

Bifurcation blunt stump CTO treated with retrograde techniques imaging assisted

Anastasios Bampas, MD, MSc, PhDc, FESC

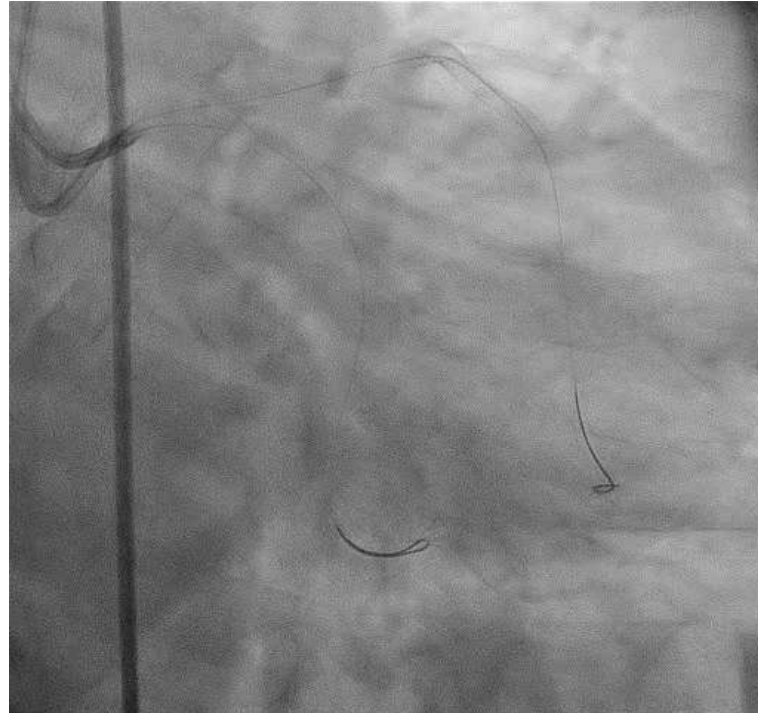
Interbalkan Hospital

Thessaloniki, Greece

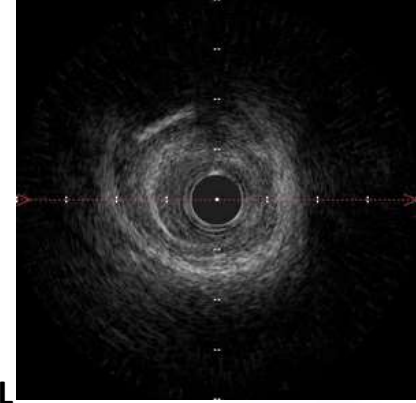
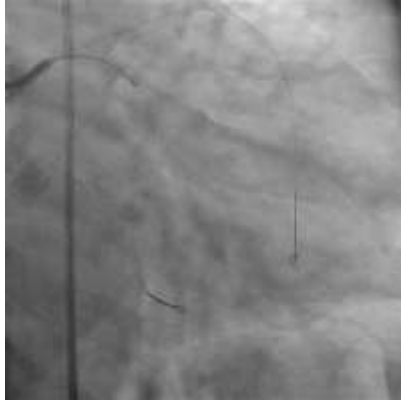
Potential conflicts of interest

- I do not have any potential conflict of interest to report
- I have the following potential conflicts of interest to report:

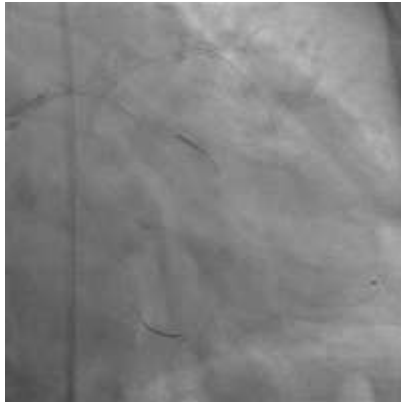
OSTIAL LEFT OBTUSE MARGINAL(OM1)-LEFT CIRCUMFLEX(LCX) CHRONIC TOTAL OCCLUSION RECANALIZATION



