Complex CTO with retrograde epicardial collaterale

- Ajouter un sous-titre

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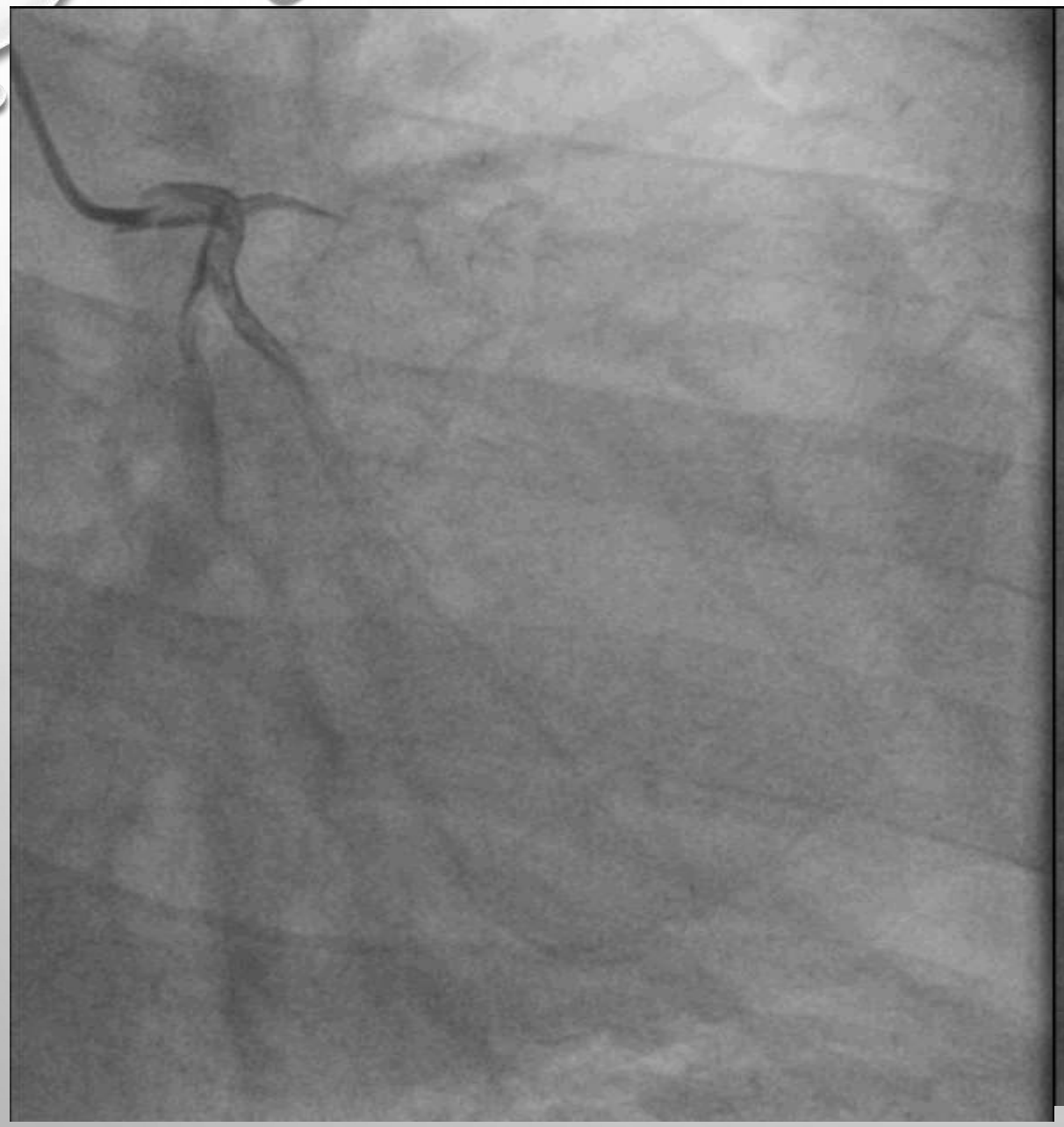
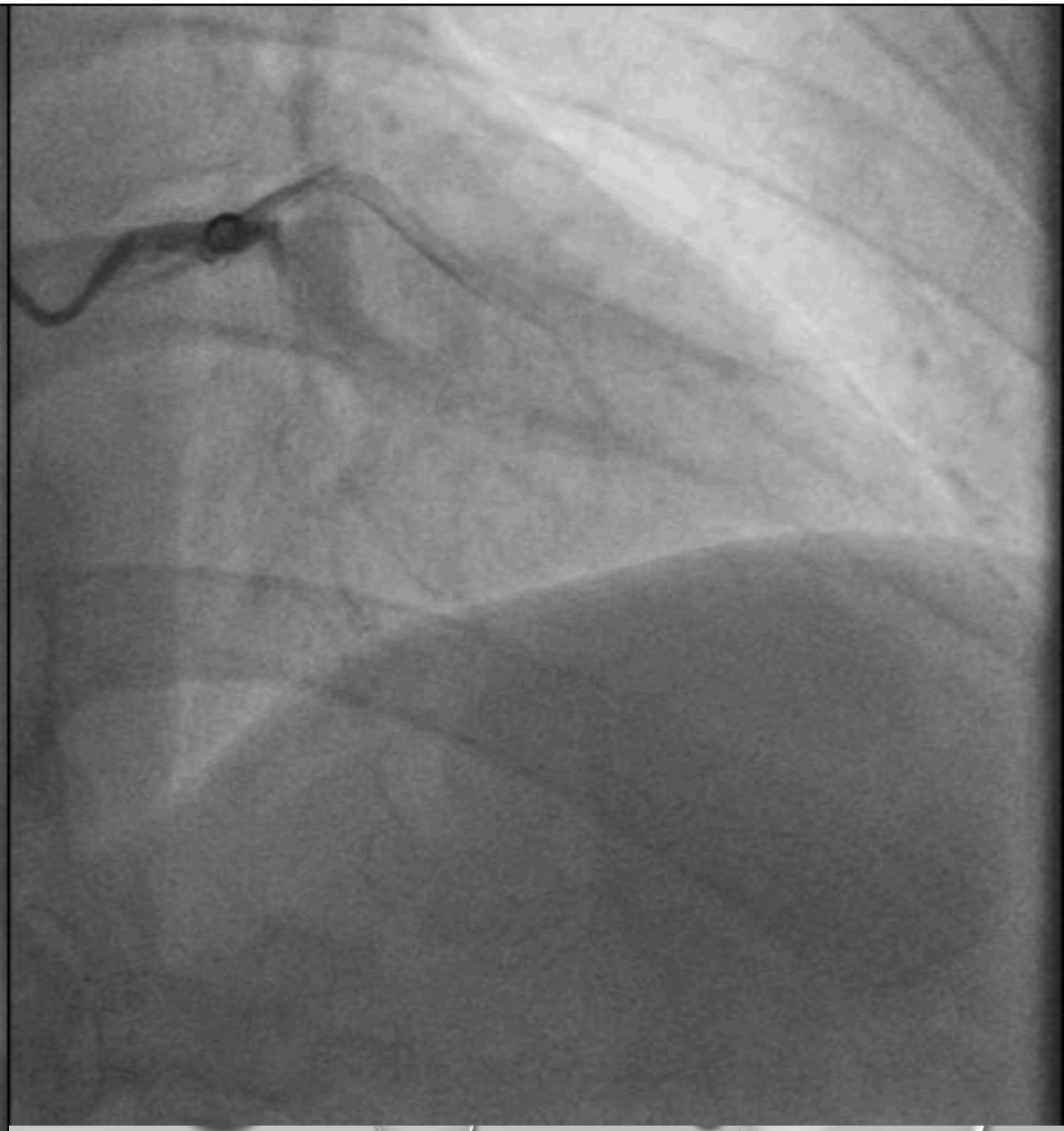
HISTORY

