

## 1088 Retrograde CTO through ipsilateral collaterals

67 year old gentleman, a known diabetic, with history of old anterior wall MI presented with chronic stable angina elsewhere. Coronary angiogram done outside showed ostial LAD total occlusion and disease free LCX and RCA. He was referred for CABG but patient did not want surgery, hence consulted us. His vitals were stable, ECG showed poor 'R' wave progression in anterior leads and his ECHO showed moderate LV dysfunction. Thallium test showed viable myocardium in LAD territory. On studying the angiogram, LAD was occluded from ostium without any stump. LAD was retrogradely filling with good septal collaterals from RCA but RCA was very tortuous. LAD also had good collaterals from LCX. He was taken up for PTCA.

Right femoral approach was taken. LCA was engaged with & French JL 3.0 Medtronic guide catheter. Attempts to cross LAD antegradely failed. Since RCA was very tortuous, retrograde CTO angioplasty was tried though collaterals from LCX. Lesion was crossed retrogradely with FIELDER XT wire. Using kissing wire technique, CROSS IT 100 XT wire was used antegradely to cross the lesion. Retrograde wire was then removed and predilatations were done using Trek balloons of 1.2×6mm and 2.5×15mm. A 2.75×30mm Resolute Integrity stent was placed at proximal LAD and deployed at 12 ATM. SABA was done using 3.5×8mm NC Voyager balloon upto 16ATM. Procedure was uneventful with TIMI 3 flow in LAD, and LCX.

To our knowledge, this is the only retrograde LAD CTO angioplasty using ipsilateral collaterals from LCX reported in the literature.