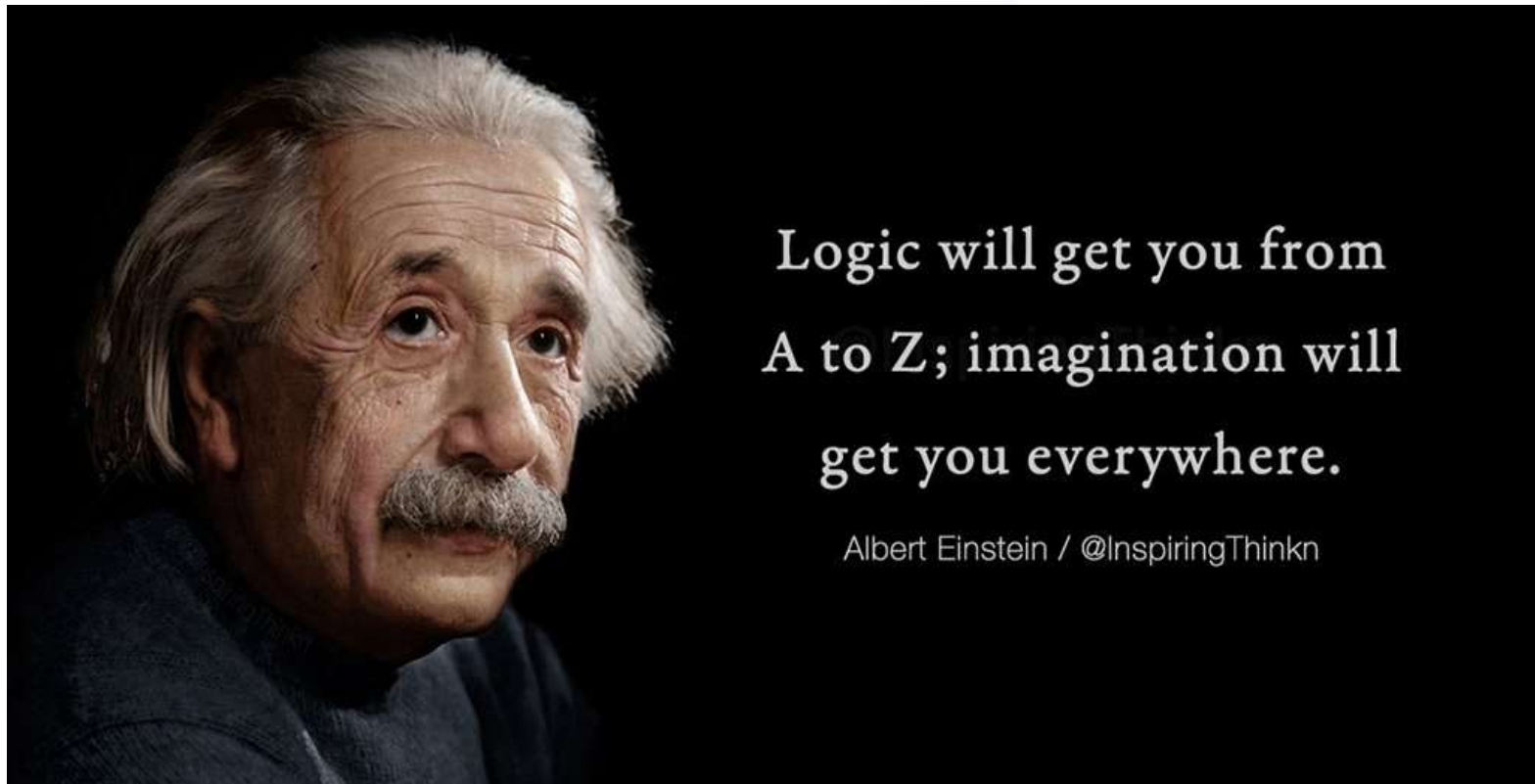


Snaring a Protruding Aorto-ostial Coronary Stent: A Novel Anchoring Technique for Facilitating Antegrade Treatment of a Chronic Total Occlusion