- 44 YRS/ MALE
- AWMI [2021]
- ATTEMPTED PTCA TO LAD ON 17/6/2021
- ECHO S/O IHD LVEF 30%
- LAD TERRITORY AKINETIC WITH PRESERVED WALL THICKNESS
- MILD MR , NO PAH
- ON REGULAR MEDICATION





CAG- LAD CTO

- DIFFICULTIES-
- BLUNT/ AMBIGUOUS STUMP
- PREVIOUSLY ATTEMPTED

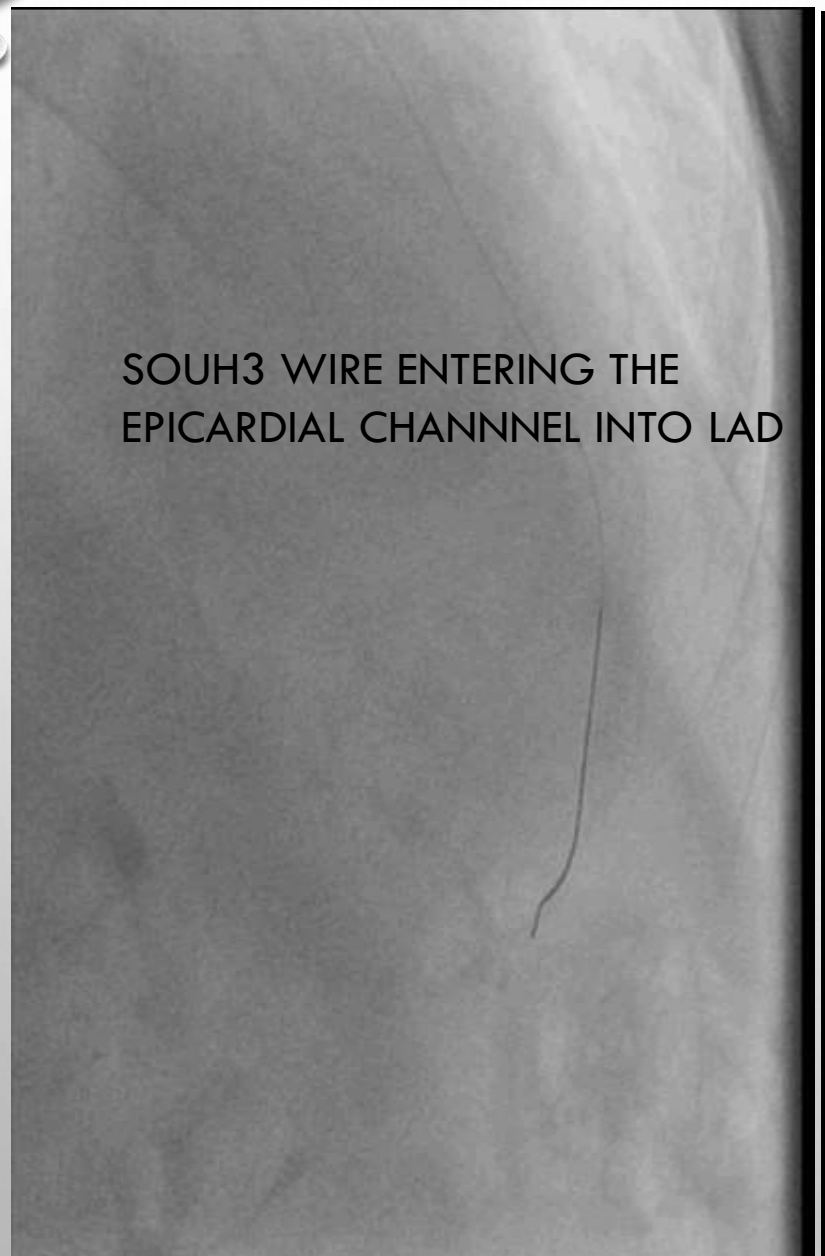
PLAN

ANTEROGRADE APPROCH

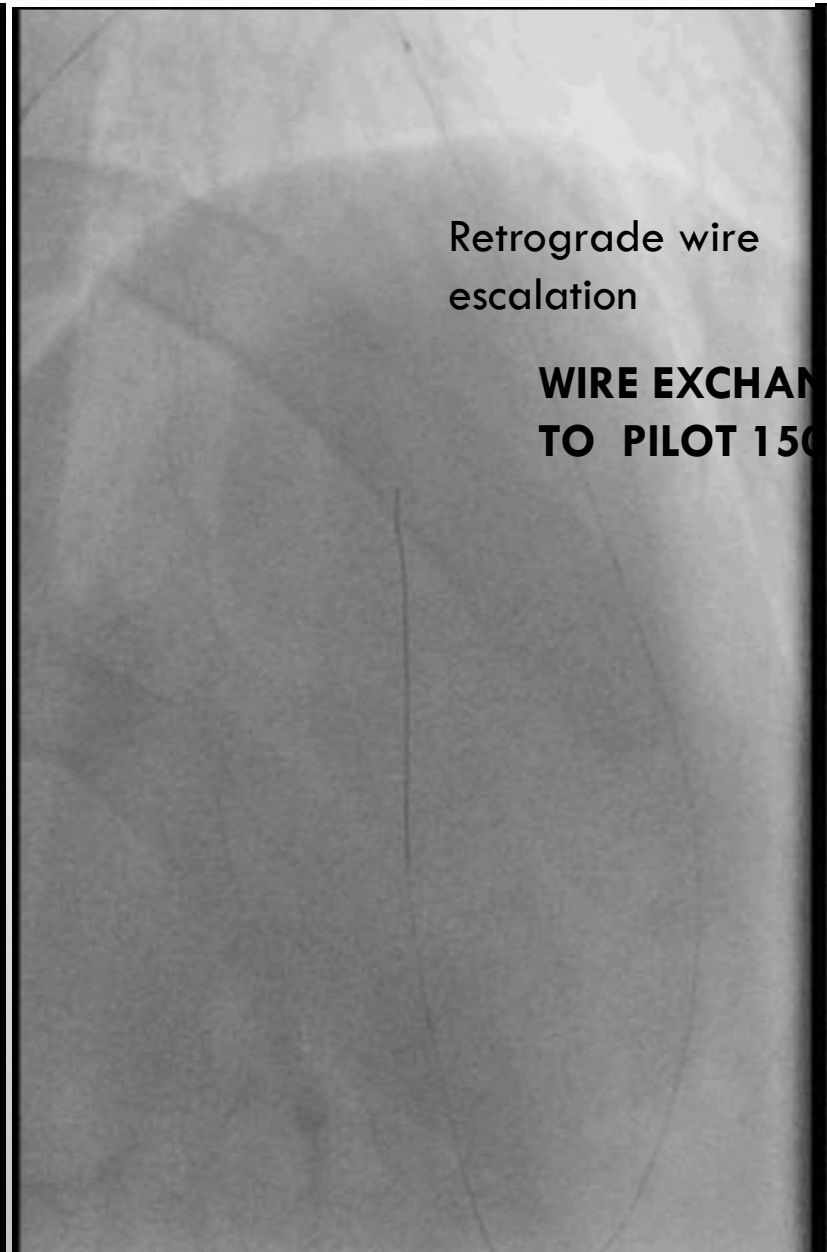
VS

RETROGRADE APPROCH

7 F RIGHT FEMORAL SHEATH
7F left femoral sheath if snaring of wire required
7F EBU catheter
Fine cross microcatheter over a runthrough wirer

