

Double CTO PCI- Ad Hoc and staged procedures

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CASE

PRESENTATION



Age (years): 78

Gender: Male

BMI: 30

Clinical Presentation

CCSII and NYHAI symptoms

Progressive symptoms for the last 6 months

Optimized on GDMT

Co-morbidities

HTN

Diabetes type II: neuropathy

Hyperlipidemia

Medical History

PCI to proximal LCX- 2005

PCI to Distal RCA- 2008

Lab tests

CBC- normal

Creatinine- normal

CASE PRESENTATION



Age (years): 78

Gender: Male

BMI: 30

Exertional breathlessness and chest discomfort

Clinical Indication and decision making

CCS II

SPECT- inferolateral ischemia > 15%

Echocardiogram- Inferolateral hypokinesia

Angiography

- proximal LAD lesion 40%
- Proximal LCX CTO
- Proximal RCA CTO

JCTO score

RCA – 3

LCX- 2

Procedural Strategy

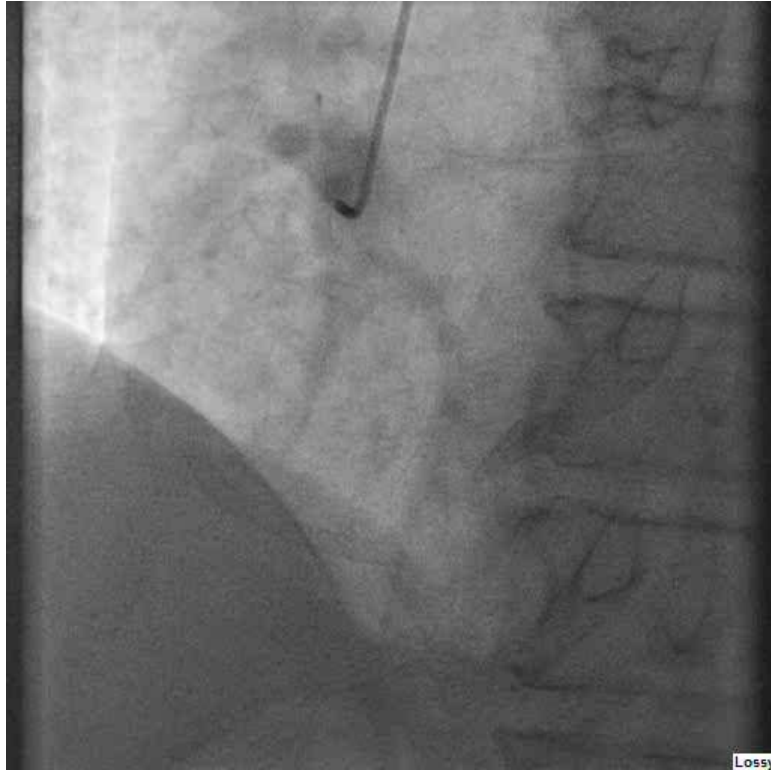
1. Ad-Hoc CTO-PCI to LCX-
Single catheter, RR, EBU 3.5, 6F.
2. Staged PCI to RCA-
Dual access.

1) Ad Hoc CTO PCI of LCX

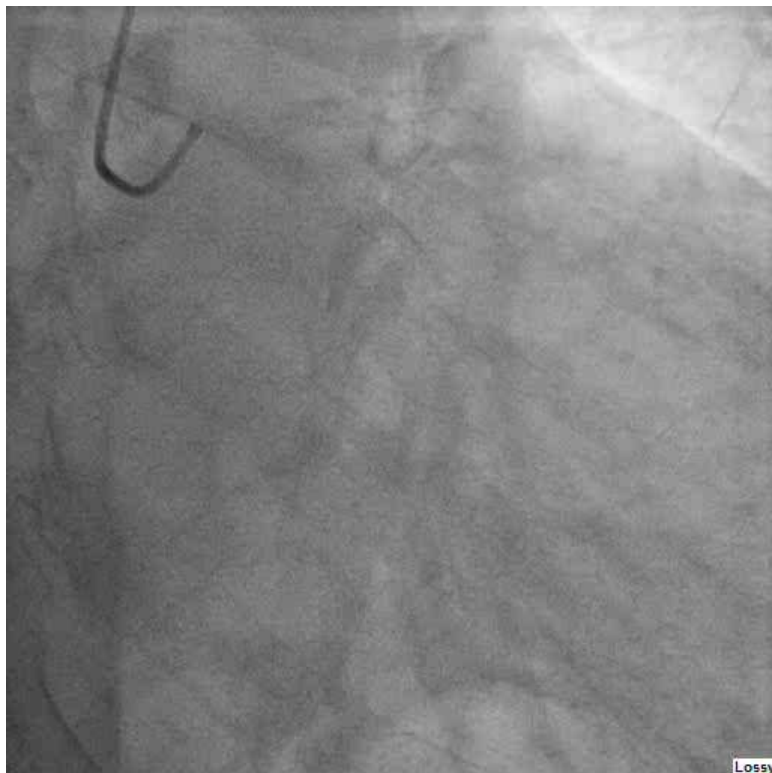
- *Single GC- EBU 3.5, 6F*
- *Over the Wire Balloon- 1.25X15mm*
- *PILOT 200 → Miracle 6*

Coating	Hydrophilic
Brand	Abbott
Outside Diameter	0.014 Inch
Tip Style	Core To Tip
Tip Load	4.1 g

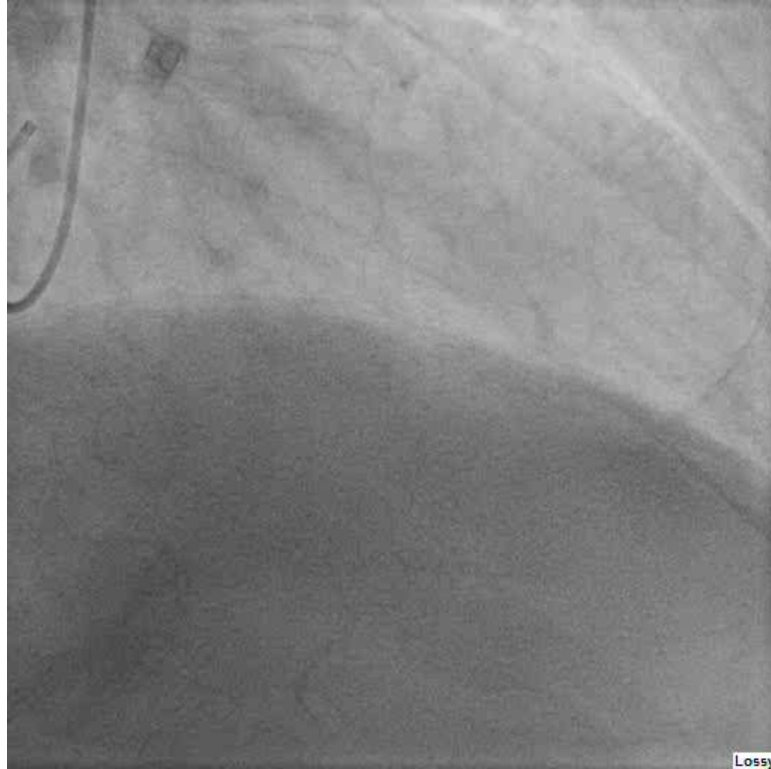
Tip Load	3gf / 9gf / 12gf
Tip Shape	Straight
Radiopaque Length	11cm
Coating	Silicone
Usable Length	180cm
Structure	



