

# Relax...take it easy! (as it seems)

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#### Male, 69 years old

#### Cardiovascolar risk factors:

- Arterial hypertension
- Dyslipidemia
- Past smoker

#### Clinical history:

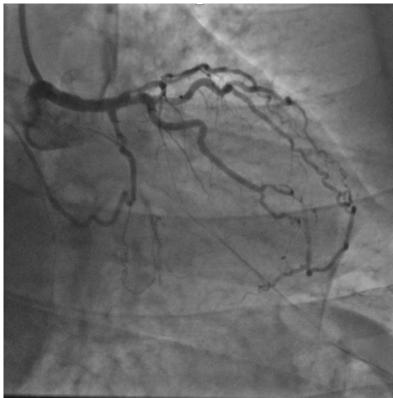
• *Rheumatoid arthritis.* 

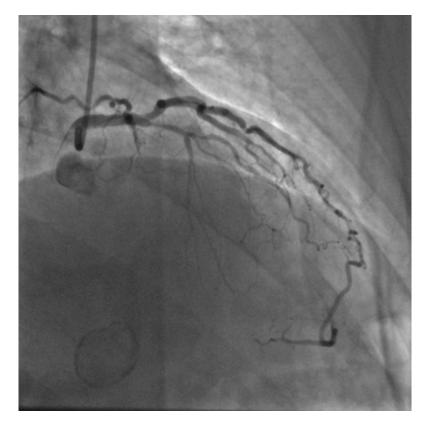
#### Cardiological history:

- **12.2022 admitted for ACS** with acute heart failure (EF 40%) and non sustained ventricular tachycardia (VTNS).
- > 16.12: PTCA + DES of proximal RCA.
- > 19.12 planned recanalization CTO of LAD.

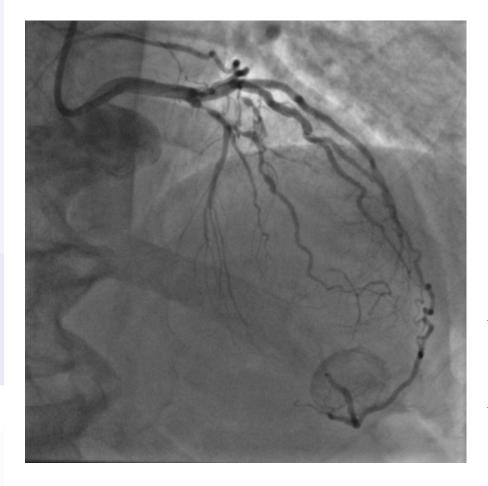


*Right radial artery*: ebu launcher 3.75, 7F: single access for homocoronary donor vessel (selective injection with a microcatheter)







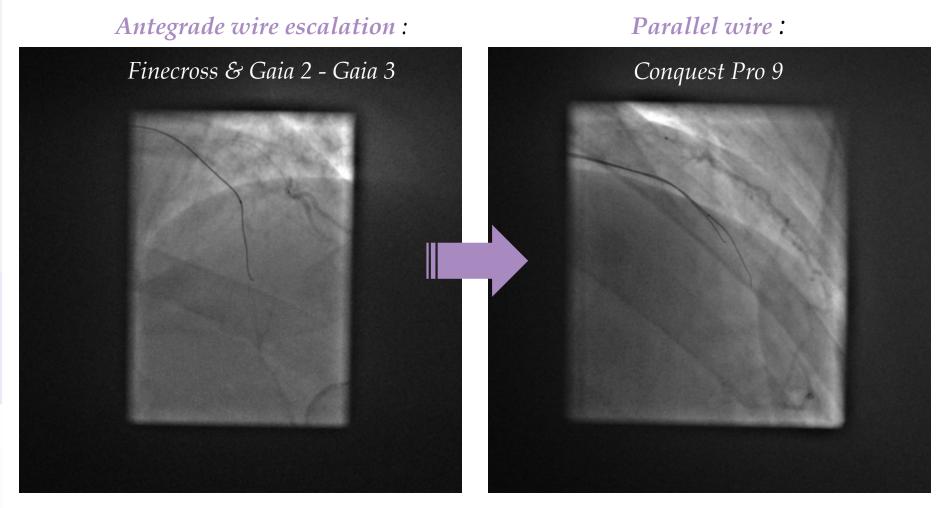


J-CTO SCORE		
Blunt stump	YES	
Calcification	YES	
Bending >45°	NO	
Occlusion length <20 mm	NO	
Re-try lesion	NO	

