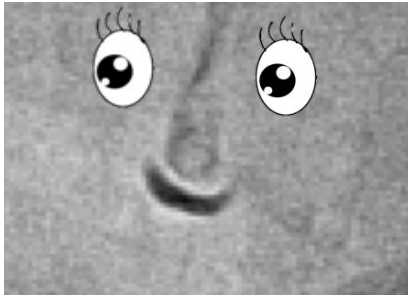
What happened in this rCART case?

...it ain't over till it's over...



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Sankt Pölten University Hospital, Austria

67m

Unstable angina

PMH:

DM2

Smoker

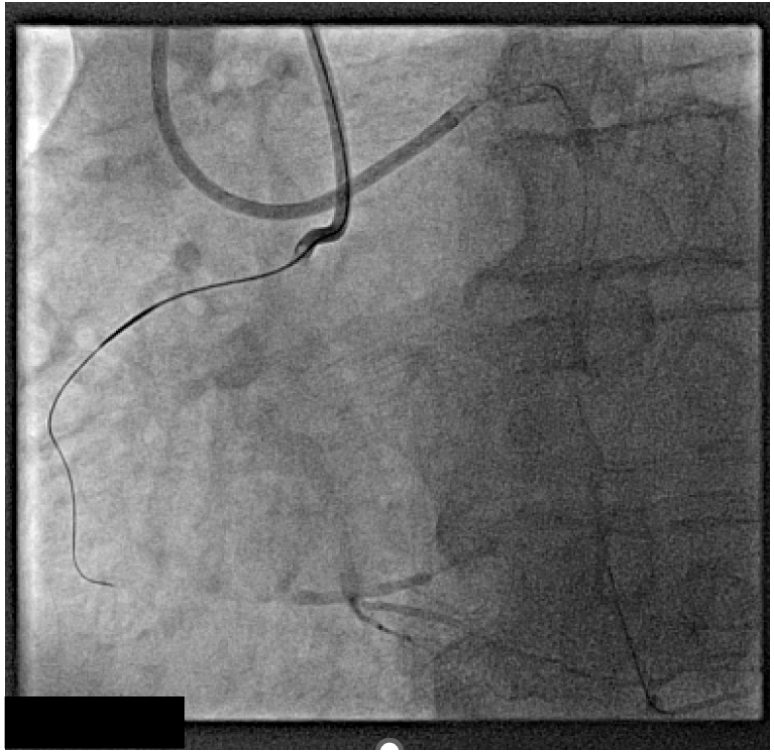
HTN, HLP, dilated unfolded aorta, pos FA

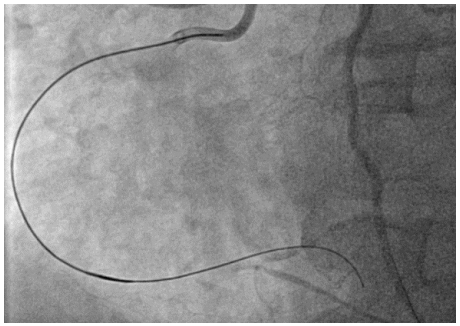
180cm, 83kg

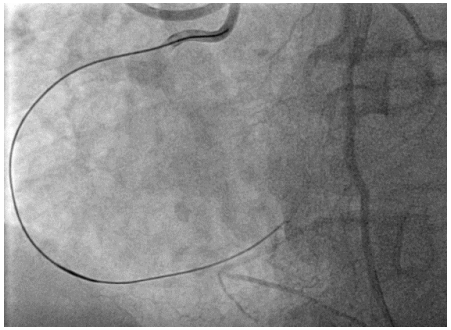
Hb 15, GFR 112 (Crea 0.74 mg/dL)

