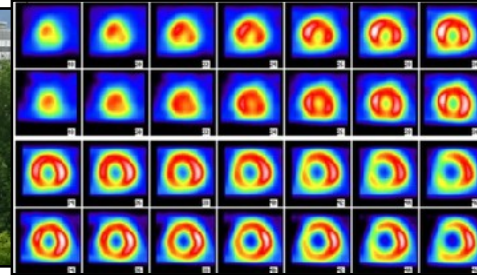
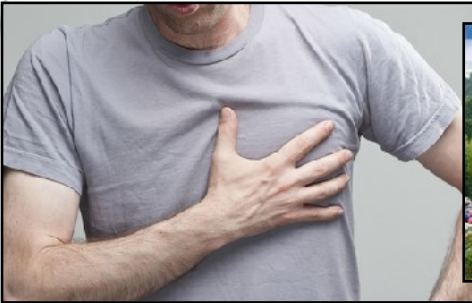


# Left main chronic total occlusion *#as „easy” as can be*

却 Arek Pietrasik MD, PhD Department of Cardiology, Medical University of Warsaw  
却 Gabriele Gasparini MD, PhD Humanitas Research Hospital

# Patient characteristics

Male 66 years old



## Chief complaints

Chronic coronary  
syndrome  
CCS 2

## Past medical history

Past medical history  
NSTEMI 2010 - CABG  
- LIMA-LAD, RIMA-RCA  
PCI RCA (2021)  
UA 03/2023  
- PCI RCA  
Hypertension

## Diagnostic work up

ECHO:  
EF 50%  
Hypokinesis of lateral  
wall

## Pharmacotherapy

ASA 1x 75 mg  
Clopidogrel 1x 75 mg  
Nebivolol 1x 5 mg  
Ramipril 1x 5 mg  
Rosuvastatin 1x 20 mg  
Nitrates on demand

# Acute Coronary Artery 03/2023

Angiographic characteristics

Unstable angina

Femoral approach

Significant lesions in RCA

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# Coronary Artery 03/2023

Angiographic characteristics

LCA Angio

LM:

Patent LIMA-LAD

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# nal mammary arteries grafts 03/2023

RIMA-MG, LIMA-LAD

RIMA-RCA:

Subselective injection

Patent

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# t Coronary Artery PCI 03/2023

Succesfull PCI

PCI RCA OCT-guided

TRA-R

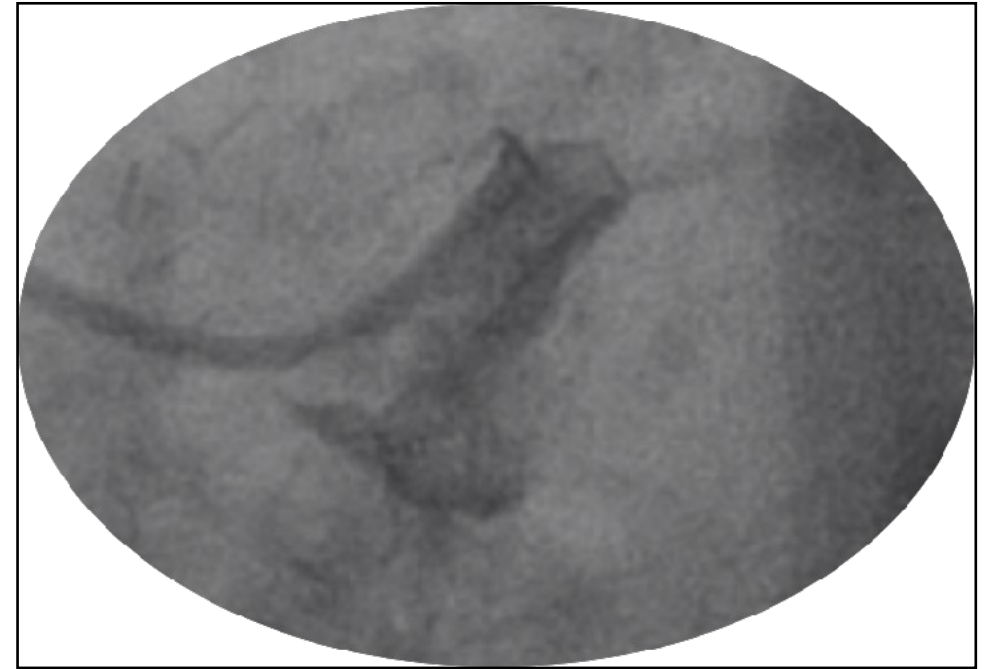
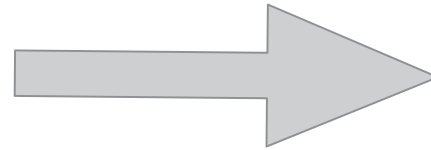
2 EES