IVUS INTERROGATION OF THE LCX FAILED TO PROVE THE OCCLUDED OSTIUM OF THE MARGINAL BRANCH



**TURNPIKE LP ADVANCEMENT IN THE DISTAL
TRUE LUMEN - TIP INJECTION**

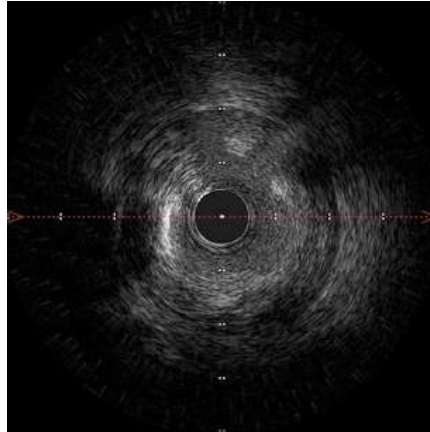


NOTE THE VERY EXTENSIVE MOVEMENT OF THE GUIDING CATHETER DUE TO THE EPICARDIAL COLLATER CROSSING AT THE APICAL LATERAL WALL WITH VIGOROUS MOVEMENT - HEMATOMA AROUND THE VESSEL AND RETROGRADE WIRE SWING

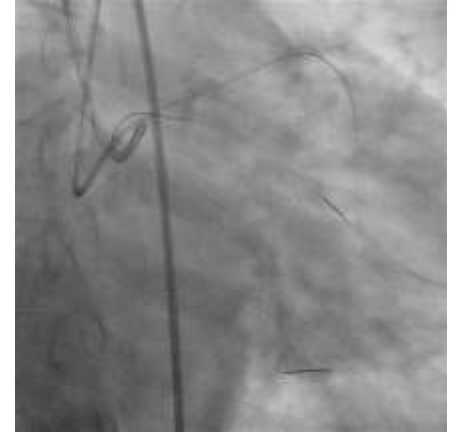
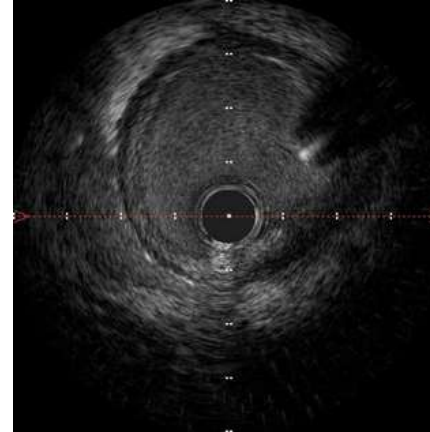
RETROGRADE WIRE SWING



