REATTEMPT RECLOSURE RESOLVE IN A SEPTAL-SEPTAL COLLATERAL

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CLINICAL HISTORY

49 year old male, presented with the complaints of central chest pain since 2 days

known case of Systemic Hypertension

ECG - SR, HR-75/mt, Poor Progression of R in V1- V4 , T inversion V1- V4,

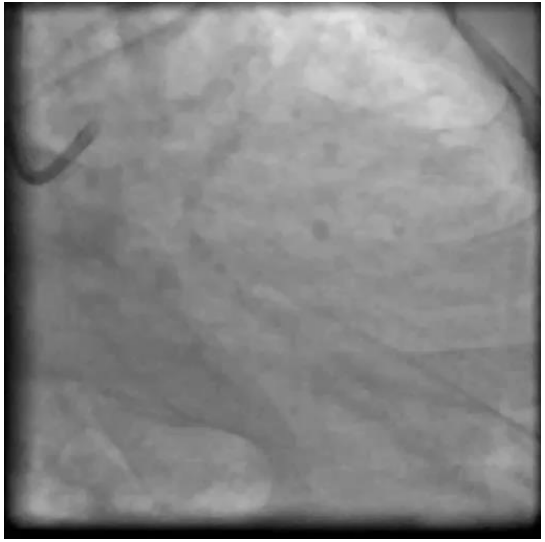
ECHO – RWMA+, AW, AS hypokinesia, mild LV systolic dysfunction, EF- 42%, no MR, No PE/ clot

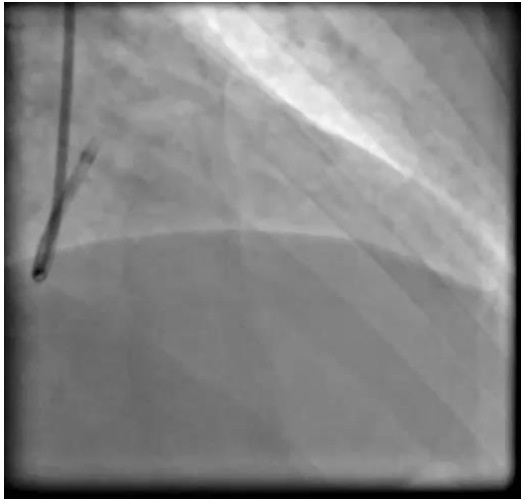
DIAGNOSIS:

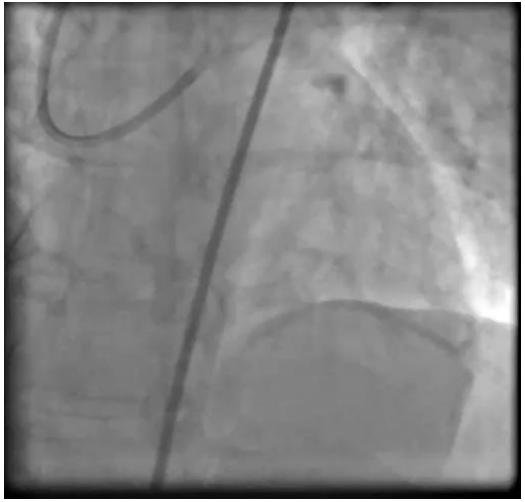
- CORONARY ARTERY DISEASE - ACS, EVOLVED AWMI
- MILD LV SYSTOLIC DYSFUNCTION
- HYPERTENSION