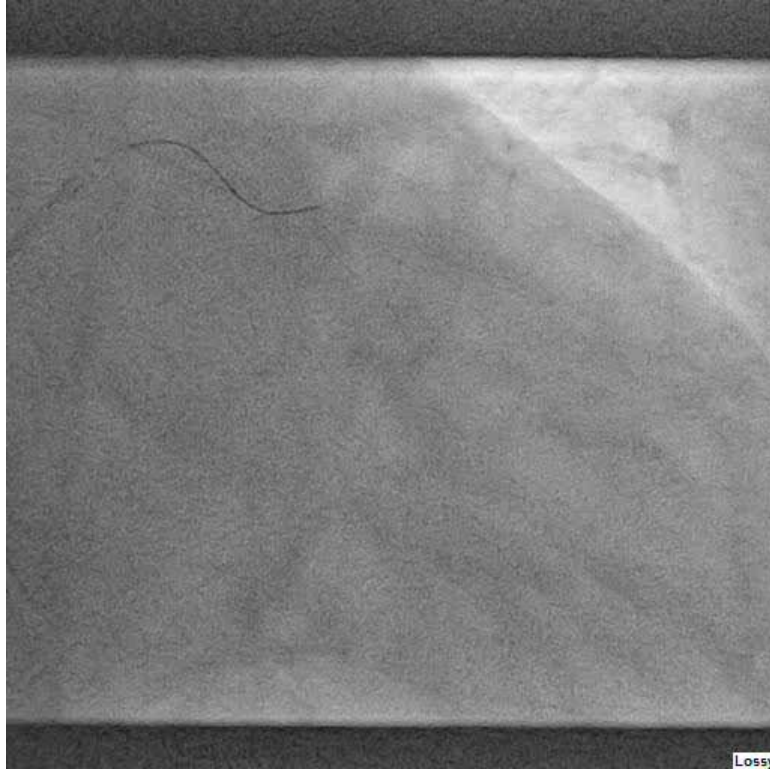
Lossy



Lossy

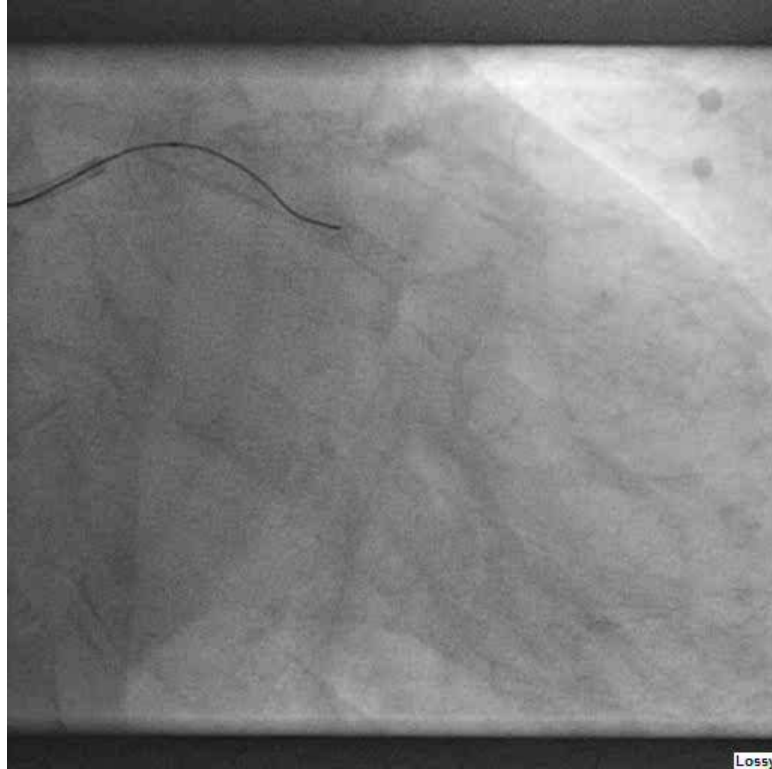


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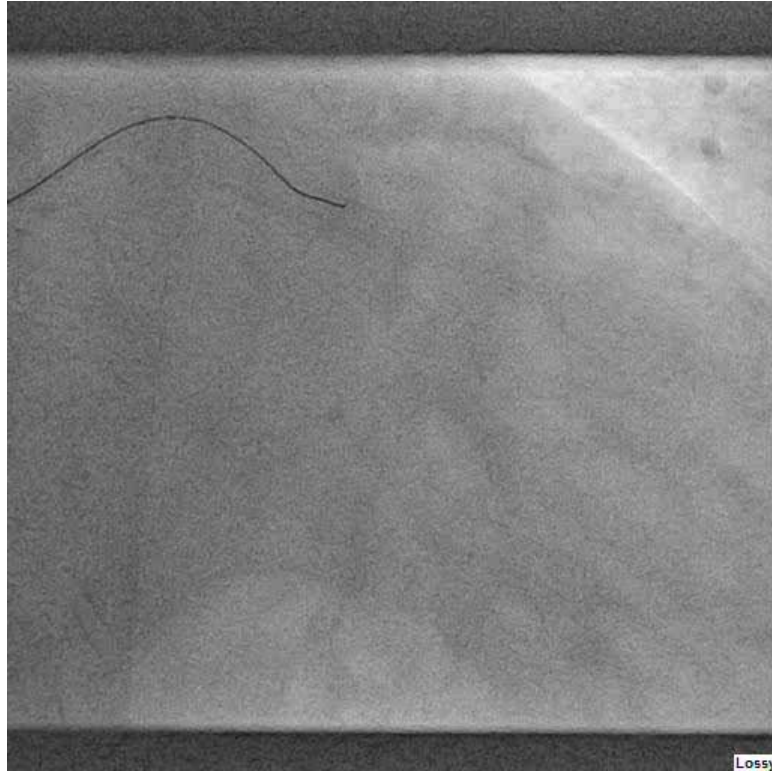
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PILOT 200

