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Patience is the key to success

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History

- 58 year old male patient
- HTN, smoker
- CSA CCS class III
- TTE: hypokinesia of the apical segments, EF:47%

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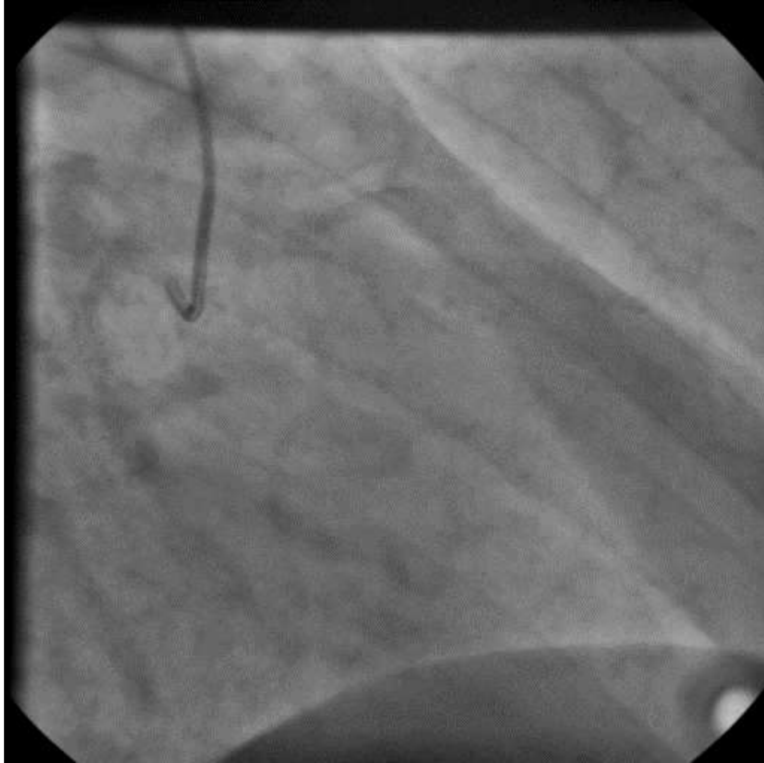
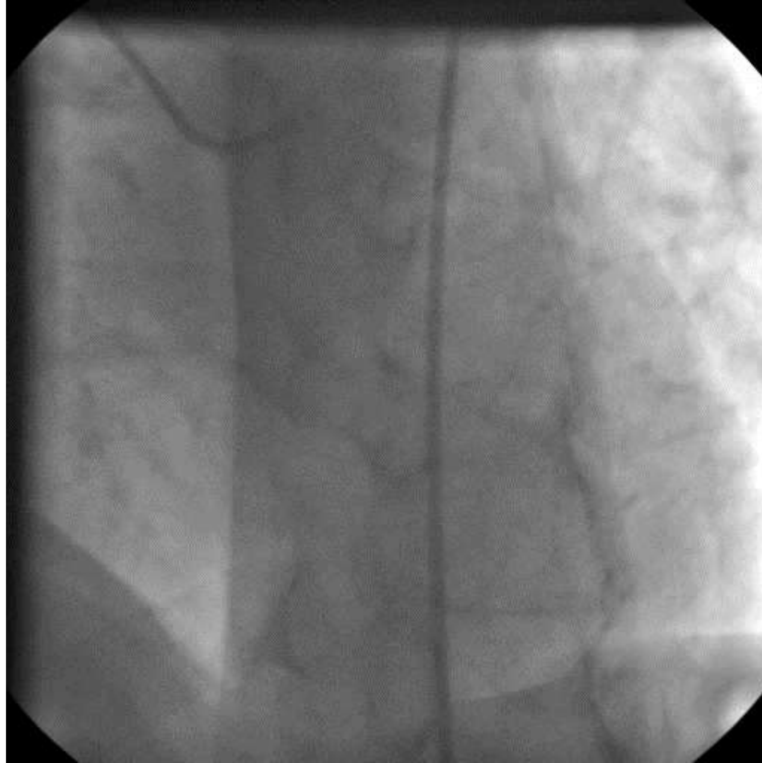
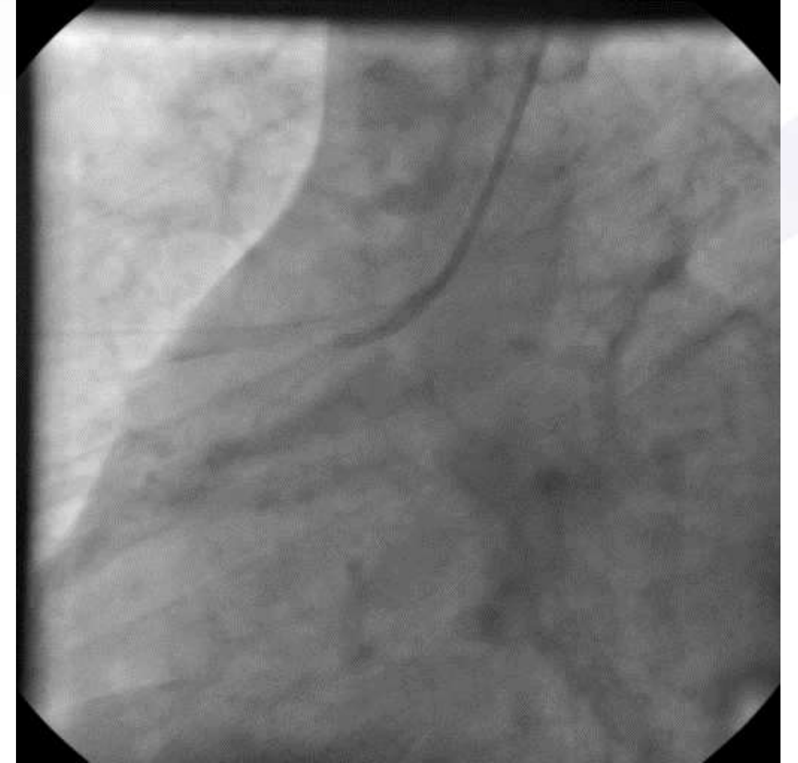
Coronary angiography

