

Chronic total occlusion of the left anterior descending artery with intermediate complexity

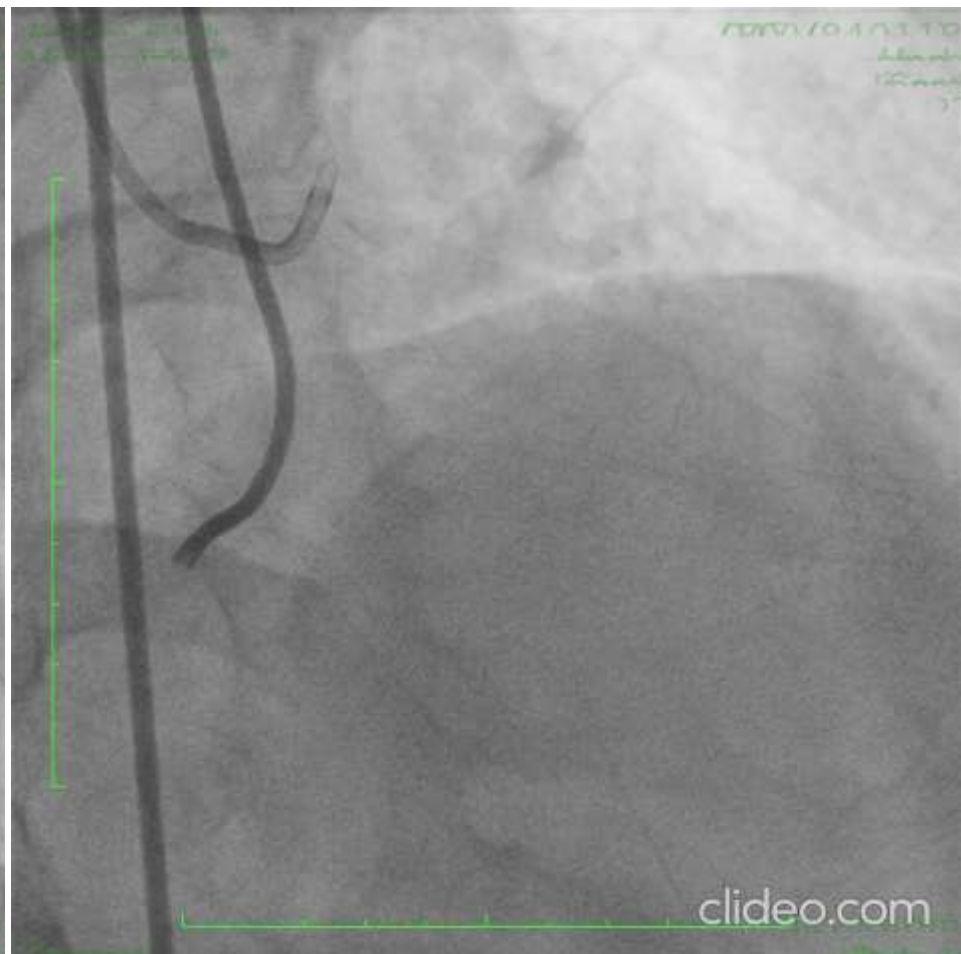
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Patient

63-year-old man, history of hypertension.

Chronic angina in functional class II SCC.

Dobutamine stress echocardiogram with ischemia and anteroseptal viability.



Coronary angiography:

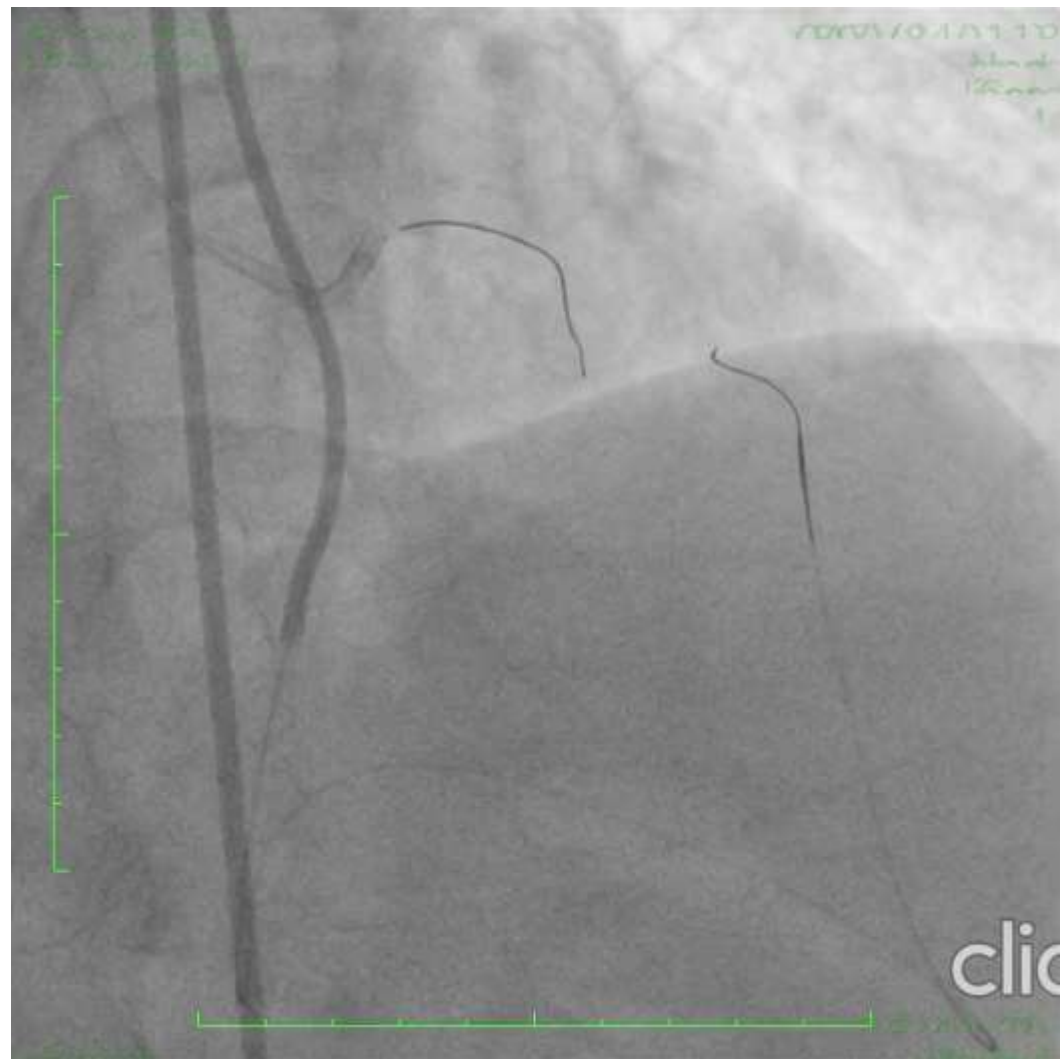
Diffuse atheromatosis from the middle to the distal segment of the left anterior descending artery, with chronic total occlusion in the middle segment (J-CTO 2 points, ambiguity, length 42mm). Conical distal cap, CC1-type septal collaterals not visible. Epicardial collateral from CC3 type PD. Multiple branches in proximal and distal bifurcations.

Procedure details

Proximal and femoral radial access, 7Fr systems, and strategies to follow: RWE, AWE, RDR.

Step 1.- Start with the retrograde system starting from the right coronary artery and the posterior descending artery, achieving advancement and septal surfing with a Fielder FC guide and Teleport microcatheter (third in Mexico) achieving advancement to the anterior descending artery.

Step 2.- Start of RWE with guides: Fielder FC, Fielder XT, and Miracle 6, with adequate progress.



Procedure details

Step 3.- Conversion to antegrade system with Tip-In technique, antegrade continuation with Mamba microcatheter and Sion Blue guidewire



Procedure details

Step 4.- Conventional PCI with Sapphire II balloons and Combo Plus stent implantation with adequate final result.



Procedure details

CM used 120 ml, trad 23 minutes, kerma 3.7 Gy.

