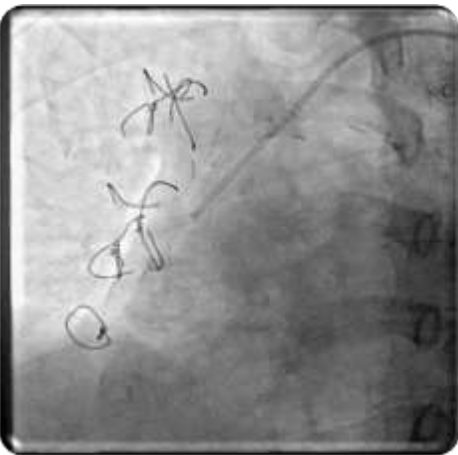
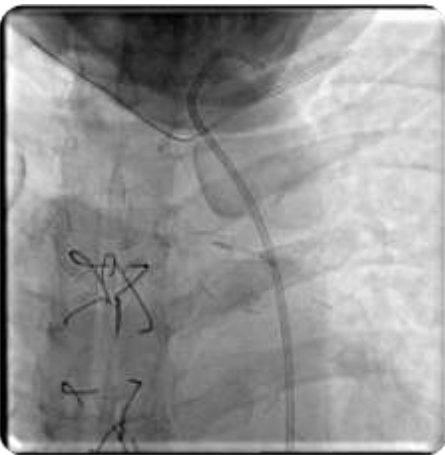
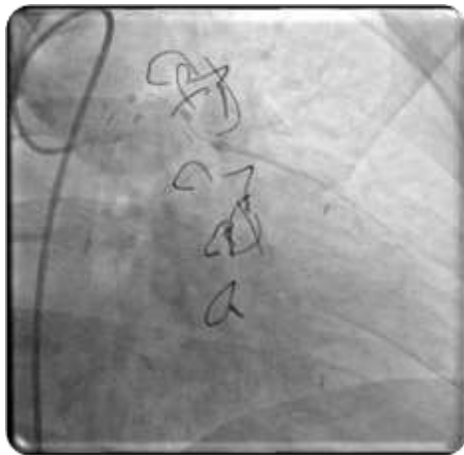
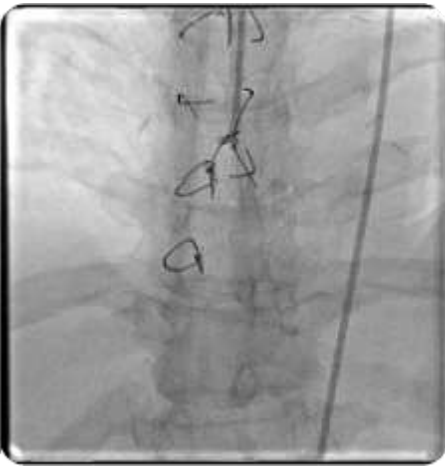
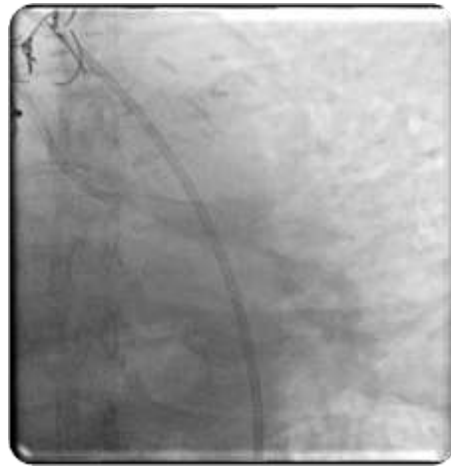


No Way In

- MUGILAN SUNDARAJOO
- NATIONAL HEART INSTITUTE, IJN, MALAYSIA

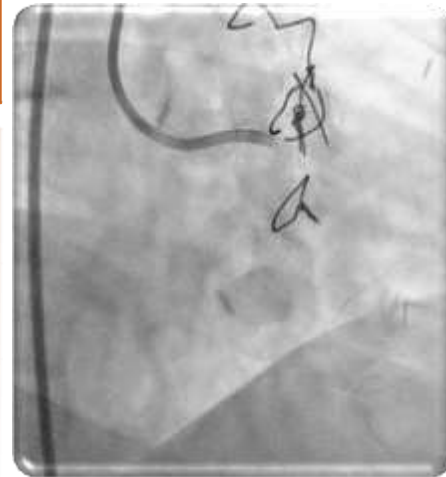
Background history

- 54 years old gentleman
- Co- morbids: Diabetes mellitus, CABG in 2022x3- LIMA-LAD/SVG-rPDA/SVG-OM
- Presentation: Non-STEMI with exertional angina, CCS-2
- Echocardiography revealed EF-56%



