

1011 Retrograde knuckle wire technique for non-stump ostial RCA CTO

The 51-year-old man has a history of diabetes and hypertension, was admitted due to congestive heart failure and acute coronary syndrome. Coronary angiography was performed during hospitalization and showed triple vessels disease with LAD, DA stenosis and ostial RCA CTO. We dealt with LAD and DA lesion in the first admission and planned to revascularize RCA later. We performed CTO intervention 2 months later after previous admission. We choose trans-femoral plus trans-radial approach via SAL1.5/7Fr and EBU3.5/6Fr. In the first, antegrade intervention was performed but the wire difficult to cross the CTO body, thus retrograde intervention from LAD-septal-PDA under Fielder XTR in Finecross microcatheter was performed. Despite antegrade and retrograde can kiss in the middle RCA, we failed to performed Reverse CART technique due to the balloon can not cross proximal CTO body. After several attempt, we choose retrograde knuckle wire with Choice life support wire and the wire successfully pass through the CTO body. Then we antegrade wiring with Gaia first successfully along with the Choice wire. After ballooning and stenting, the recanalization of RCA CTO was completed.