



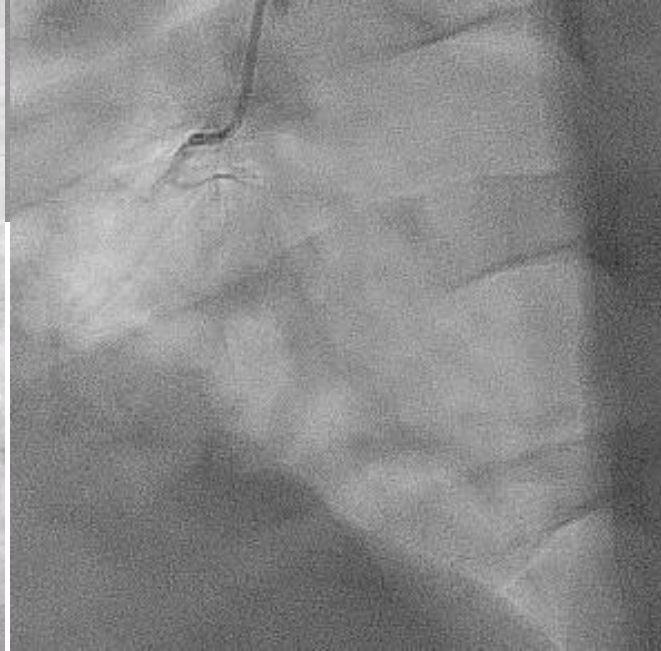
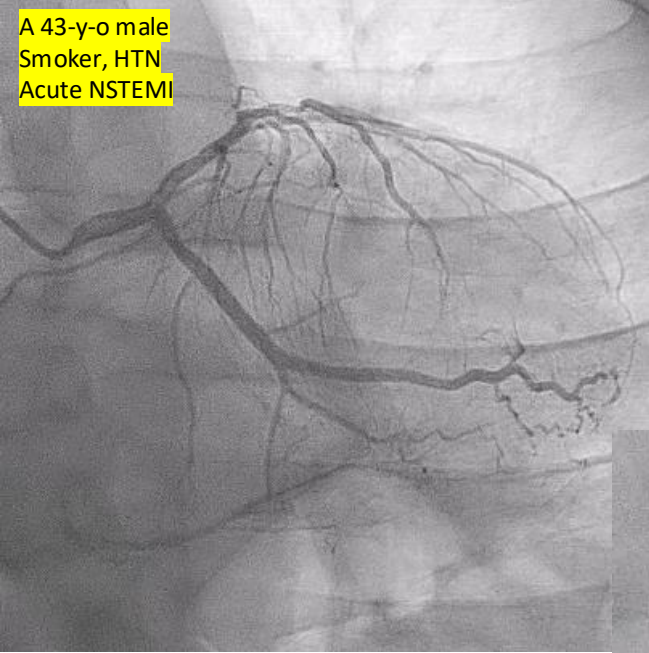
The half drop That turned my easy case a nightmare

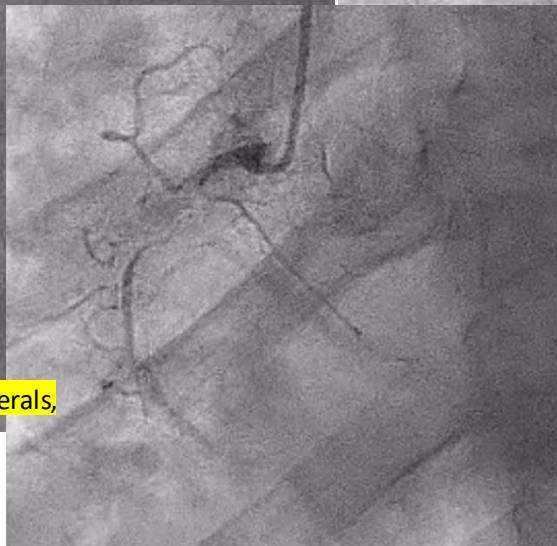
Ahmad Samir, MD, FSCAI
Hail Cardiac Center, SA

I, Ahmad Samir

have no relevant disclosures

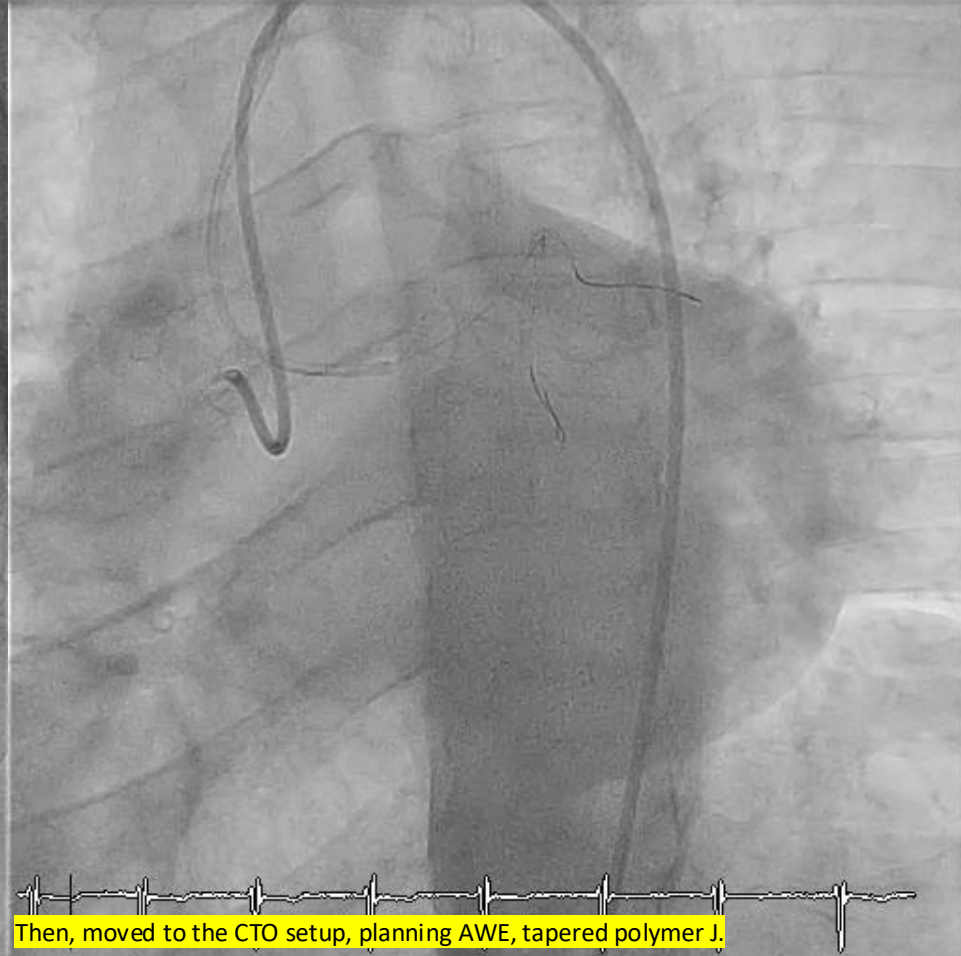
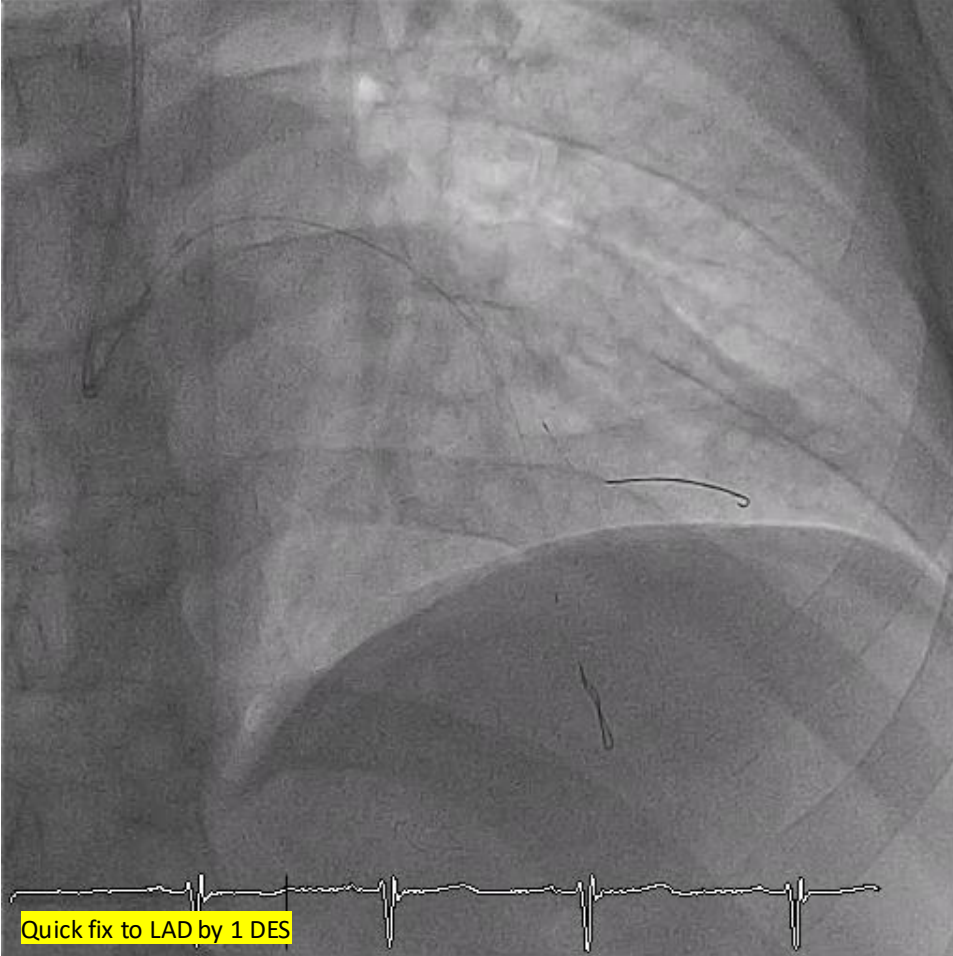
A 43-y-o male
Smoker, HTN
Acute NSTEMI