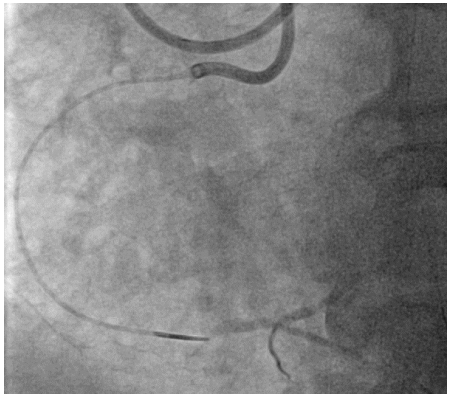
Echo good LV, no WMA, valves ok

PCI mLAD and referred for bystander RCA-CTO PCI:





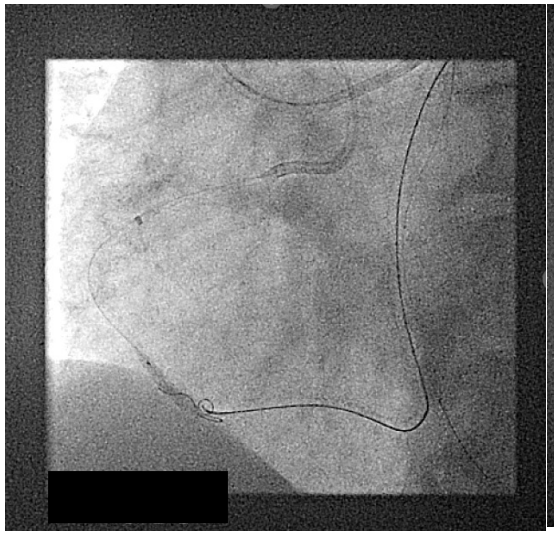


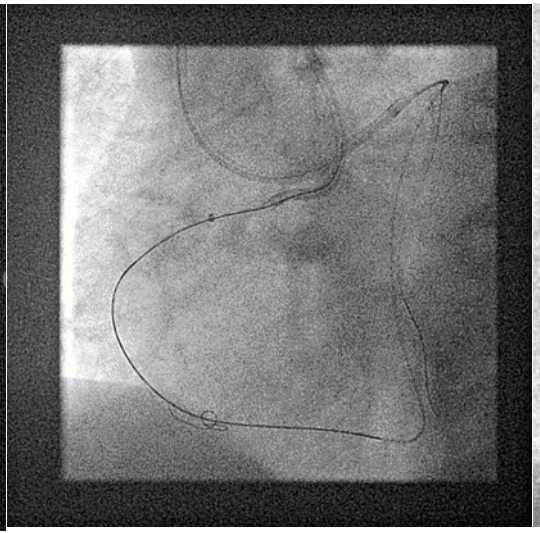


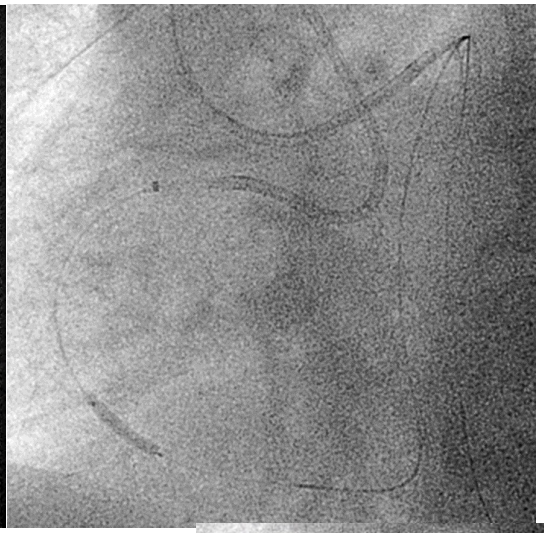
7F biradial

AWE distal each time in subintimal space

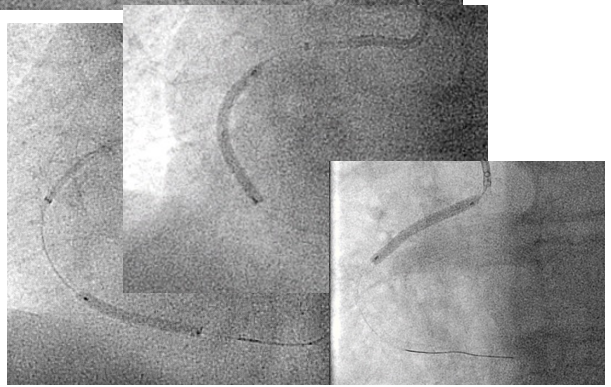
Nice septal collaterals > RWE > rCART ….(ADR)

