

Double CTO revascularisation in one session

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48 year old female referred to us for CTO-PCI, patient had history of chronic coronary syndrome since 2017, when she underwent coronary angiography and showed RCA CTO with failed attempt of revascularization.

On 2019 and early 2022 angiography performed for ACS-UA and LAD, RCA CTO noted and patient referred for CABG but she refused it.

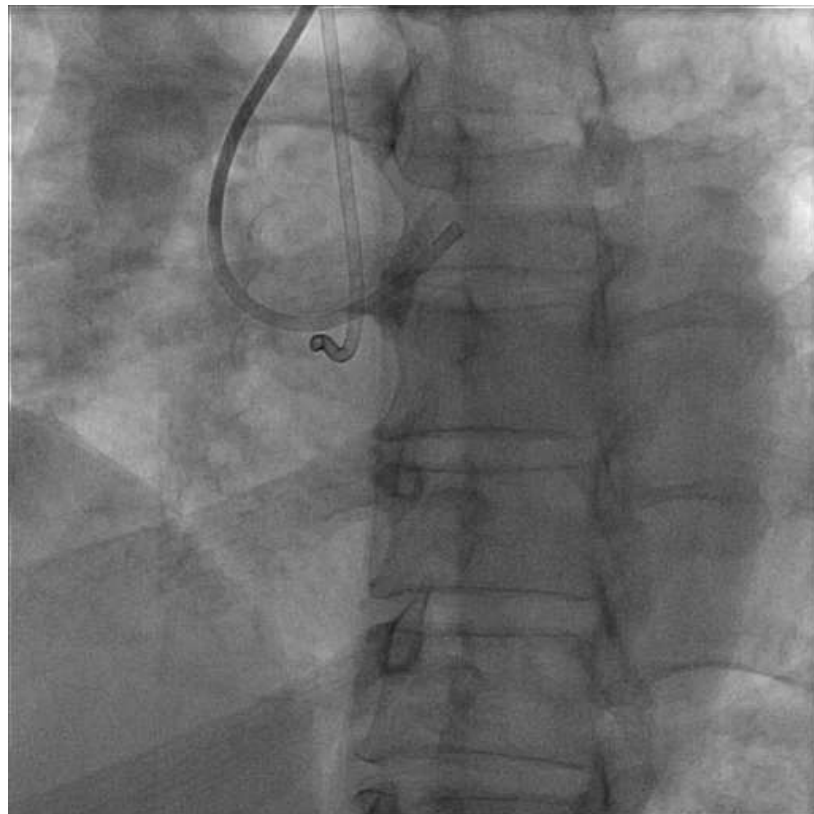
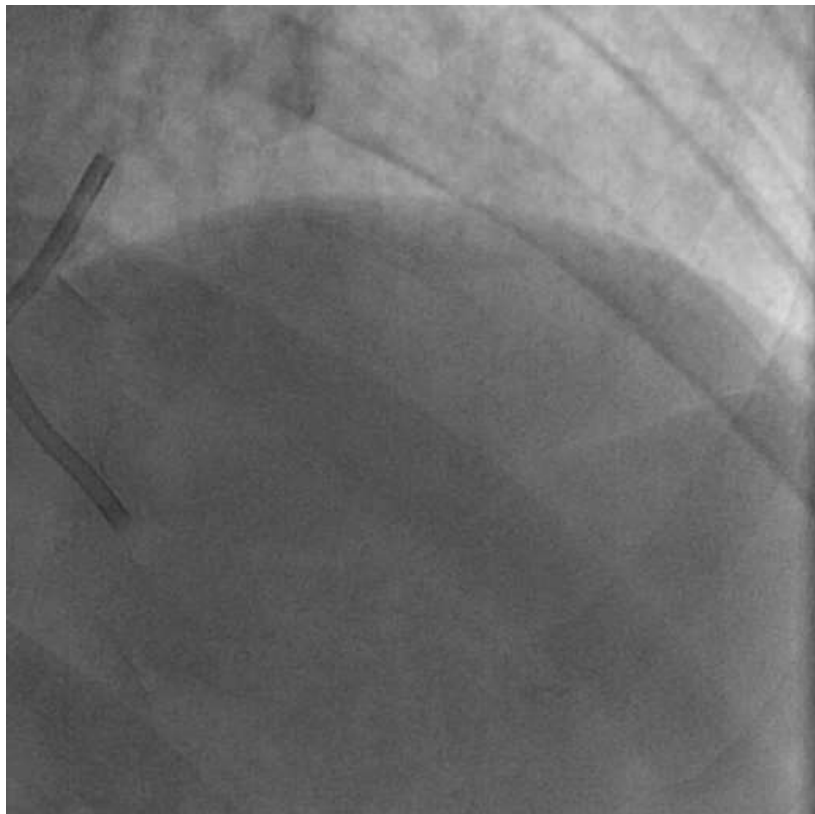
Risk factors; Hypertension, Hyperlipidemia, family.

