

# CTO der RCA in hybrid technique

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# CTO der RCA in hybrid technique

A female patient 70 years old presented with stabile AP complaints

Echocardiography: revealed preserved LV function with inferior hypokinesis.

Prediagnoses:

AF

Artery hypertension

Diabetes mellites Type II

Diabetic nephropathy with hemodialysis since 6 months.

Cardiac catheterization revealed CTO of the RCA ( J-Score 2)  
proximally with retrograde collaterals via septal









Vitality of the  
inferior wall was  
preserved in C-MRI.

First CTO procedure  
attempt antegrad  
was unsuccessful



K.,M.

ID: 107798

\* 19.02.1953, F

Study 221412008243

15.12.2022

13:06:59

1 IMA 52 FRM 1 AFPS 18

R

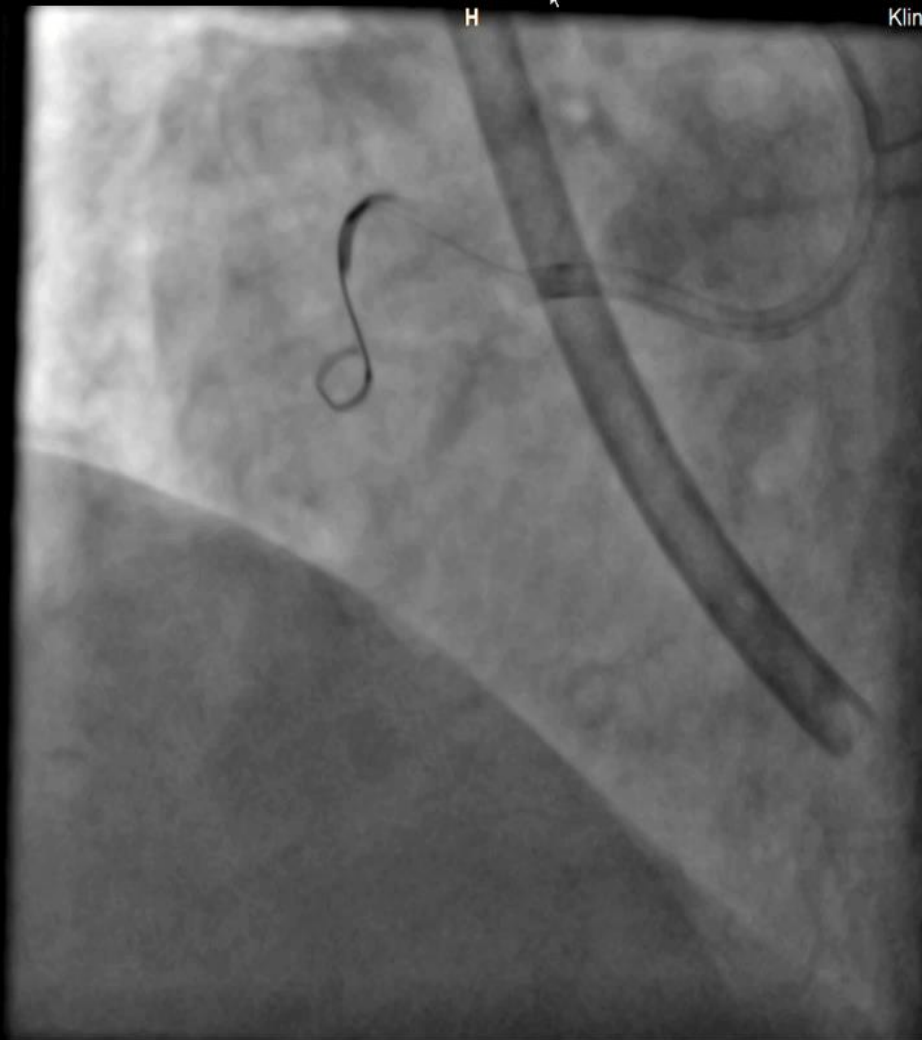
Coro LD

Coro LD

SINGLE PLANE\SINGLE A

CAU 3

LAO 31



H

Klinikum Coburg C  
AXIOM



Representation after 3 months to try the CTO procedure again.

Use of EBU4.0 7 F. for intubation of LM (AFC left with arrow flex 7 f. sheath).