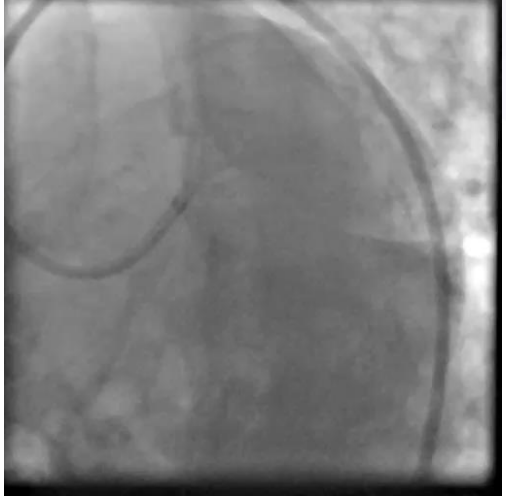
MLCTO ACADEMY
RESEARCH · EDUCATION

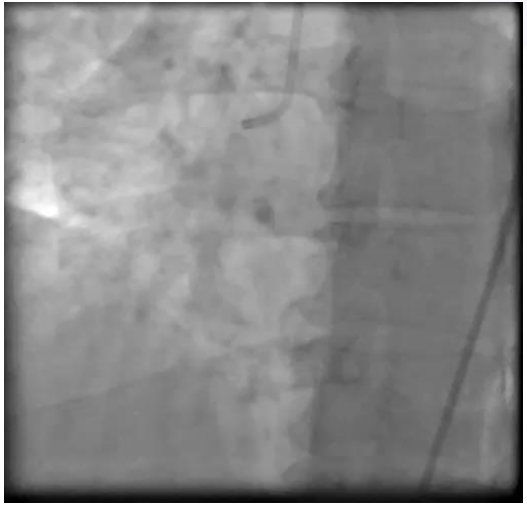
CAG