Tight Lesion in collateral

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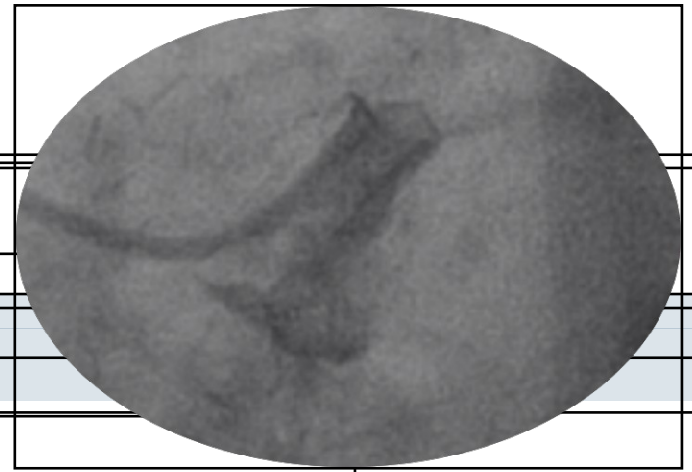
# main CTO

Angiographic characteristics



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## score calculations



1

### Entry shape

刳 Tapered (0)

刳 Blunt (1)

1

### Calcification

刳 Absence (0)

刳 Presence (1)

1

### Bending $>45^\circ$

刳 Absence (0)

刳 Presence (1)

0

### Occlusion length

刳  $< 20$  mm (0)

刳  $> 20$  mm (1)

0

### Re-try lesion

刳 No (0)

刳 Yes (1)

J - CTO

Category of difficulty: Difficult

Probability of crossing in less than 30 min: 22.2%

Total J-CTO score: 3 points



# PROGRESS-CTO

Prospective Global Registry for the Study of  
Chronic Total Occlusion Intervention

PROGRESS-CTO MACE  
risk

4.2 %

PROGRESS-CTO Mortality  
risk

0.9 %

PROGRESS-CTO  
Perforation risk

\*perforation requiring treatment

9.0 %

PROGRESS-CTO  
Pericardiocentesis risk

only in patients without prior CABG

PROGRESS-CTO Acute MI  
risk

1.2 %

# main CTO PCI

Planned strategy TBD

Planned strategy:

Dual injection

Crossable collaterals

AW

Calcium modifications

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# main CTO PCI

Dual injection



Planned strategy:

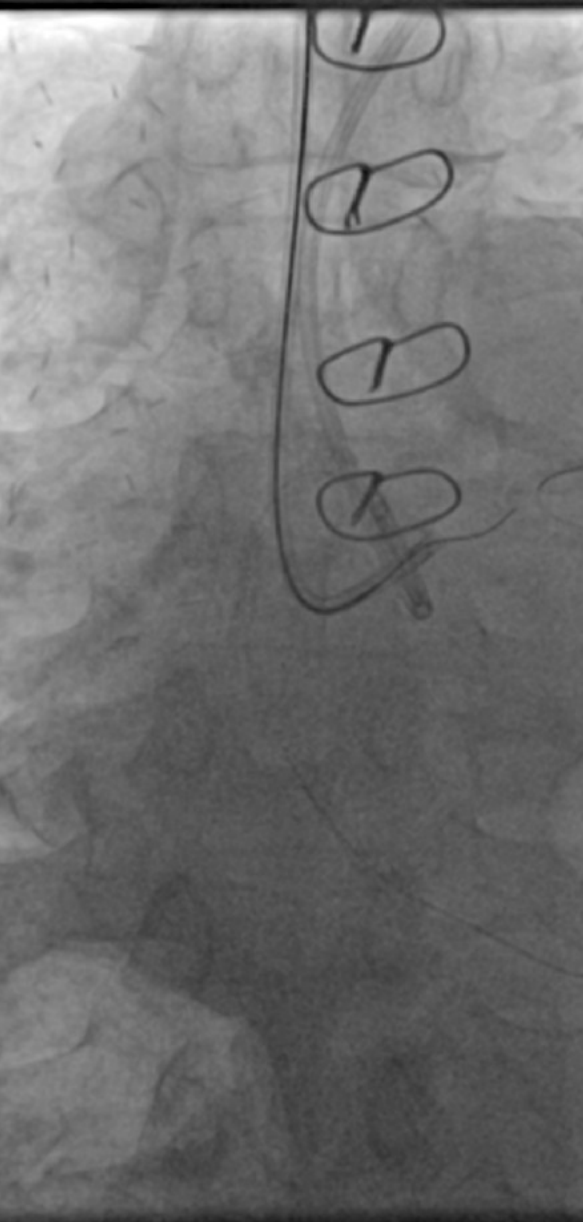
Dual injection

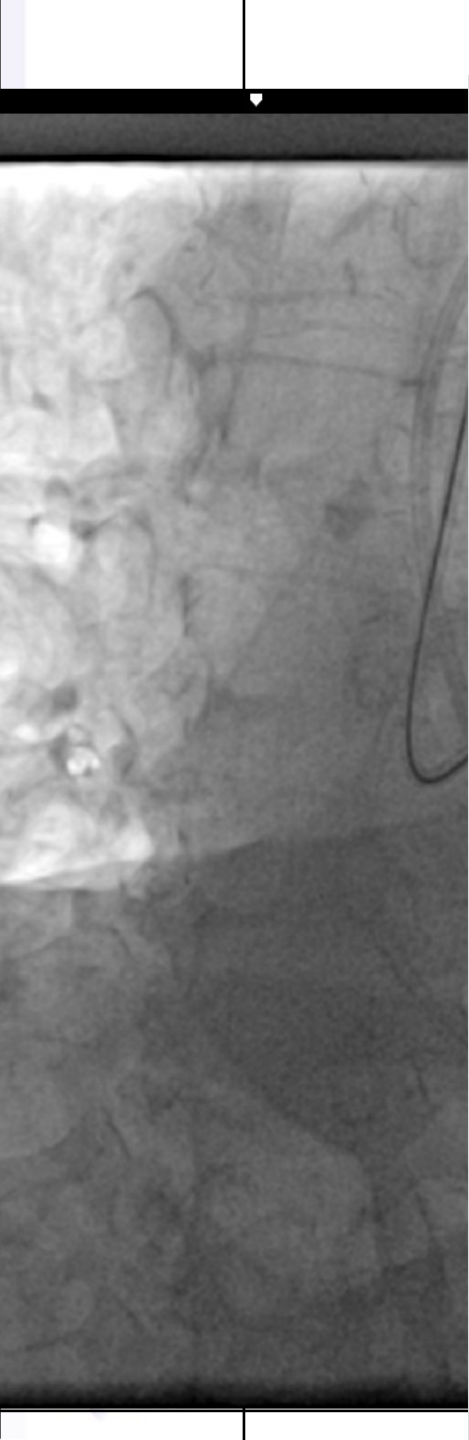
Crossable collaterals

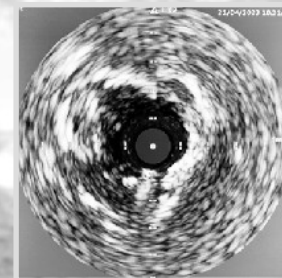
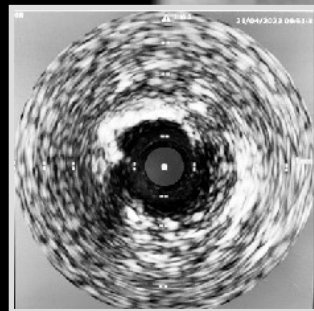
AW