Target Vessel: Native RCA

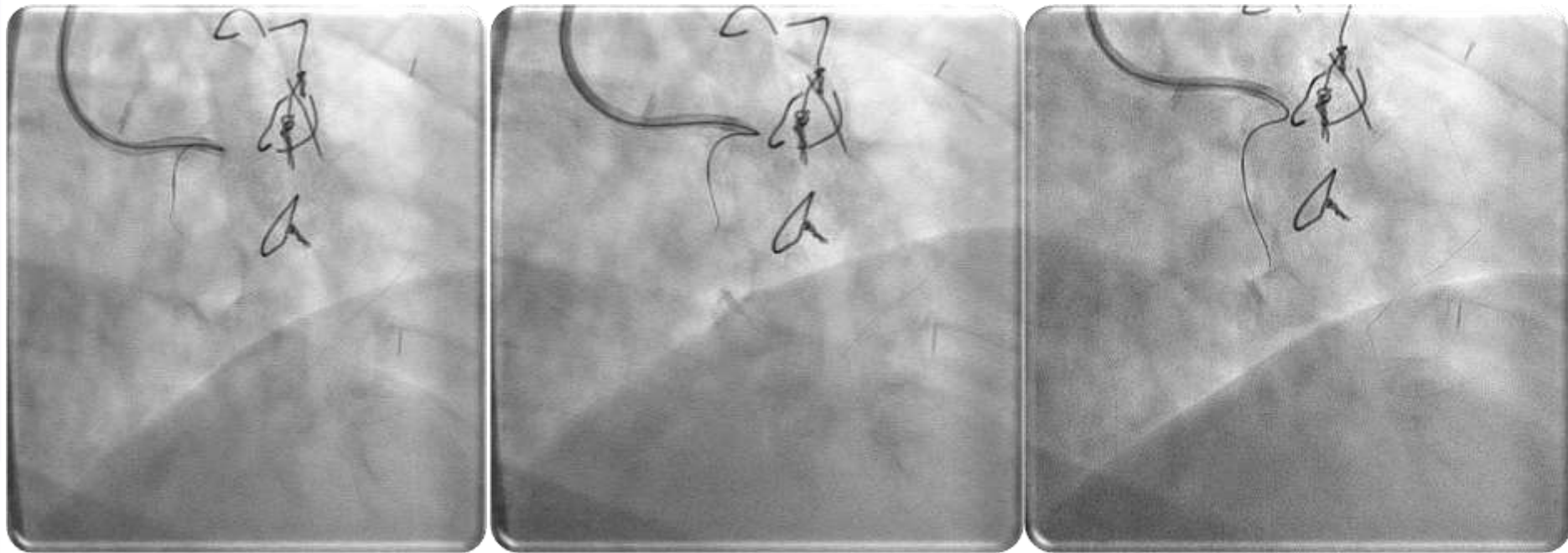
Proximal cap	Ambiguous
Length	~20mm
Distal vessel	Good
Collaterals	Bridging collaterals and epicardial vessels from LCx



