

CTO PCI in woven anomaly

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Disclosures

- None

Case Presentation

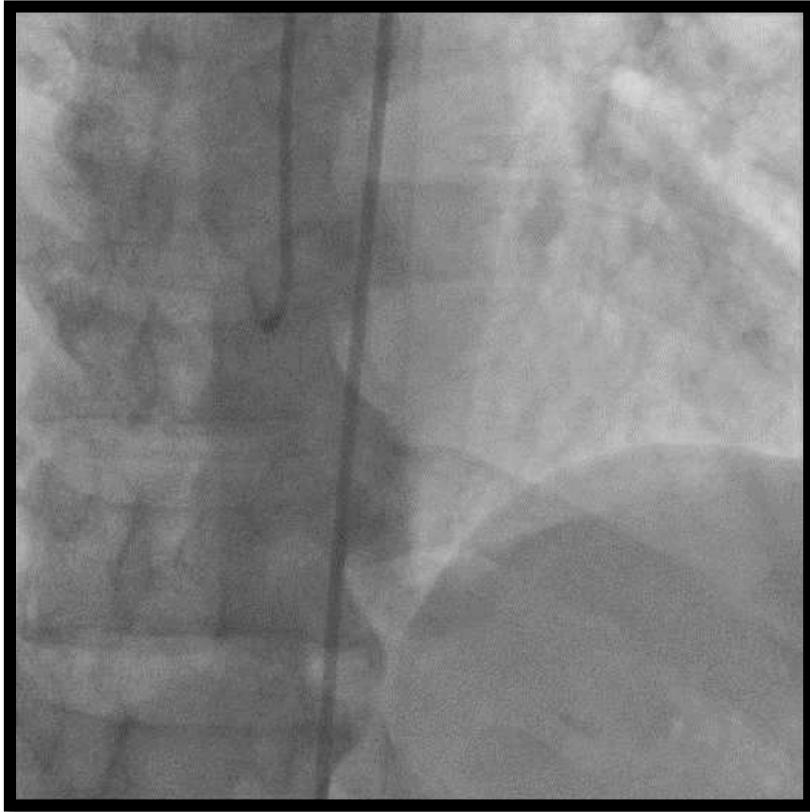
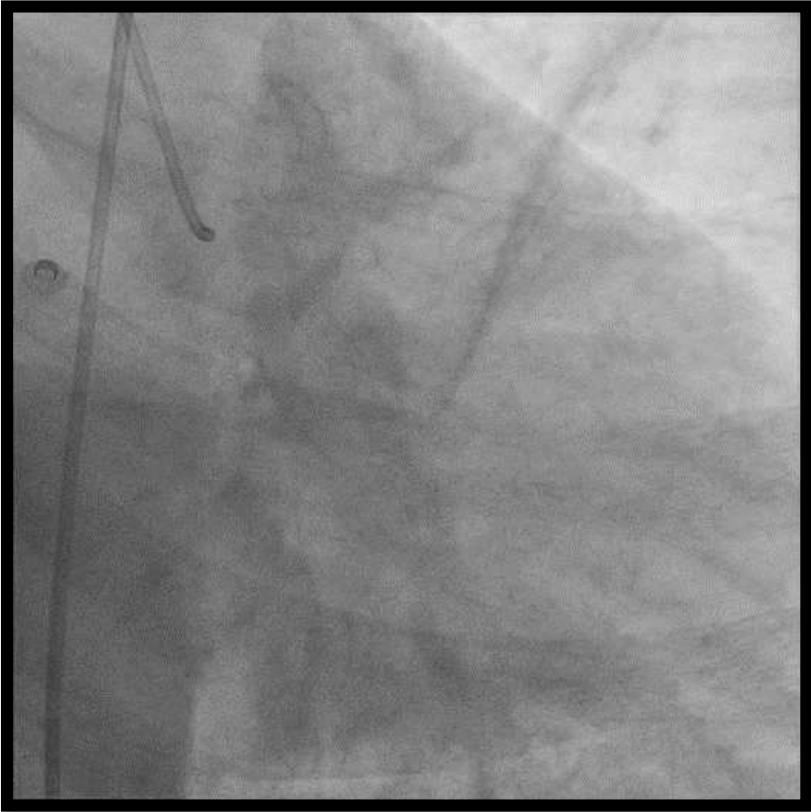
□ History:

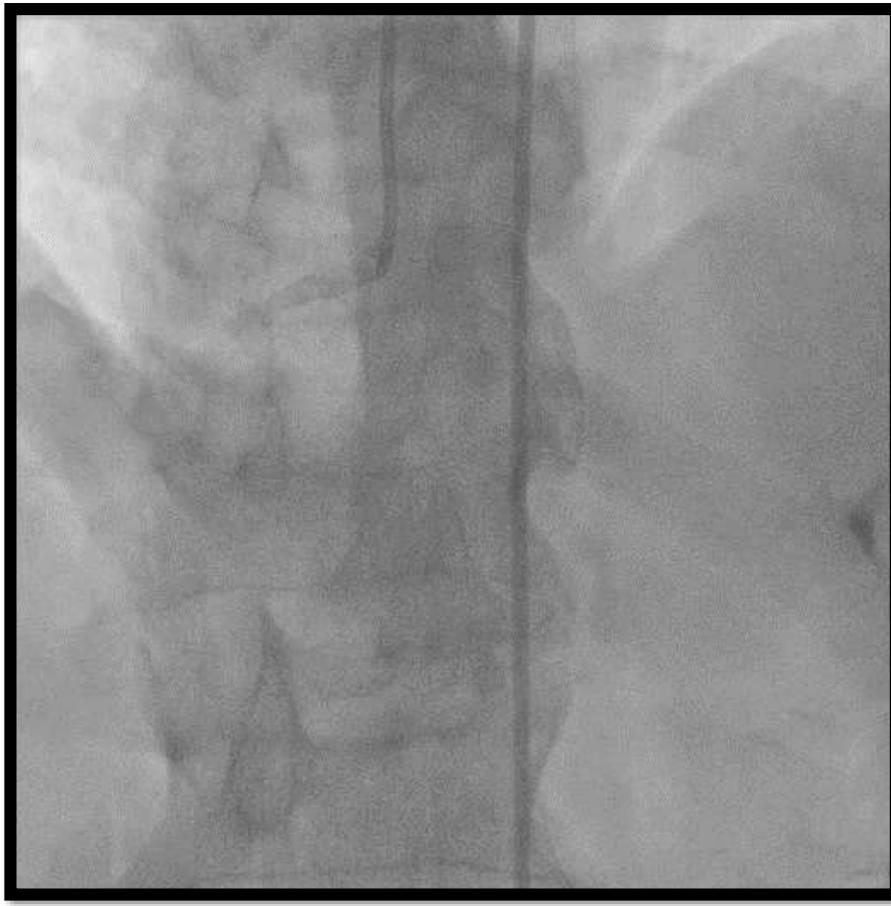
- Systemic hypertension, ex-smoker. S/P PCI to LCX in 2010.
- Chest pain CCS (III)
- (CTO) LAD from its ostium woven coronary anomaly, patent stent in LCX, CTO RCA

□ Echo:

- Akinetic thinned out LAD territory.
- LVEF=35%
- Mild MR.