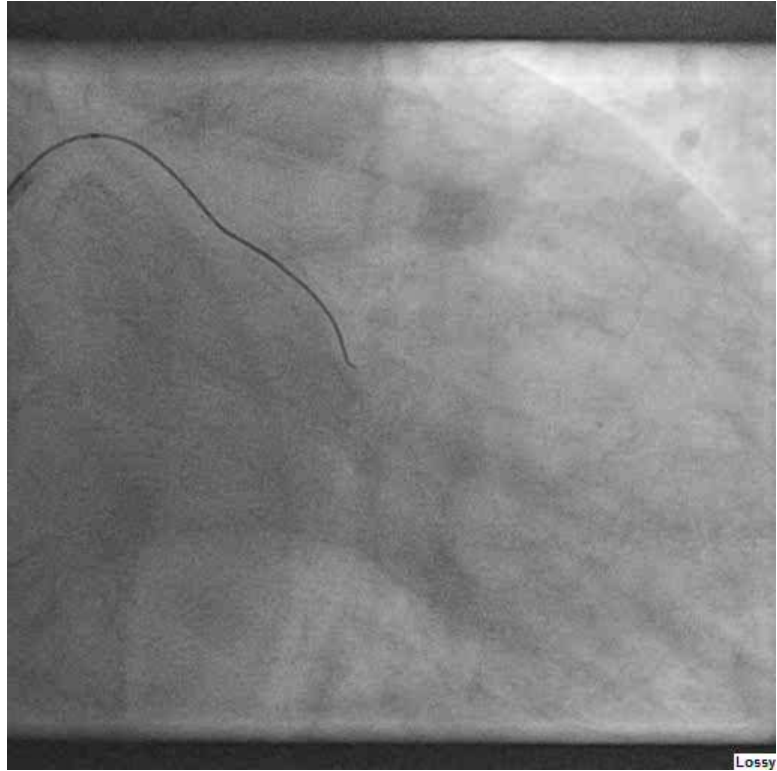


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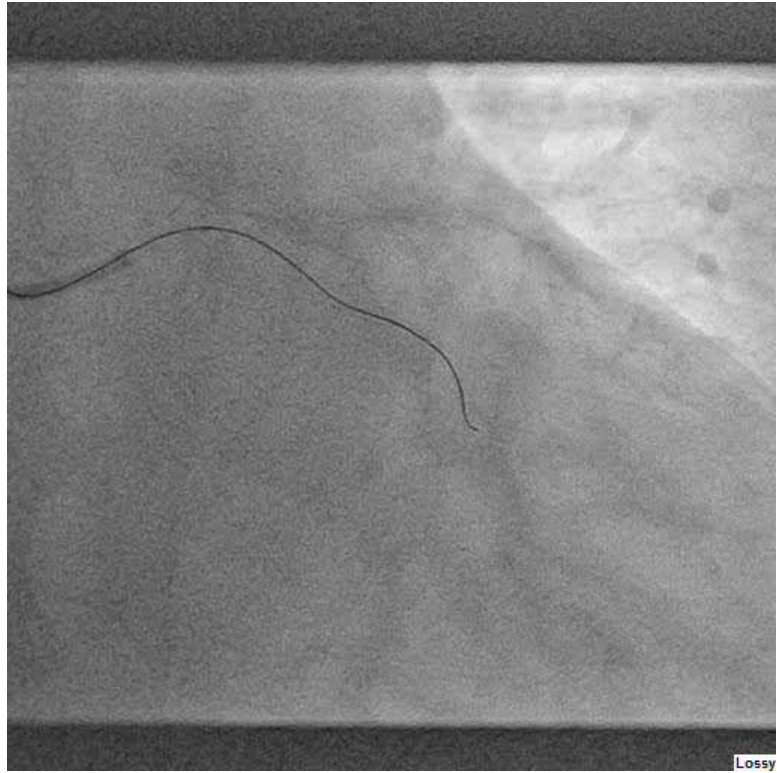
Miracle 6



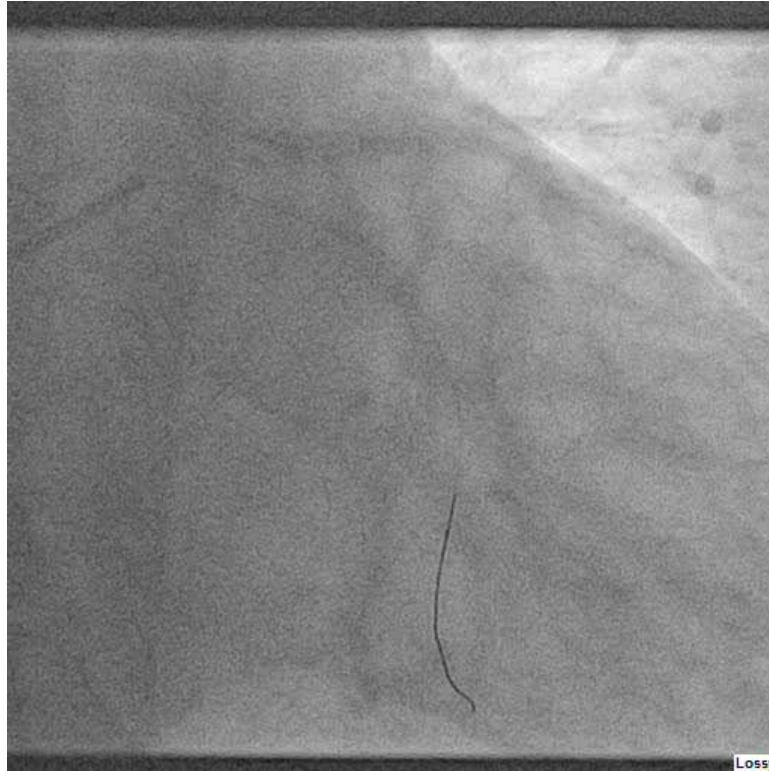
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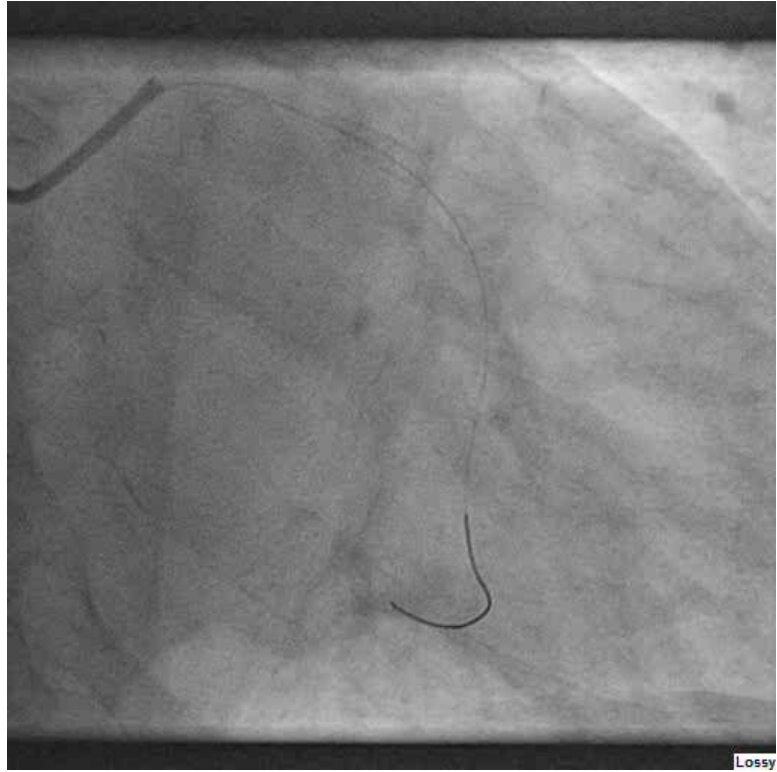
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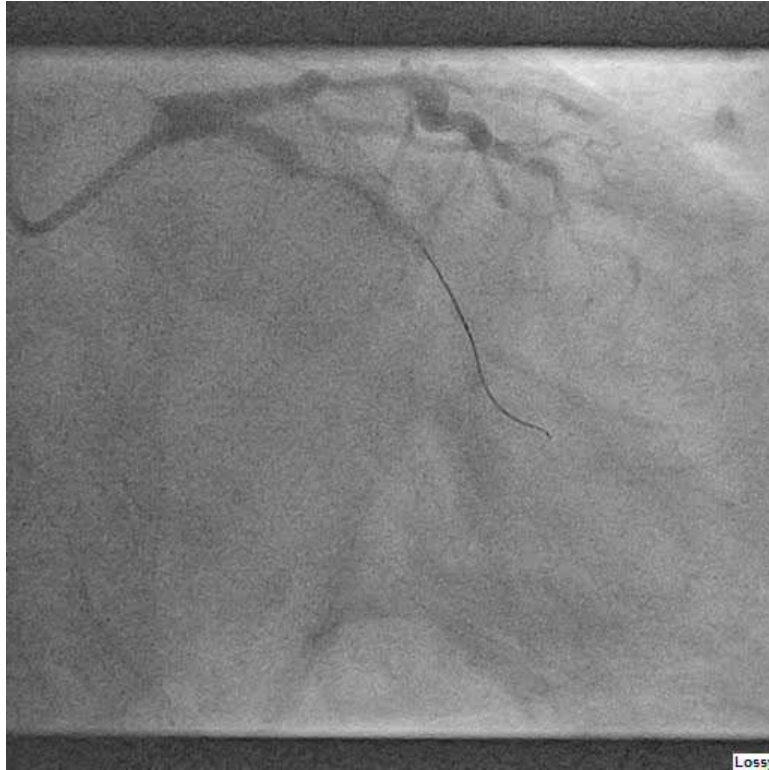
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After Miracle cross
deescalating to soft wire