Use of AL1 7 F. for intubation of the RCA (AFC right with arrow flex sheath 8 F).  
current J-Score is 5

K.,M.  
ID: 107798  
\* 19.02.1953, F  
Study 232202001797  
22.02.2023  
08:32:44  
1 IMA 188 FRM 44 AFP5 31

R

Coro 2020  
Coro 2020  
SINGLE PLANE/SINGLE A  
CRA 0  
RAO 22



# Up front retrograde approach

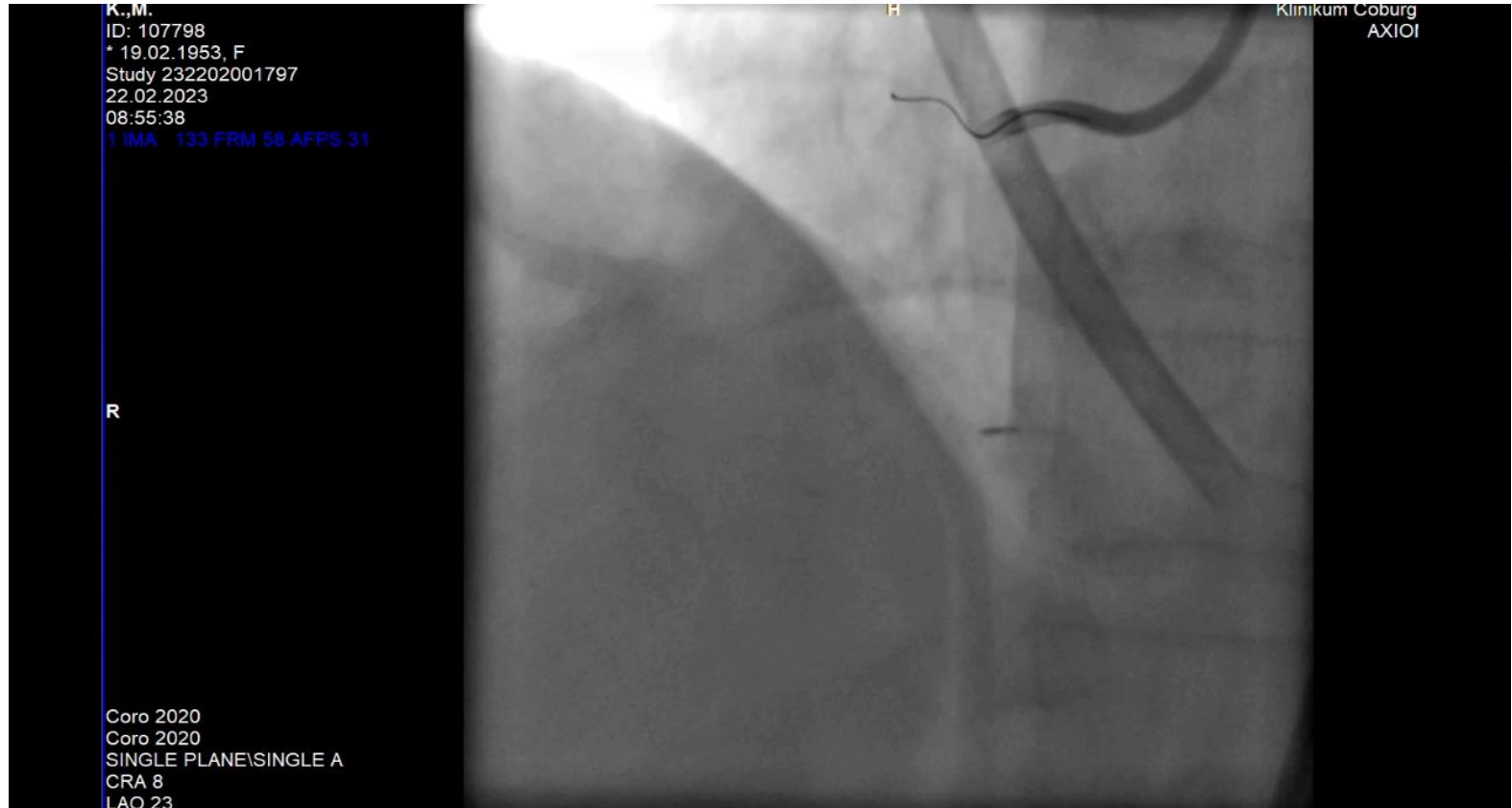
- wiring the RCA with Sionblue and micro catheter turn bike 135.
- Wring of the first septal branch with Sionblue and Microcatheter caravel 150 cm.
- Selective angiography of the septal and collateral to PDA with microcatheter then wiring the sepatal collaterals with Suoh 03 wire

