stopped his medications 3 months prior to presention secondary to depression

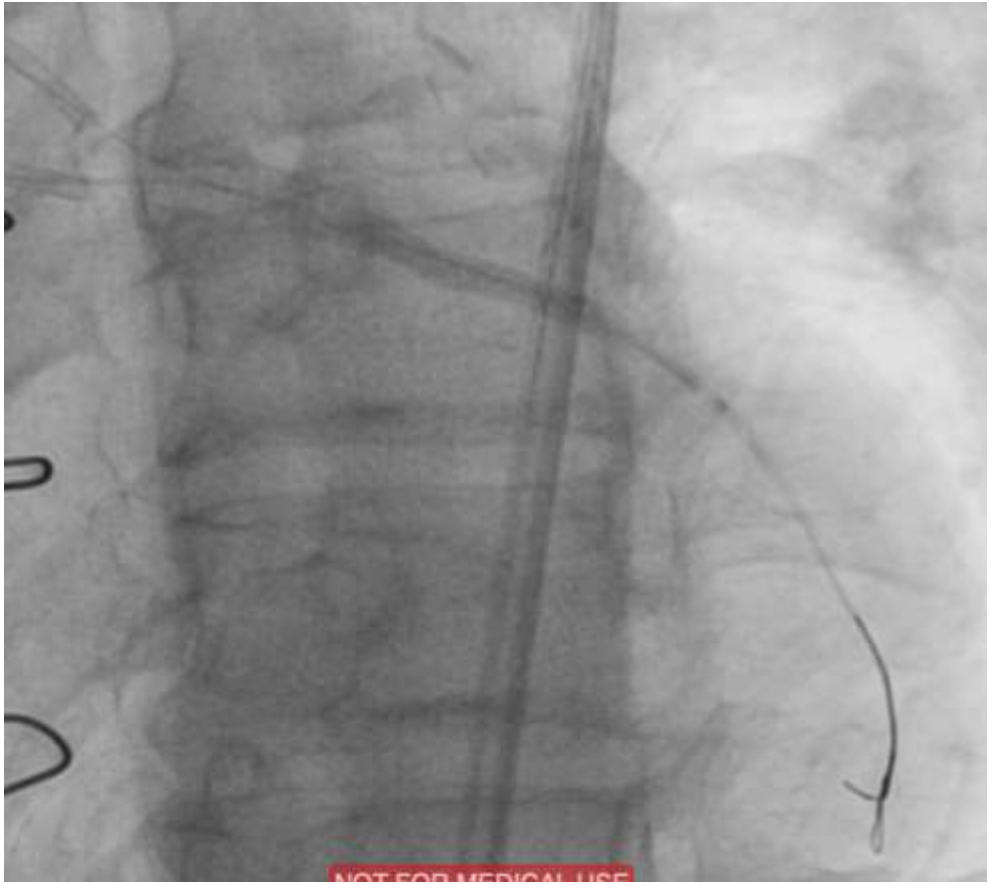
- **Demographic data :**
- **Type 2 DM, HTN , heavy smoker .**
- **Baseline angiogram revealed patent LIMA –LAD , small non dominant RCA and ostial total occlusion of LM-LCX stent**