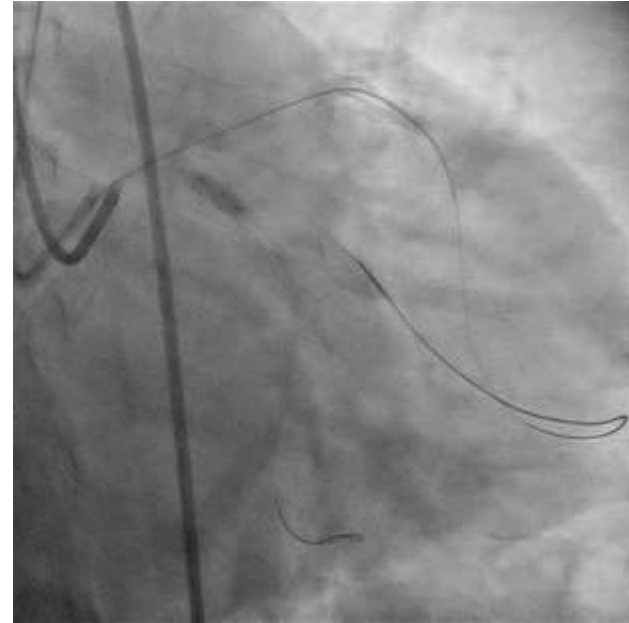
LM HEMATOMA



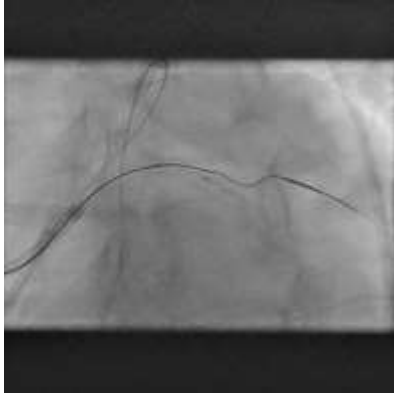
COMPLETELY SUBINTIMAL COURSE COMPLICATION



DES 3.5 X 23 mm COMPRESSED THE HEMATOMA OF THE LCX AND ALSO STOPPED THE PRESURING OF THE RETROGRADE HEMATOMA IN LM



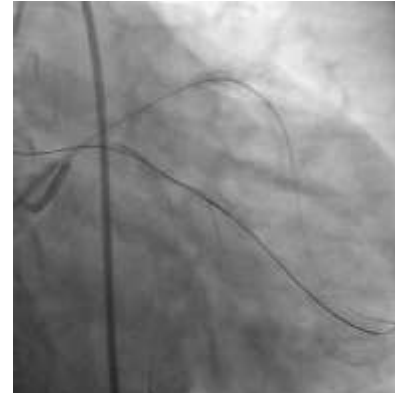
ATTEMPT FOR ANTEGRADE WIRE ADVANCEMENT TWIN PASS TORQUE AND MULTIPLE WIRES



USING THE ANTEGRADE WIRE AS MARKER AND WITH THE INTENTION OF THE XCART THE RETROGRADE WIRE CP12 WAS ADVANCED TO THE PROXIMAL TRUE LUMEN AND REACHED THE AORTA

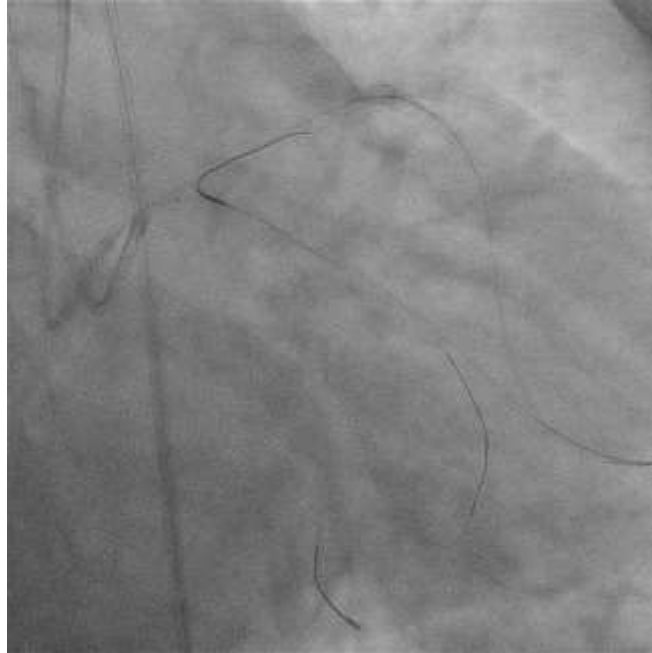
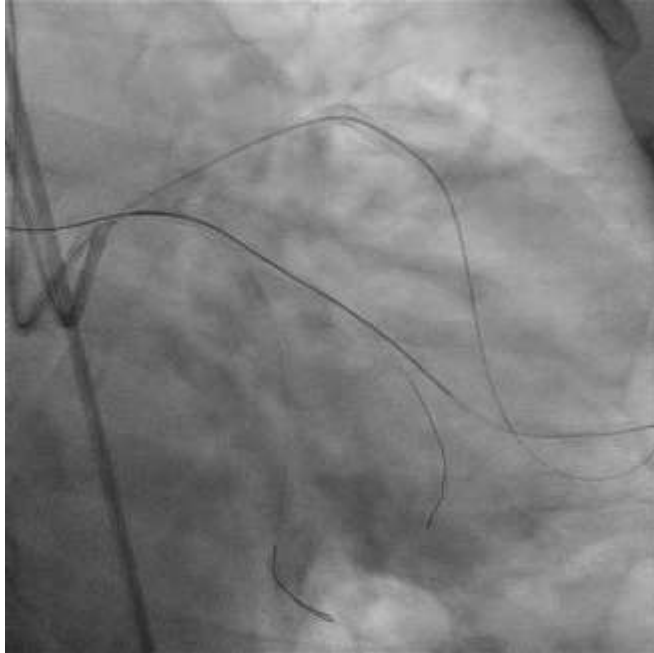