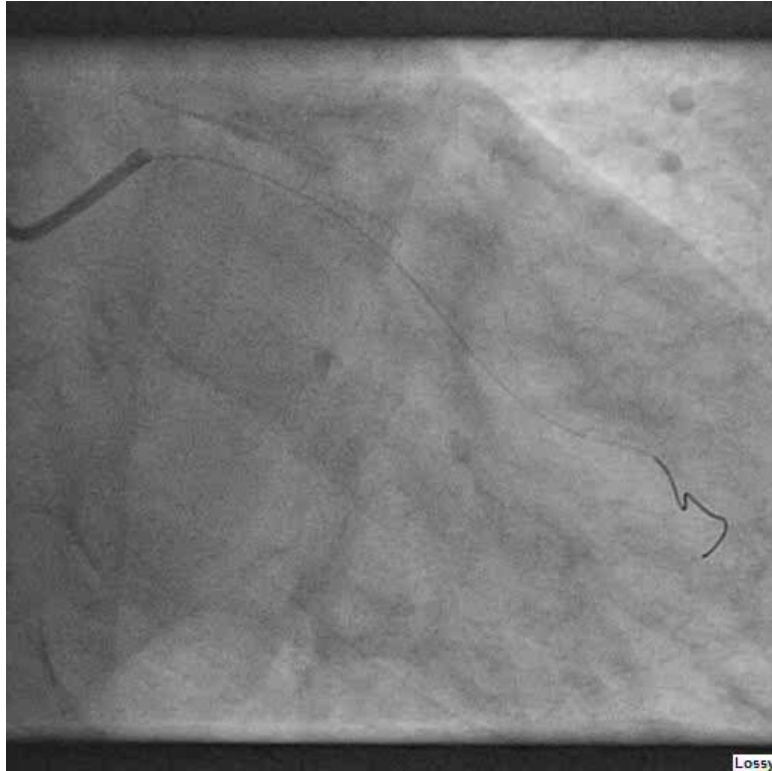


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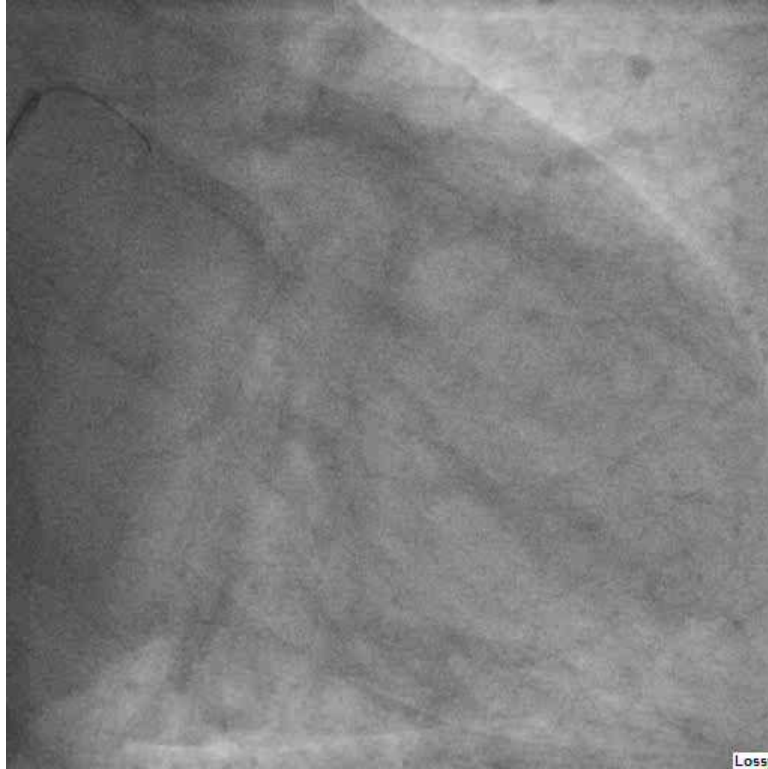


Wiring the main
marginal

Lossy



Lossy



Post stenting

2) Staged CTO PCI of RCA

- Dual injection GC- R. Femoral: EBU 3.5, 7F R Radial: AL0.75, 6F
- MC- Corsair pro 150cm
- Sion wire → SUOH 03 wire → GAIA 2

Tapered soft tip Tapering to 0.42mm (1.3Fr) + High visibility

- High visibility at the lesion part
- High tracking ability into the lesion
- Entire tip is visible under fluoroscope



ASAHI Corsair Pro
Microcatheter

Structure & ordering information



Product	Cataling No.	Outer diameter			Inner diameter		Usable length	Recommended IDW
		Tip	Distal shaft	Proximal shaft	Tip	Shaft		
ASAHI Corsair Pro	CSR135-26P	0.42mm (1.3Fr)	0.87mm (2.6Fr)	0.93mm (2.8Fr)	0.38mm (0.015inch)	0.45mm (0.018inch)	135cm	0.36mm (0.014inch)
	CSR150-26P	0.42mm (1.3Fr)	0.87mm (2.6Fr)	0.93mm (2.8Fr)	0.38mm (0.015inch)	0.45mm (0.018inch)	150cm	0.36mm (0.014inch)

