Investment or not Investment that's the question

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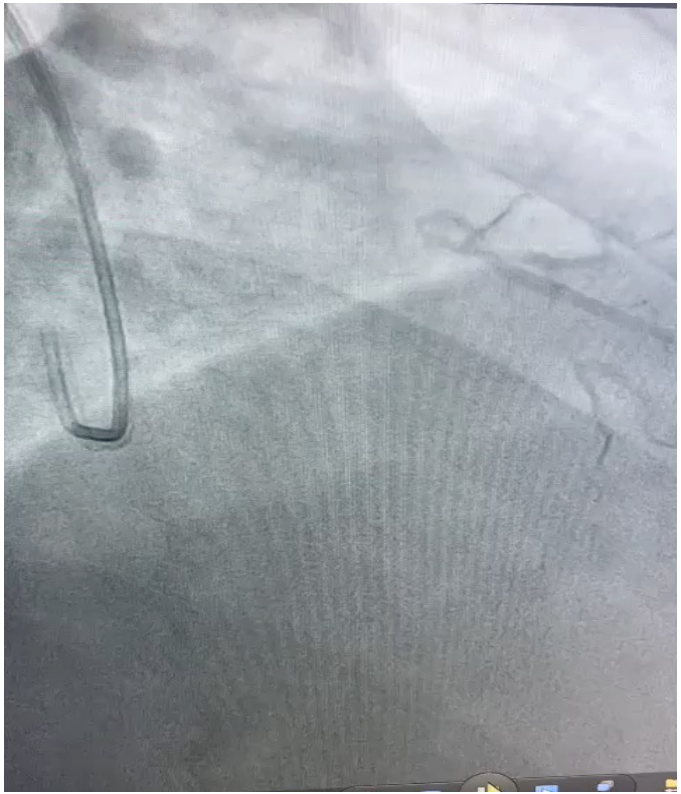
Disclousure

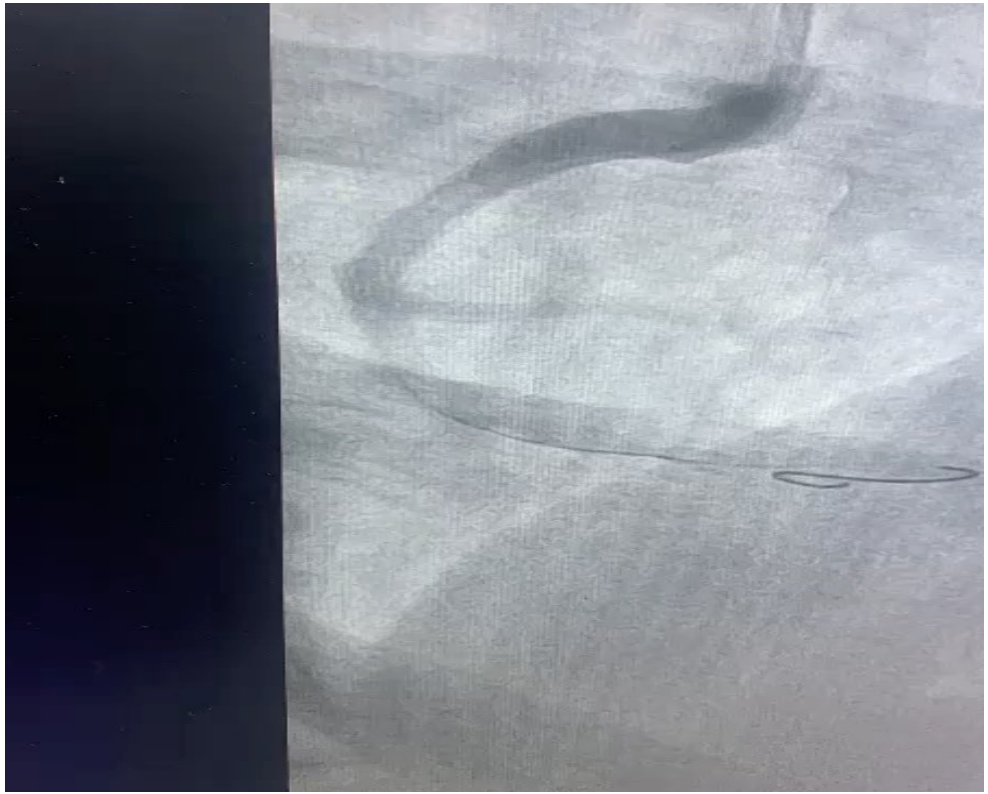
I do not have conflicts of interest regarding this presentation

Clinical History

- 54 y.o. Male with a past history of inferior STEMI
- PCI to RCA (ectatic and tortuous vessel)
- CTO of LAD ambiguos cap, Epicardial collateral from RCA.
- CTO of 1Diagonal, Epicardial collateral from LCX
- LCX without disease
- Rejected from surgery.
- Angina, LVEF 60%.