CA

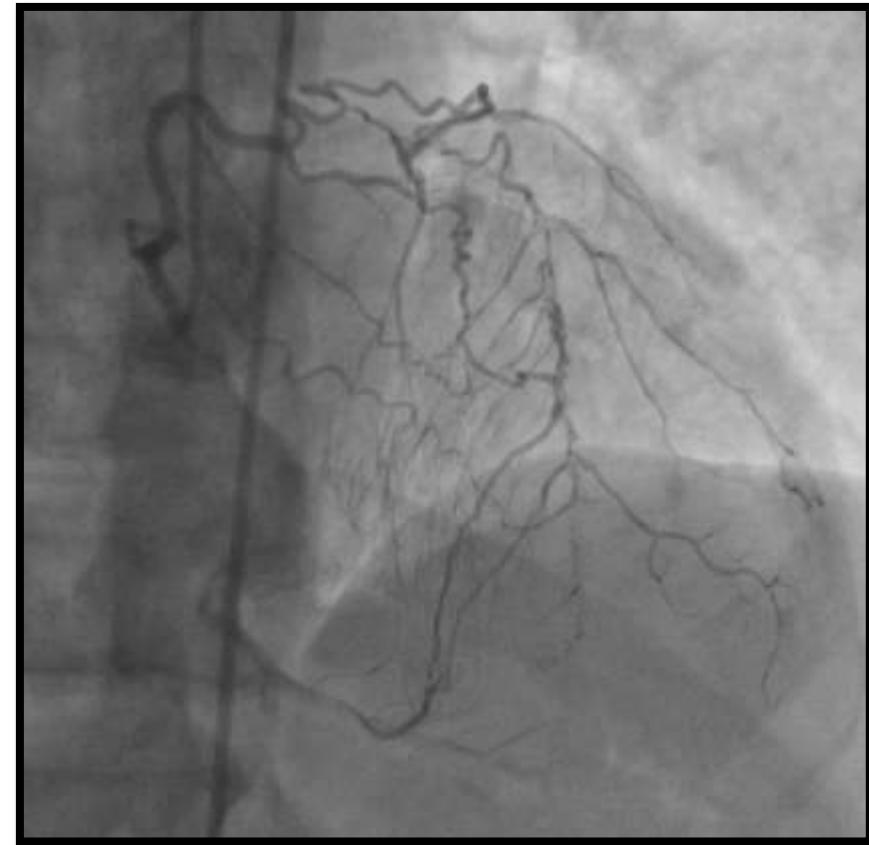




Woven coronary anomaly

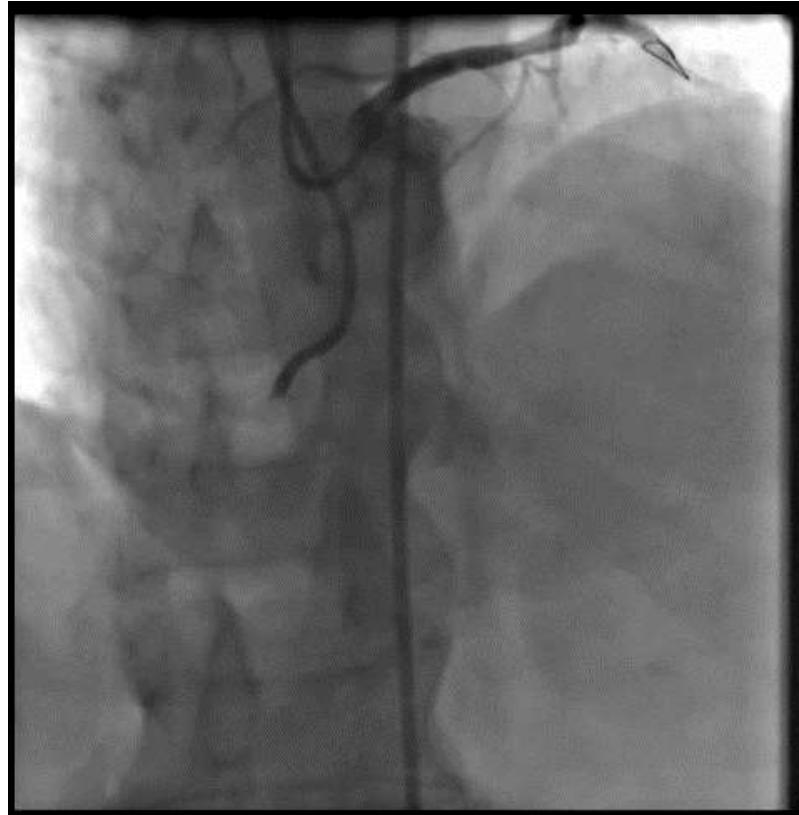
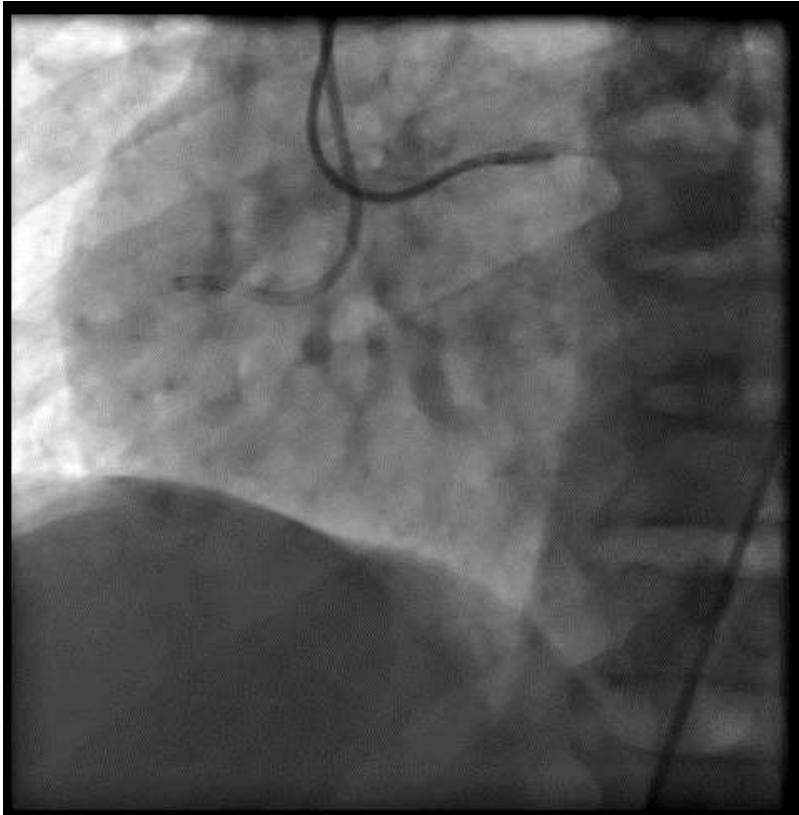
- An epicardial vessel segment that divides into multiple intertwining segments with eventual convergence of the distal vessel
- Incidence <1%, initially thought to be benign entity *
- PCI is challenging
- Intravascular imaging is crucial
- When LAD is out of the equation >> PCI is easily justified over surgery