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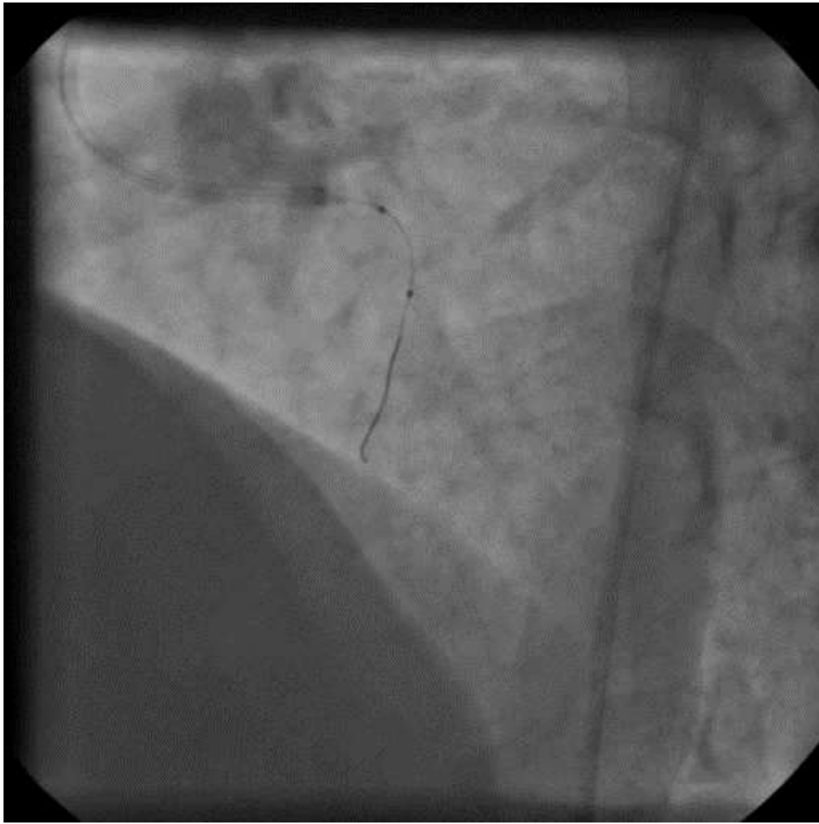
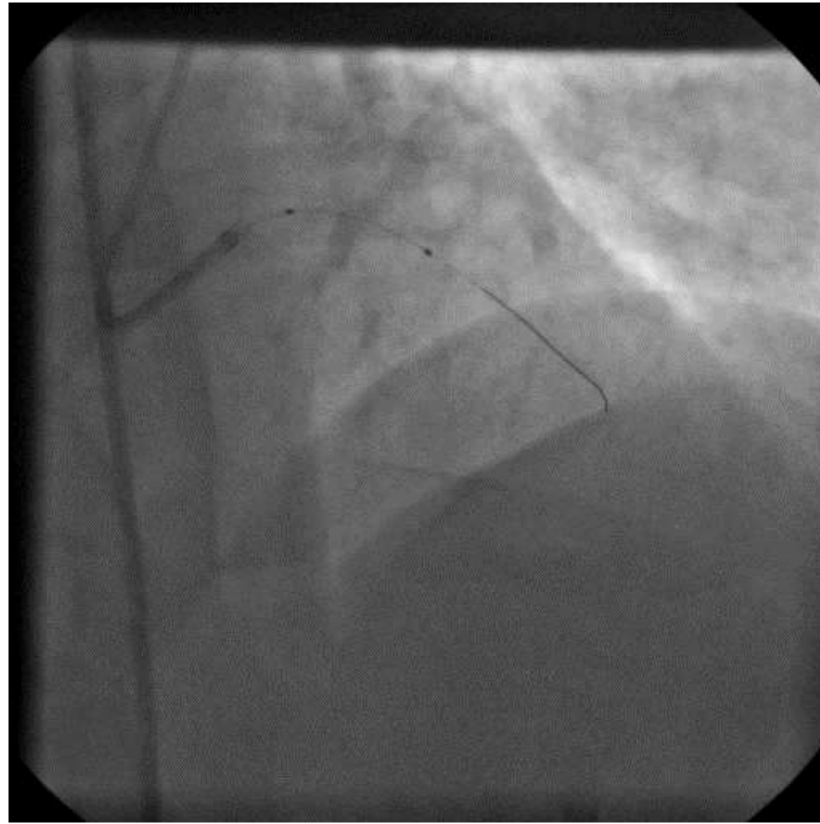
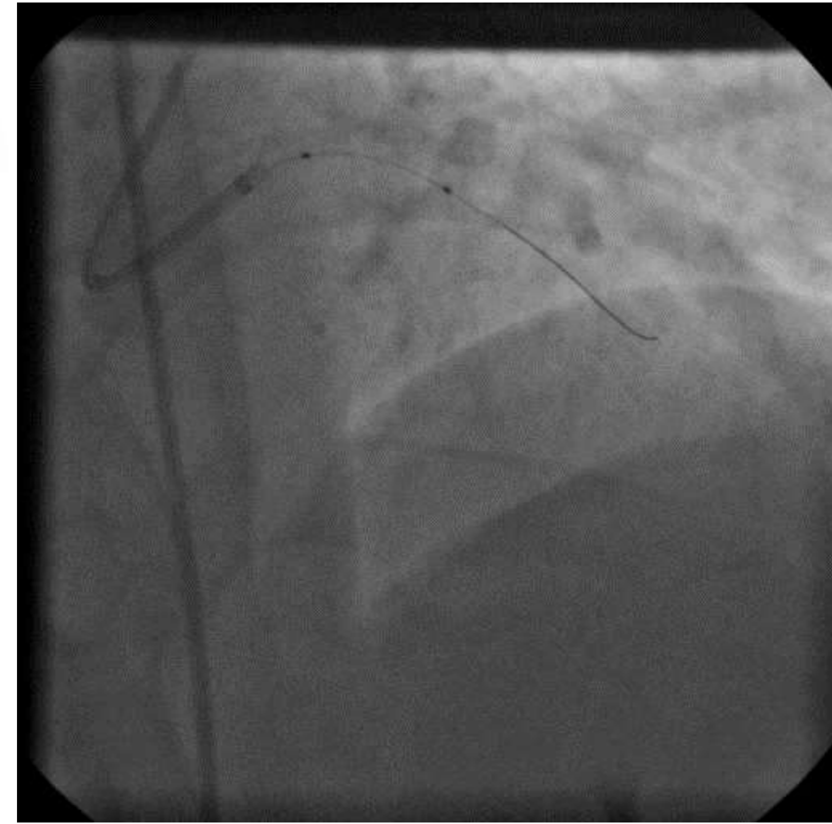
Failed PCI LAD trial (at another PCI center)







Trial using a floppy wire with the support of SC balloon, however the wire continued to go sub-intimally in a false tra