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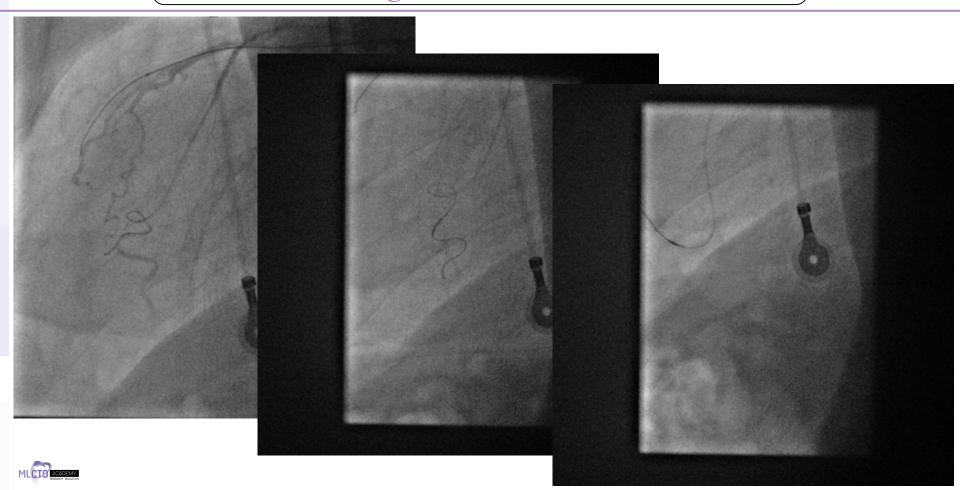
Other important considerations: For ANTE: tapered distal cap in diseased vessel. For RETRO: severe diseased and calcified proximal vessel.



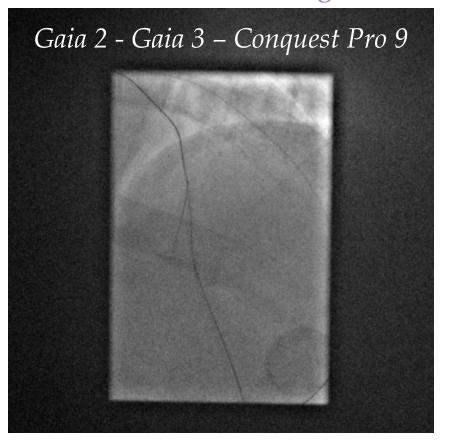




# Switch to retrograde: Caravel 150 cm & Suoh 03



Retrograde wire escalation:

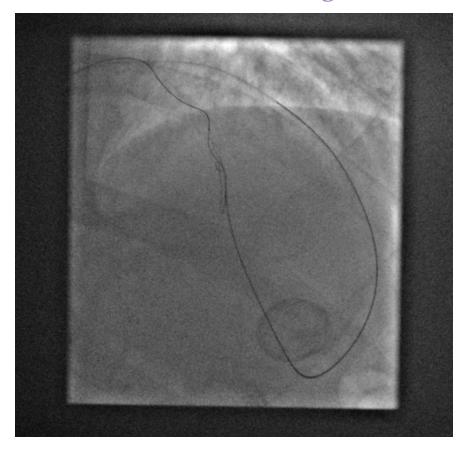


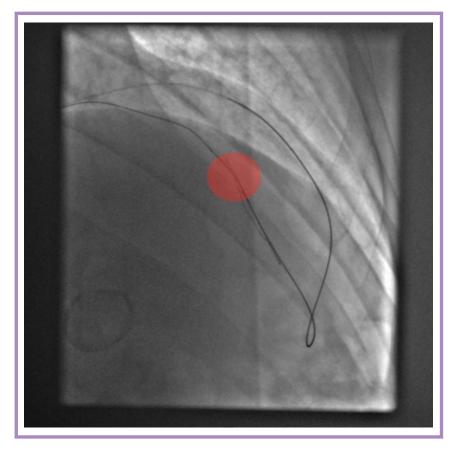
# *... no possibility to puncture the proximal cap*