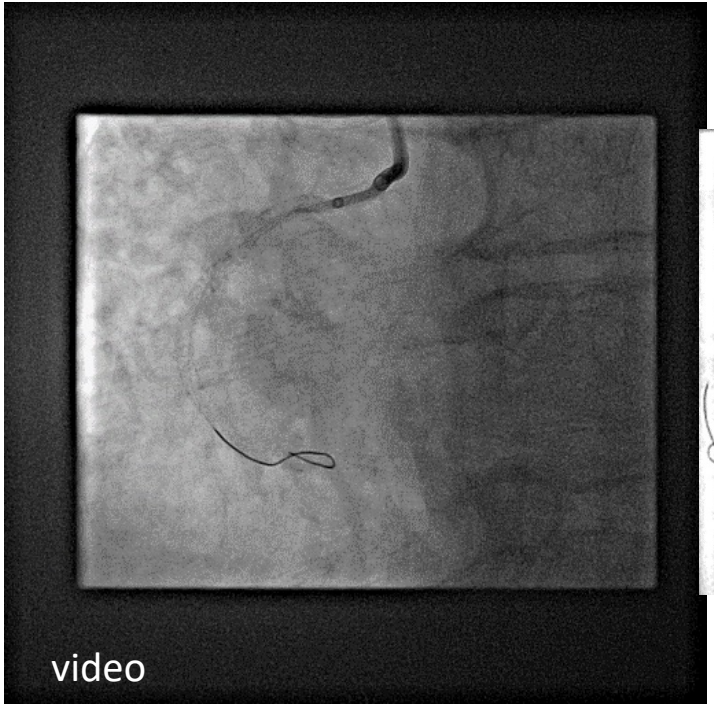


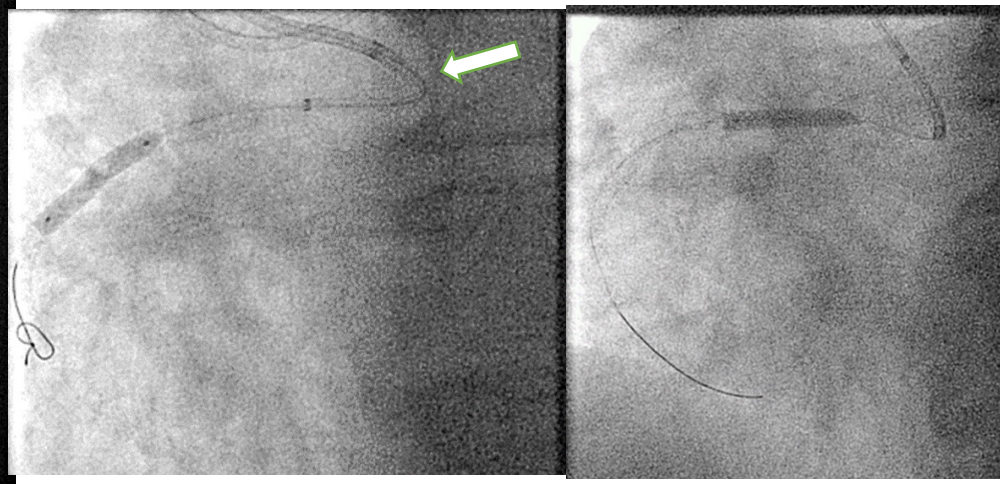




1. Difficult RCA guide position and diffcult to position GEC distal
2. **rCART**
3. RG3 externalization
4. Predilation and stenting