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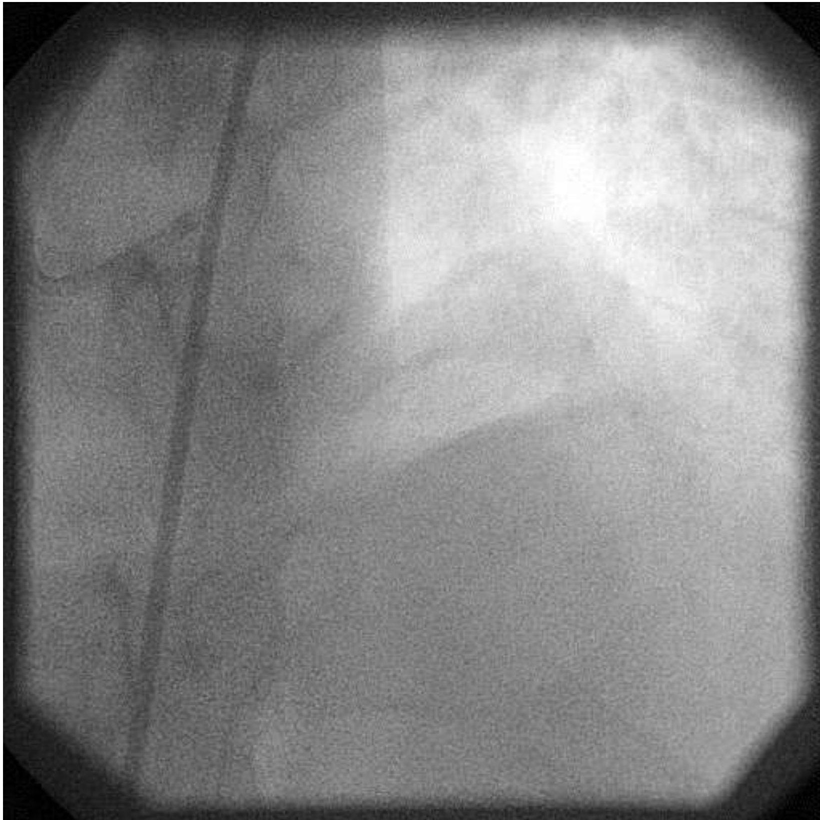
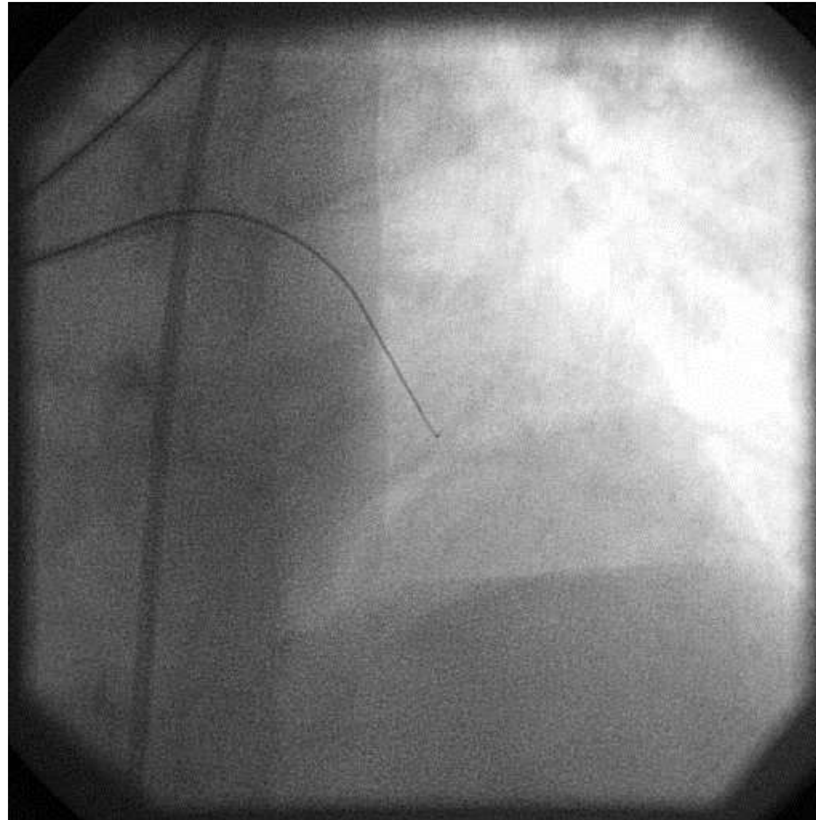
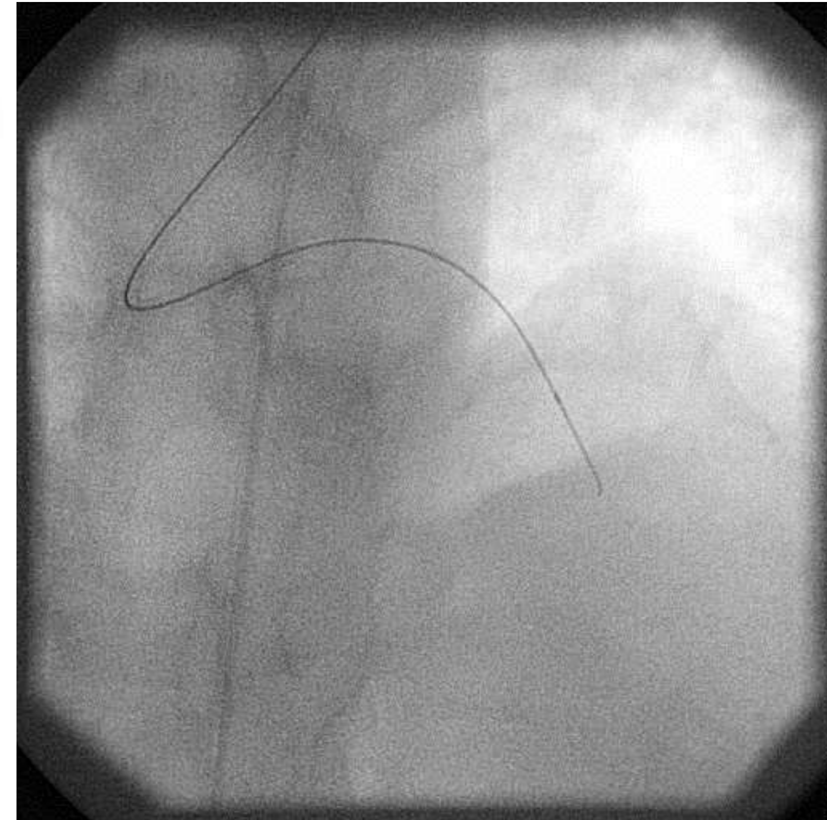
PCI LAD







