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Tough Case of Antegrade Preparation to RCA CTO Lesion

<Purpose> Chronic Total Occlusion <CTO> PCI failure may be sometimes due to inability to penetrate the proximal cap. This time we reported the case that we failed the contemporary Reverse CART but succeeded the revascularization of long CTO lesion.

<Method> The case is 56 yrs. Male. He has chronic renal failure with dialysis. The target CTO lesion was located from RCA proximal to distal bifurcation lesion. First, we crossed the wire from LCX to RCA through the epicardial collateral channel. Next, we checked the entry point by IVUS image pulling back from RV branch and negotiated the ante-grade wire supported by Crusade catheter. The reason why we started from retrograde approach was that, bidirectional approach may be needed to the treatment for this lesion and it may be time consuming to cross the wire through epicardial channel. Unfortunately, we realized the route of the ante-grade wire passage was located at the extra vessel from IVUS image. We tried to change the entry point but the wire slipped to the wrong direction. So we gave up the antegrade wire manipulation.

<Result> We carefully advanced the retrograde Gaia-2nd-wire up to the CTO entry point, and then penetrated the antegrade wire Confianza-pro-12g to the direction of retrograde wire. Finally, we completed the old fashion reverse CART technique.

<Conclusion> Contemporary reverse CART technique is admirable, but in some cases, retrograde wire manipulation has to be needed to proceed in antegrade approach.