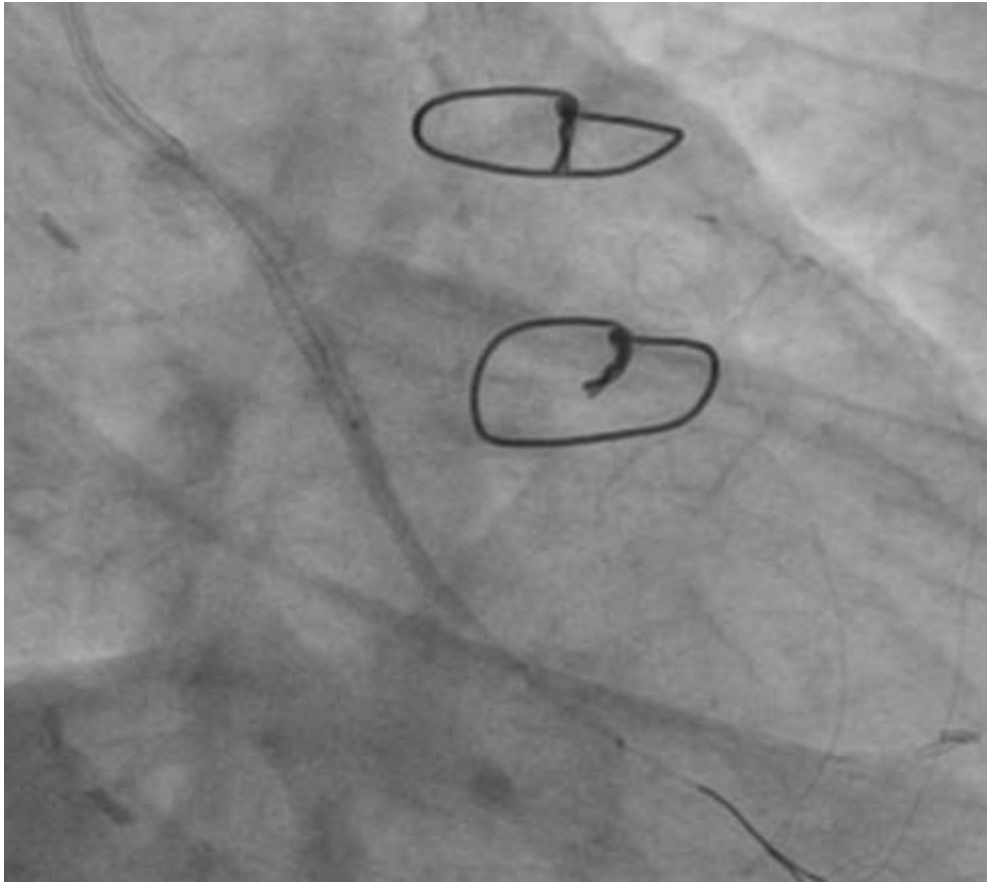


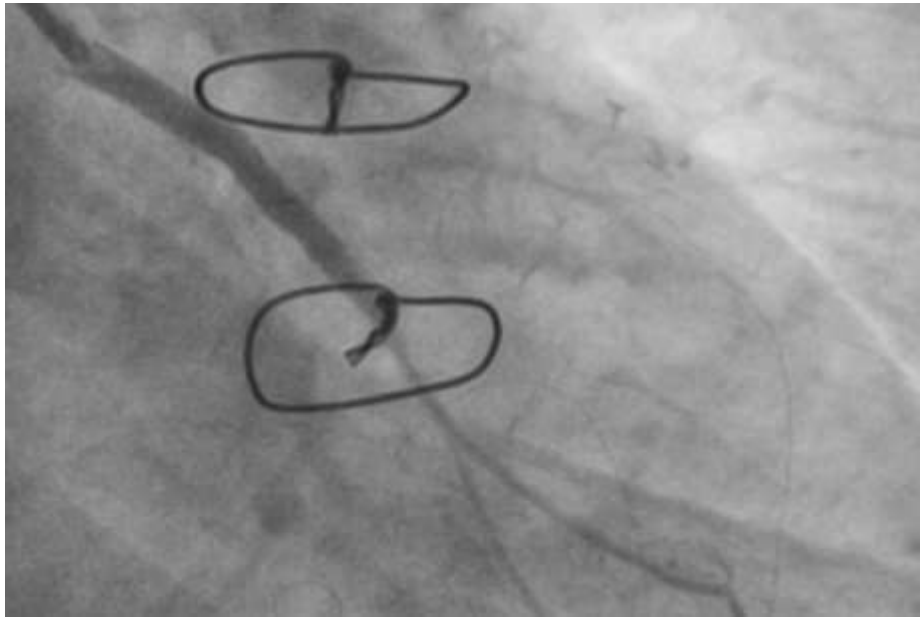
- AL1 o.75 guiding cather was placed at the inlet of the stent .
- GAIA 2nd guidewire crossed distally .
- Repeated predilation with 1.25x15mm balloon
- Ping pong technique with XB3.5 guiding catheter from the left femoral access was done .Runthrough floppy crossed to distal LCX .
- Repated predilatation with multiple balloons to prepare the lesion

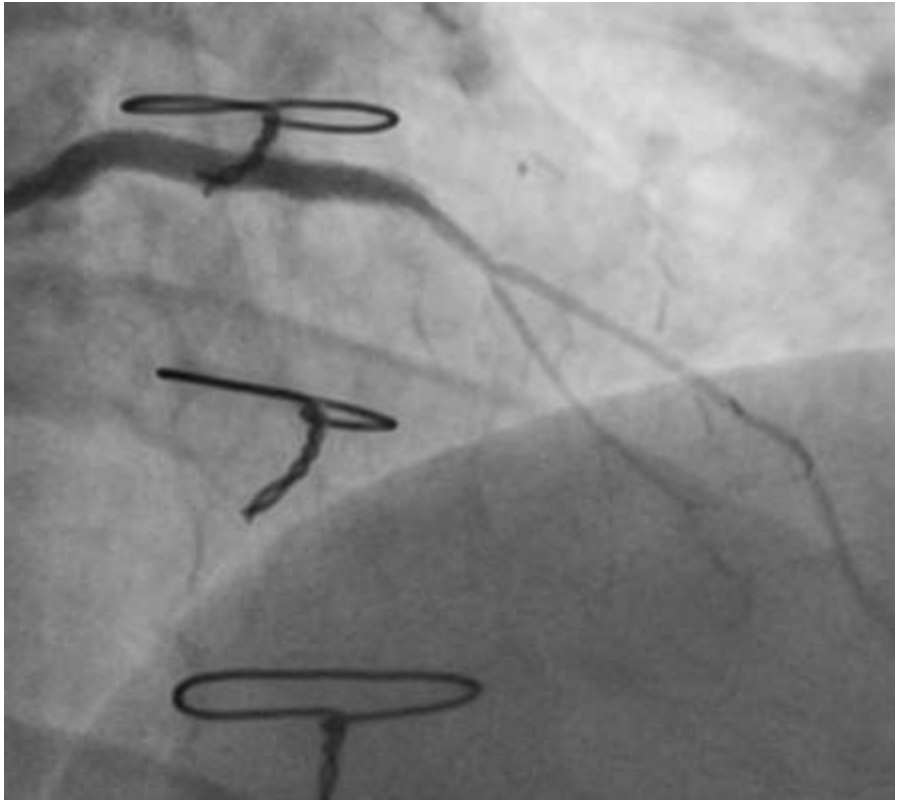


- **A DCB Essential Pro 2.25x30 mm was inflated at the distal LCX .**

- **Xience Alpine 3.5x38mm was deployed from the ostium of the LM to cover the previously implanted stent with repated post dilatation with NC 3.5 x20 mm NC balloons**







CTO of the left main coronary artery (LMCA) is an infrequent finding and carries high risk of complications .

PCI with a combination of DES and DCB within the same vessel following CTO in this high risk patient was successful .