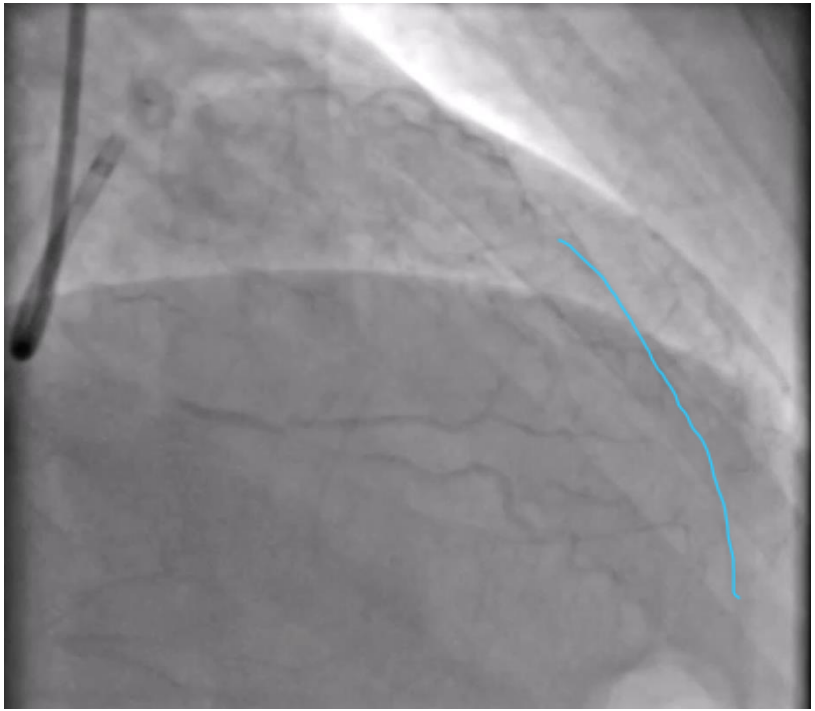


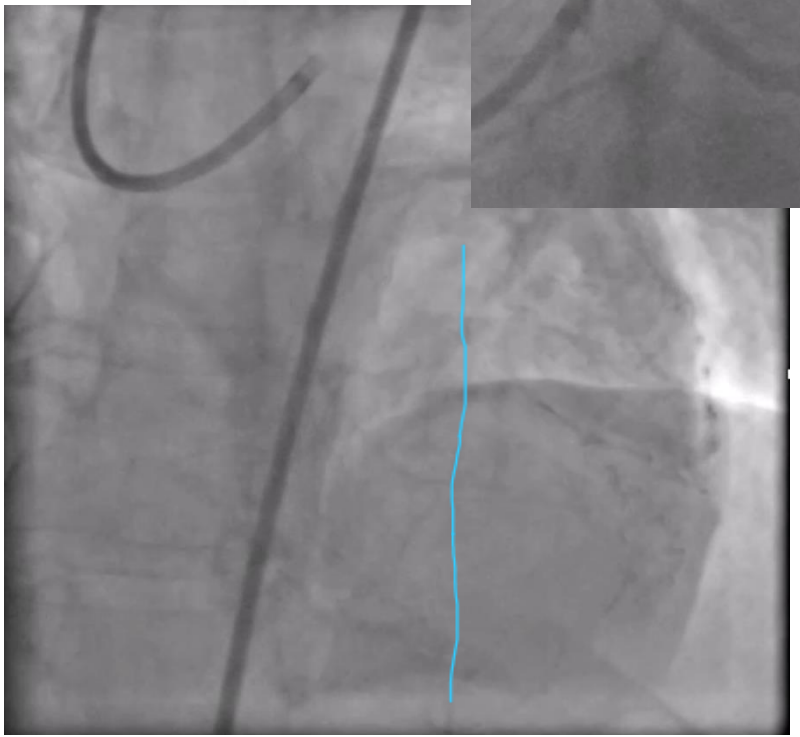


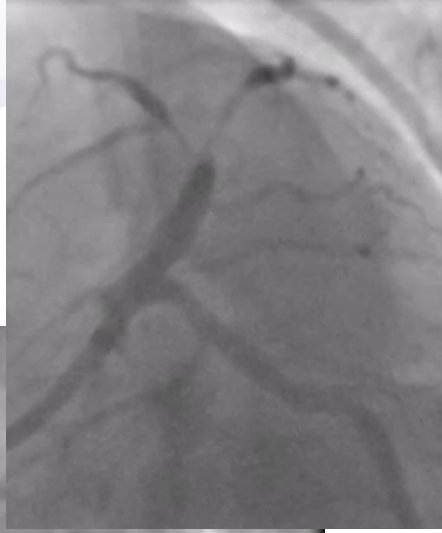


What are we looking at!!