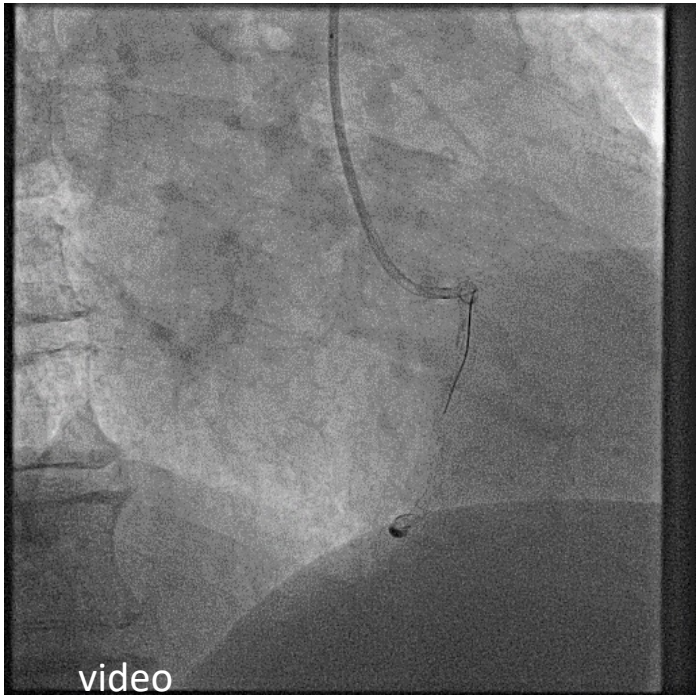


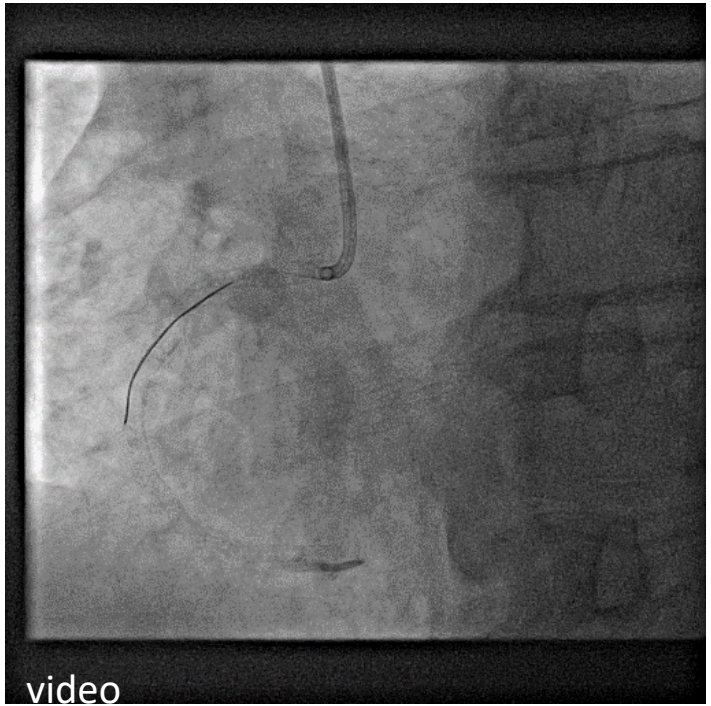




Extensive postdilation (having removed RG3) on antegrade grandslam wire which is repeatedly coming back when passing large NCs as guide and GEC poorly supportive in dilated unfolded aorta...