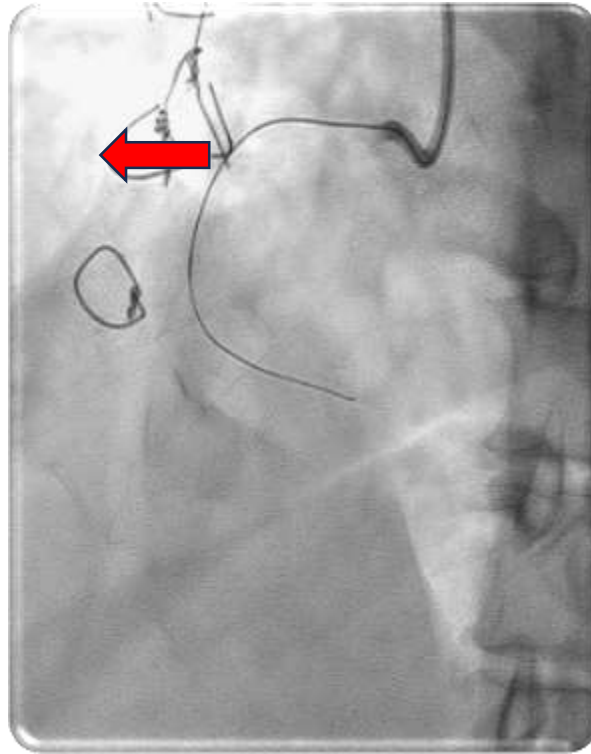
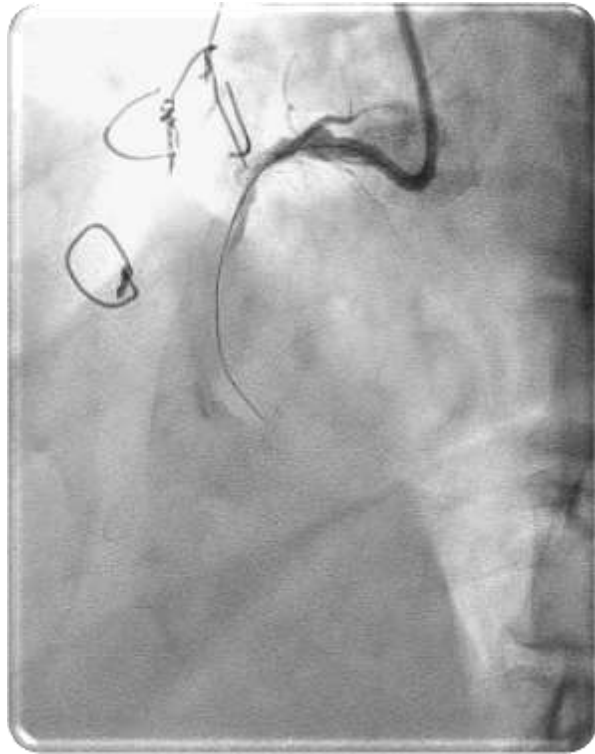
Plan:

- 1) Antegrade wire escalation +/- DLC
- 2) IVUS guided puncture
- 3) ADR
- 4) Retrograde