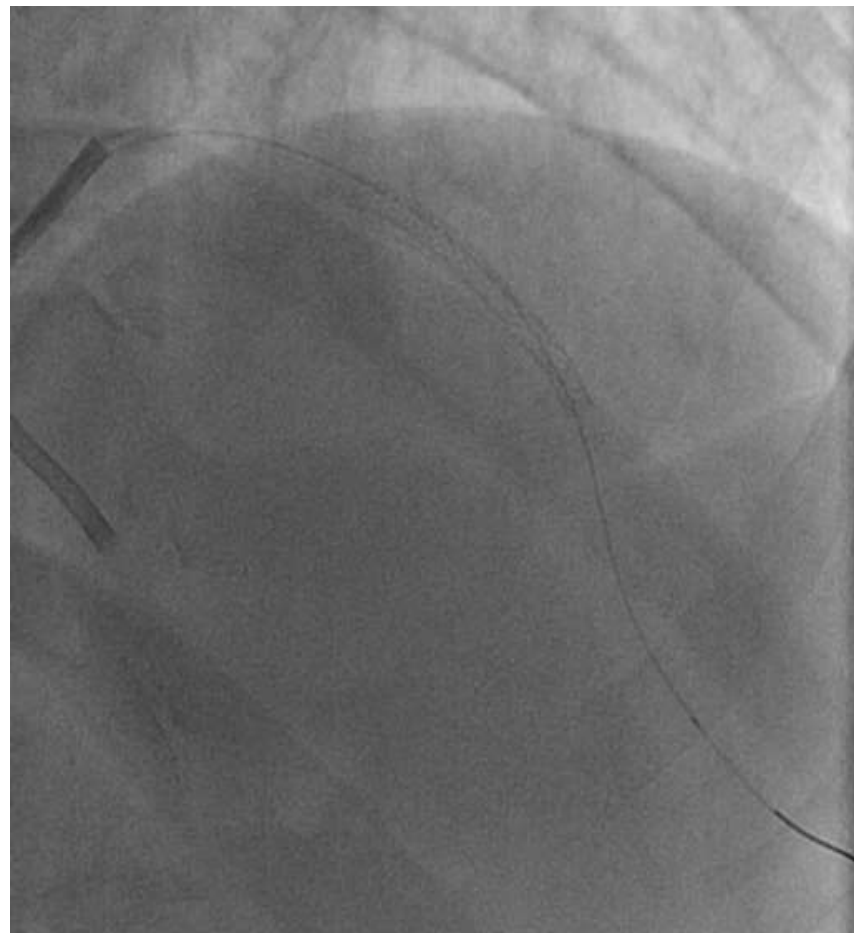
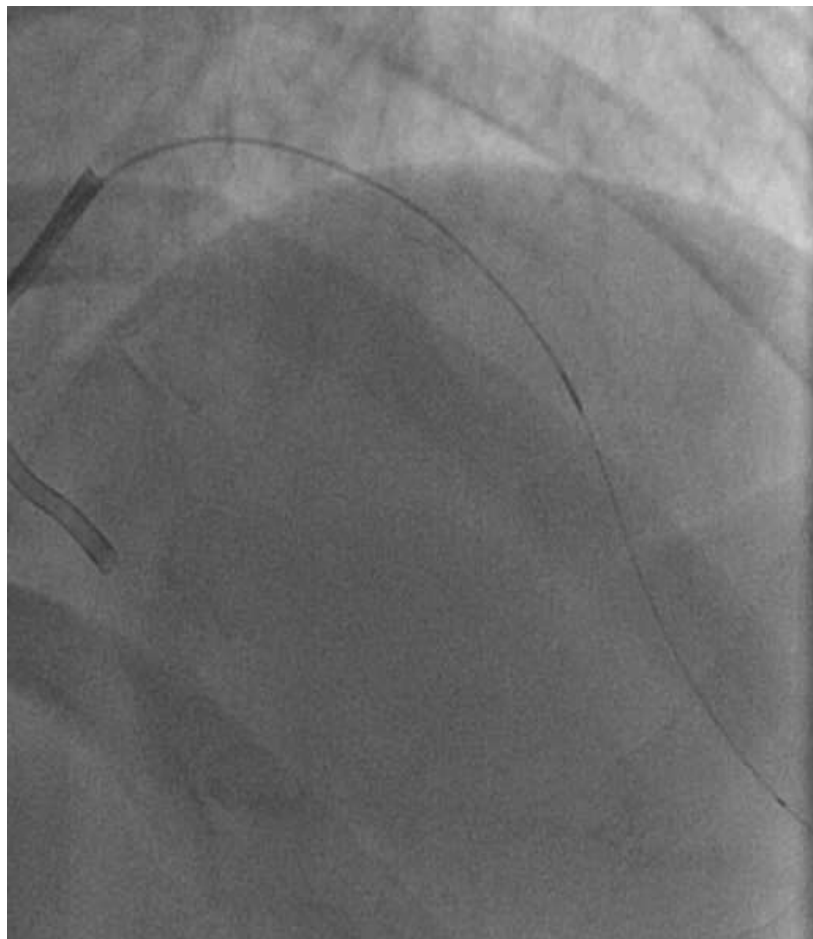
she was receiving nitrates, B