ASAHI Gaia
PTCA GUIDE WIRE



Not difficult but different

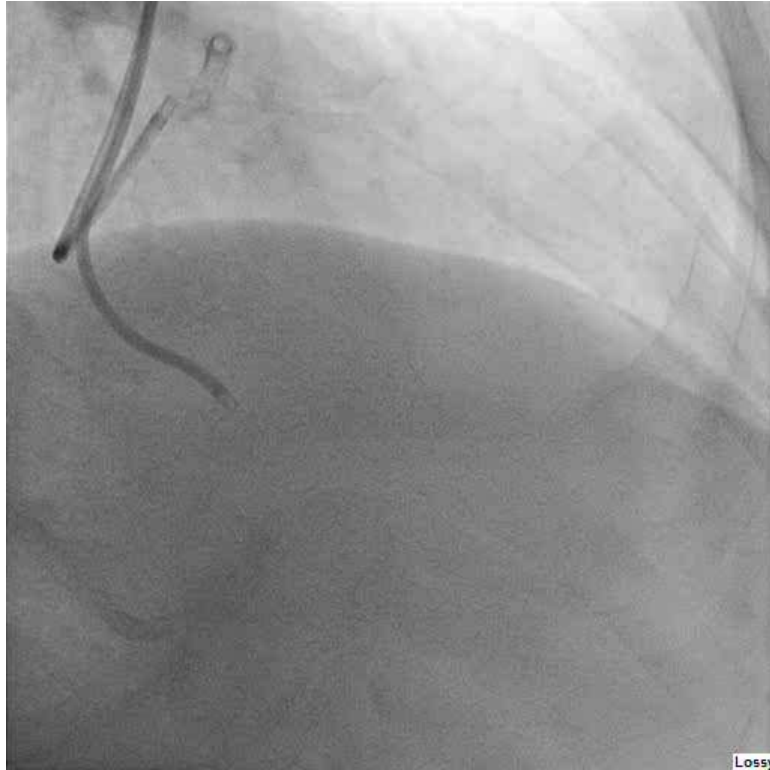
REGISTRATION
ASAHI SASUKE

STANDARD PROFILE
1.3Fr

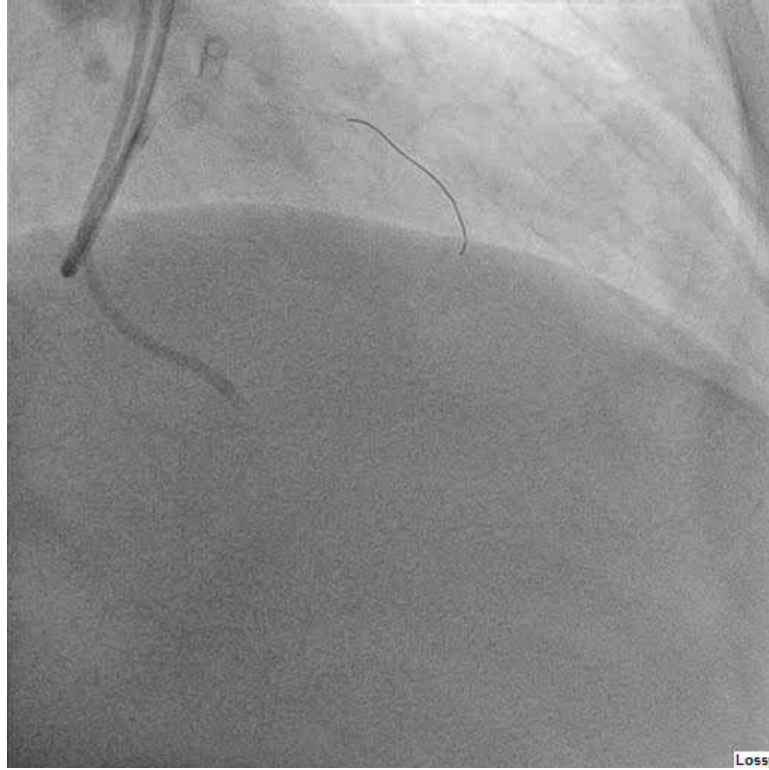
SHAFT ID
Distal 2.5 / 3.3Fr
Proximal 3.2Fr

OUTER DIAMETER
0.014"



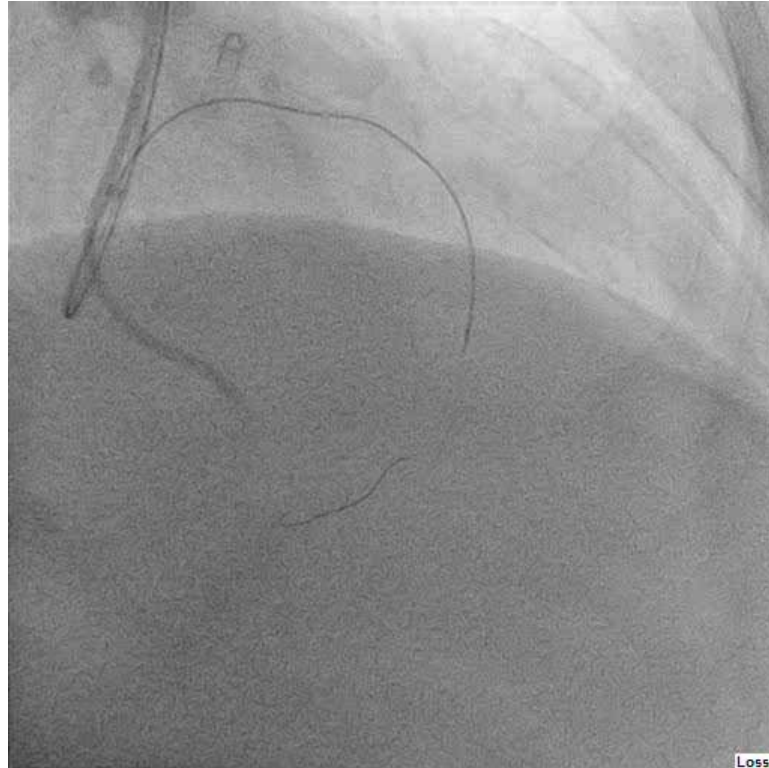


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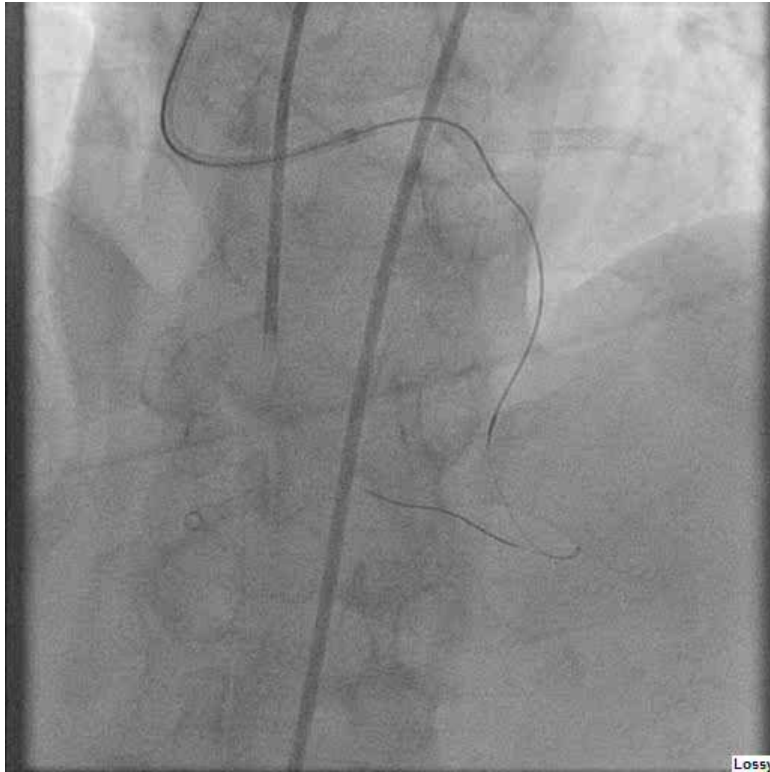


Septal surfing with sion wire

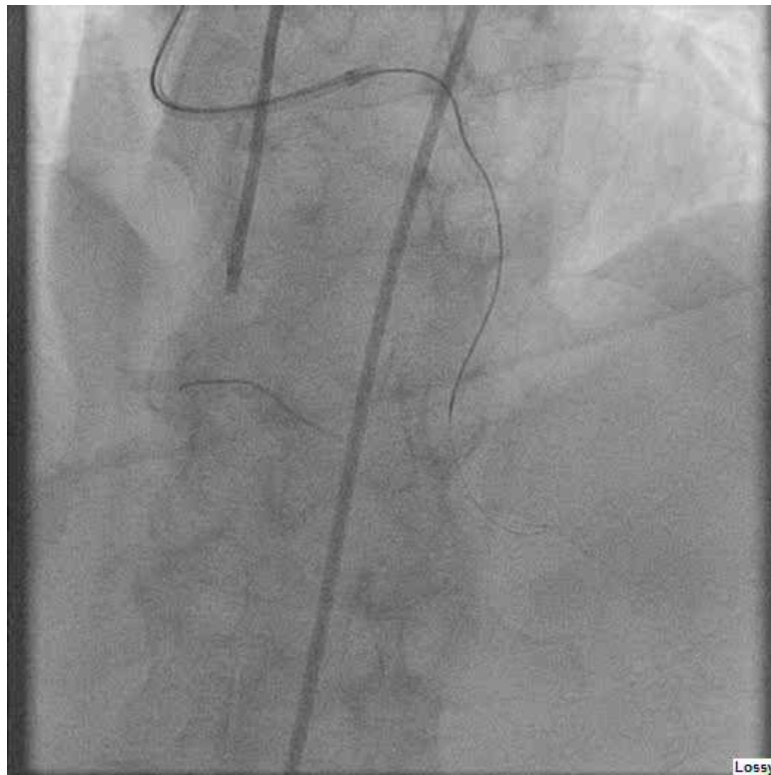
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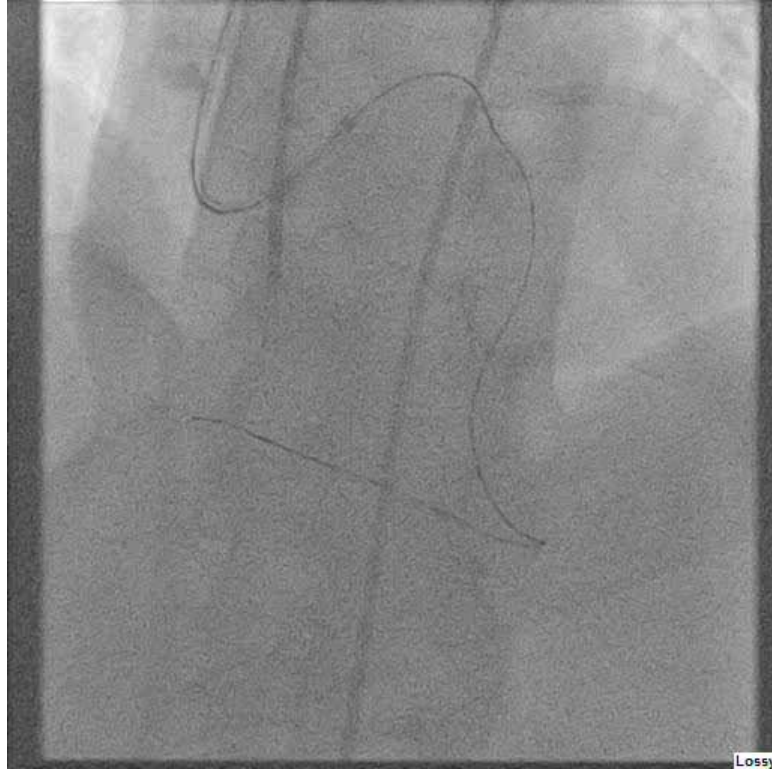
De-escalation to *SUOH*
03 wire