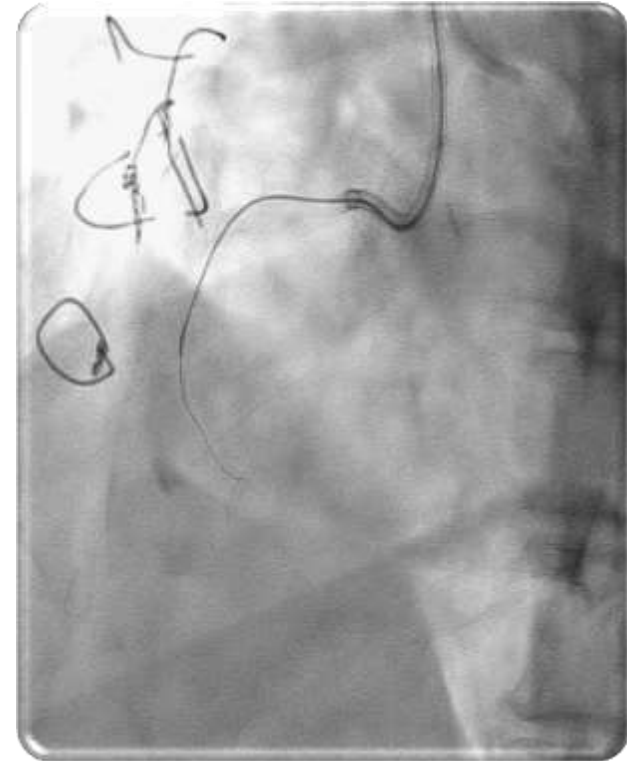
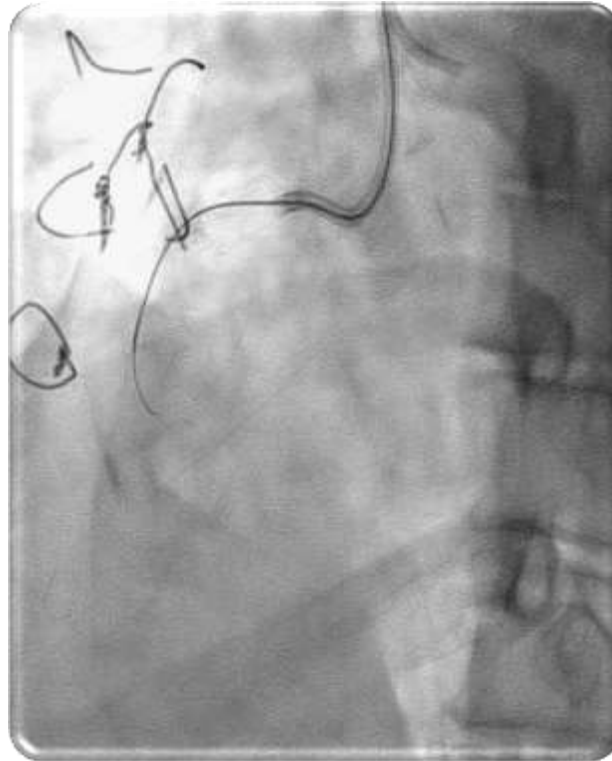
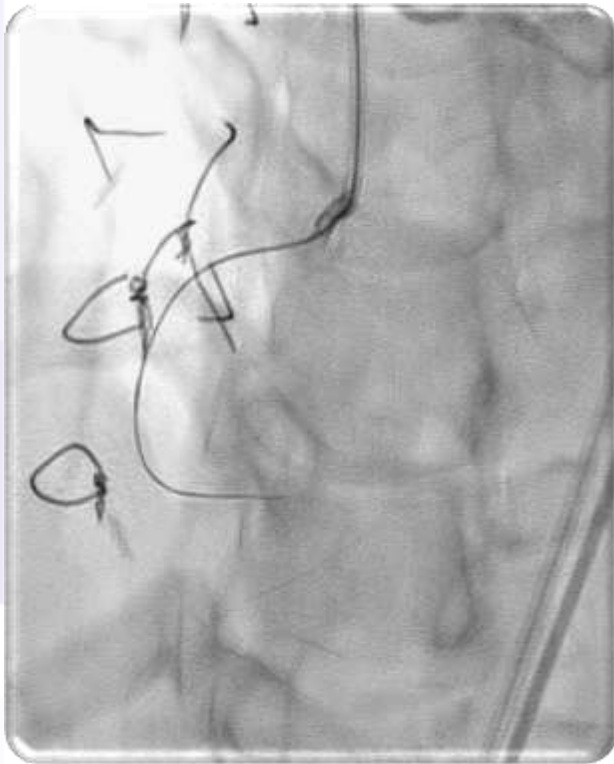
RFA, AL-1, 7Fr- AWE- Fielder XT -> Gaia Next 2-> Gaia 3 +Caravel microcatheter