next biplane shot





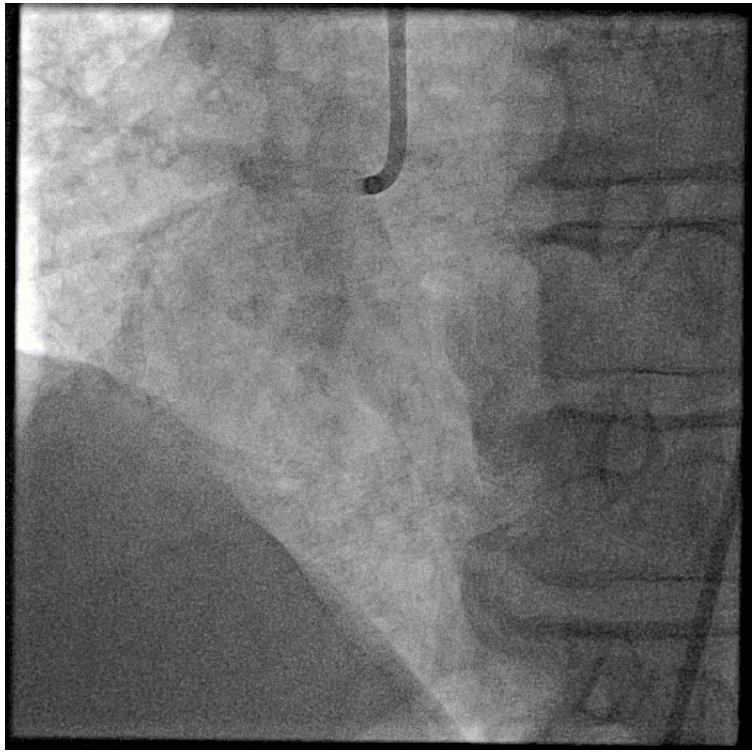
What happened?

What would you do?

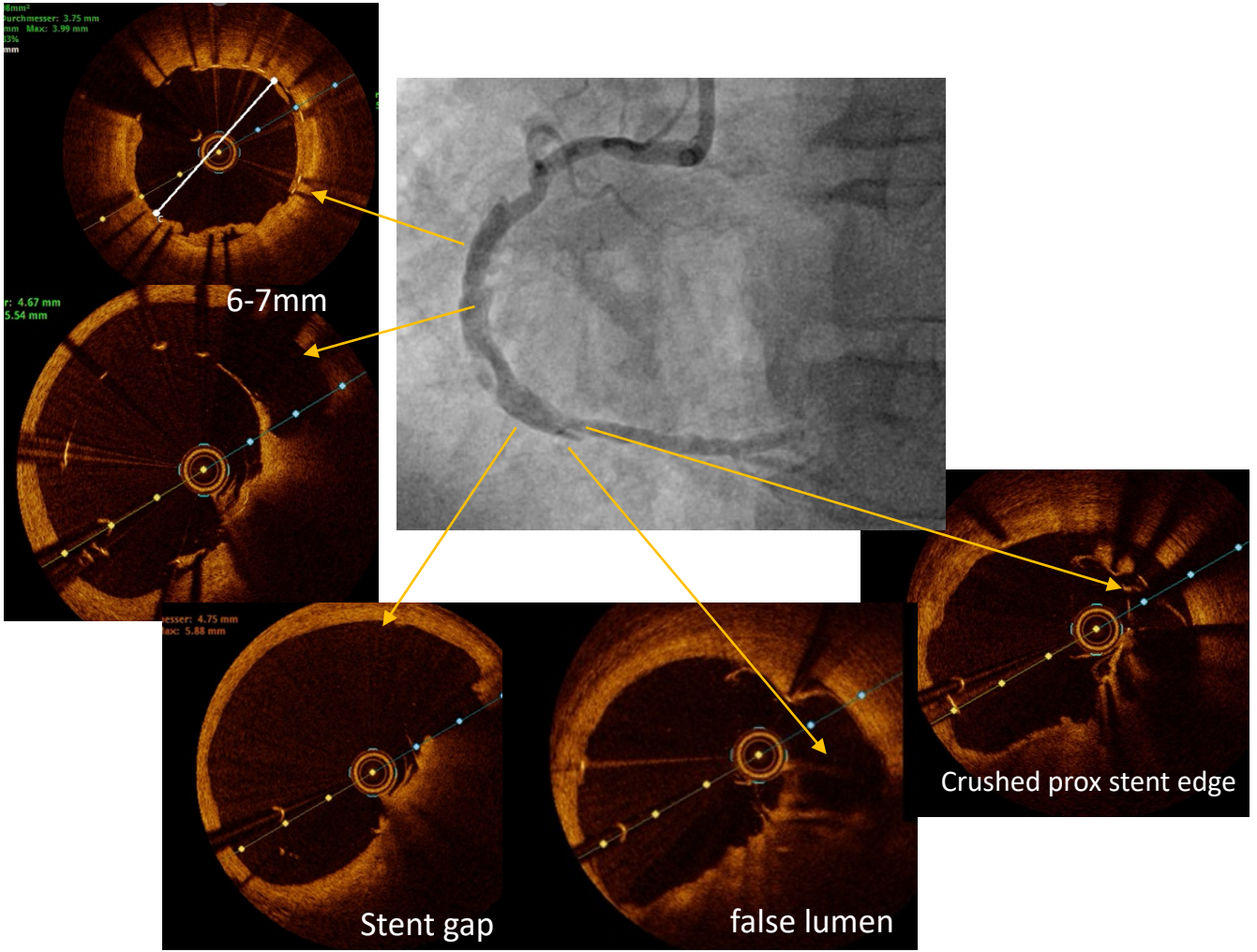
- “must be in true lumen and this is external hematoma propagating outside of distal stent compressing distal unstented RCA”