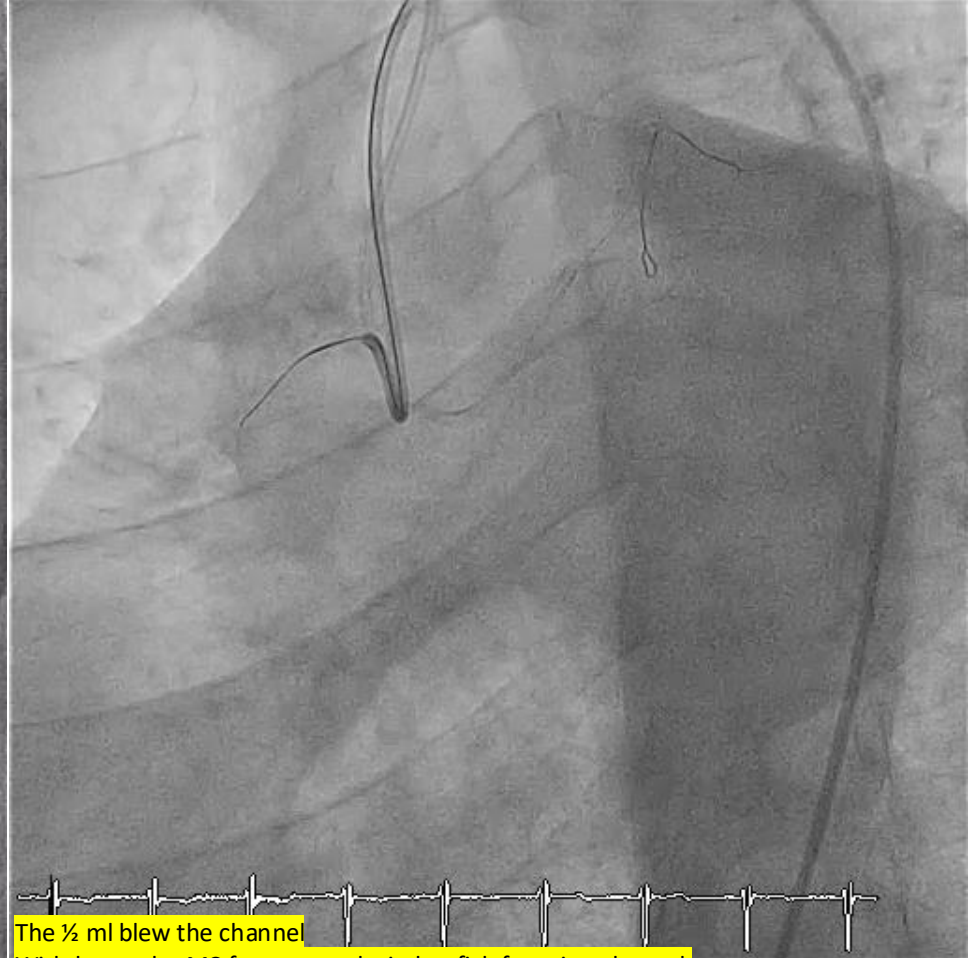
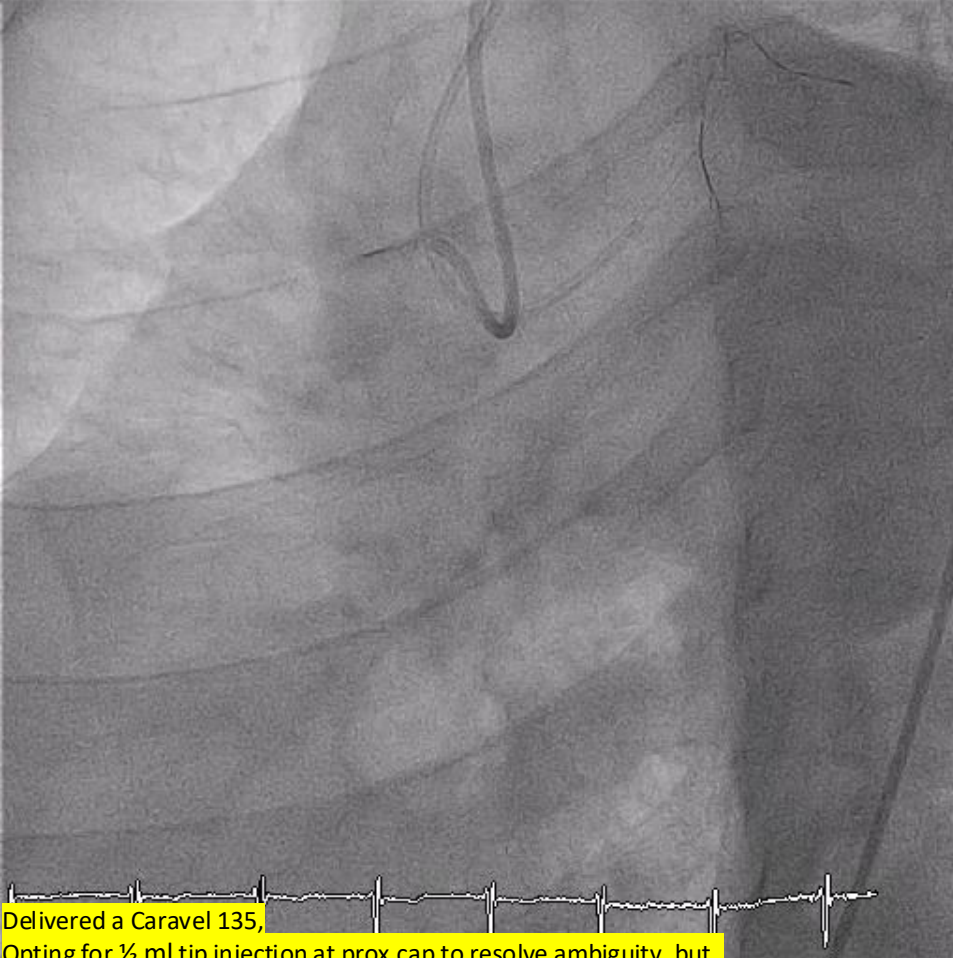