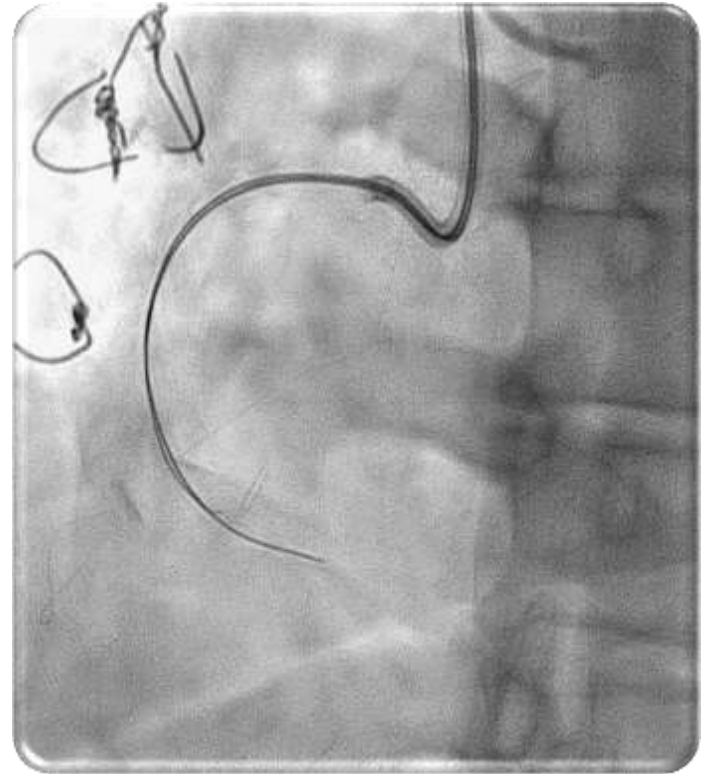
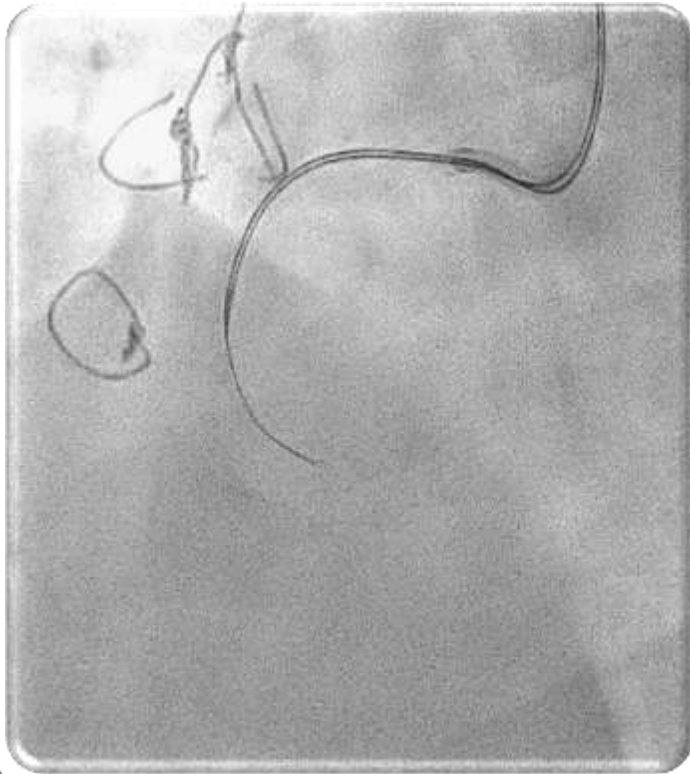
Multiple attempts of extraplaque course, got retrograde access