blockers, Ranolazine, and ivabradine on presentation.

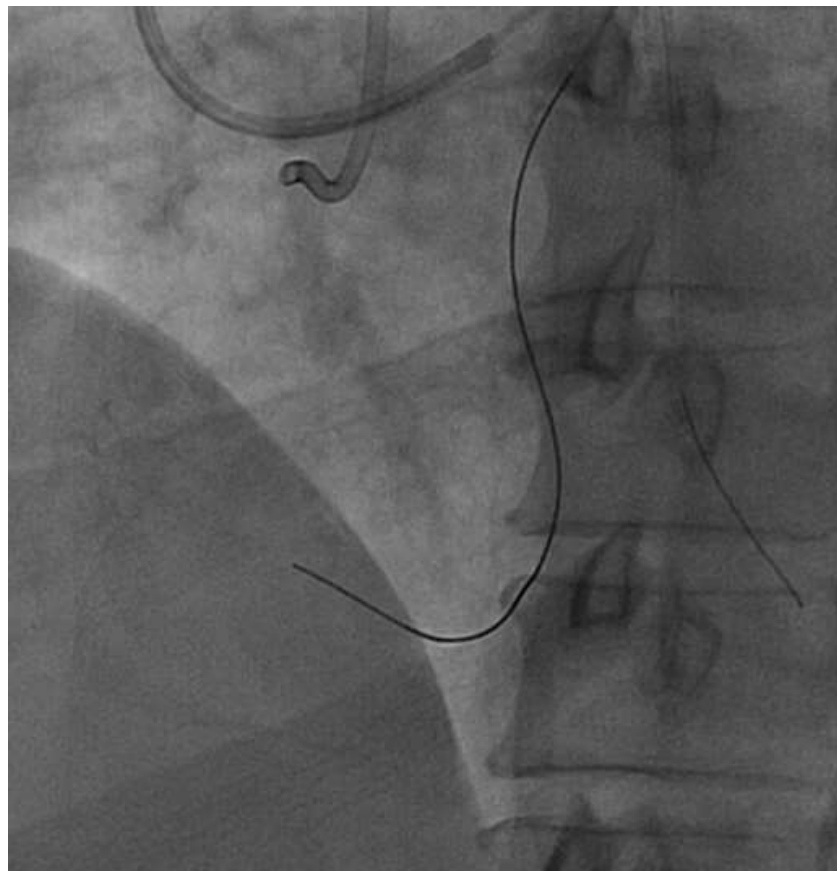