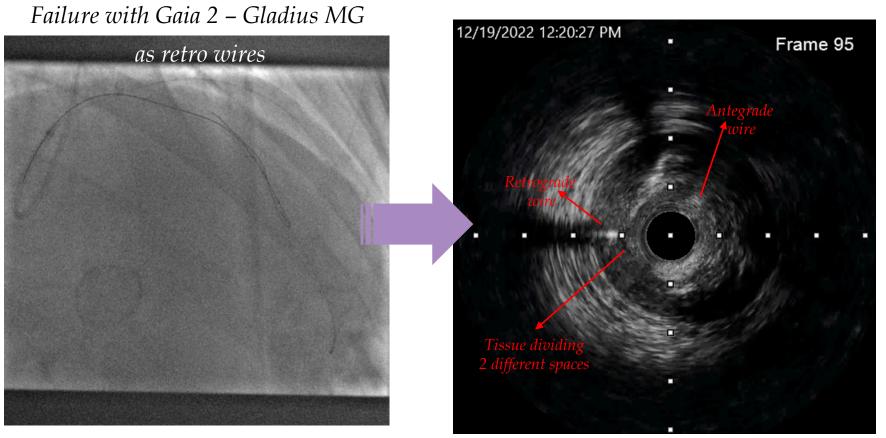
# Antegrade knuckled: Fielder XT-A





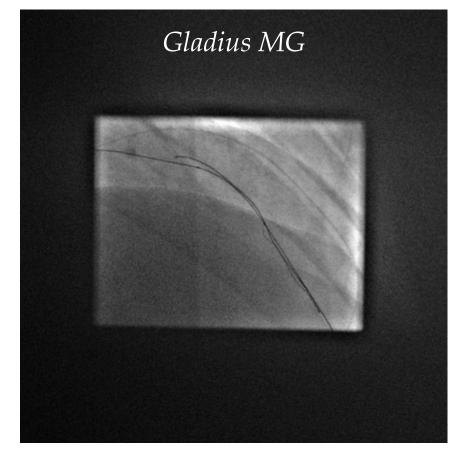


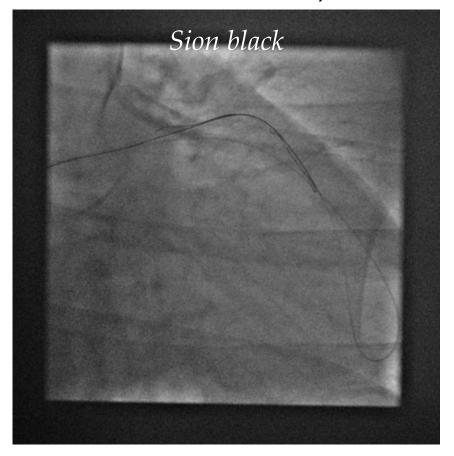
*Reverse CART: SC balloon* 2.5*x*12 *mm*.





# *Predilatation with SC balloon 2.5x30 mm. ...and new attempts:*

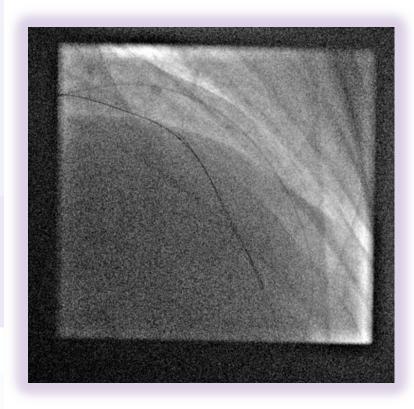


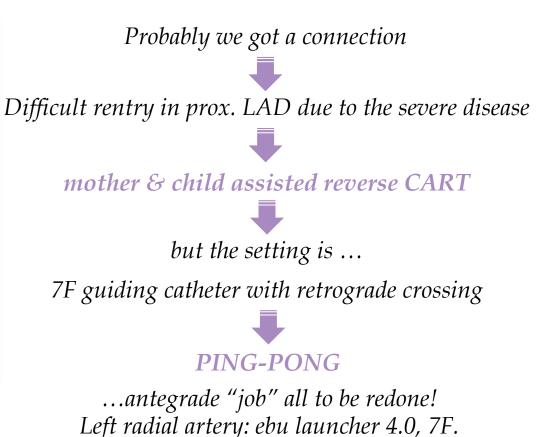




Failure ....but....

"palpated ass sign"

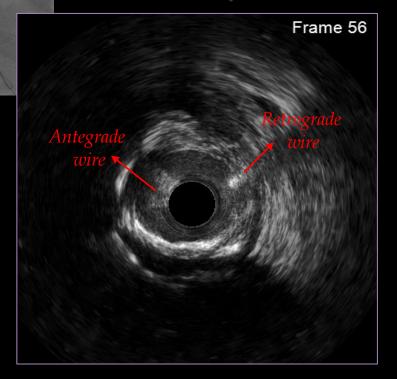




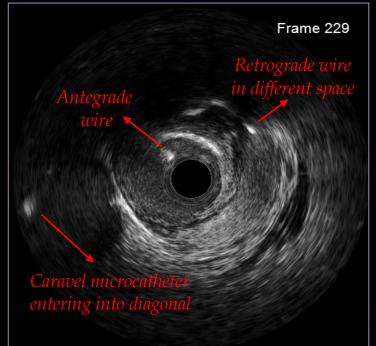


# IVUS pullback

**Connection point** 



....more proximal.....