GAIA II wire was used, we thought it succeeded in crossing the lesion

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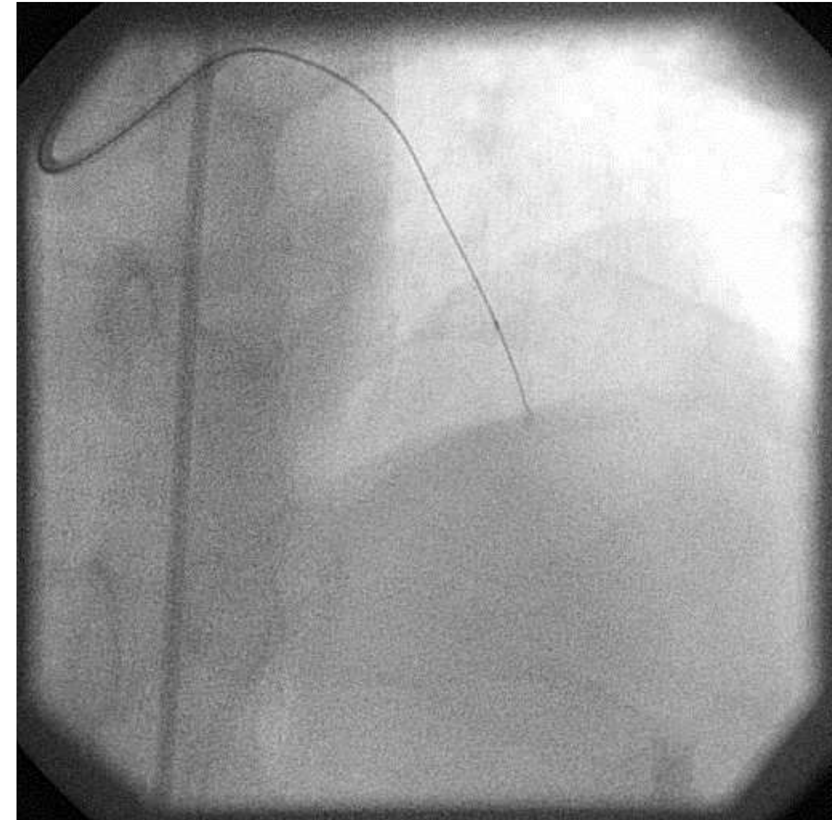
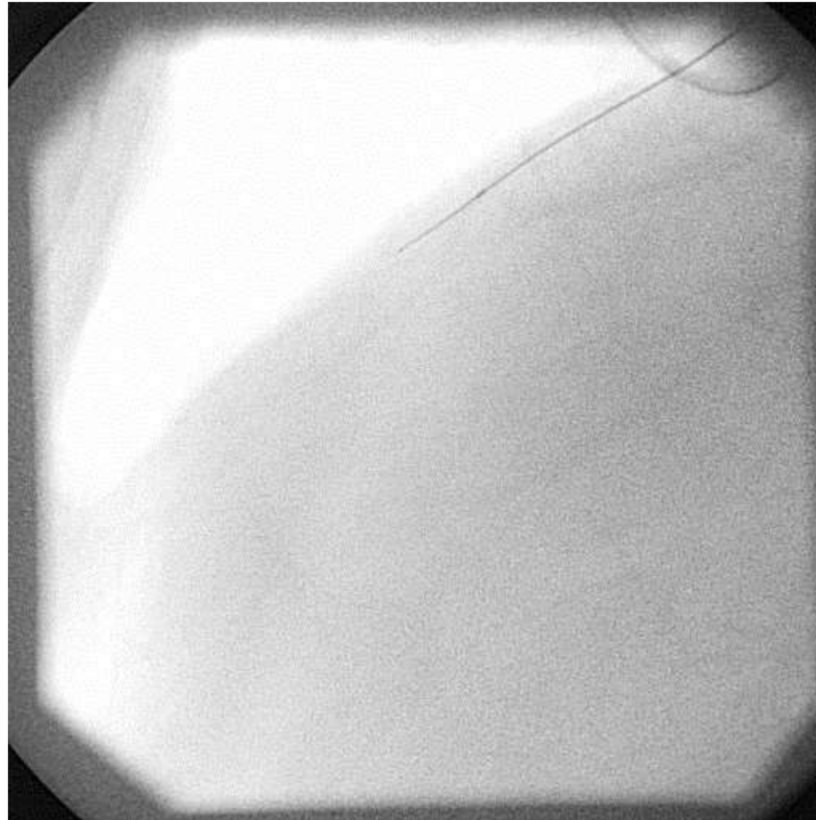
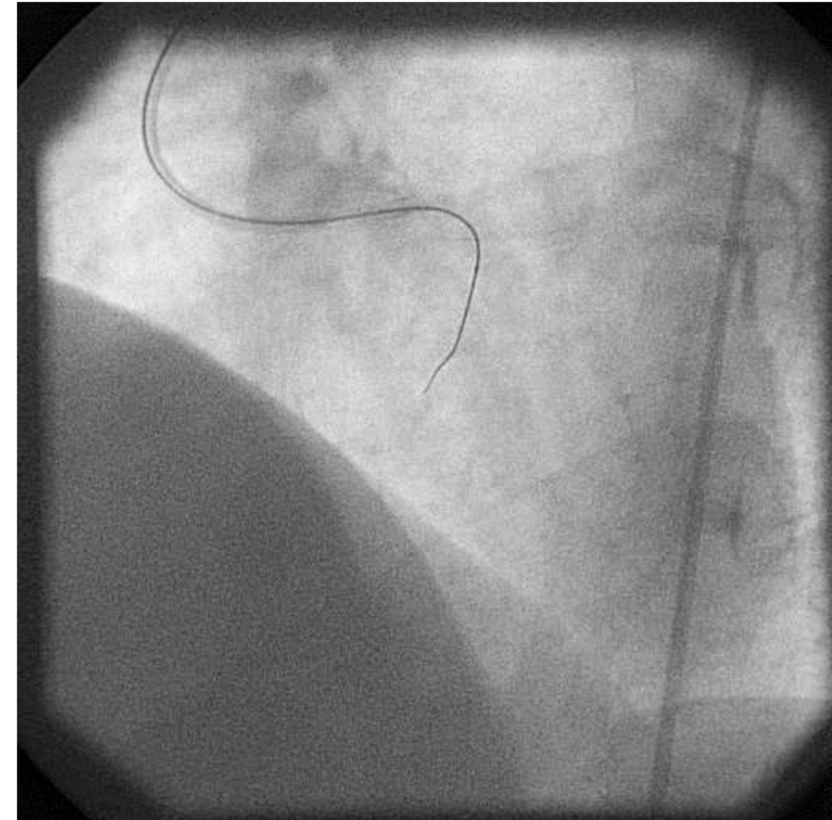