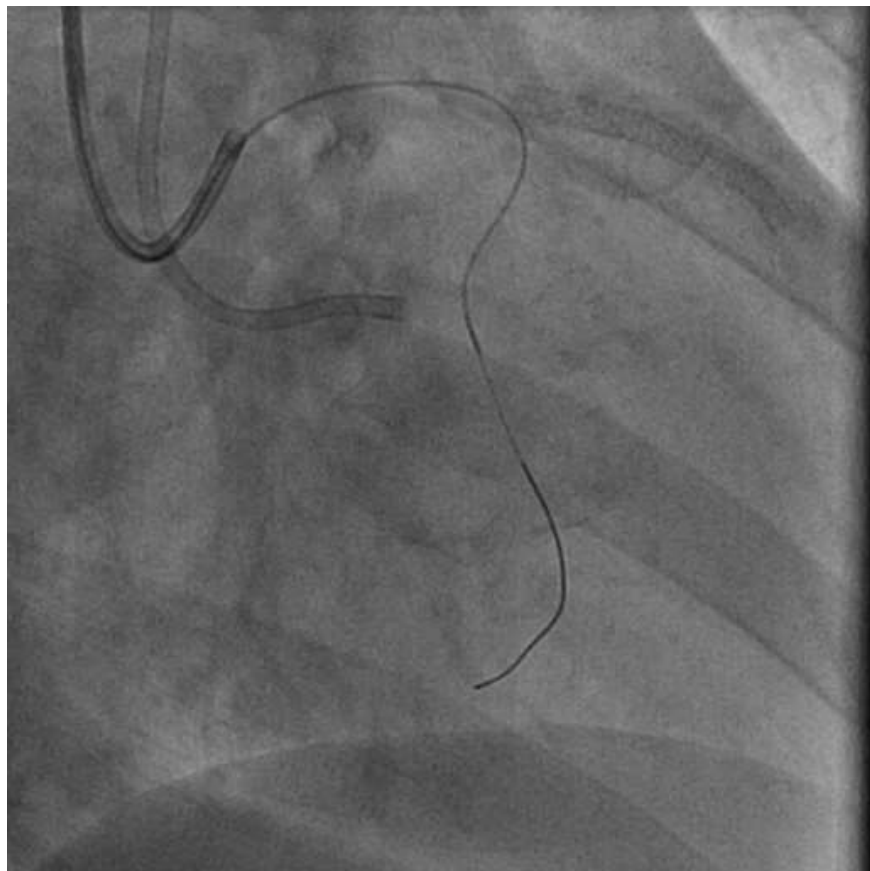
ECG showed non specific ST changes in anterolateral leads, no evidence of q-waves.