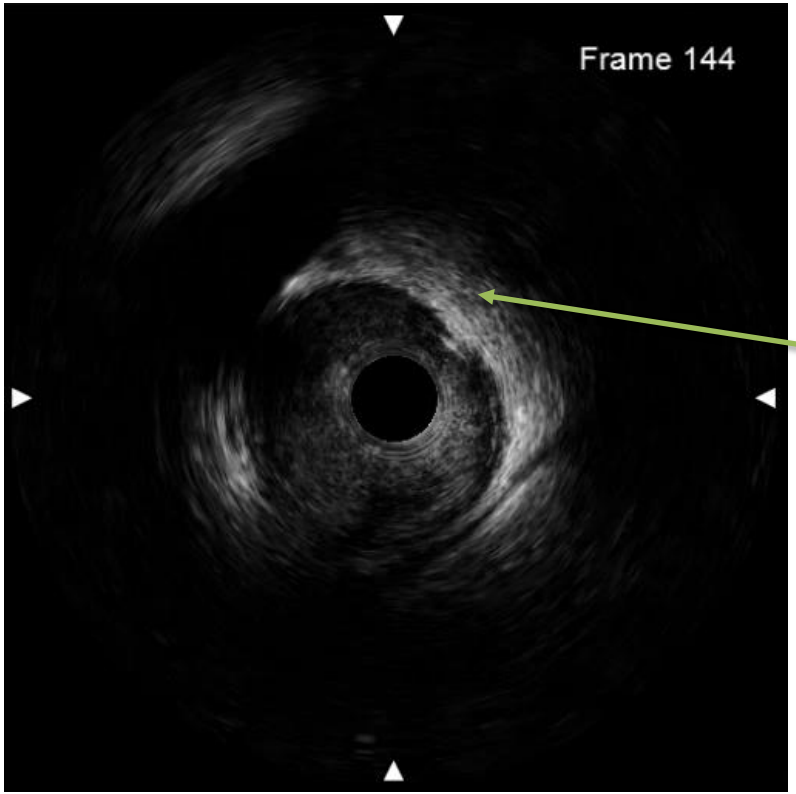
DUAL LAD WITH SHORT LAD CULPRIT LESION & LONG LAD CTO
J-CTO SCORE-2

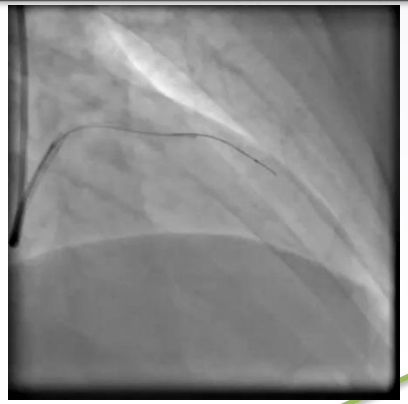


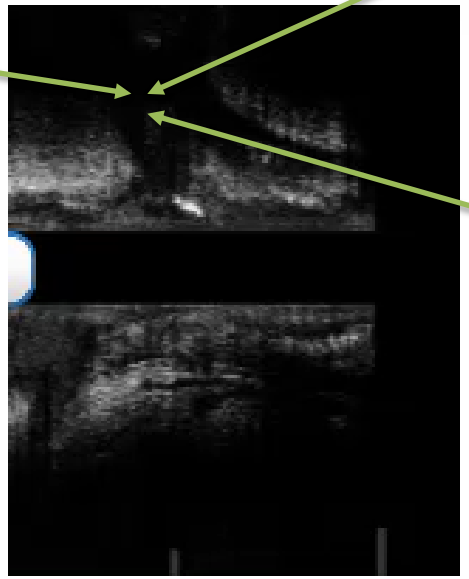


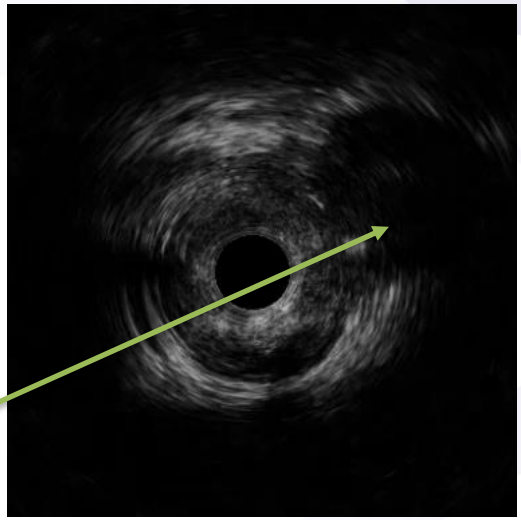


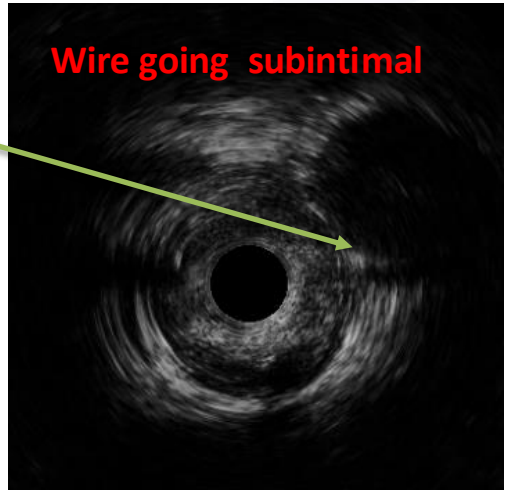
