

# IVUS GUIDED ANTEGRADE APPROACH FOR RIGHT CORONARY CTO

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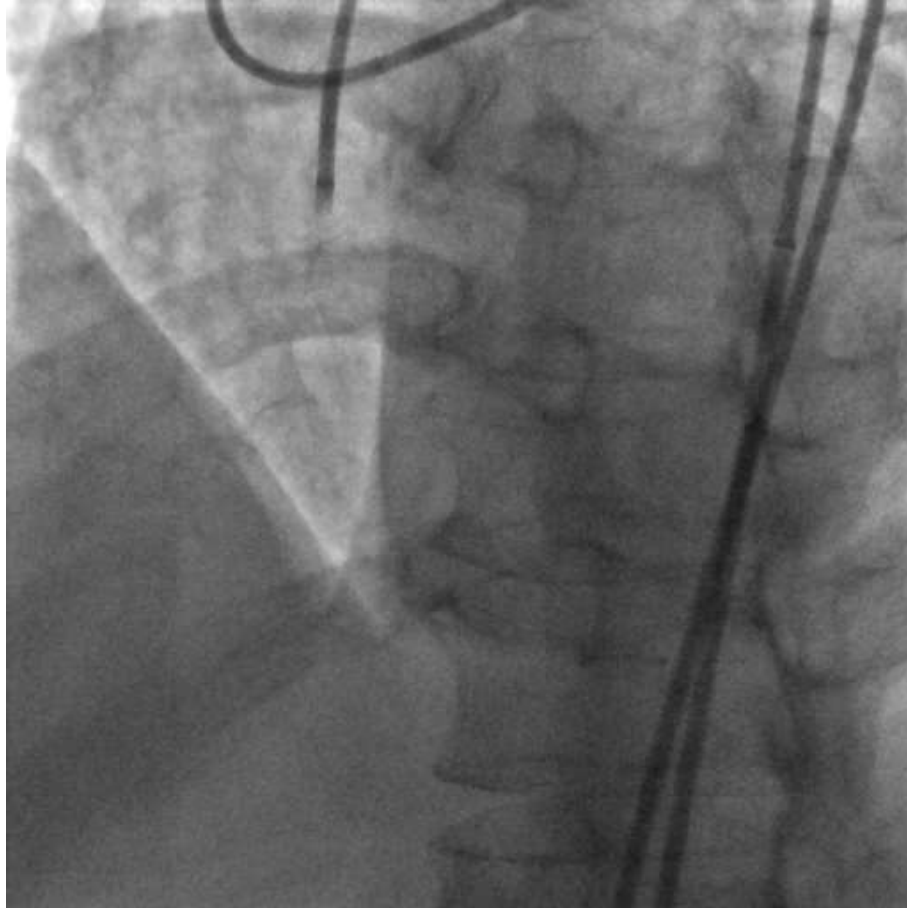
Patient: G. P