Sliman Hussein
Netherland Amsterdam VUMC
Israel Haifa



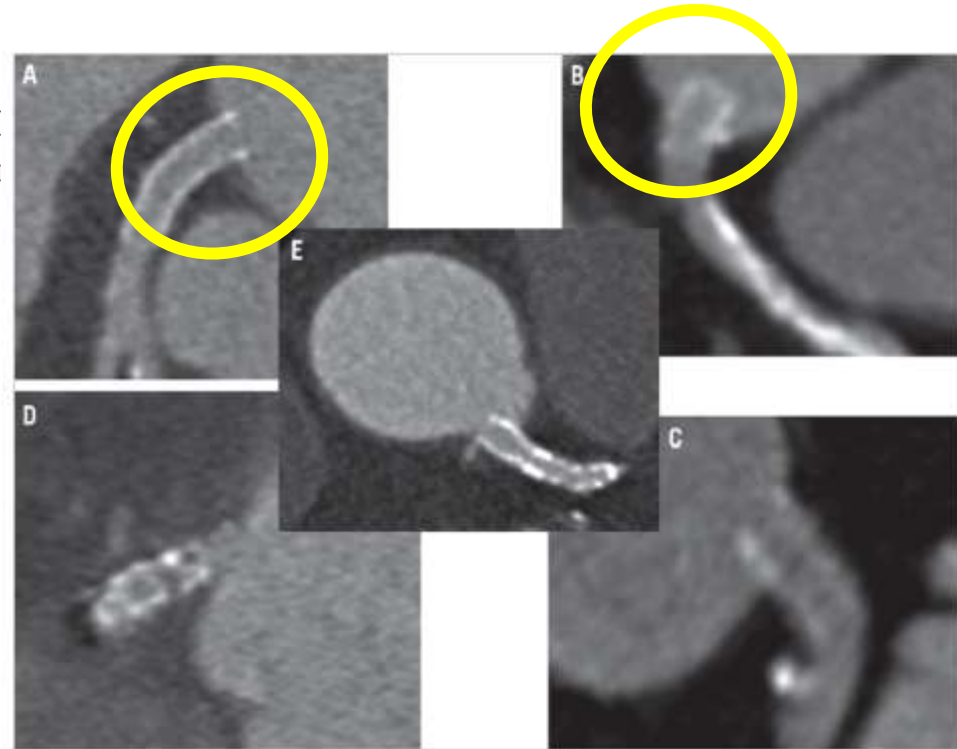
Logic will get you from
A to Z; imagination will
get you everywhere.

Albert Einstein / @InspiringThinkn

Geographic miss with aorto-ostial coronary stent implantation: insights from high-resolution coronary computed tomography angiography

Ronen Rubinshtein¹, MD; Nissan Ben-Dov¹, MD; I Ariel Finkelstein², MD; Basil S. Lewis¹, MD; Rone

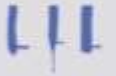




- Geographic-miss is common during stents frequently protrude into the a



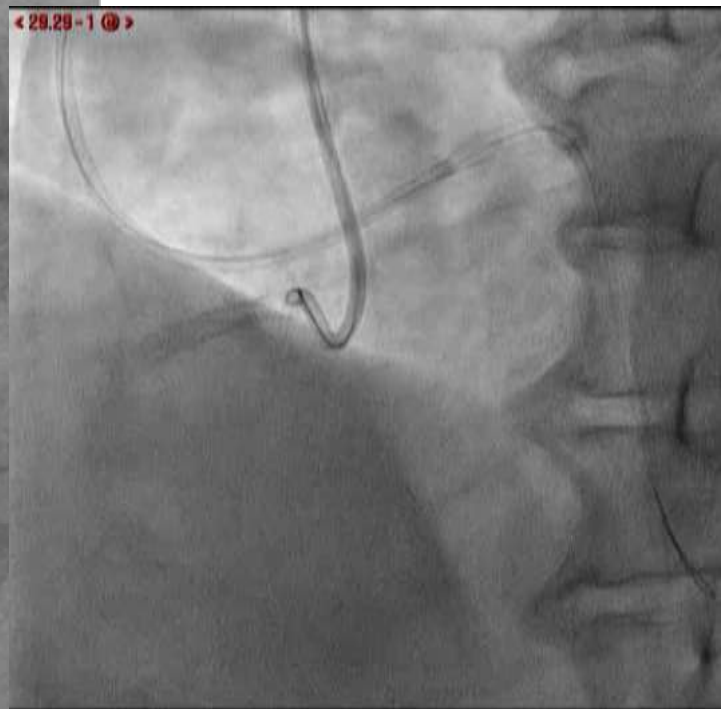
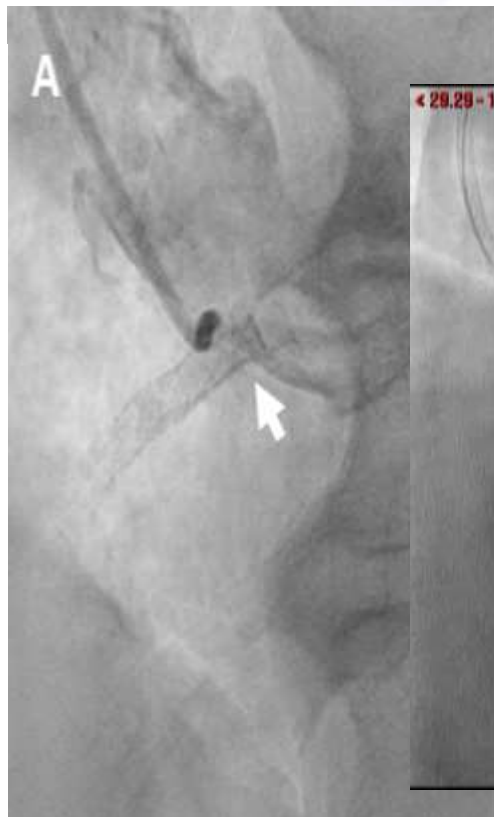
- Pre-existing stents protruding from the lesion into the aortic root may prevent optimal guide catheter positing in case of future coronary interventions.
- The attached case describes a novel technique for anchoring a guide catheter during antegrade treatment of such a lesion, which has not been previously described.