IVUS GUIDED PROXIMAL CAP PUNTURE- FIELDER FC GUIDE WIRE



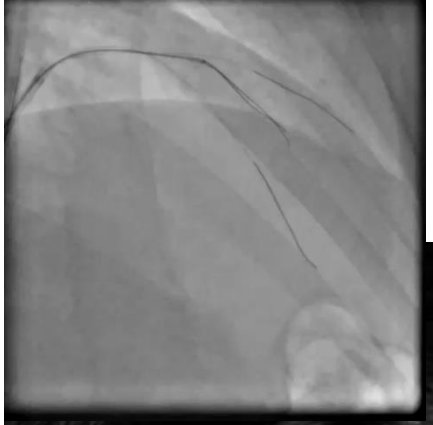




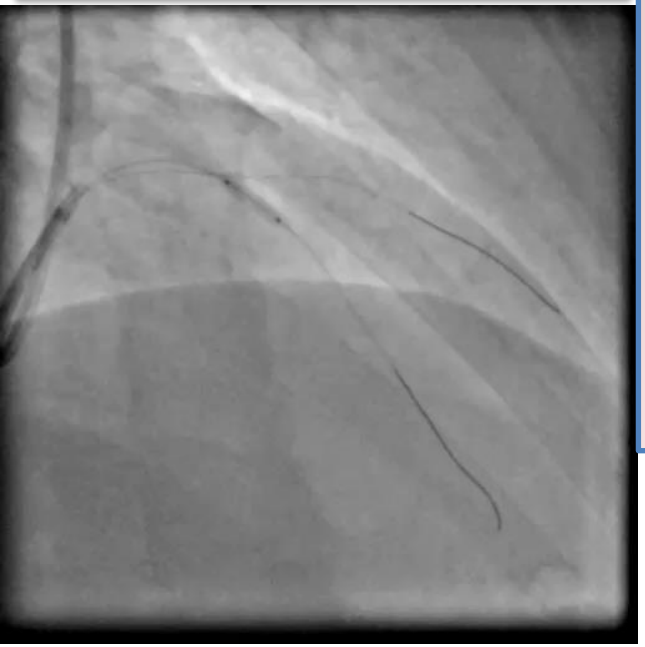




Rewiring with 2nd wire- GAIA NEXT II



IVUS F/B 2.5X15 MAGIC TOUCH DCB TO SHORT LAD

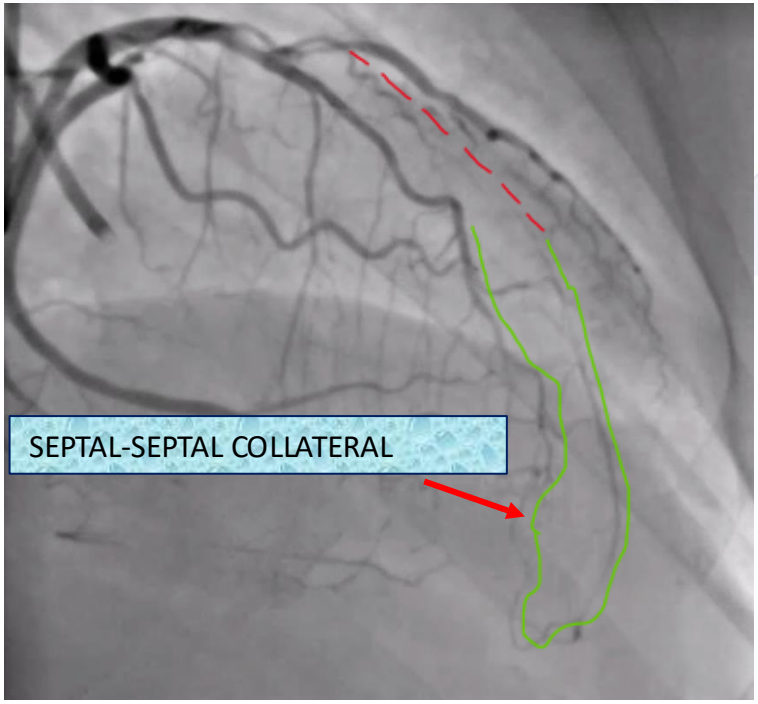