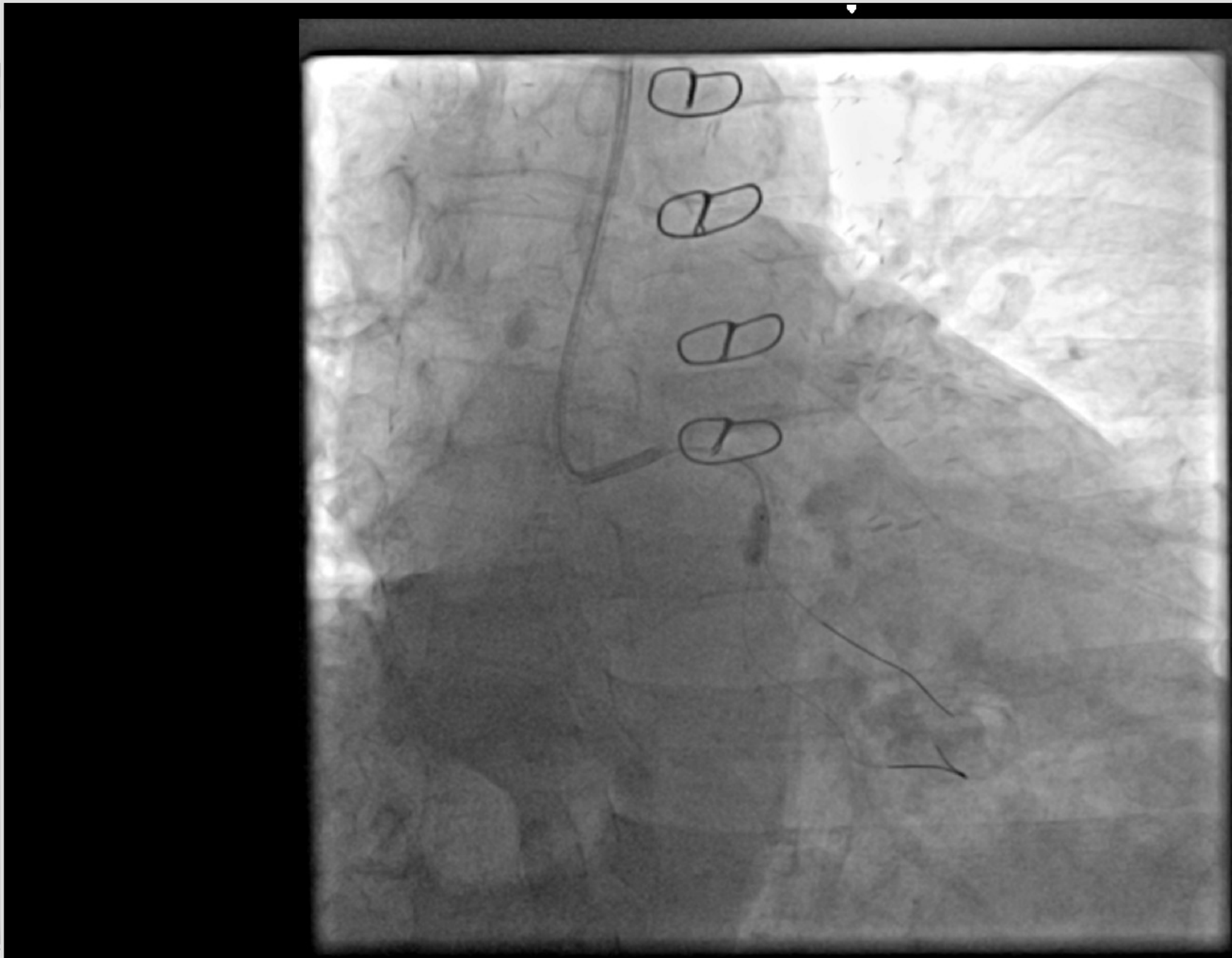
Calcium modification