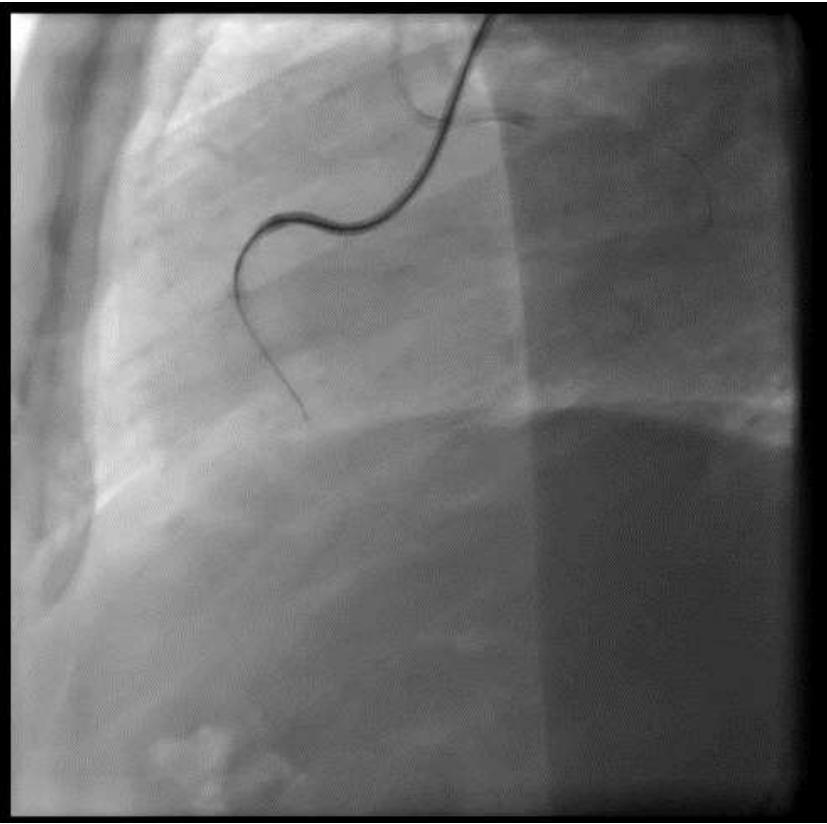
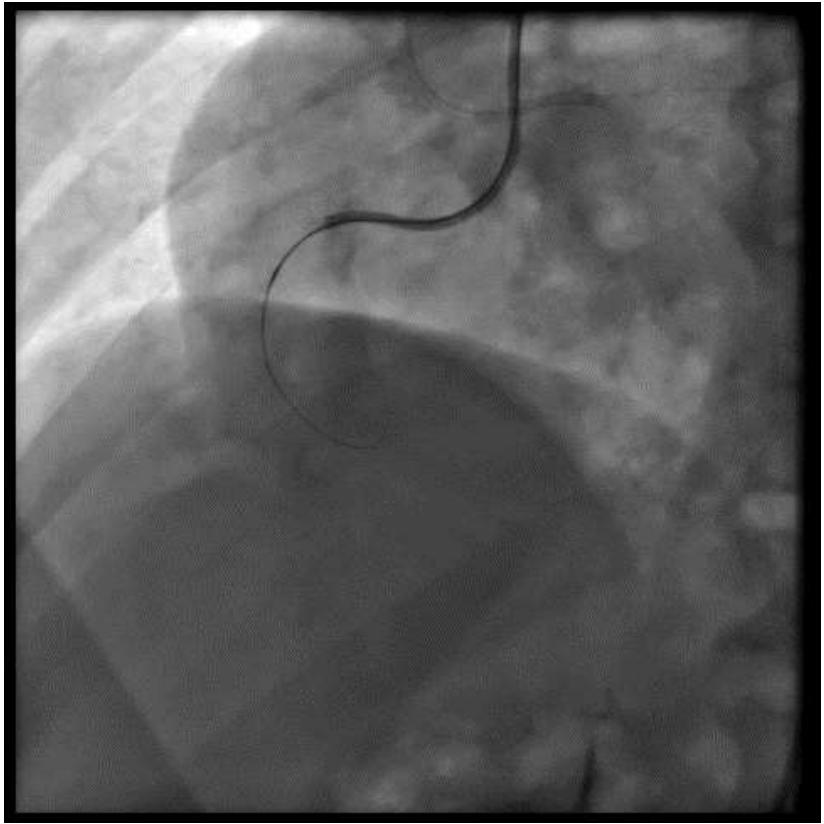
Planning