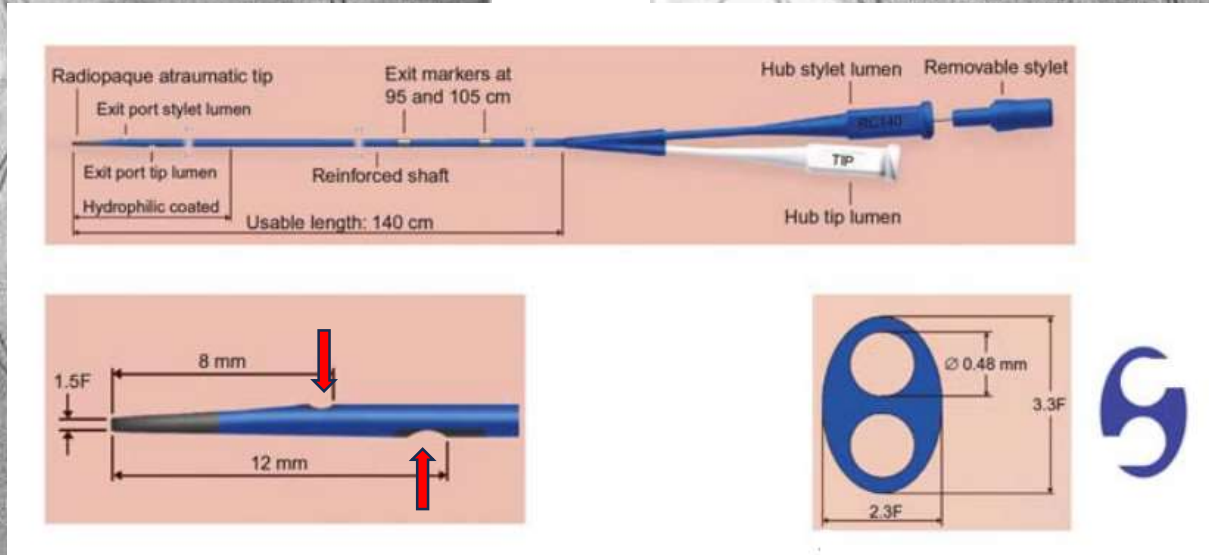
Gaia 3-> Pilot 200- Still Extraplaque

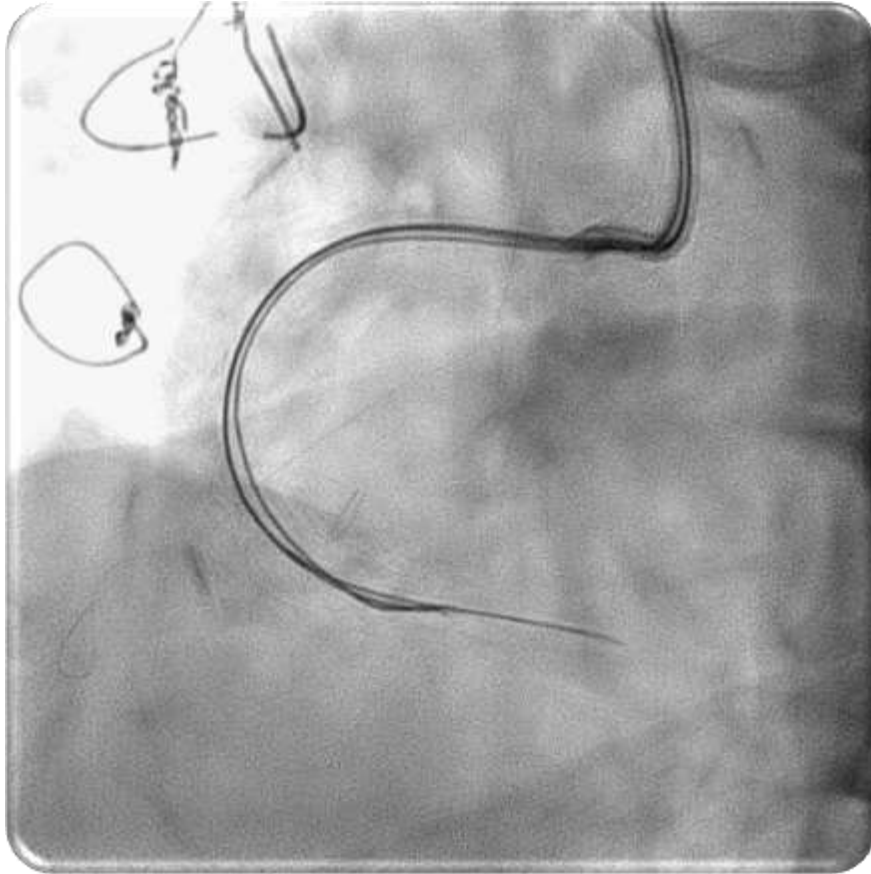


Parallel wiring- Conquest PRO 12



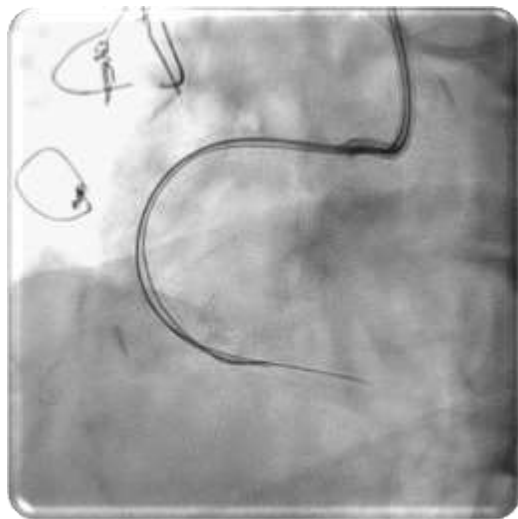
Recross OTW dual lumen microcatheter- Conquest Pro 12



