

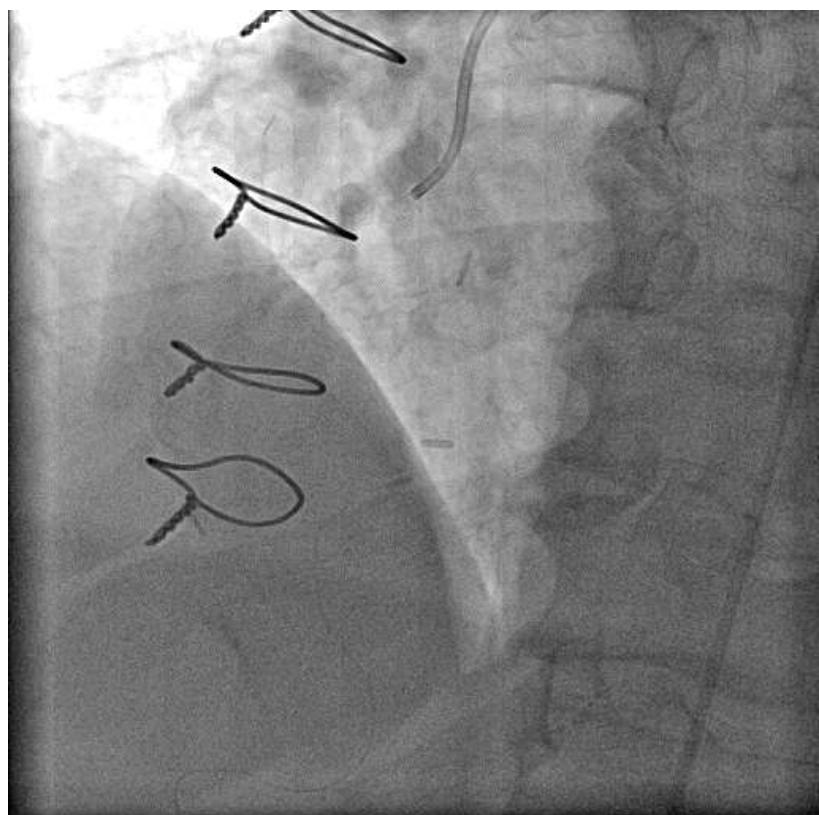
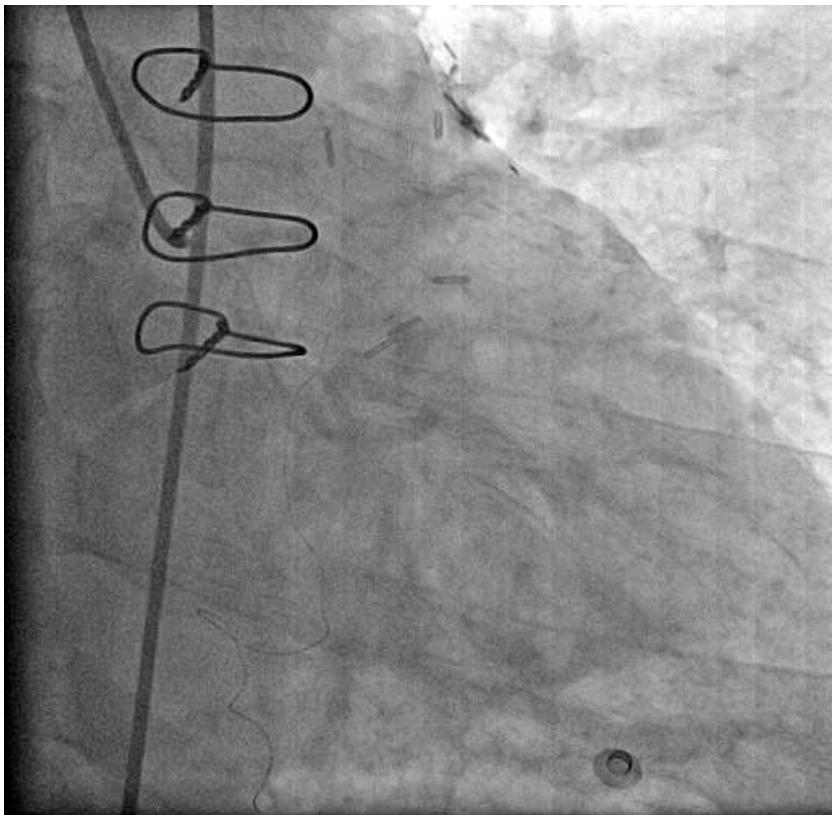
Unexpected CTO lesion in Post-CABG patient