PILOT 150 MADE FINALLY SOME ADVANCEMENT ANTEGRADE... WIRE OVERLAPPING CHECKED IN TWO DIFFERENT PLANES – SET UP FOR REVERSE CART



CONFIRMED IN A DIFFERENT PROJECTION

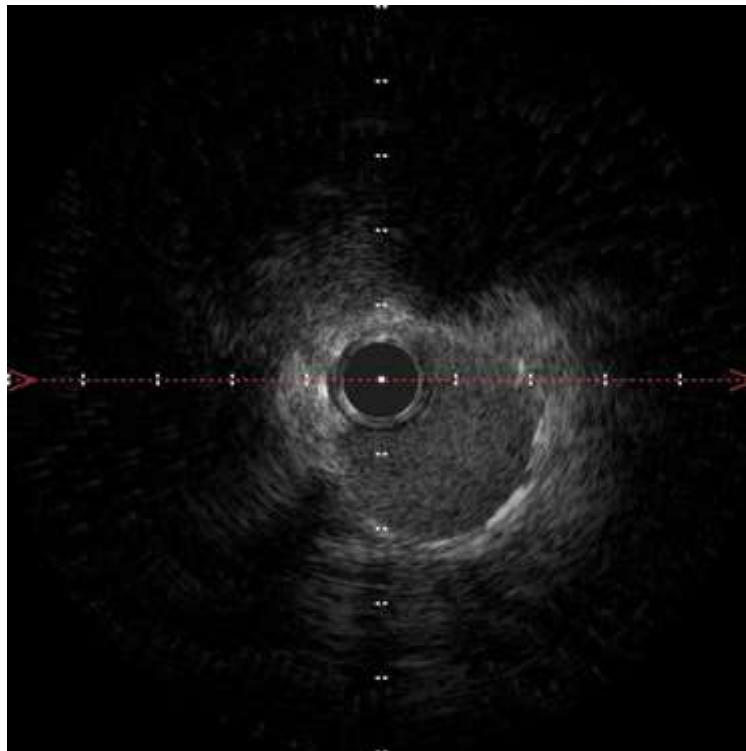
THE RETROGRADE MC TURNPIKE LP ADVANDE THROUGH THE STENT



SION BLUE IN IN THE LAD DIRECTION-
CONFIRMED TRUE LUMEN (IF IT WAS
THROUGH SUBINTIMAL IT WOULD BE
IMPOSSIBLE TO BE ADVANCES SO
EASILY AND THEN DIRECTION OF THE
LAD).

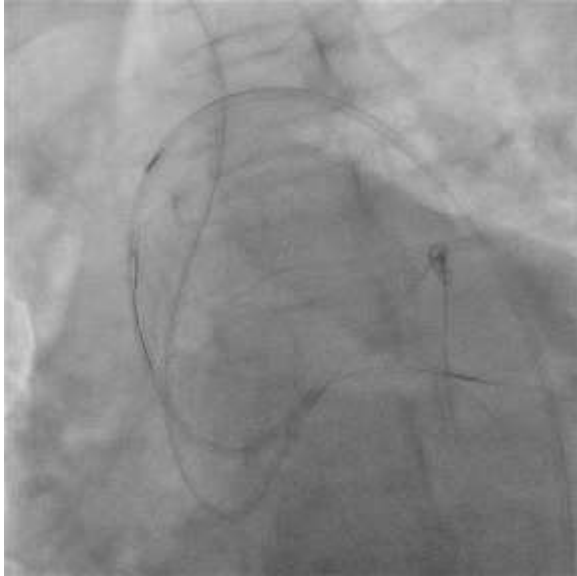
THE LM ENTERING THE 7FR GUIDING
CATHETER VERY EASY DUE TO THE
COMPRESSION OF THE TRUE LUMEN
BY THE HEMATOMA AROUND THE LM
WHICH MADE THE TRUE LUMEN
SMALL AS CONFIRMED BY THE IVUS
FOLLOWING