PROCEDURE ABANDONED AND TAKEN FOR REATTEMPT AFTER A MONTH

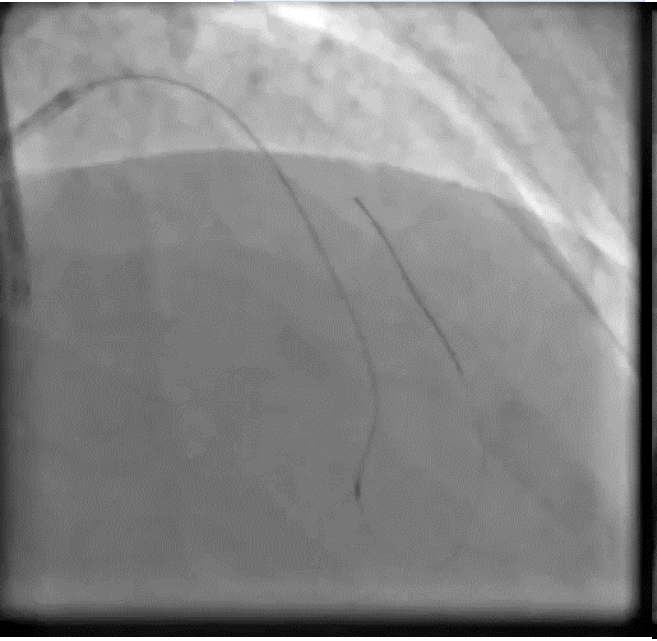
J-CTO score now is **3**

1. Ambiguous proximal cap
2. Length >20mm
3. Previous attempt

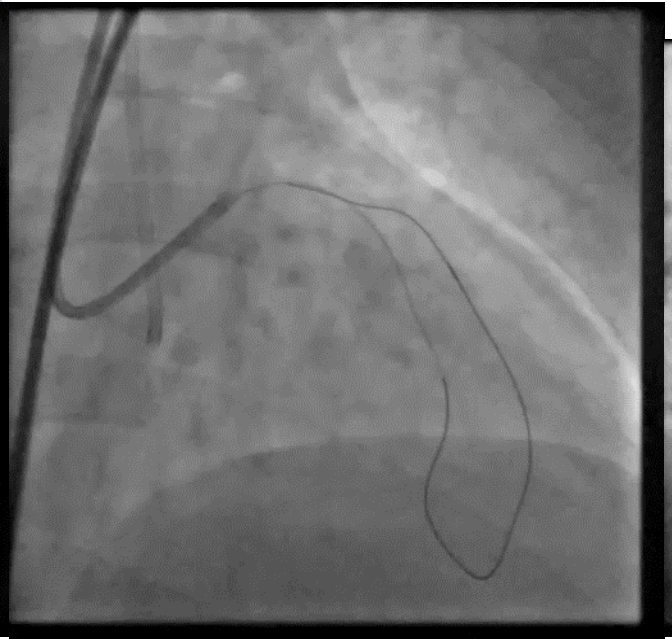
let's start with upfront **RETROGRADE APPROACH**