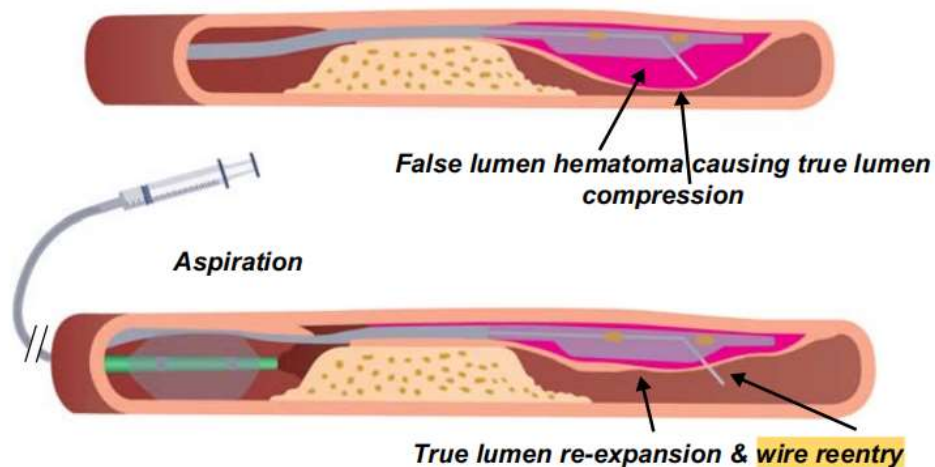


3 Wires + 1 microcatheter in
the Extraplaque Space!

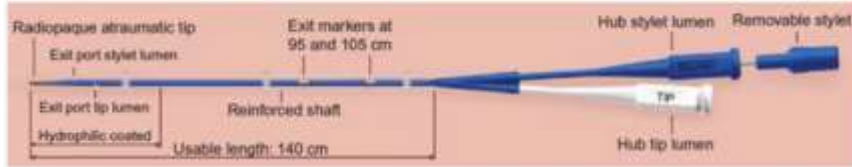
Dissection and hematoma extension



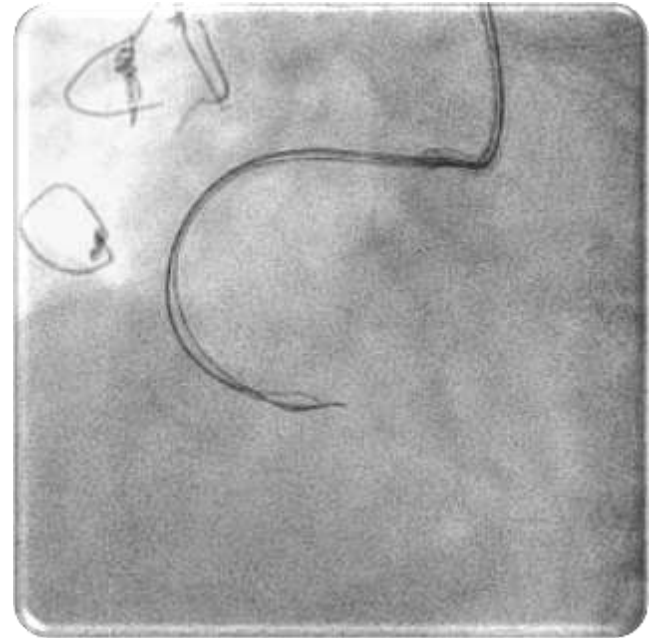
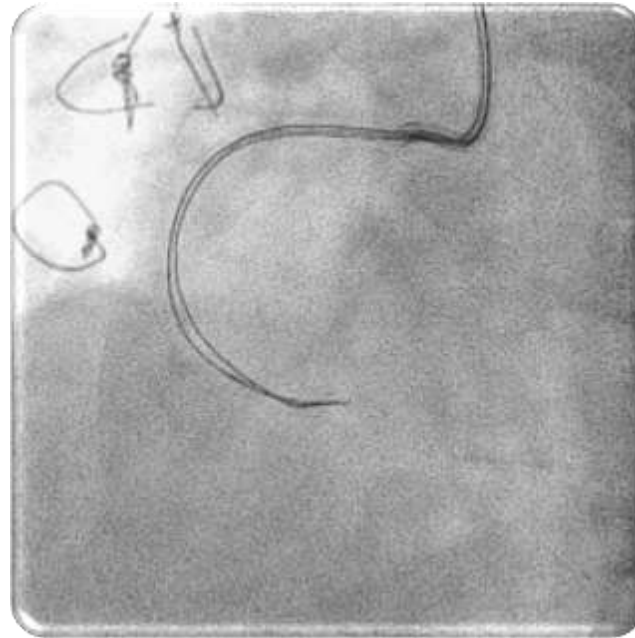
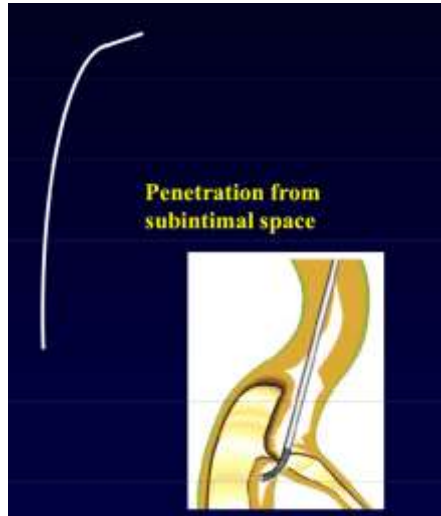
Classic STraW: Subintimal Transcatheter Withdrawal