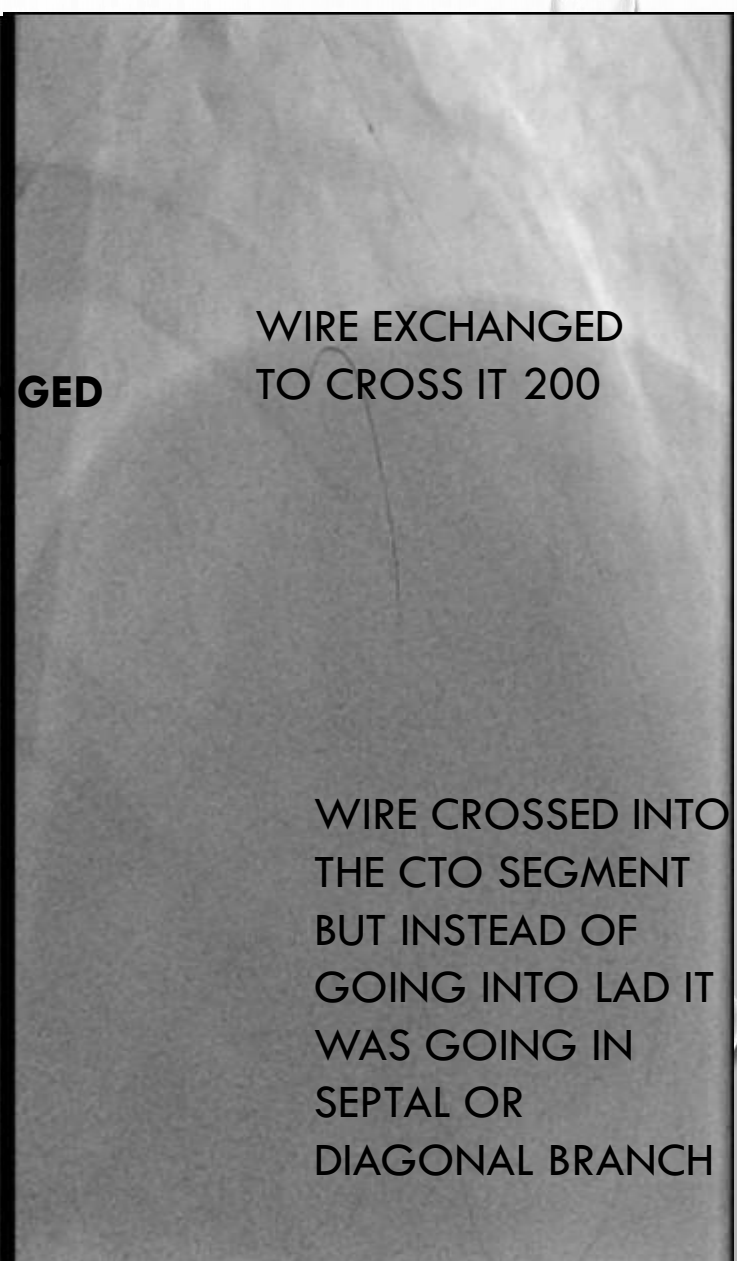


SOUH3 WIRE ENTERING THE EPICARDIAL CHANNNEL INTO LAD



Retrograde wire escalation

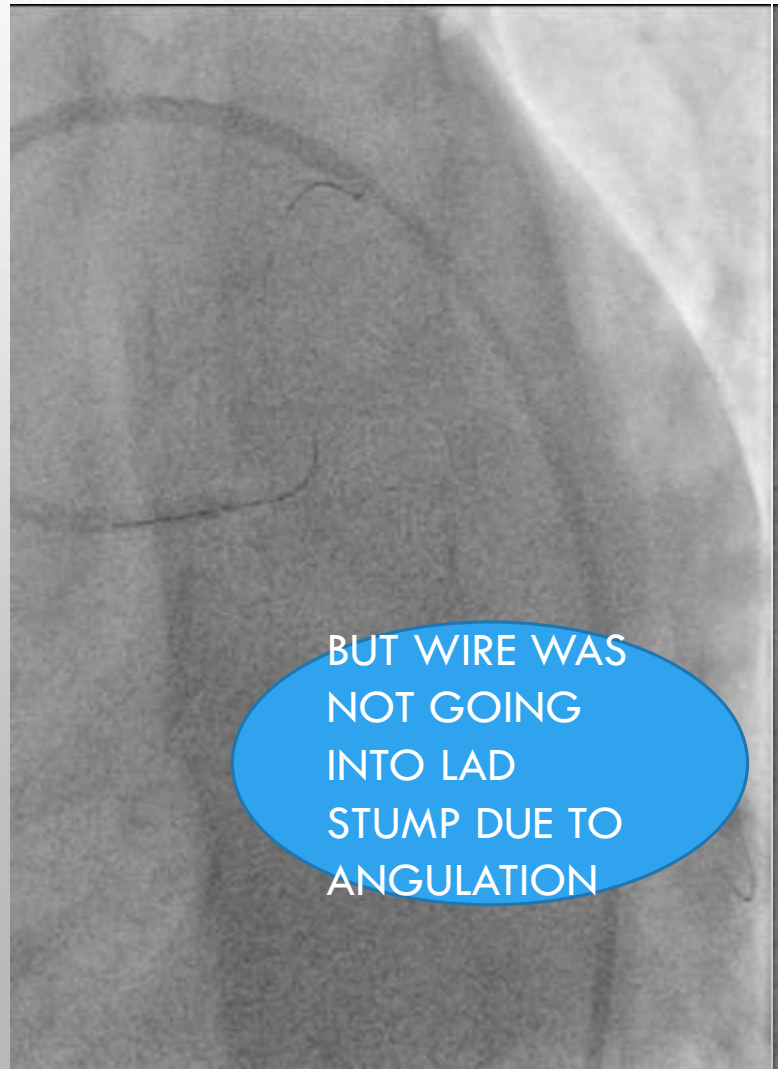
WIRE EXCHANGED TO PILOT 150

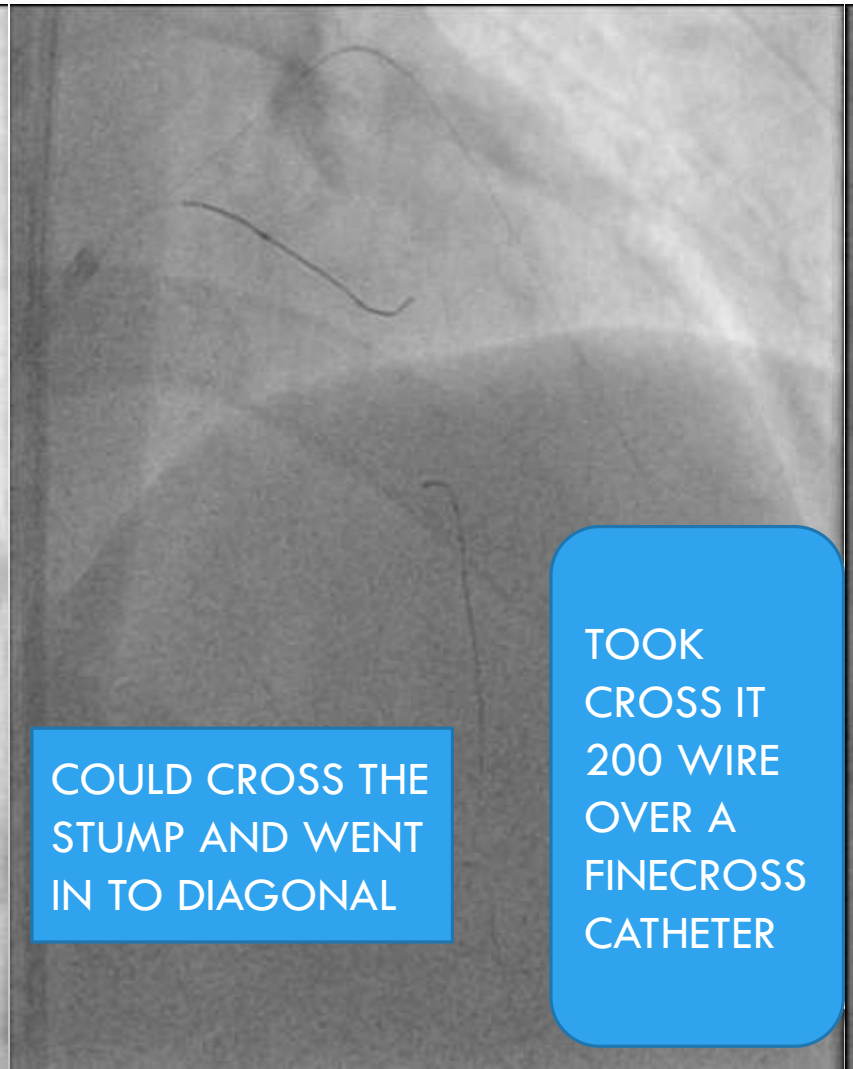


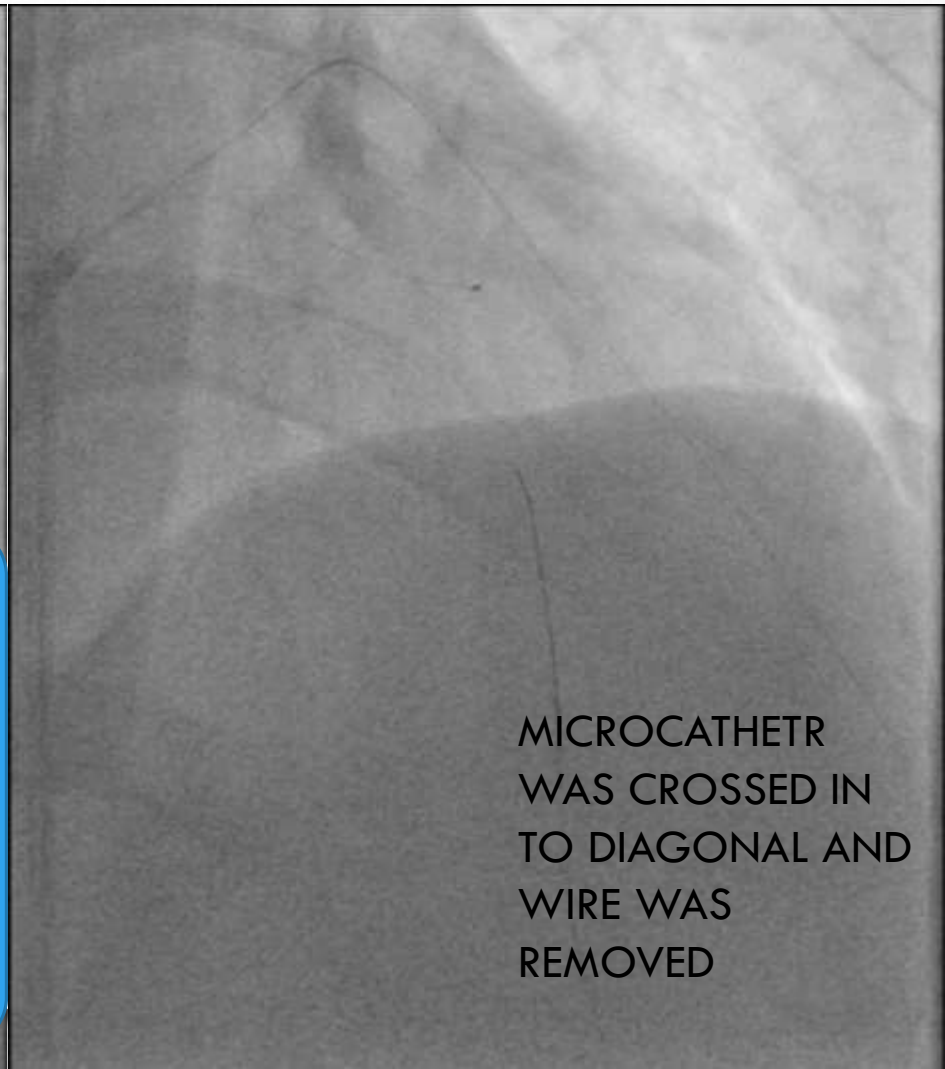