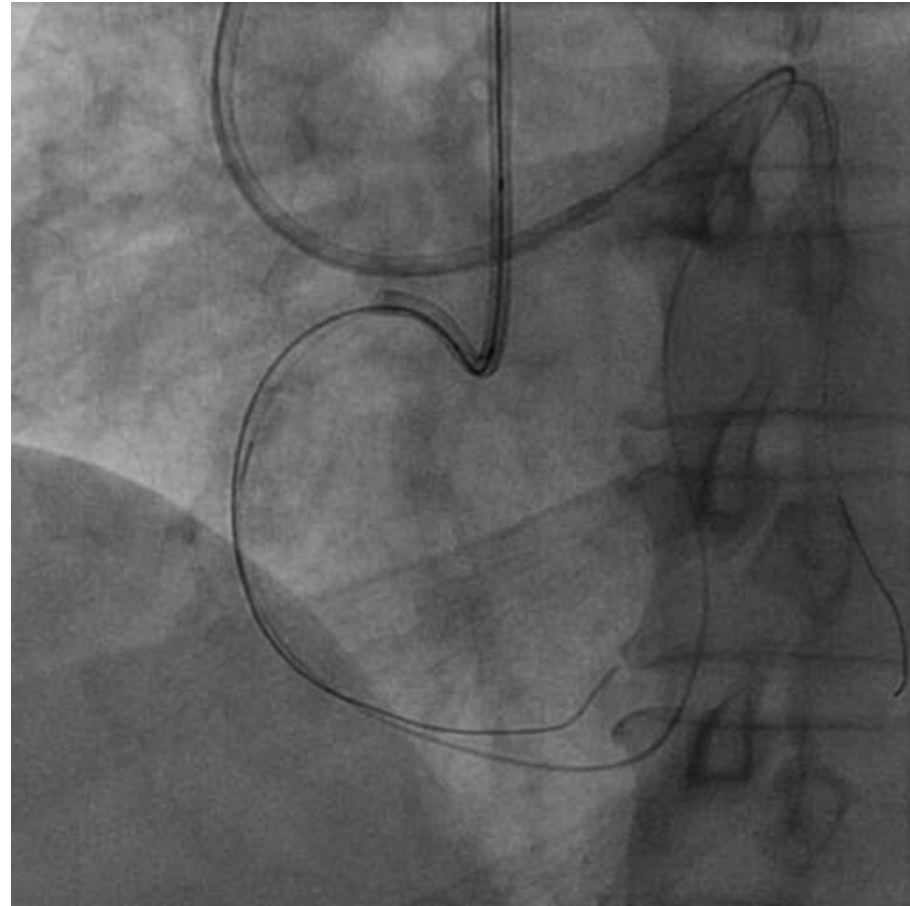
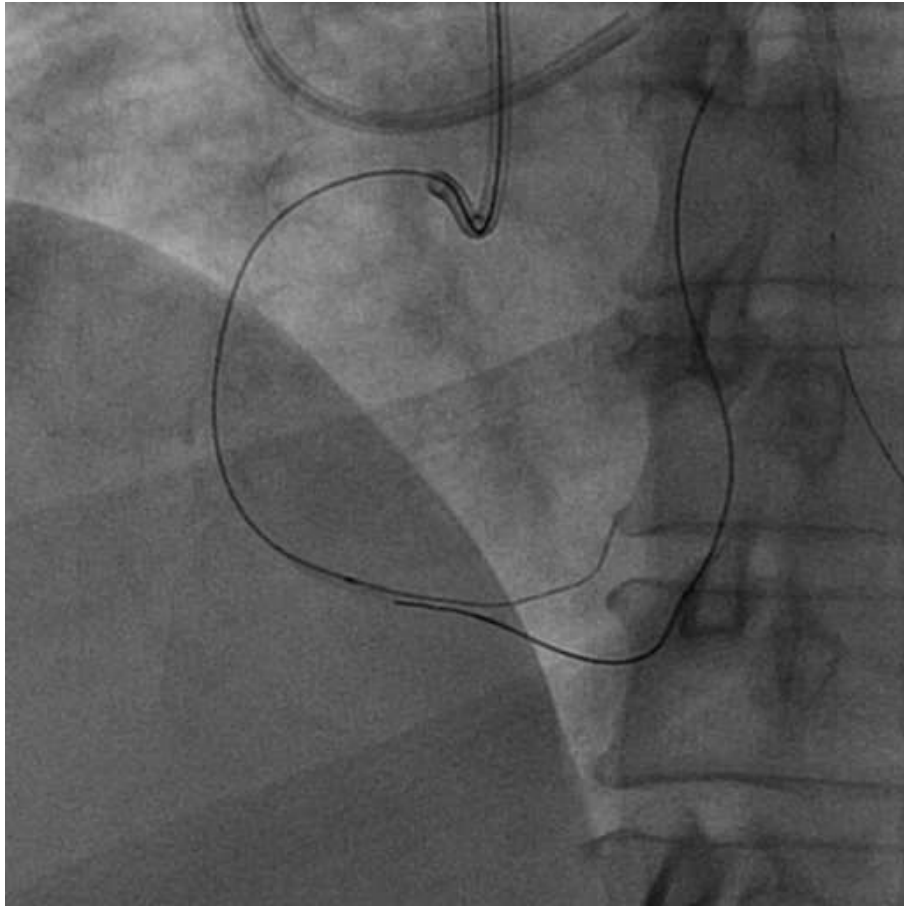
transthoracic echo showed normal LV systolic function with apical anterior wall hypokinesia.