Unfortunately without many pictures of the first procedure





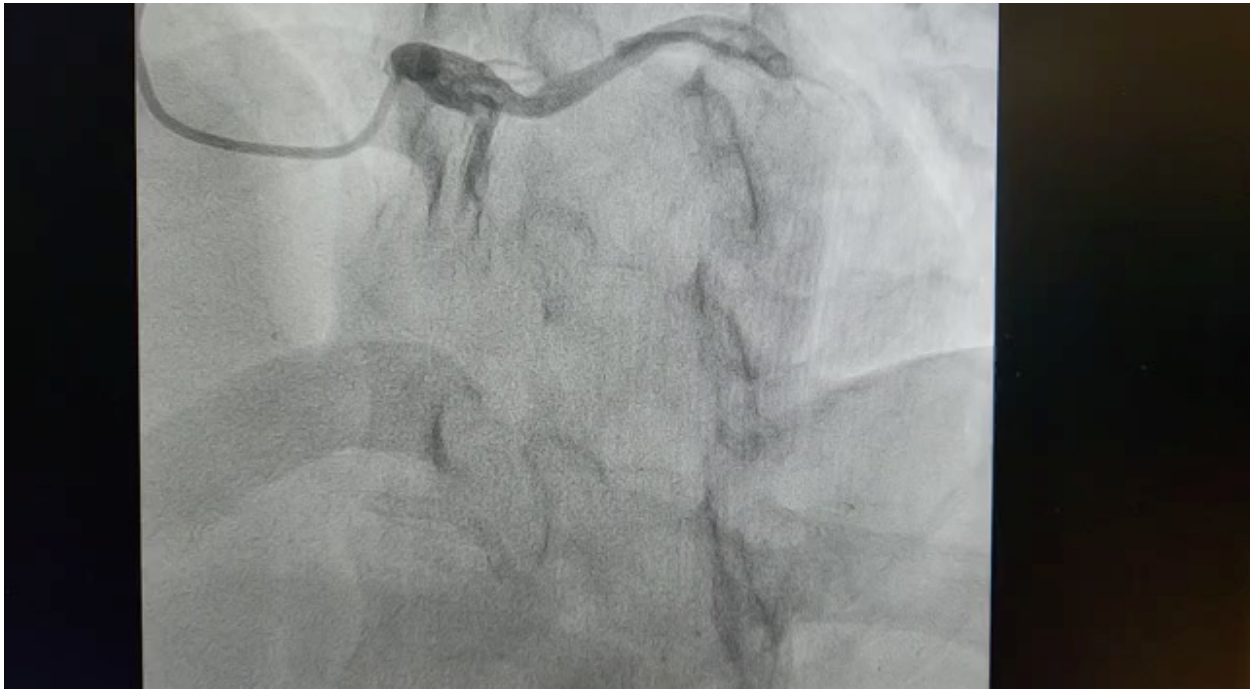
Second time CTO of LAD 1D.

- AW, with Mamba and Fighter, Pilot 200, disecction but true lumen distal.
- Lose the wire and re attemps faill to advance wire in true lumen,
- Retro by epicardial collateral (Finecross, Sion blue, Samurai RC) Faill because disecction of epicardial collateral.
- Then ¿Investment or not investment in CTO of LAD? Thats the question...

Second Time

- Re evaluation with ivus to try to enter in true lumen but was no sucessful.
- Then Investment.
- ¿What is the correct size for dilatation?
- ¿You need dilate all the vessel or only near to Proximal cap?
- ¿How many time do you need for back to cath lab?
- ¿We have any opportunity if use ADR (Stingray, triumph, Recross?

Back 8 weeks later.