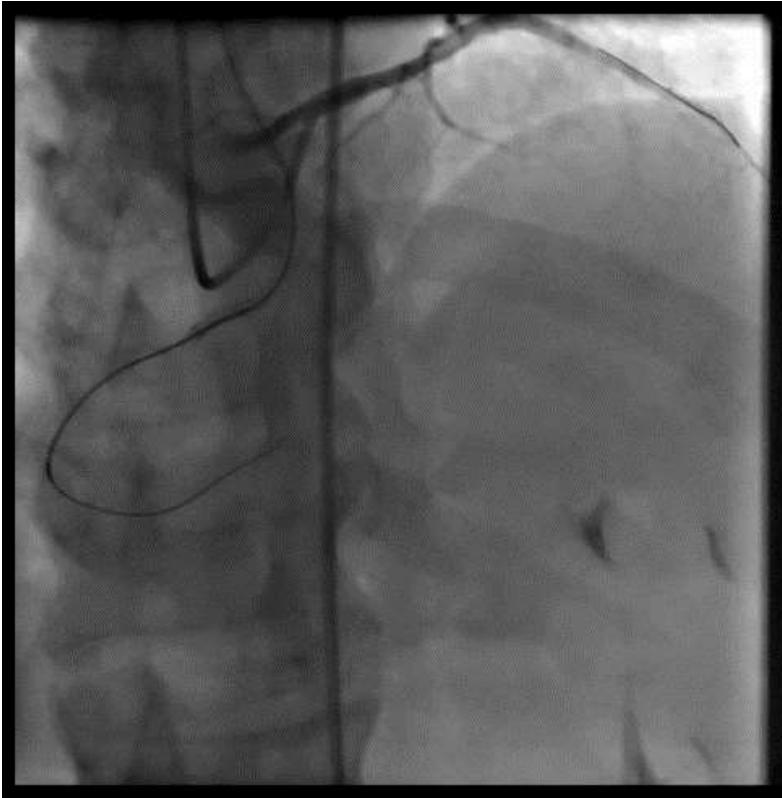
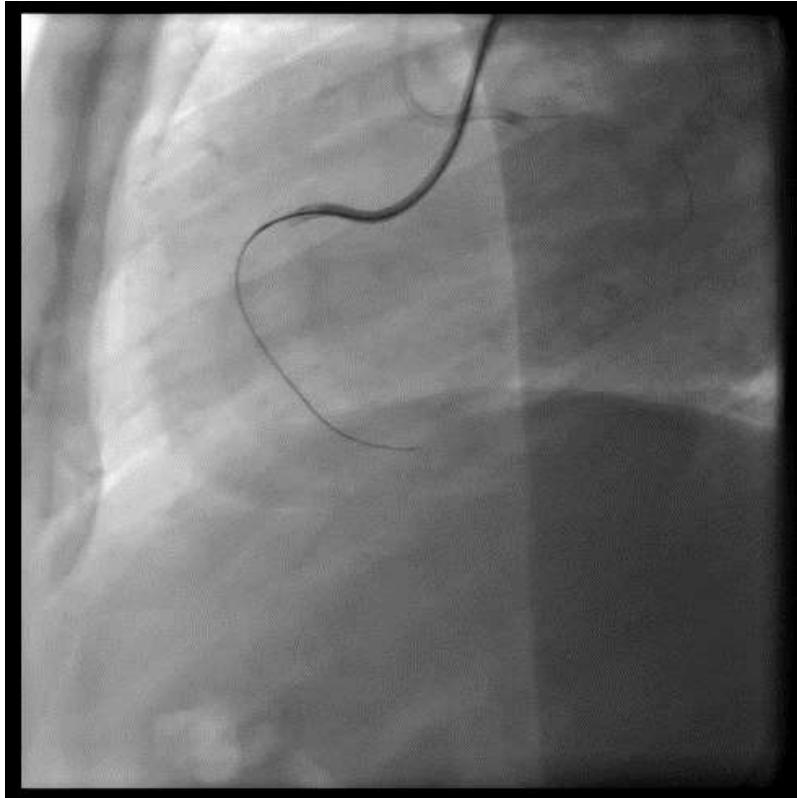
- AWE
- RWE / R-CART