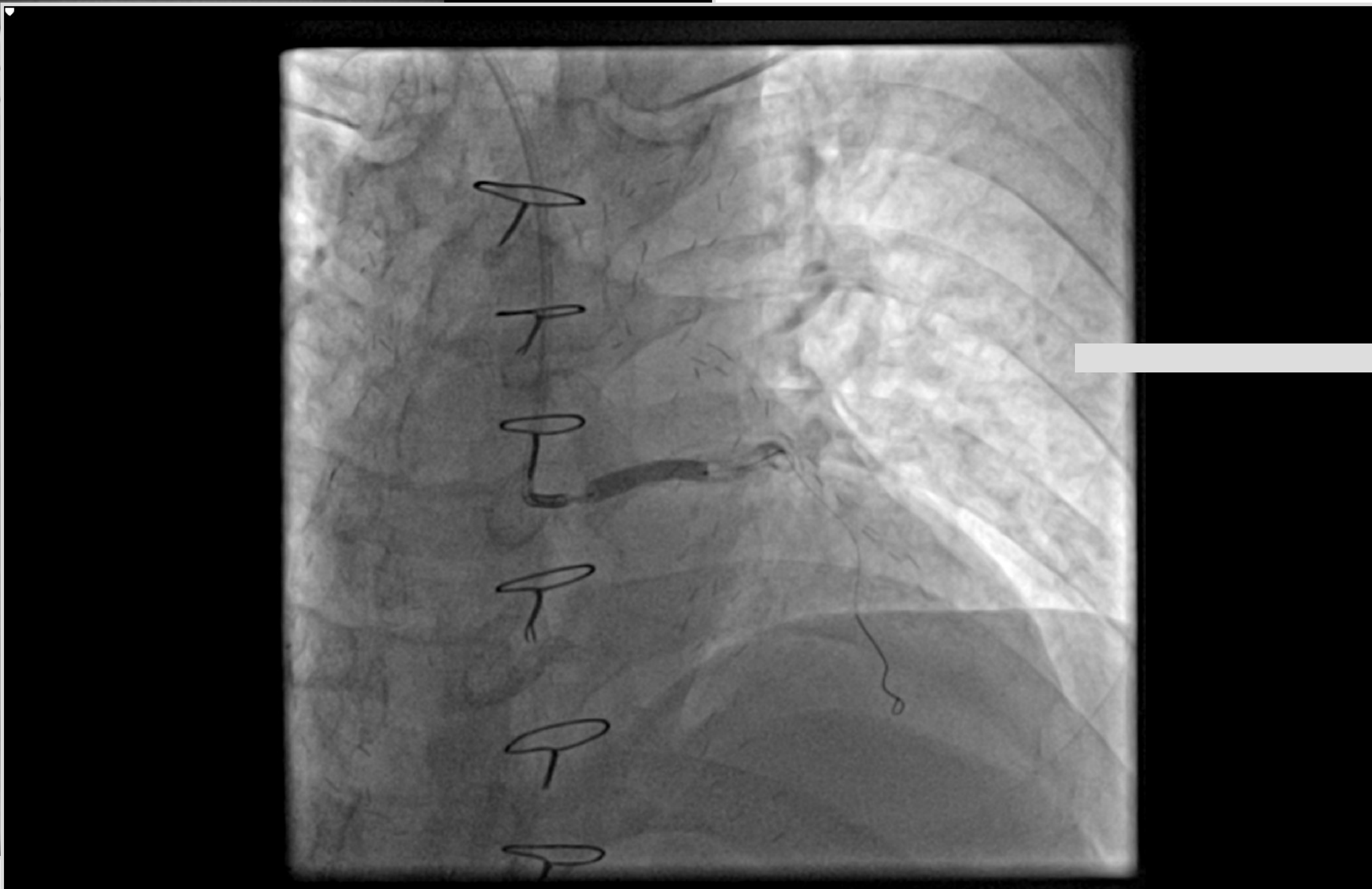
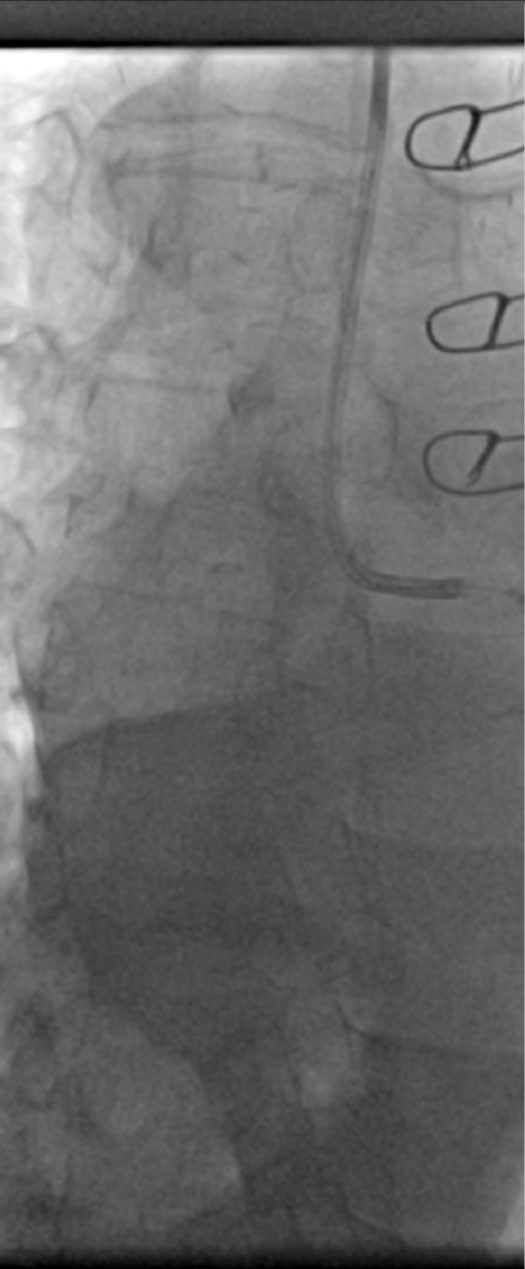