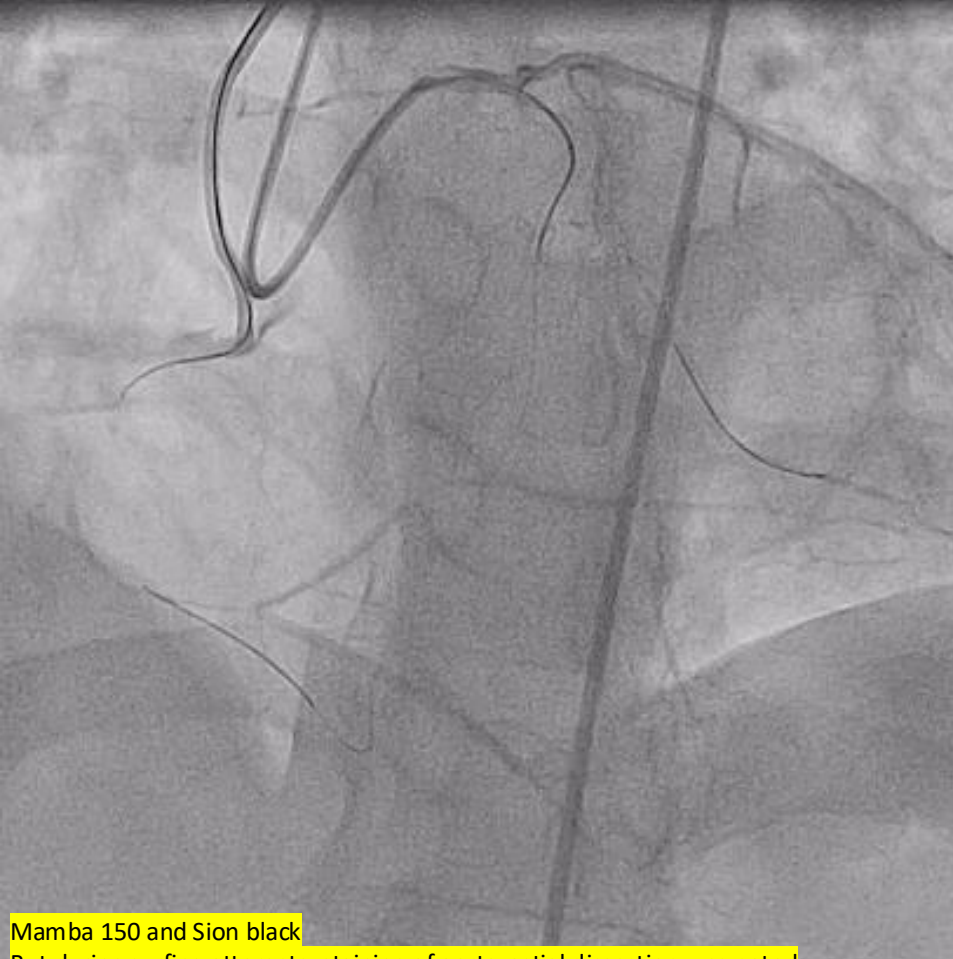


Good analysis for the RCA CTO,
Short, mild bend, yet ambiguous, 2 SB, bridging collaterals,
Best starting projection is shallow LAO-Caudal

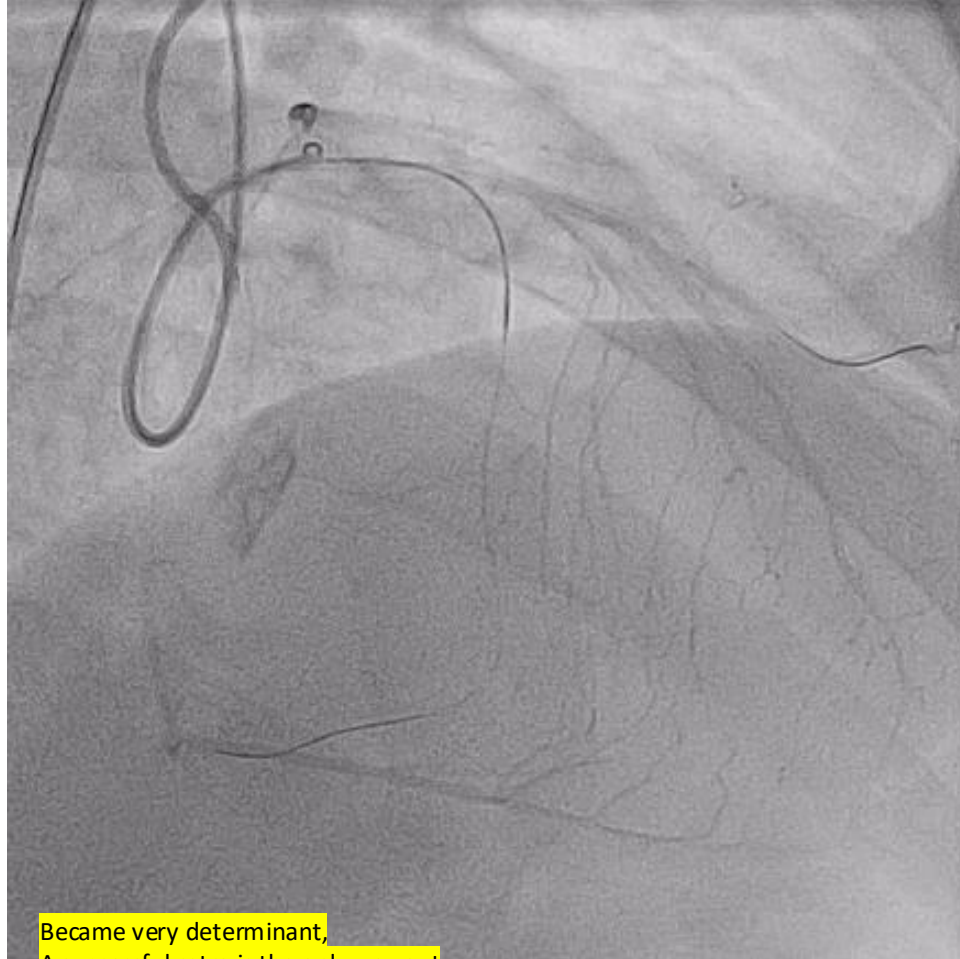
MDT >> The patient was offered both options CABG & PCI
He was in favor for PCI



