

Aortocoronary Snare-assisted retrograde recanalization of an Ostial RCA Stent Occlusion via a Calcified, Restenotic LAD

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[Target Lesion] RCA CTO, J-CTO score: 3, LAD ISR and severe calcification

[Strategy] PCI was performed via both radial arteries. To RCA: 7F JR4, AL1, SAL2, AL0.75 all failed to engaged the occluded RCA. **Lesion prepare of LAD ISR with severe calcification.** To LAD: 7F JL4 GC with Guideliner. Mid-LAD ISR lesion was dilated by 3.5mm NC without popping. It was then treated by 3.5mm Shockwave balloon, and then dilated again by 3.5mm NC. IVUS(+). Collateral Channel score of septal branch:3

Retrograde via septal branch to RCA: Crusade assisted wiring of septal channel. Wiring succeeded, but Corsair and 1.5mm balloon can not cross the stent struts. Wiring of another more distal channel succeeded. Corsair able to reach distal RCA after dilated the stent by balloon. Retrograde wire directly cross the occluded ostial RCA stent into AsAO, it was then snared into antegrade GC. Exchanged to RG3. Stenting of mid-LAD with 3.5/22mm Onyx due to luminal haziness. Dilated the RCA-os stent by 1mm and 2.5mm balloon, and then treated with 3.0mm Shockwave balloon (still not popping). Final dilatation by 3.25mm NC and treated by 3.0/30, 3.0/30, 3.0/30, 3.5/20mm DCBs. LAD stent was dilated by 3.5mm NC. LAD-ISR was treated by 3.5mm Dior DCB.

[Final Result] TIMI 3 flow of LAD, RCA