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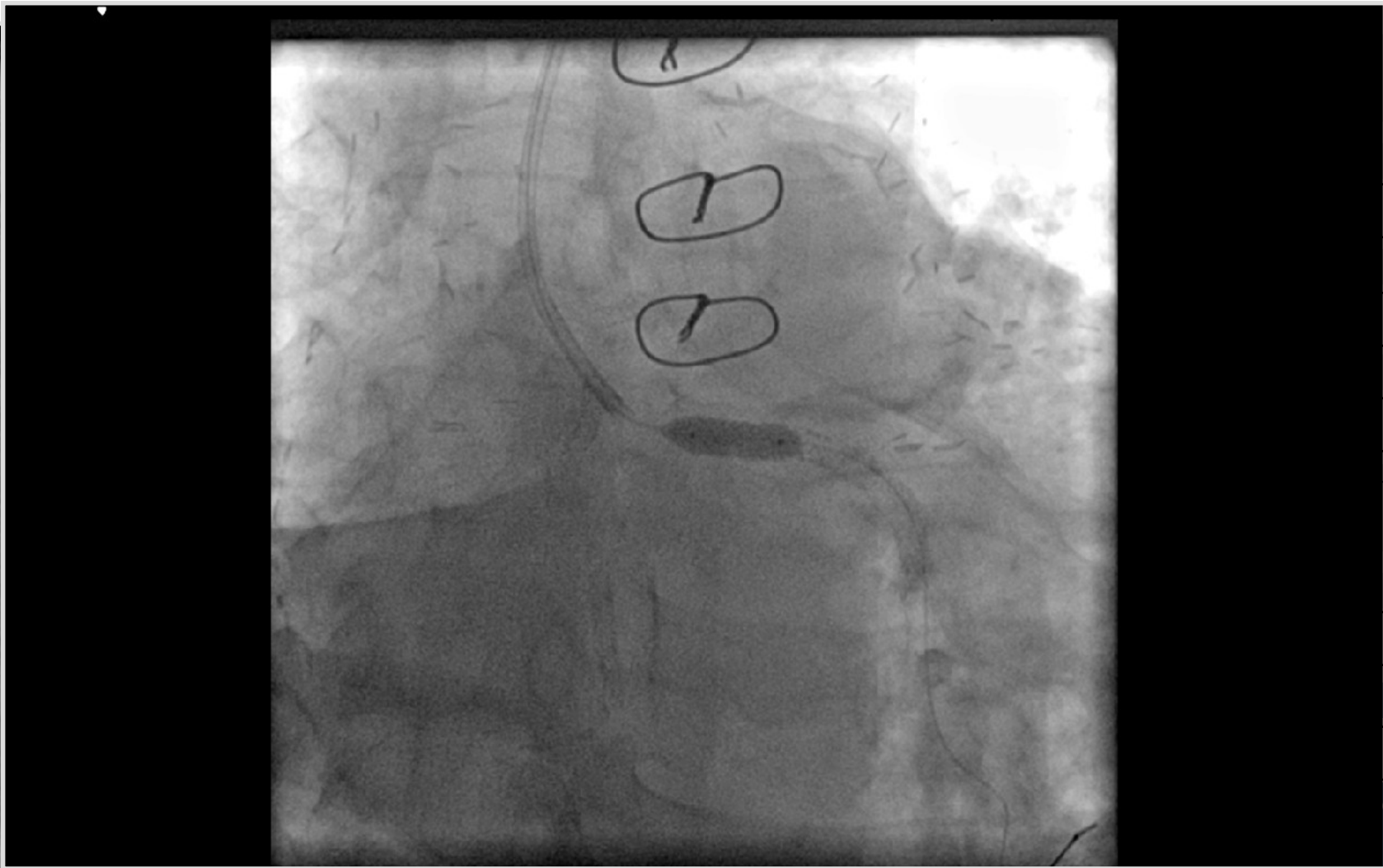