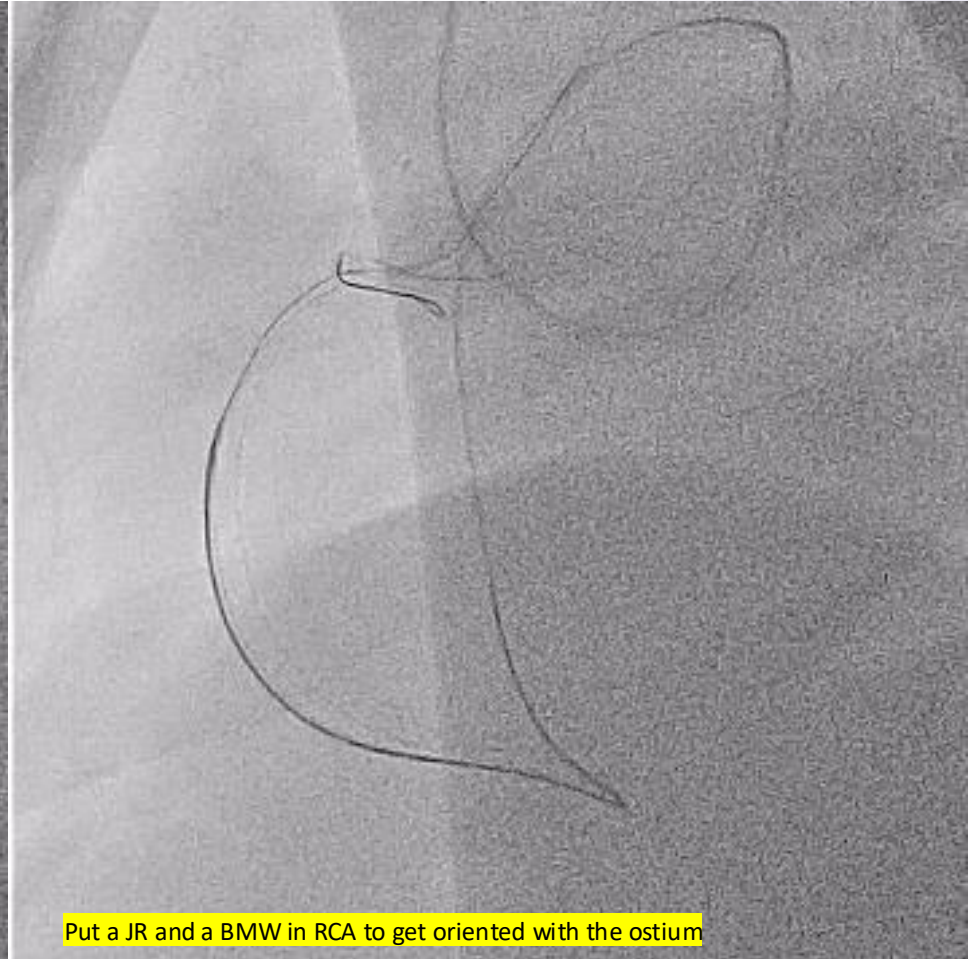
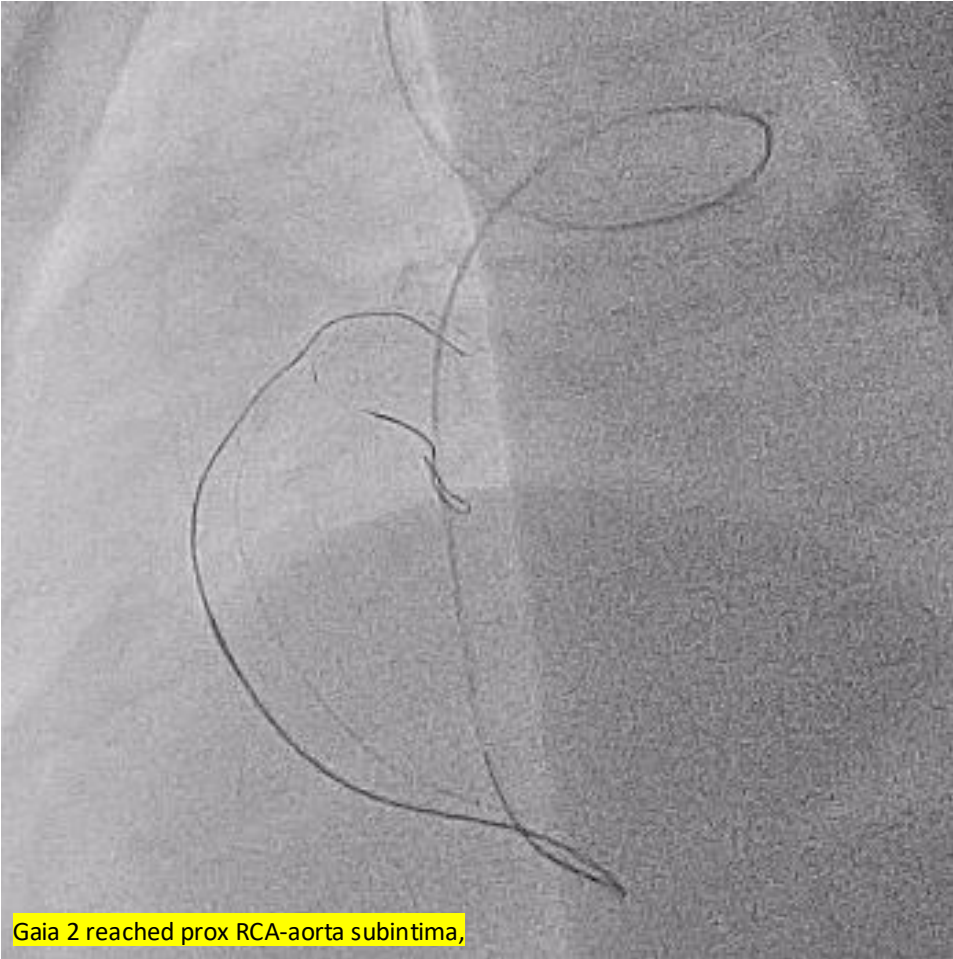




Mamba 150 and Sion black
But during surfing attempts, staining of aorto-ostial dissection was noted

