

10045

A RCA-CTO case, Retrograde UltimateBros3 wire went to extravascular.

¹Shonan Tobu General Hospital

Kenichi Ota¹

<Target Lesion>RCA#1-3 CTO, J-CTO 3 Retry case<Strategy> 1. Retrograde first because of antegrade failure retry case. GC;7FLancherEBU3.75SH 90cmGW;SIONblue, XTR, SUOH03 with Corsair150cm select 1st or 2nd Septal channel.After channel crossing, wire change to UB32. AntegradeGC;8FLancherAL1.0SH Retrowire reach to CTO site, step up the antewire, to establish Reverse CART. <Final Result>When approaching the curve of the RCA # 2-3, UB3 made perforation to the cardiac muscle side.We continued carefully the procedure, because of no sign the pericardial effusion on UCG Change the retrograde wire to SIONblack, it proceed to near CTO entrance in the knuckle wire method. Antegradely, we choiced side branch with Crusade in RV branch, stepped up to AramisTP06, ConquestPro and ConquestPro12. ConquestPro12 went out to the extravascular, again transition to retrogradely. ConquestPro12 closed to the antegrade wire, we established Reverse CART at 2.5mm balloon.We placed 3 Resolute STENTs in the # 1-3 successfully. Channel injury and pericardial effusion were not observed.