- Off table, and back in 8 weeks after hematoma resolution for optimisation + imaging via femoral access:

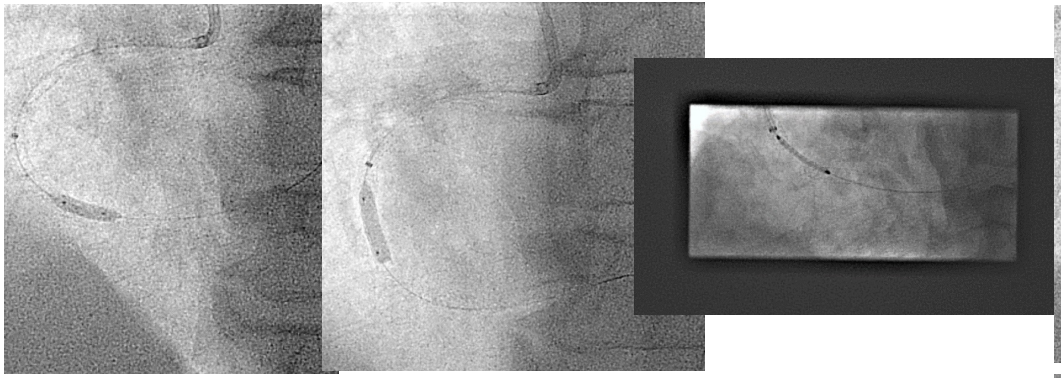
8 Weeks re-angio

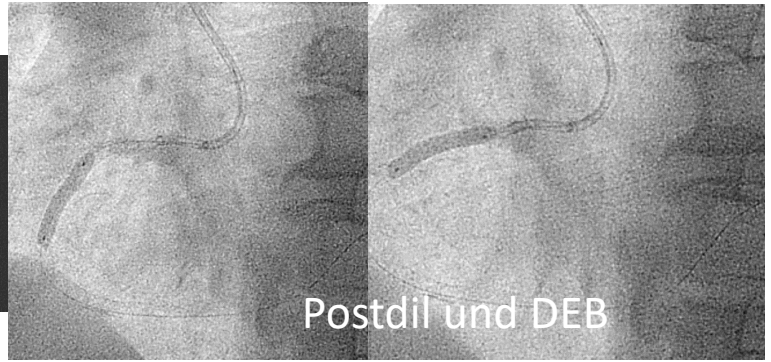


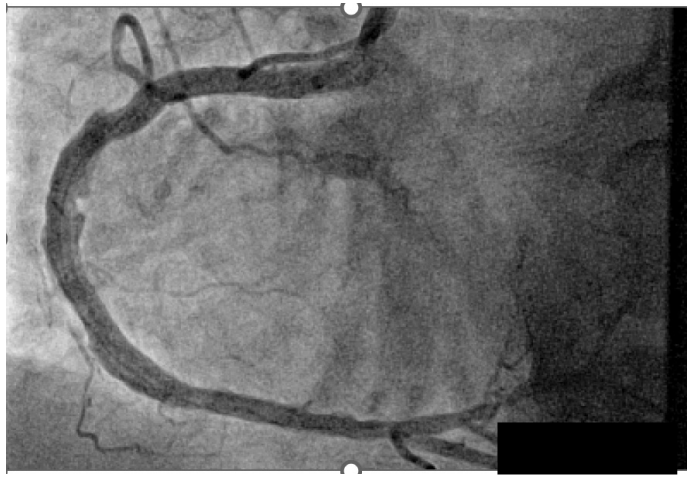
OCT

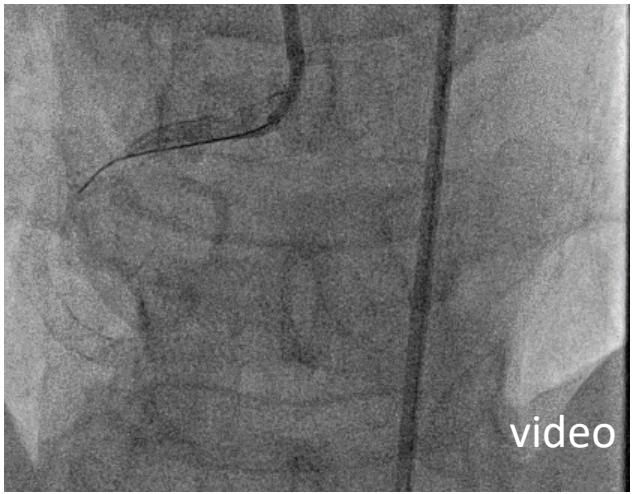


- Gap stented
- Extensive postdilation – according to non-aneurysmatic “healthy” size measurements
- With large DEBs proximal treated