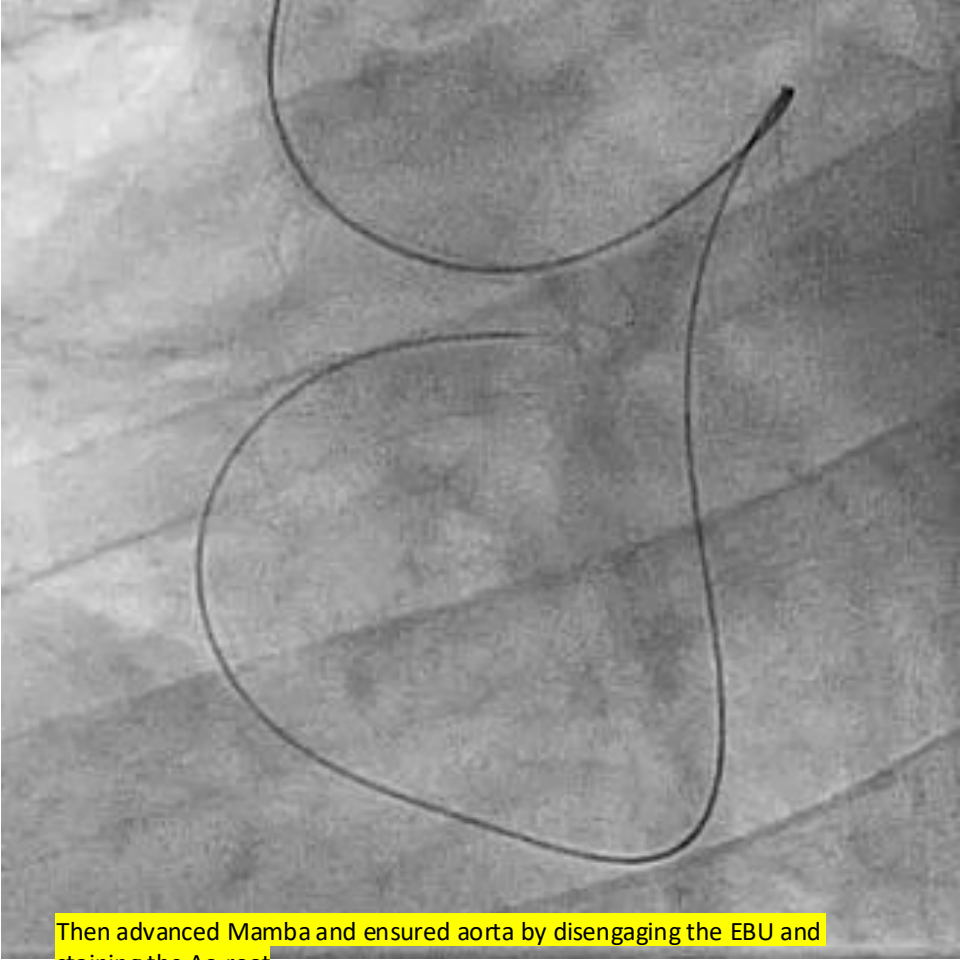


Became very determinant,
A successful retro is the only way out

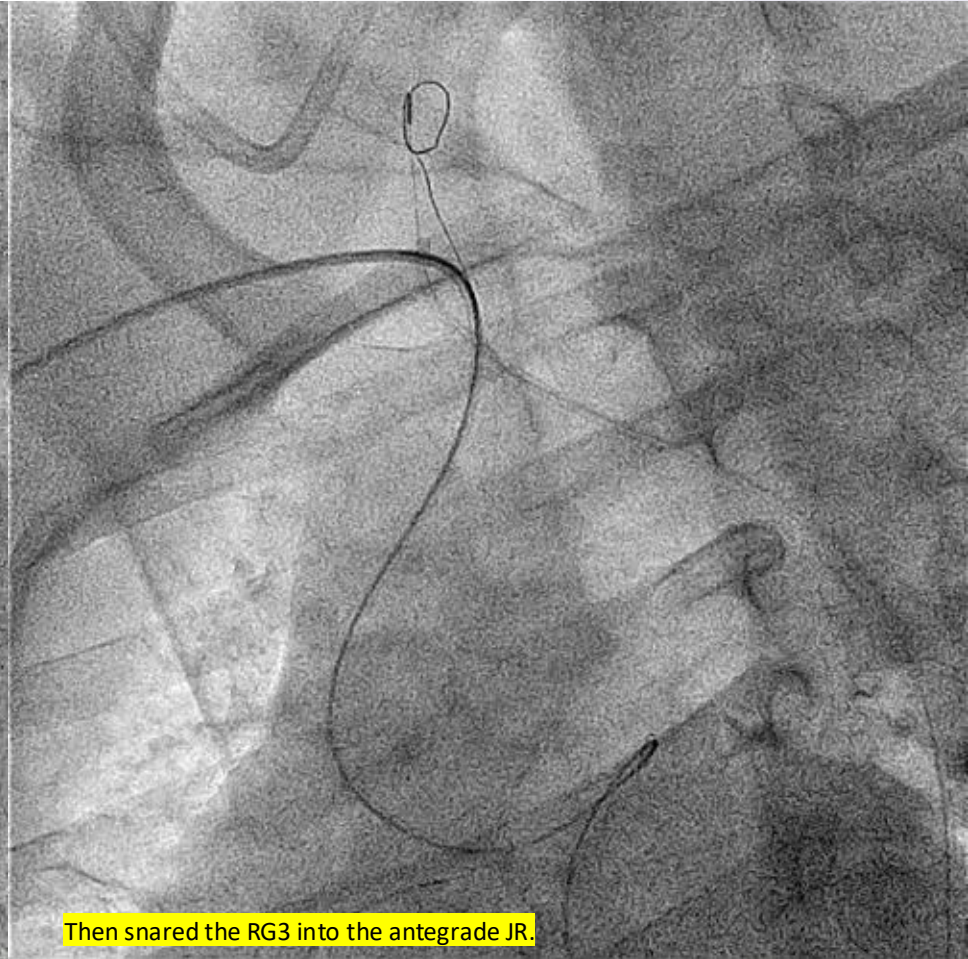
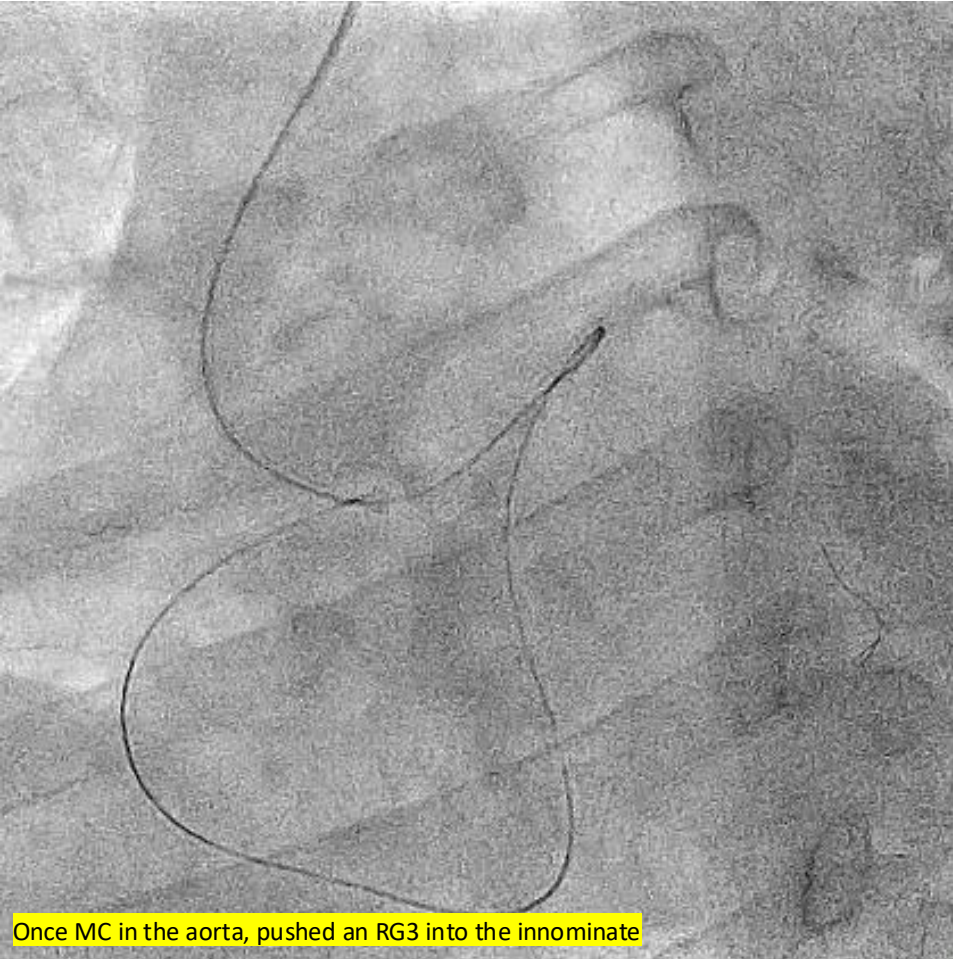


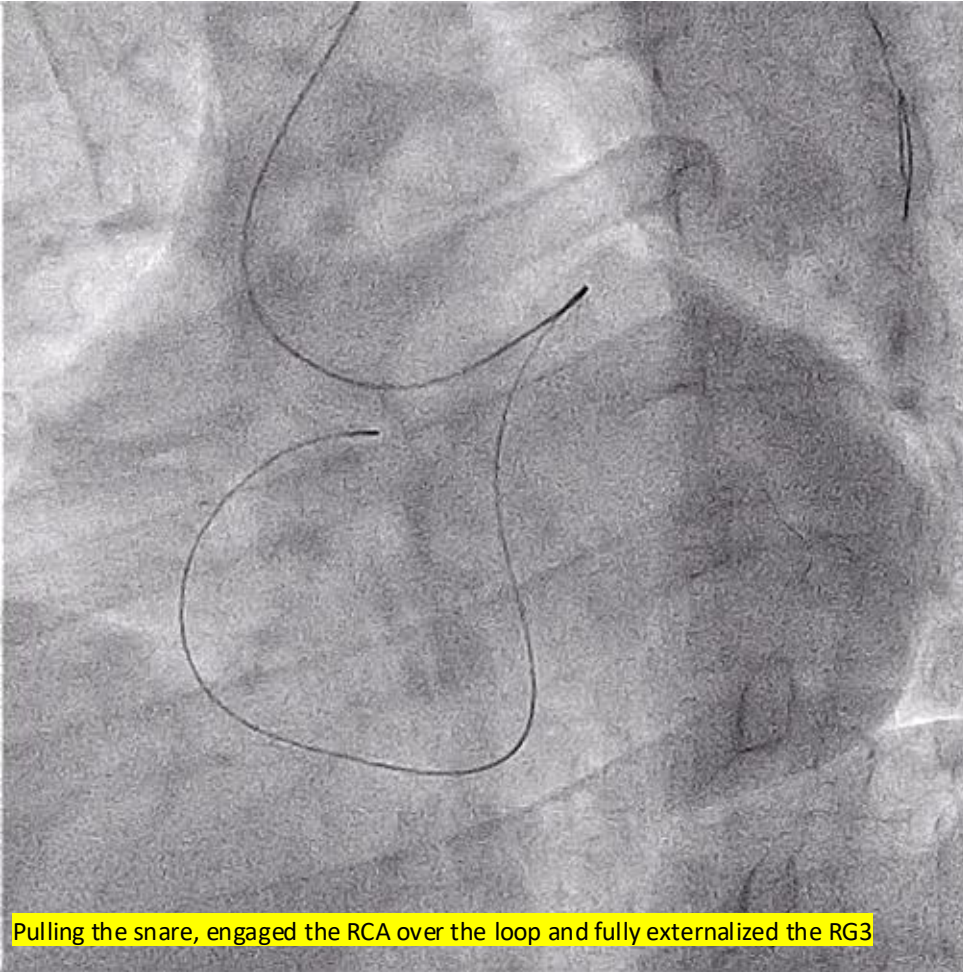


Now changed to Gladius MG which could not enter the JR,
but at least advanced to aorta true