J-CTO SCORE SHEET

Version 1.0

Variables and definitions		
Tapered 	Blunt 	Entry shape <input type="checkbox"/> Tapered (0) <input type="checkbox"/> Blunt (1) point
Calcification 	Regardless of severity, a point is assigned if any calcification is detected within the CTO segment.	Calcification <input type="checkbox"/> Absence (0) <input type="checkbox"/> Presence (1) point
Bending >45degrees 	One point is assigned if bending >45 degrees is detected within the CTO segment. If tortuosity separated from the CTO segment is excluded from this assessment.	Bending >45° <input type="checkbox"/> Absence (0) <input type="checkbox"/> Presence (1) point
Occlusion length 	Using good contrast images, try to measure the distance of occlusion, which should be shorter than the first inflexion.	Occl.Length <input type="checkbox"/> <20mm (0) <input type="checkbox"/> ≥20mm (1) point
Re-try lesion Is this Re-try (2 nd attempt) lesion? (previously attempted but failed)		Re-try lesion <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) point
Category of difficulty (total point) <input type="checkbox"/> easy (0) <input type="checkbox"/> Intermediate (1) <input type="checkbox"/> difficult (2) <input type="checkbox"/> very difficult (≥3)		Total points

4



protrusion into the aortic root.

X	O	X
X	O	X
O	X	O

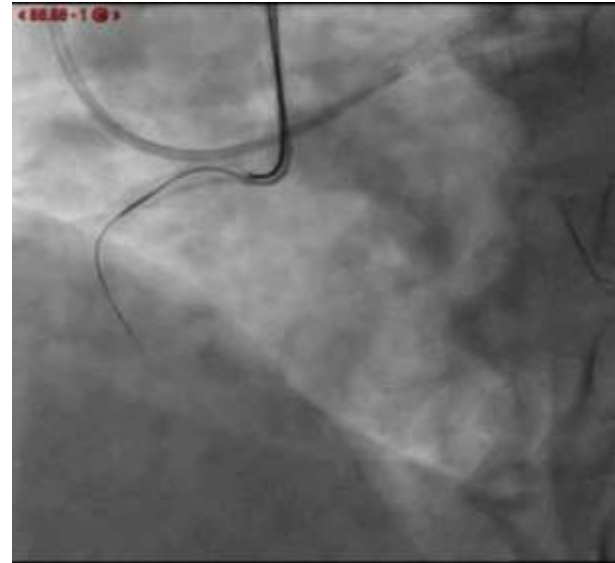
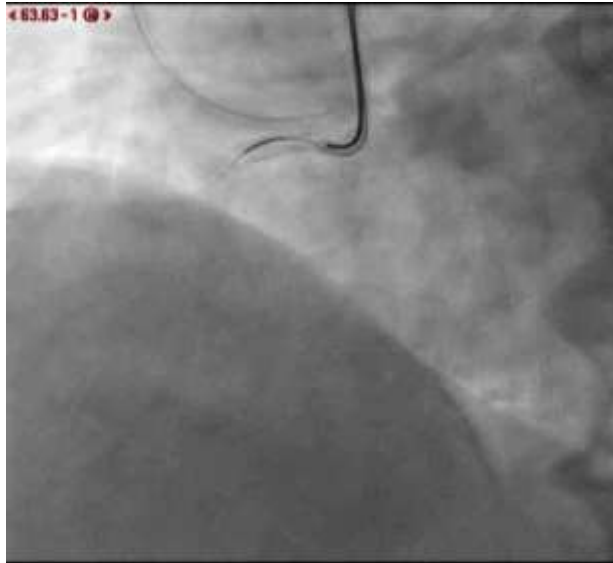
THINK
OUTSIDE
THE BOX