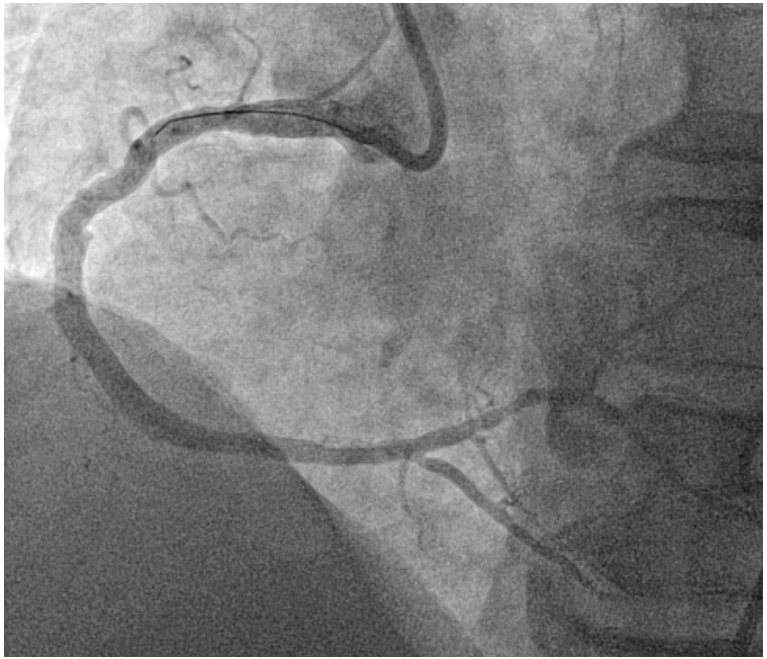


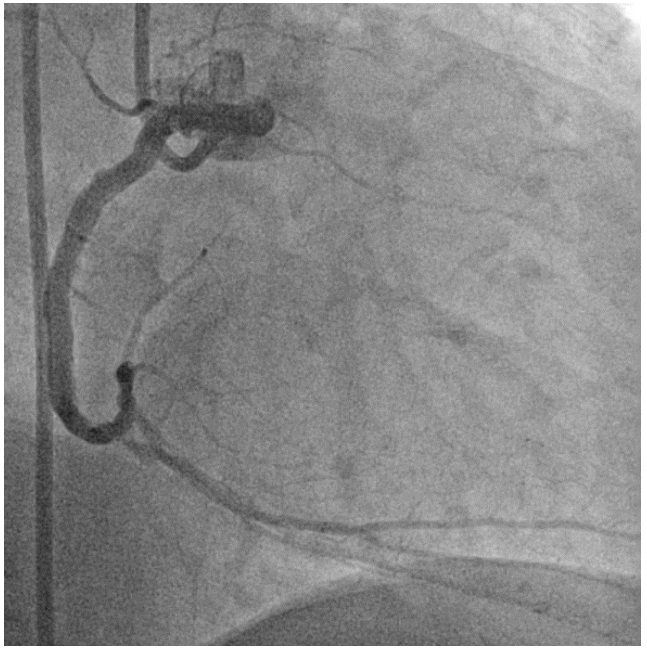




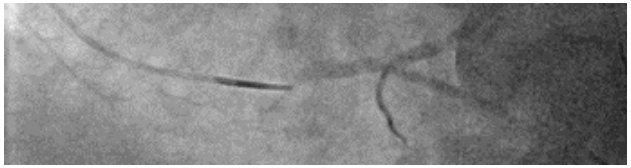
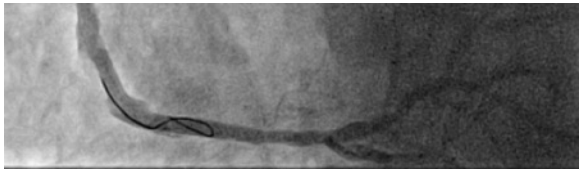
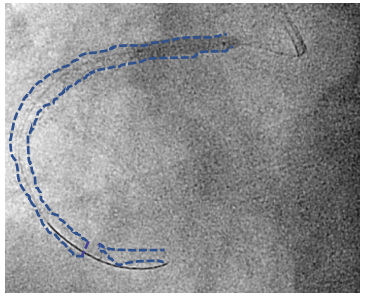


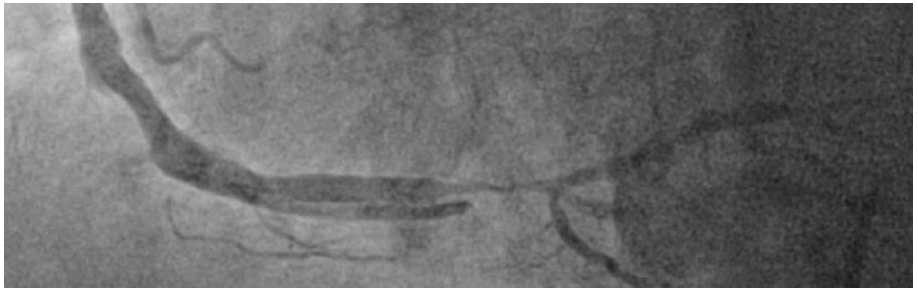
6 months follow up





Conclusion & learning points



1. Subintimal hematoma propagating outside of stent beyond its distal edge leading to distal luminal obstruction caused by wire and mc exit via stent gap
2. Difficulty to size stents in aneurysmatically altered revascularized CTOs
3. Ensure stents are optimised distally first before stenting proximal and ostium!

Thank you