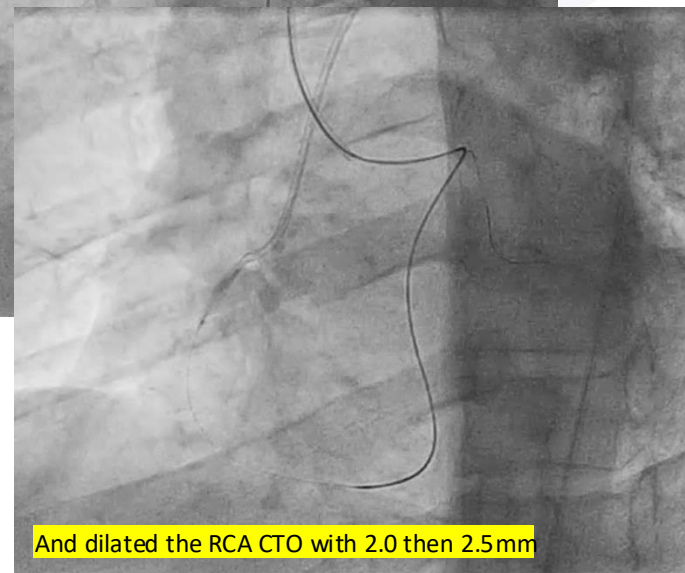
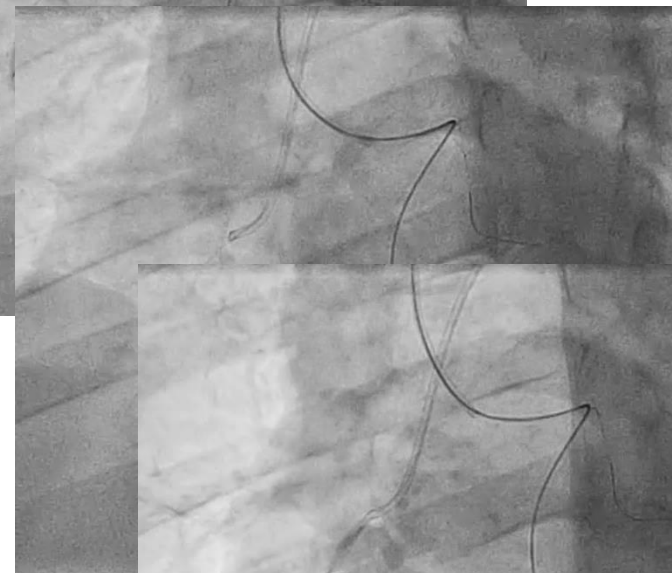
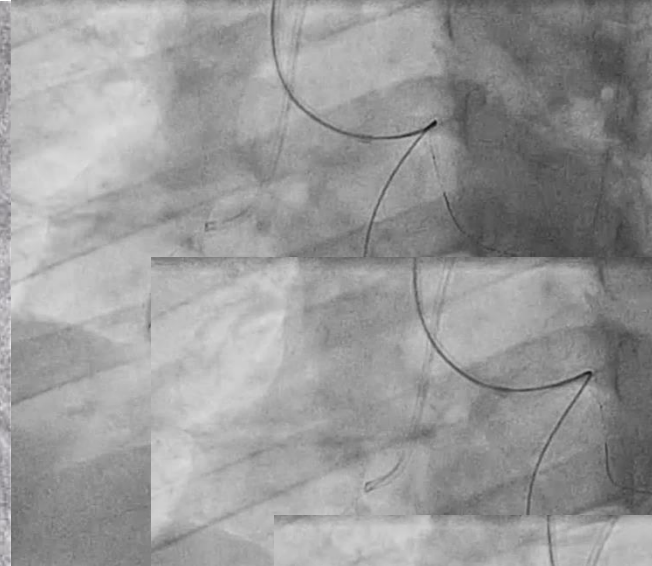


Then advanced Mamba and ensured aorta by disengaging the EBU and
staining the Ao root