Male, 66 years old , smoker and dyslipidemic

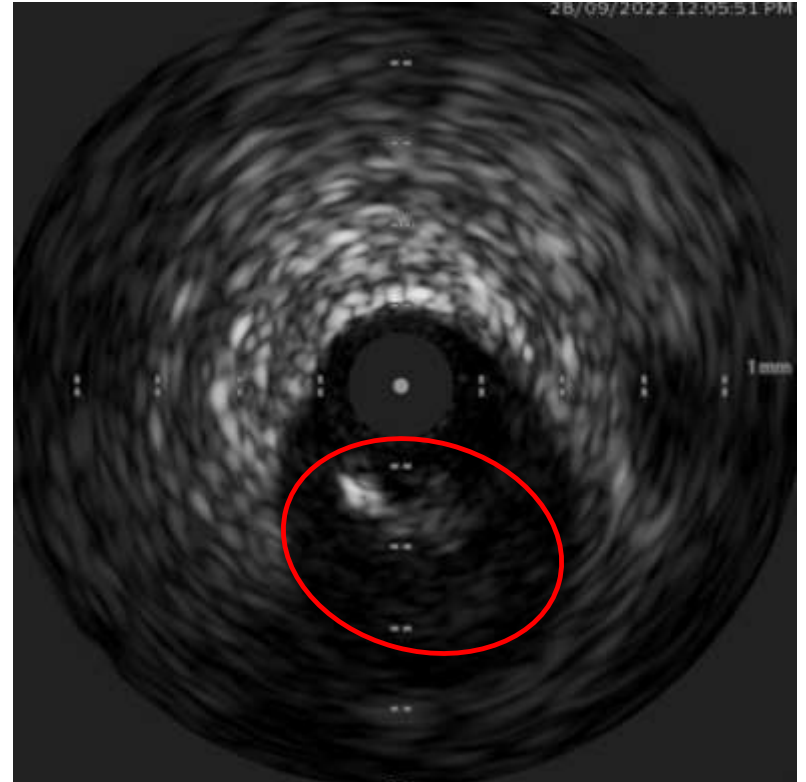
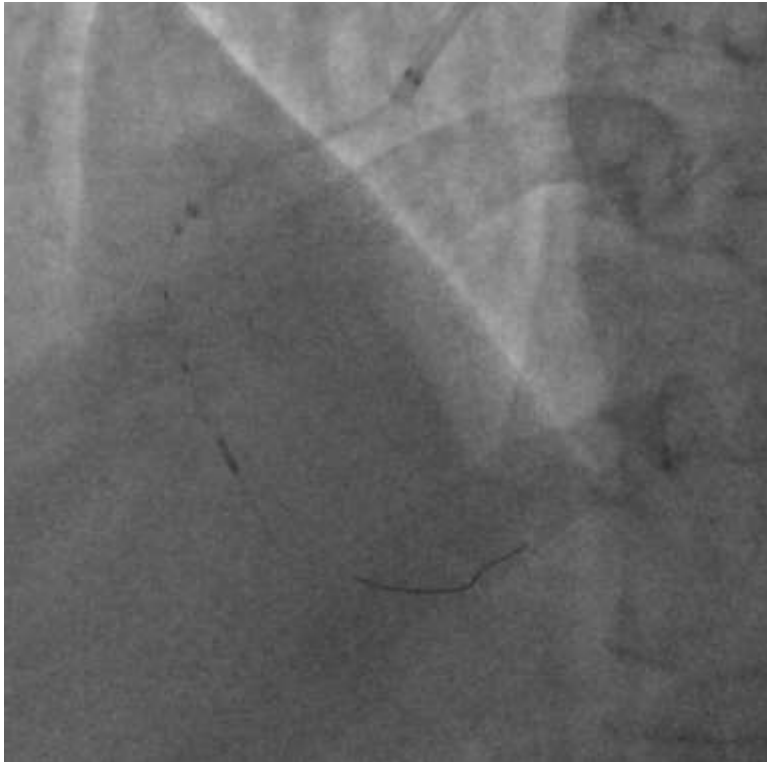
### Cardiological history:

- 2021- NSTEMI → PCI + 1 DES on 1 OM (CTO of RCA)
- In 2022, access to the E.R. for chest pain → CVG→ stent patency on 1 MO + already known CTO of RCA
- **Echocardiogram: Hypokinesis of IVS, EF 55% Mild mitral valve regurgitation in absence of stenosis, mild tricuspid valve regurgitation**
  - Therapy
    - PPI
    - Cardioaspirin 100 mg
    - Brilique 90 mg x2
    - Torvast 40 mg
    - Ranexa 375 mg x 2