# main CTO PCI

Stents postdilations



stents

m2

erage

ebinar) Case 4

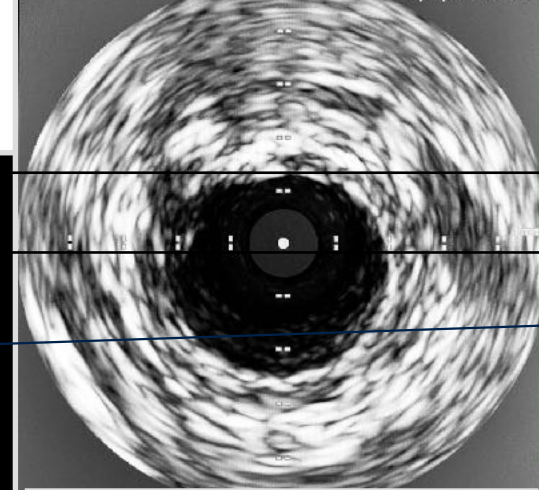
## main CTO PCI

Final effect

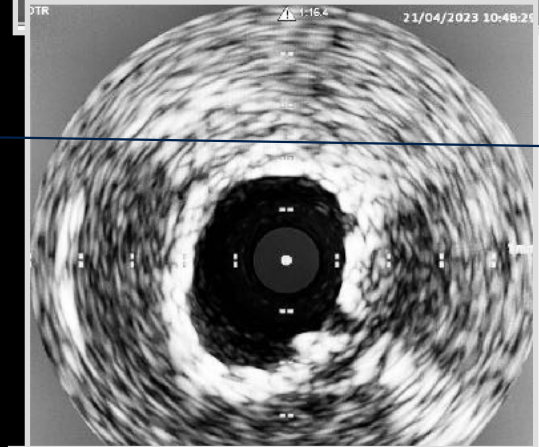


# main CTO PCI

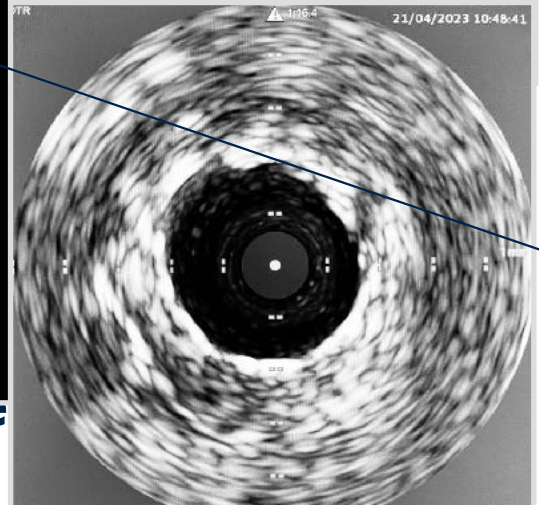
Final effect



Two Synergy stents



MSA 9.2 mm2



LM ostial coverage