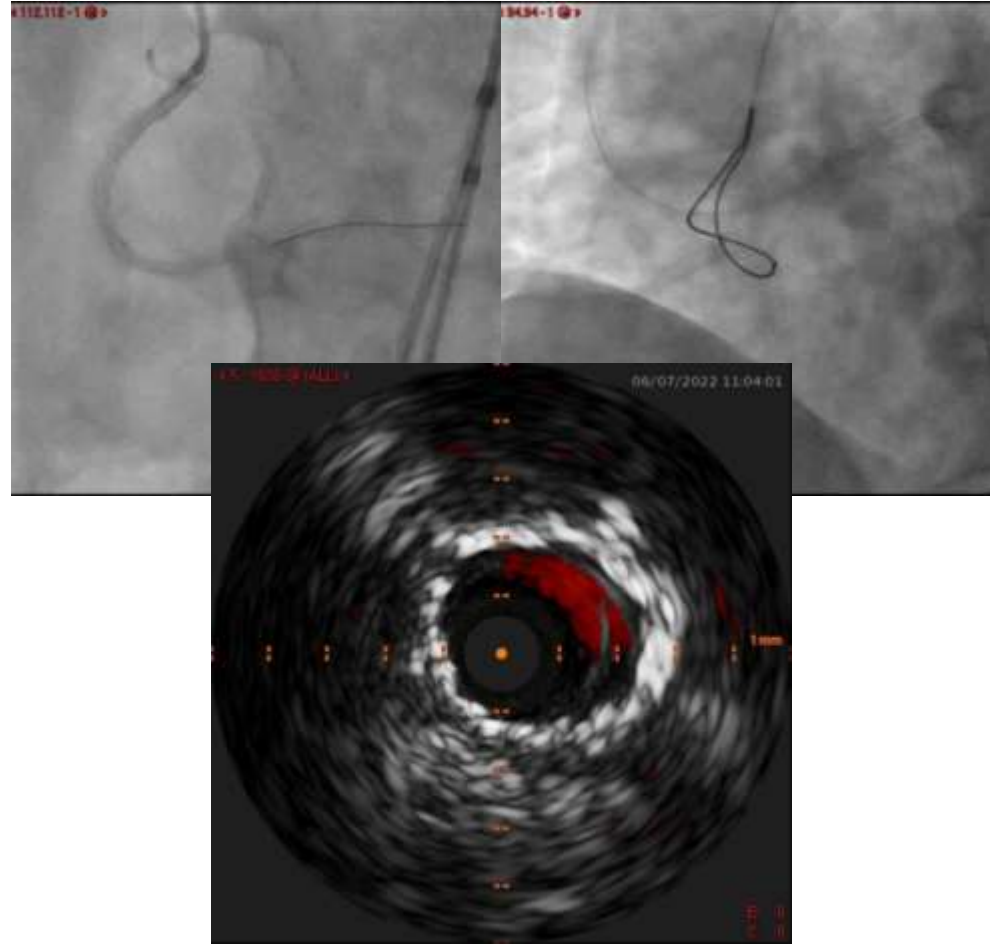
- A 30 mm Amplatz GooseNeck snare (Medtronic, USA) was advanced via a 7Fr JR4 guide catheter and was used to grasp the protruding stents and anchor the catheter at the ostium of the occluded RCA .



- A Turnpike LP microcatheter (Teleflex, USA) was advanced into the coronary occlusion over a Conquest-Pro 12 guidewire (Asahi INTECC, USA) .
- A Gaia Third guidewire (Asahi INTECC, USA) was then advanced via the microcatheter to the distal RCA, guided by contralateral injections.



- **Four overlapping Orsiro stents (Biotronic, Germany) were implanted from the distal RCA to the ostium .**
- **Several manipulations of the guide catheter and snare were required in order to release the snare from the protruding stents .**
- **Intravascular ultrasound confirmed optimal expansion of the stents, with 5 mm protrusion into the aorta.**



- Inaccurate deployment of aorto-ostial coronary stents is common .
- Excessive stent protrusion into the aorta may preclude future positioning of a guide catheter at the ostium of the coronary artery.
- The technique we describe utilized the protruding stents as an anchor site for the guide catheter and enabled successful antegrade treatment of the CTO.
- Caution should be used when applying this technique, as it may be difficult to disengage the snare from the grasped stents.