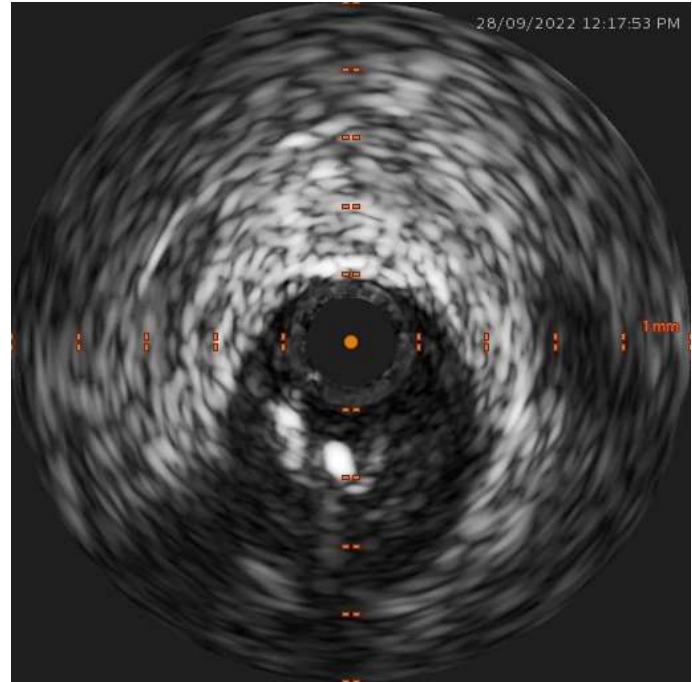
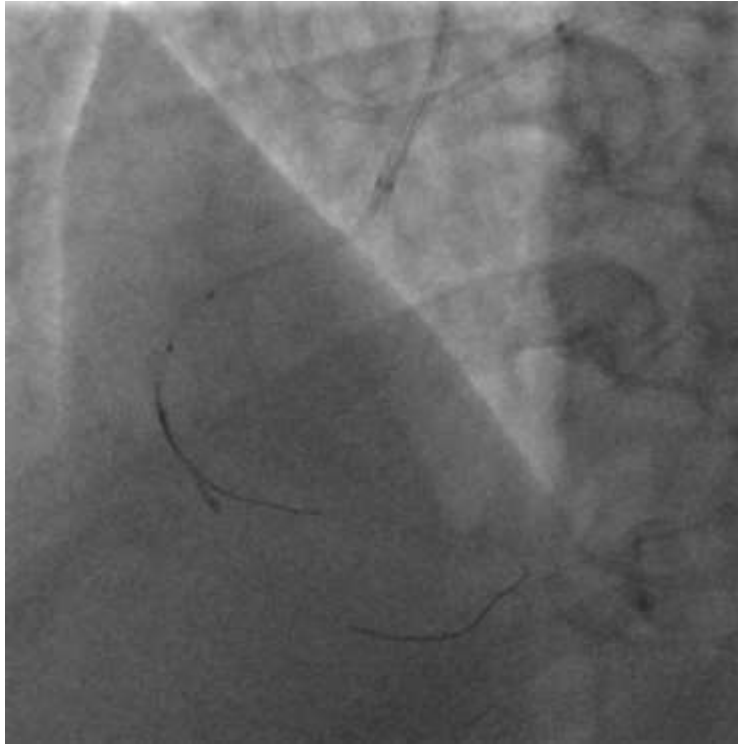
**Right and left femoral arterial access with placement of introducers Destination 7F x45 cm.  
Guide catheters XB 3.5 7F 90 cm and AL1 7F.**