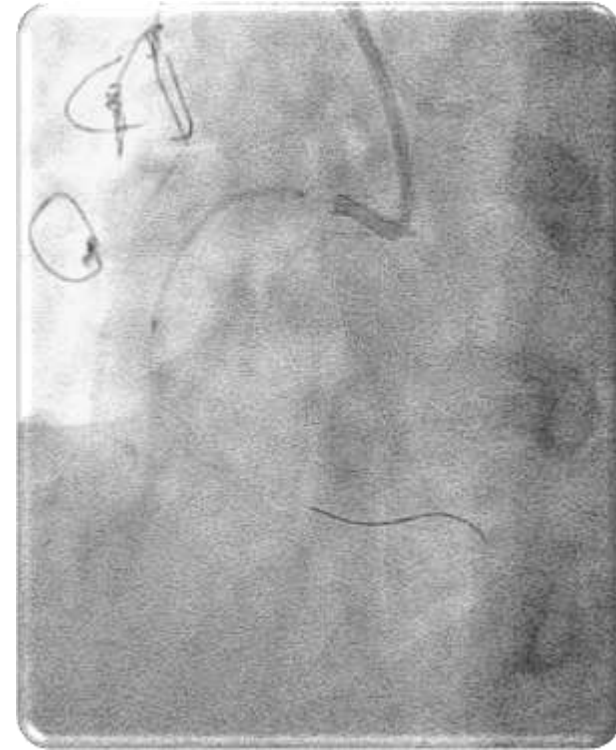
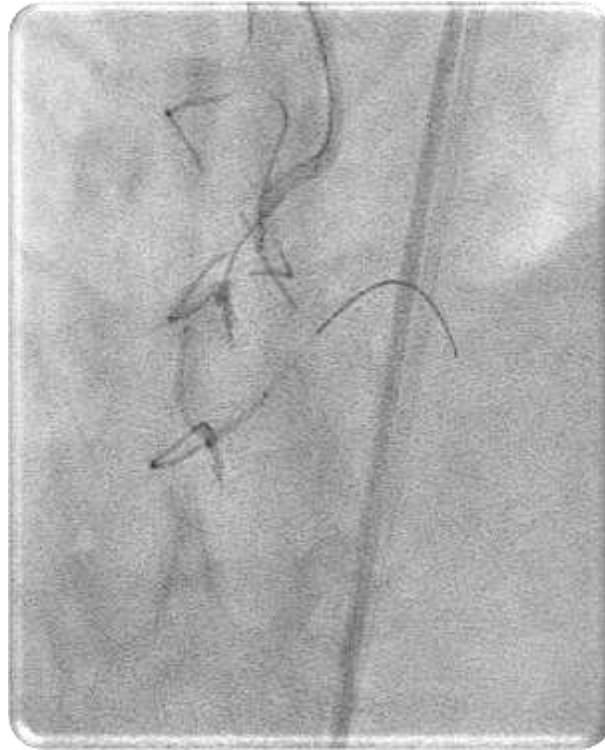
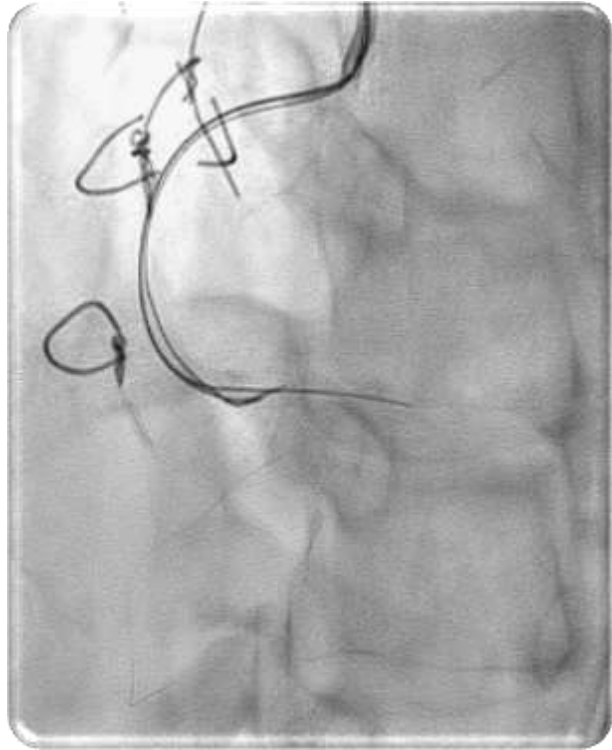
Dissection and hematoma extension- aspirated via stylet lumen (blue)



ADR with Recross microcatheter using Conquest Pro 20



DES- 2.75/38mm & 3.5/33mm



Final Results