Suoh 3 guide wire crossed septal-septal collateral

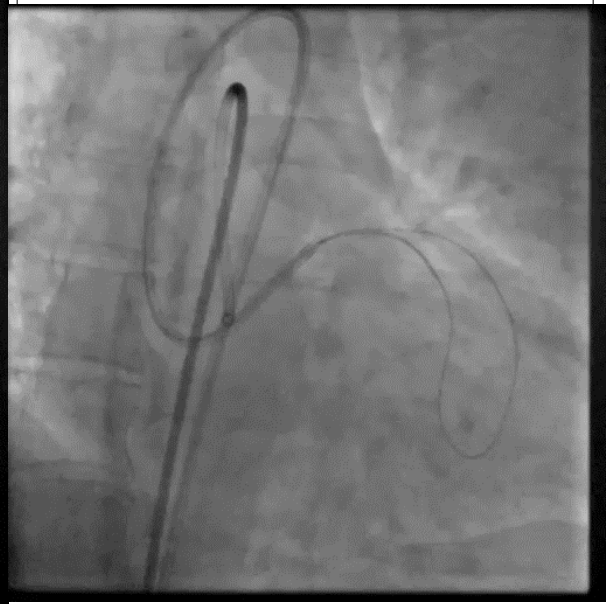


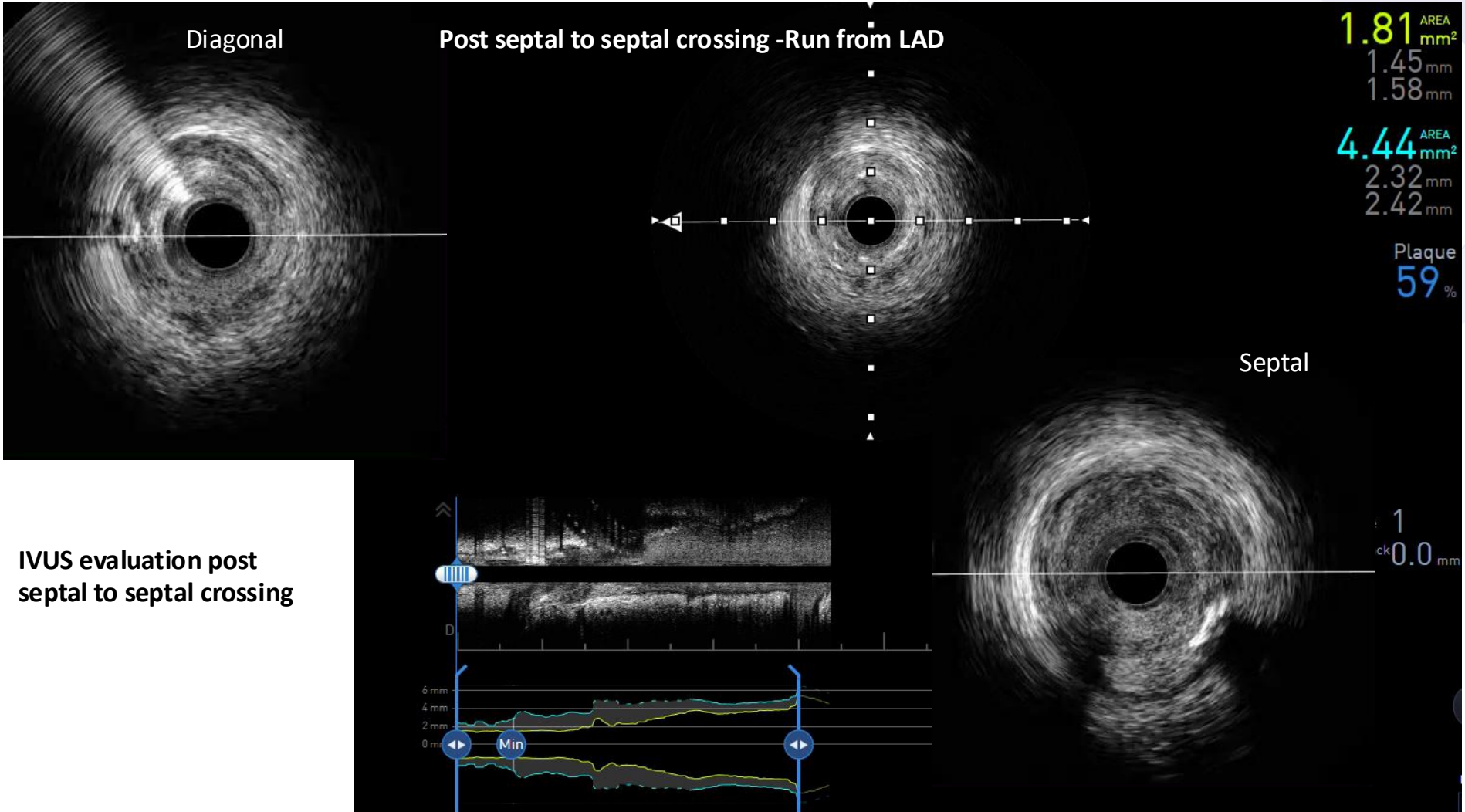
GAIA NEXT II crossed CTO & advanced into EBU guide