Taking another views, we noticed that we were in a false track. May be the same track that was created in the previous trial

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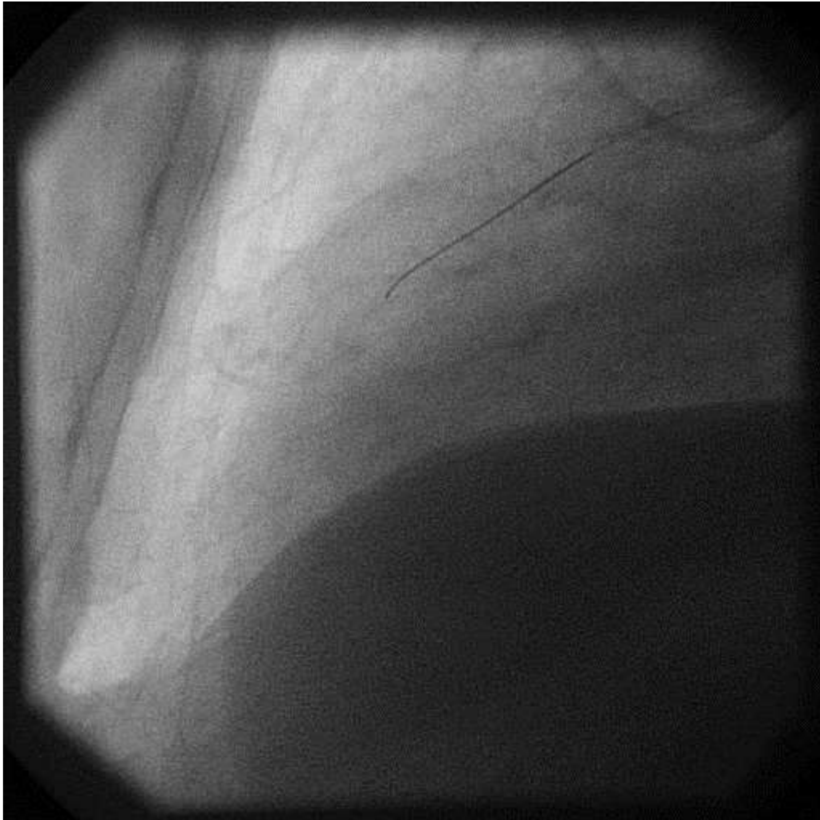

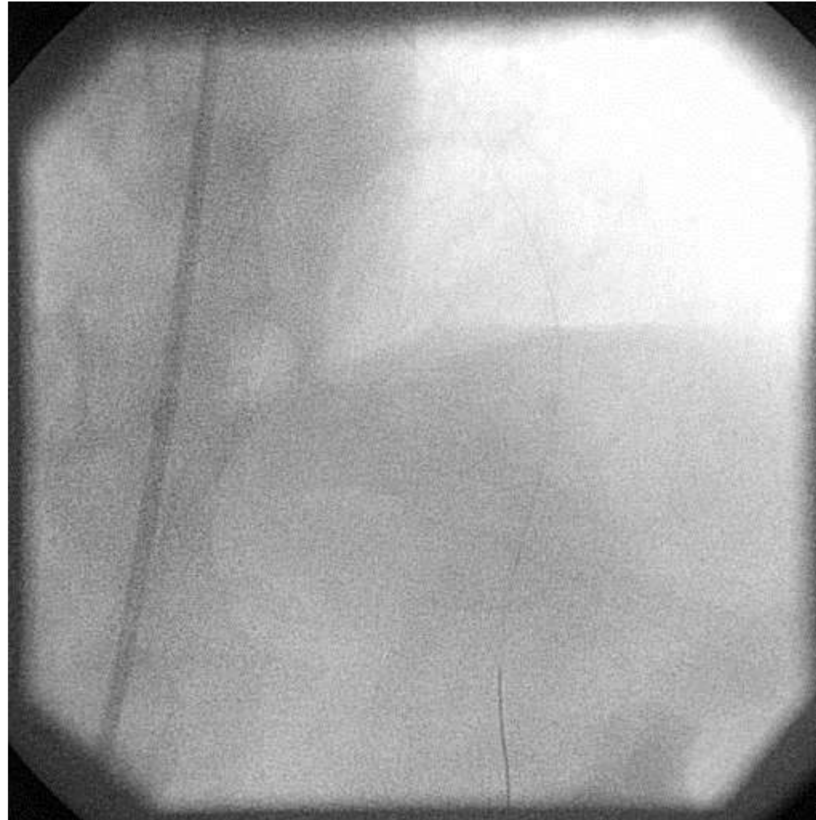

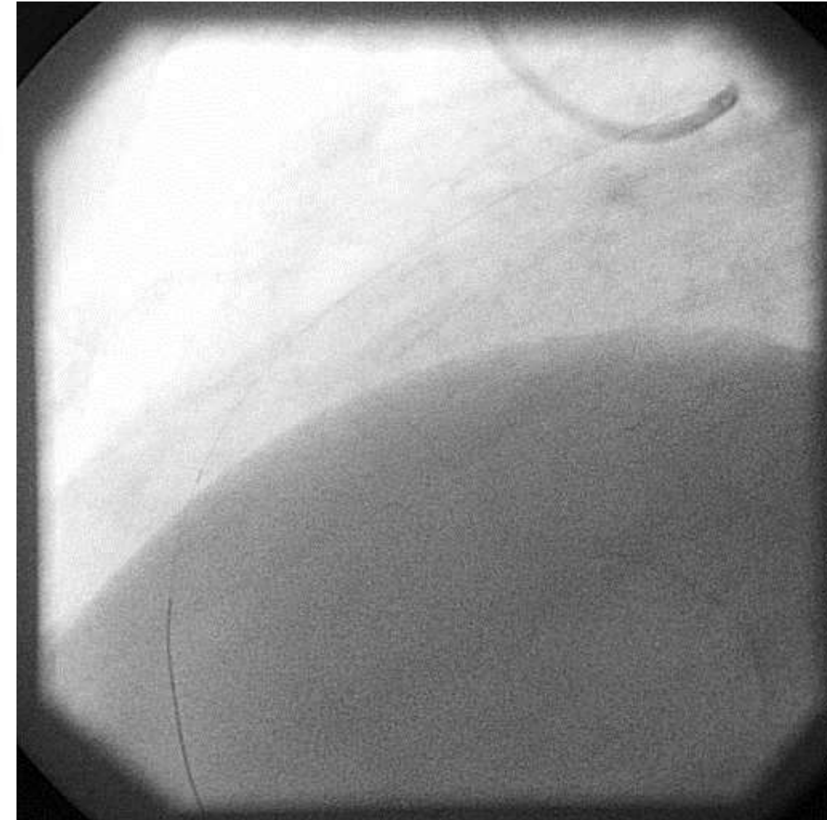

We used another Pilot 200 wire which finally succeeded to cross to the distal diagonal branch, which was then re-directed to the distal LAD (did we re-enter in the distal true lumen from the false lumen?)