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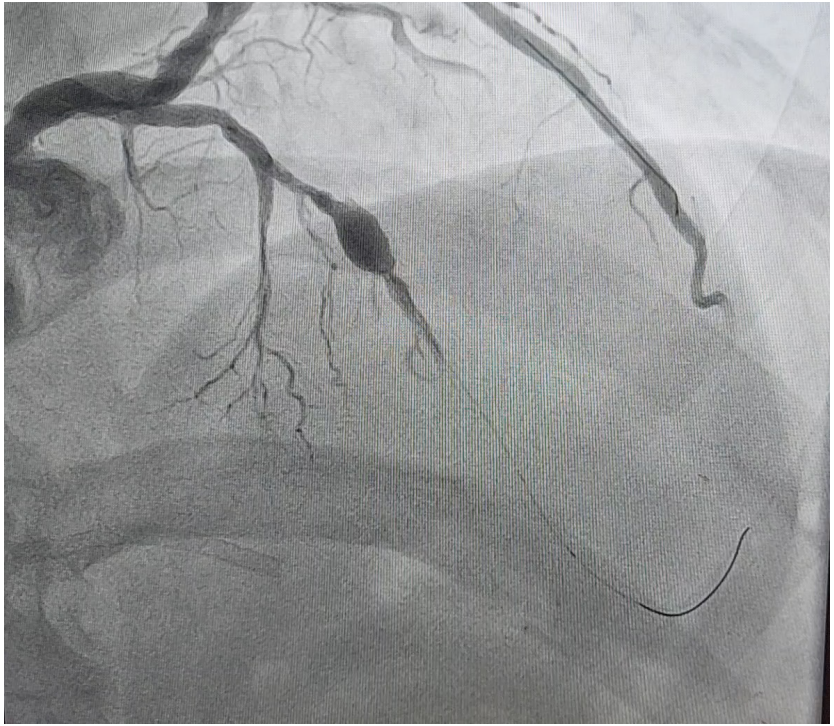
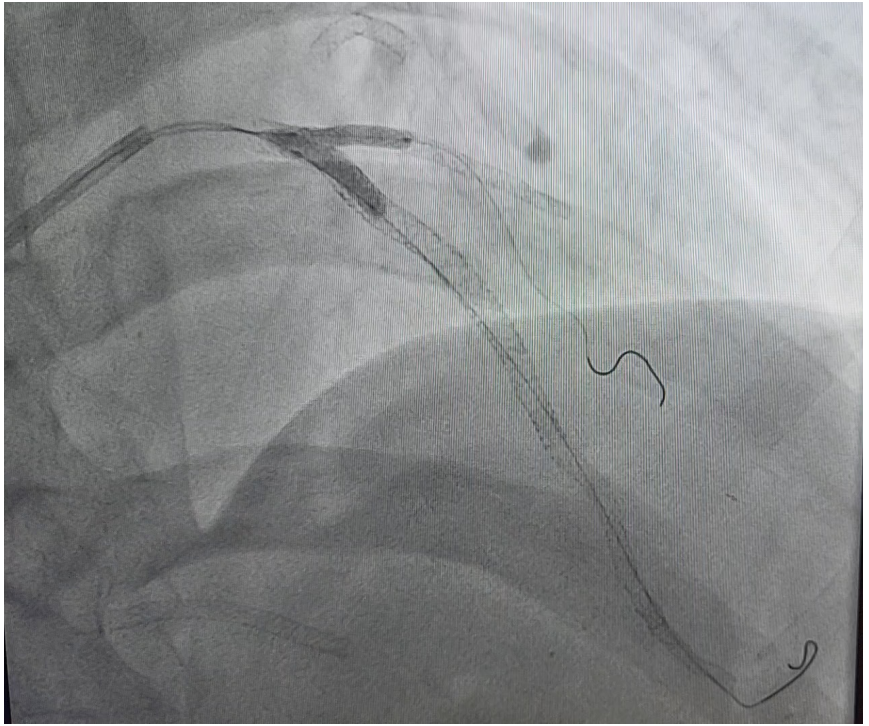
The questions.

- ¿Its a good result before Investment?
- ¿What is the next step PCI or CABG?
- ¿What about the aneurysm?
- ¿ And the Diagonal?
- ¿How can i treat this?

- The answers…
- Surgery rejected again
- So we decide PCI to LAD,
- AW Workhorse, Finecross Mc, Sion Blue advance to distal true lumen only the segment distal to aneurysm is it subintimal space.
- PCI with DES distal to proximal with IVUS.
- We exclude the aneurysm with a covered stent (Be Graft) preserving the septal
- Finally CTO PCI of 1 diagonal, AW Fighter wire, Mamba Mc, with Minicrush stent technique.
- Good clinical evolution at follow





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Final Result