WIRE EXCHANGED TO CROSS IT 200

WIRE CROSSED INTO THE CTO SEGMENT BUT INSTEAD OF GOING INTO LAD IT WAS GOING IN SEPTAL OR DIAGONAL BRANCH

AFTER TRYING FOR 5 MIN
WE THOUGHT OF SOMETHING DIFFERENT !!!
WE PLANNED TO GO ANTEGRADELY
TOOK PILOT 150 WIRE



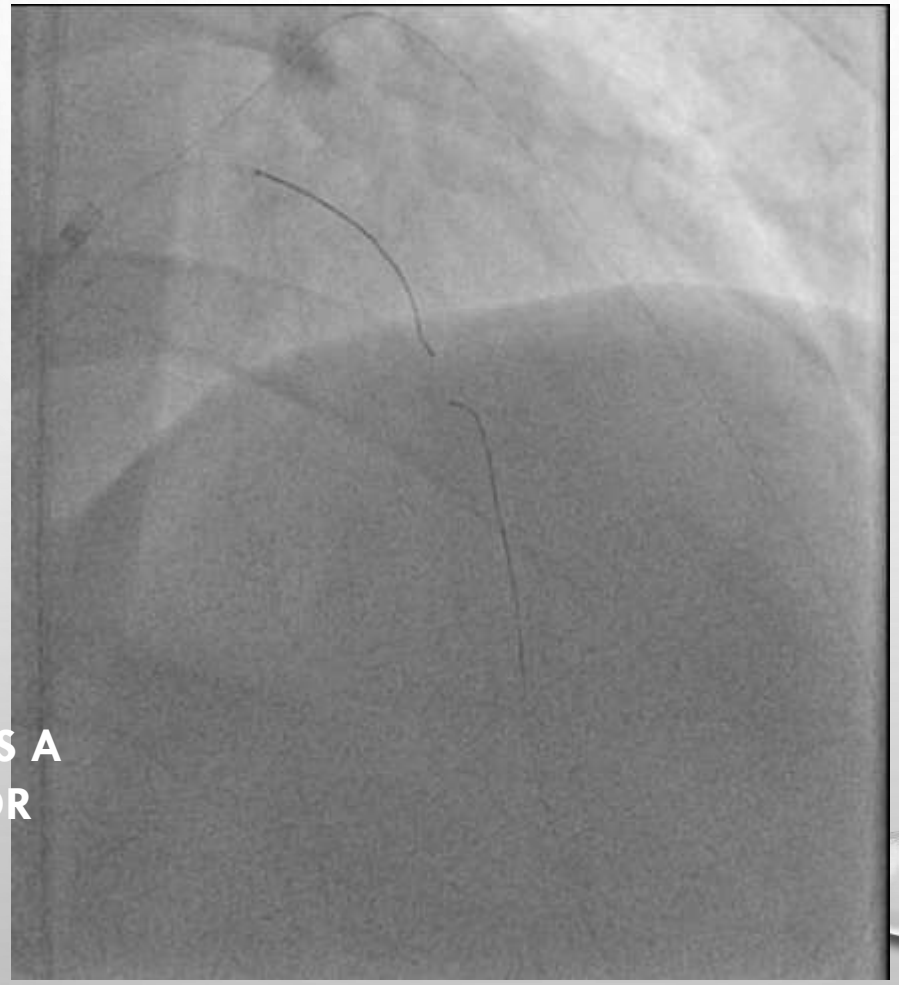




A SMALL INJECTION WITH MICROCATHETER CONFIRMED THE INTRALUMINAL POSITION OF MC

ANTEROGRADE WIRE ESCALATION

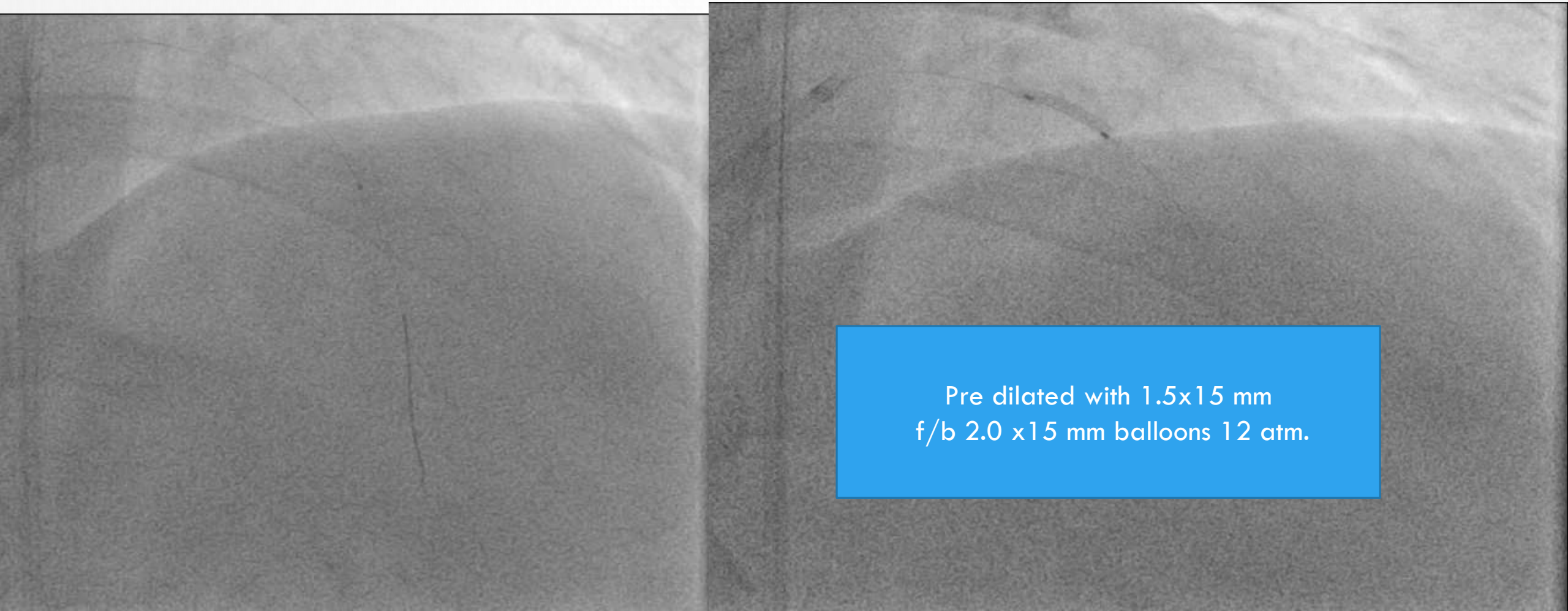
ANOTHER BEND WAS GIVEN TO CROSS 200 WIRE
TO GO INSIDE THE INFRA DIAGONAL LAD