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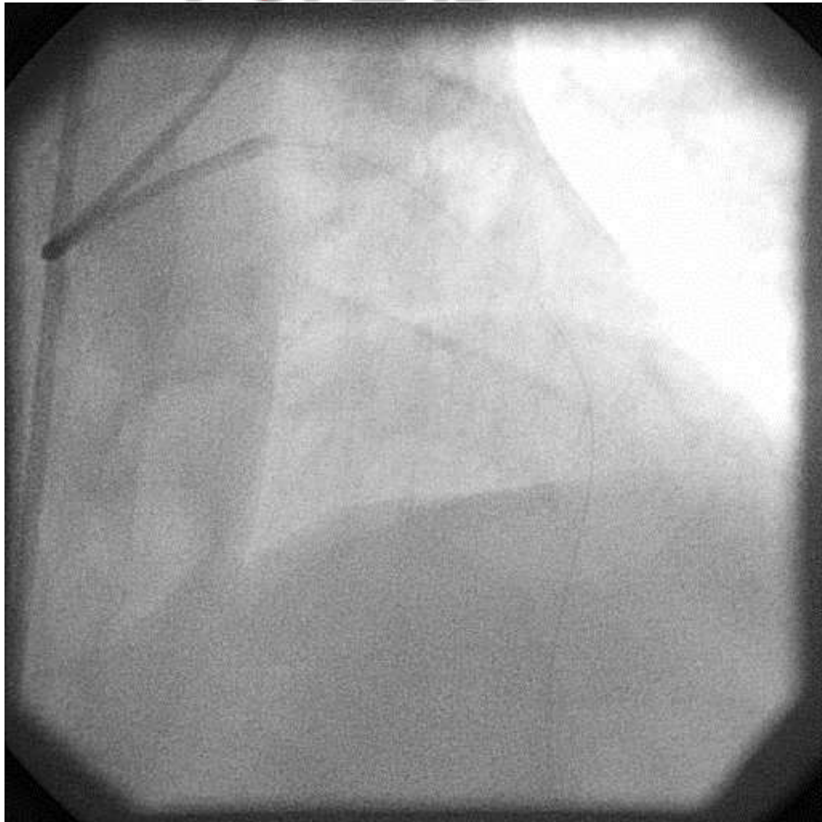

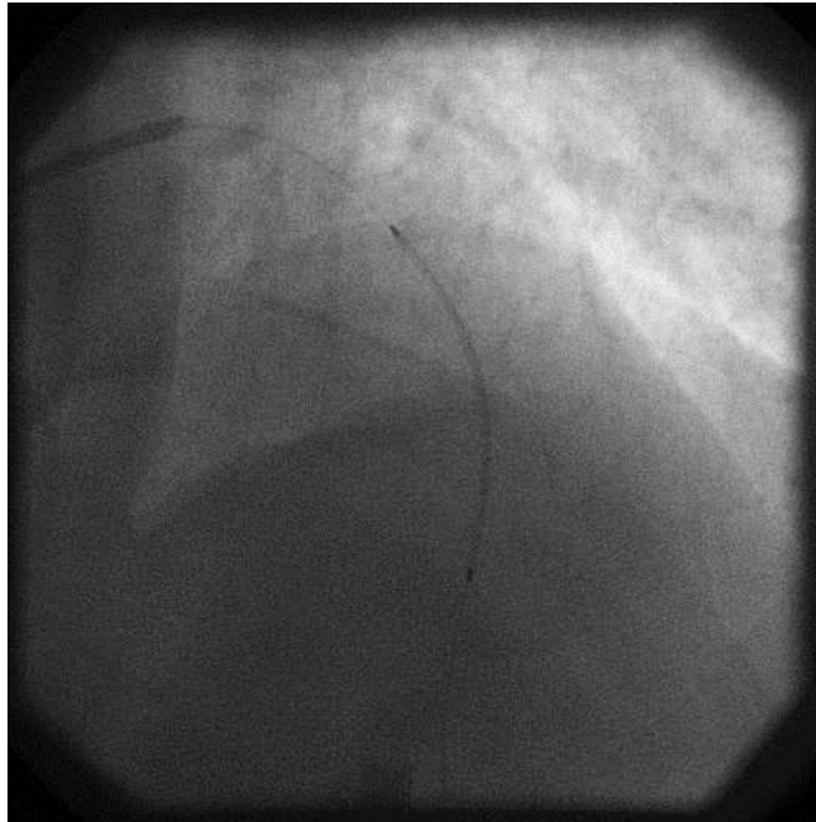

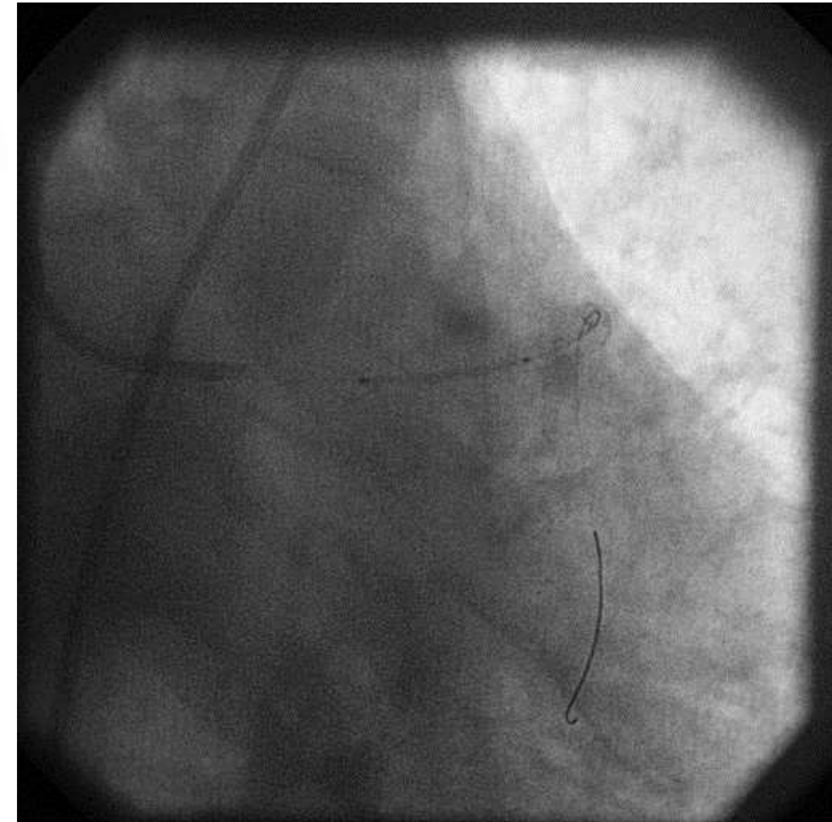

After lesion preparation and balloon dilatation, 2 drug eluting stents were implanted with good final result