RETROGRADE STENT WIRE CROSSING

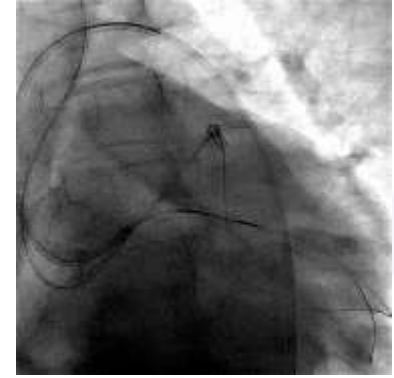


IMPLEMENTATION OF THE TIP-IN MANEUVER TECHNIQUE DUE TO EXHAUSTION THE TURPIKE LP 150 LENGTH (THAT COULDN'T REACH THE ANTEGRADE GC)

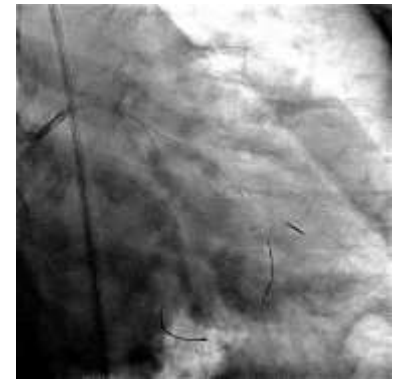
ADVANCEMENT AND WITHDRAWAL OF THE MCs



WITHDRAWAL OF THE RETROGRADE MC



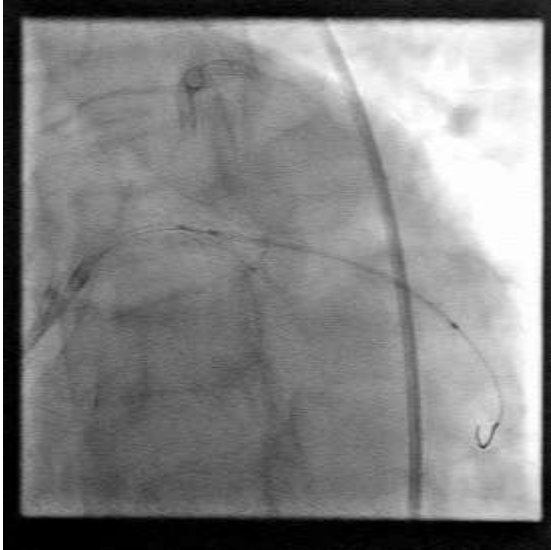
WIRE ADVANCEMENT THROUGH THE ANTEGRADE
MC



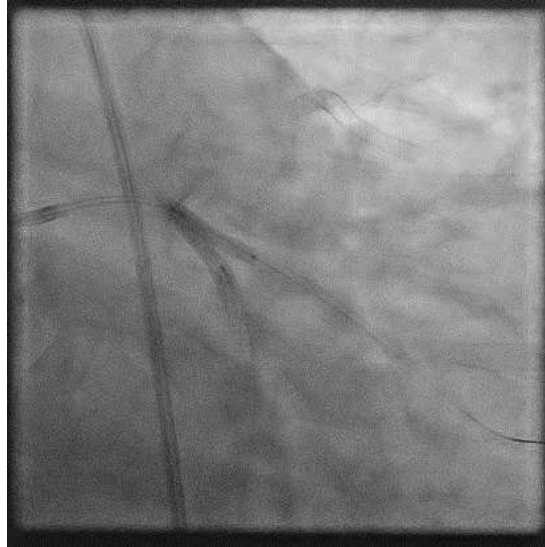
TAP-STENTING OF LCX/OM1 BIFURCATION