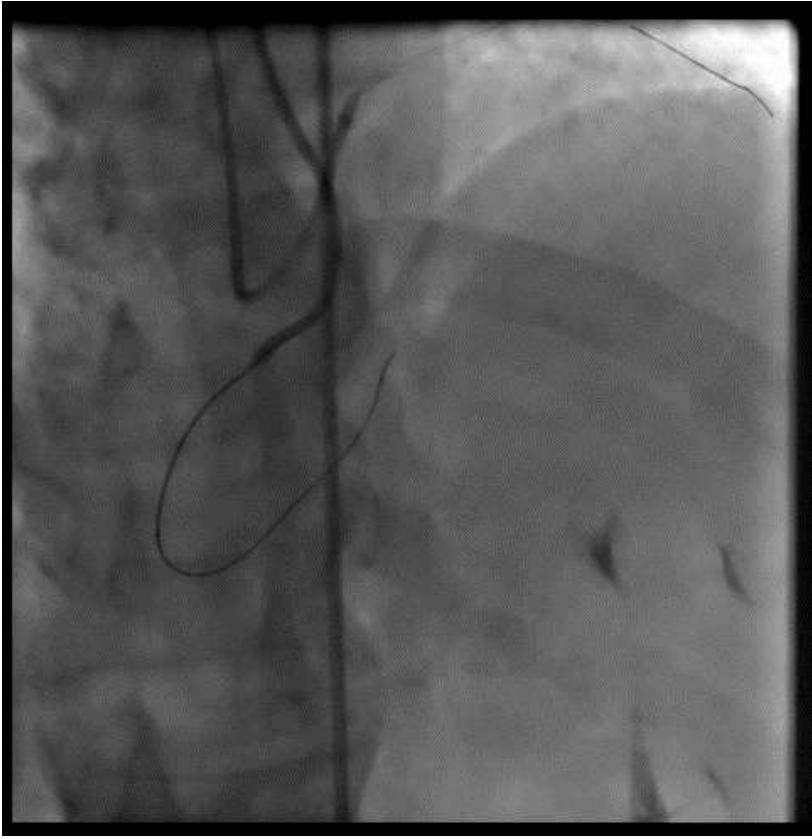
Dual injection

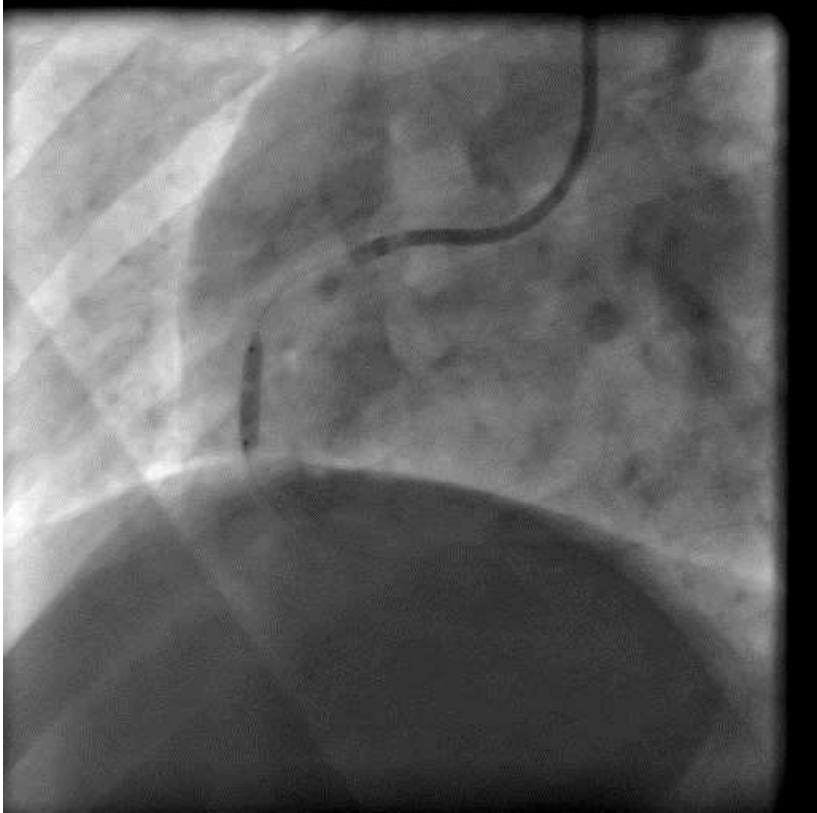




- ASAHI Corsair Pro 150cm
- Gaia II