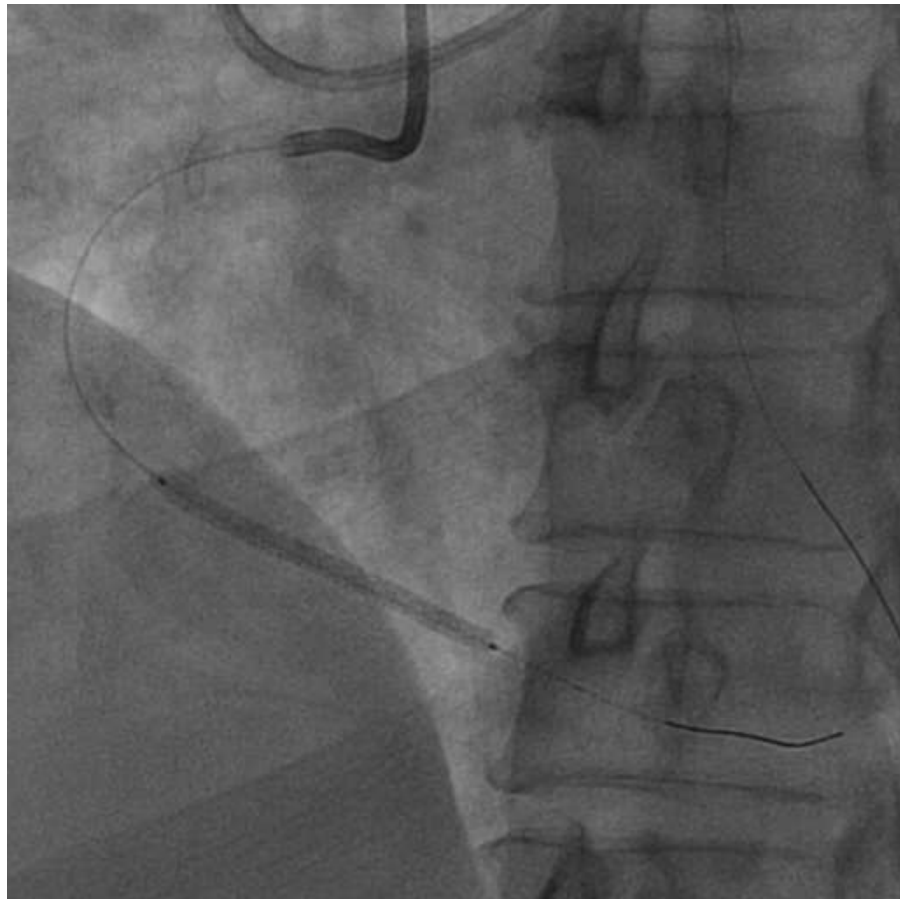
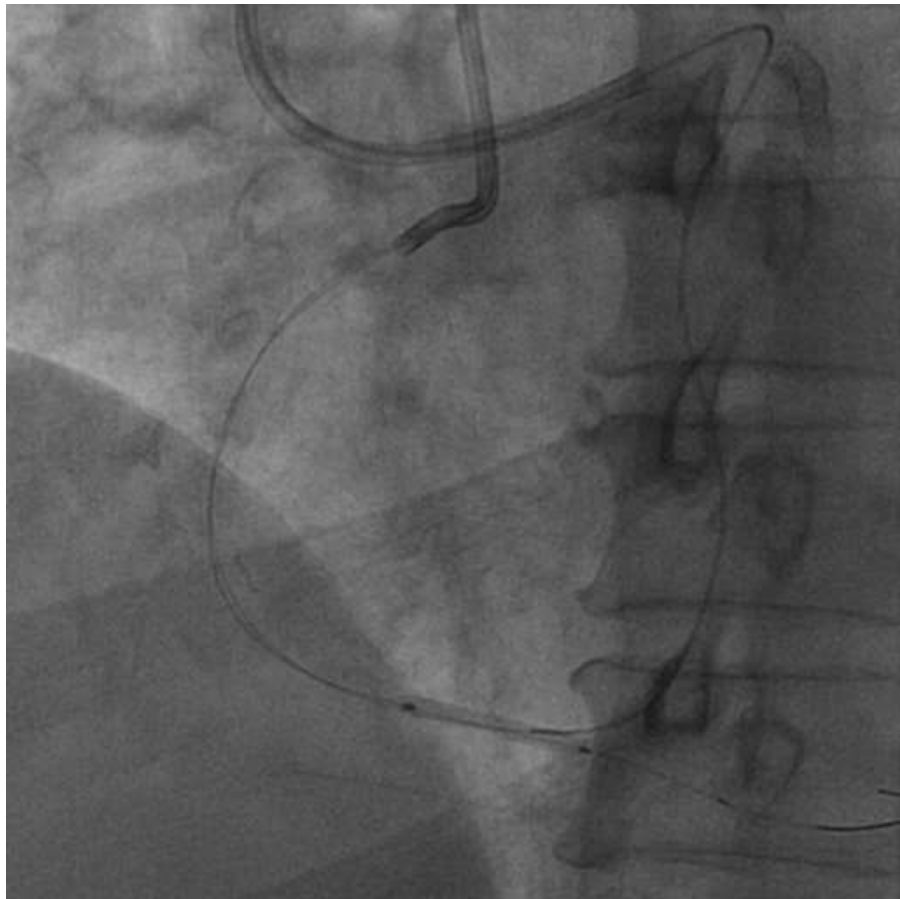
Plan to do complete Revasc in one session; through biradial approach 7fr AL1 guide used for RCA