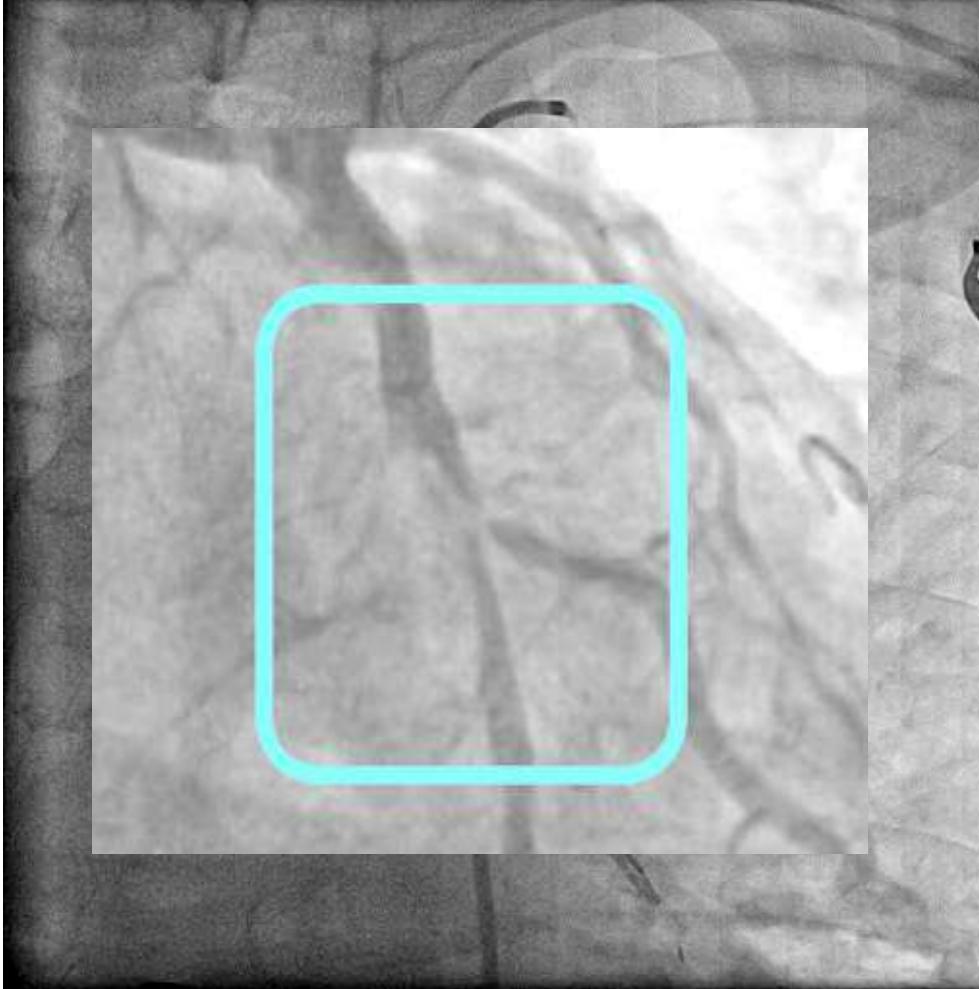
Masoud Sajjadi
MD, Interventional Cardiologist
Razavi Hospital
Mashhad, Iran