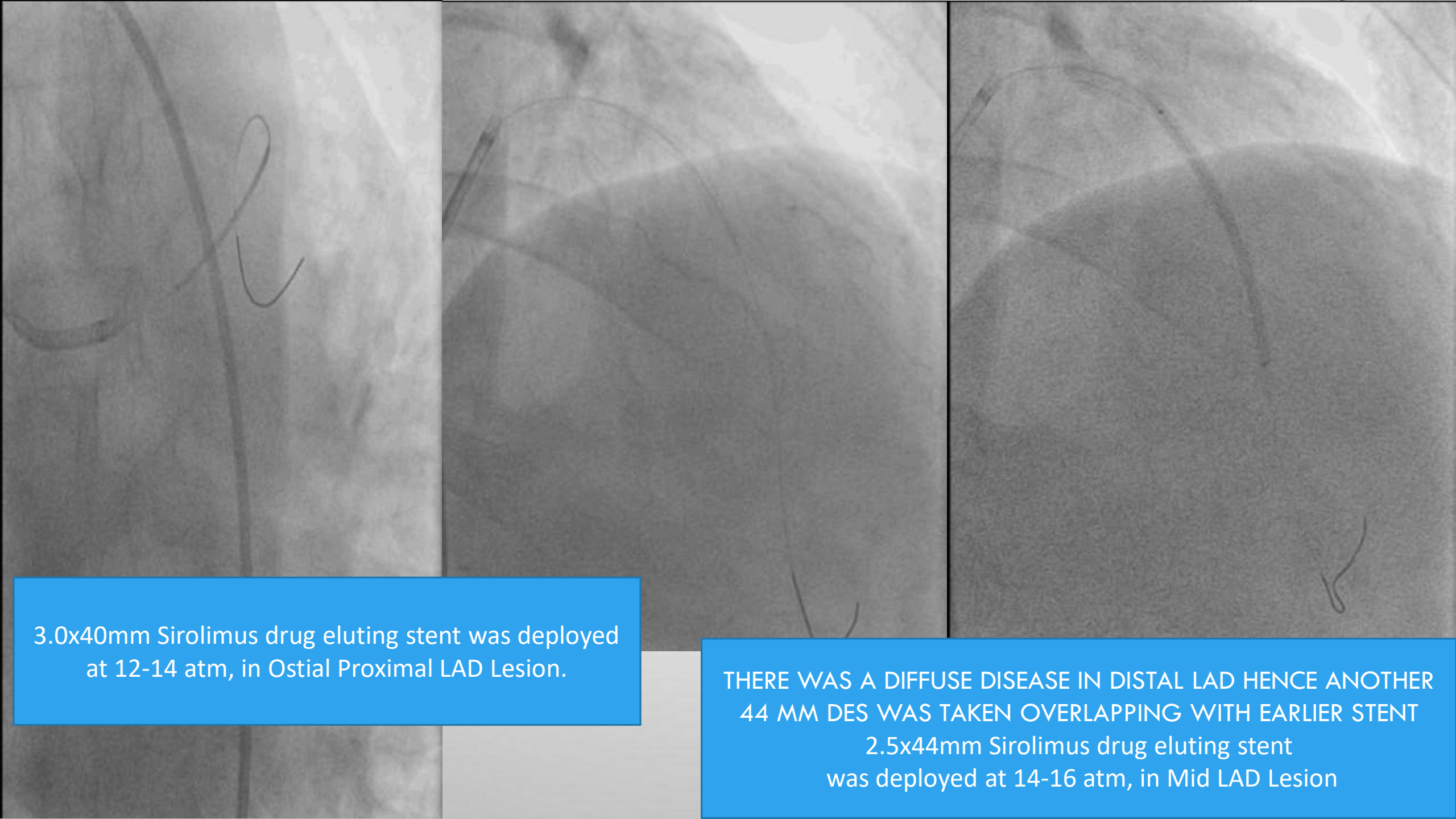


SLOWLY WIRE
WAS ADVANCED
INTO THE LAD

RETROGRADE WIRE WAS A MARKER A MARKER FOR DISTAL LAD

MICRO CATHETER WAS PUSHED OVER THE WIRE ANTEGRADELY AND RETROGRADE WIRE WAS REMOVED





3.0x40mm Sirolimus drug eluting stent was deployed at 12-14 atm, in Ostial Proximal LAD Lesion.

