

1099 The Way Became the Goal!

CTO Crossed with Retrograde Wire as Reference.

PCI to LAD:

LMCA engaged using 7 Fr EBU 3.5 guiding catheter through the right femoral artery and RCA engaged using 6 Fr JR 3.5 guiding catheter through the left femoral artery. Dual injection were performed. Attempts to cross the total occluded proximal LAD segment in the antegrade fashion using a 0.014 Runthrough NS guide wire through fine cross 130 micro guide catheter support, it was unsuccessful. 0.014 Runthrough NS floppy wire replaced by 0.014 miracle 6 (ASAHI INTECC) guide wire, miracle 6 (ASAHI INTECC) is failed to cross the lesion, it was decided to proceed through retrograde channel. Through septal collaterals channel of RCA. A 0.014 Sion blue 180 (ASAHI INTECC) guide wire advanced into the LAD through the fine cross 130 micro guide catheter support. Sion wire tip kept at distal cap of CTO segment as an landmark.

Through antegrade approach with the support of micro guide catheter. A 0.014 miracle 6 (ASAHI INTECC) guide wire attempts to cross the CTO, but it failed. Then a 0.014 fielder XT 180 (ASAHI INTECC) guide wire attempts to penetrate the CTO segment. Micro guide catheter doesn't gives enough support to guide wire. Hence microcatheter removed and attempts continue with the balloon support. Fielder XT partially advanced to the CTO segment with the balloon support. Then the balloon inflated for better guide wire support at 4 atm and try to cross the CTO with fielder XT. The guide wire successfully penetrate across the CTO and advanced in to mid LAD. Multiple orthogonal views are taken to confirm the true lumen. Lesion were predilated using 1.25 x 10 Artimus balloon at 16, 18, 20 atm for 8,10 sec and 2.5 x 15 mm balloon at 15 atm for 15 sec. Sion blue retrograde wire removed. And fielder XT antegrade wire replaced by 0.014 Runthrough NS floppy guide wire. Check angio shows patent septal collaterals with no perforation. Distal LAD stented with 2.5 x 48 mm Xience Xpedition at 16 atm for 30 sec and proximal LAD stent from ostial part overlapping with the distal stent using 3.0 x 33 mm Xience Xpedition at 18 atm for 30 sec. LAD was post dilated with 3.5 x 12 mm balloon from the ostium at 20 atm for 20 sec.

PCI to LCX:

Through RFA, LM was cannulated with 6F EBU 3.5 guiding catheter. LCX was wired with 0.014 Runthrough NS guide wire. OM predilated with 2.5 x 12 mm Sc balloon at 8, 10 atm for 20 sec. LCX lesion was predilated with 2.5 x 12 mm Sc balloon at 10 atm for 20 sec. A 2.75 x 18 mm Xience Xpedition stent deployed in the OM 1 at 20 atm for 30 sec. A 3.5 x 18 mm Xience Xpedition stent deployed in the LCX at 20 atm for 30 sec. Post dilated with same stent balloon at 30 atm for 20 sec.

Check angio showed TIMI III flow in LAD and LCX.

Inflation Data:

Sl. No.	Pressure (Atm.)	Duration (Sec)
LAD & LCX		
1.25 x 10 Artimus	16, 18, 20 atm	8, 10 Sec
2.5 x 15 mm balloon	15 atm	15 Sec
2.5 x 48 mm Xience Xpedition	16 atm	30 Sec
3.0 x 33 mm Xience Xpedition	18 atm	30 Sec
3.5 x 12 mm balloon	20 atm	20 Sec
2.5 x 12 mm Sc balloon	8, 10 atm	20 Sec

2.5 x 12 mm Sc balloon 10 atm 20 Sec

2.75 x 18 mm Xience Xpedition 20 atm 30 Sec

Final Diagnosis

Coronary artery disease

S/P PTCA with 2 DES to CTO of LAD by CART (2.5 x 48 mm Xience Xpedition [mid]), (3.0 x 33 mm Xience Xpedition [proximal])

1 DES to OM1 (2.75 x 18 mm Xience Xpedition)

1 DES to LCX (3.5 x 18 mm Xience Xpedition) on 09.04.2019