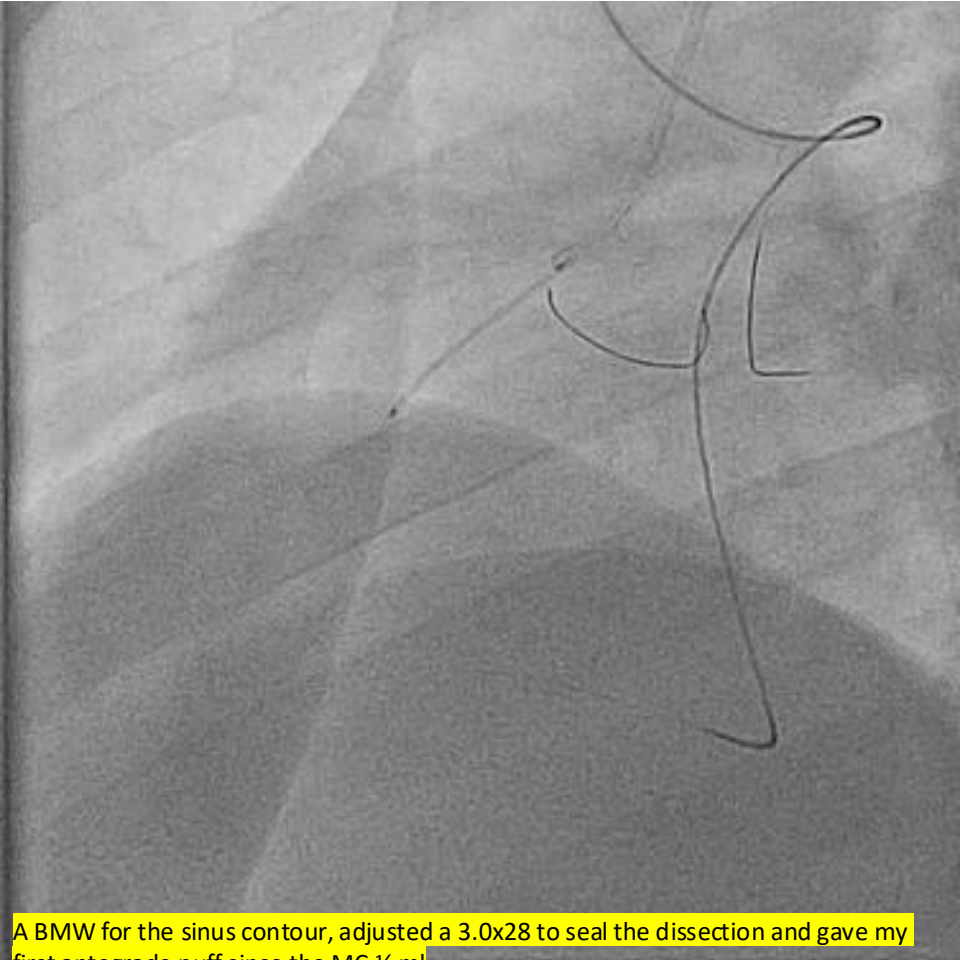




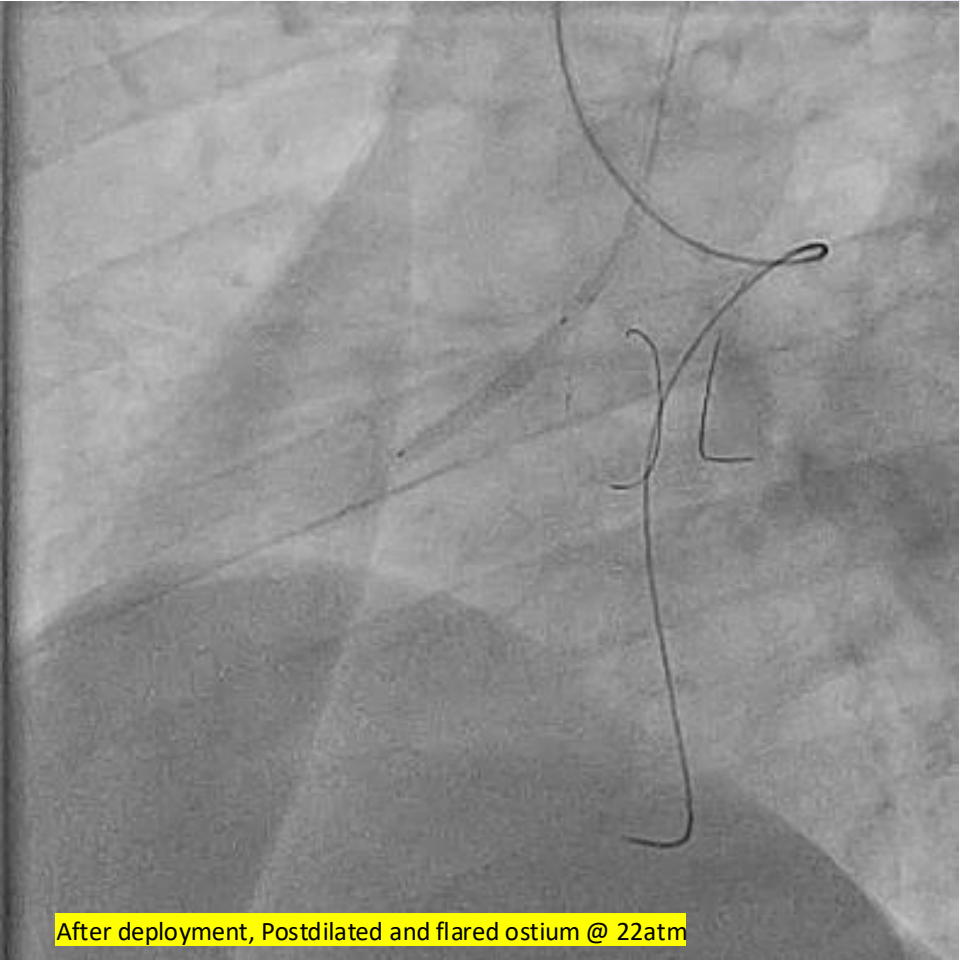
Pulling the snare, engaged the RCA over the loop and fully externalized the RG3



And dilated the RCA CTO with 2.0 then 2.5mm



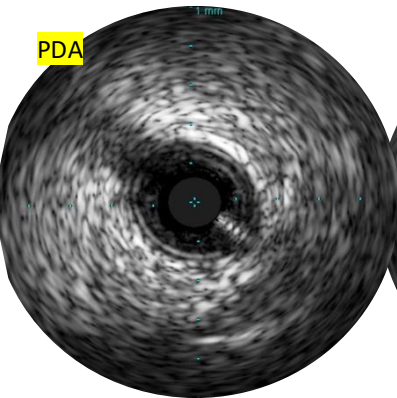
A BMW for the sinus contour, adjusted a 3.0x28 to seal the dissection and gave my first antegrade puff since the MC ½ ml



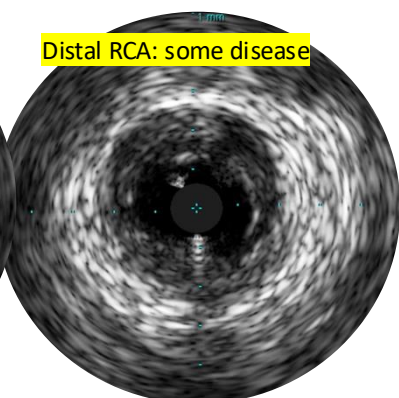
After deployment, Postdilated and flared ostium @ 22atm

First and Second boxes,
I started breathing normally

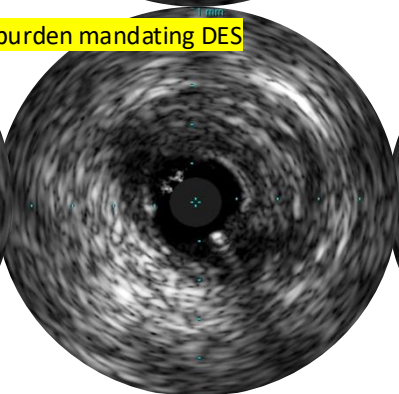
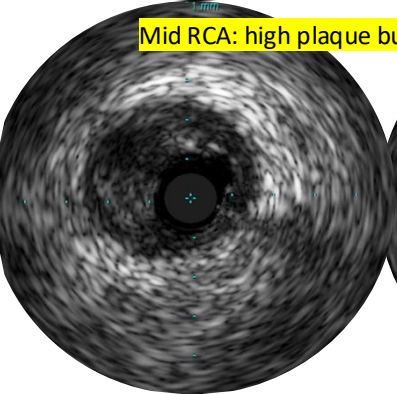
PDA



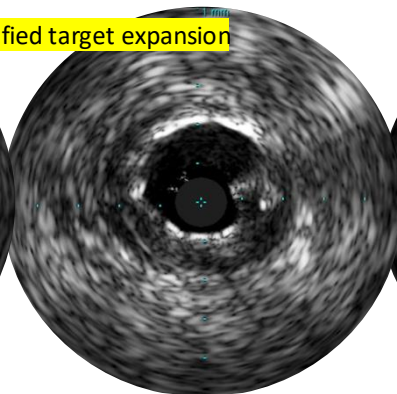
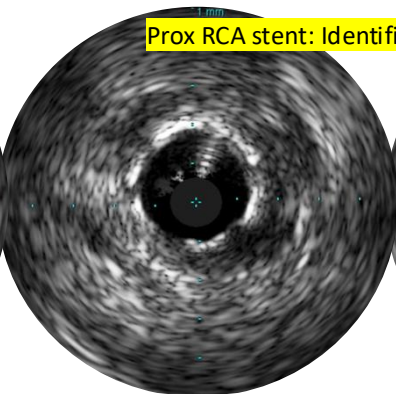
Distal RCA: some disease



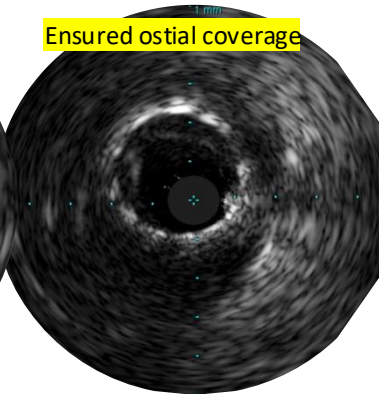
Mid RCA: high plaque burden mandating DES



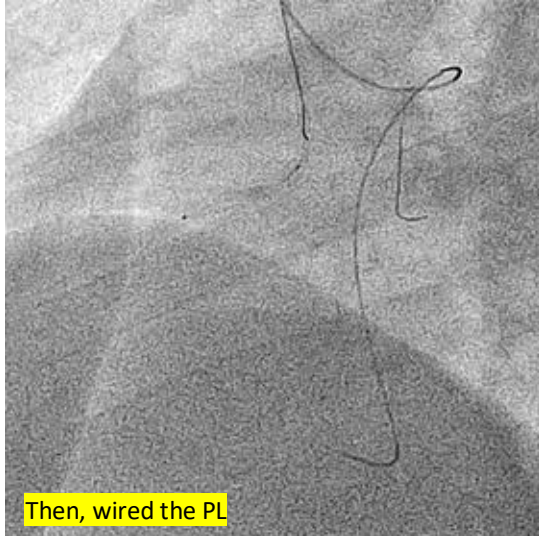
Prox RCA stent: Identified target expansion