LM -STENTING FOR THE TREATMENT OF THE RETROGRADE HEMATOMA

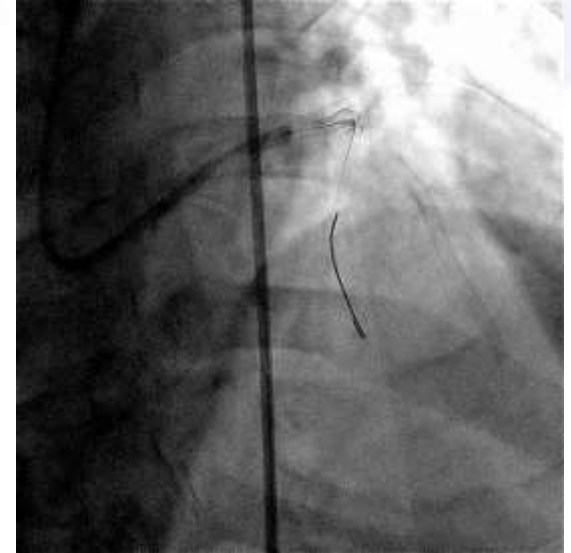
DES 2.5 X 48 mm TAP TECHNIQUE



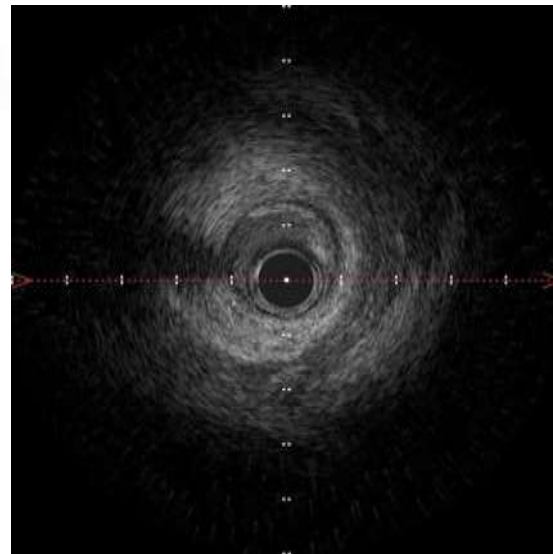
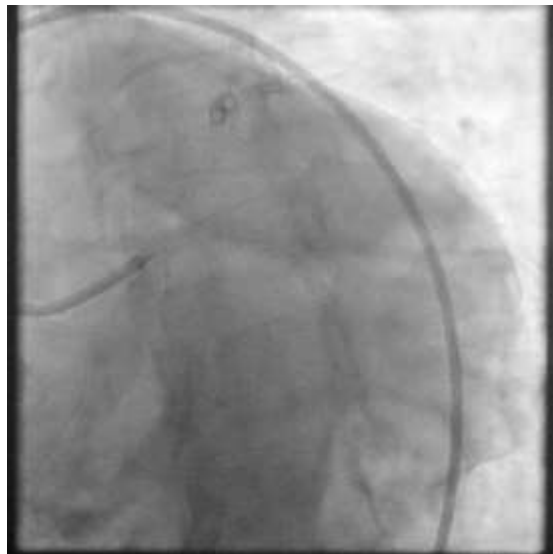
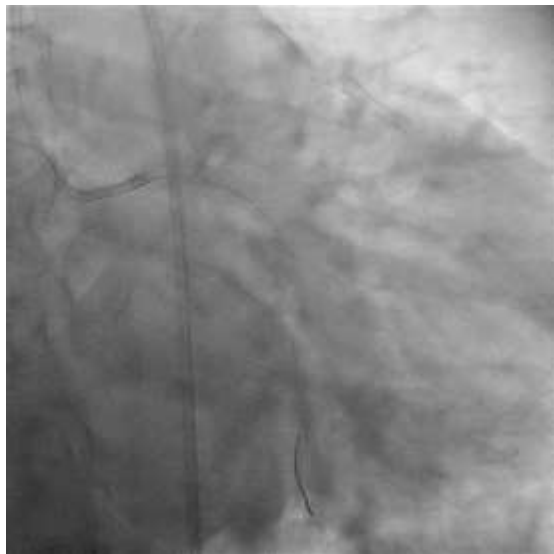
KISSING BALLON POST
DILATATION OM1 3.0 X 12mm
AND LCX 3.5.x12 mm



LM STENTING FOR THE
TREATMENT OF THE RETROGRADE
HEMATOMA



FINAL RESULT



Bifurcation blunt stump CTO treated with retrograde techniques imaging assisted