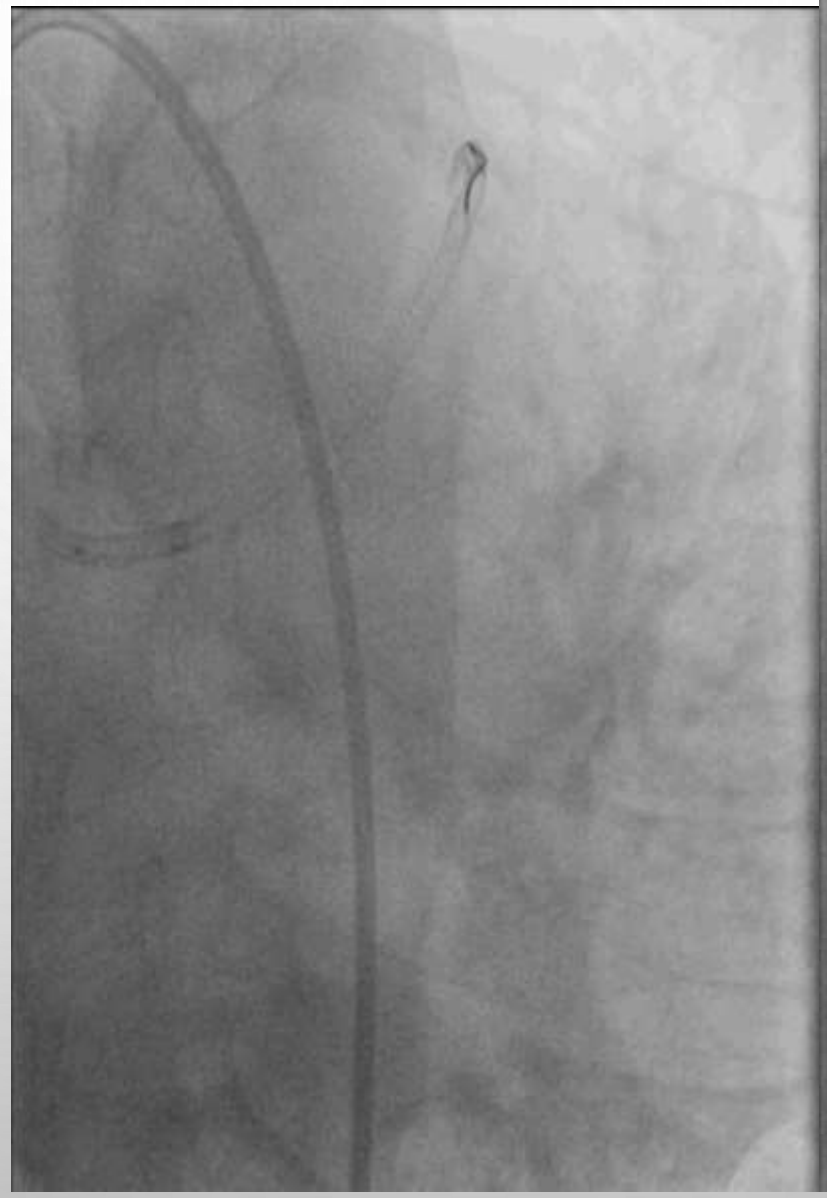
THERE WAS A DIFFUSE DISEASE IN DISTAL LAD HENCE ANOTHER 44 MM DES WAS TAKEN OVERLAPPING WITH EARLIER STENT
2.5x44mm Sirolimus drug eluting stent
was deployed at 14-16 atm, in Mid LAD Lesion

