

1114 Stumpless CTO

Our patient is a 51 years old gentleman. He is a known case of hyperlipidemia with irregular treatment. He had a history on Unstable angina in August, 2018 and coronary angiography was performed which revealed chronic total occlusion at the ostium of left ascending artery (LAD) and 95% stenosis in the middle portion of the left Circumflex artery. Percutaneous coronary intervention (PCI) to the left circumflex was performed and this time plan to perform PCI to chronic total occlusion lesion of the LAD (Stumpless CTO). Admission Echocardiography revealed preserve LV and RV systolic function.

We used contralateral injection via bilateral radial approach. Firstly we applied IVUS guided to search entry point of LAD ostial lesion but in vain. We tried retrograde approach via Conus branch to LAD but failure. So we changed to septal approach and finally wiring to LAD but the Corsair pro cannot cross through the septal branch. Although using Guideliner for deep seating for further support but still in vain. So we tried antegrade approach and finally crossed through the lesion site with the Gaia 2nd. Then we performed sequential balloon dilatation followed by deployment of the drug eluting stent. The final result is optimal.