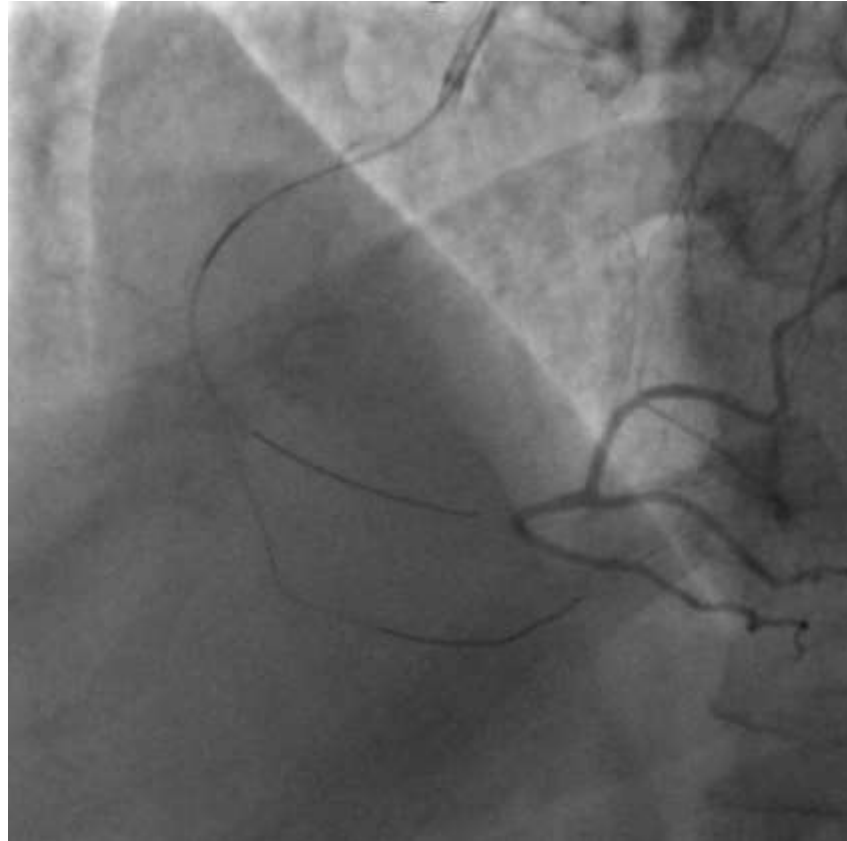
- By means of a Trapliner support, the Sion guide wire is advanced in the distality of acute marginal branch
- Predilatation to obtain correct position of IVUS in side branch



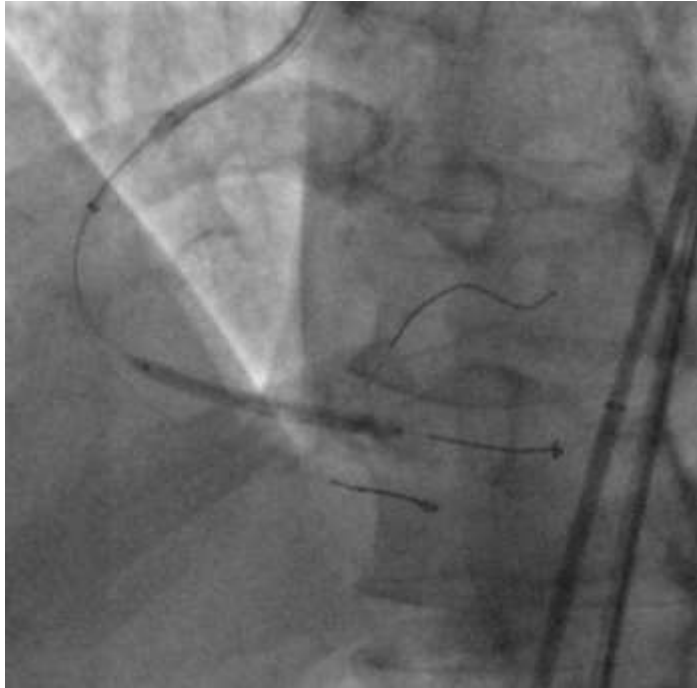
- **IVUS guided puncture**  
Puncture of the proximal cap is performed using a Gladius guide wire with the support of microcatheter Corsair Pro



- After placement of Sasuke dual lumen microcatheter, the posterlateral branch in crossed using Sion Blue guide wire