GAIA NEXT II REMOVED

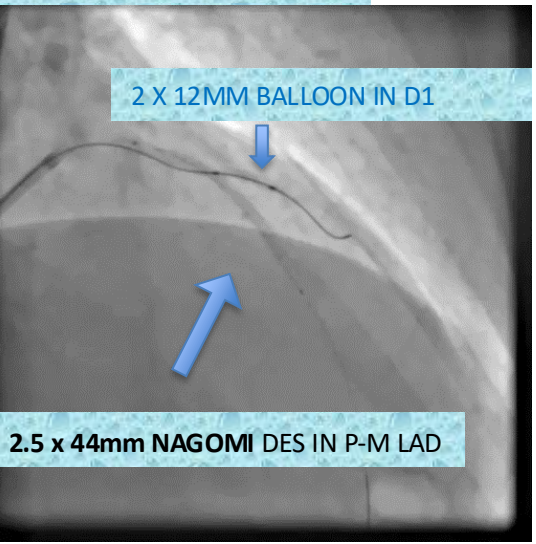
WIRE EXTERNALIZATION WITH RG 3 WIRE





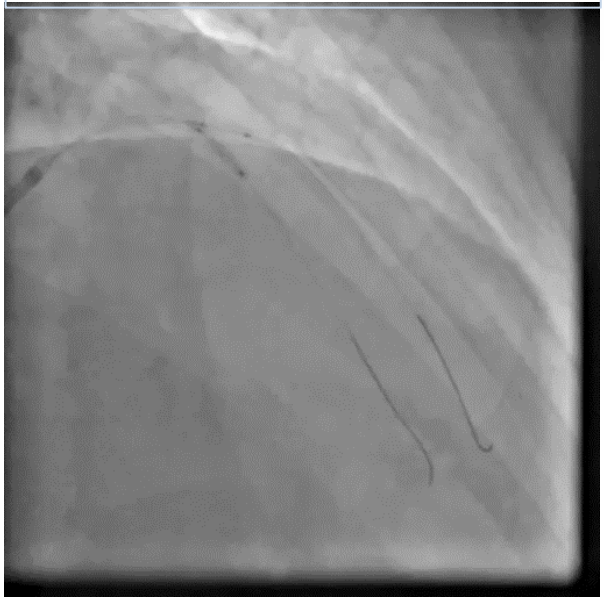
IVUS evaluation post septal to septal crossing

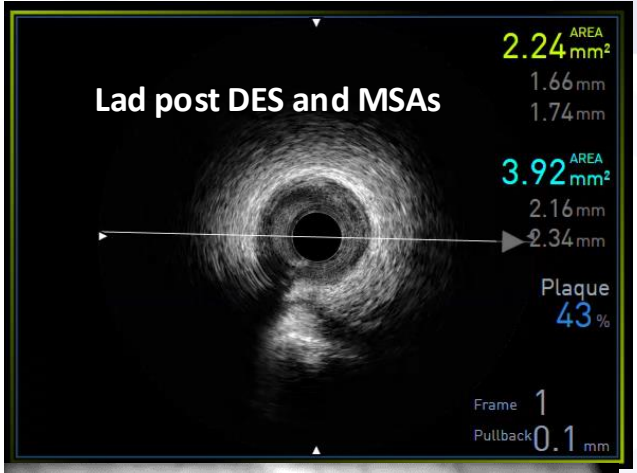
BALLOON EMBEDED TECHNIQUE



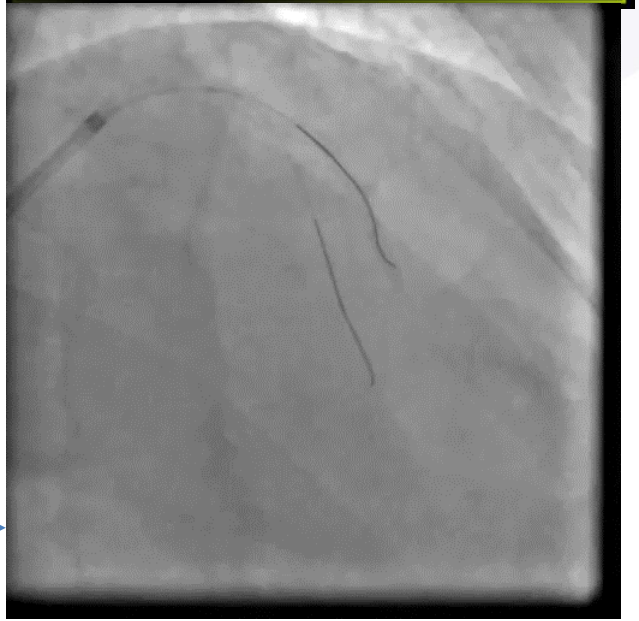
SKBI WITH 2.5X8 NC TREK (LAD)

2X12 MAVERICK (SEPTAL)





FINAL SHOT



TAKE HOME MESSAGE

1. CTO PCI using ipsilateral homologous septal-septal collaterals with a single catheter is a final frontier for an interventional cardiologist

2. IVUS guided proximal cap puncture is highly effective in ambiguous cap and it also confirms the wire in true lumen/extra-plaque, minimizing the sub-intimal dissection.

3. Balloon embedded technique reduces the need for complex side branch procedures.

4. Such a case presenting as ACS is a night-mare both to recognize it and treat it

5. Perseverance is the key in CTO PCI.

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