Patient Presentation

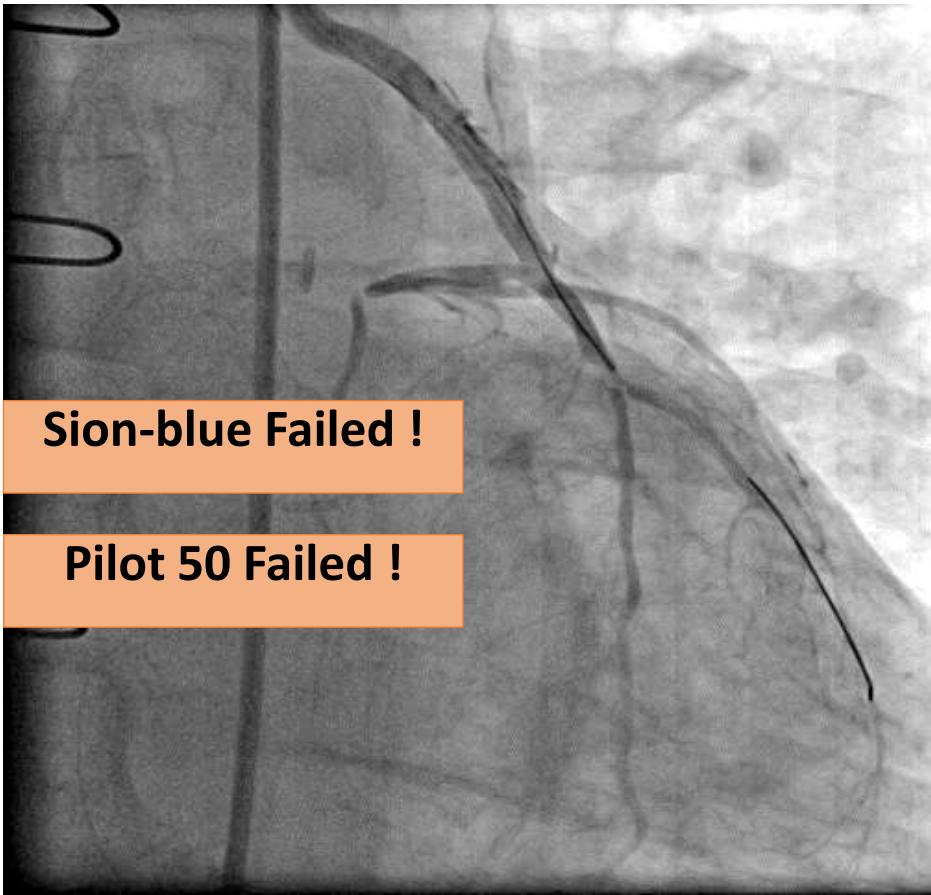
- ✓ 67 old gentleman
- ✓ PMH: NIDDM, HTN
- ✓ CABG 17y ago, PCI on RCA & LM-LCX 2y ago
- ✓ Presented with ACS
- ✓ ECG: Sinus rhythm, Invert T waves at Anterior leads
- ✓ LVEF: 50%, No sig VHD
- ✓ Lab tests: Positive cardiac troponin, Cr: 1.5 mgr/dlit