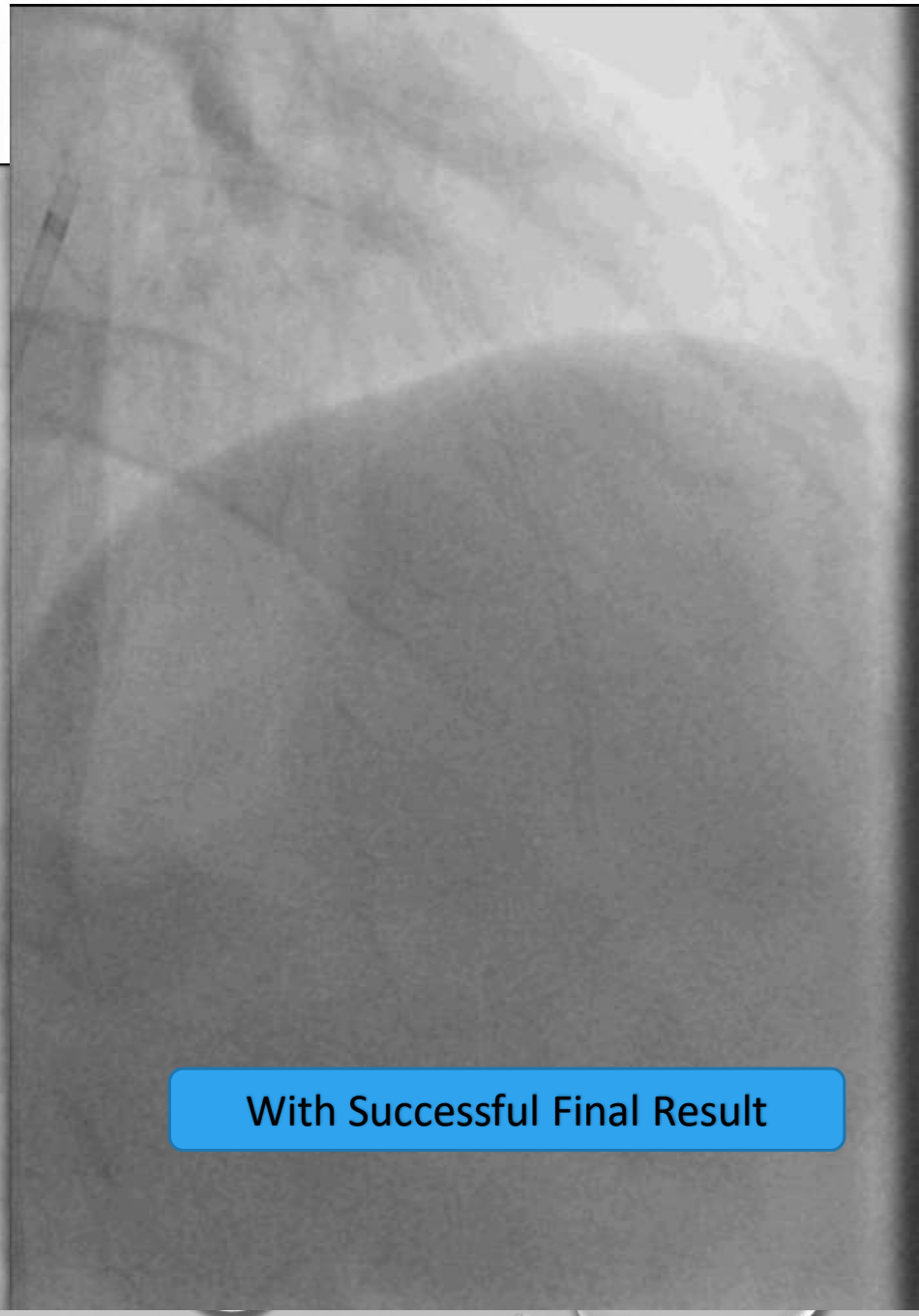
FINAL RESULT

- CLICK TO ADD TEXT

POT WITH 3.5X12 NC BALLOON

THERE WAS SOME WAIST AT THE OSTIUM





With Successful Final Result

TAKE HOME MESSAGE

- 1. RETROGRADE APPROACH IS A GOOD OPTION FOR CTO, PROVIDED WE HANDLE THEM VERY CAREFULLY
- 2. ANTEGRADE SHOULD BE THE PREFERRED APPROACH.
- 3.WIRE ESCALATION SHOULD BE DONE CAREFULLY DEPENDING ON LESION SUBSET
- HARDWARE INCLUDING SNARES/WIRES/MICROCATHETERS/GUIDE CATHETER ARE KEY FOR COMPLEX INTERVENTIONS