engagement and 7fr CLS 3.5 for LMS engagement.

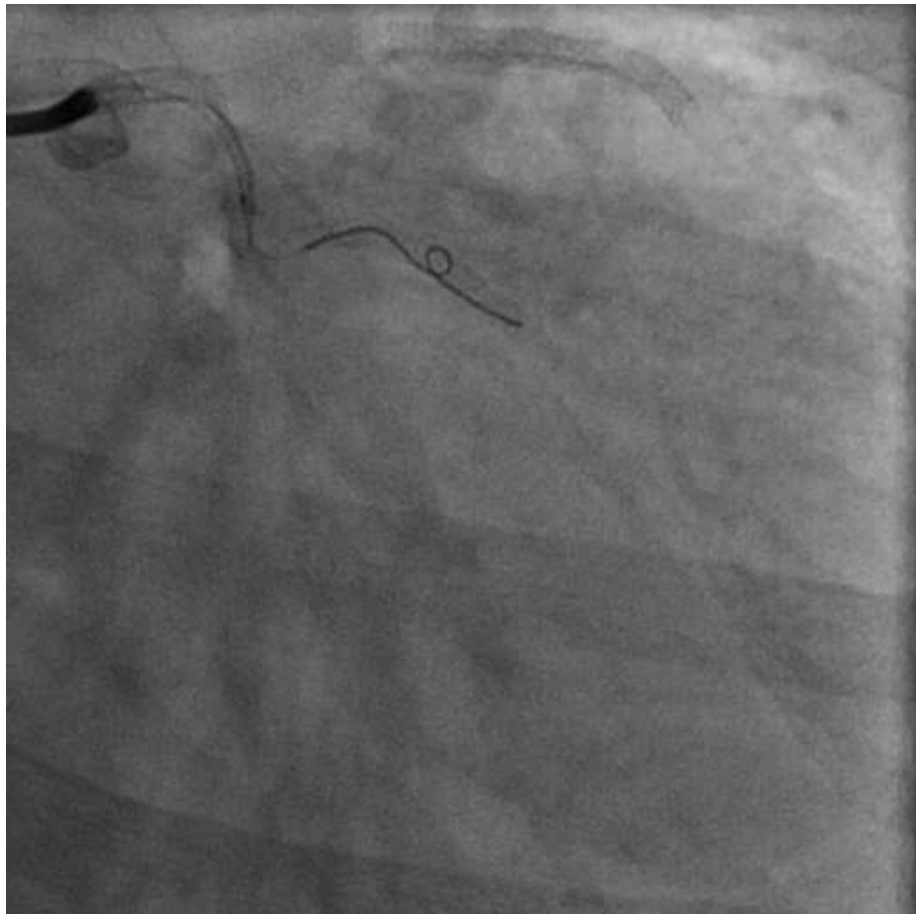
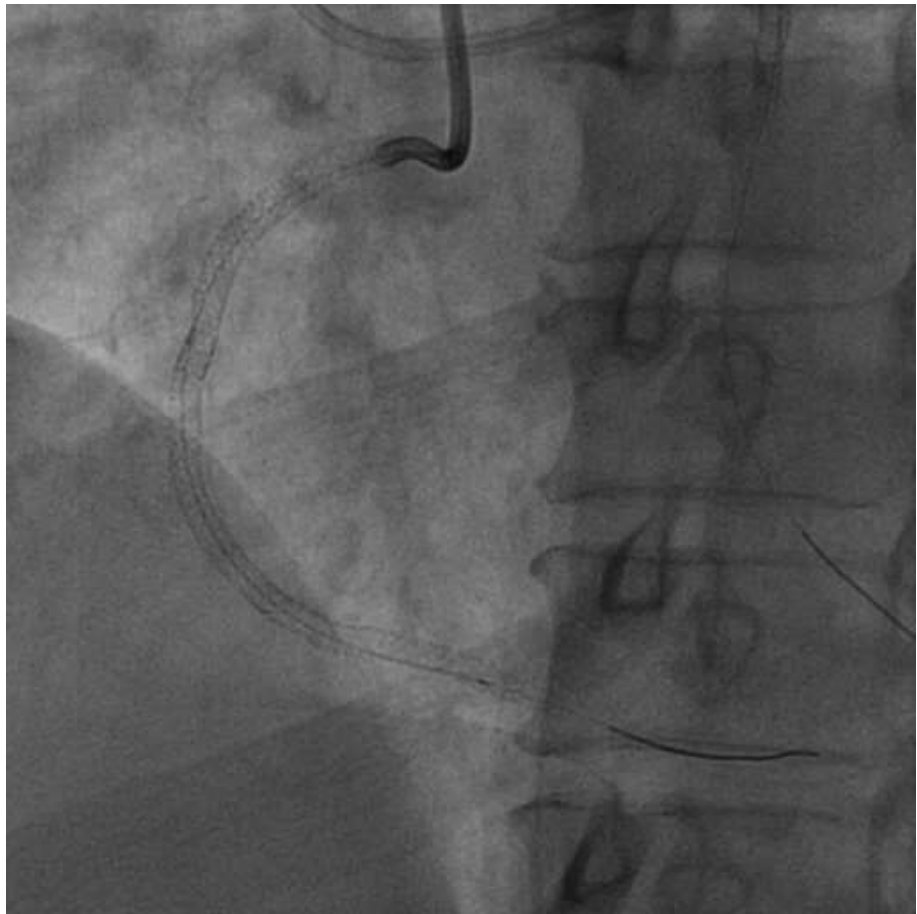












Conclusions;

- Careful planning is mandatory for CTO- PCI
- Complete revascularization involving double CTOs is possible in single session with patient safety at first.
- keeping eye on radiation dose and contrast volume.