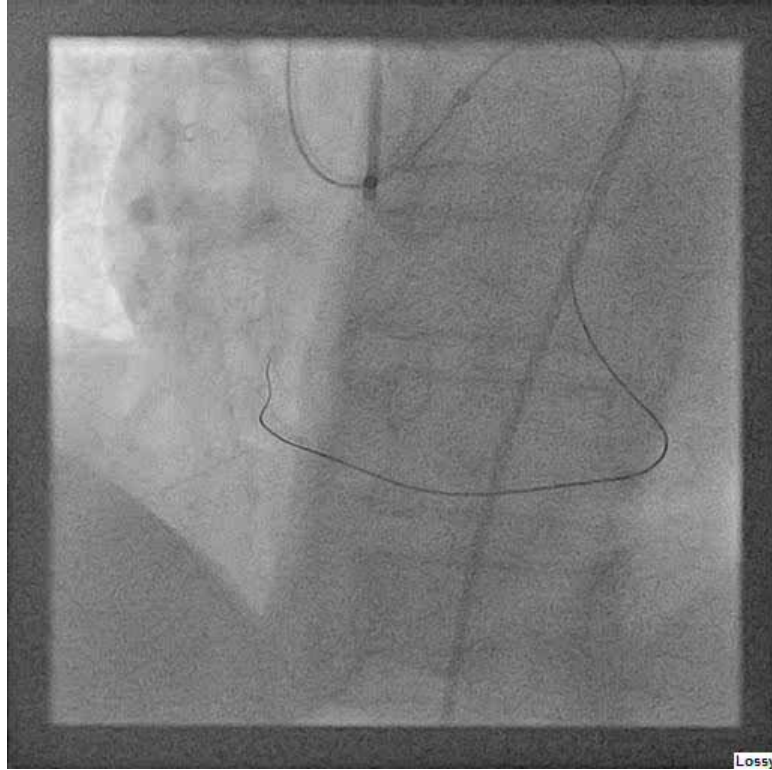
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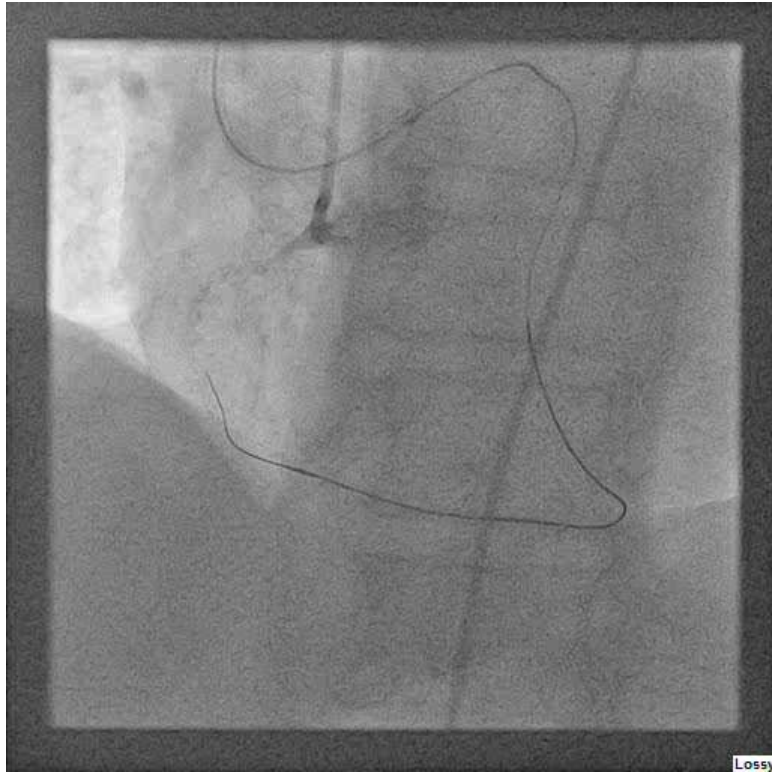


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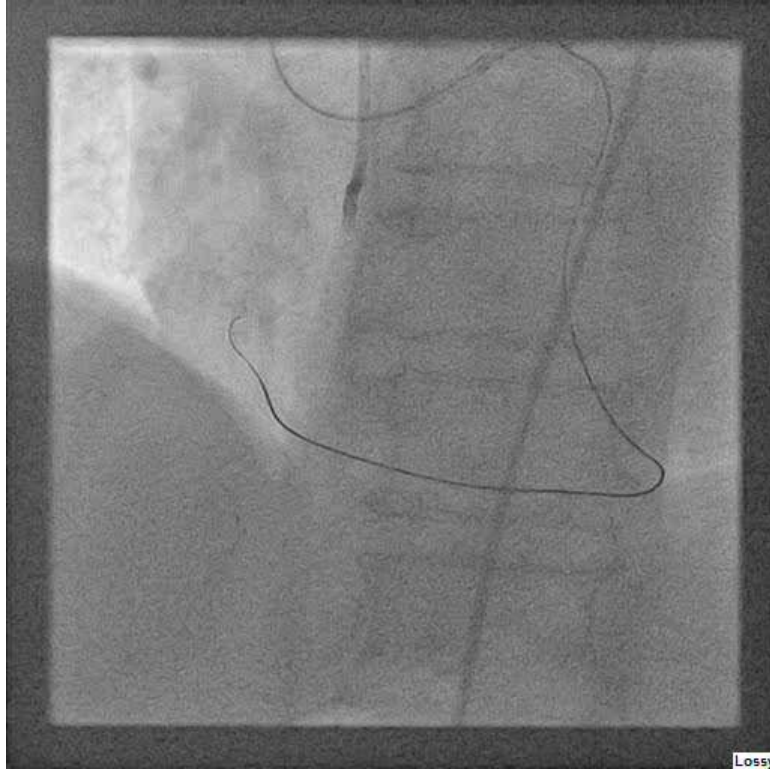