SCA

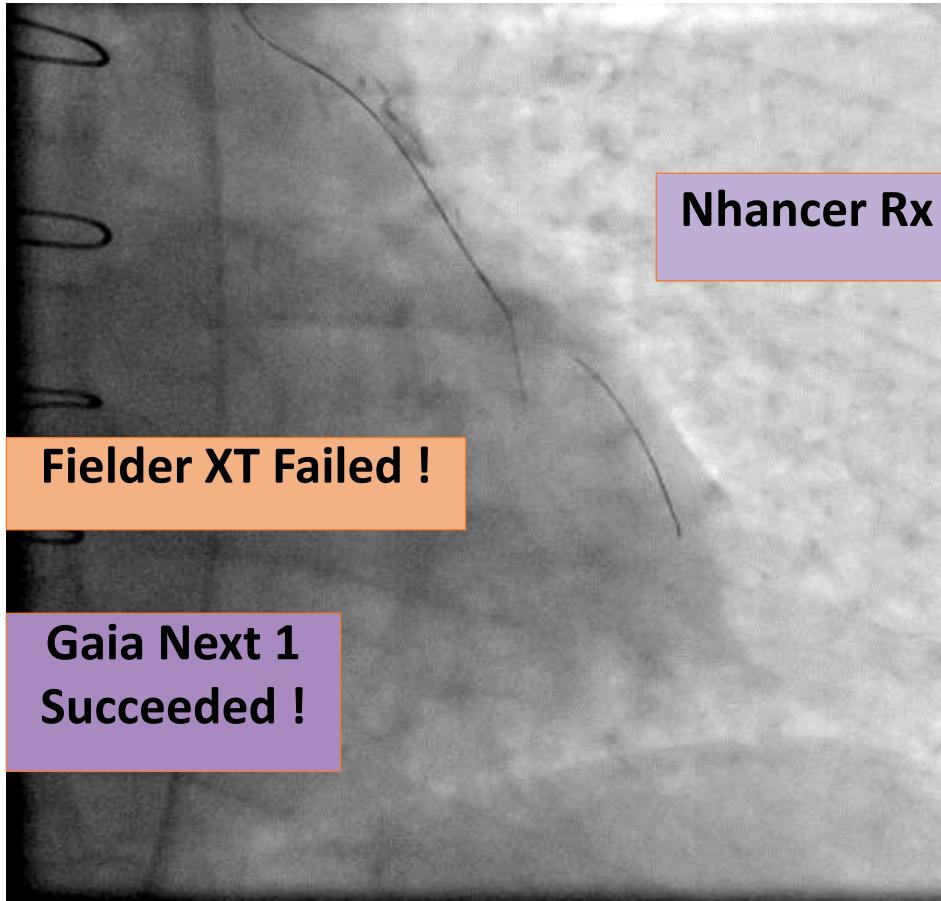




Challenging bifurcation lesion



Switch to Classic CTO PCI

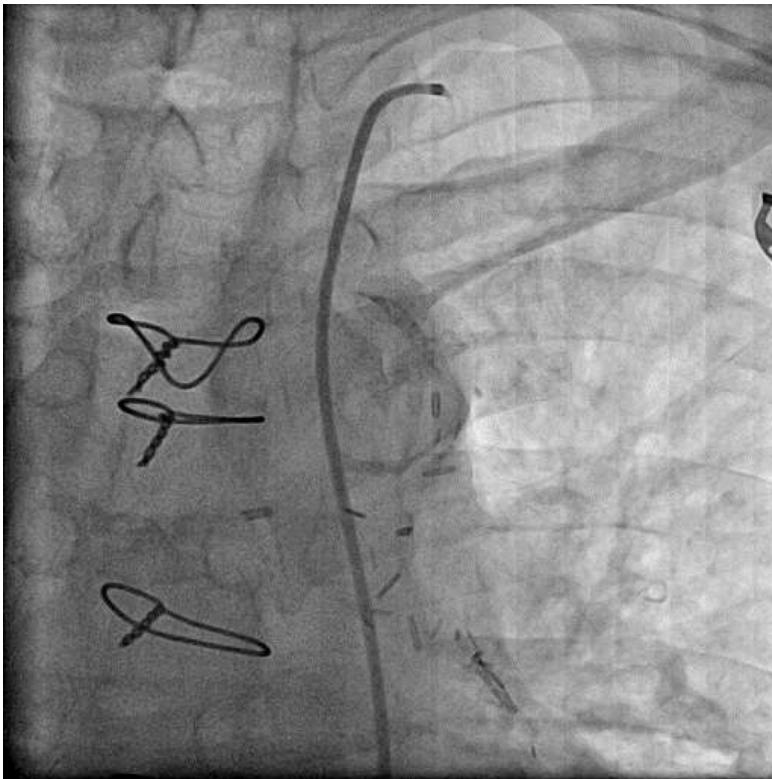


Final Result



Predilation 1.5, 2.25
Ultimaster 2.5 x 28

Pre-PCI



Post-PCI



Take Home message

- Thinking and patience are key points in Complex lesions PCI
- CTO tools and techniques might be life saving in especial ACS Patients
- Never ever give up in CTO-PCI