# Werner Classification of the collaterals

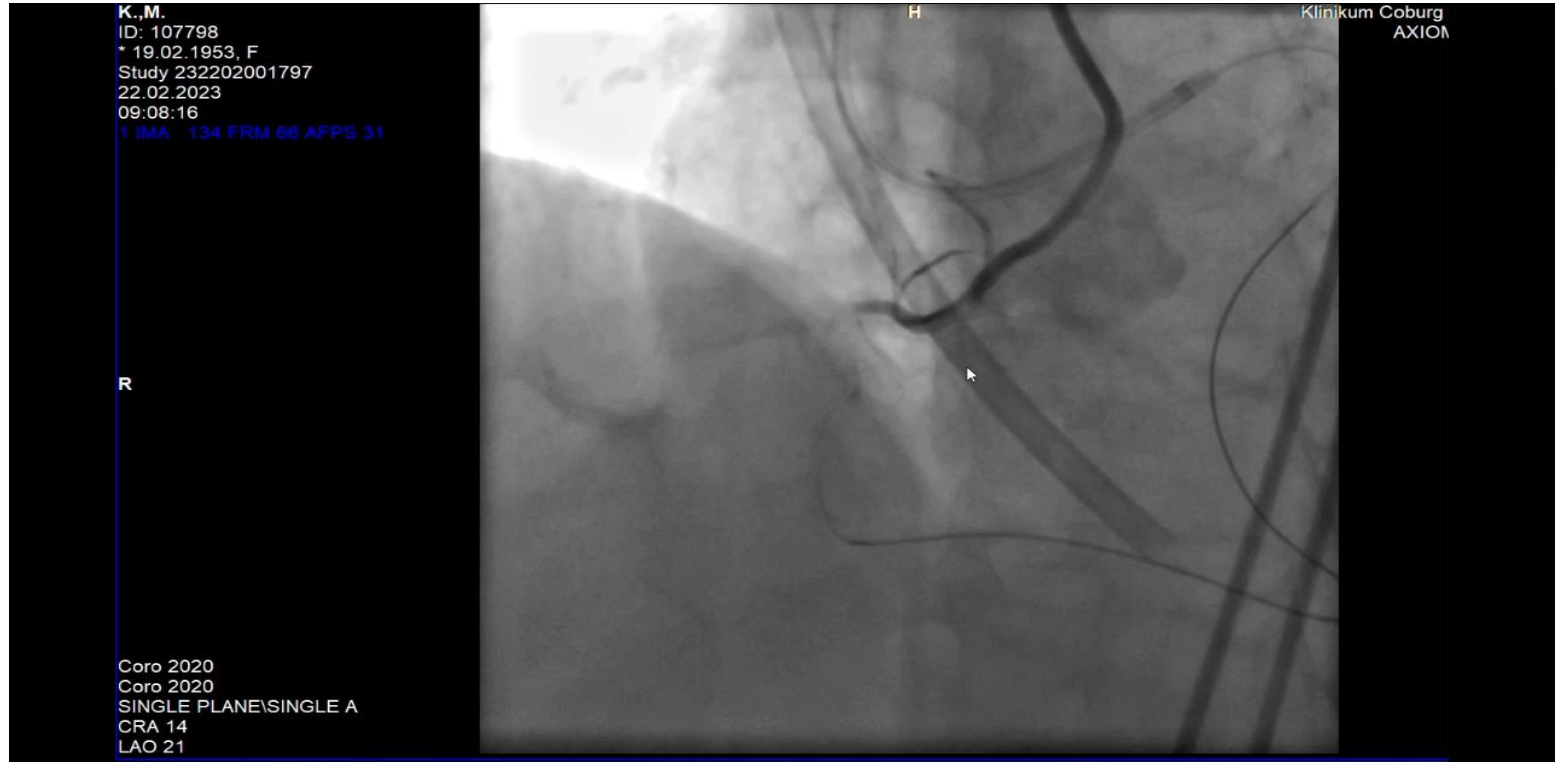
## CC1



Wiring of the septal collaterals with Suoh 03 wire. Reaching the RCA distally with a microcatheter but no further.



Use of Pilot-200 Wire retrograde. Here the attempt to get through retrograde with Knuckle did not work and the microcatheter showed a tendency to retract due to the inadequate back-up



# A wire rendezvous anterograde and retrograde and then reverse CART was targeted