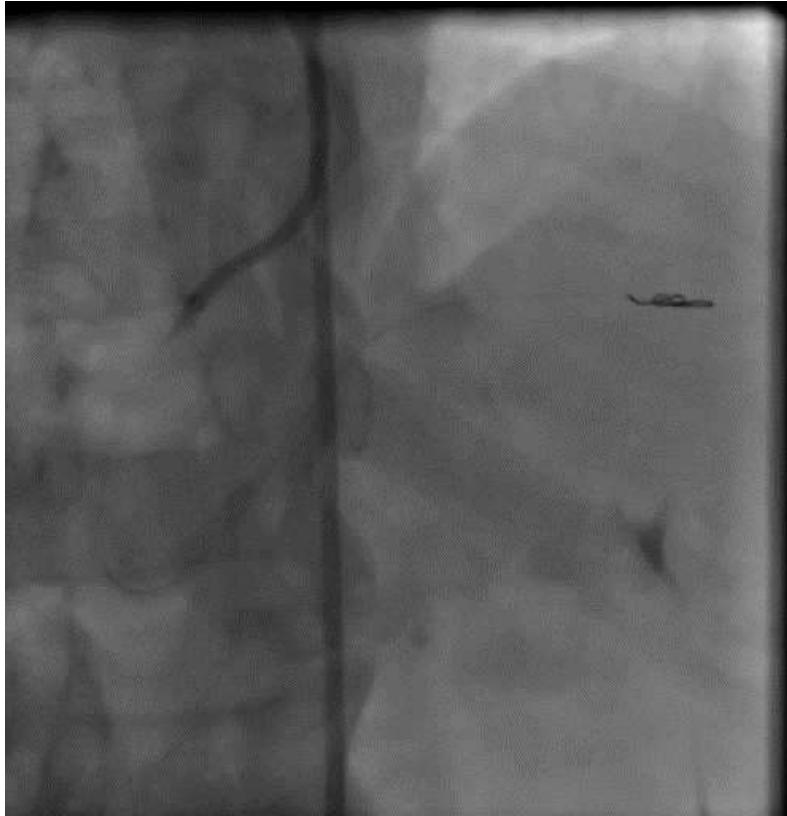


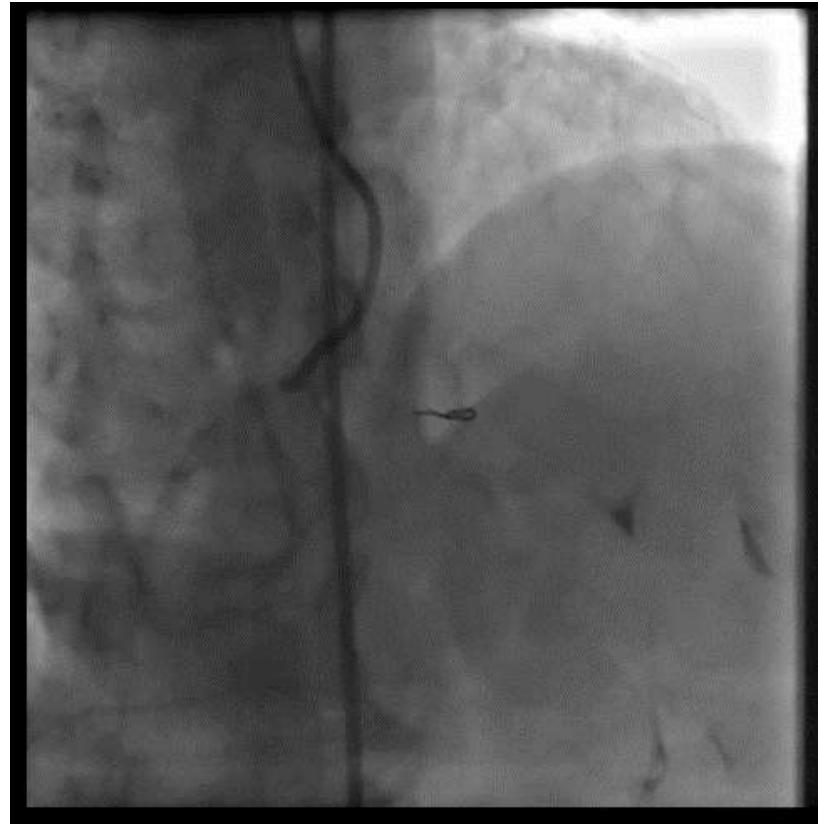




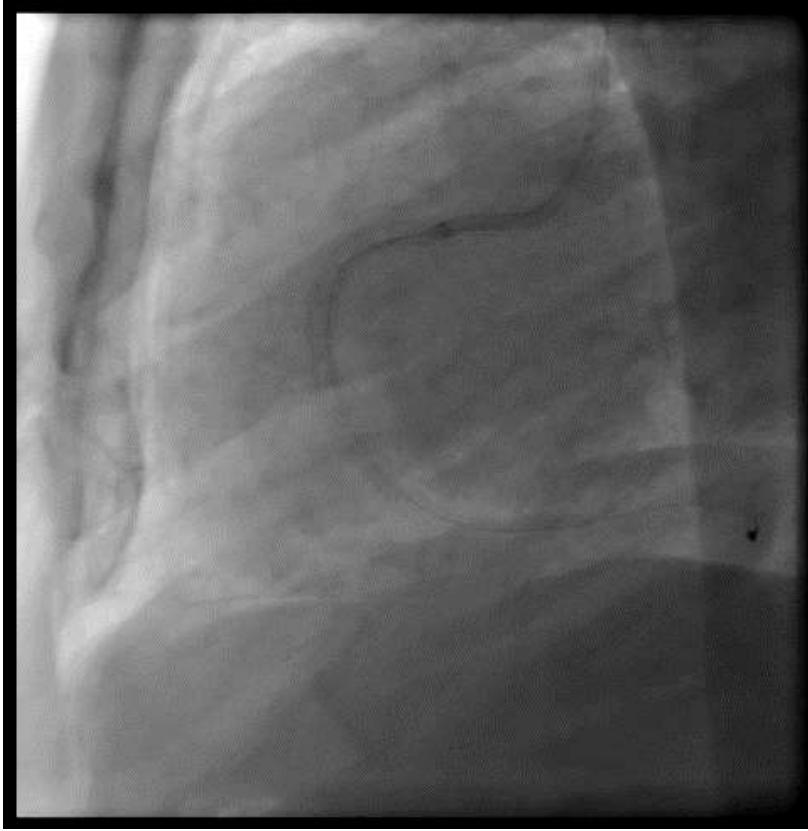
- **Predilatation (2.0x 20mm), then (2.5x 20mm)**