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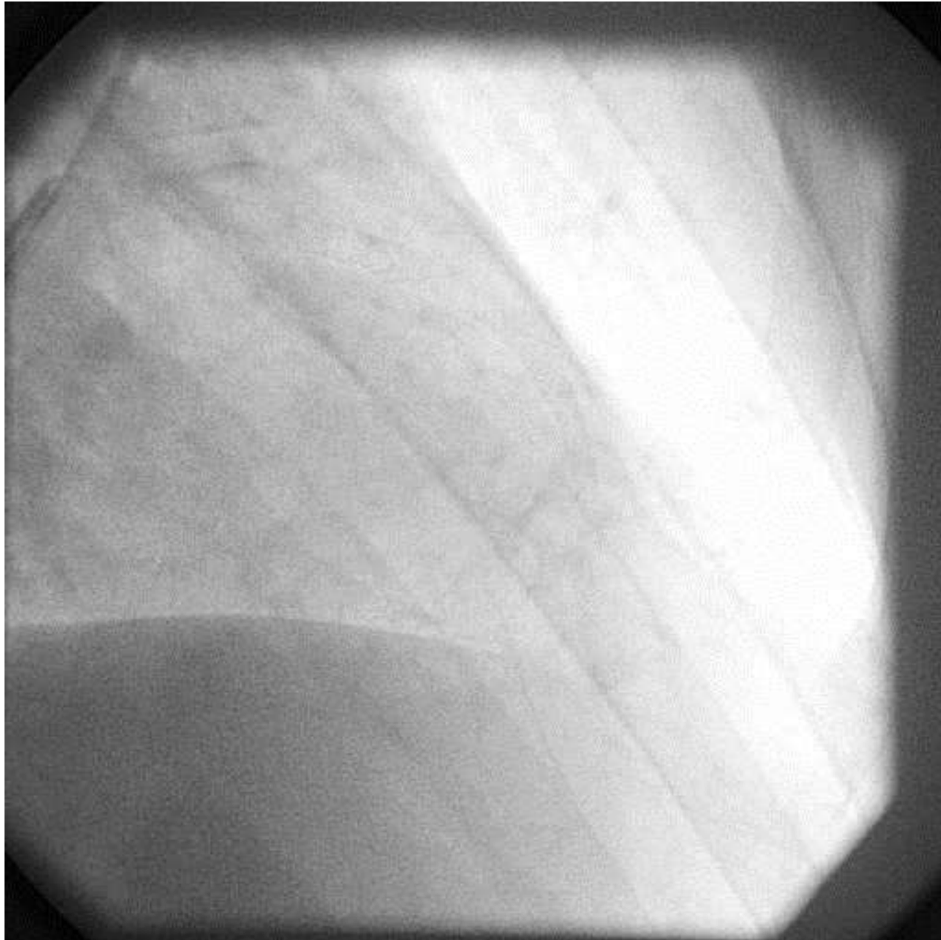