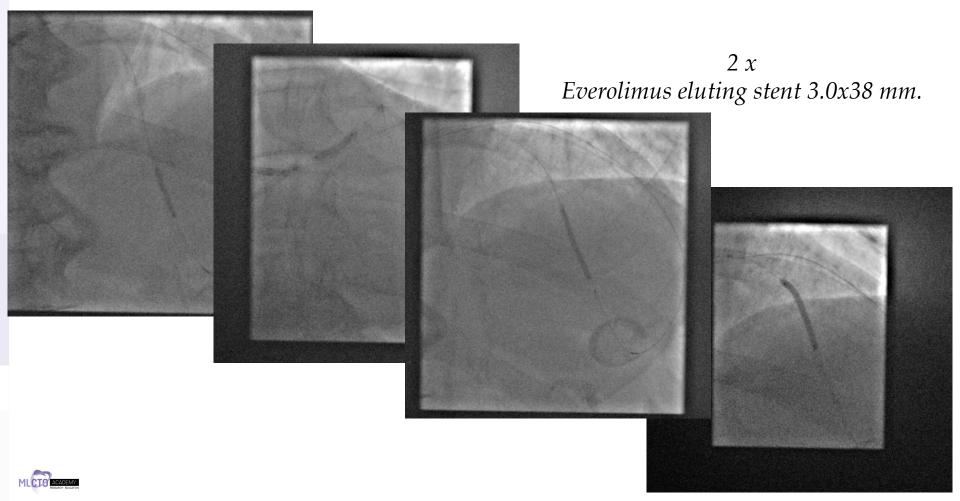


# Mother & child assisted reverse CART



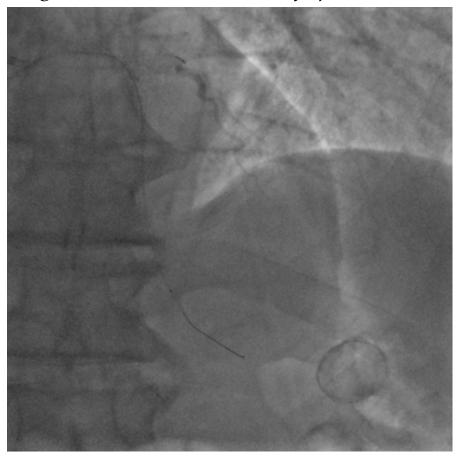


### Predilatation with NC balloon 2.5–3.0 mm.



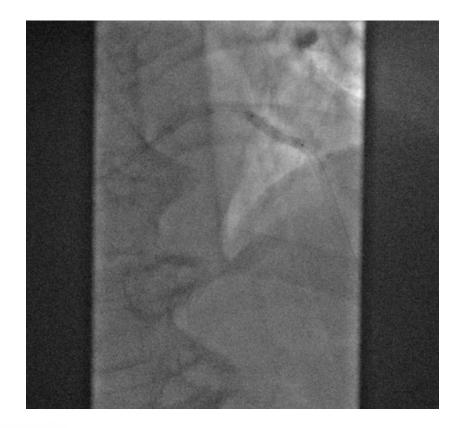
## *Removing the retrograde system:*

Finecross antegrade on RG3 and Check of epicardial donor vessel

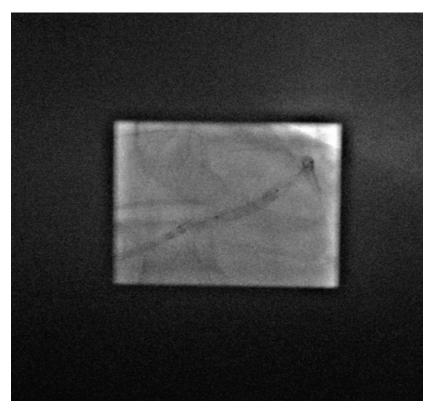




### Zotarolimus eluting stent 3.0x22 mm.

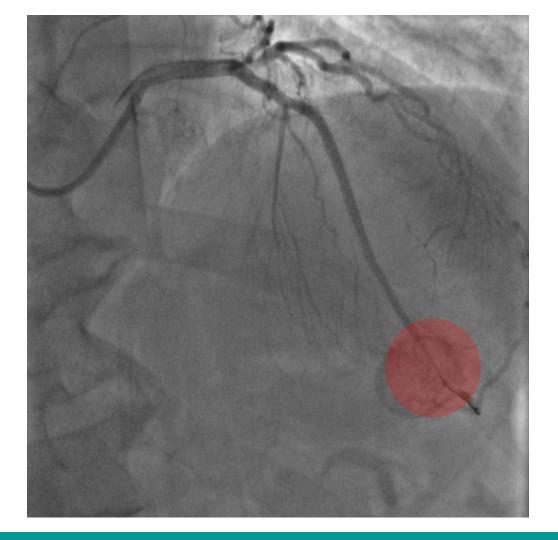


### Zotarolimus eluting stent 3.5x22 mm. POT NC balloon 5.0 x 8 mm.













# IVUS check