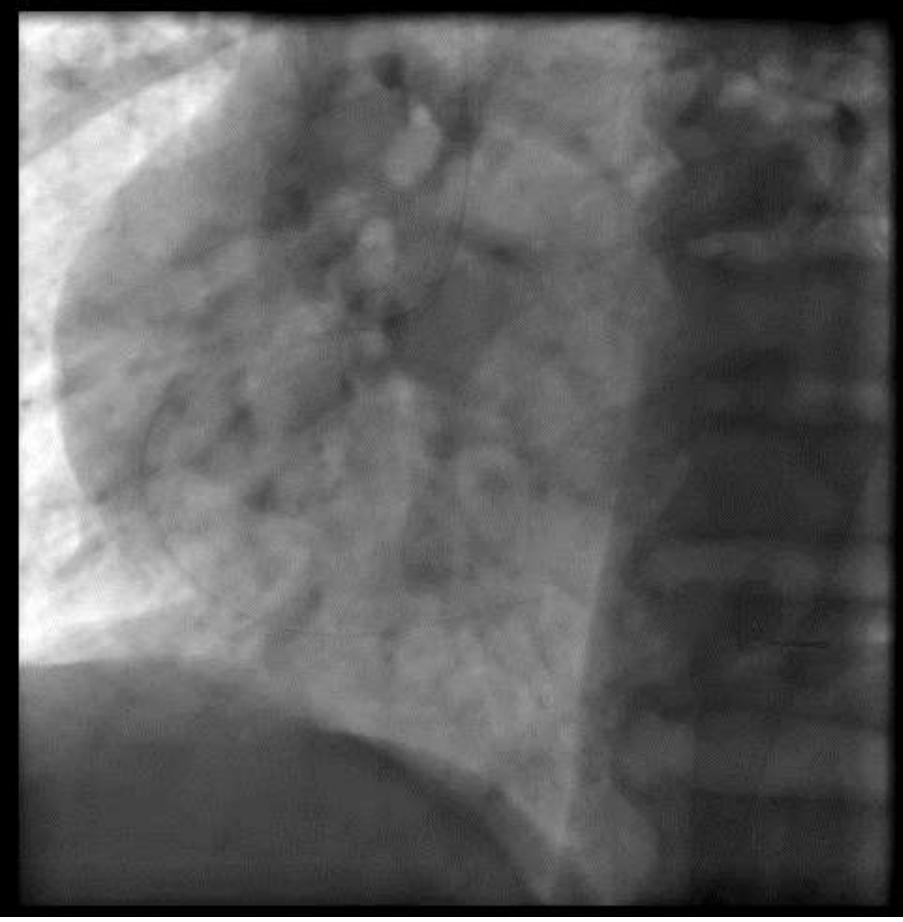






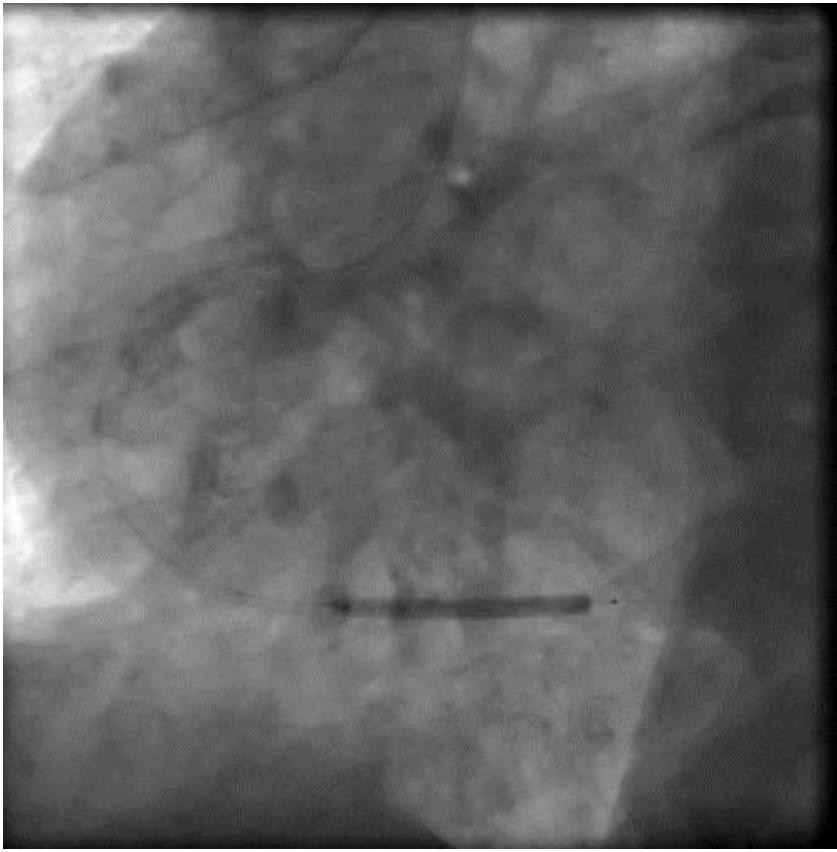
- **DES (3.5x 48mm) at 14 atm.**
- Post-dilatation NC balloon (4.0x 15mm) at 24 atm.
- **DES (3.5x 48mm) at 14 ATM**





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- **Paclitaxel DCB (3.0x 40mm) distally**

Take home messages

- Woven coronary disease is a rare pathology with unknown etiology.
- Although initially considered benign, recent publications report myocardial ischemia caused by the affected vessel.
- PCI is doable in WCA, Intravascular imaging is helpful in landing zone selection & vessel sizing in this scenario