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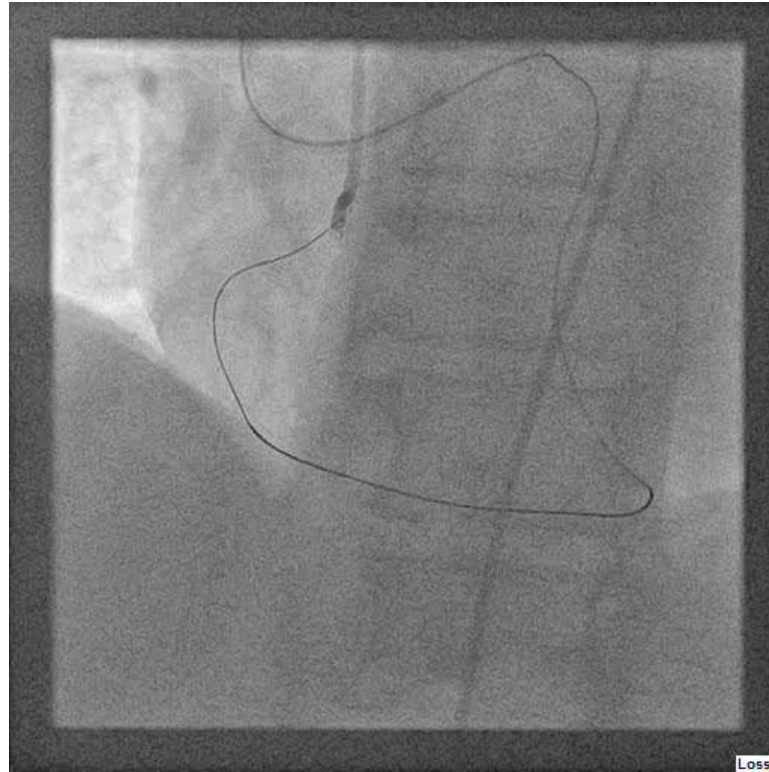
Escalation to *GAIA-2 wire*



Lossy

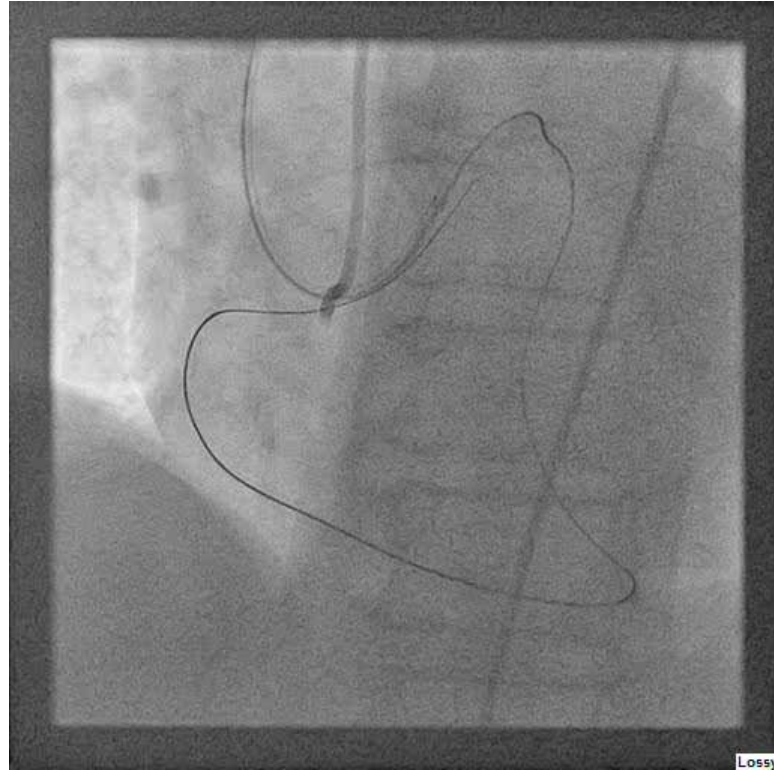


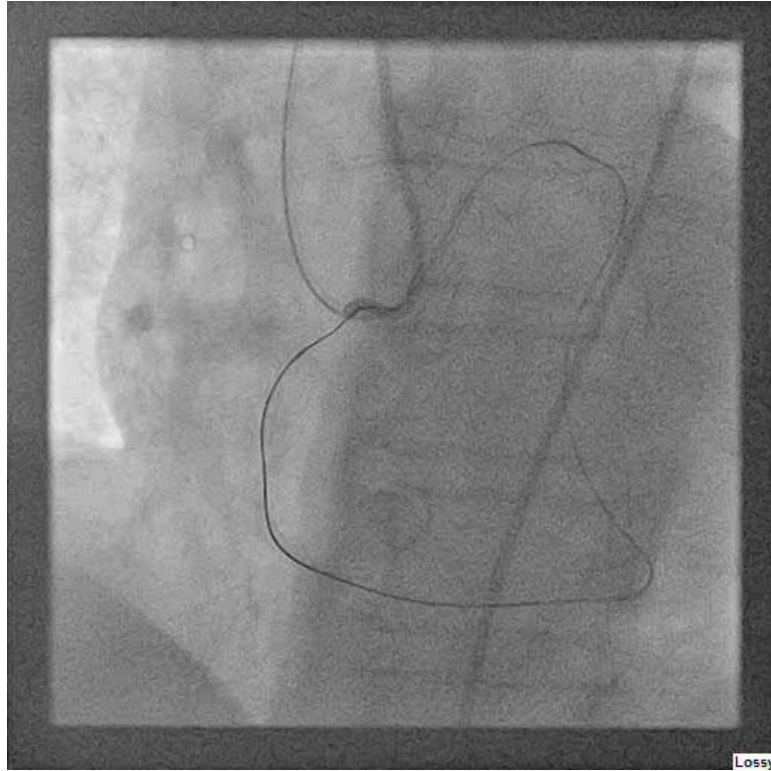
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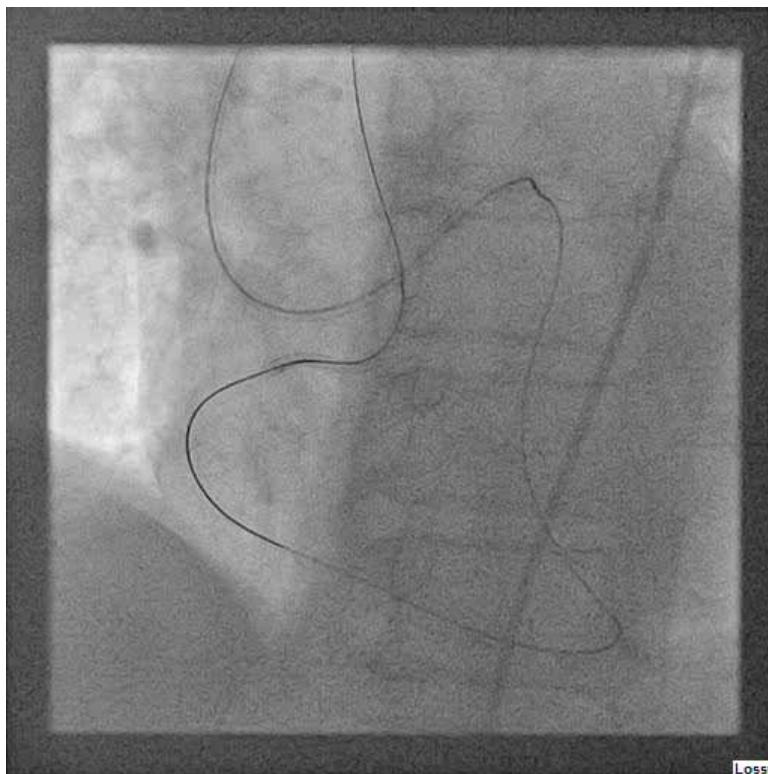
GAIA 2 successful wiring
to ostial RCA