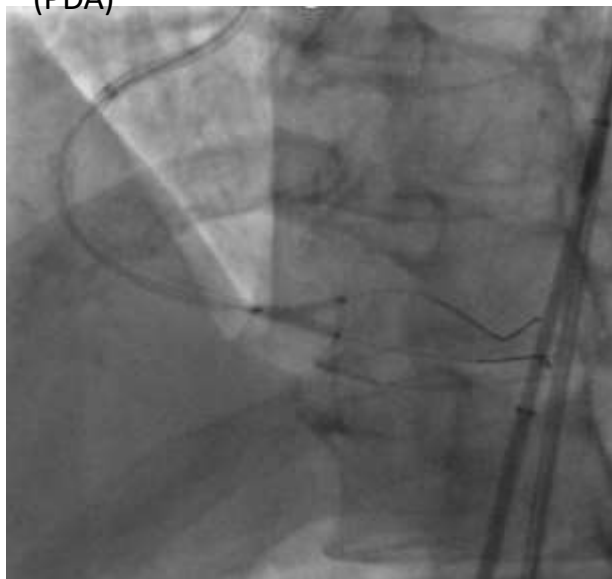
Stenting with DES 2.5 x 36 mm (14 atm)



Stenting with DES 3.5 x 36 mm (14 atm)

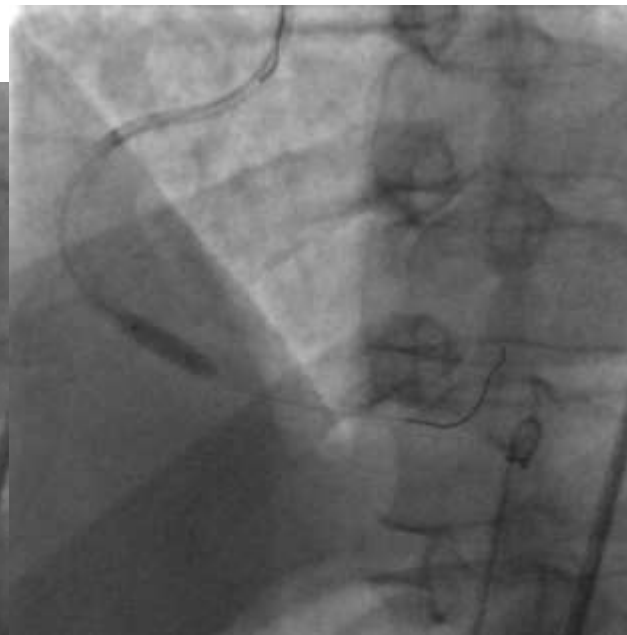
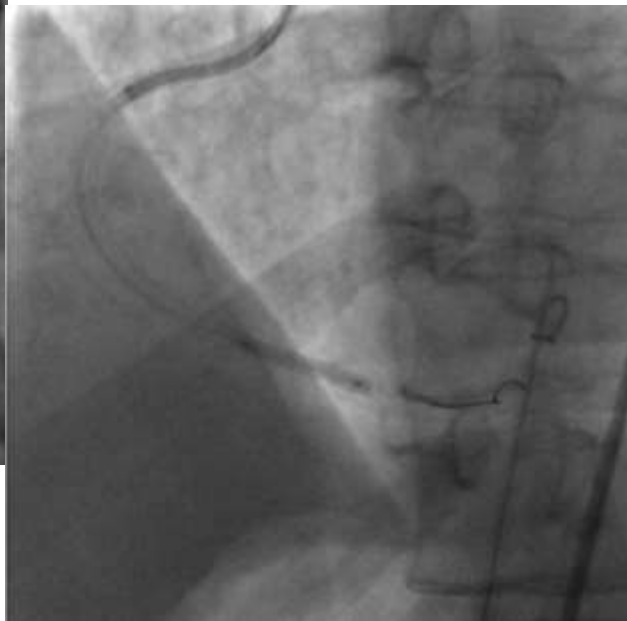


KB with balloons 2.0x15 mm (PL) and 2.5 x 15 mm (PDA)



Post dilatation with balloon 3.5 x 20 mm

Post dilatation with balloon 3.0 x 20 mm





Stenting side branch with  
DES 2.5 x 9 mm (14 atm)



KB with balloons 2.0x15 mm (PL) and 2.5 x 15  
mm (PDA), stenting the proximal ostium tract  
with DES 4.0x24 mm (14 atm) and  
postdilatation with balloon 4.5x12 mm



## FINAL RESULT AFTER SEVERAL POST DILATATION