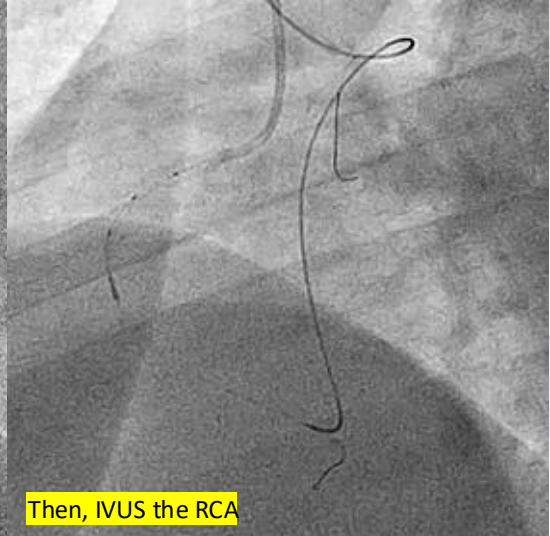
Ensured ostial coverage

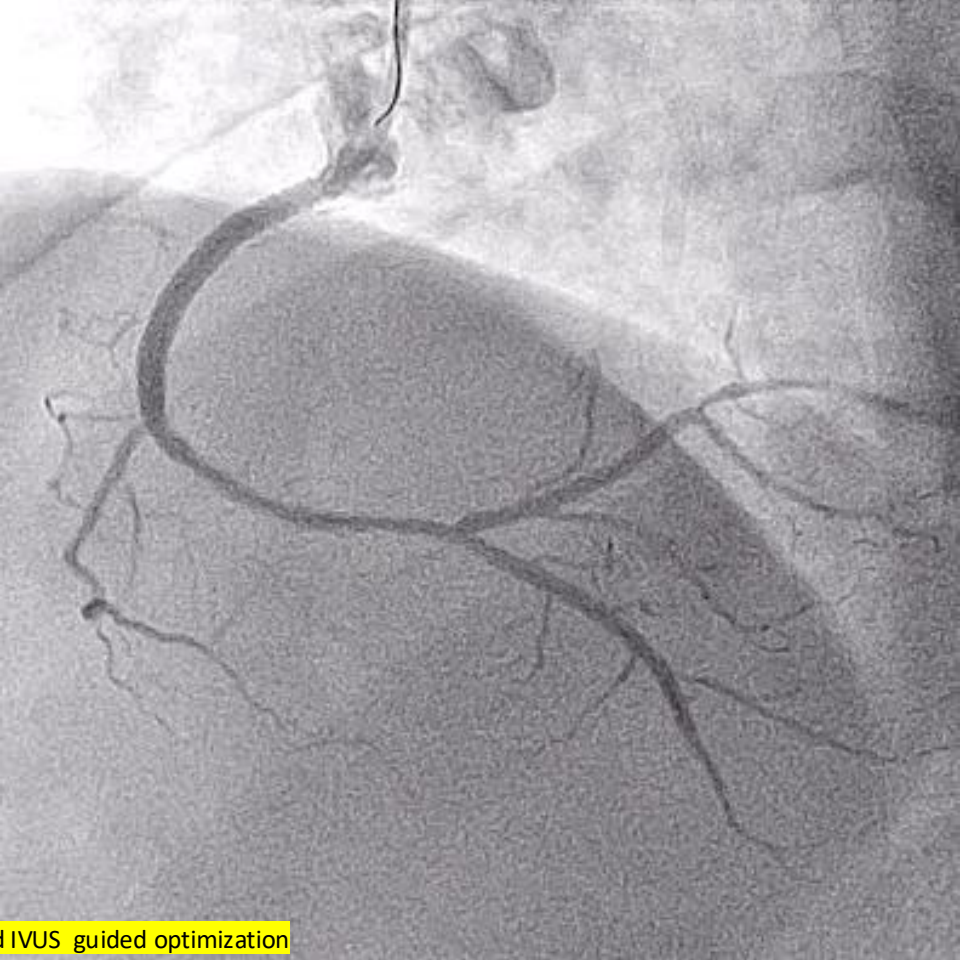
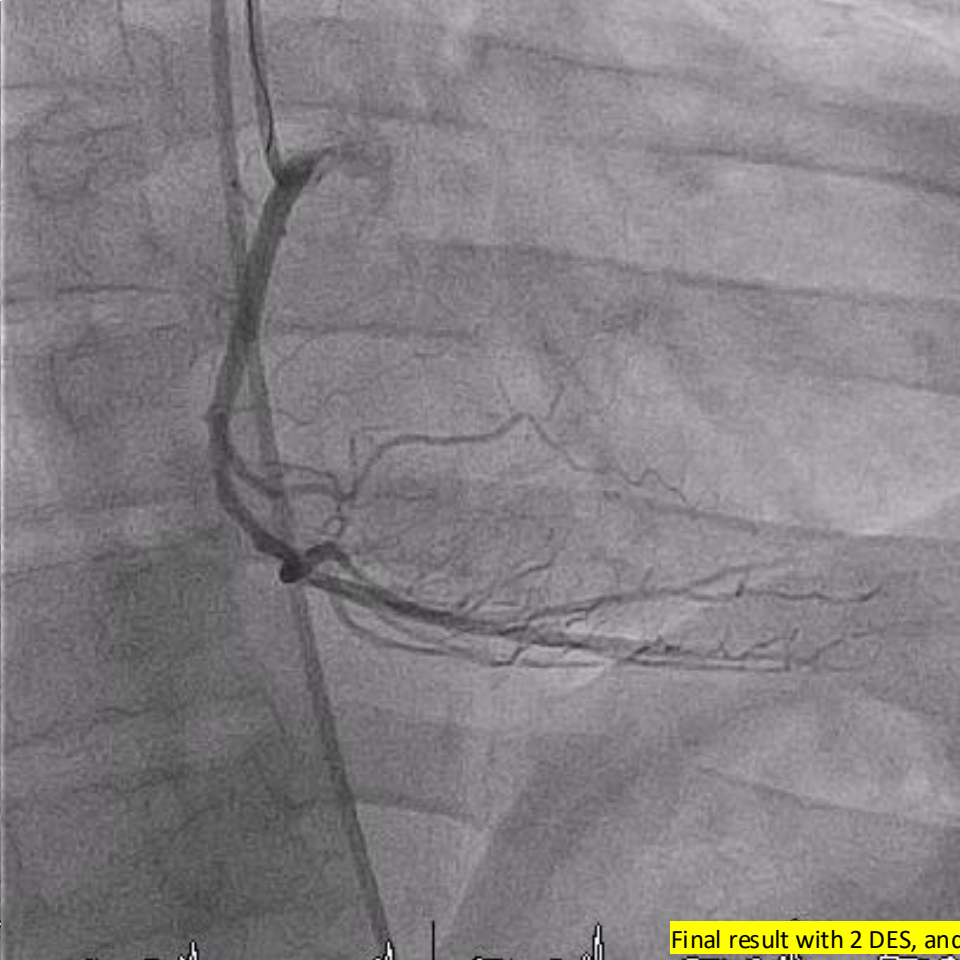


Then, wired the PL



Then, IVUS the RCA





Final result with 2 DES, and IVUS guided optimization

M AC RESEARCH

Lessons learnt from the case

Messing with the easy route can be quite near and spontaneous, Just a ½ mL can lead to nightmares

Being prepared with- and capable of taking plan B is a must, before starting complex procedures

Never abort when aorto-ostial dissection is a probability, it may not wait till tomorrow to fix