Lossy

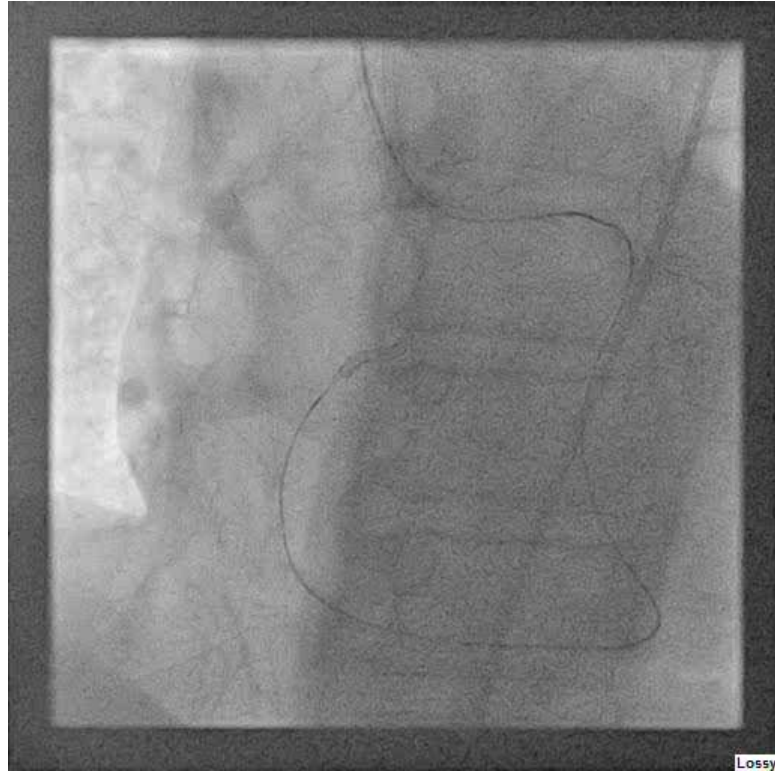




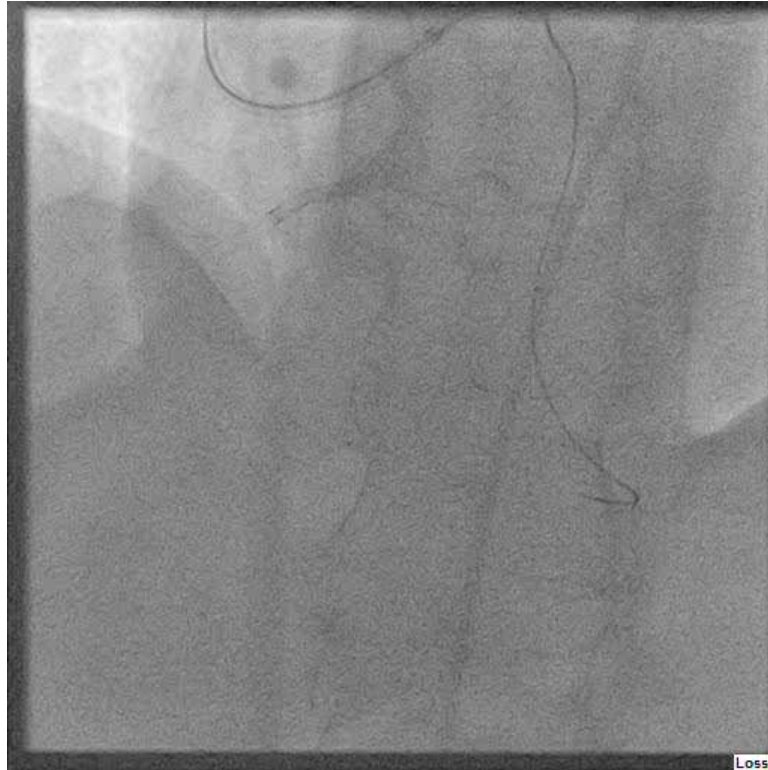
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GAIA 2 wire entering the
antegrade catheter →
trapping → mc
advancement → wire
externalization

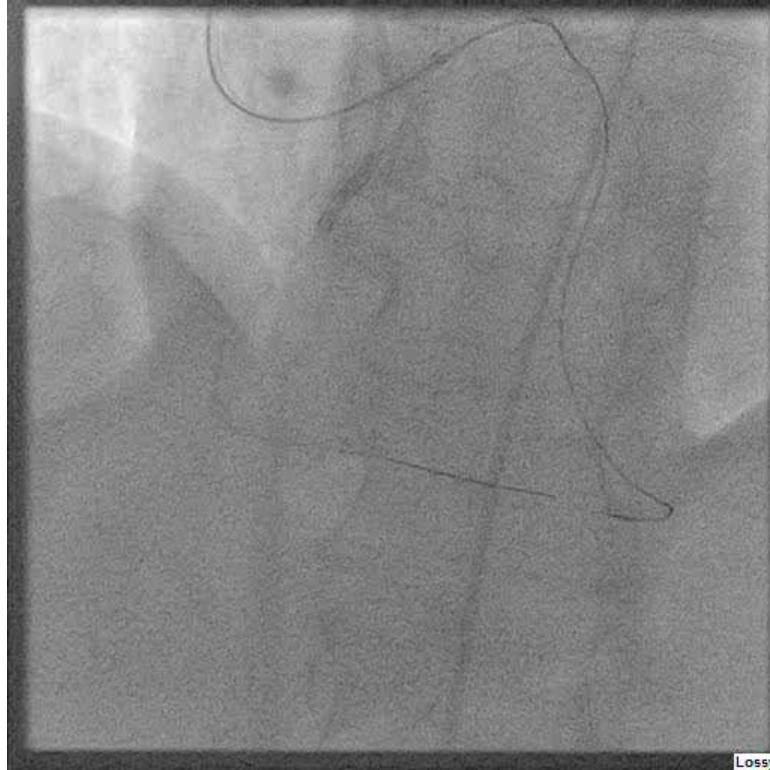


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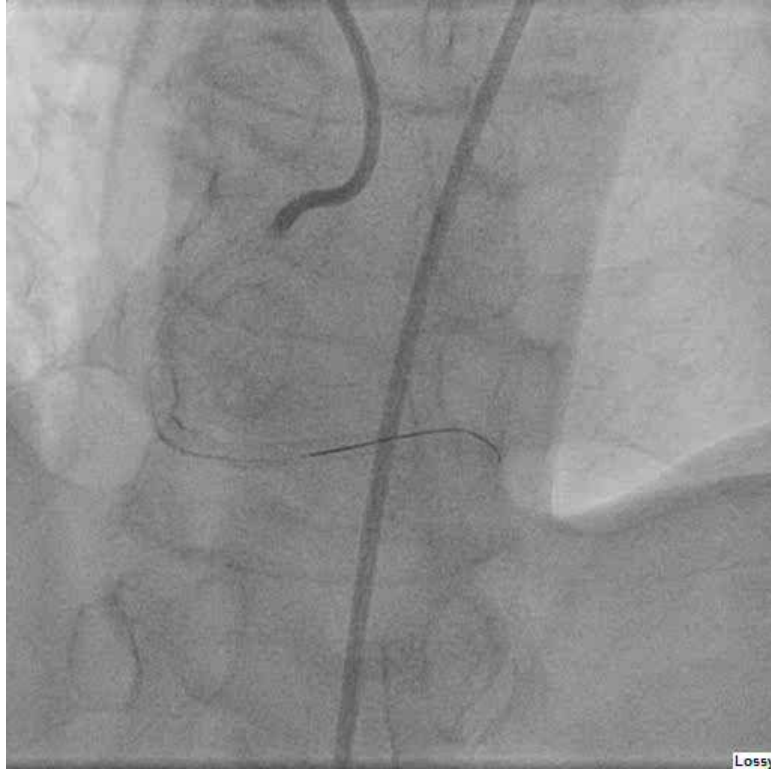
Antegrade SASUKI MC
advancement for PLB
wiring

Lossy



Lossy

Successful PLB wiring



Final Result



Thanks