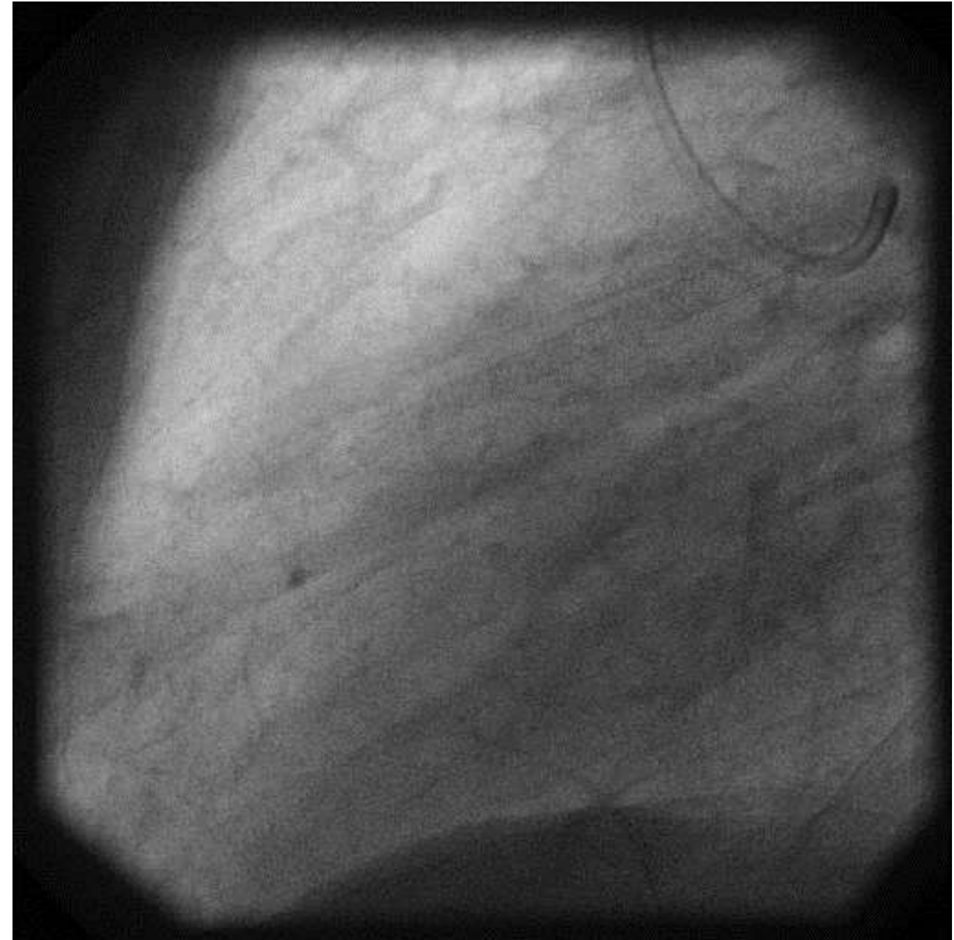

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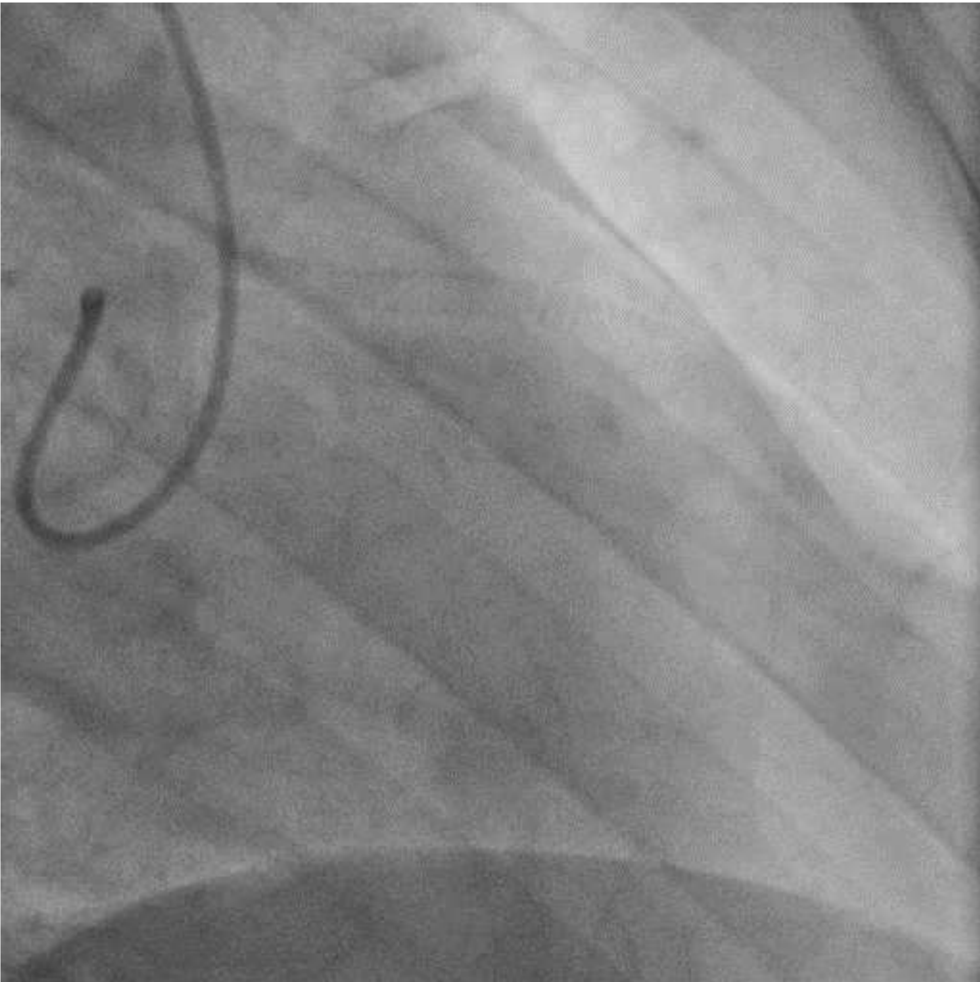
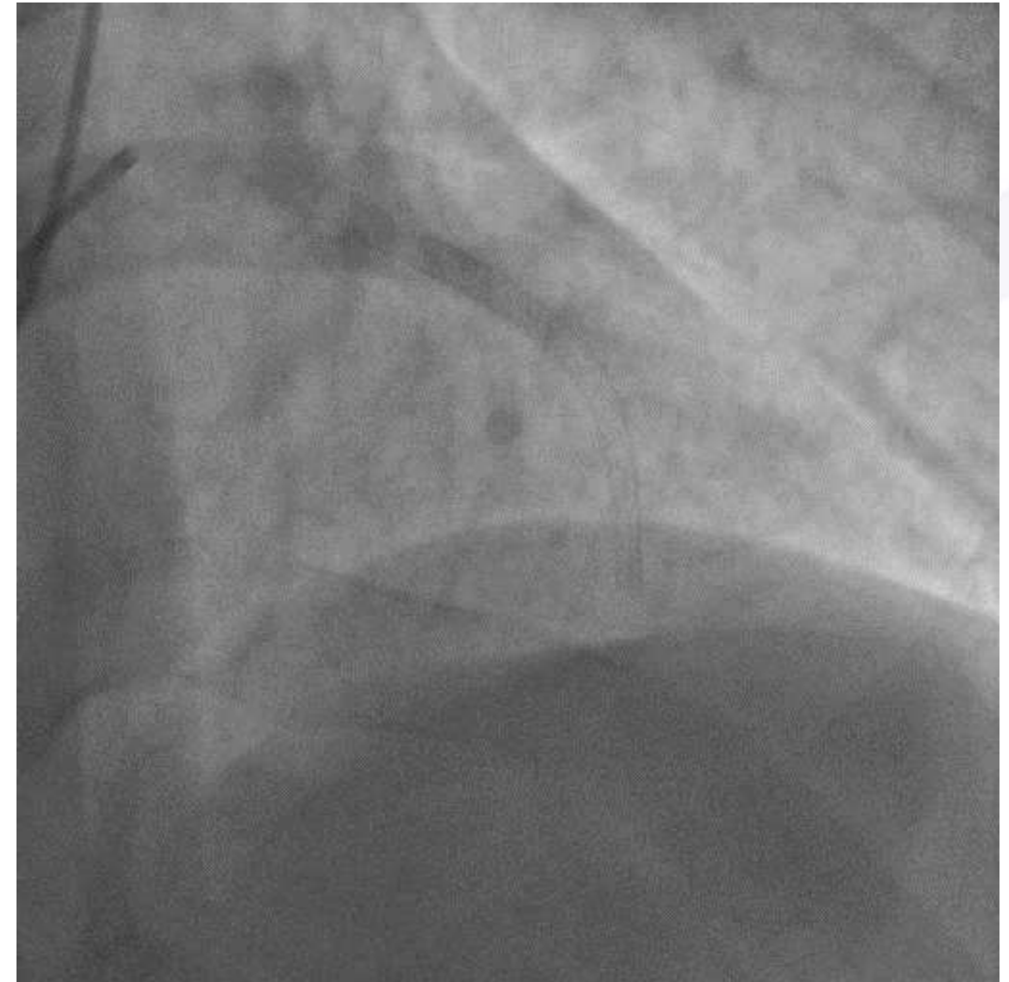
Follow-up after 2 years





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Take Home Message

- Failed trial to re-canalize a vessel antegradely is not the end.
- However, take care of false tracks done in the previous trials as it can make your job more difficult.
- Always take 2 orthogonal views to make sure that you are in the distal true lumen.
- Patience is the key to success in CTOs.